

Accreditation Quality Report





Version: 7 Date: 8/31/2017



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 Symbol Key

oossible results.

rganization.

Not displayed

overall result.

valid.

sample of patients.

updated data.

10. Test Measure: a measure being

evaluated for reliability of the

individual data elements or awaiting

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

National Quality Forum Endorsement.

Footnote Key

The Measure or Measure Set was not reported.

The Measure Set does not have an

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.
 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

This organization achieved the best

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

Froedtert Memorial Lutheran Hospital, Inc

9200 West Wisconsin Avenue, Milwaukee, WI Org II







Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective | Last Full Survey Last On-Si | |
|-------------------------------|-------------------------------|-----------|-----------------------------|--------------------|
| | | Date | Date | Survey Date |
| Home Care | Accredited | 8/6/2013 | 8/5/2013 | 8/5/2013 |
| | 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 | v Last On-Site Review Date |
|---|-------------------------------|-------------------|-----------------------|-------------------------------|
| Advanced Comprehensive Stroke Center | Certification | 5/30/2015 | 8/29/2017 | 8/29/2017 |
| 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

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

| | | Compared to other Joint Organiz | |
|-----------|-----------------------------------|------------------------------------|--------------|
| | | Nationwide | Statewide |
| Home Care | 2013National Patient Safety Goals | Ø | ∞ * |
| Hospital | 2016National Patient Safety Goals | Ø | ₩ A * |
| - | | | |

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

9200 West Wisconsin Avenue, Milwaukee, WI

Org ID: 7718







Summary of Quality Information

| | | Compared to other Joint Commission Accredited Organizations | | |
|------------------------|-------------------------------------|---|-----------------|--|
| | | Nationwide Statewide | | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: | Immunization | ND 2 | ND ² | |
| Jan 2016 - Dec 2016 | Stroke Care | № 2 | ND ² | |
| | Venous Thromboembolism (VTE) | № 2 | № 2 | |

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







oossible 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
- 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."

9200 West Wisconsin Avenue, Milwaukee, WI

Ora ID: 7718







Locations of Care

* Primary Location

Locations of Care

Froedtert Memorial Lutheran Hospital, Inc * 9200 West Wisconsin Avenue Milwaukee, WI 53226

Available Services

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)

9200 West Wisconsin Avenue, Milwaukee, WI

Org ID: 7718







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, | Services: • Outpatient Clinics (Outpatient) |
| 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 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) |

9200 West Wisconsin Avenue, Milwaukee, WI

Org ID: 7718







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) |

9200 West Wisconsin Avenue, Milwaukee, WI

Org ID: 7718







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 | 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 |

9200 West Wisconsin Avenue, Milwaukee, WI

Org ID: 7718







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 | Ø |
| | Eliminating Transfusion Errors | Ø |
| 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 | Ø |
| | Reconciling Medication Information | Ø |
| Use Alarms Safely | Use Alarms Safely on Medical Equipment | Ø |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines | Ø |
| | Preventing Multi-Drug Resistant Organism Infections | Ø |
| | Preventing Central-Line Associated Blood Stream Infections | 8888 |
| | Preventing Surgical Site Infections | Ø |
| | Preventing Catheter-Associated Urinary Tract Infection | 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 | Ø |
| | Marking the Procedure Site | Ø |
| | Performing a Time-Out | Ø |

9200 West Wisconsin Avenue, Milwaukee, WI



Measure Area

Immunization





National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint
Commission
Accredited Organizations

Explanation
Nationwide
Statewide

This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.

Org ID: 7718

| | | 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. | 97% of 531 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.
- The Measure Set does not have an overall result.
- 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.
- 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 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.
- 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."

9200 West Wisconsin Avenue, Milwaukee, WI Org ID: 7718







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint Commission
Accredited 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.

| | | Cor | npared to o Accredit | other Joint ed Organiz | | n |
|----------------------|--|------------------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
| | | ١ | lationwide | | State | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | 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. | 100% of 20 eligible Patients | 100% | 90% | 100% | 93% |

- 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.

- This organization achieved the best possible results
- This organization's performance is above the target range/value.

Symbol Key

- 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.
- The Measure Set does not have an overall result.
- 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.
- 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.
- 10. 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." Symbol Key

ossible results

lot displayed

reported.

valid.

sample of patients.

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

overall result.

Ø

This organization achieved the best

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.

Footnote Key

The Measure or Measure Set was not

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. 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

National Quality Forum Endorsement. There were no eligible patients that met

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 2016 - December 2016

Accredited Organizations Measure Area Nationwide Explanation Statewide Venous This category of evidence-based measures assesses the **№** 2 Thromboembolism overall quality of care related to prevention and treatment (VTE) of blood clots.

| | | 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: | |
| 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. | 79% of 122 eligible Patients | 100% | 93% | 100% | 90% | |

- 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.

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

the denominator criteria.

| | | 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: | |
| 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. | 79% of 122 eligible Patients | 100% | 93% | 100% | 90% | |

Org ID: 7718

Compared to other Joint