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Quality of Service at LVMC

Statement from our Board

Lompoc Valley Medical Center (LVMC) has provided quality medical care to the residents of this community for 71 years. In recent weeks, there has been much attention on the accreditation surveys conducted at the hospital in the past 14 months, including a state Department of Public Health validation survey completed in February, with a resolution of substantial compliance on June 7. To allay any lingering concerns, we say to you emphatically: Lompoc Valley Medical Center and its entire medical and professional staff provide safe and quality care for our community.

We, the Board of Directors, want to assure our community that LVMC meets or exceeds nationally accepted standards of quality patient care and we commend the work of our more than 700 employees. Chief Executive Officer Richard Curtis of the Center for Improvement in Healthcare Quality (<https://www.cihq.org/>) – the Medicare-approved accrediting organization for LVMC – said in a letter June 11, 2017, to LVMC:

“Our survey of LVMC was thorough, rigorous, but fair. Our survey did not identify serious issues related to the safety and quality of care provided by LVMC to its community.”

We stand by that statement and our hospital.

The Board of Directors of LVMC

- *Ray Down, Board President*
- *David L. McAninch, III, MD*
- *Mary Sharp*
- *Roger McConnell*
- *Linual A. White, Jr.*
- *Michael Gill, MD, Chief of Staff*

Statement from our CEO

As Chief Executive Officer of Lompoc Valley Medical Center, I want to address the recent survey process our hospital experienced.

I am so confident in our preparation that we look forward to each and every unannounced survey. No one here would argue with the benefit of having a fresh set of eyes looking at our operation.

We are also proud of our culture, which is laser-focused on opportunities to improve the wonderful care we provide. We have found that most surveys result in minor adjustments to policies and procedures that are easily implemented and ultimately positively impact our services.

All surveys are unannounced, which requires hospitals to maintain vigilance towards shifting federal and state standards. To understand how often this occurs, during the past 14 months LVMC has been subjected to eight unannounced surveys. In these surveys, hospitals are deemed either “not in compliance,” or “in substantial compliance.”

LVMC’s surveys in the past year were:

1. Vaccines for Children Inspection - April 2016 (LVMC in Substantial Compliance)
2. CDPH Licensing Division Inspection - Aug 2016 (LVMC in Substantial Compliance)
3. Board of Pharmacy Inspection - Oct 2016 LVMC in Substantial Compliance)
4. Center for Improvement in Healthcare Quality (CIHQ) Triennial CMS (Centers for Medicare & Medicaid Services) Inspection - Jan 2017 (LVMC in Substantial Compliance)
5. CDPH Licensing Division - CMS Validation Survey Feb 2017 (LVMC found NOT in Substantial Compliance)
6. CA Medical Waste Inspection - May 2017 (LVMC in Substantial Compliance)
7. Board of Pharmacy Inspection - May 2017 (LVMC in Substantial Compliance)
8. CDPH Licensing Division - Follow-up CMS Validation Survey (LVMC in Substantial Compliance)

You might question how the CMS Validation Survey performed in February could result in such divergent results than all the others in the past year. One explanation is that the survey team believed any deviation from a current policy or procedure was a non-compliant issue.

For example, the February surveyors reviewed 33 charts for pain assessments and found 100 percent of the patients had a pain assessment documented. Unfortunately, we received a citation because one chart had a pain assessment documented 61 minutes after a medication was given and our policy stated that it needed to be completed within 60 minutes. Another example involves nursing assessments. Again, 33 charts were reviewed and 100 percent had a nursing assessment performed, but 1 assessment was not documented in the timeframe outlined in our policy.


The survey team found LVMC in 97 percent compliance with pain and nursing assessments, yet we received 2 citations. The Centers for Medicare and Medicaid Services standards require a hospital to be in “substantial compliance” to pass a survey. Our rate of 97 percent chart accuracy is fantastic -- and has always been considered substantial compliance.

Every hospital inspection results in findings of some level and the majority of the CDPH citations at LVMC were technical in nature and easily resolved by modifying our current policy or procedures.

LVMC's Plan of Correction was submitted to the state on May 5 and all CMS recommendations were implemented on that date.

LVMC is confident of its ability to care for our community and is proud to have been found in substantial compliance by CMS on June 7.

In a letter dated June 11, 2017, Chief Executive Officer Richard Curtis of the Center for Improvement in Healthcare Quality – the Medicare-approved accrediting organization for LVMC – said the hospital “meets or exceeds nationally accepted standards for the provision of safe, quality patient care.”



June 11, 2017

Mr. Jimmie Raggio
Chief Executive Officer
Lompoc Valley Medical Center
1017 East Ocean Avenue
Lompoc, California 93450

Dear Mr. Raggio:

The Center for Improvement in Healthcare Quality (CIHQ) is pleased to announce that the California Department of Public Health (CDPH) at Lompoc Valley Medical Center (LVMC) in February and June of 2017.

We appreciate CIHQ's role in the Medicare approved accrediting organization for LVMC. Our responsibility is to ensure that facilities meet or exceed nationally accepted standards of quality and patient safety.

We conducted a thorough and comprehensive survey of LVMC in January of 2017. The survey team had a minimum of 10 years of experience working in acute care hospitals, and has conducted more than 100 surveys in hospitals across the United States.

All survey findings have been categorized by the Center for Improvement in Healthcare Quality (CIHQ) as essential to the ability to ensure facilities for an acceptable, full and sustainable manner. In fact, all 100% of our survey findings are CPH in a state of full compliance for the survey.

The CIHQ survey team conducted an efficient and comprehensive survey. The nationwide approach included the evaluation of medical compliance, quality of care, financial practice and patient safety within the organization. The surveyors were knowledgeable, neutral, effective in a team, and focused multiple activities with the staff and representatives of the facility.

I assure that you will be pleased with the outcomes you received. And our survey of LVMC was an exceptional experience for you. Our survey did not identify serious issues related to the safety and quality of care provided by LVMC. To the contrary.

As a result of the survey, you are in a position to do so. In addition, the CIHQ survey results (although not the survey team's findings) are available for your hospital to see. However, I can assure that it was a national and a great success. Consider quality clinical care results as a result of our national standards for the provision of safe, quality patient care.

Sincerely,

Richard Curtis PhD, MBA, MHA
Chief Executive Officer - CIHQ

Read the Letter

From Chief Executive Officer Richard Curtis
of the Center for Improvement in Healthcare Quality
regarding Lompoc Valley Medical Center's CDPH Survey.

[Download the Full Letter \(/documents/LVMC%20CIHQ%20Letter.pdf\)](/documents/LVMC%20CIHQ%20Letter.pdf)

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Thank you for trusting Lompoc Valley Medical Center with your healthcare needs.

Jim Raggio, CEO

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Our Locations

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