Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	PROVIDENCE MISSION HOSPITAL
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106301262
Report Period:	1/1/2024 - 12/31/2024
Status:	Submitted
Due Date:	11/29/2025
Last Updated:	11/24/2025
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	https://www.providence.org/about/health-equity

Overview

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

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

Laws and Regulations

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

Hospital Equity Measures

Joint Commission Accreditation

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

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

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

Y

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

Y

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

651028

Table 1. Summary of preferred languages reported by patients.

Languages	Number of patients who report preferring language	Total number of patients	Percentage of total patients who report preferring language (%)
English Language	582461	651028	89.5
Spanish Language	44603	651028	6.9
Asian Pacific Islander Languages	5883	651028	0.9
Middle Eastern Languages	9281	651028	1.4
American Sign Language	93	651028	0
Other Languages	8707	651028	1.3

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

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

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

• Our hospital strategic plan identifies priority populations who currently experience health disparities.

• Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.

• Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.

• Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Y

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

• Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.

• Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.

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

  Y

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

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

  Y

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

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

  Y

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

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

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

  N

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

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

https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs

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

  12581

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

  12991

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

  96.8

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

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	181	1.4	88	0.7
Housing Instability	434	3.4	182	1.4
Transportation Problems	163	1.3	78	0.6
Utility Difficulties	135	1.1	65	0.5
Interpersonal Safety	95	0.8	31	0.2

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?"

357

Total number of respondents to HCAHPS Question 19

376

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

94.9

Total number of people surveyed on HCAHPS Question 19

387

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

97.2

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian	27	28	96.4	28	100
Black or African American	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Hispanic or Latino	327	343	95.3	353	97.2
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
White	288	302	95.4	311	97.1

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34	33	36	91.7	38	94.7
Age 35 to 49	23	25	92	26	96.2
Age 50 to 64	33	35	94.3	37	94.6
Age 65 Years and Older	268	280	95.7	286	97.9

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	179	196	91.3	202	97
Male	178	180	98.9	185	97.3
Unknown					

Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	211	222	95	227	97.8
Medicaid	34	36	94.4	36	100
Private	111	116	95.7	122	95.1
Self-Pay					
Other	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed

Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	289	301	96	310	97.1
Spanish Language	18	18	100	18	100
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	15	17	88.2	17	100

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

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

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

Patient Received Information in Writing

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

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

hospital?"

306

Total number of respondents to HCAHPS Question 17

357

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

85.7

Total number of people surveyed on HCAHPS Question 17

387

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

92.2

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	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Asian	20	25	80	28	89.3
Black or African American	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
Hispanic or Latino	283	327	86.5	353	92.6
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed
White	250	288	86.8	311	92.6

Age	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34	33	37	89.2	38	97.4
Age 35 to 49	22	25	88	26	96.2
Age 50 to 64	29	34	85.3	37	91.9
Age 65 Years and Older	222	261	85.1	286	91.3

Sex assigned at birth	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	151	184	82.1	202	91.1
Male	155	173	89.6	185	93.5
Unknown					

Payer Type	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	172	204	84.3	227	89.9
Medicaid	28	36	77.8	36	100
Private	104	115	90.4	122	94.3
Self-Pay					
Other	Suppressed	Suppressed	Suppressed	Suppressed	Suppressed

Preferred Language	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	249	286	87.1	310	92.3
Spanish Language	17	18	94.4	18	100
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign					
Other/Unknown Languages	12	14	85.7	17	82.4

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

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

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

Agency for Healthcare Research and Quality (AHRQ) Indicators

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

Pneumonia Mortality Rate

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

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

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

857

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

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more			
Native Hawaiian or Pacific Islander			
White	26	700	37.1

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	26	737	35.3

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	Suppressed	Suppressed	Suppressed
Male	22	442	49.8
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	22	651	33.8
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	30	857	35

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

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

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

Death Rate among Surgical Inpatients with Serious Treatable Complications

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

https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/ PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf

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

    31

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

    159

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

    195

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more			
Native Hawaiian or Pacific Islander			
White	23	128	179.7

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	25	116	215.5

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	Suppressed	Suppressed	Suppressed
Male	22	97	226.8
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	25	106	235.8
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	31	159	195

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

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

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

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

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

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

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

Number of NTSV patients with Cesarean deliveries

147

Total number of nulliparous NTSV patients

625

Rate of NTSV patients with Cesarean deliveries

0.2

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

Race and/or Ethnicity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	11	43	0.3
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	53	240	0.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed
White	66	283	0.2

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	Suppressed	Suppressed	Suppressed
Age 18 to 29	51	318	0.2
Age 30 to 39	86	280	0.3
Age 40 Years and Older	Suppressed	Suppressed	Suppressed

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

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare			
Medicaid	59	276	0.2
Private	50	200	0.2
Self-Pay	Suppressed	Suppressed	Suppressed
Other	38	147	0.3

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	124	529	0.2
Spanish Language	20	82	0.2
Asian Pacific Islander Languages	Suppressed	Suppressed	Suppressed
Middle Eastern Languages	Suppressed	Suppressed	Suppressed
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

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

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

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

CMQCC Vaginal Birth After Cesarean (VBAC) Rate

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

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

54

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

Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries
   180.6

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 delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	20	138	144.9
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific			
White	16	103	155.3

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Age < 18			
Age 18 to 29	11	60	183.3
Age 30 to 39	39	206	189.3
Age 40 Years and Older	Suppressed	Suppressed	Suppressed

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

Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Medicare			
Medicaid	33	164	201.2
Private	13	94	138.3
Self-Pay	Suppressed	Suppressed	Suppressed
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
English Language	43	226	190.3
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages	Suppressed	Suppressed	Suppressed
Middle Eastern Languages	Suppressed	Suppressed	Suppressed
American Sign Language	Suppressed	Suppressed	Suppressed
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

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

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

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

CMQCC Exclusive Breast Milk Feeding Rate

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

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

Number of newborn cases that were exclusively fed breast milk during their hospital stay and meet the inclusion and exclusion criteria
   209

Total number of newborn cases born in the hospital that meet the inclusion and exclusion criteria
   324

Rate of newborn cases per 100 that were exclusively fed breast milk during their hospital stay and meet the inclusion and exclusion criteria
   64.5

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	14	23	60.9
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	72	137	52.6
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific	Suppressed	Suppressed	Suppressed
White	100	130	76.9

Age	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
Age < 18	Suppressed	Suppressed	Suppressed
Age 18 to 29	70	120	58.3
Age 30 to 39	131	190	68.9
Age 40 Years and Older	Suppressed	Suppressed	Suppressed

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	83	150	55.3
Private	73	105	69.5
Self-Pay	Suppressed	Suppressed	Suppressed
Other	51	66	77.3

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	109	172	63.4
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages	Suppressed	Suppressed	Suppressed
Middle Eastern Languages	Suppressed	Suppressed	Suppressed
American Sign Language	Suppressed	Suppressed	Suppressed
Other/Unknown Languages	92	133	69.2

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

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

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

696

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

8958

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

7.8

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	27	459	5.9
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	43	676	6.4
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	561	7079	7.9

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	11	396	2.8
Age 35 to 49	29	599	4.8
Age 50 to 64	53	1196	4.4
Age 65 Years and Older	603	6767	8.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	350	4490	7.8
Male	346	4465	7.7
Unknown	Suppressed	Suppressed	Suppressed

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	520	5838	8.9
Medicaid	Suppressed	Suppressed	Suppressed
Private	80	1900	4.2
Self-Pay			
Other	94	1166	8.1

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	696	8958	7.8

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Mental Health Disorders

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

120

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

1581

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

7.6

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	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	105	1299	8.1

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	102	1203	8.5

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	82	1018	8.1
Male	38	563	6.7
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	83	1067	7.8
Medicaid	Suppressed	Suppressed	Suppressed
Private	15	286	5.2
Self-Pay			
Other	22	223	9.9

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	120	1581	7.6

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

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

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

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

45

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

473

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

9.5

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	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	35	405	8.6

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	35	295	11.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	15	150	10
Male	30	322	9.3
Unknown	Suppressed	Suppressed	Suppressed

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	28	275	10.2
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	45	473	9.5

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

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

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

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

30

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

294

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

10.2

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	28	256	10.9

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	Suppressed	Suppressed	Suppressed
Age 65 Years and Older	13	144	9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	18	176	10.2
Male	12	118	10.2
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	16	124	12.9
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	30	294	10.2

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - No Behavioral Health Diagnosis

Number of inpatient hospital admissions which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

501

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

6610

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

7.6

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	Suppressed	Suppressed	Suppressed
Asian	24	389	6.2
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	32	526	6.1
Middle Eastern or North African	Suppressed	Suppressed	Suppressed
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	393	5119	7.7

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	12	378	3.2
Age 50 to 64	35	842	4.2
Age 65 Years and Older	453	5125	8.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	235	3146	7.5
Male	266	3462	7.7
Unknown	Suppressed	Suppressed	Suppressed

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	393	4372	9
Medicaid	Suppressed	Suppressed	Suppressed
Private	45	1364	3.3
Self-Pay			
Other	61	834	7.3

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	501	6610	7.6

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

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

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

Health Equity Plan

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

Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	2.8	3.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)			35 to 49	3.2	2.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor			Private	3.3	2.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor			Private	3.3	2.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	4.2	2.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	4.2	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health	Expected Payor			Private	5.2	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	2.8	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	2.8	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health	Expected Payor			Private	5.2	1.5

Plan to address disparities identified in the data

All-Cause Unplanned 30-Day Hospital Readmission Rate (RR): Goal: Reduce 30-Day RR by 5-10% within the next 18 months. Initiatives: - Ensure accurate capture of patient demographics and insurances upon registration - Utilize evidence-based readmission risk assessment tool to proactively identify and flag high-risk readmission patients to tailor interventions accordingly - Assess all admitted patients for SDoH needs and address positive findings promptly to reduce barriers to effective care - Sustain hospital SDoH screening rates above 95% - Ensure patients receive information regarding Cipher automated post-discharge calls and Discharge Follow Up RN contact for post-discharge questions - Increase utilization of patients who answer and complete the transition of care post-discharge calls - Develop and implement comprehensive discharge protocols, including detailed checklists to guarantee patient education and preparation for discharge. - Conduct systematic follow-up post-discharge calls to check on patient recovery and address any issues after discharge - Recommend that physicians refer patients to the Transitional Medical Clinic within 7 days post-discharge for continuity of care - Front-load Home Health visits within 7 days for high-risk patients to prevent readmissions - Implement transition of care pharmacist-led discharge medication reconciliation to ensure accurate medication capture and adherence - Provide tailored discharge

materials AVS (After Visit Summary), specific to patient hospital diagnoses to enhance understanding and adherence - Increase utilization of "Find Help" platform within EMR, to search and directly add resources to patient's AVS - Implement "Co-Caring Model" with virtual RN to provide comprehensive discharge education throughout hospital stay - Conduct multi-disciplinary Care Coordination Rounds to address patient post-hospital discharge needs (DME, discharge disposition, etc.) - Increase utilization of the SDoH close-loop referral, for patients identified to have multiple drivers like housing, food insecurity, income, and transportation, to the hospital's Family Resource Centers (FRC) by 10% within 12 months. - Standardize SDoH closed-loop referral follow-up protocol from FRC team to facilitate service linkages to Camino Health Clinics, Community Base Organizations and/or internal FRC services: behavioral health, dental, case management, vision, physician outpatient community outreach. - Deploy Community Care Navigators to enhance continuity of care for the underserved population, focusing on securing recuperative and shelter placements and addressing holistic needs. - Utilize Community Nurse Navigators to educate on chronic conditions like diabetes and hypertension - Sepsis Nurse Navigator multi-disciplinary approach, focusing on care coordination, progression of care throughout hospitalization, patient education, medication education, and post-discharge needs addressed. - Increase utilization of ambulatory case management program (e.g., Partners in Care) to address post-discharge needs - Readmissions Committee weekly case reviews to identify trends to address any gaps in care - Complex Case Conference weekly case reviews to identify any gaps in care and partner with community physicians - Strengthen collaboration with local Home Health providers to ensure smooth transitions and consistent care for patients post-discharge. - Develop stronger relationships with local SNFs to facilitate patient recuperation and continuity of care in a skilled nursing environment. - Increase early referrals to the Palliative Care Team, providing timely support and specialized care for patients with complex needs. - Ensure that Goals of Care are thoroughly discussed with patients and documented accurately to guide personalized treatment plans and informed decision-making. Goal: Improve HCAHPS "Received information and education" and "Would recommend hospital" by 5-10% within the next 18 months. Initiatives: - Rapid Improvement Events with nurse leaders to identify barriers and challenges, identify solutions specific to the problem, developed concrete action plans, role clarity with action plans for each role; implemented process measures to track the behaviors associated with the solution; provided in-operation leadership focused on building performance improvement strength and leading change (coaching, reinforcement, accolades, providing input and feedback on their tactics) - Implement structured protocols to boost communication and collaboration between Registered Nurses (RNs) and Patient Care Technicians (PCTs), improving responsiveness and overall patient care. - Implement Feedtrail while patients are in-hospital via text message where they complete short forms to indicate how hospital is meeting general patient experience with regard specifically to how their care is being provided by the clinical team, how well doctors are meeting patients' needs, or how to better meet their needs

Performance in the priority area

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

Person-centered care

Overview: Providence Mission Hospital prioritizes person-centered care as a cornerstone of health equity. We recognize that achieving health equity requires addressing social determinants of health

and dismantling systematic barriers (i.e. lack of affordable care, inadequate health literacy resources, discriminatory practices). Equity Considerations: Patient language accessibility, active listening, and cultural respect/sensitivity are crucial to providing care that is not only high-quality but fair and responsive to the diverse needs of all individuals. Programs and Practices: To meet the diverse needs of our patients and promote health equity, Mission uses both certified in-house interpreters, as well as an on-demand interpreter service. We screen all patients for language preference. Hospital caregivers can access medically qualified interpreters for clear communication in over 240 languages. Additionally, Mission provides essential documentation, such as discharge instructions, in the top two non-English languages (Spanish and Farsi). After observing higher readmission rates among Limited English Proficient patients with sepsis compared to Caucasian patients, Mission launched an initiative offering post-discharge follow-up calls by our own Spanish-certified nurses. These calls, offered in the patient's preferred language with use of Language Line, clarified patient follow-up care and discharge details, reducing unnecessary hospital readmissions. The success of this initiative led to the establishment of a permanent role for a "Sepsis Limited English Proficiency Nurse Navigator," who is available to answer health-related questions and concerns. Mission Hospital's instituted a Daily Safety Huddles in which any safety concern throughout the ministry is brought up and discussed amongst the multi-disciplinary team leaders. During the meetings, any uncommon requests specifically voiced by our patients and/or their families, including religious or cultural practices, are vetted for potential solutions and feasibility. To best meet the patients' needs, a subgroup is created to tailor their care plan. For example, in 2025, a Mandarin-speaking patient and their family members specifically requested acupuncture as an alternative to opioid pain management, as part of their cultural preferences. Multiple leaders were engaged to quickly drive a solution, resulting in the patient receiving their preferred alternative treatment. Performance Data and Improvement Plans: Recent findings highlight disparities in the HCAHPS survey responses, specifically regarding ethnicity and gender, in the areas of Recommending the Hospital and Received Information/ Education. The objective is to increase the top-box score for these survey questions by 5-10% over the next 18 months. To achieve this, we will undertake the following initiatives: 1) Enhance and validate the accuracy of patient demographic information collected upon admission. 2) Conduct Rapid Improvement Events with nursing leaders to identify barriers and challenges, leading to the development of tailored action plans and process measures. 3) Implement structured protocols to enhance communication and collaboration between nurses and Patient Care Technicians. 4) Introduce a texting service for in-house patients to assess their current care experience and evaluate how well their needs are being met in their preferred language. 5) Conduct multi-disciplinary Care Coordination Rounds to address patient post-hospital discharge needs.

Patient safety

Overview: At Mission Hospital, health equity plays a critical role in ensuring patient safety by providing fair and just access to healthcare resources for all, regardless of their background or circumstances. Health equity minimizes barriers to healthcare access, promoting timely and appropriate care, vital to preventing complications. Equity Considerations: Patient safety relies on effective communication, necessitating the use of language/interpretation services and providing culturally competent care to reduce the risk of misunderstandings and medical errors. Offering personalized treatment plans that cater to the unique needs of diverse populations improve patient safety and thus patient outcomes by reducing adverse events and complications in underserved and marginalized communities. This work builds trust in healthcare, encouraging patient engagement and adherence to treatment plans to meet the critical needs of high-risk groups. Programs and Practices: Language Line, an on-demand interpreter service, is used to ensure effective communication, thereby eliminating barriers to patient safety. Additionally, Mission mandates participation or representation at the multidisciplinary Daily Safety Huddle. This meeting convenes

hospital leaders from all departments to discuss and highlight recent significant safety issues and trends. Problems are revisited until solutions are executed, ensuring a complete resolution for each case. Safety data is stratified to identify possible disparities and address causation. In an effort to reduce Catheter Associated Urinary Tract Infections (CAUTI), Mission's Infection Prevention Team pinpointed intermittent catheterization as best practice. However, as the solution was put into action, it became evident that male patients experienced more discomfort and pain due to frequent catheter reinsertions throughout the day. To address this issue, interdisciplinary teams collaborated, devised and approved a solution by prescribing Urojet. Urojet is a lidocaine jelly that offers effective pain relief during catheter insertion by providing local anesthesia to the urinary tract's mucous membranes. During the Falls Task Force, it was found that more males were falling than females and the overwhelming category related to the falls was ambulating to the bathroom. The task force provided leadership awareness and recommendations to further educate fall risk patients on the importance of having nurse assistance. This work resulted in the reduction of male specific restroom falls. Furthermore, Social Determinants of Health (SDoH) have been integrated into Mission's Quality Assurance and Performance Improvement (QAPI) Plan and is tracked with key metrics within the house-wide QAPI Work Plan. Performance Data and Improvement Plans: Recent findings highlight disparities in Providence Mission Hospital's 30-Day Hospital Readmission Rate, both with and without Behavioral Health components, specifically regarding patient age and insurance categories. The goal will be to reduce the readmission rates by 5-10% within the next 18 months through the implementation of the following initiatives. 1) Ensure patient demographics and insurances are accurately captured and/or validated upon registration. 2) Utilize an evidence-based readmission risk assessment tool to proactively identify and flag high-risk readmission patients to tailor interventions accordingly. 3) Develop and implement comprehensive discharge protocols, including detailed checklists, to guarantee comprehensive patient education in preparation for discharge. 4) Conduct systematic follow-up post-discharge calls to check on patient recovery and address any recent issues. 5) Increase physician engagement in patient referrals to the Transitional Medical Clinic (TMC) within seven days post-discharge. 6) Front-load Home Health visits within seven days for high-risk readmission patients. 7) Implement pharmacist-led medication reconciliation within the TMC to ensure accurate medication capture and adherence. 8) Deploy Community Care Navigators to educate underserved patients on their chronic conditions (e.g. diabetes and hypertension). 9) Ensure each patient safety committee incorporates health equity stratification into their metric scorecards, beginning with Readmission Committee.

Addressing patient social drivers of health

Overview: Recognizing that health outcomes are affected by more than just clinical care alone, Mission Hospital puts a focus on Social Determinants of Health (SDoH), including housing stability, food security, access to transportation, education, and financial security/economic opportunities. These factors are crucial in shaping a patient's overall well-being and a better quality of life. Equity Considerations: Mission serves a diverse population and these SDoH factors create many of the systemic barriers to patients receiving equal and non-discriminatory care. Understanding the disparities allows for the design of specific interventions to close these gaps and advance health equity. Patients who feel their social needs are understood and addressed are more likely to adhere to treatment plans and participate in follow-up care. In addition, interventions can lower the occurrences of avoidable hospitalizations, emergency visits, and readmissions which aligns with CMS quality and financial goals. Programs and Practices: Through the systematic screening of Mission's patients for key SDoH factors, inequities can be identified and addressed. After patients are discharged, follow-up phone calls are used to offer services that target these factors. Currently, Mission aims to screen 95% of patients, and as of 2025, we have exceeded this goal with a compliance rate of 97%. By partnering with community-based organizations, Mission's Care Management and Community Benefit teams are able to connect a diverse population with essential

resources and personalized support. Compliance with SDoH screening has been integrated into Mission's Quality Assurance and Performance Improvement (QAPI) Plan and is tracked within the house-wide annual QAPI Work Plan. Performance Data and Improvement Plans: As previously mentioned, recent findings reveal disparities in Providence Mission Hospital's 30-Day Readmission Rates, particularly concerning patient age and insurance types, both with and without Behavioral Health components. The hospital aims to reduce these rates by 5-10% within the next 18 months by implementing several initiatives designed to enhance patient-centered care. 1) Continue to assess at least 95% admitted patients for SDoH needs, focusing reducing barriers through timely and comprehensive responses to positive findings. 2) Increase the use of the "Find Help" platform within Mission's EMR system to search for and directly include recommended resources in a patient's After Visit Summary (AVS). 3) Conduct Care Coordination Rounds to address patients' post-discharge service needs, including SDoH support. 4) Boost referrals to Mission's Family Resource Centers (FRCs) by 10% over the next 12 months for patients identified to have multiple SDoH drivers. 5) Standardize the follow-up protocols for FRC teams to facilitate coordination of services with Camino Health, Community-Based Organizations, and/or internal FRC services including behavioral health, dental, case management, vision, physician community outreach. 6) Deploy Community Care Navigators to enhance continuity of care for underserved patients, focusing on securing recuperative care and placement while addressing holistic needs.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Overview: Providence Mission Hospital is determined to provide evidence-based, timely, and appropriate clinical care to all patients. Effective treatment ensures that everyone receives care that aligns with these practices, and their unique healthcare needs. Equity Considerations: Populations facing health inequalities often experience barriers to receiving fast and reliable care. These delays can mean conditions progress before treatment can begin, increasing complications and reducing the effectiveness of interventions. Evidence-based care relies heavily on adherence to treatment plans. Language barriers, health-literacy gaps, and cultural disconnects make it harder for patients to understand and follow recommended protocols, leading to poorer outcomes. Health inequities often intersect with provider/caregiver bias or systemic discriminatory coverage/policies, whether intentional or unintentional, resulting in misdiagnoses, undertreatment, and poorer outcomes for marginalized groups. These practices can erode trust between patients and clinicians, further delaying and disrupting care. Programs and Practices: Mission Hospital's uses Language Line for on-demand interpreter services because of their healthcare certified interpreters of over 204 languages (including sign language video chat), thus ensuring to the best of our ability that communication is clear and accurate. Any issues or errors that may arise due to health inequities are brough to the Ethics Committee for discussion, identification of trends, and future removal of systemic barriers. By accurately analyzing disparities, a significant issue was discovered regarding the treatment of sepsis in patients with Limited English Proficiency (LEP). These patients experienced longer average hospital stays and higher readmission rates compared to others. To address these challenges, a pilot program was launched that employed certified medical interpreters Registered Nurses to assist LEP sepsis patients during their hospital stay and after discharge. This program focused on several key areas, including medication education, antibiotic awareness, follow-up with primary care physicians, transportation needs, and more. As a result, the initiative successfully shortened the average hospital stay and reduced readmission rates, closing the gap by 25% and 28%, respectively, leading to the establishment of a Sepsis Nurse Navigator role specifically designed to help patients seamlessly navigate the healthcare system. In 2025, a novel and innovative care "Co-

Caring" model was piloted on Mission's 3 East (Medical Surgical/Ortho/Tele) unit. This approach also integrates virtual nursing to enhance patient care and support bedside teams, thereby proactively approaching nursing shortages and improving caregiver satisfaction. This model partnered one Licensed Vocational Nurse (LVN) and one Registered Nurse (RN) working together to care for the same patients. In addition, two-way audio and video telehealth technology allowed for trained virtual nurses to provide patients with care including hourly check-ins, medication education, and discharge instructions. This allowed caregivers on the floor to provide seamless and collaborative nursing care. The program saw immediate improvement in patient experience scores that continued to increase throughout the year. Performance Data and Improvement Plans: As previously mentioned, recent findings reveal disparities in Providence Mission Hospital's 30-Day Readmission Rates, particularly concerning patient age and insurance types, both with and without Behavioral Health components. The hospital aims to reduce these rates by 5-10% within the next 18 months by implementing the following initiatives. 1) Utilize an evidence-based readmission risk assessment tool to proactively identify and flag high-risk readmission patients and ensure they receive necessary support and care. 2) Ensure high-risk for readmission patients receive Home Health care within seven days of discharge to ensure timely care and support. 3) Implement the successfully piloted "Co-Caring Model" across multiple units, where virtual nurses provide comprehensive discharge education and support to patients and their families.

Care coordination

Overview: Coordinated care can be a powerful tool to help improve health equity. Organization of Mission Hospital's care across providers, facilities, and time, ensures that care is accessible and responsive to the unique needs of our patients. Equity Considerations: By connecting patients through multiple providers and services - medical, surgical, social - individuals facing systemic barriers can still receive comprehensive support. This connection can reduce gaps in care, preventing delays that disproportionately affect marginalized groups. Effective coordination includes screening for social needs in order to link patients to community resources. By integrating this support into care plans Mission Hospital can help to mitigate non-clinical factors that drive inequalities. In addition, patients with complex conditions require providers to share information and align treatment plans to reduce errors and improve outcomes for populations that historically have disproportionate experiences with chronic disease. Programs and Practices: Providence Mission Hospital's Care/Case Management team collaborates closely with the Community Benefit team to identify and build partnerships with local community services, ensuring patients are connected to the support services they need. To further bridge gaps in care, Providence Heritage Medical Group recently established a Transitional Medical Clinic (TMC). This clinic provides intermediate care for patients with chronic illnesses following hospital discharge, helping to improve outcomes and reduce readmissions while they await specialty appointments, which often involve extended wait times. Performance Data and Improvement Plans: As previously mentioned, recent findings reveal disparities in Providence Mission Hospital's 30-Day Readmission Rates, particularly concerning patient age and insurance types, both with and without Behavioral Health components. The hospital aims to reduce these rates by 5-10% within the next 18 months by implementing several initiatives. 1) Improve patient participation in Cipher automated post-discharge calls by ensuring patients are aware they will receive the call and a follow-up nurse call for their benefit if they indicate they have care questions. 2) Develop and implement comprehensive discharge protocols, including detailed checklists, to guarantee comprehensive patient education in preparation for discharge. 3) Conduct systematic follow-up post-discharge calls to check on patient recovery and address any issues after discharge. 4) Implement TMC pharmacist-led discharge medication reconciliation to ensure accurate capture and patient adherence. 5) Increase physician referrals to TMC by presenting continuity of care benefits at Medical Staff Committees that result from patients attending within seven days post-discharge. 6) Increase caregiver use of the "Find Help" platform within Mission's

EMR system to search for and directly include recommended resources in a patient's After Visit Summary (AVS). 7) Conduct Care Coordination Rounds to address patients' post-discharge needs, connecting them with community care services when appropriate. 8) Deploy Community Care Navigators to enhance continuity of care and educate on chronic conditions (e.g. diabetes and hypertension) for underserved patients.

Access to care

Overview: Mission Hospital understands that patient access to care is a crucial component of health equity. Our community's underserved population are faced with multiple barriers to receiving the healthcare services that they need, including geographic location and socioeconomic status. Equity Considerations: Patient access to care directly enables individuals to receive timely, high-quality medical services that promote health, prevent disease, and manage chronic conditions, ultimately reducing disparities in health outcomes between different population groups. Care access is essential to supporting prevention and early detection of health conditions through the utilization of check-ups, vaccinations, and screenings. In addition, it facilitates chronic disease management. Without this, disadvantaged populations often experience delayed diagnoses and poor health outcomes. Programs and Practices: The Community Benefit team at Mission Hospital collaborates with local services to enhance healthcare access for patients. By screening for SDoH, the Community Benefit and Care Management teams can more effectively identify patients who need assistance and determine the services that would be most beneficial to them. Two key partners are Mission's Family Resource Centers and Camino Health Center, a nonprofit organization with three locations in Southern California. These facilities provide free healthcare to the most vulnerable patients. Notably, one of Camino's facilities is located in San Juan Capistrano, serving one of the few rural areas in Southern California. Performance Data and Improvement Plans: As previously mentioned, recent findings reveal disparities in Providence Mission Hospital's 30-Day Readmission Rates, particularly concerning patient age and insurance types, both with and without Behavioral Health components. The hospital aims to reduce these rates by 5-10% within the next 18 months by implementing the following initiatives. 1) Increase physician referrals to TMC by presenting patient benefits of receiving services pre-specialist visit, during Medical Staff Committees. 2) Boost referrals to Mission's Family Resource Centers (FRCs) by 10% over the next 12 months for patients identified to have multiple SDoH drivers. 3) Standardize the follow-up protocols for FRC teams to facilitate coordination of services with Camino Health, Community-Based Organizations, and/or internal FRC services to ensure patients have access to services including behavioral health, dental, case management, vision, physician community outreach.

Methodology Guidelines

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

Y