

Accreditation Quality Report





Version: 1 Date: 1/11/2024 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 Program	s Accreditation Decision	Effective Date	Last Full S Date	urvey Last On-Site Survey Date
O 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

Advanced Certification	Certification Decision	Effective	Last Full Review	v Last On-Site
Programs		Date	Date	Review Date
Heart Failure	Certification	9/22/2023	9/21/2023	9/21/2023
Primary Heart Attack Center	Certification	5/24/2022	4/1/2022	4/1/2022
Primary Stroke Center	Certification	10/21/2023	10/20/2023	10/20/2023

Other Accredited Programs/Services

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

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Home Care	2021National Patient Safety Goals	Ø	N/A *	
Hospital	2021National Patient Safety Goals	Ø	N/A *	
•	National Quality Improvement Goals:			
Reporting Period: Jan 2022 - Dec 2022	Perinatal Care	© 2	2 ²	

Symbol Key

- This organization achieved the best oossible results.
- Φ This organization's performance is better than the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is worse than the target range/value.
- This Measure is not applicable for this organization.
- Not displayed

Footnote Key

- 1. The Measure or Measure Set was not
- 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. 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."

Doylestown Hospital 595 West State Street, Doylestown, PA







Locations of Care

*	Primary	Location
	rilliaiv	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 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 200 Cardiac Testing Suite 307 Cancer Services High Risk Sterile Medication Compounding (Outpatient) Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) Anesthesia (Outpatient) Suite 102 PET CT Suite 200 Cardiac Testing Suite 307 Cancer Services High Risk Sterile Medication Compounding (Outpatient) Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)		
Doylestown Hospital 315 West State Street Doylestown, PA 18901	Other Clinics/Practices located at this site: • Doylestown Health Cardiology Services: • Single Specialty Practitioner (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 Heart Attack Center**
- Primary Stroke Center

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)**
- 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)

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
- Occupational Therapy
- Physical Therapy
- Skilled Nursing Services
- Speech Language Pathology

Doylestown Hospital 595 West State Street, Doylestown, PA







2021 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







2021 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
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
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	\mathbf{O}
	Performing a Time-Out	Ø

Org ID: 4565

Compared to other Joint







National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

Measure Area Explanation Nationwide Statewide

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

		mpared to o	other Joint ed Organiz		n	
		1	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top Perform er Threshol d:	Average Rate:	Top Perform er Threshol d:	Average 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.	41% of 157 eligible Patients	12	26%	ND 12	26%
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.	4% of 53 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.	66% of 374 eligible Patients	72%	50%	62%	46%
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	5 per 1000	5	13	5	11

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

- Symbol Key
- This organization achieved the best possible results
- This organization's performance is better than the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is worse than 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.
- 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."