

# Hospital Equity Measures Report

## General Information

| Report Type:                            | Hospital Equity Measures Report  |           |  |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |
|---|--|-----------|--|---------------|---------------|---------|---------|--------------------------------|-----------------------------|-----------|--|--------------------------|-----------------------------|-----------|--|-----------------------------------|-----------------------------|-----------|--------------------------------------|
| Year:                                   | 2024   |           |  |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |
| System Name:                            | Desert Care Network (Part of Tenet Healthcare)   |           |  |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |
| Principal Hospital Type:                | General Acute Care Hospital  |           |  |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |
| Associated Hospitals:                   | <table><tr><th>Facility Name</th><th>Facility Type</th><th>HCAI ID</th><th>Address</th></tr><tr><td>DESERT REGIONAL MEDICAL CENTER</td><td>General Acute Care Hospital</td><td>106331164</td><td>1150 NORTH INDIAN CANYON DRIVE, PALM SPRINGS, CA</td></tr><tr><td>HI-DESERT MEDICAL CENTER</td><td>General Acute Care Hospital</td><td>106362041</td><td>6601 WHITE FEATHER ROAD, JOSHUA TREE, CA 92252</td></tr><tr><td>JOHN F. KENNEDY MEMORIAL HOSPITAL</td><td>General Acute Care Hospital</td><td>106331216</td><td>47111 MONROE STREET, INDIO, CA 92201</td></tr></table> |           |  | Facility Name | Facility Type | HCAI ID | Address | DESERT REGIONAL MEDICAL CENTER | General Acute Care Hospital | 106331164 | 1150 NORTH INDIAN CANYON DRIVE, PALM SPRINGS, CA | HI-DESERT MEDICAL CENTER | General Acute Care Hospital | 106362041 | 6601 WHITE FEATHER ROAD, JOSHUA TREE, CA 92252 | JOHN F. KENNEDY MEMORIAL HOSPITAL | General Acute Care Hospital | 106331216 | 47111 MONROE STREET, INDIO, CA 92201 |
| Facility Name                           | Facility Type  | HCAI ID   | Address  |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |
| DESERT REGIONAL MEDICAL CENTER          | General Acute Care Hospital  | 106331164 | 1150 NORTH INDIAN CANYON DRIVE, PALM SPRINGS, CA |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |
| HI-DESERT MEDICAL CENTER                | General Acute Care Hospital  | 106362041 | 6601 WHITE FEATHER ROAD, JOSHUA TREE, CA 92252   |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |
| JOHN F. KENNEDY MEMORIAL HOSPITAL       | General Acute Care Hospital  | 106331216 | 47111 MONROE STREET, INDIO, CA 92201             |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |
| Status:                                 | Complete   |           |  |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |
| Due Date:                               | 11/29/2025   |           |  |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |
| Last Updated:                           | 03/02/2026   |           |  |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |
| Hospital Web Address for Equity Report: | <a href="http://www.DesertCareNetwork.com/equity-report">www.DesertCareNetwork.com/equity-report</a>   |           |  |               |               |         |         |                                |                             |           |  |                          |                             |           |  |                                   |                             |           |                                      |

## Overview

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

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

## Laws and Regulations

For more information on Assembly Bill No. 1204, please visit the following link by copying and pasting the URL into your web browser:  
[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=202120220AB1204](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204)

## Hospital Equity Measures

## Joint Commission Accreditation

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

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

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

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

Y

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

Y

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

167570

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                 | 141840  | 167570                   | 84.6  |
| Spanish Language                 | 24826   | 167570                   | 14.8  |
| Asian Pacific Islander Languages | 339   | 167570                   | 0.2   |
| Middle Eastern Languages         | 71  | 167570                   | 0.0   |
| American Sign Language           |   | 167570                   | 0   |
| Other Languages                  | 87  | 167570                   | 0.1   |

## 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

12814

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

the date of admission

21302

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

60.1

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

| <b>Social Driver of Health</b> | <b>Number of positive screenings</b> | <b>Rate of positive screenings (%)</b> | <b>Number of positive screenings who received intervention</b> | <b>Rate of positive screenings who received intervention (%)</b> |
|--------------------------------|--------------------------------------|--|--|--|
| <b>Food Insecurity</b>         | 57                                   | 0                                      | 0  |  |
| <b>Housing Instability</b>     | 449                                  | 4                                      | 0  |  |
| <b>Transportation Problems</b> | 85                                   | 1                                      | 0  |  |
| <b>Utility Difficulties</b>    | 39                                   | 0                                      | 0  |  |
| <b>Interpersonal Safety</b>    | 21                                   | 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?"

1336

Total number of respondents to HCAHPS Question 19

1526

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

87.5

Total number of people surveyed on HCAHPS Question 19

13307

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

11.5

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

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

  

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

  

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

  

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

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

  

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

  

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

  

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

## Patient Received Information in Writing

The second HCAHPS quality measure is the percentage of patients who reported receiving information in writing on symptoms and health problems to look out for after leaving the hospital. 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?"

1070

Total number of respondents to HCAHPS Question 17

1526

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

70.1

Total number of people surveyed on HCAHPS Question 17

13307

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

11.5

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

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

  

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

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

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

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

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

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

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

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

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

### Pneumonia Mortality Rate

The Pneumonia Mortality Rate is defined as the rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission for patients ages 18 years and older. General acute care hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:  
[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI\\_20\\_Pneumonia\\_Mortality\\_Rate.pdf](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

74

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

920

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

80.4

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



| <b>Race and/or Ethnicity</b>                 | <b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b> | <b>Number of hospital discharges that meet the inclusion/exclusion criteria</b> | <b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b> |
|--|--|---|--|
| 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  |  |   |  |

  

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

  

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

  

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

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

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

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

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

# Death Rate among Surgical Inpatients with Serious Treatable Complications

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

[https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI\\_04\\_Death\\_Rate\\_among\\_Surgical\\_Inpatients\\_with\\_Serious\\_Treatable\\_Complications.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf)

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

36

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

169

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

213

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  |   |  |   |
| Black or African American                    |   |  |   |
| Hispanic or Latino                           | 12  | 60   | 200   |
| Middle Eastern or North African              |   |  |   |
| Multiracial and/or Multiethnic (two or more) |   |  |   |
| Native Hawaiian or Pacific Islander          |   |  |   |
| White  | 19  | 90   | 211.1   |

| Age                    | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|------------------------|---|--|---|
| Age < 18               |   |  |   |
| Age 18 to 34           | 0   | 17   | 0   |
| Age 35 to 49           |   |  |   |
| Age 50 to 64           |   |  |   |
| Age 65 Years and Older | 25  | 94   | 266   |

| <b>Sex assigned at birth</b>                | <b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b> | <b>Number of surgical discharges that meet the inclusion/exclusion criteria</b> | <b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b> |
|---|--|---|--|
| <b>Female</b>                               |  |   |  |
| <b>Male</b>                                 |  |   |  |
| <b>Unknown</b>                              |  |   |  |
| <b>Payer Type</b>                           | <b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b> | <b>Number of surgical discharges that meet the inclusion/exclusion criteria</b> | <b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b> |
| <b>Medicare</b>                             | 21   | 78  | 269.2  |
| <b>Medicaid</b>                             |  |   |  |
| <b>Private</b>                              |  |   |  |
| <b>Self-Pay</b>                             |  |   |  |
| <b>Other</b>                                |  |   |  |
| <b>Preferred Language</b>                   | <b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b> | <b>Number of surgical discharges that meet the inclusion/exclusion criteria</b> | <b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b> |
| <b>English Language</b>                     |  |   |  |
| <b>Spanish Language</b>                     |  |   |  |
| <b>Asian Pacific Islander Languages</b>     |  |   |  |
| <b>Middle Eastern Languages</b>             |  |   |  |
| <b>American Sign Language</b>               |  |   |  |
| <b>Other/Unknown Languages</b>              |  |   |  |
| <b>Disability Status</b>                    | <b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b> | <b>Number of surgical discharges that meet the inclusion/exclusion criteria</b> | <b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b> |
| <b>Does not have a disability</b>           |  |   |  |
| <b>Has a mobility disability</b>            |  |   |  |
| <b>Has a cognition disability</b>           |  |   |  |
| <b>Has a hearing disability</b>             |  |   |  |
| <b>Has a vision disability</b>              |  |   |  |
| <b>Has a self-care disability</b>           |  |   |  |
| <b>Has an independent living disability</b> |  |   |  |
| <b>Sexual Orientation</b>                   | <b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b> | <b>Number of surgical discharges that meet the inclusion/exclusion criteria</b> | <b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b> |
| <b>Lesbian, gay or homosexual</b>           |  |   |  |
| <b>Straight or heterosexual</b>             |  |   |  |
| <b>Bisexual</b>                             |  |   |  |
| <b>Something else</b>                       |  |   |  |
| <b>Don't know</b>                           |  |   |  |
| <b>Not disclosed</b>                        |  |   |  |

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

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

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

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

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

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

Number of NTSV patients with Cesarean deliveries

290

Total number of nulliparous NTSV patients

1077

Rate of NTSV patients with Cesarean deliveries

0.269

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

| <b>Race and/or Ethnicity</b>                       | <b>Number of NTSV patients with cesarean deliveries</b> | <b>Total number of NTSV patients</b> | <b>Rate of NTSV patients with Cesarean deliveries (%)</b> |
|--|---|--------------------------------------|---|
| American Indian or Alaska Native                   |   |                                      |   |
| Asian  |   |                                      |   |
| Black or African American                          |   |                                      |   |
| Hispanic or Latino                                 |   |                                      |   |
| Middle Eastern or North African                    |   |                                      |   |
| Multiracial and/or Multiethnic (two or more races) |   |                                      |   |
| Native Hawaiian or Pacific Islander                |   |                                      |   |
| White  |   |                                      |   |
| <b>Age</b>   | <b>Number of NTSV patients with cesarean deliveries</b> | <b>Total number of NTSV patients</b> | <b>Rate of NTSV patients with Cesarean deliveries (%)</b> |
| Age < 18   |   |                                      |   |
| Age 18 to 29                                       |   |                                      |   |
| Age 30 to 39                                       |   |                                      |   |
| Age 40 Years and Older                             |   |                                      |   |
| <b>Sex assigned at birth</b>                       | <b>Number of NTSV patients with cesarean deliveries</b> | <b>Total number of NTSV patients</b> | <b>Rate of NTSV patients with Cesarean deliveries (%)</b> |
| Female   |   |                                      |   |
| Male   |   |                                      |   |
| Unknown  |   |                                      |   |
| <b>Payer Type</b>                                  | <b>Number of NTSV patients with cesarean deliveries</b> | <b>Total number of NTSV patients</b> | <b>Rate of NTSV patients with Cesarean deliveries (%)</b> |
| Medicare   |   |                                      |   |
| Medicaid   |   |                                      |   |
| Private  |   |                                      |   |
| Self-Pay   |   |                                      |   |
| Other  |   |                                      |   |
| <b>Preferred Language</b>                          | <b>Number of NTSV patients with cesarean deliveries</b> | <b>Total number of NTSV patients</b> | <b>Rate of NTSV patients with Cesarean deliveries (%)</b> |
| English Language                                   |   |                                      |   |
| Spanish Language                                   |   |                                      |   |
| Asian Pacific Islander Languages                   |   |                                      |   |
| Middle Eastern Languages                           |   |                                      |   |
| American Sign Language                             |   |                                      |   |
| Other/Unknown Languages                            |   |                                      |   |

| <b>Disability Status</b>             | <b>Number of NTSV patients with cesarean deliveries</b> | <b>Total number of NTSV patients</b> | <b>Rate of NTSV patients with Cesarean deliveries (%)</b> |
|--------------------------------------|---|--------------------------------------|---|
| Does not have a disability           |   |                                      |   |
| Has a mobility disability            |   |                                      |   |
| Has a cognition disability           |   |                                      |   |
| Has a hearing disability             |   |                                      |   |
| Has a vision disability              |   |                                      |   |
| Has a self-care disability           |   |                                      |   |
| Has an independent living disability |   |                                      |   |

  

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

  

| <b>Gender Identity</b>                              | <b>Number of NTSV patients with cesarean deliveries</b> | <b>Total number of NTSV patients</b> | <b>Rate of NTSV patients with Cesarean deliveries (%)</b> |
|---|---|--------------------------------------|---|
| Female  |   |                                      |   |
| Female-to-male (FTM)/transgender male/trans man     |   |                                      |   |
| Male  |   |                                      |   |
| Male-to-female (MTF)/transgender female/trans woman |   |                                      |   |
| Non-conforming gender                               |   |                                      |   |
| Additional gender category or other                 |   |                                      |   |
| Not disclosed                                       |   |                                      |   |

## CMQCC Vaginal Birth After Cesarean (VBAC) Rate

The CMQCC Vaginal Birth After Cesarean (VBAC) Rate is defined as vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries. General acute care hospitals report the VBAC Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The VBAC Rate uses the specifications of AHRQ Inpatient Quality Indicator 22. For more information, please visit the following link by copying and pasting the URL into your web browser:

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI\\_22\\_Vaginal\\_Birth\\_After\\_Cesarean\\_\(VBAC\)\\_Delivery\\_Rate\\_Uncomplicated.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

Number of vaginal delivery among cases with previous Cesarean delivery that meet the inclusion and exclusion criteria

39

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  
129.1

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

| <b>Race and/or Ethnicity</b>                       | <b>Number of vaginal deliveries with previous Cesarean delivery</b> | <b>Total number of birth discharges with previous Cesarean delivery</b> | <b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b> |
|--|---|---|--|
| 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                         |   |   |  |
| White  |   |   |  |

  

| <b>Age</b>             | <b>Number of vaginal deliveries with previous Cesarean delivery</b> | <b>Total number of birth discharges with previous Cesarean delivery</b> | <b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b> |
|------------------------|---|---|--|
| Age < 18               |   |   |  |
| Age 18 to 29           |   |   |  |
| Age 30 to 39           |   |   |  |
| Age 40 Years and Older |   |   |  |

  

| <b>Sex assigned at birth</b> | <b>Number of vaginal deliveries with previous Cesarean delivery</b> | <b>Total number of birth discharges with previous Cesarean delivery</b> | <b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b> |
|------------------------------|---|---|--|
| Female                       |   |   |  |
| Male                         |   |   |  |
| Unknown                      |   |   |  |

  

| <b>Payer Type</b> | <b>Number of vaginal deliveries with previous Cesarean delivery</b> | <b>Total number of birth discharges with previous Cesarean delivery</b> | <b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b> |
|-------------------|---|---|--|
| Medicare          |   |   |  |
| Medicaid          |   |   |  |
| Private           |   |   |  |
| Self-Pay          |   |   |  |
| Other             |   |   |  |



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

  

| <b>Disability Status</b>   | <b>Number of vaginal deliveries with previous Cesarean delivery</b> | <b>Total number of birth discharges with previous Cesarean delivery</b> | <b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b> |
|----------------------------|---|---|--|
| Does not have a disability |   |   |  |
| Has a mobility disability  |   |   |  |
| Has a cognition disability |   |   |  |
| Has a hearing disability   |   |   |  |
| Has a vision disability    |   |   |  |
| Has a self-care disability |   |   |  |
| Has an independent living  |   |   |  |

  

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

  

| <b>Gender Identity</b>                              | <b>Number of vaginal deliveries with previous Cesarean delivery</b> | <b>Total number of birth discharges with previous Cesarean delivery</b> | <b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b> |
|---|---|---|--|
| Female  |   |   |  |
| Female-to-male (FTM)/transgender male/trans man     |   |   |  |
| Male  |   |   |  |
| Male-to-female (MTF)/transgender female/trans woman |   |   |  |
| Non-conforming gender                               |   |   |  |
| Additional gender category or                       |   |   |  |
| 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

285

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

793

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

35.9

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                   |   |   |  |
| 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                         |   |   |  |
| White  |   |   |  |

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

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

  

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

  

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

  

| <b>Disability Status</b>          | <b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b> | <b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b> | <b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b> |
|-----------------------------------|--|--|---|
| <b>Does not have a disability</b> |  |  |   |
| <b>Has a mobility disability</b>  |  |  |   |
| <b>Has a cognition disability</b> |  |  |   |
| <b>Has a hearing disability</b>   |  |  |   |
| <b>Has a vision disability</b>    |  |  |   |
| <b>Has a self-care disability</b> |  |  |   |
| <b>Has an independent living</b>  |  |  |   |

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

  

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

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

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

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

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Any Eligible Condition

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

2302

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

18736

Rate of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older

12.3

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

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

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

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

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

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

  

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

  

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

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

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

324

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

2226

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

14.6

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

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

  

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

  

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

  

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

  

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

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

  

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

  

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

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

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

321

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

2013

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

15.9

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.



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

  

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

  

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

  

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

  

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

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

  

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

  

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

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

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

142

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

702

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

20.2

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.

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

  

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

  

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

  

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

  

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

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

  

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

  

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

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

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

1515

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

13795

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

11

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

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

  

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

  

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

  

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

  

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

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

  

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

  

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

## Health Equity Plan

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

## Top 10 Disparities

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

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

| Measures | Stratifications | Stratification Group | Stratification Rate | Reference Group | Reference Rate | Rate Ratio |
|----------|-----------------|----------------------|---------------------|-----------------|----------------|------------|
|          |                 |                      |                     |                 |                |            |
|          |                 |                      |                     |                 |                |            |
|          |                 |                      |                     |                 |                |            |
|          |                 |                      |                     |                 |                |            |
|          |                 |                      |                     |                 |                |            |
|          |                 |                      |                     |                 |                |            |
|          |                 |                      |                     |                 |                |            |
|          |                 |                      |                     |                 |                |            |

## Plan to address disparities identified in the data

The hospital's Equity Improvement Plan aims to reduce overall 30-day readmission rates with focus on CHF, AMI, and high-risk cardiopulmonary conditions, while directly addressing the Top 10 disparities related to age, race/ethnicity, payer type, and sex. Interventions are standardized across the care continuum and tailored to support disparity groups with higher-than-expected readmission or mortality rates.

### 1. Age-Based Disparities (65+, 50–64, 35–49 vs. 18–34)

Older adults experience substantially higher readmission rates. To address this, the hospital will perform universal readmission-risk screening for all patients, with enhanced transition-of-care protocols for patients aged 35 and older. Older adults will receive age-appropriate education, simplified materials, caregiver engagement, medication reconciliation, and earlier discharge planning. All patients in these age groups will have follow-up appointments scheduled prior to discharge and will receive post-discharge follow-up calls within 48-72 hours. These actions increase support, comprehension, and continuity for age groups with higher readmission burdens.

### 2. Payer-Based Disparities (Medicare and Medicaid vs. Private Insurance)

Medicare and Medicaid patients show elevated readmissions driven by higher comorbidity burden and SDOH barriers. To close these gaps, the hospital will complete standardized SDOH screenings for all publicly insured patients, connecting them to transportation support, food and housing resources, medication access programs, and care navigation. The Meds-to-Beds program has been expanded for CHF, AMI and Stroke patients to eliminate medication delays. Telehealth follow-up options continue to be prioritized for Medicaid and Medicare patients with mobility or access challenges.

### 3. Race/Ethnicity Disparities

All readmissions, and more specifically those with racial and ethnic groups with higher readmission rates will receive targeted interventions including culturally responsive education, teach-back, and proactive interpreter use. The hospital works with community partnerships and community organizations and use community health workers for post-discharge outreach, medication reinforcement, symptom monitoring, and appointment assistance.

### 4. Cross-Cutting Interventions Supporting All Disparity Groups

Across CHF, AMI, COPD, and pneumonia populations, the hospital will continue to implement core interventions including universal readmission-risk screening, SDOH assessments, Meds-to-Beds access, standardized discharge education using culturally and linguistically appropriate materials, and the scheduling of follow-up appointments before discharge. Pulmonary rehab consults will be ordered for applicable patients to strengthen management of COPD and pneumonia, which commonly overlap with CHF and AMI risks. ED teams currently receive real-time alerts when a potential readmission patient presents, to ensure timely and prompt intervention.

## 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

Desert Care Network (DCN) is committed to delivering high-quality, person-centered care that prioritizes the individual needs, preferences, and values of every patient. The hospital actively involves patients in decisions about their care by ensuring they understand their diagnosis, treatment options, and expected outcomes. Each patient receives an individualized care plan tailored to their specific health conditions, risk factors, and personal circumstances. These care plans include clear goals, symptom monitoring guidance, and actions the patient can take to support their recovery. Patients with chronic and high-risk conditions—including CHF, COPD, and pneumonia—receive targeted education about their disease process, contributing risk factors, medication management, and strategies to prevent deterioration. Staff utilize structured teach-back methods to confirm comprehension and ensure patients feel confident in managing their condition after discharge. Patients are provided with detailed, condition-specific discharge instructions that outline medications, follow-up appointments, warning signs, and when to seek medical attention. This approach supports safe transitions of care and reduces unnecessary readmissions. Person-centered care is also reinforced through strong leadership engagement. DCN's administration and leadership teams complete daily patient rounds to assess whether care needs are being met, identify opportunities for improvement, and ensure concerns are addressed promptly. Leadership presence at the bedside fosters accountability, transparency, and responsiveness while promoting a culture focused on patient dignity, comfort, and trust. By integrating individualized care planning, comprehensive patient education, daily leadership engagement, and proactive discharge preparation, DCN demonstrates continuous commitment to person-centered care. These efforts help ensure that each patient receives compassionate, culturally responsive, and coordinated care aligned with their unique needs and preferences.

#### Patient safety

At DCN, patient safety is a foundational component of the hospital's strategic priorities and is fully integrated into the organization's Quality Assessment and Performance Improvement (QAPI) program. The hospital applies high-reliability principles, evidence-based safety practices, and continuous monitoring to ensure safe, effective, and patient-centered care. Daily interdisciplinary safety huddles are conducted throughout the week to proactively identify and address potential risks. In alignment with Joint Commission leadership and communication standards, these huddles serve as a structured forum to review unusual events, near misses, falls, equipment concerns, and any newly emerging hazards. Items requiring correction are placed on a work list and remain open until fully resolved, ensuring accountability and timely follow-through consistent with CMS QAPI expectations for continuous performance improvement. DCN maintains a comprehensive Patient Safety Plan that guides organizational efforts, outlines leadership responsibilities, and ensures compliance with Joint Commission's National Patient Safety Goals. Monthly patient safety meetings provide a formal structure for reviewing safety indicators, evaluating trends, conducting root cause analyses (RCAs), and monitoring performance improvement initiatives. Multidisciplinary teams use these findings to implement corrective actions, assess effectiveness, and communicate results to frontline staff. The hospital conducts regular Environment of Care (EOC) rounds in accordance with Joint Commission standards to evaluate safety, security, emergency preparedness, life safety, and equipment functionality. Findings from EOC rounds are incorporated into QAPI action plans and tracked until remediation is complete. DCN operates a robust unusual occurrence reporting system that fosters a culture of safety consistent with Just Culture principles. Staff are encouraged to report safety events and near misses without fear of punitive action. The reporting system allows leadership to provide timely feedback to reporters regarding the status of investigations, corrective



actions, and lessons learned. This feedback loop strengthens transparency and improves system reliability, as required by CMS QAPI regulations. To validate compliance with safety standards and identify opportunities for improvement, DCN conducts routine tracers modeled after the Joint Commission survey process. Tracers assess adherence to policies, National Patient Safety Goals, infection prevention practices, medication safety protocols, and other high-risk operations. Any deviation from expected practices results in immediate coaching, targeted re-education, and follow-up tracers to ensure sustained improvement. Patient safety performance is continuously monitored through dashboards, committee reports, and board-level oversight. Key indicators such as falls, medication events, hospital-acquired infections, pressure injuries, response times, and equipment failures are reviewed regularly. Performance trends guide the development of new improvement initiatives and support sustained compliance with CMS Conditions of Participation. Through ongoing leadership engagement, systematic risk identification, comprehensive reporting, structured performance improvement processes, and alignment with national safety standards, DCN demonstrates strong and consistent performance in the priority area of patient safety. These activities reinforce a culture of high reliability and ensure patients receive safe, effective, and quality care.

#### Addressing patient social drivers of health

At DCN, addressing Social Determinants of Health (SDOH) is an integral part of our commitment to delivering equitable, person-centered care. Recognizing that social, economic, and environmental factors significantly impact health outcomes, the hospital has implemented a comprehensive screening and intervention process to identify patient needs early and ensure timely access to supportive services. Upon admission, all patients are screened using a mandatory SDOH form embedded within the EMR. This universal assessment is designed to identify disparities and unmet needs that may affect a patient's ability to engage in care, adhere to treatment plans, or safely transition post-discharge.

The initial screening includes an unhoused assessment, which evaluates immediate needs related to insurance coverage, behavioral health follow-up, shelter access, meals, medication availability, transportation, infection screening, adequate clothing, and discharge follow-up planning. This approach ensures that high-risk individuals, including those experiencing homelessness or housing instability, receive rapid intervention and resource support. Patients requiring further evaluation are referred to Case Management and Social Work for a more detailed assessment. This secondary assessment explores a broader range of social drivers, including:

- **Military Service:** Identification of veterans to ensure access to VA benefits and specialized support.
- **Family/Home Environment:** Evaluation of the patient's current living situation, safety concerns, caregiving responsibilities, and risk of losing housing.
- **Money & Resources:** Assessment of essential needs such as food security, clothing, utilities, financial instability, and access to medications.
- **Social & Emotional Health:** Screening for behavioral health needs, emotional distress, and physical or emotional safety concerns, including intimate partner violence and other social risks. When gaps or unmet needs are identified, Case Management and Social Work collaborate with the patient to connect them to appropriate community resources. DCN maintains strong partnerships with local social service agencies, shelters, food assistance programs, and behavioral health providers. Staff regularly use [findhelp.org](https://findhelp.org) to identify additional regional and national programs that may benefit the patient, ensuring that resource lists remain current and comprehensive. Patients receive referrals tailored to their individual circumstances, improving access to care, stability, and health-promoting supports.

This structured and proactive approach allows DCN to identify underlying social needs that contribute to health disparities, reduce barriers to care, and support safe discharge planning. By

integrating SDOH screening into the EMR, ensuring multidisciplinary involvement, and maintaining strong community partnerships, DCN demonstrates continued commitment to promoting health.

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

Performance across all of the following priority areas.

### **Effective treatment**

DCN is committed to ensuring that all patients receive timely, appropriate, and evidence-based treatment throughout their care journey. The hospital incorporates standardized clinical pathways, interdisciplinary collaboration, culturally and linguistically appropriate communication, and coordinated discharge planning to reduce variation in care and improve patient outcomes. To enhance treatment effectiveness and promote patient understanding, DCN provides disease specific, interpreter-supported education to all patients and families. Education is delivered both during hospitalization and at discharge and is tailored to the patient's diagnosis, including CHF, COPD, pneumonia, AMI, stroke, diabetes, and other high-risk conditions. This approach ensures patients clearly understand their treatment plan, medications, risk factors, lifestyle considerations, and follow-up requirements, supporting safe and effective self-management after leaving the hospital. A key component of DCN's effective treatment strategy is TEMPO™ (Team Engagement to Manage Patient Outcomes), a multidisciplinary collaborative meeting designed to review the clinical needs, preferences, and barriers of each patient. TEMPO™ includes providers, nursing, social work, case management, pharmacy, infection prevention, radiology, cardiology, physical and occupational therapy, and additional support services. During these meetings, the team evaluates treatment progress, reviews test results, and identifies any gaps or delays in care. The group also ensures that necessary referrals, diagnostic testing, durable medical equipment, home health services, therapy evaluations, and follow-up appointments are addressed in advance of discharge. Case Management and Social Work play an essential role in effective treatment by assessing patient preferences, home environments, caregiver availability, transportation needs, and other SDOH related barriers that may impact care outcomes. This information is incorporated into the treatment plan to ensure that it is achievable and aligned with the patient's real-world circumstances. Clinical staff simultaneously ensure that patients are receiving the correct diagnoses, medications, treatments, and therapies in accordance with evidence-based guidelines. DCN's approach emphasizes coordination across the care continuum to prevent delays in treatment and reduce avoidable readmissions. The interdisciplinary team collaborates closely to ensure patients have access to medications upon discharge, receive appropriate education, and are scheduled for necessary follow-up appointments with specialists or primary care providers. The hospital's Meds-to-Beds program, discharge phone calls, and structured follow-up processes further support patients after hospitalization, reinforcing treatment adherence and early identification of worsening symptoms. Overall, DCN demonstrates strong performance in the priority area of Effective Treatment by integrating patient engagement, clinical best practices, interdisciplinary collaboration, and comprehensive discharge planning. These efforts ensure that patients receive high-quality, responsive, and equitable care that supports both immediate treatment needs and long-term health outcomes.

### **Care coordination**

DCN places a strong emphasis on coordinated, patient-centered care to ensure that every patient receives timely, appropriate, and well-organized treatment across the continuum of care. Effective coordination begins at admission and continues through discharge and transition to outpatient or community-based services. The goal is to reduce fragmentation, address barriers early, improve

outcomes, and promote seamless handoffs for every patient. A key component of DCN's coordinated care structure is TEMPO™ (Team Engagement to Manage Patient Outcomes), a daily interdisciplinary team meeting designed to proactively address each patient's needs. The TEMPO™ team includes providers, nursing, social work, case management, pharmacy, infection prevention, radiology, cardiology, PT/OT, respiratory therapy, and other essential support services. Together, the group reviews the patient's progress, identifies clinical needs and barriers, discusses individual preferences, and evaluates discharge readiness. This collaborative process ensures that necessary referrals, durable medical equipment, home health orders, diagnostics, and specialty consults are initiated early and addressed prior to discharge. Case Management plays a central role in coordination by assessing patient preferences, outside barriers, SDOH-related needs, caregiver availability, and safe discharge options. This information is incorporated into the care plan to ensure alignment with the patient's real-world circumstances. Clinical staff simultaneously ensure that treatment remains appropriate, evidence-based, and tailored to the patient's diagnosis. Education is provided by clinical staff and reinforced by interpreters when needed to ensure full understanding of medications, risk factors, follow-up needs, and self-management after discharge. DCN is also part of a three-facility acute care network that collaborates to expand access to resources and streamline care across the region. This partnership allows for smoother transfers, better resource sharing, and consistent communication among facilities when coordinating care for complex patients. The network collaboration strengthens continuity of care, particularly for patients who transition between acute hospitals, specialty care, and community-based services. Care coordination extends beyond the hospital into the post-acute setting. Several members of DCN's clinical and education teams routinely engage with outside facilities--such as skilled nursing facilities, assisted living centers, and senior centers--to provide education on focused clinical topics and to maintain open lines of communication. These outreach efforts support shared understanding of care plans, reinforce evidence-based practices, and help prevent avoidable readmissions. They also allow DCN to stay informed about trends and needs in the community, ensuring better alignment between inpatient care and post-acute care environments. Through interdisciplinary collaboration, proactive discharge planning, attention to patient preferences, and ongoing communication with community partners, DCN demonstrates strong performance in the priority area of Care Coordination. These coordinated efforts help ensure patients experience safe transitions, timely follow-up, and improved clinical outcomes across the continuum of care.

#### Access to care

DCN is a multispecialty acute care facility that provides a broad range of services to meet the needs of the community, including routine medical services, trauma care, stroke treatment, cardiology, bariatric services, surgical care, and specialty consultations. As a hospital serving a large population of uninsured and Medi-Cal patients, DCN is committed to ensuring that every individual--regardless of insurance status, financial ability, or background--has equitable and timely access to care. In alignment with EMTALA requirements, all patients who present to the Emergency Department are evaluated and treated without regard to their ability to pay or their demographic characteristics. DCN is a non-discrimination facility, dedicated to providing care that respects patient differences, identities, preferences, and cultural needs. Interpreter services are readily available to ensure all patients and families have equitable access to communication and clinical understanding. Physical Accessibility and Specialized Accommodations DCN is fully compliant with the Americans with Disabilities Act (ADA) and maintains accessible entryways, bariatric-appropriate gurneys and beds, dedicated wheelchairs, and reinforced lobby seating to ensure safe access for patients of all mobility levels and body sizes. These physical accommodations support patient dignity and ensure that all patients can safely access services throughout the hospital. Supportive Services for Patients and Families To further improve access to care, DCN provides multiple supportive resources, including assistance with follow-up appointments, connection to community services, and access to the

Hansen House for families traveling from out of town. This housing resource ensures families can remain near their hospitalized loved ones, reducing barriers associated with distance and cost. Care Transitions and Readmission Reduction Readmission reduction has been identified as a key opportunity to improve equity and access across the community. DCN has implemented several initiatives--including transitional care coordination, interpreter-supported discharge education, and transportation assistance--to reduce avoidable readmissions and ensure patients remain connected to appropriate outpatient care. For transition of care, DCN collaborates with managed care organizations, including IEHP, to coordinate timely follow-up appointments. Patients may be scheduled with the IEHP Clinic, the DCN Resident Clinic, or the hospital's Cardiac Clinic for specialty follow-up for conditions such as CABG, CHF, and AMI. These clinics ensure that patients can be seen soon after discharge, allowing care teams to reassess treatment needs, reinforce education, address barriers, and coordinate additional resources. Discharge Education and Medication Access To address immediate needs at discharge, DCN provides disease-specific, interpreter-supported discharge education to ensure comprehension of medications, warning signs, lifestyle recommendations, and follow-up steps. The hospital also offers a Meds-to-Beds program for high risk population--particularly those with CHF, AMI, and stroke--to supply essential medications before the patient leaves the facility, bridging gaps until they can access outpatient pharmacy services or follow up with their primary care provider. This improves adherence, prevents treatment interruptions, and reduces complications after hospitalization. Transportation Assistance and Community Access Transportation is a known barrier for many patients, particularly those who rely on Medi-Cal or have limited financial resources. DCN works closely with managed care providers and case management to coordinate transportation for follow-up appointments. Transportation arrangements are made prior to discharge to ensure patients have a reliable way to attend critical follow-up visits. Additionally, the hospital's location provides convenient public transportation access, with a bus stop located directly in front of the hospital. Through these combined efforts--clinical service availability, community partnerships, robust discharge processes, transportation support, interpreter availability, and ADA-compliant accommodations--DCN demonstrates strong performance in the priority area of Access to Care. These initiatives help reduce disparities, remove barriers, and ensure all patients are able to obtain the care they need both within the hospital and after discharge.

## **Methodology Guidelines**

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

Y