

# 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.

595 West State Street, Doylestown, PA





## **Summary of Quality Information**

Accreditation Program	ns Accreditation Decision	Effective Date	Last Full Su Date	rvey Last On-Site Survey Date
📀 Home Care	Accredited	8/14/2021	8/13/2021	8/13/2021
🎯 Hospital	Accredited	8/14/2021	8/13/2021	9/22/2021

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

<b>Advanced Certification</b>	<b>Certification Decision</b>	Effective	Last Full Review	w Last On-Site
Programs		Date	Date	<b>Review Date</b>
🥝 Heart Failure	Certification	10/27/2021	9/21/2023	9/21/2023
Primary Heart Attack Center	Certification	5/24/2022	4/1/2022	4/1/2022
🮯 Primary Stroke Center	Certification	10/16/2021	10/15/2021	10/15/2021

#### **Other Accredited Programs/Services**

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

		Compared to other Joint Organiz	
		Nationwide	Statewide
Home Care	2021National Patient Safety Goals	$\bigcirc$	<b>*</b>
Hospital	2021National Patient Safety Goals	Ø	*
-	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	<b>(10)</b> <sup>2</sup>	<b>(10)</b> <sup>2</sup>
Jan 2021 - Dec 2021	Perinatal Care	<b>1</b>	( <sup>2</sup>

#### Symbol Key

	Symbol Key
0	This organization achieved the best possible results.
•	This organization's performance is better than the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is worse than the target range/value.
•	This Measure is not applicable for this organization.
1	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.
- 12. The measure rate is within optimal range.

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



## **Locations of Care**

* Primary Location			
Locations of Care	Available Services		
<b>Doylestown Hospital</b> 847 Easton Road Warrington, PA 18976	Other Clinics/Practices located at this site: <ul> <li>Suite 2200 Radiology Services</li> <li>Suite 2400 Radiology and Outpatient Lab</li> <li>Suite 2800 Doylestown Hospital Cardiac Services</li> </ul> <li>Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul> </li>		
<b>Doylestown Hospital</b> 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 200 Cardiac Testing         • Suite 307 Cancer Services         Services:         • Administration of Blood Product (Outpatient)         • Administration of High Risk Medications (Outpatient)         • Anesthesia (Outpatient)		
<b>Doylestown Hospital</b> 315 West State Street Doylestown, PA 18901	Other Clinics/Practices located at this site: <ul> <li>Doylestown Health Cardiology</li> </ul> <li>Services: <ul> <li>Single Specialty Practitioner (Outpatient)</li> </ul> </li>		
Doylestown Hospital 593 W. State Street (Pavilion 3) Doylestown, PA 18901	Other Clinics/Practices located at this site: <ul> <li>Suite 100 Outpatient Rehabilitation</li> </ul> <li>Services: <ul> <li>Single Specialty Practitioner (Outpatient)</li> </ul> </li>		



## **Locations of Care**

Locations of Care	Available Services
Doylestown Hospital * 595 West State Street Doylestown, PA 18901	Joint Commission Advanced Certification Programs: Heart Failure Primary Heart Attack Center Other Clinics/Practices located at this site: Doylestown Health Cardiology Services: Cardiac Catheterization Lab (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) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) G G or Endoscopy Lab (Imaging/Diagnostic Services) G G or Endoscopy Lab (Imaging/Diagnostic Services) G G or Endoscopy Lab (Imaging/Diagnostic Services) G Gynecological Surgery (Surgical Services) G Gynecological Surgery (Surgical Services) G Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)
Doylestown Hospital Home Care / Visiting Nurse 4259 West Swamp Rd., Suite 204, Doylestown, PA 18902 Doylestown, PA 18901	Services: • Home Health Aides • Home Health, Non-Hospice Services • Hospice Care • Medical Social Services



## **2021 National Patient Safety Goals**

### **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	$\bigotimes$
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

#### 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."



## **2021 National Patient Safety Goals**

### Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	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	$\bigotimes$
	Reconciling Medication Information	Ō
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
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	$\bigotimes$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigotimes$

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## **National Quality Improvement Goals**

Reporting Period: January 2021 - December 2021

	Symbol Key
0	This organization achieved the best possible results
•	This organization's performance is better than the target range/value.
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		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.	<b>⊘</b> <sup>2</sup>	@ <sup>2</sup>
	Сог	mpared to other Joi	nt Commission

			Accredit	ed Organiz	ations	
		1	Vationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Weighte d Median:	Top Perform er Threshol d:	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.	ND 2 166 minutes 876 eligible Patients	54	185		<u></u> 3
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.	2 360 minutes 879 eligible Patients	222	423		3

\* This information can also be viewed at https://hospitalcompare.io/
 ---- Null value or data not displayed.

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## **National Quality Improvement Goals**

Reporting I	Period: Jan	uary 2021 - December 2021					
					npared to o Commiss edited Orga	sion	
Measure Area		Explanation		Nationwi		Statewid	е
Perinatal Care		egory of evidenced based measures a mothers and newborns.	ssesses the	<b>(</b>	2	<b>№</b> <sup>2</sup>	
				mpared to o Accredit Vationwide	other Joint ed Organiz	ations	on ewide
Measure		Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Avera Rate
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.	O 34% of 147 eligible Patients	<b>(</b> ) <sup>12</sup>	26%	(m) <sup>12</sup>	25%
lective 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.	8% of 59 eligible Patients	0%	2%	0%	1%
Exclusive Breast Mil	k 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	59% of 359 eligible Patients	71%	49%	59%	44%

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for drops or syrups consisting of

vitamins, minerals, or medicines.

The severe rate equals the number

of patients with severe complications.

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8 per 1000

5

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Unexpected Complications in

Term Newborns per 1000

livebirths - Severe Rate

13

5

11