Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	PROVIDENCE HOLY CROSS MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106190385
Report Period:	01/01/2024 - 12/31/2024
Status:	Submitted
Due Date:	11/29/2025
Last Updated:	11/26/2025
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	providence.org/locations/socal/holy-cross-medical-center

Overview

Assembly Bill No. 1204 requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Equity Measures Reporting Program to collect and post summaries of key hospital performance and patient outcome data regarding sociodemographic information, including but not limited to age, sex, race/ethnicity, payor type, language, disability status, and sexual orientation and gender identity.

Hospitals (general acute, children's, and acute psychiatric) and hospital systems are required to annually submit their reports to HCAI. These reports contain summaries of each measure, the top 10 disparities, and the equity plans to address the identified disparities. HCAI is required to maintain a link on the HCAI website that provides access to the content of hospital equity measures reports and equity plans to the public. All submitted hospitals are required to post their reports on their websites, as well.

Laws and Regulations

For more information on Assembly Bill No. 1204, please visit the following link by copying and pasting the URL into your web browser:
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204

Hospital Equity Measures

Joint Commission Accreditation

General acute care hospitals are required to report three structural measures based on the Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards. For more information on these measures, please visit the following link by copying and pasting the URL into your web browser:
https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce

-health-care-disparities/

The first two structural measures are scored as "yes" or "no"; the third structural measure comprises the percentages of patients by five categories of preferred languages spoken, in addition to one other/ unknown language category.

Designate an individual to lead hospital health equity activities (Y = Yes, N = No).

Y

Provide documentation of policy prohibiting discrimination (Y = Yes, N = No).

Y

Number of patients that were asked their preferred language, five defined categories and one other/ unknown languages category.

601576

Table 1. Summary of preferred languages reported by patients.

Languages	Number of patients who report preferring language	Total number of patients	Percentage of total patients who report preferring language (%)
English Language	420109	601576	69.8
Spanish Language	159014	601576	26.4
Asian Pacific Islander Languages	5497	601576	0.9
Middle Eastern Languages	12263	601576	2
American Sign Language	119	601576	0
Other Languages	4574	601576	0.8

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

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

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

- Our hospital strategic plan identifies priority populations who currently experience health disparities.
- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.
- Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Y

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

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health

information.

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

Y

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

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

Y

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

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

Y

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

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

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

Y

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

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

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

10943

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

11497

Rate of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HRSN, and who screened positive for one or more of the HRSNs

95.2

Table 2. Positive screening rates and intervention rates for the five Health Related Social Needs of the Centers of Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH).

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	219	2	72	0.6
Housing Instability	434	4	97	0.8
Transportation Problems	219	2	51	0.4
Utility Difficulties	218	2	56	0.5
Interpersonal Safety	61	0.6	7	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?"

322

Total number of respondents to HCAHPS Question 19

336

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

95.8

Total number of people surveyed on HCAHPS Question 19

341

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

98.5

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian	35	37	94.6	37	100
Black or African American	11	11	100	11	100
Hispanic or Latino	276	286	96.5	287	99.7
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
White	189	197	95.9	198	99.5

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34	21	25	84	25	100
Age 35 to 49	47	49	95.9	49	100
Age 50 to 64	47	50	94	50	100
Age 65 Years and Older	207	212	97.6	217	97.7

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	165	171	96.5	174	98.3
Male	157	165	95.2	167	98.8
Unknown					

Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	148	153	96.7	157	97.5
Medicaid	51	53	96.2	53	100
Private	119	126	94.4	127	99.2
Self-Pay					
Other	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed

Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	157	166	94.6	166	100
Spanish Language	89	90	98.9	91	98.9
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	16	17	94.1	17	100

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

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

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

Patient Received Information in Writing

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

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

hospital?"

287

Total number of respondents to HCAHPS Question 17

319

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

90

Total number of people surveyed on HCAHPS Question 17

341

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

93.5

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

Race and/or Ethnicity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian	34	35	97.1	37	94.6
Black or African American	11	11	100	11	100
Hispanic or Latino	244	268	91	287	93.4
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
White	163	186	87.6	198	93.9

Age	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34	23	24	95.8	25	96
Age 35 to 49	37	42	88.1	49	85.7
Age 50 to 64	45	48	93.8	50	96
Age 65 Years and Older	182	205	88.8	217	94.5

Sex assigned at birth	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	148	164	90.2	174	94.3
Male	139	155	89.7	167	92.8
Unknown					

Payer Type	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	131	150	87.3	157	95.5
Medicaid	45	47	95.7	53	88.7
Private	108	118	91.5	127	92.9
Self-Pay					
Other	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed

Preferred Language	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	138	157	87.9	166	94.6
Spanish Language	79	84	94	91	92.3
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign					
Other/Unknown Languages	14	15	93.3	17	88.2

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

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

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

Agency for Healthcare Research and Quality (AHRQ) Indicators

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

Pneumonia Mortality Rate

The Pneumonia Mortality Rate is defined as the rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission for patients ages 18 years and older. General acute care hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser: https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

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

17

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

411

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

41.4

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

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

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	17	336	50.6

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	Suppressed	Suppressed	Suppressed
Male	Suppressed	Suppressed	Suppressed
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	13	298	43.6
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	17	411	41.4

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

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

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

Death Rate among Surgical Inpatients with Serious Treatable Complications

The Death Rate among Surgical Inpatients with Serious Treatable Complications is defined as the rate of in-hospital deaths per 1,000 surgical discharges among patients ages 18-89 years old or obstetric patients with serious treatable complications. General acute care hospitals report this measure by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Patient Safety Indicator is 04. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:
https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf

Number of in-hospital deaths among patients aged 18-89 years old or obstetric patients with serious treatable complications

27

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

112

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

241.1

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	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	14	56	250
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more			
Native Hawaiian or Pacific Islander			
White	Suppressed	Suppressed	Suppressed

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	18	74	243.2

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	11	50	220
Male	16	62	258.1
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	15	66	227.3
Medicaid			
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	27	112	241.1

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

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

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

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

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

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

The CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate is defined as nulliparous women with a term (at least 37 weeks gestation), singleton baby in a vertex position delivered by cesarian birth. General acute care hospitals report the NTSV Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information, please visit the following link by copying and pasting the URL into your web browser: https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications

Number of NTSV patients with Cesarean deliveries

199

Total number of nulliparous NTSV patients

813

Rate of NTSV patients with Cesarean deliveries

0.2

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	Suppressed	Suppressed	Suppressed
Asian	21	45	0.5
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	126	601	0.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed
White	34	112	0.3

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	Suppressed	Suppressed	Suppressed
Age 18 to 29	95	508	0.2
Age 30 to 39	95	267	0.4
Age 40 Years and Older	Suppressed	Suppressed	Suppressed

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	Suppressed	Suppressed	Suppressed
Medicaid	103	452	0.2
Private	48	183	0.3
Self-Pay	Suppressed	Suppressed	Suppressed
Other	46	169	0.3

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	164	665	0.2
Spanish Language	29	135	0.2
Asian Pacific Islander Languages	Suppressed	Suppressed	Suppressed
Middle Eastern Languages	Suppressed	Suppressed	Suppressed
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

Disability Status	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female			
Female-to-male (FTM)/transgender male/ trans man			
Male			
Male-to-female (MTF)/transgender female/ trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

CMQCC Vaginal Birth After Cesarean (VBAC) Rate

The CMQCC Vaginal Birth After Cesarean (VBAC) Rate is defined as vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries. General acute care hospitals report the VBAC Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The VBAC Rate uses the specifications of AHRQ Inpatient Quality Indicator 22. For more information, please visit the following link by copying and pasting the URL into your web browser: https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf

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

79

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

400

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

197.5

Table 8. Vaginal Birth After Cesarean (VBAC) Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	50	288	173.6
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific			
White	16	57	280.7

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Age < 18	Suppressed	Suppressed	Suppressed
Age 18 to 29	23	136	169.1
Age 30 to 39	52	232	224.1
Age 40 Years and Older	Suppressed	Suppressed	Suppressed

Sex assigned at birth	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Male			
Unknown			

Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Medicare			
Medicaid	37	246	150.4
Private	20	78	256.4
Self-Pay	Suppressed	Suppressed	Suppressed
Other	22	75	293.3

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
English Language	68	301	225.9
Spanish Language	11	92	119.6
Asian Pacific Islander Languages	Suppressed	Suppressed	Suppressed
Middle Eastern Languages	Suppressed	Suppressed	Suppressed
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

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

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

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

CMQCC Exclusive Breast Milk Feeding Rate

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

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

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

302

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

714

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

42.3

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	Suppressed	Suppressed	Suppressed
Asian	14	39	35.9
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	209	528	39.6
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific	Suppressed	Suppressed	Suppressed
White	53	94	56.4

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	Suppressed	Suppressed	Suppressed
Age 18 to 29	139	350	39.7
Age 30 to 39	147	307	47.9
Age 40 Years and Older	14	47	29.8

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

Payer Type	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
Medicare			
Medicaid	160	430	37.2
Private	67	135	49.6
Self-Pay	Suppressed	Suppressed	Suppressed
Other	69	135	51.1

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	287	657	43.7
Spanish Language	14	50	28
Asian Pacific Islander Languages			
Middle Eastern Languages	Suppressed	Suppressed	Suppressed
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

General acute care hospitals are required to report several HCAI All-Cause Unplanned 30-Day Hospital Readmission Rates, which are broadly defined as the percentage of hospital-level, unplanned, all-cause readmissions after admission for eligible conditions within 30 days of hospital discharge for patients aged 18 years and older. These rates are first stratified based on any eligible condition, mental health disorders, substance use disorders, co-occurring disorders, and no behavioral health diagnosis. Then, each condition-stratified hospital readmission rate is further stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, please visit the following link by copying and pasting the URL into your web browser:
https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

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

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

578

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

7231

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

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	44	482	9.1
Black or African American	31	289	10.7
Hispanic or Latino	297	3603	8.2
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	168	2206	7.6

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	16	436	3.7
Age 35 to 49	42	614	6.8
Age 50 to 64	120	1209	9.9
Age 65 Years and Older	400	4972	8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	290	3687	7.9
Male	288	3544	8.1
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	395	4364	9.1
Medicaid	Suppressed	Suppressed	Suppressed
Private	68	1308	5.2
Self-Pay			
Other	109	1496	7.3

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	578	7231	8

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

119

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

1274

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

9.3

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	55	567	9.7
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	44	498	8.8

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	14	114	12.3
Age 50 to 64	22	220	10
Age 65 Years and Older	78	880	8.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	80	804	10
Male	39	470	8.3
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	87	847	10.3
Medicaid	Suppressed	Suppressed	Suppressed
Private	15	166	9
Self-Pay			
Other	16	253	6.3

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	119	1274	9.3

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - 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

28

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

338

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

8.3

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	18	192	9.4
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	Suppressed	Suppressed	Suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	12	90	13.3
Age 65 Years and Older	14	170	8.2

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	Suppressed	Suppressed	Suppressed
Male	22	254	8.7
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	12	168	7.1
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	12	77	15.6

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	28	338	8.3

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - 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

19

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

186

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

10.2

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

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

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

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

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	19	186	10.2

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

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

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

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

412

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

5433

Rate of hospital-level, unplanned, all-cause readmissions after admission with no behavioral diagnosis within 30 days of hospital discharge for patients aged 18 and older

7.6

Table 14. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	36	428	8.4
Black or African American	26	220	11.8
Hispanic or Latino	214	2763	7.7
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	107	1504	7.1

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	11	333	3.3
Age 35 to 49	19	406	4.7
Age 50 to 64	78	851	9.2
Age 65 Years and Older	304	3843	7.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	194	2697	7.2
Male	218	2736	8
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	289	3258	8.9
Medicaid	Suppressed	Suppressed	Suppressed
Private	43	1002	4.3
Self-Pay			
Other	78	1129	6.9

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	412	5433	7.6

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

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

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

Health Equity Plan

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

Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)			18 to 34	3.3	2.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	3.7	2.7
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Race and/or Ethnicity			Hispanic or Latino	0.2	2.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)			18 to 34	3.3	2.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Expected Payor			Medicare	7.1	2.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	3.7	2.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor			Private	4.3	2.1
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Age (for maternal measures only)			18 to 29	0.2	2
CMQCC Vaginal Birth After Cesarean (VBAC) Rate, Uncomplicated	Expected Payor			Other	293.3	2
CMQCC Vaginal Birth After Cesarean (VBAC) Rate, Uncomplicated	Preferred Language			English Language	225.9	1.9

Plan to address disparities identified in the data

Healthcare disparities in unplanned 30-day readmission rates remain an opportunity for multiple patient groups. We are committed to addressing these disparities for improvement of outcomes, cost-reduction, patient satisfaction and for promoting equitable care. This report outlines best-practice actions for multiple groups pertaining to readmission: - All-Cause Unplanned 30-Day Hospital Readmission Rate, by Behavioral Health Diagnosis (No Behavioral Health Disorders - Medicare, Ages 50-64 - HCAI All-Case Unplanned 30-Day Hospital Readmission Rate (HCAI-SS_HWR) ages 50 to 64) - All-Cause Unplanned 30-Day Hospital Readmission Rate, by Behavioral Health Diagnosis (No Behavioral Health Disorders) for 65 & Older - All-Cause Unplanned 30-Day Hospital Readmission Rate, by Behavioral Health Diagnosis (SUD) Other Payor - All-Cause Unplanned 30-Day Hospital Readmission Rate (HCAI-SS-HWR) - Ages 35-49 For each group, population impact, measurable objectives, and specific timeframes are detailed to guide effective intervention. Population impact: This group represents a large portion of the adult and senior population, with

unique vulnerabilities to readmission due to chronic conditions, medication management challenges, as well as social determinant of health factors. Unplanned readmissions in this cohort contribute to increased healthcare costs and can signal gaps in post-discharge care. Measurable Objectives/Time Frame: - Reduce 30-Day readmission rates by 10% within 18 months - Monitor progress monthly, with full evaluation at 18 months Best Practice Actions: - Utilize evidence-based readmission risk assessment tool to flag high risk patients - Continue to monitor the LACE scores and ensure appropriate PIC referrals - Utilize caregivers on light duty as support via follow up calls to patients flagged as high risk - Schedule follow-up Primary Care appointments prior to discharge - Strengthen coordination with primary care providers, community resources, and palliative care partners - For behavioral health (patients: o Include behavioral health assessment/psych consult early in the admission o Engage mental health resources into discharge planning o Use people-first language to reduce stigma o Communicate in the patient's preferred language o Use culturally sensitive education and discharge materials Healthcare disparities in NTSV and VBAC remain an opportunity for multiple patient groups. We are committed to addressing these disparities for improvement of outcomes, cost-reduction, patient satisfaction and for promoting equitable care. This report outlines best-practice actions for multiple groups pertaining to obstetrical care: - CMQCC NTSV C-Section Birth Rate (PC-02) for Asian patients and mothers aged 30 - 39 - CMQCC Vaginal Birth After Cesarean (VBAC) Rate for Medicaid recipients and also for Spanish-speaking patients For each group, population impact, measurable objectives, and specific timeframes are detailed to guide effective intervention. Population impact: This group represents a smaller portion of the populations for PC-02 Asian patients. Also, given the greater the age with pregnant mothers, this sometimes present challenges, as well as social determinant of health factors. Measurable Objectives/Time Frame: - Reduce NTSV C-Section Rate for Asian patients and those aged 30-39 and VBACs for Spanish-speakers and Medicaid recipients by 5% within 18 months - Monitor progress monthly, with full evaluation at 18 months Best Practice Actions: - Develop culturally sensitive educational materials that address the benefits of vaginal birth, the risks associated with C-sections, and explain the process. This could include workshops or classes tailored to Asian patients and those aged 30-39. - Encourage the use of doulas or trained labor coaches who understand cultural nuances to support Asian patients. - Provide Spanish-speaking patients with access to bilingual healthcare providers and educational materials about VBAC options. - Offer thorough counseling on VBAC benefits and risks, especially tailored for Medicaid recipients, who may face financial constraints impacting decision-making.

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 in the patient's preferred language using Language Line 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, and continuing multidisciplinary Care Coordination Rounds for post-discharge needs.

Patient safety

Overview: Health equity is crucial to patient safety at PHCMC, ensuring fair and just access to healthcare resources for all individuals, irrespective of their background. By minimizing barriers to healthcare access, health equity promotes timely and appropriate care, which is vital in preventing complications. Equity Considerations: Effective communication, including language/interpretation services and culturally competent care, is fundamental to patient safety by reducing misunderstandings and medical errors. Personalized treatment plans for diverse populations enhance patient safety by reducing adverse events and complications, building trust, and encouraging adherence to treatment plans, particularly among 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), our CAUTI Team continue to review for disparities among our patient population. During the review of Falls data, 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. Furthermore, Social Determinants of Health (SDoH) have been integrated into our Quality Assurance and Performance Improvement (QAPI) Plan and is tracked with key metrics within the house-wide QAPI Work Plan. For NTSV C-Section Rate, Presented the spontaneous labor and elective induction algorithm to OBGYN Committee for review. These algorithms were approved. The goal is to establish guidelines and criteria for admission. We are analyzing the relationship of overutilization of ultrasound. In addition, we are looking at NTSVs that incongruent with ACOG guidelines that recommends ?4500g for non-diabetic. Additionally, we have identified a disparity with Armenian and Persian women who rank the highest for our NTSV C-Section rate. Health Equity Committee is working on developing strategies to reduce their rate. Performance Data and Improvement Plans: Recent findings highlight disparities in Providence PHCMC 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) Implement Twistle which will provide post-discharge reminders to patients. 6) Implement pharmacist-led medication reconciliation to ensure accurate medication capture and adherence. 7) Ensure each patient safety committee incorporates health equity stratification into their metric scorecards, beginning with Readmission Committee, Code Blue, etc.

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 95% 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 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 brough 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 5-10% within the next 18 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 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) Implement pharmacist-led discharge medication reconciliation to ensure accurate capture and patient adherence. 5) Implement Twistle to conduct 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.

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. By screening for SDoH, 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, 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) Implement pharmacist-led discharge medication reconciliation to ensure accurate capture and patient adherence. 5) Implement Twistle to conduct 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.

Methodology Guidelines

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

Y