

Hospital Performance Report

A Consumer Report

New Jersey
2010

HCQA
Health Care Quality
Assessment



Chris Christie, Governor
Kim Guadagno, Lt. Governor



Patricia Ahoigh, MD, MSHCPM, FACP
Commissioner

A Message



From the Commissioner

Welcome to the **New Jersey 2010 Hospital Performance Report**. This seventh annual report continues the Department's proud tradition of providing consumer-friendly, high-quality information to New Jersey hospitals and health care consumers. This year's report has been expanded to include information on healthcare-associated infections (HAIs).

As the Commissioner of Health and Senior Services, I know how important it is to provide the highest quality health care to patients. Concern for patients' safety and quality of care while in the hospital has emerged as a national and state issue over the last few years as a result of increased awareness of the number and frequency of medical errors and healthcare-associated infections. Driven by this concern, the New Jersey Department of Health and Senior services is dedicated to promoting patient safety and high-quality health care. Making the public aware of these issues is an important part of this effort.

To help raise this awareness, the Department developed the annual **New Jersey Hospital Performance Report**. This year's report includes one additional measure for surgical care infection prevention in addition to performance measures for heart attack, pneumonia, and congestive heart failure. Two measures, beta blocker at arrival for heart attack patients and oxygenation assessment for pneumonia patients, have been withdrawn. The report also contains the 12 patient safety measures required by New Jersey Senate Bill No. 2471. It has been further expanded to include, for the first time, measures for healthcare-associated infections, also required by legislation (PL of 2007, C 196). All the measures in this report are based on scientific evidence and research performed at the federal level.

I would like to thank the members of the Quality Improvement Advisory Committee (QIAC), whose skills and knowledge have been an enormous resource in developing this report and other Department quality initiatives. QIAC members consist of leaders from the New Jersey hospital industry, insurers, payers, universities, physicians, nurses and consumers, all who volunteer their time in advising the Department and making sure New Jersey is a leader in the national effort to deliver quality health care.

I encourage you to visit our web site at www.nj.gov/health/hpr. It contains additional information, is interactive, and user-friendly. Read about the ways to prevent healthcare-associated infections while in the hospital and what you can do before having surgery to help prevent medical errors from occurring in your care. If you need advice on how to pick a doctor or locate one in New Jersey, refer to the tips in this report.

I hope you find the report useful. Please feel free to send us your feedback on the report or the web site at hospital.quality@doh.state.nj.us.

A handwritten signature in black ink that reads "Poonam Alaigh".

Poonam Alaigh, MD, MSHCPM, FACP
Commissioner
Department of Health and Senior Services



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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 in this report is defined by using nationally recognized standards of care that are measurable.

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

What measures are in the report?

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

Recommended Care

The first set of measures is called **recommended care or process of care measures**. **Recommended care measures** show how each hospital treats eligible patients with four specific conditions: **heart attack, pneumonia, heart failure and patients having surgery**. It examines the number of times a patient receives the correct care. Patients must receive the correct care in order to fully recover. The data for the **recommended care** in this report is for the year 2009. See pages 8-28 for the data and basic facts on **recommended care**.

Patient Safety Indicators (PSIs)

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

The report includes 12 **PSIs** identified by New Jersey State legislation. The data for **PSIs** in this report is for the year 2008. See pages 34-38 for the **PSI** data and pages 30-33 for basic facts on **PSIs**.

Healthcare-Associated Infections (HAIs)

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

The first **HAI** to be publicly reported in NJ is **central line-associated bloodstream infection (CLABSI)**, sometimes called catheter-associated bloodstream infection. The data for **HAIs** is for the year 2009. See pages 44-45 for the **HAI** data and pages 40-43 for basic facts on **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. Frequently, people collect as much information as possible to make informed decisions. This report will provide some of that information.

Some people, however, focus on a hospital first and then choose a doctor who is affiliated with that particular hospital. A doctor must have privileges at a hospital to admit patients. Your doctor may admit patients to several hospitals.

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

Aren't all doctors and hospitals the same?

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

Why should I care about quality?

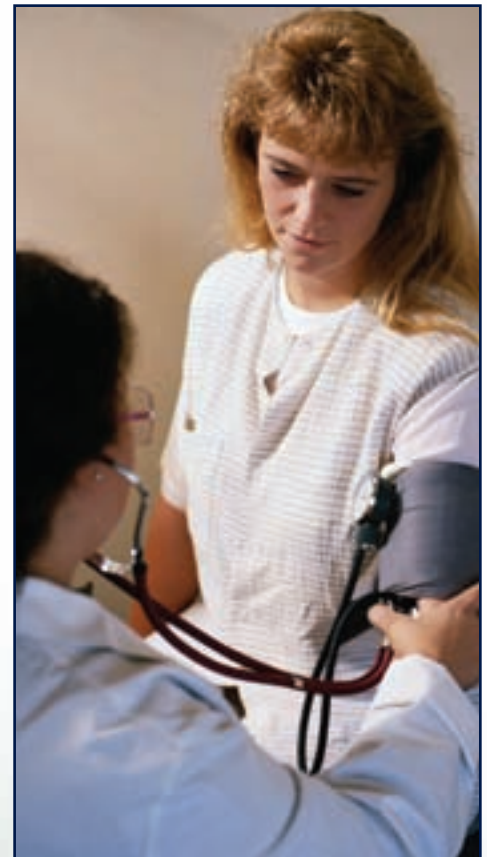
Hospitals differ in how well they provide appropriate care to patients. The quality of the care provided by your doctor and hospital may influence your health.

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

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

What should I do with the information from this report?

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



Guidelines to Understanding the Different Measure Sets

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

Type of Measure	How to Read Data Tables	Explanation
<p>Recommended Care (Process of Care)</p> <p>See pages 8-28</p>	<p>Higher Score is Better</p>	<p>These measures are national benchmarks based on research that supports that this action is the best care for patients with the specific condition. You <i>want</i> this type of care; you <i>want</i> the score to be high, showing hospitals are delivering the correct care.</p>
<p>Patient Safety Indicators (PSIs)</p> <p>See pages 30-38</p>	<p>Lower Rate is Better</p>	<p>These measures show how many patient safety errors occurred in each hospital that could have potentially been avoided. You <i>don't want</i> the rate to be high; you <i>want</i> it to be low, showing fewer errors.</p>
<p>Healthcare-Associated Infections (HAIs)</p> <p>See pages 40-46</p>	<p>Lower Ratio is Better</p>	<p>These measures show the number of infections acquired by patients while in the hospital. You <i>don't want</i> the ratio to be high; you <i>want</i> it to be low, showing fewer healthcare-associated infections.</p>



Section 2

Recommended Care/ Process of Care Measures

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

The data for the recommended care in this report is for the year 2009.

How is the information for recommended care collected?

The information is collected from hospitals' patient medical records. Each year, the Centers for Medicare and Medicaid Services (CMS) reviews the consistency of each hospital's data. All 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 10 and 11. Scores for individual measures are provided on the pages following the Overall Scores.

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

Are all heart attack, pneumonia, heart failure and surgery patients from the year 2009 included in these figures?

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



Importance of These Measures



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

Conditions	National Importance	Treatments Covered in This Report
<p>Heart Attack or Acute Myocardial Infarction (AMI)</p> <p>See pages 12-15</p>	<p>There are 610,000 new heart attacks and 325,000 recurrent heart attacks annually, leading to 151,000 deaths.</p>	<ul style="list-style-type: none"> • Aspirin at Arrival • Aspirin at Discharge • Beta Blocker at Discharge • ACE Inhibitor/ARB at Discharge • Smoking Cessation Advice • PCI Within 90 Minutes
<p>Pneumonia</p> <p>See pages 16-19</p>	<p>With 1.2 million discharges from hospitals, pneumonia is the second most common healthcare-associated infection in hospitals, and is a major cause of death (approximately 55,500 annually).</p>	<ul style="list-style-type: none"> • Pneumonia Vaccination • Influenza Vaccination • Antibiotic Timing • Antibiotic Selection • Blood Culture Before Initial Antibiotic • Smoking Cessation Advice
<p>Surgical Care Improvement</p> <p>See pages 20-23</p>	<p>Surgical Care Infections account for 14% to 16% of all healthcare-associated infections in hospitals and are the second most common type of medical error occurring in hospitalized patients.</p> <p>Cardiac Complications occur in 2-5% of patients having non-cardiac surgery and 34% of patients having vascular surgery.</p> <p>Blood Clots occur in 25% of all major surgical procedures and result in over 50,000 deaths annually; are the most common preventable cause of hospital deaths.</p>	<ul style="list-style-type: none"> • Preventive Antibiotic Started • Preventive Antibiotic Stopped • Appropriate Antibiotic Received • Safe Hair Removal • Beta Blocker Continued Before and After Surgery • Controlled Blood Sugar for Heart Patients • Treatment Preventing Blood Clots (VTE) Ordered • Treatment Preventing Blood Clots (VTE) Received
<p>Heart Failure</p> <p>See pages 24-27</p>	<p>With 1 million hospital admissions per year, heart failure is the most common reason for admission for patients 65 and older. About 5.8 million people live with this condition and approximately 300,000 die from it each year.</p>	<ul style="list-style-type: none"> • Left Ventricular Systolic (LVS) Assessment • ACE Inhibitor/ARB at Discharge • Discharge Instructions • Smoking Cessation Advice

Overall Scores

Heart Attack, Pneumonia, Surgical Care Improvement and Heart Failure

Region/County	Hospital Name	Heart Attack %	Pneumonia %	Surgical Care Improvement %	Heart Failure %
Top 10% of hospitals scored equal to or higher than ^		100	99	99	100
Top 50% of hospitals scored equal to or higher than ^		98	96	97	97
NORTHWEST					
Sussex	Newton Memorial Hospital	100	97	96	100
	St. Clare's Hospital-Sussex	100 *	100	94	95
Warren	Hackettstown Regional Medical Center	100	99	99	99
	Warren Hospital	96	97	97	97
NORTHEAST					
Bergen	Bergen Regional Medical Center	100	98	98	100
	Englewood Hospital and Medical Center	98	98	98	96
	Hackensack University Medical Center	100	97	97	94
	Holy Name Hospital	100	99	98	100
	Valley Hospital	98	97	97	89
Essex	Clara Maass Medical Center	100	99	99	100
	East Orange General Hospital	98	96	97	97
	Mountainside Hospital	97	93	94	99
	Newark Beth Israel Medical Center	100	99	100	100
	St. Barnabas Medical Center	100	97	98	100
	St. Michael's Medical Center	97	90	98	91
	UMDNJ-University Hospital	98	90	96	100
Hudson	Bayonne Medical Center	99	92	89	96
	Christ Hospital	92	91	93	98
	Hoboken University Medical Center	99	94	95	100
	Jersey City Medical Center	98	96	98	98
	Meadowlands Hospital Medical Center	100	97	95	99
	Palisades Medical Center of New York	99	96	97	100
Morris	Chilton Memorial Hospital	96	94	93	96
	Morristown Memorial Hospital	98	94	97	96
	St. Clare's Hospital-Denville	99	99	98	96
	St. Clare's Hospital-Dover	100	99	97	97
Passaic	St. Joseph's Hospital and Medical Center	97	90	96	97
	St. Joseph's Wayne Hospital	95	96	98	85
	St. Mary's Hospital (Passaic)	93	94	89	92
Union	Overlook Hospital	96	95	98	94
	RWJ University Hospital at Rahway	99	96	98	93
	Trinitas Hospital	94	94	94	92
CENTRAL					
Hunterdon	Hunterdon Medical Center	98	97	98	96
Mercer	Capital Health System at Fuld	96	91	94	96
	Capital Health System at Mercer	96	94	94	93
	RWJ University Hospital at Hamilton	92	93	95	95

The scores summarize the percent of time that a hospital provided the correct care for heart attacks, pneumonia, heart failure and surgical patients in 2009. 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 at or higher than ^		100	99	99	100
Top 50% of hospitals scored at or higher than ^		98	96	97	97
CENTRAL (continued)					
Mercer	St. Francis Medical Center	97	95	94	99
	University Medical Center at Princeton	98	98	95	99
Middlesex	JFK Medical Center	94	92	94	88
	Raritan Bay Medical Center-Old Bridge	92	96	98	99
	Raritan Bay Medical Center-Perth Amboy	96	95	97	97
	Robert Wood Johnson University Hospital	99	91	96	93
	St. Peter's University Hospital	94	89	94	77
Monmouth	Bayshore Community Hospital	100	99	100	100
	CentraState Medical Center	98	95	92	89
	Jersey Shore University Medical Center	99	96	97	96
	Monmouth Medical Center	99	96	98	100
	Riverview Medical Center	99	97	98	99
Ocean	Community Medical Center	100	99	99	100
	Kimball Medical Center	98	98	96	94
	Ocean Medical Center	99	99	98	99
	Southern Ocean Medical Center	98	91	93	91
Somerset	Somerset Medical Center	98	97	98	99
SOUTH					
Atlantic	AtlantiCare Regional Medical Center-City	100	98	95	100
	AtlantiCare Regional Medical Center-Mainland	99	98	97	100
	Shore Memorial Hospital	99	98	99	98
Burlington	Deborah Heart and Lung Center	100	90*	97	99
	Lourdes Medical Center of Burlington County	96	95	97	97
	Virtua-Memorial Hospital Burlington County	98	94	98	92
	Virtua-West Jersey Hospital Marlton	99	99	98	96
Camden	Cooper Hospital/University Medical Center	98	90	97	99
	Kennedy Mem. Hospitals UMC-Cherry Hill	97	97	99	97
	Kennedy Mem. Hospitals UMC-Stratford	98	96	99	91
	Our Lady of Lourdes Medical Center	99	98	98	99
	Virtua-West Jersey Hospital Berlin	100	99	94	95
	Virtua-West Jersey Hospital Voorhees	100	96	97	97
Cape May	Cape Regional Medical Center	100	95	96	96
Cumberland	South Jersey Healthcare Regional Medical Center	97	97	94	99
Gloucester	Kennedy Mem. Hospitals UMC-Wash. Twp.	95	94	98	89
	Underwood-Memorial Hospital	97	93	96	98
Salem	Memorial Hospital of Salem County	96	96	96	99
	South Jersey Hospital-Elmer	97	96	95	99

Source: New Jersey Hospital Quality Data, 2009.

^ 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).

Basic Facts on Treating Heart Attacks

Recommended Care

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

Symptoms of a heart attack can include chest pain (crushing, squeezing or burning pain in the center of the chest which may radiate to the arm or jaw), shortness of breath, dizziness, faintness, chills, sweating or nausea. Skin may feel cold or

clammy, and patients may appear gray and look ill. Sometimes there are no symptoms.

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

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

Aspirin at Arrival

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

Aspirin at Discharge

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

Beta Blocker at Discharge

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





ACE Inhibitor or ARB at Discharge

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

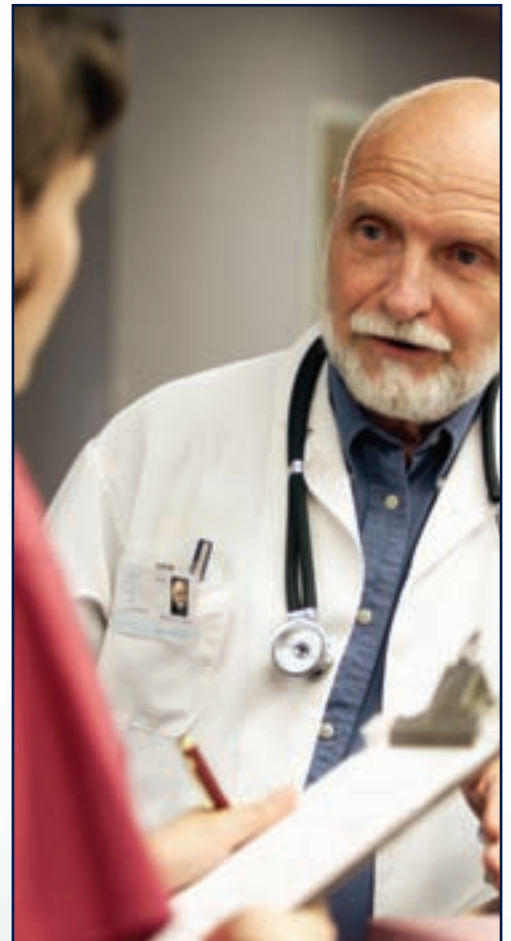
Smoking Cessation Advice

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

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, ask your doctor.



Heart Attack Treatment Scores

Recommended Care

Hospital Name	Overall Score %	Aspirin Arrival %	Aspirin Discharge %	Beta Blocker Discharge %	ACEI/ARB Discharge %	Smoking Cessation Advice %	PCI within 90 Minutes %
Top 10% of hospitals scored equal to or higher than ^	100	100	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than ^	98	99	100	100	100	100	83
AtlantiCare Regional Medical Center-City	100	100 *	100 *	100 *	100 *	100 *	NL
Bayshore Community Hospital	100	100	100	100	100 *	100 *	NL
Bergen Regional Medical Center	100	100 *	100 *	100 *	100 *	100 *	NL
Cape Regional Medical Center	100	100	100	100	100 *	100 *	NL
Community Medical Center	100	100	100	100	100	100	100
Hackettstown Regional Medical Center	100	100	100	100	100 *	100 *	NL
Holy Name Hospital	100	100	100	100	100	100	100
Meadowlands Hospital Medical Center	100	100	100 *	100 *	100 *	NA	NL
Newark Beth Israel Medical Center	100	100	100	100	100	100	100 *
Newton Memorial Hospital	100	100	100 *	100	100 *	100 *	NL
St. Clare's Hospital-Dover	100	100	100 *	100 *	100 *	100 *	NL
St. Clare's Hospital-Sussex	100 *	100 *	100 *	100 *	100 *	100 *	NL
Virtua-West Jersey Hospital Berlin	100	100	100	100	100 *	100 *	NL
Virtua-West Jersey Hospital Voorhees	100	100	100	100	100 *	100 *	NL
Hackensack University Medical Center	100	100	100	100	100	100	100
St. Barnabas Medical Center	100	100	100	100	100	100	100
Deborah Heart and Lung Center	100	100 *	100	100	100	100	NA
Clara Maass Medical Center	100	100	100	100	100	100 *	90 *
Shore Memorial Hospital	99	99	100	100	100 *	100 *	NL
Monmouth Medical Center	99	100	99	99	100 *	100 *	95 *
St. Clare's Hospital-Denville	99	100	100	100	100 *	100 *	89
Hoboken University Medical Center	99	98	100 *	100 *	100 *	100 *	NL
Riverview Medical Center	99	100	100	100	100 *	100	86
AtlantiCare Regional Medical Center-Mainland	99	100	100	100	100	100	80
Bayonne Medical Center	99	99	100	100	100	100	82 *
Palisades Medical Center of New York	99	98	100	100	100 *	100 *	NL
Robert Wood Johnson University Hospital	99	98	100	100	99	100	79
Ocean Medical Center	99	100	99	99	100 *	100 *	90
RWJ University Hospital at Rahway	99	98	100	98	100 *	100 *	NL
Jersey Shore University Medical Center	99	99	99	99	93	100	88
Virtua-West Jersey Hospital Marlton	99	99	99	100	100 *	100	84
Our Lady of Lourdes Medical Center	99	100	100	99	97	100	76
Englewood Hospital and Medical Center	98	100	100	99	95	100	81
East Orange General Hospital	98	100	96	100	86 *	100 *	NL
Cooper Hospital/University Medical Center	98	97	98	99	100	100	79
Hunterdon Medical Center	98	100	98	100	100 *	100 *	88
Southern Ocean Medical Center	98	98	100	100	87 *	100 *	NL
UMDNJ-University Hospital	98	100	100	100	97	100	79

The scores summarize the percent of time that a hospital gave patients the correct treatment for heart attacks in 2009. The Overall Score is a composite of the six heart

attack measures.

Higher Scores Are Better. The Goal is 100%.

Hospital Name	Overall Score %	Aspirin Arrival %	Aspirin Discharge %	Beta Blocker Discharge %	ACEI/ARB Discharge %	Smoking Cessation Advice %	PCI within 90 Minutes %
Top 10% of hospitals scored equal to or higher than ^	100	100	100	100	100	100	100
Top 50% of hospitals scored equal to or higher than ^	98	99	100	100	100	100	83
CentraState Medical Center	98	98	98	100	88 *	100 *	NL
Morristown Memorial Hospital	98	98	99	99	94	100	84
Jersey City Medical Center	98	99	98	98	95	98	90
Kennedy Mem. Hospitals UMC-Stratford	98	100	92	100	100 *	100 *	NL
Kimball Medical Center	98	96	100	100	93 *	100 *	NL
Somerset Medical Center	98	100	99	100	95 *	96	84
Virtua-Memorial Hospital Burlington County	98	98	96	99	90 *	100 *	NL
Valley Hospital	98	97	99	99	90	100	89
University Medical Center at Princeton	98	98	100	99	100 *	100 *	73 *
St. Michael's Medical Center	97	98	98	98	97	98	81 *
Underwood-Memorial Hospital	97	98	96	99	95 *	100	91
St. Francis Medical Center	97	100	99	98	100	100	54
South Jersey Healthcare Regional Medical Center	97	96	96	98	100 *	100 *	NL
Mountainside Hospital	97	100	100	99	100 *	95 *	73
South Jersey Hospital-Elmer	97	100	95 *	100 *	75 *	NA	NL
St. Joseph's Hospital and Medical Center	97	99	96	96	95	100	89
Kennedy Mem. Hospitals UMC-Cherry Hill	97	98	93	97	100 *	100 *	NL
Lourdes Medical Center of Burlington County	96	95	98	98	92 *	100 *	NL
Capital Health System at Fuld	96	95	100 *	100 *	67 *	100 *	NL
Warren Hospital	96	93	100 *	95 *	100 *	100 *	NL
Chilton Memorial Hospital	96	99	93	95	100 *	100	89
Overlook Hospital	96	98	98	99	96 *	89 *	71
Raritan Bay Medical Center-Perth Amboy	96	99	93	96	97	100	82
Memorial Hospital of Salem County	96	97	100 *	88 *	100 *	100 *	NL
Capital Health System at Mercer	96	97	98	92	100 *	100 *	82 *
St. Joseph's Wayne Hospital	95	94	95	96	100 *	100 *	NL
Kennedy Mem. Hospitals UMC-Wash. Twp.	95	94	95	100	88 *	100 *	NL
JFK Medical Center	94	96	95	95	90	100 *	67
St. Peter's University Hospital	94	98	98	97	100 *	100 *	56
Trinitas Hospital	94	96	90	95	97	100	76
St. Mary's Hospital (Passaic)	93	98	97	94	100 *	100 *	52 *
RWJ University Hospital at Hamilton	92	96	95	95	92 *	100 *	48
Raritan Bay Medical Center-Old Bridge	92	93	79 *	100	100 *	100 *	NL
Christ Hospital	92	98	87	91	85 *	100 *	77

Source: New Jersey Hospital Quality Data, 2009.

NA (Not Available) 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).

Basic Facts on Treating Pneumonia

Recommended Care

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

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

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

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

Pneumonia Vaccination

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

Influenza Vaccination

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

Antibiotic Timing

- ❖ **This score tells you** the percent of pneumonia patients who received an antibiotic within 6 hours of hospital arrival.
- ❖ **This information is important** because early antibiotic treatment can cure bacterial pneumonia quickly and reduce the possibility of complications. However, there is controversy about the desirability of hospitals achieving a 100% score on this measure. Pneumonia can be difficult to diagnose quickly, and there is some concern that this measure provides hospitals an inappropriate incentive to use antibiotics for all potential pneumonia patients before making a firm diagnosis.

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





Antibiotic Selection

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

Blood Culture Before Initial Antibiotic

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

Smoking Cessation Advice

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



Pneumonia Treatment Scores

Recommended Care

Hospital Name	Overall Score %	Pneumonia Vaccination %	Influenza Vaccination ^S %	Antibiotic Timing %	Antibiotic Selection %	Blood Cultures %	Smoking Cessation Advice %
Top 10% of hospitals scored equal to or higher than ^	99	100	100	100	98	99	100
Top 50% of hospitals scored equal to or higher than ^	96	96	94	97	94	98	100
St. Clare's Hospital-Sussex	100	100	100	100	98	100	100 *
Community Medical Center	99	100	100	99	98	99	100
Clara Maass Medical Center	99	100	100	99	98	99	100
Newark Beth Israel Medical Center	99	100	99	99	100	99	100
St. Clare's Hospital-Dover	99	100	100	99	98	99	100 *
Hackettstown Regional Medical Center	99	100	97	100	100	100	94
Virtua-West Jersey Hospital Berlin	99	100	98	99	99	99	100
Bayshore Community Hospital	99	100	98	99	96	100	100
Holy Name Hospital	99	100	100	97	99	99	100
Ocean Medical Center	99	100	100	97	98	98	100
St. Clare's Hospital-Denville	99	99	98	98	97	100	100
Virtua-West Jersey Hospital Marlton	99	99	100	100	95	99	100
Shore Memorial Hospital	98	99	99	98	97	99	100
Bergen Regional Medical Center	98	98	100	96	97	99	100 *
Englewood Hospital and Medical Center	98	99	98	99	97	97	100
Kimball Medical Center	98	99	97	97	94	100	100
AtlantiCare Regional Medical Center-City	98	100	100	95	94	100	100
AtlantiCare Regional Medical Center-Mainland	98	100	100	95	95	100	100
Our Lady of Lourdes Medical Center	98	99	95	97	98	99	100
University Medical Center at Princeton	98	98	99	100	94	97	100
Riverview Medical Center	97	97	99	98	94	98	100
Hackensack University Medical Center	97	97	96	97	99	98	99
Somerset Medical Center	97	95	94	100	97	99	100
Valley Hospital	97	99	99	95	93	98	100
Kennedy Mem. Hospitals UMC-Cherry Hill	97	97	96	98	97	96	100
St. Barnabas Medical Center	97	96	98	99	96	95	100
Hunterdon Medical Center	97	95	93	100	97	97	100
Warren Hospital	97	95	93	98	98	98	100
Newton Memorial Hospital	97	96	90	100	94	99	100
South Jersey Healthcare Regional Medical Center	97	98	99	93	96	97	100
Meadowlands Hospital Medical Center	97	95	98	96	94	98	100 *
South Jersey Hospital-Elmer	96	100	95	93	92	98	100
Raritan Bay Medical Center-Old Bridge	96	99	94	96	91	98	96
Jersey Shore University Medical Center	96	96	94	97	95	97	98
Memorial Hospital of Salem County	96	97	89	99	93	96	100
Jersey City Medical Center	96	91	90	97	99	99	100
Palisades Medical Center of New York	96	100	90	100	92	93	100 *
Monmouth Medical Center	96	95	92	97	93	99	98

The scores summarize the percent of time that a hospital gave patients the correct care for pneumonia in 2009. The Overall Score is a composite of the six

pneumonia measures.
Higher Scores Are Better. The Goal is 100%.

Hospital Name	Overall Score %	Pneumonia Vaccination %	Influenza Vaccination [§] %	Antibiotic Timing %	Antibiotic Selection %	Blood Cultures %	Smoking Cessation Advice %
Top 10% of hospitals scored equal to or higher than ^	99	100	100	100	98	99	100
Top 50% of hospitals scored equal to or higher than ^	96	96	94	97	94	98	100
St. Joseph's Wayne Hospital	96	99	96	95	86	97	100
Kennedy Mem. Hospitals UMC-Stratford	96	93	88	97	96	98	99
RWJ University Hospital at Rahway	96	96	91	98	99	95	95
East Orange General Hospital	96	95	88	99	92	98	100
Virtua-West Jersey Hospital Voorhees	96	97	96	96	90	96	100
Overlook Hospital	95	95	98	98	91	96	94
Raritan Bay Medical Center-Perth Amboy	95	99	99	91	92	94	100
CentraState Medical Center	95	92	92	97	93	98	100
St. Francis Medical Center	95	93	90	94	93	99	100
Cape Regional Medical Center	95	92	88	99	97	94	98
Lourdes Medical Center of Burlington County	95	92	90	98	91	96	100
Virtua-Memorial Hospital Burlington County	94	89	91	99	94	96	100
Chilton Memorial Hospital	94	92	90	93	96	98	100
St. Mary's Hospital (Passaic)	94	95	91	95	89	97	98
Morristown Memorial Hospital	94	93	92	95	92	97	100
Trinitas Hospital	94	97	92	94	85	97	98
Kennedy Mem. Hospitals UMC-Wash. Twp.	94	92	88	95	95	96	99
Hoboken University Medical Center	94	99	90	93	92	93	100
Capital Health System at Mercer	94	89	88	97	92	95	99
Mountainside Hospital	93	91	89	97	92	96	96
RWJ University Hospital at Hamilton	93	91	91	95	87	97	99
Underwood-Memorial Hospital	93	93	90	92	91	97	96
JFK Medical Center	92	92	91	89	93	95	98
Bayonne Medical Center	92	86	84	99	88	98	96
Christ Hospital	91	79	77	97	94	98	100
Capital Health System at Fuld	91	85	82	93	93	91	99
Robert Wood Johnson University Hospital	91	89	83	95	89	93	100
Southern Ocean Medical Center	91	87	83	97	92	91	100
Deborah Heart and Lung Center	90 *	100 *	100 *	71 *	NA	NA	100 *
UMDNJ-University Hospital	90	92	92	85	90	91	95
St. Joseph's Hospital and Medical Center	90	85	87	95	80	96	100
Cooper Hospital/University Medical Center	90	76	87	92	91	94	100
St. Michael's Medical Center	90	89	92	81	91	96	97
St. Peter's University Hospital	89	92	93	87	86	85	89

Source: New Jersey Hospital Quality Data, 2009.

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

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

* Hospital score for this measure is based on a small number of patients (less than 25).

§ Influenza Vaccination includes information for January, February, October, November, and December 2009 discharges only.

Basic Facts on Surgical Care Improvement

Recommended Care

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

The measures listed below represent the best practices for the

prevention of infections and blood clots after selected surgeries (e.g., colon surgery, hip and knee arthroplasty, abdominal and vaginal hysterectomy, cardiac surgery and vascular surgery).

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

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

Preventive Antibiotic Started 1 Hour Before Surgery

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

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

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.



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).

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) Ordered

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



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

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

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

Treatment Preventing Blood Clots (VTEs) Received

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

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

Controlled Blood Sugar for Heart 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.

Safe Hair Removal

- ❖ **This score tells you** the percent of surgery patients who had hair removed from the surgical area before surgery, using a safer method than a razor, such as electric clippers or hair removal cream.
- ❖ **This information is important** because medical research has shown that shaving with a razor can increase the risk of infection. It is therefore safer to use electric clippers or hair removal cream.



Surgical Care Improvement Scores

Recommended Care

Hospital Name	Overall Score %	Preventive Antibiotic Started %	Preventive Antibiotic Stopped %	Appropriate Antibiotic Received %	VTE Prophylaxis Ordered %	VTE Prophylaxis Received %	Controlled Blood Sugar %	Safe Hair Removal %	Beta Blocker Continued %
Top 10% of hospitals scored equal to or higher than ^	99	100	99	99	99	99	100	100	99
Top 50% of hospitals scored equal to or higher than ^	97	98	95	98	96	95	95	99	94
Newark Beth Israel Medical Center	100	100	99	100	99	98	98	100	100
Bayshore Community Hospital	100	100	98	99	100	100	NA	100	100
Kennedy Mem. Hospitals UMC-Cherry Hill	99	99	100	100	100	100	NA	99	97
Clara Maass Medical Center	99	99	99	98	97	96	100*	100	99
Community Medical Center	99	99	95	99	98	98	100*	100	99
Hackettstown Regional Medical Center	99	98	99	98	96	97	NA	100	99
Kennedy Mem. Hospitals UMC-Stratford	99	100	95	98	99	99	NA	99	100
Shore Memorial Hospital	99	100	98	98	96	96	NA	100	95
Kennedy Mem. Hospitals UMC-Wash. Twp.	98	99	99	99	99	99	NA	99	94
Monmouth Medical Center	98	98	98	98	98	95	100*	100	99
Jersey City Medical Center	98	99	96	97	99	96	96	100	100
Holy Name Hospital	98	100	97	98	97	97	NA	100	93
St. Clare's Hospital-Denville	98	100	96	98	99	98	0*	100	95
St. Joseph's Wayne Hospital	98	99	99	99	98	97	NA	100	90
RWJ University Hospital at Rahway	98	100	96	99	96	96	NA	100	94
Raritan Bay Medical Center-Old Bridge	98	100	100	100	97	94	100*	100	91
St. Michael's Medical Center	98	100	99	99	89	82	99	100	97
Riverview Medical Center	98	99	96	98	95	93	100*	100	95
Hunterdon Medical Center	98	98	98	99	97	93	NA	99	93
Ocean Medical Center	98	99	97	98	99	99	NA	100	90
Virtua-West Jersey Hospital Marlton	98	97	96	100	97	96	NA	100	94
Bergen Regional Medical Center	98	96	100	92	100*	100*	NA	100	100*
Somerset Medical Center	98	100	96	98	97	97	NA	100	89
Overlook Hospital	98	99	95	97	98	97	NA	100	94
Our Lady of Lourdes Medical Center	98	98	94	98	100	100	94	100	97
Englewood Hospital and Medical Center	98	96	98	98	93	90	93	100	100
St. Barnabas Medical Center	98	99	95	96	94	90	99	100	99
Virtua-Memorial Hospital Burlington County	98	96	97	98	99	98	NA	100	93
St. Clare's Hospital-Dover	97	100	93	98	96	96	NA	100	92
Warren Hospital	97	99	93	99	95	96	NA	99	94
Raritan Bay Medical Center-Perth Amboy	97	99	98	95	99	95	NA	100	93
Palisades Medical Center of New York	97	98	98	91	100	100	NA	100	95
Jersey Shore University Medical Center	97	99	96	98	95	91	95	100	94
Cooper Hospital/University Medical Center	97	96	97	98	97	97	93	100	92
Lourdes Medical Center of Burlington County	97	95	94	99	94	93	NA	100	99
AtlantiCare Regional Medical Center-Mainland	97	98	95	99	96	91	97	100	90
East Orange General Hospital	97	100	95	98	97	95	NA	100	82*
Hackensack University Medical Center	97	99	95	98	92	90	94	100	92

The scores summarize the percent of time that a hospital gave surgical patients the correct care for preventing infections in 2009. The Overall Score is a

composite of the seven surgical care improvement measures but excludes VTE Prophylaxis Ordered. Higher Scores Are Better. The Goal is 100%.

Hospital Name	Overall Score %	Preventive Antibiotic Started %	Preventive Antibiotic Stopped %	Appropriate Antibiotic Received %	VTE Prophylaxis Ordered %	VTE Prophylaxis Received %	Controlled Blood Sugar %	Safe Hair Removal %	Beta Blocker Continued %
Top 10% of hospitals scored equal to or higher than ^	99	100	99	99	99	99	100	100	99
Top 50% of hospitals scored equal to or higher than ^	97	98	95	98	96	95	95	99	94
Deborah Heart and Lung Center	97	96	100	100	84	84	88	100	98
Virtua-West Jersey Hospital Voorhees	97	96	95	97	96	94	NA	100	95
Morristown Memorial Hospital	97	91	97	99	97	96	97	100	92
Valley Hospital	97	98	94	98	95	91	94	100	92
Kimball Medical Center	96	99	96	98	88	88	NA	100	83
UMDNJ-University Hospital	96	96	91	98	94	93	97	100	99
Underwood-Memorial Hospital	96	93	94	96	98	95	NA	100	98
Newton Memorial Hospital	96	99	87	99	95	95	NA	100	90
St. Joseph's Hospital and Medical Center	96	96	96	97	92	90	92	97	99
Memorial Hospital of Salem County	96	97	91	97	98	98	NA	100	84
Cape Regional Medical Center	96	98	94	98	84	85	NA	100	91
Robert Wood Johnson University Hospital	96	94	92	97	97	97	88	100	99
South Jersey Hospital-Elmer	95	97	92	97	87	85	NA	99	92
University Medical Center at Princeton	95	97	92	97	92	89	0*	97	96
Meadowlands Hospital Medical Center	95	96	88	96	81	81	NA	100	100*
Hoboken University Medical Center	95	98	92	98	92	88	NA	99	80
AtlantiCare Regional Medical Center-City	95	94	85	99	98	94	NA	100	80
RWJ University Hospital at Hamilton	95	95	93	95	94	89	NA	100	89
St. Francis Medical Center	94	96	86	98	98	98	75	100	99
South Jersey Healthcare Regional Medical Center	94	95	95	95	81	82	NA	99	91
Mountainside Hospital	94	97	94	98	77	76	0*	100	82
Capital Health System at Fuld	94	95	87	96	87	87	NA	100	95
JFK Medical Center	94	96	90	97	96	95	NA	96	87
Virtua-West Jersey Hospital Berlin	94	90*	89*	86*	97	95	NA	100	86*
Capital Health System at Mercer	94	97	91	94	82	79	NA	99	94
St. Clare's Hospital-Sussex	94	100*	100*	100*	100*	94*	NA	100*	71*
St. Peter's University Hospital	94	98	95	99	96	95	NA	89	89
Trinitas Hospital	94	98	92	93	79	77	NA	100	92
Chilton Memorial Hospital	93	95	89	96	86	80	NA	100	89
Southern Ocean Medical Center	93	93	93	93	96	88	NA	100	83
Christ Hospital	93	92	89	97	83	83	NA	100	81
CentraState Medical Center	92	97	90	91	73	71	NA	98	84
St. Mary's Hospital (Passaic)	89	97	84	96	83	73	78	93	83
Bayonne Medical Center	89	84	76	86	91	88	NA	99	79

Source: New Jersey Hospital Quality Data, 2009.

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

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

* Hospital score for this measure is based on a small number of patients (less than 25).

Basic Facts on Treating Heart Failure

Recommended Care

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

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

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

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

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



Left Ventricular Systolic (LVS) Function Assessment

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

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

ACE Inhibitor or ARB at Discharge

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

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

Discharge Instructions

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

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



Smoking Cessation Advice

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



Heart Failure Treatment Scores

Recommended Care

Hospital Name	Overall Score %	LVS Assessment %	ACE/ARB Discharge %	Discharge Instructions %	Smoking Cessation Advice %
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 ^	97	100	98	95	100
AtlantiCare Regional Medical Center-City	100	100	100	100	100
AtlantiCare Regional Medical Center-Mainland	100	100	100	100	100
Bergen Regional Medical Center	100	100*	100*	100*	100*
Clara Maass Medical Center	100	100	100	100	100
Hoboken University Medical Center	100	100	100	100	100
Holy Name Hospital	100	100	100	100	100*
Newark Beth Israel Medical Center	100	100	100	100	100
St. Barnabas Medical Center	100	100	99	100	100
Community Medical Center	100	100	100	100	100
Bayshore Community Hospital	100	100	100	99	100
Newton Memorial Hospital	100	100	98	100	100*
Palisades Medical Center of New York	100	99	100	100	100*
Monmouth Medical Center	100	100	100	99	100
UMDNJ-University Hospital	100	100	99	100	100
University Medical Center at Princeton	99	100	100	98	100*
Our Lady of Lourdes Medical Center	99	100	100	99	100
Meadowlands Hospital Medical Center	99	99	100	99	100*
Deborah Heart and Lung Center	99	100	98	100	100
Hackettstown Regional Medical Center	99	100	100	97	100*
Memorial Hospital of Salem County	99	100	98	98	100
Raritan Bay Medical Center-Old Bridge	99	100	99	98	96*
Mountainside Hospital	99	100	100	97	100*
South Jersey Healthcare Regional Medical Center	99	100	96	99	100
Cooper Hospital/University Medical Center	99	100	98	98	99
Somerset Medical Center	99	100	100	97	97
Riverview Medical Center	99	100	100	97	100
South Jersey Hospital-Elmer	99	100	94	99	100*
St. Francis Medical Center	99	100	95	98	100
Ocean Medical Center	99	99	98	98	100
Underwood-Memorial Hospital	98	98	97	99	98
Jersey City Medical Center	98	99	98	97	96
Christ Hospital	98	98	94	99	100
Shore Memorial Hospital	98	100	97	94	100
Lourdes Medical Center of Burlington County	97	99	89	98	100
Raritan Bay Medical Center-Perth Amboy	97	99	100	93	100
St. Clare's Hospital-Dover	97	99	100	93	100*
Kennedy Mem. Hospitals UMC-Cherry Hill	97	99	88	95	100
East Orange General Hospital	97	99	93	95	100

The Scores summarize the percent of time that a hospital gave patients the correct care for heart failure in 2009. The Overall Score is a composite of the four

heart failure measures.
Higher Scores Are Better. The Goal is 100%.

Hospital Name	Overall Score %	LVS Assessment %	ACEI/ARB Discharge %	Discharge Instructions %	Smoking Cessation Advice %
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 ^	97	100	98	95	100
Warren Hospital	97	100	97	91	100*
Virtua-West Jersey Hospital Voorhees	97	100	100	90	100
St. Joseph's Hospital and Medical Center	97	97	93	97	99
Chilton Memorial Hospital	96	99	97	91	100
Hunterdon Medical Center	96	100	95	91	100*
Morristown Memorial Hospital	96	97	91	97	100
Englewood Hospital and Medical Center	96	98	93	94	100
Capital Health System at Fuld	96	100	88	94	100
Jersey Shore University Medical Center	96	99	98	88	100
Virtua-West Jersey Hospital Marlton	96	100	96	88	100
Cape Regional Medical Center	96	100	96	88	100
St. Clare's Hospital-Denville	96	99	99	89	100
Bayonne Medical Center	96	99	84	94	100*
St. Clare's Hospital-Sussex	95	98	100*	91	100*
Virtua-West Jersey Hospital Berlin	95	99	100	86	100
RWJ University Hospital at Hamilton	95	99	87	91	100
Overlook Hospital	94	98	88	91	92
Hackensack University Medical Center	94	100	93	85	100
Kimball Medical Center	94	99	97	82	100
Robert Wood Johnson University Hospital	93	99	98	82	100
RWJ University Hospital at Rahway	93	100	100	78	100
Capital Health System at Mercer	93	97	85	91	100
Virtua-Memorial Hospital Burlington County	92	98	89	84	100
Trinitas Hospital	92	97	88	86	100
St. Mary's Hospital (Passaic)	92	100	90	82	95
Southern Ocean Medical Center	91	98	90	78	100
Kennedy Mem. Hospitals UMC-Stratford	91	97	88	84	98
St. Michael's Medical Center	91	99	93	77	99
Valley Hospital	89	99	86	75	100*
Kennedy Mem. Hospitals UMC-Wash. Twp.	89	99	77	77	100
CentraState Medical Center	89	99	87	73	100*
JFK Medical Center	88	98	88	71	98
St. Joseph's Wayne Hospital	85	99	91	58	100
St. Peter's University Hospital	77	99	92	40	100

Source: New Jersey Hospital Quality Data, 2009.

^ 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).

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 24 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 2009. The National Scores are from the Centers for Medicare and Medicaid (CMS) for the same year and from the same database.

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

For 2009, New Jersey performed better than the national average on most recommended care quality measures. Of the 24 recommended care measures, NJ hospital performance exceeded national

scores on 17 measures and was equal to national norms on five measures. New Jersey fell below national scores for only two measures, Controlled Blood Sugar for Heart Patients and PCI Within 90 Minutes.

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

Condition	Quality Measure	New Jersey	National
Heart Attack	Aspirin at Arrival	99	98
	Aspirin at Discharge	98	98
	Beta Blocker at Discharge	99	98
	ACEI / ARB at Discharge	97	96
	Smoking Cessation Advice	100	99
	PCI within 90 Minutes	83	87
Pneumonia	Pneumococcal Vaccination	95	93
	Influenza Vaccination	93	91
	Antibiotic Timing - 6 Hours	96	95
	Antibiotic Selection	94	91
	Blood Cultures	97	95
	Smoking Cessation Advice	99	98
Heart Failure	LVS Assessment	99	98
	ACEI / ARB at Discharge	95	94
	Discharge Instructions	91	88
	Smoking Cessation Advice	100	99
Surgical Care Improvement	Preventive Antibiotic Started	97	96
	Preventive Antibiotic Stopped	95	93
	Appropriate Antibiotic Received	98	98
	VTE Prophylaxis Ordered	94	94
	VTE Prophylaxis Received	92	92
	Controlled Blood Sugar for Heart Patients	92	93
	Safe Hair Removal	99	99
	Beta Blocker Continued	94	92



Section 3:

Patient Safety Indicators (PSIs)

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

Understanding & Using Patient Safety Indicators (PSIs)

Even in the best hospitals, some patients will experience complications either after an operation or as a result of other care. This section of the report shows how well each hospital is providing safe patient care by examining the number of inpatient medical errors or “adverse events” that could have been avoided. These “adverse events” are serious complications caused by medical treatment or medical advice and are called **Patient Safety Indicators (PSIs)**.

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 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.”

In 2009, the New Jersey legislature enacted the Patient Safety Act, Public Law 2009, c.122 (S2471), requiring that the Department include hospital-specific data on patient safety performance and serious medical errors in the annual **New Jersey Hospital Performance Report**. Evidence shows that most of the adverse events classified under each PSI are potentially preventable. This section of the report focuses on the 12 **PSIs** mandated for public reporting.

PSIs differ from the way the recommended care measures are calculated. **Unlike the recommended care measures, a lower rate in PSIs indicates better performance by a hospital.** With **PSIs, lower rates mean fewer medical errors/adverse events.** In addition, the numbers on the **PSI** tables on pages 34 - 37 are not scores or simple percentages, as used with the recommended care measures; they are rates. The year of the data collection is also different (2008 for **PSIs** vs 2009 for recommended care).

How is the data collected?

The data comes from the New Jersey hospital discharge database also known as the Uniform Bill (UB) data. Hospitals submit these data to the State. The data used for this analysis are from 2008.

What do the rates mean?

The **PSIs** tables on pages 34-37 show the rates of adverse events in each of the 72 licensed hospitals in New Jersey. Each **PSI** value shows the extent to which patients experienced a particular problem during their hospital stay. The resulting rate is expressed as the number of complications or medical errors per 1,000 eligible hospital discharges.

For example, if a hospital with 1,000 obstetric patients who had vaginal delivery without the assistance of an instrument had 43 of these patients experience trauma during delivery, the rate of occurrence at this hospital would be 43 per every 1,000 patients.

How are the rates calculated?

The **PSIs** rates in this report were calculated by applying the AHRQ **PSI** Software (Version 4.1) to the 2008 hospital discharge (UB) data. The software is known for its strength in the risk-adjustment methodology. It calculates the rates by comparing the number of medical errors (adverse events) expected in a particular hospital and how many patients actually experienced the adverse events.

Hospitals that treat sicker or older patients may be unfairly compared to other hospitals with healthier patients. Performing a “risk-adjustment” removes the differences and allows all hospitals to be compared fairly. Seven of the 12 **PSI** rates in this report are risk-adjusted. “Risk-adjustment” is a statistical method that accounts 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 that may increase the risk of experiencing complications.

Starting in 2008, hospitals were required to report 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 distinguish these comorbidities 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 flag 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 hospital 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?

A footnote at the bottom of pages 35 and 37 describes the **PSI** rates as "better than statewide average" and "worse than statewide average." 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 called "Statewide Rate."

The National Rate is also provided to give another comparison point. Keep in mind that the National Rate is from the previous year (2007).

When a hospital's rate is statistically significantly above the statewide rate, the hospital's performance is worse than average, meaning more adverse events than the average NJ hospital rate.

When a hospital's rate is statistically significantly below the statewide average, the hospital's performance is better than average, meaning fewer adverse events than the average NJ hospital rate.

When a hospital's result is not statistically significantly different from the statewide average, its performance is the same as or similar to the statewide rate.

Confidence intervals are used to identify those hospitals that have statistically significantly higher or lower complication rates than expected after adjusting for the risk factors of their patients. A hospital's rate is statistically significantly above the statewide rate if its 95% confidence interval falls completely above the statewide rate.

By comparison, a hospital's rate is significantly below the statewide rate if its 95% confidence interval falls completely below the statewide rate.

Information on confidence intervals is not shown in the table on pages 34-37 but is included in the calculations and can be found in the technical report at www.nj.gov/health/hpr.

Some rates that appear large are not marked as statistically significantly **higher** than the statewide rate, while others that appear small are not marked as statistically **lower** than the statewide rate. The reason 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 rates are based on large numbers of events.

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

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

PSIs are not intended as definitive quality measures. However, the **PSI** measures indicate differences in hospital performance. They measure differences in the hospitals' ability to reduce severe and potentially preventable complications and adverse events.

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



Basic Facts about Patient Safety Indicators (PSIs)

This section presents brief descriptions of each of the 12 PSIs covered in this report and why it is important to report them publicly. Most of these medical errors or adverse events are considered potentially preventable.

Foreign Body Left in During Procedure:

- ❖ **This rate tells you** the number of patients who had a foreign object accidentally left in their body during procedures per 1,000 surgical or medical discharges. This is a very rare event and the expected rate of occurrence is zero.
- ❖ **This information is important** because foreign objects such as sponges, medical instruments, bandages, should never be accidentally left in a patient's body after an operation or procedure. This error is preventable, and hospitals with high rates need to put systems in place to prevent recurrences.

Iatrogenic Pneumothorax:

- ❖ **This rate tells you** the number of patients who had air leaking out of their lungs due to an accidental puncture during a medical or surgical procedure per 1,000 discharges. Iatrogenic means unfavorable response after a medical/surgical treatment and pneumothorax means a collapsed lung.
- ❖ **This information is important** because this medical error, which sometimes requires a tube in the patient's chest to remove the extra air, is potentially avoidable.

Postoperative Hip Fracture:

- ❖ **This rate tells you** the number of patients who broke a hip bone from a fall during a hospital stay following any kind of operation or procedure per 1,000 surgery patients from the operating room.
- ❖ **This information is important** because when a patient falls after an operation and breaks his/her hip bone, it is a type of medical error that is usually preventable. A fall can happen for different reasons, such as receiving too much pain medication or having too little supervision when trying to walk after an operation. This is a very rare event.

Postoperative Hemorrhage or Hematoma:

- ❖ **This rate tells you** the number of patients with postoperative hemorrhage (too much bleeding) or postoperative hematoma (large blood clot) or drainage of hematoma per 1,000 surgical discharges following a surgical procedure.
- ❖ **This information is important** because a hematoma is a large blood clot that can cause too much bleeding. Some of these complications may require another operation to stop the bleeding or remove the blood clots. This medical error is potentially avoidable.

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

- ❖ **This rate tells you** the number of patients with PE, a blood clot in the lungs, or DVT, a blood clot in a large vein, per 1,000 discharges of surgery patients from the operating room. The number excludes obstetric patients.
- ❖ **This information is important** because a PE, which is a blood clot in the lungs, or DVT, which is a blood clot in a large vein, can occur during a surgical procedure. If the DVT breaks away and travels through the bloodstream, it could block a blood vessel in the patient's lungs, causing PE.

Postoperative Sepsis:

- ❖ **This rate tells you** the number of hospitalized patients who get a serious bloodstream infection (nosocomial postoperative sepsis) after surgery per 1,000 elective surgery patients. A serious infection of the bloodstream caused by toxin-producing bacteria, known as sepsis, can occur after surgery.
The rate excludes patients with pre-existing infections (POA) as well as those with compromised immunity, such as cancer patients. Obstetric patients are also excluded.
- ❖ **This information is important** because it tells you the level of care provided by the hospital to prevent sepsis (infections) in patients. Analysis of these particular infections may provide a screen for



potential medical errors and a method for monitoring trends in infections over time.

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

Postoperative Wound Dehiscence:

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

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

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

Accidental Puncture or Laceration

- ❖ **This rate tells you** the number of patients who had an accidental cut or laceration during a medical

procedure per 1,000 discharges. The number excludes patients with pre-existing conditions (POA) as well as obstetric admissions.

- ❖ **This information is important** because such a cut or laceration can cause a hole or tear in an organ of the body while receiving medical treatment. This medical error can usually be avoided.

Transfusion Reaction:

- ❖ **This rate tells you** the number of patients who had a bad reaction to a blood transfusion per 1,000 discharges. This event rarely happens and has a zero expected rate of occurrence. All cases with pre-existing conditions (POA) are excluded from the rate.

- ❖ **This information is important** because it measures major reactions to blood transfusions. Using the wrong type of blood or blood substitute are examples of why this type of medical error may occur.

Birth Trauma - Injury to Neonate:

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

- ❖ **This information is important** because some birth traumas are potentially preventable errors. Examples of what may cause a birth trauma to a neonate include: bleeding; delay ordering a medically necessary cesarean

section (c-section); misuse of forceps or a vacuum extractor during delivery; or failure to respond to an umbilical cord that is dangerously wrapped around the newborn.

Obstetric Trauma - Vaginal Delivery with Instrument:

- ❖ **This rate tells you** the number of obstetric trauma cases (3rd or 4th degree lacerations, other obstetric lacerations to the mother) during instrument-assisted vaginal deliveries per 1,000 discharges.

- ❖ **This information is important** because trauma occurring during a vaginal delivery that requires the use of forceps or other instrument assistance is a medical error that is potentially preventable.

Obstetric Trauma - Vaginal Delivery without Instrument:

- ❖ **This rate tells you** the number of obstetric trauma cases (4th degree lacerations, other obstetric lacerations to the mother) per 1,000 vaginal deliveries that occurred without a medical instrument.

- ❖ **This information is important** because it tells you the number of potentially preventable injuries or lacerations that occurred during a vaginal delivery that did not require instrument assistance.

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

Patient Safety Indicator Rates

Hospital Name	Foreign body left during procedure ^	Iatrogenic pneumo thorax	Post-operative hip fracture	Post-operative hemorrhage or hematoma	Post-operative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National average rate (2007)	0.1	0.6	0.3	2.5	11.5	15.4
Statewide Number of adverse events (2008)	34	277	4	444	2,049	248
Statewide average rate (2008)	0.0	0.3	0.0	2.4	9.5	14.4
Atlanticare Regional Medical Center-City	0.1	0.2	0.0	1.9	7.5	39.2 **
Atlanticare Regional Medical Center-Mainland	0.0	0.3	0.0	1.8	7.7	5.4
Bayonne Medical Center	0.0	0.0	0.0	0.0	13.1	73.9 **
Bayshore Community Hospital	0.0	0.1	0.0	4.8	4.1	26.8
Bergen Regional Medical Center	0.0	0.1	0.0	0.0	0.0	0.0
Cape Regional Medical Center	0.1	0.1	0.0	1.7	4.9	18.2
Capital Health Regional Medical Center	0.0	0.3	0.0	5.1	17.7 **	16.1
Capital Health System at Mercer	0.0	0.5	0.0	1.4	10.2	19.0
CentraState Medical Center	0.1	0.5	0.0	5.3 **	3.5 *	7.4
Chilton Memorial Hospital	0.1	0.6	0.0	2.7	9.6	33.7
Christ Hospital	0.1	0.5	0.0	2.6	6.3	0.0
Clara Maass Medical Center	0.0	0.4	0.0	1.8	3.7 *	7.4
Community Medical Center	0.0	0.2	0.0	2.8	3.9 *	13.1
Cooper Hospital/University Medical Center	0.0	0.5	0.0	1.2	5.9 *	17.5
Deborah Heart and Lung Center	0.2	0.4	0.0	1.8	4.0 *	30.2 **
East Orange General Hospital	0.0	0.0	0.0	1.7	34.9 **	67.8 **
Englewood Hospital and Medical Center	0.0	0.1	0.0	2.7	8.5	13.4
Hackensack University Medical Center	0.0	0.4	0.0	2.6	14.8 **	16.1
Hackettstown Community Hospital	0.0	0.0	0.0	0.0	10.2	0.0
Hoboken University Medical Center	0.0	0.2	0.0	0.0	9.0	40.8 **
Holy Name Hospital	0.1	0.5	0.0	3.4	18.4 **	12.0
Hunterdon Medical Center	0.0	0.8	0.0	0.8	5.8	0.0
Jersey City Medical Center	0.0	0.3	0.0	1.2	6.0	9.1
Jersey Shore University Medical Center	0.0	0.2	0.0	1.7	5.8 *	4.0 *
JFK Community Medical Center-Edison	0.1	0.3	0.0	2.4	21.8 **	14.6
Kennedy Memorial Hospitals UMC-Cherry Hill	0.0	0.4	0.0	8.7 **	19.4 **	78.3 **
Kennedy Memorial Hospitals UMC-Stratford	0.0	0.2	0.0	0.9	3.3 *	30.5
Kennedy Memorial Hospitals UMC-Wash. Twp.	0.1	0.0	0.0	3.0	4.9	0.0
Kimball Medical Center	0.0	0.0	0.0	1.1	10.9	0.0
Lourdes Medical Center of Burlington Cty.	0.1	0.0	0.0	6.0 **	6.1	17.4
Meadowlands Hospital Medical Center	0.0	0.0	0.0	1.5	0.0 *	0.0
Memorial Hospital of Salem County	0.0	0.3	0.0	0.0	3.2	0.0
Monmouth Medical Center	0.0	0.5	0.0	2.4	9.0	0.0
Morristown Memorial Hospital	0.0	0.2	0.0	2.4	9.6	4.2
Mountainside Hospital	0.0	0.3	0.6	3.0	7.8	22.1
Newark Beth Israel Medical Center	0.0	0.6	0.0	1.4	10.4	13.8
Newton Memorial Hospital	0.0	0.2	0.0	1.0	3.3 *	11.7
Ocean Medical Center	0.0	0.4	0.0	3.0	3.6 *	17.9
Our Lady of Lourdes Medical Center	0.1	0.4	0.0	2.4	6.7 *	10.2

The rate for each of the 12 procedures or conditions is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital.

Lower rates are better and mean fewer medical errors for that procedure or condition.

Hospital Name	Foreign body left during procedure ^	Iatrogenic pneumo thorax	Post-operative hip fracture	Post-operative hemorrhage or hematoma	Post-operative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National average rate (2007)	0.1	0.6	0.3	2.5	11.5	15.4
Statewide Number of adverse events (2008)	34	277	4	444	2,049	248
Statewide average rate (2008)	0.0	0.3	0.0	2.4	9.5	14.4
Overlook Hospital	0.1	0.5	0.0	2.2	22.9 **	10.0
Palisades Medical Center - NY PHS	0.0	0.4	0.0	2.1	8.3	0.0
Raritan Bay Medical Center-Old Bridge	0.0	0.0	0.0	1.6	6.4	22.1
Raritan Bay Medical Center-Perth Amboy	0.0	0.1	0.0	4.5	7.1	26.3
Riverview Medical Center	0.0	0.3	0.0	2.0	4.4 *	15.1
RWJ University Hospital	0.1	0.6 **	0.0	2.0	14.5 **	13.0
RWJ University Hospital at Hamilton	0.0	0.5	0.0	0.9	5.6 *	4.7
RWJ University Hospital at Rahway	0.0	0.7	0.0	2.0	4.3	19.3
Shore Memorial Hospital	0.1	0.2	1.0 **	2.1	13.1	19.9
Somerset Medical Center	0.1	0.1	0.0	2.3	10.2	12.6
South Jersey Healthcare Regional MC	0.0	0.2	0.0	7.3 **	3.2 *	4.5
South Jersey Hospital-Elmer	0.0	0.4	0.0	3.6	1.5 *	0.0
Southern Ocean Medical Center	0.3	0.5	0.0	1.0	4.0	0.0
St. Barnabas Medical Center	0.0	0.4	0.2	2.6	15.1 **	18.1
St. Clare's Hospital-Denville	0.0	0.0	0.0	1.4	7.1	12.0
St. Clare's Hospital-Dover	0.0	0.3	0.0	0.0	11.5	0.0
St. Clare's Hospital-Sussex	0.0	0.0	0.0	0.0	8.2	.
St. Francis Medical Center-Trenton	0.0	0.8	0.0	3.8	9.6	11.1
St. Joseph's Hospital and Medical Center	0.0	0.2	0.3	1.3	3.4 *	20.4
St. Joseph's Wayne Hospital	0.0	0.0	0.0	0.0	5.0	45.1
St. Mary's Hospital (Passaic)	0.1	0.2	0.0	2.8	4.2 *	32.2 **
St. Michael's Medical Center	0.0	0.1	0.0	0.0	1.0 *	3.6 *
St. Peter's University Hospital	0.0	0.6	0.0	2.0	20.4 **	14.7
Trinitas Hospital	0.0	0.0	0.0	1.9	2.1 *	26.3
UMDNJ-University Hospital	0.2	1.4 **	0.0	5.3 **	10.9	27.5 **
Underwood-Memorial Hospital	0.0	0.2	0.0	1.1	5.0 *	0.0
University Medical Center at Princeton	0.0	0.5	0.0	1.8	5.4 *	12.2
Valley Hospital	0.0	0.2	0.0	2.7	14.4 **	13.0
Virtua-Memorial Hospital Burlington Cty.	0.1	0.2	0.0	3.1	6.0 *	7.7
Virtua-West Jersey Hospital Berlin	0.0	0.0	0.0	5.5	18.2	0.0
Virtua-West Jersey Hospital Marlton	0.0	0.1	0.0	3.0	7.9	27.5 **
Virtua-West Jersey Hospital Voorhees	0.0	0.2	0.0	3.0	12.4	17.9
Warren Hospital	0.2	0.2	0.0	1.1	7.3	0.0

Source: New Jersey rates are from the 2008 UB Data.

National rates are from the 2007 SID Data as reported in the annual HCUP Reports.

Table continued on next page

■ = Rate is based on less than 30 cases/patients and should be interpreted with caution.

* Better than state average.

** Worse than state average.

^ Not risk-adjusted.

■ Hospital reported less than 3 cases for this measure.

Patient Safety Indicator Rates *Continued from previous page*

Hospital Name	Post-operative wound dehiscence	Accidental puncture or laceration	Transfusion reaction ^	Birth Trauma ^	Obstetric trauma-vaginal delivery with instrument ^	Obstetric trauma-vaginal delivery without instrument ^
National average rate (2007)	2.5	4.8	0.0	1.6	147.6	32.3
Statewide Number of adverse events (2008)	64	1,591	4	260	729	1,728
Statewide average rate (2008)	1.8	1.9	0.0	2.5	156.4	28.3
Atlanticare Regional Medical Center-City	0.0	0.5 *	0.0	0.0	.	.
Atlanticare Regional Medical Center-Mainland	2.4	1.8	0.0	2.9	40.8	12.8
Bayonne Medical Center	0.0	0.2 *	0.0	.	.	.
Bayshore Community Hospital	0.0	0.7	0.0	.	.	.
Bergen Regional Medical Center	0.0	0.0 *	0.0	.	.	.
Cape Regional Medical Center	3.0	1.9	0.0	0.0	73.5	7.5
Capital Health Regional Medical Center	0.0	0.6	0.0	.	.	.
Capital Health System at Mercer	5.9	4.1 **	0.0	0.0	196.1	19.6
CentraState Medical Center	1.4	2.3	0.0	2.2	0.0	43.0
Chilton Memorial Hospital	4.9	2.1	0.0	5.1	213.7	32.9
Christ Hospital	2.8	1.2	0.0	0.0	0.0	1.7
Clara Maass Medical Center	4.8	0.7 *	0.0	1.1	162.5	23.6
Community Medical Center	1.7	1.1 *	0.0	1.4	238.8	42.9
Cooper Hospital/University Medical Center	4.0	3.0 **	0.0	0.9	107.8	23.4
Deborah Heart and Lung Center	0.0	7.2 **	0.0	.	.	.
East Orange General Hospital	0.0	0.2 *	0.0	.	.	.
Englewood Hospital and Medical Center	3.1	1.4	0.0	0.9	127.0	23.7
Hackensack University Medical Center	1.1	2.8 **	0.0	3.4	75.3	23.4
Hackettstown Community Hospital	0.0	2.3	0.0	3.4	200.0	27.9
Hoboken University Medical Center	0.0	0.4	0.0	1.4	333.3	59.9
Holy Name Hospital	1.8	2.4	0.0	2.3	187.5	32.0
Hunterdon Medical Center	0.0	0.9	0.0	0.8	203.1	34.0
Jersey City Medical Center	4.0	1.0	0.0	1.4	432.4	41.7
Jersey Shore University Medical Center	3.9	3.0 **	0.0	0.6	75.3	17.8
JFK Community Medical Center-Edison	0.0	1.9	0.0	6.1	181.8	31.4
Kennedy Memorial Hospitals UMC-Cherry Hill	0.0	1.6	0.0	.	.	.
Kennedy Memorial Hospitals UMC-Stratford	0.0	0.8	0.0	.	.	.
Kennedy Memorial Hospitals UMC-Wash. Twp.	0.0	1.7	0.0	0.7	98.4	20.1
Kimball Medical Center	0.0	0.8	0.0	3.8	204.1	11.9
Lourdes Medical Center of Burlington Cty.	0.0	3.3 **	0.0	1.2	119.4	25.5
Meadowlands Hospital Medical Center	0.0	1.8	0.0	2.5	.	5.6
Memorial Hospital of Salem County	0.0	2.5	0.0	8.1	100.0	21.7
Monmouth Medical Center	0.0	2.4	0.0	2.7	173.9	21.5
Morristown Memorial Hospital	0.8	2.6	0.0	1.5	162.3	31.2
Mountainside Hospital	2.4	2.3	0.0	1.4	125.0	41.0
Newark Beth Israel Medical Center	0.0	2.6	0.0	1.3	155.2	43.8
Newton Memorial Hospital	0.0	1.5	0.0	2.9	66.7	39.6
Ocean Medical Center	1.6	1.5	0.0	2.9	187.5	62.5
Our Lady of Lourdes Medical Center	3.3	0.9 *	0.0	2.4	36.4	22.5

The rate for each of the 12 procedures or conditions is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital.

Lower rates are better and mean fewer medical errors for that procedure or condition.

Hospital Name	Post-operative wound dehiscence	Accidental puncture or laceration	Transfusion reaction ^	Birth Trauma ^	Obstetric trauma-vaginal delivery with instrument ^	Obstetric trauma-vaginal delivery without instrument ^
National average rate (2007)	2.5	4.8	0.0	1.6	147.6	32.3
Statewide Number of adverse events (2008)	64	1,591	4	260	729	1,728
Statewide average rate (2008)	1.8	1.9	0.0	2.5	156.4	28.3
Overlook Hospital	1.1	2.0	0.0	0.0	159.7	27.5
Palisades Medical Center - NY PHS	0.0	0.8	0.0	0.7	208.3	17.9
Raritan Bay Medical Center-Old Bridge	0.0	1.2	0.0	.	.	0.0
Raritan Bay Medical Center-Perth Amboy	0.0	1.2	0.0	0.0	176.5	57.4
Riverview Medical Center	4.9	2.7	0.0	4.1	200.0	46.0
RWJ University Hospital	0.7	3.0 **	0.0	2.9	190.5	26.0
RWJ University Hospital at Hamilton	3.0	1.8	0.0	1.1	75.8	12.2
RWJ University Hospital at Rahway	3.9	0.7	0.0	.	.	.
Shore Memorial Hospital	2.6	0.6 *	0.0	1.6	64.5	13.0
Somerset Medical Center	3.3	1.7	0.0	3.7	234.6	53.4
South Jersey Healthcare Regional MC	3.5	1.7	0.0	4.1	170.2	10.4
South Jersey Hospital-Elmer	0.0	2.7	0.0	0.0	111.1	4.3
Southern Ocean Medical Center	0.0	2.2	0.0	3.0	200.0	69.7
St. Barnabas Medical Center	0.0	2.5	0.0	1.6	178.7	38.2
St. Clare's Hospital-Denville	2.1	3.1 **	0.0	2.5	350.0	57.5
St. Clare's Hospital-Dover	0.0	2.7	0.0	.	.	.
St. Clare's Hospital-Sussex	0.0	3.8	0.0	.	.	.
St. Francis Medical Center-Trenton	0.0	3.1	0.0	.	.	.
St. Joseph's Hospital and Medical Center	2.8	1.0 *	0.0	0.6	122.5	22.2
St. Joseph's Wayne Hospital	0.0	0.5	0.0	.	.	.
St. Mary's Hospital (Passaic)	2.1	1.6	0.0	0.8	200.0	12.5
St. Michael's Medical Center	4.1	0.2 *	0.0	.	.	.
St. Peter's University Hospital	1.2	1.3	0.0	2.0	197.3	24.0
Trinitas Hospital	3.8	1.4	0.0	1.4	83.3	13.6
UMDNJ-University Hospital	8.1 **	4.4 **	0.1	3.8	81.6	26.9
Underwood-Memorial Hospital	0.0	1.1	0.0	2.9	117.7	14.6
University Medical Center at Princeton	0.0	1.0	0.0	2.5	165.6	23.2
Valley Hospital	3.0	1.4	0.0	13.5	92.6	24.9
Virtua-Memorial Hospital Burlington Cty.	2.8	3.2 **	0.0	5.2	114.8	19.0
Virtua-West Jersey Hospital Berlin	0.0	1.8	0.0	.	.	.
Virtua-West Jersey Hospital Marlton	0.0	2.2	0.0	.	.	.
Virtua-West Jersey Hospital Voorhees	0.0	3.3 **	0.0	1.4	267.9	52.5
Warren Hospital	0.0	1.0	0.0	6.8	.	32.6

Source: New Jersey rates are from the 2008 UB Data.

National rates are from the 2007 SID Data as reported in the annual HCUP Reports.

= Rate is based on less than 30 cases/patients and should be interpreted with caution.

* Better than state average.

** Worse than state average.

^ Not risk-adjusted.

■ Hospital reported less than 3 cases for this measure.

Statewide PSI Rates Compared to National Rates

The table below shows statewide hospital-level estimates for the 12 **Patient Safety Indicators (PSIs)** in this report. The New Jersey statewide estimates are based on the 2008 UB data using the the Agency for Healthcare Research and Quality (AHRQ) **PSIs** software (Version 4.1). The national estimates are derived from the

2007 State Inpatient Data (SID) using the AHRQ **PSI** software (Version 3.1) - as reported in the Healthcare Cost and Utilization Project (HCUP) report.

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

Compared to the latest 2007 national **PSI** estimates (at the time of this report), New Jersey performed better than the national average for 10 of the 12 **PSIs** included in this report. The only

two indicators where New Jersey performed worse than the national average were birth trauma - injury to neonate and obstetric trauma - vaginal delivery with instrument.

These differences may in part be due to differences in years of data used or module version applied, as well as differences in data reporting by states.

Patient Safety Indicators (PSIs)	National Rate*	New Jersey Rate**
Foreign Body Left in During Procedure	0.086	0.036
Iatrogenic Pneumothorax	0.647	0.322
Post-operative Hip Fracture	0.258	0.028
Post-operative Hemorrhage or Hematoma	2.539	2.375
Post-operative PE or DVT	11.469	9.470
Post-operative Sepsis	15.372	14.393
Post-operative Wound Dehiscence	2.489	1.816
Accidental Puncture or Laceration	4.794	1.950
Transfusion Reaction	0.004	0.004
Birth Trauma - Injury to Neonate	1.633	2.465
Obstetric Trauma - Vaginal Delivery with Instrument	147.643	156.400
Obstetric Trauma - Vaginal Delivery without Instrument	32.332	28.308

* National rates are estimated from the Nationwide Inpatient Sample, which is drawn from the 2007 State Inpatient Data (SID), using AHRQ PSI software (Version 3.1) - as reported in the HCUP Report.

** New Jersey's rates are derived from its 2008 UB data using Version 4.1 of the AHRQ PSI software.

Note: Risk-adjustment in the latest AHRQ PSI software (Version 4.1) includes an adjustment for the Present on Admission (POA) indicator. Rates are per 1,000 discharges.



Section 4

Healthcare-Associated Infections (HAIs)

- ❖ **Understanding Measures for Healthcare-Associated Infections (HAIs)**
- ❖ **Central Line-Associated Bloodstream Infections (CLABSI) Data**
- ❖ **Preventing CLABSI**

Understanding Measures for Healthcare-Associated Infections

H **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 annually¹. **HAIs** result in extra days of hospitalization and higher health care costs. The estimated financial impact of **HAIs** is between \$28 billion and \$33 billion a year².

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

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

The **HAI** measures used in this report differ from the way the recommended care and PSI measures are calculated. The numbers are not scores or simple percentages; they are ratios called **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 "Lower than Expected" in the table on pages 44-45 identifies the better performing hospitals. Unlike recommended care measures and similar to PSIs, a lower ratio is better.**

The data used in this section are from 2009.

Which HAI is in this year's report?

This year's report focuses on the type of **HAI** that is the deadliest and most costly to treat, **Central Line-Associated Bloodstream Infections (CLABSIs)**. **CLABSIs** are primary bloodstream infections which occur when bacteria or other germs travel down a "central line," such as catheter, and enter the blood.

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 nationally per year with an estimated death rate of 12% to 25%³.

As of January 2010, New Jersey began collecting data on five measures. In addition to **CLABSI**, these measures include:

- ❖ Surgical Site Infection after Coronary Artery Bypass Graft (CABG) surgery

- ❖ Surgical Site Infection after abdominal hysterectomy
- ❖ Catheter Associated Urinary Tract Infections (CAUTI) in Adult ICUs
- ❖ Surgical Site Infections after Knee Arthroplasty

Next year's report will include some of these measures.

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 enter the blood.

What are the symptoms of CLABSI?

If you develop a catheter-associated bloodstream infection, you may become ill with fevers and chills or the skin around the catheter may become sore and red. **CLABSIs** can be prevented through proper management of the central line. (See page 46.)

What CLABSI data are included in this report?

CLABSIs are monitored in many inpatient locations within the hospital. **This report focuses on CLABSI events that occurred in adult or pediatric critical/intensive care units (CCUs or ICUs)** in each of the 72 acute care hospitals in New Jersey during 2009. Most **CLABSIs** occur in ICUs and CCUs, which have the sickest patients.



Where do the data come from?

New Jersey hospitals are required to report **CLABSI** events to the National Healthcare Safety Network (NHSN), a healthcare-associated infection surveillance and prevention system developed by the federal Centers for Disease Control and Prevention (CDC). This report uses **CLABSI** data reported to NHSN by New Jersey hospitals in 2009.

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

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 the CDC to track **HAIs** at a national, state, local or hospital level over time. In basic terms, the hospital **SIR** is the total number of “observed” or actual **CLABSI** events divided by the total number of “expected” **CLABSI** events, which is derived from the national baseline experience. More detailed explanations of the “observed” and “expected” number of **CLABSI** events as well as the **SIR** are provided below.

The table on pages 44 and 45 lists the “observed” number of **CLABSIs**, the “expected” number of **CLABSIs** and the corresponding **SIRs** for each hospital. For example, the 0.52 **SIR** for Jersey Shore

University Medical Center indicated in the table is derived from dividing their 9 observed **CLABSI** events by the 17.24 expected number of **CLABSI** events.

The hospital **SIRs** are then compared to the national experience, which is a baseline **SIR** of 1.0. The results are summarized under the column, “National Comparison,” in the table on pages 44 and 45. This column classifies the hospitals’ performances by “**Lower than Expected**,” “**Similar to Expected**,” or “**Higher than Expected**.” **A hospital has performed better than the national baseline if the National Comparison is stated as “Lower than Expected,”** as indicated in the table. These hospitals are better because they had fewer infections than what is predicted based on the national experience.

Hospitals labeled “**Higher than Expected**” are the lower performing hospitals because they had more infections than what the national experience predicted. Those hospitals that performed the same as or close to the national experience are labeled “**Similar to Expected**.”

Remember: “Lower than Expected” means the hospital had fewer infections and, therefore, performed better in preventing HAIs.

To fully understand how **HAIs** are measured and what it means, start with the definitions of “observed” and “expected” number of **HAI** events. If the following paragraphs seem too technical, skip and go directly to the section, “**Can we make conclusions about a hospital’s performance in preventing HAIs based on this data?**” on page 43.

What is the “observed” number of CLABSI events?

The “observed” number of **CLABSI** events is the total number of **CLABSI** events that occurred in all adult and pediatric ICUs and CCUs in a hospital. For example, the table on page 44 shows that Jersey Shore University Medical Center reported 9 **CLABSI** events in 2009.

What is the “expected” number of CLABSI events?

The expected number of **CLABSI** events shows the number of **CLABSI** events that would have occurred if the hospital’s performance had been the same as the national baseline experience. For example, had Jersey Shore University Medical Center performed the same as the national baseline in preventing



Continued on next page

CLABSIs, it would have had 17.24 **CLABSI** events, almost twice the observed number.

How can you compare hospitals, if some treat sicker patients than others?

Some hospitals treat sicker or older patients than others. Sicker patients who end up in the hospitals' ICUs or CCUs are more likely to develop healthcare-associated infections.

Hospitals affiliated with a medical school generally treat sicker patients than most hospitals. In addition, 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.



As a result, the CDC has developed a statistical method called “risk-adjustment” that standardizes the differences across hospitals and allows all hospitals to be measured 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 NJ data to “even out the playing field.”

To risk adjust, the expected number of **CLABSI** events in an ICU is calculated by multiplying the total number of central line days in the ICU (number of days patients were in the ICU with a catheter in place) by the national baseline **CLABSI** rate for the same type of ICU, with the same bed size and the same medical school affiliation. Central line days and national baseline **CLABSI** rates are not shown in the table but are included in the calculation.

The expected numbers of **CLABSI** events from all adult and pediatric ICUs and CCUs in a hospital are then summarized to calculate the total expected number of **CLABSI** events for the hospital.

The **CLABSI** rates of the national baseline population are based on data collected from all hospitals reporting **CLABSIs** to NHSN during January 2006 to December 2008. For more details, refer to the **HAI** Technical Report at www.nj.gov/health/hpr.

What is the Standardized Infection Ratio and how is it calculated?

As stated previously in section “How are HAIs measured and what do the measures mean?” the **CLABSI** data are summarized using the **SIR**. The **SIR**

adjusts for the fact that each hospital treats different types of patients. In the **CLABSI** context, the **SIR** compares the actual number of **CLABSI** events reported by a hospital with national baseline experience, adjusting for patients of varying risks within the hospital. In simpler terms, the hospital's **SIR** is the total number of “observed” **CLABSI** events divided by the total number of “expected” **CLABSI** events in the hospital. The table on pages 44-45 lists both the “observed” number of **CLABSIs**, the “expected” number of **CLABSIs** and the corresponding **SIR** for each hospital.

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. For example, the **SIR** for Jersey Shore University Medical Center is 0.52, which means the hospital had 48 percent fewer **CLABSI** events than the expected number of **CLABSI** events based on national 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 is the “National Comparison?”

In addition to displaying the “observed” and “expected” numbers of **CLABSI** events and the **SIRs**, the table on pages 44-45 includes a column labeled “National Comparison.” This column classifies the hospitals' performances as “Lower than Expected,” “Similar to Expected,”



or “Higher than Expected.” A hospital performed better than the national baseline if the National Comparison is stated as “Lower than Expected,” as indicated in the table.

In trying to determine a hospital’s performance, it is important to account for the fact that some differences occur simply due to chance. Although not shown in the table, 95% confidence intervals are used to determine how statistically certain is the conclusion that a hospital’s **SIR** is higher or lower than 1.0.

The 95% confidence intervals are not shown in the table in this report. For more details, refer to the HAI Technical Report at www.nj.gov/health/hpr.

A hospital’s **SIR** is statistically significantly lower than 1.0 if its 95% confidence interval falls completely below 1.0. In this case, the hospital is listed as “**Lower than Expected**” in the table. This means that fewer **CLABSI** 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 listed as “**Higher than Expected.**” This means that more **CLABSI** 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. In this

case, the hospital is listed as “**Similar to Expected.**” This means that adjusting for difference in the types of patients treated, the hospital’s performance on preventing **CLABSI** events was similar to the national baseline experience.

Why do some hospitals have a higher SIR but are labeled as better performing hospitals in the National Comparison column?

In the table on pages 44-45, the National Comparison column shows that some hospitals’ **SIRs** are lower than others but are labeled “Similar to Expected.” Other hospitals’ **SIRs** are higher but are labeled “Lower than Expected” (a better performing hospital). One of the reasons is that ratios calculated from hospitals with higher number of central line days are statistically more stable.

For instance, Meadowlands Hospital Medical Center’s **SIR** is 0.00 but its National Comparison is labeled “Similar to Expected,” while Jersey Shore University Medical Center’s **SIR** is 0.52 and its National Comparison is labeled “Lower than Expected.” This is because Jersey Shore University Medical Center had a much higher number of central line days. Jersey Shore University Medical Center reported a total of 8,960 central line days (not shown in the table), while Meadowlands Hospital Medical Center reported a total of 994 central line days. As a result, while there is high statistical certainty that it is not due to chance that Jersey Shore University Medical Center’s **SIR** is lower than 1.0, it cannot be concluded with statistical certainty that Meadowlands Hospital Medical Center’s **SIR** is lower than 1.0.

For more details, refer to the HAI technical report at www.nj.gov/health/hpr.

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

Please keep in mind some of the following issues before making conclusions about a hospital. Even though hospitals reviewed and verified the data used in this report, the data have not been audited by an independent agency. However, an official audit of the data is underway to address this concern for next year’s report.

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 **CLABSI** events. Therefore, it is important to use caution when interpreting the hospital **CLABSI** data.

- 1 Centers for Disease Control and Prevention: Estimates of Healthcare-Associated Infections. <http://www.cdc.gov/ncidod/dhqp/hai.html>, accessed October 8, 2010.
- 2 Scott, RD. The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention. http://www.cdc.gov/ncidod/dhqp/pdf/Scott_Cost_Paper.pdf, accessed October 8, 2010.
- 3 Kluger DM, Maki DG. The relative risk of intravascular device related bloodstream infections in adults [Abstract]. In: Abstracts of the 39th Interscience Conference on Antimicrobial Agents and Chemotherapy. San Francisco, CA: American Society for Microbiology, 1999:514. <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5110a1.htm>

Central Line-Associated Bloodstream Infections (CLABSIs)

Hospital Name	Observed Number of CLABSIs (O)	Expected Number of CLABSIs (E)	SIR=O/E	National Comparison (1)*
AtlantiCare Regional Medical Center-City	9	6.84	1.32	Similar to Expected
AtlantiCare Regional Medical Center-Mainland	5	8.26	0.61	Similar to Expected
Bayonne Medical Center	2	1.78	1.13	Similar to Expected
Bayshore Community Hospital	1	3.26	0.31	Similar to Expected
Bergen Regional Medical Center	0	1.10	0.00	Similar to Expected
Cape Regional Medical Center	1	2.42	0.41	Similar to Expected
Capital Health System at Fuld	13	6.16	2.11	Higher than Expected
Capital Health System at Mercer	5	3.09	1.62	Similar to Expected
CentraState Medical Center	1	2.76	0.36	Similar to Expected
Chilton Memorial Hospital	1	0.47	2.12	Similar to Expected **
Christ Hospital	2	3.18	0.63	Similar to Expected
Clara Maass Medical Center	4	11.80	0.34	Lower than Expected
Community Medical Center	2	3.43	0.58	Similar to Expected
Cooper Hospital/University Medical Center	3	25.19	0.12	Lower than Expected
Deborah Heart and Lung Center	3	5.38	0.56	Similar to Expected
East Orange General Hospital	0	4.17	0.00	Lower than Expected
Englewood Hospital and Medical Center	0	5.43	0.00	Lower than Expected
Hackensack University Medical Center	36	19.74	1.82	Higher than Expected
Hackettstown Regional Medical Center	0	1.01	0.00	Similar to Expected
Hoboken University Medical Center	0	2.07	0.00	Similar to Expected
Holy Name Hospital	4	3.04	1.32	Similar to Expected
Hunterdon Medical Center	2	3.74	0.54	Similar to Expected
JFK Medical Center	20	15.54	1.29	Similar to Expected
Jersey City Medical Center	2	8.97	0.22	Lower than Expected
Jersey Shore University Medical Center	9	17.24	0.52	Lower than Expected
Kennedy Mem. Hospitals UMC-Cherry Hill	1	3.55	0.28	Similar to Expected
Kennedy Mem. Hospitals UMC-Stratford	2	1.99	1.00	Similar to Expected
Kennedy Mem. Hospitals UMC-Wash. Twp.	1	5.05	0.20	Similar to Expected
Kimball Medical Center	1	2.21	0.45	Similar to Expected
Lourdes Medical Center of Burlington County	6	1.85	3.25	Higher than Expected
Meadowlands Hospital Medical Center	0	1.49	0.00	Similar to Expected
Memorial Hospital of Salem County	1	0.52	1.94	Similar to Expected **
Monmouth Medical Center	3	4.11	0.73	Similar to Expected
Morristown Memorial Hospital	3	13.43	0.22	Lower than Expected
Mountainside Hospital	2	5.94	0.34	Similar to Expected
Newark Beth Israel Medical Center	14	20.90	0.67	Similar to Expected
Newton Memorial Hospital	0	1.33	0.00	Similar to Expected
Ocean Medical Center	4	3.52	1.14	Similar to Expected
Our Lady of Lourdes Medical Center	4	12.48	0.32	Lower than Expected
Overlook Hospital	9	11.19	0.80	Similar to Expected

The Standardized Infection Ratio (SIR) is a summary of the observed or actual number of events divided by the number of expected events. The SIR allows hospitals to be compared to the national experience. The National Comparison shows how

well each hospital is doing compared to the national experience. Data is from 2009. NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer HAIs, in this case CLABSIs.

Hospital Name	Observed Number of CLABSIs (O)	Expected Number of CLABSIs (E)	SIR=O/E	National Comparison (1)*
Palisades Medical Center of New York	2	1.45	1.38	Similar to Expected
RWJ University Hospital at Hamilton	2	4.84	0.41	Similar to Expected
RWJ University Hospital at Rahway	0	4.06	0.00	Lower than Expected
Raritan Bay Medical Center-Old Bridge	3	2.13	1.41	Similar to Expected
Raritan Bay Medical Center-Perth Amboy	2	5.26	0.38	Similar to Expected
Riverview Medical Center	10	2.59	3.87	Higher than Expected
Robert Wood Johnson University Hospital	35	33.51	1.04	Similar to Expected
Shore Memorial Hospital	0	3.09	0.00	Similar to Expected
Somerset Medical Center	6	4.83	1.24	Similar to Expected
South Jersey Healthcare Regional Medical Center	2	3.50	0.57	Similar to Expected
South Jersey Hospital-Elmer	0	0.88	0.00	Similar to Expected **
Southern Ocean Medical Center	0	1.85	0.00	Similar to Expected
St. Barnabas Medical Center	12	20.95	0.57	Similar to Expected
St. Clare's Hospital-Denville	0	1.50	0.00	Similar to Expected
St. Clare's Hospital-Dover	0	0.97	0.00	Similar to Expected **
St. Clare's Hospital-Sussex	0	0.04	0.00	Similar to Expected **
St. Francis Medical Center	1	3.46	0.29	Similar to Expected
St. Joseph's Hospital and Medical Center	12	11.99	1.00	Similar to Expected
St. Joseph's Wayne Hospital	0	3.29	0.00	Similar to Expected
St. Mary's Hospital (Passaic)	4	5.25	0.76	Similar to Expected
St. Michael's Medical Center	10	10.94	0.91	Similar to Expected
St. Peter's University Hospital	6	9.50	0.63	Similar to Expected
Trinitas Hospital	6	5.30	1.13	Similar to Expected
UMDNJ-University Hospital	6	18.18	0.33	Lower than Expected
Underwood-Memorial Hospital	0	3.33	0.00	Similar to Expected
University Medical Center at Princeton	3	1.96	1.53	Similar to Expected
Valley Hospital	19	9.86	1.93	Higher than Expected
Virtua-Memorial Hospital Burlington County	4	6.53	0.61	Similar to Expected
Virtua-West Jersey Hospital Berlin	0	1.68	0.00	Similar to Expected
Virtua-West Jersey Hospital Marlton	4	3.48	1.15	Similar to Expected
Virtua-West Jersey Hospital Voorhees	3	4.73	0.63	Similar to Expected
Warren Hospital	0	1.80	0.00	Similar to Expected
Statewide	328	448.36	0.73	Lower than Expected

Source: New Jersey Healthcare-Associated Infections, 2009, submitted through the National Healthcare Safety Network (NHSN).

* 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).

** This hospital's expected number of CLABSIs is less than 1.0 due to low count of central line days. Interpret data with caution.

Notes: SIR = Standardized Infection Ratio defined as Observed / Expected.

Observed = Number of CLABSIs reported by each hospital for 2009.

Expected = Number of CLABSIs predicted using the model fitted from the NHSN data from 2006-2008.

This data set will serve as the baseline / benchmark for all future reports.

Hospital is listed as "Lower than Expected" if the 95% confidence interval (not shown) of the SIR is below 1.0.

Hospital is listed as "Similar to Expected" if the confidence interval (not shown) includes 1.0.

Hospital is listed as "Higher than Expected" if the confidence interval is above 1.0.

The greater the number of central line days, the narrower the confidence interval.

Preventing Central Line-Associated Bloodstream Infections

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

might need to be removed if a patient develops an infection. Below is a summary of steps to follow to help prevent CLABSIs from occurring.

What do hospitals advise nurses and doctors to 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 needed¹.

What can I do to help prevent a CLABSI?

- ❖ **Ask** your doctors and nurses to explain why you need the catheter and how long you will have it.
- ❖ **Ask** your doctors and nurses if they will be using all of the prevention methods discussed above.
- ❖ **Make sure** that all those caring for you clean their hands with soap and water or an alcohol-based hand rub before and after caring for you.
- ❖ **Tell** your nurse or doctor immediately if the bandage comes off or becomes wet or dirty.

- ❖ **Inform** your nurse or doctor if the area around your catheter is sore or red.
- ❖ **Do not let** visitors touch the catheter or the tubing.
- ❖ **Make sure** family and friends clean their hands with soap and water or an alcohol-based hand rub before and after visiting you¹.

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

¹ Centers for Disease Control and Prevention, APIC, Joint Commission, IDSA, AHA, SHEA, FAQ Sheet about "Catheter-Associated Bloodstream Infections" http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/BSI_tagged.pdf.





Section 5

Consumer Information

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

Taking an Active Role in Your Healthcare

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



Manage Your Medications Safely

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

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

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

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

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

Bring a list of all the medications you are taking if you are entering the hospital.

Include non-prescription medicines, herbal remedies and dietary supplements, such as vitamins.

Show the list of medicines to your doctor, surgeon, hospital pharmacist and hospital staff.

- ❖ If there isn't time to make a list, bring the medications and keep them in their containers.

- ❖ Make sure all your doctors know everything you are taking.

Bring all your medications and supplements with you to your doctor at least once a year, even if you are not being admitted to the hospital.

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

- ❖ While in the hospital, if a health care professional administers or replaces your IV solution, ask about the purpose and dosage.

Get the Results of all Tests and Procedures

Call your doctor and ask for your results, whether they 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 alternative treatments and non-surgical options, including the potential risks of each one.



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

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

When in the Hospital

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

Consider asking all health care workers that have direct contact with you if they have washed their hands. Hand washing prevents the spread of infections.

Ask your doctor whether he/she will be visiting you in the hospital or whether there will be a **hospitalist** instead. Many hospitals are hiring **hospitalists** to provide around the clock inpatient care and substitute for your personal physician.

Find out which hospital staff will develop your care plan.

- ❖ Who will be leading this function?
- ❖ How often will they meet to discuss your needs?

- ❖ How often will information be communicated to you and your family?

Understand the treatment plan you will use at home.

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

Take Charge

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

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

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

Keep a written record of your health history in one place. Check out AARP's web page, http://assets.aarp.org/external_sites/caregiving/homecare/health_history.html, for more information.

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

Learn your rights and responsibilities when in the hospital.

See Patient Rights Section on page 54.



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.

❖ **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.



Finding a Doctor



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

What to Look for in a Doctor

- ❖ If you have a specific condition, look for a doctor that has experience in treating your condition. Call the doctor's office staff and ask them questions.
- ❖ You may want a doctor who has privileges (is permitted to practice) at a particular hospital. Narrow your search by looking at just those doctors with admitting privileges to this hospital.
- ❖ Get information about the doctor's training and hospital affiliations. Find out if the doctor is board certified in his/her specialty area. "Certified" means that the doctor has completed a training program in a specific specialty. While board certification is a good measure of a doctor's knowledge, you can receive quality care from doctors who are not board certified.

Use the web sites listed in this section or call the doctor's office staff to get the answers. You can also call the American Board of Medical Specialties at (866) 275-2267 to find out if the doctor is board certified.
- ❖ Find out if there are any disciplinary actions against the doctor by contacting the NJ Healthcare Profile through their web site at www.NJdoctorlist.com.

- ❖ 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.

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

Choose a Doctor Carefully

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

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

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

Health Information & Referral

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

Health Care Conditions

Asthma Care

- ❖ **Asthma Information and Resources (DHSS):** NJ asthma programs and resources. www.nj.gov/health/fhs/asthma
- ❖ **Pediatric and Adult Asthma Programs (PACNJ):** Asthma programs and services in NJ. (908) 685-8040 ext. 320 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 (DHSS):** Various types of cancer and resources by NJ county. www.nj.gov/health/ccp
- ❖ **Cancer Initiatives (DHSS):** 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
- ❖ **Resources for Cancer Patients in New Jersey (NJCCR):** Information, resources, and support group locations. www.nj.gov/health/ccr/patientresources.htm

Cardiac Care

- ❖ **Cardiac Surgery in New Jersey (DHSS):** Coronary artery bypass graft surgery (CABG) death rates for NJ hospitals and physicians. www.nj.gov/health/healthcarequality/documents/cardconsumer06.pdf
- ❖ **Heart Health (AHA):** A wide range of cardiovascular and stroke topics. (800) 242-8721 or www.americanheart.org
- ❖ **Healthy Lungs (ALA):** Fighting and preventing lung disease, such as asthma, smoking, environmental health, and research. (800) 586-4872 or www.lungusa.org

Diabetes Care

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

Health Issues, Facts and Conditions

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



Seniors

- ❖ **Medicare and You/MyMedicare.gov (CMS):** Health and drug plan options; benefits, enrollment, eligibility and preventive health. (800) MEDICARE or www.medicare.gov/spotlights.asp#medicare2009
- ❖ **Medicare Preventive Services to Keep You Healthy (CMS):** Preventive information and services available to Medicare recipients. (800) MEDICARE or www.medicare.gov/health/overview.asp
- ❖ **Medicines and You: A Guide for Older Adults (FDA):** Importance of knowing your medicines to avoid problems. www.fda.gov/cder/consumerinfo/medANDYouEng.htm
- ❖ **NIHSeniorHealth.gov (NIA, NLM, NIH):** Authoritative and up-to-date health information. www.nihseniorHealth.gov
- ❖ **NJEASE (DHSS):** One telephone call to find NJ programs and benefits for seniors. (877) 222-3737 or www.nj.gov/health/senior/sanjease
- ❖ **Staying Healthy at 50+:** Guide to healthy living. (800) 358-9295 or www.ahrq.gov/ppip/50plus/50plus.pdf
- ❖ **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.niapublications.org/pubs/talking/index.asp

Preventive Care and General Health Information

- ❖ **Everyday Choices for a Healthier Life Style (ACS, ADA, AHA):** Disease prevention and early detection. www.everydaychoices.org
- ❖ **Healthfinder.gov:** Health information from the federal government and other resources. www.healthfinder.gov
- ❖ **Hospital and Consumer Information (Joint Commission):** Find accredited hospitals, disease specific hospitals for treatment and learn how to find reliable health information on the internet. www.JointCommission.org/GeneralPublic
- ❖ **NJ HMO Performance Report (DOBI):** Performance comparisons of NJ's managed care plans and consumer ratings. www.nj.gov/dobi/lhactuar.htm #hmoreports
- ❖ **NJ Prescription Drug Retail Price Registry (LPSCA):** Compare drug retail prices charged by pharmacies. (800)-242-5846. www.njdrugprices.nj.gov
- ❖ **Preventive Care Booklets (AHRQ):** Guides to healthy habits, screening tests, and immunizations. (800) 358-9295
 - The Pocket Guide to Good Health for Adults. www.ahrq.gov/ppip/adguide
 - The Pocket Guide to Good Health for Children. www.ahrq.gov/ppip/childguide
 - Men: Stay Healthy at Any Age. www.ahrq.gov/ppip/healthymen.htm
 - Women: Stay Healthy at Any Age. www.ahrq.gov/ppip/healthywom.htm
- ❖ **Your Guide to Choosing Quality Health Care (AHRQ):** Check lists and worksheets to help you choose a doctor, a hospital, or treatment. www.ahrq.gov/consumer/qntool.htm

KEY

- AAAAI:** American Academy of Allergy, Asthma and Immunology
- AACR:** American Association for Cancer Research
- ACS:** American Cancer Society
- ADA:** American Diabetes Association
- 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
- DHSS:** NJ Department of Health and Senior Services
- DOBI:** NJ Department of Banking and Insurance
- FDA:** Food and Drug Administration
- LPSCA:** NJ Law and Public Safety, Consumer Affairs
- NIA:** National Institute on Aging
- NIH:** National Institutes of Health
- NJCCR:** NJ Commission on Cancer Research
- NJEASE:** New Jersey Easy Access, Single Entry
- NLM:** National Library of Medicine
- PACNJ:** Pediatric/Asthma Coalition of NJ

Hospital Patients . . . Know Your Rights

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



Medical Care

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

- ❖ Receive appropriate assessment and treatment for pain.

Transfers

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

Communication and Information

- ❖ Be treated with courtesy, consideration and respect for your dignity and individuality.
- ❖ Know the names and functions of all physicians and other health care professionals directly caring for you.
- ❖ 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 and Senior Services unit that handles questions and complaints.

See Filing a Complaint on page 57 for details.



Health Care Quality Oversight

In addition to this performance report, other steps are taken to promote quality in New Jersey hospitals.

New Jersey Department of Health and Senior Services (DHSS)

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

Licensure: DHSS issues licenses to hospitals, ambulatory care, nursing homes and other healthcare facilities. You can access the names, addresses, licensure expiration dates and other information on the hospitals and nursing homes licensed by DHSS by visiting www.state.nj.us/health/healthfacilities/search/ac.shtml.

Inspections: To evaluate compliance with State regulatory standards, the Department conducts facility inspections and also responds to specific complaints. In addition, the Department conducts inspections under contract with 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 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 may also issue a monetary penalty or take other actions.

Patient Safety: DHSS oversees several initiatives that ensure the safety of inpatients in New Jersey hospitals.

- ❖ The **Patient Safety Reporting System** is responsible for collecting confidential information on medical errors from hospitals and ensuring that hospitals review these events to prevent reoccurrence.
- ❖ The **Patient Safety Indicators (PSIs)** are a data set developed by the Agency for Health Care Research and Quality (AHRQ) that measure the extent to which certain avoidable medical errors occur in each hospital. Recent legislation has mandated that DHSS publicly report this information for NJ hospitals. The results of the data can be found on pages 34-38 of this report. More detail can be found on the web at www.nj.gov/health/hpr.

The Joint Commission

The Joint Commission, formerly JCAHO, is an independent, not-for-profit national organization that evaluates and accredits nearly 15,000 health care organizations. All New Jersey hospitals are accredited by the Joint Commission. For additional information on specific hospitals, visit the Joint Commission web site at www.jointcommission.org, under Quality Check. You can also request a printed copy from the Customer Service Center at (630) 792-5800.





About a New Jersey Hospital and how it:

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

About a New Jersey Physician:

- Write...** New Jersey Board of Medical Examiners, PO Box 183
Trenton, NJ 08625-0183
- Visit...** www.njconsumeraffairs.gov/bme/bmeform.htm
- Call...** New Jersey Board of Medical Examiners at (609) 826-7100
to obtain a complaint form

About a New Jersey Nurse:

- Write...** New Jersey Board of Nursing, PO Box 45010, Newark, NJ 07101
- Call...** New Jersey Board of Nursing at (973) 504-6457

Quality Improvement Advisory Committee (QIAC)

QIAC is an advisory committee for the NJ Department of Health and Senior Services (DHSS) that provided advice on developing the report.

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Section 6

New Jersey General Acute Care Hospitals

New Jersey General Acute Care Hospitals

AtlantiCare Regional Medical Center—City Division

1925 Pacific Avenue
Atlantic City, NJ 08401
(609) 344-4081
www.atlanticare.org

AtlantiCare Regional Medical Center—Mainland Division

Jimmie Leeds Road
Pomona, NJ 08240
(609) 652-1000
www.atlanticare.org

Bayonne Medical Center

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

Bayshore Community Hospital

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

Bergen Regional Medical Center

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

Cape Regional Medical Center

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

Capital Health System at Fuld

750 Brunswick Avenue
Trenton, NJ 08638
(609) 394-6000
www.capitalhealth.org

Capital Health System at Mercer

446 Bellevue Avenue
Trenton, NJ 08618
(609) 394-4000
www.capitalhealth.org

CentraState Medical Center

901 West Main Street
Freehold, NJ 07728
(732) 431-2000
www.centrastate.com

Chilton Memorial Hospital

97 West Parkway
Pompton Plains, NJ 07444
(973) 831-5000
www.chiltonmemorial.org

Christ Hospital

176 Palisade Avenue
Jersey City, NJ 07306
(201) 795-8200
www.chrighthospital.org

Clara Maass Medical Center

One Clara Maass Drive
Belleville, NJ 07109
(973) 450-2000
www.sbhcs.com/hospitals/clara_maass

Community Medical Center

99 Route 37 West
Toms River, NJ 08755
(732) 557-8000
www.sbhcs.com/hospitals/community_medical

Cooper Hospital/University Medical Center

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

Section 6
New Jersey General Acute Care Hospitals



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
www.humed.com

**Hackettstown Regional
Medical Center**

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

**Hoboken University Medical
Center**

308 Willow Avenue
Hoboken, NJ 07030
(201) 418-1000
www.hobokenumc.com

Holy Name Hospital

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

Hunterdon Medical Center

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

Jersey City Medical Center

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

**Jersey Shore University Medical
Center**

1945 Route 33
Neptune, NJ 07753
(732) 775-5500
www.meridianhealth.com

JFK Medical Center

65 James Street
Edison, NJ 08818
(732) 321-7000
www.jfkmc.org

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

2201 Chapel Avenue West
Cherry Hill, NJ 08002
(856) 488-6500
www.kennedyhealth.org

**Kennedy Memorial Hospitals–UMC
Stratford Division**

18 East Laurel Road
Stratford, NJ 08084
(856) 346-6000
www.kennedyhealth.org

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

435 Hurffville-Cross Keys Road
Turnersville, NJ 08012
(856) 582-2500
www.kennedyhealth.org

New Jersey General Acute Care Hospitals

Kimball Medical Center

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

Lourdes Medical Center of Burlington County

218 Sunset Road
Willingboro, NJ 08046
(609) 835-2900
www.lourdesnet.org

Meadowlands Hospital Medical Center

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

Memorial Hospital of Salem County

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

Monmouth Medical Center

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

Morristown Memorial Hospital

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

Mountainside Hospital

1 Bay Avenue
Montclair, NJ 07042
(973) 429-6000
www.mountainsidenow.org

Newark Beth Israel Medical Center

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

Newton Memorial Hospital

175 High Street
Newton, NJ 07860
(973) 383-2121
www.nmhj.org

Ocean Medical Center

425 Jack Martin Boulevard
Brick, NJ 08724
(732) 840-2200
www.meridianhealth.com

Our Lady of Lourdes Medical Center

1600 Haddon Avenue
Camden, NJ 08103
(856) 757-3500
www.lourdesnet.org

Overlook Hospital

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

Palisades Medical Center of New York Presbyterian Healthcare System

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

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
www.meridianhealth.com

**Robert Wood Johnson
University Hospital**

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

**Robert Wood Johnson University
Hospital at 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

Shore Memorial Hospital

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

Somerset Medical Center

110 Rehill Avenue
Somerville, NJ 08876
(908) 685-2200
www.somersetmedicalcenter.com

**South Jersey Healthcare Regional
Medical Center**

1505 West Sherman Avenue
Vineland, NJ 08360
(856) 641-8000
www.sjhealthcare.net

South Jersey Hospital—Elmer

501 West Front Street
Elmer, NJ 08318
(856) 363-1000
www.sjhealthcare.net

Southern Ocean Medical Center

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

Saint Barnabas Medical Center

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

St. Clare's Hospital—Denville

25 Pocono Road
Denville, NJ 07834
(973) 625-6000
www.saintclares.org

St. Clare's Hospital—Dover

400 West Blackwell Street
Dover, NJ 07801
(973) 989-3000
www.saintclares.org

St. Clare's Hospital—Sussex

20 Walnut Street
Sussex, NJ 07461
(973) 702-2600
www.saintclares.org

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

www.stjosephshealth.org

St. Mary's Hospital (Passaic)

350 Boulevard
Passaic, NJ 07055
(973) 365-4300

www.smh-passaic.com

St. Michael's Medical Center

111 Central Avenue
Newark, NJ 07102
(973) 877-5000

www.smmcnj.org

St. Peter's University Hospital

254 Easton Avenue
New Brunswick, NJ 08901
(732) 745-8600

www.saintpetersuh.com

Trinitas Hospital

225 Williamson Street
Elizabeth, NJ 07207
(908) 994-5000

www.trinitashospital.com

UMDNJ–University Hospital

150 Bergen Street
Newark, NJ 07103
(973) 972-4300

www.theuniversityhospital.com

Underwood–Memorial Hospital

509 N. Broad Street
Woodbury, NJ 08096
(856) 845-0100

www.umhospital.org

University Medical Center at Princeton

253 Witherspoon Street
Princeton, NJ 08540
(609) 497-4000

www.princetonhcs.org

Valley Hospital

223 North Van Dien Avenue
Ridgewood, NJ 07450
(201) 447-8000

www.valleyhealth.com

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

Warren Hospital

185 Roseberry Street
Phillipsburg, NJ 08865
(908) 859-6700

www.warrenhospital.org



For questions about this report, please contact:

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

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

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

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

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

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

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HCQA Health Care Quality
Assessment

New Jersey 2010 Hospital Performance Report

A Consumer Report