

DBA: "The Rockville General Hospital Incorporated", 31 Union Street, Vernon Rockville, CT

Org ID: 5689

# Accreditation Quality Report





Version: 5 Date: 7/2/2019



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

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## **Summary of Quality Information**

<b>Accreditation Programs</b>	<b>Accreditation Decision</b>	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care	Accredited	5/17/2018	2/27/2018	5/31/2019
Hospital	Accreditation with Follow-up Survey	6/20/2019	2/28/2018	6/20/2019

<b>Advanced Certification</b>	<b>Certification Decision</b>	<b>Effective</b>	<b>Last Full Review Last On-Sit</b>		
Programs		Date	Date	<b>Review Date</b>	
Primary Stroke Center	Certification	6/13/2018	6/12/2018	6/12/2018	

#### **Special Quality Awards**

2014 Top Performer on Key Quality Measures®

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewi		
Behavioral Health Care	2019National Patient Safety Goals	Ø	<b>@</b> *	
Hospital	2019National Patient Safety Goals	Ø	N/A *	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	<b>№</b> <sup>2</sup>	<b>№</b> 2	
Jan 2018 - Dec 2018	Immunization	<b>(40)</b> 2	<b>№</b> <sup>2</sup>	

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**

- The Measure or Measure Set was not reported.
- The Measure Set does not have an overall result.
- 3. The number of patients is not enough for comparison purposes.
- 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.
- The measure results are temporarily suppressed pending resubmission of updated data.
- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- 11. There were no eligible patients that met the denominator criteria.

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

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## **Locations of Care**

Locations of Care	Available Services
Big Sky Fitness DBA: Rehab at Big Sky Fitness 47 Hartford Turnpike Vernon Rockville, CT 06066	Services:  • Outpatient Clinics (Outpatient)
South Windsor 2800 Tamarack Ave., Suite 105 South Windsor, CT 06074	Services:  • Urgent Care (Outpatient)
Ellington Y DBA: Rehab at Ellington Y 11 Pinney Street Ellington, CT 06029	Services:  • Single Specialty Practitioner (Outpatient)
Evergreen Imaging 2800 Tamarack Avenue, Suite 2 South Windsor, CT 06074	Other Clinics/Practices located at this site:  • ECHN Urgent Care at South Windsor, Suite 105  Services:  • Outpatient Clinics (Outpatient)
Prospect Rockville Hospital * DBA: Rockville General Hospital 31 Union Street Vernon Rockville, CT 06066	Primary Stroke Center  Services:

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## **Locations of Care**

#### \* Primary Location

Locations of Care
Womens Center for

2600 Tamarack Rd South Windsor, CT 06074

### Available Services

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#### **Services:**

- Outpatient Clinics (Outpatient)
- Perform Invasive Procedure (Outpatient)

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## **2019 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

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## **2019 National Patient Safety Goals**

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## 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	8 8
Reduce the harm associated with clinical alarm systems.	Use Alarms Safely on Medical Equipment	Ø
Reduce the risk of health care-associated infections.	Meeting Hand Hygiene Guidelines	Ø
	Preventing Infections that are difficult to treat	Ø
	Preventing Central-Line Associated Blood Stream Infections	8000
	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

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## **National Quality Improvement Goals**

#### Reporting Period: January 2018 - December 2018

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

		Compared to other Joint Commission Accredited Organizations				n
		١	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	ND 2  144.00 minutes 499 eligible Patients	56.00	137.00	97.91	172.82
Median Time from ED Arrival to ED Departure for Admitted 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.	338.00 minutes 499 eligible Patients	207.00	321.00	280.53	351.41

- 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.

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Compared to other Joint

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Measure Area

**Immunization** 







## **National Quality Improvement Goals**

### Reporting Period: January 2018 - December 2018

Compared to other Joint **Accredited Organizations** Explanation Nationwide Statewide This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza

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		Compared to other Joint Commission Accredited Organizations				
		1	Nationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average 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.	95% of 274 eligible Patients	100%	94%	99%	93%

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