

# Hospital Equity Measures Report

## General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	AURORA SAN DIEGO
Facility Type:	Acute Psychiatric Hospital
Hospital HCAI ID:	106374024
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	01/12/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	<a href="http://www.aurorasandiego.com">www.aurorasandiego.com</a>

## Overview

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

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

## Laws and Regulations

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

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

## Hospital Equity Measures

### Joint Commission Accreditation

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

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

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

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

Y

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

Y

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

2489

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	2476	2489	99.5
Spanish Language	Suppressed	2489	Suppressed
Asian Pacific Islander Languages	0	2489	0
Middle Eastern Languages	0	2489	0
American Sign Language	0	2489	0
Other Languages	Suppressed	2489	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

50

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

1805

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

2.0

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).

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

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

  

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

  

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

## Patient Received Information in Writing

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

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

hospital?"

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.

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

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

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

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

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

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

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



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

## Agency for Healthcare Research and Quality (AHRQ) Indicators

Acute psychiatric hospitals are required to report on two indicators from the Agency for Healthcare Research and Quality (AHRQ). For general information about AHRQ indicators, please visit the following link by copying and pasting the URL into your web browser:

<https://qualityindicators.ahrq.gov/>

## Pneumonia Mortality Rate

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

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

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

0

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

0

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

0.0

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

<b>Race and/or Ethnicity</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>American Indian or Alaska Native</b>	0	0	0.0
<b>Asian</b>	0	0	0.0
<b>Black or African American</b>	0	0	0.0
<b>Hispanic or Latino</b>	0	0	0.0
<b>Middle Eastern or North African</b>	0	0	0.0
<b>Multiracial and/or Multiethnic (two or more)</b>	0	0	0.0
<b>Native Hawaiian or Pacific Islander</b>	0	0	0.0
<b>White</b>	0	0	0.0

<b>Age</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Age &lt; 18</b>	0	0	0.0
<b>Age 18 to 34</b>	0	0	0.0
<b>Age 35 to 49</b>	0	0	0.0
<b>Age 50 to 64</b>	0	0	0.0
<b>Age 65 Years and Older</b>	0	0	0.0

<b>Sex assigned at birth</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Female</b>	0	0	0.0
<b>Male</b>	0	0	0.0
<b>Unknown</b>			

<b>Payer Type</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Medicare</b>	0	0	0.0
<b>Medicaid</b>	0	0	0.0
<b>Private</b>	0	0	0.0
<b>Self-Pay</b>	0	0	0.0
<b>Other</b>	0	0	0.0

<b>Preferred Language</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
English Language	0	0	0.0
Spanish Language	0	0	0.0
Asian Pacific Islander Languages	0	0	0.0
Middle Eastern Languages	0	0	0.0
American Sign Language	0	0	0.0
Other/Unknown Languages	0	0	0.0

<b>Disability Status</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
Does not have a disability	0	0	0.0
Has a mobility disability	0	0	0.0
Has a cognition disability	0	0	0.0
Has a hearing disability	0	0	0.0
Has a vision disability	0	0	0.0
Has a self-care disability	0	0	0.0
Has an independent living disability	0	0	0.0

<b>Sexual Orientation</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
Lesbian, gay or homosexual	0	0	0.0
Straight or heterosexual	0	0	0.0
Bisexual	0	0	0.0
Something else	0	0	0.0
Don't know	0	0	0.0
Not disclosed	0	0	0.0

<b>Gender Identity</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
Female	0	0	0.0
Female-to-male (FTM)/ transgender male/trans man	0	0	0.0
Male	0	0	0.0
Male-to-female (MTF)/ transgender female/trans woman	0	0	0.0
Non-conforming gender	0	0	0.0
Additional gender category or other	0	0	0.0
Not disclosed	0	0	0.0

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

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

[https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions\\_ADA.pdf](https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf)

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF)

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

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 any eligible condition within 30 days of hospital discharge for patients aged 18 and older

NA

Table 6. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for any eligible condition by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

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

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Male			
Unknown			
Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			
Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			
Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			
Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

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

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

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

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 mental health disorders within 30 days of hospital discharge for patients aged 18 and older

NA

Table 7. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for mental health disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

  

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

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

  

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

  

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

  

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

  

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

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

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

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

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 substance use disorders within 30 days of hospital discharge for patients aged 18 and older

NA

Table 8. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

  

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



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

  

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

  

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

  

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

  

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

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

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

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

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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](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

NA

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

NA

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

NA

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

<b>Race and/or Ethnicity</b>	<b>Number of eligible patients who received metabolic screening</b>	<b>Total number of eligible discharges</b>	<b>Rate of eligible patients who received metabolic screening (%)</b>
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			

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

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

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

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

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

  

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

  

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

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

Acute psychiatric hospitals are required to report the rate of structured screenings for metabolic disorders among patients with a prescription for one or more routinely scheduled antipsychotic medications. The structured screenings must contain (1) body mass index (BMI), (2) blood pressure, (3) blood glucose or HbA1c, and (4) a lipid panel, and be completed at least once in the 12 months prior to the patient's date of discharge. The rate of patient screenings for metabolic disorders are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the structured screenings for metabolic disorders, please see page 92 of the report by visiting the following link by copying and pasting the URL into your web browser:

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



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

NA

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

431

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

NA

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

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

  

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

  

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

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

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

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

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

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

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

Acute psychiatric hospitals are required to report the rate of patients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment. This rate is stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the rate calculation and inclusion/exclusion criteria, please visit the following link by copying and pasting the URL into your web browser:

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

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

NA

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

431

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

NA

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

<b>Race and/or Ethnicity</b>	<b>Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria</b>	<b>Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)</b>
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			

  

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

  

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

  

<b>Payer Type</b>	<b>Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria</b>	<b>Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria</b>	<b>Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)</b>
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

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

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

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

Gender Identity	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

## Health Equity Plan

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

## Top 10 Disparities

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

Table 14. Top 10 disparities and their rate ratio values.

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

### Plan to address disparities identified in the data

As the data collected was limited, Aurora San Diego was unable to identify the disparities across priority populations for 2024. That said, we have developed a Health Equity Plan to ensure that disparities are addressed in the future for our patients. It includes continued growth and development across the priority performance areas in the sections below with specific attention to understanding how disparities affect access to care and patient outcomes. We have tasked our IT department with developing ways to aggregate the data that we currently collect for the different stratification categories so that we can analyze outcomes across the Quality Indicators separated out by Race and/or Ethnicity, Age, Sex Assigned at Birth, Payer Type, Preferred Language, Disability Status, Sexual Orientation, and Gender Identity. This will allow us to analyze the data for each reference group and compare this to national data. We are also developing training for our Intake, Social Services, and Clinical departments who collect this data to ensure that the data is complete, accurate, and collected in culturally sensitive and appropriate ways. In addition, we are developing

resources for each of the stratification and reference groups to assist in targeted education about culture-specific interventions and care that address possible and actual disparities. This will: (a) assist our Intake team in employing cultural humility during the assessment of patients while continuously training them in best practices for working with diverse individuals seeking treatment as well as the nuances of differential symptom presentation across stratification and reference groups; (b) assist our Clinical Services teams in investigating and learning about current best practices in assessment and treatment for each of the stratification and reference groups to ensure that we are on the cutting edge of patient-centered, trauma-informed, whole-person care that takes into account the effects that disparities have on the mental health, substance use, and wellbeing of our patients; (c) assist our Social Services and Case Management teams in providing patient-specific resources for aftercare and discharge planning that address the unique cultural needs of our patients based on their intersectional group membership; (d) provide direction for our Business Development, Community Outreach, and Psychoeducation teams to seek out new partnerships and relationships with providers and resources in the community that address the needs of our diverse population in addition to outreach in these communities to continue to receive feedback about the effectiveness of our programs and care; and (e) allow our Quality Assurance team to better track analytics on our performance across key Quality Indicators with these stratification and reference groups.

## **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**

Aurora San Diego is committed to individualized care for all our patients, through whole-person wellness that recognizes that individuals who seek mental health and substance use services are more than their psychiatric diagnoses and are people first and patients second. To that end, we train our staff to use person-first language in their verbal communications and their written documentation. This practice, concretizes the awareness that people accessing our services have rich histories and a multitude of strengths to explore in the therapeutic process. We strive to integrate their medical needs with their psychiatric needs and engage the individual in their treatment from the time they arrive at our facility, throughout their program, and during the discharge planning process. We recognize that we have expertise in mental health and substance treatment, and that the patient is the expert on themselves; and we must collaborate to create safety and to optimize outcomes. An important part of achieving this end is providing treatment in patients' preferred languages. We have interpreter services available for all of our patients via live interpreters and language line phone services. In addition, we underscore the importance of outside support with a broad social support network of not just mental health, substance use, and medical providers, but also families (biological or chosen), faith communities, support groups, culture-specific communities, and other individualized supports that are relevant to the individual. For all individuals who participate in treatment in our inpatient and outpatient programs, we recognize that there are two foundational pillars of whole-person care: person-centered care and trauma-informed care. Our clinical approach integrates whole-person and trauma-informed care to include a robust patient engagement model where individuals are encouraged to actively participate in the treatment process with their providers, giving continuous feedback about the treatment process and what is working and not working. This is a fundamental part of their treatment plan while in our programs, and these plans are updated as the individual progresses through treatment. In addition, we utilize a

collaborative problem-solving model with all of our patients so that we can address their strengths and unique needs and develop comprehensive, feasible, and achievable goals and plans of care and aftercare that increase the likelihood of success while the individual is in our care and beyond. This allows them to continue their journey of improved health, wellness, and recovery after they leave our programs.

## Patient safety

Maintaining a safe and therapeutic environment is the first tenet of Aurora San Diego's trauma-informed care approach. Safety refers to both emotional and physical safety, for we know that a person's willingness to be vulnerable in treatment is an important foundation of healing because it allows for the development of growth, resilience, and confidence and safety is necessary for such vulnerability. We have a strong focus on patient safety in a number of initiatives, policies, and procedures that we have at our facility. All staff are trained in the practice of being vigilant about safety and reporting any concerns through our Incident Reporting Process which is reviewed by our Nursing Leadership and Quality Assurance Team. Additionally, staff are annually surveyed about their perception of the culture of patient safety at our hospital. The results of this data from the Incident Reporting Process and Annual Staff Survey are used for performance improvement initiatives and training opportunities to continuously grow, meet, and exceed national safety guidelines. One such initiative is our Zero Suicide Initiative that includes ensuring that all staff are aware of the signs of suicide and self-harm and how to intervene to keep patients safe. We have developed a self-guided coping skills packet for patients who are identified to be at risk for suicide; our facility's "My Safe Coping Workbook" is designed to help the individual learn emotion regulation skills that they can use in the hospital and after they discharge. In addition, all patients who are at risk for suicide in our inpatient programs, and all patients in our outpatient programs, are assisted in completing a personal Safety Plan, that is adapted from the Stanley Brown (2011) Safety Plan – nationally recognized as the gold standard for safety with patients who demonstrate suicidal risk. This plan helps the individual identify: personal warning signs, individual coping strategies, people and places who can distract them from negative thoughts, safe people to talk to, and professionals and resources in the community. As an inpatient psychiatric hospital there are some additional safety concerns that are unique to our patient population that we also need to be aware of. All staff are trained in trauma-informed care, as well as specific training to address confrontation with potentially combative, sexually inappropriate, or self-injurious patients – or patients exhibiting any extreme behaviors. Patients are identified for being at risk for these behaviors so that they can be continuously monitored and appropriate treatment interventions can be developed to help decrease the frequency of and/or eliminate these unsafe behaviors. We have a facility-wide initiative called RAID, Reinforce Appropriate Implode Disruptive behaviors. It is an approach to working with extreme behaviors that has been developed, tested, and trademarked by the Association for Psychological Therapies (APT). It is designed to train staff to focus on the behaviors that are appropriate and prosocial and move away from punitive reactions to inappropriate behaviors. These techniques help to decrease extreme behaviors while patients are in treatment and help to promote an environment of safety and healing while simultaneously modeling and reinforcing the therapeutic coping strategies that individuals learn while in our care. As a part of this, we also train our staff in evidence-based best practices for verbal de-escalation and empathy when patients become upset or aggressive while in treatment, using seclusion and restraint protocols as a last resort on our inpatient units, which we view as opportunities for us to change our treatment approach as needed. An example of one such best practice is that we do not use any mechanical restraints and we strive to limit the use of any seclusion and restraint protocols. Though our primary focus at the hospital is emotional safety, we are committed to keeping our patients safe medically as well. As a free-standing psychiatric hospital, there are limitations that we have with regard to medical acuity because of the nature of our licensing. As such, all potential and current patients are continuously



screened by our medical team to ensure that they do not exceed our capacity with regard to their medical needs. Any patient who is admitted that has medical issues that need to be monitored is identified at admission so as to alert the treatment team of concerns that need to be addressed (e.g., if a patient is a fall risk or has a seizure history). Any patient that develops a medical concern while in our care is immediately evaluated to determine what steps need to be followed to keep them safe. Our internal Safety Committee reviews all safety concerns continuously stays abreast of best practices in order to update our policies, protocols, and training for staff to ensure that we stay up-to-date on the cutting-edge technologies for patient safety.

#### Addressing patient social drivers of health

At Aurora San Diego, understanding Social Drivers Of Health (SDOH) and each patient's Health Related Social Needs (HRSN) have become a priority for our facility. We recognize that SDOH and HRSN affect people before, during, and after they become a patient in one of our programs. As a part of our facility's Quality Assessment and Performance Improvement Plan, we evaluate the data from local and national governmental authorities and other trusted institutions to examine the SDOH and HRSN that are most pertinent to specific patient populations in our region. We have a Health Equity Committee at our facility that uses a data-driven approach to evaluate trends in SDOH and HRSN and how they intersect with our ability to provide access to care and develop appropriate interventions to help ameliorate barriers to access and barriers to successful patient outcomes. The Director of our Social Services Department is an active member of this committee and also provides us with direct feedback from our patients about their identified needs and barriers. One example of the work done by this committee is reflected in an initiative to better serve a particularly vulnerable patient population in our area. During our analysis of SDOH, the committee identified that a priority population that was at particular risk for mental health and substance use issues and had significant barriers to accessing care, was our LGBTQI+ population. We learned through focus groups and meeting with local community subject matter experts that one of the most critical barriers for transgender individuals, specifically, in the community pertained to ignorance and discrimination around naming conventions, room assignments, and pronoun use. In consultation with these experts, we developed policies about best practices when working with transgender patients and rolled out a training program for all of our staff about the unique needs of these individuals in addition to our policies surrounding using chosen names and the patient's identified pronouns correctly, and rooming based on gender and patient preference as opposed to the patient's sex assigned at birth. This has led to an increase in patient trust and engagement, an increase in positive patient outcomes, an increase in patient satisfaction, and an increased willingness for our transgender patients to transition from our inpatient programs to our intensive outpatient programs for aftercare. We have also launched a continuing education effort for the community about issues pertaining to the LGBTQI+ population to increase community awareness, empathy, and understanding of their unique cultural needs. Another initiative launched by this committee was to assess the HRSN of all patients at the time of admission. The Centers for Medicare and Medicaid (CMS) have identified 5 specific HRSN that put individuals at risk for worse health outcomes and increased health care use. Once HRSN are identified by a patient (either at admission or at any time during their program), our Social Services Department takes the lead in identifying how these needs affect health outcomes for the individual and integrates problem-solving and solution-focused approaches into their treatment plan. Additionally, they provide education to the patient about resources in the community based on their unique needs, to help them be better prepared to access them after discharge. Starting the conversation about these barriers and needs, helps patients destigmatize asking for help, and creates opportunities to develop realistic goals with feasible plans and measurable outcomes. From this improved starting point, our treatment team is better able to assist individuals in determining what the best options are for them and how they can best access them. At the macro and community levels, Aurora San Diego is dedicated to participating in regional

and national efforts to help identify disparities, create opportunities for improvement, and actively participate in eliminating barriers. We provide metrics and data to our community partners, our local Health and Human Services Agency (HHSA), the Hospital Association of San Diego and Imperial Counties (HASDIC) chapter, and state and federal credentialing bodies; we also participate in a robust community education program to help other providers become aware of SDOH and HRSN and how they affect our shared patients, and we work to decrease barriers through community service initiatives across the county.

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

Performance across all of the following priority areas.

### **Effective treatment**

All of our treatment is evidence-based and guided by the best practices in the areas of medicine that we treat. Our Quality Assurance Team works in conjunction with our Clinical Team and Medical Staff to stay informed of the safest, most therapeutic, and best practices associated with our patient populations. We use an integrated approach to treatment, with a multi-disciplinary treatment team, and a milieu-based approach, with individualized treatment plans to ensure the highest potential of success with our patients. Bi-Monthly, each department evaluates and reports out on their department's metrics regarding patient outcomes, delivery of care, and policies and procedures. This continuous evaluation process is conducted to ensure the highest quality of care and to ensure that all departments across Aurora San Diego are working collaboratively to evaluate and improve patient treatment, safety, therapeutic efficacy, and integration of care. Clinical and non-clinical departments are present and report out at this monthly Quality Council (QC) Meeting, which also includes our entire Leadership Team, Medical Director, Chief of Staff, and all of our physician Service Directors. This analysis is also presented to our Medical Executive Committee (MEC) and our Board of Trustees (BOT) to ensure that we continue to be on the cutting edge of whole-person, trauma-informed, patient-centered care. In addition, our medical staff engage in a monthly Peer Review Process. This includes reviewing patient cases and treatment plans in conjunction with patient outcomes. This review process creates a forum for a meaningful dialogue about best practices, policies and protocols, and allows for shared learning and dissemination of knowledge. From all of these meetings and reviews, we are consistently revising policies and procedures, incorporating new best practices, and revising our treatments to create the most robust treatment approach possible for our patients. Most recently (and as mentioned above), in response to staff and patient feedback, and emerging technologies, we have rolled out the RAID program at our facility. This is an overarching approach used by all staff (clinical and non-clinical). RAID is an evidence-based, clinically proven, best practice of Positive Psychology that not only improves patient safety as indicated previously, but it also improves treatment outcomes. The research on this program demonstrates that facilities that implemented this approach saw the following measurable outcomes: an increase in patient prosocial behaviors, a decrease in patient extreme behaviors, and an increase in patient satisfaction. In addition to rolling out new treatment approaches with associated policies, we are committed to understanding our patients' own perceptions of their care. Last year, we rolled out a new Patient Perception of Care tool the Inpatient Psychiatric Facility Experience Survey that better assesses patients' experiences and also collects demographic data that allows us to more clearly measure the differing effects of our treatment on different patient populations.

### **Care coordination**

Coordinating care is a pivotal facet of our treatment paradigm at Aurora San Diego for we recognize that we are just a small part of a larger whole when it comes to the health and well-being of our

patients. Coordination of care begins with identifying any and all providers working with a patient prior to them coming to our facility for treatment, as well as family (of origin or chosen) and community members who are sources of social and emotional support for the patient. This information is gathered during the referral process, during the Intake Assessment by our Intake Department, and by a number of other departments during continuous assessment of the patient once they are admitted (e.g., during the Psychiatric Evaluation by the attending Psychiatrist, the Psychosocial Assessment by Social Services, the Nursing Assessment by the Nursing Department, the Substance Use Assessment by our Substance Use Department, and additional assessments and interactions with physicians, individual therapists, case managers, and counselors). All of this data is collected and shared with the treatment team and stored in the patient's chart which allows the patient's Case Manager or Social Worker to get the appropriate Releases of Information to speak with known collateral contacts to best collaborate on treatment while the patient is at our facility, and the plan for aftercare when they discharge. It also allows our team to identify gaps in resources or services that our patients may experience that they might not even be aware of to ask about. Our patients often have complex needs beyond those for which they are being treated at our facility, and often beyond which they were receiving services before they came to us. Our Social Services and Case Management Team have numerous resources at their disposal to help patients be able to identify their needs, whether they are medical, psychiatric, spiritual, familial, or HRSN, and develop a comprehensive aftercare plan. This aftercare plan begins with ensuring that the patient feels empowered to self-assess their needs and to access and benefit from the services available to them in the community. It then includes communication between our treatment team and other treatment providers, social services agencies, and community/familial supports so that there is a seamless continuity of care for the patient after they leave Aurora San Diego. In addition to providing patients with community resources already known to our Social Services Department, the facility has a robust Community Outreach, Business Development, and Psychoeducation Team whose functions include scouring the community for new resources, creating and maintaining community relationships with providers, and providing feedback to other departments and leadership at Aurora San Diego about what aspects of our care coordination process are working and which aspects may be improved upon. This continuous outreach allows our Clinical Team to provide the best, most up-to-date resources available to our patients in an ever-changing landscape of community providers; and it allows us to create new training and protocols that enhance community relationships and ease of access to vital resources across sectors.

#### Access to care

Access to care is a critical concern for Aurora San Diego. For we know that we can have the highest quality of care with the most state-of-the-art clinical interventions, but if people cannot access our care, then we are doing a disservice to our community. Our facility serves all of San Diego County (population 3.3 million), as well as Imperial County (population of almost 190,000). We also see patients from Riverside and Orange Counties as well. The statistics for mental health and substance use across the nation are troubling: According to NIMH, 23.1% of U.S. adults live with a Mental Illness and an additional 16.8% of Americans live with SUD; the 2023 CA Health Interview Survey found that 6.4% of San Diegans reported experiencing serious psychological distress in the past month; according to the SD HHSA, approximately 5% of San Diegans live with a Serious Mental Illness, rising to 8% in low-income households; in the SD metro area, 11.6% of people aged 12 and older had a SUD in the past year, a higher rate than the National and CA averages; approximately 14.5% of all Veterans have been diagnosed with some form of PTSD and 25% of Veterans have mental health issues (SD County is the home for approximately 240,000 Veterans); and the rate of suicide in SD County was 364 deaths in 2023— that's almost one death per day. Despite these staggering statistics, there is a significant gap between the number of people experiencing mental health and substance use distress and those seeking treatment. One of the most significant barriers

to accessing behavioral care is stigma. According to the NIH, stigma creates barriers to access by: delaying help-seeking in individuals, increasing premature discontinuation of treatment by individuals, it creates opportunities for suboptimal therapeutic relationships with providers, it increases patient safety concerns, and stigma has many other downstream effects that can create poorer healthcare outcomes. One of the key areas that Aurora San Diego focuses resources on is stigma reduction in communities that have the most significant disparities. We offer free continuing education to providers about behavioral health use issues in marginalized communities and how to combat stigma therapeutically and in their outreach to potential patients; we also do outreach and education in marginalized communities directly through presentations and workshops with community members through their faith communities, schools, civic organizations, and social groups. Internally, we do continuous education and training with our staff at all levels of the organization to work on reducing stigma in our work, the way that we talk about our work, and in our lives outside of the organization. In addition to stigma being a significant barrier to access to care, we know that additional barriers include: HRSN, cost, language barriers, and general knowledge about behavioral health in the general population, and others. Our Community Outreach, Business Development, and Psychoeducation Team not only serve to develop resources for our internal staff, but also for community members and providers across community sectors. They they provide informational programs to the general public on stigma reduction, warning signs of behavioral health conditions, access to behavioral health care, and are a resource for community members, families, and other providers across the region. As a part of this effort, and the organization's continued commitment to reducing barriers to access, we complete a Community Needs Assessment annually, and participate in Regional Needs Assessments conducted by HASDIC, SD HHSA, Community Health Improvement Partners, and our local chapters of the National Association on Mental Illness (NAMI); we sit on various regional committees including: the San Diego Suicide Prevention Council, the San Diego Substance Use and Overdose Prevention Task Force, the LiveWell Leadership Committee, the San Diego Military Families Collaborative, and other groups across the county to get the community perspective firsthand and be a meaningful part of positive change in the region. The most recent example of this community engagement is coming up in December 2025. We are one of five providers across the County of San Diego that has been invited to participate in a Select Committee on Youth Mental Health and Treatment Access by Dr. Darshana Patel, the California Assembly Member for the seventy-sixth district. Invitations such as this, to provide perspectives on the community's needs and services, are a testament to our continued drive for excellence, a reflection of the community's perception of Aurora San Diego's staff as subject-matter-experts in the fields of mental health and substance use, and demonstrate our commitment to our community and the strength of our community partnerships that allow us to help increase access to services and bring mental health and substance use to the forefront.

## Methodology Guidelines

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

Y