

# 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

9200 West Wisconsin Avenue, Milwaukee, WI



## **Summary of Quality Information**

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

### 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	v Last On-Site Review Date
o Primary Stroke Center	Certification	3/4/2010	6/8/2012	6/8/2012
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site Review Date
🥝 Epilepsy	Certification	6/8/2012	6/7/2012	6/7/2012

#### **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	$\bigotimes$	™ *	
Hospital	2010National Patient Safety Goals	Ø	*	

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.

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

#### Symbol Key

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

#### **Footnote Key**

1.	The Measure or Measure Set was not
	reported.

- 2. The Measure Set does not have an overall result.
- **3.** The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- 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. 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.

### **Quality Check**<sup>®</sup>

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### Froedtert Memorial Lutheran Hospital

9200 West Wisconsin Avenue, Milwaukee, WI



## **Summary of Quality Information**

Symbol Key				
This organization achieved the best possible results.				Commission Accredited zations
This organization's performance is above the target range/value.			Nationwide	Statewide
This organization's performance is		National Quality Improvement Goals:		
similar to the target range/value. This organization's performance is	Reporting Period:	Heart Attack Care	Ð	Ð
below the target range/value. This Measure is not applicable for this organization.	Jan 2011 - Dec 2011	Heart Failure Care	${\mathfrak O}$	${oldsymbol{\oslash}}$
Not displayed		Pneumonia Care	${ orall }$	$\bigotimes$
		Surgical Care Improvement Project (SCIP)		
Footnote Key		SCIP - Cardiac		
• The Measure or Measure Set was not reported.		SCIP - Infection Prevention For All Reported Procedures:	Ð	Đ
The Measure Set does not have an overall result.		Blood Vessel Surgery	Ø	Ø
• The number of patients is not enough for comparison purposes.		Colon/Large Intestine Surgery	Ø	Ø
The measure meets the Privacy     Disclosure Threshold rule.		Coronary Artery Bypass Graft	$\oplus$	<b>(</b>
• The organization scored above 90% but was below most other organizations.		Hip Joint Replacement	Ð	Ð
• The Measure results are not statistically valid.		Hysterectomy	$\oplus$	Ð
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sample of patients. • The number of months with Measure		Open Heart Surgery	Ð	Ð
data is below the reporting requirement.		SCIP – Venous Thromboembolism (VTE)		
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Locations of Care	Available Services
Froedtert Hospital Center for Diagnostic Imaging 1240 West Town Square Road Mequon, WI 53092	<ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
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	<ul> <li>Outpatient Clinics (Outpatient)</li> </ul>







## **Locations of Care**

Locations of Care	Available Services		
Froedtert Hospital Center for Diagnostic Imaging, Greenfield 4455 S 108th Street Greenfield, WI 53228	<ul> <li>Cardiac Catheterization Lab (Surgical Services)</li> <li>Cardiac Surgery (Surgical Services)</li> <li>Cardiotoracic Surgery (Surgical Services)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>Coronary Care Unit (Inpatient)</li> <li>Cardiovascular Unit (Inpatient)</li> <li>Coronary Care Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Eled/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Medical ICU (Intensive Care Unit)</li> </ul>		



## **Locations of Care**

#### \* Primary Location

9200 West Wisconsin Avenue, Milwaukee, WI

9200 West Wisconsin Avenue, Milwaukee, WI



## **2010 National Patient Safety Goals**

### **Home Care**

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	Ø
	Communicating Medications to the Next Provider	$\bigotimes$
	Providing a Reconciled Medication List to the Patient	Ø
	Settings in Which Medications are Minimally Used	$\bigotimes$
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	Ø

#### 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.

9200 West Wisconsin Avenue, Milwaukee, WI



## **2010 National Patient Safety Goals**

## Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	$\bigcirc$
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigcirc$
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Multi-Drug Resistant Organism Infections	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	0 0 0 0 0
	Preventing Surgical Site Infections	$\bigcirc$
Accurately and completely reconcile medications across the continuum of care.	Comparing Current and Newly Ordered Medications	Ø
	Communicating Medications to the Next Provider	$\bigcirc$
	Providing a Reconciled Medication List to the Patient	$\bigcirc$
	Settings in Which Medications are Minimally Used	Ø     Ø
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	$\bigotimes$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigcirc$

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The organization has met the National Patient Safety Goal.
 The organization has not met the National Patient Safety Goal.
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There were no eligible patients that met

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

The measure meets the Privacy Disclosure Threshold rule.

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### Froedtert Memorial Lutheran Hospital

9200 West Wisconsin Avenue, Milwaukee, WI



## **National Quality Improvement Goals**

#### Reporting Period: January 2011 - December 2011

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

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital Results	Iationwide Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide 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 33 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.	99% of 75 eligible Patients	100%	100%	100%	100%
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 231 eligible Patients	100%	99%	100%	99%



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

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## **National Quality Improvement Goals**

Report	ing Period: Ja	nuary 2011 - December 2011					
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Measure Area	1	Explanation		Nationwi	Ŭ	Statewide	e
Heart Attack (	Care This ca	tegory of evidence based measures ass quality of care provided to Heart Attack		Ð		Ð	
					other Joint ed Organiz	ations	
Me	asure	Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	wide Average Rate:
Aspirin prescri discharge*	bed at	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 219 eligible Patients	100%	99%	100%	99%
Beta blocker p discharge*	rescribed at	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 216 eligible Patients	100%	99%	100%	99%
Primary PCI re minutes of hos	eceived within 90 spital 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	94% of 31 eligible Patients	100%	94%	100%	93%

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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

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9200 West Wisconsin Avenue, Milwaukee, WI



## **National Quality Improvement Goals**

#### Reporting Period: January 2011 - December 2011

		Comm	o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	Ð	Ð

		Со	mpared to o Accredit	other Joint ed Organiz		on
		1	Vationwide		State	ewide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored at Least:	Rate:	Scored at Least:	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.	100% of 213 eligible Patients				

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9200 West Wisconsin Avenue, Milwaukee, WI



## **National Quality Improvement Goals**

#### Reporting Period: January 2011 - December 2011

		Compared to Comm	
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	Ø	Ø

		Cor	npared to c Accredite	other Joint ed Organiz		on
		Ν	lationwide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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 89 eligible Patients <sup>7</sup>	100%	97%	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.	97% of 75 eligible Patients <sup>7</sup>	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.	96% of 251 eligible Patients <sup>7</sup>	100%	93%	100%	91%

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9200 West Wisconsin Avenue, Milwaukee, WI



## **National Quality Improvement Goals**

#### Reporting Period: January 2011 - December 2011

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		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Heart Failure Care	This category of evidence based measures assesses the overall quality of care provided to Heart Failure (HF) patients.	Ø	$\bigotimes$

		Cor	npared to c Accredit	other Joint ed Organiz		n
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	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 301 eligible Patients <sup>7</sup>	100%	99%	100%	99%

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### Froedtert Memorial Lutheran Hospital

9200 West Wisconsin Avenue, Milwaukee, WI



## **National Quality Improvement Goals**

#### Reporting Period: January 2011 - December 2011

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		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	Ø	$\bigotimes$

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Measure	Explanation	Hospital			Top 10%	
		Results	Scored at Least:	Rate:	Scored at Least:	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.	70% of 70 eligible Patients <sup>7</sup>	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.	98% of 201 eligible Patients <sup>7</sup>	100%	97%	100%	98%
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 <sup>7</sup>	100%	98%	100%	98%



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Not displayed	Measure Area	Explanation		Nationwi	Ŭ	Statewid	е
		tegory of evidence based measures ass quality of care provided to Pneumonia p		$\bigotimes$		$\oslash$	
Footnote Key			Со	mpared to c	other Joint	Commissio	on
The Measure or Measure Set was not reported.				Accredite	ed Organiz		ewide
<ul> <li>The Measure Set does not have an overall result.</li> <li>The number of patients is not enough</li> </ul>	Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	
<ul> <li>for comparison purposes.</li> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure</li> </ul>	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.	97% of 185 eligible Patients <sup>7</sup>	100%	96%	100%	98%
<ul> <li>the number of motions of motions of the proving requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ul>	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.	100% of 13 eligible Patients <sup>3</sup>	100%	89%	100%	91%
and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	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.	95% of 65 eligible Patients <sup>7</sup>	100%	96%	100%	97%



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## **National Quality Improvement Goals**

#### Reporting Period: January 2011 - December 2011

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Measure Area		Explanation		Nationwi	de	Statewide	Э
Pneumonia Care		egory of evidence based measures as quality of care provided to Pneumonia p		Ø		Ø	
				mpared to o Accredit Jationwide	ed Organiz	ations	on ewide
Measure		Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:	Avera Rate
Pneumococcal vaccina	tion*	Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	93% of 119 eligible Patients <sup>7</sup>	100%	96%	100%	97%

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#### Symbol Key

This organization achieved the best possible results
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- **1.** There were no eligible patients that met the denominator criteria.

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## **National Quality Improvement Goals**

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			Accr	edited Org	anizations	
Measure Area	Explanation		Nationwi	de	Statewide	e
Pneumonia Care	This category of evidence based measures ass overall quality of care provided to Pneumonia p		Ø		$\bigotimes$	
		Cor	npared to c Accredite	other Joint ed Organiz		'n
		٩	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Avera Rate
Pneumonia Seasonal Me Reporting Period: Octobe						
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 <sup>7</sup>	100%	94%	99%	93%

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## **National Quality Improvement Goals**

#### Reporting Period: January 2011 - December 2011

			o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
SCIP - Cardiac	This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients.		

		Compared to other Joint Commission Accredited Organizations				
			Vationwide	_		wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	Top 10% Scored at Least:	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.	94% of 257 eligible Patients <sup>7</sup>	100%	96%	100%	95%

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## **National Quality Improvement Goals**

#### Reporting Period: January 2011 - December 2011

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

		Cor	npared to c Accredite	other Joint ed Organiz		n	
		Nationwide			State	Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	98% of 448 eligible Patients <sup>7</sup>	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.	98% of 453 eligible Patients <sup>7</sup>	100%	98%	100%	99%	

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#### Footnote Key

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- **1.** There were no eligible patients that met the denominator criteria.

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### Froedtert Memorial Lutheran Hospital

9200 West Wisconsin Avenue, Milwaukee, WI

Compared to other Joint Commission Accredited Organizations



## **National Quality Improvement Goals**

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above the target range/value. This organization's performance is similar to the target range/value.		
O This organization's performance is below the target range/value.		E-m lan ation
Not displayed	Measure Area	Explanation
Ecotrote Vev	SCIP - Infection Prevention	This category of evidence based measur overall use of indicated antibiotics for sur prevention.
Footnote Key 1. The Measure or Measure Set was not reported.		

- 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. The Measure results are not statistically
- valid.
- The Measure results are based on a sample of patients.
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- 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."

Measure Area		Explanation		Nationwi	de	Statewide	e	
SCIP - Infection Prevention This category of evidence based measures asse overall use of indicated antibiotics for surgical int prevention.				Ð		Ð		
			Cor	npared to o Accredit	other Joint ed Organiz		n	
				lationwide			wide	
Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averaç Rate	
Patients who had surger received appropriate me that prevents infection (antibiotic) and the antibi was stopped within 24 ho after the surgery ended.*	dicine otic ours	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 429 eligible Patients <sup>7</sup>	100%	97%	100%	98%	
Patients Having Blood Ve Surgery*	essel	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	91% of 101 eligible Patients <sup>7</sup>	100%	97%	100%	95%	
Patients having blood ve surgery who received medicine to prevent infec (an antibiotic) within one before the skin was surg cut.*	ction hour	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 33 eligible Patients <sup>7</sup>	100%	97%	100%	96%	
Patients having blood ve surgery who received the appropriate medicine (antibiotic) which is show	e	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	<b>8</b> 2% of	100%	99%	100%	97%	



surgery.\*

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

infection which is know to be

effective for the type of surgery,

based upon the recommendations of

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be effective for this type of

92% of

36 eligible

Patients<sup>7</sup>

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91%

95%

96%

94%



## **National Quality Improvement Goals**

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0	This organization achieved the best possible results
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
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For further information and explanation of the **Quality Report contents,** refer to the "Quality **Report User Guide.''** 

			Compared to other Joint Commission			
		Accredited Organizations				
Measure Area	Explanation		Nationwi	de	Statewid	е
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.		Ð		Ð	
		Со	mpared to c Accredite	other Joint ed Organiz		on
		١	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:

Patients who had blood vessel This measure reports how often blood vessel surgery patients whose surgery and received medicine (an antibiotic) to prevent appropriate medicine that Θ infection was stopped within 24 prevents infection (antibiotic) hours after the surgery ended. Giving and the antibiotic was stopped 100% 94% 100% medicine that prevents infection for 81% of within 24 hours after the more than 24 hours after the end of 32 eligible surgery ended.\* Patients<sup>7</sup> surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Patients Having Colon/Large Overall report of hospital's  $\bigcirc$ Intestine Surgery\* performance on Surgical Infection 100% 100% 94% Prevention Measures for 94% of Colon/Large Intestine Surgery. 199 eligible Patients<sup>7</sup> Patients having colon/large This measure reports how often intestine surgery who received patients having colon/large intestine surgery received medicine that medicine to prevent infection  $\bigcirc$ prevents infection (an antibiotic) (an antibiotic) within one hour within one hour before the skin was 100% 96% 100% before the skin was surgically 94% of surgically cut. Infection is lowest cut. \* 67 eligible when patients receive antibiotics to Patients prevent infection within one hour before the skin is surgically cut. Patients having colon/large This measure reports how often intestine surgery who received patients who had colon/large  $\bigcirc$ intestine surgery were given the the appropriate medicine appropriate medicine (antibiotic) that (antibiotic) which is shown to 100% 93% 100% prevents infection which is know to 93% of be effective for this type of 67 eligible be effective for the type of surgery, surgery.\* Patients based upon the recommendations of



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## **National Quality Improvement Goals**

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This organization achieved the best possible results		Reporting Per	iod: January 2011 - December 2011
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similar to the target range/value.			
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		CIP - Infection revention	This category of evidence based measures overall use of indicated antibiotics for surgi

#### **Footnote Key**

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

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leasure Area	Explanation		Nationwid	е	Statewide
CIP - Infection Prevention	This category of evidence based measures ass overall use of indicated antibiotics for surgical in prevention.		Ð		Ð
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		N	lationwide		Statev
	📥 and the second s				

Measure	Explanation	Hospital Results	Scored at Least:	Average Rate:	Scored at Least:	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 65 eligible Patients <sup>7</sup>	100%	94%	100%	94%
Patients Having Coronary Artery Bypass Graft Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Coronary Artery Bypass Graft Surgery.	99% of 173 eligible Patients <sup>7</sup>	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.	97% of 59 eligible Patients <sup>7</sup>	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 60 eligible Patients <sup>7</sup>	100%	100%	100%	100%

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## **National Quality Improvement Goals**

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This organization achieved the best possible results		Reporting Per	riod: January 2011 - December 2011
<ul> <li>This organization's performance is similar to the target range/value.</li> </ul>			
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	S	CIP - Infection	This category of evidence based measures

#### Footnote Key

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			o other Joint nission
		Accredited (	Organizations
Measure Area	Explanation	Nationwide	Statewide
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection	Ð	Đ

		Compared to other Joint Commission Accredited Organizations				
						wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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 54 eligible Patients <sup>7</sup>	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 233 eligible Patients <sup>7</sup>	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.	97% of 79 eligible Patients <sup>7</sup>	100%	98%	100%	99%
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 79 eligible Patients <sup>7</sup>	100%	100%	100%	100%



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## **National Quality Improvement Goals**

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Reporting I	Period: January	y 2011 - Decemb	er 2011

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Measure Area		Explanation		Nationwi	0	Statewid	e
SCIP - Infection Prevention		egory of evidence based measures as use of indicated antibiotics for surgical i on.		Ð		Ð	
			Cor	npared to o Accredit	other Joint ed Organiz		on
Measure		Explanation	N Hospital Results	Top 10% Scored	Average Rate:	State Top 10% Scored at Least	ewide Average Rate:
Patients who had hip joi replacement surgery and received appropriate me that prevents infection (antibiotic) and the antib was stopped within 24 h after the surgery ended.	d edicine iotic ours	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).	99% of 75 eligible Patients <sup>7</sup>	100%	97%	100%	98%
Patients Having a Hysterectomy*		Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	99% of 147 eligible Patients <sup>7</sup>	100%	97%	100%	98%
Patients having hystered surgery who received medicine to prevent infe (an antibiotic) within one before the skin was surg cut.*	ction hour	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 49 eligible Patients <sup>7</sup>	100%	98%	100%	98%

 $\oslash$ 

98% of

49 eligible

Patients<sup>7</sup>

100%

96%

100%

97%

Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.\*

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This measure reports how often

patients who had hysterectomy

infection which is know to be

effective for the type of surgery,

surgery were given the appropriate

medicine (antibiotic) that prevents

based upon the recommendations of experts around the country.

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The number of patients is not enough for comparison purposes

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement.

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

The Measure Set does not have an

The measure meets the Privacy Disclosure Threshold rule.

above the target range/value. This organization's performance is

### Froedtert Memorial Lutheran Hospital

9200 West Wisconsin Avenue, Milwaukee, WI



## **National Quality Improvement Goals**

### Reporting Period: January 2011 - December 2011

		Compared to other Joir Commission			
		Accredited C	rganizations		
Measure Area	Explanation	Nationwide	Statewide		
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	Ð	Ð		

	Cor	npared to o Accredit	other Joint ed Organiz		n	
Measure	Explanation	N Hospital Results	lationwide Top 10% Scored at Least:			wide 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 49 eligible Patients <sup>7</sup>	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 269 eligible Patients <sup>7</sup>	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.	99% of 90 eligible Patients <sup>7</sup>	100%	99%	100%	99%
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 <sup>7</sup>	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.

9200 West Wisconsin Avenue, Milwaukee, WI



## **National Quality Improvement Goals**

This organization achieved the best possible results		Reporting	Peri	0
This organization's performance is above the target range/value.				
This organization's performance is similar to the target range/value.				
O This organization's performance is below the target range/value.				
Not displayed	Me	asure Area		
		IP - Infection		-

#### **Footnote Key**

Symbol 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.
- The number of months with Measure data is below the reporting requirement.
   The measure results are temporarily.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
   There were no eligible patients that med
- **1.** 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."

Reporting	Period: .	January	2011 -	December 2011	

					npared to c Commiss edited Org	sion	
Measure Area		Explanation		Nationwi	de	Statewide	e
SCIP - Infection Prevention		tegory of evidence based measures as use of indicated antibiotics for surgical i ion.		Ð		Ð	
					other Joint ed Organiz	zations	
Measure		Explanation	N Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	wide Average Rate:
Patients who had knee replacement surgery ar received appropriate m that prevents infection (antibiotic) and the anti was stopped within 24 after the surgery ended	nd edicine biotic hours	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 89 eligible Patients <sup>7</sup>	100%	98%	100%	98%
Patients Having Open Surgery other than Cor Artery Bypass Graft*		Overall report of hospital's performance on Surgical Infection Prevention Measures for Open Heart Surgery.	99% of 208 eligible Patients <sup>7</sup>	100%	99%	100%	98%
Patients having open h surgery other than corc artery bypass graft who received medicine to pr infection (an antibiotic) one hour before the ski surgically cut.*	onary o revent within	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 <sup>7</sup>	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.\*

 experts around the country.

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This measure reports how often patients who had open heart surgery

other than coronary artery bypass

medicine (antibiotic) that prevents

based upon the recommendations of

graft were given the appropriate

infection which is know to be

effective for the type of surgery,

 $\bigcirc$ 

100% of

72 eligible

Patients<sup>7</sup>

100%

---- Null value or data not displayed.

100%

100%

100%

### Froedtert Memorial Lutheran Hospital

9200 West Wisconsin Avenue, Milwaukee, WI



## **National Quality Improvement Goals**

Symbol Key								
This organization achieved the best possible results	Reporting Per	iod: Jar	uary 2011 - December 2011					
This organization's performance is above the target range/value.								
This organization's performance is similar to the target range/value.					Com	npared to o Commiss		
This organization's performance is					Accr	edited Org		
below the target range/value.	Measure Area		Explanation		Nationwi		Statewide	_
Not displayed	SCIP - Infection	This as		access the	Nationwi	ue	Statewice	-
	Prevention		tegory of evidence based measures ass use of indicated antibiotics for surgical i		€		€	
Footnote Key		prevent	ЮП.					
1. The Measure or Measure Set was not reported.				Coi	mpared to c Accredite	other Joint ed Organiz		n
2. The Measure Set does not have an overall result.				1	Vationwide	- organiz		wide
3. The number of patients is not enough	Measure		Explanation	Hospital		U U	Top 10%	•
for comparison purposes.				Results	Scored at Least:	Rate:	Scored at Least:	Rate:
4. The measure meets the Privacy	Patients who had open	heart	This measure reports how often open		ai Leasi.		al Leasi.	
<ul><li>5. The organization scored above 90% but</li></ul>	surgery other than corol		heart surgery other than coronary					
was below most other organizations.	artery bypass graft and		artery bypass graft patients whose	-				
6. The Measure results are not statistically	received appropriate me	edicine	medicine (an antibiotic) to prevent infection was stopped within 48	$\bigcirc$				
valid. 7. The Measure results are based on a	that prevents infection (antibiotic) and the antib	niotic	hours after the surgery ended. Giving		100%	98%	100%	97%
sample of patients.	was stopped within 48 h		medicine that prevents infection for	98% of 65 eligible				
8. The number of months with Measure	after the surgery ended	.*	more than 48 hours after the end of surgery is not helpful, unless there is	Patients <sup>7</sup>				
data is below the reporting requirement.			a specific reason (for example, fever					
<b>9.</b> The measure results are temporarily suppressed pending resubmission of			or other signs of infection).					
updated data.	Heart surgery patients w		This measure reports the number of					
<b>10.</b> Test Measure: a measure being evaluated for reliability of the	controlled blood sugar a surgery.	after	heart surgery patients that had a blood sugar of less than 200 on day	Θ				
individual data elements or awaiting	Surgery.		one and day two after surgery.		99%	95%	98%	94%
National Quality Forum Endorsement.			Infection is lowest in both diabetic	88% of 139 eligible	3370	3370	3070	34 /0
11. There were no eligible patients that met the denominator criteria.			and nondiabetic patients when blood sugar is controlled immediately after	Patients <sup>7</sup>				
			surgery.					
	Surgery patients with pr	oper	This measure reports the number of					
For further information	hair removal.		surgical patients that have had hair	(+)				
and explanation of the			at the site of the surgical cut removed properly. Infection is lowest		100%	100%	100%	100%
Quality Report contents,			when patients have hair removed	99% of 745 eligible				
refer to the "Quality			with electrical clippers or hair	Patients <sup>7</sup>				
Report User Guide."	Linin and Cathester David		removal cream.	0				
	Urinary Catheter Remov	vea	This measure reports the number of	Θ				



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surgery patients whose urinary

the second day after surgery.

catheter was removed by the end of

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.

88% of

451 eligible Patients

100%

94%

100%

94%

9200 West Wisconsin Avenue, Milwaukee, WI



## **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.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
   The measure results are temporarily.
- The measure results are temporarily suppressed pending resubmission of updated data.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
   There were no eligible patients that me
- **1.** 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."

#### Reporting Period: January 2011 - December 2011

### Measure Area

SCIP – Venous Thromboembolism (VTE) Explanation This category of evidenced based measures assesses the use of indicated treatment for the prevention of blood clots in selected surgical patients

		Cor		other Joint ed Organiz	Commissio ations	n
		Ν	lationwide		State	wide
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 426 eligible Patients <sup>7</sup>	100%	98%	100%	98%
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 426 eligible Patients <sup>7</sup>	100%	97%	99%	97%

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--- Null value or data not displayed.

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## **Survey of Patients' Hospital Experiences**

F	00	tno	te	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 Cor	mpleted Survey	Survey Response Rate			
April	2010 through	March 2011		300 c	or More	23%			
Question			E	xplanation					
How ofter with patie		communicate w	ell	them during the doctors explained	ted how often t heir hospital sta <b>ined things cle</b> eated the patiel	y. "Communio early, listene	cated well" me <b>d carefully</b> to	eans the	
Doctors "al	lways" comm	unicated well	Doctors "ເ	usually" comm	unicated well		"sometimes" ommunicated		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
77%	82%	80%	18%	15%	16%	5%	3%	4%	
Question			E	xplanation					
		ommunicate w	ell	Patients repor them during th explained thi	ted how often t heir hospital sta <b>ngs clearly, lis</b> tient with <b>court</b>	y. "Communie tened carefu	cated well" me <b>Illy</b> to the pati	ans nurses	
with patie			ell	Patients repor them during th explained thi	neir hospital sta ngs clearly, lis tient with court	y. "Communio tened carefu esy and resp Nurses	cated well" me <b>Illy</b> to the pati	eans nurses ent, and or "never"	
How ofter with patie	nts?		ell	Patients repor them during th <b>explained thi</b> treated the pa	neir hospital sta ngs clearly, lis tient with court	y. "Communio tened carefu esy and resp Nurses	cated well" me Illy to the pati pect. "sometimes" (	eans nurses ent, and or "never"	
How ofter with patier Nurses "al Hospital	nts? ways" commu State	unicated well National	ell Nurses "u Hospital	Patients repor them during th <b>explained thi</b> treated the pa usually" commu State	neir hospital sta ngs clearly, lis tient with court unicated well National	y. "Communion tened carefu esy and resp Nurses co Hospital	cated well" me ally to the pati- pect. "sometimes" of pommunicated State	eans nurses ent, and or "never" well National	
How ofter with patier Nurses "al Hospital Rate	nts? ways" commu State Average	unicated well National Average	ell Nurses "u Hospital Rate 18%	Patients repor them during th <b>explained thi</b> treated the pa isually" commu State Average 17%	neir hospital sta ngs clearly, lis tient with court unicated well National Average	y. "Communion tened carefu esy and resp Nurses co Hospital Rate	cated well" me illy to the pati pect. "sometimes" o ommunicated State Average	eans nurses ent, and or "never" well National Average	
How ofter with patien Nurses "al Hospital Rate 79%	nts? ways" commu State Average 80%	unicated well National Average	ell Nurses "u Hospital Rate 18%	Patients repor them during th <b>explained thii</b> treated the pa isually" commu State Average 17% xplanation	neir hospital sta ngs clearly, lis tient with court unicated well National Average 19% ted how often t button or need	y. "Communion tened carefu esy and resp Nurses co Hospital Rate 3%	cated well" me <b>illy</b> to the pati- <b>pect</b> . "sometimes" of ommunicated State Average 3% ped quickly with	eans nurses ent, and or "never" well National Average 5%	
How ofter with patien Nurses "al Hospital Rate 79% Question How ofter from hosp	nts? ways" commu State Average 80%	unicated well National Average 76% receive help qu	ell Nurses "u Hospital Rate 18% E tickly	Patients repor them during th <b>explained thii</b> treated the pa isually" communication State Average 17% xplanation Patients repor used the <b>call</b>	neir hospital sta <b>ngs clearly, lis</b> tient with <b>court</b> unicated well National Average 19% ted how often t <b>button</b> or need <b>dpan</b> . ived help as	y. "Communion tened carefu esy and resp Nurses Co Hospital Rate 3% hey were help ed help in <b>ge</b> Patients	cated well" me <b>illy</b> to the pati- <b>pect</b> . "sometimes" of ommunicated State Average 3% ped quickly with	eans nurses ent, and or "never" well National Average 5% 5% enen they athroom	
How ofter with patien Nurses "al Hospital Rate 79% Question How ofter from hosp	nts? ways" commu State Average 80% n did patients pital staff? 'always" recei	unicated well National Average 76% receive help qu	ell Nurses "u Hospital Rate 18% E tickly	Patients repor them during th <b>explained thi</b> treated the pa isually" commu- State Average 17% Explanation Patients repor used the call i or using a be-	neir hospital sta <b>ngs clearly, lis</b> tient with <b>court</b> unicated well National Average 19% ted how often t <b>button</b> or need <b>dpan</b> . ived help as	y. "Communion tened carefu esy and resp Nurses Co Hospital Rate 3% hey were help ed help in <b>ge</b> Patients	cated well" me illy to the pati pect. "sometimes" of ommunicated State Average 3% ped quickly wh tting to the b "sometimes"	eans nurses ent, and or "never" well National Average 5% 5% enen they athroom	

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## **Survey of Patients' Hospital Experiences**

Foo	otno	ote	Key

- 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.
- No patients were eligible for the HCAHPS Survey.

	Survey Date	Range		Number of Co	mpleted Survey	s	Survey Resp	onse Rate		
April	2010 through	March 2011		300 0	or More		23%			
Question				Explanation						
How often was patients' pain well controlled? If patients needed medicine for pain during their hospital survey asked how often their pain was well controlled. controlled? hospital staff did everything they could to help patients their pain.							Well hat the			
Pain was	s "always" wel	l controlled	Pain	was "usually" we	ll controlled	Pain was '	sometimes" o controlled	r "never" well		
Hospital Rate	State Average	National Average	Hospita Rate	al State Average	National Average	Hospital Rate	State Average	National Average		
72%	70%	70%	23%	25%	23%	5%	5%	7%		
Question				Explanation						
	n did staff exp ⁄ing them to p	lain about medi atients?	cines	If patients we survey asked "Explained" m	re given medicir how often staff eans that hospi side effects it r	explained al tal staff told	bout the medic what the med	ine. <b>licine was</b>		

Staff "always" explained			Staf	f "usually" exp	blained	Staff "	Staff "sometimes" or "never" explained Hospital State National Rate Average Average	
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
62%	66%	61%	20%	19%	18%	18%	15%	21%

9200 West Wisconsin Avenue, Milwaukee, WI



## **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.
- No patients were eligible for the HCAHPS Survey.

Survey Date Range				Number of Co	mpleted Survey	S	Survey Response Rate			
April	2010 through	March 2011		300 c	or More	Nore 23%				
Question     Explanation       How often were the patients' rooms and bathrooms kept clean?     Patients reported how often their hospital room and bathrown and bathrooms kept clean.							athroom			
Roor	n was "always	s" clean	Roor	n was "usuall	y" clean	Room wa	Room was "sometimes" or "never" clean			
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average		
68%         78%         72%         23%				17%	19%	9%	5%	9%		
Question			E	xplanation						

	n was the are ot quiet at nig	a around patien ht?	ts'	Patients repo quiet at nigh		he area around their room was			
"Al∿	"Always" quiet at night			sually" quiet a	t night	"Sometime	"Sometimes" or "never" quiet at night		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
54% 61% 58%			35%	31%	31%	11%	8%	11%	

Questian		Emlanat	1		
	iven information abo ir recovery at home?	but what hospita Patient: inform		e hospital. Patients <b>d the help they wo</b> her they were given	uld need at home. written
Yes, stafi	f did give patients th	is information	No, staff d	id not give patients	this information
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average
85%	87%	82%	15%	13%	18%

9200 West Wisconsin Avenue, Milwaukee, WI

Rate

81%

Average

72%

Average

70%

Rate

17%

Average

25%

Average

25%

Rate

2%

Average

3%

Average

5%



## **Survey of Patients' Hospital Experiences**

Foo	tnote	Kev
	more	- Levy

- 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.

	Survey Date	Range		Number of Co	mpleted Survey	s	Survey Resp	onse Rate	
April	2010 through	March 2011		300 c	or More	23%			
Question				Explanation					
How do p	atients rate th	e hospital over	all?	answered a s	ng all other que separate quest al. Ratings wer hospital possib	i <b>on that ask</b> e on a scale f	ed for an ove	erall rating where "0"	
Patients w	ho gave a rati (high)	ng of 9 or 10	Patients	who gave a ra (medium)	ting of 7 or 8	Patients	who gave a ra lower (low)		
Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	Hospital Rate	State Average	National Average	
76%	71%	68%	17%	23%	23%	7%	6%	9%	
Question				Explanation					
Would pa friends ar		nend the hospit	al to		sked patients <b>w</b> eir friends and t		would recom	mend the	
				patients would commend the h		NO, patients would not recommend the hospital (they probably would not or definitely would not recommend it)			
Hospital	State	National	Hospital	State	National	Hospital	State	National	