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SAINT BARNABAS MEDICAL CENTER

94 OLD SHORT HILLS ROAD
LIVINGSTON, NJ 07039
(973) 322-5000

Hospital Type: Acute Care Hospitals
Provides Emergency Services: Yes

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Timely & Effective Care

These measures show how often hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.

- [Heart Attack Care](#)
- [Heart Failure Care](#)
- [Pneumonia Care](#)
- [Surgical Care](#)
- [Emergency Department Care](#)
- [Preventive Care](#)
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Heart Attack Care

An acute myocardial infarction (AMI), also called a heart attack, happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of the standards of care provided, if appropriate, for most adults who have had a heart attack.

- [More information about timely and effective care measures.](#)
- [Why heart attack care measures are important.](#)
- [Current data collection period.](#)

Timely Heart Attack Care

SAINT BARNABAS
MEDICAL CENTER

NEW JERSEY
AVERAGE

NATIONAL
AVERAGE

Effective Heart Attack Care

SAINT BARNABAS
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NEW JERSEY
AVERAGE

NATIONAL
AVERAGE

Heart
attack
patients
given
aspirin at
discharge
Higher

100%

99%

99%

	SAINT BARNABAS MEDICAL CENTER	NEW JERSEY AVERAGE	NATIONAL AVERAGE
<i>percentages are better</i>			

Heart attack patients given a prescription for a statin at discharge Higher percentages are better	99%	98%	98%
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Heart Failure Care

Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the process of care provided for most adults with heart failure.

- [More information about timely and effective care measures.](#)
- [Why heart failure care measures are important.](#)
- [Current data collection period.](#)

Effective Heart Failure Care

	SAINT BARNABAS MEDICAL CENTER	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Heart failure patients given discharge instructions Higher percentages are better	100%²	96%	93%
Heart failure patients given an evaluation of Left Ventricular Systolic (LVS) function Higher percentages are better	100%²	100%	99%
Heart failure patients given ACE inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD) Higher percentages are better	100%²	98%	96%

Pneumonia Care

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia.

- [More information about timely and effective care measures.](#)
- [Why pneumonia care measures are important.](#)

- **Current data collection period.**

Effective Pneumonia Care

	SAINT BARNABAS MEDICAL CENTER	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics Higher percentages are better	100% ²	98%	97%
Pneumonia patients given the most appropriate initial antibiotic(s) Higher percentages are better	100% ²	97%	95%

Surgical Care

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients. Here are some examples:

- Giving the recommended antibiotics at the right time before surgery
- Stopping the antibiotics within the right timeframe after surgery
- Maintaining the patient's temperature and blood glucose (sugar) at normal levels
- Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

- Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
- Giving drugs that prevent blood clots and using other methods such as special stockings that increase circulation in the legs.

- **More information about timely and effective care measures.**
- **Why surgical care measures are important.**
- **Current data collection period.**

Timely Surgical Care

	SAINT BARNABAS MEDICAL CENTER	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time (within one hour before surgery) Higher percentages are better	99%	97%	96%
Surgery patients who were	100% ²	99%	98%

	SAINT BARNABAS MEDICAL CENTER	NEW JERSEY AVERAGE	NATIONAL AVERAGE
given an antibiotic at the right time (within one hour before surgery) to help prevent infection Higher percentages are better			
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery) Higher percentages are better	98% ²	98%	97%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery Higher percentages are better	97% ²	98%	97%
Effective Surgical Care			
	SAINT BARNABAS MEDICAL CENTER	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got the right kind of antibiotic Higher percentages are better	98%	97%	97%
Surgery patients who were taking heart drugs called beta blockers before coming to the hospital, who were kept on the beta	99% ²	97%	96%

	SAINT BARNABAS MEDICAL CENTER	NEW JERSEY AVERAGE	NATIONAL AVERAGE
blockers during the period just before and after their surgery Higher percentages are better			
Surgery patients who were given the right kind of antibiotic to help prevent infection Higher percentages are better	100% ²	99%	98%
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery Higher percentages are better	100% ²	97%	96%
Surgery patients whose urinary catheters were removed on the first or second day after surgery Higher percentages are better	95% ²	96%	95%
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery Higher percentages are better	100% ²	100%	100%
Surgery patients whose doctors ordered	97% ²	99%	98%

treatments to prevent blood clots after certain types of surgeries
Higher
 percentages are better

SAINT BARNABAS MEDICAL CENTER

NEW JERSEY AVERAGE

NATIONAL AVERAGE

Emergency Department Care

Timely and effective care in hospital emergency departments is essential for good patient outcomes. Delays before receiving care in the emergency department can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries. Waiting times at different hospitals can vary widely, depending on the number of patients seen, staffing levels, efficiency, admitting procedures, or the availability of inpatient beds.

The information below shows how quickly the hospitals you selected treat patients who come to the hospital emergency department, compared to the average for all hospitals in the U. S.

- [More information about timely and effective care measures.](#)
- [Why emergency department care measures are important.](#)
- [Current data collection period.](#)

Timely Emergency Department Care

SAINT BARNABAS MEDICAL CENTER

NEW JERSEY AVERAGE

NATIONAL AVERAGE

NEW

457 Minutes

355 Minutes

277 Minutes

Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient
A lower number of minutes is better

NEW

212 Minutes

143 Minutes

98 Minutes

Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room
A lower number of

	SAINT BARNABAS MEDICAL CENTER	NEW JERSEY AVERAGE	NATIONAL AVERAGE
<i>minutes is better</i>			
NEW Average time patients spent in the emergency department before being sent home A lower number of minutes is better	144 Minutes	149 Minutes	140 Minutes
NEW Average time patients spent in the emergency department before they were seen by a healthcare professional A lower number of minutes is better	52 Minutes	35 Minutes	30 Minutes
NEW Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication A lower number of minutes is better	42 Minutes	61 Minutes	62 Minutes
NEW Percentage of patients who left the emergency department before being seen Lower percentages are better	1%	Not Available	Not Available
NEW Percentage of patients who came to the emergency department with stroke symptoms	Not Available	56%	43%

who
received
brain scan
results
within 45
minutes of
arrival
Higher
percentages
are better

SAINT BARNABAS
MEDICAL CENTER

NEW JERSEY
AVERAGE

NATIONAL
AVERAGE

Preventive Care

Hospitals and other healthcare providers play a crucial role in promoting, providing and educating patients about preventive services and screenings and maintaining the health of their communities. Many diseases are preventable through immunizations, screenings, treatment, and lifestyle changes. The information below shows how well the hospitals you selected are providing preventive services.

- [More information about timely and effective care measures.](#)
- [Why preventive care measures are important.](#)
- [Current data collection period.](#)

NEW

Patients
assessed
and given
influenza
vaccination
Higher
percentages
are better

SAINT BARNABAS
MEDICAL CENTER

95%

NEW JERSEY
AVERAGE

88%

NATIONAL
AVERAGE

86%

NEW

Patients
assessed
and given
pneumonia
vaccination
Higher
percentages
are better

88%

90%

88%

Children's Asthma Care

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing.

- [More information about timely and effective care measures.](#)
- [Why children's asthma care measures are important.](#)
- [Current data collection period.](#)

Effective Children's Asthma Care

Children who
received
reliever
medication
while
hospitalized
for asthma
Higher
percentages
are better

SAINT BARNABAS
MEDICAL CENTER

Not Available

NEW JERSEY
AVERAGE

Not Available

NATIONAL
AVERAGE

100%

	SAINT BARNABAS MEDICAL CENTER	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Children who received systemic corticosteroid medication (oral and IV medication that reduces inflammation and controls symptoms) while hospitalized for asthma Higher percentages are better	Not Available	Not Available	100%
Children and their caregivers who received a home management plan of care document while hospitalized for asthma Higher percentages are better	Not Available	Not Available	85%

² The hospital indicated that the data submitted for this measure were based on a sample of cases.

³ Data were collected during a shorter period (fewer quarters) than the maximum possible time for this measure.

⁵ No data are available from the hospital for this measure.

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LIVINGSTON, NJ 07039
(973) 322-5000Hospital Type: Acute Care Hospitals
Provides Emergency Services: Yes[Add to my Favorites](#) ♥[Map and Directions](#) 📍**Readmissions, Complications and Deaths**

Patients who are admitted to the hospital for treatment of medical problems sometimes get other serious injuries, complications, or conditions, and may even die. Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. These events can often be prevented if hospitals follow best practices for treating patients.

30-Day Outcomes Readmission and Deaths

30-Day Readmission is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge. Below, the rates of readmission for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital.

30-Day Mortality is when patients die within 30 days of their admission to a hospital. Below, the death rates for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital.

- [More information about Hospital Readmission and Mortality Measures.](#)
- [Current data collection period.](#)

SAINT BARNABAS
MEDICAL CENTERNEW JERSEY
AVERAGEU.S.
NATIONAL
RATE**Serious Complications and Deaths**

This section shows serious complications that patients with Original Medicare experienced during a hospital stay, and how often patients who were admitted with certain conditions died while they were in the hospital. These complications and deaths can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

- [Why Serious Complications and Death Measures are Important.](#)
- [Current data collection period.](#)

Results for the following 4 measures are suppressed due to a software issue:

- Death after surgery to repair weakness in the abdominal aorta
- Deaths after admission for a broken hip
- Deaths for certain conditions
- Breathing failure after surgery (except performance categories)

Serious complications

	SAINT BARNABAS MEDICAL CENTER	U.S. NATIONAL RATE
Serious complications	Worse than U.S. National Rate	Not Available
Collapsed lung due to medical treatment	No Different than U.S. National Rate	0.35 per 1,000 patient discharges
Serious blood clots after surgery	Worse than U.S. National Rate	4.71 per 1,000 patient discharges
A wound that splits open after surgery on the abdomen or pelvis	No Different than U.S. National Rate	0.95 per 1,000 patient discharges
Accidental cuts and tears from medical treatment	Worse than U.S. National Rate	2.05 per 1,000 patient discharges
Pressure sores (bedsores)	Not Available¹³	Not Available¹³
Infections from a large venous catheter	Not Available¹³	Not Available¹³
Broken hip from a fall after surgery	Not Available¹³	Not Available¹³
Bloodstream infection after surgery	Not Available¹³	Not Available¹³

Deaths for certain conditions

	SAINT BARNABAS MEDICAL CENTER	U.S. NATIONAL RATE
Deaths for certain conditions	Not Available⁴	Not Available⁴
Deaths after admission for a broken hip	Not Available⁴	Not Available⁴
Deaths after admission for a heart attack	Not Available¹³	Not Available¹³
Deaths after admission for congestive heart failure	Not Available¹³	Not Available¹³
Deaths after admission for a stroke	Not Available¹³	Not Available¹³
Deaths after admission for a gastrointestinal (GI) bleed	Not Available¹³	Not Available¹³
Deaths after admission for pneumonia	Not Available¹³	Not Available¹³

Other complications and deaths

	SAINT BARNABAS MEDICAL CENTER	U.S. NATIONAL RATE
Deaths among patients with serious treatable complications after surgery	No Different than U.S. National Rate	113.43 per 1,000 patient discharges
Breathing failure after surgery	No Different than U.S. National Rate	Not Available
Death after surgery to repair a weakness in the abdominal aorta	Not Available ⁴	Not Available ⁴

Hospital-Acquired Conditions

This section shows certain injuries, infections, or other serious conditions that patients with Original Medicare got while they were in the hospital. These conditions, also known as "Hospital Acquired Conditions," are usually very rare. If they ever occur, hospital staff should identify and correct the problems that caused them.

Please note that the numbers shown here do not take into account the different kinds of patients treated at different hospitals. For this reason, they should not be used to compare one hospital to another.

- **Why Hospital Acquired Conditions measures are important.**
- **Current data collection period.**

	SAINT BARNABAS MEDICAL CENTER	U.S. NATIONAL RATE
Objects accidentally left in the body after surgery	0.000 per 1,000 patient discharges	0.028 per 1,000 patient discharges
Air bubble in the bloodstream	0.000 per 1,000 patient discharges	0.003 per 1,000 patient discharges
Mismatched blood types	0.000 per 1,000 patient discharges	0.001 per 1,000 patient discharges
Severe pressure sores (bed sores)	0.203 per 1,000 patient discharges	0.136 per 1,000 patient discharges
Falls and injuries	0.405 per 1,000 patient discharges	0.527 per 1,000 patient discharges
Blood infection from a catheter in a large vein	1.419 per 1,000 patient discharges	0.372 per 1,000 patient discharges
Infection from a urinary catheter	0.558 per 1,000 patient discharges	0.358 per 1,000 patient discharges
Signs of uncontrolled blood sugar	0.101 per 1,000 patient discharges	0.058 per 1,000 patient discharges

Healthcare-Associated Infections

Healthcare Associated Infections are reported using a Standardized Infection Ratio (SIR). This calculation compares the number of Central Line Associated Bloodstream Infections (CLABSI) in a hospital intensive care unit or Surgical Site Infections (SSI) from operative procedures performed in a hospital to a national benchmark based on data reported to NHSN from 2006 – 2008. Scores for Catheter Associated Urinary Tract Infections (CAUTI) are compared to a national benchmark based on data reported to NHSN in 2009. The results are adjusted based on certain factors such as the type and size of a hospital or ICU for CLABSI and CAUTI, and based on certain

factors related to the patient and surgery that was conducted for SSI. Each hospital's SIR is shown in the graph view.

- A score's confidence interval that is less than 1 means that the hospital had fewer infections than hospitals of similar type and size.
- A score's confidence interval that includes 1 means that the hospital's infections score was no different than hospitals of similar type and size.
- A score's confidence interval that is more than 1 means that the hospital had more infections than hospitals of similar type and size.

- **Why Healthcare Associated Infections (HAIs) measures are important.**
- **Current data collection period.**

Central Line Associated
Bloodstream Infections
(CLABSI)

Lower numbers are better. A score of zero (0) - meaning no CLABSIs - is best.

NEW Catheter Associated
Urinary Tract Infections
(CAUTI)

Lower numbers are better. A score of zero (0) - meaning no CAUTIs - is best.

NEW Surgical Site
Infections from colon surgery
(SSI: Colon)

Lower numbers are better. A score of zero (0) - meaning no SSIs - is best.

NEW Surgical Site
Infections from abdominal
hysterectomy (SSI:
Hysterectomy)

Lower numbers are better. A score of zero (0) - meaning no SSIs - is best.

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Better than the U.S. National Benchmark

Better than the U.S. National Benchmark

No different than the U.S. National Benchmark

Not Available

⁴ Suppressed for one or more quarters by CMS.

¹³ These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

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VA NEW JERSEY HEALTH CARE SYSTEM

385 TREMONT AVENUE
EAST ORANGE, NJ 07018
(973) 676-1000

Hospital Type: Acute Care - Veterans Administration
Provides Emergency Services: Yes

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Timely & Effective Care

These measures show how often hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.

- [Heart Attack Care](#)
- [Heart Failure Care](#)
- [Pneumonia Care](#)
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- [Emergency Department Care](#)
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- [Children's Asthma Care](#)

Heart Attack Care

An acute myocardial infarction (AMI), also called a heart attack, happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die. These measures show some of the standards of care provided, if appropriate, for most adults who have had a heart attack.

- [More information about timely and effective care measures.](#)
- [Why heart attack care measures are important.](#)
- [Current data collection period.](#)

Timely Heart Attack Care

VA NEW JERSEY
HEALTH CARE SYSTEM

NEW JERSEY
AVERAGE

NATIONAL
AVERAGE

Effective Heart Attack Care

VA NEW JERSEY
HEALTH CARE SYSTEM

NEW JERSEY
AVERAGE

NATIONAL
AVERAGE

Not Available⁵

99%

99%

Heart
attack
patients
given
aspirin at
discharge
Higher

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
<i>percentages are better</i>			
Heart attack patients given a prescription for a statin at discharge Higher percentages are better	Not Available	98%	98%

Heart Failure Care

Heart Failure is a weakening of the heart's pumping power. With heart failure, your body doesn't get enough oxygen and nutrients to meet its needs. These measures show some of the process of care provided for most adults with heart failure.

- [More information about timely and effective care measures.](#)
- [Why heart failure care measures are important.](#)
- [Current data collection period.](#)

Effective Heart Failure Care

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Heart failure patients given discharge instructions Higher percentages are better	93%	96%	93%
Heart failure patients given an evaluation of Left Ventricular Systolic (LVS) function Higher percentages are better	100%	100%	99%
Heart failure patients given ACE inhibitor or ARB for Left Ventricular Systolic Dysfunction (LVSD) Higher percentages are better	94%	98%	96%

Pneumonia Care

Pneumonia is a serious lung infection that causes difficulty breathing, fever, cough and fatigue. These measures show some of the recommended treatments for pneumonia.

- **More information about timely and effective care measures.**
- **Why pneumonia care measures are important.**
- **Current data collection period.**

Effective Pneumonia Care

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Pneumonia patients whose initial emergency room blood culture was performed prior to the administration of the first hospital dose of antibiotics Higher percentages are better	97%	98%	97%
Pneumonia patients given the most appropriate initial antibiotic(s) Higher percentages are better	100%	97%	95%

Surgical Care

Hospitals can reduce the risk of infection after surgery by making sure they provide care that's known to get the best results for most patients. Here are some examples:

- Giving the recommended antibiotics at the right time before surgery
- Stopping the antibiotics within the right timeframe after surgery
- Maintaining the patient's temperature and blood glucose (sugar) at normal levels
- Removing catheters that are used to drain the bladder in a timely manner after surgery.

Hospitals can also reduce the risk of cardiac problems associated with surgery by:

- Making sure that certain prescription drugs are continued in the time before, during, and just after the surgery. This includes drugs used to control heart rhythms and blood pressure.
- Giving drugs that prevent blood clots and using other methods such as special stockings that increase circulation in the legs.

- **More information about timely and effective care measures.**
- **Why surgical care measures are important.**
- **Current data collection period.**

Timely Surgical Care

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got an antibiotic at the right time (within one hour before surgery) Higher percentages are better	Not Available	97%	96%

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Surgery patients who were given an antibiotic at the right time (within one hour before surgery) to help prevent infection Higher percentages are better	100%	99%	98%
Surgery patients whose preventive antibiotics were stopped at the right time (within 24 hours after surgery) Higher percentages are better	94%	98%	97%
Patients who got treatment at the right time (within 24 hours before or after their surgery) to help prevent blood clots after certain types of surgery Higher percentages are better	97% ²	98%	97%
Effective Surgical Care			
	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Outpatients having surgery who got the right kind of antibiotic Higher percentages are better	Not Available	97%	97%
Surgery patients who were taking heart drugs called beta blockers before coming to the	85% ²	97%	96%

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
hospital, who were kept on the beta blockers during the period just before and after their surgery Higher percentages are better			
Surgery patients who were given the right kind of antibiotic to help prevent infection Higher percentages are better	98%	99%	98%
Heart surgery patients whose blood sugar (blood glucose) is kept under good control in the days right after surgery Higher percentages are better	Not Available ^{2,5}	97%	96%
Surgery patients whose urinary catheters were removed on the first or second day after surgery Higher percentages are better	87% ²	96%	95%
Patients having surgery who were actively warmed in the operating room or whose body temperature was near normal by the end of surgery Higher percentages are better	Not Available	100%	100%
	98% ²	99%	98%

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Surgery patients whose doctors ordered treatments to prevent blood clots after certain types of surgeries Higher percentages are better			

Emergency Department Care

Timely and effective care in hospital emergency departments is essential for good patient outcomes. Delays before receiving care in the emergency department can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries. Waiting times at different hospitals can vary widely, depending on the number of patients seen, staffing levels, efficiency, admitting procedures, or the availability of inpatient beds.

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Timely Emergency Department Care

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
NEW Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient A lower number of minutes is better	Not Available	355 Minutes	277 Minutes
NEW Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department	Not Available	143 Minutes	98 Minutes

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
for their inpatient room <i>A lower number of minutes is better</i>			
 Average time patients spent in the emergency department before being sent home <i>A lower number of minutes is better</i>	Not Available	149 Minutes	140 Minutes
 Average time patients spent in the emergency department before they were seen by a healthcare professional <i>A lower number of minutes is better</i>	Not Available	35 Minutes	30 Minutes
 Average time patients who came to the emergency department with broken bones had to wait before receiving pain medication <i>A lower number of minutes is better</i>	Not Available	61 Minutes	62 Minutes
 Percentage of patients who left the emergency department before being seen <i>Lower percentages are better</i>	Not Available	Not Available	Not Available
 Percentage of patients who came	Not Available	56%	43%

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival Higher percentages are better			

Preventive Care

Hospitals and other healthcare providers play a crucial role in promoting, providing and educating patients about preventive services and screenings and maintaining the health of their communities. Many diseases are preventable through immunizations, screenings, treatment, and lifestyle changes. The information below shows how well the hospitals you selected are providing preventive services.

- [More information about timely and effective care measures.](#)
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	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
NEW Patients assessed and given influenza vaccination Higher percentages are better	Not Available	88%	86%
NEW Patients assessed and given pneumonia vaccination Higher percentages are better	Not Available	90%	88%

Children's Asthma Care

Asthma is a chronic lung condition that causes problems getting air in and out of the lungs. Children with asthma may experience wheezing, coughing, chest tightness and trouble breathing.

- [More information about timely and effective care measures.](#)
- [Why children's asthma care measures are important.](#)
- [Current data collection period.](#)

Effective Children's Asthma Care

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
Children who received reliever medication while	Not Available	Not Available	100%

	VA NEW JERSEY HEALTH CARE SYSTEM	NEW JERSEY AVERAGE	NATIONAL AVERAGE
hospitalized for asthma Higher percentages are better			
Children who received systemic corticosteroid medication (oral and IV medication that reduces inflammation and controls symptoms) while hospitalized for asthma Higher percentages are better	Not Available	Not Available	100%
Children and their caregivers who received a home management plan of care document while hospitalized for asthma Higher percentages are better	Not Available	Not Available	85%

² The hospital indicated that the data submitted for this measure were based on a sample of cases.

⁵ No data are available from the hospital for this measure.

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Hospital Profile

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EAST ORANGE, NJ 07018
(973) 676-1000Hospital Type: Acute Care - Veterans Administration
Provides Emergency Services: Yes[Add to my Favorites](#)[Map and Directions](#)**Readmissions, Complications and Deaths**

Patients who are admitted to the hospital for treatment of medical problems sometimes get other serious injuries, complications, or conditions, and may even die. Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. These events can often be prevented if hospitals follow best practices for treating patients.

30-Day Outcomes Readmission and Deaths

30-Day Readmission is when patients who have had a recent hospital stay need to go back into a hospital again within 30 days of their discharge. Below, the rates of readmission for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital.

30-Day Mortality is when patients die within 30 days of their admission to a hospital. Below, the death rates for each hospital are compared to the U.S. National Rate. The rates take into account how sick patients were before they were admitted to the hospital.

- [More information about Hospital Readmission and Mortality Measures.](#)
- [Current data collection period.](#)

VA NEW JERSEY
HEALTH CARE SYSTEMNEW JERSEY
AVERAGEU.S.
NATIONAL
RATE**Serious Complications and Deaths**

This section shows serious complications that patients with Original Medicare experienced during a hospital stay, and how often patients who were admitted with certain conditions died while they were in the hospital. These complications and deaths can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

- [Why Serious Complications and Death Measures are Important.](#)
- [Current data collection period.](#)

Results for the following 4 measures are suppressed due to a software issue:

- Death after surgery to repair weakness in the abdominal aorta
- Deaths after admission for a broken hip
- Deaths for certain conditions
- Breathing failure after surgery (except performance categories)

Serious complications

	VA NEW JERSEY HEALTH CARE SYSTEM	U.S. NATIONAL RATE
 Serious complications	Not Available	Not Available
Collapsed lung due to medical treatment	Not Available	0.35 per 1,000 patient discharges
Serious blood clots after surgery	Not Available	4.71 per 1,000 patient discharges
A wound that splits open after surgery on the abdomen or pelvis	Not Available	0.95 per 1,000 patient discharges
Accidental cuts and tears from medical treatment	Not Available	2.05 per 1,000 patient discharges
Pressure sores (bedsores)	Not Available ¹³	Not Available ¹³
Infections from a large venous catheter	Not Available ¹³	Not Available ¹³
Broken hip from a fall after surgery	Not Available ¹³	Not Available ¹³
Bloodstream infection after surgery	Not Available ¹³	Not Available ¹³

Deaths for certain conditions

	VA NEW JERSEY HEALTH CARE SYSTEM	U.S. NATIONAL RATE
 Deaths for certain conditions	Not Available ⁴	Not Available ⁴
Deaths after admission for a broken hip	Not Available ⁴	Not Available ⁴
Deaths after admission for a heart attack	Not Available ¹³	Not Available ¹³
Deaths after admission for congestive heart failure	Not Available ¹³	Not Available ¹³
Deaths after admission for a stroke	Not Available ¹³	Not Available ¹³
Deaths after admission for a gastrointestinal (GI) bleed	Not Available ¹³	Not Available ¹³
Deaths after admission for pneumonia	Not Available ¹³	Not Available ¹³

Other complications and deaths

	VA NEW JERSEY HEALTH CARE SYSTEM	U.S. NATIONAL RATE
Deaths among patients with serious treatable complications after surgery	Not Available	113.43 per 1,000 patient discharges
Breathing failure after surgery	Not Available	Not Available
Death after surgery to repair a weakness in the abdominal aorta	Not Available ⁴	Not Available ⁴

Hospital-Acquired Conditions

This section shows certain injuries, infections, or other serious conditions that patients with Original Medicare got while they were in the hospital. These conditions, also known as "Hospital Acquired Conditions," are usually very rare. If they ever occur, hospital staff should identify and correct the problems that caused them.

Please note that the numbers shown here do not take into account the different kinds of patients treated at different hospitals. For this reason, they should not be used to compare one hospital to another.

- **Why Hospital Acquired Conditions measures are important.**
- **Current data collection period.**

	VA NEW JERSEY HEALTH CARE SYSTEM	U.S. NATIONAL RATE
Objects accidentally left in the body after surgery	Not Available	0.028 per 1,000 patient discharges
Air bubble in the bloodstream	Not Available	0.003 per 1,000 patient discharges
Mismatched blood types	Not Available	0.001 per 1,000 patient discharges
Severe pressure sores (bed sores)	Not Available	0.136 per 1,000 patient discharges
Falls and injuries	Not Available	0.527 per 1,000 patient discharges
Blood infection from a catheter in a large vein	Not Available	0.372 per 1,000 patient discharges
Infection from a urinary catheter	Not Available	0.358 per 1,000 patient discharges
Signs of uncontrolled blood sugar	Not Available	0.058 per 1,000 patient discharges

Healthcare-Associated Infections

Healthcare Associated Infections are reported using a Standardized Infection Ratio (SIR). This calculation compares the number of Central Line Associated Bloodstream Infections (CLABSI) in a hospital intensive care unit or Surgical Site Infections (SSI) from operative procedures performed in a hospital to a national benchmark based on data reported to NHSN from 2006 – 2008. Scores for Catheter Associated Urinary Tract Infections (CAUTI) are compared to a national benchmark based on data reported to NHSN in 2009. The results are adjusted based on certain

factors such as the type and size of a hospital or ICU for CLABSI and CAUTI, and based on certain factors related to the patient and surgery that was conducted for SSI. Each hospital's SIR is shown in the graph view.

- A score's confidence interval that is less than 1 means that the hospital had fewer infections than hospitals of similar type and size.
- A score's confidence interval that includes 1 means that the hospital's infections score was no different than hospitals of similar type and size.
- A score's confidence interval that is more than 1 means that the hospital had more infections than hospitals of similar type and size.

- **Why Healthcare Associated Infections (HAIs) measures are important.**
- **Current data collection period.**

VA NEW JERSEY HEALTH CARE SYSTEM

Central Line Associated
Bloodstream Infections
(CLABSI)

Lower numbers are better.
A score of zero (0) -
meaning no CLABSIs - is
best.

Not Available

NEW Catheter Associated
Urinary Tract Infections
(CAUTI)

Lower numbers are better.
A score of zero (0) -
meaning no CAUTIs - is
best.

Not Available

NEW Surgical Site
Infections from colon
surgery (SSI: Colon)

Lower numbers are better.
A score of zero (0) -
meaning no SSIs - is best.

Not Available

NEW Surgical Site
Infections from abdominal
hysterectomy (SSI:
Hysterectomy)

Lower numbers are better.
A score of zero (0) -
meaning no SSIs - is best.

Not Available

⁴ Suppressed for one or more quarters by CMS.

¹³ These measures are included in the composite measure calculations but Medicare is not reporting them at this time.

ⁱ The number of cases is too small (fewer than 25) to reliably tell how well the hospital is performing.

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