

Accreditation Quality Report





Version: 10 Date: 8/30/2017 99 Beauvoir Avenue, Summit, NJ



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.

Mark R. Chassin, MD, MPP, MPH President of the Joint Commission

Org ID: 5994

Last Full Review Last On-Site







Summary of Quality Information

| Accreditation Programs | Accreditation Decision | Effective Date | Last Full Survey Date | Last On-Site Survey Date |
|------------------------|-------------------------------|-------------------|-----------------------|-----------------------------|
| Behavioral Health Care | Accredited | 6/14/2017 | 6/13/2017 | 6/13/2017 |
| Hospital | Accredited | 6/17/2017 | 6/16/2017 | 6/16/2017 |

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

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

Hospital

| Programs | | Date | Date | Review Date |
|---|-------------------------------|-----------|------------------|--------------------|
| Advanced Comprehensive Stroke Center | Certification | 11/8/2016 | 11/8/2016 | 11/8/2016 |
| Certified Programs | Certification Decision | Effective | Last Full Review | v Last On-Site |
| | | Date | Date | Review Date |
| Primary Care Medical Home - Hospital | Primary Care Medical Home | 6/17/2017 | 6/16/2017 | 6/16/2017 |
| Spine Surgery | Certification | 9/13/2016 | 9/12/2016 | 9/12/2016 |
| Wound Care | Certification | 2/28/2017 | 2/27/2017 | 2/27/2017 |

Effective

Other Accredited Programs/Services

• Hospital (Accredited by UHMS Clinical Hyperbaric Facility - Level 2)

Advanced Certification Certification Decision

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

Special Quality Awards

2015 ACS National Surgical Quality Improvement Program
2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

Symbol Key

- 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."

Org ID: 5994







Summary of Quality Information

| | | Compared to other Joint Commission Accredited Organizations | | |
|------------------------------|-------------------------------------|---|--------------|--|
| | | Nationwide | Statewide | |
| Behavioral Health Care | 2017National Patient Safety Goals | Ø | (4) * | |
| Hospital | 2017National Patient Safety Goals | Ø | ₩A * | |
| | National Quality Improvement Goals: | | | |
| Reporting Period: | Emergency Department | ND 2 | ND 2 | |
| Jan 2016 - Dec 2016 | Immunization | 2 ² | ND 2 | |
| | Perinatal Care | ND ² | № 2 | |
| | Stroke Care | ND 2 | № 2 | |
| | Venous Thromboembolism (VTE) | № 2 | ND 2 | |

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

This organization achieved the best possible results.

Symbol Key

- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value
- 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

- 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.
- 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."

99 Beauvoir Avenue, Summit, NJ

Org ID: 5994







Locations of Care

| Available Services Services: |
|---|
| Addiction Care/Adult) (Non-detox - Adult) Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult) Chemical Dependency (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult) (Non-detox - Adult) |
| Other Clinics/Practices located at this site: Atlantic Rehabilitation - Union Campus Overlook Medical Center - Atlantic Laboratory - Union PSC Overlook Medical Center - Vascular Lab at Union Overlook Medical Center Developmental Disabilities Center - Services: Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) Developmental Disabilities - Programs / Services (Non 24 Hour Care - Adult) Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient) |
| Other Clinics/Practices located at this site: • Pulmonary Allergy Associates - Testing only Services: • Outpatient Clinics (Outpatient) |
| Services: • Single Specialty Practitioner (Outpatient) |
| Services: • Outpatient Clinics (Outpatient) |
| |

99 Beauvoir Avenue, Summit, NJ

Org ID: 5994







Locations of Care

| * Primary Location | Ausilahla Camiras |
|---|--|
| Locations of Care | Available Services |
| Overlook Medical Center DBA: Cardiac Imaging at MDA Cardiology 215 North Ave. Westfield, NJ 07090 | Services: • Outpatient Clinics (Outpatient) |
| Overlook Medical Center DBA: Cardiac Imaging at MDA Cardiology 1511 Park Ave. South Plainfield, NJ 07080 | Services: • Outpatient Clinics (Outpatient) |
| Overlook Medical Center DBA: Clark Multicare - Radiology Services 100 Commerce Place Clark, NJ 07066 | Services: • Urgent Care (Outpatient) |
| Overlook Medical Center DBA: Springfield Infusion Center 385 Morris Ave., Suite 100 Springfield, NJ 07081 | Services: Administration of High Risk Medications (Outpatient) Single Specialty Practitioner (Outpatient) |
| Overlook Medical Center DBA: Atlantic Rehabilitation 550 Central Ave. New Providence, NJ 07974 | Other Clinics/Practices located at this site: • Atlantic Rehabilitation Center for Cardiac Rehabilitation Services: • Outpatient Clinics (Outpatient) |
| Overlook Medical Center DBA: Atlantic Rehabilitation - Chatham 14-B Roosevelt Ave. Chatham, NJ 07928 | Services: • Outpatient Clinics (Outpatient) |
| Overlook Medical Center DBA: Cardiovascular Imaging at Livingston 340 East Northfield Ave. Livingston, NJ 07039 | Services: • Single Specialty Practitioner (Outpatient) |
| Overlook Medical Center DBA: Northfield Infusion Center 741 Northfield Ave., West Orange, NJ West Orange, NJ 07052 | Services: Administration of High Risk Medications (Outpatient) Single Specialty Practitioner (Outpatient) |







Locations of Care

* Primary Location

Locations of Care

Overlook Medical Center * 99 Beauvoir Avenue Summit, NJ 07902-0220

Available Services

Joint Commission Advanced Certification Programs:

• Advanced Comprehensive Stroke Center

Joint Commission Certified Programs:

- Primary Care Medical Home Hospital
- Spine Surgery
- Wound Care

Primary Care Medical Home Certified Clinics/Practices:

Overlook Family Practice

Other Clinics/Practices located at this site:

- Goryeb Pediaric Subspecialties
- Institute for Rheumatoid and Auto-Immune Diseases
- MDA Oncology Infusion Center
- Overlook Medical Center -Non-Invasive Cardiology
- Overlook Medical Center -EEG
- Overlook Medical Center Adult Neurology
- Overlook Medical Center Ambulatory Surgery
- Overlook Medical Center Bariatric Medicine
- Overlook Medical Center Breast Center
- Overlook Medical Center Cardiac Catherization
- Overlook Medical Center Concussion Care and Physical Rehabil
- Overlook Medical Center Dental Clinic
- Overlook Medical Center Digestive Center
- Overlook Medical Center Eating Disorders Program

- Overlook Medical Center GI/Endoscopy Center
- Overlook Medical Center Healthstart Clinic
- Overlook Medical Center Infusion Center
- Overlook Medical Center Interventional Pain Management
- Overlook Medical Center Maternal-Fetal Medicine
- Overlook Medical Center MEG
- Overlook Medical Center Minimal Brain Trauma - Center for Co
- Overlook Medical Center Movement Disorders
- Overlook Medical Center Radiation Therapy
- Overlook Medical Center Radiology Services
- Overlook Medical Center Sleep Center
- Overlook Medical Center Stroke Center
- Overlook Medical Center Vascular Lab
- Overlook Medical Center Wound Healing Center

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)

- Neuro/Spine Unit (Inpatient)
- 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)

99 Beauvoir Avenue, Summit, NJ

Org ID: 5994







Locations of Care

| Primary Location Locations of Care | Available Services |
|---|--|
| | CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) Eating Disorders/Adult/Child/Youth) (Outpatient - Adult/Child/Youth) (Day Programs - Adult/Child/Youth) (Non 24 Hour Care - Adult/Child/Youth) (Partial - Adult/Child/Youth) (Partial - Adult/Child/Youth) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) G of 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 ICU (Intensive Care Unit) Neuro/Spine ICU (Intensive Care Unit) Neuro/Spine ICU (Intensive Care Unit) |
| Overlook Medical Center Chatham Family Practice 492 Main Street Chatham, NJ 07928 | Joint Commission Certified Programs: • Primary Care Medical Home - Hospital Services: • Outpatient Clinics (Outpatient) |
| Overlook Medical Center Community Center at Vauxhall 3 Farrington Street | Services: • Outpatient Clinics (Outpatient) |

99 Beauvoir Avenue, Summit, NJ

Org ID: 5994







2017 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.

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

Behavioral Health Care

| Safety Goals | Organizations Should | Implemented |
|---|---|-------------|
| Improve the accuracy of the identification of individuals served. | Use of Two 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 |
| The organization identifies safety risks inherent in the population of the individuals it serves. | Identifying Individuals at Risk for Suicide | Ø |

99 Beauvoir Avenue, Summit, NJ

Org ID: 5994







2017 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.

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

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 | 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 |
| | Preventing Multi-Drug Resistant Organism Infections | Ø |
| | Preventing Central-Line Associated Blood Stream Infections | 0000 |
| | 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 |

99 Beauvoir Avenue, Summit, NJ Org ID: 5994







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

| | | 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. | № ² | № ² | |

| | | Compared to other Joint Commission Accredited Organizations | | | | n |
|--|---|---|-------------------------------|-------------------------|-------------------------------|-------------------------|
| | | N | lationwide | | State | ewide |
| 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. | 121.00 minutes 522 eligible Patients | 54.00 | 126.00 | 96.59 | 159.44 |
| 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. | 323.00 minutes 522 eligible Patients | 203.00 | 313.00 | 285.16 | 370.40 |

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
- ---- Null value or data not displayed.

Symbol Key

- 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.
- 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.
- The Measure results are not statistically
- 7. The Measure results are based on a sample of patients.
- 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.
- 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." Compared to other Joint

99 Beauvoir Avenue, Summit, NJ Org ID: 5994







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint Commission
Accredited Organizations

Measure Area Explanation Nationwide Statewide

Immunization This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.

| | | 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. | 98% of 515 eligible Patients | 100% | 94% | 100% | 96% |

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
 Null value or data not displayed.

Symbol Key

- 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.
- 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.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a
- sample of patients.

 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.
- 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."

99 Beauvoir Avenue, Summit, NJ Org ID: 5994







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Measure Area Explanation Nationwide Statewide

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

| | | Cor | npared to o | other Joint ed Organiz | | n |
|-------------------------------|---|------------------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
| | | | lationwide | | | ewide |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Antenatal Steroids | This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth. | 100% of 31 eligible Patients | 100% | 98% | 100% | 99% |
| 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 235 eligible Patlents | 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. | 58% of 407 eligible Patients | 75% | 53% | 58% | 43% |

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
 --- Null value or data not displayed.

Symbol Key

- 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.
- 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.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- 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.
- 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." Compared to other Joint

99 Beauvoir Avenue, Summit, NJ







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

Compared to other Joint Commission
Accredited Organizations

Measure Area Explanation Nationwide Statewide

Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.

| | | Compared to other Joint Commission Accredited Organizations | | | | n |
|----------------------|--|--|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide | | Statewide | | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| Thrombolytic Therapy | Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine be given quickly after an ischemic stroke is diagnosed. | 100% of 57 eligible Patients | 100% | 90% | 100% | 92% |

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- * This information can also be viewed at www.hospitalcompare.hhs.gov
- --- Null value or data not displayed.

Symbol Key

- 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.
- 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.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- 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.
- 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." Org ID: 5994

Symbol Key

ossible results

Ø

This organization achieved the best

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. lot displayed

Footnote Key

reported.

valid.

sample of patients.

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

overall result.

The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough for comparison purposes. The measure meets the Privacy Disclosure Threshold rule.

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

The Measure results are based on a

The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

Overlook Medical Center

99 Beauvoir Avenue, Summit, NJ Org ID: 5994







National Quality Improvement Goals

Reporting Period: January 2016 - December 2016

| | | Commission | | |
|------------------------------------|---|--------------------------|-----------------------|--|
| | | Accredited Organizations | | |
| Measure Area | Explanation | Nationwide | Statewide | |
| Venous Thromboembolism (VTE) | This category of evidence-based measures assesses the overall quality of care related to prevention and treatment of blood clots. | ∞ ² | № ² | |

| | | Compared to other Joint Commission Accredited Organizations | | | | | |
|----------------------------|--|--|--------------------------------|-----|--------------------------------|------------------|--|
| | | Nationwide | | | Statewide | | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | 0 | Top 10% Scored at Least: | Average Rate: | |
| VTE Discharge Instructions | Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions. | 93% of 41 eligible Patients | 100% | 93% | 100% | 93% | |

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

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

the denominator criteria.

| | | Accredited Organizations | | | | |
|----------------------------|--|-----------------------------------|--------------------------------|------------------|--------------------------------|------------------|
| | | Nationwide | | | Statewide | |
| Measure | Explanation | Hospital Results | Top 10% Scored at Least: | Average Rate: | Top 10% Scored at Least: | Average Rate: |
| VTE Discharge Instructions | Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions. | 93% of 41 eligible Patients | 100% | 93% | 100% | 93% |

Compared to other Joint

For further information and explanation of the

Quality Report contents,

refer to the "Quality Report User Guide." 99 Beauvoir Avenue, Summit, NJ

Ora ID: 5994







Organization Commentary on the Quality Report

Commentary

We are proud of the physicians and staff who provide high quality services at Overlook Medical Center and that the TJC findings clearly substantiate this.

Prepared By:

Health Care Organization ID#: Organization Name: Address:

Chief Executive Officer: Phone Number: Date: 5994 Overlook Medical Center 99 Beauvoir Avenue Summit, NJ 07902-0220 Mr. Alan Lieber (908)522-3580 10/28/2011