Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2025
Hospital Name:	PROVIDENCE LITTLE COMPANY OF MARY MC - SAN PEDRO
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106190680
Report Period:	01/01/2025 - 12/31/2025
Status:	Submitted
Due Date:	11/29/2026
Last Updated:	11/23/2026
Hospital Location with Clean Water and Air:	Yes
Hospital Web Address for Equity Report:	https://www.providence.org/locations/socal/plcm-san-pedro

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	27940	33281	84
Spanish Language	4493	33281	13.5
Asian Pacific Islander Languages	210	33281	0.6
Middle Eastern Languages	masked	33281	masked
American Sign Language	masked	33281	masked
Other Languages	553	33281	1.7

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

4705

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

4790

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

98.2

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	321	6.8	98	2.1
Housing Instability	742	15.8	191	4.1
Transportation Problems	288	6.1	97	2.1
Utility Difficulties	227	4.8	81	1.7
Interpersonal Safety	112	2.4	38	0.8

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?"

401

Total number of respondents to HCAHPS Question 19

444

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

90.3

Total number of patients surveyed on HCAHPS Question 19

459

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

96.7

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Rate of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	masked	masked	masked	masked	masked
Asian	masked	masked	masked	masked	masked
Black or African American	masked	masked	masked	masked	masked
Hispanic or Latino	323	357	90.5	362	98.6
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked	masked	masked
Native Hawaiian or Pacific Islander					
White	30	32	93.8	33	97

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Rate of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age 18 to 34	masked	masked	masked	masked	masked
Age 35 to 49	masked	masked	masked	masked	masked
Age 50 to 64	69	73	94.5	76	96.1
Age 65 Years and Older	263	289	91	299	96.7

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Rate of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	201	224	89.7	235	95.3
Male	200	220	90.9	224	98.2
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	222	246	90.2	256	96.1
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	113	126	89.7	126	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	298	335	89	340	98.5
Spanish Language	62	65	95.4	67	97
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	41	44	93.2	52	84.6

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?"

356

Total number of respondents to HCAHPS Question 17

410

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

86.8

Total number of people surveyed on HCAHPS Question 17

459

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

89.3

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

Race and/or Ethnicity	Number of "yes" responses	Total number of responses	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	masked	masked	masked	masked	masked
Asian	masked	masked	masked	masked	masked
Black or African American	masked	masked	masked	masked	masked
Hispanic or Latino	283	329	86	362	90.9
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked	masked	masked
Native Hawaiian or Pacific Islander					
White	28	30	93.3	33	90.9

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	11	14	78.6	14	100
Age 35 to 49	59	65	90.8	70	92.9
Age 50 to 64	61	69	88.4	76	90.8
Age 65 Years and Older	225	262	85.9	299	87.6

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	181	207	87.4	235	88.1
Male	175	203	86.2	224	90.6
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	194	222	87.4	256	86.7
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	100	116	86.2	126	92.1

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	264	306	86.3	340	90
Spanish Language	55	63	87.3	67	94
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	37	41	90.2	52	78.8

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

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

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

Agency for Healthcare Research and Quality (AHRQ) Indicators

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

Pneumonia Mortality Rate

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

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

masked

Total number of hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

masked

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

masked

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	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			
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	masked	masked	masked

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

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

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

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

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

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

Death Rate among Surgical Inpatients with Serious Treatable Complications

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

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

masked

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

masked

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

masked

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian	masked	masked	masked
Black or African American	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			
Age 35 to 49	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	masked	masked	masked

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

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

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

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

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

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

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

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

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

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

Number of NTSV patients with Cesarean deliveries

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

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

Table 7. Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			

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

Sex assigned at birth	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female			
Male			
Unknown			

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

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

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

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

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

CMQCC Vaginal Birth After Cesarean (VBAC) Rate

The CMQCC Vaginal Birth After Cesarean (VBAC) Rate is defined as vaginal births per 100 deliveries by patients with previous Cesarean deliveries. General acute care hospitals report the VBAC Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The VBAC Rate uses the specifications of AHRQ Inpatient Quality Indicator 22. For more information, please visit the following link by copying and pasting the URL into your web browser: https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf

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

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

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

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

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Age < 18			
Age 18 to 29			
Age 30 to 39			
Age 40 Years and Older			

Sex assigned at birth	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Female			
Male			
Unknown			

Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

Disability Status	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

CMQCC Exclusive Breast Milk Feeding Rate

The CMQCC Exclusive Breast Milk Feeding Rate is defined as the newborns per 100 who reached at least 37 weeks of gestation (or 3000g if gestational age is missing) who received breast milk exclusively during their stay at the hospital. Other criteria are that the newborns did not go to the neonatal intensive care unit (NICU), transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia. General acute care hospitals report the Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The CMQCC Exclusive Breast Milk Feeding Rate uses the Joint Commission National Quality Measure PC-05. For more information, please visit the following link by copying and pasting the URL into your web browser:
https://manual.jointcommission.org/releases/TJC2024B/MIF0170.html

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

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

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

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

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

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

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

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

Preferred Language	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

General acute care hospitals are required to report several HCAI All-Cause Unplanned 30-Day Hospital Readmission Rates, which are broadly defined as the percentage of hospital-level, unplanned, all-cause readmissions after admission for eligible conditions within 30 days of hospital discharge for patients aged 18 years and older. These rates are first stratified based on any eligible condition, mental health disorders, substance use disorders, co-occurring disorders, and no behavioral health diagnosis. Then, each condition-stratified hospital readmission rate is further

stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, please visit the following link by copying and pasting the URL into your web browser: https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

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

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

168

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

1963

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

8.6

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	masked	masked	masked
Asian	masked	masked	masked
Black or African American	12	177	6.8
Hispanic or Latino	69	639	10.8
Middle Eastern or North African	0	18	0
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	78	914	8.5

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	34	347	9.8
Age 65 Years and Older	115	1391	8.3

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	60	959	6.3
Male	108	1004	10.8
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	115	1322	8.7
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
Other	31	275	11.3

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	140	1667	8.4
Spanish Language	23	236	9.7
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

35

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

402

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

8.7

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	0	14	0
Black or African American	masked	masked	masked
Hispanic or Latino	11	118	9.3
Middle Eastern or North African	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	22	227	9.7

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	masked	masked	masked
Age 35 to 49	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	29	301	9.6

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	16	258	6.2
Male	19	144	13.2
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	26	287	9.1
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	28	352	8
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

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

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

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

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

18

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 substance use disorders within 30 days of hospital discharge for patients aged 18 or older

11.7

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

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

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	masked	masked	masked
Age 35 to 49	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	15	98	15.3

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	16	103	15.5
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	17	143	11.9
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 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

140

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

12.1

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

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

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	masked	masked	masked
Age 35 to 49	0	11	0
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	11	95	11.6

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	15	101	14.9
Medicaid	masked	masked	masked
Private	0	19	0
Self-Pay			
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	17	128	13.3
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

98

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

older at time of admission

1267

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

7.7

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	42	419	10
Middle Eastern or North African	0	11	0
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	43	564	7.6

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	228	10.1
Age 65 Years and Older	60	897	6.7

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	35	587	6
Male	63	680	9.3
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	58	831	7
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
Other	22	173	12.7

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	78	1044	7.5
Spanish Language	17	178	9.6
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	Race and/or Ethnicity	Hispanic or Latino	10.8	Middle Eastern or North African	0	3.2
2	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Race and/or Ethnicity	Hispanic or Latino	10	Middle Eastern or North African	0	2.6
3	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	White	8.5	Middle Eastern or North African	0	2.5
4	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health Disorder)	Sex Assigned at Birth	Male	13.2	Female	6.2	2.1
5	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health Disorder)	Race and/or Ethnicity	White	9.7	Asian	0	2.1
6	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Race and/or Ethnicity	White	7.6	Middle Eastern or North African	0	2
7	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Black or African American	6.8	Middle Eastern or North African	0	2
8	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health Disorder)	Race and/or Ethnicity	Hispanic or Latino	9.3	Asian	0	2
9	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring Disorder)	Expected Payor	Medicare	14.9	Private	0	2

Rank	Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
10	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring Disorder)	Age (excluding maternal measures)	65 and older	11.6	35 to 49	0	2

Plan to address disparities identified in the data

All-Cause Unplanned 30-Day Hospital Readmission Rate

- Race and/or ethnicity: Hispanic or Latino, White, Black or African American

All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)

- Race and/or ethnicity: Hispanic or Latino, White

All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health Disorder)

- Sex assigned at birth: Male
- Race and/or ethnicity: White, Hispanic or Latino

All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring Disorder)

- Expected Payor: Medicare
- Age (excluding maternal measures): 65 and older

Goal: reduce 30-day readmission rates by 10% within the next 18 months, achieved by the following actions

Actions:

- Utilize evidence-based readmission risk assessment tool to flag high risk patients
- Standardized work for Administrative Staff to schedule follow-up Primary Care appointments within 5 days of discharge for patients scored as high risk for readmission
- Include follow-up appointment education into discharge education
- Refer patients lacking a Primary Care Physician to Post Discharge Clinic and/or free or low-cost Vasek Polak clinic
- Assess all patients for SDOH needs and provide resources at discharge
- Engage Social Work to provide local community resources from FindHelp
- Partner with Community Health Investment to support connection to community resources
- Implement a multidisciplinary readmission prevention discharge checklist
- Continue Pharmacy led medication reconciliation on admission and discharge
- Refer patients to hospital outpatient Medication Management Clinic
- Order Home Health referrals, if applicable, for all Heart Failure patients
- Educate patients of an automatic discharge follow-up call within 48 hours of discharge
- Consideration of advanced care planning conversations with all high-risk patients diagnosed with Heart Failure, Renal and/or other complex conditions
- For Behavioral Health Patients: Include behavioral health assessment early in the admission
- Engage mental health resources into discharge planning, including substance use disorders

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

Patient Care Boards provide the patient/family care team, activity level, diet status, patient specific needs information and a section for patients/families to write questions
Certified Language Interpreter Services are provided for all patients per preferred language. Qualified interpreters are available for every non-English encounter. Culturally tailored educational materials are provided to support understanding and engagement, enabling care plan comprehension and active participation in decision-making.
Spiritual Care services honor and respect the diverse faith traditions, cultural beliefs, values, and personal preferences of our patients and families. Spiritual Care team support is offered regardless of religious affiliation. Services include prayer, faith-specific rituals, advance care planning support, grief counseling, and end-of-life support
Daily Leader Rounding assesses patient/ families understanding of their care plan, address concerns, identify service recovery opportunities, and ensure individual needs/preferences are being met. Feedback is captured in real time and shared with frontline teams to facilitate immediate action, enhance communication, and improve the overall patient experience
Goal of Care Conversations ensures that medical treatment aligns with and explores the patient's values, preferences, goals, cultural beliefs, and desired quality of life
Trauma Informed Care commits to equitable behavioral health care through trauma-informed services that promote recovery, safety, access, and dignity
Metrics & Improvements
1) Monitor/stratify data by race/ethnicity and demographics: patient care board completeness/ care plans documented with patient-stated goals patient experience data, interpreter utilization, leader rounding data, goals of care conversations, advanced care planning faith-specific accommodation completion, Number of behavioral escalation events

Patient safety

High Reliability Organization includes daily safety huddle, event reporting and safety reviews which create psychological safety to empower caregivers to speak up regarding safety concerns, learning systems that focus on continuous improvement, and prevention of harm
Daily Visual Management Systems highlight quality metrics, safety concerns, good catches, improvement initiatives, stoplight report, Good Catch Awards, RCAs, HRO Tool of the Month, caregiver recognition
Key safety indicators such as falls, medication errors, hospital-acquired trigger RCA for events meeting Serious Safety Event criteria
Metrics & Improvements
1) Conduct monthly reviews of safety data stratified by demographic factors, implement targeted action plans
2) Dedicate workgroups with Executive Sponsorship to provide governance/oversight for improvement initiatives
3) Monitor action plan completion for all safety events

Addressing patient social drivers of health

Screening all inpatients, outpatients, ED patients for 5 social SDOH upon admission/entrance into the hospital for housing, utilities, food, transportation, and interpersonal safety. Current screening: > 95%. Older adults, 65 years + are additionally assessed for social isolation and caregiver vulnerability

Resource support through FindHelp generates a comprehensive list of local resources to support health and well-being and provided on the discharge summary. Community Health follows up with patients that screen positive after discharge to reduce barriers to resource connection

SDOH data is integrated into care planning and population health strategies to ensure equitable and responsive interventions to the unique needs of our diverse patient population

Metrics & Improvements

1) Trend SDOH data, unmet social needs, resources at discharge and disparity- interventions by race/ethnicity, demographics

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Patients with signs/symptoms of sepsis are treated effectively:

12-month SEP-1 bundle compliance=70%

Antibiotic 24 hrs. prior or within 1 hour of hypotension Oct YTD = 84%

Sepsis order set utilization = 86%

Metrics & Improvements

1) Stratify clinical outcomes and adherence to evidence-based protocols by race/ethnicity, demographics

2) Implement targeted interventions to improve equity in treatment effectiveness

3) Engage Sepsis Committee to provide governance/oversight for improvement initiatives

Care coordination

Follow-up appointments are scheduled for high-risk patients prior to discharge.

PCP referrals provided to patients lacking Primary Care to Providence Post Discharge Clinic

Automated post-discharge outreach provided through Cipher calls

Pharmacist-led medication reconciliation at discharge provides medication education and adherence support.

Multidisciplinary Rounds are interdisciplinary care coordination rounds seven days per week that identify patients with complex needs early in their hospitalization. Transition-of-care plans are developed to address barriers to discharge, and coordinate timely connection to post-acute care providers, community resources, and support services.

Metrics & Improvements

1) Monitor, linguistically appropriate education, transition-of-care success rates, follow-up appointment scheduling, length of stay and 30-day readmission rates across race/ethnicity and demographic groups to identify disparities with action plan implementation to improve

2) Monitor medication-related barriers contributing to readmissions

3) Utilize remote patient monitoring for high-risk populations

4) Monitor multidisciplinary rounds attendance and participation by discipline
5) Expand palliative care consultations via EMR triggers

Access to care

Patient Flow meeting addresses patient transfers to lower level of care, discharges, conditional discharges, potential delays, services needed at discharge
Daily Multidisciplinary Rounds with Physicians to identify patients 24 to 48 hours prior to discharge, supports increasing throughput
Medication Management Clinic Referrals provide comprehensive medication review, patient education, adherence support, and ongoing medication optimization following discharge
Primary Care Services referrals to Post Discharge Clinic and low- cost or free Vasek Polak Clinic
Partners in Care and On Click referrals provide wraparound care coordination, linking patients to resources such as transportation, food, caregiver support, chronic disease management, and post-discharge follow-up services.
Metrics and Improvements:
1) stratify LOS by race, ethnicity, language, other demographic factors
2) Identify disparities, develop strategies to improve LOS outcome equity and post discharge care access

Methodology Guidelines

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

Yes