

# Hospital Equity Measures Report

## General Information

Report Type: Hospital Equity Measures Report  
Year: 2024  
System Name: CEDARS-SINAI  
Principal Hospital Type: General Acute Care Hospital  
Associated Hospitals:

Facility Name	Facility Type	HCAI ID	Address
CEDARS-SINAI MARINA HOSPITAL	General Acute Care Hospital	106190500	4650 LINCOLN BOULEVARD, MARINA DEL REY, CA 90292
CEDARS-SINAI MEDICAL CENTER	General Acute Care Hospital	106190555	8700 BEVERLY BOULEVARD, LOS ANGELES, CA 90048
TORRANCE MEMORIAL MEDICAL CENTER	General Acute Care Hospital	106190422	3330 LOMITA BOULEVARD, TORRANCE, CA 90505-5073

Status: Complete  
Due Date: 11/29/2025  
Last Updated: 02/04/2026  
Hospital Web Address for Equity Report: <https://www.cedars-sinai.org>

## 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.

407978

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	364379	407978	89.3
Spanish Language	28658	407978	7.0
Asian Pacific Islander Languages	6332	407978	1.6
Middle Eastern Languages	4473	407978	1.1
American Sign Language	88	407978	0.0
Other Languages	4048	407978	1.0

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

63938

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

72788

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

87.8

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	1614	2.5		
Housing Instability	2462	3.9		
Transportation Problems	1976	3.1		
Utility Difficulties	941	1.5		
Interpersonal Safety	504	0.8		

## 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?"

4374

Total number of respondents to HCAHPS Question 19

4615

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

94.8

Total number of people surveyed on HCAHPS Question 19

21524

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

## 21.4

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>	232	250	92.8	1309	19.1
<b>Black or African American</b>	234	253	92.5	1799	14.1
<b>Hispanic or Latino</b>	388	408	95.1	2870	14.2
<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>	1238	1344	92.1	5456	24.6

  

<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>	1148	1257	91.3	7069	17.8
<b>Male</b>	1079	1144	94.3	5231	21.9
<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>	1498	1613	92.9	5983	27.0
<b>Medicaid</b>	141	146	96.6	1557	9.4
<b>Private</b>	539	591	91.2	4424	13.4
<b>Self-Pay</b>					
<b>Other</b>	36	38	94.7	177	21.5

<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>
English Language	1973	2138	92.3	10708	20.0
Spanish Language	165	170	97.1	924	18.4
Asian Pacific Islander Languages	35	36	97.2	196	18.4
Middle Eastern Languages	19	20	95.0	269	7.4
American Sign Language					
Other/Unknown Languages	15	15	100.0	116	12.9

  

<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	13	15	86.7	50	30.0
Straight or heterosexual	519	562	92.3	2358	23.8
Bisexual					
Something else					
Don't know					
Not disclosed	14	14	100.0	48	29.2

  

<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	400	437	91.5	2091	20.9
Female-to-male (FTM)/ transgender male/trans man					
Male	332	360	92.2	1335	27.0
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?"

3850

Total number of respondents to HCAHPS Question 17

4479

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

86.0

Total number of people surveyed on HCAHPS Question 17

21524

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

20.8

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	203	241	84.2	1309	18.4
Black or African American	203	243	83.5	1799	13.5
Hispanic or Latino	343	381	90.0	2870	13.3
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	1078	1262	85.4	5456	23.1

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	1012	1192	84.9	7069	16.9
Male	934	1073	87.0	5231	20.5
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	1246	1507	82.7	5983	25.2
Medicaid	127	139	91.4	1557	8.9
Private	526	570	92.3	4424	12.9
Self-Pay					
Other	36	36	100.0	177	20.3

  

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	1725	2016	85.6	10708	18.8
Spanish Language	143	159	89.9	924	17.2
Asian Pacific Islander Languages	29	35	82.9	196	17.9
Middle Eastern Languages	19	20	95.0	269	7.4
American Sign Language					
Other/Unknown Languages	14	15	93.3	116	12.9

  

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					
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 "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual				50	
Straight or heterosexual	466	528	88.3	2358	22.4
Bisexual					
Something else					
Don't know					
Not disclosed				48	

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	354	409	86.6	2091	19.6
Female-to-male (FTM)/ transgender male/trans man					
Male	298	343	86.9	1335	25.7
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

286

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

3389

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

84.4

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



<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>	41	432	94.9
<b>Black or African American</b>	34	417	81.5
<b>Hispanic or Latino</b>	52	663	78.4
<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>	140	1618	86.5

  

<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>	suppressed	suppressed	suppressed
<b>Age 50 to 64</b>	33	457	72.2
<b>Age 65 Years and Older</b>	243	2598	93.5

  

<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>	122	1709	71.4
<b>Male</b>	164	1680	97.6
<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>	232	2443	95.0
<b>Medicaid</b>	16	289	55.4
<b>Private</b>	36	622	57.9
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	suppressed	suppressed	suppressed

<b>Preferred Language</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
English Language	211	2680	78.7
Spanish Language	34	323	105.3
Asian Pacific Islander Languages	13	142	91.5
Middle Eastern Languages	15	155	96.8
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

  

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

  

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

  

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

## Death Rate among Surgical Inpatients with Serious Treatable Complications

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

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

159

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

969

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

164.1

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	16	91	175.8
Black or African American	19	137	138.7
Hispanic or Latino	30	216	138.9
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	0	12	0.0
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	64	430	148.8

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	31	216	143.5
Age 65 Years and Older	109	601	181.4

<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>	61	413	147.7
<b>Male</b>	98	556	176.3
<b>Unknown</b>			

  

<b>Payer Type</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Medicare</b>	111	556	199.6
<b>Medicaid</b>	18	125	144.0
<b>Private</b>	25	266	94.0
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of 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>	117	793	147.5
<b>Spanish Language</b>	20	97	206.2
<b>Asian Pacific Islander Languages</b>	suppressed	suppressed	suppressed
<b>Middle Eastern Languages</b>	suppressed	suppressed	suppressed
<b>American Sign Language</b>			
<b>Other/Unknown Languages</b>	suppressed	suppressed	suppressed

  

<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

1333

Total number of nulliparous NTSV patients

4742

Rate of NTSV patients with Cesarean deliveries

0.281

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			
Asian	237	915	0.259
Black or African American	69	180	0.383
Hispanic or Latino	271	1031	0.263
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	14	51	0.275
Native Hawaiian or Pacific Islander			
White	590	1996	0.296

  

<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	192	1031	0.186
Age 30 to 39	960	3350	0.287
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	1090	3795	0.287
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	61	346	0.176
Private	1241	4304	0.288
Self-Pay	suppressed	suppressed	suppressed
Other	13	38	0.342

  

<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	1314	4615	0.285
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 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

221

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

156.0

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

<b>Race and/or Ethnicity</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed
<b>Asian</b>	15	106	141.5
<b>Black or African American</b>	14	83	168.7
<b>Hispanic or Latino</b>	56	388	144.3
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>	0	15	0.0
<b>Native Hawaiian or Pacific Islander</b>	suppressed	suppressed	suppressed
<b>White</b>	105	552	190.2
<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>	28	129	217.1
<b>Age 30 to 39</b>	166	1023	162.3
<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>	186	1072	173.5
<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>			
<b>Medicaid</b>	24	95	252.6
<b>Private</b>	184	1218	151.1
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	suppressed	suppressed	suppressed



<b>Preferred Language</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
English Language	215	1359	158.2
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages			

  

<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

4654

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

8031

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

58.0

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	633	1374	46.1
Black or African American	210	383	54.8
Hispanic or Latino	861	1726	49.9
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	2396	3627	66.1

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	4239	7375	57.5
Age 18 to 29	104	182	57.1
Age 30 to 39	283	426	66.4
Age 40 Years and Older	28	48	58.3

<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>	2112	3624	58.3
<b>Male</b>	2126	3746	56.8
<b>Unknown</b>			

<b>Payer Type</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
<b>Medicare</b>	suppressed	suppressed	suppressed
<b>Medicaid</b>	297	724	41.0
<b>Private</b>	4285	7153	59.9
<b>Self-Pay</b>	37	86	43.0
<b>Other</b>	suppressed	suppressed	suppressed

<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>	4581	7795	58.8
<b>Spanish Language</b>	35	140	25.0
<b>Asian Pacific Islander Languages</b>			
<b>Middle Eastern Languages</b>			
<b>American Sign Language</b>			
<b>Other/Unknown Languages</b>	17	26	65.4

<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

8069

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

64918

Rate of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition

within 30 days of hospital discharge for patients aged 18 and older

12.4

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>
American Indian or Alaska Native	14	105	13.3
Asian	796	6754	11.8
Black or African American	1389	8884	15.6
Hispanic or Latino	1830	14450	12.7
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	99	905	10.9
Native Hawaiian or Pacific Islander	31	238	13.0
White	3605	30676	11.8

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	548	7142	7.7
Age 35 to 49	987	10414	9.5
Age 50 to 64	1477	10959	13.5
Age 65 Years and Older	5057	36403	13.9

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	4198	37642	11.2
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	5258	34960	15.0
Medicaid	806	6323	12.7
Private	1929	22508	8.6
Self-Pay	45	556	8.1
Other	29	562	5.2

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language	6835	57036	12.0
Spanish Language	656	4283	15.3
Asian Pacific Islander Languages	245	1447	16.9
Middle Eastern Languages	195	1268	15.4
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 - 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

1521

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

11079

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

13.7

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	suppressed	suppressed	suppressed
Asian	78	626	12.5
Black or African American	210	1326	15.8
Hispanic or Latino	315	2061	15.3
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	16	161	9.9
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	834	6411	13.0

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	97	760	12.8
Age 35 to 49	184	1504	12.2
Age 50 to 64	287	2023	14.2
Age 65 Years and Older	953	6792	14.0

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	902	7146	12.6
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	1007	6862	14.7
Medicaid	155	916	16.9
Private	339	3144	10.8
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	1333	9816	13.6
Spanish Language	108	625	17.3
Asian Pacific Islander Languages	16	119	13.4
Middle Eastern Languages	37	292	12.7
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

631

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

3457

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

18.3

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



<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	19	136	14.0
Black or African American	166	712	23.3
Hispanic or Latino	171	886	19.3
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	11	53	20.8
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	238	1506	15.8

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	56	364	15.4
Age 35 to 49	148	755	19.6
Age 50 to 64	188	1030	18.3
Age 65 Years and Older	239	1308	18.3

  

<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	385	2235	17.2
Unknown	suppressed	suppressed	suppressed

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	296	1396	21.2
Medicaid	157	972	16.2
Private	172	977	17.6
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	586	3238	18.1
Spanish Language	38	166	22.9
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 - 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

485

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

2575

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

18.8

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 readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	18	80	22.5
Black or African American	69	388	17.8
Hispanic or Latino	146	586	24.9
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	11	42	26.2
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	228	1373	16.6

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	42	276	15.2
Age 35 to 49	142	667	21.3
Age 50 to 64	147	732	20.1
Age 65 Years and Older	154	900	17.1

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	274	1276	21.5
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	239	1139	21.0
Medicaid	106	637	16.6
Private	137	751	18.2
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	459	2478	18.5
Spanish Language	21	71	29.6
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 - 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

5432

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

47807

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

11.4

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 readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	681	5912	11.5
Black or African American	944	6458	14.6
Hispanic or Latino	1198	10917	11.0
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	61	649	9.4
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	2305	21386	10.8

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	353	5742	6.1
Age 35 to 49	513	7488	6.9
Age 50 to 64	855	7174	11.9
Age 65 Years and Older	3711	27403	13.5

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	2776	27999	9.9
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	3716	25563	14.5
Medicaid	388	3798	10.2
Private	1281	17636	7.3
Self-Pay	28	376	7.4
Other	17	427	4.0

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language	4457	41504	10.7
Spanish Language	489	3421	14.3
Asian Pacific Islander Languages	224	1304	17.2
Middle Eastern Languages	154	947	16.3
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			

## 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, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicare	14.5	Other	4.0	3.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	15.0	Other	5.2	2.9
CMQCC Exclusive Breast Milk Feeding	Preferred Language	Spanish Language	25.0	Other/Unknown	65.4	2.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicaid	10.2	Other	4.0	2.6
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Race and/or Ethnicity	Asian	175.8	Black or African American	138.7	2.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	12.7	Other	5.2	2.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	65 and older	13.5	18 to 34	6.1	2.2
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Race and/or Ethnicity	White	148.8	Black or African American	138.7	2.1
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Expected Payor	Medicaid	144.0	Private	94.0	2.1
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Race and/or Ethnicity	Hispanic or Latino	138.9	Black or African American	138.7	2.0

## Plan to address disparities identified in the data

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis) & HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

Reducing readmissions begins with strengthening transitions of care across ED and inpatient settings. Because most unplanned readmissions enter through the ED, efforts emphasize early identification of high-risk patients, enhanced case management, improved discharge planning, and stronger coordination with skilled nursing facilities. Inpatient strategies include ensuring access to a 30-day supply of medications, scheduling follow-up within 7 days, refining discharge planning to address transitional needs, expanding disease-specific education, and linking Medicaid members to their Managed Care Plans for ECM and community supports. Stratified data show higher readmission rates among Medicare and Medicaid patients and adults ages 50–64 and 65+, largely due to clinical complexity and socioeconomic barriers. In response, Cedars-Sinai Health System (CSHS) expanded ambulatory case management for up to 90 days, initiated pharmacist follow-up consultations, increased use of "Transition Home" clinic visits, integrated Community Health

Workers, and strengthened SNF partnerships. These approaches have improved continuity, reduced preventable readmissions, and enhanced recovery. CSHS will continue refining strategies to better address clinical, social, and navigation needs.

#### AHRQ PSI Death Rate among Surgical Inpatients with Serious Treatable Complications

Reducing surgical mortality requires a coordinated, equity-focused strategy centered on older adults and Medicare-covered patients, who experience higher risk due to age, functional status, and comorbidity. CSHS conducts structured, multidisciplinary mortality reviews to identify patterns, drivers of variation, and opportunities to strengthen reliability. Systemwide improvements include creation of a surgical outcomes dashboard integrating demographics with postoperative measures (mortality, LOS index, readmissions, ICU use, return to OR), incorporation of SDoH into reviews, and use of standardized equity stratification when feasible. Culturally responsive education and enhanced nursing training further support earlier detection of deterioration and timely escalation. Huntington Health launched a multi-year mortality-reduction plan (January 2025–June 2026) focused on older adults and Medicare patients. Key interventions include improving diagnostic accuracy and follow-up for pneumonia patients, activating a comprehensive ED "Code Sepsis" protocol with continuous monitoring, and expanding community outreach for older adults and caregivers.

#### CMQCC Exclusive Breast Milk Feeding

Exclusive breastfeeding is a key determinant of infant health, reducing infections, chronic disease, and readmissions. Systemwide analyses identified lower exclusive breastfeeding rates among Spanish-speaking patients, highlighting disparities related to language access and context. To strengthen equitable breastfeeding support, CSHS expanded multilingual, responsive interventions. Inpatient actions include identifying disparities by race/ethnicity and language, comparing intended feeding goals with discharge outcomes, providing stratified data to prenatal providers, supporting skin-to-skin and early breastfeeding after cesarean births, and reviewing outcomes by pediatric provider. Outpatient strategies include examining disparities in attendance at no-cost antenatal breastfeeding classes, expanding lactation educators from communities experiencing lower rates, increasing Spanish and Mandarin offerings, and sharing stratified data with outpatient pediatric practices. These actions aim to ensure all families receive accessible, individualized feeding support.

#### California Maternal Quality Care Collaborative NTSV Cesarean Birth Rate

Reducing NTSV cesarean births is a systemwide quality and equity priority, as lower rates improve maternal outcomes and reduce future risks. Evidence shows higher cesarean rates among patients with limited English proficiency and historically marginalized groups. CSHS applies standardized labor guidelines, continuous labor support, shared decision-making, and early recognition of labor dystocia. A key innovation is reporting nurse-specific cesarean rates, launched in 2020, which strengthened accountability and contributed to improvement from 25.7% to 22.0%. Equity-focused strategies include stratifying NTSV rates by demographic factors, standardizing patient education about labor expectations, expanding culturally aligned doula support, strengthening escalation processes for prolonged labor, and integrating NTSV metrics into unit-level dashboards. These efforts advance safe, equitable maternity care and reduce preventable primary cesarean deliveries.

## 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

Cedars Sinai Health System (CSHS) is committed to delivering person-centered care that reflects and honors the mosaic of the Los Angeles community and extensive populations served. This commitment is embedded across all aspects of our work, from individualized clinical care and tailored care planning to the design of programs, physical spaces and patient experiences. Our approach centers on understanding who our patients are and ensuring that their unique needs, preferences and identities are meaningfully integrated into how care is provided.

### Leveraging Data to Inform Person-Centered Care

To further strengthen our ability to provide person-centered care, CSHS launched a demographic data refresh in May 2025 to ensure that information is collected directly from patients and is accurate, comprehensive and actionable. Enabling patients to self-identify their demographic and identity characteristics provides a more accurate and patient-centered foundation for applying a health equity lens. This information allows us to identify disparities and tailor care, and ensure that services, communication and patient outcomes reflect the multitudinous needs of the populations we serve.

### Linguistically Appropriate Care

We prioritize culturally and linguistically responsive care by providing interpreter services with phone and virtual language access services available 24/7, employing in-person interpreters, bilingual staff, and supporting certification programs that enhance communication with diverse patient populations. Standardized patient intake documents preferred spoken and written language, ensuring this information is consistently available and utilized to guide care delivery. Written materials are provided in the patient's documented preferred language and are standardized to appropriate reading levels to ensure comprehension and accessibility. CLAS (Culturally and Linguistically Appropriate Services) standards training equips our workforce to deliver care that is inclusive and respectful.

### Identity-Affirming Practices

Person-centered care at Cedars-Sinai extends to creating appropriate care environments for patients across all identities. Educational initiatives, were introduced in June 2022 to advance culturally responsive care and reinforce the use of appropriate, affirming language in clinical interactions.

Work to strengthen the delivery of care for patients with disabilities has been actively underway, reflecting Cedars-Sinai Health System's commitment to equitable healthcare. In alignment with Section 1557 of the Affordable Care Act, the organization advanced efforts to implement reasonable modifications that standardized workflows, trained all relevant employees on non-discrimination policies and procedures, and enhanced and implemented policies and procedures, ensuring that patients with disabilities receive appropriate accommodations and experience equitable access to effective, high-quality care.

Additionally, CSHS strives to ensure that patient goals and preferences are documented in a manner that reflects their cultural, linguistic and identity-specific needs. Through an ongoing multi-year collaborative, clinicians and care providers continue to be trained, supported by simulation-based learning and educational initiatives to engage in complex conversations that elicit patients' values and priorities. Additionally, by stratifying demographic data within goal-concordant care efforts, including advance care planning documentation, the organization is able to identify gaps in documentation across populations to inform targeted interventions that are patient-centered and

aligned with each individual's lived experience.

### Patient and Family Engagement

We recognize the central role of patients and their families in shaping healthcare decisions. Shared decision-making models are integrated into care, with opportunities for family caregiver involvement where appropriate. Multilingual patient education ensures understanding across populations, while patient and family advisor committees actively inform quality improvement initiatives. Patient feedback is a critical driver of improvement: Grievances and complaints are reviewed by demographic characteristics to identify inequities, applying an equity lens to understand where certain populations may experience disproportionate challenges. Survey findings further illuminate opportunities to better align care with the expectations, experiences and needs of all patients.

### Patient safety

At CSHS, patient safety is a foundational component of our mission to provide high-quality, equitable care. We recognize that ensuring patient safety requires a comprehensive approach that integrates education, prevention, data stratification and transparent systematic reporting, fostering a culture that prioritizes learning and improvement over punitive responses. Safety is not limited to preventing direct physical harm; it extends to protecting patients from inequitable care, bias, miscommunication and failures in the systems designed to support them.

### Education, Prevention and Culture of Safety

Our safety strategy begins with prevention and education. Clinicians, staff and leadership receive education and annual training on patient safety protocols, including elements potentially impacting judgment and potential patient harm. Importantly, CSHS promotes a culture of safety in which the identification of risks, near misses or errors leads to system-level improvements rather than punitive measures. This culture empowers staff to report concerns without fear, allowing safety issues and any indications of healthcare inequities to be surfaced, addressed and prevented in the future.

### Data Collection, Analysis, and Equity

Data collection is integral to understanding and reinforcing patient safety. CSHS systematically tracks and analyzes adverse events such as hospital-acquired pressure injuries, falls, medication errors, central line-associated bloodstream infections and other preventable incidents. In December 2023, demographic stratification was formally incorporated as a standard component of hospital root cause analysis (RCA) investigations. This shift moved the process from a purely objective, event-focused lens to one that is more patient-centered, enabling the identification of patterns or disproportionate impacts across populations and ensuring that corrective actions address both underlying system factors and potential inequities in patient experience and outcomes.

### Incident Reporting, Near Misses, Escalations, and Response Systems

CSHS maintains a comprehensive approach to ensuring timely, appropriate, and fair care through robust escalation, reporting, and monitoring systems. Clinical escalation processes, including rapid response activations, code team response times, ICU transfers, and patient placement, are routinely evaluated to confirm that all patients receive the right level of care at the right time. Data-driven review of these activities supports system improvements and promotes consistent, equitable care delivery across all settings.

To strengthen early identification of safety concerns, CSHS has implemented workflows and flagging mechanisms that support prompt reporting of potential incidents and near misses. In January 2024, a multidisciplinary workgroup was convened to enhance proactive documentation and tracking of discrimination-related events through improvements in reporting systems, workflows, and investigative processes. This work continues with the planned implementation of an

anonymous reporting tool, as well as the development of an annual report that will outline opportunities for quality improvement, education, targeted interventions, and strengthened accountability.

In fiscal year 2025, the Office of Patient Safety and the Office of Health Equity jointly launched the integration of a standardized Health Equity framework, demographic stratification into existing patient safety data systems. This enhancement, implemented within the CS-Safe reporting platform, incorporated an equity-focused language question into event reporting forms. The added functionality allows for more precise tracking and trending of events, supporting the identification of inequities that may contribute to adverse outcomes and informing targeted improvements that advance safe, reliable, and person-centered care for all patients.

#### Ensuring Safety in AI and Algorithms

To ensure that innovations in clinical care do not inadvertently create new safety risks, Cedars-Sinai has incorporated reviews of artificial intelligence and clinical decision support models. These evaluations assess whether predictive algorithms or computer-assisted decision tools could contribute to disparities in care or safety outcomes. This proactive step reflects Cedars-Sinai's recognition that advancing technology must be carefully managed to promote safety for all patients

#### Addressing patient social drivers of health

CSHS continues to advance a comprehensive approach to addressing patients' social drivers of health (SDoH), recognizing that social and economic conditions are fundamental drivers of health outcomes, care experiences and equitable recovery. Significant progress has been made across multiple domains, anchored in the integration of SDoH assessments directly into electronic medical record (EMR) workflows and supported by robust interdisciplinary engagement.

#### Integration of SDoH Screening Into Clinical Workflows

Extensive foundational work began with the development and incorporation of structured SDoH assessment tools within the electronic medical record system. This integration enabled standardized, real-time screening and ensures that social needs are identified as an essential component of clinical care. To operationalize these workflows effectively, the Community Connect Program developed comprehensive training and educational content for nurses, social workers, emergency department staff and support teams. Training emphasized culturally and socially appropriate communication strategies, equipping staff to engage patients sensitively around topics that may carry stigma or historical mistrust. Nurses now conduct universal SDoH screening for all patients across five key domains:

- Financial resource strain
- Intimate partner violence
- Food insecurity
- Housing insecurity
- Transportation needs

The Community Connect Program collaborated closely with clinical informatics to embed these workflows, ensuring ease of use, consistency and alignment with national best practices in social care integration. A positive SDoH screen initiates an automated triage pathway that includes:

- A Social Work consult
- Community Connect Program resource support
- Access to community-based resources through FindHelp, a digital referral platform adopted in partnership with Cedars-Sinai

SDoH screening expanded from the inpatient environment into ambulatory spaces in spring 2025,

significantly broadening the reach of these services. This infrastructure strengthened coordination between clinical and community settings, ensuring that patients are promptly linked to supports necessary to promote stability, safety and healing. In fiscal year 2025 alone, more than 26,000 unique patients were screened for SDoH at Cedars-Sinai Medical Center.

#### Community Resource Integration and Partnerships

As mentioned above, Cedars-Sinai Health System has established a robust network of social care partnerships to address identified needs across the continuum, facilitated through the FindHelp platform. In fiscal year 2025, 10 new partners were added to the network, for a total of 63 partners. Available resources provided to patients include:

- Senior-Care Network
- Drop-in and access centers
- Food banks and meal support
- Shelter and housing opportunities
- Medical and dental services
- Mental health and behavioral healthcare
- Substance use treatment programs

In addition, after-visit summaries now incorporate domain-specific resources aligned with each patient's identified needs. Staff facilitated more than 6,500 resource and referral connections through the Cedars-Sinai Community Resource platform in the past year.

#### Community Health Worker (CHW) Integration

A Community Health Worker (CHW) program was launched to strengthen care coordination and address social needs for patients enrolled in specific value-based care bundles, including cardiac, sepsis, emergency department, trauma, geriatric clinic and inpatient medicine services, among others. CHWs provide person-centered community-based support that promotes adherence, confidence and stability post-discharge. Currently, CHWs support 30 interdisciplinary teams, and more than 2,200 patients received CHW services over the past year, with nearly 1,000 connected to supportive services and a 61% success rate.

Notably, CHW involvement yielded measurable improvements among dual-eligible, Spanish-speaking patients in the sepsis care bundle, demonstrating the significant impact of linguistically individual aligned support. Based on this success, Cedars-Sinai plans to expand CHW engagement to additional non-English-speaking populations experiencing similar challenges.

#### Financial and Resource Support

Cedars-Sinai Health System helps reduce financial barriers to care by providing free or discounted services for eligible patients and supporting enrollment in affordable insurance programs. To further promote access and well-being, the organization offers assistance with insurance applications and provides discounted or no-cost prescription medications for qualifying individuals, helping ensure patients can obtain the care and treatments they need.

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

Performance across all of the following priority areas.

### Effective treatment

At CSHS, effective treatment is grounded in the consistent application of evidence-based practices and the integration of data-driven insights to ensure equitable care across all patient populations. The organization has undertaken a multipronged approach to strengthen clinical effectiveness by

integrating health equity principles directly into quality improvement, clinical decision making and system-level governance.

#### Embedding Health Equity Stratification in Quality Improvement

A key institutional priority has been the integration of standardized health equity stratification demographic categories into the Quality Council's project portfolio. This approach ensures that each improvement initiative systematically examines variation in outcomes across patient populations, enabling early detection of disparities and targeted intervention.

Projects incorporating health equity stratification include:

- Improving Sepsis Management
- Glycemic Management
- Goal-Concordant Care
- Bowel Surgical Site Infection Reduction

Through this framework, teams have identified where clinical outcomes diverge across demographic groups and have allocated resources to enhance standardization of care, improve treatment pathways and mitigate unwarranted variation. This structure strengthens accountability and drives equitable delivery of evidence-based practices.

#### Nursing Leadership in Advancing Equity

Nursing has played a key role elevating health equity as one of their systemwide strategic priorities. Nursing leadership is in the process of establishing an overarching committee to embed equity principles into both workforce culture and clinical practice. One core component of this strategy includes confronting and addressing healthcare disparities within Nursing through structured dialogue, policy review and workforce development.

This strategic initiative aims to enhance knowledge and application of healthcare equity and accessibility across Nursing while building a culture of safety and respect. Planned areas of focus include:

- 
- Addressing health equity within both workplace dynamics and patient care delivery
- Developing a coordinated action plan to promote equitable treatment environments
- Strengthening accountability for bias-related harms and ensuring restorative processes

Nursing has also served as a key driver in the implementation of SDoH intake and assessments, leading universal screening practices and supporting culturally sensitive engagement with patients. As mentioned within the "Addressing Patient Social Determinants of Health" section, this ensures that social needs are recognized as core components of effective, equitable clinical care.

#### Maternal Health Quality Collaboratives and National Engagement

Cedars-Sinai's Department of Obstetrics and Gynecology actively participates in statewide and national maternal health improvement efforts, including the California Maternal Quality Care Collaborative (CMQCC) and multiple national registries and coalitions. These partnerships allow for benchmarking, evidence-based practice adoption and proactive identification of disparities in maternal outcomes, ultimately strengthening equitable care for all birthing patients.

#### Responsible Integration of Artificial Intelligence in Clinical Care

As innovation in clinical technology accelerates, Cedars-Sinai has established an institutional Artificial Intelligence Council to ensure that AI-integrated tools support equitable, safe and ethical care. The council oversees the introduction of AI and predictive analytics into clinical decision-making workflows, auditing algorithms to ensure that tools do not perpetuate disparities in treatment pathways or resource allocation. This governance structure reflects the organization's

recognition that algorithmic bias can influence treatment decisions and disproportionately affect underserved populations.

### Care coordination

At Cedars-Sinai, care coordination is a central pillar of equitable, patient-centered care, with Social Work and Case Management playing a critical role in advancing this commitment. These teams facilitate patient access to primary and outpatient care connecting them to essential services that address key social drivers of health, recognizing that high-quality care delivery does not end at the point of discharge; rather, it requires seamless transitions across care settings that align with patient goals, preferences and needs. Through systemwide investment in referral infrastructure, interdisciplinary support models and cross-sector partnerships, the organization continues to enhance continuity of care and aims to reduce barriers for underserved and high-risk populations.

### Optimizing Cross-Sector Coordination Through Cedars-Sinai Community Resource

Cedars-Sinai has implemented the Cedars-Sinai Community Resource (CSCR) platform powered by FindHelp, an electronic referral system designed to streamline connections between clinical teams and community-based organizations. This platform improves coordination across sectors by:

- Enabling real-time, closed-loop referrals
- Expanding access to vital community resources (e.g., food, housing, transportation, financial assistance)
- Creating a consistent mechanism for follow-up and patient support

CSCR enhances the reach and impact of social care interventions while ensuring that patients receive timely access to the resources necessary to support recovery and long-term stability.

### Senior Care Network

The Senior Care Network (SCN) at Huntington Hospital delivers nationally recognized, community-focused care coordination designed to help older adults and individuals with disabilities stay well and maintain independence. Through comprehensive, ongoing support, SCN closes gaps in guidance and advocacy while assisting community members who may be at heightened risk. Services include linking participants to essential in-home and community-based health and social resources, as well as offering assistance and guidance for family caregivers.

### Patient Navigators and Post-Discharge Support

Patient navigators play a critical role in supporting safe and equitable transitions by helping address barriers that may arise during discharge planning. Cedars-Sinai's homeless navigators and Emergency Department (ED) navigators play a particularly important role in facilitating safe discharges, linking patients to stable housing options, connecting them with community services and ensuring follow-up with primary and specialty care providers. These efforts reduce avoidable readmissions and strengthen outcomes for patients experiencing homelessness or complex social needs.

### Community Health Workers: Bridging Hospital and Community Care

Community Health Workers (CHWs) extend Cedars-Sinai's reach beyond the hospital walls by addressing social needs, promoting adherence to care plans and supporting patients during transitions into ambulatory clinics and community settings. CHWs assist with:

- Resource navigation
- Access to social services
- Appointment coordination
- Follow-up after hospital discharge
- Support for culturally and linguistically aligned care

Their work ensures that patients receive continuous, community-based support that complements clinical treatment, reduces fragmentation and mitigates disparities in access and outcomes.

#### Commitment to Coordinated Discharge Planning

Through comprehensive discharge planning, innovative care models and dedicated support programs, Cedars-Sinai ensures that care coordination extends across settings and addresses the full spectrum of patient needs. Our approach reflects a deep commitment to ensuring that every patient—regardless of cultural background, social circumstance or clinical complexity—experiences safe, seamless and equitable care transitions.

#### Access to care

Cedars-Sinai is committed to expanding access to comprehensive, culturally responsive care for underserved patients. Through a combination of direct clinical programs, community-based outreach, targeted financial support and strategic partnerships, Cedars-Sinai works to ensure patients receive timely, high-quality care regardless of socioeconomic status, insurance coverage or cultural background.

#### Cedars-Sinai Community Resource (CSCR)

As mentioned in the previous section, CSCR, an electronic referral platform powered by FindHelp, enables staff to navigate patients to vital community services. Staff are trained to optimize the tool, and a public-facing portal supports community members directly. In fiscal year 2025, more than 6,500 connections and referrals to connect patients in need were made to community-based resources.

#### Primary Adult Care (PAC) Clinic

The PAC Clinic provides primary and specialty care to uninsured, underinsured and Medicaid patients. Services include disease management, preventive care and expanded specialty offerings through pilot programs with partner community clinics. Innovative pilots, including a 2025 program to advance behavioral health integration, allow for enhanced delivery of whole-person primary care services.

#### Huntington Ambulatory Care Center (HACC)

As a comprehensive medical clinic supported by the hospital's internal medicine and surgical residency teams, HACC delivers primary care, outpatient services, and surgical support to all patients, regardless of their financial circumstances. The center also offers continuity care, behavioral health services, social work assistance, and a range of specialty clinics, including pulmonary care, long COVID recovery, women's health, and the Phil Simon Clinic, which serves individuals living with HIV, helping all members of the community lead full, healthy lives.

#### COACH for Kids

The COACH mobile clinic provides free, integrated medical, behavioral health and social support services to children in underserved communities. Operating across more than 45 co-location sites including schools, WIC centers, public housing and community agencies, COACH ensures families receive accessible preventive care and linkage to long-term providers. In fiscal year 2025, COACH served more than 1,300 patients, with just over 400 connected to local Federally Qualified Health Centers (FQHCs).

#### Financial Assistance and Insurance Enrollment

Cedars-Sinai provides free care for individuals earning up to 400% of the federal poverty level and discounted care up to 600% of the level. Staff continue to assist patients with insurance enrollment

to reduce financial barriers to necessary care.

#### Grantmaking for Access and Equity

Cedars-Sinai invests in strengthening the safety-net system through grants that expand access to culturally safe primary care and behavioral health services. Funding supports FQHC capacity building, efforts to address social drivers of health and community-based mental health programs for populations facing economic burdens. We also have targeted support in the birth equity space through grants and partnerships with organizations that expand access to doulas, midwives, lactation support, mental health services and birth-worker retention programs.

#### Share & Care

Share & Care provides school-based art-therapy programs and trainings that help children cope with trauma, loss, grief, bullying and other challenges affecting learning and emotional wellbeing. Operating in more than 20 LAUSD schools, the program equips students with tools to navigate adversity and build resilience.

#### Specialty Charity Care Referral Program

The program provides free access to specialty care, including maternal health, OB/GYN, pediatric orthopedics and gastroenterology, addressing high-demand services that are often difficult for uninsured or underinsured patients to access.

## Methodology Guidelines

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

Y