

# **Inpatient Quality Indicators**

## **Technical Report**

*A Supplement to the  
Hospital Performance Report*

## **2024 Data**

### **Health Care Quality Assessment**

**Division of Health Data & Analytics  
New Jersey Department of Health**



\* For inquiries, contact Markos Ezra, PhD, by phone at (609) 984-7334 or by email at [Markos.Ezra@doh.nj.gov](mailto:Markos.Ezra@doh.nj.gov)

## Executive Summary

The Office of Health Care Quality Assessment (HCQA) within the New Jersey Department of Health (NJDOH) assesses health care quality using qualitative and quantitative data reported by hospitals to support performance monitoring related to patient care and safety. Specifically, HCQA produces consumer reports on cardiac surgery, hospital performance, and hospital quality indicators; reviews confidential reports and root-cause analyses of reportable medical errors; and maintains several databases to support licensure requirements. To enhance information that the Department provides to the public regarding quality of hospital care, HCQA staff apply statistical tools developed by the federal agency called Agency for Healthcare Research and Quality (AHRQ) to the New Jersey hospital discharge data commonly known as Uniform Billing (UB) data. This report presents findings resulting from the application of a statistical tool known as the Inpatient Quality Indicator (IQI) module to the 2024 New Jersey hospital discharge data

Inpatient Quality Indicators (IQIs) are a set of measures developed at the national level by AHRQ ([AHRQ QI: Quality Indicator Resources](#)) to provide a perspective on the quality of patient care given by hospitals. Quality of care is measured using: 1) in-hospital mortality for certain procedures and medical conditions; 2) utilization of procedures for which there are questions of overuse, underuse, or misuse; and 3) volume of procedures for which there is some evidence that a higher volume of procedures is associated with lower mortality. AHRQ spent years of research and analysis to define these indicators as measures of healthcare quality.

Since 2009, the Department has been reporting on **heart attack, heart failure, pneumonia and stroke** mortality levels as part of the ‘**Outcome of Care Measures**’. These indicators were recommended by the “The Governor’s Commission on Rationalizing Health Care Resources” to create the ‘Hospital Performance Dashboard’ as a supplement to the Hospital Performance Report.

The data in this report presents mortality during hospitalization in each of the 70 licensed hospitals currently operating in the state. For each of the four selected IQIs, risk-adjusted rates are provided along with confidence intervals to help make a statistical assessment of patient care in the hospital. Statewide and national estimates are also provided to help compare hospital performance to the state or to the national rates.

Comparison of a hospital’s rate to the statewide rate (presented in the top row of each of the IQIs tables) is one way to assess how well that hospital performed among its peers in the state. A hospital’s peers could be defined at many levels (e.g., teaching hospitals, urban hospitals, suburban hospitals, etc.). Based on AHRQ’s recommendations, DOH suggests that a hospital’s performance be assessed by looking at its performance across the four IQIs estimates presented in the tables.

The 2024 New Jersey data shows that there are substantial variations in risk-adjusted rates of outcome by hospitals. Some hospitals exhibit significantly higher risk-adjusted rates than the corresponding statewide rates while others have significantly lower rates than the statewide rates.

### Some Highlights

- Statewide, in 2024 there were a total of 832 in-hospital deaths due to ACUTE MYOCARDIAL INFARCTION – AMI for a risk-adjusted mortality rate of 4.9 per 100 discharges (for patients ages 18 years and older) with a principal ICD-10-CM diagnosis code for AMI. Table 1 shows the distribution of these heart attack (AMI) deaths by hospital.
- Statewide, there were 2,299 in-hospital deaths from PNEUMONIA in 2024, for a risk-adjusted rate of 7.1 per 100 discharges (for patients ages 18 years and older) with a principal ICD-10-CM diagnosis code for pneumonia. Hospital-specific rates for this indicator ranged from a low of 1.5 to a high of 20.0 per 100 discharges with pneumonia (see Table 2).
- Overall, there were 1,120 deaths from HEART FAILURE during hospitalization in 2024 for a risk-adjusted mortality rate of 2.7 per 100 discharges (for patients ages 18 years and older with a principal ICD-10-CM diagnosis code for heart failure). Table 3 shows the distribution of these Heart Failure deaths by hospital.
- Statewide, there were 1,267 ACUTE STROKE in-hospital deaths in 2024, for a risk-adjusted rate of 6.5 per 100 discharges (for patients ages 18 years and older and with a principal ICD-10-CM diagnosis code for subarachnoid hemorrhage or intracerebral hemorrhage or ischemic stroke). Hospital-specific rates for this indicator ranged from a low of 0.0 to a high of 14.2 per 100 patients with stroke diagnosis. Table 4 shows the distribution of these total acute stroke deaths by hospital, while Tables 4.1, 4.2 and 4.3 present the breakdown of these deaths by SUBARACHNOID HEMORRHAGE STROKE, INTRACEREBRAL HEMORRHAGIC STROKE, and ISCHEMIC HEMORRHAGIC STROKE, by hospital.
- Compared to the national estimates, New Jersey appeared to have death rates that are relatively lower than the national averages for AMI, Pneumonia, Heart Failure, and Stroke.

## Essential Information about the IQIs Rates Calculations

The AHRQ Inpatient Quality Indicators (IQI) module software produces **observed rates**, **expected rates**, and **risk-adjusted rates** for mortality and utilization indicators. Explanation of these rates follows:

**Observed Rates** - An observed mortality rate is defined as the number of patient deaths for a specific condition or surgical procedure divided by the total number of patients admitted for the condition or surgical procedure being treated. Similarly, an observed utilization rate is defined as the number of patient cases for a specific procedure divided by the total number of patients admitted for the condition being treated. Consumers can consider observed rates as crude measures of performance. By comparing observed rates to risk-adjusted rates, consumers can see the impact of patient case-mix on that hospital's performance.

**Risk-adjusted rates** - In order, for a provider's performance rate to present an accurate indicator of quality of care, the data must be adjusted to account for differences in patients' severity of illness and risk of mortality. "All Patient Refined Diagnosis Related Groups" ("APR-DRGs") is a proprietary tool of the 3M Health Information Systems Corporation designed to use UB data to adjust for these patient differences. The AHRQ quality indicators methodology requires use of APR-DRGs in the analysis of UB data. APR-DRG variables take advantage of available UB data on patient co-morbidities and non-operating room procedures and allow the interaction of the patient's secondary diagnoses, principal diagnoses, and age to influence the assignment of that patient to one of four classes of severity and risk of mortality classes: low, moderate, high and very high. This risk adjustment enables comparisons among hospitals, counties, and/or states with different mixes of patients.

The risk-adjusted rate is the best estimate of what the hospital's rates would have been if the hospital had a mix of patients identical to a state-average patient mix for the year in question. Hospitals report present on admission (POA) indicators in their claims data, which enabled the AHRQ Software to distinguish between preexisting conditions and hospital-acquired conditions and/or complications. POA also makes it possible to measure risk of mortality at admission, helping hospitals adopt more meaningful mortality reduction strategies.

**Expected Rates** - Unlike observed rates, expected rates are derived from applying the average case-mix of a reference population file that reflects a large proportion of the U.S. hospitalized or residential population. The expected mortality rate for a hospital is the hospital's observed rate divided by the hospital's risk-adjusted rate, multiplied by the state average risk-adjusted rate. This adjustment is done to reflect an expectation of hospital performance if that hospital had performed at the level of the state average. While comparing a hospital's risk-adjusted mortality rate to its expected mortality rate provides a measure of the hospital's performance, this comparison will not show if a hospital's mortality rate is statistically significantly different from the state's average mortality rate.

**Comparing Observed Rates with Risk-adjusted Rates** - The purpose of comparing observed with risk-adjusted rates is to determine which rates the user should look at in evaluating the performance of a provider. If the user's primary interest is to focus on a particular provider without any comparisons to other providers, then they can simply examine the overall observed rate for the entire provider, as well as further breakdowns by age, sex, payer, and race/ethnicity. If the purpose is to compare the performance of a particular provider with national, state, or regional averages or performances of other selected providers, then both the observed and risk-adjusted rates should be examined. Variation in observed rates across providers is attributable to a variety of factors including differences in patient case-mix or population demographics, disparity in access to and quality of care, and other provider characteristics. Comparing observed and risk-adjusted rates can reveal if there is any difference between the provider's patient population and the patient population of other providers.

Users can use this information to assess the quality of care in a hospital, which is useful when making decisions about where to go for treatment. This information, however, is not intended to be used alone, when making these decisions. One must consider the results of all the different data sources that measure quality of care within a hospital. Since IQIs use hospital inpatient discharge data, hospitals can use the IQIs to identify areas within the hospital that need improvement.

The footnote labels, "better than statewide average" and "worse than statewide average", shown at the bottom of each table describe the interpretation of the IQI mortality rates in a meaningful way. These labels help identify hospitals that have better than average, average, or worse than average performances compared to the statewide performance, which is shown at the top row of the table and labeled "Statewide Rate."

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 deaths than the statewide average deaths for a given condition. When a hospital's rate is marked by double asterisks, it means the hospital's performance is worse than the statewide average, meaning more deaths 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 rate.

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

Some rates that appear very large are not marked as 'worse than average' while others that appear very small are not marked as 'better than average' since 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 a higher volume.

**If observed rate > risk-adjusted rate then:** the provider's patient population for the condition or procedure has a *higher* risk of mortality due to its case-mix (for example, older patients or a greater proportion of a higher-risk APR-DRG).

**If observed rate < Risk-adjusted rate then:** the provider's patient population for the condition or procedure has a *lower* risk of mortality due to its case-mix (for example, younger or a greater proportion of a lower-risk APR-DRG).

**If observed rate = risk-adjusted rate then:** the provider's patient case-mix for the condition or procedure is like other providers', suggesting that patient composition is not a contributing factor to the provider's performance for the mortality indicator.

The tables in this report present results of analysis made on the IQIs recommended for "Hospital Performance Dashboard" based on the 2024 UB data. The tables show the number of in-hospital deaths (numerator), the number of discharges (denominator), the observed, the expected, and the risk-adjusted mortality rates for each of the four indicators selected for the dashboard. Risk-adjusted rates are given along with their respective 95% confidence intervals.

## Basic Descriptions of the IQIs - Heart Attack, Pneumonia, Heart Failure, and Stroke

This section presents brief descriptions of each of the 4 IQIs selected to be reported along with other indicators of healthcare quality included in DOH's Hospital Performance Report. As stated earlier, DOH recommended that these quality indicators are reported as part of the "Outcome of Care" measures.

### Acute Myocardial Infarction (AMI)

**AMI** is a heart attack and can occur if the arteries supplying blood to the heart are blocked, and the blood supply is slowed or stopped. When arteries are blocked, the heart can't get the oxygen and nutrients it needs to function properly. **Symptoms** of AMI includes chest pain (crushing, squeezing or burning pain in the center of the chest which may radiate to the arm or jaw), shortness of breath, dizziness, faintness, chills, sweating or nausea. Skin may feel cold or clammy, and patients may appear gray and look ill. Sometimes there are no symptoms.

**This indicator** measures the chance or likelihood that an AMI patient admitted to a hospital dies in the hospital. According to the American Heart Association, if a heart attack victim gets to an emergency room fast enough, prompt care dramatically reduces heart damage ([American Heart Association CPR & First Aid](#)). Timely and effective treatments for acute myocardial infarction (AMI), which are essential for patient survival, include appropriate use of revascularization or thrombolytic therapy. The indicator is defined as the number of deaths per 100 patients with a principal diagnosis code (ICD- 10-CM) of AMI (age 18 years and older).

For inclusion and exclusion criteria in calculating this rate, visit the following website and select IQI 15 Acute Myocardial Infarction (AMI) Mortality Rate: [AHRQ QI: IQI Technical Specifications Updates](#).

**This information is important** because it tells you how well hospitals take care of patients with heart attacks. This measure takes into consideration several factors such as how quickly hospital staff treat such patients once they are in the emergency room.

**Table 1: IN-HOSPITAL MORTALITY RATES FOR ACUTE MYOCARDIAL INFARCTION - AMI (Deaths per 100 conditions)**

Hospital	# of Deaths	# of Patients	Observed Rate	Expected Rate	Risk-Adjusted Rate	95% Confidence Interval
						LL - UL
<b>National (3 yrs total - 2020 to 2022)</b>	<b>78,884</b>	<b>1,486,141</b>	<b>5.3</b>	<b>NA</b>	<b>NA</b>	<b>NA - NA</b>
<b>Statewide (2024 Data)</b>	<b>832</b>	<b>13,976</b>	<b>6.0</b>	<b>6.5</b>	<b>4.9</b>	<b>4.6 - 5.2</b>
AtlantiCare Regional MC-City Campus	0	14	0.0	10.3	0.0 ^	0.0 - 7.3
AtlantiCare Regional MC-Mainland Campus	22	553	4.0	7.5	2.8 *	1.6 - 4.1
Bayshore Medical Center	7	161	4.3	4.5	5.2	1.9 - 8.4
Bergen New Bridge Medical Center	0	6	0.0	6.1	0.0 ^	0.0 - 14.9
Cape Regional Medical Center	1	20	5.0	9.6	2.8 ^	0.0 - 8.8
Capital Health Medical Center-Hopewell	5	85	5.9	4.3	7.3	2.3 - 12.3
Capital Health Regional Medical Center	4	131	3.1	3.7	4.4	0.1 - 8.6
CarePoint Health-Bayonne Medical Center	17	200	8.5	9.9	4.5	2.9 - 6.2
CarePoint Health-Christ Hospital	5	44	11.4	8.8	6.9	2.6 - 11.2
CarePoint Health-Hoboken University MC	0	12	0.0	11.0	0.0 ^*	0.0 - 4.7
Carewell Health Medical Center-East Orange	1	31	3.2	4.7	3.7	0.0 - 11.8
CentraState Medical Center	11	204	5.4	5.5	5.2	2.7 - 7.7
Chilton Memorial Hospital	2	136	1.5	5.1	1.5	0.0 - 4.9
Clara Maass Medical Center	37	328	11.3	5.2	11.5 **	9.4 - 13.6
Community Medical Center	25	401	6.2	4.9	6.8	4.8 - 8.7
Cooper University Hospital	58	662	8.8	9.5	4.9	4.0 - 5.8
Cooperman Barnabas Medical Center	13	291	4.5	4.5	5.3	2.8 - 7.8
Deborah Heart and Lung Center	2	204	1.0	4.5	1.2 *	0.0 - 4.0
Englewood Hospital	14	224	6.3	5.2	6.4	3.6 - 9.1
Hackensack Meridian Health, Mountainside MC	6	113	5.3	5.3	5.3	1.8 - 8.8
Hackensack Meridian Health-Pascack Valley MC	0	8	0.0	11.7	0.0 ^	0.0 - 8.9
Hackensack University Medical Center	49	662	7.4	9.0	4.4	3.4 - 5.3
Hackettstown Medical Center	2	12	16.7	12.8	6.9 ^	0.0 - 14.1
Holy Name Medical Center	4	143	2.8	4.4	3.4	0.0 - 6.9
Hudson Regional Hospital	4	20	20.0	10.5	10.1 ^	4.2 - 16.0
Hunterdon Medical Center	6	120	5.0	7.0	3.8	1.0 - 6.6
Inspira Medical Center-Elmer	1	22	4.5	6.1	4.0 ^	0.0 - 12.1
Inspira Medical Center-Mannington	0	12	0.0	3.7	0.0 ^	0.0 - 15.1
Inspira Medical Center-Mullica Hill	13	249	5.2	7.1	3.9	2.1 - 5.7
Inspira Medical Center-Vineland	11	295	3.7	5.3	3.7	1.4 - 6.0
Jefferson Cherry Hill Hospital	1	68	1.5	5.2	1.5	0.0 - 6.2
Jefferson Stratford Hospital	3	43	7.0	6.6	5.6	1.4 - 9.8
Jefferson Washington Township Hospital	8	209	3.8	6.6	3.1	0.9 - 5.2
Jersey City Medical Center	37	374	9.9	4.9	10.7 **	8.6 - 12.9
Jersey Shore University Medical Center	36	610	5.9	6.9	4.5	3.3 - 5.8
JFK University Medical Center	12	236	5.1	5.2	5.2	2.8 - 7.6
Monmouth Medical Center	3	92	3.3	3.3	5.2	0.3 - 10.1
Monmouth Medical Center-Southern Campus	2	12	16.7	4.5	19.6 **	6.3 - 32.9
Morristown Medical Center	43	744	5.8	7.7	4.0	2.9 - 5.1
Newark Beth Israel Medical Center	17	326	5.2	5.3	5.2	3.1 - 7.2

**Table 1: IN-HOSPITAL MORTALITY RATES FOR ACUTE MYOCARDIAL INFARCTION - AMI (Deaths per 100 conditions)**

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						LL - UL
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<b>Statewide (2024 Data)</b>	<b>832</b>	<b>13,976</b>	<b>6.0</b>	<b>6.5</b>	<b>4.9</b>	<b>4.6 - 5.2</b>
Newton Medical Center	7	106	6.6	6.4	5.5	2.1 - 8.9
Ocean University Medical Center	17	259	6.6	7.2	4.8	2.9 - 6.8
Old Bridge Medical Center	5	121	4.1	6.7	3.3	0.6 - 5.9
Overlook Medical Center-Summit	6	266	2.3	6.3	1.9 *	0.0 - 3.8
Palisades Medical Center	5	29	17.2	8.1	11.2 **	5.6 - 16.9
Penn Medicine Princeton Medical Center	14	173	8.1	8.4	5.1	3.1 - 7.1
Raritan Bay Medical Center	4	127	3.1	4.8	3.5	0.1 - 6.9
Riverview Medical Center	8	121	6.6	6.6	5.3	2.3 - 8.3
Robert Wood Johnson University Hospital	61	739	8.3	7.8	5.6	4.5 - 6.7
Robert Wood Johnson University Hospital at Rahway	1	29	3.4	4.0	4.6	0.0 - 13.7
Robert Wood Johnson University Hospital Hamilton	5	156	3.2	3.9	4.4	0.7 - 8.1
Robert Wood Johnson University Hospital Somerset	8	216	3.7	5.4	3.7	1.1 - 6.2
Saint Clare's Hospital-Denville	15	142	10.6	8.5	6.6	4.5 - 8.7
Saint Clare's Hospital-Dover	2	57	3.5	3.3	5.7	0.0 - 13.0
Saint Michael's Medical Center	3	110	2.7	3.4	4.2	0.0 - 9.2
Saint Peter's University Hospital	4	79	5.1	4.6	5.8	0.7 - 10.9
Shore Medical Center	0	11	0.0	5.5	0.0 ^	0.0 - 12.6
Southern Ocean Medical Center	5	103	4.9	7.5	3.4	0.2 - 6.7
St. Joseph's University Medical Center	67	859	7.8	8.8	4.7	3.7 - 5.6
St. Joseph's Wayne Medical Center	5	22	22.7	6.2	19.4 ***	11.4 - 27.3
St. Luke's Warren Hospital	0	32	0.0	3.7	0.0	0.0 - 9.1
St. Mary's General Hospital	16	193	8.3	5.0	8.8 **	5.8 - 11.8
Trinitas Regional Medical Center	6	131	4.6	5.7	4.3	1.1 - 7.4
University Hospital	5	160	3.1	5.6	3.0	0.1 - 5.8
Valley Hospital	16	422	3.8	5.0	4.0	2.1 - 6.0
Virtua Mount Holly Hospital-Burlington County	7	252	2.8	4.0	3.7	1.0 - 6.4
Virtua Our Lady of Lourdes Hospital	43	583	7.4	5.5	7.1 **	5.6 - 8.5
Virtua West Jersey Hospital-Marlton	10	264	3.8	3.8	5.3	2.4 - 8.2
Virtua West Jersey Hospital-Voorhees	4	76	5.3	4.1	6.8	1.7 - 11.8
Virtua Willingboro Hospital	1	61	1.6	6.1	1.4	0.0 - 5.9

Source: National numbers are derived from 2020, 2021 & 2022 National Inpatient Sample (NIS) databases using the AHRQ SAS Software, Version 2025 while New Jersey's are calculated from the **2024 NJ UB Data** using the same software version.

^ = Rate is based on a denominator less than 30 and should be taken with caution. Ω = Could be coding error.

\* = Statistically significantly below state average, \*\* = Statistically significantly above state average.

NA = Not Applicable - National Rates are not risk-adjusted.

Expected rate is the rate the hospital would have if it had the same case-mix (e.g., age, gender, DRG, and comorbidity categories) as the reference or statewide population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the hospital performed worse than the reference population on that indicator.

## Pneumonia

**Pneumonia** is an inflammation of the lungs caused by an infection. Many different organisms can cause pneumonia, including bacteria, viruses and fungi. Pneumonia can range from very mild to very severe, even fatal, depending on the type of organism causing it as well as the age and current health of the individual. **Symptoms** for pneumonia can include fever, fatigue, difficulty breathing, chills, “wet” cough and chest pain. Pneumonia typically is treated with antibiotics, sometimes in an outpatient setting. However, death may occur when the patient is in the hospital, especially in patients with weakened respiratory systems or other chronic health problems. There is a significant impact on outcomes from patient co-morbidity factors as well as physician-admitting practices (since there is variation in the criteria physicians use to admit patients for inpatient treatment).

**This indicator** measures the chance or likelihood that a patient with pneumonia admitted to a hospital will die from that condition during hospitalization. In-hospital pneumonia mortality rate is defined as deaths per 100 discharges with principal (ICD-10-CM) diagnosis code of pneumonia (age 18 years and older). For inclusion and exclusion criteria in calculating this rate,

**This information is important** because it tells you how well hospitals take care of their pneumonia patients.

**Table 2: IN-HOSPITAL MORTALITY RATES FOR PNEUMONIA (Deaths per 100 conditions)**

Hospital	# of Deaths	# of Patients	Observed Rate	Expected Rate	Risk-Adjusted Rate	95% Confidence Interval
						LL - UL
<b>National (3 yrs total - 2020 to 2022)</b>	<b>256,659</b>	<b>3,335,844</b>	<b>7.7</b>	<b>NA</b>	<b>NA</b>	<b>NA - NA</b>
<b>Statewide (2024 Data)</b>	<b>2,299</b>	<b>39,639</b>	<b>5.8</b>	<b>6.3</b>	<b>7.1</b>	<b>6.9 - 7.4</b>
AtlantiCare Regional MC-City Campus	9	322	2.8	5.1	4.2	0.8 - 7.7
AtlantiCare Regional MC-Mainland Campus	32	666	4.8	5.9	6.2	4.0 - 8.4
Bayshore Medical Center	41	805	5.1	7.6	5.2 *	3.5 - 6.9
Bergen New Bridge Medical Center	3	50	6.0	9.0	5.1	0.0 - 11.2
Cape Regional Medical Center	24	473	5.1	3.7	10.6 **	7.2 - 14.0
Capital Health Medical Center-Hopewell	32	491	6.5	6.0	8.3	5.8 - 10.8
Capital Health Regional Medical Center	21	348	6.0	5.6	8.4	5.2 - 11.5
CarePoint Health-Bayonne Medical Center	24	586	4.1	6.5	4.9	2.7 - 7.1
CarePoint Health-Christ Hospital	12	131	9.2	5.1	13.8 **	8.4 - 19.1
CarePoint Health-Hoboken University MC	8	153	5.2	4.0	10.0	4.6 - 15.4
Carewell Health Medical Center-East Orange	3	103	2.9	14.4	1.6 *	0.0 - 4.0
CentraState Medical Center	42	790	5.3	6.0	6.9	4.9 - 8.9
Chilton Memorial Hospital	26	502	5.2	5.9	6.7	4.2 - 9.3
Clara Maass Medical Center	71	606	11.7	4.5	20.0 **	17.4 - 22.7
Community Medical Center	102	1,520	6.7	5.4	9.5 **	8.0 - 11.0
Cooper University Hospital	34	837	4.1	5.2	6.0	3.9 - 8.1
Cooperman Barnabas Medical Center	79	1,226	6.4	5.7	8.8	7.1 - 10.4
Deborah Heart and Lung Center	4	122	3.3	3.5	7.1	0.1 - 14.2
Englewood Hospital	42	623	6.7	6.2	8.4	6.1 - 10.7
Hackensack Meridian Health, Mountainside MC	39	582	6.7	6.3	8.2	5.9 - 10.4
Hackensack Meridian Health-Pascack Valley MC	16	253	6.3	6.0	8.1	4.6 - 11.5
Hackensack University Medical Center	99	1,492	6.6	8.4	6.1	4.9 - 7.2
Hackettstown Medical Center	5	415	1.2	6.1	1.5 *	0.0 - 4.2
Holy Name Medical Center	22	590	3.7	4.3	6.6	3.9 - 9.4
Hudson Regional Hospital	5	75	6.7	5.5	9.3	2.3 - 16.2
Hunterdon Medical Center	32	520	6.2	6.0	7.9	5.4 - 10.4
Inspira Medical Center-Elmer	1	121	0.8	4.3	1.5	0.0 - 7.7
Inspira Medical Center-Mannington	3	149	2.0	4.8	3.2	0.0 - 8.5
Inspira Medical Center-Mullica Hill	33	651	5.1	5.8	6.7	4.5 - 9.0
Inspira Medical Center-Vineland	32	819	3.9	5.5	5.4	3.3 - 7.5
Jefferson Cherry Hill Hospital	19	305	6.2	5.6	8.5	5.2 - 11.9
Jefferson Stratford Hospital	8	200	4.0	2.8	11.2	5.1 - 17.2
Jefferson Washington Township Hospital	32	429	7.5	5.2	11.0 **	8.1 - 13.9
Jersey City Medical Center	45	784	5.7	5.4	8.1	6.1 - 10.2
Jersey Shore University Medical Center	33	902	3.7	6.5	4.3 *	2.6 - 6.1
JFK University Medical Center	45	1,307	3.4	6.9	3.9 *	2.4 - 5.3
Monmouth Medical Center	28	331	8.5	5.6	11.6 **	8.5 - 14.8
Monmouth Medical Center-Southern Campus	32	452	7.1	5.5	10.0 **	7.2 - 12.7

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<b>National (3 yrs total - 2020 to 2022)</b>	<b>256,659</b>	<b>3,335,844</b>	<b>7.7</b>	<b>NA</b>	<b>NA</b>	<b>NA - NA</b>
<b>Statewide (2024 Data)</b>	<b>2,299</b>	<b>39,639</b>	<b>5.8</b>	<b>6.3</b>	<b>7.1</b>	<b>6.9 - 7.4</b>
Morristown Medical Center	58	1,192	4.9	6.1	6.2	4.5 - 7.8
Newark Beth Israel Medical Center	41	562	7.3	6.4	8.7	6.6 - 10.9
Newton Medical Center	22	523	4.2	6.6	4.9	2.6 - 7.2
Ocean University Medical Center	22	969	2.3	6.9	2.5 *	0.9 - 4.2
Old Bridge Medical Center	14	445	3.1	6.2	3.9 *	1.3 - 6.5
Overlook Medical Center-Summit	49	949	5.2	7.0	5.7	4.0 - 7.3
Palisades Medical Center	33	440	7.5	6.8	8.4	5.9 - 10.9
Penn Medicine Princeton Medical Center	16	338	4.7	5.5	6.6	3.5 - 9.7
Raritan Bay Medical Center	12	196	6.1	6.4	7.3	3.6 - 11.1
Riverview Medical Center	18	479	3.8	7.5	3.9 *	1.6 - 6.1
Robert Wood Johnson University Hospital	93	1,091	8.5	7.6	8.6 **	7.2 - 10.0
Robert Wood Johnson University Hospital at Rahway	26	332	7.8	8.6	7.0	4.5 - 9.5
Robert Wood Johnson University Hospital Hamilton	22	551	4.0	6.1	5.1	2.7 - 7.4
Robert Wood Johnson University Hospital Somerset	32	759	4.2	6.4	5.1	3.1 - 7.1
Saint Clare's Hospital-Denville	26	290	9.0	8.1	8.5	5.8 - 11.3
Saint Clare's Hospital-Dover	20	231	8.7	6.6	10.1	6.7 - 13.6
Saint Michael's Medical Center	9	294	3.1	4.7	5.0	1.3 - 8.8
Saint Peter's University Hospital	11	486	2.3	5.0	3.5 *	0.6 - 6.3
Shore Medical Center	33	633	5.2	4.8	8.4	5.8 - 11.0
Southern Ocean Medical Center	9	585	1.5	6.4	1.9 *	0.0 - 4.0
St. Joseph's University Medical Center	188	1,663	11.3	8.5	10.3 **	9.1 - 11.4
St. Joseph's Wayne Medical Center	77	686	11.2	9.8	8.8 **	7.2 - 10.5
St. Luke's Warren Hospital	8	275	2.9	5.8	3.8	0.4 - 7.3
St. Mary's General Hospital	16	257	6.2	7.0	6.9	3.7 - 10.0
Trinitas Regional Medical Center	91	696	13.1	8.1	12.4 **	10.7 - 14.2
University Hospital	11	345	3.2	5.8	4.3	1.2 - 7.3
Valley Hospital	64	772	8.3	7.1	8.9	7.1 - 10.8
Virtua Mount Holly Hospital-Burlington County	20	546	3.7	3.5	8.1	4.8 - 11.4
Virtua Our Lady of Lourdes Hospital	21	406	5.2	5.5	7.2	4.4 - 10.1
Virtua West Jersey Hospital-Marlton	32	589	5.4	4.9	8.5	5.9 - 11.1
Virtua West Jersey Hospital-Voorhees	56	1,041	5.4	4.5	9.1	7.1 - 11.1
Virtua Willingboro Hospital	11	287	3.8	5.3	5.6	2.2 - 8.9

Source: National numbers are derived from 2020, 2021 & 2022 National Inpatient Sample (NIS) databases using the AHRQ SAS Software, Version 2025 while New Jersey's are calculated from the 2024 NJ UB Data using the same software version.

\* = Statistically significantly below state average, \*\* = Statistically significantly above state average.

NA = Not Applicable - National Rates are not risk-adjusted.

Expected rate is the rate the hospital would have if it had the same case-mix (e.g., age, gender, DRG, and comorbidity categories) as the reference or statewide population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the hospital performed worse than the reference population on that indicator.

## Heart Failure (HF)

Heart Failure (HF) refers to the weakening of the heart's muscle which reduces its pumping power. The body does not get sufficient oxygen and nutrients when the heart muscle is too weak to pump blood in a normal flow. The heart tries to compensate and pump more blood, but over time the heart muscle walls weaken, exacerbating heart failure. Symptoms for HF can include shortness of breath from fluid in the lungs, dizziness, fatigue, weakness, cold and clammy skin, or rapid and irregular heartbeat. HF can result from coronary artery disease, heart attack, cardiomyopathy (heart muscle damage from infection, alcohol, or drugs), or an overworked heart caused by high blood pressure, kidney disease, diabetes, or a defect from birth. HF is one of the most common and severe heart diseases affecting Americans, and one of the most common reasons for hospitalization. Although HF has many possible underlying causes, the result is an inability of the heart muscle to function well enough to meet the demands of the rest of the body.

This indicator measures the chance or likelihood that a patient experiencing heart failure and admitted to a hospital will die from that condition during hospitalization. The mortality rate for this measure is defined as the number of deaths per 100 patients with principal (ICD-10-CM) diagnosis code of CHF (age 18 years and older)

**This information is important** because it tells you how well hospitals take care of their patients with heart failure. Since HF mortality is affected by other medical problems, including lung disease, high blood pressure, cancer and liver disease, the score measures how well the hospital can control these influences.

**Table 3: IN-HOSPITAL MORTALITY RATES FOR HEART FAILURE (Deaths per 100 conditions)**

Hospital	# of Deaths	# of Patients	Observed Rate	Expected Rate	Risk-Adjusted Rate	95% Confidence Interval
						LL - UL
<b>National (3 yrs total - 2020 to 2022)</b>	<b>92,335</b>	<b>3,219,753</b>	<b>2.9</b>	<b>NA</b>	<b>NA</b>	<b>NA - NA</b>
<b>Statewide (2024 Data)</b>	<b>1,120</b>	<b>35,234</b>	<b>3.2</b>	<b>3.3</b>	<b>2.7</b>	<b>2.6 - 2.9</b>
AtlantiCare Regional MC-City Campus	7	250	2.8	3.4	2.4	0.6 - 4.1
AtlantiCare Regional MC-Mainland Campus	26	649	4.0	4.1	2.8	1.8 - 3.8
Bayshore Medical Center	10	323	3.1	3.4	2.6	1.0 - 4.2
Bergen New Bridge Medical Center	2	23	8.7	3.8	6.6 ^	0.8 - 12.4
Cape Regional Medical Center	16	336	4.8	2.7	5.0 **	3.3 - 6.8
Capital Health Medical Center-Hopewell	14	442	3.2	3.3	2.8	1.4 - 4.2
Capital Health Regional Medical Center	9	352	2.6	3.0	2.4	0.8 - 4.1
CarePoint Health-Bayonne Medical Center	14	370	3.8	4.9	2.2	1.0 - 3.4
CarePoint Health-Christ Hospital	3	114	2.6	2.3	3.2	0.0 - 6.5
CarePoint Health-Hoboken University MC	7	174	4.0	1.8	6.3 **	3.2 - 9.4
Carewell Health Medical Center-East Orange	2	124	1.6	1.6	3.0	0.0 - 6.9
CentraState Medical Center	31	541	5.7	4.3	3.8	2.7 - 4.8
Chilton Memorial Hospital	10	399	2.5	4.5	1.6	0.4 - 2.8
Clara Maass Medical Center	44	734	6.0	2.5	6.9 **	5.6 - 8.1
Community Medical Center	42	1,147	3.7	2.9	3.6	2.7 - 4.5
Cooper University Hospital	25	1,052	2.4	2.8	2.4	1.5 - 3.3
Cooperman Barnabas Medical Center	17	975	1.7	2.4	2.1	1.0 - 3.2
Deborah Heart and Lung Center	10	524	1.9	2.1	2.6	1.0 - 4.3
Englewood Hospital	19	539	3.5	3.3	3.0	1.8 - 4.3
Hackensack Meridian Health, Mountainside MC	18	476	3.8	2.8	3.9	2.4 - 5.4
Hackensack Meridian Health-Pascack Valley MC	7	101	6.9	3.3	6.1 **	3.1 - 9.0
Hackensack University Medical Center	60	1,255	4.8	4.3	3.2	2.5 - 3.9
Hackettstown Medical Center	6	196	3.1	4.5	2.0	0.2 - 3.7
Holy Name Medical Center	12	447	2.7	2.5	3.0	1.4 - 4.6
Hudson Regional Hospital	6	74	8.1	2.9	8.0 **	4.3 - 11.7
Hunterdon Medical Center	13	350	3.7	3.7	2.9	1.4 - 4.3
Inspira Medical Center-Elmer	3	96	3.1	3.3	2.7	0.0 - 5.8
Inspira Medical Center-Mannington	2	139	1.4	2.0	2.1	0.0 - 5.3
Inspira Medical Center-Mullica Hill	19	561	3.4	3.5	2.7	1.6 - 3.9
Inspira Medical Center-Vineland	13	667	1.9	3.6	1.6 *	0.5 - 2.6
Jefferson Cherry Hill Hospital	8	280	2.9	2.3	3.6	1.4 - 5.7
Jefferson Stratford Hospital	4	254	1.6	2.2	2.1	0.0 - 4.3
Jefferson Washington Township Hospital	25	765	3.3	2.7	3.5	2.4 - 4.7
Jersey City Medical Center	13	680	1.9	1.9	2.9	1.4 - 4.5
Jersey Shore University Medical Center	28	1,187	2.4	3.8	1.8 *	1.0 - 2.6
JFK University Medical Center	7	794	0.9	2.6	1.0 *	0.0 - 2.2
Monmouth Medical Center	15	290	5.2	2.1	7.2 **	5.0 - 9.4
Monmouth Medical Center-Southern Campus	4	210	1.9	2.7	2.0	0.0 - 4.3
Morristown Medical Center	53	1,551	3.4	4.9	2.0 *	1.4 - 2.6
Newark Beth Israel Medical Center	39	953	4.1	2.3	5.2 **	4.1 - 6.3

**Table 3: IN-HOSPITAL MORTALITY RATES FOR HEART FAILURE (Deaths per 100 conditions)**

Hospital	# of Deaths	# of Patients	Observed Rate	Expected Rate	Risk-Adjusted Rate	95% Confidence Interval
						LL - UL
<b>National (3 yrs total - 2020 to 2022)</b>	<b>92,335</b>	<b>3,219,753</b>	<b>2.9</b>	<b>NA</b>	<b>NA</b>	<b>NA - NA</b>
<b>Statewide (2024 Data)</b>	<b>1,120</b>	<b>35,234</b>	<b>3.2</b>	<b>3.3</b>	<b>2.7</b>	<b>2.6 - 2.9</b>
Newton Medical Center	9	396	2.3	4.5	1.5 *	0.3 - 2.6
Old Bridge Medical Center	8	324	2.5	3.8	1.9	0.4 - 3.3
Overlook Medical Center-Summit	25	728	3.4	4.5	2.2	1.3 - 3.1
Palisades Medical Center	8	313	2.6	3.4	2.2	0.6 - 3.8
Penn Medicine Princeton Medical Center	27	574	4.7	3.9	3.4	2.3 - 4.5
Raritan Bay Medical Center	4	248	1.6	3.2	1.4	0.0 - 3.3
Riverview Medical Center	8	459	1.7	3.8	1.3 *	0.0 - 2.6
Robert Wood Johnson University Hospital	34	1,140	3.0	3.4	2.5	1.7 - 3.3
Robert Wood Johnson University Hospital at Rahway	17	283	6.0	2.8	6.1 **	4.2 - 8.0
Robert Wood Johnson University Hospital Hamilton	5	527	0.9	3.8	0.7 *	0.0 - 1.9
Robert Wood Johnson University Hospital Somerset	10	627	1.6	3.8	1.2 *	0.2 - 2.2
Saint Clare's Hospital-Denville	12	260	4.6	4.3	3.1	1.6 - 4.5
Saint Clare's Hospital-Dover	12	142	8.5	3.5	6.9 **	4.5 - 9.3
Saint Michael's Medical Center	7	373	1.9	2.3	2.3	0.5 - 4.2
Saint Peter's University Hospital	4	348	1.1	2.5	1.3	0.0 - 3.2
Shore Medical Center	9	364	2.5	3.2	2.2	0.6 - 3.8
Southern Ocean Medical Center	5	612	0.8	3.1	0.8 *	0.0 - 2.0
St. Joseph's University Medical Center	67	1,145	5.9	4.0	4.2 **	3.5 - 5.0
St. Joseph's Wayne Medical Center	8	285	2.8	4.4	1.8	0.3 - 3.3
St. Luke's Warren Hospital	6	273	2.2	3.3	1.9	0.1 - 3.7
St. Mary's General Hospital	16	364	4.4	5.4	2.3	1.3 - 3.4
Trinitas Regional Medical Center	13	364	3.6	2.5	4.1	2.3 - 5.8
University Hospital	8	352	2.3	2.8	2.3	0.7 - 3.9
Valley Hospital	51	904	5.6	4.0	4.1 **	3.2 - 4.9
Virtua Mount Holly Hospital-Burlington County	12	558	2.2	2.1	2.9	1.4 - 4.5
Virtua Our Lady of Lourdes Hospital	23	614	3.7	3.0	3.5	2.3 - 4.8
Virtua West Jersey Hospital-Marlton	22	532	4.1	3.0	3.9	2.6 - 5.2
Virtua West Jersey Hospital-Voorhees	17	707	2.4	2.6	2.6	1.4 - 3.9
Virtua Willingboro Hospital	0	235	0.0	1.9	0.0 *	0.0 - 2.6

Source: National numbers are derived from 2020, 2021 & 2022 National Inpatient Sample (NIS) databases using the AHRQ SAS Software, Version 2025 while New Jersey's are calculated from the **2024 NJ UB Data** using the same software version.

^ = Rate is based on a denominator less than 30 and should be taken with caution.

\* = Statistically significantly below state average, \*\* = Statistically significantly above state average.

NA = Not Applicable - National Rates are not risk-adjusted.

Expected rate is the rate the hospital would have if it had the same case-mix (e.g., age, gender, DRG, and comorbidity categories) as the reference or statewide population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the hospital performed worse than the reference population on that indicator.

## Acute Stroke

**Acute Stroke** occurs when there is a disruption in the blood supply to the brain. A stroke occurs when a blood vessel (artery) bringing oxygen and nutrients to the brain bursts or is blocked by a blood clot, or fatty deposits called plaques. Within minutes, the nerve cells in that area of the brain are damaged and may die within a few hours. As a result, the part of the body controlled by the damaged section of the brain cannot function properly.

There are different types of strokes, including ischemic, subarachnoid, and intracerebral hemorrhagic strokes. Ischemic strokes are those caused by clots or blockages, preventing or reducing oxygenation to parts of the brain, leading to brain cell death in minutes. Both subarachnoid and intracerebral hemorrhagic strokes are those caused by burst blood vessels or excessive bleeding in a region of the brain. This bleeding can cause pressure, swelling, and compression of surrounding brain tissue, damaging it. When the bleeding occurs within the space between the brain and the protective membranes that surround it, it is called a subarachnoid stroke. When bleeding occurs within the brain matter, it is called an intracerebral stroke.

Treatment for stroke must be timely and efficient to prevent brain tissue death and differs significantly based on, which of the three types of strokes a patient has suffered. For example, clot-busting drugs (called thrombolytics) are appropriate for ischemic strokes when caused by clots but could be fatal in the case of a hemorrhagic stroke where they would cause excessive bleeding and failure of the hemorrhaging blood to clot. **Symptoms** of acute stroke can include sudden numbness or weakness of the face, arm, or leg, particularly on one side of the body, sudden confusion, trouble speaking or understanding, sudden trouble seeing in one or both eyes, sudden trouble walking, dizziness, loss of balance or coordination.

**This indicator** measures the chance or likelihood that a patient admitted to a hospital with acute stroke will die from that condition during hospitalization. Hospital specific stroke mortality rates will vary based on the cause of the stroke, the severity of the stroke, other patient illnesses, speed of arrival at the hospital, and speed of diagnosis of the type of stroke. Moreover, clinical factors, including use of mechanical ventilation on the first day, may vary by hospital and influence mortality. The mortality rate for Acute Stroke is defined as the number of deaths per 100 patients with principal (ICD-9-CM) diagnosis code of stroke (age 18 years and older).

**Table 4: IN-HOSPITAL MORTALITY RATES FOR ACUTE STROKE (Deaths per 100 conditions)**

Hospital	# of Deaths	# of Patients	Observed Rate	Expected Rate	Risk-Adjusted Rate	95% Confidence Interval
						LL - UL
<b>National (3 yrs total - 2020 to 2022)</b>	<b>126,041</b>	<b>1,812,924</b>	<b>7.0</b>	<b>NA</b>	<b>NA</b>	<b>NA - NA</b>
<b>Statewide (2024 Data)</b>	<b>1,267</b>	<b>18,696</b>	<b>6.8</b>	<b>7.3</b>	<b>6.5</b>	<b>6.2 - 6.8</b>
AtlantiCare Regional MC-City Campus	39	521	7.5	7.9	6.6	4.9 - 8.4
AtlantiCare Regional MC-Mainland Campus	2	128	1.6	3.6	3.0	0.0 - 8.5
Bayshore Medical Center	6	113	5.3	6.7	5.5	1.4 - 9.7
Bergen New Bridge Medical Center	0	8	0.0	1.6	0.0 ^	0.0 - 37.7
Cape Regional Medical Center	7	136	5.1	2.5	14.2 **	7.2 - 21.2
Capital Health Medical Center-Hopewell	3	102	2.9	4.1	5.0	0.0 - 10.8
Capital Health Regional Medical Center	38	518	7.3	8.8	5.8	4.2 - 7.4
CarePoint Health-Bayonne Medical Center	12	153	7.8	5.0	11.0 **	6.7 - 15.2
CarePoint Health-Christ Hospital	12	128	9.4	7.9	8.2	4.8 - 11.6
CarePoint Health-Hoboken University MC	1	28	3.6	1.6	15.1	0.0 - 34.8
Carewell Health Medical Center-East Orange	0	25	0.0	1.4	0.0	0.0 - 22.7
CentraState Medical Center	15	261	5.7	6.1	6.6	3.7 - 9.4
Chilton Memorial Hospital	10	211	4.7	6.0	5.5	2.3 - 8.7
Clara Maass Medical Center	11	297	3.7	4.0	6.4	2.8 - 10.1
Community Medical Center	35	520	6.7	5.0	9.3 **	7.1 - 11.5
Cooper University Hospital	99	743	13.3	9.7	9.6 **	8.3 - 10.9
Cooperman Barnabas Medical Center	58	631	9.2	6.2	10.2 **	8.3 - 12.1
Deborah Heart and Lung Center	.	.	.	.	.	. - .
Englewood Hospital	16	225	7.1	5.2	9.5	6.0 - 13.1
Hackensack Meridian Health, Mountainside MC	9	193	4.7	5.5	5.9	2.3 - 9.4
Hackensack Meridian Health-Pascack Valley MC	2	34	5.9	9.6	4.2	0.0 - 9.3
Hackensack University Medical Center	66	848	7.8	8.8	6.1	4.9 - 7.4
Hackettstown Medical Center	3	92	3.3	5.1	4.4	0.0 - 9.9
Holy Name Medical Center	13	193	6.7	5.6	8.4	4.9 - 11.8
Hudson Regional Hospital	0	18	0.0	3.7	0.0 ^	0.0 - 15.9
Hunterdon Medical Center	4	209	1.9	4.0	3.3	0.0 - 7.7
Inspira Medical Center-Elmer	0	13	0.0	1.3	0.0 ^	0.0 - 33.0
Inspira Medical Center-Mannington	0	12	0.0	2.4	0.0 ^	0.0 - 24.7
Inspira Medical Center-Mullica Hill	7	200	3.5	4.9	5.0	1.3 - 8.6
Inspira Medical Center-Vineland	9	244	3.7	4.3	5.9	2.3 - 9.5
Jefferson Cherry Hill Hospital	4	125	3.2	6.4	3.5	0.0 - 7.2
Jefferson Stratford Hospital	8	100	8.0	6.3	8.8	4.3 - 13.3
Jefferson Washington Township Hospital	35	516	6.8	6.3	7.5	5.6 - 9.4
Jersey City Medical Center	65	433	15.0	8.8	11.9 **	10.1 - 13.7
Jersey Shore University Medical Center	44	945	4.7	8.8	3.7 *	2.5 - 4.9
JFK University Medical Center	32	809	4.0	7.8	3.5 *	2.2 - 4.9
Monmouth Medical Center	4	114	3.5	5.3	4.6	0.0 - 9.7
Monmouth Medical Center-Southern Campus	1	56	1.8	4.4	2.8	0.0 - 10.4
Morristown Medical Center	41	619	6.6	8.2	5.6	4.2 - 7.1
Newark Beth Israel Medical Center	9	217	4.1	3.6	8.0	3.5 - 12.4
Newton Medical Center	2	159	1.3	5.2	1.7 *	0.0 - 5.6
Ocean University Medical Center	2	274	0.7	3.6	1.4 *	0.0 - 5.3

**Table 4: IN-HOSPITAL MORTALITY RATES FOR ACUTE STROKE (Deaths per 100 conditions)**

Hospital	# of Deaths	# of Patients	Observed Rate	Expected Rate	Risk-Adjusted Rate	95% Confidence Interval
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<b>National (3 yrs total - 2020 to 2022)</b>	<b>126,041</b>	<b>1,812,924</b>	<b>7.0</b>	<b>NA</b>	<b>NA</b>	<b>NA - NA</b>
<b>Statewide (2024 Data)</b>	<b>1,267</b>	<b>18,696</b>	<b>6.8</b>	<b>7.3</b>	<b>6.5</b>	<b>6.2 - 6.8</b>
Old Bridge Medical Center	3	103	2.9	5.3	3.9	0.0 - 8.6
Overlook Medical Center-Summit	41	804	5.1	9.8	3.6 *	2.5 - 4.8
Palisades Medical Center	4	142	2.8	4.8	4.1	0.0 - 8.6
Penn Medicine Princeton Medical Center	20	263	7.6	7.5	7.1	4.7 - 9.5
Raritan Bay Medical Center	0	48	0.0	2.0	0.0	0.0 - 13.7
Riverview Medical Center	3	157	1.9	4.6	2.9	0.0 - 7.5
Robert Wood Johnson University Hospital	131	1,012	12.9	10.3	8.7 **	7.6 - 9.8
Robert Wood Johnson University Hospital at Rahway	6	110	5.5	5.9	6.5	2.0 - 11.0
Robert Wood Johnson University Hospital Hamilton	0	93	0.0	2.2	0.0	0.0 - 9.3
Robert Wood Johnson University Hospital Somerset	3	255	1.2	6.4	1.3 *	0.0 - 4.1
Saint Clare's Hospital-Denville	20	123	16.3	11.2	10.1 **	7.5 - 12.8
Saint Clare's Hospital-Dover	3	58	5.2	6.7	5.4	0.0 - 11.2
Saint Michael's Medical Center	1	64	1.6	3.0	3.6	0.0 - 12.8
Saint Peter's University Hospital	2	102	2.0	4.7	2.9	0.0 - 8.5
Shore Medical Center	3	110	2.7	3.5	5.5	0.0 - 11.9
Southern Ocean Medical Center	1	139	0.7	3.9	1.3	0.0 - 6.6
St. Joseph's University Medical Center	140	1,176	11.9	11.6	7.1	6.2 - 8.0
St. Joseph's Wayne Medical Center	7	155	4.5	4.6	6.8	2.4 - 11.2
St. Luke's Warren Hospital	1	72	1.4	4.9	2.0	0.0 - 8.5
St. Mary's General Hospital	3	76	3.9	6.4	4.3	0.0 - 9.7
Trinitas Regional Medical Center	13	180	7.2	6.9	7.3	4.1 - 10.5
University Hospital	38	577	6.6	7.8	5.9	4.2 - 7.5
Valley Hospital	36	457	7.9	8.7	6.3	4.6 - 7.9
Virtua Mount Holly Hospital-Burlington County	1	195	0.5	2.9	1.2	0.0 - 6.5
Virtua Our Lady of Lourdes Hospital	55	645	8.5	6.7	8.9 **	7.1 - 10.6
Virtua West Jersey Hospital-Marlton	3	133	2.3	3.6	4.4	0.0 - 10.0
Virtua West Jersey Hospital-Voorhees	3	190	1.6	3.1	3.5	0.0 - 8.6
Virtua Willingboro Hospital	2	86	2.3	2.7	6.0	0.0 - 13.5

Source: National numbers are derived from 2020, 2021 & 2022 National Inpatient Sample (NIS) databases using the AHRQ SAS Software, Version 20251 while New Jersey's are calculated from the **2024 NJ UB Data** using the same software version.

^ = Rate is based on a denominator less than 30 and should be taken with caution.

\* = Statistically significantly below state average, \*\* = Statistically significantly above state average.

NA = Not Applicable - National Rates are not risk-adjusted.

Missing (.) = Hospital did not perform the procedure during the year in question; or it performed less than 3 procedures (rate is not computed when the denominator is less than 3).

Expected rate is the rate the hospital would have if it had the same case-mix (e.g., age, gender, DRG, and comorbidity categories) as the reference or statewide population. If the observed rate is higher than the expected rate (i.e., the ratio of observed to expected is greater than 1.0), it suggests that the hospital performed worse than the reference population on that indicator.

## Stratification of Indicator

The indicator, 'Acute Stroke Mortality' is stratified into three groups by the type of stroke. Cases are assigned to strata according to a hierarchy based on risk of mortality, with cases being assigned to the stratum with the highest mortality for which the case qualifies. In the case of Stroke Mortality, the hierarchy is as follows (Strata hierarchy (listed from highest mortality to lowest mortality)):

1. Intracerebral hemorrhage
2. Subarachnoid hemorrhage
3. Ischemic stroke

The strata are mutually exclusive. Patients cannot qualify for more than one stratum. If a discharge qualifies for more than one stratum, it is assigned to the stratum with the highest risk of mortality.

Tables 4.1, 4.2, and 4.3 show the total stroke deaths in 2024 by the three strata stated above.

**Table 4.1 IN-HOSPITAL MORTALITY RATES FOR INTRACEREBRAL HEMORRHAGIC STROKE (Deaths per 100)**

Hospital	# of Deaths	# of Patients	Observed Rate
<b>National (3 yrs total - 2020 to 2022)</b>	<b>52,070</b>	<b>282,962</b>	<b>18.4</b>
<b>Statewide (2024 Data)</b>	<b>457</b>	<b>3,053</b>	<b>15.0</b>
AtlantiCare Regional MC-City Campus	16	95	16.8
AtlantiCare Regional MC-Mainland Campus	1	3	33.3
Bayshore Medical Center	1	5	20.0
Bergen New Bridge Medical Center	0	1	0.0
Cape Regional Medical Center	1	2	50.0
Capital Health Medical Center-Hopewell	0	6	0.0
Capital Health Regional Medical Center	19	93	20.4
CarePoint Health-Bayonne Medical Center	10	18	55.6
CarePoint Health-Christ Hospital	3	17	17.6
CarePoint Health-Hoboken University MC	.	.	.
Carewell Health Medical Center-East Orange	.	.	.
CentraState Medical Center	10	53	18.9
Chilton Memorial Hospital	3	21	14.3
Clara Maass Medical Center	6	38	15.8
Community Medical Center	11	42	26.2
Cooper University Hospital	29	141	20.6
Cooperman Barnabas Medical Center	17	108	15.7
Deborah Heart and Lung Center	.	.	.
Englewood Hospital and Medical Center	4	26	15.4
Hackensack Meridian Health, Mountainside MC	4	34	11.8
Hackensack Meridian Health-Pascack Valley MC	2	8	25.0
Hackensack University Medical Center	26	190	13.7
Hackettstown Medical Center	1	6	16.7
Holy Name Medical Center	8	34	23.5
Hudson Regional Hospital	0	3	0.0
Hunterdon Medical Center	1	34	2.9
Inspira Medical Center-Elmer	.	.	.
Inspira Medical Center-Mannington	.	.	.
Inspira Medical Center-Mullica Hill	3	10	30.0
Inspira Medical Center-Vineland	5	19	26.3
Jefferson Cherry Hill Hospital	1	18	5.6
Jefferson Stratford Hospital	4	15	26.7
Jefferson Washington Township Hospital	10	73	13.7
Jersey City Medical Center	15	76	19.7
Jersey Shore University Medical Center	17	208	8.2
JFK University Medical Center	24	149	16.1
Monmouth Medical Center	1	24	4.2
Monmouth Medical Center-Southern Campus	0	4	0.0
Morristown Medical Center	13	110	11.8
Newark Beth Israel Medical Center	7	23	30.4
Newton Medical Center	1	9	11.1
Ocean University Medical Center	1	8	12.5

**Table 4.1 IN-HOSPITAL MORTALITY RATES FOR INTRACEREBRAL HEMORRHAGIC STROKE (Deaths per 100)**

Hospital	# of Deaths	# of Patients	Observed Rate
<b>National (3 yrs total - 2020 to 2022)</b>	<b>52,070</b>	<b>282,962</b>	<b>18.4</b>
<b>Statewide (2024 Data)</b>	<b>457</b>	<b>3,053</b>	<b>15.0</b>
Old Bridge Medical Center	0	1	0.0
Overlook Medical Center-Summit	16	144	11.1
Palisades Medical Center	3	23	13.0
Penn Medicine Princeton Medical Center	12	37	32.4
Raritan Bay Medical Center	.	.	.
Riverview Medical Center	0	26	0.0
Robert Wood Johnson University Hospital	30	259	11.6
Robert Wood Johnson University Hospital at Rahway	3	8	37.5
Robert Wood Johnson University Hospital Hamilton	0	3	0.0
Robert Wood Johnson University Hospital Somerset	1	46	2.2
Saint Clare's Hospital-Denville	9	23	39.1
Saint Clare's Hospital-Dover	0	5	0.0
Saint Michael's Medical Center	1	7	14.3
Saint Peter's University Hospital	1	15	6.7
Shore Medical Center	0	3	0.0
Southern Ocean Medical Center	1	1	100.0
St. Joseph's University Medical Center	42	270	15.6
St. Joseph's Wayne Medical Center	1	5	20.0
St. Luke's Warren Hospital	1	6	16.7
St. Mary's General Hospital	1	17	5.9
Trinitas Regional Medical Center	4	28	14.3
University Hospital	14	136	10.3
Valley Hospital	12	72	16.7
Virtua Mount Holly Hospital-Burlington County	0	4	0.0
Virtua Our Lady of Lourdes Hospital	26	178	14.6
Virtua West Jersey Hospital-Marlton	2	5	40.0
Virtua West Jersey Hospital-Voorhees	1	5	20.0
Virtua Willingboro Hospital	1	2	50.0

Source: National numbers are derived from 2020, 2021, & 2022 National Inpatient Sample (NIS) Data using the AHRQ SAS Software, Version 2025 while New Jersey's are calculated from the **2024 NJ UB Data** using the same software version.

Rates are not risk-adjusted.

Missing (.) = Hospital did not perform the procedure during the year in question.

**Table 4.2 IN-HOSPITAL MORTALITY RATES FOR SUBARACHNOID HEMORRHAGIC STROKE  
(Deaths per 100)**

Hospital	# of Deaths	# of Patients	Observed Rate
<b>National (3 yrs total - 2020 to 2022)</b>	<b>12,665</b>	<b>65,713</b>	<b>19.3</b>
<b>Statewide (2024 Data)</b>	<b>166</b>	<b>730</b>	<b>22.7</b>
AtlantiCare Regional MC-City Campus	6	34	17.6
AtlantiCare Regional MC-Mainland Campus	0	1	0
Bayshore Medical Center	.	.	.
Bergen New Bridge Medical Center	.	.	.
Cape Regional Medical Center	.	.	.
Capital Health Medical Center-Hopewell	.	.	.
Capital Health Regional Medical Center	2	15	13.3
CarePoint Health-Bayonne Medical Center	2	2	100.0
CarePoint Health-Christ Hospital	3	9	33.3
CarePoint Health-Hoboken University MC	.	.	.
Carewell Health Medical Center-East Orange	.	.	.
CentraState Medical Center	0	2	0.0
Chilton Memorial Hospital	0	1	0
Clara Maass Medical Center	2	5	40.0
Community Medical Center	1	5	20.0
Cooper University Hospital	7	38	18.4
Cooperman Barnabas Medical Center	6	34	17.6
Deborah Heart and Lung Center	.	.	.
Englewood Hospital and Medical Center	1	1	100.0
Hackensack Meridian Health, Mountainside MC	0	6	0.0
Hackensack Meridian Health-Pascack Valley MC	0	2	0
Hackensack University Medical Center	4	51	7.8
Hackettstown Medical Center	.	.	.
Holy Name Medical Center	1	2	50.0
Hudson Regional Hospital	.	.	.
Hunterdon Medical Center	1	4	25.0
Inspira Medical Center-Elmer	.	.	.
Inspira Medical Center-Mannington	.	.	.
Inspira Medical Center-Mullica Hill	0	2	0
Inspira Medical Center-Vineland	0	4	0.0
Jefferson Cherry Hill Hospital	1	4	25.0
Jefferson Stratford Hospital	1	5	20.0
Jefferson Washington Township Hospital	2	11	18.2
Jersey City Medical Center	46	55	83.6
Jersey Shore University Medical Center	5	39	12.8
JFK University Medical Center	6	45	13.3
Monmouth Medical Center	1	3	33

**Table 4.2 IN-HOSPITAL MORTALITY RATES FOR SUBARACHNOID HEMORRHAGIC STROKE  
(Deaths per 100)**

Hospital	# of Deaths	# of Patients	Observed Rate
<b>National (3 yrs total - 2020 to 2022)</b>	<b>12,665</b>	<b>65,713</b>	<b>19.3</b>
<b>Statewide (2024 Data)</b>	<b>166</b>	<b>730</b>	<b>22.7</b>
Monmouth Medical Center-Southern Campus	1	3	33.3
Morristown Medical Center	1	10	10.0
Newark Beth Israel Medical Center	0	2	0.0
Newton Medical Center	0	1	0.0
Ocean University Medical Center	.	.	.
Old Bridge Medical Center	0	2	0.0
Overlook Medical Center-Summit	6	76	8
Palisades Medical Center	0	1	0
Penn Medicine Princeton Medical Center	2	7	29
Raritan Bay Medical Center	.	.	.
Riverview Medical Center	0	1	0.0
Robert Wood Johnson University Hospital	9	70	12.9
Robert Wood Johnson University Hospital at Rahway	1	2	50
Robert Wood Johnson University Hospital Hamilton	0	2	0.0
Robert Wood Johnson University Hospital Somerset	1	7	14.3
Saint Clare's Hospital-Denville	1	1	100
Saint Clare's Hospital-Dover	0	1	0.0
Saint Michael's Medical Center	0	1	0
Saint Peter's University Hospital	0	2	0
Shore Medical Center	0	3	0.0
Southern Ocean Medical Center	.	.	.
St. Joseph's University Medical Center	31	93	33.3
St. Joseph's Wayne Medical Center	.	.	.
St. Luke's Warren Hospital	.	.	.
St. Mary's General Hospital	0	1	0.0
Trinitas Regional Medical Center	0	2	0.0
University Hospital	8	23	34.8
Valley Hospital	5	22	22.7
Virtua Mount Holly Hospital-Burlington County	0	2	0
Virtua Our Lady of Lourdes Hospital	0	12	0.0
Virtua West Jersey Hospital-Marlton	1	1	100
Virtua West Jersey Hospital-Voorhees	0	1	0.0
Virtua Willingboro Hospital	1	1	100

Source: National numbers are derived from 2020, 2021, & 2022 National Inpatient Sample (NIS) Data using the AHRQ SAS Software, Version 2025 while New Jersey's are calculated from the **2024 NJ UB Data** using the same software version.

All Rates are not risk-adjusted.

Missing (.) = Hospital did not perform the procedure during the year in question.

**Table 4.3 IN-HOSPITAL MORTALITY RATES FOR ISCHEMIC STROKE (Deaths per 100)**

Hospital	# of Deaths	# of Patients	Observed Rate
<b>National (3 yrs total - 2020 to 2022)</b>	<b>61,306</b>	<b>1,464,249</b>	<b>4.2</b>
<b>Statewide (2024 Data)</b>	<b>644</b>	<b>14,913</b>	<b>4.3</b>
AtlantiCare Regional MC-City Campus	17	392	4.3
AtlantiCare Regional MC-Mainland Campus	1	124	0.8
Bayshore Medical Center	5	108	4.6
Bergen New Bridge Medical Center	0	7	0.0
Cape Regional Medical Center	6	134	4.5
Capital Health Medical Center-Hopewell	3	96	3.1
Capital Health Regional Medical Center	17	410	4.1
CarePoint Health-Bayonne Medical Center	0	133	0.0
CarePoint Health-Christ Hospital	6	102	5.9
CarePoint Health-Hoboken University MC	1	28	3.6
Carewell Health Medical Center-East Orange	0	25	0.0
CentraState Medical Center	5	206	2.4
Chilton Memorial Hospital	7	189	3.7
Clara Maass Medical Center	3	254	1.2
Community Medical Center	23	473	4.9
Cooper University Hospital	63	564	11.2
Cooperman Barnabas Medical Center	35	489	7.2
Deborah Heart and Lung Center	.	.	.
Englewood Hospital and Medical Center	11	198	5.6
Hackensack Meridian Health, Mountainside MC	5	153	3.3
Hackensack Meridian Health-Pascack Valley MC	0	24	0.0
Hackensack University Medical Center	36	607	5.9
Hackettstown Medical Center	2	86	2.3
Holy Name Medical Center	4	157	2.5
Hudson Regional Hospital	0	15	0.0
Hunterdon Medical Center	2	171	1.2
Inspira Medical Center-Elmer	0	13	0.0
Inspira Medical Center-Mannington	0	12	0.0
Inspira Medical Center-Mullica Hill	4	188	2.1
Inspira Medical Center-Vineland	4	221	1.8
Jefferson Cherry Hill Hospital	2	103	1.9
Jefferson Stratford Hospital	3	80	3.8
Jefferson Washington Township Hospital	23	432	5.3
Jersey City Medical Center	4	302	1.3
Jersey Shore University Medical Center	22	698	3.2
JFK University Medical Center	2	615	0.3
Monmouth Medical Center	2	87	2.3
Monmouth Medical Center-Southern Campus	0	49	0.0
Morristown Medical Center	27	499	5.4

**Table 4.3 IN-HOSPITAL MORTALITY RATES FOR ISCHEMIC STROKE (Deaths per 100)**

Hospital	# of Deaths	# of Patients	Observed Rate
<b>National (3 yrs total - 2020 to 2022)</b>	<b>61,306</b>	<b>1,464,249</b>	<b>4.2</b>
<b>Statewide (2024 Data)</b>	<b>644</b>	<b>14,913</b>	<b>4.3</b>
Newark Beth Israel Medical Center	2	192	1.0
Newton Medical Center	1	149	0.7
Ocean University Medical Center	1	266	0.4
Old Bridge Medical Center	3	100	3.0
Overlook Medical Center-Summit	19	584	3.3
Palisades Medical Center	1	118	0.8
Penn Medicine Princeton Medical Center	6	219	2.7
Raritan Bay Medical Center	0	48	0.0
Riverview Medical Center	3	130	2.3
Robert Wood Johnson University Hospital	92	683	13.5
Robert Wood Johnson University Hospital at Rahway	2	100	2.0
Robert Wood Johnson University Hospital Hamilton	0	88	0.0
Robert Wood Johnson University Hospital Somerset	1	202	0.5
Saint Clare's Hospital-Denville	10	99	10.1
Saint Clare's Hospital-Dover	3	52	5.8
Saint Michael's Medical Center	0	56	0.0
Saint Peter's University Hospital	1	85	1.2
Shore Medical Center	3	104	2.9
Southern Ocean Medical Center	0	138	0.0
St. Joseph's University Medical Center	67	813	8.2
St. Joseph's Wayne Medical Center	6	150	4.0
St. Luke's Warren Hospital	0	66	0.0
St. Mary's General Hospital	2	58	3.4
Trinitas Regional Medical Center	9	150	6.0
University Hospital	16	418	3.8
Valley Hospital	19	363	5.2
Virtua Mount Holly Hospital-Burlington County	1	189	0.5
Virtua Our Lady of Lourdes Hospital	29	455	6.4
Virtua West Jersey Hospital-Marlton	0	127	0.0
Virtua West Jersey Hospital-Voorhees	2	184	1.1
Virtua Willingboro Hospital	0	83	0.0

Source: National numbers are derived from 2020, 2021, & 2022 National Inpatient Sample (NIS) Data using the AHRQ SAS Software, Version 2025 while New Jersey's are calculated from the **2024 NJ UB Data** using the same software version.

Rates are not risk-adjusted.

Missing (.) = Hospital did not perform the procedure during the year in question; or it performed less than 3 procedures (rate is not computed when the denominator is less than 3).

## References:

Updated Technical Specifications for each of the 4 IQIs presented in this report can be accessed on the AHRQ site below:

[AHRQ QI: IQI Technical Specifications Updates | AHRQ Quality Indicators](#)

[AHRQ QI: Quality Indicator Resources | AHRQ Quality Indicators](#)

[American Heart Association CPR and First Aid](#)

[Underlying Cause of Death, 1999-2020 Request](#)

[New Home for NNDSS Weekly and Annual Tables | National Notifiable Diseases Surveillance System \(NNDSS\) | CDC](#)