HCQA Health Care Quality Assessment

A Consumer Report

# Hospital Performance Report

## New Jersey 2011


Chris Christie, Governor
Kim Guadagno, Lt. Governor

NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

Mary E. O'Dowd, MPH
Commissioner

# A Message

## From the Commissioner

Welcome to the New Jersey 2011 Hospital Performance Report, the New Jersey Department of Health and Senior Services eighth annual report on the quality of care in New Jersey hospitals.

Improving patient safety and ensuring high quality health care are top priorities of the Department of Health and Senior Services. All of our licensed health care facilities strive every day to reduce medical errors and healthcare-associated infections (HAIs) and to ensure that every patient receives the highest standards of care. Educating consumers about the performance of the facilities where they receive care is equally important because it empowers them to make informed decisions.

Closely following the federal government's yearly expansion of quality measures, the Department has added the following measures to this year's report:

- A Surgical Care Improvement Project (SCIP) measure
- Three HAI measures:
  - Catheter-Associated Urinary Tract Infection (CAUTI)
  - Two Surgical Site Infection (SSI) measures: SSI after Coronary Artery Bypass Graft (CABG) Surgery, and SSI after Abdominal Hysterectomy

The report still contains the same measures for:

- Recommended Care: heart attack, pneumonia, surgical care improvement project (SCIP) and heart failure
- 12 Patient Safety Indicators (PSI) mandated by law, and
- HAI measure for Central Line-Associated Blood Stream Infection (CLABSI), also required by legislation

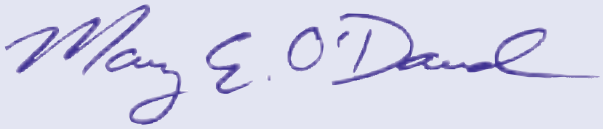
All the measures in this report are based on scientific evidence and research performed at the national level. The data is from 2010 except for the two new SSIs, which are based on 2009 data.

The Quality Improvement Advisory Committee (QIAC) is instrumental in developing this report and provides guidance to the Department on quality initiatives. QIAC members, who are leaders from the New Jersey hospital industry and health care providers, volunteer their energy and skills to advise the Department on high quality health care programs. These programs have helped position New Jersey in the forefront of other states.

For more data, consumer tips and other health care information, visit our web site at www.nj.gov/health/hpr. Learn about:

- How to prevent HAIs while in the hospital
- What you can do before having surgery to help prevent medical errors, and
- Tips on how to choose or locate a doctor in New Jersey

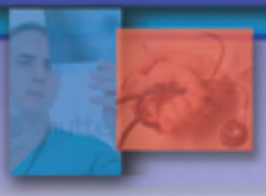
I hope you find the report useful. Please feel free to send us your feedback on the report or the web site at hospital.quality@doh.state.nj.us.



**Mary E. O'Dowd, MPH**
**Commissioner**
**Department of Health and Senior Services**

NEW JERSEY DEPARTMENT of HEALTH and SENIOR SERVICES

# Table of Contents




## Section 1: Using This Report . . . . . 3

- **Hospital Quality and Using This Report . . . . . 4**
  How to use this report
- **Guidelines to Understanding the Different Measure Sets . . . . . 6**
  How to interpret the data for the different measures

## Section 2: Recommended Care/Process of Care Measures . . . . . 7

- **Understanding and Using Recommended Care Measures. . . . 8**
  Essential information to understanding and using these measures
- **Importance of These Measures . . . 9**
  National data on the impact of these conditions
- **Overall Scores . . . . . 10**
  Heart Attack, Pneumonia, Surgical Care Improvement and Heart Failure
- **Basic Facts on Treating Heart Attacks . . . . . 12**
  Treatment measures and health care information
- **Heart Attack Treatment Scores . . 14**
  Overall Heart Attack Scores
  Aspirin at Arrival
  Aspirin at Discharge
  Beta Blocker at Discharge
  ACE Inhibitor or ARB at Discharge
  Smoking Cessation Advice
  PCI Within 90 Minutes
- **Basic Facts on Treating Pneumonia. . . . . 16**
  Treatment measures and health care information
- **Pneumonia Treatment Scores . . . 18**
  Overall Pneumonia Scores
  Pneumonia Vaccination
  Influenza Vaccination
  Antibiotic Timing
  Antibiotic Selection
  Blood Culture Before Initial Antibiotic
  Smoking Cessation Advice
- **Basic Facts on Surgical Care Improvement . . . . . 20**
  Treatment measures and health care information
- **Surgical Care Improvement Scores . . . . . 22**
  Overall Surgical Care Scores
  Preventive Antibiotic Started
  Preventive Antibiotic Stopped
  Appropriate Antibiotic Received
  Safe Hair Removal
  Urinary Catheter Removal
  Treatment Preventing Blood Clots Ordered
  Treatment Preventing Blood Clots Received
  Controlled Blood Sugar for Heart Surgery Patients
  Beta Blocker Continued Before and After Surgery
- **Basic Facts on Treating Heart Failure . . . . . 26**
  Treatment measures and health care information
- **Heart Failure Treatment Scores. . 28**
  Overall Heart Failure Scores
  Left Ventricular Systolic Function Assessment
  ACE Inhibitor or ARB at Discharge
  Discharge Instructions
  Smoking Cessation Advice
- **Statewide Scores Compared to National Scores . . . . . 30**
  New Jersey Recommended Care scores compared to national scores

## Section 3: Patient Safety Indicators (PSIs) . . . . . 31

- **Understanding and Using Patient Safety Indicators . . . . . 32**
  Essential information to understanding and using these measures
- **Basic Facts on Patient Safety Indicators . . . . . 34**
  Definitions and importance of measures
- **Patient Safety Indicator Rates. . . 36**
  New Jersey rates for 12 PSIs
- **New Jersey Statewide PSI Rates Compared to National Rates . . . . 40**
  New Jersey PSI rates compared to national rates

# Table of Contents

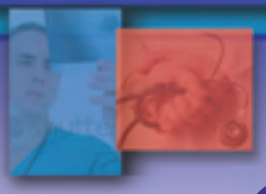

## Section 4: Healthcare-Associated Infections (HAIs) . . . . . 41

- **Understanding Measures for Healthcare-Associated Infections . . . . . 42**
  Essential information to understanding and using these measures
- **Central Line-Associated Bloodstream Infections (CLABSI) Data . . . . . 48**
  Ratios for CLABSI
- **Catheter-Associated Urinary Tract Infections (CAUTI) Data . . . . . 50**
  Ratios for CLABSI
- **Overall Surgical Site Infections (SSI) Data . . . . . 52**
  Composite ratios for all SSIs
- **Abdominal Hysterectomy Surgical Site Infections Data . . . . . 54**
  Ratios for Abdominal Hysterectomy SSIs
- **Coronary Artery Bypass Graft (CABG) Surgical Site Infections Data . . . . 56**
  Ratios for CABG SSIs
- **Preventing Surgical Site Infections (SSI) . . . . . 57**
  Techniques to help prevent SSIs
- **Preventing Central Line-Associated Bloodstream Infections (CLABSI) . . . . . 58**
  Techniques to help prevent CLABSI
- **More About Catheter-Associated Urinary Tract Infections (CAUTI) and How to Prevent Them . . . . . 59**
  Information and techniques to help prevent CAUTI
- **Handwashing Helps Prevent Infections . . . . . 60**
  Techniques for proper handwashing

## Section 5: Consumer Information . . . . . 61

- **Taking an Active Role in Your Health Care . . . . . 62**
  Patient responsibilities for maintaining health and understanding treatment options
- **Patient Safety Tips for Surgery . . 64**
  Questions to ask before surgery
- **Finding a Doctor . . . . . 65**
  What to look for in a doctor and web sites to find one
- **Health Information and Referral . . . . . 66**
  Health care resources
- **Hospital Patients... Know Your Rights . . . . . 68**
  Patient rights in New Jersey
- **Health Quality Oversight . . . . . 70**
  Government regulatory supervision
- **Filing a Complaint . . . . . 71**
  How to file a hospital complaint
- **Quality Improvement Advisory Committee (QIAC) . . . . . 72**
  Advisory committee on this report

## Section 6: New Jersey General Acute Care Hospitals . . . . . 73





# Section 1

## Using This Report

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

# Hospital Quality & Using This Report

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

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

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

## What measures are in the report?

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

### Recommended Care

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

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

This year, there is one new measure for SCIP, urinary catheter removal on the first and second day after surgery.

The data for the recommended care in this report is for the year 2010. See pages 7-30 for the data and basic facts on **recommended care**.

### Patient Safety Indicators (PSIs)

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

The report includes 12 **PSIs** identified by New Jersey State legislation. The data for **PSIs** in this report is for the year 2010. See pages 36-40 for the **PSI** data and pages 31-35 for basic facts on **PSIs**.

### Healthcare-Associated Infections (HAIs)

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

There are many different kinds of HAIs. Last year, we reported on central line-associated bloodstream infection (CLABSI), the first **HAI** to be

publicly reported in New Jersey. This year, we have added three measures:

- Catheter Associated Urinary Tract Infection (CAUTI)
- Surgical Site Infection (SSI) after Coronary Artery Bypass Graft (CABG) Surgery
- Surgical Site Infection (SSI) after Abdominal Hysterectomy.

HAI measures were developed at the federal level by the Centers for Disease Control and Prevention (CDC).

Data for the **CLABSI** and **CAUTI HAIs** are for the year **2010**. Data for the **SSI HAIs, CABG Surgery** and **Abdominal Hysterectomy** are for the year 2009 since they require a year to follow-up with the results.

See pages 48-56 for the **HAI** data, pages 41-47 for basic facts on **HAIs**, and pages 57-60 for preventing **HAIs**.

## Which hospitals are included?

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

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

Many consumers want a doctor's recommendation on hospitals. 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.

## Why are there so many different measures in this report?

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

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

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

## 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 |
|---|---|---|
| **Recommended Care (Process of Care)**<br><br>See pages 7-30 | **Higher Score is Better** | These measures are national benchmarks based on research that supports that these actions are the best care for patients with the specific condition. You ***want*** this type of care; you ***want*** the scores to be high, showing hospitals are delivering the correct care. |
| **Patient Safety Indicators (PSIs)**<br><br>See pages 31-40 | **Lower Rate is Better** | These measures show how many patient safety errors occurred in each hospital that could have potentially been avoided. You ***don't want*** the rate to be high; you ***want*** it to be low, showing fewer errors. |
| **Healthcare-Associated Infections (HAIs)**<br><br>See pages 41-60 | **Lower Ratio is Better** | These measures show the number of infections acquired by patients while in the hospital. You ***don't want*** the ratio to be high; you ***want*** it to be low, showing fewer healthcare-associated infections. |

# Section 2

## Recommended Care/ Process of Care Measures



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

# Understanding & Using Recommended Care (Process of Care) Measures

**Recommended Care Measures** show how often each hospital treats eligible patients with four common conditions: **heart attack, pneumonia, heart failure and patients having surgery**. These treatments have been scientifically proven at the national level by the Centers for Medicare and Medicaid Services (CMS) and the Joint Commission to get the best 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 2010. **Higher scores are better.**

## How is the information for recommended care collected and validated?

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

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

## What do the hospital scores mean?

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

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

**Each of the four conditions has an Overall Score.** An Overall Score is a summary of all the scores for the individual measures for each condition. The Overall Scores are shown on pages 10-11. Scores and descriptions for individual measures are provided on the pages 12-29.

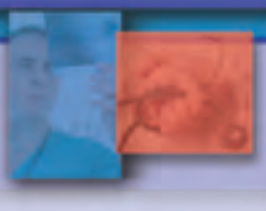
**All recommended care tables include the Top 10% and Top 50% performers for each measure.** These scores help determine which hospitals are among the top 10% or 50% of NJ hospitals for the specific measure. If your hospital has a score that is equal to or greater than the score displayed at the top 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 2010 included in these figures?

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

# Importance of These Measures

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



| Conditions | National Importance | Treatments Covered in This Report |
|---|---|---|
| **Heart Attack or Acute Myocardial Infarction (AMI)**<br>See pages 12-15 | There are 785,000 new heart attacks and 470,000 recurrent heart attacks annually, leading to 133,000 deaths. | • Aspirin at Arrival<br>• Aspirin at Discharge<br>• Beta Blocker at Discharge<br>• ACE Inhibitor/ARB at Discharge<br>• Smoking Cessation Advice<br>• PCI Within 90 Minutes |
| **Pneumonia**<br>See pages 16-19 | 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 55,000 annually). | • Pneumonia Vaccination<br>• Influenza Vaccination<br>• Antibiotic Timing<br>• Antibiotic Selection<br>• Blood Culture Before Initial Antibiotic<br>• Smoking Cessation Advice |
| **Surgical Care Improvement**<br>See pages 20-25 | **Surgical Care Infections** occur at an estimated 500,000 per year and account for approximately 17% of all healthcare-associated infections per year, the second most common type of medical error occurring in hospitalized patients.<br><br>**Blood Clots** occur in 25% of all major surgical procedures and result in over 50,000 deaths annually and are the most common preventable cause of hospital deaths.<br><br>**Cardiac Complications** occur in 2-5% of patients having non-cardiac surgery and 34% of patients having vascular surgery. | • Preventive Antibiotic Started<br>• Preventive Antibiotic Stopped<br>• Appropriate Antibiotic Received<br>• Safe Hair Removal<br>• Urinary Catheter Removal<br><br>• Treatment Preventing Blood Clots (VTE) Ordered<br>• Treatment Preventing Blood Clots (VTE) Received<br><br>• Beta Blocker Continued Before and After Surgery<br>• Controlled Blood Sugar for Heart Surgery Patients |
| **Heart Failure**<br>See pages 26-29 | Around 5.8 million people in the U.S. have heart failure; about 670,000 people are newly diagnosed annually. About one in five people die within one year from diagnosis. Heart failure contributed to approximately 283,000 annual deaths. | • Left Ventricular Systolic (LVS) Assessment<br>• ACE Inhibitor/ARB at Discharge<br>• Discharge Instructions<br>• Smoking Cessation Advice |

# Overall Scores

## Heart Attack, Pneumonia, Surgical Care Improvement and Heart Failure

*See footnotes at bottom of next page*

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

The scores summarize the percent of time that a hospital provided the correct care for heart attacks, pneumonia, heart failure and surgical patients in 2010. The Overall Score is a composite of the individual measures for each of the specific conditions. Hospitals are alphabetical by region and county. Higher scores are better. The goal is 100%.

| Region/County | Hospital Name | Heart Attack % | Pneumonia % | Surgical Care Improvement % | Heart Failure % |
|---|---|---|---|---|---|
| Top 10% of hospitals scored equal to or higher than† | | 100 | 99 | 99 | 100 |
| Top 50% of hospitals scored equal to or higher than† | | 99 | 97 | 97 | 98 |
| **CENTRAL (continued)** | | | | | |
| Mercer | St. Francis Medical Center | 99 | 95 | 96 | 97 |
| | University Medical Center at Princeton | 99 | 99 | 99 | 100 |
| Middlesex | JFK Medical Center | 97 | 96 | 94 | 93 |
| | Raritan Bay Medical Center-Old Bridge | 97 | 99 | 98 | 100 |
| | Raritan Bay Medical Center-Perth Amboy | 98 | 97 | 95 | 99 |
| | Robert Wood Johnson University Hospital | 99 | 95 | 97 | 97 |
| | St. Peter's University Hospital | 98 | 91 | 95 | 89 |
| Monmouth | Bayshore Community Hospital | 100 | 99 | 99 | 100 |
| | CentraState Medical Center | 99 | 98 | 91 | 95 |
| | Jersey Shore University Medical Center | 99 | 97 | 98 | 98 |
| | Monmouth Medical Center | 100 | 98 | 98 | 100 |
| | Riverview Medical Center | 100 | 99 | 99 | 100 |
| Ocean | Community Medical Center | 100 | 99 | 99 | 100 |
| | Kimball Medical Center | 100 | 100 | 97 | 97 |
| | Ocean Medical Center | 99 | 98 | 99 | 95 |
| | Southern Ocean Medical Center | 100 | 95 | 96 | 97 |
| Somerset | Somerset Medical Center | 98 | 96 | 98 | 99 |
| **SOUTH** | | | | | |
| Atlantic | AtlantiCare Regional Medical Center-City | 100 | 99 | 93 | 100 |
| | AtlantiCare Regional Medical Center-Mainland | 99 | 98 | 96 | 100 |
| | Shore Memorial Hospital | 100 | 99 | 99 | 98 |
| Burlington | Deborah Heart and Lung Center | 100 | 93 | 97 | 99 |
| | Lourdes Medical Center of Burlington County | 95 | 95 | 96 | 98 |
| | Virtua-Memorial Hospital Burlington County | 96 | 96 | 98 | 93 |
| | Virtua-West Jersey Hospital Marlton | 98 | 98 | 98 | 94 |
| Camden | Cooper Hospital/University Medical Center | 99 | 97 | 98 | 100 |
| | Kennedy Mem. Hospitals UMC-Cherry Hill | 99 | 98 | 99 | 98 |
| | Kennedy Mem. Hospitals UMC-Stratford | 100 | 98 | 98 | 97 |
| | Our Lady of Lourdes Medical Center | 100 | 99 | 98 | 100 |
| | Virtua-West Jersey Hospital Berlin | 100 | 99 | 95 | 94 |
| | Virtua-West Jersey Hospital Voorhees | 99 | 98 | 98 | 95 |
| Cape May | Cape Regional Medical Center | 98 | 96 | 97 | 95 |
| Cumberland | South Jersey Healthcare Regional Medical Center | 99 | 97 | 97 | 100 |
| Gloucester | Kennedy Mem. Hospitals UMC-Wash. Twp. | 95 | 97 | 98 | 94 |
| | Underwood-Memorial Hospital | 99 | 98 | 96 | 100 |
| Salem | Memorial Hospital of Salem County | 98 | 96 | 97 | 99 |
| | South Jersey Hospital-Elmer | 100 | 97 | 97 | 99 |

**Source: New Jersey Hospital Quality Data, 2010.**

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

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

# Basic Facts on Treating Heart Attacks

## Recommended Care

The scores on pages 14-15 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, pain in the upper abdomen, dizziness, faintness, chills, sweating or nausea, and/or a feeling of impending doom. Skin may feel cold or clammy, and patients may appear gray and look ill. Additional or different symptoms may occur for women. They can include heartburn, abdominal pain and/or unusual or unexplained fatigue. 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.

The data for this report is for the year 2010.

**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.

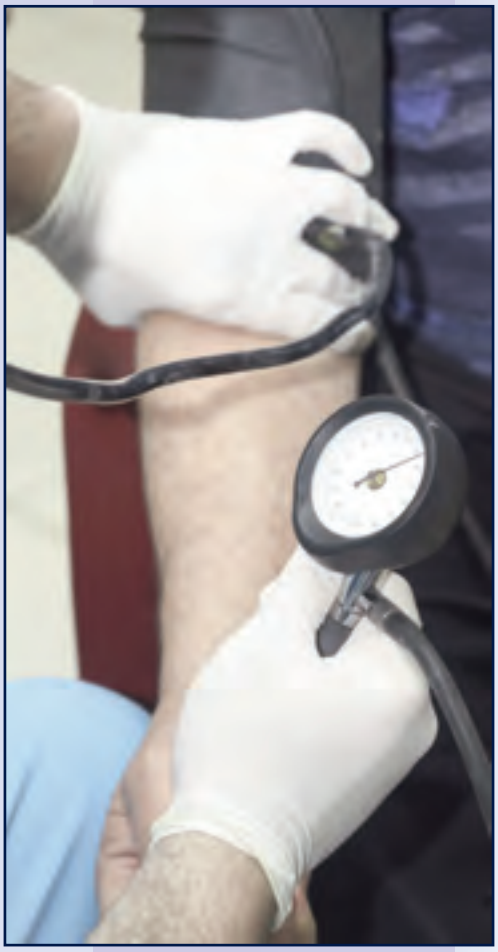
## Smoking Cessation Advice

- **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, refer to the table on the following pages. "NL" indicates that the hospital is not licensed to perform PCI. If a hospital has a score in the "PCI Within 90 Minutes" column, then the hospital is licensed to perform PCI.



# Heart Attack Treatment Scores

## Recommended Care

*See footnotes at bottom of next page*

| 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† | 99 | 100 | 100 | 100 | 100 | 100 | 89 |
| AtlantiCare Regional Medical Center-City | 100 | 100 | 100 ^ | 100 ^ | 100 ^ | 100 ^ | NL |
| Bayshore Community Hospital | 100 | 100 | 100 | 100 | 100 ^ | 100 ^ | NL |
| Clara Maass Medical Center | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| Community Medical Center | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| East Orange General Hospital | 100 | 100 | 100 | 100 | 100 ^ | 100 ^ | NL |
| Hackettstown Regional Medical Center | 100 | 100 | 100 | 100 | 100 ^ | 100 ^ | NL |
| Holy Name Hospital | 100 | 100 | 100 | 100 | 100 | 100 | 100 ^ |
| Kennedy Mem. Hospitals UMC-Stratford | 100 | 100 | 100 | 100 | 100 ^ | 100 ^ | NL |
| Meadowlands Hospital Medical Center | 100 | 100 | 100 ^ | 100 ^ | 100 ^ | NA | NL |
| Mountainside Hospital | 100 | 100 | 100 | 100 | 100 ^ | 100 ^ | 100 |
| Newark Beth Israel Medical Center | 100 | 100 | 100 | 100 | 100 | 100 | 100 ^ |
| RWJ University Hospital at Rahway | 100 | 100 | 100 | 100 | 100 ^ | 100 ^ | NL |
| Shore Memorial Hospital | 100 | 100 | 100 | 100 | 100 ^ | 100 ^ | NL |
| South Jersey Hospital-Elmer | 100 | 100 | 100 ^ | 100 ^ | 100 ^ | 100 ^ | NL |
| Southern Ocean County 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 ^ | NA | NL |
| Virtua-West Jersey Hospital Berlin | 100 | 100 | 100 ^ | 100 ^ | 100 ^ | 100 ^ | NL |
| Warren Hospital | 100 | 100 | 100 ^ | 100 ^ | 100 ^ | 100 ^ | NL |
| Deborah Heart and Lung Center | 100 | 100 | 100 | 100 | 98 | 100 | NA |
| Saint Barnabas Medical Center | 100 | 100 | 100 | 100 | 100 | 100 | 97 |
| Kimball Medical Center | 100 | 100 | 98 | 100 | 100 ^ | 100 ^ | NL |
| Riverview Medical Center | 100 | 100 | 100 | 100 | 100 ^ | 100 | 96 |
| Monmouth Medical Center | 100 | 99 | 100 | 100 | 100 ^ | 100 ^ | 100 ^ |
| Our Lady of Lourdes Medical Center | 100 | 99 | 100 | 100 | 100 | 100 | 89 ^ |
| Englewood Hospital and Medical Center | 100 | 100 | 100 | 100 | 100 | 100 | 94 |
| Underwood-Memorial Hospital | 99 | 100 | 100 | 100 | 100 ^ | 100 | 97 |
| Cooper Hospital/University Medical Center | 99 | 100 | 99 | 100 | 98 | 100 | 87 ^ |
| Bayonne Medical Center | 99 | 100 | 100 | 100 | 100 ^ | 100 | 83 ^ |
| University Medical Center at Princeton | 99 | 99 | 100 | 100 | 100 ^ | 100 ^ | 96 |
| Virtua-West Jersey Hospital Voorhees | 99 | 98 | 100 | 100 | 100 ^ | 100 ^ | NL |
| Newton Medical Center | 99 | 100 | 100 | 97 | 100 ^ | 100 ^ | NL |
| Hackensack University Medical Center | 99 | 100 | 99 | 99 | 98 | 100 | 95 |
| Robert Wood Johnson University Hospital | 99 | 100 | 100 | 100 | 99 | 100 | 86 |
| St. Joseph's Hospital and Medical Center | 99 | 100 | 100 | 99 | 93 | 100 | 99 |
| Ocean Medical Center | 99 | 100 | 98 | 100 | 91 ^ | 100 ^ | 94 |
| Jersey Shore University Medical Center | 99 | 100 | 99 | 99 | 100 | 100 | 92 |
| Palisades Medical Center of New York | 99 | 98 | 100 | 100 | 100 ^ | 100 ^ | NL |

The scores summarize the percent of time that a hospital gave patients the correct care for heart attacks in 2010. 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† | 99 | 100 | 100 | 100 | 100 | 100 | 89 |
| CentraState Medical Center | 99 | 98 | 100 | 100 | 100 ^ | 100 ^ | NL |
| St. Joseph's Wayne Hospital | 99 | 97 | 100 | 100 | 100 ^ | 100 ^ | NL |
| St. Clare's Hospital-Denville | 99 | 100 | 99 | 100 | 100 ^ | 100 ^ | 91 |
| Hoboken University Medical Center | 99 | 98 | 100 ^ | 100 ^ | 96 | 100 | NL |
| AtlantiCare Regional Medical Center-Mainland | 99 | 100 | 100 | 99 | 100 ^ | 100 ^ | 89 |
| South Jersey Healthcare Regional Medical Center | 99 | 99 | 97 | 100 | 96 ^ | 100 ^ | NL |
| Hunterdon Medical Center | 99 | 99 | 100 | 99 | 100 ^ | 100 ^ | 96 |
| Kennedy Mem. Hospitals UMC-Cherry Hill | 99 | 98 | 100 | 98 | 100 | 100 | NL |
| UMDNJ-University Hospital | 99 | 100 | 100 | 100 | 100 | 100 | 80 |
| St. Francis Medical Center | 99 | 99 | 99 | 100 | 91 | 100 | 69 |
| Morristown Memorial Hospital | 98 | 99 | 100 | 99 | 100 ^ | 100 ^ | 88 |
| Chilton Memorial Hospital | 98 | 99 | 99 | 100 | 100 ^ | 100 ^ | 89 |
| Capital Health System at Fuld | 98 | 97 | 100 ^ | 100 ^ | 100 ^ | 100 | NL |
| Virtua-West Jersey Hospital Marlton | 98 | 100 | 99 | 99 | 100 | 100 | 84 |
| Somerset Medical Center | 98 | 99 | 99 | 99 | 80 ^ | 100 ^ | 87 |
| Memorial Hospital of Salem County | 98 | 100 | 100 ^ | 100 ^ | 100 | 100 | NL |
| Raritan Bay Medical Center-Perth Amboy | 98 | 99 | 97 | 98 | 96 | 100 | 90 |
| Valley Hospital | 98 | 99 | 98 | 98 | 100 ^ | 100 | 89 |
| St. Mary's Hospital (Passaic) | 98 | 98 | 100 | 100 | NA | 100 ^ | 75 ^ |
| Cape Regional Medical Center | 98 | 100 | 94 ^ | 94 ^ | 100 ^ | 100 ^ | NL |
| St. Peter's University Hospital | 98 | 99 | 100 | 97 | 94 | 100 | 80 ^ |
| Jersey City Medical Center | 98 | 100 | 98 | 96 | 100 ^ | 100 ^ | 87 |
| Capital Health System at Mercer | 97 | 100 | 98 | 96 | 100 ^ | 100 ^ | 80 ^ |
| Raritan Bay Medical Center-Old Bridge | 97 | 98 | 90 | 100 | 87 | 100 ^ | NL |
| JFK Medical Center | 97 | 99 | 99 | 99 | 90 ^ | 100 ^ | 83 |
| Christ Hospital | 96 | 97 | 95 | 96 | 95 | 100 | 94 |
| St. Michael's Medical Center | 96 | 99 | 94 | 96 | 93 | 100 | 67 ^ |
| Virtua-Memorial Hospital Burlington County | 96 | 100 | 98 | 99 | 86 | 90 ^ | 48 |
| Overlook Hospital | 95 | 99 | 96 | 97 | 100 ^ | 100 ^ | 82 |
| Lourdes Medical Center of Burlington County | 95 | 97 | 88 | 97 | 100 ^ | 100 | NL |
| RWJ University Hospital at Hamilton | 95 | 94 | 97 | 100 | 100 ^ | 100 ^ | 77 |
| Kennedy Mem. Hospitals UMC-Wash. Twp. | 95 | 98 | 89 | 91 | 96 | 100 | NL |
| Trinitas Hospital | 94 | 97 | 95 | 95 | 100 ^ | 100 ^ | 76 |
| Bergen Regional Medical Center | 93 | 100 ^ | 92 ^ | 83 ^ | 100 ^ | 100 ^ | NL |

**Source: New Jersey Hospital Quality Data, 2010.**

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

# Basic Facts on Treating Pneumonia

## Recommended Care

The scores on pages 18-19 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.

The data in this report is for the year 2010.

**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

*See footnotes at bottom of next page*

| 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 | 99 | 100 | 100 |
| Top 50% of hospitals scored equal to or higher than† | 97 | 98 | 96 | 98 | 95 | 98 | 100 |
| Kimball Medical Center | 100 | 100 | 99 | 100 | 100 | 100 | 100 |
| St. Clare's Hospital-Dover | 100 | 100 | 98 | 100 | 100 | 100 | 100 |
| St. Clare's Hospital-Denville | 99 | 100 | 100 | 99 | 98 | 99 | 100 |
| Clara Maass Medical Center | 99 | 100 | 100 | 100 | 96 | 99 | 100 |
| Our Lady of Lourdes Medical Center | 99 | 98 | 99 | 100 | 100 | 99 | 100 |
| Palisades Medical Center of New York | 99 | 100 | 99 | 100 | 99 | 98 | 100 ^ |
| St. Clare's Hospital-Sussex | 99 | 100 | 100 | 100 | 97 | 98 | 100 ^ |
| Newark Beth Israel Medical Center | 99 | 100 | 100 | 98 | 98 | 98 | 100 |
| Riverview Medical Center | 99 | 100 | 99 | 98 | 98 | 99 | 100 |
| Community Medical Center | 99 | 100 | 100 | 99 | 94 | 100 | 100 |
| Virtua-West Jersey Hospital Berlin | 99 | 99 | 96 | 99 | 98 | 100 | 100 |
| Raritan Bay Medical Center-Old Bridge | 99 | 99 | 99 | 98 | 98 | 100 | 100 |
| Bayshore Community Hospital | 99 | 99 | 99 | 99 | 95 | 100 | 100 |
| Warren Hospital | 99 | 100 | 98 | 98 | 97 | 99 | 100 |
| AtlantiCare Regional Medical Center-City | 99 | 100 | 100 | 97 | 96 | 100 | 100 |
| Shore Memorial Hospital | 99 | 100 | 99 | 99 | 96 | 99 | 100 |
| University Medical Center at Princeton | 99 | 98 | 99 | 98 | 99 | 99 | 100 ^ |
| Valley Hospital | 99 | 99 | 99 | 98 | 97 | 99 | 100 ^ |
| East Orange General Hospital | 99 | 98 | 99 | 100 | 92 | 99 | 100 |
| Monmouth Medical Center | 98 | 98 | 98 | 99 | 98 | 99 | 100 |
| Kennedy Mem. Hospitals UMC-Stratford | 98 | 98 | 98 | 99 | 96 | 99 | 100 |
| Underwood-Memorial Hospital | 98 | 99 | 98 | 97 | 98 | 99 | 100 |
| AtlantiCare Regional Medical Center-Mainland | 98 | 100 | 100 | 97 | 96 | 99 | 100 |
| Virtua-West Jersey Hospital Voorhees | 98 | 99 | 97 | 99 | 95 | 99 | 100 |
| Saint Barnabas Medical Center | 98 | 97 | 97 | 99 | 97 | 100 | 100 |
| Kennedy Mem. Hospitals UMC-Cherry Hill | 98 | 99 | 100 | 97 | 95 | 98 | 100 |
| Virtua-West Jersey Hospital Marlton | 98 | 99 | 99 | 97 | 94 | 100 | 100 |
| Holy Name Hospital | 98 | 100 | 100 | 96 | 94 | 99 | 100 |
| Ocean Medical Center | 98 | 98 | 96 | 98 | 97 | 98 | 100 |
| CentraState Medical Center | 98 | 98 | 97 | 99 | 95 | 97 | 96 |
| St. Mary's Hospital (Passaic) | 97 | 97 | 98 | 98 | 95 | 97 | 100 |
| Englewood Hospital and Medical Center | 97 | 97 | 96 | 98 | 99 | 98 | 100 ^ |
| South Jersey Hospital-Elmer | 97 | 96 | 98 | 94 | 100 | 98 | 100 ^ |
| South Jersey Healthcare Regional Medical Center | 97 | 100 | 100 | 92 | 99 | 98 | 100 |
| Newton Medical Center | 97 | 97 | 95 | 99 | 95 | 97 | 100 |
| Jersey Shore University Medical Center | 97 | 96 | 94 | 99 | 94 | 100 | 100 |
| Jersey City Medical Center | 97 | 99 | 97 | 100 | 94 | 92 | 100 |
| RWJ University Hospital at Hamilton | 97 | 97 | 95 | 97 | 94 | 99 | 100 |

The scores summarize the percent of time that a hospital gave patients the correct care for pneumonia in 2010.

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

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 | 99 | 100 | 100 |
| Top 50% of hospitals scored equal to or higher than† | 97 | 98 | 96 | 98 | 95 | 98 | 100 |
| Hackettstown Regional Medical Center | 97 | 98 | 93 | 99 | 95 | 98 | 100 ^ |
| Bayonne Medical Center | 97 | 98 | 99 | 99 | 93 | 96 | 100 |
| Kennedy Mem. Hospitals UMC-Wash. Twp. | 97 | 96 | 96 | 97 | 98 | 97 | 99 |
| Cooper Hospital/University Medical Center | 97 | 89 | 96 | 99 | 98 | 96 | 100 |
| Raritan Bay Medical Center-Perth Amboy | 97 | 99 | 90 | 98 | 95 | 96 | 100 |
| Overlook Hospital | 96 | 98 | 100 | 97 | 91 | 96 | 91 |
| St. Michael's Medical Center | 96 | 93 | 92 | 96 | 97 | 100 | 100 |
| Meadowlands Hospital Medical Center | 96 | 94 | 92 | 100 | 95 | 97 | 100 ^ |
| Virtua-Memorial Hospital Burlington County | 96 | 95 | 95 | 99 | 95 | 96 | 100 |
| Cape Regional Medical Center | 96 | 95 | 93 | 98 | 96 | 94 | 100 |
| Chilton Memorial Hospital | 96 | 98 | 96 | 96 | 87 | 97 | 100 |
| Memorial Hospital of Salem County | 96 | 94 | 91 | 99 | 91 | 98 | 100 |
| Hackensack University Medical Center | 96 | 92 | 94 | 98 | 99 | 99 | 99 |
| Hunterdon Medical Center | 96 | 94 | 94 | 97 | 96 | 97 | 94 |
| RWJ University Hospital at Rahway | 96 | 97 | 94 | 95 | 94 | 97 | 94 |
| Somerset Medical Center | 96 | 94 | 90 | 98 | 95 | 98 | 100 |
| JFK Medical Center | 96 | 96 | 94 | 93 | 94 | 98 | 100 |
| Mountainside Hospital | 95 | 92 | 92 | 95 | 100 | 99 | 98 |
| St. Francis Medical Center | 95 | 93 | 90 | 92 | 97 | 99 | 100 |
| St. Joseph's Wayne Hospital | 95 | 95 | 92 | 95 | 94 | 98 | 100 |
| Southern Ocean County Hospital | 95 | 95 | 95 | 96 | 93 | 94 | 100 |
| Robert Wood Johnson University Hospital | 95 | 97 | 92 | 96 | 92 | 94 | 100 |
| Morristown Memorial Hospital | 95 | 96 | 94 | 90 | 97 | 97 | 100 |
| Lourdes Medical Center of Burlington County | 95 | 84 | 86 | 100 | 97 | 99 | 100 |
| Capital Health System at Mercer | 94 | 90 | 88 | 98 | 93 | 95 | 100 |
| Christ Hospital | 94 | 90 | 89 | 98 | 92 | 98 | 100 |
| Deborah Heart and Lung Center | 93 | 90 | 91 ^ | 100 ^ | NA | NA | 100 ^ |
| Bergen Regional Medical Center | 93 | 94 | 89 | 94 | 92 | 94 | 91 ^ |
| Hoboken University Medical Center | 93 | 91 | 90 | 93 | 89 | 97 | 100 ^ |
| St. Joseph's Hospital and Medical Center | 91 | 88 | 81 | 97 | 87 | 96 | 100 |
| Trinitas Hospital | 91 | 98 | 96 | 88 | 74 | 96 | 100 |
| St. Peter's University Hospital | 91 | 96 | 95 | 87 | 84 | 90 | 100 |
| Capital Health System at Fuld | 91 | 82 | 83 | 93 | 91 | 96 | 100 |
| UMDNJ-University Hospital | 90 | 92 | 96 | 91 | 91 | 82 | 98 |

**Source: New Jersey Hospital Quality Data, 2010.**

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

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

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

§ Influenza Vaccination includes information for January, February, October, November, and December 2010 discharges only.

# Basic Facts on Surgical Care Improvement

## Recommended Care

The scores on pages 22-25 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). The data is for 2010.

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.

### Preventive Antibiotic Stopped Within 24 Hours

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

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

### Appropriate Antibiotic Received

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

### 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.

## Urinary Catheter Removal

✤ **This score tells you** the percent of surgery patients who had a urinary catheter removed on the first or second day after surgery.

✤ **This information is important** because medical research has shown that the longer a catheter is in place, the greater the risk of the patient getting a urinary tract infection (UTI). This measure excludes patients who had a urological, gynecological or perineal procedure.

## Treatment Preventing Blood Clots (VTEs) Ordered

✤ **This score tells you** the percent of patients with certain types of surgeries whose doctors **ordered** treatments to prevent blood clots, called venous thromboembolism (VTE) prophylaxis, anytime from hospital arrival to 48 hours after surgery has ended.

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

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

## Treatment Preventing Blood Clots (VTEs) Received

✤ **This score tells you** the percent of patients who **received** the appropriate treatment to prevent blood clots called venous thromboembolism (VTE) at the right time.

✤ **This information is important** because venous thrombosis is a condition in which blood clots (thrombus) form in the vein, usually in the leg, thigh or pelvis, and may limit blood flow, causing swelling, redness and pain. If the clot breaks off, it can lodge itself in the lungs, causing a pulmonary embolism, which can lead to death.

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

## Controlled Blood Sugar for Heart Surgery Patients

✤ **This score tells you** the percent of all heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery.

✤ **This information is important** because all heart surgery patients get their blood sugar checked after surgery. Any patient who has high blood sugar after heart surgery has a greater chance of getting an infection.

## Beta Blocker Continued Before and After Surgery

✤ **This score tells you** the percent of surgery patients who were taking heart drugs called beta blockers before coming to the hospital and were kept on the beta blockers during the period just before and after their surgery.

✤ **This information is important** because when heart patients who take beta blockers suddenly stop taking them, they can experience heart problems. Although it is standard procedure to stop patients' medications before and after their surgery, staying on beta blockers before and after surgery makes it less likely problems will occur.

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

# Surgical Care Improvement (SCIP) Scores

## Recommended Care

*See footnotes at bottom of next page*

| Hospital Name | Overall Score % | Preventive Antibiotic Started % | Preventive Antibiotic Stopped % | Appropriate Antibiotic Received % | Safe Hair Removal % | Urinary Catheter Removal % |
|---|---|---|---|---|---|---|
| Top 10% of hospitals scored equal to or higher than† | 99 | 100 | 99 | 99 | 100 | 98 |
| Top 50% of hospitals scored equal to or higher than† | 97 | 99 | 97 | 98 | 100 | 93 |
| Jersey City Medical Center | 100 | 100 | 100 | 100 | 100 | 100 |
| Clara Maass Medical Center | 99 | 100 | 98 | 99 | 100 | 99 |
| Kennedy Mem. Hospitals UMC-Cherry Hill | 99 | 100 | 99 | 100 | 100 | 99 |
| Newark Beth Israel Medical Center | 99 | 100 | 100 | 99 | 100 | 99 |
| Bayshore Community Hospital | 99 | 100 | 97 | 98 | 100 | 99 |
| Community Medical Center | 99 | 99 | 98 | 99 | 100 | 89 |
| Overlook Hospital | 99 | 99 | 98 | 98 | 100 | 97 |
| Holy Name Hospital | 99 | 99 | 99 | 98 | 100 | 99 |
| Shore Memorial Hospital | 99 | 100 | 98 | 98 | 100 | 94 |
| Riverview Medical Center | 99 | 100 | 98 | 99 | 100 | 97 |
| University Medical Center at Princeton | 99 | 98 | 99 | 97 | 100 | 97 |
| Ocean Medical Center | 99 | 100 | 96 | 99 | 100 | 96 |
| Warren Hospital | 99 | 100 | 97 | 99 | 100 | 96 |
| Jersey Shore University Medical Center | 98 | 100 | 98 | 99 | 100 | 97 |
| Raritan Bay Medical Center-Old Bridge | 98 | 100 | 98 | 99 | 100 | 97 |
| St. Michael's Medical Center | 98 | 100 | 99 | 99 | 100 | 95 |
| Virtua-West Jersey Hospital Marlton | 98 | 99 | 97 | 100 | 100 | 95 |
| Englewood Hospital and Medical Center | 98 | 99 | 98 | 99 | 100 | 97 |
| Monmouth Medical Center | 98 | 100 | 97 | 97 | 100 | 96 |
| Virtua-Memorial Hospital Burlington County | 98 | 97 | 98 | 99 | 100 | 96 |
| Virtua-West Jersey Hospital Voorhees | 98 | 99 | 97 | 99 | 100 | 88 |
| Palisades Medical Center of New York | 98 | 100 | 95 | 100 | 100 | 86 |
| RWJ University Hospital at Rahway | 98 | 100 | 99 | 99 | 100 | 87 |
| Kennedy Mem. Hospitals UMC-Stratford | 98 | 98 | 98 | 99 | 100 | 93 |
| Kennedy Mem. Hospitals UMC-Wash. Twp. | 98 | 99 | 98 | 99 | 99 | 88 |
| Cooper Hospital/University Medical Center | 98 | 97 | 98 | 97 | 100 | 96 |
| Somerset Medical Center | 98 | 99 | 99 | 99 | 100 | 83 |
| Our Lady of Lourdes Medical Center | 98 | 100 | 95 | 98 | 100 | 93 |
| UMDNJ-University Hospital | 98 | 99 | 97 | 97 | 100 | 97 |
| St. Joseph's Wayne Hospital | 98 | 99 | 98 | 98 | 100 | 97 |
| Saint Barnabas Medical Center | 98 | 100 | 97 | 98 | 100 | 92 |
| East Orange General Hospital | 97 | 98 | 93 | 98 | 100 | 87 |
| Kimball Medical Center | 97 | 100 | 93 | 99 | 100 | 88 |
| St. Clare's Hospital-Denville | 97 | 99 | 97 | 98 | 100 | 88 |
| Bayonne Medical Center | 97 | 100 | 95 | 100 | 100 | 87 |
| South Jersey Hospital-Elmer | 97 | 98 | 98 | 99 | 100 | 90 |
| Morristown Memorial Hospital | 97 | 96 | 97 | 97 | 100 | 95 |
| Memorial Hospital of Salem County | 97 | 96 | 99 | 98 | 100 | 86 |

The scores summarize the percent of time that a hospital gave patients the correct care for preventing infection in surgical patients in 2010. The Overall Score is a composite of the eight surgical care improvement scores, excluding VTE Prophylaxis Ordered.

**Higher Scores Are Better. The goal is 100%.**

| Hospital Name | Overall Score % | Preventive Antibiotic Started % | Preventive Antibiotic Stopped % | Appropriate Antibiotic Received % | Safe Hair Removal % | Urinary Catheter Removal % |
|---|---|---|---|---|---|---|
| Top 10% of hospitals scored equal to or higher than† | 99 | 100 | 99 | 99 | 100 | 98 |
| Top 50% of hospitals scored equal to or higher than† | 97 | 99 | 97 | 98 | 100 | 93 |
| Cape Regional Medical Center | 97 | 99 | 98 | 97 | 100 | 92 |
| South Jersey Healthcare Regional Medical Center | 97 | 98 | 95 | 97 | 100 | 96 |
| Deborah Heart and Lung Center | 97 | 98 | 93 | 100 | 100 | 98 |
| Robert Wood Johnson University Hospital | 97 | 97 | 96 | 98 | 100 | 91 |
| Hackettstown Regional Medical Center | 96 | 98 | 92 | 95 | 100 | 97 |
| Hunterdon Medical Center | 96 | 99 | 98 | 99 | 100 | 85 |
| Trinitas Hospital | 96 | 100 | 98 | 97 | 99 | 87 |
| Southern Ocean County Hospital | 96 | 99 | 94 | 99 | 100 | 94 |
| St. Joseph's Hospital and Medical Center | 96 | 97 | 96 | 97 | 100 | 94 |
| Underwood-Memorial Hospital | 96 | 96 | 93 | 97 | 100 | 88 |
| Chilton Memorial Hospital | 96 | 98 | 95 | 96 | 100 | 89 |
| AtlantiCare Regional Medical Center-Mainland | 96 | 97 | 93 | 97 | 100 | 93 |
| Valley Hospital | 96 | 99 | 96 | 97 | 100 | 95 |
| Lourdes Medical Center of Burlington County | 96 | 99 | 96 | 97 | 100 | 81 |
| Mountainside Hospital | 96 | 98 | 90 | 95 | 100 | 95 |
| RWJ University Hospital at Hamilton | 96 | 99 | 95 | 96 | 100 | 89 |
| St. Francis Medical Center | 96 | 96 | 89 | 98 | 100 | 98 |
| St. Clare's Hospital-Dover | 96 | 100 | 95 | 100 | 100 | 88 |
| Capital Health System at Fuld | 95 | 99 | 91 | 95 | 100 | 84 |
| Hackensack University Medical Center | 95 | 100 | 96 | 97 | 100 | 91 |
| Raritan Bay Medical Center-Perth Amboy | 95 | 99 | 96 | 94 | 100 | 94 |
| Capital Health System at Mercer | 95 | 99 | 96 | 95 | 100 | 82 |
| St. Peter's University Hospital | 95 | 98 | 95 | 99 | 91 | 93 |
| Virtua-West Jersey Hospital Berlin | 95 | 100 ^ | 94 ^ | 94 ^ | 100 | 64 ^ |
| Bergen Regional Medical Center | 95 | 100 | 100 | 96 | 100 | 91 ^ |
| JFK Medical Center | 94 | 98 | 94 | 96 | 99 | 74 |
| St. Mary's Hospital (Passaic) | 94 | 98 | 88 | 96 | 100 | 93 |
| Newton Medical Center | 94 | 96 | 90 | 90 | 100 | 90 |
| AtlantiCare Regional Medical Center-City | 93 | 97 | 94 | 93 | 100 | 74 |
| Christ Hospital | 93 | 96 | 90 | 95 | 100 | 94 |
| St. Clare's Hospital-Sussex | 92 | 100 ^ | 100 ^ | 75 ^ | 100 ^ | 88 ^ |
| Hoboken University Medical Center | 92 | 100 | 94 | 96 | 100 | 80 |
| CentraState Medical Center | 91 | 96 | 92 | 95 | 99 | 90 |
| Meadowlands Hospital Medical Center | 90 | 98 | 92 | 91 | 100 | 100 ^ |

*continued on next page*

**Source: New Jersey Hospital Quality Data, 2010.**

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

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

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

# Surgical Care Improvement (SCIP) Scores

## Recommended Care

*See footnotes at bottom of next page*

| Hospital Name | Overall Score % | VTE Prophylaxis Ordered % | VTE Prophylaxis Received % | Controlled Blood Sugar % | Beta Blocker Continued % |
|---|---|---|---|---|---|
| Top 10% of hospitals scored equal to or higher than†: | 99 | 100 | 99 | 98 | 100 |
| Top 50% of hospitals scored equal to or higher than†: | 97 | 98 | 96 | 97 | 96 |
| Jersey City Medical Center | 100 | 100 | 99 | 98 | 100 |
| Clara Maass Medical Center | 99 | 100 | 100 | NA | 100 |
| Kennedy Mem. Hospitals UMC-Cherry Hill | 99 | 100 | 100 | NA | 94 |
| Newark Beth Israel Medical Center | 99 | 98 | 98 | 97 | 100 |
| Bayshore Community Hospital | 99 | 100 | 98 | NA | 98 |
| Community Medical Center | 99 | 100 | 100 | NA | 100 |
| Overlook Hospital | 99 | 100 | 98 | NA | 99 |
| Holy Name Hospital | 99 | 99 | 98 | NA | 98 |
| Shore Memorial Hospital | 99 | 99 | 98 | NA | 98 |
| Riverview Medical Center | 99 | 98 | 97 | NA | 98 |
| University Medical Center at Princeton | 99 | 99 | 98 | NA | 100 |
| Ocean Medical Center | 99 | 98 | 98 | NA | 99 |
| Warren Hospital | 99 | 99 | 98 | NA | 99 |
| Jersey Shore University Medical Center | 98 | 99 | 98 | 97 | 97 |
| Raritan Bay Medical Center-Old Bridge | 98 | 98 | 99 | NA | 93 |
| St. Michael's Medical Center | 98 | 96 | 92 | 98 | 100 |
| Virtua-West Jersey Hospital Marlton | 98 | 99 | 98 | NA | 99 |
| Englewood Hospital and Medical Center | 98 | 96 | 95 | 98 | 100 |
| Monmouth Medical Center | 98 | 99 | 98 | NA | 98 |
| Virtua-Memorial Hospital Burlington County | 98 | 99 | 98 | NA | 97 |
| Virtua-West Jersey Hospital Voorhees | 98 | 98 | 97 | NA | 99 |
| Palisades Medical Center of New York | 98 | 100 | 100 | NA | 98 |
| RWJ University Hospital at Rahway | 98 | 97 | 95 | NA | 96 |
| Kennedy Mem. Hospitals UMC-Stratford | 98 | 100 | 99 | NA | 95 |
| Kennedy Mem. Hospitals UMC-Wash. Twp. | 98 | 98 | 98 | NA | 93 |
| Cooper Hospital/University Medical Center | 98 | 100 | 99 | 94 | 98 |
| Somerset Medical Center | 98 | 99 | 97 | NA | 93 |
| Our Lady of Lourdes Medical Center | 98 | 100 | 99 | 97 | 96 |
| UMDNJ-University Hospital | 98 | 97 | 95 | 93 | 100 |
| St. Joseph's Wayne Hospital | 98 | 97 | 94 | NA | 94 |
| Saint Barnabas Medical Center | 98 | 94 | 91 | 98 | 100 |
| East Orange General Hospital | 97 | 100 | 100 | NA | 92 |
| Kimball Medical Center | 97 | 97 | 94 | NA | 98 |
| St. Clare's Hospital-Denville | 97 | 98 | 97 | NA | 95 |
| Bayonne Medical Center | 97 | 98 | 96 | NA | 92 |
| South Jersey Hospital-Elmer | 97 | 96 | 96 | NA | 96 |
| Morristown Memorial Hospital | 97 | 99 | 99 | 90 | 92 |
| Memorial Hospital of Salem County | 97 | 99 | 99 | NA | 81 |

The scores summarize the percent of time that a hospital gave patients the correct care for preventing infection in surgical patients in 2010. The Overall Score is a composite of the eight surgical care improvement scores, excluding VTE Prophylaxis Ordered.

Higher scores are better. The goal is 100%.

| Hospital Name | Overall Score % | VTE Prophylaxis Ordered % | VTE Prophylaxis Received % | Controlled Blood Sugar % | Beta Blocker Continued % |
|---|---|---|---|---|---|
| Top 10% of hospitals scored equal to or higher than† | 99 | 100 | 99 | 98 | 100 |
| Top 50% of hospitals scored equal to or higher than† | 97 | 98 | 96 | 97 | 96 |
| Cape Regional Medical Center | 97 | 94 | 92 | NA | 94 |
| South Jersey Healthcare Regional Medical Center | 97 | 94 | 94 | NA | 95 |
| Deborah Heart and Lung Center | 97 | 79 | 79 | 91 | 99 |
| Robert Wood Johnson University Hospital | 97 | 98 | 98 | 88 | 99 |
| Hackettstown Regional Medical Center | 96 | 94 | 95 | NA | 100 |
| Hunterdon Medical Center | 96 | 96 | 94 | NA | 89 |
| Trinitas Hospital | 96 | 93 | 93 | NA | 98 |
| Southern Ocean County Hospital | 96 | 96 | 92 | NA | 92 |
| St. Joseph's Hospital and Medical Center | 96 | 93 | 89 | 92 | 99 |
| Underwood-Memorial Hospital | 96 | 99 | 97 | NA | 86 |
| Chilton Memorial Hospital | 96 | 95 | 93 | NA | 95 |
| AtlantiCare Regional Medical Center-Mainland | 96 | 95 | 92 | 98 | 91 |
| Valley Hospital | 96 | 92 | 85 | 97 | 89 |
| Lourdes Medical Center of Burlington County | 96 | 99 | 96 | NA | 91 |
| Mountainside Hospital | 96 | 96 | 88 | NA | 99 |
| RWJ University Hospital at Hamilton | 96 | 94 | 92 | NA | 95 |
| St. Francis Medical Center | 96 | 98 | 98 | 77 | 98 |
| St. Clare's Hospital-Dover | 96 | 92 | 91 | NA | 100 |
| Capital Health System at Fuld | 95 | 97 | 97 | NA | 95 |
| Hackensack University Medical Center | 95 | 84 | 83 | 95 | 92 |
| Raritan Bay Medical Center-Perth Amboy | 95 | 89 | 89 | NA | 91 |
| Capital Health System at Mercer | 95 | 92 | 91 | NA | 96 |
| St. Peter's University Hospital | 95 | 97 | 96 | NA | 91 |
| Virtua-West Jersey Hospital Berlin | 95 | 94 | 94 | NA | 100 ^ |
| Bergen Regional Medical Center | 95 | 88 | 88 | NA | 75 ^ |
| JFK Medical Center | 94 | 90 | 89 | NA | 88 |
| St. Mary's Hospital (Passaic) | 94 | 89 | 87 | 86 | 93 |
| Newton Medical Center | 94 | 92 | 92 | NA | 93 |
| AtlantiCare Regional Medical Center-City | 93 | 98 | 94 | 100 ^ | 68 |
| Christ Hospital | 93 | 84 | 83 | NA | 92 |
| St. Clare's Hospital-Sussex | 92 | 100 ^ | 90 ^ | NA | 50 ^ |
| Hoboken University Medical Center | 92 | 87 | 79 | NA | 81 |
| CentraState Medical Center | 91 | 81 | 81 | NA | 76 |
| Meadowlands Hospital Medical Center | 90 | 64 | 68 | NA | 100 ^ |

**Source: New Jersey Hospital Quality Data, 2010.**

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

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

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

# Basic Facts on Treating Heart Failure

## Recommended Care

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.

The data in this report is for the year 2010.

**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

*See footnotes at bottom of next page*

| 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† | 98 | 100 | 99 | 97 | 100 |
| AtlantiCare Regional Medical Center-City | 100 | 100 | 100 | 100 | 100 |
| AtlantiCare Regional Medical Center-Mainland | 100 | 100 | 100 | 100 | 100 |
| Bayshore Community Hospital | 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 |
| South Jersey Healthcare Regional Medical Center | 100 | 100 | 100 | 100 | 100 |
| Underwood-Memorial Hospital | 100 | 100 | 100 | 100 | 100 |
| University Medical Center at Princeton | 100 | 100 | 100 | 100 | 100 ^ |
| UMDNJ-University Hospital | 100 | 100 | 100 | 100 | 100 |
| Jersey City Medical Center | 100 | 100 | 100 | 100 | 100 |
| Riverview Medical Center | 100 | 100 | 100 | 100 | 100 |
| East Orange General Hospital | 100 | 100 | 99 | 100 | 100 |
| Community Medical Center | 100 | 100 | 100 | 99 | 100 |
| Monmouth Medical Center | 100 | 100 | 100 | 99 | 100 |
| Raritan Bay Medical Center-Old Bridge | 100 | 100 | 98 | 100 | 100 ^ |
| Our Lady of Lourdes Medical Center | 100 | 100 | 100 | 99 | 100 |
| Cooper Hospital/University Medical Center | 100 | 100 | 99 | 100 | 100 |
| Palisades Medical Center of New York | 100 | 99 | 100 | 100 | 100 ^ |
| Saint Barnabas Medical Center | 100 | 100 | 100 | 99 | 100 ^ |
| Raritan Bay Medical Center-Perth Amboy | 99 | 100 | 98 | 99 | 100 |
| Newton Medical Center | 99 | 100 | 98 | 99 | 100 |
| Memorial Hospital of Salem County | 99 | 99 | 100 | 99 | 100 |
| South Jersey Hospital-Elmer | 99 | 100 | 93 | 100 | 100 ^ |
| Deborah Heart and Lung Center | 99 | 100 | 94 | 100 | 100 |
| St. Joseph's Hospital and Medical Center | 99 | 98 | 98 | 100 | 100 |
| Warren Hospital | 99 | 100 | 100 | 96 | 100 ^ |
| Somerset Medical Center | 99 | 98 | 100 | 100 | 100 |
| Hackettstown Regional Medical Center | 99 | 100 | 100 | 96 | 100 ^ |
| Shore Memorial Hospital | 98 | 100 | 98 | 97 | 100 |
| Mountainside Hospital | 98 | 100 | 99 | 96 | 100 ^ |
| St. Clare's Hospital-Dover | 98 | 100 | 96 | 97 | 100 ^ |
| Christ Hospital | 98 | 99 | 92 | 100 | 100 |
| Kennedy Mem. Hospitals UMC-Cherry Hill | 98 | 100 | 92 ^ | 96 | 100 |
| Englewood Hospital and Medical Center | 98 | 99 | 99 | 95 | 100 |
| Jersey Shore University Medical Center | 98 | 100 | 98 | 94 | 100 |

The scores summarize the percent of time that a hospital gave patients the correct care for heart failure in 2010. The Overall Score is a composite of the four heart failure scores.

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† | 98 | 100 | 99 | 97 | 100 |
| Lourdes Medical Center of Burlington County | 98 | 98 | 93 | 98 | 100 |
| Capital Health System at Mercer | 97 | 98 | 99 | 96 | 100 |
| Kennedy Mem. Hospitals UMC-Stratford | 97 | 98 | 96 | 96 | 100 |
| Robert Wood Johnson University Hospital | 97 | 100 | 99 | 93 | 100 |
| Morristown Memorial Hospital | 97 | 100 | 89 | 98 | 100 |
| St. Francis Medical Center | 97 | 100 | 98 | 93 | 100 |
| St. Joseph's Wayne Hospital | 97 | 100 | 95 | 93 | 100 ^ |
| Southern Ocean County Hospital | 97 | 100 | 97 | 92 | 100 |
| Capital Health System at Fuld | 97 | 98 | 95 | 96 | 100 |
| St. Clare's Hospital-Sussex | 97 | 100 | 100 ^ | 92 | 100 ^ |
| Bayonne Medical Center | 97 | 94 | 98 | 100 | 100 ^ |
| Kimball Medical Center | 97 | 100 | 99 | 90 | 100 |
| St. Mary's Hospital (Passaic) | 97 | 100 | 100 | 90 | 100 |
| St. Michael's Medical Center | 97 | 100 | 97 | 91 | 100 |
| RWJ University Hospital at Hamilton | 96 | 100 | 95 | 92 | 100 |
| Hackensack University Medical Center | 96 | 100 | 97 | 91 | 100 |
| St. Clare's Hospital-Denville | 96 | 100 | 97 | 90 | 100 |
| Chilton Memorial Hospital | 96 | 100 | 93 | 91 | 100 |
| Virtua-West Jersey Hospital Voorhees | 95 | 100 | 99 | 87 | 100 |
| CentraState Medical Center | 95 | 100 | 99 | 88 | 96 |
| Ocean Medical Center | 95 | 99 | 98 | 89 | 100 |
| RWJ University Hospital at Rahway | 95 | 100 | 99 | 82 | 100 |
| Trinitas Hospital | 95 | 98 | 86 | 93 | 100 |
| Cape Regional Medical Center | 95 | 100 | 93 | 88 | 100 |
| Meadowlands Hospital Medical Center | 95 | 91 | 94 | 99 | 100 ^ |
| Kennedy Mem. Hospitals UMC-Wash. Twp. | 94 | 100 | 91 | 87 | 100 |
| Overlook Hospital | 94 | 97 | 88 | 93 | 97 |
| Virtua-West Jersey Hospital Marlton | 94 | 99 | 97 | 84 | 100 |
| Hunterdon Medical Center | 94 | 99 | 98 | 85 | 100 ^ |
| Virtua-West Jersey Hospital Berlin | 94 | 100 | 100 | 82 | 100 |
| JFK Medical Center | 93 | 100 | 94 | 82 | 100 |
| Virtua-Memorial Hospital Burlington County | 93 | 99 | 95 | 83 | 100 |
| Valley Hospital | 92 | 99 | 92 | 80 | 100 ^ |
| St. Peter's University Hospital | 89 | 99 | 97 | 71 | 100 |

**Source: New Jersey Hospital Quality Data, 2010.**

† 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

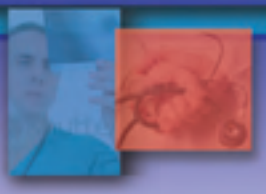
The table below compares statewide scores to national scores for Recommended Care Measures. New Jersey scores for the 25 recommended care measures are the same as in the tables on the previous pages, which are based on data collected from hospital medical records for 2010. The National Scores are from the Centers for Medicare and Medicaid Services (CMS) for the same year and from the same database.

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

For 2010, New Jersey performed better than the national average on most recommended care quality measures. Of the 25 recommended care measures, New Jersey hospital performance exceeded national scores on 15 measures and was equal to national norms on eight measures. New Jersey fell below national scores for two measures, Controlled Blood Sugar for Heart Surgery 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 | 99 |
| | Aspirin at Discharge | 99 | 99 |
| | Beta Blocker at Discharge | 99 | 99 |
| | ACEI / ARB at Discharge | 98 | 97 |
| | Smoking Cessation Advice | 100 | 100 |
| | PCI within 90 Minutes | 89 | 91 |
| | | | |
| Pneumonia | Pneumococcal Vaccination | 96 | 95 |
| | Influenza Vaccination | 95 | 94 |
| | Antibiotic Timing - 6 Hours | 97 | 96 |
| | Antibiotic Selection | 95 | 93 |
| | Blood Cultures | 97 | 96 |
| | Smoking Cessation Advice | 100 | 98 |
| | | | |
| Heart Failure | LVS Assessment | 99 | 99 |
| | ACEI / ARB at Discharge | 97 | 95 |
| | Discharge Instructions | 94 | 91 |
| | Smoking Cessation Advice | 100 | 99 |
| | | | |
| Surgical Care Improvement | Preventive Antibiotic Started | 98 | 97 |
| | Preventive Antibiotic Stopped | 96 | 96 |
| | Appropriate Antibiotic Received | 98 | 98 |
| | Safe Hair Removal | 100 | 100 |
| | Urinary Catheter Removal | 93 | 91 |
| | VTE Prophylaxis Ordered | 96 | 95 |
| | VTE Prophylaxis Received | 95 | 94 |
| | Controlled Blood Sugar for Heart Surgery Patients | 93 | 94 |
| | Beta Blocker Continued | 96 | 94 |



# 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 medical errors or "adverse events" that occur during surgeries, medical procedures, and child birth. These measures of occurrence of adverse events or serious medical errors among hospitalized patients are called **Patient Safety Indicators (PSIs)**.

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

**PSIs** differ from the way the recommended care measures are calculated. Unlike the recommended care measures, **a lower rate in PSIs indicates better performance by a hospital. With PSIs, lower rates mean fewer medical errors or adverse events.** In addition, the numbers on the **PSI** tables on pages 36-39 are not scores or simple percentages, as used with the recommended care measures; they are either rates or actual volume of medical errors.

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

## How is the data collected?

The data comes from the New Jersey hospital discharge database also known as the Uniform Bill (UB) data. Hospitals submit these data to the state. The data used for this analysis are from 2010.

## What do the rates mean?

The **PSIs** tables on pages 36-39 show the occurrence of medical errors or adverse events in each of the 72 licensed hospitals in New Jersey. Each PSI measure shows the extent to which patients experience a particular problem during their hospital stay. A rate is expressed as the number of complications or medical errors per 1,000 eligible hospital discharges.

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

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

## How are the rates calculated?

Hospitals that treat sicker or older patients may be unfairly compared to other hospitals with healthier patients. It is very important to make adjustments for such differences, so that hospitals may be compared fairly. The **PSIs** rates in this report were calculated by applying the AHRQ **PSIs** Software (Version 4.2) to the 2010 hospital discharge (UB) data. The software is known for its strength in performing "risk-adjustment".

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

Since 2008, hospitals have been reporting data on Present on Admission (POA) for each patient on their UB forms. Patients may have other illnesses and conditions (comorbidities) upon admission in addition to the health problem for which they were admitted. It is often difficult to separate these pre-existing conditions from new health problems acquired during hospitalization. The POA indicator identifies these pre-existing conditions and those that occur during the hospital stay. This way, patients with the POA can be excluded from the rate calculation, when appropriate, so that performance comparison remains fair and balanced.

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

## How do I read the table?

The footnote labels, "better than statewide average" and "worse than statewide average," shown at the bottom of the tables on pages 36-39 describe the interpretation of the **PSI** rates in a meaningful way. These labels help identify hospitals that have better than average, average, or worse than average performances compared to the statewide performance, which is shown on the top row of the table and labeled "Statewide Rate." Confidence Intervals are used to identify those hospitals that have 'worse than average' or 'better than average' complication rates when compared to statewide average.

When a hospital's rate is marked by a single asterisk, it means the hospital's performance is better than the statewide average, meaning fewer adverse events than the statewide rate.

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

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

Hospital rates are determined after adjusting for the risk factors of their patients. A hospital's rate is 'worse than average' if its 95% confidence interval falls completely above the statewide rate. By comparison, a hospital's rate is 'better than average' if its 95% confidence interval falls completely below the statewide rate.

Some rates that appear large are not marked as 'worse than average' while others that appear small are not marked as 'better than average.' The reason for such cases may be that rates calculated from small numbers of events tend to have wider confidence intervals that make the statewide rate fall within the interval, giving the appearance of good performance by that hospital compared to a hospital whose rates are based on large numbers of events.

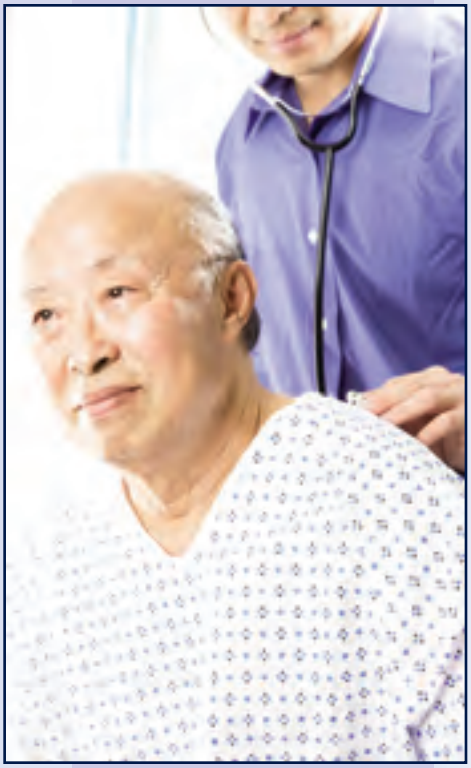
Information on confidence intervals is not shown in the tables on pages 36-39 but is included in the calculations and can be found in the technical report at www.nj.gov/health/hpr.

**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?

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

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



# Basic Facts About Patient Safety Indicators (PSIs)

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

**Lower rates are better and mean fewer medical errors.**

## Foreign Body Left in During Procedure:

- **This indicator is measured using volume of occurrence – not a rate.** It tells you the number of patients who had a foreign object accidentally left in their body during surgical or medical procedures. It is considered a never-event and happens very rarely. All cases with pre-existing conditions are excluded from the measure.
- **This information is important** because 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 such incidents need to put systems in place to prevent recurrence.

## 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. The medical term for this accident is iatrogenic (unfavorable response after a medical/surgical treatment) pneumothorax (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 surgical discharges (operating room procedures).
- **This information is important** because a patient who experiences a fall after an operation and breaks his/her hip bone is a type of medical error that is usually preventable. A fall can happen for different reasons, such as being given too much pain medication, having too little supervision when trying to walk after an operation or it may just happen. This is a very rare event.

## Postoperative Hemorrhage or Hematoma:

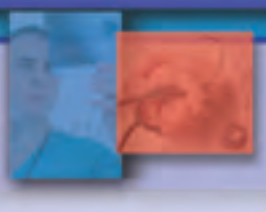
- **This rate tells you** the number of patients with **postoperative** hemorrhage (too much bleeding) or **postoperative** hematoma (large blood clot) or drainage of hematoma per 1,000 surgical discharges following a surgical procedure.
- **This information is important** because a hematoma is a large 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 that get a serious bloodstream infection (nosocomial postoperative sepsis) after surgery per 1,000 elective surgery patients. A serious infection of the bloodstream caused by toxin-producing bacteria, known as sepsis, can occur after surgery. The rate excludes patients with pre-existing infections as well as those with compromised immunity system such as cancer. Obstetric patients are also excluded.
- **This information is important** because it tells you the level of care provided by the hospital to prevent sepsis (infections) in patients. Analysis of these particular infections may provide a screen for potential medical errors and a method for



monitoring trends in infections over time.

Hospitals following the appropriate 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) **(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 surgical operation is accidently split open (wound dehiscence). **Abdominopelvic surgical procedures include** those performed on the stomach, liver, spleen, gallbladder, pancreas, kidneys, most of the small and large intestines, urinary bladder and internal reproductive organs. The rate excludes patients with pre-existing conditions (POA) and all obstetric admissions.

- **This information is important** because it shows you how often a surgical wound in the stomach or pelvic area 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 lacerations during a medical procedure per 1,000 discharges. The number excludes patient with pre-existing conditions as well as obstetric admissions.

- **This information is important** because 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 indicator is measured using volume of occurrence – not a rate.** It tells you the number of patients who had a **bad reaction to a blood transfusion**. It is considered a never-event and happens very rarely. All cases with pre-existing conditions are excluded from the measure.

- **This information is important** because it measures major reactions to blood transfusions. 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 1000 live births caused by medical complications during labor and delivery. The rate excludes some pre-term 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) **during instrument-assisted vaginal deliveries** per 1,000 discharges.

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

## Obstetric Trauma - Vaginal Delivery without Instrument:

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

- **This information is important** because it **tells you the number of potentially preventable injuries** or lacerations that 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 (PSI) Rates 2010 per 1,000 hospital discharges

*See footnotes at bottom of next page*

| Hospital Name | Foreign body left in 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 (2008) | 184 | 0.5 | 0.1 | 3.4 | 9.4 | 12.7 |
| Statewide number of adverse events (2010) | 27 | 292 | 6 | 435 | 1,461 | 256 |
| Statewide average rate (2010) | N/A | 0.3 | 0.0 | 3.7 | 6.6 | 14.5 |
| Atlanticare Regional Medical Center-City | 0 | 0.3 | 0.0 | 0.9 | 4.7 | 24.5 |
| Atlanticare Regional Medical Center-Mainland | 0 | 0.0 | 0.0 | 2.1 | 5.5 | 20.5 |
| Bayonne Medical Center | 0 | 0.5 | 0.0 | 4.4 | 7.5 | 71.6 ^ ** |
| Bayshore Community Hospital | 0 | 0.4 | 1.7 ** | 1.5 | 2.3 | 27.6 |
| Bergen Regional Medical Center | 0 | 0.0 | 0.0 | 0.0 | 15.0 | 64.0 |
| Cape Regional Medical Center | 0 | 0.4 | 0.0 | 4.0 | 1.5 * | 26.1 |
| Capital Health Regional Medical Center | 0 | 0.1 | 0.0 | 2.3 | 11.9 ** | 14.9 |
| Capital Health System at Mercer | 1 | 0.0 | 2.2 ** | 3.3 | 4.5 | 24.6 |
| CentraState Medical Center | 1 | 0.6 | 0.0 | 4.1 | 4.8 | 21.3 |
| Chilton Memorial Hospital | 0 | 0.9 ** | 0.0 | 6.4 | 3.6 | 0.0 |
| Christ Hospital | 0 | 0.4 | 0.0 | 3.9 | 2.8 | 50.7 ** |
| Clara Maass Medical Center | 0 | 0.3 | 0.0 | 2.3 | 2.4 * | 39.7 ** |
| Community Medical Center | 0 | 0.2 | 0.0 | 4.1 | 4.0 | 10.1 |
| Cooper Hospital/University Medical Center | 2 | 1.3 ** | 0.0 | 3.5 | 10.7 ** | 12.5 |
| Deborah Heart and Lung Center | 2 | 0.2 | 0.0 | 6.9 ** | 2.4 * | 0.0 ^ |
| East Orange General Hospital | 0 | 0.2 | 0.0 | 2.5 | 5.9 | 0.0 ^ |
| Englewood Hospital and Medical Center | 0 | 0.3 | 0.0 | 3.5 | 5.3 | 19.7 |
| Hackensack University Medical Center | 1 | 0.3 | 0.0 | 4.5 | 12.6 ** | 17.3 |
| Hackettstown Community Hospital | 0 | 0.4 | 0.0 | 3.6 | 9.7 | 58.0 ** |
| Hoboken University Medical Center | 0 | 0.0 | 0.0 | 3.6 | 4.8 | 20.3 |
| Holy Name Hospital | 0 | 0.4 | 0.0 | 3.5 | 7.2 | 46.0 ** |
| Hunterdon Medical Center | 1 | 0.8 | 0.0 | 0.0 | 4.0 | 14.8 |
| Jersey City Medical Center | 0 | 0.2 | 0.0 | 2.3 | 0.5 * | 0.0 |
| Jersey Shore University Medical Center | 1 | 0.3 | 0.2 | 3.7 | 2.4 * | 8.5 |
| JFK Community Medical Center-Edison | 0 | 0.2 | 0.0 | 1.4 * | 12.3 ** | 16.6 |
| Kennedy Memorial Hospitals UMC-Cherry Hill | 0 | 0.4 | 0.0 | 0.0 | 4.3 | 54.0 ^ |
| Kennedy Memorial Hospitals UMC-Stratford | 0 | 0.0 | 0.0 | 3.0 | 3.8 | 0.0 |
| Kennedy Memorial Hospitals UMC-Wash. Twp. | 0 | 0.6 | 0.0 | 1.6 | 2.4 | 0.0 |
| Kimball Medical Center | 0 | 0.0 | 0.0 | 0.0 | 4.8 | 0.0 ^ |
| Lourdes Medical Center of Burlington Cty. | 0 | 0.5 | 0.0 | 14.9 ** | 4.0 | 10.3 |
| Meadowlands Hospital Medical Center | 0 | 0.7 | 0.0 | 2.9 | 0.0 | – |
| Memorial Hospital of Salem County | 0 | 1.0 | 0.0 | 7.9 | 6.6 | 22.4 |
| Monmouth Medical Center | 1 | 0.1 | 0.0 | 4.1 | 8.0 | 5.4 |
| Morristown Memmorial Hospital | 2 | 0.3 | 0.0 | 3.9 | 7.6 | 4.4 * |
| Mountainside Hospital | 0 | 0.5 | 0.0 | 1.6 | 5.1 | 20.1 |
| Newark Beth Israel Medical Center | 1 | 0.6 | 0.0 | 4.7 | 4.0 * | 17.9 |
| Newton Memorial Hospital | 0 | 0.4 | 0.0 | 1.7 | 3.5 | 24.4 |
| Ocean Medical Center | 0 | 0.2 | 0.0 | 3.2 | 3.2 * | 21.2 |
| Our Lady of Lourdes Medical Center | 0 | 0.8 ** | 0.0 | 4.9 | 3.6 * | 5.5 * |

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2010. Two of the 12 PSI procedures, Foreign Object Left in During Procedure and Transfusion Reaction, are not presented as rates but as volume or number of events. Lower rates are better and mean fewer medical errors for that procedure or condition.

| Hospital Name | Foreign body left in 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 (2008) | 184 | 0.5 | 0.1 | 3.4 | 9.4 | 12.7 |
| Statewide number of adverse events (2010) | 27 | 292 | 6 | 435 | 1,461 | 256 |
| Statewide average rate (2010) | N/A | 0.3 | 0.0 | 3.7 | 6.6 | 14.5 |
| Overlook Hospital | 0 | 0.3 | 0.4 | 6.3 ** | 10.1 ** | 8.3 |
| Palisades Medical Center - NY PHS | 0 | 0.8 | 0.0 | 0.0 | 5.0 | 0.0 |
| Raritan Bay Medical Center-Old Bridge | 0 | 0.0 | 0.0 | 0.0 | 6.5 | 38.4 |
| Raritan Bay Medical Center-Perth Amboy | 0 | 0.4 | 0.0 | 0.0 | 6.1 | 28.2 ^ |
| Riverview Medical Center | 0 | 0.2 | 0.0 | 4.7 | 2.2 * | 13.1 |
| RWJ University Hospital | 7 | 0.7 ** | 0.0 | 5.3 ** | 7.7 | 16.7 |
| RWJ University Hospital at Hamilton | 0 | 0.2 | 0.0 | 6.8 ** | 2.8 * | 5.4 |
| RWJ University Hospital at Rahway | 0 | 0.2 | 0.0 | 1.7 | 5.2 | 0.0 |
| Shore Memorial Hospital | 0 | 0.1 | 0.0 | 6.5 | 5.3 | 9.5 |
| Somerset Medical Center | 0 | 0.2 | 0.0 | 5.1 | 10.4 ** | 0.0 * |
| South Jersey Healthcare Regional MC | 0 | 0.5 | 0.0 | 4.3 | 4.4 | 17.3 |
| South Jersey Hospital-Elmer | 0 | 0.0 | 0.0 | 0.0 | 5.7 | 0.0 |
| Southern Ocean County Hospital | 0 | 0.7 | 0.0 | 2.6 | 4.1 | 18.0 |
| Saint Barnabas Medical Center | 2 | 0.4 | 0.0 | 4.0 | 9.2 ** | 18.0 |
| St. Clare's Hospital-Denville | 0 | 0.1 | 0.0 | 1.7 | 8.6 | 0.0 |
| St. Clare's Hospital-Dover | 0 | 0.0 | 0.0 | 0.0 | 11.5 | 43.0 ^ |
| St. Clare's Hospital-Sussex | 0 | 0.0 | 0.0 | 0.0 | 9.8 | – |
| St. Francis Medical Center-Trenton | 0 | 0.6 | 0.0 | 9.1 ** | 5.8 | 18.4 |
| St. Joseph's Hospital and Medical Center | 1 | 0.3 | 0.0 | 1.5 * | 3.5 * | 26.4 ** |
| St. Joseph's Wayne Hospital | 0 | 0.0 | 0.0 | 0.0 | 3.7 | 44.2 |
| St. Mary's Hospital (Passaic) | 0 | 0.2 | 0.6 | 4.1 | 2.4 | 34.3 ** |
| St. Michael's Medical Center | 0 | 0.3 | 0.0 | 2.2 | 3.1 * | 15.9 |
| St. Peter's University Hospital | 0 | 0.1 | 0.0 | 0.5 * | 14.0 ** | 16.9 |
| Trinitas Hospital | 0 | 0.4 | 0.0 | 0.7 * | 1.7 * | 31.6 |
| UMDNJ-University Hospital | 1 | 0.4 | 0.0 | 2.7 | 8.1 | 33.3 ** |
| Underwood-Memorial Hospital | 1 | 0.4 | 0.0 | 4.4 | 5.8 | 0.0 |
| University Medical Center at Princeton | 0 | 0.3 | 0.0 | 3.0 | 3.8 | 4.2 |
| Valley Hospital | 1 | 0.4 | 0.0 | 3.5 | 11.6 ** | 12.2 |
| Virtua-Memorial Hospital Burlington Cty. | 0 | 0.2 | 0.0 | 3.4 | 7.2 | 10.6 |
| Virtua-West Jersey Hospital Berlin | 0 | 0.2 | 0.0 | 8.0 | 4.0 | 0.0 ^ |
| Virtua-West Jersey Hospital Marlton | 0 | 0.1 | 0.0 | 5.0 | 7.1 | 3.4 |
| Virtua-West Jersey Hospital Voorhees | 1 | 0.1 | 0.0 | 3.0 | 3.1 | 5.7 |
| Warren Hospital | 0 | 0.4 | 0.0 | 6.4 | 8.7 | 15.7 |

*continued on next page*

**Source: New Jersey rates are from the 2010 UB Data, while the national rates come from the AHRQ Comparative Data Report derived from the 2008 Nationwide Inpatient Sample (NIS) database.**

^ Rate is based on less than 30 cases/patients. Interpret data with caution.
* Better than state average.
** Worse than state average.
N/A Not Applicable (Foreign body left in during procedure' is reported in volume instead of rate, because it is a rare event).
– Hospital reported less than 3 cases/patients for this measure, which is too small to report.

# Patient Safety Indicator (PSI) Rates 2010 per 1,000 hospital discharges

*See footnotes at bottom of next page*

| Hospital Name | Post-operative wound dehiscence | Accidental puncture or laceration | Transfusion reaction | Birth Trauma - Injury to Neonate+ | Obstetric trauma - vaginal delivery with instrument+ | Obstetric trauma - vaginal delivery without instrument+ |
|---|---|---|---|---|---|---|
| National average (2008) | 2.1 | 3.0 | 27 | 2.3 | 146.4 | 23.8 |
| Statewide number of adverse events (2010) | 64 | 1,337 | 3 | 257 | 534 | 1,317 |
| Statewide average rate (2010) | 2.0 | 1.7 | N/A | 2.6 | 133.6 | 22.6 |
| Atlanticare Regional Medical Center-City | 0.0 | 0.9 | 0 | 0.0 ^ | – | 0.0 ^ |
| Atlanticare Regional Medical Center-Mainland | 0.0 | 1.0 | 0 | 4.0 | 57.1 | 9.4 |
| Bayonne Medical Center | 4.2 | 0.7 | 0 | – | – | – |
| Bayshore Community Hospital | 0.0 | 1.0 | 0 | – | – | 0.0 ^ |
| Bergen Regional Medical Center | 32.0 ** | 0.0 | 0 | – | – | – |
| Cape Regional Medical Center | 0.0 | 1.1 | 0 | 1.8 | 92.6 | 10.0 |
| Capital Health Regional Medical Center | 4.6 | 0.5 | 0 | – | – | – |
| Capital Health System at Mercer | 3.7 | 1.9 | 0 | 1.4 | 211.5 | 15.3 |
| CentraState Medical Center | 1.4 | 3.3 ** | 0 | 1.2 | 250.0 ^ | 24.1 |
| Chilton Memorial Hospital | 0.0 | 3.4 ** | 0 | 1.1 | 250.0 | 47.6 |
| Christ Hospital | 6.2 | 1.3 | 0 | 1.6 | 0.0 ^ | 3.2 |
| Clara Maass Medical Center | 1.3 | 1.1 | 0 | 0.6 | 69.8 | 11.5 |
| Community Medical Center | 2.7 | 1.7 | 0 | 1.9 | 133.3 | 27.9 |
| Cooper Hospital/University Medical Center | 5.4 ** | 1.9 | 0 | 4.6 | 84.7 | 26.1 |
| Deborah Heart and Lung Center | 0.0 ^ | 1.8 | 0 | – | – | – |
| East Orange General Hospital | 7.7 | 0.5 | 0 | – | – | – |
| Englewood Hospital and Medical Center | 1.8 | 0.9 | 0 | 2.1 | 124.0 | 22.0 |
| Hackensack University Medical Center | 2.0 | 2.0 | 0 | 5.1 | 95.2 | 16.3 |
| Hackettstown Community Hospital | 5.3 | 1.9 | 0 | 1.4 | 87.0 ^ | 21.8 |
| Hoboken University Medical Center | 0.0 | 0.5 | 0 | 0.7 | 160.0 ^ | 39.9 |
| Holy Name Hospital | 0.0 | 0.7 | 0 | 1.5 | 121.2 | 14.5 |
| Hunterdon Medical Center | 0.0 | 0.7 | 0 | 1.9 | 225.0 | 27.6 |
| Jersey City Medical Center | 0.0 | 1.4 | 0 | 0.6 | 134.6 | 20.5 |
| Jersey Shore University Medical Center | 1.2 | 3.6 ** | 0 | 1.2 | 54.1 | 14.9 |
| JFK Community Medical Center-Edison | 2.6 | 1.0 | 0 | 1.1 | 100.0 | 25.5 |
| Kennedy Memorial Hospitals UMC-Cherry Hill | 9.3 | 0.7 | 0 | – | – | – |
| Kennedy Memorial Hospitals UMC-Stratford | 0.0 | 3.2 | 0 | – | – | – |
| Kennedy Memorial Hospitals UMC-Wash. Twp. | 5.2 | 1.8 | 0 | 3.2 | 117.6 | 19.7 |
| Kimball Medical Center | 3.0 | 0.6 | 0 | 5.5 | 160.5 | 13.5 |
| Lourdes Medical Center of Burlington Cty. | 0.0 | 2.9 | 0 | 5.2 | 83.3 ^ | 10.2 |
| Meadowlands Hospital Medical Center | 0.0 | 3.2 | 0 | 0.0 | 0.0 ^ | 3.3 |
| Memorial Hospital of Salem County | 0.0 | 1.6 | 0 | 4.6 | 0.0 ^ | 8.5 |
| Monmouth Medical Center | 0.0 | 1.3 | 1 @ | 2.1 | 136.9 | 21.6 |
| Morristown Memmorial Hospital | 1.6 | 1.6 | 0 | 1.8 | 116.5 | 15.2 |
| Mountainside Hospital | 5.6 | 1.8 | 0 | 6.1 | 210.5 ^ | 18.8 |
| Newark Beth Israel Medical Center | 2.4 | 1.7 | 0 | 1.6 | 266.7 | 24.0 |
| Newton Memorial Hospital | 3.3 | 2.1 | 0 | 2.2 | 76.9 ^ | 20.5 |
| Ocean Medical Center | 1.5 | 1.4 | 0 | 0.0 | 115.4 | 44.2 |
| Our Lady of Lourdes Medical Center | 1.6 | 1.2 | 0 | 2.6 | 164.2 | 31.2 |

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2010. Two of the 12 PSI procedures, Foreign Object Left in During Procedure and Transfusion Reaction, are not presented as rates but as volume or number of events. Lower rates are better and mean fewer medical errors for that procedure or condition.

| Hospital Name | Post-operative wound dehiscence | Accidental puncture or laceration | Transfusion reaction | Birth Trauma - Injury to Neonate+ | Obstetric trauma-vaginal delivery with instrument+ | Obstetric trauma-vaginal delivery without instrument+ |
|---|---|---|---|---|---|---|
| National average (2008) | 2.1 | 3.0 | 27 | 2.3 | 146.4 | 23.8 |
| Statewide number of adverse events (2010) | 64 | 1,337 | 3 | 257 | 534 | 1,317 |
| Statewide average rate (2010) | 2.0 | 1.7 | N/A | 2.6 | 133.6 | 22.6 |
| Overlook Hospital | 0.0 | 1.8 | 0 | 2.1 | 125.9 | 14.1 |
| Palisades Medical Center - NY PHS | 0.0 | 1.3 | 0 | 1.3 | 250.0 ^ | 41.2 |
| Raritan Bay Medical Center-Old Bridge | 0.0 | 0.9 | 0 | – | – | – |
| Raritan Bay Medical Center-Perth Amboy | 5.6 | 1.6 | 0 | 2.6 | 333.3 ^ | 30.5 |
| Riverview Medical Center | 3.2 | 1.5 | 0 | 2.9 | 137.9 | 29.8 |
| RWJ University Hospital | 2.1 | 3.5 ** | 0 | 2.3 | 283.0 | 50.7 |
| RWJ University Hospital at Hamilton | 0.0 | 2.6 | 0 | 3.1 | 68.2 | 24.3 |
| RWJ University Hospital at Rahway | 3.7 | 0.2 | 0 | – | – | – |
| Shore Memorial Hospital | 0.0 | 0.7 | 0 | 2.7 | 83.3 ^ | 15.7 |
| Somerset Medical Center | 1.9 | 1.2 | 0 | 5.6 | 202.7 | 34.7 |
| South Jersey Healthcare Regional MC | 1.9 | 2.7 | 0 | 5.1 | 83.3 ^ | 11.9 |
| South Jersey Hospital-Elmer | 0.0 | 2.1 | 0 | 0.0 | 0.0 ^ | 27.5 |
| Southern Ocean County Hospital | 0.0 | 0.8 | 0 | 6.6 | 181.8 ^ | 44.4 |
| Saint Barnabas Medical Center | 2.7 | 2.8 ** | 0 | 2.5 | 138.1 | 23.1 |
| St. Clare's Hospital-Denville | 0.0 | 2.5 | 0 | 2.7 | 400.0 ^ | 34.3 |
| St. Clare's Hospital-Dover | 0.0 | 5.2 ** | 0 | – | – | – |
| St. Clare's Hospital-Sussex | 0.0 ^ | 0.0 | 0 | – | – | – |
| St. Francis Medical Center-Trenton | 0.0 | 2.3 | 0 | – | – | – |
| St. Joseph's Hospital and Medical Center | 3.8 | 0.7 * | 1 | 1.5 | 160.0 ^ | 23.2 |
| St. Joseph's Wayne Hospital | 0.0 | 0.2 | 0 | – | – | – |
| St. Mary's Hospital (Passaic) | 0.0 | 1.3 | 0 | 0.0 | 142.9 ^ | 10.2 |
| St. Michael's Medical Center | 3.7 | 1.0 | 0 | – | – | – |
| St. Peter's University Hospital | 0.0 | 1.3 | 0 | 1.8 | 142.9 | 19.2 |
| Trinitas Hospital | 0.0 | 0.9 | 0 | 0.4 | 98.4 | 17.5 |
| UMDNJ-University Hospital | 3.2 | 1.0 | 0 | 5.8 | 87.0 | 11.9 |
| Underwood-Memorial Hospital | 2.7 | 0.9 | 0 | 2.1 | 0.0 ^ | 24.4 |
| University Medical Center at Princeton | 0.0 | 1.6 | 0 | 2.1 | 158.7 | 19.8 |
| Valley Hospital | 2.5 | 1.4 | 0 | 4.5 | 114.1 | 44.0 |
| Virtua-Memorial Hospital Burlington Cty. | 0.0 | 2.0 | 1 | 4.0 | 59.7 | 31.0 |
| Virtua-West Jersey Hospital Berlin | 0.0 | 0.8 | 0 | – | – | – |
| Virtua-West Jersey Hospital Marlton | 4.6 | 1.0 | 0 | – | – | – |
| Virtua-West Jersey Hospital Voorhees | 1.4 | 1.8 | 0 | 3.2 | 169.0 | 21.5 |
| Warren Hospital | 3.5 | 2.4 | 0 | – | – | – |

**Source: New Jersey rates are from the 2010 UB Data, while the national rates come from the AHRQ Comparative Data Report derived from the 2008 Nationwide Inpatient Sample (NIS) database.**

^ Rate is based on less than 30 cases/patients. Interpret data with caution.
* Better than state average.
** Worse than state average.
@ This number reflects incorrect coding made and attested to by Monmouth Medical Center.
N/A Not Applicable (Transfusion reaction' is reported in volume instead of rate, because it is a rare event).
\- Hospital reported less than 3 cases/patients for this measure, which is too small to report.
\+ Observed rate (not risk-adjusted).

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

The table below shows New Jersey's statewide estimates for the 12 **Patient Safety Indicators (PSIs)** in this report. The New Jersey statewide estimates are based on the 2010 UB data calculated using the Agency for Healthcare Research and Quality (AHRQ) PSIs Software (Version 4.2). The national estimates come from AHRQ's national comparative data derived from the 2008 Nationwide Inpatient Sample (NIS) using Version 4.1b of the PSIs software.

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

Compared to the 2008 national **PSIs** estimates (the latest available at the time of this report), New Jersey performed better than the national average for 7 of the 10 **PSIs** that are measured using rates.

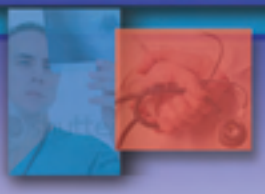
The three measures where New Jersey performed worse than the national average were - post-operative hemorrhage or hematoma, post-operative sepsis, and birth trauma - injury to neonate. These differences may in part be due to differences in years of data used or module version applied, as well as differences in data reporting by states.

| Patient Safety Indicators (PSIs) | National | New Jersey |
|---|---|---|
| Foreign Body Left in During Procedure Ω | 184 | 27 |
| Iatrogenic Pneumothorax | 0.50 | 0.34 |
| Post-operative Hip Fracture | 0.10 | 0.05 |
| Post-operative Hemorrhage or Hematoma | 3.40 | 3.69 |
| Post-operative Pulmonary Embolism or Deep Vein Thrombosis | 9.40 | 6.56 |
| Post-operative Sepsis | 12.70 | 14.45 |
| Post-operative Wound Dehiscence | 2.10 | 1.96 |
| Accidental Puncture or Laceration | 3.00 | 1.72 |
| Transfusion Reaction Ω | 27 | 3@ |
| Birth Trauma - Injury to Neonate | 2.30 | 2.56 |
| Obstetric Trauma - Vaginal Delivery with Instrument | 146.40 | 133.60 |
| Obstetric Trauma - Vaginal Delivery without Instrument | 23.80 | 22.55 |

National numbers are from AHRQ's Comparative data for the PSIs based on the 2008 Nationwide Inpatient Sample, computed using Version 4.1b of the PSI Software.

New Jersey's numbers are derived from its 2010 UB data using Version 4.2 of the PSI SAS Software.

Ω Indicator is reported in volume, not rate.
@ One of the 3 cases is a result of incorrect coding made and attested by the facility that reported the case into the UB database.



# Section 4

## Healthcare-Associated Infections (HAIs)

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

# Understanding Measures for Healthcare-Associated Infections

**Healthcare-associated infections (HAIs)** are among the top causes of unnecessary illnesses and deaths in the United States. **HAIs** are infections that patients get while staying in a hospital or other healthcare facility – infections that the patients did not have before being admitted. They account for approximately 1.7 million infections and almost 100,000 deaths annually[1]. **HAIs** result in extra days of hospitalizations and higher health care costs. The estimated financial impact of **HAIs** is between $28 billion to $33 billion a year[2].

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

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

The **HAI** measures are calculated differently than the recommended care and PSI measures. The **HAIs** are not reported as scores or simple percentages; they are reported as **Standardized Infection Ratios (SIR)**. More detailed explanations on **SIR** are provided below. Hospitals that performed better than the national experience have lower ratios.

**Lower ratios are better because they suggest fewer infections.** The label "L" in the following tables identifies the better performing hospitals. The label "H" in the tables identifies the hospitals that performed below the national baseline. **Unlike recommended care measures and similar to PSIs, a lower ratio is better.**

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

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

## Where do the data come from?

New Jersey hospitals are required to report **SSI, CLABSI,** and **CAUTI** 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 **SSI** data reported to NHSN by New Jersey hospitals in **2009**. Surgical procedures which involve the placement of an implant must be followed for a year. As a result, surgery data will always be reported a year behind the other **HAI** measures. **CLABSI** and **CAUTI** data used in this report are from **2010**.

Hospitals were provided the opportunity to verify the accuracy of their data. The first six months of **CLABSI** data for 2010 were audited with funding from the CDC. The remaining data in this report have not been independently audited and validated.

## What is Risk-Adjustment?

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

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

## How are HAIs measured and what do the measures mean?

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

The hospital **SIRs** are compared to the national experience, which is a baseline **SIR** of 1.0. The results are summarized under the column, National Comparison. This column classifies the hospitals' performances by the letter "L" as "Lower than Expected", the letter S as "Similar to Expected", or the letter "H" as "Higher than Expected". A hospital has performed better than the national baseline if the National Comparison is marked with the letter "L". These hospitals appear better because they had fewer infections than what is predicted based on the national experience.

Hospitals labeled with the letter "H" had more infections than what the national experience predicted. Those hospitals that performed the same as the national experience are labeled with a "S."

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

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

## What are Surgical Site Infections?

A surgical site infection **(SSI)** is an infection that occurs in the area of the body where the surgery took place. The **SSI** can be superficial, meaning it's on the skin. It can also be serious and affect layers under the skin, organs and/or implants. The infection must develop within 30 days of the procedure. If the procedure involves an implant or transplant, monitoring for an **SSI** must occur for a year following the procedure.

According to the CDC, **SSIs** are the second most common **HAI**, accounting for 17 percent of all **HAI** hospitalizations. Associated costs to treat an inpatient with a **SSI** are between $11,874 - $34,670 per infection.[2] One article notes that more than 750,000 **SSIs** occur each year in the United States which results in an additional 2.5 million hospital days which leads to more than $1 billion in unnecessary costs.[6] (See pages 20-21, 57, 64-65 for tips on preventing SSIs.

## What Surgical Site Infections are in this report?

**The SSIs which are included in this report are from 2009.** As noted previously, surgical procedures which involve an implant of any kind must be followed for a year. As a result, surgical site infection data will always be reported a year behind the other **HAI** data.

This year's report includes **SSI** data from Coronary Artery Bypass Graft

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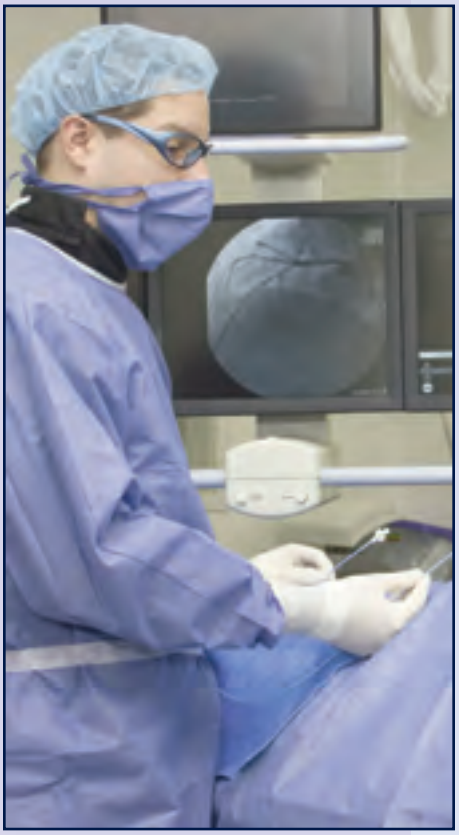
**(CABG)** procedures and Abdominal Hysterectomy (HYST) procedures. It is important to note that only 18 of the 72 acute care hospitals are licensed as Open Heart Surgery hospitals and are able to perform **CABG** surgery. The surgical site infection data for 2009 were verified for accuracy by each hospital but were not audited.

## What are the SSI results for New Jersey hospitals for 2009?

A total of 5,659 **CABG** procedures were reported in NHSN by the 18 Open Heart Surgery Hospitals in New Jersey. The formula below provides the statewide observed, expected and **SIR** for **CABGs**:



**Observed CABG infections=56**
**Expected CABG infections=70.26**
**SIR=Observed / Expected = 56/70.26 = 0.80**

The **SIR** of 0.80 indicates that the overall observed **CABG** infections were 20% fewer than expected based on the national data. The difference is not statistically significant which means the **CABG** infections in New Jersey were similar to the **CABG** infections seen nationally.

A total of 8,324 Abdominal Hysterectomy **(HYST)** procedures were reported in NHSN by the hospitals in New Jersey who perform the procedure. The formula below provides the statewide observed, expected and **SIR** for abdominal hysterectomies:

**Observed HYST infections = 71**
**Expected HYST infections = 58.87**
**SIR=Observed / Expected = 71/58.87 = 1.21**

The **SIR** of 1.21 indicates that the overall observed **HYST** infections were 21% more than expected based on the national data. However, the difference is not statistically significant which means the **HYST** infections in New Jersey were similar to the **HYST** infections seen nationally.

The overall **SSI SIR** takes into account all surgeries that were reported in New Jersey in 2009: **CABG and Abdominal Hysterectomy**. The formula below provides the statewide observed, expected and **SIR** for the overall SSIs:

**Observed SSIs = 127**
**Expected SSIs = 129.13**
**SIR=Observed / Expected = 0.98**

The **SIR** of 0.98 indicates that the overall **SSIs** for New Jersey is 2% fewer than expected based on the national data. However, the difference is not statistically significant. This means the surgical site infections in New Jersey were similar to the surgical site infections seen nationally.

## 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.

If you develop a central line-associated bloodstream infection, you may become ill with fevers and chills or the skin around the central line may become sore and red. **CLABSIs** can be prevented through proper management of the central line. (See page 58 for tips on preventing **CLABSI**.)

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

## What CLABSI data are included in this report?

**CLABSIs** are monitored in many inpatient locations within the hospital. **This report includes CLABSI events that occurred in adult, pediatric critical/intensive care units and neonatal intensive care units** (CCUs or ICUs and NICUs) in each of the 72 acute carehospitals in New Jersey during 2010. Most hospital-acquired infections occur in intensive care units, which have the sickest patients. It is important to note that only the first half of the 2010 **CLABSI** data were audited. The entire year of data were verified for accuracy by each hospital.

## What are the CLABSI results for New Jersey for 2010?

There were more than 269,000 central-line days reported to NHSN by New Jersey acute care hospitals in 2010. The formula below provides the Statewide observed, expected and SIR for CLABSIs:

**Observed CLABSIs = 436**
**Expected CLABSIs = 547.30**
**SIR=Observed / Expected = 0.80**

The SIR of 0.80 indicates that CLABSIs for New Jersey was 20% fewer than expected based on the national data. The difference is statistically significant. **This means the central-line infections in New Jersey were *lower* than the central-line infections seen nationally.**

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

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

More than 30 percent of infections in acute care hospitals are reported as **CAUTIs**.[5] As with other HAIs, **CAUTIs** are also associated with increased morbidity, mortality, length of stay and hospital costs. It is estimated that more than 449,000 **CAUTIs** occur annually and patient hospital costs range from $862 to $1,007 per incident.[2] **CAUTIs** are also associated with more than 13,000 deaths annually.[5] (See page 59 for more information including tips on preventing CAUTI.)

## What CAUTI data are included in this report?

**CAUTIs** are monitored in many inpatient locations within the hospital. **This report focuses on CAUTI events that occurred in adult critical/intensive care units** (CCUs or ICUs) in each of the 72 acute care hospitals in New Jersey during 2010. This data is also from the NHSN system noted above. It is important to note that the **CAUTI** data in this report were verified for accuracy by each hospital but were not audited.

## What are the CAUTI results for New Jersey for 2010?

There were over 309,000 catheter days reported to NHSN by New Jersey hospitals in 2010. The formula below provides the statewide observed, expected and SIR for **CAUTIs**:

**Observed CAUTIs = 604**
**Expected CAUTIs = 606.33**
**SIR=Observed / Expected = 1.00**

The SIR of 1.00 indicates that **CAUTIs** for New Jersey is the same as the expected national data. The difference is not statistically significant. This means the **CAUTI** in New Jersey is similar to the **CAUTI** seen nationally.

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## What is "National Comparison"?

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

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

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

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

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

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

Please keep in mind 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.

It is also important to note that a hospital which performed lower than the National Comparison does not necessarily mean the hospital is better but that it may need to improve its HAI surveillance protocols. Conversely, a hospital which performed higher than the National Comparison is not necessarily a poor performer. This hospital could have better infection control practices and processes instituted throughout its facility.

In addition, the risk-adjustment method may not fully capture how sick patients are in certain hospitals and locations. The sicker the patients are, the more likely a hospital is to have a higher number of events. Therefore, it is important to use caution when interpreting the hospital infection data.

## References


**1** Centers for Disease Control and Prevention: **Estimates of Healthcare-Associated Infections**. http://www.cdc.gov/ncidod/dhqp/hai.html accessed January 24, 2011.

**2** Scott, RD. **The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention.** http://www.cdc.gov/HAI/pdfs/hai/Scott_LostPaper.pdf accessed January 24, 2011.

**3** Centers for Disease Control and Prevention: Slides for the **American Recovery and Reinvestment Act Epidemiology and Laboratory Capacity (ELC) for Infectious Disease Program, Healthcare-Associated Infections (HAIs) Grantee Meeting** October 19-20, 2009, presented by *Katherine Allen-Bridson* http://www.cdc.gov/hai/recoveryAct/PDF/Oct09/11-0145_Bridson_NHSN_CLABSI_Day2_Workshop1.pdf accessed January 24, 2011.

**4** Centers for Disease Control and Prevention, APIC, Joint Commission, IDSA, AHA, SHEA, **FAQ Sheet about "Catheter-Associated Bloodstream Infections"** http://www.cdc.gov/ncidod/dhqp/pdf/guidelines/BSI_tagged.pdf accessed January 24, 2011.

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

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


# Central Line-Associated Bloodstream Infections (CLABSIs) 2010

*See footnotes at bottom of next page*

| Hospital Name | Observed Number of CLABSIs (O) | Expected Number of CLABSI (E)[a] | CLABSI SIR[b] % | National Comparison‡ |
|---|---|---|---|---|
| AtlantiCare Regional Medical Center - City | 9 | 8.36 | 1.08 | S |
| AtlantiCare Regional Medical Center - Mainland | 7 | 9.00 | 0.78 | S |
| Bayonne Medical Center | 2 | 2.25 | 0.89 | S |
| Bayshore Community Hospital | 3 | 2.96 | 1.01 | S |
| Bergen Regional Medical Center | 4 | 1.39 | 2.88 | S |
| Cape Regional Medical Center | 3 | 2.33 | 1.29 | S |
| Capital Health System at Fuld | 9 | 9.63 | 0.94 | S |
| Capital Health System at Mercer | 11 | 5.01 | 2.20 | H |
| CentraState Medical Center | 2 | 2.82 | 0.71 | S |
| Chilton Memorial Hospital | 1 | 2.76 | 0.36 | S |
| Christ Hospital | 3 | 2.17 | 1.38 | S |
| Clara Maass Medical Center | 4 | 12.99 | 0.31 | L |
| Community Medical Center | 5 | 3.27 | 1.53 | S |
| Cooper Hospital/University Medical Center | 28 | 30.69 | 0.91 | S |
| Deborah Heart and Lung Center | 3 | 6.88 | 0.44 | S |
| East Orange General Hospital | 2 | 3.97 | 0.50 | S |
| Englewood Hospital and Medical Center | 1 | 5.1 | 0.20 | S |
| Hackensack University Medical Center | 33 | 25.07 | 1.32 | S |
| Hackettstown Regional Medical Center | 1 | 0.74 | – | – |
| Hoboken University Medical Center | 0 | 1.45 | 0 | S |
| Holy Name Hospital | 3 | 3.63 | 0.83 | S |
| Hunterdon Medical Center | 2 | 3.99 | 0.50 | S |
| Jersey City Medical Center | 5 | 13.95 | 0.36 | L |
| Jersey Shore University Medical Center | 11 | 21.80 | 0.51 | L |
| JFK Medical Center/Anthony M Yelensics | 14 | 15.75 | 0.89 | S |
| Kennedy  University Hospital | 4 | 6.98 | 0.57 | S |
| Kennedy Memorial Hospitals/UMC-Stratford | 1 | 2.80 | 0.36 | S |
| Kennedy University Hospital/UMC-Cherry Hill | 0 | 3.17 | 0 | S |
| Kimball Medical Center | 7 | 2.65 | 2.64 | H |
| Lourdes Medical Center of Burlington Cty. | 0 | 1.7 | 0 | S |
| Meadowlands Hospital Medical Center | 1 | 1.03 | 0.97 | S |
| Memorial Hospital of Salem County | 2 | 0.66 | – | – |
| Monmouth Medical Center | 6 | 6.59 | 0.91 | S |
| Morristown Memorial Hospital | 5 | 17.21 | 0.29 | L |
| Mountainside Hospital | 4 | 7.29 | 0.55 | S |
| Newark Beth Israel Medical Center | 33 | 34.56 | 0.96 | S |
| Newton Memorial Hospital | 1 | 1.64 | 0.61 | S |
| Ocean Medical Center | 5 | 3.69 | 1.35 | S |
| Our Lady of Lourdes Medical Center | 8 | 14.83 | 0.54 | S |
| Overlook Hospital | 2 | 11.95 | 0.17 | L |

The Standardized Infection Ratio (SIR) is a summary of the observed (O) or actual number of infections divided by the number of expected (E) events. The SIR allows hospitals to be compared to the national experience. The National Comparison shows how well each hospital is doing compared to the national experience, a composite of all the general acute care hospitals in the United States. Data is from 2010 and is for adult, pediatric critical/intensive care units and neonatal intensive care units (CCUs or ICUs and NICUs). NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CLABSIs.

| Hospital Name | Observed Number of CLABSIs (O) | Expected Number of CLABSI (E)[a] | CLABSI SIR[b] % | National Comparison‡ |
|---|---|---|---|---|
| Palisades Medical Center of New York | 3 | 1.26 | 2.39 | S |
| Raritan Bay Medical Center - Old Bridge | 0 | 2.22 | 0 | S |
| Raritan Bay Medical Center - Perth Amboy | 2 | 6.03 | 0.33 | S |
| Riverview Medical Center | 5 | 2.60 | 1.92 | S |
| Robert Wood Johnson University Hospital | 24 | 35.53 | 0.68 | S |
| Robert Wood Johnson University Hospital at Hamilton | 7 | 4.88 | 1.44 | S |
| Robert Wood Johnson University Hospital at Rahway | 2 | 4.27 | 0.47 | S |
| Saint Barnabas Medical Center | 9 | 29.89 | 0.30 | L |
| Saint Clare's Hospital - Denville | 2 | 1.33 | 1.50 | S |
| Saint Clare's Hospital - Dover | 1 | 0.72 | – | – |
| Saint Clare's Hospital - Sussex | 0 | 0.12 | – | – |
| Saint Michael's Medical Center | 11 | 13.33 | 0.83 | S |
| Saint Peter's University Hospital | 8 | 15.42 | 0.52 | S |
| Shore Memorial | 5 | 3.345 | 1.50 | S |
| Somerset Medical Center | 5 | 4.828 | 1.04 | S |
| South Jersey Healthcare - Elmer | 2 | 0.76 | – | – |
| South Jersey Healthcare Regional Medical Center | 0 | 3.78 | 0 | L |
| Southern Ocean County Hospital | 0 | 1.69 | 0 | S |
| St. Francis Medical Center | 0 | 4.99 | 0 | L |
| St. Joseph's Regional Medical Center | 24 | 23.52 | 1.02 | S |
| St. Joseph's Wayne Hospital | 16 | 5.01 | 3.20 | H |
| St. Mary's Hospital | 10 | 5.54 | 1.81 | S |
| Trinitas Regional Medical Center | 3 | 5.41 | 0.56 | S |
| UMDNJ - University Hospital | 19 | 18.93 | 1.00 | S |
| Underwood Memorial Hospital | 1 | 3.43 | 0.29 | S |
| University Medical Center at Princeton | 4 | 1.54 | 2.60 | S |
| Valley Hospital | 9 | 12.30 | 0.73 | S |
| Virtua Marlton | 0 | 4.04 | 0 | L |
| Virtua-Mem. Hospital of Burlington County | 5 | 4.96 | 1.01 | S |
| Virtua-West Jersey Health System - Berlin | 0 | 1.43 | 0 | S |
| Virtua-West Jersey Health System - Voorhees | 12 | 8.09 | 1.48 | S |
| Warren Hospital | 2 | 1.44 | 1.39 | S |
| Statewide | 436 | 547.30 | 0.80 | L |

**Source: New Jersey Healthcare-Associated Infections for 2010 submitted through the National Healthcare Safety Network (NHSN).**

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

– SIR is not calculated because the Expected is < 1. Interpret data with caution.

# Catheter-Associated Urinary Tract Infections (CAUTI) 2010

*See footnotes at bottom of next page*

| Hospital Name | Observed Number of CAUTI (O) | Expected Number of CAUTI (E)[a] | CAUTI SIR[b] % | National Comparison‡‡ |
|---|---|---|---|---|
| AtlantiCare Regional Medical Center - City | 14 | 10.36 | 1.35 | S |
| AtlantiCare Regional Medical Center - Mainland | 2 | 8.90 | 0.23 | L |
| Bayonne Medical Center | 2 | 3.71 | 0.54 | S |
| Bayshore Community Hospital | 2 | 3.91 | 0.51 | S |
| Bergen Regional Medical Center | 3 | 2.72 | 1.11 | S |
| Cape Regional Medical Center | 3 | 3.03 | 0.99 | S |
| Capital Health System at Fuld | 18 | 22.73 | 0.79 | S |
| Capital Health System at Mercer | 5 | 3.81 | 1.31 | S |
| CentraState Medical Center | 4 | 5.64 | 0.71 | S |
| Chilton Memorial Hospital | 1 | 3.63 | 0.28 | S |
| Christ Hospital | 6 | 3.53 | 1.70 | S |
| Clara Maass Medical Center | 9 | 15.50 | 0.58 | S |
| Community Medical Center | 0 | 7.64 | 0 | L |
| Cooper Hospital/University Medical Center | 1 | 26.57 | 0.04 | L |
| Deborah Heart and Lung Center | 4 | 8.39 | 0.48 | S |
| East Orange General Hospital | 0 | 3.64 | 0 | S |
| Englewood Hospital and Medical Center | 11 | 7.72 | 1.42 | S |
| Hackensack University Medical Center | 35 | 28.37 | 1.23 | S |
| Hackettstown Regional Medical Center | 0 | 1.38 | 0 | S |
| Hoboken University Medical Center | 10 | 2.61 | 3.84 | H |
| Holy Name Hospital | 5 | 4.60 | 1.09 | S |
| Hunterdon Medical Center | 1 | 5.17 | 0.19 | S |
| Jersey City Medical Center | 2 | 13.38 | 0.15 | L |
| Jersey Shore University Medical Center | 33 | 23.31 | 1.42 | S |
| JFK Medical Center/Anthony M Yelensics | 19 | 13.44 | 1.41 | S |
| Kennedy  University Hospital | 20 | 8.09 | 2.47 | H |
| Kennedy Memorial Hospitals/UMC-Stratford | 7 | 4.43 | 1.58 | S |
| Kennedy University Hospital/UMC-Cherry Hill | 2 | 4.84 | 0.41 | S |
| Kimball Medical Center | 5 | 3.59 | 1.39 | S |
| Lourdes Medical Center of Burlington Cty. | 1 | 2.72 | 0.37 | S |
| Meadowlands Hospital Medical Center | 0 | 1.64 | 0 | S |
| Memorial Hospital of Salem County | 3 | 1.40 | 2.14 | S |
| Monmouth Medical Center | 1 | 7.99 | 0.13 | L |
| Morristown Memorial Hospital | 12 | 21.85 | 0.55 | L |
| Mountainside Hospital | 9 | 8.48 | 1.06 | S |
| Newark Beth Israel Medical Center | 31 | 18.79 | 1.65 | H |
| Newton Memorial Hospital | 0 | 3.17 | 0 | S |
| Ocean Medical Center | 3 | 5.75 | 0.52 | S |
| Our Lady of Lourdes Medical Center | 20 | 11.31 | 1.77 | H |
| Overlook Hospital | 28 | 22.93 | 1.22 | S |

The Standardized Infection Ratio (SIR) is a summary of the observed (O) or actual number of infections divided by the number of expected (E) events. The SIR allows hospitals to be compared to the national experience. The National Comparison shows how well each hospital is doing compared to the national experience, a composite of all the general acute care hospitals in the United States. Data is from 2010 and is for adult critical/intensive care units (CCUs or ICUs) only. NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CAUTIs.

| Hospital Name | Observed Number of CAUTI (O) | Expected Number of CAUTI (E)[a] | CAUTI SIR[b] % | National Comparison‡‡ |
|---|---|---|---|---|
| Palisades Medical Center of New York | 14 | 3.00 | 4.67 | H |
| Raritan Bay Medical Center - Old Bridge | 1 | 2.54 | 0.39 | S |
| Raritan Bay Medical Center - Perth Amboy | 4 | 5.53 | 0.72 | S |
| Riverview Medical Center | 8 | 4.82 | 1.66 | S |
| Robert Wood Johnson University Hospital | 44 | 31.66 | 1.39 | H |
| Robert Wood Johnson University Hospital at Hamilton | 8 | 4.69 | 1.70 | S |
| Robert Wood Johnson University Hospital at Rahway | 0 | 0.77 | – | – |
| Saint Barnabas Medical Center | 8 | 22.13 | 0.36 | L |
| Saint Clare's Hospital - Denville | 0 | 2.07 | 0 | S |
| Saint Clare's Hospital - Dover | 0 | 1.21 | 0 | S |
| Saint Clare's Hospital - Sussex | 1 | 0.40 | – | – |
| Saint Michael's Medical Center | 1 | 13.38 | 0.08 | L |
| Saint Peter's University Hospital | 15 | 11.13 | 1.35 | S |
| Shore Memorial | 4 | 3.21 | 1.25 | S |
| Somerset Medical Center | 8 | 9.07 | 0.88 | S |
| South Jersey Healthcare - Elmer | 2 | 1.46 | 1.37 | S |
| South Jersey Healthcare Regional Medical Center | 5 | 11.89 | 0.42 | L |
| Southern Ocean County Hospital | 0 | 4.30 | 0 | L |
| St. Francis Medical Center | 4 | 5.11 | 0.78 | S |
| St. Joseph's Regional Medical Center | 19 | 15.53 | 1.22 | S |
| St. Joseph's Wayne Hospital | 4 | 7.94 | 0.50 | S |
| St. Mary's Hospital | 15 | 6.58 | 2.28 | H |
| Trinitas Regional Medical Center | 6 | 6.52 | 0.92 | S |
| UMDNJ - University Hospital | 60 | 33.33 | 1.8 | H |
| Underwood Memorial Hospital | 8 | 4.60 | 1.74 | S |
| University Medical Center at Princeton | 5 | 2.68 | 1.87 | S |
| Valley Hospital | 13 | 10.67 | 1.22 | S |
| Virtua Marlton | 0 | 4.41 | 0 | L |
| Virtua-Mem. Hospital of Burlington County | 5 | 6.16 | 0.81 | S |
| Virtua-West Jersey Health System - Berlin | 1 | 1.4 | 0.71 | S |
| Virtua-West Jersey Health System - Voorhees | 6 | 4.97 | 1.21 | S |
| Warren Hospital | 3 | 2.52 | 1.19 | S |
| Statewide | 604 | 606.33 | 1.00 | S |

**Source: New Jersey Healthcare-Associated Infections for 2010 submitted through the National Healthcare Safety Network (NHSN).**

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

– SIR is not calculated because the Expected is < 1. Interpret data with caution.

# Overall Surgical Site Infections (SSI) 2009

*See footnotes at bottom of next page*

| Hospital Name | Observed Number of Overall SSI (O) | Expected Number of Overall SSI (E)[a] | Overall SSI SIR[b] % | National Comparison‡ |
|---|---|---|---|---|
| AtlantiCare Regional Medical Center - City | 0 | 0.75 | – | – |
| AtlantiCare Regional Medical Center - Mainland | 2 | 3.56 | 0.56 | S |
| Bayonne Medical Center | 0 | 0.05 | – | – |
| Bayshore Community Hospital | 0 | 0.11 | – | – |
| Bergen Regional Medical Center | 0 | 0.01 | – | – |
| Cape Regional Medical Center | 0 | 0.35 | – | – |
| Capital Health System at Fuld | 0 | 0.29 | – | – |
| Capital Health System at Mercer | 5 | 1.31 | 3.81 | H |
| CentraState Medical Center | 0 | 0.68 | – | – |
| Chilton Memorial Hospital | 1 | 0.61 | – | – |
| Christ Hospital | 0 | 0.84 | – | – |
| Clara Maass Medical Center | 0 | 0.98 | – | – |
| Community Medical Center | 3 | 0.98 | – | – |
| Cooper Hospital/University Medical Center | 8 | 8.83 | 0.91 | S |
| Deborah Heart and Lung Center | 1 | 3.18 | 0.32 | S |
| East Orange General Hospital | 0 | 0.11 | – | – |
| Englewood Hospital and Medical Center | 2 | 2.30 | 0.87 | S |
| Hackensack University Medical Center | 6 | 10.65 | 0.56 | S |
| Hackettstown Regional Medical Center | 0 | 0.19 | – | – |
| Hoboken University Medical Center | 1 | 0.28 | – | – |
| Holy Name Hospital | 2 | 1.02 | 1.96 | S |
| Hunterdon Medical Center | 0 | 0.76 | – | – |
| Jersey City Medical Center | 0 | 1.65 | 0 | S |
| Jersey Shore University Medical Center | 10 | 9.78 | 1.02 | S |
| JFK Medical Center/Anthony M Yelensics | 0 | 0.97 | – | – |
| Kennedy  University Hospital | 1 | 0.70 | – | – |
| Kennedy Memorial Hospitals/UMC-Stratford | 0 | 0.09 | – | – |
| Kennedy University Hospital/UMC-Cherry Hill | 0 | 0.11 | – | – |
| Kimball Medical Center | 0 | 0.34 | – | – |
| Lourdes Medical Center of Burlington Cty. | 0 | 0.50 | – | – |
| Meadowlands Hospital Medical Center | 0 | 0.27 | – | – |
| Memorial Hospital of Salem County | 1 | 0.36 | – | – |
| Monmouth Medical Center | 2 | 1.59 | 1.26 | S |
| Morristown Memorial Hospital | 15 | 11.87 | 1.26 | S |
| Mountainside Hospital | 0 | 0.83 | – | – |
| Newark Beth Israel Medical Center | 6 | 4.93 | 1.22 | S |
| Newton Memorial Hospital | 0 | 0.20 | – | – |
| Ocean Medical Center | 1 | 0.33 | – | – |
| Our Lady of Lourdes Medical Center | 4 | 5.52 | 0.72 | S |
| Overlook Hospital | 1 | 1.03 | 0.97 | S |

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.**

| Hospital Name | Observed Number of Overall SSI (O) | Expected Number of Overall SSI (E)[a] | Overall SSI SIR[b] % | National Comparison‡ |
|---|---|---|---|---|
| Palisades Medical Center of New York | 0 | 0.13 | – | – |
| Raritan Bay Medical Center - Old Bridge | N/A | | | |
| Raritan Bay Medical Center - Perth Amboy | 1 | 0.39 | – | – |
| Riverview Medical Center | 0 | 0.91 | – | – |
| Robert Wood Johnson University Hospital | 14 | 8.36 | 1.68 | S |
| Robert Wood Johnson University Hospital at Hamilton | 0 | 0.55 | – | – |
| Robert Wood Johnson University Hospital at Rahway | 0 | 0.07 | – | – |
| Saint Barnabas Medical Center | 4 | 7.23 | 0.55 | S |
| Saint Clare's Hospital - Denville | 1 | 0.59 | – | – |
| Saint Clare's Hospital - Dover | N/A | | | |
| Saint Clare's Hospital - Sussex | N/A | | | |
| Saint Michael's Medical Center | 4 | 5.43 | 0.74 | S |
| Saint Peter's University Hospital | 1 | 2.04 | 0.49 | S |
| Shore Memorial | 0 | 0.29 | – | – |
| Somerset Medical Center | 0 | 0.51 | – | – |
| South Jersey Healthcare - Elmer | 0 | 0.08 | – | – |
| South Jersey Healthcare Regional Medical Center | 0 | 2.03 | 0 | S |
| Southern Ocean County Hospital | 0 | 0.1 | – | – |
| St. Francis Medical Center | 0 | 1.49 | 0 | S |
| St. Joseph's Regional Medical Center | 4 | 3.77 | 1.06 | S |
| St. Joseph's Wayne Hospital | 0 | 0.29 | – | – |
| St. Mary's Hospital | 1 | 1.12 | 0.89 | S |
| Trinitas Regional Medical Center | 6 | 1.69 | 3.55 | H |
| UMDNJ - University Hospital | 1 | 1.72 | 0.58 | S |
| Underwood Memorial Hospital | 4 | 0.57 | – | – |
| University Medical Center at Princeton | 0 | 0.42 | – | – |
| Valley Hospital | 6 | 5.77 | 1.04 | S |
| Virtua Marlton | 0 | 0.02 | – | – |
| Virtua-Mem. Hospital of Burlington County | 4 | 1.53 | 2.61 | S |
| Virtua-West Jersey Health System - Berlin | 1 | 0.07 | – | – |
| Virtua-West Jersey Health System - Voorhees | 3 | 2.82 | 1.06 | S |
| Warren Hospital | 0 | 0.27 | – | – |
| **Statewide** | **127** | **129.13** | **0.98** | **S** |

**Source: New Jersey Healthcare-Associated Infections for 2010 submitted through the National Healthcare Safety Network (NHSN).**

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

– SIR is not calculated because the Expected is < 1. Interpret data with caution.

N/A hospital is not licensed to perform procedure(s) or did not perform procedure(s) in 2009.

# Abdominal Hysterectomy Surgical Site Infections 2009

*See footnotes at bottom of next page*

| Hospital Name | Observed Number of Abdominal Hysterectomy Infections (O) | Expected Number of Abdominal Hysterectomy Infections (E)[a] | SIR[b] % | National Comparison[‡] |
|---|---|---|---|---|
| AtlantiCare Regional Medical Center - City | 0 | 0.75 | – | – |
| AtlantiCare Regional Medical Center - Mainland | 0 | 0.63 | – | – |
| Bayonne Medical Center | 0 | 0.05 | – | – |
| Bayshore Community Hospital | 0 | 0.11 | – | – |
| Bergen Regional Medical Center | 0 | 0.01 | – | – |
| Cape Regional Medical Center | 0 | 0.35 | – | – |
| Capital Health System at Fuld | 0 | 0.29 | – | – |
| Capital Health System at Mercer | 5 | 1.31 | 3.81 | H |
| CentraState Medical Center | 0 | 0.68 | – | – |
| Chilton Memorial Hospital | 1 | 0.61 | – | – |
| Christ Hospital | 0 | 0.84 | – | – |
| Clara Maass Medical Center | 0 | 0.98 | – | – |
| Community Medical Center | 3 | 0.98 | – | – |
| Cooper Hospital/University Medical Center | 4 | 4.99 | 0.80 | S |
| Deborah Heart and Lung Center | N/A | | | |
| East Orange General Hospital | 0 | 0.11 | – | – |
| Englewood Hospital and Medical Center | 1 | 0.52 | – | – |
| Hackensack University Medical Center | 0 | 2.54 | 0 | S |
| Hackettstown Regional Medical Center | 0 | 0.19 | – | – |
| Hoboken University Medical Center | 1 | 0.28 | – | – |
| Holy Name Hospital | 2 | 1.02 | 1.96 | S |
| Hunterdon Medical Center | 0 | 0.76 | – | – |
| Jersey City Medical Center | 0 | 0.20 | – | – |
| Jersey Shore University Medical Center | 0 | 1.82 | 0 | S |
| JFK Medical Center/Anthony M Yelensics | 0 | 0.97 | – | – |
| Kennedy  University Hospital | 1 | 0.70 | – | – |
| Kennedy Memorial Hospitals/UMC-Stratford | 0 | 0.09 | – | – |
| Kennedy University Hospital/UMC-Cherry Hill | 0 | 0.11 | – | – |
| Kimball Medical Center | 0 | 0.34 | – | – |
| Lourdes Medical Center of Burlington Cty. | 0 | 0.50 | – | – |
| Meadowlands Hospital Medical Center | 0 | 0.27 | – | – |
| Memorial Hospital of Salem County | 1 | 0.36 | – | – |
| Monmouth Medical Center | 2 | 1.59 | 1.26 | S |
| Morristown Memorial Hospital | 8 | 3.36 | 2.38 | H |
| Mountainside Hospital | 0 | 0.83 | – | – |
| Newark Beth Israel Medical Center | 4 | 2.59 | 1.55 | S |
| Newton Memorial Hospital | 0 | 0.20 | – | – |
| Ocean Medical Center | 1 | 0.33 | – | – |
| Our Lady of Lourdes Medical Center | 0 | 1.20 | 0 | S |
| Overlook Hospital | 1 | 1.03 | 0.97 | S |

The Standardized Infection Ratio (SIR) is a summary of the observed (O) or actual number of infections divided by the number of expected (E) events. The SIR allows hospitals to be compared to the national experience. The National Comparison shows how well each hospital is doing compared to the national experience, a composite of all the general acute care hospitals in the United States. Data is from 2009. **NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer abdominal hysterectomy SSIs.**

| Hospital Name | Observed Number of Abdominal Hysterectomy Infections (O) | Expected Number of Abdominal Hysterectomy Infections (E)[a] | SIR[b] % | National Comparison‡ |
|---|---|---|---|---|
| Palisades Medical Center of New York | 0 | 0.13 | – | – |
| Raritan Bay Medical Center - Old Bridge | N/A | | | |
| Raritan Bay Medical Center - Perth Amboy | 1 | 0.39 | – | – |
| Riverview Medical Center | 0 | 0.91 | – | – |
| Robert Wood Johnson University Hospital | 6 | 1.17 | 5.12 | H |
| Robert Wood Johnson University Hospital at Hamilton | 0 | 0.55 | – | – |
| Robert Wood Johnson University Hospital at Rahway | 0 | 0.07 | – | – |
| Saint Barnabas Medical Center | 4 | 2.30 | 1.74 | S |
| Saint Clare's Hospital - Denville | 1 | 0.59 | – | – |
| Saint Clare's Hospital - Dover | N/A | | | |
| Saint Clare's Hospital - Sussex | N/A | | | |
| Saint Michael's Medical Center | 0 | 0.40 | – | – |
| Saint Peter's University Hospital | 1 | 2.04 | 0.49 | S |
| Shore Memorial | 0 | 0.29 | – | – |
| Somerset Medical Center | 0 | 0.51 | – | – |
| South Jersey Healthcare - Elmer | 0 | 0.08 | – | – |
| South Jersey Healthcare Regional Medical Center | 0 | 2.03 | 0 | S |
| Southern Ocean County Hospital | 0 | 0.1 | – | – |
| St. Francis Medical Center | 0 | 0.05 | – | – |
| St. Joseph's Regional Medical Center | 0 | 0.86 | – | – |
| St. Joseph's Wayne Hospital | 0 | 0.29 | – | – |
| St. Mary's Hospital | 0 | 0.24 | – | – |
| Trinitas Regional Medical Center | 6 | 1.69 | 3.55 | H |
| UMDNJ - University Hospital | 1 | 1.05 | 0.95 | S |
| Underwood Memorial Hospital | 4 | 0.57 | – | – |
| University Medical Center at Princeton | 0 | 0.42 | – | – |
| Valley Hospital | 4 | 2.99 | 1.34 | S |
| Virtua Marlton | 0 | 0.02 | – | – |
| Virtua-Mem. Hospital of Burlington County | 4 | 1.53 | 2.61 | S |
| Virtua-West Jersey Health System - Berlin | 1 | 0.07 | – | – |
| Virtua-West Jersey Health System - Voorhees | 3 | 2.82 | 1.06 | S |
| Warren Hospital | 0 | 0.27 | – | – |
| **Statewide** | **71** | **58.87** | **1.21** | **S** |

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

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

– SIR is not calculated because the Expected is < 1. Interpret data with caution.

N/A hospital is not licensed to perform procedure(s) or did not perform procedure(s) in 2009.

# Coronary Artery Bypass Graft (CABG) Surgical Site Infections 2009

The Standardized Infection Ratio (SIR) is a summary of the observed (O) or actual number of infections divided by the number of expected (E) events. The SIR allows hospitals to be compared to the national experience. The National Comparison shows how well each hospital is doing compared to the national experience, a composite of all the general acute care hospitals in the United States. Data is from 2009.

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

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

| Hospital Name | Observed Number of CABG Infections (O) | Expected Number of CABG Infections (E)[a] | SIR[b] % | National Comparison‡‡ |
|---|---|---|---|---|
| AtlantiCare Regional Medical Center - Mainland | 2 | 2.93 | 0.68 | S |
| Cooper Hospital/University Medical Center | 4 | 3.84 | 1.04 | S |
| Deborah Heart and Lung Center | 1 | 3.18 | 0.32 | S |
| Englewood Hospital and Medical Center | 1 | 1.78 | 0.56 | S |
| Hackensack University Medical Center | 6 | 8.11 | 0.74 | S |
| Jersey City Medical Center | 0 | 1.45 | 0 | S |
| Jersey Shore University Medical Center | 10 | 7.96 | 1.26 | S |
| Morristown Memorial Hospital | 7 | 8.50 | 0.82 | S |
| Newark Beth Israel Medical Center | 2 | 2.34 | 0.85 | S |
| Our Lady of Lourdes Medical Center | 4 | 4.33 | 0.92 | S |
| Robert Wood Johnson University Hospital | 8 | 7.19 | 1.11 | S |
| Saint Barnabas Medical Center | 0 | 4.93 | 0 | L |
| Saint Michael's Medical Center | 4 | 5.04 | 0.79 | S |
| St. Francis Medical Center | 0 | 1.44 | 0 | S |
| St. Joseph's Regional Medical Center | 4 | 2.91 | 1.38 | S |
| St. Mary's Hospital | 1 | 0.89 | – | – |
| UMDNJ - University Hospital | 0 | 0.67 | – | – |
| Valley Hospital | 2 | 2.78 | 0.72 | S |
| Statewide | 56 | 70.26 | 0.80 | S |

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

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

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

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

L indicates hospital infections are LOWER than infections seen nationally.

H indicates hospital infections are HIGHER than infections seen nationally.

S indicates hospital infections are SIMILAR to infections seen nationally.

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

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

# Preventing Surgical Site Infections (SSI)

Although most patients having surgery will do fine, 1 to 3 out of 100 patients will get infections after surgery. These infections can make recovery from surgery more difficult because they can cause additional illness, stress, and cost. Adhering to certain standard procedures can help prevent acquiring an infection after surgery. The following are tips from the Centers for Disease Control and Prevention (CDC).

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

**Doctors, nurses and other healthcare providers must:**

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

## What can I do to help prevent an SSI?

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

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

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

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

*See* **Patient Safety Tips for Surgery** *on page 64 and* **Basic Facts on Surgical Care Improvement Project (SCIP)** *on pages 20-21 for more information.*

# 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 occuring. The following are tips from the Centers for Disease Control and Prevention (CDC).

## 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 needed[1].

## 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 you[1].

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

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

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

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

## What causes CAUTI?

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

## What are the symptoms of a urinary tract infection?

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

## Can CAUTI be treated?

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

## How can I help prevent CAUTI?

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

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

# Handwashing Helps Prevent Infections

Many diseases and infections are spread through the hands. Even if your hands or your doctor, nurse or caregiver's hands look clean, they may be carrying germs or bacteria unless they are properly cleaned. And yes, there is a right way to wash your hands. The Centers for Disease Control and Prevention (CDC) recommends the following:

## What is the right way to wash your hands?

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

## When should you wash your hands?

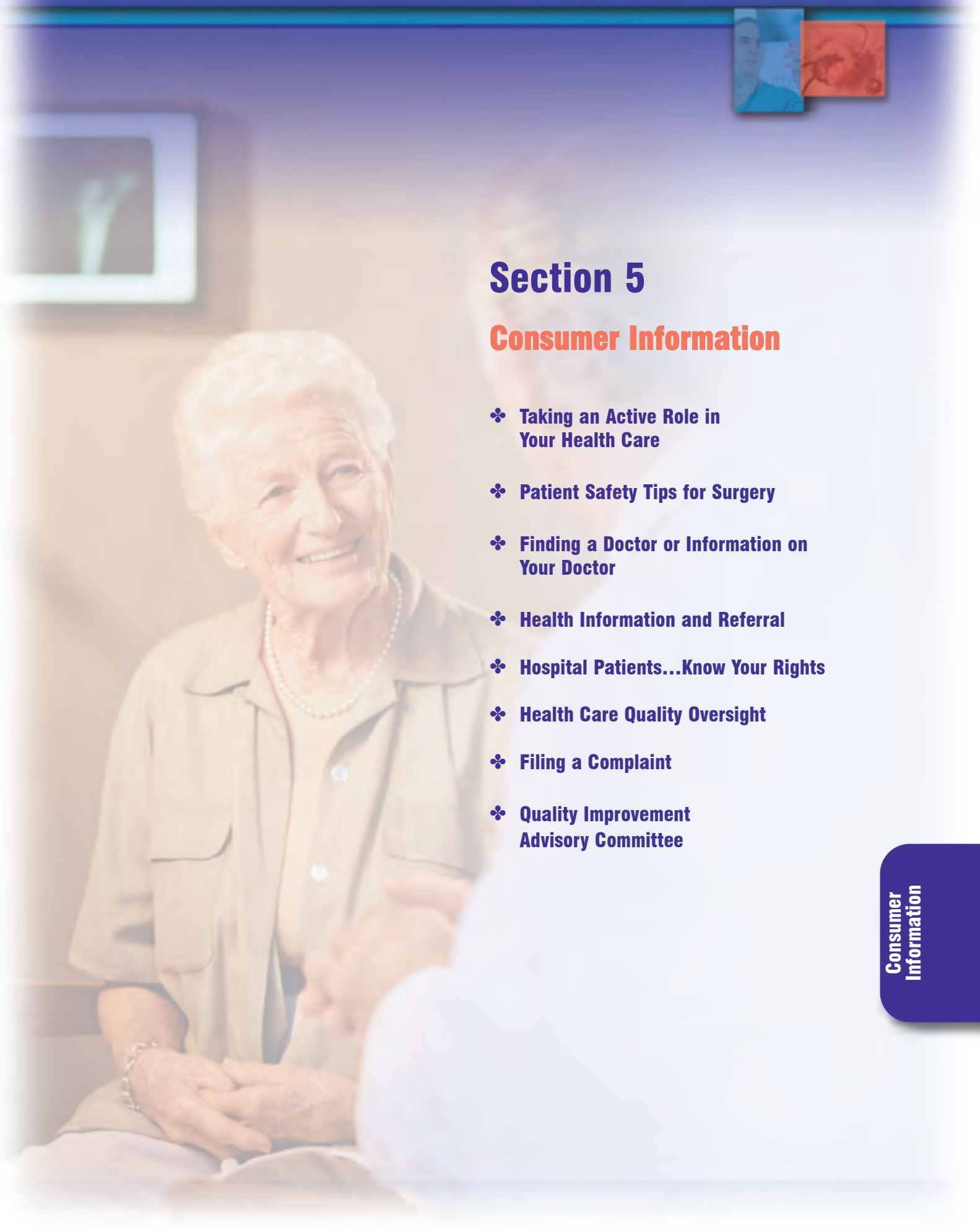
- **Before,** during and after preparing food.
- **Before** eating food.
- **Before** and after touching someone who is sick.
- **Before** and after treating a cut or wound.
- **After** using the toilet.
- **After** changing diapers or cleaning up a child who has used the toilet.
- **After** blowing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

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

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

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

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



# 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.

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

- **Make a list** and bring it with you if you are entering the hospital.
- If you are not being admitted to the hospital, **bring** the list to your doctor at least once a year.
- **Include** non-prescription medicines, herbal remedies and dietary supplements, such as vitamins.
- **Show** the list to your doctor, surgeon, hospital pharmacist and hospital staff.
- No time to make a list? **Bring** the medications and keep them in their containers.

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

**Ask** a health care professional about the purpose and dosage of your IV solution if it is being administered or replaced.

## 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. (*See* **Handwashing Helps Prevent Infections** *on page 60).*

**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.

**Discuss** your wishes for end-of-life treatment with your primary health professional and loved ones. See **http://www.ohsu.edu/polst/index.htm** for Physician Orders for Life Sustaining Treatment (POLST).

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

*See* **Patient Rights** *Section on page 68.*

# Patient Safety Tips for Surgery

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

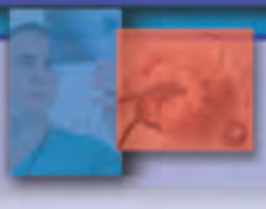
  Because you do not move while under anesthesia, blood clots can form, possibly leading to a heart attack and a stroke. The more complicated the surgery, the higher the risk. A doctor may give you medication or a compression device/stocking to reduce your chances of forming a blood clot or recommend another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

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

Don't be afraid to ask your surgeon to mark the site on your skin to be operated on the day of surgery. Request that the surgeon to use an indelible marker (ink that will not easily wash off). Although it is rare, surgeons can make a mistake and operate on the wrong part of the body. Marking the correct site will help prevent this uncommon medical error.

# Finding a Doctor

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



## What to Look for in a Doctor

- Look for a doctor that has experience in treating your condition. Call the doctor's office staff and ask them questions before you make an appointment.
- 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.
- Make sure that you like your doctor and are at ease talking to him/her. If you do not like your doctor or do not trust him/her, you will not be able to discuss your health issues comfortably and communicate freely. This also means that you should be able to ask questions and clarify anything you do not understand.

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

## 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://extapps.ama-assn.org/doctorfinder/** an American Medicine Association (AMA) web site, provides office addresses, phone numbers, and board certifications on over 814,000 doctors in the US. Search by name, specialty, hospital, or county.
- **Physician and Other Health Care Professional Directory: http://www.medicare.gov/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 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/cardconsumer08.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
- **Diabetes Prevention and Control (DHSS):** Diabetes resources, information, NJ data, and treatment. (609) 984-6137 or www.nj.gov/health/fhs/diabindex.shtml
- **Diabetes and Me (CDC):** From the basics to research, statistics, and educational publications. (800) CDC-INFO; TTY (888) 232-6348 or www.cdc.gov/diabetes/consumer/index.htm

### Heath Issues, Facts and Conditions

- **Diagnosis/Treatment of Diseases (ACS, ADA, AHA, AACR):** Current research on diagnosis and treatment of specific diseases. www.PatientInform.com
- **Health Conditions (CDC):** Disease prevention and control, environmental health, and health promotion. www.cdc.gov
- **Health Data Fact Sheets (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 http://www.medicare.gov/Publications/Pubs/pdf/10050.pdf
- **Medicare Preventive Services (CMS):** Preventive information and services available to Medicare recipients. (800) MEDICARE or http://www.medicare.gov/Publications/Pubs/pdf/10110.pdf
- **Medicines and You: A Guide for Older Adults (FDA):** Importance of knowing your medicines to avoid problems. http://www.fda.gov/Drugs/ResourcesForYou/ucm163959.htm
- **NIHSeniorHealth.gov (NIA, NLM, NIH):** Authoritative and up-to-date health and wellness information. www.nihseniorHealth.gov
- **NJEASE (DHSS):** One telephone call to find NJ programs and benefits for seniors. (877) 222-3737 or www.nj.gov/health/senior/sanjease
- **Talking With Your Doctor: A Guide for Older People (NIA):** How to discuss health concerns and medicines with physicians. (800) 222-2225; TTY (800) 222-4225 or www.nia.nih.gov/health/publication/talking-your-doctor-guide-older-people

## Preventive Care and General Health Information

- **Everyday Choices for a Healthier Life Style (ACS, ADA, AHA):** Disease prevention and early detection. www.everydaychoices.org
- **Healthfinder.gov:** Health information from the federal government and other resources. www.healthfinder.gov
- **Hospital and Consumer Information (Joint Commission):** Find accredited hospitals, disease specific hospitals for treatment and learn how to find reliable health information on the internet. www.JointCommission.org/general_public.aspx
- **NJ HMO Performance Report (DOBI):** Performance comparisons of NJ's managed care plans and consumer ratings. www.nj.gov/dobi/lhactuar.htm #hmo
- **NJ Prescription Drug Retail Price Registry (LPSCA):** Compare drug retail prices charged by pharmacies. (800)-242-5846. www.njdrugprices.nj.gov
- **Preventive Care Booklets (AHRQ):** Guides to healthy habits, screening tests, and immunizations. (800) 358-9295
  - **Men: Stay Healthy at Any Age.** www.ahrq.gov/ppip/healthymen.htm
  - **Women: Stay Healthy at Any Age.** www.ahrq.gov/ppip/healthywom.htm
- **Questions are the Answer (AHRQ):** Asking questions can improve your health and increase communication with health care professionals. 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* **To File a Complaint** *on page 71 for details.*

# Hospital Quality Oversight

**In addition to this performance report, the New Jersey Department of Health and Senior Services (DHSS) monitors quality in New Jersey hospitals in other forms.**

## 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 and other health care facilities. You can access the names, addresses, licensure expiration dates and other information on the hospitals licensed by DHSS by visiting www.nj.gov/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 to the U.S. Department of Health and Human Services to evaluate facility compliance with Medicare conditions of participation.

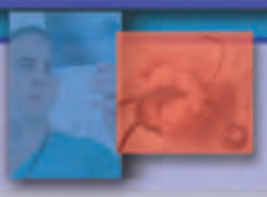
### Enforcement:

If a hospital does not meet State licensure or Medicare standards, the Department 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 36-40 of this report. More detail can be found on the web at www.nj.gov/health/hpr.



## About a New Jersey Hospital and how it:

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

## 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 this report.**

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QualCare Inc.

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

**Fred M. Jacobs, MD, JD**
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Saint Barnabas Health Care System

**Joshua Bershad, MD, MBA**
RWJ University Hospital

**Joel Cantor, ScD**
Center for State Health Policy
Rutgers University

**Donald E. Casey, Jr., MD**
Atlantic Health System

**Lawrence Downs, Esq.**
Medical Society of New Jersey

**Bernie Gerard, Jr.**
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New Jersey Hospital Association

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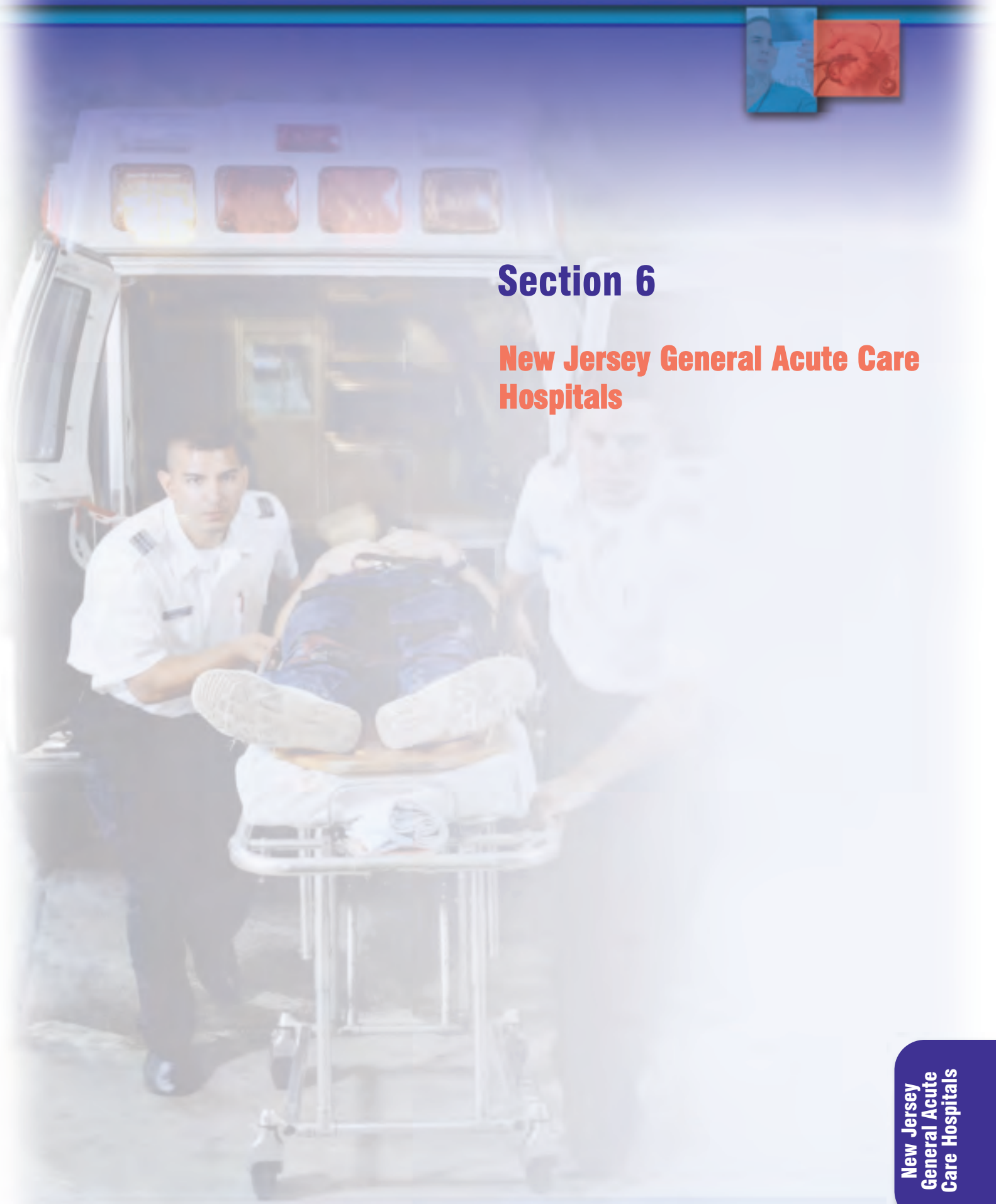


# Section 6

## 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.caperegional.com

**Capital Health Regional Medical Center**
750 Brunswick Avenue
Trenton, NJ 08638
(609) 394-6000
www.capitalhealth.org

**Capital Health System at Mercer**
One Capital Way
Pennington, NJ 08534-0534
800-637-2374
www.capitalhealth.org

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

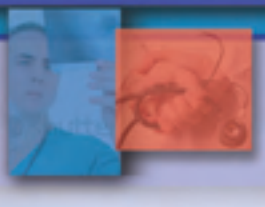
**Chilton Memorial Hospital**
97 West Parkway
Pompton Plains, NJ 07444
(973) 831-5000
www.chiltonmemorial.org

**Christ Hospital**
176 Palisade Avenue
Jersey City, NJ 07306
(201) 795-8200
www.christhospital.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



### 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

### 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

### 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

### Newton Medical Center
175 High Street
Newton, NJ 07860
(973) 383-2121
www.nmhnj.org

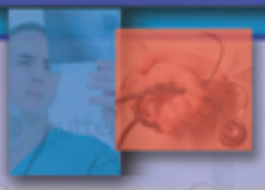
### Ocean Medical Center
425 Jack Martin Boulevard
Brick, NJ 08724
(732) 840-2200
www.meridianhealth.com

### 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

### 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 included in this report, the web site also includes mortality measures for Coronary Artery Bypass Graft (CABG) surgery; mortality for Inpatient Quality Indicators (IQIs) for heart attack, pneumonia, heart failure, and stroke; and scores for outpatient Recommended Care measures. The web site also contains an extensive list of resources and additional patient safety tips on how to prevent medical errors.

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

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

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

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HCQA Health Care Quality Assessment

# New Jersey 2011 Hospital Performance Report

## A Consumer Report

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