

DBA: HackensackUMC at Pascack Valley, 250 Old Hook Road, Westwood, NJ

Org ID: 537202

# Accreditation Quality Report





Version: 5 Date: 7/18/2016



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

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# **Summary of Quality Information**

| Accreditation Programs | <b>Accreditation Decision</b> | Effective Date | Last Full Survey<br>Date | Last On-Site<br>Survey Date |
|------------------------|-------------------------------|----------------|--------------------------|-----------------------------|
|                        | Accredited                    | 5/4/2016       | 5/3/2016                 | 5/3/2016                    |

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

Hospital

| <b>Advanced Certification</b> | <b>Certification Decision</b> | <b>Effective</b> | Last Full Review Last On-Si |                    |  |
|-------------------------------|-------------------------------|------------------|-----------------------------|--------------------|--|
| Programs                      |                               | Date             | Date                        | <b>Review Date</b> |  |
| Primary Stroke Center         | Certification                 | 10/30/2014       | 10/17/2014                  | 10/17/2014         |  |
| Certified Programs            | <b>Certification Decision</b> | Effective        | Last Full Review            | v Last On-Site     |  |
|                               |                               | Date             | Date                        | <b>Review Date</b> |  |
| oint Replacement - Hip        | Certification                 | 10/30/2014       | 10/15/2014                  | 10/15/2014         |  |
| Joint Replacement - Knee      | Certification                 | 10/30/2014       | 10/15/2014                  | 10/15/2014         |  |

|                        |                                     | Compared to other Joint Commission Accredited<br>Organizations |            |  |
|------------------------|-------------------------------------|--|------------|--|
|                        |                                     | Nationwide   | Statewide  |  |
| Hospital               | 2016National Patient Safety Goals   | Ø  | *          |  |
|                        | National Quality Improvement Goals: |  |            |  |
| Reporting Period:      | Emergency Department                | <b>№</b> 2   | ND 2       |  |
| Jan 2015 -<br>Dec 2015 | Immunization                        | <b>№</b> 2   | <b>№</b> 2 |  |
|                        | Perinatal Care                      | Ø  | Ø          |  |
|                        | Stroke Care                         | <b>⊕</b>   | <b>⊕</b>   |  |
|                        | Venous Thromboembolism (VTE)        | <b>⊕</b>   | Ø          |  |

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

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## Locations of Care

#### \* Primary Location

### Locations of Care

#### HackensackUMC at Pascack Valley \* DBA: HackensackUMC at Pascack Valley 250 Old Hook Road Westwood, NJ 07675

#### **Available Services**

#### **Joint Commission Advanced Certification Programs:**

• Primary Stroke Center

#### **Joint Commission Certified Programs:**

- Joint Replacement Hip
- Joint Replacement Knee

#### **Services:**

- Cardiac Catheterization Lab (Surgical Services)
- 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)
- 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)

- Normal Newborn Nursery (Inpatient)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (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)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

**The Wound Care Center** 270 Old Hook Road Westwood, NJ 07675

#### **Services:**

• Outpatient Clinics (Outpatient)

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# **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.

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                |
|  | 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                         | 8                |
| 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 | 8<br>8<br>8<br>8 |
|  | 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                |

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# **National Quality Improvement Goals**

### Reporting Period: January 2015 - December 2015

|                         |   | Commission               |            |  |
|-------------------------|---|--------------------------|------------|--|
|                         |   | Accredited Organizations |            |  |
| Measure Area            | Explanation   | Nationwide               | Statewide  |  |
| Emergency<br>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>    | <b>№</b> 2 |  |

|  |   | Compared to other Joint Commission Accredited Organizations |                               |                   |                               | on                |
|--|---|---|-------------------------------|-------------------|-------------------------------|-------------------|
|  |   | l N   | lationwide                    |                   | State                         | ewide             |
| Measure  | Explanation   | Hospital<br>Results   | Top 10%<br>Scored<br>at Most: | Weighte d Median: | Top 10%<br>Scored<br>at Most: | Weighte d Median: |
| Admit Decision Time to ED<br>Departure Time for Admitted<br>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. | 74 minutes<br>386 eligible<br>Patients                      | 52                            | 122               | 102                           | 171               |
| Median Time from ED Arrival<br>to ED Departure for Admitted<br>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.  | 248 minutes<br>389 eligible<br>Patients                     | 201                           | 308               | 295                           | 380               |

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- \* This information can also be viewed at www.hospitalcompare.hhs.gov
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# **National Quality Improvement Goals**

### Reporting Period: January 2015 - December 2015

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.

|                        |   | Compared to other Joint Commission Accredited Organizations |                    |         |                  |                  |
|------------------------|---|---|--------------------|---------|------------------|------------------|
| Measure                | Explanation   | Hospital  | Vationwide Top 10% | Average | Top 10%          | ewide<br>Average |
| Weddie                 | Explanation   | Results   | Scored at Least:   | 0       | Scored at Least: | 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. | 88% of 378 eligible Patients                                | 100%               | 94%     | 100%             | 96%              |

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Measure Area

Perinatal Care

Org ID: 537202







# **National Quality Improvement Goals**

### Reporting Period: January 2015 - December 2015

Compared to other Joint **Accredited Organizations** Nationwide Statewide Explanation This category of evidenced based measures assesses the  $\odot$ Ø care of mothers and newborns.

|                               |   | Cor                                | npared to d<br>Accredit | other Joint<br>ed Organiz |                                | on    |
|-------------------------------|---|------------------------------------|-------------------------|---------------------------|--------------------------------|-------|
|                               |   | N                                  | Vationwide              | ou Organiz                |                                | ewide |
| Measure                       | Explanation   | Hospital<br>Results                |                         | Average<br>Rate:          | Top 10%<br>Scored<br>at Least: |       |
| 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.   | 100% of<br>6 eligible<br>Patients  | 100%                    | 97%                       | 100%                           | 99%   |
| 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. | 8% of<br>90 eligible<br>Patlents   | 0%                      | 2%                        | 0%                             | 2%    |
| 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.  | 56% of<br>219 eligible<br>Patlents | 76%                     | 52%                       | 56%                            | 40%   |

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# **National Quality Improvement Goals**

### Reporting Period: January 2015 - December 2015

Compared to other Joint **Accredited Organizations** Nationwide Measure Area Statewide Explanation Stroke Care This category of evidence based measures assesses the  $\oplus$  $\oplus$ overall quality of care provided to Stroke (STK) patients.

|   |   | Cor                                | npared to c                    | other Joint<br>ed Organiz |                                | on               |
|---|---|------------------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
|   |   | ١                                  | lationwide                     |                           |                                | ewide            |
| Measure   | Explanation   | Hospital<br>Results                | Top 10%<br>Scored<br>at Least: | Average<br>Rate:          | Top 10%<br>Scored<br>at Least: | Average<br>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% of<br>6 eligible<br>Patients  | 100%                           | 97%                       | 100%                           | 98%              |
| Antithrombotic Therapy By<br>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.  | 100% of<br>40 eligible<br>Patients | 100%                           | 98%                       | 100%                           | 98%              |

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# **National Quality Improvement Goals**

### Reporting Period: January 2015 - December 2015

Compared to other Joint **Accredited Organizations** Statewide

| Measure Area | Explanation  | Nationwide | Statewide |
|--------------|--|------------|-----------|
| Stroke Care  | This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients. | <b>⊕</b>   | <b>①</b>  |

|   |   | Compared to other Joint Commission Accredited Organizations |            |                  |                   | n                |
|---|---|---|------------|------------------|-------------------|------------------|
|   |   |   | lationwide |                  |                   | wide             |
| Measure                                 | Explanation   | Hospital<br>Results   | Scored     | Average<br>Rate: | Top 10%<br>Scored | Average<br>Rate: |
|   |   |   | at Least:  |                  | at Least:         |                  |
| 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. | 100% of<br>48 eligible<br>Patients                          | 100%       | 99%              | 100%              | 99%              |
| Discharged on Antithrombotic<br>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<br>41 eligible<br>Patients                          | 100%       | 99%              | 100%              | 99%              |
| Discharged on Statin<br>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.   | 100% of<br>36 eligible<br>Patients                          | 100%       | 97%              | 100%              | 97%              |

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| R | Reporting | Period: | January | 2015 - | December | 2015 | ) |
|---|-----------|---------|---------|--------|----------|------|---|
|   |           |         |         |        |          |      |   |

Compared to other Joint **Accredited Organizations** 

Measure Area Nationwide Statewide Explanation Stroke Care This category of evidence based measures assesses the  $\oplus$ **(** overall quality of care provided to Stroke (STK) patients.

|                      |  | Compared to other Joint Commission<br>Accredited Organizations |                                |                  |                                |                  |
|----------------------|--|--|--------------------------------|------------------|--------------------------------|------------------|
|                      |  | Nationwide Statewide   |                                |                  |                                | ewide            |
| Measure              | Explanation  | Hospital<br>Results  | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>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.   | 100% of<br>26 eligible<br>Patients                             | 100%                           | 94%              | 100%                           | 97%              |
| 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. | <b>№</b> 03<br>————  | 100%                           | 87%              | 100%                           | 91%              |

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## **National Quality Improvement Goals**

### Reporting Period: January 2015 - December 2015

Compared to other Joint **Accredited Organizations** 

| Measure Area | Ελβιατιατίστι  | Mationwide | Statewide  |
|--------------|--|------------|------------|
| Stroke Care  | This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients. | <b>⊕</b>   | <b>(+)</b> |

|   |  | Compared to other Joint Commission<br>Accredited Organizations |                                |     |                                |                  |  |
|---|--|--|--------------------------------|-----|--------------------------------|------------------|--|
|   |  | Nationwide Statew  |                                |     | wide                           |                  |  |
| Measure                                     | Explanation  | Hospital<br>Results  | Top 10%<br>Scored<br>at Least: |     | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |  |
| Venous Thromboembolism<br>(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. | 100% of<br>49 eligible<br>Patients                             | 100%                           | 98% | 100%                           | 98%              |  |

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# **National Quality Improvement Goals**

### Reporting Period: January 2015 - December 2015

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.

|   |  | Compared to other Joint Commission Accredited Organizations |                    |         |                  |                  |
|---|--|---|--------------------|---------|------------------|------------------|
| Measure   | Explanation  | Hospital  | Vationwide Top 10% | Average | Top 10%          | ewide<br>Average |
|   |  | Results   | Scored at Least:   | Rate:   | Scored at Least: | Rate:            |
| Intensive Care Unit (ICU) VTE<br>Prophylaxis            | Medical and surgical patients who were admitted or transferred to the ICU who received treatment to prevent VTE or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at ICU admission or transfer.  | 97% of<br>90 eligible<br>Patients                           | 100%               | 97%     | 100%             | 98%              |
| 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. | 94% of<br>18 eligible<br>Patients <sup>3</sup>              | 100%               | 93%     | 100%             | 93%              |
| VTE Patients with<br>Anticoagulation Overlap<br>Therapy | Patients with blood clots who received two medications for treatment. This measure reports the percent of patients who received an overlap of medication for a specific timeframe, or who went home on both medications.   | 97% of 32 eligible Patients                                 | 100%               | 94%     | 100%             | 92%              |

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- \* This information can also be viewed at www.hospitalcompare.hhs.gov
- ---- Null value or data not displayed.

# Footnote Key

Symbol Kev

ossible results

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This organization achieved the best

This organization's performance is above the target range/value. This organization's performance is

similar to the target range/value.

This organization's performance is

below the target range/value.

- 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.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." Org ID: 537202

Compared to other Joint

DBA: HackensackUMC at Pascack Valley,

250 Old Hook Road, Westwood, NJ







# **National Quality Improvement Goals**

### Reporting Period: January 2015 - December 2015

Compared to other Joint **Accredited Organizations** Measure Area Nationwide Statewide Explanation Venous This category of evidence-based measures assesses the  $\oplus$  $\odot$ Thromboembolism overall quality of care related to prevention and treatment of blood clots. (VTE)

|                 |  | Compared to other Joint Commission<br>Accredited Organizations |                                |     |                                |                  |
|-----------------|--|--|--------------------------------|-----|--------------------------------|------------------|
|                 |  | Nationwide Statewi   |                                |     | ewide                          |                  |
| Measure         | Explanation  | Hospital<br>Results  | Top 10%<br>Scored<br>at Least: | 0   | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| VTE Prophylaxis | Medical and surgical patients who were admitted to the hospital who received treatment to prevent blood clots or a reason why they did not need preventive care was documented. This measure reports the percent of patients who received treatment to prevent blood clots or had documentation regarding preventive care at hospital admission. | 97% of<br>517 eligible<br>Patients                             | 100%                           | 95% | 99%                            | 96%              |

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

### Symbol Kev

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
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- below the target range/value.
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#### Footnote Key

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Org ID: 537202