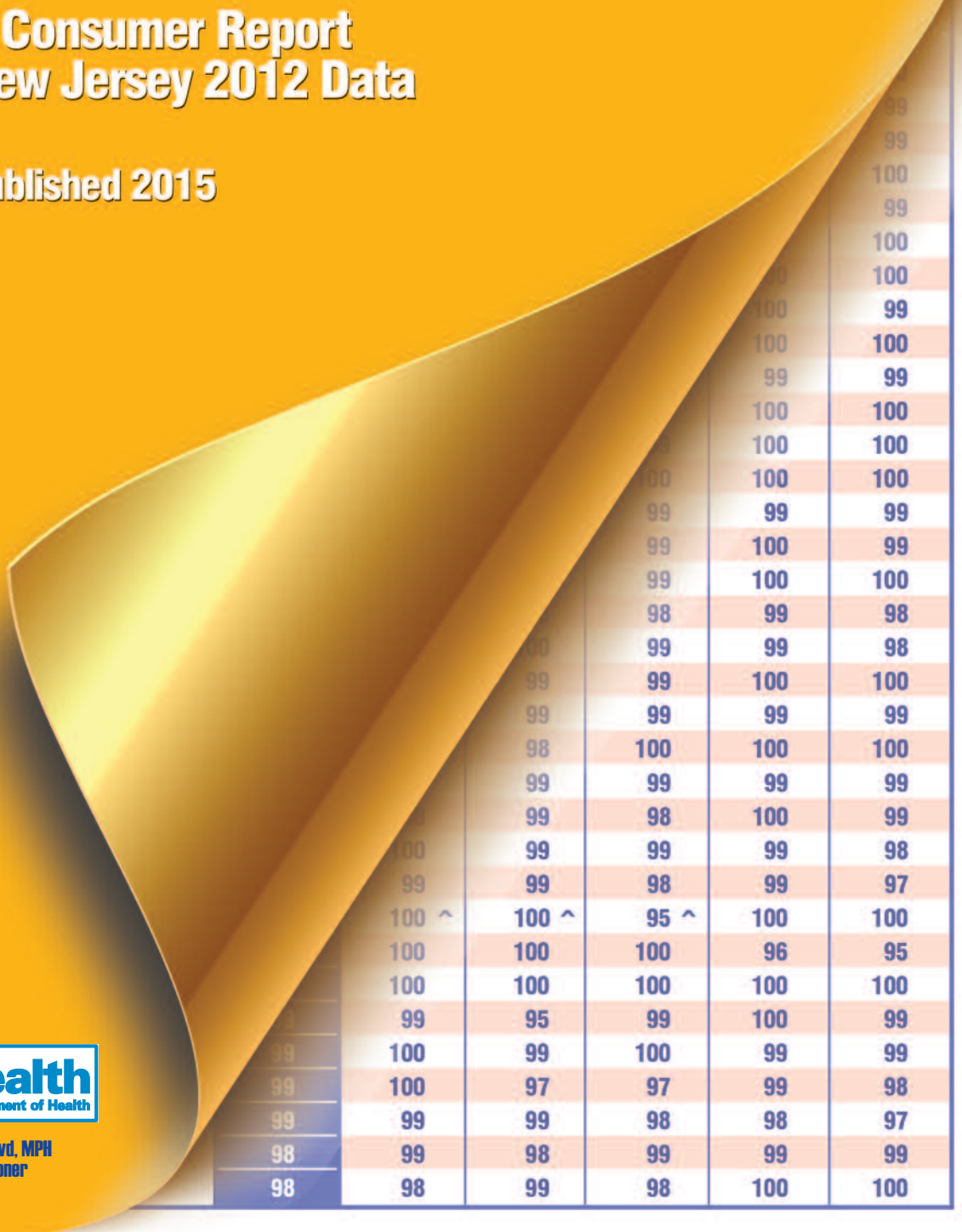
HCQA Health Care Quality Assessment

Hospital Performance Report

A Consumer Report
New Jersey 2012 Data

Published 2015



Chris Christie, Governor
Kim Guadagno, Lt. Governor

NJ Health New Jersey Department of Health

Mary E. O'Dowd, MPH
Commissioner

A Message

From the Commissioner

Welcome to the New Jersey **Hospital Performance Report**, the New Jersey Department of Health's 10th Annual Report on the quality of care in New Jersey hospitals.

The Department has always made patient safety and quality health care a top priority. We have monitored the steady progress of New Jersey hospitals in delivering high quality care to our patients and are proud to share the results of these improvements with you, the consumer, in this report. Our collaboration with New Jersey hospitals continues to produce better coordination of care and an increasingly better health care delivery system for all New Jersey.

Closely following the Centers of Medicare and Medicaid (CMS) public reporting policies for Recommended Care and the Centers for Disease Control and Prevention (CDC) for Healthcare Associated Infections (HAIs), the Department has added two new measures:

- Heart Attack (AMI) measure for Recommended Care: statins prescribed at discharge.
- HAI measure: Surgical Site Infection (SSI) following colon surgery.

Also reflecting CMS' policy, we are no longer reporting Recommended Care measures for:

- aspirin at arrival (AMI)
- beta blocker at discharge (AMI)
- ACE inhibitor/ARB at discharge (AMI)
- smoking cessation advice (AMI, Pneumonia, Heart Failure)
- pneumonia vaccination (Pneumonia)
- influenza vaccination (Pneumonia)
- antibiotic timing (Pneumonia)
- Safe Hair Removal (SCIP)

In addition to the new measures, the report still contains measures for:

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

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

This report also contains consumer tips and other health care information, such as:

- how to help prevent HAIs during a hospital stay;
- how to avoid being readmitted to the hospital;
- using too many antibiotics can be bad for your health, and
- how to find a New Jersey doctor.

For more detailed data, consumer tips and other health care information, visit our web site at **www.nj.gov/health/hpr**. Our web site also explains how the measures are calculated and provides additional health care resources.

Please let us know how you may have used the report or intend to use it. Contact us on the web at: **hospital.quality@doh.state.nj.us**

Mary E. O'Dowd

NJ Health
New Jersey Department of Health

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

Table of Contents

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Executive Summary: How are New Jersey Hospitals Doing?

By publically 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 doing in delivering quality healthcare to their patients so that, as patients, they 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 better their performance compared to other hospitals and to the nation.**
- **For hospitals to develop a self-awareness of how they are doing compared to their New Jersey peers and to 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 and are still making in delivering the best and safest care to New Jersey patients based on the data from this report. All the data for the measures in this year's report are from 2012 for the 72 New Jersey hospitals.

Recommended Care

New Jersey hospitals have made great strides since The Department released the first report in 2004. As a whole, New Jersey hospitals performed better than or the same as the national average on all of the 17 Recommended Care measures included in this report:

- Statewide, New Jersey hospitals performed better than the national scores on eight of these measures and scored the same as the national score on nine other measures.
- For the first time, New Jersey equaled national scores on the measure, Percutaneous Coronary Intervention (PCI) Received Within 90 Minutes for heart attack patients, a 73% improvement from 2006 and a 4% improvement from 2011 to 2012.
- The State, as a whole, has achieved nearly 100% on almost all the Recommended Care measures. This means better care for all New Jersey patients.

See page 32 for **New Jersey's Statewide Scores Compared to National Scores.** Visit **www.nj.gov/health/hpr** for the Recommended Care Technical Report and the table for Overall Improvement Scores.

Patient Safety Indicators (PSIs)

New Jersey hospitals have dramatically reduced the number of medical errors since The Department began publically reporting on 12 Patient Safety Indicators (PSIs) in 2009.

- Compared to the national average, New Jersey performed better on seven of 10 measures. Although this report includes 12 PSI measures, two of the 12 measures are shown as a count or volume, unlike the other 10 measures, which are reported as a rate. These two measures are:
  - Retained Surgical or Unretrieved Device
  - and Transfusion Reaction.

  Because these two medical errors, commonly known as 'never-events,' are reported as a count/volume, their numbers are too small to be compared to the national average with any statistical meaning. Only those indicators measured as rates are statistically appropriate for making comparisons to the national average.
- New Jersey performed the same as the national average on one measure, Postoperative Hip Fracture.

Continued

- New Jersey rates were worse than the national rates for:
  - Postoperative Hemorrhage or Hematoma
  - Postoperative Pulmonary Embolism or Deep Vein Thrombosis.

See page 44 for **NJ's Statewide PSI Rates Compared to National Rates**. Visit **www.nj.gov/health/hpr** for the PSI Technical Report.

Healthcare-Associated Infections (HAIs)

New Jersey hospitals have continued to make progress in reducing HAIs since The Department began publically reporting on HAIs in 2010.

- Overall, New Jersey hospitals are performing better or similar to the nation in 5 of the 6 HAIs publically reported since 2010.
- The statewide infection ratio for HAIs in New Jersey hospitals has decreased in all but one HAI:
  - Infections associated with Coronary Artery Bypass Graft (CABG) slightly increased from the initial year of reporting in 2010. However, New Jersey is still performing on the same level as the rest of the nation.
- Infections from Colon Surgery procedures (COLO) are included in this report for the first time and therefore there are no reported changes. However, statewide, New Jersey hospitals performed better (had less infections) than the national ratio.
- New Jersey hospitals decreased the ratio of Catheter-Associated Urinary Tract Infections (CAUTI) by 9% and are performing similar to the national ratio. However, New Jersey still needs to develop additional strategies to reduce CAUTI even further, as does the rest of the nation. To accomplish this task, New Jersey has formed many "Collaboratives" or workgroups of health care professionals to address CAUTI and other HAIs.

Visit **www.nj.gov/health/hpr** for the HAI Technical Report.

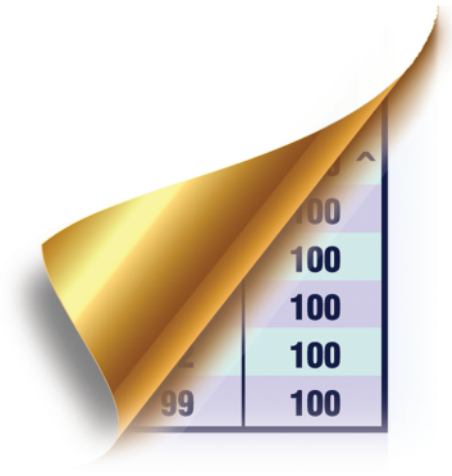
Conclusion

Publically reporting the performances of New Jersey hospitals has been an effective strategy in improving quality care in New Jersey. Although New Jersey hospitals continue to outperform or equal the nation's average on most of the reported measures, more work needs to be done to reach the 100% goal in Recommended Care, reduce medical errors (PSIs) and reduce the threat of HAIs. Toward this end, The Department has been actively partnering with the healthcare industry to make this happen.

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.

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

What measures are in the report?

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

Recommended Care

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

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

This year, we have added one new measure for AMI, **statins prescribed at discharge**. Closely following CMS, we are ***no longer reporting*** the following measures:

- aspirin at arrival (AMI)
- beta blocker at discharge (AMI)
- ACE inhibitor/ARB at discharge (AMI)
- smoking cessation advice (AMI, Pneumonia, Heart Failure)
- pneumonia vaccination (Pneumonia)
- influenza vaccination (Pneumonia)
- antibiotic timing (Pneumonia)
- Safe Hair Removal (SCIP)

The data for the recommended care in this report is for the year 2012. See pages 10-32 for the data and basic facts on recommended care.

Patient Safety Indicators (PSIs)

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

The report includes 12 **PSIs** identified by New Jersey State legislation. The data for **PSIs** in this report is for the year 2012. See pages 40-44 for the **PSI** data and pages 34-39 for basic facts on **PSIs**.

Healthcare-Associated Infections (HAIs)

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

There are many different kinds of HAIs. This year, we have added one new HAI measure, **infections from colon surgery procedures**.

All data for HAIs are for the year 2012. HAI measures were developed at the federal level by the Centers for Disease Control and Prevention (CDC).

See pages 52-64 for the HAI data, pages 46-51 for understanding the HAI measures, and pages 65-68 on preventing HAIs.

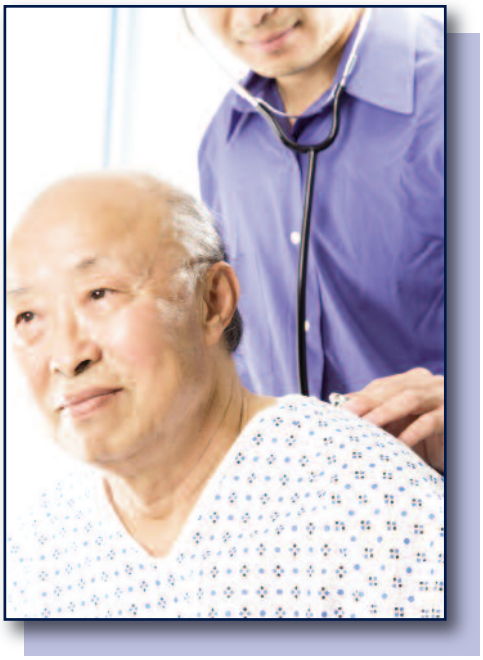
Which hospitals are included?

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 hospital may decide that they want a doctor who will recommend that particular hospital, if ever needed. These people focus on selecting a hospital first and then choose a doctor who is affiliated with that particular hospital. (*See* **Finding a Doctor**, *page 75*). This report can help you focus on selecting a hospital by learning about some of the quality of care delivered by New Jersey hospitals.



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

Aren't all doctors and hospitals the same?

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

Why should I care about quality?

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

Why are there so many different measures in this report?

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

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

This report is not intended to be used alone. It is designed to provide important information to help you make informed decisions. Use this report along with other information in making decisions about hospitals. *See section* **Health Information and Referral** on *pages 76-77* 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

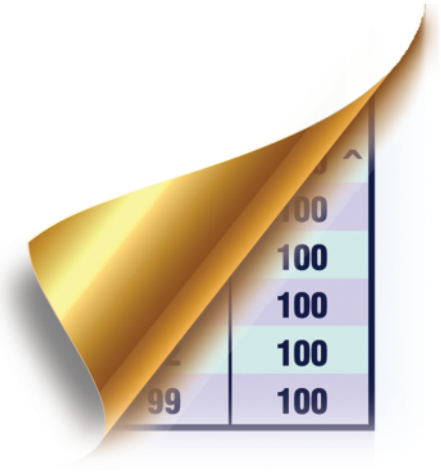
This year's report includes three different measure sets with different ways of reading the results. The table below is intended to help you understand how to interpret the data.

Type of Measure	How to Read Data Tables	Explanation
Recommended Care (Process of Care) See pages 9-32	**Higher Score is Better**	These measures are national benchmarks based on research showing that these actions are the best care for patients with the specific condition. You ***want*** this type of care; you ***want*** the scores to be high, showing hospitals are delivering the correct care.
Patient Safety Indicators (PSIs) See pages 33-44	**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 45-68	**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

Recommended Care/ Process of Care Measures

- Understanding and Using Recommended Care (Process of Care) Measures
- Importance of These Measures
- Overall Scores
- Basic Facts on Treating Heart Attacks
- Heart Attack Treatment Scores
- Basic Facts on Treating Pneumonia
- Pneumonia Treatment Scores
- Basic Facts on Surgical Care Improvement
- Surgical Care Improvement Scores
- Basic Facts on Treating Heart Failure
- Heart Failure Treatment Scores
- Statewide Scores Compared to National Scores



Understanding & Using Recommended Care (Process of Care) Measures

Recommended Care Measures show how often each hospital treats eligible patients with four common conditions: heart attack, pneumonia, heart failure and patients having surgery. These treatments have been scientifically proven at the national level by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission to get the best outcomes for patients. Patients must receive the correct care in order to fully recover.

The data for the recommended care in this report is for the year 2012. ***Higher scores are better.***

How is the information for recommended care collected and validated?

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

To learn more about the data collection methods and the CMS audit process, see the technical report at **www.nj.gov/health/hpr**.

What do the hospital scores mean?

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

The goal for each hospital is to reach 100% so that all eligible patients receive the best care. Patients who should not receive the treatments due to their specific conditions (contraindications) are excluded from the measures. Please note that small differences in hospital scores are not significant and do not indicate real differences in hospital quality. It is better to look at larger differences.

Each of the four conditions has an **Overall Score**. An Overall Score is a summary of all the scores for the individual measures for each condition. The Overall Scores are shown on pages 12-13. Scores and descriptions for individual measures are provided on the page 14.

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

Are all heart attack, pneumonia, heart failure and surgery patients from the year 2012 included in these figures?

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

Importance of These Measures

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

Conditions	National Importance	Treatments Covered in This Report
Heart Attack or Acute Myocardial Infarction (AMI) See pages 14-17	Yearly, about 380,000 Americans, or 1 in 6, die from coronary heart disease, which includes AMI. Annually, nearly 620,000 have a first heart attack; another 150,000 of first time heart attacks are silent. AMIs can lead to heart failure and death. Heart disease is the leading cause of death for US women, responsible for 1 in every 4 female deaths. Heart disease and stroke statistics—2014 update: a report from the American Heart Association. *Circulation*. 2014;129:e28-e292	• Aspirin at Discharge • PCI Within 90 Minutes • Statins Prescribed at Discharge
Pneumonia See pages 18-21	About 900,000 Americans get pneumococcal pneumonia each year and 5 to 7% die from it. Annually, as many as 400,000 people in the U.S. are hospitalized from pneumococcal pneumonia. http://www.cdc.gov/pneumococcal/about/facts.html	• Antibiotic Selection • Blood Culture Before Initial Antibiotic
Surgical Care Improvement See pages 22-27	Surgical site infection (SSI) is one of the most common healthcare-associated infections (HAIs), accounting for 22% of all hospital acquired HAIs; it is a major cause of increased length of hospital stay. About 1 to 3 out of 100 surgical patients will get an HAI while in the hospital. http://www.cdc.gov/nhsn/PDFs/pscManual/SSI_ModelPaper.pdf http://www.cdc.gov/HAI/pdfs/ssi/SSI_tagged.pdf About 60,000 to 100,000 Americans die of blood clots annually. Half (50%) of the estimated 300,000 to 600,000 people affected by blood clots will have long-term complications and 33% will have a recurrence within 10 years. Cardiac Complications occur in 2-5% of patients having non-cardiac surgery and 34% of patients having vascular surgery. A heart attack is one of the most common reasons (10%) patients die within 30 days after surgery. http://www.revespcardiol.org/en/cardiac-complications-of-non-cardiac-surgery/articulo/13087417/ https://www.asahq.org/For-the-Public-and-Media/Press-Room/Anesthesiology-and-Other-Scientific-Press-Releases/85-percent-of-heart-attacks.aspx (American Society of Anesthiologists)	• Preventive Antibiotic Started • Preventive Antibiotic Stopped • Appropriate Antibiotic Received • Urinary Catheter Removal • Perioperative Temperature Management • Treatment Preventing Blood Clots (VTE) Ordered • Treatment Preventing Blood Clots (VTE) Received • Beta Blocker Continued Before and After Surgery • Controlled Blood Sugar for Heart Surgery Patients
Heart Failure See pages 28-31	About 5.1 million people live with heart failure, which is the primary cause of nearly 58,000 deaths in 2010 and a factor in another 279,000 deaths. Heart disease and stroke statistics—2014 update: a report from the American Heart Association. *Circulation*. 2014;129:e28-e292 https://circ.ahajournals.org/content/129/3/e28.full.pdf+html	• Left Ventricular Systolic (LVS) Assessment • ACE Inhibitor/ARB at Discharge • Discharge Instructions

Overall Scores

Heart Attack, Pneumonia, Surgical Care Improvement and Heart Failure

See footnotes at bottom of next page

Region/County	Hospital Name	Heart Attack %	Pneumonia %	Surgical Care Improvement %	Heart Failure %
Top 10% of hospitals scored equal to or higher than†		100	100	99	100
Top 50% of hospitals scored equal to or higher than†		99	99	99	99
NORTHWEST					
Sussex	Newton Medical Center	99	92	98	99
	St. Clare's Hospital-Sussex	100 ^	96	100 ^	99
Warren	Hackettstown Regional Medical Center	100	99	100	100
	St. Luke's Warren Hospital	100	100	99	100
NORTHEAST					
Bergen	Bergen Regional Medical Center	92 ^	90	93	79
	Englewood Hospital and Medical Center	99	98	99	98
	Hackensack University Medical Center	99	97	97	99
	Holy Name Medical Center	100	97	99	100
	Valley Hospital	98	99	99	99
Essex	Clara Maass Medical Center	100	100	99	100
	East Orange General Hospital	73	98	93	72
	Mountainside Hospital	100	99	99	100
	Newark Beth Israel Medical Center	100	99	100	100
	Saint Barnabas Medical Center	100	100	98	100
	St. Michael's Medical Center	95	95	96	96
	UMDNJ-University Hospital	99	98	98	100
Hudson	Bayonne Medical Center	100	100	97	100
	Christ Hospital	86	96	98	95
	Hoboken University Medical Center	100	100	98	100
	Jersey City Medical Center	100	100	100	100
	Meadowlands Hospital Medical Center	100 ^	99	99	98
	Palisades Medical Center of NY, PHS	100	100	98	99
Morris	Chilton Memorial Hospital	99	98	99	98
	Morristown Memorial Hospital	98	96	98	98
	St. Clare's Hospital-Denville	98	99	98	98
	St. Clare's Hospital-Dover	96 ^	99	97	98
Passaic	St. Joseph's Hospital and Medical Center	99	98	98	98
	St. Joseph's Wayne Hospital	100	99	98	98
	St. Mary's Hospital (Passaic)	99	99	99	99
Union	Overlook Medical Center	98	97	100	99
	RWJ University Hospital at Rahway	99	96	98	99
	Trinitas Regional Medical Center	97	95	98	96
CENTRAL					
Hunterdon	Hunterdon Medical Center	100	99	97	93
Mercer	Capital Health Medical Center-Hopewell	99	99	99	99
	Capital Health Regional Medical Center	100	98	99	98
	RWJ University Hospital at Hamilton	97	97	98	91
	St. Francis Medical Center	100	100	99	100

The scores summarize the percent of time that a hospital provided the correct care for heart attacks, pneumonia, heart failure and surgical patients in 2012. The Overall Score is a composite of the individual measures for each of the specific conditions. Hospitals are alphabetical by region and county. *Higher scores are better. The goal is 100%.*

Region/County	Hospital Name	Heart Attack %	Pneumonia %	Surgical Care Improvement %	Heart Failure %
Top 10% of hospitals scored equal to or higher than†		100	100	99	100
Top 50% of hospitals scored equal to or higher than†		99	99	99	99
CENTRAL (continued)					
Mercer	University Medical Center at Princeton	98	99	99	98
Middlesex	JFK Medical Center/Anthony M. Yelensics	98	99	98	96
	Raritan Bay Medical Center-Old Bridge	86	98	99	96
	Raritan Bay Medical Center-Perth Amboy	95	98	98	98
	Robert Wood Johnson University Hospital	100	97	99	99
	St. Peter's University Hospital	99	99	99	99
Monmouth	Bayshore Community Hospital	100	99	100	100
	CentraState Medical Center	100	98	98	100
	Jersey Shore University Medical Center	99	98	98	100
	Monmouth Medical Center	98	99	98	100
	Riverview Medical Center	99	99	97	100
Ocean	Community Medical Center	100	97	99	100
	Kimball Medical Center	98	100	100	100
	Ocean Medical Center	98	98	99	95
	Southern Ocean Medical Center	96	96	97	95
Somerset	Somerset Medical Center	96	92	97	99
SOUTH					
Atlantic	AtlantiCare Regional Medical Center-City	100	98	98	100
	AtlantiCare Regional Medical Center-Mainland	100	100	99	100
	Shore Medical Center	96	97	99	99
Burlington	Deborah Heart and Lung Center	100	100 ^	97	100
	Lourdes Medical Center of Burlington County	97	99	98	99
	Virtua-Memorial Hospital Burlington County	99	99	99	98
	Virtua-West Jersey Hospital Marlton	97	99	99	97
Camden	Cooper Hospital/University Medical Center	99	99	99	99
	Kennedy Univ. Hospitals UMC-Cherry Hill	98	98	99	99
	Kennedy Univ. Hospitals UMC-Stratford	100	99	98	98
	Our Lady of Lourdes Medical Center	100	98	99	98
	Virtua-West Jersey Hospital Berlin	96	99	97	94
	Virtua-West Jersey Hospital Voorhees	100	99	99	99
Cape May	Cape Regional Medical Center	95	97	99	96
Cumberland	South Jersey Healthcare Regional Medical Center	98	98	97	99
Gloucester	Kennedy Univ. Hospitals UMC-Wash. Twp.	99	99	99	96
	Underwood-Memorial Hospital	99	99	99	100
Salem	Memorial Hospital of Salem County	93 ^	98	95	100
	South Jersey Hospital-Elmer	79 ^	99	98	96

Source: New Jersey Hospital Quality Data, 2012.

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

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

Basic Facts on Treating Heart Attacks

Recommended Care

The scores on pages 16-17 show how well hospitals are providing care for eligible heart attack patients. A heart attack, or acute myocardial infarction (AMI), can occur if the arteries supplying blood to the heart become blocked, and the blood supply is slowed or stopped. The heart can't get the oxygen and nutrients it needs. The affected heart tissue may die.

Symptoms of a heart attack can include: chest pain (crushing, squeezing or burning pain in the center of the chest which may radiate to the arm or jaw or feel like heartburn); shortness of breath; upper abdominal pain; dizziness; faintness; chills; sweating; nausea; a feeling of impending doom; cold or clammy skin; appearing gray and looking ill.

Heart attack is often thought of as a man's disease, so women, particularly younger women, often ignore the signs or don't recognize them. In fact, heart disease is the leading cause of death for women in the US, killing 292,188 women in 2009—that's 1 in every 4 female deaths, according to the CDC (**http://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_women_heart.htm**)

Additional symptoms may occur for women. They can include: pain in the back, shoulders or jaw; shortness of breath; abdominal pain; and/or unusual or unexplained fatigue.

Sometimes there are no symptoms for either males or females.

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

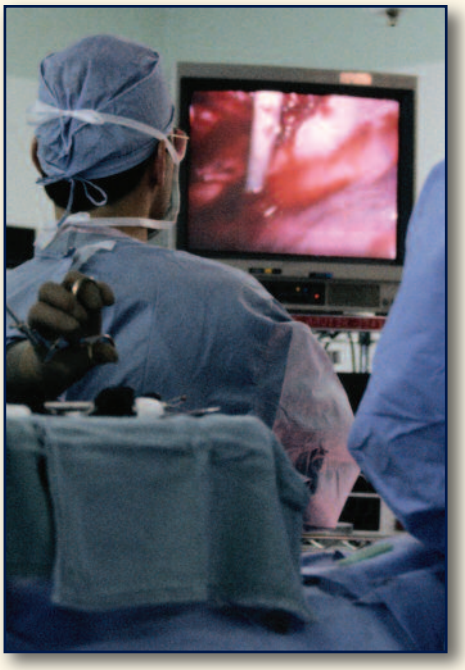
The data for this report is for the year 2012.

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

Measures:

Aspirin at Discharge

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



PCI Within 90 Minutes

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

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

Statin Prescribed at Discharge

- **This score tells you** the percent of heart attack patients who were prescribed a statin at discharge.
- **This information is important** because statins are drugs that have been shown to reduce the risk of death and recurring cardiovascular events in patients who have already been diagnosed with cardiovascular disease. A cardiovascular event is any incident that can damage the heart muscle, including AMI. If a patient is not yet on a statin and has been diagnosed with AMI, it is recommended that he/she begin taking it. If an AMI patient is already taking statins, it is recommended that he/she continue to take it.

Who is at Risk?

According to the American Heart Association (AHA), the following factors increase your chances of having a heart attack: a previous heart attack or heart procedure; family history of heart attacks; smoking, including second hand smoke; high blood pressure; high blood cholesterol; physical inactivity; obesity or overweight; diabetes.

If any of these factors describes you or your behavior, then you may be at an increased risk of having a heart attack. Talk to your doctor.

What is high blood pressure?

High blood pressure is also known as hypertension. Blood pressure measures the force pushing outwards on the walls of your arteries.

The organs in your body need oxygen to survive. Oxygen is carried through the body by the blood. When the heart beats, it creates pressure that pushes blood through a series of tube-shaped arteries and veins, also known as blood vessels and capillaries.

The pressure --- blood pressure --- is the result of two forces. These two forces are written as numbers in a ratio, like this: $\frac{117}{76}$ mm Hg

This ratio is read as "117 over 76 millimeters of mercury."

1. The top number in the ratio is the **Systolic number**, the force that occurs as blood pumps out of the heart and into the arteries. The higher of the two numbers, it measures the pressure in the arteries when the heart beats (when the heart muscle contracts).

Blood Pressure Categories defined by the AHA.

Blood Pressure Category	Systolic mm Hg (upper #)		Diastolic mm Hg (lower #)
Normal	less than **120**	and	less than **80**
Prehypertension	**120 – 139**	or	**80 – 89**
(Hypertension) **Stage 1 High Blood Pressure**	**140 – 159**	or	**90 – 99**
(Hypertension) **Stage 2 High Blood Pressure**	**160** or higher	or	**100** or higher
Hypertensive Crisis (Emergency care needed)	Higher than **180**	or	Higher than **110**

2. The bottom number in the ratio is the **Diastolic number** and is the second force. It is the lower of the two numbers and measures the pressure in the arteries between heartbeats, when the heart muscle is resting and refilling with blood.

Healthy arteries are made of muscle and a tissue that stretches like elastic when the heart pumps blood through it. Over time, if the force of the blood flow is too high too often, this tissue gets stretched beyond its limit, leading to heart or stroke.

High blood pressure can permanently damage your heart, brain, eyes and kidneys before you feel anything.

What is high cholesterol?

If your total cholesterol score is over 180 mg/dL, it is considered high. Total cholesterol score is calculated as follows:

HDL + LDL + 20% of triglyceride

HDL is the good cholesterol and higher levels are better. Low HDL cholesterol puts you at higher risk for heart disease. People with high blood triglycerides usually also have lower HDL cholesterol.

LDL is the bad cholesterol and lower numbers are better. However, it is no longer the focus in treatment to prevent heart attack and stroke, according to the AHA. A diet high in saturated and trans fats raises LDL cholesterol. The AHA recommends all adults age 20 or older have their cholesterol checked every four to six years.

Triglyceride is the most common type of fat in the body. Normal triglyceride levels vary by age and sex. A high triglyceride level combined with low HDL cholesterol or high LDL cholesterol is closely linked to atherosclerosis, which is the buildup of fatty deposits in artery walls that increases the risk for heart attack and stroke.

Continued

Heart Attack Treatment Scores
Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	Aspirin Discharge %	PCI within 90 Minutes %	Statin Discharge %
Top 10% of hospitals scored equal to or higher than†:	100	100	100	100
Top 50% of hospitals scored equal to or higher than†:	99	100	96	99
AtlantiCare Regional Medical Center-City	100	100 ^	NL	100 ^
Bayonne Medical Center	100	100	100 ^	100
Bayshore Community Hospital	100	100	NL	100
Capital Health Regional Medical Center	100	100 ^	NL	100 ^
CentraState Medical Center	100	100	NL	100
Community Medical Center	100	100	100	100
Hackettstown Regional Medical Center	100	100	NL	100
Hoboken University Medical Center	100	100 ^	NL	100 ^
Holy Name Medical Center	100	100	100	100
Jersey City Medical Center	100	100	100	100
Kennedy Univ. Hospitals UMC-Stratford	100	100 ^	NL	100 ^
Meadowlands Hospital Medical Center	100 ^	100 ^	NL	100 ^
Mountainside Hospital	100	100	100 ^	100
Newark Beth Israel Medical Center	100	100	100	100
Palisades Medical Center of NY, PHS	100	100	NL	100
St. Clare's Hospital-Sussex	100 ^	100 ^	NL	100 ^
St. Joseph's Wayne Hospital	100	100	NL	100
St. Luke's Warren Hospital	100	100 ^	NL	100 ^
Virtua-West Jersey Hospital Voorhees	100	100	NL	100
Deborah Heart and Lung Center	100	100	100 ^	100
Clara Maass Medical Center	100	100	100	99
Saint Barnabas Medical Center	100	100	100	99
Robert Wood Johnson University Hospital	100	100	94	100
Hunterdon Medical Center	100	100	97	100
AtlantiCare Regional Medical Center-Mainland	100	100	97	100
Our Lady of Lourdes Medical Center	100	99	100 ^	100
St. Francis Medical Center	100	99	97	100
Englewood Hospital and Medical Center	99	100	95	100
Hackensack University Medical Center	99	100	97	99
Jersey Shore University Medical Center	99	100	93	99
St. Peter's University Hospital	99	100	100 ^	98
Chilton Memorial Hospital	99	100	95	100
UMDNJ-University Hospital	99	100	96	99
Cooper Hospital/University Medical Center	99	100	90 ^	99
St. Mary's Hospital (Passaic)	99	100	90 ^	100
Capital Health Medical Center-Hopewell	99	100	100 ^	98
St. Joseph's Regional Medical Center	99	100	97	99
Underwood-Memorial Hospital	99	99	96	100

The scores summarize the percent of time that a hospital gave patients the correct care for heart attacks in 2012. The Overall Score is a composite of the three heart attack measures.

Higher scores are better. The goal is 100%.

Hospital Name	Overall Score %	Aspirin Discharge %	PCI within 90 Minutes %	Statin Discharge %
Top 10% of hospitals scored equal to or higher than†:	100	100	100	100
Top 50% of hospitals scored equal to or higher than†:	99	100	96	99
Kennedy Univ. Hospitals UMC-Wash. Twp.	99	100	NL	98
Riverview Medical Center	99	100	92	100
Newton Medical Center	99	100	NL	98
RWJ University Hospital at Rahway	99	100	90 ^	100
Virtua-Memorial Hospital Burlington County	99	100	88	100
Monmouth Medical Center	98	98	96 ^	100
JFK Medical Center/Anthony M Yelensics	98	100	90	99
Kimball Medical Center	98	100	NL	96
St. Clare's Hospital-Denville	98	100	94	98
Valley Hospital	98	99	98	97
Ocean Medical Center	98	100	98	96
Kennedy Univ. Hospitals UMC-Cherry Hill	98	100	NL	96
Overlook Medical Center	98	98	100	98
Morristown Memorial Hospital	98	99	92	97
South Jersey Healthcare Regional Medical Center	98	100	NL	96
University Medical Center at Princeton	98	97	90 ^	99
Virtua-West Jersey Hospital Marlton	97	99	93	97
Lourdes Medical Center of Burlington County	97	100 ^	NL	94 ^
RWJ University Hospital at Hamilton	97	100	85	100
Trinitas Regional Medical Center	97	98	82	98
Shore Medical Center	96	100	NL	93
Southern Ocean Medical Center	96	100	NL	93
Somerset Medical Center	96	97	98	95
Virtua-West Jersey Hospital Berlin	96	96	NL	96
St. Clare's Hospital-Dover	96 ^	100 ^	NL	91 ^
Raritan Bay Medical Center-Perth Amboy	95	96	82 ^	96
St. Michael's Medical Center	95	98	70 ^	95
Cape Regional Medical Center	95	97	NL	93
Memorial Hospital of Salem County	93 ^	100 ^	NL	83 ^
Bergen Regional Medical Center	92 ^	100 ^	NL	80 ^
Raritan Bay Medical Center-Old Bridge	86	92	NL	81
Christ Hospital	86	92	78 ^	82
South Jersey Hospital-Elmer	79 ^	92 ^	NL	67 ^
East Orange General Hospital	73	78	NL	69

Source: New Jersey Hospital Quality Data, 2012.

NA (Not Applicable) indicates that the hospital reported no cases for this measure.
NL (Not Licensed) indicates that the hospital is not licensed to perform PCI procedure.
† These scores show which hospitals are among the top 10% or 50% of NJ hospitals for the specific measure. If your hospital has a score that is equal to or greater than the score displayed at the top, it is among the top 10% or 50% performers in NJ on the specific measure.
^ Hospital score for this measure is based on a small number of patients (less than 25). Interpret data with caution.

Basic Facts on Treating Pneumonia

Recommended Care

The scores on pages 20-21 show how well hospitals are treating eligible pneumonia patients. Pneumonia is an inflammation of the lungs caused by an infection. Many different organisms can cause pneumonia, including bacteria, viruses and fungi.

Pneumonia can range from very mild to very severe, even fatal, depending on the type of organism causing it as well as the age and current health of the individual.

Symptoms can include: fever; difficulty breathing; chills; "wet" cough; headache; chest pain that may get worse when you breathe deeply or cough; excessive sweating and clammy skin; loss of appetite, low energy, and fatigue; confusion, especially in older people.

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

The data in this report is for the year 2012.

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

Measures:

Antibiotic Selection

- **This score tells you** the percent of pneumonia patients who received the most appropriate initial antibiotic.

- **This information is important** because different antibiotics treat specific bacterial infections. The initial antibiotic selection should be the best treatment choice for that type of pneumonia.

  Inappropriate or overuse of antibiotics reduces quality of health care since it can result in bacterial resistance to these antibiotics. (*See* **Using Too Many Antibiotics Can be Bad for your Health** *on pages 70-71.*)

Blood Culture Before Initial Antibiotic

- **This score tells you** the percent of pneumonia patients in the hospital who had their blood taken and cultured in the Emergency Department before receiving their first antibiotic.

- **This information is important** because a blood culture indicates which antibiotic will work best to treat that particular type of bacterial pneumonia.

How Does Pneumonia Affect Your Body?

Normally, the body filters germs out of the air that we breathe, according to the American Lung Association (ALA). This keeps the lungs from becoming infected. But germs sometimes find a way to enter the lungs and cause infections. This is more likely to occur when:

- Your immune system is weak.
- A germ is very strong.

When the germs that cause pneumonia reach the lungs, the lungs' air sacs (alveoli) become inflamed and fill up with fluid and pus.

With pneumonia, oxygen has trouble reaching your blood. If there is too little oxygen in the blood, the body cells can't work properly and can't fight the infection, sometimes leading to death.

Who is at Risk?

- Smokers
- Those with a recent viral respiratory infection, such as a cold, laryngitis, or influenza
- Those with difficulty swallowing
- Those with chronic heart, lung or liver disease
- Those with cerebral palsy
- Those with other serious illnesses, such as diabetes or sickle cell anemia
- Nursing facility residents
- Those with loss of brain function
- Recent surgery or trauma patients
- Those with a weakened immune system
- Alaskan Natives or certain Native American populations

How Can Pneumonia be Prevented?

- Getting the pneumococcal vaccine is the main way you can reduce your chances of getting pneumococcal pneumonia if you are at risk of getting the disease.
- Get a flu shot every year. The flu is a common cause of pneumonia, so preventing the flu is a good way to prevent pneumonia.
- Wash your hands frequently, especially after blowing your nose, going to the bathroom, diapering, and before eating or preparing foods. (*See* **Handwashing Helps Prevent Infections** *on page 68*)
- Don't smoke. Tobacco damages your lung's ability to fight off infection, and smokers have been found to be at higher risk of getting pneumonia.
- Since pneumonia often follows respiratory infections, be aware of any symptoms that linger more than a few days.
- Good health habits—a healthy diet, rest, regular exercise, etc.—help prevent viruses and respiratory illnesses, and help with faster recovery from the flu or other respiratory illness.
- If you have cancer or HIV, talk to your doctor about additional ways to prevent pneumonia and other infections.

How is Pneumonia Diagnosed?

During a physical exam, your doctor will listen to your lungs. If you have pneumonia, your lungs may make crackling, bubbling, and rumbling sounds when you inhale. You also may be wheezing, and it may be hard to hear sounds of breathing in some areas of your chest.

Your doctor may want you to get a Chest X-ray.

Some patients may need other tests, including:

- Complete Blood Count (CBC) test to check white blood cell count
- Arterial blood gases to see if enough oxygen is getting into your blood from the lungs
- Computerized Tomography (CT or CAT) scan of the chest to see how the lungs are functioning
- Sputum tests to look for the organism (that can be detected by studying your spit) causing your symptoms
- Pleural fluid culture if there is fluid in the space surrounding the lungs
- Pulse oximetry to measure how much oxygen is moving through your bloodstream.
- Bronchoscopy, a procedure used to look into the lungs' airways, is performed on patients when antibiotics are not working.

How is Pneumonia Treated?

Viral pneumonia usually heals on its own and cannot be treated with antibiotics. Early treatment with antibiotics can cure ***bacterial pneumonia*** and speed recovery from mycoplasma pneumonia.

However, pneumonia has become more resistant to these drugs, making treatment of pneumococcal infections more difficult.

http://www.lung.org/lung-disease/influenza/in-depth-resources/pneumonia-fact-sheet.html

(*See* **Using Too Many Antibiotics May be Bad for Your Health** *on pages 70-71*)

Continued

Pneumonia Treatment Scores
Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	Antibiotic Selection %	Blood Cultures %
Top 10% of hospitals scored equal to or higher than†:	100	100	100
Top 50% of hospitals scored equal to or higher than†:	99	98	99
Bayonne Medical Center	100	100	100
Clara Maass Medical Center	100	100	100
Deborah Heart and Lung Center	100 ^	100 ^	NA
Hoboken University Medical Center	100	100	100
Jersey City Medical Center	100	100	100
Kimball Medical Center	100	100	100
Palisades Medical Center of NY, PHS	100	100	100
Saint Barnabas Medical Center	100	100	100
AtlantiCare Regional Medical Center-Mainland	100	100	99
St. Francis Medical Center	100	99	100
St. Luke's Warren Hospital	100	99	100
Hackettstown Regional Medical Center	99	100	99
Bayshore Community Hospital	99	100	99
Riverview Medical Center	99	98	100
Hunterdon Medical Center	99	99	99
Valley Hospital	99	99	99
Underwood-Memorial Hospital	99	100	99
St. Peter's University Hospital	99	98	100
Capital Health Medical Center-Hopewell	99	99	99
Lourdes Medical Center of Burlington County	99	99	99
Virtua-West Jersey Hospital Marlton	99	98	100
St. Clare's Hospital-Denville	99	98	100
Kennedy Univ. Hospitals UMC-Stratford	99	99	99
Meadowlands Hospital Medical Center	99	100	99
JFK Medical Center/Anthony M Yelensics	99	98	100
Virtua-West Jersey Hospital Berlin	99	97	100
Kennedy Univ. Hospitals UMC-Wash. Twp.	99	98	99
St. Mary's Hospital (Passaic)	99	98	100
St. Joseph's Wayne Hospital	99	97	100
Virtua-Memorial Hospital Burlington County	99	98	100
Monmouth Medical Center	99	99	99
University Medical Center at Princeton	99	97	100
St. Clare's Hospital-Dover	99	100	98
Mountainside Hospital	99	99	98
South Jersey Hospital-Elmer	99	98	99
Virtua-West Jersey Hospital Voorhees	99	98	99
Newark Beth Israel Medical Center	99	100	98
Cooper Hospital/University Medical Center	99	100	98

The scores summarize the percent of time that a hospital gave patients the correct care for pneumonia in 2012.

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

Higher scores are better. The goal is 100%.

Hospital Name	Overall Score %	Antibiotic Selection %	Blood Cultures %
Top 10% of hospitals scored equal to or higher than†:	100	100	100
Top 50% of hospitals scored equal to or higher than†:	99	98	99
Chilton Memorial Hospital	98	96	100
South Jersey Healthcare Regional Medical Center	98	97	99
Englewood Hospital and Medical Center	98	96	100
UMDNJ-University Hospital	98	99	98
Capital Health Regional Medical Center	98	97	99
Jersey Shore University Medical Center	98	97	99
St. Joseph's Regional Medical Center	98	97	99
Our Lady of Lourdes Medical Center	98	99	98
Kennedy Univ. Hospitals UMC-Cherry Hill	98	95	99
AtlantiCare Regional Medical Center-City	98	99	97
Memorial Hospital of Salem County	98	97	98
CentraState Medical Center	98	96	99
East Orange General Hospital	98	100	97
Ocean Medical Center	98	98	97
Raritan Bay Medical Center-Perth Amboy	98	96	99
Raritan Bay Medical Center-Old Bridge	98	97	98
Community Medical Center	97	96	98
Hackensack University Medical Center	97	98	97
Shore Medical Center	97	97	98
RWJ University Hospital at Hamilton	97	93	100
Holy Name Medical Center	97	96	99
Robert Wood Johnson University Hospital	97	95	98
Cape Regional Medical Center	97	96	97
Overlook Medical Center	97	97	97
RWJ University Hospital at Rahway	96	95	97
Christ Hospital	96	93	98
Southern Ocean Medical Center	96	94	97
Morristown Memorial Hospital	96	92	98
St. Clare's Hospital-Sussex	96	88 ^	100
Trinitas Regional Medical Center	95	94	95
St. Michael's Medical Center	95	95	95
Somerset Medical Center	92	98	88
Newton Medical Center	92	90	93
Bergen Regional Medical Center	90	86 ^	91

Source: New Jersey Hospital Quality Data, 2012.

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

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

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

Basic Facts on Surgical Care Improvement

Recommended Care

The scores on pages 24-27 show how well hospitals are providing their surgery patients with care to prevent infections and blood clots. Hospitals can reduce the risk of wound infection after surgery by administering the proper medicines at the correct time on the same day of surgery. **Symptoms of possible infection after surgery can include:** a surgical wound that is red, hot and swollen; a fever of over 100 degrees following hospital discharge; a smelly or yellow/green fluid oozing out of the wound; or increased pain while taking pain medication.

The measures listed below represent the best practices for the prevention of infections and blood clots after selected surgeries (e.g., colon surgery, hip and knee arthroplasty, abdominal and vaginal hysterectomy, cardiac surgery and vascular surgery). The data is for 2012.

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

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

Measures:

Preventive Antibiotic Started 1 Hour Before Surgery

- **This score tells you** the percent of eligible patients who received prophylactic or preventive antibiotics within one hour prior to surgical incision.
- **This information is important** because surgery patients given antibiotics, medicines that prevent and treat infections, within the hour before their operation are less likely to get wound infections. Getting an antibiotic over an hour earlier or after surgery begins is not as effective.

Preventive Antibiotic Stopped Within 24 Hours

- **This score tells you** the percent of eligible surgical patients whose prophylactic or preventive antibiotics were stopped within 24 hours after surgery ended (or 48 hours after Coronary Artery Bypass Graft or other cardiac surgery). Antibiotics are medicines that prevent and treat infections.
- **This information is important** because taking antibiotics for more than 24 hours after routine surgery is usually not necessary and can increase the risk of side effects, such as stomach aches, serious types of diarrhea, and resistance to the antibiotic (the use of too much antibiotic can prevent them from being effective).

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

Appropriate Antibiotic Received

- **This score tells you** the percent of surgery patients who received the appropriate preventive antibiotic(s) for their surgery in order to prevent a surgical wound infection.
- **This information is important** because certain antibiotics are recommended to help prevent wound infection for particular types of surgery. Hospitals can reduce the risk of wound infection after surgery by making sure the patient gets the right medication at the right time on the day of their surgery.

Urinary Catheter Removal

- **This score tells you** the percent of surgery patients who had a urinary catheter removed on the first or second day after surgery.
- **This information is important** because medical research has shown that the longer a catheter is in place, the greater the risk of the patient getting a urinary tract infection (UTI). This measure excludes patients who had a urological, gynecological or perineal procedure.

Treatment Preventing Blood Clots (VTEs) Ordered

- **This score tells you** the percent of patients with certain types of surgeries whose doctors **ordered** treatments to prevent blood clots, called venous thromboembolism (VTE) prophylaxis, anytime from hospital arrival to 48 hours after surgery has ended.
- **This information is important** because venous thrombosis is a condition in which a blood clot (thrombus) forms in the vein, limiting blood flow, causing swelling, redness and pain. If the clot breaks off (embolus), it can lodge itself in the lungs, causing a pulmonary embolism, which can lead to death.

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

Treatment Preventing Blood Clots (VTEs) Received

- **This score tells you** the percent of patients who **received** the appropriate treatment to prevent blood clots called venous thromboembolism (VTE) at the right time.
- **This information is important** because venous thrombosis is a condition in which blood clots (thrombus) form in the vein, usually in the leg, thigh or pelvis, and may limit blood flow, causing swelling, redness and pain. If the clot breaks off, it can lodge itself in the lungs, causing a pulmonary embolism, which can lead to death.

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

Controlled Blood Sugar for Heart Surgery Patients

- **This score tells you** the percent of all heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery.
- **This information is important** because all heart surgery patients get their blood sugar checked after surgery. Any patient who has high blood sugar after heart surgery has a greater chance of getting an infection.

Beta Blocker Continued Before and After Surgery

- **This score tells you** the percent of surgery patients who were taking heart drugs called beta blockers before coming to the hospital and were kept on the beta blockers during the period just before and after their surgery.
- **This information is important** because when heart patients who take beta blockers suddenly stop taking them, they can experience heart problems. Although it is standard procedure to stop patients' medications before and after their surgery, staying on beta blockers before and after surgery makes it less likely problems will occur.

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

Perioperative Temperature Management

- **This score tells you** the percent of patients who either had to be actively warmed in the operating room or whose body temperature was already normal within 30 minutes immediately before or 15 minutes immediately after anesthesia end time.
- **This information is important** because temperatures that fall below what is considered near normal, known as hypothermia, present a risk for all patients undergoing surgery. Hypothermia can increase the risk of developing adverse reactions, such as surgical infections, delayed wound closures, heart attacks, and mechanical ventilation, all of which lead to longer hospitalization.

Continued

Surgical Care Improvement (SCIP) Scores
Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	Preventive Antibiotic Started %	Preventive Antibiotic Stopped %	Appropriate Antibiotic Received %	VTE Prophylaxis Ordered %	VTE Prophylaxis Received %
Top 10% of hospitals scored equal to or higher than†:	99	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than†:	99	99	98	99	99	99
Jersey City Medical Center	100	100	100	100	100	100
St. Clare's Hospital-Sussex	100 ^	NA	NA	NA	100 ^	100 ^
Kimball Medical Center	100	100	100	100	99	99
Bayshore Community Hospital	100	100	100	97	100	100
Hackettstown Regional Medical Center	100	98	100	99	100	100
Overlook Medical Center	100	100	100	99	100	99
Newark Beth Israel Medical Center	100	100	100	100	100	99
Community Medical Center	99	100	100	100	100	100
St. Mary's Hospital (Passaic)	99	100	99	100	99	99
Kennedy Univ. Hospitals UMC-Cherry Hill	99	98	100	100	100	100
St. Peter's University Hospital	99	99	97	99	100	100
Virtua-West Jersey Hospital Voorhees	99	99	99	99	100	99
Clara Maass Medical Center	99	100	99	99	100	100
Virtua-Memorial Hospital Burlington County	99	100	99	99	99	99
Ocean Medical Center	99	100	97	99	100	100
Our Lady of Lourdes Medical Center	99	99	98	99	100	100
Virtua-West Jersey Hospital Marlton	99	98	99	100	100	100
Capital Health Medical Center-Hopewell	99	100	99	99	99	99
St. Luke's Warren Hospital	99	100	97	99	100	99
Robert Wood Johnson University Hospital	99	99	98	99	100	100
St. Francis Medical Center	99	100	98	98	99	98
University Medical Center at Princeton	99	100	100	99	99	98
Cooper Hospital/University Medical Center	99	97	99	99	100	100
Kennedy Univ. Hospitals UMC-Wash. Twp.	99	100	99	99	99	99
Cape Regional Medical Center	99	99	98	100	100	100
Englewood Hospital and Medical Center	99	99	99	99	99	99
Valley Hospital	99	98	99	98	100	99
AtlantiCare Regional Medical Center-Mainland	99	100	99	99	99	98
Holy Name Medical Center	99	99	99	98	99	97
Meadowlands Hospital Medical Center	99	100 ^	100 ^	95 ^	100	100
Mountainside Hospital	99	100	100	100	96	95
Raritan Bay Medical Center-Old Bridge	99	100	100	100	100	100
Underwood-Memorial Hospital	99	99	95	99	100	99
Capital Health Regional Medical Center	99	100	99	100	99	99
Chilton Memorial Hospital	99	100	97	97	99	98
Shore Medical Center	99	99	99	98	98	97
RWJ University Hospital at Hamilton	98	99	98	99	99	99
Morristown Memorial Hospital	98	98	99	98	100	100

The scores summarize the percent of time that a hospital gave patients the correct care for preventing infection in surgical patients in 2012. The Overall Score is a composite of the eight surgical care improvement scores, excluding VTE Prophylaxis Ordered.

Higher Scores Are Better. The goal is 100%.

Hospital Name	Overall Score %	Preventive Antibiotic Started %	Preventive Antibiotic Stopped %	Appropriate Antibiotic Received %	VTE Prophylaxis Ordered %	VTE Prophylaxis Received %
Top 10% of hospitals scored equal to or higher than†	99	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than†	99	99	98	99	99	98
JFK Medical Center/Anthony M Yelensics	98	100	98	99	99	99
Jersey Shore University Medical Center	98	100	97	99	99	99
St. Joseph's Regional Medical Center	98	98	97	99	100	100
CentraState Medical Center	98	100	98	98	98	97
St. Clare's Hospital-Denville	98	99	97	98	98	98
Raritan Bay Medical Center-Perth Amboy	98	99	98	99	99	98
AtlantiCare Regional Medical Center-City	98	100	98	100	97	97
Palisades Medical Center of NY, PHS	98	99	98	100	100	100
Newton Medical Center	98	97	99	99	97	97
Hoboken University Medical Center	98	100	97	99	96	95
South Jersey Hospital-Elmer	98	98	98	98	99	99
Kennedy Univ. Hospitals UMC-Stratford	98	99	95	97	100	100
Trinitas Regional Medical Center	98	100	98	99	99	99
Saint Barnabas Medical Center	98	100	96	99	96	95
Lourdes Medical Center of Burlington County	98	99	99	99	97	97
St. Joseph's Wayne Hospital	98	99	98	99	99	96
Monmouth Medical Center	98	100	92	98	99	98
Christ Hospital	98	99	100	95	95	96
RWJ University Hospital at Rahway	98	100	98	100	99	97
UMDNJ-University Hospital	98	97	95	95	99	99
Hackensack University Medical Center	97	99	97	98	97	95
Somerset Medical Center	97	100	97	99	98	98
Virtua-West Jersey Hospital Berlin	97	100 ^	91 ^	100 ^	100	97
Deborah Heart and Lung Center	97	98	97	99	57 ^	57 ^
Hunterdon Medical Center	97	100	99	100	99	97
Riverview Medical Center	97	100	98	97	96	95
Southern Ocean Medical Center	97	96	98	99	97	97
St. Clare's Hospital-Dover	97	96	92	100	98	96
South Jersey Healthcare Regional Medical Center	97	99	95	96	97	97
Bayonne Medical Center	97	98	97	98	99	93
St. Michael's Medical Center	96	99	96	98	98	94
Memorial Hospital of Salem County	95	92	91	100	98	96
Bergen Regional Medical Center	93	50 ^	100 ^	50 ^	88	88
East Orange General Hospital	93	98	98	100	93	90

continued on next page

Source: New Jersey Hospital Quality Data, 2012.

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

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

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

Surgical Care Improvement (SCIP) Scores
Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	Controlled Blood Sugar %	Beta Blocker Continued %	Urinary Catheter Removal %	Temperature Management %
Top 10% of hospitals scored equal to or higher than†:	99	100	100	100	100
Top 50% of hospitals scored equal to or higher than†:	99	98	98	98	100
Jersey City Medical Center	100	100	100	100	100
St. Clare's Hospital-Sussex	100 ^	NA	NA	100 ^	100 ^
Kimball Medical Center	100	NA	100	100	100
Bayshore Community Hospital	100	NA	98	100	100
Hackettstown Regional Medical Center	100	NA	100	100	100
Overlook Medical Center	100	NA	98	100	100
Newark Beth Israel Medical Center	100	98	100	99	100
Community Medical Center	99	NA	100	93	100
St. Mary's Hospital (Passaic)	99	96	100	100	100
Kennedy Univ. Hospitals UMC-Cherry Hill	99	NA	100	99	99
St. Peter's University Hospital	99	NA	100	99	100
Virtua-West Jersey Hospital Voorhees	99	NA	99	100	100
Clara Maass Medical Center	99	NA	97	100	100
Virtua-Memorial Hospital Burlington County	99	NA	99	99	100
Ocean Medical Center	99	NA	97	99	100
Our Lady of Lourdes Medical Center	99	99	100	98	100
Virtua-West Jersey Hospital Marlton	99	NA	99	100	99
Capital Health Medical Center-Hopewell	99	NA	98	99	100
St. Luke's Warren Hospital	99	NA	99	99	100
Robert Wood Johnson University Hospital	99	98	99	99	100
St. Francis Medical Center	99	97	100	100	100
University Medical Center at Princeton	99	NA	98	98	100
Cooper Hospital/University Medical Center	99	99	98	99	100
Kennedy Univ. Hospitals UMC-Wash. Twp.	99	NA	96	97	100
Cape Regional Medical Center	99	NA	96	99	100
Englewood Hospital and Medical Center	99	98	97	98	100
Valley Hospital	99	97	99	99	100
AtlantiCare Regional Medical Center-Mainland	99	98	98	97	100
Holy Name Medical Center	99	NA	96	100	100
Meadowlands Hospital Medical Center	99	NA	100 ^	85 ^	100
Mountainside Hospital	99	NA	99	100	100
Raritan Bay Medical Center-Old Bridge	99	NA	97	96	98
Underwood-Memorial Hospital	99	NA	99	97	100
Capital Health Regional Medical Center	99	NA	96	95	100
Chilton Memorial Hospital	99	NA	98	99	100
Shore Medical Center	99	NA	99	96	100
RWJ University Hospital at Hamilton	98	NA	97	96	100
Morristown Memorial Hospital	98	92	98	98	100

The scores summarize the percent of time that a hospital gave patients the correct care for preventing infection in surgical patients in 2012. The Overall Score is a composite of the eight surgical care improvement scores, excluding VTE Prophylaxis Ordered.

Higher scores are better. The goal is 100%.

Hospital Name	Overall Score %	Controlled Blood Sugar %	Beta Blocker Continued %	Urinary Catheter Removal %	Temperature Management %
Top 10% of hospitals scored equal to or higher than†:	99	100	100	100	100
Top 50% of hospitals scored equal to or higher than†:	99	98	98	98	100
JFK Medical Center/Anthony M Yelensics	98	NA	98	92	100
Jersey Shore University Medical Center	98	98	97	98	99
St. Joseph's Regional Medical Center	98	96	97	98	100
CentraState Medical Center	98	NA	94	99	100
St. Clare's Hospital-Denville	98	NA	96	97	100
Raritan Bay Medical Center-Perth Amboy	98	NA	92	97	100
AtlantiCare Regional Medical Center-City	98	100 ^	96	97	100
Palisades Medical Center of NY, PHS	98	NA	90	94	100
Newton Medical Center	98	NA	100	95	100
Hoboken University Medical Center	98	NA	93	99	100
South Jersey Hospital-Elmer	98	NA	97	95	99
Kennedy Univ. Hospitals UMC-Stratford	98	NA	100	94	100
Trinitas Regional Medical Center	98	NA	84	98	100
Saint Barnabas Medical Center	98	99	99	93	100
Lourdes Medical Center of Burlington County	98	NA	99	92	100
St. Joseph's Wayne Hospital	98	NA	93	94	100
Monmouth Medical Center	98	NA	95	96	100
Christ Hospital	98	NA	98	95	100
RWJ University Hospital at Rahway	98	NA	97	88	100
UMDNJ-University Hospital	98	91	99	99	100
Hackensack University Medical Center	97	90	98	100	98
Somerset Medical Center	97	NA	88	86	100
Virtua-West Jersey Hospital Berlin	97	NA	100 ^	93	100
Deborah Heart and Lung Center	97	93	98	99	100
Hunterdon Medical Center	97	NA	92	81	99
Riverview Medical Center	97	NA	90	94	100
Southern Ocean Medical Center	97	NA	95	93	100
St. Clare's Hospital-Dover	97	NA	91	97	100
South Jersey Healthcare Regional Medical Center	97	NA	96	95	98
Bayonne Medical Center	97	NA	95	98	99
St. Michael's Medical Center	96	98	91	77	99
Memorial Hospital of Salem County	95	NA	79 ^	92	100
Bergen Regional Medical Center	93	NA	94 ^	96	100
East Orange General Hospital	93	NA	78 ^	75	100

Source: New Jersey Hospital Quality Data, 2012.

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

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

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

Basic Facts on Treating Heart Failure

Recommended Care

The scores on pages 30-31 show how well hospitals are providing care for eligible heart failure patients. Heart failure is a weakening of your heart's muscle that reduces its pumping power. Your body doesn't get the oxygen and nutrients it needs. Your heart tries to pump more blood, but over time, the heart muscle walls weaken.

Symptoms of heart failure can include: shortness of breath some or all of the time, caused by fluid in the lungs; dizziness; swelling of legs and ankles; swelling, bloating or pain the in the stomach (belly); fatigue and tiredness with very little effort; weakness; loss of appetite; sudden weight gain in a very short period of time (1-2 days); cold and clammy skin; rapid and irregular heartbeat; difficulty sleeping unless propped up on two or more pillows; frequent dry, hacking cough, especially when lying down; chest pain, known as angina.

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

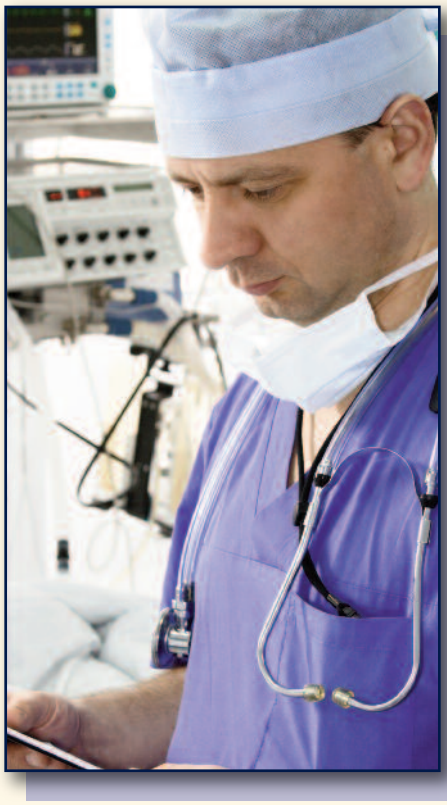
The data in this report is for the year 2012.

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

Measures:

Left Ventricular Systolic (LVS) Function Assessment

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



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

ACE Inhibitor or ARB at Discharge

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

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

Discharge Instructions

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

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

Who Gets Heart Failure?

Anyone can develop heart failure but it is more common in:

- People 65 years old or older
- African Americans
- Males

Heart failure can result from:

- coronary artery disease, which develops when fatty deposits in the coronary arteries makes the arteries narrow and clogged
- heart attack (*see pages 14-15 on* **Basic Facts on Treating Heart Attack**); the heart pumps less effectively since it has been damaged
- cardiomyopathy, where the heart muscle is damaged from infection, alcohol or drugs
- an overworked heart caused by high blood pressure, kidney disease, diabetes, or a birth defect
- cancer treatment, radiation and some chemotherapy drugs
- thyroid diseases
- HIV/AIDS
- Heart valve diseases causing blood to leak through a defective valve

What Happens to Your Body During Heart Failure?

Heart failure happens when the heart is not able to pump blood to the rest of the body at a normal rate. When the heart cannot pump all the blood it receives, excess fluid may build up in the lungs and other parts of the body. The lack of blood supplied to the rest of the body in addition to the backup of fluids causes symptoms of heart failure. The accumulation of fluid in the lungs is called congestion.

A healthy heart gets blood from the veins that go to its right side (or right atrium). From there, the blood is pumped to the lungs to get oxygen. The blood then travels to the left side (or left atrium) of the heart and is pumped to the rest of the body through the biggest artery in the body, the aorta. After the blood comes back from circulating through the body, it goes back into the right side again and the process starts all over again.

People with heart failure will feel short of breath or tired even at rest. These symptoms are caused by the build up of the fluids in the lungs and/or abdomen and can occur during the day or night. If they do occur while the patient is sleeping, the patient may wake up with a choking feeling and may also have a need to catch their breath.

The build up of fluids may also cause weight gain, which can happen suddenly or slowly. Feet, ankles, legs, and/or abdomen may be swollen. As the fluid continues to accumulate in the lungs, heart failure patients often develop a cough accompanied by mucus or blood.

If an artery becomes completely blocked and the blood supply to a part of the heart stops, the patient may experience a heart attack (*see pages 14-15 for* **Basic Facts on Treating Heart Attacks**).

Heart Failure Treatment Scores
Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	LVS Assessment %	ACEI/ARB Discharge %	Discharge Instructions %
Top 10% of hospitals scored equal to or higher than†:	100	100	100	100
Top 50% of hospitals scored equal to or higher than†:	99	100	99	99
Bayonne Medical Center	100	100	100	100
Community Medical Center	100	100	100	100
Deborah Heart and Lung Center	100	100	100	100
Hackettstown Regional Medical Center	100	100	100	100
Hoboken University Medical Center	100	100	100	100
Holy Name Medical Center	100	100	100	100
Jersey City Medical Center	100	100	100	100
Mountainside Hospital	100	100	100	100
Newark Beth Israel Medical Center	100	100	100	100
St. Luke's Warren Hospital	100	100	100	100
UMDNJ-University Hospital	100	100	100	100
Underwood-Memorial Hospital	100	100	100	100
Saint Barnabas Medical Center	100	100	100	100
AtlantiCare Regional Medical Center-Mainland	100	100	100	100
Kimball Medical Center	100	100	98	100
Riverview Medical Center	100	100	100	100
Monmouth Medical Center	100	100	100	99
St. Francis Medical Center	100	100	99	100
Bayshore Community Hospital	100	100	100	99
Memorial Hospital of Salem County	100	100	100	99
AtlantiCare Regional Medical Center-City	100	100	100	99
Clara Maass Medical Center	100	100	100	99
CentraState Medical Center	100	100	100	99
Jersey Shore University Medical Center	100	100	98	100
South Jersey Healthcare Regional Medical Center	99	100	97	100
Virtua-West Jersey Hospital Voorhees	99	100	98	99
Capital Health Medical Center-Hopewell	99	100	100	99
Palisades Medical Center of NY, PHS	99	99	100	99
RWJ University Hospital at Rahway	99	100	100	99
St. Peter's University Hospital	99	100	100	98
Shore Medical Center	99	100	100	99
Robert Wood Johnson University Hospital	99	100	99	98
Lourdes Medical Center of Burlington County	99	100	93	100
Overlook Medical Center	99	100	96	99
Somerset Medical Center	99	99	94	100
St. Mary's Hospital (Passaic)	99	100	98	98
Hackensack University Medical Center	99	100	99	97
Cooper Hospital/University Medical Center	99	100	98	98

The scores summarize the percent of time that a hospital gave patients the correct care for heart failure in 2012. The Overall Score is a composite of the three heart failure scores.

Higher scores are better. The goal is 100%.

Hospital Name	Overall Score %	LVS Assessment %	ACEI/ARB Discharge %	Discharge Instructions %
Top 10% of hospitals scored equal to or higher than†:	100	100	100	100
Top 50% of hospitals scored equal to or higher than†:	99	100	99	99
Valley Hospital	99	100	99	97
Kennedy Univ. Hospitals UMC-Cherry Hill	99	100	97	97
St. Clare's Hospital-Sussex	99	100	100 ^	97
Newton Medical Center	99	99	95	99
Raritan Bay Medical Center-Perth Amboy	98	99	97	98
St. Joseph's Wayne Hospital	98	100	98	96
St. Clare's Hospital-Denville	98	99	98	97
Virtua-Memorial Hospital Burlington County	98	100	99	96
Kennedy Univ. Hospitals UMC-Stratford	98	99	98	97
Englewood Hospital and Medical Center	98	99	99	96
Our Lady of Lourdes Medical Center	98	100	99	95
Meadowlands Hospital Medical Center	98	97	94 ^	100
Chilton Memorial Hospital	98	100	100	93
St. Clare's Hospital-Dover	98	99	90	98
Capital Health Regional Medical Center	98	99	100	95
Morristown Memorial Hospital	98	100	93	97
University Medical Center at Princeton	98	100	98	94
St. Joseph's Regional Medical Center	98	99	99	95
Virtua-West Jersey Hospital Marlton	97	100	100	91
Raritan Bay Medical Center-Old Bridge	96	97	96	95
St. Michael's Medical Center	96	98	91	97
JFK Medical Center/Anthony M Yelensics	96	100	98	90
Cape Regional Medical Center	96	99	99	91
Kennedy Univ. Hospitals UMC-Wash. Twp.	96	100	91	92
South Jersey Hospital-Elmer	96	98	75	100
Trinitas Regional Medical Center	96	100	91	92
Southern Ocean Medical Center	95	100	91	90
Christ Hospital	95	100	96	89
Ocean Medical Center	95	99	95	89
Virtua-West Jersey Hospital Berlin	94	100	100	82
Hunterdon Medical Center	93	100	95	84
RWJ University Hospital at Hamilton	91	100	96	77
Bergen Regional Medical Center	79	91 ^	86 ^	54 ^
East Orange General Hospital	72	88	87	43

Source: New Jersey Hospital Quality Data, 2012.

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

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

New Jersey's Statewide Scores Compared to National Scores

Recommended Care

The table below compares statewide scores to national scores for Recommended Care Measures. New Jersey scores for the 17 recommended care measures are the same as in the tables on the previous pages, which are based on data collected from hospital medical records for 2012. The National Scores are from the Centers for Medicare and Medicaid Services (CMS) for the same year and from the same database.

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

For 2012, New Jersey performed better than or same as national average on ALL recommended care measures. Of the 17 recommended care measures, New Jersey hospitals exceeded national norms on eight measures and were equal to national norms on nine measures.

For the first time, New Jersey hospitals reached national performance norm on PCI received within 90 minutes for heart attack patients.

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

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

Condition	Quality Measure	New Jersey	National	New Jersey vs. National
Heart Attack	Aspirin at Discharge	99	99	=
	PCI within 90 Minutes	95	95	=
	Statin at Discharge	98	98	=
Pneumonia	Antibiotic Selection	97	96	▲
	Blood Cultures in ED	99	98	▲
Heart Failure	LVS Assessment	100	99	▲
	ACEI / ARB at Discharge	98	97	▲
	Discharge Instructions	96	94	▲
Surgical Care Improvement	Preventive Antibiotic Started	99	99	=
	Appropriate Antibiotic Received	99	99	=
	Preventive Antibiotic Stopped	98	98	=
	VTE Prophylaxis Ordered	99	98	▲
	VTE Prophylaxis Received	98	98	=
	Controlled Postop Serum Glucose	97	96	▲
	Beta Blocker Continued	97	97	=
	Urinary Catheter Removal	97	96	▲
	Perioperative Temperature Management	100	100	=

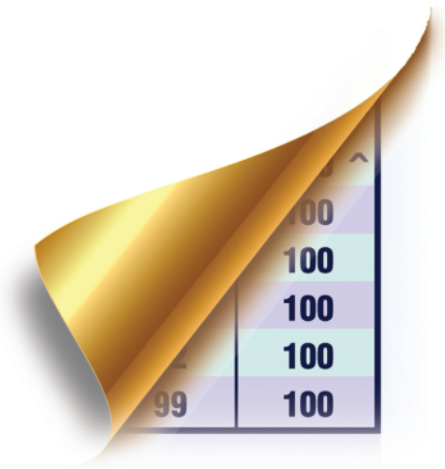
= New Jersey score for this measure is equal to national score.

▲ New Jersey score for this measure is better than national score.

Section 3:

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)

Quality in health care, including in hospitals, can be described as doing the right thing, at the right time, in the right way - and having the best possible results. In practice however, even in the best hospitals, some patients will experience complications either after a surgical operation or as a result 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)**.

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. Evidence shows that most of the adverse events classified under each PSI are potentially preventable. This section of the report focuses on the 12 PSIs mandated for public reporting.

PSIs differ from the way the recommended care measures are calculated. Unlike the recommended care measures, ***a lower rate in PSIs indicates better performance by a hospital. With PSIs, lower rates mean fewer medical errors or adverse events.*** In addition, the numbers on the **PSI** tables on pages 40-43 are not scores or simple percentages, as used with the recommended care measures; they are either rates or actual volume of medical errors.

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

How is the data collected?

The data comes from the New Jersey hospital discharge database also known as the Uniform Bill (UB) data. Hospitals submit these data to the State. The data used for this analysis are from 2012.

What do the rates mean?

The **PSIs** tables on pages 40-43 show the occurrence of medical errors or adverse events in each of the 72 licensed hospitals in New Jersey. Each **PSI** measure shows the extent to which patients experience a particular problem during their hospital stay. A rate is expressed as the number of complications or medical errors per 1,000 eligible hospital discharges.

For example, suppose a hospital had 1,000 obstetric patients who had vaginal deliveries without the assistance of an instrument. Suppose 43 out of these 1,000 patients experienced trauma during delivery. Then, the rate of occurrence of trauma at this hospital for that type of patient (obstetric patient who had a vaginal delivery without an instrument) would be 43 per every 1,000 patients or 4.3% (4.3 out of 100 patients).

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

How are the rates calculated?

Hospitals that treat sicker or older patients may be unfairly compared to other hospitals with healthier patients. It is very important to make adjustments for such differences, so that hospitals may be compared fairly. The **PSIs** rates in this report were calculated by applying the **AHRQ PSIs** Software (Version 4.5) to the 2012 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/hpr.**

How do I read the table?

The footnote labels, "better than statewide average" and "worse than statewide average", shown at the bottom of the tables on pages 40-43 describe the interpretation of the **PSI** rates 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 may be that rates calculated from small numbers of events tend to have wider confidence intervals that make the statewide rate fall within the interval, giving the appearance of good performance by that hospital compared to a hospital whose rate is based on higher volume (large number) of events.

Information on confidence intervals is not shown in the tables on pages 40-44 but is included in the calculations and can be found in the technical report at: **www.nj.gov/health/hpr**.

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

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

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

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

Continued

Basic Facts About Patient Safety Indicators (PSIs)

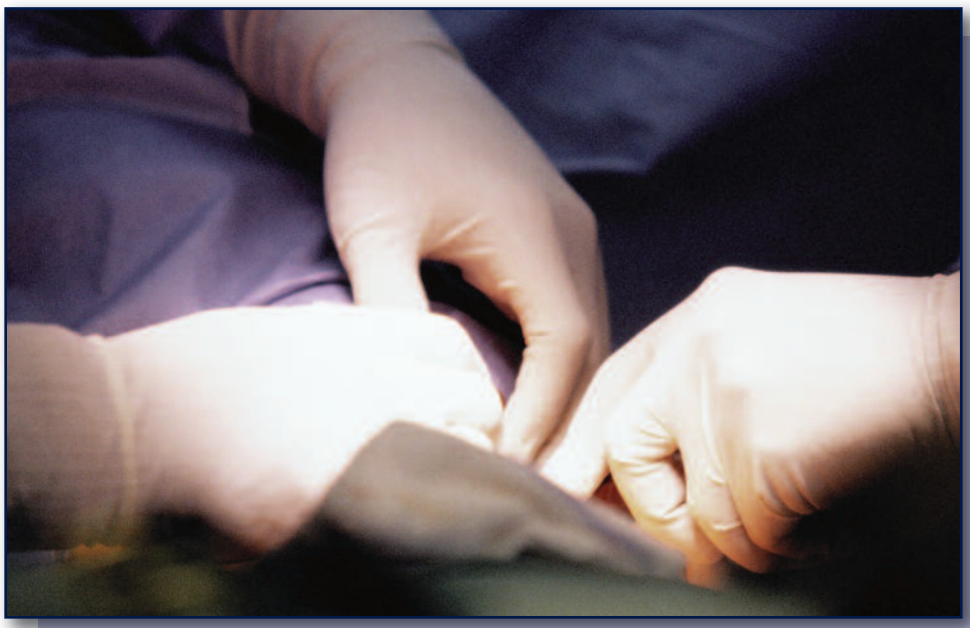
This section presents brief descriptions of each of the 12 PSIs covered in this report and why it is important to report them publicly. Most of these adverse events are considered potentially preventable (i.e., with good care, hospitals can prevent most of these adverse events).

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:

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

- **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 hospitalized patients broke a hip bone from a fall following any kind of operation. This event is considered preventable with

proper medical and nursing care. **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.

- **Information on this indicator is important** because breaking a hip bone as a result 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. Postoperative hip fracture occurs very rarely.

Postoperative Hemorrhage or Hematoma:

- **This rate tells you** the number of patients with postoperative hemorrhage or postoperative hematoma per 1,000 surgical discharges following a surgical procedure.

- **Information on this indicator is important** because it tells you how often hospitalized patients bled too much either within their body or outside their body (hemorrhage) or developed a large clot (hematoma) following a surgical procedure. These complications were important enough to involve another operation to stop the bleeding or remove the blood clots. The event is considered preventable when proper guidelines and procedures are followed.

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

- **This rate tells you** the number of patients with PE (a blood clot in the lungs), or DVT (a blood clot in a large vein) per 1,000 discharges of surgery patients from the operating room. The number excludes obstetric patients.

- **This information is important** because it shows you how often hospital patients developed a blood clot that ends up in the lungs (called a pulmonary embolism) or in a large vein (called deep vein thrombosis) after an operation. If the DVT breaks away and travels through the bloodstream, it could block a blood vessel in the patient's lungs, causing PE. Both PE and DVT are common complications that can be prevented through continuous in-hospital risk assessment and appropriate infection treatments.

Postoperative Sepsis:

- **This rate tells you** the number of hospitalized patients that get a serious bloodstream infection (nosocomial postoperative sepsis) after surgery per 1,000 elective surgery patients. A serious infection of the bloodstream caused by toxin-producing bacteria, known as sepsis, can occur after surgery. The rate excludes patients with pre-existing infections as well as those with compromised immunity system such as cancer. Obstetric patients are also excluded.

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

Continued

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

Postoperative Wound Dehiscence:

- **This rate tells you** the number of patients who 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 (wound dehiscence). Abdominopelvic surgical procedures include those performed on the stomach, liver, spleen, gallbladder, pancreas, kidneys, most of the small and large intestines, urinary bladder and internal reproductive organs. The rate excludes patients with pre-existing conditions (POA) and all obstetric admissions.

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

Transfusion Reaction:

- **This indicator 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 patients who had a bad reaction to a blood transfusion. It is considered a never-event and happens very rarely. All cases with pre-existing conditions are excluded from the measure.

- **This information is important** because it measures major reactions to blood transfusions 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.

Birth Trauma-Injury to Neonate:

- **This rate tells you** the number of birth trauma (injury to neonate) cases per 1,000 live births caused by medical complications during labor and delivery. The rate excludes some preterm infants and infants with osteogenic imperfecta.
- **This information is important** because 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:

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

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

Obstetric Trauma - Vaginal Delivery without Instrument:

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

Continued

Patient Safety Indicator (PSI) Rates, 2012

Number of adverse events that occurred 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	Post-operative hemorrhage or hematoma	Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National rate (2010)	930	0.43	0.03	5.86	4.51	12.00
Statewide number of adverse events (2012)	38	238	3	1086	1,315	157
Statewide average rate (2012)	NA	0.32	0.03	14.72	5.51	11.07
Atlanticare Regional Medical Center-City	1	0.1	0.0	7.3 *	3.9	0.0
Atlanticare Regional Medical Center-Mainland	0	0.1	0.0	9.1 *	3.7	3.0
Bayonne Medical Center	0	0.2	0.0	9.3	1.0 *	26.0
Bayshore Community Hospital	0	0.1	0.0	4.5 *	2.1	0.0 ^
Bergen Regional Medical Center	1	0.0	0.0	16.3	42.9 **	0.0
Cape Regional Medical Center	0	0.2	0.0	11.7	2.1 *	0.0
Capital Health Medical Center - Hopewell	0	0.5	0.0	10.7	6.6	0.0
Capital Health Regional Medical Center	0	0.3	1.6	8.8	12.0 **	0.0
CentraState Medical Center	0	0.1	0.0	14.6	3.1 *	35.0 **
Chilton Memorial Hospital	0	0.9 **	0.0	25.9 **	2.9 *	0.0
Christ Hospital	1	0.2	0.0	13.2	8.1	51.2 **
Clara Maass Medical Center	1	0.4	0.0	12.9	3.1 *	0.0
Community Medical Center	0	0.1	0.0	13.0	3.5 *	3.7
Cooper Hospital/University Medical Center	1	0.6	0.0	11.4 *	9.4 **	17.0
Deborah Heart and Lung Center	0	0.2	0.0	14.4	3.4	0.0 ^
East Orange General Hospital	0	0.1	0.0	12.2	3.6	91.3 **
Englewood Hospital and Medical Center	0	0.1	0.0	4.9 *	2.2 *	7.2
Hackensack University Medical Center	11	0.2	0.0	18.6 **	5.7	8.4
Hackettstown Regional Medical Center	0	0.3	0.0	7.5	5.2	101.2 **
Hoboken University Medical Center	1	0.6	0.0	0.0 *	8.1	0.0
Holy Name Medical Center	1	0.3	0.0	4.4 *	5.9	24.9
Hunterdon Medical Center	0	1.4 **	0.0	18.7	5.1	0.0
Jersey City Medical Center	0	0.3	0.0	15.5	2.9	22.9
Jersey Shore University Medical Center	2	0.4	0.0	24.2 **	3.1 *	0.0
JFK Medical Center/Anthony M. Yalensics	0	0.1	0.0	12.2	17.4 **	15.0
Kennedy University Hospital - Cherry Hill	0	0.2	0.0	0.0 *	8.0	0.0 ^
Kennedy University Hospital - Stratford	0	0.0	0.0	9.3	2.5	0.0
Kennedy University Hospital - Wash. Twp.	1	0.5	0.0	4.6 *	7.5	9.7
Kimball Medical Center	0	0.2	0.0	6.1 *	4.8	89.7 ^**
Lourdes Medical Center of Burlington Cty.	0	0.4	0.0	11.0	2.5	0.0
Meadowlands Hospital Medical Center	0	0.5	0.0	0.0 *	2.8	0.0 ^
Memorial Hospital of Salem County	0	0.4	0.0	5.4	0.0	51.1 ^
Monmouth Medical Center	0	0.0	0.0	11.1	4.8	9.9
Morristown Memmorial Hospital	1	0.1	0.0	28.5 **	5.9	3.2 *
Mountainside Hospital	1	0.3	0.0	19.1	6.9	36.6 **
Newark Beth Israel Medical Center	1	0.8 **	0.3	23.8 **	7.6 **	11.3
Newton Memorial Hospital	0	0.4	0.0	11.1	2.5	0.0
Ocean Medical Center - Bricktown	0	0.3	0.0	14.3	3.6	0.0

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2012. Two of the 12 PSI procedures: Retained Surgical Item or 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	Retained Surgical Item or Unretrieved Device Fragment	Iatrogenic pneumothorax	Post-operative hip fracture	Post-operative hemorrhage or hematoma	Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National rate (2010)	930	0.43	0.03	5.86	4.51	12.00
Statewide number of adverse events (2012)	38	238	3	1086	1,315	157
Statewide average rate (2012)	NA	0.32	0.03	14.72	5.51	11.07
Our Lady of Lourdes Medical Center	0	0.3	0.0	23.7 **	3.6	9.8
Overlook Medical Center	0	0.2	0.0	14.7	10.9 **	12.9
Palisades Medical Center of NY PHS	0	0.2	0.0	6.5 *	1.1 *	15.4
Raritan Bay Medical Center-Old Bridge	1	0.0	0.0	3.6 *	6.1	0.0 ^
Raritan Bay Medical Center-Perth Amboy	0	0.6	0.0	7.4	5.1	22.2
Riverview Medical Center	0	0.4	0.0	8.5 *	2.2 *	39.2 ^
RWJ University Hospital	3	0.6 **	0.0	23.7 **	8.2 **	11.5
RWJ University Hospital at Hamilton	1	0.5	0.0	14.8	2.4 *	8.3
RWJ University Hospital at Rahway	0	0.3	0.0	0.0 *	1.4 *	8.8
Shore Medical Center	0	0.4	0.0	11.6	6.2	0.0
Somerset Medical Center	0	0.2	0.0	14.0	8.6 **	15.2
South Jersey Healthcare Regional MC	0	0.7	0.0	9.9 *	2.2 *	4.0
South Jersey Hospital-Elmer	0	0.4	0.0	4.6 *	0.0 *	0.0
Southern Ocean Medical Center	0	0.0	0.0	5.2 *	2.4	-
St. Barnabas Medical Center	0	0.4	0.0	20.4 **	7.3 **	8.2
St. Clare's Hospital-Denville	0	0.1	0.0	3.0 *	4.3	0.0
St. Clare's Hospital-Dover	0	0.0	0.0	16.0	1.1 *	0.0 ^
St. Clare's Hospital-Sussex	0	0.0	0.0	0.0	0.0	-
St. Francis Medical Center-Trenton	0	0.6	0.0	17.0	7.1	37.7 **
St. Joseph's Hospital and Medical Center	0	0.6	0.0	17.5	1.8 *	23.3 **
St. Joseph's Wayne Hospital	0	0.9	0.0	13.6	0.7 *	17.4
St. Luke's Warren Hospital	0	0.0	0.0	16.1	6.3	71.2 **
St. Mary's Hospital (Passaic)	1	0.7	0.0	22.1 **	4.6	9.8
St. Michael's Medical Center	0	0.4	0.0	10.5	2.7 *	23.6
St. Peter's University Hospital	0	0.0	0.0	14.2	7.1	15.1
Trinitas Regional Medical Center	0	0.3	0.0	6.4 *	4.5	0.0
UMDNJ-University Hospital	3	0.8 **	0.0	18.0	10.8 **	16.1
Underwood-Memorial Hospital	0	0.8 **	0.0	3.8 *	4.0	0.0
University Medical Center at Princeton	0	0.4	0.0	7.8 *	2.3 *	24.8
Valley Hospital	2	0.2	0.0	10.9 *	6.7	8.8
Virtua-Memorial Hospital Burlington Cty.	2	0.2	0.0	11.4	3.4 *	6.5
Virtua-West Jersey Hospital Berlin	0	0.0	0.0	0.0 *	0.0	0.0 ^
Virtua-West Jersey Hospital Marlton	0	0.1	0.0	6.4 *	2.3 *	7.3
Virtua-West Jersey Hospital Voorhees	1	0.0	0.5	13.4	2.7 *	10.5

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Source: New Jersey numbers are derived from the 2012 UB Data while the national rates are from the AHRQ Comparative Data Report derived from the 2010 Nationwide Inpatient Sample (NIS).

^ Rates are based on denominators less than 30 and should be taken with caution.
* Better than state average.
** Worse than state average.
\- Hospital reported less than 3 cases/patients for this measure, which is too small to report.
N/A Not Applicable (Retained Surgical Item or Unretrieved Device Fragment Count is reported in volume instead of rate, because it is a rare event).

Patient Safety Indicator (PSI) Rates, 2012

Number of adverse events that occurred during hospitalization, per 1,000 hospital discharges

See footnotes at bottom of next page

Hospital Name	Postoperative wound dehiscence	Accidental puncture or laceration	Transfusion reaction	Birth trauma	Obstetric trauma-vaginal delivery with instrument	Obstetric trauma-vaginal delivery without instrument
National rate (2010)	1.85	2.45	67	2.10	139.11	22.46
Statewide number of adverse events (2012)	62	969	1	170	473	1,091
Statewide average rate (2012)	1.67	1.22	NA	1.73	126.00	19.07
Atlanticare Regional Medical Center-City	5.9	0.6	0	0.0	-	-
Atlanticare Regional Medical Center-Mainland	0.0	0.5	0	2.1	78.9	13.8
Bayonne Medical Center	0.0	0.2	0	-	-	-
Bayshore Community Hospital	0.0	0.6	0	-	-	-
Bergen Regional Medical Center	0.0 ^	0.0	0	-	-	-
Cape Regional Medical Center	2.7	1.4	0	0.0	125.0 ^	23.5
Capital Health Medical Center - Hopewell	1.9	2.4 **	0	1.6	222.2	21.2
Capital Health Regional Medical Center	3.8	0.4	0	0.0	200.0 ^	11.5
CentraState Medical Center	0.0	2.2 **	0	0.7	238.1 ^	31.3
Chilton Memorial Hospital	2.4	2.7 **	0	2.2	272.7	35.1
Christ Hospital	4.2	1.7	0	2.2	76.9 ^	4.3
Clara Maass Medical Center	0.0	0.7	0	0.0	117.6	12.7
Community Medical Center	2.2	1.1	0	0.0	16.1	16.5
Cooper Hospital/University Medical Center	4.2 **	1.6	0	4.8	141.5	22.1
Deborah Heart and Lung Center	0.0 ^	0.2	0	-	-	-
East Orange General Hospital	0.0	0.0	0	-	-	-
Englewood Hospital and Medical Center	0.0	0.3 *	0	1.0	155.3	19.8
Hackensack University Medical Center	0.0	1.6	1	2.7	64.0	20.5
Hackettstown Regional Medical Center	0.0	0.7	0	4.2	166.7	18.2
Hoboken University Medical Center	0.0	1.3	0	0.0	0.0 ^	30.3
Holy Name Medical Center	1.7	1.1	0	0.7	140.0	15.3
Hunterdon Medical Center	0.0	0.4	0	1.1	294.1	22.9
Jersey City Medical Center	0.0	0.7	0	2.4	19.2	1.3
Jersey Shore University Medical Center	0.0	1.7	0	1.6	94.8	14.2
JFK Medical Center/Anthony M. Yalensics	0.0	0.5	0	3.0	103.9	9.9
Kennedy University Hospital - Cherry Hill	10.8 **	0.4	0	-	-	-
Kennedy University Hospital - Stratford	4.9	1.0	0	-	-	-
Kennedy University Hospital - Wash. Twp.	4.4	1.1	0	2.0	142.9	22.1
Kimball Medical Center	0.0	1.5	0	1.1	166.7	12.9
Lourdes Medical Center of Burlington Cty.	0.0	1.5	0	-	-	-
Meadowlands Hospital Medical Center	0.0	1.3	0	1.2	142.9 ^	15.4
Memorial Hospital of Salem County	0.0	1.2	0	0.0	0.0 ^	0.0
Monmouth Medical Center	1.4	0.8	0	1.6	120.4	13.6
Morristown Memmorial Hospital	0.0	1.1	0	2.2	144.1	21.4
Mountainside Hospital	0.0	1.1	0	8.8	178.6 ^	23.4
Newark Beth Israel Medical Center	0.0	1.0	0	2.4	128.2	16.3
Newton Memorial Hospital	6.9 **	0.9	0	3.7	210.5 ^	18.8
Ocean Medical Center - Bricktown	0.0	2.3 **	0	2.1	159.1	21.1

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2012. Two of the 12 PSI procedures: Retained Surgical Item or 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	Transfusion reaction	Birth trauma	Obstetric trauma-vaginal delivery with instrument	Obstetric trauma-vaginal delivery without instrument
National rate (2010)	1.85	2.45	67	2.10	139.11	22.46
Statewide number of adverse events (2012)	62	969	1	170	473	1,091
Statewide average rate (2012)	1.67	1.22	NA	1.73	126.00	19.07
Our Lady of Lourdes Medical Center	1.8	0.4	0	1.2	147.1	13.1
Overlook Medical Center	2.5	2.2 **	0	0.4	134.5	17.1
Palisades Medical Center of NY PHS	3.9	1.6	0	0.7	302.3	34.4
Raritan Bay Medical Center-Old Bridge	0.0	0.7	0	-	-	-
Raritan Bay Medical Center-Perth Amboy	0.0	1.2	0	0.0	200.0 ^	21.3
Riverview Medical Center	2.6	1.3	0	0.0	155.2	14.6
RWJ University Hospital	0.7	1.5	0	1.9	184.2	32.9
RWJ University Hospital at Hamilton	0.0	3.3 **	0	1.9	0.0 ^	25.2
RWJ University Hospital at Rahway	4.2	0.2	0	-	-	-
Shore Medical Center	0.0	1.2	0	0.0	90.9 ^	22.6
Somerset Medical Center	1.9	1.3	0	1.0	113.6	33.3
South Jersey Healthcare Regional MC	1.8	1.7	0	1.6	187.5	14.0
South Jersey Hospital-Elmer	0.0	0.5	0	3.6	200.0 ^	33.5
Southern Ocean Medical Center	3.1	1.5	0	0.0	125.0 ^	34.9
St. Barnabas Medical Center	5.3 **	1.2	0	2.2	130.0	27.0
St. Clare's Hospital-Denville	0.0	0.7	0	0.8	240.0 ^	50.3
St. Clare's Hospital-Dover	0.0	0.0	0	-	-	-
St. Clare's Hospital-Sussex	.	0.0	0	-	-	-
St. Francis Medical Center-Trenton	4.6	2.8 **	0	-	-	-
St. Joseph's Hospital and Medical Center	4.3	1.5	0	1.2	212.1	8.7
St. Joseph's Wayne Hospital	0.0	0.2	0	-	-	-
St. Luke's Warren Hospital	0.0	1.5	0	-	-	-
St. Mary's Hospital (Passaic)	2.4	1.5	0	0.0	200.0 ^	4.3
St. Michael's Medical Center	0.0	0.9	0	-	-	-
St. Peter's University Hospital	5.6 **	1.7	0	1.6	61.5	16.0
Trinitas Regional Medical Center	5.0	0.8	0	0.0	139.5	18.6
UMDNJ-University Hospital	3.2	0.9	0	2.8	35.7	11.7
Underwood-Memorial Hospital	7.2 **	0.5	0	2.3	0.0 ^	15.0
University Medical Center at Princeton	0.0	1.4	0	2.1	188.2	20.4
Valley Hospital	1.4	0.6	0	1.3	107.4	39.3
Virtua-Memorial Hospital Burlington Cty.	0.0	1.1	0	1.6	126.3	17.1
Virtua-West Jersey Hospital Berlin	0.0	0.0	0	-	-	-
Virtua-West Jersey Hospital Marlton	3.9	1.1	0	-	-	-
Virtua-West Jersey Hospital Voorhees	0.0	1.6	0	1.5	124.1	11.0

Source: New Jersey numbers are derived from the 2012 UB Data while the national rates are from the AHRQ Comparative Data Report derived from the 2010 Nationwide Inpatient Sample (NIS).

^ Rates are based on denominators less than 30 and should be taken with caution.
* Better than state average.
** Worse than state average.
\- Hospital reported less than 3 cases/patients for this measure, which is too small to report.
N/A Not Applicable (Transfusion Reaction is reported in volume instead of rate, because it is a rare event).

New Jersey's Statewide PSI Rates Compared to National Rates

The table below shows New Jersey's statewide estimates for the 12 Patient Safety Indicators (PSIs) in this report. The New Jersey statewide estimates are based on the 2012 UB data calculated using the Agency for Healthcare Research and Quality (AHRQ) PSIs SAS Software (Version 4.5). The national estimates come from AHRQ's National Comparative Data derived from the 2010 Nationwide Inpatient Sample (NIS) using the same software version (Version 4.5).

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

Compared to the 2010 national PSIs estimates (the latest available at the time of this report), New Jersey performed better than the national average for 7 of the 10 PSIs that are measured using rates. The two measures where New Jersey performed worse than the national average were - post-operative hemorrhage or hematoma and post-operative PE/DVT. The discrepancies may in part be due to differences in years of data or differences in data reporting formats by States. The 2010 National Comparative Data is based on UB data obtained from 44 States.

Patient Safety Indicators (PSIs)	National	New Jersey
Retained Surgical Item or Unretrieved Device Fragment Ω	930	38
Iatrogenic Pneumothorax	0.43	0.32
Postoperative Hip Fracture	0.03	0.03
Postoperative Hemorrhage or Hematoma	5.86	14.72
Postoperative Pulmonary Embolism or Deep Vein Thrombosis	4.51	5.51
Postoperative Sepsis	12.00	11.07
Postoperative Wound Dehiscence	1.85	1.67
Accidental Puncture or Laceration	2.45	1.22
Transfusion Reaction Ω	67	1
Birth Trauma - Injury to Neonate	2.10	1.73
Obstetric Trauma - Vaginal Delivery with Instrument	139.11	126.00
Obstetric Trauma - Vaginal Delivery without Instrument	22.46	19.07

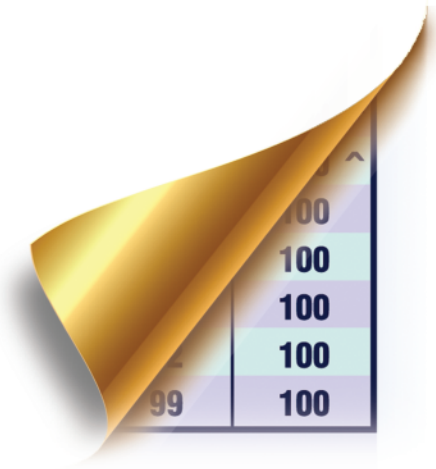
Source: New Jersey numbers are derived from the 2012 UB Data while the national rates are from the AHRQ Comparative Data Report derived from the 2010 Nationwide Inpatient Sample (NIS).

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

Section 4

Healthcare-Associated Infections (HAIs)

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



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] **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.[2]

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

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

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

What HAIs are in this year's report?

This year's report focuses on three types of HAIs; **Surgical Site Infections (SSIs) following Coronary Artery Bypass Graft (CABG), Abdominal Hysterectomy, Knee Arthroplasty and Colon surgery procedures, Central Line-Associated Bloodstream Infections (CLABSIs), and Catheter-Associated Urinary Tract Infections (CAUTIs).** In January 2012, hospitals began reporting colon surgery procedures and associated infections, hence they are new to this years' report.

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 prevention 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 2012. 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 a **L** as "Lower than Expected", a **S** as "Similar to Expected", or a **H** as "Higher than Expected".

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

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

To learn more about the risk-adjustment method and how SIRs are calculated, see the technical report at **www.nj.gov/health/hpr**.

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. It is estimated that CLABSIs cost $2.7 billion a year in the United States. According to the federal Centers for Disease Control and Prevention (CDC), approximately 250,000 CLABSIs occur annually with an estimated death rate of 12% to 25% for each CLABSI[3].

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 72 acute care and specialty care hospitals in New Jersey during 2012.** The data were verified for accuracy by each hospital.

What are the CLABSI results for New Jersey for 2012?

There were more than 263,000 central-line days reported to NHSN by New Jersey acute care hospitals in 2012. The formula below provides the Statewide observed, expected and SIR for CLABSIs:

Observed CLABSIs = 385
Expected CLABSIs = 542.87
SIR=Observed / Expected = 0.71

The SIR of 0.71 indicates that CLABSIs for New Jersey was 29% fewer than expected based on the national data. The difference is

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statistically significant. This means the central-line infections in **New Jersey were lower than the central-line infections seen nationally.**

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

Observed ICU CLABSIs=340
Expected ICU CLABSIs=465.83
SIR=Observed/Expected=0.73

The SIR of 0.73 indicates that ICU CLABSIs for New Jersey were 27% 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=45
Expected NICU CLABSIs=77.05
SIR=Observed/Expected=0.58

The SIR of 0.58 indicates that NICU CLABSIs for New Jersey were 42% 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 percent of infections in acute care hospitals are reported as CAUTIs.[5] 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.[2] CAUTIs are also associated with more than 13,000 deaths annually.[5]

What CAUTI data are included in this report?

CAUTIs are monitored in many inpatient locations within the hospital. **This report focuses on CAUTIs that occurred in adult critical/ intensive care units** (CCUs or ICUs) in each of the 72 acute care and specialty care hospitals in New Jersey during 2012. 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 2012?

There were **over 311,000 catheter days reported to NHSN by New Jersey hospitals in 2012.** The formula below provides the Statewide observed, expected and SIR for CAUTIs:

Observed CAUTIs = 567
Expected CAUTIs = 620.37
SIR=Observed / Expected = 0.91

The SIR of 0.91 indicates that CAUTIs for New Jersey were 9 % lower than the expected national data. The difference is not 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 days of the procedure. If the procedure involves an implant or transplant, monitoring for an SSI must occur for a year following the procedure.

According to a recent survey, SSIs were the second most common HAI in 2011, accounting for an estimated 24 percent of all HAI hospitalizations.[7] Associated costs to treat an inpatient with a SSI are between $11,874 - $34,670 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.[6]

What Surgical Site Infections are in this report?

The surgical site infections included in this report are from 2012. 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. As noted previously, surgical procedures which involve an implant of any kind must be followed for a year.

This year's report includes SSI data from Coronary Artery Bypass Graft (CABG) procedures, Abdominal Hysterectomy procedures, Knee Arthroplasty procedures and Colon surgery procedures. It is important to note that only 18 of the 72 acute care hospitals are licensed as Open Heart Surgery hospitals and are able to perform CABG surgery. The surgical site infection data for 2012 were verified for accuracy by each hospital but were not audited.

What are the SSI results for New Jersey hospitals for 2012?

A total of 4,857 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=61.03
SIR=Observed / Expected = 51/61.03 = 0.84

The SIR of 0.84 indicates that the observed CABG infections were 16% fewer than expected based on the national data. The difference is not statistically significant which means the CABG infections in New Jersey were similar to the CABG infections seen nationally.

A total of 8,437 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=67
Expected HYST infections=65.40
SIR=Observed / Expected = 67/65.40 = 1.03

The SIR of 1.03 indicates that the observed abdominal hysterectomy infections were 3% more than expected based on the national data. However, the difference is not statistically significant which means the abdominal hysterectomy infections in New Jersey were similar to those seen nationally.

A total of 13,898 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=78
Expected KPRO infections=90.91
SIR=Observed/Expected=78/90.91=0.86

The SIR of 0.86 indicates that the observed knee arthroplasty infections were 14% less than expected based on the national data. However, the difference is not statistically significant which means the knee arthroplasty infections in New Jersey were similar to those seen nationally.

A total of 8,151 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=153
Expected COLO infections=243.18
SIR=Observed/Expected=153/243.18=0.63

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The SIR of 0.63 indicates that the observed colon infections were 37% 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 surgery infections seen nationally.**

The Overall SSI SIR takes into account all surgeries that were reported in New Jersey in 2012; CABG, Abdominal Hysterectomy, Knee Arthroplasty and colon surgeries. There were more than 35,000 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 = 349
Expected SSIs = 460.52
SIR=Observed / Expected = 349/460.52=0.76

The SIR of 0.76 indicates that the Overall SSIs for New Jersey is 24% fewer than expected based on the national data. The difference is statistically significant. This means the surgical site infections in **New Jersey were lower than surgical site infections seen nationally.**

What is "National Comparison"?

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

In trying to determine a hospital's performance, it is important to account for the fact that some differences occur simply due to chance. Although not shown in the table, 95% confidence intervals are used to determine how statistically certain is the conclusion that a hospital's SIR is higher or lower than 1.0. The 95% confidence intervals are not shown in the table. 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 completely below 1.0. The hospital is noted with a **L** in the National Comparison column. This means that fewer HAI events were observed than expected, adjusting for differences in the types of patients treated. Since the comparison is to the national baseline data, the hospital performed better than the national baseline experience.

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

A hospital's SIR is not statistically different from 1.0 if its 95% confidence interval includes 1.0. The hospital is noted with an **S** in the National Comparison column. This means that adjusting for difference in the types of patients treated, the hospital's performance on preventing HAI events was similar to the national baseline experience.

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

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

- Even though hospitals reviewed and verified accuracy of the data used in this report, the data have not been audited by an independent agency.
- It is also important to note that a hospital which performed lower than the National Comparison, does not necessarily mean the hospital is

better but that they may need to improve their HAI surveillance protocols. Conversely, a hospital which performed higher than the National Comparison is not necessarily a poor performer. This hospital could have better infection surveillance protocols and therefore have more accurate infection reporting.

- 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 May 28, 2014.

2 Scott, RD. **The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention.** http://www.cdc.gov/HAI/pdfs/hai/Scott_CostPaper.pdf accessed May 28, 2014

3 Centers for Disease Control and Prevention: Slides for the **American Recovery and Reinvestment Act Epidemiology and Laboratory Capacity (ELC) for Infectious Disease Program, Healthcare-Associated Infections (HAIs) Grantee Meeting** October 19-20, 2009, presented by *Katherine Allen-Bridson* http://www.cdc.gov/hai/recoveryAct/PDF/Oct09/11-145_Bridson_NHSN_CLABSI_Day2_Workshop1.pdf accessed May 28, 2014

4 Centers for Disease Control and Prevention, APIC, Joint Commission, IDSA, AHA, SHEA, **FAQ Sheet about "Catheter-Associated Bloodstream Infections"** http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/BSI_tagged.pdf accessed May 28, 2014.

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

6 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.

7 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.

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Central Line-Associated Bloodstream Infection (CLABSI) 2012

See footnotes at bottom of next page

Hospital Name	Observed # of CLABSI (O)	Expected # of CLABSI (E)[a]	CLABSI SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center - City	8	10.14	0.79	S
AtlantiCare Regional Medical Center - Mainland	13	9.01	1.44	S
Bayonne Medical Center	1	1.41	0.71	S
Bayshore Community Hospital	2	3.00	0.67	S
Bergen Regional Medical Center	2	0.77	--	--
Cape Regional Medical Center	1	1.86	0.54	S
Capital Health Medical Center-Hopewell	6	4.02	1.49	S
Capital Health Regional Medical Center	7	11.09	0.63	S
CentraState Medical Center	2	2.30	0.87	S
Chilton Memorial Hospital	5	3.24	1.54	S
Christ Hospital	3	1.96	1.53	S
Clara Maass Medical Center	15	11.67	1.29	S
Community Medical Center	8	7.61	1.05	S
Cooper Hospital/University Medical Center	11	33.83	0.33	L
Deborah Heart and Lung Center	2	5.14	0.39	S
East Orange General Hospital	1	4.45	0.23	S
Englewood Hospital and Medical Center	1	5.00	0.20	L
Hackensack University Medical Center	22	25.04	0.88	S
Hackettstown Regional Medical Center	0	0.92	--	--
Hoboken University Medical Center	1	1.22	0.82	S
Holy Name Medical Center	3	3.64	0.82	S
Hunterdon Medical Center	0	3.87	0	L
Jersey City Medical Center	5	12.31	0.41	L
Jersey Shore University Medical Center	12	22.58	0.53	L
JFK Medical Center/Anthony M Yelensics	10	11.48	0.87	S
Kennedy University Hospital	1	7.65	0.13	L
Kennedy University Hospital/UMC-Cherry Hill	3	3.01	1.00	S
Kennedy University Hospital/UMC-Stratford	0	1.53	0	S
Kimball Medical Center	1	2.13	0.47	S
Lourdes Medical Center of Burlington Cty.	1	2.21	0.45	S
Meadowlands Hospital Medical Center	2	1.65	1.21	S
Memorial Hospital of Salem County	2	0.65	--	--
Monmouth Medical Center	8	6.38	1.25	S
Morristown Memorial Hospital	10	21.56	0.46	L
Mountainside Hospital	10	6.67	1.5	S
Newark Beth Israel Medical Center	33	35.19	0.94	S
Newton Memorial Hospital	0	1.19	0	S
Ocean Medical Center	2	4.08	0.49	S
Our Lady of Lourdes Medical Center	5	11.98	0.42	L
Overlook Medical Center	11	16.42	0.67	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 2012 and is for adult, pediatric critical/intensive care units and neonatal intensive care units (CCUs or ICUs and NICUs). *NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CLABSIs.*

Hospital Name	Observed # of CLABSI (O)	Expected # of CLABSI (E)[a]	CLABSI SIR[b]	National Comparison‡
Palisades Medical Center of New York (PHS)	1	2.85	0.35	S
Raritan Bay Medical Center - Old Bridge	0	2.59	0	S
Raritan Bay Medical Center - Perth Amboy	3	5.80	0.52	S
Riverview Medical Center	2	3.08	0.65	S
Robert Wood Johnson University Hospital	18	34.40	0.52	L
Robert Wood Johnson University Hospital at Hamilton	4	4.34	0.92	S
Robert Wood Johnson University Hospital at Rahway	2	4.45	0.45	S
Saint Barnabas Medical Center	9	28.57	0.32	L
Shore Medical Center	6	3.13	1.92	S
Somerset Medical Center	2	4.38	0.46	S
South Jersey Healthcare - Elmer	0	0.70	--	--
South Jersey Healthcare Regional Medical Center	3	4.53	0.66	S
Southern Ocean Medical Center	1	1.78	0.56	S
St. Clare's Hospital - Denville	1	1.79	0.56	S
St. Clare's Hospital - Dover	1	1.09	0.92	S
St. Clare's Hospital - Sussex	0	0.03	--	--
St. Francis Medical Center	1	3.02	0.33	S
St. Joseph's Hospital and Medical Center	22	27.67	0.80	S
St. Joseph's Wayne Hospital	4	5.88	0.68	S
St. Luke's Warren Hospital	0	1.47	0	S
St. Mary's Hospital	10	4.81	2.08	H
St. Michael's Medical Center	9	8.96	1.00	S
St. Peter's University Hospital	6	10.00	0.6	S
Trinitas Regional Medical Center	7	5.63	1.24	S
UMDNJ - University Hospital	26	17.56	1.48	S
Underwood Memorial Hospital	2	3.63	0.55	S
University Medical Center at Princeton	1	2.25	0.44	S
Valley Hospital	9	12.07	0.75	S
Virtua Marlton	1	3.52	0.28	S
Virtua-Mem. Hospital of Burlington County	0	4.47	0	L
Virtua-West Jersey Health System - Berlin	0	0.97	--	--
Virtua-West Jersey Health System - Voorhees	4	7.62	0.53	S
ICU	340	465.83	0.73	L
NICU	45	77.05	0.58	L
Statewide	385	542.87	0.71	L

Source: New Jersey Healthcare-Associated Infections for 2012 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) 2012

See footnotes at bottom of next page

Hospital Name	Observed # of CAUTI (O)	Expected # of CAUTI (E)[a]	CAUTI SIR[b]	National Comparison‡‡
AtlantiCare Regional Medical Center - City	1	14.23	0.07	L
AtlantiCare Regional Medical Center - Mainland	3	7.97	0.38	S
Bayonne Medical Center	3	1.97	1.52	S
Bayshore Community Hospital	3	3.82	0.79	S
Bergen Regional Medical Center	2	1.57	1.27	S
Cape Regional Medical Center	0	3.37	0	L
Capital Health Medical Center-Hopewell	6	3.89	1.54	S
Capital Health Regional Medical Center	16	22.93	0.70	S
CentraState Medical Center	6	5.6	1.07	S
Chilton Memorial Hospital	2	3.79	0.53	S
Christ Hospital	0	2.02	0	S
Clara Maass Medical Center	11	15.13	0.73	S
Community Medical Center	8	18.04	0.44	L
Cooper Hospital/University Medical Center	21	34.93	0.60	L
Deborah Heart and Lung Center	7	6.69	1.05	S
East Orange General Hospital	0	3.81	0	L
Englewood Hospital and Medical Center	8	8.23	0.97	S
Hackensack University Medical Center	18	26.25	0.69	S
Hackettstown Regional Medical Center	0	1.45	0	S
Hoboken University Medical Center	2	1.74	1.15	S
Holy Name Medical Center	2	4.64	0.43	S
Hunterdon Medical Center	6	5.73	1.05	S
Jersey City Medical Center	0	14.49	0	L
Jersey Shore University Medical Center	9	22.53	0.40	L
JFK Medical Center/Anthony M Yelensics	12	11.50	1.04	S
Kennedy University Hospital	1	9.96	0.1	L
Kennedy University Hospital/UMC-Cherry Hill	4	4.79	0.84	S
Kennedy University Hospital/UMC-Stratford	1	3.61	0.28	S
Kimball Medical Center	3	3.06	0.98	S
Lourdes Medical Center of Burlington Cty.	1	2.76	0.36	S
Meadowlands Hospital Medical Center	2	2.41	0.83	S
Memorial Hospital of Salem County	4	1.56	2.57	S
Monmouth Medical Center	11	7.38	1.49	S
Morristown Memorial Hospital	11	25.97	0.42	L
Mountainside Hospital	16	8.68	1.84	H
Newark Beth Israel Medical Center	17	20.69	0.82	S
Newton Memorial Hospital	1	2.60	0.39	S
Ocean Medical Center	9	6.53	1.38	S
Our Lady of Lourdes Medical Center	13	10.73	1.21	S
Overlook Medical Center	46	25.06	1.84	H

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of infections divided by number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all the general acute care hospitals in the US. Data is from 2012 for adult critical/intensive care units (CCUs or ICUs) only. *NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CAUTIs.*

Hospital Name	Observed # of CAUTI (O)	Expected # of CAUTI (E)[a]	CAUTI SIR[b]	National Comparison‡‡
Palisades Medical Center of New York (PHS)	9	2.89	3.12	H
Raritan Bay Medical Center - Old Bridge	2	2.09	0.96	S
Raritan Bay Medical Center - Perth Amboy	5	5.35	0.94	S
Riverview Medical Center	11	5.10	2.16	H
Robert Wood Johnson University Hospital	50	32.17	1.55	H
Robert Wood Johnson University Hospital at Hamilton	4	4.20	0.95	S
Robert Wood Johnson University Hospital at Rahway	1	7.84	0.13	L
Saint Barnabas Medical Center	2	21.02	0.10	L
Shore Medical Center	10	3.06	3.26	H
Somerset Medical Center	7	6.85	1.02	S
South Jersey Healthcare - Elmer	1	1.79	0.56	S
South Jersey Healthcare Regional Medical Center	12	11.14	1.08	S
Southern Ocean Medical Center	2	4.15	0.48	S
St. Clare's Hospital - Denville	0	2.08	0	S
St. Clare's Hospital - Dover	0	1.54	0	S
St. Clare's Hospital - Sussex	0	0.15	--	--
St. Francis Medical Center	3	4.59	0.65	S
St. Joseph's Hospital and Medical Center	29	23.93	1.21	S
St. Joseph's Wayne Hospital	7	7.76	0.90	S
St. Luke's Warren Hospital	8	1.84	4.35	H
St. Mary's Hospital	16	5.77	2.78	H
St. Michael's Medical Center	10	9.18	1.09	S
St. Peter's University Hospital	10	9.95	1.01	S
Trinitas Regional Medical Center	4	6.34	0.63	S
UMDNJ - University Hospital	44	24.92	1.77	H
Underwood Memorial Hospital	5	4.43	1.13	S
University Medical Center at Princeton	3	3.46	0.87	S
Valley Hospital	17	9.27	1.84	H
Virtua Marlton	3	3.99	0.75	S
Virtua-Mem. Hospital of Burlington County	1	5.77	0.17	L
Virtua-West Jersey Health System - Berlin	0	1.26	0	S
Virtua-West Jersey Health System - Voorhees	5	4.40	1.14	S
Statewide	567	620.37	0.91	L

Source: New Jersey Healthcare-Associated Infections for 2012 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) 2012

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	106	0	1.75	0	S
AtlantiCare Regional Medical Center - Mainland	1614	14	15.82	0.89	S
Bayonne Medical Center	71	1	1.58	0.63	S
Bayshore Community Hospital	124	0	1.99	0	S
Bergen Regional Medical Center	31	0	0.28	--	--
Cape Regional Medical Center	214	1	2.94	0.34	S
Capital Health Medical Center-Hopewell	510	10	5.96	1.68	S
Capital Health Regional Medical Center	86	0	1.99	0	S
CentraState Medical Center	363	6	6.47	0.93	S
Chilton Memorial Hospital	232	7	3.90	1.79	S
Christ Hospital	80	1	1.02	0.98	S
Clara Maass Medical Center	453	9	5.63	1.60	S
Community Medical Center	853	13	10.74	1.21	S
Cooper Hospital/University Medical Center	1007	9	14.90	0.60	S
Deborah Heart and Lung Center	155	2	2.10	0.95	S
East Orange General Hospital	56	1	1.49	0.67	S
Englewood Hospital and Medical Center	782	7	11.23	0.62	S
Hackensack University Medical Center	2488	14	27.28	0.51	L
Hackettstown Regional Medical Center	106	4	1.00	4.00	H
Hoboken University Medical Center	116	1	1.29	0.78	S
Holy Name Medical Center	534	1	6.11	0.16	L
Hunterdon Medical Center	215	0	2.78	0	S
Jersey City Medical Center	318	2	5.13	0.39	S
Jersey Shore University Medical Center	1388	12	19.23	0.62	S
JFK Medical Center/Anthony M Yelensics	541	8	6.08	1.32	S
Kennedy University Hospital	687	1	7.18	0.14	L
Kennedy University Hospital/UMC-Cherry Hill	78	0	0.89	--	--
Kennedy University Hospital/UMC-Stratford	91	0	1.32	0	S
Kimball Medical Center	92	2	1.34	1.49	S
Lourdes Medical Center of Burlington Cty.	171	1	2.53	0.40	S
Meadowlands Hospital Medical Center	57	1	0.37	--	--
Memorial Hospital of Salem County	68	1	0.96	--	--
Monmouth Medical Center	687	2	9.26	0.22	L
Morristown Memorial Hospital	2844	20	27.27	0.73	S
Mountainside Hospital	445	2	5.01	0.40	S
Newark Beth Israel Medical Center	711	9	10.58	0.85	S
Newton Memorial Hospital	218	2	2.92	0.68	S
Ocean Medical Center	713	1	7.83	0.13	L
Our Lady of Lourdes Medical Center	721	12	11.00	1.09	S
Overlook Medical Center	975	9	15.94	0.57	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 2012. *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‡
Palisades Medical Center of New York (PHS)	73	0	1.26	0	S
Raritan Bay Medical Center - Old Bridge	27	0	0.62	--	--
Raritan Bay Medical Center - Perth Amboy	130	0	1.72	0	S
Riverview Medical Center	650	1	9.64	0.10	L
Robert Wood Johnson University Hospital	1388	23	22.42	1.03	S
Robert Wood Johnson University Hospital at Hamilton	487	10	6.38	1.57	S
Robert Wood Johnson University Hospital at Rahway	97	2	2.30	0.87	S
Saint Barnabas Medical Center	1402	17	19.61	0.87	S
Shore Medical Center	406	6	5.55	1.08	S
Somerset Medical Center	374	3	5.26	0.57	S
South Jersey Healthcare - Elmer	97	1	0.65	--	--
South Jersey Healthcare Regional Medical Center	514	5	6.22	0.80	S
Southern Ocean Medical Center	139	2	1.60	1.25	S
St. Clare's Hospital - Denville	339	2	6.04	0.33	S
St. Clare's Hospital - Dover	60	0	1.49	0	S
St. Clare's Hospital - Sussex	1	0	0.02	--	--
St. Francis Medical Center	95	3	2.13	1.41	S
St. Joseph's Hospital and Medical Center	711	2	11.02	0.18	L
St. Joseph's Wayne Hospital	218	3	2.45	1.22	S
St. Luke's Warren Hospital	170	4	2.28	1.75	S
St. Mary's Hospital	200	3	3.29	0.91	S
St. Michael's Medical Center	420	2	4.98	0.40	S
St. Peter's University Hospital	805	6	10.80	0.56	S
Trinitas Regional Medical Center	458	2	6.96	0.29	L
UMDNJ - University Hospital	328	12	7.71	1.56	S
Underwood Memorial Hospital	289	3	5.15	0.58	S
University Medical Center at Princeton	737	3	8.92	0.34	L
Valley Hospital	1062	25	12.95	1.93	H
Virtua Marlton	739	10	6.15	1.63	S
Virtua-Mem. Hospital of Burlington County	883	4	10.17	0.39	L
Virtua-West Jersey Health System - Berlin	7	0	0.20	--	--
Virtua-West Jersey Health System - Voorhees	1036	9	11.53	0.78	S
Statewide	35343	349	460.52	0.76	L

Source: New Jersey Healthcare-Associated Infections for 2012 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

N/A hospital is not licensed to perform procedure(s) or did not perform procedure(s) in 2012.

Abdominal Hysterectomy Surgical Site Infections 2012

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	43	0	0.37	--	--
AtlantiCare Regional Medical Center - Mainland	85	0	0.65	--	--
Bayonne Medical Center	4	0	0.03	--	--
Bayshore Community Hospital	5	0	0.04	--	--
Bergen Regional Medical Center	N/A				
Cape Regional Medical Center	41	1	0.23	--	--
Capital Health Medical Center-Hopewell	119	3	1.03	2.91	S
Capital Health Regional Medical Center	1	0	0.02	--	--
CentraState Medical Center	73	0	0.58	--	--
Chilton Memorial Hospital	24	0	0.28	--	--
Christ Hospital	32	0	0.22	--	--
Clara Maass Medical Center	123	2	0.85	--	--
Community Medical Center	277	4	2.01	1.99	S
Cooper Hospital/University Medical Center	455	4	5.24	0.76	S
Deborah Heart and Lung Center	N/A				
East Orange General Hospital	12	0	0.12	--	--
Englewood Hospital and Medical Center	72	0	0.54	--	--
Hackensack University Medical Center	648	3	3.83	0.78	S
Hackettstown Regional Medical Center	9	0	0.04	--	--
Hoboken University Medical Center	21	0	0.17	--	--
Holy Name Medical Center	181	0	1.24	0	S
Hunterdon Medical Center	18	0	0.13	--	--
Jersey City Medical Center	23	0	0.18	--	--
Jersey Shore University Medical Center	236	1	1.78	0.56	S
JFK Medical Center/Anthony M Yelensics	144	0	0.91	--	--
Kennedy University Hospital	156	0	1.45	0	S
Kennedy University Hospital/UMC-Cherry Hill	1	0	0.01	--	--
Kennedy University Hospital/UMC-Stratford	27	0	0.24	--	--
Kimball Medical Center	32	0	0.17	--	--
Lourdes Medical Center of Burlington Cty.	49	0	0.33	--	--
Meadowlands Hospital Medical Center	45	1	0.27	--	--
Memorial Hospital of Salem County	35	0	0.24	--	--
Monmouth Medical Center	288	0	2.21	0	S
Morristown Memorial Hospital	544	7	2.67	2.62	H
Mountainside Hospital	283	0	1.99	0	S
Newark Beth Israel Medical Center	284	0	3.45	0	L
Newton Memorial Hospital	36	0	0.26	--	--
Ocean Medical Center	64	1	0.41	--	--
Our Lady of Lourdes Medical Center	113	1	0.93	--	--
Overlook Medical Center	146	0	0.96	--	--

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 2012. *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 of New York (PHS)	21	0	0.13	--	--
Raritan Bay Medical Center - Old Bridge	N/A				
Raritan Bay Medical Center - Perth Amboy	62	0	0.42	--	--
Riverview Medical Center	126	1	0.93	--	--
Robert Wood Johnson University Hospital	308	7	2.75	2.55	H
Robert Wood Johnson University Hospital at Hamilton	99	7	0.70	--	--
Robert Wood Johnson University Hospital at Rahway	N/A				
Saint Barnabas Medical Center	493	6	2.25	2.66	H
Shore Medical Center	40	0	0.26	--	--
Somerset Medical Center	68	0	0.44	--	--
South Jersey Healthcare - Elmer	7	0	0.06	--	--
South Jersey Healthcare Regional Medical Center	263	1	2.46	0.41	S
Southern Ocean Medical Center	19	0	0.12	--	--
St. Clare's Hospital - Denville	62	0	0.45	--	--
St. Clare's Hospital - Dover	1	0	0.01	--	--
St. Clare's Hospital - Sussex	N/A				
St. Francis Medical Center	N/A				
St. Joseph's Hospital and Medical Center	159	0	1.16	0	S
St. Joseph's Wayne Hospital	31	0	0.22	--	--
St. Luke's Warren Hospital	40	0	0.38	--	--
St. Mary's Hospital	39	0	0.23	--	--
St. Michael's Medical Center	105	0	0.96	--	--
St. Peter's University Hospital	399	3	3.15	0.95	S
Trinitas Regional Medical Center	295	1	2.97	0.34	S
UMDNJ - University Hospital	105	2	1.56	1.28	S
Underwood Memorial Hospital	49	0	0.40	--	--
University Medical Center at Princeton	151	1	1.30	0.77	S
Valley Hospital	137	3	0.94	--	--
Virtua Marlton	2	0	0.07	--	--
Virtua-Mem. Hospital of Burlington County	181	1	1.68	0.59	S
Virtua-West Jersey Health System - Berlin	1	0	0.01	--	--
Virtua-West Jersey Health System - Voorhees	425	6	3.33	1.80	S
Statewide	8437	67	65.40	1.03	S

Source: New Jersey Healthcare-Associated Infections for 2012 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

N/A Hospital is not licensed to perform procedure(s) or did not perform procedure(s) in 2012.

Knee Arthroplasty Surgical Site Infections 2012

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 - City	N/A				
AtlantiCare Regional Medical Center - Mainland	1263	8	9.67	0.83	S
Bayonne Medical Center	6	0	0.03	--	--
Bayshore Community Hospital	59	0	0.38	--	--
Bergen Regional Medical Center	27	0	0.18	--	--
Cape Regional Medical Center	76	0	0.32	--	--
Capital Health Medical Center-Hopewell	289	3	2.11	1.43	S
Capital Health Regional Medical Center	35	0	0.41	--	--
CentraState Medical Center	116	0	0.68	--	--
Chilton Memorial Hospital	103	0	0.56	--	--
Christ Hospital	15	0	0.11	--	--
Clara Maass Medical Center	204	0	1.22	0.00	S
Community Medical Center	355	3	2.01	1.49	S
Cooper Hospital/University Medical Center	168	1	1.41	0.71	S
Deborah Heart and Lung Center	N/A				
East Orange General Hospital	11	0	0.11	--	--
Englewood Hospital and Medical Center	246	2	1.50	1.33	S
Hackensack University Medical Center	1128	4	7.45	0.54	S
Hackettstown Regional Medical Center	64	2	0.28	--	--
Hoboken University Medical Center	67	0	0.42	--	--
Holy Name Medical Center	223	0	1.58	0	S
Hunterdon Medical Center	130	0	0.95	--	--
Jersey City Medical Center	49	0	0.38	--	--
Jersey Shore University Medical Center	352	3	2.85	1.05	S
JFK Medical Center/Anthony M Yelensics	281	7	1.95	3.60	H
Kennedy University Hospital	419	1	2.67	0.38	S
Kennedy University Hospital/UMC-Cherry Hill	52	0	0.26	--	--
Kennedy University Hospital/UMC-Stratford	27	0	0.19	--	--
Kimball Medical Center	25	2	0.16	--	--
Lourdes Medical Center of Burlington Cty.	32	0	0.17	--	--
Meadowlands Hospital Medical Center	11	0	0.06	--	--
Memorial Hospital of Salem County	10	0	0.06	--	--
Monmouth Medical Center	223	1	2.13	0.47	S
Morristown Memorial Hospital	1149	3	6.13	0.49	S
Mountainside Hospital	76	0	0.52	--	--
Newark Beth Israel Medical Center	106	1	0.85	--	--
Newton Memorial Hospital	92	0	0.44	--	--
Ocean Medical Center	453	0	2.56	0.00	S
Our Lady of Lourdes Medical Center	17	0	0.12	--	--
Overlook Medical Center	434	1	2.53	0.40	S

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of infections divided by number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all general acute care hospitals in the US. Data is from 2012. *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‡
Palisades Medical Center of New York (PHS)	12	0	0.07	--	--
Raritan Bay Medical Center - Old Bridge	6	0	0.03	--	--
Raritan Bay Medical Center - Perth Amboy	26	0	0.23	--	--
Riverview Medical Center	315	0	2.06	0	S
Robert Wood Johnson University Hospital	287	8	2.18	3.68	H
Robert Wood Johnson University Hospital at Hamilton	262	0	1.50	0.00	S
Robert Wood Johnson University Hospital at Rahway	34	0	0.24	--	--
Saint Barnabas Medical Center	247	0	1.63	0.00	S
Shore Medical Center	229	1	1.33	0.75	S
Somerset Medical Center	172	1	1.13	0.89	S
South Jersey Healthcare - Elmer	82	0	0.38	--	--
South Jersey Healthcare Regional Medical Center	131	0	0.94	--	--
Southern Ocean Medical Center	76	1	0.46	--	--
St. Clare's Hospital - Denville	165	2	1.11	1.80	S
St. Clare's Hospital - Dover	14	0	0.09	--	--
St. Clare's Hospital - Sussex	N/A				
St. Francis Medical Center	10	0	0.10	--	--
St. Joseph's Hospital and Medical Center	151	0	1.30	0	S
St. Joseph's Wayne Hospital	127	1	0.88	--	--
St. Luke's Warren Hospital	68	1	0.40	--	--
St. Mary's Hospital	31	1	0.21	--	--
St. Michael's Medical Center	137	2	0.97	--	--
St. Peter's University Hospital	221	0	1.66	0	S
Trinitas Regional Medical Center	65	0	0.72	--	--
UMDNJ - University Hospital	64	3	0.93	--	--
Underwood Memorial Hospital	110	2	0.97	--	--
University Medical Center at Princeton	421	0	2.91	0	S
Valley Hospital	446	5	2.48	2.02	S
Virtua Marlton	646	6	3.58	1.68	S
Virtua-Mem. Hospital of Burlington County	535	1	2.96	0.34	S
Virtua-West Jersey Health System - Berlin	N/A				
Virtua-West Jersey Health System - Voorhees	415	1	2.10	0.48	S
Statewide	**13898**	**78**	**90.91**	**0.86**	**S**

Source: New Jersey Healthcare-Associated Infections for 2012 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

N/A Hospital is not licensed to perform procedure(s) or did not perform procedure(s) in 2012.

Colon Surgical Site Infections 2012

See footnotes at bottom of next page

Hospital Name	Procedure Count	Observed # of Colon Surgery Infections (O)	Expected # of Colon Surgery Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center - City	63	0	1.38	0	S
AtlantiCare Regional Medical Center - Mainland	97	0	2.75	0	S
Bayonne Medical Center	61	1	1.52	0.66	S
Bayshore Community Hospital	60	0	1.58	0	S
Bergen Regional Medical Center	4	0	0.10	--	--
Cape Regional Medical Center	97	0	2.39	0	S
Capital Health Medical Center-Hopewell	102	4	2.82	1.42	S
Capital Health Regional Medical Center	50	0	1.57	0	S
CentraState Medical Center	174	6	5.21	1.15	S
Chilton Memorial Hospital	105	7	3.06	2.29	S
Christ Hospital	33	1	0.69	--	--
Clara Maass Medical Center	126	7	3.57	1.96	S
Community Medical Center	221	6	6.72	0.89	S
Cooper Hospital/University Medical Center	143	3	5.06	0.59	S
Deborah Heart and Lung Center	2	0	0.05	--	--
East Orange General Hospital	33	1	1.27	0.79	S
Englewood Hospital and Medical Center	278	3	6.78	0.44	S
Hackensack University Medical Center	338	3	10.89	0.28	L
Hackettstown Regional Medical Center	33	2	0.69	--	--
Hoboken University Medical Center	28	1	0.71	--	--
Holy Name Medical Center	130	1	3.29	0.30	S
Hunterdon Medical Center	67	0	1.71	0	S
Jersey City Medical Center	92	2	2.75	0.73	S
Jersey Shore University Medical Center	259	1	7.84	0.13	L
JFK Medical Center/Anthony M Yelensics	116	1	3.22	0.31	S
Kennedy University Hospital	112	0	3.06	0	L
Kennedy University Hospital/UMC-Cherry Hill	25	0	0.63	--	--
Kennedy University Hospital/UMC-Stratford	37	0	0.89	--	--
Kimball Medical Center	35	0	1.01	0	S
Lourdes Medical Center of Burlington Cty.	90	1	2.04	0.49	S
Meadowlands Hospital Medical Center	1	0	0.04	--	--
Memorial Hospital of Salem County	23	1	0.66	--	--
Monmouth Medical Center	176	1	4.91	0.20	S
Morristown Memorial Hospital	322	7	9.27	0.76	S
Mountainside Hospital	86	2	2.49	0.80	S
Newark Beth Israel Medical Center	121	2	3.79	0.53	S
Newton Memorial Hospital	90	2	2.23	0.90	S
Ocean Medical Center	196	0	4.86	0	L
Our Lady of Lourdes Medical Center	171	4	5.54	0.72	S
Overlook Medical Center	395	8	12.44	0.64	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 2012. *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 Surgery Infections (O)	Expected # of Colon Surgery Infections (E)[a]	SIR[b]	National Comparison‡
Palisades Medical Center of New York (PHS)	40	0	1.05	0	S
Raritan Bay Medical Center - Old Bridge	21	0	0.59	--	--
Raritan Bay Medical Center - Perth Amboy	42	0	1.08	0	S
Riverview Medical Center	209	0	6.66	0	L
Robert Wood Johnson University Hospital	267	4	10.47	0.38	L
Robert Wood Johnson University Hospital at Hamilton	126	3	4.18	0.72	S
Robert Wood Johnson University Hospital at Rahway	63	2	2.06	0.97	S
Saint Barnabas Medical Center	388	9	12.43	0.72	S
Shore Medical Center	137	5	3.97	1.26	S
Somerset Medical Center	134	2	3.69	0.54	S
South Jersey Healthcare - Elmer	8	1	0.21	--	--
South Jersey Healthcare Regional Medical Center	120	4	2.82	1.42	S
Southern Ocean Medical Center	44	1	1.02	0.98	S
St. Clare's Hospital - Denville	112	0	4.47	0	L
St. Clare's Hospital - Dover	45	0	1.39	0	S
St. Clare's Hospital - Sussex	1	0	0.02	--	--
St. Francis Medical Center	26	1	0.85	--	--
St. Joseph's Hospital and Medical Center	143	0	4.98	0	L
St. Joseph's Wayne Hospital	60	2	1.35	1.48	S
St. Luke's Warren Hospital	62	3	1.50	2.00	S
St. Mary's Hospital	69	2	2.13	0.94	S
St. Michael's Medical Center	53	0	1.20	0	S
St. Peter's University Hospital	185	3	5.98	0.50	S
Trinitas Regional Medical Center	98	1	3.27	0.31	S
UMDNJ - University Hospital	119	7	4.61	1.52	S
Underwood Memorial Hospital	130	1	3.79	0.26	S
University Medical Center at Princeton	165	2	4.72	0.42	S
Valley Hospital	232	14	6.91	2.03	H
Virtua Marlton	91	4	2.50	1.60	S
Virtua-Mem. Hospital of Burlington County	167	2	5.53	0.36	S
Virtua-West Jersey Health System - Berlin	6	0	0.19	--	--
Virtua-West Jersey Health System - Voorhees	196	2	6.10	0.33	S
Statewide	8151	153	243.18	0.63	L

Source: New Jersey Healthcare-Associated Infections for 2012 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

N/A Hospital is not licensed to perform procedure(s) or did not perform procedure(s) in 2012.

Coronary Artery Bypass Graft (CABG) Surgical Site Infections, 2012

The Standardized Infection Ratio (SIR) is a summary of the observed (O) or actual number of infections divided by the number of expected (E) events. The SIR allows hospitals to be compared to the national experience. The National Comparison shows how well each hospital is doing compared to the national experience, a composite of all the general acute care hospitals in the United States. Data is from 2012.

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

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

Hospital Name	Number of Procedures	Observed # of CABG Infections (O)	Expected # of CABG Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center - Mainland	169	6	2.74	2.19	S
Cooper Hospital/University Medical Center	241	1	3.18	0.31	S
Deborah Heart and Lung Center	153	2	2.05	0.98	S
Englewood Hospital and Medical Center	186	2	2.41	0.83	S
Hackensack University Medical Center	374	4	5.11	0.78	S
Jersey City Medical Center	154	0	1.82	0	S
Jersey Shore University Medical Center	541	7	6.75	1.04	S
Morristown Memorial Hospital	829	3	9.19	0.33	L
Newark Beth Israel Medical Center	200	6	2.49	2.41	S
Our Lady of Lourdes Medical Center	420	7	4.42	1.58	S
Robert Wood Johnson University Hospital	526	4	7.03	0.57	S
Saint Barnabas Medical Center	274	2	3.3	0.61	S
St. Francis Medical Center	59	2	1.18	1.70	S
St. Joseph's Hospital and Medical Center	258	2	3.57	0.56	S
St. Mary's Hospital	61	0	0.72	--	--
St. Michael's Medical Center	125	0	1.85	0	S
UMDNJ - University Hospital	40	0	0.61	--	--
Valley Hospital	247	3	2.62	1.14	S
Statewide	4857	51	61.03	0.84	S

Source: New Jersey Healthcare-Associated Infections for 2012 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

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

Preventing Surgical Site Infections (SSI)

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. Below are tips from the Centers for Disease Control and Prevention (CDC).

What are hospitals doing to prevent SSIs after surgery?

Doctors, nurses and other healthcare providers must:

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

What can I do to help prevent an SSI?

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

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

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

See **Patient Safety Tips for Surgery** *on page 74 and* **Basic Facts on Surgical Care Improvement (SCIP)** *on pages 22-23 for more information.*

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

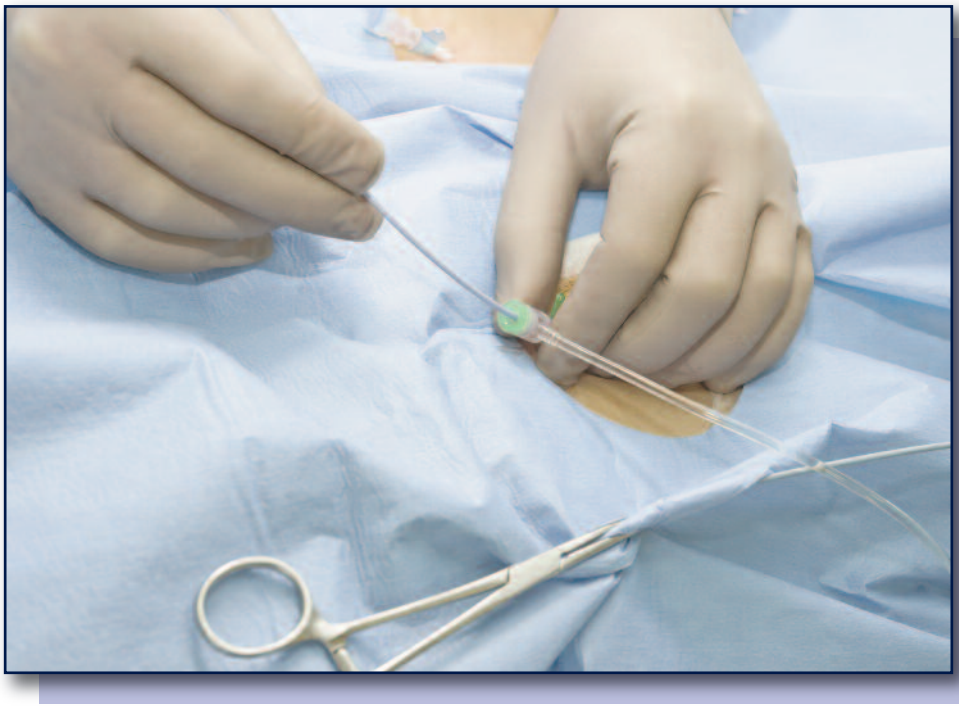
Continued

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 (i.e., catheter, which is a thin tube placed in the bladder) might need to be removed if a patient develops an infection. Below is a summary of steps to follow to help prevent CLABSIs from occurring. The following are tips from the Centers for Disease Control and Prevention (CDC).

What do nurses and doctors do to prevent CLABSI?

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



What can I do to help prevent CLABSI?

- If you have time before you are admitted, **research** the hospital to learn if the hospital has a good rate of avoiding central line infections.
- **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, or if you feel feverish.
- **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 is a urinary tract infection (UTI)?

A UTI is an infection in the urinary system. This includes the bladder, which stores the urine, and the kidneys, which filter the blood to make urine. Germs do not usually live in these areas, so if germs get into the urinary system, an infection can occur.

What causes CAUTI?

The germs that cause an 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 UTI?

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

What is the right way to wash your hands?

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

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, pet food or treats, 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.
- **To Use:**
  - **Apply** the sanitizer in the palm of one hand
  - **Rub** hands together
  - **Rub** the sanitizer over all surfaces of your hands and fingers until your hands are dry

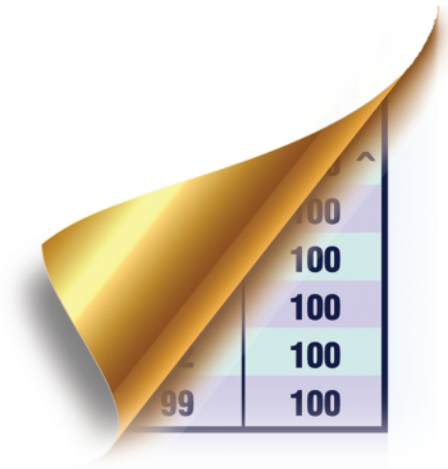
In some instances, sanitizers can reduce the number of germs on your hands but do not eliminate all types of germs. Hand sanitizers are not effective on hands that are very dirty.

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

Section 5

Consumer Information

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



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.*** (http://www.cdc.gov/drugresistance/detect-and-protect/ 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 46-51 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 68*)

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 70-71* **Using 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 choices and non-surgical options, as well as the potential risks of each one.

Consider getting a second opinion and weigh the possible outcomes of each treatment option. This can be done by looking at hospital performance reports or by asking your doctor where to get that information.

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 68).*

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.

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 **http://wwwpolst.org** for Physician Orders for Life Sustaining Treatment (POLST).

Learn your rights and responsibilities when in the hospital.

See **Hospital Patients... Know Your Rights** *on pages 78-79.*

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 to use an indelible marker (ink that will not easily wash off). Although it is rare, surgeons can make a mistake and operate on the wrong part of the body. Marking the correct site will help prevent this uncommon medical error.

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. You can also call the **American Board of Medical Specialties at (866) 275-2267** to find out if the doctor is board certified.
- Find out if there are any disciplinary actions against a NJ doctor by contacting the NJ Healthcare Profile through their web site at **www.NJdoctorlist.com.**
- Ask about the doctor's office hours, back-up coverage to handle emergencies and how quickly you can make an appointment by calling the doctor's office staff.
- Make sure that you like your doctor and are at ease talking to him/her. If you do not like your doctor or do not trust him/her, you will not be able to discuss your health issues comfortably and communicate freely. This also means that you should be able to ask questions and clarify anything you do not understand.

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

Choose a Doctor Carefully

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

The web sites below can help you find a doctor or information on a doctor:

- **New Jersey Healthcare Profile: www.NJdoctor list.com** helps you find doctors by location or field of medicine. Review a doctor's credentials, background, disciplinary actions and malpractice payments.
- **DoctorFinder: https://extapps.ama-assn.org/doctorfinder/** an American Medicine Association (AMA) web site, provides office addresses, phone numbers, and board certifications on over 814,000 doctors in the US. Search by name, specialty, hospital, or county.
- **Physician and Other Health Care Professional Directory: http://www.medicare.gov/physiancompare/search.html** 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 web sites to find doctors as well as other health care providers, hospitals and facilities in the U.S.

Continued

Health Information & Referral

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

Health Care Conditions

Asthma Care

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

Cancer Care

- **Cancer Initiatives (DOH):** State and federal resources, research, data, treatment, prevention and support groups. **www.nj.gov/health/cancer**
- **Cancer Resources (ACS):** Comprehensive information on cancer. (800) 227-2345 or **www.cancer.org**

Cardiac Care

- **Cardiac Surgery in New Jersey (DOH):** Coronary artery bypass graft surgery (CABG) death rates by NJ hospitals and physicians. **www.nj.gov/health/healthcarequality/documents/cardconsumer09.pdf**
- **Heart Health (AHA):** A wide range of cardiovascular and stroke topics. (800) 242-8721 or **www.heart.org**
- **Healthy Lungs (ALA):** Fighting and preventing lung disease, such as asthma, smoking, environmental health, and research. (800) 586-4872 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 **www.nj.gov/health/fhs/diabetes/index.shtml**
- **Diabetes and Me (CDC):** From the basics to research, statistics, and educational publications. (800) CDC-INFO; TTY (888) 232-6348 or **www.cdc.gov/diabetes/consumer/index.htm**

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. **www.cdc.gov**
- **Health Data Fact Sheets (DOH):** Data on selected NJ health topics. **www.nj.gov/health/chs/index.html**
- **Health Issues (NLM, NIH):** Various conditions, health news, clinical trials, medicines, encyclopedias and medical dictionary. **www.medlineplus.gov**

Seniors

- **Aging and Disability Resource Connection (ADRCNJ):** Information and assistance for older persons, adults with physical disabilities, caregivers and professionals looking for services or programs by county. (877) 222-3737 or **www.adrcnj.org**
- **Medicare and You/MyMedicare.gov (CMS):** Medicare handbook, which lists health and drug plan options; benefits, enrollment, eligibility and preventive health. (800) MEDICARE or **http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf**
- **Medicare Preventive Services (CMS):** Guidebook on preventive information and services for Medicare recipients. (800) MEDICARE or **http://www.medicare.gov/Publications/Pubs/pdf/10110.pdf**
- **Medicines and You: A Guide for Older Adults (FDA):** Know your medicines to avoid problems. **http://www.fda.gov/Drugs/ResourcesForYou/ucm163959.htm**
- **NIHSeniorHealth.gov (NIA, NLM, NIH):** Authoritative and up-to-date health and wellness information. **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; TTY (800) 222-4225 or **www.nia.nih.gov/health/publication/talking-your-doctor-guide-older-people**

Preventive Care and General Health Information

- **Everyday Choices for a Healthier Life Style (ACS, ADA, AHA):** Disease prevention and early detection. **www.everydaychoices.org**
- **Healthfinder.gov:** Health information from the federal government and other resources. **www.healthfinder.gov**
- **Hospital and Consumer Information (Joint Commission):** Find accredited hospitals, disease specific hospitals for treatment and learn how to find reliable health information on the internet. **www.JointCommission.org/general_public.aspx**
- **NJ HMO Performance Report (DOBI):** Performance comparisons of NJ's managed care plans and consumer ratings. **www.nj.gov/dobi/lhactuar.htm #hmo**
- **NJ Prescription Drug Retail Price Registry (LPSCA):** Compare drug retail prices charged by pharmacies. (800)-242-5846. **www.njdrugprices.nj.gov**
- **Preventive Care Booklets (AHRQ):** Guides to healthy habits, screening tests, and immunizations. (800) 358-9295
  - **Men: Stay Healthy at Any Age. www.ahrq.gov/ppip/healthymen.htm**
  - **Women: Stay Healthy at Any Age. www.ahrq.gov/ppip/healthywom.htm**
- **Questions To Ask Your Doctor (AHRQ):** Asking questions can improve your care. **www.ahrq.gov/patients-consumers/patient-involvement/ask-your-doctor/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

NJCCR: NJ Commission on Cancer Research

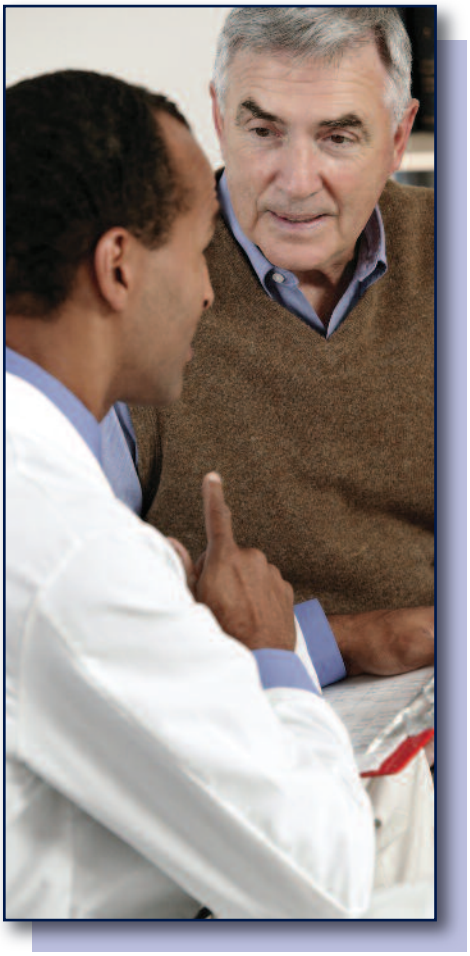
NLM: National Library of Medicine

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 83 for details.*

Continued

Avoid Being Readmitted to the Hospital

Many patients find themselves returning to the hospital only a few weeks after they have been discharged. **This can happened 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 and add to the increasing costs of the health care system.

Below are some tips to help prevent a return trip to the hospital based on Dr. Eric Coleman's **Care Transitions Program**. You can find them at: **www.caretransitions.org**.

The Agency for Health Research and Quality (AHRQ's) also has tips in their **Taking Care of Myself: A Guide for When I leave the Hospital**. You can find them at: **http://www.ahrq.gov/patients-consumers/diagnosis-treatment/hospitals-clinics/goinghome/index.html#guide**

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

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

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

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

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

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

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

- Will the hospital provide this equipment?
- Will you be going home with it, or will you need to get the equipment

from an outside source? If so, where does the hospital recommend you go?

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

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

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

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

Who at the hospital should you contact if you 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.

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

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 forms.

New Jersey Department of Health (DOH)

The Department of Health's oversight activities are intended to promote the health, safety and welfare of patients/ residents in 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/search/ac.shtml.**

Inspections:

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

Enforcement:

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

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 40-44 of this report.

  More detail can be found on the web at **www.nj.gov/health/hpr**.

Filing a Complaint...

About a New Jersey Hospital and how it:

Treated You:	**Write...**	New Jersey Department of Health Division of Health Facilities Evaluation and Licensing Assessment and Survey Program PO Box 367, Trenton, NJ 08625-0367
	Visit...	www.nj.gov/health/healthfacilities/hotlines.shtml
	Call...	**(800) 792-9770**
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...	www.nj.gov/health/charitycare/index.shtml (Spanish and English)
	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, Consumer Protection Services, Managed Care Complaints and Appeals, PO Box 329 20 West State Street, 9th floor, Trenton, NJ 08625-0329
	Visit...	www.nj.gov/dobi/mcfaqs.htm
	Call...	**(888) 393-1062**
Billed You and You are Covered By a New Jersey Insurance Plan that is not Managed Care	**Visit...**	http://www.state.nj.us/dobi/consumer.htm#insurance
	Call...	**(609) 292-7272**
Billed You and You Are Enrolled in Medicare:	**Visit...**	Medicare Program at www.medicare.gov
	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
Visit...	www.njconsumeraffairs.gov/bme/bmeform.htm to obtain a complaint form
Call...	**(609) 826-7100** to obtain a complaint form

About a New Jersey Nurse:

Write...	New Jersey Board of Nursing 124 Halsey Street, Newark 07102 or PO Box 45010, Newark, NJ 07101
Call...	**(973) 504-6200 or (800) 242-5845** (from New Jersey only)

Quality Improvement Advisory Committee (QIAC)

QIAC is an advisory committee for the New Jersey Department of Health (DOH).

Maureen Bueno, RN, PhD
Co-Chair
QualCare Inc.

Peter A. Gross, MD
Co-Chair
Hackensack University
Medical Center

Aline M. Holmes, DNP, MSN, RN
Co-Chair
New Jersey Hospital Association

Joshua Bershad, MD, MBA
RWJ University Hospital

Joel Cantor, ScD
Center for State Health Policy
Rutgers University

Suzanne Dalton
Healthcare Quality Strategies, Inc.

Lawrence Downs, Esq.
Medical Society of New Jersey

Bernie Gerard, Jr.
Health Professionals and
Allied Employees

Suzanne Ianni
Hospital Alliance of NJ

David Knowlton
NJ Health Care
Quality Institute

Mary Law
AtlantiCare Regional
Medical Center

Maureen McKee
NJ Council of
Teaching Hospitals

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Valley Health System

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Human Services

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State Health Benefits Program

Valerie Reels
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Medical Center

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Lourdes Medical Center of
Burlington County

Wardell Sanders
NJ Association of Health Plans

Molly Sullivan
Capital Health System

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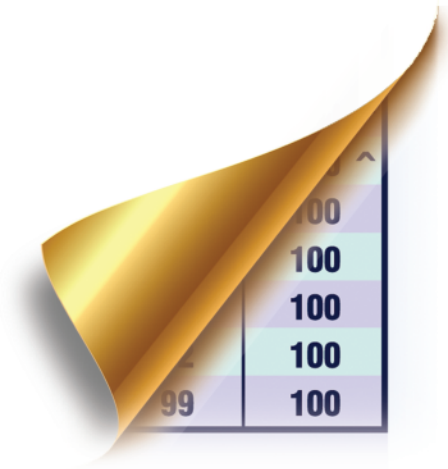
Section 6

New Jersey
General Acute Care Hospitals



New Jersey General Acute Care Hospitals

AtlantiCare Regional Medical Center–City Division
1925 Pacific Avenue
Atlantic City, NJ 08401
(609) 344-4081
www.atlanticare.org

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

Bayonne Medical Center (now called CarePoint-Bayonne Medical Center)
29th Street & Avenue E
Bayonne, NJ 07002
(201) 858-5000
www.bayonnemedicalcenter.org

Bayshore Community Hospital
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 Medical Center at Fuld
750 Brunswick Avenue
Trenton, NJ 08638
609-394-6000
www.capitalhealth.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/

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

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

*Hackensack-UMC at Pascack Valley
250 Old Hook Rd,
Westwood, NJ 07675
http://www.hackensackumc.org/pascackvalley/

Hackettstown Regional Medical Center
651 Willow Grove Street
Hackettstown, NJ 07840
(908) 852-5100
www.hch.org

Hoboken University Medical Center (now called CarePoint Hoboken University Medical Center)
308 Willow Avenue
Hoboken, NJ 07030
(201) 418-1000
http://www.carepointhealth.org/

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

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

Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07302
(201) 915-2000
www.libertyhealth.org

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

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

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

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

* Not in full service until 2013 and located at the former site of Pascack Valley

Continued

New Jersey General Acute Care Hospitals

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

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

Meadowlands Hospital Medical Center
55 Meadowlands Parkway
Secaucus, NJ 07096
(201) 392-3100
www.libertyhealth.org

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

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

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

Mountainside Hospital (now called Hackensack–UMC Mountainside)
1 Bay Avenue
Montclair, NJ 07042
(973) 429-6000
http://www.mountainsidehosp.com/Home.aspx

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 Hospital
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

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

Raritan Bay Medical Center
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
www.meridianhealth.com

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

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

Saint Clare's Hospital-Dover (now called Saint Clare's Hospital)
400 West Blackwell Street
Dover, NJ 07801
(973) 989-3000
www.saintclares.org

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

*** Saint Clare's Hospital–Sussex (now Saint Clare's Health Center at Sussex)**
20 Walnut Street
Sussex, NJ 07461

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

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

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

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

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

* Now an Ambulatory Care Facility as of 9/21/2012

Continued

New Jersey General Acute Care Hospitals

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

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

St. Joseph's Regional Medical Center
703 Main Street
Paterson, NJ 07503
(973) 754-2000
www.stjosephshealth.org

St. Joseph's Wayne Hospital
224 Hamburg Turnpike
Wayne, NJ 07470
(973) 942-6900
www.stjosephshealth.org

St. Luke's Warren Hospital
185 Roseberry Street
Phillipsburg, NJ 08865
(908) 859-6700
http://www.warrenhospital.org/

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

UMDNJ–University Hospital
150 Bergen Street
Newark, NJ 07103
(973) 972-4300
www.theuniversityhospital.com

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

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

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

Virtua–West Jersey Hospital-Berlin
100 Townsend Avenue
Berlin, NJ 08009
(856) 322-3000
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 about this report, please contact:

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New Jersey Department of Health
P.O. Box 360
Trenton, New Jersey 08625-0360

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

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

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

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

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

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Pneumonia	
Surgical Care Improvement	Surgical healthcare- hospital acqui hospital stay. Ab HAI while in the h About 60,000 to 100,000 Half (50%) of the estimated by blood clots will have long-te have a recurrence within 10 year Cardiac Complications occur in 2-5% cardiac surgery and 34% of patients ha heart attack is one of the most common die within 30 days after surgery.
Heart Failure	About 5.1 million people live with heart failure, which is the primary cause of nearly 58,000 deaths in 2010 and a factor another 279,000 deaths.

HCQA Health Care Quality Assessment

www.nj.gov/health/hpr

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