



## Hospital Equity Measures Report

Hospital Name: Dameron Hospital

Report Period: 1/1/2024 - 12/31/2024

Status: Submitted

Last Updated: 11/20/2025

Hospital Location with Clean Water and Air: Y

Hospital Web Address for Equity Report:

### 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)

### 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: [R3 Report Issue 36: New Requirements to Reduce Health Care Disparities | Joint Commission](#)

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). =Yes

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

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

**Table1. 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	43505	48387	89.90%
Spanish	4125	48387	8.50%
Asian Pacific Islander Languages	645	48387	1.3
Middle Eastern Languages	50	48387	0.1
American Sign Language	Suppressed	48387	Suppressed
Other Languages	Suppressed	48387	Suppressed

#### **Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural Measure**

There are five domains that make up the CMS Hospital Commitment to HCHE measures. Each domain is scored as "yes" or "no." In order to score "yes," a general acute care hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser:

<https://data.cms.gov/providerdata/topics/hospitals/health-equity>

#### **Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure Domain 1: Strategic Planning (Yes/No) =Yes**

- Our hospital strategic plan identifies priority populations who currently experience health disparities.
- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.
- Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

#### **CMS HCHE Measure Domain 2: Data Collection (Yes/No) =Yes**

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.
- Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.





CMS HCHE Measure Domain 3: Data Analysis (Yes/No) =Yes

- Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information in hospital performance dashboards.

CMS HCHE Measure Domain 4: Quality Improvement (Yes/No)=Yes

- Our hospital participates in local, regional or national quality improvement activities focused on reducing health disparities.

CMS HCHE Measure Domain 5: Leadership Engagement (Yes/No)=Yes

- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.
- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually review key performance indicators stratified by demographic and/or social factors.

For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser:

<https://data.cms.gov/provider-data/topics/hospitals/health-equity>

**Centers for Medicare & Medicaid Services (CMS) 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>

Social determinants of health (SDOH) are critical for understanding health disparities. While our organization collected the required SDOH data for 2024, we are currently unable to abstract these data from our electronic health record (EHR) in a standardized way. This limitation is due to challenges with data abstraction processes, not data collection. As a result, these measures are not included in this report. We are actively working to enhance our EHR capabilities and data extraction workflows to ensure future reports provide a more comprehensive view of health equity.

**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).**

<b>Social Driver of Health</b>	<b>Number of positive screenings</b>	<b>Rate of positive screenings (%)</b>	<b>Number of positive screenings who received intervention</b>	<b>Rate of positive screenings who received intervention (%)</b>
Food Insecurity				
Housing Instability				
Transportation Problems				
Utility Difficulties				
Interpersonal Safety				

### **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 "yes" to HCAHPS Question 19, "Would you recommend this hospital to your friends and family?" = **293**

Total number of respondents to HCAHPS Question 19 = **318**

Percentage of total respondents who responded "probably yes" or "definitely yes" to HCAHPS Question 19 = **92.1%**

Total number of people surveyed on HCAHPS Question 19 = **323**

Response rate, or the percentage of people who responded to HCAHPS Question 19 = **98.5%**



**Table 3. Patient recommends hospital by race and/or ethnicity,**

<b>Race and/or Ethnicity</b>	<b>Yes responses</b>	<b>Total Responses</b>	<b>Percent of Yes Responses</b>	<b>Total Number of People Surveyed</b>	<b>Response Rate for People Surveyed</b>
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian	31	33	93.9	323	10.2
Black or African American	32	33	97.0	323	10.2
Hispanic or Latino	74	84	88.1	323	26
Middle Eastern or North African	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
White	169	185	91.4	323	57.3

#### **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?" = 230

Total number of respondents to HCAHPS Question 17 = 286

Percentage of respondents who responded "yes" to HCAHPS Question 17 = 80.4%

Total number of people surveyed on HCAHPS Question 17 = 323

Response rate, or the percentage of people who responded to HCAHPS Question 17 = 88.5%

**Table 4. Patient reports receiving information in writing about symptoms or health problems by race and/or ethnicity**

<b>Race and/or Ethnicity</b>	<b>Yes responses</b>	<b>Total Responses</b>	<b>Percent of Yes Responses</b>	<b>Total Number of People Surveyed</b>	<b>Response Rate for People Surveyed</b>
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian	28	29	96.6	323	9
Black or African American	26	28	92.9	323	8.7
Hispanic or Latino	59	72	81.9	323	22.3
Middle Eastern or North African	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
White	131	171	76.6	323	52.9

#### **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/>

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. =13

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. =200

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. =65.0%





**All data for this measure is suppressed—"To protect patient privacy, data for small groups have been combined or suppressed in accordance with HIPAA guidelines."**

#### **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 Surgical Inpatients with Serious Treatable Complications =4

Death Rate among Surgical Inpatients with Serious Treatable Complications -148.1

**All data for this measure is suppressed—"To protect patient privacy, data for small groups have been combined or suppressed in accordance with HIPAA guidelines."**

#### **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**

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. =186

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission=1870



**Table 5. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for any eligible condition by race and/or ethnicity, age and sex assigned at birth**

Race and/or Ethnicity	Yes responses	Denominator	Rate
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	45	1870	2.4
Hispanic or Latino	51	1870	2.7
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed
White	67	1870	3.6
Age	Numerator	Denominator	Rate
18-34			
35-49	29	1870	1.6
50-64	54	1870	2.9
65 and older	91	1870	4.9
Sex Assigned at Birth	Numerator	Denominator	Rate
Female	90	1870	4.8
Male	96	1870	5.1
Unknown	Suppressed	Suppressed	Suppressed

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

No data to report

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

All data for this measure is suppressed-“To protect patient privacy, data for small groups have been combined or suppressed in accordance with HIPAA guidelines.”

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

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= 184

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission=1845

Rate of hospital-level, unplanned, all-cause readmissions after admission with no behavioral diagnosis =10.0





Table 6. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex..

Race and/or Ethnicity	Numerator	Denominator	Rate
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	13	1845	0.7
Black or African American	45	1845	2.4
Hispanic or Latino	50	1845	2.7
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed
White	66	1845	3.6
Age	Numerator	Denominator	Rate
18-34	12	1845	0.7
35-49	28	1845	1.5
50-64	53	1845	2.9
65 and older	91	1845	4.9
Sex Assigned at Birth	Numerator	Denominator	Rate
Female	88	1845	4.8
Male	96	1845	5.2
Unknown	Suppressed	Suppressed	Suppressed

## 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 7. Top disparities and their rate ratio values.

Measures	Stratifications	Stratification Group Rate	Reference Group	Reference Rate	Rate Ratio
All Cause Unplanned 30-day - No behavioral Health Diagnosis	Race and/or Ethnicity	3.6	Private	0.2	18
All Cause Unplanned 30-day - Readmission rate	Age	4.9	Private	0.6	8.2
All Cause Unplanned 30-day - Substance abuse disorder	Sex assigned at birth	8	Private	4	2



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

### **Person-centered care**

At Dameron Hospital, we are committed to delivering care that honors the dignity, values, and unique needs of every individual. Our approach places patients and their families at the heart of every decision, ensuring that care is respectful, compassionate, and tailored to each person's preferences, culture, and goals. We strive to create a healing environment where collaboration, transparency, and trust guide our interactions, empowering patients to actively participate in their health journey. Through continuous improvement and a holistic focus on mind, body, and spirit, we aim to provide exceptional care that promotes well-being and strengthens our community. We have formed a multidisciplinary health equity team to lead our efforts surrounding diversity, equity and inclusion. Health equity training is provided to all employees to ensure staff are equipped with skills essential to provide cultural humility.

### **Patient safety**

At Dameron Hospital, patient safety is our highest priority. We are committed to providing care in an environment that minimizes risk and promotes the well-being of every individual. Our safety program is built on evidence-based practices, continuous staff education, and rigorous adherence to national standards. We implement comprehensive protocols, including safe surgery checklists, infection prevention measures, and fall reduction strategies, to protect patients at every stage of care. Through transparent reporting, ongoing performance improvement, and a culture of accountability, we strive to ensure that every patient receives safe, high-quality care. Our goal is simple: zero preventable harm and the highest level of trust from those we serve.

### **Addressing patient social drivers of health**

Dameron Hospital recognizes that health outcomes are deeply influenced by social, economic, and environmental factors. We are committed to identifying and addressing patients' social drivers of health—including access to nutritious food, stable housing, transportation, financial security, and social support—through a comprehensive, person-centered approach. Our care teams will integrate SDOH screening into clinical workflows, connect patients to community resources, and collaborate with local organizations to reduce barriers to care. By fostering partnerships and leveraging data-driven strategies, we aim to promote equity, improve health outcomes, and support the overall well-being of every individual we serve.

We have a partnership with Red Rabbit, a local non-profit that supports homeless and those with housing insecurity. Dameron Hospital provides both food and financial support to Red Rabbit.

Dameron Hospital Provides interpreter services to ensure communication in patient preferred language.

Dameron Hospital is compliant with Senate Bill 1152 to ensure needs for transportation, weather appropriate clothing, provision of a meal, and medications are offered to those experiencing homelessness or housing insecurity.

Dameron Hospital offers a Meds-to Beds program to ensure discharged patients have necessary medications at time on discharge.





Dameron Hospital has a full-time substance abuse counselor who provides follow-up and appropriate referral for patient experiencing substance abuse.

### **Effective Treatment**

Dameron Hospital delivers effective treatment by combining advanced medical technology with evidence-based practices and compassionate care. Our skilled team works collaboratively to ensure accurate diagnosis, timely interventions, and personalized treatment plans that promote the best possible outcomes for every patient.

### **Care Coordination**

Dameron Hospital ensures seamless care coordination by connecting patients, families, and healthcare teams throughout every stage of treatment. We collaborate across specialties, share vital information, and provide personalized support to make transitions between care settings safe, efficient, and centered on each patient's needs.

Care management team schedules follow-up appointments at time of discharge. If patient does not have a primary care provider we are working with Community Care Center to obtain a primary care provider for patient. We are also coordinating transportation arrangements for follow-up care through available resources. We are providing necessary medications through our Meds-to-Beds program. We have streamlined our discharge paperwork to an easy to follow format for our elderly patients. We are providing referral pathways for community-based SDOH support needs.

### **Access to Care**

Dameron Hospital addresses access to care in the Stockton community through several key strategies:

1. Community Health Needs Assessment (CHNA) & Implementation Plan
  - Dameron conducts a CHNA every three years to identify barriers to care and prioritize solutions.
  - Our Community Health Implementation Strategy (CHIS) focuses on high-priority areas like access to care, financial stability, and mental health, developed in collaboration with local public health agencies, community organizations, and underserved populations.
2. Financial Assistance & Transparency
  - The hospital offers financial assistance for medically necessary care, along with tools for pricing transparency and resources to help patients navigate billing and insurance.
3. Expanded Services & Technology
  - Dameron provides advanced services such as robotic-assisted surgery, cardiac care, and stroke care, reducing the need for patients to travel outside the area for specialized treatment.
4. Community Partnerships
  - Works with community-based organizations and local health officials to improve outreach and education, ensuring underserved populations have access to preventive and acute care.
5. Emergency & Crisis Care
  - Maintains emergency preparedness plans and crisis care guidelines to ensure timely access during disasters or public health emergencies.