# Hospital Equity Measures Report

## General Information

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|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2025 |
| Hospital Name: | PROVIDENCE REDWOOD MEMORIAL HOSPITAL |
| Facility Type: | General Acute Care Hospital |
| Hospital HCAI ID: | 106121051 |
| Report Period: | 01/01/2025 - 12/31/2025 |
| Status: | Submitted |
| Due Date: | 11/29/2026 |
| Last Updated: | 11/23/2026 |
| Hospital Location with Clean Water and Air: | Yes |
| Hospital Web Address for Equity Report: | providence.org/locations/norcal/redwood-memorial |

## Overview

Health and Safety Code Sections 127370-127376 require 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 Health and Safety Code Sections 127370-127376, 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.

Yes

Provide documentation of policy prohibiting discrimination.

Yes

Table 1. Summary of preferred languages reported by patients.

| Languages | Number of patients who report preferred language | Total number of patients who were asked to report their preferred language | Percentage of patients by preferred language group (%) |
|---|---|---|---|
| **English Language** | 17027 | 17763 | 95.9 |
| **Spanish Language** | 597 | 17763 | 3.4 |
| **Asian Pacific Islander Languages** | 59 | 17763 | 0.3 |
| **Middle Eastern Languages** | masked | 17763 | masked |
| **American Sign Language** | masked | 17763 | masked |
| **Other Languages** | 73 | 17763 | 0.4 |

## 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.

Yes

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

- Our hospital collects demographic information, including self-reported race and ethnicity, and/or social determinant of health information on the majority of our patients.
- 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.

Yes

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.

Yes

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.

Yes

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 reviews key performance indicators stratified by demographic and/or social factors.

Yes

## 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 18 years or older 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

770

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

787

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

97.8

Table 2. Screen positive 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 patients who screened positive | Screen positive rate (%) | Number of patients who screened positive and received intervention | Intervention Rate (%) |
|---|---|---|---|---|
| **Food Insecurity** | 24 | 3.1 | 13 | 1.7 |
| **Housing Instability** | 52 | 6.8 | 33 | 4.3 |
| **Transportation Problems** | 39 | 5.1 | 24 | 3.1 |
| **Utility Difficulties** | 25 | 3.2 | 18 | 2.3 |
| **Interpersonal Safety** | 22 | 2.9 | 11 | 1.4 |

## 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?"

128

Total number of respondents to HCAHPS Question 19

136

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

94.1

Total number of patients surveyed on HCAHPS Question 19

138

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

98.6

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 | Rate of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **American Indian or Alaska Native** | | | | | |
| **Asian** | | | | | |
| **Black or African American** | | | | | |
| **Hispanic or Latino** | 116 | 124 | 93.5 | 125 | 99.2 |
| **Middle Eastern or North African** | | | | | |
| **Multiracial and/or Multiethnic (two or more races)** | masked | masked | masked | masked | masked |
| **Native Hawaiian or Pacific Islander** | | | | | |
| **White** | masked | masked | masked | masked | masked |

| Age | Number of "probably yes" or "definitely yes" responses | Total number of responses | Rate of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **Age 18 to 34** | masked | masked | masked | masked | masked |
| **Age 35 to 49** | masked | masked | masked | masked | masked |
| **Age 50 to 64** | 23 | 23 | 100 | 23 | 100 |
| **Age 65 Years and Older** | 97 | 102 | 95.1 | 104 | 98.1 |

| Sex assigned at birth | Number of "probably yes" or "definitely yes" responses | Total number of responses | Rate of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **Female** | 74 | 77 | 96.1 | 78 | 98.7 |
| **Male** | 54 | 59 | 91.5 | 60 | 98.3 |
| **Unknown** | | | | | |

| Payer Type | Number of "probably yes" or "definitely yes" responses | Total number of responses | Rate of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **Medicare** | 93 | 97 | 95.9 | 99 | 98 |
| **Medicaid** | | | | | |
| **Private** | | | | | |
| **Self-Pay** | | | | | |
| **Other** | 35 | 39 | 89.7 | 39 | 100 |

| Preferred Language | Number of "probably yes" or "definitely yes" responses | Total number of responses | Rate of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **English Language** | 121 | 128 | 94.5 | 129 | 99.2 |
| **Spanish Language** | masked | masked | masked | masked | masked |
| **Asian Pacific Islander Languages** | | | | | |
| **Middle Eastern Languages** | | | | | |
| **American Sign Language** | | | | | |
| **Other/Unknown Languages** | masked | masked | masked | masked | masked |

| Disability Status | Number of "probably yes" or "definitely yes" responses | Total number of responses | Rate 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 | Rate 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 | Rate 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?"

105

Total number of respondents to HCAHPS Question 17

131

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

80.2

Total number of people surveyed on HCAHPS Question 17

138

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

94.9

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

| Race and/or Ethnicity | Number of "yes" responses | Total number of responses | Rate of "yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **American Indian or Alaska Native** | | | | | |
| **Asian** | | | | | |
| **Black or African American** | | | | | |
| **Hispanic or Latino** | 97 | 119 | 81.5 | 125 | 95.2 |
| **Middle Eastern or North African** | | | | | |
| **Multiracial and/or Multiethnic (two or more races)** | masked | masked | masked | masked | masked |
| **Native Hawaiian or Pacific Islander** | | | | | |
| **White** | masked | masked | masked | masked | masked |

| Age | Number of "yes" responses | Total number of responses | Rate of "yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **Age 18 to 34** | masked | masked | masked | masked | masked |
| **Age 35 to 49** | masked | masked | masked | masked | masked |
| **Age 50 to 64** | 21 | 21 | 100 | 23 | 91.3 |
| **Age 65 Years and Older** | 75 | 99 | 75.8 | 104 | 95.2 |

| Sex assigned at birth | Number of "yes" responses | Total number of responses | Rate of "yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **Female** | 57 | 72 | 79.2 | 78 | 92.3 |
| **Male** | 48 | 59 | 81.4 | 60 | 98.3 |
| **Unknown** | | | | | |

| Payer Type | Number of "yes" responses | Total number of responses | Rate of "yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **Medicare** | 71 | 93 | 76.3 | 99 | 93.9 |
| **Medicaid** | | | | | |
| **Private** | | | | | |
| **Self-Pay** | | | | | |
| **Other** | 34 | 38 | 89.5 | 39 | 97.4 |

| Preferred Language | Number of "yes" responses | Total number of responses | Rate of "yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **English Language** | 99 | 123 | 80.5 | 129 | 95.3 |
| **Spanish Language** | masked | masked | masked | masked | masked |
| **Asian Pacific Islander Languages** | | | | | |
| **Middle Eastern Languages** | | | | | |
| **American Sign Language** | | | | | |
| **Other/Unknown Languages** | masked | masked | masked | masked | masked |

| Disability Status | Number of "yes" responses | Total number of responses | Rate 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 | Rate 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 | Rate 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

masked

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

masked

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

masked

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** | masked | masked | masked |
| **Asian** | masked | masked | masked |
| **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** | masked | masked | masked |

| 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 to 34** | | | |
| **Age 35 to 49** | masked | masked | masked |
| **Age 50 to 64** | masked | masked | masked |
| **Age 65 Years and Older** | masked | masked | masked |

| 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** | masked | masked | masked |
| **Male** | masked | masked | masked |
| **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** | masked | masked | masked |
| **Medicaid** | masked | masked | masked |
| **Private** | masked | masked | masked |
| **Self-Pay** | | | |
| **Other** | masked | masked | masked |

| 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** | masked | masked | masked |
| **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 of any age 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

masked

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

masked

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

masked

Table 6. Death Rate among Surgical Inpatients with Serious Treatable Complications by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

| 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 to 34** | | | |
| **Age 35 to 49** | | | |
| **Age 50 to 64** | masked | masked | masked |
| **Age 65 Years and Older** | masked | masked | masked |

| 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** | masked | masked | masked |
| **Male** | masked | masked | masked |
| **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** | masked | masked | masked |
| **Medicaid** | | | |
| **Private** | masked | masked | masked |
| **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** | masked | masked | masked |
| **Spanish Language** | | | |
| **Asian Pacific Islander Languages** | | | |
| **Middle Eastern Languages** | | | |
| **American Sign Language** | | | |
| **Other/Unknown Languages** | | | |

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

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

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

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

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

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

The CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate is defined as nulliparous women with a term (at least 37 weeks gestation), singleton baby in a vertex position delivered by cesarean 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

Total number of nulliparous patients delivered of a live term singleton newborn in vertex presentation

Rate of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section

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 100 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 deliveries among cases with previous Cesarean delivery that meet the inclusion and exclusion criteria

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

Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries

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 deliveries per 100 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 Islander** | | | |
| **White** | | | |

| Age | Number of vaginal deliveries with previous Cesarean delivery | Total number of birth discharges with previous Cesarean delivery | Rate of vaginal deliveries per 100 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 deliveries per 100 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 deliveries per 100 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 deliveries per 100 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 deliveries per 100 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 deliveries per 100 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 deliveries per 100 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

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

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

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 Islander** | | | |
| **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 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

33

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

526

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

6.3

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** | masked | masked | masked |
| **Asian** | masked | masked | masked |
| **Black or African American** | masked | masked | masked |
| **Hispanic or Latino** | 0 | 11 | 0 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | | | |
| **Native Hawaiian or Pacific Islander** | | | |
| **White** | 32 | 485 | 6.6 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 0 | 11 | 0 |
| **Age 35 to 49** | masked | masked | masked |
| **Age 50 to 64** | masked | masked | masked |
| **Age 65 Years and Older** | 28 | 421 | 6.7 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 18 | 278 | 6.5 |
| **Male** | 15 | 248 | 6 |
| **Unknown** | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 28 | 441 | 6.3 |
| **Medicaid** | masked | masked | masked |
| **Private** | masked | masked | masked |
| **Self-Pay** | | | |
| **Other** | masked | masked | masked |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | masked | masked | masked |
| **Spanish Language** | masked | masked | masked |
| **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 - 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

masked

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

masked

Rate of hospital-level, unplanned, all-cause readmissions after admission for mental health disorders within 30 days of hospital discharge for patients aged 18 or older

masked

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

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

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

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

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

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

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

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

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

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

masked

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

older at time of admission

masked

Rate of hospital-level, unplanned, all-cause readmissions after admission for substance use disorders within 30 days of hospital discharge for patients aged 18 or older

masked

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** | masked | masked | masked |
| **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** | masked | masked | masked |

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

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

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

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

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

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

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

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

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

masked

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

older at time of admission

masked

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

masked

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

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

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

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

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| English Language | masked | masked | masked |
| 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

12

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

older at time of admission

281

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

4.3

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** | masked | masked | masked |
| **Asian** | masked | masked | masked |
| **Black or African American** | | | |
| **Hispanic or Latino** | masked | masked | masked |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | | | |
| **Native Hawaiian or Pacific Islander** | | | |
| **White** | 12 | 256 | 4.7 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | masked | masked | masked |
| **Age 35 to 49** | masked | masked | masked |
| **Age 50 to 64** | 0 | 33 | 0 |
| **Age 65 Years and Older** | 12 | 232 | 5.2 |

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

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 12 | 234 | 5.1 |
| **Medicaid** | masked | masked | masked |
| **Private** | 0 | 35 | 0 |
| **Self-Pay** | | | |
| **Other** | masked | masked | masked |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | masked | masked | masked |
| **Spanish Language** | masked | masked | masked |
| **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** | | | |

## 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.

| Rank | Measures | Stratifications | Stratification Group | Stratification Rate | Reference Group | Reference Rate | Rate Ratio |
|---|---|---|---|---|---|---|---|
| **1** | HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | White | 6.6 | Hispanic or Latino | 0 | 2 |
| **2** | HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | 65 and older | 6.7 | 18 to 34 | 0 | 2 |
| **3** | HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis) | Expected Payor | Medicare | 5.1 | Private | 0 | 2 |
| **4** | 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 | 5.2 | 50 to 64 | 0 | 2 |
| **5** | HCAHPS survey: Received information and education | Age (excluding maternal measures) | 65 and older | 75.8 | 50 to 64 | 100 | 1.3 |
| **6** | HCAHPS survey: Received information and education | Expected Payor | Medicare | 76.3 | Other | 89.5 | 1.2 |
| **7** | HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Sex Assigned at Birth | Female | 6.5 | Male | 6 | 1.1 |
| **8** | Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital. | Expected Payor | Other | 89.7 | Medicare | 95.9 | 1.1 |
| **9** | Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital. | Age (excluding maternal measures) | 65 and older | 95.1 | 50 to 64 | 100 | 1.1 |
| **10** | Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital. | Sex Assigned at Birth | Male | 91.5 | Female | 96.1 | 1.1 |

Plan to address disparities identified in the data

Addressing Healthcare Disparities in 30-Day Readmission Rates

Disparities in all-cause unplanned 30-day readmission rates remain a significant concern for several patient populations, affecting outcomes, costs, and equity of care. This report outlines targeted best practice actions for 5 groups: (1) White vs. Hispanic or Latino patients; (2) age 65+ vs. 18-34; (3)

Medicare vs. private insurance, no behavioral health diagnosis; (4) age 65+ vs. 50-64, no behavioral health diagnosis; (7) female vs. male patients.

Groups 1-4 and 7: Goal is to reduce 30-day readmission rates by 10% within 18 months. This will be achieved by the following-

- Increase post discharge follow up rates to 90% within 12 months
- Improve medication reconciliation accuracy to 95% within 12 months
- Improve compliance with discharge education to 100% within 12 months

Actions-

- For all high risk for readmission patients our care transition teams will facilitate follow-up appointments and home visits if appropriate
- Implement pharmacist-led discharge reconciliation to ensure accurate medication lists and optimize therapeutic regimes prior to patient discharge. Conduct a follow-up call within 48 hours of discharge to address any medication related questions or concerns and verify adherence
- Standardized discharge protocols ensuring clear communication and individualized plans of care, with a comprehensive discharge checklist to ensure thorough patient education and preparation

HCAHPS evaluates the quality and safety of care from the patient's perspective, and scores influence hospital reputation, reimbursement, and quality metrics. Better patient education improves understanding of care plans, medications, and discharge instructions, and raises satisfaction. This report outlines targeted best practice actions for 5 groups: (5) age 65+ vs. 50-64 who received information and education; (6) Medicare vs. other payors who received information and education; (8) payor “other” vs. Medicare who would recommend the hospital; (9) the same comparison, age 65+ vs. 50-64; (10) male vs. female patients who would recommend the hospital.

Groups 5 and 6: Goal is to improve patient perception of receiving information and education by 5% within 18 months (age 65+ and Medicare patients, respectively). This will be achieved by the following-

- Increase nurse leader rounding rates to 90% within 12 months
- Improve teach-back methods to confirm patient understanding to 95% within 12 months
- Improve compliance with providing multi-modal discharge education to 100% within 12 months

Actions-

- Implement leader rounding focused on education quality, asking patients if they understand their care plan and medications
- Use structured rounding scripts to address common HCAHPS domains like discharge planning and medication side effects
- Offer plain-language written materials, supplemented by visual aids and videos accessible via patient tablets or QR codes
- Ensure language access through interpreter services and translated materials for non-English speakers
- Standardized discharge protocols ensuring clear communication and individualized plans of care, with a comprehensive discharge checklist

Groups 8, 9, and 10: Goal is to improve willingness to recommend the hospital by 5% within 18 months (payor “other,” age 65+, and male patients, respectively). This will be achieved by the following-

- Increase nurse leader rounding rates to 90% within 12 months
- Increase purposeful rounding to rates of 90% within 12 months
- Improve teach-back methods to confirm patient understanding to 95% within 12 months
- Improve compliance with providing multi-modal discharge education to 100% within 12 months

Actions-

- Strengthen provider communication: train providers in active listening, empathy, plain language, and clear discharge instructions

- Ensure follow-up communication after discharge to improve satisfaction and reduce readmissions
- Emphasize patient participation, preferences, values, and decisions
- Optimize the environment: cleanliness, reduced noise, and patient control of lighting and temperature
- Make patient-centered care a hiring requirement, evaluate staff on patient interactions, and provide satisfaction training
- Use the structured rounding scripts, plain-language materials, language access, and standardized discharge protocols and checklist described for Groups 5 and 6

## 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

Our mission at Redwood Memorial Hospital is "as expressions of God's healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable." In addition to our mission, we have 5 values that permeate all areas of the hospital, including our policies and communications. These values are compassion, dignity, justice, excellence, and integrity. These values are seen and lived everywhere in our organization. From the moment an applicant submits interest in a job, throughout onboarding, and in all forms of communication and actions in all job areas. We believe that the patient is at the center of everything we do, and so all care is person-centered. Every patient receives an individualized care plan specific to their cultural, physical, and behavioral health needs. We have many support programs to help our nurses and doctors provide person-centered care, since every person and their health journey is unique. We have interpreter services to ensure that all those that interact with our patients can do so in the patient's own language. All our nurses are trained to provide patient-specific education that is provided in the patient's native language. Our consent forms are written in a way that all patients can understand to ensure no one consents to a procedure without first understanding why they need it. Our palliative team is readily available to assist the patient and care team in developing goals for what they want their life to be while living with chronic or terminal illness. Our chaplains work closely with Palliative Care but are always available to all patients, since we know that our patients are whole beings: physical, mental, emotional, and spiritual. To help transition our patients from hospital care to home, we have a robust CARE Network program that supports patients and helps bridge the gap between what they received at the hospital and what they need to continue to heal at home. CARE Network has a heavy focus on the high risk for readmission population by connecting them to services that are available in our rural area. There is also a great focus on those who experience health disparity. CARE Network and Redwood Memorial Hospital collaborate on working to remove barriers to ensure all people get person-centered care that is specific to their culture, identity, and needs. Data sources we have in place to measure the success of these programs are CARE Network utilization rates, follow up rates, HCAHPS, SDOH screening rates as well as follow up on positive screens. We truly take to heart our promise, "Know me, care for me, ease my way."

Patient safety

We have adopted and are perpetuating a culture of high reliability. Our goal is zero harm.

Transparency and providing a culture of safety both for patients and caregivers enables us to view every error as an opportunity to better support our caregivers and revise our processes. We have integrated this philosophy into all our committees and councils that are dedicated to performance improvement. To accomplish this, we have several committees and programs to support accountability and progress. Daily Safety Huddle: Daily occurring meeting where leadership attend to hear any safety concerns that may impact the day or review any safety concerns that occurred the day prior. Also, it allows for barriers to be removed, or obstacles anticipated, to prevent delays in care or avoid situations where safety would be in jeopardy. Safety Event Committee (SEC): A multidisciplinary team, including members of our senior leadership team, trained to review patient safety events classified as moderate to severe harm. The committee conducts root cause and gap analyses across clinical and operational processes, then escalates findings to the appropriate department for corrective action and system improvement. This process ensures accountability and promotes a culture of safety. Participation with our patient safety organization (PSO), Press Ganey, has software that is used for submitting and tracking safety-related events, such as good catches, near misses, safety events, codes, and falls. All safety events can be stratified by payor, age, race, ethnicity, language, and other demographic factors to identify disparities and implement targeted interventions. It supports transparency and accountability by enabling real-time documentation and review of events, allowing committees to analyze trends and implement corrective actions. Our PSO also provides education and collaboration regarding patient safety topics. Risk and safety departments work together to conduct all cause analyses and root cause analyses on safety events to ensure that our organization is always improving and learning. Additionally, some of these are disseminated as good learning opportunities via safety stories that are sent out to our caregivers. A workplace violence committee reviews all reported instances of violence towards either a patient or caregiver. Violence in the workplace is never tolerated, and action is being taken to mitigate this through our Avade training and security presence, who are trained in de-escalation techniques. All workplace violence events can be stratified by payor, age, race, ethnicity, language, and other demographic factors to identify disparities and implement targeted interventions. Our senior leadership team also interfaces with all caregivers whom have experienced workplace violence to support their safety, security, and well-being. Leapfrog participation creates a framework to align our safety goals as well as create accountability to the outside community on our dedication to safe practices integrated to all areas and people in the hospital.

Addressing patient social drivers of health

Our organization recognizes that health outcomes are influenced by more than clinical care alone. SDoH such as housing stability, food security, transportation access, education, and economic opportunity play a critical role in shaping patient well-being and quality of life. 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 drivers, 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 98%. 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 within their zip code area. We operate 5 Community Resource Centers in different parts of Humboldt County that address the social drivers of health. We employ community health workers, social workers and public health nurses to care for community members at home and in varied settings outside of the hospitals and clinics. 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.

## Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Our organization defines effective treatment as delivering safe, timely, evidence-based care that improves outcomes across all clinical domains. To achieve this, we have implemented a comprehensive performance improvement framework aligned with AB 1204 and HCAI priorities. All data can be stratified by payor, age, race, ethnicity, language, and other demographic factors to identify disparities and implement targeted interventions. Hospital-Acquired Conditions (HACs): We conduct weekly multidisciplinary reviews of HACs and PSIs, including PSI-90 composite, CAUTI, CLABSI, SSI, VAE, MRSA, CDI, and HAPIs. These reviews focus on coding and care opportunities to prevent recurrence. Device necessity protocols, skin integrity bundles, and infection prevention practices are embedded into daily workflows. Readmissions: Targeted strategies address high-risk conditions such as COPD, HF, AMI, CABG, and pneumonia. We use predictive analytics, post-discharge follow-up, medication reconciliation, and community resource referrals to reduce avoidable readmissions. Emergency Department Care: We monitor ED throughput, pain management, and sepsis bundle compliance to ensure timely and effective care transitions. Rapid triage and escalation protocols reduce delays and improve outcomes. Timely and Effective Care Measures: We adhere to evidence-based protocols for stroke, STEMI, VTE prophylaxis, diabetes, and hypertension management. Performance is tracked through core measure compliance and real-time dashboards. Medication Management and Opioid Stewardship: Our opioid safety program includes multimodal pain strategies, Medication-Assisted Treatment (MAT), naloxone distribution, and discharge medication reconciliation. Prescribing patterns are reviewed regularly to prevent misuse while ensuring effective pain control. Immunization: We promote influenza and childhood immunization compliance through proactive outreach and education, reducing preventable illness and improving population health. Equity and Social Determinants of Health: We screen patients for SDoH factors such as housing, food insecurity, and transportation barriers. Positive screens trigger referrals to community resources. Providence Redwood Memorial operates 5 community resource centers in different parts of Humboldt County to support the SDOH needs of patients and community members near and far. Performance data is stratified by race, ethnicity, language, and payor type to identify disparities and guide targeted interventions. Patient Experience: We monitor HCAHPS domains-communication, discharge planning, environment, and care transitions-to enhance patient engagement and trust. Initiatives include bedside rounding and shared decision-making. Waste Reduction and Sustainability: We optimize supply chain processes, reduce pharmaceutical waste, and implement environmentally sustainable practices aligned with CalRecycle guidelines. Through these integrated strategies-spanning HAC prevention, readmission reduction, ED care, medication management, immunization, equity, and patient experience-we ensure effective treatment that is safe, timely, equitable, and patient-centered. Continuous monitoring, weekly HAC/PSI reviews, and multidisciplinary collaboration drive measurable improvements in quality and outcomes.

Care coordination

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life,

but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes. Care coordination is especially important for those patients with complex medical and social drivers of health needs. Providence Redwood Memorial Hospital provides a robust care continuum across inpatient care management to our community-based complex care management program, CARE Network. CARE Network is a mission driven no cost program serving highly vulnerable individuals through intensive, community-based medical and psychosocial care management. Services are provided to community residents with complex health, behavioral, and social challenges, including the following: - Homelessness and housing stability - One or multiple chronic conditions - Lacking basic needs - Mental Health challenges - Substance use disorders - Inadequate financial resources - Limited Social Supports - Language/health literacy barriers Inpatients are screened, and those with complex needs are referred to CARE Network upon discharge. CARE Network provides telephonic and in-person home visits to support patients with medication management, follow up medical appointments, transportation, and other SDoH. We work closely with our FQHCs and other community-based organizations to link patients to services.

Access to care

At Providence, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is "Health for a Better World," and to achieve that we believe we must address not only the clinical care factors that determine a person's length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes. In the tradition of our Catholic heritage, we serve all, with special attention to the poor and vulnerable. One way Providence supports access to care for all is through our financial assistance program. We inform the public of this program by posting notices in high volume inpatient and outpatient service areas and at locations where a patient may pay their bill. Notices include contact information on how a patient can obtain more information on financial assistance as well as where to apply for assistance. These notices are posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. All patients who demonstrate lack of financial coverage by third party insurers are offered an opportunity to complete the Patient Financial Assistance Application and are offered information, assistance, and referral as appropriate to government sponsored programs for which they may be eligible. In addition, we provide robust community benefit contributions that deliver direct services such as CARE Network, mobile dental units, and community health screenings. Paso a Paso is another program we provide to support Spanish speaking patients during the perinatal period - perinatal support services including childbirth education, lactation support, infant and child development, mental health and wellbeing. Patients in outlying areas have access to Evergreen Lodge which provides low cost or free lodging for patients traveling from outlying areas to receive care at sister ministry, St. Joseph Hospital Eureka. These services focus on underserved, vulnerable populations and provide clinical care and navigation services to ensure access to care.

## Methodology Guidelines

Did the hospital follow the methodology in the Measures Submission Guide?

Yes