

# 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.

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

DBA: HMH Pascack Valley Medical Center, 250 Old Hook Road, Westwood, NJ



# **Summary of Quality Information**

nce 1s	Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
nce is ue.	🮯 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	A Last On-Site Review Date
🤣 Primary Stroke Center	Certification	11/15/2016	11/14/2016	11/14/2016
<b>Certified Programs</b>	<b>Certification Decision</b>	Effective	Last Full Review	V Last On-Site
e e				
U		Date	Date	<b>Review Date</b>
🥝 Joint Replacement - Hip	Certification	<b>Date</b> 8/30/2018	<b>Date</b> 8/29/2018	<b>Review Date</b> 8/29/2018

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewide		
Hospital	2016National Patient Safety Goals	${}^{\oslash}$	<b>(</b> )*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	<b>NO</b> <sup>2</sup>	(1) <sup>2</sup>	
Jan 2017 - Dec 2017	Immunization	<b>1</b>	<b>(10)</b> <sup>2</sup>	
	Perinatal Care	<b>№</b> <sup>2</sup>	<b>1</b>	

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

#### Symbol Key

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	This organization's performance is below the target range/value.
•	This Measure is not applicable for this organization.
<b>N</b>	Not displayed

#### **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.
- 6. The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- 8. The number of months with Measure data is below the reporting requirement.
- 9. The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.



DBA: HMH Pascack Valley Medical Center, 250 Old Hook Road, Westwood, NJ



# **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
Locations of Care Pascack Valley Hospital, LLC * DBA: HMH Pascack Valley Medical Center 250 Old Hook Road Westwood, NJ 07675	<ul> <li>Joint Commission Advanced Certification Programs:</li> <li>Primary Stroke Center</li> <li>Joint Replacement - Hip</li> <li>Joint Replacement - Hip</li> <li>Joint Replacement - Knee</li> <li>Services: <ul> <li>CT Scanner</li> <li>(Imaging/Diagnostic</li> <li>Services)</li> <li>Ear/Nose/Throat Surgery</li> <li>(Surgical Services)</li> <li>EEG/EKG/EMG Lab</li> <li>(Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>Gl or Endoscopy Lab</li> <li>(Imaging/Diagnostic Services)</li> <li>Gl or Endoscopy Lab</li> <li>(Imaging/Diagnostic Services)</li> <li>Gynecological Surgery</li> <li>(Surgical Services)</li> <li>Gynecologi (Inpatient)</li> <li>Interventional Radiology</li> <li>(Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Interventional Radiology</li> <li>(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>Neurosurgery (Surgical</li> </ul> </li> </ul>
Pascack Valley Medical Center LLC DBA: The Wound Care Center 270 Old Hook Road Westwood, NJ 07675	Services) Services: Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)

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# **2016 National Patient Safety Goals**

# Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	$\bigotimes$
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	$\bigcirc$
	Reconciling Medication Information	$\bigcirc$
Use Alarms Safely	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	$\bigotimes$
	Preventing Multi-Drug Resistant Organism Infections	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ୍ର ତ
	Preventing Surgical Site Infections	$\bigcirc$
	Preventing Catheter-Associated Urinary Tract Infection	$\bigcirc$
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	$\bigotimes$

### 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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## **National Quality Improvement Goals**

#### Reporting Period: January 2017 - December 2017

		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				
		Ν	lationwide		State	wide
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.	83.00 minutes 424 eligible Patients	55.00	132.00	105.62	164.00
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.	273.00 minutes 424 eligible Patients	204.00	317.00	283.35	368.64

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This information can also be viewed at www.hospitalcompare.hhs.gov -- Null value or data not displayed.

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## **National Quality Improvement Goals**

#### Reporting Period: January 2017 - December 2017

			to other Joint nission	
		Accredited Organizations		
Measure Area	Explanation	Nationwide Statew		
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	<b>⊘</b> <sup>2</sup>	<b>™</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				
		Ν	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	U U	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.	96% of 466 eligible Patients	100%	94%	100%	95%

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For further information and explanation of the **Quality Report contents,** refer to the "Quality Report User Guide."

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### Pascack Valley Health System, LLC

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# **National Quality Improvement Goals**

### Reporting Period: January 2017 - December 2017

		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.	<b>№</b> <sup>2</sup>	<b>™</b> <sup>2</sup>

		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:
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.	92% of 13 eligible Patients	100%	98%	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.	8% of 165 eligible Patients	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.	43% of 206 eligible Patients	73%	52%	56%	44%



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