

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	SAINT JOHN'S HEALTH CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106190756
Report Period:	01/01/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	02/03/2026
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	providence.org/locations/socal/saint-johns-health-center

Overview

Assembly Bill No. 1204 requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Equity Measures Reporting Program to collect and post summaries of key hospital performance and patient outcome data regarding sociodemographic information, including but not limited to age, sex, race/ethnicity, payor type, language, disability status, and sexual orientation and gender identity.

Hospitals (general acute, children's, and acute psychiatric) and hospital systems are required to annually submit their reports to HCAI. These reports contain summaries of each measure, the top 10 disparities, and the equity plans to address the identified disparities. HCAI is required to maintain a link on the HCAI website that provides access to the content of hospital equity measures reports and equity plans to the public. All submitted hospitals are required to post their reports on their websites, as well.

Laws and Regulations

For more information on Assembly Bill No. 1204, please visit the following link by copying and pasting the URL into your web browser:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204

Hospital Equity Measures

Joint Commission Accreditation

General acute care hospitals are required to report three structural measures based on the Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards. For more information on these measures, please visit the following link by copying and pasting the URL into your web browser:

<https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce>

-health-care-disparities/

The first two structural measures are scored as "yes" or "no"; the third structural measure comprises the percentages of patients by five categories of preferred languages spoken, in addition to one other/unknown language category.

Designate an individual to lead hospital health equity activities (Y = Yes, N = No).

Y

Provide documentation of policy prohibiting discrimination (Y = Yes, N = No).

Y

Number of patients that were asked their preferred language, five defined categories and one other/unknown languages category.

533635

Table 1. Summary of preferred languages reported by patients.

Languages	Number of patients who report preferring language	Total number of patients	Percentage of total patients who report preferring language (%)
English Language	492414	533635	92.3
Spanish Language	15682	533635	2.9
Asian Pacific Islander Languages	3784	533635	0.7
Middle Eastern Languages	7532	533635	1.4
American Sign Language	37	533635	0
Other Languages	14186	533635	2.7

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure

There are five domains that make up the CMS Hospital Commitment to HCHE measures. Each domain is scored as "yes" or "no." In order to score "yes," a general acute care hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser:

<https://data.cms.gov/provider-data/topics/hospitals/health-equity>

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure Domain 1: Strategic Planning (Yes/No)

- Our hospital strategic plan identifies priority populations who currently experience health disparities.
- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.
- Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Y

CMS HCHE Measure Domain 2: Data Collection (Yes/No)

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health

information.

- Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.

Y

CMS HCHE Measure Domain 3: Data Analysis (Yes/No)

- Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information in hospital performance dashboards.

Y

CMS HCHE Measure Domain 4: Quality Improvement (Yes/No)

- Our hospital participates in local, regional or national quality improvement activities focused on reducing health disparities.

Y

CMS HCHE Measure Domain 5: Leadership Engagement (Yes/No)

- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.
- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually review key performance indicators stratified by demographic and/or social factors.

Y

Centers for Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH)

General acute care hospitals are required to report on rates of screenings and intervention rates among patients above 18 years old for five health related social needs (HRSN), which are food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety. These rates are reported separately as being screened as positive for any of the five HRSNs, positive for each individual HRSN, and the intervention rate for each positively screened HRSN. For more information on the CMS SDOH, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs>

Number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the five HRSN

8031

Total number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission

8769

Rate of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HRSN, and who screened positive for one or more of the HRSNs

91.6

Table 2. Positive screening rates and intervention rates for the five Health Related Social Needs of the Centers of Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH).

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	105	1.3	30	0.4
Housing Instability	279	3.5	73	0.9
Transportation Problems	113	1.4	39	0.5
Utility Difficulties	82	1	21	0.3
Interpersonal Safety	66	0.8	14	0.2

Core Quality Measures for General Acute Care Hospitals

There are two quality measures from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. For more information on the HCAHPS survey, please visit the following link by copying and pasting the URL into your web browser:

<https://hcahpsonline.org/en/survey-instruments/>

Patient Recommends Hospital

The first HCAHPS quality measure is the percentage of patients who would recommend the hospital to friends and family. For this measure, general acute care hospitals provide the percentage of patient respondents who responded "probably yes" or "definitely yes" to whether they would recommend the hospital, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for the percentages. The percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 19.

Number of respondents who replied "probably yes" or "definitely yes" to HCAHPS Question 19, "Would you recommend this hospital to your friends and family?"

300

Total number of respondents to HCAHPS Question 19

317

Percentage of total respondents who responded "probably yes" or "definitely yes" to HCAHPS Question 19

94.6

Total number of people surveyed on HCAHPS Question 19

322

Response rate, or the percentage of people who responded to HCAHPS Question 19

98.4

Table 3. Patient recommends hospital by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian	18	19	94.7	19	100
Black or African American	14	15	93.3	15	100
Hispanic or Latino	264	278	95	282	98.6
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	231	242	95.5	247	98

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34	18	19	94.7	19	100
Age 35 to 49	42	42	100	42	100
Age 50 to 64	26	29	89.7	29	100
Age 65 Years and Older	214	227	94.3	232	97.8

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	168	176	95.5	179	98.3
Male	132	141	93.6	143	98.6
Unknown					

Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	200	214	93.5	218	98.2
Medicaid	11	11	100	11	100
Private	87	90	96.7	91	98.9
Self-Pay					
Other					

Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	239	252	94.8	256	98.4
Spanish Language	16	16	100	16	100
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	11	12	91.7	12	100

Disability Status	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition disability					
Has a hearing disability					
Has a vision disability					
Has a self-care disability					
Has an independent living disability					

Sexual Orientation	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

Gender Identity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/trans					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

Patient Received Information in Writing

The second HCAHPS quality measure is the percentage of patients who reported receiving information in writing on symptoms and health problems to look out for after leaving the hospital. General acute care hospitals are required to provide the percentage of patient respondents who responded "yes" to being provided written information, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for these percentages. These percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 17.

Number of respondents who replied "yes" to HCAHPS Question 17, "During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the

hospital?"

255

Total number of respondents to HCAHPS Question 17

301

Percentage of respondents who responded "yes" to HCAHPS Question 17

84.7

Total number of people surveyed on HCAHPS Question 17

322

Response rate, or the percentage of people who responded to HCAHPS Question 17

93.5

Table 4. Patient reports receiving information in writing about symptoms or health problems by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian	15	18	83.3	19	94.7
Black or African American	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Hispanic or Latino	230	263	87.5	282	93.3
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	201	231	87	247	93.5

Age	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34	15	18	83.3	19	94.7
Age 35 to 49	38	42	90.5	42	100
Age 50 to 64	25	28	89.3	29	96.6
Age 65 Years and Older	177	213	83.1	232	91.8

Sex assigned at birth	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	146	170	85.9	179	95
Male	109	131	83.2	143	91.6
Unknown					

Payer Type	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	168	199	84.4	218	91.3
Medicaid	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Private	75	89	84.3	91	97.8
Self-Pay					
Other					

Preferred Language	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	205	238	86.1	256	93
Spanish Language	15	16	93.8	16	100
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign					
Other/Unknown Languages	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed

Disability Status	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition					
Has a hearing disability					
Has a vision disability					
Has a self-care					
Has an independent living disability					

Sexual Orientation	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

Gender Identity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/trans woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

Agency for Healthcare Research and Quality (AHRQ) Indicators

General acute care hospitals are required to report on two indicators from the Agency for Healthcare Research and Quality (AHRQ). For general information about AHRQ indicators, please visit the following link by copying and pasting the URL into your web browser:
<https://qualityindicators.ahrq.gov/>

Pneumonia Mortality Rate

The Pneumonia Mortality Rate is defined as the rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission for patients ages 18 years and older. General acute care hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:
https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

Number of in-hospital deaths with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

19

Total number of hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

451

Rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

42.1

Table 5. Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more)			
Native Hawaiian or Pacific Islander			
White	12	322	37.3

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	18	411	43.8

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	13	234	55.6
Male	Suppressed	Suppressed	Suppressed
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	18	381	47.2
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	19	451	42.1

Disability Status	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

Death Rate among Surgical Inpatients with Serious Treatable Complications

The Death Rate among Surgical Inpatients with Serious Treatable Complications is defined as the rate of in-hospital deaths per 1,000 surgical discharges among patients ages 18-89 years old or obstetric patients with serious treatable complications. General acute care hospitals report this measure by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Patient Safety Indicator is 04. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:

<https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/>

[PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf](#)

Number of in-hospital deaths among patients aged 18-89 years old or obstetric patients with serious treatable complications

Suppressed

Total number of surgical discharges among patients aged 18-89 years old or obstetric patients

Suppressed

Rate of in-hospital deaths per 1,000 surgical discharges, among patients aged 18-89 years old or obstetric patients with serious treatable complications

Suppressed

Table 6. Death Rate among Surgical Inpatients with Serious Treatable Complications by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more)			
Native Hawaiian or Pacific Islander			
White	Suppressed	Suppressed	Suppressed
Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	Suppressed	Suppressed	Suppressed

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	Suppressed	Suppressed	Suppressed
Male	Suppressed	Suppressed	Suppressed
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	Suppressed	Suppressed	Suppressed
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

Disability Status	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

There are three core quality maternal measures adopted from the California Maternal Quality Care Collaborative (CMQCC).

CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate

The CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate is defined as nulliparous women with a term (at least 37 weeks gestation), singleton baby in a vertex position delivered by cesarian birth. General acute care hospitals report the NTSV Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications>

Number of NTSV patients with Cesarean deliveries

219

Total number of nulliparous NTSV patients

900

Rate of NTSV patients with Cesarean deliveries

0.2

Table 7. Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
American Indian or Alaska Native			
Asian	27	98	0.3
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	32	150	0.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed
White	143	553	0.3

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	Suppressed	Suppressed	Suppressed
Age 18 to 29	16	132	0.1
Age 30 to 39	161	671	0.2
Age 40 Years and Older	41	95	0.4

Sex assigned at birth	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female			
Male			
Unknown			

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare			
Medicaid	Suppressed	Suppressed	Suppressed
Private	181	714	0.3
Self-Pay	Suppressed	Suppressed	Suppressed
Other	27	120	0.2

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	205	849	0.2
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages	Suppressed	Suppressed	Suppressed
Middle Eastern Languages	Suppressed	Suppressed	Suppressed
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

Disability Status	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

CMQCC Vaginal Birth After Cesarean (VBAC) Rate

The CMQCC Vaginal Birth After Cesarean (VBAC) Rate is defined as vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries. General acute care hospitals report the VBAC Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The VBAC Rate uses the specifications of AHRQ Inpatient Quality Indicator 22. For more information, please visit the following link by copying and pasting the URL into your web browser:

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_\(VBAC\)_Delivery_Rate_Uncomplicated.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

Number of vaginal delivery among cases with previous Cesarean delivery that meet the inclusion and exclusion criteria

40

Total number of birth discharges with previous Cesarean delivery that meet the inclusion and exclusion criteria

Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries
175.4

Table 8. Vaginal Birth After Cesarean (VBAC) Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific			
White	25	150	166.7

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Age < 18	Suppressed	Suppressed	Suppressed
Age 18 to 29	Suppressed	Suppressed	Suppressed
Age 30 to 39	31	169	183.4
Age 40 Years and Older	Suppressed	Suppressed	Suppressed

Sex assigned at birth	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Male			
Unknown			

Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Medicare			
Medicaid	Suppressed	Suppressed	Suppressed
Private	30	188	159.6
Self-Pay	Suppressed	Suppressed	Suppressed
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
English Language	38	219	173.5
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

Disability Status	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living			

Sexual Orientation	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

CMQCC Exclusive Breast Milk Feeding Rate

The CMQCC Exclusive Breast Milk Feeding Rate is defined as the newborns per 100 who reached at least 37 weeks of gestation (or 3000g if gestational age is missing) who received breast milk

exclusively during their stay at the hospital. Other criteria are that the newborns did not go to the neonatal intensive care unit (NICU), transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia. General acute care hospitals report the Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The CMQCC Exclusive Breast Milk Feeding Rate uses the Joint Commission National Quality Measure PC-05. For more information, please visit the following link by copying and pasting the URL into your web browser: <https://manual.jointcommission.org/releases/TJC2024B/MIF0170.html>

Number of newborn cases that were exclusively fed breast milk during their hospital stay and meet the inclusion and exclusion criteria

1065

Total number of newborn cases born in the hospital that meet the inclusion and exclusion criteria

1699

Rate of newborn cases per 100 that were exclusively fed breast milk during their hospital stay and meet the inclusion and exclusion criteria

62.7

Table 9. Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	85	181	47
Black or African American	32	51	62.7
Hispanic or Latino	149	286	52.1
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	33	47	70.2
Native Hawaiian or Pacific	Suppressed	Suppressed	Suppressed
White	708	1048	67.6

Age	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Age < 18	Suppressed	Suppressed	Suppressed
Age 18 to 29	120	196	61.2
Age 30 to 39	829	1296	64
Age 40 Years and Older	111	196	56.6

Sex assigned at birth	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Female			
Male			
Unknown			

Payer Type	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Medicare			
Medicaid	58	115	50.4
Private	880	1351	65.1
Self-Pay	Suppressed	Suppressed	Suppressed
Other	118	215	54.9

Preferred Language	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
English Language	326	560	58.2
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	739	1135	65.1

Disability Status	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living			

Sexual Orientation	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

General acute care hospitals are required to report several HCAI All-Cause Unplanned 30-Day Hospital Readmission Rates, which are broadly defined as the percentage of hospital-level, unplanned, all-cause readmissions after admission for eligible conditions within 30 days of hospital discharge for patients aged 18 years and older. These rates are first stratified based on any eligible condition, mental health disorders, substance use disorders, co-occurring disorders, and no behavioral health diagnosis. Then, each condition-stratified hospital readmission rate is further stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, please visit the following link by copying and pasting the URL into your web browser:

https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Any Eligible Condition

Number of inpatient hospital admissions which occurs within 30 days of the discharge date of an eligible index admission and were 18 years or older at time of admission

455

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

5860

Rate of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older

7.8

Table 10. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for any eligible condition by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	31	351	8.8
Black or African American	28	414	6.8
Hispanic or Latino	41	512	8
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	305	3901	7.8

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	13	426	3.1
Age 50 to 64	39	639	6.1
Age 65 Years and Older	397	4509	8.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	244	3240	7.5
Male	211	2620	8.1
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	358	4063	8.8
Medicaid	Suppressed	Suppressed	Suppressed
Private	50	1196	4.2
Self-Pay			
Other	45	563	8

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	455	5860	7.8

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Mental Health Disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for mental health disorders and were 18 years or older at time of admission

116

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

1344

Rate of hospital-level, unplanned, all-cause readmissions after admission for mental health disorders within 30 days of hospital discharge for patients aged 18 and older

8.6

Table 11. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for mental health disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	11	95	11.6
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	88	998	8.8

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	17	166	10.2
Age 65 Years and Older	95	1071	8.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	80	875	9.1
Male	36	469	7.7
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	91	972	9.4
Medicaid	Suppressed	Suppressed	Suppressed
Private	18	219	8.2
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	116	1344	8.6

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Substance Use Disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for substance use disorders and were 18 years or older at time of admission

12

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

153

Rate of hospital-level, unplanned, all-cause readmissions after admission for substance use disorders within 30 days of hospital discharge for patients aged 18 and older

7.8

Table 12. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	Suppressed	Suppressed	Suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	Suppressed	Suppressed	Suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	Suppressed	Suppressed	Suppressed
Male	Suppressed	Suppressed	Suppressed
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	11	98	11.2
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	12	153	7.8

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Co-occurring disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for co-occurring disorders and were 18 years or older at time of admission

13

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

144

Rate of hospital-level, unplanned, all-cause readmissions after admission for co-occurring disorders within 30 days of hospital discharge for patients aged 18 and older

9

Table 13. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for co-occurring disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	Suppressed	Suppressed	Suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	11	80	13.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	Suppressed	Suppressed	Suppressed
Male	Suppressed	Suppressed	Suppressed
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	Suppressed	Suppressed	Suppressed
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	13	144	9

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - No Behavioral Health Diagnosis

Number of inpatient hospital admissions which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

314

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

4219

Rate of hospital-level, unplanned, all-cause readmissions after admission with no behavioral diagnosis within 30 days of hospital discharge for patients aged 18 and older

7.4

Table 14. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	27	313	8.6
Black or African American	19	304	6.2
Hispanic or Latino	29	393	7.4
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	201	2693	7.5

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	20	415	4.8
Age 65 Years and Older	282	3260	8.7

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	153	2241	6.8
Male	161	1978	8.1
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	248	2906	8.5
Medicaid	Suppressed	Suppressed	Suppressed
Private	32	910	3.5
Self-Pay			
Other	33	380	8.7

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	314	4219	7.4

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

Health Equity Plan

All general acute care hospitals report a health equity plan that identifies the top 10 disparities and a written plan to address them.

Top 10 Disparities

Disparities for each hospital equity measure are identified by comparing the rate ratios by stratification groups. Rate ratios are calculated differently for measures with preferred low rates and those with preferred high rates. Rate ratios are calculated after applying the California Health and Human Services Agency's "Data De-Identification Guidelines (DDG)," dated September 23, 2016.

Table 15. Top 10 disparities and their rate ratio values.

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Age (for maternal measures only)	18 to 29	0.4	18 to 29	0.1	4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	8.8	35 to 49	3.1	2.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicare	8.8	Private	3.5	2.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Other	8.0	Private	3.5	2.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	8.8	Private	4.2	2.1
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Age (for maternal measures only)	30 to 39	0.2	18 to 29	0.1	2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	6.1	35 to 49	3.1	2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Other	8	Private	4.2	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	65 and older	8.7	50 to 64	4.8	1.8
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Race and/or Ethnicity	White	0.3	Hispanic or Latino	0.2	1.5

Plan to address disparities identified in the data

Saint John's Health Center is dedicated to advancing health equity and addressing disparities in care. Our primary focus is on reducing unplanned hospital readmission rates, particularly among the unhoused population facing unique challenges. In collaboration with Venice Family Clinic, we implement initiatives that ensure seamless transitions and referrals for both medical and behavioral health needs. Through strategic interventions and community collaboration, we are committed to ensuring that every patient receives the care they need and deserve. Priority Area 1: All-Cause Unplanned 30-Day Hospital Readmission Rate, by Behavioral Health Diagnosis (No Behavioral Health Disorders) - Disparity between Medicare and Other Insurance Types vs. Private Insurance Payor Types Addressing disparities in readmission rates among different insurance types, particularly Medicare versus private insurance, requires comprehensive solutions. Patients with Medicare often encounter barriers leading to higher readmission rates, including coverage limitations, reduced access to primary and specialist care, and financial constraints impacting follow-up care and treatment adherence. Our strategy emphasizes securing equitable follow-up care, aiming for a 15% improvement in appointment scheduling prior to discharge. Collaboration with

Venice Family Clinic enhances access to behavioral health resources, allowing us to offer integrated services that significantly impact readmission rates. Additionally, advocacy for policy changes supports improved insurance coverage and access for underserved groups, aiming to reduce systemic disparities and create a more equitable healthcare environment. Priority Area 2: HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for Patients Aged 65 and Older and 50 and Older vs. Younger Age Groups The disparity in readmission rates between older adults and younger populations underscores the challenges faced by senior patients. Older adults, particularly those 65+, contend with chronic conditions, medication management issues, and coordinated care needs that younger patients may not require. Social determinants such as housing, transportation, and social support networks significantly influence healthcare outcomes for this demographic. Our strategy involves enhanced care coordination tailored for older adults, including comprehensive discharge planning, securing outpatient follow-up appointments, and medication management to prevent complications leading to readmissions. By empowering patients with tools for effective health management at home, we aim to enhance person-centered care and ensure continuous, compassionate support. Priority Area 3: HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for Patients with Medicare Insurance vs. Private Payor Insurance Reducing readmission rates for Medicare patients compared to those with private insurance involves addressing systemic barriers in access to care. Medicare patients often experience fragmented care and unmet health needs due to challenges such as limited coverage, longer wait times for appointments, and a lack of personalized care coordination. Our approach develops strategies for enhancing care continuity and follow-up appointment scheduling, targeting a 15% improvement in these metrics for unhoused patients. Collaboration with Venice Family Clinic is pivotal, providing seamless transitions and referrals for medical and behavioral health needs. This partnership allows us to leverage resources and expertise to offer comprehensive care addressing the diverse needs of Medicare patients, particularly those without stable housing. Our advocacy focuses on policy changes to improve coverage options and access to essential services for Medicare patients. Cross-Cutting Strategies and Initiatives: Our overarching strategies address common challenges and promote health equity across all domains: 1. Community Collaboration: Working with Venice Family Clinic and other partners enhances coordinated care and addresses social determinants of health beyond the hospital setting. 2. Data-Driven Decision Making: Outcomes data guide interventions and strategic planning tailored to meet the specific needs of our community. 3. Patient Empowerment and Engagement: Educating patients about their health conditions and involving them in care planning fosters engagement, empowerment, and shared decision-making. 4. Advocacy and Policy Change: Influencing policy changes at local, state, and national levels supports improved coverage and access to care for vulnerable populations. 5. Technology Integration: Utilizing technology for efficient care coordination and patient engagement with tools like telehealth, electronic health records, and data analytics.

Performance in the priority area

General acute care hospitals are required to provide hospital equity plans that address the top 10 disparities by identifying population impact and providing measurable objectives and specific timeframes. For each disparity, hospital equity plans will address performance across priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

Person-centered care

Approach and Initiatives: Person-centered care is foundational to the health services provided at Providence Saint John's. For unhoused patients, this means developing care plans that are responsive to their unique circumstances. We begin by conducting thorough assessments, capturing

not only clinical data but also personal, social, and environmental factors that impact health outcomes. Collaboration with Venice Family Clinic: 1. Personalized Care Plans: Leveraging Venice Family Clinic's deep understanding of the community, we collaboratively develop personalized care plans tailored to each patient's life context, emphasizing flexibility and adaptability to changing needs. 2. Patient Engagement: We facilitate patient engagement workshops, both in clinic and community settings, to encourage active participation in health decisions. Venice Family Clinic plays a critical role in bridging communication gaps and fostering trust. 3. Feedback Loops: Implementing robust feedback mechanisms with Venice Family Clinic allows us to continually refine care strategies based on patient experiences and outcomes. Specific Example: A pilot program is underway where unhoused patients receive a 'care navigator' - a joint initiative with Venice Family Clinic. This navigator assists them in understanding their care options, scheduling follow-up appointments, and overcoming barriers to accessing services.

Patient safety

Approach and Initiatives: Ensuring patient safety extends beyond the hospital walls. It involves creating an ecosystem where patients feel secure and supported throughout their healthcare journey. For the unhoused population, this necessitates a proactive approach in managing health transitions and reducing risks associated with unstable living conditions. Collaboration with Venice Family Clinic: 1. Safe Transition Protocols: Together with Venice Family Clinic, we have established protocols for the safe transition of patients from hospital to outpatient settings, including coordination of transportation, housing referrals, and immediate access to necessary medications. 2. Behavioral Health Services: We emphasize behavioral health screenings upon discharge, with Venice Family Clinic providing follow-up services tailored to addressing mental health needs, which are critical in preventing hospital readmissions. 3. Emergency Response Strategies: Collaborative training programs enhance the ability of both our teams to respond swiftly to health emergencies among our unhoused patients, ensuring timely and effective intervention. Specific Example: Deployment of a joint 'Rapid Response Team' capable of addressing emergency needs in the community. This team actively engages unhoused patients post-discharge, offering check-ins and immediate support to prevent crisis escalation.

Addressing patient social drivers of health

Approach and Initiatives: Understanding and addressing social determinants of health are crucial in our holistic approach to care. The unhoused population faces myriad challenges including housing instability, food insecurity, and lack of employment opportunities, all of which significantly impact health outcomes. Collaboration with Venice Family Clinic: 1. Integrated Support Services: Venice Family Clinic facilitates access to resources such as housing assistance programs, nutritional support, and job training workshops as part of a holistic care strategy. 2. Community Resource Mapping: We engage in joint efforts to map community resources, ensuring unhoused patients have direct pathways to services that address their social determinants. 3. Advocacy and Policy Influence: By partnering with Venice Family Clinic, we amplify advocacy efforts aimed at influencing local policy to improve SDOH conditions. Specific Example: An ongoing initiative involves establishing a 'Community Health Hub' where unhoused individuals can access multiple services, from healthcare and counseling to nutrition and housing aid, coordinated with Venice Family Clinic's outreach programs.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Approach and Initiatives: Effective treatment for our unhoused population is not a one-size-fits-all

solution. It requires a dynamic and integrated approach that considers both medical and behavioral health components, ensuring comprehensive care that extends beyond initial treatment.

Collaboration with Venice Family Clinic: 1. Multi-disciplinary Team Integration: Our partnership with Venice Family Clinic facilitates the assembly of multi-disciplinary teams that collaborate in developing treatment plans encompassing physical, mental, and social health aspects. 2. Follow-Up Care Systems: We have implemented robust systems for securing follow-up care appointments prior to discharge, ensuring continuity in treatment and reducing gaps that could lead to readmissions. 3. Chronic Disease Management Programs: With Venice Family Clinic, specialized programs target chronic diseases prevalent among the unhoused, providing targeted interventions and monitoring. Specific Example: A collaborative 'Chronic Care Model' has been established, offering intensive management and support for conditions such as diabetes and hypertension, including regular follow-ups facilitated by Venice Family Clinic to track and optimize patient progress.

Care coordination

Approach and Initiatives: Care coordination is vital for unhoused patients who navigate a fragmented healthcare landscape. Effective coordination ensures streamlined access to services, reducing redundancies and improving overall healthcare experiences. Collaboration with Venice Family Clinic: 1. Shared Care Management Systems: Utilizing integrated care management software, both Saint John's and Venice Family Clinic work together to track patient progress, synchronize care plans, and facilitate communication across teams. 2. Referral Networks: We've built extensive referral networks that allow unhoused patients seamless transitions between providers, supported by Venice Family Clinic's community presence. 3. Insurance Navigation Support: Venice Family Clinic assists patients in navigating insurance options, including linkage to supplementary resources that cover gaps in traditional coverage. Specific Example: A 'Care Coordination Task Force' operates to ensure comprehensive oversight of all patient transitions. This task force, in collaboration with Venice Family Clinic, identifies and resolves potential barriers in patient pathways.

Access to care

Approach and Initiatives: Ensuring access to care involves removing barriers that prevent unhoused individuals from receiving necessary services. This requires a multifaceted approach, addressing physical, financial, and logistical challenges. Collaboration with Venice Family Clinic: 1. Mobile Health Units: Venice Family Clinic's mobile units provide direct access to care for unhoused individuals in various locations, offering preventive services and immediate care. 2. Telehealth Expansion: Expanding telehealth services allows for ongoing patient engagement, with Venice Family Clinic facilitating remote consultations and follow-up appointments for those unable to visit in person. 3. Financial Assistance Programs: Financial barriers are addressed through assistance programs offered collaboratively, providing access to necessary treatments and medications. Specific Example: A 'Mobile Health Initiative' has been launched, wherein mobile units staffed by Venice Family Clinic offer healthcare services at shelters and community centers, ensuring no patient is left without access due to mobility issues.

Methodology Guidelines

Did the hospital follow the methodology in the Measures Submission Guide? (Y/N)

Y