

# Accreditation Quality Report





Org ID: 5738

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

Org ID: 5738







### **Summary of Quality Information**

<b>Accreditation Programs</b>	<b>Accreditation Decision</b>	Effective Date	Last Full Survey Date	<b>Last On-Site</b> <b>Survey Date</b>
Hospital	Accredited	3/18/2023	3/17/2023	5/5/2023

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

Hospital

<b>Advanced Certification</b>	<b>Certification Decision</b>	<b>Effective</b>	<b>Last Full Review Last On-Site</b>		
Programs		Date	Date	<b>Review Date</b>	
Primary Stroke Center	Certification	12/27/2022	10/28/2022	10/28/2022	
Certified Programs	<b>Certification Decision</b>	<b>Effective</b>	Last Full Review	v Last On-Site	
		Date	Date	<b>Review Date</b>	
Asthma, Pediatrics	Certification	3/8/2023	3/7/2023	3/7/2023	

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2023National Patient Safety Goals	Ø	N/A *	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	<b>№</b> 0 <sup>2</sup>	ND <sup>2</sup>	
Jan 2021 - Dec 2021	Immunization	<b>№</b> 0 <sup>2</sup>	ND <sup>2</sup>	
	Perinatal Care	<b>№</b> <sup>2</sup>	<b>№</b> 2	

### **Symbol Key**

- This organization achieved the best possible results.
- This organization's performance is better than the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is worse than 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.
- 3. 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."

374 Stockholm Street, Brooklyn, NY

Org ID: 5738







# **Locations of Care**

*	Duimann	Location
^	Primarv	Location

* Primary Location  Locations of Care	Available Services
Women's Health Center 110 Wyckoff Ave. Brooklyn, NY 11237	Services:  • Outpatient Clinics (Outpatient)
Wyckoff Doctors 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)     Gastroenterology (Surgical Services)     Gal or Endoscopy Lab (Imaging/Diagnostic Services)     Gynecological Surgery (Surgical Services)     Gynecology (Inpatient)     Hazardous Medication Compounding (Inpatient)     Inpatient Unit (Inpatient)     Inpatient Unit (Inpatient)     Inpatient Unit (Inpatient)     Inpatient Unit (Inpatient)     Magnetic Resonance Imaging (Imaging/Diagnostic Services)     Medical I/Surgical Unit (Inpatient)     Medical I/Surgical Unit (Inpatient)
	Unit)  Neurosurgery (Surgical Services)

374 Stockholm Street, Brooklyn, NY







# **Locations of Care**

#### \* Primary Location

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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)

Org ID: 5738

374 Stockholm Street, Brooklyn, NY Org ID: 5738







# **2023 National Patient Safety Goals**

#### 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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# 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	Ø
	Reconciling Medication Information	Ø
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	Ø
	Marking the Procedure Site	Ø
	Performing a Time-Out	Ø

374 Stockholm Street, Brooklyn, NY Org ID: 5738







### **National Quality Improvement Goals**

Reporting Period: January 2021 - December 2021

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

Measure	N Hospital	Nationwide Top 10%	ed Organiz Weighte	ations State Top 10%	ewide Weighte	
		Results	Scored at Most:	d Median:	Scored at Most:	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.	385 minutes 449 eligible Patients	54	185	72	257
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.	601 minutes 450 eligible Patients	222	423	291	525

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

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374 Stockholm Street, Brooklyn, NY Org ID: 5738



Measure Area

Immunization





### **National Quality Improvement Goals**

### Reporting Period: January 2021 - December 2021

	Compared to other Joint Commission	
	Accredited Organizations	
Explanation	Nationwide	Statewide
This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	<b>⊚</b> <sup>2</sup>	<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:
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.	72% of 254 eligible Patients	99%	84%	97%	82%

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374 Stockholm Street, Brooklyn, NY Org ID: 5738







### **National Quality Improvement Goals**

#### Reporting Period: January 2021 - December 2021

		Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwid	е	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	₩D <sup>2</sup>	2	<b>№</b> 2

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	Nospital	lationwide Top 10%	Average	State	ewide Average
	'	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.	<b>⊕</b>	34%	26%	36%	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.	0% of 18 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.	16% of 108 eligible Patients	71%	49%	59%	37%
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	19 per 1000	5	13	6	12

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