Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2025
Hospital Name:	PROVIDENCE MISSION HOSPITAL
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106301262
Report Period:	01/01/2025 - 12/31/2025
Status:	Submitted
Due Date:	11/29/2026
Last Updated:	11/23/2026
Hospital Location with Clean Water and Air:	No
Hospital Web Address for Equity Report:	providence.org/mission

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	88753	99435	89.3
Spanish Language	6566	99435	6.6
Asian Pacific Islander Languages	692	99435	0.7
Middle Eastern Languages	1243	99435	1.3
American Sign Language	16	99435	0
Other Languages	2165	99435	2.2

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

14866

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

15426

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

96.4

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	228	1.5	149	1
Housing Instability	473	3.2	301	2
Transportation Problems	329	2.2	217	1.5
Utility Difficulties	177	1.2	114	0.8
Interpersonal Safety	137	0.9	85	0.6

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?"

457

Total number of respondents to HCAHPS Question 19

477

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

95.8

Total number of patients surveyed on HCAHPS Question 19

486

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

98.1

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Rate of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian	masked	masked	masked	masked	masked
Black or African American	masked	masked	masked	masked	masked
Hispanic or Latino	430	450	95.6	456	98.7
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	11	11	100	12	91.7

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	34	35	97.1	35	100
Age 35 to 49	57	59	96.6	60	98.3
Age 50 to 64	35	37	94.6	38	97.4
Age 65 Years and Older	331	346	95.7	353	98

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	253	266	95.1	271	98.2
Male	204	211	96.7	215	98.1
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	253	265	95.5	271	97.8
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	168	174	96.6	177	98.3

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	401	420	95.5	426	98.6
Spanish Language	24	24	100	25	96
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	32	33	97	35	94.3

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?"

400

Total number of respondents to HCAHPS Question 17

453

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

88.3

Total number of people surveyed on HCAHPS Question 17

486

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

93.2

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

Race and/or Ethnicity	Number of "yes" responses	Total number of responses	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian	masked	masked	masked	masked	masked
Black or African American	masked	masked	masked	masked	masked
Hispanic or Latino	379	427	88.8	456	93.6
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	masked	masked	masked	masked	masked

Age	Number of "yes" responses	Total number of responses	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age 18 to 34	33	34	97.1	35	97.1
Age 35 to 49	55	59	93.2	60	98.3
Age 50 to 64	33	34	97.1	38	89.5
Age 65 Years and Older	279	326	85.6	353	92.4

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	225	255	88.2	271	94.1
Male	175	198	88.4	215	92.1
Unknown					

Payer Type	Number of "yes" responses	Total number of responses	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	211	250	84.4	271	92.3
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	156	167	93.4	177	94.4

Preferred Language	Number of "yes" responses	Total number of responses	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	346	396	87.4	426	93
Spanish Language	24	24	100	25	96
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	30	33	90.9	35	94.3

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

30

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

855

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

35.1

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	masked	masked	masked
Asian	masked	masked	masked
Black or African American	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	24	680	35.3

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age 18 to 34	masked	masked	masked
Age 35 to 49	0	30	0
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	29	728	39.8

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	28	620	45.2
Medicaid	masked	masked	masked
Private	0	102	0
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	25	783	31.9
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

33

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

191

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

172.8

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	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	25	149	167.8

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age 18 to 34	masked	masked	masked
Age 35 to 49	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	26	139	187.1

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	13	80	162.5
Male	20	111	180.2
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	22	119	184.9
Medicaid			
Private	masked	masked	masked
Self-Pay			
Other	masked	masked	masked

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language	32	180	177.8
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
Other/Unknown Languages	masked	masked	masked

Disability Status	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of 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

131

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

608

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

21.5

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

Race and/or Ethnicity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
American Indian or Alaska Native	masked	masked	masked
Asian	14	56	25
Black or African American	masked	masked	masked
Hispanic or Latino	51	260	19.6
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander			
White	51	234	21.8

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	masked	masked	masked
Age 18 to 29	56	314	17.8
Age 30 to 39	66	268	24.6
Age 40 Years and Older	masked	masked	masked

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

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare	masked	masked	masked
Medicaid	56	264	21.2
Private	43	207	20.8
Self-Pay	masked	masked	masked
Other	30	122	24.6

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	110	507	21.7
Spanish Language	19	82	23.2
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages	masked	masked	masked
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

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

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

CMQCC Vaginal Birth After Cesarean (VBAC) Rate

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

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

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

262

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

20.6

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

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native			
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	21	126	16.7
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	masked	masked	masked
White	21	93	22.6

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Age < 18			
Age 18 to 29	masked	masked	masked
Age 30 to 39	36	166	21.7
Age 40 Years and Older	masked	masked	masked

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

Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Medicare			
Medicaid	27	150	18
Private	17	74	23
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
English Language	41	196	20.9
Spanish Language	13	60	21.7
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages	masked	masked	masked
American Sign Language			
Other/Unknown Languages	masked	masked	masked

Disability Status	Number of 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

96

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

150

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

64

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	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	34	67	50.7
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	masked	masked	masked
White	43	57	75.4

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			
Age 18 to 29	masked	masked	masked
Age 30 to 39	53	82	64.6
Age 40 Years and Older	masked	masked	masked

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

Payer Type	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Medicare			
Medicaid	43	82	52.4
Private	42	49	85.7
Self-Pay	masked	masked	masked
Other	masked	masked	masked

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	79	117	67.5
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	masked	masked	masked
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

851

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

8384

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

10.2

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	36	441	8.2
Black or African American	masked	masked	masked
Hispanic or Latino	69	604	11.4
Middle Eastern or North African	15	81	18.5
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	671	6636	10.1

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	17	363	4.7
Age 35 to 49	36	511	7
Age 50 to 64	76	1017	7.5
Age 65 Years and Older	722	6493	11.1

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	437	4385	10
Male	masked	masked	masked
Unknown	masked	masked	masked

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	609	5631	10.8
Medicaid	masked	masked	masked
Private	110	1685	6.5
Self-Pay	masked	masked	masked
Other	128	1017	12.6

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	780	7768	10
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
Other/Unknown Languages	46	382	12

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

199

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

1672

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

11.9

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	masked	masked	masked
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	16	95	16.8
Middle Eastern or North African	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	156	1394	11.2

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	15	198	7.6
Age 65 Years and Older	172	1304	13.2

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	123	1065	11.5
Male	76	607	12.5
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	148	1136	13
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
Other	33	229	14.4

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	190	1585	12
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

53

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

older at time of admission

359

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

14.8

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	45	295	15.3

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	11	75	14.7
Age 65 Years and Older	34	211	16.1

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	22	130	16.9
Male	31	229	13.5
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	27	200	13.5
Medicaid	masked	masked	masked
Private	15	119	12.6
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	50	339	14.7
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

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

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

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

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

18

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

older at time of admission

241

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

7.5

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	15	206	7.3

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	12	134	9

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

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

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	18	238	7.6
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

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

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

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

581

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

older at time of admission

6112

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

9.5

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	masked	masked	masked
Asian	27	366	7.4
Black or African American	masked	masked	masked
Hispanic or Latino	48	461	10.4
Middle Eastern or North African	11	67	16.4
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	455	4741	9.6

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	48	695	6.9
Age 65 Years and Older	504	4844	10.4

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	masked	masked	masked
Male	303	3073	9.9
Unknown	masked	masked	masked

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	424	4166	10.2
Medicaid	masked	masked	masked
Private	72	1181	6.1
Self-Pay	masked	masked	masked
Other	82	727	11.3

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	522	5606	9.3
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
Other/Unknown Languages	40	316	12.7

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

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

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

Health Equity Plan

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

Top 10 Disparities

Disparities for each hospital equity measure are identified by comparing the rate ratios by

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

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

Rank	Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
1	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	11.1	18 to 34	4.7	2.4
2	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Middle Eastern or North African	18.5	Asian	8.2	2.3
3	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Race and/or Ethnicity	Middle Eastern or North African	16.4	Asian	7.4	2.2
4	Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Age (excluding maternal measures)	65 and older	39.8	35 to 49	0	2
5	Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Expected Payor	Medicare	45.2	Private	0	2
6	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Other	12.6	Private	6.5	1.9
7	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Other	11.3	Private	6.1	1.9
8	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health Disorder)	Age (excluding maternal measures)	65 and older	13.2	50 to 64	7.6	1.7
9	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicare	10.2	Private	6.1	1.7
10	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	10.8	Private	6.5	1.7

Plan to address disparities identified in the data

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate (HRR) – Age: 65 and older vs. 18–34; Reference Rate (RefR) 4.7; Rate Ratio (RR) 2.4
HRR – Race and/or Ethnicity: Middle Eastern or North African (MENA) vs. Asian; RefR 8.2; RR 2.3
HRR, No Behavioral Health Diagnosis (No BHD) – Race and/or Ethnicity: MENA vs. Asian; RefR 7.4; RR 2.2
AHRQ Quality Indicator Pneumonia Mortality Rate (PMR) – Age: 65 and older vs. 35–49; RefR 19.9; RR 2.0
PMR – Expected Payer: Medicare vs. Private; RefR 22.6; RR 2.0
HRR – Expected Payer: Oth vs. Private; RefR 6.5; RR 1.9
HRR, No BHD – Expected Payer: Oth vs. Private; RefR 6.1; RR 1.9
HRR, Mental Health Disorder – Age: 65 and older vs. 50–64; RefR 7.6; RR 1.7
HRR, No BHD – Expected Payer: Medicare vs. Private; RefR 6.1; RR 1.7
HRR – Expected Payer: Medicare vs. Private; RefR 6.5; RR 1.7
Items 1 and 8 (Readmissions, Age 65+): Reduce 30-day readmission rates for patients age 65 and older, including those with a mental health diagnosis, by 5–10% within 18 months. Complete Age-Friendly Care workflow standardization by end of Q1 2027. Continue to sustain Monday–Saturday morning and Monday–Friday afternoon Multi-Disciplinary Rounds, discharge checklists, Transition of Care pharmacist-led medication reconciliation, Home Health visits within seven days for high-risk patients, and Heart Failure and Community Nurse Navigator education. Continue to review readmission dashboards and Dexur analytics monthly and report progress through quality and Health Equity Committee governance and ensuring clinical program or clinical institute oversight (e.g., Heart Failure program, Sepsis Program, Cancer Program, etc).
Items 2–3 (Readmissions, Middle Eastern or North African): Reduce 30-day readmission rates for Middle Eastern or North African patients by 5–10% within 18 months. By Q1 2027, establish a stratified baseline in the readmission dashboards. Through December 31, 2027, sustain SDoH screening above 90% and positive-needs follow-up above 51.5%. Complete the Division's rollout of interpreters through on-demand Language Line services and keep Spanish/Farsi signage in Emergency Department waiting rooms. Move key instructions to the first page of the After Visit Summary and increase completed Cipher post-discharge calls to patients meeting criteria. Review progress quarterly through quality committee (Readmissions) and Health Equity Committee governance.
Items 4–5 (Pneumonia Mortality, Age 65+ and Medicare): Reduce pneumonia mortality among patients age 65 and older and Medicare patients by 5–10% by December 31, 2027. By Q1 2027, begin monthly monitoring through the pneumonia mortality dashboard and Dexur analytics. Through December 31, 2027, expand the virtual RN "Co-Caring Model" to the Emergency Department, 3West, Tele-Sepsis North, Tele-Sepsis South, and RICU. Increase use of Palliative Care in the Emergency Department and refer all Medicare patients to the Transitional Medical Clinic within seven days of discharge. Report progress through quality and Health Equity Committee governance.
Items 6–7 (Readmissions, Other Payer): Reduce 30-day readmission rates for patients with "Other" expected payer by 5–10% within 18 months. By Q1 2027, verify that patient demographics and insurance are captured accurately at registration. Within 12 months, SDoH closed-loop referrals to the Family Resource Centers increase by 10%, using the standardized follow-up protocol. Through December 31, 2027, Community Care Navigators deployed recuperative and shelter placements and increase use of the "Find Help" platform and Helping Hands sponsored care. Review payer-stratified readmission dashboards monthly and report progress through quality and Health Equity Committee governance.
Items 9–10 (Readmissions, Medicare): Reduce 30-day readmission rates for Medicare patients, with and without a behavioral health diagnosis, by 5–10% within 18 months. By end of Q1 2027, hire a social worker for the Transitional Medical Clinic. Through December 31, 2027, all Medicare patients

refer to the Transitional Medical Clinic within seven days of discharge. Continue with Discharge Suite Ambassadors scheduling PCP follow-up appointments for CHF patients, and complete systematic post-discharge calls (Cipher automated system and Discharge Follow-Up RN Team). Sustain Transition of Care pharmacist-led medication reconciliation. Review Medicare readmission dashboards monthly and report progress through quality and Health Equity Committee governance.

Performance in the priority area

General acute care hospitals are required to provide hospital equity plans that address the top 10 disparities by identifying population impact and providing measurable objectives and specific timeframes. For each disparity, hospital equity plans will address performance across priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

Person-centered care

Providence Mission Hospital (a two-campus ministry in Mission Viejo and Laguna Beach, CA) recognizes person-centered care as a foundation of health equity. Equitable care requires understanding each patient's needs, preferences, language, health literacy, cultural considerations, and social circumstances, and incorporating them into care planning, education, and transitions. We recognize that health equity requires addressing social drivers of health and dismantling systemic barriers so patients and families can participate meaningfully in care and receive information that supports understanding, informed decisions, and recovery.

2025 disparity analysis reinforces the importance of tailoring care to the populations Mission Hospital serves. At Mission Viejo, several of the highest disparities involve 30-day readmissions by age, race/ethnicity, and expected payer. Patients age 65 and older had an all-cause unplanned 30-day readmission rate of 11.1 versus 4.7 for ages 18–34 (rate ratio 2.4), and Middle Eastern or North African patients had a rate of 18.5 versus 8.2 for Asian patients (rate ratio 2.3). At Laguna Beach, readmission disparities were identified by race/ethnicity, age, expected payer, and sex assigned at birth. White patients had a rate of 8.3 versus 4.2 for Asian patients, and patients age 65 and older without a behavioral health diagnosis had a rate of 7.7 versus 3.9 for ages 35–49, each a rate ratio of 2.0. These findings support continued focus on individualized communication, education, navigation, and discharge support.

Mission Hospital's person-centered strategies include accurately collecting patient demographic and insurance information; providing diagnosis-specific After Visit Summary (AVS) materials, reorganized so pertinent discharge information is prominent; strengthening language access through on-demand interpreter services; active listening; and cultural respect. All patients are screened for language preference, and caregivers can access medically qualified interpreters in over 240 languages. Discharge instructions are provided in the top two non-English languages, Spanish and Farsi. After observing higher sepsis readmission rates among Limited English Proficient patients compared with Caucasian patients, we launched post-discharge follow-up calls by Spanish-certified nurses, using Language Line as needed. The calls clarified follow-up care and discharge details and reduced unnecessary readmissions, leading to a permanent "Sepsis Limited English Proficiency Nurse Navigator" role. Multi-Disciplinary Care Coordination Rounds address each patient's and family's needs for a safe transition and seamless post-discharge care. Our "Promise in Action" patient experience practices set three core behaviors: Warm Welcome (intentional, compassionate greetings), Managing Up (positive impressions of team members before interaction), and Closing with Care (ending encounters with intention, empathy, and follow-through). Additional efforts include

Age-Friendly initiatives and oncology nurse navigators who connect patients with resources such as transportation. Two Orange County contracted Family Resource Centers and Helping Hands (sponsored care) provide underinsured and uninsured patients with medications, Home Health, DME, recuperative care placement, and Uber Health transportation for a safe discharge. Mission Hospital also joined the statewide Golden State Start Program, integrating the Baby-to-Baby free diaper initiative in Labor and Delivery. In July 2026, Mission Hospital, Camino Health Centers, and CalOptima launched a Medi-Cal Enrollment Redetermination program to ensure access to enrollment and renewal services. To further reduce readmissions, we refer patients to the Transitional Medical Clinic, an outpatient clinic operated with Heritage Medical Foundation, where advanced practice practitioners and physicians provide follow-up within a few days, medication education and adherence, disease-specific education and planning, and fluid management, easing the transition to primary care.

Through these efforts, Mission Hospital seeks to ensure each patient's voice, preferences, communication needs, and circumstances are incorporated into care. Continued review of stratified data will help identify disparities and guide focused interventions to improve patient experience, understanding, engagement, and health outcomes.

Patient safety

Providence Mission Hospital integrates health equity into patient safety by identifying differences in outcomes among patient populations and designing interventions to reduce preventable harm and barriers to safe care. Safe care requires effective communication, reliable clinical processes, accurate identification of risk, and successful transitions across settings. Applying equity lens to patient safety allows Mission Hospital to identify populations experiencing disproportionate outcomes and focus additional support where opportunities exist.

Current disparity findings demonstrate that 30-day readmissions remain an important opportunity for equity. At Mission Viejo, patients age 65 and older had an all-cause unplanned 30-day readmission rate of 11.1 compared with 4.7 among patients ages 18–34, a rate ratio of 2.4. Differences were identified by race/ethnicity and expected payer. In addition, the analysis identified two disparities in the AHRQ Quality Indicator Pneumonia Mortality Rate. Patients age 65 and older had a reported rate of 39.8 compared with 19.9 among patients ages 35–49, a rate ratio of 2.0, while Medicare patients had a rate of 45.2 compared with 22.6 among privately insured patients, also a rate ratio of 2.0.

Mission Hospital's improvement strategy addresses risk across the continuum of care. Initiatives include accurate capture of patient demographics and insurance; use of an evidence-based readmission risk assessment tool to proactively identify high-risk patients; multidisciplinary rounds addressing discharge barriers; comprehensive discharge protocols and patient education; systematic post-discharge follow-up; Transition of Care pharmacist-led medication reconciliation; Home Health support for high-risk patients; and navigation services focused on chronic disease and post-discharge needs. Mission Hospital's integrated Daily Safety Huddles in which any safety concern throughout the ministry is brought up and discussed amongst the multi-disciplinary team leaders. During the huddles, any uncommon requests specifically voiced by our patients and/or their families, including religious or cultural practices, are vetted for potential solutions addressing individual needs. In addition, Mission Hospital implemented the standardized Daily Visual Management Board, a two-way communication visual tool which displays major daily operational and clinical information that may impact patient care, safety issues, quality metrics, patient flow, and ongoing improvement initiatives. The two-way communication system is intended for streamlined communication for frontline caregivers to raise concerns and leaders respond or share

strategic priorities ack to the staff. Mission Hospital also utilizes Limited English Proficiency Sepsis Nurse Navigator (assisted 455 patients in FY2026), Heart Failure Navigator, and a Community Nurse Navigator, coordinating care for 861 patients with diabetes and hypertension through visits, screenings and education. Maternal navigation services are also available to provide targeted education and support.

These initiatives strengthen the reliability and safety of transitions from the hospital to the next care setting while allowing Mission Hospital to focus additional support on populations experiencing disparities. Health equity will remain integrated into performance improvement through continued review of stratified outcomes and targeted interventions designed to narrow identified gaps.

Addressing patient social drivers of health

Providence Mission Hospital recognizes that health outcomes are influenced by factors extending beyond clinical care. Social Drivers of Health (SDoH), including housing, food security, transportation, income, and access to community resources, may affect a patient's ability to follow a treatment plan, obtain medications, attend follow-up appointments, and successfully recover following hospitalization. Identifying and addressing these needs is therefore an important component of Mission Hospital's health equity strategy.

Current disparity findings demonstrate meaningful differences in readmission outcomes across patient populations. At Mission Viejo, readmission disparities were identified according to age, race/ethnicity, and expected payer. For example, Medicare patients had an all-cause unplanned 30-day readmission rate of 10.8 compared with 6.5 among privately insured patients, a rate ratio of 1.7. At Laguna Beach, Medicare patients had a readmission rate of 9.0 compared with 5.0 among privately insured patients, a rate ratio of 1.8. These findings support continued assessment of non-clinical barriers that may affect successful transitions and ongoing access to care.

Mission Hospital systematically assesses admitted patients for SDoH needs and connects them with appropriate resources when needs are identified. Current improvement strategies include sustaining SDoH screening by nursing caregivers, which has consistently assessed more than 95% of patients. Case management follows up with approximately 55 to 60% of patients identified with a SDoH need. To further strengthen this process, Mission Hospital has increased referrals of patients with multiple social drivers to Mission's Family Resource Centers (FRCs) and standardized FRC follow-up to connect patients with Camino Health Clinics, community-based organizations, and internal FRC services. In 2026, the FRCs received 36 direct SDOH referrals for closed-loop follow-up services with an 86% follow-up rate, with financial barriers identified as the highest disparity. Mission Hospital also utilizes the Find Help platform within the electronic medical record to identify resources that can be incorporated into patient discharge information and deploys a Community Care Navigator to support underserved patients. In FY2026, 294 patients received assistance through more than 944 supportive encounters and comprehensive case management. Of these, 217 patients received post-discharge bridge housing assistance, including recuperative care and shelter placements, as well as help with other identified needs. Social Determinants of Health (SDoH) have also been integrated into Mission Hospital's Quality Assurance and Performance Improvement (QAPI) Plan and are tracked as key metrics within the house-wide QAPI Work Plan.

By integrating SDoH assessment and resource connection into routine care and discharge planning, Mission Hospital and our partners seek to identify barriers earlier and connect patients with resources that support recovery and continuity of care. Ongoing monitoring of screening, positive-needs follow-up, referrals, and stratified outcome data will help identify opportunities to strengthen interventions and reduce disparities.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Providence Mission Hospital is committed to providing evidence-based, timely, and appropriate treatment while recognizing that equitable clinical outcomes require more than delivering the same intervention to every patient. Patients may have different clinical risks, communication needs, social barriers, or access challenges that affect their ability to receive, understand, and successfully continue treatment. An equity-focused approach therefore combines evidence-based practice with targeted support based on individual patient needs.

Mission Hospital's disparity data demonstrate opportunities to strengthen outcomes for populations experiencing higher rates of readmission and mortality. At Mission Viejo, patients age 65 and older experienced an all-cause unplanned 30-day readmission rate of 11.1 compared with 4.7 among patients ages 18–34. The analysis also identified two disparities in the AHRQ Quality Indicator Pneumonia Mortality Rate, by age and by payer. Patients age 65 and older had a pneumonia mortality rate of 39.8 compared with 19.9 among patients ages 35–49 (rate ratio 2.0), while Medicare patients had a rate of 45.2 compared with 22.6 among privately insured patients (rate ratio 2.0).

Mission Hospital's effective-treatment initiatives begin with identifying patients at increased risk and tailoring support accordingly. An evidence-based readmission risk assessment is used to proactively identify and flag high-risk patients so interventions can be targeted to their needs. For high-risk patients, Mission Hospital's strategy includes front-loading Home Health visits within seven days following discharge. The hospital also continues implementation and expansion of the Co-Caring Model, which incorporates virtual nursing to provide comprehensive discharge education and patient support. Planned initiatives described in Mission Hospital's priority-area goals include expansion of the model to additional inpatient areas and the Emergency Department, as well as utilization of Palliative Care in the Emergency Department. Mission Hospital's Sepsis Program provides additional evidence-based care, with SEP-1 bundle compliance as a priority initiative; compliance averaged greater than 80% in 2026. The program earned The Joint Commission's disease-specific certification and was redesignated in 2026. Another Sepsis Program initiative is reducing postoperative sepsis in elective surgical cases (Patient Safety Indicator PSI-13). The baseline population had a higher rate of postoperative sepsis due to hospital-acquired pneumonia and/or aspiration pneumonitis. In response, Mission Hospital implemented an evidence-based care initiative in which patients undergoing a surgical procedure use a chlorhexidine gluconate oral swish and spit. This reduces the bacteria in the mouth so that intubation does not introduce more bacteria into the throat. As a result, the postoperative sepsis rate has gradually declined year-over-year, most notably from 4.63 to 2.30 (rate/1000).

These strategies are designed to strengthen the reliability of evidence-based care while ensuring that patients who face additional clinical or transition risks receive targeted support. Mission Hospital will continue using stratified outcome data to identify differences among patient populations, evaluate improvement opportunities, and guide interventions intended to narrow gaps in clinical outcomes.

Care coordination

Providence Mission Hospital recognizes effective care coordination as an essential component of health equity, particularly for patients whose needs extend across multiple providers, care settings, and community services. Patients with complex medical or social needs may experience barriers

during transitions between the hospital, primary care, specialty care, Home Health, and community-based services. Coordinating these services helps reduce fragmentation and supports safer, more reliable transitions following hospitalization.

Readmission disparities highlight the importance of this work. At Mission Viejo, 30-day readmission disparities were identified across age, race/ethnicity, expected payer, and behavioral health diagnosis stratifications. Patients age 65 and older had an all-cause unplanned 30-day readmission rate of 11.1 compared with 4.7 among patients ages 18–34. Among patients with a mental health disorder, patients age 65 and older had a readmission rate of 13.2 compared with 7.6 among patients ages 50–64. Laguna Beach likewise demonstrated disparities in readmission outcomes across several patient population characteristics. Among Laguna Beach patients with a mental health disorder, those age 65 and older had a readmission rate of 9.9 compared with 5.0 among patients ages 18–34, a rate ratio of 2.0.

Mission Hospital utilizes multiple strategies to strengthen coordination before and after discharge. Multidisciplinary rounds address discharge barriers and patients' needs to support safe transitions and recovery. Patients receive information about Cipher automated post-discharge calls and Discharge Follow Up RN support, while systematic follow-up calls provide opportunities to identify and address concerns after discharge. As a result of this program, there was a 2% reduction in readmissions, ensuring that patients receive post-discharge support. The Transitional Medical Clinic supports continuity following hospitalization, and Transition of Care pharmacist-led medication reconciliation supports accurate medication capture and adherence. Other initiatives include Home Health services for high-risk patients, Community Care and Community Nurse Navigators, Heart Failure Navigators, Limited English Proficiency Sepsis Nurse Navigators, and maternal navigation under the Bridges program with screenings for post-partum depression and addressing safe discharge needs like car seats, diapers, and breastfeeding pumps. The Co-Caring Model with virtual nursing further supports comprehensive individualized patient and family discharge education.

Collectively, these initiatives create multiple connection points across the care continuum. Mission Hospital will continue focusing care-coordination resources on populations experiencing disparities and use stratified outcomes and relevant process measures to evaluate whether interventions are improving transitions and reducing avoidable gaps in care.

Access to care

Providence Mission Hospital recognizes access to timely and appropriate healthcare services as a critical component of health equity. Barriers to primary care, specialty services, transportation, post-acute care, medications, social services, or follow-up support may influence a patient's ability to manage chronic conditions and recover successfully after hospitalization. Mission Hospital therefore approaches access broadly, connecting patients not only with medical services but also with community and social resources that can support continued care.

Current data identify readmission disparities that reinforce the importance of improving access following hospitalization. At Mission Viejo, patients age 65 and older had an all-cause unplanned 30-day readmission rate of 11.1 compared with 4.7 among patients ages 18–34. Differences were also identified by expected payer, including a Medicare rate of 10.8 compared with 6.5 among privately insured patients. At Laguna Beach, Medicare patients had a rate of 9.0 compared with 5.0 among privately insured patients. Laguna Beach findings also identified disparities by race/ethnicity, age, and sex assigned at birth.

Mission Hospital's access strategy connects patients with clinical and community resources based on

identified needs. Physicians are encouraged to refer eligible patients to the Transitional Medical Clinic within seven days after discharge to support continuity of care. Mission Hospital's current priority-area initiatives also include adding social work support within the Transitional Medical Clinic and using Discharge Suite Ambassadors to assist heart failure patients with primary care follow-up appointment scheduling. Patients with multiple social drivers can be referred by Case Management and connected with Mission's Family Resource Centers, with follow-up supporting linkages to Camino Health Clinics, community-based organizations, and internal FRC services. Community Care Navigators assist underserved patients with identified needs, including recuperative and shelter placement. Mission Hospital's Helping Hands sponsored-care initiative also supports identified needs involving recuperative care, transportation, medications, durable medical equipment, and Home Health services.

Through these programs, Mission Hospital seeks to reduce barriers between hospital discharge, and the services patients require for continued recovery. Ongoing review of stratified outcomes and utilization of available clinical, navigation, and community resources will guide continued efforts to strengthen access and narrow identified disparities.

Methodology Guidelines

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

Yes