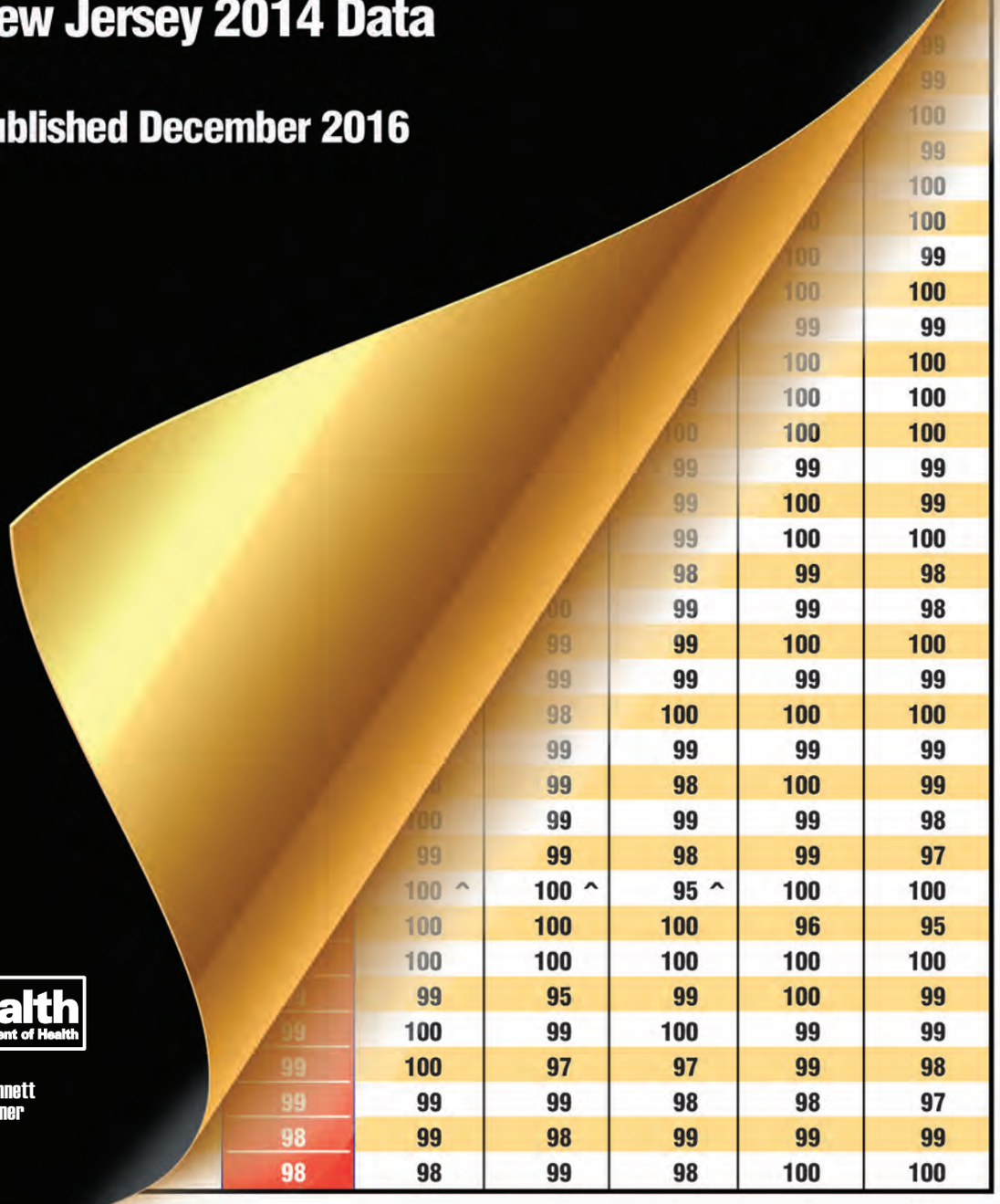
HCQA Health Care Quality Assessment

Hospital Performance Report

A Consumer Report
New Jersey 2014 Data

Published December 2016



Chris Christie, Governor
Kim Guadagno, Lt. Governor

NJ Health New Jersey Department of Health

Cathleen Bennett
Commissioner

A Message

From the Commissioner

It is my privilege to present the 11th **Hospital Performance Report** on the quality of health care services provided by New Jersey hospitals, which is produced annually by the Department of Health. The measures in this report were developed by three federal agencies, after years of research:

- Recommended Care Measures were identified by the Centers for Medicare and Medicaid Services (CMS);
- Healthcare Associated Indicators (HAI) were developed by the National Health Safety Network (NHSN) of the Centers for Disease Control and Prevention (CDC); and
- Patient Safety Indicators were established by the Agency for Healthcare Research and Quality (AHRQ).

Over the past 11 years, New Jersey hospitals have shown steady and progressive improvement in delivering quality health care, as evidenced by the measures in this report. This progress is due in part to the strong partnership between New Jersey hospitals and the Department of Health to reach the common goal of providing the best health care and highest safety standards for New Jersey residents and their patients.

The report shows that nearly all New Jersey hospitals have achieved close to 100% performance on most of the Recommended Care measures. As a result, and following the CMS recommendation, the report no longer includes the following Recommended Care Measures:

- Aspirin at Discharge (Heart Attack)
- Statins prescribed at Discharge (Heart Attack)
- Blood Culture Before Initial Antibiotic (Pneumonia)
- LVS Function Assessment (Heart Failure)
- Discharge Instructions (Heart Failure)
- Treatment to Prevent Blood Clots (VTE) ordered (SCIP)
- Perioperative Temperature Management (SCIP)

Because this "topping off" of the Recommended Care measures has occurred nationally, whereby nearly all acute care hospitals have reached close to the highest score for almost all the measures, CMS will no longer be collecting data from hospitals for Recommended Care measures. Adopting the CMS's strategy, the Department will no longer report on any Recommended Care measures in future reports. This will be the last year that Recommended Care measures will appear in the report.

As with this report, future reports will continue to contain measures for Healthcare-Associated Infections (HAIs) and 12 Patient Safety Indicators (PSIs), as well as consumer tips and other health care information, such as:

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

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

We hope you find this report useful as a guide to help you select the best health care options for you and your family.

NJ Health
New Jersey Department of Health

Cathleen D Bennett
Commissioner
Department of Health

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Executive Summary: How are New Jersey Hospitals Doing?

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

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

Below is a brief summary of the progress New Jersey hospitals have made in delivering care to New Jersey patients. The data for this year's report come from the 72 New Jersey general acute care hospitals in 2014.

Recommended Care

New Jersey hospitals have "topped-off" on most of the Recommended Care measures since public reporting began in 2004. This is great news and shows that New Jersey hospitals have reached or neared the goal of 100% in performance on the 17 measures that the Department has been publicly reporting for the past few years. It also suggests better and safer care for all New Jersey patients. As a result of this success, the Department, and following the Center for Medicare and Medicaid Services (CMS) recommendations, has again cut back on the number of Recommended Care measures it publicly reported this year. This report includes only 10 Recommended Care measures.

Because the improvement in Recommended Care measures reflects a nationwide trend, CMS no longer collects data on any of 10 measures we report on this year. In accordance with the CMS policy, the Department will no longer report on Recommended Care measures after this year's report.

- Statewide, New Jersey hospitals performed better than the nation on five of the 10 reported measures and scored the same as the nation at 100% or close to 100% on the other five measures. New Jersey performed better than the nation in the following five measures:
  - Percutaneous Coronary Intervention (PCI) Received Within 90 Minutes for heart attack patients (99 vs. 96);
  - Antibiotic Selection for pneumonia patients (98 vs. 97);
  - Preventive Antibiotic Stopped for surgery patient (99 vs. 98);
  - Controlled Postop Serum Glucose (96 vs. 95)
  - Urinary Catheter Removal (99 vs. 98).
- For the first time, New Jersey surpassed national score (NJ: 99% vs. National: 96%) on the measure, Percutaneous Coronary Intervention (PCI) Received Within 90 Minutes for heart attack patients.
- The State has achieved nearly 100% on almost all the Recommended Care measures.

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 come a long way since the Department began publicly reporting Patient Safety Indicators (PSI) in the 2009 Hospital Performance Report, considerably reducing the number of reportable medical errors.

Although this report includes 12 PSI measures, two of the 12 measures (Retained Surgical or Unretrieved Device and Transfusion Reaction) are shown as a count or volume, unlike the other 10 measures, which are reported as a rate.

Continued

Only the 10 indicators reported as rates are used to compare against national estimates.

- Compared to the national average, New Jersey performed better (has lower rates) on the following eight measures:
  - Iatrogenic Pneumothorax (0.28 vs. 0.34);
  - Post-operative Hip Fracture (0.03 vs. 0.04);
  - Post-operative Hemorrhage or Hematoma (4.85 vs. 5.11);
  - Post-operative Wound Dehiscence (1.45 vs. 1.85);
  - Accidental Puncture or Laceration (1.37 vs. 1.89);
  - Birth Trauma - Injury to Neonate (1.55 vs. 1.89);
  - Obstetric Trauma - Vaginal Delivery with Instrument (112.58 vs. 133.19);
  - Obstetric Trauma - Vaginal Delivery without Instrument (16.44 vs. 20.97).

- In an improvement over last year's performance, New Jersey exceeded national averages in seven of the 10 PSI measures.

- New Jersey PSI rates were worse than the national average for:
  - Postoperative Sepsis (10.42 vs. 9.61);
  - Postoperative Pulmonary Embolism or Deep Vein Thrombosis (6.11 vs. 4.99).

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 publicly reporting on HAIs in 2010. The following conclusions can be made for this year's report:

- In 2014, New Jersey hospitals improved their infection ratios in three of six measures since 2010.
  - In 2014, the HAI infection ratios for CLABSI, Knee Arthroplasty and Colon Surgery were significantly lower than the National Baseline.
- The infection ratios of two HAI measures improved compared with 2012:
  - The Central-Line Associated Bloodstream Infection (CLABSI) ratio decreased by 20%, from 0.71 in 2012 to 0.57 in 2014.
  - The infection ratio following Knee Arthroplasty surgical procedures decreased by 34%, from 0.86 in 2012 to 0.57 in 2014.

- The Catheter-Associated Urinary Tract infection (CAUTI) ratios in intensive care units continued to increase in New Jersey hospitals and nationally:
  - The CAUTI infection ratio increased by 25% since 2011.
  - There was a notable 37% increase in the CAUTI infection ratio from 0.91 in 2012 to 1.25 in 2014.
  - The continued increase has led to collaborative efforts by the CDC and other hospital organizations to reduce CAUTIs in acute care hospitals. "Collaboratives" are workgroups of healthcare professionals, who, in this case, develop strategies to reduce CAUTI and other HAI in hospitals.

See pages 46-64 for more detail on HAIs. Visit **www.nj.gov/health/hpr** *for the HAI Technical Report.*

Summary

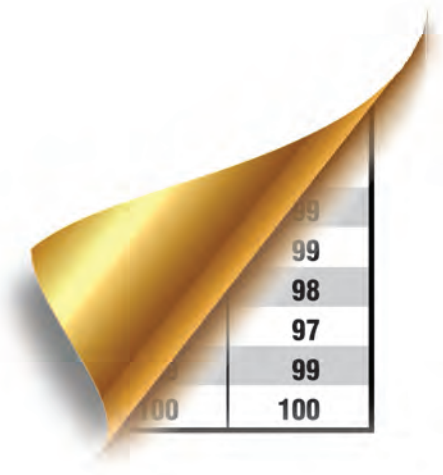
New Jersey continues to be a leader in delivering quality health care to its hospital patients. The Department's initiative to publicly report the performances of New Jersey hospitals has been a driving force in improving quality care in New Jersey. Because of these improvements, the Department will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

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

Section 1

Using This Report

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



Hospital Quality & Using This Report

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

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

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 information about how well each New Jersey hospital is doing in providing quality care to patients. The last two sections of the report provide important consumer information and a list of New Jersey hospitals.

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.

Following CMS' lead, we are ***no longer reporting*** the following measures:

- Aspirin at Discharge (AMI)
- Statins Prescribed at Discharge (AMI)
- Blood Culture Before Initial Antibiotics (Pn)
- ACE Inhibitor/ARB at Discharge (HF)
- Discharge Instructions (HF)
- Perioperative Temperature Management (SCIP)
- Treatment Preventing Blood Clots (VTE) ordered (SCIP)

The data for the recommended care in this report is for the year 2014. See pages 10-32 for the data and basic facts on recommended care.

New Jersey hospitals have been achieving nearly 100% on almost all recommended care measures for the last few years and have consistently met the goals of these measures in delivering the correct care to these patients. In addition, CMS will no longer be publically reporting these measures. Therefore, this report will be the last to include measures for 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** required by New Jersey State legislation. The data for **PSIs** in this report is for the year 2014. 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.

All data for HAIs are for the year 2014. 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 a description of the HAI measures, and pages 71-74 on preventing HAIs.

Which hospitals are included?

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

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

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

Those who know the quality of a specific hospital may decide that they want a doctor from that hospital, so if they ever need to be hospitalized, they can be admitted to this specific hospital. These people focus on selecting a hospital first and then choose a doctor who is affiliated with that particular hospital. A doctor who is not affiliated with a hospital cannot admit patients to that hospital. Most hospitals have a list of doctors, by specialty, that are

affiliated with their hospital. (See **Finding a Doctor**, page 75). This report can help you focus on selecting a hospital by learning about the quality of some of the care delivered by NJ hospitals.

If you are enrolled in a managed care plan, you will have to choose from hospitals approved by your plan. Use this report to help review your hospital network. Managed care insurers usually offer several choices of hospitals in an area.

Aren't all doctors and hospitals the same?

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

Why should I care about quality?

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

Why are there so many different measures in this report?

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

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

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

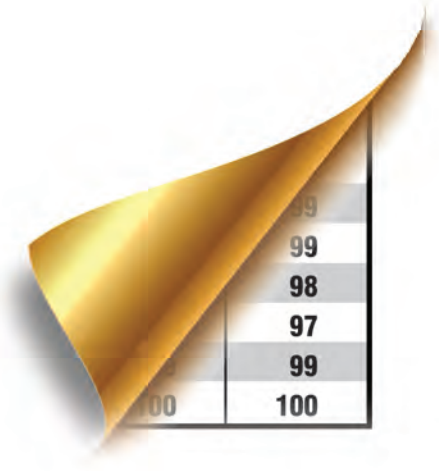
This year's report includes three different measure sets with different ways of reading the results. The table below is intended to help you understand how to interpret the data.

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 45-64	**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 2014. ***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. 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 2014 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 women, responsible for 1 in every 4 female deaths nationwide and nearly 9,000 dealths in New Jersey for 2014. Heart disease and stroke statistics—2014 update: a report from the American Heart Association. *Circulation*. 2014;129:e28-e292	• PCI Within 90 Minutes
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. In New Jersey, 1,166 people died in 2014 from both influenza and pneumonia. http://www.cdc.gov/pneumococcal/about/facts.html	• Antibiotic Selection
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	• Preventive Antibiotic Started • Preventive Antibiotic Stopped • Appropriate Antibiotic Received • Urinary Catheter Removal
	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.	• Treatment Preventing Blood Clots (VTE) Received
	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)	• Beta Blocker Continued Before and After Surgery • Controlled Blood Sugar for Heart Surgery Patients
Heart Failure See pages 28-31	About 5.7 million people live with heart failure, which is the primary cause of nearly 65,120 deaths in 2013 and a factor in another 300,122 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

Overall Scores 2014

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	100	100
Top 50% of hospitals scored equal to or higher than†		95	99	99	100
NORTHWEST					
Sussex	Newton Medical Center	NL	95	98	100
Warren	Hackettstown Regional Medical Center	NL	100	99	100
	St. Luke's Warren Hospital	NL	100	100	100
NORTHEAST					
Bergen	Bergen Regional Medical Center	NL	96	64	89
	Englewood Hospital and Medical Center	100	100	99	99
	Hackensack University Medical Center	91	98	99	100
	HackensackUMC at Pascack Valley	NL	97	99	100
	Holy Name Medical Center	96	99	99	100
	Valley Hospital	100	100	99	100
Essex	Clara Maass Medical Center	93	99	100	99
	East Orange General Hospital	NL	98	94	100
	Mountainside Hospital	86	100	100	100
	Newark Beth Israel Medical Center	100	98	99	100
	Saint Barnabas Medical Center	97	99	99	100
	St. Michael's Medical Center	64 ^	94	98	100
	UMDNJ-University Hospital	96 ^	99	98	100
Hudson	Bayonne Medical Center	82 ^	100	100	100
	Christ Hospital	100	100	98	100
	Hoboken University Medical Center	NL	99	99	100
	Jersey City Medical Center	100	100	100	100
	Meadowlands Hospital Medical Center	NL	100	100	100
	Palisades Medical Center of NY, PHS	NL	100	98	100
Morris	Chilton Memorial Hospital	96	98	100	100
	Morristown Memorial Hospital	86	97	98	100
	St. Clare's Hospital-Denville*	93	99	99	100
	St. Clare's Hospital-Dover*	93	99	99	100
Passaic	St. Joseph's Regional Medical Center	96	98	99	99
	St. Joseph's Wayne Hospital	NL	99	98	100
	St. Mary's Hospital (Passaic)	100 ^	97	99	99
Union	Overlook Medical Center	92	99	99	99
	RWJ University Hospital at Rahway	91	96	100	100
	Trinitas Regional Medical Center	90	98	98	100
CENTRAL					
Hunterdon	Hunterdon Medical Center	98	99	99	100
Mercer	Capital Health Medical Center-Hopewell	100 ^	97	99	100
	Capital Health Reginal Medical Center	NL	98	98	100
	RWJ University Hospital at Hamilton	95	99	99	100
	St. Francis Medical Center	90	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 2014. 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	100	100
Top 50% of hospitals scored equal to or higher than†		95	99	99	100
CENTRAL (continued)					
Mercer	University Medical Center at Princeton	90 ^	98	99	100
Middlesex	JFK Medical Center/Anthony M Yelensics	95	98	99	100
	Raritan Bay Medical Center-Old Bridge	NL	97	97	100
	Raritan Bay Medical Center-Perth Amboy	91	99	98	100
	Robert Wood Johnson University Hospital	98	99	99	100
	St. Peter's University Hospital	86 ^	96	100	100
Monmouth	Bayshore Community Hospital	97	98	100	100
	CentraState Medical Center	NL	98	98	100
	Jersey Shore University Medical Center	100	99	99	100
	Monmouth Medical Center	88 ^	99	99	100
	Riverview Medical Center	94	97	100	100
Ocean	Community Medical Center	93	96	98	100
	Kimball Medical Center	NL	100	98	99
	Ocean Medical Center	95	97	100	100
	Southern Ocean Medical Center	NL	96	98	100
Somerset	Somerset Medical Center	95	99	99	100
SOUTH					
Atlantic	AtlantiCare Regional Medical Center-City	100 ^	96	98	100
	AtlantiCare Regional Medical Center-Mainland	100	100	99	100
	Shore Medical Center	NL	99	99	99
Burlington	Deborah Heart and Lung Center	NA	0 ^	98	100
	Lourdes Medical Center of Burlington County	NL	97	99	100
	Virtua-Memorial Hospital Burlington County	95	98	98	100
	Virtua-West Jersey Hospital Marlton	98	100	100	100
Camden	Cooper Hospital/University Medical Center	100 ^	100	100	100
	Kennedy Univ. Hospitals UMC-Cherry Hill	NL	97	98	99
	Kennedy Univ. Hospitals UMC-Stratford	NL	98	100	100
	Our Lady of Lourdes Medical Center	100 ^	97	99	100
	Virtua-West Jersey Hospital Berlin	NL	99	100	100
	Virtua-West Jersey Hospital Voorhees	NL	99	100	100
Cape May	Cape Regional Medical Center	NL	97	98	98
Cumberland	South Jersey Healthcare Regional Medical Center	78	100	99	100
Gloucester	Kennedy Univ. Hospitals UMC-Wash. Twp.	NL	99	100	100
	Underwood-Memorial Hospital	100	100	98	100
Salem	Memorial Hospital of Salem County	NL	94	96	99
	South Jersey Hospital-Elmer	NL	98	100	100

Source: New Jersey Hospital Quality Data, 2014: * Data for St. Clare's Hospital-Denville and St. Clare's Hospital-Dover are combined.

† 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.

NA (Not Applicable) Hospital reported no cases for this measure. **NL** (Not Licensed) The hospital is not licensed to perform PCI procedure.

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 289,758 women in 2013—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**)

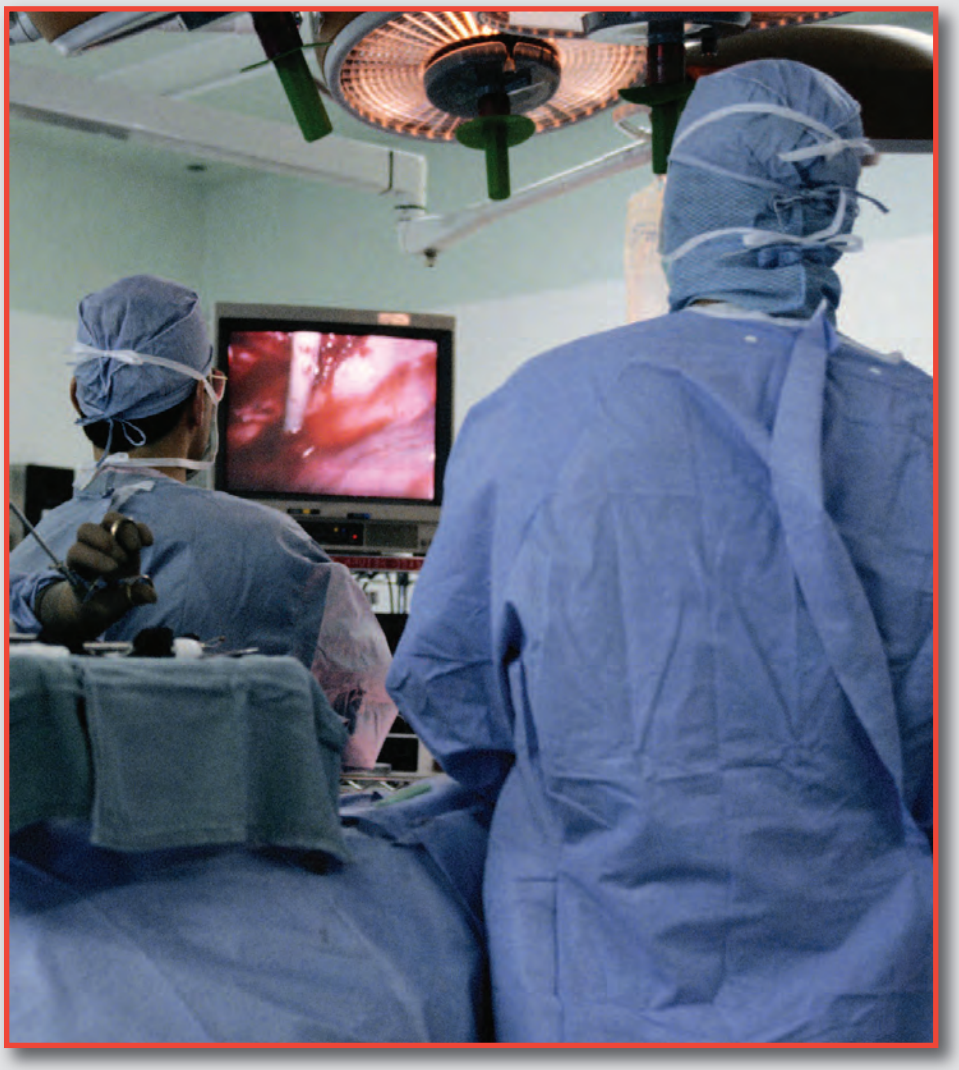
Additional symptoms may occur for women. They can include: pain in the back, shoulders or jaw; shortness of breath; abdominal pain; and/or unusual or unexplained fatigue.

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 2014.

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



Measure:

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.

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 American Heart Association

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 2014
Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	PCI within 90 Minutes %
Top 10% of hospitals scored equal to or higher than†:	100	100
Top 50% of hospitals scored equal to or higher than†:	95	95
AtlantiCare Regional Medical Center-City	100 ^	100 ^
AtlantiCare Regional Medical Center-Mainland	100	100
Capital Health Medical Center-Hopewell	100 ^	100 ^
Christ Hospital	100	100
Cooper Hospital/University Medical Center	100 ^	100 ^
Englewood Hospital and Medical Center	100	100
Jersey City Medical Center	100	100
Jersey Shore University Medical Center	100	100
Newark Beth Israel Medical Center	100	100
Our Lady of Lourdes Medical Center	100 ^	100 ^
St. Mary's Hospital (Passaic)	100 ^	100 ^
Underwood-Memorial Hospital	100	100
Valley Hospital	100	100
Virtua-West Jersey Hospital Marlton	98	98
Robert Wood Johnson University Hospital	98	98
Hunterdon Medical Center	98	98
Saint Barnabas Medical Center	97	97
Bayshore Community Hospital	97	97
Holy Name Medical Center	96	96
Chilton Memorial Hospital	96	96
UMDNJ-University Hospital	96 ^	96 ^
St. Joseph's Regional Medical Center	96	96
Virtua-Memorial Hospital Burlington County	95	95
JFK Medical Center/Anthony M Yelensics	95	95
Ocean Medical Center	95	95
Somerset Medical Center	95	95
RWJ University Hospital at Hamilton	95	95
Riverview Medical Center	94	94
St. Clare's Hospital-Denville*	93	93
St. Clare's Hospital-Dover*	93	93
Community Medical Center	93	93
Clara Maass Medical Center	93	93
Overlook Medical Center	92	92
Raritan Bay Medical Center-Perth Amboy	91	91
Hackensack University Medical Center	91	91
RWJ University Hospital at Rahway	91	91
St. Francis Medical Center	90	90
University Medical Center at Princeton	90 ^	90 ^

The scores summarize the percent of time that a hospital gave patients the correct care for heart attacks in 2014. The Overall Score is the same as the heart attack measure reported. *Higher scores are better. The goal is 100%.*

Hospital Name	Overall Score %	PCI within 90 Minutes %
Top 10% of hospitals scored equal to or higher than†:	100	100
Top 50% of hospitals scored equal to or higher than†:	95	95
Trinitas Regional Medical Center	90	90
Monmouth Medical Center	88 ^	88 ^
Morristown Memorial Hospital	86	86
Mountainside Hospital	86	86
St. Peter's University Hospital	86 ^	86 ^
Bayonne Medical Center	82 ^	82 ^
South Jersey Healthcare Regional Medical Center	78	78
St. Michael's Medical Center	64 ^	64 ^
Bergen Regional Medical Center	NL	NL
Cape Regional Medical Center	NL	NL
Capital Health Reginal Medical Center	NL	NL
CentraState Medical Center	NL	NL
Deborah Heart and Lung Center	NA	NA
East Orange General Hospital	NL	NL
HackensackUMC at Pascack Valley	NL	NL
Hackettstown Regional Medical Center	NL	NL
Hoboken University Medical Center	NL	NL
Kennedy Univ. Hospitals UMC-Cherry Hill	NL	NL
Kennedy Univ. Hospitals UMC-Stratford	NL	NL
Kennedy Univ. Hospitals UMC-Wash. Twp.	NL	NL
Kimball Medical Center	NL	NL
Lourdes Medical Center of Burlington County	NL	NL
Meadowlands Hospital Medical Center	NL	NL
Memorial Hospital of Salem County	NL	NL
Newton Medical Center	NL	NL
Palisades Medical Center of NY, PHS	NL	NL
Raritan Bay Medical Center-Old Bridge	NL	NL
Shore Medical Center	NL	NL
South Jersey Hospital-Elmer	NL	NL
Southern Ocean Medical Center	NL	NL
St. Joseph's Wayne Hospital	NL	NL
St. Luke's Warren Hospital	NL	NL
Virtua-West Jersey Hospital Berlin	NL	NL
Virtua-West Jersey Hospital Voorhees	NL	NL

Source: New Jersey Hospital Quality Data, 2014.

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.
* Data for St. Clare's Hospital-Denville and St. Clare's Hospital-Dover are combined.

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 2014.

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

Measure:

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.*)

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.
- 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 74*)
- Don't smoke. Tobacco damages your lung's ability to fight off infection.
- 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. (*See* **Using Too Many Antibiotics May be Bad for Your Health** *on pages 66-67.*)

For more information on pneumonia, refer to the American Lung Association at: **http://www.lung.org/lung-health-and-diseases/lung-disease-lookup/pneumonia/**

Continued

Pneumonia Treatment Scores 2014
Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	Antibiotic Selection %
Top 10% of hospitals scored equal to or higher than†:	100	100
Top 50% of hospitals scored equal to or higher than†:	99	99
AtlantiCare Regional Medical Center-Mainland	100	100
Bayonne Medical Center	100	100
Christ Hospital	100	100
Cooper Hospital/University Medical Center	100	100
Englewood Hospital and Medical Center	100	100
Hackettstown Regional Medical Center	100	100
Jersey City Medical Center	100	100
Kimball Medical Center	100	100
Meadowlands Hospital Medical Center	100	100
Mountainside Hospital	100	100
Palisades Medical Center of NY, PHS	100	100
South Jersey Healthcare Regional Medical Center	100	100
St. Francis Medical Center	100	100
St. Luke's Warren Hospital	100	100
Underwood-Memorial Hospital	100	100
Valley Hospital	100	100
Virtua-West Jersey Hospital Marlton	100	100
St. Clare's Hospital-Denville*	99	99
St. Clare's Hospital-Dover*	99	99
UMDNJ-University Hospital	99	99
Virtua-West Jersey Hospital Voorhees	99	99
Holy Name Medical Center	99	99
Clara Maass Medical Center	99	99
Robert Wood Johnson University Hospital	99	99
Saint Barnabas Medical Center	99	99
Overlook Medical Center	99	99
Shore Medical Center	99	99
Jersey Shore University Medical Center	99	99
Hoboken University Medical Center	99	99
Somerset Medical Center	99	99
Hunterdon Medical Center	99	99
Kennedy Univ. Hospitals UMC-Wash. Twp.	99	99
Virtua-West Jersey Hospital Berlin	99	99
RWJ University Hospital at Hamilton	99	99
Raritan Bay Medical Center-Perth Amboy	99	99
St. Joseph's Wayne Hospital	99	99
Monmouth Medical Center	99	99
Kennedy Univ. Hospitals UMC-Stratford	98	98

The scores summarize the percent of time that a hospital gave patients the correct care for pneumonia in 2014.

The Overall Score is the same as the pneumonia score reported. *Higher scores are better. The goal is 100%.*

Hospital Name	Overall Score %	Antibiotic Selection %
Top 10% of hospitals scored equal to or higher than†:	100	100
Top 50% of hospitals scored equal to or higher than†:	99	99
CentraState Medical Center	98	98
JFK Medical Center/Anthony M Yelensics	98	98
South Jersey Hospital-Elmer	98	98
Hackensack University Medical Center	98	98
Virtua-Memorial Hospital Burlington County	98	98
East Orange General Hospital	98	98
Bayshore Community Hospital	98	98
Capital Health Reginal Medical Center	98	98
University Medical Center at Princeton	98	98
Chilton Memorial Hospital	98	98
Trinitas Regional Medical Center	98	98
Newark Beth Israel Medical Center	98	98
St. Joseph's Regional Medical Center	98	98
Cape Regional Medical Center	97	97
Morristown Memorial Hospital	97	97
Ocean Medical Center	97	97
Our Lady of Lourdes Medical Center	97	97
Raritan Bay Medical Center-Old Bridge	97	97
Capital Health Medical Center-Hopewell	97	97
Lourdes Medical Center of Burlington County	97	97
Kennedy Univ. Hospitals UMC-Cherry Hill	97	97
Riverview Medical Center	97	97
HackensackUMC at Pascack Valley	97	97
St. Mary's Hospital (Passaic)	97	97
AtlantiCare Regional Medical Center-City	96	96
Community Medical Center	96	96
St. Peter's University Hospital	96	96
Bergen Regional Medical Center	96	96
RWJ University Hospital at Rahway	96	96
Southern Ocean Medical Center	96	96
Newton Medical Center	95	95
Memorial Hospital of Salem County	94	94
St. Michael's Medical Center	94	94
Deborah Heart and Lung Center	NA	NA

Source: New Jersey Hospital Quality Data, 2014.

† 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.

* Data for St. Clare's Hospital-Denville and St. Clare's Hospital-Dover are combined.

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

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 2014.

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).

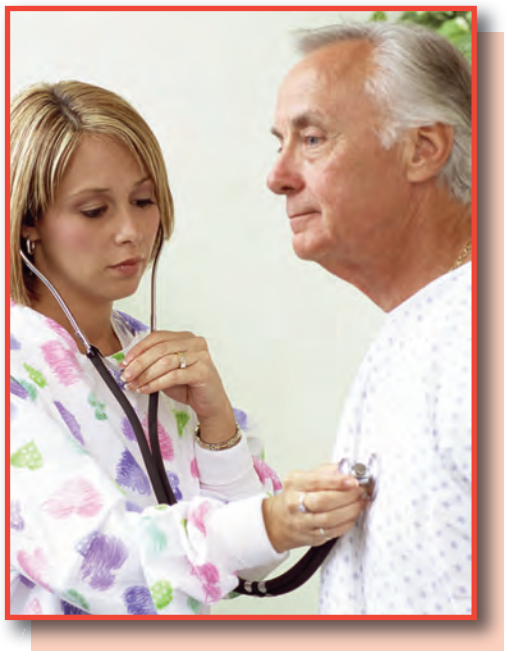
There are, however, exceptions. If the surgical site has been contaminated, there may be a need for additional antibiotics after 24 hours. Talk to your doctor to determine how long you should take antibiotics after surgery.

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.

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.

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.

Continued

Surgical Care Improvement (SCIP) Scores 2014

Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	Preventive Antibiotic Started %	Preventive Antibiotic Stopped %	Appropriate Antibiotic Received %	VTE Prophylaxis Received %
Top 10% of hospitals scored equal to or higher than†:	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than†:	99	100	99	99	100
Bayonne Medical Center	100	100	100	100	100
Riverview Medical Center	100	100	100	100	100
Virtua-West Jersey Hospital Berlin	100	100 ^	100 ^	100 ^	100 ^
Mountainside Hospital	100	100	100	100	100
Bayshore Community Hospital	100	100	100	100	100
Clara Maass Medical Center	100	100	100	100	100
Kennedy Univ. Hospitals UMC-Stratford	100	100	100	100	100
St. Luke's Warren Hospital	100	100	99	100	100
Virtua-West Jersey Hospital Voorhees	100	100	100	100	100
Jersey City Medical Center	100	100	100	100	100
St. Peter's University Hospital	100	100	98	100	100
South Jersey Hospital-Elmer	100	100	100	100	100
Chilton Memorial Hospital	100	99	99	100	100
Meadowlands Hospital Medical Center	100	100	100	98	100
RWJ University Hospital at Rahway	100	100	98	100	100
Cooper Hospital/University Medical Center	100	100	99	100	100
Virtua-West Jersey Hospital Marlton	100	100	99	100	100
Kennedy Univ. Hospitals UMC-Wash. Twp.	100	100	99	100	100
Ocean Medical Center	100	100	99	100	100
St. Francis Medical Center	99	100	98	100	100
St. Clare's Hospital-Denville*	99	99	100	99	100
St. Clare's Hospital-Dover*	99	99	100	99	100
Valley Hospital	99	99	99	99	100
Hackettstown Regional Medical Center	99	99	99	98	100
Overlook Medical Center	99	100	99	99	100
Englewood Hospital and Medical Center	99	100	99	99	100
Hunterdon Medical Center	99	100	99	100	100
Saint Barnabas Medical Center	99	100	99	99	100
Monmouth Medical Center	99	100	98	99	100
Somerset Medical Center	99	100	99	100	100
University Medical Center at Princeton	99	100	100	99	100
Capital Health Medical Center-Hopewell	99	99	99	99	100
AtlantiCare Regional Medical Center-Mainland	99	99	100	99	100
JFK Medical Center/Anthony M Yelensics	99	99	99	99	100
St. Joseph's Regional Medical Center	99	100	99	100	100
Holy Name Medical Center	99	100	99	99	100
St. Mary's Hospital (Passaic)	99	99	99	96	100
Lourdes Medical Center of Burlington County	99	100	96	100	100

The scores summarize the percent of time that a hospital gave patients the correct care for preventing infection in surgical patients in 2014. 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 Received %
Top 10% of hospitals scored equal to or higher than†:	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than†:	99	100	99	99	100
Jersey Shore University Medical Center	99	100	99	99	100
Our Lady of Lourdes Medical Center	99	99	98	100	100
South Jersey Healthcare Regional Medical Center	99	100	98	99	100
Robert Wood Johnson University Hospital	99	99	99	99	100
Hoboken University Medical Center	99	100	95	98	100
Newark Beth Israel Medical Center	99	100	98	100	100
HackensackUMC at Pascack Valley	99	99	100	97	100
RWJ University Hospital at Hamilton	99	100	97	99	100
Shore Medical Center	99	100	98	99	100
Hackensack University Medical Center	99	100	96	100	100
St. Michael's Medical Center	98	99	99	99	100
Morristown Memorial Hospital	98	98	100	98	100
Southern Ocean Medical Center	98	99	98	98	100
Palisades Medical Center of NY, PHS	98	100	97	96	100
St. Joseph's Wayne Hospital	98	99	99	99	100
Kimball Medical Center	98	100	95	100	100
Virtua-Memorial Hospital Burlington County	98	99	99	98	100
UMDNJ-University Hospital	98	99	99	95	99
Deborah Heart and Lung Center	98	100	98	99	100 ^
Community Medical Center	98	99	97	100	100
Raritan Bay Medical Center-Perth Amboy	98	98	98	94	100
AtlantiCare Regional Medical Center-City	98	97	97	97	100
Trinitas Regional Medical Center	98	98	99	95	100
Underwood-Memorial Hospital	98	97	99	98	100
Capital Health Reginal Medical Center	98	100	100	100	100
Newton Medical Center	98	98	97	97	100
Christ Hospital	98	99	98	96	100
Cape Regional Medical Center	98	96	98	96	100
Kennedy Univ. Hospitals UMC-Cherry Hill	98	100	98	99	100
CentraState Medical Center	98	99	97	98	100
Raritan Bay Medical Center-Old Bridge	97	100	86	96	100
Memorial Hospital of Salem County	96	96	100	98	100
East Orange General Hospital	94	95	93	89	100
Bergen Regional Medical Center	64	67 ^	100 ^	67 ^	64 ^

continued on next page

Source: New Jersey Hospital Quality Data, 2014.

† 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.

* Data for St. Clare's Hospital-Denville and St. Clare's Hospital-Dover are combined.

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

Surgical Care Improvement (SCIP) Scores 2014

Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	Controlled Blood Sugar %	Beta Blocker Continued %	Urinary Catheter Removal %
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	97	99	99
Bayonne Medical Center	100	NA	100	100
Riverview Medical Center	100	NA	100	100
Virtua-West Jersey Hospital Berlin	100	NA	100 ^	100 ^
Mountainside Hospital	100	NA	100	100
Bayshore Community Hospital	100	NA	99	100
Clara Maass Medical Center	100	NA	100	100
Kennedy Univ. Hospitals UMC-Stratford	100	NA	98	100
St. Luke's Warren Hospital	100	NA	100	100
Virtua-West Jersey Hospital Voorhees	100	NA	100	100
Jersey City Medical Center	100	97	100	100
St. Peter's University Hospital	100	NA	100	100
South Jersey Hospital-Elmer	100	NA	98	99
Chilton Memorial Hospital	100	NA	99	100
Meadowlands Hospital Medical Center	100	NA	100 ^	100
RWJ University Hospital at Rahway	100	NA	100	100
Cooper Hospital/University Medical Center	100	98	100	100
Virtua-West Jersey Hospital Marlton	100	NA	99	99
Kennedy Univ. Hospitals UMC-Wash. Twp.	100	NA	99	98
Ocean Medical Center	100	NA	97	100
St. Francis Medical Center	99	99	100	99
St. Clare's Hospital-Denville*	99	NA	99	99
St. Clare's Hospital-Dover*	99	NA	99	99
Valley Hospital	99	99	100	99
Hackettstown Regional Medical Center	99	NA	100	100
Overlook Medical Center	99	NA	98	99
Englewood Hospital and Medical Center	99	98	98	99
Hunterdon Medical Center	99	NA	99	96
Saint Barnabas Medical Center	99	97	98	99
Monmouth Medical Center	99	NA	99	99
Somerset Medical Center	99	NA	97	98
University Medical Center at Princeton	99	NA	97	98
Capital Health Medical Center-Hopewell	99	NA	98	99
AtlantiCare Regional Medical Center-Mainland	99	97	100	100
JFK Medical Center/Anthony M Yelensics	99	NA	99	99
St. Joseph's Regional Medical Center	99	96	98	99
Holy Name Medical Center	99	NA	92	99
St. Mary's Hospital (Passaic)	99	100	100	100
Lourdes Medical Center of Burlington County	99	NA	98	99

The scores summarize the percent of time that a hospital gave patients the correct care for preventing infection in surgical patients in 2014. 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 %
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	97	99	99
Jersey Shore University Medical Center	99	94	100	100
Our Lady of Lourdes Medical Center	99	95	100	99
South Jersey Healthcare Regional Medical Center	99	NA	100	98
Robert Wood Johnson University Hospital	99	95	100	100
Hoboken University Medical Center	99	NA	100	100
Newark Beth Israel Medical Center	99	97	94	97
HackensackUMC at Pascack Valley	99	NA	93	99
RWJ University Hospital at Hamilton	99	NA	97	98
Shore Medical Center	99	NA	97	94
Hackensack University Medical Center	99	96	99	99
St. Michael's Medical Center	98	94	98	97
Morristown Memorial Hospital	98	94	99	99
Southern Ocean Medical Center	98	NA	95	99
Palisades Medical Center of NY, PHS	98	NA	96	99
St. Joseph's Wayne Hospital	98	NA	92	96
Kimball Medical Center	98	NA	100 ^	94
Virtua-Memorial Hospital Burlington County	98	NA	97	96
UMDNJ-University Hospital	98	100	100	97
Deborah Heart and Lung Center	98	89	99	100
Community Medical Center	98	NA	97	91
Raritan Bay Medical Center-Perth Amboy	98	NA	100	100
AtlantiCare Regional Medical Center-City	98	NA	95	100
Trinitas Regional Medical Center	98	NA	95	99
Underwood-Memorial Hospital	98	NA	97	91
Capital Health Reginal Medical Center	98	100 ^	92	94
Newton Medical Center	98	NA	95	97
Christ Hospital	98	NA	91	96
Cape Regional Medical Center	98	NA	98	97
Kennedy Univ. Hospitals UMC-Cherry Hill	98	NA	97	85
CentraState Medical Center	98	NA	95	94
Raritan Bay Medical Center-Old Bridge	97	NA	100	99
Memorial Hospital of Salem County	96	NA	85 ^	85
East Orange General Hospital	94	NA	95 ^	90
Bergen Regional Medical Center	64	NA	100 ^	25 ^

Source: New Jersey Hospital Quality Data, 2014.

† 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.

* Data for St. Clare's Hospital-Denville and St. Clare's Hospital-Dover are combined.

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

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 2014.

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

Measure:

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.

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 2014
Recommended Care

See footnotes at bottom of next page

Hospital Name	Overall Score %	LVS Assessment %
Top 10% of hospitals scored equal to or higher than†:	100	100
Top 50% of hospitals scored equal to or higher than†:	100	100
AtlantiCare Regional Medical Center-City	100	100
AtlantiCare Regional Medical Center-Mainland	100	100
Bayonne Medical Center	100	100
Capital Health Reginal Medical Center	100	100
CentraState Medical Center	100	100
Chilton Memorial Hospital	100	100
Christ Hospital	100	100
Community Medical Center	100	100
Cooper Hospital/University Medical Center	100	100
Deborah Heart and Lung Center	100	100
HackensackUMC at Pascack Valley	100	100
Hackettstown Regional Medical Center	100	100
Hoboken University Medical Center	100	100
Holy Name Medical Center	100	100
Hunterdon Medical Center	100	100
JFK Medical Center/Anthony M Yelensics	100	100
Jersey City Medical Center	100	100
Jersey Shore University Medical Center	100	100
Kennedy Univ. Hospitals UMC-Stratford	100	100
Kennedy Univ. Hospitals UMC-Wash. Twp.	100	100
Meadowlands Hospital Medical Center	100	100
Morristown Memorial Hospital	100	100
Mountainside Hospital	100	100
Newark Beth Israel Medical Center	100	100
Newton Medical Center	100	100
Ocean Medical Center	100	100
Our Lady of Lourdes Medical Center	100	100
Palisades Medical Center of NY, PHS	100	100
RWJ University Hospital at Hamilton	100	100
RWJ University Hospital at Rahway	100	100
Raritan Bay Medical Center-Perth Amboy	100	100
Riverview Medical Center	100	100
Saint Barnabas Medical Center	100	100
Somerset Medical Center	100	100
South Jersey Healthcare Regional Medical Center	100	100
South Jersey Hospital-Elmer	100	100
St. Francis Medical Center	100	100
St. Joseph's Wayne Hospital	100	100

The scores summarize the percent of time that a hospital gave patients the correct care for heart failure in 2014. The Overall Score is the same as the heart failure score reported. *Higher scores are better. The goal is 100%.*

Hospital Name	Overall Score %	LVS Assessment %
Top 10% of hospitals scored equal to or higher than†:	100	100
Top 50% of hospitals scored equal to or higher than†:	100	100
St. Luke's Warren Hospital	100	100
St. Peter's University Hospital	100	100
UMDNJ-University Hospital	100	100
Underwood-Memorial Hospital	100	100
University Medical Center at Princeton	100	100
Valley Hospital	100	100
Virtua-West Jersey Hospital Berlin	100	100
Virtua-West Jersey Hospital Marlton	100	100
Virtua-West Jersey Hospital Voorhees	100	100
Robert Wood Johnson University Hospital	100	100
Hackensack University Medical Center	100	100
Virtua-Memorial Hospital Burlington County	100	100
Trinitas Regional Medical Center	100	100
St. Clare's Hospital-Denville*	100	100
St. Clare's Hospital-Dover*	100	100
St. Michael's Medical Center	100	100
Bayshore Community Hospital	100	100
East Orange General Hospital	100	100
Monmouth Medical Center	100	100
Southern Ocean Medical Center	100	100
Capital Health Medical Center-Hopewell	100	100
Raritan Bay Medical Center-Old Bridge	100	100
Lourdes Medical Center of Burlington County	100	100
Englewood Hospital and Medical Center	99	99
Kennedy Univ. Hospitals UMC-Cherry Hill	99	99
Kimball Medical Center	99	99
St. Mary's Hospital (Passaic)	99	99
Memorial Hospital of Salem County	99	99
St. Joseph's Regional Medical Center	99	99
Overlook Medical Center	99	99
Shore Medical Center	99	99
Clara Maass Medical Center	99	99
Cape Regional Medical Center	98	98
Bergen Regional Medical Center	89	89

Source: New Jersey Hospital Quality Data, 2014.

† 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.

* Data for St. Clare's Hospital-Denville and St. Clare's Hospital-Dover are combined.

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

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 10 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 2014. 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 2014, New Jersey performed better than or same as national average on ALL recommended care measures. Of the 10 recommended care measures, New Jersey hospitals exceeded national norms on five measures and were equal to national norms on five measures.

For the first time, New Jersey hospitals performed better than national 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**.

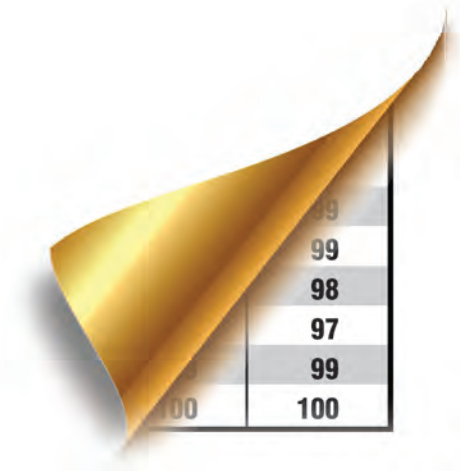
Condition	Quality Measure	New Jersey	National	New Jersey vs. National
Heart Attack	PCI within 90 Minutes	99	96	▲
Pneumonia	Antibiotic Selection	98	97	▲
Heart Failure	Left Ventricular Systolic Function Assessment	100	100	=
Surgical Care Improvement	Preventive Antibiotic Started	99	99	=
	Appropriate Antibiotic Received	99	99	=
	Preventive Antibiotic Stopped	99	98	▲
	Venous Thromboembolism Prophylaxis Received	100	100	=
	Controlled Postop Serum Glucose	96	95	▲
	Beta Blocker Continued	98	98	=
	Urinary Catheter Removal	99	98	▲

= 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)

The core mission of hospitals is delivering the right care at the right time in the right setting, and having the best possible results. Thus, quality of care is expected to be a priority for all health care providers with the overall objective of achieving a high degree of patient satisfaction. However, even in the best hospitals, some patients will experience complications either 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)**.

Evidence suggests that publicly releasing performance data stimulates quality improvement activity at the hospital level. In 2009, the New Jersey legislature enacted legislation N.J.S.A. 26:2H-12.25b, requiring that the Department include hospital-specific data on patient-safety performance and serious medical errors in the annual New Jersey Hospital Performance Report. Most of the adverse events classified under each PSI are considered potentially preventable. This section of the report focuses on the 12 PSIs mandated for public reporting.

PSIs 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?

PSI 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 2014.

What do the rates mean?

The **PSI** 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. If 43 out of these 1,000 patients experienced trauma during delivery, the rate of occurrence of trauma at this hospital for that type of patient (obstetric patient who had a vaginal delivery without an instrument) would be 43 per every 1,000 patients or 4.3% (4.3 out of 100 patients).

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

How are the rates calculated?

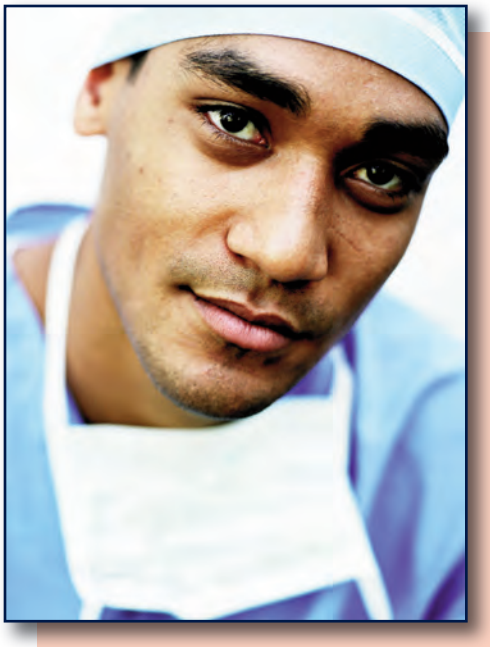
Hospitals that treat sicker or older patients may be unfairly compared to other hospitals with healthier patients. It is very important to make adjustments for such differences, so that hospitals may be compared fairly. The **PSIs** rates in this report were calculated by applying the **AHRQ PSIs** Software (Version 5.0) to the 2014 hospital discharge (UB) data. The software is known for its strength in performing "risk-adjustment".

Risk-adjustment is a statistical method that takes into account different patient characteristics (e.g. age, sex, comorbidities, severity of illness, etc.) while calculating a rate. For example, if a patient has a pre-existing chronic illness before entering the hospital, this condition may increase the likelihood or risk of that patient acquiring a complication and perhaps not surviving the procedure or treatment. Advanced age is another example of a characteristic that may increase the risk of experiencing complications.

Since 2008, hospitals have been reporting data on Present on Admission (POA) for each patient on their UB forms. Patients may have other illnesses and conditions (comorbidities) upon admission in addition to the health problem for which they were admitted. It is often difficult to separate these pre-existing conditions from new health problems acquired during

hospitalization. The POA indicator identifies these pre-existing conditions and those that occur during the hospital stay. This way, patients with the POA can be excluded from the rate calculation, when appropriate, so that performance comparison remains fair and balanced.

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



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 40-43 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 may not reliably indicate actual quality differences between hospitals. Examining the results of all the **12 PSIs** together will produce a more complete picture of overall quality of care provided by a hospital.

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

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

Continued

Basic Facts on Patient Safety Indicators (PSIs)

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

Retained Surgical Item or Unretrieved Device Fragment:

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

  This **volume** tells you the number of hospitalized patients with a 'retained surgical item or unretrieved device fragment', among surgical and medical patients ages 18 years and older or among obstetric patients. In other words, the indicator shows how often a surgical instrument or tool, such as a scalpel or a sponge, was accidentally left in a patient's body during an operation. It is considered a never-event because it is a clearly identifiable, serious medical error and usually preventable. All cases with pre-existing conditions are excluded from the measure.

- **This information is important** because foreign objects such as sponges, surgical or medical instruments or tools, bandages, etc. should never be accidentally left in a patient's body after an operation or procedure. This error is preventable, and hospitals with such incidents need to put systems in place to prevent recurrence.

Iatrogenic Pneumothorax:

- **This indicator measures** how often incidents of iatrogenic pneumothorax occur in a given hospital. **The rate shows** the number of such incidents per 1,000 surgical or medical patients 18 years and older. Iatrogenic is a medical term for a condition in which air or gas is present in the pleural cavity or space around the lung. Air could be leaking from the lungs as a result of accidental puncture while performing procedures such as mechanical ventilation, tracheostomy tube placement, or other therapeutic intervention. Pneumothorax is a term used to describe a collapsed lung as a result of presence of air or gas in the pleural cavity which can impair oxygenation and/or ventilation.

- **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** 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 indicator measures** how often hospitalized patients bled too much either within their body or outside their body (hemorrhage) or develop a large clot (hematoma) following a surgical procedure. These complications are serious enough to involve another operation to stop the bleeding or remove the blood clots. **The rate tells** the number of patients 18 years and older with postoperative hemorrhage or hematoma per 1,000 surgical procedures.

- **Information on this indicator is important** because it tells the level of care provided by the hospital to prevent the event, which is considered preventable when proper guidelines and procedures are followed.

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

- **This indicator measures** how often patients experience a blood clot up in the lungs (pulmonary embolism) or in a large vein (deep vein thrombosis) following an operation. If the DVT breaks away and travels through the bloodstream, it could block a blood vessel in the patient's lungs, causing PE. **The rate tells** the number of patients 18 years and older with PE or DVT per 1,000 discharges of surgery patients from the operating room, excluding obstetric patients.

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

Postoperative Sepsis:

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

- **Information on this indicator is important** because it tells the level of care provided by the hospital to prevent sepsis infections in patients. Analysis of these particular infections may provide a screen for potential medical errors and a method for monitoring trends in infections over time. Hospitals following the appropriate protocols, such as requiring staff frequently wash their hands, should see improvement of post-operative sepsis or other infections over time.

Continued

Postoperative Wound Dehiscence:

- **This indicator measures** incidences of wound dehiscence in a given hospital. **The rate tells** 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 how often a surgical wound in the stomach or pelvic area happens after an operation. Some or all of these complications may require treatment with another major operation to fix the wound. Wound dehiscence following surgery is a medical error that can be avoided.

Accidental Puncture or Laceration:

- **This indicator measures** how often patients experience accidental puncture or laceration (making an unnecessary or dangerous hole or tear in an organ of the body), while receiving medical care in the hospital. **The rate tells** the number of patients who had an accidental cut or lacerations during a medical procedure per 1,000 discharges, excluding patients with pre-existing conditions as well as obstetric admissions.
- **This information is important** because it shows the level of care provided by the hospital to avoid or minimize the event from happening. This is a medical error considered preventable when proper guidelines and procedures are followed.

Transfusion Reaction:

- **This indicator is measured using volume – not a rate.** The reason it is measured in volume is that it is very uncommon and happens very rarely. This type of medical error is called a 'never-event' as it should never occur. Because the number of occurrences are so small, reporting this measure any other way than as a volume or count, would be statistically meaningless.

  This **volume** tells the number of hospitalized patients who had a bad reaction to a blood transfusion. It is considered a never-event and happens very

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

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

Birth Trauma-Injury to Neonate✦:

- **This Indicator** refers to damage of the tissues and organs of a newly delivered child, often as a result of physical pressure or trauma during childbirth, including damage to the brain or cranium that leaves a long term consequence of a cognitive nature. **The rate tells** the number of birth trauma (injury to neonate) cases per 1,000 live births (excluding some preterm infants and infants with osteogenic imperfecta) caused by medical complications during labor and delivery.
- **This information is important** because it shows how often birth traumas, which are potentially preventable errors occur. Examples of what may cause a birth trauma to a neonate include: bleeding; delay ordering a medically necessary cesarean section (c-section); misuse of forceps or a vacuum extractor during delivery; or failure to respond to an umbilical cord that is dangerously wrapped around the newborn.

Obstetric Trauma - Vaginal Delivery with Instrument✦:

- **This indicator** refers to an injury to the mother while giving birth by vaginal delivery with the aid of birthing instruments such as forceps or vacuums. **The rate tells** the number of obstetric trauma cases (3rd or 4th degree lacerations, other obstetric lacerations) during instrument-assisted vaginal deliveries per 1,000 births.
- **This information is important** because it reflects how often women experience a tear (trauma) to their perineum (the area between her vagina and rectum) while giving birth when a health care provider is using forceps or other medical instruments to help her deliver the baby. Trauma cases during vaginal delivery that require the use of forceps or other instrument assistance is a medical error that is potentially preventable.

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

Obstetric Trauma - Vaginal Delivery without Instrument✦:

- **This indicator** refers to an injury to the mother while giving birth by vaginal delivery without the aid of birthing instruments. **The rate tells** the number of obstetric trauma cases (4th degree lacerations, other obstetric lacerations) per 1,000 vaginal deliveries that occurred without a birthing instrument.
- **This information is important** because it tells the number of potentially preventable injuries or lacerations that occur during a vaginal delivery that did not require instrument assistance. It captures how often a woman experiences a tear (trauma) to her perineum (the area between her vagina and rectum) while giving birth. Such tears, which can happen even when birthing instruments are not used, are often preventable.

✦ These measures are not risk-adjusted because important risk factors (e.g., whether the mother is nulliparous or multiparous or the size of the infant) are not available in the Healthcare Cost and Utilization Project (HCUP) State Inpatient Database (SID).

Continued

Patient Safety Indicator (PSI) Rates 2014

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

See footnotes at bottom of next page

Hospital Name	Retained Surgical Item or Unretrieved Device Fragment	Iatrogenic pneumothorax	Post-operative hip fracture	Peri-operative hemorrhage or hematoma	Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National rate, 2012	973	0.34	0.04	5.11	4.99	9.61
Statewide number of adverse events, 2014	32	206	4	870	1,164	156
Statewide average rate, 2014	N/A	0.28	0.03	4.85	6.11	10.42
Atlanticare Regional Medical Center-City	0	0.9 **	0.0	1.1	5.1	0.0
Atlanticare Regional Medical Center-Mainland	1	0.1	0.0	3.0	7.0	0.0 *
Bayonne Medical Center	0	0.2	0.0	8.4	2.4	152.1** ^
Bayshore Community Hospital	0	0.0	0.0	0.0 *	4.8	0.0
Bergen Regional Medical Center	0	0.0	0.0	6.9	11.8	60.7** ^
Cape Regional Medical Center	0	0.2	0.0	4.2	1.9 *	0.0 ^
Capital Health Medical Center - Hopewell	0	0.3	0.0	5.8	5.5 **	13.8
Capital Health Regional Medical Center	0	0.4	0.0	0.9	14.1 **	0.0
CentraState Medical Center	1	0.4	0.0	2.5	3.2	15.2
Chilton Memorial Hospital	2	0.6	0.0	8.3	5.1	0.0
Christ Hospital	1	0.2	0.0	4.2	5.3	0.0
Clara Maass Medical Center	1	0.1	0.0	5.1	2.2 *	7.0
Community Medical Center	0	0.4	0.4 **	4.2	1.7 *	10.2
Cooper Hospital/University Medical Center	0	0.3	0.2	4.9	7.6	12.1
Deborah Heart and Lung Center	0	0.2	0.0	6.9	1.5 *	22.4 ^
East Orange General Hospital	0	0.0	0.0	8.0	1.9	0.0 ^
Englewood Hospital and Medical Center	0	0.2	0.0	2.2 *	2.6 *	11.2
Hackensack University Medical Center	2	0.3	0.0	7.1 **	8.2 **	8.4
HackensackUMC at Pascack Valley	0	0.5	0.0	9.0	8.9	44.9 ^
Hackettstown Regional Medical Center	2	1.1 **	0.0	2.4	16.9	0.0
Hoboken University Medical Center	0	0.3	0.0	1.3	5.5	0.0
Holy Name Medical Center	0	0.1	0.0	2.0 *	6.1	26.4**
Hunterdon Medical Center	0	0.0	0.0	5.6	2.1	47.0**
Jersey City Medical Center	0	0.1	0.0	7.4	4.4	15.8
Jersey Shore University Medical Center	0	0.4	0.0	6.2	3.0 *	2.8*
JFK Medical Center/Anthony M. Yalensics	0	0.3	0.0	3.7	9.3 **	11.5
Kennedy University Hospital - Cherry Hill	0	0.0	0.0	0.0	7.6 **	0.0 ^
Kennedy University Hospital - Stratford	0	0.0	0.0	5.1	5.5	19.6
Kennedy University Hospital - Wash. Twp.	0	0.5	0.0	3.5	5.7	36.9**
Kimball Medical Center	0	0.2	0.0	2.1	6.3	0.0 ^
Lourdes Medical Center of Burlington Cty.	0	0.3	0.0	4.0	9.7	49.4**
Meadowlands Hospital Medical Center	0	0.0	0.0	2.3	2.3	0.0 ^
Memorial Hospital of Salem County	0	0.5	0.0	7.5	9.9	0.0 ^
Monmouth Medical Center	1	0.1	0.0	6.0	3.3	10.1
Morristown Memmorial Hospital	1	0.2	0.0	6.0	6.9 **	4.8*
Mountainside Hospital	1	0.6	0.0	5.1	4.4	9.4
Newark Beth Israel Medical Center	0	0.6	0.0	5.5	8.6 **	7.2
Newton Memorial Hospital	0	0.0	0.0	0.0	7.4 *	27.5

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2014. Two of the 12 PSI procedures, Retained Surgical Item/Unretrieved Device Fragment, and Transfusion Reaction, are not presented as rates but as volume or number of events. *Lower rates are better and mean fewer medical errors for that procedure or condition.*

Hospital Name	Retained Surgical Item or Unretrieved Device Fragment	Iatrogenic pneumothorax	Post-operative hip fracture	Peri-operative hemorrhage or hematoma	Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National rate, 2012	973	0.34	0.04	5.11	4.99	9.61
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Satewide average rate, 2014	N/A	0.28	0.03	4.85	6.11	10.42
Ocean Medical Center - Bricktown	1	0.2	0.0	2.1	4.1	15.9
Our Lady of Lourdes Medical Center	0	0.7 **	0.0	5.1	1.8	14.3
Overlook Medical Center	0	0.2	0.0	6.1	6.5 **	5.7
Palisades Medical Center of NY PHS	0	0.6	0.0	10.0 **	3.4	49.6** ^
Raritan Bay Medical Center-Old Bridge	0	0.0	0.0	1.5	0.0	0.0 ^
Raritan Bay Medical Center-Perth Amboy	1	0.0	0.0	3.2	4.6 **	0.0
Riverview Medical Center	0	0.2	0.8 **	5.0	1.9	6.4
RWJ University Hospital	2	0.3	0.0	5.8	10.6 **	9.0
RWJ University Hospital at Hamilton	3	0.5	0.0	6.7	4.9	15.4
RWJ University Hospital at Rahway	0	0.0	0.0	1.4	1.1	0.0 ^
Shore Medical Center	0	0.2	0.0	5.3	4.0	32.1
Somerset Medical Center	0	0.1	0.0	5.0	5.0 **	4.5
South Jersey Healthcare Regional MC	0	0.2	0.0	2.4	2.6	5.3
South Jersey Hospital-Elmer	0	0.0	0.0	2.8	3.6 *	14.5
Southern Ocean Medical Center	0	0.6	0.0	4.0	4.4	0.0 ^
St. Barnabas Medical Center	2	0.3	0.0	8.8 **	12.2 **	7.3
St. Clare's Hospital-Denville	0	0.1	0.0	4.0	2.7 *	6.5
St. Clare's Hospital-Dover	0	0.0	0.0	3.9	0.0	29.7
St. Francis Medical Center-Trenton	0	0.6	0.0	8.4	4.1	6.5
St. Joseph's Hospital and Medical Center	2	0.4	0.0	6.0	4.0 *	43.1**
St. Joseph's Wayne Hospital	0	0.2	0.0	5.0	5.7	35.9**
St. Lukes's Warren Hospital	1	0.0	0.0	2.0	7.8	20.9
St. Mary's Hospital (Passaic)	0	0.2	0.0	5.0	0.8	15.7
St. Michael's Medical Center	0	0.3	0.0	1.5 *	6.7	7.5
St. Peter's University Hospital	3	0.4	0.0	4.3	10.2	17.4
Trinitas Regional Medical Center	1	0.5	0.0	3.6	3.5	11.3
UMDNJ-University Hospital	3	0.7 **	0.0	4.6	10.9 **	12.4
Underwood-Memorial Hospital	0	0.0	0.0	1.9	2.5 *	9.5
University Medical Center at Princeton	0	0.3	0.0	1.8	2.7	5.3
Valley Hospital	0	0.1	0.0	1.9 *	8.6	6.8
Virtua-Memorial Hospital Burlington Cty.	0	0.3	0.0	3.3	5.6	14.0
Virtua-West Jersey Hospital Berlin	0	0.0	0.0	0.0	7.4	▪@
Virtua-West Jersey Hospital Marlton	0	0.0	0.6 **	2.5	5.8 **	0.0
Virtua-West Jersey Hospital Voorhees	0	0.2	0.0	3.0	2.8 *	12.3

continued on next page

Source: New Jersey numbers are from the 2014 UB Data. National numbers are from AHRQ's Benchmark Data based on 2012 HCUP, State Inpatient Database.

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

* Better than state average ** Worse than state average

N/A: Retained Surgical Item/Unretrieved Device Fragment and Transfusion Reaction are reported in volume or count, not rate.

▪ Hospital reported less than three cases/patients, which is too small to report or data is missing.

NB: Birth Trauma/Injury to Neonate; Obstetric Trauma Rate/Vaginal Delivery With Instrument; Obstetric Trauma Rate/Vaginal Delivery Without Instrument are not risk-adjusted.

Patient Safety Indicator (PSI) Rates 2014

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

See footnotes at bottom of next page

Hospital Name	Postoperative wound dehiscence	Accidental puncture or laceration	Transfusion reaction	Birth trauma - injury to neonate[NB]	Obstetric trauma-vaginal delivery with instrument[NB]	Obstetric trauma-vaginal delivery without instrument[NB]
National rate, 2012	1.86	1.89	38	1.89	133.19	20.97
Statewide number of adverse events, 2014	42	807	1	151	410	962
Statewide average rate, 2014	1.45	1.37	N/A	1.55	112.58	16.44
Atlanticare Regional Medical Center-City	0.0	0.7	0	0.0 ^	.	0.0 @
Atlanticare Regional Medical Center-Mainland	0.0	1.0	0	0.5	88.9	6.5
Bayonne Medical Center	0.0	0.3	0	.	.	.
Bayshore Community Hospital	2.8	0.0	0	.	.	.
Bergen Regional Medical Center	0.0	0.0	0	.	.	.
Cape Regional Medical Center	0.0	0.3	0	0.0	266.7 ^	14.9
Capital Health Medical Center - Hopewell	6.8 **	1.4	0	0.8	170.5	19.4
Capital Health Regional Medical Center	0.0	1.1	0	5.0	.	20.1
CentraState Medical Center	0.0	1.1	0	2.9	117.7	21.6
Chilton Memorial Hospital	2.4	3.3 **	0	5.3	170.2	37.4
Christ Hospital	0.0	3.1 **	0	4.1	0.0 ^	5.5
Clara Maass Medical Center	3.7	0.4 *	0	0.0	95.2	3.4
Community Medical Center	2.2	1.6	0	0.9	29.1	5.4
Cooper Hospital/University Medical Center	2.8	1.3	0	3.5	84.3	14.3
Deborah Heart and Lung Center	0.0 ^	2.3	0	.	.	.
East Orange General Hospital	0.0	0.0	0	.	.	.
Englewood Hospital and Medical Center	1.8	0.3 *	0	1.5	73.7	17.9
Hackensack University Medical Center	0.7	1.6	0	1.5	47.1	14.4
HackensackUMC at Pascack Valley	0.0	0.8	0	0.0	285.7 ^	24.0
Hackettstown Regional Medical Center	0.0	1.2	0	0.0	50.0 ^	8.2
Hoboken University Medical Center	0.0	0.9	0	0.7	166.7	31.0
Holy Name Medical Center	0.0	0.9	0	3.4	55.6	18.1
Hunterdon Medical Center	0.0	0.9	0	1.1	218.8	32.1
Jersey City Medical Center	6.0	1.5	0	1.6	11.5	6.4
Jersey Shore University Medical Center	1.5	1.5	0	1.7	88.9	15.5
JFK Medical Center/Anthony M. Yalensics	2.0	0.9	0	0.9	0.0	3.0
Kennedy University Hospital - Cherry Hill	0.0	2.3	0	.	.	.
Kennedy University Hospital - Stratford	0.0	1.4	0	.	.	.
Kennedy University Hospital - Wash. Twp.	0.0	1.3	0	4.1	44.4	27.4
Kimball Medical Center	0.0	1.1	0	0.0	222.2 ^	6.9
Lourdes Medical Center of Burlington Cty.	0.0	3.9 **	0	.	.	.
Meadowlands Hospital Medical Center	15.5 **	0.6	0	0.0	0.0 ^	11.8
Memorial Hospital of Salem County	0.0	1.9	0	0.0	.	0.0
Monmouth Medical Center	0.0	1.5	0	1.9	107.3	11.7
Morristown Memmorial Hospital	1.7	1.2	0	0.9	201.1	16.6
Mountainside Hospital	0.0	1.8	0	0.0	272.7 ^	11.5
Newark Beth Israel Medical Center	3.5	1.8	0	2.0	0.0 ^	6.2
Newton Memorial Hospital	9.6 **	1.4	0	0.0	0.0 ^	19.4

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2014. Two of the 12 PSI procedures, Retained Surgical Item/Unretrieved Device Fragment, and Transfusion Reaction, are not presented as rates but as volume or number of events. *Lower rates are better and mean fewer medical errors for that procedure or condition.*

Hospital Name	Postoperative wound dehiscence	Accidental puncture or laceration	Transfusion reaction	Birth trauma - injury to neonate[NB]	Obstetric trauma-vaginal delivery with instrument[NB]	Obstetric trauma-vaginal delivery without instrument[NB]
National rate, 2012	1.86	1.89	38	1.89	133.19	20.97
Statewide number of adverse events, 2014	42	807	1	151	410	962
Statewide average rate, 2014	1.45	1.37	N/A	1.55	112.58	16.44
Ocean Medical Center - Bricktown	0.0	0.7	0	4.3	111.1 ^	14.3
Our Lady of Lourdes Medical Center	0.0	1.3	0	0.0	90.9	23.8
Overlook Medical Center	1.1	0.5 *	0	2.5	140.2	16.0
Palisades Medical Center of NY PHS	0.0	2.9	0	0.0	116.3	28.2
Raritan Bay Medical Center-Old Bridge	0.0	0.0	0	▪	▪	▪
Raritan Bay Medical Center-Perth Amboy	0.0	1.1	0	0.0	145.8	19.4
Riverview Medical Center	0.0	2.0	0	1.6	115.9	38.9
RWJ University Hospital	2.7 **	0.9	1	1.3	156.9	32.5
RWJ University Hospital at Hamilton	0.0	3.3 **	0	3.2	187.5 ^	19.0
RWJ University Hospital at Rahway	0.0	1.3	0	▪	▪	▪
Shore Medical Center	6.2 **	0.2	0	0.0	250.0 ^	15.5
Somerset Medical Center	0.0	1.3	0	3.8	170.2	23.6
South Jersey Healthcare Regional MC	2.1	2.7 **	0	0.0	128.2	9.0
South Jersey Hospital-Elmer	0.0	3.8	0	0.0	363.6 ^	16.2
Southern Ocean Medical Center	0.0	3.0 **	0	2.8	71.4 ^	14.8
St. Barnabas Medical Center	2.3	1.1	0	2.6	129.2	23.8
St. Clare's Hospital-Denville	0.0	1.9	0	2.5	200.0 ^	33.2
St. Clare's Hospital-Dover	0.0	0.0	0	▪	▪	▪
St. Francis Medical Center-Trenton	0.0	3.9 **	0	▪	▪	▪
St. Joseph's Hospital and Medical Center	1.5	2.0	0	2.0	163.3	13.2
St. Joseph's Wayne Hospital	5.1	0.0	0	▪	▪	▪
St. Lukes's Warren Hospital	0.0	0.4	0	0.0 @	▪	▪
St. Mary's Hospital (Passaic)	0.0	1.3	0	0.0	0.0 ^	10.9
St. Michael's Medical Center	0.0	1.3	0	▪	▪	▪
St. Peter's University Hospital	0.0	1.4	0	0.4	151.7	19.6
Trinitas Regional Medical Center	2.7	0.9	0	2.3	164.2	11.1
UMDNJ-University Hospital	3.8	2.6 **	0	2.6	49.2	8.5
Underwood-Memorial Hospital	0.0	1.7	0	4.6	30.3	34.6
University Medical Center at Princeton	0.0	2.6 **	0	0.9	163.0	29.3
Valley Hospital	0.0	0.9	0	1.2	67.2	16.1
Virtua-Memorial Hospital Burlington Cty.	0.0	1.6	0	0.8	33.0	14.1
Virtua-West Jersey Hospital Berlin	0.0 ^	0.0	0	▪	▪	▪
Virtua-West Jersey Hospital Marlton	3.1	0.4	0	▪	▪	▪
Virtua-West Jersey Hospital Voorhees	1.2	1.7	0	1.6	140.5	11.2

Source: New Jersey numbers are from the 2014 UB Data. National numbers are from AHRQ's Benchmark Data based on 2012 HCUP, State Inpatient Database.

^ Rates are based on denominators less than 30 and should be taken with caution. @ Could be data error
* Better than state average ** Worse than state average
N/A: Retained Surgical Item/Unretrieved Device Fragment and Transfusion Reaction are reported in volume or count, not rate.
▪ Hospital reported less than three cases/patients, which is too small to report or data is missing.
NB: Birth Trauma/Injury to Neonate; Obstetric Trauma Rate/Vaginal Delivery With Instrument; Obstetric Trauma Rate/Vaginal Delivery Without Instrument are not risk-adjusted.

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 2014 UB data calculated using the Agency for Healthcare Research and Quality (AHRQ) PSIs SAS Software (Version 5.0). The national estimates come from AHRQ's National Comparative Data derived from the 2012 Nationwide Inpatient Sample (NIS) using the same software version (Version 5.0).

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

Compared to the 2012 national PSIs estimates (the latest available at the time of this report), New Jersey performed better than the national average for 8 of the 10 PSIs that are measured using rates. The two indicators where New Jersey performed worse than the national average were - Post-operative PE/DVT and Post-operative sepsis. The discrepancies may in part be due to differences in years of data or differences in data reporting formats by States. The 2012 National Comparative Data is based on UB data obtained from 45 States.

Patient Safety Indicators (PSIs)	National	New Jersey
Retained Surgical Item or Unretrieved Device Fragment Ω	973	32
Iatrogenic Pneumothorax	0.34	0.28
Post-operative Hip Fracture	0.04	0.03
Post-operative Hemorrhage or Hematoma	5.11	4.85
Post-operative Pulmonary Embolism or Deep Vein Thrombosis	4.99	6.11
Post-operative Sepsis	9.61	10.42
Post-operative Wound Dehiscence	1.85	1.45
Accidental Puncture or Laceration	1.89	1.37
Transfusion Reaction Ω	38	1
Birth Trauma - Injury to Neonate	1.89	1.55
Obstetric Trauma - Vaginal Delivery with Instrument	133.19	112.58
Obstetric Trauma - Vaginal Delivery without Instrument	20.97	16.44

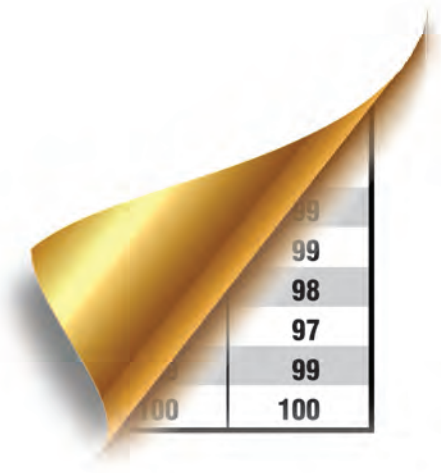
Source: New Jersey numbers are derived from the 2014 UB Data while the national rates are from the AHRQ Comparative Data Report derived from the 2012 Nationwide Inpatient Sample (NIS).

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



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, Legislation P.L. 2007, C.196 requires hospitals to report **HAI** data to the State Department of Health for public reporting in the Hospital Performance Report.

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

The **HAI** measures are calculated differently than the 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).**

Where do the data come from?

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

This report contains CLABSI, CAUTI and SSI data submitted to NHSN by New Jersey hospitals in 2014. Hospitals were provided the opportunity to verify the accuracy of their data. The data in this report have not been independently audited and validated.

What is Risk-Adjustment?

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

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

How are HAIs measured and what do the measures mean?

The Standardized Infection Ratio (SIR) is used to measure HAIs. The SIR is a summary measure developed by CDC to track HAIs at a national, state, local or hospital level over time. The hospital SIR is the total number of "observed" or actual events, also called infections, divided by the total number of "expected" events, which is derived from the national baseline experience. More detailed explanations of the "observed" and "expected" number of events, as well as the SIR are provided below.

The hospital SIRs are compared to the national experience, which is a

baseline SIR of 1.0. The results are summarized under the column, National Comparison. This column classifies the hospitals' performances by **L** as in "Lower than Expected", **S** as in "Similar to Expected", or **H** as in "Higher than Expected".

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

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

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

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

CLABSIs are primary bloodstream infections that are associated with the presence of a central vascular catheter. A central line is a tube

that is placed into a patient's large vein, usually in the neck, chest, arm or groin. The line is used to give fluids and medication, withdraw blood, and monitor the patient's condition. A bloodstream infection can occur when microorganisms such as bacteria and fungi enter, attach and multiply on the tubing or in fluid administered through the tubing and then enters the blood.

If you develop a central line-associated bloodstream infection, you may become ill with fevers and chills or the skin around the central line may become sore and red. CLABSIs can be prevented through proper management of the central line. 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 2014.** The data were verified for accuracy by each hospital.

What are the CLABSI results for New Jersey for 2014?

There were more than 268,000 central-line days reported to NHSN by New Jersey acute care hospitals in 2014. The formula below provides the Statewide observed, expected and SIR for CLABSIs:

Observed CLABSIs = 313
Expected CLABSIs = 546.06
SIR=Observed / Expected = 0.57

The SIR of 0.57 indicates that CLABSIs for New Jersey was 43% fewer than expected based on the national data. The difference is statistically significant. This means the central-line infections in **New Jersey were lower than the central-line infections seen nationally.**

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

Observed ICU CLABSIs=272
Expected ICU CLABSIs=473.66
SIR=Observed/Expected=0.57

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The SIR of 0.57 indicates that ICU CLABSIs for New Jersey were 43% 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=41
Expected NICU CLABSIs=72.40
SIR=Observed/Expected=0.57

The SIR of 0.57 indicates that NICU CLABSIs for New Jersey were 43% 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 2014. 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 2014?

There were **over 300,000 catheter days reported to NHSN by New Jersey hospitals in 2014.** The formula below provides the Statewide observed, expected and SIR for CAUTIs:

Observed CAUTIs = 750
Expected CAUTIs = 599.33
SIR=Observed / Expected = 1.25

The SIR of 1.25 indicates that CAUTIs for New Jersey were 25% higher than the expected national data. The difference is statistically significant. This means the catheter-associated urinary tract infections in **New Jersey were higher than the catheter-associated urinary tract infections seen nationally.**

What are Surgical Site Infections?

A surgical site infection (SSI) is an infection that occurs in the area of the body where the surgery took place. The SSI can be superficial, meaning it's on the skin. It can also be serious and affect layers under the skin, organs and/or implants. The infection is reported if it develops within 30-90 days of the procedure.

According to a recent survey, SSIs were the second most common HAI in 2011, accounting for an estimated 24 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 2014. The infections reported were inpatient procedures and Deep Incisional Primary and Organ/Space SSIs that were identified during admission or readmission to the same facility.

This year's report includes SSI data from Coronary Artery Bypass Graft (CABG) procedures, Abdominal Hysterectomy procedures, Knee Arthroplasty procedures and Colon surgery procedures. It is important to note that only 18 of the 72 acute care hospitals are licensed as Open Heart Surgery hospitals and are able to perform CABG surgery. The surgical site infection data for 2014 were verified for accuracy by each hospital but were not audited.

What are the SSI results for New Jersey hospitals for 2014?

A total of 4,910 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=54
Expected CABG infections=59.91
SIR=Observed / Expected = 0.90

The SIR of 0.90 indicates that the observed CABG infections were 10% fewer than expected based on the national data. The difference is not statistically significant which means the CABG infections in New Jersey were similar to the CABG infections seen nationally.

A total of 7,798 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=60
Expected HYST infections=57.92
SIR=Observed / Expected =1.04

The SIR of 1.04 indicates that the observed abdominal hysterectomy infections were 4% 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 15,326 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=58
Expected KPRO infections=102.31
SIR=Observed/Expected=0.57

The SIR of 0.57 indicates that the observed knee arthroplasty infections were 43% less than expected based on the national data. The difference is statistically significant which means the **knee arthroplasty infections in New Jersey were lower than those seen nationally.**

A total of 8,082 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=191
Expected COLO infections=245.11
SIR=Observed/Expected=0.78

The SIR of 0.78 indicates that the observed colon infections were 22% less than expected based on the national data. The difference is statistically significant. This means that the colon infections in **New Jersey were lower than the colon infections seen nationally.**

The Overall SSI SIR takes into account all surgeries that were reported in New Jersey in 2014; CABG, Abdominal Hysterectomy, Knee Arthroplasty and Colon surgeries. **There were more than 36,000 surgeries reported in NHSN by New Jersey hospitals.** The

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formula below provides the Statewide observed, the expected and SIR for the Overall SSIs:

Observed SSIs = 363
Expected SSIs = 465.24
SIR=Observed / Expected =0.78

The SIR of 0.78 indicates that the Overall SSIs for New Jersey were 22% fewer than expected based on the national data. The difference is statistically significant. This means the surgical site infections in **New Jersey were lower than surgical site infections seen nationally.**

What is "National Comparison"?

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

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

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

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

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

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

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

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

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

- In addition, the risk-adjustment method may not fully capture how sick patients are in certain hospitals and locations. The sicker the patients are, the more likely a hospital is to have a

higher number of events. Therefore, **it is important to use caution when interpreting the hospital infection data.**

References

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

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

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 April 10, 2015.

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

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.

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Central Line-Associated Bloodstream Infection (CLABSI) 2014

See footnotes at bottom of next page

Hospital Name	Observed # of CLABSI (O)	Number of Central Line Days	Expected # of CLABSI (E)[a]	CLABSI SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City Campus	7	2841	7.47	0.94	S
AtlantiCare Regional Medical Center-Mainland Campus	11	5628	9.44	1.17	S
Bayonne Medical Center	0	997	1.50	0.00	S
Bayshore Community Hospital	4	2077	3.12	1.28	S
Bergen Regional Medical Center	0	555	1.05	0.00	S
Cape Regional Medical Center	0	963	1.44	0.00	S
Capital Health Medical Center - Hopewell	1	2862	4.64	0.22	S
Capital Health Regional Medical Center (RMC)	7	5600	11.07	0.63	S
Centrastate Medical Center	4	1287	2.45	1.64	S
Chilton Memorial Hospital	0	2304	3.46	0.00	L
Christ Hospital	4	1899	2.85	1.40	S
Clara Maass Medical Center	3	5363	10.78	0.28	L
Community Medical Center	2	3919	8.08	0.25	L
Deborah Heart and Lung Center	6	2384	5.06	1.19	S
East Orange General Hospital	1	2719	4.08	0.25	S
Englewood Hospital and Medical Center	0	3208	5.81	0.00	L
Hackensack UMC Mountainside	5	1543	3.97	1.26	S
Hackensack University Medical Center	15	12231	25.98	0.58	L
Hackensack UMC at Pascack Valley	1	757	1.14	0.88	S
Hackettstown Regional Medical Center	0	746	1.12	0.00	S
Hoboken University Medical Center	0	1047	1.57	0.00	S
Holy Name Hospital	3	2883	4.32	0.69	S
Hunterdon Medical Center	1	1896	3.98	0.25	S
Inspira Medical Center Elmer	0	290	0.55	---	---
Inspira Medical Center Vineland	8	3067	7.59	1.05	S
Inspira Woodbury Medical Center	1	2552	3.83	0.26	S
J.F.K. Medical Center	6	6876	12.08	0.50	S
Jersey City Medical Center	4	8584	16.89	0.24	L
Jersey Shore University Medical Center	7	10216	20.05	0.35	L
Kennedy Health System	0	797	1.67	0.00	S
Kennedy Health System-Cherry Hill	2	1458	3.39	0.59	S
Kennedy Health System-Washington Township Campus	3	2594	6.42	0.47	S
Lourdes Medical Center Burlington County	1	1553	2.33	0.43	S
Meadowlands Hospital Medical Center	0	801	1.20	0.00	S
Memorial Hospital of Salem County	1	621	0.93	---	---
Monmouth Medical Center	4	2627	6.10	0.66	S
Monmouth Medical Center-- Southern Campus	1	912	1.37	0.73	S
Morristown Medical Center	12	11424	24.16	0.50	L
Newark Beth Israel Medical Center	12	17846	39.10	0.31	L
Newton Medical Center	3	1014	2.03	1.48	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 2014 and is for adult, pediatric critical/intensive care units and neonatal intensive care units (CCUs or ICUs and NICUs). *NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CLABSIs.*

Hospital Name	Observed # of CLABSI (O)	Number of Central Line Days	Expected # of CLABSI (E)[a]	CLABSI SIR[b]	National Comparison‡
Ocean Medical Center	4	3325	4.99	0.80	S
Our Lady of Lourdes Medical Center	5	6701	10.78	0.46	S
Overlook Hospital	8	7446	16.48	0.49	L
Palisades Medical Center	1	1884	3.26	0.31	S
Raritan Bay Medical Center-Old Bridge	1	1402	2.10	0.48	S
Raritan Bay Medical Center-Perth Amboy	2	2810	5.78	0.35	S
Riverview Medical Center	3	1385	2.08	1.44	S
Robert Wood Johnson University Hospital	23	14632	36.30	0.63	L
Robert Wood Johnson University Hospital at Rahway	0	3070	6.45	0.00	L
Robert Wood Johnson University Hospital Hamilton	5	3042	4.56	1.10	S
Robert Wood Johnson University Hospital Somerset	1	1978	3.86	0.26	S
Saint Barnabas Medical Center	7	9772	23.75	0.30	L
Saint Clare's Health System	0	805	1.20	0.00	S
Saint Clare's Hospital Dover	1	481	0.72	---	---
Saint Joseph's Regional Medical Center	15	10941	28.96	0.52	L
Saint Peter's University Hospital	3	4801	11.95	0.25	L
Shore Medical Center	1	1630	2.45	0.41	S
Southern Ocean Medical Center	2	1081	2.05	0.97	S
St. Francis Medical Center	1	2973	4.66	0.22	S
St. Joseph's Wayne Hospital	2	2361	4.96	0.40	S
St. Luke's-Warren Hospital	1	897	1.35	0.74	S
St. Mary's Hospital	2	2069	3.10	0.64	S
St. Michael's Medical Center	10	3893	6.69	1.50	S
The Cooper Health System	28	12117	31.15	0.90	S
The Valley Hospital	19	5390	8.98	2.12	H
Trinitas Regional Medical Center	11	4275	6.41	1.72	S
UMDNJ-University Hospital	14	7260	18.64	0.75	S
University Medical Center of Princeton at Plainsboro	1	1550	2.33	0.43	S
Virtua - WJH - Berlin	0	256	0.38	---	---
Virtua Health West Jersey Marlton	1	2536	3.80	0.26	S
Virtua Memorial Hospital	0	3264	4.90	0.00	L
Virtua Voorhees	1	3840	6.94	0.14	L
Statewide ICU	272	239934	473.66	0.57	L
Statewide NICU	41	28874	72.40	0.57	L
Statewide	313	268808	546.06	0.57	L

Source: New Jersey Healthcare-Associated Infections for 2014 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) 2014

See footnotes at bottom of next page

Hospital Name	Observed # of CAUTI (O)	Number of Catheter Days	Expected # of CAUTI (E)[a]	CAUTI SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City Campus	22	4324	11.28	1.95	H
AtlantiCare Regional Medical Center-Mainland Campus	16	5179	9.65	1.66	S
Bayonne Medical Center	1	1601	2.08	0.48	S
Bayshore Community Hospital	5	3181	3.82	1.31	S
Bergen Regional Medical Center	0	721	1.44	0.00	S
Cape Regional Medical Center	1	2417	2.90	0.35	S
Capital Health Medical Center - Hopewell	19	3279	4.79	3.97	H
Capital Health Regional Medical Center (RMC)	37	6215	17.10	2.16	H
Centrastate Medical Center	12	2874	5.75	2.09	H
Chilton Memorial Hospital	9	2855	3.71	2.43	H
Christ Hospital	3	2181	2.62	1.15	S
Clara Maass Medical Center	3	6890	14.90	0.20	L
Community Medical Center	9	7839	17.41	0.52	L
Deborah Heart and Lung Center	0	3202	7.43	0.00	L
East Orange General Hospital	1	2503	3.25	0.31	S
Englewood Hospital and Medical Center	4	3860	8.03	0.50	S
Hackensack UMC Mountainside	10	2418	5.62	1.78	S
Hackensack University Medical Center	17	11717	25.80	0.66	S
Hackensack UMC at Pascack Valley	4	1495	1.79	2.23	S
Hackettstown Regional Medical Center	1	1042	1.35	0.74	S
Hoboken University Medical Center	1	1715	2.23	0.45	S
Holy Name Hospital	1	4032	4.84	0.21	S
Hunterdon Medical Center	10	2564	5.90	1.70	S
Inspira Medical Center Elmer	3	724	1.45	2.07	S
Inspira Medical Center Vineland	7	4580	11.04	0.63	S
Inspira Woodbury Medical Center	2	3417	4.44	0.45	S
J.F.K. Medical Center	15	7342	11.79	1.27	S
Jersey City Medical Center	4	9024	18.66	0.21	L
Jersey Shore University Medical Center	33	10788	22.63	1.46	H
Kennedy Health System	1	1324	3.05	0.33	S
Kennedy Health System-Cherry Hill	9	2239	5.15	1.75	S
Kennedy Health System-Washington Township	7	3368	8.28	0.85	S
Lourdes Medical Center Burlington County	4	2459	2.95	1.36	S
Meadowlands Hospital Medical Center	4	1271	1.65	2.42	S
Memorial Hospital of Salem County	1	1184	1.54	0.65	S
Monmouth Medical Center	8	2328	5.37	1.49	S
Monmouth Medical Center-- Southern Campus	2	1558	1.87	1.07	S
Morristown Medical Center	51	12361	27.62	1.85	H
Newark Beth Israel Medical Center	20	8518	18.33	1.09	S
Newton Medical Center	2	2204	4.41	0.45	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 the general acute care hospitals in the US. Data is from 2014 for adult critical/intensive care units (CCUs or ICUs) only. *NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CAUTIs.*

Hospital Name	Observed # of CAUTI (O)	Number of Catheter Days	Expected # of CAUTI (E)[a]	CAUTI SIR[b]	National Comparison‡
Ocean Medical Center	13	5295	6.35	2.05	H
Our Lady of Lourdes Medical Center	11	5843	8.92	1.23	S
Overlook Hospital	56	7805	22.79	2.46	H
Palisades Medical Center	0	2125	2.76	0.00	S
Raritan Bay Medical Center-Old Bridge	2	1379	1.79	1.12	S
Raritan Bay Medical Center-Perth Amboy	10	2370	5.14	1.95	S
Riverview Medical Center	3	3198	3.84	0.78	S
Robert Wood Johnson University Hospital	62	12016	29.81	2.08	H
Robert Wood Johnson University Hospital at Rahway	0	2993	6.88	0.00	L
Robert Wood Johnson University Hospital Hamilton	3	3527	4.23	0.71	S
Robert Wood Johnson University Hospital Somerset	21	2724	5.45	3.86	H
Saint Barnabas Medical Center	10	8507	20.57	0.49	L
Saint Clare's Health System	0	1390	1.67	0.00	S
Saint Clare's Hospital Dover	1	941	1.22	0.82	S
Saint Joseph's Regional Medical Center	19	11537	28.27	0.67	S
Saint Peter's University Hospital	11	3832	8.90	1.24	S
Shore Medical Center	6	1998	2.40	2.50	H
Southern Ocean Medical Center	4	1713	3.43	1.17	S
St. Francis Medical Center	1	2708	4.17	0.24	S
St. Joseph's Wayne Hospital	5	3003	6.91	0.72	S
St. Luke's-Warren Hospital	2	941	1.22	1.64	S
St. Mary's Hospital	4	3956	4.75	0.84	S
St. Michael's Medical Center	17	3994	7.54	2.25	H
The Cooper Health System	46	13623	35.84	1.28	S
The Valley Hospital	11	3989	6.32	1.74	S
Trinitas Regional Medical Center	21	5372	6.45	3.26	H
UMDNJ-University Hospital	42	9322	28.88	1.45	H
University Medical Center of Princeton at Plainsboro	0	3086	3.70	0.00	L
Virtua - WJH - Berlin	0	513	0.67	---	---
Virtua Health West Jersey Marlton	1	3515	4.22	0.24	S
Virtua Memorial Hospital	5	5123	6.15	0.81	S
Virtua Voorhees	4	3499	4.19	0.95	S
Statewide	**750**	**300630**	**599.33**	**1.25**	**H**

Source: New Jersey Healthcare-Associated Infections for 2014 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) 2014

See footnotes at bottom of next page

Hospital Name	Procedure Count	Observed # of Overall Surgical Site Infections (O)	Expected # of Overall Surgical Site Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City Campus	111	1	2.56	0.39	S
AtlantiCare Regional Medical Center-Mainland Campus	1612	10	13.82	0.72	S
Bayonne Medical Center	80	1	2.16	0.46	S
Bayshore Community Hospital	110	0	2.06	0.00	S
Bergen Regional Medical Center	7	0	0.14	---	---
Cape Regional Medical Center	202	3	2.36	1.27	S
Capital Health Medical Center - Hopewell	508	10	5.35	1.87	S
Capital Health Regional Medical Center (RMC)	60	4	1.32	3.04	S
Centrastate Medical Center	396	8	6.30	1.27	S
Chilton Memorial Hospital	405	2	5.58	0.36	S
Christ Hospital	140	0	1.78	0.00	S
Clara Maass Medical Center	322	5	4.14	1.21	S
Community Medical Center	797	19	9.62	1.97	H
Deborah Heart and Lung Center	144	3	2.03	1.48	S
East Orange General Hospital	36	0	0.74	---	---
Englewood Hospital and Medical Center	714	5	8.60	0.58	S
Hackensack UMC Mountainside	377	6	4.64	1.29	S
Hackensack University Medical Center	2243	15	28.12	0.53	L
Hackensack UMC at Pascack Valley	73	0	0.98	---	---
Hackettstown Regional Medical Center	122	0	1.30	0.00	S
Hoboken University Medical Center	125	0	1.51	0.00	S
Holy Name Hospital	704	3	7.91	0.38	S
Hunterdon Medical Center	265	2	3.33	0.60	S
Inspira Medical Center Elmer	141	0	1.19	0.00	S
Inspira Medical Center Vineland	557	9	8.08	1.11	S
Inspira Woodbury Medical Center	341	3	5.92	0.51	S
J.F.K. Medical Center	467	2	5.94	0.34	S
Jersey City Medical Center	442	4	7.15	0.56	S
Jersey Shore University Medical Center	1243	19	19.18	0.99	S
Kennedy Health System	50	0	0.64	---	---
Kennedy Health System-Cherry Hill	73	0	1.07	0.00	S
Kennedy Health System-Washington Township	750	9	7.41	1.22	S
Lourdes Medical Center Burlington County	120	2	1.86	1.08	S
Meadowlands Hospital Medical Center	79	0	0.73	---	---
Memorial Hospital of Salem County	42	0	0.48	---	---
Monmouth Medical Center	768	7	9.54	0.73	S
Monmouth Medical Center-- Southern Campus	56	1	1.09	0.92	S
Morristown Medical Center	3144	9	33.48	0.27	L
Newark Beth Israel Medical Center	590	5	7.51	0.67	S
Newton Medical Center	277	4	4.49	0.89	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 2014. *NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer HAIs.*

Hospital Name	Procedure Count	Observed # of Overall Surgical Site Infections (O)	Expected # of Overall Surgical Site Infections (E)[a]	SIR[b]	National Comparison‡
Ocean Medical Center	829	0	10.39	0.00	L
Our Lady of Lourdes Medical Center	683	9	9.51	0.95	S
Overlook Hospital	936	4	13.70	0.29	S
Palisades Medical Center	61	1	0.97	---	---
Raritan Bay Medical Center-Old Bridge	57	0	1.13	0.00	S
Raritan Bay Medical Center-Perth Amboy	145	2	1.93	1.04	S
Riverview Medical Center	677	6	10.30	0.58	S
Robert Wood Johnson University Hospital	1467	23	21.13	1.09	S
Robert Wood Johnson University Hospital at Rahway	89	1	1.40	0.71	S
Robert Wood Johnson University Hospital Hamilton	505	11	6.77	1.63	S
Robert Wood Johnson University Hospital Somerset	447	9	6.62	1.36	S
Saint Barnabas Medical Center	1486	11	18.89	0.58	S
Saint Clare's Health System	297	6	4.58	1.31	S
Saint Clare's Hospital Dover	44	1	0.86	---	---
Saint Joseph's Regional Medical Center	581	3	8.49	0.35	L
Saint Peter's University Hospital	581	5	7.59	0.66	S
Shore Medical Center	567	4	6.47	0.62	S
Southern Ocean Medical Center	131	1	1.53	0.65	S
St. Francis Medical Center	140	1	2.94	0.34	S
St. Joseph's Wayne Hospital	141	1	1.55	0.65	S
St. Luke's-Warren Hospital	166	1	2.09	0.48	S
St. Mary's Hospital	254	4	3.97	1.01	S
St. Michael's Medical Center	334	3	3.88	0.77	S
The Cooper Health System	1208	31	19.59	1.58	H
The Valley Hospital	1005	16	11.94	1.34	S
Trinitas Regional Medical Center	317	2	5.41	0.37	S
UMDNJ-University Hospital	211	9	5.34	1.69	S
University Medical Center of Princeton at Plainsboro	828	6	8.29	0.72	S
Virtua - WJH - Berlin	3	0	0.06	---	---
Virtua Health West Jersey Marlton	611	6	5.64	1.06	S
Virtua Memorial Hospital	477	6	9.95	0.60	S
Virtua Voorhees	2145	9	20.25	0.44	L
Statewide	**36116**	**363**	**465.24**	**0.78**	**L**

Source: New Jersey Healthcare-Associated Infections for 2014 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

Abdominal Hysterectomy Surgical Site Infections 2014

See footnotes at bottom of next page

Hospital Name	Procedure Count	Observed # of Abdominal Hysterectomy Infections (O)	Expected # of Abdominal Hysterectomy Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City Campus	31	1	0.28	---	---
AtlantiCare Regional Medical Center-Mainland Campus	74	0	0.52	---	---
Bayonne Medical Center	4	0	0.02	---	---
Bayshore Community Hospital	4	0	0.03	---	---
Cape Regional Medical Center	41	1	0.24	---	---
Capital Health Medical Center - Hopewell	113	0	1.04	0.00	S
Capital Health Regional Medical Center (RMC)	10	1	0.10	---	---
Centrastate Medical Center	76	0	0.56	---	---
Chilton Memorial Hospital	14	0	0.17	---	---
Christ Hospital	86	0	0.69	---	---
Clara Maass Medical Center	70	2	0.50	---	---
Community Medical Center	214	4	1.19	3.35	H
East Orange General Hospital	4	0	0.03	---	---
Englewood Hospital and Medical Center	87	0	0.61	---	---
Hackensack UMC Mountainside	214	3	1.61	1.87	S
Hackensack University Medical Center	450	2	3.46	0.58	S
Hackensack UMC at Pascack Valley	4	0	0.03	---	---
Hackettstown Regional Medical Center	7	0	0.03	---	---
Hoboken University Medical Center	47	0	0.34	---	---
Holy Name Hospital	192	0	1.43	0.00	S
Hunterdon Medical Center	18	0	0.13	---	---
Inspira Medical Center Elmer	12	0	0.10	---	---
Inspira Medical Center Vineland	260	1	2.77	0.36	S
Inspira Woodbury Medical Center	88	1	0.84	---	---
J.F.K. Medical Center	142	0	0.84	---	---
Jersey City Medical Center	45	1	0.37	---	---
Jersey Shore University Medical Center	191	2	1.50	1.34	S
Kennedy Health System	18	0	0.14	---	---
Kennedy Health System-Cherry Hill	1	0	0.01	---	---
Kennedy Health System-Washington Township	144	1	1.30	0.77	S
Lourdes Medical Center Burlington County	22	0	0.14	---	---
Meadowlands Hospital Medical Center	45	0	0.27	---	---
Memorial Hospital of Salem County	28	0	0.18	---	---
Monmouth Medical Center	284	2	2.38	0.84	S
Monmouth Medical Center-- Southern Campus	9	0	0.04	---	---
Morristown Medical Center	550	3	2.63	1.14	S
Newark Beth Israel Medical Center	271	1	2.92	0.34	S
Newton Medical Center	38	0	0.22	---	---
Ocean Medical Center	79	0	0.65	---	---
Our Lady of Lourdes Medical Center	56	1	0.47	---	---

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 2014. *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‡
Overlook Hospital	145	0	0.70	---	---
Palisades Medical Center	17	0	0.09	---	---
Raritan Bay Medical Center-Old Bridge	1	0	0.00	---	---
Raritan Bay Medical Center-Perth Amboy	60	0	0.41	---	---
Riverview Medical Center	204	1	1.47	0.68	S
Robert Wood Johnson University Hospital	344	8	3.20	2.50	H
Robert Wood Johnson University Hospital Hamilton	51	0	0.34	---	---
Robert Wood Johnson University Hospital Somerset	74	1	0.43	---	---
Saint Barnabas Medical Center	613	5	2.71	1.85	S
Saint Clare's Health System	49	0	0.31	---	---
Saint Clare's Hospital Dover	1	0	0.00	---	---
Saint Joseph's Regional Medical Center	108	0	0.67	---	---
Saint Peter's University Hospital	252	2	1.97	1.01	S
Shore Medical Center	51	0	0.36	---	---
Southern Ocean Medical Center	21	0	0.14	---	---
St. Joseph's Wayne Hospital	12	0	0.09	---	---
St. Luke's-Warren Hospital	9	0	0.08	---	---
St. Mary's Hospital	74	0	0.46	---	---
St. Michael's Medical Center	101	1	0.75	---	---
The Cooper Health System	455	7	3.28	2.14	S
The Valley Hospital	112	2	0.71	---	---
Trinitas Regional Medical Center	169	1	1.59	0.63	S
UMDNJ-University Hospital	62	0	0.89	---	---
University Medical Center of Princeton at Plainsboro	165	0	1.31	0.00	S
Virtua Memorial Hospital	192	3	1.72	1.74	S
Virtua Voorhees	413	2	3.47	0.58	S
Statewide	7798	60	57.92	1.04	S

Source: New Jersey Healthcare-Associated Infections for 2014 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

Knee Arthroplasty Surgical Site Infections 2014

See footnotes at bottom of next page

Hospital Name	Procedure Count	Observed # of Knee Arthroplasty Infections (O)	Expected # of Knee Arthroplasty Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-Mainland Campus	1321	7	9.32	0.75	S
Bayonne Medical Center	12	0	0.11	---	---
Bayshore Community Hospital	52	0	0.42	---	---
Bergen Regional Medical Center	1	0	0.01	---	---
Cape Regional Medical Center	91	1	0.43	---	---
Capital Health Medical Center - Hopewell	288	1	1.74	0.58	S
Capital Health Regional Medical Center (RMC)	12	0	0.10	---	---
Centrastate Medical Center	170	1	1.02	0.98	S
Chilton Memorial Hospital	265	0	1.63	0.00	S
Christ Hospital	13	0	0.09	---	---
Clara Maass Medical Center	156	1	1.27	0.79	S
Community Medical Center	364	1	2.50	0.40	S
East Orange General Hospital	16	0	0.17	---	---
Englewood Hospital and Medical Center	233	0	1.39	0.00	S
Hackensack UMC Mountainside	82	0	0.65	---	---
Hackensack University Medical Center	1178	5	8.30	0.60	S
Hackensack UMC at Pascack Valley	41	0	0.21	---	---
Hackettstown Regional Medical Center	72	0	0.30	---	---
Hoboken University Medical Center	56	0	0.53	---	---
Holy Name Hospital	373	2	2.86	0.70	S
Hunterdon Medical Center	177	1	1.43	0.70	S
Inspira Medical Center Elmer	110	0	0.54	---	---
Inspira Medical Center Vineland	164	1	1.44	0.69	S
Inspira Woodbury Medical Center	119	2	1.07	1.88	S
J.F.K. Medical Center	194	0	1.44	0.00	S
Jersey City Medical Center	100	0	0.96	---	---
Jersey Shore University Medical Center	296	1	3.33	0.30	S
Kennedy Health System	14	0	0.11	---	---
Kennedy Health System-Cherry Hill	37	0	0.23	---	---
Kennedy Health System-Washington Township	494	2	3.06	0.66	S
Lourdes Medical Center Burlington County	46	0	0.28	---	---
Meadowlands Hospital Medical Center	21	0	0.15	---	---
Memorial Hospital of Salem County	3	0	0.02	---	---
Monmouth Medical Center	348	1	3.08	0.33	S
Monmouth Medical Center-- Southern Campus	13	0	0.08	---	---
Morristown Medical Center	1205	0	7.22	0.00	S
Newark Beth Israel Medical Center	81	0	0.58	---	---
Newton Medical Center	113	0	0.52	---	---
Ocean Medical Center	514	0	2.79	0.00	S
Our Lady of Lourdes Medical Center	38	0	0.41	---	---

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 2014. *NOTE: Ratios are not meant for hospital-to-hospital comparisons. Lower ratios are better and mean fewer abdominal hysterectomy SSIs.*

Hospital Name	Procedure Count	Observed # of Knee Arthroplasty Infections (O)	Expected # of Knee Arthroplasty Infections (E)[a]	SIR[b]	National Comparison‡
Overlook Hospital	443	0	2.50	0.00	S
Palisades Medical Center	13	0	0.09	---	---
Raritan Bay Medical Center-Old Bridge	18	0	0.10	---	---
Raritan Bay Medical Center-Perth Amboy	29	0	0.17	---	---
Riverview Medical Center	323	2	3.53	0.57	S
Robert Wood Johnson University Hospital	312	2	2.32	0.86	S
Robert Wood Johnson University Hospital at Rahway	44	0	0.30	---	---
Robert Wood Johnson University Hospital Hamilton	317	3	1.83	1.64	S
Robert Wood Johnson University Hospital Somerset	218	4	1.53	2.62	S
Saint Barnabas Medical Center	264	0	1.64	0.00	S
Saint Clare's Health System	150	5	0.92	---	---
Saint Clare's Hospital Dover	14	0	0.06	---	---
Saint Joseph's Regional Medical Center	119	0	1.15	0.00	S
Saint Peter's University Hospital	182	0	1.40	0.00	S
Shore Medical Center	385	1	2.10	0.48	S
Southern Ocean Medical Center	64	0	0.38	---	---
St. Francis Medical Center	15	0	0.16	---	---
St. Joseph's Wayne Hospital	85	0	0.57	---	---
St. Luke's-Warren Hospital	94	0	0.56	---	---
St. Mary's Hospital	22	0	0.16	---	---
St. Michael's Medical Center	75	0	0.68	---	---
The Cooper Health System	183	2	1.50	1.33	S
The Valley Hospital	419	2	2.47	0.81	S
Trinitas Regional Medical Center	55	0	0.64	---	---
UMDNJ-University Hospital	24	0	0.30	---	---
University Medical Center of Princeton at Plainsboro	555	3	3.68	0.82	S
Virtua Health West Jersey Marlton	518	3	2.71	1.11	S
Virtua Memorial Hospital	74	1	0.46	---	---
Virtua Voorhees	1429	3	6.67	0.45	S
Statewide	**15326**	**58**	**102.31**	**0.57**	**L**

Source: New Jersey Healthcare-Associated Infections for 2014 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

Colon Surgical Site Infections 2014

See footnotes at bottom of next page

Hospital Name	Procedure Count	Observed # of Colon Surgical Site Infections (O)	Expected # of Colon Surgical Site Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City Campus	80	0	2.28	0.00	S
AtlantiCare Regional Medical Center-Mainland Campus	74	0	1.99	0.00	S
Bayonne Medical Center	64	1	2.04	0.49	S
Bayshore Community Hospital	54	0	1.61	0.00	S
Bergen Regional Medical Center	6	0	0.13	---	---
Cape Regional Medical Center	70	1	1.70	0.59	S
Capital Health Medical Center - Hopewell	107	9	2.58	3.49	H
Capital Health Regional Medical Center (RMC)	38	3	1.11	2.70	S
Centrastate Medical Center	150	7	4.72	1.48	S
Chilton Memorial Hospital	126	2	3.79	0.53	S
Christ Hospital	41	0	1.00	0.00	S
Clara Maass Medical Center	96	2	2.37	0.85	S
Community Medical Center	219	14	5.93	2.36	H
East Orange General Hospital	16	0	0.54	---	---
Englewood Hospital and Medical Center	166	4	3.65	1.10	S
Hackensack UMC Mountainside	81	3	2.38	1.26	S
Hackensack University Medical Center	308	6	11.40	0.53	S
Hackensack UMC at Pascack Valley	28	0	0.73	---	---
Hackettstown Regional Medical Center	43	0	0.97	---	---
Hoboken University Medical Center	22	0	0.65	---	---
Holy Name Hospital	139	1	3.62	0.28	S
Hunterdon Medical Center	70	1	1.76	0.57	S
Inspira Medical Center Elmer	19	0	0.55	---	---
Inspira Medical Center Vineland	133	7	3.87	1.81	S
Inspira Woodbury Medical Center	134	0	4.01	0.00	L
J.F.K. Medical Center	131	2	3.67	0.55	S
Jersey City Medical Center	122	0	3.54	0.00	L
Jersey Shore University Medical Center	254	5	7.81	0.64	S
Kennedy Health System	18	0	0.39	---	---
Kennedy Health System-Cherry Hill	35	0	0.84	---	---
Kennedy Health System-Washington Township	112	6	3.06	1.96	S
Lourdes Medical Center Burlington County	52	2	1.45	1.38	S
Meadowlands Hospital Medical Center	13	0	0.31	---	---
Memorial Hospital of Salem County	11	0	0.28	---	---
Monmouth Medical Center	136	4	4.08	0.98	S
Monmouth Medical Center-- Southern Campus	34	1	0.97	---	---
Morristown Medical Center	481	3	14.04	0.21	S
Newark Beth Israel Medical Center	55	0	1.68	0.00	S
Newton Medical Center	126	4	3.75	1.07	S
Ocean Medical Center	236	0	6.96	0.00	L

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of infections divided by number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all general acute care hospitals in the US. Data is from 2014. *NOTE: Ratios are not meant for hospital-to-hospital comparisons. Lower ratios are better and mean fewer abdominal hysterectomy SSIs.*

Hospital Name	Procedure Count	Observed # of Colon Surgical Site Infections (O)	Expected # of Colon Surgical Site Infections (E)[a]	SIR[b]	National Comparison‡
Our Lady of Lourdes Medical Center	122	5	3.94	1.27	S
Overlook Hospital	348	4	10.50	0.38	L
Palisades Medical Center	31	1	0.79	---	---
Raritan Bay Medical Center-Old Bridge	38	0	1.02	0.00	S
Raritan Bay Medical Center-Perth Amboy	56	2	1.34	1.49	S
Riverview Medical Center	150	3	5.29	0.57	S
Robert Wood Johnson University Hospital	225	6	8.45	0.71	S
Robert Wood Johnson University Hospital at Rahway	45	1	1.10	0.91	S
Robert Wood Johnson University Hospital Hamilton	137	8	4.60	1.74	S
Robert Wood Johnson University Hospital Somerset	155	4	4.67	0.86	S
Saint Barnabas Medical Center	389	5	11.96	0.42	L
Saint Clare's Health System	98	1	3.36	0.30	S
Saint Clare's Hospital Dover	29	1	0.80	---	---
Saint Joseph's Regional Medical Center	110	0	3.77	0.00	L
Saint Peter's University Hospital	147	3	4.22	0.71	S
Shore Medical Center	131	3	4.01	0.75	S
Southern Ocean Medical Center	46	1	1.02	0.98	S
St. Francis Medical Center	23	0	0.62	---	---
St. Joseph's Wayne Hospital	44	1	0.89	---	---
St. Luke's-Warren Hospital	63	1	1.44	0.70	S
St. Mary's Hospital	85	2	2.45	0.82	S
St. Michael's Medical Center	30	2	0.73	---	---
The Cooper Health System	348	20	12.70	1.57	S
The Valley Hospital	228	7	6.19	1.13	S
Trinitas Regional Medical Center	93	1	3.18	0.32	S
UMDNJ-University Hospital	93	9	3.70	2.43	H
University Medical Center of Princeton at Plainsboro	108	3	3.30	0.91	S
Virtua - WJH - Berlin	3	0	0.06	---	---
Virtua Health West Jersey Marlton	93	3	2.93	1.02	S
Virtua Memorial Hospital	211	2	7.77	0.26	L
Virtua Voorhees	303	4	10.10	0.40	L
Statewide	**8082**	**191**	**245.11**	**0.78**	**L**

Source: New Jersey Healthcare-Associated Infections for 2014 submitted through the National Healthcare Safety Network (NHSN).

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

Coronary Artery Bypass Graft (CABG) Surgical Site Infections 2014

The Standardized Infection Ratio (SIR) is a summary of the observed (O) or actual number of infections divided by the number of expected (E) events. The SIR allows hospitals to be compared nationally. The National Comparison shows how well each hospital is doing compared to the national experience, a composite of all the general acute care hospitals in the United States. Data is from 2014.

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 Campus	143	3	1.99	1.51	S
Deborah Heart and Lung Center	144	3	2.03	1.48	S
Englewood Hospital and Medical Center	228	1	2.95	0.34	S
Hackensack University Medical Center	307	2	4.96	0.40	S
Jersey City Medical Center	175	3	2.29	1.31	S
Jersey Shore University Medical Center	502	11	6.55	1.68	S
Morristown Medical Center	908	3	9.59	0.31	L
Newark Beth Israel Medical Center	183	4	2.33	1.72	S
Our Lady of Lourdes Medical Center	467	3	4.70	0.64	S
Robert Wood Johnson University Hospital	586	7	7.16	0.98	S
Saint Barnabas Medical Center	220	1	2.59	0.39	S
Saint Joseph's Regional Medical Center	244	3	2.91	1.03	S
St. Francis Medical Center	102	1	2.15	0.46	S
St. Mary's Hospital	73	2	0.89	---	---
St. Michael's Medical Center	128	0	1.73	0.00	S
The Cooper Health System	222	2	2.11	0.95	S
The Valley Hospital	246	5	2.56	1.95	S
UMDNJ-University Hospital	32	0	0.45	---	---
Statewide	4910	54	59.91	0.90	S

Source: New Jersey Healthcare-Associated Infections for 2014 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.

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
- Preventing Surgical Site Infections (SSI)
- Preventing Central Line-Associated Bloodstream Infections (CLABSI)
- More About Catheter-Associated Urinary Tract Infections (CAUTI) and How to Prevent Them
- Handwashing Helps Prevent Infections
- Finding a Doctor or Information on Your Doctor
- Health Information and Referral
- Hospital Patients...Know Your Rights
- Avoid Being Readmitted to the Hospital
- Health Care Quality Oversight
- Filing a Complaint
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Using Too Many Antibiotics can be Bad for Your Health

Years ago, infections were often fatal because there were no antibiotics. Antibiotics, which are drugs used to treat infections caused by bacteria, are the most important tool used to combat life-threatening bacterial diseases. Today, overuse of antibiotics has unfortunately 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 small 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, possibly resulting in death and disability to those who, until recently, might have been cured.

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.

- **Some 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 74*)

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 66-67,* **Using Too Many Antibiotics Can Be Bad for your Health.**)

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

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

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

Get the Results of all Tests and Procedures

Call your doctor and ask for your results, whether the tests are taken in the hospital or in your doctor's office.

Don't assume that the results are fine if you do not receive a follow-up call.

Ask questions about the results and what they mean.

Know Your Treatment Options

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

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

Ask your doctor to explain all of your treatment options, including non-surgical options, and the potential risks of each one.

Consider getting a second opinion.

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

When in the Hospital

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

Ask all health care workers that have direct contact with you if they have washed their hands. Hand washing prevents the spread of infections. (*See* **Handwashing Helps Prevent Infections** *on page 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. You can also scan your records to make them electronic and store them together online.

Be prepared in case of emergencies. Prepare a Living Will, which authorizes a person you wish to make medical decisions on your behalf if you cannot, or a Health Proxy, a legal document that describes how you want to be treated in case you are incapacitated or near death.

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

Learn your rights and responsibilities when in the hospital.

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

Preventing Surgical Site Infections (SSI)

Most patients having surgery will do fine. However, 1 to 3 out of 100 patients will get infections after surgery. These infections can make recovery from surgery more difficult by causing additional illness, stress and cost. Following certain standard procedures can help prevent getting infection after surgery. The following are tips from the Centers for Disease Control and Prevention (CDC):

What are hospitals doing to prevent SSIs after surgery?

Doctors, nurses and other healthcare providers must:

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

What can I do to help prevent an SSI?

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

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

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

See **Patient Safety Tips for Surgery** *on page 70 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" is a catheter, which is a thin tube placed in the bladder. It may need to be removed if a patient develops an infection.

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

What do nurses and doctors do to prevent CLABSI?

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

What can I do to help prevent CLABSI?

- If you have the time before you go into the hospital or have a caregiver who can conduct research for you, find out what the CLABSI rate is for the hospital to see how well they are doing to avoid CLABSIs.
- **Ask** your doctors and nurses to explain why you need the catheter and how long you will have it.
- **Ask** your doctors and nurses if they will be using all of the prevention methods discussed above.
- **Make sure** that all those caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.
- **Tell** your nurse or doctor immediately if the bandage comes off or becomes wet or dirty.
- **Do not** get the central line or insertion site wet.
- **Inform** your nurse or doctor if the area around your catheter is sore or red.
- **Avoid touching** the catheter or tubing.
- **Do not let** visitors touch the catheter or the tubing.
- **Make sure** family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you.

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

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

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

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

What causes CAUTI?

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

What are the symptoms of a urinary tract infection?

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

Can CAUTI be treated?

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

How can I help prevent CAUTI?

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

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

Continued

Handwashing Helps Prevent Infections

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

Washing your hands with soap and water is the best way to reduce germs on them. And yes, there is a right way to wash your hands. The Centers for Disease Control and Prevention (CDC) recommends the following:

What is the right way to wash your hands?

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

When should you wash your hands?

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

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

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

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

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

Finding a Doctor

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

What to Look for in a Doctor

- Look for a doctor who has experience in treating your condition. Call the doctor's office staff and ask them questions before you make an appointment.
- If you like a particular hospital, narrow your search by looking at just those doctors with admitting privileges to this hospital. Call or look on the internet for the hospital's physician referral service to find a doctor who specializes in your condition.
- Get information about the doctor's training and hospital affiliations. Find out if the doctor is board certified in his/her specialty area. "Certified" means that the doctor has completed a training program in a specific specialty and passed a rigorous exam. While board certification is a good measure of a doctor's knowledge, you can receive quality care from doctors who are not board certified.

  Use the web sites listed in this section or call the doctor's office staff to get answers to your questions. To find out if the doctor is board certified, you can also call the American Board of Medical Specialties at (866) 275-2267 or visit their web site at **www.abms.org**.
- 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.NJdoctorlist.com** helps you find doctors by location or field of medicine. Review a doctor's credentials, background, disciplinary actions and malpractice payments.
- **DoctorFinder: https://apps.ama-assn.org/doctorfinder/home.jsp** is an American Medicine Association (AMA) web site, that provides office addresses, phone numbers, and board certifications on over 814,000 doctors in the US. Search by name, specialty, hospital, or county.
- **Physician and Other Health Care Professional Directory: https://www.medicare.gov/physiciancompare/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 different types of doctors as well as other health care providers, hospitals and facilities in the U.S. **http://healthfinder.gov/findservices/searchcontext.aspx?topic=2860**

Continued

Health Information & Referral

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

Health Care Conditions

Asthma Care

- **Asthma Information and Resources (DOH):** NJ asthma programs and resources. **http://www.nj.gov/health/fhs/asthma/index.shtml**
- **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**
- **Resources on Allergy, Asthma, and Immunology (AAAAI):** Asthma and allergy related information. (414) 272-6071 or **www.aaaai.org**

Cancer Care

- **Cancer Control and Prevention (DOH):** Various types of cancer resources by NJ county. **www.nj.gov/health/ccp**
- **Cancer Initiatives (DOH):** State and federal resources, research, data, treatment and prevention. **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 for NJ hospitals and physicians. **http://www.state.nj.us/health/healthcarequality/documents/cardconsumer14.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) 548-8252 or **www.lungusa.org**

Diabetes Care

- **Diabetes Information (ADA):** Information on diabetes. (800) 342-2383 or **www.diabetes.org**
- **Diabetes Prevention and Control (DOH):** Diabetes resources, information, NJ data, and treatment. (609) 984-6137 or **www.nj.gov/health/fhs/diabetes/index.shtml**
- **Diabetes (CDC):** From the basics to research, statistics, and educational publications. (800) 232-4646; TTY (888) 232-6348 or **www.cdc.gov/diabetes/home**

Heath Issues, Facts and Conditions

- **Diagnosis/Treatment of Diseases (ACS, ADA, AHA, AACR):** Current research on diagnosis and treatment of specific diseases. **www.PatientInform.com**
- **Health Conditions (CDC):** Disease prevention and control, environmental health, and health promotion. **www.cdc.gov**
- **Health Data Fact Sheets (DOH):** Statistics on selected NJ health topics. **http://www.state.nj.us/health/chs/index.shtml**
- **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, DHS):** Information and assistance for those seeking services or programs by county. (877) 222-3737 or **www.adrcnj.org**
- **Medicare and You/MyMedicare.gov (CMS):** 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):** Preventive tips 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):** 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, hospitals that treat specific diseases 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. **http://www.state.nj.us/dobi/lifehealthactuarial/hmo2015/index.html**
- **NJ Prescription Drug Retail Price Registry (LPSCA):** Compare pharmacy retail prices for the most common drugs. (800)-242-5846. **www.njdrugprices.nj.gov**
- **Patients and Consumers (AHRQ):** Tips to help stay safe in the hospital; doctor appointments; prevention, diagnosis and treatment guidelines, etc (800) 358-9295. **http://www.ahrq.gov/patients-consumers/index.html**
  - **Men: Stay Healthy at Any Age:** **http://www.ahrq.gov/patients-consumers/patient-involvement/healthy-men/healthy-men.html**
  - **Women: Stay Healthy at Any Age:** **http://www.ahrq.gov/patients-consumers/prevention/lifestyle/healthy-women.html**

KEY

AAAAI: American Academy of Allergy, Asthma and Immunology

AACR: American Association for Cancer Research

ACS: American Cancer Society

ADA: American Diabetes Association

ADRCNJ: Aging & Disability Resource Connection of NJ

AHA: American Heart Association

AHRQ: Agency for Healthcare Research and Quality

ALA: American Lung Association

CDC: Centers for Disease Control and Prevention

CMS: Centers for Medicare and Medicaid Services

DOH: NJ Department of Health

DOBI: NJ Department of Banking and Insurance

FDA: Food and Drug Administration

LPSCA: NJ Law and Public Safety, Consumer Affairs

NIA: National Institute on Aging

NIH: National Institutes of Health

NLM: National Library of Medicine

PACNJ: Pediatric/Asthma Coalition of NJ

Continued

Hospital Patients . . . Know Your Rights

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

Medical Care

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

Transfers

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

Communication and Information

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

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

Medical Records

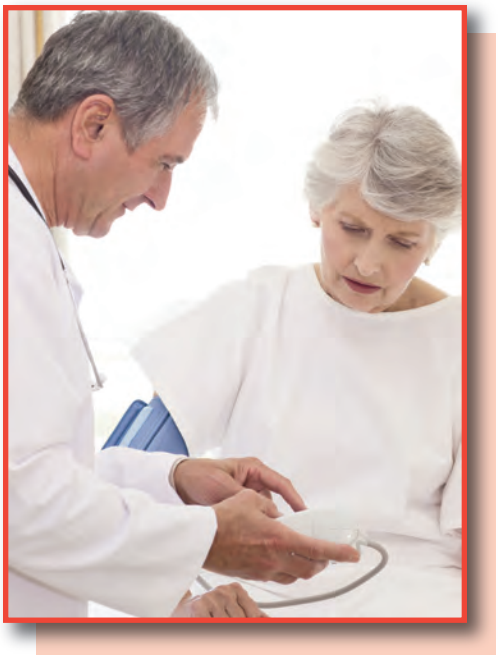
- Have prompt access to your medical records. If your physician feels that this access is detrimental to your health, your next of kin or guardian has a right to see your records.
- Obtain a copy of your medical records at a reasonable fee within 30 days after submitting a written request to the hospital.

Cost of Hospital Care

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

Discharge Planning

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



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

Privacy and Confidentiality

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

Freedom from Abuse and Restraints

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

Civil Rights

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

Questions, Complaints and Appeals

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

See **Filing a Complaint** *on page 83 for details.*

Continued

Avoid Being Readmitted to the Hospital

Many patients have to return to the hospital only a few weeks after being discharged. This can happen for many reasons, such as:

- not being clear about your follow-up care and the medications you should take;
- not receiving important information or test results about your care;
- needing someone to assist or take care of you but you have no one.

Many readmissions are potentially preventable, are harmful to the patient, and add to the increasing costs of the health care system.

Below are some tips to help prevent a return trip to the hospital based on Dr. Eric Coleman's ***Care Transition Program*** (http://caretransitions.org/); and the Agency for Healthcare Research and Quality (AHRQ's) ***Taking Care of Myself: A Guide for When I Leave the Hospital*** (http://www.ahrq.gov/patients-consumers/diagnosis-treatment/hospitals-clinics/ goinghome/index.html).

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

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

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

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

- the reason you are taking the medicine,
- when to take the medicine and how many times and for how long?
- what food or supplements to take or not to take with the medication.

Sometimes, the hospital substitutes different medication from the ones you were taking before you entered the hospital. Make sure you know which prescriptions were substituted and why they were substituted.

- Will the hospital provide this medication when you leave? Will you be going home with it, or will you need to get the medication from an outside pharmacy?
- Will you need prescription refills or renewals? Who will provide them, the hospital pharmacy or your own doctor?
- To keep a record of your medications, refer to **The Care Transitions Program**'s Personal Health Record. You can also find a similar form in AHRQ's **Taking Care of Myself: A Guide for When I Leave the Hospital.**

GET A WRITTEN LIST OF ANY EQUIPMENT YOU MIGHT NEED (a cane, a walker, a wheelchair).

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

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

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

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

ASK ABOUT THE DANGER SIGNS OF YOUR CONDITIONS AND LEARN TO RECOGNIZE THEM. Have a plan as to what you will do if the symptoms get worse. Determine before you leave the hospital who you will call during the day, at night and on weekends.

WHO AT THE HOSPITAL SHOULD YOU CONTACT if you think your condition is getting worse or not improving? Make sure you have the phone numbers of those you should contact before you are discharged from the hospital.

WHERE YOU ARE GOING AFTER YOU ARE DISCHARGED? Home? Skilled Nursing Facility? Rehabilitation? Make sure you are clear on where you will be going.

Continued

Hospital Quality Oversight

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

Inspections:

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

Enforcement:

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

Complaints:

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

Patient Safety

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

- The **Patient Safety Reporting System** is responsible for collecting confidential information on medical errors from hospitals and ensuring that hospitals review these events to prevent reoccurrence.

- The **Patient Safety Indicators (PSIs)** are a data set developed by the Agency for Health Care Research and Quality (AHRQ) that measure the extent to which certain avoidable medical errors occur in each hospital.

  Existing legislation mandates that the Department of Health publicly report this information for New Jersey hospitals. The results of the data can be found on pages 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 Field and Operations Assessment and Survey Program PO Box 367, Trenton, NJ 08625-0367
	Visit...	www.state.nj.us/health/healthfacilities/file_complaint.shtml
	Call...	**(800) 792-9770 and (800) Medicare if also covered by Medicare**
Handled Your Application for Charity Care:	**Write...**	New Jersey Department of Health New Jersey Hospital Care Payment Assistance Program PO Box 360, Trenton, NJ 08625-0360
	Visit...	www.nj.gov/health/charitycare/index.shtml (Spanish and English)
	Email...	**Charity.Care@doh.nj.gov**
	Call...	**(866) 588-5696** (Spanish and English)
Billed You and You Are Covered By a New Jersey Managed Care Plan (HMOs and PPOs):	**Write...**	Department of Banking and Insurance, Office of Managed Care, Consumer Protection Services, PO Box 329 Trenton, NJ 08625-0329
	Visit...	www.nj.gov/dobi/mcfaqs.htm
	Call...	**(888) 393-1062**
Billed You and You are Covered By a New Jersey Insurance Plan other than Managed Care	**Visit...**	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 https://www.medicare.gov/claims-and-appeals/file-a-complaint/health-or-drug-plan/complaints-about-plans.html
	Call...	**(800) MEDICARE**

About a New Jersey Physician, Physician Assistant or a Certified Nurse Midwife:	
Write...	New Jersey Board of Medical Examiners PO Box 183, Trenton, NJ 08625-0183
Email...	**bme@dca.lps.state.nj.us**
Visit...	www.njconsumeraffairs.gov
Call...	**(609) 826-7100**

About a New Jersey Nurse or a Certified Home Health Aide:	
Write...	New Jersey Board of Nursing 124 Halsey Street, Newark 07102 or PO Box 45010, Newark, NJ 07101
Call...	**(973) 504-6430**

Quality Improvement Advisory Committee (QIAC)

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

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Chair
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Atlantic Health System

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AtlantiCare

Joshua Bershad, MD, MBA
RWJ University Hospital

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Valley Health System

Joel Cantor, ScD
Center for State Health Policy
Rutgers University

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Health Professionals and
Allied Employees

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LLC

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State Health Benefits Program

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Hackensack University Medical
Center

Joseph H. Reichman, MD
Riverview Medical Center

Wardell Sanders
NJ Association of Health Plans

Linda Schwimmer
NJ Health Care Quality Institute

Karen Thompson
Raritan Valley Surgery Center

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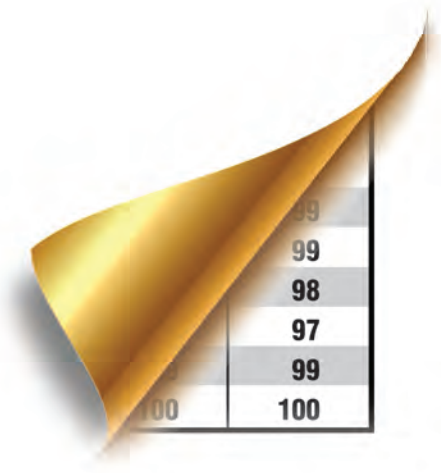
Section 6

New Jersey
General Acute Care Hospitals



New Jersey General Acute Care Hospitals

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

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

Bayonne Medical Center (now called CarePoint Health-Bayonne Medical Center)
29th Street & Avenue E
Bayonne, NJ 07002
(201) 858-5000
https://www.carepointhealth.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 System 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.hackensackumcpv.com/

*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 Health-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
http://www.barnabashealth.org/Jersey-City-Medical-Center.aspx

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

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

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

Kennedy University Hospital–Stratford Division
18 East Laurel Road
Stratford, NJ 08084
(856) 346-6000
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

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

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
http://www.barnabashealth.org/Jersey-City-Medical-Center.aspx

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

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

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

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

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

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

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

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
http://www.saintclares.org

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

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

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/

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 Hospital and 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
https://www.stjosephshealth.org/sjwh

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

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

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

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

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

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

* Virtua-West Jersey Berlin became an Ambulatory Care Center on 5/1/2016

For questions about this report, please contact:

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

(800) 418-1397

Find more information on our 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.

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

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

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

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

Colette Lamothe-Galette, *Director*
Population Health Division

Abate Mammo, *Executive Director*

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New Jersey Department of Health

Pneum

Surgical Care Improvement

HA

http://

http://www.

About 60,00
Half (50%) of
by blood clots
have a recurrence

Cardiac Complications
cardiac surgery and 34%
heart attack is one of the
die within 30 days after surge

http://www.revespcardiol.org/en/cardiac-co
surgery/articulo/13087417/

https://www.asahq.org/For-the-Public-and-Medi
Scientific-Press-Releases/85-percent-of-heart-attac
Anesthiologists)

Heart Failure

About 5.1 million people live with heart failure
primary cause of nearly 58,000 deaths in 201
another 279,000 deaths.

Heart disease and stroke statistics—2014 update: a report from the A
Association. *Circulation*. 2014;129:e28-e292
https://circ.ahajournals.org/content/129/3/e28.full.pdf+html

HCQA Health Care Quality Assessment
www.nj.gov/health/hpr

C2309