



# 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.



## 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 and Human Services | Accredited             | 6/12/2019      | 9/27/2022             | 9/27/2022                |
|  Hospital                                  | Accredited             | 6/15/2019      | 9/30/2022             | 9/30/2022                |
|  Laboratory                                | Accredited             | 10/27/2021     | 10/26/2021            | 10/26/2021               |









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

Pathology and Clinical Laboratory  
Hospital

| Advanced Certification Programs   | Certification Decision | Effective Date | Last Full Review Date | Last On-Site Review Date |
|---|------------------------|----------------|-----------------------|--------------------------|
|  Primary Stroke Center | Certification          | 2/7/2022       | 12/14/2021            | 12/14/2021               |

### 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 | <b>2019 National Patient Safety Goals</b>  |               |  *            |
|   | <b>2019 National Patient Safety Goals</b>  |               |  *            |
| Hospital                                  | <b>National Quality Improvement Goals:</b> |  |  |
|   | Perinatal Care                             |  <sup>2</sup> |  <sup>2</sup> |
| Reporting Period:<br>Apr 2020 - Mar 2021  |  |  |  |
| Laboratory                                | <b>2021 National Patient Safety Goals</b>  |               |  *            |



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



## Locations of Care

### \* Primary Location

| Locations of Care  | Available Services  |
|--|---|
| <b>Behavioral Health Center - Winsted Satellite</b><br>200 New Hartford Road<br>Winsted, CT 06098          | <b>Services:</b> <ul style="list-style-type: none"> <li>Behavioral Health (Non 24 Hour Care - Adult)</li> <li>Family Support (Non 24 Hour Care)</li> </ul>  |
| <b>Center for Cancer Care</b><br>200 Kennedy Drive<br>Torrington, CT 06790                                 | <b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>   |
| <b>Center for Youth &amp; Families</b><br>50 Litchfield Street<br>Torrington, CT 06790                     | <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Bridges Extended Day</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Behavioral Health (Day Programs - Child/Youth)<br/>(Non 24 Hour Care - Child/Youth)<br/>(Partial Hospitalization - Child/Youth)</li> <li>Community Integration (Non 24 Hour Care)</li> <li>Family Support (Non 24 Hour Care)</li> </ul> |
| <b>Charlotte Hungerford Hospital Ear, Nose and Throat</b><br>50 Amenia Road<br>Sharon, CT 06069            | <b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>   |
| <b>Charlotte Hungerford Hospital Ear, Nose and Throat</b><br>339 West Main Street<br>Avon, CT 06001        | <b>Services:</b> <ul style="list-style-type: none"> <li>Single Specialty Practitioner (Outpatient)</li> </ul>   |
| <b>Charlotte Hungerford Hospital Multispecialty Group</b><br>540 Litchfield Street<br>Torrington, CT 06790 | <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Cardiodiagnostic Services</li> <li>ENT Services</li> <li>Podiatry Services</li> <li>Pulmonary Medicine</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>   |
| <b>Charlotte Hungerford Hospital Multispecialty Group</b><br>538 Litchfield St,<br>Torrington, CT 06790    | <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Outpatient PT</li> <li>Surgical Office</li> <li>Urology Office</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Administration of High Risk Medications (Outpatient)</li> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>                                     |
| <b>Charlotte Hungerford Hospital PET/Mammography</b><br>220 Kennedy Drive<br>Torrington, CT 06790          | <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>   |



## Locations of Care

### \* Primary Location

| Locations of Care  | Available Services  |
|--|---|
| <b>Charlotte Hungerford Hospital Rehabilitation Services</b><br>1012 East Main Street<br>Torrington, CT 06790          | <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>Physical Therapy</li> <li>Speech Therapy</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>Outpatient Clinics (Outpatient)</li> </ul>  |
| <b>The Charlotte Hungerford Hospital *</b><br>540 Litchfield Street<br>Torrington, CT 06790                            | <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>Behavioral Health (Day Programs - Adult) (Non 24 Hour Care - Adult/Child/Youth) (24-hour Acute Care/Crisis Stabilization - Adult) (Partial Hospitalization - Adult)</li> <li>Community Integration (Non 24 Hour Care)</li> <li>CT Scanner (Imaging/Diagnostic Services)</li> <li>Ear/Nose/Throat Surgery (Surgical Services)</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>Gynecology (Inpatient)</li> <li>Hazardous Medication Compounding (Inpatient)</li> <li>Inpatient Unit (Inpatient)</li> <li>Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services)</li> <li>Labor &amp; Delivery (Inpatient)</li> <li>Magnetic Resonance Imaging (Imaging/Diagnostic Services)</li> <li>Medical /Surgical Unit (Inpatient)</li> <li>Medical ICU (Intensive Care Unit)</li> <li>Normal Newborn Nursery (Inpatient)</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>Positron Emission Tomography (PET) (Imaging/Diagnostic Services)</li> <li>Post Anesthesia Care Unit (PACU) (Inpatient)</li> <li>Sterile Medication Compounding (Inpatient)</li> <li>Surgical ICU (Intensive Care Unit)</li> <li>Teleradiology (Imaging/Diagnostic Services)</li> <li>Toxicology</li> <li>Ultrasound (Imaging/Diagnostic Services)</li> <li>Urology (Surgical Services)</li> </ul> |
| <b>The Charlotte Hungerford Hospital Cardiovascular Medicine</b><br>1215 New Litchfield Street<br>Torrington, CT 06790 | <b>Services:</b> <ul style="list-style-type: none"> <li>Administration of High Risk Medications (Outpatient)</li> <li>Single Specialty Practitioner (Outpatient)</li> </ul>   |



## Locations of Care




### \* Primary Location

| Locations of Care   | Available Services  |
|---|---|
| <b>The Charlotte Hungerford Hospital Specialty Care Office</b><br>76 Watertown Road<br>Thomaston, CT 06787    | <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>• Cardiology</li> <li>• GYN Oncology</li> <li>• Neurology</li> <li>• Nutrition</li> <li>• Podiatry</li> <li>• Urology</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>• Outpatient Clinics (Outpatient)</li> </ul> |
| <b>The Charlotte Hungerford Sleep Center</b><br>1151 East Main Street<br>Torrington, CT 06790                 | <b>Services:</b> <ul style="list-style-type: none"> <li>• Outpatient Clinics (Outpatient)</li> </ul>  |
| <b>The Charlotte Hungerford Winsted ED and Health Center</b><br>80 South Main Street<br>Winsted, CT 06098     | <b>Services:</b> <ul style="list-style-type: none"> <li>• Administration of High Risk Medications (Outpatient)</li> <li>• Anesthesia (Outpatient)</li> <li>• Perform Invasive Procedure (Outpatient)</li> </ul>   |
| <b>The Charlotte Hungerford Wound Care and Hyperbaric Medicine</b><br>7 Felicity Lane<br>Torrington, CT 06790 | <b>Services:</b> <ul style="list-style-type: none"> <li>• Perform Invasive Procedure (Outpatient)</li> <li>• Single Specialty Practitioner (Outpatient)</li> </ul>  |
| <b>The Hungerford Center</b><br>780 Litchfield Street<br>Torrington, CT 06790                                 | <b>Other Clinics/Practices located at this site:</b> <ul style="list-style-type: none"> <li>• Cardiac and Pulmonary Rehabilitation</li> <li>• Charlotte Hungerford Neurology</li> </ul> <b>Services:</b> <ul style="list-style-type: none"> <li>• Outpatient Clinics (Outpatient)</li> </ul>                                      |



## 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.

### Behavioral Health Care and Human Services

| 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."





## 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."

### 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 2020 - March 2021

### 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

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.

Compared to other Joint Commission Accredited Organizations

| Measure Area   | Explanation  | Nationwide | Statewide |
|----------------|--|------------|-----------|
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | 2          | 2         |

Compared to other Joint Commission Accredited Organizations

| Measure   | Explanation   | Compared to other Joint Commission Accredited Organizations |                                     |               |                                    |               |
|---|---|---|-------------------------------------|---------------|------------------------------------|---------------|
|   |   | Hospital Results  | Nationwide Top 10% Scored at Least: | Average Rate: | Statewide Top 10% Scored at Least: | Average Rate: |
| 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.  |   | 16%                                 | 25%           | 19%                                | 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. | <br>5% of 39 eligible Patients                              | 0%                                  | 2%            | 0%                                 | 2%            |
| 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.   | <br>51% of 350 eligible Patients                            | 71%                                 | 50%           | 58%                                | 50%           |
| Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate | The moderate rate equals the number of patients with moderate complications.  | <br>593% of 337 eligible Patients                           | 212%                                | 1780%         | 307%                               | 1162%         |
| Unexpected Complications in Term Newborns per 1000 livebirths - Overall Rate  | This measure looks at the number of full-term single babies with a normal birth weight and with no preexisting conditions, these are babies that are expected to do well and routinely go home with the mother.   | <br>1780% of 337 eligible Patients                          | 1508%                               | 3084%         | 1260%                              | 3235%         |



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.






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



## National Quality Improvement Goals

Reporting Period: April 2020 - March 2021

### 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

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.

Compared to other Joint Commission Accredited Organizations

| Measure Area   | Explanation  | Nationwide  | Statewide   |
|----------------|--|---|---|
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. |  2 |  2 |

Compared to other Joint Commission Accredited Organizations

| Measure   | Explanation  | Hospital Results  | Compared to other Joint Commission Accredited Organizations |               |                               |               |
|---|--|---|---|---------------|-------------------------------|---------------|
|   |  |   | Nationwide  | Average Rate: | Statewide                     | Average Rate: |
| Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate | The severe rate equals the number of patients with severe complications. | <br>1186% of 337 eligible Patients | Top 10% Scored at Least: 501%                               | 1303%         | Top 10% Scored at Least: 519% | 2073%         |



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.

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






## 2021 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.

### Laboratory

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

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