



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.



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
Hospital	Accredited	5/22/2021	5/21/2021	5/21/2021
Laboratory	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	Last On-Site Review Date
Primary Stroke Center	Certification	5/3/2019	4/4/2017	4/4/2017
Thrombectomy-Capable Stroke Center	Certification	9/28/2019	8/16/2019	8/16/2019

Special Quality Awards

2015 Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program

		Compared to other Joint Commission Accredited Organizations	
		Nationwide	Statewide
Hospital	2021 National Patient Safety Goals		*
	National Quality Improvement Goals:		
Reporting Period: Jan 2019 - Dec 2019	Emergency Department	²	²
	Perinatal Care	²	²
Laboratory	2020 National Patient Safety Goals		*



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



St. John's Regional Medical Center

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

Org ID: 10005



Locations of Care

* Primary Location

Locations of Care	Available Services
Dignity Health Infusion Center DBA: Dignity Health Infusion Center 1700 N. Rose Avenue Ste 300 Oxnard, CA 93030	Services: <ul style="list-style-type: none"> Administration of High Risk Medications (Outpatient) Single Specialty Practitioner (Outpatient)
Dignity Health Infusion Center DBA: Dignity Health Infusion Center 2900 Loma Vista Road, Ste 201, Ventura, CA 93003	Services: <ul style="list-style-type: none"> Administration of High Risk Medications (Outpatient) Single Specialty Practitioner (Outpatient)
Dignity Health Infusion Center DBA: Dignity Health Infusion Center 500 Paseo Camarillo, Ste 107 Camarillo, CA 93010	Services: <ul style="list-style-type: none"> Administration of High Risk Medications (Outpatient) Single Specialty Practitioner (Outpatient)
St. John's Hospital Camarillo DBA: St. John's Hospital Camarillo D/P SNF 2309 Antonio Avenue Camarillo, CA 93010	Services: <ul style="list-style-type: none"> General Laboratory Tests Rehabilitation Services Skilled Nursing Care Toxicology Traumatic Brain Injury Ventilator Services
St. John's Outpatient Surgery Center 1700 N. Rose Ave, Suite 100 Oxnard, CA 93030	Services: <ul style="list-style-type: none"> Administration of High Risk Medications (Outpatient) Anesthesia (Outpatient) General Laboratory Tests Perform Invasive Procedure (Outpatient) Single Specialty Practitioner (Outpatient)
St. John's Outpatient Therapy Center 295 Hueneme Road Port Hueneme, CA 93041	Services: <ul style="list-style-type: none"> Single Specialty Practitioner (Outpatient)
St. John's Outpatient Therapy Center 961 North Rice Avenue #3 Oxnard, CA 93030	Services: <ul style="list-style-type: none"> Single Specialty Practitioner (Outpatient)



Locations of Care

* Primary Location

Locations of Care	Available Services
St. John's Regional Medical Center * 1600 North Rose Avenue Oxnard, CA 93030	Joint Commission Advanced Certification Programs: <ul style="list-style-type: none">Thrombectomy-Capable Stroke Center Services: <ul style="list-style-type: none">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 TestsGI or Endoscopy Lab (Imaging/Diagnostic Services)Gynecological Surgery (Surgical Services)Gynecology (Inpatient)Hazardous Medication Compounding (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)Non-Sterile Medication Compounding (Inpatient)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)Sterile Medication Compounding (Inpatient)Teleradiology (Imaging/Diagnostic Services)Thoracic Surgery (Surgical Services)ToxicologyUltrasound (Imaging/Diagnostic Services)Urology (Surgical Services)Vascular Surgery (Surgical Services)



Locations of Care




* Primary Location

Locations of Care	Available Services
<p>St. John's Regional Medical Center DBA: St. John's Hospital Camarillo 2309 Antonio Avenue Camarillo, CA 93010</p>	<p>Joint Commission Advanced Certification Programs:</p> <ul style="list-style-type: none">Primary Stroke Center <p>Services:</p> <div><ul style="list-style-type: none">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)Gynecological Surgery (Surgical Services)Hazardous Medication Compounding (Inpatient)Inpatient Unit (Inpatient)Interventional Radiology (Imaging/Diagnostic Services)Magnetic Resonance Imaging (Imaging/Diagnostic Services)<ul style="list-style-type: none">Medical /Surgical Unit (Inpatient)Medical ICU (Intensive Care Unit)Ophthalmology (Surgical Services)Orthopedic Surgery (Surgical Services)Plastic Surgery (Surgical Services)Post Anesthesia Care Unit (PACU) (Inpatient)Sterile Medication Compounding (Inpatient)Ultrasound (Imaging/Diagnostic Services)Urology (Surgical Services)</div>



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.

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	
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	
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: January 2019 - December 2019

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
Emergency Department	This category of evidence based measures assesses the time patients remain in the hospital Emergency Department prior to inpatient admission.	²	²

Compared to other Joint Commission
Accredited Organizations

Measure	Explanation	Hospital Results	Compared to other Joint Commission Accredited Organizations			
			Nationwide	Weighted	Statewide	Weighted
			Top 10% Scored at Most:	Median:	Top 10% Scored at Most:	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.	² 207.00 minutes 807 eligible Patients	55.00	133.00	75.73	180.51



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.

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



National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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	Statewide	Average
			Top 10% Scored at Least:	Rate:	Top 10% Scored at Least:	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 3 eligible Patients	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%	12%	22%
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 36 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.	 56% of 216 eligible Patients	73%	51%	81%	62%
Unexpected Complications in Term Newborns per 1000 livebirths - Moderate Rate	The moderate rate equals the number of patients with moderate complications.	10 2609.00 minutes 958 eligible Patients				



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.



National Quality Improvement Goals

Reporting Period: January 2019 - December 2019

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	Top 10% Scored at Least:	Average Rate:	Top 10% Scored at Least:	Average Rate:
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.	10 4697.00 minutes 958 eligible Patients				
Unexpected Complications in Term Newborns per 1000 livebirths - Severe Rate	The severe rate equals the number of patients with severe complications.	10 2087.00 minutes 958 eligible Patients				



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.

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





2020 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	
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	