

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	PROVIDENCE SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106491064
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	02/17/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	providence.org/locations/norcal/santa-rosa-memorial-hospital

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.

343462

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	269069	343462	78.3
Spanish Language	41886	343462	12.2
Asian Pacific Islander Languages	2194	343462	0.6
Middle Eastern Languages	414	343462	0.1
American Sign Language	83	343462	0
Other Languages	2816	343462	0.8

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.

N

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.

N

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

6655

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

8021

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

83

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	300	4.5	166	2.5
Housing Instability	562	8.4	324	4.9
Transportation Problems	266	4	156	2.3
Utility Difficulties	239	3.6	128	1.9
Interpersonal Safety	88	1.3	33	0.5

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?"

446

Total number of respondents to HCAHPS Question 19

486

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

91.8

Total number of people surveyed on HCAHPS Question 19

496

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

98

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	20	95
Black or African American	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Hispanic or Latino	399	435	91.7	442	98.4
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
White	361	394	91.6	400	98.5

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	53	56	94.6	56	100
Age 35 to 49	45	52	86.5	52	100
Age 50 to 64	47	52	90.4	54	96.3
Age 65 Years and Older	301	326	92.3	334	97.6

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	234	257	91.1	265	97
Male	212	229	92.6	231	99.1
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	285	308	92.5	317	97.2
Medicaid	74	79	93.7	79	100
Private	72	83	86.7	84	98.8
Self-Pay	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Other	Suppressed	12	Suppressed	12	100

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	354	389	91	395	98.5
Spanish Language	40	42	95.2	43	97.7
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed

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?"

408

Total number of respondents to HCAHPS Question 17

457

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

89.3

Total number of people surveyed on HCAHPS Question 17

496

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

92.1

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	17	19	89.5	20	95
Black or African American	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Hispanic or Latino	362	405	89.4	442	91.6
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
White	323	364	88.7	400	91

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	51	54	94.4	56	96.4
Age 35 to 49	47	51	92.2	52	98.1
Age 50 to 64	50	52	96.2	54	96.3
Age 65 Years and Older	260	300	86.7	334	89.8

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	218	247	88.3	265	93.2
Male	190	210	90.5	231	90.9
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	251	286	87.8	317	90.2
Medicaid	71	76	93.4	79	96.2
Private	73	80	91.2	84	95.2
Self-Pay	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Other	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed

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	316	360	87.8	395	91.1
Spanish Language	41	41	100	43	95.3
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

14

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

315

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

44.4

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			
Multiracial and/or Multiethnic (two or more)			
Native Hawaiian or Pacific Islander			
White	12	274	43.8

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	11	262	42

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	Suppressed	Suppressed	Suppressed
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	12	263	45.6
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	14	315	44.4

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

11

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

72

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

152.8

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	Suppressed	Suppressed	Suppressed
Asian			
Black or African American			
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
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	11	72	152.8

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

73

Total number of nulliparous NTSV patients

348

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	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	28	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	31	133	0.2

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	29	196	0.1
Age 30 to 39	33	127	0.3
Age 40 Years and Older	Suppressed	21	Suppressed

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	Suppressed	Suppressed	Suppressed
Medicaid	32	171	0.2
Private	31	130	0.2
Self-Pay	Suppressed	Suppressed	Suppressed
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	58	279	0.2
Spanish Language	11	60	0.2
Asian Pacific Islander Languages			
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

75

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
384.6

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	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	46	117	393.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific			
White	17	48	354.2

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			
Age 18 to 29	Suppressed	65	Suppressed
Age 30 to 39	47	116	405.2
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	56	145	386.2
Private	16	40	400
Self-Pay			
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	40	117	341.9
Spanish Language	34	74	459.5
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 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

784

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

854

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

91.8

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	29	31	93.5
Black or African American	19	21	90.5
Hispanic or Latino	388	428	90.7
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	41	42	97.6
Native Hawaiian or Pacific	Suppressed	Suppressed	Suppressed
White	261	279	93.5

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	356	388	91.8
Age 30 to 39	374	410	91.2
Age 40 Years and Older	Suppressed	51	Suppressed

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	441	492	89.6
Private	240	253	94.9
Self-Pay	22	26	84.6
Other	81	83	97.6

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	586	630	93
Spanish Language	182	203	89.7
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 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

456

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

6185

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

7.4

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	17	163	10.4
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	41	627	6.5
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	378	5093	7.4

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	376	Suppressed
Age 50 to 64	78	835	9.3
Age 65 Years and Older	356	4666	7.6

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	217	3007	7.2
Male	239	3178	7.5
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	382	4596	8.3
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	871	Suppressed
Self-Pay			
Other	43	627	6.9

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	456	6185	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			

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

139

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

1548

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

9

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	18	147	12.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	113	1316	8.6

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	31	232	13.4
Age 65 Years and Older	97	1171	8.3

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	80	926	8.6
Male	59	622	9.5
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	120	1211	9.9
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	11	145	7.6

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	139	1548	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 - 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

36

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

426

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

8.5

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	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			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	33	357	9.2

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	13	102	12.7
Age 65 Years and Older	23	276	8.3

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	Suppressed	Suppressed	Suppressed
Male	Suppressed	306	Suppressed
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	27	301	9
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	36	426	8.5

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

33

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

377

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

8.8

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	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 races)			
Native Hawaiian or Pacific Islander			
White	29	330	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	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	20	207	9.7

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	20	183	10.9
Male	13	194	6.7
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	30	285	10.5
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	33	377	8.8

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 - 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

248

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

3834

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

6.5

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	13	130	10
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	22	423	5.2
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	203	3090	6.6

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	24	383	6.3
Age 65 Years and Older	216	3012	7.2

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	109	1778	6.1
Male	139	2056	6.8
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	205	2799	7.3
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	596	Suppressed
Self-Pay			
Other	27	390	6.9

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	248	3834	6.5

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)	30 to 39	0.3	18 to 29	0.1	5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Race and/or Ethnicity	Asian	10	Hispanic or Latino	5.2	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring)	Sex Assigned at Birth	Female	10.9	Male	6.7	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health)	Age (excluding maternal measures)	50 to 64	13.4	65 and older	8.3	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Asian	10.4	Hispanic or Latino	6.5	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Age (excluding maternal measures)	50 to 64	12.7	65 and older	8.3	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health)	Race and/or Ethnicity	Hispanic or Latino	12.2	White	8.6	1.4
CMQCC Vaginal Birth After Cesarean (VBAC) Rate, Uncomplicated	Preferred Language	English Language	341.9	Spanish Language	459.5	1.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health)	Expected Payor	Medicare	9.9	Other	7.6	1.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Race and/or Ethnicity	White	6.6	Hispanic or Latino	5.2	1.3

Plan to address disparities identified in the data

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes. Our approach to health equity is both systemic and patient centered. We embed equity into every aspect of care delivery by integrating language access, behavioral health services, and social determinants of health screening into standardized workflows. We recognize that disparities in health outcomes often stem from barriers such as poverty, housing instability, food insecurity, and limited access to culturally competent care. To address these challenges, we partner with community organizations, faith-based groups, and local

agencies to connect patients to essential resources beyond the hospital walls. Measurement and accountability are central to our equity strategy. We stratify key performance indicators-such as readmission rates, access to interpreter services, and completion of social needs screenings-by demographic factors to identify gaps and implement targeted interventions. Through continuous improvement cycles, we work to close these gaps and ensure that every patient receives care that is equitable, respectful, and responsive to their unique needs. Health equity is not a standalone initiative; it is woven into our mission and values. By addressing systemic inequities and fostering partnerships that extend care into the community, Providence strives to create a future where every person has the opportunity to achieve optimal health, regardless of race, income, or social circumstance. #1 & #4: Goal: Include/consider maternal age in 100% of NTSV cesarean section cases reviewed. Action: Continue with OB leadership review of NTSV cesarean birth cases monthly; include maternal age in review. Engage Women's and Children's Safety Committee for improvement initiatives to address inequity. #2, 3 5 6, 7,8, 9, 10: Goal: Demonstrate monthly 30-Day OE ratio of 1.03. Actions: - Increase compliance in fully completing initial case management assessments within 24 hours of admission to ensure early identification of population-specific needs (e.g., SNF authorization, coverage limitations, discharge planning complexity, and patient/family education). - Utilize evidence-based readmission risk assessment tool to flag high risk patients - Include follow-up appointment education into discharge education - Educate patients of an automatic discharge follow-up call within 48 hours of discharge - Initiate palliative care referrals for ED patients who will be admitted - Partner with Home Health Collaborative to discuss causes and prevention of readmissions for patients receiving home health - Include printed patient education about admitting diagnosis and new medications in patient's After Visit Summary - Initiate Care Network referrals for all Medicare FFS patient with high LACE scores - Approach care and patient education in a culturally sensitive manner utilizing translation services for patients with Limited English Proficiency. - For behavioral health patients, include behavioral health assessment early in the admission and engage mental health resources into discharge planning, including substance use disorders

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

At Santa Rosa Memorial Hospital, we share the Providence mission: "As expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable." Our core values-compassion, dignity, justice, excellence, and integrity-are the foundation of everything we do. These values are not just words; they are lived through our policies, communications, and daily actions. From the moment an applicant expresses interest in joining our team, through onboarding and throughout their career, these principles guide how we interact with patients, families, and each other. Person-centered care means recognizing that every patient's health journey is unique. We place the patient at the center of all decisions and ensure care is tailored to their needs, preferences, and cultural background. Interpreter services are available through phone and video platforms, allowing patients to communicate in their preferred language without barriers. All patient education materials come in multiple languages and are translated by certified medical interpreters to ensure accuracy and cultural appropriateness. Consent forms are written in clear, understandable language so patients never agree to a procedure without fully understanding its purpose. Beyond communication, we provide programs that support

patients during and after hospitalization. Our Care Network program bridges the gap between hospital and home, focusing on culturally competent care and addressing health disparities. We also offer home health services, case management, and community health workers to assist with discharge planning, medication access, and follow-up appointments. These resources are especially critical for Hispanic/Latinx and rural populations, who experience higher rates of chronic illness and limited access to care. By addressing social determinants of health and removing barriers, we help patients heal in environments that support their well-being. Measurement and Accountability: We monitor interpreter utilization rates, HCAHPS scores, and social determinants of health screenings, and we follow up on positive screens to ensure continuity of care. Patient feedback is gathered through Press Ganey surveys, and we are exploring patient advisory councils to guide improvements. These efforts reflect our promise: "Know me, care for me, ease my way." Through collaboration, cultural sensitivity, and innovation, Santa Rosa Memorial Hospital strives to deliver care that honors the dignity and uniqueness of every person.

Patient safety

Patient safety at Providence Santa Rosa Memorial Hospital is the foundation of all clinical care. We employ evidence-based protocols, rigorous audits, and standardized checklists to minimize risk and prevent harm. Our initiatives-such as early identification of high-risk patients, timely completion of assessments, and enhanced discharge education-are designed to ensure safe transitions across care settings. We are actively working toward becoming a High Reliability Organization (HRO), embedding reliability principles into every aspect of care delivery. This means maintaining a constant preoccupation with failure, resisting oversimplification of complex issues, and fostering sensitivity to operations. We emphasize resilience and rapid recovery from unexpected events and defer to expertise by empowering staff at all levels to speak up and act on safety concerns. Our robust reporting system, grounded in a Just Culture, encourages staff to report errors and near misses without fear of punitive action. This transparency fosters learning and continuous improvement, ensuring that safety is not only a priority but a shared responsibility across the organization. AB 1204 reinforces the importance of safety through its mandate to reduce disparities and improve outcomes. By embedding equity-focused interventions into our workflows and monitoring compliance through stratified data, we address systemic risks that disproportionately affect vulnerable populations. Continuous improvement cycles, informed by real-time data and multidisciplinary reviews, allow us to identify gaps and implement corrective actions promptly. Patient safety is not limited to clinical procedures; it encompasses communication, coordination, and education. Through proactive planning and collaboration, we create a care environment where every patient receives safe, reliable, and equitable treatment.

Addressing patient social drivers of health

Our organization recognizes that health outcomes are influenced by more than clinical care alone. Social Determinants (SDOH) of Health such as housing stability, food security, transportation access, education, and economic opportunity play a critical role in shaping patient well-being. Addressing these factors is essential to achieving health equity and improving overall quality of care. We systematically identify and address social needs that impact health outcomes. To achieve this, we screen all patients for key social drivers, including housing, food, transportation, and financial insecurity, and stratify findings by race, ethnicity, language, and other demographics to uncover disparities. We partner with community-based organizations to connect patients to resources and provide culturally and linguistically appropriate support. We use FindHelp an electronic medical record search tool that assists caregivers in finding community-based social services that address social drivers of health. FindHelp can generate a comprehensive list of local resources patients need to maintain their health and well-being. Additionally, we integrate SDOH data into care planning and population health strategies to ensure interventions are equitable and responsive to the unique needs of our diverse patient population.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Effective treatment at Providence Santa Rosa Memorial Hospital is rooted in evidence-based practices and tailored to individual patient needs. Our targeted action plans demonstrate how best practices are translated into measurable improvements that strengthen transitions of care, enhance patient education, and address barriers to recovery. These initiatives ensure treatment plans are comprehensive, equitable, and sustainable beyond hospitalization. We are committed to continuously evolving and enhancing all measures submitted to CMS and The Joint Commission. This includes refining workflows, improving documentation accuracy, and leveraging real-time data to identify gaps and implement corrective actions. Our teams actively review performance on core measures, patient safety indicators, and readmission metrics to ensure compliance and drive improvement. This work is supported by multidisciplinary collaboration and the integration of best practices from national benchmarks and evidence-based guidelines into daily workflows. Our commitment aligns with national quality standards and regulatory expectations, including those set by leading accrediting and performance organizations. By embedding these strategies into standardized workflows and leveraging data-such as readmission reviews and related analyses-we ensure compliance while advancing quality goals. Continuous monitoring of outcomes, coupled with structured audits and feedback loops, drives improvement across clinical processes and patient experience. This approach directly supports HCAI AB 1204 requirements by identifying disparities, implementing targeted interventions, and tracking measurable progress through stratified data. Our work reflects the law's emphasis on equity, transparency, and continuous improvement, ensuring that care delivery meets both regulatory standards and community needs. Ultimately, effective treatment is more than meeting benchmarks-it is about delivering safe, equitable, and person-centered care. Through collaboration, education, and proactive discharge planning, we empower patients to manage their health beyond hospitalization, reducing readmissions and improving long-term outcomes.

Care coordination

Care coordination is especially important for those patients with complex medical and social drivers of health needs. Providence NorCal provides a robust continuum weaving inpatient care management to our community based complex care management program, CARE Network. CARE Network is a mission driven no cost program serving highly vulnerable individuals through intensive, community-based medical and psychosocial care management. Services are provided to community residents with complex health, behavioral, and social challenges, including the following: Homelessness and housing stability, one or multiple chronic conditions, lacking basic needs mental health challenges, substance use disorders, inadequate financial resources, limited social supports, language/health literacy barriers. Inpatients are screened and those with complex needs are referred to CARE Network upon discharge. CARE Network provides telephonic and in person home visits to support patients with medication management, follow up medical appointments, transportation, in addition to food and other SDoH. We work closely with our FQHCs and other community-based organizations to link patients to services. Behavioral health needs are supported through collaboration with a psychiatric liaison and substance use navigator, and behavioral health follow-up scheduling is embedded in discharge planning. Social determinants of health are documented in Epic and visible to CARE Network teams when referrals are placed. Digital tools such as MyChart and text reminders help patients stay engaged in their care. We work closely with our community-based organizations to link patients to services. On the acute side, the readmission committee meets weekly to review cases and the fourth week of each month to plan improvements. Metrics such as CARE Network enrollment rates, reduced ED visits, and improved medication

adherence are tracked, and stratified data is used to monitor equity, though prioritization for multiple SDOH needs and telehealth expansion remain opportunities for development. Through these efforts, Providence NorCal ensures that care coordination is comprehensive, culturally responsive, and focused on reducing barriers for the most vulnerable populations.

Access to care

In the tradition of our Catholic heritage, we serve all, with special attention to the poor and vulnerable. One way Providence supports access to care for all is through our financial assistance program. We inform the public of this program by posting notices in high volume inpatient and outpatient service areas and at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. Beyond financial assistance, we provide robust community benefit contributions that deliver direct services such as CARE Network, mobile dental units in Napa and Sonoma, mobile health clinics in Sonoma, free community health screenings, and community resource centers in Humboldt. These services focus on underserved, vulnerable populations and provide clinical care and navigation services to ensure access to care. We also leverage services to reach rural and transportation-limited populations, expanding access to specialty care and follow-up visits. Our commitment to access is reinforced by EMTALA compliance and charity care policies, ensuring that emergency care is provided regardless of ability to pay. Through community partnerships, referrals, and outreach, we strive to remove barriers and connect patients to the care they need. These efforts reflect our mission and values, ensuring that every person, especially those who are poor and vulnerable, has equitable access to health services.

Methodology Guidelines

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

Y