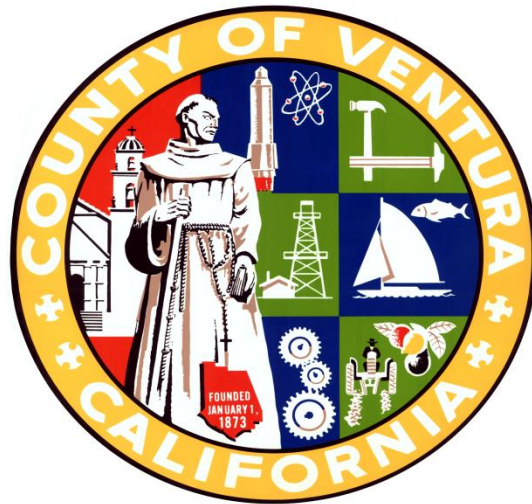


Ventura County Grand Jury 2016 - 2017



Final Report

Ventura County Medical Center Accreditation

February 27, 2017

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Ventura County Medical Center Accreditation

Summary

Accreditation is a requirement for hospital licensure in California and is required by the Federal Center for Medicare and Medicaid Services as a condition for reimbursement for services to patients insured under either Medicare or Medicaid. Medicaid is known as Medi-Cal in California. The Ventura County Medical Center is accredited by the Joint Commission. The Joint Commission reports on Physical Environment, Patient Safety, and Patient Care. The 2016-2017 Ventura County Grand Jury (Grand Jury) decided to review the accreditation status of the Ventura County Medical Center.

The last full survey by the Joint Commission was in May, 2014. The Ventura County Medical Center received full accreditation for the maximum period allowed, three years. There have been three interim reports on Patient Safety and Patient Care, the last in July, 2016. All norms for Patient Safety were met in all reports. Patient Care averages from all reports were rated Best Possible 58.8%, Above Target 16.2%, At Target 28.2%, and Below Target 4.2%.

Hospitals may also ask for reviews as to quality of care by other entities. The Ventura County Medical Center has sought accreditation by the following organizations:

- The National Surgical Quality Improvement Program of the American College of Surgeons has reviewed data every year since 2010. The Ventura County Medical Center has shown consistent improvement in quality of care with the last report in 2015 showing 97% As Expected.
- The Gold Plus Quality Achievement Award of the American Heart Association/American Stroke Association was received for two consecutive years.
- The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program of the American College of Surgeons awarded accreditation for the maximum period allowed, three years. The Ventura County Medical Center was cited for its achievement in quality improvement.

The Ventura County Medical Center is to be commended for its performance on national accreditation surveys and on its decision to seek independent review of quality of care in excess of the minimum requirement needed to achieve accreditation.

Background

The Ventura County Health Care Agency (VCHCA) is responsible for two hospitals, the Ventura County Medical Center (VCMC) and the Santa Paula Hospital along with multiple outpatient clinics. In 2013-2014 there were 52,935 inpatient days and 454,004 outpatient visits. A majority of patients are of low-income, or

uninsured, and the care of these patients is largely funded by Medi-Cal. This qualifies the VCMC as a “safety net” and “disproportionate share hospital”. Such hospitals may have a record of performance in selected clinical indicators of patient care that is less than national norms. This is a reflection, among other factors, of a patient population that does not receive adequate preventive services, has poor nutrition, often presents at a more advanced stage of disease, and is discharged to an environment that is not supportive of post hospital care. (Ref-01)

The Federal Center for Medicare and Medicaid Services (CMS) accepts accreditation by The Joint Commission (JC) as a basis for reimbursement for services provided under Medicare and Medi-Cal. The Joint Commission is a national body that inspects and accredits health care organizations. It is comprised of representatives from multiple organizations such as the American Medical Association, the American College of Surgeons (ACS), and the American Hospital Association. Without accreditation, the services provided under Medicare or Medi-Cal would not be reimbursed and a hospital would have to cease operation. According to the VCHCA 2015 Annual Report, VCMC received 81% of its revenue for inpatient care from Medicare (18%) and Medi-Cal (63%). (Ref-01, Ref-02)

The JC inspects a facility at least every 39 months and reports on its performance on numerous indicators concerning Physical Environment, Patient Safety, and Patient Care. The latter two are designated as Quality Performance Reports (QPR). In California, accreditation is a condition for licensure of general hospitals. On a voluntary basis, other entities may be invited to inspect medical facilities and issue reports on quality of care. In each instance the accrediting body compares performance to national norms. The JC QPR compares performance to state and national norms. Reports of the JC and the VCHCA 2015 Annual Report, labelled as VCMC, include both hospitals and related outpatient clinics. (Ref-01, Ref-03, Ref-04, Ref-05, Ref-06)

Methodology

Relevant websites regarding the various agencies that have accredited the VCMC were reviewed. The VCHCA 2015 Annual Report and the following accreditation reports were reviewed:

- The report of the last full accreditation survey by the JC of May, 2014, subsequent correspondence, and three follow-up reports, the last in July, 2016
- The initial report of the National Surgery Quality Improvement Program (NSQIP) of the ACS of July, 2010-June, 2011 and the follow-up reports for every six months thereafter ending January, 2015-December, 2015
- The documentation of The Gold Plus Quality Achievement Award of the American Heart Association/American Stroke Association
- The Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) of the ACS

Of these reports, only the QPR of the JC, and the VCHCA 2015 Annual Report are available online. Interviews were held with relevant individuals.

Facts

FA-01. The JC’s last full survey of VCMC was in May, 2014. The Accreditation Report considered Physical Environment, Patient Safety, and Patient Care. VCMC received full accreditation for three years, the maximum period allowed. There were four QPR reports for Patient Safety and Patient Care, the last in July, 2016.

- Examples of Physical Environment Focus Areas
 - “Maintaining Fire Safety equipment”
 - “Management of risks associated with its utility systems”
 - “Hospital maintains the integrity of the means of egress”
- Examples of Patient Safety Goals
 - “Improve the accuracy of patient identification”
 - “Improve the safety using medication”
 - “Reduce the risk of health infections”
- Examples of Patient Care Domains
 - “Heart Failure Care”
 - “Pneumonia Care”
 - “Stroke Care”

(Ref-06)

FA-02. The JC report of May, 2014 identified 11 issues regarding Physical Environment. At an unscheduled follow up survey in September, 2014, all issues were resolved.

FA-03. Of the 17 distinct indicators for Patient Safety, all national and state norms were met in the four QPRs. (Ref-06)

FA-04. The JC evaluated the VCMC on 10 different Domains for Patient Care, several on more than one occasion. Within these domains there were 94 separate clinical indicators such as timing of medications, appropriate use of laboratory tests, and discharge instructions. There were a total of 118 indicators evaluated in the four QPRs, some on multiple occasions. (Ref-06)

FA-05. The JC grades Patient Care performance as: Best Possible results, Above the Target range/value, Similar to the Target range/value, and Below the Target range/value. The average for the VCMC based on all four reports were:

<u>Result</u>	<u>Indicators</u>	<u>Percentage</u>
Best Possible	60	50.8%
Above Target	19	16.2%
Similar Target	34	28.8%
Below Target	5	4.2%

(Ref-06)

FA-06. The NSQIP is designed to stimulate and measure improvement in quality of care over a period of time. The report on VCMC tracked an average of 92 Quality indicators from January, 2011 through December, 2015. The Quality indicators were rated Exemplary, As Expected, and Need Improvement. The results from the full initial report and the most recent report were as follows:

<u>Ratings</u>	<u>01/11-12/11</u>	<u>01/15-12/15</u>
Exemplary	0%	1%
As Expected	83%	97%
Need Improvement	17%	2%

(Ref-03)

FA-07. VCMC was awarded the *Stroke Gold Plus Quality Achievement Award* from the American Heart Association/American Stroke Association in 2016. This award recognized VCMC for two or more consecutive years of 85% or higher adherence on all applicable achievement measures and at least 75% or higher adherence with five or more select quality measures in stroke care. (Ref-04)

FA-08. VCMC was surveyed in June, 2015 by the MBSAQIP in partnership with the American Society for Metabolic and Bariatric Surgery (ASMBS). VCMC achieved a Comprehensive Center accreditation for the maximum period allowed, three years. The MBSAQIP accreditation acknowledges VCMC’s commitment to providing and supporting quality improvement and patient safety for metabolic and bariatric surgery patients. (Ref-05)

Conclusions

- C-01.** The VCMC is performing very well as documented in the reports of the required assessments by the JC. (FA-02, FA-03, FA-05)
- C-02.** In pursuit of improvement in quality of care, the VCMC has voluntarily sought and received additional accreditation by three nationally recognized organizations. Surveys by these organizations document consistent improvement in the quality of patient care. (FA-07, FA-08)

Responses

Responses Required From: None

Responses Requested From: None

Commendations

- The Grand Jury commends VCMC for its record of performance as documented in accreditation surveys.
- The Grand Jury also commends VCMC for seeking accreditation beyond what is required, and for its dedication to improvement in the quality of patient care.

References

- Ref-01.** Ventura County Health Care Agency 2015 Annual Report
http://vcportal.ventura.org/VCHCA/pdf/AnnualReport_2-24-16.pdf
(accessed February 9, 2017)
- Ref-02.** The Joint Commission website <https://www.jointcommission.org/>
(accessed February 9, 2017)
- Ref-03.** American College of Surgeons-National Surgical Quality Improvement Program <https://www.facs.org/quality-programs/acs-nsqip> (accessed February 9, 2017)
- Ref-04.** American Heart Association/American Stroke Association, *Get With The Guidelines-Stroke Gold Plus Quality Achievement Award*
http://www.heart.org/HEARTORG/Professional/GetWithTheGuidelines/GetWithTheGuidelines-Stroke/Recognition-from-Get-With-The-Guidelines-Stroke_UCM_308034_Article.jsp#.WJzIV00zWUm (accessed February 9, 2017)
- Ref-05.** Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program
<https://www.facs.org/quality-programs/mbsaqip> (accessed February 9, 2017)
- Ref-06.** The Joint Commission, *Accreditation Quality Report*, 5/29/2014, 9/18/2014, 7/14/2015, 7/18/2016 for the Ventura Medical Center
<https://www.qualitycheck.org/accreditation-history/?bsnId=10178>
(accessed February 9, 2017)

Glossary

<u>TERM</u>	<u>DEFINITION</u>
ACS	American College of Surgeons
ASMBS	American Society for Metabolic and Bariatric Surgery
CMS	Federal Center for Medicare and Medicaid Services
Disproportionate share hospital	Hospital receiving additional Federal funds for treatment of a disproportionate share of uninsured patients
Grand Jury	2016-2017 Ventura County Grand Jury
MBSAQIP	Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program of the ACS
NSQUIP	National Surgical Quality Improvement Program of the ACS
QPR	Quality Performance Report
JC	The Joint Commission, formerly known as the Joint Commission for the Accreditation of Health Care Organizations
Safety net hospital	Hospital providing care for a large number of low-income or uninsured patients
VCHCA	Ventura County Health Care Agency
VCMC	Ventura County Medical Center, a hospital. When used by the JC and in Annual Reports of the VCHCA, VCMC includes Santa Paula hospital and related outpatient clinics

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