

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	RIVERSIDE UNIVERSITY HEALTH SYSTEM - MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106334487
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	09/30/2025
Last Updated:	02/17/2026
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	https://www.ruhealth.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

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:

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

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

N

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

Y

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

118231

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	87777	118231	74.2
Spanish Language	28753	118231	24.3
Asian Pacific Islander Languages	711	118231	0.6
Middle Eastern Languages	279	118231	0.2
American Sign Language	150	118231	0.1
Other Languages	249	118231	0.2

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 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

1653

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

11838

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

13.9

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	214	12.9	0	0
Housing Instability	218	13.1	0	0
Transportation Problems	96	5.8	0	0
Utility Difficulties	74	4.4	0	0
Interpersonal Safety	58	3.5	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?"

347

Total number of respondents to HCAHPS Question 19

385

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

90.1

Total number of people surveyed on HCAHPS Question 19

4278

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

9

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

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

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

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

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

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

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

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

Gender Identity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/trans 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?"

331
Total number of respondents to HCAHPS Question 17
385

Percentage of respondents who responded "yes" to HCAHPS Question 17
86

Total number of people surveyed on HCAHPS Question 17
4278

Response rate, or the percentage of people who responded to HCAHPS Question 17
9

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

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

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

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

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

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

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

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

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

Agency for Healthcare Research and Quality (AHRQ) Indicators

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

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

Pneumonia Mortality Rate

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

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

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

21

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

395

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

53.2

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	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	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	15	226	66.4

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	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
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	13	219	59.4
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	0	13	0
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
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			

Death Rate among Surgical Inpatients with Serious Treatable Complications

The Death Rate among Surgical Inpatients with Serious Treatable Complications is defined as the rate of in-hospital deaths per 1,000 surgical discharges among patients ages 18-89 years old or obstetric patients with serious treatable complications. General acute care hospitals report this measure by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Patient Safety Indicator is 04. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:
https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf

Number of in-hospital deaths among patients aged 18-89 years old or obstetric patients with serious treatable complications

34

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

152

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

223.7

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	17	77	220.8
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander			
White	11	44	250

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	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	19	61	311.5

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	11	65	169.2
Male	23	87	264.4
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	19	60	316.7
Medicaid	12	73	164.4
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
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 surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Does not have a disability			
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 surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
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 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

165

Total number of nulliparous NTSV patients

630

Rate of NTSV patients with Cesarean deliveries

0.262

Table 7. Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
American Indian or Alaska Native	0		
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	117	476	0.246
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	suppressed	suppressed	suppressed
Age 18 to 29	119	498	0.239
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older	suppressed	suppressed	suppressed

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

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	157	597	0.263
Private	suppressed	suppressed	suppressed
Self-Pay	0		
Other	suppressed	suppressed	suppressed

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
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

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

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

66

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

189.7

Table 8. Vaginal Birth After Cesarean (VBAC) Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native	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	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed
Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Age < 18	suppressed	suppressed	suppressed
Age 18 to 29	suppressed	suppressed	suppressed
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older	suppressed	suppressed	suppressed
Sex assigned at birth	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Male			
Unknown			
Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	0		
Other	suppressed	suppressed	suppressed

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0		
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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

1053

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

1630

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

64.6

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	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	821	1239	66.3
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

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	628	948	66.2
Age 30 to 39	376	594	63.3
Age 40 Years and Older	suppressed	suppressed	suppressed

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

Payer Type	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	1014	1554	65.3
Private	suppressed	suppressed	suppressed
Self-Pay	0		
Other	suppressed	suppressed	suppressed

Preferred Language	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
English Language	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

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

Gender Identity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Female			
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

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

1927

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

12101

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

15.9

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	62	353	17.6
Black or African American	371	1906	19.5
Hispanic or Latino	841	5979	14.1
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	21	104	20.2
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	581	3461	16.8

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	252	2567	9.8
Age 35 to 49	336	2250	14.9
Age 50 to 64	523	2921	17.9
Age 65 Years and Older	816	4363	18.7

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	995	5594	17.8
Unknown	suppressed	suppressed	suppressed

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	937	4795	19.5
Medicaid	899	6172	14.6
Private	50	747	6.7
Self-Pay	11	98	11.2
Other	30	289	10.4

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	1569	9787	16
Spanish Language	317	2082	15.2
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0	19	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			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

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

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

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

Number of inpatient 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

426

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

2298

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

18.5

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	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	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	277	1491	18.6
Male	149	807	18.5
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	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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

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

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

Number of inpatient 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

231

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

1357

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

17

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 admissions	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)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of inpatient admissions	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 admissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			

Payer Type	Number of inpatient admissions	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 admissions	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	suppressed	suppressed	suppressed

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

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

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

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

244

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

1131

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

21.6

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)	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed

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

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

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

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

Number of inpatient 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

1026

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

7315

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

14

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

Race and/or Ethnicity	Number of inpatient admissions	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)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of inpatient admissions	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 admissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	520	3161	16.5
Unknown	suppressed	suppressed	suppressed

Payer Type	Number of inpatient admissions	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 admissions	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	suppressed	suppressed	suppressed
American Sign Language	0	14	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			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

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

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

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	Expected Payor	Medicare	19.5	Private	6.7	2.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	14.6	Private	6.7	2.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Preferred Language	English Language	16	Spanish Language	15.2	2.1
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Expected Payor	Medicare	316.7	Medicaid	164.4	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	18.7	18 to 34	9.8	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	17.9	18 to 34	9.8	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Self-Pay	11.2	Private	6.7	1.7
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Sex Assigned at Birth	Male	264.4	Female	169.2	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Self-Pay	11.2	Private	6.7	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	14.9	18 to 34	9.8	1.5

Plan to address disparities identified in the data

Review of Top Disparities and Targeted Interventions at Riverside University Health System-Medical Center

Following a comprehensive review of our top 10 disparities, it was identified that eight are related to 30-day readmissions. Riverside University Health System-Medical Center (RUHS-MC) has maintained a dedicated Readmission Reduction Task Force that has met monthly over the past two years to systematically analyze and address 30-day readmissions.

While our efforts have traditionally been disease-specific rather than broadly targeting the identified disparities, our primary focus has been on heart failure, the leading diagnosis contributing to readmissions and significantly impacting our overall rates. Our objective is to improve the heart failure readmission rate from 10% to 30% by the end of 2025.

Key initiatives include:

- Daily EPIC-generated reports monitoring heart failure readmissions.
- Implementation of an EPIC alert banner to notify providers of patients with a recent 30-day readmission, enhancing provider awareness.
- An upcoming Rapid Improvement Event (RIE) aimed at establishing best practices to provide patients with resources potentially preventing readmissions, such as medication adherence, addressing social determinants of health (including homelessness, transportation barriers, home health needs, and substance use disorders).
- The heart failure care team actively engages admitted patients to identify and mitigate barriers to successful discharge and recovery.

At RUHS, a significant challenge is that many index admissions originate from patients unaffiliated

with our RUHS Community Clinics, complicating efforts for post-discharge follow-up care. To address this, RUHS has partnered with Inland Empire Health Plan—our largest network provider—to enhance collaboration and optimize care delivery for our shared patient population. This partnership aims to ensure equitable access to community resources regardless of age, race, language preference, gender assigned at birth, or payer source.

Rapid Improvement Event for Readmission Reduction

Through collaboration with the RUHS-MC Value Stream team, we have identified the need for a Rapid Improvement Event focused on standardizing the process for identifying and reducing 30-day readmissions. The multidisciplinary team includes Emergency Department physicians and nursing leadership, case management/social workers, hospitalists, community health workers, substance use navigators, representatives from community health clinics, and RivCO One partners.

Currently, the absence of a standardized readmission identification process contributes to elevated readmission rates, which adversely affect patient experience, Leapfrog scores, reimbursement, and CMS Star ratings. Our goal is to implement a uniform process to accurately track and reduce 30-day readmissions, thereby enhancing patient outcomes and institutional performance metrics.

Addressing PSI-04: Death Rate Among Surgical Inpatients with Serious Treatable Complications
Regarding the two remaining disparities, specifically PSI-04 related to mortality among surgical inpatients with serious treatable complications, our analysis of 34 AHRQ PSI-04 cases identified sepsis as the predominant indicator (15 cases), often present on admission.

RUHS-MC is committed to delivering exceptional care to all patients with sepsis, irrespective of demographic or socioeconomic factors. As a testament to our quality, RUHS-MC has maintained Joint Commission certification in Disease-Specific Sepsis Care since 2017.

Our CMS SEP-1 Core Measure Bundle compliance consistently surpasses internal benchmarks and approaches CMS targets. Notably, our performance improved to 86% in Q1 2025, compared to an average of 73% in 2024. We remain dedicated to sustaining these improvements to meet and exceed CMS benchmarks.

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 Riverside University Health System (RUHS), we are deeply committed to person-centered care, placing patients and their values at the heart of every clinical decision. Our approach emphasizes respect for patient preferences, clear communication, and compassionate, high-quality care for every individual we serve. To support this commitment, RUHS has implemented a variety of initiatives, including Patient feedback programs to understand satisfaction and areas for improvement, Staff training on cultural competence and effective communication, Patient and family advisory councils to ensure that diverse voices are included in healthcare planning and improvement. These efforts are reinforced by ongoing performance tracking. RUHS consistently monitors key metrics such as patient satisfaction, wait times, and engagement in care decisions. While we are proud of our progress, we recognize that continuous improvement is necessary. Our future efforts will focus on: Enhancing transparency, reducing healthcare disparities, and delivering personalized, equitable care for all patients. This commitment is reflected in the rights and responsibilities outlined below, which are shared with every patient receiving care at RUHS. Patient

Rights: Respectful and Considerate Care; Notification of Admission; Know Your Care Team; Information and Communication; You also have the right to: Access your medical records, receive a Notice of Privacy Practices, participate in decisions about your care, Be involved in ethical discussions, including end-of-life choices. Informed Consent and Refusal of Treatment: You may refuse treatment, to the extent permitted by law. Participation in Research; Pain Management; Advance Directives: You may create an advance directive that: Outlines your healthcare preferences; Designates someone to make decisions if you're unable to do so, Healthcare providers must follow your directive, within legal limits. Privacy and Confidentiality: You have the right to personal privacy and confidentiality. This includes Private discussions, examinations, and treatments; Being informed of and consenting to the presence of observers; Asking visitors to leave during your care discussions; Secure storage of all medical records and communications. Safe Environment: You have the right to receive care in a safe, secure, and respectful environment free from: Physical, emotional, or sexual abuse; Harassment or exploitation; Neglect or unsafe practices. You may contact protective or advocacy services if you feel unsafe. Freedom from Restraint; Continuity and Coordination of Care: You are entitled to: Be informed in advance about your care providers; Know the time and location of appointments; Participate in developing and implementing your discharge plan; Be informed about post-hospital care needs; You may request that a friend or family member also be given this information. Hospital Rules: You have the right to understand the hospital policies regarding your behavior and conduct during your stay. Visitation Rights: You may designate visitors of your choosing, regardless of relationship status. Your visitation rights include: Receiving visitors unless restricted due to safety or operational reasons; Denying visitation to individuals you do not wish to see; Having your wishes honored even if you cannot speak for yourself, as allowed by law; Hospitals may apply reasonable restrictions, such as: Limiting visiting hours or the number of visitors; restricting visits for health or safety reasons; Visitation cannot be denied based on race, color, religion, sex, gender identity, sexual orientation, disability, or national origin. Billing Information: You have the right to: A detailed and understandable explanation of your hospital bill; Receive this information regardless of your payment method or insurance. Freedom from Discrimination: You will receive care without discrimination, regardless of: Race, color, religion, sex, gender identity, Sexual orientation, disability, age, or national origin, Marital or economic status, education, or source of payment Filing Complaints: You have the right to file complaints without fear of retaliation.

Conclusion

At Riverside University Health System, we view healthcare as a collaborative relationship built on trust, mutual respect, and shared decision-making. By clearly outlining your rights and responsibilities, we aim to: Support a safe, healing environment, promote transparent, inclusive, and equitable care, empower patients to take part in shaping their healthcare journey.

RUHS remains steadfast in its mission to uphold person-centered care principles through every step of your experience with us.

If you have questions, need additional information, or require assistance exercising your rights, please reach out to a staff member or the Patient Advocate Office.

Your voice matters. Your care matters. And we are here to ensure both are heard and honored.

Patient safety

Riverside University Health System-Medical Center proactively monitors and implements risk-reduction strategies that utilize best practice guidelines from published literature and systematic performance improvement methodologies to support continuous quality improvement efforts while emphasizing continuous learning and refinement of systems processes. RUHS Patient Safety top ten (10) priority areas include:

Patient Safety Structural measures

1. Promoting Accountability and Transparency by refining current processes by upgrading to a new

error reporting system and processes that promotes psychological safety and learning opportunities through the application of a) Human Factors Classification System (HFACS); b) Systematic process for responding to, analysis and reporting of events that includes patient demographic profile; c) use of standard definitions for classifying harm, and d) a framework for identifying both root causes and common causes to systems improvement plans.

2. Implemented hospital wide culture of safety survey with results shared throughout leadership ladder and debriefing of outcome shared with frontline staff.

181 Departments participated in the survey and frontline staff debriefing sessions to discuss survey results and identify opportunities for improvement.

Increased staff participation rates from the previous 60% in the previous year to 71%.

3. We voluntarily work with Patient Safety Organization to support our patient safety work through data sharing, collaborative learning, and dissemination of best practices.

4. Implemented evidence-based communication and resolution program as part of early resolution strategies using elements from the CANDOR tool kit through HQI Cares: Beta HEART Program and achieving validation on the following domains: a) Culture of Safety; and b) Caregiver peer support program with the goal of achieving validation on a) Rapid Event Response Analysis and b) Communication and transparency domains.

5. Implemented TeamSTEPPS training as part of our onboarding to improve team dynamics, communication and promote mutual respect.

6. Implemented a patient safety advisory council to ensure patients, their family and or caregiver have a mechanism for sharing their insights and experience to improve patient safety.

Patient Safety Indicator and Hospital Acquired Infection

7. Infection Prevention through hand hygiene compliance. Leveraging use of software applications for monitoring and outcome reporting of hand hygiene compliance. Implemented strategies using the acronym HOWDY (Hand sanitize Or Wash Hands Decision is Yours) a methodology for a non-punitive way of bringing awareness and education to promote hand hygiene compliance.

8. Infection prevention strategies MRSA reduction plans in place with sub committees' oversight on continuous improvement processes targeting gaps from best practices in the following a) Hand hygiene compliance; b) Management of Vascular Access; c) Diagnostic Stewardship; d) Environmental cleanliness and decontamination process.

9. Fall with injury (PSI 08) reduction plan added measures to leveraging the use of the new iCARE event reporting system to identify, track and better understand major contributing factors to process failures using standardized language to enhance data integrity analytics.

10. Preventable Adverse Event composite measure focusing on PS1 12: Perioperative Pulmonary Embolism or proximal Deep Vein Thrombosis. RUHS is part of the Leapfrog Learning Collaboration focusing on reducing the incidence in hospitalized patients and addressing disparities in care.

Addressing patient social drivers of health

Riverside University Health System Medical Center (RUHS-MC) is deeply committed to addressing Social Determinants of Health (SDOH) as a critical component of promoting health equity and

improving clinical outcomes. We recognize that non-clinical factors such as housing instability, food insecurity, transportation challenges, and financial hardship have a profound impact on patient health, access to care, and long-term well-being.

To identify and address these needs systematically, RUHS-MC has integrated standardized SDOH screening tools into our Initial Assessment process for all patients. Licensed clinical social workers (LCSWs) utilize validated screening instruments early in the discharge planning process to identify social risks and barriers to care. Once identified, patients are connected to individualized, community-based resources and support services, including but not limited to:

Housing assistance and shelter placement

Food and nutrition programs

Transportation support

Financial counseling and benefits navigation

Behavioral health and substance use disorder services

These efforts are further supported through close collaboration with county agencies, community-based organizations, and regional health partners to ensure continuity of care beyond the hospital setting.

Whole Person Health Score: A Comprehensive Approach to Patient Well-being

In addition to standardized SDOH screenings, RUHS-MC has implemented an innovative, evidence-based tool called the Whole Person Health Score to assess admitted patients more holistically.

Developed by a multidisciplinary team of RUHS physicians and scholars, the Whole Person Health Score provides a structured framework to evaluate multiple dimensions of a patient's well-being.

This model was recently recognized in a national medical journal for its innovative and impactful approach to improving population health.

Community Health Workers (CHWs) administer the Whole Person Health Score at the bedside, using a patient-centered approach that encourages dialogue and engagement. This assessment captures key domains influencing health outcomes:

Physical Health: Includes clinical indicators such as blood pressure, BMI, and chronic conditions.

Emotional Health: Considers mental health status, stress levels, and availability of social support.

Resource Utilization: Evaluates healthcare usage patterns such as medication adherence and frequency of medical visits.

Socioeconomics: Assesses financial security, housing stability, food access, and employment.

Ownership/Activation: Gauges the patients' capacity for self-management and engagement in their own care.

Nutrition & Lifestyle: Reviews dietary habits, physical activity, and substance use.

Each domain is scored based on patient responses, with results converted into a composite score that can be monitored over time. This longitudinal tracking enables care teams to measure patient progress and identify emerging needs, enhancing both individual care planning and population health management.

Impact and Outcomes

Preliminary data shows that patients who complete the Whole Person Health Score demonstrate higher levels of engagement, improved satisfaction, and greater adherence to care plans compared to those who are not assessed. The tool has also proven effective in flagging patients who may benefit from expanded services such as nutritional counseling, behavioral health support, or case management interventions.

By integrating SDOH screenings and comprehensive health assessments into the standard of care, RUHS-MC fosters a more equitable and person-centered healthcare environment. These efforts are aligned with our mission to serve the community holistically and ensure that all patients' regardless of socioeconomic status, language, race, or payer source receive the resources and support they need to achieve optimal health.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Riverside University Health System Medical Center: A Legacy of Excellence in Health Care and Medical Education

Since its founding in 1893 as Riverside County's first general hospital, Riverside University Health System Medical Center (RUHS-MC) has grown to become a cornerstone of health care delivery, education, and innovation in the region. With more than a century of service, RUHS-MC continues to uphold a strong tradition of providing compassionate, evidence-based care to the county's diverse and growing population.

Today, RUHS-MC stands as a 439-bed academic medical center located in Moreno Valley, supported by more than 60 hospital-based primary and specialty care clinics. Our highly skilled physicians, nurses, allied health professionals, and support staff are committed to delivering high-quality, patient-centered care across the continuum from acute inpatient services to behavioral health and population health management. Our integrated electronic health record system ensures seamless coordination of care across all service lines.

Recognized Excellence in Clinical Care

RUHS-MC has earned numerous distinctions for quality and excellence in patient care, including: Top Performer on Key Quality Measures by The Joint Commission, the national leading independent accreditor of health care organizations.

Level I Trauma Center accreditation by the American College of Surgeons, the highest designation for trauma care.

Primary Stroke Center certification by The Joint Commission and recipient of the Get With The Guidelines: Â Stroke Gold Plus Quality Achievement Award from the American Heart Association/ American Stroke Association for three consecutive years.

Home to the only Pediatric Intensive Care Unit (PICU) in the region, ensuring critical care access for children and families.

Designated Baby-Friendly® Hospital by the World Health Organization and UNICEF, a distinction held by fewer than 300 hospitals nationwide.

Commitment to Diversity, Equity, and Inclusion

RUHS-MC is deeply committed to advancing health equity, reducing disparities, and fostering a safe, inclusive, and welcoming environment for all patients and families. Our care model respects and honors the cultural, spiritual, and personal values of every individual, with particular focus on eliminating inequities associated with race, ethnicity, language, sexual orientation, gender identity, and socioeconomic status.

To ensure equitable access to care, we offer complimentary interpreter and translation services for individuals with limited English proficiency or hearing impairments. Our staff receives specialized training to provide culturally competent care and to create safe, affirming spaces for all patients reflecting our core values of dignity, inclusivity, and respect.

Medical Education and Workforce Development

RUHS-MC has served as a public teaching hospital for over a century and remains a leader in medical education and training. We are committed to preparing the next generation of physicians, nurses, and allied health professionals through rigorous academic programs, clinical training, and community-based experiences. Our graduate medical education programs continue to attract talented residents and fellows dedicated to serving the Inland Empire and beyond.

Economic Impact

As one of Riverside County's largest employers, RUHS is a vital economic engine for the region. We

employ thousands of healthcare professionals, educators, and support personnel, contributing significantly to the local economy. Each year, RUHS injects billions of dollars into the region through employment, capital investments, and healthcare service delivery.

Care coordination

At Riverside University Health System Medical Center (RUHS-MC), care coordination is a cornerstone of our approach to delivering high-quality, patient-centered care. Our Case Management team leads these efforts by facilitating seamless care transitions that are responsive to the medical, psychosocial, and socioeconomic needs of our diverse and often vulnerable patient population.

Comprehensive Assessment and Individualized Care Planning

Case Managers conduct holistic assessments within 48 hours of patient admission, identifying both clinical and non-clinical needs that could impact care outcomes and discharge readiness. Utilizing validated risk stratification tools, such as the LACE score, we are able to identify high-risk patients early in the hospitalization process and prioritize intervention accordingly.

Individualized care plans are developed in close collaboration with patients, families, and interdisciplinary care teams. These plans aim to integrate acute care with outpatient services, behavioral health support, and community-based resources to ensure continuity and coordination beyond the hospital stay.

Interdisciplinary Collaboration and Communication

Daily multidisciplinary rounds and tri-weekly Integrated Care meetings, bringing together Case Managers, Social Workers, and other key stakeholders enable real-time review of patient progress, discharge planning, and resolution of complex social or medical barriers. These meetings foster collaboration, enhance communication, and ensure alignment of care goals across disciplines.

Coordination with External Providers

RUHS-MC maintains proactive partnerships with a broad network of post-acute care providers, including Skilled Nursing Facilities, Home Health agencies, Hospice providers, and outpatient rehabilitation centers. Our Case Managers engage with these partners early in the discharge planning process to ensure timely placement and service availability. We also coordinate directly with insurance payers to verify coverage of necessary post-discharge services.

Patients are referred, when appropriate, to payer-sponsored programs such as Enhanced Care Management (ECM) or Complex Case Management (CCM) to provide structured support following discharge. These programs offer critical services such as care navigation, behavioral health integration, and housing or social services support further strengthening our care continuum.

Technology-Enabled Coordination

To facilitate patient choice and streamline transitions, RUHS-MC utilizes CarePort, a real-time care coordination platform that connects hospital staff, post-acute care providers, and payers. This technology enhances transparency, accelerates referral processes, and allows for informed decision-making by patients and families regarding post-acute care options.

Additionally, Social Workers play a pivotal role in supporting patients with health insurance navigation, including enrollment in managed care plans. These efforts expand access to services and ensure patients are connected to community-based programs aligned with their individual needs.

Improvement Initiatives and Measurable Outcomes

RUHS-MC continuously seeks opportunities to improve care coordination through structured quality improvement initiatives. A recent Rapid Improvement Event (RIE) identified an opportunity to enhance post-discharge follow-up appointment scheduling. The RIE revealed workflow gaps and communication barriers that hindered timely access to outpatient care.

As a result, standardized work processes were developed to ensure follow-up appointments are scheduled prior to discharge, with clear accountability assigned across roles. This intervention supports timely continuity of care and has contributed to a reduction in avoidable readmissions and

improvements in patient satisfaction.

Impact

The combined efforts of our Case Management and Social Work teams, grounded in proactive planning, strong interdisciplinary collaboration, and technology-enabled processes have resulted in:

Reduced average length of stay

Increased rates of successful post-discharge transitions

Improved patient engagement in post-acute care

Decreased 30-day readmission rates for targeted populations

RUHS-MC remains committed to optimizing care coordination as a fundamental strategy to improve outcomes, reduce disparities, and ensure that every patient receives high-quality, connected care both during and after hospitalization.

Access to care

Riverside University Health System (RUHS) is an integrated healthcare system serving as the designated safety-net provider for Riverside County, consisting of the RUHS Medical Center, 14 Community Health Centers, and the Departments of Behavioral Health and Public Health. RUHS is committed to delivering high-quality, timely, and compassionate care that emphasizes access, equity, and whole-person wellness for all individuals regardless of background or circumstance. Our mission is to improve health and well-being through exceptional care, education, and research, while our vision is to transform healthcare and inspire wellness through collaboration. Guided by our TRIED values: Teamwork, Respect, Integrity, Excellence, and Discovery; we focus on patient-centered strategies that shift from episodic care to prevention, continuity, and holistic health. Under the leadership of CEO Jennifer Cruikshank, RUHS continues to expand and innovate, including the opening of the RUHS Outpatient Medical and Surgical Center, expanding Community Health Centers, launching six Express Care sites, and partnering with the RUHS Foundation to enhance facilities and patient comfort. Lean-based innovations, including Rapid Improvement Events and A3 thinking, have improved discharge planning and clinic scheduling, enabling better transitions of care, greater coordination, and reduced readmissions. A Value Stream Steering Team supports efforts to improve inpatient flow, shorten hospital stays, and enhance satisfaction for patients and staff. RUHS actively promotes health equity by expanding services in underserved communities, providing culturally appropriate care, training staff on bias and equity, and engaging community leaders to reduce disparities in access and outcomes. As a university-affiliated medical center, RUHS also supports graduate medical education, nursing and allied health training, public health research, and interdisciplinary team-based care, preparing the next generation of healthcare professionals. Our forward-looking strategy focuses on facility modernization, telehealth expansion, behavioral health integration, EHR streamlining, and population health initiatives targeting chronic disease, homelessness, and maternal health. Through these efforts, RUHS continues to transform care delivery, ensuring better health for vulnerable populations and supporting long-term community wellness. Real stories highlight this impact: a mother treated for postpartum depression through integrated behavioral care, a diabetic patient who avoided amputation, and a formerly unhoused veteran who now thrives through comprehensive support. These examples illustrate the importance of access, compassion, coordination, and equity, cornerstones of RUHS' mission. As a system grounded in public service and driven by innovation, RUHS is creating a future where every patient receives the right care, in the right place, at the right time. We remain dedicated to serving the whole person, the whole family, and the whole community through collaboration, continuous improvement, and an unwavering commitment to our values.

Methodology Guidelines

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

Y