

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.



Summary of Quality Information

Accreditation Program	ns Accreditation Decision	Effective Date	Last Full Su Date	rvey 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	3/20/2024

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	v Last On-Site 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	*		
Hospital	2021National Patient Safety Goals	Ø	*		
	National Quality Improvement Goals:				
Reporting Period: Jan 2022 - Dec 2022	Perinatal Care	1	@ ²		

Symbol Key

This organization achieved the best ossible results. 0 This organization's performance is better than the target range/value. This organization's performance is \oslash similar to the target range/value. This organization's performance is e worse than the target range/value. This Measure is not applicable for this (14) organization. Not displayed (10)

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.
- 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
- The measure results are temporarily suppressed pending resubmission of updated data.
 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.



Locations of Care

* Primary Location Locations of Care **Available Services Doylestown Hospital Other Clinics/Practices located at this site:** 847 Easton Road Suite 2200 Radiology Services Warrington, PA 18976 Suite 2400 Radiology and Outpatient Lab • Suite 2800 Doylestown Hospital Cardiac Services Services: • Outpatient Clinics (Outpatient) **Doylestown Hospital Other Clinics/Practices located at this site:** 599 West State Street • Suite 101 Sleep Center • Suite 102 PET CT Doylestown, PA 18901 Suite 102 Endoscopy Lab • Suite 200 Cardiac Testing • Suite 102 MRI • Suite 307 Cancer Services Services: • Administration of Blood • High Risk Sterile Medication Product (Outpatient) Compounding (Outpatient) Administration of High Risk • Outpatient Clinics (Outpatient) Medications (Outpatient) Perform Invasive Procedure • Anesthesia (Outpatient) (Outpatient) **Doylestown Hospital Other Clinics/Practices located at this site:** 315 West State Street • Doylestown Health Cardiology Doylestown, PA 18901 Services: • Single Specialty Practitioner (Outpatient) Dovlestown Hospital **Other Clinics/Practices located at this site:** 593 W. State Street • Suite 100 Outpatient Rehabilitation (Pavilion 3) Doylestown, PA 18901 Services: Single Specialty Practitioner (Outpatient)



Locations of Care

* Primary Location

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 Wound Care Outpatient Services Services: Cardiac Catheterization Lab (Surgical Services) Cardiac Surgery (Surgical Services) Cardiac Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Cardiothoracic Surgery (Surgical Services) Coronary Care Unit (Inpatient) CT Scanner (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) G of or Endoscopy Lab (Imaging/Diagnostic Services) G orgnecological Surgery (Surgical Services) G of or Endoscopy Lab (Imaging/Diagnostic Services) G orgnecology (Inpatient) Hazardous Medication Compounding (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)



Locations of Care

* Primary Location

Locations of Care Available Services **Doylestown Hospital** Home Care / Visiting Services: Nurse • Home Health Aides Occupational Therapy 4259 West Swamp Rd., Home Health, Non-Hospice • Physical Therapy • Suite 204, Doylestown, Skilled Nursing Services Services PA 18902 • Hospice Care Speech Language Pathology Doylestown, PA 18901 Medical Social Services

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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	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

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.



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	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	\bigotimes
	Marking the Procedure Site	\bigotimes
	Performing a Time-Out	\bigcirc

Symbol Key

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National Quality Improvement Goals

Reporting Period: January 2022 - December 2022

		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.	0 ²	№ ²

		Compared to other Joint Commission Accredited Organizations			n	
		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	1 ²	26%	1 ²	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 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.	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.

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