

Accreditation Quality Report





Version: 7 Date: 10/27/2021

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.







Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Home Care	Accredited	6/23/2018	8/13/2021	8/13/2021
	Accredited	6/23/2018	8/13/2021	9/22/2021

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

Hospital

Advanced Certification	Certification Decision	Effective	Last Full Review Last On-Sit	
Programs		Date	Date	Review Date
Heart Failure	Certification	7/18/2019	10/26/2021	10/26/2021
Primary Stroke Center	Certification	10/16/2021	10/15/2021	10/15/2021
Certified Programs	Certification Decision	Effective	Last Full Review Last On-S	
		Date	Date	Review Date
Joint Replacement - Hip	Certification	2/6/2019	10/8/2021	10/8/2021
Joint Replacement - Knee	Certification	2/6/2019	10/8/2021	10/8/2021

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

	1	Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewide		
Home Care	2018National Patient Safety Goals	Ø	₩ *	
Hospital	2018National Patient Safety Goals	Ø	(VA) *	

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

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
- similar to the target range/value.

 This organization's performance is
- This organization's performance is below the target range/value.
- This Measure is not applicable for this organization.
- 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.
- 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.
- 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.

Org ID: 4565







Summary of Quality Information

		Compared to other Joint Commission Accredited Organizations			
		Nationwide Statewide			
	National Quality Improvement Goals:				
Reporting Period:	Emergency Department	№ 2	ND 2		
Jan 2019 - Dec 2019	Immunization	ND 2	ND ²		
	Perinatal Care	ND 2	№ 2		

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







oossible results. This organization's performance is above the target range/value.

This organization's performance is similar to the target range/value.

This organization's performance is

below the target range/value. This Measure is not applicable for this

organization.

Not displayed

Footnote Key

- 1. The Measure or Measure Set was not
- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
- 5. The organization scored above 90% but was below most other organizations.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.







Locations of Care

*	Primary	Location
	r i ii ii ai v	Location

Locations of Care	Available Services
Doylestown Hospital 847 Easton Road Warrington, PA 18976	Other Clinics/Practices located at this site: Suite 2200 Radiology Services Suite 2400 Radiology and Outpatient Lab Suite 2800 Doylestown Hospital Cardiac Services Suite L700 Cardiac Rehabilitation Services: Outpatient Clinics (Outpatient)
Doylestown Hospital 599 West State Street Doylestown, PA 18901	Other Clinics/Practices located at this site: Suite 101 Sleep Center Suite 102 Endoscopy Lab Suite 102 MRI Suite 302 Vascular Ultrasound Suite 307 Cancer Services Services: Administration of Blood Product (Outpatient) Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) High Risk Sterile Medication Compounding (Outpatient) Outpatient Clinics (Outpatient)
Doylestown Hospital 315 West State Street Doylestown, PA 18901	Other Clinics/Practices located at this site: • Doylestown Health Cardiology Services: • Outpatient Clinics (Outpatient)
Doylestown Hospital 593 W. State Street (Pavilion 3) Doylestown, PA 18901	Other Clinics/Practices located at this site: • Suite 100 Outpatient Rehabilitation Services: • Single Specialty Practitioner (Outpatient)

Org ID: 4565







Locations of Care

* Primary Location

Locations of Care

Doylestown Hospital * 595 West State Street Doylestown, PA 18901

Available Services

Joint Commission Advanced Certification Programs:

- Heart Failure
- · Primary Stroke Center

Joint Commission Certified Programs:

- 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 (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)

,









Locations of Care

* Primary Location

Locations of Care Doylestown Hospital Home Care / Visiting Nurse

4259 West Swamp Rd., Suite 204, Doylestown, PA 18902

Doylestown, PA 18901

Available Services

Services:

- Home Health Aides
- Home Health, Non-Hospice Services
- Hospice Care
- Medical Social Services
- Occupational Therapy
- Physical Therapy
- Skilled Nursing Services
- Speech Language Pathology







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









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."

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	⊘
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

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







National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		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 Nationwide Statewide				
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.	162.00 minutes 872 eligible Patients	55.00	133.00	65.01	126.47
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.	335.00 minutes 882 eligible Patients	200.00	350.00	215.99	293.99

- 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.
- 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.

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

Compared to other Joint

Org ID: 4565







National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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.

		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 572 eligible Patients	99%	92%	99%	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.

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: January 2019 - December 2019

Measure Area Explanation Nationwide Statewide

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

		Cor	mpared to c	other Joint	Commissio	n
				ed Organiz		
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	ewide 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 4 eligible Patients	100%	98%	100%	99%
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	35% of 167 eligible Patients	12%	25%	15%	25%
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 49 eligible Patients	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.	71% of 337 eligible Patients	73%	51%	61%	46%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	1220.00 minutes 1065 eligible				

- 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.
- 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: January 2019 - December 2019

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.

		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:
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	1971.00 minutes 1065 eligible Patients				
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	751.00 minutes 1065 eligible				

- 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.

 8. 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.