

# 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.

#### Beth Israel Deaconess Hospital Plymouth

275 Sandwich Street, Plymouth, MA



### **Summary of Quality Information**

| C                           |    | - 1 1 | 7   |
|-----------------------------|----|-------|-----|
|                             | mn | AL I  | Key |
| $\mathcal{I}_{\mathcal{I}}$ |    | 01    | - y |

| 0   | This organization achieved the best possible results.                  |
|-----|--|
| •   | This organization's performance is better than the target range/value. |
| Ø   | This organization's performance is similar to the target range/value.  |
| Θ   | This organization's performance is worse than 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.
- 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.
- 12. The measure rate is within optimal range.

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

| Accreditation Programs | Accreditation Decision | Effective<br>Date | Last Full Surve<br>Date | y Last On-Site<br>Survey Date |
|------------------------|------------------------|-------------------|-------------------------|-------------------------------|
| 🎯 Home Care            | Accredited             | 4/29/2022         | 4/28/2022               | 4/28/2022                     |
| 🮯 Hospital             | Accredited             | 8/19/2023         | 4/29/2022               | 6/23/2022                     |

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

| Certified Programs         | <b>Certification Decision</b> | Effective | Last Full Review Last On-Site |                    |  |
|----------------------------|-------------------------------|-----------|-------------------------------|--------------------|--|
|                            |                               | Date      | Date                          | <b>Review Date</b> |  |
| 🎯 Joint Replacement - Hip  | Certification                 | 6/29/2022 | 6/28/2022                     | 6/28/2022          |  |
| 🎯 Joint Replacement - Knee | Certification                 | 6/29/2022 | 6/28/2022                     | 6/28/2022          |  |

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

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

|  |                                     | Compared to other Joint Commission Accredited<br>Organizations |            |  |
|--|-------------------------------------|--|------------|--|
|  |                                     | Nationwide   | Statewide  |  |
| Home Care                                      | 2022National Patient Safety Goals   | Ø  | <b>*</b>   |  |
| Hospital                                       | 2023National Patient Safety Goals   | Ø  | <b>™</b> * |  |
|  | National Quality Improvement Goals: |  |            |  |
| Reporting<br>Period:<br>Jan 2022 -<br>Dec 2022 | Perinatal Care                      | @ <sup>2</sup>   |            |  |

275 Sandwich Street, Plymouth, MA



#### **Locations of Care**

#### \* Primary Location **Available Services** Locations of Care **Beth Israel Deaconess Joint Commission Certified Programs:** Hospital-Plymouth 3 Joint Replacement - Hip • 275 Sandwich Street Joint Replacement - Knee Plymouth, MA 02360 Services: • Behavioral Health (24-hour • Neurosurgery (Surgical Acute Care/Crisis Services) Non-Sterile Medication Stabilization - Adult) Compounding (Inpatient) • Brachytherapy (Imaging/Diagnostic Normal Newborn Nursery Services) (Inpatient) Cardiac Catheterization Lab Nuclear Medicine (Surgical Services) (Imaging/Diagnostic Services) Ophthalmology (Surgical Cardiovascular Unit (Inpatient) Services) **Coronary Care Unit** Orthopedic Surgery (Surgical (Inpatient) Services) CT Scanner • Orthopedic/Spine Unit (Imaging/Diagnostic (Inpatient) **Outpatient Clinics (Outpatient)** Services) • Ear/Nose/Throat Surgery Plastic Surgery (Surgical • (Surgical Services) Services) EEG/EKG/EMG Lab Positron Emission Tomography (Imaging/Diagnostic (PET) (Imaging/Diagnostic Services) Services) Gastroenterology (Surgical Post Anesthesia Care Unit Services) (PACU) (Inpatient) GI or Endoscopy Lab **Radiation Oncology** (Imaging/Diagnostic Services) (Imaging/Diagnostic Services) Sterile Medication Gynecological Surgery Compounding (Inpatient) (Surgical Services) Surgical ICU (Intensive Care Gynecology (Inpatient) Unit) Hazardous Medication Surgical Unit (Inpatient) Compounding (Inpatient) Teleradiology • Hematology/Oncology Unit (Imaging/Diagnostic Services) Thoracic Surgery (Surgical (Inpatient) Inpatient Unit (Inpatient) Services) Interventional Radiology Ultrasound (Imaging/Diagnostic Services) (Imaging/Diagnostic Services) Urology (Surgical Services) Labor & Delivery (Inpatient) Vascular Surgery (Surgical • Magnetic Resonance Services) Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) **Beth Israel Deaconess Hospital-Plymouth** Services: Rehabilitation Outpatient Clinics (Outpatient) 10 Cordage Park Circle, Suite 225 Plymouth, MA 02360

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# **Locations of Care**

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

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# **2022 National Patient Safety Goals**

#### **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<br>safety risks inherent in its<br>patient population. | Identifying Risks Associated with Home Oxygen | Ø           |

#### 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."

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# **2023 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<br>communication among<br>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                      | Ō            |
| Reduce the harm<br>associated with clinical<br>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<br>safety risks inherent in its<br>patient population. | Identifying Individuals at Risk for Suicide             | Ø            |
| Universal Protocol   | Conducting a Pre-Procedure Verification Process         | $\bigcirc$   |
|  | Marking the Procedure Site                              | $\bigcirc$   |
|  | Performing a Time-Out                                   | $\bigotimes$ |

#### Symbol Key

The organization has met the National Patient Safety Goal. The organization has not met the e National Patient Safety Goal. The Goal is not applicable for this **N** organization.

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Symbol Key

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Footnote Key

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The Measure Set does not have an

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## **National Quality Improvement Goals**

#### Reporting Period: January 2022 - December 2022

|                |  |                          | o other Joint<br>hission |
|----------------|--|--------------------------|--------------------------|
|                |  | Accredited Organizations |                          |
| Measure Area   | Explanation  | Nationwide               | Statewide                |
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | <b>2</b>                 | <b>™</b> <sup>2</sup>    |

|   |  | Compared to other Joint Commission<br>Accredited Organizations |  |                  | n   |                          |
|---|--|--|--|------------------|---|--------------------------|
| Measure   | Explanation  | ⊦<br>Hospital<br>Results                                       | Nationwide<br>Top<br>Perform<br>er<br>Threshol<br>d: | Average<br>Rate: | State<br>Top<br>Perform<br>er<br>Threshol<br>d <sup>.</sup> | wide<br>Average<br>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.   | <b>(</b>   | <b>1</b> 2   | 26%              | (m) <sup>12</sup>   | 27%                      |
| Elective Delivery   | This measure reports the overall<br>number of mothers who had elective<br>vaginal deliveries or elective<br>cesarean sections at equal to and<br>greater than 37 weeks gestation to<br>less than 39 weeks gestation. An<br>elective delivery is the delivery of a<br>newborn(s) when the mother was not<br>in active labor or presented with<br>spontaneous ruptured membranes<br>prior to medical induction and/or<br>cesarean section. | 0% of<br>85 eligible<br>Patients                               | 0%   | 2%               | 0%  | 1%                       |
| Exclusive Breast Milk Feeding   | This measure reports the overall<br>number of newborns who are<br>exclusively breast milk fed during the<br>newborns entire hospitalization.<br>Exclusive breast milk feeding is when<br>a newborn receives only breast milk<br>and no other liquids or solids except<br>for drops or syrups consisting of<br>vitamins, minerals, or medicines.  | 64% of<br>913 eligible<br>Patients                             | 72%  | 50%              | 77%   | 48%                      |
| Unexpected Complications in<br>Term Newborns per 1000<br>livebirths - Severe Rate | The severe rate equals the number of patients with severe complications.   | 21 per 1000  | 5  | 13               | 6   | 13                       |

\* This information can also be viewed at https://hospitalcompare.io/

---- Null value or data not displayed.