

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106191230
Report Period:	01/01/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	03/03/2026
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	https://www.mlkch.org/health-equity

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.

127160

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	86622	127160	68.1
Spanish Language	40262	127160	31.7
Asian Pacific Islander Languages	60	127160	0.0
Middle Eastern Languages	28	127160	0.0
American Sign Language		127160	
Other Languages	188	127160	0.1

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

2526

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

9327

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

27.1

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	457	18.1	0	0.0
Housing Instability	411	16.3	0	0.0
Transportation Problems	384	15.2	0	0.0
Utility Difficulties	191	7.6	0	0.0
Interpersonal Safety	201	8.0	0	0.0

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?"

512

Total number of respondents to HCAHPS Question 19

550

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

93.1

Total number of people surveyed on HCAHPS Question 19

7857

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

7.0

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					
Asian					
Black or African American					
Hispanic or Latino					
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White					

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					
Age 35 to 49					
Age 50 to 64					
Age 65 Years and Older					

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					
Male					
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					
Medicaid					
Private					
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					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages					

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?"

484

Total number of respondents to HCAHPS Question 17

550

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

88.0

Total number of people surveyed on HCAHPS Question 17

7857

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

7.0

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					
Asian					
Black or African American					
Hispanic or Latino					
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White					

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					
Age 35 to 49					
Age 50 to 64					
Age 65 Years and Older					

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					
Male					
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					
Medicaid					
Private					
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					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign					
Other/Unknown Languages					

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

18

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

329

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

54.7

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			
Asian			
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)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander			
White	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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			
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)	suppressed	suppressed	suppressed
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			
Self-Pay			
Other			

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	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

41

Total number of nulliparous NTSV patients

218

Rate of NTSV patients with Cesarean deliveries

0.188

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	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	0	12	0.000
Native Hawaiian or Pacific Islander	0		
White	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older	suppressed	suppressed	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	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	0		
Middle Eastern Languages	0		
American Sign Language	0		
Other/Unknown Languages	0		

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

31

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
382.7

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	0		
Asian	0		
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	0		
White	suppressed	suppressed	suppressed

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	0		
Age 18 to 29	suppressed	suppressed	suppressed
Age 30 to 39	suppressed	suppressed	suppressed
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	0		
Medicaid	suppressed	suppressed	suppressed
Private	0		
Self-Pay	suppressed	suppressed	suppressed
Other	0		

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	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	0		
Middle Eastern Languages	0		
American Sign Language	0		
Other/Unknown Languages	0		

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

65

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

122

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

53.3

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	0		
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	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older	suppressed	suppressed	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	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	0		
Middle Eastern Languages	0		
American Sign Language	0		
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

877

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

5038

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

17.4

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	suppressed	suppressed	suppressed
Black or African American	509	2409	21.1
Hispanic or Latino	299	2224	13.4
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	20	75	26.7
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	34	215	15.8

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	107	1061	10.1
Age 35 to 49	214	1026	20.9
Age 50 to 64	271	1441	18.8
Age 65 Years and Older	285	1510	18.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	451	2469	18.3
Unknown	suppressed	suppressed	suppressed

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	342	1744	19.6
Medicaid	502	2908	17.3
Private	21	210	10.0
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	728	4027	18.1
Spanish Language	148	1003	14.8
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 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

113

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

511

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

22.1

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			
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 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	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
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 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

187

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

923

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

20.3

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			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
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	130	625	20.8
Unknown	suppressed	suppressed	suppressed

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	0	12	0.0
Other	suppressed	suppressed	suppressed

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

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

85

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

272

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

31.2

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			
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 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	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

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

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

492

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

3332

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

14.8

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	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 Islander	suppressed	suppressed	suppressed
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	267	1863	14.3
Male	225	1469	15.3
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	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
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 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
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	20.9	18 to 34	10.1	2.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Native Hawaiian or Pacific Islander	26.7	Hispanic or Latino	13.4	2.0
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	19.6	Private	10.0	2.0
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	18.9	18 to 34	10.1	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	18.8	18 to 34	10.1	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	17.3	Private	10.0	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Black or African American	21.1	Hispanic or Latino	13.4	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Preferred Language	English Language	18.1	Spanish Language	14.8	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	White	15.8	Hispanic or Latino	13.4	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Sex Assigned at Birth	Male	15.3	Female	14.3	1.1

Plan to address disparities identified in the data

MLK Community Healthcare (MLKCH), a 131-bed hospital opened in 2015 in South Los Angeles, was created to address deep health disparities in a community that is over 90% Hispanic and African American. Home to more than 1.3 million people, the service area faces high rates of diabetes, heart disease, and obesity, along with poverty and limited access to care. To meet growing needs, MLKCH has expanded services with new clinics, a Wound Healing Center, and programs like Integrated Behavioral Health and Street Medicine. With Emergency Department demand tripling, MLKCH remains a vital and trusted healthcare provider in one of LA County's most underserved regions.

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MLKCH is committed to advancing equity by addressing the disparities identified in our readmission data. The following plan outlines ways we are improving health outcomes for disproportionately affected groups.

High Readmission Rates Among Adults 35–49 and 50–64 (Disparities 1, 5, 9)

- Planned Actions: Through use of our Transitional Care Navigators expand care transition programs with age-specific support (i.e., West Alondra Medical Pharmacy bedside medication delivery and adherence education, navigation to follow-up care, social service referrals). Enhance chronic disease management education for middle-aged patients through our GetWell platform for disease-specific education during hospital stay.

- Population Impact: Reduces avoidable readmissions in a high-burden age group managing multiple conditions.

Older Adults (65+) Readmission (Disparity 2, 6, 7)

- Planned Actions: Strengthen post-discharge follow-up (in collaboration with MLKCH's post-

discharge clinics and specialty services) with senior population-focused care coordination, use CMS-required Age-Friendly 4M Model in care planning for patients ages 65 and older, home health referrals through care navigation, and pharmacist-led medication reconciliation. Integrate ONclick program for Medicare Part B patients to help patients navigate 30-day period following discharge.Đ

- Population Impact: Improves continuity of care for seniors, addressing medication-focused and mobility barriers.Đ

Race/Ethnicity Disparities in Readmission (Disparities 3, 4, 8)Đ

- Planned Actions: Implement culturally tailored discharge education and expand access to behavioral health services identified in specific racial groups, creating referral pathways. Ensure there is a cultural alignment of care model at MLKCH.Đ

- Population Impact: Addresses structural inequities and improves culturally responsive care for Black/African American and White patients with higher readmission rates compared to Latino patients.Đ

Behavioral Health Readmission Disparities (Disparity 8)Đ

- Planned Actions: Expand our Integrated Behavioral Health Program in primary care, increase psychiatry/therapy access through telehealth, and provide peer support programs. Improve emergency department acute psychiatric crisis response, clinical management, and outcomes of behavioral health patients with the integration of a 20-chair EmPATH unit.Đ

- Population Impact: Improves access and reduces repeat admissions for Black patients disproportionately impacted by mental health-related readmissions.Đ

Payor-Related Readmission Disparities (Disparities 6, 7, 10)Đ

- Planned Actions: Implement enhanced care coordination for Medicare and Medicaid populations, including proactive scheduling of follow-ups, transportation assistance, and care management partnerships with health plans.Đ

- Population Impact: Supports historically underserved, high-risk populations with limited access to primary and specialty care.Đ

MLKCH StrategiesĐ

- Objectives: We aim to create as much parity in readmission rates that are independent of race/ethnicity, age, and payor. This applies to all of the above disparities. We serve a safety net population that is the most under-resourced in LA County and essentially our entire population is vulnerable. We will continue our commitment of making the variety of programs addressing disparities more accessible and that current programs are ensured to be maintained, such as program availability. Đ

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- Timeframe: For all of the above-mentioned disparities, ongoing evaluation and implementation, assessing needs, setting measurable goals, defining timelines, and planning community outreach will continue into calendar year 2026.Đ

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By embedding this plan into our practices MLKCH will ensure equitable outcomes and improved health for our community.

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 MLK Community Healthcare, Person-Centered Care is more than a framework, it is a guiding philosophy that informs every aspect of how we deliver services. In the past year, we have taken meaningful steps to embed dignity, compassion, cultural responsiveness, and health equity into care planning, patient engagement, and delivery models.ð

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Elevating Patient Voice ð

We will launch our Patient and Family Advisory Council (PFAC) to ensure care is co-designed with those who receive it. The PFAC provides a formal avenue for patients and caregivers to offer feedback on hospital policies, communication strategies, and service delivery models. Their insights will directly influence initiatives such as patient discharge education and care coordination workflows. Ensuring care is not only clinically sound but also emotionally and culturally resonant.ð

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Additionally, our clinical teams regularly engage patients in shared decision-making during care planning. Especially for older adults, we use the 4M Framework - What Matters, Medication, Mentation, and Mobility - to ensure care aligns with their values, goals, and functional priorities. This model reinforces the principle that older adults are experts in their own lives and deserve care that reflects that.ð

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Integrating Social Context ð

We administer the PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) tool during clinical encounters to identify social drivers of health such as housing instability, food insecurity, or transportation barriers. By connecting patients to community resources through our social services and care management teams, we ensure non-medical drivers of health are addressed as part of a comprehensive care plan.ð

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In 2025, we aligned our processes with The Joint Commission's Health-Related Social Needs (HRSN) Standards, further integrating social needs screening and intervention into inpatient care pathways. This structural integration supports our goal of treating the whole person.ð

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Culturally Responsive Careð

Our commitment to cultural and linguistic competence is embedded into daily operations. We provide 24/7 access to qualified medical interpreters in multiple languages, both in-person and virtually through Martti, to ensure that patients with limited English proficiency can fully understand and participate in their care. In addition, we develop and distribute culturally tailored patient education materials, including those focused on chronic disease management and preventive care.ð

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In our diabetes care program, for example, we offer culturally relevant nutrition counseling and self-management education that reflects the dietary habits and cultural preferences of our diverse patient population. These adaptations improve both engagement and health outcomes.ð

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Centering Equity in Patient Experience ð

MLKCH collects and disaggregates patient experience data by race, ethnicity, language, and other demographics, allowing us to identify disparities in how care is perceived and experienced. This analysis informs quality improvement efforts, staff training, and service redesign to ensure all patients regardless of background receive equitable, respectful, and high-quality care.ð

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We also use this data to track trends in trust, satisfaction, communication effectiveness, and cultural sensitivity critical markers of success in person-centered care.ð

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Care Continuity and Community-Based Approachesð

Our Transitional Care Navigators work closely with patients after discharge to ensure they understand care instructions, attend follow-up appointments, and access necessary services both clinical and social. This approach enhances continuity, supports patient autonomy, and prevents avoidable readmissions, especially among those with complex needs.ð

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We also operate a robust Street Medicine program that delivers primary care and social services directly to unhoused individuals. By building trust and providing consistent, relationship-based care where people are, we bridge gaps in access and promote health equity for a historically underserved population.ð

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Health Education and Literacyð

Through the GetWell platform, we provide patients with customized, condition-specific education during inpatient stays and outpatient encounters. These materials are available in multiple languages and literacy levels, supporting patients in managing chronic conditions like diabetes, heart failure, and hypertension.ð

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Beyond the hospital, we host community health education sessions focused on preventive care, nutrition, and wellness, with culturally relevant content tailored to our community's demographics.

Patient safety

MLK Community Healthcare's approach focuses on preventing harm before it occurs, engaging patients and families as partners in safety, and closing equity gaps in outcomes.ð

Preventing Avoidable Harm Through Stronger Transitions of Careð

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We strengthened our Readmission Reduction Programs by enhancing transitional care planning, medication reconciliation, and follow-up support particularly for high-risk populations with chronic conditions such as heart failure, diabetes, and COPD. Our Transitional Care Navigators ensure patients understand discharge instructions, manage medications safely, and access needed resources. As a result, we are reducing preventable readmissions, a key patient safety and quality indicator, while improving health outcomes after hospitalization.ð

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Empowering Patients Through Educationð

Patient education plays a critical role in safety. Through the GetWell platform, we deliver tailored, disease-specific education during inpatient stays and after discharge, helping patients recognize warning signs, manage chronic conditions, and follow post-discharge care plans. By equipping patients with the right knowledge at the right time, we reduce preventable complications and promote safer self-care at home.ð

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Safe Medication Use: From Bedside to Homeð

Recognizing that medication-related errors are a leading cause of preventable harm, we implemented multiple safety interventions:ð

- Our partnership with West Alondra Medical Pharmacy brings bedside medication consultation, delivery, and education directly to patients prior to discharge. This ensures patients understand proper dosing, side effects, and interactions before leaving the hospital.ð
- We have enhanced High-Risk Medication Monitoring protocols for drugs with narrow therapeutic windows, allowing for early detection of adverse effects and more precise dosing.ð
- Our care teams also prioritize medication reconciliation across transitions of care to avoid duplications, omissions, or harmful interactions.ð

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Supporting Safe Recovery at Homeð

Safe transitions to home often depend on having the right tools and training. Our Durable Medical Equipment (DME) Coordination program ensures patients are discharged with properly fitted equipment such as walkers, oxygen tanks, or hospital beds. We also provide hands-on training and instructions for both patients and caregivers to reduce fall risk and promote independence and safety in the home environment.ð

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Equity and Inclusion in Patient Safetyð
We recognize that safety must be experienced equitably across all demographic groups. This year, we updated our Electronic Health Record (EHR) to collect and use Sexual Orientation and Gender Identity (SOGI) data, ensuring LGBTQ+ patients receive respectful, identity-affirming care. These updates support safer, more personalized care by informing clinical decisions and promoting trust between patients and providers.ð

We are also working to identify and address disparities in safety outcomes. By monitoring safety metrics such as falls, medication errors, and readmissions by race, ethnicity, language, and gender identity, we can uncover patterns that require targeted intervention. ð

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Training and Culture of Safetyð
We continue to foster a culture of safety through ongoing staff training, including modules on health equity, implicit bias, and culturally responsive care. These trainings help clinical and non-clinical staff recognize and respond to the unique safety risks faced by marginalized communities. Staff are also trained in trauma-informed communication and inclusive care practices to prevent harm and build trust.ð

Through our partnership with the Center for Advancing Safety Net Healthcare, we collaborate with peer institutions to share data, implement evidence-based practices, and co-develop innovations in safety tailored to safety-net settings. This learning network accelerates our ability to adopt proven interventions while addressing the specific needs of our patient population.ð

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Engaging Patients and Families in Safety ð
Patients and families are essential partners in safety. Our Patient and Family Advisory Council (PFAC) provides real-time feedback on safety concerns and helps shape improvements in patient communication, care transitions, and service design. We also actively monitor and respond to Press Ganey Patient Satisfaction Scores, focusing on areas where patients express concerns related to safety, respect, and communication. These insights directly inform quality improvement initiatives.ð

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Additionally, we encourage patients to speak up about safety concerns during their hospital stay and provide clear guidance on how to escalate issues. Our staff is trained to respond to patient concerns with urgency and empathy, reinforcing a shared responsibility for safety.

Addressing patient social drivers of health

MLK Community Healthcare recognizes that health outcomes are significantly shaped by social determinants such as housing, food security, education, and access to transportation. This year, we expanded our initiatives to systematically address these social needs, integrating them into patient care pathways to improve health outcomes and reduce disparities in the communities we serve.ð

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Screening for Social Drivers of Healthð
A cornerstone of our approach is the PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) tool, which is regularly used by our social services team during patient interactions. The PRAPARE screening enables us to assess a wide range of social drivers of health, such as housing instability, food insecurity, employment challenges, and transportation barriers. By identifying these social needs, we can tailor our care plans to address not

only clinical but also social factors that affect patient health.ð

In addition to PRAPARE, we have aligned our practices with The Joint Commission's Health-Related Social Needs (HRSN) Standards, ensuring that social needs are not only identified but also documented in the patient's care plan. This alignment strengthens our ability to act on these findings and ensures that social drivers are part of every patient's care continuum.ð

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Targeted Referrals to Community Resourcesð

Once social needs are identified, we connect patients to a wide array of community-based resources through FindHelp.org, an online platform that links individuals to local organizations offering support with food, housing, utilities, and more. Our social services team plays a key role in guiding patients to these resources, ensuring that referrals are timely, appropriate, and relevant to each patient's unique circumstances.ð

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We also take a proactive role in facilitating housing stability for vulnerable populations. For patients experiencing homelessness or housing instability, we provide immediate access to emergency shelter, transitional housing programs, and long-term housing solutions. This support helps break the cycle of homelessness and improves the conditions under which patients can manage their health, particularly those with chronic conditions like diabetes or hypertension.ð

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Supporting Food Access and Nutritionð

Food insecurity is a significant barrier to health, especially for patients managing chronic diseases. MLKCH has integrated food access services into our care model through various programs:ð

- The Recipe for Health Food Prescription Program allows providers to prescribe nutritious foods to patients, particularly those with chronic diseases, to help them manage their conditions and prevent complications.ð

- Diabetes Education Resource Pamphlets inform patients about how food choices can impact their health and provide practical resources for accessing affordable, healthy food.ð

These initiatives not only address immediate food needs but also empower patients to make informed decisions about nutrition, supporting long-term health improvement.ð

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Street Medicine: Reaching Unhoused Populationsð

One of our most impactful programs is our Street Medicine team, which delivers both medical and social support directly to people living unhoused. This mobile team provides on-the-ground care, including medical services, mental health support, and assistance with connecting to housing resources. By meeting patients where they are, we ensure that some of our most marginalized community members have access to the care they need, in a way that is respectful and nonjudgmental.ð

Our Street Medicine team also works closely with local shelters and housing programs to ensure that patients are linked to stable housing and ongoing community resources, such as care management and financial support services.ð

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Addressing Unmet Needs in Vulnerable Populationsð

Certain populations face disproportionate barriers in accessing healthcare and community resources. In particular, we focus on:ð

- Unhoused individuals who experience compounded challenges in accessing consistent medical care, nutrition, and housing.ð

- Low-income patients who often struggle with food insecurity, transportation issues, and unstable housing, which can undermine their ability to manage chronic health conditions.ð

- Immigrant populations, who may face language barriers, lack of access to health insurance, and fear of discrimination, all of which hinder their ability to engage with health services and resources.ð

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Expanding Access to Health and Social ServicesÐ

MLKCH's approach is holistic and community-based, ensuring that social needs are embedded into every stage of the patient care journey. By integrating social services with clinical care, we reduce barriers to care and improve health outcomes. This model acknowledges that health is not just the absence of illness, but a product of the physical, social, and environmental conditions in which people live.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

This year, MLK Community Healthcare advanced our initiatives to strengthen the effectiveness, coordination, and reach of our treatment delivery, ensuring that clinical care is both equitable and patient-centered.Ð

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Providing Care Where It's Needed MostÐ

Our Street Medicine team plays a critical role in delivering effective treatment directly to individuals experiencing homelessness. By providing consistent, relationship-based medical care, we are able to address acute health issues and chronic conditions early, preventing unnecessary emergency department visits and improving long-term health outcomes. This approach helps to reduce barriers to care, ensuring that unhoused individuals receive timely diagnosis, treatment, and follow-up. Street Medicine also works in tandem with our housing support services, ensuring that patients who require stable housing are connected to appropriate resources, which further supports treatment adherence and overall health.Ð

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Reducing Medication Errors and DelaysÐ

Our West Alondra Medical Pharmacy partnership improves medication management through bedside medication consultation, delivery, and education before patients leave the hospital. This process ensures that patients understand their prescribed medications, including proper dosing and potential side effects, significantly reducing medication errors and delays in treatment. Having prescriptions in hand upon discharge further empowers patients to manage their care without interruption, improving their ability to adhere to prescribed regimens and avoid readmissions.Ð

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Coordinating Care for High-Risk PopulationsÐ

We implemented comprehensive Readmission Reduction Programs that include coordinated follow-up, care navigation, and post-discharge education. These efforts target high-risk populations, such as individuals with chronic conditions like heart failure, diabetes, or COPD, ensuring that they receive timely follow-up appointments, necessary resources, and clear instructions for self-care. By addressing treatment adherence and preventing complications early, we reduce avoidable hospital readmissions. Additionally, our Transitional Care Navigators provide tailored support to high-risk patients post-discharge, helping them navigate their recovery process and manage complex health needs at home.Ð

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Addressing Mental and Physical Health TogetherÐ

Our Integrated Behavioral Health Program embeds mental health services into both primary and specialty care, addressing the mental and physical health needs of our patients in a coordinated and holistic manner. This integrated model ensures that patients with conditions like depression, anxiety, or substance use disorder receive timely, evidence-based treatments alongside their care for chronic

conditions like hypertension or diabetes. By addressing both the psychological and physical aspects of health, we improve overall treatment outcomes and enhance patient satisfaction.Đ

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Providing Specialized Care for Psychiatric CrisesĐ

The EmPATH (Emergency Psychiatric Assessment, Treatment, and Healing) Unit provides a therapeutic, patient-centered environment for individuals experiencing psychiatric crises. This unit offers immediate stabilization, short-term counseling, and connections to ongoing mental health care, ensuring that individuals in crisis receive compassionate and effective care. By providing an alternative to emergency department care, the EmPATH unit helps to reduce overcrowding and ensure that patients in mental health crises receive the specialized care they need in a safe, healing environment.Đ

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Comprehensive Diabetes ManagementĐ

Our CMG Diabetes Program integrates medical management, nutrition counseling, and patient education to improve glycemic control, prevent complications, and empower patients to manage their diabetes effectively. We provide culturally tailored nutrition counseling to meet the dietary preferences of our diverse patient population, ensuring that all patients can make realistic and sustainable changes to improve their health. Additionally, we offer regular follow-up appointments and a comprehensive diabetes education curriculum to support long-term disease management.

Care coordination

MLK Community Healthcare's goal is to ensure that patients receive the right care, in the right place, and at the right time. This year, we strengthened our care coordination efforts through targeted programs that bridge hospital, home, and community care, especially for vulnerable and underserved populations.Đ

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DocGo Home Paramedicine: Expanding Access to Home-Based CareĐ

One of our most impactful care coordination initiatives is our partnership with DocGo, which provides home-based paramedicine services. This program allows paramedics to visit recently discharged patients in their homes to provide follow-up care, administer medications, and monitor vital signs. By offering care in the familiar home environment, we are able to support recovery, manage chronic conditions, and reduce readmission rates. This service is particularly beneficial for high-risk populations, such as older adults or individuals with multiple comorbidities, who may face barriers to attending follow-up appointments or managing their health post-discharge.Đ

The home paramedicine service ensures a smooth hospital-to-home transition, with patients receiving care and support at home, reducing the risk of complications and readmissions. By providing these services, we meet patients where they are, ensuring continuity of care and empowering them to take an active role in their recovery.Đ

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Transitional Care Navigators: Personalized Support for Smooth TransitionsĐ

Our Transitional Care Navigators are critical to ensuring that patients transition smoothly from the hospital to home or other care settings. These navigators play an essential role in coordinating follow-up appointments, verifying medication plans, and addressing any barriers that could impede recovery, such as transportation issues or social needs. They also provide patient education on how to manage their conditions post-discharge, ensuring that patients and caregivers have the knowledge to avoid complications and adhere to treatment plans.Đ

The navigators work closely with primary care providers, specialists, and community-based resources to ensure that all aspects of care are coordinated. This personalized care coordination helps bridge gaps between hospital care, community resources, and outpatient care, supporting patients in the critical days and weeks after discharge.Đ

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ONclick Program for Medicare Part B PatientsÐ

For our Medicare Part B patients, we utilize the ONclick platform, a transitional care management service designed to ensure smooth transitions for patients post-hospital discharge. ONclick helps our transitional care navigators track follow-up care, medication management, and appointments, ensuring that these high-risk patients receive the necessary support to maintain their health after leaving the hospital. This system helps reduce readmissions and ensures that our Medicare patients, who often face complex health needs, receive consistent care across different settings.Ð

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By integrating ONclick into our care coordination efforts, we ensure that Medicare Part B patients, a population that can face unique challenges related to chronic disease management and follow-up care, are supported throughout their recovery.

Access to care

The following initiatives and partnerships reflect MLK Community Healthcare's ongoing efforts to improve access to care and strengthen healthcare delivery across our community.Ð

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Improving Access to Home-Based CareÐ

Our DocGo Home Paramedicine program provides home-based follow-up care for patients facing barriers like mobility or transportation issues. Paramedics visit patients at home to monitor health, administer treatments, and offer health education, reducing hospital readmissions. This is particularly beneficial for older adults or individuals with chronic conditions, ensuring continuity of care and better treatment adherence after discharge.Ð

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Direct Care for Homeless PopulationsÐ

Our Street Medicine team is dedicated to expanding access to care for people experiencing homelessness. The Street Medicine team brings healthcare directly to individuals experiencing homelessness, offering health assessments, preventive care, and resource navigation. This service addresses barriers like lack of transportation and ensures ongoing care, while connecting patients to social services such as housing, food, and mental health support. It reduces emergency department visits and improves health outcomes for this underserved population.Ð

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Ensuring Medication AccessÐ

In partnership with West Alondra Medical Pharmacy, we provide bedside medication delivery and consultation at discharge. This initiative eliminates delays in medication access, improves adherence, and enhances understanding of prescriptions. Patients are educated on proper use and potential side effects, supporting effective post-discharge care.Ð

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Enhancing Continuity of CareÐ

Our Post-Discharge Clinic provides timely follow-up care for patients who have recently been discharged from the hospital, helping to manage their recovery and prevent complications. This service allows patients to receive focused attention on their recovery plan, including adjustments to medications, additional treatments, and health monitoring. By offering immediate access to healthcare providers after discharge, we can intervene early to address any issues that may arise, reducing readmission rates and improving overall patient outcomes.Ð

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Expanding Access Beyond the Emergency RoomÐ

To expand care access, we have integrated Teladoc education services into our Emergency Department. Patients are educated on telemedicine options for follow-up care, offering a convenient alternative for non-emergent health concerns. This helps patients with transportation challenges or

busy schedules and reduces unnecessary ED visits.

Access to Primary and Specialty Care

MLKCH operates community-based medical clinics that provide access to primary care, specialty services, and preventive care. These clinics are designed to serve as a one-stop-shop for our community members, offering convenient access to a wide range of services within the neighborhood. By offering these services locally, we help eliminate transportation barriers and provide a familiar, accessible setting for patients who may otherwise struggle to access care in larger or more distant healthcare facilities.

Bringing Care to the Community

In addition to traditional care settings, MLKCH conducts preventive health screenings and education at community events. These events bring services directly to residents who may face challenges accessing healthcare facilities, including uninsured individuals, people living in remote areas, and those with limited access to transportation. Through these outreach efforts, we help identify health risks early and provide education on preventive care and healthy living practices. This initiative improves access to preventive services, which is crucial for reducing the burden of chronic diseases and promoting long-term health.

Health Insurance Enrollment

Our team assists patients with health insurance enrollment, ensuring they have access to the healthcare services they need. By guiding patients through the enrollment process, we help eliminate one of the most significant barriers to care: lack of insurance. This service is particularly important for low-income and undocumented populations who may otherwise face difficulties navigating the complex insurance system. By securing health coverage for these individuals, we connect them to a full range of services, including preventive care, specialty care, and treatment for chronic conditions.

Methodology Guidelines

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

Y