

Accreditation Quality Report





Version: 6 Date: 6/24/2019 540 Litchfield Street, Torrington, CT



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

540 Litchfield Street, Torrington, CT Org ID: 5697







Summary of Quality Information

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Y Last On-Site Survey Date
Behavioral Health Care	Accredited	8/10/2016	6/11/2019	6/11/2019
Hospital	Accredited	8/13/2016	6/14/2019	6/14/2019
Laboratory	Accredited	7/12/2017	7/11/2017	7/11/2017

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

Pathology and Clinical Laboratory

Hospital

Other Accredited Programs/Services

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

		Compared to other Joint Commission Accredite Organizations		
		Nationwide	Statewide	
Behavioral Health Care	2016National Patient Safety Goals	Ø	*	
Hospital	2016National Patient Safety Goals	Ø	№ *	
	National Quality Improvement Goals:			
Reporting Period:	Emergency Department	№ 0 ²	ND ²	
Jan 2018 - Dec 2018	Immunization	№ 0 ²	№ 2	
	Perinatal Care	№ 2	№ 2	
Laboratory	2017National Patient Safety Goals	Ø	№ *	

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
Center for Cancer Care 200 Kennedy Drive Torrington, CT 06790	Services: • Single Specialty Practitioner (Outpatient)
Center for Youth & Family Services 50 Litchfield Street Torrington, CT 06790	Other Clinics/Practices located at this site: • Bridges Extended Day Services: • Behavioral Health (Non 24 Hour Care - Child/Youth) • Family Support (Non 24 Hour Care)
Charlotte Hungerford Hospital Multispecialty Group 538 Litchfield St, Torrington, CT 06790	Other Clinics/Practices located at this site: • Foot Center • Nuerology • Orthopedic Office Services: • Outpatient PT • Surgical Office • Urology Office Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Charlotte Hungerford Hospital Multispecialty Group 540 Litchfield Street Forrington, CT 06790	Other Clinics/Practices located at this site: • ENT Services • Podiatry Services • Pulmonary Medicine Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Charlotte Hungerford Hospital PET,Mammography & Primary Care 220 Kennedy Drive Torrington, CT 06790	Services: Outpatient Clinics (Outpatient) Perform Invasive Procedure (Outpatient)
Charlotte Hungerford Primary Care 200 New Hartford Road Winsted, CT 06098	Services: • Single Specialty Practitioner (Outpatient)
Hungerford Emergency & Medical Care at Winsted Health Center 115 Spencer Street Winsted, CT 06098	Other Clinics/Practices located at this site: • Sleep Lab, Cardiac & Pulmonary Rehab Services: • Administration of High Risk Medications (Outpatient) • Anesthesia (Outpatient) • Perform Invasive Procedure (Outpatient)

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Locations of Care

Canaan, CT 06018

Primary Location	
Locations of Care	Available Services
The Charlotte Hungerford Hospital * 540 Litchfield Street Torrington, CT 06790	Services: Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial - Adul
The Charlotte Hungerford Hospital Cardiovascular Medicine an 1215 New Litchfield Street Torrington, CT, 06700	Services: • Administration of High Risk Medications (Outpatient) • Single Specialty Practitioner (Outpatient)
Torrington, CT 06790 The Charlotte Hungerford Hospital Physical Therapy and Rehab 1151 East Main Street Torrington, CT 06790	Services: • Outpatient Clinics (Outpatient)
The Charlotte Hungerford Hospital Primary Care 76 Church Street	Services: • Single Specialty Practitioner (Outpatient)

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Locations of Care

*	Primary	Location

Locations of Care	Available Services
The Charlotte Hungerford Hospital Primary Care Office 76 Watertown Road Thomaston, CT 06787	Services: • Single Specialty Practitioner (Outpatient)
The Charlotte Hungerford Wound Care and Hyperbaric Medicine 7 Felicity Lane Torrington, CT 06790	Services: • Single Specialty Practitioner (Outpatient)
The Hungerford Center 780 Litchfield Street Torrington, CT 06790	Other Clinics/Practices located at this site:
Winsted Psych 294 Main Street Winsted, CT 06098	Services: • Behavioral Health (Non 24 Hour Care - Adult) • Family Support (Non 24 Hour Care)

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2016 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.

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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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2016 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	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

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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.	№ ²	№ ²

		Compared to other Joint Commission Accredited Organizations				n
		N	lationwide		State	wide
Measure	Explanation	Hospital Results	Top 10% Scored at Most:	Weighte d Median:	Top 10% Scored at Most:	Weighte d Median:
Admit Decision Time to ED Departure Time for Admitted Patients	The amount of time (in minutes) it takes from the time the physician decides to admit a patient into the hospital from the Emergency Department until the patient actually leaves the ED to go to the inpatient unit.	231.00 minutes 837 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.	443.00 minutes 839 eligible Patients	207.00	321.00	280.53	351.41

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- * This information can also be viewed at www.hospitalcompare.hhs.gov
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National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

		Compared to other Joint Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
mmunization	This evidence-based prevention measure set assesses immunization activity for pneumonia and influenza.	№ 2	№ 2

		Compared to other Joint Commission Accredited Organizations Nationwide Statewide				
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10%	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.	96% of 472 eligible Patients	100%	94%	99%	93%

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National Quality Improvement Goals

Reporting Period: January 2018 - December 2018

Accredited Organizations Measure Area Statewide Explanation Nationwide Perinatal Care This category of evidenced based measures assesses the care of mothers and newborns.

		Compared to other Joint Commission Accredited Organizations						
				Nationwide Statewide				
Measure	Explanation	Hospital Results		Average Rate:	Top 10% Scored at Least:			
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.	3	100%	98%	100%	99%		
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.	3% of 34 eligible Patients	0%	2%	0%	1%		
Exclusive Breast Milk Feeding	This measure reports the overall number of newborns who are exclusively breast milk fed during the newborns entire hospitalization. Exclusive breast milk feeding is when a newborn receives only breast milk and no other liquids or solids except for drops or syrups consisting of vitamins, minerals, or medicines.	51% of 325 eligible Patients	73%	52%	61%	52%		

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Compared to other Joint

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2017 National Patient Safety Goals

Symbol Key

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- The Goal is not applicable for this organization.

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Laboratory

Safety Goals	Organizations Should	Implemented	
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø	
Improve the effectiveness of communication among caregivers.	Timely Reporting of Critical Tests and Critical Results	Ø	
Reduce the risk of health care-associated infections	Meeting Hand Hygiene Guidelines	Ø	