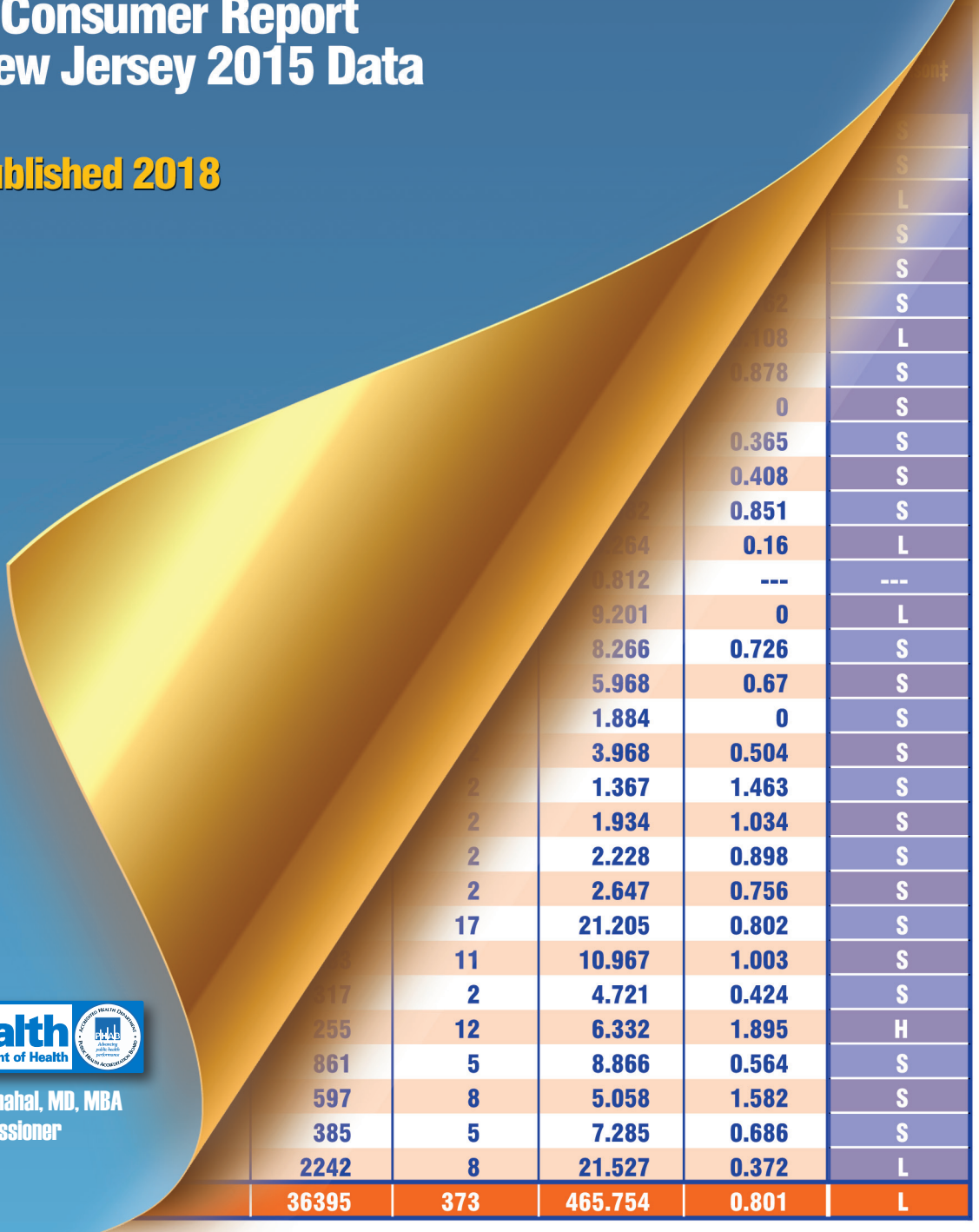
HCQA Health Care Quality Assessment

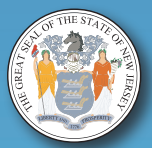
Hospital Performance Report

A Consumer Report
New Jersey 2015 Data

Published 2018



				S
				S
				L
				S
				S
			2	S
			108	L
			0.878	S
			0	S
			0.365	S
			0.408	S
			0.851	S
			0.16	L
			---	---
			0	L
			0.726	S
			0.67	S
			0	S
			0.504	S
		2	1.463	S
		2	1.034	S
		2	0.898	S
		2	0.756	S
		17	0.802	S
		11	1.003	S
		2	0.424	S
		12	1.895	H
		5	0.564	S
		8	1.582	S
		5	0.686	S
		8	0.372	L
	36395	373	0.801	L



Phil Murphy, Governor
Sheila Oliver, Lt. Governor

Shereef M. Elnahal, MD, MBA
Commissioner

A Message

From the Commissioner

I am honored to present the 12th Hospital Performance Report on the quality of health care provided by New Jersey hospitals. This report is produced annually by the New Jersey Department of Health and includes measures that quantify certain aspects of health care quality. All the measurements in the report have been developed by federal agencies, after years of research. These measures are:

- Healthcare Associated Indicators (HAI), developed by the National Health Safety Network (NHSN) of the Centers for Disease Control and Prevention (CDC). These measures show the quality of care performed by hospitals in preventing infections acquired in a health facility setting compared to the rest of the nation; and
- Patient Safety Indicators, created by the Agency for Healthcare Research and Quality (AHRQ). These measures help examine the performances of hospitals in preventing medical error.

As Commissioner of Health, I am impressed by the cooperation I have witnessed between New Jersey hospitals and the Department of Health in working collaboratively to provide New Jersey patients with the highest quality health care and patient safety, placing New Jersey at the forefront of the nation in delivering state-of-the-art health care. The progress New Jersey hospitals have shown, as evidenced by the improvement in the scores found in this report, is due, in large measure, to this strong partnership between New Jersey hospitals and the Department of Health to reach the common goal of providing the best health care and highest safety standards for New Jersey residents and their patients.

In addition to the ratings, the report includes consumer tips and other health care information, such as:

- preventing HAIs during a hospital stay;
- avoiding hospital readmissions;
- reducing overuse of antibiotics; and
- finding a New Jersey doctor.

Please visit our website at **http://www.nj.gov/health/hpr** to find additional information on consumer and professional health related topics.

While I encourage you to supplement this report with other healthcare sources, I hope you find this report valuable and use it as a guide in choosing the best health care options for you and your family.

Sincerely,

Shereef M. Elnahal, MD, MBA
Commissioner
Department of Health

NJ Health
New Jersey Department of Health

Table of Contents

Table of Contents

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 in order to deliver the best care to their own patients.**

Below is a brief 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 72 New Jersey general acute care hospitals in 2015.

Patient Safety Indicators (PSIs)

New Jersey hospitals have come a long way in reducing the number of reportable medical errors since the Department initially publicly reported Patient Safety Indicators (PSI) in the 2009 Hospital Performance Report.

As in the past, this report includes 12 PSI measures. Two of these 12 measures, Retained Surgical Item or Unretrieved Device Fragment, and Transfusion Reaction are measured by volume or count instead of rate because they are rare events, while the remaining 10 measures are reported as rates. Thus, only these 10 indicators measured as rates are compared to national averages (see page 22).

- The PSIs that showed significant improvements between 2010 and 2015 are:
  - Post-operative PE or DVT which declined from 6.56 per 1,000 to 5.48 per 1,000,
  - Post-operative Sepsis which declined from 14.45 per 1,000 to 8.09 per 1,000,
  - Post-operative Wound Dehiscence which declined from 1.96 per 1,000 to 1.24 per 1,000,
  - Accidental Puncture or Laceration which declined from 1.72 per 1,000 to 1.05 per 1,000,
  - Obstetric Trauma - Vaginal Delivery with Instrument declined from 133.6 per 1,000 to 96.0 per 1,000,
  - Obstetric Trauma – Vaginal Delivery without Instrument declined from 22.55 per 1,000 in 2010 to 13.33 per 1,0000.
- Retained Surgical Item or Unretrieved Device Fragment and Transfusion Reaction have been declining consistently over the 2010-2015 reporting period. Evidently, no Transfusion Reaction case was reported in all of New Jersey hospitals in 2015.
- Nationally, there was considerable improvement in patient care between 2010 and 2013, the latest data available. For example, Post-operative Sepsis declined from 12.00 per 1,000 to 4.26 per 1,000 between 2010 and 2013. Similarly, Accidental Puncture or Laceration declined from 2.45 per 1,000 in 2010 to 0.73 per 1,000 in 2013.
- Overall, New Jersey performed better than or the same as the national averages for most of the 10 PSIs (measures reported as rates). Although New Jersey hospitals have shown steady improvements in preventing adverse events in recent years, the State performed worse than the national averages on Postoperative PE/DVT and Postoperative Sepsis. In response, DOH has made preventing sepsis one of its top priorities.

See pages 10-22 for more detail.

Healthcare-Associated Infections (HAIs)

New Jersey hospitals continue making strides in reducing HAIs since the Department began publicly reporting them in

Continued

2010. The following conclusions can be made based on data from this year's report:

- The infection ratios for the measures listed have decreased (improved) since the first public report. This decrease means fewer infections compared to the data in the 2010 report. Please note that the years mentioned below are the years of the data collection, not the years of the report:
  - CLABSI ratio decreased by 14% from 2009 to 2015
  - Infection ratio after abdominal hysterectomy decreased by 26% from 2009 to 2015.
  - CAUTI ratio decreased by 45% from 2010 to 2015, which is statistically significant.
  - Infection ratio after knee arthroplasty decreased by 53% from 2010 to 2015, which is statistically significant.

- Comparing this year's report (data from 2015) to last year's report (data from 2014), the following change was statistically significant:
  - CAUTI ratios decreased significantly (62% decrease). This sharp decline is due to a change in the definition for CAUTI, excluding urine cultures positive for only yeast or other non-bacterial pathogens.

- Comparing the 2015 HAI national ratio to New Jersey's 2015 HAI measures the following were observed:
  - The national infection ratio of 1.008 following colon procedures is significantly higher than the New Jersey infection ratio of 0.832.
  - The national CAUTI ratio of 0.569 is significantly lower than the NJ CAUTI ratio of 0.688.

See pages 24 for more detail on summary of HAI data.

Summary

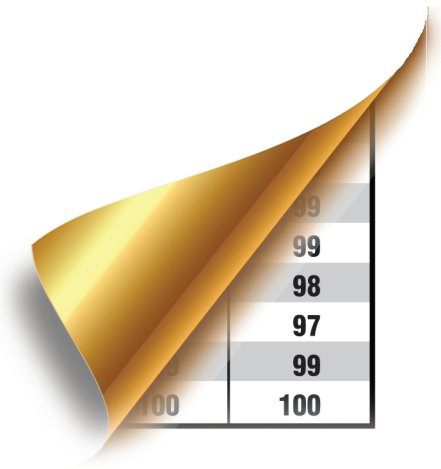
New Jersey continues to be a leader in delivering quality health care to its hospital patients. The Department's initiative to publicly report the performances of New Jersey hospitals has been a driving force in improving quality care in New Jersey. Because of these improvements, the Department no longer has the need to publicly monitor Recommended Care.

New Jersey hospitals have made much headway in reducing medical errors (PSIs) and decreasing the occurrences of HAIs in our hospitals, exceeding or equaling national rates on most measures, thereby making our hospitals safer for patients and their families. However, more effort is needed to further reduce these healthcare threats, with specific targets on those that have been resistant to reduction. Together, the Department and New Jersey hospitals continue to partner to provide the best and safest health care in the nation.

Section 1

Using This Report

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



Hospital Quality & Using This Report

The 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.

A word about Recommended Care

For the first time, this report excludes information on measures for Recommended Care. For several years, nearly all New Jersey hospitals have met the goal of achieving close to 100% performance on most of these measures. Because the improvement in Recommended Care measures reflects a nationwide trend, Centers for Medicare and Medicaid Services (CMS) no longer collects data on any of these measures. Following the policy of the federal government's CMS, New Jersey will no longer report on Recommended Care measures.

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.

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 for PSIs in this report is for the year 2015.
See pages 16-21 for the **PSI data** and pages 10-15 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 2015. HAI measures were developed at the federal level by the Centers for Disease Control and Prevention (CDC).

See pages 30-44 for the **HAI data**, pages 24-29 for a description of the HAI measures, and pages 51-54 on **preventing HAIs**.

Which hospitals are included?

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

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

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

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 55). 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.

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 56-57 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.

Continued

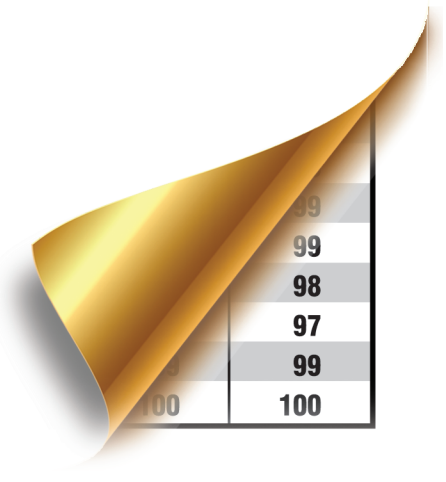
Guidelines to Understanding the Different Measure Sets

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
Patient Safety Indicators (PSIs) See pages 10-22	**Lower Rate is Better**	These measures show how many patient safety errors occurred in each hospital that could have potentially been avoided. You ***don't want*** the rate to be high; you ***want*** it to be low, showing fewer errors.
Healthcare-Associated Infections (HAIs) See pages 24-44	**Lower Ratio is Better**	These measures show the number of infections acquired by patients while in the hospital. You ***don't want*** the ratio to be high; you ***want*** it to be low, showing fewer healthcare-associated infections.

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 & Using Patient Safety Indicators (PSIs)

The core mission of hospitals is delivering 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)**.

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.

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

The numbers on the PSI tables on pages 16-19 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 2015.

What do the rates mean?

The **PSIs** tables on pages 16-19 show the occurrence of medical errors or adverse events in each of the 72 licensed hospitals in New Jersey. Each PSI measure shows the extent to which patients 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 43 out of these 1,000 patients experienced trauma during delivery. Then, the rate of occurrence of trauma at this hospital for that type of patient (obstetric patient who had a vaginal delivery without an instrument) would be 43 per every 1,000 patients or 4.3% (4.3 out of 100 patients).

For PSIs, lower numbers mean fewer medical errors/adverse events.

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 5.0) to the 2015 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

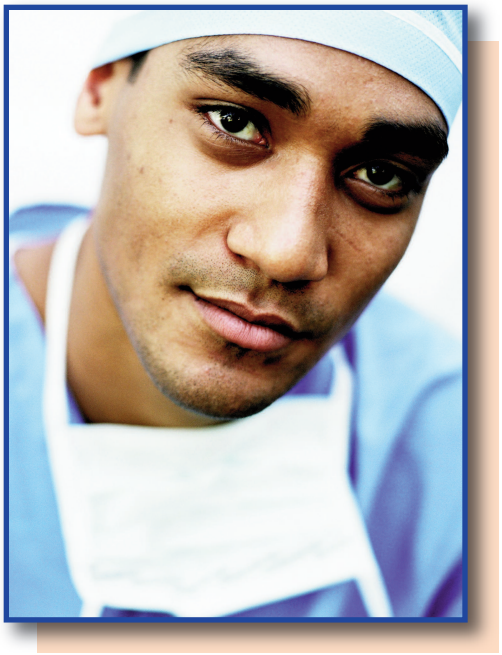
acquired during hospitalization. The POA indicator identifies these pre-existing conditions and those that occur during the hospital stay. This way, patients with the POA can be excluded from the rate calculation, when appropriate, so that performance comparison remains fair and balanced.
A technical report containing additional details such as the total number of adverse event, the total number of eligible discharges, observed and expected adverse event rates and the 95% confidence intervals for the risk-adjusted rates (when applicable) is available at **www.nj.gov/health/healthcarequality/health-care-professionals/quality-indicators/psi.shtml**.

How do I read the table?

The footnote labels, "better than statewide average" and "worse than statewide average," shown at the bottom of the tables on pages 17 and 19 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 rate.

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



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

Hospital rates are determined after adjusting for the risk factors of their patients. A hospital's rate is "worse than average" if its 95% confidence interval falls completely above the statewide rate. By comparison, a hospital's rate is "better than average" if its 95% confidence interval falls completely below the statewide rate. Some rates that appear large are not marked as "worse than average" while others that appear small are not marked as "better than average." The reason for such cases 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 16-19 but is included in the calculations and can be found in the technical report at **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?

Performance on a single PSI measure may not reliably indicate actual quality differences between hospitals. Examining the results of all the 12 PSIs together will produce a more complete picture of overall quality of care provided by a hospital.
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.

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

Continued

Basic Facts about Patient Safety Indicators (PSIs)

This section presents brief descriptions of each of the 12 PSIs covered in this report and why it is important to report them publicly. Most of these adverse events are considered potentially preventable (i.e., with good care, hospitals can prevent most of these adverse events).

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 differently is that it is very uncommon and rarely happens. This type of medical error is called a 'never-event,' as it should never occur. Because the number of occurrences are 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.

Postoperative 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 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 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. Postoperative hip fracture occurs very rarely.

Postoperative 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 postoperative hemorrhage or hematoma per 1,000 surgical procedures.

- **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.

Postoperative 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 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.

Continued

- **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 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 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 accidently 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 (POA) and all obstetric admissions.
- **This 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.

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 in the hospital. The **rate** tells you the number of patients 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.

Transfusion Reaction:

- **This indicator 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 occurrences are 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 who had a bad

reaction to a blood transfusion. It is considered a never-event and happens very rarely. All cases with pre-existing conditions are excluded from the measure.

- **Information on this indicator is important** because it measures major reactions to blood transfusions and how often they happen. Using the wrong type of blood or blood substitute are examples of why this type of medical error may occur.

  The good news is that there were zero cases of 'Transfusion Reaction' in NJ in the 2015 data, and for that reason the indicator is excluded from the PSIs Table on pages 16-19.

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
- **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.

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

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.

Continued

Patient Safety Indicator (PSI) Rates 2015

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	Post-operative hip fracture	Peri-operative hemorrhage or hematoma	Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National rate, 2013	852	0.32	0.08	4.37	3.71	4.19
Statewide number of adverse events, 2015	23	160	3	791	1,090	117
Statewide average rate, 2015	-	0.23	0.03	4.41	5.48	8.09
AtlantiCare Regional Medical Center-City Campus	0	0.1 **	0.0	8.3	2.0 *	0.0
AtlantiCare Regional Medical Center-Mainland	1	0.1	0.0	2.8	3.1 *	4.4
Bayshore Medical Center	0	0.2	0.0	1.4	4.5	0.0
Bergen Regional Medical Center	0	0.0	0.0	0.0	9.4	0.0 ^
Cape Regional Medical Center	0	0.0	0.0	3.6	4.8	64.2 **
Capital Health Medical Center - Hopewell	1	0.2	0.0	3.2	8.1	0.0
Capital Health System at Fuld	0	0.5	0.0	1.9	17.6 **	0.0
CarePoint Health - Bayonne Medical Center	0	0.4	0.0	3.8	7.8	38.9 ^
CarePoint Health - Christ Hospital	0	0.3	0.0	2.2	8.3	0.0
CarePoint Health - Hoboken University MC	0	0.3	0.0	1.3	10.3	0.0
CentraState Medical Center	0	0.1	0.0	2.4	2.2 *	9.1
Chilton Medical Center	0	0.2	0.0	7.1	4.1	26.9
Clara Maass Medical Center	0	0.3	0.4 **	2.5	1.0 *	0.0
Community Medical Center	0	0.1	0.0	1.8 *	2.4 *	0.0
Cooper Hospital University Medical Center	0	0.2	0.0	3.4	5.4	5.8
Deborah Heart and Lung Center	0	0.1	0.5 **	4.1	1.0 *	0.0 ^
East Orange General Hospital	0	0.0	0.0	7.9	0.0	0.0 ^
Englewood Hospital and Medical Center	0	0.1	0.0	3.2	5.1	8.7
Hackensack Meridian Health Pascack Valley	1	0.0	0.0	4.8	5.3	0.0
Hackensack University Medical Center	0	0.3	0.0	6.6 **	6.4	5.2
Hackensack-UMC Mountainside	1	0.0 **	0.0	3.4	4.7	48.2 **
Hackettstown Medical Center	1	0.7	0.0	8.3	12.4 **	0.0
Holy Name Medical Center	0	0.3	0.0	1.7 *	4.4	29.9 **
Hudson Regional Hospital	0	0.0	0.0	3.2	5.7	0.0 ^
Hunterdon Medical Center	0	0.5	0.0	0.9	1.9 *	0.0
Inspira Medical Centers, Inc.	2	0.5	0.0	3.8	5.3	0.0
Inspira Medical Center Elmer	0	0.5	0.0	0.0	3.8	0.0
Inspira Medical Center Woodbury	0	0.0	0.0	7.8	2.9	23.0
Jefferson Cherry Hill Hospital	0	0.0	0.0	7.9	4.7	0.0 ^
Jefferson Stratford Hospital	0	0.2	0.0	2.9	2.5	0.0 ^
Jefferson Washington Township Hospital	0	0.4	0.0	1.2	8.5 **	0.0
Jersey City Medical Center	1	0.2	0.0	5.9	1.3 *	41.0 **
Jersey Shore University Medical Center	0	0.3	0.0	6.5 **	1.7 *	5.6
JFK MC - Anthony M. Yelensics Community	0	0.2	0.0	3.9	7.0	6.7
Lourdes Medical Center of Burlington County	0	0.3	0.0	4.7	2.4	52.5 **
Monmouth Medical Center	0	0.1	0.0	2.3	2.8	0.0
Monmouth Medical Center Southern Campus	0	0.0	4.5 **	6.5	1.9	0.0 ^
Morristown Medical Center	0	0.1	0.0	6.5 **	4.8	6.5

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2015. Two of the 12 PSI procedures, Retained Surgical Item/Unretrieved Device Fragment, and Transfusion Reaction, are not presented as rates but as volume or number of events. *Lower rates are better and mean fewer medical errors for that procedure or condition.*

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, 2013	852	0.32	0.08	4.37	3.71	4.19
Statewide number of adverse events, 2015	23	160	3	791	1,090	117
Statewide average rate, 2015	-	0.23	0.03	4.41	5.48	8.09
Newark Beth Israel Medical Center	3	0.2	0.0	7.0 **	7.0	0.0
Newton Medical Center	0	0.2 **	0.0	4.3	6.8	17.7
Ocean Medical Center	0	0.2	0.0	4.2	2.0 *	10.5
Our Lady of Lourdes Medical Center	1	0.4	0.0	7.1 **	3.8	3.9
Overlook Medical Center	0	0.5	0.0	6.2	2.8 *	2.8
Palisades Medical Center	0	0.6	0.0	3.1	3.3	0.0
Penn Medicine Princeton Medical Center	0	0.1	0.0	3.3	4.0	11.9
Raritan Bay Medical Center - Old Bridge	0	0.5	0.0	2.9	4.6	0.0 ^
Raritan Bay Medical Center - Perth Amboy	0	0.3	0.0	5.3	5.3	0.0
Riverview Medical Center	1	0.1	0.0	3.1	2.9	0.0
Robert Wood Johnson University Hospital	2	0.1	0.0	5.2	12.2 **	5.7
Robert Wood Johnson University Hospital Hamilton	0	0.4	0.0	3.5	6.0	0.0
Robert Wood Johnson University Hospital at Rahway	0	0.0	0.0	3.9	5.9	0.0 ^
Robert Wood Johnson University Hospital Somerset	1	0.1	0.0	3.2	7.7	0.0
Saint Clare's Hospital	0	0.5	0.0	0.0	2.7	0.0 ^
Saint Clare's Hospital/Denville	0	0.0	0.0	3.1	3.0	0.0
Saint Michael's Medical Center	0	0.2	0.0	2.3	3.3	38.8 **
Saint Peter's University Hospital	1	0.3	0.0	3.1	9.0 **	14.1
Shore Medical Center	0	0.3	0.0	5.1	3.5	39.8 **
Southern Ocean Medical Center	1	0.4	0.0	1.7	5.3	16.6
St. Barnabas Medical Center	2	0.5	0.0	5.6	10.8 **	17.6 **
St. Francis Medical Center	0	0.2	0.0	5.2	3.3	0.0
St. Joseph's University Medical Center	0	0.3	0.0	2.9	4.8	13.0
St. Joseph's Wayne Medical Center	0	0.2	0.0	1.6	2.3	0.0
St. Luke's Warren Hospital	0	0.0	0.0	5.8	10.8 **	0.0
St. Mary's General Hospital	0	0.1	0.0	0.7	0.7 *	0.0
The Memorial Hospital of Salem County	0	0.5	0.0	2.7	0.0	58.9 ^
The Valley Hospital	0	0.1	0.0	2.3 *	9.6 **	5.2
Trinitas Regional Medical Center	0	0.2 **	0.0	1.2	7.1	11.4
University Hospital	2	0.3	0.0	5.8	6.6	25.9 **
Virtua Memorial Hospital of Burlington County	0	0.3	0.0	5.1	5.4	12.6
Virtua-West Jersey Hospital-Marlton	0	0.3	0.0	1.6	5.4	5.2
Virtua-West Jersey Hospital-Voorhees	1	0.2	0.0	4.3	3.1 *	0.0

Source: New Jersey numbers are derived from the 2015 UB Data while the national numbers come from AHRQ's Benchmark Data Tables derived from analysis of the 2013 HCUP - State Inpatient Database (SID).

^ = Rates are based on denominators less than 30 and should be taken with caution. @ Could be data error
* = Statistically significantly below state average (i.e. better than average) ** Statistically significantly above state average (i.e. worse than average)
- = 'Retained Surgical Item or Unretrieved Device Fragment' and 'Transfusion Reaction' are reported in volume or count, not rate. There were 0 'transfusion reaction' cases for NJ and only 38 nationwide. Hence, the indicator is removed from the table.
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).

Patient Safety Indicator (PSI) Rates 2015

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

See footnotes at bottom of next page

Hospital Name	Postoperative wound dehiscence	Accidental puncture or laceration	Birth trauma -injury to neonate[NB]	Obstetric trauma-vaginal delivery with instrument[NB]	Obstetric trauma-vaginal delivery without instrument[NB]
National rate, 2013	1.71	0.71	1.97	127.87	19.97
Statewide number of adverse events, 2015	37	611	192	328	747
Statewide average rate, 2015	1.24	1.05	1.98	95.96	13.33
Atlanticare Regional Medical Center - City Campus	8.4 **	2.3 **	.	0.0	0.0
Atlanticare Regional Medical Center - Mainland	0.0	1.3	1.1	52.6	5.4
Bayshore Medical Center	0.0	0.3	0.0	0.0	0.0
Bergen Regional Medical Center	0.0 ^	0.0	0.0	0.0	0.0
Cape Regional Medical Center	0.0	0.6	0.0	55.6 ^	27.7
Capital Health Medical Center - Hopewell	4.5	1.3	1.2	117.7	15.0
Capital Health Regional MC - Fuld	0.0	0.3	0.0 ^	0.0	0.0
Carepoint Health - Bayonne Medical Center	0.0	0.6	0.0	0.0	0.0
Carepoint Health - Christ Hospital	0.0	1.5	2.4	100.0	14.9
Carepoint Health - Hoboken University MC	0.0	2.3	0.8	66.7 ^	25.9
CentraState Medical Center	0.0	0.0 *	3.7	148.2 ^	10.0
Chilton Medical Center	2.6	1.2	5.2	0.0 ^	27.9
Clara Maass Medical Center	0.0	0.7	0.0	0.0	1.4
Community Medical Center	4.6 **	1.1	0.4	101.0	8.5
Cooper Hospital University Medical Center	3.3	0.8	3.9	55.6	13.4
Deborah Heart and Lung Center	0.0	1.6	0.0	0.0	0.0
East Orange General Hospital	8.3	0.0	.	0.0	0.0
Englewood Hospital and Medical Center	3.5	1.0	2.8	93.8	18.4
Hackensack University Medical Center	0.7	0.8	3.4	52.6	8.8
HackensackUMC - Mountainside	0.0	1.9	5.3	111.1 ^	10.8
Hackensack Meridian Health Pascack Valley	0.0	3.8 **	0.0	142.9 ^	19.1
Hackettstown Medical Center	0.0	1.1	11.3	64.5	24.0
Holy Name Medical Center	0.0	0.9	1.6	60.0	25.3
Hudson Regional Hospital	0.0	2.3	14.5	0.0 @	0.0
Hunterdon Medical Center	0.0	1.2	1.1	100.0	23.8
Inspira Medical Centers, Inc.	0.0	2.6 **	1.3	159.1	14.3
Inspira Medical Center Elmer	0.0	3.1	3.6	0.0 ^	43.5
Inspira Medical Center Woodbury	0.0	1.1	1.1	66.7 ^	29.5
Jefferson Cherry Hill Hospital	0.0	1.0	0.0	0.0	0.0 ^
Jefferson Stratford Hospital	0.0	1.9	0.0	0.0	0.0 ^
Jefferson Washington Township Hospital	0.0	1.5	5.9	146.3	12.9
Jersey City Medical Center	0.0	0.1	3.7	30.8	11.6
Jersey Shore University Medical Center	2.5	1.0	1.6	87.5	11.0
JFK MC - Anthony M. Yelensics Community	0.0	0.7	1.8	33.9	6.6
Lourdes Medical Center of Burlington Cty.	0.0	1.1	0.0	0.0	0.0
Memorial Hospital of Salem County	0.0	0.0	0.0	0.0	0.0 @
Monmouth Medical Center	2.3	0.5	0.8	93.0	10.6
Monmouth Medical Center - Southern Campus	0.0	1.6	.	0.0	0.0 @

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2015. Two of the 12 PSI procedures, Retained Surgical Item/Unretrieved Device Fragment, and Transfusion Reaction, are not presented as rates but as volume or number of events. *Lower rates are better and mean fewer medical errors for that procedure or condition.*

Hospital Name	Postoperative wound dehiscence	Accidental puncture or laceration	Birth trauma -injury to neonate[NB]	Obstetric trauma-vaginal delivery with instrument[NB]	Obstetric trauma-vaginal delivery without instrument[NB]
National rate, 2013	1.71	0.71	1.97	127.87	19.97
Statewide number of adverse events, 2015	37	611	192	328	747
Statewide average rate, 2015	1.24	1.05	1.98	95.96	13.33
Morristown Medical Center	0.0	0.8	0.9	156.8	11.5
Newark Beth Israel Medical Center	2.9	0.8	2.1	83.3 ^	11.1
Newton Medical Center	0.0	0.3	4.5	125.0 ^	3.7
Ocean Medical Center	3.0	0.9	1.0	0.0 ^	6.2
Our Lady of Lourdes Medical Center	0.0	1.1	2.0	83.3	25.2
Overlook Medical Center	0.0	0.5	1.2	133.3	12.9
Palisades Medical Center	0.0	3.0 **	0.8	88.2	9.0
Penn Medicine Princeton Medical Center	0.0	1.4	3.0	128.2	21.0
Raritan Bay Medical Center - Old Bridge	14.1 **	0.4	.	0.0	0.0 @
Raritan Bay Medical Center - Perth Amboy	0.0	0.8	0.8	95.2 ^	8.4
Riverview Medical Center	0.0	0.4	2.2	112.9	26.4
RWJ University Hospital	0.0	1.5	2.1	79.4	15.5
RWJ University Hospital at Hamilton	0.0	1.6	0.0	0.0 @	0.0
RWJ University Hospital at Rahway	0.0	0.3	.	0.0	0.0
RWJ University Hospital-Somerset	0.0	0.4	2.6	243.2	27.5
Saint Clare's Hospital-Denville	4.1	0.2	0.8	107.1 ^	13.9
Saint Clare's Hospital	0.0	0.0	0.0	0.0	0.0
Saint Michael's Medical Center	0.0	0.6	0.0	0.0	0.0
Shore Medical Center	0.0	0.8	1.7	0.0 ^	4.7
Southern Ocean Medical Center	2.0	0.6	0.0	0.0 ^	9.2
St. Barnabas Medical Center	0.0	0.7	1.6	132.4	22.7
St. Francis Medical Center	0.0	3.4 **	0.0	0.0	0.0
St. Joseph's Regional Medical Center	1.5	1.5	2.1	40.0	12.7
St. Joseph's Wayne Hospital	0.0	0.4	.	0.0	0.0
St. Luke's Warren Hospital	5.0	0.0	0.0	0.0	0.0
St. Mary's General Hospital	0.0	0.4	0.0	333.3 ^	5.7
Saint Peter's University Hospital	2.3	1.5	1.3	83.3	10.7
Trinitas Regional Medical Center	0.0	0.8	1.0	106.7	7.5
University Hospital	3.7	2.4 **	5.2	38.0	4.7
Valley Hospital	1.0	0.6	3.3	48.8	15.4
Virtua-Memorial Hospital of Burlington Cty.	1.4	2.2 **	0.4	39.0	13.2
Virtua-West Jersey Health System - Marlton	0.0	1.6	.	0.0	0.0
Virtua-West Jersey Health System - Voorhees	1.1	1.0	1.1	192.9	10.1

Source: New Jersey numbers are derived from the 2015 UB Data while the national numbers come from AHRQ's Benchmark Data Tables derived from analysis of the 2013 HCUP - State Inpatient Database (SID).

^ = Rates are based on denominators less than 30 and should be taken with caution. @ Could be data error
* = Statistically significantly below state average (i.e. better than average) ** Statistically significantly above state average (i.e. worse than average)
- = 'Retained Surgical Item or Unretrieved Device Fragment' and 'Transfusion Reaction' are reported in volume or count, not rate. There were 0 'transfusion reaction' cases for NJ and only 38 nationwide. Hence, the indicator is removed from the table.
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).

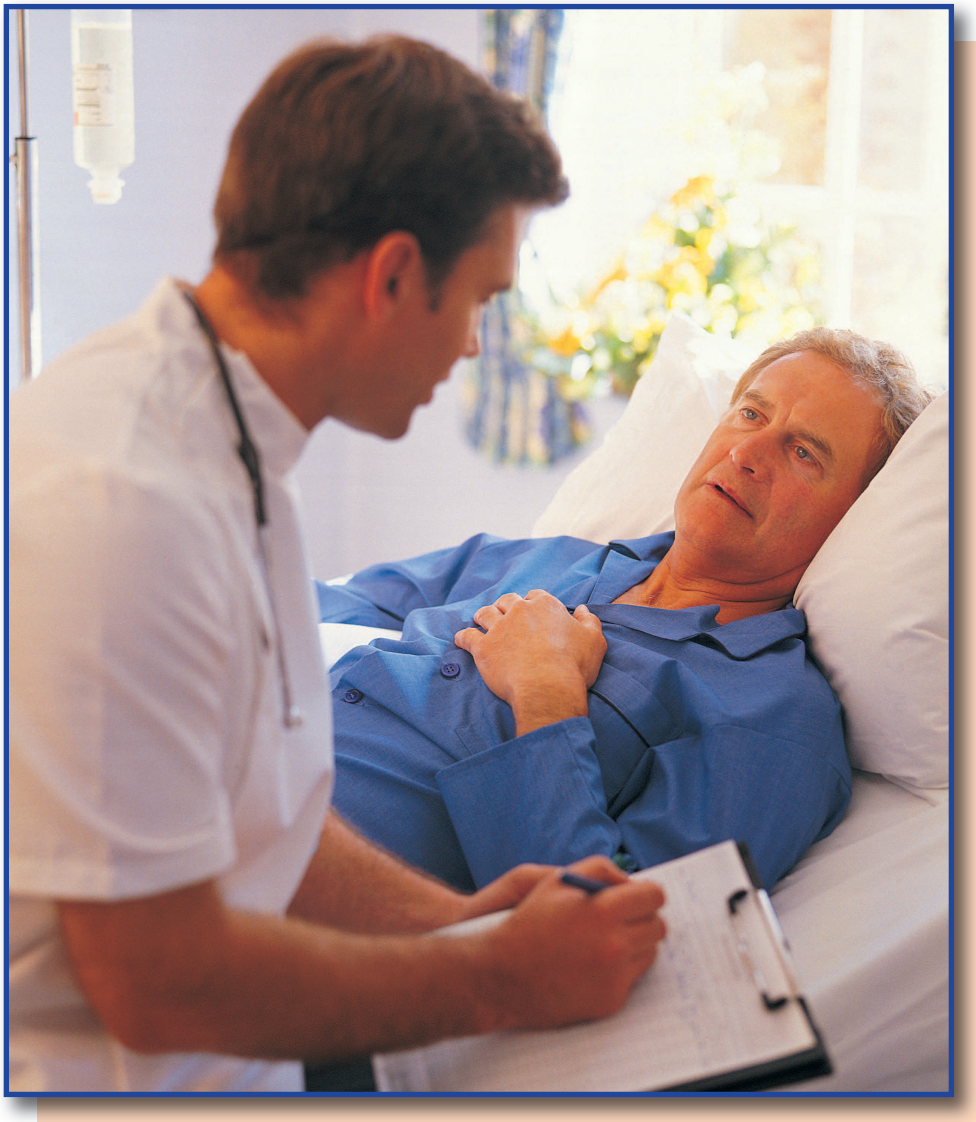
New Jersey's Statewide PSI Rates Compared to National Rates

The table on page 22 shows New Jersey's statewide estimates for the 12 Patient Safety Indicators (PSIs) for the years 2010 through 2015. As stated earlier, the New Jersey statewide estimates are derived from the NJ UB data using the Agency for Healthcare Research and Quality (AHRQ) Quality Indicators (QIs) SAS Software for PSIs. Quality Indicators (QIs) 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.

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. As of 2017, 48 States are participating in the HCUP database programs.

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

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

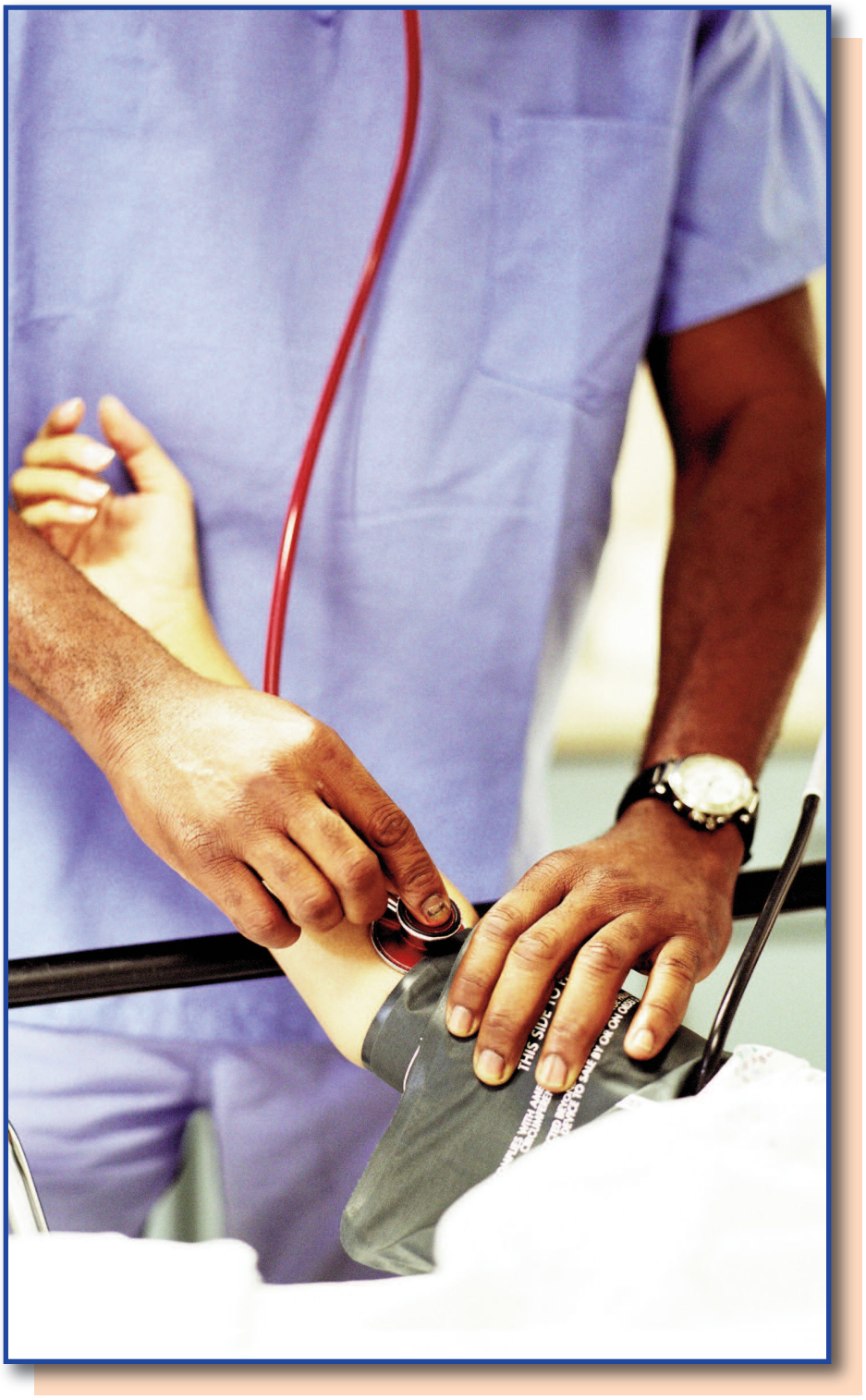


Some Highlights:

- **NJ hospitals** have shown dramatic improvements since the Department started reporting on the 12 selected 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 six years include:
  - Post-operative PE or DVT declined from 6.56 per 1,000 in 2010 to 5.48 in 2015.
  - Post-operative Sepsis fell from 14.45 per 1,000 in 2010 to 8.09 in 2015.
  - Post-operative Wound Dehiscence declined from 1.96 per 1,000 in 2010 to 1.24 in 2015.
  - Accidental Puncture or Laceration declined from 1.72 per 1,000 in 2010 to 1.05 in 2015

- ✦ Obstetric Trauma - Vaginal Delivery with Instrument declined from 133.6 per 1,000 in 2010 to 96.0 in 2015.
- ✦ Obstetric Trauma - Vaginal Delivery without Instrument declined from 22.55 per 1,000 in 2010 to 13.33 in 2015
- ✦ Incidences of 'Retained Surgical Item or Unretrieved Device Fragment' and 'Transfusion Reaction' (both reported in volume instead of rate because they are rare events) are declining consistently over the last six years. Apparently, there were zero cases of 'Transfusion Reaction' in 2015.

✤ **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 two indicators where New Jersey performed worse than the national averages were - Postoperative PE/DVT and Postoperative Sepsis. It is not surprising that the DOH has, as part of its Population Health Strategies, identified the problem surrounding sepsis in its population health awareness priorities launched recently.



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)

	National			New Jersey					
	2010	2012	2013	2010	2011	2012	2013	2014	2015
Retained Surgical Item or Unretrieved Device Fragment Ω	930	973	852	27	38	38	28	32	23
Iatrogenic Pneumothorax	0.43	0.34	0.32	0.34	0.32	0.32	0.27	0.28	0.23
Post-operative Hip Fracture	0.03	0.04	0.08	0.05	0.05	0.03	0.02	0.03	0.03
Post-operative Hemorrhage or Hematoma	5.86	5.11	4.52	3.69	2.12	14.72	5.31	4.85	4.41
Post-operative PE or DVT	4.51	4.99	3.72	6.56	6.29	5.51	6.74	6.11	5.48
Post-operative Sepsis	12.00	9.61	4.26	14.45	12.39	11.07	9.11	10.42	8.09
Post-operative Wound Dehiscence	1.85	1.86	1.71	1.96	0.84	1.67	1.49	1.45	1.24
Accidental Puncture or Laceration	2.45	1.89	0.73	1.72	1.61	1.22	1.63	1.37	1.05
Transfusion Reaction Ω	67	38	38	3	3	1	1	1	0
Birth Trauma - Injury to Neonate	2.10	1.89	1.97	2.56	1.99	1.73	1.54	1.55	1.98
Obstetric Trauma - Vaginal Delivery with Instrument	139.11	133.19	127.87	133.60	130.62	126.00	124.05	112.58	96.00
Obstetric Trauma - Vaginal Delivery without Instrument	22.46	20.97	19.97	22.55	20.57	19.07	17.30	16.44	13.33

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).

Ω - Indicator reported in volume instead of rate, because it is a rare event.

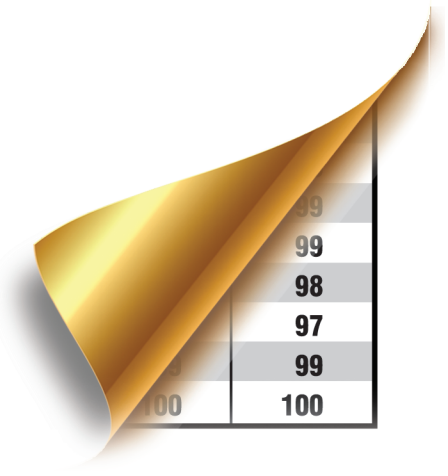
National Rates for 2011, 2014 and 2015 - not available.

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

Section 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, 2009-2015



Understanding & Using Measures for Healthcare-Associated Infections (HAI)

Healthcare-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.[1] In a 2013 article, researchers analyzed the cost and financial impact of the 5 major **HAIs** seen in adult inpatients. Central line-associated bloodstream infections, catheter-associated urinary tract infections, surgical site infections, ventilator-associated pneumonia and clostridium difficile costs the U.S. health system $9.8 billion each year.[2] **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.[3]

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

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

The **HAI** measures are calculated differently than the 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. ***Similar to PSIs, a lower ratio is better.***

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).**

Where do the data come from?

New Jersey acute care hospitals are required to report SSI, CLABSI, and CAUTI data 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 2015. 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 hospitals' HAI experience.

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

How are HAIs measured and what do the measures mean?

The Standardized Infection Ratio (SIR) is used to measure HAIs. The SIR is a summary measure developed by CDC to track HAIs at 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 **L** as "Lower than Expected", **S** as "Similar to Expected", or **H** as "Higher than Expected".

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

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 bloodstream 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. The costs of a CLABSI in 2012 U.S. dollars averaged $45,814.[2] 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[4].

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) in each of the 70 acute care and one specialty care hospital in New Jersey during 2015.** The data were verified for accuracy by each hospital.

What are the CLABSI results for New Jersey for 2015?

There were more than 500,000 central-line days reported to NHSN by New Jersey acute care hospitals in 2015. The formula below provides the Statewide observed, expected and SIR for CLABSIs:

Observed CLABSIs = 542
Expected CLABSIs = 843.58
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.

Continued

Continued from previous page

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

Observed ICU CLABSIs = 506
Expected ICU CLABSIs = 777.08
SIR=Observed/Expected = 0.65

The SIR of 0.65 indicates that ICU CLABSIs for New Jersey were 35% 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 = 36
Expected NICU CLABSIs = 66.50
SIR=Observed/Expected = 0.54

The SIR of 0.54 indicates that NICU CLABSIs for New Jersey were 46% 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.

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

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

More than 30% of infections in acute care hospitals are reported as CAUTIs.[6] 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.[3] CAUTIs are also associated with more than 13,000 deaths annually.[6]

What CAUTI data are included in this report?

CAUTIs are monitored in many inpatient locations within the hospital. **This report focuses on CAUTI events that occurred in adult critical/ intensive care units (CCUs or ICUs)** in each of the 70 acute care hospitals and one specialty care hospital in New Jersey during 2015. 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 2015?

There were over 530,000 catheter days reported to NHSN by New Jersey hospitals in 2015. The formula below provides the Statewide observed, expected and SIR for CAUTIs:

Observed CAUTIs = 680
Expected CAUTIs = 987.96
SIR=Observed / Expected = 0.69

The SIR of 0.69 indicates that CAUTIs for New Jersey were 31% 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.

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.

According to a recent survey, SSIs were the second most common HAI in 2011, accounting for an estimated 24% of all HAI hospitalizations.[8] Associated costs to treat an inpatient with a SSI are between $18,902 - $22,667 in 2012 U.S. dollars per infection.[2] 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.[7]

What Surgical Site Infections are in this report?

The surgical site infections included in this report are from 2015. 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 2015 were verified for accuracy by each hospital but were not audited.

What are the SSI results for New Jersey hospitals for 2015?

A total of 4,849 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 = 51
Expected CABG infections = 60.10
SIR=Observed / Expected = 0.85

The SIR of 0.85 indicates that the observed CABG infections were

15% fewer than expected based on the national data. The difference is not statistically significant which means the CABG infections in New Jersey were similar to the CABG infections seen nationally.

A total of 7,202 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 = 52
Expected HYST infections = 54.06
SIR=Observed / Expected = 0.96

The SIR of 0.96 indicates that the observed abdominal hysterectomy infections were 4% 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 16,300 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 = 64
Expected KPRO infections = 103.92
SIR=Observed/Expected = 0.62

The SIR of 0.62 indicates that the observed knee arthroplasty infections were 38% less than expected based on the national data. The difference is statistically significant which means the knee arthroplasty infections in New Jersey were lower than those seen nationally.

A total of 8,045 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 = 206
Expected COLO infections = 247.96
SIR=Observed/Expected = 0.83

The SIR of 0.83 indicates that the observed colon infections were 17% 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.

Continued

Continued from previous page

The Overall SSI SIR accounts for all surgeries that were reported in New Jersey in 2015; CABG, Abdominal Hysterectomy, Knee Arthroplasty and Colon surgeries. There were more than **36,000** 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 = 373
Expected SSIs = 465.75
SIR=Observed / Expected = 0.80

The SIR of 0.80 indicates that the Overall SSIs for New Jersey were 20% 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**.

A hospital's SIR is statistically significantly lower than 1.0 if its 95% confidence interval falls below 1.0. The hospital is noted with **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 **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 **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 worse than the National Comparison is not necessarily a poor performer. **This hospital could have better infection surveillance and detection processes instituted in the 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.**

References

1 Centers for Disease Control and Prevention: **Estimates of Healthcare-Associated Infections.** http://www.cdc.gov/hai/ accessed April 10, 2015.

2 Zimlichman, E, Henderson, D, Tamir, O et al. Health Care-Associated Infections **A Meta-analysis of Costs and Financial Impact on the US Health Care System.** JAMA Intern Med 2013; 173(22):2039-2046.

3 Scott, RD. **The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention.** http://www.cdc.gov/HAI/pdfs/hai/Scott_CostPaper.pdf accessed April 10, 2015.

4 Centers for Disease Control and Prevention: Slides for the **American Recovery and Reinvestment Act Epidemiology and Laboratory Capacity (ELC) for Infectious Disease Program, Healthcare-Associated Infections (HAIs) Grantee Meeting** October 19-20, 2009, presented by *Katherine Allen-Bridson* http://www.cdc.gov/hai/recoveryAct/PDF/Oct09/11-145_Bridson_NHSN_CLABSI_Day2_Workshop1.pdf accessed April 10, 2015.

5 Centers for Disease Control and Prevention, APIC, Joint Commission, IDSA, AHA, SHEA, **FAQ Sheet about "Catheter-Associated Bloodstream Infections"** http://www.cdc.gov/hai/pdfs/bsi/BSI_tagged.pdf accessed April 10, 2015.

6 Klevens RM, Edward JR, et al. **Estimating health care-associated infections and deaths in U.S. hospitals, 2002.** Public Health Reports 2007; 122:160-166.

7 Edmiston, CE, Spencer, M, Lewis, BD, et al., **Reducing the Risk of Surgical Site Infections: Did We Really Think SCIP Was Going to Lead Us to the Promised Land?** Surgical Infections 2011; 12(3):169-177.

8 Magill, SS, Edwards, JR, Bamberg, W et al. **Multistate Point-Prevalence Survey of Health Care-Associated Infections.** N Engl J Med 2014; 370:1198-208.

Continued

Central Line-Associated Bloodstream Infection (CLABSI) 2015

See footnotes at bottom of next page

Hospital Name	Observed # of CLABSI (O)	Number of Central Line Days	Expected # of CLABSI (E)[a]	CLABSI SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City Campus	4	4526	10.6082	0.377	L
AtlantiCare Regional Medical Center-Mainland Campus	10	8181	13.5754	0.737	S
Bayshore Medical Center	8	5596	7.3162	1.093	S
Bergen Regional Medical Center	0	936	1.5612	0	S
Cape Regional Medical Center	4	2211	2.9826	1.341	S
Capital Health Medical Center - Hopewell	8	6996	9.2152	0.868	S
Capital Health System at Fuld	6	8948	14.4059	0.416	L
CarePoint Health-Bayonne Medical Center	2	3415	4.3575	0.459	S
CarePoint Health-Christ Hospital	2	5283	6.7977	0.294	L
CarePoint Health-Hoboken University MC	1	1898	2.4675	0.405	S
CentraState Medical Center	6	4516	8.4324	0.712	S
Chilton Medical Center	5	7269	10.8753	0.46	S
Clara Maass Medical Center	3	9216	15.7933	0.19	L
Community Medical Center	11	9603	15.1951	0.724	S
Cooper Hospital University Medical Center	90	28686	45.8575	1.963	H
Deborah Heart and Lung Center	1	3689	7.5571	0.132	L
East Orange General Hospital	4	3799	5.2143	0.767	S
Englewood Hospital and Medical Center	2	5204	8.46	0.236	L
Hackensack Meridian Health Pascack Valley	1	1397	1.9002	0.526	S
Hackensack UMC Mountainside	2	2727	4.7834	0.418	S
Hackensack University Medical Center	13	17020	30.1738	0.431	L
Hackettstown Medical Center	1	1365	1.8634	0.537	S
Holy Name Medical Center	3	2661	3.9915	0.752	S
Hudson Regional Hospital	1	534	0.801	---	---
Hunterdon Medical Center	6	4270	7.3131	0.82	S
Inspira Medical Center Elmer	2	564	0.8798	---	---
Inspira Medical Center Woodbury	1	4409	6.4293	0.156	L
Inspira Medical Centers, Inc.	9	6881	12.3883	0.726	S
JFK MC-Anthony M. Yelensics Community	12	15159	21.2502	0.565	L
Jefferson Cherry Hill Hospital	3	1747	3.2825	0.914	S
Jefferson Stratford Hospital	2	1532	2.5605	0.781	S
Jefferson Washington Township Hospital	3	3148	5.8902	0.509	S
Jersey City Medical Center	6	10559	15.8953	0.377	L
Jersey Shore University Medical Center	13	13138	21.9507	0.592	L
Lourdes Medical Center of Burlington County	2	2000	3	0.667	S
Monmouth Medical Center	4	4141	6.9191	0.578	S
Monmouth Medical Center Southern Campus	1	906	1.359	0.736	S
Morristown Medical Center	20	24062	41.4521	0.482	L
Newark Beth Israel Medical Center	12	19271	37.6493	0.319	L
Newton Medical Center	1	2948	4.5074	0.222	S

The Standard Infection Rate (SIR) is a sum of observed (O) or actual number of infections divided by the number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all general acute care hospitals in the US. Data is from 2015 and is for adult, pediatric critical/intensive care units and neonatal intensive care units (CCUs or ICUs and NICUs). *NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CLABSIs.*

Hospital Name	Observed # of CLABSI (O)	Number of Central Line Days	Expected # of CLABSI (E)[a]	CLABSI SIR[b]	National Comparison‡
Ocean Medical Center	5	7586	10.9072	0.458	S
Our Lady of Lourdes Medical Center	5	10039	17.169	0.291	L
Overlook Medical Center	6	14100	24.8324	0.242	L
Palisades Medical Center	2	3823	6.2623	0.319	S
Penn Medicine Princeton Medical Center	0	3992	5.9103	0	L
Raritan Bay Medical Center-Old Bridge	2	1355	2.0325	0.984	S
Raritan Bay Medical Center-Perth Amboy	2	2865	4.8615	0.411	S
Riverview Medical Center	7	4536	5.7081	1.226	S
Robert Wood Johnson University Hospital	37	22899	41.0861	0.901	S
Robert Wood Johnson University Hospital at Rahway	3	9406	12.0849	0.248	L
Robert Wood Johnson University Hospital Hamilton	7	8708	11.5627	0.605	S
Robert Wood Johnson University Hospital Somerset	7	3299	5.2941	1.322	S
Saint Clare's Hospital	1	765	1.041	0.961	S
Saint Clare's Hospital/Denville	1	2128	3.1425	0.318	S
Saint Michael's Medical Center	9	5631	8.1888	1.099	S
Saint Peter's University Hospital	8	7064	13.771	0.581	S
Shore Medical Center	2	7098	8.8816	0.225	L
Southern Ocean Medical Center	2	1416	2.6904	0.743	S
St. Barnabas Medical Center	13	18058	30.4159	0.427	L
St. Francis Medical Center	1	3438	5.0077	0.2	L
St. Joseph's University Medical Center	38	19787	41.4754	0.916	S
St. Joseph's Wayne Medical Center	11	5578	8.9589	1.228	S
St. Luke's Warren Hospital	2	3421	4.653	0.43	S
St. Mary's General Hospital	6	2618	3.5817	1.675	S
The Memorial Hospital of Salem County	0	915	1.2771	0	S
The Valley Hospital	14	11546	15.1784	0.922	S
Trinitas Regional Medical Center	5	3935	5.9025	0.847	S
University Hospital	12	7106	18.6443	0.644	S
Virtua Memorial Hospital of Burlington County	4	7933	10.2802	0.389	L
Virtua-West Jersey Hospital-Marlton	3	6128	8.389	0.358	L
Virtua-West Jersey Hospital-Voorhees	6	8419	10.9767	0.547	S
Statewide ICU	506	476003	777.0797	0.651	L
Statewide NICU	36	26291	66.503	0.541	L
Overall Statewide	542	502294	843.5827	0.642	L

Source: New Jersey Healthcare-Associated Infections for 2015 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

Catheter-Associated Urinary Tract Infections (CAUTI) 2015

See footnotes at bottom of next page

Hospital Name	Observed # of CAUTI (O)	Number of Catheter Days	Expected # of CAUTI (E)[a]	CAUTI SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City Campus	11	5623	13.6354	0.807	S
AtlantiCare Regional Medical Center-Mainland Campus	13	11190	20.9774	0.62	S
Bayshore Medical Center	4	5385	7.6926	0.52	S
Bergen Regional Medical Center	0	1168	2.2733	0	S
Cape Regional Medical Center	4	5733	8.2206	0.487	S
Capital Health Medical Center - Hopewell	8	4019	5.3982	1.482	S
Capital Health System at Fuld	22	6516	17.8184	1.235	S
CarePoint Health-Bayonne Medical Center	2	3997	5.9425	0.337	S
CarePoint Health-Christ Hospital	0	5039	7.1656	0	L
CarePoint Health-Hoboken University MC	2	2086	2.9819	0.671	S
CentraState Medical Center	8	4754	9.1415	0.875	S
Chilton Medical Center	7	10379	17.8971	0.391	L
Clara Maass Medical Center	3	10075	19.1648	0.157	L
Community Medical Center	10	15572	31.0639	0.322	L
Cooper Hospital University Medical Center	78	26759	48.041	1.624	H
Deborah Heart and Lung Center	3	4204	9.6927	0.31	L
East Orange General Hospital	0	3094	4.3246	0	L
Englewood Hospital and Medical Center	5	8144	15.5028	0.323	L
Hackensack Meridian Health Pascack Valley	1	2928	4.1548	0.241	S
Hackensack UMC Mountainside	9	5563	10.2717	0.876	S
Hackensack University Medical Center	29	17492	35.2192	0.823	S
Hackettstown Medical Center	2	2463	3.6978	0.541	S
Holy Name Medical Center	0	3652	4.3824	0	L
Hudson Regional Hospital	2	968	1.2584	1.589	S
Hunterdon Medical Center	6	4515	9.4168	0.637	S
Inspira Medical Center Elmer	5	1718	2.9964	1.669	S
Inspira Medical Center Woodbury	7	5741	8.4102	0.832	S
Inspira Medical Centers, Inc.	6	9160	18.5616	0.323	L
JFK MC-Anthony M. Yelensics Community	22	14335	23.9508	0.919	S
Jefferson Cherry Hill Hospital	3	3003	6.0746	0.494	S
Jefferson Stratford Hospital	1	2125	4.2409	0.236	S
Jefferson Washington Township Hospital	3	4922	10.0599	0.298	L
Jersey City Medical Center	3	10385	19.6343	0.153	L
Jersey Shore University Medical Center	26	17034	33.4829	0.777	S
Lourdes Medical Center of Burlington County	2	3406	4.819	0.415	S
Monmouth Medical Center	4	2575	5.2753	0.758	S
Monmouth Medical Center Southern Campus	5	1557	1.8684	2.676	S
Morristown Medical Center	34	28645	57.4042	0.592	L
Newark Beth Israel Medical Center	15	10201	20.1514	0.744	S
Newton Medical Center	5	6927	12.3134	0.406	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 2015 for adult critical/intensive care units (CCUs or ICUs) only. *NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CAUTIs.*

Hospital Name	Observed # of CAUTI (O)	Number of Catheter Days	Expected # of CAUTI (E)[a]	CAUTI SIR[b]	National Comparison‡
Ocean Medical Center	5	11255	17.2248	0.29	L
Our Lady of Lourdes Medical Center	17	10350	21.3679	0.796	S
Overlook Medical Center	27	14342	30.8834	0.874	S
Palisades Medical Center	1	5024	7.9823	0.125	L
Penn Medicine Princeton Medical Center	8	6011	9.3443	0.856	S
Raritan Bay Medical Center-Old Bridge	0	1246	1.6198	0	S
Raritan Bay Medical Center-Perth Amboy	5	2483	3.8551	1.297	S
Riverview Medical Center	3	7324	12.5234	0.24	L
Robert Wood Johnson University Hospital	42	18158	35.5003	1.183	S
Robert Wood Johnson University Hospital at Rahway	2	9781	14.4572	0.138	L
Robert Wood Johnson University Hospital Hamilton	0	9466	14.0312	0	L
Robert Wood Johnson University Hospital Somerset	7	4245	8.0665	0.868	S
Saint Clare's Hospital	2	2489	3.695	0.541	S
Saint Clare's Hospital/Denville	4	5628	9.327	0.429	S
Saint Michael's Medical Center	2	5992	10.4781	0.191	L
Saint Peter's University Hospital	13	6205	12.8631	1.011	S
Shore Medical Center	3	7237	10.1715	0.295	L
Southern Ocean Medical Center	2	1882	3.764	0.531	S
St. Barnabas Medical Center	30	18830	37.4971	0.8	S
St. Francis Medical Center	2	3109	4.7331	0.423	S
St. Joseph's University Medical Center	43	18482	41.1235	1.046	S
St. Joseph's Wayne Medical Center	16	9032	18.0593	0.886	S
St. Luke's Warren Hospital	1	2682	4.1862	0.239	S
St. Mary's General Hospital	4	4527	6.0508	0.661	S
The Memorial Hospital of Salem County	0	1677	2.3406	0	S
The Valley Hospital	13	10110	16.7346	0.777	S
Trinitas Regional Medical Center	10	5057	6.0684	1.648	S
University Hospital	26	8636	28.0426	0.927	S
Virtua Memorial Hospital of Burlington County	10	12180	17.5352	0.57	S
Virtua-West Jersey Hospital-Marlton	3	10622	16.2832	0.184	L
Virtua-West Jersey Hospital-Voorhees	9	12847	17.5743	0.512	L
Statewide	680	539961	987.9625	0.688	L

Source: New Jersey Healthcare-Associated Infections for 2015 submitted through the National Healthcare Safety Network (NHSN).

a Expected (E)= # of infections predicted using risk-adjusted model fitted from the NHSN data from 2009 for CAUTI data. **Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.**

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

‡ Each hospital is compared to the National Ratio=1. The National Ratio is derived using the CDCs NHSN data from 2009 for CAUTI due to a definition change (AJIC, 2010).

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

Overall Surgical Site Infections (SSI) 2015

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)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City Campus	123	3	2.878	1.042	S
AtlantiCare Regional Medical Center-Mainland Campus	1677	14	14.027	0.998	S
Bayshore Medical Center	100	1	1.858	0.538	S
Bergen Regional Medical Center	11	0	0.28	---	---
Cape Regional Medical Center	220	6	2.854	2.102	S
Capital Health Medical Center - Hopewell	454	10	6.059	1.65	S
Capital Health System at Fuld	51	1	1.136	0.88	S
CarePoint Health-Bayonne Medical Center	71	3	1.683	1.782	S
CarePoint Health-Christ Hospital	114	0	1.596	0	S
CarePoint Health-Hoboken University MC	154	6	1.757	3.416	H
CentraState Medical Center	450	8	6.302	1.269	S
Chilton Medical Center	379	3	4.585	0.654	S
Clara Maass Medical Center	382	11	5.261	2.091	H
Community Medical Center	812	17	9.63	1.765	H
Cooper Hospital University Medical Center	1181	17	21.205	0.802	S
Deborah Heart and Lung Center	235	1	3.4	0.294	S
East Orange General Hospital	29	1	0.635	---	---
Englewood Hospital and Medical Center	666	9	8.604	1.046	S
Hackensack Meridian Health Pascack Valley	153	1	2.087	0.479	S
Hackensack UMC Mountainside	431	3	4.523	0.663	S
Hackensack University Medical Center	2341	11	27.246	0.404	L
Hackettstown Medical Center	115	2	1.161	1.723	S
Holy Name Medical Center	742	4	7.798	0.513	S
Hudson Regional Hospital	58	2	0.667	---	---
Hunterdon Medical Center	375	4	4.033	0.992	S
Inspira Medical Center Elmer	143	1	0.95	---	---
Inspira Medical Center Woodbury	352	5	5.425	0.922	S
Inspira Medical Centers, Inc.	540	7	7.561	0.926	S
JFK MC-Anthony M. Yelensics Community	491	4	5.963	0.671	S
Jefferson Cherry Hill Hospital	100	5	1.086	4.603	H
Jefferson Stratford Hospital	46	1	0.725	---	---
Jefferson Washington Township Hospital	788	9	8.519	1.056	S
Jersey City Medical Center	424	3	6.633	0.452	S
Jersey Shore University Medical Center	1247	19	18.535	1.025	S
Lourdes Medical Center of Burlington County	106	3	1.704	1.761	S
Monmouth Medical Center	715	6	9.109	0.659	S
Monmouth Medical Center Southern Campus	29	1	0.351	---	---
Morristown Medical Center	2927	13	34.841	0.373	L
Newark Beth Israel Medical Center	571	21	9.467	2.218	H
Newton Medical Center	256	2	3.877	0.516	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 2015. *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)[a]	SIR[b]	National Comparison‡
Ocean Medical Center	880	5	10.667	0.469	S
Our Lady of Lourdes Medical Center	685	6	7.871	0.762	S
Overlook Medical Center	1098	8	15.445	0.518	L
Palisades Medical Center	93	0	1.107	0	S
Penn Medicine Princeton Medical Center	861	5	8.866	0.564	S
Raritan Bay Medical Center-Old Bridge	76	1	1.313	0.762	S
Raritan Bay Medical Center-Perth Amboy	113	3	1.731	1.733	S
Riverview Medical Center	696	1	9.226	0.108	L
Robert Wood Johnson University Hospital	1299	18	20.496	0.878	S
Robert Wood Johnson University Hospital at Rahway	115	0	1.678	0	S
Robert Wood Johnson University Hospital Hamilton	508	2	5.477	0.365	S
Robert Wood Johnson University Hospital Somerset	368	2	4.903	0.408	S
Saint Clare's Hospital	44	0	0.812	---	---
Saint Clare's Hospital/Denville	341	1	6.264	0.16	L
Saint Michael's Medical Center	230	2	2.647	0.756	S
Saint Peter's University Hospital	599	6	8.266	0.726	S
Shore Medical Center	520	4	5.968	0.67	S
Southern Ocean Medical Center	155	0	1.884	0	S
St. Barnabas Medical Center	1540	17	19.982	0.851	S
St. Francis Medical Center	241	2	3.968	0.504	S
St. Joseph's University Medical Center	601	0	9.201	0	L
St. Joseph's Wayne Medical Center	128	2	1.367	1.463	S
St. Luke's Warren Hospital	142	2	1.934	1.034	S
St. Mary's General Hospital	171	2	2.228	0.898	S
The Memorial Hospital of Salem County	53	0	0.555	---	---
The Valley Hospital	983	11	10.967	1.003	S
Trinitas Regional Medical Center	317	2	4.721	0.424	S
University Hospital	255	12	6.332	1.895	H
Virtua Memorial Hospital of Burlington County	385	5	7.285	0.686	S
Virtua-West Jersey Hospital-Marlton	597	8	5.058	1.582	S
Virtua-West Jersey Hospital-Voorhees	2242	8	21.527	0.372	L
Statewide	36395	373	465.754	0.801	L

Source: New Jersey Healthcare-Associated Infections for 2015 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

Abdominal Hysterectomy Surgical Site Infections 2015

See footnotes at bottom of next page

Hospital Name	Procedure Count	Observed # of Abdominal Hysterectomy Infections (O)	Expected # of Abdominal Hysterectomy Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City Campus	31	1	0.252	---	---
AtlantiCare Regional Medical Center-Mainland Campus	85	1	0.629	---	---
Bayshore Medical Center	1	0	0.005	---	---
Cape Regional Medical Center	33	0	0.166	---	---
Capital Health Medical Center - Hopewell	101	1	0.827	---	---
Capital Health System at Fuld	4	0	0.072	---	---
CarePoint Health-Bayonne Medical Center	6	0	0.045	---	---
CarePoint Health-Christ Hospital	44	0	0.351	---	---
CarePoint Health-Hoboken University MC	60	1	0.463	---	---
CentraState Medical Center	93	0	0.683	---	---
Chilton Medical Center	5	0	0.065	---	---
Clara Maass Medical Center	53	1	0.396	---	---
Community Medical Center	247	0	1.265	0	S
Cooper Hospital University Medical Center	380	2	2.841	0.704	S
East Orange General Hospital	4	0	0.039	---	---
Englewood Hospital and Medical Center	84	2	0.542	---	---
Hackensack Meridian Health Pascack Valley	9	0	0.045	---	---
Hackensack UMC Mountainside	277	1	1.931	0.518	S
Hackensack University Medical Center	479	1	3.374	0.296	S
Hackettstown Medical Center	5	0	0.046	---	---
Holy Name Medical Center	255	2	1.645	1.216	S
Hudson Regional Medical Center	28	0	0.183	---	---
Hunterdon Medical Center	58	1	0.499	---	---
Inspira Medical Center Elmer	2	0	0.016	---	---
Inspira Medical Center Woodbury	65	2	0.579	---	---
Inspira Medical Centers, Inc.	201	1	2.002	0.499	S
JFK MC-Anthony M. Yelensics Community	146	1	0.891	---	---
Jefferson Cherry Hill Hospital	1	0	0.008	---	---
Jefferson Stratford Hospital	9	0	0.089	---	---
Jefferson Washington Township Hospital	126	1	1.138	0.879	S
Jersey City Medical Center	28	0	0.245	---	---
Jersey Shore University Medical Center	197	1	1.738	0.575	S
Lourdes Medical Center of Burlington County	0	0	0	---	---
Monmouth Medical Center	223	1	1.726	0.579	S
Morristown Medical Center	337	1	1.624	0.616	S
Newark Beth Israel Medical Center	202	5	2.486	2.011	S
Newton Medical Center	35	1	0.224	---	---
Ocean Medical Center	113	1	0.837	---	---
Our Lady of Lourdes Medical Center	46	0	0.376	---	---
Overlook Medical Center	223	1	1.519	0.658	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 2015. *NOTE: Ratios are not meant for hospital-to-hospital comparisons. Lower ratios are better and mean fewer abdominal hysterectomy SSIs.*

Hospital Name	Procedure Count	Observed # of Abdominal Hysterectomy Infections (O)	Expected # of Abdominal Hysterectomy Infections (E)[a]	SIR[b]	National Comparison‡
Palisades Medical Center	34	0	0.22	---	---
Penn Medicine Princeton Medical Center	153	0	1.33	0	S
Raritan Bay Medical Center-Perth Amboy	58	2	0.403	---	---
Riverview Medical Center	141	1	1.057	0.947	S
Robert Wood Johnson University Hospital	224	4	2.079	1.924	S
Robert Wood Johnson University Hospital Hamilton	18	0	0.107	---	---
Robert Wood Johnson University Hospital Somerset	70	0	0.456	---	---
Saint Clare's Hospital/Denville	34	0	0.207	---	---
Saint Michael's Medical Center	75	0	0.514	---	---
Saint Peter's University Hospital	262	1	2.451	0.408	S
Shore Medical Center	42	1	0.284	---	---
Southern Ocean Medical Center	15	0	0.091	---	---
St. Barnabas Medical Center	656	6	3.092	1.94	S
St. Joseph's University Medical Center	95	0	0.525	---	---
St. Joseph's Wayne Medical Center	16	0	0.115	---	---
St. Luke's Warren Hospital	13	0	0.108	---	---
St. Mary's General Hospital	56	0	0.312	---	---
The Memorial Hospital of Salem County	22	0	0.146	---	---
The Valley Hospital	113	1	0.66	---	---
Trinitas Regional Medical Center	176	2	1.639	1.22	S
University Hospital	81	0	1.042	0	S
Virtua Memorial Hospital of Burlington County	168	3	1.641	1.829	S
Virtua-West Jersey Hospital-Marlton	2	0	0.037	---	---
Virtua-West Jersey Hospital-Voorhees	382	1	3.678	0.272	S
Statewide	7202	52	54.055	0.962	S

** No Abdominal Hysterectomy procedures performed in 2015 for Bergen Regional, Deborah, Monmouth Southern Campus, St. Clare's Dover, St. Francis, Raritan Bay Old Bridge, RWJ Rahway*

Source: New Jersey Healthcare-Associated Infections for 2015 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

Knee Arthroplasty Surgical Site Infections 2015

See footnotes at bottom of next page

Hospital Name	Procedure Count	Observed # of Knee Arthroplasty Infections (O)	Expected # of Knee Arthroplasty Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-Mainland Campus	1353	5	9.159	0.546	S
Bayshore Medical Center	50	0	0.255	---	---
Bergen Regional Medical Center	2	0	0.028	---	---
Cape Regional Medical Center	102	1	0.43	---	---
Capital Health Medical Center - Hopewell	252	2	1.874	1.067	S
Capital Health System at Fuld	17	0	0.201	---	---
CarePoint Health-Bayonne Medical Center	12	1	0.146	---	---
CarePoint Health-Christ Hospital	26	0	0.192	---	---
CarePoint Health-Hoboken University MC	67	4	0.673	---	---
CentraState Medical Center	200	0	1.177	0	S
Chilton Medical Center	287	0	1.703	0	S
Clara Maass Medical Center	191	0	1.411	0	S
Community Medical Center	350	3	2.366	1.268	S
Cooper Hospital University Medical Center	200	2	1.681	1.19	S
East Orange General Hospital	11	0	0.102	---	---
Englewood Hospital and Medical Center	192	0	1.081	0	S
Hackensack Meridian Health Pascack Valley	92	0	0.459	---	---
Hackensack UMC Mountainside	83	1	0.681	---	---
Hackensack University Medical Center	1267	6	8.601	0.698	S
Hackettstown Medical Center	74	0	0.299	---	---
Holy Name Medical Center	369	0	3.056	0	L
Hudson Regional Hospital	18	0	0.123	---	---
Hunterdon Medical Center	231	0	1.545	0	S
Inspira Medical Center Elmer	129	0	0.58	---	---
Inspira Medical Center Woodbury	164	2	1.228	1.629	S
Inspira Medical Centers, Inc.	216	2	1.983	1.009	S
JFK MC-Anthony M. Yelensics Community	217	2	1.574	1.271	S
Jefferson Cherry Hill Hospital	73	2	0.472	---	---
Jefferson Stratford Hospital	15	0	0.149	---	---
Jefferson Washington Township Hospital	498	4	2.995	1.336	S
Jersey City Medical Center	131	0	1.273	0	S
Jersey Shore University Medical Center	288	2	2.355	0.849	S
Lourdes Medical Center of Burlington County	54	0	0.289	---	---
Monmouth Medical Center	351	0	3.325	0	L
Monmouth Medical Center Southern Campus	17	1	0.095	---	---
Morristown Medical Center	1283	3	7.222	0.415	S
Newark Beth Israel Medical Center	63	1	0.411	---	---
Newton Medical Center	128	0	0.616	---	---
Ocean Medical Center	524	1	3.452	0.29	S
Our Lady of Lourdes Medical Center	31	0	0.227	---	---

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 abdominal hysterectomy SSIs.*

Hospital Name	Procedure Count	Observed # of Knee Arthroplasty Infections (O)	Expected # of Knee Arthroplasty Infections (E)[a]	SIR[b]	National Comparison‡
Overlook Medical Center	503	1	3.016	0.332	S
Palisades Medical Center	31	0	0.188	---	---
Penn Medicine Princeton Medical Center	568	1	3.712	0.269	S
Raritan Bay Medical Center-Old Bridge	40	0	0.231	---	---
Raritan Bay Medical Center-Perth Amboy	13	0	0.125	---	---
Riverview Medical Center	391	0	2.637	0	S
Robert Wood Johnson University Hospital	304	1	2.114	0.473	S
Robert Wood Johnson University Hospital at Rahway	66	0	0.378	---	---
Robert Wood Johnson University Hospital Hamilton	385	0	2.08	0	S
Robert Wood Johnson University Hospital Somerset	195	1	1.313	0.761	S
Saint Clare's Hospital	18	0	0.109	---	---
Saint Clare's Hospital/Denville	182	0	1.16	0	S
Saint Michael's Medical Center	26	0	0.228	---	---
Saint Peter's University Hospital	194	2	1.257	1.591	S
Shore Medical Center	352	0	1.834	0	S
Southern Ocean Medical Center	81	0	0.4	---	---
St. Barnabas Medical Center	275	1	1.951	0.513	S
St. Francis Medical Center	39	0	0.289	---	---
St. Joseph's University Medical Center	141	0	0.993	---	---
St. Joseph's Wayne Medical Center	68	0	0.36	---	---
St. Luke's Warren Hospital	70	1	0.39	---	---
St. Mary's General Hospital	18	1	0.104	---	---
The Memorial Hospital of Salem County	21	0	0.139	---	---
The Valley Hospital	470	0	2.393	0	S
Trinitas Regional Medical Center	60	0	0.62	---	---
University Hospital	39	1	0.496	---	---
Virtua Memorial Hospital of Burlington County	79	0	0.502	---	---
Virtua-West Jersey Hospital-Marlton	516	5	2.589	1.931	S
Virtua-West Jersey Hospital-Voorhees	1527	4	6.827	0.586	S
Statewide	16300	64	103.918	0.616	L

**No Knee Arthroplasty procedures performed in 2015 for Atlanticare Regional Medical Center-City and Deborah*

Source: New Jersey Healthcare-Associated Infections for 2015 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

Colon Surgical Site Infections 2015

See footnotes at bottom of next page

Hospital Name	Procedure Count	Observed # of Colon Surgical Site Infections (O)	Expected # of Colon Surgical Site Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City Campus	92	2	2.626	0.762	S
AtlantiCare Regional Medical Center-Mainland Campus	72	3	1.824	1.645	S
Bayshore Medical Center	49	1	1.597	0.626	S
Bergen Regional Medical Center	9	0	0.252	---	---
Cape Regional Medical Center	85	5	2.259	2.213	S
Capital Health Medical Center - Hopewell	101	7	3.358	2.085	S
Capital Health System at Fuld	30	1	0.864	---	---
CarePoint Health-Bayonne Medical Center	53	2	1.493	1.34	S
CarePoint Health-Christ Hospital	44	0	1.053	0	S
CarePoint Health-Hoboken University MC	27	1	0.621	---	---
CentraState Medical Center	157	8	4.442	1.801	S
Chilton Medical Center	87	3	2.817	1.065	S
Clara Maass Medical Center	138	10	3.453	2.896	H
Community Medical Center	215	14	5.999	2.334	H
Cooper Hospital University Medical Center	376	12	14.339	0.837	S
East Orange General Hospital	14	1	0.494	---	---
Englewood Hospital and Medical Center	190	4	4.361	0.917	S
Hackensack Meridian Health Pascack Valley	52	1	1.584	0.631	S
Hackensack UMC Mountainside	71	1	1.91	0.523	S
Hackensack University Medical Center	302	2	10.468	0.191	L
Hackettstown Medical Center	36	2	0.816	---	---
Holy Name Medical Center	118	2	3.098	0.646	S
Hudson Regional Hospital	12	2	0.36	---	---
Hunterdon Medical Center	86	3	1.989	1.508	S
Inspira Medical Center Elmer	12	1	0.354	---	---
Inspira Medical Center Woodbury	123	1	3.618	0.276	S
Inspira Medical Centers, Inc.	123	4	3.576	1.119	S
JFK MC-Anthony M. Yelensics Community	128	1	3.499	0.286	S
Jefferson Cherry Hill Hospital	26	3	0.606	---	---
Jefferson Stratford Hospital	22	1	0.487	---	---
Jefferson Washington Township Hospital	164	4	4.387	0.912	S
Jersey City Medical Center	113	2	3.358	0.596	S
Jersey Shore University Medical Center	259	8	7.909	1.012	S
Lourdes Medical Center of Burlington County	52	3	1.415	2.12	S
Monmouth Medical Center	141	5	4.058	1.232	S
Monmouth Medical Center Southern Campus	12	0	0.256	---	---
Morristown Medical Center	527	5	17.785	0.281	L
Newark Beth Israel Medical Center	78	7	2.921	2.397	H
Newton Medical Center	93	1	3.037	0.329	S
Ocean Medical Center	243	3	6.378	0.47	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 2015. *NOTE: Ratios are not meant for hospital-to-hospital comparisons. Lower ratios are better and mean fewer abdominal hysterectomy SSIs.*

Hospital Name	Procedure Count	Observed # of Colon Surgical Site Infections (O)	Expected # of Colon Surgical Site Infections (E)[a]	SIR[b]	National Comparison‡
Our Lady of Lourdes Medical Center	72	1	1.908	0.524	S
Overlook Medical Center	372	6	10.909	0.55	S
Palisades Medical Center	28	0	0.699	---	---
Penn Medicine Princeton Medical Center	140	4	3.824	1.046	S
Raritan Bay Medical Center-Old Bridge	36	1	1.082	0.924	S
Raritan Bay Medical Center-Perth Amboy	42	1	1.204	0.831	S
Riverview Medical Center	164	0	5.532	0	L
Robert Wood Johnson University Hospital	250	11	9.818	1.12	S
Robert Wood Johnson University Hospital at Rahway	49	0	1.3	0	S
Robert Wood Johnson University Hospital Hamilton	105	2	3.29	0.608	S
Robert Wood Johnson University Hospital Somerset	103	1	3.134	0.319	S
Saint Clare's Hospital	26	0	0.702	---	---
Saint Clare's Hospital/Denville	125	1	4.897	0.204	S
Saint Michael's Medical Center	22	2	0.531	---	---
Saint Peter's University Hospital	143	3	4.558	0.658	S
Shore Medical Center	126	3	3.85	0.779	S
Southern Ocean Medical Center	59	0	1.393	0	S
St. Barnabas Medical Center	389	6	12.449	0.482	S
St. Francis Medical Center	30	1	0.812	---	---
St. Joseph's University Medical Center	130	0	4.895	0	L
St. Joseph's Wayne Medical Center	44	2	0.892	---	---
St. Luke's Warren Hospital	59	1	1.436	0.696	S
St. Mary's General Hospital	46	0	1.176	0	S
The Memorial Hospital of Salem County	10	0	0.27	---	---
The Valley Hospital	203	8	5.897	1.357	S
Trinitas Regional Medical Center	81	0	2.462	0	S
University Hospital	109	8	4.462	1.793	S
Virtua Memorial Hospital of Burlington County	138	2	5.143	0.389	S
Virtua-West Jersey Hospital-Marlton	79	3	2.432	1.234	S
Virtua-West Jersey Hospital-Voorhees	333	3	11.022	0.272	L
Statewide	8045	206	247.696	0.832	L

** No COLOs performed at Deborah in 2015*

Source: New Jersey Healthcare-Associated Infections for 2015 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

Coronary Artery Bypass Graft (CABG) Surgical Site Infections 2015

The Standardized Infection Ratio (SIR) is a summary of the observed (O) or actual number of infections divided by the number of expected (E) events. The SIR allows hospitals to be compared nationally. The National Comparison shows how well each hospital is doing compared to the national experience, a composite of all the general acute care hospitals in the United States. Data is from 2015.

Only 18 of the 71 acute care hospitals are licensed as Open Heart Surgery hospitals and are able to perform CABG surgery.

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

Hospital Name	Number of Procedures	Observed # of CABG Infections (O)	Expected # of CABG Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-Mainland Campus	167	5	2.415	2.07	S
Cooper Hospital University Medical Center	225	1	2.344	0.427	S
Deborah Heart and Lung Center	235	1	3.4	0.294	S
Englewood Hospital and Medical Center	200	3	2.619	1.145	S
Hackensack University Medical Center	293	2	4.803	0.416	S
Jersey City Medical Center	152	1	1.758	0.569	S
Jersey Shore University Medical Center	503	8	6.534	1.224	S
Morristown Medical Center	780	4	8.21	0.487	S
Newark Beth Israel Medical Center	229	8	3.662	2.185	H
Our Lady of Lourdes Medical Center	536	5	5.36	0.933	S
Robert Wood Johnson University Hospital	521	2	6.485	0.308	S
Robert Wood Johnson University Hospital Somerset	220	4	2.491	1.606	S
Saint Michael's Medical Center	107	0	1.374	0	S
St. Francis Medical Center	172	1	2.868	0.349	S
St. Joseph's Regional Medical Center	235	0	2.789	0	S
St. Mary's General Hospital	51	1	0.636	---	---
The Valley Hospital	197	2	2.017	0.991	S
University Hospital	26	3	0.333	---	---
Statewide	4849	51	60.097	0.849	S

Source: New Jersey Healthcare-Associated Infections for 2015 submitted through the National Healthcare Safety Network (NHSN).

a Expected (E)= # of infections predicted using the model fitted from the NHSN data from 2006-2008. This data set will serve as the baseline/benchmark for future reports.
Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

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

Trends in HAI SIRs, 2009-2015

New Jersey hospitals have made progress in reducing HAIs since the Department began publicly reporting HAIs in 2010.

The following measures have seen a decrease in their infection ratios since the first public report:

- CLABSIs decreased by 14% from 2009 to 2015.
- CAUTIs decreased by 45% from 2010 to 2015 which is statistically significant.
- The infection ratio following abdominal hysterectomy procedures decreased by 26% from 2009 to 2015.
- The infection ratio following knee arthroplasty procedures decreased by 53% from 2010 to 2015 which is statistically significant.

HAI Measure

Year	CLABSI	CAUTI	CABG	HYST	KPRO	COLO	Overall SSIs
2009	0.73	--	0.80	1.21	--	--	0.98
2010	0.80	1.00	0.97	0.88	0.95	--	0.94
2011	0.73	0.97	0.92	0.67	1.12	--	0.93
2012	0.71	0.91	0.84	1.03	0.86	0.63	0.76
2013	0.61	1.11	0.89	0.83	0.61	0.85	0.81
2014	0.57	1.25	0.9	1.04	0.57	0.78	0.78
2015	0.64	0.69	0.85	0.96	0.62	0.83	0.80

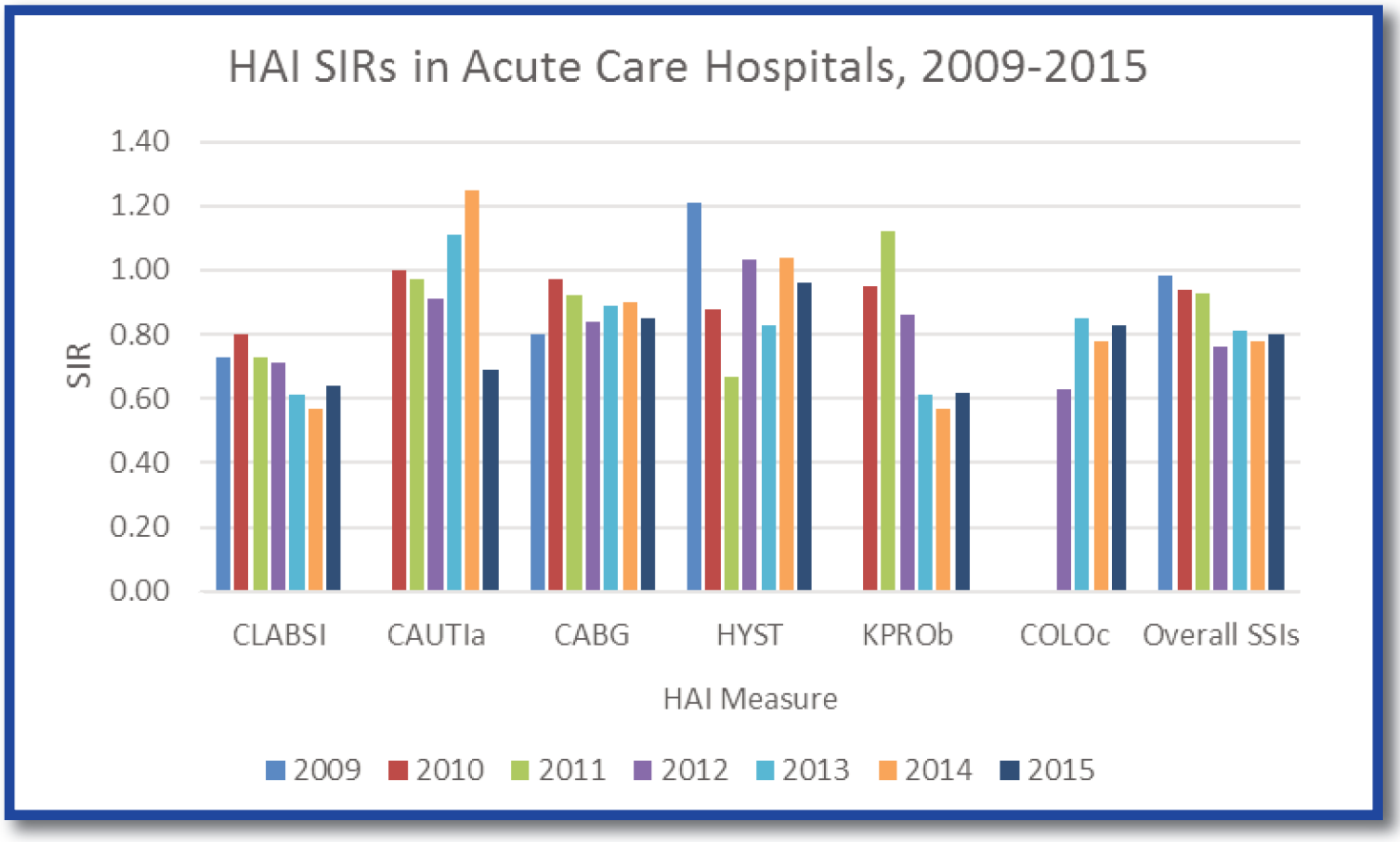
Notes:

a CAUTI surveillance began in 2010

b KPRO surveillance began in 2010

c COLO surveillance began in 2012

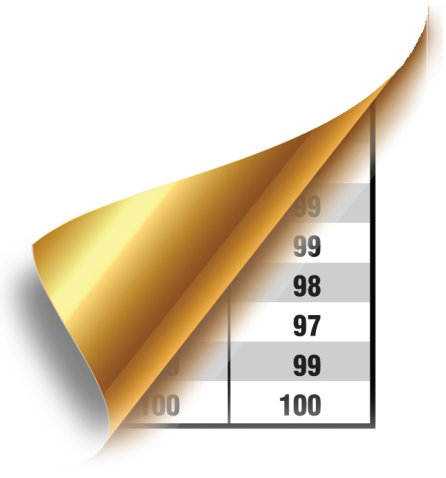
Continued


HAI SIRs in Acute Care Hospitals, 2009-2015
1.40
1.20
1.00
0.80
0.60
0.40
0.20
0.00
SIR
CLABSI
CAUTIa
CABG
HYST
KPROb
COLOc
Overall SSIs
HAI Measure
2009
2010
2011
2012
2013
2014
2015

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

Remember the days when simple infections were often fatal because there were no antibiotics to treat the infection? We may be soon be returning to those days if antibiotics no longer work. Antibiotics, which are drugs used to treat infections caused by bacteria, are the most important tool we have to combat life-threatening bacterial diseases. Unfortunately, overuse of antibiotics has increased the growth of drug-resistant germs, making many antibiotics ineffective. Antibiotic resistance happens when bacteria don't respond to the drugs that are made to kill them. 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.

Today, according to the CDC, ***antibiotic resistance causes over 2 million illnesses and 23,000 deaths every year in the U.S.*** (https://www.cdc.gov/drugresistance/index.html).

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 are:

- **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):** 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 Gonorrhea:** causes gonorrhea and is showing resistance to antibiotics used to treat it. About one third of the 820,000 gonorrhea infections are resistant to antibiotics. If these resistant bacteria spread, the disease will soon be untreatable.
- **Extended-spectrum B-Lactamase-producing Enterobacteriaceae (ESBL):** are one step away from becoming CRE and are resistant to nearly all antibiotics.
- **MDR Salmonella:** causes about 100,000 illnesses in the US each year; resistant infections are more severe.
- **Methicillin-resistant Staphylococcus aureus (MRSA):** causes skin and wound infections, pneumonia, and bloodstream infections.
- **MDR Pseudomonas:** causes healthcare-associated pneumonia and blood stream infections; some strains are resistant to nearly all antibiotics.

See pages 24-44 on the other types of **Healthcare-Associated Infections (HAIs).**

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.

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.
- **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 54.*)

Continued

Taking an Active Role in Your Healthcare

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

Manage Your Medications Safely

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

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

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

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

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

Don't overuse your medications or share with others (*See pages 46-47,* **Using Too Many Antibiotics Can Be Bad for your Health.**)

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

- **Make a list** and share it with your doctor at least once a year, 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.

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

Ask your doctor to explain all of your 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.

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 54).*

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

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

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

Find out which hospital staff will develop your care plan.

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

Understand the treatment plan you will use at home.

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

Take Charge

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

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

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

Keep a written record of your health history in one place. Gather your medical records from your doctor(s) office into your own file. You can 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, or a Health Proxy, a legal document that describes how you want to be treated in case you are incapacitated or near death.

Discuss your wishes for end-of-life treatment with your primary health professional and loved ones. See Physician Orders for Life Sustaining Treatment (POLST) at **http://www.polst.org/about-the-national-polst-paradigm/** for national information and **http://www.njha.com/quality-patient-safety/advanced-care-planning/polst/** for New Jersey specific information.

Learn your rights and responsibilities when in the hospital.

See **Hospital Patients... Know Your Rights** *on pages 58-59.*

Continued

Patient Safety Tips for Surgery

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Don't be afraid to ask your surgeon to mark the site on your skin to be operated on the day of surgery. Request that the surgeon 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)

Most 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 can I do to help prevent an SSI?

- **Make sure** those caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.
- **Always** clean your hands before and after caring for your wound.
- **Family and friends** who visit you should not touch the surgical wound or dressings.
- **Visitors** should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.
- **If you have any symptoms of an infection,** such as redness and pain at the surgery site, drainage or fever, call your doctor immediately.
- **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 page 50.*

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

Continued

Preventing Central Line-Associated Bloodstream Infections

A **Central Line-Associated Bloodstream Infection (CLABSI)** is serious but often can be successfully treated with antibiotics. The "central line" 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:

What do nurses and doctors do to prevent CLABSI?

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

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

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

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

What causes CAUTI?

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

What are the symptoms of a urinary tract infection?

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

Can CAUTI be treated?

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

How can I help prevent CAUTI?

- **Ask** your healthcare provider to clean the area where the catheter is to be inserted before its insertion.
- **Make sure** your healthcare provider removes any temporary catheters used to drain the urine right away. This temporary catheter is called intermittent urethral catheterization.
- **Avoid** twisting, kinking or disconnecting the catheter and the drain tube. Doing so could expose the tube to germs.
- **Keep** the bag lower than the bladder to prevent the urine from flowing back into the bladder.
- **Make sure** the bag is emptied regularly. When this is done, the drainage spout should not touch anything.
- **Ask** your provider *every day* if you still need the catheter. Catheters are inserted only when necessary and should be removed as soon as possible.

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

Continued

Handwashing Helps Prevent Infections

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

What is the right way to wash your hands?

- **Wet your hands** with clean, running water. It can be warm or cold. Apply soap, enough to lather.
- **Rub your hands together** to form a lather; scrub the backs of your hands, between your fingers, under your nails as well as the palms of your hands.
- **Rub your hands** for at least 20 seconds. If you don't have a timer, sing the "happy birthday to you" song twice from beginning to end.
- **Rinse your hands** well under running water.
- **Dry your hands** with a clean towel or air dry them.

When should you wash your hands?

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

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

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

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

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

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 (866) 275-2267 or visit their website at **https://www.abms.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.**
- Ask about the doctor's office hours, back-up coverage to handle emergencies and how quickly you can make an appointment by calling the doctor's office staff.
- Make sure that you like your doctor and are at ease talking to him/her. If you do not like your doctor or do not trust him/her, you will not be able to discuss your health issues comfortably and communicate freely. This also means that you should be able to ask questions and clarify anything you do not understand.

For more tips, check out the Agency for Health Care Quality and Research (AHRQ's) website, **https://www.ahrq.gov/questions.**

Choose a Doctor Carefully

- Ask your insurer for a list of physicians in its network. Some insurers will not reimburse you for visits to doctors outside their network, and others may partially reimburse you.
- Ask friends, family, co-workers and neighbors for recommendations.
- Call the doctor referral service at a hospital of your choice and ask them for a list of physicians within the specialized area you are seeking. Keep in mind that they will only provide a list of doctors on their staff and will not make any recommendations.
- 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://apps.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.
- **Physician and Other Health Care Professional Directory: https://www.medicare.gov/physiciancompare/** 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.
- **Healthfinder.gov:** lists several websites to find different types of doctors as well as other health care providers, hospitals and facilities in the U.S. **https://healthfinder.gov/FindServices/**

Continued

Health Information & Referral

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

Health Care Conditions

Asthma Care

- **Asthma Statistics to Asthma Statistics in New Jersey (DOH):** The prevalence and treatment of asthma in New Jersey. https://www.nj.gov/health/fhs/chronic/asthma/
- **Asthma Resources (DOH):** several NJ state programs for asthma patients unable to afford medication or treatment: https://www.nj.gov/health/fhs/chronic/asthma/resources/
- **Pediatric and Adult Asthma Programs (PACNJ):** Asthma programs and services in NJ. (908) 685-8040 ext. 320 (American Lung Association of NJ) or pacnj.org
- **Resources on Allergy, Asthma, and Immunology (AAAAI):** Asthma and allergy related information. (414) 272-6071 or https://www.aaaai.org

Cancer Care

- **Cancer Control and Prevention (DOH):** Various types of cancer resources by NJ county. https://www.nj.gov/health/ces/public/resources/occp.shtml
- **Cancer Initiatives (DOH):** State and federal resources, research, data, treatment and prevention. https://www.nj.gov/health/cancer
- **Cancer Resources (ACS):** Comprehensive information on cancer. (800) 227-2345 or https://www.cancer.org

Cardiac Care

- **Cardiac Surgery in New Jersey (DOH):** Coronary artery bypass graft surgery (CABG) death rates for NJ hospitals and physicians. https://www.state.nj.us/health/healthcarequality/documents/cardconsumer16.pdf
- **Heart Health (AHA):** A wide range of cardiovascular and stroke topics. (800) 242-8721 or https://www.heart.org
- **Healthy Lungs (ALA):** Fighting and preventing lung disease, such as asthma, smoking, environmental health, and research. (800) 548-8252 or www.lungusa.org

Diabetes Care

- **Diabetes Information (ADA):** Information on diabetes. (800) 342-2383 or www.diabetes.org
- **Diabetes Prevention and Control (DOH):** Diabetes resources, information, NJ data, and treatment. (609) 984-6137 or https://www.nj.gov/health/fhs/chronic/diabetes/
- **Diabetes (CDC):** From the basics to research, statistics, and educational publications. https://www.cdc.gov/diabetes/home

Heath Issues, Facts and Conditions

- **Diagnosis/Treatment of Diseases (ACS, ADA, AHA, AACR):** Current research on diagnosis and treatment of specific diseases. www.PatientInform.com
- **Health Conditions (CDC):** Disease prevention and control, environmental health, and health promotion. https://www.cdc.gov
- **New Jersey State Health Assessment Data (DOH):** Statistics on selected NJ health topics. https://www26.state.nj.us/doh-shad/home/Welcome.html
- **Health Issues (NLM, NIH):** Various conditions, health news, clinical trials, medicines, encyclopedias and medical dictionary. https://www.medlineplus.gov

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/MyMedicare.gov (CMS):** Health and drug plan options; benefits, enrollment, eligibility and preventive health. (800) Medicare or https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf
- **Medicare Preventive Services (CMS):** Preventive tips and services for Medicare recipients. (800) Medicare or https://www.medicare.gov/medicare-and-you/medicare-and-you.html
- **Medicines and You: A Guide for Older Adults (FDA):** Know your medicines to avoid problems. https://www.fda.gov/Drugs/ResourcesForYou/ucm163959.htm
- **NIHSeniorHealth.gov (NIA, NLM, NIH):** Up-to-date health and wellness information. https://www.nihseniorHealth.gov
- **Talking With Your Doctor: A Guide for Older People (NIA):** 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

Preventive Care and General Health Information

- **Healthy for Good: (AHA):** Eat smart. Add color. Move more. Be well. https://www.healthyforgood.heart.org
- **Healthfinder.gov:** Health information from the federal government and other resources. https://www.healthfinder.gov
- **Hospital and Consumer Information (Joint Commission):** Find accredited hospitals, hospitals that treat specific diseases and learn how to find reliable health information on the internet. https://www.JointCommission.org/general_public.aspx
- **NJ HMO Performance Report (DOBI):** Performance comparisons of NJ's managed care plans and consumer ratings. https://www.state.nj.us/dobi/lifehealthactuarial/hmo2015/index.html
- **NJ Prescription Drug Retail Price Registry (LPSCA):** Compare pharmacy retail prices for the most common drugs. 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

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

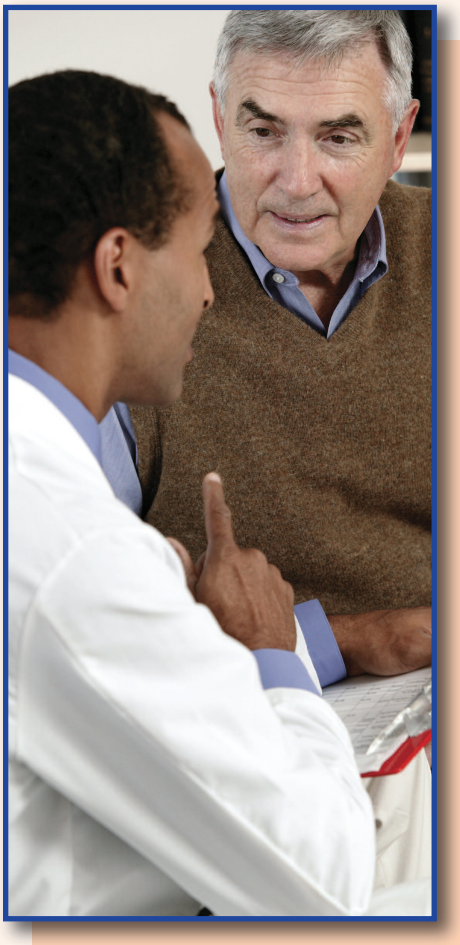
NLM: National Library of Medicine

PACNJ: Pediatric/Asthma Coalition of NJ

Continued

Hospital Patients . . . Know Your Rights

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



Medical Care

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

Transfers

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

Communication and Information

- Be treated with courtesy, consideration and respect for your dignity and individuality.
- Know the names and functions of all physicians and other health care professionals directly caring for you.
- 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.

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 63 for details.*

Continued

Avoid Being Readmitted to the Hospital

Many 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 Dr. Eric Coleman's ***Care Transition Program*** at https://caretransitions.org/leaving-the-hospital-what-you-must-know; and the Agency for Healthcare Research and Quality (AHRQ's) ***Taking Care of Myself: A Guide for When I Leave the Hospital*** at https://www.ahrq.gov/patients-consumers/diagnosis-treatment/hospitals-clinics/goinghome/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, refer to The Care Transitions Program's Personal Health Record at **https://caretransitions.org/your-personal-health-record/**. You can also find a similar form in **AHRQ's Taking Care of Myself: A Guide for When I Leave the Hospital** at **https://www.ahrq.gov/patients-consumers/diagnosis-treatment/hospitals-clinics/goinghome/index.html.**

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.

Continued

Hospital Quality Oversight

In 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 over 30 New Jersey health care facilities and services.

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 **www.nj.gov/health/healthfacilities**.

Inspections:

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

Enforcement:

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

Complaints:

The Department investigates complaints received from consumers and other state and federal agencies.

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 can be found on pages 10-21 of this report.

  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:

Treated You:	**Write...**	New Jersey Department of Health Division of Health Facilities Field and Operations Assessment and Survey Program PO Box 367, Trenton, NJ 08625-0367
	Visit...	https://www.state.nj.us/health/healthfacilities/file_complaint.shtml
	Call...	**(800) 792-9770 and (800) Medicare if also covered by Medicare**
Handled Your Application for Charity Care:	**Write...**	New Jersey Department of Health New Jersey Hospital Care Payment Assistance Program PO Box 360, Trenton, NJ 08625-0360
	Visit...	https://www.nj.gov/health/charitycare/index.shtml (Spanish and English)
	Email...	**Charity.Care@doh.nj.gov**
	Call...	**(866) 588-5696** (Spanish and English)
Billed You and You Are Covered By a New Jersey Managed Care Plan (HMOs and PPOs):	**Write...**	Department of Banking and Insurance, Office of Managed Care, Consumer Protection Services, PO Box 329 Trenton, NJ 08625-0329
	Visit...	https://www.nj.gov/dobi/mcfaqs.htm
	Call...	**(888) 393-1062**
Billed You and You are Covered by a New Jersey Insurance Plan other than Managed Care	**Visit...**	https://www.state.nj.us/dobi/consumer.htm#insurance
	Call...	**(609) 292-7272 or (800)-446-7467**
Billed You and You Are Enrolled in Medicare:	**Visit...**	Medicare Program at https://www.medicare.gov/claims-and-appeals/file-a-complaint/health-or-drug-plan/complaints-about-plans.html
	Call...	**(800) MEDICARE**

About a New Jersey Physician, Physician Assistant or a Certified Nurse Midwife:

Write...	New Jersey Board of Medical Examiners PO Box 183, Trenton, NJ 08625-0183
Email...	**bme@dca.lps.state.nj.us**
Visit...	https://www.njconsumeraffairs.gov/Pages/File-a-Complaint-old.aspx
Call...	**(609) 826-7100**

About a New Jersey Nurse or a Certified Home Health Aide:

Write...	New Jersey Board of Nursing 124 Halsey Street, Newark 07102 or PO Box 45010, Newark, NJ 07101
Visit...	https://www.njconsumeraffairs.gov/ComplaintsForms/New-Jersey-Board-of-Nursing-Complaint-Form.pdf
Call...	**(973) 504-6430**

Quality Improvement Advisory Committee (QIAC)

QIAC advises for the New Jersey Department of Health (DOH) on the development of uniform, reliable, standardized, and comparable measures on New Jersey health care facilities to enhance patient outcomes, patient satisfaction, and other health indicators that it recommends.

Aline M. Holmes, RN, APNC, MSN
Chair
New Jersey Hospital Association

Maureen Bueno, RN, PhD
Atlantic Health System

Joan Brennan, DNP, RN, CPPS
AtlantiCare

Joshua Bershad, MD, MBA
RWJ University Hospital

Robert Brenner, MD, MMM
Valley Health System

Joel Cantor, ScD
Center for State Health Policy
Rutgers University

Lawrence Downs, Esq.
Medical Society of New Jersey

Bernie Gerard, Jr.
Health Professionals and
Allied Employees

Suzanne Ianni
Hospital Alliance of NJ

Drew A Harris, MD
AARP

Mary Law
AtlantiCare Regional
Medical Center

Maureen McKee
NJ Council of Teaching Hospitals

Andrew Miller
Healthcare Quality Strategies, Inc.

Michael Mutter
Valley Health System

Barbara Niedz, PhD
APS Healthcare

Kevin J. O'Brien
Strategic Business Alternatives,
LLC

Anthony J. Passannante, Jr., MD, FACC
Saint Peter's Healthcare System

David Pointer
NJ Public Employees
State Health Benefits Program

Valerie Reels
Hackensack University Medical
Center

Joseph H. Reichman, MD
Riverview Medical Center

Wardell Sanders
NJ Association of Health Plans

Linda Schwimmer
NJ Health Care Quality Institute

Karen Thompson
Raritan Valley Surgery Center

Larry Trenk
NJ Association of
Ambulatory Centers

Tom Westover, MD
Cooper Hospital/
University Medical Center

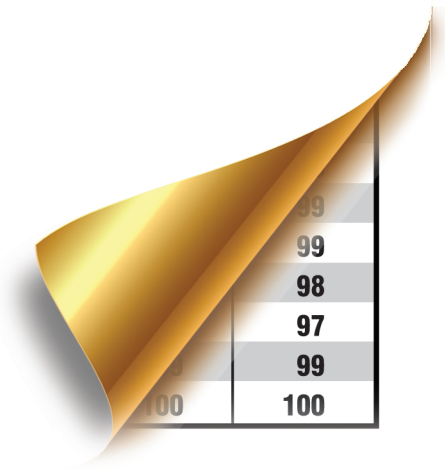
DOH Staff

Abate Mammo
Executive 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

AtlantiCare Regional Medical Center–Mainland Campus
Jimmie Leeds Road
Pomona, NJ 08240
(609) 652-1000
www.atlanticare.org

Bayshore Medical Center
727 North Beers Street
Holmdel, NJ 07733
(732) 739-5900
www.bchs.com

Bergen Regional Medical Center
230 E. Ridgewood Avenue
Paramus, NJ 07652
(201) 967-4000
www.bergenregional.com

Cape Regional Medical Center, Inc.
Two Stone Harbor Boulevard
Cape May Court House, NJ 08210
(609) 463-2000
www.caperegional.com

Capital Health Medical Center-Hopewell
One Capital Way
Pennington, NJ 08534
(609) 303-4000
www.capitalhealth.org

Capital Health System at Fuld
750 Brunswick Avenue
Trenton, NJ 08638
609-394-6000
www.capitalhealth.org

CarePoint Health-Bayonne Medical Center *(formerly Bayonne Medical Center)*
29th Street & Avenue E
Bayonne, NJ 07002
(201) 858-5000
https://www.carepointhealth.org/

CarePoint Health-Christ Hospital
(formerly Christ Hospital)
176 Palisade Avenue
Jersey City, NJ 07306
(201) 795-8200
http://www.carepointhealth.org/

CarePoint Health-Hoboken University Medical Center *(formerly 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

Chilton Medical Center
97 West Parkway
Pompton Plains, NJ 07444
(973) 831-5000
http://www.chiltonhealth.org/ or
http://www.atlantichealth.org/chilton/

Clara Maass Medical Center
One Clara Maass Drive
Belleville, NJ 07109
(973) 450-2000
http://www.barnabashealth.org/Clara-Maass-Medical-Center.aspx

Community Medical Center
99 Route 37 West
Toms River, NJ 08755
(732) 557-8000
http://www.barnabashealth.org/Community-Medical-Center.aspx

Cooper Hospital University Medical Center
One Cooper Plaza
Camden, NJ 08103
(856) 342-2000
www.cooperhealth.org

Deborah Heart and Lung Center
200 Trenton Road
Browns Mills, NJ 08015
(609) 893-6611
www.deborah.org

East Orange General Hospital
300 Central Avenue
East Orange, NJ 07018
(973) 672-8400
www.evh.org

Englewood Hospital and Medical Center
350 Engle Street
Englewood, NJ 07631
(201) 894-3000
www.englewoodhospital.com

Hackensack Meridian Health Pascack Valley Medical Center *(formerly Hackensack-UMC at Pascack Valley)*
250 Old Hook Rd,
Westwood, NJ 07675
201-383-1074
http://www.hackensackumcpv.org/

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

Hackensack–UMC Mountainside
(formerly Mountainside Hospital)
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
www.hch.org or
https://www.atlantichealth.org/hackettstown.html

Holy Name Medical Center
718 Teaneck Road
Teaneck, NJ 07666
(201) 833-3000
www.holyname.org

Hudson Regional Hospital
(formerly Meadowlands Hospital Medical Center)
55 Meadowlands Parkway
Secaucus, NJ 07096
(201) 392-3100
https://www.meadowlandshospital.org/

Hunterdon Medical Center
2100 Wescott Drive
Flemington, NJ 08822
(908) 788-6100
www.hunterdonhealthcare.org

Inspira Medical Centers, Inc
(formerly South Jersey Healthcare Regional Medical Center)
1505 West Sherman Avenue
Vineland, NJ 08360
(856) 641-8000
http://www.inspirahealthnetwork.org/

Inspira Medical Center Elmer
(formerly South Jersey Hospital–Elmer)
501 West Front Street
Elmer, NJ 08318
(856) 363-1000
http://www.inspirahealthnetwork.org/

Inspira Medical Center Woodbury
(formerly Underwood–Memorial Hospital)
509 N. Broad Street
Woodbury, NJ 08096
(856) 845-0100
https://www.inspirahealthnetwork.org

Continued

New Jersey General Acute Care Hospitals

Jefferson Cherry Hill Hospital
(formerly Kennedy University Hospital–Cherry Hill Division)
2201 Chapel Avenue West
Cherry Hill, NJ 08002
(856) 488-6500
www.kennedyhealth.org

Jefferson Stratford Hospital
(formerly Kennedy University Hospital–Stratford Division)
18 East Laurel Road
Stratford, NJ 08084
(856) 346-6000
www.kennedyhealth.org

Jefferson Washington Township Hospital *(formerly Kennedy University Hospital–Washington Twp. Division)*
435 Hurffville-Cross Keys Road
Turnersville, NJ 08012
(856) 582-2500
www.kennedyhealth.org

Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07302
(201) 915-2000
http://www.barnabashealth.org/Jersey-City-Medical-Center.aspx

Jersey Shore University Medical Center
1945 Route 33
Neptune, NJ 07753
(732) 775-5500
www.meridianhealth.com

JFK Medical Center (Anthony M. Yelensics Community Hospital)
65 James Street
Edison, NJ 08818
(732) 321-7000
www.jfkmc.org

Lourdes Medical Center of Burlington County
218 Sunset Road
Willingboro, NJ 08046
(609) 835-2900
www.lourdesnet.org

Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
(732) 222-5200
http://www.barnabashealth.org/Monmouth-Medical-Center.aspx

Monmouth Medical Center Southern Campus *(formerly Kimball Medical Center)*
600 River Avenue
Lakewood, NJ 08701
(732) 363-1900
http://www.barnabashealth.org/Monmouth-Medical-Center-Southern-Campus.aspx

Morristown Medical Center
100 Madison Avenue
Morristown, NJ 07962
(973) 971-5000
www.atlantichealth.org

Newark Beth Israel Medical Center
201 Lyons Avenue
Newark, NJ 07112
(973) 926-7000
http://www.barnabashealth.org/Newark-Beth-Israel-Medical-Center.aspx

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

Our Lady of Lourdes Medical Center
1600 Haddon Avenue
Camden, NJ 08103
(856) 757-3500
www.lourdesnet.org

Overlook Medical Center
99 Beauvoir Avenue
Summit, NJ 07902
(908) 522-2000
www.atlantichealth.org

Palisades Medical Center
7600 River Road
North Bergen, NJ 07047
(201) 854-5000
www.palisadesmedical.org

Penn Medicine Princeton Medical Center *(formerly University Medical Center of Princeton at Plainsboro)*
One Plainsboro Road
Plainsboro, NJ 08536
(609) 497-4000
www.princetonhcs.org

Raritan Bay Medical Center–Old Bridge Division
One Hospital Plaza
Old Bridge, NJ 08857
(732) 360-1000
www.rbmc.org

Raritan Bay Medical Center Perth Amboy Division
530 New Brunswick Avenue
Perth Amboy, NJ 08861
(732) 442-3700
www.rbmc.org

Riverview Medical Center
One Riverview Plaza
Red Bank, NJ 07701
(732) 741-2700
http://www.riverviewmedicalcenter.com/RMC/index.cfm

Robert Wood Johnson University Hospital
One Robert Wood Johnson Place
New Brunswick, NJ 08901
(732) 828-3000
www.rwjuh.edu

Robert Wood Johnson University Hospital Hamilton
One Hamilton Health Place
Hamilton, NJ 08690
(609) 586-7900
www.rwjhamilton.org

Robert Wood Johnson University Hospital at Rahway
865 Stone Street
Rahway, NJ 07065
(732) 381-4200
www.rwjuhr.com

Robert Wood Johnson University Hospital Somerset *(formerly Somerset Medical Center)*
110 Rehill Avenue
Somerville, NJ 08876
(908) 685-2200
http://www.rwjuh.edu/rwjuh/home.aspx

Saint Clare's Hospital *(formerly Saint Clare's Hospital-Dover)*
400 West Blackwell Street
Dover, NJ 07801
(973) 989-3000
http://www.saintclares.org

Saint Clare's Hospital/Denville Campus
25 Pocono Road
Denville, NJ 07834
(973) 625-6000
http://www.saintclares.org

Saint Michael's Medical Center
111 Central Avenue
Newark, NJ 07102
(973) 877-5000
www.smmcnj.org

Continued

New Jersey General Acute Care Hospitals

Saint Peter's University Hospital
254 Easton Avenue
New Brunswick, NJ 08901
(732) 745-8600
www.saintpetersuh.com

Shore Medical Center
1 East New York Avenue
Somers Point, NJ 08244
(609) 653-3500
www.shorememorial.org

Southern Ocean Medical Center
1140 Route 72 West
Manahawkin, NJ 08050
(609) 597-6011
www.southernoceanmedicalcenter.com

St. Barnabas Medical Center
94 Old Short Hills Road
Livingston, NJ 07039
(973) 322-5000
http://www.barnabashealth.org/

St. Francis Medical Center
601 Hamilton Avenue
Trenton, NJ 08629
(609) 599-5000
www.stfrancismedical.com

St. Joseph's University Medical Center
703 Main Street
Paterson, NJ 07503
(973) 754-2000
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
http://www.warrenhospital.org/

St. Mary's General Hospital
350 Boulevard
Passaic, NJ 07055
(973) 365-4300
www.smh-passaic.com

The Memorial Hospital of Salem County
310 Woodstown Road
Salem, NJ 08079
(856) 935-1000
www.mhschealth.com

The Valley Hospital
223 North Van Dien Avenue
Ridgewood, NJ 07450
(201) 447-8000
www.valleyhealth.com

Trinitas Regional Medical Center
225 Williamson Street
Elizabeth, NJ 07207
(908) 994-5000
www.trinitashospital.com

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

Virtua Memorial Hospital of Burlington County
175 Madison Avenue
Mount Holly, NJ 08060
(609) 267-0700
www.virtua.org

Virtua–West Jersey Hospital-Marlton
90 Brick Road
Marlton, NJ 08053
(856) 355-6000
www.virtua.org

Virtua–West Jersey Hospital-Voorhees
101 Carnie Boulevard
Voorhees, NJ 08043
(856) 325-3000
www.virtua.org

For questions...

For questions about this report, please contact:

Population Health Division
Health Care Quality Assessment (HCQA)
New Jersey Department of Health
P.O. Box 360
Trenton, New Jersey 08625-0360

(800) 418-1397

Find more information on our website at **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 Recommended Care 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

We would like to thank the following people for their contributions to this report:

Colette Lamothe-Galette, *Director*
Population Health Division

Abate Mammo, *Executive Director*

Markos Ezra
Letitia Holloway-Owens
Marcia Jaffe

We would also like to thank the following people for the graphic design, the editing and the printing of this report:

Jan Applebaum
James Wisniewski

New Jersey Department of Health

Retained Unretrieved		
Iatrogenic Pne		
Post-operative Hip		
Post-operative Hemorr Hematoma		
Post-operative PE or DVT		
Post-operative Sepsis		
Post-operative Wound Dehiscence		
Accidental Puncture or Laceration		
Transfusion Reaction Ω	67	
Birth Trauma - Injury to Neonate	2.10	
Obstetric Trauma - Vaginal Delivery with Instrument	139.11	133.1
Obstetric Trauma - Vaginal Delivery without Instrument	22.46	20.97

HCQA Health Care Quality Assessment

www.nj.gov/health/hpr

C2589