

# Hospital Equity Measures Report

## General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	MERCY HOSPITAL OF FOLSOM
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106344029
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	03/11/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	<a href="https://tinyurl.com/yzyaaw7v">https://tinyurl.com/yzyaaw7v</a>

## 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](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.

54819

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	50114	54819	91.4
Spanish Language	1829	54819	3.3
Asian Pacific Islander Languages	608	54819	1.1
Middle Eastern Languages	867	54819	1.6
American Sign Language	suppressed	54819	suppressed
Other Languages	suppressed	54819	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

4491

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

5701

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

78.8

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	248	5.5	0	
Housing Instability	143	3.2	0	
Transportation Problems	515	11.5	0	
Utility Difficulties	177	3.9	0	
Interpersonal Safety	133	3	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?"

742

Total number of respondents to HCAHPS Question 19

789

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

94

Total number of people surveyed on HCAHPS Question 19

3945

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

20

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.

<b>Race and/or Ethnicity</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>American Indian or Alaska Native</b>					
<b>Asian</b>					
<b>Black or African American</b>					
<b>Hispanic or Latino</b>					
<b>Middle Eastern or North African</b>					
<b>Multiracial and/or Multiethnic (two or more races)</b>					
<b>Native Hawaiian or Pacific Islander</b>					
<b>White</b>					

  

<b>Age</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Age &lt; 18</b>					
<b>Age 18 to 34</b>					
<b>Age 35 to 49</b>					
<b>Age 50 to 64</b>					
<b>Age 65 Years and Older</b>					

  

<b>Sex assigned at birth</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Female</b>					
<b>Male</b>					
<b>Unknown</b>					

  

<b>Payer Type</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Medicare</b>					
<b>Medicaid</b>					
<b>Private</b>					
<b>Self-Pay</b>					
<b>Other</b>					

  

<b>Preferred Language</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>English Language</b>					
<b>Spanish Language</b>					
<b>Asian Pacific Islander Languages</b>					
<b>Middle Eastern Languages</b>					
<b>American Sign Language</b>					
<b>Other/Unknown Languages</b>					

<b>Disability Status</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
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					

  

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

  

<b>Gender Identity</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
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					

## 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?"

686  
Total number of respondents to HCAHPS Question 17  
789

Percentage of respondents who responded "yes" to HCAHPS Question 17  
86.9

Total number of people surveyed on HCAHPS Question 17  
3945

Response rate, or the percentage of people who responded to HCAHPS Question 17  
20

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					

<b>Payer Type</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

  

<b>Preferred Language</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
English Language					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages					

  

<b>Disability Status</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
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					

  

<b>Sexual Orientation</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
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](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

12

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

325

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

36.9

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.

<b>Race and/or Ethnicity</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed
<b>Asian</b>	0	26	0
<b>Black or African American</b>	suppressed	suppressed	suppressed
<b>Hispanic or Latino</b>	suppressed	suppressed	suppressed
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>			
<b>Native Hawaiian or Pacific Islander</b>			
<b>White</b>	11	254	43.3

  

<b>Age</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Age &lt; 18</b>			
<b>Age 18 to 34</b>	0	14	0
<b>Age 35 to 49</b>	0	27	0
<b>Age 50 to 64</b>	suppressed	suppressed	suppressed
<b>Age 65 Years and Older</b>	suppressed	suppressed	suppressed

  

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

  

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

<b>Preferred Language</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
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

  

<b>Disability Status</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
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](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			
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	suppressed	suppressed	suppressed

Age	Number of 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

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

  

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

  

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

  

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

  

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

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

74

Total number of nulliparous NTSV patients

306

Rate of NTSV patients with Cesarean deliveries

0.242

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.

<b>Race and/or Ethnicity</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
American Indian or Alaska Native	0		
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

  

<b>Age</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
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

  

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

  

<b>Payer Type</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Medicare	0		
Medicaid	0		
Private	0		
Self-Pay	0		
Other	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
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

<b>Disability Status</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
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

24

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

### 205.1

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.

<b>Race and/or Ethnicity</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed
<b>Asian</b>	suppressed	suppressed	suppressed
<b>Black or African American</b>	suppressed	suppressed	suppressed
<b>Hispanic or Latino</b>	suppressed	suppressed	suppressed
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>	suppressed	suppressed	suppressed
<b>Native Hawaiian or Pacific Islander</b>	0		
<b>White</b>	suppressed	suppressed	suppressed
<b>Age</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>Age &lt; 18</b>	0		
<b>Age 18 to 29</b>	suppressed	suppressed	suppressed
<b>Age 30 to 39</b>	suppressed	suppressed	suppressed
<b>Age 40 Years and Older</b>	suppressed	suppressed	suppressed
<b>Sex assigned at birth</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>Female</b>			
<b>Male</b>			
<b>Unknown</b>			
<b>Payer Type</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>Medicare</b>	0		
<b>Medicaid</b>	0		
<b>Private</b>	0		
<b>Self-Pay</b>	0		
<b>Other</b>	suppressed	suppressed	suppressed

<b>Preferred Language</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
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	0		
Other/Unknown Languages	suppressed	suppressed	suppressed

  

<b>Disability Status</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
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 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 Islander			
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			

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

  

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

  

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

  

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

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

  

<b>Gender Identity</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
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

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](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

731

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

6064

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

12.1

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.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed
<b>Asian</b>	53	494	10.7
<b>Black or African American</b>	46	222	20.7
<b>Hispanic or Latino</b>	52	505	10.3
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>	suppressed	suppressed	suppressed
<b>Native Hawaiian or Pacific Islander</b>	suppressed	suppressed	suppressed
<b>White</b>	548	4511	12.1

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Age 18 to 34</b>	56	887	6.3
<b>Age 35 to 49</b>	98	928	10.6
<b>Age 50 to 64</b>	153	1208	12.7
<b>Age 65 Years and Older</b>	424	3041	13.9

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Female</b>	419	3711	11.3
<b>Male</b>	312	2353	13.3
<b>Unknown</b>			

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Medicare</b>	430	3045	14.1
<b>Medicaid</b>	149	973	15.3
<b>Private</b>	133	1837	7.2
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>English Language</b>	691	5701	12.1
<b>Spanish Language</b>	suppressed	suppressed	suppressed
<b>Asian Pacific Islander Languages</b>	suppressed	suppressed	suppressed
<b>Middle Eastern Languages</b>	suppressed	suppressed	suppressed
<b>American Sign Language</b>	suppressed	suppressed	suppressed
<b>Other/Unknown Languages</b>	suppressed	suppressed	suppressed

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

173

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

1285

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

13.5

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.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

  

<b>Age</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

  

<b>Sex assigned at birth</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			

  

<b>Payer Type</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

72

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

493

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

14.6

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.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

  

<b>Age</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

  

<b>Sex assigned at birth</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			

  

<b>Payer Type</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	0	11	0

  

<b>Preferred Language</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

60

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

367

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

16.3

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.

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

  

<b>Age</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

  

<b>Sex assigned at birth</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			

  

<b>Payer Type</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

426

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

3919

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

10.9

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	228	2396	9.5
Male	198	1523	13
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	0	42	0
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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)	65 and older	13.9	18 to 34	6.3	2.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	15.3	Private	7.2	2.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Black or African American	20.7	Hispanic or Latino	10.3	2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	12.7	18 to 34	6.3	2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	14.1	Private	7.2	2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	10.6	18 to 34	6.3	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Sex Assigned at Birth	Male	13	Female	9.5	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	White	12.1	Hispanic or Latino	10.3	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Male	13.3	Female	11.3	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Asian	10.7	Hispanic or Latino	10.3	1

## Plan to address disparities identified in the data

### Race & Ethnicity

**Population Impact:** Racial and ethnic minorities often face systemic barriers to healthcare access, language barriers, cultural insensitivity, and higher prevalence of chronic conditions, leading to health inequities and higher readmission rates.

**Objective:** Reduce the 30-day all-cause unplanned hospital readmission rate among [Black/African American, White, Asian, and/or American Indian/Alaska Native] patients by 2.5% within the next 12 months.

### Actions:

- Conduct cultural competency training for all patient-facing staff, focusing on implicit bias and respectful communication.
- Assess current availability and utilization of professional medical interpreters for all languages spoken by patient population, ensuring 24/7 access.
- Develop and disseminate patient education materials in multiple languages relevant to the patient population, culturally adapting content where appropriate.
- Partner with community leaders and organizations serving specific racial/ethnic groups to understand unique health needs and build trust
- Address social determinants of health that disproportionately affect these groups through referral networks.
- Utilize health equity dashboards to track progress on racial/ethnic disparities and identify areas for targeted interventions.

### Age

**Population Impact:** Among older adults, multimorbidity, polypharmacy (five or more medications

concurrently), and reduced functional capacity are key drivers of increased readmission risk. Notably, significant disparities in readmission rates also extend to the 50-64 and 35-49 age groups, likely reflecting challenges in chronic disease management and the impact of complex social determinants of health.

Objective: Reduce the 30-day all-cause unplanned hospital readmission rate among patients aged 35-49 yrs., 50-64 yrs. and 65+ by 2.5% within the next 12 months.

Actions:

- Utilize patient data to assess age-specific risks for readmissions (e.g., cognitive impairment, frailty, social isolation for 65+; chronic disease progression, addiction for 35-64) to develop targeted interventions to address this disparity.
- Integrate mental health screening and referral pathways as behavioral health diagnosis often impacts readmissions.
- Strengthen coordination with skilled nursing facilities and rehabilitation centers for appropriate post-acute care for older adults.

Expected Payor:

Population Impact: Medi-Cal and Medicare patients, a substantial segment of our population, face complex medical needs, socioeconomic barriers, and systemic hurdles to continuous preventive and follow-up care. This confluence drives high readmission rates, indicating a significant healthcare burden and elevated risk of poor health outcomes

Objective: Reduce the 30-day all-cause unplanned hospital readmission rate among patients with Medi-Cal and Medicare by 2.5% within the next 12 months.

Actions:

- Leverage patient data to identify common medical conditions, social challenges, payor, and primary care affiliation that correlate with higher readmission rates. This analysis will directly inform the development of targeted interventions to address this disparity.
- Strengthen partnerships with Enhanced Care Management providers, Federally Qualified Health Centers and other primary care practices, and payors to enhance coordinated care and improve transitions to effectively reduce readmission rates across our shared patient population.
- Conduct patient screening for social determinants of health, then employ the Unite Us platform to bridge gaps in care by addressing identified needs and ensuring their successful resolution through a closed-loop referral process.
- Implement strategies to increase patient knowledge and utilization of Cal-AIM benefits, specifically prioritizing enrollment in ECM and arranging for medically-tailored meal delivery prior to discharge.

Sex assigned at birth:

Population Impact: Consistent data indicates higher hospital readmission rates among males, often attributed to factors such as differing health-seeking behaviors, reduced adherence to medical advice, and the prevalence and treatment considerations for male-specific health conditions.

Objective: Reduce the 30 day all-cause unplanned hospital readmission rate among male (sex assigned at birth) patients by 2.5% within the next 12 months.

Actions:

- Utilize patient data to identify common medical conditions, social challenges, and health behaviors that contribute to higher male readmission rates.
- Explore implementation of staff training programs focused on gender-sensitive communication and motivational interviewing techniques, specifically tailored to enhance engagement and adherence among male patients.
- Enhance discharge planning by ensuring the provision of accessible, male-specific health resources.

## 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

Mercy Hospital of Folsom's approach to healthcare delivery emphasizes the individual patient's unique needs, preferences, values, and experiences as central to all aspects of their treatment and hospital stay. Here's a breakdown of its key components and characteristics of Patient-Centered Care Interventions:

#### 1. Respect and Dignity:

- Acknowledgement: Recognizing and valuing the patient as an individual with a unique life story, not just a diagnosis.
- Privacy: Ensuring privacy during examinations, discussions, and personal care.
- Cultural Sensitivity: Understanding and respecting cultural, religious, and spiritual beliefs that may influence healthcare decisions or practices.

#### 2. Information Sharing and Transparency:

- Clear Communication: Providing information about their condition, treatment options, potential side effects, and prognosis in a clear, understandable, and timely manner.
- Open Dialogue: Encouraging patients to ask questions and express concerns without fear of judgment.
- Shared Decision-Making: Involving the patient in decisions about their care, offering choices where appropriate, and respecting their informed choices, even if they differ from the medical team's initial recommendation.

#### 3. Active Participation and Involvement:

- Viewing the patient as an active partner in their care, rather than a passive recipient.
- Collaborating with the patient to set realistic and meaningful goals for their treatment and recovery.
- Equipping patients with the knowledge and tools to manage their own health to the best of their ability, even after discharge.

#### 4. Empathy and Compassion:

- Recognizing and responding to the patient's emotional state, including fear, anxiety, discomfort, and pain. Genuinely listening to the patient's concerns and experiences. Prioritizing comfort, pain management, and a supportive environment.

#### 5. Coordination and Integration of Care:

- Ensuring all members of the care team (doctors, nurses, therapists, social workers, etc.) are aligned and communicating effectively about the patient's needs and preferences.
- Facilitating smooth transitions between different departments, levels of care, and for discharge.

#### 6. Family and Caregiver Involvement (as desired by the patient):

- Support System: Recognizing the crucial role of family and caregivers in a patient's recovery and well-being.
- Information and Education: Providing information and education to family members (with the patient's consent) to help them support the patient effectively.
- Inclusion in Discussions: Including family in care discussions and decision-making when appropriate and desired by the patient.

How principles are demonstrated:

- Admission: Beyond basic demographics, asking about the patient's preferred name, cultural

background, dietary needs, previous hospital experiences, and what matters most to them during their stay.

- Rounds: Engaging the patient directly in discussions about their daily plan, progress, and concerns during medical rounds.
- Pain Management: Tailoring pain relief strategies based on individual reports and preferences, not just standard protocols.
- Meal Service: Offering choices and accommodating dietary restrictions or cultural food preferences where possible.
- Discharge Planning: Involving the patient and their family in the planning process, ensuring they understand post-discharge care instructions, medication schedules, and follow-up appointments.
- Environment: Creating a more calming and less institutional environment through design, noise reduction, and attention to patient comfort.
- Staff Training: Educating all staff, from housekeeping to physicians, on communication skills, empathy, and the principles of person-centered care.
- Feedback Mechanisms: Regularly seeking patient feedback through surveys, informal conversations, and patient advocacy groups to continuously improve care.

Benefits of Person-Centered Care in General Hospitals:

- Improved Patient Outcomes: Better adherence to treatment plans, reduced readmissions, and faster recovery.
- Increased Patient Satisfaction: Patients feel more respected, heard, and cared for.
- Enhanced Safety: Better communication reduces errors.
- Reduced Staff Burnout: Staff feel more connected to their work and less like they're just performing tasks.
- Greater Efficiency: Resources are more effectively used when care is aligned with individual needs.
- Ethical Practice: Upholding the inherent dignity and autonomy of every individual.

## Patient safety

Mercy Hospital of Folsom's Patient Safety Program effectively identifies, prevents, and mitigates harm to patients during their care delivery.

Key Dimensions and Indicators of Patient Safety Performance:

### 1. Rates of Adverse Events:

- Healthcare-Associated Infections (HAIs): Rates of central line-associated bloodstream infections (CLABSI), catheter-associated urinary tract infections (CAUTIs), surgical site infections (SSIs), and C. difficile infections.
- Medication Errors: Incidents of incorrect dosage, wrong medication, wrong route, or adverse drug events resulting from errors.
- Falls: Incidents where patients fall while in the hospital, potentially leading to injury.
- Pressure Injuries: Development of new pressure ulcers during hospitalization.
- Surgical Complications: Unintended outcomes during or after surgery, such as retained foreign objects, wrong-site surgery, or unanticipated death/disability.
- Venous Thromboembolism (VTE): Rates of deep vein thrombosis (DVT) or pulmonary embolism (PE) that occur during or after hospitalization.

### 2. Compliance with Safety Protocols and Best Practices:

- Hand Hygiene Compliance: Adherence to proper handwashing techniques among healthcare workers.
- Medication Reconciliation: Process of comparing a patient's medication orders to all medications the patient has been taking.
- Use of Checklists: Implementation of surgical safety checklists (e.g., WHO Surgical Safety Checklist) and other procedural checklists.

- Alarm Management: Effective management of clinical alarms to prevent alarm fatigue and ensure timely responses.
  - Patient Identification: Consistent use of two patient identifiers before procedures, medication administration, etc.
  - Prophylaxis: Adherence to protocols for VTE prophylaxis, antibiotic prophylaxis for surgery.
3. Safety Culture and Leadership:
- Reporting of Incidents: Willingness of staff to report near misses and adverse events without fear of punitive action (just culture).
  - Event Investigation and Analysis: Thorough investigation of serious adverse events to identify underlying causes and systemic failures.
  - Safety Huddles/Briefings: Regular meetings to discuss potential safety risks and lessons learned.
  - Leadership Commitment: Visible commitment from hospital leadership to patient safety initiatives, resource allocation, and continuous improvement.
  - Staff Engagement: Perceptions of patient safety culture among staff (often measured by surveys like the AHRQ Hospital Survey on Patient Safety Culture).
4. Patient and Family Engagement in Safety:
- Education: Informing patients about their role in safety (e.g., speaking up about concerns, confirming their identity).
  - Involvement: Including patients and families in safety committees or as safety partners.
  - Patient Feedback: Mechanisms for patients to report safety concerns and provide feedback.
5. Technology and Systems Related to Safety:
- Electronic Health Records (EHRs): Features like clinical decision support, alerts for drug interactions, and medication barcode scanning.
  - Smart Pumps: IV pumps with dose error reduction systems.
  - Telemetry Monitoring: Use of continuous monitoring to detect physiological changes.

#### Measuring and Reporting Patient Safety Performance:

- Public Reporting: Organizations (e.g., Leapfrog Group, CMS) that publicly report hospital safety data to help consumers make informed choices and drive improvements.
- Internal Dashboards: Hospital monitors safety metrics regularly through internal dashboards and quality reports.
- Accreditation Bodies: Organizations like The Joint Commission (TJC) and CDPH set patient safety goals and standards that hospitals must meet.

#### Improving Patient Safety Performance by:

- Implementing evidence-based practices.
- Fostering a culture of safety where reporting and learning are encouraged.
- Investing in technology and infrastructure.
- Providing ongoing staff training and education.
- Engaging patients and families as partners in safety.
- Conducting regular risk assessments and quality improvement cycles

#### Addressing patient social drivers of health

##### Strengths & Areas of Progress:

- Growing Awareness and Acknowledgment: There's a widespread understanding that factors like housing, food security, transportation, utility assistance, financial strain and social isolation directly influence health. This is a significant shift from a purely clinical focus.
- Routine Screening: Implemented universal screening of adult inpatients for key SDOH needs (e.g., food insecurity, housing instability, transportation barriers as detailed above). In 2024, the

screening rate was 78.8% for all adult inpatients; at present, it is 96%.

- **Community Partnerships:** Actively forging partnerships with community-based organizations (CBOs) that specialize in addressing SDOH. This includes food banks, housing agencies, legal aid services, and transportation providers.
- **Referral Systems:** Establish robust partnerships with community-based organizations (CBOs) for seamless referrals. Connect patients to social workers or community health workers who can facilitate access to resources. Incorporate contact details for identified services.
- **Data Collection and Integration:** SDOH data incorporated into EHRs to inform care plans, identify at-risk populations, and measure interventions' effectiveness.
- **Focus on High-Risk Populations:** Targeted interventions towards patients with chronic conditions, frequent emergency room visits, or those in underserved communities, where SDOH impacts are most profound.

#### Specific Measures:

- **Transportation Assistance:** Transportation issues have been identified as our largest area of opportunity.
- Assess transportation needs for follow-up appointments and providing solutions (e.g., ride-share vouchers, public transport information, medical transport services).
- **Food Security & Nutrition:**
- Address food insecurity by connecting patients to food banks, meal delivery services, or SNAP benefits.
- Provide nutritional counseling, especially for chronic conditions requiring dietary modifications.
- **Caregiver Support:**
- Assess caregiver burden and provide resources, education, and respite care options if needed.
- Recognize that unsupported caregivers are a risk factor for patient readmission.
- **Digital Divide & Access:**
- Assess patient access to technology and digital literacy, providing resources or alternative communication methods if needed for telehealth or online patient portals.

## Performance in the priority area continued

Performance across all of the following priority areas.

### Effective treatment

Mercy Hospital of Folsom has specific measures that aim to assess how well we deliver care, prevent complications, and achieve positive patient outcomes. They generally fall into several categories:

#### Structure Measures

These measures assess the resources, organizational characteristics, and policies in place that are necessary for effective treatment. They are often prerequisites for good care.

- **Examples:**
- **Staffing Ratios:** Nurse-to-patient ratios, availability of specialists (e.g., intensivists in ICUs).
- **Technology & Equipment:** Availability of specific diagnostic equipment (e.g., MRI, CT scanners), electronic health records (EHRs) with decision support.
- **Facility Accreditations:** Joint Commission accreditation, specialized center certifications (e.g., stroke centers, trauma centers).
- **Policies & Protocols:** Existence of evidence-based guidelines for common conditions (e.g., pneumonia, heart attack), infection control policies.

- Staff Training & Competencies: Rates of staff certification, ongoing education in specific areas.

### Process Measures

These measures evaluate specific actions healthcare providers take in delivering care. They focus on whether recommended and evidence-based clinical practices are followed.

- Examples:
- Timeliness of Care:
- Patient Flow Measures
- Door-to-needle time for stroke patients.
- Time to antibiotic administration for pneumonia or sepsis.
- Appropriateness of Care:
- Administration of aspirin at arrival for heart attack patients.
- Use of preventative antibiotics before surgery.
- Screening for VTE (venous thromboembolism) and appropriate prophylaxis.
- Medication reconciliation at admission, transition of care and discharge.
- Patient Education:
- Providing discharge instructions for medication, follow-up, and warning signs.
- Education on self-management for chronic conditions (e.g., diabetes).
- Compliance with Protocols:
- Adherence to hand hygiene protocols.
- Use of surgical safety checklists.
- Appropriate ordering of diagnostic tests based on guidelines.

### Outcome Measures

Measures as they reflect the results of healthcare services, telling us what happened to the patient after receiving care. They directly reflect the effectiveness of treatment.

- Examples:
- Mortality Rates:
- All-cause mortality.
- Condition-specific mortality (e.g., heart failure mortality, stroke mortality).
- In-hospital mortality vs. 30-day post-discharge mortality.
- Readmission Rates:
- 30-day readmission rates for specific conditions (e.g., heart failure, pneumonia, COPD).
- All-cause 30-day readmission rates.
- Complication Rates:
- Healthcare-associated infections (HAIs): CAUTI (catheter-associated urinary tract infection), CLABSI (central line-associated bloodstream infection), SSIs (surgical site infections), C. diff infections.
- Post-surgical complications (e.g., hemorrhage, dehiscence).
- Pressure injuries (bedsores).
- Falls resulting in injury.
- Patient Experience & Satisfaction:
- HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) scores (e.g., communication with doctors/nurses, pain management, cleanliness, discharge information).
- Functional Status & Quality of Life:
- Improvement in mobility after orthopedic surgery.
- Return to prior functional status after an acute event.
- Patient-reported outcome measures (PROMs).
- Length of Stay (Risk-Adjusted): While not exclusively an outcome, excessively long stays can

indicate complications or inefficiencies, while appropriately shortened stays can reflect effective treatment.

Key Elements for measuring effective treatment:

- Evidence-Based: Measures should be based on strong scientific evidence that links the measured process or structure to improved patient outcomes.
- Risk Adjustment: Outcome measures, especially mortality and readmission rates, must be adjusted for patient risk factors (e.g., age, comorbidities, severity of illness) to allow for fair comparisons between hospitals.
- Actionable: Measures should provide data that hospitals can use to identify specific areas for improvement.
- Reliable and Valid: Measures should consistently produce the same results under the same conditions (reliability) and accurately measure what they are intended to measure (validity).
- Transparency: Public reporting of these measures (e.g., on Hospital Compare, state websites) promotes accountability and helps patients make informed choices.
- Patient-Centered: Increasingly, measures are incorporating the patient's perspective, including their experiences and reported outcomes.

By systematically tracking and acting upon these various measures, MHF can continuously strive for more effective treatment and better patient results.

## Care coordination

Mercy Hospital of Folsom strives for optimal performance in care coordination to ensure that the patient's healthcare journey is seamless, efficient, and patient-centered, regardless of the complexity of their conditions or the number of providers involved. Here are the key characteristics for optimal performance in care coordination:

### 1. Patient-Centeredness and Engagement

- The patient's values, preferences, goals, and needs are at the absolute center of every decision and interaction.
- Active Patient and Family Engagement: Patients and their families (as appropriate) are actively informed, educated, and involved in care planning, decision-making, and self-management. They feel heard, respected, and empowered.
- Shared Decision-Making: Clinicians and patients collaborate to make healthcare decisions, weighing all options based on available evidence and the patient's individual circumstances.
- Clear Communication with Patient/Family: Information is provided in an understandable, culturally sensitive manner, addressing health literacy levels.

### 2. Seamless Information Exchange

- Interoperable Electronic Health Records (EHRs): All providers involved in a patient's care have timely access to a complete and accurate patient record, including medical history, medications, allergies, test results, and care plans, regardless of their institutional affiliation.
- Real-time Communication: Secure and efficient channels for communication between providers (e.g., secure messaging, shared platforms) facilitate timely updates and consultations.
- Automated Alerts and Notifications: Systems are in place to alert providers to critical information, changes in patient status, or upcoming appointments.

### 3. Comprehensive and Holistic Assessment

- Beyond Clinical Needs: Care coordination extends beyond medical diagnoses to include social determinants of health (SDOH), spiritual needs, mental health, cultural preferences, and environmental factors that impact well-being.
- Proactive Identification of Needs: Systems and trained staff identify potential gaps in care, emerging risks, or barriers to adherence early on.

#### 4. Cohesive and Personalized Care Planning

- Individualized Care Plans: A single, dynamic, and comprehensive care plan is developed collaboratively by the patient and all relevant providers, outlining goals, interventions, roles, and responsibilities.
- Goal-Oriented: The care plan explicitly links interventions to measurable patient-centered goals.
- Inclusion of Community Resources: The care plan integrates referrals and connections to community-based organizations (CBOs) for social support, transportation, food security, housing, etc.

#### 5. Strong Interdisciplinary Team Collaboration

- Regular Communication and Rounds: Providers across different settings and disciplines (physicians, nurses, social workers, pharmacists, therapists, specialists) regularly communicate and coordinate their efforts.
- Conflict Resolution Processes: Mechanisms are in place to address disagreements or conflicting clinical opinions constructively.

#### 6. Effective Transitions of Care

- Standardized Handoffs: Robust protocols ensure that critical patient information is accurately and comprehensively transferred during transitions (e.g., from ED to inpatient, inpatient to home/rehab, hospital to primary care).
- Pre-Discharge Planning: Begins early in the hospital stay, involving the patient, family, and relevant outpatient providers to arrange follow-up appointments, medication reconciliation, home health, and necessary equipment.
- Post-Discharge Support: Proactive follow-up phone calls for high risk populations, or early appointments to prevent readmissions and ensure the patient has settled into their post-hospital care plan.

#### 7. Continuous Quality Improvement and Accountability

- Performance Metrics: Robust data collection and analysis measure the effectiveness of care coordination (e.g., readmission rates, patient satisfaction, reduced ED utilization, adherence rates, cost of care).
- Feedback Loops: Regular feedback from patients, families, and providers informs continuous improvement efforts.
- Accountability: Clear lines of accountability for care coordination outcomes among individuals and teams.
- Technology Utilization: Leveraging technology (e.g., predictive analytics, telehealth, remote monitoring) to enhance coordination and efficiency.

#### Access to care

The interventions that are in place to ensure access and affordability are as follows:

- Timely Follow-Up Appointments:
- Prioritize scheduling the earliest possible follow-up with PCPs and relevant specialists upon discharge, especially for high-risk patients.
- Address barriers to attending appointments (transport, cost, scheduling conflicts).
- Expanded Access Modalities:
- Offer telehealth options for follow-up visits in clinic settings.
- Utilize patient portals for secure messaging with providers.
- Financial Assistance Programs:
- Charity Care Policies: Providing free or discounted care to uninsured or underinsured patients who meet certain income criteria.
- Payment Plans: Offering flexible payment options for patients with out-of-pocket costs.
- Assistance with Enrollment: Employing financial counselors or navigators to help patients understand insurance options, apply for Medicaid/CHIP, or navigate health insurance marketplaces.

- Pricing Transparency Initiatives: Providing clear, understandable information about the cost of services to help patients make informed decisions and avoid surprise bills.

## **Methodology Guidelines**

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

Y