



# 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](mailto:qualityreport@jointcommission.org) with your comments and suggestions.



## Summary of Quality Information

### Symbol Key 1

- This organization achieved the best possible results.
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- This Measure is not applicable for this organization.
- Not displayed

### Footnote Key

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.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

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	Last On-Site Review Date
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

- 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	2016 National Patient Safety Goals		*
Hospital	2019 National Patient Safety Goals		*
Reporting Period: Apr 2020 - Mar 2021	National Quality Improvement Goals:		
	Perinatal Care	<sup>2</sup>	<sup>2</sup>



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



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>Cancer Center</b> 350 Seymour Avenue Derby, CT 06418-1336	<b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>• Cardiac Rehabilitation</li> <li>• Infusion Center</li> <li>• Outpatient Rehabilitation Services</li> <li>• Radiation Oncology</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>• Administration of Blood Product (Outpatient)</li> <li>• Outpatient Clinics (Outpatient)</li> </ul>
<b>Griffin Hospital *</b> 130 Division Street Derby, CT 06418	<b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"> <li>• Primary Stroke Center</li> </ul> <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>• Comprehensive Wound Healing Center &amp; Hyperbaric Medicine</li> <li>• Digestive Disorders Center</li> <li>• Same Day Surgery</li> <li>• The Sleep Wellness Center</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>• Behavioral Health (24-hour Acute Care/Crisis Stabilization - Adult)</li> <li>• CT Scanner (Imaging/Diagnostic Services)</li> <li>• Dialysis Unit (Inpatient)</li> <li>• Ear/Nose/Throat Surgery (Surgical Services)</li> <li>• EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>• Gastroenterology (Surgical Services)</li> <li>• GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>• Gynecological Surgery (Surgical Services)</li> <li>• Gynecology (Inpatient)</li> <li>• Inpatient Unit (Inpatient)</li> <li>• Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services)</li> <li>• Labor &amp; Delivery (Inpatient)</li> <li>• Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>• Medical /Surgical Unit (Inpatient)</li> <li>• Medical ICU (Intensive Care Unit)</li> <li>• Neurosurgery (Surgical Services)</li> <li>• Non-Sterile Medication Compounding (Inpatient)</li> <li>• Normal Newborn Nursery (Inpatient)</li> <li>• Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>• Ophthalmology (Surgical Services)</li> <li>• Orthopedic Surgery (Surgical Services)</li> <li>• Outpatient Clinics (Outpatient)</li> <li>• Pediatric Otolaryngology (Outpatient - Child/Youth)</li> <li>• Plastic Surgery (Surgical Services)</li> <li>• Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>• Sleep Laboratory (Sleep Laboratory)</li> <li>• Sterile Medication Compounding (Inpatient)</li> <li>• Surgical ICU (Intensive Care Unit)</li> <li>• Thoracic Surgery (Surgical Services)</li> <li>• Ultrasound (Imaging/Diagnostic Services)</li> <li>• Urology (Surgical Services)</li> <li>• Vascular Surgery (Surgical Services)</li> </ul>



## Locations of Care




### \* Primary Location

Locations of Care	Available Services
<b>Griffin Hospital Imaging and Diagnostic Center at Ivy Brook</b> 2 Ivy Brook Road Suite 130 Shelton, CT 06484-6416	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Griffin Imaging and Diagnostic Center</b> 110 Commerce Drive Shelton, CT 06484-6244	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Griffin Imaging and Diagnostic Center at Quarry Walk</b> 220-1B Main street Oxford, CT 06478-1065	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Hewitt Center for Breast Wellness</b> 350 Seymour Avenue, Suite 102 Derby, CT 06418-1366	<b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Positron Emission Tomography (PET)</li> <li>Radiology Bone Density</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>
<b>Occupational Medicine Center</b> 10 Progress Drive Shelton, CT 06484-6216	<b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Outpatient Rehabilitation Services</li> <li>Radiology Services</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Outpatient Psychiatric Services</b> 241, 248, 250 Seymour Avenue Derby, CT 06418-1332	<b>Services:</b> <ul style="list-style-type: none"> <li>Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial Hospitalization - Adult)</li> </ul>
<b>Rehabilitation Services at the Griffin Center for Healthy Li</b> 220-2A Main Street Oxford, CT 06478	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>







## 2016 National Patient Safety Goals

### Symbol Key 3

-  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.

### Behavioral Health Care and Human Services




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

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."



















## 2019 National Patient Safety Goals

### Symbol Key 3

-  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.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."

### Hospital

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



## National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

### Symbol Key 2

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

### Footnote Key

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.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

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.	2	2

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide	Average Rate:	Statewide	Average Rate:
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.	 36% of 102 eligible Patients	16%	25%	19%	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 29 eligible Patients	0%	2%	0%	2%
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.	 32% of 338 eligible Patients	71%	50%	58%	50%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	 307% of 325 eligible Patients	212%	1780%	307%	1162%
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 expected to do well and routinely go home with the mother.	 1846% of 325 eligible Patients	1508%	3084%	1260%	3235%



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."



## National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

### Symbol Key 2

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is similar to the target range/value.
- This organization's performance is below the target range/value.
- Not displayed

### Footnote Key

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.
5. The organization scored above 90% but was below most other organizations.
6. The Measure results are not statistically valid.
7. The Measure results are based on a sample of patients.
8. The number of months with Measure data is below the reporting requirement.
9. The measure results are temporarily suppressed pending resubmission of updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

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.	2	2

Compared to other Joint Commission Accredited Organizations

Measure	Explanation	Compared to other Joint Commission Accredited Organizations				
		Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	 1538% of 325 eligible Patients	501%	1303%	519%	2073%



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

\* This information can also be viewed at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov)

---- Null value or data not displayed.

For further information and explanation of the Quality Report contents, refer to the "Quality Report User Guide."