

# Hospital Equity Measures Report

## General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	BHC ALHAMBRA HOSPITAL
Facility Type:	Acute Psychiatric Hospital
Hospital HCAI ID:	106190020
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	01/15/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	www.bhcalhambra.com

## Overview

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

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

## Laws and Regulations

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

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

## Hospital Equity Measures

### Joint Commission Accreditation

Acute psychiatric 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.

4509

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	3825	4509	84.8
Spanish Language	352	4509	7.8
Asian Pacific Islander Languages	228	4509	5.1
Middle Eastern Languages	59	4509	1.3
American Sign Language	suppressed	4509	suppressed
Other Languages	suppressed	4509	suppressed

**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 acute psychiatric 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)

Acute psychiatric 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

3220

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

3220

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

100

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>
<b>Food Insecurity</b>	740	23	740	23
<b>Housing Instability</b>	1030	32	1030	32
<b>Transportation Problems</b>	386	12	386	12
<b>Utility Difficulties</b>	193	6	193	6
<b>Interpersonal Safety</b>	258	8	258	8

## Core Quality Measures for General Acute Psychiatric 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, acute psychiatric 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?"

1905

Total number of respondents to HCAHPS Question 19

2384

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

079.9

Total number of people surveyed on HCAHPS Question 19

3273

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

072.8

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

<b>Race and/or Ethnicity</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
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					

  

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

  

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

  

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

  

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

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

  

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

  

<b>Gender Identity</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/trans					
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. Acute psychiatric 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?"

3273

Total number of respondents to HCAHPS Question 17

3273

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

100.0

Total number of people surveyed on HCAHPS Question 17

3273

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

100.0

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

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

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

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

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

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

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

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



Gender Identity	Number of "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

Acute psychiatric 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. Acute psychiatric hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:

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

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

0

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

0

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

0

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

<b>Race and/or Ethnicity</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
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)			
Native Hawaiian or Pacific Islander			
White			

  

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

  

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

  

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

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

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

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

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

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

Acute psychiatric 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 in an Inpatient Psychiatric Facility (IPF)

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

121

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

4362

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

002.7

Table 6. 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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

  

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

  

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
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 - Mental Health Disorders

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

121

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

4362

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

002.7

Table 7. 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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

  

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

  

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
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 - Substance Use Disorders

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

0

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

0

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

000.0

Table 8. 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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			



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

  

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

  

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
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 - Co-occurring disorders

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

77

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

3273

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

002.3

Table 9. 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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

  

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

  

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
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 admissions to an IPF which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

0

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

0

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

000.0

Table 10. 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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

  

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

  

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
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			

## CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Screening for Metabolic Disorders

Acute psychiatric hospitals are required to report the rate of structured screenings for metabolic disorders among patients with a prescription for one or more routinely scheduled antipsychotic medications. The structured screenings must contain (1) body mass index (BMI), (2) blood pressure, (3) blood glucose or HbA1c, and (4) a lipid panel, and be completed at least once in the 12 months prior to the patient's date of discharge. The rate of patient screenings for metabolic disorders are 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 structured screenings for metabolic disorders, please see page 92 of the report by visiting the following link by copying and pasting the URL into your web browser:

[https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr\\_programmanualv7.0\\_final508.pdf](https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr_programmanualv7.0_final508.pdf)

Number of patients with a prescription for one or more routinely scheduled antipsychotic medications who received a metabolic screening in the 12 months prior to discharge, either prior to or during the index IPF stay

3664

Number of discharges from an IPF during the measurement period with a prescription for one or more routinely scheduled antipsychotic medications

4362

Rate of patients discharged from an IPF with a prescription for one or more routinely scheduled antipsychotic medications for which a structured metabolic screening was completed in the 12 months prior to discharge, either prior to or during the index IPF stay

084.0

Table 11. Rate of patients who received structured metabolic screenings with a prescription for a routinely scheduled antipsychotic medication by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of eligible patients who received metabolic screening</b>	<b>Total number of eligible discharges</b>	<b>Rate of eligible patients who received metabolic screening (%)</b>
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			

<b>Age</b>	<b>Number of eligible patients who received metabolic screening</b>	<b>Total number of eligible discharges</b>	<b>Rate of eligible patients who received metabolic screening (%)</b>
Age < 18			
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

<b>Sex assigned at birth</b>	<b>Number of eligible patients who received metabolic screening</b>	<b>Total number of eligible discharges</b>	<b>Rate of eligible patients who received metabolic screening (%)</b>
Female			
Male			
Unknown			

<b>Payer Type</b>	<b>Number of eligible patients who received metabolic screening</b>	<b>Total number of eligible discharges</b>	<b>Rate of eligible patients who received metabolic screening (%)</b>
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

<b>Preferred Language</b>	<b>Number of eligible patients who received metabolic screening</b>	<b>Total number of eligible discharges</b>	<b>Rate of eligible patients who received metabolic screening (%)</b>
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

<b>Disability Status</b>	<b>Number of eligible patients who received metabolic screening</b>	<b>Total number of eligible discharges</b>	<b>Rate of eligible patients who received metabolic screening (%)</b>
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

  

<b>Sexual Orientation</b>	<b>Number of eligible patients who received metabolic screening</b>	<b>Total number of eligible discharges</b>	<b>Rate of eligible patients who received metabolic screening (%)</b>
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

  

<b>Gender Identity</b>	<b>Number of eligible patients who received metabolic screening</b>	<b>Total number of eligible discharges</b>	<b>Rate of eligible patients who received metabolic screening (%)</b>
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

## **The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge**

Acute psychiatric hospitals are required to report the rate of structured screenings for metabolic disorders among patients with a prescription for one or more routinely scheduled antipsychotic medications. The structured screenings must contain (1) body mass index (BMI), (2) blood pressure, (3) blood glucose or HbA1c, and (4) a lipid panel, and be completed at least once in the 12 months prior to the patient's date of discharge. The rate of patient screenings for metabolic disorders are 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 structured screenings for metabolic disorders, please see page 92 of the report by visiting the following link by copying and pasting the URL into your web browser:

[https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr\\_programmanualv7.0\\_final508.pdf](https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr_programmanualv7.0_final508.pdf)



Number of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment  
2792

Total number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder  
3221

Rate of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment  
097.7

Table 12. Rate of eligible patients who received or refused prescription or referral for treatment by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of eligible patients who received or refused prescription or referral for treatment</b>	<b>Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment (%)</b>
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			

  

<b>Age</b>	<b>Number of eligible patients who received or refused prescription or referral for treatment</b>	<b>Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment (%)</b>
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

  

<b>Sex assigned at birth</b>	<b>Number of eligible patients who received or refused prescription or referral for treatment</b>	<b>Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment (%)</b>
Female			
Male			
Unknown			

<b>Payer Type</b>	<b>Number of eligible patients who received or refused prescription or referral for treatment</b>	<b>Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment (%)</b>
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

<b>Preferred Language</b>	<b>Number of eligible patients who received or refused prescription or referral for treatment</b>	<b>Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment (%)</b>
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

<b>Disability Status</b>	<b>Number of eligible patients who received or refused prescription or referral for treatment</b>	<b>Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment (%)</b>
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

<b>Sexual Orientation</b>	<b>Number of eligible patients who received or refused prescription or referral for treatment</b>	<b>Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment (%)</b>
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

<b>Gender Identity</b>	<b>Number of eligible patients who received or refused prescription or referral for treatment</b>	<b>Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment (%)</b>
<b>Female</b>			
<b>Female-to-male (FTM)/transgender male/trans man</b>			
<b>Male</b>			
<b>Male-to-female (MTF)/transgender female/trans woman</b>			
<b>Non-conforming gender</b>			
<b>Additional gender category or other</b>			
<b>Not disclosed</b>			

## **The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge**

Acute psychiatric hospitals are required to report the rate of patients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment. This rate is 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 rate calculation and inclusion/exclusion criteria, please visit the following link by copying and pasting the URL into your web browser:

<https://manual.jointcommission.org/releases/TJC2024B/MIF0221.html>

Number of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment

2708

Total number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder

2792

Rate of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment

097.7

Table 13. Rate of patients who received or refused prescription or referral for treatment by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria</b>	<b>Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)</b>
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			
<b>Age</b>	<b>Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria</b>	<b>Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)</b>
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			
<b>Sex assigned at birth</b>	<b>Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria</b>	<b>Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)</b>
Female			
Male			
Unknown			
<b>Payer Type</b>	<b>Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria</b>	<b>Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)</b>
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

<b>Preferred Language</b>	<b>Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria</b>	<b>Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)</b>
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

<b>Disability Status</b>	<b>Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria</b>	<b>Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)</b>
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

<b>Sexual Orientation</b>	<b>Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria</b>	<b>Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)</b>
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet 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			

## Health Equity Plan

All acute psychiatric 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 14. Top 10 disparities and their rate ratio values.

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio

### Plan to address disparities identified in the data

Through the data collection process for social and healthcare disparities, we have gained knowledge about the needs of our patients and the prevalence of these identified needs. With this identification, we have examined our existing resource options and determined the additional needs that exist. The more commonly identified needs resulting in decompensation and, therefore, rehospitalization included: lack of access to medication, housing, transportation to care providers, and nutritional support. To support our patients and decrease the likelihood of decompensation and episodes of rehospitalization, efforts have been made to assist patients in getting medications when it is identified that they may not be able to afford or access the medications post discharge; community connections have been established to provide housing options to those who identify this as a need, barrier to discharge, and contributing factor leading to rehospitalization; staff work with patients to complete the application process for Access Paratransit and Metro Transit Authority Pass to offer low-fee and no-fee transportation to support patients ability to follow through with

recommended healthcare needs. Prior to discharge, patients have access to at least one hot meal; receive non-perishable food items; a food voucher; food pantry access referral in their discharge location and are supported in the application process for General Relief Funding and SNAP.

## **Performance in the priority area**

Acute psychiatric 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**

Through the data collection process for social and healthcare disparities, we have gained knowledge about the needs of our patients and the prevalence of these identified needs. With this identification, we have examined our existing resource options and determined the additional needs that exist. The more commonly identified needs resulting in decompensation and, therefore, rehospitalization included: lack of access to medication, housing, transportation to care providers, and nutritional support. To support our patients and decrease the likelihood of decompensation and episodes of rehospitalization, efforts have been made to assist patients in getting medications when it is identified that they may not be able to afford or access the medications post discharge; community connections have been established to provide housing options to those who identify this as a need, barrier to discharge, and contributing factor leading to rehospitalization; staff work with patients to complete the application process for Access Paratransit and Metro Transit Authority Pass to offer low-fee and no-fee transportation to support patients ability to follow through with recommended healthcare needs. Prior to discharge, patients have access to at least one hot meal; receive non-perishable food items; a food voucher; food pantry access referral in their discharge location and are supported in the application process for General Relief Funding and SNAP.

### **Patient safety**

All patients are assessed for appropriateness of discharge and a risk assessment is completed ensuring safety of the patient at discharge. Each patient has a Safety Plan completed, lack of access to lethal means of harm is confirmed, safety of the discharge location is confirmed, and all patients receive support information about suicide prevention and domestic violence.

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

Through the data collection process for social and healthcare disparities, we have gained knowledge about the needs of our patients and the prevalence of these identified needs. With this identification, we have examined our existing resource options and determined the additional needs that exist. The more commonly identified needs resulting in decompensation and, therefore, rehospitalization included: lack of access to medication, housing, transportation to care providers, and nutritional support. To support our patients and decrease the likelihood of decompensation and episodes of rehospitalization, efforts have been made to assist patients in getting medications when it is identified that they may not be able to afford or access the medications post discharge; community connections have been established to provide housing options to those who identify this as a need, barrier to discharge, and contributing factor leading to rehospitalization; staff work with patients to complete the application process for Access Paratransit and Metro Transit Authority Pass to offer low-fee and no-fee transportation to support patients ability to follow through with recommended healthcare needs. Prior to discharge, patients have access to at least one hot meal; receive non-perishable food items; a food voucher; food pantry access referral in their discharge location and are supported in the application process for General Relief Funding and SNAP.

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

Performance across all of the following priority areas.

### **Effective treatment**

Based on outcomes, Net Promoter Score, and satisfaction survey data, a significant improvement is demonstrated in symptom reduction at discharge in comparison to symptoms identified at admission, as well as the readmission rate to this hospital within 30 days remains steady at less than 5%. Patients recommend this facility to those they know who are in need of care.

### **Care coordination**

Patients who have identified support system members as well as identified pre-existing treatment providers are included and expected to be active participants in the patient plan of care from assessment, admission, treatment, through discharge plan, and reintegration into community.

### **Access to care**

Through the data collection process for social and healthcare disparities, we have gained knowledge about the needs of our patients and the prevalence of these identified needs. With this identification, we have examined our existing resource options and determined the additional needs that exist. The more commonly identified needs resulting in decompensation and, therefore, rehospitalization included: lack of access to medication, housing, transportation to care providers, and nutritional support. To support our patients and decrease the likelihood of decompensation and episodes of rehospitalization, efforts have been made to assist patients in getting medications when it is identified that they may not be able to afford or access the medications post discharge; community connections have been established to provide housing options to those who identify this as a need, barrier to discharge, and contributing factor leading to rehospitalization; staff work with patients to complete the application process for Access Paratransit and Metro Transit Authority Pass to offer low-fee and no-fee transportation to support patients ability to follow through with recommended healthcare needs. Prior to discharge, patients have access to at least one hot meal; receive non-perishable food items; a food voucher; food pantry access referral in their discharge location and are supported in the application process for General Relief Funding and SNAP.

## **Methodology Guidelines**

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

Y