

# Hospital Equity Measures Report

## General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	BAKERSFIELD MEMORIAL HOSPITAL
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106150722
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	09/30/2025
Last Updated:	01/16/2026
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	<a href="https://tinyurl.com/mrpu36xs">https://tinyurl.com/mrpu36xs</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

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).

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.

74072

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	60510	74072	81.7
Spanish Language	12759	74072	17.2
Asian Pacific Islander Languages	414	74072	0.6
Middle Eastern Languages	133	74072	0.2
American Sign Language	28	74072	0
Other Languages	106	74072	0.1

## Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure

There are five domains that make up the CMS Hospital Commitment to HCHE measures. Each domain is scored as "yes" or "no." In order to score "yes," a general acute care hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser:

<https://data.cms.gov/provider-data/topics/hospitals/health-equity>

### Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure Domain 1: Strategic Planning (Yes/No)

- Our hospital strategic plan identifies priority populations who currently experience health disparities.
- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.
- Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Y

### CMS HCHE Measure Domain 2: Data Collection (Yes/No)

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.

- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.
- Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.

Y

CMS HCHE Measure Domain 3: Data Analysis (Yes/No)

- Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information in hospital performance dashboards.

Y

CMS HCHE Measure Domain 4: Quality Improvement (Yes/No)

- Our hospital participates in local, regional or national quality improvement activities focused on reducing health disparities.

Y

CMS HCHE Measure Domain 5: Leadership Engagement (Yes/No)

- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.
- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually review key performance indicators stratified by demographic and/or social factors.

Y

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

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

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

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

8250

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

10417

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

22

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	566	6.9	0	0
Housing Instability	235	2.8	0	0
Transportation Problems	1077	13.1	0	0
Utility Difficulties	404	4.9	0	0
Interpersonal Safety	175	2.1	0	0

## Core Quality Measures for General Acute Care Hospitals

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

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

## Patient Recommends Hospital

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

Number of respondents who replied "probably yes" or "definitely yes" to HCAHPS Question 19, "Would you recommend this hospital to your friends and family?"

631

Total number of respondents to HCAHPS Question 19

679

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

92.9

Total number of people surveyed on HCAHPS Question 19

4850

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

14

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

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

  

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

  

<b>Preferred Language</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<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 "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 woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

## Patient Received Information in Writing

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

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

hospital?"

570  
Total number of respondents to HCAHPS Question 17  
679

Percentage of respondents who responded "yes" to HCAHPS Question 17  
83.9

Total number of people surveyed on HCAHPS Question 17  
4850

Response rate, or the percentage of people who responded to HCAHPS Question 17  
14

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					

<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>
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

  

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

  

<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>
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 "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>
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](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

28

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

306

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

91.5

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>	suppressed	suppressed	suppressed
<b>Asian</b>	suppressed	suppressed	suppressed
<b>Black or African American</b>	0	20	0
<b>Hispanic or Latino</b>	13	111	117.1
<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>	15	157	95.5

  

<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>			
<b>Age 18 to 34</b>	suppressed	suppressed	suppressed
<b>Age 35 to 49</b>	suppressed	suppressed	suppressed
<b>Age 50 to 64</b>	suppressed	suppressed	suppressed
<b>Age 65 Years and Older</b>	24	193	124.4

  

<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>	11	142	77.5
<b>Male</b>	17	164	103.7
<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>	20	181	110.5
<b>Medicaid</b>	suppressed	suppressed	suppressed
<b>Private</b>	suppressed	suppressed	suppressed
<b>Self-Pay</b>			
<b>Other</b>	suppressed	suppressed	suppressed

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

  

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

  

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

  

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

## 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](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

31

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

148

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

209.5

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	13	66	197
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	11	63	174.6

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	0	14	0
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	17	71	239.4

<b>Sex assigned at birth</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical 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>	suppressed	suppressed	suppressed
<b>Male</b>	suppressed	suppressed	suppressed
<b>Unknown</b>			
<b>Payer Type</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical 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>	19	80	237.5
<b>Medicaid</b>	suppressed	suppressed	suppressed
<b>Private</b>	suppressed	suppressed	suppressed
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	suppressed	suppressed	suppressed
<b>Preferred Language</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical 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>English Language</b>	suppressed	suppressed	suppressed
<b>Spanish Language</b>	suppressed	suppressed	suppressed
<b>Asian Pacific Islander Languages</b>	suppressed	suppressed	suppressed
<b>Middle Eastern Languages</b>	suppressed	suppressed	suppressed
<b>American Sign Language</b>			
<b>Other/Unknown Languages</b>			
<b>Disability Status</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical 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>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 in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical 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>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 in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

## California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

There are three core quality maternal measures adopted from the California Maternal Quality Care Collaborative (CMQCC).

### CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate

The CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate is defined as nulliparous women with a term (at least 37 weeks gestation), singleton baby in a vertex position delivered by cesarian birth. General acute care hospitals report the NTSV Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications>

Number of NTSV patients with Cesarean deliveries

242

Total number of nulliparous NTSV patients

1044

Rate of NTSV patients with Cesarean deliveries

0.232

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.

<b>Race and/or Ethnicity</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander			
White	166	753	0.22

  

<b>Age</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Age < 18	suppressed	suppressed	suppressed
Age 18 to 29	152	766	0.198
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older	suppressed	suppressed	suppressed

  

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

  

<b>Payer Type</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Medicare			
Medicaid			
Private			
Self-Pay			
Other	242	1044	0.232

  

<b>Preferred Language</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

<b>Disability Status</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</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 NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

  

<b>Gender Identity</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</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			

## 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

80

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



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

## 164.6

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.

<b>Race and/or Ethnicity</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed
<b>Asian</b>	suppressed	suppressed	suppressed
<b>Black or African American</b>	suppressed	suppressed	suppressed
<b>Hispanic or Latino</b>	suppressed	suppressed	suppressed
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>	suppressed	suppressed	suppressed
<b>Native Hawaiian or Pacific Islander</b>			
<b>White</b>	suppressed	suppressed	suppressed
<b>Age</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>Age &lt; 18</b>	suppressed	suppressed	suppressed
<b>Age 18 to 29</b>	suppressed	suppressed	suppressed
<b>Age 30 to 39</b>	suppressed	suppressed	suppressed
<b>Age 40 Years and Older</b>	suppressed	suppressed	suppressed
<b>Sex assigned at birth</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>Female</b>			
<b>Male</b>			
<b>Unknown</b>			
<b>Payer Type</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>Medicare</b>			
<b>Medicaid</b>			
<b>Private</b>			
<b>Self-Pay</b>			
<b>Other</b>	suppressed	suppressed	suppressed

<b>Preferred Language</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages			

  

<b>Disability Status</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</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 vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

  

<b>Gender Identity</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</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			

## 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

392

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	suppressed	suppressed	suppressed
Asian	0	13	0
Black or African American	0	14	0
Hispanic or Latino	0	41	0
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander			
White	0	291	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	suppressed	suppressed	suppressed
Age 18 to 29	0	227	0
Age 30 to 39	0	149	0
Age 40 Years and Older	suppressed	suppressed	suppressed

<b>Sex assigned at birth</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
Female			
Male			
Unknown			

  

<b>Payer Type</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
Medicare			
Medicaid			
Private			
Self-Pay			
Other	0	392	0

  

<b>Preferred Language</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
English Language	0	330	0
Spanish Language	0	51	0
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

  

<b>Disability Status</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met 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 newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

  

<b>Gender Identity</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

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

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](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

1378

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

11419

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

## 12.1

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

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed
<b>Asian</b>	36	310	11.6
<b>Black or African American</b>	132	803	16.4
<b>Hispanic or Latino</b>	533	5042	10.6
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>			
<b>Native Hawaiian or Pacific Islander</b>	suppressed	suppressed	suppressed
<b>White</b>	638	4874	13.1

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Age 18 to 34</b>	115	2892	4
<b>Age 35 to 49</b>	183	1476	12.4
<b>Age 50 to 64</b>	347	2203	15.8
<b>Age 65 Years and Older</b>	733	4848	15.1

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Female</b>	698	6882	10.1
<b>Male</b>	680	4537	15
<b>Unknown</b>			

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Medicare</b>	798	4968	16.1
<b>Medicaid</b>	407	4017	10.1
<b>Private</b>	154	2204	7
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>English Language</b>	1177	9846	12
<b>Spanish Language</b>	173	1408	12.3
<b>Asian Pacific Islander Languages</b>	suppressed	suppressed	suppressed
<b>Middle Eastern Languages</b>	suppressed	suppressed	suppressed
<b>American Sign Language</b>	suppressed	suppressed	suppressed
<b>Other/Unknown Languages</b>	suppressed	suppressed	suppressed

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</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 inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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 - 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

226

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

1489

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

15.2

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.

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

  

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

  

<b>Sex assigned at birth</b>	<b>Number of inpatient admissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			

  

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

  

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



<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</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 inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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 - 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

173

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

953

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

18.2

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

  

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

  

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

  

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

  

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

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

54

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

275

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

19.6

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

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

  

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

  

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

  

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

  

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

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</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 inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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 - 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

925

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

8702

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

10.6

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.

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

  

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

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	477	5412	8.8
Male	448	3290	13.6
Unknown			

  

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

  

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

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

## Health Equity Plan

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

## Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	15.8	18 to 34	4	4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	15.1	18 to 34	4	3.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	12.4	18 to 34	4	3.1
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Race and/or Ethnicity	Hispanic or Latino	117.1	White	95.5	2.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	16.1	Private	7	2.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Black or African American	16.4	Hispanic or Latino	10.6	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Sex Assigned at Birth	Male	13.6	Female	8.8	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Male	15	Female	10.1	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	10.1	Private	7	1.5
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Sex Assigned at Birth	Male	103.7	Female	77.5	1.3

## Plan to address disparities identified in the data

At Bakersfield Memorial Hospital (BMH), equity means ensuring every patient receives optimal care regardless of age, race, ethnicity, payer status, or assigned sex. Our HCAI and AHRQ data reveal significant disparities, primarily in 30-day all-cause hospital readmission rates and pneumonia mortality rates. Addressing these inequities is central to our mission and commitment to patient-centered care.

1. Equity Considerations Equity is integrated into our care model by:

- Proactive Social Determinants of Health (SDoH) Screening: Utilizing Cerner (Feb 2024) to screen 68% of admissions for housing, food, safety, and transportation needs. Positive screens will trigger immediate Social Services (SS) consultations for community resource linkage.
- Patient-Centered Insights: Implementing a readmission interview tool (Feb 2025) for Care Coordination (CC) staff to capture patient perspectives regarding their readmission.
- Predictive Risk Stratification: Employing an AI risk assessment tool (April 2025) for early identification of at-risk patients, enabling tailored interventions.
- Holistic Care Planning: Multidisciplinary Rounds (MDR) comprehensively review clinical, psychosocial, and SDoH factors for equitable, proactive discharge planning.
- Culturally Competent Care: Delivering programs via our Community Health Initiative in a culturally-sensitive, linguistically appropriate manner.

2. Programs & Practices

Targeting Readmission Disparities:



- Enhanced Discharge Planning: High-risk CC Registered Nurse (RN) partner with outpatient nurse navigators for disease-specific education (e.g., CHF, diabetes, COPD, Pneumonia) and resources (e.g., scales, glucometers, incentive spirometry).
- Transitional Care RN (TCRN): Ensures follow-up appointments and post-discharge support for high-risk patients.
- Interdisciplinary Collaboration: SS and CC teams collaborate closely on SDoH barriers impacting readmission risk.

#### Addressing Access to Care:

- Dignity Health Community Health Initiative: Provides outreach and enrollment assistance for health insurance programs for uninsured/underinsured/low-income families, ensuring medical home access and preventive care.
- Community Wellness Program: Offers on-site screenings, health/wellness education, and outpatient nurse navigation for prevention (e.g., cardiovascular, asthma, diabetes, obesity).
- Specific Patient Navigator Programs: Substance Use Navigator for Substance Use Disorders (SUD) discharge planning, and an on-site Kern Health Systems Case Manager for complex Managed Medi-Cal patients (behavioral health/SUD).
- In-Hospital Support: Financial assistance and prescription purchases for patients in need.
- Community Health Improvement Grants Program: Funds local non-profits to address health needs, including access to care, aligned with our Community Health Needs Assessment (CHNA).

#### 3. Improvements & Plans

Population Impact: Our interventions will improve outcomes for patients in age (35 to 64), payer (Medicare), and racial (Black/African American) groups for readmissions, and potentially Hispanic/Latino males for pneumonia mortality. Efforts will be aimed at reducing suffering, healthcare burden, and promoting health equity for thousands.

#### Measurable Objectives:

##### All-Cause Readmission Disparities:

- Goal 1: 20% reduction in all-cause 30-day readmission rates (CY24 12.7%; CY25 goal: 10.2%)

##### Pneumonia Mortality Disparities:

- Goal 2: 10% reduction in Pneumonia Mortality Rate for Hispanic or Latino patients (CY24 45.8%, CY25 goal: 41.22%)

#### Timeframes:

- Implementation: Initiatives began Feb 2024/Feb 2025 are ongoing.
- Data Monitoring: Quarterly monitoring for target disparities commences October 1, 2025.
- Target Achievement: All stated reductions (Goals 1 & 2) are targeted by September 30, 2026.

#### Actions:

- Sustained SDoH Screening (68%+) & SS Referrals (100% positive screens).
- Full AI Risk Tool Integration for early high-risk identification.
- Optimized CC & Discharge Planning: Consistent readmission interview tool use, diligent TCRN follow-up for high-risk patients, and proactive supply of self-management tools/education.

This comprehensive plan, with clear objectives, timelines, and integrated strategies, demonstrates BMH's commitment to addressing health disparities and advancing health equity.

## 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

At BMH, MDRs, bedside RN shift reports, and RN rounding with providers are integral to our daily operations, aiming to reduce 30-day readmissions and optimize length of stay (LOS). These patient-centered discussions are crucial for integrating clinical expertise with SDoH and psychosocial factors, fostering proactive discharge planning and seamless care transitions. By engaging diverse teams, we address individual needs, anticipate barriers, and ensure safe, high-quality, and equitable patient outcomes. This systematic approach directly underpins our strategies for reducing disparities and enhancing care coordination.

### 1. Structure and Purpose of MDRs & Enhanced Communication Strategies

MDRs are a foundational component of our inpatient care model:

- Frequency/Timing: Conducted during business hours for consistent, timely patient review.
- Core Objectives: Ensure early/ongoing identification of patient-specific barriers to reduce readmissions and decrease LOS, aligning with strategic priorities.
- Team Composition: Diverse and collaborative team includes Nursing, Pharmacy, Care Coordination (CC), Social Services (SS), and Providers.
- Integrated Communication: Beyond MDRs, bedside RN shift reports and RN rounding with physicians are formally incorporated to ensure continuous, real-time information exchange. Bedside shift reports significantly enhance patient participation and person-centered care by involving them directly in the discussion of their care plan, fostering improved understanding and shared decision-making. RN rounding with physicians reinforces collaborative discussion, ensuring nurses' bedside observations and patient needs are directly communicated and integrated into medical decision-making for optimal patient outcomes.

### 2. Comprehensive Patient Review and Assessment

The multidisciplinary team conducts thorough and holistic patient reviews, encompassing clinical and non-clinical factors:

- Clinical/Physiological: Evaluation of vital signs, pain management, nutrition, activity, lab results (e.g., glycemic control), pressure injury monitoring, wound care, and DVT prophylaxis.
- Patient Safety/Quality: Reviewing necessity of indwelling catheters/central lines, assessing transition from intravenous (IV) to oral medications for discharge readiness.
- Psychosocial/SDoH Integration: Comprehensive review of psychosocial factors and direct assessment of SDoH, including housing insecurity, suicidal risk, or substance use concerns. This integrates with our SDoH screening (Feb 2024) and SS consultations. Addresses shift-to-shift considerations (mobility, psychosocial stressors) for continuous care, directly reinforced through bedside shift reports' capacity for immediate patient/family input.

### 3. Proactive and Patient-Centric Discharge Planning

MDRs are instrumental in initiating and refining discharge planning early, directly supporting CC goals:

- Early Initiation: Discharge planning begins on admission, especially for high-risk patients identified by our predictive AI risk assessment tool (Feb 2025), proactively mitigating readmission risk and ensuring discharge readiness.
- Integrated Team Engagement: Case Management and SS are promptly engaged to address potential discharge barriers like durable medical equipment needs or housing insecurity. This seamless collaboration reflects our SS/CC team partnership for optimizing outcomes.
- Disease-Specific Education/Self-Management: MDRs reinforce disease-specific education (e.g., salt restriction/daily weights for CHF), supporting our strategy of providing self-management resources (e.g., scales for CHF patients).
- Anticipating Barriers/Streamlining Care: MDR processes are collaborative, dynamic, and designed to anticipate barriers, streamlining care and promoting efficient, individualized patient progression.

At BMH, MDRs are augmented by bedside shift reports and RN rounding with physicians, which represents a critical daily operationalization of our commitment to reducing readmission disparities and fostering comprehensive care coordination. By integrating clinical oversight with a deep understanding of patient SDoH and psychosocial needs, we ensure discharge planning is a thoroughly crafted, patient-centric process. This proactive, collaborative model is fundamental to anticipating and mitigating barriers, promoting safe/effective transitions, and ultimately achieving our measurable objective of reducing 30-day readmission rates for our most vulnerable populations.

## Patient safety

At BMH, patient safety is foundational to reducing all-cause 30-day readmissions. Guided by Dignity Health's "Safety First High Reliability Health Care", we proactively address risk factors, ensuring safer, more effective care and reducing health disparities. These efforts integrate with SDoH screening, care coordination, and discharge planning for high-quality, safe care for high-risk patients.

1. Patient Safety and Readmission Prevention: Patient safety directly combats readmissions by addressing risk factors in patients aged 35-64, Male sex, Medicare/Medicaid payers, and Black/African American individuals. BMH's approach, rooted in Dignity Health's behavior-based human error prevention model, focuses on reducing human error and fixing system issues to achieve High Reliability.

### 2. Key Patient Safety Initiatives to Reduce Readmissions

- Improved Discharge Planning and Education:
- Impact: Comprehensive discharge preparation (e.g., meds, symptoms) is crucial. We use Dignity Health's "Communicate Clearly" principles and "teach-back" methods to ensure patient understanding. This prevents skill-based errors (slips/lapses) in post-discharge management.
- Readmission Reduction: Minimizes preventable adverse events, lowering 30-day readmission risk; aligns with our education and self-management tool provision.
- Effective Communication and Care Coordination:
- Impact: Seamless communication is vital for safe transitions. Protocols emphasize standardized handoffs utilizing Dignity Health's "Communicate Clearly" tools: SBAR for action, three-way repeat backs/read backs, and phonetic/numeric clarifications. This prevents rule-based errors (miscommunication) and supports complex patients, SDoH challenges, and vulnerable payer groups.
- Readmission Reduction: Prevents communication breakdowns, reducing missed follow-ups or unaddressed symptoms.
- Prevention of Hospital-Acquired Conditions (HACs):
- Impact: Core safety involves preventing HACs (infections, pressure injuries, falls). Vulnerable groups are susceptible, and adherence to strict protocols reinforced by Dignity Health's "Pay Attention to Detail" through STAR (Stop, Think, Act, Review) self-checking, prevents skill-based errors.
- Readmission Reduction: Reduces new health problems necessitating re-hospitalization, lowering 30-day readmission rates.
- Early Identification and Management of Deterioration:
- Impact: Continuous monitoring and rapid response systems (e.g., early warning scores, escalation processes) enable prompt intervention. For exacerbations, early recognition prevents readmission. This critical thinking is bolstered by Dignity Health's "Practice & Accept a Questioning Attitude" and "Pause, Question, and Confirm", preventing knowledge-based errors in unfamiliar situations.
- Readmission Reduction: Timely intervention stabilizes conditions, preventing unplanned readmissions.
- Patient and Family Engagement in Safety:

- Impact: Empowering patients/families to actively participate (ask questions, voice concerns, report symptoms) is crucial. BMH utilizes Dignity Health's "Show Humankindness" and the teach-back method as safety tools, ensuring understanding and promoting a proactive approach.
- Readmission Reduction: Fosters early detection of post-discharge challenges, allowing timely intervention and preventing readmission.

Integrating robust patient safety, guided by the Dignity Health Universal Skills for All Toolkit, is fundamental to Memorial Hospital's strategy for addressing readmission disparities. By systematically mitigating risks associated with discharge, communication, HACs, deterioration, and patient engagement, we reinforce our commitment to high-quality, equitable care. These efforts align with SDoH interventions and comprehensive care coordination, contributing significantly to our measurable readmission reduction goals.

#### Addressing patient social drivers of health

BMH identifies that 80% of the top 10 patient outcome disparities relate to 30-day all-cause readmissions, disproportionately affecting ages 35 and older, Medicare/Medicaid payers, Black/African American, and male patients. To address this, we've implemented a multi-faceted approach focusing on proactive SDoH screening, advanced risk assessment, patient-centered interventions, and robust care coordination, aiming to reduce readmissions and optimize patient well-being in our Kern County service area (12 ZIP codes).

1. Identification and Scope of Readmission Disparities: Data confirms eight of our top ten disparities are 30-day readmission linked. Key affected groups include ages 35 and older, Medicare/Medicaid payers, Black/African American, and male patients.
2. Proactive SDoH Screening (Implemented Feb 2024): Recognizing the impact of SDoH (e.g., food insecurity, housing instability — identified in our CHNA), we integrated screening using the Cerner admission assessment tool.
  - Rate: In 2024, 68% of admitted patients were screened for housing stability, food security, income, and transportation needs.
  - Referral: Positive screens automatically trigger Social Services (SS) consultations for evaluation and linkage to community resources (e.g., food banks, housing aid, transportation services, Learning and Outreach Centers described in the Community Benefit Plan). These efforts support vulnerable residents, including the unhoused population in our CHNA.
3. Enhanced Patient-Centered Insights & Risk Stratification (Implemented Feb-Apr 2025):
  - Readmission Interview Tool: Care Coordination (CC) staff now interview readmitted patients to understand their perspective regarding the readmission, vital for informing process improvements.
  - Predictive AI Risk Assessment Tool: Implemented to enhance early identification of self-management risk factors common in chronic diseases (e.g., diabetes, heart disease, as addressed by our Self-Management Programs), enabling timely, individualized interventions.
4. Interdisciplinary Collaboration & Integrated Care Delivery: Seamless collaboration between SS and CC teams is central to addressing disparities. The team integrates social/clinical complexities to optimize patient outcomes and improve care continuity, which includes leveraging programs like the Connected Community Network.
5. Robust Discharge Planning & Self-Management Empowerment: Our commitment extends to discharge planning, empowering patient self-management:
  - High-Risk Patient Focus: High-risk CC RNs tailor discharge plans to directly support patients, particularly with chronic conditions.
  - Outpatient Nurse Navigator Partnership: CC RNs collaborate to ensure resource provision (e.g., scales for CHF, glucometers for diabetics, incentive spirometry for COPD) and patient-specific education for disease self-management. These partnerships foster care continuity, with the Outpatient Nurse Navigator Program reporting 98% of patients avoided readmission within 7 days in FY24.

6. Community Health Improvement Programs & Addressing SDoH: BMH, through its Department of Special Needs and Community Outreach, delivers extensive community benefit programs (investing over \$12.8M in FY24) aligned with CHNA priorities:

- The Community Health Initiative: Reduces uninsured/underinsured rates by facilitating health insurance enrollment for low-income families in Kern County, improving Access to Health Care.
  - Community Wellness Program: Provides on-site screenings and education, addressing Chronic Diseases (e.g., cardiovascular disease, asthma, diabetes, obesity).
  - Homemaker Care Program: Offers crucial non-medical, in-home supportive services for seniors/adults with disabilities, improving quality of life and supporting workforce development.
  - Community Health Improvement Grants Program: Provides funding to local non-profits addressing various needs from our CHNA, including Access to Care, Chronic Diseases, Food Insecurity, Mental Health, and Substance Use. These community health grants strengthen community capacity and reduce disparities.
  - In-Hospital Support: Financial assistance (\$5.7M in FY24) for the uninsured/underinsured and prescription purchases for underserved patients directly address financial barriers to care.
- BMH's integrated strategies—SDoH screening, advanced risk assessment, patient-centered data, robust interdisciplinary collaboration, and proactive discharge planning—position BMH to significantly reduce 30-day all-cause readmission disparities and pneumonia mortality rates among our most vulnerable populations. We are committed to continuous evaluation and refinement of these initiatives to ensure sustainable improvements in patient care, health equity, and overall community well-being.

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

Performance across all of the following priority areas.

### **Effective treatment**

At BMH, effective treatment is crucial for reducing 30-day readmissions and achieving health equity. Our approach extends beyond acute care, involving transitional support, targeted interventions, technology, skilled workforce, and patient engagement, all aligning with our CHNA-identified priorities like "Chronic Diseases" and "Access to Health Care."

1. Improving Transitional Care Programs for Sustained Effective Treatment—Ensures continuous effective treatment post-discharge:

- Tailored/Structured: Culturally competent programs and structured discharge planning (reinforced by MDRs and BMH's Outpatient Nurse Navigator Program) involve patients/caregivers, providing clear, accessible post-discharge instructions to prevent treatment disruptions.
- Comprehensive Support: Ensures smooth transitions, timely follow-ups, medication reconciliation, and resource access for continuous effective treatment (i.e., The Homemaker Care Program offers in-home services supporting transitions).
- Multicomponent Bundles: Employs pre-discharge education, checklists, and post-discharge follow-up to boost treatment efficacy at home.

2. Implementing Risk-Targeted Interventions for Optimized Effective Treatment—Customizes treatment pathways for high-risk readmission patients, addressing chronic disease and access to health care:

- High-Risk Identification: Utilizes predictive modeling (AI tool, April 2025) for patients with high readmission risk (e.g., underserved, chronic conditions, SDoH challenges).
- Customized Interventions:
- Education/Self-Management: Tailored education (literacy/culture) empowers active condition management via BMH's Community Wellness Program (FY24—96% of surveyed education

participants reported better understanding of healthy lifestyle) and Self-Management Programs (FY24–100% of chronic disease participants avoided readmission/ED for 3 months post-seminar) for conditions like CHF, diabetes, COPD.

- Addressing SDoH: Connecting patients to resources (transportation, housing, food insecurity) via Community Health Initiatives (FY24– 97% of participants completed insurance enrollment process) and SS (SDoH screening, Feb 2024), ensures treatment isn't undermined by social barriers.
- Timely Follow-up: Promotes prompt post-discharge follow-up via TCRN and Outpatient Nurse Navigator Program (98% of patients avoided 7-day readmission in FY24), safeguarding long-term treatment effectiveness.

3. Embracing Innovative Technologies and Approaches to Support Effective Treatment—Technology enhances treatment reach, specifically addressing access to health care:

- Effective Communication: Providing educational resources, reminders, and support, reinforcing treatment adherence.
- Integrated SDoH Screening/Care Coordination: Routine SDoH screening (Cerner, Feb 2024) and community resource linkage (Community Health Initiative, Community Wellness Program) facilitate holistic treatment effectiveness.

4. Fostering a Culturally Competent Healthcare Workforce for Equitable Treatment— Essential for delivering equitable/effective treatment for BMH's diverse Kern County population:

- Ongoing Staff Training: Enhances cultural awareness, communication skills, and SDoH knowledge, enhancing treatment acceptance.
- Workforce Diversity: Building a diverse team (e.g., Homemaker Care Program provides free vocational training to job-seekers to strengthen the in-home care workforce) improves understanding and responsiveness to diverse patient needs.

5. Prioritizing Patient Education and Engagement for Treatment Success—Crucial for sustained treatment effectiveness:

- "Teach-Back" Strategy: Ensuring patient/caregiver understanding of discharge instructions (core Patient Safety initiative).
- Caregiver Engagement: Involving family/caregivers in discharge planning supports patient transitions and recovery.

## Care coordination

As a critical strategy to reduce 30-day readmission disparities and pneumonia mortality, our CC efforts meticulously ensure smooth, patient-centered transitions, focusing on vulnerable populations. Our comprehensive approach integrates early patient engagement, individualized discharge planning, robust inter-organizational collaboration, and specialized support services to enhance patient self-management and prevent adverse outcomes.

1. Foundational Approach to CC-

- Early Patient Engagement: Our CC team prioritizes thorough information gathering via comprehensive interviews within 24 hours of admission to understand needs, capabilities, and circumstances for effective care planning.
- Navigating the Healthcare System: One of our core objectives is empowering patients to navigate complex healthcare systems, ensuring understanding of diagnoses, treatment plans, and post-discharge requirements.

2. Seamless Transitions for Diverse Populations (e.g., Hospital to Home)- We ensure continuity of care and smooth transitions for all, especially diverse patient populations:

- Individualized Discharge Planning & Family Engagement: We accurately tailor each discharge plan for the smoothest transition, with clear communication and active involvement of the patient's family/caregivers for successful post-discharge management.
- Targeted Support for Vulnerable Populations: We actively incorporate additional support and discharge provisions (e.g., specialized equipment, home health, community resources) for

vulnerable populations with SDoH challenges, complex conditions, and limited resources, as identified through SDoH screening, early CC and SS consultation.

- Strategic Inter-Organizational Collaboration: To bridge transitional gaps, we collaborate closely with internal partners:

- Dignity's Outpatient Nurse Navigator: Ensures resources for disease self-management (e.g., scales, glucometers, incentive spirometry, education) and a consistent outpatient contact.

- Dignity's Outpatient Case Management Team: Facilitates comprehensive patient information handoff and addresses ongoing needs to ensure continuity within Dignity's broader network.

3. Advanced Risk Assessment & Augmented Discharge Planning—Our CC process proactively identifies and mitigates readmission risk:

- High-Risk Patient Identification: We consistently assess high-risk patients for readmission using our predictive AI risk assessment tool (implemented April 2025) and clinical judgment.

- Augmented Discharge Planning: For high-risk individuals, discharge planning is significantly adjusted to address elevated needs (e.g., extended follow-up, intensive resource coordination).

- TCRN Utilization: Our dedicated TCRN ensures high-risk patients secure follow-up appointments and receive post-discharge follow-up for immediate concerns and adherence to care plans.

4. Utilization of Patient Navigators & Community Health Workers—We strategically leverage specialized roles to extend community reach and support:

- Outpatient Care Coordination Team & Community Health Workers (CHWs): Leveraging CHWs to connect eligible patients with Dignity's Enhanced Case Management Program, addressing SDoH barriers in the community.

- Substance Use Navigator: Dedicated specialist assists with complex discharge planning for SUD patients, ensuring follow-up, linkage to treatment, and harm reduction.

- On-Site Case Manager from Kern Health Systems: Integrated for managed Medi-Cal patients, aiding complex cases and establishing connections for behavioral health and SUD services, enhancing access to specialized care.

Our robust CC framework is central to reducing readmission disparities and fostering health equity. By embedding patient-centered engagement, individualized planning, interdisciplinary collaboration, and specialized outreach, we proactively address holistic patient needs, ensuring safer transitions and sustainable health outcomes. BMH's comprehensive approach directly supports optimizing patient well-being and reducing preventable readmissions.

## Access to care

Beyond readmission reduction, BMH commits to eliminating healthcare access barriers.

Recognizing Access to Care as a significant need in our CHNA, we deliver comprehensive programs both in-hospital and through community outreach. Initiatives ensure uninsured, underinsured, and vulnerable populations can navigate healthcare, gain insurance, establish a medical home, receive preventive care, and access essential services, fostering health equity and well-being.

1. Strategic Framework for Access to Care: Memorial Hospital's commitment is primarily delivered via the Department of Special Needs and Community Outreach, directly addressing the identified "Access to Care" health need.

2. Community-Based Programs for Enhanced Access—Our outreach in Kern County addresses systemic barriers:

- The Community Health Initiative : Bridging the Insurance Gap

- Objective: Reduce uninsured/underinsured rates by facilitating health insurance enrollment.

- Our Community Health Initiative collaborates with public/private/non-profit organizations, providing culturally-sensitive/linguistically appropriate outreach, one-on-one application assistance, enrollment/retention/utilization activities, and renewal assistance. This secures medical homes and promotes preventive care utilization.

- The Community Wellness Program: Fostering Preventive Health

- Objective: Improve low-income individuals'/families' health status through proactive health management.
- Focuses on prevention via on-site screenings, health/wellness education (e.g., cardiovascular, asthma, diabetes, obesity), cancer screenings, and outpatient nurse navigation for high-risk patients.
- Homemaker Care Program: Supporting Vulnerable Adults & Workforce Development
- Objective: Provide essential non-medical, in-home support to at-risk populations while developing a skilled care workforce.
- Offers direct assistance to seniors/adults with disabilities (maintaining independence) and free vocational training to job-seekers transitioning into in-home care.
- Community Health Improvement Grants Program: Ongoing collaborative impact
- Objective: Strengthen community partnerships, fostering innovative solutions for CHNA-identified needs.
- Funds local non-profits working to improve health status/quality of life.
- Impact: Grant funds deliver/strengthen service systems, improving health/well-being for vulnerable/underserved populations and reducing disparities.

3. In-Hospital Access to Care Initiatives—Our commitment extends within the hospital to mitigate financial barriers:

- Financial Assistance Programs: Crucial support for uninsured or underinsured patients, preventing medical expenses from impeding care.
- Essential Prescription Support: Direct prescription purchases for underserved patients, addressing immediate medication needs at discharge to prevent readmissions or worsening conditions due to non-adherence.

BMH's multi-layered "Access to Care" approach, combining robust community outreach and essential in-hospital support, demonstrates our dedication to improving Kern County's health. By proactively addressing insurance, prevention, in-home support, and financial barriers, we systematically dismantle access obstacles. These initiatives, integrated with our readmission reduction strategies, exemplify our holistic commitment to health equity and our vital role as a comprehensive community health improvement anchor.

## Methodology Guidelines

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

Y