

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	TARZANA TREATMENT CENTER
Facility Type:	Acute Psychiatric Hospital
Hospital HCAI ID:	106190782
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	03/05/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	https://www.tarzanatc.org

Overview

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

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

Laws and Regulations

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

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

Hospital Equity Measures

Joint Commission Accreditation

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

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

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

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

Y

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

Y

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

2850

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	1855	2850	65
Spanish Language	946	2850	33
Asian Pacific Islander Languages	12	2850	0
Middle Eastern Languages	83	2850	3
American Sign Language	0	2850	0
Other Languages	70	2850	2

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

There are five domains that make up the CMS Hospital Commitment to HCHE measures. Each domain is scored as "yes" or "no." In order to score "yes," a acute psychiatric hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser:
<https://data.cms.gov/provider-data/topics/hospitals/health-equity>

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

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

Y

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

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.

- Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.

Y

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

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

Y

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

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

Y

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

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

Y

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

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

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

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

2571

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

2608

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

98.6

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	2448	95.2	2448	95.2
Housing Instability	331	12.9	331	12.9
Transportation Problems	470	18.3	470	18.3
Utility Difficulties	0	0	0	0
Interpersonal Safety	0	0	0	0

Core Quality Measures for General Acute Psychiatric Hospitals

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

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

Patient Recommends Hospital

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

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

384

Total number of respondents to HCAHPS Question 19

446

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

86.1

Total number of people surveyed on HCAHPS Question 19

446

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

100

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed	446	suppressed
Asian	suppressed	suppressed	suppressed	446	suppressed
Black or African American	46	50	92	446	11.2
Hispanic or Latino	188	220	85	446	49.3
Middle Eastern or North African	16	18	89	446	4.0
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed	446	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed	446	suppressed
White	122	144	85	446	32.3

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18	0	0	0	0	0
Age 18 to 34	159	178	89	446	39.9
Age 35 to 49	142	173	82	446	38.8
Age 50 to 64	69	81	85	446	18.2
Age 65 Years and Older	14	14	100	446	3.1

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	81	97	84	446	21.7
Male	303	349	87	446	78.3
Unknown	0	0	0	446	0

Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	12	13	92	446	2.9
Medicaid	302	352	86	446	78.9
Private	65	75	87	446	16.8
Self-Pay	suppressed	suppressed	suppressed	446	suppressed
Other	suppressed	suppressed	suppressed	446	suppressed

Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	0	0	0	0	0
Spanish Language	0	0	0	0	0
Asian Pacific Islander Languages	0	0	0	0	0
Middle Eastern Languages	0	0	0	0	0
American Sign Language	0	0	0	0	0
Other/Unknown Languages	0	0	0	0	0

Disability Status	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability	225	258	87	446	57.8
Has a mobility disability	suppressed	suppressed	suppressed	446	suppressed
Has a cognition disability	151	177	85	446	39.7
Has a hearing disability	suppressed	suppressed	suppressed	446	suppressed
Has a vision disability	suppressed	suppressed	suppressed	446	suppressed
Has a self-care disability	0	0	0	446	0
Has an independent living disability	0	0	0	446	0

Sexual Orientation	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed	446	suppressed
Straight or heterosexual	351	410	86	446	91.9
Bisexual	14	14	100	446	3.1
Something else	suppressed	suppressed	suppressed	446	suppressed
Don't know	13	13	100	446	2.9
Not disclosed	0	0	0	446	0

Gender Identity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	0	0	0	0	0
Female-to-male (FTM)/ transgender male/trans man	0	0	0	0	0
Male	0	0	0	0	0
Male-to-female (MTF)/ transgender female/trans	0	0	0	0	0
Non-conforming gender	0	0	0	0	0
Additional gender category or other	0	0	0	0	0
Not disclosed	0	0	0	0	0

Patient Received Information in Writing

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

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

hospital?"

0

Total number of respondents to HCAHPS Question 17

0

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

0

Total number of people surveyed on HCAHPS Question 17

0

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

0

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

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

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	0	0	0	0	0
Male	0	0	0	0	0
Unknown	0	0	0	0	0

Payer Type	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	0	0	0	0	0
Medicaid	0	0	0	0	0
Private	0	0	0	0	0
Self-Pay	0	0	0	0	0
Other	0	0	0	0	0

Preferred Language	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	0	0	0	0	0
Spanish Language	0	0	0	0	0
Asian Pacific Islander Languages	0	0	0	0	0
Middle Eastern Languages	0	0	0	0	0
American Sign	0	0	0	0	0
Other/Unknown Languages	0	0	0	0	0

Disability Status	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability	0	0	0	0	0
Has a mobility disability	0	0	0	0	0
Has a cognition	0	0	0	0	0
Has a hearing disability	0	0	0	0	0
Has a vision disability	0	0	0	0	0
Has a self-care	0	0	0	0	0
Has an independent living disability	0	0	0	0	0

Sexual Orientation	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual	0	0	0	0	0
Straight or heterosexual	0	0	0	0	0
Bisexual	0	0	0	0	0
Something else	0	0	0	0	0
Don't know	0	0	0	0	0
Not disclosed	0	0	0	0	0

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

Agency for Healthcare Research and Quality (AHRQ) Indicators

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

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

Pneumonia Mortality Rate

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

https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

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

0

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

suppressed

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

0

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

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

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

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

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

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

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

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

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

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

510

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

2859

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

17.8

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	59	374	15.8
Hispanic or Latino	96	599	16.0
Middle Eastern or North African	13	87	14.9
Multiracial and/or Multiethnic (two or more races)	18	64	28.1
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	306	1646	18.6

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	191	1115	17.1
Age 35 to 49	173	1009	17.1
Age 50 to 64	124	609	20.3
Age 65 Years and Older	22	130	16.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	132	696	19.0
Male	378	2163	17.5
Unknown	0	0	0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	397	2199	18.1
Private	65	380	17.1
Self-Pay	suppressed	suppressed	suppressed
Other	28	173	16.2

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	312	1855	16.8
Spanish Language	177	946	18.7
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0	0	0
Other/Unknown Languages	16	70	22.9

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	189	1287	14.7
Has a mobility disability	suppressed	suppressed	suppressed
Has a cognition disability	321	1643	19.5
Has a hearing disability	suppressed	suppressed	suppressed
Has a vision disability	suppressed	suppressed	suppressed
Has a self-care disability	0	0	0
Has an independent living disability	0	0	0

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed
Straight or heterosexual	458	2662	17.2
Bisexual	suppressed	suppressed	suppressed
Something else	0	0	0
Don't know	15	72	20.8
Not disclosed	suppressed	suppressed	suppressed

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

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

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

319

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

1559

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

20.5

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	42	241	17.4
Hispanic or Latino	55	267	20.6
Middle Eastern or North African	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	195	929	21.0

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	122	581	21.0
Age 35 to 49	105	542	19.4
Age 50 to 64	76	360	21.1
Age 65 Years and Older	16	79	20.3

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	95	450	21.1
Male	224	1109	20.2
Unknown	0	0	0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	19	91	20.9
Medicaid	238	1158	20.6
Private	46	243	18.9
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	206	1101	18.7
Spanish Language	103	442	23.3
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0	0	0
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	24	114	21.1
Has a mobility disability	suppressed	suppressed	suppressed
Has a cognition disability	290	1481	19.6
Has a hearing disability	suppressed	suppressed	suppressed
Has a vision disability	suppressed	suppressed	suppressed
Has a self-care disability	0	0	0
Has an independent living disability	suppressed	suppressed	suppressed

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed
Straight or heterosexual	274	1360	20.1
Bisexual	suppressed	suppressed	suppressed
Something else	0	0	0
Don't know	13	55	23.6
Not disclosed	suppressed	suppressed	suppressed

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

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

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

117

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

951

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

12.3

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	12	91	13.2
Hispanic or Latino	13	169	7.7
Middle Eastern or North African	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	76	600	12.7

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	54	478	11.3
Age 35 to 49	35	318	11.0
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	34	218	15.6
Male	83	733	11.3
Unknown	0	0	0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	89	745	11.9
Private	13	93	14.0
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	79	639	12.4
Spanish Language	28	258	10.9
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0	0	0
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	49	511	9.6
Has a mobility disability	suppressed	suppressed	suppressed
Has a cognition disability	67	457	14.7
Has a hearing disability	suppressed	suppressed	suppressed
Has a vision disability	suppressed	suppressed	suppressed
Has a self-care disability	0	0	0
Has an independent living disability	0	0	0

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed
Straight or heterosexual	99	895	11.1
Bisexual	suppressed	suppressed	suppressed
Something else	0	0	0
Don't know	suppressed	suppressed	suppressed
Not disclosed	suppressed	suppressed	suppressed

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Co-occurring disorders

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

70

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

436

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

16.1

Table 9. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for co-occurring disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	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	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	49	286	17.1

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	31	210	14.8
Age 35 to 49	23	144	15.6
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	25	120	20.8
Male	45	316	14.2
Unknown	0	0	0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	52	323	16.1
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	49	324	15.1
Spanish Language	17	91	18.7
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0	0	0
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	suppressed	suppressed	suppressed
Has a mobility disability	suppressed	suppressed	suppressed
Has a cognition disability	63	411	15.3
Has a hearing disability	suppressed	suppressed	suppressed
Has a vision disability	suppressed	suppressed	suppressed
Has a self-care disability	0	0	0
Has an independent living disability	0	0	0

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed
Straight or heterosexual	53	393	13.5
Bisexual	suppressed	suppressed	suppressed
Something else	0	0	0
Don't know	suppressed	suppressed	suppressed
Not disclosed	suppressed	suppressed	suppressed

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - No Behavioral Health Diagnosis

Number of inpatient admissions to an IPF which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

144

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

815

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

17.7

Table 10. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	14	100	14.0
Hispanic or Latino	31	225	13.8
Middle Eastern or North African	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	85	421	20.2

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	44	271	16.2
Age 35 to 49	61	316	19.3
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	27	149	18.1
Male	117	666	17.6
Unknown	0	0	0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	122	653	18.7
Private	14	98	14.3
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	76	455	16.7
Spanish Language	62	345	18.0
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0	0	0
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	122	693	17.6
Has a mobility disability	suppressed	suppressed	suppressed
Has a cognition disability	22	128	17.2
Has a hearing disability	suppressed	suppressed	suppressed
Has a vision disability	suppressed	suppressed	suppressed
Has a self-care disability	0	0	0
Has an independent living disability	0	0	0

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed
Straight or heterosexual	138	787	17.5
Bisexual	0	15	0
Something else	0	0	0
Don't know	suppressed	suppressed	suppressed
Not disclosed	suppressed	suppressed	suppressed

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

CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Screening for Metabolic Disorders

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

https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr_programmanualv7.0_final508.pdf

Number of patients with a prescription for one or more routinely scheduled antipsychotic medications who received a metabolic screening in the 12 months prior to discharge, either prior to or during the index IPF stay

406

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

2622

Rate of patients discharged from an IPF with a prescription for one or more routinely scheduled antipsychotic medications for which a structured metabolic screening was completed in the 12 months prior to discharge, either prior to or during the index IPF stay

15.5

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

Race and/or Ethnicity	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	94	322	29.2
Hispanic or Latino	57	546	10.4
Middle Eastern or North African	12	80	15.0
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	223	1527	14.6

Age	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Age < 18	0	0	0
Age 18 to 34	169	1021	16.6
Age 35 to 49	148	930	15.9
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Female	89	633	14.1
Male	317	1989	15.9
Unknown	0	0	0

Payer Type	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Medicare	25	104	24.0
Medicaid	316	2020	15.6
Private	48	346	13.9
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
English Language	290	1633	17.8
Spanish Language	90	844	10.7
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0	0	0
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Does not have a disability	suppressed	suppressed	suppressed
Has a mobility disability	suppressed	suppressed	suppressed
Has a cognition disability	363	1446	25.1
Has a hearing disability	suppressed	suppressed	suppressed
Has a vision disability	suppressed	suppressed	suppressed
Has a self-care disability	0	0	0
Has an independent living disability	0	0	0

Sexual Orientation	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Lesbian, gay or homosexual	suppressed	suppressed	suppressed
Straight or heterosexual	334	2343	14.3
Bisexual	19	64	29.7
Something else	0	0	0
Don't know	18	54	33.3
Not disclosed	suppressed	suppressed	suppressed

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

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

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

https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr_programmanualv7.0_final508.pdf

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

0

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

1675

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

0

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

Race and/or Ethnicity	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
American Indian or Alaska Native	0	25	0
Asian	0	suppressed	0
Black or African American	0	234	0
Hispanic or Latino	0	324	0
Middle Eastern or North African	0	58	0
Multiracial and/or Multiethnic (two or more races)	0	30	0
Native Hawaiian or Pacific Islander	0	suppressed	0
White	0	970	0

Age	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Age 18 to 34	0	731	0
Age 35 to 49	0	612	0
Age 50 to 64	0	296	0
Age 65 Years and Older	0	39	0

Sex assigned at birth	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Female	0	405	0
Male	0	1270	0
Unknown	0	0	0

Payer Type	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Medicare	0	51	0
Medicaid	0	1423	0
Private	0	98	0
Self-Pay	0	0	0
Other	0	107	0

Preferred Language	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
English Language	0	1103	0
Spanish Language	0	522	0
Asian Pacific Islander Languages	0	suppressed	0
Middle Eastern Languages	0	49	0
American Sign Language	0	suppressed	0
Other/Unknown Languages	0	42	0

Disability Status	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Does not have a disability	0	703	0
Has a mobility disability	0	13	0
Has a cognition disability	0	1010	0
Has a hearing disability	0	suppressed	0
Has a vision disability	0	suppressed	0
Has a self-care disability	0	0	0
Has an independent living disability	0	0	0

Sexual Orientation	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Lesbian, gay or homosexual	0	17	0
Straight or heterosexual	0	1486	0
Bisexual	0	45	0
Something else	0	0	0
Don't know	0	52	0
Not disclosed	0	107	0

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

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

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

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

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

0

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

1675

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

0

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

Race and/or Ethnicity	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
American Indian or Alaska Native	0	25	0
Asian	0	suppressed	0
Black or African American	0	234	0
Hispanic or Latino	0	324	0
Middle Eastern or North	0	58	0
Multiracial and/or Multiethnic (two or more races)	0	30	0
Native Hawaiian or Pacific Islander	0	suppressed	0
White	0	970	0

Age	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Age 18 to 34	0	731	0
Age 35 to 49	0	612	0
Age 50 to 64	0	296	0
Age 65 Years and Older	0	39	0

Sex assigned at birth	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Female	0	405	0
Male	0	1270	0
Unknown	0	0	0

Payer Type	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Medicare	0	51	0
Medicaid	0	1423	0
Private	0	98	0
Self-Pay	0	0	0
Other	0	107	0

Preferred Language	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
English Language	0	1103	0
Spanish Language	0	522	0
Asian Pacific Islander Languages	0	suppressed	0
Middle Eastern Languages	0	49	0
American Sign Language	0	suppressed	0
Other/Unknown Languages	0	42	0

Disability Status	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Does not have a disability	0	703	0
Has a mobility disability	0	13	0
Has a cognition disability	0	1010	0
Has a hearing disability	0	suppressed	0
Has a vision disability	0	suppressed	0
Has a self-care disability	0	0	0
Has an independent living disability	0	0	0

Sexual Orientation	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Lesbian, gay or homosexual	0	17	0
Straight or heterosexual	0	1486	0
Bisexual	0	45	0
Something else	0	0	0
Don't know	0	52	0
Not disclosed	0	107	0

Gender Identity	Number of patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/exclusion criteria (%)
Female	0	0	0
Female-to-male (FTM)/ transgender male/trans man	0	0	0
Male	0	0	0
Male-to-female (MTF)/ transgender female/trans woman	0	0	0
Non-conforming gender	0	0	0
Additional gender category or other	0	0	0
Not disclosed	0	0	0

Health Equity Plan

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

Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) program Screening for Metabolic Disorders.	Race and/or Ethnicity	Black or African American	29.2	Hispanic or Latino	10.4	2.8
CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) program Screening for Metabolic Disorders.	Sexual Orientation	Don't know	33.3	Straight or heterosexual	14.3	2.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF).	Race and/or Ethnicity	Multiracial and/or Multiethnic (two or more races)	28.1	Middle Eastern or North African	14.9	1.9
CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) program Screening for Metabolic Disorders.	Expected Payor	Medicare	24	Private	13.9	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Race and/or Ethnicity	Black or African American	13.2	Hispanic or Latino	7.7	1.7
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Age (excluding maternal measures)	35 to 49	82	65 and older	100	1.2
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Expected Payor	Medicaid	86	Medicare	92	1.1
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Race and/or Ethnicity	Hispanic or Latino	85	Black or African American	92	1.1
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Sex Assigned at Birth	Female	84	Female	87	1.0

Plan to address disparities identified in the data

Disparity: Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey
Population Impact: Disparities exist among patient population in recommending IPF to friends and family. Payer Type (Medicare) appears to be an important factor to recommend the hospital to other people followed by age group (65 and Older), race/ethnicity (Middle Eastern or North African) and sex assigned at birth (Female). Train staff in the delivery of excellent customer service and providing exceptional hospital patient experience to all patients served.

Measurable Objectives: In the next 12 months, a minimum of 70% of Hospital patients served will report in Perception of Care (POC) Survey that they are recommending hospital to friends and family.

Timeline: January - December 2026

Disparity: HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in IPF

Population Impact: Disparities including race and/or ethnicity (overall and stratified by SUD) and sexual orientation (stratified by no behavioral health diagnosis) impact unplanned 30-day Hospital

readmission rate. Among the patient population, those that indicate being Straight/Heterosexual, Multiracial and/or Multiethnic, or Black/African American tend to contribute to unplanned readmission rate. The IPF staff including medical staff, counselors, and behavioral health staff will be trained to improve discharge planning, care coordination and addressing patient needs prior to discharge. Patient unplanned 30-day hospital readmissions will be tracked on a monthly/quarterly basis and reported to hospital leadership.

Measurable Objectives: In the next 12 months, unplanned 30-day hospital readmission rate will be reduced.

Timeline: January - December 2026

Disparity: CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) program Screening for Metabolic Disorders

Population Impact: Disparities exist among patient populations with differing sexual orientations, race/ethnicity, and payer type. Patients that indicate Don't Know as their sexual orientation, are Black/African American, or use Medicare tend to receive a metabolic screening after being discharged with an antipsychotic medication. The IPF needs to provide all patients access to metabolic screening while in treatment. A Metabolic Screening Checklist will be developed and implemented with all Hospital patient groups. Metabolic Screening will be tracked on a monthly/quarterly basis and reported to hospital leadership.

Measurable Objectives: In the next 12 months, at least 90% of patients will have received metabolic screening.

Timeline: January - December 2026

Performance in the priority area

Acute psychiatric hospitals are required to provide hospital equity plans that address the top 10 disparities by identifying population impact and providing measurable objectives and specific timeframes. For each disparity, hospital equity plans will address performance across priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

Person-centered care

TTC staff foster positive, safe, supportive, and non-judgmental relationships with patients at the point of entry into care. Our staff are trained in culturally responsive and trauma informed care, including providing services tailored to the cultural and linguistic considerations of individuals in the communities where we operate services. TTC staff utilize motivational interviewing techniques to explore and enhance the patient's motivation for change, including setting goals and discussing the benefits of seeking treatment.

TTC maintains a protocol that ensure current and prospective patients are informed about the process of enrollment in treatment, the treatment modalities available at our agency, and how we connect patients with additional services through care coordination. Staff ask patients about their

Our staff identify and collaborate with prospective patients to overcome barriers that may hinder a potential patient's ability to engage in treatment (including but not limited to transportation, childcare, financial, employment concerns). Our staff link patients to any necessary external agencies/services to assist with minimizing barriers to treatment.

Our staff, with the current/prospective patient's permission and as clinically appropriate, involve family/support systems with patient intake when this is helpful at increasing patient engagement.

Our staff provide care coordination on intake which link patients with requested and indicated external services. This includes, but is not limited to, linking patients to any needed mental health services and linkage to harm reduction services for patients who continue to use drugs. TTC maintains specific communication protocols and referral pathways with community partner agencies. Refer to TTC's Targeted Care Coordination policy for additional information.

TTC staff adjust our approach to patient engagement based upon the responsiveness of prospective patients to interactions with our staff. We document our interactions with current and prospective patients and review this documentation to identify opportunities to improve our engagement of patients.

TTC monitors the effectiveness of patient engagement strategies using quality improvement metrics which include:

- Assessment of staff competency in engagement activities
- Outcomes from engagement activities
- Measurement and review of referrals to admission ratios
- Feedback from community partners agencies
- Feedback from prospective and current patients

TTC also has a comprehensive Quality Improvement Plan that is reviewed by leadership annually.

Patient safety

TTC's Continuous Quality Improvement (CQI) Program is to provide quality care in alignment with TTC's mission statement. The CQI program is also designed to align with TTC's Performance Improvement Plan, tracking clinical, operational, and corporate measures to promote quality, ensuring patient safety, and improving patient care. TTC strives to integrate a culture of quality into all operations, promoting accountability throughout the organization.

It is the policy of TTC to have an embedded culture of quality through an on-going and active CQI Program across all TTC clinic sites, providing for systematic evaluation and improvement of the quality of programs, processes, and services of efficiency, effectiveness, and customer satisfaction. TTC's CQI Program will meet all program requirements of the Joint Commission, Health Resources and Services Administration (HRSA), and the health plans with which TTC is a contractor or subcontractor.

TTC utilizes CQI concepts, the Patient Centered Medical Home (PCMH) model, and TTC's Mission Statement, which mirror the Triple Aim objectives, to continuously monitor and improve the health care it delivers.

TTC is committed to providing a safe and satisfactory environment for our patients, staff, and providers of care. All TTC Primary Care Clinics staff and healthcare employees are required to report incidents, adverse events, near misses, sentinel events, patient complaints, safety events, hazards, and unsafe conditions. This policy pertains to all patient incidents, patient safety incidents, adverse events, near misses, sentinel events, and antibiotic stewardship program.

Event/incident reporting is an essential component of the risk management program and is considered part of the performance and quality improvement process. All patient event/incident reports are to be kept confidential.

Event reports may not be copied or otherwise disseminated. While the circumstances surrounding an event, all information contained in the event report, and any follow-up reports are confidential, TTC supports that patients and family members, or designated representatives be fully informed of errors that reach patients.

TTC is committed to effective risk management, loss prevention and reduction, and patient/staff safety.

TTC's Incident Reporting System is to identify a tracking mechanism for TTC to manage, evaluate, minimize and mitigate risk, and identify trends and opportunities for improvement.

Addressing patient social drivers of health

Upon intake at admission, TTC intake specialists complete the CalOMS admission questions which include the assessment of a patients social drivers of health. Furthermore, all TT staff are trained on how to assess social drives of health on a patient-level through questions and interactions.

All Tarzana Treatment Center patients must have a comprehensive health assessment done in the Electronic Health Record. This assessment must include the following:

Medical history of patient and family

Mental health/substance use history of patient and family

Family/social/cultural characteristics

Communication needs

Behaviors affecting health (Risky, unhealthy behaviors beyond physical activity, alcohol consumption, and smoking.)

Social functioning

Social determinants of health

Developmental screening using a standardized tool (Newborn to three years of age standardized tool for periodic development screening) - Screenings: PHQ2, PHQ9, GAD7, SBirT, Staying Healthy Assessment, TB Assessment

Goals/patient stated Goals, Provider Goals with short term and long-term plans.

Advance care planning (Advanced care planning Documents for patient/family preferences)

Assessment and Care Plan must be documented for every medical encounter with a provider.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

All TTC patients are required to have a treatment plan which specifies measurable objectives toward planned outcomes for the enhancement of the patient's functional abilities to which the staff and patient agree. Supervisory Clinical Staff are responsible for overseeing the development, implementation, supervision, and assessment of an individualized, interdisciplinary treatment plan for each patient. They may delegate development of the plan to various members of the treatment team. A preliminary treatment-planning note in TTC's EHR addresses immediate problems requiring staff intervention prior to the development of the Master Treatment Plan. The preliminary treatment plan is developed based on information collected during initial intake evaluation, including patient safety and risk-related issues. Also, the note shall identify additional assessments or consultations that may be necessary to develop a comprehensive Master Treatment Plan.

The treatment plan objectives reflect the specific program and individual expectations for patient discharge, including specific, individualized discharge criteria, and essential goals and treatment objectives to be met prior to termination of treatment. Treatment goals and clinical needs are discussed with the patient and when appropriate, with the parent, family, or legal guardian. The patient actively participates in the development of the treatment plan and signs the treatment plan after it has been reviewed. Treatment goals are revised and updated continually, based on input from staff and evaluation of and discussion with the patient during case conferences and individual sessions. Justification is documented when significant identified needs are not addressed. The treatment plan is regularly reviewed for effectiveness and revised when major changes occur in treatment. Objectives and strategies are modified to reflect the patient's response or lack of response to the individualized treatment program. The results are recorded in the clinical record.

The Master Treatment Plan is updated on a scheduled basis, the intervals of which are specifically designated by the program in which the patient is enrolled. On the inpatient unit, treatment will be updated on day three (3) of treatment, on day six (6), and every six (6) days thereafter.

Care coordination

(TTC) recognizes optimal care is more likely to occur if all providers involved in a patient's care communicate with one another. TTC is committed to coordinating the care of our patients with providers within TTC, health plans, including county behavioral health agencies, and community-based providers to help meet the needs of the patient. TTC treats many conditions, including substance use disorders, HIV, and mental illness, which some patients may not wish communicated to outside providers. Thus, it is the policy of TTC to inform patients of the benefits of coordinating their care with providers such as their primary care physician and specialists (e.g., psychiatrists and psychologists) during their enrollment in our treatment programs. TTC will only coordinate with outside providers, however, with a release of information signed by the patient authorizing TTC to communicate with them.

Upon admission, patients will be asked if they are under the care of any medical, mental health, and/or social service providers. This information shall be entered into the electronic medical record. The primary program staff member assigned to the patient shall review this information with the patient, inquire if there are additional medical, mental health, or social service providers, and complete a release of information (form #HIM-004) for each of these providers.

If the patient refuses to sign the release of information, the staff member shall document this in the medical record, with the reason for refusal. The staff member shall provide the patient with reasons why coordination of care is important and revisit the subject later to encourage cooperation. Once a signed release of information is obtained, the staff member shall contact the outside providers, by phone, FAX or secure email, to inform them the patient is in treatment at Tarzana Treatment Centers. They shall ask the outside provider if there is any information they would like to share that is pertinent to the patient's care at TTC. The contacting of outside providers shall be documented in the medical record.

TTC staff shall contact other TTC programs in which the patient is enrolled to coordinate care. These contacts shall be documented in the medical record.

Should there be a change in the patient's medical or psychological condition during treatment, the primary staff member for the patient shall contact the patient's outside providers, health plan, and county behavioral health agencies responsible for the patient's referral to TTC, about this change. These contacts shall be documented in the medical record. Staff shall contact outside providers and county behavioral health agencies responsible for the patient's referral to TTC to coordinate

discharge planning and continued care. These contacts shall be documented in the medical record. Information obtained from outside providers regarding the patient's status or condition shall be documented in the medical record and communicated to other staff members, as needed.

Access to care

It is the policy of Tarzana Treatment Centers, Inc. (TTC) that patients have easy access to TTC's complete set of services. Every attempt someone makes to seek services at TTC will be met with a professional, caring and competent prompt response. A caring response reflects TTC's C.A.R.E. practice (Connect, Assess, Resolve, Evaluate). A competent response will successfully connect the person seeking services to a trained patient navigator to match the patient with an appropriate level of care and services. A prompt response will meet timely access to care via TTC's Call Center with established and monitored response times and warm transfers to navigators who usher the patient to appropriate services and schedule an appointment same day, next day, or interim next best level of care.

TTC may receive referrals from but not limited to, The Department of Public Health, Substance Abuse Prevention and Control's (SAPC), Substance Abuse Service Helpline (SASH), Client Engagement and Navigation Services (CENS), and Connecting to Opportunities for Recovery and Engagement (CORE) Centers, as well as from other County Departments, hospitals, other community organizations and referral entities (including self-referrals and walk-ins). TTC will accept prospective patients who meet admission criteria who indicate a desire for treatment services, even if they do not state readiness for complete abstinence from alcohol, tobacco, cannabis, and illicit drugs. Abstinence is not a condition, nor a prerequisite to admission.

Individuals will not be turned away or denied services by TTC because of their need or preference to receive services in a language other than English, including those who are deaf or hard of hearing, or who are visually impaired. Appropriate interpreter services must be provided to support admission.

TTC's policy is to avoid waitlist. Every effort will be made to offer individuals same-day/ next-day intake and admission appointments (e.g., establishing flex in counselor and clinician schedules to accommodate same day appointments, utilizing empty slots and no-shows to schedule appointments, etc.) to better ensure that those who reach out for care ultimately receive services.

All clients seeking services are provided key materials upon arrival and at the beginning of the admission process to ensure clear understanding of their rights and opportunities,

Individuals are admitted and served without regard to or because of race, color, creed, religion, ancestry, national origin, sex, sexual orientation, age, physical or mental disability, marital status, HIV/AIDS status, Hepatitis A/B/C status, political affiliation, or ability to pay.

Services must be tailored to the cultural and linguistic needs, as well as gender identity considerations of individuals seeking care and within the target community.

Methodology Guidelines

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

Y