

## Dignity Health DBA: St. John's Regional Medical Center, 1600 North Rose Avenue, Oxnard, CA

## Accreditation Quality Report





Version: 8 Date: 10/9/2018





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







### **Summary of Quality Information**

| Accreditation Programs | <b>Accreditation Decision</b> | Effective<br>Date | Last Full Survey Date | Y Last On-Site<br>Survey Date |
|------------------------|-------------------------------|-------------------|-----------------------|-------------------------------|
|                        | Accredited                    | 12/16/2017        | 12/15/2017            | 12/15/2017                    |
| Laboratory             | Accredited                    | 11/11/2016        | 11/10/2016            | 11/10/2016                    |

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

Pathology and Clinical Laboratory

Hospital

| Advanced Certification Programs | <b>Certification Decision</b> | Effective<br>Date | Last Full Revie | w Last On-Site<br>Review Date |
|---------------------------------|-------------------------------|-------------------|-----------------|-------------------------------|
| Primary Stroke Center           | Certification                 | 4/5/2017          | 4/4/2017        | 4/4/2017                      |

#### **Special Quality Awards**

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

|                        |                                     | Compared to other Joint Commission Accredited<br>Organizations |                         |  |  |
|------------------------|-------------------------------------|--|-------------------------|--|--|
|                        |                                     | Nationwide Statewide   |                         |  |  |
| Hospital               | 2017National Patient Safety Goals   | Ø  | <b>₩</b> *              |  |  |
|                        | National Quality Improvement Goals: |  |                         |  |  |
| Reporting<br>Period:   | Emergency Department                | ND <sup>2</sup>  | <b>№</b> 0 <sup>2</sup> |  |  |
| Apr 2017 -<br>Mar 2018 | Immunization                        | ND 2   | <b>№</b> 0 <sup>2</sup> |  |  |
|                        | Perinatal Care                      | NO 2   | <b>(10)</b> 2           |  |  |
| Laboratory             | 2016National Patient Safety Goals   | Ø  | (VIA) *                 |  |  |

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.
- 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.

  There were no eligible patients that met the denominator criteria.



### Dignity Health

DBA: St. John's Regional Medical Center, 1600 North Rose Avenue, Oxnard, CA







### **Locations of Care**

| * Primary Location   |  |
|--|--|
| Locations of Care  | Available Services   |
| Outpatient clinics -<br>Infusion Clinic at Dignity<br>Health<br>1700 N. Rose Avenue Ste<br>300<br>Oxnard, CA 93030                 | Services:      Administration of High Risk Medications (Outpatient)     Single Specialty Practitioner (Outpatient)   |
| Outpatient clinics -<br>Infusion Clinic at Dignity<br>Health<br>2900 Loma Vista Road,<br>Ste 201. Ventura, CA<br>Ventura, CA 93003 | Services:  |
| Outpatient clinics -<br>Infusion Clinic at Dignity<br>Health<br>500 Paseo Camarillo. Ste<br>107<br>Camarillo, CA 93010             | Services:  |
| St. John's Outpatient<br>Surgery Center<br>1700 N. Rose Ave, Suite<br>100<br>Oxnard, CA 93030                                      | Services:      Administration of High Risk Medications (Outpatient)     Anesthesia (Outpatient)     General Laboratory Tests     Outpatient Clinics (Outpatient)     Perform Invasive Procedure (Outpatient) |
| St. John's Outpatient<br>Therapy Center<br>295 Hueneme Road<br>Port Hueneme, CA 93041  | Services:  • Single Specialty Practitioner (Outpatient)  |
| St. John's Outpatient<br>Therapy Center<br>961 North Rice Avenue #3<br>Oxnard, CA 93030  | Services:  • Single Specialty Practitioner (Outpatient)  |



# Dignity Health DBA: St. John's Regional Medical Center, 1600 North Rose Avenue, Oxnard, CA







### **Locations of Care**

#### \* Primary Location

Locations of Care

St. John's Regional Medical Center \* 1600 NORTH ROSE AVENUE Oxnard, CA 93030

#### Available Services

#### **Joint Commission Advanced Certification Programs:**

• Primary Stroke Center

#### **Services:**

- Cardiac Catheterization Lab (Surgical Services)
- Cardiac Surgery (Surgical Services)
- Cardiothoracic Surgery (Surgical Services)
- Coronary Care Unit (Inpatient)
- CT Scanner (Imaging/Diagnostic Services)
- Ear/Nose/Throat Surgery (Surgical Services)
- EEG/EKG/EMG Lab (Imaging/Diagnostic Services)
- Gastroenterology (Surgical Services)
- General Laboratory Tests
- GI or Endoscopy Lab (Imaging/Diagnostic Services)
- Gynecological Surgery (Surgical Services)
- Gynecology (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Labor & Delivery (Inpatient)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)

- Medical /Surgical Unit (Inpatient)
- Medical ICU (Intensive Care Unit)
- Neurosurgery (Surgical Services)
- Nuclear Medicine (Imaging/Diagnostic Services)
- Ophthalmology (Surgical Services)
- Orthopedic Surgery (Surgical Services)
- Plastic Surgery (Surgical Services)
- Post Anesthesia Care Unit (PACU) (Inpatient)
- Rehabilitation Unit (Inpatient, 24-hour Acute Care/Crisis Stabilization)
- Teleradiology (Imaging/Diagnostic Services)
- Thoracic Surgery (Surgical Services)
- Toxicology
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)







### **2017 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                             | 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           |
| 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 Multi-Drug Resistant Organism Infections        | Ø           |
|  | Preventing Central-Line Associated Blood Stream Infections | 0000        |
|  | 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           |

### Dignity Health DBA: St. John's Regional Medical Center,

1600 North Rose Avenue, Oxnard, CA Org ID: 10005

Department prior to inpatient admission.



Measure Area

Emergency

Department





### **National Quality Improvement Goals**

Reporting Period: April 2017 - March 2018

|  | Commission               |            |  |
|--|--------------------------|------------|--|
|  | Accredited Organizations |            |  |
| Explanation  | Nationwide Statewid      |            |  |
| This category of evidence based measures assesses the time patients remain in the hospital Emergency | <b>№</b> 2               | <b>№</b> 2 |  |

Compared to other Joint

|  |   | Cor  | npared to d                   |                         |                               | n                       |
|--|---|--|-------------------------------|-------------------------|-------------------------------|-------------------------|
|  |   |  |                               | ed Organiz              |                               |                         |
|  |   | N  | lationwide                    |                         | State                         | ewide                   |
| Measure  | Explanation   | Hospital<br>Results                        | Top 10%<br>Scored<br>at Most: | Weighte<br>d<br>Median: | Top 10%<br>Scored<br>at Most: | Weighte<br>d<br>Median: |
| Admit Decision Time to ED<br>Departure Time for Admitted<br>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. | 175.00 minutes 778 eligible Patients       | 55.00                         | 135.00                  | 81.45                         | 182.26                  |
| Median Time from ED Arrival<br>to ED Departure for Admitted<br>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.  | 321.00 minutes<br>784 eligible<br>Patients | 205.00                        | 319.00                  | 258.36                        | 380.50                  |

- The Joint Commission only reports measures endorsed by the National Quality Forum.
- This information can also be viewed at www.hospitalcompare.hhs.gov
- Null value or data not displayed.

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#### Footnote Key

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### **National Quality Improvement Goals**

#### Reporting Period: April 2017 - March 2018

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

|                        |   | Compared to other Joint Commission Accredited Organizations Nationwide Statewide |                                |                  |                                |                  |
|------------------------|---|--|--------------------------------|------------------|--------------------------------|------------------|
| 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: |
| 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. | 99% of 522 eligible Patients   | 100%                           | 94%              | 99%                            | 93%              |

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### **National Quality Improvement Goals**

Reporting Period: April 2017 - March 2018

Compared to other Joint **Accredited Organizations** 

| Measure Area   | Explanation  | Nationwide | Statewide  |
|----------------|--|------------|------------|
| Perinatal Care | This category of evidenced based measures assesses the care of mothers and newborns. | <b>№</b> 2 | <b>№</b> 2 |

|                               |   | Соі                                | npared to c<br>Accredite       | other Joint<br>ed Organiz |                                | on               |
|-------------------------------|---|------------------------------------|--------------------------------|---------------------------|--------------------------------|------------------|
|                               |   | ١                                  | lationwide                     | <u> </u>                  | State                          | 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: |
| 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.   | 100% of<br>6 eligible<br>Patients  | 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. | 0% of<br>51 eligible<br>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<br>285 eligible<br>Patlents | 73%                            | 51%                       | 79%                            | 63%              |

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### ot displayed

Footnote Key

below the target range/value.

Symbol Key

ossible results

Ø

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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.

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

### 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           |