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## Quality and Safety: Maintaining High Standards for Patient Care

What exactly do we mean when we talk about “quality and safety” in the healthcare setting? On the one hand, it’s pretty simple: the safety of our patients, employees, and visitors, along with the quality of the care we provide, are our highest priorities. It’s our pledge – our promise – to provide world-class, evidence-based, cutting-edge healthcare, within clearly defined safety guidelines and parameters. Nothing is more important to us than the safety of our patients and the more than 16,000 Dartmouth Health employees who help provide our care.

On the other hand, it’s a complex, deeply nuanced set of measures and factors that interact and intersect in hundreds of patient encounters each day, in each of our Dartmouth Health facilities. **Here’s a look at what this all means.**

### What we watch:

We monitor and address quality and safety in three broad categories: processes, outcomes, and care experience.

- **Processes:** All of Dartmouth Health, including Dartmouth Health Medical Center (DHMC), Dartmouth Hitchcock Clinics, our member hospitals, and Visiting Nurse and Hospice for Vermont and New Hampshire, have a broad range of processes and programs focused on tracking quality and safety metrics, addressing issues as they arise, and educating our providers and staff. And it’s not just in the realm of patient care. Safety practices and processes infuse all of our work, both at the local level for each member organization and at the system level for all of Dartmouth Health. In fact, this work is overseen by a system leadership team and embedded teams of experts at each of the Dartmouth Health member facilities.
- **Outcomes:** All the care we provide is measured by patient outcomes, including data on healthcare-associated infection rates, hospital readmissions, mortality, safety events (such as preventable falls), and other information that illustrates how successfully we treat the broad range of illnesses and conditions we encounter daily.
- **Care Experience:** We rely on our patients to provide us with their honest assessment of our providers and the care they receive. Patient satisfaction surveys, sent to all patients after visits or hospital stays, help us identify areas for improvement in patient satisfaction and quality of care. Our Patient and Family Relations team interacts daily with patients and families, gathering feedback and working to resolve issues that arise during the care process.

While all our hospitals and clinics have dedicated teams that oversee and monitor quality and safety, every Dartmouth Health employee is responsible for ensuring the safety of our patients, visitors, and one another. From the simplest act, such as practicing good hand hygiene, to understanding and adhering to complex patient care protocols for our sickest patients, we take our role in ensuring safety seriously.

### Who we report to:

We are required to report a broad range of data about our clinical operations to state and federal regulators. As part of our contracts with the Centers for Medicare & Medicaid Services (CMS), we report a wide range of data (see “A surplus of surveys,” below); we also report on specific safety events to CMS and The Joint Commission. We report on healthcare-associated infections, antibiotic use, and resistance to the Centers for Disease Control and Prevention (CDC), as well as employee injury data to the Occupational Safety and Health Administration (OSHA).

We also report annually to the State of New Hampshire for its annual Healthcare-Associated Infections (HAI) publication, which tracks the rates of pneumonia, digestive illnesses, blood infections, and surgical site infections at all hospitals in New Hampshire.

## A surplus of surveys:

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There are numerous popular, consumer-facing annual hospital rankings and surveys, all designed to provide patients and their families with information about healthcare providers. Some are voluntary, others are mandatory. Dartmouth Health participates in a number of these surveys, but two are particularly important to us:

- CMS's annual five-star rating system and its [Hospital Care Compare](#) tool. Hospital Care Compare scores hospitals on nearly 70 measures across seven quality areas, including timely and effective care, complications and deaths, unplanned hospital readmissions, maternal health, patient-reported outcomes, psychiatric unit services, and payment and value of care. CMS analyses these areas to determine a hospital's star rating. CMS's star rating system is our "north star," and we're proud to be regularly acknowledged in the top third of U.S. hospitals under the Care Compare system.
- [The Joint Commission](#), which accredits hospitals and health systems nationally, provides patient safety information on its website, including its [National Patient Safety Goals](#). Every three years, we participate in a Joint Commission accreditation survey at Dartmouth Hitchcock Medical Center and Clinics, and we have a team that works with local leadership to regularly audit and improve our practices to ensure the safest, highest-quality care across all of our sites. This includes a system team that visits each Dartmouth Health facility at least once per year in between the surveys conducted by The Joint Commission (or the Centers for Medicare & Medicaid Services). This system survey team identifies both opportunities for improvement and best practices to be shared across sites, drawing on our "all-teach, all-learn" philosophy.

## A few thoughts to keep in mind about mainstream hospital surveys:

**They don't always tell the whole story.** While some of the public-facing metrics reported in a study may reflect negatively on a hospital, other metrics often meet or exceed national averages. That's usually the case at DHMC and our clinics.

All surveys represent data reported for **a defined period, usually a year or more in the past**, and may not accurately represent the current situation. Virtually all conditions reported are monitored and addressed in real-time. A reported increase in one condition has often been addressed and reduced by the time the survey is published.

It's also important to remember **the volume and acuity (the severity and complexity of conditions treated) of patients a hospital sees**, as these factors impact the data. DHMC is part of New Hampshire's only academic health system—with a Level 1 trauma center, a nationally ranked cancer center, the state's only Level 3 pediatric emergency service and neonatal intensive care unit, and the state's only air ambulance service, all in a rural setting. DHMC cares for the top 5% of the sickest and most complex patients—a measure known as the "case mix index"—in the nation.

## So what should I look for, and how do I figure this all out?

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There's a lot of information about hospitals and the care we provide, and it can be easy to look at just star ratings or high scores. But to get a complete picture of a hospital's work, focus on some of the following measures:

- **Quality of Care:** Look at the outcomes for specific procedures like heart surgery or joint replacements, the mortality rates for common conditions, and readmission rates, which indicate the effectiveness of the hospital's treatment and discharge planning.
- **Patient Safety:** Look at the hospital's infection rates, rates of complications relative to hospitals caring for similar patients, and any information the hospital provides on safety practices.
- **Care Experience:** Look for information on the ability to communicate with the care team, staff responsiveness, pain management, cleanliness and quietness, and patients' overall satisfaction and willingness to recommend the hospital to others.
- **Nurse-to-patient ratios:** More nurses often means better care. The same is true of access to specialists and advanced technology. These metrics are recognized with accreditation from national organizations like The Joint Commission or Magnet status for nursing excellence from the American Nurses Credentialing Center.
- **Specific Conditions:** Look for hospitals recognized as centers of excellence in their respective specialties. Higher volumes of care usually mean more experience in treating that condition.