

## Accreditation Quality Report







Welcome to the Joint Commission's Quality Report. We know how important reliable information is to you and your family when making health care decisions. This Quality Report will help you make the right decisions to meet your needs. Since 1951, the Joint Commission has been the national leader in setting standards for health care organizations. When a health care organization seeks accreditation, it demonstrates commitment to giving safe, high quality health care and to continually working to improve that care.

The Quality Report is only one way to determine whether a health care organization can meet your needs. Discuss this report with your doctor or with other professional acquaintances before making a care decision. In addition to the accreditation status of the organization, the Quality Report uses checks, pluses, and minuses in each of the following key areas to help you compare a health care organization with similar accredited organizations.

- National Patient Safety Goals safety guidelines that target the prevention of medical errors such as surgery on the wrong side of the body and safe medication use.
- National Quality Improvement Goals measures the care of patients with specific conditions such as heart failure or pregnancy.

Not all measures are relevant to or available for all types of health care organizations. The Joint Commission will add relevant measures of health care quality as more measures become available. Your comments are just as important to us. The content and format of the Quality Report will be updated from time to time based on changes in the health care industry and your suggestions. Please call Customer Service at 630-792-5800 or e-mail the Joint Commission at qualityreport@jointcommission.org with your comments and suggestions.



## **Summary of Quality Information**

#### Symbol Key

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Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	3/26/2022	3/25/2019	3/25/2019
🥝 Hospital	Accredited	3/30/2019	3/29/2019	6/3/2019

#### Accreditation programs recognized by the Centers for Medicare and Medicaid Services (CMS) Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	w Last On-Site Review Date
Acute Stroke Ready Hospital	Certification	6/22/2018	4/20/2018	4/20/2018
🤣 Primary Stroke Center	Certification	12/14/2020	10/15/2020	10/15/2020

#### **Other Accredited Programs/Services**

• Hospital (Accredited by American College of Surgeons-Commission on Cancer (ACoS-COC))

#### **Special Quality Awards**

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2014 Top Performer on Key Quality Measures® 2013 Top Performer on Key Quality Measures® 2012 Top Performer on Key Quality Measures® 2013 Gold Plus Get With The Guidelines - Stroke

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewide		
Behavioral Health Care and Human Services	2016National Patient Safety Goals	Ø	<del>ک</del> *	
Hospital	2019National Patient Safety Goals	Ø	<b>₩</b> *	

The Joint Commission only reports measures endorsed by the National Quality Forum.

Compared to other Joint Commission Accredited



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		Organizations		
		Nationwide	Statewide	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	<b>(10)</b> <sup>2</sup>	2 <sup>2</sup>	
Jan 2019 - Dec 2019	Hospital-Based Inpatient Psychiatric Services	<b>(1</b> ) <sup>2</sup>		
	Perinatal Care	<b>(1</b> ) <sup>2</sup>	<b>1</b>	

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## **Locations of Care**

Locations of Care	Available Services
Cardiac Rehabilitation 350 Seymour Avenue Derby, CT 06418-1336	Services: • Outpatient Clinics (Outpatient)
Charger Health Center School Based Health Center 20 Pulaski Highway Ansonia, CT 06401-2844 Criffin Hospital *	Services: • Eating Disorders (Outpatient) • Outpatient Clinics (Outpatient) Loint Commission Advanced Contification Programs:
Griffin Hospital * 130 Division Street Derby, CT 06418	Joint Commission Advanced Certification Programs: Acute Stroke Ready Hospital Primary Stroke Center Other Clinics/Practices located at this site: Comprehensive Wound Healing Center & Hyperbaric Medicine The Sleep Wellness Center Services: Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult) CT Scanner (Imaging/Diagnostic Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) Dialysis Unit (Inpatient) Ear/Nose/Throat Surgery (Surgical Services) Castroenterology (Surgical Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gastroenterology (Impatient) Inpatient Unit (Inpatient) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Labor & Delivery (Inpatient) Labor & Delivery (Inpatient) Magnetic Resonance Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient) Medical ICU (Intensive Care Unit) Neurosurgery (Surgical Services) Medical ICU (Intensive Care Unit) Neurosurgery (Surgical Services) Medical ICU (Intensive Care Unit) Neurosurgery (Surgical Services) Non-Sterile Medication Compounding (Inpatient)



## **Locations of Care**

* Primary Location	
Locations of Care Griffin Hospital Imaging and Diagnostic Center at Ivy Brook 2 Ivy Brook Road Suite 130 Shelton, CT 06484-6416	Available Services Services: Outpatient Clinics (Outpatient)
Griffin Imaging and Diagnostic Center 110 Commerce Drive Shelton, CT 06484-6244	Services: • Outpatient Clinics (Outpatient)
Griffin Imaging and Diagnostic Center at Quarry Walk 220-1B Main street Oxford, CT 06478-1065	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
Hewitt Center for Breast Wellness 350 Seymour Avenue, Suite 102 Derby, CT 06418-1366	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Infusion Center 350 Seymour Avenue Derby, CT 06418-1336	Other Clinics/Practices located at this site: <ul> <li>Congestive Heart Failure Wellness Clinic</li> </ul> <li>Services: <ul> <li>Administration of Blood Product (Outpatient)</li> <li>Outpatient Clinics (Outpatient)</li> </ul> </li>
Occupational Medicine Center 10 Progress Drive Shelton, CT 06484-6216	Other Clinics/Practices located at this site: <ul> <li>Out Patient Rehabilitation Services</li> </ul> <li>Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul> </li>
Outpatient Psychiatric Services 241, 248, 250 Seymour Avenue Derby, CT 06418-1332	Services: • Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial Hospitalization - Adult) • Community Integration (Non 24 Hour Care)
Outpatient Rehabilitation Services 350 Seymour Avenue Derby, CT 06418-1336	Services: • Outpatient Clinics (Outpatient)
Radiation Oncology 350 Seymour Avenue Derby, CT 06418-1336	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>
Rehabilitation Services at the Griffin Center for Healthy Li 220-2A Main Street Oxford, CT 06478	Services: <ul> <li>Outpatient Clinics (Outpatient)</li> </ul>



## **2016 National Patient Safety Goals**

## **Behavioral Health Care and Human Services**

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.	Use of Two Identifiers	Ø
Improve the safety of using medications.	Reconciling Medication Information	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
The organization identifies safety risks inherent in the population of the individuals it serves.	Identifying Individuals at Risk for Suicide	Ø

### Symbol Key

The organization has met the National Patient Safety Goal.
 The organization has not met the National Patient Safety Goal.
 The Goal is not applicable for this organization.



## **2019 National Patient Safety Goals**

## Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	$\bigcirc$
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø
Improve the safety of using medications.	Labeling Medications	Ø
	Reducing Harm from Anticoagulation Therapy	$\bigcirc$
	Reconciling Medication Information	$\bigcirc$
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Infections that are difficult to treat	$\bigcirc$
	Preventing Central-Line Associated Blood Stream Infections	<u></u>
	Preventing Surgical Site Infections	$\bigcirc$
	Preventing Catheter-Associated Urinary Tract Infection	$\bigcirc$
The organization identifies safety risks inherent in its patient population.	Identifying Individuals at Risk for Suicide	Ø
Universal Protocol	Conducting a Pre-Procedure Verification Process	$\bigcirc$
	Marking the Procedure Site	$\bigcirc$
	Performing a Time-Out	$\bigcirc$

#### Symbol Key

The organization has met the National Patient Safety Cool Patient Safety Goal. The organization has not met the e National Patient Safety Goal. The Goal is not applicable for this organization.



## **National Quality Improvement Goals**

Reporting Period: January 2019 - December 2019

#### Symbol Key

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		Compared to other Joint Commission	
		Accredited O	rganizations
Measure Area	Explanation	Nationwide	Statewide
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	<b>№</b> <sup>2</sup>	<b>1 1 1 1 1 1 1 1 1 1</b>

		Compared to other Joint Commission Accredited Organizations			n	
		N	lationwide		State	wide
Measure Explanation		Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	ktop2 158.00 minutes 733 eligible Patients	55.00	133.00	83.47	151.66

The Joint Commission only reports measures endorsed by the National Quality Forum.

This information can also be viewed at www.hospitalcompare.hhs.gov

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## **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

			o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>™</b> <sup>2</sup>	<b>™</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations					
		Ν	Nationwide			wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:	
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Overall Rate	This measure reports the overall number of patients screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 485 eligible Patients	100%	95%	3	3	

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130 Division Street, Derby, CT

Statewide

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## **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019 Compared to other Joint Commission Accredited Organizations Measure Area Nationwide Explanation Hospital-Based This category of evidenced based measures assesses the **1** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients.

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		Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Children (1-12 years)	This measure reports the number of children age (1-12 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	<b>€€</b> 3	100%	96%	3	3

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## **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

		Compared to Comm	
		Accredited C	rganizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>○</b> <sup>2</sup>	<b>™</b> <sup>2</sup>

		Cor	npared to o Accredit	other Joint ed Organiz		n
		Nationwide			State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adolescent (13-17 years)	This measure reports the number of adolescent age (13-17 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	<b>€</b> 3 	100%	96%	3	3

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Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 <sup>2</sup>	<b>⊘</b> <sup>2</sup>

		Coi	mpared to c Accredite	other Joint ed Organiz		on
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Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Adult (18-64 years)	This measure reports the number of adults age (18-64 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 438 eligible Patients	100%	95%	3	3

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# Reporting Period: January 2019 - December 2019

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		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 <sup>2</sup>	<b>⊘</b> <sup>2</sup>

		Со	mpared to o Accredit	other Joint ed Organiz		on
		١	lationwide		wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Assessment of violence risk, substance use disorder, trauma and patient strengths completed - Older Adult (>= 65 years)	This measure reports the number of older adult (>= 65 years) screened for violence risk to self and others, substance and alcohol use, psychological trauma history and patient strengths. Screening for violence risk to self determines if patients are likely to harm themselves. Screening for violence risk to others determines if patients are likely to harm others. Screening for substance and alcohol use determines if patients need help for their use. Screening for psychological trauma history determines if patients have experienced terrible events in their lives which have left them fearful or anxious and unable to handle their feelings. Screening for patient strengths identifies positive things such as family support, a steady job, housing, etc. which are used to help the patient recover.	100% of 47 eligible Patients	100%	95%	3	3

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## **National Quality Improvement Goals**

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Footnote Key	Hospital-Based Inpatient Psychiatric Services		tegory of evidenced based measures as quality of care given to psychiatric patie		•	2	<b>O</b> <sup>2</sup>	
he Measure or Measure Set was not ported.				Со	npared to c Accredite	other Joint ed Organiz		on
he Measure Set does not have an verall result.				١	lationwide		State	wide
he number of patients is not enough or comparison purposes.	Measure		Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Ave R
The measure meets the Privacy Disclosure Threshold rule. The organization scored above 90% but vas below most other organizations. The Measure results are not statistically with	Multiple Antipsychotic Medications at Discharg Appropriate Justification Overall Rate	-	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should					

valid. The Measure results are based on a sample of patients.

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			at Least:		at Least:	
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Overall Rate	This is a proportion measure. A proportion measure is a measure which shows the number of occurrences over the entire group within which the occurrence should take place. The numerator is expressed as a subset of the denominator. This measure reports the overall number of patients discharged on two or more antipsychotic medications. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a persons capacity to meet lifes everyday demands.	93% of 15 eligible Patients	100%	63%	3	_
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Children Age 1 - 12	This measure reports the number of patients age 1 through 12 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	€ 3 	100%	47%	3	

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130 Division Street, Derby, CT



## **National Quality Improvement Goals**

## Reporting Period: January 2019 - December 2019 Image: Compared to other Joint Commission Accredited Organizations Measure Area Explanation Nationwide Statewide Hospital-Based Inpatient Psychiatric Services This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

		Cor	npared to o Accredit	other Joint ed Organiz		n
	Ν	lationwide		State	wide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adolescents Age 13 - 17	This measure reports the number of patients age 13 through 17 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medications to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>ND</b> <sup>3</sup>	100%	48%	3	3

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide." The Joint Commission only reports measures endorsed by the National Quality Forum.

This information can also be viewed at www.hospitalcompare.hhs.gov

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updated data. **10.** Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

This organization achieved the best

This organization's performance is

similar to the target range/value. This organization's performance is

below the target range/value.

Footnote Key

The Measure or Measure Set was not

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

The Measure results are based on a

The number of months with Measure data is below the reporting requirement. The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

the denominator criteria.

The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

above the target range/value. This organization's performance is

130 Division Street, Derby, CT



## **National Quality Improvement Goals**

Reporting Per	iod: January 2019 - December 2019		
		Comm	o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>⊙</b> <sup>2</sup>	<b>⊙</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations				
		١	lationwide	Ű		ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	0	Top 10% Scored at Least:	Average Rate:
Multiple Antipsychotic Medications at Discharge with Appropriate Justification Adults Age 18 - 64	This measure reports the number of patients age 18 through 64 years discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	93% of 15 eligible Patients	100%	65%	3	3

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130 Division Street, Derby, CT



## **National Quality Improvement Goals**

Reporting Per	iod: January 2019 - December 2019					
				npared to c Commise redited Org	sion	
Measure Area	Explanation		Nationwi	de	Statewide	e
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures ass overall quality of care given to psychiatric patient			)2	<b>O</b> <sup>2</sup>	
		С	ompared to c Accredit	other Joint ed Organiz		n
			Nationwide	Ŭ	State	wide
Measure	Explanation	Hospital	Top 10%	Average Rate:	Top 10%	Ave

The Measure Set does not have an			Ν	lationwide		State	wide
overall result. The number of patients is not enough for comparison purposes.	Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
<ul> <li>The measure meets the Privacy Disclosure Threshold rule.</li> <li>The organization scored above 90% but was below most other organizations.</li> <li>The Measure results are not statistically valid.</li> <li>The Measure results are based on a sample of patients.</li> <li>The number of months with Measure data is below the reporting requirement.</li> <li>The measure results are temporarily suppressed pending resubmission of updated data.</li> <li>Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.</li> <li>There were no eligible patients that met the denominator criteria.</li> </ul>	Multiple Antipsychotic Medications at Discharge with Appropriate Justification Older Adults Age 65 and Older	This measure reports the number of patients age 65 and older discharged on two or more antipsychotic medications for which there was an appropriate justification. Antipsychotic medications are a group of drugs used to treat psychosis. Psychosis is a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. Appropriate justifications include previous attempts to control psychosis with one antipsychotic medication, a plan to reduce the number of antipsychotic medication s to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine.	<b>2</b> 3	100%	56%	3	3
For further information and explanation of the Quality Report contents, refer to the ''Quality Report User Guide.''	Hours of Physical Restraint Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	L.18 (136 Total Hours in Restraint)	N/A	0.48	N/A	0.47

The Joint Commission only reports measures endorsed by the National Quality Forum.

This information can also be viewed at www.hospitalcompare.hhs.gov

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The Measure Set does not have an

130 Division Street, Derby, CT



## **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

			o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>⊙</b> <sup>2</sup>	<b>○</b> <sup>2</sup>

			Compared to other Joint Commission Accredited Organizations				
		١	lationwide			ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag Rate:	
Hours of Physical Restraint Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	<b>600</b> 3	N/A	0.40	3	3	
Hours of Physical Restraint Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	<b>€</b> 3	N/A	0.29	3	3	



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## **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

		Compared to Comm		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	<b>™</b> <sup>2</sup>	<b>O</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				
Measure	Explanation	N Hospital	lationwide			ewide Average
		Results	Scored at Least:	Rate:	Scored at Least:	Rate:
Hours of Physical Restraint Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	O 1.34 (136 Total Hours in Restraint)	N/A	0.56	3	3
Hours of Physical Restraint Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in physical restraints for every 1,000 hours of patient care. Physical restraint is any manual method or physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment for the patient's medical or psychiatric condition.	0.00 (0 Total Hours in Restraint)	N/A	0.09	3	3
Hours of Seclusion Use per 1000 Patient Hours - Overall Rate	This measure reports the total hours patients were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.40	N/A	0.17

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130 Division Street, Derby, CT



## **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

		Compared to Comm	o other Joint hission
		Accredited C	Organizations
Measure Area	Explanation	Nationwide	Statewide
Hospital-Based Inpatient Psychiatric Services	This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.	2 <sup>2</sup>	<b>0</b> <sup>2</sup>

		Compared to other Joint Commission Accredited Organizations					
Measure	Explanation	N Hospital Results	lationwide	Average Rate:	State	ewide Average Rate:	
Hours of Seclusion Use Children Age 1 - 12	This measure reports the number of hours patients age 1 through 12 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	<b>₩</b> 93 	N/A	0.69	<u></u> 3	3	
Hours of Seclusion Use Adolescents Age 13 - 17	This measure reports the number of hours patients age 13 through 17 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	<mark>№0</mark> 3 	N/A	0.21	<sup>3</sup>	3	
Hours of Seclusion Use Adults Age 18 - 64	This measure reports the number of hours patients age 18 through 64 years were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.45	<u></u> 3	3	
Hours of Seclusion Use Older Adults Age 65 and Older	This measure reports the number of hours patients age 65 and older were kept in seclusion for every 1,000 hours of patient care. Seclusion is the involuntary confinement of a patient alone in a room or an area where the patient is physically prevented from leaving.	0.00 (0 Total Hours in Seclusion)	N/A	0.08	<sup>3</sup>	3	



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updated data. **10.** Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.

This organization achieved the best

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above the target range/value. This organization's performance is

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Footnote Key

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the denominator criteria.

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The measure meets the Privacy Disclosure Threshold rule.

The Measure Set does not have an

130 Division Street, Derby, CT



## **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

		Compared to other Joint Commission		
		Accredited Organizations		
Measure Area	Explanation	Nationwide	Statewide	
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	<b>2</b>	<b>™</b> <sup>2</sup>	

		Compared to other Joint Commission Accredited Organizations				
		Nationwide Statew			ewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Antenatal Steroids	This measure reports the overall number of mothers who were at risk of preterm delivery at 24-32 weeks gestation receiving antenatal steroids prior to delivering preterm newborns. Antenatal steroids are steroids given before birth.	۩ <sup>4</sup>	100%	98%	100%	99%
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	33% of 156 eligible Patients	12%	25%	13%	27%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	0% of 56 eligible Patients	0%	2%	0%	1%
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	31% of 379 eligible Patients	73%	51%	56%	51%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	0.00 minutes 492 eligible Patients				

The Joint Commission only reports measures endorsed by the National Quality Forum.

This information can also be viewed at www.hospitalcompare.hhs.gov

Compared to other Joint Commission Accredited Organizations

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## **National Quality Improvement Goals**

#### Reporting Period: January 2019 - December 2019

above the target range/value. This organization's performance is similar to the target range/value.		
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Not displayed	Measure Area	Explanation
	Perinatal Care	This category of evidenced based measures assesses t care of mothers and newborns.
Footnote Key		

		Compared to other Joint Commission Accredited Organizations				
		Nationwide			Statewide	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate	This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are	2235.00 minutes				
	expected to do well and routinely go home with the mother.	492 eligible Patients				
Unexpected Complications in Term Newborns per 1000	The severe rate equals the number of patients with severe complications.	Ð				
livebirths - Severe Rate		2235.00 minutes 492 eligible Patients				

The Joint Commission only reports measures endorsed by the National Quality Forum.

This information can also be viewed at www.hospitalcompare.hhs.gov Null value or data not displayed.

#### Symbol Key

This organization achieved the best ossible results ↔↔< This organization's performance is

- 1. The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- 4. The measure meets the Privacy Disclosure Threshold rule.
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- 7. The Measure results are based on a sample of patients.
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