

# Hospital Equity Measures Report

## General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	KAISER FOUNDATION HOSPITAL - SANTA ROSA
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106494019
Report Period:	01/01/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	02/20/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	<a href="https://tinyurl.com/KFH-SRO">https://tinyurl.com/KFH-SRO</a>

## Overview

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

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

## Laws and Regulations

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

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

## Hospital Equity Measures

### Joint Commission Accreditation

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

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

-health-care-disparities/

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

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

Y

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

Y

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

88050

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	80230	88050	91.1
Spanish Language	6758	88050	7.7
Asian Pacific Islander Languages	609	88050	0.7
Middle Eastern Languages	66	88050	0.1
American Sign Language	70	88050	0.1
Other Languages	317	88050	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

6111

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

9015

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

67.8

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

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	68	1.1	0	
Housing Instability	53	0.9	0	
Transportation Problems	32	0.5	0	
Utility Difficulties	suppressed	suppressed	0	
Interpersonal Safety	13	0.2	0	

## Core Quality Measures for General Acute Care Hospitals

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

<https://hcahpsonline.org/en/survey-instruments/>

## Patient Recommends Hospital

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

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

1732

Total number of respondents to HCAHPS Question 19

1786

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

97.0

Total number of people surveyed on HCAHPS Question 19

7442

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

24.0

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

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

  

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

  

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

  

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

  

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

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

  

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

  

<b>Gender Identity</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/trans woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

## Patient Received Information in Writing

The second HCAHPS quality measure is the percentage of patients who reported receiving information in writing on symptoms and health problems to look out for after leaving the hospital. General acute care hospitals are required to provide the percentage of patient respondents who responded "yes" to being provided written information, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for these percentages. These percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 17.

Number of respondents who replied "yes" to HCAHPS Question 17, "During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the

hospital?"

1536  
Total number of respondents to HCAHPS Question 17  
1786

Percentage of respondents who responded "yes" to HCAHPS Question 17  
86.0

Total number of people surveyed on HCAHPS Question 17  
7442

Response rate, or the percentage of people who responded to HCAHPS Question 17  
24.0

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

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

Age	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34					
Age 35 to 49					
Age 50 to 64					
Age 65 Years and Older					

Sex assigned at birth	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Male					
Unknown					

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

  

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

  

<b>Disability Status</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Does not have a disability					
Has a mobility disability					
Has a cognition disability					
Has a hearing disability					
Has a vision disability					
Has a self-care disability					
Has an independent living disability					

  

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



Gender Identity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/trans woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

## Agency for Healthcare Research and Quality (AHRQ) Indicators

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

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

## Pneumonia Mortality Rate

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

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI\\_20\\_Pneumonia\\_Mortality\\_Rate.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf)

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

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  
suppressed

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  
suppressed

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

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

  

<b>Age</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Age &lt; 18</b>			
<b>Age 18 to 34</b>	suppressed	suppressed	suppressed
<b>Age 35 to 49</b>	0	15	0.0
<b>Age 50 to 64</b>	suppressed	suppressed	suppressed
<b>Age 65 Years and Older</b>	suppressed	suppressed	suppressed

  

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

  

<b>Payer Type</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Medicare</b>	suppressed	suppressed	suppressed
<b>Medicaid</b>	0	16	0.0
<b>Private</b>	suppressed	suppressed	suppressed
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>			

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

  

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

  

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

  

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

## Death Rate among Surgical Inpatients with Serious Treatable Complications

The Death Rate among Surgical Inpatients with Serious Treatable Complications is defined as the rate of in-hospital deaths per 1,000 surgical discharges among patients ages 18-89 years old or obstetric patients with serious treatable complications. General acute care hospitals report this measure by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Patient Safety Indicator is 04. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:  
[https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI\\_04\\_Death\\_Rate\\_among\\_Surgical\\_Inpatients\\_with\\_Serious\\_Treatable\\_Complications.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf)

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

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

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

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
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 in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	suppressed	suppressed	suppressed

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

  

<b>Payer Type</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Medicare</b>	suppressed	suppressed	suppressed
<b>Medicaid</b>	suppressed	suppressed	suppressed
<b>Private</b>	0	13	0.0
<b>Self-Pay</b>			
<b>Other</b>			

  

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

  

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

  

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

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

## California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

There are three core quality maternal measures adopted from the California Maternal Quality Care Collaborative (CMQCC).

### CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate

The CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate is defined as nulliparous women with a term (at least 37 weeks gestation), singleton baby in a vertex position delivered by cesarian birth. General acute care hospitals report the NTSV Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications>

Number of NTSV patients with Cesarean deliveries

186

Total number of nulliparous NTSV patients

721

Rate of NTSV patients with Cesarean deliveries

0.258

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

<b>Race and/or Ethnicity</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	102	395	0.258

  

<b>Age</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Age < 18	suppressed	suppressed	suppressed
Age 18 to 29	suppressed	suppressed	suppressed
Age 30 to 39	120	395	0.304
Age 40 Years and Older	suppressed	suppressed	suppressed

  

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

  

<b>Payer Type</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	169	651	0.260
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	0		
American Sign Language	0		
Other/Unknown Languages	suppressed	suppressed	suppressed

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

  

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

  

<b>Gender Identity</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

## CMQCC Vaginal Birth After Cesarean (VBAC) Rate

The CMQCC Vaginal Birth After Cesarean (VBAC) Rate is defined as vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries. General acute care hospitals report the VBAC Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The VBAC Rate uses the specifications of AHRQ Inpatient Quality Indicator 22. For more information, please visit the following link by copying and pasting the URL into your web browser:

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI\\_22\\_Vaginal\\_Birth\\_After\\_Cesarean\\_\(VBAC\)\\_Delivery\\_Rate\\_Uncomplicated.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

Number of vaginal delivery among cases with previous Cesarean delivery that meet the inclusion and exclusion criteria

48

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



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

## 211.5

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

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

<b>Preferred Language</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0		
Other/Unknown Languages	suppressed	suppressed	suppressed

  

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

  

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

  

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

## CMQCC Exclusive Breast Milk Feeding Rate

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

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

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

1452

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

1656

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

87.7

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

Race and/or Ethnicity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	455	530	85.8
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	796	875	91.0

Age	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Age < 18	suppressed	suppressed	suppressed
Age 18 to 29	428	486	88.1
Age 30 to 39	922	1058	87.1
Age 40 Years and Older	suppressed	suppressed	suppressed

<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>	0		
<b>Medicaid</b>	suppressed	suppressed	suppressed
<b>Private</b>	1274	1436	88.7
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	0		

  

<b>Preferred Language</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
<b>English Language</b>	1408	1592	88.4
<b>Spanish Language</b>	suppressed	suppressed	suppressed
<b>Asian Pacific Islander Languages</b>	suppressed	suppressed	suppressed
<b>Middle Eastern Languages</b>	suppressed	suppressed	suppressed
<b>American Sign Language</b>	0		
<b>Other/Unknown Languages</b>	suppressed	suppressed	suppressed

  

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

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

  

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

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

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

[https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions\\_ADA.pdf](https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf)

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

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

980

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

8266

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

11.9

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

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed
<b>Asian</b>	29	327	8.9
<b>Black or African American</b>	29	173	16.8
<b>Hispanic or Latino</b>	147	1512	9.7
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>	28	134	20.9
<b>Native Hawaiian or Pacific Islander</b>	suppressed	suppressed	suppressed
<b>White</b>	737	5938	12.4

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Age 18 to 34</b>	71	1594	4.5
<b>Age 35 to 49</b>	102	1144	8.9
<b>Age 50 to 64</b>	151	1162	13.0
<b>Age 65 Years and Older</b>	656	4366	15.0

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Female</b>	521	5149	10.1
<b>Male</b>	suppressed	suppressed	suppressed
<b>Unknown</b>	suppressed	suppressed	suppressed

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Medicare</b>	648	4360	14.9
<b>Medicaid</b>	59	585	10.1
<b>Private</b>	269	3249	8.3
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>English Language</b>	909	7765	11.7
<b>Spanish Language</b>	suppressed	suppressed	suppressed
<b>Asian Pacific Islander Languages</b>	suppressed	suppressed	suppressed
<b>Middle Eastern Languages</b>	suppressed	suppressed	suppressed
<b>American Sign Language</b>	suppressed	suppressed	suppressed
<b>Other/Unknown Languages</b>	suppressed	suppressed	suppressed

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

  

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

  

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

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

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

288

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

2323

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

12.4

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

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native	0	13	0.0
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

  

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

  

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

  

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

  

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



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

  

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

  

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

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

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

96

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

499

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

19.2

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

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

  

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

  

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

  

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

  

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

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

  

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

  

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

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

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

86

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

552

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

15.6

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

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

  

<b>Age</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	suppressed	suppressed	suppressed

  

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

  

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

  

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

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

  

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

  

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

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - No Behavioral Health Diagnosis

Number of inpatient hospital admissions which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

510

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

4892

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

10.4

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.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed
<b>Asian</b>	suppressed	suppressed	suppressed
<b>Black or African American</b>	suppressed	suppressed	suppressed
<b>Hispanic or Latino</b>	suppressed	suppressed	suppressed
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>	suppressed	suppressed	suppressed
<b>Native Hawaiian or Pacific Islander</b>	0	15	0.0
<b>White</b>	suppressed	suppressed	suppressed

<b>Age</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</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>	suppressed	suppressed	suppressed
<b>Age 65 Years and Older</b>	suppressed	suppressed	suppressed

<b>Sex assigned at birth</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Female</b>	255	2992	8.5
<b>Male</b>	suppressed	suppressed	suppressed
<b>Unknown</b>	suppressed	suppressed	suppressed

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

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

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

  

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

  

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

## Health Equity Plan

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

## Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	15	18 to 34	4.5	3.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	13	18 to 34	4.5	2.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Multiracial and/or Multiethnic (two or more races)	20.9	Asian	8.9	2.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	8.9	18 to 34	4.5	2.0
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Black or African American	16.8	Asian	8.9	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	10.1	Private	8.3	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	White	12.4	Asian	8.9	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	10.1	Private	8.3	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Hispanic or Latino	9.7	Asian	8.9	1.1
CMQCC Exclusive Breast Milk Feeding	Race and/or Ethnicity	Hispanic or Latino	85.8	White	91.0	1.1

### Plan to address disparities identified in the data

Using insights from the Health Equity Report, Kaiser Permanente Santa Rosa (KPSRO) will identify populations disproportionately impacted by health disparities. Our goal is to reduce the HCAI all-cause unplanned 30-day hospital readmission rate by 10% within two years.

To support this objective, all readmissions are reviewed weekly by a multidisciplinary team to identify opportunities for improvement. KPSRO provides patient education and care that is informed by Social Determinants of Health (SDOH) assessments, which include involvement from Social Work, access to culturally appropriate educational materials, and interpreter services as needed. KPSRO remains committed to strengthening partnerships with local service organizations and will continue to invest in culturally responsive workforce training to better serve our diverse patient population.

The Regional Age Friendly Hospital System (AFHS) Core Team will be leading and supporting all 21 KP NCAL facilities to achieve IHI AFHS Level 1 Recognition status by the end of 2025 and then IHI AFHS Level 2 Recognition status by the end of 2026. The team will also ensure that all facilities have protocols in place to affirmatively attest to receive full credit for all 5 Domains of the CMA AFHS Measure by May 2025. This will position our hospitals to consistently and reliably provide high-quality care to all hospitalized elderly patients.

### 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

KPSRO uses HCAHPS patient experience scores to assess our performance in person-centered care. We are committed to the implementation of age-friendly care (4Ms framework: What Matters, Medication, Mentation, Mobility), and are recognized in geriatric care, distinguished by its certified Senior Surgical Care Program and Geriatric Emergency Department Accreditation. The organization actively engages patients and families through advisory councils and includes patient family advisor representatives to participate in various hospital committees. KPSRO remains committed to expanding the use of shared decision-making tools to further enhance patient engagement and outcomes.

#### Patient safety

Patient safety events at KPSRO are systematically monitored through a reporting system called the Safety Priority Index (SPI). SPI is a comprehensive key performance indicator for Patient Safety and is comprised of eight categories of patient safety events: All Surgical Site Infection (SSI), C-Difficile, Falls with any Injury, Hospital Acquired Pneumonia, Hospital Acquired Pressure Injuries Stage 2 and above, Catheter Associated Urinary Tract Infection (CAUTI), Central Line Associated Blood Stream Infection (CLABSI), and C-Section SSI. The SPI was designed to encourage both continuous improvement and sustained organizational vigilance. In alignment with the model of High Reliability Organization (HRO), and to foster a culture of safety and proactive identification of potential systematic opportunities, KPSRO conducts daily tiered huddles involving multidisciplinary representatives from across hospital departments. The daily tiered huddles serve as a platform to share the current state of hospital operations and identify any emerging barriers to patient care or safety.

Furthermore, KPSRO has invested in HRO training and is actively integrating its principles into patient safety initiatives. Furthermore, KPSRO supports a Just Culture, committed to developing resilient systems that prioritize patient safety at every level of care delivery.

#### Addressing patient social drivers of health

At KPSRO, all patients are screened for social determinants of health (SDOH) upon admission to the hospital (food insecurity, housing instability, transportation barriers, etc.). We refer those patients who screen positively to our team of Medical Social Workers, who facilitate connections to appropriate resources across the continuum of care. We partner with community-based organizations to support these efforts. We use ICD-10 Z-codes to document SDOH needs, which also allows us to monitor changes in community needs over time.

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

Performance across all of the following priority areas.

#### Effective treatment

KPSRO actively participates in the CMS and The Joint Commission core measure programs, as well as the American Heart Association's Get With The Guidelines® programs for stroke, heart failure, and comprehensive stroke programs.

To promote consistent, evidence-based care, KPSRO implements standardized clinical pathways and order sets for conditions such as diabetes, hypertension, stroke, sepsis, congestive heart failure (CHF), and chronic obstructive pulmonary disease (COPD).

Patients with chronic conditions are enrolled in programs designed to monitor clinical status and

support patients with adherence to medications and ongoing treatment plans.

#### Care coordination

KPSRO is committed to providing a comprehensive transition of care program that includes medication reconciliation, discharge planning, and post-discharge follow-up calls. We have an integrated model supported by case managers and care navigators that facilitates care coordination across inpatient, outpatient, and post-acute care settings. Patients and their families are engaged throughout the development and execution of individualized care plans to ensure that care is both patient-centered and aligned with best practices.

#### Access to care

KPSRO monitors appointment wait times, after-hours access, and telehealth. We receive monthly access reports across all departments to monitor performance and ensure timely care delivery. Appointment & Advice Call Center (AACC) services are staffed by physicians and registered nurses who provide real-time clinical guidance to members. In many cases, patient concerns—such as respiratory infections or urinary tract infections—are resolved during the call, eliminating the need for an in-person visit. Additionally, KPSRO also has an Ambulatory Treatment Center, supporting access to specific types of clinical care in the outpatient setting instead of in the acute hospital setting. This allows for potential earlier discharge from the hospital and supports transitions of care as well as access to a wider range of clinical care options in the ambulatory setting, often preventing hospitalization.

### **Methodology Guidelines**

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

Y