Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2025
Hospital Name:	PROVIDENCE HOLY CROSS MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106190385
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/holy-cross-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	64958	91250	71.2
Spanish Language	22947	91250	25.1
Asian Pacific Islander Languages	548	91250	0.6
Middle Eastern Languages	1389	91250	1.5
American Sign Language	21	91250	0
Other Languages	1387	91250	1.5

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

13915

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

14823

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

93.9

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	307	2.2	65	0.5
Housing Instability	662	4.8	93	0.7
Transportation Problems	370	2.7	69	0.5
Utility Difficulties	284	2	48	0.3
Interpersonal Safety	171	1.2	13	0.1

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?"

475

Total number of respondents to HCAHPS Question 19

489

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

97.1

Total number of patients surveyed on HCAHPS Question 19

498

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

98.2

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Rate of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian	masked	masked	masked	masked	masked
Black or African American	masked	masked	masked	masked	masked
Hispanic or Latino	403	417	96.6	420	99.3
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked	masked	masked
Native Hawaiian or Pacific Islander					
White	31	31	100	32	96.9

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	56	56	100	56	100
Age 35 to 49	95	99	96	100	99
Age 50 to 64	71	74	95.9	75	98.7
Age 65 Years and Older	253	260	97.3	267	97.4

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	276	284	97.2	291	97.6
Male	199	205	97.1	207	99
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	185	191	96.9	198	96.5
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	201	206	97.6	206	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	279	289	96.5	292	99
Spanish Language	143	145	98.6	147	98.6
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	53	55	96.4	59	93.2

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?"

425

Total number of respondents to HCAHPS Question 17

465

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

91.4

Total number of people surveyed on HCAHPS Question 17

498

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

93.4

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

Race and/or Ethnicity	Number of "yes" responses	Total number of responses	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian	masked	masked	masked	masked	masked
Black or African American	masked	masked	masked	masked	masked
Hispanic or Latino	359	393	91.3	420	93.6
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked	masked	masked
Native Hawaiian or Pacific Islander					
White	31	32	96.9	32	100

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	52	55	94.5	56	98.2
Age 35 to 49	86	94	91.5	100	94
Age 50 to 64	63	68	92.6	75	90.7
Age 65 Years and Older	224	248	90.3	267	92.9

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	252	276	91.3	291	94.8
Male	173	189	91.5	207	91.3
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	159	180	88.3	198	90.9
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	183	198	92.4	206	96.1

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	254	278	91.4	292	95.2
Spanish Language	129	136	94.9	147	92.5
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	42	51	82.4	59	86.4

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

22

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

400

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

55

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	0	15	0
Hispanic or Latino	13	187	69.5
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 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	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	19	333	57.1

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	11	196	56.1
Male	11	204	53.9
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	13	285	45.6
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay	masked	masked	masked
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	11	213	51.6
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
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

22

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

123

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

178.9

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	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 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	14	77	181.8

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	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	12	69	173.9
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay	masked	masked	masked
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	14	86	162.8
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 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

178

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

769

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

23.1

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	14	39	35.9
Black or African American	masked	masked	masked
Hispanic or Latino	125	598	20.9
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	31	98	31.6

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	74	495	14.9
Age 30 to 39	89	241	36.9
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	masked	masked	masked
Medicaid	82	447	18.3
Private	47	166	28.3
Self-Pay	masked	masked	masked
Other	47	148	31.8

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	144	608	23.7
Spanish Language	30	151	19.9
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages	masked	masked	masked
American Sign Language			
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

410

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

19.8

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	masked	masked	masked
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	53	299	17.7
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander			
White	16	56	28.6

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	masked	masked	masked
Age 18 to 29	19	119	16
Age 30 to 39	57	255	22.4
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	36	242	14.9
Private	masked	masked	masked
Self-Pay	masked	masked	masked
Other	21	74	28.4

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	70	313	22.4
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages	masked	masked	masked
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

297

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

767

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

38.7

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	18	42	42.9
Black or African American	19	27	70.4
Hispanic or Latino	209	579	36.1
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	42	95	44.2

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	141	379	37.2
Age 30 to 39	142	347	40.9
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	177	475	37.3
Private	52	133	39.1
Self-Pay	masked	masked	masked
Other	56	133	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	272	674	40.4
Spanish Language	25	86	29.1
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages	masked	masked	masked
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

654

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

6558

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

10

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	43	411	10.5
Black or African American	21	250	8.4
Hispanic or Latino	345	3366	10.2
Middle Eastern or North African	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	187	1949	9.6

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	13	388	3.4
Age 35 to 49	42	529	7.9
Age 50 to 64	89	958	9.3
Age 65 Years and Older	510	4683	10.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	350	3528	9.9
Male	304	3030	10
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	448	4050	11.1
Medicaid	masked	masked	masked
Private	59	1058	5.6
Self-Pay	masked	masked	masked
Other	142	1393	10.2

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	372	4085	9.1
Spanish Language	230	1974	11.7
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
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 - 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

122

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

1243

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

9.8

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	59	558	10.6
Middle Eastern or North African	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	42	473	8.9

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	23	193	11.9
Age 65 Years and Older	87	936	9.3

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	75	805	9.3
Male	47	438	10.7
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	83	835	9.9
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
Other	27	280	9.6

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	78	828	9.4
Spanish Language	35	316	11.1
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
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

33

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

older at time of admission

242

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

13.6

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	masked	masked	masked
Asian	masked	masked	masked
Black or African American	0	12	0
Hispanic or Latino	22	135	16.3
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	17	134	12.7

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	17	113	15
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	24	177	13.6
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

17

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

older at time of admission

154

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

11

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	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	11	78	14.1

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	14	98	14.3
Medicaid	masked	masked	masked
Private	0	25	0
Self-Pay			
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	16	139	11.5
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

482

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

older at time of admission

4919

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

9.8

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	36	359	10
Black or African American	19	193	9.8
Hispanic or Latino	258	2613	9.9
Middle Eastern or North African	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	125	1321	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	50	669	7.5
Age 65 Years and Older	397	3517	11.3

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	263	2584	10.2
Male	219	2335	9.4
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	334	3004	11.1
Medicaid	masked	masked	masked
Private	41	845	4.9
Self-Pay	masked	masked	masked
Other	103	1024	10.1

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	254	2941	8.6
Spanish Language	185	1584	11.7
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
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			

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	Age (excluding maternal measures)	65 and older	10.9	18 to 34	3.4	3.2
2	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	9.3	18 to 34	3.4	2.7
3	California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	Age (for maternal measures only)	30 to 39	36.9	18 to 29	14.9	2.5
4	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	7.9	18 to 34	3.4	2.3
5	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicare	11.1	Private	4.9	2.3
6	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Other	10.1	Private	4.9	2.1
7	Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Race and/or Ethnicity	Hispanic or Latino	69.5	Black or African American	0	2
8	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Race and/or Ethnicity	Hispanic or Latino	16.3	Black or African American	0	2
9	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring Disorder)	Expected Payor	Medicare	14.3	Private	0	2
10	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	11.1	Private	5.6	2

Plan to address disparities identified in the data

Providence Holy Cross Medical Center (PHCMC) identified disparities in readmissions, pneumonia mortality, and NTSV cesarean births. The hospital will use stratified data to monitor outcomes, identify contributing factors, implement targeted interventions, and review on a monthly basis, with an in-depth analysis completed quarterly. Baseline rates and rate ratios (RR) are from PHCMC.

1. All-Cause Unplanned 30-Day Hospital Readmission Rate – by age 65 & older. Patients aged 65 & older had a rate of 10.9 vs 3.4 for best performing group of 18 to 34 (RR 3.2). Actions will focus on ensuring all patients receive information on discharge planning, medication reconciliation, teach-back, follow-up appointments, and post-discharge outreach in their preferred language. Goal: ≥90% of patients who has a preferred language of other than English will have documents in their preferred language. Audit for 6 months and 10% reduction in the disparity-group rate within 12 months.

2. All-Cause Unplanned 30-Day Hospital Readmission Rate – by age 50 - 64. Patients aged 50 - 64 had a rate of 9.3 vs 3.4 for best performing group of 18 to 34 (RR 2.7). Actions will focus on ensuring all patients receive information on discharge planning, medication reconciliation, teach-back, follow-up appointments, and post-discharge outreach in their preferred language. Goal: ≥90% of patients who has a preferred language of other than English will have documents in their preferred language. Audit for 6 months and 10% reduction in the disparity-group rate within 12 months.

3. All-Cause Unplanned 30-Day Hospital Readmission Rate – by age 35 - 49. Patients aged 35 - 49 had a rate of 7.9 vs 3.4 for best performing group of 18 to 34 (RR 2.3). Actions will focus on ensuring all patients receive information on discharge planning, medication reconciliation, teach-back, follow-up appointments, and post-discharge outreach in their preferred language. Goal: ≥90% of patients who has a preferred language of other than English will have documents in their preferred language. Audit for 6 months and 10% reduction in the disparity-group rate within 12 months.

4. Readmission, stratified by behavioral health diagnosis (substance use disorder) – by race and/or ethnicity: Hispanic or Latino had a rate of 16.3 versus 8.2 for the best-performing group Black or African American, (RR 2). Actions will focus on ensuring Hispanic/Latino receive information on discharge planning, medication reconciliation, teach-back, follow-up appointments, and post-discharge outreach in their preferred language. Goal: ≥90% SUD screening completed within 6 months and 10% reduction in the disparity-group rate within 12 months.

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: At Providence Holy Cross Medical Centers, person-centered care is foundational to our pursuit of health equity. Achieving health equity involves addressing social determinants of health and eliminating systemic barriers such as lack of affordable care, inadequate health literacy

resources, and discriminatory practices.

Equity Considerations: Ensuring equity in healthcare delivery necessitates patient language accessibility, active listening, and cultural respect and sensitivity. These elements are essential for providing care that is not only high-quality but also equitable and responsive to the diverse needs of all individuals.

Programs and Practices: To address the diverse needs of our patients and promote health equity, PHCMC employs an on-demand interpreter service, screening all patients for language preferences. Caregivers have access to medically qualified interpreters in over 240 languages, enhancing clear communication. We also partner with LifeSigns, a company that provides on-site sign language services for patients who are deaf or hard of hearing. Follow-up phone calls through Cipher (LACE score of 59+) Partners in Care (MA and Medicare A) and OnClick (Medicare A&B) in the patient's preferred language clarify post-care instructions to reduce unnecessary hospital readmissions.. Our Daily Safety Huddle offers a platform for multidisciplinary team leaders to discuss safety concerns and vet unique patient requests, including religious or cultural practices, for solutions and feasibility

Performance Data and Improvement Plans: Recent disparities were identified in HCAHPS survey responses by ethnicity and race, particularly in recommending the hospital and receiving information/education. The goal is to increase these survey question scores by 5-10% within 18 months. Initiatives include enhancing patient demographic information accuracy, conducting education with nursing and admitting personnel to accurately capture demographic information; Develop tailored action plans; implementing protocols to improve communication among healthcare team; engaging Patient Experience for targeted rounds which includes the Nurse Leader Visits, and continuing multidisciplinary rounds (MDRs) with hospitalist integration, and the afternoon discharge rounds for post-discharge needs.

Patient safety

Overview: At Holy Cross Medical Center, health equity plays a critical role in ensuring patient safety by providing fair and just access to healthcare resources for all, regardless of their background or circumstances. Health equity minimizes barriers to healthcare access, promoting timely and appropriate care, vital to preventing complications. Equity Considerations: Patient safety relies on effective communication, necessitating the use of language/interpretation services and providing culturally competent care to reduce the risk of misunderstandings and medical errors. Offering personalized treatment plans that cater to the unique needs of diverse populations improve patient safety and thus patient outcomes by reducing adverse events and complications in underserved and marginalized communities. This work builds trust in healthcare, encouraging patient engagement and adherence to treatment plans to meet the critical needs of high-risk groups.

Programs and Practices: Language Line, an on-demand interpreter service, is used to ensure effective communication, thereby eliminating barriers to patient safety. Additionally, PHCMC mandates participation or representation at the multidisciplinary Daily Safety Huddle. This meeting convenes hospital leaders from all departments to discuss and highlight recent significant safety issues and trends. Problems are revisited until solutions are executed, ensuring a complete resolution for each case. Safety data is stratified to identify possible disparities and address causation. In an effort to reduce Catheter Associated Urinary Tract Infections (CAUTI), PHCMC's Infection Prevention Team pinpointed intermittent catheterization as best practice. However, as the

solution was put into action, it became evident that male patients experienced more discomfort and pain due to frequent catheter reinsertions throughout the day. To address this issue, interdisciplinary teams collaborated, devised and approved a solution by prescribing Urojet. Urojet is a lidocaine jelly that offers effective pain relief during catheter insertion by providing local anesthesia to the urinary tract's mucous membranes. During the Falls Task Force, it was found that more males were falling than females and the overwhelming category related to the falls was ambulating to the bathroom. The task force provided leadership awareness and recommendations to further educate fall risk patients on the importance of having nurse assistance. This work resulted in the reduction of male specific restroom falls.

Performance Data and Improvement Plans: Recent findings highlight disparities in Providence Holy Cross Hospital's 30-Day Hospital Readmission Rate, both with and without Behavioral Health components, specifically regarding patient age and insurance categories.

The goal will be to reduce the readmission rates by 5-10% within the next 18 months through the implementation of the following initiatives. 1) Ensure patient demographics and insurances are accurately captured and/or validated upon registration. 2) Utilize an evidence-based readmission risk assessment tool to proactively identify and flag high-risk readmission patients to tailor interventions accordingly. 3) Develop and implement comprehensive discharge protocols, including detailed checklists, to guarantee comprehensive patient education in preparation for discharge. 4) Conduct systematic follow-up post-discharge calls to check on patient recovery and address any recent issues. 5) Increase physician engagement in patient referrals within seven days post-discharge. 6) Front-load Home Health visits within seven days for high-risk readmission patients. 7) The Pharmacy Department identifies and evaluates patients who are appropriate candidates for parenteral antimicrobial therapy after hospital discharge, and facilitates this process in a streamlined manner to ensure optimal patient safety and health outcomes. 8) Deploy Community Care Navigators to educate underserved patients on their chronic conditions (e.g. diabetes and hypertension). 9) Ensure each patient safety committee incorporates health equity stratification into their metric scorecards. 10) Continue the EDIE reviews to ensure patients with multiple visits are referred to resources.

Addressing patient social drivers of health

Overview: Recognizing that health outcomes are affected by more than just clinical care alone, PHCMC Hospital puts a focus on Social Determinants of Health (SDoH), including housing stability, food security, access to transportation, education, and financial security/economic opportunities. These factors are crucial in shaping a patient's overall well-being and a better quality of life. Equity Considerations: PHCMC serves a diverse population and these SDoH factors create many of the systemic barriers to patients receiving equal and non-discriminatory care. Understanding the disparities allows for the design of specific interventions to close these gaps and advance health equity. Patients who feel their social needs are understood and addressed are more likely to adhere to treatment plans and participate in follow-up care. In addition, interventions can lower the occurrences of avoidable hospitalizations, emergency visits, and readmissions which aligns with CMS quality and financial goals.

Programs and Practices: Through the systematic screening of PHCMC's patients for key SDoH factors, inequities can be identified and addressed. After patients are discharged, follow-up phone calls are used to offer services that target these factors. Currently, PHCMC aims to screen 94% of patients, and as of 2025, we have exceeded this goal with a compliance rate of 97%. By partnering with community-based organizations, PHCMC's Care Management and Community Health teams are able to connect a diverse population with essential resources and personalized support. Compliance with SDoH screening has been integrated into PHCMC's Quality Assurance and Performance Improvement (QAPI) Plan and is tracked within the house-wide annual QAPI Work Plan.

Performance Data and Improvement Plans: As previously mentioned, recent findings reveal disparities in Providence PHCMC Hospital's 30-Day Readmission Rates, particularly concerning patient age and insurance types, both with and without Behavioral Health components.

The hospital aims to reduce these disparity rates by 5-10% within the next 18 months by implementing several initiatives designed to enhance patient-centered care. 1) Continue to assess at least 95% admitted patients for SDoH needs, focusing reducing barriers through timely and comprehensive responses to positive findings. 2) Increase the use of the "Find Help" platform within PHCMC's EMR system to search for and directly include recommended resources in a patient's After Visit Summary (AVS). 3) Conduct Care Coordination Rounds to address patients' post-discharge service needs, including SDoH support. 4) Deploy Community Health Navigators to enhance continuity of care for underserved patients, focusing on securing recuperative care and placement while addressing holistic needs.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Overview: Providence PHCMC Hospital is determined to provide evidence-based, timely, and appropriate clinical care to all patients. Effective treatment ensures that everyone receives care that aligns with these practices, and their unique healthcare needs. Equity Considerations: Populations facing health inequalities often experience barriers to receiving fast and reliable care. These delays can mean conditions progress before treatment can begin, increasing complications and reducing the effectiveness of interventions. Evidence-based care relies heavily on adherence to treatment plans. Language barriers, health-literacy gaps, and cultural disconnects make it harder for patients to understand and follow recommended protocols, leading to poorer outcomes. Health inequities often intersect with provider/caregiver bias or systemic discriminatory coverage/policies, whether intentional or unintentional, resulting in misdiagnoses, undertreatment, and poorer outcomes for marginalized groups. These practices can erode trust between patients and clinicians, further delaying and disrupting care.

Programs and Practices: PHCMC Hospital's uses Language Line for on-demand interpreter services because of their healthcare certified interpreters of over 204 languages (including sign language

video chat), thus ensuring to the best of our ability that communication is clear and accurate. Any issues or errors that may arise due to health inequities are brought to the Health Equity Committee for discussion, identification of trends, and future removal of systemic barriers. By accurately analyzing disparities, we discovered that patients who were Spanish speaking were readmitted for CHF more than non-English speakers. These patients experienced longer average hospital stays and higher readmission rates compared to others. To address these challenges, we implemented the following: - RN provide CHF booklets to patients in preferred language - Engaging with Twistle to start utilizing it for CHF patients in preferred language (coming late July) - Implementation of Furoscix injection to treat fluid buildup - Enroll patients in Zoll HFMS patch that allows real-time monitoring of lung fluid levels. - PIC referrals have new brochures to encourage the interaction with PIC. The program saw immediate improvement in patient experience scores that continued to increase throughout the year.

Performance Data and Improvement Plans: As previously mentioned, recent findings reveal disparities in Providence PHCMC Hospital's 30-Day Readmission Rates, particularly concerning patient age and insurance types, both with and without Behavioral Health components.

The hospital aims to reduce these rates by 5-8% within the next 12 months by implementing the following initiatives. 1) Utilize an evidence-based readmission risk assessment tool to proactively identify and flag high-risk readmission patients and ensure they receive necessary support and care. 2) Ensure high-risk for readmission patients receive Home Health care within seven days of discharge to ensure timely care and support. 3) Utilize Twistle to communicate reminders to CHF patients up to 30 days post discharge.

Care coordination

Overview: Coordinated care can be a powerful tool to help improve health equity. Organization of PHCMC Hospital's care across providers, facilities, and time, ensures that care is accessible and responsive to the unique needs of our patients. Equity Considerations: By connecting patients through multiple providers and services - medical, surgical, social - individuals facing systemic barriers can still receive comprehensive support. This connection can reduce gaps in care, preventing delays that disproportionately affect marginalized groups. Effective coordination includes screening for social needs in order to link patients to community resources. By integrating this support into care plans PHCMC Hospital can help to mitigate non-clinical factors that drive inequalities. In addition, patients with complex conditions require providers to share information and align treatment plans to reduce errors and improve outcomes for populations that historically have disproportionate experiences with chronic disease.

Programs and Practices: Providence PHCMC Hospital's Care/Case Management team collaborates closely with the Community Health team to identify and build partnerships with local community services, ensuring patients are connected to the support services they need.

Performance Data and Improvement Plans: As previously mentioned, recent findings reveal

disparities in Providence PHCMC Hospital's 30-Day Readmission Rates, particularly concerning patient age and insurance types, both with and without Behavioral Health components.

The hospital aims to reduce these rates by 5-10% within the next 18 months by implementing several initiatives. 1) Improve patient participation in Cipher automated post-discharge calls by ensuring patients are aware they will receive the call and a follow-up nurse call for their benefit if they indicate they have care questions. 2) Develop and implement comprehensive discharge protocols, including detailed checklists, to guarantee comprehensive patient education in preparation for discharge. 3) Conduct systematic follow-up post-discharge calls to check on patient recovery and address any issues after discharge. 4) The Pharmacy Department identifies and evaluates patients who are appropriate candidates for parenteral antimicrobial therapy after hospital discharge, and facilitates this process in a streamlined manner to ensure optimal patient safety and health outcomes. 5) Implement Twistle to conduct CHF post-discharge reminders. 6) Increase caregiver use of the "Find Help" platform within PHCMC's EMR system to search for and directly include recommended resources in a patient's After Visit Summary (AVS). 7) Conduct Care Coordination Rounds to address patients' post-discharge needs, connecting them with community care services when appropriate. 8) Deploy Community Health Worker Navigators to enhance continuity of care. 9) Mental health navigator support patients with low-level mental health needs (anxiety, depression) by linking them to outpatient mental health agencies for services. Referrals are provided before discharge and follow up phone calls are conducted. 10) Develop tailored action plans; implementing protocols to improve communication among healthcare team; engaging Patient Experience for targeted rounds which includes the Nurse Leader Visits, and continuing multidisciplinary rounds (MDRs) with hospitalist integration.

Access to care

Overview: PHCMC Hospital understands that patient access to care is a crucial component of health equity. Our community's underserved population are faced with multiple barriers to receiving the healthcare services that they need, including geographic location and socioeconomic status. Equity Considerations: Patient access to care directly enables individuals to receive timely, high-quality medical services that promote health, prevent disease, and manage chronic conditions, ultimately reducing disparities in health outcomes between different population groups. Care access is essential to supporting prevention and early detection of health conditions through the utilization of check-ups, vaccinations, and screenings. In addition, it facilitates chronic disease management. Without this, disadvantaged populations often experience delayed diagnoses and poor health outcomes.

Programs and Practices: The Community Health team at PHCMC Hospital collaborates with local services to enhance healthcare access for patients. MediCal Re-enrollment has been expanded to every six months from annually. Patients are screened for social drivers of health (SDOH). By screening for SDoH, nursing, along with the Community Health and Care Management teams can more effectively identify patients who need assistance and determine the services that would be most beneficial to them.

Performance Data and Improvement Plans: As previously mentioned, recent findings reveal

disparities in Providence PHCMC Hospital's 30-Day Readmission Rates, particularly concerning patient age and insurance types, both with and without Behavioral Health components. The hospital aims to reduce these rates by 5-10% within the next 18 months by implementing several initiatives. 1) Improve patient participation in Cipher automated post-discharge calls by ensuring patients are aware they will receive the call and a follow-up nurse call for their benefit if they indicate they have care questions. 2) Develop and implement comprehensive discharge protocols, including detailed checklists (discharge home folder), to guarantee comprehensive patient education in preparation for discharge. 3) Conduct systematic follow-up post-discharge calls to check on patient recovery and address any issues after discharge. 4) Continue pharmacist-led discharge medication reconciliation to ensure accurate capture and patient adherence for antimicrobials. 5) Implement Twistle to conduct post-discharge reminders for CHF patients. 6) Increase ER and Case Management’s use of the "Find Help" platform within PHCMC's EMR system to search for and directly include recommended resources in a patient's After Visit Summary (AVS). 7) Conduct Care Coordination Rounds to address patients' post-discharge needs, connecting them with community care services when appropriate. 8) Deploy Community Health Worker Navigators to enhance continuity of care. 9) Mental health navigator support patients with low-level mental health needs (anxiety, depression) by linking them to outpatient mental health agencies for services. Referrals are provided before discharge and follow up phone calls are conducted. 10) Social Workers working on positive SDOH screening resource referral.

Methodology Guidelines

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

Yes