

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.

Pascack Valley Health System, LLC





Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective | Last Full Survey | |
|------------------------|------------------------|-----------|------------------|-------------|
| | | Date | Date | Survey Date |
| 🞯 Hospital | Accredited | 7/21/2022 | 7/20/2022 | 7/20/2022 |

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

| Advanced Certification Programs | Certification Decision | Effective Date | Last Full Review Date | v Last On-Site Review Date | |
|---|--------------------------------|---------------------------|-------------------------------|-------------------------------|--|
| Orimary Stroke Center | Certification | 10/2/2021 | 10/1/2021 | 10/1/2021 | |
| Certified Programs | Certification Decision | cation Decision Effective | Last Full Review Last On-Site | | |
| | | Date | Date | Review Date | |
| | | Dutt | Dutt | Iteriew Dute | |
| 🥝 Joint Replacement - Hip | Certification | 10/28/2020 | 9/19/2022 | 9/19/2022 | |
| Joint Replacement - Hip Joint Replacement - Knee | Certification Certification | | | | |

| | | Compared to other Joint Organiz | |
|--|-------------------------------------|------------------------------------|-----------|
| | | Nationwide | Statewide |
| Hospital | 2022National Patient Safety Goals | \bigotimes | * |
| | National Quality Improvement Goals: | | |
| Reporting Period: Apr 2020 - Mar 2021 | Perinatal Care | () ² | 2 ° |

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

Symbol Key 1

| | ~ |
|---|---|
| 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. |
| • | 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.
- The measure results are temporarily suppressed pending resubmission of updated data.
 Test Measure: a measure being
- evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.

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

Pascack Valley Health System, LLC



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



Locations of Care

* Primary Location

| Primary Location | |
|--|---|
| Locations of Care | Available Services |
| Locations of Care Pascack Valley Hospital, LLC * DBA: Hackensack Meridian Health Pascack Valley Medical Center 250 Old Hook Road Westwood, NJ 07675 | Joint Commission Advanced Certification Programs: Primary Stroke Center Joint Commission Certified Programs: Joint Replacement - Hip Joint Replacement - Knee Sepsis Other Clinics/Practices located at this site: Wound Care Center Services: CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical 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) Normal Newborn Nursery (Inpatient) Post Anesthesia Care Unit (PACU) (Inpatient) Sleep Laboratory (Sleep Laboratory) Sterile Medication Compounding (Inpatient) Surgical Unit (Inpatient) Ultrasound (Imaging/Diagnostic Services) Ultrasound (Imaging/Diagnostic Services) Vascular Surgery (Surgical Services) Normal Newborn Nursery (Inpatient) |

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2022 National Patient Safety Goals

Hospital

| Safety Goals | Organizations Should | Implemented |
|--|---|--------------|
| Improve the accuracy of patient identification. | Use of Two Patient Identifiers | Ø |
| Improve the effectiveness of communication among caregivers. | Timely Reporting of Critical Tests and Critical Results | Ø |
| Improve the safety of using medications. | Labeling Medications | Ø |
| | Reducing Harm from Anticoagulation Therapy | \bigotimes |
| | Reconciling Medication Information | \bigotimes |
| Reduce the harm associated with clinical alarm systems. | Use Alarms Safely on Medical Equipment | Ø |
| Reduce the risk of health care-associated infections. | Meeting Hand Hygiene Guidelines | Ø |
| The organization identifies safety risks inherent in its patient population. | Identifying Individuals at Risk for Suicide | Ø |
| Universal Protocol | Conducting a Pre-Procedure Verification Process | \bigotimes |
| | Marking the Procedure Site | \bigcirc |
| | Performing a Time-Out | \bigcirc |

Symbol Key 3

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." Symbol Key 2

Footnote Key The Measure or Measure Set was not

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The organization scored above 90% but was below most other organizations. The Measure results are not statistically

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The measure meets the Privacy Disclosure Threshold rule.

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updated data. 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

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National Quality Improvement Goals

| This organization achieved the best possible results This organization's performance is above the target range/value. | Reporting Po | eriod: April 2020 - March 2021 | | |
|--|----------------|--|---------------------------------------|--------------------------|
| This organization's performance is similar to the target range/value. | | | · · · · · · · · · · · · · · · · · · · | o other Joint hission |
| This organization's performance is below the target range/value. | | | Accredited C | Organizations |
| Not displayed | Measure Area | Explanation | Nationwide | Statewide |
| | Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | № ² | ™ ² |
| | | | | |

| | | Cor | Compared to other Joint Commission Accredited Organizations | | | on |
|---|--|---------------------------------------|--|------------------|--------------------------------|-----------------|
| | | Ν | lationwide | | State | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Averag Rate: |
| Cesarean Birth | This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section. | (| 16% | 25% | 18% | 23% |
| 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. | 2% of 138 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. | 51% of 1196 eligible Patients | 71% | 50% | 51% | 43% |
| Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate | The moderate rate equals the number of patients with moderate complications. | 981% of 1223 eligible Patients | 212% | 1780% | 366% | 18499 |
| Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate | This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother. | 2125% of 1223 eligible Patients | 1508% | 3084% | 1323% | 28579 |



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This information can also be viewed at www.hospitalcompare.hhs.gov

Null value or data not displayed.

Symbol Koy

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Compared to other Joint Commission



National Quality Improvement Goals

| Reporting P | eriod: April 2020 - March 2021 |
|----------------|---|
| | |
| | |
| | |
| Measure Area | Explanation |
| Perinatal Care | This category of evidenced based measures assesses care of mothers and newborns. |
| | |
| | |
| | Measure Area |

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| | | | | Accr | edited Org | anizations | |
|---|--|---|---------------------------------------|---------------------------------------|------------|--------------------------------|----------------|
| Measure Area Explanation | | | Nationwide | | Statewide | е | |
| | | tegory of evidenced based measures assesses the mothers and newborns. | | № ² | | ™ ² | |
| | | | | mpared to c Accredit lationwide | ed Organiz | ations | on ewide |
| Measure | | Explanation | Hospital Results | Top 10% | | Top 10% Scored at Least: | Averaç Rate |
| Unexpected Complication Term Newborns per 1000 livebirths - Severe Rate | | evere rate equals the number ents with severe complications. | 1144% of 1223 eligible Patients | 501% | 1303% | 326% | 1008% |



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