

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



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.
	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.
- 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
🮯 Hospital	Accredited	5/22/2021	5/21/2021	5/21/2021
olimitation and the second sec	Accredited	11/20/2020	11/19/2020	11/19/2020

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	v Last On-Site Review Date
o Primary Stroke Center	Certification	5/3/2019	9/23/2021	9/23/2021
Stroke Center	Certification	9/28/2019	9/22/2021	9/22/2021

Special Quality Awards

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

		Compared to other Joint Commission Accredited Organizations		
		Nationwide Statewide		
Hospital	2021National Patient Safety Goals	${}^{\oslash}$	*	
	National Quality Improvement Goals:			
Reporting Period: Jan 2020 - Dec 2020	Perinatal Care	@ ²	2 °	
Laboratory	2020National Patient Safety Goals	Ø	*	

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



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Locations of Care

* Primary Location Available Services Locations of Care **Dignity Health Infusion** Center Services: DBA: Dignity Health Administration of High Risk Medications (Outpatient) Infusion Center • Single Specialty Practitioner (Outpatient) 1700 N. Rose Avenue Ste 300 Oxnard, CA 93030 **Dignity Health Infusion** Center Services: DBA: Dignity Health • Administration of High Risk Medications (Outpatient) Infusion Center Single Specialty Practitioner (Outpatient) 2900 Loma Vista Road, Ste 201. Ventura, CA Ventura, CA 93003 **Dignity Health Infusion** Center Services: DBA: Dignity Health Administration of High Risk Medications (Outpatient) Infusion Center • Single Specialty Practitioner (Outpatient) 500 Paseo Camarillo. Ste 107 Camarillo, CA 93010 St. John's Hospital Camarillo Services: DBA: St. John's Hospital • General Laboratory Tests Toxicology Camarillo D/P SNF Rehabilitation Services • Traumatic Brain Injury 2309 Antonio Avenue • Skilled Nursing Care Ventilator Services Camarillo, CA 93010 St. John's Outpatient **Surgery Center** Services: 1700 N. Rose Ave, Suite • Administration of High Risk Medications (Outpatient) 100 • Anesthesia (Outpatient) Oxnard, CA 93030 General Laboratory Tests Perform Invasive Procedure (Outpatient) • Single Specialty Practitioner (Outpatient) St. John's Outpatient **Therapy Center** Services: 295 Hueneme Road Single Specialty Practitioner (Outpatient) Port Hueneme, CA 93041 St. John's Outpatient **Therapy Center** Services: 961 North Rice Avenue #3 • Single Specialty Practitioner (Outpatient) Oxnard, CA 93030





Locations of Care

* Primary Location

Locations of Care	Available Services	
Primary Location Locations of Care St. John's Regional Medical Center * 1600 North Rose Avenue Oxnard, CA 93030	Services) Unit) 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) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) General Laboratory Tests Gl or Endoscopy Lab (Imaging/Diagnostic Services) Gynecological Surgery (Surgical Services) Gynecological Surgery (Surgical Services) Gynecology (Inpatient) Hazardous Medication Compounding (Inpatient) Inpatient Unit (Inpatient) Meurosurge Services) Non-Sterile Compounding Services) Ophthalmole Services) Orthopedic Services) Plastic Surgery (Surgical Services) Sterile Medi Compounding (Imaging/Diagnostic Services) Sterile Medi Compounding (Imaging/Diagnostic Services) Unit) Neurosurge Services) Ophthalmole Services) Orthopedic Services) Plastic Surgery (Surgical Services) Sterile Medi Compounding (Imaging/Diagnostic Services) Unit) Neurosurge Services) Orthopedic Services) Plastic Surgery (Surgical Services) Sterile Medi Compounding (Imaging/Diagnostic Services) Teleradiology Ultrasound (Imaging/Diagnostic	rgical Unit J (Intensive Care ry (Surgical Medication ng (Inpatient) dicine agnostic Services ogy (Surgical Surgery (Surgical lery (Surgical lesia Care Unit vatient) on Unit (Inpatient, ite Care/Crisis



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Locations of Care

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Locations of Care	Available Services			
St. John's Regional Medical Center DBA: St. John's Hospital Camarillo 2309 Antonio Avenue Camarillo, CA 93010	 Joint Commission Advanced Certification Programs: Primary Stroke Center Services: Cardiac Catheterization Lab (Surgical Services) CT Scanner (Imaging/Diagnostic Services) Ear/Nose/Throat Surgery (Surgical Services) EEG/EKG/EMG Lab (Imaging/Diagnostic Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gastroenterology (Surgical Services) Gynecological Surgery (Surgical Services) Hazardous Medication Compounding (Inpatient) Inpatient Unit (Inpatient) Inpatient Unit (Inpatient) Interventional Radiology (Imaging/Diagnostic Services) Magnetic Resonance Imaging (Imaging/Diagnostic Services) 			

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2021 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 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	\bigotimes
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
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	\bigcirc
	Performing a Time-Out	\bigcirc

Symbol Key

The organization has met the National Patient Safety Goal.
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 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." Symbol Key

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St. John's Regional Medical Center

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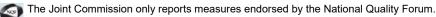


National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

		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				
		Ν	lationwide		State	ewide
Measure	Explanation	Hospital Results	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Averag 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%	16%	23%
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 40 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.	51% of 205 eligible Patients	71%	51%	80%	63%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	1306% of 842 eligible Patients	200%	1800%	0%	1500%
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.	2850% of 842 eligible Patients	1500%	3100%	1300%	2800%



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

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National Quality Improvement Goals

Reporting Period: January 2020 - December 2020

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Measure Area	Explanation		Nationwi	de	Statewide	э
	egory of evidenced based measures as mothers and newborns.	ssesses the	<u></u>	2	™ ²	
				other Joint ed Organiz	Commissic zations State	
Measure	Explanation	Hospital Results	Top 10% Scored at Least:		Top 10% Scored at Least:	Aver Rat
Unexpected Complication Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	1543% of 842 eligible Patients	500%	1300%	500%	140



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2020 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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