



# A Message



## From the Commissioner

Thank you for reading the New Jersey 2012 Hospital Performance Report, the New Jersey Department of Health's ninth annual report on the quality of care in New Jersey hospitals.

Improving patient safety and ensuring high quality health care continue to be a top priority of the Department of Health. By partnering with New Jersey hospitals to achieve the same goal, we have progressively and steadily witnessed improvement in the quality measurements reported to the Department and shared with you, the consumer. The results of these improvements have inevitably led to an increasingly better health care delivery system for all New Jersey patients.

With assistance and advice from the Quality Improvement Advisory Committee (QIAC), this report expands annually to include new measures and new areas of health care concern. QIAC members are leaders from New Jersey's hospital industry and health care providers who volunteer their time and expertise to advise the Department on this report and other health care quality initiatives.

Closely adapting the Centers for Medicare and Medicaid Services' policies, QIAC recommended and the Department added two new measures to this year's report. These added measures include:

- ❖ Surgical Care Infection Prevention (SCIP) measure for Recommended Care, Perioperative Temperature Management, and
- ❖ Healthcare-Associated Infection (HAI) measure, Surgical Site Infection (SSI) following Knee Arthroplasty.

The report includes measures for:

- ❖ Recommended Care: heart attack, pneumonia, surgical care infection prevention and congestive heart failure;
- ❖ 12 Patient Safety Indicators (PSI) mandated by law, and
- ❖ HAI measures, also required by legislation, for Central Line-Associated Blood Stream Infection (CLABSI); three SSIs; and Catheter-Associated Urinary Tract Infection (CAUTI).

The measures in this report are based on scientific evidence and research performed at the national level.

For more detailed data, consumer tips and other health care information not found in this report, visit our web site at [www.nj.gov/health/hpr](http://www.nj.gov/health/hpr). You can learn:

- ❖ how the measures are calculated;
- ❖ how to help prevent HAIs during a hospital stay;
- ❖ what you can do before having surgery to help prevent medical errors, and
- ❖ about how to find a New Jersey doctor.

Please let us know how you have used the report or intend to use it by contacting us at [hospital.quality@doh.state.nj.us](mailto:hospital.quality@doh.state.nj.us). We welcome your feedback.

Sincerely,

A handwritten signature in blue ink that reads "Mary E. O'Dowd".

**Mary E. O'Dowd, MPH**  
**Commissioner**  
**Department of Health**



# Table of Contents

## Section 1:

### Using This Report. . . . . 3

- ❖ **Hospital Quality and Using This Report** . . . . . 4  
How to use this report
- ❖ **Guidelines to Understanding the Different Measure Sets** . . . . . 6  
How to interpret the data for the different measures

## Section 2:

### Recommended Care/Process of Care Measures . . . . . 7

- ❖ **Understanding and Using Recommended Care Measures** . . . 8  
Essential information to understanding and using these measures
- ❖ **Importance of These Measures** . . . 9  
National data on the impact of these conditions
- ❖ **Overall Scores** . . . . . 10  
Heart Attack, Pneumonia, Surgical Care Improvement and Heart Failure
- ❖ **Basic Facts on Treating Heart Attacks** . . . . . 12  
Treatment measures and health care information
- ❖ **Heart Attack Treatment Scores** . . 14  
Overall Heart Attack Scores  
Aspirin at Arrival  
Aspirin at Discharge  
Beta Blocker at Discharge  
ACE Inhibitor or ARB at Discharge  
Smoking Cessation Advice  
PCI Within 90 Minutes
- ❖ **Basic Facts on Treating Pneumonia** . . . . . 16  
Treatment measures and health care information
- ❖ **Pneumonia Treatment Scores** . . . 18  
Overall Pneumonia Scores  
Pneumonia Vaccination  
Influenza Vaccination  
Antibiotic Timing  
Antibiotic Selection  
Blood Culture Before Initial Antibiotic  
Smoking Cessation Advice

- ❖ **Basic Facts on Surgical Care Improvement** . . . . . 20  
Treatment measures and health care information

- ❖ **Surgical Care Improvement Scores** . . . . . 22  
Overall Surgical Care Scores  
Preventive Antibiotic Started  
Preventive Antibiotic Stopped  
Appropriate Antibiotic Received  
Safe Hair Removal  
Urinary Catheter Removal  
Treatment Preventing Blood Clots Ordered  
Treatment Preventing Blood Clots Received  
Controlled Blood Sugar for Heart Surgery Patients  
Beta Blocker Continued Before and After Surgery  
Perioperative Temperature Management

- ❖ **Basic Facts on Treating Heart Failure** . . . . . 26  
Treatment measures and health care information

- ❖ **Heart Failure Treatment Scores** . . 28  
Overall Heart Failure Scores  
Left Ventricular Systolic Function Assessment  
ACE Inhibitor or ARB at Discharge  
Discharge Instructions  
Smoking Cessation Advice

- ❖ **Statewide Scores Compared to National Scores** . . . . . 30  
New Jersey Recommended Care scores compared to national scores

## Section 3:

### Patient Safety Indicators (PSIs) . . . . . 31

- ❖ **Understanding and Using Patient Safety Indicators** . . . . . 32  
Essential information to understanding and using these measures

- ❖ **Basic Facts on Patient Safety Indicators** . . . . . 34  
Definitions and importance of measures

- ❖ **Patient Safety Indicator Rates** . . . 38  
New Jersey rates for 12 PSIs

- ❖ **New Jersey Statewide PSI Rates Compared to National Rates** . . . 42  
New Jersey PSI rates compared to national rates

# Table of Contents

## Section 4:

### Healthcare-Associated Infections (HAIs) . . . . . 43

- ❖ **Understanding Measures for Healthcare-Associated Infections . . . . . 44**  
Essential information to understanding and using these measures
- ❖ **Central Line-Associated Bloodstream Infections (CLABSI) Data . . . . . 50**  
Ratios for CLABSI
- ❖ **Catheter-Associated Urinary Tract Infections (CAUTI) Data . . . . . 52**  
Ratios for CAUTI
- ❖ **Overall Surgical Site Infections (SSI) Data . . . . . 54**  
Composite ratios for all SSIs
- ❖ **Abdominal Hysterectomy Surgical Site Infections Data . . . . . 56**  
Ratios for Abdominal Hysterectomy SSIs
- ❖ **Knee Arthroplasty Surgical Site Infections Data . . . . . 58**  
Ratios for Knee Arthroplasty SSIs
- ❖ **Coronary Artery Bypass Graft (CABG) Surgical Site Infections Data . . . . 60**  
Ratios for CABG SSIs
- ❖ **Preventing Surgical Site Infections (SSI) . . . . . 61**  
Techniques to help prevent SSIs
- ❖ **Preventing Central Line-Associated Bloodstream Infections (CLABSI) . . . . . 62**  
Techniques to help prevent CLABSI
- ❖ **More About Catheter-Associated Urinary Tract Infections (CAUTI) and How to Prevent Them . . . . . 63**  
Information and techniques to help prevent CAUTI
- ❖ **Handwashing Helps Prevent Infections . . . . . 64**  
Techniques for proper handwashing

## Section 5:

### Consumer Information . . . . . 65

- ❖ **Taking an Active Role in Your Health Care . . . . . 66**  
Patient responsibilities for maintaining health and understanding treatment options
- ❖ **Patient Safety Tips for Surgery . . 68**  
Questions to ask before surgery
- ❖ **Finding a Doctor . . . . . 69**  
What to look for in a doctor and web sites to find one
- ❖ **Health Information and Referral . . . . . 70**  
Health care resources
- ❖ **Hospital Patients... Know Your Rights . . . . . 72**  
Patient rights in New Jersey
- ❖ **Avoid Being Readmitted to the Hospital . . . . . 74**  
Tips to prevent a return to the hospital
- ❖ **Hospital Quality Oversight . . . . . 76**  
Government regulatory supervision
- ❖ **Filing a Complaint . . . . . 77**  
How to file a hospital complaint
- ❖ **Quality Improvement Advisory Committee (QIAC) . . . . . 78**  
Advisory committee on this report

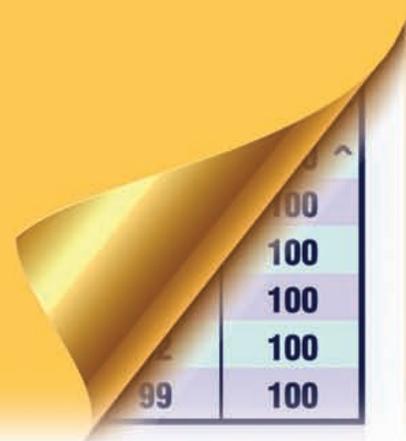
## Section 6:

### New Jersey General Acute Care Hospitals . . . . . 79

# Section 1

## Using This Report

- ❖ Hospital Quality and Using This Report
- ❖ Guidelines to Understanding the Different Measure Sets



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# Hospital Quality & Using This Report

**T**he New Jersey Hospital Performance Report was first created in 2004 to provide hospital quality information to patients, their families, and health care professionals. Since then, the report has been published annually. The information in this report is designed to help you choose a hospital and make other decisions about your healthcare.

Quality of care can have so many different meanings. In this report, quality of care is defined by using nationally recognized standards of care that are measurable.

This year's report is divided into six sections. This first section is an introduction to quality and how to use the report, followed by three sections that contain data and explanations showing how well each NJ hospital is doing in providing quality care to their patients. The last two sections of the report provide important consumer information and a list of NJ hospitals.

## What measures are in the report?

The three different types of measure sets in this report identify the success or failure of different aspects of quality hospital care.

### Recommended Care

The first set of measures is called **recommended care or process of care measures**. **Recommended care measures** show how each hospital treats eligible patients with four specific conditions: heart attack, pneumonia, heart failure and patients having surgery (also known as the surgical care improvement project, or SCIP). It examines the number of times a patient receives the correct care. Patients must receive the correct care in order to fully recover.

Recommended care measures were developed by the federal agency, Centers for Medicare and Medicaid (CMS), and the Joint Commission, an independent, not-for-profit organization, recognized nationwide as a sign of quality.

This year, there is one new measure for SCIP, **temperature management before, during and after surgery (the perioperative period)**.

The data for the recommended care in this report is for the year 2011. See pages 8-30 for the data and basic facts on **recommended care**.

### Patient Safety Indicators (PSIs)

The next data set in the report focuses on how well each hospital is providing safe patient care by looking at the number of medical errors per hospital that could have been avoided. These measures are called **patient safety indicators (PSIs)**. **PSIs** were developed nationally by the federal Agency for Healthcare Research and Quality (AHRQ), after extensive research and analysis.

The report includes 12 **PSIs** identified by New Jersey State legislation. The data for **PSIs** in this report is for the year 2011. See pages 38-42 for the **PSI** data and pages 34-37 for basic facts on **PSIs**.

### Healthcare-Associated Infections (HAIs)

The third data set in this report is on healthcare-associated infections (HAIs) in hospitals. HAIs are infections that patients get while staying in a hospital – infections they did not have before being admitted. Knowing the number and rate of infections at each hospital helps assess how well a hospital is doing in preventing HAIs.

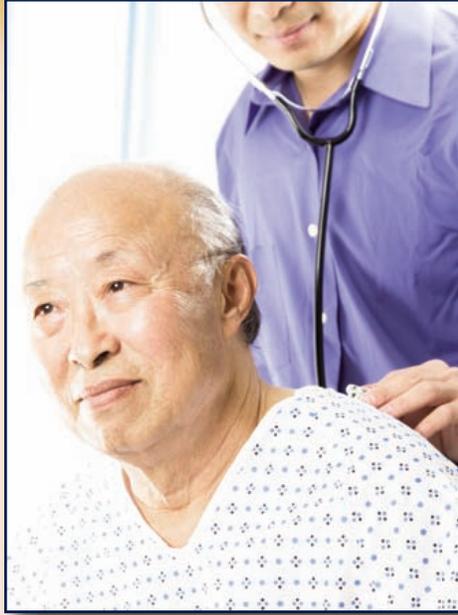
There are many different kinds of **HAIs**. This year, we have added one new **HAI** measure, **surgical site infection (SSI) after knee arthroplasty**. Since some of the **HAI** measures require an additional year of follow-up to get the results, there are



different dates for the year the data was collected. Data for the **CLABSI** and **CAUTI HAIs** are for the year 2011. Data for the **SSI HAIs**, **CABG surgery**, **abdominal hysterectomy** and the new measure, **knee arthroplasty** are for 2010 since they require a year to follow-up for the results.

HAI measures were developed at the federal level by the Centers for Disease Control and Prevention (CDC).

See pages 50-60 for the **HAI** data, pages 44-49 for understanding the **HAI** measures, and pages 61-64 for advise on preventing **HAIs**.



### Which hospitals are included?

All New Jersey general acute care hospitals are included, along with one specialty hospital that treats heart disease.

### If doctors make decisions on where a patient should get care, why should I look at hospital performance?

Many consumers want a doctor's recommendation on hospitals. A doctor must have privileges at a hospital to admit patients. Your doctor may admit patients to several hospitals.

Others who know the quality of a hospital may decide that they want a doctor who will recommend that particular hospital, if ever needed. These people focus on selecting a hospital first and then choose a doctor who is affiliated with that

particular hospital. (See Finding a Doctor, page 69). This report can help you focus on selecting a hospital by learning about some of the quality of care delivered by NJ hospitals.

If you are enrolled in a managed care plan, use this report to help review your hospital network. Managed care insurers usually offer several choices of hospitals in an area.

### Aren't all doctors and hospitals the same?

No. Hospitals differ in their specialties and expertise. Some are better equipped than others to handle different conditions and levels of care. Not all hospitals have state approval to perform certain services. Hospitals employ doctors with different specialties, expertise and abilities. These differences will influence the quality of care that you receive.

### Why should I care about quality?

Hospitals differ in how well they provide appropriate care to patients. The quality of the care provided by your doctor and hospital may influence your health.

### Why are there so many different measures in this report?

To determine a hospital's quality of care, it is important that you look at different aspects of care and from different angles. Individually, each measure used in this report captures only one aspect of care. It is important to consider many different measures to create a bigger picture of the quality of health care each hospital delivers.

### Can I use the information in this report to draw conclusions about New Jersey hospitals?

This report is not intended to be used alone. It is designed to provide important information to help you make informed decisions. Use this report along with other information in making decisions about hospitals.

### What should I do with the information from this report?

Ask your doctor questions. Be informed. Use this report to gather more information and make informed decisions about which hospital is most appropriate for your health care needs.

# Guidelines to Understanding the Different Measure Sets

This year's report includes three different measure sets with different ways of reading the results. The table below is intended to help you understand how to interpret the data.

Type of Measure	How to Read Data Tables	Explanation
<p><b>Recommended Care (Process of Care)</b></p> <p>See pages 7-30</p>	<p><b>Higher Score is Better</b></p>	<p>These measures are national benchmarks based on research showing that these actions are the best care for patients with the specific condition.</p> <p>You <i>want</i> this type of care; you <i>want</i> the scores to be high, showing hospitals are delivering the correct care.</p>
<p><b>Patient Safety Indicators (PSIs)</b></p> <p>See pages 31-42</p>	<p><b>Lower Rate is Better</b></p>	<p>These measures show how many patient safety errors occurred in each hospital that could have potentially been avoided.</p> <p>You <i>don't want</i> the rate to be high; you <i>want</i> it to be low, showing fewer errors.</p>
<p><b>Healthcare-Associated Infections (HAIs)</b></p> <p>See pages 43-64</p>	<p><b>Lower Ratio is Better</b></p>	<p>These measures show the number of infections acquired by patients while in the hospital.</p> <p>You <i>don't want</i> the ratio to be high; you <i>want</i> it to be low, showing fewer healthcare-associated infections.</p>



# Understanding & Using Recommended Care (Process of Care) Measures

**R**ecommended Care Measures show how often each hospital treats eligible patients with four common conditions: heart attack, pneumonia, heart failure and patients having surgery. These treatments have been scientifically proven at the national level by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission to get the

best results. Patients must receive the correct care in order to fully recover.

The data for the recommended care in this report is for the year 2011. **Higher scores are better.**

## How is the information for recommended care collected and validated?

The information is collected from hospitals' patient medical records. Each year, the Centers for Medicare and Medicaid Services (CMS) selects a sample of hospitals to review for consistency of their data. Based on this audit, New Jersey hospitals passed this review.

To learn more about the data collection methods and the CMS audit process, see the technical report at [www.nj.gov/health/hpr](http://www.nj.gov/health/hpr).

## What do the hospital scores mean?

**Recommended Care Measures** show how each hospital treats eligible patients with **heart attack, pneumonia, heart failure and patients having surgery** by looking at the number of times a patient received the correct care. This information is converted into a percentage. The score for each recommended care measure reflects the percentage of eligible patients who received the recommended treatment. For example, a score of 85% means that the hospital provided the recommended care for 85 out of 100 eligible patients.

**The goal for each hospital is to reach 100% so that all eligible patients receive the best care.** Patients who should not receive the treatments due to their specific conditions (contraindications) are

excluded from the measures. Please note that small differences in hospital scores are not significant and do not indicate real differences in hospital quality. It is better to look at larger differences.

**Each of the four conditions has an Overall Score.** An Overall Score is a summary of all the scores for the individual measures for each condition. The Overall Scores are shown on pages 10-11. Scores and descriptions for individual measures are provided on the pages 12-29.

**All recommended care tables include the Top 10% and Top 50% performers for each measure.** These scores help determine which hospitals are among the top 10% or 50% of NJ hospitals for the specific measure. If your hospital has a score that is equal to or greater than the score displayed at the top of the table, it is among the top 10% or 50% performers in NJ on that specific measure.

## Are all heart attack, pneumonia, heart failure and surgery patients from the year 2011 included in these figures?

No. Recommended care may not always be the best treatment for everyone. There may be specific reasons a patient should not receive a certain treatment. These are called contraindications. Patients who have contraindications, or should not receive the specific treatment, are not counted in the measures.



# Importance of These Measures

## Why Focus on Recommended Care for Heart Attack, Pneumonia, Surgical Care Improvement and Heart Failure?

Conditions	National Importance	Treatments Covered in This Report
<p><b>Heart Attack or Acute Myocardial Infarction (AMI)</b></p> <p>See pages 12-15</p>	<p>About 715,000 Americans suffer a heart attack annually. Of these, 525,000 are first heart attacks and 190,000 are recurrent. AMIs can lead to heart failure and death. Coronary heart disease, of which AMI is a type, is the most common form of heart disease and kills over 385,000 people annually.</p> <p><small>Roger VL, Go AS, Lloyd-Jones DM, et al. <a href="#">Heart disease and stroke statistics—2012 update: a report from the American Heart Association</a>. <i>Circulation</i>. 2012;125(1):e2–220.</small></p>	<ul style="list-style-type: none"> <li>• Aspirin at Arrival</li> <li>• Aspirin at Discharge</li> <li>• Beta Blocker at Discharge</li> <li>• ACE Inhibitor/ARB at Discharge</li> <li>• Smoking Cessation Advice</li> <li>• PCI Within 90 Minutes</li> </ul>
<p><b>Pneumonia</b></p> <p>See pages 16-19</p>	<p>With 1.1 million discharges from hospitals and 50,000 deaths annually, pneumonia is a major cause of death and one of the most common healthcare-associated infection in hospitals.</p> <p><small>CDC, <a href="http://www.cdc.gov/nchs/fastats/pneumonia.htm">http://www.cdc.gov/nchs/fastats/pneumonia.htm</a></small></p>	<ul style="list-style-type: none"> <li>• Pneumonia Vaccination</li> <li>• Influenza Vaccination</li> <li>• Antibiotic Timing</li> <li>• Antibiotic Selection</li> <li>• Blood Culture Before Initial Antibiotic</li> <li>• Smoking Cessation Advice</li> </ul>
<p><b>Surgical Care Improvement</b></p> <p>See pages 20-25</p>	<p><b>Surgical Care Infections</b> account for 17% of all healthcare-associated infections in hospitals and are the second most common type of medical error occurring in hospitalized patients. About 1 to 3 out of 100 surgical patients will get an infection.</p> <p><small>CDC, <a href="http://www.cdc.gov/HAI/pdfs/ssi/SSI_tagged.pdf">http://www.cdc.gov/HAI/pdfs/ssi/SSI_tagged.pdf</a></small></p> <p><b>Blood Clots</b> occur in 25% of all major surgical procedures and result in over 50,000 deaths annually and are the most common preventable cause of hospital deaths.</p> <p><b>Cardiac Complications</b> occur in 2-5% of patients having non-cardiac surgery and 34% of patients having vascular surgery.</p>	<ul style="list-style-type: none"> <li>• Preventive Antibiotic Started</li> <li>• Preventive Antibiotic Stopped</li> <li>• Appropriate Antibiotic Received</li> <li>• Safe Hair Removal</li> <li>• Urinary Catheter Removal</li> <li>• Perioperative Temperature Management</li> <li>• Treatment Preventing Blood Clots (VTE) Ordered</li> <li>• Treatment Preventing Blood Clots (VTE) Received</li> <li>• Beta Blocker Continued Before and After Surgery</li> <li>• Controlled Blood Sugar for Heart Surgery Patients</li> </ul>
<p><b>Heart Failure</b></p> <p>See pages 26-29</p>	<p>With 1 million hospital admissions per year, heart failure is the most common reason for admission for patients 65 and older. About 5.7 million people live with this condition, which is the primary cause of over 55,000 deaths annually and a factor in over 280,000 deaths.</p> <p><small>CDC, <a href="http://www.cdc.gov/dhds/data_statistics/fact_sheets/fs_heart_failure.htm">www.cdc.gov/dhds/data_statistics/fact_sheets/fs_heart_failure.htm</a></small></p>	<ul style="list-style-type: none"> <li>• Left Ventricular Systolic (LVS) Assessment</li> <li>• ACE Inhibitor/ARB at Discharge</li> <li>• Discharge Instructions</li> <li>• Smoking Cessation Advice</li> </ul>

# Overall Scores

## Heart Attack, Pneumonia, Surgical Care Improvement and Heart Failure

See footnotes at bottom of next page

Region/County	Hospital Name	Heart Attack %	Pneumonia %	Surgical Care Improvement %	Heart Failure %
<b>Top 10% of hospitals scored equal to or higher than†</b>		<b>100</b>	<b>100</b>	<b>99</b>	<b>100</b>
<b>Top 50% of hospitals scored equal to or higher than†</b>		<b>99</b>	<b>98</b>	<b>98</b>	<b>99</b>
<b>NORTHWEST</b>					
Sussex	Newton Medical Center	100	97	98	100
	St. Clare's Hospital-Sussex	100	100	100	97
Warren	Hackettstown Regional Medical Center	100	98	99	96
	St. Luke's Warren Hospital	100	99	99	98
<b>NORTHEAST</b>					
Bergen	Bergen Regional Medical Center	94	94	97	88
	Englewood Hospital and Medical Center	100	98	99	98
	Hackensack University Medical Center	99	96	97	98
	Holy Name Medical Center	100	99	99	100
	Valley Hospital	98	98	98	98
Essex	Clara Maass Medical Center	100	100	100	100
	East Orange General Hospital	100	99	95	97
	Mountainside Hospital	99	98	98	100
	Newark Beth Israel Medical Center	100	99	99	100
	Saint Barnabas Medical Center	100	100	99	100
	St. Michael's Medical Center	95	92	98	95
	UMDNJ-University Hospital	100	98	98	100
Hudson	Bayonne Medical Center	100	100	99	100
	Christ Hospital	99	96	97	96
	Hoboken University Medical Center	100	96	93	100
	Jersey City Medical Center	100	99	100	100
	Meadowlands Hospital Medical Center	97	94	96	96
	Palisades Medical Center of NY, PHS	99	100	97	99
	St. Michael's Medical Center	95	92	98	95
Morris	Chilton Memorial Hospital	99	98	98	97
	Morristown Memorial Hospital	98	94	98	97
	St. Clare's Hospital-Denville	99	99	99	98
	St. Clare's Hospital-Dover	98	99	99	99
	St. Joseph's Hospital and Medical Center	99	94	98	97
Passaic	St. Joseph's Wayne Hospital	99	94	97	92
	St. Mary's Hospital (Passaic)	98	99	98	97
	Overlook Medical Center	98	97	99	98
Union	RWJ University Hospital at Rahway	99	97	98	99
	Trinitas Regional Medical Center	98	97	98	95
	Hunterdon Medical Center	98	97	96	93
<b>CENTRAL</b>					
Hunterdon	Hunterdon Medical Center	98	97	96	93
Mercer	Capital Health Medical Center-Hopewell	100	97	99	100
	Capital Health Regional Medical Center	100	98	98	100
	RWJ University Hospital at Hamilton	97	97	98	96
	St. Francis Medical Center	100	99	99	100

The scores summarize the percent of time that a hospital provided the correct care for heart attacks, pneumonia, heart failure and surgical patients in 2011. The Overall

Score is a composite of the individual measures for each of the specific conditions. Hospitals are alphabetical by region and county. **Higher scores are better. The goal is 100%.**

Region/County	Hospital Name	Heart Attack %	Pneumonia %	Surgical Care Improvement %	Heart Failure %
<b>Top 10% of hospitals scored equal to or higher than†</b>		<b>100</b>	<b>100</b>	<b>99</b>	<b>100</b>
<b>Top 50% of hospitals scored equal to or higher than†</b>		<b>99</b>	<b>98</b>	<b>98</b>	<b>99</b>
<b>CENTRAL (continued)</b>					
Mercer	University Medical Center at Princeton	100	100	99	100
Middlesex	JFK Medical Center/Anthony M. Yelencics	98	98	97	96
	Raritan Bay Medical Center-Old Bridge	94	98	98	99
	Raritan Bay Medical Center-Perth Amboy	96	98	99	97
	Robert Wood Johnson University Hospital	100	97	98	99
	St. Peter's University Hospital	98	99	99	97
Monmouth	Bayshore Community Hospital	100	99	100	100
	CentraState Medical Center	99	98	98	98
	Jersey Shore University Medical Center	99	96	99	98
	Monmouth Medical Center	100	99	99	100
	Riverview Medical Center	99	99	97	100
Ocean	Community Medical Center	100	99	99	100
	Kimball Medical Center	100	100	99	99
	Ocean Medical Center	99	98	99	95
	Southern Ocean County Hospital	98	99	98	96
Somerset	Somerset Medical Center	98	97	98	98
<b>SOUTH</b>					
Atlantic	AtlantiCare Regional Medical Center-City	100	99	96	100
	AtlantiCare Regional Medical Center-Mainland	99	99	98	100
	Shore Medical Center	99	98	98	99
Burlington	Deborah Heart and Lung Center	100	92	98	100
	Lourdes Medical Center of Burlington County	98	94	95	99
	Virtua-Memorial Hospital Burlington County	98	99	99	96
	Virtua-West Jersey Hospital Marlton	98	99	99	96
Camden	Cooper Hospital/University Medical Center	100	98	99	100
	Kennedy Univ. Hospitals UMC-Cherry Hill	99	99	99	100
	Kennedy Univ. Hospitals UMC-Stratford	100	99	98	99
	Our Lady of Lourdes Medical Center	100	98	99	100
	Virtua-West Jersey Hospital Berlin	98	100	96	93
	Virtua-West Jersey Hospital Voorhees	99	99	99	99
Cape May	Cape Regional Medical Center	99	98	98	96
Cumberland	South Jersey Healthcare Regional Medical Center	99	98	97	100
Gloucester	Kennedy Univ. Hospitals UMC-Wash. Twp.	98	98	99	98
	Underwood-Memorial Hospital	99	99	97	100
Salem	Memorial Hospital of Salem County	100	96	99	100
	South Jersey Hospital-Elmer	100	96	97	100

Source: New Jersey Hospital Quality Data, 2011.

† These scores show which hospitals are among the top 10% or 50% of NJ hospitals for the specific measure. If your hospital has a score that is equal to or greater than the score displayed at the top, it is among the top 10% or 50% performers in NJ on the specific measure.

^ Hospital score for this measure is based on a small number of patients (less than 25). Interpret data with caution.

# Basic Facts on Treating Heart Attacks

## Recommended Care

**T**he scores on pages 14-15 show how well hospitals are providing care for eligible heart attack patients. A heart attack, or acute myocardial infarction (AMI), can occur if the arteries supplying blood to the heart become blocked, and the blood supply is slowed or stopped. The heart can't get the oxygen and nutrients it needs. The affected heart tissue may die.

Symptoms of a heart attack can include chest pain (crushing, squeezing or burning pain in the center of the chest which may radiate to the arm or jaw), shortness of breath, pain in the upper abdomen, dizziness, faintness, chills, sweating or nausea, and/or a feeling of impending doom. Skin may feel cold or clammy, and patients may appear gray and look ill. Additional or different

symptoms may occur for women. They can include heartburn, abdominal pain and/or unusual or unexplained fatigue. Sometimes there are no symptoms.

Patients at higher risk of experiencing complications to any of the recommended treatments are excluded from the scores for that particular treatment. These patients are said to have "contraindications" to the treatment.

The data for this report is for the year 2011.

**Remember: Higher percentages indicate better performance. The goal is to achieve 100%.**

## Aspirin at Arrival

- ❖ **This score tells you** the percent of heart attack patients who received aspirin within 24 hours before or after hospital arrival.
- ❖ **This information is important** because taking aspirin as soon as symptoms of a heart attack begin may reduce the severity of the attack. Aspirin can help prevent or dissolve existing blood clots. Continued use of aspirin may help reduce the risk of another heart attack.

## Aspirin at Discharge

- ❖ **This score tells you** the percent of heart attack patients prescribed aspirin at discharge from the hospital.
- ❖ **This information is important** because aspirin can help prevent or dissolve existing blood clots. Continued use of aspirin may help reduce the risk of another heart attack.

## Beta Blocker at Discharge

- ❖ **This score tells you** the percent of heart attack patients prescribed a beta blocker at discharge from the hospital.
- ❖ **This information is important** because beta blockers are medicines that lower blood pressure, treat chest pain (angina) and heart failure, and help prevent heart attacks. Beta blockers relieve the stress on the heart by slowing the heart rate and reducing the force with which the heart contracts to pump blood. They also help keep blood vessels throughout the body from constricting.



## ACE Inhibitor or ARB at Discharge

- ❖ **This score tells you** the percent of heart attack patients with left ventricular systolic dysfunction (LVSD) who were prescribed an angiotensin-converting enzyme (ACE) inhibitor or an angiotensin receptor blocker (ARB) at discharge from the hospital.
- ❖ **This information is important** because ACE inhibitors and ARBs are medicines that can help reduce the risk of death after a heart attack. Continued use may help prevent heart failure. ACE inhibitors and ARBs modify the effects of hormones (angiotensin II) that regulate blood pressure and influence the healing process of the heart. They are prescribed to lower blood pressure and thus lessen the workload of the heart.

## Smoking Cessation Advice

- ❖ **This score tells you** the percent of heart attack patients with a history of smoking cigarettes who received advice from the hospital before discharge on how to quit smoking.
- ❖ **This information is important** because smoking is linked to heart attacks. Quitting may help prevent another one.



National guidelines recommend that the sooner a patient receives a PCI after the onset of an AMI, the more effective it is, particularly with a patient who has an ST-elevation, which is a type of AMI.

To find out if a New Jersey hospital is licensed to perform PCI, refer to the table on the following pages. “NL” indicates that the hospital is not licensed to perform PCI. If a hospital has a score in the “PCI Within 90 Minutes” column, then the hospital is licensed to perform PCI.

## PCI Within 90 Minutes

- ❖ **This score tells you** the percent of heart attack patients who underwent angioplasty, or a Percutaneous Coronary Intervention (PCI), within 90 minutes after arrival at a hospital.
- ❖ **This information is important** because PCI is a procedure to open the blocked blood vessels, re-establishing the blood supply to the heart muscle. It involves inserting a catheter (a flexible tube) often through the leg. Increasingly, cardiologists choose to do a PCI instead of prescribing clot-dissolving medication. However, PCI is not available at every general hospital in New Jersey.

# Heart Attack Treatment Scores

## Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	Aspirin Arrival %	Aspirin Discharge %	Beta Blocker Discharge %	ACEI/ARB Discharge %	Smoking Cessation Advice %	PCI within 90 Minutes %
Top 10% of hospitals scored equal to or higher than†	100	100	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than†	99	100	100	100	100	100	94
AtlantiCare Regional Medical Center-City	100	100	100 ^	100 ^	100 ^	100 ^	NL
Bayonne Medical Center	100	100	100	100	100 ^	100 ^	100 ^
Bayshore Community Hospital	100	100	100	100	100 ^	100 ^	NL
Capital Health Regional Medical Center	100	100	100 ^	100 ^	100 ^	100 ^	NL
Capital Health Medical Center-Hopewell	100	100	100	100	100 ^	100	100 ^
Community Medical Center	100	100	100	100	100 ^	100	100
East Orange General Hospital	100	100	100	100	100 ^	100 ^	NL
Hackettstown Regional Medical Center	100	100	100 ^	100 ^	100 ^	NA	NL
Hoboken University Medical Center	100	100	100 ^	100 ^	100 ^	NA	NL
Kennedy Univ. Hospitals UMC-Stratford	100	100	100 ^	100 ^	100 ^	100 ^	NL
Memorial Hospital of Salem County	100	100 ^	100 ^	100 ^	NA	100 ^	NL
Newark Beth Israel Medical Center	100	100	100	100	100	100	100 ^
Newton Medical Center	100	100	100	100	100 ^	100 ^	NL
South Jersey Hospital-Elmer	100	100	100 ^	100 ^	100 ^	100 ^	NL
St. Clare's Hospital-Sussex	100	100 ^	100 ^	100 ^	100 ^	NA	NL
University Medical Center at Princeton	100	100	100	100	100 ^	100 ^	100
St. Luke's Warren Hospital	100	100	100 ^	100 ^	100 ^	100 ^	NL
Jersey City Medical Center	100	100	100	100	100	100	98
St. Francis Medical Center	100	100	100	100	100	100	93 ^
Clara Maass Medical Center	100	100	100	100	100	100	95 ^
Holy Name Medical Center	100	100	100	100	100	100	95 ^
Saint Barnabas Medical Center	100	100	100	100	100	100	100
UMDNJ-University Hospital	100	100	100	100	100	100	96 ^
Deborah Heart and Lung Center	100	99	99	100	100	100	100 ^
Robert Wood Johnson University Hospital	100	100	100	100	100	100	93
Monmouth Medical Center	100	100	100	100	100 ^	100 ^	93 ^
Cooper Hospital/University Medical Center	100	100	100	100	99	100	98
Kimball Medical Center	100	100	100	98	100 ^	100 ^	NL
Englewood Hospital and Medical Center	100	100	100	100	98	100	94 ^
Our Lady of Lourdes Medical Center	100	100	99	100	98	100	96
Chilton Memorial Hospital	99	100	100	99	100	100	97
Palisades Medical Center of NY, PHS	99	100	97	100	100 ^	100 ^	NL
Shore Medical Center	99	99	100	100	100 ^	100 ^	NL
RWJ University Hospital at Rahway	99	99	100	100	100 ^	100 ^	NL
Riverview Medical Center	99	100	100	100	100 ^	100	93
Mountainside Hospital	99	100	100	100	96	100 ^	93
Kennedy Univ. Hospitals UMC-Cherry Hill	99	98	100	100	100 ^	100 ^	NL
Underwood-Memorial Hospital	99	99	100	100	100 ^	100	94

The scores summarize the percent of time that a hospital gave patients the correct care for heart attacks in 2011. The Overall Score is a composite

of the six heart attack measures.

Higher scores are better. The goal is 100%.

Hospital Name	Overall Score %	Aspirin Arrival %	Aspirin Discharge %	Beta Blocker Discharge %	ACEI/ARB Discharge %	Smoking Cessation Advice %	PCI within 90 Minutes %
Top 10% of hospitals scored equal to or higher than†	100	100	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than†	99	100	100	100	100	100	94
Hackensack University Medical Center	99	100	100	100	99	100	86
AtlantiCare Regional Medical Center-Mainland	99	99	99	100	100	100	94
Jersey Shore University Medical Center	99	99	99	99	100	100	86
Virtua-West Jersey Hospital Voorhees	99	99	100	99	95 ^	100 ^	NL
South Jersey Healthcare Regional Medical Center	99	99	98	100	100 ^	100 ^	NL
CentraState Medical Center	99	100	100	95	100 ^	100 ^	NL
Christ Hospital	99	100	100	98	100 ^	100 ^	90 ^
St. Joseph's Hospital and Medical Center	99	100	99	99	97	100	94
Cape Regional Medical Center	99	97	100 ^	100 ^	100 ^	100 ^	NL
St. Joseph's Wayne Hospital	99	99	100	100	89 ^	100 ^	NL
St. Clare's Hospital-Denville	99	98	99	100	100 ^	100 ^	97
Ocean Medical Center	99	100	98	100	92 ^	100	89
Virtua-West Jersey Hospital Marlton	98	98	98	100	98	100	94
St. Peter's University Hospital	98	99	100	100	100 ^	100 ^	75 ^
Kennedy Univ. Hospitals UMC-Wash. Twp.	98	99	98	100	67 ^	100 ^	NL
Morristown Memorial Hospital	98	99	99	97	96	100	91
Lourdes Medical Center of Burlington County	98	100	100	97	67 ^	100 ^	NL
Southern Ocean County Hospital	98	100	96	96	100 ^	100 ^	NL
Virtua-West Jersey Hospital Berlin	98	100	97	97	100 ^	100 ^	NL
St. Mary's Hospital (Passaic)	98	100	100	99	100 ^	100	77 ^
St. Clare's Hospital-Dover	98	98	100	97	100 ^	100 ^	NL
JFK Medical Center/Anthony M. Yelensics	98	98	99	100	100 ^	100	87
Overlook Medical Center	98	99	98	100	93	100	89
Virtua-Memorial Hospital Burlington County	98	99	99	99	100	100	80
Valley Hospital	98	98	98	98	100	100	95
Hunterdon Medical Center	98	98	100	97	100 ^	95 ^	94
Somerset Medical Center	98	98	99	97	97	100	92
Trinitas Regional Medical Center	98	97	99	100	100 ^	100	82
RWJ University Hospital at Hamilton	97	96	100	100	96 ^	100 ^	87
Meadowlands Hospital Medical Center	97	100	93 ^	100 ^	50 ^	100 ^	NL
Raritan Bay Medical Center-Perth Amboy	96	98	96	97	100 ^	100	70
St. Michael's Medical Center	95	99	96	93	91	98	56 ^
Bergen Regional Medical Center	94	93 ^	88 ^	100 ^	100 ^	100 ^	NL
Raritan Bay Medical Center-Old Bridge	94	93	94	100	75 ^	100 ^	NL

Source: New Jersey Hospital Quality Data, 2011.

NA (Not Applicable) indicates that the hospital reported no cases for this measure.

NL (Not Licensed) indicates that the hospital was not licensed to perform PCI procedure in 2011.

† These scores show which hospitals are among the top 10% or 50% of NJ hospitals for the specific measure. If your hospital has a score that is equal to or greater than the score displayed at the top, it is among the top 10% or 50% performers in NJ on the specific measure.

^ Hospital score for this measure is based on a small number of patients (less than 25). Interpret data with caution.

# Basic Facts on Treating Pneumonia

## Recommended Care

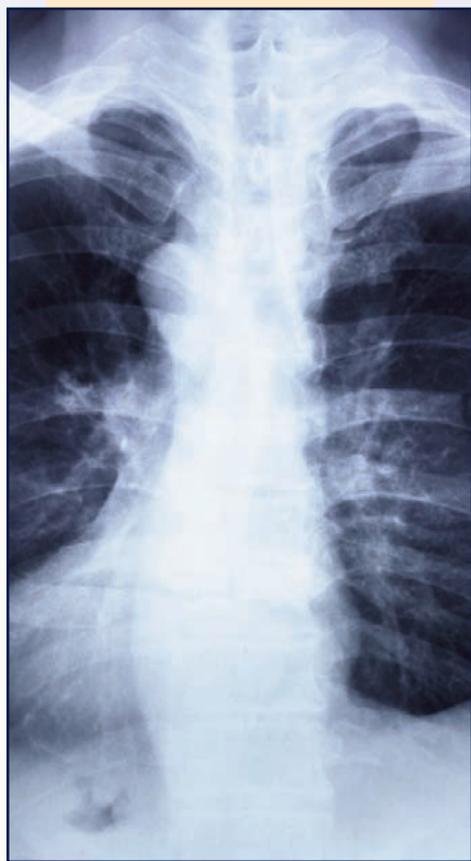
**T**he scores on pages 18-19 show how well hospitals are treating eligible pneumonia patients. Pneumonia is an inflammation of the lungs caused by an infection. Many different organisms can cause pneumonia, including bacteria, viruses and fungi.

Pneumonia can range from very mild to very severe, even fatal, depending on the type of organism causing it as well as the age and current health of the individual. Symptoms can include fever, fatigue, difficulty breathing, chills, “wet” cough and chest pain.

Patients at higher risk of experiencing complications to any of the recommended treatments are excluded from the scores for that particular treatment. These patients are said to have “contraindications” to the treatment.

The data in this report is for the year 2011.

**Remember: Higher percentages indicate better performance. The goal is to achieve 100%.**



## Pneumonia Vaccination

- ❖ **This score tells you** the percent of pneumonia patients 65 years of age and older who were assessed for and, if needed, given the pneumonia vaccine before discharge from the hospital.
- ❖ **This information is important** because a pneumonia vaccination may help prevent future bacterial pneumonia and lower the risk of complications.

## Influenza Vaccination

- ❖ **This score tells you** the percent of pneumonia patients 50 years of age and older who were assessed for and given, if needed, the influenza vaccine before discharge from the hospital during the flu season.
- ❖ **This information is important** because flu shots are highly effective in preventing influenza-related pneumonia, a serious and sometimes deadly lung infection that is highly contagious. Patients 50 years old and older are particularly vulnerable, and getting the flu shot during flu season helps protect them from another lung infection and prevent the spread of influenza.

## Antibiotic Timing

- ❖ **This score tells you** the percent of pneumonia patients who received an antibiotic within six hours of hospital arrival.
- ❖ **This information is important** because early antibiotic treatment can cure bacterial pneumonia quickly and reduce the possibility of complications.

However, not everyone agrees that hospitals should be striving to achieve 100% on this measure. Pneumonia can be difficult to diagnose quickly, and there is some concern that this measure provides hospitals an inappropriate incentive to use antibiotics for all potential pneumonia patients before making a firm diagnosis.

Overuse of antibiotics reduces quality of health care since it can result in bacterial resistance to these antibiotics.

## Antibiotic Selection

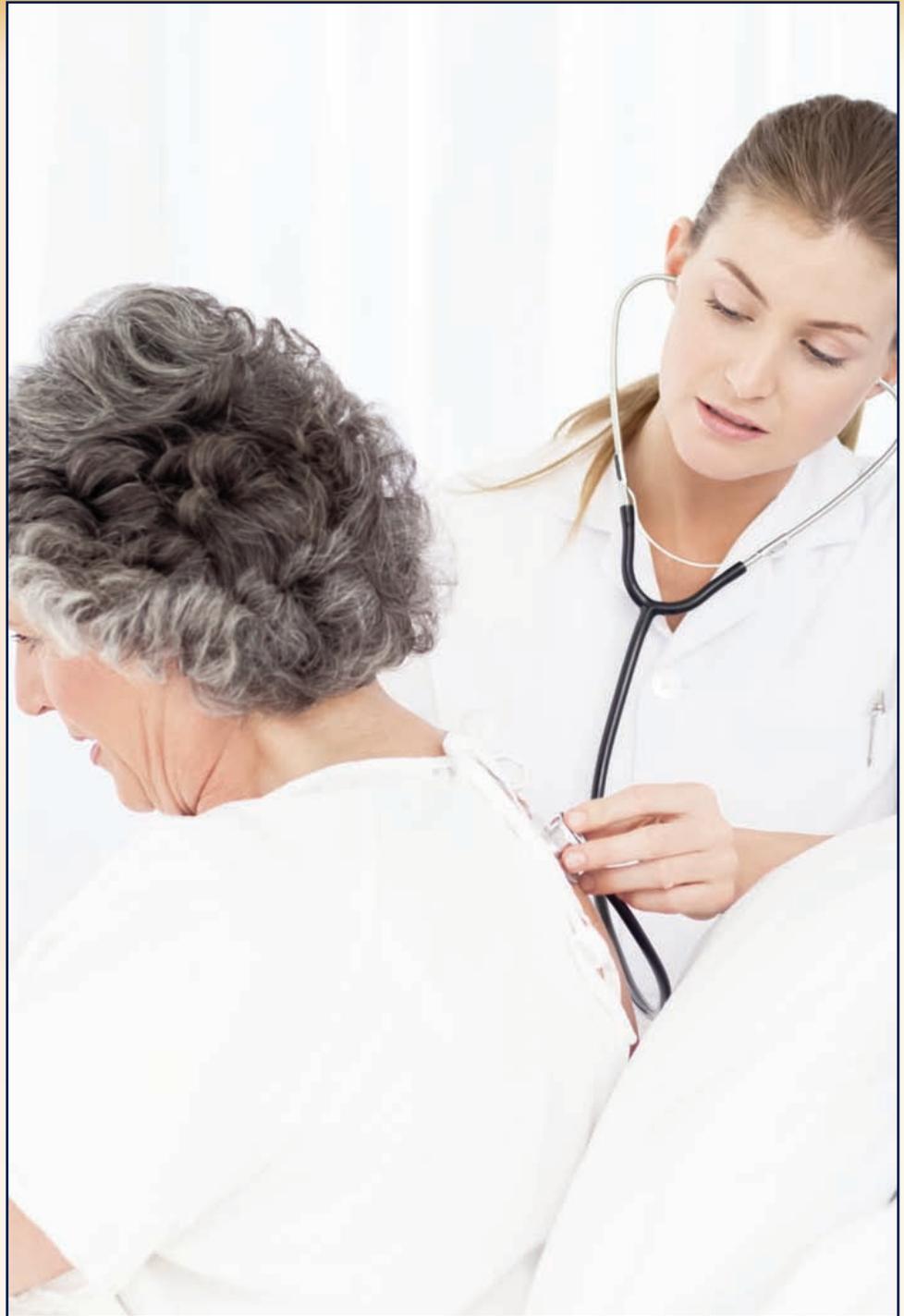
- ❖ **This score tells you** the percent of pneumonia patients who received the most appropriate initial antibiotic.
- ❖ **This information is important** because different antibiotics treat specific bacterial infections. The initial antibiotic selection should be the best treatment choice for that type of pneumonia.

## Blood Culture Before Initial Antibiotic in Emergency Department

- ❖ **This score tells you** the percent of pneumonia patients in the hospital who had their blood taken and cultured in the Emergency Department before receiving their first antibiotic.
- ❖ **This information is important** because a blood culture indicates which antibiotic will work best to treat that particular type of bacterial pneumonia.

## Smoking Cessation Advice

- ❖ **This score tells you** the percent of pneumonia patients with a history of smoking cigarettes who received advice before discharge from the hospital on how to quit smoking.
- ❖ **This information is important** because smoking may increase the severity of your pneumonia and make it more difficult to recover. Quitting may help improve your condition.



# Pneumonia Treatment Scores

## Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	Pneumonia Vaccination %	Influenza Vaccination <sup>S</sup> %	Antibiotic Timing %	Antibiotic Selection %	Blood Cultures %	Smoking Cessation Advice %
Top 10% of hospitals scored equal to or higher than <sup>f</sup>	100	100	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than <sup>f</sup>	98	99	98	98	97	99	100
Clara Maass Medical Center	100	100	100	100	100	100	100
Palisades Medical Center of NY, PHS	100	100	100	100	100	100	100 ^
University Medical Center at Princeton	100	100	99	100	100	100	100 ^
Kimball Medical Center	100	100	99	100	99	100	100
Saint Barnabas Medical Center	100	99	100	99	100	100	100
St. Clare's Hospital-Sussex	100	100	100	100	98	100	100 ^
Bayonne Medical Center	100	100	100	98	99	100	100
Virtua-West Jersey Hospital Berlin	100	100	100	100	97	100	100
St. Luke's Warren Hospital	99	98	100	100	99	100	100
Riverview Medical Center	99	100	100	99	98	99	100
Jersey City Medical Center	99	100	98	NA	100	99	100
Underwood-Memorial Hospital	99	99	99	100	99	99	100
Community Medical Center	99	100	100	99	97	100	100
Kennedy Univ. Hospitals UMC-Stratford	99	99	100	99	99	99	100
AtlantiCare Regional Medical Center-City	99	100	100	98	98	100	100
Virtua-West Jersey Hospital Marlton	99	100	100	99	97	100	100
Newark Beth Israel Medical Center	99	97	100	100	100	99	100
Virtua-West Jersey Hospital Voorhees	99	100	100	99	97	100	100
Holy Name Medical Center	99	100	100	98	98	100	100
St. Clare's Hospital-Dover	99	97	97	99	100	100	100
St. Mary's Hospital (Passaic)	99	99	98	99	98	99	100
St. Francis Medical Center	99	100	97	99	97	99	100
Bayshore Community Hospital	99	100	97	100	98	99	99
AtlantiCare Regional Medical Center-Mainland	99	100	100	99	95	99	100
Kennedy Univ. Hospitals UMC-Cherry Hill	99	99	98	100	96	99	100
Virtua-Memorial Hospital Burlington County	99	98	100	99	98	99	100
Southern Ocean County Hospital	99	100	100	97	98	98	100
St. Clare's Hospital-Denville	99	99	97	99	96	99	100
East Orange General Hospital	99	100	98	99	95	99	98
Monmouth Medical Center	99	97	96	100	97	99	100
St. Peter's University Hospital	99	98	99	98	98	100	100
Kennedy Univ. Hospitals UMC-Wash. Twp.	98	98	97	99	99	99	100
Shore Medical Center	98	99	100	98	96	98	100
Valley Hospital	98	99	99	99	95	98	100
Cape Regional Medical Center	98	99	98	99	98	97	100
Capital Health Regional Medical Center	98	100	98	96	97	99	100
Cooper Hospital/University Medical Center	98	96	92	100	100	100	100
Raritan Bay Medical Center-Perth Amboy	98	99	98	98	97	97	100

The scores summarize the percent of time that a hospital gave patients the correct care for pneumonia in 2011.

The Overall Score is a composite of the six pneumonia scores.

Higher scores are better. The goal is 100%..

Hospital Name	Overall Score %	Pneumonia Vaccination %	Influenza Vaccination <sup>§</sup> %	Antibiotic Timing %	Antibiotic Selection %	Blood Cultures %	Smoking Cessation Advice %
Top 10% of hospitals scored equal to or higher than†	100	100	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than†	98	99	98	98	97	99	100
Raritan Bay Medical Center-Old Bridge	98	99	97	96	99	99	100
South Jersey Healthcare Regional Medical Center	98	100	100	96	94	99	100
JFK Medical Center/Anthony M. Yelencics	98	97	95	99	97	99	100
Mountainside Hospital	98	97	97	97	100	99	100
Englewood Hospital and Medical Center	98	96	95	98	98	100	100
Chilton Memorial Hospital	98	98	99	96	98	97	100
Hackettstown Regional Medical Center	98	99	100	99	93	97	96
Ocean Medical Center	98	98	96	99	96	98	100 ^
CentraState Medical Center	98	99	98	98	97	95	100
Our Lady of Lourdes Medical Center	98	100	97	98	95	97	100
UMDNJ-University Hospital	98	94	92	97	99	99	100
Somerset Medical Center	97	98	95	99	98	96	100
Capital Health Medical Center-Hopewell	97	99	96	96	99	96	100
Robert Wood Johnson University Hospital	97	99	95	98	96	95	100
Trinitas Regional Medical Center	97	99	96	95	96	97	100
Newton Medical Center	97	98	98	97	93	96	100
Overlook Medical Center	97	99	97	98	91	97	100
RWJ University Hospital at Hamilton	97	95	96	98	95	98	99
RWJ University Hospital at Rahway	97	96	97	97	94	97	100
Hunterdon Medical Center	97	96	95	95	96	99	100
Memorial Hospital of Salem County	96	98	91	96	96	97	100
Hackensack University Medical Center	96	98	93	96	97	95	99
Jersey Shore University Medical Center	96	93	95	96	95	99	100
Hoboken University Medical Center	96	93	96	97	97	96	100 ^
South Jersey Hospital-Elmer	96	96	93	96	96	96	100
Christ Hospital	96	91	94	99	93	99	100
St. Joseph's Hospital and Medical Center	94	93	90	95	91	98	100
St. Joseph's Wayne Hospital	94	92	89	94	95	99	100
Meadowlands Hospital Medical Center	94	91	93	95	98	94	100 ^
Lourdes Medical Center of Burlington County	94	84	85	98	99	99	100
Morristown Memorial Hospital	94	90	88	97	93	97	100 ^
Bergen Regional Medical Center	94	89	89	96	96	98	93
Deborah Heart and Lung Center	92	98	93	25 ^	0 ^	NA	100
St. Michael's Medical Center	92	88	88	88	96	97	100

Source: New Jersey Hospital Quality Data, 2011.

NA (Not Applicable) indicates that the hospital reported no cases for this measure.

† These scores show which hospitals are among the top 10% or 50% of NJ hospitals for the specific measure. If your hospital has a score that is equal to or greater than the score displayed at the top, it is among the top 10% or 50% performers in NJ on the specific measure.

^ Hospital score for this measure is based on a small number of patients (less than 25). Interpret data with caution.

§ Influenza Vaccination includes information for January, February, October, November, and December 2012 discharges only.

# Basic Facts on Surgical Care Improvement

## Recommended Care

**T**he scores on pages 22-25 show how well hospitals are providing their surgery patients with care to prevent infections and blood clots. Hospitals can reduce the risk of wound infection after surgery by administering the proper medicines at the correct time on the same day of surgery. Signs of possible infection after surgery can include: a surgical wound that is red, hot and swollen; a fever of over 100 degrees following hospital discharge; a smelly or yellow/green fluid oozing out of the wound; or increased pain while taking pain medication.

The measures listed below represent the best practices for the prevention of infections and blood clots after selected surgeries

(e.g., colon surgery, hip and knee arthroplasty, abdominal and vaginal hysterectomy, cardiac surgery and vascular surgery). The data is for 2011.

Patients at higher risk of experiencing complications to any of the recommended treatments are excluded from the scores for that particular treatment. These patients are said to have “contraindications” to the treatment.

**Remember: Higher percentages indicate better performance. The goal is to achieve 100%.**

## Preventive Antibiotic Started 1 Hour Before Surgery

❖ **This score tells you** the percent of eligible patients who received prophylactic or preventive antibiotics within one hour prior to surgical incision.

❖ **This information is important** because surgery patients given antibiotics, medicines that prevent and treat infections, within the hour before their operation are less likely to get wound infections. Getting an antibiotic over an hour earlier or after surgery begins is not as effective.

## Preventive Antibiotic Stopped Within 24 Hours

❖ **This score tells you** the percent of eligible surgical patients whose prophylactic or preventive antibiotics were stopped within 24 hours after surgery ended (or 48 hours after Coronary Artery Bypass Graft or other cardiac surgery). Antibiotics are medicines that prevent and treat infections.

❖ **This information is important** because taking antibiotics for more than 24 hours after routine

surgery is usually not necessary and can increase the risk of side effects, such as stomach aches, serious types of diarrhea, and resistance to the antibiotic (the use of too much antibiotic can prevent them from being effective).

There are, however, exceptions. If the surgical site has been contaminated, there may be a need for additional antibiotics after 24 hours. Talk to your doctor to determine how long you should take antibiotics after surgery.

## Appropriate Antibiotic Received

❖ **This score tells you** the percent of surgery patients who received the appropriate preventive antibiotic(s) for their surgery in order to prevent a surgical wound infection.

❖ **This information is important** because certain antibiotics are recommended to help prevent wound infection for particular types of surgery. Hospitals can reduce the risk of wound infection after surgery by making sure the patient gets the right medication at the right time on the day of their surgery.

## Safe Hair Removal

❖ **This score tells you** the percent of surgery patients who had hair

removed from the surgical area before surgery, using a safer method than a razor, such as electric clippers or hair removal cream.

❖ **This information is important** because medical research has shown that shaving with a razor can increase the risk of infection. It is therefore safer to use electric clippers or hair removal cream.

## Urinary Catheter Removal

❖ **This score tells you** the percent of surgery patients who had a urinary catheter removed on the first or second day after surgery.

❖ **This information is important** because medical research has shown that the longer a catheter is in place, the greater the risk of the patient getting a urinary tract infection (UTI). This measure excludes patients who had a urological, gynecological or perineal procedure.

## Treatment Preventing Blood Clots (VTEs) Ordered

❖ **This score tells you** the percent of patients with certain types of surgeries whose doctors **ordered**

treatments to prevent blood clots, called venous thromboembolism (VTE) prophylaxis, anytime from hospital arrival to 48 hours after surgery has ended.

❖ **This information is important**

because venous thrombosis is a condition in which a blood clot (thrombus) forms in the vein, limiting blood flow, causing swelling, redness and pain. If the clot breaks off (embolus), it can lodge itself in the lungs, causing a pulmonary embolism, which can lead to death.

Doctors can order preventive treatments called prophylaxis to reduce the risk. These treatments may include blood thinning medications, elastic support stockings, or mechanical air stockings that promote blood circulation.



Doctors can order preventive treatments to reduce the risk. These treatments may include blood thinning medications, elastic support stockings, or mechanical air stockings that promote blood circulation.

**Treatment Preventing Blood Clots (VTEs) Received**

❖ **This score tells you** the percent of patients who **received** the appropriate treatment to prevent blood clots called venous thromboembolism (VTE) at the right time.

❖ **This information is important** because venous thrombosis is a condition in which blood clots (thrombus) form in the vein, usually in the leg, thigh or pelvis, and may limit blood flow, causing swelling, redness and pain. If the clot breaks off, it can lodge itself in the lungs, causing a pulmonary embolism, which can lead to death.

**Controlled Blood Sugar for Heart Surgery Patients**

❖ **This score tells you** the percent of all heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery.

❖ **This information is important** because all heart surgery patients get their blood sugar checked after surgery. Any patient who has high blood sugar after heart surgery has a greater chance of getting an infection.

**Beta Blocker Continued Before and After Surgery**

❖ **This score tells you** the percent of surgery patients who were taking heart drugs called beta blockers

before coming to the hospital and were kept on the beta blockers during the period just before and after their surgery.

❖ **This information is important** because when heart patients who take beta blockers suddenly stop taking them, they can experience heart problems. Although it is standard procedure to stop patients' medications before and after their surgery, staying on beta blockers before and after surgery makes it less likely problems will occur.

Beta blockers are medicines that lower blood pressure, treat chest pain (angina) and heart failure, and help prevent heart attacks.

**Perioperative Temperature Management**

❖ **This score tells you** the percent of patients who either had to be actively warmed in the operating room or whose body temperature was already normal within 30 minutes immediately before or 15 minutes immediately after anesthesia end time.

❖ **This information is important** because temperatures that fall below what is considered near normal, known as hypothermia, present a risk for all patients undergoing surgery. Hypothermia can increase the risk of developing adverse reactions, such as surgical infections, delayed wound closures, heart attacks, and mechanical ventilation, all of which lead to longer hospitalization.

# Surgical Care Improvement (SCIP) Scores

## Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	Preventive Antibiotic Started %	Preventive Antibiotic Stopped %	Appropriate Antibiotic Received %	VTE Prophylaxis Ordered %	VTE Prophylaxis Received %
Top 10% of hospitals scored equal to or higher than <sup>f</sup>	99	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than <sup>f</sup>	98	99	98	99	99	98
St. Clare's Hospital-Sussex	100	100 ^	100 ^	100 ^	100 ^	100 ^
Clara Maass Medical Center	100	100	100	100	100	100
Jersey City Medical Center	100	100	100	100	99	99
Bayshore Community Hospital	100	100	100	98	100	99
St. Luke's Warren Hospital	99	100	99	99	100	99
Newark Beth Israel Medical Center	99	100	99	99	100	100
Overlook Medical Center	99	100	99	98	99	99
Ocean Medical Center	99	100	96	99	100	100
Holy Name Medical Center	99	99	97	99	99	99
Kennedy Univ. Hospitals UMC-Cherry Hill	99	99	99	100	100	99
St. Clare's Hospital-Denville	99	99	100	99	99	98
University Medical Center at Princeton	99	99	99	98	99	99
Community Medical Center	99	100	98	100	100	100
Virtua-West Jersey Hospital Voorhees	99	100	99	99	99	99
Kennedy Univ. Hospitals UMC-Wash. Twp.	99	99	99	100	98	98
Monmouth Medical Center	99	100	99	98	100	98
Englewood Hospital and Medical Center	99	99	99	99	97	97
Virtua-West Jersey Hospital Marlton	99	98	98	99	99	98
Capital Health Medical Center-Hopewell	99	100	99	99	98	97
Cooper Hospital/University Medical Center	99	98	97	99	100	100
Saint Barnabas Medical Center	99	100	99	100	97	96
Hackettstown Regional Medical Center	99	98	97	99	99	99
St. Peter's University Hospital	99	100	97	98	99	98
Bayonne Medical Center	99	100	100	100	98	95
Jersey Shore University Medical Center	99	99	97	99	99	97
St. Clare's Hospital-Dover	99	98	97	100	99	98
St. Francis Medical Center	99	99	99	100	97	97
Kimball Medical Center	99	100	99	100	98	98
Virtua-Memorial Hospital Burlington County	99	98	98	99	100	99
Our Lady of Lourdes Medical Center	99	99	98	98	99	98
Raritan Bay Medical Center-Perth Amboy	99	99	100	100	98	97
Memorial Hospital of Salem County	99	99	99	98	97	96
Shore Medical Center	98	99	98	98	98	98
Robert Wood Johnson University Hospital	98	98	97	97	99	99
St. Mary's Hospital (Passaic)	98	99	97	98	99	98
AtlantiCare Regional Medical Center-Mainland	98	98	97	98	100	99
Valley Hospital	98	99	97	99	98	98
Southern Ocean County Hospital	98	99	95	99	99	97

The scores summarize the percent of time that a hospital gave patients the correct care for preventing infection in surgical patients in 2011. The Overall Score is a composite of the nine

surgical care improvement scores, excluding VTE Prophylaxis Ordered.

Higher Scores Are Better. The goal is 100%.

Hospital Name	Overall Score %	Preventive Antibiotic Started %	Preventive Antibiotic Stopped %	Appropriate Antibiotic Received %	VTE Prophylaxis Ordered %	VTE Prophylaxis Received %
Top 10% of hospitals scored equal to or higher than†	99	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than†	98	99	98	99	99	98
Capital Health Regional Medical Center	98	99	93	97	99	99
Kennedy Univ. Hospitals UMC-Stratford	98	99	99	98	100	98
Deborah Heart and Lung Center	98	99	96	100	100 ^	100 ^
St. Joseph's Hospital and Medical Center	98	98	96	98	97	95
Trinitas Regional Medical Center	98	100	98	95	99	98
Morristown Memorial Hospital	98	96	99	99	99	99
CentraState Medical Center	98	98	96	98	98	98
St. Michael's Medical Center	98	99	98	98	100	97
RWJ University Hospital at Rahway	98	99	100	99	99	97
Chilton Memorial Hospital	98	100	97	97	95	94
RWJ University Hospital at Hamilton	98	99	97	98	98	98
Somerset Medical Center	98	97	100	99	98	97
UMDNJ-University Hospital	98	97	99	94	97	96
Newton Medical Center	98	96	97	97	98	98
Mountainside Hospital	98	100	94	100	95	92
Cape Regional Medical Center	98	99	97	98	99	98
Raritan Bay Medical Center-Old Bridge	98	100	100	100	96	93
Christ Hospital	97	98	94	99	96	96
Riverview Medical Center	97	99	96	97	97	97
Underwood-Memorial Hospital	97	98	96	98	99	99
Palisades Medical Center of NY, PHS	97	98	97	95	100	100
South Jersey Healthcare Regional Medical Center	97	98	94	98	98	98
Hackensack University Medical Center	97	99	98	97	96	95
JFK Medical Center/Anthony M. Yelencics	97	98	96	99	98	97
Bergen Regional Medical Center	97	100	100	94	94	94
St. Joseph's Wayne Hospital	97	99	98	99	94	93
South Jersey Hospital-Elmer	97	97	94	97	96	96
Hunterdon Medical Center	96	97	100	98	93	92
Virtua-West Jersey Hospital Berlin	96	94 ^	100 ^	100 ^	95	95
AtlantiCare Regional Medical Center-City	96	99	95	91	96	95
Meadowlands Hospital Medical Center	96	100	88	94	87	88
East Orange General Hospital	95	98	93	95	97	97
Lourdes Medical Center of Burlington County	95	96	95	98	94	91
Hoboken University Medical Center	93	97	95	96	83	81

continued on next page

Source: New Jersey Hospital Quality Data, 2011.

† These scores show which hospitals are among the top 10% or 50% of NJ hospitals for the specific measure. If your hospital has a score that is equal to or greater than the score displayed at the top, it is among the top 10% or 50% performers in NJ on the specific measure.

NA (Not Applicable) indicates that the hospital reported no cases for this measure.

^ Hospital score for this measure is based on a small number of patients (less than 25). Interpret data with caution.

# Surgical Care Improvement (SCIP) Scores

## Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	Controlled Blood Sugar %	Safe Hair Removal %	Beta Blocker Continued %	Urinary Catheter Removal %	Temperature Management %
Top 10% of hospitals scored equal to or higher than†:	99	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than†:	98	96	100	98	96	100
St. Clare's Hospital-Sussex	100	NA	100 ^	100 ^	100 ^	100 ^
Clara Maass Medical Center	100	NA	100	99	100	100
Jersey City Medical Center	100	99	100	100	100	100
Bayshore Community Hospital	100	NA	100	98	100	100
St. Luke's Warren Hospital	99	NA	100	100	99	100
Newark Beth Israel Medical Center	99	95	100	100	100	100
Overlook Medical Center	99	NA	100	99	99	100
Ocean Medical Center	99	NA	100	99	99	100
Holy Name Medical Center	99	NA	100	100	100	100
Kennedy Univ. Hospitals UMC-Cherry Hill	99	NA	100	95	100	100
St. Clare's Hospital-Denville	99	NA	100	99	98	100
University Medical Center at Princeton	99	NA	100	100	99	99
Community Medical Center	99	NA	100	100	89	100
Virtua-West Jersey Hospital Voorhees	99	NA	100	98	96	100
Kennedy Univ. Hospitals UMC-Wash. Twp.	99	NA	100	96	97	100
Monmouth Medical Center	99	NA	100	98	99	100
Englewood Hospital and Medical Center	99	99	100	99	99	100
Virtua-West Jersey Hospital Marlton	99	NA	100	99	97	100
Capital Health Medical Center-Hopewell	99	NA	100	98	96	100
Cooper Hospital/University Medical Center	99	97	100	99	99	100
Saint Barnabas Medical Center	99	100	100	98	92	100
Hackettstown Regional Medical Center	99	NA	100	100	96	100
St. Peter's University Hospital	99	NA	100	95	97	100
Bayonne Medical Center	99	NA	100	100	100	99
Jersey Shore University Medical Center	99	99	100	98	98	100
St. Clare's Hospital-Dover	99	NA	100	95	100	99
St. Francis Medical Center	99	89	100	100	99	100
Kimball Medical Center	99	NA	100	100	90	100
Virtua-Memorial Hospital Burlington County	99	NA	100	99	95	100
Our Lady of Lourdes Medical Center	99	99	100	98	95	100
Raritan Bay Medical Center-Perth Amboy	99	NA	100	94	92	100
Memorial Hospital of Salem County	99	NA	100	96	96	100
Shore Medical Center	98	NA	100	96	96	99
Robert Wood Johnson University Hospital	98	95	100	98	98	100
St. Mary's Hospital (Passaic)	98	89	100	97	98	100
AtlantiCare Regional Medical Center-Mainland	98	97	100	98	96	100
Valley Hospital	98	97	100	94	98	100
Southern Ocean County Hospital	98	NA	98	97	99	100

The scores summarize the percent of time that a hospital gave patients the correct care for preventing infection in surgical patients in 2011. The Overall Score is a composite of the nine surgical care

improvement scores, excluding VTE Prophylaxis Ordered.

Higher scores are better. The goal is 100%.

Hospital Name	Overall Score %	Controlled Blood Sugar %	Safe Hair Removal %	Beta Blocker Continued %	Urinary Catheter Removal %	Temperature Management %
Top 10% of hospitals scored equal to or higher than†	99	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than†	98	96	100	98	96	100
Capital Health Regional Medical Center	98	NA	100	98	96	100
Kennedy Univ. Hospitals UMC-Stratford	98	NA	100	90	94	100
Deborah Heart and Lung Center	98	94	100	97	99	100
St. Joseph's Hospital and Medical Center	98	96	100	99	99	100
Trinitas Regional Medical Center	98	NA	100	100	90	100
Morristown Memorial Hospital	98	94	100	95	95	100
CentraState Medical Center	98	NA	100	95	93	100
St. Michael's Medical Center	98	95	99	98	94	99
RWJ University Hospital at Rahway	98	NA	100	97	84	100
Chilton Memorial Hospital	98	NA	100	98	95	100
RWJ University Hospital at Hamilton	98	NA	100	96	93	100
Somerset Medical Center	98	NA	99	97	84	100
UMDNJ-University Hospital	98	90	100	99	99	100
Newton Medical Center	98	NA	100	92	95	100
Mountainside Hospital	98	NA	100	97	96	100
Cape Regional Medical Center	98	NA	100	91	90	100
Raritan Bay Medical Center-Old Bridge	98	NA	100	93	91	100
Christ Hospital	97	NA	100	90	93	99
Riverview Medical Center	97	NA	100	98	86	100
Underwood-Memorial Hospital	97	NA	100	90	83	99
Palisades Medical Center of NY, PHS	97	NA	100	97	80	100
South Jersey Healthcare Regional Medical Center	97	NA	99	90	92	99
Hackensack University Medical Center	97	91	100	93	95	97
JFK Medical Center/Anthony M. Yelensics	97	NA	98	92	85	98
Bergen Regional Medical Center	97	NA	100	100 ^	87	100
St. Joseph's Wayne Hospital	97	NA	100	94	88	100
South Jersey Hospital-Elmer	97	NA	99	92	93	100
Hunterdon Medical Center	96	NA	100	94	78	99
Virtua-West Jersey Hospital Berlin	96	NA	100	100 ^	81	100
AtlantiCare Regional Medical Center-City	96	100 ^	100	96	83	99
Meadowlands Hospital Medical Center	96	NA	100	95 ^	100 ^	99
East Orange General Hospital	95	NA	100	76	77	100
Lourdes Medical Center of Burlington County	95	NA	100	85	82	98
Hoboken University Medical Center	93	NA	100	81	84	98

Source: New Jersey Hospital Quality Data, 2011.

† These scores show which hospitals are among the top 10% or 50% of NJ hospitals for the specific measure. If your hospital has a score that is equal to or greater than the score displayed at the top, it is among the top 10% or 50% performers in NJ on the specific measure.

NA (Not Applicable) indicates that the hospital reported no cases for this measure.

^ Hospital score for this measure is based on a small number of patients (less than 25). Interpret data with caution.

# Basic Facts on Treating Heart Failure

## Recommended Care

**T**he scores on pages 28-29 show how well hospitals are providing care for eligible heart failure patients. Heart failure is a weakening of your heart's muscle that reduces its pumping power. Your body doesn't get the oxygen and nutrients it needs. Your heart tries to pump more blood, but over time, the heart muscle walls weaken.

Symptoms of heart failure can include shortness of breath from fluid in the lungs, dizziness, fatigue, weakness, cold and clammy skin, or rapid and irregular heartbeat. Heart failure can result from coronary artery disease, heart attack, cardiomyopathy (heart muscle damage from infection, alcohol or drugs), or an

overworked heart (caused by high blood pressure, kidney disease, diabetes, or a defect from birth).

Patients at higher risk of experiencing complications to any of the recommended treatments are excluded from the scores for that particular treatment. These patients are said to have "contraindications" to the treatment.

The data in this report is for the year 2011.

**Remember: Higher percentages indicate better performance. The goal is to achieve 100%.**



## Left Ventricular Systolic (LVS) Function Assessment

❖ **This score tells you** the percent of heart failure patients who had their LVS function evaluated before hospital arrival, during hospitalization, or had a test planned following discharge.

❖ **This information is important** because an assessment of your heart's left side, the main pumping chamber, is needed to determine how well your heart is pumping. Results help determine appropriate treatment.

## ACE Inhibitor or ARB at Discharge

❖ **This score tells you** the percent of heart failure patients with left ventricular systolic dysfunction (LVSD) prescribed an angiotensin converting enzyme (ACE) inhibitor or an angiotensin receptor blocker (ARB) at discharge from the hospital.

❖ **This information is important** because ACE inhibitors and ARBs are medicines that modify the effects of hormones that regulate blood pressure and influence the healing process of the heart. Since these two drugs work differently, your doctor will decide which drug is most appropriate for you.

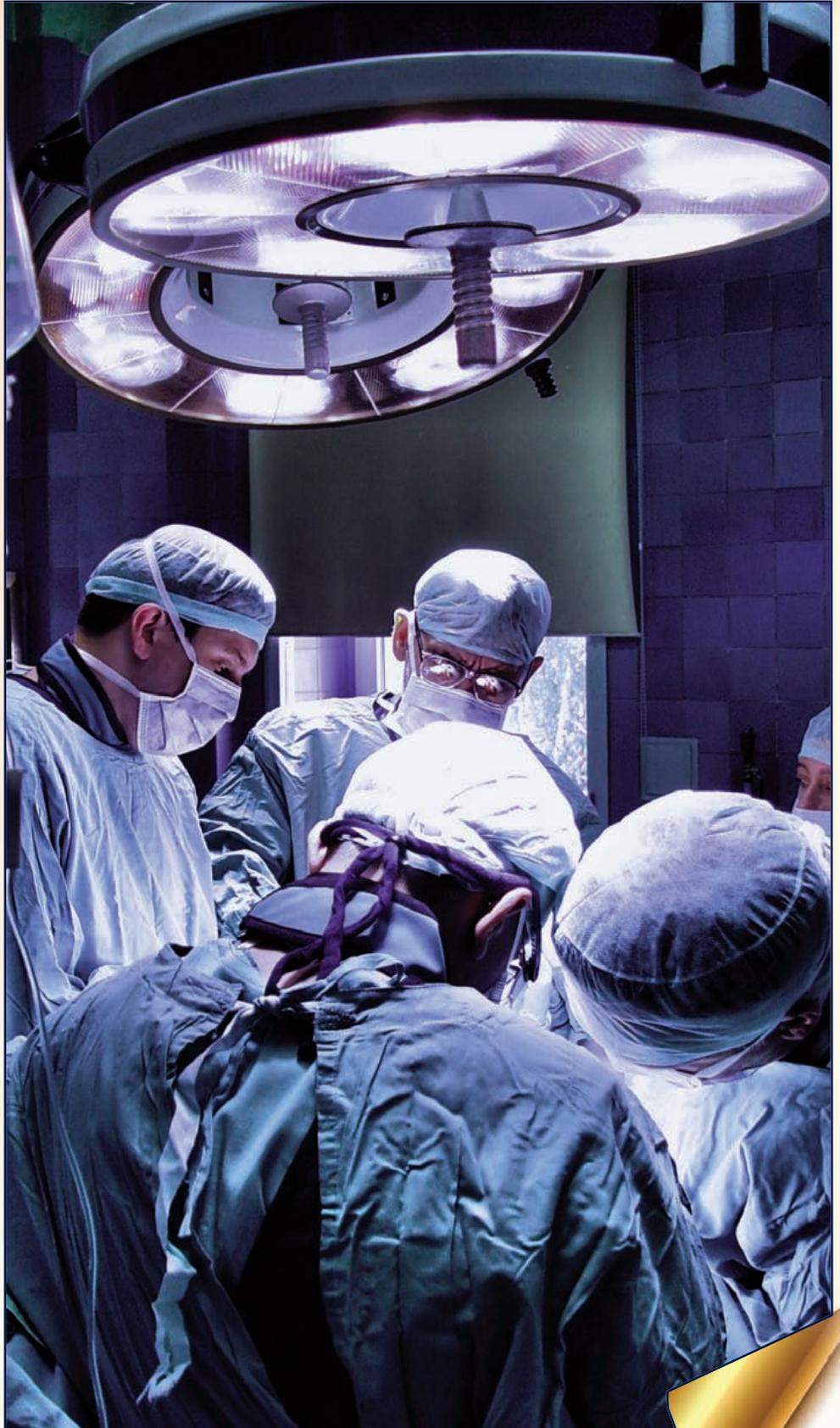
## Discharge Instructions

❖ **This score tells you** the percent of patients who received written instructions or educational material at hospital discharge addressing: activity level, diet, discharge medications, follow-up appointment, weight monitoring, and instructions if symptoms worsen.

❖ **This information is important** because heart failure is a chronic condition which must be managed closely to prevent repeat hospitalizations and further damage to the heart and other organs.

## Smoking Cessation Advice

- ❖ **This score tells you** the percent of heart failure patients with a history of smoking cigarettes who received advice on how to quit smoking before hospital discharge.
- ❖ **This information is important** because smoking increases your risk for developing blood clots and further heart disease, which can lead to heart attacks, heart failure or stroke. Smoking causes blood vessels to thicken making it harder for blood to flow to the heart.



# Heart Failure Treatment Scores

## Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	LVS Assessment %	ACEI/ARB Discharge %	Discharge Instructions %	Smoking Cessation Advice %
Top 10% of hospitals scored equal to or higher than <sup>f</sup>	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than <sup>f</sup>	99	100	99	98	100
AtlantiCare Regional Medical Center-City	100	100	100	100	100
Bayonne Medical Center	100	100	100	100	100
Bayshore Community Hospital	100	100	100	100	100 ^
Clara Maass Medical Center	100	100	100	100	100
Deborah Heart and Lung Center	100	100	100	100	100
Holy Name Medical Center	100	100	100	100	100
Jersey City Medical Center	100	100	100	100	100
Memorial Hospital of Salem County	100	100	100	100	100
Newark Beth Israel Medical Center	100	100	100	100	100
Newton Medical Center	100	100	100	100	100
Riverview Medical Center	100	100	100	100	100
Saint Barnabas Medical Center	100	100	100	100	100
South Jersey Hospital-Elmer	100	100	100	100	100 ^
UMDNJ-University Hospital	100	100	100	100	100
University Medical Center at Princeton	100	100	100	100	100 ^
Underwood-Memorial Hospital	100	100	100	100	100
AtlantiCare Regional Medical Center-Mainland	100	100	99	100	100
Community Medical Center	100	100	99	100	100
St. Francis Medical Center	100	100	100	100	100
Hoboken University Medical Center	100	99	100	100	100 ^
Kennedy Univ. Hospitals UMC-Cherry Hill	100	100	97	100	100 ^
Cooper Hospital/University Medical Center	100	100	99	100	100
Mountainside Hospital	100	100	100	99	100
Monmouth Medical Center	100	100	98	99	100
Our Lady of Lourdes Medical Center	100	100	99	99	100
Capital Health Medical Center-Hopewell	100	100	99	99	100
South Jersey Healthcare Regional Medical Center	100	99	99	100	100
Capital Health Regional Medical Center	100	100	100	98	100
St. Clare's Hospital-Dover	99	99	100	99	100 ^
Palisades Medical Center of NY, PHS	99	99	100	100	100 ^
Kennedy Univ. Hospitals UMC-Stratford	99	100	98	99	100
Kimball Medical Center	99	100	100	98	100
Raritan Bay Medical Center-Old Bridge	99	100	97	99	100 ^
Robert Wood Johnson University Hospital	99	100	98	99	99
Virtua-West Jersey Hospital Voorhees	99	100	100	97	100 ^
Lourdes Medical Center of Burlington County	99	98	97	100	100
Shore Medical Center	99	100	100	96	100
RWJ University Hospital at Rahway	99	100	100	96	100

The scores summarize the percent of time that a hospital gave patients the correct care for heart failure in 2011. The Overall Score is a

composite of the four heart failure scores.

Higher scores are better. The goal is 100%.

Hospital Name	Overall Score %	LVS Assessment %	ACEI/ARB Discharge %	Discharge Instructions %	Smoking Cessation Advice %
<b>Top 10% of hospitals scored equal to or higher than†</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>
<b>Top 50% of hospitals scored equal to or higher than†</b>	<b>99</b>	<b>100</b>	<b>99</b>	<b>98</b>	<b>100</b>
Jersey Shore University Medical Center	98	100	100	95	100
Overlook Medical Center	98	100	96	98	94
Somerset Medical Center	98	99	97	98	100
CentraState Medical Center	98	100	99	95	100 ^
Valley Hospital	98	100	100	96	100 ^
Kennedy Univ. Hospitals UMC-Wash. Twp.	98	100	96	96	100
Englewood Hospital and Medical Center	98	100	99	96	100
St. Luke's Warren Hospital	98	100	98	95	100 ^
Hackensack University Medical Center	98	100	96	96	100
St. Clare's Hospital-Denville	98	99	97	95	100 ^
Raritan Bay Medical Center-Perth Amboy	97	98	96	98	100
East Orange General Hospital	97	99	100	94	98
St. Joseph's Hospital and Medical Center	97	99	97	95	100
St. Clare's Hospital-Sussex	97	98	92 ^	98	100 ^
Morristown Memorial Hospital	97	99	94	96	100
Chilton Memorial Hospital	97	100	99	91	100 ^
St. Peter's University Hospital	97	100	100	92	100
St. Mary's Hospital (Passaic)	97	100	97	92	100
Hackettstown Regional Medical Center	96	100	100	90	100 ^
RWJ University Hospital at Hamilton	96	100	96	91	100
Virtua-Memorial Hospital Burlington County	96	100	99	89	100
Southern Ocean County Hospital	96	100	91	92	100
Meadowlands Hospital Medical Center	96	92	100	99	100 ^
JFK Medical Center/Anthony M. Yelensics	96	100	97	88	100
Cape Regional Medical Center	96	100	98	89	100
Virtua-West Jersey Hospital Marlton	96	100	100	87	100
Christ Hospital	96	99	98	89	100
Ocean Medical Center	95	99	94	89	100 ^
Trinitas Regional Medical Center	95	99	97	89	100
St. Michael's Medical Center	95	99	91	90	100
Hunterdon Medical Center	93	99	81	89	100 ^
Virtua-West Jersey Hospital Berlin	93	100	100	79	100
St. Joseph's Wayne Hospital	92	98	87	85	100 ^
Bergen Regional Medical Center	88	100	100 ^	42 ^	100 ^

Source: New Jersey Hospital Quality Data, 2011.

† These scores show which hospitals are among the top 10% or 50% of NJ hospitals for the specific measure. If your hospital has a score that is equal to or greater than the score displayed at the top, it is among the top 10% or 50% performers in NJ on the specific measure.

^ Hospital score for this measure is based on a small number of patients (less than 25). Interpret data with caution.

# New Jersey's Statewide Scores Compared to National Scores

## Recommended Care

The table below compares statewide scores to national scores for Recommended Care Measures. New Jersey scores for the 26 recommended care measures are the same as in the tables on the previous pages, which are based on data collected from hospital medical records for 2011. The

National Scores are from the Centers for Medicare and Medicaid Services (CMS) for the same year and from the same database.

**Remember: Higher scores are better and the goal is 100%.**

For 2011, New Jersey performed better than the national average on most recommended care quality measures. Of the 26 recommended care measures, New Jersey hospital performance exceeded national scores on 17 measures and was equal to

national norms on eight measures. New Jersey fell below national scores for one measure, PCI Within 90 Minutes.

Most statewide scores have reached close to the 100% goal. This means better care for all NJ patients.

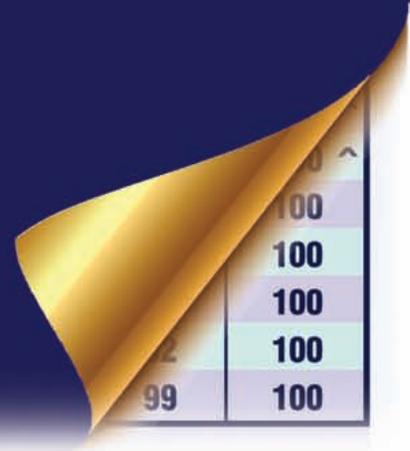
To see how New Jersey hospitals have improved since 2003, refer to [www.nj.gov/health/hpr](http://www.nj.gov/health/hpr), for both the **Recommended Care Technical Report** and the table for **Overall Improvement Scores**.

Condition	Quality Measure	New Jersey	National
Heart Attack	Aspirin at Arrival	99	99
	Aspirin at Discharge	99	99
	Beta Blocker at Discharge	99	99
	ACEI / ARB at Discharge	98	97
	Smoking Cessation Advice	100	100
	PCI within 90 Minutes	91	94
Pneumonia	Pneumococcal Vaccination	98	96
	Influenza Vaccination	97	95
	Antibiotic Timing	97	95
	Antibiotic Selection	97	95
	Blood Cultures	98	97
	Smoking Cessation Advice	100	99
Heart Failure	LVS Assessment	100	99
	ACEI / ARB at Discharge	98	97
	Discharge Instructions	96	93
	Smoking Cessation Advice	100	99
Surgical Care Improvement	Preventive Antibiotic Started	99	98
	Preventive Antibiotic Stopped	98	97
	Appropriate Antibiotic Received	98	98
	VTE Prophylaxis Ordered	98	97
	VTE Prophylaxis Received	98	98
	Controlled Blood Sugar	96	95
	Safe Hair Removal	100	100
	Beta Blocker Continued	97	96
	Urinary Catheter Removal	95	94
	Temperature Management	100	100

## Section 3:

### Patient Safety Indicators (PSIs)

- ❖ Understanding and Using Patient Safety Indicators (PSIs)
- ❖ Basic Facts on Patient Safety Indicators
- ❖ Patient Safety Indicator Rates
- ❖ Statewide PSI Rates Compared to National Rates



	100
	100
	100
	100
2	100
99	100

# Understanding & Using Patient Safety Indicators (PSIs)

**E**ven in the best hospitals, some patients will experience complications either after an operation or as a result of other care. This section of the report shows how well each hospital is providing safe patient care by examining the number of medical errors or “adverse events” that occur during surgeries, medical procedures, and child birth. These measures of occurrence of adverse events or serious medical errors among hospitalized patients are called **Patient Safety Indicators (PSIs)**.

In 2009, the New Jersey legislature enacted the **Patient Safety Act** (P.L. 2009, C. 122) requiring that the Department include hospital-specific data on patient-safety performance and serious medical errors in the annual New Jersey Hospital Performance Report. Evidence shows that most of the adverse events classified under each **PSI** are potentially preventable. This section of the report focuses on the **12 PSIs** mandated for public reporting.

**PSIs** differ from the way the recommended care measures are calculated. Unlike the recommended care measures, **a lower rate in PSIs indicates better performance by a hospital. With PSIs, lower rates mean fewer medical errors or adverse events.** In addition, the numbers on the **PSI** tables on pages 38-41 are not scores or simple percentages, as used with the recommended care measures; they are either rates or actual volume of medical errors.

**PSIs** were developed at the national level by the Agency for Healthcare Research and Quality (AHRQ) after years of research and analysis. AHRQ developed the **PSIs** to help hospitals identify potentially preventable adverse events or serious medical errors. When an adverse event is identified, hospitals can put corrective systems in place to prevent the error from recurring. The Centers for Medicare and Medicaid Services (CMS) lists some of these errors as “never events.”

## How is the data collected?

The data comes from the New Jersey hospital discharge database also known as the Uniform Bill (UB) data. Hospitals submit these data to the State. The data used for this analysis are from 2011.

## What do the rates mean?

The **PSIs** tables on pages 38-41 show the occurrence of medical errors or adverse events in each of the 72 licensed hospitals in New Jersey. Each **PSI** measure shows the extent to which patients experience a particular problem during their hospital stay. A rate is expressed as the number of complications or medical errors per 1,000 eligible hospital discharges.

For example, suppose a hospital had 1,000 obstetric patients who had vaginal deliveries without the assistance of an instrument. Suppose 43 out of these 1,000 patients experienced trauma during delivery. Then, the rate of occurrence of trauma at this hospital for that type of patient (obstetric patient who had a vaginal delivery

without an instrument) would be 43 per every 1,000 patients or 4.3% (4.3 out of 100).

**For PSIs, lower numbers mean fewer medical errors/adverse events. This is different from the recommended care measures, where higher numbers mean better performance.**

## How are the rates calculated?

Hospitals that treat sicker or older patients may be unfairly compared to other hospitals with healthier patients. It is very important to make adjustments for such differences, so that hospitals may be compared fairly. The **PSIs** rates in this report were calculated by applying the **AHRQ PSIs** Software (Version 4.4) to the 2011 hospital discharge (UB) data. The software is known for its strength in performing “risk-adjustment.”

Risk-adjustment is a statistical method that takes into account different patient characteristics (e.g., age, sex, comorbidities, severity of illness, etc.) while calculating a rate.

For example, if a patient has a pre-existing chronic illness before entering the hospital, this condition may increase the likelihood or risk of that patient acquiring a complication and perhaps not surviving the procedure or treatment. Advanced age is another example of a characteristic that may increase the risk of experiencing complications.

Since 2008, hospitals have been reporting data on Present on Admission (POA) for each patient on their UB forms. Patients may have other illnesses and conditions (comorbidities) upon admission in addition to the health problem for which they were admitted. It is often difficult to separate these pre-existing conditions from new health problems acquired during hospitalization. The POA indicator identifies these pre-existing conditions and those that occur during the hospital stay. This way, patients with the POA can be excluded from the rate calculation, when appropriate, so that performance comparison remains fair and balanced.

A technical report containing additional details such as the total number of adverse events, the total number of eligible discharges, observed and expected adverse event rates and the 95% confidence intervals for the risk-adjusted rates (when applicable) is available at: [www.nj.gov/health/hpr](http://www.nj.gov/health/hpr).

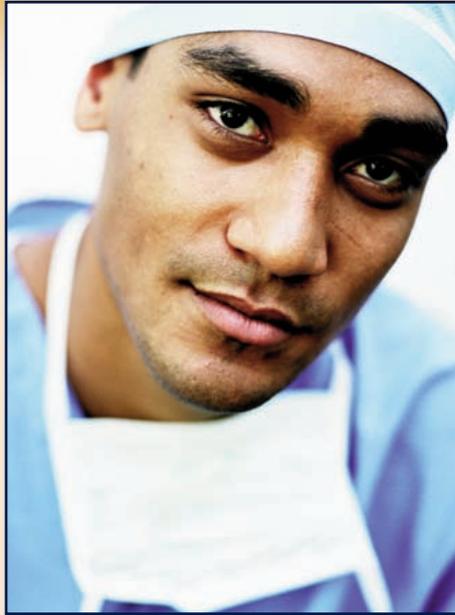
### How do I read the table?

The footnote labels, "better than statewide average" and "worse than statewide average," shown at the bottom of the tables on pages 38-41 describe the interpretation of the **PSI** rates in basic terms. These labels help identify hospitals that have better than average, average, or worse than average performances compared to the statewide performance, which is shown on the top row of the table and labeled "Statewide Rate." Confidence Intervals are used to identify those hospitals that have 'worse than average' or 'better than average' complication rates when compared to the statewide average.

When a hospital's rate is marked by a single asterisk (\*), it means the hospital's performance is better than the statewide average, meaning fewer adverse events than the statewide rate.

When a hospital's rate is marked by double asterisks (\*\*), it means the hospital's performance is worse than the statewide average, meaning more adverse events than the statewide rate.

When a hospital's rate is not marked by an asterisk, it means the hospital's performance is the same as or similar to the statewide rate.



Hospital rates are determined after adjusting for the risk factors of their patients. A hospital's rate is 'worse than average' if its 95% confidence interval falls completely above the statewide rate. By comparison, a hospital's rate is 'better than average' if its 95% confidence interval falls completely below the statewide rate.

Some rates that appear large are not marked as 'worse than average' while others that appear small are not marked as 'better than average.' The reason for such cases may be that rates calculated from small numbers of events tend to have wider confidence intervals that make the statewide rate fall within the interval, giving the appearance of good performance by that hospital compared to a hospital whose rate is based on higher volume (large number) of events.

Information on confidence intervals is not shown in the tables on pages 38-41 but is included in the calculations and can be found in the technical report at:

[www.nj.gov/health/hpr](http://www.nj.gov/health/hpr).

### Can I use PSIs to draw conclusions about patient safety in NJ hospitals?

Performance on a single **PSI** measure cannot reliably indicate actual quality differences among hospitals. Examining the results of all the **12 PSIs** together will produce a more complete picture of overall quality of care.

Even then, **PSIs** are not intended as definitive quality measures and cannot provide a complete picture of quality performance in a hospital. However, evidence has shown that these patient safety measures do show differences in hospital performance. Specifically, they measure differences in the hospitals' ability to reduce severe and potentially preventable complications and adverse events.

**Remember: Lower rates are better and mean the hospital has fewer adverse events than the statewide average rate.**

# Basic Facts About Patient Safety Indicators (PSIs)

**T**his section presents brief descriptions of each of the 12 Patient Safety Indicators covered in this report and why it is important to report them publicly. Most of these adverse events are considered potentially preventable

(i.e., with good care, hospitals can prevent most of these adverse events).

**Lower rates are better and mean fewer medical errors.**

## Foreign Body Left in During Procedure:

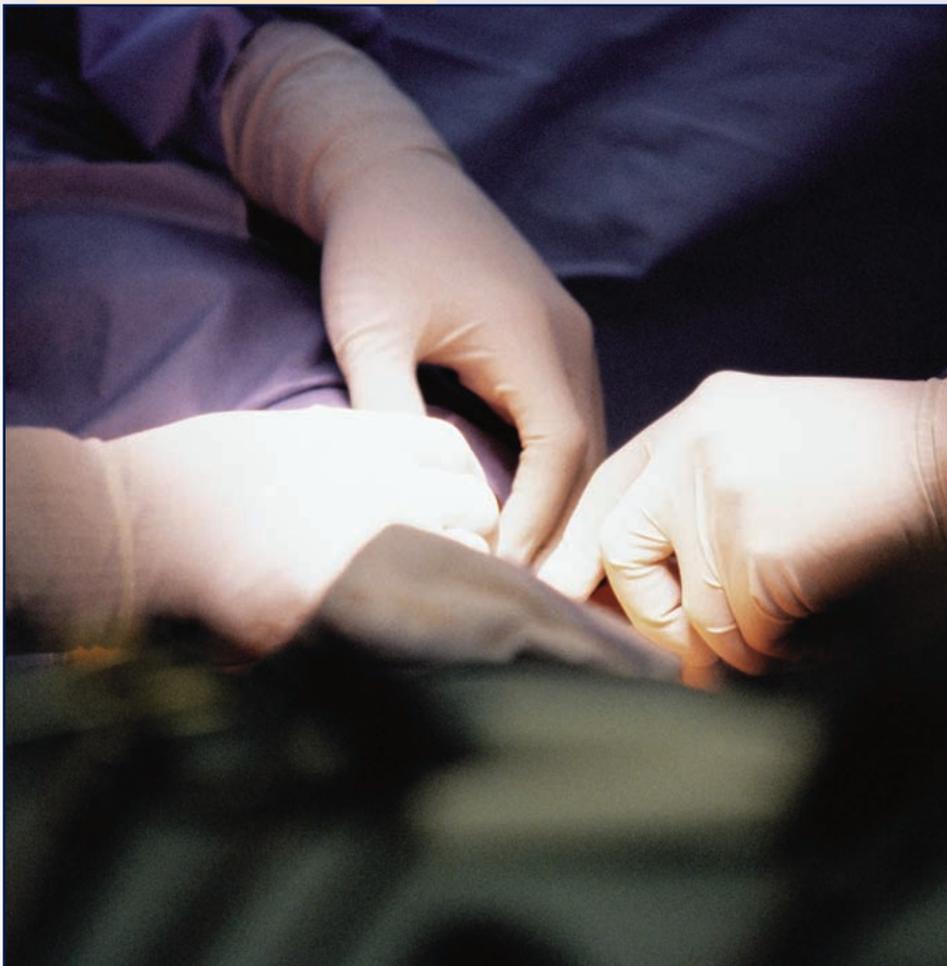
❖ **This indicator is measured using volume of occurrence and is not a rate.** It tells you the number of hospitalized patients 18 years and older, who had a foreign object accidentally left in their body during surgical or medical procedures. In other words, the indicator shows how often a

surgical instrument or tool, such as a scalpel or a sponge, was accidentally left in a patient's body during an operation. It is considered a never-event and happens very rarely.

All cases with pre-existing conditions are excluded from the measure.

❖ **This information is important** because foreign objects such as sponges, surgical or medical instruments or tools, bandages, etc., should never be accidentally left in a patient's body after an operation or procedure.

This error is preventable, and hospitals with such incidents need to put systems in place to prevent recurrence.



## Iatrogenic Pneumothorax:

❖ **This rate tells you** the number of patients 18 years and older, who had air leaking out of their lungs due to accidental puncture during a medical or surgical procedure per 1,000 discharges. The medical term for this accident is iatrogenic (unfavorable response after a medical/surgical treatment) pneumothorax (a collapsed lung).

❖ **This information is important** because this medical error, which sometimes requires a tube in the patient's chest to remove the extra air, is potentially avoidable.

## Postoperative Hip Fracture:

- ❖ **This rate tells you** the number of patients who broke a hip bone from a fall during a hospital stay following any kind of operation or procedure per 1,000 surgical discharges.
- ❖ **This information is important** because a patient who falls after an operation and breaks his/her hip bone is a type of medical error that is usually preventable.

A fall can happen for different reasons, such as being given too much pain medication, having too little supervision when trying to walk after an operation or it may just happen. Postoperative hip fracture occurs very rarely.



may require another operation to stop the bleeding or remove the blood clots. This medical error is potentially avoidable.

## Postoperative Hemorrhage or Hematoma:

- ❖ **This rate tells you** the number of patients with postoperative hemorrhage (too much bleeding), postoperative hematoma (large blood clot), or drainage of hematoma per 1,000 surgical discharges following a surgical procedure.
- ❖ **This information is important** because a hematoma is a large blood clot that can cause too much bleeding. Some of these complications

## Postoperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT):

- ❖ **This rate tells you** the number of patients with PE (a blood clot in the lungs), or DVT (a blood clot in a large vein) per 1,000 discharges of surgery patients from the operating room. The number excludes obstetric patients.
- ❖ **This information is important** because it shows you how often hospital patients developed a blood clot that ends up in the lungs (called a pulmonary

embolism) or in a large vein (called deep vein thrombosis) after an operation. If the DVT breaks away and travels through the bloodstream, it could block a blood vessel in the patient's lungs, causing a PE, which is preventable.

## Postoperative Sepsis:

- ❖ **This rate tells you** the number of hospitalized patients that get a serious bloodstream infection (nosocomial postoperative sepsis) after surgery per 1,000 elective surgery patients. A serious infection of the bloodstream caused by toxin-producing bacteria, known as sepsis, can occur after surgery.

The rate excludes patients with pre-existing infections as well as those with a compromised immune system such as cancer. Obstetric patients are also excluded.

- ❖ **This information is important** because it tells you the level of care provided by the hospital to prevent sepsis infections in patients. Analysis of these particular infections may provide a screen for potential medical errors and a method for monitoring trends in infections over time.

Hospitals following the appropriate protocols, such as requiring staff to frequently wash their hands, should see improvement of post-operative sepsis or other infections over time.

### Postoperative Wound Dehiscence:

- ❖ **This rate tells you** the number of patients who experienced reclosures of surgical wound(s) (wound dehiscence) in the abdominal wall or pelvic area per 1,000 cases of abdominopelvic surgeries. Wound reclosure is performed after the wound from surgical operation is accidentally split open (wound dehiscence).

Abdominopelvic surgical procedures include those performed on the stomach, liver, spleen, gallbladder, pancreas, kidneys, most of the small and large intestines, urinary bladder and internal reproductive organs.

The rate excludes patients with pre-existing conditions (POA) and all obstetric admissions.

- ❖ **This information is important** because it shows you how often a surgical wound in the stomach or pelvic area is split open after an operation. Some or all of these complications may require another major operation to fix the wound. Wound dehiscence following surgery is a medical error that can be avoided.



### Accidental Puncture or Laceration:

- ❖ **This rate tells you** the number of patients who had an accidental cut or a laceration during a medical procedure per 1,000 discharges. The number excludes patients with pre-existing conditions as well as obstetric admissions.
- ❖ **This information is important** because it tells you how often patients were accidentally cut, making an unnecessary or dangerous hole or tear in an organ of the body (called an accidental puncture or laceration), while receiving medical care in the hospital. This medical error can usually be avoided.

### Transfusion Reaction:

- ❖ **This indicator is measured using volume of occurrence and is not a rate.** It tells you the number of patients who had a bad reaction to a blood transfusion. It is considered a never-event and happens very rarely. All cases with pre-existing conditions are excluded from the measure.
- ❖ **This information is important** because it measures major reactions to blood transfusions. Using the wrong type of blood or blood substitute are examples of why this type of medical error may occur.



### Birth Trauma-Injury to Neonate:

- ❖ **This rate tells you** the number of birth trauma (injury to neonate) cases per 1000 live births caused by medical complications during labor and delivery. The rate excludes some preterm infants and infants with osteogenic imperfecta.
- ❖ **This information is important** because some birth traumas are potentially preventable errors. Examples of what may cause a birth trauma to a neonate include: bleeding; delay in ordering a medically necessary cesarean section (c-section); misuse of forceps or a vacuum extractor during delivery; or failure to respond to an umbilical cord that is dangerously wrapped around the newborn.

### Obstetric Trauma - Vaginal Delivery with Instrument:

- ❖ **This rate tells you** the number of obstetric trauma cases (3rd or 4th degree lacerations, other obstetric lacerations) during instrument-assisted vaginal deliveries per 1,000 discharges.
- ❖ **This information is important** because trauma cases during vaginal delivery that require the use of forceps or other instrument assistance is a medical error that is potentially preventable.

### Obstetric Trauma - Vaginal Delivery without Instrument:

- ❖ **This rate tells you** the number of obstetric trauma cases (4th degree lacerations, other obstetric lacerations) per 1,000 vaginal deliveries that occurred without a medical instrument.
- ❖ **This information is important** because it tells you the number of potentially preventable injuries or lacerations that occurred during a vaginal delivery that did not require instrument assistance.

Please refer to the Technical Report at [www.nj.gov/health/hpr](http://www.nj.gov/health/hpr) for a more detailed description and statistical analysis of the PSIs.

# Patient Safety Indicator (PSI) Rates 2011 per 1,000 hospital discharges

See footnotes at bottom of next page

Hospital Name	Foreign body left during procedure	Iatrogenic pneumothorax	Post-operative hip fracture	Post-operative hemorrhage or hematoma	Post-operative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National rate (2009)	155	0.42	0.03	2.45	6.17	10.62
Statewide number of adverse events (2011)	38	258	6	412	1,362	210
Statewide average rate (2011)	NA	0.32	0.05	2.12	6.29	12.39
Atlanticare Regional Medical Center-City	0	0.1	0.0	0.5	2.6 *	0.0
Atlanticare Regional Medical Center-Mainland	1	0.3	0.0	0.7	4.9	2.8
Bayonne Medical Center	0	0.4	0.0	2.5	5.1	39.1
Bayshore Community Hospital	0	0.1	0.0	1.8	2.7	0.0
Bergen Regional Medical Center	0	0.0	0.0	0.0	11.4	0.0
Cape Regional Medical Center	0	0.3	0.0	1.6	2.4 *	60.1 **
Capital Health Regional Medical Center	0	0.2	0.0	0.7	10.6 **	0.0
Capital Health Medical Center - Hopewell	1	0.0	0.0	1.8	5.1	15.8
CentraState Medical Center	0	0.3	0.0	2.8	2.5 *	21.9
Chilton Memorial Hospital	1	0.5	0.0	3.2	5.1	8.1
Christ Hospital	0	0.0	0.0	1.7	5.9	0.0
Clara Maass Medical Center	1	0.3	0.0	2.1	3.0 *	10.0
Community Medical Center	2	0.3	0.0	2.0	3.7 *	19.0
Cooper Hospital/University Medical Center	1	0.9 **	0.0	3.0	9.3 **	21.2 **
Deborah Heart and Lung Center	0	0.2	0.0	3.5	1.8 *	0.0 ^
East Orange General Hospital	0	0.0	0.0	0.0	3.8	32.3
Englewood Hospital and Medical Center	0	0.1	0.0	1.7	3.4 *	7.6
Hackensack University Medical Center	6	0.4	0.2	2.8	10.0 **	12.6
Hackettstown Regional Medical Center	0	0.2	0.0	2.5	15.8 **	37.0
Hoboken University Medical Center	0	0.3	0.0	1.2	2.8	0.0
Holy Name Medical Center	1	0.3	0.0	2.5	5.5	16.9
Hunterdon Medical Center	0	0.7	0.0	2.8	2.6 *	26.5
Jersey City Medical Center	0	0.1	0.0	0.5	1.3 *	15.6
Jersey Shore University Medical Center	2	0.3	0.0	2.2	3.1 *	3.4 *
JFK Medical Center/Anthony M. Yalencics	0	0.3	0.9 **	2.2	18.8 **	8.7
Kennedy University Hospital - Cherry Hill	0	0.3	0.0	3.4	6.9	0.0 ^
Kennedy University Hospital - Stratford	0	0.0	0.0	2.0	3.1	38.9
Kennedy University Hospital - Wash. Twp.	0	0.2	0.0	1.3	3.4 *	0.0
Kimball Medical Center	0	0.0	0.0	1.1	3.8	0.0 ^
Lourdes Medical Center of Burlington Cty.	1	0.4	0.0	3.3	4.0	0.0
Meadowlands Hospital Medical Center	0	0.4	0.0	5.4	2.2	0.0 ^
Memorial Hospital of Salem County	0	0.3	0.0	1.8	14.2 **	157.6 ^**
Monmouth Medical Center	0	0.2	0.0	2.5	3.9	7.8
Morristown Memorial Hospital	0	0.3	0.0	1.5	7.2	1.4 *
Mountainside Hospital	1	0.5	0.0	2.8	6.6	8.2
Newark Beth Israel Medical Center	0	0.6	0.3	2.0	6.0	21.8
Newton Memorial Hospital	0	0.4	0.0	3.0	3.5	0.0
Ocean Medical Center - Bricktown	0	0.4	0.0	3.1	3.6 *	35.3 **

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2011. Two of the 12 PSI procedures, Foreign Object Left in During Procedure

and Transfusion Reaction, are not presented as rates but as volume or number of events. **Lower rates are better and mean fewer medical errors for that procedure or condition.**

Hospital Name	Foreign body left during procedure	Iatrogenic pneumothorax	Post-operative hip fracture	Post-operative hemorrhage or hematoma	Post-operative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National rate (2009)	155	0.42	0.03	2.45	6.17	10.62
Statewide number of adverse events (2011)	38	258	6	412	1,362	210
Statewide average rate (2011)	NA	0.32	0.05	2.12	6.29	12.39
<b>Our Lady of Lourdes Medical Center</b>	0	0.5	0.0	1.1	3.0 *	9.4
<b>Overlook Medical Center</b>	0	0.3	0.0	3.0	9.3 **	21.3
<b>Palisades Medical Center of NY PHS</b>	0	0.3	0.0	0.0	5.9	21.6
<b>Raritan Bay Medical Center-Old Bridge</b>	0	0.5	0.0	1.4	4.7	0.0 ^
<b>Raritan Bay Medical Center-Perth Amboy</b>	0	0.1	0.0	0.0	9.8	0.0 ^
<b>Riverview Medical Center</b>	0	0.1	0.0	2.7	1.7 *	0.0
<b>RWJ University Hospital</b>	6	0.6	0.0	1.8	10.7 **	11.0
<b>RWJ University Hospital at Hamilton</b>	0	0.1	0.0	3.1	3.3 *	16.9
<b>RWJ University Hospital at Rahway</b>	0	0.3	0.0	3.5	5.1	0.0
<b>Shore Medical Center</b>	2	0.1	1.0 **	3.6	3.9	36.2 **
<b>Somerset Medical Center</b>	1	0.4	0.0	3.6	10.3 **	19.2
<b>South Jersey Healthcare Regional MC</b>	0	0.1	0.0	0.0 *	0.0 *	0.0 *
<b>South Jersey Hospital-Elmer</b>	0	0.0	0.0	0.0	0.0 *	0.0
<b>Southern Ocean Medical Center</b>	0	0.2	0.0	0.9	3.0 *	0.0
<b>St. Barnabas Medical Center</b>	1	0.4	0.0	3.6 **	9.6 **	14.9
<b>St. Clare's Hospital-Denville</b>	1	0.3	0.0	1.5	7.0	0.0
<b>St. Clare's Hospital-Dover</b>	0	0.6	0.0	3.0	5.6	0.0
<b>St. Clare's Hospital-Sussex</b>	1	0.0	0.0	0.0	18.8	-
<b>St. Francis Medical Center-Trenton</b>	0	0.9 **	0.0	2.6	6.6	9.1
<b>St. Joseph's Hospital and Medical Center</b>	0	0.3	0.0	1.5	3.6 *	14.2
<b>St. Joseph's Wayne Hospital</b>	0	0.2	0.0	3.3	1.9 *	17.8
<b>St. Luke's Warren Hospital</b>	0	0.4	0.0	1.0	6.3	43.7 **
<b>St. Mary's Hospital (Passaic)</b>	0	0.0	0.0	1.9	5.2	18.9
<b>St. Michael's Medical Center</b>	0	0.5	0.0	4.3 **	2.0 *	42.1 **
<b>St. Peter's University Hospital</b>	1	0.4	0.0	0.9	10.2 **	36.4 **
<b>Trinitas Regional Medical Center</b>	0	0.4	0.0	0.9	5.1	21.7
<b>UMDNJ-University Hospital</b>	4	0.1	0.0	3.7 **	12.9 **	29.4 **
<b>Underwood-Memorial Hospital</b>	0	0.1	0.0	0.5	2.7 *	0.0
<b>University Medical Center at Princeton</b>	0	0.5	0.0	0.8	4.8	8.2
<b>Valley Hospital</b>	2	0.4	0.3	1.7	8.4 **	11.9
<b>Virtua-Memorial Hospital Burlington Cty.</b>	0	0.2	0.0	1.7	4.0 *	2.3 *
<b>Virtua-West Jersey Hospital Berlin</b>	0	0.0	0.0	0.0	6.5	38.8 ^
<b>Virtua-West Jersey Hospital Marlton</b>	1	0.2	0.0	1.8	3.1 *	3.1
<b>Virtua-West Jersey Hospital Voorhees</b>	0	0.2	0.0	1.0	3.0 *	12.2

Source: New Jersey numbers are derived from the 2011 UB Data while the national rates are from the AHRQ Comparative Data Report derived from the 2009 Nationwide Inpatient Sample (NIS).

*continued on next page*

^ Rates are based on denominators less than 30 and should be taken with caution.

\* Better than state average.

\*\* Worse than state average.

- Hospital reported less than 3 cases/patients for this measure, which is too small to report.

N/A Not Applicable (Foreign body left during procedure is reported in volume instead of rate, because it is a rare event).

# Patient Safety Indicator (PSI) Rates 2011 per 1,000 hospital discharges

See footnotes at bottom of next page

Hospital Name	Post-operative wound dehiscence	Accidental puncture or laceration	Transfusion reaction	Birth trauma	Obstetric trauma-vaginal delivery with instrument	Obstetric trauma-vaginal delivery without instrument
National rate (2009)	1.02	2.66	18	2.09	146.40	23.80
Statewide number of adverse events (2011)	54	1,128	3	198	502	1,184
Statewide average rate (2011)	0.84	1.61	NA	1.99	130.62	20.57
Atlanticare Regional Medical Center-City	0.0	0.7	0	0.0	-	-
Atlanticare Regional Medical Center-Mainland	0.0	1.6	0	1.8	85.7	13.6
Bayonne Medical Center	0.0	0.0	0	-	-	-
Bayshore Community Hospital	2.9	1.5	0	-	-	-
Bergen Regional Medical Center	0.0 ^	0.0	0	-	-	-
Cape Regional Medical Center	0.0	0.8	0	0.0	66.7 ^	13.4
Capital Health Regional Medical Center	2.1	0.6	0	0.0	.	0.0
Capital Health Medical Center - Hopewell	3.2	1.1	0	1.0	192.3	11.9
CentraState Medical Center	0.8	2.8 **	0	2.6	157.9 ^	27.6
Chilton Memorial Hospital	0.0	3.9 **	0	9.8	94.6	42.6
Christ Hospital	1.8	2.3	0	1.5	58.8 ^	9.2
Clara Maass Medical Center	0.0	0.6 *	0	0.0	170.7	7.9
Community Medical Center	1.3	1.4	0	0.0	58.8	13.0
Cooper Hospital/University Medical Center	0.0	1.3	0	9.2	173.9	28.0
Deborah Heart and Lung Center	0.0 ^	2.1	0	-	-	-
East Orange General Hospital	0.0	0.3	0	-	-	-
Englewood Hospital and Medical Center	0.9	0.5 *	0	1.5	60.6	20.5
Hackensack University Medical Center	1.4	2.0	1	4.2	64.2	8.7
Hackettstown Regional Medical Center	0.0	1.8	0	0.0	100.0 ^	24.5
Hoboken University Medical Center	0.0	0.0	0	1.4	170.7	28.5
Holy Name Medical Center	0.0	0.9	0	0.0	139.5	32.9
Hunterdon Medical Center	0.0	1.6	0	1.0	187.5	24.4
Jersey City Medical Center	0.0	1.0	0	1.2	32.8	13.4
Jersey Shore University Medical Center	0.5	1.8	1	2.2	129.0	19.2
JFK Medical Center/Anthony M. Yalencics	0.0	1.5	0	2.4	140.6	19.7
Kennedy University Hospital - Cherry Hill	0.0	0.4	0	-	-	-
Kennedy University Hospital - Stratford	0.0	1.1	0	-	-	-
Kennedy University Hospital - Wash. Twp.	0.0	0.7	0	3.3	119.4	27.9
Kimball Medical Center	0.0	1.0	0	0.0	200.0	8.5
Lourdes Medical Center of Burlington Cty.	0.0	1.6	0	-	-	-
Meadowlands Hospital Medical Center	0.0	1.4	0	1.8	0.0 ^	0.0
Memorial Hospital of Salem County	0.0	0.0	0	5.9	0.0 ^	9.9
Monmouth Medical Center	0.0	1.2	0	0.9	140.8	19.0
Morristown Memorial Hospital	1.7	1.5	0	2.7	139.7	19.5
Mountainside Hospital	0.0	0.3	0	5.8	176.5 ^	24.3
Newark Beth Israel Medical Center	1.3	1.9	0	0.9	297.3	17.9
Newton Memorial Hospital	6.5 **	1.0	0	3.6	58.8 ^	22.5
Ocean Medical Center - Bricktown	0.8	3.2 **	0	1.0	69.8	27.9

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2011. Two of the 12 PSI procedures, Foreign Object Left in During Procedure

and Transfusion Reaction, are not presented as rates but as volume or number of events. **Lower rates are better and mean fewer medical errors for that procedure or condition.**

Hospital Name	Post-operative wound dehiscence	Accidental puncture or laceration	Transfusion reaction	Birth trauma	Obstetric trauma-vaginal delivery with instrument	Obstetric trauma-vaginal delivery without instrument
National rate (2009)	1.02	2.66	18	2.09	146.40	23.80
Statewide number of adverse events (2011)	54	1,128	3	198	502	1,184
Statewide average rate (2011)	0.84	1.61	NA	1.99	130.62	20.57
<b>Our Lady of Lourdes Medical Center</b>	1.7	1.0	0	1.0	130.4	32.4
<b>Overlook Medical Center</b>	0.5	1.6	0	2.1	115.9	25.7
<b>Palisades Medical Center of NY PHS</b>	3.1	2.6	0	2.2	193.5	34.3
<b>Raritan Bay Medical Center-Old Bridge</b>	0.0	0.4	0	-	-	-
<b>Raritan Bay Medical Center-Perth Amboy</b>	0.0	1.7	0	0.8	83.3 ^	27.2
<b>Riverview Medical Center</b>	0.7	1.7	0	4.2	166.7	47.9
<b>RWJ University Hospital</b>	0.4	2.8 **	0	1.9	204.1	34.7
<b>RWJ University Hospital at Hamilton</b>	0.0	2.6	0	2.4	277.8	35.4
<b>RWJ University Hospital at Rahway</b>	4.9 **	1.1	0	-	-	-
<b>Shore Medical Center</b>	0.0	0.9	0	1.8	0.0 ^	11.1
<b>Somerset Medical Center</b>	1.8	1.5	0	1.9	109.4	27.6
<b>South Jersey Healthcare Regional MC</b>	0.0	0.1 *	0	0.0	96.8	6.0
<b>South Jersey Hospital-Elmer</b>	5.8 **	0.0	0	0.0	0.0 ^	3.9
<b>Southern Ocean Medical Center</b>	0.0	1.2	0	0.0	222.2 ^	60.4
<b>St. Barnabas Medical Center</b>	1.4	3.0 **	0	1.5	141.9	21.4
<b>St. Clare's Hospital-Denville</b>	1.5	1.8	0	1.5	300.0 ^	45.6
<b>St. Clare's Hospital-Dover</b>	0.0	4.5 **	0	-	-	-
<b>St. Clare's Hospital-Sussex</b>	25.0 ^**	2.3	0	-	-	-
<b>St. Francis Medical Center-Trenton</b>	2.5	3.4 **	0	-	-	-
<b>St. Joseph's Hospital and Medical Center</b>	0.0	2.4	0	0.9	333.3 ^	12.5
<b>St. Joseph's Wayne Hospital</b>	0.0	0.5	0	-	-	-
<b>St. Luke's Warren Hospital</b>	1.7	1.2	0	-	-	-
<b>St. Mary's Hospital (Passaic)</b>	1.2	1.6	0	0.0	0.0 ^	16.7
<b>St. Michael's Medical Center</b>	0.0	0.6	0	-	-	-
<b>St. Peter's University Hospital</b>	0.8	1.6	0	0.5	180.9	20.8
<b>Trinitas Regional Medical Center</b>	0.0	1.2	0	0.0	145.8	8.9
<b>UMDNJ-University Hospital</b>	0.8	0.8	0	3.2	0.0	10.0
<b>Underwood-Memorial Hospital</b>	2.8	1.7	0	3.3	87.0 ^	21.5
<b>University Medical Center at Princeton</b>	1.2	2.1	1	2.1	168.5	19.0
<b>Valley Hospital</b>	0.8	1.1	0	2.7	188.8	44.0
<b>Virtua-Memorial Hospital Burlington Cty.</b>	1.2	2.1	0	3.3	59.3	18.6
<b>Virtua-West Jersey Hospital Berlin</b>	0.0	1.7	0	-	-	-
<b>Virtua-West Jersey Hospital Marlton</b>	0.0	1.4	0	-	-	-
<b>Virtua-West Jersey Hospital Voorhees</b>	0.5	2.0	0	1.9	156.8	15.9

Source: New Jersey numbers are derived from the 2011 UB Data while the national rates are from the AHRQ Comparative Data Report derived from the 2009 Nationwide Inpatient Sample (NIS).

^ Rates are based on denominators less than 30 and should be taken with caution.

\* Better than state average.

\*\* Worse than state average.

- Hospital reported less than 3 cases/patients for this measure, which is too small to report.

N/A Not Applicable (Transfusion reaction is reported in volume instead of rate, because it is a rare event).

# New Jersey's Statewide PSI Rates Compared to National Rates

The table below shows New Jersey's statewide estimates for the 12 Patient Safety Indicators (PSIs) in this report. The New Jersey statewide estimates are based on the 2011 UB data calculated using the Agency for Healthcare Research and Quality (AHRQ) PSIs SAS Software (Version 4.4). The national estimates come from AHRQ's national Comparative

Data derived from the 2009 Nationwide Inpatient Sample (NIS) using Version 4.4 of the PSIs software.

**Remember: Lower rates are better and mean the hospital has fewer adverse events than the statewide average.**

Compared to the 2009 national PSIs estimates (the latest available at the time of this report), New Jersey performed better than the national average in seven of the 10 PSIs that are measured using rates. The three

measures where New Jersey performed worse than the national average were: post-operative hip fracture, post-operative PE/DVT and post-operative sepsis. These

differences may in part be due to differences in years of data or differences in data reporting by states.

Patient Safety Indicators (PSIs)	National	New Jersey
Foreign Body Left During Procedure $\Omega$	155	38
Iatrogenic Pneumothorax	0.42	0.32
Post-operative Hip Fracture	0.03	0.05
Post-operative Hemorrhage or Hematoma	2.45	2.12
Post-operative Pulmonary Embolism or Deep Vein Thrombosis	6.17	6.29
Post-operative Sepsis	10.62	12.39
Post-operative Wound Dehiscence	1.02	0.84
Accidental Puncture or Laceration	2.66	1.61
Transfusion Reaction $\Omega$	18	3
Birth Trauma - Injury to Neonate	2.09	1.99
Obstetric Trauma - Vaginal Delivery with Instrument	146.40	130.62
Obstetric Trauma - Vaginal Delivery without Instrument	23.80	20.57

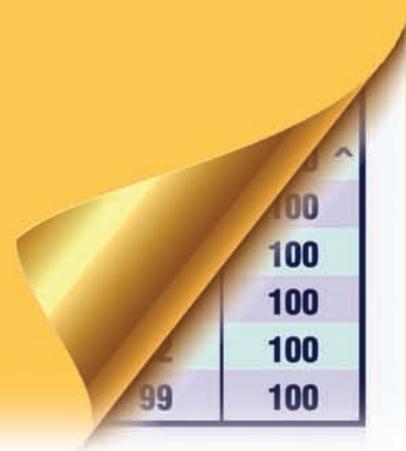
Source: New Jersey numbers are derived from the 2011 UB Data while the national rates are from the AHRQ Comparative Data Report derived from the 2009 Nationwide Inpatient Sample (NIS).

$\Omega$  Indicator reported in volume instead of rate, because it is a rare event.

# Section 4

## Healthcare-Associated Infections (HAIs)

- ❖ **Understanding Measures for Healthcare-Associated Infections (HAIs)**
- ❖ **Central Line-Associated Bloodstream Infections (CLABSI) Data**
- ❖ **Catheter-Associated Urinary Tract Infections (CAUTI) Data**
- ❖ **Overall Surgical Site Infections (SSI) Data**
- ❖ **Abdominal Hysterectomy Surgical Site Infections (SSI) Data**
- ❖ **Knee Arthroplasty Surgical Site Infections (SSI) Data**
- ❖ **Coronary Artery Bypass Graft (CABG) Surgical Site Infections (SSI) Data**
- ❖ **Preventing Surgical Site Infections (SSI)**
- ❖ **Preventing Central Line-Associated Bloodstream Infections (CLABSI)**
- ❖ **More About Catheter-Associated Urinary Tract Infections (CAUTI) and How to Prevent Them**
- ❖ **Handwashing Helps Prevent Infections**



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99	100

# Understanding Measures for Healthcare-Associated Infections

**H**ealthcare-associated infections (HAIs) are among the top causes of unnecessary illnesses and deaths in the United States. HAIs are infections that patients get while staying in a hospital or other healthcare facility – infections that the patients did not have before being admitted. They account for approximately 1.7 million infections and almost 100,000 deaths annually.<sup>1</sup> HAIs result in extra days of hospitalizations and higher health care costs. The estimated financial impact of HAIs is between \$28 billion to \$33 billion a year.<sup>2</sup>

HAIs and patient safety are major public health issues that require collaborations of government and the health care industry. Reducing preventable HAIs is a priority for the State and for New Jersey hospitals. Signed in 2007, Public Reporting Legislation (PL of 2007, C 196) requires hospitals to report HAI data to the State Department of Health for public reporting in the Hospital Performance Report.

This section of the report shows how well New Jersey hospitals are providing safe patient care by comparing hospital's HAI experience with the national experience. It gives hospitals information to help reduce preventable HAIs and improve patient safety.

The HAI measures are calculated differently than the recommended care and PSI measures. The HAIs are not reported as scores or simple percentages; they are reported as **Standardized Infection Ratios (SIR)**. More detailed explanations on SIR are provided below. Hospitals that performed better than the national experience have lower ratios. **Lower ratios are better because they suggest fewer infections.** The label “L” in the tables identifies the better performing hospitals. **Unlike recommended care measures and similar to PSIs, a lower ratio is better.**

## What HAIs are in this year's report?

This year's report focuses on three types of HAIs; **Surgical Site Infections (SSIs)** following **Coronary Artery Bypass Graft (CABG)** surgery, **Abdominal Hysterectomy** procedures, **Knee Arthroplasty** procedures (new to this year's report), **Central Line-Associated Bloodstream Infections (CLABSI)**s, and **Catheter-Associated Urinary Tract Infections (CAUTIs)**.

## Where do the data come from?

New Jersey hospitals are required to report **SSI, CLABSI, and CAUTI** events to the National Healthcare Safety Network (NHSN), a healthcare-associated infection surveillance and prevention system developed by the Centers for Disease Control and Prevention (CDC).

This report uses SSI data reported to NHSN by New Jersey hospitals in

2010. Surgical procedures which involve the placement of an implant must be followed for a year. As a result, surgery data will be reported a year behind the other HAI measures. CLABSI and CAUTI data in this report are from 2011.

Hospitals were provided the opportunity to verify the accuracy of their data. The data in this report have not been independently audited and validated.

## What is Risk-Adjustment?

Hospitals have many differences. Some treat sicker or older patients than others. Sicker patients who end up in the hospitals' ICUs or CCUs are more likely to develop hospital-acquired infections. Hospitals affiliated with a medical school generally treat sicker patients than most hospitals. Not all hospitals have the same types of ICUs. For example, patients in burn units or trauma units are more at risk of acquiring infections. These differences make it difficult to fairly compare hospitals' HAI experience.

The CDC uses a statistical method called “risk-adjustment” that standardizes the differences across hospitals and allows all hospitals to be measured more fairly. This method ‘adjusts’ for risk-factors that most often affect the risks of developing infections, such as type of ICUs, number of ICU beds, and hospitals affiliated with a medical school. This risk adjustment methodology was used on the New Jersey data to “even out the playing field”.

## How are HAIs measured and what do the measures mean?

The **Standardized Infection Ratio (SIR)** is used to measure HAIs. The SIR is a summary measure developed by CDC to track HAIs at the national, state, local or hospital level over time. In basic terms, the hospital SIR is the total number of “observed” or actual events, also called infections,

## Section 4: Understanding Measures for Healthcare-Associated Infections

divided by the total number of “expected” events, which is derived from the national baseline experience. More detailed explanations of the “observed” and “expected” number of events as well as the SIR are provided below.

The hospital SIRs are compared to the national experience, which is a baseline SIR of 1.0. The results are summarized under the column, National Comparison. This column classifies the hospitals’ performances by an **L** as “Lower than Expected,” an **S** as “Similar to Expected,” or an **H** as “Higher than Expected.”

A hospital has performed better than the national baseline if the National Comparison is marked with an **L**. These hospitals appear better because they had fewer infections than what is predicted based on the national experience. Hospitals labeled with an **H** had more infections than what the national experience predicted. Those hospitals that performed the same as the national experience are labeled with an **S**.

According to CDC’s risk adjustment methodology, the SIR for the national baseline is 1.0. To interpret a hospital’s SIR, compare the hospital’s SIR to 1.0, the national baseline SIR. This approach compares a hospital’s actual performance to what would have occurred if the hospital performed the same as the national baseline experience.



To learn more about the risk-adjustment method and how SIRs are calculated, see the technical report at [www.nj.gov/health/hpr](http://www.nj.gov/health/hpr).

### What are Surgical Site Infections?

A surgical site infection (SSI) is an infection that occurs in the area of the body where the surgery took place. The SSI can be superficial, meaning it’s on the skin. It can also be serious and affect layers under the skin, organs and/or implants. The infection must develop within 30 days of the procedure in order for the infection to be attributed to the surgical procedure. If the procedure involves an implant or transplant, monitoring for an SSI must occur for a year following the procedure.

According to the CDC, SSIs are the second most common HAI, accounting for 17 percent of all HAI hospitalizations. Associated costs to treat an inpatient with a SSI are between \$11,874 - \$34,670 per infection.<sup>2</sup> One article notes that more than 750,000 SSIs occur each year in the United States which results in an additional 2.5 million hospital days which leads to more than \$1 billion in unnecessary costs.<sup>6</sup>

### What Surgical Site Infections are in this report?

The surgical site infections which are included in this report are from 2010. The infections reported were inpatient procedures and Deep Incisional Primary and Organ/Space SSIs that were identified during admission or readmission. As noted previously, surgical procedures which involve an implant of any kind must be followed for a year.

This year’s report includes SSI data from Coronary Artery Bypass Graft (CABG) procedures, Abdominal Hysterectomy procedures and Knee Arthroplasty procedures. It is important to note that only 18 of the 72 acute care hospitals are licensed as Open Heart Surgery hospitals and are able to perform CABG surgery. The surgical site infection data for 2010 were verified for accuracy by each hospital but were not audited.

## What are the SSI results for New Jersey hospitals for 2010?

A total of **5,516 CABG procedures** were reported in NHSN by the 18 Open Heart Surgery Hospitals in New Jersey. The formula below provides the Statewide observed, expected and SIR for CABGs:

**Observed CABG infections = 66**  
**Expected CABG infections = 68.15**  
**SIR=Observed / Expected = 66/68.15 = 0.97**

The SIR of 0.97 indicates that the observed CABG infections were 3% fewer than expected based on the national data. The difference is not statistically significant which means the CABG infections in New Jersey

were similar to the CABG infections seen nationally.

A total of **8,036 Abdominal Hysterectomy (HYST) procedures** were reported in NHSN by the hospitals in New Jersey who perform the procedure. The formula below provides the Statewide observed, expected and SIR for abdominal hysterectomies:

**Observed HYST infections = 49**  
**Expected HYST infections = 55.96**  
**SIR=Observed / Expected = 49/55.96 = 0.88**

The SIR of 0.88 indicates that the observed abdominal hysterectomy infections were 12% less than expected based on the national data. However, the difference is not statistically significant which means the abdominal hysterectomy infections in New Jersey were similar to those seen nationally.

A total of **13,054 Knee Arthroplasty procedures** were reported in NHSN by hospitals in New Jersey who perform the procedure. The formula below provides the Statewide observed, the expected and the SIR for knee arthroplasties:

**Observed KPRO infections = 77**  
**Expected KPRO infections = 81.04**  
**SIR=Observed/Expected = 77/81.04 = 0.95**

The SIR of 0.95 indicates that the observed knee arthroplasty infections were 5% less than expected based on the national data. However, the difference is not statistically significant which means the knee arthroplasty infections in New Jersey were similar to those seen nationally.

The Overall SSI SIR takes into account all surgeries that were reported in New Jersey in 2010;

CABG, Abdominal Hysterectomy and Knee Arthroplasty. There were **more than 26,000 surgeries reported in NHSN** by New Jersey hospitals. The formula below provides the Statewide observed, the expected and SIR for the Overall SSIs:

**Observed SSIs = 192**  
**Expected SSIs = 205.15**  
**SIR=Observed / Expected = 192/205.15 = 0.94**

The SIR of 0.94 indicates that the Overall SSIs for New Jersey is 6% fewer than expected based on the national data. However, the difference is not statistically significant. This means the surgical site infections in New Jersey were similar to the surgical site infections seen nationally.

## What are Central Line-Associated Bloodstream Infections (CLABSIs)?

CLABSIs are primary bloodstream infections that are associated with the presence of a central vascular catheter. A central line is a tube that is placed into a patient's large vein, usually in the neck, chest, arm or groin. The line is used to give fluids and medication, withdraw blood, and monitor the patient's condition. A bloodstream infection can occur when microorganisms such as bacteria and/or fungi enter, attach and multiply on the tubing or in fluid administered through the tubing and then enter the blood.

If you develop a central line-associated blood-stream infection, you may become ill with fevers



## Section 4: Understanding Measures for Healthcare-Associated Infections

and chills or the skin around the central line may become sore and red. CLABSIs can be prevented through proper management of the central line. It is estimated that CLABSIs cost \$2.7 billion a year in the United States. According to the CDC, approximately 250,000 CLABSIs occur annually with an estimated death rate of 12% to 25% for each CLABSI<sup>3</sup>.

### What CLABSI data are included in this report?

CLABSIs are monitored in many inpatient locations within the hospital. **This report includes CLABSI events that occurred in adult, pediatric critical/intensive care units and neonatal intensive care units (CCUs or ICUs and NICUs) in each of the 72 acute care and specialty care hospitals in New Jersey during 2011.** Most hospital-acquired infections occur in intensive care units, which have the sickest patients. It is important to note that the CLABSI data in this report were verified for accuracy by each hospital but were not audited.

### What are the CLABSI results for New Jersey for 2011?

There were **more than 273,000 central-line days reported to NHSN** by New Jersey acute care hospitals in 2011. The formula below provides the Statewide observed, expected and SIR for CLABSIs:

**Observed CLABSIs = 405**  
**Expected CLABSIs = 556.34**  
**SIR=Observed / Expected = 0.73**



The SIR of 0.73 indicates that CLABSIs for New Jersey was 27% fewer than expected based on the national data. The difference is statistically significant. This means the central-line infections in New Jersey were *lower* than the central-line infections seen nationally.

### What are Catheter-Associated Urinary Tract Infections (CAUTIs)

Catheter Associated Urinary Tract Infections (CAUTI) are the most commonly reported healthcare-associated infection in acute care hospitals. A catheter is a drainage tube that is inserted into the bladder. The catheter is left in place and is connected to a closed collection device.

More than 30 percent of infections in acute care hospitals are reported as CAUTIs.<sup>5</sup> As with other HAIs, CAUTIs are also associated with increased morbidity, mortality, length of stay and hospital costs. It is estimated that more than 449,000 CAUTIs occur annually and patient hospital costs range from \$862 to \$1,007 per incident.<sup>2</sup> CAUTIs are also associated with more than 13,000 deaths annually.<sup>5</sup>

### What CAUTI data are included in this report?

CAUTIs are monitored in many inpatient locations within the hospital. **This report focuses on CAUTI events that occurred in adult critical/intensive care units (CCUs or ICUs) in each of the 72 acute care and specialty care hospitals in New Jersey during 2011.** This data is also from the NHSN system noted above. It is important to note that the CAUTI data in this report were verified for accuracy by each hospital but were not audited.

### What are the CAUTI results for New Jersey for 2011?

There were **over 315,000 catheter days reported to NHSN** by New Jersey hospitals in 2011. The formula below provides the Statewide observed, expected and SIR for CAUTIs:

**Observed CAUTIs = 610**  
**Expected CAUTIs = 626.72**  
**SIR=Observed / Expected = 0.97**

The SIR of 0.97 indicates that CAUTIs for New Jersey is 3% lower than the expected national data. The difference is not statistically significant. This means the catheter-associated

urinary tract infections in New Jersey are similar to the catheter-associated urinary tract infections seen nationally.

## What is “National Comparison”?

In addition to displaying the “observed” and “expected” numbers of events and the SIRs, the tables include a column labeled “National Comparison.” This column classifies the hospitals’ performances as an **L** which is Lower than expected, an **S** which is Similar to expected, or an **H** which is Higher than expected. **A hospital performed better than the national baseline if the National Comparison has an L or Lower than Expected, as indicated in the table.**



In trying to determine a hospital’s performance, it is important to account for the fact that some differences occur simply due to chance. Although not shown in the table, 95% confidence intervals are used to determine how statistically certain is the conclusion that a hospital’s SIR is higher or lower than 1.0. For more details, refer to the HAI Technical Report at [www.nj.gov/health/hpr](http://www.nj.gov/health/hpr).

A hospital’s SIR is statistically significantly lower than 1.0 if its 95% confidence interval falls completely below 1.0. The hospital is noted with an **L** in the National Comparison column. This means that fewer HAI events were observed than expected, adjusting for differences in the types of patients treated. Since the comparison is to the national baseline data, the hospital performed better than the national baseline experience.

A hospital’s SIR is statistically significantly higher than 1.0 if its 95% confidence interval falls completely above 1.0. In this case, the hospital is noted with an **H** in the National Comparison column. This means that more HAI events were observed than expected, adjusting for differences in the types of patients treated and that the hospital performed worse than the national baseline experience.

A hospital’s SIR is not statistically different from 1.0 if its 95% confidence interval includes 1.0. The hospital is noted with an **S** in the National Comparison column. This means that adjusting for difference in the types of patients treated, the

hospital’s performance on preventing HAI events was similar to the national baseline experience.

## Can we make conclusions about a hospital’s performance in preventing HAIs based on this data?

Please keep in mind the following before making conclusions about a hospital:

Even though hospitals reviewed and verified the data used in this report, the data have not been audited by an independent agency.

It is also important to note that a hospital which performed lower than the National Comparison does not necessarily mean the hospital is better but that they may need to improve their HAI surveillance protocols. Conversely, a hospital which performed higher than the National Comparison is not necessarily a poor performer. This hospital could have better infection surveillance protocols and processes instituted throughout their facility.

In addition, the risk-adjustment method may not fully capture how sick patients are in certain hospitals and locations. The sicker the patients are, the more likely a hospital is to have a higher number of events. Therefore, **it is important to use caution when interpreting the hospital infection data.**

## Section 4: Understanding Measures for Healthcare-Associated Infections

### References

- 1 Centers for Disease Control and Prevention: **Estimates of Healthcare-Associated Infections.** <http://www.cdc.gov/ncidod/dhqp/hai.html> accessed February 25, 2013.
- 2 Scott, RD. **The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention.** [http://www.cdc.gov/HAI/pdfs/hai/Scott\\_CostPaper.pdf](http://www.cdc.gov/HAI/pdfs/hai/Scott_CostPaper.pdf) accessed February 25, 2013.
- 3 Centers for Disease Control and Prevention: Slides for the **American Recovery and Reinvestment Act Epidemiology and Laboratory Capacity (ELC) for Infectious Disease Program, Healthcare-Associated Infections (HAIs) Grantee Meeting** October 19-20, 2009, presented by *Katherine Allen-Bridson* [http://www.cdc.gov/hai/recoveryAct/PDF/Oct09/11-145\\_Bridson\\_NHSN\\_CLABSI\\_Day2\\_Workshop1.pdf](http://www.cdc.gov/hai/recoveryAct/PDF/Oct09/11-145_Bridson_NHSN_CLABSI_Day2_Workshop1.pdf) accessed February 25, 2013.
- 4 Centers for Disease Control and Prevention, APIC, Joint Commission, IDSA, AHA, SHEA, **FAQ Sheet about “Catheter-Associated Bloodstream Infections”** [http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/BSI\\_tagged.pdf](http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/BSI_tagged.pdf) accessed February 25, 2013.
- 5 Klevens RM, Edward JR, et al. **Estimating health care-associated infections and deaths in U.S. hospitals, 2002.** *Public Health Reports* 2007; 122:160-166.
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# Central Line-Associated Bloodstream Infections (CLABSI) 2011

See footnotes at bottom of next page

Hospital Name	Observed # of CLABSI (O)	Expected # of CLABSI (E) <sup>a</sup>	CLABSI SIR <sup>b</sup>	National Comparison <sup>‡</sup>
AtlantiCare Regional Medical Center - City	6	14.70	0.41	L
AtlantiCare Regional Medical Center - Mainland	10	9.56	1.05	S
Bayonne Medical Center	2	1.67	1.20	S
Bayshore Community Hospital	5	3.02	1.66	S
Bergen Regional Medical Center	2	1.16	1.72	S
Cape Regional Medical Center	3	2.47	1.22	S
Capital Health Medical Center-Hopewell	3	4.82	0.62	S
Capital Health Regional Medical Center	2	10.78	0.19	L
CentraState Medical Center	6	2.10	2.86	H
Chilton Memorial Hospital	1	3.26	0.31	S
Christ Hospital	3	2.63	1.14	S
Clara Maass Medical Center	26	12.62	2.06	H
Community Medical Center	9	7.29	1.23	S
Cooper Hospital/University Medical Center	26	29.42	0.88	S
Deborah Heart and Lung Center	5	5.21	0.96	S
East Orange General Hospital	1	4.62	0.22	S
Englewood Hospital and Medical Center	1	4.76	0.21	S
Hackensack University Medical Center	18	25.39	0.71	S
Hackettstown Regional Medical Center	0	0.73	--	--
Hoboken University Medical Center	0	0.92	--	--
Holy Name Medical Center	3	4.75	0.63	S
Hunterdon Medical Center	1	3.61	0.28	S
Jersey City Medical Center	4	12.69	0.32	L
Jersey Shore University Medical Center	8	21.57	0.37	L
JFK Medical Center/Anthony M Yelencis	8	12.80	0.63	S
Kennedy University Hospital-Washingotn Twp.	5	7.28	0.69	S
Kennedy University Hospital-Cherry Hill	2	3.36	0.60	S
Kennedy University Hospital-Stratford	1	1.75	0.57	S
Kimball Medical Center	6	2.67	2.25	S
Lourdes Medical Center of Burlington Cty.	1	2.28	0.44	S
Meadowlands Hospital Medical Center	0	1.11	0.00	S
Memorial Hospital of Salem County	3	0.74	--	--
Monmouth Medical Center	2	6.02	0.33	S
Morristown Memorial Hospital	8	20.88	0.38	L
Mountainside Hospital	9	6.21	1.45	S
Newark Beth Israel Medical Center	15	40.28	0.37	L
Newton Memorial Hospital	1	1.49	0.67	S
Ocean Medical Center	6	3.57	1.68	S
Our Lady of Lourdes Medical Center	4	14.95	0.27	L
Overlook Medical Center	11	14.97	0.74	S

The Standard Infection Rate (SIR) is a sum of observed (O) or actual number of infections divided by the number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all general

acute care hospitals in the US. Data is from 2011 and is for adult, pediatric critical/intensive care units and neonatal intensive care units (CCUs or ICUs and NICUs). **NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CLABSIs.**

Hospital Name	Observed # of CLABSI (O)	Expected # of CLABSI (E) <sup>a</sup>	CLABSI SIR <sup>b</sup>	National Comparison <sup>‡</sup>
Palisades Medical Center of New York (PHS)	1	1.47	0.68	S
Raritan Bay Medical Center - Old Bridge	0	2.51	0.00	S
Raritan Bay Medical Center - Perth Amboy	0	4.69	0.00	L
Riverview Medical Center	5	2.66	1.88	S
Robert Wood Johnson University Hospital	12	35.09	0.34	L
Robert Wood Johnson University Hospital at Hamilton	6	5.28	1.14	S
Robert Wood Johnson University Hospital at Rahway	1	4.67	0.21	S
Saint Barnabas Medical Center	15	30.90	0.49	L
Shore Medical Center	5	2.84	1.76	S
Somerset Medical Center	4	4.88	0.82	S
South Jersey Healthcare - Elmer	0	0.48	--	--
South Jersey Healthcare Regional Medical Center	3	3.94	0.76	S
Southern Ocean Medical Center	0	1.68	0.00	S
St. Clare's Hospital - Denville	0	1.71	0.00	S
St. Clare's Hospital - Dover	1	0.84	--	--
St. Clare's Hospital - Sussex	0	0.06	--	--
St. Francis Medical Center	0	3.25	0.00	S
St. Joseph's Hospital and Medical Center	39	22.23	1.76	H
St. Joseph's Wayne Hospital	9	5.98	1.51	S
St. Luke's Warren Hospital	1	1.64	0.61	S
St. Mary's Hospital	6	5.54	1.08	S
St. Michael's Medical Center	13	9.81	1.33	S
St. Peter's University Hospital	14	14.60	0.96	S
Trinitas Regional Medical Center	0	5.58	0.00	L
UMDNJ - University Hospital	22	19.86	1.11	S
Underwood Memorial Hospital	1	3.40	0.29	S
University Medical Center at Princeton	2	1.97	1.02	S
Valley Hospital	6	11.83	0.51	S
Virtua Marlton	2	3.55	0.56	S
Virtua-Mem. Hospital of Burlington County	0	5.14	0.00	L
Virtua-West Jersey Health System - Berlin	1	1.25	0.80	S
Virtua-West Jersey Health System - Voorhees	9	9.06	0.99	S
<b>Statewide</b>	<b>405</b>	<b>556.34</b>	<b>0.73</b>	<b>L</b>

Source: New Jersey Healthcare-Associated Infections for 2011 submitted through the National Healthcare Safety Network (NHSN).

a Expected (E) = # of infections predicted using risk-adjusted model fitted from the NHSN data from 2006-2008 for CLABSI data. **Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.**

b Standardized Infection Ratio (SIR) = Observed (O) / Expected (E)

‡ Each hospital is compared to the National Ratio=1 which is derived using the CDC's NHSN data from 2006-2008 for CLABSI (AJIC, December 2009).

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

- SIR is not calculated because the Expected is < 1.

# Catheter-Associated Urinary Tract Infections (CAUTI) 2011

See footnotes at bottom of next page

Hospital Name	Observed # of CAUTI (O)	Expected # of CAUTI (E) <sup>a</sup>	CAUTI SIR <sup>b</sup>	National Comparison <sup>†</sup>
AtlantiCare Regional Medical Center - City	4	14.81	0.27	L
AtlantiCare Regional Medical Center - Mainland	2	9.32	0.22	L
Bayonne Medical Center	1	1.98	0.51	S
Bayshore Community Hospital	1	3.99	0.25	S
Bergen Regional Medical Center	1	2.84	0.35	S
Cape Regional Medical Center	4	3.34	1.20	S
Capital Health Medical Center-Hopewell	6	3.69	1.63	S
Capital Health Regional Medical Center	15	25.99	0.58	L
CentraState Medical Center	2	5.82	0.34	S
Chilton Memorial Hospital	2	3.75	0.53	S
Christ Hospital	5	3.00	1.67	S
Clara Maass Medical Center	19	15.49	1.23	S
Community Medical Center	3	15.98	0.19	L
Cooper Hospital/University Medical Center	1	24.05	0.04	L
Deborah Heart and Lung Center	8	6.98	1.15	S
East Orange General Hospital	0	4.29	0.00	L
Englewood Hospital and Medical Center	12	6.97	1.72	S
Hackensack University Medical Center	22	28.25	0.78	S
Hackettstown Regional Medical Center	0	1.10	0.00	S
Hoboken University Medical Center	2	1.95	1.03	S
Holy Name Medical Center	6	8.91	0.67	S
Hunterdon Medical Center	3	5.20	0.58	S
Jersey City Medical Center	2	12.36	0.16	L
Jersey Shore University Medical Center	23	23.63	0.97	S
JFK Medical Center/Anthony M Yelencis	10	11.96	0.84	S
Kennedy University Hospital-Washington Twp	15	8.04	1.87	H
Kennedy University Hospital-Cherry Hill	8	5.24	1.53	S
Kennedy University Hospital-Stratford	2	3.51	0.57	S
Kimball Medical Center	2	3.46	0.58	S
Lourdes Medical Center of Burlington Cty.	0	3.95	0.00	L
Meadowlands Hospital Medical Center	0	2.54	0.00	S
Memorial Hospital of Salem County	6	1.95	3.08	H
Monmouth Medical Center	5	6.60	0.76	S
Morristown Memorial Hospital	15	24.36	0.62	S
Mountainside Hospital	10	8.49	1.18	S
Newark Beth Israel Medical Center	14	21.27	0.66	S
Newton Memorial Hospital	0	2.73	0.00	S
Ocean Medical Center	9	6.03	1.49	S
Our Lady of Lourdes Medical Center	16	11.00	1.45	S
Overlook Medical Center	45	24.83	1.81	H

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of infections divided by number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a

composite of all the general acute care hospitals in the US. Data is from 2011 for adult critical/intensive care units (CCUs or ICUs) only. **NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CAUTIs.**

Hospital Name	Observed # of CAUTI (O)	Expected # of CAUTI (E) <sup>a</sup>	CAUTI SIR <sup>b</sup>	National Comparison <sup>‡</sup>
Palisades Medical Center of New York (PHS)	13	2.89	4.49	H
Raritan Bay Medical Center - Old Bridge	4	2.60	1.54	S
Raritan Bay Medical Center - Perth Amboy	12	4.55	2.64	H
Riverview Medical Center	11	4.37	2.52	H
Robert Wood Johnson University Hospital	30	30.98	0.97	S
Robert Wood Johnson University Hospital at Hamilton	6	4.82	1.25	S
Robert Wood Johnson University Hospital at Rahway	0	8.04	0.00	L
Saint Barnabas Medical Center	8	22.94	0.35	L
Shore Medical Center	7	2.63	2.66	H
Somerset Medical Center	9	8.84	1.02	S
South Jersey Healthcare - Elmer	1	1.75	0.57	S
South Jersey Healthcare Regional Medical Center	6	11.91	0.50	S
Southern Ocean Medical Center	0	4.38	0.00	L
St. Clare's Hospital - Denville	0	2.16	0.00	S
St. Clare's Hospital - Dover	1	1.36	0.74	S
St. Clare's Hospital - Sussex	0	0.33	--	--
St. Francis Medical Center	3	4.48	0.67	S
St. Joseph's Hospital and Medical Center	24	16.36	1.47	S
St. Joseph's Wayne Hospital	10	8.00	1.25	S
St. Luke's Warren Hospital	10	2.52	3.97	H
St. Mary's Hospital	15	6.33	2.37	H
St. Michael's Medical Center	1	10.06	0.10	L
St. Peter's University Hospital	29	12.38	2.34	H
Trinitas Regional Medical Center	6	6.58	0.91	S
UMDNJ - University Hospital	69	32.57	2.12	H
Underwood Memorial Hospital	7	4.10	1.71	S
University Medical Center at Princeton	8	3.63	2.20	S
Valley Hospital	7	8.82	0.79	S
Virtua Marlton	7	4.39	1.60	S
Virtua-Mem. Hospital of Burlington County	1	6.45	0.16	L
Virtua-West Jersey Health System - Berlin	0	1.52	0.00	S
Virtua-West Jersey Health System - Voorhees	4	4.35	0.92	S
<b>Statewide</b>	<b>610</b>	<b>626.72</b>	<b>0.97</b>	<b>S</b>

Source: New Jersey Healthcare-Associated Infections for 2011 submitted through the National Healthcare Safety Network (NHSN).

- a Expected (E) = # of infections predicted using risk-adjusted model fitted from the NHSN data from 2009 for CAUTI data. **Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.**
- b Standardized Infection Ratio (SIR) = Observed (O) / Expected (E)
- ‡ Each hospital is compared to the National Ratio = 1. The National Ratio is derived using the CDCs NHSN data from 2009 for CAUTI due to a definition change (AJIC, 2010).
- L indicates hospital infections are LOWER than infections seen nationally.
- H indicates hospital infections are HIGHER than infections seen nationally.
- S indicates hospital infections are SIMILAR to infections seen nationally.
- SIR is not calculated because the Expected is < 1.

# Overall Surgical Site Infections (SSI) 2010

See footnotes at bottom of next page

Hospital Name	Procedure Count	Observed # of Overall Surgical Site Infections (O)	Expected # of Overall Surgical Site Infections (E) <sup>a</sup>	SIR <sup>b</sup>	National Comparison <sup>‡</sup>
AtlantiCare Regional Medical Center - City	88	0	0.85	---	---
AtlantiCare Regional Medical Center - Mainland	1,518	9	10.43	0.86	S
Bayonne Medical Center	9	0	0.05	---	---
Bayshore Community Hospital	49	1	0.30	---	---
Bergen Regional Medical Center	23	1	0.22	---	---
Cape Regional Medical Center	149	3	0.74	---	---
Capital Health Medical Center-Hopewell	240	6	1.86	3.22	S
Capital Health Regional Medical Center	83	1	0.93	---	---
CentraState Medical Center	264	0	1.71	0.00	S
Chilton Memorial Hospital	133	0	0.74	---	---
Christ Hospital	122	0	0.86	---	---
Clara Maass Medical Center	320	6	1.90	3.15	S
Community Medical Center	519	3	2.81	1.07	S
Cooper Hospital/University Medical Center	854	8	10.25	0.78	S
Deborah Heart and Lung Center	198	7	2.77	2.53	H
East Orange General Hospital	17	0	0.13	---	---
Englewood Hospital and Medical Center	474	2	3.57	0.56	S
Hackensack University Medical Center	2,279	13	18.28	0.71	S
Hackettstown Regional Medical Center	118	0	0.64	---	---
Hoboken University Medical Center	77	0	0.46	---	---
Holy Name Medical Center	330	0	2.35	0.00	S
Hunterdon Medical Center	164	1	1.34	0.75	S
Jersey City Medical Center	208	0	2.36	0.00	S
Jersey Shore University Medical Center	1,326	12	11.75	1.02	S
JFK Medical Center/Anthony M Yelencis	491	5	3.34	1.50	S
Kennedy University Hospital-Washington Twp	199	1	1.23	0.82	S
Kennedy University Hospital-Cherry Hill	86	0	0.41	---	---
Kennedy University Hospital-Stratford	57	1	0.42	---	---
Kimball Medical Center	81	0	0.42	---	---
Lourdes Medical Center of Burlington Cty.	84	0	0.73	---	---
Meadowlands Hospital Medical Center	73	0	0.48	---	---
Memorial Hospital of Salem County	60	0	0.44	---	---
Monmouth Medical Center	433	2	3.65	0.55	S
Morristown Memorial Hospital	2,568	18	17.81	1.01	S
Mountainside Hospital	238	0	1.75	0.00	S
Newark Beth Israel Medical Center	677	3	6.30	0.48	S
Newton Memorial Hospital	80	1	0.45	---	---
Ocean Medical Center	442	0	2.25	0.00	S
Our Lady of Lourdes Medical Center	568	5	5.33	0.94	S
Overlook Medical Center	570	3	3.14	0.96	S

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of events divided by number of expected events (E). SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital

is doing compared to national experience, a composite of all general acute care hospitals in the US. Data is from 2010. **NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer HAIs.**

Hospital Name	Procedure Count	Observed # of Overall Surgical Site Infections (O)	Expected # of Overall Surgical Site Infections (E) <sup>a</sup>	SIR <sup>b</sup>	National Comparison <sup>‡</sup>
Palisades Medical Center of New York (PHS)	54	0	0.40	---	---
Raritan Bay Medical Center - Old Bridge	17	0	0.09	---	---
Raritan Bay Medical Center - Perth Amboy	74	1	0.57	---	---
Riverview Medical Center	412	2	3.26	0.61	S
Robert Wood Johnson University Hospital	992	16	10.08	1.59	S
Robert Wood Johnson University Hospital at Hamilton	324	0	1.88	0.00	S
Robert Wood Johnson University Hospital at Rahway	76	3	0.58	---	---
Saint Barnabas Medical Center	1,060	13	7.31	1.78	S
Shore Medical Center	225	0	1.27	0.00	S
Somerset Medical Center	304	1	1.99	0.50	S
South Jersey Healthcare - Elmer	118	0	0.59	---	---
South Jersey Healthcare Regional Medical Center	296	0	2.18	0.00	S
Southern Ocean Medical Center	62	0	0.32	---	---
St. Clare's Hospital - Denville	177	0	1.08	0.00	S
St. Clare's Hospital - Dover	20	0	0.11	---	---
St. Clare's Hospital - Sussex	6	0	0.04	---	---
St. Francis Medical Center	113	0	1.54	0.00	S
St. Joseph's Hospital and Medical Center	535	4	5.74	0.70	S
St. Joseph's Wayne Hospital	130	0	1.06	0.00	S
St. Luke's Warren Hospital	119	0	0.76	---	---
St. Mary's Hospital	183	1	1.69	0.59	S
St. Michael's Medical Center	470	8	5.56	1.44	S
St. Peter's University Hospital	803	1	4.76	0.21	S
Trinitas Regional Medical Center	223	3	2.35	1.28	S
UMDNJ - University Hospital	126	0	1.98	0.00	S
Underwood Memorial Hospital	205	2	1.54	1.30	S
University Medical Center at Princeton	426	5	3.10	1.61	S
Valley Hospital	1,082	7	7.82	0.90	S
Virtua Marlton	448	2	2.18	0.92	S
Virtua-Mem. Hospital of Burlington County	850	2	4.96	0.40	S
Virtua-West Jersey Health System - Berlin	17	0	0.14	---	---
Virtua-West Jersey Health System - Voorhees	390	9	2.85	3.16	H
<b>Statewide</b>	<b>26,606</b>	<b>192</b>	<b>205.15</b>	<b>0.94</b>	<b>S</b>

Source: New Jersey Healthcare-Associated Infections for 2010 submitted through the National Healthcare Safety Network (NHSN).

- a Expected (E)= # of infections predicted using the model fitted from the NHSN data from 2006-2008 which serves as the baseline for future reports. **Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.**
- b Standardized Infection Ratio (SIR)= Observed (O)/ Expected (E)
- ‡ Each hospital is compared to the National Ratio=1. The National Ratio is derived using the CDC's NHSN data from 2006-2008 (AJIC, December 2009).
- L indicates hospital infections are LOWER than infections seen nationally.
- H indicates hospital infections are HIGHER than infections seen nationally.
- S indicates hospital infections are SIMILAR to infections seen nationally.
- SIR is not calculated because the Expected is < 1.

# Abdominal Hysterectomy Surgical Site Infections 2010

See footnotes at bottom of next page

Hospital Name	Procedure Count	Observed # of Abdominal Hysterectomy Infections (O)	Expected # of Abdominal Hysterectomy Infections (E) <sup>a</sup>	SIR <sup>b</sup>	National Comparison <sup>‡</sup>
AtlantiCare Regional Medical Center - City	88	0	0.85	--	--
AtlantiCare Regional Medical Center - Mainland	122	1	0.80	--	--
Bayonne Medical Center	5	0	0.03	--	--
Bayshore Community Hospital	14	0	0.11	--	--
Bergen Regional Medical Center	7	0	0.05	--	--
Cape Regional Medical Center	59	0	0.33	--	--
Capital Health Medical Center-Hopewell	158	2	1.36	1.47	S
Capital Health Regional Medical Center	21	0	0.27	--	--
CentraState Medical Center	106	0	0.73	--	--
Chilton Memorial Hospital	35	0	0.23	--	--
Christ Hospital	86	0	0.58	--	--
Clara Maass Medical Center	122	3	0.80	--	--
Community Medical Center	96	2	0.59	--	--
Cooper Hospital/University Medical Center	435	6	5.17	1.16	S
Deborah Heart and Lung Center	N/A				
East Orange General Hospital	6	0	0.05	--	--
Englewood Hospital and Medical Center	77	0	0.43	--	--
Hackensack University Medical Center	432	1	2.40	0.42	S
Hackettstown Regional Medical Center	47	0	0.27	--	--
Hoboken University Medical Center	43	0	0.30	--	--
Holy Name Medical Center	166	0	1.23	0.00	S
Hunterdon Medical Center	62	0	0.56	--	--
Jersey City Medical Center	37	0	0.26	--	--
Jersey Shore University Medical Center	348	0	2.13	0.00	S
JFK Medical Center/Anthony M Yelencis	168	0	1.06	0.00	S
Kennedy University Hospital-Washington Twp	66	0	0.42	--	--
Kennedy University Hospital-Cherry Hill	1	0	0.02	--	--
Kennedy University Hospital-Stratford	17	1	0.14	--	--
Kimball Medical Center	61	0	0.31	--	--
Lourdes Medical Center of Burlington Cty.	46	0	0.44	--	--
Meadowlands Hospital Medical Center	62	0	0.40	--	--
Memorial Hospital of Salem County	44	0	0.32	--	--
Monmouth Medical Center	210	1	1.67	0.60	S
Morristown Memorial Hospital	625	7	3.21	2.18	S
Mountainside Hospital	160	0	1.06	0.00	S
Newark Beth Israel Medical Center	302	0	2.31	0.00	S
Newton Memorial Hospital	17	0	0.13	--	--
Ocean Medical Center	65	0	0.38	--	--
Our Lady of Lourdes Medical Center	145	0	1.13	0.00	S
Overlook Medical Center	158	0	0.99	--	--

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of infections divided by number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a

composite of all general acute care hospitals in the US. Data is from 2010. **NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer abdominal hysterectomy SSIs.**

Hospital Name	Procedure Count	Observed # of Abdominal Hysterectomy Infections (O)	Expected # of Abdominal Hysterectomy Infections (E) <sup>a</sup>	SIR <sup>b</sup>	National Comparison <sup>‡</sup>
Palisades Medical Center of New York (PHS)	22	0	0.13	--	--
Raritan Bay Medical Center - Old Bridge	N/A				
Raritan Bay Medical Center - Perth Amboy	54	1	0.40	--	--
Riverview Medical Center	123	0	0.84	--	--
Robert Wood Johnson University Hospital	220	7	1.54	4.55	H
Robert Wood Johnson University Hospital at Hamilton	74	0	0.48	--	--
Robert Wood Johnson University Hospital at Rahway	8	0	0.08	--	--
Saint Barnabas Medical Center	509	4	2.22	1.80	S
Shore Medical Center	54	0	0.35	--	--
Somerset Medical Center	104	0	0.66	--	--
South Jersey Healthcare - Elmer	9	0	0.06	--	--
South Jersey Healthcare Regional Medical Center	187	0	1.43	0.00	S
Southern Ocean Medical Center	14	0	0.10	--	--
St. Clare's Hospital - Denville	48	0	0.33	--	--
St. Clare's Hospital - Dover	N/A				
St. Clare's Hospital - Sussex	6	0	0.04	--	--
St. Francis Medical Center	1	0	0.01	--	--
St. Joseph's Hospital and Medical Center	115	1	0.69	--	--
St. Joseph's Wayne Hospital	35	0	0.24	--	--
St. Luke's Warren Hospital	56	0	0.43	--	--
St. Mary's Hospital	58	0	0.44	--	--
St. Michael's Medical Center	62	0	0.45	--	--
St. Peter's University Hospital	417	0	2.27	0.00	S
Trinitas Regional Medical Center	177	1	1.85	0.54	S
UMDNJ - University Hospital	46	0	0.67	--	--
Underwood Memorial Hospital	48	1	0.34	--	--
University Medical Center at Princeton	78	0	0.66	--	--
Valley Hospital	241	1	1.55	0.65	S
Virtua Marlton	1	0	0.01	--	--
Virtua-Mem. Hospital of Burlington County	143	0	1.21	0.00	S
Virtua-West Jersey Health System - Berlin	17	0	0.14	--	--
Virtua-West Jersey Health System - Voorhees	390	9	2.85	3.16	H
<b>Statewide</b>	<b>8,036</b>	<b>49</b>	<b>55.96</b>	<b>0.88</b>	<b>S</b>

Source: New Jersey Healthcare-Associated Infections for 2010 submitted through the National Healthcare Safety Network (NHSN).

- a Expected (E) = # of infections predicted using the model fitted from the NHSN data from 2006-2008 which serves as the baseline for future reports. **Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.**
- b Standardized Infection Ratio (SIR) = Observed (O) / Expected (E)
- ‡ Each hospital is compared to the National Ratio=1. The National Ratio is derived using the CDC's NHSN data from 2006-2008 (AJIC, December 2009).
- L indicates hospital infections are LOWER than infections seen nationally.
- H indicates hospital infections are HIGHER than infections seen nationally.
- S indicates hospital infections are SIMILAR to infections seen nationally.
- SIR is not calculated because the Expected is < 1.
- N/A Hospital is not licensed to perform procedure(s) or did not perform procedure(s) in 2010.

# Knee Arthroplasty Surgical Site Infections 2010

See footnotes at bottom of next page

Hospital Name	Procedure Count	Observed # of Knee Arthroplasty Infections (O)	Expected # of Knee Arthroplasty Infections (E) <sup>a</sup>	SIR <sup>b</sup>	National Comparison <sup>‡</sup>
AtlantiCare Regional Medical Center - City	N/A				
AtlantiCare Regional Medical Center - Mainland	1,181	6	6.92	0.87	S
Bayonne Medical Center	4	0	0.02	--	--
Bayshore Community Hospital	35	1	0.19	--	--
Bergen Regional Medical Center	16	1	0.17	--	--
Cape Regional Medical Center	90	3	0.42	--	--
Capital Health Medical Center-Hopewell	82	4	0.50	--	--
Capital Health Regional Medical Center	62	1	0.65	--	--
CentraState Medical Center	158	0	0.98	--	--
Chilton Memorial Hospital	98	0	0.51	--	--
Christ Hospital	36	0	0.27	--	--
Clara Maass Medical Center	198	3	1.10	2.73	S
Community Medical Center	423	1	2.22	0.45	S
Cooper Hospital/University Medical Center	138	0	1.21	0.00	S
Deborah Heart and Lung Center	N/A				
East Orange General Hospital	11	0	0.08	--	--
Englewood Hospital and Medical Center	239	0	1.45	0.00	S
Hackensack University Medical Center	1,308	8	8.14	0.98	S
Hackettstown Regional Medical Center	71	0	0.36	--	--
Hoboken University Medical Center	34	0	0.16	--	--
Holy Name Medical Center	164	0	1.12	0.00	S
Hunterdon Medical Center	102	1	0.79	--	--
Jersey City Medical Center	54	0	0.40	--	--
Jersey Shore University Medical Center	335	2	2.18	0.92	S
JFK Medical Center/Anthony M Yelencis	323	5	2.28	2.20	S
Kennedy University Hospital-Washington Twp	133	1	0.81	--	--
Kennedy University Hospital-Cherry Hill	85	0	0.39	--	--
Kennedy University Hospital-Stratford	40	0	0.28	--	--
Kimball Medical Center	20	0	0.11	--	--
Lourdes Medical Center of Burlington Cty.	38	0	0.28	--	--
Meadowlands Hospital Medical Center	11	0	0.08	--	--
Memorial Hospital of Salem County	16	0	0.12	--	--
Monmouth Medical Center	223	1	1.98	0.50	S
Morristown Memorial Hospital	1,124	4	5.84	0.69	S
Mountainside Hospital	78	0	0.69	--	--
Newark Beth Israel Medical Center	136	1	1.15	0.87	S
Newton Memorial Hospital	63	1	0.32	--	--
Ocean Medical Center	377	0	1.87	0.00	S
Our Lady of Lourdes Medical Center	25	0	0.17	--	--
Overlook Medical Center	412	3	2.15	1.40	S

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of infections divided by number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a

composite of all general acute care hospitals in the US. Data is from 2010. **NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer abdominal hysterectomy SSIs.**

Hospital Name	Procedure Count	Observed # of Knee Arthroplasty Infections (O)	Expected # of Knee Arthroplasty Infections (E) <sup>a</sup>	SIR <sup>b</sup>	National Comparison <sup>‡</sup>
Palisades Medical Center of New York (PHS)	32	0	0.27	--	--
Raritan Bay Medical Center - Old Bridge	17	0	0.09	--	--
Raritan Bay Medical Center - Perth Amboy	20	0	0.17	--	--
Riverview Medical Center	289	2	2.42	0.83	S
Robert Wood Johnson University Hospital	222	3	1.32	2.28	S
Robert Wood Johnson University Hospital at Hamilton	250	0	1.40	0.00	S
Robert Wood Johnson University Hospital at Rahway	68	3	0.50	--	--
Saint Barnabas Medical Center	261	0	1.55	0.00	S
Shore Medical Center	171	0	0.92	--	--
Somerset Medical Center	200	1	1.32	0.76	S
South Jersey Healthcare - Elmer	109	0	0.53	--	--
South Jersey Healthcare Regional Medical Center	109	0	0.75	--	--
Southern Ocean Medical Center	48	0	0.22	--	--
St. Clare's Hospital - Denville	129	0	0.74	--	--
St. Clare's Hospital - Dover	20	0	0.11	--	--
St. Clare's Hospital - Sussex	N/A				
St. Francis Medical Center	13	0	0.10	--	--
St. Joseph's Hospital and Medical Center	221	2	1.95	1.02	S
St. Joseph's Wayne Hospital	95	0	0.81	--	--
St. Luke's Warren Hospital	63	0	0.33	--	--
St. Mary's Hospital	28	0	0.16	--	--
St. Michael's Medical Center	115	2	0.98	--	--
St. Peter's University Hospital	386	1	2.49	0.40	S
Trinitas Regional Medical Center	46	2	0.49	--	--
UMDNJ - University Hospital	25	0	0.47	--	--
Underwood Memorial Hospital	157	1	1.20	0.83	S
University Medical Center at Princeton	348	5	2.44	2.05	S
Valley Hospital	515	4	3.02	1.32	S
Virtua Marlton	447	2	2.17	0.92	S
Virtua-Mem. Hospital of Burlington County	707	2	3.75	0.53	S
Virtua-West Jersey Health System - Berlin	N/A				
Virtua-West Jersey Health System - Voorhees	N/A				
<b>Statewide</b>	<b>13,054</b>	<b>77</b>	<b>81.04</b>	<b>0.95</b>	<b>S</b>

Source: New Jersey Healthcare-Associated Infections for 2010 submitted through the National Healthcare Safety Network (NHSN).

- a Expected (E) = # of infections predicted using the model fitted from the NHSN data from 2006-2008 which serves as the baseline for future reports. **Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.**
- b Standardized Infection Ratio (SIR) = Observed (O) / Expected (E)
- ‡ Each hospital is compared to the National Ratio=1. The National Ratio is derived using the CDC's NHSN data from 2006-2008 (AJIC, December 2009).
- L indicates hospital infections are LOWER than infections seen nationally.
- H indicates hospital infections are HIGHER than infections seen nationally.
- S indicates hospital infections are SIMILAR to infections seen nationally.
- SIR is not calculated because the Expected is < 1.
- N/A Hospital is not licensed to perform procedure(s) or did not perform procedure(s) in 2010.

# Coronary Artery Bypass Graft (CABG) Surgical Site Infections 2010

The Standardized Infection Ratio (SIR) is a summary of the observed (O) or actual number of infections divided by the number of expected (E) events. The SIR allows hospitals to be compared to the national experience. The National Comparison shows how well each hospital is doing compared to the national experience, a composite of all the general acute care hospitals in the United States. Data is from 2010.

Only 18 of the 72 acute care hospitals are licensed as Open Heart Surgery hospitals and are able to perform CABG surgery.

**NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CABG SSIs.**

Hospital Name	Number of Procedures	Observed # of CABG Infections (O)	Expected # of CABG Infections (E) <sup>a</sup>	SIR <sup>b</sup>	National Comparison <sup>‡</sup>
AtlantiCare Regional Medical Center - Mainland	215	2	2.70	0.74	S
Cooper Hospital/University Medical Center	281	2	3.88	0.52	S
Deborah Heart and Lung Center	198	7	2.77	2.53	H
Englewood Hospital and Medical Center	158	2	1.69	1.18	S
Hackensack University Medical Center	539	4	7.74	0.52	S
Jersey City Medical Center	117	0	1.70	0.00	S
Jersey Shore University Medical Center	643	10	7.44	1.34	S
Morristown Memorial Hospital	819	7	8.77	0.80	S
Newark Beth Israel Medical Center	239	2	2.84	0.71	S
Our Lady of Lourdes Medical Center	398	5	4.04	1.24	S
Robert Wood Johnson University Hospital	550	6	7.22	0.83	S
Saint Barnabas Medical Center	290	9	3.54	2.54	H
St. Francis Medical Center	99	0	1.43	0.00	S
St. Joseph's Hospital and Medical Center	199	1	3.10	0.32	S
St. Mary's Hospital	97	1	1.09	0.92	S
St. Michael's Medical Center	293	6	4.14	1.45	S
UMDNJ - University Hospital	55	0	0.84	--	--
Valley Hospital	326	2	3.24	0.62	S
<b>Statewide</b>	<b>5,516</b>	<b>66</b>	<b>68.15</b>	<b>0.97</b>	<b>S</b>

Source: New Jersey Healthcare-Associated Infections for 2010 submitted through the National Healthcare Safety Network (NHSN).

a Expected (E) = # of infections predicted using the model fitted from the NHSN data from 2006-2008. This data set will serve as the baseline/benchmark for future reports.

**Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.**

b Standardized Infection Ratio (SIR) = Observed (O) / Expected (E)

‡ Each hospital is compared to the National Ratio = 1. The National Ratio is derived using the CDC's NHSN data from 2006-2008 (AJIC, December 2009).

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

-- SIR is not calculated because the Expected is < 1.

CABG: includes procedures with either chest only or chest and donor site incisions.

# Preventing Surgical Site Infections (SSI)

**M**ost patients having surgery will do fine. However, 1 to 3 out of 100 patients will get infections after surgery. These infections can make recovery from surgery more difficult by causing additional illness,

stress, and cost. Following certain standard procedures can help prevent getting infection after surgery. The following are tips from the Centers for Disease Control and Prevention (CDC).

## What are hospitals doing to prevent SSIs after surgery?

### Doctors, nurses and other healthcare providers must:

- ❖ **Clean their hands and arms** up to the elbows with an antiseptic just before the surgery.
- ❖ **Clean their hands with soap and water** or an alcohol-based hand rub before and after caring for each patient.
- ❖ **Remove the patient's hair immediately before** surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not use a razor.
- ❖ **Wear** hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- ❖ **Provide antibiotics** before surgery starts, usually within 60 minutes and stop antibiotics within 24 hours after surgery.
- ❖ **Clean the skin** at the surgery site with a special soap that kills germs.

## What can I do to help prevent an SSI?

- ❖ **Make sure** those caring for you clean their hands with soap and

water or an alcohol-based hand rub before and after caring for you.

- ❖ **Always** clean your hands before and after caring for your wound.
- ❖ **Family and friends** who visit you should not touch the surgical wound or dressings.
- ❖ **Visitors** should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.
- ❖ **If you have any symptoms of an infection** such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

## What if I get an SSI? Can it be treated?

- ❖ **Yes.** Most surgical site infections can be treated with antibiotics. The antibiotic given depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

See **Patient Safety Tips for Surgery** on page 68 and **Basic Facts on Surgical Care Improvement (SCIP)** on pages 20-21 for more information.

**Remember: If you do not see your providers clean their hands, please ask them to do so.**



# Preventing Central Line-Associated Bloodstream Infections

**A** Central Line-Associated Bloodstream Infection (CLABSI) is serious, but often can be successfully treated with antibiotics. The central line (i.e., catheter, which is a thin tube placed in the bladder) might need to be removed if

a patient develops an infection. Below is a summary of steps to follow to help prevent CLABSIs from occurring. The following are tips from the Centers for Disease Control and Prevention (CDC).

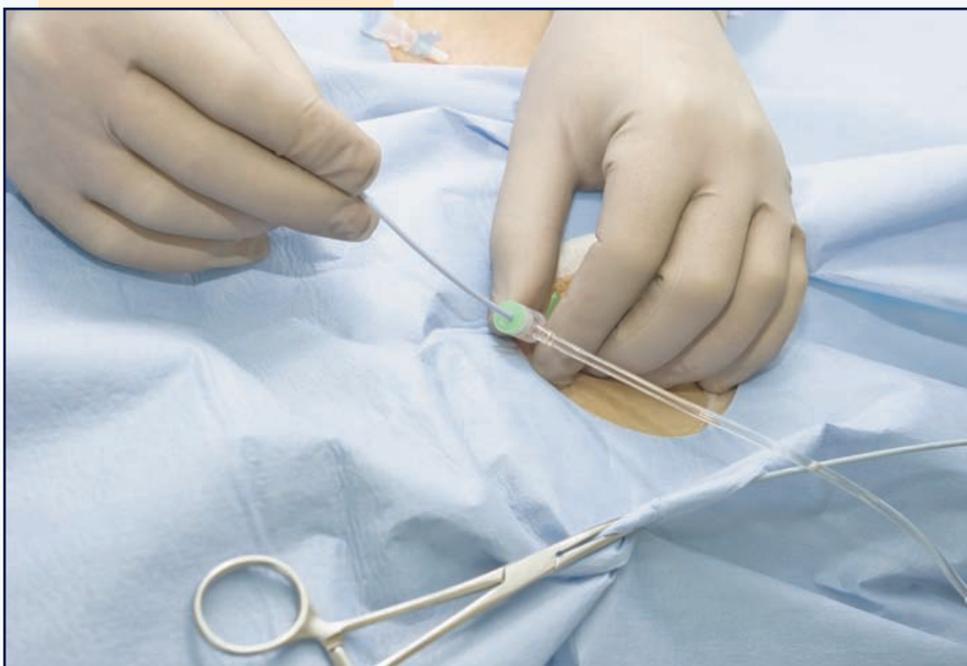
## What do nurses and doctors do to prevent CLABSI?

- ❖ **Choose** a vein where the catheter can be safely inserted and where the risk for infection is small.
- ❖ **Clean** their hands with soap and water or an alcohol-based hand rub before putting in the catheter.
- ❖ **Wear** a mask, cap, sterile gown, and sterile gloves when putting in the catheter to keep it sterile. The patient will be covered with a sterile sheet.
- ❖ **Clean** the patient's skin with an antiseptic cleanser before putting in the catheter.
- ❖ **Clean** their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the catheter to draw blood or give medications.
- ❖ **Clean** their hands and wear gloves when changing the bandage that covers the area where the catheter enters the skin.
- ❖ **Decide** every day if the patient still needs to have the catheter. The catheter will be removed as soon as it is no longer needed<sup>1</sup>.

## What can I do to help prevent a CLABSI?

- ❖ **Ask** your doctors and nurses to explain why you need the catheter and how long you will have it.
- ❖ **Ask** your doctors and nurses if they will be using all of the prevention methods discussed above.
- ❖ **Make sure** that all those caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.
- ❖ **Tell** your nurse or doctor immediately if the bandage comes off or becomes wet or dirty.
- ❖ **Inform** your nurse or doctor if the area around your catheter is sore or red.
- ❖ **Do not let** visitors touch the catheter or the tubing.
- ❖ **Make sure** family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you<sup>1</sup>.

**Remember: If you do not see your providers clean their hands, please ask them to do so.**



# More About Catheter-Associated Urinary Tract Infections (CAUTI) and How to Prevent Them

**A** Catheter-Associated Urinary Tract Infection (CAUTI) is the most common form of Healthcare-Associated Infection (HAI) reported in hospitals. The urinary catheter, which is a thin tube placed in the bladder, drains the urine through the tube into a bag. The catheter is secured to the leg to prevent pulling on it.

People with urinary catheters have a much higher chance of getting a urinary tract infection than those who don't. It is, therefore, important to understand what CAUTI is and what you can do to prevent it from occurring. The following are tips from the Centers for Disease Control and Prevention (CDC).

## What causes CAUTI?

If germs get into the urinary tract, they can cause an infection. The germs that cause the infection in the bladder are usually found in the intestines, where they are not harmful. Germs can enter the urinary tract when the catheter is being inserted or while it is in the bladder.

## What are the symptoms of a urinary tract infection?

- ❖ **Burning or pain** below the stomach (called the lower abdomen)
- ❖ **Fever**
- ❖ **Bloody urine**
- ❖ **Burning during urination** or an increase in the frequency of urination after the catheter is removed.
- ❖ **Sometimes** there are no symptoms.

## Can CAUTI be treated?

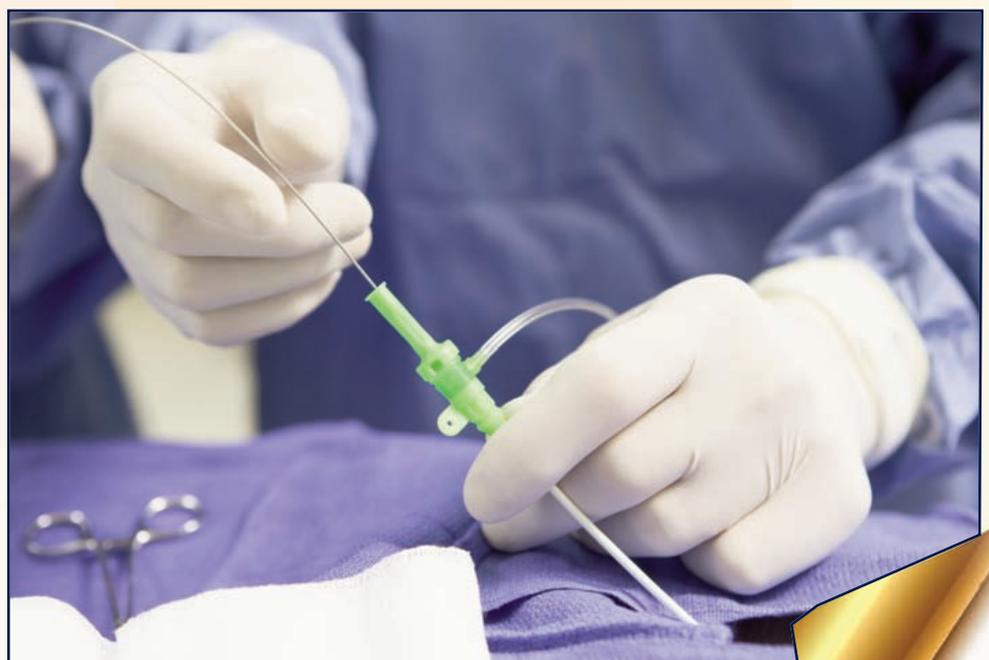
Most CAUTIs can be treated with antibiotics and by removing or changing the catheter. Your doctor will determine the best antibiotic for you.

## How can I help prevent CAUTI?

- ❖ **Ask** your healthcare provider to clean the area where the catheter is to be inserted before its insertion.
- ❖ **Make sure** your healthcare provider removes any temporary catheters used to drain the urine right away. This temporary catheter is called intermittent urethral catheterization.
- ❖ **Avoid** twisting, kinking or disconnecting the catheter and the drain tube. Doing so could expose the tube to germs.

- ❖ **Keep** the bag lower than the bladder to prevent the urine from flowing back into the bladder.
- ❖ **Make sure** the bag is emptied regularly. When this is done, the drainage spout should not touch anything.
- ❖ **Ask** your provider *every day* if you still need the catheter. Catheters are inserted only when necessary and should be removed as soon as possible.

**Remember: If you do not see your providers clean their hands before and after touching your catheter, please ask them to do so.**



# Handwashing Helps Prevent Infections

**M**any diseases and infections are spread through the hands. Even if your hands or your doctor, nurse or caregiver's hands look clean, they may be carrying germs or bacteria unless they are properly cleaned.

And yes, there is a right way to wash your hands. The Centers for Disease Control and Prevention (CDC) recommends the following:

## What is the right way to wash your hands?

- ❖ **Wet your hands** with clean, running water. It can be warm or cold. Apply soap, enough to lather. Washing your hands with soap and water is the best way to reduce germs on them.
- ❖ **Rub your hands together** to form a lather; scrub the backs of your hands, between your fingers, under your nails as well as the palms of your hands.

- ❖ **Rub your hands** for at least 20 seconds. If you don't have a timer, sing the "happy birthday to you" song twice from beginning to end.
- ❖ **Rinse your hands** well under running water.
- ❖ **Dry your hands** with a clean towel or air dry them.

## When should you wash your hands?

- ❖ **Before**, during and after preparing food.
- ❖ **Before** eating food.
- ❖ **Before** and after touching someone who is sick.

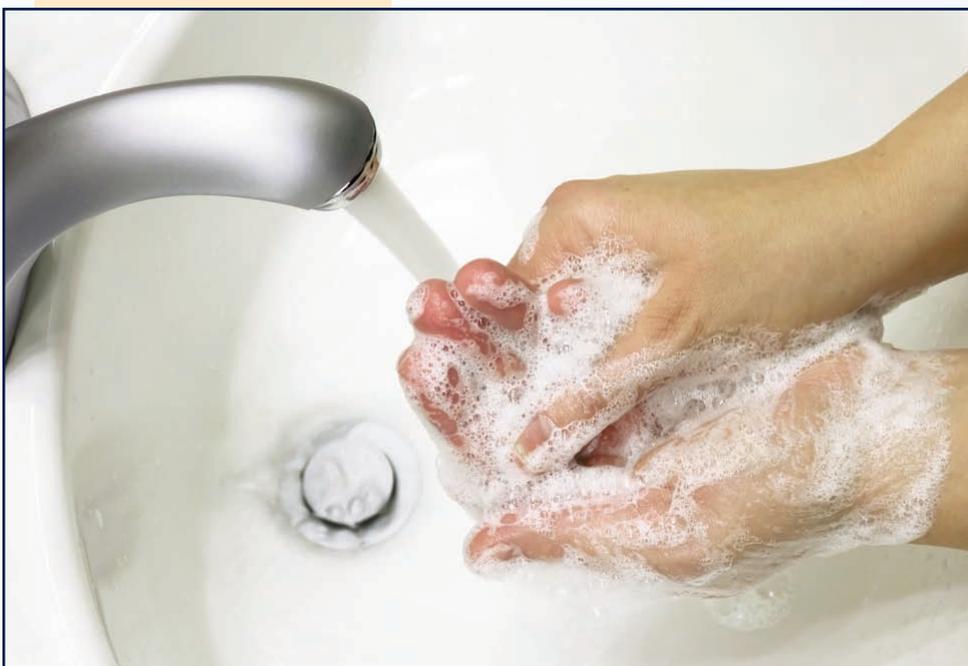
- ❖ **Before** and after treating a cut or wound.
- ❖ **After** using the toilet.
- ❖ **After** changing diapers or cleaning up a child who has used the toilet.
- ❖ **After** blowing your nose, coughing, or sneezing.
- ❖ **After** touching an animal or animal waste.
- ❖ **After** touching garbage.

## What if you don't have soap and/or clean, running water?

- ❖ **If you don't have soap and water**, use an alcohol-based hand sanitizer that contains at least 60% alcohol.

In some instances, sanitizers can reduce the number of germs on your hands but do not eliminate all types of germs. Hand sanitizers are not effective on hands that are very dirty.

**Remember: If you do not see your providers clean their hands, please ask them to do so.**



# Section 5

## Consumer Information

- ❖ **Taking an Active Role in Your Health Care**
- ❖ **Patient Safety Tips for Surgery**
- ❖ **Finding a Doctor or Information on Your Doctor**
- ❖ **Health Information and Referral**
- ❖ **Hospital Patients...Know Your Rights**
- ❖ **Avoid Being Readmitted to the Hospital**
- ❖ **Health Care Quality Oversight**
- ❖ **Filing a Complaint**
- ❖ **Quality Improvement Advisory Committee**



# Taking an Active Role in Your Healthcare

Take responsibility for your health care by making decisions carefully and learning about your medical condition and treatment options.



## Manage Your Medications Safely

**Ask** the pharmacist if the medicine is what your doctor prescribed.

**Ask** both your doctor and your pharmacist to tell you about your medication in understandable terms:

- ❖ What is the purpose of the medicine?
- ❖ How am I supposed to take the medicine and for how long?
- ❖ What side effects are likely? What do I do if they occur?
- ❖ Is this medicine safe to take with my other medicines or dietary supplements?
- ❖ What food, drink or activities should I avoid while taking this medicine?

**Read** the labels and inserts of the medication to learn about side effects and warnings. If you have any questions about the instructions, ask.

**Use** the same pharmacy or pharmacy chain for all medications, if possible.

**Make sure** all your doctors know all the medication and supplements you are taking:

- **Make a list** and share it with your doctor at least once a year, and the hospital staff, if you are in the the hospital, including the surgeon, the nurses and the hospital pharmacist.
- **Include** non-prescription medicines, herbal remedies and dietary supplements, such as vitamins.
- No time to make a list? **Bring** the medications and keep them in their containers.

**Inform** your doctors, pharmacist and hospital personnel about any existing drug allergies.

## Get the Results of all Tests and Procedures

**Call** your doctor and ask for your results, whether the tests are taken in the hospital or in your doctor's office. **Don't assume** that the results are fine if you do not receive a follow-up call.

**Ask** questions about the results and what they mean.

## Know Your Treatment Options

**Understand** what your doctor is telling you about your medical condition.

**Learn** as much as you can. Your doctor and/or library can help you find reliable information.

**Ask** your doctor to explain all of your treatments choices and non-surgical options, as well as the potential risks of each one.

**Consider** getting a second opinion and weigh the possible outcomes of each treatment option.

**Choose** a hospital that has treated many patients with your condition or the surgery you need. Patients have better results when they are treated in hospitals that have had a lot of experience treating their condition.

## When in the Hospital

**Think** about using a health advocate to ask questions, write down information and speak up for you so you can get the care and resources you need. A health advocate can be family, a friend, or a hired professional. Some hospitals employ patient advocates.

**Consider** asking all health care workers that have direct contact with you if they have washed their hands. Hand washing prevents the spread of infections. (See **Handwashing Helps Prevent Infections** on page 64).

**Ask** your doctor if he/she will be visiting you in the hospital or if there will be a **hospitalist** instead. Many hospitals hire hospitalists to provide around the clock inpatient care and act as your personal physician while you are in the hospital.

- ❖ Make sure the hospitalist has a copy of your records from your personal doctor and is communicating with him/her.

**Ask questions** about your medication, whether or not you are in the hospital. Know what you are taking and why, including IV solutions.

**Find out** which hospital staff will develop your care plan.

- ❖ Who will be leading this function?
- ❖ How often will they meet to discuss your needs?
- ❖ How often will information be communicated to you and your family?

**Understand** the treatment plan you will use at home.

- ❖ Learn about your medications.
- ❖ Find out when you can resume regular activities.
- ❖ What kind of follow-up care will you require?
- ❖ Will the hospital assist you in finding someone to help with your care at home?
- ❖ What training will the hospital provide to continue your treatment at home?
- ❖ Ask for copies of results of medical and lab tests taken while in the hospital.

## Take Charge

**Take** care of your health with regular appointments for routine check-ups and preventive care.

**Talk** to your doctor about when you need preventive health screenings.

**Create** a healthy lifestyle by eating right, exercising and getting the proper amount of sleep.

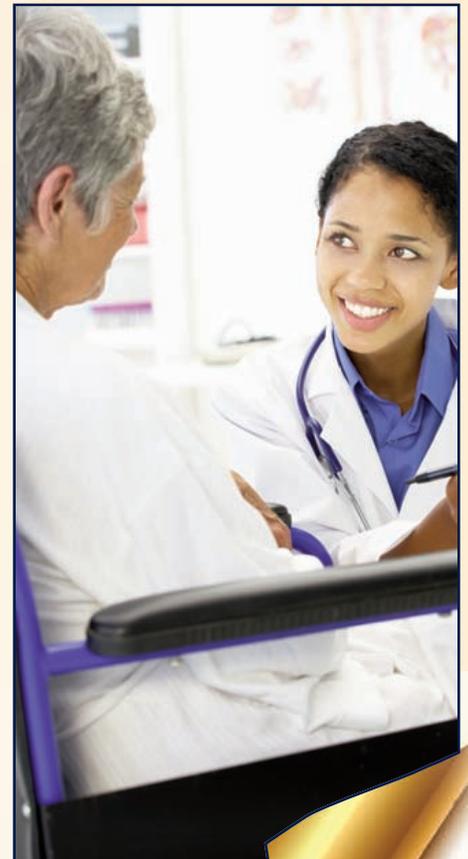
**Keep** a written record of your health history in one place. Check out AARP's web page, [http://assets.aarp.org/external\\_sites/caregiving/homecare/health\\_history.html](http://assets.aarp.org/external_sites/caregiving/homecare/health_history.html), for more information.

**Be prepared** in case of emergencies. Prepare a Living Will or a Health Proxy, a legal document that describes how you want to be treated in case you are incapacitated or near death.

**Discuss** your wishes for end-of-life treatment with your primary health professional and loved ones. See <http://www.polst.org> for Physician Orders for Life Sustaining Treatment (POLST).

**Learn** your rights and responsibilities when in the hospital.

See **Hospital Patients... Know Your Rights** on page 72.



# Patient Safety Tips for Surgery

To make your surgery safer, consider asking your doctor(s), nurse(s) and clinical staff some of the following questions before surgery:

❖ **What are my options for the best place to have this type of surgery: in the office, same-day surgery center or hospital?**

Consider cost, your health plan coverage, and above all, safety factors. Ask which of these options is the usual way the surgery is done?

❖ **What exactly do you expect will be done during surgery?**

Be sure that you, your doctor and your surgeon agree on exactly what will be done during surgery, and you are aware of what to expect.



❖ **Are the surgeon, anesthesiologist and nurses aware of any allergies or previous bad reactions to anesthesia that you may have had?**

Don't assume they know what you are allergic to, especially if you have not told them. If you have already told them, remind them.

❖ **Can I continue to take medications and vitamins that I am routinely taking?**

Inform all your doctors and nursing staff about all the prescription medications, vitamins, herbal supplements, and over-the-counter medications you are currently taking. Certain combinations of medicines can lead to problems. Patients taking heart medication need to be careful that the combinations will not lead to a heart attack.

❖ **Should I wash with an antibiotic soap the day before surgery?**

If you are supposed to wash with an antibiotic soap, ask the doctor to show you how. Doing so may help prevent infections.

❖ **Will I need an antibiotic before surgery? If so, for how long?**

Antibiotics should be taken within 1 hour before surgery and stopped within 24 hours in most cases, lowering your risk of infection after surgery.

❖ **If hair has to be removed from my body before surgery, will you be using clippers rather than a razor?**

Razors can cause infections if they leave small cuts on the skin.

❖ **What will you do to prevent the risk of blood clots?**

Because you do not move while under anesthesia, blood clots can form, possibly leading to a heart attack and a stroke. The more complicated the surgery, the higher the risk. A doctor may give you medication or a compression device/stocking to reduce your chances of forming a blood clot or recommend another treatment. Ask your doctor what treatment is right for you.

## Have the Surgeon Mark the Site He or She Will Operate On

Don't be afraid to ask your surgeon to mark the site on your skin to be operated on the day of surgery. Request that the surgeon to use an indelible marker (ink that will not easily wash off). Although it is rare, surgeons can make a mistake and operate on the wrong part of the body. Marking the correct site will help prevent this uncommon medical error.

Searching for a doctor can be confusing. Below are some suggestions to help you find a doctor and choosing the right one for you:

### What to Look for in a Doctor

- ❖ Look for a doctor that has experience in treating your condition. Call the doctor's office staff and ask them questions before you make an appointment.
  - ❖ You may want a doctor who has privileges (is permitted to practice) at a particular hospital. Narrow your search by looking at just those doctors with admitting privileges to this hospital. Call or look on the internet for the hospital's physician referral service to find a doctor who specializes in your condition.
  - ❖ Get information about the doctor's training and hospital affiliations. Find out if the doctor is board certified in his/her specialty area. "Certified" means that the doctor has completed a training program in a specific specialty. While board certification is a good measure of a doctor's knowledge, you can receive quality care from doctors who are not board certified.
- Use the web sites listed in this section or call the doctor's office staff to get the answers. You can also call the American Board of Medical Specialties at **(866) 275-2267** to find out if the doctor is board certified.
- ❖ Find out if there are any disciplinary actions against the doctor by contacting the NJ Healthcare Profile through their web site at [www.NJdoctorlist.com](http://www.NJdoctorlist.com).

- ❖ Ask about the doctor's office hours, back-up coverage to handle emergencies and how quickly you can make an appointment by calling the doctor's office staff.
- ❖ Make sure that you like your doctor and are at ease talking to him/her. If you do not like your doctor or do not trust him/her, you will not be able to discuss your health issues comfortably and communicate freely. This also means that you should be able to ask questions and clarify anything you do not understand.

For more tips, check out the Agency for Health Care Quality and Research (AHRQ's) web site, <http://www.ahrq.gov/questions>.

### Choose a Doctor Carefully

- ❖ Ask your insurer for a list of physicians in its network. Some insurers will not reimburse you for visits to doctors outside their network, and others may partially reimburse you.
- ❖ Ask friends, family, co-workers and neighbors for recommendations.
- ❖ Call the doctor referral service at a hospital of your choice and ask them for a list of physicians within the specialized area you are seeking. Keep in mind that they will only provide a list of doctors on their staff and will not make any recommendations.

Use the following web sites to find a doctor or to find out information about a doctor:

- ❖ **New Jersey Healthcare Profile:** [www.NJdoctorlist.com](http://www.NJdoctorlist.com) helps you find doctors by location or field of medicine. Review a doctor's credentials, background, disciplinary actions and malpractice payments.
- ❖ **DoctorFinder:** <https://extapps.ama-assn.org/doctorfinder/> an American Medicine Association (AMA) web site, provides office addresses, phone numbers, and board certifications on over 814,000 doctors in the US. Search by name, specialty, hospital, or county.
- ❖ **Physician and Other Health Care Professional Directory:** <http://www.medicare.gov/find-a-doctor/provider-search.aspx> gives the specialties, office locations, maps, directions, and phone numbers of doctors who provide services to Medicare patients. Doctors' profiles may also include their education, gender, residency, languages, and hospital affiliation.

# Health Information & Referral

These resources provide a good starting point in finding out how to get the best health care. Refer to [www.nj.gov/health/hpr](http://www.nj.gov/health/hpr) for more sources.

## Health Care Conditions

- Asthma Care**
- ❖ **Asthma Information and Resources (DOH):** NJ asthma programs and resources. [www.nj.gov/health/fhs/asthma](http://www.nj.gov/health/fhs/asthma)
  - ❖ **Pediatric and Adult Asthma Programs (PACNJ):** Asthma programs and services in NJ. (908) 685-8040 ext. 320 (American Lung Association of NJ) or [www.pacnj.org](http://www.pacnj.org)
  - ❖ **Resources on Allergy, Asthma, and Immunology (AAAAI):** Asthma and allergy related information. (414) 272-6071 or [www.aaaai.org](http://www.aaaai.org)

- Cancer Care**
- ❖ **Cancer Control and Prevention (DOH):** Various types of cancer resources by NJ county. [www.nj.gov/health/ccp](http://www.nj.gov/health/ccp)
  - ❖ **Cancer Initiatives (DOH):** State and federal resources, research, data, treatment and prevention. [www.nj.gov/health/cancer](http://www.nj.gov/health/cancer)
  - ❖ **Cancer Resources (ACS):** Comprehensive information on cancer. (800) 227-2345 or [www.cancer.org](http://www.cancer.org)
  - ❖ **Resources for Cancer Patients in New Jersey (NJCCR):** Information, resources, and support group locations. [www.nj.gov/health/ccr/patientresources.htm](http://www.nj.gov/health/ccr/patientresources.htm)

- Cardiac Care**
- ❖ **Cardiac Surgery in New Jersey (DOH):** Coronary artery bypass graft surgery (CABG) death rates for NJ hospitals and physicians. [www.nj.gov/health/healthcarequality/documents/cardconsumer09.pdf](http://www.nj.gov/health/healthcarequality/documents/cardconsumer09.pdf)
  - ❖ **Heart Health (AHA):** A wide range of cardiovascular and stroke topics. (800) 242-8721 or [www.heart.org](http://www.heart.org)
  - ❖ **Healthy Lungs (ALA):** Fighting and preventing lung disease, such as asthma, smoking, environmental health, and research. (800) 586-4872 or [www.lungusa.org](http://www.lungusa.org)

- Diabetes Care**
- ❖ **Diabetes Information (ADA):** Information on diabetes. (800) 342-2383 or [www.diabetes.org](http://www.diabetes.org)
  - ❖ **Diabetes Prevention and Control (DOH):** Diabetes resources, information, NJ data, and treatment. (609) 984-6137 or [www.nj.gov/health/fhs/diabinde.shtml](http://www.nj.gov/health/fhs/diabinde.shtml)
  - ❖ **Diabetes and Me (CDC):** From the basics to research, statistics, and educational publications. (800) CDC-INFO; TTY (888) 232-6348 or [www.cdc.gov/diabetes/consumer/index.htm](http://www.cdc.gov/diabetes/consumer/index.htm)

- Health Issues, Facts and Conditions**
- ❖ **Diagnosis/Treatment of Diseases (ACS, ADA, AHA, AACR):** Current research on diagnosis and treatment of specific diseases. [www.PatientInform.com](http://www.PatientInform.com)
  - ❖ **Health Conditions (CDC):** Disease prevention and control, environmental health, and health promotion. [www.cdc.gov](http://www.cdc.gov)
  - ❖ **Health Data Fact Sheets (DOH):** Data on selected NJ health topics. [www.nj.gov/health/chs/index.html](http://www.nj.gov/health/chs/index.html)
  - ❖ **Health Issues (NLM, NIH):** Various conditions, health news, clinical trials, medicines, encyclopedias and medical dictionary. [www.medlineplus.gov](http://www.medlineplus.gov)

Seniors	KEY
❖ <b>Aging and Disability Resource Connection (ADRCNJ, DHS):</b> Information and assistance for older persons, adults with physical disabilities, caregivers and professionals looking for services or programs by county. (877) 222-3737 or <a href="http://www.adrc.org">www.adrc.org</a>	<b>AAAAI:</b> American Academy of Allergy, Asthma and Immunology
❖ <b>Medicare and You/MyMedicare.gov (CMS):</b> Health and drug plan options; benefits, enrollment, eligibility and preventive health. (800) MEDICARE or <a href="http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf">http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf</a>	<b>AACR:</b> American Association for Cancer Research
❖ <b>Medicare Preventive Services (CMS):</b> Preventive information and services available to Medicare recipients. (800) MEDICARE or <a href="http://www.medicare.gov/Publications/Pubs/pdf/10110.pdf">http://www.medicare.gov/Publications/Pubs/pdf/10110.pdf</a>	<b>ACS:</b> American Cancer Society
❖ <b>Medicines and You: A Guide for Older Adults (FDA):</b> Importance of knowing your medicines to avoid problems. <a href="http://www.fda.gov/Drugs/ResourcesForYou/ucm163959.htm">http://www.fda.gov/Drugs/ResourcesForYou/ucm163959.htm</a>	<b>ADA:</b> American Diabetes Association
❖ <b>NIHSeniorHealth.gov (NIA, NLM, NIH):</b> Authoritative and up-to-date health and wellness information. <a href="http://www.nihseniorHealth.gov">www.nihseniorHealth.gov</a>	<b>ADRCNJ:</b> Aging & Disability Resource Connection of NJ
❖ <b>Talking With Your Doctor: A Guide for Older People (NIA):</b> How to discuss health concerns and medicines with physicians. (800) 222-2225; TTY (800) 222-4225 or <a href="http://www.nia.nih.gov/health/publication/talking-your-doctor-guide-older-people">www.nia.nih.gov/health/publication/talking-your-doctor-guide-older-people</a>	<b>AHA:</b> American Heart Association
<b>Preventive Care and General Health Information</b>	
❖ <b>Everyday Choices for a Healthier Life Style (ACS, ADA, AHA):</b> Disease prevention and early detection. <a href="http://www.everydaychoices.org">www.everydaychoices.org</a>	<b>AHRQ:</b> Agency for Healthcare Research and Quality
❖ <b>Healthfinder.gov:</b> Health information from the federal government and other resources. <a href="http://www.healthfinder.gov">www.healthfinder.gov</a>	<b>ALA:</b> American Lung Association
❖ <b>Hospital and Consumer Information (Joint Commission):</b> Find accredited hospitals, disease specific hospitals for treatment and learn how to find reliable health information on the internet. <a href="http://www.JointCommission.org/general_public.aspx">www.JointCommission.org/general_public.aspx</a>	<b>CDC:</b> Centers for Disease Control and Prevention
❖ <b>NJ HMO Performance Report (DOBI):</b> Performance comparisons of NJ's managed care plans and consumer ratings. <a href="http://www.nj.gov/dobi/lhactuar.htm#hmo">www.nj.gov/dobi/lhactuar.htm #hmo</a>	<b>CMS:</b> Centers for Medicare and Medicaid Services
❖ <b>NJ Prescription Drug Retail Price Registry (LPSCA):</b> Compare drug retail prices charged by pharmacies. (800)-242-5846. <a href="http://www.njdrugprices.nj.gov">www.njdrugprices.nj.gov</a>	<b>DOH:</b> NJ Department of Health
❖ <b>Preventive Care Booklets (AHRQ):</b> Guides to healthy habits, screening tests, and immunizations. (800) 358-9295	<b>DOBI:</b> NJ Department of Banking and Insurance
● <b>Men: Stay Healthy at Any Age.</b> <a href="http://www.ahrq.gov/ppip/healthymen.htm">www.ahrq.gov/ppip/healthymen.htm</a>	<b>FDA:</b> Food and Drug Administration
● <b>Women: Stay Healthy at Any Age.</b> <a href="http://www.ahrq.gov/ppip/healthywom.htm">www.ahrq.gov/ppip/healthywom.htm</a>	<b>LPSCA:</b> NJ Law and Public Safety, Consumer Affairs
❖ <b>Questions are the Answer (AHRQ):</b> Asking questions can improve your health and increase communication with health care professionals. <a href="http://www.ahrq.gov/consumer/qntool.htm">www.ahrq.gov/consumer/qntool.htm</a>	<b>NIA:</b> National Institute on Aging
	<b>NIH:</b> National Institutes of Health
	<b>NJCCR:</b> NJ Commission on Cancer Research
	<b>NLM:</b> National Library of Medicine
	<b>PACNJ:</b> Pediatric/Asthma Coalition of NJ

# Hospital Patients . . . Know Your Rights

As a patient in a New Jersey hospital, you have the right to:



## Medical Care

- ❖ Receive an understandable explanation from your physician of your complete medical condition including recommended treatment, expected results, risks and reasonable alternatives. If your physician believes that some of this information would be detrimental to your health or beyond your ability to understand, the explanation must be given to your next of kin or guardian.
- ❖ Give informed written consent prior to the start of specified, non-emergency medical procedures or treatments only after your physician has explained - in terms you can understand - specific details about the recommended procedure or treatment, the risks, time to recover and reasonable medical alternatives.
- ❖ Be informed of the hospital's written policies and procedures regarding life-saving methods and the use or withdrawal of life-support.
- ❖ Refuse medication and treatment to the extent permitted by law and to be informed of the medical consequences of refusal.
- ❖ Be included in experimental research only when you have given informed consent to participate.
- ❖ Choose your own private professional nurse and contract directly for this care during hospitalization. You can request from the hospital a list of local non-profit professional nurses association registries that refer nurses.

- ❖ Receive appropriate assessment and treatment for pain.

## Transfers

- ❖ Be transferred to another facility only if the current hospital is unable to provide the level of appropriate medical care or if the transfer is requested by you or your next of kin or guardian.
- ❖ Receive from a physician in advance an explanation of the reasons for transfer including alternatives, verification of acceptance from the receiving facility, and assurance that the move will not worsen your medical condition.

## Communication and Information

- ❖ Be treated with courtesy, consideration and respect for your dignity and individuality.
- ❖ Know the names and functions of all physicians and other health care professionals directly caring for you.
- ❖ Expediently receive the services of a translator or interpreter, if needed, to communicate with the hospital staff.
- ❖ Be informed of the names, titles, and duties of other health care professionals and educational institutions that participate in your treatment. You have the right to refuse to allow their participation.
- ❖ Be advised in writing of the hospital's rules regarding the conduct of patients and visitors.

- ❖ Receive a summary of your rights as a patient, including the name(s) and phone number(s) of the hospital staff to whom to direct questions or complaints about possible violations of your rights. If at least 10% of the hospital's service area speaks your native language, you can receive a copy of the summary in your native language.

### Medical Records

- ❖ Have prompt access to your medical records. If your physician feels that this access is detrimental to your health, your next of kin or guardian has a right to see your records.
- ❖ Obtain a copy of your medical records at a reasonable fee within 30 days after submitting a written request to the hospital.

### Cost of Hospital Care

- ❖ Receive a copy of the hospital charges, an itemized bill, if requested, and an explanation.
- ❖ Appeal any charges and receive an explanation of the appeals process.
- ❖ Obtain the hospital's help in securing public assistance and private health care benefits to which you may be entitled.

### Discharge Planning

- ❖ Be informed about any need for follow-up care and receive assistance in obtaining this care required after your discharge from the hospital.



- ❖ Receive sufficient time before discharge to arrange for follow-up care after hospitalization.
- ❖ Be informed by the hospital about the discharge appeal process.

### Privacy and Confidentiality

- ❖ Be provided with physical privacy during medical treatment and personal hygiene functions, unless you need assistance.
- ❖ Be assured confidentiality about your patient stay. Your medical and financial records shall not be released to anyone outside the hospital without your approval, unless you are transferred to another facility that requires the information, or release of the information is required and permitted by law.
- ❖ Have access to individual storage space for your private use and to safeguard your property if unable to assume that responsibility.

### Freedom from Abuse and Restraints

- ❖ Be free from physical and mental abuse.
- ❖ Be free from restraints unless authorized by a physician for a limited period of time to protect your safety or the safety of others.

### Civil Rights

- ❖ Receive treatment and medical services without discrimination based on race, age, religion, national origin, sex, sexual preferences, handicap, diagnosis, ability to pay or source of payment.
- ❖ Exercise your constitutional, civil and legal rights.

### Questions, Complaints and Appeals

- ❖ Ask questions or file grievances about patient rights with a designated hospital staff member and receive a response within a reasonable period.
- ❖ Be provided, by the hospital, with contact information for the New Jersey Department of Health unit that handles questions and complaints.

See **Filing a Complaint** on page 77 for details.

# Avoid Being Readmitted to the Hospital

**P**atients often find themselves returning to the hospital only a few weeks after they have been discharged. This can happen for many reasons, such as: not being clear about your follow-up care and the medications you should take; not receiving important information or test results about your care; or you may need someone to assist or take care of you, yet you have no one. Many readmissions are potentially preventable and add to the increasing costs of the health care system.

Below are some tips to help prevent a return trip to the hospital based on Dr. Eric Coleman's **Care Transitions Program**. You can find them at: [www.caretransitions.org](http://www.caretransitions.org). The Agency for Health Research and Quality (AHRQ's) also has tips in their **Taking Care of Myself: A Guide for When I leave the Hospital**. You can find them at: <http://www.ahrq.gov/patients-consumers/diagnosis-treatment/hospitals-clinics/goinghome/goinghomeguide.pdf>

**ASK QUESTIONS!** Get over the fear that you are bothering the doctors or nurses. It is their job to address your questions and it is your right to get questions answered. Remember: it is your life in their hands.

**REPEAT INSTRUCTIONS** back to your doctor or nurses to make sure you understand them.

**Have a schedule** of follow-up appointments and tests to be done after discharge at the hospital or and with doctors/specialists outside the hospital. If you can, schedule the visits before you are discharged, including the one with your own primary care doctor.

**Understand your medical condition.** Repeat what you hear back to the doctor or nurses until you get it right. Have them write out your medical condition on your discharge papers.

**Have a written list of medications you will be taking,** along with their prescriptions, indicating why you are taking them, when to take them, for how long, possible side effects, and what food or supplements to take or not to take with the medication. Sometimes, the hospital substitutes different medication from the ones you were taking before you entered the hospital. Make sure you know which prescriptions were substituted,

why they were substituted, and the reason you are taking the medication.

- ❖ Do you know where you are going to get the medication? Will the hospital provide this medication when you leave? Will you be going home with it, or will you need to get the medication from an outside pharmacy?
- ❖ Will you need prescription refills or renewals? Who will provide them, the hospital pharmacy or your own doctor?
- ❖ For a handy form to keep a record of your medication, refer to **The Care Transitions Program's** Personal Health Record at: <http://www.caretransitions.org/documents/phr.pdf>. You can also find a similar form in AHRQ's **Guide for When I Leave the Hospital** at <http://www.ahrq.gov/patients-consumers/diagnosis-treatment/hospitals-clinics/goinghome/goinghomeguide.pdf>.

**Have a written list of any equipment you might need** (eg., a cane, a walker, a wheelchair).

- ❖ Will the hospital provide this equipment?
- ❖ Will you be going home with it, or will you need to get the equipment from an outside source? If so, where does the hospital recommend you go?



- ❖ Before you leave, make sure the hospital staff show you how to use the equipment properly.

**If you need to make changes in your home,** such as grab bars in the bathroom, try to arrange to have them installed in advance or scheduled to be installed as close to your discharge date as possible.

**Make sure that your primary care doctor knows that you were in the hospital, knows of your medical condition and what new drugs you are taking.** Do not assume the medical staff at the hospital has communicated with your personal doctor. More often than not, they do not. Ask the hospital to send a copy of your records to the primary care physician.

**Ask about the danger signs of your conditions and learn to recognize them.** Have a plan as to what you will do if the symptoms get worse. Determine before you leave the hospital who you will call during the day, at night and on weekends.

**Who at the hospital should you contact if you feel like your condition is getting worse or not improving?** Make sure you have the phone numbers of those you should contact before you are discharged from the hospital.

**Do you know where you are going after you are discharged?** Home? Skilled Nursing Facility? Rehabilitation? Make sure you are clear on where you will be going.



# Hospital Quality Oversight

In addition to this performance report, the New Jersey Department of Health (DOH) monitors quality in New Jersey hospitals in other forms.

## New Jersey Department of Health (DOH)

The Department of Health's oversight activities are intended to promote the health, safety and welfare of patients/residents in New Jersey health care facilities.

### Licensure:

The Department of Health issues licenses to hospitals, ambulatory care and other health care facilities. You can access the names, addresses, licensure expiration dates and other information on the hospitals licensed by Department of Health by visiting [www.nj.gov/health/healthfacilities/search/ac.shtml](http://www.nj.gov/health/healthfacilities/search/ac.shtml).

### Inspections:

To evaluate compliance with State regulatory standards, the Department of Health conducts facility inspections and also responds to specific complaints. In addition, the Department of Health conducts inspections under contract to the U.S. Department of Health and Human Services to evaluate facility compliance with Medicare conditions of participation.

### Enforcement:

If a hospital does not meet State licensure or Medicare standards, the Department of Health may cite the hospital for a deficiency, and the hospital must submit a plan of correction. In the case of licensure standards violations, the Department of Health may also issue a monetary penalty or take other actions.

## Patient Safety

The Department of Health oversees several initiatives that ensure the safety of inpatients in New Jersey hospitals,

- ❖ The **Patient Safety Reporting System** is responsible for collecting confidential information on medical errors from hospitals and ensuring that hospitals review these events to prevent reoccurrence.
- ❖ The **Patient Safety Indicators (PSIs)** are a data set developed by the Agency for Health Care Research and Quality (AHRQ) that measure the extent to which certain avoidable medical errors occur in each hospital.

Recent legislation has mandated that the Department of Health publicly report this information for New Jersey hospitals. The results of the data can be found on pages 38-42 of this report.

More detail can be found on the web at [www.nj.gov/health/hpr](http://www.nj.gov/health/hpr).



### About a New Jersey Hospital and how it:

<p><b>Treated You:</b></p>	<p><b>Write...</b> New Jersey Department of Health Division of Health Facilities Evaluation and Licensing Assessment and Survey Program PO Box 367, Trenton, NJ 08625-0367</p> <p><b>Visit...</b> <a href="http://www.nj.gov/health/healthfacilities/hotlines.shtml">www.nj.gov/health/healthfacilities/hotlines.shtml</a></p> <p><b>Call...</b> (800) 792-9770</p>
<p><b>Handled Your Application for Charity Care:</b></p>	<p><b>Write...</b> New Jersey Department of Health New Jersey Hospital Care Payment Assistance Program PO Box 360, Trenton, NJ 08625-0360</p> <p><b>Visit...</b> <a href="http://www.nj.gov/health/charitycare/index.shtml">www.nj.gov/health/charitycare/index.shtml</a> (Spanish and English)</p> <p><b>Call...</b> (866) 588-5696 (Spanish and English)</p>
<p><b>Billed You and You Are Covered By a New Jersey Health Maintenance Organization:</b></p>	<p><b>Write...</b> Department of Banking and Insurance, Consumer Protection Services, Managed Care Complaints and Appeals, PO Box 329 20 West State Street, 9th floor, Trenton, NJ 08625-0329</p> <p><b>Visit...</b> <a href="http://www.nj.gov/dobi/mcfags.htm">www.nj.gov/dobi/mcfags.htm</a></p> <p><b>Call...</b> (888) 393-1062</p>
<p><b>Billed You and You Are Enrolled in Medicare:</b></p>	<p><b>Visit...</b> Medicare Program at <a href="http://www.medicare.gov">www.medicare.gov</a></p> <p><b>Call...</b> (800) MEDICARE</p>
<p><b>Billed You and You Are Enrolled in Medicaid:</b></p>	<p><b>Call...</b> (800) 356-1561</p>

### About a New Jersey Physician:

	<p><b>Write...</b> New Jersey Board of Medical Examiners, PO Box 183 Trenton, NJ 08625-0183</p> <p><b>Visit...</b> <a href="http://www.njconsumeraffairs.gov/bme/bmeform.htm">www.njconsumeraffairs.gov/bme/bmeform.htm</a></p> <p><b>Call...</b> (609) 826-7100 to obtain a complaint form</p>
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### About a New Jersey Nurse:

	<p><b>Write...</b> New Jersey Board of Nursing, PO Box 45010, Newark, NJ 07101</p> <p><b>Call...</b> (973) 504-6457</p>
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# Quality Improvement Advisory Committee (QIAC)

QIAC is an advisory committee for the New Jersey Department of Health (DOH) that provided advice on developing this report.

## **Maureen Bueno, RN, PhD**

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## **Peter A. Gross, MD**

Co-Chair  
Hackensack University  
Medical Center

## **Fred M. Jacobs, MD, JD**

Co-Chair  
Saint Barnabas  
Health Care System

## **Joshua Bershad, MD, MBA**

RWJ University Hospital

## **Joel Cantor, ScD**

Center for State Health Policy  
Rutgers University

## **Donald E. Casey, Jr., MD**

Atlantic Health System

## **Lawrence Downs, Esq.**

Medical Society of New Jersey

## **Bernie Gerard, Jr.**

Health Professionals and  
Allied Employees

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New Jersey Hospital Association

## **Suzanne Ianni**

Hospital Alliance of NJ

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NJ Health Care  
Quality Institute

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AtlantiCare Regional  
Medical Center

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NJ Council of  
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APS Healthcare

## **Pamela R. Orton**

NJ Department of  
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## **David Pointer**

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**Letitia Holloway-Owens**

**Jianping Huang**

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**Marcia Jaffe**

**Abate Mammo**

# Section 6

## New Jersey General Acute Care Hospitals



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# New Jersey General Acute Care Hospitals

## **AtlantiCare Regional Medical Center—City Division**

1925 Pacific Avenue  
Atlantic City, NJ 08401  
(609) 344-4081  
[www.atlanticare.org](http://www.atlanticare.org)

## **AtlantiCare Regional Medical Center—Mainland Division**

Jimmie Leeds Road  
Pomona, NJ 08240  
(609) 652-1000  
[www.atlanticare.org](http://www.atlanticare.org)

## **Bayonne Medical Center**

29th Street & Avenue E  
Bayonne, NJ 07002  
(201) 858-5000  
[www.bayonnemedicalcenter.org](http://www.bayonnemedicalcenter.org)

## **Bayshore Community Hospital**

727 North Beers Street  
Holmdel, NJ 07733  
(732) 739-5900  
[www.bchs.com](http://www.bchs.com)

## **Bergen Regional Medical Center**

230 E. Ridgewood Avenue  
Paramus, NJ 07652  
(201) 967-4000  
[www.bergenregional.com](http://www.bergenregional.com)

## **Cape Regional Medical Center**

Two Stone Harbor Boulevard  
Cape May Court House, NJ 08210  
(609) 463-2000  
[www.caperregional.com](http://www.caperregional.com)

## **Capital Health Medical Center-Hopewell**

One Capital Way  
Pennington, NJ 08534  
(609) 303-4000  
[www.capitalhealth.org](http://www.capitalhealth.org)

## **Capital Health Regional Medical Center**

750 Brunswick Avenue  
Trenton, NJ 08638  
609-394-6000  
[www.capitalhealth.org](http://www.capitalhealth.org)

## **CentraState Medical Center**

901 West Main Street  
Freehold, NJ 07728  
(732) 431-2000  
[www.centrastate.com](http://www.centrastate.com)

## **Chilton Memorial Hospital**

97 West Parkway  
Pompton Plains, NJ 07444  
(973) 831-5000  
[www.chiltonmemorial.org](http://www.chiltonmemorial.org)

## **Christ Hospital**

176 Palisade Avenue  
Jersey City, NJ 07306  
(201) 795-8200  
[www.chrighthospital.org](http://www.chrighthospital.org)

## **Clara Maass Medical Center**

One Clara Maass Drive  
Belleville, NJ 07109  
(973) 450-2000  
[www.sbhcs.com/hospitals/clara\\_maass](http://www.sbhcs.com/hospitals/clara_maass)

## **Community Medical Center**

99 Route 37 West  
Toms River, NJ 08755  
(732) 557-8000  
[www.sbhcs.com/hospitals/community\\_medical](http://www.sbhcs.com/hospitals/community_medical)

## **Cooper Hospital/University Medical Center**

One Cooper Plaza  
Camden, NJ 08103  
(856) 342-2000  
[www.cooperhealth.org](http://www.cooperhealth.org)

## **Deborah Heart and Lung Center**

200 Trenton Road  
Browns Mills, NJ 08015  
(609) 893-6611  
[www.deborah.org](http://www.deborah.org)

## **East Orange General Hospital**

300 Central Avenue  
East Orange, NJ 07018  
(973) 672-8400  
[www.evh.org](http://www.evh.org)

**Englewood Hospital and Medical Center**

350 Engle Street  
Englewood, NJ 07631  
(201) 894-3000  
[www.Englewoodhospital.com](http://www.Englewoodhospital.com)

**Hackensack University Medical Center**

30 Prospect Avenue  
Hackensack, NJ 07601  
(201) 996-2000  
[www.humed.com](http://www.humed.com)

**Hackettstown Regional Medical Center**

651 Willow Grove Street  
Hackettstown, NJ 07840  
(908) 852-5100  
[www.hch.org](http://www.hch.org)

**Hoboken University Medical Center**

308 Willow Avenue  
Hoboken, NJ 07030  
(201) 418-1000  
[www.hobokenumc.com](http://www.hobokenumc.com)

**Holy Name Medical Center**

718 Teaneck Road  
Teaneck, NJ 07666  
(201) 833-3000  
[www.holyname.org](http://www.holyname.org)

**Hunterdon Medical Center**

2100 Wescott Drive  
Flemington, NJ 08822  
(908) 788-6100  
[www.hunterdonhealthcare.org](http://www.hunterdonhealthcare.org)

**Jersey City Medical Center**

355 Grand Street  
Jersey City, NJ 07302  
(201) 915-2000  
[www.libertyhealth.org](http://www.libertyhealth.org)

**Jersey Shore University Medical Center**

1945 Route 33  
Neptune, NJ 07753  
(732) 775-5500  
[www.meridianhealth.com](http://www.meridianhealth.com)

**JFK Medical Center/Anthony M. Yelensics Community Hospital**

65 James Street  
Edison, NJ 08818  
(732) 321-7000  
[www.jfkmc.org](http://www.jfkmc.org)

**Kennedy Memorial Hospitals—UMC Cherry Hill Division**

2201 Chapel Avenue West  
Cherry Hill, NJ 08002  
(856) 488-6500  
[www.kennedyhealth.org](http://www.kennedyhealth.org)

**Kennedy Memorial Hospitals—UMC Stratford Division**

18 East Laurel Road  
Stratford, NJ 08084  
(856) 346-6000  
[www.kennedyhealth.org](http://www.kennedyhealth.org)

**Kennedy Memorial Hospitals—UMC Washington Twp. Division**

435 Hurffville-Cross Keys Road  
Turnersville, NJ 08012  
(856) 582-2500  
[www.kennedyhealth.org](http://www.kennedyhealth.org)

**Kimball Medical Center**

600 River Avenue  
Lakewood, NJ 08701  
(732) 363-1900  
[www.sbhcs.com/hospitals/kimbal\\_medical](http://www.sbhcs.com/hospitals/kimbal_medical)

**Lourdes Medical Center of Burlington County**

218 Sunset Road  
Willingboro, NJ 08046  
(609) 835-2900  
[www.lourdesnet.org](http://www.lourdesnet.org)

**Meadowlands Hospital Medical Center**

55 Meadowlands Parkway  
Secaucus, NJ 07096  
(201) 392-3100  
[www.libertyhealth.org](http://www.libertyhealth.org)

# New Jersey General Acute Care Hospitals

## **Memorial Hospital of Salem County**

310 Woodstown Road  
Salem, NJ 08079  
(856) 935-1000  
[www.mhschealth.com](http://www.mhschealth.com)

## **Monmouth Medical Center**

300 Second Avenue  
Long Branch, NJ 07740  
(732) 222-5200  
[www.sbhcs.com/hospitals/monmouth\\_medical](http://www.sbhcs.com/hospitals/monmouth_medical)

## **Morristown Memorial Hospital**

100 Madison Avenue  
Morristown, NJ 07962  
(973) 971-5000  
[www.atlantichealth.org](http://www.atlantichealth.org)

## **Mountainside Hospital**

1 Bay Avenue  
Montclair, NJ 07042  
(973) 429-6000  
[www.mountainsidenow.org](http://www.mountainsidenow.org)

## **Newark Beth Israel Medical Center**

201 Lyons Avenue  
Newark, NJ 07112  
(973) 926-7000  
[www.sbhcs.com/hospitals/newark\\_beth\\_israel](http://www.sbhcs.com/hospitals/newark_beth_israel)

## **Newton Medical Center**

175 High Street  
Newton, NJ 07860  
(973) 383-2121  
[www.nmhj.org](http://www.nmhj.org)

## **Ocean Medical Center**

425 Jack Martin Boulevard  
Brick, NJ 08724  
(732) 840-2200  
[www.meridianhealth.com](http://www.meridianhealth.com)

## **Our Lady of Lourdes Medical Center**

1600 Haddon Avenue  
Camden, NJ 08103  
(856) 757-3500  
[www.lourdesnet.org](http://www.lourdesnet.org)

## **Overlook Medical Center**

99 Beauvoir Avenue  
Summit, NJ 07902  
(908) 522-2000  
[www.atlantichealth.org](http://www.atlantichealth.org)

## **Palisades Medical Center of New York Presbyterian Healthcare System**

7600 River Road  
North Bergen, NJ 07047  
(201) 854-5000  
[www.palisadesmedical.org](http://www.palisadesmedical.org)

## **Raritan Bay Medical Center—Old Bridge Division**

One Hospital Plaza  
Old Bridge, NJ 08857  
(732) 360-1000  
[www.rbmc.org](http://www.rbmc.org)

## **Raritan Bay Medical Center—Perth Amboy Division**

530 New Brunswick Avenue  
Perth Amboy, NJ 08861  
(732) 442-3700  
[www.rbmc.org](http://www.rbmc.org)

## **Riverview Medical Center**

One Riverview Plaza  
Red Bank, NJ 07701  
(732) 741-2700  
[www.meridianhealth.com](http://www.meridianhealth.com)

## **Robert Wood Johnson University Hospital**

One Robert Wood Johnson Place  
New Brunswick, NJ 08901  
(732) 828-3000  
[www.rwjuh.edu](http://www.rwjuh.edu)

## **Robert Wood Johnson University Hospital at Hamilton**

One Hamilton Health Place  
Hamilton, NJ 08690  
(609) 586-7900  
[www.rwjhamilton.org](http://www.rwjhamilton.org)

**Robert Wood Johnson University  
Hospital at Rahway**

865 Stone Street  
Rahway, NJ 07065  
(732) 381-4200  
[www.rwjuhr.com](http://www.rwjuhr.com)

**Shore Medical Center**

1 East New York Avenue  
Somers Point, NJ 08244  
(609) 653-3500  
[www.shorememorial.org](http://www.shorememorial.org)

**Somerset Medical Center**

110 Rehill Avenue  
Somerville, NJ 08876  
(908) 685-2200  
[www.somersetmedicalcenter.com](http://www.somersetmedicalcenter.com)

**South Jersey Healthcare Regional  
Medical Center**

1505 West Sherman Avenue  
Vineland, NJ 08360  
(856) 641-8000  
[www.sjhealthcare.net](http://www.sjhealthcare.net)

**South Jersey Hospital—Elmer**

501 West Front Street  
Elmer, NJ 08318  
(856) 363-1000  
[www.sjhealthcare.net](http://www.sjhealthcare.net)

**Southern Ocean Medical Center**

1140 Route 72 West  
Manahawkin, NJ 08050  
(609) 597-6011  
[www.southernoceanmedicalcenter.com](http://www.southernoceanmedicalcenter.com)

**Saint Barnabas Medical Center**

94 Old Short Hills Road  
Livingston, NJ 07039  
(973) 322-5000  
[www.sbhcs.com/hospitals/  
saint\\_barnabas](http://www.sbhcs.com/hospitals/saint_barnabas)

**St. Clare's Hospital—Denville**

25 Pocono Road  
Denville, NJ 07834  
(973) 625-6000  
[www.saintclares.org](http://www.saintclares.org)

**St. Clare's Hospital—Dover**

400 West Blackwell Street  
Dover, NJ 07801  
(973) 989-3000  
[www.saintclares.org](http://www.saintclares.org)

**St. Clare's Hospital—Sussex**

20 Walnut Street  
Sussex, NJ 07461  
(973) 702-2600  
[www.saintclares.org](http://www.saintclares.org)

**St. Francis Medical Center**

601 Hamilton Avenue  
Trenton, NJ 08629  
(609) 599-5000  
[www.stfrancismedical.com](http://www.stfrancismedical.com)

**St. Joseph's Hospital and  
Medical Center**

703 Main Street  
Paterson, NJ 07503  
(973) 754-2000  
[www.stjosephshealth.org](http://www.stjosephshealth.org)

**St. Joseph's Wayne Hospital**

224 Hamburg Turnpike  
Wayne, NJ 07470  
(973) 942-6900  
[www.stjosephshealth.org](http://www.stjosephshealth.org)

**St. Luke's Warren Hospital**

185 Roseberry Street  
Phillipsburg, NJ 08865  
(908) 859-6700  
[www.warrenhos](http://www.warrenhos)

**St. Mary's Hospital (Passaic)**

350 Boulevard  
Passaic, NJ 07055  
(973) 365-4300  
[www.smh-passaic.com](http://www.smh-passaic.com)

# New Jersey General Acute Care Hospitals

## **St. Michael's Medical Center**

111 Central Avenue  
Newark, NJ 07102  
(973) 877-5000  
[www.smmcnj.org](http://www.smmcnj.org)

## **St. Peter's University Hospital**

254 Easton Avenue  
New Brunswick, NJ 08901  
(732) 745-8600  
[www.saintpetersuh.com](http://www.saintpetersuh.com)

## **Trinitas Regional Medical Center**

225 Williamson Street  
Elizabeth, NJ 07207  
(908) 994-5000  
[www.trinitashospital.com](http://www.trinitashospital.com)

## **UMDNJ–University Hospital**

150 Bergen Street  
Newark, NJ 07103  
(973) 972-4300  
[www.theuniversityhospital.com](http://www.theuniversityhospital.com)

## **Underwood–Memorial Hospital**

509 N. Broad Street  
Woodbury, NJ 08096  
(856) 845-0100  
[www.umhospital.org](http://www.umhospital.org)

## **University Medical Center at Princeton**

One Plainsboro Road  
Plainsboro, NJ 08536  
(609) 497-4000  
[www.princetonhcs.org](http://www.princetonhcs.org)

## **Valley Hospital**

223 North Van Dien Avenue  
Ridgewood, NJ 07450  
(201) 447-8000  
[www.valleyhealth.com](http://www.valleyhealth.com)

## **Virtua–Memorial Hospital of Burlington County**

175 Madison Avenue  
Mount Holly, NJ 08060  
(609) 267-0700  
[www.virtua.org](http://www.virtua.org)

## **Virtua–West Jersey Hospital Berlin**

100 Townsend Avenue  
Berlin, NJ 08009  
(856) 322-3000  
[www.virtua.org](http://www.virtua.org)

## **Virtua–West Jersey Hospital Marlton**

90 Brick Road  
Marlton, NJ 08053  
(856) 355-6000  
[www.virtua.org](http://www.virtua.org)

## **Virtua–West Jersey Hospital Voorhees**

101 Carnie Boulevard  
Voorhees, NJ 08043  
(856) 325-3000  
[www.virtua.org](http://www.virtua.org)

For questions about this report, please contact:

**Office of the Commissioner  
Health Care Quality Assessment (HCQA)  
New Jersey Department of Health  
P.O. Box 360  
Trenton, New Jersey 08625-0360**

You can also reach HCQA by phone at (800) 418-1397.

Find more information on our web site at [www.nj.gov/health/hpr](http://www.nj.gov/health/hpr). The site allows you to choose hospitals to compare by hospital name, condition or county. In addition to the measures included in this report, the web site also includes mortality measures for Coronary Artery Bypass Graft (CABG) surgery; mortality for Inpatient Quality Indicators (IQIs) for heart attack, pneumonia, heart failure, and stroke; and scores for outpatient Recommended Care measures. The web site also contains an extensive list of resources and additional patient safety tips on how to prevent medical errors.

Portions of this report rely on material developed by the US Department of Health and Human Services, Centers for Medicare and Medicaid Services, Centers for Disease Control and Prevention; the Agency for Healthcare Research and Quality, and the Joint Commission.

Other reports produced by HCQA and found at the web site:

**Cardiac Surgery in New Jersey  
Inpatient Quality Indicators  
Bariatric Surgery in New Jersey  
Prevention Quality Indicators  
Patient Safety Indicators  
Healthcare-Associated Infections**

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<p>Heart Failure Acute Infarction</p>	
<p><b>Pneumonia</b></p>	<ul style="list-style-type: none"> <li>• C...</li> </ul>
<p><b>Surgical Care Improvement</b></p>	<ul style="list-style-type: none"> <li>• Prevention</li> <li>• Prevention</li> <li>• Appropriate</li> <li>• Safe Hair Rem</li> <li>• Urinary Catheter</li> <li>• Perioperative Tem</li> <li>• Treatment Preventing</li> <li>• Treatment Preventing Bl</li> <li>• Beta Blocker Continued Bef</li> <li>• Controlled Blood Sugar for Hea</li> </ul>
<p><b>Heart Failure</b></p>	<ul style="list-style-type: none"> <li>• Left Ventricular Systolic (LVS) Asses</li> <li>• ACE Inhibitor/ARB at Discharge</li> <li>• Discharge Instructions</li> <li>• Smoking Cessation Advice</li> </ul>