

# 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.

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

### Prospect DCMH, LLC

DBA: Delaware County Memorial Hospital, 501 North Lansdowne Avenue, Drexel Hill, PA



# **Summary of Quality Information**

### Symbol Key

0	This organization achieved the best possible results.
	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	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.
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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	9/11/2015	9/10/2015	9/10/2015

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

Advanced Certification Certification Decision		Effective	Last Full Review	w Last On-Site
Programs		Date	Date	<b>Review Date</b>
🥝 Primary Stroke Center	Certification	7/16/2016	7/3/2018	7/3/2018

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

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

#### **Special Quality Awards**

2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2015National Patient Safety Goals	${igodot}$	*	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	<b>1</b>	2 <sup>2</sup>	
Jan 2017 - Dec 2017	Immunization	<b>()</b> <sup>2</sup>		
	Perinatal Care	<b>()</b> <sup>2</sup>		

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



## **Locations of Care**

Locations of Care	Available Services
Crozer Keystone at Broomall DBA: Crozer Keystone at Broomall 30 Lawrence Road, Broomall Broomall, PA 19008	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
Philadelphia Cyberknife 2010 West Chester Pike Havertown, PA 19083	Services: • Outpatient Clinics (Outpatient)
Prospect DCMH, LLC * DBA: Delaware County Memorial Hospital 501 North Lansdowne Avenue Drexel Hill, PA 19026	<ul> <li>Joint Commission Advanced Certification Programs: <ul> <li>Primary Stroke Center</li> </ul> </li> <li>Other Clinics/Practices located at this site: <ul> <li>Center for Wound Healing and Hyperbaric Medicine</li> <li>CKHS Physical Therapy and Rehabilitation</li> <li>Crozer Keystone Sleep Center at DCMH</li> <li>Medical Imaging</li> <li>SurgiCenter</li> </ul> </li> <li>Services: <ul> <li>Coronary Care Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Dialysis Unit (Inpatient)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Dialysis Unit (Inpatient)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gl or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gl precological Surgery (Surgical Services)</li> <li>Genecology (Inpatient)</li> <li>Interventional Radiology (Inpatient)</li> <li>Interventional Radiology (Inpatient)</li> <li>Interventional Radiology (Inpatient)</li> <li>Interventional Radiology (Inpatient)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit (Imaging/Diagnostic Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul> </li> </ul>

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## **Locations of Care**

#### \* Primary Location

Locations of Care	Available Services
The Crozer Keystone Surgery Center at Haverford (Dept DCMH) DBA: The Crozer Keystone Surgery Center at Haverford (Dept DCMH) 2010 West Chester Pike Havertown, Pa. Havertown, PA 19083	Other Clinics/Practices located at this site: • The Crozer Keystone Surgery Center at Haverford(Dept DCMH) Services: • Administration of High Risk Medications (Outpatient) • Ambulatory Surgery Center (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)



# **2015 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	$\bigotimes$
	Reconciling Medication Information	$\bigotimes$
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	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u>ତ</u> ତ୍ର ତ
	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	$\bigotimes$
	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 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."



### **National Quality Improvement Goals**

	Reporting Period: January 2017 - December 2017
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		Compared to other Joint Commission	
		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.	<b>™</b> <sup>2</sup>	<b>1 2</b>

		Compared to other Joint Commission Accredited Organizations				
		N	lationwide		State	wide
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.	2 149.00 minutes 744 eligible Patients	55.00	132.00	68.42	132.77
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.	2 385.00 minutes 744 eligible Patients	204.00	317.00	229.90	299.92

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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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#### **Footnote Key**

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### **National Quality Improvement Goals**

### Reporting Period: January 2017 - December 2017

		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.	<b>™</b> <sup>2</sup>	<b>○</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				n	
		١	lationwide		State	Statewide	
Measure Explanation		Hospital Results	Top 10% Scored at Least:	U U	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.	89% of 464 eligible Patients	100%	94%	100%	94%	

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### **National Quality Improvement Goals**

### Reporting Period: January 2017 - December 2017

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>⊘</b> <sup>2</sup>	<b>™</b> <sup>2</sup>	

		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:
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 13 eligible Patients	100%	98%	100%	98%
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.	4% of 71 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.	11% of 649 eligible Patients	73%	52%	64%	48%



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