

# Hospital Equity Measures Report

## General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
System Name:	Providence St. Joseph Health ("Providence")
Principal Hospital Type:	General Acute Care Hospital
Associated Hospitals:	

Facility Name	Facility Type	HCAI ID	Address
HEALDSBURG HOSPITAL	General Acute Care Hospital	106490964	1375 UNIVERSITY STREET, HEALDSBURG, CA 95448
PETALUMA VALLEY HOSPITAL	General Acute Care Hospital	106491001	400 NORTH MCDOWELL BOULEVARD, PETALUMA, CA 94954
PROVIDENCE CEDARS-SINAI TARZANA MEDICAL CENTER	General Acute Care Hospital	106190517	18321 CLARK STREET, TARZANA, CA 91356
PROVIDENCE HOLY CROSS MEDICAL CENTER	General Acute Care Hospital	106190385	15031 RINALDI STREET, MISSION HILLS, CA 91345
PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO	General Acute Care Hospital	106190680	1300 WEST SEVENTH STREET, SAN PEDRO, CA 90732
PROVIDENCE LITTLE COMPANY OF MARY MEDICAL CENTER TORRANCE	General Acute Care Hospital	106190470	4101 TORRANCE BOULEVARD, TORRANCE, CA 90503
PROVIDENCE MISSION HOSPITAL	General Acute Care Hospital	106301262	27700 MEDICAL CENTER ROAD, MISSION VIEJO, CA 92691
PROVIDENCE REDWOOD MEMORIAL HOSPITAL	General Acute Care Hospital	106121051	3300 RENNER DRIVE, FORTUNA, CA 95540
SAINT JOHN'S HEALTH CENTER	General Acute Care Hospital	106190756	2121 SANTA MONICA BLVD., SANTA MONICA, CA 90404
PROVIDENCE SAINT JOSEPH MEDICAL CENTER	General Acute Care Hospital	106190758	501 S BUENA VISTA STREET, BURBANK, CA
PROVIDENCE SANTA ROSA MEMORIAL HOSPITAL-MONTGOMERY	General Acute Care Hospital	106491064	1165 MONTGOMERY DRIVE, SANTA ROSA, CA 95405
PROVIDENCE QUEEN OF THE VALLEY MEDICAL CENTER	General Acute Care Hospital	106281047	1000 TRANCAS STREET, NAPA, CA 94558
PROVIDENCE ST. JOSEPH HOSPITAL	General Acute Care Hospital	106121080	2700 DOLBEER STREET, EUREKA,

Status:

Complete

Due Date: 11/29/2025

Last Updated: 03/04/2026

Hospital Web Address for Equity Report: <https://www.providence.org/about/health-equity>

## Overview

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

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

## Laws and Regulations

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

[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=202120220AB1204](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.

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	5623043	6758711	83.2
Spanish Language	811048	6758711	12
Asian Pacific Islander Languages	104006	6758711	1.5
Middle Eastern Languages	108562	6758711	1.6
American Sign Language	1358	6758711	0
Other Languages	83694	6758711	1.2

## 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

141241

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

151139

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

93.5

Table 2. Positive screening rates and intervention rates for the five Health Related Social Needs of the Centers of Medicare &amp; 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	3515	2.5	1435	0.9
Housing Instability	7040	5	2599	1.7
Transportation Problems	3088	2.2	1226	0.8
Utility Difficulties	2865	2	1078	0.7
Interpersonal Safety	1068	0.8	325	0.2

## Core Quality Measures for General Acute Care Hospitals

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

## Patient Recommends Hospital

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

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

5020

Total number of respondents to HCAHPS Question 19

5297

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

94.8

Total number of people surveyed on HCAHPS Question 19

5395

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

98.2

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	95	101	94.1	103	98.1
Asian	373	387	96.4	391	99
Black or African American	150	158	94.9	162	97.5
Hispanic or Latino	4460	4694	95	4765	98.5
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	44	46	95.7	47	97.9
White	3748	3956	94.7	4016	98.5

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34	384	406	94.6	409	99.3
Age 35 to 49	546	580	94.1	586	99
Age 50 to 64	590	638	92.5	653	97.7
Age 65 Years and Older	3500	3673	95.3	3747	98

  

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	2690	2846	94.5	2899	98.2
Male	suppressed	suppressed	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed	suppressed	suppressed

  

Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	2966	3129	94.8	3190	98.1
Medicaid	569	608	93.6	616	98.7
Private	1348	1416	95.2	1442	98.2
Self-Pay	suppressed	suppressed	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed	suppressed	suppressed

  

Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	3765	3993	94.3	4057	98.4
Spanish Language	474	480	98.8	487	98.6
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	210	217	96.8	220	98.6

  

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

<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					
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?"

4367

Total number of respondents to HCAHPS Question 17

5012

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

87.1

Total number of people surveyed on HCAHPS Question 17

5395

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

92.9



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.

<b>Race and/or Ethnicity</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>
<b>American Indian or Alaska Native</b>	83	95	87.4	103	92.2
<b>Asian</b>	324	371	87.3	391	94.9
<b>Black or African American</b>	127	148	85.8	162	91.4
<b>Hispanic or Latino</b>	3890	4432	87.8	4765	93
<b>Middle Eastern or North African</b>					
<b>Multiracial and/or Multiethnic (two or more races)</b>					
<b>Native Hawaiian or Pacific Islander</b>	36	43	83.7	47	91.5
<b>White</b>	3245	3726	87.1	4016	92.8

  

<b>Age</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>
<b>Age &lt; 18</b>					
<b>Age 18 to 34</b>	376	398	94.5	409	97.3
<b>Age 35 to 49</b>	520	566	91.9	586	96.6
<b>Age 50 to 64</b>	563	623	90.4	653	95.4
<b>Age 65 Years and Older</b>	2908	3425	84.9	3747	91.4

  

<b>Sex assigned at birth</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>
<b>Female</b>	2358	2715	86.9	2899	93.7
<b>Male</b>	suppressed	suppressed	suppressed	suppressed	suppressed
<b>Unknown</b>	suppressed	suppressed	suppressed	suppressed	suppressed

  

<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>
<b>Medicare</b>	2455	2910	84.4	3190	91.2
<b>Medicaid</b>	535	591	90.5	616	95.9
<b>Private</b>	1254	1375	91.2	1442	95.4
<b>Self-Pay</b>	suppressed	suppressed	suppressed	suppressed	suppressed
<b>Other</b>	suppressed	suppressed	suppressed	suppressed	suppressed

<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	3249	3756	86.5	4057	92.6
Spanish Language	437	464	94.2	487	95.3
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign					
Other/Unknown Languages	180	204	88.2	220	92.7

<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					
Has a hearing disability					
Has a vision disability					
Has a self-care					
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					

<b>Gender Identity</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>
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  
326

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  
6344

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  
51.4

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	35	489	71.6
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	44	970	45.4
Middle Eastern or North African	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more)			
Native Hawaiian or Pacific Islander			
White	206	4199	49.1

<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>
Age < 18			
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	21	636	33
Age 65 Years and Older	296	5354	55.3

  

<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>
Female	144	3046	47.3
Male	182	3298	55.2
Unknown			

  

<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>
Medicare	261	4755	54.9
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay			
Other	37	895	41.3

  

<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			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	326	6344	51.4

  

<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

186

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

1009

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

184.3

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.

<b>Race and/or Ethnicity</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>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed
<b>Asian</b>	15	78	192.3
<b>Black or African American</b>	12	37	324.3
<b>Hispanic or Latino</b>	45	217	207.4
<b>Middle Eastern or North African</b>	Suppressed	Suppressed	Suppressed
<b>Multiracial and/or Multiethnic (two or more)</b>			
<b>Native Hawaiian or Pacific Islander</b>			
<b>White</b>	92	586	157

  

<b>Age</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>Age &lt; 18</b>			
<b>Age 18 to 34</b>	suppressed	suppressed	suppressed
<b>Age 35 to 49</b>	suppressed	suppressed	suppressed
<b>Age 50 to 64</b>	39	184	212
<b>Age 65 Years and Older</b>	134	728	184.1

  

<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>	73	431	169.4
<b>Male</b>	113	578	195.5
<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>	111	623	178.2
<b>Medicaid</b>	suppressed	suppressed	suppressed
<b>Private</b>	suppressed	suppressed	suppressed
<b>Self-Pay</b>			
<b>Other</b>	38	166	228.9

<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>
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	186	1009	184.3

<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>
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 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>
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 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>
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

2123

Total number of nulliparous NTSV patients

8999

Rate of NTSV patients with Cesarean deliveries

0.2

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

Race and/or Ethnicity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	286	1179	0.2
Black or African American	88	282	0.3
Hispanic or Latino	886	4025	0.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	80	292	0.3
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	730	2993	0.2

  

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	14	124	0.1
Age 18 to 29	777	4207	0.2
Age 30 to 39	1157	4261	0.3
Age 40 Years and Older	175	407	0.4

  

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



<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	Suppressed	Suppressed	Suppressed
Medicaid	756	3354	0.2
Private	898	3684	0.2
Self-Pay	suppressed	suppressed	suppressed
Other	404	1711	0.2

  

<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	1824	7692	0.2
Spanish Language	173	783	0.2
Asian Pacific Islander Languages	69	279	0.3
Middle Eastern Languages	33	124	0.3
American Sign Language			
Other/Unknown Languages	24	121	0.2

  

<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

587

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

3556

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

165

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

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	56	341	164
Black or African American	16	118	136
Hispanic or Latino	310	1852	167
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	19	88	216
Native Hawaiian or Pacific	Suppressed	Suppressed	Suppressed
White	160	1036	154

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Age < 18	suppressed	suppressed	suppressed
Age 18 to 29	154	852	181
Age 30 to 39	380	2269	167
Age 40 Years and Older	suppressed	suppressed	suppressed

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

<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>	Suppressed	Suppressed	Suppressed
<b>Medicaid</b>	289	1771	163
<b>Private</b>	170	1143	149
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	116	561	207

  

<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>
<b>English Language</b>	463	2822	164
<b>Spanish Language</b>	100	556	180
<b>Asian Pacific Islander Languages</b>	14	76	184
<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 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>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</b>			

  

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

## CMQCC Exclusive Breast Milk Feeding Rate

The CMQCC Exclusive Breast Milk Feeding Rate is defined as the newborns per 100 who reached at least 37 weeks of gestation (or 3000g if gestational age is missing) who received breast milk exclusively during their stay at the hospital. Other criteria are that the newborns did not go to the neonatal intensive care unit (NICU), transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia. General acute care hospitals report the Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The CMQCC Exclusive Breast Milk Feeding Rate uses the Joint Commission National Quality Measure PC-05. For more information, please visit the following link by copying and pasting the URL into your web browser: <https://manual.jointcommission.org/releases/TJC2024B/MIF0170.html>

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

8504

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

14523

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

58.6

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.

<b>Race and/or Ethnicity</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>American Indian or Alaska Native</b>	39	53	73.6
<b>Asian</b>	843	1839	45.8
<b>Black or African American</b>	162	293	55.3
<b>Hispanic or Latino</b>	3799	6944	54.7
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>	260	359	72.4
<b>Native Hawaiian or Pacific</b>	21	31	67.7
<b>White</b>	3178	4685	67.8

  

<b>Age</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>Age &lt; 18</b>	65	142	45.8
<b>Age 18 to 29</b>	2915	5121	56.9
<b>Age 30 to 39</b>	4995	8245	60.6
<b>Age 40 Years and Older</b>	529	1015	52.1

  

<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>	Suppressed	Suppressed	Suppressed
<b>Medicaid</b>	3164	6035	52.4
<b>Private</b>	3556	5427	65.5
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	1643	2530	64.9

<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>
English Language	6274	10570	59.4
Spanish Language	377	724	52.1
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	54	158	34.2
American Sign Language	Suppressed	Suppressed	Suppressed
Other/Unknown Languages	1785	3017	59.2

<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>
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			

<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			
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

6687

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

85487

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

7.8

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	29	323	9
Asian	434	6044	7.2
Black or African American	287	3603	8
Hispanic or Latino	1371	17118	8
Middle Eastern or North African	113	988	11.4
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	4068	51506	7.9

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	161	5457	3
Age 35 to 49	352	7054	5
Age 50 to 64	927	12095	7.7
Age 65 Years and Older	5247	60881	8.6

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	3475	45152	7.7
Male	suppressed	suppressed	suppressed
Unknown	Suppressed	Suppressed	Suppressed

  

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	4855	54426	8.9
Medicaid	59	857	6.9
Private	705	16986	4.2
Self-Pay			
Other	1068	13218	8.1

  

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	6687	85487	7.8

  

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

  

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



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

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

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

1511

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

16938

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

8.9

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	49	617	7.9
Black or African American	49	565	8.7
Hispanic or Latino	285	2701	10.6
Middle Eastern or North African	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	1029	11871	8.7

  

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	44	722	6.1
Age 35 to 49	81	1215	6.7
Age 50 to 64	203	2506	8.1
Age 65 Years and Older	1183	12495	9.5

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	924	10684	8.6
Male	suppressed	suppressed	suppressed
Unknown	Suppressed	Suppressed	Suppressed

  

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	1142	11686	9.8
Medicaid	13	142	9.2
Private	135	2571	5.3
Self-Pay			
Other	221	2539	8.7

  

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	1511	16938	8.9

  

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

  

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

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

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

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

446

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

4348

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

10.3

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	15	102	14.7
Black or African American	13	207	6.3
Hispanic or Latino	107	919	11.6
Middle Eastern or North African	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	288	2865	10.1

  

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	12	244	4.9
Age 35 to 49	43	519	8.3
Age 50 to 64	123	1074	11.5
Age 65 Years and Older	268	2511	10.7

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	284	2992	9.5
Unknown	Suppressed	Suppressed	Suppressed

  

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	263	2402	10.9
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay			
Other	102	814	12.5

  

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	446	4348	10.3

  

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

  

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

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

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

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

365

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

3487

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

10.5

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	11	134	8.2
Hispanic or Latino	52	445	11.7
Middle Eastern or North African	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	273	2661	10.3

  

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	17	206	8.3
Age 35 to 49	43	522	8.2
Age 50 to 64	116	961	12.1
Age 65 Years and Older	189	1798	10.5

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	195	1790	10.9
Male	suppressed	suppressed	suppressed
Unknown	Suppressed	Suppressed	Suppressed

  

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	229	2031	11.3
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay			
Other	67	614	10.9

  

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	365	3487	10.5

  

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

  

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

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

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - 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

4365

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

60714

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

7.2

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	13	166	7.8
Asian	363	5273	6.9
Black or African American	214	2697	7.9
Hispanic or Latino	927	13053	7.1
Middle Eastern or North African	90	796	11.3
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	2478	34109	7.3

  

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	88	4285	2.1
Age 35 to 49	185	4798	3.9
Age 50 to 64	485	7554	6.4
Age 65 Years and Older	3607	44077	8.2

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	2194	31323	7
Male	suppressed	suppressed	suppressed
Unknown	Suppressed	Suppressed	Suppressed

  

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	3221	38307	8.4
Medicaid	28	498	5.6
Private	438	12658	3.5
Self-Pay			
Other	678	9251	7.3

  

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	4365	60714	7.2

  

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

  

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



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

## Health Equity Plan

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

## Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Age (for maternal measures only)	40 and older	0.4	Less than 18	0.1	4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	65 and older	8.2	18 to 34	2.1	3.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	50 to 64	6.4	18 to 34	2.1	3
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Age (for maternal measures only)	30 to 39	0.3	Less than 18	0.1	3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	8.6	18 to 34	3	2.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	7.7	18 to 34	3	2.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicare	8.4	Private	3.5	2.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Age (excluding maternal measures)	50 to 64	11.5	18 to 34	4.9	2.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Race and/or Ethnicity	Asian	14.7	Black or African American	6.3	2.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Age (excluding maternal measures)	65 and older	10.7	18 to 34	4.9	2.2

#### Plan to address disparities identified in the data

Every year, our hospitals in California share reports with the state to show how we're working to make health care fair for everyone. These reports include data about how well we care for patients from different backgrounds, and plans to improve care where there are gaps. At Providence, our Mission is to serve all with compassion and excellence. We believe everyone deserves high-quality care, no matter who they are. Summary of Healthcare Disparities and Action Plans Across Our Hospitals Reducing 30-Day Readmission Rates - Comprehensive Discharge Planning: Early case management, clear education, scheduling follow-ups, and warm handoffs to next level of care. - Medication Management: Reconciliation prior to discharge, pharmacy partnerships, and post-discharge follow-up calls. - Patient Education: Teach-back methods, inclusion of family/caregivers,

tailored materials, and use of EHR interventions to identify high-risk patients. - Addressing SDoH: Screening for transportation, food, and housing barriers; connecting patients to community resources. - Committee Oversight: Multi-professional readmission committees review cases, establish goals, and share best practices. Maternal Health Initiatives - NTSV Cesarean Rate Reduction: Provider-level performance transparency, mandatory training, case reviews, and labor management bundles. - Exclusive Breast Milk Feeding: Extended lactation coverage, bilingual education, outpatient support, and donor milk programs. - Doula Partnerships: Promotion of labor support and advocacy, especially for first-time mothers and Medicaid populations. Enhancing Patient Experience (HCAHPS) - Teach-Back and Written Information: Ensuring patients receive clear, written instructions about symptoms and care after discharge. - Leader and Hourly Rounding: Structured rounding scripts, patient care boards, and regular feedback to improve education and satisfaction. - Person-Centered Care: Screening for preferred language, interpreter services, and personalized care plans. - Social Needs Integration: Use of platforms like FindHelp to connect patients to local resources for housing, food, and transportation. Behavioral Health Focus - Early Assessment and Follow-Up: Behavioral health assessment at admission, engagement of mental health resources, and warm handoffs to outpatient care. - Substance Use Disorder Programs: Education on follow-up and medication management, aiming for increased attendance at follow-up visits. - Telehealth Integration: For behavioral health support during hospitalization. Data-Driven Improvement - Dashboard Integration: Disparity data incorporated into readmissions dashboard and high-risk stratification. - Continuous Review: Regular case reviews, rapid improvement events, and feedback loops to sustain outcomes and drive change. Overarching Strategy The approach is systemic and patient-centered, embedding equity into care delivery through language access, behavioral health integration, and SDoH screening. The organization partners with community resources to address barriers beyond clinical care, aiming for measurable improvements in outcomes, cost reduction, and patient satisfaction. Continuous improvement cycles and transparent data sharing ensure accountability and progress toward health equity for all patient groups.

## **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**

Core Focus Areas - Person-Centered Care: All hospitals prioritize individualized care, integrating patient and family preferences into treatment decisions. This includes daily leader rounding, bedside shift reports, and care plans reflecting patient-stated goals. - Health Equity: Commitment to reducing disparities by embedding person-centered principles in every aspect of care. Hospitals actively collect and analyze patient experience data, stratified by race, ethnicity, and language, to identify and address inequities. Key Practices - Language Access: Universal screening for preferred language, provision of qualified interpreters for non-English encounters, and tailored educational materials in patients' preferred languages. Interpreter services are available in-house and on-demand, covering over 240 languages in some hospitals. - Cultural Sensitivity: Care plans are individualized to respect cultural, physical, and behavioral health needs. Hospitals respond to unique requests (e.g., alternative pain management for Mandarin-speaking patients) and create subgroups to tailor care plans. - Spiritual Care: Chaplains and palliative teams are available to support patients' emotional and spiritual needs, emphasizing holistic care. - Patient Engagement: Tools like "What Matters Most" boards and patient care boards facilitate communication of patient wishes and needs

to the care team. Measurement & Accountability - HCAHPS & Press Ganey: Hospitals monitor patient experience scores, focusing on areas like discharge education and hospital recommendations. Disparities in survey responses (ethnicity, gender) are targeted for improvement. - Interpreter Utilization: Metrics track the frequency and quality of interpreter use, with goals to improve utilization rates (e.g., from 85.96% to 100%). - Care Plan Audits: Regular reviews ensure care plans reflect patient-stated goals, aiming for >90% compliance. - Follow-Up & Readmissions: Initiatives like post-discharge calls in patients' preferred languages help reduce unnecessary readmissions, especially among Limited English Proficient populations. - Social Determinants of Health (SDOH): Screening rates and follow-up on positive screens are tracked to address health disparities. Improvement Initiatives - Rapid Improvement Events: Nursing leaders identify barriers and develop tailored action plans to address challenges in communication and care delivery. - Technology & Communication: Introduction of texting services for in-house patients to assess care experience in their preferred language. - Care Coordination: Multi-disciplinary rounds and programs like CARE Network support transitions from hospital to home, focusing on high-risk and health disparity populations. Mission & Values - Shared Mission: A mission rooted in compassion, dignity, justice, excellence, and integrity, with a special focus on serving the poor and vulnerable. - Holistic Approach: Care is designed to address physical, mental, emotional, and spiritual needs, with programs supporting culturally competent care and community health. Notable Programs & Examples - Sepsis Limited English Proficiency Nurse Navigator: A dedicated role to support patients post-discharge, reducing readmissions through language-specific follow-up. - Daily Safety Huddles: Multi-disciplinary teams discuss safety concerns and patient requests, leading to tailored solutions (e.g., acupuncture for pain management). - CARE Network: Bridges hospital and home care, focusing on high-risk populations and those experiencing health disparities. Data-Driven Improvements - Continuous Monitoring: Hospitals use real-time feedback, surveys, and rounding data to inform improvements and close the loop with patient access and unit leaders.

## Patient safety

Patient Safety & High Reliability Organization (HRO) Principles - Daily Review & Escalation: Patient safety events are reviewed daily and escalated to executive and interdisciplinary leadership for transparency and rapid mitigation. - Critical Event Review: Structured processes for reviewing serious safety events, with immediate investigation and mitigation. - Peer Review: Robust peer review through medical staff ensures accountability and learning. - Culture of Zero Harm: Hospitals aim for zero harm, viewing every error as an opportunity for improvement. Transparency and a culture of safety are emphasized for both patients and caregivers. - Committees & Councils: Multiple committees (e.g., Safety Event Committee, Workplace Violence Committee) support accountability, review events, and drive performance improvement. - Daily Safety Huddles: Leadership meets daily to discuss safety concerns, remove barriers, and anticipate obstacles to care. Health Equity Initiatives - Equity Lens: Safety indicators (falls, infections, medication errors, pressure injuries) are monitored and stratified by race, ethnicity, language, age, payor, and other demographics to identify disparities and implement targeted interventions. - Governance: Health Equity Committees provide oversight for improvement initiatives. - Training: Equity-focused training for clinical staff on bias mitigation. - Patient & Family Engagement: Education encourages patients and families to report concerns and participate in harm prevention. Metrics & Continuous Improvement - Quarterly/Monthly Reviews: Safety data is reviewed regularly, stratified by demographic factors, and used to develop action plans. - Harm Dashboard: Tracks and trends safety events, enabling proactive prevention and celebrating "good catches." - Performance Boards: Departments maintain boards with quality metrics, recognition programs, and safety topics. - Root Cause Analysis (RCA): Triggered for serious safety events, with findings escalated for corrective action. Programs & Practices - Language Services: Interpreter services and culturally competent care are prioritized to reduce misunderstandings and medical errors. - Personalized Care: Treatment plans are tailored to

the unique needs of diverse populations, improving outcomes and reducing adverse events. - Social Determinants of Health (SDoH): Integrated into quality assurance plans, tracked with key metrics, and addressed through targeted interventions. - Workplace Violence Prevention: Dedicated committees review incidents, provide training (e.g., Avade), and support affected caregivers. Hospital-Specific Highlights - Focuses on harm prevention, stratifies safety data, and engages the Health Equity Committee for oversight. - Uses interpreter services, daily safety huddles, and targeted interventions (e.g., Urojet for catheter pain, education to reduce male restroom falls). Tracks readmission rates and implements comprehensive discharge protocols. - Employs evidence-based protocols, rigorous audits, and standardized checklists. Embeds reliability principles and equity-focused interventions into workflows, with continuous improvement cycles and multidisciplinary reviews. Accountability & Transparency - Real-Time Documentation: Safety events are documented and reviewed in real time, supporting transparency and accountability. - External Frameworks: Participation in programs like Leapfrog aligns safety goals and creates external accountability. - Just Culture: Staff are encouraged to report errors and near misses without fear of punitive action, fostering learning and improvement.

#### Addressing patient social drivers of health

SDOH Screening & Patient Assessment - Hospitals have expanded SDOH screening to include Emergency Department (ED) patients, inpatients, and outpatients. Screening focuses on five key social needs: housing, utilities, food, transportation, and interpersonal safety. - Screening rates are consistently high, ranging from 90% to 98% across organizations. Findings are stratified by race, ethnicity, language, and other demographics to uncover disparities and guide targeted interventions. Community Partnerships & Resource Connection - Community Health Managers and teams establish relationships with local food banks, charities, and community organizations to address common gaps. - Hospitals host and fund community events to educate high-risk groups and connect patients to resources. - Partnerships with organizations like Symba Center and Family Resource Centers (FRCs) provide transitional housing, psychiatry services, and holistic support for patients in need. Technology & Tools - The FindHelp electronic medical record search tool is widely used to generate comprehensive lists of local resources tailored to patient needs. These resources are provided at discharge and included in After Visit Summaries (AVS). - SDOH data is integrated into care planning and population health strategies to ensure interventions are equitable and responsive to diverse patient populations. Follow-Up & Care Coordination - Community Health teams follow up with patients who screen positive for social needs after discharge to reduce barriers to resource connection. - Care Coordination Rounds and Community Care Navigators enhance continuity of care, especially for underserved patients, focusing on securing recuperative care and addressing holistic needs. - Hospitals aim to boost referrals to FRCs and standardize follow-up protocols to facilitate coordination of services with community-based organizations. Health Equity & Data-Driven Improvements - Hospitals systematically analyze SDOH screening and intervention data, developing action plans based on current state analysis. - Health Equity Committees and dedicated workgroups provide governance and oversight for improvement initiatives. - Monthly reviews of data, stratified by demographic factors, help identify trends and guide targeted unit improvements. - Hospitals track compliance with SDOH screening and resource connection, integrating these metrics into Quality Assurance and Performance Improvement (QAPI) plans. Behavioral Health & Mental Health Initiatives - Implementation of Mental Health First Aid Training equips staff to identify and respond to signs of mental health and substance use challenges. - Expansion of Medication-Assisted Treatment (MAT) programs and promotion of free Naloxone programs in EDs. - Collaboration with Federally Qualified Health Centers (FQHCs) and other partners to provide free psychiatry services and support homeless navigation programs. Hospital-Specific Highlights - Focuses on systematic SDOH screening, community partnerships, and governance by the Health Equity Committee. - Exceeds SDOH screening goals, integrates compliance into QAPI plans, and targets reduction in 30-day

readmission rates by 5-10% through enhanced care coordination and resource connection. - Developed a continuum of care for behavioral health services, embedding bilingual Community Health Workers in the ED to support Hispanic/Latinx patients. - All hospitals emphasize culturally and linguistically appropriate support, ongoing monitoring of compliance, and integration of SDOH and health equity partners into readmission committees. Metrics & Continuous Improvement - Hospitals conduct monthly reviews of SDOH and safety data, stratified by demographic factors, to identify trends and develop targeted action plans. - Performance data is used to guide improvement initiatives, with goals such as increasing FRC referrals by 10% and maintaining high compliance rates for SDOH screening. - Feedback is provided by unit to ensure consistency and targeted improvements where needed.

## **Performance in the priority area continued**

Performance across all of the following priority areas.

### **Effective treatment**

Outcome-Focused Care - Hospitals prioritize outcome measures that correlate with effective treatment, such as length of stay and readmissions. - High-priority areas include medication reconciliation, home health coordination, and appropriate transitional care and discharge planning. - Daily case management and physician advisor reviews focus on high-risk cases and utilization, ensuring timely reassessment and appropriate patient disposition (admission or discharge). Evidence-Based, Equitable Clinical Care - Commitment to delivering care that aligns with best practices, clinical guidelines, and individual patient needs-regardless of demographic or socioeconomic factors. - Key outcomes monitored include NTSV cesarean rates, readmissions for pneumonia and heart failure, and mortality. - Adherence to evidence-based protocols is tracked across demographic groups to identify and address disparities. - Patient preferences and social context are integrated into care planning, with language access provided to support understanding and adherence. - Health Equity Committees oversee improvement initiatives. Metrics and Improvements - Clinical outcomes, readmissions, mortality, and protocol adherence are stratified by race, ethnicity, language, and other demographic factors. - Disparities are identified and targeted interventions are implemented to improve equity in treatment effectiveness. - Governance and oversight are provided by Health Equity Committees. Multidisciplinary Collaboration - Multiple patient outcome committees review data and processes, discussing areas for improvement or celebration. - Metrics reviewed include mortality, readmissions, length of stay, and mobility, stratified by race/ethnicity, payor, age, and cohort to identify opportunities for improvement. Sepsis Care and Compliance - Patients with signs/symptoms of sepsis are treated effectively, with compliance tracked for SEP-1 bundles, timely antibiotic administration, and sepsis order set utilization. - Disparities in sepsis care are addressed through targeted interventions and oversight by Sepsis Committees. Innovative Care Models - Providence Mission Hospital piloted a "Co-Caring" model integrating virtual nursing to enhance patient care and support bedside teams, addressing nursing shortages and improving caregiver satisfaction. - The model pairs Licensed Vocational Nurses (LVNs) and Registered Nurses (RNs) and uses telehealth technology for patient check-ins, medication education, and discharge instructions. - This approach improved patient experience scores and reduced disparities in readmission rates for patients with Limited English Proficiency (LEP). Comprehensive Performance Framework - Hospitals implement frameworks aligned with AB 1204 and HCAI priorities, stratifying data by payor, age, race, ethnicity, and language to identify disparities. - Weekly multidisciplinary reviews of Hospital-Acquired Conditions (HACs) and Patient Safety Indicators (PSIs) focus on prevention and coding opportunities. - Device necessity protocols, skin integrity bundles, and infection prevention practices are embedded into daily workflows. Targeted Strategies for High-Risk Conditions - Predictive analytics, post-discharge follow-up,

medication reconciliation, and community resource referrals are used to reduce avoidable readmissions for conditions like COPD, heart failure, AMI, CABG, and pneumonia. - Emergency Department care is optimized through monitoring throughput, pain management, and sepsis bundle compliance. Timely and Effective Care Measures - Adherence to evidence-based protocols for stroke, STEMI, VTE prophylaxis, diabetes, and hypertension is tracked through core measure compliance and real-time dashboards. - Opioid stewardship programs include multimodal pain strategies, Medication-Assisted Treatment (MAT), naloxone distribution, and discharge medication reconciliation. Immunization and Population Health - Proactive outreach and education promote influenza and childhood immunization compliance, reducing preventable illness and improving population health. Equity and Social Determinants of Health - Patients are screened for SDoH factors such as housing, food insecurity, and transportation barriers, with positive screens triggering referrals to community resources. - Performance data is stratified to identify disparities and guide interventions. Patient Experience and Engagement - Hospitals monitor HCAHPS domains-communication, discharge planning, environment, and care transitions-to enhance engagement and trust. - Initiatives include bedside rounding and shared decision-making.

## Care coordination

Care Continuum & Early Identification - Hospitals focus on the entire care continuum-from pre-hospital arrival, admission, and discharge-to ensure timely and appropriate care, especially for high-risk cases like strokes, STEMI, trauma, and heart failure. - Early identification and notification from EMS or incoming cases are prioritized to minimize long-term complications. - There is an emphasis on timely palliative care and hospice referrals, with efforts to engage the palliative care team for all ICU patients and consistently for high-risk diagnoses (e.g., CHF, AMI, STEMI). Seamless & Coordinated Care - Hospitals are committed to delivering seamless, coordinated care to reduce fragmentation and improve patient outcomes. - Effective care coordination ensures smooth transitions between care settings (hospital to home) and promotes continuity of care for all patients, regardless of demographic or socioeconomic factors. - Transitions of care are monitored across demographic groups to identify and address disparities. - Coordinators focus on conditions like sepsis and heart failure, working with community health workers to support individuals with complex needs and social barriers. - Partnerships with programs (e.g., On Click) and skilled nursing facilities help prevent readmissions and ensure patients are at the right level of care. - Follow-up appointment completion rates are tracked by diagnosis, race, ethnicity, and language, with targeted interventions to close gaps in continuity of care. Equity Considerations - Hospitals monitor transitions of care and follow-up rates by race, ethnicity, and language to identify and address disparities. - Patient navigators and community health workers provide culturally and linguistically appropriate guidance throughout the care continuum. - Standardized discharge and transition protocols include culturally and linguistically appropriate instructions. - Action plans are developed based on data and current state analysis to close gaps in continuity of care. Care Coordination Practices - Care Coordination Teams schedule follow-up appointments for high-risk readmission patients and use discharge checklists to ensure patients have everything needed prior to discharge. - Weekly case reviews help identify real-time improvement opportunities and monitor barriers to appropriate care. - Post-discharge phone calls and referrals to clinics (e.g., Pharmacological Therapy Clinic for heart failure) support patients during transitions. - Partnerships between inpatient and outpatient palliative care services are enhanced. - Patients lacking a primary care physician are referred to assistance lines or neighborhood clinics. - Discharge education and instructions are provided clearly and completely. Hospital-Specific Initiatives - Care/case management teams collaborate with community benefit teams and local services to connect patients to needed support. The Transitional Medical Clinic (TMC) provides intermediate care for chronic illness patients post-discharge, improving outcomes and reducing readmissions. - Disparities in 30-day readmission rates (by age and insurance type) are targeted for reduction (goal: 5-10% decrease in 18 months) through initiatives like automated

post-discharge calls, comprehensive discharge protocols, systematic follow-up, pharmacist-led medication reconciliation, and increased physician referrals to TMC. - Community Care Navigators educate underserved patients on chronic conditions and connect them to resources. [Document | Word] - Robust care continuum programs (CARE Network) serve highly vulnerable individuals through intensive, community-based medical and psychosocial care management. Services include support for homelessness, chronic conditions, mental health, substance use, financial instability, and limited social supports. - Inpatients with complex needs are referred to CARE Network upon discharge, which provides telephonic and in-person home visits for medication management, appointments, transportation, and other social determinants of health (SDoH). - Collaboration with FQHCs and community organizations ensures patients are linked to services. Behavioral health needs are supported through psychiatric liaisons and substance use navigators, with follow-up scheduling embedded in discharge planning. - Digital tools (e.g., MyChart, text reminders) help patients stay engaged in their care. Metrics & Continuous Improvement - Hospitals develop standardized discharge and transition protocols, monitor transition success rates, and identify disparities across demographic groups. - Administrative staff schedule follow-up appointments for high-risk patients and refer those lacking a primary care physician to post-discharge clinics. - Monthly reviews of CARE Network enrollment rates, reduced ED visits, and improved medication adherence are conducted, with data stratified to monitor equity.

#### Access to care

Access to Care: - Hospitals are committed to removing barriers such as transportation, clinic hours, insurance coverage, and language access. - Ensuring equitable access is essential for improving health outcomes and fostering trust within communities. Equity Considerations & Data-Driven Improvements - Hospitals actively identify and address barriers by monitoring appointment availability, wait times, and service utilization across demographic groups. - Disparities in access (e.g., longer wait times or limited appointments for certain populations) are analyzed and addressed through targeted interventions. - Metrics tracked include wait times, service utilization, appointment availability, and patient experience data, all stratified by race, ethnicity, language, and other demographic factors. - Strategies are developed to improve equity in access, with continuous monitoring and improvement plans. Community Partnerships & Outreach - Hospitals partner with community health organizations to ensure access to care for uninsured, undocumented, or underserved populations. - Outreach programs and grant-funded initiatives increase access and connect patients to local resources such as food banks, free clinics, and community health drives. - Community health workers provide social support, including mental health resources and assistance with public benefit programs like MediCal, CoveredCA, and CalFresh. Telehealth & Transitional Care - Expansion of telehealth services supports behavioral health patients and facilitates access for those facing transportation or scheduling barriers. - Programs like On Click provide patients with access to a provider for the first 30 days post-discharge, supporting transitions to home and reducing readmissions. - Multi-disciplinary rounds and flow huddles address barriers to discharge and set realistic expectations for patients and families. Provider Recruitment & Retention - Internal Medicine and Pharmacy Residency Programs are established to attract and retain new providers, aiming to close gaps in primary care availability. - Collaboration with Integrated Delivery Networks (IDNs) helps recruit and retain physicians both in and outside hospital settings. Financial Assistance & Charity Care - Hospitals offer financial assistance programs, posting notices in high-volume service areas in multiple languages. - Patients lacking financial coverage are supported in applying for assistance and referred to government-sponsored programs as appropriate. - Charity care policies and EMTALA compliance ensure emergency care is provided regardless of ability to pay. Special Programs & Practices - CARE Network, mobile dental units, and community health screenings focus on underserved populations, providing clinical care and navigation services. - Services are extended to rural and transportation-limited populations, expanding access to specialty



care and follow-up visits. - Patient Flow meetings and referral programs connect patients lacking a primary care physician to assistance lines and neighborhood clinics. Performance Data & Improvement Plans - Hospitals monitor metrics such as OB access days, patient experience data, and length of stay (LOS), stratified by demographic attributes. - Disparities in 30-day readmission rates are targeted for reduction through increased referrals, standardized follow-up protocols, and enhanced coordination with community-based organizations. - Monthly reviews of data guide targeted improvements and ensure consistency across units. Mission & Values - Emphasis on a mission rooted in compassion, dignity, justice, excellence, and integrity, with special attention to the poor and vulnerable. - Efforts reflect a commitment to delivering timely, culturally appropriate care for all patients, addressing both clinical and social determinants of health.

## **Methodology Guidelines**

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

Y