

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	FAIRCHILD MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106474007
Report Period:	1/1/2024 - 12/31/2024
Status:	Submitted
Due Date:	11/29/2025
Last Updated:	03/17/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	https://fairchildmed.org/resources/health-equity-report

Overview

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

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

Laws and Regulations

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

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

Hospital Equity Measures

Joint Commission Accreditation

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

<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.

116488

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	113447	116488	97.3
Spanish Language	1402	116488	1.2
Asian Pacific Islander Languages	138	116488	0.0
Middle Eastern Languages	94	116488	0
American Sign Language	41	116488	0
Other Languages	1266	116488	0

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

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

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

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

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

N

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

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

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

Y

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

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

Y

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

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

Y

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

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

Y

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

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

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

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

839

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

851

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

99

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

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	48	6		
Housing Instability	67	8		
Transportation Problems	55	7		
Utility Difficulties	40	5		
Interpersonal Safety	17	2		

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?"

148

Total number of respondents to HCAHPS Question 19

243

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

60.9

Total number of people surveyed on HCAHPS Question 19

250

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

91.2

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	suppressed	18	suppressed		
Asian	suppressed	suppressed	suppressed		
Black or African American	suppressed	suppressed	suppressed		
Hispanic or Latino	suppressed	suppressed	suppressed	suppressed	suppressed
Middle Eastern or North African	0	0	0		
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed		
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed		
White	127	203	62.6		

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18	0	0	0	0	0
Age 18 to 34	suppressed	suppressed	suppressed	194	6.7
Age 35 to 49	suppressed	suppressed	suppressed	126	9.5
Age 50 to 64	31	35	88.6	224	17
Age 65 Years and Older	84	100	84	468	40

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	123	141	87.2	599	26.4
Male	74	87	85.1	413	23.7
Unknown					

Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare				500	36.2
Medicaid				33	0
Private					
Self-Pay				142	16.2
Other				322	123

Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	180	210	85.7	977	25.9
Spanish Language	suppressed	suppressed	suppressed	21	5.6
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	suppressed	suppressed	suppressed	suppressed	suppressed

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

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

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

197

Total number of respondents to HCAHPS Question 17

228

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

86.4

Total number of people surveyed on HCAHPS Question 17

250

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

91.2

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	14	17	82.3		
Asian	suppressed	suppressed	suppressed		
Black or African American	suppressed	suppressed	suppressed		
Hispanic or Latino	suppressed	suppressed	suppressed	suppressed	suppressed
Middle Eastern or North African	0	0	0		
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed		
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed		
White	166	192	86.4		

Age	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18	0	0	0	0	0
Age 18 to 34	suppressed	suppressed	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed	suppressed	suppressed
Age 50 to 64	31	35	88.6	224	17
Age 65 Years and Older	63	72	87.5	468	40

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	123	141	87.2	599	26.4
Male	74	87	85.1	413	23.7
Unknown	0	0	0		

Payer Type	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare				500	36.2
Medicaid				33	0
Private				0	
Self-Pay				142	16.2
Other				322	13

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	suppressed	suppressed	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed	suppressed	suppressed
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

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
 suppressed

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
 104

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
 suppressed

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	0	suppressed	0
Asian			
Black or African American	0	suppressed	0
Hispanic or Latino	0	suppressed	0
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more)	0	suppressed	0
Native Hawaiian or Pacific Islander			
White	suppressed	87	suppressed

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18	0	0	
Age 18 to 34	0	suppressed	0
Age 35 to 49	0	suppressed	0
Age 50 to 64	suppressed	25	suppressed
Age 65 Years and Older	suppressed	66	suppressed

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	suppressed	45	suppressed
Male	suppressed	59	suppressed
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	suppressed	79	suppressed
Medicaid	0	17	0
Private	0	suppressed	0
Self-Pay			
Other	suppressed	suppressed	suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language	suppressed	104	suppressed
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

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

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

Death Rate among Surgical Inpatients with Serious Treatable Complications

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

https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf

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

0

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

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

0

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			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more)			
Native Hawaiian or Pacific Islander			
White	0	suppressed	0

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			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older	0	suppressed	0

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

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

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

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

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

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

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

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

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

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

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

Number of NTSV patients with Cesarean deliveries

17

Total number of nulliparous NTSV patients

44

Rate of NTSV patients with Cesarean deliveries

0.39

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

Race and/or Ethnicity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	0	0	0
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African	0	0	0
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	0	0	0
White	suppressed	26	suppressed

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18			
Age 18 to 29	suppressed	32	suppressed
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female	44	44	1
Male			
Unknown			

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare			
Medicaid	suppressed	24	suppressed
Private	suppressed	20	suppressed
Self-Pay			
Other			

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	15	41	0.37
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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

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

CMQCC Vaginal Birth After Cesarean (VBAC) Rate

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

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_\(VBAC\)_Delivery_Rate_Uncomplicated.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

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

suppressed

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 suppressed

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

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native	0	suppressed	0
Asian	suppressed	suppressed	suppressed
Black or African American	0	0	0
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African	0	0	0
Multiracial and/or Multiethnic (two or more races)	0	suppressed	0
Native Hawaiian or Pacific	0	0	0
White	suppressed	13	suppressed

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Age < 18	0	0	0
Age 18 to 29	suppressed	11	suppressed
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older	0	suppressed	0

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

Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Medicare			
Medicaid	suppressed	12	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	0	suppressed	0
Other			

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
English Language	suppressed	18	suppressed
Spanish Language	0	suppressed	0
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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

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

63

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

97

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

64.9

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	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	0	0	0
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African	0	0	0
Multiracial and/or Multiethnic (two or more races)	suppressed	13	suppressed
Native Hawaiian or Pacific	0	0	0
White	43	60	71.7

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	39	54	72.2
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Female	63	97	64.9
Male			
Unknown			

Payer Type	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Medicare			
Medicaid	38	61	62.3
Private	21	30	70
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
English Language	46	67	68.7
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

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

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

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

33

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

902

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

3.7

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	39	suppressed
Asian	suppressed	23	suppressed
Black or African American	0	suppressed	0
Hispanic or Latino	suppressed	37	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	0	16	0
Native Hawaiian or Pacific Islander	0	0	0
White	26	733	3.5

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	161	suppressed
Age 35 to 49	suppressed	97	suppressed
Age 50 to 64	suppressed	183	suppressed
Age 65 Years and Older	18	461	3.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	14	532	2.6
Male	19	370	5.1
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	23	500	4.6
Medicaid	suppressed	254	suppressed
Private	suppressed	106	suppressed
Self-Pay	0	suppressed	0
Other	0	35	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	33	382	3.7
Spanish Language	0	suppressed	0
Asian Pacific Islander Languages	0	15	0
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	0	suppressed	0

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

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

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

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

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

suppressed

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

190

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

suppressed

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	0	suppressed	0
Asian	0	suppressed	0
Black or African American			
Hispanic or Latino	0	suppressed	0
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	0	suppressed	0
Native Hawaiian or Pacific Islander			
White	suppressed	166	suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	27	suppressed
Age 35 to 49	0	14	0
Age 50 to 64	suppressed	41	suppressed
Age 65 Years and Older	suppressed	108	suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	135	suppressed
Male	suppressed	55	suppressed
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	115	suppressed
Medicaid	suppressed	43	suppressed
Private	0	23	0
Self-Pay			
Other	0	suppressed	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	190	suppressed
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

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

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

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

Number of inpatient 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

suppressed

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

117

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

suppressed

Table 12. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	12	suppressed
Asian	0	suppressed	0
Black or African American			
Hispanic or Latino	0	suppressed	0
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	0	suppressed	0
Native Hawaiian or Pacific Islander			
White	suppressed	98	suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	0	21	0
Age 35 to 49	suppressed	29	suppressed
Age 50 to 64	suppressed	38	suppressed
Age 65 Years and Older	suppressed	37	suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	41	suppressed
Male	suppressed	84	suppressed
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	42	suppressed
Medicaid	suppressed	63	suppressed
Private	suppressed	13	suppressed
Self-Pay	0	suppressed	0
Other	0	suppressed	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	125	suppressed
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

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

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

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

suppressed

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

54

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

suppressed

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	0	suppressed	0
Asian			
Black or African American			
Hispanic or Latino	0	suppressed	0
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	0	suppressed	0
Native Hawaiian or Pacific Islander			
White	suppressed	42	suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	20	suppressed
Age 65 Years and Older	0	16	0

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	30	suppressed
Male	suppressed	24	suppressed
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	32	suppressed
Medicaid	suppressed	17	suppressed
Private			
Self-Pay	0	suppressed	0
Other	0	suppressed	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	54	suppressed
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

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

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

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

Number of inpatient 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

17

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

533

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

3.2

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	19	suppressed
Asian	suppressed	21	suppressed
Black or African American	0	suppressed	0
Hispanic or Latino	suppressed	22	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	0	suppressed	0
Native Hawaiian or Pacific Islander			
White	12	427	2.8

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	104	suppressed
Age 35 to 49	suppressed	45	suppressed
Age 50 to 64	suppressed	84	suppressed
Age 65 Years and Older	suppressed	300	suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	326	suppressed
Male	suppressed	207	suppressed
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	13	311	4.2
Medicaid	suppressed	131	suppressed
Private	0	70	0
Self-Pay	0	suppressed	0
Other	0	18	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	513	suppressed
Spanish Language	0	suppressed	0
Asian Pacific Islander Languages	0	15	0
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

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

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

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
HCAHPS survey: Received information and education	Race and/or Ethnicity	American Indian or Alaska Native	82.3	White	86.4	1.1

Plan to address disparities identified in the data

This health report will provide our Health Equity Taskforce with clear directive over what to focus on moving forward. Fairchild Medical Center is committed to identifying and addressing the primary disparities patients face in our communities through our internal equity analysis and patient safety data. Our approach is designed to combine governance, data-driven interventions, and continuous monitoring to ensure measurable improvements in health outcomes across diverse populations.

Fairchild Medical Center established its Health Equity Taskforce (HET) in 2024. The HET serves as the central body for equity-focused initiatives and is designed to ensure that equity focused care is interwoven into all services throughout the organization.

The HET represents a diverse and multidisciplinary team throughout the organization, including administration, nursing administration, medical staff and providers, quality and patient safety, and more. The Health Equity Officer of Partnership HealthPlan of California is also a regular attendee of the HET and provides crucial information to Fairchild Medical Center.

The HET mandate includes the following:

Identifying and prioritizing disparities:

The HET strives to use stratified data, including but not limited to race, ethnicity, age, social determinants of health (SDOH), and English Language Proficiency, to identify and address key care gaps.

Developing targeted interventions:

High-impact areas, such as NTSV Cesarean Section rates, access to stroke care and education, and outpatient behavioral health access are some of the areas that the HET identified.

Engaging clinical teams:

Education on best practices and soliciting feedback from internal and external stakeholders was key to the HET’s focus.

Monitoring progress:

Disseminating stratified data to leadership and frontline teams for transparency and accountability was imperative. The taskforce meets monthly and reports regularly to senior administration, ensuring alignment with organizational QAPI principles.

Fairchild Medical Center's electronic medical record (EMR), EPIC, is a cornerstone of this plan. Current capabilities enable the HET to track trends in age, gender, race, ethnicity, and other socioeconomic factors. Enhancements are also underway to expand demographic information entry at registration to include race, ethnicity, SDOH indicators, and primary language spoken. This will enable patient safety and clinical outcomes data to be stratified. The HET strives to integrate dashboards for real-time monitoring of disparities and to trigger alerts for suspected inequities. These EPIC enhancements will enable Fairchild Medical Center to link data to action plans, enabling rapid-cycle improvement and targeted outreach for vulnerable populations.

The HET also seeks to align Fairchild Medical Center's focus with the results of the Community Needs Health Assessment. The CHNA prioritized health needs based on community input, quantitative data, and equity considerations. The ten most pressing disparities were:

Access to Primary Care and Specialty Care

Behavioral Health Services

Substance Use Disorder (SUD) Treatment

Transportation Barriers

Food Insecurity

Housing Instability and Homelessness

Chronic Disease Management

Maternal and Child Health

Workforce Shortages

Social Determinants of Health

The HET reviews these disparities regularly and focuses on utilizing data to better understand what interventions can be effective. Among these disparities, the following actions were taken by the HET

that will continue through 2025.

Understanding NTSV Cesarean Section Rates

Fairchild Medical Center experienced a higher-than-average NTSV Cesarean Section Rate in 2024. The HET engaged internal stakeholders to understand the contributing factors to this event, and it was determined that the impact was not limited to any specific socioeconomic groups. This focus and priority of understanding these rates will continue in 2025.

Access to Stroke Care and Education

Inpatient admissions for stroke were reviewed regularly by the HET to review trends with age, geographic proximity to hospital, race, ethnicity, gender, and more. While no disparities were highlighted by the data, it was determined that there was little data for patients whose primary language is Hmong and Spanish. In Q4 of 2024, the HET coordinated with the Stroke Coordinator to develop educational materials that could be shared with Siskiyou County Public Health and taken to patients who spoke these languages.

Outpatient Behavioral Health

The HET determined that despite representing a significant percentage of the community in Siskiyou County, the number of people aged 65 and older being treated for behavioral health in the outpatient clinics was not consistent with the total population. The goal was established to develop a senior-specific behavioral health service line, Senior Lif

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

Fairchild Medical Center strives to tailor its care to the unique needs, preferences, and values of each person, considering crucial medical, behavioral, and social factors. We emphasize cultural sensitivity, dignity, and equity into our care, ensuring that patients are active partners in their medical decision making. We integrate physical, behavioral, and social services to reduce fragmentation and improve outcomes.

In practice, Fairchild Medical Center links Person-Centered Care to Enhanced Care Management (ECM). ECM is designed to provide high-touch, person-centered care coordination for individuals with complex health and social needs. It focuses on integrating physical health, behavioral health, and social services to address barriers such as housing instability, food insecurity, and transportation. ECM emphasizes community-based support, ensuring that patients receive

comprehensive services that align with their goals and improve health outcomes.

We utilized ECM significantly in 2024 with a focus on patients identified as high utilizers of avoidable emergency services. An ECM Coordinator was identified and dedicated to contacting these patients to review the following:

Comprehensive assessment of medical, behavioral, and social needs

Individual care plans developed collaboratively with patients and caregivers

Linkage to community resources addressing key SDOH (housing, transportation, and food insecurity, etc.)

Continuous engagement through multidisciplinary teams to reduce unnecessary ED visits and hospitalizations

In 2025, our goal is to extend ECM to the following priority populations:

Birth Equity: Supporting pregnant individuals with tailored prenatal and delivery care, addressing disparities in NTSV Cesarean Section rates.

Severe Mental Illness (SMI): Coordinating psychiatric care, crisis intervention, and social supports.

Substance Use Disorder (SUD): Integrating behavioral health, medication-assisted treatment, and recovery services.

EPIC's patient portal, MyChart, was another strategic priority for Fairchild Medical Center to expand its Person-Centered Care. MyChart is a secure, online patient portal that allows individuals to access their health information, communicate with providers, schedule appointments, and manage care from any device. It empowers patients to stay engaged in their health journey by providing real-time access to test results, medication lists, and personalized care plans.

We integrated MyChart into every stage of the patient experience to ensure care was personalized, accessible, and collaborative. By streamlining activation during registration and embedding prompts into clinical workflows, patients were introduced to MyChart as an essential tool for managing their health rather than an optional add-on. This approach empowered individuals to access their medical records, lab results, and immunization history in real time, reducing anxiety and fostering transparency. Secure messaging within MyChart allows patients to communicate directly with their

care team, ask questions, and receive timely responses without the burden of phone calls or office visits, strengthening trust and continuity of care. Health maintenance reminders for screenings, vaccinations, and upcoming appointments were delivered through the portal, supporting preventive care and reducing missed visits. For families and caregivers, proxy access ensured that those assisting vulnerable patients could actively participate in care decisions. These features collectively shifted the dynamic from provider-driven to patient-driven, enabling individuals to make informed choices, stay engaged in their treatment plans, and feel respected and heard throughout their healthcare journey.

Patient safety

At Fairchild Medical Center, patient safety is our top priority. Every month, our leadership and care teams meet to review safety events and near misses, identify root causes, and implement solutions. We also share these improvements with our governing board to ensure accountability.

Patient safety means preventing harm at times when patients are most vulnerable and ensuring every patient receives care in the safest possible environment. Fairchild Medical Center doesn't just track risks; it mitigates and fixes them.

Fairchild Medical Center's Patient Safety Committee addresses and monitors all patient safety events. There is a monthly patient safety huddle, consisting of senior administration and management from the clinical and operational branches. Each event is published and addressed, follow up actions are shared, systems issues are identified, and action plans are created to resolve outstanding process issues.

The events are then analyzed and stratified into harm levels, near misses, medication errors, adverse drug reactions, and inpatient falls. Hand hygiene monitoring, blood transfusion documentation including suspected adverse reactions to transfusion, and restraint documentation and ordering practices are also monitored and reported to the Patient Safety Committee. These measures and meeting minutes from the Patient Safety Huddle are then presented on a quarterly basis to the Patient Safety Committee, and the information is then submitted to the governing board.

The data and action plans contained in these reports are governed by the approved organizational wide QAPI plan and employ QAPI principles. Currently, we have the ability to capture age and gender. There is identified opportunity for capturing additional demographic data collected at registration to identify disparities based on race, ethnicity, SDOH and English Language Proficiency.

Addressing patient social drivers of health

Fairchild Medical Center recognizes that social determinants of health (SDOH) are among the most powerful influences on patient outcomes and access to care. Our commitment goes beyond screening; we strive to remove barriers that prevent individuals and families from living healthy, stable lives.

We have embedded standardized SDOH screening tools into our EPIC electronic health record, ensuring every inpatient encounter includes documentation of key domains such as housing stability, food security, transportation access, utilities, and interpersonal safety. This systematic approach allows us to identify needs early and trigger alerts for timely intervention. In 2024, our Health Equity Taskforce focused on expanding this process into outpatient settings, integrating screenings into annual wellness visits and initial obstetric appointments. This proactive step helps us incorporate social risk factors into care planning before they escalate into crises.

Our efforts don't conclude at identification. Patients with Partnership HealthPlan of California coverage who are high utilizers of avoidable emergency services receive intensive, person-centered care coordination that addresses medical, behavioral, and social needs in a holistic way. These interventions have already reduced unnecessary ER visits and improved continuity of care. Looking ahead, we are adding a Community Health Worker in 2025 to meet patients where they are, starting in the Emergency Department, to provide hands-on support for those who screen positive for social insecurities.

Through partnerships with local food banks, housing agencies, and transportation programs, we have successfully connected hundreds of patients to essential resources. These collaborations reflect our belief that health equity is a shared responsibility. By combining technology, community engagement, and compassionate care, Fairchild Medical Center is making measurable progress toward a healthier, more resilient community.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Effective Treatment at Fairchild Medical Center means the following:

Evidence-Based Care Delivery: ensuring that treatment follow clinical best practices and guidelines to achieve optimal outcomes for all patients

Equitable Outcomes Across Populations: monitoring treatment effectiveness by stratifying quality and outcome measures by race, ethnicity, language, disability status, sexual orientation, gender identity, and payor type.

Reduction of Disparities in Clinical Results: analyzing whether certain groups experience different outcomes for the same treatment and implementing targeted interventions to close the gaps

Fairchild Medical Center is committed to delivering safe, evidence-based, and equitable treatment that improves outcomes for all patients, regardless of race, ethnicity, language, or socioeconomic status. Our approach integrates clinical best practices with culturally responsive care, ensuring that

treatment plans reflect patient preferences and social needs. In 2024, we implemented targeted interventions to reduce disparities in stroke care and maternal health, including multilingual education materials and enhanced follow-up protocols for high-risk populations. We also leveraged data stratification by race, language, and social determinants of health (SDOH) to identify gaps in treatment effectiveness and guide quality improvement initiatives. Through continuous monitoring, provider education, and community engagement, we aim to ensure that every patient receives timely, appropriate, and person-centered treatment that aligns with HCAI's equity standards and CMS quality measures.

Our Medical Staff Office leads a rigorous peer review process designed to evaluate treatment effectiveness and uncover opportunities for advancement. Each month, we conduct approximately 50 peer reviews, focusing on diagnostic accuracy, management decisions, and adherence to evidence-based best practices. These reviews are complemented by our Ongoing Professional Performance Evaluation (OPPE) process, which integrates data from Epic into provider report cards. This real-time feedback loop allows clinicians to track process and outcome measures and benchmark their performance against national standards, ensuring accountability and alignment with evidence-based targets.

Patient safety remains central to our approach. The Patient Safety Committee actively monitors treatment-related outcomes through detailed analyses and targeted interventions. For example, surgical site infections undergo comprehensive case reviews to identify contributing factors such as comorbidities, patient compliance, and procedural risks. Medication safety is reinforced through collaborative management of adverse drug reactions between hospitalists and pharmacy teams, including specialized interventions. We have also strengthened blood transfusion protocols to ensure accurate documentation and timely response to suspected adverse reactions. Additionally, real-time chart reviews and committee-led strategies have significantly prevented and reduced inpatient falls, underscoring our commitment to proactive risk mitigation.

Care coordination

Fairchild Medical Center is committed to making care coordination effective and patient-focused, ensuring that individuals receive whole-person care without the gaps that often threaten rural health systems. Our strategy brings together Enhanced Care Management (ECM), a strong primary care foundation, and deep partnerships with community organizations across Siskiyou County.

2024 was a milestone year as we fully implemented ECM, a program designed for those with the most complex medical, behavioral, and social needs. Through ECM, we provided high-touch, personalized support to populations who face the greatest challenges. The goal is multifaceted: reduce unnecessary ED visits, improve health outcomes, and address critical social determinants like housing, food security, and transportation.

Our ECM coordinator plays a central role in organizing care team huddles, monitoring engagement, and ensuring continuity. Patients benefit from connections to housing programs, food assistance, and transportation services, while integrated treatment plans are developed in collaboration with behavioral health providers and community agencies. At any given time, 20–30 patients were enrolled in ECM last year, and we've already seen measurable reductions in ED utilization and improved patient satisfaction.

Primary care and outpatient access to care remains the backbone of our approach. In 2024, we delivered more than 74,000 appointments, reducing travel burdens for rural patients and bringing care closer to home. Our integrated care teams, primary care providers, ECM coordinator, behavioral health specialists, and other providers, work together to manage chronic conditions, reconcile medications, and coordinate specialty referrals. Technology supports this effort, with EPIC EMR and MyChart fully implemented and 60% of patients actively using the portal. Information flows seamlessly across FMC sites, improving transitions and reducing duplication.

Beyond our walls, partnerships amplify our impact. We collaborate with local social service agencies to tackle housing and food insecurity, behavioral health programs to support older adults and crisis needs, and schools and transitional living facilities to extend preventive and behavioral health care to underserved populations.

These efforts reflect our commitment to equity and sustainability. By combining ECM with a robust primary care network and strong community partnerships, Fairchild Medical Center is building a model of rural health coordination that addresses medical, behavioral, and social needs.

Access to care

Fairchild Medical Center remains deeply committed to ensuring that residents of Siskiyou County have timely, equitable access to high-quality healthcare services. In 2024, this commitment translated into measurable progress through the expansion of our rural health clinic network, robust specialty offerings, and comprehensive hospital-based services. These efforts were designed to reduce geographic and socioeconomic barriers, improve continuity of care, and strengthen health equity across our region.

Our rural health clinics serve as the primary entry point for care in one of California's most geographically isolated counties. In 2024, these clinics delivered 74,393 patient encounters, an increase of 1,204 visits compared to 2023, underscoring growing demand and our ability to meet it. Notably, 71% of all encounters were classified as primary medical services, far exceeding the federal requirement of 51%, and reflecting our emphasis on preventive care and chronic disease management. Within this volume, Family Medicine and Internal Medicine accounted for 25,251 visits, while Express Care provided 5,611 same-day appointments, ensuring timely access for acute needs. Pediatric services supported 7,505 well-child visits and immunizations, and Women's Health delivered 5,103 visits, including prenatal care and initial obstetric appointments. Behavioral health services grew to 4,767 encounters, a 7% increase from the prior year, addressing critical mental health needs in our community.

In 2024, Fairchild Medical Center implemented a team-based primary care model to address rising patient demand and the challenges of managing large panels in a rural setting. Under the leadership of Roy Smith, MD, and the medical director team, care teams were structured to include a supervising physician supported by multiple Advanced Practice Providers (APPs) such as nurse

practitioners and physician assistants. This approach redistributed workload, reduced bottlenecks, and ensured that patients could receive timely care even when their designated provider was unavailable. The care team model was designed to expand panel capacity without compromising quality. Each physician served as a team lead, overseeing APPs who managed routine visits, chronic disease follow-ups, and preventive care.

To further improve access, Fairchild expanded patient panels by recruiting additional physicians and optimizing clinic space. These changes enabled the organization to serve 1,200 more patients annually, reducing wait times for new appointments to an average of nine days, compared to an industry benchmark of thirty.

Specialty care continued to expand, reducing the need for long-distance travel to urban centers. Orthopedic services provided 6,419 visits, while General Surgery supported 1,794 procedures. Dental care remained a cornerstone for patients with Denti-Cal coverage, delivering 5,739 visits, and Podiatry accounted for 2,170 encounters, improving mobility and quality of life for rural residents. Pain management saw the most dramatic growth, increasing by 965 visits year-over-year, reflecting our commitment to comprehensive chronic pain solutions.

Beyond clinic-based care, Fairchild Medical Center strengthened access through hospital services and advanced diagnostics. Our imaging department offered CT, MRI, ultrasound, and mammography, ensuring timely diagnosis and treatment planning. Laboratory operations improved turnaround times significantly, accelerating clinical decision-making. Rehabilitation services, including physical, occupational, and speech therapy, supported recovery and functional improvement for post-acute patients.

Emergency care remained a critical lifeline, with 24/7 access complemented by Enhanced Care Management (ECM) for high utilizers, reducing avoidable visits and improving outcomes for patients with complex needs. Technology integration through full EPIC EMR and MyChart deployment enabled real-time information sharing across all Fairchild sites, improving care coordination and reducing duplication of services.

Recognizing that health extends beyond clinical walls, we partnered with local agencies to address social determinants of health. These collaborations provided housing support, food security programs, and transportation assistance, ensuring that logistical and economic barriers did not impede care utilization. Outreach extended into schools and transitional living facilities, promoting preventive care and behavioral health engagement among vulnerable populations.

Methodology Guidelines

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

Y