Quality Check®

Froedtert Memorial Lutheran Hospital, Inc

9200 West Wisconsin Avenue, Milwaukee, WI

Org ID: 7718

Accreditation Quality Report



The Joint Commission

Version: 4

Date: 5/12/2017



Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals - safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals - measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.



Mark R. Chassin, MD, MPP, MPH
President of the Joint Commission





Summary of Quality Information

Symbol Key

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

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
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."

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	8/6/2016	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	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

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**	✓	N/A *
Hospital	**2016National Patient Safety Goals**	✓	N/A *

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

© Copyright 2024, The Joint Commission





Summary of Quality Information

Symbol Key

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

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
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."

Reporting Period: Oct 2015 - Sep 2016

	Compared to other Joint Commission Accredited Organizations	
	Nationwide	Statewide
National Quality Improvement Goals:		
Immunization	N/D [2]	N/D [2]
Stroke Care	N/D [2]	N/D [2]
Venous Thromboembolism (VTE)	N/D [2]	N/D [2]

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

© Copyright 2024, The Joint Commission





Locations of Care

* Primary Location

Locations of Care	Available Services
Froedtert Memorial Lutheran Hospital, Inc * 9200 West Wisconsin Avenue Milwaukee, WI 53226	**Joint Commission Advanced Certification Programs:** • Advanced Comprehensive Stroke Center • Ventricular Assist Device **Services:** • Brachytherapy (Imaging/Diagnostic Services) • Cardiac Catheterization Lab (Surgical Services) • Cardiac Surgery (Surgical Services) • Cardiothoracic Surgery (Surgical Services) • Cardiovascular Unit (Inpatient) • CT Scanner (Imaging/Diagnostic Services) • Dialysis Unit (Inpatient) • Ear/Nose/Throat Surgery (Surgical Services) • EEG/EKG/EMG Lab (Imaging/Diagnostic Services) • Gastroenterology (Surgical Services) • GI or Endoscopy Lab (Imaging/Diagnostic Services) • Gynecological Surgery (Surgical Services) • Gynecology (Inpatient) • Hematology/Oncology Unit (Inpatient) • Inpatient Unit (Inpatient) • Interventional Radiology (Imaging/Diagnostic Services) • Labor & Delivery (Inpatient) • Magnetic Resonance Imaging (Imaging/Diagnostic Services) • Medical /Surgical Unit (Inpatient) • Medical ICU (Intensive Care Unit) • Neuro/Spine ICU (Intensive Care Unit) • Neuro/Spine Unit (Inpatient) • Neurosurgery (Surgical Services) • Normal Newborn Nursery (Inpatient) • Nuclear Medicine (Imaging/Diagnostic Services) • Ophthalmology (Surgical Services) • Orthopedic Surgery (Surgical Services) • Orthopedic/Spine Unit (Inpatient) • Outpatient Clinics (Outpatient) • Plastic Surgery (Surgical Services) • Positron Emission Tomography (PET) (Imaging/Diagnostic Services) • Post Anesthesia Care Unit (PACU) (Inpatient) • Radiation Oncology (Imaging/Diagnostic Services) • Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization) • Sleep Laboratory (Sleep Laboratory) • Surgical ICU (Intensive Care Unit) • Surgical Unit (Inpatient) • Teleradiology (Imaging/Diagnostic Services) • Transplant Surgery (Surgical Services) • Ultrasound (Imaging/Diagnostic Services) • Urology (Surgical Services) • Vascular Surgery (Surgical Services)

© Copyright 2024, The Joint Commission





Locations of Care

* Primary Location

Locations of Care	Available Services
Froedtert Memorial Lutheran Hospital, Inc DBA: Froedtert Hospital Center for Diagnostic Imaging 1240 West Town Square Road Mequon, WI 53092	**Services:** • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Froedtert Memorial Lutheran Hospital, Inc DBA: Froedtert Hospital Center for Diagnostic Imaging 2445 North Mayfair Road Milwaukee, WI 53226	**Services:** • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Froedtert Memorial Lutheran Hospital, Inc DBA: Froedtert Hospital Center for Diagnostic Imaging W129 N7055 Northfield Drive, Suite 101, Building A Menomonee Falls, WI 53051	**Services:** • Outpatient Clinics (Outpatient)
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 53228-2504	**Services:** • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Froedtert Memorial Lutheran Hospital, Inc DBA: Reproductive Medicine Center W129N7055 Northfield Drive, Suite 500 Building B Menomonee Falls, WI 53051	**Services:** • Anesthesia (Outpatient) • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)

© Copyright 2024, The Joint Commission





Locations of Care

* Primary Location

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	**Other Clinics/Practices located at this site:** • Rehab **Services:** • Outpatient Clinics (Outpatient)

© Copyright 2024, The Joint Commission





2013 National Patient Safety Goals

Symbol Key

- The organization has met the National Patient Safety Goal.
- The organization has not met the National Patient Safety Goal.
- The Goal is not applicable for this organization.

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

Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	✓
Improve the safety of using medications.	Reconciling Medication Information	✓
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	✓
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	✓
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	✓

© Copyright 2024, The Joint Commission





2016 National Patient Safety Goals

Symbol Key

- The organization has met the National Patient Safety Goal.
- The organization has not met the National Patient Safety Goal.
- The Goal is not applicable for this organization.

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

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	✓
	Eliminating Transfusion Errors	✓
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	✓
Improve the safety of using medications.	Labeling Medications	✓
	Reducing Harm from Anticoagulation Therapy	✓
	Reconciling Medication Information	✓
Use Alarms Safely	Use Alarms Safely on Medical Equipment	✓
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	✓
	Preventing Multi-Drug Resistant Organism Infections	✓
	Preventing Central-Line Associated Blood Stream Infections	✓
	Preventing Surgical Site Infections	✓
	Preventing Catheter-Associated Urinary Tract Infection	✓
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	✓
Universal Protocol	Conducting a Pre-Procedure Verification Process	✓
	Marking the Procedure Site	✓
	Performing a Time-Out	✓

© Copyright 2024, The Joint Commission





National Quality Improvement Goals

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. 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."

Reporting Period: October 2015 - September 2016

		Compared to other Joint Commission Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	N/D 2	N/D 2

		Compared to other Joint Commission Accredited Organizations				
			Nationwide		Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	98% of 543 eligible Patients	100%	94%	99%	96%

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

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

---- Null value or data not displayed.

© Copyright 2024, The Joint Commission





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.
- N/D Not displayed

Footnote Key

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

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

Reporting Period: October 2015 - September 2016

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: Nationwide	Statewide
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	N/D 2	N/D 2

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations: Nationwide Top 10% Scored at Least:	Nationwide Average Rate:	Statewide Top 10% Scored at Least:	Statewide Average Rate:
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.	N/D 3 94% of 17 eligible Patients[3]	100%	90%	100%	92%

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

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

---- Null value or data not displayed.

© Copyright 2024, The Joint Commission





National Quality Improvement Goals

Symbol Key

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

Footnote Key

1. The Measure or Measure Set was not reported.
2. The Measure Set does not have an overall result.
3. The number of patients is not enough for comparison purposes.
4. The measure meets the Privacy Disclosure Threshold rule.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. 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."

Reporting Period: October 2015 - September 2016

Measure Area	Explanation	Compared to other Joint Commission Accredited Organizations: 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.	N/D 2	N/D 2

Measure	Explanation	Compared to other Joint Commission Accredited Organizations: Hospital Results	Nationwide: Top 10% Scored at Least:	Nationwide: Average Rate:	Statewide: Top 10% Scored at Least:	Statewide: Average Rate:
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.	76% of 110 eligible Patients	100%	93%	100%	89%

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

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

---- Null value or data not displayed.

© Copyright 2024, The Joint Commission