

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 with your comments and suggestions.

540 Litchfield Street, Torrington, CT



Summary of Quality Information

Symbol Key

0	This organization achieved the best possible results.
•	This organization's performance is above the target range/value.
Ø	This organization's performance is similar to the target range/value.
Θ	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.
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- 10. Test Measure: a measure being evaluated for reliability of the individual data elements or awaiting National Quality Forum Endorsement.
- **11.** There were no eligible patients that met the denominator criteria.

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

Accreditation Programs	Accreditation Decision	Effective Date	Last Full Survey Date	Last On-Site Survey Date
Behavioral Health Care and Human Services	Accredited	6/12/2019	6/11/2019	6/11/2019
🥝 Hospital	Accredited	6/15/2019	6/14/2019	7/26/2019
🙆 Laboratory	Accredited	7/3/2019	7/2/2019	7/2/2019

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 Accredited Organizations				
		Nationwide	Statewide			
Behavioral Health Care and Human Services	2019National Patient Safety Goals	Ø	<u>ب</u> *			
Hospital	2019National Patient Safety Goals	\bigotimes	*			
	National Quality Improvement Goals:					
Reporting Period:	Emergency Department	(10) ²	(10) ²			
Jan 2019 - Dec 2019	Perinatal Care	(²	() ²			
Laboratory	2019National Patient Safety Goals	Ø	() *			

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



Locations of Care

Locations of Care	Available Services
Behavioral Health Center - Winsted Satellite 200 New Hartford Road Winsted, CT 06098	Services: • Behavioral Health (Non 24 Hour Care - Adult) • Family Support (Non 24 Hour Care)
Center for Cancer Care 200 Kennedy Drive Torrington, CT 06790	Services: Single Specialty Practitioner (Outpatient)
Center for Youth & Families 50 Litchfield Street Torrington, CT 06790	Other Clinics/Practices located at this site: • Bridges Extended Day Services: • Behavioral Health (Day Programs - Child/Youth) (Non 24 Hour Care - Child/Youth) (Partial Hospitalization - Child/Youth) • Family Support (Non 24 Hour Care)
Charlotte Hungerford Hospital Ear, Nose and Throat 50 Amenia Road Sharon, CT 06069	
Charlotte Hungerford Hospital Ear, Nose and Throat 339 West Main Street Avon, CT 06001	
Charlotte Hungerford Hospital Multispecialty Group 540 Litchfield Street Torrington, 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 Multispecialty Group 538 Litchfield St, Torrington, CT 06790	Other Clinics/Practices located at this site: • Foot Center • Outpatient PT • Nuerology • Surgical Office • Orthopedic Office • Urology Office Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)
Charlotte Hungerford Hospital PET,Mammography 220 Kennedy Drive Torrington, CT 06790	Services: • Outpatient Clinics (Outpatient) • Perform Invasive Procedure (Outpatient)



Locations of Care

Locations of Care	Available Services
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)
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 Hospitalization - Adult) Community Integration (Non 24 Hour Care) Community Integration (Non 24 Hour Care) CT Scanner (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) General Laboratory Tests G or Endoscopy Lab (Imaging/Diagnostic Services) General Laboratory Tests G or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Inpatient Qutpatient, Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Inpatient Qutpatient, Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)
The Charlotte Hungerford Hospital Cardiovascular Medicine an 1215 New Litchfield Street Torrington, CT 06790	Services: • Administration of High Risk Medications (Outpatient) • Single Specialty Practitioner (Outpatient)



Locations of Care

* Primary Location	Primary Location					
Locations of Care	Available Services					
The Charlotte Hungerford Hospital Specialty 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: Cardiac and Pulmonary Rehabilitation Diabetes and Endorinology Services: Outpatient Clinics (Outpatient) 					

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2019 National Patient Safety Goals

Behavioral Health Care and Human Services

Safety Goals	Organizations Should	Implemented
Improve the accuracy of the identification of individuals served.		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

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 NA organization.

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

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2019 National Patient Safety Goals

Hospital

Safety Goals	Organizations Should	Implemented
Improve the accuracy of patient identification.	Use of Two Patient Identifiers	Ø
	Eliminating Transfusion Errors	\bigcirc
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	\bigcirc
	Reconciling Medication Information	\bigcirc
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	\bigcirc
	Preventing Central-Line Associated Blood Stream Infections	<u>ଷ</u> ଭ ଭ ଭ
	Preventing Surgical Site Infections	\bigcirc
	Preventing Catheter-Associated Urinary Tract Infection	\bigcirc
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	\bigcirc
	Marking the Procedure Site	\bigotimes
	Performing a Time-Out	\bigcirc

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

Symbol Key

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		Compared to	
		Accredited C	organizations
Measure Area	Explanation	Nationwide	Statewide
Department tim	s category of evidence based measures assesses the e patients remain in the hospital Emergency partment prior to inpatient admission.	@ ²	O ²

		Compared to other Joint Commission Accredited Organizations				
		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.	RED ² 288.00 minutes 846 eligible Patients	55.00	133.00	83.47	151.66

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

This information can also be viewed at www.hospitalcompare.hhs.gov

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The Charlotte Hungerford Hospital

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National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

		Compared to other Jo Commission	
		Accredited Organizations	
Measure Area	Explanation	Nationwide	Statewide
Perinatal Care	This category of evidenced based measures assesses the care of mothers and newborns.	2	0 ²

		Compared to other Joint Commission Accredited Organizations				on
		Ν	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average 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.	•••• ⁴	100%	98%	100%	99%
Cesarean Birth	This measure reports the number of first-time moms with a full-term, single baby in a head-down position who delivered the baby by cesarean section.	⊕	12%	25%	13%	27%
Elective Delivery	This measure reports the overall number of mothers who had elective vaginal deliveries or elective cesarean sections at equal to and greater than 37 weeks gestation to less than 39 weeks gestation. An elective delivery is the delivery of a newborn(s) when the mother was not in active labor or presented with spontaneous ruptured membranes prior to medical induction and/or cesarean section.	5% of 43 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.	50% of 341 eligible Patients	73%	51%	56%	51%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	10 307.00 minutes 325 eligible Patients				

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Compared to other Joint Commission



National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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			Compared to other Joint Commission Accredited Organizations			
		1	Nationwide Statewide			ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
Unexpected Complications Term Newborns per 1000	full-term single babies with a normal	10				
livebirths - Overall Rate	birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.	2769.00 minutes 325 eligible Patients				
Unexpected Complications Term Newborns per 1000	in The severe rate equals the number of patients with severe complications.	10				
livebirths - Severe Rate		2461.00 minutes 325 eligible				

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2019 National Patient Safety Goals

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

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