

# 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.

DBA: The Charlotte Hungerford Hospital, 540 Litchfield Street, Torrington, CT



## **Summary of Quality Information**

| Si               | <b>m</b> | hol | Ke   | v |
|------------------|----------|-----|------|---|
| $\mathbf{v}_{j}$ |          | 001 | INC. | y |

| 0 | This organization achieved the best possible results.                  |
|---|--|
| • | This organization's performance is better than the target range/value. |
| Ø | This organization's performance is similar to the target range/value.  |
|   | This organization's performance is worse than 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.
- The measure results are temporarily suppressed pending resubmission of updated data.
   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<br>Date | Last Full Survey<br>Date | Last On-Site<br>Survey Date |
|--|------------------------|-------------------|--------------------------|-----------------------------|
| Behavioral Health Care and<br>Human Services | Accredited             | 9/28/2022         | 9/27/2022                | 9/27/2022                   |
| 🥝 Hospital                                   | Accredited             | 10/1/2022         | 9/30/2022                | 9/30/2022                   |
| Aboratory                                    | Accredited             | 10/27/2021        | 8/1/2023                 | 8/1/2023                    |

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

Hospital

| Advanced Certification  | Certification Decision | Effective | Last Full Review | v Last On-Site     |
|-------------------------|------------------------|-----------|------------------|--------------------|
| Programs                |                        | Date      | Date             | <b>Review Date</b> |
| 🥝 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<br>Organizations |              |  |
|---|-------------------------------------|--|--------------|--|
|   |                                     | Nationwide Statewide   |              |  |
| Behavioral<br>Health<br>Care and<br>Human<br>Services | 2022National Patient Safety Goals   | Ø  | <sup>*</sup> |  |
| Hospital  | 2022National Patient Safety Goals   | ${igodot}$   | ×            |  |
| -   | National Quality Improvement Goals: |  |              |  |
| Reporting<br>Period:<br>Jan 2021 -<br>Dec 2021        | Perinatal Care                      | 2 °  | 2 °          |  |
| Laboratory  | 2021National Patient Safety Goals   | Ø  | *            |  |





## **Locations of Care**

| Locations of Care   | Available Services  |
|---|---|
| Behavioral Health<br>Center - Winsted<br>Satellite<br>200 New Hartford Road<br>Winsted, CT 06098          | Services:<br>• Behavioral Health (Non 24 Hour Care - Adult)<br>• Family Support (Non 24 Hour Care)  |
| Center for Cancer Care<br>200 Kennedy Drive<br>Torrington, CT 06790                                       | Single Specialty Practitioner (Outpatient)  |
| Center for Youth &<br>Families<br>50 Litchfield Street<br>Torrington, CT 06790                            | Other Clinics/Practices located at this site:<br>• Adolescent Intensive Outpatient Program (IOP)<br>• Bridges Extended Day<br>Services:<br>• Behavioral Health (Day Programs - Child/Youth)<br>(Non 24 Hour Care - Child/Youth)<br>(Partial Hospitalization - Child/Youth)<br>• Community Integration (Non 24 Hour Care)<br>• Family Support (Non 24 Hour Care) |
| Charlotte Hungerford<br>Hospital Ear, Nose and<br>Throat<br>50 Amenia Road<br>Sharon, CT 06069            | Services:<br>• Single Specialty Practitioner (Outpatient)   |
| Charlotte Hungerford<br>Hospital Ear, Nose and<br>Throat<br>339 West Main Street<br>Avon, CT 06001        | Services: <ul> <li>Single Specialty Practitioner (Outpatient)</li> </ul>  |
| Charlotte Hungerford<br>Hospital Multispecialty<br>Group<br>540 Litchfield Street<br>Torrington, CT 06790 | Other Clinics/Practices located at this site: <ul> <li>Arrhythmia Clinic</li> <li>Cardiodiagnostic Services</li> <li>ENT Services</li> <li>Podiatry Services</li> <li>Pulmonary Medicine</li> </ul> <li>Services: <ul> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul> </li>                                    |
| Charlotte Hungerford<br>Hospital Multispecialty<br>Group<br>538 Litchfield St,<br>Torrington, CT 06790    | Other Clinics/Practices located at this site: <ul> <li>Infectious Disease</li> <li>Outpatient PT</li> <li>Physical Medicine and Rehabilitation</li> <li>Surgical Office</li> <li>Urology Office</li> </ul> <li>Services: <ul> <li>Administration of High Risk Medications (Outpatient)</li> </ul> </li>   |
|   | <ul> <li>Outpatient Clinics (Outpatient)</li> <li>Perform Invasive Procedure (Outpatient)</li> </ul>  |

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## **Locations of Care**

#### \* Primary Location Locations of Care **Available Services Charlotte Hungerford** Hospital Services: PET,Mammography Outpatient Clinics (Outpatient) 220 Kennedy Drive • Perform Invasive Procedure (Outpatient) Torrington, CT 06790 Charlotte Hungerford **Other Clinics/Practices located at this site: Hospital Rehabilitation** Physical Therapy Services Speech Therapy 1012 East Main Street Torrington, CT 06790 Services: • Outpatient Clinics (Outpatient) The Charlotte Joint Commission Advanced Certification Programs: Hungerford Hospital \* • Primary Stroke Center 540 Litchfield Street Torrington, CT 06790 Services: Behavioral Health (Day • Medical ICU (Intensive Care Programs - Adult) Unit) (Non 24 Hour Care - Adult) Normal Newborn Nursery (24-hour Acute Care/Crisis (Inpatient) Stabilization - Adult) Nuclear Medicine (Partial Hospitalization -(Imaging/Diagnostic Services) Adult) Ophthalmology (Surgical Community Integration (Non Services) 24 Hour Care) Orthopedic Surgery (Surgical CT Scanner Services) (Imaging/Diagnostic **Outpatient Clinics (Outpatient)** • Services) **Outpatient Crisis Stabilization** • Ear/Nose/Throat Surgery Positron Emission Tomography (Surgical Services) (PET) (Imaging/Diagnostic EEG/EKG/EMG Lab Services) (Imaging/Diagnostic Post Anesthesia Care Unit (PACU) (Inpatient) Services) Sterile Medication Gastroenterology (Surgical Services) Compounding (Inpatient) General Laboratory Tests Surgical ICU (Intensive Care • GI or Endoscopy Lab Unit) (Imaging/Diagnostic Teleradiology • Services) (Imaging/Diagnostic Services) Gynecological Surgery Toxicology (Surgical Services) Ultrasound • • Gynecology (Inpatient) (Imaging/Diagnostic Services) Hazardous Medication Urology (Surgical Services) Compounding (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Inpatient, Outpatient, Imaging/Diagnostic Services) Labor & Delivery (Inpatient) Magnetic Resonance Imaging (Imaging/Diagnostic Services) Medical /Surgical Unit (Inpatient)

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## **Locations of Care**

#### \* Primary Location **Available Services** Locations of Care The Charlotte Hungerford Hospital Services: Cardiovascular Administration of High Risk Medications (Outpatient) Medicine • Single Specialty Practitioner (Outpatient) 1215 New Litchfield Street Torrington, CT 06790 The Charlotte **Other Clinics/Practices located at this site:** Hungerford Hospital General Surgery Specialty Care Office GYN Oncology 76 Watertown Road • Nutrition Thomaston, CT 06787 Podiatry Urology Services: Outpatient Clinics (Outpatient) The Charlotte **Hungerford Sleep** Services: Center • Outpatient Clinics (Outpatient) 1151 East Main Street Torrington, CT 06790 The Charlotte Hungerford Winsted ED Services: and Health Center Administration of High Risk Medications (Outpatient) 80 South Main Street Anesthesia (Outpatient) Winsted, CT 06098 • Perform Invasive Procedure (Outpatient) The Charlotte Hungerford Wound Care Services: and Hyperbaric • Perform Invasive Procedure (Outpatient) Medicine • Single Specialty Practitioner (Outpatient) 7 Felicity Lane Torrington, CT 06790 The Hungerford Center **Other Clinics/Practices located at this site:** 780 Litchfield Street Cardiac and Pulmonary Rehabilitation Torrington, CT 06790 Charlotte Hungerford Neurology Endocrinology Services: • Outpatient Clinics (Outpatient)

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## **2022** National Patient Safety Goals

### **Behavioral Health Care and Human Services**

| Safety Goals   | Organizations Should                        | Implemented |
|--|---|-------------|
| Improve the accuracy of the<br>identification of individuals<br>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<br>safety risks inherent in the<br>population of the individuals<br>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 organization.

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

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## **2022 National Patient Safety Goals**

## Hospital

| Safety Goals   | Organizations Should                                    | Implemented  |
|--|---|--------------|
| Improve the accuracy of patient identification.                                    | Use of Two Patient Identifiers                          | Ø            |
| Improve the effectiveness of<br>communication among<br>caregivers.                 | Timely Reporting of Critical Tests and Critical Results | Ø            |
| Improve the safety of using medications.   | Labeling Medications                                    | Ø            |
|  | Reducing Harm from Anticoagulation Therapy              | $\bigotimes$ |
|  | Reconciling Medication Information                      | Ø            |
| Reduce the harm<br>associated with clinical<br>alarm systems.                      | Use Alarms Safely on Medical Equipment                  | Ø            |
| Reduce the risk of health care-associated infections.                              | Meeting Hand Hygiene Guidelines                         | Ø            |
| The organization identifies<br>safety risks inherent in its<br>patient population. | Identifying Individuals at Risk for Suicide             | Ø            |
| Universal Protocol   | Conducting a Pre-Procedure Verification Process         | $\bigotimes$ |
|  | Marking the Procedure Site                              | $\bigcirc$   |
|  | Performing a Time-Out                                   | $\bigotimes$ |

#### Symbol Key

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Footnote Key

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This organization's performance is

better than the target range/value. This organization's performance is

similar to the target range/value. This organization's performance is

worse than the target range/value.

The Measure or Measure Set was not

The number of patients is not enough for comparison purposes.

The organization scored above 90% but was below most other organizations. The Measure results are not statistically

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The number of months with Measure data is below the reporting requirement.

The measure results are temporarily suppressed pending resubmission of

There were no eligible patients that met

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The Measure Set does not have an

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## **National Quality Improvement Goals**

#### Reporting Period: January 2021 - December 2021

|                |  | Compared to other Joint<br>Commission<br>Accredited Organizations |                       |
|----------------|--|---|-----------------------|
|                |  |   |                       |
| Measure Area   | Explanation  | Nationwide  | Statewide             |
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | <b>№</b> <sup>2</sup>   | <b>0</b> <sup>2</sup> |

|   |  | Compared to other Joint Commission<br>Accredited Organizations |                                |                  |                                |                  |
|---|--|--|--------------------------------|------------------|--------------------------------|------------------|
|   |  | Nationwide Statewide   |                                |                  | ewide                          |                  |
| Measure   | Explanation  | Hospital<br>Results  | Top 10%<br>Scored<br>at Least: | Average<br>Rate: | Top 10%<br>Scored<br>at Least: | Average<br>Rate: |
| Cesarean Birth  | This measure reports the number of<br>first-time moms with a full-term,<br>single baby in a head-down position<br>who delivered the baby by cesarean<br>section.   | 35% of<br>161 eligible<br>Patients                             | 34%                            | 26%              | 38%                            | 29%              |
| Elective Delivery   | This measure reports the overall<br>number of mothers who had elective<br>vaginal deliveries or elective<br>cesarean sections at equal to and<br>greater than 37 weeks gestation to<br>less than 39 weeks gestation. An<br>elective delivery is the delivery of a<br>newborn(s) when the mother was not<br>in active labor or presented with<br>spontaneous ruptured membranes<br>prior to medical induction and/or<br>cesarean section. | 0% of<br>42 eligible<br>Patients                               | 0%                             | 2%               | 0%                             | 2%               |
| Exclusive Breast Milk Feeding   | This measure reports the overall<br>number of newborns who are<br>exclusively breast milk fed during the<br>newborns entire hospitalization.<br>Exclusive breast milk feeding is when<br>a newborn receives only breast milk<br>and no other liquids or solids except<br>for drops or syrups consisting of<br>vitamins, minerals, or medicines.  | 47% of<br>392 eligible<br>Patients                             | 71%                            | 49%              | 60%                            | 48%              |
| Unexpected Complications in<br>Term Newborns per 1000<br>livebirths - Severe Rate | The severe rate equals the number of patients with severe complications.   | 5 per 1000   | 5                              | 13               | 6                              | 18               |

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

---- Null value or data not displayed.

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## **2021 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<br>communication among<br>caregivers. | Timely Reporting of Critical Tests and Critical Results | Ø           |
| Reduce the risk of health care-associated infections               | Meeting Hand Hygiene Guidelines                         | Ø           |

#### Symbol Key

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