# Accreditation Quality Report





Version: 2 Date: 3/30/2020



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











# **Summary of Quality Information**

| Accreditation Programs | <b>Accreditation Decision</b> | Effective<br>Date | Last Full Surve | y Last On-Site<br>Survey Date |
|------------------------|-------------------------------|-------------------|-----------------|-------------------------------|
| Hospital               | Accredited                    | 7/1/2017          | 6/30/2017       | 8/7/2017                      |
| Nursing Care Center    | Accredited                    | 6/28/2017         | 6/27/2017       | 6/27/2017                     |

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

| <b>Advanced Certification</b> | <b>Certification Decision</b> | <b>Effective</b>  | Last Full Re         | view Last On-Site                |
|-------------------------------|-------------------------------|-------------------|----------------------|----------------------------------|
| Programs                      |                               | Date              | Date                 | <b>Review Date</b>               |
| Primary Stroke Center         | Certification                 | 11/6/2018         | 11/5/2018            | 11/5/2018                        |
| Certified Programs            | <b>Certification Decision</b> | Effective<br>Date | Last Full Re<br>Date | view Last On-Site<br>Review Date |
| Heart Failure                 | Certification                 | 5/21/2019         | 5/20/2019            | 5/20/2019                        |

#### **Special Quality Awards**

2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures® 2014 Gold Plus Get With The Guidelines - Heart Failure

|  |                                     | Compared to other Joint Commission Accredited Organizations |            |  |
|--|-------------------------------------|---|------------|--|
|  |                                     | Nationwide Statewide  |            |  |
| Hospital                                       | 2017National Patient Safety Goals   | Ø   | <b>№</b> * |  |
|  | National Quality Improvement Goals: |   |            |  |
| Reporting<br>Period:<br>Oct 2018 -<br>Sep 2019 | Emergency Department                | <b>№</b> 0 <sup>2</sup>                                     | 2          |  |
| Nursing<br>Care<br>Center                      | 2017National Patient Safety Goals   | Ø   | <b>©</b> * |  |

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

#### Symbol Key

- This organization achieved the best oossible results.
- Φ 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 rganization.
- Not displayed

#### Footnote Key

- 1. The Measure or Measure Set was not
- The Measure Set does not have an overall result.
- 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.
- 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."

# Nazareth Hospital







# Locations of Care

#### \* Primary Location

#### Locations of Care

#### Nazareth Hospital \* 2601 Holme Avenue Philadelphia, PA 19152-2096

#### **Available Services**

#### **Joint Commission Advanced Certification Programs:**

• Primary Stroke Center

#### **Joint Commission Certified Programs:**

Heart Failure

#### **Services:**

- Cardiac Catheterization Lab (Surgical Services)
- CT Scanner (Imaging/Diagnostic Services)
- Dementia Care
- Dialysis Unit (Inpatient)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Hazardous Medication Compounding (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Long Term Acute Care Unit (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)
- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)
- Neuro/Spine Unit (Inpatient)
- Neurosurgery (Surgical Services)
- Nuclear Medicine (Imaging/Diagnostic Services)

- On Site Pharmacy
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Other Specialty Services
- Outpatient Clinics (Outpatient)
- Plastic Surgery (Surgical Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Radiation Oncology (Imaging/Diagnostic Services)
- Rehabilitation Services
- Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)
- Skilled Nursing Care
- Sterile Medication Compounding (Inpatient)
- Surgical ICU (Intensive Care Unit)
- Surgical Unit (Inpatient)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Ultrasound
- (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)







# **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                         | 8           |
| 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           |

Symbol Key

ossible results

lot displayed

reported.

valid.

sample of patients.

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overall result.

Footnote Key The Measure or Measure Set was not

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National Quality Forum Endorsement.

There were no eligible patients that met

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.



Measure Area

Emergency

Department





# **National Quality Improvement Goals**

Reporting Period: October 2018 - September 2019

|   | Compared to other Joint Commission |                       |
|---|------------------------------------|-----------------------|
|   | Accredited Organizations           |                       |
| Explanation   | Nationwide                         | Statewide             |
| 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> |

|  |   | Compared to other Joint Commission Accredited Organizations Nationwide Statewide |                         |                         |                         |                   |
|--|---|--|-------------------------|-------------------------|-------------------------|-------------------|
| Measure  | Explanation   | Hospital<br>Results  | Top 10% Scored at Most: | Weighte<br>d<br>Median: | Top 10% Scored at Most: | Weighte d Median: |
| Admit Decision Time to ED<br>Departure Time for Admitted<br>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. | 203.00 minutes<br>1230 eligible<br>Patients                                      | 55.00                   | 134.00                  | 69.97                   | 130.62            |
| Median Time from ED Arrival<br>to ED Departure for Admitted<br>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.  | 414.00 minutes<br>1230 eligible<br>Patients                                      | 200.00                  | 344.00                  | 216.84                  | 296.95            |

- 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.

|  |   | Compared to other Joint Commission Accredited Organizations |                               |                         |                               |                   |
|--|---|---|-------------------------------|-------------------------|-------------------------------|-------------------|
|  |   | l N   | lationwide                    |                         | State                         | wide              |
| Measure  | Explanation   | Hospital<br>Results   | Top 10%<br>Scored<br>at Most: | Weighte<br>d<br>Median: | Top 10%<br>Scored<br>at Most: | Weighte d Median: |
| Admit Decision Time to ED<br>Departure Time for Admitted<br>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. | 203.00 minutes<br>1230 eligible<br>Patients                 | 55.00                         | 134.00                  | 69.97                         | 130.62            |
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# **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."

### **Nursing Care Center**

| Safety Goals   | Organizations Should                                       | Implemented |
|--|--|-------------|
| Improve the accuracy of patient identification.                    | Use of Two Patient Identifiers                             | Ø           |
| Improve the safety of using medications.                           | Reducing Harm from Anticoagulation Therapy                 | Ø           |
|  | Reconciling Medication Information                         | Ø           |
| Reduce the risk of health care-associated infections.              | Meeting Hand Hygiene Guidelines                            | Ø           |
|  | Preventing Central-Line Associated Blood Stream Infections | Ø           |
|  | Preventing Catheter-Associated Urinary Tract Infection     | Ø           |
| Reduce the risk of patient harm resulting from falls.              | Implementing a Fall Reduction Program                      | Ø           |
| Prevent health care-associated pressure ulcers (decubitus ulcers). | Assessing Resident Risk for Pressure Ulcers                | Ø           |