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

Org ID: 10005

# Accreditation Quality Report





Version: 11 Date: 11/11/2023

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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.

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## **Summary of Quality Information**

Accreditation Progra	ms Accreditation Decision	Effective Date	Last Full So Date	urvey Last On-Site Survey Date
Hospital	Accredited	6/17/2023	6/16/2023	8/7/2023
Laboratory	Accredited	1/14/2023	1/13/2023	1/13/2023

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

Pathology and Clinical Laboratory

Hospital

F00	tnot	te	Key
Th. M.		1	M

Symbol Key

oossible results.

organization.

Not displayed

Φ

Ø

This organization achieved the best

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.
This Measure is not applicable for this

- 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.
- 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.
- 12. The measure rate is within optimal range.

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

Advanced Certification Programs	<b>Certification Decision</b>	Effective Date	Last Full Rev Date	riew Last On-Site Review Date
Primary Stroke Center	Certification	9/24/2021	11/10/2023	11/10/2023
Thrombectomy-Capable Stroke Center	Certification	9/23/2021	9/22/2021	9/22/2021

		Compared to other Joint Commission Accredited Organizations		
		Nationwide	Statewide	
Hospital	2023National Patient Safety Goals	Ø	<b>∞</b> *	
	National Quality Improvement Goals:			
Reporting Period: Jan 2021 - Dec 2021	Perinatal Care	<b>(47)</b> 2	<b>№</b> 0 <sup>2</sup>	
Laboratory	2023National Patient Safety Goals	Ø	<b>₩</b> A*	

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## **Locations of Care**

*	Primary	/ Location
	rillialy	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:      Administration of High Risk Medications (Outpatient)     Hazardous Medication Compounding (Outpatient)     Single Specialty Practitioner (Outpatient)
Dignity Health Infusion Center DBA: Dignity Health Infusion Center 2900 Loma Vista Road, Ste 201. Ventura, CA Ventura, CA 93003	Services:      Administration of High Risk Medications (Outpatient)     Hazardous Medication Compounding (Outpatient)     Single Specialty Practitioner (Outpatient)
Dignity Health Infusion Center DBA: Dignity Health Infusion Center 500 Paseo Camarillo. Ste 107 Camarillo, CA 93010	Services:      Administration of High Risk Medications (Outpatient)     Hazardous Medication Compounding (Outpatient)     Single Specialty Practitioner (Outpatient)
St. John's Outpatient Surgery Center 1700 N. Rose Ave, Suite 100 Oxnard, CA 93030	Services:      Anesthesia (Outpatient)     General Laboratory Tests     Perform Invasive Procedure (Outpatient)     Single Specialty Practitioner (Outpatient)
St. John's Outpatient Therapy Center 961 North Rice Avenue #3 Oxnard, CA 93030	Services:  • Single Specialty Practitioner (Outpatient)

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## **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:**

• Thrombectomy-Capable 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)
- 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)
- Toxicology
- Ultrasound
- (Imaging/Diagnostic Services)
- Urology (Surgical Services)
- Vascular Surgery (Surgical Services)

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### **Locations of Care**

#### \* Primary Location

### Locations of Care

#### St. John's Regional Medical Center DBA: St. John's Hospital Camarillo 2309 Antonio Avenue Camarillo, CA 93010

#### Available Services

#### **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)
- General Laboratory Tests
- Gynecological Surgery (Surgical Services)
- Hazardous Medication Compounding (Inpatient)
- Inpatient Unit (Inpatient)
- Interventional Radiology (Imaging/Diagnostic Services)
- Magnetic Resonance Imaging (Imaging/Diagnostic Services)

- 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)
- Toxicology
- Ultrasound (Imaging/Diagnostic Services)
- Urology (Surgical Services)

#### St. John's Regional Medical Center DBA: St. John's Hospital

Camarillo D/P SNF 2309 Antonio Avenue Camarillo, CA 93010

#### **Services:**

- General Laboratory Tests
- Rehabilitation Services
- Skilled Nursing Care
- Traumatic Brain Injury
- Ventilator Services

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

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## **2023 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
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
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	$\mathbf{O}$
	Performing a Time-Out	Ø

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## **National Quality Improvement Goals**

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

		Commission		
		Accredited O	rganizations	
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			n
			Accredit Nationwide	ed Organiz	ations State	wide
Measure	Explanation	Hospital	Top	Average	Top	Average
Weasure	Explanation	Results	Perform	Rate:	Perform	Rate:
			er		er	
			Threshol		Threshol	
			d:		d:	
Cesarean Birth	This measure reports the number of					
	first-time moms with a full-term, single baby in a head-down position	<b>(+)</b>	N/D 12	26%	N/D 12	23%
	who delivered the baby by cesarean			2070		2070
	section.					
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	Ø				
	less than 39 weeks gestation. An	<b>O</b>				
	elective delivery is the delivery of a	4% of	0%	2%	0%	2%
	newborn(s) when the mother was not	26 eligible Patients				
	in active labor or presented with	, anomo				
	spontaneous ruptured membranes prior to medical induction and/or					
	cesarean section.					
Exclusive Breast Milk Feeding	This measure reports the overall					
Exclusive Breast William Pesaling	number of newborns who are					
	exclusively breast milk fed during the	Ø				
	newborns entire hospitalization.	O	740/	400/	000/	040/
	Exclusive breast milk feeding is when a newborn receives only breast milk	60% of	71%	49%	80%	61%
	and no other liquids or solids except	193 eligible Patients				
	for drops or syrups consisting of					
	vitamins, minerals, or medicines.					
Unexpected Complications in	The severe rate equals the number	$\oplus$				
Term Newborns per 1000	of patients with severe complications.		5	13	5	13
livebirths - Severe Rate		9 per 1000				

This information can also be viewed at https://hospitalcompare.io/
Null value or data not displayed.

- Symbol Key
- This organization achieved the best possible results
- 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.
- Not displayed

#### Footnote Key

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## **2023 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.

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## 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