



# Accreditation Quality Report





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

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

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

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

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



## Summary of Quality Information

### 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 updated data.
10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
11. There were no eligible patients that met the denominator criteria.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care	Accredited	5/17/2018	2/27/2018	5/31/2019
Hospital	Accreditation with Follow-up Survey	6/1/2019	2/28/2018	7/12/2019

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

Hospital

Advanced Certification Programs	Certification Decision	Effective Date	Last Full Review Date	Last On-Site Review Date
Primary Stroke Center	Certification	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	Statewide
Behavioral Health Care	2019 National Patient Safety Goals		*
	2019 National Patient Safety Goals		*
Hospital	National Quality Improvement Goals:		
	Emergency Department	<sup>2</sup>	<sup>2</sup>



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



# Prospect Rockville Hospital, Inc.

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

Org ID: 5689



## Locations of Care

### \* Primary Location

Locations of Care	Available Services
<b>ECHN Urgent Care at South Windsor</b> 2800 Tamarack Ave., Suite 105 South Windsor, CT 06074	<b>Services:</b> <ul style="list-style-type: none"> <li>Urgent Care (Outpatient)</li> </ul>
<b>Ellington Y</b> DBA: Rehab at Ellington Y 11 Pinney Street Ellington, CT 06029	<b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>
<b>Evergreen Imaging</b> 2800 Tamarack Avenue, Suite 2 South Windsor, CT 06074	<b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>ECHN Urgent Care at South Windsor, Suite 105</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>
<b>Prospect Rockville Hospital *</b> DBA: Rockville General Hospital 31 Union Street Vernon Rockville, CT 06066	<b>Joint Commission Advanced Certification Programs:</b> <ul style="list-style-type: none"> <li>Primary Stroke Center</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Eating Disorders/Adult/Child/Youth (Inpatient - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult/Child/Youth)</li> <li>EEG/EKG/EMG Lab (Imaging/Diagnostic Services)</li> <li>Gastroenterology (Surgical Services)</li> <li>General Laboratory Tests</li> <li>GI or Endoscopy Lab (Imaging/Diagnostic Services)</li> <li>Gynecological Surgery (Surgical Services)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Imaging/Diagnostic Services)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Nuclear Medicine (Imaging/Diagnostic Services)</li> <li>Ophthalmology (Surgical Services)</li> <li>Orthopedic Surgery (Surgical Services)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Teleradiology (Imaging/Diagnostic Services)</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> <li>Vascular Surgery (Surgical Services)</li> </ul>
<b>Womens Center for Wellness</b> 2600 Tamarack Rd South Windsor, CT 06074	<b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>



## 2019 National Patient Safety Goals

### Symbol Key

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

### Behavioral Health Care

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

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



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### Hospital

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



## National Quality Improvement Goals

Reporting Period: April 2018 - March 2019

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Compared to other Joint  
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.	<sup>2</sup>	<sup>2</sup>

Compared to other Joint Commission  
Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide		Statewide	
			Top 10% Scored at Most:	Weighted Median:	Top 10% Scored at Most:	Weighted 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.	<sup>2</sup>  143.00 minutes 498 eligible Patients	55.00	136.00	96.25	168.95



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

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

---- Null value or data not displayed.

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