

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	UCSD HEALTH LA JOLLA - JACOBS MEDICAL CENTER & SULPIZIO CARDIOVASCULAR CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106374141
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	02/05/2026
Hospital Location with Clean Water and Air:	
Hospital Web Address for Equity Report:	https://health.ucsd.edu/patients/

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:

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.

191499

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	165683	191499	86.5
Spanish Language	17490	191499	9.1
Asian Pacific Islander Languages	3262	191499	1.7
Middle Eastern Languages	2254	191499	1.2
American Sign Language	177	191499	0.1
Other Languages	2633	191499	1.4

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

9494

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

20859

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

46

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	906	10	0	0
Housing Instability	1194	13	0	0
Transportation Problems	680	7	0	0
Utility Difficulties	370	4	0	0
Interpersonal Safety	228	2	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?"

2999

Total number of respondents to HCAHPS Question 19

3190

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

94

Total number of people surveyed on HCAHPS Question 19

17722

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

18

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 woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

Patient Received Information in Writing

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

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

hospital?"

2839

Total number of respondents to HCAHPS Question 17

3190

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

89

Total number of people surveyed on HCAHPS Question 17

17722

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

18

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 Language					
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 disability					
Has a hearing disability					
Has a vision disability					
Has a self-care disability					
Has an independent living disability					

Sexual Orientation	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
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

34

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

999

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

34

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	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	0	25	0
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	24	547	43.9

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	17	404	42.1
Male	17	595	28.6
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	21	512	41
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	0	20	0
American Sign Language	suppressed	suppressed	suppressed
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

42

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

454

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

92.5

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	13	146	89
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	15	186	80.6

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	12	151	79.5
Age 65 Years and Older	25	192	130.2

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	15	229	65.5
Male	27	225	120
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	26	193	134.7
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 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	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 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

558

Total number of nulliparous NTSV patients

3722

Rate of NTSV patients with Cesarean deliveries

0.15

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	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	183	1189	0.154
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	157	1324	0.119

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	suppressed	suppressed	suppressed
Age 18 to 29	179	1291	0.139
Age 30 to 39	322	2208	0.146
Age 40 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	197	1252	0.157
Private	194	1340	0.145
Self-Pay	suppressed	suppressed	suppressed
Other	165	1111	0.149

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
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	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

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

193

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

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

249.7

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	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed
Age 30 to 39	119	513	232
Age 40 Years and Older	suppressed	suppressed	suppressed
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	193	773	249.7
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	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

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	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 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 disability			

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 other			
Not disclosed			

CMQCC Exclusive Breast Milk Feeding Rate

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

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

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

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 Islander			
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 disability			

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 other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

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

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

3893

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

27526

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

14.1

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	suppressed	suppressed	suppressed
Asian	235	1961	12
Black or African American	394	2158	18.3
Hispanic or Latino	1150	8208	14
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	112	640	17.5
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	1713	12058	14.2

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	557	5829	9.6
Age 35 to 49	697	5273	13.2
Age 50 to 64	1072	6164	17.4
Age 65 Years and Older	1567	10260	15.3

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	2013	12347	16.3
Unknown	suppressed	suppressed	suppressed

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	1662	9915	16.8
Medicaid	1336	8175	16.3
Private	416	4837	8.6
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	3338	23884	14
Spanish Language	411	2648	15.5
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

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

1014

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

6341

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

16

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 admissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of inpatient admissions	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	suppressed	suppressed	suppressed

Sex assigned at birth	Number of inpatient admissions	Total number of admitted patients	Readmission rate (%)
Female	595	4148	14.3
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

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

Preferred Language	Number of inpatient admissions	Total number of admitted patients	Readmission rate (%)
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	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 - 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

362

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

1962

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

18.5

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 admissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of inpatient admissions	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	suppressed	suppressed	suppressed

Sex assigned at birth	Number of inpatient admissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	246	1411	17.4
Unknown	suppressed	suppressed	suppressed

Payer Type	Number of inpatient admissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	0	18	0
Other	suppressed	suppressed	suppressed

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

402

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

1725

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

23.3

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	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	163	717	22.7
Male	239	1008	23.7
Unknown			

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

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
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

2115

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

17498

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

12.1

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 admissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of inpatient admissions	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	1029	7033	14.6

Sex assigned at birth	Number of inpatient admissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	1109	7738	14.3
Unknown	suppressed	suppressed	suppressed

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

Preferred Language	Number of inpatient admissions	Total number of admitted patients	Readmission rate (%)
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	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			

Health Equity Plan

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

Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	16.8	Private	8.6	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	16.3	Private	8.6	1.9
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Sex Assigned at Birth	Male	120	Female	65.5	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	17.4	18 to 34	9.6	1.8
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Age (excluding maternal measures)	65 and older	130.2	50 to 64	79.5	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	15.3	18 to 34	9.6	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Black or African American	18.3	Asian	12	1.5
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Sex Assigned at Birth	Female	42.1	Male	28.6	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Multiracial and/or Multiethnic (two or more races)	17.5	Asian	12	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	13.2	18 to 34	9.6	1.4

Plan to address disparities identified in the data

Advancing health equity is a strategic priority for UC San Diego Health (UCSDH). Over the past four years, we have established foundational infrastructure—including a Department of Health Equity and a Health Equity Council.

To address our top 10 disparity gaps, UCSDH will implement an integrated plan over the next three years focused on data transparency, workforce engagement, evidence-based interventions, and continuous measurement.

Governance and Accountability

The Department of Health Equity, created in 2022 and led by Chief Health Equity Officer (CHEO), coordinates this work. The CHEO reports directly to the CEO and has seven full-time staff dedicated to advancing health and healthcare equity, including implementing, monitoring, and evaluating disparity-reduction initiatives. The Health Equity Council, co-chaired by the CHEO and Chief Quality and Safety Officer, and inclusive of 20+ leaders across the organization, provides strategic and operational guidance and alignment of health equity efforts and reports quarterly to the Executive Committee. Clinical workgroups and foundational subcommittees report into the Health Equity Council. The clinical workgroups consist of individuals within the service lines/departments that will lead implementation of the closure of the inequity gaps we have identified. The foundational subcommittees (e.g., social drivers of health, health equity data & analytics, language access) will support and enable the work of the clinical workgroups to enable inequity gap closures.

Population Impact

Our readmission disparities disproportionately affect patients by sex, those from historically marginalized racial/ethnic groups, patients with Medi-Cal and Medicare coverage, and younger patients. We will use a Targeted Universalism framework, which seems to improve outcomes for all patients, while tailoring intervention strategies to close the identified disparity gaps, while seeking to provide excellent care to all patients.

Planned Actions and Timelines

1. Data Sharing and Awareness (Ongoing; Q3-Q4 FY26):

- Disseminate stratified readmission, California Maternal Quality Care Collaborative (CMQCC), Patient Safety Indicator Mortality dashboards to executives, clinical leaders, and frontline teams.
- Conduct educational sessions on interpreting equity dashboards and root cause identification.
- Solicit input from the top 100 equity dashboard users to refine dashboards to guide quality improvement efforts.

2. Root Cause Analysis and Evidence Review (Q4-Q1 FY26/27):

- Conduct structured root cause analyses with clinical teams in the top disparity areas (e.g., heart failure, sepsis, surgical readmissions, Ob-Gyn), through deeper analysis of data and utilization of A3 workshops and the existing partnership between the Health Equity and the Transformational Health (process improvement) teams.
- Identify evidence-based interventions that have reduced readmissions in similar populations.

3. Development of Action Plans (Q2-Q3 FY27):

- Each clinical service line will develop a disparity reduction plan, including measurable objectives, responsible parties (RACI matrix), and milestones.
- Plans will include interventions addressing social drivers of health, care transitions, literacy-sensitive patient education, and timely and appropriate follow-up care.

4. Implementation and Evaluation (FY27-FY28):

- Pilot and scale interventions such as enhanced post-discharge follow-up for high-risk populations including stronger connections with home health care, community health worker outreach, culturally and linguistically appropriate patient education, and improved care coordination for patients with limited English proficiency or unmet health-related social needs (e.g., transportation barriers).
- Monitor progress using quarterly stratified reports on readmission rates by race, ethnicity, age, language, sex, payor, and Healthy Places Index.

Measurable Objectives

- Reduce disparities and payor status in 30-day unplanned readmission rates.
- Increase post-discharge follow-up within 7 days for patients at high unplanned readmission risk.
- Ensure all high-unplanned readmission clinical teams have implemented at least one evidence-based disparity intervention.

Sustainability and Continuous Learning

- Incorporate equity dashboards and disparity metrics into monthly Quality Council and Health Equity Council meetings.
- Host annual Health Equity Symposia to share results and best practices.
- Expand staff training in equity-focused quality improvement approaches.

Expected Impact

By integrating disparity reduction into the core quality framework, UCSDH aims to improve patient outcomes, enhance continuity of care, and advance equitable health for all populations.

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

UC San Diego Health System (UCSDH) is committed to providing proactive person-centered care in an effort to prevent and address disparities in unplanned readmissions, AHRQ patient safety indicator rates, and NTSV cesarean birth rates. We advance person-centered care through efforts concentrated in 5 areas: language access and language-concordant care, culturally responsive care, social support, staff training and education, and centering patient voice.

Language Access and Language-concordant care

Language-discordant care drives several disparities, including unplanned readmissions and NTSV in the Latinx/Hispanic population. Ensuring that patients fully understand preventative measures (e.g. prenatal care), risk factors and treatment options, their condition, and their care plan are imperative in improving outcomes. UCSDH's interpreter services department staffs Spanish medical interpreters, with vendors contracted for other languages. In-service for language access is available upon request to all departments, and auxiliary aids for patients who are hard of hearing are available upon request. Interpreter services requests were recently integrated with our Electronic Medical Record (EMR) system, which allows real-time data to better understand needs for quicker response time and deployment of appropriate resources. In addition to in-person interpretation, we provide expansive access to video and phone interpretation through Propio. Mytonomy videos in multiple languages are integrated into our EMR to promote language-concordant patient education. Our patient education team is in the process of conducting an After Visit Summary (AVS) re-vamp to make sure that patients are able to receive their AVS in their preferred language. Finally, our pharmacy department's program "Medication Action Plan Pro" ensures that patients are receiving their medication and instructions in their preferred language.

Culturally Responsive Care

Providing culturally responsive care allows us to meet patients where they are at. UCSDH provides culturally responsive care across race/ethnicity, gender identity, and religious preferences. Our Obstetrics and Gynecology service line run a volunteer doula program, which has trained doulas from our refugee communities to provide culturally concordant labor support. Additionally, UCSDH surgical specialties run a gender health program, which provides comprehensive care for adult transgender and gender diverse patients, in alignment with federal regulations. Lastly, our Spiritual Care Department, serving primarily admitted patients, provide pastoral care and counseling.

Social Support

Increased social support post-discharge is an important factor in preventing readmissions and adverse outcomes, particularly for elderly populations. Medical Management, with support from nurses and social workers, for vulnerable home confined seniors is available through our UCSD at home program. This program also assesses and provides referrals for Social Determinants of Health post-discharge. UCSDH has piloted several programs to address Social Determinants of Health, including provision of post-discharge transportation in partnership with 211, a partnership with Mas Fresco More Fresh for medically managed patients experiencing food insecurity, and a community resource referral pilot for Breast Cancer patients.

Staff Training and Education

In order to provide person-centered care across several domains, staff training and education are vital. UCSDH requires that new employees are trained on interpreter services offerings during orientation. All employees who speak a language other than English are also encouraged to take Language Proficiency Assessments to increase provision of language-concordant care across the system. The health system partners with our campus Refugee Health Unit to conduct provider trainings on culturally-relevant care, The Gender Health Program provides provider and staff training, and The Department of Health Equity provides several training and education offerings aimed at increasing inclusive care, including topic-specific Health Equity symposia and community-specific resources available across the health system.

Centering Patient Voice

Finally, patient-centered care can only improve through constant monitoring of patient experience, and opportunity to elevate patient voice. Patient experience data, including HCAHPS is stratified by race, ethnicity, language, sexual orientation, and gender identity, and reviewed for improvement opportunities each year. UCSDH also has a systemwide Patient and Family Advisory Council (PFAC) as well as service line-specific PFACs.

Patient safety

Our goal is to minimize harm and ensure highly reliable outcomes for our patients. Our equity plan focuses on minimizing harm, improving access, and ensuring equitable outcomes through continuity and consistency of care across all settings for all patients.

Through the development of dashboards and publication on our system-wide data visualization tool, we've enabled safety monitoring to be stratified by key variables with monthly reviews of safety measures, readmissions and nulliparous, term, singleton, vertex (NTSV) cesarean birth rates, and deaths.

Governance and Accountability

UC San Diego Health has structures and processes to evaluate and drive performance improvement. While these structures vary depending on the focus of patient safety, all this work ultimately connects through our Quality Council operating under the delegation of the Medical Staff Executive Committee. Improvement efforts related to safety measures are coordinated by the Patient Safety Committee. Improvement efforts related to readmissions are coordinated by the Transitions of Care Steering Committee and our Access to Care Steering Committee while nulliparous, term, singleton, vertex (NTSV) cesarean birth rates are monitored by our Perinatal Quality Committee.

We review our induced labor and spontaneous labor NTSV rates with trainees, faculty and nursing staff to identify improvement opportunities monthly, including a breakdown by race/ethnicity. For the past 18 months we have been participating in CMQCC's collaborative, "Supporting Vaginal Birth Through an Equity Lens", focused on reducing disparities in NTSV c-section rates. Our Volunteer Doula program has trained doulas from our refugee communities to provide culturally concordant labor support, and we have anti-bias training provided regularly to clinicians.

Our safety and mortality measures are reviewed through our Surgical Quality Committee and Mortality Review Committees. These teams have deployed strategies to ensure goal concordant care and evaluating and discussing risks and benefits with all surgical patients. These teams review individual cases and examine trends to look for process or system opportunities.

Performance Metrics and Future Goals

UCSDH will continue to monitor and report progress through our Patient Safety Committee, Surgical Quality Committee, Mortality Review Committee, and Quality Council using the following measures:

- Goal concordant care: Improve year over year documentation of goals of care discussions and the completion rate for adult inpatient SDOH screening.
- End of life support: Improve year over year palliative care consultation and hospice utilization rates.
- Mortality: Improve year over year mortality observed to expected rates.
- NTSV Rates: Reduce year over year noted differences in rates.

Sustainability and Continuous Improvement

We will monitor our performance and measure success for these and other targeted initiatives through our Health Equity Council, Access to Care Steering Committee, Transitions of Care Steering Committee, Patient Safety Committee, and Quality Council.

Addressing patient social drivers of health

UC San Diego Health (UCSDH) recognizes that social and structural determinants of health (SDOH) significantly influence health outcomes, healthcare utilization, and equity. In alignment with CMS and state requirements, UCSDH screens all adult inpatients (age 18 and older) for five key social risk factors: food insecurity, housing instability, transportation needs, utility insecurity, and intimate partner violence.

Patients who screen positive for one or more needs are referred to our Care Management team—a multidisciplinary group of nurses and social workers—who connect patients with appropriate hospital and community-based resources. To support accountability and continuous improvement, UCSDH developed a systemwide SDOH dashboard to track screening completion rates, referral activity, and outcomes.

Building Workforce Capacity and Standardized Processes

In FY24, the Department of Health Equity collaborated with Care Management leadership to develop and deliver an interactive training for care managers and social workers on SDOH screening, documentation, and referral workflows. Training content emphasized trauma-informed communication, accurate use of Epic SmartForms, and coordination with community partners. Post-training data showed high completion rates for SDOH screenings and consults, with most patients who screened positive successfully referred for follow-up.

Cross-Departmental Governance and Data-Driven Action

Our SDOH Workgroup, co-sponsored by the Chief Administrative Officers for Health Equity and Care Management, guides strategic priorities, monitors data trends, and aligns SDOH activities with quality, safety, and population health initiatives. Review of system-level data revealed transportation barriers as one of the most prevalent and impactful unmet needs, often contributing to missed appointments and unplanned readmissions.

Pilot Initiative: Addressing Transportation Barriers

To address this issue, UCSDH launched a three-month pilot program in partnership with 211 San Diego Community Information Exchange (CIE). The program provided round-trip transportation to outpatient appointments for discharged patients identified as having transportation barriers and being at high risk for readmission.

- Participants: 296 patients reported transportation barriers; 61 (21%) used the service.
- Outcome: Patients who participated in the pilot had a 13% unplanned readmission rate, compared to 23% among those who did not participate.
- Impact: This early success demonstrated the potential for addressing social risk factors to improve continuity of care and reduce avoidable hospital utilization.

Phase 2: Scaling and Integration

Building on these results, UCSDH is expanding this initiative through a bi-directional Epic integration with 211 San Diego CIE, scheduled to launch in February–March 2026. This integration will allow care teams to electronically refer patients to community-based organizations, receive real-time feedback on referral status, and document resource engagement directly within the electronic health record. The integration will support coordination across all five SDOH domains and improve closed-loop referrals, data tracking, and patient follow-up.

Performance Metrics and Future Goals

UCSDH will continue to monitor and report progress through our Health Equity Council and Quality Council using the following measures:

- Screening Performance: Improve year over year completion rate for adult inpatient SDOH screening.
- Referral Follow-Up: Increase year over year closed-loop referral completion for identified social needs.
- Population Impact: Reduce year over year unplanned readmissions among patients with identified transportation barriers.
- Integration Success: Achieve full Epic–CIE data integration and associated training requirements.

Sustainability and Continuous Improvement

The SDOH Workgroup meets monthly to review performance, share success stories, and identify new opportunities for cross-sector collaboration. Findings and best practices will be shared at UCSDH's annual Health Equity Symposium and incorporated into clinical service line quality improvement projects.

Through systematic screening, referral, data transparency, and community partnership, UC San Diego Health is advancing an equitable system of care that addresses both the medical and social needs of our patients.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Seven of our top 10 disparities focus on disparities in readmission rates. As a result, describing our performance relevant to "effective treatment" for readmission disparities is focused on strategies to reduce unplanned readmissions. Strategies most relevant to reducing inequities in unplanned readmissions center- care coordination, access to care, and provision of person-centered care (e.g., linguistically appropriate care)- are foundational to providing effective and equitable treatment for all patients, while simultaneously closing inequity gaps.

We have a Patient Care and Peer Review Committee that has oversight for patient care activities. They oversee multi-service issues and systems failures and direct corrective actions. This committee meetings no less frequently than four times a year. Our clinicians also undergo an Ongoing Professional Practice Evaluation review- a performance management tool used to evaluate clinicians' performance and maintain accountability for addressing opportunities for improvement. The evaluation is based on six general practitioner competencies and the data can come from multiple sources (e.g., review of unexpected occurrences, proctoring) and triggered by multiple sources (e.g. Risk Management, sentinel events, patient and family concerns related to the clinician's clinical skills or performance).

Regarding racial/ethnic inequities in CMQCC NTSV Cesarean Birth Rates, our Ob-Gyn department

has an established infrastructure to drive improvements in maternal health quality, including:

Maternal Care Data Analysis Review

The department has had a long-standing focus on quality improvement, with a medical director for Ob-Gyn quality and an imbedded quality improvement specialist. They review their induced labor and spontaneous labor NTSV rates with trainees, faculty and nursing staff to identify improvement opportunities on a monthly basis, including a breakdown by race/ethnicity. For the past 18 months, we have been participating in the California Maternal Quality Care Consortium (CMQCC)'s collaborative, "Supporting Vaginal Birth Through an Equity Lens," focused on reducing disparities in NTSV C-section rates. As part of this work, we have also developed an equity toolkit for supporting vaginal birth, which involves implementing patient experience surveys and trauma-informed care practices.

Doula Program and Ob-Refugee Program

We have a volunteer doula program that has trained doulas from refugee communities to provide culturally concordant labor support. While any birthing mother is eligible to receive doula support (i.e., there are no restrictions based on protected classes or other identify characteristics of the mother), this program helps to ensure that mothers from refugee communities have access, if desired, from doulas who have similar cultural backgrounds and practices. The program has seen significant growth, with the number of doulas nearly doubling to 80 by December 2025, and the addition of antepartum and postpartum care components. We will track data on the birth experiences and outcomes of patients, doulas, team members, as well as reductions in C-section rates among patients who receive doula services.

Language access in Ob-Gyn Care

We have a high prevalence of birthing mothers from immigrant and refugee communities and who speak many different languages. In addition to providing interpretive services in-person and technology assisted, we are in the process of translating the after visit summary- provided to patients after each outpatient visit- into Arabic, Tagalog, French, Vietnamese, and Simplified Chinese.

Care coordination

Our care coordination strategy is designed to ensure seamless transitions between care settings, reduce preventable readmissions, and address the social determinants of health that impact patient outcomes.

To address these challenges, we have implemented a multi-faceted approach. A cornerstone of our efforts is the enhanced care coordination pilot in our emergency department, which ensures patients with complex medical and social needs receive a continuous and coordinated care plan. The Transitions of Care (TOC) Steering Committee led a Lean process redesign event that produced 12 workstreams aimed at reducing readmissions. Key initiatives include FIT Rounds, which provide structured communication with patients about their care journey and discharge expectations; the establishment of a virtual transitions of care clinic, which has significantly reduced readmissions; systematic capture of root causes for readmissions to enable targeted interventions; and development of dashboards that visualize performance across key variables.

Enhanced care coordination pilot

A major innovation in our care coordination is the partnership with 211 San Diego and the Community Information Exchange (CIE). With support from the University of California Office of the President, we are expanding the scope and interoperability of this partnership to improve patient outcomes and reduce unplanned hospital admissions by addressing social care needs. The integration of a bidirectional interface between 211 San Diego CIE and UC San Diego Health's Epic electronic health record will provide real-time information for care teams to coordinate referrals efficiently, increase visibility of patients' social care needs, and improve collaboration with community-based organizations. The initial rollout is targeted for the end of FY 2025 in medical centers and emergency departments, with ambulatory clinics to follow. The Phase 1 pilot focused

on addressing transportation barriers to post-hospital visit follow-up for high-risk patients. Care managers assessed transportation needs, documented them in Epic, and coordinated with schedulers and 211 staff to arrange rides for patients with a LACE+ score of 50 or greater. Most patients with transportation barriers were insured by MediCal plans. Of 296 patients who reported transportation barriers, 61 completed rides through the pilot. Importantly, patients who participated in the pilot had a lower rate of unplanned hospital readmission (12.7%) compared to those who did not participate (23%). Building on this success, Phase II will leverage CIE to address additional social determinants of health.

Virtual Transitions of Care

The Virtual Transitions of Care (VToC) clinic offers those at higher risk for readmission as determined by a high LACE+ score a telehealth visit within the first 7-10 days post discharge. This clinic serves as a supportive bridge between the inpatient stay and their primary or specialty care visit to support their wellness on an outpatient basis. The VToC providers conduct a medication reconciliation, education on ways to support their continued healing, and ensuring there is a smooth hand-off to their ambulatory provider.

Another critical element of our equitable approach to care coordination is our Mission Control Center. The Joan & Irwin Jacobs Center for Health Innovation is developing a Mission Control Center powered by AI that orchestrates and optimizes various facets of patient care. From emergency response coordination to personalized treatment plans, this AI-driven Mission Control Center has the potential to redefine healthcare delivery by ensuring timely, data-driven, and patient-centric interventions. Just imagine a NASA-style command center with multidisciplinary teams working together physically and virtually, within an immersive, real-time data experience.

We will monitor our performance and measure success through stratified readmission data by race, language, and payor. Oversight is provided by the TOC Steering Committee, Access to Care Steering Committee, Health Equity Council, and Quality Council, ensuring accountability and transparency as we work toward a more equitable health system for all.

Measurable Objectives

- Improve year over year 30-day unplanned readmission rates.
- Increase post-discharge follow-up within 7 days for patients at high unplanned readmission risk.
- Implement the CIE to UC San Diego Health data exchange platform.
- Expand pilot projects in collaboration with 211.

Access to care

Our access to care strategy is designed to ensure that all patients, regardless of background or circumstance, can obtain timely, affordable, and appropriate healthcare services. We recognize that disparities in access persist, particularly among patients insured by MediCal and Medicare, those facing transportation barriers, and individuals with complex social needs. These gaps contribute to higher rates of unplanned readmissions and missed follow-up appointments, underscoring the need for tailored interventions.

To address these challenges, we have implemented a multi-pronged approach. We have launched a pilot program in partnership with 211 San Diego to provide transportation assistance for high-risk patients. Care managers assess transportation needs during discharge planning, and, through a coordinated workflow with 211 staff, arrange rides for patients with elevated LACE+ scores. Data from our Phase 1 pilot show that patients who received transportation support had a significantly lower rate of unplanned readmission (12.7%) compared to those who did not participate (23%). Building on this success, we are expanding the partnership to address additional social determinants of health, such as food insecurity, through the Community Information Exchange (CIE).

A major innovation in our access strategy is the integration of a bidirectional interface between 211 San Diego CIE and UC San Diego Health's Epic electronic health record. This will enable real-time

information sharing, efficient referral coordination, and improved collaboration with community-based organizations. The initial rollout is targeted for the end of FY 2025 in medical centers and emergency departments, with ambulatory clinics to follow. This integration will streamline workflows, enhance visibility of patients' social care needs, and expand data collection for outcome measurement.

We are also investing in infrastructure to expand access, including the acquisition of a new hospital, opening of an outpatient pavilion, redevelopment of our Hillcrest campus, and development of a multi-specialty ambulatory pavilion at our La Jolla campus. These investments are designed to increase capacity and reduce wait times for appointments, particularly for core patient populations. Our Mission Control Center, powered by AI, further supports access by orchestrating real-time bed management, transfer coordination, and personalized patient interventions. This NASA-style command center brings together multidisciplinary teams to ensure that patients receive timely and appropriate care, regardless of complexity or acuity.

In the Fall of 2025, we also launched a mobile health program, which includes two mobile clinics- a mammography mobile clinic and a "general" mobile clinic (with two exam rooms). The mission of the UCSD Health mobile health program is to reduce access-related barriers by delivering preventative health care services, research, and educational opportunities to individuals in under-resourced communities, in partnership with community-based organizations and federally qualified health centers.

We monitor our performance through key indicators such as appointment wait times, completion rates for post-discharge follow-up, and stratified readmission rates by race, language, and payor. Oversight is provided by the Access to Care Steering Committee, Health Equity Council, and Quality Council, ensuring accountability and transparency.

Measurable Objectives

- Improve year-over-year appointment access for core patient populations.
- Reduce avoidable delays in care, including wait times for inpatient beds and outpatient appointments.
- Increase completion rates for post-discharge follow-up, especially for patients at high risk for readmission.
- Implement and expand the CIE-Epic data exchange platform for real-time referral coordination.
- Expand pilot projects in collaboration with 211 to address transportation and other social determinants of health.
- Increase the reach of preventative health services provided through our mobile health program

Methodology Guidelines

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

Y