# Hospital Equity Measures Report

## General Information

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|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2024 |
| Hospital Name: | PETALUMA VALLEY HOSPITAL |
| Facility Type: | General Acute Care Hospital |
| Hospital HCAI ID: | 106491001 |
| Report Period: | 1/1/2024 - 12/31/2024 |
| Status: | Submitted |
| Due Date: | 11/29/2025 |
| Last Updated: | 11/24/2025 |
| Hospital Location with Clean Water and Air: | Y |
| Hospital Web Address for Equity Report: | https://www.providence.org/about/health-equity |

## 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.
    150033

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 | 121729 | 150033 | 81.1 |
| Spanish Language | 24924 | 150033 | 16.6 |
| Asian Pacific Islander Languages | 1401 | 150033 | 0.9 |
| Middle Eastern Languages | 193 | 150033 | 0.1 |
| American Sign Language | 44 | 150033 | 0 |
| Other Languages | 1742 | 150033 | 1.2 |

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

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

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

• Our hospital strategic plan identifies priority populations who currently experience health disparities.

• Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.

• Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.

• Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.
    Y

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

• Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.

• Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.

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

Y

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

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

Y

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

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

Y

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

• Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.

• Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually review key performance indicators stratified by demographic and/or social factors.

Y

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

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

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

1034

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

1091

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

94.8

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 | 52 | 5 | 38 | 3.5 |
| Housing Instability | 97 | 9.4 | 71 | 6.5 |
| Transportation Problems | 46 | 4.4 | 37 | 3.4 |
| Utility Difficulties | 42 | 4.1 | 23 | 2.1 |
| Interpersonal Safety | 11 | 1.1 | 5 | 0.5 |

## 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?"

217

Total number of respondents to HCAHPS Question 19

234

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

92.7

Total number of people surveyed on HCAHPS Question 19

239

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

97.9

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

| Race and/or Ethnicity | Number of "probably yes" or "definitely yes" responses | Total number of responses | Percent of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| American Indian or Alaska Native | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| Asian | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| Black or African American | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| Hispanic or Latino | 183 | 198 | 92.4 | 203 | 97.5 |
| Middle Eastern or North African | | | | | |
| Multiracial and/or Multiethnic (two or more races) | | | | | |
| Native Hawaiian or Pacific Islander | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| White | 176 | 190 | 92.6 | 195 | 97.4 |

| 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 | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| Age 35 to 49 | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| Age 50 to 64 | 28 | 30 | 93.3 | 30 | 100 |
| Age 65 Years and Older | 176 | 189 | 93.1 | 194 | 97.4 |

| 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 | 116 | 122 | 95.1 | 126 | 96.8 |
| Male | 101 | 112 | 90.2 | 113 | 99.1 |
| 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 | 170 | 181 | 93.9 | 186 | 97.3 |
| Medicaid | 18 | 21 | 85.7 | 21 | 100 |
| Private | 21 | 23 | 91.3 | 23 | 100 |
| Self-Pay | | | | | |
| Other | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |

| Preferred Language | Number of "probably yes" or "definitely yes" responses | Total number of responses | Percent of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| English Language | 172 | 187 | 92 | 192 | 97.4 |
| Spanish Language | 14 | 14 | 100 | 14 | 100 |
| 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?"
    178

Total number of respondents to HCAHPS Question 17
    209

Percentage of respondents who responded "yes" to HCAHPS Question 17
    85.2

Total number of people surveyed on HCAHPS Question 17
    239

Response rate, or the percentage of people who responded to HCAHPS Question 17
    87.4

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 | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| Asian | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| Black or African American | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| Hispanic or Latino | 148 | 175 | 84.6 | 203 | 86.2 |
| Middle Eastern or North African | | | | | |
| Multiracial and/or Multiethnic (two or more races) | | | | | |
| Native Hawaiian or Pacific Islander | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| White | 143 | 169 | 84.6 | 195 | 86.7 |

| 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 | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| Age 35 to 49 | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |
| Age 50 to 64 | 25 | 29 | 86.2 | 30 | 96.7 |
| Age 65 Years and Older | 140 | 166 | 84.3 | 194 | 85.6 |

| 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 | 92 | 109 | 84.4 | 126 | 86.5 |
| Male | 86 | 100 | 86 | 113 | 88.5 |
| 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 | 134 | 157 | 85.4 | 186 | 84.4 |
| Medicaid | 17 | 21 | 81 | 21 | 100 |
| Private | 18 | 22 | 81.8 | 23 | 95.7 |
| Self-Pay | | | | | |
| Other | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |

| 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 | 140 | 166 | 84.3 | 192 | 86.5 |
| Spanish Language | 13 | 14 | 92.9 | 14 | 100 |
| Asian Pacific Islander Languages | | | | | |
| Middle Eastern Languages | | | | | |
| American Sign | | | | | |
| Other/Unknown Languages | Suppressed | Suppressed | Suppressed | Suppressed | Suppressed |

| 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

Suppressed

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

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

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

| Payer Type | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| Medicare | Suppressed | Suppressed | Suppressed |
| Medicaid | Suppressed | Suppressed | Suppressed |
| Private | Suppressed | Suppressed | Suppressed |
| 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 | | | |
| Spanish Language | | | |
| Asian Pacific Islander Languages | | | |
| Middle Eastern Languages | | | |
| American Sign Language | | | |
| Other/Unknown Languages | Suppressed | Suppressed | Suppressed |

| 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

    Suppressed

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

    Suppressed

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 | Suppressed | Suppressed | Suppressed |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more | | | |
| Native Hawaiian or Pacific Islander | | | |
| White | Suppressed | Suppressed | Suppressed |

| 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 | Suppressed | Suppressed | Suppressed |
| Age 65 Years and Older | Suppressed | Suppressed | Suppressed |

| 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 | Suppressed | Suppressed | Suppressed |
| Male | Suppressed | Suppressed | Suppressed |
| 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 | Suppressed | Suppressed | Suppressed |
| Medicaid | | | |
| Private | Suppressed | Suppressed | Suppressed |
| Self-Pay | | | |
| Other | Suppressed | Suppressed | Suppressed |

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

| 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

NA

Total number of nulliparous NTSV patients

NA

Rate of NTSV patients with Cesarean deliveries

NA

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

| Age | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| Age < 18 | | | |
| Age 18 to 29 | | | |
| Age 30 to 39 | | | |
| 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 | | | |
| Medicaid | | | |
| Private | | | |
| 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 | | | |
| Spanish Language | | | |
| Asian Pacific Islander Languages | | | |
| Middle Eastern Languages | | | |
| American Sign Language | | | |
| 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

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

    NA

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

NA

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

NA

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

| Age | Number of 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 | | | |
| Age 40 Years and Older | | | |

| 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 | | | |
| Medicaid | | | |
| Private | | | |
| 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 | | | |
| Spanish Language | | | |
| Asian Pacific Islander Languages | | | |
| Middle Eastern Languages | | | |
| American Sign Language | | | |
| 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 | | | |

| 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

    NA

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

    NA

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

    NA

Table 9. Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

| Race and/or Ethnicity | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%) |
|---|---|---|---|
| American Indian or Alaska Native | | | |
| Asian | | | |
| Black or African American | | | |
| Hispanic or Latino | | | |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more races) | | | |
| Native Hawaiian or Pacific | | | |
| White | | | |

| Age | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%) |
|---|---|---|---|
| Age < 18 | | | |
| Age 18 to 29 | | | |
| Age 30 to 39 | | | |
| Age 40 Years and Older | | | |

| 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 | | | |
| Medicaid | | | |
| Private | | | |
| Self-Pay | | | |
| Other | | | |

| 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 | | | |
| Spanish Language | | | |
| Asian Pacific Islander Languages | | | |
| 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 | | | |

| 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

84

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

1155

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

7.3

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

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| American Indian or Alaska Native | Suppressed | Suppressed | Suppressed |
| Asian | Suppressed | Suppressed | Suppressed |
| Black or African American | Suppressed | Suppressed | Suppressed |
| Hispanic or Latino | Suppressed | Suppressed | Suppressed |
| Middle Eastern or North African | Suppressed | Suppressed | Suppressed |
| Multiracial and/or Multiethnic (two or more races) | | | |
| Native Hawaiian or Pacific Islander | | | |
| White | 66 | 991 | 6.7 |

| 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 | 14 | 134 | 10.4 |
| Age 65 Years and Older | 68 | 959 | 7.1 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Female | 50 | 596 | 8.4 |
| Male | 34 | 559 | 6.1 |
| Unknown | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Medicare | 73 | 954 | 7.7 |
| Medicaid | Suppressed | Suppressed | Suppressed |
| Private | Suppressed | Suppressed | Suppressed |
| Self-Pay | | | |
| Other | Suppressed | Suppressed | Suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| English Language | | | |
| Spanish Language | | | |
| Asian Pacific Islander Languages | | | |
| Middle Eastern Languages | | | |
| American Sign Language | | | |
| Other/Unknown Languages | 84 | 1155 | 7.3 |

| 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

22

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

288

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

7.6

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

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| American Indian or Alaska Native | Suppressed | Suppressed | Suppressed |
| Asian | Suppressed | Suppressed | Suppressed |
| Black or African American | Suppressed | Suppressed | Suppressed |
| Hispanic or Latino | Suppressed | Suppressed | Suppressed |
| Middle Eastern or North African | Suppressed | Suppressed | Suppressed |
| Multiracial and/or Multiethnic (two or more races) | | | |
| Native Hawaiian or Pacific Islander | | | |
| White | 18 | 261 | 6.9 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Age 18 to 34 | Suppressed | Suppressed | Suppressed |
| Age 35 to 49 | Suppressed | Suppressed | Suppressed |
| Age 50 to 64 | Suppressed | Suppressed | Suppressed |
| Age 65 Years and Older | 19 | 241 | 7.9 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Female | 21 | 202 | 10.4 |
| Male | Suppressed | Suppressed | Suppressed |
| Unknown | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Medicare | 19 | 240 | 7.9 |
| Medicaid | Suppressed | Suppressed | Suppressed |
| Private | Suppressed | Suppressed | Suppressed |
| Self-Pay | | | |
| Other | Suppressed | Suppressed | Suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| English Language | | | |
| Spanish Language | | | |
| Asian Pacific Islander Languages | | | |
| Middle Eastern Languages | | | |
| American Sign Language | | | |
| Other/Unknown Languages | 22 | 288 | 7.6 |

| 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 | | | |

## 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

Suppressed

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

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

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

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

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

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

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

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

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

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

Suppressed

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

Suppressed

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

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

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

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

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

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

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

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

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

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

50

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

694

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

7.2

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 | Suppressed | Suppressed |
| Asian | Suppressed | Suppressed | Suppressed |
| Black or African American | Suppressed | Suppressed | Suppressed |
| Hispanic or Latino | Suppressed | Suppressed | Suppressed |
| Middle Eastern or North African | Suppressed | Suppressed | Suppressed |
| Multiracial and/or Multiethnic (two or more races) | | | |
| Native Hawaiian or Pacific Islander | | | |
| White | 39 | 575 | 6.8 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Age 18 to 34 | Suppressed | Suppressed | Suppressed |
| Age 35 to 49 | Suppressed | Suppressed | Suppressed |
| Age 50 to 64 | Suppressed | Suppressed | Suppressed |
| Age 65 Years and Older | 46 | 602 | 7.6 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Female | 24 | 338 | 7.1 |
| Male | 26 | 356 | 7.3 |
| Unknown | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Medicare | 43 | 570 | 7.5 |
| Medicaid | Suppressed | Suppressed | Suppressed |
| Private | Suppressed | Suppressed | Suppressed |
| Self-Pay | | | |
| Other | Suppressed | Suppressed | Suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| English Language | | | |
| Spanish Language | | | |
| Asian Pacific Islander Languages | | | |
| Middle Eastern Languages | | | |
| American Sign Language | | | |
| Other/Unknown Languages | 50 | 694 | 7.2 |

| 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 | Age (excluding maternal measures) | | | 65 and older | 7.1 | 1.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Sex Assigned at Birth | | | Male | 6.1 | 1.4 |
| HCAHPS survey: Received information and education | Preferred Language | | | Spanish Language | 92.9 | 1.1 |
| Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital. | Expected Payor | | | Medicare | 93.9 | 1.1 |
| Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital. | Preferred Language | | | Spanish Language | 100 | 1.1 |
| Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital. | Sex Assigned at Birth | | | Female | 95.1 | 1.1 |
| HCAHPS survey: Received information and education | Expected Payor | | | Medicare | 85.4 | 1.1 |
| HCAHPS survey: Received information and education | Expected Payor | | | Medicare | 85.4 | 1 |
| Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital. | Expected Payor | | | Medicare | 93.9 | 1 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis) | Sex Assigned at Birth | | | Female | 7.1 | 1 |

Plan to address disparities identified in the data

Disparity Group #3,7,8 Goal: Improve the HCAHPS question, "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" by 1% in the next 18 months, achieved by the following actions: - Teach Back - Utilized to educate and validate patient understanding of their medication's purpose and side effects - Medication Information and Side Effects Sheet - Included in patient admission and discharge folder specific to new medications. - Provide verbal and written information and education in patients' preferred language. - AVS (After Visit Summary) - Provide patients with the AVS at discharge (explains why they were hospitalized, medications prescribed, signs/symptoms to watch for, how to care for self, follow-up appointments) - Care Network - Patients with chronic or complex conditions are referred to the Care Network after discharge for services and coordination of care (such as medication therapy) - Bedside shift report - Off-going RN in-person hand off to the oncoming RN during shift report and at the bedside with patients/family members - Hourly rounding - RNs and CNAs round on patients to meet their needs and answer questions - Leader rounding - Unit leaders round on patients asking scripted questions regarding the patient's perception of how care is being delivered and to allow the opportunity to provide information/education to the patient and family - Patient Care Boards posted in each patient's room provide information to the patient/family of who their care team is, activity level, diet status, next scheduled medication time, patient specific needs and a section for patients/families to write questions they may have - "What Matters Most" boards -

During the patient's stay, the patient's RN asks the patient "what matters most" to them during hospitalization. The patient's responses are available so the entire care team can incorporate the patient's wishes into their care - Interpreter services utilization - Use when patients/families speak another language other than English and important information needs to be conveyed by the care team or vice versa Disparity Group 4,5,6,9 Goal: Improve the HCAHPS question, "Would you recommend this hospital to your friends and family?" by 1% in the next 18 months, achieved by the following actions: Enhance PERSON-CENTERED CARE - Ask patients "What Matters Most?" and post on patient board for care team to incorporate into the care plan. - Personalize and update information for the patient/family regarding who their care team is, activity level, diet status, patient specific needs, and a section for patients/families to write questions. - Screen all patients for preferred language, ensure qualified interpreters are available for non-English speaking patients. Provide educational materials in patient's preferred language to support understanding and engagement, enabling patients to comprehend their care plan and actively participate in decision-making. - Utilize interpreter services for patients with preferred language other than English. Incorporate Social Determinants of Health (SDoH) positive screening into care plan - FindHelp is used to generate a comprehensive list of local resources for housing, utilities, food, transportation to support health and well-being to support excellent health outcomes. Disparity Group #1,2,10 Goal: Reduce unplanned readmissions by 10% achieved by the following actions Actions: · Utilize evidence-based readmission risk assessment tool to flag high risk patients (LACE) · Standard work to schedule follow-up Primary Care appointments by CM staff · Refer patients without a Primary Care Physician to Petaluma community health center or equivalent · Screen all patients for SDOH needs · Engage CM/Social Work to provide local community resources from FindHelp · Partner with CareNetwork to support connection to community resources and outpatient case management/ enhanced case management · Implement a multidisciplinary readmission prevention discharge checklist for all roles and incorporate into MDRs · Implement Pharmacy-led medication reconciliation on admission and discharge · Establish Pharmacy-Nursing medication patient education partnerships · Order timely Home Health referrals according to estimated discharge date · Educate patients of an automatic discharge follow-up call within 48 hours of discharge · Consider advanced care planning conversations with all patients with complex conditions · Behavioral health patients: o Include behavioral health assessment at admission o Engage mental health resources into discharge planning, including substance use disorders o Warm handoff to outpatient community resources

## 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

Overview: Our organization prioritizes person-centered care as a cornerstone of health equity. We recognize that patient voices, cultural context, and language access are essential to delivering high-quality, equitable care. Equity Considerations: Our organization is committed to advancing health equity by embedding person-centered principles into every aspect of care delivery. We actively engage patients and their families in care planning to ensure that individual preferences and goals guide treatment decisions. To identify and address disparities, we collect and analyze patient experience data stratified by race, ethnicity, and language for all patients responding to the survey. Additionally, we consistently screen all patients for their preferred language and ensure that qualified

interpreters are available for every non-English encounter. We also provide educational materials in patients' preferred language to support understanding and engagement, enabling every patient to fully comprehend their care plan and actively participate in decision-making. These practices reflect our dedication to delivering equitable, respectful, and responsive care for all individuals. Metrics and Improvements: 1) Complete baseline assessment of care plans documented with patient-stated goals. 2) Analyze patient experience data, identify disparities, and implement targeted improvements. 3) Improve the use of interpreters by 10%

### Patient safety

Overview: Patient safety is a core component of our mission to provide high-quality, equitable care. We recognize that safety outcomes can vary across demographic groups, and we are committed to identifying and eliminating disparities in harm prevention. Equity Considerations: We are committed to advancing patient safety through an equity lens by implementing strategies that minimize harm for all individuals. We monitor and stratify key safety indicators such as falls, medication errors, and hospital-acquired infections by race, ethnicity, language, and other demographic factors to identify disparities and implement targeted interventions. To strengthen our approach, we provide equity-focused training for all clinical staff on bias mitigation. Additionally, we engage patients and families in safety efforts by educating them to report concerns and participate actively in harm prevention. Metrics and Improvements: 1) Conduct quarterly reviews of safety data stratified by demographic factors. 2) Develop and implement an action plan based on data analysis. 3) Engage the Health Equity Committee to provide governance and oversight for improvement initiatives.

### Addressing patient social drivers of health

Overview: Our organization recognizes that health outcomes are influenced by more than clinical care alone. Social Determinants of Health such as housing stability, food security, transportation access, education, and economic opportunity play a critical role in shaping patient well-being. Addressing these factors is essential to achieving health equity and improving overall quality of care. Equity Considerations: We systematically identify and address social needs that impact health outcomes. To achieve this, we screen all patients for key social determinants, including housing, food, transportation, and financial insecurity, and stratify findings by race, ethnicity, language, and other demographics to uncover disparities. Currently, our screening rate is 95%. We partner with community-based organizations to connect patients to resources and provide culturally and linguistically appropriate support. We use FindHelp an electronic medical record search tool that assists caregivers in finding community-based social services that address social drivers of health. FindHelp can generate a comprehensive list of local resources patients need to maintain their health and well-being. Additionally, we integrate SDOH data into care planning and population health strategies to ensure interventions are equitable and responsive to the unique needs of our diverse patient population. Metrics and Improvements: 1) Analyze social drivers of health follow-up interventions data and determine baseline data 2) Develop and implement an action plan based on data and current state analysis 3) Engage the Health Equity Committee to provide governance and oversight for improvement initiatives.

## Performance in the priority area continued

Performance across all of the following priority areas.

### Effective treatment

Overview: We provide evidence-based, timely, and appropriate clinical care to patients. Effective treatment ensures that every individual receives care that aligns with best practices, clinical guidelines, and their unique health needs, regardless of demographic or socioeconomic factors. Equity Considerations: We actively monitor treatment outcomes and adherence to evidence-based

protocols across demographic groups to identify and address disparities. Clinical teams receive training in bias mitigation to ensure equitable decision-making. Additionally, we integrate patient preferences and social context into treatment planning and provide language access to support understanding and adherence. These efforts reflect our commitment to delivering high-quality, equitable care that improves outcomes for all populations. Metrics and Improvements: 1) Stratify clinical outcomes and adherence to evidence-based protocols by race, ethnicity, language, and other demographic factors 2) Identify disparities and implement targeted interventions to improve equity in treatment effectiveness. 3) Engage the Health Equity Committee to provide governance and oversight for improvement initiatives.

Care coordination

Overview: Delivering seamless and coordinated care reduces fragmentation and improves patient outcomes. Effective care coordination ensures smooth transitions between care settings such as hospital to home and promotes continuity of care for all patients, regardless of demographic or socioeconomic factors. Equity Considerations: we monitor transitions of care such as hospital discharge to home across demographic groups to identify and address disparities. We utilize patient navigators and community health workers to support individuals with complex needs and social barriers, providing culturally and linguistically appropriate guidance throughout the care continuum. Additionally, we track follow-up appointment completion rates by race, ethnicity, and language, implementing targeted interventions to close gaps in continuity of care. These efforts reflect our dedication to reducing fragmentation and improving health outcomes for diverse populations. Metrics and Improvements: 1) Develop standardized discharge and transition protocols that include culturally and linguistically appropriate instructions. 2) Monitor transition success rates and identify disparities across demographic groups 3) Develop and implement an action plan based on data and current state analysis 4) Track follow-up appointment completion rates by race, ethnicity, language, and other demographics.

Access to care

Overview: Access to care is defined as the ability of patients to obtain timely, culturally appropriate services. Our organization is committed to removing barriers that prevent individuals from receiving the care they need, including challenges related to transportation, clinic hours, insurance coverage, and language access. Ensuring equitable access is essential to improving health outcomes and fostering trust within the communities we serve. Equity Considerations: We actively identify and address barriers to care by monitoring appointment availability, wait times, and service utilization across demographic groups. Disparities in access such as longer wait times or limited appointment options for certain populations are analyzed and addressed through targeted interventions. To improve access, we have expanded telehealth services and implemented transportation assistance programs. Additionally, we ensure language access by screening for preferred language and providing qualified interpreters and culturally tailored materials. These efforts reflect our commitment to delivering timely, culturally appropriate care for all patients. Metrics and Improvements: 1) track wait times, and service utilization stratified by race, ethnicity, language, and other demographic factors 2) Identify disparities and develop strategies to improve equity in access.

## Methodology Guidelines

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

Y