

Hospital Equity Report User Input Template

This template lists the 10 fields from the HCAI Hospital Equity Report that require user input from hospitals using HQI's equity report solution. Use this template to write your responses to these report elements so they can be copied and pasted into the HQIP User Interface and integrated into the downloadable csv report. Also included are optional fields for hospitals to report their CMS HCHE and SDOH Measures, *if available*.

1. Web address for the Hospital Equity Report on the hospital's website (60 characters max)

<https://www.californiarehabinstitute.com/>

2. Do you have a designated individual who leads hospital health equity activities? ☒ Yes ☐ No

3. Do you provide documentation of policy prohibiting discrimination? ☒ Yes ☐ No

4. Equity Plan: What actions are planned to address the Top 10 Disparities identified in the data, including population impact, measurable objectives, and specific timeframe. (5000 characters max)

Our report fully complies with all equity reporting and privacy requirements, but zero disparities were identified among the stratified measures. Every calculation associated with all report fields has been evaluated for our hospital. While the AB1204 Equity report may appear sparsely populated and lacking values in some areas, this reflects the complexity of the reporting requirements- not a deficiency in the report itself. The report incorporates the required calculations, stratifications, and the California's strict data privacy rules (including suppression under the California DOG), ensuring that it meets legal standards and equity reporting regulations. Many blank cells are the result of limited availability of certain stratification variables- particularly Disability Status, Sexual Orientation, and Gender Identity- which hospitals are not currently required by HCAI to collect.

5. Describe your performance in the priority area of *Person-Centered Care*. (5000 characters max)

Our hospital remains committed to delivering person-centered care by ensuring each patient's preferences, values, and lived experiences guide all aspects of treatment. In the absence of identified disparities in our stratified data, our focus has been on strengthening systems that reliably support equitable, culturally responsive, and individualized care for every patient.

Upon admission, staff assess preferred language, communication needs, and any cultural considerations that may influence care. Professional interpreters are available 24/7 to support patients with limited English proficiency. We continue to promote a care environment that respects cultural, linguistic, and individual identity differences and ensures patients are fully engaged in decisions about their care.

Hospital Equity Report User Input Template

Patients and families are encouraged to participate directly in discussions about progress, barriers, and goals. Staff are trained to incorporate patient-defined goals into treatment planning, ensuring care plans reflect not only clinical priorities but also what matters most to patients in their daily lives and recovery.

We routinely collect patient feedback through satisfaction surveys, real-time rounding, and post-discharge follow-up calls. Feedback is used to identify opportunities for improvement and refine approaches to compassion, communication, and respect.

6. Describe your performance in the priority area of *Patient Safety*. (5000 characters max)

Patient safety is a core priority, and our hospital emphasizes prevention of harm, standardization, and continuous learning. Leadership promotes an environment where concerns can be raised transparently and where staff are empowered to speak up on behalf of patient well-being.

We utilize standardized patient-safety practices such as bedside shift reports, safety huddles, structured handoff tools, and leadership rounding. These efforts help ensure situational awareness, early identification of risk, and consistent communication across disciplines.

Our performance-improvement structure leverages data from internal quality measures, safety reporting systems, and national benchmarks. Even when stratified equity data is limited, we monitor trends related to falls, medication safety, infection prevention, patient deterioration, and other safety indicators. Interventions are developed using evidence-based methodologies, and teams engage in root-cause analyses and debriefs to reinforce learning and reduce recurrence.

We emphasize a culture of high reliability through training on foundational safety behaviors such as preoccupation with failure, reluctance to simplify, and deference to expertise. Staff are encouraged to escalate concerns immediately, and clinical teams work collaboratively to identify early signs of clinical decline and initiate rapid-response interventions when needed.

Although no significant disparities were detected in our available data, we remain vigilant in monitoring performance by demographic groups to ensure that safety processes are applied consistently and equitably to all patients.

7. Describe your performance in the priority area of *Addressing Patient Social Determinants of Health*. (5000 characters max)

Recognizing the significant impact social determinants of health (SDOH) have on patient outcomes, our hospital integrates routine screening for health-related social needs (HRSNs) into the care process. Case management and nursing assess needs such as access to safe housing, food security, transportation, and caregiver support using a standardized screening tool.

Hospital Equity Report User Input Template

When needs are identified, staff provide referrals to community-based organizations, social service agencies, and public health partners. We maintain relationships with local community resources to address gaps in access to primary care, behavioral health, housing support, medication affordability, and transportation.

Our team incorporates SDOH findings into treatment and discharge planning to ensure barriers are addressed before patients leave the hospital. This includes coordinating durable medical equipment, arranging follow-up appointments, connecting patients to insurance resources, and assisting with medication access programs when needed.

Leadership participates in recurring equity and community-health discussions to evaluate emerging trends and community needs. We remain committed to ensuring equitable access to care by addressing social and environmental factors that can impact recovery, long-term health, and overall well-being.

8. Describe your performance in the priority area of *Effective Treatment*. (5000 characters max)

Our hospital is committed to delivering safe, effective, evidence-based treatment to all patients, regardless of background or demographic characteristics.

Interdisciplinary teams collaborate daily to tailor treatment plans to each patient's clinical needs, functional goals, and social circumstances. Early recognition of clinical deterioration is supported through standardized escalation processes, including rapid-response activation and timely provider notification.

We reinforce evidence-based practice through clinical education, interdisciplinary rounds, and ongoing performance improvement initiatives. Quality indicators—such as infection rates, patient outcomes, readmissions, and adherence to clinical guidelines and protocols—are monitored continuously. Although available equity data did not identify disparities, we monitor performance across demographic categories to ensure treatment is delivered equitably and consistently.

Debriefs and incident reviews support continuous reflection and improvement. Staff apply lessons learned from events and incorporate mitigation strategies into practice. Treatment effectiveness is further enhanced through patient education, shared decision-making, and reinforcement of functional patient-defined goals.

9. Describe your performance in the priority area of *Care Coordination*. (5000 characters max)

Hospital Equity Report User Input Template

Care coordination begins at admission and continues through discharge and post-hospital follow-up. Staff assess anticipated discharge needs early, with attention to functional status, caregiver availability, social needs, and access to community resources.

Patients, families, and caregivers are active participants in developing the discharge plan. Interdisciplinary care team meetings address treatment goals, barriers, insurance considerations, equipment needs, transportation, and follow-up care. This collaborative approach helps ensure transitions are safe, appropriate, and timely.

We partner closely with primary care providers, specialists, acute care hospitals, skilled nursing facilities, and home-health agencies to support continuity of care. Discharge plans are reinforced with written instructions, medication education, and scheduled appointments.

Although stratified data did not indicate disparities, we continue to evaluate care-coordination performance across demographic groups to ensure equitable access to seamless transitions and to reduce the risk of readmission or care fragmentation.

10. Describe your performance in the priority area of *Access to Care*. (5000 characters max)

Our hospital is committed to improving access to care for all patients, including those with complex medical or social challenges. We address barriers related to transportation, language, medication affordability, and follow-up care by connecting patients to internal resources and community partners.

Patients receive an individualized care plan at discharge that includes referrals, appointment scheduling, and appropriate follow-up instructions. Language access services—such as interpreter support and translated materials—help ensure equitable access regardless of English proficiency.

We collaborate with community clinics, mental-health partners, specialty providers, and public agencies to enhance access to services that patients may need after leaving the hospital. For patients facing access barriers, case management works to secure transportation options, medication assistance, and support navigating insurance systems.

Although the available data did not identify specific disparities, our hospital continues monitoring access patterns across demographic groups to ensure equitable distribution of services and to identify opportunities for targeted improvement.

Hospital Equity Report User Input Template

Optional Structural Measures: Hospital Commitment to Health Equity (HCHE) and Social Drivers of Health (SDOH)

1. CMS Hospital Commitment to Health Equity Structural (HCHE) Measure. (If Available)

- a. CMS HCHE Domain 1: Strategic Planning ☒ Yes ☐ No
- b. CMS HCHE Domain 2: Data Collection ☒ Yes ☐ No
- c. CMS HCHE Domain 3: Data Analysis ☒ Yes ☐ No
- d. CMS HCHE Domain 4: Quality Improvement ☒ Yes ☐ No
- e. CMS HCHE Domain 5: Leadership Engagement ☒ Yes ☐ No

2. CMS Screening for Social Drivers of Health (SDOH) and CMS Screen Positive Rate for SDOH and Intervention (If Available) Note: Most hospitals will not be able to provide the values in red, as they were never required to be collected or reports for a CMS SDOH Measure.

SDOH Measure Component/Rate	Value
a. CMS SDOH Overall Screened Numerator: Number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are <u>screened for all five HRSNs</u> . (9 digits max)	2379 *Screening did not begin until 4/1/2024
b. CMS SDOH Overall Screened Denominator: Number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission. (9 digits max)	3220
c. CMS SDOH Overall Screened Rate: The percent 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 <u>screen positive for one or more of the following five HRSNs</u> : Food insecurity, housing instability, transportation problems, utility difficulties, or interpersonal safety. (4 digits max, i.e. xx.x)	41.52%
d. CMS SDOH Food Insecurity Numerator: Number of patients screened positive for food insecurity. (9 digits max)	14

Hospital Equity Report User Input Template

e. CMS SDOH Food Insecurity <u>Positive Rate</u> : CMS SDOH Food Insecurity Numerator divided by CMS SDOH Overall Screened Numerator, multiplied by 100. (4 digits max, i.e. xx.x)	0.59%
f. CMS SDOH Food Insecurity <u>Intervention</u> : Number of interventions provided for Food Insecurity. (9 digits max)	
g. CMS SDOH Food Insecurity <u>Intervention Rate</u> : CMS SDOH Food Insecurity Intervention divided by CMS SDOH Overall Screened Numerator, multiplied by 100. (4 digits max, i.e. xx.x)	
h. CMS SDOH Housing Instability <u>Numerator</u> : Number of patients screened positive for housing instability. (9 digits max)	52
i. CMS SDOH Housing Instability <u>Positive Rate</u> : CMS SDOH Housing Instability Numerator divided by CMS SDOH Overall Screened Numerator, multiplied by 100. (4 digits max, i.e. xx.x)	2.18%
j. CMS SDOH Housing Instability <u>Intervention</u> : Number of interventions provided for housing instability. (9 digits max)	
k. CMS SDOH Housing Instability <u>Intervention Rate</u> : CMS SDOH Housing Intervention divided by CMS SDOH Overall Screened Numerator, multiplied by 100. (4 digits max, i.e. xx.x)	
l. CMS SDOH Transportation Problems <u>Numerator</u> : Number of patients screened positive for transportation problems. (9 digits max)	193
m. CMS SDOH Transportation Problems <u>Positive Rate</u> : CMS SDOH Transportation Problems Numerator divided by CMS SDOH Overall Screened Numerator, multiplied by 100. (4 digits max, i.e. xx.x)	5.99%
n. CMS SDOH Transportation Problems <u>Intervention</u> : Number of interventions provided for transportation problems. (9 digits max)	191
o. CMS SDOH Transportation Problems <u>Intervention Rate</u> : CMS SDOH Transportation Problems Intervention divided by CMS SDOH Overall Screened Numerator, multiplied by 100. (4 digits max, i.e. xx.x)	98.96%
p. CMS SDOH Utility Difficulties <u>Numerator</u> : Number of patients screened positive for utility difficulties. (9 digits max)	9

Hospital Equity Report User Input Template

q. CMS SDOH <i>Utility Difficulties</i> <u>Positive Rate</u>: CMS SDOH Utility Difficulties Numerator divided by CMS SDOH Overall Screened Numerator, multiplied by 100. <i>(4 digits max, i.e. xx.x)</i>	0.37%
r. CMS SDOH <i>Utility Difficulties</i> <u>Intervention</u>: Number of interventions provided for utility difficulties. <i>(9 digits max)</i>	
s. CMS SDOH <i>Utility Difficulties</i> <u>Intervention Rate</u>: CMS SDOH Utility Difficulties Intervention divided by CMS SDOH Overall Screened Numerator, multiplied by 100. <i>(4 digits max, i.e. xx.x)</i>	
t. CMS SDOH <i>Interpersonal Safety</i> <u>Numerator</u>: Number of patients screened positive for interpersonal safety. <i>(9 digits max)</i>	329
u. CMS SDOH <i>Interpersonal Safety</i> <u>Positive Rate</u>: CMS SDOH Interpersonal Safety Numerator divided by CMS SDOH Overall Screened Numerator, multiplied by 100. <i>(4 digits max, i.e. xx.x)</i>	13.83%
v. CMS SDOH <i>Interpersonal Safety</i> <u>Intervention</u>: Number of interventions provided for interpersonal safety. <i>(9 digits max)</i>	
w. CMS SDOH <i>Interpersonal Safety</i> <u>Intervention Rate</u>: CMS SDOH Interpersonal Safety Intervention divided by CMS Overall SDOH Screened Numerator, multiplied by 100. <i>(4 digits max, i.e. xx.x)</i>	