

# Accreditation Quality Report





Version: 1 Date: 2/17/2022

275 Sandwich Street, Plymouth, MA Org ID: 5603

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.

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# **Summary of Quality Information**

Accreditation Programs	<b>Accreditation Decision</b>	Effective Date	Last Full Survey	y Last On-Site Survey Date
Home Care	Accredited	1/11/2019	1/10/2019	1/10/2019
Hospital	Accredited	1/12/2019	1/11/2019	2/20/2019

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

Hospital

Certified Programs	<b>Certification Decision</b>	<b>Effective</b>	Last Full Revi	iew Last On-Site
		Date	Date	<b>Review Date</b>
Joint Replacement - Hip	Certification	9/10/2020	8/4/2020	8/4/2020
Joint Replacement - Knee	Certification	9/10/2020	8/4/2020	8/4/2020

### **Other Accredited Programs/Services**

• Hospital ( Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

#### **Special Quality Awards**

2013 Gold Get With The Guidelines - Stroke

		•	Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide		
Home Care	2019National Patient Safety Goals	Ø	NA *		
Hospital	2016National Patient Safety Goals	Ø	N/A *		
	National Quality Improvement Goals:				
Reporting Period: Apr 2020 - Mar 2021	Perinatal Care	<b>№</b> <sup>2</sup>	<b>№</b> <sup>2</sup>		

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

### Symbol Key 1

- This organization achieved the best possible results.
- 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.
- This Measure is not applicable for this organization.
- Not displayed

#### Footnote Key

- 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.
- 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.

  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.

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

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## **Locations of Care**

#### \* Primary Location

### Locations of Care

#### **Beth Israel Deaconess** Hospital-Plymouth 3 275 Sandwich Street Plymouth, MA 02360

#### **Available Services**

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

- Joint Replacement Hip
- Joint Replacement Knee

#### **Services:**

- Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)
- Brachytherapy (Imaging/Diagnostic Services)
- Cardiac Catheterization Lab (Surgical Services)
- Cardiovascular Unit (Inpatient)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (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)
- Hematology/Oncology Unit (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)
- Outpatient Clinics (Outpatient)
- Plastic Surgery (Surgical Services)
- Positron Emission Tomography (PET) (Imaging/Diagnostic Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Teleradiology
- (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound
- (Imaging/Diagnostic Services) Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

#### **Beth Israel Deaconess** Hospital-Plymouth Imaging at the Park 45 Resnik Road, Suite 1400, Office 106 Plymouth, MA 02360

#### **Services:**

Outpatient Clinics (Outpatient)

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# **Locations of Care**

Primary Location  Locations of Care	Available Services
Beth Israel Deaconess Hospital-Plymouth Rehabilitation Pine Hills, 3 Village Green North, 3rd Flr, Ste 331 Plymouth, MA 02360	Services:  • Outpatient Clinics (Outpatient)
Beth Israel Deaconess Hospital-Plymouth Rehabilitation 10 Cordage Park Circle, Suite 225 Plymouth, MA 02360	Services:  • Outpatient Clinics (Outpatient)
BID-Plymouth Pre Admission Testing (PAT) 46 Obery Street Plymouth, MA 02360	Services:  • Outpatient Clinics (Outpatient)
Cape Lab Drawing Station 83 Route 130 Sandwich, MA 02563	Services:  • Laboratory Draw Station (Outpatient)
Cranberry Hospice 36 Cordage Park Circle Suite 326 Plymouth, MA 02360	Services:  • Hospice Care
<b>Duxbury Lab Drawing Station</b> 95 Tremont Street Duxbury, MA 02331	Services:  • Laboratory Draw Station (Outpatient)
Industrial Park Lab Drawing Station 45 Resnik Road, Suite 101 Plymouth, MA 02360	Services:  • Laboratory Draw Station (Outpatient)
Long Pond Lab Drawing Station 110 Long Pond Road Plymouth, MA 02360	Services:  • Laboratory Draw Station (Outpatient)

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# **2019 National Patient Safety Goals**

### 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."

# Home Care

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
Reduce the risk of patient harm resulting from falls.	Implementing a Fall Reduction Program	Ø
The organization identifies safety risks inherent in its patient population.	Identifying Risks Associated with Home Oxygen	Ø

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# **2016** National Patient Safety Goals

### Symbol Key 3

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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	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	୭୭୭୭
	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: April 2020 - March 2021

Measure Area Explanation Nationwide Statewide

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

		Cor	mpared to d			on
		N	Accredit Nationwide	ed Organiz		ewide
Measure	Explanation	Hospital	Top 10%	Average	Top 10%	
		Results	Scored at Least:	Rate:	Scored at Least:	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.	19% of 332 eligible Patients	16%	25%	18%	25%
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.	0% of 59 eligible Patients	0%	2%	0%	1%
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.	62% of 824 eligible Pattlents	71%	50%	73%	47%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	1109% of 721 eligible Patients	212%	1780%	1030%	1974%
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.	2912% of 721 eligible Patients	1508%	3084%	2137%	3366%

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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: April 2020 - March 2021

Compared to other Joint

		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>№</b> 2	<b>№</b> 2

		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:
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	1803% of 721 eligible Patients	501%	1303%	744%	1392%



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