Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2025
Hospital Name:	PROVIDENCE CEDARS-SINAI TARZANA MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106190517
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:	No
Hospital Web Address for Equity Report:	providence.org/locations/socal/tarzana-medical-center

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	51614	61845	83.5
Spanish Language	5536	61845	9
Asian Pacific Islander Languages	masked	61845	masked
Middle Eastern Languages	2897	61845	4.7
American Sign Language	masked	61845	masked
Other Languages	1500	61845	2.4

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

12135

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

12443

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

97.5

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	154	1.3	118	1
Housing Instability	354	2.9	250	2.1
Transportation Problems	166	1.4	117	1
Utility Difficulties	119	1	96	0.8
Interpersonal Safety	131	1.1	84	0.7

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?"

487

Total number of respondents to HCAHPS Question 19

519

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

93.8

Total number of patients surveyed on HCAHPS Question 19

529

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

98.1

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	masked	masked	masked	masked	masked
Asian	masked	masked	masked	masked	masked
Black or African American	masked	masked	masked	masked	masked
Hispanic or Latino	421	448	94	453	98.9
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked	masked	masked
Native Hawaiian or Pacific Islander					
White	32	35	91.4	35	100

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	66	71	93	71	100
Age 35 to 49	103	107	96.3	107	100
Age 50 to 64	48	48	100	48	100
Age 65 Years and Older	270	293	92.2	303	96.7

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	303	320	94.7	327	97.9
Male	184	199	92.5	202	98.5
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	240	260	92.3	269	96.7
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	199	206	96.6	207	99.5

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	382	404	94.6	408	99
Spanish Language	52	54	96.3	54	100
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	53	61	86.9	67	91

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?"

422

Total number of respondents to HCAHPS Question 17

486

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

86.8

Total number of people surveyed on HCAHPS Question 17

529

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

91.9

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	masked	masked	masked	masked	masked
Asian	masked	masked	masked	masked	masked
Black or African American	masked	masked	masked	masked	masked
Hispanic or Latino	368	422	87.2	453	93.2
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	26	31	83.9	35	88.6

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	65	70	92.9	71	98.6
Age 35 to 49	99	105	94.3	107	98.1
Age 50 to 64	42	45	93.3	48	93.8
Age 65 Years and Older	216	266	81.2	303	87.8

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	266	304	87.5	327	93
Male	156	182	85.7	202	90.1
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	188	234	80.3	269	87
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	183	200	91.5	207	96.6

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	324	380	85.3	408	93.1
Spanish Language	47	51	92.2	54	94.4
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	51	55	92.7	67	82.1

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

27

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

397

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

68

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	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	16	258	62

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	masked	masked	masked
Age 35 to 49	0	12	0
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	25	341	73.3

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	14	210	66.7
Male	13	187	69.5
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	24	319	75.2
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	17	309	55
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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	masked	masked	masked
Black or African American			
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African	masked	masked	masked
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	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 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	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 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	masked	masked	masked

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

295

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

978

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

30.2

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	masked	masked	masked
Asian	16	93	17.2
Black or African American	masked	masked	masked
Hispanic or Latino	86	305	28.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander			
White	167	501	33.3

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	masked	masked	masked
Age 18 to 29	93	329	28.3
Age 30 to 39	167	590	28.3
Age 40 Years and Older	masked	masked	masked

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	86	266	32.3
Private	156	523	29.8
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	278	905	30.7
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages	masked	masked	masked
American Sign Language	masked	masked	masked
Other/Unknown Languages	masked	masked	masked

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

348

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

8.3

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	masked	masked	masked
Black or African American	0	12	0
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	masked	masked	masked
White	20	192	10.4

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	masked	masked	masked
Age 30 to 39	19	250	7.6
Age 40 Years and Older	masked	masked	masked

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	masked	masked	masked
Private	17	180	9.4
Self-Pay	masked	masked	masked
Other	masked	masked	masked

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	27	315	8.6
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages	masked	masked	masked
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

849

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

2156

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

39.4

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	masked	masked	masked
Asian	51	166	30.7
Black or African American	30	57	52.6
Hispanic or Latino	217	688	31.5
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	21	49	42.9
Native Hawaiian or Pacific Islander	masked	masked	masked
White	498	1119	44.5

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	masked	masked	masked
Age 18 to 29	205	556	36.9
Age 30 to 39	583	1412	41.3
Age 40 Years and Older	masked	masked	masked

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	masked	masked	masked
Medicaid	184	631	29.2
Private	491	1107	44.4
Self-Pay	masked	masked	masked
Other	160	380	42.1

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	837	2122	39.4
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

550

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

6455

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

8.5

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	masked	masked	masked
Asian	29	262	11.1
Black or African American	masked	masked	masked
Hispanic or Latino	81	811	10
Middle Eastern or North African	31	274	11.3
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	327	4036	8.1

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	21	533	3.9
Age 35 to 49	33	637	5.2
Age 50 to 64	52	746	7
Age 65 Years and Older	444	4539	9.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	277	3656	7.6
Male	273	2798	9.8
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	442	4388	10.1
Medicaid	masked	masked	masked
Private	72	1639	4.4
Self-Pay			
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	428	5293	8.1
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
Other/Unknown Languages	88	835	10.5

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

140

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

1491

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

9.4

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	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	12	150	8
Middle Eastern or North African	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	99	1040	9.5

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	16	205	7.8
Age 65 Years and Older	109	1081	10.1

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	86	1009	8.5
Male	54	482	11.2
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	104	1067	9.7
Medicaid	masked	masked	masked
Private	21	328	6.4
Self-Pay			
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	123	1253	9.8
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

12

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

older at time of admission

156

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

7.7

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	masked	masked	masked
Black or African American	0	13	0
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African	masked	masked	masked
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	12	147	8.2
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

11

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

older at time of admission

133

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

8.3

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	masked	masked	masked
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	0	21	0
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	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

387

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

older at time of admission

4675

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

8.3

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			
Asian	26	227	11.5
Black or African American	17	157	10.8
Hispanic or Latino	60	614	9.8
Middle Eastern or North African	25	207	12.1
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	217	2822	7.7

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	15	411	3.6
Age 35 to 49	15	468	3.2
Age 50 to 64	28	455	6.2
Age 65 Years and Older	329	3341	9.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	180	2520	7.1
Male	207	2154	9.6
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	323	3181	10.2
Medicaid	masked	masked	masked
Private	45	1196	3.8
Self-Pay			
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	283	3768	7.5
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
Other/Unknown Languages	74	641	11.5

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, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	65 and older	9.8	35 to 49	3.2	3.1
2	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicare	10.2	Private	3.8	2.7
3	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	9.8	18 to 34	3.9	2.5
4	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	10.1	Private	4.4	2.3
5	Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Age (excluding maternal measures)	65 and older	73.3	35 to 49	0	2
6	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	50 to 64	6.2	35 to 49	3.2	1.9
7	California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	Race and/or Ethnicity	White	33.3	Asian	17.2	1.9
8	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	7	18 to 34	3.9	1.8
9	CMQCC Exclusive Breast Milk Feeding	Race and/or Ethnicity	Asian	30.7	Black or African American	52.6	1.7
10	CMQCC Exclusive Breast Milk Feeding	Race and/or Ethnicity	Hispanic or Latino	31.5	Black or African American	52.6	1.7

Plan to address disparities identified in the data

Disparities (Stratification: Disparity Group vs. Best-Performing Reference Group; Reference Rate; Rate Ratio)

1. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, No Behavioral Health Diagnosis –

Age: 65 and older vs. 35–49; Reference Rate 3.2; Rate Ratio 3.1
2. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, No Behavioral Health Diagnosis – Expected Payer: Medicare vs. Private; Reference Rate 3.8; Rate Ratio 2.7
3. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Age: 65 and older vs. 18–34; Reference Rate 3.9; Rate Ratio 2.5
4. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Expected Payer: Medicare vs. Private; Reference Rate 4.4; Rate Ratio 2.3
5. AHRQ Quality Indicator Pneumonia Mortality Rate – Age: 65 and older vs. 35–49; Reference Rate 36.6; Rate Ratio 2.0
6. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, No Behavioral Health Diagnosis – Age: 50–64 vs. 35–49; Reference Rate 3.2; Rate Ratio 1.9
7. CMQCC NTSV Cesarean Birth Rate – Race and/or Ethnicity: White vs. Asian; Reference Rate 17.2; Rate Ratio 1.9
8. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Age: 50–64 vs. 10–34; Reference Rate 3.9; Rate Ratio 1.8
9. CMQCC Exclusive Breast Milk Feeding – Race and/or Ethnicity: Asian vs. Black or African American; Reference Rate 52.6; Rate Ratio 1.7
10. CMQCC Exclusive Breast Milk Feeding – Race and/or Ethnicity: Hispanic or Latino vs. Black or African American; Reference Rate 52.6; Rate Ratio 1.7

Action Plans

Items 1–4 (Readmissions, Age 65+ and Medicare): By Q1 2027, use existing readmission and Age-Friendly Care dashboard measures and Dexur analytics to monitor readmission disparities among patients age 65 and older and Medicare populations, and drill down to understand trends, contributing factors, and intervention opportunities. Complete Age-Friendly Care workflow standardization by December 31, 2026, with the Division Age-Friendly project team. Through December 31, 2027, apply the Age-Friendly Care 5Ms Framework to strengthen discharge planning and communication, teach-back, medication reconciliation, post-discharge follow-up, and care coordination. Monitor effectiveness through existing dashboards and analytics, and review progress through quality and Health Equity Committee governance.

Item 5 (Pneumonia Mortality, Age 65+): By Q1 2027, use existing pneumonia mortality and Age-Friendly Care dashboard measures and Dexur analytics to monitor mortality disparities among patients age 65 and older and drill down to understand trends and contributing factors. Continue Age-Friendly Care workflow improvements (standardization by December 31, 2026). Through December 31, 2027, apply the 5Ms Framework to strengthen early recognition of clinical deterioration, evidence-based pneumonia care, medication management, mobility, and interdisciplinary care planning. Monitor effectiveness through existing dashboards and review progress through quality and Health Equity Committee governance.

Items 6 and 8 (Readmissions, Ages 50–64): By Q1 2027, use existing readmission dashboard measures, Readmission Insights Power BI, and Dexur analytics to monitor 30-day readmission disparities among patients ages 50–64 and drill down to understand trends and contributing factors. Through December 31, 2027, use the findings to strengthen discharge planning, teach-back, medication reconciliation, care coordination, and post-discharge follow-up and to identify transition-of-care improvements. Monitor effectiveness through existing readmission, discharge, patient-experience, and analytic capabilities and review progress through quality and Health Equity Committee governance.

Item 7 (NTSV Cesarean Birth Rate): By Q1 2027, use existing NTSV cesarean birth and maternal quality dashboard measures and Dexur analytics to monitor disparities by race and ethnicity, drilling down to the White population. Through December 31, 2027, strengthen standardized labor management, shared decision-making, and interdisciplinary review of NTSV cesarean births and identify targeted workflow and practice improvements. Monitor effectiveness through maternal

quality dashboards and analytics and review progress through quality and Health Equity Committee governance.

Items 9–10 (Exclusive Breast Milk Feeding): By Q1 2027, use existing exclusive breast milk feeding and maternal quality dashboard measures and Dexur analytics to monitor disparities by race and ethnicity, drilling down to the Asian and Hispanic or Latino populations to understand trends and feeding barriers. Through December 31, 2027, strengthen culturally and linguistically responsive lactation support, patient education, early breastfeeding assistance, and interdisciplinary review of feeding barriers, and implement targeted improvements. Monitor effectiveness through maternal quality dashboards and analytics and review progress through quality and Health Equity Committee governance.

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 is committed to creating a care experience that recognizes and responds to the unique needs, preferences, values, and backgrounds of every patient. Person-centered care is an important component of our health equity strategy, ensuring that patients and families are heard, respected, and empowered to participate in decisions about their care. Effective communication, cultural awareness, and equitable access to information and resources are essential to achieving this commitment.

Equity Considerations: We strive to ensure that every patient has the opportunity to actively participate in their care, regardless of race, ethnicity, cultural background, or preferred language. Patients and families are encouraged to participate in care planning and shared decision-making, with individual goals and preferences incorporated into the care plan whenever appropriate. Patient experience data is reviewed by race, ethnicity, and language to better understand differences in the care experience and identify potential disparities among the populations we serve. Findings from this analysis help guide focused improvement efforts and allow us to monitor whether changes are contributing to a more consistent and equitable experience for all patients. Language access is also an important part of our approach. Patients are screened for their preferred language, and qualified interpreter services are available when language assistance is needed. These efforts are intended to reduce communication barriers, strengthen understanding, support informed decision-making, and help patients more fully participate in their care. We also provide culturally and linguistically appropriate educational resources to support patients' understanding of their treatment, care plan, and follow-up needs. Collectively, these efforts support our goal of delivering care that is respectful, responsive, inclusive, and equitable for every patient.

Metrics and Improvements: 1) Complete a baseline assessment of applicable care plans to determine how consistently patient-stated goals are documented and incorporated into care planning. 2) Review patient experience results by race, ethnicity, and language to identify potential disparities and develop targeted improvement actions when opportunities are identified. 3) Increase appropriate use of qualified interpreter services from 85.96% to 100% for patients requiring language assistance. 4) Successfully onboarded Language Line as a new interpreter services vendor

and increased interpreter device availability throughout the ministry to improve accessibility, expand language options, and make interpreter services easier for care teams and patients to access.

Patient safety

Overview: Our organization is committed to providing a safe, reliable care environment for every patient. We recognize that the risk of experiencing preventable harm may differ across patient populations and that demographic, cultural, language, and social factors can influence safety outcomes. Integrating health equity into our patient safety strategy allows us to better understand these differences, identify potential gaps in care, and ensure that safety improvement efforts address the needs of the diverse populations we serve.

Equity Considerations: We incorporate an equity perspective into patient safety by evaluating whether preventable harm and safety outcomes affect certain patient populations differently. Key patient safety measures, including falls, medication-related events, and hospital-acquired infections, are reviewed and stratified by factors such as race, ethnicity, language, and other available demographic characteristics. This analysis provides an opportunity to identify patterns or disparities that may not be visible when safety outcomes are reviewed only at the aggregate level. When variation or potential disparities are identified, findings are further evaluated to better understand contributing factors and determine appropriate improvement actions. Interventions may include changes to clinical workflows, additional staff education, enhanced communication practices, or other targeted strategies designed to reduce risk and promote consistent safety practices across patient populations. Education also plays an important role in supporting equitable and safe care. Clinical staff receive training focused on recognizing and mitigating potential bias and understanding how differences in communication, culture, and individual patient needs may influence the care experience and safety outcomes. Patients and families are also encouraged to serve as active partners in safety by asking questions, communicating concerns, and participating in decisions and activities related to harm prevention. Through routine monitoring, staff education, patient and family engagement, and focused improvement efforts, we continue to strengthen a culture in which every patient has an equitable opportunity to receive safe, reliable, and high-quality care.

Metrics and Improvements: 1) Conduct quarterly reviews of key patient safety measures stratified by available demographic factors to identify trends, variation, and potential disparities in preventable harm. 2) Develop and implement focused action plans when meaningful differences or opportunities are identified through stratified safety data, with ongoing monitoring to evaluate the effectiveness of interventions. 3) Engage the Health Equity Committee in reviewing identified disparities, providing oversight and guidance, and supporting accountability for improvement initiatives intended to reduce inequities in patient safety outcomes.

Addressing patient social drivers of health

Overview: Our organization recognizes that a patient's health and well-being are influenced by factors that extend beyond the clinical setting. Access to safe and stable housing, nutritious food, reliable transportation, utilities, financial resources, and other social supports can significantly affect a patient's ability to achieve and maintain positive health outcomes. Addressing Social Determinants of Health (SDOH) is therefore an important component of our health equity strategy and our commitment to providing comprehensive, person-centered care.

Equity Considerations: We take a proactive approach to identifying social needs that may create barriers to health, access to care, treatment adherence, or recovery. Patients are routinely screened for key social determinants, including housing instability, food insecurity, transportation needs, financial challenges, and other factors that may affect their health and well-being. Screening results can be stratified by race, ethnicity, language, and other available demographic characteristics to help identify trends, gaps, and potential disparities among the populations we serve. When social needs are identified, Community Health Workers collaborate with Social Workers, Case Managers, and other members of the care team to connect patients with appropriate services and community resources. Community Health Workers provide additional support in areas such as food insecurity, utility assistance, non-emergency medical transportation, and housing needs. This collaborative approach helps address barriers that may otherwise affect a patient's ability to successfully manage their health after leaving the clinical setting. To further support patients, caregivers utilize FindHelp, an electronic resource integrated into the care process that assists teams in identifying community-based programs and services based on a patient's specific needs. This resource helps connect patients with local organizations that can provide ongoing assistance and support beyond the hospital setting.

Our organization also works with community-based partners to strengthen connections to culturally and linguistically appropriate resources. Information gathered through SDOH screening is incorporated into care planning, transition planning, and population health strategies when appropriate, helping care teams better understand the circumstances that may influence a patient's health and develop interventions that are responsive to their individual needs. By combining routine screening, demographic analysis, interdisciplinary collaboration, community partnerships, and resource navigation, we aim to reduce social barriers to health and ensure that all patients have a more equitable opportunity to achieve positive health outcomes.

Metrics and Improvements: 1) Maintain and further strengthen screening for required Social Determinants of Health indicators, with 98.06% of patient encounters screened year-to-date in 2026, while continuing efforts toward reliable and sustained performance.2) Strengthen processes for connecting patients who screen positive for social needs with Community Health Workers, Social Workers, Case Managers, FindHelp resources, and appropriate community-based services.3) Stratify SDOH screening findings by race, ethnicity, language, and other available demographic factors to identify patterns or disparities and use those findings to inform targeted improvement efforts. 4) Engage the Health Equity Committee to provide oversight of SDOH-related findings and improvement initiatives, support accountability, and guide strategies intended to reduce disparities associated with social drivers of health.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Overview: Our organization is committed to ensuring that every patient receives timely, appropriate, and evidence-based treatment designed to achieve the best possible clinical outcome. Effective treatment goes beyond following established clinical guidelines. It requires understanding each patient’s individual needs, preferences, circumstances, and potential barriers to care. By combining evidence-based practices with a person-centered and equitable approach, we strive to provide consistent, high-quality treatment to all patients regardless of race, ethnicity, language, socioeconomic status, or other demographic factors.

Equity Considerations: We integrate health equity into clinical care by evaluating whether treatment processes and outcomes are consistent across the different populations we serve. Clinical outcomes and adherence to evidence-based practices are reviewed and stratified by race, ethnicity, language, and other available demographic characteristics. This allows us to identify variations in treatment, access, or outcomes that may not be evident when performance is evaluated only at an aggregate level. When differences are identified, clinical and quality teams work to better understand potential contributing factors and determine whether opportunities exist to improve delivery of care. Improvement strategies may include strengthening adherence to evidence-based protocols, addressing communication or language barriers, improving care coordination, providing additional education, or making workflow changes that support more consistent treatment practices. Treatment planning also considers the patient's individual preferences, cultural background, health literacy, language needs, and relevant social factors that may influence their ability to understand, access, or follow the recommended plan of care. Interpreter services and appropriate patient education resources are available to support clear communication and help patients make informed decisions regarding their treatment. Clinical staff education, including awareness of potential bias in clinical decision-making, further supports our efforts to provide consistent and equitable treatment. Through ongoing measurement, evaluation, and improvement, we strive to ensure that evidence-based care is delivered reliably and that all patients have an equitable opportunity to achieve optimal health outcomes.

Metrics and Improvements: 1) Stratify applicable clinical outcomes and adherence to evidence-based protocols by race, ethnicity, language, and other available demographic factors to evaluate whether care and outcomes are consistent across patient populations.2) Identification of Treatment Disparities evaluate identified differences in treatment processes or clinical outcomes to better understand contributing factors and determine where opportunities for improvement exist. 3) Develop and implement focused interventions when disparities or meaningful variations are identified, and monitor performance to determine whether interventions result in improved and more equitable outcomes. 4) Engage the Health Equity Committee to review identified disparities, provide guidance and oversight of improvement initiatives, and support accountability for advancing equitable treatment outcomes.

Care coordination

Overview: Our organization recognizes that effective care coordination is essential to providing a safe, consistent, and seamless patient experience across the continuum of care. Transitions between care settings, particularly from the hospital to home or another level of care, can create challenges for patients and families if communication, follow-up, or support is not well coordinated. Our goal is to reduce fragmentation, strengthen continuity of care, and ensure that every patient has the resources and support needed to successfully navigate their care journey, regardless of

race, ethnicity, language, socioeconomic status, or other individual circumstances.

Equity Considerations: We incorporate health equity into care coordination by evaluating whether patients experience differences in transitions of care, access to follow-up services, or continuity of care based on demographic or social factors. Transition and follow-up data are reviewed by race, ethnicity, language, and other available demographic characteristics to help identify gaps that may create barriers to successful recovery and ongoing care. Care teams work collaboratively with patients and families to support safe and effective transitions from the hospital to home, post-acute care, or other appropriate settings. Discharge planning considers not only the patient's clinical needs, but also language preferences, health literacy, social needs, access to transportation, ability to obtain medications, and other circumstances that may affect the patient's ability to successfully follow the plan of care. For patients who may require additional support, patient navigators and Community Health Workers help patients overcome barriers and connect with appropriate resources and services. Culturally and linguistically appropriate communication is incorporated throughout the transition process to improve understanding of discharge instructions, medications, follow-up appointments, and ongoing care needs. Qualified interpreter services are available when needed to support clear communication and informed decision-making. Follow-up care is another important component of our coordination strategy. We monitor completion of recommended follow-up appointments and evaluate results across demographic groups to identify potential differences in access or continuity. When gaps are identified, teams can evaluate contributing factors and implement targeted interventions designed to address barriers and improve successful transitions. Through standardized transition practices, interdisciplinary collaboration, patient navigation, and ongoing evaluation of outcomes, we aim to ensure that all patients experience coordinated, equitable, and seamless care across settings.

Metrics and Improvements: 1) Develop and strengthen standardized discharge and transition-of-care processes that incorporate culturally and linguistically appropriate instructions and address individual patient needs and potential barriers to successful transitions. 2) Monitor transition-of-care outcomes across race, ethnicity, language, and other available demographic factors to identify patterns, gaps, or disparities in successful transitions. 3) Use current-state and data analysis to identify barriers contributing to unsuccessful or fragmented transitions and develop targeted action plans to address identified opportunities. 4) Track completion of recommended follow-up appointments by race, ethnicity, language, and other available demographic characteristics to identify potential disparities and implement interventions that improve continuity of care.

Access to care

Overview: Our organization recognizes that equitable access to care means ensuring patients can obtain the right services at the right time without avoidable barriers. Access can be influenced by factors such as appointment availability, transportation, insurance status, financial circumstances, language needs, and a patient's ability to navigate the healthcare system. Addressing these barriers is essential to improving health outcomes, reducing disparities, and building trust with the diverse communities we serve.

Equity Considerations: We incorporate health equity into our approach to access by evaluating whether patients experience differences in their ability to obtain needed healthcare services. Measures such as appointment availability, wait times, and service utilization are reviewed across

race, ethnicity, language, and other available demographic characteristics. This allows us to identify populations that may experience greater barriers to timely care and develop focused strategies to address those differences. Financial and insurance-related barriers are also important considerations. Community Health Workers assist eligible patients with navigating and enrolling in public benefit programs, including Medi-Cal, Covered California, and CalFresh. This support helps patients better understand available resources and reduces barriers associated with insurance coverage, healthcare costs, and other social needs that can affect their ability to access and maintain care. We also work to address practical barriers that may prevent patients from obtaining needed services. Telehealth options provide additional flexibility for appropriate services, while transportation assistance helps support patients who may have difficulty traveling to appointments or accessing healthcare resources. Language access remains essential to ensuring patients can effectively navigate and participate in their care. Patients are screened for their preferred language, and qualified interpreter services and culturally and linguistically appropriate materials are available to support communication, understanding, and informed decision-making. Together, these strategies help ensure that language, transportation, financial circumstances, or other barriers do not prevent patients from receiving timely and appropriate care. Through ongoing monitoring, resource navigation, and targeted improvement efforts, we strive to create a more accessible healthcare environment in which all patients have an equitable opportunity to obtain the services and support needed to achieve positive health outcomes.

Metrics and Improvements: 1 Track appointment availability, wait times, and service utilization by race, ethnicity, language, and other available demographic characteristics to identify potential differences in access to care.2) Analyze access data to identify disparities and better understand factors that may contribute to delays, reduced utilization, or difficulty obtaining needed services. 3) Develop and implement focused strategies to address identified barriers, including opportunities related to transportation, financial and insurance navigation, telehealth, language services, and community resource connections. 4) Monitor the impact of interventions over time to determine whether identified access gaps are improving and adjust strategies as needed to support more equitable access across patient populations.

Methodology Guidelines

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

Yes