

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

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	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Programs		Date	Date	Keview Date
Primary Stroke Center	Certification	2/9/2017	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	4/21/2017	4/21/2017

3/28/2015

3/28/2015

3/10/2017

3/10/2017

3/10/2017

3/10/2017

Other Accredited Programs/Services

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

Certification

Certification

Special Quality Awards

🔕 Joint Replacement - Hip

🙆 Joint Replacement - Knee

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	Ø	N/A *		
Hospital	2015National Patient Safety Goals	Ø	N/A *		

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

Symbol Key

- This organization achieved the best ossible 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 rganization.
- Not displayed

Footnote Key

- 1. The Measure or Measure Set was not
- 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.
- 6. 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. 11. There were no eligible patients that met the denominator criteria.

Symbol Key

oossible results.

This organization achieved the best

Org ID: 4565







Summary of Quality Information

			t Commission Accredited izations
		Nationwide	Statewide
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	№ ²	ND 2
Oct 2015 - Sep 2016	Immunization	6 00 2	ND 2
	Perinatal Care	2	ND 2
	Stroke Care	№ ²	ND 2
	Venous Thromboembolism (VTE)	2	2

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



	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.	
ND)	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.	_	,
7.	The Measure results are based on a	

8. The number of months with Measure data is below the reporting requirement. 9. The measure results are temporarily suppressed pending resubmission of

sample of patients.

updated data.







Locations of Care

Primary Location Locations of Care	Available Services	
Doylestown Hospital * 595 West State Street Doylestown, PA 18901	Joint Commission Advanced Certification Primary Stroke Center Joint Commission Certified Programs: Heart Failure Joint Replacement - Hip Joint Replacement - Knee Services: Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Inpatient) Cardiothoracic Surgery (Inpatient) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Ultrasou (Imaging Gervices) Gynecology (Inpatient) Inpatient Unit (Inpatient)	/Surgical Unit t) ICU (Intensive Care Newborn Nursery t) Medicine //Diagnostic Services dic Surgery (Surgica) dic/Spine Unit t) nt Clinics (Outpatient : Unit (Inpatient) :urgery (Surgical) :sthesia Care Unit (Inpatient) :ology //Diagnostic Services : Surgery (Surgical)
Doylestown Hospital Home Care / Visiting Nurse 875 North Easton Road Doylestown, PA 18901	 Home Health, Non-Hospice Physical 	ional Therapy Therapy
Doylestown Hospital Cardiac Services 599 West State Street,		lursing Services Language Pathology

Doylestown Hospital 595 West State Street, Doylestown, PA







Locations of Care

*	Pri	mar	, I	0	rat	ion
	г п	mai	y	_0	vai	1011

Locations of Care	Available Services		
Doylestown Hospital Cardiac Services 315 West State Street Doylestown, PA 18901	Services: • Outpatient Clinics (Outpatient)		
Doylestown Hospital Surgery Center 847 Easton Road, Suite 1400 Warrington, PA 18976	Other Clinics/Practices located at this site: Doylestown Hospital Cardiac Services, Suite 2800 Health and Wellness Center The Vein and Laser Center		
	Services: • Administration of High Risk Medications (Outpatient) • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)		



Doylestown Hospital 595 West State Street, Doylestown, PA







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."

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



Doylestown Hospital 595 West State Street, Doylestown, PA







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	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	<u>Ø</u>
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	<u>ଉ</u> ଉଉଡ
	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

595 West State Street, Doylestown, PA Org ID: 4565

Explanation

This category of evidence based measures assesses

time patients remain in the hospital Emergency Department prior to inpatient admission.



Measure Area

Emergency

Department





National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

	Commission				
	Accredited Organizations				
	Nationwide	Statewide			
the	№ 2	ND 2			

Compared to other Joint

		Cor		other Joint ed Organiz	Commissio ations	n
		N	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	160.00 minutes 816 eligible Patients	53.00	124.00	60.52	119.58
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	340.00 minutes 822 eligible	202.00	311.00	217.06	296.12

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

into the hospital.

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

Symbol Kev

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
 - This organization's performance is
- below the target range/value.
- lot 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.

595 West State Street, Doylestown, PA Org ID: 4565







National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

Compared to other Joint

		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				
		Nationwide Statewide			ewide	
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	Average
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	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.

Symbol Key

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is
- below the target range/value.
- ot 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.

Org ID: 4565

Compared to other Joint







National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

Measure Area Explanation Nationwide Statewide

Perinatal Care This category of evidenced based measures assesses the care of mothers and newborns.

		Cor	npared to c Accredit	other Joint ed Organiz		n
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	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 to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	2% of 56 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.	67% of 330 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.

Symbol Key

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

Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 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.

595 West State Street, Doylestown, PA Org ID: 4565







National Quality Improvement Goals

Reporting Period: October 2015 - September 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 c			n
				ed Organiz		
			lationwide	_	State	
Measure	Explanation	Hospital		U	Top 10%	Average
		Results	Scored	Rate:	Scored	Rate:
			at Least:		at Least:	
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.	97% of 34 eligible Patients	100%	90%	100%	92%

- 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.

595 West State Street, Doylestown, PA Org ID: 4565







National Quality Improvement Goals

Reporting Period: October 2015 - September 2016

		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 Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	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 37 eligible Patients	100%	93%	100%	92%

- 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
- below the target range/value.
- Not displayed

Footnote Key

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 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." Compared to other Joint