

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	AURORA LAS ENCINAS HOSPITAL
Facility Type:	Acute Psychiatric Hospital
Hospital HCAI ID:	106190462
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Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	https://www.lasencinashospital.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

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.

2163

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	2129	2163	98.4
Spanish Language	21	2163	1.0
Asian Pacific Islander Languages	Suppressed	2163	Suppressed
Middle Eastern Languages	Suppressed	2163	Suppressed
American Sign Language	Suppressed	2163	Suppressed
Other Languages	Suppressed	2163	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

1968

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

2163

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

91

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	275	14	275	14
Housing Instability	321	16.3	321	16.3
Transportation Problems	272	13.8	272	13.8
Utility Difficulties	273	13.9	273	13.9
Interpersonal Safety	suppressed	suppressed	suppressed	suppressed

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?"

NA

Total number of respondents to HCAHPS Question 19

NA

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

NA

Total number of people surveyed on HCAHPS Question 19

NA

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

NA

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

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

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

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

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

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

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

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

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

Patient Received Information in Writing

The second HCAHPS quality measure is the percentage of patients who reported receiving information in writing on symptoms and health problems to look out for after leaving the hospital. 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?"

NA

Total number of respondents to HCAHPS Question 17

NA

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

NA

Total number of people surveyed on HCAHPS Question 17

NA

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

NA

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

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

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

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

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

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

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

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

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

Agency for Healthcare Research and Quality (AHRQ) Indicators

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

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

NA

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

NA

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

NA

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			
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			

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			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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			
Male			
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			
Medicaid			
Private			
Self-Pay			
Other			

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

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			

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

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

130

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

2163

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

6

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	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	34	549	6.1
Middle Eastern or North African	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more races)	0	0	0
Native Hawaiian or Pacific Islander	0	0	0
White	82	1111	7.3

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	42	1094	3.8
Age 35 to 49	48	612	7.8
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	40	971	4.1
Male	90	1192	7.5
Unknown	0	0	0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	25	465	5.3
Private	86	1371	6.2
Self-Pay	suppressed	suppressed	suppressed
Other	0	0	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	130	2129	6.1
Spanish Language	0	0	0
Asian Pacific Islander Languages	0	0	0
Middle Eastern Languages	0	0	0
American Sign Language	0	0	0
Other/Unknown Languages	0	0	0

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	117	2116	5.5
Has a mobility disability	suppressed	suppressed	suppressed
Has a cognition disability	0	0	0
Has a hearing disability	0	0	0
Has a vision disability	0	0	0
Has a self-care disability	suppressed	suppressed	suppressed
Has an independent living disability	0	0	0

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed
Straight or heterosexual	125	1799	6.9
Bisexual	suppressed	suppressed	suppressed
Something else	0	0	0
Don't know	0	0	0
Not disclosed	0	0	0

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	42	952	4.4
Female-to-male (FTM)/transgender male/trans man	0	0	0
Male	87	1160	7.5
Male-to-female (MTF)/transgender female/trans woman	0	0	0
Non-conforming gender	suppressed	suppressed	suppressed
Additional gender category or other	suppressed	suppressed	suppressed
Not disclosed	0	0	0

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

130

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

2163

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

6

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	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	34	549	6.1
Middle Eastern or North African	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more races)	0	0	0
Native Hawaiian or Pacific Islander	0	0	0
White	82	1111	7.3

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	42	1094	3.8
Age 35 to 49	48	612	7.8
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	40	971	4.1
Male	90	1192	7.5
Unknown	0	0	0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	25	164	15.2
Medicaid	suppressed	suppressed	suppressed
Private	86	1371	6.2
Self-Pay	suppressed	suppressed	suppressed
Other	0	0	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	130	2129	6.1
Spanish Language	0	0	0
Asian Pacific Islander Languages	0	0	0
Middle Eastern Languages	0	0	0
American Sign Language	0	0	0
Other/Unknown Languages	0	0	0

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	117	2116	5.5
Has a mobility disability	suppressed	suppressed	suppressed
Has a cognition disability	0	0	0
Has a hearing disability	0	0	0
Has a vision disability	0	0	0
Has a self-care disability	suppressed	suppressed	suppressed
Has an independent living disability	0	0	0

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed
Straight or heterosexual	125	1799	6.9
Bisexual	suppressed	suppressed	suppressed
Something else	0	0	0
Don't know	0	0	0
Not disclosed	suppressed	suppressed	suppressed

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Female-to-male (FTM)/transgender male/trans man	0	0	0
Male	87	1160	7.5
Male-to-female (MTF)/transgender female/trans woman	0	0	0
Non-conforming gender	suppressed	suppressed	suppressed
Additional gender category or other	0	0	0
Not disclosed	0	0	0

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

13

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

2163

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

0.6

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	0	0	0
Asian	0	0	0
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African	0	0	0
Multiracial and/or Multiethnic (two or more races)	0	0	0
Native Hawaiian or Pacific Islander	0	0	0
White	suppressed	suppressed	suppressed

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

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	0	0	0
Medicaid	0	0	0
Private	13	1371	0.9
Self-Pay	0	0	0
Other	0	0	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	13	2129	0.6
Spanish Language	0	0	0
Asian Pacific Islander Languages	0	0	0
Middle Eastern Languages	0	0	0
American Sign Language	0	0	0
Other/Unknown Languages	0	0	0

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	13	2116	0.6
Has a mobility disability	0	0	0
Has a cognition disability	0	0	0
Has a hearing disability	0	0	0
Has a vision disability	0	0	0
Has a self-care disability	0	0	0
Has an independent living disability	0	0	0

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed
Straight or heterosexual	Suppressed	Suppressed	Suppressed
Bisexual	0	0	0
Something else	0	0	0
Don't know	0	0	0
Not disclosed	suppressed	suppressed	suppressed

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Female-to-male (FTM)/transgender male/trans man	0	0	0
Male	suppressed	suppressed	suppressed
Male-to-female (MTF)/transgender female/trans woman	0	0	0
Non-conforming gender	0	0	0
Additional gender category or other	0	0	0
Not disclosed	0	0	0

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

NA

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

NA

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

NA

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

NA

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

NA

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

NA

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

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

1973

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

2163

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

91.2

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.

Race and/or Ethnicity	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	173	181	95.5
Black or African American	242	252	96
Hispanic or Latino	570	608	93.7
Middle Eastern or North African	0	0	0
Multiracial and/or Multiethnic (two or more races)	0	0	0
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed
White	976	1111	87.8

Age	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Age < 18	0	0	0
Age 18 to 34	1017	1094	92.9
Age 35 to 49	556	612	90.8
Age 50 to 64	343	397	86.3
Age 65 Years and Older	56	60	93.3

Sex assigned at birth	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Female	915	971	94.2
Male	1057	1192	88.6
Unknown	0	0	0

Payer Type	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Medicare	465	465	100
Medicaid	163	164	99.3
Private	1196	1371	87.2
Self-Pay	31	46	67.3
Other	117	117	100

Preferred Language	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
English Language	1940	2129	91.9
Spanish Language	21	21	100
Asian Pacific Islander Languages	Suppressed	Suppressed	Suppressed
Middle Eastern Languages	Suppressed	Suppressed	Suppressed
American Sign Language	0	0	0
Other/Unknown Languages	0	0	0

Disability Status	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Does not have a disability	1925	2116	90.9
Has a mobility disability	Suppressed	Suppressed	Suppressed
Has a cognition disability	26	26	100
Has a hearing disability	Suppressed	Suppressed	Suppressed
Has a vision disability	0	0	0
Has a self-care disability	14	14	100
Has an independent living disability	12	12	100

Sexual Orientation	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Lesbian, gay or homosexual	71	81	87.6
Straight or heterosexual	1628	1799	90.4
Bisexual	27	29	93.1
Something else	36	38	94.7
Don't know	0	0	0
Not disclosed	210	216	97.2

Gender Identity	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Female	893	952	93.8
Female-to-male (FTM)/transgender male/trans man	21	21	100
Male	1028	1160	88.6
Male-to-female (MTF)/transgender female/trans woman	16	16	100
Non-conforming gender	13	13	100
Additional gender category or other	0	0	0
Not disclosed	0	0	0

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

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

182

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

1510

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

12

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.

Race and/or Ethnicity	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	34	230	14.7
Hispanic or Latino	56	558	10
Middle Eastern or North African	0	0	0
Multiracial and/or Multiethnic (two or more races)	0	0	0
Native Hawaiian or Pacific Islander	0	0	0
White	81	946	8.5

Age	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Age 18 to 34	93	998	9.3
Age 35 to 49	48	508	9.4
Age 50 to 64	36	330	10.9
Age 65 Years and Older	0	0	0

Sex assigned at birth	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Female	73	895	8.1
Male	109	1022	10.6
Unknown	0	0	0

Payer Type	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Medicare	39	163	23.9
Medicaid	51	465	10.9
Private	77	1142	6.7
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	0	0	0
Middle Eastern Languages	0	0	0
American Sign Language	0	0	0
Other/Unknown Languages	0	0	0

Disability Status	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Does not have a disability	179	1870	9.5
Has a mobility disability	0	0	0
Has a cognition disability	suppressed	suppressed	suppressed
Has a hearing disability	0	0	0
Has a vision disability	0	0	0
Has a self-care disability	suppressed	suppressed	suppressed
Has an independent living disability	0	0	0

Sexual Orientation	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed
Straight or heterosexual	157	1541	10.1
Bisexual	suppressed	suppressed	suppressed
Something else	suppressed	suppressed	suppressed
Don't know	0	0	0
Not disclosed	Suppressed	Suppressed	Suppressed

Gender Identity	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Female	suppressed	suppressed	suppressed
Female-to-male (FTM)/transgender male/trans man	suppressed	suppressed	suppressed
Male	104	966	10.7
Male-to-female (MTF)/transgender female/trans woman	0	0	0
Non-conforming gender	0	0	0
Additional gender category or other	0	0	0
Not disclosed	0	0	0

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

185

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

1510

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

12.2

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.

Race and/or Ethnicity	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 (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	35	230	15.2
Hispanic or Latino	56	558	10
Middle Eastern or North	0	0	0
Multiracial and/or Multiethnic (two or more races)	0	0	0
Native Hawaiian or Pacific Islander	0	0	0
White	83	946	8.7

Age	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 (%)
Age 18 to 34	95	998	9.5
Age 35 to 49	49	508	9.6
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	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	75	895	8.3
Male	110	1022	10.7
Unknown	0	0	0

Payer Type	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 (%)
Medicare	18	163	11
Medicaid	54	465	11.6
Private	98	1142	8.5
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	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 (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	0	0	0
Middle Eastern Languages	0	0	0
American Sign Language	0	0	0
Other/Unknown Languages	0	0	0

Disability Status	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 (%)
Does not have a disability	182	1870	9.7
Has a mobility disability	0	0	0
Has a cognition disability	suppressed	suppressed	suppressed
Has a hearing disability	0	0	0
Has a vision disability	0	0	0
Has a self-care disability	suppressed	suppressed	suppressed
Has an independent living disability	0	0	0

Sexual Orientation	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 (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed
Straight or heterosexual	160	1541	10.3
Bisexual	suppressed	suppressed	suppressed
Something else	suppressed	suppressed	suppressed
Don't know	0	0	0
Not disclosed	11	198	5.5

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	suppressed	suppressed	suppressed
Female-to-male (FTM)/ transgender male/trans man	suppressed	suppressed	suppressed
Male	105	964	10.8
Male-to-female (MTF)/ transgender female/trans woman	0	0	0
Non-conforming gender	0	0	0
Additional gender category or other	0	0	0
Not disclosed	0	0	0

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
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health	Expected Payor	Medicare	15.2	Private	6.2	2.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health	Age (excluding maternal measures)	35 to 49	7.8	18 to 34	3.8	2.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF).	Age (excluding maternal measures)	35 to 49	7.8	18 to 34	3.8	2.1
The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at	Sexual Orientation	Straight or heterosexual	10.3	Choose not to disclose	5.5	1.9
The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at	Race and/or Ethnicity	Black or African American	15.2	White	8.7	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF).	Gender Identity	Male	7.5	Female	4.4	1.7
The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at	Expected Payor	Medicaid	11.6	Private	8.5	1.4
CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) program Screening for Metabolic Disorders.	Age (excluding maternal measures)	65 and older	93.3	50 to 64	86.3	1.1
CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) program Screening for Metabolic Disorders.	Race and/or Ethnicity	Black or African American	96	White	87.8	1.1
CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) program Screening for Metabolic Disorders.	Sexual Orientation	Choose not to disclose	97.2	Lesbian, gay or homosexual	87.6	1.1

Plan to address disparities identified in the data

1."ÖV 7W&S HCAI All-Cause Unplanned 30-day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF)

Disparity Group 1: Medicare Expected Payor

Disparity Group 2: Age (excluding maternal measures) 50-64

Disparity Group 3: Male

Equity Plan:

Targeted assessment by outpatient services for Medicare patients age 50-64 and referrals to

outpatient programming upon discharge to reduce hospital readmission rates.

Goal:

Reduce hospital readmission rate in IPF by 2% over the next 12 months to 7.5%. This would be 50% lower than the average rate in all of California hospitals surveyed.

Target Population:

A notable disparity within our data involves 30-day all-cause readmissions among patients covered by Medicare, particularly those requiring inpatient psychiatric care. Patients aged 50–64 demonstrate a higher rate of readmission compared to the reference group of patients under 35. According to www.data.chhs.ca.gov reporting for 2023 the 30-day readmission rate in California was 15.34%. Although our data shows this area of higher scoring in comparison to our internal data of 9.5%, 5.7% higher than 18 to 34 and 1.7% higher than 35 to 49 age groups, it remains 5.84% lower than the California average. Contributing factors may include multiple chronic medical conditions, limited social support, fragmented outpatient care coordination, and restricted access to community-based psychiatric resources that accept Medicare. Reynolds, C. et al (2022) paper in the World Psychiatry, determines that the SDOH's that have significant effect on health inequities in this age population include "stigma against mental illness, mental health care disparity, flawed criminal justice system, and homelessness", and "social isolation/loneliness".

Intervention:

There are multitudes of studies and articles about mental health in older adults and the correlation of loneliness factors that continue to be explored in scientific literature. The question remains about how to implement a strategy to address this disparity on the front line of mental health care services being delivered to this population. One implementation to address this disparity by Las Encinas Hospital is to focus on connection to outpatient services including Intensive Outpatient Services and programs that specifically address challenges facing older adults within our population. The Outpatient director and her team will see patients who are able to attend our outpatient program and describe how their services will directly address their needs, while still under the services of the inpatient program. We will provide transportation to the program services, and a psychiatrist will follow them throughout the program.

Data collection and reporting:

Data will be collected on age specific groups of 50-64, 30 day readmission rate. This data will be reported during QAPI, MEC (Medical Executive Committee) and The Governing Body quarterly.

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

Person-centered Care: Person-centered care at Las Encinas Hospital emphasizes unwavering respect for each patient's dignity, autonomy, and individual preferences. This approach balances the therapeutic and safety requirements of a structured psychiatric environment with a commitment to compassionate, high-quality care. It is upheld through the collaborative, collegial work of our interdisciplinary treatment team, whose members communicate consistently and respectfully regarding diagnoses, interventions, and treatment goals.

According to the Agency for Healthcare Research and Quality (AHRQ), patient-centered care is defined as "providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions." In alignment with

this standard, the hospital prioritizes the development of an individualized, patient-centered treatment plan upon admission. This plan is continually adjusted throughout the patient's stay to meet evolving needs and ensure the highest quality of care.

A comprehensive patient-centered approach includes involvement of the patient's family or support system when appropriate, coordination of after-care treatment appointments, assessment across the ten domains identified by CMS in the HRSN screening, and daily evaluations conducted by both the psychiatrist and the registered nurse.

The hospital also upholds all patient rights as mandated by the Department of Mental Health, including but not limited to the right to the least restrictive treatment environment, the right to religious freedom and practice, the right to access a patient advocate, and the right to be free from harm, including abuse or neglect. Upon admission, patients are informed of these rights, and the patient advocate meets with each patient to ensure they have received this information and understand how to file a complaint either internally or with an external agency.

Recognizing the personhood of every patient is a foundational element of daily practice. To translate this value into measurable outcomes, the hospital reviews related data monthly during the Quality and Performance Improvement (QAPI) meeting. Patient satisfaction results—collected through the PIX survey—along with trends identified through complaint and grievance reviews, are two key performance indicators used to assess the delivery of patient-centered care.

In addition, hospital leadership administers annual patient safety and employee satisfaction surveys to identify areas needing attention in the upcoming year. Evidence-based practice consistently demonstrates that employee satisfaction is closely linked to improved patient satisfaction and overall quality of care.

This person-centered framework guides every interaction, supporting patients' mental health while fostering both emotional and physical safety. Care is individualized to reflect each patient's cultural identity, social determinants of health, psychiatric history, and holistic needs, ensuring treatment remains truly tailored. Shared decision-making is incorporated into treatment planning whenever clinically appropriate, strengthening patient engagement and promoting ownership of the recovery process.

The therapeutic milieu is intentionally designed to encourage supportive interactions, effective de-escalation, and meaningful engagement, all of which contribute to stabilization, resilience, and a more empowered treatment experience for every patient.

Person-centered inpatient care also includes the active involvement of patient support systems when available and clinically appropriate, as well as early and coordinated discharge planning to promote continuity of care and long-term stabilization

Patient safety

Patient Safety: Patient safety is central to delivering high-quality, patient-centered psychiatric care, and The Joint Commission (TJC) reinforces this commitment through its National Patient Safety Goals (NPSGs) and National Performance Goals (NPGs), which outline essential practices for reducing risk and improving outcomes. These standards are posted on every unit with updates annually and monitored by QAPI data by the key stakeholders including the governing body, for adherence to safety protocols

Safety extends beyond medical procedures to include vigilant monitoring of patient behavior, reduction of environmental risks, and consistent use of evidence-based interventions to prevent self-harm, aggression, and other safety events. Staff receive ongoing competency training in crisis intervention, suicide prevention, de-escalation techniques to ensure that safety is embedded into every aspect of care.

Through continuous quality improvement initiatives, incident review processes, and adherence to regulatory standards, Las Encinas Hospital fosters a culture of safety that prioritizes transparency, learning, and proactive risk management. This commitment ensures that patients receive care in an

environment that supports healing, trust, and emotional and physical well-being..

Addressing patient social drivers of health

Las Encinas Hospital recognizes the profound impact that social determinants of health (SDOH) have on psychiatric outcomes and overall wellness. Determinants such as food insecurity, utility and economic instability, housing conditions, transportation access, and interpersonal safety significantly influence a patient's vulnerability to mental health challenges as well as their capacity to recover and maintain long-term stability. Understanding these factors is essential for developing effective, individualized treatment strategies that address both clinical needs and environmental contributors to illness.

Upon admission, every inpatient undergoes screening using the Centers for Medicare & Medicaid Services (CMS)—endorsed SDOH tool. When needs are identified, members of the interdisciplinary treatment team—including nursing, attending physicians, Social Services, and Case Management—are promptly engaged to address disparities, connect patients with community resources, and incorporate these findings into the treatment plan.

Complex social factors such as economic instability, unemployment, marginal housing, and limited access to healthcare can exacerbate anxiety, depression, and psychiatric crises. Additionally, low health literacy or cultural and linguistic barriers may impede a patient's ability to understand diagnoses, participate in care planning, or adhere to treatment recommendations. To mitigate these challenges, the hospital's interdisciplinary team—representing medicine, nursing, social services, nutrition, finance, and other specialty areas—collaborates to support each patient's unique circumstances.

Las Encinas Hospital's commitment to health equity is upheld through both policy and procedure. Health equity considerations are integrated into ongoing quality improvement activities, including analyses related to infection prevention and control, antibiotic stewardship, and workplace violence. These data are reviewed quarterly during the QAPI Committee meeting. The hospital has also designated a Health Equity Ambassador to ensure continued compliance with NPSG 16.01.01 and to support identification of root causes contributing to disparities in health outcomes.

Based on data assessment, the top two disparities affecting the population served are food insecurity and housing instability. In response, Las Encinas Hospital has established partnerships with the Department of Mental Health (DMH) and the Department of Health Services (DHS) to enhance access to acute psychiatric treatment and ensure post-hospitalization support tailored to these needs.

By addressing SDOH comprehensively, Las Encinas Hospital enhances patient safety, improves treatment outcomes, and strengthens long-term recovery trajectories for its diverse patient population.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Effective treatment at Las Encinas Hospital is grounded in the Innovation in Behavioral Health (IBH) model, endorsed by CMS. This model embodies a “no wrong door” approach that emphasizes early intervention, prevention, and seamless access to care. Our interdisciplinary team collaborates to establish accurate diagnoses and measurable, patient-centered treatment goals that support the best achievable outcomes. By integrating behavioral and physical health within the treatment process, we ensure a truly holistic and coordinated plan of care.

Every treatment plan is tailored to the patient's clinical presentation, history, strengths, and identified needs. Plans are reviewed regularly and updated as patients progress, with adjustments made to

address the underlying contributors to both mental and physical health concerns—prior to escalation or increased severity.

Our therapeutic programming incorporates multiple modalities, including psychopharmacology, group therapy, psychoeducation, substance-use relapse-prevention strategies, internal medicine services, and skill-building interventions that support emotional regulation, coping, and functional improvement.

Clear documentation practices, consistent interdisciplinary communication, and the use of measurable outcome measures by promoting transparency and continuity throughout the course of treatment. Patients are encouraged to engage meaningfully in goal-setting, develop insight into their diagnoses, and build tools that support sustained wellness.

This comprehensive, integrated approach facilitates acute stabilization, enhances patient engagement, and prepares individuals for a safe and effective transition to the next level of care—whether outpatient services, residential programs, or community supports.

Care coordination

Effective care coordination is essential to deliver safe, seamless, and patient-centered psychiatric treatment at Las Encinas Hospital. Coordination occurs both within the inpatient treatment team and in partnership with outpatient providers to support a smooth transition between levels of care.

Ensuring that patients move effectively from inpatient hospitalization to outpatient treatment is pivotal to maintaining continuity of care and supporting ongoing recovery.

Upon admission, each patient is assessed for access to outpatient providers, support systems, medication management resources, and contact information necessary for coordinated care. Our interdisciplinary team works collaboratively to ensure that the patient's clinical, psychosocial, and environmental needs are addressed through a well-organized and structured treatment process. Within the first 72 hours, the social work team completes a comprehensive psychosocial assessment to further evaluate support systems and prior engagement with outpatient resources. The treatment team meets daily to review any changes in the patient's status and to coordinate discharge planning from the earliest stages of admission. Regular interdisciplinary communication allows for consistent review of treatment goals, monitoring of progress, and timely adjustment of interventions in response to emerging clinical information.

Care coordination also includes proactive collaboration with outpatient providers, community agencies, primary care professionals, and family or support systems when appropriate. This ensures alignment of treatment approaches across settings and supports safe, comprehensive, and person-centered transitions of care.

By reducing fragmentation between services, identifying and resolving discharge barriers, and ensuring timely handoffs to external providers, Las Encinas strengthens continuity of care and decreases the risk of readmission. This coordinated approach enhances treatment effectiveness, reinforces patient safety, and promotes sustained stabilization well beyond the inpatient environment.

Access to care

Ensuring timely, equitable, and clinically appropriate access to psychiatric services is a core regulatory and quality priority at Las Encinas Hospital. Consistent with standards established by The Joint Commission (TJC), the Centers for Medicare & Medicaid Services (CMS), and state licensing agencies, we work to minimize barriers to care from the point of referral through admission and discharge. Our intake and assessment processes are designed to ensure that patients receive prompt evaluation by qualified behavioral-health professionals, with triage decisions guided by acuity, safety considerations, and clinical necessities.

Las Encinas Hospital adheres strictly to regulatory requirements governing informed consent, nondiscrimination practices, interpreter services, EMTALA obligations for emergency psychiatric evaluations, and documentation standards that promote transparency and accountability. By providing culturally responsive services and ensuring access regardless of insurance status,

socioeconomic background, or linguistic needs, the hospital reinforces fairness and equity in care delivery.

We continuously monitor capacity, patient throughput, wait times, and referral trends to ensure ongoing compliance with regulatory expectations and to inform performance improvement initiatives. Collaboration among admissions staff, clinical teams, and community partners reduces treatment delays and supports a positive patient experience.

Through these efforts, Las Encinas Hospital ensures timely engagement in treatment, enhances patient safety, and upholds the highest standards of regulatory accountability across the continuum of psychiatric care.

Methodology Guidelines

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

Y