

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	PORTERVILLE DEVELOPMENTAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106541123
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	01/18/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	https://www.dds.ca.gov/services/state-facilities/porterville

Overview

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

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

Laws and Regulations

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

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

Hospital Equity Measures

Joint Commission Accreditation

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

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

-health-care-disparities/

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

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

N

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

N

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

0

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		0	
Spanish Language		0	
Asian Pacific Islander Languages		0	
Middle Eastern Languages		0	
American Sign Language		0	
Other Languages		0	

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.

N

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.

N

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.

N

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.

N

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.

N

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

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

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

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

0

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

0

Rate of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HRSN, and who screened positive for one or more of the HRSNs

0

Table 2. Positive screening rates and intervention rates for the five Health Related Social Needs of the Centers of Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH).

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

Core Quality Measures for General Acute Care Hospitals

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

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

Patient Recommends Hospital

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

Number of respondents who replied "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. 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?"

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

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

0

Total number of hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

0

Rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

0

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

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

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	0	0	0
Age 18 to 34	0	0	0
Age 35 to 49	0	0	0
Age 50 to 64	0	0	0
Age 65 Years and Older	0	0	0

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	0	0	0
Male	0	0	0
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	0	0	0
Medicaid	0	0	0
Private	0	0	0
Self-Pay	0	0	0
Other	0	0	0

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	0	0	0
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 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	0	0	0
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 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	0	0	0
Straight or heterosexual	0	0	0
Bisexual	0	0	0
Something else	0	0	0
Don't know	0	0	0
Not disclosed	0	0	0

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	0	0	0
Female-to-male (FTM)/ transgender male/trans man	0	0	0
Male	0	0	0
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

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

0

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

0

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

0

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

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	0	0	0
Age 18 to 34	0	0	0
Age 35 to 49	0	0	0
Age 50 to 64	0	0	0
Age 65 Years and Older	0	0	0

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	0	0	0
Male	0	0	0
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	0	0	0
Medicaid	0	0	0
Private	0	0	0
Self-Pay	0	0	0
Other	0	0	0

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	0	0	0
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 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	0	0	0
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 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	0	0	0
Straight or heterosexual	0	0	0
Bisexual	0	0	0
Something else	0	0	0
Don't know	0	0	0
Not disclosed	0	0	0

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	0	0	0
Female-to-male (FTM)/ transgender male/trans man	0	0	0
Male	0	0	0
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

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

0

Total number of nulliparous NTSV patients

0

Rate of NTSV patients with Cesarean deliveries

0

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	0	0	0
Asian	0	0	0
Black or African American	0	0	0
Hispanic or Latino	0	0	0
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	0	0	0

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	0	0	0
Age 18 to 29	0	0	0
Age 30 to 39	0	0	0
Age 40 Years and Older	0	0	0

Sex assigned at birth	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female	0	0	0
Male	0	0	0
Unknown	0	0	0

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare	0	0	0
Medicaid	0	0	0
Private	0	0	0
Self-Pay	0	0	0
Other	0	0	0

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	0	0	0
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 NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Does not have a disability	0	0	0
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 NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Lesbian, gay or homosexual	0	0	0
Straight or heterosexual	0	0	0
Bisexual	0	0	0
Something else	0	0	0
Don't know	0	0	0
Not disclosed	0	0	0

Gender Identity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female	0	0	0
Female-to-male (FTM)/transgender male/trans man	0	0	0
Male	0	0	0
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

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

0

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

0

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

0

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

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	0	0	0
Age 18 to 29	0	0	0
Age 30 to 39	0	0	0
Age 40 Years and Older	0	0	0

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	0	0	0
Male	0	0	0
Unknown	0	0	0

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	0	0	0
Medicaid	0	0	0
Private	0	0	0
Self-Pay	0	0	0
Other	0	0	0

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	0	0	0
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 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	0	0	0
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	0	0	0

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	0	0	0
Straight or heterosexual	0	0	0
Bisexual	0	0	0
Something else	0	0	0
Don't know	0	0	0
Not disclosed	0	0	0

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

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

0

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

0

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

0

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

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	0	0	0
Age 18 to 29	0	0	0
Age 30 to 39	0	0	0
Age 40 Years and Older	0	0	0

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	0	0	0
Male	0	0	0
Unknown	0	0	0

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	0	0	0
Medicaid	0	0	0
Private	0	0	0
Self-Pay	0	0	0
Other	0	0	0

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	0	0	0
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 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	0	0	0
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	0	0	0

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	0	0	0
Straight or heterosexual	0	0	0
Bisexual	0	0	0
Something else	0	0	0
Don't know	0	0	0
Not disclosed	0	0	0

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

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

0

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

0

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

0

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

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

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

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	0	0
Male	0	0	0
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	0	0	0
Self-Pay	0	0	0
Other	0	0	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	0	0	0
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	0	0	0
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	0	0	0
Straight or heterosexual	0	0	0
Bisexual	0	0	0
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	0	0	0
Female-to-male (FTM)/transgender male/trans man	0	0	0
Male	0	0	0
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 - Mental Health Disorders

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

0

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

0

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

0

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

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

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

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	0	0
Male	0	0	0
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	0	0	0
Self-Pay	0	0	0
Other	0	0	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	0	0	0
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	0	0	0
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	0	0	0
Straight or heterosexual	0	0	0
Bisexual	0	0	0
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	0	0	0
Female-to-male (FTM)/transgender male/trans man	0	0	0
Male	0	0	0
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 - 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

0

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

0

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

0

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

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

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

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	0	0
Male	0	0	0
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	0	0	0
Self-Pay	0	0	0
Other	0	0	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	0	0	0
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	0	0	0
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	0	0	0
Straight or heterosexual	0	0	0
Bisexual	0	0	0
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	0	0	0
Female-to-male (FTM)/transgender male/trans man	0	0	0
Male	0	0	0
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 hospital admissions which occurs within 30 days of the discharge date for co-occurring disorders and were 18 years or older at time of admission

0

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

0

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

0

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

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

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

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	0	0
Male	0	0	0
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	0	0	0
Self-Pay	0	0	0
Other	0	0	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	0	0	0
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	0	0	0
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	0	0	0
Straight or heterosexual	0	0	0
Bisexual	0	0	0
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	0	0	0
Female-to-male (FTM)/transgender male/trans man	0	0	0
Male	0	0	0
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 - 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

0

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

0

Rate of hospital-level, unplanned, all-cause readmissions after admission with no behavioral diagnosis within 30 days of hospital discharge for patients aged 18 and older

0

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

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

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

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	0	0
Male	0	0	0
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	0	0	0
Self-Pay	0	0	0
Other	0	0	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	0	0	0
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	0	0	0
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	0	0	0
Straight or heterosexual	0	0	0
Bisexual	0	0	0
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	0	0	0
Female-to-male (FTM)/transgender male/trans man	0	0	0
Male	0	0	0
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 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

Plan to address disparities identified in the data

None

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

Individualized health care plans are developed, reviewed and updated throughout their acute hospital stay. These health care plans are centered around each individual’s diagnosis, or diagnoses, during their stay on W-1/GACH unit. The patient’s unit chart is reviewed to ensure that there are no contraindications in existing care plans and treatments. Medical consultants and familiar unit staff are utilized on an as-needed basis to optimize treatment and promote overall goal(s).

Patient safety

The mission, vision and values of Porterville Developmental Center are promoted through organizational prioritization of patient, visitor and employee safety. The Medical/Nursing Quality Management Council (MNQM), with approval by medical staff and Governing Body, support a safety culture that:

- "Væ6÷W ages recognition, reporting, and acknowledgement of risks to patient/visitor and employee safety and medical/healthcare errors
- "-æ—F— FW2ôÖöæ—F÷'2 7F—öç2 Fò &VGV6R isks/errors
- &öÖ÷FW2 lame-free culture facilitating the reporting and follow-up on safety concerns, errors and adverse events
- "VGV6 FW2 7F fb æB €ysicians to assure participation in the program
- "—àvolves patients, and/or approved advocates, in decisions about their health care and promote open communication

MNQM is a multidisciplinary council that oversees patient safety and the provision of patient care. The council reviews a variety of patient safety data/information including but not limited to: infection control, near misses, sentinel events, medication errors, and unplanned hospitalizations. The council also reviews committee minutes, audits and studies from sub-committees responsible for the patent care and safety. When appropriate, MNQM may provide recommendations concerning identifying risks, evaluate plans for corrective action and assess the effectiveness of corrective actions.

Addressing patient social drivers of health

Porterville Developmental Center does not screen for social drivers of health upon admittance to our Acute area of the hospital.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Each treatment is evaluated for effectiveness and adverse effects. PDC utilizes an electronic database system to collect data. The system provides the opportunity for staff and physicians to identify and report safety concerns. If an adverse effect is detected, Health and Safety Codes 1279.1 and 1279.2 are to be followed, as well as AFL 21-40.

Serious critical incidents and other sensitive patient care issues are formally reviewed. These discussions contribute to the development of recommendations for process improvements, which are communicated with the patient, and/or approved advocate.

Care coordination

Collaboration among healthcare staff members, physicians, ancillary services (i.e., Pharmacy, Laboratory, Radiology, etc.) to focus on comprehensive, integrated quality service.

Access to care

W-1/GACH unit is a 24-hour facility that is available to all PDC individuals. With the coordination of Centralized Staffing, Medical Director and medical/nursing staff, a collaborative effort is made to admit patients on an as-needed basis and to ensure world-class services are provided to our population at PDC.

Methodology Guidelines

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

Y