HCQA Health Care Quality Assessment

Hospital Performance Report

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A Consumer Report New Jersey 2021 Data

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Commissioner

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			0.589	S
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		784	---	S
		5.441	0.368	S
		4.125	0.727	S
		3.368	0.891	L
		28.745	0.557	S
		5.273	0.948	S
		1.654	0	S
	4	4.153	0.963	S
	5	4.050	1.235	S
	19	19.189	0.99	S
	11	9.569	1.15	S
	5	7.281	0.687	S
89	11	9.822	1.12	S
948	1	4.092	0.244	S
1689	7	9.829	0.712	S
3046	1	1.598	0.626	S
192757	209	256.871	0.814	L
310884	265	312.68	0.848	L
503641	474	569.546	0.832	L

This Report is Dedicated:

To all the healthcare heros
who sacrificed their lives
to save the lives of others
during the time of
COVID 19.

2019 to 2023
(the present and beyond)

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Executive Summary:
How are New Jersey Hospitals Doing?

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

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

Below is a summary of the progress New Jersey hospitals have made in delivering care to New Jersey patients. The data for this year's report come from the 71 New Jersey general acute care hospitals and one specialty hospital in 2021.

Patient Safety Indicators (PSIs)

New Jersey hospitals have shown dramatic improvements since the Department began reporting Patient Safety Indicators (PSIs) in the Hospital Performance Report in 2009. The report includes 11 of the 12 measures required to be publicly reported by Bill No. 2471/P.L. 2009, C. 122; AHRQ has officially retired the measure, 'Transfusion Reaction', as of 2016. Therefore, the Department no longer includes this measure in the report.

One of the remaining 11 measures, Retained Surgical Item/ Unretrieved Device Fragment, is measured by volume or count instead of rate since there are very few of them, as they are rare events. The remaining 10 measures are reported as rates.

PSIs Statewide

Overall, New Jersey performed better than or equal to the national averages for most of the 10 PSIs that are measured using rates.

- Perioperative hemorrhage or hematoma declined from 5.31 per 1,000 in 2013 to 2.16 per 1,000 in 2021.
- Post-operative pulmonary embolism (PE) or deep vein thrombosis (DVT) declined from 6.74 per 1,000 in 2013 to 3.35 per 1,000 in 2021.
- Postoperative Sepsis declined from 11.07 per 1,000 in 2012 to 3.76 per 1,000 in 2021.
- Postoperative Wound Dehiscence declined from 1.96 per 1,000 in 2012 to 0.31 per 1,000 in 2019, showed slight increase in 2020 and 2021 (see table on page 29)

Continued

- Abdominopelvic accidental puncture or laceration, declined from 1.63 per 1,000 in 2013 to 0.97 per 1,000 in 2021.

- Retained Surgical Item or Unretrieved Device Fragment has declined from 38 cases in 2012 to 11 in 2021, showing consistent trend of decline.

- Birth Trauma related indicators reflected some improvement over the 2012 – 2021 period, although 'Birth Trauma – Injury to Neonate' showed some increases during 2020 and 2021.

The only indicator where New Jersey performed slightly but persistently worse than the national averages is Postoperative PE/DV.

PSIs by Individual Hospitals

The adverse event occurrence rates of the PSIs measures in this report also show that New Jersey hospitals vary substantially. Some hospitals have significantly higher rates of occurrence of adverse events compared to the statewide average, while others have significantly lower rates than the statewide rate. By reviewing the information in the PSIs table, readers can identify hospitals that have better than average, average, or worse than average performance compared to the statewide performance.

Healthcare-Associated Infections (HAIs)

New Jersey hospitals continue making progress in reducing healthcare-associated infections since the Department began publicly reporting them in 2010. In 2015, the National Healthcare Safety Network (NHSN) staff from the Centers for Disease Control and Prevention (CDC) changed the National HAI baseline and risk-adjustment methodology. As a result, comparisons can't be made from 2010 to 2021. The trend timeframe included in this report is 2015 to 2021.

The following conclusions can be made based on 2021 HAI data:

- New Jersey acute care hospitals continued to make progress in reducing HAIs from 2015 to 2021.

- Measures experiencing significant decreased ratios from 2015-2021 include:
  - Coronary Artery Bypass Graft (CABG) Surgical Site infections decreased by 46%
  - Central Line-Associated Bloodstream Infections (CLABSI) decreased by 21%
  - Catheter-Associated Urinary Tract Infections (CAUTI) decreased by 27%
  - Abdominal Hysterectomy Surgical Site Infections (HYST) decreased by 36%

- Comparing 2021 data to 2020 data, measures remained relatively the same.

- Comparing the National HAI ratio to New Jersey's Statewide 2021 HAI ratio, the following were observed:
  - The Standardized Infection Ratios (SIR) for Colon surgery were 35% lower compared to the National baseline SIRs and the SIR for Abdominal Hysterectomy surgery were 40% lower compared to the National baseline SIRs.
  - The SIRs for CAUTI were 20% lower compared to the National baseline SIRs.
  - The SIRS for CLABSI were 13% lower compared to the National baseline SIRs

Summary

New Jersey hospitals continue to make great strides in reducing medical errors (PSIs) and decreasing the incidence of HAIs in our hospitals, exceeding or equaling national rates on most measures, thereby making our hospitals safer for patients and their families. Collaborating and partnering with New Jersey Hospitals, the Department of Health intends to further reduce medical errors and healthcare-associated infections.

Our joint goal is to make New Jersey the number one state in our nation in healthcare, offering the safest, most effective, and highest quality healthcare.

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

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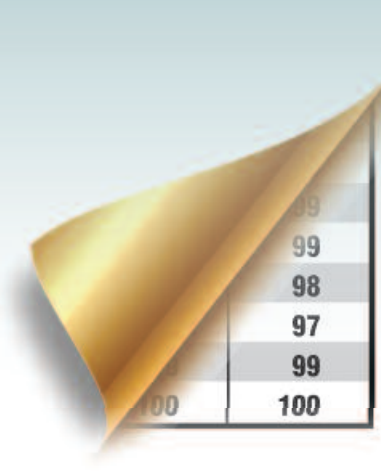
Section 1
Using This Report

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



Hospital Quality and Using This Report

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

Quality of care can have so many different meanings. In this report, quality of care is defined by using nationally recognized standards of care that are measurable, Patient Safety Indicators (PSIs) and Healthcare Associated Infections (HAIs).

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

What measures are in the report?

The two different types of measures in this report identify the success or failure of different aspects of quality hospital care.

Patient Safety Indicators (PSIs)

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

The report includes 12 PSIs required by New Jersey State legislation although one of them has retired since 2016. The data for PSIs in this report is for the year 2021. See pages 24-27 for the hospital specific PSIs data, and pages 18-22 for basic facts about PSIs as health care quality indicators. Comparison of New Jersey statewide PSIs measure with National level rates are presented on pages 28-29.

Healthcare-Associated Infections (HAIs)

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

All data for HAIs are for the year 2021. HAI measures were developed at the federal level by the Centers for Disease Control and Prevention (CDC). See pages 40-53 for the **HAI data**, pages 32-39 for a description of the HAI measures, and pages 64-67 on **preventing HAIs**.

Which hospitals are included?

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

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

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

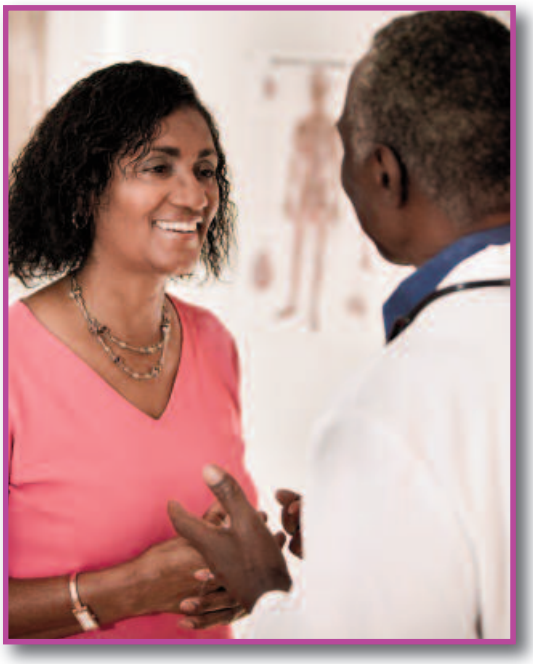
Those who know the quality of a specific hospital may decide that they want a doctor from that hospital, so if they ever need to be hospitalized, they can be admitted to this specific hospital. These people focus on selecting a hospital first and then choose a doctor who is affiliated with that particular hospital.

A doctor who is not affiliated with a hospital cannot admit patients to that hospital. Most hospitals have a list of doctors, by specialty, that are affiliated with their hospital. (See **Finding a Doctor**, page 68).

This report can help you focus on selecting a hospital by learning about the quality of some of the care delivered by NJ hospitals. If you are enrolled in a managed care plan, you will have to choose from hospitals approved by your plan. Use this report to help review your hospital network. Managed care insurers usually offer several choices of hospitals in an area.

Aren't all doctors and hospitals the same?

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



Why should I care about quality?

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

Why are there so many different measures in this report?

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

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

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

This report is not intended to be used alone. It is designed to provide important information to help you make informed decisions. Use this report along with other information in making decisions about hospitals. See section **Health Information and Referral** on pages 70-71 for other sources.

What should I do with the information from this report?

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

Guidelines to Understanding the Different Measure Sets

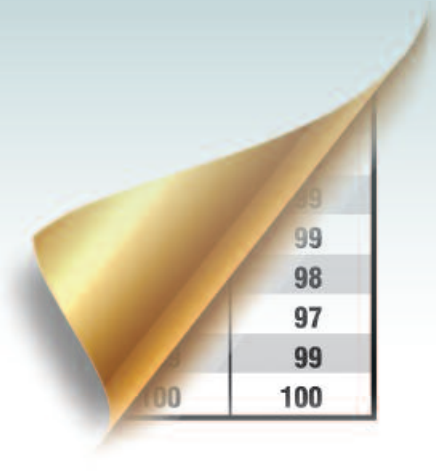
This year's report includes two measure sets. The table below is intended to help you understand how to interpret the data.

Type of Measure	How to Read Data Tables	Explanation
Patient Safety Indicators (PSIs) See pages 14-29	**Lower Rate is Better**	These measures show how many patient safety errors occurred in each hospital that could have potentially been avoided. You ***don't want*** the rate to be high; you ***want*** it to be low, showing fewer errors.
Healthcare-Associated Infections (HAIs) See pages 31-54	**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.

Continued

Section 2:
Patient Safety Indicators (PSIs)

- Understanding and Using Patient Safety Indicators (PSIs)
- Basic Facts on Patient Safety Indicators
- Patient Safety Indicator Rates
- New Jersey's Statewide PSI Rates Compared to National Rates



Understanding and Using Patient Safety Indicators (PSIs)

Patient safety has been an issue of major national interest. Policy makers, providers, and consumers have made the safety of patients and the overall quality of care in U.S. hospitals a top priority. The Agency for Healthcare Research and Quality (AHRQ) states that the need to assess, monitor, track, and improve the safety of inpatient care became apparent with the publication of the Institute of Medicine's series of reports describing the problems of medical errors.

It is obvious that the principal mission of hospitals is to deliver the right care at the right time in the right setting and having the best possible results. Thus, quality of care is expected to be a priority for all health care providers with the overall objective of achieving a high degree of patient satisfaction. However, even in the best hospitals, some patients will experience complications either during or after a surgical operation or, because of other in-hospital patient care. This section of the report provides information on how well hospitals in New Jersey care for patients with a wide range of health problems. Specifically, the report shows how well each hospital is providing safe patient care by examining the number of medical errors or "adverse events" that occur during surgeries, medical procedures, and child birth. These measures of occurrence of adverse events or serious medical errors among hospitalized patients are called **Patient Safety Indicators (PSIs)**.

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", which means adverse events or errors that should never happen.

Evidence suggests that publicly releasing performance data stimulates quality improvement activity at the hospital level. In 2009, the New Jersey legislature enacted the Patient Safety Act (S2471), requiring that the Department include hospital-specific data on patient-safety performance and serious medical errors in the annual New Jersey Hospital Performance Report. Most of the adverse events classified under each PSI are considered potentially preventable. This section of the report focuses on the 12 PSIs mandated for public reporting. Incidentally, one of the 12 selected PSIs, namely **"Transfusion Reaction,"** has been removed from the AHRQ QIs Module since 2016. AHRQ has declared that it can no more be used as a quality indicator. Hence, information on only 11 PSIs is presented in this report.

The numbers on the PSIs tables on **pages 24-27** are not scores or simple percentages. Instead, they are either rates or actual volume of medical errors. **A lower rate in PSIs indicates better performance by a hospital. With PSIs, lower rates mean fewer medical errors or adverse events.**

How is the data collected?

The data comes from the New Jersey hospital discharge database also known as the Uniform Bill (UB) data. Hospitals submit these data to the State. The data used for this analysis are from 2021.

What do the rates mean?

The PSIs tables on pages **24-27** show the rate of occurrence of medical errors or adverse events in each of the 71 licensed hospitals in New Jersey. Each PSI measure shows the extent to which patients in a hospital experience a particular medical problem during their hospital stay. A rate in this report is expressed as the number of complications or medical errors per 1,000 eligible hospital discharges.

For example, suppose a hospital had 1,000 obstetric patients who had vaginal deliveries without the assistance of an instrument. Let us suppose again that 37 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 37 per every 1,000 patients or 3.7% (i.e., 3.7 out of 100 patients).

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 2022) to the 2021 hospital discharge (UB) data. The software is known for its strength in performing "risk-adjustment." National rates are derived from AHRQ's Comparative Benchmark Data for PSIs computed using the SAS Software - V2019 and V2020 for 2016 and 2017; V2021 for 2018; and Version 2022 for the 2019 data. New Jersey's rates are derived from its 2012 to 2021 UB Database using Version 2019 for the 2016-2018 data, Version 2020 for 2019, Version 2021 for the 2020, and Version 2022 for the 2021 data. Both National and New Jersey rates for prior to 2016 years are calculated using prior versions of the Software.

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.

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

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

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with the POA can be excluded from the rate calculation, when appropriate, so that performance comparison remains fair and balanced.

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

How do I read the numbers in the PSIs table?

The footnote labels, "better than statewide average" and "worse than statewide average", shown at the bottom of the tables on **pages 25 and 27** describe the interpretation of the PSI measures in a meaningful way. These labels help identify hospitals that have "better than average," "average," or "worse than average" performances compared to the statewide performance, which is shown on the top row of the table and labeled "Statewide Rate." Confidence Intervals are used to identify those hospitals that have "worse than average" or "better than average" complication rates when compared to statewide average.

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

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 average.

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 average rate.

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

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

Information on confidence intervals is not shown in the tables on **pages 24-27** but is included in the calculations and can be found in the PSIs Technical Report at **www.nj.gov/health/healthcarequality/health-care-professionals/quality indicators/psi.shtml**.

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

Comparison of a hospital's rate to the statewide rate (presented in the top row of a hospital-level PSI table) is one way to assess how well that hospital performed among its peers. A hospital's peers could be defined at many levels (e.g., teaching hospitals, urban hospitals, suburban hospitals, etc.). It is suggested that a hospital's performance be assessed by looking at its performance across the several PSI estimates presented in the Tables on **pages 24-27**. Thus, performance on a single PSI measure may not reliably indicate actual quality differences between hospitals. Examining the results of all the 11 PSIs together will produce a more complete picture of overall quality of care provided by a hospital.

According to the 2021 New Jersey data, there are substantial variations by hospital in rates of adverse events. The reader will notice that some hospitals exhibit significantly higher adverse event rates than the corresponding statewide rates while others have significantly lower rates.

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

The performances of hospitals suggested by the patient safety indicators in this report may reflect factors that do not relate to hospital performance, such as patient or physician preference, stage of illness, age, other accompanying illnesses or conditions, or the availability of specialized equipment or doctors. While the data analysis method tries to adjust for many of these factors, it is often not possible to account for all of them through statistical analysis.

Consumers should remember that doctors direct and oversee the medical care that is delivered in hospitals, prescribe tests, and prescribe medications and treatments. This report does not separate the effect of the doctor from the effect of the hospital. The quality of patient care provided in a hospital comes from how well its doctors, nurses, support staff and management work together as well as the technology and other resources available in the facility. This report is not designed to help consumers and their families choose treatment options but to help them discuss patient safety issues with their physicians.

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

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

Continued

Basic Facts About Patient Safety Indicators (PSIs)

This section presents brief descriptions of each of the 11 PSIs covered in this report and why it is important to report them publicly. As mentioned earlier, most of these adverse events are considered potentially preventable (i.e., with good care, hospitals can prevent most of these adverse events from occurring).

PSI.05 - Retained Surgical Item or Unretrieved Device Fragment:

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

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

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

PSI.06 - Iatrogenic Pneumothorax:

This indicator measures how often incidents of iatrogenic pneumothorax occur in a hospital. As a quality measure, it is intended to flag cases of iatrogenic pneumothorax caused by medical care. It is specifically used to show complications that can result from interventional treatment in the chest area. The rate tells you the number of such incidents per 1,000 surgical or medical patients 18 years and older. Iatrogenic is a medical term for a condition in which air or gas is present in the pleural cavity or space around the lung. Air could be leaking from the lungs because of accidental puncture while performing procedures such as mechanical ventilation, tracheostomy tube placement, or other therapeutic intervention. Many procedures performed in an intensive care or emergency setting can result in an iatrogenic pneumothorax. These procedures include mechanical ventilation therapy, cardiopulmonary resuscitation and neck surgery. Treatment of pneumothorax is generally with a chest tube. Pneumothorax is a term used to

describe a collapsed lung resulting from presence of air or gas in the pleural cavity which can impair oxygenation and/or ventilation. Symptoms, which can occur when one is asleep, often begin suddenly and can take the form of chest pain, shortness of breath and abnormal breathing.

Information on this indicator is important because the complication, which is a relatively rare event, is preventable, especially if appropriate precautions are taken and currently recommended techniques used. Treating this potentially preventable medical error sometimes requires putting a tube into a patient's chest to remove the excess air.

PSI.08 - In Hospital Fall with Hip Fracture:

This indicator measures how often patients fall and break their hip bone while staying in a hospital. A hip fracture following surgery is an event that can be used as an indicator of hospital care and oversight. Patients, particularly the elderly, can fracture their hip by falling while trying to move about too soon after surgery. This type of accident should be minimized in hospitals exercising appropriate protocols for patients who are high risk for falls. The rate tells you the number of patients (ages 18 years and older) who broke a hip bone from a fall during a hospital stay per every 1,000 surgical discharges. It should be noted, however, that the measure is limited to patients who enter the hospital for procedures other than fractures of the hip. Patients with diseases of the bone, cancer, trauma and other conditions such as seizure disorder, syncope, stroke, occlusion of arteries, coma, cardiac arrest, poisoning, delirium or other psychoses, anoxic brain injury are not included in the calculation of the rate.

Information on this indicator is important because breaking a hip bone because of a fall while in the care of a hospital is a type of medical error that is usually preventable. A fall can happen for different reasons, such as being given too much pain medication, having too little supervision when trying to walk after an operation or it may just happen. Hip fractures usually occur among the elderly, with fewer than half of those who suffer a hip fracture returning to their former level of activity. 'In Hospital Fall with Hip Fracture' occurs very rarely.

PSI.09 - Perioperative Hemorrhage or Hematoma:

This indicator measures how often hospitalized patients bled too much either within their body or outside their body (hemorrhage) or develop a large clot (hematoma) following a surgical procedure. These complications are serious enough to involve another operation to stop the bleeding or remove the blood clots. The **rate** tells you the number of patients 18 years and older with perioperative hemorrhage or hematoma per 1,000 surgical procedures. However, it should be noted that cases with a diagnosis of coagulation disorder; cases with a principal diagnosis of perioperative hemorrhage or hematoma; cases with a secondary diagnosis of perioperative hemorrhage or hematoma present on admission; cases where the only operating room procedure is for treatment of perioperative hemorrhage or hematoma; and obstetric cases are all excluded from the rate calculation.

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

Information on this indicator is important because it tells you the level of care

Continued

provided by the hospital to prevent the event, which is considered preventable when proper guidelines and procedures are followed.

PSI.12 - Perioperative Pulmonary Embolism (PE) or Deep Vein Thrombosis (DVT):

Pulmonary Embolism (PE) is a blood clot **in an artery of the lungs.** It is usually produced by foreign matter in the bloodstream, most often a blood clot originating in a vein of the leg or pelvis. It may occur after an operation or confinement to bed. Pulmonary embolism is one of the most common causes of death in hospitalized people who must remain in bed for a long time. Deep Vein Thrombosis (DVT) is a condition marked by the formation of a blood clot ('thrombus') within a deep vein, usually in the leg or pelvis. These clots may then travel through blood vessels and then cause an obstruction in blood flow to a body organ. For example, when the blood flow to the heart is interrupted, a heart attack may occur. This indicator measures how often patients experience a blood clot up in the lungs (pulmonary embolism) or in a large vein (deep vein thrombosis) following an operation. **The rate** tells you the number of patients ages 18 years and older with PE or DVT per 1,000 discharges of surgery patients from the operating room, excluding obstetric patients. Moreover, patients who have these conditions upon admission to a hospital are excluded from the counts, since the indicator seeks to find these blood clots when they occur after surgery in a hospital. Hospitals displaying a 'lower than expected', or 'as expected' rate on this measure likely have employed effective techniques for prevention of this complication.

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

PSI.13 - Postoperative Sepsis:

This indicator measures how often a serious infection of the bloodstream caused by toxin-producing bacteria, known as sepsis occurs after surgery in a given hospital. The rate tells you the number of hospitalized patients ages 18 years and older that get a serious bloodstream infection (nosocomial postoperative sepsis) after surgery per 1,000 elective surgery patients. The rate calculation excludes patients with pre-existing infections as well as those with compromised immunity system such as cancer. Obstetric patients are also excluded from the rate calculation.

Information on this indicator is important because it tells you the level of care provided by the hospital to prevent sepsis infections in patients. Analysis of these specific infections may provide a screen for potential medical errors and a method for monitoring trends in infections over

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

PSI.14 - Postoperative Wound Dehiscence:

This indicator measures incidences of wound dehiscence in a given hospital. The rate tells you the number of patients ages 18 years and older who had experienced reclosures of surgical wounds (wound dehiscence) in the abdominal wall or pelvic area per 1,000 cases of abdominopelvic surgeries. Wound reclosure is performed after the wound from surgical operation is accidently split open. Abdominopelvic surgical procedures include those performed on the stomach, liver, spleen, gallbladder, pancreas, kidneys, most of the small and large intestines, urinary bladder and internal reproductive organs. The rate excludes patients with pre-existing conditions (usually flagged as Present on Admission) and all obstetric admissions.

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

PSI.15 - Abdominopelvic Accidental Puncture or Laceration:

This indicator measures how often patients experience accidental puncture or laceration (making an unnecessary or dangerous hole or tear in an organ of the body), while receiving medical care (i.e., undergoing an abdominopelvic procedure) in the hospital. The rate tells you the number of patients ages 18 years and older who had an accidental cut or lacerations during a medical procedure per 1,000 discharges, excluding patients with pre-existing conditions as well as obstetric admissions.

This information is important because it shows you the level of care provided by the hospital to avoid or minimize the event from happening. This is a medical error considered preventable when proper guidelines and procedures are followed.

PSI.17 - Birth Trauma - Injury to Neonate:

Birth trauma – Injury to Neonate refers to damage of the tissues and organs of a newly delivered child, often as a result of physical pressure or trauma during childbirth, including damage to the brain or cranium that leaves a long-term consequence of a cognitive nature. The rate tells you the number of birth trauma (injury to neonate) cases per 1,000 live births (excluding some preterm infants and infants with osteogenic imperfecta) caused by medical complications during labor and delivery.

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

This information is important because it shows how often birth traumas, which are potentially preventable errors occur.

Continued

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.

PSI.18 - Obstetric Trauma - Vaginal Delivery with Instrument:

Obstetric trauma during instrument-assisted vaginal delivery is an injury to the mother while giving birth by vaginal delivery with the aid of birthing instruments such as forceps or vacuums. The rate tells you the number of obstetric trauma cases (3rd or 4th degree lacerations, other obstetric lacerations) during instrument-assisted vaginal deliveries per 1,000 births.

This information is important because it reflects how often women experience a tear (trauma) to their perineum (the area between her vagina and rectum) while giving birth when a health care provider is using forceps or other medical instruments to help her deliver the baby. Trauma cases during vaginal delivery that require the use of forceps or other instrument assistance is a medical error that is potentially preventable.

PSI.19 - Obstetric Trauma - Vaginal Delivery without Instrument:

Obstetric trauma during vaginal delivery without instrumentation is an injury to the mother while giving birth by vaginal delivery without the aid of birthing instruments. The rate tells you the number of obstetric trauma cases (4th degree lacerations, other obstetric lacerations) per 1,000 vaginal deliveries that occurred without a birthing instrument.

This information is important because it tells you the number of potentially preventable injuries or lacerations that occur during a vaginal delivery that did not require instrument assistance. It captures how often a woman experiences a tear (trauma) to her perineum (the area between her vagina and rectum) while giving birth. Such tears, which can happen even when birthing instruments are not used, are often preventable.

Continued

Patient Safety Indicator (PSI) Rates 2021

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

See footnotes at bottom of next page

Hospital Name	Retained Surgical Item or Unretrieved Device Fragment	Iatrogenic pneumothorax	In hospital fall with hip fracture	Peri-operative hemorrhage or hematoma	Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National rate, 2019	597	0.17	0.08	2.25	3.23	3.91
Statewide number of adverse events, 2021	11	75	40	326	512	225
Statewide average rate, 2021	NA	0.13	0.07	2.16	3.35	3.76
AtlantiCare Regional Medical Center-City	1	0.2	0.2	3.5	1.4	6.7
AtlantiCare Regional Medical Center-Mainland	0	0.1	0.0	1.3	3.8	0.7
Bayshore Medical Center	0	0.0	0.0	1.4	2.9	6.4
Bergen New Bridge Medical Center	0	1.6 **	0.0	0.0	20.2 **	0.0
Cape Regional Medical Center	0	0.3	0.3	3.4	4.2	0.0
Capital Health Medical Center-Hopewell	0	0.0	0.0	3.1	5.5	2.0
Capital Health Regional Medical Center	0	0.0	0.0	1.8	8.2 **	4.2
CarePoint Health-Bayonne Medical Center	0	0.3	0.0	0.0	1.5	0.0
CarePoint Health-Christ Hospital	0	0.0	0.2	0.0	1.4	6.1
CarePoint Health-Hoboken University MC	0	0.0	0.5	0.0	9.6	50.1
CentraState Medical Center	0	0.3	0.2	0.6	5.7	2.3
Chilton Memorial Hospital	0	0.0	0.0	2.0	3.2	6.7
Clara Maass Medical Center	0	0.0	0.0	3.4	1.9	5.0
Community Medical Center	0	0.0	0.1	0.8	3.2	2.4
Cooper Hospital University Medical Center	1	0.1	0.1	1.6	3.9	3.8
Cooperman Barnabas Medical Center	0	0.2	0.1	3.1	5.9 **	4.4
Deborah Heart and Lung Center	0	0.0	0.0	5.2 **	1.3	8.0
East Orange General Hospital	0	0.0	0.0	0.0	0.0	0.0
Englewood Hospital and Medical Center	1	0.2	0.0	2.7	0.6 *	2.5
Hackensack Meridian Health, Mountainside MC	0	0.0	0.0	0.0	0.0 *	0.0
Hackensack Meridian Health-Pascack Valley MC	0	0.0	0.0	0.0	0.0	0.0
Hackensack University Medical Center	2	0.0	0.0	1.8	1.3 *	3.6
Hackettstown Medical Center	0	0.0	0.3	2.2	3.7	0.0
Holy Name Medical Center	0	0.0	0.1	1.6	3.3	9.5
Hudson Regional Hospital	0	0.0	0.0	2.7	0.0	5.8
Hunterdon Medical Center	0	0.5 **	0.0	2.7	2.6	0.0
Inspira Medical Center Elmer	0	0.0	1.1 **	0.0	0.0	0.0
Inspira Medical Center Mullica Hill	0	0.2	0.1	2.1	3.8	5.0
Inspira Medical Center Vineland	0	0.1	0.0	2.3	2.1	5.8
Jefferson Cherry Hill Hospital	0	0.6	0.0	0.0	0.0	17.6
Jefferson Stratford Hospital	1	0.0	0.3	2.9	3.0	6.1
Jefferson Washington Township Hospital	0	0.0	0.0	1.7	1.5	4.2
Jersey City Medical Center	0	0.0	0.1	0.4	3.6	9.1
Jersey Shore University Medical Center	0	0.1	0.0	2.8	1.9 *	1.9
JFK University Medical Center	0	0.2	0.2	2.7	4.2	5.5
Monmouth Medical Center	0	0.2	0.0	7.6 **	6.1 **	1.8
Monmouth Medical Center Southern Campus	0	0.3	0.3	0.0	3.9	13.4
Morristown Medical Center	2	0.1	0.0	2.7	3.9	1.2

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2021. One of the 11 PSI procedures, Retained Surgical Item/Unretrieved Device Fragment, is not presented as rates but as volume or number of events. *Lower rates are better and mean fewer medical errors for that procedure or condition.*

continued on next page

Hospital Name	Retained Surgical Item or Unretrieved Device Fragment	Iatrogenic pneumothorax	In hospital fall with hip fracture	Peri-operative hemorrhage or hematoma	Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT)	Post-operative sepsis
National rate, 2019	597	0.17	0.08	2.25	3.23	3.91
Statewide number of adverse events, 2021	11	75	40	326	512	225
Statewide average rate, 2021	NA	0.13	0.07	2.16	3.35	3.76
Newark Beth Israel Medical Center	0	0.0	0.0	1.2	5.3	9.6
Newton Medical Center	0	0.0	0.0	1.8	1.2	6.8
Ocean University Medical Center	0	0.1	0.1	0.9	3.1	1.4
Overlook Medical Center-Summit	0	0.1	0.1	3.1	3.7	3.4
Palisades Medical Center	0	0.2	0.0	0.0	2.2	12.1
Penn Medicine Princeton Medical Center	0	0.1	0.4 **	0.7	4.6	1.6
Raritan Bay Medical Center-Old Bridge	0	0.0	0.0	2.0	4.9	8.9
Raritan Bay Medical Center-Perth Amboy	1	0.0	0.0	0.0	4.8	0.0
Riverview Medical Center	0	0.1	0.0	2.5	2.4	0.0
Robert Wood Johnson University Hospital	0	0.0	0.0	3.3 **	4.2	7.6
Robert Wood Johnson University Hospital Hamilton	0	0.0	0.1	0.0	3.8	6.4
Robert Wood Johnson University Hospital Rahway	0	0.0	0.0	3.6	3.0	0.0
Robert Wood Johnson University Hospital Somerset	0	0.1	0.0	0.7	1.2	2.7
Saint Clare's Hospital-Denville	0	0.0	0.0	1.2	3.0	0.0
Saint Clare's Hospital-Dover	0	0.6 **	0.3	0.0	2.2	0.0
Saint Michael's Medical Center	0	0.0	0.0	0.0	1.3	0.0
Saint Peter's University Hospital	0	0.0	0.0	1.9	3.4	1.6
Salem Medical Center	0	0.0	0.0	0.0	0.0	0.0
Shore Medical Center	0	0.4 **	0.1	3.6	5.5	7.1
Southern Ocean Medical Center	0	0.0	0.0	1.2	2.3	4.0
St. Francis Medical Center	1	0.0	0.1	0.0	4.3	4.3
St. Joseph's University Medical Center	0	0.3	0.0	1.7	3.0	10.2
St. Joseph's Wayne Medical Center	0	0.0	0.3 **	2.4	3.1	0.0
St. Luke's Warren Hospital	0	0.0	0.0	0.0	2.9	0.0
St. Mary's General Hospital	0	0.0	0.0	0.0	0.0	2.3
Trinitas Regional Medical Center	0	0.0	0.2	0.0	6.6	0.0
University Hospital	0	0.0	0.0	2.2	4.8	2.1
Valley Hospital	0	0.0	0.0	2.3	1.9	2.7
Virtua Memorial Hospital of Burlington County	1	0.1	0.0	1.7	7.1 **	5.4
Virtua Our Lady of Lourdes Hospital-Camden	0	0.1	0.0	1.0	6.1 **	3.8
Virtua West Jersey Hospital-Marlton	0	0.0	0.1	2.8	2.8	6.9
Virtua West Jersey Hospital-Voorhees	0	0.1	0.4 **	1.3	3.4	5.8
Virtua Willingboro Hospital	0	0.0	0.1	0.0	0.0	0.0

SSource: New Jersey numbers are derived from the 2021 UB Data while the national numbers come from AHRQ's Benchmark Data Tables derived from analysis of the 2019 HCUP - State Inpatient Database (SID).

NA = Not Applicable - Indicator is measured using volume only. * = Statistically significantly below state average (i.e. better than average), ** = Statistically significantly above state average (i.e. worse than average). Missing (.) = Hospital did not perform the procedure during the year; or it performed less than 3 procedures (rate is not computed when the denominator is less than 3).

Patient Safety Indicator (PSI) Rates 2021

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

See footnotes at bottom of next page

Hospital Name	Postoperative wound dehiscence	Unrecognized abdominopelvic accidental puncture or laceration	Birth trauma injury to neonate	Obstetric trauma-vaginal delivery with instrument	Obstetric trauma-vaginal delivery without instrument
National rate, 2019	1.58	0.97	4.60	117.23	17.48
Statewide number of adverse events, 2021	29	111	296	401	942
Statewide average rate, 2021	0.91	0.97	3.16	106.45	15.85
AtlantiCare Regional Medical Center-City	3.5	2.9 **	.	.	.
AtlantiCare Regional Medical Center-Mainland	4.4	1.3	3.5	38.5	8.0
Bayshore Medical Center	2.8	0.0	.	.	.
Bergen New Bridge Medical Center	0.0	0.0	.	.	.
Cape Regional Medical Center	0.0	0.0	0.0	200.0 ^	13.6
Capital Health Medical Center-Hopewell	0.0	0.5	0.6	151.3	16.7
Capital Health Regional Medical Center	0.0	0.0	.	.	.
CarePoint Health-Bayonne Medical Center	0.0	0.0	.	.	.
CarePoint Health-Christ Hospital	0.0	2.5	.	.	.
CarePoint Health-Hoboken University MC	0.0	7.5 **	4.7	71.4 ^	25.1
CentraState Medical Center	0.0	0.0	1.5	0.0 ^	7.7
Chilton Memorial Hospital	0.0	0.0	0.0	0.0 ^	0.0
Clara Maass Medical Center	0.0	0.0	3.6	76.9	1.1
Community Medical Center	0.0	0.0	2.3	112.4	9.1
Cooper Hospital University Medical Center	0.4	1.3	1.0	144.1	18.3
Cooperman Barnabas Medical Center	2.6	1.8	4.3	105.3	21.4
Deborah Heart and Lung Center	0.0	0.0	.	.	.
East Orange General Hospital	7.1	0.0	.	.	.
Englewood Hospital and Medical Center	0.0	0.0	0.3	79.0	13.7
Hackensack Meridian Health, Mountainside MC	0.0	0.0	9.5	41.1 ^	22.4
Hackensack Meridian Health-Pascack Valley MC	0.0	0.0	2.4	68.2	9.2
Hackensack University Medical Center	1.3	0.6	5.3	95.4	12.7
Hackettstown Medical Center	0.0	0.0	.	.	.
Holy Name Medical Center	0.0	3.4 **	6.4	86.2	11.6
Hudson Regional Hospital	0.0	2.6	18.4	125.0 ^	0.0
Hunterdon Medical Center	0.0	0.0	5.2	64.5 ^	24.2
Inspira Medical Center Elmer	0.0	0.0	0.0	0.0	54.5
Inspira Medical Center Mullica Hill	4.9 **	1.5	2.6	38.5 ^	28.1
Inspira Medical Center Vineland	2.3	0.6	4.7	0.0 ^	4.3
Jefferson Cherry Hill Hospital	0.0	1.5	.	.	.
Jefferson Stratford Hospital	0.0	0.0	.	.	.
Jefferson Washington Township Hospital	0.0	0.7	3.5	66.7 ^	18.0
Jersey City Medical Center	0.0	1.5	2.0	93.0	25.6
Jersey Shore University Medical Center	0.0	0.7	11.2	87.2	20.7
JFK University Medical Center	0.0	1.2	5.9	75.0	10.7
Monmouth Medical Center	0.0	1.4	3.6	82.0	12.3
Monmouth Medical Center Southern Campus	0.0	0.0	.	.	.
Morristown Medical Center	0.5	1.4	1.2	237.6	17.4

The rate is the number of avoidable medical errors for every 1,000 eligible discharges from the hospital in 2021. One of the 11 PSI procedures, Retained Surgical Item/Unretrieved Device Fragment, is not presented as rates but as volume or number of events. *Lower rates are better and mean fewer medical errors for that procedure or condition.*

Hospital Name	Postoperative wound dehiscence	Unrecognized abdominopelvic accidental puncture or laceration	Birth trauma injury to neonate	Obstetric trauma-vaginal delivery with instrument	Obstetric trauma-vaginal delivery without instrument
National rate, 2019	1.58	0.97	4.60	117.23	17.48
Statewide number of adverse events, 2021	29	111	296	401	942
Statewide average rate, 2021	0.91	0.97	3.16	106.45	15.85
Newark Beth Israel Medical Center	3.4	0.0	1.7	92.3	9.5
Newton Medical Center	0.0	2.2	2.0	43.5 ^	12.7
Ocean University Medical Center	1.4	0.4	15.6	45.5 ^	7.5
Overlook Medical Center-Summit	0.9	0.2	0.8	47.6	9.9
Palisades Medical Center	0.0	1.6	5.8	103.5 ^	16.2
Penn Medicine Princeton Medical Center	2.6	0.0	1.0	186.1	20.4
Raritan Bay Medical Center-Old Bridge	0.0	0.0	.	.	.
Raritan Bay Medical Center-Perth Amboy	0.0	0.0	0.0	74.1	8.1
Riverview Medical Center	2.4	1.8	10.3	129.0	14.1
Robert Wood Johnson University Hospital	0.6	1.6	8.9	63.3	14.4
Robert Wood Johnson University Hospital Hamilton	2.4	3.5 **	.	.	.
Robert Wood Johnson University Hospital Rahway	0.0	4.5 **	.	.	.
Robert Wood Johnson University Hospital Somerset	5.7 **	0.7	4.6	129.9	22.4
Saint Clare's Hospital-Denville	0.0	0.0	0.9	268.3	36.2
Saint Clare's Hospital-Dover	0.0	0.0	.	.	.
Saint Michael's Medical Center	0.0	0.0	.	.	.
Saint Peter's University Hospital	0.0	0.0	2.2	153.9	31.3
Salem Medical Center	0.0	0.0	.	.	.
Shore Medical Center	0.0	0.0	1.2	166.7 ^	22.8
Southern Ocean Medical Center	0.0	0.0	5.2	125.0 ^	31.5
St. Francis Medical Center	0.0	0.0	.	.	.
St. Joseph's University Medical Center	1.3	2.0	0.7	0.0	4.1
St. Joseph's Wayne Medical Center	0.0	0.0	.	.	.
St. Luke's Warren Hospital	0.0	0.0	.	.	.
St. Mary's General Hospital	0.0	1.0	0.0	0.0 ^	3.6
Trinitas Regional Medical Center	0.0	2.3	3.6	136.4 ^	13.0
University Hospital	0.0	1.2	0.9	37.0	7.1
Valley Hospital	1.1	0.6	1.1	88.0	18.7
Virtua Memorial Hospital of Burlington County	0.0	1.2	1.9	102.9	16.5
Virtua Our Lady of Lourdes Hospital-Camden	4.7	0.7	.	0.0 ^	12.5
Virtua West Jersey Hospital-Marlton	0.0	0.8	0.0	.	.
Virtua West Jersey Hospital-Voorhees	0.0	0.7	0.5	157.2	14.2
Virtua Willingboro Hospital	0.0	0.0	.	.	.

Source: New Jersey numbers are derived from the 2021 UB Data while the national numbers come from AHRQ's Benchmark Data Tables derived from analysis of the 2019 HCUP - State Inpatient Database (SID).

^ = Rates are based on denominators less than 30 and should be taken with caution. *=Statistically significantly below state average (i.e. better than average), **=Statistically significantly above state average (i.e. worse than average). **Missing(.)**=Hospital did not perform the procedure during the year; or it performed less than 3 procedures (rate is not computed when the denominator is less than 3). PSI #17: Birth Trauma - Injury to Neonate; PSI #18: Obstetric Trauma Rate – Vaginal Delivery With Instrument; and PSI #19: Obstetric Trauma Rate – Vaginal Delivery Without Instrument **are not risk-adjusted** because important risk factors (e.g., whether the mother is nulliparous or multiparous or the size of the infant) are not available in the Healthcare Cost and Utilization Project (HCUP) State Inpatient Database (SID), which is the basis for the AHRQ modules.

New Jersey's Statewide PSI Rates Compared to National Rates

It needs to be emphasized that the Quality Indicators (QIs) developed by the Agency for Healthcare Research and Quality (AHRQ) are standardized, evidence-based measures of health care quality that can be used with readily available hospital inpatient administrative data to measure and track clinical performance and outcomes.

As stated earlier, the New Jersey statewide estimates are derived from the NJ UB data using the Quality Indicators (QIs) SAS Software for PSIs. Specifically, NJ rates for 2016 to 2021 are calculated using the QIs SAS Software (i.e., Versions 2019, 2020, 2021 & 2022). These versions are all based on the ICD-10-CM/PCS Diagnosis and Procedure Codes. The table on page 29 shows National PSIs estimates for 2012 to 2019 and New Jersey's statewide estimates for the years 2012 through 2021.

The national estimates come from AHRQ's National Comparative Data derived from the Nationwide Inpatient Sample (NIS) data, which in turn is extracted from the State Inpatient Data (SID) that comes from all participating States nationwide. A Federal agency called HCUP (Healthcare Cost & Utilization Project) compiles and manages UB datasets that come from participating States. Currently, 49 States and the District of Columbia are participating in the HCUP database programs.

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

Some Highlights:

- New Jersey hospitals have shown dramatic improvements since the Department started reporting on Patient Safety Indicators (PSIs) in its Hospital Performance Report. Some of the PSIs (i.e., State-level averages) that showed significant improvement over the last 10 years include:
  - Retained Surgical Item or Unretrieved Device Fragment declined from 38 cases in 2012 to 11 in 2021 – quite an improvement.
  - Postoperative PE or DVT declined from 6.74 per 1,000 in 2012 to 3.35 in 2021.
  - Postoperative Sepsis fell from 11.07 per 1,000 in 2012 to 3.76 in 2021. It should be noted that the drastic drop could also be due to changes made on the indicator definitions when the transition from ICD-09 to ICD-10 was made.
  - Postoperative Wound Dehiscence declined from 1.67 per 1,000 in 2012 to 0.91 in 2021.
  - Perioperative Hemorrhage or Hematoma declined from 5.31 per 1,000 in 2013 to 2.16 in 2021.
  - Birth Trauma - Injury to Neonate has increased from 1.73 per 1,000 livebirths in 2012 to 3.16 in 2021.
  - Obstetric Trauma - Vaginal Delivery with Instrument declined from 126.00 per 1,000 in 2012 to 106.45 in 2021 (i.e., with some ups and downs).
  - Obstetric Trauma - Vaginal Delivery without Instrument declined from 19.07 per 1,000 in 2012 to 15.85 in 2021.
- Overall, New Jersey performed better than or equal to the national averages for most of the 10 PSIs that are measured using rates. As shown in the table, the only indicator where New Jersey performed slightly but persistently worse than the national averages is Postoperative PE/DVT.

Comparing New Jersey's Statewide PSI Rates with National Rates (per 1,000 medical and surgical discharges)

Patient Safety Indicators (PSIs) (with PSI abbreviations)	National					
	2012	2013	2016	2017	2018	2019
Retained Surgical Item or Unretrieved Device Fragment Ω (PSI.05 Ω)	973	852	694	619	629	597
Iatrogenic Pneumothorax (PSI.06)	0.34	0.32	0.21	0.19	0.19	0.17
In Hospital Fall with Hip Fracture (PSI.08)	0.04	0.08	0.08	0.07	0.07	0.07
Post-operative Hemorrhage or Hematoma (PSI.09)	5.11	4.52	2.29	2.25	2.39	2.25
Post-operative PE or DVT (PSI.12)	4.99	3.72	3.45	3.37	3.41	3.23
Post-operative Sepsis (PSI.13)	9.61	4.26	4.05	3.97	4.09	3.91
Post-operative Wound Dehiscence (PSI.14)	1.86	1.71	0.69	0.67	0.80	1.58
Abdominopelvic Accidental Puncture/Laceration (PSI.15)	1.89	0.73	1.06	1.04	1.04	0.97
Transfusion Reaction Ω μ (PSI.15 Ω μ)	38	38	-	-	-	-
Birth Trauma - Injury to Neonate (PSI.17)	1.89	1.97	4.63	4.77	4.48	4.60
Obstetric Trauma - Vaginal Delivery with Instrument (PSI.18)	133.19	127.87	109.90	115.42	116.01	117.23
Obstetric Trauma - Vaginal Delivery without Instrument (PSI.19)	20.97	19.97	17.30	17.63	17.44	17.48

This table, listing New Jersey PSI rates as a comparison to National rates, continues below.

PSIs *(cont'd)* (abbreviated)	New Jersey									
	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
PSI.05 Ω	38	28	32	23	13	16	17	13	10	11
PSI.06	0.32	0.27	0.28	0.23	0.19	0.17	0.15	0.14	0.17	0.13
PSI.08	0.03	0.02	0.03	0.03	0.04	0.06	0.05	0.06	0.07	0.07
PSI.09	4.72	5.31	4.85	4.41	2.39	2.12	2.33	2.22	2.20	2.16
PSI.12	5.51	6.74	6.11	5.48	3.99	4.05	4.02	3.42	3.75	3.35
PSI.13	11.07	9.11	10.42	8.09	3.79	3.73	3.24	3.45	3.80	3.76
PSI.14	1.67	1.49	1.45	1.24	0.53	0.58	0.59	0.31	0.63	0.91
PSI.15	1.22	1.63	1.37	1.05	0.94	0.90	0.85	0.92	0.84	0.97
PSI.15 Ω μ	1	1	1	0	-	-	-	-	.	.
PSI.17	1.73	1.54	1.55	1.98	2.45	2.19	2.41	1.87	2.44	3.16
PSI.18	126.00	124.05	112.58	96.00	82.96	109.38	112.11	117.33	114.68	106.45
PSI.19	19.07	17.30	16.44	13.33	14.80	14.62	14.43	14.59	14.79	15.85

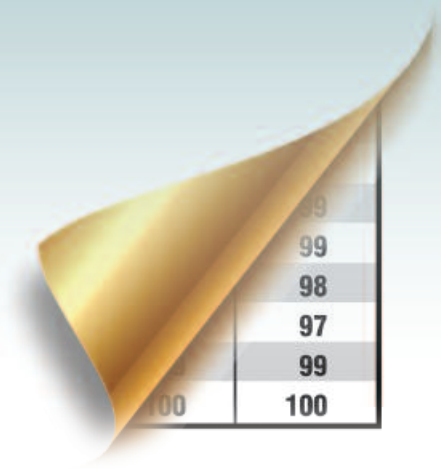
New Jersey's rates are derived from the NJ UB database, while the national numbers come from AHRQ's Benchmark Data Tables derived from analysis of the HCUP - State Inpatient Database (SID).

Ω = Indicator reported in volume instead of rate, because it is a rare event.
μ = Indicator no more used as quality measure. AHRQ has decided to retire this PSI measure since 2016 (i.e., since transition to ICD-10-CM/PCS)
National Rates for 2014 and 2015 - not available.
'Retained Surgical Item or Unretrieved Device Fragment' was formerly called 'Foreign Body Left in During Procedure'

Section 3

Healthcare-Associated Infections (HAIs)

- Understanding Measures for Healthcare-Associated Infections (HAIs)
- Central Line-Associated Bloodstream Infections (CLABSI) Data
- Catheter-Associated Urinary Tract Infections (CAUTI) Data
- Overall Surgical Site Infections (SSI) Data
- Abdominal Hysterectomy Surgical Site Infections (SSI) Data
- Knee Arthroplasty Surgical Site Infections (SSI) Data
- Colon Surgical Site Infections (SSI) Data
- Coronary Artery Bypass Graft (CABG) Surgical Site Infections (SSI) Data
- HAI Trends in New Jersey, 2015-2021



Understanding and Using Measures for Healthcare Associated Infections (HAI)

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

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

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

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

What HAIs are in this year's report?

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

Where do the data come from?

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

This report contains CLABSI, CAUTI and SSI data submitted to NHSN by New Jersey hospitals in 2021. Hospitals were provided the opportunity to verify the accuracy of their data. The data in this report have not been independently audited and validated.

What is Risk-Adjustment?

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

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

How are HAIs measured and what do the measures mean?

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

The hospital SIRs are compared to the national experience, which is a baseline SIR of 1.0. The results are summarized under the column, National Comparison. This column classifies the hospitals' performances by a L as "Lower than Expected", a S as "Similar to Expected", or a H as "Higher than Expected".

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

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

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

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

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

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

If you develop a central line-associated bloodstream infection, you may become ill with fevers and chills or the skin around the central line may become sore and red. CLABSIs can be prevented through proper management of the central line. It is estimated that CLABSIs cost $2.7 billion a year in the United States. According to the federal Centers for Disease Control and Prevention (CDC), approximately 250,000 CLABSIs occur annually with an estimated death rate of 12% to 25% for each CLABSI[3].

What CLABSI data are included in this report?

CLABSIs are monitored in many inpatient locations within the hospital. **This report includes CLABSI events that occurred in adult, pediatric critical/intensive care units and neonatal intensive care units (ICUs and NICUs) and wards in each of the 70 acute care and one specialty care hospitals in New Jersey during 2021.** Wards include step-down units, mixed acuity units and specialty units (hematology/oncology). The data were verified for accuracy by each hospital.

What are the CLABSI results for New Jersey for 2021?

There were more than 595,000 central-line days reported to NHSN by New Jersey acute care hospitals in 2021. The formula below provides the Statewide observed, expected and SIR for CLABSIs:

Observed CLABSIs=521
Expected CLABSIs=586.31
SIR=Observed/Expected=0.89

The SIR of 0.89 indicates that CLABSIs for New Jersey were 11% fewer than expected based on the national data. The difference is not statistically significant. This means the central-line infections in New Jersey were similar to the central-line infections seen nationally.

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

Observed ICU CLABSIs=238
Expected ICU CLABSIs=233.12
SIR=Observed/Expected=1.02

The SIR of 1.02 indicates that ICU CLABSIs for New Jersey were 2% higher than expected based on the national data. The difference is not statistically significant. Central-line infections in New Jersey were similar to the central-line infections seen nationally.

There are 24 acute care hospitals in New Jersey which have Neonatal Intensive

Care Units (NICUs). The SIR for NICU is as follows:

Observed NICU CLABSIs=16
Expected NICU CLABSIs=29.35
SIR=Observed/Expected=0.55

The SIR of 0.55 indicates that NICU CLABSIs for New Jersey were 45% fewer than expected based on the national data. The difference is not statistically significant; NICU CLABSIs in New Jersey were similar to NICU CLABSIs seen nationally.

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

Observed Ward CLABSIs=267
Expected Ward CLABSIs=323.84
SIR=Observed/Expected=0.82

The SIR of 0.82 indicates that CLABSIs in New Jersey hospital wards were 18% fewer than expected based on the national data. The difference is statistically significant; Ward CLABSIs in New Jersey were lower than Ward CLABSIs seen nationally.

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

Catheter-Associated Urinary Tract Infections (CAUTI) are the fifth most commonly reported healthcare-associated infection in acute care hospitals.[8] A catheter is a drainage tube that is inserted into the bladder. The catheter is left in place and is connected to a closed collection device.

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

What CAUTI data are included in this report?

CAUTIs are monitored in many inpatient locations within the hospital. **This report focuses on CAUTI events that occurred in adult critical/intensive care units (CCUs or ICUs) and medical wards** in each of the 70 acute care hospitals and one specialty care hospital in New Jersey during 2021. 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 2021?

There were over 541,000 catheter days reported to NHSN by New Jersey hospitals in 2021. The formula below provides the Statewide observed, expected and SIR for CAUTIs:

Observed CAUTIs=509
Expected CAUTIs=634.40
SIR=Observed/Expected=0.80

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

The SIR of 0.80 indicates that CAUTIs for New Jersey were 20% lower than the expected national data. The difference is statistically significant. This means the catheter-associated urinary tract infections in New Jersey were lower than the catheter-associated urinary tract infections seen nationally.

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

Observed ICU CAUTIs=213
Expected ICU CAUTIs=294.71
SIR=Observed/Expected=0.72

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The SIR of 0.72 indicates that ICU CAUTIs for New Jersey were 28% lower than the expected national data. The difference is statistically significant indicating that the catheter-associated urinary tract infections in intensive care units in New Jersey were lower than intensive care unit catheter-associated urinary tract infections seen nationally.

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

Observed Ward CAUTIs=296
Expected Ward CAUTIs=339.70
SIR=Observed/Expected=0.87

The SIR of 0.87 indicates that CAUTIs in New Jersey wards were 13% lower than the expected national data. The difference is statistically significant indicating that the catheter-associated urinary tract infections in New Jersey wards were lower than catheter-associated urinary tract infections seen nationally.

What are Surgical Site Infections?

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

Surgical site infections are the most common HAI accounting for an estimated $33 billion and almost 1 million inpatient days.[7] Associated costs to treat an inpatient with a SSI are between $11,874 - $34,670 per infection.[2] One article notes that more than 750,000 SSIs occur each year in the United States which results in an additional 2.5 million hospital days which leads to more than $1 billion in unnecessary costs.[6]

What Surgical Site Infections are in this report?

The surgical site infections included in this report are from 2021. The infections reported were inpatient procedures and Deep Incisional Primary and Organ/Space SSIs that were identified during admission or readmission to the same facility.

This year's report includes SSI data from Coronary Artery Bypass Graft (CABG) procedures, Abdominal Hysterectomy procedures, Knee Arthroplasty procedures and Colon surgery procedures. It is important to note that only 18 of the 71 acute care hospitals are licensed as Open-Heart Surgery hospitals and are able to perform CABG surgery. The surgical site infection data for 2021 were verified for accuracy by each hospital but were not audited.

What are the SSI results for New Jersey hospitals for 2021?

More than 4,400 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=31
Expected CABG infections=34.06
SIR=Observed/Expected=0.91

The SIR of 0.91 indicates that the observed CABG infections were 9% less 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 6,818 **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=31
Expected HYST infections=51.85
SIR=Observed / Expected =0.60

The SIR of 0.60 indicates that the observed abdominal hysterectomy infections were 40% less than expected based on the national data. However, the difference is statistically significant which means the abdominal hysterectomy infections in New Jersey were lower than those seen nationally.

A total of 15,347 **Knee Arthroplasty (KPRO)** procedures were reported in NHSN by hospitals in New Jersey who perform the procedure. The formula below provides the Statewide observed, the expected and the SIR for knee arthroplasties:

Observed KPRO infections=80
Expected KPRO infections=55.61
IR=Observed/Expected=1.44

The SIR of 1.44 indicates that the observed knee arthroplasty infections were 44% more than expected based on the national data. The difference is statistically significant which means the knee arthroplasty infections in New Jersey were higher than those seen nationally.

More than 8,200 **Colon (COLO)** procedures were reported in NHSN by hospitals in New Jersey who performed the procedure. The formula below provides the Statewide observed, the expected and the SIR for colon procedures:

Observed COLO infections=144
Expected COLO infections=219.65
SIR=Observed/Expected=0.66

The SIR of 0.66 indicates that the observed colon infections were 34% less than expected based on the national data. The difference is not statistically significant. This means that the colon infections in New Jersey were similar to the colon infections seen nationally.

The **Overall SSI SIR** accounts for all surgeries that were reported in New Jersey in 2021; CABG, Abdominal Hysterectomy, Knee Arthroplasty and Colon surgeries. There were more than 34,000 surgeries reported in NHSN by New Jersey hospitals. The formula below provides the Statewide observed, the expected and SIR for the Overall SSIs:

Observed SSIs=286
Expected SSIs=361.17
SIR=Observed/Expected=0.79

The SIR of 0.79 indicates that the Overall SSIs for New Jersey were 21% fewer than expected based on the national data. The difference is not statistically significant. This means the surgical site infections in New Jersey were similar to surgical site infections seen nationally.

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

What is "National Comparison"?

In addition to displaying the "observed" and "expected" numbers of events and

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

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

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

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

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

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

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

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

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

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2 Scott, RD. **The Direct Medical Costs of Healthcare-Associated Infections in U.S. Hospitals and the Benefits of Prevention.** https://www.cdc.gov/HAI/pdfs/hai/Scott_CostPaper.pdf accessed April 10, 2019.

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 https://www.cdc.gov/hai/recoveryAct/PDF/Oct09/11-0145_Bridson_NHSN_CLABSI_Day2_Workshop1.pdf accessed April 10, 2019.

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

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

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

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Central Line-Associated Bloodstream Infections (CLABSI) 2021

See footnotes at bottom of next page

Hospital Name	Number of Central Line Days	Observed # of CLABSI (O)	Expected # of CLABSI (E)[a]	CLABSI SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City	4389	4	4.936	0.81	S
AtlantiCare Regional Medical Center-Mainland	8219	13	8.634	1.506	S
Bayshore Medical Center	7315	3	5.007	0.599	S
Bergen New Bridge Medical Center	1115	5	1.012	4.939	---
Cape Regional Medical Center	3198	2	2.179	0.918	S
Capital Health Medical Center - Hopewell	9609	2	9.892	0.202	L
Capital Health Regional Medical Center	9825	6	8.912	0.673	L
CarePoint Health-Bayonne Medical Center	2476	4	2.422	1.651	S
CarePoint Health-Christ Hospital	5411	10	4.361	2.293	S
CarePoint Health-Hoboken University Medical Center	2300	6	2.151	2.789	S
CentraState Medical Center	8326	6	8.683	0.691	S
Chilton Medical Center	5966	4	4.094	0.977	L
Clara Maass Medical Center	4892	3	4.769	0.629	L
Community Medical Center	10653	9	10.810	0.833	S
Cooper Hospital University Medical Center	21828	22	19.228	1.144	S
Cooperman Barnabas Medical Center	19422	8	23.886	0.335	S
Deborah Heart and Lung Center	6191	3	4.645	0.646	S
East Orange General Hospital	4783	2	3.307	0.605	L
Englewood Hospital and Medical Center	9211	5	9.401	0.532	---
Hackensack Meridian Health - Pascack Valley MC	1354	0	0.971	---	S
Hackensack Meridian Health, Mountainside Medical Center	4561	4	4.130	0.968	S
Hackensack University Medical Center	62268	38	72.217	0.526	---
Hackettstown Medical Center	2180	1	1.349	0.741	S
Holy Name Medical Center	6386	18	4.401	4.09	---
Hudson Regional Hospital	1663	2	1.080	1.851	S
Hunterdon Medical Center	4302	2	3.853	0.519	---
Inspira Medical Center Elmer	400	0	0.353	---	L
Inspira Medical Center Mullica Hill	3912	3	3.577	0.839	S
Inspira Medical Center Vineland	8251	0	8.659	0	S
Jefferson Cherry Hill Hospital	2662	2	2.369	0.844	---
Jefferson Straford Hospital	2594	1	2.032	0.492	---
Jefferson Washington Township Hospital	5884	3	5.321	0.564	S
Jersey City Medical Center	8125	7	8.591	0.815	L
Jersey Shore University Medical Center	30751	35	33.833	1.034	S
JFK University Medical Center	17638	12	16.334	0.735	S
Monmouth Medical Center	5162	3	5.476	0.548	S
Monmouth Medical Center Southern Campus	4541	1	3.652	0.274	L
Morristown Medical Center	33340	17	35.211	0.483	L
Newark Beth Israel Medical Center	18043	12	19.926	0.602	S
Newton Medical Center	4375	4	3.036	1.318	L
Ocean University Medical Center	12911	12	13.333	0.9	L

The Standard Infection Rate (SIR) is a sum of observed (O) or actual number of infections divided by the number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all general acute care hospitals in the US. Data is from 2021 and is for adult, pediatric critical/intensive care units, neonatal intensive care units and wards (CCUs or ICUs, NICUs and wards). *NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CLABSIs.*

Hospital Name	Number of Central Line Days	Observed # of CLABSI (O)	Expected # of CLABSI (E)[a]	CLABSI SIR[b]	National Comparison‡
Old Bridge Medical Center	4281	2	2.980	0.671	S
Overlook Medical Center	21037	12	22.092	0.543	L
Palisades Medical Center	3475	4	2.837	1.41	S
Penn Medicine Princeton Medical Center	4309	0	4.460	0	L
Raritan Bay Medical Center	4387	2	3.595	0.556	S
Riverview Medical Center	7777	7	6.549	1.069	S
Robert Wood Johnson University Hospital	17685	11	20.372	0.54	L
Robert Wood Johnson University Hospital Hamilton	3775	1	2.650	0.377	S
Robert Wood Johnson University Hospital Rahway	4454	3	3.147	0.953	S
Robert Wood Johnson University Hospital Somerset	3106	7	2.894	2.419	H
Saint Clare's Hospital	1947	6	1.435	4.181	H
Saint Clare's Hospital - Denville	2947	0	2.432	0	S
Saint Michael's Medical Center	4120	0	3.866	0	L
Saint Peter's University Hospital	8182	16	8.288	1.931	H
Salem Medical Center	429	1	0.312	---	---
Shore Medical Center	5848	4	3.954	1.012	S
Southern Ocean Medical Center	6697	18	4.640	3.879	H
St. Francis Medical Center	4307	1	3.503	0.285	S
St. Joseph's University Medical Center	21061	28	23.526	1.19	S
St. Joseph's Wayne Medical Center	2616	10	1.635	6.117	H
St. Luke's Warren Hospital	2611	2	2.062	0.97	S
St. Mary's General Hospital	2215	2	2.087	0.958	S
Trinitas Regional Medical Center	6163	9	5.168	1.742	S
University Hospital	15784	38	17.279	2.199	H
Valley Hospital	8235	15	6.995	2.144	H
Virtua Memorial Hospital of Burlington County	7157	4	7.284	0.549	S
Virtua Our Lady of Lourdes Hospital	13557	7	12.554	0.558	S
Virtua West Jersey Health System	10548	9	11.623	0.774	S
Virtua Willingboro Hospital	2807	1	1.725	0.58	S
Virtua-West Jersey Hospital Marlton	7097	7	6.336	1.105	S
Statewide ICUs	222545	238	233.122	1.021	S
Statewide Neonatal ICUs	20056	16	29.354	0.545	L
Statewide Wards	352445	267	323.840	0.824	L
Statewide	595046	521	586.315	0.889	L

Source: New Jersey Healthcare-Associated Infections for 2021 submitted through the National Healthcare Safety Network (NHSN).

- **a** Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models. **Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.**
- **b** Standardized Infection Ratio (SIR)= Observed (O)/ Expected (E)
- ‡ Each hospital is compared to the National Ratio=1 which is derived using the CDC's NHSN data from the 2015 baseline.
- **L** indicates hospital infections are LOWER than infections seen nationally.
- **H** indicates hospital infections are HIGHER than infections seen nationally.
- **S** indicates hospital infections are SIMILAR to infections seen nationally.
- – SIR is not calculated because the Expected is < 1.

Catheter-Associated Urinary Tract Infections (CAUTI) 2021

See footnotes at bottom of next page

Hospital Name	Number of Catheter Days	Observed # of CAUTI (O)	Expected # of CAUTI (E)[a]	CAUTI SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City	5809	8	8.989	0.89	S
AtlantiCare Regional Medical Center-Mainland	11972	7	13.488	0.519	S
Bayshore Medical Center	4610	3	3.221	0.931	S
Bergen New Bridge Medical Center	1087	2	1.046	1.912	S
Cape Regional Medical Center	4603	6	3.233	1.856	S
Capital Health Medical Center - Hopewell	6347	5	7.979	0.627	S
Capital Health Regional Medical Center	7562	7	11.966	0.585	S
CarePoint Health-Bayonne Medical Center	3419	1	4.315	0.232	S
CarePoint Health-Christ Hospital	4340	1	3.416	0.293	S
CarePoint Health-Hoboken University Medical Center	2103	4	2.092	1.912	S
CentraState Medical Center	5802	10	7.633	1.31	S
Chilton Medical Center	8173	3	5.918	0.507	S
Clara Maass Medical Center	3658	2	3.642	0.549	S
Community Medical Center	13949	3	17.367	0.173	L
Cooper Hospital University Medical Center	24620	32	25.571	1.251	S
Cooperman Barnabas Medical Center	16157	12	24.286	0.494	L
Deborah Heart and Lung Center	4187	1	3.216	0.311	S
East Orange General Hospital	2088	4	1.493	2.68	S
Englewood Hospital and Medical Center	9029	3	11.231	0.267	L
Hackensack Meridian Health - Pascack Valley MC	2579	2	1.766	1.132	S
Hackensack Meridian Health, Mountainside Medical Center	5268	6	4.899	1.225	S
Hackensack University Medical Center	35222	36	46.089	0.781	S
Hackettstown Medical Center	2853	1	1.537	0.651	S
Holy Name Medical Center	5702	5	5.412	0.924	S
Hudson Regional Hospital	2515	5	1.809	2.764	H
Hunterdon Medical Center	5893	7	6.448	1.086	S
Inspira Medical Center Elmer	859	1	0.821	---	---
Inspira Medical Center Mullica Hill	6672	3	6.917	0.434	S
Inspira Medical Center Vineland	10025	1	13.348	0.075	L
Jefferson Cherry Hill Hospital	2425	5	2.556	1.956	S
Jefferson Straford Hospital	1616	1	1.287	0.777	S
Jefferson Washington Township Hospital	4205	4	5.489	0.729	S
Jersey City Medical Center	5268	3	6.535	0.459	S
Jersey Shore University Medical Center	24206	42	40.018	1.05	S
JFK University Medical Center	14198	16	14.666	1.091	S
Monmouth Medical Center	3211	2	3.961	0.505	S
Monmouth Medical Center Southern Campus	4064	5	3.555	1.406	S
Morristown Medical Center	32860	26	46.227	0.562	L
Newark Beth Israel Medical Center	6945	9	9.400	0.957	S
Newton Medical Center	6399	6	4.676	1.283	S
Ocean University Medical Center	14930	13	19.888	0.654	S

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of infections divided by number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all the general acute care hospitals in the US. Data is from 2021 for adult critical/intensive care units (CCUs or ICUs) and wards. *NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer CAUTIs.*

Hospital Name	Number of Catheter Days	Observed # of CAUTI (O)	Expected # of CAUTI (E)[a]	CAUTI SIR[b]	National Comparison‡
Old Bridge Medical Center	3322	2	2.375	0.842	S
Overlook Medical Center	15357	27	23.370	1.155	S
Palisades Medical Center	3884	3	3.177	0.944	S
Penn Medicine Princeton Medical Center	5905	1	7.469	0.134	L
Raritan Bay Medical Center	2541	2	2.165	0.924	S
Riverview Medical Center	6883	6	6.148	0.976	S
Robert Wood Johnson University Hospital	11147	12	16.788	0.715	S
Robert Wood Johnson University Hospital Hamilton	3735	0	2.583	0	S
Robert Wood Johnson University Hospital Rahway	4119	0	2.989	0	S
Robert Wood Johnson University Hospital Somerset	7473	7	7.684	0.911	S
Saint Clare's Hospital	3263	8	2.834	2.823	H
Saint Clare's Hospital - Denville	5323	14	4.133	3.387	H
Saint Michael's Medical Center	3138	2	3.259	0.614	S
Saint Peter's University Hospital	5750	9	5.963	1.509	S
Salem Medical Center	977	0	0.695	---	---
Shore Medical Center	5603	2	4.496	0.445	S
Southern Ocean Medical Center	6505	2	4.766	0.42	S
St. Francis Medical Center	2999	1	2.472	0.405	S
St. Joseph's University Medical Center	20524	12	30.854	0.389	L
St. Joseph's Wayne Medical Center	4611	2	2.412	0.829	S
St. Luke's Warren Hospital	3078	1	3.085	0.324	S
St. Mary's General Hospital	5346	3	5.093	0.589	S
Trinitas Regional Medical Center	4438	7	4.685	1.494	S
University Hospital	11241	29	19.020	1.525	H
Valley Hospital	13413	23	11.651	1.974	H
Virtua Memorial Hospital of Burlington County	10156	3	12.078	0.248	L
Virtua Our Lady of Lourdes Hospital	9457	6	9.940	0.604	S
Virtua West Jersey Health System	13973	9	15.324	0.587	S
Virtua Willingboro Hospital	2450	0	1.727	0	S
Virtua-West Jersey Hospital Marlton	7550	3	7.760	0.387	S
Statewide ICUs	217985	213	294.707	0.723	L
Statewide Wards	323606	296	339.700	0.871	L
Overall Statewide	541591	509	634.403	0.802	L

Source: New Jersey Healthcare-Associated Infections for 2021 submitted through the National Healthcare Safety Network (NHSN).

a Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models.
Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.
b Standardized Infection Ratio (SIR)= Observed (O)/ Expected (E)
‡ Each hospital is compared to the National Ratio=1 which is derived using the CDC's NHSN data from the 2015 baseline.
L indicates hospital infections are LOWER than infections seen nationally.
H indicates hospital infections are HIGHER than infections seen nationally.
S indicates hospital infections are SIMILAR to infections seen nationally.
– SIR is not calculated because the Expected is < 1.

Overall Surgical Site Infections (SSI) 2021

See footnotes at bottom of next page

Hospital Name	Number of Procedures	Observed # of Overall Surgical Site Infections (O)	Expected # of Overall Surgical Site Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City	230	3	4.592	0.653	S
AtlantiCare Regional Medical Center-Mainland	1706	7	9.296	0.753	S
Bayshore Medical Center	132	3	1.938	1.548	S
Bergen New Bridge Medical Center	3	0	0.026	---	---
Cape Regional Medical Center	115	0	1.266	0	S
Capital Health Medical Center - Hopewell	584	9	6.158	1.462	S
Capital Health Regional Medical Center	53	0	1.976	0	S
CarePoint Health-Bayonne Medical Center	133	0	1.263	0	S
CarePoint Health-Christ Hospital	80	1	1.214	0.824	S
CarePoint Health-Hoboken University Medical Center	74	1	0.833	---	---
CentraState Medical Center	349	7	4.303	1.627	S
Chilton Medical Center	232	1	2.161	0.463	S
Clara Maass Medical Center	235	2	2.561	0.781	S
Community Medical Center	847	3	8.598	0.349	L
Cooper Hospital University Medical Center	1408	15	27.346	0.549	L
Cooperman Barnabas Medical Center	1450	19	17.335	1.096	S
Deborah Heart and Lung Center	217	2	1.381	1.448	S
East Orange General Hospital	22	1	0.33	---	---
Englewood Hospital and Medical Center	844	6	9.037	0.664	S
Hackensack Meridian Health - Pascack Valley MC	257	1	1.547	0.647	S
Hackensack Meridian Health, Mountainside Medical Center	220	4	2.312	1.73	S
Hackensack University Medical Center	2437	12	20.402	0.588	S
Hackettstown Medical Center	61	0	1.068	0	S
Holy Name Medical Center	380	8	4.47	1.79	S
Hudson Regional Hospital	444	0	1.59	0	S
Hunterdon Medical Center	545	3	4.794	0.626	S
Inspira Medical Center Elmer	157	2	0.705	---	---
Inspira Medical Center Mullica Hill	422	2	5.058	0.395	S
Inspira Medical Center Vineland	377	2	5.264	0.38	S
Jefferson Cherry Hill Hospital	358	1	1.843	0.543	S
Jefferson Straford Hospital	18	0	0.409	---	---
Jefferson Washington Township Hospital	620	1	4.597	0.218	S
Jersey City Medical Center	619	14	6.193	2.261	H
Jersey Shore University Medical Center	1346	14	15.523	0.902	S
JFK University Medical Center	438	7	5.402	1.296	S
Monmouth Medical Center	779	3	6.432	0.466	S
Monmouth Medical Center Southern Campus	46	1	0.834	---	---
Morristown Medical Center	3568	16	27.702	0.578	L
Newark Beth Israel Medical Center	278	5	4.028	1.241	S
Newton Medical Center	170	0	2.508	0	S

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of events divided by number of expected events (E). SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all general acute care hospitals in the US. Data is from 2021. ***NOTE: Ratios are not meant for hospital to hospital comparisons. Lower ratios are better and mean fewer HAIs.***

Hospital Name	Number of Procedures	Observed # of Overall Surgical Site Infections (O)	Expected # of Overall Surgical Site Infections (E)[a]	SIR[b]	National Comparison‡
Ocean University Medical Center	722	9	4.832	1.863	S
Old Bridge Medical Center	98	2	0.639	---	---
Overlook Medical Center	1218	13	15.11	0.86	S
Palisades Medical Center	275	0	1.823	0	S
Penn Medicine Princeton Medical Center	1234	6	6.983	0.859	S
Raritan Bay Medical Center	61	0	0.695	---	---
Riverview Medical Center	661	0	5.157	0	L
Robert Wood Johnson University Hospital	1264	13	22.004	0.591	L
Robert Wood Johnson University Hospital Hamilton	503	2	4.216	0.474	S
Robert Wood Johnson University Hospital Rahway	120	0	1.081	0	S
Robert Wood Johnson University Hospital Somerset	528	6	4.141	1.449	S
Saint Clare's Hospital	23	0	0.382	---	---
Saint Clare's Hospital - Denville	172	2	1.909	1.047	S
Saint Michael's Medical Center	137	0	1.763	0	S
Saint Peter's University Hospital	292	5	4.625	1.081	S
Salem Medical Center	63	0	1.104	0	S
Shore Medical Center	128	3	1.923	1.56	S
Southern Ocean Medical Center	159	4	2.355	1.698	S
St. Francis Medical Center	64	0	0.661	---	---
St. Joseph's University Medical Center	430	5	8.014	0.624	S
St. Joseph's Wayne Medical Center	56	1	0.994	---	---
St. Luke's Warren Hospital	156	0	1.095	0	S
St. Mary's General Hospital	214	0	1.933	0	S
Trinitas Regional Medical Center	130	0	2.018	0	S
University Hospital	176	2	5.697	0.351	S
Valley Hospital	1232	9	10.046	0.896	S
Virtua Memorial Hospital of Burlington County	489	7	6.093	1.149	S
Virtua Our Lady of Lourdes Hospital	446	6	4.498	1.334	S
Virtua West Jersey Health System	1508	14	13.183	1.062	S
Virtua Willingboro Hospital	15	0	0.224	---	---
Virtua-West Jersey Hospital Marlton	78	1	1.68	0.595	S
Statewide	34906	286	361.172	0.792	L

Source: New Jersey Healthcare-Associated Infections for 2021 submitted through the National Healthcare Safety Network (NHSN).

a Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models.
Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.
b Standardized Infection Ratio (SIR)= Observed (O)/ Expected (E)
‡ Each hospital is compared to the National Ratio=1 which is derived using the CDC's NHSN data from the 2015 baseline.
L indicates hospital infections are LOWER than infections seen nationally.
H indicates hospital infections are HIGHER than infections seen nationally.
S indicates hospital infections are SIMILAR to infections seen nationally.
– SIR is not calculated because the Expected is < 1.

Abdominal Hysterectomy Surgical Site Infections 2021

See footnotes at bottom of next page

Hospital Name	Number of Procedures	Observed # of Abdominal Hysterectomy Infections (O)	Expected # of Abdominal Hysterectomy Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City	93	0	0.593	---	---
AtlantiCare Regional Medical Center-Mainland	94	1	0.708	---	---
Bayshore Medical Center	2	0	0.011	---	---
Bergen New Bridge Medical Center	2	0	0.006	---	---
Cape Regional Medical Center	9	0	0.047	---	---
Capital Health Medical Center - Hopewell	126	0	0.962	---	---
Capital Health Regional Medical Center	0	0	N/A	N/A	N/A
CarePoint Health-Bayonne Medical Center	1	0	0.007	---	---
CarePoint Health-Christ Hospital	39	0	0.183	---	---
CarePoint Health-Hoboken University Medical Center	20	1	0.129	---	---
CentraState Medical Center	52	0	0.36	---	---
Chilton Medical Center	29	0	0.213	---	---
Clara Maass Medical Center	84	1	0.583	---	---
Community Medical Center	238	0	1.434	0	S
Cooper Hospital University Medical Center	462	1	5.012	0.2	L
Cooperman Barnabas Medical Center	579	6	4.198	1.429	S
East Orange General Hospital	2	1	0.005	---	---
Englewood Hospital and Medical Center	93	0	0.599	---	---
Hackensack Meridian Health - Pascack Valley MC	41	0	0.215	---	---
Hackensack Meridian Health, Mountainside Medical Center	44	0	0.319	---	---
Hackensack University Medical Center	478	0	3.627	0	L
Hackettstown Medical Center	0	0	N/A	N/A	N/A
Holy Name Medical Center	134	4	0.902	---	---
Hudson Regional Hospital	78	0	0.376	---	---
Hunterdon Medical Center	72	0	0.337	---	---
Inspira Medical Center Elmer	13	0	0.089	---	---
Inspira Medical Center Mullica Hill	91	0	0.773	---	---
Inspira Medical Center Vineland	150	0	1.314	0	S
Jefferson Cherry Hill Hospital	0	0	N/A	N/A	N/A
Jefferson Straford Hospital	0	0	N/A	N/A	N/A
Jefferson Washington Township Hospital	150	1	1.259	0.795	S
Jersey City Medical Center	119	0	0.842	---	---
Jersey Shore University Medical Center	217	0	2.119	0	S
JFK University Medical Center	118	1	0.884	---	---
Monmouth Medical Center	237	0	1.348	0	S
Monmouth Medical Center Southern Campus	0	0	N/A	N/A	N/A
Morristown Medical Center	425	2	3.101	0.645	S
Newark Beth Israel Medical Center	85	0	0.815	---	---
Newton Medical Center	23	0	0.141	---	---
Ocean University Medical Center	18	0	0.129	---	---

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of infections divided by number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all general acute care hospitals in the US. Data is from 2021. *NOTE: Ratios are not meant for hospital-to-hospital comparisons. Lower ratios are better and mean fewer abdominal hysterectomy SSIs.*

Hospital Name	Number of Procedures	Observed # of Abdominal Hysterectomy Infections (O)	Expected # of Abdominal Hysterectomy Infections (E)[a]	SIR[b]	National Comparison‡
Old Bridge Medical Center	8	0	0.047	---	---
Overlook Medical Center	210	3	1.677	1.789	S
Palisades Medical Center	22	0	0.146	---	---
Penn Medicine Princeton Medical Center	110	0	0.559	---	---
Raritan Bay Medical Center	41	0	0.261	---	---
Riverview Medical Center	129	0	1.009	0	S
Robert Wood Johnson University Hospital	257	2	2.403	0.832	S
Robert Wood Johnson University Hospital Hamilton	61	0	0.286	---	---
Robert Wood Johnson University Hospital Rahway	0	0	N/A	N/A	N/A
Robert Wood Johnson University Hospital Somerset	58	0	0.331	---	---
Saint Clare's Hospital	0	0	N/A	N/A	N/A
Saint Clare's Hospital - Denville	24	0	0.113	---	---
Saint Michael's Medical Center	9	0	0.056	---	---
Saint Peter's University Hospital	93	2	0.695	---	---
Shore Medical Center	14	0	0.106	---	---
Southern Ocean Medical Center	27	0	0.15	---	---
St. Francis Medical Center	0	0	N/A	N/A	N/A
St. Joseph's University Medical Center	87	1	0.682	---	---
St. Joseph's Wayne Medical Center	12	0	0.059	---	---
St. Luke's Warren Hospital	9	0	0.049	---	---
St. Mary's General Hospital	93	0	0.511	---	---
Trinitas Regional Medical Center	68	0	0.57	---	---
University Hospital	55	0	0.671	---	---
Valley Hospital	291	0	1.496	0	S
Virtua Memorial Hospital of Burlington County	202	1	2.065	0.484	S
Virtua Our Lady of Lourdes Hospital	23	0	0.137	---	---
Virtua West Jersey Health System	495	3	4.111	0.73	S
Virtua Willingboro Hospital	2	0	0.013	---	---
Statewide	**6818**	**31**	**51.851**	**0.598**	**L**

Source: New Jersey Healthcare-Associated Infections for 2021 submitted through the National Healthcare Safety Network (NHSN).

a Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models
Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.
b Standardized Infection Ratio (SIR)= Observed (O)/ Expected (E)
‡ Each hospital is compared to the National Ratio=1 which is derived using the CDC's NHSN data from the 2015 baseline.
L indicates hospital infections are LOWER than infections seen nationally.
H indicates hospital infections are HIGHER than infections seen nationally.
S indicates hospital infections are SIMILAR to infections seen nationally
– SIR is not calculated because the Expected is < 1.
N/A: Procedures not performed

Knee Arthroplasty Surgical Site Infections 2021

See footnotes at bottom of next page

Hospital Name	Number of Procedures	Observed # of Knee Arthroplasty Infections (O)	Expected # of Knee Arthroplasty Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City	0	0	N/A	N/A	N/A
AtlantiCare Regional Medical Center-Mainland	1350	4	4.708	0.85	S
Bayshore Medical Center	65	0	0.31	---	---
Bergen New Bridge Medical Center	0	0	N/A	N/A	N/A
Cape Regional Medical Center	48	0	0.122	---	---
Capital Health Medical Center - Hopewell	300	8	1.472	5.437	H
Capital Health Regional Medical Center	0	0	N/A	N/A	N/A
CarePoint Health-Bayonne Medical Center	100	0	0.472	---	---
CarePoint Health-Christ Hospital	4	0	0.029	---	---
CarePoint Health-Hoboken University Medical Center	31	0	0.175	---	---
CentraState Medical Center	130	2	0.524	---	---
Chilton Medical Center	125	0	0.408	---	---
Clara Maass Medical Center	58	0	0.156	---	---
Community Medical Center	332	2	1.346	1.486	S
Cooper Hospital University Medical Center	211	1	1.012	0.988	S
Cooperman Barnabas Medical Center	297	2	1.186	1.687	S
Deborah Heart and Lung Center	N/A	N/A	N/A	N/A	N/A
East Orange General Hospital	9	0	0.055	---	---
Englewood Hospital and Medical Center	256	0	0.793	---	---
Hackensack Meridian Health - Pascack Valley MC	182	1	0.635	---	---
Hackensack Meridian Health, Mountainside Medical Center	100	0	0.296	---	---
Hackensack University Medical Center	1206	5	3.932	1.272	S
Hackettstown Medical Center	7	0	0.023	---	---
Holy Name Medical Center	98	1	0.43	---	---
Hudson Regional Hospital	356	0	1.038	0	S
Hunterdon Medical Center	367	2	1.643	1.217	S
Inspira Medical Center Elmer	128	2	0.278	---	---
Inspira Medical Center Mullica Hill	181	0	0.998	---	---
Inspira Medical Center Vineland	86	1	0.592	---	---
Jefferson Cherry Hill Hospital	325	0	1.008	0	S
Jefferson Straford Hospital	0	0	N/A	N/A	N/A
Jefferson Washington Township Hospital	372	0	1.128	0	S
Jersey City Medical Center	239	8	1.602	4.995	H
Jersey Shore University Medical Center	375	4	1.928	2.074	S
JFK University Medical Center	187	4	1.001	3.997	H
Monmouth Medical Center	382	3	1.612	1.861	S
Monmouth Medical Center Southern Campus	10	0	0.068	---	---
Morristown Medical Center	1915	4	5.951	0.672	S
Newark Beth Israel Medical Center	15	0	0.077	---	---
Newton Medical Center	56	0	0.182	---	---

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of infections divided by number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all general acute care hospitals in the US. Data is from 2021. *NOTE: Ratios are not meant for hospital-to-hospital comparisons. Lower ratios are better and mean fewer knee arthroplasty SSIs.*

Hospital Name	Number of Procedures	Observed # of Knee Arthroplasty Infections (O)	Expected # of Knee Arthroplasty Infections (E)[a]	SIR[b]	National Comparison‡
Ocean University Medical Center	552	4	1.853	2.158	S
Old Bridge Medical Center	77	1	0.304	---	---
Overlook Medical Center	619	2	2.051	0.975	S
Palisades Medical Center	202	0	0.507	---	---
Penn Medicine Princeton Medical Center	939	5	2.695	1.855	S
Raritan Bay Medical Center	3	0	0.008	---	---
Riverview Medical Center	399	0	1.295	0	S
Robert Wood Johnson University Hospital	117	1	0.626	---	---
Robert Wood Johnson University Hospital Hamilton	319	1	0.821	---	---
Robert Wood Johnson University Hospital Rahway	86	0	0.355	---	---
Robert Wood Johnson University Hospital Somerset	359	2	1.219	1.64	S
Saint Clare's Hospital	2	0	0.004	---	---
Saint Clare's Hospital - Denville	85	2	0.327	---	---
Saint Michael's Medical Center	9	0	0.048	---	---
Saint Peter's University Hospital	64	0	0.324	---	---
Salem Medical Center	19	0	0.142	---	---
Shore Medical Center	39	0	0.222	---	---
Southern Ocean Medical Center	27	0	0.174	---	---
St. Francis Medical Center	0	0	N/A	N/A	N/A
St. Joseph's University Medical Center	85	0	0.559	---	---
St. Joseph's Wayne Medical Center	0	0	N/A	N/A	N/A
St. Luke's Warren Hospital	113	0	0.333	---	---
St. Mary's General Hospital	4	0	0.03	---	---
Trinitas Regional Medical Center	13	0	0.08	---	---
University Hospital	2	0	0.024	---	---
Valley Hospital	500	3	1.393	2.153	S
Virtua Memorial Hospital of Burlington County	125	1	0.666	---	---
Virtua Our Lady of Lourdes Hospital	N/A	N/A	N/A	N/A	N/A
Virtua West Jersey Health System	685	4	2.359	1.696	S
Virtua Willingboro Hospital	0	0	N/A	N/A	N/A
Virtua-West Jersey Hospital Marlton	0	0	N/A	N/A	N/A
Statewide	15347	80	55.608	1.43	H

Source: New Jersey Healthcare-Associated Infections for 2021 submitted through the National Healthcare Safety Network (NHSN).

a Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models.
Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.
b Standardized Infection Ratio (SIR)= Observed (O)/ Expected (E)
‡ Each hospital is compared to the National Ratio=1 which is derived using the CDC's NHSN data from the 2015 baseline.
L indicates hospital infections are LOWER than infections seen nationally
H indicates hospital infections are HIGHER than infections seen nationally.
S indicates hospital infections are SIMILAR to infections seen nationally.
– SIR is not calculated because the Expected is < 1.
N/A: Procedures not performed

Colon Surgery Surgical Site Infections 2021

See footnotes at bottom of next page

Hospital Name	Number of Procedures	Observed # of Colon Surgical Site Infections (O)	Expected # of Colon Surgical Site Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-City	137	3	3.999	0.75	S
AtlantiCare Regional Medical Center-Mainland	107	1	2.707	0.369	S
Bayshore Medical Center	65	3	1.618	1.855	S
Bergen New Bridge Medical Center	1	0	0.014	---	---
Cape Regional Medical Center	58	0	1.097	0	S
Capital Health Medical Center - Hopewell	158	1	3.725	0.268	S
Capital Health Regional Medical Center	53	0	1.976	0	S
CarePoint Health-Bayonne Medical Center	32	0	0.785	---	---
CarePoint Health-Christ Hospital	37	1	1.002	0.998	S
CarePoint Health-Hoboken University Medical Center	23	0	0.529	---	---
CentraState Medical Center	167	5	3.42	1.462	S
Chilton Medical Center	78	1	1.54	0.65	S
Clara Maass Medical Center	93	1	1.821	0.549	S
Community Medical Center	277	1	5.818	0.172	L
Cooper Hospital University Medical Center	425	12	19.261	0.623	S
Cooperman Barnabas Medical Center	342	10	10.029	0.997	S
Deborah Heart and Lung Center	0	0	N/A	N/A	N/A
East Orange General Hospital	11	0	0.27	---	---
Englewood Hospital and Medical Center	271	6	5.929	1.012	S
Hackensack Meridian Health - Pascack Valley MC	34	0	0.697	---	---
Hackensack Meridian Health, Mountainside Medical Center	76	4	1.696	2.358	S
Hackensack University Medical Center	295	6	8.772	0.684	S
Hackettstown Medical Center	54	0	1.045	0	S
Holy Name Medical Center	148	3	3.138	0.956	S
Hudson Regional Hospital	10	0	0.176	---	---
Hunterdon Medical Center	106	1	2.813	0.355	S
Inspira Medical Center Elmer	16	0	0.337	---	---
Inspira Medical Center Mullica Hill	150	2	3.286	0.609	S
Inspira Medical Center Vineland	141	1	3.357	0.298	S
Jefferson Cherry Hill Hospital	33	1	0.835	---	---
Jefferson Straford Hospital	18	0	0.409	---	---
Jefferson Washington Township Hospital	98	0	2.211	0	S
Jersey City Medical Center	105		2.782	1.078	S
Jersey Shore University Medical Center	247	5	7.217	0.693	S
JFK University Medical Center	133	2	3.517	0.569	S
Monmouth Medical Center	160	0	3.472	0	L
Monmouth Medical Center Southern Campus	36	1	0.767	---	---
Morristown Medical Center	494	8	14.172	0.565	S
Newark Beth Israel Medical Center	67	3	1.835	1.635	S
Newton Medical Center	91	0	2.185	0	S

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of infections divided by number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all general acute care hospitals in the US. Data is from 2021. *NOTE: Ratios are not meant for hospital-to-hospital comparisons. Lower ratios are better and mean fewer colon surgery SSIs.*

Hospital Name	Number of Procedures	Observed # of Colon Surgical Site Infections (O)	Expected # of Colon Surgical Site Infections (E)[a]	SIR[b]	National Comparison‡
Ocean University Medical Center	152	5	2.85	1.754	S
Old Bridge Medical Center	13	1	0.287	---	---
Overlook Medical Center	389	8	11.382	0.703	S
Palisades Medical Center	51	0	1.17	0	S
Penn Medicine Princeton Medical Center	185	1	3.73	0.268	S
Raritan Bay Medical Center	17	0	0.426	---	---
Riverview Medical Center	133	0	2.853	0	S
Robert Wood Johnson University Hospital	319	3	14.54	0.206	L
Robert Wood Johnson University Hospital Hamilton	123	1	3.11	0.322	S
Robert Wood Johnson University Hospital Rahway	34	0	0.726	---	---
Robert Wood Johnson University Hospital Somerset	111	4	2.59	1.544	S
Saint Clare's Hospital	21	0	0.378	---	---
Saint Clare's Hospital - Denville	63	0	1.469	0	S
Saint Michael's Medical Center	62	0	1.281	0	S
Saint Peter's University Hospital	135	3	3.607	0.832	S
Salem Medical Center	44	0	0.963	---	---
Shore Medical Center	75	3	1.595	1.881	S
Southern Ocean Medical Center	105	4	2.032	1.969	S
St. Francis Medical Center	10	0	0.258	---	---
St. Joseph's University Medical Center	142	4	5.52	0.725	S
St. Joseph's Wayne Medical Center	44	1	0.934	---	---
St. Luke's Warren Hospital	34	0	0.714	---	---
St. Mary's General Hospital	44	0	0.944	---	---
Trinitas Regional Medical Center	49	0	1.368	0	S
University Hospital	112	2	4.964	0.403	S
Valley Hospital	294	4	6.024	0.664	S
Virtua Memorial Hospital of Burlington County	162	5	3.362	1.487	S
Virtua Our Lady of Lourdes Hospital	61	2	1.716	1.166	S
Virtua West Jersey Health System	328	7	6.714	1.043	S
Virtua Willingboro Hospital	13	0	0.211	---	---
Virtua-West Jersey Hospital Marlton	78	1	1.68	0.595	S
Statewide	**8250**	**144**	**219.651**	**0.656**	**L**

Source: New Jersey Healthcare-Associated Infections for 2021 submitted through the National Healthcare Safety Network (NHSN).

a Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models.
Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.
b Standardized Infection Ratio (SIR)= Observed (O)/ Expected (E)
‡ Each hospital is compared to the National Ratio=1 which is derived using the CDC's NHSN data from the 2015 baseline.
L indicates hospital infections are LOWER than infections seen nationally.
H indicates hospital infections are HIGHER than infections seen nationally.
S indicates hospital infections are SIMILAR to infections seen nationally.
– SIR is not calculated because the Expected is < 1.
N/A: Procedures not performed

Coronary Artery Bypass Graft (CABG) Surgical Site Infections 2021

The Standardized Infection Ratio (SIR) is a sum of observed (O) or actual number of infections divided by number of expected (E) events. SIR allows hospitals to be compared to national experience. National Comparison shows how well each hospital is doing compared to national experience, a composite of all general acute care hospitals in the US. Data is from 2021. *NOTE: Ratios are not meant for hospital-to-hospital comparisons. Lower ratios are better and mean fewer CABG SSIs.*

Hospital Name	Number of Procedures	Observed # of CABG Infections (O)	Expected # of CABG Infections (E)[a]	SIR[b]	National Comparison‡
AtlantiCare Regional Medical Center-Mainland	155	1	1.174	0.852	S
Cooper Hospital University Medical Center	310	1	2.06	0.485	S
Cooperman Barnabas Medical Center	232	1	1.922	0.52	S
Deborah Heart and Lung Center	217	2	1.381	1.448	S
Englewood Hospital and Medical Center	224	0	1.716	0	S
Hackensack University Medical Center	458	1	4.072	0.246	S
Jersey City Medical Center	156	3	0.968	---	---
Jersey Shore University Medical Center	507	5	4.259	1.174	S
Morristown Medical Center	734	2	4.478	0.447	S
Newark Beth Israel Medical Center	111	2	1.301	1.537	S
Robert Wood Johnson University Hospital	571	7	4.435	1.578	S
Saint Michael's Medical Center	57	0	0.378	---	---
St. Francis Medical Center	54	0	0.403	---	---
St. Joseph's University Medical Center	116	0	1.252	0	S
St. Mary's General Hospital	73	0	0.448	---	---
University Hospital	7	0	0.038	---	---
Valley Hospital	147	2	1.133	1.766	S
Virtua Our Lady of Lourdes Hospital	362	4	2.646	1.512	S
Statewide	4491	31	34.061	0.91	S

Source: New Jersey Healthcare-Associated Infections for 2021 submitted through the National Healthcare Safety Network (NHSN).

a Expected (E)= # of infections predicted using the 2015 Baseline and risk-adjusted models.
Important to note that if Expected is <1, the SIR is not calculated as the result is not precise.
b Standardized Infection Ratio (SIR)= Observed (O)/ Expected (E)
‡ Each hospital is compared to the National Ratio=1 which is derived using the CDC's NHSN data from the 2015 baseline.
L indicates hospital infections are LOWER than infections seen nationally.
H indicates hospital infections are HIGHER than infections seen nationally.
S indicates hospital infections are SIMILAR to infections seen nationally.
– SIR is not calculated because the Expected is < 1.
CABG: includes procedures with either chest only or chest and donor site incisions.

Trends in HAI SIRs, 2015-2021

In 2015, the HAI baseline and risk-adjustment methodology were changed. New Jersey acute care hospitals have continued to make progress in reducing HAIs from 2015 to 2021. All measures experienced decreased ratios from 2015 to 2021. Significant decreases in infection ratios were seen in the following HAI measures:

CLABSIs decreased by 21%.

CAUTI decreased by 27%.

Infection ratios following CABG procedures decreased by 46%.

Infection ratios following abdominal hysterectomy procedures decreased by 36%.

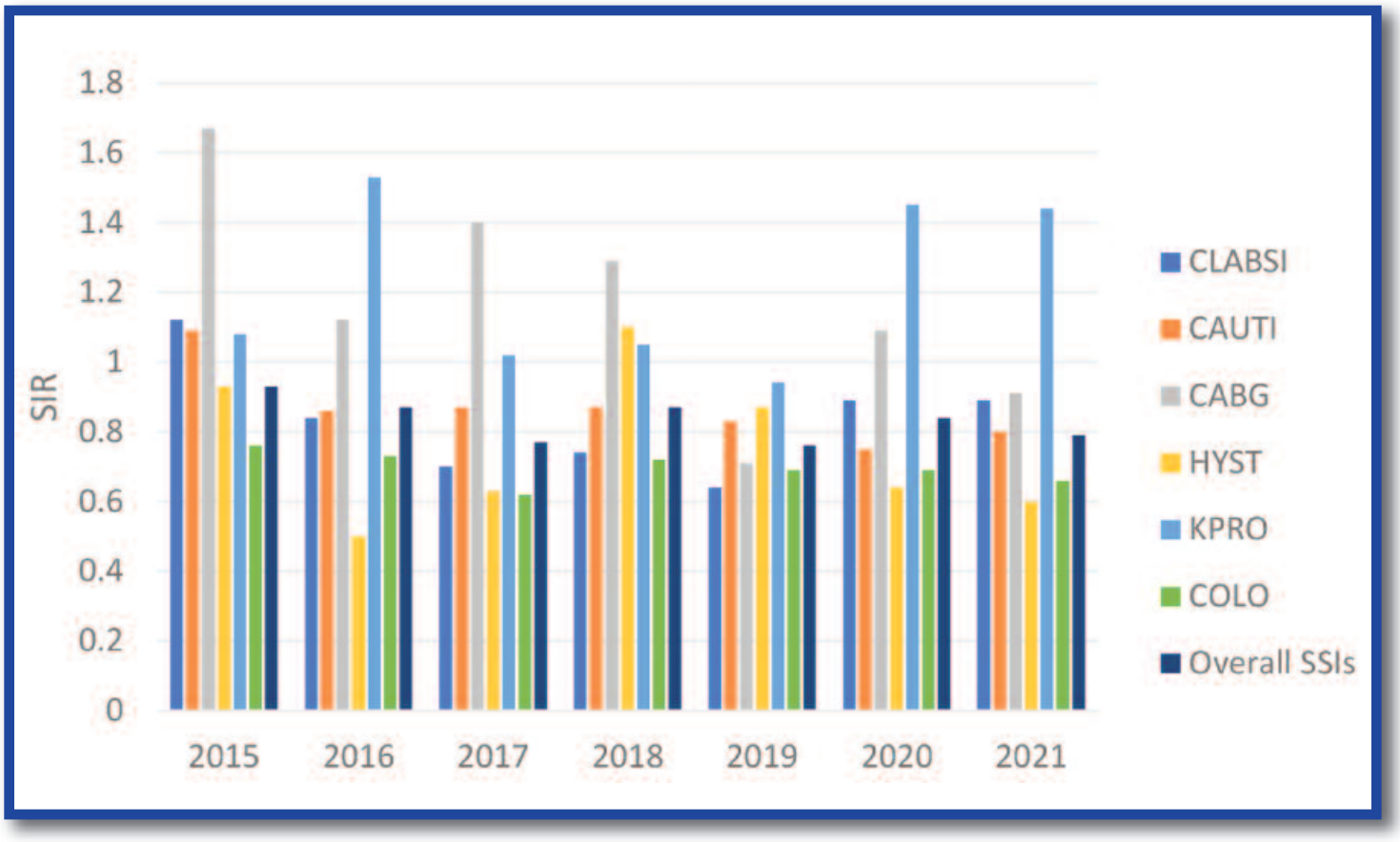
Infection ratios following knee arthroplasty procedures **increased** by 33% but the increase is not significant.

Healthcare Associated Infections

Year	CLABSI	CAUTI	CABG	HYST	KPRO	COLO	Overall SSIs
2015	1.12	1.09	1.67	0.93	1.08	0.76	0.93
2016	0.84	0.86	1.12	0.5	1.53	0.73	0.87
2017	0.7	0.87	1.4	0.63	1.02	0.62	0.77
2018	0.74	0.87	1.29	1.1	1.05	0.72	0.87
2019	0.64	0.83	0.71	0.87	0.94	0.69	0.76
2020	0.89	0.75	1.09	0.64	1.45	0.69	0.84
2021	0.89	0.8	0.91	0.6	1.44	0.66	0.79

Continued

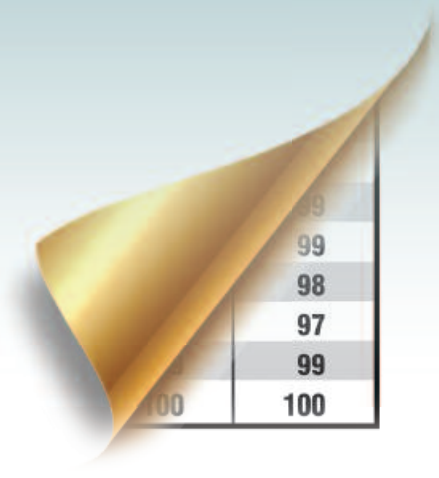
Trends in HAI SIRs, 2015-2021



Section 4

Consumer Information

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



Using Too Many Antibiotics Can be Bad for Your Health

Antibiotic resistance is one of the biggest public health challenges of modern day. Each year in the U.S., at least 2.8 million people get an antibiotic-resistant infection, and over 35,000 people die from it. Fighting this national as well as a global threat requires a world-wide collaboration.

Infections caused by antibiotic-resistant germs are difficult, and sometimes impossible, to treat. In most cases, antibiotic-resistant infections require extended hospital stays, additional follow-up doctor visits, and costly and toxic alternatives. Antibiotics, which are drugs used to treat infections caused by bacteria, are the most important tool we have to combat life-threatening bacterial diseases.

Antibiotic resistance does not mean the body is becoming resistant to antibiotics; Resistance happens when germs (bacteria and fungi) defeat the drugs designed to kill them.

Years ago, a small scrape, cut or a bite that developed into an infection were often fatal because there were no antibiotics to treat the infection. We may be soon be returning to those dark days if antibiotics stop working.

Overuse of antibiotics has increased the growth of drug-resistant germs, making many antibiotics ineffective. Antibiotic resistance happens when for example:

- A simple cut of the finger could lead to a life-threatening infection.
- Common surgery, such as hip and knee replacements, would be riskier because of the danger of infection.
- Dialysis patients could develop untreatable bloodstream infections.
- Life-saving treatments that affect the immune system, such as chemotherapy and organ transplants, could potentially cause more harm than good.

https://www.cdc.gov/drugresistance/index.html

How do we know this is happening?

Infections with resistant bacteria are already happening and are becoming more and more common; many bacteria no longer respond to antibiotics. Some of the bacterial threats that are happening right now and are considered **urgent threats** are:

- **Carbapenem-resistant Acinetobacter** cause pneumonia and wound, bloodstream, and urinary tract infections. Nearly all these infections, an estimated 7,500 in 2020, happen in patients who recently received care in a healthcare facility. There were 700 deaths from this bacteria in 2020.
- **Candida Auris (C. auris):** is an emerging multidrug-resistant yeast or fungus. It can cause severe infections and spreads easily between hospitalized patients and nursing home residents. In 2020, there were 754 reported cases.

- **Clostridium difficile (C. Diff):** causes deadly diarrhea mostly in people who are recently or presently taking antibiotics for several weeks or longer. C.Diff occurs because long-term antibiotic use destroys the good bacteria in our bodies that protect against illness. In 2019, C. Diff was responsible for 202,600 hospitalizations and 11,000 deaths in the US each year.

- **Carbapenem-resistant Enterobacteriaceae (CRE):** also known as the "Nightmare Bacteria" are bacteria that are resistant to nearly all antibiotics and spread easily. In 2020, there were 12,700 cases of CRE.

- **Multi-drug resistant (MDR) Neisseria Gonorrhea:** causes gonorrhea and is showing resistance to antibiotics used to treat it. In 2019, there was an estimated 942,000 cases of MDR.

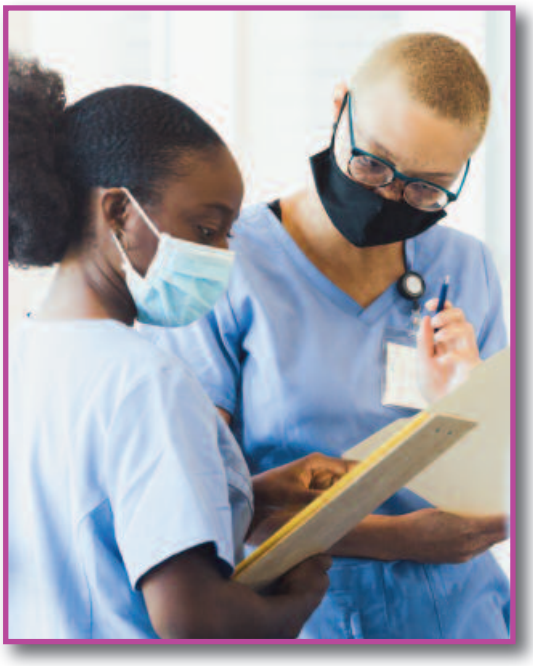
Examples of How Antibiotic Resistance Affects Humans, Animals & the Environment

Any antibiotic use—in people, animals, or crops—can lead to resistance. Resistant germs can spread between people, animals, and the environment (e.g., water, soil).

- **People:** Some types of antibiotic-resistant germs can spread person to person. "Nightmare bacteria" carbapenem- resistant Enterobacteriaceae (CRE) can also survive and grow in sink drains at healthcare facilities and spread to patients and to the environment through the wastewater.

- **Animals:** Resistant germs can spread between animals and people through food or contact with animals. For example, Salmonella Heidelberg bacteria can make both cattle and people sick.

- **Environment:** Antibiotic-resistant germs can spread in the environment. Aspergillus fumigatus, a common mold, can make people with weak immune systems sick. In 2018, resistant A. fumigatus was reported in three patients. It was also found in U.S. crop fields treated with fungicides that are similar to antifungals used in human medicine.



Did you know...?

- Antibiotics can cure bacterial infections, not viral infections: treating viruses with antibiotics does not work; in fact, treating viruses with antibiotics increases the likelihood that you will become ill with an antibiotic-resistant bacterial infection.

- Misuse of antibiotic drugs can cause harm by destroying the good bacteria that normally live in your gut.

- Over 50% of antibiotics are unnecessarily prescribed in a doctor's office for upper respiratory infections like cough and colds, most of which are caused by viruses.

Continued

- Up to 50% of antibiotic use in hospitals is either unnecessary or incorrectly given.
- New types of bacteria resistance occur and spread world-wide, threatening our ability to treat common infections, resulting in death and disability to those who, until recently, could have been saved.

Why the Urgency?

- The way we use antibiotics today in one patient directly impacts how effective they will be tomorrow in another patient. In other words, the way we use them today affects all of us in the future.

- Antibiotic resistance is not just a problem for the person with the infection; some resistant bacteria have the potential to spread to others, promoting antibiotic-resistance infections.
- People are dying world-wide from antibiotic resistant bacterial infections, and the number of deaths is growing.
- Since it will be many years before new antibiotics are available to treat some resistant infections, we need to make the best use of antibiotics that are currently available.

How did this happen?

Incorrect use of antibiotics has largely contributed to antibiotic resistance.

- Antibiotics are in the food that we eat. The animal-food that we eat has been treated with antibiotics to prevent, control and treat disease, and to promote the growth of food-producing animals.
- Vegetables we eat that have been grown in soil from the manure of animals treated with antibiotics.
- Clinicians in offices and hospitals have prescribed antibiotics unnecessarily and too often.
- Many patients share medications with others and incorrectly use leftover drugs.
- Healthcare facilities have exercised poor infection prevention and control practices in the past.

What's being done to combat antibiotic-resistant bacteria?

The Centers for Disease Control and Prevention (CDC) has suggested the following plan for the healthcare industry:

- Prevent infections and prevent the spread of resistance.
- Track resistant bacteria.
- Improve the uses of existing antibiotics.

- Promote the development of new antibiotics and new diagnostic tests for resistant bacteria.

What You Can Do:

- Take the antibiotic exactly as the doctor prescribes. Do not skip doses. Complete the treatment, even when you start to feel better.
- Do not share or use leftover antibiotics. Taking the wrong medicine may delay correct treatment and allow the bad bacteria to multiply.
- Don't ask for antibiotics when your doctor thinks you do not need them. Taking them when you don't need them can do more harm than good.
- Decrease the amount of antibiotics you eat from food by buying meat that is labeled "raised without antibiotics."
- Practice good hand hygiene and get the recommended vaccines to prevent infections. (See ***Handwashing Helps Prevent Infections*** on page 67.)

Continued

Taking an Active Role in Your Healthcare

Take responsibility for your health care by making decisions carefully and learning about your medical condition and treatment options. Don't just rely on your doctor….have a voice in your health.

Manage Your Medications Safely

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

- 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 the pharmacist to explain.
- Use the same pharmacy or pharmacy chain for all medications, if possible.
- Don't overuse your medications or share with others (See ***'Too Many Antibiotics Can Be Bad for your Health'*** on page 56)

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

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

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

Get the Results of all Tests and Procedures

- **Call** your doctor and ask for your results, whether the tests are taken in the hospital or in your doctor's office.
- **Don't assume** that the results are fine if you do not receive a follow-up call.
- **Ask questions** about the results and what they mean.

Know Your Treatment Options

- **Understand** what your doctor is telling you about your medical condition. If you don't understand, don't be afraid to ask for a clearer explanation. Share a list of your medications with your doctor
- **Learn** as much as you can about your condition. Your doctor and/or library can help you find reliable information.
- **Ask your doctor** to explain all of your treatment options, including non-surgical options, and the potential risks of each one.
- **Consider** getting a second opinion.
- **Choose** a hospital that has treated many patients with your condition or the surgery you need. Patients have better results when they are treated in hospitals that have had a lot of experience treating their condition.

When in the Hospital…..

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

- **Don't be embarrassed** to ask all health care workers that have direct contact with you if they have washed their hands. Hand washing prevents the spread of infections. (See *Handwashing Helps Prevent Infections* on page 67).
- **Ask** your doctor if he/she will be visiting you in the hospital or if there will be a hospitalist instead. Many hospitals hire hospitalists to provide around the clock inpatient care and act as your personal physician while you are in the hospital.
- **If the hospital** is using a hospitalist, make sure the hospitalist has a copy of your records from your personal doctor and is communicating with him/her. Also, make sure the hospitalist sends his records to your primary care doctor.
- **Ask** questions about your medication, whether or not you are in the hospital. Know what you are taking and why, including IV solutions.
- **Find out** which hospital staff will develop your care plan.
  - Who will be leading this function?
  - How often will they meet to discuss your needs?
  - How often will information be communicated to you and your family

Understand the treatment plan you will use at home.

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

Take Charge

- **Take** care of your health with regular appointments for routine check-ups and preventive care.
- **Talk** to your doctor about when you need preventive health screenings.
- **Create** a healthy lifestyle by eating right, exercising and getting the proper amount of sleep.
- **Keep** a written record of your health history in one place. Gather your medical records from your doctor(s) office into your own file. Your doctor's office may offer this service by providing you a portal. You can also create your own records online or join a service; your insurance company or employer may offer one. You can also scan your records to make them electronic and store them together online.
- **Be prepared** in case of emergencies.
  - Prepare a Living Will, which authorizes a person you wish to make medical decisions on your behalf if you cannot.
  - Another option is to complete a Health Proxy, a legal document that describes how you want to be treated in case you are incapacitated or near death.
  - Discuss your wishes for end-of-life treatment with your primary health professional and loved ones. See *Physician Orders for Life Sustaining Treatment (POLST)* (**https://www.nj.gov/health/advancedirective/polst/**) for national information and The **New Jersey Hospital Association** (**www.njha.com/polst/**) for New Jersey specific information.

Advanced Directive

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

See ***Hospital Patients... Know Your Rights*** on page 72

Continued

Patient Safety Tips for Surgery

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

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

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

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

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

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

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

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

  Inform all your doctors and nursing staff about all the prescription medications, vitamins, herbal supplements, and over-the-counter

medications you are currently taking. Certain combinations of medicines can lead to problems. Patients taking heart medication need to be careful that the combinations will not lead to a heart attack.

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

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

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

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

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

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

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

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

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

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

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

Continued

Preventing Surgical Site Infections (SSI)

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

What are hospitals doing to prevent SSIs after surgery

Doctors, nurses and other healthcare providers must:

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

What are hospitals doing to prevent SSIs after surgery

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

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

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

See *Patient Safety Tips for Surgery* on pages 62-63 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" is a catheter, which is a thin tube placed in the bladder. It may need to be removed if a patient develops an infection. To help prevent CLABSIs from occurring, the Centers for Disease Control and Prevention (CDC) recommends the following steps:

What do nurses and doctors do to prevent CLABSI?

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

What can I do to help prevent CLABSI?

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

Continued

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

A Catheter-Associated Urinary Tract Infection (CAUTI) are among the most common form of Healthcare-Associated Infection (HAI) reported in hospitals in patients who get CAUTI. The urinary catheter, which is a thin tube placed in the bladder, drains the urine through the tube into a bag. The catheter is secured to the leg to prevent pulling on it. People with urinary catheters have a much higher chance of getting a urinary tract infection (UTI) than those who don't. Up to 1 in 4 die, even though it is mostly preventable. 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.

Handwashing Helps Prevent Infections

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

Washing your hands with soap and water is the best way to reduce germs on them. Keeping hands clean helps prevent the spread of germs, like COVID-19.

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

What is the right way to wash your hands?

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

When should you wash your hands?

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

To prevent the spread of germs during the COVID-19 pandemic, you should also wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol to clean hands BEFORE and AFTER:

- **Touching** your eyes, nose, or mouth
- **Touching** your mask
- **Entering and leaving** a public place
- **Touching** an item or surface that may be frequently touched by other people, such as door handles, tables, gas pumps, shopping carts, or electronic cashier registers/screens

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

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.

Continued

Finding a Doctor

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

What to Look for in a Doctor

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

  Use the web sites listed in this section or call the doctor's office staff to get answers to your questions. To find out if the doctor is board certified, you can also call the American Board of Medical Specialties at (312) 436-2600 or visit their website at **https://www.certificationmatters.org/**
- Find out if there are any disciplinary actions against a NJ doctor by contacting the NJ Healthcare Profile through their website at **https://www.NJdoctorlist.com.**
- Information regarding the expiration date of a practitioner's license can be found on the internet at **https://newjersey.mylicense.com/verification/** or can be obtained by calling the New Jersey Division of Consumer Affairs License Verification Line at (973)-273-8090 (note: in order to obtain information from the telephone verification system, you will need to know the full license number of the practitioner).
- 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 NIH website at: **https://www.nia.nih.gov/health/how-choose-doctor-you-can-talk**. To help you build a list of questions, refer to AHRQ's QuestionBuilder App (ahrq.gov) at: **https://www.ahrq.gov/questions/question-builder/index.html**

Choose a Doctor Carefully

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

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

- **New Jersey Healthcare Profile:** **https://www.NJdoctorlist.com** helps you find doctors by location or field of medicine. Review a doctor's credentials, background, disciplinary actions and malpractice payments.
- **Doctorfinder:** **https://doctorfinder.ama-assn.org/doctorfinder/home.jsp** is an American Medicine Association (AMA) website that provides office addresses, phone numbers, and board certifications on over 814,000 doctors in the US. Search by name, specialty, hospital, or county.
- **Find Healthcare Providers: Compare Care Near You, Medicare:** **https://www.medicare.gov/care-compare/?providerType=Physician&redirect=true** gives the specialties, office locations, maps, directions, and phone numbers of doctors who provide Medicare services. Doctors' profiles may also include their education, gender, residency, languages, and hospital affiliation.
- **DocInfo:** **https://www.docinfo.org** provides professional background information on more than one million licensed doctors in the U.S. Before you schedule your next check-up, make sure your doctor checks out.

Continued

Health Information & Referral

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

Health Care Conditions

Asthma Care

- **Asthma Statistics to Asthma Statistics in New Jersey (DOH):** The prevalence and treatment of asthma in New Jersey. https://www.nj.gov/health/fhs/chronic/asthma/in-nj/
- **Asthma Resources (DOH):** New Jersey State offers several programs for patients who cannot afford medication or treatment. https://www.nj.gov/health/fhs/chronic/asthma/resources/
- **Resources on Allergy, Asthma, and Immunology (AAAAI):** Asthma and allergy related information. (414) 272-6071 or https://www.aaaai.org

Cancer Care

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

Cardiac Care

- **Cardiac Surgery in New Jersey (DOH):** The latest report on coronary artery bypass graft surgery (CABG) death rates for NJ hospitals and physicians. https://nj.gov/health/healthcarequality/documents/CABG%20Consumer%20Report%202017_2018_v3_08202021.pdf
- **Heart Health (AHA):** A wide range of cardiovascular and stroke topics. (800) 242-8721 or https://www.heart.org
- **Healthy Lungs (ALA):** Fighting and preventing lung disease, such as asthma, smoking, environmental health, and research. (800)-586-4872 or https://www.lung.org
- **COVID-19 and Boosters (CDC):** CDC: The facts about the virus, including how it spreads, new variants and vaccines and boosters that fight it. https://www.cdc.gov/coronavirus/2019-ncov/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Findex.html

Diabetes Care

- **Diabetes Information (ADA):** Information on diabetes. (800) 342-2383 or https:// www.diabetes.org
- **Diabetes Prevention and Control (DOH):** Diabetes resources, information, NJ data, and treatment. (609) 984-6137 or https://www.nj.gov/health/fhs/chronic/diabetes/
- **Diabetes (CDC):** From the basics to research, statistics, and educational publications. https://www.cdc.gov/diabetes/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fdiabetes%2Fhome%2Findex.html

Other Heath Issues, Facts and Conditions

- **Diagnosis/Treatment of Diseases (ACS, ADA, AHA, AACR):** Current research on diagnosis and treatment of specific diseases. https://patient.info/
- **Health Conditions (CDC):** Disease prevention and control, environmental health, and health promotion. https://www.cdc.gov
- **New Jersey State Health Assessment Data (DOH):** Provides access to public health datasets, statistics, and information on the health status of New Jerseyans. https://www-doh.state.nj.us/doh-shad/
- **Health Issues (NLM, NIH):** Various conditions, health news, clinical trials, medicines, encyclopedias and medical dictionary. https://www.medlineplus.gov

Seniors

- **Aging and Disability Resource Connection (ADRCNJ, DHS):** Information and assistance for those seeking services or programs by county. (877) 222-3737 or https://www.adrcnj.org
- **Medicare and You (CMS):** https://www.medicare.gov/pubs/pdf/10050-Medicare-and-You.pdf Health and drug plan options; benefits, enrollment, eligibility and preventive health. (800) Medicare or go to https://www.medicare.gov
- **Medicines and You: A Guide for Older Adults:** (FDA): Know your medicines to avoid problems. https://www.fda.gov/drugs/resources-you-drugs/medicines-and-you-guide-older-adults
- **Health Information from the NIA (NIA,NIH):** Up-to-date health and wellness information for seniors. https://www.nia.nih.gov/health
- **Talking With Your Doctor: A Guide for Older People (nih.gov):** How to discuss health concerns and medicines with physicians. (800) 222-2225 or https://order.nia.nih.gov/sites/default/files/2017-07/TWYD_508.pdf

Preventive Care and General Health Information

- **Healthy for Good: (AHA):** A healthy-living initiative to encourage life style change. https://www.heart.org/en/healthy-living
- **MyHealthfinder.gov:** (DHHS) https://www.healthfinder.gov Health information from the federal government and other resources.
- **Joint Commission: For Consumers** https://www.jointcommission.org/resources/for-consumers/ Report hospital complaints, patient safety concerns,resources quality care, accredited hospitals, finding hospitals that treat specific diseases, and more.
- **New Jersey Prescription Drug Price Registry (DCA-LPSCA):** Compare retail prices charged by many pharmacies for the 150 most-frequently prescribed prescription drugs. https://www20.state.nj.us/LPSCA_DRUG/index.jsp
- **Patients and Consumers (AHRQ):** Tips to help stay safe in the hospital; doctor appointments; prevention, diagnosis and treatment guidelines, etc (800) 358-9295. https://www.ahrq.gov/patients-consumers/index.html

KEY

AAAAI: American Academy of Allergy, Asthma and Immunology

AACR: American Association for Cancer Research

ACS: American Cancer Society

ADA: American DiabetesAssociation

ADRCNJ: Aging & Disability Resource Connection of NJ

AHA: American Heart Association

AHRQ: Agency for Healthcare Research and Quality

ALA: American Lung Association

CDC: Centers for Disease Control and Prevention

CMS: Centers for Medicare and Medicaid Services

DCA: NJ Department of Consumer Affairs

DHS: NJ Department of Human Services

DHHS: US Department of Health and Human Services

DOH: NJ Department of Health

DOBI: NJ Department of Banking and Insurance

FDA: Food and Drug Administration

LPSCA: NJ Law and Public Safety, Consumer Affairs

NIA: National Institute on Aging

NIH: National Institutes of Health

NLM: National Library of Medicine

Continued

Hospital Patients... Know Your Rights

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

Medical Care

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

Transfers

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

Communication and Information

- Be treated with courtesy, consideration and respect for your dignity and individuality.
- Know the names and functions of all physicians and other health care professionals directly caring for you.
- Expeditiously receive the services of a translator or interpreter, if needed, to communicate with the hospital staff.
- Be informed of the names, titles, and duties of other health care professionals and educational institutions that participate in your treatment. You have the right to refuse to allow their participation.
- Be advised in writing of the hospital's rules regarding the conduct of patients and visitors.
- Receive a summary of your rights as a patient, including the name(s) and phone number(s) of the hospital staff to whom to direct questions or complaints about possible violations of your rights. If at least 10% of the hospital's service area speaks your native language, you can receive a copy of the summary in your native language.

- Know the names and functions of all physicians and other health care professionals directly caring for you.

Medical Records

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

Cost of Hospital Care

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

Discharge Planning

- Be informed about any need for follow-up care and receive assistance in obtaining this care required after your discharge from the hospital.
- Receive sufficient time before discharge to arrange for follow-up care after hospitalization.
- Be informed by the hospital about the discharge appeal process.

Privacy and Confidentiality

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

Freedom from Abuse and Restraints

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

Civil Rights

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

Questions, Complaints and Appeals

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

See ***Filing a Complaint*** on page 77.

Continued

Avoid Being Readmitted to the Hospital

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

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

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

Below are some tips to help prevent a return trip to the hospital based on the following resources:

Taking Care of Myself: A Guide for When I Leave the Hospital (ahrq.gov)
https://www.ahrq.gov/questions/resources/going-home/index.html

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

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

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

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

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

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

- Will the hospital provide this medication when you leave? Will you be going home with it, or will you need to get the medication from an outside pharmacy?
- Will you need prescription refills or renewals? Who will provide them, the hospital pharmacy or your own doctor?
- To keep a record of your medications, many hospitals have a patient portal that maintains a record of your visit, notes from your visit, and a list of your medications. If you do not have access to the hospital's patient portal, use the Medicine Wallet Card (ahrq.gov) **https://www.ahrq.gov/health-literacy/patient-education/ask-your-doctor/medicine-wallet-card.html** to help you keep track of your medicines, vitamins, herbs, and other dietary supplements.

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

- Will the hospital provide this equipment?
- Will you be going home with it, or will you need to get the equipment from an outside source? If so, where does the hospital recommend you go?
- Before you leave, make sure the hospital staff show you how to use the equipment properly.

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

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

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

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

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

Continued

Hospital Quality Oversight

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

New Jersey Department of Health (DOH)

The Department of Health's oversight activities are intended to promote the health, safety and welfare of patients/residents in a wide range of health care settings, such as hospitals, nursing homes, assisted living residences, ambulatory care centers, home health care, and medical day care. Check **https://www.nj.gov/health/healthfacilities/about-us/facility-types/** to see a complete list of the types of facilities DOH regulates.

Licensure/Certification:

The Department of Health issues licenses to hospitals, ambulatory care and other health care facilities. You can access the names, addresses, licensure expiration dates and other information on the hospitals licensed by Department of Health by visiting **https://www.nj.gov/health/healthfacilities/**.

The Department also certifies aides and administrators in settings such as nursing homes to ensure their training, experience and background meet State standards.

Inspections:

To evaluate compliance with State regulatory standards, the Department of Health conducts comprehensive facility inspections and responds to specific complaints from consumers and other state and federal agencies. During these inspections, the State survey teams evaluate the compliance of facility premises, equipment, personnel, policies and procedures with state licensure regulations.

In addition, the Department of Health conducts periodic inspections under contract to the U.S. Department of Health and Human Services to evaluate facility compliance with Medicare conditions of participation as well as with other federal regulations.

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Oversight

The New Jersey Department of Health regulates health facilities in New Jersey. If a hospital does not meet State licensure or Medicare standards, the Department of Health may cite the hospital for a deficiency. The hospital must then submit a plan of correction. In the case of licensure standards violations, the Department of Health may also issue a monetary penalty or take other actions. Please see **https://www.nj.gov/health/healthfacilities/enforcement_actions.shtml**

The Department also collects financial and utilization data from the State's 71 hospitals to monitor their financial status, availability of beds, service patterns, and other issues pertinent to the development of public policy and distribution of subsidies to hospitals serving low income, uninsured persons.

Patient Safety

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

- The Patient Safety Reporting System is responsible for collecting confidential information on medical errors from hospitals and ensuring that hospitals review these events to prevent reoccurrence.
- The Patient Safety Indicators (PSIs) are a data set developed by the Agency for Health Care Research and Quality (AHRQ) that measure the extent to which certain avoidable medical errors occur in each hospital. Existing legislation mandates that the Department of Health publicly report this information for New Jersey hospitals. The results of the data analysis can be found on **https://www.nj.gov/health/healthcarequality/health-care-professionals/quality-indicators/psi.shtml**

More detail can be found on the web at **https://nj.gov/health/healthfacilities/**

Filing a Complaint...

About a New Jersey Hospital and how it:

Treated You:	**Write...**	New Jersey Department of Health Division of Health Facilities Field and Operations, Assessment and Survey Program, PO Box 367, Trenton, NJ 08625-0367
	Visit...	https://web.doh.state.nj.us/fc/search.aspx and file online.
	Call...	**(800) 792-9770 and (800) Medicare if also covered by Medicare**
	Fax...	**The form, Consumer Resident/Patient Complaint Report can be found at https://web.doh.state.nj.us/fc/search.aspx** to 609- 943-3013
Handled Your Application for Charity Care:	**Write...**	Charity Care Program New Jersey Department of Health PO Box 360, Trenton, NJ 08625-0360
	Visit...	https://www.nj.gov/health/charitycare/index.shtml (Spanish and English)
	Email...	**Charity.Care-Fraud@doh.nj.gov**
	Call...	**(866) 588-5696 9am-5pm Monday through Friday** (Spanish and English)
Billed You and You Are Covered by a New Jersey Managed Care Plan (HMOs and PPOs):	**Write...**	Office of Managed Care, Consumer Protection Services, Department of Banking and Insurance, PO Box 475 Trenton, NJ 08625-0329
	Complete...	**The form MC-1, Complaint at https://www.state.nj.us/dobi/division_insurance/managedcare/mc_1complaints.pdf** and submit to address above.
	Visit...	**https://www.nj.gov/dobi/mcfaqs.htm**
	Call...	**(888) 393-1062**
	Fax...	**(609) 777-0508 or (609) 292-2431**
Billed You and You are Covered by a New Jersey Insurance Plan other than Managed Care	**Visit...**	**https://www.state.nj.us/dobi/consumer.htm#insurance**
	Call...	**(609) 292-7272 or (800)-446-7467**
Billed You and You Are Enrolled in Medicare:	**Visit...**	Medicare Program at **https://www.medicare.gov/claims-appeals**
	Call...	**(800) MEDICARE**

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

Write...	New Jersey Board of Medical Examiners PO Box 183, Trenton, NJ 08625-0183
Email...	**bmepatientadvocate@dca.lps.nj.gov**
Visit...	https://nj.gov/health/healthfacilities for the Medical Exam.Complaint Form.
Call...	**(609) 826-7100**

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

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

Quality Improvement Advisory Committee (QIAC)

QIAC advises for the New Jersey Department of Health (DOH) on the development of uniform, reliable, standardized, and comparable measures that show how well New Jersey acute care health facilities are performing for specific conditions.

Please note that, due to COVID-19 pandemic, the QIAC has not convened since June, 2019 and did not advise DOH on this specific report. However, the measures in the report were previously reviewed and recommended by the QIAC and have not changed since the last report.

We anticipate reconvening the QIAC in the near future.

DOH Staff

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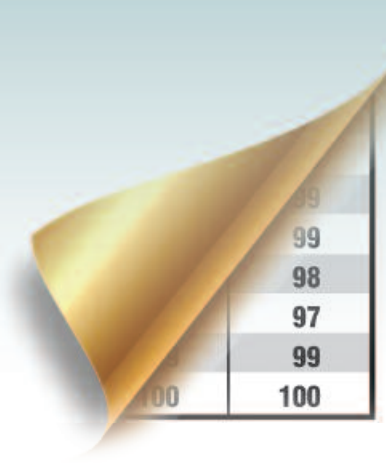
Executive Director

Jianping Huang
Director

Markos Ezra
Letitia Holloway-Owens
Juana Jackson

Section 5

New Jersey General Acute Care Hospitals



New Jersey General Acute Care Hospitals

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

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

Bayshore New Bridge Medical Center
727 North Beers Street
Holmdel, NJ 07733
(732) 739-5900
https://www.hackensackmeridian-health.org/en/Locations/Bayshore-Medical-Center

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

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

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

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

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

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

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

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

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

Clara Maass Medical Center
One Clara Maass Drive
Belleville, NJ 07109
(973) 450-2000
https://www.rwjbh.org/clara-maass-medical-center/

Community Medical Center
99 Route 37 West
Toms River, NJ 08755
(732) 557-8000
https://www.rwjbh.org/community-medical-center/

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

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

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

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

Hackensack Meridian Health Pascack Valley Medical Center
250 Old Hook Rd,
Westwood, NJ 07675
201-383-1074
https://pascackmedicalcenter.com/

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

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

Hackettstown Medical Center
651 Willow Grove Street
Hackettstown, NJ 07840
(908) 852-5100
https://www.atlantichealth.org/locations/hospitals/hackettstown-medical-center.html

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

Continued

Hudson Regional Hospital
55 Meadowlands Parkway
Secaucus, NJ 07096
(201) 392-3100
https://www.hudsonregionalhospital.com/

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

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

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

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

Inspira Medical Center Mullica Hill
700 Mullica Hill Road
Mullica Hill, NJ 08062
(856) 508-1000
https://www.inspirahealthnetwork.org

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

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

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

Jersey City Medical Center
355 Grand Street
Jersey City, NJ 07302
(201) 915-2000
https://www.rwjbh.org/jersey-city-medical-center/

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

Virtua Willingboro Hospital
218 Sunset Road
Willingboro, NJ 08046
(609) 835-2900
https://www.virtua.org/locations/hospital-virtua-lourdes-willingboro

Monmouth Medical Center
300 Second Avenue
Long Branch, NJ 07740
(732) 222-5200
https://www.rwjbh.org/monmouth-medical-center/

Monmouth Medical Center Southern Campus
600 River Avenue
Lakewood, NJ 08701
(732) 363-1900
https://www.rwjbh.org/monmouth-medical-center-southern-campus/

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

Newark Beth Israel Medical Center
201 Lyons Avenue
Newark, NJ 07112
(973) 926-7000
https://www.rwjbh.org/newark-beth-israel-medical-center/

Newton Medical Center
175 High Street
Newton, NJ 07860
(973) 383-2121
http://www.atlantichealth.org/newton/

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

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

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

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

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

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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
https://www.hackensackmeridianhealth.org/en/Locations/Riverview-Medical-Center

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

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

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

Robert Wood Johnson University Hospital Somerset
110 Rehill Avenue
Somerville, NJ 08876
(908) 685-2200
https://www.rwjbh.org/rwj-university-hospital-somerset/

Saint Clare's Hospital
400 West Blackwell Street
Dover, NJ 07801
(973) 989-3000
https://www.saintclares.com/our-locations/saint-clares-dover-hospital/

Saint Clare's Hospital/Denville
25 Pocono Road
Denville, NJ 07834
(973) 625-6000
https://www.saintclares.com/our-locations/saint-clares-denville-hospital/

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

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

Salem Medical Center
310 Woodstown Road
Salem, NJ, 08079
856-935-1000
https://www.smc.health/

Shore Medical Center
1 East New York Avenue
Somers Point, NJ 08244
(609) 653-3500
https://shoremedicalcenter.org/

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

Cooperman Barnabas Medical Center
94 Old Short Hills Road
Livingston, NJ 07039
(973) 322-5000
https://www.rwjbh.org/saint-barnabas-medical-center/

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

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

St. Joseph's Wayne Medical Center
224 Hamburg Turnpike
Wayne, NJ 07470
(973) 942-6900
https://www.stjosephshealth.org/sjwh

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

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

Salem Medical Center
310 Woodstown Road
Salem, NJ 08079
(856) 935-1000
https://www.smc.health/

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

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

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

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

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

Virtua Our Lady of Lourdes Hospital
1600 Haddon Ave,
Camden, NJ 08103
973-757-3500
https://www.virtua.org/locations/hospital-virtua-our-lady-of-lourdes

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

For questions...

For questions about this report, please contact:

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

(800) 418-1397

Find more information on our website at **www.nj.gov/health/hpr.** The site allows you to choose hospitals by name, condition or county. In addition to the measures included in this report, the website also includes mortality measures for Coronary Artery Bypass Graft (CABG) surgery; mortality for Inpatient Quality Indicators (IQIs) for heart attack, pneumonia, heart failure, and stroke; and scores for outpatient measures.

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

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

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

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