

# 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](mailto:qualityreport@jointcommission.org) with your comments and suggestions.

Mark R. Chassin, MD, MPP, MPH  
President of the Joint Commission



## Summary of Quality Information

### Symbol Key

- This organization achieved the best possible results.
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### Footnote Key

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| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|------------------------|----------------|-----------------------|--------------------------|
| Hospital               | Accredited             | 5/4/2016       | 5/3/2016              | 5/3/2016                 |

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

Hospital

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---------------------------------|------------------------|----------------|-----------------------|--------------------------|
| Primary Stroke Center           | Certification          | 10/30/2014     | 10/17/2014            | 10/17/2014               |

| Certified Programs       | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|--------------------------|------------------------|----------------|-----------------------|--------------------------|
| Joint Replacement - Hip  | Certification          | 9/24/2016      | 9/23/2016             | 9/23/2016                |
| Joint Replacement - Knee | Certification          | 9/24/2016      | 9/23/2016             | 9/23/2016                |

|  |   | Compared to other Joint Commission Accredited Organizations |              |
|--|---|---|--------------|
|  |   | Nationwide  | Statewide    |
| Hospital                                   | <b>2016 National Patient Safety Goals</b> |   | *            |
| <b>National Quality Improvement Goals:</b> |   |   |              |
| Reporting Period:<br>Apr 2015 - Mar 2016   | Emergency Department                      | <sup>2</sup>  | <sup>2</sup> |
|  | Immunization                              | <sup>2</sup>  | <sup>2</sup> |
|  | Perinatal Care                            | <sup>2</sup>  | <sup>2</sup> |
|  | Stroke Care                               | <sup>2</sup>  | <sup>2</sup> |
|  | Venous Thromboembolism (VTE)              | <sup>2</sup>  | <sup>2</sup> |



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



## Locations of Care




**\* Primary Location**

| Locations of Care   | Available Services  |
|---|---|
| <p><b>HackensackUMC at Pascack Valley *</b><br/>DBA: HackensackUMC at Pascack Valley<br/>250 Old Hook Road<br/>Westwood, NJ 07675</p> | <p><b>Joint Commission Advanced Certification Programs:</b></p> <ul style="list-style-type: none"> <li>• Primary Stroke Center</li> </ul> <p><b>Joint Commission Certified Programs:</b></p> <ul style="list-style-type: none"> <li>• Joint Replacement - Hip</li> <li>• Joint Replacement - Knee</li> </ul> <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Cardiac Catheterization Lab (Surgical Services)</li> <li>• CT Scanner (Imaging/Diagnostic Services)</li> <li>• Ear/Nose/Throat Surgery (Surgical Services)</li> <li>• EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>• Gastroenterology (Surgical Services)</li> <li>• GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>• Gynecological Surgery (Surgical Services)</li> <li>• Gynecology (Inpatient)</li> <li>• Inpatient Unit (Inpatient)</li> <li>• Interventional Radiology (Imaging/Diagnostic Services)</li> <li>• Labor &amp; Delivery (Inpatient)</li> <li>• Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>• Medical /Surgical Unit (Inpatient)</li> <li>• Medical ICU (Intensive Care Unit)</li> <li>• Neurosurgery (Surgical Services)</li> <li>• Normal Newborn Nursery (Inpatient)</li> <li>• Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>• Ophthalmology (Surgical Services)</li> <li>• Orthopedic Surgery (Surgical Services)</li> <li>• Orthopedic/Spine Unit (Inpatient)</li> <li>• Plastic Surgery (Surgical Services)</li> <li>• Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>• Sleep Laboratory (Sleep Laboratory)</li> <li>• Surgical ICU (Intensive Care Unit)</li> <li>• Surgical Unit (Inpatient)</li> <li>• Thoracic Surgery (Surgical Services)</li> <li>• Ultrasound (Imaging/Diagnostic Services)</li> <li>• Urology (Surgical Services)</li> <li>• Vascular Surgery (Surgical Services)</li> </ul> |
| <p><b>The Wound Care Center</b><br/>270 Old Hook Road<br/>Westwood, NJ 07675</p>  | <p><b>Services:</b></p> <ul style="list-style-type: none"> <li>• Outpatient Clinics (Outpatient)</li> </ul>   |



















## 2016 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.

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### Hospital

| Safety Goals   | Organizations Should                                       | Implemented   |
|--|--|---|
| Improve the accuracy of patient identification.                              | Use of Two Patient Identifiers                             |    |
|  | Eliminating Transfusion Errors                             |    |
| Improve the effectiveness of communication among caregivers.                 | Timely Reporting of Critical Tests and Critical Results    |    |
| Improve the safety of using medications.                                     | Labeling Medications                                       |    |
|  | Reducing Harm from Anticoagulation Therapy                 |    |
|  | Reconciling Medication Information                         |    |
| Use Alarms Safely  | Use Alarms Safely on Medical Equipment                     |    |
| Reduce the risk of health care-associated infections.                        | Meeting Hand Hygiene Guidelines                            |   |
|  | Preventing Multi-Drug Resistant Organism Infections        |  |
|  | Preventing Central-Line Associated Blood Stream Infections |  |
|  | Preventing Surgical Site Infections                        |  |
| The organization identifies safety risks inherent in its patient population. | Preventing Catheter-Associated Urinary Tract Infection     |  |
|  | Identifying Individuals at Risk for Suicide                |  |
| Universal Protocol   | Conducting a Pre-Procedure Verification Process            |  |
|  | Marking the Procedure Site                                 |  |
|  | Performing a Time-Out                                      |  |



## National Quality Improvement Goals

Reporting Period: April 2015 - March 2016

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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. | <sup>2</sup> | <sup>2</sup> |

Compared to other Joint Commission Accredited Organizations

| Measure  | Explanation   | Hospital Results   | Nationwide              |                  | Statewide               |                  |
|--|---|--|-------------------------|------------------|-------------------------|------------------|
|  |   |  | Top 10% Scored at Most: | Weighted Median: | Top 10% Scored at Most: | Weighted 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. | <sup>2</sup><br><hr/> 73 minutes<br>368 eligible Patients  | 52                      | 121              | 96                      | 164              |
| 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.  | <sup>2</sup><br><hr/> 251 minutes<br>373 eligible Patients | 203                     | 308              | 289                     | 375              |



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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. | 2          | 2         |

Compared to other Joint Commission Accredited Organizations

| Measure                | Explanation   | Compared to other Joint Commission Accredited Organizations |                                     |               |                                    |               |
|------------------------|---|---|-------------------------------------|---------------|------------------------------------|---------------|
|                        |   | Hospital Results  | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide 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. | <br>87% of 400 eligible Patients                            | 100%                                | 94%           | 100%                               | 96%           |



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|----------------|--|------------|-----------|
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | 2          | 2         |

Compared to other Joint Commission Accredited Organizations

| Measure                       | Explanation   | Compared to other Joint Commission Accredited Organizations |                                     |               |                                    |               |
|-------------------------------|---|---|-------------------------------------|---------------|------------------------------------|---------------|
|                               |   | Hospital Results  | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | 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.   | <br>100% of 5 eligible Patients                             | 100%                                | 97%           | 100%                               | 100%          |
| 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. | <br>5% of 104 eligible Patients                             | 0%                                  | 2%            | 0%                                 | 3%            |
| 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.   | <br>53% of 162 eligible Patients                            | 75%                                 | 53%           | 59%                                | 42%           |



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| Measure Area | Explanation  | Nationwide | Statewide |
|--------------|--|------------|-----------|
| Stroke Care  | This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients. | 2          | 2         |

Compared to other Joint Commission Accredited Organizations

| Measure              | Explanation  | Compared to other Joint Commission Accredited Organizations |                                     |               |                                    |               |
|----------------------|--|---|-------------------------------------|---------------|------------------------------------|---------------|
|                      |  | Hospital Results  | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | Average Rate: |
| 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. | 4<br>---  | 100%                                | 89%           | 100%                               | 91%           |



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| Measure Area                 | Explanation   | Nationwide   | Statewide    |
|------------------------------|---|--------------|--------------|
| Venous Thromboembolism (VTE) | This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots. | <sup>2</sup> | <sup>2</sup> |

Compared to other Joint Commission Accredited Organizations

| Measure                    | Explanation  | Compared to other Joint Commission Accredited Organizations |            |               |           |               |
|----------------------------|--|---|------------|---------------|-----------|---------------|
|                            |  | Hospital Results  | Nationwide | Average Rate: | Statewide | Average Rate: |
| VTE Discharge Instructions | Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions. | <sup>3</sup><br>95% of 20 eligible Patients <sup>3</sup>    | 100%       | 93%           | 100%      | 94%           |



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