

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

Last Full Review Last On-Site









Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	y Last On-Site Survey Date
Home Care	Accredited	6/23/2018	6/22/2018	6/22/2018
	Accredited	6/23/2018	6/22/2018	7/27/2018

Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) Hospital

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Programs		Date	Date	Review Date
Meart Failure	Certification	7/18/2019	5/20/2019	5/20/2019
Primary Stroke Center	Certification	3/5/2019	3/4/2019	3/4/2019
Certified Programs	Certification Decision	Effective	Last Full Review Last On-Sit	
		Date	Date	Review Date
Heart Failure	Certification	4/22/2017	4/21/2017	4/21/2017
Joint Replacement - Hip	Certification	2/6/2019	2/5/2019	2/5/2019
Joint Replacement - Knee	Certification	2/6/2019	2/5/2019	2/5/2019

Effective

Other Accredited Programs/Services

Advanced Certification Certification Decision

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	2018National Patient Safety Goals	Ø	*		
Hospital	2018National Patient Safety Goals	Ø	® *		

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

Symbol Key

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- Φ This organization's performance is above the target range/value.
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Footnote Key

- 1. The Measure or Measure Set was not reported.
- 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.
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- data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of
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- National Quality Forum Endorsement. 11. There were no eligible patients that met the denominator criteria.







Summary of Quality Information

	Compared to other Joint Commission Accredited Organizations				
		Nationwide	Statewide		
	National Quality Improvement Goals:				
Reporting Period:	Emergency Department	ND 2	№ 2		
Jan 2018 - Dec 2018	Immunization	ND ²	ND ²		
	Perinatal Care	ND 2	ND 2		

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Locations of Care

* Primary Location

Locations of Care

Doylestown Hospital 3595 West State Street Doylestown, PA 18901

Available Services

Joint Commission Advanced Certification Programs:

- Heart Failure
- · Primary Stroke Center

Joint Commission Certified Programs:

- Heart Failure
- Joint Replacement Hip
- Joint Replacement Knee

Other Clinics/Practices located at this site:

· Doylestown Health Cardiology

Services:

- 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)
- Hazardous Medication Compounding (Inpatient)
- Inpatient Unit (Inpatient)Interventional Radiology
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)

- Non-Sterile Medication Compounding (Inpatient)
- 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)
- Sleep Laboratory (Sleep Laboratory)
- Sterile Medication Compounding (Inpatient)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound
- (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

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Doylestown Hospital 595 West State Street, Doylestown, PA







Locations of Care

*	Primary	Location
	r i ii ii ai v	Location

Locations of Care	Available Services		
Doylestown Hospital 847 Easton Road, Suite 1400 Warrington, PA 18976	Other Clinics/Practices located at this site: • Doylestown Hospital Cardiac Services, Suite 2800 Services: • Administration of High Risk Medications (Outpatient) • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)		
Doylestown Hospital 599 West State Street, Suite 200 Doylestown, PA 18901	Services: • Outpatient Clinics (Outpatient)		
Doylestown Hospital 315 West State Street Doylestown, PA 18901	Services: • Outpatient Clinics (Outpatient)		
Doylestown Hospital Home Care / Visiting Nurse 4259 West Swamp Rd., Suite 204, Doylestown, PA 18902 Doylestown, PA 18901	Services:		



Doylestown Hospital 595 West State Street, Doylestown, PA







2018 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







2018 National Patient Safety Goals

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Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	Ø
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	Ø
	Reconciling Medication Information	Ø
Reduce the harm associated with clinical alarm systems.	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	0000
	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

Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

		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.	ND 2	№ 2

		Compared to other Joint Commission Accredited Organizations				
		1	lationwide		State	wide
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.	156.00 minutes 847 eligible Patients	56.00	137.00	71.45	141.79
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.	337.00 minutes 850 eligible Patients	207.00	321.00	239.23	307.63

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







National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

Compared to other Joint **Accredited Organizations** Measure Area Nationwide Statewide Explanation **Immunization** This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Influenza Immunization	This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated.	97% of 580 eligible Patients	100%	94%	100%	94%

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National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

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.	ND 2	№ 2	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide		Statewide		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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 6 eligible Patients	100%	98%	100%	99%
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 43 eligible Pattents	0%	2%	0%	1%
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.	73% of 339 eligible Patients	73%	52%	65%	48%

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