

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	USC ARCADIA HOSPITAL
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106190529
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	02/06/2026
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	https://www.keckmedicine.org/health-equity

Overview

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

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

Laws and Regulations

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

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204

Hospital Equity Measures

Joint Commission Accreditation

General acute care hospitals are required to report three structural measures based on the Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards. For more information on these measures, please visit the following link by copying and pasting the URL into your web browser:

<https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce-health-care-disparities/>

The first two structural measures are scored as "yes" or "no"; the third structural measure comprises the percentages of patients by five categories of preferred languages spoken, in addition to one other/unknown language category.

Designate an individual to lead hospital health equity activities (Y = Yes, N = No).

Y

Provide documentation of policy prohibiting discrimination (Y = Yes, N = No).

Y

Number of patients that were asked their preferred language, five defined categories and one other/unknown languages category.

13662

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	9714	13662	71.1
Spanish Language	1531	13662	11.2
Asian Pacific Islander Languages	2286	13662	16.7
Middle Eastern Languages	73	13662	0.5
American Sign Language	Suppressed	13662	Suppressed
Other Languages	55	13662	0.4

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

8322

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

8322

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

100

Table 2. Positive screening rates and intervention rates for the five Health Related Social Needs of the Centers of Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH).

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	Suppressed	Suppressed		
Housing Instability	40	0		
Transportation Problems	Suppressed	Suppressed		
Utility Difficulties	Suppressed	Suppressed		
Interpersonal Safety	88	1		

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?"

1196

Total number of respondents to HCAHPS Question 19

1335

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

89.6

Total number of people surveyed on HCAHPS Question 19

3632

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

37.3

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed		
Asian	312	337	92.6		
Black or African American	31	35	88.6		
Hispanic or Latino	314	348	90.2		
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed		
White	464	529	87.7		

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	119	126	94.4		
Age 35 to 49	146	162	90.1		
Age 50 to 64	199	230	86.5		
Age 65 Years and Older	732	817	89.6		

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	709	801	88.5		
Male	487	534	91.2		
Unknown					

Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	710	794	89.4		
Medicaid	Suppressed	Suppressed	Suppressed		
Private	348	386	90.2		
Self-Pay	Suppressed	Suppressed	Suppressed		
Other	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	997	1111	89.7		
Spanish Language	Suppressed	Suppressed	Suppressed		
Asian Pacific Islander Languages	119	131	90.8		
Middle Eastern Languages	Suppressed	Suppressed	Suppressed		
American Sign Language					
Other/Unknown Languages	Suppressed	Suppressed	Suppressed		

Disability Status	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability	729	791	92.2		
Has a mobility disability	318	370	85.9		
Has a cognition disability	Suppressed	Suppressed	Suppressed		
Has a hearing disability	151	184	82.1		
Has a vision disability	164	188	87.2		
Has a self-care disability	194	232	83.6		
Has an independent living disability	Suppressed	Suppressed	Suppressed		

Sexual Orientation	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual	Suppressed	Suppressed	Suppressed		
Straight or heterosexual	157	181	86.7		
Bisexual	Suppressed	Suppressed	Suppressed		
Something else	Suppressed	Suppressed	Suppressed		
Don't know	Suppressed	Suppressed	Suppressed		
Not disclosed	Suppressed	Suppressed	Suppressed		

Gender Identity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	207	235	88.1		
Female-to-male (FTM)/ transgender male/trans man					
Male	169	190	88.9		
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?"

1064

Total number of respondents to HCAHPS Question 17

1218

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

87.4

Total number of people surveyed on HCAHPS Question 17

3632

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

37.3

Table 4. Patient reports receiving information in writing about symptoms or health problems by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed		
Asian	277	312	88.8		
Black or African American	20	31	64.5		
Hispanic or Latino	285	317	89.9		
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed		
White	414	477	86.8		

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	113	122	92.6		
Age 35 to 49	149	158	94.3		
Age 50 to 64	187	215	87		
Age 65 Years and Older	615	723	85.1		

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	643	734	87.6		
Male	421	484	87		
Unknown					

Payer Type	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	590	699	84.4		
Medicaid	Suppressed	Suppressed	Suppressed		
Private	351	378	92.9		
Self-Pay	Suppressed	Suppressed	Suppressed		
Other	Suppressed	Suppressed	Suppressed		

Preferred Language	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	887	1020	87		
Spanish Language	Suppressed	Suppressed	Suppressed		
Asian Pacific Islander Languages	109	120	90.8		
Middle Eastern Languages	Suppressed	Suppressed	Suppressed		
American Sign					
Other/Unknown Languages	Suppressed	Suppressed	Suppressed		

Disability Status	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability	674	747	90.2		
Has a mobility disability	251	305	82.3		
Has a cognition	Suppressed	Suppressed	Suppressed		
Has a hearing disability	137	166	82.5		
Has a vision disability	142	171	83		
Has a self-care	139	180	77.2		
Has an independent living disability	Suppressed	Suppressed	Suppressed		

Sexual Orientation	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual	Suppressed	Suppressed	Suppressed		
Straight or heterosexual	139	165	84.2		
Bisexual	Suppressed	Suppressed	Suppressed		
Something else	Suppressed	Suppressed	Suppressed		
Don't know	Suppressed	Suppressed	Suppressed		
Not disclosed	Suppressed	Suppressed	Suppressed		

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	193	216	89.4		
Female-to-male (FTM)/ transgender male/trans man					
Male	155	176	88.1		
Male-to-female (MTF)/ transgender female/trans woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

Agency for Healthcare Research and Quality (AHRQ) Indicators

General acute care hospitals are required to report on two indicators from the Agency for Healthcare Research and Quality (AHRQ). For general information about AHRQ indicators, please visit the following link by copying and pasting the URL into your web browser:

<https://qualityindicators.ahrq.gov/>

Pneumonia Mortality Rate

The Pneumonia Mortality Rate is defined as the rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission for patients ages 18 years and older. General acute care hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:

https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

Number of in-hospital deaths with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

60

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

670

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

89.6

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

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

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	52	546	95.2

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

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

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

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

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

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	Suppressed	Suppressed	Suppressed
Female-to-male (FTM)/ transgender male/trans man			
Male	Suppressed	Suppressed	Suppressed
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other	Suppressed	Suppressed	Suppressed
Not disclosed	Suppressed	Suppressed	Suppressed

Death Rate among Surgical Inpatients with Serious Treatable Complications

The Death Rate among Surgical Inpatients with Serious Treatable Complications is defined as the rate of in-hospital deaths per 1,000 surgical discharges among patients ages 18-89 years old or obstetric patients with serious treatable complications. General acute care hospitals report this measure by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Patient Safety Indicator is 04. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:

https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf

Number of in-hospital deaths among patients aged 18-89 years old or obstetric patients with serious treatable complications

29

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

104

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

278.8

Table 6. Death Rate among Surgical Inpatients with Serious Treatable Complications by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more)			
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed
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	26	78	333.3

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

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

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

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

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

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	Suppressed	Suppressed	Suppressed
Female-to-male (FTM)/ transgender male/trans man			
Male	Suppressed	Suppressed	Suppressed
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

147

Total number of nulliparous NTSV patients

616

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			
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

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18			
Age 18 to 29	Suppressed	Suppressed	Suppressed
Age 30 to 39	105	420	0.3
Age 40 Years and Older	Suppressed	Suppressed	Suppressed

Sex assigned at birth	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female	147	616	0.2
Male			
Unknown			

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

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

Disability Status	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Does not have a disability	Suppressed	Suppressed	Suppressed
Has a mobility disability			
Has a cognition disability	Suppressed	Suppressed	Suppressed
Has a hearing disability	Suppressed	Suppressed	Suppressed
Has a vision disability	Suppressed	Suppressed	Suppressed
Has a self-care disability			
Has an independent living disability			

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

Gender Identity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female	Suppressed	Suppressed	Suppressed
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

Suppressed

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

Suppressed

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

Suppressed

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

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

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

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

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

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
English Language	Suppressed	Suppressed	Suppressed
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages	Suppressed	Suppressed	Suppressed
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

Disability Status	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Does not have a disability	Suppressed	Suppressed	Suppressed
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living			

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

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

CMQCC Exclusive Breast Milk Feeding Rate

The CMQCC Exclusive Breast Milk Feeding Rate is defined as the newborns per 100 who reached at least 37 weeks of gestation (or 3000g if gestational age is missing) who received breast milk

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

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

NA

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

NA

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

NA

Table 9. Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific			
White			

Age	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 29			
Age 30 to 39			
Age 40 Years and Older			

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

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

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

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

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

Gender Identity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

General acute care hospitals are required to report several HCAI All-Cause Unplanned 30-Day Hospital Readmission Rates, which are broadly defined as the percentage of hospital-level, unplanned, all-cause readmissions after admission for eligible conditions within 30 days of hospital discharge for patients aged 18 years and older. These rates are first stratified based on any eligible condition, mental health disorders, substance use disorders, co-occurring disorders, and no behavioral health diagnosis. Then, each condition-stratified hospital readmission rate is further stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, please visit the following link by copying and pasting the URL into your web browser:

https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Any Eligible Condition

Number of inpatient hospital admissions which occurs within 30 days of the discharge date of an eligible index admission and were 18 years or older at time of admission

NA

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

NA

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

NA

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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

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			

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

NA

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

NA

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

NA

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

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			

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

NA

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

NA

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

NA

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

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			

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

NA

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

NA

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

NA

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian			
Black or African American			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

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			

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

NA

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

NA

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

NA

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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

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			

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

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

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

Health Equity Plan

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

Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAHPS survey: Received information and education	Race and/or Ethnicity	Black or African American	64.5	Hispanic or Latino	89.9	1.4
HCAHPS survey: Received information and education	Disability Status	Self-Care disability	77.2	Does not have disability	90.2	1.2
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Disability Status	Self-Care disability	83.6	Does not have disability	92.2	1.1
HCAHPS survey: Received information and education	Age (excluding maternal measures)	65 and older	85.1	35 to 49	94.3	1.1
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Disability Status	Self-Care disability	83.6	Does not have disability	92.2	1.1
HCAHPS survey: Received information and education	Expected Payor	Medicare	84.4	Private	92.9	1.1
HCAHPS survey: Received information and education	Disability Status	Mobility disability	82.3	Does not have disability	90.2	1.1
HCAHPS survey: Received information and education	Disability Status	Hearing disability	82.5	Does not have disability	90.2	1.1
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Age (excluding maternal measures)	50 to 64	86.5	18 to 34	94.4	1.1
HCAHPS survey: Received information and education	Disability Status	Vision disability	83	Does not have disability	90.2	1.1

Plan to address disparities identified in the data

USC Arcadia Hospital (USCAH), part of Keck Medicine of USC, is a 348-licensed-bed community hospital that has been serving the health care needs of patients in the San Gabriel Valley and surrounding communities for more than a century. Hospital services include 24-hour emergency room which also serves as an LA County EMS base station for the surrounding area. USCAH has a special designation as an Emergency Department Approved for Pediatrics (EDAP) and offers OB/ GYN and maternity services with a neonatal ICU. USCAH offers complex neurological care and surgery as a comprehensive stroke center, cardiac care as a STEMI (heart attack) receiving center, cancer care, orthopedic care, surgical services, imaging and diagnostic services. It is the mission of USCAH to provide high-quality healing services while caring for the patient's emotional and spiritual needs and enabling them to achieve health for life. Ⓓ

Ⓓ
Action Plan: Ⓓ

USCAH's analysis of the California Department of Health Care Access and Information Hospital Equity Report for calendar year (CY) 2024 highlights its commitment to equitable patient care, as the Top 10 Disparities report did not uncover substantial variations between patient populations. Analysis highlighted opportunities to improve patient experience; particularly when receiving written information and education upon discharge and likelihood to recommend.Ⓓ

Ⓓ
Variances in readmissions and patient experience are tracked to understand opportunities to ensure the highest quality of care and patient experience for all patients. Insights from these data guide targeted interventions, continuous quality improvement, and accountability across the hospital. To address the opportunities identified in patient understanding of discharge instructions, USCAH is

enhancing its multifaceted, hospital-wide approach to patient care and experiences. These processes are designed to support patients, strengthen care coordination, and ensure that all interventions are aligned with organizational priorities: high quality person-centered care, patient safety, effective treatment, access to care, and attention to the social drivers of health in support of physical and spiritual wellness. ð

ð

Key processes include: ð

Screening for Social Drivers of Health (SDOH) ð

Standardized Discharge Educationð

Post-Discharge Follow-Up As Neededð

Multidisciplinary Care Coordinationð

Patient and Family Feedback Integrationð

Culturally Intelligent Care programð

Age Friendly Framework Adoptionð

Variance Monitoringð

ð

Collectively, these efforts are designed to reduce variances, improve clinical outcomes, and enhance the overall patient experience. By leveraging data-driven insights, patient feedback, and ongoing evaluations, USCAH is able to measure progress, identify emerging opportunities, and continuously refine interventions. The result is a healthcare environment where every patient receives high-quality, safe, and personalized care, every time, and where the organization can be confident that improvement initiatives are creating meaningful, measurable impact for all patients. ð

ð

Measuring Success ð

USCAH has an existing interprofessional structure to review stratified clinical data, patient experience data, and operational metrics. This enables the hospital to identify and address key opportunities to reduce barriers to care, improve quality and safety practices, and strengthen care coordination—especially for patients with age-related variances or social challenges that impact health outcomes. ð

ð

To ensure that improvement efforts achieve their intended outcomes without creating unintended consequences, USCAH monitors a comprehensive set of success measures. Hospital leadership and quality committees review stratified data regularly, and patient and family insights are incorporated to guide refinements. This structured oversight ensures that interventions are effective, sustainable, and aligned with the hospital's goals of reducing disparities, improving outcomes, and delivering exceptional care experiences. Progress on improvement plans is evaluated at 30-, 60-, and 90-day intervals, and will be measured throughout calendar year 2026. ð

ð

Key measures include:ð

Readmission Ratesð

Patient Experience Measuresð

SDOH Screening Ratesð

Targeted Service Line and Population Performanceð

Adverse Events and Safety Incidentsð

ð

By monitoring these measures alongside other outcomes and process interventions, USCAH is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances and readmissions but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the hospital's commitment to high-quality, person-centered care.

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

USC Arcadia Hospital (USCAH)'s goal is to ensure that every person who comes through the doors receives high-quality care - care that is safe, effective, accessible, and tailored to their unique needs. Exceptional care depends on more than clinical expertise. It requires a commitment to person-centered care, where patients are listened to and their preferences are respected. Collaborative teams partner with patients and their loved ones to create care plans that deliver the best possible outcomes and experiences.ð

ð
Patient and Family Advisory Councils (PFAC) actively participate in development of discharge materials and evaluating interventions. Real-time patient feedback through surveys and during leadership rounds inform iterative improvements to ensure care is responsive, personalized, and aligned with patient priorities. USCAH's newest edition to this area of care delivery is the introduction of bilingual patient advocates to address linguistic and cultural patient needs. The advocate program has been initiated for Mandarin and Spanish-speaking populations; these are the most prevalent languages for USCAH's patients with limited English proficiency. One of the key principles of the culturally intelligent care program is health equity. The program's key performance indicators include engagement with patients upon admission to identify the support resources needed to optimize the hospitalization, and discharge planning to optimize the care coordination and to minimize readmissions. ð

ð
Patient experience outcomes, including understanding of discharge instructions, are monitored through surveys and audits. These measures reinforce person-centered care, care coordination, and effective treatment by ensuring patients leave the hospital confident in managing their recovery. Surveys are used to capture patient experience and comprehension of discharge instructions. Insights from this feedback inform iterative improvements in care delivery and communication strategies.ð

ð
By stratifying and monitoring these measures alongside outcomes and process interventions, USCAH continuously refines care delivery, anticipates patient needs, and proactively addresses barriers. This approach not only reduces variances and readmissions but also enhances the overall patient experience, promotes safety, and strengthens care coordination. Together, these efforts reflect USCAH's unwavering commitment to delivering high-quality, person-centered care - for every patient, every time.

Patient safety

Patient safety is at the foundation of USC Arcadia Hospital's (USCAH) commitment to care. Protecting patients from harm means ensuring the right actions are taken at the right time, preventing errors before they occur, and sustaining a culture of reliability and accountability. Safety and quality are continuously monitored, measured, and strengthened through data-driven performance reviews, patient feedback, and interprofessional collaboration.ð

ð
As part of USCAH's commitment to data-driven process improvement, quality and safety strategies have been implemented that incorporate clinical teams that include a nurse leader, frontline nurses

and staff, a physician, and other members of the care team to continually monitor data, systems, and processes to improve patient care, outcomes, and experiences. These clinical teams are also supported by the Quality Steering Committee led by USCAH's Chief Quality Officer, Chief Nursing Officer, and Associate Chief Medical Officer. ⌘

⌘
USCAH leverages data, patient feedback, and numerous quality measures - including readmissions, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience scores, and Agency for Healthcare Research and Quality (AHRQ) patient safety indicators - to continually identify opportunities for improvement. This commitment ensures that safety and quality are not static goals but ongoing priorities that adapt to the evolving needs of patients.⌘

⌘
Hospital-associated infections, adverse events such as falls with injury and hospital-acquired pressure injuries, mortalities, sepsis, patient safety indicators, and 30-day unplanned readmission rates are tracked and stratified to identify variances and measure the efficacy of interventions. Monitoring readmissions ensures safe transitions of care and supports patient safety and effective treatment. ⌘

⌘
Incidents related to care transitions are evaluated to ensure that improvement initiatives do not compromise patient safety. This ongoing oversight promotes high-quality, reliable, and safe care for all patients. ⌘

⌘
By stratifying and monitoring these measures alongside outcomes and process interventions, USCAH continuously refines care delivery, anticipates patient needs, and proactively addresses barriers. This approach not only reduces variances and readmissions but also enhances the overall patient experience, promotes safety, and strengthens care coordination. Together, these efforts reflect USCAH's unwavering commitment to delivering high-quality, person-centered care—for every patient, every time.

Addressing patient social drivers of health

USC Arcadia Hospital (USCAH) understands that health outcomes are shaped by more than medical care alone. Social drivers of health - such as access to resources, living conditions, education, and transportation - play a critical role in determining whether patients can achieve their best health. Addressing these factors helps us deliver care that goes beyond treatment to support overall well-being. ⌘

⌘
A key process to address opportunities identified in readmissions and patient understanding of discharge instructions is screening for Social Determinants of Health (SDOH). Patients are assessed for social, economic, and environmental factors that may impact recovery or adherence to treatment. USCAH has updated its electronic medical record (EMR) system to better capture patient SDOH data and developed an SDOH insights tool to track and understand the prevalence of SDOHs among its patient population. Patients identified with needs receive targeted social services consultations prior to discharge, and these insights are now actively incorporated into clinical decision-making and care planning to address barriers and promote health equity. ⌘

⌘
Assessing identified social needs - such as housing, transportation, food security, or financial barriers - helps determine the impact of interventions outside the hospital. By actively addressing social determinants of health, the hospital promotes equitable access to care, improved recovery, and reduced variances, supporting both person-centered and high-quality care. ⌘

⌘

By monitoring these measures alongside outcomes and process interventions, USCAH is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances and readmissions but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the hospital's commitment to high quality, person-centered care.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Providing effective treatment is another key part of USC Arcadia Hospital (USCAH)'s mission. That means delivering evidence-based care and therapies, ensuring patients and families are part of informed decisions, and focusing on recovery, quality of life, and long-term health outcomes. Ⓓ

There is a direct connection between clear and effective discharge instructions and reductions in readmissions. By focusing on these interrelated areas - reducing readmissions and enhancing comprehension of discharge instructions - USCAH is aligning core care priorities with process improvements to deliver the highest quality care and experience for all patients. Ⓓ

In support of providing effective treatment, care team members ensure discharge instructions are simplified, culturally relevant, and tailored to individual patient needs, including visuals, translations, and plain language. Teach-back methods are used to verify understanding, ensuring patients leave the hospital equipped to safely manage their care. During leadership rounds patient care teams discuss the patient experience with patients and family members, providing an opportunity to address and recover their willingness to recommend the hospital. This group has a debriefing to review the direct feedback, trends, and recommendations to ensure feedback translates to the required actions and improvements. Ⓓ

By monitoring these measures alongside outcomes and process interventions, USCAH is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the hospital's commitment to high quality, person-centered care.

Care coordination

At USC Arcadia Hospital (USCAH), teams across the care continuum—including nursing, case management, physicians, and ancillary services—collaborate to facilitate smooth transitions from hospital to home. Patients and their families are active participants in this process, ensuring that care plans reflect their needs, preferences, and goals. Care teams share information in real time, leveraging structured communication strategies such as multidisciplinary rounds, bedside huddles, and leader rounding to proactively identify potential risks, prevent delays, and ensure clarity in responsibilities. This coordinated approach helps patients manage their care effectively, reduces avoidable complications, and supports continuity and safety across the care journey. Ⓓ

Collaborating with patients and families prevents delays, reduces unnecessary risks, and improves continuity of care. This is accomplished by including patients in multidisciplinary rounds, warm handoffs, real-time information sharing, and use of digital tools. All of these efforts contribute to ensuring smooth transitions from hospital to home, thereby reducing avoidable complications and supporting continuity and safety across the care journey. Ⓓ

Ð
Communication and collaboration across multidisciplinary teams are vital to patient safety and awareness. USCAH conducts Multidisciplinary Rounds (MDRs) daily. During rounds, the patient's treatment plan, clinical concerns and care post discharge are discussed. The MDRs also provide an additional platform and pathway for any member of the treatment team to escalate potential safety concerns and encourage harm reduction.Ð

Ð
At USCAH tiered huddles is a communication system where frontline staff, managers, and leadership hold brief, structured meetings at different organizational levels to share information, identify issues, and improve patient safety and care experience. By cascading information, tiered huddles ensure critical issues are quickly escalated and addressed, leading to better communication, increased situational awareness, improved care coordination, and a stronger culture of safety within USCAH. Within two hours critical issues can be escalated from frontline staff to the most senior level position in the organization. Recognitions throughout the organization are also highlighted to leadership. USCAH conducts Tier 1-4 huddles daily. Ð

Ð
Collectively, these efforts are designed to reduce variances, improve clinical outcomes, and enhance the overall patient experience. By leveraging data-driven insights, patient feedback, and ongoing evaluation, USCAH is able to measure progress, identify emerging opportunities, and continuously refine interventions. The result is a healthcare environment where every patient receives high-quality, safe, and personalized care, every time, and where the organization can be confident that improvement initiatives are creating meaningful, measurable impact across all populations served. Ð

Ð
Continuous monitoring of patient experience and direct feedback allows the hospital to assess the effectiveness of care interventions and identify populations at risk for complications after discharge. Improving patient comprehension of discharge instructions strengthens clinical outcomes and promotes patient safety and also supports seamless continuity of care and generates valuable insights to guide future improvements.Ð

Ð
By monitoring these measures alongside outcomes and process interventions, USCAH is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the hospital's commitment to high quality, person-centered care.

Access to care

Access to care remains a top priority for USC Arcadia Hospital (USCAH). USCAH believes everyone deserves timely, affordable, and appropriate healthcare without barriers - because high quality healthcare starts with ensuring that all individuals can obtain the services, they need to achieve optimal health and well-being. Following the integration with Keck Medicine of USC, the growth strategy for USCAH has a significant focus on providing access to specialty medical and surgical services for the surrounding community and improving efficiencies of the Emergency Department and surgical services. Ð

Ð
To support improving access to care, operational dashboards and improvement meetings have been created to optimize emergency department throughput which minimizes ambulance diversion times, decreases door to triage time and overall length of stay discharge times. This has also led to an increase in emergency department visits, which is further supported by the opening of an observation unit within the emergency department and the opening of an Intermediate Care Unit to

enhance throughput and address over-utilization of intensive care unit beds all to increase USCAH's capacity to serve the community. Ⓓ

Ⓓ
Access to specialty services has resulted in a 71% increase in cardiac catheterization laboratory procedures with new programs such as TAVR (Transcatheter aortic valve replacement) and Watchman procedures available to the community. USC Arcadia now serves as the only entity within the Keck Medicine of USC health system to offer maternal child services to the San Gabriel Valley community and beyond. Additionally, the Commission on Accreditation of Rehabilitation Facilities (CARF) accredited acute rehabilitation unit has expanded its services to offer a new community resource for post-transplantation patients (solid organ) and those with new VAD (ventricular assist device) implants as a bridge to heart transplant. Ⓓ

Ⓓ
The hospital maintains structured post-discharge calls led by case management teams and patient navigators to clarify instructions, answer questions, and ensure continuity of care. These calls are tailored to patients' individual needs, reinforcing understanding and adherence. In addition, the hospital leverages community partnerships to connect patients with local resources and aligns these efforts with priorities identified in the Community Health Needs Assessment. This approach helps address barriers to care that exist outside the hospital walls, supporting patient safety, access to care, and person-centered care. Ⓓ

Ⓓ
USCAH is committed to leveraging data-driven insights to measure progress, identify emerging opportunities, and continuously refine interventions. The result is a healthcare environment where every patient receives high-quality, safe, and personalized care, every time, and where the organization can be confident that improvement initiatives are creating meaningful, measurable impact across all populations served. The efforts related to enhancing access to care are supported by a portfolio of initiatives and committees to provide ongoing evaluation of the goals, objectives, and outcomes. Multidisciplinary physician rounds, tiered huddles, and discharge huddles are key initiatives that ensure care teams meet the individual needs of each patient. The Optimizing Transitions of Care Committee in collaboration with the inpatient and emergency department operations teams provides the venue to evaluate the outcomes and needs of patients. Ⓓ

Ⓓ
By monitoring these measures alongside outcomes and process interventions, USCAH is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the hospital's commitment to high quality, person-centered care.

Methodology Guidelines

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

Y