

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 Date	Last Full Survey Date	Last On-Site Survey Date
🎯 Home Care	Accredited	8/6/2013	8/5/2013	8/5/2013
🎯 Hospital	Accredited	8/10/2013	8/5/2016	9/14/2016

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	w Last On-Site Review Date
Advanced Comprehensive Stroke Center	Certification	5/30/2015	5/29/2015	5/29/2015
🤣 Ventricular Assist Device	Certification	8/10/2016	8/9/2016	8/9/2016
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	w Last On-Site Review Date
🧼 Epilepsy	Certification	5/23/2015	5/22/2015	5/22/2015

Other Accredited Programs/Services

• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

Special Quality Awards

2012 Top Performer on Key Quality Measures®
2015 ACS National Surgical Quality Improvement Program
2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

- 2012 Silver The Medal of Honor for Organ Donation
- 2011 Hospital Magnet Award

2010 Silver - The Medal of Honor for Organ Donation

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Home Care	2013National Patient Safety Goals	Ø	*
Hospital	2016National Patient Safety Goals	Ø	*

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

Symbol Key

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.
Э	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.
- 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.
- 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.
- 11. There were no eligible patients that met the denominator criteria.

9200 West Wisconsin Avenue, Milwaukee, WI

Compared to other Joint Commission Accredited



Summary of Quality Information

Symbol Key

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.
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.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data. 10. Test Measure: a measure being
- evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

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

		Organizations	
		Nationwide	Statewide
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	() ²	2 ²
Jan 2015 - Dec 2015	Immunization	() ²	2 ²
	Perinatal Care	Ð	Ð
	Stroke Care	Ð	Ð
	Venous Thromboembolism (VTE)	Θ	Θ

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



Locations of Care

* Primary Location



Locations of Care

9200 West Wisconsin Avenue, Milwaukee, WI

* Primary Location	
Locations of Care	Available Services
Froedtert Memorial Lutheran Hospital, Inc DBA: Froedtert Hospital Center for Diagnostic Imaging 10596 N. Port Washington	Services: • Outpatient Clinics (Outpatient)
Rd. Mequon, WI 53092 Froedtert Memorial Lutheran Hospital, Inc DBA: Froedtert Hospital	Services: Outpatient Clinics (Outpatient)
Center for Diagnostic Imaging 2445 North Mayfair Road Milwaukee, WI 53226 Froedtert Memorial	
Lutheran Hospital, Inc DBA: Froedtert Hospital Center for Diagnostic Imaging W129 N7055 Northfield Drive, Suite 101, Building A	Services: • Outpatient Clinics (Outpatient)
Menomonee Falls, WI 53051 Froedtert Memorial	
Lutheran Hospital, Inc DBA: Froedtert Hospital Center for Diagnostic Imaging 2315 East Moreland Blvd., Suite 1500 Waukesha, WI 53186	Services: Outpatient Clinics (Outpatient)
Froedtert Memorial Lutheran Hospital, Inc DBA: Froedtert Hosp Center of Diagnostic Imaging 4455 S 108th Street, Suite 140 Greenfield, WI 5328-2504	Services: • Outpatient Clinics (Outpatient)
Froedtert Memorial Lutheran Hospital, Inc DBA: Plastic Surgery Clinic 8700 W. Watertown Plank Rd. Milwaukee, WI 53226	Services: • Outpatient Clinics (Outpatient)
Froedtert Memorial Lutheran Hospital, Inc DBA: Reproductive Medicine Center W129N7055 Northfield Drive, Suite 500 Building B Menomonee Falls,	Services: • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)



Locations of Care

* Primary Location

9200 West Wisconsin Avenue, Milwaukee, WI

Locations of Care	Available Services
Froedtert Memorial Lutheran Hospital, Inc DBA: Moorland Reserve Health Center 4805 S. Moorland Rd New Berlin, WI 53151	Other Clinics/Practices located at this site: General Infusion Medical Onclolgy Pharmacy Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Froedtert Memorial Lutheran Hospital, Inc DBA: Sunny Slope Health Center 1350 S. Sunny Slope Rd. Brookfield, WI 53005	 Services: Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Froedtert Memorial Lutheran Hospital, Inc DBA: Springdale Health Center 21700 Intertech Drive Brookfield, WI 53045	Services: Outpatient Clinics (Outpatient)
Froedtert Memorial Lutheran Hospital, Inc DBA: Plank Road Clinic 1155 N. Mayfair Rd. Milwaukee, WI 53226	Services: • Outpatient Clinics (Outpatient)
Froedtert Memorial Lutheran Hospital, Inc DBA: Sports Medicine Clinic-Diagnostic Radiology 8700 Watertown Plank Rd Milwaukee, WI 53226	Services: • Outpatient Clinics (Outpatient)

9200 West Wisconsin Avenue, Milwaukee, WI



2013 National Patient Safety Goals

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
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



2016 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	\bigotimes
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	\bigotimes
	Reconciling Medication Information	0 0
Use Alarms Safely	Use Alarms Safely on Medical Equipment	\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	<u>ତ</u> ତ୍ର ତ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
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	Ø
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigotimes

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



National Quality Improvement Goals

Reporting Period: January 2015 - December 2015

		Compared to other Joint Commission		
		Accredited Organization		
Measure Area	Explanation	Nationwide	Statewide	
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	@ ²	™ ²	

		Compared to other Joint Commission Accredited Organizations				
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	0	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	46 minutes 516 eligible Patients	52	122	45	65
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	243 minutes 516 eligible Patients	201	308	175	211

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

This information can also be viewed at www.hospitalcompare.hhs.gov -- Null value or data not displayed.

Symbol Key

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

- 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.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- **9.** The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.

9200 West Wisconsin Avenue, Milwaukee, WI



National Quality Improvement Goals

Reporting Period: January 2015 - December 2015

		Compared to other Join Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	⊘ ²	№ ²	

		Compared to other Joint Commission Accredited Organizations				
			lationwide			wide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	97% of 277 eligible Patients	100%	94%	100%	96%

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

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

-- Null value or data not displayed.

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

- 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.
- 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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible rationts that me
- 1. There were no eligible patients that met the denominator criteria.

ossible results

ot displayed

Ð

 \oslash

-

ND

1.

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

reported.

overall result.

This organization achieved the best

This organization's performance is

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

below the target range/value.

Footnote Key

The Measure or Measure Set was not

The Measure Set does not have an

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.

The measure results are temporarily suppressed pending resubmission of

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."

The measure meets the Privacy Disclosure Threshold rule.

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

Froedtert Memorial Lutheran Hospital, Inc

9200 West Wisconsin Avenue, Milwaukee, WI



National Quality Improvement Goals

Reporting Period: January 2015 - December 2015

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	Optimized in the second sec	Ð	

		Compared to other Joint Commission Accredited Organizations				n
		Nationwide Statewid				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	99% of 126 eligible Patients	100%	97%	100%	99%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	1% of 202 eligible Patients	0%	2%	0%	2%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	40% of 366 eligible Patients	76%	52%	77%	61%



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

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

Null value or data not displayed. ----

possible results

Ð

 \oslash

e

ND

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

This organization achieved the best

This organization's performance is

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

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

below the target range/value. lot displayed

Footnote Key

reported.

overall result.

The Measure or Measure Set was not

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.

The measure results are temporarily suppressed pending resubmission of

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."

The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

Froedtert Memorial Lutheran Hospital, Inc

9200 West Wisconsin Avenue, Milwaukee, WI



National Quality Improvement Goals

Reporting Period: January 2015 - December 2015

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

		Compared to other Joint Commission Accredited Organizations						
						Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:		
Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who receive a prescription for an anticoagulant medication when being discharged from the hospital. This measure reports how often an anticoagulant medication was prescribed to ischemic stroke patients with atrial fibrillation/flutter when they are leaving a hospital. Atrial fibrillation is a heart rhythm disturbance that can allow blood clots to form within the upper chambers of the heart. If these blood clots break off and get into the bloodstream, a stroke can result. Anticoagulant medications or "blood thinners" help to prevent blood clots from forming.	100% of 22 eligible Patients	100%	97%	100%	97%		
Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients receiving an antithrombotic medication by the end of hospital day 2. This measure reports what percent of ischemic stroke patients receive an antithrombotic medication, such as aspirin, the day of or day after hospital arrival. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	99% of 90 eligible Patients	100%	98%	100%	99%		



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

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

Null value or data not displayed.

Ð

 \oslash

e

ND

1.

2.

3.

4.

5.

8.

9.

11

updated data. 10. Test Measure: a measure being evaluated for reliability of the

Froedtert Memorial Lutheran Hospital, Inc

9200 West Wisconsin Avenue, Milwaukee, WI



National Quality Improvement Goals

Symbol Key							
This organization achieved the best possible results	Reporting Peri	od: January 2015 - December 2015					
This organization's performance is above the target range/value.							
This organization's performance is similar to the target range/value.				Con	npared to o Commis		
This organization's performance is below the target range/value.				Accr		anizations	
Not displayed	Measure Area	Explanation		Nationwi	de	Statewid	Э
	Stroke Care	This category of evidence based measures ass overall quality of care provided to Stroke (STK)		Ð		Ð	
Footnote Key			Co	mpared to c	ther loint	Commissio	n
The Measure or Measure Set was not reported.					ed Organiz	zations	ewide
The Measure Set does not have an overall result.	Measure	Explanation	Hospital Results		Average Rate:		
The number of patients is not enough for comparison purposes.				at Least:		at Least:	
 The measure meets the Privacy Disclosure Threshold rule. 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 suppressed pending resubmission of updated data. Test Measure: a measure being 	Assessed for Rehabilitat	ion Stroke patients who have had their need for rehabilitation services assessed by a member of the rehabilitation team during their hospitalization. This measure reports what percent of stroke patients have a rehabilitation assessment completed or receive rehabilitation services during their hospitalization. Rehabilitation is a treatment(s) designed to facilitate the process of recovery from stroke or other injury, illness, or disease to as normal a condition as possible.	99% of 178 eligible Patients	100%	99%	100%	99%
 For further information and explanation of the Quality Report contents, refer to the ''Quality 	Discharged on Antithrom Therapy	abotic Ischemic stroke patients who receive a prescription for an antithrombotic medication when discharged from the hospital. This measure reports how often an antithrombotic medication, such as aspirin, was prescribed to ischemic stroke patients when they are leaving a hospital. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	100% of 123 eligible Patients	100%	99%	100%	100%
Report User Guide.''	Discharged on Statin Medication	Ischemic stroke patients who receive a prescription for a statin medication when discharged from the hospital. This measure reports how often a statin medication was prescribed to ischemic stroke patients when they are leaving a hospital. Statin medications reduce the level of cholesterol circulating in the blood.	99% of 111 eligible Patients	100%	97%	100%	98%



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

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

0

 \oslash

e

ND

1.

2.

3.

4.

5.

8.

9.

11

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaitir

Froedtert Memorial Lutheran Hospital, Inc

9200 West Wisconsin Avenue, Milwaukee, WI



National Quality Improvement Goals

Symbol Key							
This organization achieved the best possible results This organization's performance is	Reporting Per	iod: January 2015 - December 2015					
above the target range/value. This organization's performance is similar to the target range/value. This organization's performance is				Com	npared to c Commiss		
below the target range/value.				Accr	edited Org	anizations	
Not displayed	Measure Area	Explanation		Nationwi	de	Statewid	e
	Stroke Care	This category of evidence based measures ass overall quality of care provided to Stroke (STK)		\oplus		Ð	
Footnote Key					41	0	
The Measure or Measure Set was not reported.					other Joint ed Organiz	ations	
 The Measure Set does not have an overall result. The number of patients is not enough 	Measure	Explanation	Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide Average Rate:
 for comparison purposes. The measure meets the Privacy Disclosure Threshold rule. 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 suppressed pending resubmission of updated data. 	Stroke Education	Stroke patients who receive specific educational material about their condition. This measure reports what percent of stroke patients are given written instructions or educational material about their condition and care when they leave the hospital. Patient education about medicines, follow-up care after discharge, risk factors for stroke, warning signs to watch for, and activation of the emergency medical system if these signs occur is important in order to prevent another stroke.	90% of 96 eligible Patients	100%	94%	100%	95%
 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 met the denominator criteria. For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	86% of 7 eligible Patients ³	100%	87%	100%	91%



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

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

Null value or data not displayed.

9200 West Wisconsin Avenue, Milwaukee, WI



National Quality Improvement Goals

Reporting Period: January 2015 - December 2015

 Measure Area
 Explanation
 Nationwide
 Statewide

 Stroke Care
 This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.
 ●
 ●

		Compared to other Joint Commission Accredited Organizations				
		1	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
Venous Thromboembolism (VTE) Prophylaxis	Stroke patients who receive treatment for the prevention of blood clots on the day of or day after hospital admission. Note: Treatment may be medication or mechanical devices for exercising the legs. This measure reports what percent of stroke patients receive treatment for the prevention of blood clots. Stroke patients are at increased risk of developing blood clots. The incidence of blood clots is lowest when patients are treated to prevent them.	100% of 178 eligible Patients	100%	98%	100%	98%

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

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

--- Null value or data not displayed.

Symbol Key

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.
- The measure meets the Privacy Disclosure Threshold rule.
 The organization scored above
 - The organization scored above 90% but was below most other organizations. 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.
- Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
 There were no eligible relients that me
- **1.** There were no eligible patients that met the denominator criteria.

ossible results

ot displayed

Ð

 \odot

-

ND

1.

2.

3.

4.

5.

8.

9.

11

valid.

sample of patients.

updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

reported.

overall result.

This organization achieved the best

This organization's performance is

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

below the target range/value.

Footnote Key

The Measure or Measure Set was not

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.

The measure results are temporarily suppressed pending resubmission of

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."

The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

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

Froedtert Memorial Lutheran Hospital, Inc

9200 West Wisconsin Avenue, Milwaukee, WI



National Quality Improvement Goals

Reporting Period: January 2015 - December 2015

		Compared to other Joint Commission		
		Accredited Organization		
Measure Area	Explanation	Nationwide	Statewide	
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	Θ	Θ	

		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:	
Intensive Care Unit (ICU) VTE Prophylaxis	Medical and surgical patients who were admitted or transferred to the ICU who received treatment to prevent VTE or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at ICU admission or transfer.	98% of 169 eligible Patients	100%	97%	100%	98%
VTE Discharge Instructions	Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions.	O 78% of 149 eligible Patients	100%	93%	100%	91%
VTE Patients with Anticoagulation Overlap Therapy	Patients with blood clots who received two medications for treatment. This measure reports the percent of patients who received an overlap of medication for a specific timeframe, or who went home on both medications.	92% of 219 eligible Patients	100%	94%	100%	95%

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

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

Null value or data not displayed.

9200 West Wisconsin Avenue, Milwaukee, WI

Compared to other Joint



National Quality Improvement Goals

Reporting Period: January 2015 - December 2015

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	Measure Area
\sim	Vanaus

Footnote Key

Symbol Key

possible results

This organization achieved the best

- 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.
- 5. 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 rationts 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."

		Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	Θ	Θ
	Cor	npared to other Joi	nt Commission

		Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	Top 10% Scored at Least:	Average Rate:
VTE Prophylaxis	Medical and surgical patients who were admitted to the hospital who received treatment to prevent blood clots or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at hospital admission.	91% of 450 eligible Patients	100%	95%	100%	95%

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

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

-- Null value or data not displayed.