

Accreditation Quality Report





Version: 15 Date: 11/3/2014 250 Old Hook Road, Westwood, NJ



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

250 Old Hook Road, Westwood, NJ







Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
	Accredited	6/14/2013	6/14/2013	10/15/2014

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

Hospital

			t Commission Accredited zations
		Nationwide	Statewide
Hospital	2014National Patient Safety Goals	Ø	№ *
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	ND 2	ND 2
Apr 2013 - Mar 2014	Heart Attack Care	® 8	N/D 8
	Heart Failure Care	8	№ 8
	Pneumonia Care	8 8	8
	Stroke Care	№ 8	№ 8
	Surgical Care Improvement Project (SCIP)		
	SCIP - Cardiac SCIP - Infection Prevention For All Reported Procedures:	8	8
	Blood Vessel Surgery	6 8	® 8
	Colon/Large Intestine Surgery	6 4	4
	Hip Joint Replacement	6 8	® 8
	Hysterectomy	(4D) 8	60 8
	Knee Replacement	(4D) 8	№ 8
	SCIP – Venous Thromboembolism (VTE)		

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

Symbol Key

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- Not displayed

Footnote Key

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- The Measure Set does not have an overall result.
- 3. 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.
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For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Org ID: 537202

Org ID: 537202







Locations of Care

HackensackUMC at Pascack Valley * 250 Old Hook Road Westwood, NJ 07675	Services:	 Normal Newborn Nursery (Inpatient) Nuclear Medicine (Imaging/Diagnostic Services) Ophthalmology (Surgical Services)
	EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (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) Neurosurgery (Surgical Services)	 Orthopedic Surgery (Surgical Services) Orthopedic/Spine Unit (Inpatient) Plastic Surgery (Surgical Services) Post Anesthesia Care Unit (PACU) (Inpatient) Sleep Laboratory (Sleep Laboratory) Surgical ICU (Intensive Care Unit) Surgical Unit (Inpatient) Thoracic Surgery (Surgical Services) Ultrasound (Imaging/Diagnostic Services) Vascular Surgery (Surgical Services) Vascular Surgery (Surgical Services)

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2014 National Patient Safety Goals

Symbol Key

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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
Use Alarms Safely	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	8888
	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

Symbol Key

possible results

Ø

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HackensackUMC at Pascack Valley

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National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

		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	

		Cor	npared to c Accredit	other Joint ed Organiz		n
		l N	lationwide		State	ewide
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.	80 minutes 115 eligible Patients	47	106	3	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.	275 minutes 181 eligible Patients	184	288	3	3

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National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

		Compared to other Joint Commission	
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	™ 8	№ 8

		Соі	mpared to o	other Joint ed Organiz		on
		1	Nationwide	eu Organiz		ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
ACE inhibitor or ARB for LVSD*	Heart attack patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart attack patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.*	№D ⁴	100%	98%	100%	99%
Aspirin at arrival*	Heart attack patients receiving aspirin when arriving at the hospital. This measure reports what percent of heart attack patients receive aspirin within 24 hours before or after they arrive at the hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.*	92% of 13 eligible Patients ³	100%	99%	100%	100%
Aspirin prescribed at discharge*	Heart attack patients who receive a prescription for aspirin when being discharged from the hospital. This measure reports how often aspirin was prescribed to heart attack patients when they are leaving a hospital. Aspirin is beneficial because it reduces the tendency of blood to clot in blood vessels of the heart and improves survival rates.*	83% of 6 eligible Patients ³	100%	99%	100%	99%

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Reporting Period: April 2013 - March 2014

		Commission		
		Accredited Organizations		
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Heart Attack Care	This category of evidence based measures assesses the overall quality of care provided to Heart Attack (AMI) patients.	8	№ 8	

		Соі	mpared to o	other Joint ed Organiz		on
Measure	Explanation	Nospital	Nationwide	Average		ewide Average
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Beta blocker prescribed at discharge*	Heart attack patients who have a medicine called a "beta blocker" prescribed when they are discharged from the hospital. This measure reports what percent of heart attack patients were prescribed a special type of medicine when leaving the hospital, that has been shown to reduce further heart damage.*	100% of 7 eligible Patients	100%	99%	100%	99%
Fibrinolytic therapy received within 30 minutes of hospital arrival*	Heart attack patients who receive a medicine that breaks up blood clots (fibrinolytic therapy) within 30 minutes of hospital arrival. This measure reports how quickly heart attack patients were given a medication that breaks up blood clots (fibrinolytic therapy). Breaking up blood clots increases blood flow to the heart. If blood flow is returned to the heart muscle quickly during a heart attack, the risk of death is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called fibrinolytic therapy and is used in certain types of heart attacks. It is important that this medicine be given quickly after a heart attack is diagnosed.*	№ 08 ————	100%	61%	3	3
Statin Prescribed at Discharge	Heart attack patients who receive a prescription for a statin medication at discharge. This measure reports what percentage of heart patients who have problems with high cholesterol were prescribed medications to help reduce their "bad" cholesterol.	100% of 5 eligible Patients	100%	99%	100%	99%

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Org ID: 537202

250 Old Hook Road, Westwood, NJ Org ID: 537202



Measure Area

Heart Failure Care





National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

patients.

	Compared to other Joint Commission			
	Accredited Organizations			
	Nationwide	Statewide		
sesses the e (HF)	№ 8	№ 8		

				other Joint ed Organiz	zations	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	State Top 10% Scored at Least:	ewide Average Rate:
ACE inhibitor or ARB for LVSD*	Heart failure patients who receive either a prescription for a medicine called an "ACE inhibitor" or a medicine called an angiotensin receptor blocker (ARB) when they are discharged from the hospital. This measure reports what percent of heart failure patients who have problems with the heart pumping enough blood to the body were prescribed medicines to improve the heart's ability to pump blood.*	100% of 10 eligible Patients	100%	97%	100%	98%
LVF assessment*	Heart failure patients who have had the function of the main pumping chamber of the heart (i.e., left ventricle) checked during their hospitalization. This measure reports what percent of patients with heart failure receive an in-depth evaluation of heart muscle function in order to get the right treatment for their heart failure. Limitations of measure use see Accreditation Quality Report User Guide.*	100% of 60 eligible Patients	100%	100%	100%	100%

Explanation

This category of evidence based measures as overall quality of care provided to Heart Failure

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National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Compared to other Joint **Accredited Organizations**

Measure Area	Explanation	Nationwide	Statewide
Pneumonia Care	This category of evidence based measures assesses the overall quality of care provided to Pneumonia patients.	№ 8	№ 8

		Compared to other Joint Commission Accredited Organizations				on
		Nationwide Statewide			ewide	
Measure	Explanation	Hospital	Top 10%		Top 10%	
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Blood cultures for pneumonia patients in intensive care units.	Pneumonia patients cared for in an intensive care unit that had a blood test for the presence of bacteria in their blood within 24 hours of hospital arrival. This measure reports the percent of pneumonia patients in intensive care units who had a blood culture within 24 hours prior to or after hospital arrival.	83% of 12 eligible Patients ³	100%	98%	100%	99%
Initial antibiotic selection for CAP in immunocompetent – ICU patient*	Patients in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients in intensive care units with community-acquired pneumonia were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.*	100% of 7 eligible Patients	100%	93%	100%	95%
Initial antibiotic selection for CAP in immunocompetent – non ICU patient*	Patients not in intensive care units who have community-acquired pneumonia who received the appropriate medicine (antibiotic) that has been shown to be effective for community-acquired pneumonia. This measure reports how often patients with community-acquired pneumonia not cared for in intensive care units, were given the correct antibiotic within 24 hours of hospital arrival, based on recommendations from written guidelines, for the treatment of pneumonia.*	97% of 37 eligible Patients	100%	97%	100%	98%

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National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Compared to other Joint Commission

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	№ 8	№ 8	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statewid				ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Anticoagulation Therapy for Atrial Fibrillation/Flutter	Ischemic stroke patients with atrial fibrillation/flutter who receive a prescription for an anticoagulant medication when being discharged from the hospital. This measure reports how often an anticoagulant medication was prescribed to ischemic stroke patients with atrial fibrillation/flutter when they are leaving a hospital. Atrial fibrillation is a heart rhythm disturbance that can allow blood clots to form within the upper chambers of the heart. If these blood clots break off and get into the bloodstream, a stroke can result. Anticoagulant medications or "blood thinners" help to prevent blood clots from forming.		100%	97%	100%	98%
Antithrombotic Therapy By End of Hospital Day 2	Ischemic stroke patients receiving an antithrombotic medication by the end of hospital day 2. This measure reports what percent of ischemic stroke patients receive an antithrombotic medication, such as aspirin, the day of or day after hospital arrival. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	91% of 11 eligible Patients ³	100%	98%	100%	99%

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National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Accredited Organizations Measure Area Statewide Explanation Nationwide Stroke Care This category of evidence based measures assesses the (ND) 8 overall quality of care provided to Stroke (STK) patients.

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		Compared to other Joint Commission Accredited Organizations				on		
		Nationwide						ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:		
Assessed for Rehabilitation	Stroke patients who have had their need for rehabilitation services assessed by a member of the rehabilitation team during their hospitalization. This measure reports what percent of stroke patients have a rehabilitation assessment completed or receive rehabilitation services during their hospitalization. Rehabilitation is a treatment(s) designed to facilitate the process of recovery from stroke or other injury, illness, or disease to as normal a condition as possible.	91% of 11 eligible Patients ³	100%	98%	100%	99%		
Discharged on Antithrombotic Therapy	Ischemic stroke patients who receive a prescription for an antithrombotic medication when discharged from the hospital. This measure reports how often an antithrombotic medication, such as aspirin, was prescribed to ischemic stroke patients when they are leaving a hospital. Antithrombotic medications are beneficial because they reduce the tendency of blood to clot in blood vessels of the brain and improve survival rates.	100% of 10 eligible Patients	100%	99%	100%	100%		
Discharged on Statin Medication	Ischemic stroke patients who receive a prescription for a statin medication when discharged from the hospital. This measure reports how often a statin medication was prescribed to ischemic stroke patients when they are leaving a hospital. Statin medications reduce the level of cholesterol circulating in the blood.	89% of 9 eligible Patients ³	100%	97%	100%	97%		

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Reporting Period: April 2013 - March 2014

Compared to other Joint

		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Stroke Care	This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.	№ 8	№ 8	

		Compared to other Joint Commission Accredited Organizations				on
		Nationwide Statewi			ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Stroke Education	Stroke patients who receive specific educational material about their condition. This measure reports what percent of stroke patients are given written instructions or educational material about their condition and care when they leave the hospital. Patient education about medicines, follow-up care after discharge, risk factors for stroke, warning signs to watch for, and activation of the emergency medical system if these signs occur is important in order to prevent another stroke.	80% of 5 eligible Patients ³	100%	94%	100%	96%
Thrombolytic Therapy	Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed.	8	100%	82%	100%	92%

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Compared to other Joint Commission
Accredited Organizations

Measure Area Explanation Nationwide Statewide

Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.

Measure	Explanation					ewide Average
		Results	Scored at Least:		Scored at Least:	Rate:
Venous Thromboembolism (VTE) Prophylaxis	Stroke patients who receive treatment for the prevention of blood clots on the day of or day after hospital admission. Note: Treatment may be medication or mechanical devices for exercising the legs. This measure reports what percent of stroke patients receive treatment for the prevention of blood clots. Stroke patients are at increased risk of developing blood clots. The incidence of blood clots is lowest when patients are treated to prevent them.	77% of 13 eligible Patients ³	100%	97%	100%	98%

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Measure Area Explanation Nationwide Statewide

SCIP - Cardiac This evidence based measure assesses continuation of beta-blocker therapy in selected surgical patients.

		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:
Surgery patients taking a Beta-Blocker before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room.	This measure reports the number of patients taking a Beta-Blocker medication before hospital admission who received a Beta-Blocker in the time frame of 24 hours before surgery through the time they were in the recovery room. Risk of complications is decreased when the Beta-Blocker is continued during the surgical time frame.	93% of 15 eligible Patients ³	100%	98%	100%	98%

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250 Old Hook Road, Westwood, NJ Org ID: 537202







National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Measure Area Explanation Nationwide Statewide

SCIP - Infection
Prevention This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.

		Compared to other Joint Commission Accredited Organizations				n
		N	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having a surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	97% of 33 eligible Pattents	100%	99%	100%	99%
Patients having surgery who received the appropriate medicine (antibiotic) which is shown to be effective for the type of surgery performed.*	This measure reports how often patients who had surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	100% of 33 eligible Patients	100%	99%	100%	99%

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National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

		Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	8	№ 8	

		Compared to other Joint Commission Accredited Organizations				on			
									ewide
Measure	Explanation	Hospital		Average	Top 10%				
		Results	Scored	Rate:	Scored	Rate:			
			at Least:		at Least:				
Patients who had surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection). Note: Not every surgery requires antibiotics and this measure reports on those selected surgeries where evidence/experts have identified that antibiotics would be helpful.	97% of 32 eligible Patients	100%	98%	100%	98%			
Patients Having Blood Vessel Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Blood Vessel Surgery.	83% of 6 eligible Patients ³	100%	98%	100%	98%			
Patients having blood vessel surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having blood vessel surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	ND 4	100%	98%	100%	99%			
Patients having blood vessel surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had blood vessel surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	ND 4	100%	99%	100%	100%			

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National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Accredited Organizations Measure Area Nationwide Explanation Statewide SCIP - Infection This category of evidence based measures assesses the **8** ND 8 Prevention overall use of indicated antibiotics for surgical infection prevention.

		Compared to other Joint Commission Accredited Organizations			on	
		Nationwide Statewi			wide	
Measure	Explanation	Hospital	Top 10%		Top 10%	Average
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Patients who had blood vessel surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often blood vessel surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	NID 4	100%	96%	100%	95%
Patients Having Colon/Large Intestine Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Colon/Large Intestine Surgery.	4	100%	97%	100%	98%
Patients having colon/large intestine surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut. *	This measure reports how often patients having colon/large intestine surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	ND 4	100%	98%	100%	99%
Patients having colon/large intestine surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had colon/large intestine surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	ND 4	100%	96%	100%	96%

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National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Accredited Organizations Measure Area Nationwide Statewide Explanation SCIP - Infection This category of evidence based measures assesses the **8** ND 8 Prevention overall use of indicated antibiotics for surgical infection prevention.

		Compared to other Joint Commission			n	
		Accredited Organizations				
Manager	Contanation		lationwide	A.,	State	
Measure	Explanation	Hospital Results	Scored	Average Rate:	Top 10% Scored	Average Rate:
		Results	at Least	Rate.	at Least:	Rate.
Patients who had colon/large intestine surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often colon/large intestine surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	8 	100%	96%	100%	98%
Patients Having Hip Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Hip Joint Replacement Surgery.	100% of 48 eligible Patients	100%	99%	100%	99%
Patients having hip joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having hip joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	100% of 16 eligible Patients	100%	99%	100%	99%
Patients having hip joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had hip joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 16 eligible Patients	100%	100%	100%	100%



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National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Accredited Organizations Measure Area Nationwide Explanation Statewide SCIP - Infection This category of evidence based measures assesses the **8** ND 8 Prevention overall use of indicated antibiotics for surgical infection prevention.

		Compared to other Joint Commission Accredited Organizations			on		
						tatewide	
Measure	Explanation	Hospital		Average	Top 10%		
	'	Results	Scored	Rate:	Scored	Rate:	
			at Least:		at Least:		
Patients who had hip joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often hip joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	100% of 16 eligible Patients	100%	98%	100%	98%	
Patients Having a Hysterectomy*	Overall report of hospital's performance on Surgical Infection Prevention Measure for Hysterectomy Surgery.	8	100%	98%	100%	98%	
Patients having hysterectomy surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having hysterectomy surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	ND 8	100%	99%	100%	100%	
Patients having hysterectomy surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had hysterectomy surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	NID 8	100%	98%	100%	98%	

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National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

		Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
SCIP - Infection Prevention	This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.	8	№ 8	

process						
		Compared to other Joint Commission			on	
		Accredited Organizations Nationwide Statewi			wide	
Measure	Explanation	Hospital		Average	Top 10%	
Micasarc	Explanation	Results	Scored	Rate:	Scored	Rate:
		rtoodito	at Least:	rtato.	at Least:	rtato.
Patients who had hysterectomy surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often hysterectomy surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	8 	100%	98%	100%	98%
Patients Having Knee Joint Replacement Surgery*	Overall report of hospital's performance on Surgical Infection Prevention Measures for Knee Joint Replacement Surgery.	98% of 42 eligible Patients	100%	99%	100%	100%
Patients having knee joint replacement surgery who received medicine to prevent infection (an antibiotic) within one hour before the skin was surgically cut.*	This measure reports how often patients having knee joint replacement surgery received medicine that prevents infection (an antibiotic) within one hour before the skin was surgically cut. Infection is lowest when patients receive antibiotics to prevent infection within one hour before the skin is surgically cut.*	100% of 14 eligible Patients	100%	99%	100%	100%
Patients having knee joint replacement surgery who received the appropriate medicine (antibiotic) which is shown to be effective for this type of surgery.*	This measure reports how often patients who had knee joint replacement surgery were given the appropriate medicine (antibiotic) that prevents infection which is know to be effective for the type of surgery, based upon the recommendations of experts around the country.*	100% of 14 eligible Patients	100%	100%	100%	100%



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HackensackUMC at Pascack Valley

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National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Measure Area Explanation Nationwide Statewide

SCIP - Infection
Prevention This category of evidence based measures assesses the overall use of indicated antibiotics for surgical infection prevention.

		Compared to other Joint Commission Accredited Organizations				n
		١	Nationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients who had knee joint replacement surgery and received appropriate medicine that prevents infection (antibiotic) and the antibiotic was stopped within 24 hours after the surgery ended.*	This measure reports how often knee joint replacement surgery patients whose medicine (an antibiotic) to prevent infection was stopped within 24 hours after the surgery ended. Giving medicine that prevents infection for more than 24 hours after the end of surgery is not helpful, unless there is a specific reason (for example, fever or other signs of infection).*	93% of 14 eligible Patients ³	100%	99%	100%	99%
Surgery patients with proper hair removal.	This measure reports the number of surgical patients that have had hair at the site of the surgical cut removed properly. Infection is lowest when patients have hair removed with electrical clippers or hair removal cream.	100% of 63 eligible Patients	100%	100%	100%	100%
Urinary Catheter Removed	This measure reports the number of surgery patients whose urinary catheter was removed by the end of the second day after surgery.	98% of 50 eligible	100%	98%	100%	99%

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250 Old Hook Road, Westwood, NJ Org ID: 537202







National Quality Improvement Goals

Reporting Period: April 2013 - March 2014

Measure Area	Explanation
SCIP – Venous Thromboembolism	This category of evidenced based measures assesses the use of indicated treatment for the prevention of blood clots in selected surgical patients
(VTE)	provention of blood cloto in collected darginal patients

		Compared to other Joint Commission Accredited Organizations				
		Nationwide State			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Patients having surgery who received the appropriate treatment to prevent blood clots which is shown to be effective for the type of surgery performed. Note: Treatment may be medication, stockings, or mechanical devices for exercising the legs.*	This measure reports how often patients who had surgery were given the appropriate treatment that prevents blood clots which is known to be effective for the type of surgery, based upon the recommendations of experts around the country. Note: Not every surgery requires treatment and this measure reports on those selected surgeries where evidence/experts have identified that treatment to prevent blood clots would be helpful.*	98% of 47 eligible Patients	100%	99%	100%	99%

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