

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.

374 Stockholm Street, Brooklyn, NY



Summary of Quality Information

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0	This organization achieved the best possible results.
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Footnote Key

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
🞯 Hospital	Accredited	11/9/2019	11/8/2019	11/8/2019

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

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
🎯 Primary Stroke Center	Certification	12/27/2022	10/28/2022	10/28/2022
Certified Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
🮯 Asthma, Pediatrics	Certification	3/12/2021	3/11/2021	3/11/2021

Special Quality Awards

2013 ACS National Surgical Quality Improvement Program 2012 Gold Plus Get With The Guidelines - Stroke

		Compared to other Joint Organiz	
		Nationwide	Statewide
Hospital	2019National Patient Safety Goals	${igodot}$	*
	National Quality Improvement Goals:		
Reporting Period:	Emergency Department	() ²	2 ²
Apr 2020 - Mar 2021	Immunization	2 ²	2 ²
	Perinatal Care	() ²	2 ²

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



Locations of Care

Primary Location		
Locations of Care	Available Services	
Women's Health Center 110 Wyckoff Ave. Brooklyn, NY 11237 Wyckoff Doctors	Services: • Outpatient Clinics (Outpatient)	
1419 Myrtle Avenue Brooklyn, NY 11237	Services:Outpatient Clinics (Outpatient)	
Wyckoff Heights Medical Center * 374 Stockholm Street Brooklyn, NY 11237	 Joint Commission Advanced Certification Programs: Primary Stroke Center Joint Commission Certified Programs: Asthma, Pediatrics Services: 	
	 Cardiac Catheterization Lab (Surgical Services) Cardiothoracic Surgery (Surgical Services) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) 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) Go re Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Inderical /Surgical Unit (Inpatient) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Neurosurgery (Surgical Services) 	cal ent) ces) ces)



Locations of Care

* Primary Location

Locations of Care	Available Services
Wyckoff Heights Medical Center Extension Clinic 1610 DeKalb Avenue Brooklyn, NY 11237	Services: • Outpatient Clinics (Outpatient)
Wyckoff Pediatric Center 1411 Myrtle Avenue Brooklyn, NY 11237	Services:Outpatient Clinics (Outpatient)

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2019 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	\bigcirc
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
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
	Preventing Infections that are difficult to treat	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ
	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	\bigcirc
	Marking the Procedure Site	\bigcirc
	Performing a Time-Out	\bigcirc

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: April 2020 - March 2021

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		Compared to Comm	
		Accredited C	rganizations
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.	@ ²	@ ²

			mpared to c Accredit	ations		
			Vationwide		State	
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.	Rep 2 322 minutes 888 eligible Patients	49	159	74	195
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.	543 minutes 891 eligible Patients	202	382	245	419

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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 F	Period: April 2020 - March 2021		
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		Accredited (Organizations
Measure Area	Explanation	Nationwide	Statewide
Immunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	№ ²	№ ²

		Compared to other Joint Commission Accredited Organizations				n	
		Ν	Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	•	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.	69% of 499 eligible Patients	100%	86%	99%	87%	

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Wyckoff Heights Medical Center

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National Quality Improvement Goals

Reporting Pe	eriod: April 2020 - March 2021		
		Compared to other Join Commission	
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	™ ²	™ ²
	Measure Area	Perinatal Care This category of evidenced based measures assesses the	Measure Area Explanation Nationwide Perinatal Care This category of evidenced based measures assesses the

		Cor	Compared to other Joint Commission Accredited Organizations			
		Nationwide			wide	
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%	20%	28%
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.	5% of 40 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.	8% of 230 eligible Patients	71%	50%	60%	38%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	2058% of 826 eligible Patients	212%	1780%	418%	1990%
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.	4358% of 826 eligible Patients	1508%	3084%	1612%	3157%



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Compared to other Joint



National Quality Improvement Goals

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			Commission Accredited Organizations			
Measure Area	Explanation		Nationwi	de	Statewide	
Perinatal Care	egory of evidenced based measures a mothers and newborns.	ssesses the				
		Compared to other Joint Commission Accredited Organizations				
		N			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Unexpected Complication Term Newborns per 100 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	2300% of 826 eligible	501%	1303%	573%	1167%



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