

Accreditation Quality Report





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

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

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

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

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



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	8/22/2015	8/21/2015	8/21/2015
 Hospital	Accredited	8/22/2015	8/21/2015	9/29/2015

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
 Primary Stroke Center	Certification	1/31/2015	2/8/2017	2/8/2017

Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
 Heart Failure	Certification	3/6/2015	3/5/2015	3/5/2015
 Joint Replacement - Hip	Certification	3/28/2015	3/27/2015	3/27/2015
 Joint Replacement - Knee	Certification	3/28/2015	3/27/2015	3/27/2015





Other Accredited Programs/Services

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

Special Quality Awards

2014 Top Performer on Key Quality Measures®

2013 Gold Plus Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Home Care	2015National Patient Safety Goals		 *
Hospital	2015National Patient Safety Goals		 *



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



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."

Compared to other Joint Commission Accredited Organizations

Nationwide

Statewide

National Quality Improvement Goals:

Reporting Period:
Jul 2015 -
Jun 2016

Emergency Department

 ²

 ²

Immunization

 ²

 ²

Perinatal Care

 ²

 ²

Stroke Care

 ²

 ²

Venous Thromboembolism (VTE)

 ²

 ²



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



Locations of Care

* Primary Location

Locations of Care	Available Services
Doylestown Hospital * 595 West State Street Doylestown, PA 18901	Joint Commission Advanced Certification Programs: <ul style="list-style-type: none"> Primary Stroke Center Joint Commission Certified Programs: <ul style="list-style-type: none"> Heart Failure Joint Replacement - Hip Joint Replacement - Knee Services: <ul style="list-style-type: none"> Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) 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) 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) Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Orthopedic Surgery (Surgical Services) Orthopedic/Spine Unit (Inpatient) Outpatient Clinics (Outpatient) Pediatric Unit (Inpatient) Plastic Surgery (Surgical Services) Post Anesthesia Care Unit (PACU) (Inpatient) Teleradiology (Imaging/Diagnostic Services) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Urology (Surgical Services) Vascular Surgery (Surgical Services)
Doylestown Hospital Home Care / Visiting Nurse 875 North Easton Road Doylestown, PA 18901	Services: <ul style="list-style-type: none"> Home Health Aides Home Health, Non-Hospice Services Hospice Care Medical Social Services Occupational Therapy Physical Therapy Skilled Nursing Services Speech Language Pathology
Doylestown Hospital Cardiac Services 599 West State Street, Suite 200 Doylestown, PA 18901	Services: <ul style="list-style-type: none"> Outpatient Clinics (Outpatient)



Locations of Care




* Primary Location

Locations of Care	Available Services
Doylestown Hospital Cardiac Services 315 West State Street Doylestown, PA 18901	Services: <ul style="list-style-type: none"> Outpatient Clinics (Outpatient)
Doylestown Hospital Surgery Center 847 Easton Road, Suite 1400 Warrington, PA 18976	Other Clinics/Practices located at this site: <ul style="list-style-type: none"> Doylestown Hospital Cardiac Services, Suite 2800 Health and Wellness Center The Vein and Laser Center Services: <ul style="list-style-type: none"> Administration of High Risk Medications (Outpatient) Ambulatory Surgery Center (Outpatient) Anesthesia (Outpatient) Perform Invasive Procedure (Outpatient)



2015 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.

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	

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



2015 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	



National Quality Improvement Goals

Reporting Period: July 2015 - June 2016

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.

Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	 ²	 ²

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Most:	Weighted Median:	Top 10% Scored at Most:	Weighted Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	 ² 152 minutes 824 eligible Patients	52	122	61	118
Median Time from ED Arrival to ED Departure for Admitted ED Patients	The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.	 ² 342 minutes 829 eligible Patients	202	309	220	297



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."



National Quality Improvement Goals

Reporting Period: July 2015 - June 2016

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.

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.	 2	 2

Compared to other Joint Commission Accredited Organizations

Measure	Explanation					
		Hospital Results	Nationwide Top 10% Scored at Least:	Average Rate:	Statewide 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.	 96% of 587 eligible Patients	100%	94%	100%	94%



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."



National Quality Improvement Goals

Reporting Period: July 2015 - June 2016

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.

Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	 2	 2

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Nationwide		Statewide	
			Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	 100% of 5 eligible Patients	100%	98%	100%	98%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	 4% of 53 eligible Patients	0%	2%	0%	2%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	 63% of 329 eligible Patients	75%	53%	63%	49%



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."



National Quality Improvement Goals

Reporting Period: July 2015 - June 2016



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.

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.	 ²	 ²

Compared to other Joint Commission Accredited Organizations

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:
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.	 ³ 97% of 29 eligible Patients ³	100%	89%	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.






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



National Quality Improvement Goals

Reporting Period: July 2015 - June 2016



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.

Compared to other Joint Commission Accredited Organizations

Measure Area	Explanation	Nationwide	Statewide
Venous Thromboembolism (VTE)	This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots.	 ²	 ²

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			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.	 100% of 44 eligible Patients	100%	93%	100%	91%



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

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

---- Null value or data not displayed.

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