

Accreditation Quality Report



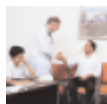


Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, Joint Commission has been the national leader in setting 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 the key area of 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.

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

Accreditation Decision

Accredited

Decision Effective Date

October 04, 2008

Accredited Programs

Critical Access Hospital







Last Full Survey Date

10/3/2008

Last On-Site Survey Date

10/3/2008

Symbol Key

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Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide

Critical Access Hospital

2008 National Patient Safety Goals



National Quality Improvement Goals:

Reporting Period:
Jan 2009 -
Dec 2009

Heart Attack Care



Heart Failure Care



Pneumonia Care



Surgical Care Improvement Project (SCIP)

SCIP - Cardiac

SCIP - Infection Prevention

For All Reported Procedures:



- Colon/Large Intestine Surgery



- Hip Joint Replacement



- Hysterectomy



- Knee Replacement



SCIP – Venous Thromboembolism (VTE)

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



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Locations of Care




* Primary Location

Locations of Care	Available Services
Muscoda Health Center 125 W. Nebraska Street Muscoda, WI 53573	<ul style="list-style-type: none"> • General Outpatient Services (Outpatient)
Spring Green Medical Center 150 East Jefferson Street Spring Green, WI 53588	<ul style="list-style-type: none"> • General Outpatient Services (Outpatient)
The Richland Hospital, Inc. * 333 East Second Street Richland Center, WI 53581	<ul style="list-style-type: none"> • Acute Care • CT Scanner (Inpatient, Outpatient) • Emergency Room (Outpatient) • General Medical Services (Inpatient) • General Surgery (Inpatient) • Gynecology (Inpatient) • Imaging/Radiology (Inpatient, Outpatient) • Infusion Therapy (Outpatient) • Intensive Care Unit (Inpatient) • Labor & Delivery (Inpatient) • Nuclear Medicine (Inpatient, Outpatient) • Nursery (Inpatient) • Obstetrics (Inpatient) • Operating Room (Outpatient) • Outpatient Surgery (Outpatient) • Post Anesthesia Care Unit (PACU) (Inpatient, Outpatient) • Pulmonary Function Lab (Outpatient) • Rehabilitation and Physical Medicine (Inpatient, Outpatient) • Respiratory Care (Ventilator) (Inpatient) • Respite Care (Inpatient) • Telemetry (Inpatient) • Ultrasound (Inpatient, Outpatient)


















2008 National Patient Safety Goals

Symbol Key

-  The organization has met the National Patient Safety Goal.
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Critical Access Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use at least two patient identifiers when providing care, treatment or services.	
Improve the effectiveness of communication among caregivers.	For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read-back" the complete order or test result.	
	Standardize a list of abbreviations, acronyms, symbols, and dose designations that are not to be used throughout the organization.	
	Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.	
	Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.	
Improve the safety of using medications.	Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used by the organization, and take action to prevent errors involving the interchange of these drugs.	
	Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.	
	Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.	
Reduce the risk of health care-associated infections.	Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.	
	Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.	
Accurately and completely reconcile medications across the continuum of care.	There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.	
	A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.	
Reduce the risk of patient harm resulting from falls.	Implement a fall reduction program including an evaluation of the effectiveness of the program.	
Encourage patients' active involvement in their own care as a patient safety strategy.	Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.	
Improve recognition and response to changes in a patient's condition.	The organization selects a suitable method that enables health care staff members to directly request additional assistance from	






2008 National Patient Safety Goals

Critical Access Hospital

Safety Goals	Organizations Should	Implemented
	a specially trained individual(s) when the patient's condition appears to be worsening.	
Universal Protocol	Conduct a pre-operative verification process.	
	Mark the operative site.	
	Conduct a "time out" immediately before starting the procedure.	

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National Quality Improvement Goals

Reporting Period: January 2009 - December 2009



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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.	 3	 3

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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.	 4 ---	100%	96%	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.	 3 ---	100%	99%	100%	99%
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	 3 100% of 8 eligible Patients ³	100%	98%	100%	99%



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Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Aspirin prescribed at discharge*	Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.	 3 100% of 8 eligible Patients ³	100%	98%	100%	99%
Beta blocker prescribed at discharge*	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.	 3 88% of 8 eligible Patients ³	100%	98%	100%	99%



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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.	3	3

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Fibrinolytic therapy received within 30 minutes of hospital arrival*	Heart attack patients who receive a medicine that breaks up blood clots (fibrinolytic therapy) within 30 minutes of hospital arrival. This measure reports how quickly heart attack patients were given a medication that breaks up blood clots (fibrinolytic therapy). Breaking up blood clots increases blood flow to the heart. If blood flow is returned to the heart muscle quickly during a heart attack, the risk of death is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called fibrinolytic therapy and is used in certain types of heart attacks. It is important that this medicine be given quickly after a heart attack is diagnosed.	3 ----	100%	55%	---- ³	---- ³



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

Heart Attack Care

ACE inhibitor or ARB for LVSD*

No Quarterly Results are available

Adult smoking cessation advice/counseling*

No Quarterly Results are available

Aspirin at arrival*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	----4	----4	----4	4
Rate	----4	----4	----4	100%
Nationwide Average	98%	98%	98%	99%

Aspirin prescribed at discharge*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	----4	----4	----4	4
Rate	----4	----4	----4	100%
Nationwide Average	98%	98%	99%	99%

Beta blocker prescribed at discharge*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	----4	----4	----4	4
Rate	----4	----4	----4	75%
Nationwide Average	98%	98%	98%	98%



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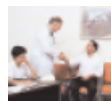
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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

Heart Attack Care

Fibrinolytic therapy received within 30 minutes of hospital arrival*

No Quarterly Results are available



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Compared to other Joint Commission Accredited 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.	3	3

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		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.	3 57% of 7 eligible Patients ³	100%	94%	100%	94%
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.	3 0% of 4 eligible Patients ³	100%	99%	100%	97%
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.	 71% of 41 eligible Patients	100%	88%	96%	84%



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Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average 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.	 67% of 48 eligible Patients	100%	98%	100%	98%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

Heart Failure Care

ACE inhibitor or ARB for LVSD*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	3	---- ⁴	---- ⁴
Rate	---- ⁴	67%	---- ⁴	---- ⁴
Nationwide Average	94%	94%	94%	95%

Adult smoking cessation advice/counseling*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	---- ⁴	---- ⁴	---
Rate	---- ⁴	---- ⁴	---- ⁴	---
Nationwide Average	98%	98%	99%	99%

Discharge instructions*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	9	13	11	8
Rate	78%	77%	55%	75%
Nationwide Average	86%	87%	88%	89%

LVF assessment*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	13	13	11	11
Rate	62%	92%	64%	45%
Nationwide Average	98%	98%	98%	98%



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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	-	-

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Adult smoking cessation advice/counseling*	Pneumonia patients who are given advice about stopping smoking while they are in the hospital. This measure reports what percent of adult pneumonia patients are provided advice and/or counseling to quit smoking. Smoking harms the heart, lungs and blood vessels and makes existing disease worse. Limitations of measure use - see Accreditation Quality Report User Guide.	 3 83% of 6 eligible Patients ³	100%	98%	100%	95%
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.		99%	95%	100%	96%
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.	 3 40% of 5 eligible Patients ³	100%	96%	100%	96%



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Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Initial antibiotic received within 6 hours of hospital arrival*	Pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. This measure reports the percent of adult pneumonia patients who are given an antibiotic within 6 hours of arriving at the hospital. Limitations of measure use - see Accreditation Quality Report User Guide.	 83% of 40 eligible Patients	99%	95%	100%	97%
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.	 ⁴ ----	100%	68%	100%	73%
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.	 ³ 82% of 17 eligible Patients ³	100%	95%	100%	96%



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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	-	-

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Pneumococcal vaccination*	Pneumonia vaccination. This measure reports how many patients 65 years and older were screened and vaccinated to prevent pneumonia.	- <small>74% of 47 eligible Patients</small>	100%	93%	100%	94%

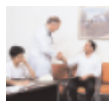


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National Quality Improvement Goals

Reporting Period: January 2009 - December 2009

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Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	-	-

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Pneumonia Seasonal Measure Reporting Period: October 2008 - March 2009						
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.	 80% of 41 eligible Patients	99%	89%	100%	90%



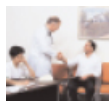
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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

Pneumonia Care

Adult smoking cessation advice/counseling*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	4	----	---- ⁴	---- ⁴
Rate	75%	----	---- ⁴	---- ⁴
Nationwide Average	97%	97%	98%	98%

Blood cultures for pneumonia patients admitted through the Emergency Department.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	15	7	---- ⁴	8
Rate	87%	71%	---- ⁴	88%
Nationwide Average	94%	95%	95%	95%

Blood cultures for pneumonia patients in intensive care units.

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	---- ⁴	----	---- ⁴
Rate	---- ⁴	---- ⁴	----	---- ⁴
Nationwide Average	95%	95%	96%	96%

Influenza vaccination

	Oct - Dec 2008	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009
Number of Eligible Patients	20	21	***	***
Rate	70%	90%	***	***
Nationwide Average	86%	91%	***	***



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

Pneumonia Care

Initial antibiotic received within 6 hours of hospital arrival*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	20	7	4	9
Rate	85%	57%	100%	89%
Nationwide Average	94%	95%	94%	95%

Initial antibiotic selection for CAP in immunocompetent – ICU patient*

No Quarterly Results are available

Initial antibiotic selection for CAP in immunocompetent – non ICU patient*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	11	3	---- ⁴	---- ⁴
Rate	82%	67%	---- ⁴	---- ⁴
Nationwide Average	94%	95%	95%	95%

Pneumococcal vaccination*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	19	8	10	10
Rate	84%	75%	70%	60%
Nationwide Average	93%	93%	92%	94%



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Compared to other Joint Commission Accredited 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

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
		Hospital Results	Top 10% Scored at Least:	Average Rate:	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.	 3 100% of 14 eligible Patients ³	100%	92%	100%	90%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

SCIP - Cardiac

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.

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	4	4	4	---- ⁴
Rate	100%	100%	100%	---- ⁴
Nationwide Average	90%	91%	92%	93%



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		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.		

		Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having 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.	 94% of 54 eligible Patients	100%	96%	99%	96%
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.	 96% of 54 eligible Patients	100%	98%	100%	98%



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Compared to other Joint Commission Accredited Organizations

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

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	 89% of 54 eligible Patients	99%	93%	99%	94%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	 ³ 76% of 21 eligible Patients ³	97%	88%	99%	89%
Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut. *	This measure reports how often patients having colon/large intestine surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	 ³ 100% of 7 eligible Patients ³	100%	92%	100%	91%
Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	 ³ 86% of 7 eligible Patients ³	100%	88%	100%	92%



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

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% 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).	3 43% of 7 eligible Patients ³	100%	85%	100%	83%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	 100% of 42 eligible Patients	100%	96%	100%	97%
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.	3 100% of 14 eligible Patients ³	100%	96%	100%	97%
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.	3 100% of 14 eligible Patients ³	100%	99%	100%	100%



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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.		

		Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often hip joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	3 100% of 14 eligible Patients ³	100%	94%	100%	95%
Patients Having a Hysterectomy*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	 88% of 33 eligible Patients	100%	96%	99%	96%
Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having hysterectomy surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.	3 82% of 11 eligible Patients ³	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.*	This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is known to be effective for the type of surgery, based upon the recommendations of experts around the country.	3 91% of 11 eligible Patients ³	100%	96%	100%	96%

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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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	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).	3 91% of 11 eligible Patients ³	100%	95%	100%	97%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	 97% of 66 eligible Patients	100%	97%	100%	97%
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.	3 95% of 22 eligible Patients ³	100%	97%	100%	98%
Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.	3 100% of 22 eligible Patients ³	100%	99%	100%	99%



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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.		

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).	 3 95% of 22 eligible Patients ³	100%	95%	100%	94%
Surgery patients with proper hair removal.	This measure reports the number of surgical patients that have had hair at the site of the surgical cut removed properly. Infection is lowest when patients have hair removed with electrical clippers or hair removal cream.	 3 98% of 60 eligible Patients	100%	99%	100%	99%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

SCIP - Infection Prevention

Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	9	14	17	14
Rate	100%	100%	82%	100%
Nationwide Average	96%	96%	96%	97%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	9	14	17	14
Rate	100%	100%	88%	100%
Nationwide Average	98%	98%	98%	97%

Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	9	14	17	14
Rate	100%	86%	88%	86%
Nationwide Average	92%	93%	94%	95%

Patients Having Colon/Large Intestine Surgery*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	3	3	12	3
Rate	100%	67%	75%	67%
Nationwide Average	87%	87%	88%	90%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

SCIP - Infection Prevention

Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut. *

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	----4	----4	4	----4
Rate	----4	----4	100%	----4
Nationwide Average	91%	91%	92%	93%

Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	----4	----4	4	----4
Rate	----4	----4	75%	----4
Nationwide Average	87%	87%	88%	89%

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.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	----4	----4	4	----4
Rate	----4	----4	50%	----4
Nationwide Average	82%	84%	85%	88%

Patients Having Hip Joint Replacement Surgery*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	6	15	3	18
Rate	100%	100%	100%	100%
Nationwide Average	96%	96%	97%	97%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

SCIP - Infection Prevention

Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	5	---- ⁴	6
Rate	---- ⁴	100%	---- ⁴	100%
Nationwide Average	96%	96%	97%	97%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	5	---- ⁴	6
Rate	---- ⁴	100%	---- ⁴	100%
Nationwide Average	99%	99%	99%	99%

Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	5	---- ⁴	6
Rate	---- ⁴	100%	---- ⁴	100%
Nationwide Average	92%	93%	94%	95%

Patients Having a Hysterectomy*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	6	12	12	3
Rate	100%	92%	75%	100%
Nationwide Average	96%	96%	97%	95%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

SCIP - Infection Prevention

Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	4	4	---- ⁴
Rate	---- ⁴	100%	50%	---- ⁴
Nationwide Average	96%	96%	97%	97%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	4	4	---- ⁴
Rate	---- ⁴	100%	75%	---- ⁴
Nationwide Average	97%	98%	98%	92%

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.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	---- ⁴	4	4	---- ⁴
Rate	---- ⁴	75%	100%	---- ⁴
Nationwide Average	94%	95%	95%	96%

Patients Having Knee Joint Replacement Surgery*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	12	12	24	18
Rate	100%	100%	96%	94%
Nationwide Average	97%	97%	97%	98%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

SCIP - Infection Prevention

Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	4	4	8	6
Rate	100%	100%	88%	100%
Nationwide Average	97%	97%	97%	98%

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

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	4	4	8	6
Rate	100%	100%	100%	100%
Nationwide Average	99%	99%	99%	99%

Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	4	4	8	6
Rate	100%	100%	100%	83%
Nationwide Average	94%	94%	95%	96%

Surgery patients with proper hair removal.

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	12	15	17	16
Rate	92%	100%	100%	100%
Nationwide Average	99%	99%	99%	99%



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National Quality Improvement Goals

Reporting Period: January 2009 - December 2009

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

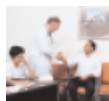
Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide Top 10% Scored at Least:	Average Rate:
Patients having surgery who had treatment prescribed for the prevention of blood clots. Note: Treatment 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.	3 71% of 24 eligible Patients ³	100%	94%	100%	94%
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.	3 71% of 24 eligible Patients ³	99%	92%	98%	92%



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National Quality Improvement Goals - Quarterly Results

Reporting Period: January 2009 - December 2009

SCIP – Venous Thromboembolism (VTE)

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.

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	5	6	5	8
Rate	60%	83%	60%	75%
Nationwide Average	93%	94%	94%	94%

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.

	Jan - Mar 2009	Apr - Jun 2009	Jul - Sep 2009	Oct - Dec 2009
Number of Eligible Patients	5	6	5	8
Rate	60%	83%	60%	75%
Nationwide Average	91%	92%	92%	92%



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CMS Mortality Rates

Critical Access Hospital

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate
The rates displayed in this table are from data reported for discharges July 2005 through June 2008
Last Updated: March 18, 2010

The U.S. National 30-day Death Rate from Heart Attack = 17%

	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Heart Attack = 15.6%		✓	
Number of Medicare Heart Attack Patients = 29			
Out of 4609 hospitals in U.S.	131 hospitals in the U.S. Better than U.S. National Rate	2814 hospitals in the U.S. No different than U.S. National Rate	54 hospitals in the U.S. Worse than U.S. National Rate
	1610 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 119 hospitals in Wisconsin	4 hospitals in Wisconsin Better than U.S. National Rate	71 hospitals in Wisconsin No different than U.S. National Rate	0 hospitals in Wisconsin Worse than U.S. National Rate
	44 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

The U.S. National 30-day Death Rate from Heart Failure = 11%

	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Heart Failure = 8.9%		✓	
Number of Medicare Heart Failure Patients = 128			
Out of 4773 hospitals in U.S.	213 hospitals in the U.S. Better than U.S. National Rate	3812 hospitals in the U.S. No different than U.S. National Rate	163 hospitals in the U.S. Worse than U.S. National Rate
	585 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 121 hospitals in Wisconsin	0 hospitals in Wisconsin Better than U.S. National Rate	114 hospitals in Wisconsin No different than U.S. National Rate	3 hospitals in Wisconsin Worse than U.S. National Rate
	4 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

The U.S. National 30-day Death Rate from Pneumonia = 12%

	Better Than U.S. National Rate (Adjusted mortality is lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted mortality is about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30-Day Death (Mortality) Rates from Pneumonia = 11.8%		✓	
Number of Medicare Pneumonia Patients = 116			

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



CMS Mortality Rates

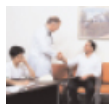
Critical Access Hospital

Center for Medicare and Medicaid (CMS) Hospital 30-Day Risk Adjusted Death (Mortality) compared to U.S. National Rate
The rates displayed in this table are from data reported for discharges July 2005 through June 2008
Last Updated: March 18, 2010

Out of 4814 hospitals in U.S.	253 hospitals in the U.S. Better than U.S. National Rate	3934 hospitals in the U.S. No different than U.S. National Rate	284 hospitals in the U.S. Worse than U.S. National Rate
	343 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 121 hospitals in Wisconsin	3 hospitals in Wisconsin Better than U.S. National Rate	112 hospitals in Wisconsin No different than U.S. National Rate	3 hospitals in Wisconsin Worse than U.S. National Rate
	3 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

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

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



CMS Readmission Rates

Critical Access Hospital

Center for Medicare and Medicaid (CMS) Hospital 30 Day Rate of Readmission compared to U.S. National Rate
 The rates displayed in this table are from data reported for discharges July 2005 through June 2008
 Last Updated: March 18, 2010

The U.S. National Rate for Readmissions for Heart Failure Patients = 24%

	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30 Day Hospital Readmission Rates from Heart Failure Patients = 24.2%		✓	
Number of Medicare Heart Failure Patients = 145			
Out of 4787 hospitals in U.S.	180 hospitals in the U.S. Better than U.S. National Rate	3854 hospitals in the U.S. No different than U.S. National Rate	233 hospitals in the U.S. Worse than U.S. National Rate
	520 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 121 hospitals in Wisconsin	4 hospitals in Wisconsin Better than U.S. National Rate	113 hospitals in Wisconsin No different than U.S. National Rate	0 hospitals in Wisconsin Worse than U.S. National Rate
	4 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

The U.S. National Rate for Readmissions for Pneumonia Patients = 18%

	Better Than U.S. National Rate (Adjusted readmissions are lower than U.S. rate)	No Different Than U.S. National Rate (Adjusted readmissions are about the same as U.S. rate or difference is uncertain)	Worse Than U.S. National Rate (Adjusted mortality is higher than U.S. Rate)
30 Day Hospital Readmission Rates from Pneumonia Patients = 17.3%		✓	
Number of Medicare Pneumonia Patients = 115			
Out of 4834 hospitals in U.S.	88 hospitals in the U.S. Better than U.S. National Rate	4199 hospitals in the U.S. No different than U.S. National Rate	198 hospitals in the U.S. Worse than U.S. National Rate
	349 hospitals in the United States did not have enough cases to reliably tell how well they are performing		
Out of 121 hospitals in Wisconsin	1 hospitals in Wisconsin Better than U.S. National Rate	117 hospitals in Wisconsin No different than U.S. National Rate	1 hospitals in Wisconsin Worse than U.S. National Rate
	2 hospitals in Wisconsin did not have enough cases to reliably tell how well they are performing		

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

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