

Hospital Equity Measures Report

General Information

Report Type: Hospital Equity Measures Report

Year: 2024

System Name: MemorialCare

Principal Hospital Type: General Acute Care Hospital

Associated Hospitals:

Facility Name	Facility Type	HCAI ID	Address
MEMORIALCARE LONG BEACH MEDICAL CENTER	General Acute Care Hospital	106190525	2801 ATLANTIC AVENUE, LONG BEACH, CA 90806
MEMORIALCARE MILLER CHILDREN'S & WOMEN'S HOSPITAL LONG BEACH	Children Hospital	106196168	2801 ATLANTIC AVENUE, LONG BEACH, CA 90806
MEMORIALCARE ORANGE COAST MEDICAL CENTER	General Acute Care Hospital	106300225	9920 TALBERT AVENUE, FOUNTAIN VALLEY, CA 92708
MEMORIALCARE SADDLEBACK MEDICAL CENTER	General Acute Care Hospital	106301317	24451 HEALTH CENTER DRIVE, LAGUNA HILLS, CA 92653

Status: Complete

Due Date: 01/03/2026

Last Updated: 03/19/2026

Hospital Web Address for Equity Report: <https://www.memorialcare.org/memorialcare-dei>

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.

196364

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	165779	196364	84.4
Spanish Language	21206	196364	10.8
Asian Pacific Islander Languages	7081	196364	3.6
Middle Eastern Languages	931	196364	0.5
American Sign Language		196364	
Other Languages	1367	196364	0.7

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

22617

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

36182

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

62.5

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	541	2.4	0	
Housing Instability	288	1.3	0	
Transportation Problems	468	2.1	0	
Utility Difficulties	321	1.4	0	
Interpersonal Safety	208	0.9	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?"

5014

Total number of respondents to HCAHPS Question 19

6703

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

74.8

Total number of people surveyed on HCAHPS Question 19

NA

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

NA

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian	830	1069	77.6		
Black or African American	188	258	72.9		
Hispanic or Latino	1281	1570	81.6		
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	2424	3343	72.5		

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34	359	449	80		
Age 35 to 49	431	569	75.7		
Age 50 to 64	917	1195	76.7		
Age 65 Years and Older	3297	4489	73.4		

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	2748	3674	74.8		
Male	2266	3029	74.8		
Unknown					

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

Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	3466	4756	72.9		
Spanish Language	472	542	87.1		
Asian Pacific Islander Languages	544	672	81		
Middle Eastern Languages	11	15	73.3		
American Sign Language					
Other/Unknown Languages	124	178	69.7		

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

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

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

Patient Received Information in Writing

The second HCAHPS quality measure is the percentage of patients who reported receiving

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

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

5553

Total number of respondents to HCAHPS Question 17

6325

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

87.8

Total number of people surveyed on HCAHPS Question 17

NA

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

NA

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	925	1020	90.7		
Black or African American	203	246	82.5		
Hispanic or Latino	1350	1506	89.6		
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	2743	3150	87.1		

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	395	445	88.8		
Age 35 to 49	470	545	86.2		
Age 50 to 64	1024	1155	88.7		
Age 65 Years and Older	3619	4180	86.6		

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	3885	4470	86.9		
Spanish Language	468	519	90.2		
Asian Pacific Islander Languages	591	642	92.1		
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages					
Disability Status	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition disability					
Has a hearing disability					
Has a vision disability					
Has a self-care disability					
Has an independent living disability					
Sexual Orientation	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

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

Agency for Healthcare Research and Quality (AHRQ) Indicators

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

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

Pneumonia Mortality Rate

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

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

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

55

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

1150

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

47.8

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	36	544	66.2

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	0	51	0
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older	47	840	56

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	28	599	46.7
Male	27	551	49
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	48	838	57.3
Medicaid			
Private			
Self-Pay			
Other			

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language	46	869	52.9
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

81

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

428

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

189.3

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	26	115	226.1
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	35	184	190.2

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	18	105	171.4
Age 65 Years and Older	50	249	200.8

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	39	193	202.1
Male	42	235	178.7
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	45	236	190.7
Medicaid	18	92	195.7
Private	15	93	161.3
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	61	335	182.1
Spanish Language	15	58	258.6
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

361

Total number of nulliparous NTSV patients

1472

Rate of NTSV patients with Cesarean deliveries

0.245

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			
Asian	140	541	0.259
Black or African American			
Hispanic or Latino	79	319	0.248
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	12	62	0.194
Native Hawaiian or Pacific Islander	0		
White	113	499	0.226

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	81	489	0.166
Age 30 to 39	250	922	0.271
Age 40 Years and Older			

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

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare	0		
Medicaid	28	123	0.228
Private	291	1188	0.245
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	334	1376	0.243
Spanish Language			
Asian Pacific Islander Languages	20	79	0.253
Middle Eastern Languages			
American Sign Language	0		
Other/Unknown Languages			

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

76

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

Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries
164.9

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			
Asian	22	163	135
Black or African American			
Hispanic or Latino	18	96	187.5
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander	0		
White	29	154	188.3
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			
Age 18 to 29			
Age 30 to 39	51	344	148.3
Age 40 Years and Older	13	70	185.7
Sex assigned at birth	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Male			
Unknown			
Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Medicare	0		
Medicaid			
Private	65	367	177.1
Self-Pay			
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	71	410	173.2
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	0		
Other/Unknown Languages			

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

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

Gender Identity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

CMQCC Exclusive Breast Milk Feeding Rate

The CMQCC Exclusive Breast Milk Feeding Rate is defined as the newborns per 100 who reached at least 37 weeks of gestation (or 3000g if gestational age is missing) who received breast milk

exclusively during their stay at the hospital. Other criteria are that the newborns did not go to the neonatal intensive care unit (NICU), transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia. General acute care hospitals report the Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The CMQCC Exclusive Breast Milk Feeding Rate uses the Joint Commission National Quality Measure PC-05. For more information, please visit the following link by copying and pasting the URL into your web browser:
<https://manual.jointcommission.org/releases/TJC2024B/MIF0170.html>

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

1939

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

3100

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

62.5

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	544	1119	48.6
Black or African American	23	37	62.2
Hispanic or Latino	434	666	65.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	91	124	73.4
Native Hawaiian or Pacific Islander			
White	794	1059	75

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	487	731	66.6
Age 30 to 39	1314	2112	62.2
Age 40 Years and Older			

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

Payer Type	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Medicare	0		
Medicaid	133	288	46.2
Private	1585	2454	64.6
Self-Pay	29	55	52.7
Other	192	303	63.4

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	1847	2868	64.4
Spanish Language			
Asian Pacific Islander Languages	74	194	38.1
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

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

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

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

2909

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

34072

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

8.5

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	443	5626	7.9
Black or African American	298	2759	10.8
Hispanic or Latino	746	8615	8.7
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	22	273	8.1
Native Hawaiian or Pacific Islander	18	288	6.2
White	1221	14386	8.5

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	190	4655	4.1
Age 35 to 49	393	5029	7.8
Age 50 to 64	645	6620	9.7
Age 65 Years and Older	1681	17768	9.5

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	1495	19386	7.7
Male			
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	1796	18018	10
Medicaid	611	6566	9.3
Private	472	8862	5.3
Self-Pay	13	205	6.3
Other	17	421	4

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	2307	27911	8.3
Spanish Language	320	3312	9.7
Asian Pacific Islander Languages	237	2344	10.1
Middle Eastern Languages	18	195	9.2
American Sign Language			
Other/Unknown Languages	27	310	8.7

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

542

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

5183

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

10.5

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	49	419	11.7
Black or African American	69	457	15.1
Hispanic or Latino	127	1103	11.5
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	261	2807	9.3

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	34	489	7
Age 35 to 49	64	606	10.6
Age 50 to 64	112	1049	10.7
Age 65 Years and Older	332	3039	10.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	338	3426	9.9
Male			
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	366	3255	11.2
Medicaid	100	845	11.8
Private	75	1020	7.4
Self-Pay			
Other			

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	464	4582	10.1
Spanish Language	52	368	14.1
Asian Pacific Islander Languages	23	169	13.6
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

227

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

2140

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

10.6

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			
Asian			
Black or African American	28	276	10.1
Hispanic or Latino	74	648	11.4
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	102	937	10.9

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	17	197	8.6
Age 35 to 49	35	463	7.6
Age 50 to 64	90	707	12.7
Age 65 Years and Older	85	773	11

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	79	691	11.4
Male	148	1449	10.2
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	108	875	12.3
Medicaid	95	819	11.6
Private	24	406	5.9
Self-Pay	0	22	0
Other	0	18	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	192	1850	10.4
Spanish Language	24	217	11.1
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

197

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

1433

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

13.7

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			
Asian			
Black or African American	25	148	16.9
Hispanic or Latino	35	276	12.7
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	0	18	0
Native Hawaiian or Pacific Islander			
White	127	882	14.4

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	14	125	11.2
Age 35 to 49	46	293	15.7
Age 50 to 64	63	439	14.4
Age 65 Years and Older	74	576	12.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	111	742	15
Male	86	691	12.4
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	104	729	14.3
Medicaid	61	445	13.7
Private	28	237	11.8
Self-Pay			
Other			

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	190	1370	13.9
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

1943

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

25316

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

7.7

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			
Asian	381	5037	7.6
Black or African American	176	1878	9.4
Hispanic or Latino	510	6588	7.7
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	13	189	6.9
Native Hawaiian or Pacific Islander	14	251	5.6
White	731	9760	7.5

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	125	3844	3.3
Age 35 to 49	248	3667	6.8
Age 50 to 64	380	4425	8.6
Age 65 Years and Older	1190	13380	8.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Male	976	10788	9
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	1218	13159	9.3
Medicaid	355	4457	8
Private	345	7199	4.8
Self-Pay	11	168	6.5
Other	14	333	4.2

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	1461	20109	7.3
Spanish Language	239	2683	8.9
Asian Pacific Islander Languages	204	2114	9.6
Middle Eastern Languages	14	149	9.4
American Sign Language			
Other/Unknown Languages	25	261	9.6

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

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

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

Health Equity Plan

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

Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Expected Payor	Medicare	12.3	Private	5.9	4.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Expected Payor	Medicaid	11.6	Private	5.9	3.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	65 and older	8.9	18 to 34	3.3	2.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring Disorder)	Race and/or Ethnicity	Black or African American	16.9	Hispanic or Latino	12.7	2.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	50 to 64	8.6	18 to 34	3.3	2.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	10	Other	4	2.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	9.7	18 to 34	4.1	2.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	9.5	18 to 34	4.1	2.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	9.3	Other	4	2.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring Disorder)	Race and/or Ethnicity	White	14.4	Hispanic or Latino	12.7	2.3

Plan to address disparities identified in the data

There are many actions at the hospitals to address our top 10 disparities which all relate to the 30 day readmission rate.

MemorialCare Long Beach Medical Center and MemorialCare Miller Children's and Women's Hospital are dedicated to continuously analyzing, evaluating, and adapting strategies to evaluate disparities in care and improve processes affecting those populations. Through this process, 30-day unplanned readmissions for the Black or African American, Asian, Medicaid, Medicare, 50- to 64-year-olds, 35- to 49-year-olds, and 65 and older populations at Long Beach Medical Center and also the Hispanic, Asian, White, and Female populations at Millers have been identified as an opportunity for improvement. Our leadership teams have committed to engaging a multidisciplinary team to evaluate improvement strategies. This team has developed the following strategies to address 30-day unplanned readmissions:

Identify patients at high-risk for readmission and work with those patients to address potential barriers to continued care post-hospitalization. Ensure access to prescription medications, pre-arrange follow-up appointments, create a structure post-discharge follow-up plan including telephone calls or home visits, particularly during the first days and weeks post-discharge to address potential complications early.

Ensure that patients at high-risk for readmission have an enhanced discharge plan including patient education tailored to their needs and information on their medication regime and follow-up care using clear, culturally and linguistically appropriate communication methods, including "teach-back." Prior to discharge, conduct medication reconciliation to prevent discrepancies and support adherence, as adverse drug events remain a leading cause of readmissions. Finally, connect patients with community resources that address social determinants of health, including transportation, housing, and food security, through collaboration with social workers and local organizations.

The multidisciplinary team will track and trend readmissions for the impacted populations over a 12-month period with an aim of reducing readmissions by 5%.

MemorialCare Orange Coast Medical Center and MemorialCare Saddleback Medical Center are committed to analyzing, evaluating, and adapting strategies to identify disparities in care and improve processes that impact those populations. Through this work, 30-day unplanned readmissions among the Black or African American, Asian, Medicaid, Medicare, Male, 50- to 64-year-old, 35- to 49-year-old, and 65 and older populations at Orange Coast as well as the Black or African American, White, Medicaid, Medicare, Male, 50- to 64-year-old, 35- to 49-year-old, and 65 and older populations at Saddleback have been identified as an opportunity for improvement.

Readmissions disproportionately affect patients with chronic conditions, older adults, and individuals from underserved communities who face barriers such as limited access to follow-up care, transportation, and health literacy challenges. Orange Coast provides standardized discharge planning with clear instructions, medication reconciliation, and culturally appropriate education. Post-discharge phone calls are conducted within 72 hours for high-risk patients to reinforce understanding and address concerns.

Social services and case managers collaborate with community services and local organizations to address specific needs related to the social determinants of health, and assist with transportation needs, access to medications, and follow-up appointments. Pharmacists conduct medication reviews for patients with polypharmacy, assisting with educational needs and medication management. Our goals include reducing 30-day readmission rates by 2% within 12 months; achieving 90% completion of post-discharge follow-up calls, and improving patient understanding of discharge instructions. Saddleback conducts multidisciplinary discharge rounds, provide standardized discharge planning with clear instructions, medication reconciliation, and culturally appropriate education. Telephone advice nurses perform post-discharge follow-up phone calls on complex medical diagnoses. The Social Services department collaborates with local organizations to address specific needs related to the social determinants of health and assists with transportation needs, access to medications, and follow-up appointments. Case managers collaborate with community services, high-performing home health care agencies and skilled nursing facilities upon discharge to ensure a smooth transition of care and maintain low hospital readmission rates. Our goals include reducing 30-day readmission rates by 2% within 12 months; improving patient understanding of discharge instructions; and helping connect patients to

community resources. Readmission rates are monitored quarterly and stratified by population segmentation to identify disparities and trends.

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

MemorialCare is deeply committed to person-centered care, which means we put patients and their families at the heart of everything we do, from the decisions we make to the care we give. Our philosophy is to respect each patient's unique needs, values, and preferences, ensuring that care is tailored to the individual. We believe that patients and their loved ones should be active participants in their healthcare journey, and we foster a culture of compassion, empathy, and respect throughout our organization.

To achieve this, MemorialCare includes patient and family advisors in our improvement teams, ensuring that the voices of those we serve are heard and valued in shaping our care and services. Our care teams are trained to communicate openly, listen carefully to patient concerns, and work collaboratively to develop treatment plans that reflect each patient's goals and circumstances. We use best practices and evidence-based guidelines to personalize care, taking into account cultural, social, and health backgrounds.

We also measure patient experience through surveys and feedback, using this information to continually improve our care. Our commitment to person-centered care is reflected in our ongoing efforts to create a welcoming environment, where patients feel respected, understood, and empowered to make informed choices about their health. By integrating patient and family perspectives into our care processes, MemorialCare strives to deliver compassionate, high-quality care that meets the needs of every individual.

Patient safety

Patient safety is a guiding principle at MemorialCare and core to our business and care models. We are dedicated to "zero harm" by continuously improving our processes and culture to protect patients from preventable harm. Safety is a system-wide responsibility, and every member of our team is empowered to contribute to a safe environment.

We use proven models such as AIM-PDSA (Plan, Do, Study, Act), Root Cause Analysis, and Lean principles to proactively identify and address risks. Our approach includes following national safety protocols, such as accurate patient identification, effective communication among caregivers, safe medication practices, and infection prevention. We encourage a "Just Culture," where staff can report errors and near misses without fear of reprisal, focusing on learning and prevention rather than blame.

Through our Performance Improvement Model, we conduct regular safety surveys and audits to monitor our performance. We benchmark our results against national standards to identify opportunities for improvement and ensure sustained excellence in patient care and safety. Our safety initiatives are supported by interdisciplinary teams that work together to analyze incidents, develop solutions, and implement best practices. By fostering a culture of transparency, accountability, and continuous learning, MemorialCare is committed to providing the safest and highest quality care possible for our patients.

Addressing patient social drivers of health

MemorialCare recognizes that a person's health is shaped by social determinants, including race, ethnicity, language, and socio-economic status, and that health outcomes are influenced by access to resources. Our Performance Improvement Plan is closely aligned with efforts to address health disparities and promote Diversity, Equity, and Inclusion (DEI) across our system.

We collect and analyze data by sociodemographic factors to identify disparities in patient safety events and outcomes. When disparities are found, we develop targeted interventions to address them. Our DEI Steering Committee leads strategic initiatives to promote justice and equity for our communities, employees, and providers. We believe that every person deserves access to high-quality healthcare, and our improvement efforts reflect this commitment.

MemorialCare's approach includes engaging with community partners, providing culturally competent care, and removing barriers to health equity. We strive to create an inclusive environment where all patients feel welcome and supported. By integrating DEI principles into our performance improvement activities, we are working to ensure that everyone in our community has the opportunity to achieve optimal health.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Effective treatment at MemorialCare is guided by best practices and evidence-based medicine. Our interdisciplinary Best Practice Teams develop and implement guidelines for various specialties, ensuring that care is based on the latest scientific evidence and clinical expertise. We monitor clinical outcomes using national and state benchmarks and participate in internal and external collaboratives to share best practices.

We are committed to improving patient outcomes by reducing mortality rates for conditions like sepsis and achieving high reliability in clinical processes. We utilize data-driven decision support tools to evaluate and enhance the effectiveness of our treatments. By continuously evaluating our performance and adopting new innovations, MemorialCare is committed to delivering the highest standard of care to our patients.

We also focus on patient education and engagement, empowering individuals to participate actively in their treatment plans. Our commitment to effective treatment includes a focus on reducing health disparities and improving outcomes for all patients. We work to minimize complications and ensure that every individual receives care that is safe, evidence-based, and responsive to their unique needs and circumstances.

Care coordination

Care coordination is central to MemorialCare's mission of providing seamless, high-quality care across the continuum. Our Performance Improvement Network supports coordination among hospitals, ambulatory care, and other clinically integrated care and services. Multidisciplinary teams collaborate to plan, assess, and enhance care processes, ensuring that patients receive the appropriate care at the right time.

We prioritize effective communication among caregivers and the integration of services to prevent duplication and gaps in care. Our Lean management system and visual management tools help teams stay aligned and focused on shared goals. Technology, such as electronic health records, enhances information sharing and care coordination across MemorialCare's virtual health services, urgent care, primary care, and specialty care within our hospitals. This connectivity enables providers to collaborate more effectively, ensuring that every patient receives timely, coordinated,

and equitable care tailored to their specific needs.

MemorialCare's approach to care coordination involves engaging patients and their families in care planning, ensuring seamless transitions between care settings, and addressing barriers to continuity of care. We collaborate closely with other facilities and community partners to support seamless transitions and sustained care. We partner with community organizations and care facilities to support coordinated transitions of care and address social determinants of health. By focusing on teamwork, communication, and process improvement, we strive to provide care that is efficient, effective, and centered on the needs of our patients.

Access to care

MemorialCare is dedicated to improving access to timely and appropriate healthcare for all individuals—by focusing on value-based care—meaning providing the right care, at the right place, at the right time. We measure access by evaluating how quickly and effectively patients can obtain services, tracking wait times and referral patterns for specialists, and diagnostic testing. Our strategic initiatives include expanding primary and specialty integrated clinical care networks, increasing preventive screenings, and reducing wait times.

Our commitment to continuous improvement means we regularly assess and refine our processes to make care more accessible to everyone in our communities. MemorialCare recently re-launched its virtual care offerings with its "Get Care Now" initiative—where services are designed for all age groups to any California resident—and include online symptom submission, virtual visits, in-person urgent care, and nurse consultations.

The 24/7 QuickCare Visit allows patients to submit their symptoms online and receive a treatment plan via email within an hour for common conditions, such as colds, flu, and skin issues, for \$20.

The 24/7 Virtual Urgent Care option provides video visits with providers for \$75 or a co-pay, covering ailments such as allergies, ear infections, and medication questions. MemorialCare offers free 24/7 phone and online chat support to help with general questions, appointment booking, and care guidance. Additionally, In-Person Urgent Care is available for more hands-on needs, such as minor injuries, vaccinations, and asthma management, with hours varying by location.

Our efforts to improve access are guided by a belief in health equity and a dedication to serving the diverse needs of our community. We are committed to providing high-quality healthcare to all, regardless of their background or circumstances.

Methodology Guidelines

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

Y