

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	DOCTORS MEDICAL CENTER-BEHAVIORAL HEALTH DEPARTMENT
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106501016
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	02/25/2026
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	https://www.dmc-modesto.com/health-equity

Overview

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

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

Laws and Regulations

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

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

Hospital Equity Measures

Joint Commission Accreditation

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

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

-health-care-disparities/

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

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

Y

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

Y

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

114742

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	97402	114742	84.9
Spanish Language	16235	114742	14.1
Asian Pacific Islander Languages	283	114742	0.2
Middle Eastern Languages	325	114742	0.3
American Sign Language	28	114742	0
Other Languages	469	114742	0.4

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

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

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

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

Y

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

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health

information.

- Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.

Y

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

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

Y

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

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

Y

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

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

Y

Centers for Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH)

General acute care hospitals are required to report on rates of screenings and intervention rates among patients above 18 years old for five health related social needs (HRSN), which are food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety. These rates are reported separately as being screened as positive for any of the five HRSNs, positive for each individual HRSN, and the intervention rate for each positively screened HRSN. For more information on the CMS SDOH, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs>

Number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the five HRSN

0

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

0

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

0

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	0	0	0	0
Housing Instability	0	0	0	0
Transportation Problems	0	0	0	0
Utility Difficulties	0	0	0	0
Interpersonal Safety	0	0	0	0

Core Quality Measures for General Acute Care Hospitals

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

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

Patient Recommends Hospital

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

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

860

Total number of respondents to HCAHPS Question 19

966

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

89

Total number of people surveyed on HCAHPS Question 19

6900

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

14

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

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

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

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

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

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

Disability Status	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
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 "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

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

Patient Received Information in Writing

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

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

hospital?"

802

Total number of respondents to HCAHPS Question 17

966

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

83

Total number of people surveyed on HCAHPS Question 17

6900

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

14

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

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

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

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

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					
Medicaid					
Private					
Self-Pay					
Other					

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					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign					
Other/Unknown Languages					

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					
Has a hearing disability					
Has a vision disability					
Has a self-care					
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					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

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

Agency for Healthcare Research and Quality (AHRQ) Indicators

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

Pneumonia Mortality Rate

The Pneumonia Mortality Rate is defined as the rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission for patients ages 18 years and older. General acute care hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:
https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

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

53

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

619

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

85.6

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	14	191	73.3
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more)			
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	32	365	87.7

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	0	25	0
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	46	402	114.4

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	22	271	81.2
Male	31	348	89.1
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	35	373	93.8
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

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

Disability Status	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Does not have a disability			
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 in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female			
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

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

61

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

208

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

293.3

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	15	66	227.3
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more)			
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	35	111	315.3

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	11	50	220
Age 65 Years and Older	48	128	375

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	26	91	285.7
Male	35	117	299.1
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	40	107	373.8
Medicaid	13	56	232.1
Private	suppressed	suppressed	suppressed
Self-Pay			
Other	suppressed	suppressed	suppressed

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

Disability Status	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Does not have a disability			
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 in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female			
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

NA

Total number of nulliparous NTSV patients

NA

Rate of NTSV patients with Cesarean deliveries

NA

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

Race and/or Ethnicity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			
Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18			
Age 18 to 29			
Age 30 to 39			
Age 40 Years and Older			
Sex assigned at birth	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female			
Male			
Unknown			
Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			
Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

Disability Status	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Does not have a disability			
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 NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

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

NA

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

NA

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

NA

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

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

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

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

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

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

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

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

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

CMQCC Exclusive Breast Milk Feeding Rate

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

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

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

NA

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

NA

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

NA

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

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

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

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

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

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

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

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

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

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

suppressed

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

suppressed

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
suppressed

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	0	84	0
Asian	0	723	0
Black or African American	0	643	0
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	0	37	0
Native Hawaiian or Pacific Islander	0	191	0
White	suppressed	suppressed	suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	0	7284	0

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	0	6965	0
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	0	113	0
Other	0	558	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	0	2361	0
Asian Pacific Islander Languages	0	53	0
Middle Eastern Languages	0	52	0
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	0	90	0

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

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

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

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

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

0

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

2237

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

0

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	0	62	0
Black or African American	0	82	0
Hispanic or Latino	0	596	0
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	0	28	0
White	0	1388	0

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	0	190	0
Age 35 to 49	0	284	0
Age 50 to 64	0	611	0
Age 65 Years and Older	0	1152	0

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	1449	0
Male	0	788	0
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	0	1256	0
Medicaid	0	596	0
Private	0	283	0
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	0	2042	0
Spanish Language	0	175	0
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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

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

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

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

suppressed

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

suppressed

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

suppressed

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	0	45	0
Black or African American	0	99	0
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	0	25	0
White	suppressed	suppressed	suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	0	418	0

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	0	437	0
Medicaid	suppressed	suppressed	suppressed
Private	0	219	0
Self-Pay	0	20	0
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	0	146	0
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages			
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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

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

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

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

0

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

764

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

0

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	0	16	0
Black or African American	0	32	0
Hispanic or Latino	0	220	0
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	0	465	0

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	0	136	0
Age 35 to 49	0	164	0
Age 50 to 64	0	306	0
Age 65 Years and Older	0	158	0

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	368	0
Male	0	396	0
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	0	203	0
Medicaid	0	444	0
Private	0	85	0
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	0	748	0
Spanish Language	0	16	0
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

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

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

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

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

suppressed

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

suppressed

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

suppressed

Table 14. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	0	55	0
Asian	0	600	0
Black or African American	0	430	0
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	0	133	0
White	0	5306	0

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	0	3169	0
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	0	5556	0

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	0	5069	0
Medicaid	0	4757	0
Private	suppressed	suppressed	suppressed
Self-Pay	0	76	0
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	0	2024	0
Asian Pacific Islander Languages	0	44	0
Middle Eastern Languages	0	47	0
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	0	76	0

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

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

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

Health Equity Plan

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

Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Age (excluding maternal measures)	65 and older	375	50 to 64	220	1.7
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Expected Payor	Medicare	373.8	Medicaid	232.1	1.6
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Race and/or Ethnicity	White	315.3	Hispanic or Latino	227.3	1.4
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Race and/or Ethnicity	White	87.7	Hispanic or Latino	73.3	1.2
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Sex Assigned at Birth	Male	89.1	Female	81.2	1.1
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Sex Assigned at Birth	Male	299.1	Female	285.7	1.0

Plan to address disparities identified in the data

Hospital Equity Plan: Actions, Populations, Objectives, and Timeframe

All clinical and foundational goals are targeted for completion by December 31, 2027.

A. Clinical Safety (Addressing PSI 04 Death Rate Disparity)

- Population Impact: White, Male, Medicare patients aged 65 and older (the highest-risk surgical group).
- Measurable Objective: Reduce the PSI 04 Death Rate for this high-risk group by 10%.
- Key Actions: Implement universal screening and strictly enforce established protocols for the four at-risk groups. Update daily safety huddles and interdisciplinary rounds to ensure discussion of unique post-operative risks and cultural needs specific to these patients.

B. Effective Treatment (Addressing Pneumonia Mortality Disparity)

- Population Impact: White patients and Male patients.
- Measurable Objective: Reduce the Pneumonia Mortality Rate disparity for both White patients and Male patients by 10%.
- Key Actions: Enforce consistent clinical practice and improve adherence to standardized clinical pathways. Conduct an in-depth analysis of PSI-4 within the pneumonia stratum for White, male patients to evaluate variance and guide targeted education, standardization of early-rescue practices, and interdisciplinary interventions.

C. Person-Centered Care (Communication Gap)

- Population Impact: White patients aged 65-74 (HCAHPS communication gap).
- Measurable Objective: Achieve a 10% reduction in the HCAHPS communication gap for White patients aged 65-74.
- Key Actions: Standardize the discharge communication process for all high-risk surgical patients

aged 65-74. This initiative will embed the "Teach-Back" method as a mandatory step to confirm the patient's or caregiver's understanding of essential discharge information.

D. Care Coordination & Access to Care (Follow-up Barriers)

- Population Impact: Medicare patients aged 65 and older (Post-operative follow-up risk).
- Measurable Objective: Ensure successful completion of post-operative follow-up for Medicare patients aged 65 and older.
- Key Actions: (Shared with Person-Centered Care): Standardize the discharge communication process for high-risk surgical patients (65-74) by embedding the "Teach-Back" method to remove knowledge barriers, ensuring the patient fully understands how and when to access post-discharge services.

E. Addressing Social Drivers of Health (SDOH)

- Population Impact: Medicare patients aged 65 and older (Post-discharge safety and care continuity).
- Measurable Objective: Ensure 90% of Medicare patients aged 65 and older are successfully connected to resources.
- Key Actions: Conduct a standardized, validated SDOH screen on 100% of admitted patients through the electronic health record. Provide patients with comprehensive, localized resource materials based on identified needs.

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

Person-Centered Care

1. Overview and Equity Context

Our hospital defines Person-Centered Care as the respectful and responsive delivery of services, fully integrating the patient's preferences, needs, and values into every stage of treatment. We recognize that effective communication and patient engagement are foundational to quality.

2. Disparity Analysis and Equity Considerations

Analysis of our stratified data, particularly the high Death Rate Among Surgical Inpatients with Serious Treatable Complications (Disparities 1, 2, 3, and 6), points to opportunities in ensuring critical post-discharge information is fully understood by our highest-risk groups.

We determined that this clinical risk is amplified by deficits in patient education: our HCAHPS analysis showed that patients who are White and aged 65-74 reported lower scores on receiving information about symptoms and health problems to look out for after leaving the hospital. This deficit in post-discharge education a controllable factor contributing to the significantly higher complication and death rates identified for this same demographic group.

3. Current Programs and Best Practices

We have established multiple systems to ensure all patients, particularly vulnerable surgical patients, receive respectful and responsive care:

- Language and Communication Access: We operate a robust 24/7 Video Remote Interpreting system (AMN), supplemented by telephonic interpretation, to ensure timely and professional communication for patients with Limited English Proficiency.
- Shared Decision-Making: Clinicians are trained in shared decision-making models. We emphasize

the use of Teach-Back methods with all high-risk surgical patients to confirm their understanding of care plans and post-operative instructions.

4. Measurable Objectives and Improvement Plan

Our primary objective is to enhance person-centered communication to mitigate the clinical risk for our identified high-disparity groups, ensuring all patients receive actionable, personalized information.

Objective: By December 31, 2027, we strive to reduce the disparity gap in HCAHPS scores for White patients aged 65-74 by 10%.

We will standardize the existing discharge communication process for all high-risk surgical patients aged 65-74. This initiative will embed the "Teach-Back" method as a mandatory step within the current discharge workflow, requiring nurses to verbally confirm the patient's or caregiver's understanding of all essential discharge information (medications, follow-up appointments, and red-flag symptoms). This standardization will specifically target the post-discharge communication and autonomy needs of the White, male patient demographic where the disparity is greatest, ensuring staff consistently document the successful use of the Teach-Back strategy to improve clarity and continuity of care.

Patient safety

Patient Safety Priority

1. Overview and Equity Context

Patient Safety is our top clinical priority, focused on preventing avoidable harm and reducing medical errors. We recognize that safety is not achieved equitably across all populations. Our data shows a pattern where systemic factors are compromising safety for specific demographic groups, leading to disparities in serious, treatable complications and mortality.

2. Disparity Analysis and Equity Focus

Our most critical area of inequity is within surgical care. Four of our top six disparities directly relate to patient safety failures captured by the AHRQ Patient Safety Indicator (PSI) Death Rate among Surgical Inpatients with Serious Treatable Complications (PSI 04). This indicates that processes designed to catch and treat complications are failing specific groups.

Our internal data analysis identified the following populations as having a significantly higher risk of preventable death from treatable surgical complications:

- Age (65 and older)
- Expected Payor (Medicare)
- Race/Ethnicity (White)
- Sex Assigned at Birth (Male)

This disparity in risk means that the White, Male, Medicare, Age 65+ surgical patient population is disproportionately affected by preventable deaths at our facility. Our equity plan prioritizes addressing the unique safety vulnerabilities of this population.

3. Current Programs and Equity Practices

We employ several patient safety programs, which we are now refining with an equity focus:

- Universal Screening: All surgical patients undergo standardized risk screening regardless of payer or demographic status, though we are now analyzing compliance rates by the disparity groups listed above.
- Safety Huddles & Rounds: We conduct daily safety huddles and interdisciplinary rounds. New protocols require teams to explicitly discuss the unique post-operative risks and cultural needs of patients belonging to the 65+, Medicare, White, and Male disparity groups to ensure tailored vigilance.
- Root Cause Analysis (RCA) with an Equity Lens: For every serious safety event involving a patient from an identified disparity group, the RCA process now includes a mandatory assessment of whether implicit bias, communication failure (as identified in the Person-Centered Care plan), or

systemic barriers contributed to the outcome.

4. Measurable Objectives and Improvement Plan

Our objective is to reduce the preventable death rate among our identified high-risk surgical populations.

Objective: By December 31, 2027, we strive to reduce the Death Rate among Surgical Inpatients with Serious Treatable Complications (PSI 04) for the highest-risk group White, Male, Medicare patients aged 65 and older by 10%.

We will Conduct a comprehensive review of all inpatient mortalities with a predicted risk of mortality below 4. This review will identify missed opportunities in early recognition, escalation, and management of complications, particularly in vulnerable surgical populations. Findings will be used to drive targeted education, improve interdisciplinary communication, and standardize rescue pathways to reduce PSI-4 related mortality.

Addressing patient social drivers of health

Patient Social Drivers of Health (SDOH)

1. Overview and Equity Context

We understand that social factors are the greatest determinant of health. Therefore, we are dedicated to integrating Social Drivers of Health (SDOH) screening and referral into our care model. This commitment to equity will help us remove non-clinical barriers and support the safe discharge and recovery of our most vulnerable patients.

2. Disparity Analysis and Equity Focus

Although SDOH are not directly measured in our top six disparities, they are presumed to be a major contributing factor to the high Death Rate among Surgical Inpatients with Serious Treatable Complications (Disparities 1, 2, 3, 6) for our Age 65+ and Medicare populations. These groups are often more susceptible to social risks such as:

- Social Isolation: Increases surgical recovery risk and decreases adherence to complex post-discharge plans.

- Financial Strain: Leads to missed medication doses or inability to afford necessary assistive devices (e.g., canes, walkers).

- Transportation Barriers: Prevents timely access to crucial follow-up appointments, which is vital for catching treatable complications.

3. Current Programs and Equity Practices

We have implemented a structural approach to identify and address social needs across the patient journey:

- Universal SDOH Screening: We conduct a standardized, validated SDOH screen on 100% of admitted patients through the electronic health record (EHR). We track screening rates by payer and age to ensure equitable access.

- Resource Navigation Tools: We provide patients with comprehensive, localized resource materials, including brochures and patient guides, to connect those with identified needs (e.g., food insecurity, housing instability) to appropriate community-based organizations (CBOs).

4. Measurable Objectives and Improvement Plan

Our objective is to ensure that SDOH needs are effectively addressed for our high-risk surgical patients, thereby removing social barriers that contribute to adverse clinical outcomes.

Objective: By December 31, 2027, we will strive to improve the experiences of the older adult population. We will now screen patients aged 65+ for social vulnerabilities upon admission and again prior to discharge. The tool we will use is the PRAPARE powerform. This process moves the needle toward Tenet becoming an Age-Friendly organization.

Key Initiatives to Achieve This Objective:

PREPARE Powerform (Q1 2026): In order to decrease the negative impacts of healthcare, screening older adults (65+) for Social Vulnerability is key. We will pilot the PRAPARE powerform specifically

for patients Age 65+.

SDOH Data Integration (Q1 2026): We will work to integrate SDOH screening results into the Surgical Safety Huddle Checklist (developed in the Patient Safety plan) to flag high social-risk patients for enhanced monitoring by the surgical team prior to discharge.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Effective Treatment

1. Overview and Equity Context

Effective Treatment is the delivery of evidence-based, guideline-concordant care to all patients, ensuring that demographic factors do not lead to variation in clinical outcomes. Inequity in this area can be influenced by implicit bias in clinical assessment or inconsistent adherence to best practices for specific subgroups.

2. Disparity Analysis and Equity Focus

Our data highlights a critical disparity in treatment outcomes for patients admitted with pneumonia, demonstrating a failure to consistently apply effective, life-saving care:

- Pneumonia Mortality Rate (Disparity 4): White patients admitted with pneumonia have a significantly higher death rate compared to other racial/ethnic groups at our hospital.

- Pneumonia Mortality Rate (Disparity 5): Male patients admitted with pneumonia also face a significantly higher death rate compared to female patients.

The convergence of these two disparities suggests a systemic issue in the diagnosis, timely intervention, or care escalation for White and Male patients admitted with pneumonia. Our plan targets adherence to evidence-based protocols to close these treatment gaps.

3. Current Programs and Equity Practices

We maintain standard protocols for pneumonia management, which are now undergoing refinement with an equity lens:

- Standardized Pneumonia Order Sets: We currently use evidence-based order sets in the Electronic Health Record (EHR) to guide initial diagnostic tests and antibiotic selection based on community-acquired pneumonia (CAP) guidelines.

- Early Sepsis Detection: We utilize an automated early warning scoring system to prompt timely clinical evaluation for patients at risk of deterioration, including those with pneumonia.

- Audit of Protocol Compliance: We conduct audits of initial antibiotic administration time and blood culture collection time. This audit process will now be stratified by Race (White) and Sex (Male) to identify if adherence to time-sensitive protocols is lower for these disparity groups.

4. Measurable Objectives and Improvement Plan

Our objective is to ensure equitable adherence to evidence-based pneumonia care protocols, eliminating the higher mortality rates for the identified disparity groups.

Objective: By December 31, 2027, we strive to reduce the Pneumonia Mortality Rate disparity for the high-risk group White Male – by 10% through improved adherence to standardized clinical pathways.

We will conduct an in-depth analysis of PSI-4 (Death Among Surgical Inpatients with Serious Treatable Complications) within the pneumonia stratum, with specific focus on the identified disparity among White, male patients. This analysis will evaluate clinical pathways, early-warning indicators, timeliness of escalation, and variance in management contributing to disproportionate mortality outcomes. The findings will guide targeted education, standardization of early-rescue practices, and interdisciplinary interventions to reduce demographic disparities and improve overall pneumonia

mortality/PSI-4 performance.

Care coordination

Care Coordination

1. Overview and Equity Context

Effective Care Coordination ensures that patients receive the right care, at the right time, by the right person, particularly during vulnerable transitions. Disparities arise when certain groups face systemic barriers to follow-up care, leading to higher rates of complications, readmissions, and, as reflected in our data, mortality from preventable issues.

2. Disparity Analysis and Equity Focus

Our most significant equity challenge is the high Death Rate among Surgical Inpatients with Serious Treatable Complications (PSI 04) affecting four distinct subgroups: Age 65 and older, Medicare patients, White patients, and Male patients. Failures in care coordination are a major driver of post-discharge complications that turn treatable events into fatal ones. Key areas of coordination failure for these groups include:

- "FVÆ yed/Missed Follow-up: Older and Medicare patients may struggle to arrange transport or schedule post-operative appointments, leading to late diagnosis of surgical site infections or VTE.
- "ÖVF-6 F-öä &V6öæ6-Æ- F-öä W'&÷'3 Complex medication regimens for geriatric or chronically ill patients (common in the 65+ and Medicare groups) are prone to error during transitions, increasing complication risk.

Our plan targets closing these critical gaps to ensure high-risk surgical patients receive uninterrupted, coordinated care post-discharge.

3. Current Programs and Equity Practices

We maintain several programs designed to facilitate smooth care transitions, which we are now refining with a targeted equity focus:

- Language and Communication Access: We operate a robust 24/7 Video Remote Interpreting system (AMI), supplemented by telephonic interpretation, to ensure timely and professional communication for patients with Limited English Proficiency.
- Shared Decision-Making: Clinicians are trained in shared decision-making models. We emphasize the use of Teach-Back methods with all high-risk surgical patients to confirm their understanding of care plans and post-operative instructions.
- Resource Navigation Tools: We provide patients with comprehensive, localized resource materials, including brochures and patient guides, to connect those with identified needs (e.g., food insecurity, housing instability) to appropriate community-based organizations (CBOs).

4. Measurable Objectives and Improvement Plan

Our objective is to ensure optimal care coordination for our high-risk surgical patients, thereby improving their perception of care transitions and reducing the disparity gap in patient experience among specific demographic groups.

Objective: By December 31, 2027, we strive to reduce the disparity gap in HCAHPS scores for White patients aged 65-74 by 10%.

We will standardize the existing discharge communication process for all high-risk surgical patients aged 65-74. This initiative will embed the "Teach-Back" method as a mandatory step within the current discharge workflow, requiring nurses to verbally confirm the patient's or caregiver's understanding of all essential discharge information (medications, follow-up appointments, and red-flag symptoms). This standardization will specifically target the post-discharge communication and autonomy needs of the White, male patient demographic where the disparity is greatest, ensuring staff consistently document the successful use of the Teach-Back strategy to improve clarity and continuity of care.

Access to care

Access to Care

1. Overview and Equity Context

We define equitable access as the ability of all individuals to obtain needed services in a timely, convenient, and culturally responsive manner. Disparities in access create cycles of poor health, often forcing patients into the emergency room for conditions that should be managed preventatively, increasing their risk when they inevitably require complex hospitalization or surgery.

2. Disparity Analysis and Equity Focus

Our most demanding access concern is ensuring the continuity of care necessary to stabilize the health of our high-risk surgical and pneumonia patients before and after acute events. The high Mortality Rates (Disparities 1-6) in our Age 65+, Medicare, White, and Male populations suggest that these groups may face systemic barriers to timely primary and specialty care, leading to higher baseline vulnerability. Key access barriers we are addressing include:

- Timely Specialist Consults: Delays in accessing pre-operative clearance or specialist consultations may increase surgical risk for older patients.

- Convenience and Affordability: Transportation barriers and clinic hours often disproportionately affect older adults on fixed incomes (Medicare) and limit their ability to comply with essential follow-up care.

3. Current Programs and Equity Practices

We have several systems in place to promote access, which are now being refined with a specific focus on the needs of our disparity groups:

We have implemented a structural approach to identify and address social needs across the patient journey:

- Language and Communication Access: We operate a robust 24/7 Video Remote Interpreting system (AMI), supplemented by telephonic interpretation, to ensure timely and professional communication for patients with Limited English Proficiency.

- Shared Decision-Making: Clinicians are trained in shared decision-making models. We emphasize the use of Teach-Back methods with all high-risk surgical patients to confirm their understanding of care plans and post-operative instructions.

- Resource Navigation Tools: We provide patients with comprehensive, localized resource materials, including brochures and patient guides, to connect those with identified needs (e.g., food insecurity, housing instability) to appropriate community-based organizations (CBOs).

4. Measurable Objectives and Improvement Plan

Our objective is to reduce the systemic barriers to care transitions and timely follow-up, thereby lowering the risk of post-discharge mortality for our most vulnerable patient groups.

Objective: By December 31, 2027, we strive to reduce the disparity gap in HCAHPS scores for White patients aged 65-74 by 10%.

We will standardize the existing discharge communication process for all high-risk surgical patients aged 65-74. This initiative will embed the "Teach-Back" method as a mandatory step within the current discharge workflow, requiring nurses to verbally confirm the patient's or caregiver's understanding of all essential discharge information (medications, follow-up appointments, and red-flag symptoms). This standardization will specifically target the post-discharge communication and autonomy needs of the White, male patient demographic where the disparity is greatest, ensuring staff consistently document the successful use of the Teach-Back strategy to improve clarity and continuity of care.

Methodology Guidelines

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

Y