

# Middlesex Hospital DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

# Accreditation Quality Report





Version: 7 Date: 7/13/2017





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.

Mark R. Chassin, MD, MPP, MPH President of the Joint Commission Symbol Key

ossible results.

organization. Not displayed

reported.

valid.

sample of patients.

updated data.

Test Measure: a measure being evaluated for reliability of the

the denominator criteria.

Report User Guide."

overall result.

Φ

Ø

This organization achieved the best

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

Footnote Key

1. The Measure or Measure Set was not

The Measure Set does not have an

The number of patients is not enough for comparison purposes.
 The measure meets the Privacy Disclosure Threshold rule.
 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

individual data elements or awaiting
National Quality Forum Endorsement.

11. There were no eligible patients that met

Org ID: 5673



28 Crescent Street, Middletown, CT





# **Summary of Quality Information**

| Accreditation Programs | <b>Accreditation Decision</b> | Effective<br>Date | Last Full Survey<br>Date | Last On-Site<br>Survey Date |
|------------------------|-------------------------------|-------------------|--------------------------|-----------------------------|
| Behavioral Health Care | Accredited                    | 5/2/2014          | 4/12/2017                | 4/12/2017                   |
| Home Care              | Accredited                    | 5/3/2014          | 4/14/2017                | 4/14/2017                   |
| Hospital               | Accredited                    | 5/3/2014          | 4/14/2017                | 5/31/2017                   |

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

Hospital

| Advanced Certification Programs | <b>Certification Decision</b> | Effective<br>Date    | Last Full Review<br>Date | v Last On-Site<br>Review Date |
|---------------------------------|-------------------------------|----------------------|--------------------------|-------------------------------|
| Primary Stroke Center           | Certification                 | 7/1/2016             | 6/30/2016                | 6/30/2016                     |
| Certified Programs              | <b>Certification Decision</b> | <b>Effective</b>     | <b>Last Full Review</b>  | v Last On-Site                |
|                                 |                               | Date                 | Date                     | <b>Review Date</b>            |
| O Joint Replacement - Hip       | Certification                 | <b>Date</b> 6/9/2016 | <b>Date</b> 6/8/2016     | Review Date 6/8/2016          |

#### **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®

2012 Top Performer on Key Quality Measures®

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

2014 Hospital Magnet Award

2012 ACS National Surgical Quality Improvement Program

2012 Gold Get With The Guidelines - Heart Failure

|                              |                                   | Compared to other Joint<br>Organiz |            |
|------------------------------|-----------------------------------|------------------------------------|------------|
|                              |                                   | Nationwide                         | Statewide  |
| Behavioral<br>Health<br>Care | 2014National Patient Safety Goals | Ø                                  | <b>@</b> * |

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

28 Crescent Street, Middletown, CT

Org ID: 5673







# **Summary of Quality Information**

|                        |                                               | Compared to other Joint Commission Accredited Organizations |           |  |
|------------------------|-----------------------------------------------|-------------------------------------------------------------|-----------|--|
|                        |                                               | Nationwide                                                  | Statewide |  |
| Home Care              | 2014National Patient Safety Goals             | Ø                                                           | N/A *     |  |
| Hospital               | 2014National Patient Safety Goals             | Ø                                                           | N/A *     |  |
|                        | National Quality Improvement Goals:           |                                                             |           |  |
| Reporting<br>Period:   | Emergency Department                          | ND <sup>2</sup>                                             | ND 2      |  |
| Oct 2015 -<br>Sep 2016 | Hospital-Based Inpatient Psychiatric Services | <b>№</b> 2                                                  | ND 2      |  |
|                        | Immunization                                  | ND 2                                                        | ND 2      |  |
|                        | Perinatal Care                                | ND 2                                                        | ND 2      |  |
|                        | Stroke Care                                   | ND 2                                                        | NO 2      |  |
|                        | Venous Thromboembolism (VTE)                  | 2                                                           | ND 2      |  |

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

# Symbol Key

- 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
- suppressed pending resubmission or 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.



DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT







# **Locations of Care**

| * Primary Location                                                                                                                     |                                                                                                                                                                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Locations of Care                                                                                                                      | Available Services                                                                                                                                                                                                   |
| Center for Behavioral Health DBA: Adult Outpatient Services 21 Pleasant Street Middletown, Ct. Middletown, CT 06457                    | Services:  • Behavioral Health (Non 24 Hour Care - Adult)                                                                                                                                                            |
| Center for Behavioral Health Day Treatment Program DBA: Behavioral Health Day Treatment 33 Pleasant Street Middletown, CT 06457        | Services:  • Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult) (Partial - Adult)                                                                                                                   |
| Center for Behavioral<br>Health Family Advocacy<br>Program<br>DBA: outpatient<br>behavioral<br>51 Broad Street<br>Middletown, CT 06457 | Other Clinics/Practices located at this site:  • There is no additional site  Services:  • Behavioral Health (Non 24 Hour Care - Child/Youth)  • In-Home Behavioral Health Services (Non 24 Hour Care - Child/Youth) |
| Center for Behavioral Health Outpatient DBA: OutPatient Center for Behavioral Health 103 South Main Street Middletown, CT 06457        | Services:  • Behavioral Health (Non 24 Hour Care - Adult)                                                                                                                                                            |

28 Crescent Street, Middletown, CT

Org ID: 5673







# **Locations** of Care

154 Main Street, Old

90 South Main Street

Middletown, CT 06457

Old Saybrook, CT 06475 **Middlesex Hospital Family Medicine** 

Saybrook

#### \* Primary Location **Available Services Locations of Care** Middlesex Hospital \* **Joint Commission Advanced Certification Programs:** DBA: General Acute • Primary Stroke Center 28 Crescent Street Middletown, CT 06457 **Joint Commission Certified Programs:** Joint Replacement - Hip Joint Replacement - Knee **Services:** • Cardiac Catheterization Lab Normal Newborn Nursery (Surgical Services) (Inpatient) **Nuclear Medicine** Coronary Care Unit (Inpatient) (Imaging/Diagnostic Services) CT Scanner Ophthalmology (Surgical (Imaging/Diagnostic Services) Services) Orthopedic Surgery (Surgical Dialysis Unit (Inpatient) Services) Orthopedic/Spine Unit Ear/Nose/Throat Surgery (Surgical Services) (Inpatient) EEG/EKG/EMG Lab Plastic Surgery (Surgical (Imaging/Diagnostic Services) Services) Positron Emission Tomography Gastroenterology (Surgical (PET) (Imaging/Diagnostic Services) Services) • GI or Endoscopy Lab Post Anesthesia Care Unit (Imaging/Diagnostic (PACU) (Inpatient) Services) Radiation Oncology Gynecological Surgery (Imaging/Diagnostic Services) (Surgical Services) Sleep Laboratory (Sleep Gynecology (Inpatient) Laboratory) Hematology/Oncology Unit Surgical ICU (Intensive Care (Inpatient) Unit) Inpatient Unit (Inpatient) Surgical Unit (Inpatient) Teleradiology Interventional Radiology (Imaging/Diagnostic (Imaging/Diagnostic Services) Services) Thoracic Surgery (Surgical Labor & Delivery (Inpatient) Services) Magnetic Resonance Ultrasound Imaging (Imaging/Diagnostic (Imaging/Diagnostic Services) **Urology (Surgical Services)** Services) Medical /Surgical Unit Vascular Surgery (Surgical (Inpatient) Services) Medical ICU (Intensive Care Neurosurgery (Surgical Services) Middlesex Hospital Behavioral Health, Old **Services:** Saybrook

• Behavioral Health (Non 24 Hour Care - Adult)

• Single Specialty Practitioner (Outpatient)

**Services:** 



DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT







# **Locations of Care**

| Locations of Care                                                                                                                             | Available Services                                                                                                                  |     |
|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-----|
| Middlesex Hospital<br>Family Medicine<br>42 East High Street<br>East Hampton, CT 06424                                                        | Services:  • Outpatient Clinics (Outpatient)                                                                                        |     |
| Middlesex Hospital Family Medicine DBA: Family Medicine 13 High Street Portland, CT 06480                                                     | Services:  • Single Specialty Practitioner (Outpatient)                                                                             |     |
| Middlesex Hospital Homecare 5 Pequot Park Road Suite 204 Westbrook, CT 06498                                                                  | Services:      • Home Health Aides     • Home Health, Non-Hospice Services     • Medical Social Services     • Occupational Therapy | ogy |
| Middlesex Hospital<br>Homecare<br>770 Saybrook Road<br>Middletown, CT 06457                                                                   | Services:      Home Health Aides     Home Health, Non-Hospice     Services     Medical Social Services     Occupational Therapy     | ogy |
| Middlesex Hospital Homecare Hospice Program DBA: Hospice Unit and Hospice Homecare 28 Crescent Street Middletown, CT 06457                    | Services:                                                                                                                           | ogy |
| Middlesex Hospital Outpatient Center DBA: Outpatient Tests and Treatments, South Campus 534 Saybrook Road Middletown, CT 06457                | Services:  • Outpatient Clinics (Outpatient)                                                                                        |     |
| Middlesex Hospital Physical Rehabilitation in Madison DBA: Outpatient Physical Rehabiliation 1347 Boston Post Road, Madison Madison, CT 06443 | Services:  • Outpatient Clinics (Outpatient)                                                                                        |     |
| Middlesex Hospital Physical Rehabilitation, North Campus DBA: Physical Rehabilitation 512 Saybrook Road, Lower Level Middletown, CT 06457     | Services:  • Outpatient Clinics (Outpatient)                                                                                        |     |



DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT







**Services:** 

**Services:** 

# **Locations of Care**

\* Primary Location

Rehabilitation Services and Hand Therapy

6 Independence Drive

192 Westbrook Road

Essex, CT 06426

Marlborough, CT 06447 Rehabilitation Services and Hand Therapy

Suite 1

| Locations of Care                                                                                                                              | Available Services                           |
|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Middlesex Hospital<br>Shoreline Medical<br>Center<br>250 Flat Rock Place<br>Westbrook, CT 06498                                                | Services:  • Anesthesia (Outpatient)         |
| Middlesex Medical Center Marlborough 14 Jones Hollow Road Marlborough, CT 06447                                                                | Services:  • Anesthesia (Outpatient)         |
| Middlesex<br>MultiSpecialty Group<br>80 South Main Street<br>Middletown, CT 06457                                                              | Services:  • Outpatient Clinics (Outpatient) |
| Middlesex Surgical<br>Center<br>530 Saybrook Road<br>Middletown, CT 06457                                                                      | Services:                                    |
| Physical Rehabilitation<br>Center of Old Saybrook<br>DBA: Physical<br>Rehabilitation Center<br>1687 Boston Post Road<br>Old Saybrook, CT 06475 | Services:  • Outpatient Clinics (Outpatient) |

• Outpatient Clinics (Outpatient)

• Outpatient Clinics (Outpatient)

28 Crescent Street, Middletown, CT

Org ID: 5673







# **2014 National Patient Safety Goals**

### 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.

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

### **Behavioral Health Care**

| 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           |

28 Crescent Street, Middletown, CT

Org ID: 5673







# **2014 National Patient Safety Goals**

#### **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.

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

### **Home Care**

| Safety Goals                                                                 | Organizations Should                          | Implemented |
|------------------------------------------------------------------------------|-----------------------------------------------|-------------|
| Improve the accuracy of patient identification.                              | Use of Two Patient 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           |
| Reduce the risk of patient harm resulting from falls.                        | Implementing a Fall Reduction Program         | Ø           |
| The organization identifies safety risks inherent in its patient population. | Identifying Risks Associated with Home Oxygen | Ø           |

Org ID: 5673





28 Crescent Street, Middletown, CT





# **2014 National Patient Safety Goals**

#### **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.

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                             | Ø           |
|                                                                              | Eliminating Transfusion Errors                             | Ø           |
| 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                 | Ø           |
|                                                                              | Reconciling Medication Information                         | Ø           |
| Use Alarms Safely                                                            | Use Alarms Safely on Medical Equipment                     | Ø           |
| Reduce the risk of health care-associated infections.                        | Meeting Hand Hygiene Guidelines                            | Ø           |
|                                                                              | Preventing Multi-Drug Resistant Organism Infections        | Ø           |
|                                                                              | Preventing Central-Line Associated Blood Stream Infections | 8888        |
|                                                                              | Preventing Surgical Site Infections                        | Ø           |
|                                                                              | Preventing Catheter-Associated Urinary Tract Infection     | Ø           |
| 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            | Ø           |
|                                                                              | Marking the Procedure Site                                 | Ø           |
|                                                                              | Performing a Time-Out                                      | Ø           |

DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

Org ID: 5673

Compared to other Joint







# **National Quality Improvement Goals**

Reporting Period: October 2015 - September 2016

|                         |                                                                                                                                               | Commission               |                |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------|
|                         |                                                                                                                                               | Accredited Organizations |                |
| Measure Area            | Explanation                                                                                                                                   | Nationwide               | Statewide      |
| Emergency<br>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>    | © <sup>2</sup> |

|                                                                            |                                                                                                                                                                                                                       | Compared to other Joint Commission Accredited Organizations Nationwide Statewide |                               |                         |                               |                         |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------|-------------------------|-------------------------------|-------------------------|
| Measure                                                                    | Explanation                                                                                                                                                                                                           | Hospital<br>Results                                                              | Top 10%<br>Scored<br>at Most: | Weighte<br>d<br>Median: | Top 10%<br>Scored<br>at Most: | Weighte<br>d<br>Median: |
| Admit Decision Time to ED<br>Departure Time for Admitted<br>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. | 130.00 minutes<br>575 eligible<br>Patients                                       | 53.00                         | 124.00                  | 98.88                         | 147.61                  |
| Median Time from ED Arrival<br>to ED Departure for Admitted<br>ED Patients | The amount of time (in minutes) from the time the patient arrives in the Emergency Department until the patient is admitted as an inpatient into the hospital.                                                        | 327.00 minutes<br>576 eligible<br>Patients                                       | 202.00                        | 311.00                  | 273.83                        | 340.73                  |

- 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 above the target range/value.
- This organization's performance is Ø
- similar to the target range/value. This organization's performance is
- below the target range/value.
- lot displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

Org ID: 5673







# **National Quality Improvement Goals**

Reporting Period: October 2015 - September 2016

Compared to other Joint Commission Accredited Organizations

|                                                     |                                                                                                               | Accredited Organizations |                       |  |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|--|
| Measure Area                                        | Explanation                                                                                                   | Nationwide               | Statewide             |  |
| Hospital-Based<br>Inpatient Psychiatric<br>Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | © <sup>2</sup>           | <b>№</b> <sup>2</sup> |  |

|                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Compared to other Joint Commission Accredited Organizations |                                |                  |                                | n                |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|------------------|--------------------------------|------------------|
|                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                                                           | Nationwide                     |                  | State                          | wide             |
| Measure                                                                                                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Hospital<br>Results                                         | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>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 713 eligible Patients                               | 100%                           | 94%              | 100%                           | 94%              |

- 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 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

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- 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.
- 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.
- There were no eligible patients that met the denominator criteria.

DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

Org ID: 5673



Measure Area

Hospital-Based

Services

Inpatient Psychiatric





# **National Quality Improvement Goals**

#### Reporting Period: October 2015 - September 2016

Compared to other Joint **Accredited Organizations** Nationwide Statewide

**№** 2

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

Symbol Kev

ossible results

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

This organization achieved the best

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

ot displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- 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."

|                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Compared to other Joint Commission Accredited Organizations |                  |         |                  |       |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------|---------|------------------|-------|
| Measure                                                                                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Hospital                                                    | Nationwide       | Average | State Top 10%    |       |
| oaoa.o                                                                                                            | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Results                                                     | Scored at Least: | Rate:   | Scored at Least: | 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 637 eligible Patients                               | 100%             | 94%     | 100%             | 94%   |

Explanation

This category of evidenced based measures assesses the

overall quality of care given to psychiatric 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.

DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

Org ID: 5673







# **National Quality Improvement Goals**

#### Reporting Period: October 2015 - September 2016

Measure Area

Explanation

Measure Area

Explanation

Nationwide

Statewide

This category of evidenced based measures assesses the Inpatient Psychiatric Services

This category of evidenced based measures assesses the overall quality of care given to psychiatric patients.

|                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Compared to other Joint Commission Accredited Organizations Nationwide Statewide |      |                  |                          |     |
|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------|------------------|--------------------------|-----|
| Measure                                                                                                                 | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Hospital<br>Results                                                              |      | Average<br>Rate: | Top 10% Scored at Least: |     |
| 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<br>76 eligible<br>Patients                                               | 100% | 92%              | 100%                     | 89% |

- 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 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.
- below the target range/value.
- Not displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

Org ID: 5673







# **National Quality Improvement Goals**

Reporting Period: October 2015 - September 2016

Compared to other Joint **Accredited Organizations** 

Measure Area Nationwide Statewide Explanation Hospital-Based This category of evidenced based measures assesses the **№** 2 Inpatient Psychiatric overall quality of care given to psychiatric patients. Services

|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Compared to other Joint Commission Accredited Organizations |            |            |           | on    |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|------------|------------|-----------|-------|
|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | Nationwide | eu Organiz |           | ewide |
| Measure                                                                                           | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Hospital                                                    |            | Average    | Top 10%   |       |
|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Results                                                     | Scored     | Rate:      | Scored    | Rate: |
|                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                             | 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.                                                                                                                                         | 100% of 31 eligible Patients                                | 100%       | 62%        | 100%      | 64%   |
| 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 to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | 100% of<br>27 eligible<br>Patients                          | 100%       | 63%        | 100%      | 66%   |

- 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 Kev

- This organization achieved the best possible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is
- below the target range/value.
- ot displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

Org ID: 5673

Compared to other Joint







# **National Quality Improvement Goals**

#### Reporting Period: October 2015 - September 2016

|                                                     |                                                                                                               | Commission               |            |  |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------|------------|--|
|                                                     |                                                                                                               | Accredited Organizations |            |  |
| Measure Area                                        | Explanation                                                                                                   | Nationwide               | Statewide  |  |
| Hospital-Based<br>Inpatient Psychiatric<br>Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | <b>№</b> <sup>2</sup>    | <b>№</b> 2 |  |

| Services                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |             |                           |                                |      |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------|---------------------------|--------------------------------|------|
|                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Соі                                      | mpared to c | other Joint<br>ed Organiz |                                | on   |
|                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | Nationwide  | eu Organiz                |                                | wide |
| Measure                                                                                                      | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Hospital<br>Results                      |             | Average<br>Rate:          | Top 10%<br>Scored<br>at Least: |      |
| 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 to one antipsychotic medication or the addition of an antipsychotic medication when the patient is also being treated with Clozapine. | 100% of<br>4 eligible<br>Patients        | 100%        | 56%                       | 3                              | 3    |
| Hours of Physical Restraint<br>Use per 1000 Patient Hours -<br>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.                                                                                                                                        | 0.15<br>(23 Total Hours<br>in Restraint) | N/A         | 0.49                      | N/A                            | 0.52 |

- 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 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**

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

Org ID: 5673

Compared to other Joint







# **National Quality Improvement Goals**

### Reporting Period: October 2015 - September 2016

|                                                     |                                                                                                               | Commission               |                       |  |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------|-----------------------|--|
|                                                     |                                                                                                               | Accredited Organizations |                       |  |
| Measure Area                                        | Explanation                                                                                                   | Nationwide               | Statewide             |  |
| Hospital-Based<br>Inpatient Psychiatric<br>Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | © <sup>2</sup>           | <b>№</b> <sup>2</sup> |  |

|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Compared to other Joint Commission Accredited Organizations |                                |                  |                                | on               |  |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|------------------|--------------------------------|------------------|--|
|                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Nationwide                                                  |                                |                  | Statewide                      |                  |  |
| Measure                                                             | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Hospital<br>Results                                         | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |  |
| Hours of Physical Restraint<br>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. | 0.16<br>(21 Total Hours<br>in Restraint)                    | N/A                            | 0.53             | N/A                            | 0.54             |  |
| Hours of Physical Restraint<br>Use Older Adults Age 65 and<br>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.        | 0.08 (2 Total Hours in Restraint) <sup>3</sup>              | N/A                            | 0.38             | N/A                            | 0.68             |  |
| Hours of Seclusion Use per<br>1000 Patient Hours - Overall<br>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.                                                                                                                                                                                                                                                                                                         | 0.06<br>(9 Total Hours<br>in Seclusion)                     | N/A                            | 0.36             | N/A                            | 0.18             |  |

- 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 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

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

Org ID: 5673







# **National Quality Improvement Goals**

Reporting Period: October 2015 - September 2016

Compared to other Joint Commission Accredited Organizations

|                                                     |                                                                                                               | Accredited Organizations |            |  |
|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------|------------|--|
| Measure Area                                        | Explanation                                                                                                   | Nationwide               | Statewide  |  |
| Hospital-Based<br>Inpatient Psychiatric<br>Services | This category of evidenced based measures assesses the overall quality of care given to psychiatric patients. | <b>©</b> 2               | <b>№</b> 2 |  |

|                                                         |                                                                                                                                                                                                                                                                                  | Compared to other Joint Commission Accredited Organizations |                                |                  |                                | n                |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|------------------|--------------------------------|------------------|
|                                                         |                                                                                                                                                                                                                                                                                  | ١                                                           | Nationwide                     |                  | State                          | wide             |
| Measure                                                 | Explanation                                                                                                                                                                                                                                                                      | Hospital<br>Results                                         | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| Hours of Seclusion Use Adults<br>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. | 0.07<br>(9 Total Hours<br>in Seclusion)                     | N/A                            | 0.41             | N/A                            | 0.18             |
| Hours of Seclusion Use Older<br>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.        | 0.02<br>(0 Total Hours<br>in Seclusion) <sup>3</sup>        | N/A                            | 0.08             | N/A                            | 0.01             |

- 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 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

- The Measure or Measure Set was not reported.
- 2. The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

Org ID: 5673



Measure Area

**Immunization** 





# **National Quality Improvement Goals**

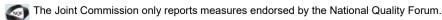
### Reporting Period: October 2015 - September 2016

Compared to other Joint **Accredited Organizations** Nationwide Statewide This evidence-based prevention measure set assesses

|                        |                                                                                                                                                                                                               | Compared to other Joint Commission Accredited Organizations Nationwide Statewide |                                |     |                                |                  |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------|-----|--------------------------------|------------------|
| Measure                | Explanation                                                                                                                                                                                                   | Hospital<br>Results                                                              | Top 10%<br>Scored<br>at Least: | 0   | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| Influenza Immunization | This prevention measure addresses acute care hospitalized inpatients age 6 months and older who were screened for seasonal influenza immunization status and were vaccinated prior to discharge if indicated. | 97% of 787 eligible Patients                                                     | 100%                           | 94% | 99%                            | 94%              |

Explanation

immunization activity for pneumonia and influenza.



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

### Symbol Kev

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.
- This organization's performance is Ø similar to the target range/value.
- This organization's performance is
- below the target range/value.
- lot displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

Org ID: 5673







# **National Quality Improvement Goals**

Reporting Period: October 2015 - September 2016

Compared to other Joint **Accredited Organizations** 

| Measure Area   | Explanation                                                                          | Nationwide | Statewide  |  |
|----------------|--------------------------------------------------------------------------------------|------------|------------|--|
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | <b>№</b> 2 | <b>№</b> 2 |  |

|                               |                                                                                                                                                                                                                                                                                                                                                                                                         | Compared to other Joint Commission Accredited Organizations |                                |                  |                                |                  |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|------------------|--------------------------------|------------------|
|                               |                                                                                                                                                                                                                                                                                                                                                                                                         | Nationwide                                                  |                                | Statewide        |                                |                  |
| Measure                       | Explanation                                                                                                                                                                                                                                                                                                                                                                                             | Hospital<br>Results                                         | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>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.                                                                                                                                                                 | 67% of 3 eligible Patients <sup>3</sup>                     | 100%                           | 98%              | 100%                           | 97%              |
| 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. | 2% of<br>85 eligible<br>Patlents                            | 0%                             | 2%               | 0%                             | 3%               |
| 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.                                                                                | 65% of<br>977 eligible<br>Patients                          | 75%                            | 53%              | 65%                            | 54%              |



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.

- This organization achieved the best ossible results
- This organization's performance is above the target range/value.

**Symbol Key** 

- This organization's performance is Ø similar to the target range/value.
- This organization's performance is below the target range/value.
- lot displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

DBA: General Acute Care Hospital,28 Crescent Street, Middletown, CT

Org ID: 5673







# **National Quality Improvement Goals**

#### Reporting Period: October 2015 - September 2016

Compared to other Joint Commission
Accredited Organizations

Measure Area Explanation Nationwide Statewide

Stroke Care This category of evidence based measures assesses the overall quality of care provided to Stroke (STK) patients.

|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Compared to other Joint Commission Accredited Organizations |                                |                  |                                |                  |  |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------|------------------|--------------------------------|------------------|--|
|                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                             |                                |                  | State                          | Statewide        |  |
| Measure              | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Hospital<br>Results                                         | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |  |
| Thrombolytic Therapy | Acute ischemic stroke patients who receive a medicine that breaks up blood clots (thrombolytic therapy) within 180 minutes of stroke symptom onset. This measure reports how quickly ischemic stroke patients were given a medication that breaks up blood clots (thrombolytic therapy). Breaking up blood clots increases blood flow to the brain. If blood flow is returned to the brain quickly during a stroke, the risk of brain damage and loss of physical function is decreased. The medicine that breaks up clots in the arteries and allows the return of normal blood flow is called thrombolytic therapy or "t-PA". It is important that this medicine beginn the loss of plants and allowed the patients of the proposed. | 100% of<br>5 eligible<br>Patients                           | 100%                           | 90%              | 100%                           | 91%              |  |

- 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.

### below the target range/value. Not displayed

Footnote Key

Symbol Kev

possible results

Ø

This organization achieved the best

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

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy
- Disclosure Threshold rule.

  The organization scored above 90% but
- was below most other organizations.

  The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.

DBA: General Acute Care Hospital, 28 Crescent Street, Middletown, CT

Org ID: 5673

Compared to other Joint







# **National Quality Improvement Goals**

#### Reporting Period: October 2015 - September 2016

|                 |                                                             | Commission               |            |  |
|-----------------|-------------------------------------------------------------|--------------------------|------------|--|
|                 |                                                             | Accredited Organizations |            |  |
| Measure Area    | Explanation                                                 | Nationwide               | Statewide  |  |
| Venous          | This category of evidence-based measures assesses the       | <b>2</b> 2               | <b>~</b> 2 |  |
| Thromboembolism | overall quality of care related to prevention and treatment | <b>№</b> <sup>2</sup>    | ND 2       |  |
| (VTE)           | of blood clots.                                             |                          |            |  |

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Compared to other Joint Commission<br>Accredited Organizations<br>Nationwide Statewide |                                |       |                                |                  |
|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------|-------|--------------------------------|------------------|
| Measure                    | Explanation                                                                                                                                                                                                                                                                                                                                                                                                                                        | Hospital<br>Results                                                                    | Top 10%<br>Scored<br>at Least: | Rate: | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| VTE Discharge Instructions | Patients with blood clots who were discharged to home, home with home health, home hospice or discharged/transferred to court/law enforcement on a blood thinning medication with written information. This measure reports the percent of patients who went home on warfarin who received instructions about compliance issues, dietary advice, follow-up monitoring and information about the potential for adverse drug reactions/interactions. | 100% of<br>30 eligible<br>Patients                                                     | 100%                           | 93%   | 100%                           | 94%              |

- 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.
- ---- Null value or data not display

### Symbol Key

- 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.
- below the target range/value.
- Not displayed

#### Footnote Key

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- The number of patients is not enough for comparison purposes.
- The measure meets the Privacy Disclosure Threshold rule.
- The organization scored above 90% but was below most other organizations.
- The Measure results are not statistically valid.
- 7. The Measure results are based on a sample of patients.
- The number of months with Measure data is below the reporting requirement.
- 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.
- There were no eligible patients that met the denominator criteria.