

**HCQA** Health Care Quality Assessment

# Hospital Performance Report

Published 2021

A Consumer Report  
New Jersey 2019 Data

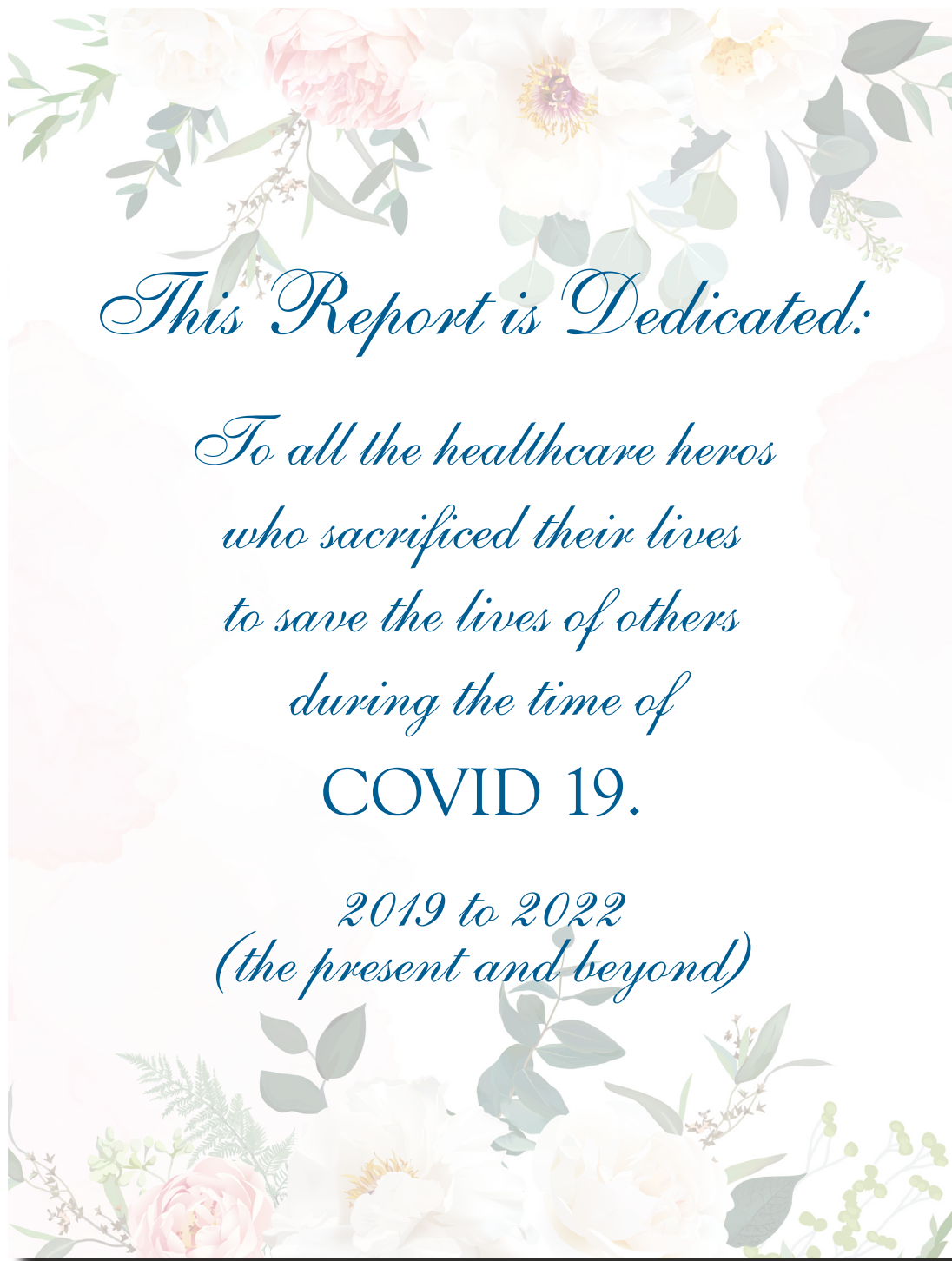


Phil Murphy, Governor  
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Judith M. Persichilli, RN, BSN, MA  
Commissioner

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			28.745	0.557	S		
			5.273	0.948	S		
			1.654	0	S		
			4	4.153	0.963	S	
			5	4.050	1.235	S	
			19	19.189	0.99	S	
			11	9.569	1.15	S	
			5	7.281	0.687	S	
			11	9.822	1.12	S	
			1948	1	4.092	0.244	S
			1689	7	9.829	0.712	S
			3046	1	1.598	0.626	S
			192757	209	256.871	0.814	L
			310884	265	312.68	0.848	L
			503641	474	569.546	0.832	L



*This Report is Dedicated:*

*To all the healthcare heroes  
who sacrificed their lives  
to save the lives of others  
during the time of  
COVID 19.*

*2019 to 2022  
(the present and beyond)*



# Table of Contents

**Executive Summary:**  
**How are New Jersey Hospitals Doing? . . . . . 3**  
Progress Summary of New Jersey Hospitals

**Section 1:**  
**Using This Report. . . . . 7**

- ❖ **Hospital Quality and Using This Report . . . . . 8**  
How to use this report
- ❖ **Guidelines to Understanding the Different Measure Sets . . . . . 11**  
How to interpret the data for the different measures

**Section 2:**  
**Patient Safety Indicators (PSIs) . . . . . 13**

- ❖ **Understanding and Using Patient Safety Indicators . . . . . 14**  
Essential information to understanding and using these measures
- ❖ **Basic Facts on Patient Safety Indicators . . . . . 18**  
Definitions and importance of measures
- ❖ **Patient Safety Indicator Rates. . . 24**  
New Jersey rates for 11 PSIs
- ❖ **New Jersey Statewide PSI Rates Compared to National Rates . . . . 28**  
New Jersey PSI rates compared to national rates

**Section 3:**  
**Healthcare-Associated Infections (HAIs) . . . . . 31**

- ❖ **Understanding & Using Measures for Healthcare-Associated Infections . . . . . 32**  
Essential information to understanding and using these measures

- ❖ **Central Line-Associated Bloodstream Infections (CLABSI) Data . . . . . 40**  
Ratios for CLABSI
- ❖ **Catheter-Associated Urinary Tract Infections (CAUTI) Data . . . . . 42**  
Ratios for CAUTI
- ❖ **Overall Surgical Site Infections (SSI) Data . . . . . 44**  
Composite ratios for all SSIs
- ❖ **Abdominal Hysterectomy Surgical Site Infections Data . . . . . 46**  
Ratios for Abdominal Hysterectomy SSIs
- ❖ **Knee Arthroplasty Surgical Site Infections Data . . . . . 48**  
Ratios for Knee Arthroplasty SSIs
- ❖ **Colon Surgical Site Infections Data . . . . . 50**  
Ratios for Colon SSIs
- ❖ **Coronary Artery Bypass Graft (CABG) Surgical Site Infections Data . . . 52**  
Ratios for CABG SSIs
- ❖ **Trends in HAI SIRs, 2009-2015 . . 53**

**Section 4:**  
**Consumer Information . . . . . 55**

- ❖ **Using Too Many Antibiotics can be Bad for your Health . . . . . 56**  
Antibiotic resistance is a major concern world-wide
- ❖ **Taking an Active Role in Your Health Care . . . . . 60**  
Patient responsibilities for maintaining health and understanding treatment options
- ❖ **Patient Safety Tips for Surgery . . 62**  
Questions to ask before surgery

# Table of Contents

❖ <b>Preventing Surgical Site Infections (SSI)</b> . . . . . 64 Techniques to help prevent SSIs	❖ <b>Hospital Patients... Know Your Rights</b> . . . . . 72 Patient rights in New Jersey
❖ <b>Preventing Central Line-Associated Bloodstream Infections (CLABSI)</b> . . . . . 65 Techniques to help prevent CLABSI	❖ <b>Avoid Being Readmitted to the Hospital</b> . . . . . 74 Tips to prevent a return to the hospital
❖ <b>More About Catheter-Associated Urinary Tract Infections (CAUTI) and How to Prevent Them</b> . . . . . 66 Information and techniques to help prevent CAUTI	❖ <b>Hospital Quality Oversight</b> . . . . . 76 Government regulatory supervision
❖ <b>Handwashing Helps Prevent Infections</b> . . . . . 67 Techniques for proper handwashing	❖ <b>Filing a Complaint</b> . . . . . 77 How to file a hospital complaint
❖ <b>Finding a Doctor</b> . . . . . 68 What to look for in a doctor and web sites to find one	❖ <b>Quality Improvement Advisory Committee (QIAC)</b> . . . . . 78 List of appointed members and staff
❖ <b>Health Information and Referral</b> . . . . . 70 Health care resources	

<b>Section 5:</b> <b>New Jersey General Acute Care Hospitals</b> . . . . . 79
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# Executive Summary:

## How are New Jersey Hospitals Doing?

By publicly reporting the measures in this report, the New Jersey Department of Health (the Department) intends to accomplish three important goals:

- ❖ To provide the consumer with a picture of how well individual New Jersey hospitals are performing in delivering quality healthcare to their patients so that patients and their families can make informed decisions about choosing a hospital.
- ❖ To improve the quality of care delivered in New Jersey by promoting healthy competition among hospitals to improve their performance in healthcare delivery.
- ❖ To promote a self-awareness among hospitals on how they are performing compared to their New Jersey peers as well as the rest of the nation so that they can identify areas that need improvement to deliver the best care to their own patients.

Below is a summary of the progress New Jersey hospitals have made in delivering care to New Jersey patients. The data for this year's report come from the 71 New Jersey general acute care hospitals and one specialty hospital in 2019.

### Patient Safety Indicators (PSIs)

New Jersey hospitals have shown dramatic improvements since the Department began reporting Patient Safety Indicators (PSIs) in the Hospital Performance Report in 2009. The report includes 11 of the 12 measures required to be publicly reported by Bill No. 2471/P.L. 2009, C. 122; AHRQ has officially retired the measure, 'Transfusion Reaction', as of 2016.

Therefore, the Department no longer includes this measure in the report. One of remaining 11 measures, Retained Surgical Item/ Unretrieved Device Fragment, is measured by volume or count instead of rate since there are so few of them because they are rare events, while the remaining 10 measures are reported as rates.

### PSIs Statewide

Overall, New Jersey performed better than or equal to the national averages for most of the 10 PSIs that are measured using rates.

- ❖ Perioperative hemorrhage or hematoma declined from 5.31 per 1,000 in 2013 to 2.22 per 1,000 in 2019.
- ❖ Post-operative pulmonary embolism (PE) or deep vein thrombosis (DVT) declined from 6.74 per 1,000 in 2013 to 3.42 per 1,000 in 2019.
- ❖ Post-operative Sepsis declined from 14.45 per 1,000 in 2010 to 3.45 per 1,000 in 2019.
- ❖ Post-operative Wound Dehiscence declined from 1.96 per 1,000 in 2010 to 0.31 per 1,000 in 2019.

- ❖ Abdominopelvic accidental puncture or laceration, declined from 1.72 per 1,000 in 2010 to 0.92 per 1,000 in 2019.
- ❖ Retained Surgical Item or Unretrieved Device Fragment has been declining over the 2010-2019 reporting period, though with some ups and downs.
- ❖ Birth Trauma related indicators reflected some improvement over the 2010 – 2019 period, although ‘Birth Trauma – Injury to Neonate’ showed some increases during the 2015 to 2017 period.

The only indicator where New Jersey performed slightly but persistently worse than the national averages is Postoperative PE/DV.

### PSIs by Individual Hospitals

The adverse event occurrence rates of the PSIs measures in this report also show that New Jersey hospitals vary substantially. Some hospitals have significantly higher rates of occurrence of adverse events compared to the statewide average, while others have significantly lower rates than the statewide rate. By reviewing the information in the PSIs table, readers can identify hospitals that have better than average, average, or worse than average performance compared to the statewide performance.

## Healthcare-Associated Infections (HAIs)

New Jersey hospitals continue making progress in reducing healthcare-associated infections since the Department began publicly reporting them in 2010. In 2015, the National Healthcare Safety Network (NHSN) staff from the CDC changed the National HAI baseline and risk-adjustment methodology. As a result, comparisons can't be made from 2010 to 2019. The trend timeframe included in this report is 2015 to 2019.

The following conclusions can be made based on 2019 HAI data:

- ❖ New Jersey acute care hospitals continued to make progress in reducing HAIs from 2015 to 2019.
- ❖ All Measures experienced decreased ratios from 2015 to 2019.
  - \* Significant decreases in infection ratios were seen in the following measures:
    - Coronary Artery Bypass Graft (CABG) Surgical Site infections decreased by 135%
    - Central Line-Associated Bloodstream Infections (CLABSI) decreased by 31%
    - Knee Arthroplasty Surgical Site Infections (KPRO) decreased by 15%

- ❖ Comparing 2019 data to 2018 data, all measures experienced decreased ratios. Only one measure, CABG Surgical Site Infections, showed a statistically significant decrease of approximately 82%.
- ❖ Comparing the National HAI ratio to New Jersey's Statewide 2019 HAI ratio, the following were observed:
  - \* The Standardized Infection Ratios (SIR) for Colon surgery were 30% lower compared to the National baseline SIRs.
  - \* The SIRs for CAUTI were 16% lower compared to the National baseline SIRs.
  - \* The SIRs for CLABSI were 38% lower compared to the National baseline SIRs.



### Summary

New Jersey hospitals continue to make great strides in reducing medical errors (PSIs) and decreasing the incidence of HAIs in our hospitals, exceeding or equaling national rates on most measures, thereby making our hospitals safer for patients and their families. Collaborating and partnering with New Jersey Hospitals, the Department of Health intends to further reduce to further reduce medical errors and healthcare-associated infections, focusing on those infections that have so far resisted treatment.

Our joint goal is to make New Jersey the number one state in our nation in healthcare, offering the safest, most effective, and highest quality healthcare.



Please refer to the Technical Report at <https://www.nj.gov/health/hpr> for a more detailed description and statistical analysis.

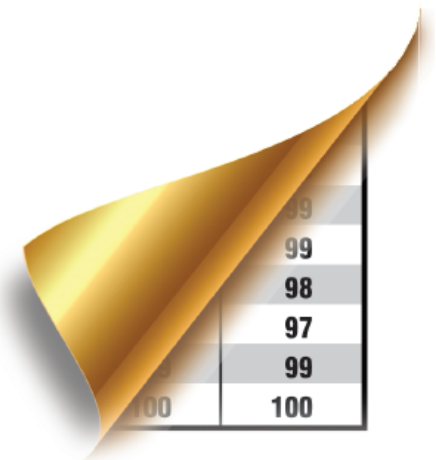




# Section 1

## Using This Report

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



# Hospital Quality and 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, Patient

Safety Indicators (PSIs) and Healthcare Associated Infections (HAIs).

The report is divided into five sections. This first section is an introduction to quality and how to use the report, followed by two sections that contain data and information about how well each New Jersey hospital is doing in providing quality care to patients. The last two sections of the report provide important consumer information and a list of New Jersey hospitals.

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## What measures are in the report?

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

for PSIs in this report is for the year 2019. See pages 24-29 for the PSI data and pages 18 for basic facts on PSIs

## Healthcare-Associated Infections (HAIs)

The second 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 ratio of infections at each hospital helps assess how well a hospital is doing in preventing HAIs.

All data for HAIs are for the year 2019. HAI measures were developed at the federal level by the Centers for Disease Control and Prevention (CDC). See pages 40-53 for the **HAI data**, pages 32-39 for a description of the HAI measures, and pages 64-67 on **preventing HAIs**.

## Patient Safety Indicators (PSIs)

The first 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 required by New Jersey State legislation. The data



### 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.

Those who know the quality of a specific hospital may decide that they want a doctor from that hospital, so if they ever need to be hospitalized, they can be admitted to this specific hospital. These people focus on selecting a hospital first and then choose a doctor who is affiliated with that particular hospital.

A doctor who is not affiliated with a hospital cannot admit patients to that hospital. Most hospitals have a list of doctors, by specialty, that are affiliated with their hospital. (See **Finding a Doctor**, page 68).

This report can help you focus on selecting a hospital by learning about the quality of some of the care delivered by NJ hospitals. If you are enrolled in a managed care plan, you will have to choose from hospitals approved by your 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 to look at different aspects of care. Individually, each measure used in this report captures only one element of care. It is important to consider many different measures to create a more wholistic picture of the quality of health care each hospital delivers.



Please refer to the Technical Report at <https://www.nj.gov/health/hpr> for a more detailed description and statistical analysis.

### **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. See section **Health Information and Referral** on pages 70-71 for other sources.

### **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

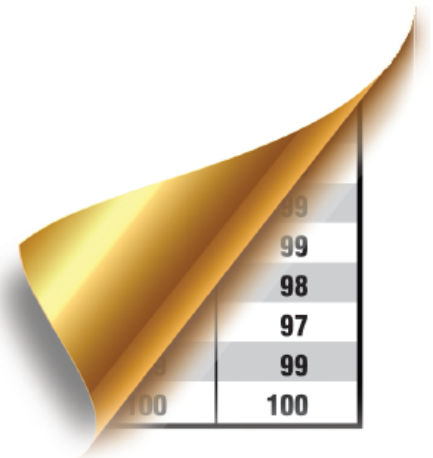
This year’s report includes two measure sets. The table below is intended to help you understand how to interpret the data.

Type of Measure	How to Read Data Tables	Explanation
<p><b>Patient Safety Indicators (PSIs)</b></p> <p>See pages 14-29</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 31-54</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>



## Section 2: Patient Safety Indicators (PSIs)

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



## Understanding and Using Patient Safety Indicators (PSIs)

Patient safety has been an issue of major national interest. Policy makers, providers, and consumers have made the safety of patients and the overall quality of care in U.S. hospitals a top priority. The Agency for Healthcare Research and Quality (AHRQ) states that the need to assess, monitor, track, and improve the safety of inpatient care became apparent with the publication of the Institute of Medicine’s series of reports describing the problems of medical errors.

It is obvious that the principal mission of hospitals is to deliver the right care at the right time in the right setting and having the best possible results. Thus, quality of care is expected to be a priority for all health care providers with the overall objective of achieving a high degree of patient satisfaction. However, even in the best hospitals, some patients will experience complications either during or after a surgical operation or, because of other in-hospital patient care. This section of the report provides information on how well hospitals in

New Jersey care for patients with a wide range of health problems. Specifically, 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)**.

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”, which means adverse events or errors that should never happen.

Evidence suggests that publicly releasing performance data stimulates quality improvement activity at the hospital level. In 2009, the New Jersey legislature enacted the Patient Safety Act (S2471), requiring that the Department include hospital-specific data on patient-safety performance and serious medical errors in the annual New Jersey Hospital Performance Report. Most of the adverse events classified under each PSI are considered potentially preventable. This section of the report focuses on the 12 PSIs mandated for public reporting. Incidentally, one of the 12 selected PSIs, namely “**Transfusion Reaction,**” has been removed from the AHRQ QIs Module since 2016. AHRQ has declared that it can no more be used as a quality indicator. Hence, information on only 11 PSIs is presented in this report.

The numbers on the PSIs tables on **pages 24-27** are not scores or simple percentages. Instead, they are either rates or actual volume of medical errors. **A lower rate in PSIs indicates better performance by a hospital. With PSIs, lower rates mean fewer medical errors or adverse 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 2019.

### What do the rates mean?

The PSIs tables on pages 24-27 show the rate of 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 in a hospital experience a particular medical problem during their hospital stay. A rate in this report 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. Let us suppose again that 37 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 37 per every 1,000 patients or 3.7% (i.e., 3.7 out of 100 patients).

### 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 2020) to the 2019 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



Please refer to the Technical Report at <https://www.nj.gov/health/hpr> for a more detailed description and statistical analysis.

applicable) is available at [www.nj.gov/health/healthcarequality/health-care-professionals/quality-indicators/psi.shtml](http://www.nj.gov/health/healthcarequality/health-care-professionals/quality-indicators/psi.shtml)

### How do I read the numbers in the PSIs table?

The footnote labels, "better than statewide average" and "worse than statewide average", shown at the bottom of the tables on **pages 25 and 27** describe the interpretation of the PSI measures in a meaningful way. 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 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 average.

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 average.

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 average rate.

Hospital rates are determined after adjusting for the risk factors of their patients. A hospital's rate is "worse than average" if the 95% confidence interval of its rate falls completely above the statewide rate. By comparison, a hospital's rate is "better than average" if the 95% confidence interval of its rate 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 is 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 24-27** but is included in the calculations and can be found in the PSIs Technical Report at [www.nj.gov/health/healthcarequality/health-care-professionals/quality-indicators/psi.shtml](http://www.nj.gov/health/healthcarequality/health-care-professionals/quality-indicators/psi.shtml).

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

Comparison of a hospital's rate to the statewide rate (presented in the top row of a hospital-level PSI table) is one way to assess how well that hospital performed among its peers. A hospital's peers could be defined at many levels (e.g., teaching hospitals, urban hospitals, suburban hospitals, etc.). It is suggested that a hospital's performance be assessed by looking at its performance across the several PSI estimates presented in the Tables on **pages 24-27**. Thus, performance on a single PSI measure may not reliably



## Section 2: Understanding and Using Patient Safety Indicators (PSIs)

indicate actual quality differences between hospitals. Examining the results of all the 11 PSIs together will produce a more complete picture of overall quality of care provided by a hospital.

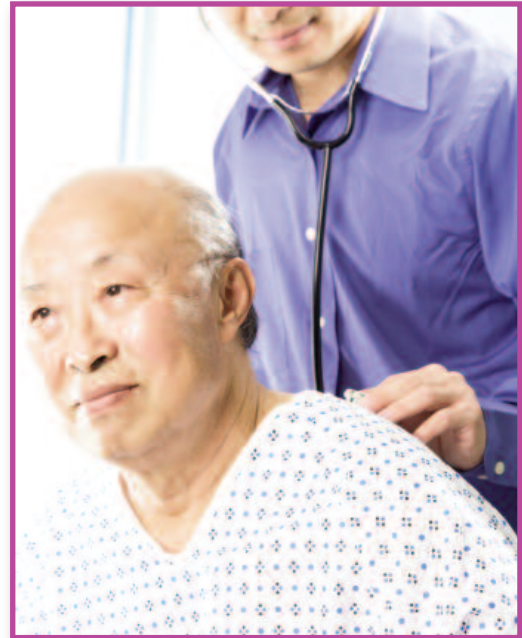
According to the 2019 New Jersey data, there are substantial variations by hospital in rates of adverse events. The reader will notice that some hospitals exhibit significantly higher adverse event rates than the corresponding statewide rates while others have significantly lower rates.

Although quality assessments based on administrative data cannot be definitive, they can be used to flag potential quality problems and success stories, which can then be further investigated and studied. Evidence has shown that these patient safety measures do show differences in hospital performance in terms of providing a comprehensive level of quality within four components of health care quality – effectiveness, safety, timeliness, and patient centeredness. Specifically, PSIs are useful to measure differences in the hospitals’ ability to reduce severe and potentially preventable complications and adverse events.

The performances of hospitals suggested by the patient safety indicators in this report may reflect factors that do not relate to hospital performance, such as patient or physician preference, stage of illness, age, other accompanying illnesses or conditions, or the availability of specialized equipment or doctors. While the data analysis method tries to adjust for many of these factors, it is often not possible to account for all of them through statistical analysis.

Consumers should remember that doctors direct and oversee the medical care that is delivered in hospitals, prescribe tests, and prescribe medications and treatments. This report does not separate the effect of

the doctor from the effect of the hospital. The quality of patient care provided in a hospital comes from how well its doctors, nurses, support staff and management work together as well as the technology and other resources available in the facility. This report is not designed to help consumers and their families choose treatment options but to help them discuss patient safety issues with their physicians.



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

Please refer to the Technical Report at <https://www.nj.gov/health/hpr> for a more detailed description and statistical analysis.

### Basic Facts About Patient Safety Indicators (PSIs)

This section presents brief descriptions of each of the 11 PSIs covered in this report and why it is important to report them publicly. As mentioned earlier, most of these adverse events

are considered potentially preventable (i.e., with good care, hospitals can prevent most of these adverse events from occurring).

#### Retained Surgical Item or Unretrieved Device Fragment:

This indicator (formerly called foreign body left during procedure) is measured using volume – not a rate. The reason it is measured in volume is that it is very uncommon and happens very rarely. This type of medical error is called a ‘never-event’ as it should never occur. Because the number of times this event occurs is so small, reporting this measure any other way than as a volume or count, would be statistically meaningless.

This **volume** tells you the number of hospitalized patients with a ‘retained surgical item or unretrieved device fragment’, among surgical and medical patients ages 18 years and older or among obstetric patients. 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 because it is a clearly identifiable, serious medical error and usually preventable. 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 indicator measures how often incidents of iatrogenic pneumothorax occur in a hospital. As a quality measure, it is intended to flag cases of iatrogenic pneumothorax caused by medical care. It is specifically used to show complications that can result from interventional treatment in the chest area. The rate tells you the number of such incidents per 1,000 surgical or medical patients 18 years and older. Iatrogenic is a medical term for a condition in which air or gas is present in the pleural cavity or space around the lung. Air could be leaking from the lungs because of accidental puncture while performing procedures such as mechanical ventilation, tracheostomy tube placement, or other therapeutic intervention. Many procedures performed in an intensive care or emergency setting can result in an iatrogenic pneumothorax. These procedures include mechanical ventilation therapy, cardiopulmonary resuscitation and neck surgery. Treatment of pneumothorax is generally with a chest tube. Pneumothorax is a term used to describe a collapsed lung resulting from presence of air or gas in the pleural cavity which can impair oxygenation and/or



ventilation. Symptoms, which can occur when one is asleep, often begin suddenly and can take the form of chest pain, shortness of breath and abnormal breathing.

**Information on this indicator is important** because the complication, which is a relatively rare event, is preventable, especially if appropriate precautions are taken and currently recommended techniques used. Treating this potentially preventable medical error sometimes requires putting a tube into a patient's chest to remove the excess air.

### In Hospital Fall with Hip Fracture:

This indicator measures how often patients fall and break their hip bone while staying in a hospital. A hip fracture following surgery is an event that can be used as an indicator of hospital care and oversight. Patients, particularly the elderly, can fracture their hip by falling while trying to move about too soon after surgery. This type of accident should be minimized in hospitals exercising appropriate protocols for patients who are high risk for falls. The rate tells you the number of patients (ages 18 years and older) who broke a hip bone from a fall during a hospital stay per every 1,000 surgical discharges. It should be noted, however, that the measure is limited to patients who enter the hospital for procedures other than fractures of the hip. Patients with diseases of the bone, cancer, trauma and other conditions such as seizure disorder, syncope, stroke, occlusion of arteries, coma, cardiac arrest, poisoning, delirium or other psychoses, anoxic brain injury are not included in the calculation of the rate.

**Information on this indicator is important** because breaking a hip bone because of a

fall while in the care of a hospital 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. Hip fractures usually occur among the elderly, with fewer than half of those who suffer a hip fracture returning to their former level of activity. 'In Hospital Fall with Hip Fracture' occurs very rarely.

### Perioperative Hemorrhage or Hematoma:

This indicator measures how often hospitalized patients bled too much either within their body or outside their body (hemorrhage) or develop a large clot (hematoma) following a surgical procedure. These complications are serious enough to involve another operation to stop the bleeding or remove the blood clots. The **rate** tells you the number of patients 18 years and older with perioperative hemorrhage or hematoma per 1,000 surgical procedures. However, it should be noted that cases with a diagnosis of coagulation disorder; cases with a principal diagnosis of perioperative hemorrhage or hematoma; cases with a secondary diagnosis of perioperative hemorrhage or hematoma present on admission; cases where the only operating room procedure is for treatment of perioperative hemorrhage or hematoma; and obstetric cases are all excluded from the rate calculation.



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

**Information on this indicator is important** because it tells you the level of care provided by the hospital to prevent the event, which is considered preventable

when proper guidelines and procedures are followed.

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

Pulmonary Embolism (PE) is a blood clot **in an artery of the lungs**. It is usually produced by foreign matter in the bloodstream, most often a blood clot originating in a vein of the leg or pelvis. It may occur after an operation or confinement to bed. Pulmonary embolism is one of the most common causes of death in hospitalized people who must remain in bed for a long time. Deep Vein Thrombosis (DVT) is a condition marked by the formation of a blood clot ('thrombus') within a deep vein, usually in the leg or pelvis. These clots may then travel through blood vessels and then cause an obstruction in blood flow to a body organ. For example, when the blood

flow to the heart is interrupted, a heart attack may occur. This indicator measures how often patients experience a blood clot up in the lungs (pulmonary embolism) or in a large vein (deep vein thrombosis) following an operation. **The rate** tells you the number of patients ages 18 years and older with PE or DVT per 1,000 discharges of surgery patients from the operating room, excluding obstetric patients. Moreover, patients who have these conditions upon admission to a hospital are excluded from the counts, since the indicator seeks to find these blood clots when they occur after surgery in a hospital.



Hospitals displaying a 'lower than expected', or 'as expected' rate on this measure likely have employed effective techniques for prevention of this complication.

**Information on this indicator is important** because it shows you the level of care provided by the hospital to prevent the event, which is considered preventable when proper guidelines and procedures are followed. Both PE and DVT are common complications that can be prevented through continuous in-hospital risk assessment and appropriate infection treatments.

### **Postoperative Sepsis:**

This indicator measures how often a serious infection of the bloodstream caused by toxin-producing bacteria, known as sepsis occurs after surgery in a given hospital. The rate tells you the number of hospitalized patients ages 18 years and older that get a serious bloodstream infection (nosocomial postoperative sepsis) after surgery per 1,000 elective surgery patients. The rate calculation excludes patients with pre-existing infections as well as those with compromised immunity system such as cancer. Obstetric patients are also excluded from the rate calculation.

**Information on this indicator is important** because it tells you the level of care provided by the hospital to prevent sepsis infections in patients. Analysis of these specific 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 indicator measures incidences of wound dehiscence in a given hospital. The rate tells you the number of patients ages 18 years and older who had experienced reclosures of surgical wounds (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. 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 (usually flagged as Present on Admission) and all obstetric admissions.

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

### Abdominopelvic Accidental Puncture or Laceration

This indicator measures how often patients experience accidental puncture or laceration (making an unnecessary or dangerous hole or tear in an organ of the body), while receiving medical care (i.e., undergoing an abdominopelvic procedure) in the hospital. The rate tells you the number of patients ages 18 years and older who had an accidental cut or lacerations

during a medical procedure per 1,000 discharges, excluding patients with pre-existing conditions as well as obstetric admissions.

**This information is important** because it shows you the level of care provided by the hospital to avoid or minimize the event from happening. This is a medical error considered preventable when proper guidelines and procedures are followed.



### Birth Trauma - Injury to Neonate:

Birth trauma – Injury to Neonate refers to damage of the tissues and organs of a newly delivered child, often as a result of physical pressure or trauma during childbirth, including damage to the brain or cranium that leaves a long-term consequence of a cognitive nature. The rate tells you the number of birth trauma (injury to neonate) cases per 1,000 live births (excluding some preterm infants and infants with osteogenic imperfecta) caused by medical complications during labor and delivery.

Please refer to the Technical Report at <https://www.nj.gov/health/hpr> for a more detailed description and statistical analysis.

**This information is important** because it shows how often birth traumas, which are potentially preventable errors occur. Examples of what may cause a birth

trauma to a neonate include: bleeding; delay 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:

Obstetric trauma during instrument-assisted vaginal delivery is an injury to the mother while giving birth by vaginal delivery with the aid of birthing instruments such as forceps or vacuums. The 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 births.

**This information is important** because it reflects how often women experience a tear (trauma) to their perineum (the area between her vagina and rectum) while giving birth when a health care provider is using forceps or other medical instruments to help her deliver the baby. 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:

Obstetric trauma during vaginal delivery without instrumentation is an injury to the mother while giving

birth by vaginal delivery without the aid of birthing instruments. The rate tells you the number of obstetric trauma cases (4th degree lacerations, other obstetric lacerations) per 1,000 vaginal deliveries that occurred without a birthing instrument.

**This information is important** because it tells you the number of potentially preventable injuries or lacerations that occur during a vaginal delivery that did not require instrument assistance. It captures how often a woman experiences a tear (trauma) to her perineum (the area between her vagina and rectum) while giving birth. Such tears, which can happen even when birthing instruments are not used, are often preventable.





# Patient Safety Indicator (PSI) Rates 2019

Adverse-event occurrence rate during hospitalization (per 1,000 hospital discharges)

See footnotes at bottom of next page

Hospital Name	Retained Surgical Item or Unretrieved Device Fragment	Iatrogenic pneumothorax	In hospital fall with hip fracture	Peri-operative hemorrhage or hematoma	Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National rate, 2017	619	0.19	0.07	2.25	3.37	3.97
Statewide number of adverse events, 2019	13	97	33	384	583	248
Statewide average rate, 2019	-	0.14	0.06	2.22	3.42	3.45
Atlantic City Medical Center-City Campus	0	0.6	0.2	0.6	2.2	4.9
Atlantic City Medical Center-Mainland Campus	0	0.1	0.1	0.4 *	1.8	0.8
Bayshore Medical Center	0	0.0	0.0	1.3	3.2	2.8
Bergen New Bridge Medical Center	0	0.0	0.0	4.2	8.6	6.9
Cape Regional Medical Center, Inc	0	0.0	0.3	1.7	5.1	5.3
Capital Health Medical Center - Hopewell	0	0.2	0.2	1.7	5.1	4.7
Capital Health Regional Medical Center - Fuld	0	0.2	0.0	0.9	6.3	6.1
Carepoint Health - Bayonne Medical Center	0	0.2	0.0	0.0	3.3	0.0
Carepoint Health - Christ Hospital	0	0.2	0.0	1.7	7.4	0.0
Carepoint Health - Hoboken University MC	0	0.0	0.0	0.0	6.7	0.0
CentraState Medical Center	0	0.0	0.5	0.6	3.3	1.4
Chilton Memorial Center	0	0.0	0.0	2.3	3.2	3.2
Clara Maass Medical Center	0	0.1	0.4	0.9	4.7	0.0
Community Medical Center	0	0.1	0.0	1.5	2.5	10.1
Cooper Hospital/University Medical Center	0	0.2	0.0	2.2	3.5	4.0
Deborah Heart and Lung Center	0	0.0	0.0	1.3	1.2	0.0
East Orange General Hospital	0	0.0	0.0	0.0	3.2	0.0
Englewood Hospital and Medical Center	0	0.1	0.1	2.2	2.6	5.8
Hackensack Meridian Health - Mountainside MC	0	0.0	0.2	0.0	0.0 *	4.5
Hackensack Meridian Health - Pascack Valley MC	0	0.0	0.0	0.0	3.2	0.0
Hackensack University Medical Center	0	0.1	0.0	2.5	2.2 *	3.0
Hackettstown Medical Center	0	0.3	0.0	2.4	2.0	0.0
Holy Name Medical Center	0	0.2	0.0	0.8	6.2 **	5.7
Hudson Regional Hospital	0	0.0	0.0	0.0	0.0	4.6
Hunterdon Medical Center	0	0.0	0.0	0.9	1.5	2.4
Inspira Medical Center - Elmer	0	0.6	0.6	0.0	5.1	0.0
Inspira Medical Center - Mullica Hill	0	0.0	0.0	0.0	0.0 ^	.
Inspira Medical Center - Vineland	0	0.2	0.0	1.0	5.3	4.2
Inspira Medical Center - Woodbury	0	0.4	0.0	7.4 **	5.7	3.5
Jefferson Cherry Hill Hospital	1	0.0	0.0	0.0	1.0	0.0
Jefferson Stratford Hospital	1	0.0	0.0	1.2	3.1	0.0
Jefferson Washington Township Hospital	0	0.5	0.1	2.2	3.7	0.0
Jersey City Medical Center	1	0.1	0.0	0.9	4.9	5.2
Jersey Shore University Medical Center	0	0.3	0.1	2.5	1.7 *	1.4
JFK University Medical Center	0	0.1	0.0	3.6	3.3	10.0 **
Monmouth Medical Center	0	0.4	0.0	1.5	2.4	3.4
Monmouth Medical Center - Southern Campus	0	0.5	0.0	2.4	1.7	12.6
Morristown Medical Center	1	0.1	0.0	2.0	3.3	1.0 *

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2019. One of the 11 PSI procedures, Retained Surgical Item/Unretrieved

Device Fragment, is 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.*

continued on next page

Hospital Name	Retained Surgical Item or Unretrieved Device Fragment	Iatrogenic pneumothorax	Post-operative hip fracture	Peri-operative hemorrhage or hematoma	Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National rate, 2017	619	0.19	0.07	2.25	3.37	3.97
Statewide number of adverse events, 2019	13	97	33	384	583	248
Statewide average rate, 2019	NA	0.14	0.06	2.22	3.42	3.45
Newark Beth Israel Medical Center	0	0.2	0.0	3.3	5.8 **	2.4
Newton Medical Center	0	0.2	0.0	3.5	6.0	5.9
Ocean Medical Center - Brick Division	0	0.0	0.2	2.6	2.4	2.4
Overlook Medical Center - Summit	0	0.2	0.0	1.5	3.3	1.1
Palisades Medical Center	0	0.4	0.0	2.5	2.3	8.3
Penn Medicine Princeton Medical Center	1	0.1	0.0	3.5	5.2	4.0
Raritan Bay Medical Center - Old Bridge	0	0.0	0.0	0.0	4.4	5.9
Raritan Bay Medical Center - Perth Amboy	0	0.0	0.0	2.8	5.3	9.7
Riverview Medical Center	0	0.1	0.0	0.9	3.4	3.3
RWJ University Hospital	1	0.1	0.0	3.5 **	4.6 **	5.1 **
RWJ University Hospital - Hamilton	1	0.0	0.0	2.5	0.7	2.1
RWJ University Hospital - Rahway	0	0.0	0.0	1.5	3.7	12.6
RWJ University Hospital - Somerset	0	0.2	0.0	3.1	0.8 *	6.1
Saint Barnabas Medical Center	1	0.3	0.1	3.6 **	7.1 **	2.4
Saint Clare's Hospital - Denville	0	0.0	0.2	0.0	0.0 *	0.0
Saint Clare's Hospital - Dover	0	0.0	0.0	0.0	2.5	0.0
Saint Michael's Medical Center	0	0.0	0.0	0.0	2.7	5.6
Saint Peter's University Hospital	0	0.2	0.0	2.0	3.2	4.7
Salem Medical Center	0	0.0	0.0	0.0	0.0	0.0
Shore Memorial Hospital	0	0.0	0.3	2.0	2.9	0.0
Southern Ocean Medical Center	0	0.0	0.0	1.8	0.0	0.0
St. Francis Medical Center - Trenton	0	0.2	0.0	2.7	2.5	9.0
St. Joseph's University Medical Center	0	0.1	0.2	2.7	5.2 **	7.7 **
St. Joseph's Wayne Medical Center	0	0.2	0.2	1.8	3.7	21.2 **
St. Luke' Warren Hospital	0	0.0	0.0	0.0	3.3	0.0
St. Mary's General Hospital	0	0.0	0.3	0.0	0.0	0.0
The Valley Hospital	0	0.1	0.1	1.6	2.6	3.0
Trinitas Regional Medical Center	0	0.2	0.3	0.8	2.9	3.3
University Hospital	0	0.0	0.0	2.6	4.4	4.5
Virtua Memorial Hospital - Burlington County	2	0.3	0.0	5.1 **	2.4	7.7 **
Virtua Our Lady of Lourdes Hospital - Camden	3	0.1	0.2	3.8 **	2.9	5.3
Virtua West Jersey Hospital Marlton	0	0.2	0.0	1.6	4.1	1.5
Virtua West Jersey Hospital Voorhees	0	0.0	0.0	2.7	4.2	2.8
Virtua Willingboro Hospital	0	0.0	0.3	0.0	2.8	6.1

Source: New Jersey numbers are derived from the 2019 UB Data while the national numbers come from AHRQ's Benchmark Data Tables derived from analysis of the 2017 HCUP - State Inpatient Database (SID).

NA=Not Applicable - Indicator is measured using volume only. ^ = Rates are based on denominators less than 30 and should be taken with caution. \* = Statistically significantly below state average (i.e. better than average), \*\* = Statistically significantly above state average (i.e. worse than average). Missing (.)=Hospital did not perform the procedure during the year; or it performed less than 3 procedures (rate is not computed when the denominator is less than 3). A 'Retained Surgical Item or Unretrieved Device Fragment' is reported in volume or count, not rate. NB: The indicator 'Transfusion Reaction', which was one of the 12 PSIs selected for inclusion in the NJ HPR is retired as of the latest AHRQ Version. AHRQ has declared that it can no more be used as a quality indicator.

# Patient Safety Indicator (PSI) Rates 2019

Adverse-event occurrence rate during hospitalization (per 1,000 hospital discharges)

See footnotes at bottom of next page

Hospital Name	Postoperative wound dehiscence	Abdominopelvic accidental puncture or laceration	Birth trauma injury to neonate	Obstetric trauma-vaginal delivery with instrument	Obstetric trauma-vaginal delivery without instrument
National rate, 2017	0.67	1.04	4.77	115.42	17.63
Statewide number of adverse events, 2019	14	113	173	457	859
Statewide average rate, 2019	0.31	0.92	1.87	117.33	14.59
Atlantic City Medical Center-City Campus	1.3	1.8	.	.	.
Atlantic City Medical Center-Mainland Campus	0.0	1.5	0.0	68.2	3.2
Bayshore Medical Center	0.0	0.9	.	.	.
Bergen New Bridge Medical Center	0.0	6.1 **	.	.	.
Cape Regional Medical Center, Inc	0.0	0.0	0.0	0.0 ^	15.9
Capital Health Medical Center - Hopewell	0.0	1.2	0.9	140.5	21.5
Capital Health Regional Medical Center - Fuld	0.0	1.6	.	.	.
Carepoint Health - Bayonne Medical Center	0.0	0.0	.	.	.
Carepoint Health - Christ Hospital	0.0	0.0	1.8	0.0 ^	9.3
Carepoint Health - Hoboken University MC	0.0	2.6	1.1	0.0 ^	24.1
CentraState Medical Center	0.0	0.0	0.0	250.0 ^	4.9
Chilton Memorial Center	0.0	0.0	0.0	71.4 ^	22.7
Clara Maass Medical Center	0.0	0.0	0.6	0.0	6.6
Community Medical Center	0.0	0.3	0.5	77.8	11.5
Cooper Hospital/University Medical Center	0.6	0.3	0.5	126.9	21.8
Deborah Heart and Lung Center	0.0	3.5	.	.	.
East Orange General Hospital	0.0	0.0	.	.	.
Englewood Hospital and Medical Center	0.0	0.7	0.4	83.3	11.5
Hackensack Meridian Health - Mountainside MC	0.0	0.0	9.2	194.4	41.3
Hackensack Meridian Health - Pascack Valley MC	0.0	1.6	3.2	82.5	13.9
Hackensack University Medical Center	0.0	0.9	5.8	93.9	12.9
Hackettstown Medical Center	0.0	0.0	.	.	.
Holy Name Medical Center	0.0	1.4	2.0	132.4	21.6
Hudson Regional Hospital	0.0	3.0	0.0	.	6.3
Hunterdon Medical Center	0.0	2.0	5.1	66.7	28.5
Inspira Medical Center - Elmer	0.0	0.0	3.9	400.0 ^	23.8
Inspira Medical Center - Mullica Hill	.	0.0 ^	.	.	.
Inspira Medical Center - Vineland	0.0	1.5	5.6	54.6	12.1
Inspira Medical Center - Woodbury	1.9	1.6	10.8	105.3 ^	26.7
Jefferson Cherry Hill Hospital	0.0	0.0	.	.	0.0 ^
Jefferson Stratford Hospital	0.0	0.0	.	.	.
Jefferson Washington Township Hospital	0.0	2.7 **	2.4	90.9 ^	21.0
Jersey City Medical Center	0.0	0.7	1.1	23.8	11.8
Jersey Shore University Medical Center	0.6	1.0	1.5	104.3	15.1
JFK University Medical Center	0.0	0.5	0.6	40.8	9.7
Monmouth Medical Center	0.0	0.0	1.3	84.3	6.8
Monmouth Medical Center - Southern Campus	4.3 **	0.0	.	.	.
Morristown Medical Center	0.0	1.2	0.9	230.8	10.7

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2019. One of the 11 PSI procedures, Retained Surgical Item/Unretrieved

Device Fragment, is 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	Postoperative wound dehiscence	Abdominopelvic accidental puncture or laceration	Birth trauma injury to neonate	Obstetric trauma-vaginal delivery with instrument	Obstetric trauma-vaginal delivery without instrument
National rate, 2017	0.67	1.04	4.77	115.42	17.63
Statewide number of adverse events, 2019	14	113	173	457	859
Statewide average rate, 2019	0.31	0.92	1.87	117.33	14.59
Newark Beth Israel Medical Center	0.0	1.0	2.3	116.3	10.1
Newton Medical Center	0.0	0.9	0.0	0.0 ^	5.6
Ocean Medical Center - Brick Division	1.0	0.0	5.2	333.3 ^	3.6
Overlook Medical Center - Summit	0.6	0.2	2.0	103.8	10.5
Palisades Medical Center	0.0	2.4	0.9	66.7	17.4
Penn Medicine Princeton Medical Center	0.0	2.7 **	0.5	171.4	25.2
Raritan Bay Medical Center - Old Bridge	0.0	1.6	.	.	.
Raritan Bay Medical Center - Perth Amboy	0.0	0.0	0.0	83.3	3.5
Riverview Medical Center	1.5	0.0	1.7	209.9	26.5
RWJ University Hospital	0.8	0.7	2.4	76.9	10.6
RWJ University Hospital - Hamilton	0.0	1.4	.	.	.
RWJ University Hospital - Rahway	0.0	0.0	.	.	.
RWJ University Hospital - Somerset	0.0	1.1	0.0	135.1	16.8
Saint Barnabas Medical Center	0.0	1.3	0.9	136.2	23.6
Saint Clare's Hospital - Denville	0.0	0.0	1.9	128.2	19.7
Saint Clare's Hospital - Dover	0.0	0.0	.	.	.
Saint Michael's Medical Center	0.0	0.0	.	.	.
Saint Peter's University Hospital	0.0	1.6	3.4	139.4	29.4
Salem Medical Center	0.0	0.0	.	.	.
Shore Memorial Hospital	2.0	0.0	2.1	100.0 ^	14.2
Southern Ocean Medical Center	0.0	0.0	0.0	500.0 ^	14.7
St. Francis Medical Center - Trenton	0.0	2.6	.	.	.
St. Joseph's University Medical Center	0.0	4.0 **	1.0	47.1	5.4
St. Joseph's Wayne Medical Center	0.0	1.2	.	.	.
St. Luke' Warren Hospital	0.0	0.0	.	.	.
St. Mary's General Hospital	0.0	0.0	4.3	0.0 ^	0.0
The Valley Hospital	0.7	0.3	0.3	103.8	13.0
Trinitas Regional Medical Center	0.0	0.9	3.7	240.0 ^	6.9
University Hospital	0.0	2.4 **	1.6	72.5	14.0
Virtua Memorial Hospital - Burlington County	0.0	0.5	2.9	76.9	13.5
Virtua Our Lady of Lourdes Hospital - Camden	0.0	2.3	1.3	125.0 ^	16.5
Virtua West Jersey Hospital Marlton	0.0	0.0	.	.	.
Virtua West Jersey Hospital Voorhees	0.0	1.2	0.7	179.0	11.4
Virtua Willingboro Hospital	4.6 **	0.0	.	.	.

Source: New Jersey numbers are derived from the 2019 UB Data while the national numbers come from AHRQ's Benchmark Data Tables derived from analysis of the 2017 HCUP - State Inpatient Database (SID).

^ = Rates are based on denominators less than 30 and should be taken with caution. \* = Statistically significantly below state average (i.e. better than average). \*\* = Statistically significantly above state average (i.e. worse than average). Missing(.) = Hospital did not perform the procedure during the year; or it performed less than 3 procedures (rate is not computed when the denominator is less than 3). PSI #17: Birth Trauma - Injury to Neonate; PSI #18: Obstetric Trauma Rate - Vaginal Delivery With Instrument; and PSI #19: Obstetric Trauma Rate - Vaginal Delivery Without Instrument are not risk-adjusted because important risk factors (e.g., whether the mother is nulliparous or multiparous or the size of the infant) are not available in the Healthcare Cost and Utilization Project (HCUP) State Inpatient Database (SID).

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

**I**t needs to be emphasized that the Quality Indicators (QIs) developed by the Agency for Healthcare Research and Quality (AHRQ) are standardized, evidence-based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes.

As stated earlier, the New Jersey statewide estimates are derived from the NJ UB data using the Quality Indicators (QIs) SAS Software for PSIs. NJ's 2016 to 2019 estimates are calculated using the QIs SAS Software (i.e., Versions 2019 & 2020). These versions are based on the ICD-10-CM/PCS Diagnosis and Procedure Codes, while the 2013 to 2015 estimates, which are based on ICD-9-CM codes are calculated using earlier versions of the Software. The table on page XX?? shows National PSIs estimates for 2010 to 2017 (estimates for 2014 and 2015 are not available); and New Jersey's statewide estimates for the years 2010 through 2019.

The national estimates come from AHRQ's National Comparative Data derived from the Nationwide Inpatient Sample (NIS) data, which in turn is extracted from the State Inpatient Data (SID) that comes from all participating States nationwide. A Federal agency called HCUP (Healthcare Cost & Utilization Project) compiles and manages UB datasets that come from participating States. Currently, 49 States and the District of Columbia are participating in the HCUP database programs.

HCUP generates the Nation's most comprehensive source of hospital data, including information on inpatient care, ambulatory care, and emergency department visits. HCUP's work enables researchers, insurers, policymakers and others to study health care delivery and patient outcomes over time, at the national, regional, State, and community levels.

### Some Highlights:

- ❖ New Jersey hospitals have shown dramatic improvements since the Department started reporting on Patient Safety Indicators (PSIs) in its Hospital Performance Report. Some of the PSIs (i.e., State-level averages) that showed significant improvement over the last ten years include:
  - ❖ Retained Surgical Item or Unretrieved Device Fragment declined from 38 cases in 2011 to 13 in 2019 – quite an improvement.
  - ❖ Post-operative PE or DVT declined from 6.56 per 1,000 in 2010 to 3.42 in 2019.
  - ❖ Post-operative Sepsis fell from 14.45 per 1,000 in 2010 to 3.45 in 2019. It should be noted that the drastic drop could also be due to changes made on the indicator definitions when the transition from ICD-09 to ICD-10 was made.
  - ❖ Post-operative Wound Dehiscence declined from 1.96 per 1,000 in 2010 to 0.31 in 2019.
  - ❖ Perioperative Hemorrhage or Hematoma declined from 5.31 per 1,000 in 2013 to 2.22 in 2019.
  - ❖ Birth Trauma - Injury to Neonate has increased from 2.56 per 1,000 livebirths in 2010 to 1.87 in 2019.
  - ❖ Obstetric Trauma - Vaginal Delivery with Instrument declined from 133.60 per 1,000 in 2010 to 117.33 in 2019.
  - ❖ Obstetric Trauma - Vaginal Delivery without Instrument declined from 22.55 per 1,000 in 2010 to 14.59 in 2019.
- ❖ Overall, New Jersey performed better than or equal to the national averages for most of the 10 PSIs that are measured using rates. As shown in the table, the only indicator where New Jersey performed slightly but persistently worse than the national averages is Postoperative PE/DVT.

## Section 2: Understanding and Using Patient Safety Indicators (PSIs)

Comparing New Jersey's Statewide PSI Rates with National Rates (per 1,000 medical and surgical discharges)

Patient Safety Indicators (PSIs) (with PSI abbreviations)	National				
	2010	2012	2013	2016	2017
Retained Surgical Item or Unretrieved Device Fragment $\Omega$ (PSI.05 $\Omega$ )	930	973	852	694	619
Iatrogenic Pneumothorax (PSI.06)	0.43	0.34	0.32	0.21	0.19
In Hospital Fall with Hip Fracture (PSI.08)	0.03	0.04	0.08	0.08	0.07
Post-operative Hemorrhage or Hematoma (PSI.09)	5.86	5.11	4.52	2.29	2.25
Post-operative PE or DVT (PSI.12)	4.51	4.99	3.72	3.45	3.37
Post-operative Sepsis (PSI.13)	12.00	9.61	4.26	4.05	3.97
Post-operative Wound Dehiscence (PSI.14)	1.85	1.86	1.71	0.69	0.67
Abdominopelvic Accidental Puncture/Laceration (PSI.15)	2.45	1.89	0.73	1.06	1.04
Transfusion Reaction $\Omega \mu$ (PSI.15 $\Omega \mu$ )	67	38	38	-	-
Birth Trauma - Injury to Neonate (PSI.17)	2.10	1.89	1.97	4.63	4.77
Obstetric Trauma - Vaginal Delivery with Instrument (PSI.18)	139.11	133.19	127.87	109.90	115.42
Obstetric Trauma - Vaginal Delivery without Instrument (PSI.19)	22.46	20.97	19.97	17.30	17.63

This table, listing New Jersey PSI rates as a comparison to National rates, continues below.

PSIs (cont'd) (abbreviated)	New Jersey									
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
PSI.05 $\Omega$	27	38	38	28	32	23	13	16	17	13
PSI.06	0.34	0.32	0.32	0.27	0.28	0.23	0.19	0.17	0.15	0.14
PSI.08	0.05	0.05	0.03	0.02	0.03	0.03	0.04	0.06	0.05	0.06
PSI.09	3.69	2.12	4.72	5.31	4.85	4.41	2.39	2.12	2.33	2.22
PSI.12	6.56	6.29	5.51	6.74	6.11	5.48	3.99	4.05	4.02	3.42
PSI.13	14.45	12.39	11.07	9.11	10.42	8.09	3.79	3.73	3.24	3.45
PSI.14	1.96	0.84	1.67	1.49	1.45	1.24	0.53	0.58	0.59	0.31
PSI.15	1.72	1.61	1.22	1.63	1.37	1.05	0.94	0.90	0.85	0.92
PSI.15 $\Omega \mu$	3	3	1	1	1	0	-	-	-	-
PSI.17	2.56	1.99	1.73	1.54	1.55	1.98	2.45	2.19	2.41	1.87
PSI.18	133.60	130.62	126.00	124.05	112.58	96.00	82.96	109.38	112.11	117.33
PSI.19	22.55	20.57	19.07	17.30	16.44	13.33	14.80	14.62	14.43	14.59

New Jersey's rates are derived from the NJ UB database, while the national numbers come from AHRQ's Benchmark Data Tables derived from analysis of the HCUP - State Inpatient Database (SID).

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

$\mu$  = Indicator no more used as quality measure. AHRQ has decided to retire this PSI measure in its latest Version which is based on the ICD-10-CM/PCS

National Rates for 2011, 2014 and 2015 - not available.

'Retained Surgical Item or Unretrieved Device Fragment' was formerly called 'Foreign Body Left in During Procedure'

## Section 2: Understanding & Using Patient Safety Indicators (PSIs)

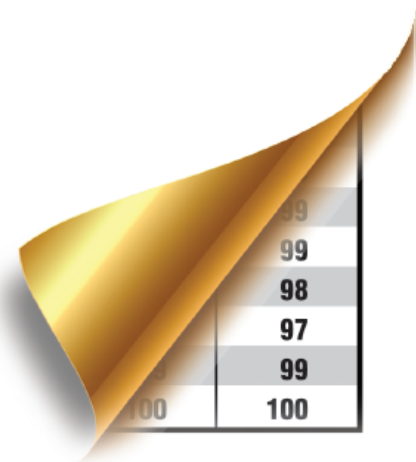




## Section 3

# 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**
- ❖ **Colon Surgical Site Infections (SSI) Data**
- ❖ **Coronary Artery Bypass Graft (CABG) Surgical Site Infections (SSI) Data**
- ❖ **HAI Trends in New Jersey, 2015-2019**



### Understanding and Using Measures for Healthcare Associated Infections (HAI)

**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 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



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

This year's report focuses on the following HAIs; Surgical Site Infections (SSIs) following Coronary Artery Bypass Graft (CABG), Abdominal Hysterectomy, Knee Arthroplasty and Colon surgery procedures, Central Line-Associated Bloodstream Infections (CLABSIs), and Catheter-Associated Urinary Tract Infections (CAUTIs).

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 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.**

#### Where do the data come from?

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

This report contains CLABSI, CAUTI and SSI data submitted to NHSN by New Jersey hospitals in 2019. 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?

Some hospitals treat sicker or older patients than others. Sicker patients in the hospitals' Intensive Care Units (ICUs) are more likely to develop hospital-acquired infections. Hospitals affiliated with a medical school generally treat sicker patients than most hospitals. Also, 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 hospital's 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 a national, state, local or hospital level over time. The hospital SIR is the total number of "observed" or actual events, also called 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 a L as "Lower than Expected", a S as "Similar to Expected", or a H as "Higher than Expected".

A hospital has performed better than the national baseline if the National Comparison column is marked with a L. These hospitals appear better because they had fewer infections than what was predicted based on the national experience. Hospitals labeled with a H had more infections than what the national experience predicted. Those hospitals that performed the same as the national experience are labeled with a 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 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](https://www.nj.gov/health/hpr).



Please refer to the Technical Report at <https://www.nj.gov/health/hpr> for a more detailed description and statistical analysis.

### 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 fungi enter, attach and multiply on the tubing or in fluid administered through the tubing and then enters the blood.

If you develop a central line-associated blood-stream infection, you may become ill with fevers 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 federal Centers for Disease Control and Prevention (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 (ICUs and NICUs)**

**and wards in each of the 70 acute care and one specialty care hospitals in New Jersey during 2019.** Wards include step-down units, mixed acuity units and specialty units (hematology/oncology). The data were verified for accuracy by each hospital.

### What are the CLABSI results for New Jersey for 2019?

There were more than 578,000 central-line days reported to NHSN by New Jersey acute care hospitals in 2019. The formula below provides the Statewide observed, expected and SIR for CLABSIs:

**Observed CLABSIs=362**  
**Expected CLABSIs=566.45**  
**SIR=Observed/Expected=0.64**

The SIR of 0.64 indicates that CLABSIs for New Jersey were 36% 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.

**In the ICUs in New Jersey, the SIR is as follows:**

**Observed ICU CLABSIs=116**  
**Expected ICU CLABSIs=200.87**  
**SIR=Observed/Expected=0.58**

The SIR of 0.58 indicates that ICU CLABSIs for New Jersey were 42% fewer than expected based on the national data. The difference is statistically significant. Central-line infections in New Jersey were lower than the central-line infections seen nationally.

**There are 24 acute care hospitals in New Jersey which have Neonatal Intensive Care Units (NICUs).** The SIR for



NICU is as follows:

**Observed NICU CLABSIs=16**  
**Expected NICU CLABSIs=32.69**  
**SIR=Observed/Expected=0.49**

The SIR of 0.49 indicates that NICU CLABSIs for New Jersey were 51% fewer than expected based on the national data. The difference is statistically significant; NICU CLABSIs in New Jersey were lower than NICU CLABSIs seen nationally.

In the Wards in New Jersey, the SIR is as follows:

**Observed Ward CLABSIs=230**  
**Expected Ward CLABSIs=334.31**  
**SIR=Observed/Expected=0.69**

The SIR of 0.69 indicates that CLABSIs in New Jersey hospital wards were 31% fewer than expected based on the national data. The difference is statistically significant; Ward CLABSIs in New Jersey were lower than Ward CLABSIs seen nationally.

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

Catheter-Associated Urinary Tract Infections (CAUTI) are the fifth most commonly reported healthcare-associated infection in acute care hospitals.<sup>8</sup> 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) and medical wards** in each of the 70 acute care hospitals and one specialty care hospital in New Jersey during 2019. 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 2019?

There were over 503,000 catheter days reported to NHSN by New Jersey hospitals in 2019. The formula below provides the Statewide observed, expected and SIR for CAUTIs:

**Observed CAUTIs=474**  
**Expected CAUTIs=569.55**  
**SIR=Observed/Expected=0.83**

The SIR of 0.83 indicates that CAUTIs for New Jersey were 17% lower than the expected national data. The difference is statistically significant. This means the catheter-associated urinary tract infections in New Jersey were lower than the catheter-associated urinary tract infections seen nationally.

In the ICUs in New Jersey, the SIR is as follows:

**Observed ICU CAUTIs=209**  
**Expected ICU CAUTIs=256.87**  
**SIR=Observed/Expected=0.81**

The SIR of 0.81 indicates that ICU CAUTIs for New Jersey were 19% lower

Please refer to the Technical Report at <https://www.nj.gov/health/hpr> for a more detailed description and statistical analysis.

than the expected national data. The difference is statistically significant indicating that the catheter-associated urinary tract infections in intensive care units in New Jersey were lower than intensive care unit catheter-associated urinary tract infections seen nationally.

**In the Wards** in New Jersey, the SIR is as follows:

**Observed Ward CAUTIs=265**  
**Expected Ward CAUTIs=312.68**  
**SIR=Observed/Expected=0.85**

The SIR of 0.85 indicates that CAUTIs in New Jersey wards were 15% lower than the expected national data. The difference is statistically significant indicating that the catheter-associated urinary tract infections in New Jersey wards were lower than catheter-associated urinary tract infections seen nationally.



### 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 is reported if it develops within 30-90 days of the procedure.

Surgical site infections are the most common HAI accounting for an estimated \$33 billion

and almost 1 million inpatient days.<sup>7</sup> 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 included in this report are from 2019. The infections reported were inpatient procedures and Deep Incisional Primary and Organ/Space SSIs that were identified during admission or readmission to the same facility.

This year's report includes SSI data from Coronary Artery Bypass Graft (CABG) procedures, Abdominal Hysterectomy procedures, Knee Arthroplasty procedures and Colon surgery procedures. It is important to note that only 18 of the 71 acute care hospitals are licensed as Open-Heart Surgery hospitals and are able to perform CABG surgery. The surgical site infection data for 2019 were verified for accuracy by each hospital but were not audited.

### What are the SSI results for New Jersey hospitals for 2019?

More than 4,900 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=26**  
**Expected CABG infections=36.39**  
**SIR=Observed/Expected=0.71**

The SIR of 0.71 indicates that the observed CABG infections were 29%

less 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 7141 **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=47**  
**Expected HYST infections=53.94**  
**SIR=Observed / Expected =0.87**

The SIR of 0.87 indicates that the observed abdominal hysterectomy infections were 13% 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 17,765 **Knee Arthroplasty (KPRO)** 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=60**  
**Expected KPRO infections=63.68**  
**IR=Observed/Expected=0.94**

The SIR of 0.94 indicates that the observed knee arthroplasty infections were 6% less than expected based on the national data. The difference is not statistically significant which means the knee arthroplasty infections in New Jersey were similar than those seen nationally.

More than 8,400 **Colon (COLO)** procedures were reported in NHSN by

hospitals in New Jersey who performed the procedure. The formula below provides the Statewide observed, the expected and the SIR for colon procedures:

**Observed COLO infections=157**  
**Expected COLO infections=225.60**  
**SIR=Observed/Expected=0.69**

The SIR of 0.69 indicates that the observed colon infections were 31% less than expected based on the national data. The difference is statistically significant. This means that the colon infections in New Jersey were lower than the colon infections seen nationally.

The **Overall SSI SIR** accounts for all surgeries that were reported in New Jersey in 2019; CABG, Abdominal Hysterectomy, Knee Arthroplasty and Colon surgeries. There were more than 38,000 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=290**  
**Expected SSIs=379.62**  
**SIR=Observed/Expected=0.76**

The SIR of 0.76 indicates that the Overall SSIs for New Jersey were 24% fewer than expected based on the national data. The difference is statistically significant. This means the surgical site infections in New Jersey were lower than surgical site 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 "L" which is Lower than expected, "S" which is Similar to expected, or "H" which is Higher than expected. A hospital performed better than the national baseline if the National Comparison has 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 a 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 a 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 a capital 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 accuracy of 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 and detection 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.





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Please refer to the Technical Report at <https://www.nj.gov/health/hpr> for a more detailed description and statistical analysis.

# Central Line-Associated Bloodstream Infections (CLABSI) 2019

See footnotes at bottom of next page

Hospital Name	Number of Central Line Days	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 Campus	4326	3	4.878	0.615	S
AtlantiCare Regional Medical Center-Mainland Campus	8025	7	8.253	0.848	S
Bayshore Medical Center	6936	2	4.660	0.429	S
Bergen New Bridge Medical Center	883	1	0.820	---	---
Cape Regional Medical Center	2969	0	2.033	0	S
Capital Health Medical Center - Hopewell	7966	2	7.286	0.274	L
Capital Health System-Fuld	7685	2	6.917	0.289	L
CarePoint Health-Bayonne Medical Center	2723	0	2.673	0	S
CarePoint Health-Christ Hospital	3531	1	2.796	0.358	S
CarePoint Health-Hoboken University Medical Center	2782	2	2.869	0.697	S
CentraState Medical Center	7988	4	8.401	0.476	S
Chilton Memorial Hospital	5837	0	4.045	0	L
Clara Maass Medical Center	13489	3	12.349	0.243	L
Community Medical Center	11807	9	11.951	0.753	S
Cooper University Hospital	22009	32	22.476	1.424	S
Deborah Heart and Lung Center	5066	2	3.805	0.526	S
East Orange General Hospital	5642	5	3.892	1.285	S
Englewood Hospital and Medical Center	10783	3	10.988	0.273	L
Hackensack Meridian Health Pascack Valley MC	1287	0	0.903	---	---
Hackensack UMC Mountainside	2823	5	2.559	1.954	S
Hackensack University Medical Center	58177	55	68.754	0.8	S
Hackettstown Medical Center	987	2	0.619	---	---
Holy Name Medical Center	9088	4	6.731	0.594	S
Hudson Regional Hospital	832	0	0.495	---	---
Hunterdon Medical Center	4306	3	3.809	0.788	S
Inspira Medical Center Elmer	364	0	0.246	---	---
Inspira Medical Center Vineland	7910	1	8.127	0.123	L
Inspira Medical Center Woodbury	3450	2	3.459	0.578	S
J.F.K. Medical Center	17186	9	15.985	0.563	S
Jefferson Cherry Hill Hospital	900	0	0.838	---	---
Jefferson Stratford Hospital	1096	2	0.958	---	---
Jefferson Washington Township Hospital	2092	1	2.202	0.454	S
Jersey City Medical Center	8282	3	8.810	0.341	L
Jersey Shore University Medical Center	30144	22	29.533	0.745	S
Monmouth Medical Center	4139	1	4.579	0.218	S
Monmouth Medical Center Southern Campus	2903	4	2.010	1.99	S
Morristown Medical Center	29977	13	31.897	0.408	L
Newark Beth Israel Medical Center	19912	5	24.683	0.203	L
Newton Medical Center	3508	0	2.378	0	S
Ocean Medical Center	12653	3	12.630	0.238	L
Overlook Hospital	15731	8	16.803	0.476	L

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 2019 and is for adult, pediatric critical/intensive care units, neonatal intensive care units and wards (CCUs or ICUs, NICUs and wards). **NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CLABSIs.**

Hospital Name	Number of Central Line Days	Observed # of CLABSI (O)	Expected # of CLABSI (E) <sup>a</sup>	CLABSI SIR <sup>b</sup>	National Comparison <sup>‡</sup>
Palisades Medical Center	2669	0	2.171	0	S
Penn Medicine Princeton Medical Center	3018	1	3.179	0.315	S
Raritan Bay Medical Center-Old Bridge	4097	2	2.811	0.712	S
Raritan Bay Medical Center-Perth Amboy	5255	1	4.209	0.238	S
Riverview Medical Center	9721	4	8.055	0.497	S
Robert Wood Johnson University Hospital	15832	3	17.976	0.167	L
Robert Wood Johnson University Hospital Hamilton	4012	0	2.750	0	S
Robert Wood Johnson University Hospital Rahway	5107	4	3.576	1.118	S
Robert Wood Johnson University Hospital Somerset	3817	2	3.447	0.58	S
Saint Barnabas Medical Center	18096	4	21.029	0.19	L
Saint Clare's Hospital	888	1	0.549	---	---
Saint Clare's Hospital Denville	2875	2	2.340	0.855	S
Saint Michael's Medical Center	6523	2	5.931	0.337	S
Saint Peter's University Hospital	7566	7	8.666	0.808	S
Salem Medical Center	534	0	0.342	---	---
Shore Medical Center	6756	4	4.558	0.878	S
Southern Ocean Medical Center	5414	2	3.684	0.543	S
St. Francis Medical Center	5952	4	4.792	0.835	S
St. Joseph's University Medical Center	23579	23	26.606	0.864	S
St. Joseph's Wayne Medical Center	2836	2	2.329	0.859	S
St. Luke's Warren Hospital	1975	2	1.395	1.434	S
St. Mary's General Hospital	2332	0	1.834	0	S
Trinitas Regional Medical Center	7596	10	6.369	1.57	S
University Hospital	15371	29	16.946	1.711	H
Valley Hospital	8009	16	6.804	2.351	H
Virtua Memorial Hospital Of Burlington County	7979	3	6.162	0.487	S
Virtua Our Lady of Lourdes Hospital	13603	3	12.530	0.239	L
Virtua West Jersey Hospital Marlton	7078	4	4.597	0.87	S
Virtua West Jersey Hospital Voorhees	9073	4	8.937	0.448	S
Virtua Willingboro Hospital	2882	2	1.776	1.126	S
<b>Statewide ICUs</b>	<b>191592</b>	<b>116</b>	<b>200.874</b>	<b>0.577</b>	<b>L</b>
<b>Statewide Neonatal ICUs</b>	<b>22112</b>	<b>16</b>	<b>32.695</b>	<b>0.489</b>	<b>L</b>
<b>Statewide Wards</b>	<b>367024</b>	<b>230</b>	<b>334.31</b>	<b>0.688</b>	<b>L</b>
<b>Overall Statewide</b>	<b>580728</b>	<b>362</b>	<b>566.449</b>	<b>0.639</b>	<b>L</b>

Source: New Jersey Healthcare-Associated Infections for 2019 submitted through the National Healthcare Safety Network (NHSN).

- a** Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models.  
**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 the 2015 baseline.
- 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) 2019

See footnotes at bottom of next page

Hospital Name	Number of Catheter Days	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 Campus	4505	9	7.178	1.254	S
AtlantiCare Regional Medical Center-Mainland Campus	9605	7	10.697	0.654	S
Bayshore Medical Center	4715	2	3.290	0.608	S
Bergen New Bridge Medical Center	1024	0	1.015	0	S
Cape Regional Medical Center	3595	6	2.535	2.367	S
Capital Health Medical Center - Hopewell	4397	4	4.449	0.899	S
Capital Health System-Fuld	5070	5	7.550	0.662	S
CarePoint Health-Bayonne Medical Center	3169	1	3.994	0.25	S
CarePoint Health-Christ Hospital	3218	2	2.501	0.8	S
CarePoint Health-Hoboken University Medical Center	2287	0	2.271	0	S
CentraState Medical Center	4899	6	6.313	0.95	S
Chilton Memorial Hospital	8078	3	5.875	0.511	S
Clara Maass Medical Center	8178	4	8.121	0.493	S
Community Medical Center	14328	8	18.287	0.437	L
Cooper University Hospital	22142	47	25.402	1.85	H
Deborah Heart and Lung Center	4486	1	3.446	0.29	S
East Orange General Hospital	3922	1	2.783	0.359	S
Englewood Hospital and Medical Center	9763	6	12.142	0.494	S
Hackensack Meridian Health Pascack Valley	2283	1	1.553	0.644	S
Hackensack UMC Mountainside	4618	5	4.463	1.12	S
Hackensack University Medical Center	26708	33	33.137	0.996	S
Hackettstown Medical Center	2191	1	1.190	0.84	S
Holy Name Medical Center	8814	16	7.972	2.007	H
Hudson Regional Hospital	1748	0	0.950	---	---
Hunterdon Medical Center	5270	2	5.737	0.349	S
Inspira Medical Center Elmer	1050	0	0.700	---	---
Inspira Medical Center Mullica Hill	209	0	0.216	---	---
Inspira Medical Center Vineland	10792	5	14.551	0.344	L
Inspira Medical Center Woodbury	5232	5	6.313	0.792	S
J.F.K. Medical Center	16610	17	16.768	1.014	S
Jefferson Cherry Hill Hospital	1239	4	1.299	3.08	S
Jefferson Stratford Hospital	1459	1	1.432	0.698	S
Jefferson Washington Township Hospital	3893	4	5.163	0.775	S
Jersey City Medical Center	6347	10	7.842	1.275	S
Jersey Shore University Medical Center	22406	21	28.841	0.728	S
Monmouth Medical Center	2608	0	3.213	0	L
Monmouth Medical Center Southern Campus	3389	1	2.415	0.414	S
Morristown Medical Center	27309	36	38.457	0.936	S
Newark Beth Israel Medical Center	5653	6	7.435	0.807	S
Newton Medical Center	5674	3	4.139	0.725	S
Ocean Medical Center	14435	4	18.987	0.211	L

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 2019 for adult critical/intensive care units (CCUs or ICUs) and wards. *NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CAUTIs.*

Hospital Name	Number of Catheter Days	Observed # of CAUTI (O)	Expected # of CAUTI (E) <sup>a</sup>	CAUTI SIR <sup>b</sup>	National Comparison‡
Ocean Medical Center	14435	4	18.987	0.211	S
Overlook Hospital	13030	25	20.111	1.243	S
Palisades Medical Center	4307	1	3.568	0.28	S
Penn Medicine Princeton Medical Center	5182	2	6.520	0.307	S
Raritan Bay Medical Center-Old Bridge	3004	0	2.135	0	S
Raritan Bay Medical Center-Perth Amboy	2277	2	1.905	1.05	S
Riverview Medical Center	7911	4	7.018	0.57	S
Robert Wood Johnson University Hospital	10456	17	14.119	1.204	S
Robert Wood Johnson University Hospital Hamilton	3060	3	2.091	1.435	S
Robert Wood Johnson University Hospital Rahway	4195	3	3.048	0.984	S
Robert Wood Johnson University Hospital Somerset	6486	7	6.887	1.016	L
Saint Barnabas Medical Center	17320	15	25.483	0.589	S
Saint Clare's Hospital	2412	2	1.309	1.528	S
Saint Clare's Hospital Denville	5787	5	5.138	0.973	S
Saint Michael's Medical Center	3121	2	3.216	0.622	S
Saint Peter's University Hospital	5676	6	7.405	0.81	---
Salem Medical Center	1360	0	0.784	---	S
Shore Medical Center	6726	2	5.441	0.368	S
Southern Ocean Medical Center	5639	3	4.125	0.727	S
St. Francis Medical Center	4042	3	3.368	0.891	L
St. Joseph's Regional Medical Center	18883	16	28.745	0.557	S
St. Joseph's Wayne Medical Center	5194	5	5.273	0.948	S
St. Luke's Warren Hospital	2113	0	1.654	0	S
St. Mary's General Hospital	4726	4	4.153	0.963	S
Trinitas Regional Medical Center	3950	5	4.050	1.235	S
University Hospital	9560	19	19.189	0.99	S
Valley Hospital	11402	11	9.569	1.15	S
Virtua Memorial Hospital Of Burlington County	9132	5	7.281	0.687	S
Virtua Our Lady Of Lourdes Hospital	8689	11	9.822	1.12	S
Virtua West Jersey Marlton	5948	1	4.092	0.244	S
Virtua West Jersey Voorhees	11689	7	9.829	0.712	S
Virtua Willingboro Hospital	3046	1	1.598	0.626	S
<b>Statewide ICUs</b>	<b>192757</b>	<b>209</b>	<b>256.871</b>	<b>0.814</b>	<b>L</b>
<b>Statewide Wards</b>	<b>310884</b>	<b>265</b>	<b>312.68</b>	<b>0.848</b>	<b>L</b>
<b>Overall Statewide</b>	<b>503641</b>	<b>474</b>	<b>569.546</b>	<b>0.832</b>	<b>L</b>

Source: New Jersey Healthcare-Associated Infections for 2019 submitted through the National Healthcare Safety Network (NHSN).

- <sup>a</sup> Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models.  
Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.
- <sup>b</sup> 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 the 2015 baseline.
- 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) 2019

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 Campus	269	0	4.69	0	L
AtlantiCare Regional Medical Center-Mainland Campus	1882	6	8.034	0.747	S
Bayshore Medical Center	113	2	1.69	1.183	S
Bergen New Bridge Medical Center	4	0	0.028	---	---
Cape Regional Medical Center	184	3	1.905	1.575	S
Capital Health Medical Center - Hopewell	531	8	4.145	1.93	S
Capital Health System-Fuld	50	0	1.593	0	S
CarePoint Health-Bayonne Medical Center	60	0	1.139	0	S
CarePoint Health-Christ Hospital	69	0	1.16	0	S
CarePoint Health-Hoboken University Medical Center	104	0	1.116	0	S
CentraState Medical Center	319	4	4.333	0.923	S
Chilton Memorial Hospital	227	0	1.762	0	S
Clara Maass Medical Center	245	3	2.45	1.224	S
Community Medical Center	911	8	9.129	0.876	S
Cooper University Hospital	1497	20	29.201	0.685	S
Deborah Heart and Lung Center	293	1	1.882	0.531	S
East Orange General Hospital	18	1	0.254	---	---
Englewood Hospital and Medical Center	848	5	9.019	0.554	S
Hackensack Meridian Health Pascack Valley	332	1	3.144	0.318	S
Hackensack UMC Mountainside	273	2	2.84	0.704	S
Hackensack University Medical Center	2488	13	20.608	0.631	S
Hackettstown Medical Center	78	0	0.686	---	---
Holy Name Medical Center	627	7	4.685	1.494	S
Hudson Regional Hospital	120	0	0.491	---	---
Hunterdon Medical Center	535	2	4.745	0.422	S
Inspira Medical Center Elmer	172	0	0.595	---	---
Inspira Medical Center Mullica Hill	15	0	0.416	---	---
Inspira Medical Center Vineland	516	13	6.395	2.033	S
Inspira Medical Center Woodbury	324	3	4.505	0.666	S
J.F.K. Medical Center	504	4	6.01	0.666	S
Jefferson Cherry Hill Hospital	430	3	1.771	1.694	S
Jefferson Stratford Hospital	39	0	0.777	---	---
Jefferson Washington Township Hospital	711	3	5.025	0.597	S
Jersey City Medical Center	656	13	6.768	1.921	H
Jersey Shore University Medical Center	1433	12	13.963	0.859	S
Monmouth Medical Center	815	0	7.6	0	L
Monmouth Medical Center Southern Campus	53	0	0.786	---	---
Morristown Medical Center	3774	13	28.802	0.451	L
Newark Beth Israel Medical Center	539	10	7.661	1.305	S
Newton Medical Center	149	0	2.33	0	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 2019. **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‡
Ocean Medical Center	1014	4	6.304	0.635	S
Overlook Hospital	1390	15	17.807	0.842	S
Palisades Medical Center	121	0	1.755	0	S
Penn Medicine Princeton Medical Center	1163	9	6.834	1.317	S
Raritan Bay Medical Center-Old Bridge	106	2	0.983	---	---
Raritan Bay Medical Center-Perth Amboy	84	1	0.786	---	---
Riverview Medical Center	719	8	5.159	1.551	S
Robert Wood Johnson University Hospital	1459	14	23.25	0.602	L
Robert Wood Johnson University Hospital Hamilton	554	1	4.27	0.234	S
Robert Wood Johnson University Hospital Rahway	90	2	0.901	---	---
Robert Wood Johnson University Hospital Somerset	551	3	4.092	0.733	S
Saint Barnabas Medical Center	1390	14	18.328	0.764	S
Saint Clare's Hospital	33	0	0.489	---	---
Saint Clare's Hospital-Denville	204	0	2.049	0	S
Saint Michael's Medical Center	206	0	2.113	0	S
Saint Peter's University Hospital	487	7	5.06	1.383	S
Salem Medical Center	17	0	0.215	---	---
Shore Medical Center	380	4	2.804	1.427	S
Southern Ocean Medical Center	153	1	1.877	0.533	S
St. Francis Medical Center	138	0	1.275	0	S
St. Joseph's Regional Medical Center	484	8	8.667	0.923	S
St. Joseph's Wayne Medical Center	84	1	1.11	0.901	S
St. Luke's Warren Hospital	114	3	0.97	---	---
St. Mary's General Hospital	132	1	1.163	0.86	S
Trinitas Regional Medical Center	194	1	2.813	0.355	S
University Hospital	182	4	4.858	0.823	S
Valley Hospital	1362	3	11.169	0.269	L
Virtua Memorial Hospital of Burlington County	461	7	5.022	1.394	S
Virtua Our Lady of Lourdes Hospital	620	2	6.144	0.326	S
Virtua West Jersey Hospital Marlton	180	1	2.142	0.467	S
Virtua West Jersey Hospital Voorhees	1912	14	14.31	0.978	S
Virtua Willingboro Hospital	139	0	1.043	0	S
<b>Statewide</b>	<b>38330</b>	<b>290</b>	<b>379.62</b>	<b>0.764</b>	<b>L</b>

Source: New Jersey Healthcare-Associated Infections for 2019 submitted through the National Healthcare Safety Network (NHSN).

- <sup>a</sup> Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models.  
**Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.**
- <sup>b</sup> 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 the 2015 baseline.
- 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 2019

See footnotes at bottom of next page

Hospital Name	Number of Procedures	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 Campus	129	0	0.793	---	---
AtlantiCare Regional Medical Center-Mainland Campus	68	0	0.535	---	---
Bayshore Medical Center	1	0	0.014	---	---
Bergen New Bridge Medical Center	3	0	0.014	---	---
Cape Regional Medical Center	33	0	0.178	---	---
Capital Health Medical Center - Hopewell	75	0	0.434	---	---
Capital Health System-Fuld	0	0	N/A	N/A	N/A
CarePoint Health-Bayonne Medical Center	2	0	0.01	---	---
CarePoint Health-Christ Hospital	22	0	0.134	---	---
CarePoint Health-Hoboken University Medical Center	28	0	0.186	---	---
CentraState Medical Center	62	0	0.439	---	---
Chilton Memorial Hospital	16	0	0.115	---	---
Clara Maass Medical Center	30	0	0.23	---	---
Community Medical Center	213	0	1.264	0	S
Cooper University Hospital	487	4	4.742	0.843	S
East Orange General Hospital	5	0	0.025	---	---
Englewood Hospital and Medical Center	112	2	0.693	---	---
Hackensack Meridian Health Pascack Valley	15	0	0.113	---	---
Hackensack UMC Mountainside	91	0	0.745	---	---
Hackensack University Medical Center	544	2	4.152	0.482	S
Hackettstown Regional Medical Center	0	0	N/A	N/A	N/A
Holy Name Medical Center	157	3	0.984	---	---
Hudson Regional Hospital	65	0	0.274	---	---
Hunterdon Medical Center	68	0	0.317	---	---
Inspira Medical Center Elmer	6	0	0.04	---	---
Inspira Medical Center Mullica Hill	6	0	0.045	---	---
Inspira Medical Center Vineland	200	3	1.462	2.052	S
Inspira Medical Center Woodbury	71	1	0.653	---	---
J.F.K. Medical Center	112	0	0.653	---	---
Jefferson Cherry Hill Hospital	1	0	0.01	---	---
Jefferson Stratford Hospital	6	0	0.031	---	---
Jefferson Washington Township Hospital	173	2	1.232	1.623	S
Jersey City Medical Center	86	0	0.665	---	---
Jersey Shore University Medical Center	272	2	2.55	0.784	S
Monmouth Medical Center	192	0	1.182	0	S
Monmouth Medical Center Southern Campus	0	0	N/A	N/A	N/A
Morristown Medical Center	528	4	3.739	1.07	S
Newark Beth Israel Medical Center	201	4	1.832	2.184	S
Newton Medical Center	11	0	0.052	---	---
Ocean Medical Center	35	0	0.23	---	---



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 2019. **NOTE: Ratios are not meant for hospital-to-hospital comparisons. Lower ratios are better and mean fewer abdominal hysterectomy SSIs.**

Hospital Name	Number of Procedures	Observed # of Abdominal Hysterectomy Infections (O)	Expected # of Abdominal Hysterectomy Infections (E) <sup>a</sup>	SIR <sup>b</sup>	National Comparison <sup>‡</sup>
Overlook Hospital	265	2	1.843	1.085	S
Palisades Medical Center	47	0	0.287	---	---
Penn Medicine Princeton Medical Center	113	0	0.582	---	---
Raritan Bay Medical Center-Old Bridge	5	0	0.023	---	---
Raritan Bay Medical Center-Perth Amboy	53	0	0.333	---	---
Riverview Medical Center	113	0	0.642	---	---
Robert Wood Johnson University Hospital	264	1	2.816	0.355	S
Robert Wood Johnson University Hospital Hamilton	74	0	0.325	---	---
Robert Wood Johnson University Hospital Rahway	0	0	N/A	N/A	N/A
Robert Wood Johnson University Hospital Somerset	65	0	0.355	---	---
Saint Barnabas Medical Center	550	6	4.164	1.441	S
Saint Clare's Hospital	0	0	N/A	N/A	N/A
Saint Clare's Hospital-Denville	42	0	0.218	---	---
Saint Michael's Medical Center	23	0	0.141	---	---
Saint Peter's University Hospital	138	0	1.071	0	S
Salem Medical Center	0	0	N/A	N/A	N/A
Shore Medical Center	24	0	0.178	---	---
Southern Ocean Medical Center	36	0	0.211	---	---
St. Francis Medical Center	0	0	N/A	N/A	N/A
St. Joseph's University Medical Center	27	1	0.224	---	---
St. Joseph's Wayne Medical Center	9	0	0.052	---	---
St. Luke's Warren Hospital	8	0	0.043	---	---
St. Mary's General Hospital	65	0	0.328	---	---
Trinitas Regional Medical Center	109	0	0.98	---	---
University Hospital	64	1	0.773	---	---
Valley Hospital	216	0	1.37	0	S
Virtua Memorial Hospital of Burlington County	241	7	2.267	3.088	H
Virtua Our Lady of Lourdes Hospital	42	0	0.36	---	---
Virtua West Jersey Hospital Marlton	1	0	0.014	---	---
Virtua West Jersey Hospital Voorhees	417	2	3.558	0.562	S
Virtual Willingboro Hospital	4	0	0.019	---	---
<b>Statewide</b>	<b>7141</b>	<b>47</b>	<b>53.938</b>	<b>0.871</b>	<b>S</b>

Source: New Jersey Healthcare-Associated Infections for 2019 submitted through the National Healthcare Safety Network (NHSN).

**a** Expected (E) = # of infections predicted using the 2015 Baseline and risk-adjusted models  
**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 the 2015 baseline.

**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: Procedures not performed

# Knee Arthroplasty Surgical Site Infections 2019

See footnotes at bottom of next page

Hospital Name	Number of Procedures	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 Campus	0	0	N/A	N/A	N/A
AtlantiCare Regional Medical Center-Mainland Campus	1595	3	5.273	0.569	S
Bayshore Medical Center	46	0	0.241	---	---
Bergen New Bridge Medical Center	0	0	N/A	N/A	N/A
Cape Regional Medical Center	78	0	0.335	---	---
Capital Health Medical Center - Hopewell	372	4	1.637	2.443	S
Capital Health System-Fuld	7	0	0.066	---	---
CarePoint Health-Bayonne Medical Center	17	0	0.163	---	---
CarePoint Health-Christ Hospital	11	0	0.051	---	---
CarePoint Health-Hoboken University Medical Center	54	0	0.387	---	---
CentraState Medical Center	98	0	0.332	---	---
Chilton Memorial Hospital	149	0	0.512	---	---
Clara Maass Medical Center	125	0	0.367	---	---
Community Medical Center	403	1	1.427	0.701	S
Cooper University Hospital	264	0	1.23	0	S
East Orange General Hospital	7	1	0.063	---	---
Englewood Hospital and Medical Center	262	1	0.812	---	---
Hackensack Meridian Health Pascack Valley	259	1	1.649	0.607	S
Hackensack UMC Mountainside	117	1	0.433	---	---
Hackensack University Medical Center	1167	1	3.742	0.267	S
Hackettstown Regional Medical Center	42	0	0.064	---	---
Holy Name Medical Center	356	3	1.453	2.064	S
Hudson Regional Hospital	49	0	0.128	---	---
Hunterdon Medical Center	362	1	1.75	0.571	S
Inspira Medical Center Elmer	151	0	0.271	---	---
Inspira Medical Center Mullica Hill	6	0	0.031	---	---
Inspira Medical Center Vineland	152	1	0.938	---	---
Inspira Medical Center Woodbury	127	0	0.806	---	---
J.F.K. Medical Center	227	1	1.112	0.9	S
Jefferson Cherry Hill Hospital	405	1	1.216	0.823	S
Jefferson Stratford Hospital	0	0	N/A	N/A	N/A
Jefferson Washington Township Hospital	401	1	1.089	0.918	S
Jersey City Medical Center	360	8	2.546	3.142	H
Jersey Shore University Medical Center	412	3	1.577	1.902	S
Monmouth Medical Center	438	0	2.029	0	S
Monmouth Medical Center Southern Campus	12	0	0.035	---	---
Morristown Medical Center	1965	1	5.934	0.169	L
Newark Beth Israel Medical Center	67	0	0.308	---	---
Newton Medical Center	47	0	0.161	---	---
Ocean Medical Center	769	1	2.147	0.466	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 2019. **NOTE: Ratios are not meant for hospital-to-hospital comparisons. Lower ratios are better and mean fewer knee arthroplasty SSIs.**

Hospital Name	Number of Procedures	Observed # of Knee Arthroplasty Infections (O)	Expected # of Knee Arthroplasty Infections (E) <sup>a</sup>	SIR <sup>b</sup>	National Comparison‡
Overlook Hospital	662	2	2.294	0.872	S
Palisades Medical Center	14	0	0.043	---	---
Penn Medicine Princeton Medical Center	885	4	2.637	1.517	S
Raritan Bay Medical Center-Old Bridge	65	0	0.262	---	---
Raritan Bay Medical Center-Perth Amboy	11	0	0.052	---	---
Riverview Medical Center	470	4	1.677	2.385	S
Robert Wood Johnson University Hospital	158	3	0.701	---	---
Robert Wood Johnson University Hospital Hamilton	366	1	0.915	---	---
Robert Wood Johnson University Hospital Rahway	51	2	0.183	---	---
Robert Wood Johnson University Hospital Somerset	376	0	1.315	0	S
Saint Barnabas Medical Center	236	2	0.885	---	---
Saint Clare's Hospital	7	0	0.027	---	---
Saint Clare's Hospital-Denville	95	0	0.384	---	---
Saint Michael's Medical Center	11	0	0.059	---	---
Saint Peter's University Hospital	235	0	0.929	---	---
Salem Medical Center	6	0	0.021	---	---
Shore Medical Center	270	2	0.724	---	---
Southern Ocean Medical Center	43	0	0.314	---	---
St. Francis Medical Center	28	0	0.11	---	---
St. Joseph's University Medical Center	176	0	1.254	0	S
St. Joseph's Wayne Medical Center	15	0	0.058	---	---
St. Luke's Warren Hospital	74	1	0.222	---	---
St. Mary's General Hospital	0	0	N/A	N/A	N/A
Trinitas Regional Medical Center	24	0	0.164	---	---
University Hospital	12	0	0.161	---	---
Valley Hospital	650	2	2.03	0.985	S
Virtua Memorial Hospital of Burlington County	111	0	0.34	---	---
Virtua Our Lady of Lourdes Hospital	0	0	N/A	N/A	N/A
Virtua West Jersey Hospital Marlton	101	0	0.34	---	---
Virtua West Jersey Hospital Voorhees	1139	3	2.972	1.009	S
Virtual Willingboro Hospital	95	0	0.293	---	---
<b>Statewide</b>	<b>17765</b>	<b>60</b>	<b>63.68</b>	<b>0.942</b>	<b>S</b>

Source: New Jersey Healthcare-Associated Infections for 2019 submitted through the National Healthcare Safety Network (NHSN).

<sup>a</sup> Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models.

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

<sup>b</sup> 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 the 2015 baseline.

**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: Procedures not performed

# Colon Surgery Surgical Site Infections 2019

See footnotes at bottom of next page

Hospital Name	Number of Procedures	Observed # of Colon Surgical Site Infections (O)	Expected # of Colon Surgical Site Infections (E) <sup>a</sup>	SIR <sup>b</sup>	National Comparison <sup>‡</sup>
AtlantiCare Regional Medical Center-City Campus	140	0	3.897	0	L
AtlantiCare Regional Medical Center-Mainland Campus	36	2	0.717	---	---
Bayshore Medical Center	66	2	1.435	1.394	S
Bergen New Bridge Medical Center	1	0	0.014	---	---
Cape Regional Medical Center	73	3	1.392	2.156	S
Capital Health Medical Center-Hopewell	84	4	2.073	1.929	S
Capital Health System-Fuld	43	0	1.527	0	S
CarePoint Health-Bayonne Medical Center	41	0	0.967	---	---
CarePoint Health-Christ Hospital	36	0	0.975	---	---
CarePoint Health-Hoboken University Medical Center	22	0	0.543	---	---
CentraState Medical Center	159	4	3.562	1.123	S
Chilton Memorial Hospital	62	0	1.135	0	S
Clara Maass Medical Center	90	3	1.853	1.619	S
Community Medical Center	295	7	6.439	1.087	S
Cooper University Hospital	496	14	21.653	0.647	S
Deborah Heart and Lung Center	0	0	N/A	N/A	N/A
East Orange General Hospital	6	0	0.166	---	---
Englewood Hospital and Medical Center	215	1	5.165	0.194	L
Hackensack Meridian Health Pascack Valley	58	0	1.382	0	S
Hackensack UMC Mountainside	65	1	1.662	0.602	S
Hackensack University Medical Center	299	8	8.664	0.923	S
Hackettstown Medical Center	36	0	0.622	---	---
Holy Name Medical Center	114	1	2.248	0.445	S
Hudson Regional Hospital	6	0	0.089	---	---
Hunterdon Medical Center	105	1	2.678	0.373	S
Inspira Medical Center Elmer	15	0	0.285	---	---
Inspira Medical Center Mullica Hill	3	0	0.07	---	---
Inspira Medical Center Vineland	164	9	3.995	2.253	H
Inspira Medical Center Woodbury	126	2	3.046	0.657	S
J.F.K. Medical Center	165	3	4.246	0.706	S
Jefferson Cherry Hill Hospital	24	2	0.546	---	---
Jefferson Stratford Hospital	33	0	0.746	---	---
Jefferson Washington Township Hospital	137	0	2.704	0	S
Jersey City Medical Center	109	2	2.943	0.68	S
Jersey Shore University Medical Center	230	4	6.562	0.61	S
Monmouth Medical Center	185	0	4.39	0	L
Monmouth Medical Center Southern Campus	41	0	0.751	---	---
Morristown Medical Center	504	7	14.355	0.488	L
Newark Beth Israel Medical Center	122	5	3.773	1.325	S
Newton Medical Center	91	0	2.117	0	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 2019. **NOTE: Ratios are not meant for hospital-to-hospital comparisons. Lower ratios are better and mean fewer colon surgery SSIs.**

Hospital Name	Number of Procedures	Observed # of Colon Surgical Site Infections (O)	Expected # of Colon Surgical Site Infections (E) <sup>a</sup>	SIR <sup>b</sup>	National Comparison‡
Ocean Medical Center	210	3	3.928	0.764	S
Overlook Hospital	463	11	13.67	0.805	S
Palisades Medical Center	60	0	1.425	0	S
Penn Medicine Princeton Medical Center	165	5	3.616	1.383	S
Raritan Bay Medical Center-Old Bridge	36	2	0.698	---	---
Raritan Bay Medical Center-Perth Amboy	20	1	0.401	---	---
Riverview Medical Center	136	4	2.84	1.409	S
Robert Wood Johnson University Hospital	356	6	14.869	0.404	L
Robert Wood Johnson University Hospital Hamilton	114	0	3.03	0	L
Robert Wood Johnson University Hospital Rahway	39	0	0.718	---	---
Robert Wood Johnson University Hospital Somerset	110	3	2.422	1.239	S
Saint Barnabas Medical Center	389	5	11.439	0.437	L
Saint Clare's Hospital	26	0	0.462	---	---
Saint Clare's Hospital Denville	67	0	1.447	0	S
Saint Michael's Medical Center	67	0	1.3	0	S
Saint Peter's University Hospital	114	7	3.06	2.287	H
Salem Medical Center	11	0	0.194	---	---
Shore Medical Center	86	2	1.901	1.052	S
Southern Ocean Medical Center	74	1	1.352	0.74	S
St. Francis Medical Center	25	0	0.595	---	---
St. Joseph's University Medical Center	142	4	5.213	0.767	S
St. Joseph's Wayne Medical Center	60	1	1	1	S
St. Luke's Warren Hospital	32	2	0.705	---	---
St. Mary's General Hospital	35	1	0.656	---	---
Trinitas Regional Medical Center	61	1	1.669	0.599	S
University Hospital	83	2	3.663	0.546	S
Valley Hospital	321	1	6.557	0.153	L
Virtua Memorial Hospital of Burlington County	109	0	2.415	0	S
Virtua Our Lady of Lourdes Hospital	94	0	2.68	0	S
Virtua West Jersey Marlton	78	1	1.787	0.56	S
Virtua West Jersey Voorhees	356	9	7.779	1.157	S
Virtua Willingboro Hospital	40	0	0.731	---	---
<b>Statewide</b>	<b>8476</b>	<b>157</b>	<b>225.603</b>	<b>0.696</b>	<b>L</b>

Source: New Jersey Healthcare-Associated Infections for 2019 submitted through the National Healthcare Safety Network (NHSN).

<sup>a</sup> Expected (E) = # of infections predicted using the 2015 Baseline and risk-adjusted models.

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

<sup>b</sup> 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 the 2015 baseline.

**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: Procedures not performed

# Coronary Artery Bypass Graft (CABG) Surgical Site Infections 2019

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 2015. **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 Campus	183	1	1.509	0.663	S
Cooper University Hospital	250	2	1.576	1.269	S
Deborah Heart and Lung Center	293	1	1.882	0.531	S
Englewood Hospital and Medical Center	259	1	2.349	0.426	S
Hackensack University Medical Center	478	2	4.05	0.494	S
Jersey City Medical Center	101	3	0.614	---	---
Jersey Shore University Medical Center	519	3	3.274	0.916	S
Morristown Medical Center	777	1	4.774	0.209	S
Newark Beth Israel Medical Center	149	1	1.749	0.572	S
Robert Wood Johnson University Hospital	681	4	4.864	0.822	S
Saint Barnabas Medical Center	215	1	1.84	0.543	S
Saint Michael's Medical Center	105	0	0.613	---	---
St. Francis Medical Center	85	0	0.571	---	---
St. Joseph's University Medical Center	139	3	1.976	1.518	S
St. Mary's General Hospital	32	0	0.18	---	---
University Hospital	23	1	0.261	---	---
Valley Hospital	175	0	1.212	0	S
Virtua Our Lady of Lourdes Hospital	484	2	3.105	0.644	S
<b>Statewide</b>	<b>4948</b>	<b>26</b>	<b>36.399</b>	<b>0.714</b>	<b>S</b>

Source: New Jersey Healthcare-Associated Infections for 2019 submitted through the National Healthcare Safety Network (NHSN).

<sup>a</sup> Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models.

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

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

<sup>‡</sup> Each hospital is compared to the National Ratio=1 which is derived using the CDC's NHSN data from the 2015 baseline.

**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.

# Trends in HAI SIRs, 2015-2019

In 2015, the HAI baseline and risk-adjustment methodology were changed. New Jersey acute care hospitals have continued to make progress in reducing HAIs from 2015 to 2019. All measures experienced decreased ratios from 2015 to 2019. Significant decreases in infection ratios were seen in the following HAI measures:

**CLABSIs decreased by 75%**

**CAUTI decreased by 31%**

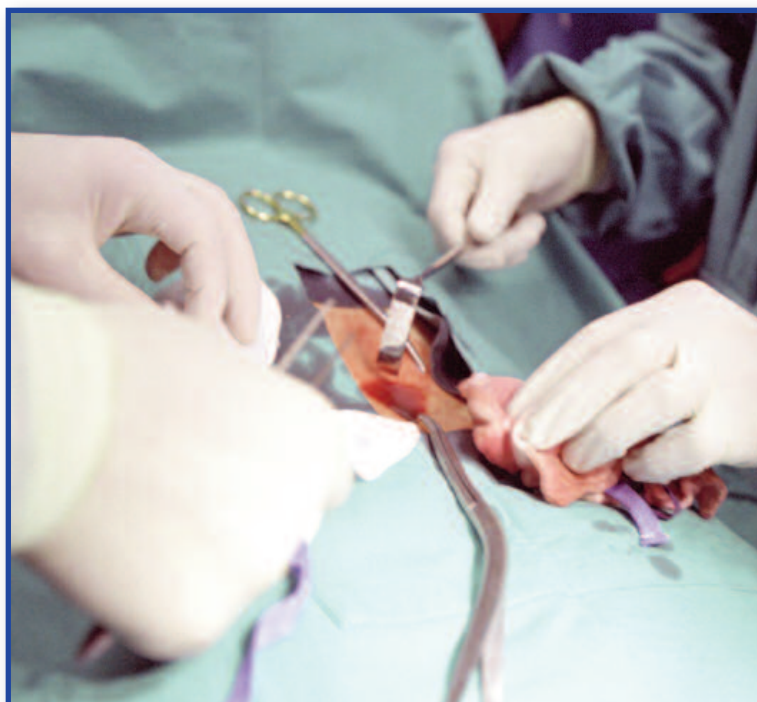
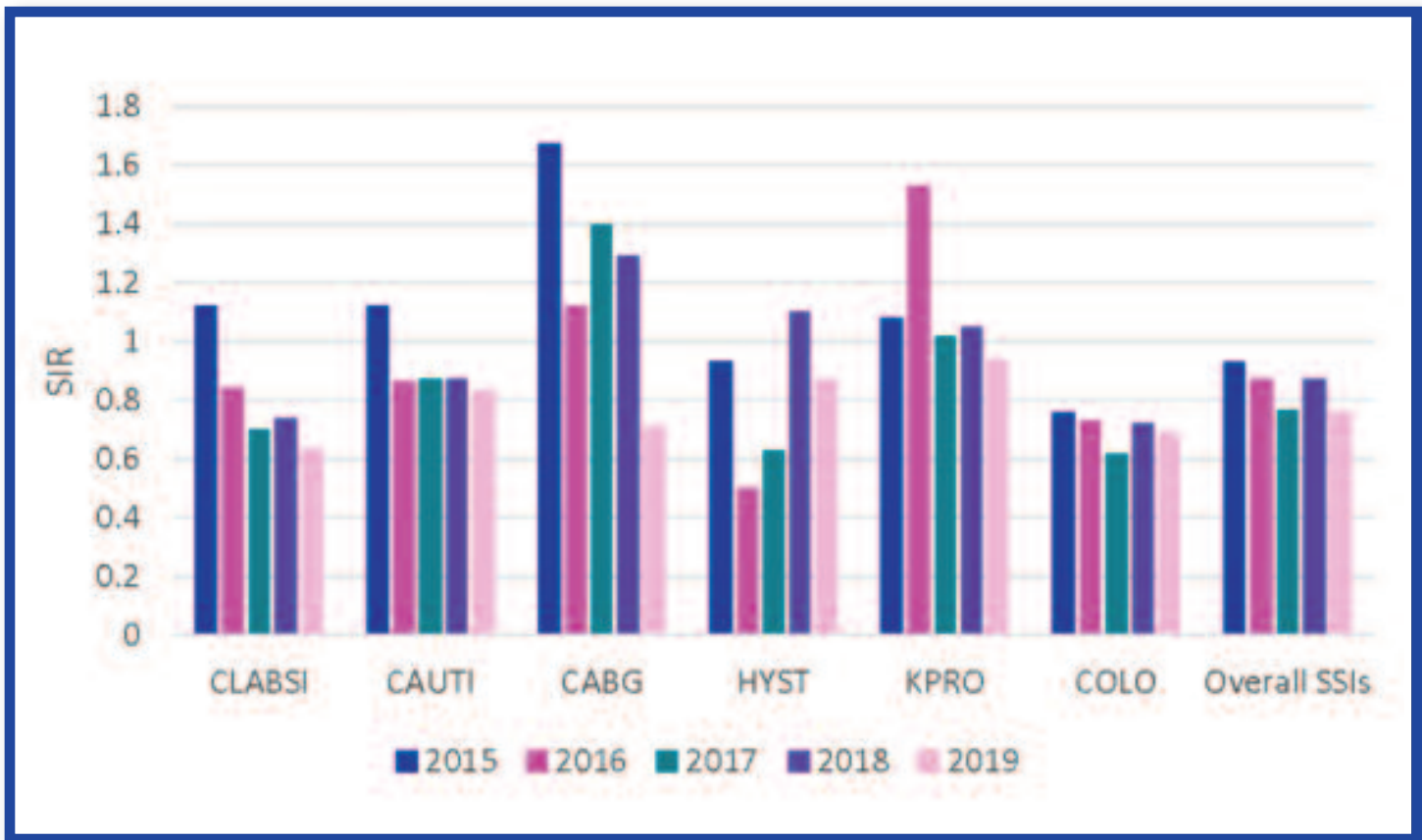
**Infection ratios following CABG procedures decreased by 135%**

**Infection ratios following abdominal hysterectomy procedures decreased by 7%, knee arthroplasty procedures by 15% and colon procedures 10%.**

Healthcare Associated Infections							
Year	CLABSI	CAUTI	CABG	HYST	KPRO	COLO	Overall SSIs
2015	1.12	1.09	1.67	0.93	1.08	0.76	0.93
2016	0.84	0.86	1.12	0.5	1.53	0.73	0.87
2017	0.7	0.87	1.4	0.63	1.02	0.62	0.77
2018	0.74	0.87	1.29	1.1	1.05	0.72	0.87
2019	0.64	0.83	0.71	0.87	0.94	0.69	0.76



## Trends in HAI SIRs, 2015-2019

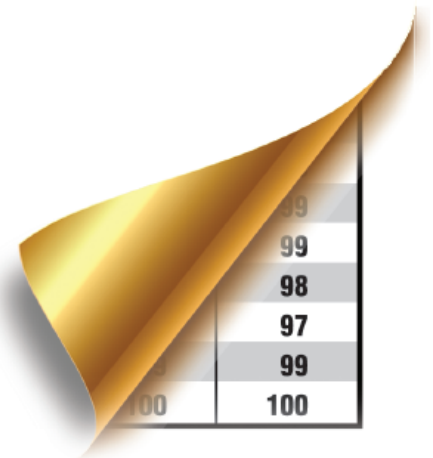




## Section 4

# Consumer Information

- ❖ **Using Too Many Antibiotics Can be Bad for Your Health**
- ❖ **Taking an Active Role in Your Health Care**
- ❖ **Patient Safety Tips for Surgery**
- ❖ **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**
- ❖ **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**



## Using Too Many Antibiotics Can be Bad for Your Health

**A**ntibiotic resistance is one of the biggest public health challenges of modern day. Each year in the U.S., at least 2.8 million people get an antibiotic-resistant infection, and over 35,000 people die from it. Fighting this national as well as a global threat requires a world-wide collaboration.

Infections caused by antibiotic-resistant germs are difficult, and sometimes impossible, to treat. In most cases, antibiotic-resistant infections require extended hospital stays, additional follow-up doctor visits, and costly and toxic alternatives. Antibiotics, which are drugs used to treat infections caused by bacteria, are the most important tool we have to combat life-threatening bacterial diseases.

Antibiotic resistance does not mean the body is becoming resistant to antibiotics; Resistance happens when germs (bacteria and fungi) defeat the drugs designed to kill them.



### How do we know this is happening?

Infections with resistant bacteria are already happening and are becoming more and more common; many bacteria no longer respond to antibiotics. Some of the bacterial threats that are happening right now and are considered **urgent threats** are:

Years ago, a small scrape, cut or a bite that developed into an infection were often fatal because there were no antibiotics to treat the infection. We may be soon be returning to those dark days if antibiotics stop working..

Overuse of antibiotics has increased the growth of drug-resistant germs, making many antibiotics ineffective. Antibiotic resistance happens when for example:

- A simple cut of the finger could lead to a life-threatening infection.
- Common surgery, such as hip and knee replacements, would be riskier because of the danger of infection.
- Dialysis patients could develop untreatable bloodstream infections.
- Life-saving treatments that affect the immune system, such as chemotherapy and organ transplants, could potentially cause more harm than good.

<https://www.cdc.gov/drugresistance/index.html>

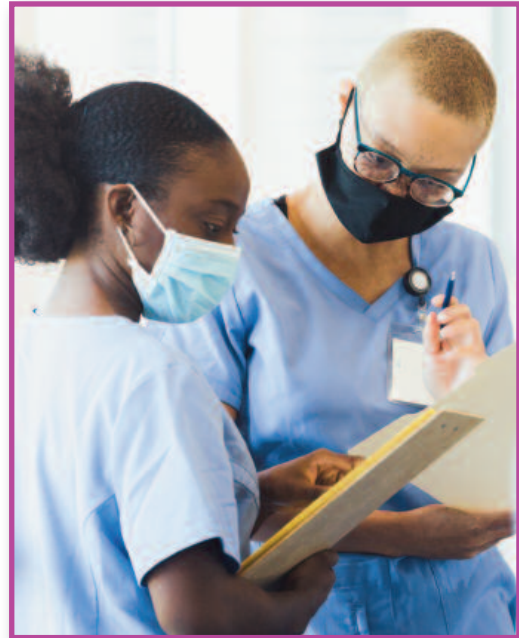
- ❖ **Carbapenem-resistant Acinetobacter** cause pneumonia and wound, bloodstream, and urinary tract infections. Nearly all these infections, an estimated 8,500 in 2017, happen in patients who recently received care in a healthcare facility. There were 700 deaths from this bacteria in 2017.
- ❖ **Candida Auris (C. auris):** is an emerging multidrug-resistant yeast or fungus. It can cause severe infections and spreads easily between hospitalized patients and nursing home residents. In 2018, there were 323 reported cases.

- ❖ **Clostridium difficile (C. Diff):** causes deadly diarrhea mostly in people who are recently or presently taking antibiotics for several weeks or longer. C.Diff occurs because long-term antibiotic use destroys the good bacteria in our bodies that protect against illness. C. Diff is responsible for 250,000 hospitalizations and 14,000 deaths in the US each year.
- ❖ **Carbapenem-resistant Enterobacteriaceae (CRE):** also known as the “Nightmare Bacteria” are bacteria that are resistant to nearly all antibiotics and spread easily. Half of those who get bloodstream infections from CRE die. About 9,300 hospital infections occur each year from CRE.
- ❖ **Multi-drug resistant (MDR) Neisseria Gonorrhoea:** causes gonorrhea and is showing resistance to antibiotics used to treat it. An estimated 550,000 get drug-resistant infections per year.

## Examples of How Antibiotic Resistance Affects Humans, Animals & the Environment

Any antibiotic use—in people, animals, or crops—can lead to resistance. Resistant germs can spread between people, animals, and the environment (e.g., water, soil).

- ❖ **People:** Some types of antibiotic-resistant germs can spread person to person. “Nightmare bacteria” carbapenem-resistant Enterobacteriaceae (CRE) can also survive and grow in sink drains at healthcare facilities and spread to patients and to the environment through the wastewater.
- ❖ **Animals:** Resistant germs can spread between animals and people through food or contact with animals. For example, Salmonella Heidelberg bacteria can make both cattle and people sick.
- ❖ **Environment:** Antibiotic-resistant germs can spread in the environment. *Aspergillus fumigatus*, a common mold, can make people with weak immune systems sick. In 2018, resistant *A. fumigatus* was reported in three patients. It was also found in U.S. crop fields treated with fungicides that are similar to antifungals used in human medicine.



## Did you know...?

- ❖ Antibiotics can cure bacterial infections, not viral infections: treating viruses with antibiotics does not work; in fact, treating viruses with antibiotics increases the likelihood that you will become ill with an antibiotic-resistant bacterial infection.
- ❖ Misuse of antibiotic drugs can cause harm by destroying the good bacteria that normally live in your gut.
- ❖ Over 50% of antibiotics are unnecessarily prescribed in a doctor's

office for upper respiratory infections like cough and colds, most of which are caused by viruses.

- ❖ Up to 50% of antibiotic use in hospitals is either unnecessary or incorrectly given.
- ❖ New types of bacteria resistance occur and spread world-wide, threatening our ability to treat common infections, resulting in death and disability to those who, until recently, could have been saved.

### Why the Urgency?

- ❖ The way we use antibiotics today in one patient directly impacts how effective they will be tomorrow in another patient. In other words, the way we use them today affects all of us in the future.



- ❖ Antibiotic resistance is not just a problem for the person with the infection; some resistant bacteria have the potential to spread to others, promoting antibiotic-resistance infections.
- ❖ People are dying world-wide from antibiotic resistant bacterial infections, and the number of deaths is growing.

- ❖ Since it will be many years before new antibiotics are available to treat some resistant infections, we need to make the best use of antibiotics that are currently available.

### How did this happen?

Incorrect use of antibiotics has largely contributed to antibiotic resistance.

- ❖ Antibiotics are in the food that we eat. The animal-food that we eat has been treated with antibiotics to prevent, control and treat disease, and to promote the growth of food-producing animals.
- ❖ Vegetables we eat that have been grown in soil from the manure of animals treated with antibiotics.
- ❖ Clinicians in offices and hospitals have prescribed antibiotics unnecessarily and too often.
- ❖ Many patients share medications with others and incorrectly use leftover drugs.
- ❖ Healthcare facilities have exercised poor infection prevention and control practices in the past.

## What's being done to combat antibiotic-resistant bacteria?

The Centers for Disease Control and Prevention (CDC) has suggested the following plan for the healthcare industry:

- ❖ Prevent infections and prevent the spread of resistance.
  - ❖ Track resistant bacteria.
  - ❖ Improve the uses of existing antibiotics.
  - ❖ Promote the development of new antibiotics and new diagnostic tests for resistant bacteria.
- ❖ Decrease the amount of antibiotics you eat from food by buying meat that is labeled “raised without antibiotics.”
  - ❖ Practice good hand hygiene and get the recommended vaccines to prevent infections. (See *Handwashing Helps Prevent Infections* on page 67.)



## What You Can Do:

- ❖ Take the antibiotic exactly as the doctor prescribes. Do not skip doses. Complete the treatment, even when you start to feel better.
- ❖ Do not share or use leftover antibiotics. Taking the wrong medicine may delay correct treatment and allow the bad bacteria to multiply.
- ❖ Don't ask for antibiotics when your doctor thinks you do not need them. Taking them when you don't need them can do more harm than good.

## Taking an Active Role in Your Healthcare

**T**ake responsibility for your health care by making decisions carefully and learning about your

medical condition and treatment options. Don't just rely on your doctor....have a voice in your health.

### Manage Your Medications Safely

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

- ❖ 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 the pharmacist to explain.
- ❖ Use the same pharmacy or pharmacy chain for all medications, if possible.
- ❖ Don't overuse your medications or share with others (See *'Too Many Antibiotics Can Be Bad for your Health'* on page 56)

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

- ❖ Share a list of your medications with your doctor at least once a year, including the surgeon, nurses and hospital pharmacist; if you are in the hospital, share the list with the hospital staff.
- ❖ 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. If you don't understand, don't be afraid to ask for a clearer explanation. Share a list of your medications with your doctor
- ❖ **Learn** as much as you can about your condition. Your doctor and/or library can help you find reliable information.
- ❖ **Ask your doctor** to explain all of your treatment options, including non-surgical options, and the potential risks of each one.
- ❖ **Consider** getting a second opinion.
- ❖ **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

- ❖ **Don't be embarrassed** to ask 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 67).
- ❖ **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.
- ❖ **If the hospital** is using a hospitalist, make sure the hospitalist has a copy of your records from your personal doctor and is communicating with him/her. Also, make sure the hospitalist sends his records to your primary care doctor.
- ❖ **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. Gather your medical records from your doctor(s) office into your own file. Your doctor's office may offer this service by providing you a portal. You can also create your own records online or join a service; your insurance company or employer may offer one. You can also scan your records to make them electronic and store them together online.
- ❖ **Be prepared** in case of emergencies.
  - ◆ Prepare a Living Will, which authorizes a person you wish to make medical decisions on your behalf if you cannot.
  - ◆ Another option is to complete 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 *Physician Orders for Life Sustaining Treatment (POLST)* (<https://www.state.nj.us/health/advancedirective/polst/>) for national information and The **New Jersey Hospital Association (njha.com)** for New Jersey specific information.

### Advanced Directive

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

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

## Patient Safety Tips for Surgery

**T**o 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 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.

## 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, when applicable.
- ❖ **Clean** the skin at the surgery site with a special soap that kills germs.

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

- ❖ **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.
- ❖ **Know how** to clean your wound before you leave the hospital.
- ❖ **Get the name** of someone to contact if you have questions after you get home.

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

- ❖ **Yes.** Most surgical site infections can be treated with antibiotics. The antibiotic you get 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 pages 62-63 for more information.



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

develops an infection. To help prevent CLABSIs from occurring, the Centers for Disease Control and Prevention (CDC) recommends the following steps:

## Preventing Central Line-Associated Bloodstream Infections

### 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, sterile gloves and a large sterile drape 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.

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

- ❖ If you have the time before you go into the hospital or have a caregiver who can conduct research for you, find out

what the CLABSI rate is for the hospital to see how well they are doing to avoid CLABSIs.

- ❖ **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.
- ❖ **Do not** get the central line or insertion site wet.
- ❖ **Inform** your nurse or doctor if the area around your catheter is sore or red.
- ❖ **Avoid touching** the catheter or tubing.
- ❖ **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.

**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) are among the most common form of Healthcare-Associated Infection (HAI) reported in hospitals in patients who get CAUTI. 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 (UTI) than those who don't. Up to 1 in 4 die, even though it is mostly preventable. 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, please ask them to do so.**

**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.

Washing your hands with soap and water

is the best way to reduce germs on them. Keeping hands clean helps prevent the spread of germs, like COVID-19.

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

## Handwashing Helps Prevent Infections

### 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
- ❖ **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.

**To prevent the spread of germs during the COVID-19 pandemic, you should also wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER:**

- ❖ **Touching** your eyes, nose, or mouth
- ❖ **Touching** your mask
- ❖ **Entering and leaving** a public place
- ❖ **Touching** an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens

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

### 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.

## Finding a Doctor

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

### What to Look for in a Doctor

- ❖ Look for a doctor who has experience in treating your condition. Call the doctor's office staff and ask them questions before you make an appointment.
- ❖ If you like 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 and passed a rigorous exam. 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 answers to your questions. To find out if the doctor is board certified, you can also call the American Board of Medical Specialties at (312) 436-2600 or visit their website at

<https://www.certificationmatters.org/>

- ❖ Find out if there are any disciplinary actions against a NJ doctor by contacting the NJ Healthcare Profile through their website at <https://www.NJdoctorlist.com>.
- ❖ Information regarding the expiration date of a practitioner's license can be found on the internet at <https://newjersey.mylicense.com/verification/> or can be obtained by calling the New Jersey Division of Consumer Affairs License Verification Line at (973)-273-8090 (note: in order to obtain information from the telephone verification system, you will need to know the full license number of the practitioner).
- ❖ 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 NIH website at: <https://www.nia.nih.gov/health/how-choose-doctor-you-can-talk>. To help you build a list of questions, refer to AHRQ's QuestionBuilder App (ahrq.gov) at: <https://www.ahrq.gov/questions/question-builder/index.html>

## 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.
- ❖ Once you choose a doctor, check ratings on sites such as: <https://Healthgrades.com>, <https://RateMDs.com> or <https://Vitals.com>.

### The websites below can help you find a doctor or information on a doctor:

- ❖ **New Jersey Healthcare Profile:** <https://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://doctorfinder.ama-assn.org/doctorfinder/home.jsp> is an American Medicine Association (AMA) website that provides office addresses, phone numbers, and board certifications on over 814,000 doctors in the US. Search by name, specialty, hospital, or county.
- ❖ **Find Healthcare Providers: Compare Care Near You | Medicare at** <https://www.medicare.gov/care-compare/?providerType=Physician&redirect=true> gives the specialties, office locations, maps, directions, and phone numbers of doctors who provide Medicare services. Doctors' profiles may also include their education, gender, residency, languages, and hospital affiliation.
- ❖ **DocInfo at** <https://www.docinfo.org> provides professional background information on more than one million licensed doctors in the U.S. Before you schedule your next check-up, make sure your doctor checks out.

# Health Information & Referral

These resources provide a good starting point in finding out how to get the best health care.

Health Care Conditions	
<b>Asthma Care</b>	<ul style="list-style-type: none"> <li>❖ <b>Asthma Statistics to Asthma Statistics in New Jersey (DOH):</b> The prevalence and treatment of asthma in New Jersey. <a href="https://www.nj.gov/health/fhs/chronic/asthma/in-nj/">https://www.nj.gov/health/fhs/chronic/asthma/in-nj/</a></li> <li>❖ <b>Asthma Resources (DOH):</b> New Jersey State offers several programs for patients who cannot afford medication or treatment. <a href="https://www.nj.gov/health/fhs/chronic/asthma/resources/">https://www.nj.gov/health/fhs/chronic/asthma/resources/</a></li> <li>❖ <b>Resources on Allergy, Asthma, and Immunology (AAAAI):</b> Asthma and allergy related information. (414) 272-6071 or <a href="https://www.aaaai.org">https://www.aaaai.org</a></li> </ul>
<b>Cancer Care</b>	<ul style="list-style-type: none"> <li>❖ <b>Cancer Control and Prevention (DOH):</b> Various types of cancer resources by NJ county. <a href="https://www.nj.gov/health/ces/public/resources/occp.shtml">https://www.nj.gov/health/ces/public/resources/occp.shtml</a></li> <li>❖ <b>Cancer Initiatives (DOH):</b> State and federal resources, research, data, treatment and prevention. <a href="https://www.nj.gov/health/ces/public/resources/occp.shtml">https://www.nj.gov/health/ces/public/resources/occp.shtml</a></li> <li>❖ <b>Cancer Resources (ACS):</b> Comprehensive information on cancer. (800) 227-2345. or <a href="https://www.cancer.org">https://www.cancer.org</a></li> </ul>
<b>Cardiac Care</b>	<ul style="list-style-type: none"> <li>❖ <b>Cardiac Surgery in New Jersey (DOH):</b> The latest report on coronary artery bypass graft surgery (CABG) death rates for NJ hospitals and physicians. <a href="https://nj.gov/health/healthcarequality/documents/CABG%20Consumer%20Report%202017_2018_v3_08202021.pdf">https://nj.gov/health/healthcarequality/documents/CABG%20Consumer%20Report%202017_2018_v3_08202021.pdf</a></li> <li>❖ <b>Heart Health (AHA):</b> A wide range of cardiovascular and stroke topics. (800) 242-8721 or <a href="https://www.heart.org">https://www.heart.org</a></li> <li>❖ <b>Healthy Lungs (ALA):</b> Fighting and preventing lung disease, such as asthma, smoking, environmental health, and research. (800)-586-4872 or <a href="https://www.lung.org">https://www.lung.org</a></li> <li>❖ <b>COVID-19 and Boosters (CDC):</b> CDC: The facts about the virus, including how it spreads, new variants and vaccines and boosters that fight it. <a href="https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Findex.html">https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Findex.html</a></li> </ul>
<b>Diabetes Care</b>	<ul style="list-style-type: none"> <li>❖ <b>Diabetes Information (ADA):</b> Information on diabetes. (800) 342-2383 or <a href="https://www.diabetes.org">https://www.diabetes.org</a></li> <li>❖ <b>Diabetes Prevention and Control (DOH):</b> Diabetes resources, information, NJ data, and treatment. (609) 984-6137 or <a href="https://www.nj.gov/health/fhs/chronic/diabetes/">https://www.nj.gov/health/fhs/chronic/diabetes/</a></li> <li>❖ <b>Diabetes (CDC):</b> From the basics to research, statistics, and educational publications. <a href="https://www.cdc.gov/diabetes/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fdiabetes%2Fhome%2Findex.html">https://www.cdc.gov/diabetes/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fdiabetes%2Fhome%2Findex.html</a></li> </ul>
<b>Other Health Issues, Facts and Conditions</b>	<ul style="list-style-type: none"> <li>❖ <b>Diagnosis/Treatment of Diseases (ACS, ADA, AHA, AACR):</b> Current research on diagnosis and treatment of specific diseases. <a href="https://patient.info/">https://patient.info/</a></li> <li>❖ <b>Health Conditions (CDC):</b> Disease prevention and control, environmental health, and health promotion. <a href="https://www.cdc.gov">https://www.cdc.gov</a></li> <li>❖ <b>New Jersey State Health Assessment Data (DOH):</b> Provides access to public health datasets, statistics, and information on the health status of New Jerseyans. <a href="https://www-doh.state.nj.us/doh-shad/">https://www-doh.state.nj.us/doh-shad/</a></li> <li>❖ <b>Health Issues (NLM, NIH):</b> Various conditions, health news, clinical trials, medicines, encyclopedias and medical dictionary. <a href="https://www.medlineplus.gov">https://www.medlineplus.gov</a></li> </ul>



## Seniors

❖ **Aging and Disability Resource Connection (ADRCNJ, DHS):** Information and assistance for those seeking services or programs by county. (877) 222-3737 or <https://www.adrcnj.org>

❖ **Medicare and You (CMS):** <https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf> Health and drug plan options; benefits, enrollment, eligibility and preventive health. (800) Medicare or go to <https://www.medicare.gov>

❖ **Medicines and You: A Guide for Older Adults:** (FDA): Know your medicines to avoid problems. <https://www.fda.gov/drugs/resources-you-drugs/medicines-and-you-guide-older-adults>

❖ **Health Information from the NIA (NIA,NIH):** Up-to-date health and wellness information for seniors. <https://www.fda.gov/Drugs/ResourcesForYou/ucm163959.htm>

❖ **Talking With Your Doctor: A Guide for Older People (nih.gov):** How to discuss health concerns and medicines with physicians. (800) 222-2225 or [https://order.nia.nih.gov/sites/default/files/2017-07/TWYD\\_508.pdf](https://order.nia.nih.gov/sites/default/files/2017-07/TWYD_508.pdf)

## Preventive Care and General Health Information

❖ **Healthy for Good: (AHA):** A healthy-living initiative to encourage life style change. <https://www.heart.org/en/healthy-living>

❖ **MyHealthfinder.gov:** (DHHS) <https://www.healthfinder.gov> Health information from the federal government and other resources.

❖ **Joint Commission: For Consumers** <https://www.heart.org/en/healthy-living> Report hospital complaints, patient safety concerns,resources quality care, accredited hospitals, finding hospitals that treat specific diseases, and more.

❖ **New Jersey Prescription Drug Price Registry (DCA-LPSCA):** Compare retail prices charged by many pharmacies for the 150 most-frequently prescribed prescription drugs. [https://www20.state.nj.us/LPSCA\\_DRUG/index.jsp](https://www20.state.nj.us/LPSCA_DRUG/index.jsp)

❖ **Patients and Consumers (AHRQ):** Tips to help stay safe in the hospital; doctor appointments; prevention, diagnosis and treatment guidelines, etc (800) 358-9295. <https://www.ahrq.gov/patients-consumers/index.html>

## KEY

**AAAAI:**  
American Academy of Allergy,  
Asthma and Immunology

**AACR:**  
American Association for  
Cancer Research

**ACS:**  
American Cancer Society

**ADA:**  
American Diabetes Association

**ADRCNJ:**  
Aging & Disability Resource  
Connection of NJ

**AHA:**  
American Heart Association

**AHRQ:**  
Agency for Healthcare  
Research and Quality

**ALA:**  
American Lung Association

**CDC:**  
Centers for Disease Control  
and Prevention

**CMS:**  
Centers for Medicare and  
Medicaid Services

**DCA:**  
NJ Department of Consumer  
Affairs

**DHS:**  
NJ Department of Human  
Services

**DHHS:**  
US Department of Health and  
Human Services

**DOH:**  
NJ Department of Health

**DOBI:**  
NJ Department of Banking and  
Insurance

**FDA:**  
Food and Drug Administration

**LPSCA:**  
NJ Law and Public Safety,  
Consumer Affairs

**NIA:**  
National Institute on Aging

**NIH:**  
National Institutes of Health

**NLM:**  
National Library of Medicine

# Hospital Patients... Know Your Rights

**A**s 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.
- ❖ Expeditiously 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.

- ❖ Know the names and functions of all physicians and other health care professionals directly caring for you.

## 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.

## Avoid Being Readmitted to the Hospital

**M**any patients have to return to the hospital only a few weeks after being 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;
- needing someone to assist or take care of you but you have no one.

Many readmissions are potentially preventable, are harmful to the patient, 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 the following resources:

**[Leaving the hospital: What you must know -The Care Transitions Program](https://caretransitions.org/leaving-the-hospital-what-you-must-know/)**  
**[https://caretransitions.org/leaving-the-hospital-what-you-must-know/;](https://www.ahrq.gov/questions/resources/going-home/index.html)**  
**[Taking Care of Myself: A Guide for When I Leave the Hospital \(ahrq.gov\)](https://www.ahrq.gov/questions/resources/going-home/index.html)**  
**<https://www.ahrq.gov/questions/resources/going-home/index.html>**

**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.

**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.

**ASK FOR A WRITTEN LIST OF MEDICATIONS YOU WILL BE TAKING,** along with the prescriptions for refills. The list should include:

- ❖ the reason you are taking the medicine,
- ❖ when to take the medicine and how many times and for how long?
- ❖ 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 and why they were substituted.



- ❖ 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?
- ❖ To keep a record of your medications, many hospitals have a patient portal that maintains a record of your visit, notes from your visit, and a list of your medications. If you do not have access to the hospital's patient portal, use the Medicine Wallet Card (ahrq.gov) <https://www.ahrq.gov/sites/default/files/wysiwyg/patients-consumers/diagnosis-treatment/treatments/safemeds/walletform.pdf> to help you keep track of your medicines, vitamins, herbs, and other dietary supplements.

**GET A WRITTEN LIST OF ANY EQUIPMENT YOU MIGHT NEED** (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.

**INSTALL CHANGES TO YOUR HOME BEFORE YOU LEAVE THE HOSPITAL.** Try to arrange any changes, such as grab bars in the bathroom, installed as close to your discharge date as possible.

**CALL YOUR PRIMARY CARE DOCTOR** to make sure he/she 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 think 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.

**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

**I**n addition to this performance report, the New Jersey Department of Health (DOH) monitors quality in New Jersey hospitals in other ways.

## 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 a wide range of health care settings, such as hospitals, nursing homes, assisted living residences, ambulatory care centers, home health care, and medical day care. Check <https://www.nj.gov/health/healthfacilities/about-us/facility-types/> to see a complete list of the types of facilities DOH regulates.

### Licensure/Certification:

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 <https://www.nj.gov/health/healthfacilities/>.

The Department also certifies aides and administrators in settings such as nursing homes to ensure their training, experience and background meet State standards.

### Inspections:

To evaluate compliance with State regulatory standards, the Department of Health conducts comprehensive facility inspections and responds to specific complaints from consumers and other state and federal agencies. During these inspections, the State survey teams evaluate the compliance of facility premises, equipment, personnel, policies and procedures with state licensure regulations.

In addition, the Department of Health conducts periodic inspections under contract to the U.S. Department of Health and Human Services to evaluate facility compliance with Medicare conditions of participation as well as with other federal regulations.

### Oversight

The New Jersey Department of Health regulates health facilities in New Jersey. If a hospital does not meet State licensure or Medicare standards, the Department of Health may cite the hospital for a deficiency. The hospital must then 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. Please see [https://www.nj.gov/health/healthfacilities/enforcement\\_actions.shtml](https://www.nj.gov/health/healthfacilities/enforcement_actions.shtml)

The Department also collects financial and utilization data from the State's 71 hospitals to monitor their financial status, availability of beds, service patterns, and other issues pertinent to the development of public policy and distribution of subsidies to hospitals serving low income, uninsured persons.

### Patient Safety

The Department 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. Existing legislation mandates that the Department of Health publicly report this information for New Jersey hospitals. The results of the data analysis can be found on <https://nj.gov/health/healthcarequality/health-care-professionals/quality-indicators/psi.shtml>

More detail can be found on the web at <https://nj.gov/health/healthfacilities/>



## Filing a Complaint...

About a New Jersey Hospital and how it:	
<b>Treated You:</b>	<p><b>Write...</b> New Jersey Department of Health Division of Health Facilities Field and Operations, Assessment and Survey Program, PO Box 367, Trenton, NJ 08625-0367</p> <p><b>Visit...</b> <a href="https://web.doh.state.nj.us/fc/search.aspx">https://web.doh.state.nj.us/fc/search.aspx</a> and file online.</p> <p><b>Call...</b> (800) 792-9770 and (800) Medicare if also covered by Medicare</p> <p><b>Fax...</b> The form, <b>Consumer Resident/Patient Complaint Report</b> can be found at <a href="https://web.doh.state.nj.us/fc/search.aspx">https://web.doh.state.nj.us/fc/search.aspx</a> to 609- 943-3013</p>
<b>Handled Your Application for Charity Care:</b>	<p><b>Write...</b> Charity Care Program New Jersey Department of Health PO Box 360, Trenton, NJ 08625-0360</p> <p><b>Visit...</b> <a href="https://www.nj.gov/health/charitycare/index.shtml">https://www.nj.gov/health/charitycare/index.shtml</a> (Spanish and English)</p> <p><b>Email...</b> Charity.Care-Fraud@doh.nj.gov</p> <p><b>Call...</b> (866) 588-5696 9am-5pm Monday through Friday (Spanish and English)</p>
<b>Billed You and You Are Covered by a New Jersey Managed Care Plan (HMOs and PPOs):</b>	<p><b>Write...</b> Office of Managed Care, Consumer Protection Services, Department of Banking and Insurance, PO Box 475 Trenton, NJ 08625-0329</p> <p><b>Complete...</b> The form MC-1, Complaint at <a href="https://www.state.nj.us/dobi/division_insurance/managedcare/mc_1complaints.pdf">https://www.state.nj.us/dobi/division_insurance/managedcare/mc_1complaints.pdf</a> and submit to address above.</p> <p><b>Visit...</b> <a href="https://www.nj.gov/dobi/mcfaqs.htm">https://www.nj.gov/dobi/mcfaqs.htm</a></p> <p><b>Call...</b> (888) 393-1062</p> <p><b>Fax...</b> (609) 777-0508 or (609) 292-2431</p>
<b>Billed You and You are Covered by a New Jersey Insurance Plan other than Managed Care</b>	<p><b>Visit...</b> <a href="https://www.state.nj.us/dobi/consumer.htm#insurance">https://www.state.nj.us/dobi/consumer.htm#insurance</a></p> <p><b>Call...</b> (609) 292-7272 or (800)-446-7467</p>
<b>Billed You and You Are Enrolled in Medicare:</b>	<p><b>Visit...</b> Medicare Program at <a href="https://www.medicare.gov/claims-appeals">https://www.medicare.gov/claims-appeals</a></p> <p><b>Call...</b> (800) MEDICARE</p>
About a New Jersey Physician, Physician Assistant or a Certified Nurse Midwife:	
<b>Write...</b>	New Jersey Board of Medical Examiners PO Box 183, Trenton, NJ 08625-0183
<b>Email...</b>	<a href="mailto:bmepatientadvocate@dca.lps.nj.gov">bmepatientadvocate@dca.lps.nj.gov</a>
<b>Visit...</b>	<a href="https://nj.gov/health/healthfacilities">https://nj.gov/health/healthfacilities</a> for the Medical Exam.Complaint Form.
<b>Call...</b>	(609) 826-7100
About a New Jersey Nurse or a Certified Home Health Aide:	
<b>Write...</b>	New Jersey Board of Nursing 124 Halsey Street, Newark 07102 or PO Box 45010, Newark, NJ 07101
<b>Visit...</b>	<a href="https://www.njconsumeraffairs.gov/ComplaintsForms/New-Jersey-Board-of-Nursing-Complaint-Form.pdf">https://www.njconsumeraffairs.gov/ComplaintsForms/New-Jersey-Board-of-Nursing-Complaint-Form.pdf</a>
<b>Call...</b>	(973) 504-6430

## Quality Improvement Advisory Committee (QIAC)

**Q**IAC advises for the New Jersey Department of Health (DOH) on the development of uniform, reliable, standardized, and comparable measures that show how well New Jersey acute care health facilities are performing for specific conditions.

Please note that, due to COVID-19 pandemic, the QIAC has not convened

since June, 2019 and did not advise DOH on this specific report. However, the measures in the report were previously reviewed and recommended by the QIAC and have not changed since the last report.

We anticipate reconvening the QIAC in the near future.



### DOH Staff

**Mehnaz Mustafa**  
*Executive Director*

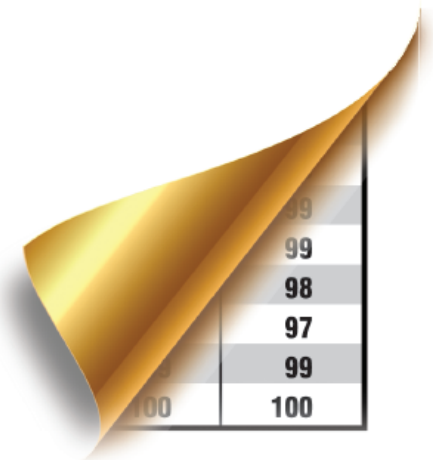
**Jianping Huang**  
*Director*

**Markos Ezra**  
**Letitia Holloway-Owens**  
**Juana Jackson**  
**Marcia Jaffe**



## Section 5

# New Jersey General Acute Care Hospitals



## New Jersey General Acute Care Hospitals

### **AtlantiCare Regional Medical Center–City Campus**

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

### **AtlantiCare Regional Medical Center–Mainland Campus**

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

### **Bayshore New Bridge Medical Center**

727 North Beers Street  
Holmdel, NJ 07733  
(732) 739-5900  
<https://www.hackensackmeridian-health.org/en/Locations/Bayshore-Medical-Center>

### **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, Inc.**

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 System - Fuld**

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

### **CarePoint Health–Bayonne Medical Center**

29th Street & Avenue E  
Bayonne, NJ 07002  
(201) 858-5000  
<https://www.carepointhealth.org/>

### **CarePoint Health–Christ Hospital**

176 Palisade Avenue  
Jersey City, NJ 07306  
(201) 795-8200  
<http://www.carepointhealth.org/>

### **CarePoint Health–Hoboken University Medical Center**

308 Willow Avenue  
Hoboken, NJ 07030  
(201) 418-1000  
<http://www.carepointhealth.org/>

### **CentraState Medical Center**

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

**Chilton Medical Center**

97 West Parkway  
Pompton Plains, NJ 07444  
(973) 831-5000  
<http://www.chiltonhealth.org/>  
[orhttp://www.atlantichealth.org/chilton/](http://www.atlantichealth.org/chilton/)

**Clara Maass Medical Center**

One Clara Maass Drive  
Belleville, NJ 07109  
(973) 450-2000  
<https://www.rwjbh.org/clara-maass-medical-center/>

**Community Medical Center**

99 Route 37 West  
Toms River, NJ 08755  
(732) 557-8000  
<https://www.rwjbh.org/community-medical-center/>

**Cooper University Hospital  
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 Meridian Health  
Pascack Valley Medical Center**

250 Old Hook Rd,  
Westwood, NJ 07675  
201-383-1074  
<https://pascackmedicalcenter.com/>

**Hackensack University  
Medical Center**

30 Prospect Avenue  
Hackensack, NJ 07601  
(201) 996-2000  
<http://www.hackensackumcpv.com/>

**Hackensack-UMC Mountainside**

1 Bay Avenue  
Montclair, NJ 07042  
(973) 429-6000  
<http://www.mountainsidehosp.com>

**Hackettstown Medical Center**

651 Willow Grove Street  
Hackettstown, NJ 07840  
(908) 852-5100  
<https://www.atlantichealth.org/locations/hospitals/hackettstown-medical-center.html>

**Holy Name Medical Center**

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

**Hudson Regional Hospital**

55 Meadowlands Parkway  
Secaucus, NJ 07096  
(201) 392-3100  
<https://www.hudsonregionalhospital.com/>

**Hunterdon Medical Center**

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

**Inspira Medical Center Vineland**

1505 West Sherman Avenue  
Vineland, NJ 08360  
(856) 641-8000  
<http://www.inspirahealthnetwork.org/>

**Inspira Medical Center Elmer**

501 West Front Street  
Elmer, NJ 08318  
(856) 363-1000  
<http://www.inspirahealthnetwork.org/>

**Inspira Medical Center Woodbury**

509 N. Broad Street  
Woodbury, NJ 08096  
(856) 845-0100  
<https://www.inspirahealthnetwork.org>

**Inspira Medical Center  
Mullica Hill**

700 Mullica Hill Road  
Mullica Hill, NJ 08062  
(856) 508-1000  
<https://www.inspirahealthnetwork.org>

**Jefferson Cherry Hill Hospital**

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

**Jefferson Stratford Hospital**

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

**Jefferson Washington Township  
Hospital**

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

**Jersey City Medical Center**

355 Grand Street  
Jersey City, NJ 07302  
(201) 915-2000  
<https://www.rwjbh.org/jersey-city-medical-center/>

**Jersey Shore University Medical  
Center**

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

**JFK Medical Center**

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

**Lourdes Medical Center of Burlington County**

218 Sunset Road  
Willingboro, NJ 08046  
(609) 835-2900

<https://www.virtua.org/locations/hospital-virtua-lourdes-willingboro>

**Monmouth Medical Center**

300 Second Avenue  
Long Branch, NJ 07740  
(732) 222-5200

<https://www.rwjbh.org/monmouth-medical-center/>

**Monmouth Medical Center Southern Campus**

600 River Avenue  
Lakewood, NJ 08701  
(732) 363-1900

<https://www.rwjbh.org/monmouth-medical-center-southern-campus/>

**Morristown Medical Center**

100 Madison Avenue  
Morristown, NJ 07962  
(973) 971-5000

[www.atlantichealth.org](http://www.atlantichealth.org)

**Newark Beth Israel Medical Center**

201 Lyons Avenue  
Newark, NJ 07112  
(973) 926-7000

<https://www.rwjbh.org/newark-beth-israel-medical-center/>

**Newton Medical Center**

175 High Street  
Newton, NJ 07860  
(973) 383-2121

<http://www.atlantichealth.org/newton/>

**Ocean Medical Center**

425 Jack Martin Boulevard  
Brick, NJ 08724  
(732) 840-2200

[www.meridianhealth.com](http://www.meridianhealth.com)

**Overlook Medical Center**

99 Beauvoir Avenue  
Summit, NJ 07902  
(908) 522-2000

[www.atlantichealth.org](http://www.atlantichealth.org)

**Palisades Medical Center**

7600 River Road  
North Bergen, NJ 07047  
(201) 854-5000

[www.palisadesmedical.org](http://www.palisadesmedical.org)

**Penn Medicine Princeton Medical Center**

One Plainsboro Road  
Plainsboro, NJ 08536  
(609) 497-4000

[www.princetonhcs.org](http://www.princetonhcs.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  
<https://www.hackensackmeridianhealth.org/en/Locations/Riverview-Medical-Center>

**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 Hamilton**

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

**Robert Wood Johnson University  
Hospital Rahway**

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

**Robert Wood Johnson University  
Hospital Somerset**

110 Rehill Avenue  
Somerville, NJ 08876  
(908) 685-2200  
<https://www.rwjbh.org/rwj-university-hospital-somerset/>

**Saint Clare's Hospital**

400 West Blackwell Street  
Dover, NJ 07801  
(973) 989-3000  
<https://www.saintclares.com/our-locations/saint-clares-dover-hospital/>

**Saint Clare's Hospital/Denville**

25 Pocono Road  
Denville, NJ 07834  
(973) 625-6000  
<https://www.saintclares.com/our-locations/saint-clares-denville-hospital/>

**Saint Michael's Medical Center**

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

**Saint Peter's University Hospital**

254 Easton Avenue  
New Brunswick, NJ 08901  
(732) 745-8600  
<https://www.saintpetershcs.com/>

**Salem Medical Center**

310 Woodstown Road  
Salem, NJ, 08079  
856-935-1000  
<https://www.smc.health/>

**Shore Medical Center**

1 East New York Avenue  
Somers Point, NJ 08244  
(609) 653-3500  
<https://shoremedicalcenter.org/>

**Southern Ocean Medical Center**

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

**St. Barnabas Medical Center**

94 Old Short Hills Road  
Livingston, NJ 07039  
(973) 322-5000  
<https://www.rwjbh.org/saint-barnabas-medical-center/>

**St. Francis Medical Center**

601 Hamilton Avenue  
Trenton, NJ 08629  
(609) 599-5000  
<https://www.stfrancismedical.org/>

**St. Joseph's University Medical Center**

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

**St. Joseph's Wayne Medical Center**

224 Hamburg Turnpike  
Wayne, NJ 07470  
(973) 942-6900  
<https://www.stjosephshealth.org/sjwh>

**St. Luke's Warren Hospital**

185 Roseberry Street  
Phillipsburg, NJ 08865  
(908) 859-6700  
<https://www.slhn.org/warren>

**St. Mary's General Hospital**

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

**The Memorial Hospital of Salem County**

310 Woodstown Road  
Salem, NJ 08079  
(856) 935-1000  
<https://www.smc.health/>

**Valley Hospital**

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

**Trinitas Regional Medical Center**

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

**University Hospital**

150 Bergen Street  
Newark, NJ 07103  
(973) 972-4300  
<http://www.uhnj.org/>

**Virtua Memorial Hospital**

175 Madison Avenue  
Mount Holly, NJ 08060  
(609) 267-0700  
[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 Our Lady of Lourdes  
Hospital**

1600 Haddon Ave,  
Camden, NJ 08103  
973-757-3500  
<https://www.virtua.org/locations/hospital-virtua-our-lady-of-lourdes>

**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 Population Health  
Health Care Quality Assessment (HCQA)  
New Jersey Department of Health  
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Trenton, New Jersey 08625-0360  
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Find more information on our website at [www.nj.gov/health/hpr](http://www.nj.gov/health/hpr). The site allows you to choose hospitals by name, condition or county. In addition to the measures included in this report, the website 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 measures.

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  
Prevention Quality Indicators  
Patient Safety Indicators  
Healthcare-Associated Infections**

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(W)

Retained

Iatrogenic

In Hospital Fall

Post-operative Hemorrhage

Post-operative PE or VTE

Post-operative Sepsis

Post-operative Wound Dehiscence

Abdominopelvic Accidental Perforation

Transfusion Reaction Ω μ (PSI)

Birth Trauma - Injury to Neonate (PSI)

Obstetric Trauma - Vaginal Delivery with

Obstetric Trauma - Vaginal Delivery without

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