

Hospital Equity Measures Report

General Information

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|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2024 |
| Hospital Name: | ALHAMBRA HOSPITAL MEDICAL CENTER |
| Facility Type: | General Acute Care Hospital |
| Hospital HCAI ID: | 106190017 |
| Report Period: | 1/1/2024 - 12/31/2024 |
| Status: | Complete |
| Due Date: | 11/29/2025 |
| Last Updated: | 02/06/2026 |
| Hospital Location with Clean Water and Air: | N |
| Hospital Web Address for Equity Report: | https://www.alhambrahospital.com |

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.

22822

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 | 17560 | 22822 | 76.9 |
| Spanish Language | 2370 | 22822 | 10.4 |
| Asian Pacific Islander Languages | 2851 | 22822 | 12.5 |
| Middle Eastern Languages | 12 | 22822 | 0.1 |
| American Sign Language | suppressed | 22822 | suppressed |
| Other Languages | suppressed | 22822 | suppressed |

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

638

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

1046

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

61

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 | suppressed | 0 | 0 | |
| Housing Instability | suppressed | 0 | 0 | |
| Transportation Problems | 0 | 0 | 0 | |
| Utility Difficulties | 0 | 0 | 0 | |
| Interpersonal Safety | 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?"

382

Total number of respondents to HCAHPS Question 19

424

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

90.1

Total number of people surveyed on HCAHPS Question 19

2232

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

19

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?"

356

Total number of respondents to HCAHPS Question 17

424

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

84

Total number of people surveyed on HCAHPS Question 17

2232

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

19

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

30

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

322

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

93.2

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

| Race and/or Ethnicity | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|--|---|--|
| American Indian or Alaska Native | suppressed | suppressed | suppressed |
| Asian | 18 | 163 | 110.4 |
| 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 | suppressed | suppressed | suppressed |
| 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 | 0 | 16 | 0 |
| Age 35 to 49 | suppressed | suppressed | suppressed |
| Age 50 to 64 | suppressed | suppressed | suppressed |
| Age 65 Years and Older | 25 | 242 | 103.3 |

| 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 | 26 | 228 | 114 |
| Medicaid | suppressed | suppressed | suppressed |
| Private | suppressed | suppressed | suppressed |
| Self-Pay | suppressed | suppressed | suppressed |
| Other | | | |

| 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 | suppressed | suppressed | suppressed |
| Asian | 0 | 13 | 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) | | | |
| 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 | | | |
| 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 | 0 | 11 | 0 |
| Private | suppressed | suppressed | suppressed |
| 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 | 0 | 11 | 0 |
| 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

NA

Total number of nulliparous NTSV patients

NA

Rate of NTSV patients with Cesarean deliveries

NA

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

| Race and/or Ethnicity | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|--|---|--------------------------------------|---|
| American Indian or Alaska Native | | | |
| Asian | | | |
| 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 NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|------------------------|---|--------------------------------------|---|
| Age < 18 | | | |
| Age 18 to 29 | | | |
| Age 30 to 39 | | | |
| Age 40 Years and Older | | | |

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

| Payer Type | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|-------------------|---|--------------------------------------|---|
| Medicare | | | |
| Medicaid | | | |
| Private | | | |
| Self-Pay | | | |
| Other | | | |

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

| 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

NA

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

NA

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

NA

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

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

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

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

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

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

| 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

NA

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

NA

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

NA

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 | | | |
| 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 | | | |
| White | | | |

| 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 | | | |
| Age 18 to 29 | | | |
| Age 30 to 39 | | | |
| Age 40 Years and Older | | | |

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

| Payer Type | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%) |
|-------------------|--|--|---|
| Medicare | | | |
| Medicaid | | | |
| Private | | | |
| Self-Pay | | | |
| Other | | | |

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

| 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

357

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

2373

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

15

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 | 136 | 1057 | 12.9 |
| Black or African American | 13 | 76 | 17.1 |
| Hispanic or Latino | 172 | 969 | 17.8 |
| 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 | 29 | 188 | 15.4 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|------------------------|----------------------------------|-----------------------------------|----------------------|
| Age 18 to 34 | 19 | 164 | 11.6 |
| Age 35 to 49 | 36 | 267 | 13.5 |
| Age 50 to 64 | 97 | 486 | 20 |
| Age 65 Years and Older | 205 | 1456 | 14.1 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|-----------------------|----------------------------------|-----------------------------------|----------------------|
| Female | 186 | 1269 | 14.7 |
| Male | 171 | 1104 | 15.5 |
| Unknown | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|------------|----------------------------------|-----------------------------------|----------------------|
| Medicare | 201 | 1409 | 14.3 |
| Medicaid | 141 | 763 | 18.5 |
| Private | 15 | 189 | 7.9 |
| Self-Pay | suppressed | suppressed | suppressed |
| Other | suppressed | suppressed | suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|----------------------------------|----------------------------------|-----------------------------------|----------------------|
| English Language | 229 | 1520 | 15.1 |
| 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 | | | |

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

48

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

300

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

16

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 admissions | Total number of admitted patients | Readmission rate (%) |
|--|---------------------------------------|--|-----------------------------|
| American Indian or Alaska Native | suppressed | suppressed | suppressed |
| Asian | suppressed | suppressed | suppressed |
| Black or African American | suppressed | suppressed | suppressed |
| Hispanic or Latino | suppressed | suppressed | suppressed |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more races) | | | |
| Native Hawaiian or Pacific Islander | suppressed | suppressed | suppressed |
| White | suppressed | suppressed | suppressed |

| Age | Number of inpatient admissions | 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 admissions | Total number of admitted patients | Readmission rate (%) |
|------------------------------|---------------------------------------|--|-----------------------------|
| Female | suppressed | suppressed | suppressed |
| Male | suppressed | suppressed | suppressed |
| Unknown | | | |

| Payer Type | Number of inpatient admissions | 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 | | | |

| Preferred Language | Number of inpatient admissions | 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 | | | |
| 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 - 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

42

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

188

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

22.3

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 | 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 | suppressed | suppressed | suppressed |
| 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

15

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

63

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

23.8

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

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

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|------------------------|---|--|-----------------------------|
| Age 18 to 34 | 0 | 11 | 0 |
| 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 | | | |
| Other | | | |

| 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 | | | |
| 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

252

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

1822

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

13.8

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 | 136 | 983 | 13.8 |
| Male | 116 | 839 | 13.8 |
| 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 | Expected Payor | Medicaid | 18.5 | Private | 7.9 | 2.3 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | Medicare | 14.3 | Private | 7.9 | 1.8 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | 50 to 64 | 20 | 18 to 34 | 11.6 | 1.7 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | Hispanic or Latino | 17.8 | Asian | 12.9 | 1.4 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | Black or African American | 17.1 | Asian | 12.9 | 1.3 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | 65 and older | 14.1 | 18 to 34 | 11.6 | 1.2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | White | 15.4 | Asian | 12.9 | 1.2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | 35 to 49 | 13.5 | 18 to 34 | 11.6 | 1.2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Sex Assigned at Birth | Male | 15.5 | Female | 14.7 | 1.1 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis) | Sex Assigned at Birth | Female | 13.8 | Male | 13.8 | 1 |

Plan to address disparities identified in the data

Alhambra Hospital Medical Center is committed to reducing readmission rates, especially for populations experiencing health disparities. The top ten disparities identified for our facility are all related to readmissions. The top two disparity groups are stratified under expected payor. Patients with state provided health insurance have higher readmission rate followed by patients with federal health insurance compared to the reference group of private pay patients. Three out of ten disparities are related to age group. Patients aged 50 to 64 readmit at the highest frequency followed by 65 or older and 35 to 49 age group compared to the reference group of patients 18 to 34 of age. Another stratification group identified with disparity is the race/ethnicity. Hispanic and Latino, Black/African American and White patients have a higher readmission rate than the Asian reference group. The last two disparities are related to sex assigned at birth. Males have the tendency to be readmitted within 30 days compared to the reference group females. However, females with no behavioral health diagnosis readmit at a higher rate than males.

As part of our effort to reduce readmission rates, Alhambra Hospital Medical Center has a multidisciplinary team that involves Physicians, Case Managers, Social Workers, Nurses and Leadership Team. The team meets regularly to review patients with identified disparities to make sure that appropriate resources, education and referrals are provided during hospitalization and after discharge. The focus is to reduce avoidable 30-day readmissions among this population which requires coordination of a multidisciplinary approach that emphasizes risk identification, transitional care, and engagement with community resources. Our facility has Quality Improvement, Utilization Resources and Risk Management Committee that oversees the readmission reduction program. The team uses readmission data of patients with disparities to identify any opportunities for improvement. The Quality Framework for process improvement, Plan Do Check Act (PDCA), is the

method used to identify current and target states, complete a gap analysis and develop action plans that deliver results. Our program has been successful in reducing 30-day hospital readmission rates overall. The goal is to create a sustainable program that will reduce readmissions within 30 days for patients identified with disparities.

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

Alhambra Hospital Medical Center mission signifies the way we treat our patients in a holistic approach. Our mission is to ensure that our patients will receive highly satisfactory care in a safe environment that considers their physical, emotional, spiritual, cultural, social and economic needs. Our staff prioritizes the needs, values and preferences of our patients and ensures that the patients actively participate in their own care. We have established a great collaboration between the patient care team through multidisciplinary rounds and meetings. In the nursing units, we have "It Takes Three" program that involves, the Physician, assigned nurse and patient experience liaison during daily rounding. The goal is to discuss the plan of care with the patient and family and identify any needs and address any concerns with the patient and family. We have implemented an online interpreter service to ensure that the care team communicates effectively using the patient's or family's preferred language. The plan of care is created based on the needs of each patient. In addition, the patient experience liaison and the leadership team continues to round in the nursing units to gather feedback from patients and families on their care and treatment. Any identified issues or concerns are shared with the multidisciplinary team to discuss solutions and resolve the issue promptly.

Patient safety

Patient safety is the highest priority of Alhambra Hospital Medical Center. Patient safety is embedded in our mission and vision. Alhambra Hospital exists to provide quality healthcare in a safe environment, and we envision our facility to be one of the leading hospitals in our community by providing safe, integrated, affordable and equitable patient care and service. The initiatives and programs implemented in our facility demonstrate a strong focus on patient safety. The staff are trained to report any identified issues immediately using the electronic Incident Management Portal (IMP) or via Speak Up link accessible on the hospital intranet. The reports are reviewed regularly by the Risk Management and Leadership Team as part of our Risk Management Plan. The events are prioritized and addressed promptly with the respective unit leaders. Any serious patient safety events are immediately addressed by conducting a Situation Management Team (SMT) meeting. Furthermore, an employee engagement survey is completed each year that includes staff perception of the patient safety culture in the facility. The results of survey are used to address safety concerns brought by staff. Alhambra Hospital is actively engaged in patient safety collaborative. Our most recent participation was provided by ECRI Patient Safety Advisory Services where we shared our efforts to improve hospital-acquired pressure injury (HAPI) prevention. The leaders who participated in the collaborative program learned strategies to improve patient safety and the impact of engaging patients and family in preventing harm. Our facility actively participates in Leapfrog Safety Grade Survey, and we have recently regained back Letter Grade "A" which is the highest grade received by participating facilities. This achievement shows our commitment to patient

safety. We will continue to implement programs to will lead to zero harm.

Addressing patient social drivers of health

Alhambra Hospital Medical Center ensures that social determinants of health (SDOH) are identified and addressed when a patient is admitted in our facility. The SDOH is important to identify disparities in care because of socioeconomic factors. All patients are screened by a Social Worker upon admission using SDOH tool embedded in our electronic medical record. The tool includes the identification of patients who may have challenges accessing resources that may affect them addressing their health which includes food, housing, utility, transportation and interpersonal safety. The Social Worker in collaboration with Case Management team will address the disparity when a SDOH is positively identified. The Social Worker will provide the patients with the appropriate resources available in the community and referrals prior to discharge. The SDOH data is consolidated and reported in the Quality Improvement, Utilization Resources and Risk Management Committee. Any opportunities for improvement are identified and addressed by the Care Coordination Team. In addition, the staff and Physicians attended trainings on cultural diversity for the patient population. The leadership team is committed to identifying disparities and addressing any opportunities for improvement. With all these efforts, Alhambra Hospital actively participates in addressing health disparities in the community.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Alhambra Hospital Medical Center is committed to delivering quality, safe and effective care. At the beginning of each fiscal year, the leadership team identifies priority areas for each pillar of success - Quality, Safety, Employee Engagement, Finance and Growth. Each pillar has assigned multidisciplinary team that utilizes the hospital quality framework Plan, Do, Check and Act (PDCA) to identify gaps and opportunities for improvement. The team works together to create performance improvement plans with constant monitoring, accountability and ownership. To name a few metrics implemented and monitored include fall prevention reduction, hospital-acquired pressure injury (HAPI) prevention, length of stay reduction, hospital readmission reduction program, employee retention and employee satisfaction. Alhambra Hospital strives to deliver high quality, safe and effective care to our community. We have received Letter Grade "A" from the Leapfrog Safety Grade Survey. We continuously strive in our Emergency Department (ED) throughput with consistent performance better than the national and state for ED admissions to discharge. The staff, Physicians and Leaders of Alhambra Hospital Medical Center, are actively involved and committed to continuous improvement of the care that we provide to ensure that our patients are highly satisfied with the care and treatment they receive at our facility.

Care coordination

Coordination of care is very important for Alhambra Hospital Medical Center. We have a well-established process to review care of patients with prolonged hospital stay. The Care Coordination Team is composed of the Case Management, Social Worker, Physicians, Staff Nurses, Charges Nurses and Leadership Team meets daily in the morning to review the care needs and follow up care of patients with long length of stay. The team reviews test completed and results, appropriate consultations and any discharge needs. The electronic medical record (EMR) is a great source of information for all providers and caregivers and serves as a communication tool to share information. The EMR includes the assessments, diagnosis, and treatment plans documented by the patient's care team. The Case Management Team or Social Services is consulted when there are identified needs for the patient such as delivery of resources and referrals. The Case Managers or

Social Workers complete an assessment and work with the patient or family members for any identified needs. The Social Workers and Case Management teams are proactively involved in discharge planning as early as the first day of hospital admission. Any complicated cases are discussed by the care team during the daily morning meetings to identify external resources to be utilized if there are no available internal resources. The external resources include home health, skilled nursing facilities (SNF), and other community-based organizations. The Care Coordination ensures that all care needs of the patient are available prior to discharge which may include durable medical equipment (DME), medications, or referral to Home Health for follow up care. This is part of our Readmission Reduction Program initiative to prevent unplanned readmissions.

Access to care

Alhambra Hospital Medical Center strives to create a welcoming environment where everyone is treated like family and each person's needs are understood and addressed. Alhambra Hospital Medical Center is a 144-bed general acute care hospital that is fully accredited by the Joint Commission. The hospital is located in the business district of the City of Alhambra. The hospital has Intensive Care Unit, Subacute Unit and Acute Rehabilitation Unit which has been recognized as one of the best Acute Rehabilitation in the area. We have Emergency Department that is staffed 24 hours a day, 7 days a week, and we have several departments to render appropriate care which includes Occupational Health Center that handles industrial injuries as well as pre-employment physical exams for local businesses. Alhambra Hospital is affiliated with other local hospitals that allow us to gain access to subspecialists and transfer patients to higher level of care, as needed. Over the past year, the hospital has obtained new equipment in Radiology and Operating Room. The hospital is currently working on adding a Mobile MRI Unit on the hospital license which will improve efficiency in diagnosing patients without transferring them to other facilities with MRI. Furthermore, Alhambra Hospital Medical Center regularly hosts and joins events that connect people with important resources from screening to wellness workshops. For patients with challenges accessing transportation, we offer free transportation for patients living within a 10-mile radius and we also offer a physician referral service.

Methodology Guidelines

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

Y