Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2025
Hospital Name:	PROVIDENCE SAINT JOSEPH MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106190758
Report Period:	01/01/2025 - 12/31/2025
Status:	Submitted
Due Date:	11/29/2026
Last Updated:	11/17/2026
Hospital Location with Clean Water and Air:	No
Hospital Web Address for Equity Report:	providence.org/locations/socal/saint-joseph-medical-center

Overview

Health and Safety Code Sections 127370-127376 require the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Equity Measures Reporting Program to collect and post summaries of key hospital performance and patient outcome data regarding sociodemographic information, including but not limited to age, sex, race/ethnicity, payor type, language, disability status, and sexual orientation and gender identity.

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

Laws and Regulations

For more information on Health and Safety Code Sections 127370-127376, please visit the following link by copying and pasting the URL into your web browser:
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204

Hospital Equity Measures

Joint Commission Accreditation

General acute care hospitals are required to report three structural measures based on the Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards. For more information on these measures, please visit the following link by copying and pasting the URL into your web browser:

https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce-health-care-disparities/

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

Designate an individual to lead hospital health equity activities.

Yes

Provide documentation of policy prohibiting discrimination.

Yes

Table 1. Summary of preferred languages reported by patients.

Languages	Number of patients who report preferred language	Total number of patients who were asked to report their preferred language	Percentage of patients by preferred language group (%)
English Language	72669	91255	79.6
Spanish Language	8866	91255	9.7
Asian Pacific Islander Languages	656	91255	0.7
Middle Eastern Languages	6119	91255	6.7
American Sign Language	20	91255	0.0
Other Languages	2919	91255	3.2

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

14754

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

16162

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

91.3

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	237	1.6	85	0.6
Housing Instability	526	3.6	171	1.2
Transportation Problems	297	2.0	92	0.6
Utility Difficulties	169	1.1	55	0.4
Interpersonal Safety	164	1.1	35	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?"

370

Total number of respondents to HCAHPS Question 19

389

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

95.1

Total number of patients surveyed on HCAHPS Question 19

403

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

96.5

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	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					
Hispanic or Latino	314	328	95.7	332	98.8
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked	masked	masked
Native Hawaiian or Pacific Islander					
White	24	26	92.3	26	100.0

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	47	50	94.0	50	100.0
Age 35 to 49	55	60	91.7	62	96.8
Age 50 to 64	57	59	96.6	61	96.7
Age 65 Years and Older	211	220	95.9	230	95.7

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Rate of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	221	235	94.0	245	95.9
Male	149	154	96.8	158	97.5
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	199	208	95.7	217	95.9
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	122	129	94.6	132	97.7

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	257	269	95.5	271	99.3
Spanish Language	45	49	91.8	49	100.0
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	68	71	95.8	83	85.5

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?"

328

Total number of respondents to HCAHPS Question 17

375

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

87.5

Total number of people surveyed on HCAHPS Question 17

403

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

93.1

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					
Hispanic or Latino	278	318	87.4	332	95.8
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked	masked	masked
Native Hawaiian or Pacific Islander					
White	23	25	92.0	26	96.2

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	47	50	94.0	50	100.0
Age 35 to 49	54	60	90.0	62	96.8
Age 50 to 64	47	53	88.7	61	86.9
Age 65 Years and Older	180	212	84.9	230	92.2

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	200	226	88.5	245	92.2
Male	128	149	85.9	158	94.3
Unknown					

Payer Type	Number of "yes" responses	Total number of responses	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare	166	200	83.0	217	92.2
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	115	123	93.5	132	93.2

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	222	259	85.7	271	95.6
Spanish Language	42	46	91.3	49	93.9
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	64	70	91.4	83	84.3

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

37

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

604

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

61.3

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	masked	masked	masked
Asian	masked	masked	masked
Black or African American	0	19	0.0
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	20	297	67.3

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	16	0.0
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	37	521	71.0

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	20	317	63.1
Male	17	287	59.2
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	35	538	65.1
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
Other	0	14	0.0

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	27	407	66.3
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
Other/Unknown Languages	masked	masked	masked

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

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

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

Death Rate among Surgical Inpatients with Serious Treatable Complications

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

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

20

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

99

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

202.0

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	12	49	244.9

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	16	75	213.3

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

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	15	71	211.3
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	13	65	200.0
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

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

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

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

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

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

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

Number of NTSV patients with Cesarean deliveries

215

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

927

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

23.2

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	masked	masked	masked
Asian	28	101	27.7
Black or African American	masked	masked	masked
Hispanic or Latino	88	365	24.1
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander			
White	80	402	19.9

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	67	384	17.4
Age 30 to 39	127	487	26.1
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	75	341	22.0
Private	98	407	24.1
Self-Pay	masked	masked	masked
Other	40	175	22.9

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	177	772	22.9
Spanish Language	17	61	27.9
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages	11	58	19.0
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

337

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

12.2

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	17	147	11.6
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander			
White	15	145	10.3

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Age < 18	masked	masked	masked
Age 18 to 29	12	93	12.9
Age 30 to 39	26	205	12.7
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	24	207	11.6
Private	12	90	13.3
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	33	243	13.6
Spanish Language	masked	masked	masked
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

715

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

2043

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

35.0

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

Race and/or Ethnicity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
American Indian or Alaska Native	masked	masked	masked
Asian	55	183	30.1
Black or African American	28	61	45.9
Hispanic or Latino	233	859	27.1
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	23	41	56.1
Native Hawaiian or Pacific Islander	masked	masked	masked
White	363	863	42.1

Age	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Age < 18	masked	masked	masked
Age 18 to 29	209	708	29.5
Age 30 to 39	444	1155	38.4
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	293	973	30.1
Private	287	709	40.5
Self-Pay	13	32	40.6
Other	122	329	37.1

Preferred Language	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
English Language	498	1388	35.9
Spanish Language	27	145	18.6
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages	41	114	36.0
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

825

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

8160

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

10.1

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	51	364	14.0
Black or African American	masked	masked	masked
Hispanic or Latino	182	1697	10.7
Middle Eastern or North African	38	231	16.5
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	383	4116	9.3

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	14	430	3.3
Age 35 to 49	40	640	6.2
Age 50 to 64	81	1053	7.7
Age 65 Years and Older	690	6037	11.4

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	456	4549	10.0
Male	369	3611	10.2
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	712	6092	11.7
Medicaid	masked	masked	masked
Private	88	1687	5.2
Self-Pay	masked	masked	masked
Other	21	337	6.2

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	554	5878	9.4
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
Other/Unknown Languages	161	1365	11.8

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

113

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

1192

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

9.5

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	17	196	8.7
Middle Eastern or North African	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	59	719	8.2

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	20	170	11.8
Age 65 Years and Older	82	862	9.5

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	85	803	10.6
Male	28	389	7.2
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	95	909	10.5
Medicaid	masked	masked	masked
Private	15	229	6.6
Self-Pay			
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	92	966	9.5
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

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

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

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

21

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

older at time of admission

274

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

7.7

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
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	14	166	8.4

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	masked	masked	masked
Age 35 to 49	0	33	0.0
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	16	168	9.5

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	16	182	8.8
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	17	230	7.4
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

11

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

older at time of admission

132

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

8.3

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

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

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

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	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	masked	masked	masked
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

Disability Status	Number of 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

680

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

older at time of admission

6562

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

10.4

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	47	330	14.2
Black or African American	masked	masked	masked
Hispanic or Latino	161	1440	11.2
Middle Eastern or North African	34	199	17.1
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	303	3145	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	53	785	6.8
Age 65 Years and Older	585	4935	11.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	353	3558	9.9
Male	327	3004	10.9
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	593	4911	12.1
Medicaid	masked	masked	masked
Private	65	1346	4.8
Self-Pay			
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	436	4559	9.6
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language	masked	masked	masked
Other/Unknown Languages	143	1196	12.0

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	11.4	18 to 34	3.3	3.5
2	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicare	12.1	Private	4.8	2.5
3	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	7.7	18 to 34	3.3	2.3
4	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	11.7	Private	5.2	2.2
5	CMQCC Exclusive Breast Milk Feeding	Race and/or Ethnicity	Hispanic or Latino	27.1	Multiracial and/or Multiethnic (two or more races)	56.1	2.1
6	Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Expected Payor	Medicare	65.1	Oth	32.5	2.0
7	Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Age (excluding maternal measures)	65 and older	71.0	35 to 49	35.5	2.0
8	Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Race and/or Ethnicity	White	67.3	Black or African American	33.6	2.0
9	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Age (excluding maternal measures)	65 and older	9.5	35 to 49	4.8	2.0
10	CMQCC Exclusive Breast Milk Feeding	Preferred Language	Spanish Language	18.6	Middle Eastern Languages	36.0	1.9

Plan to address disparities identified in the data

All-Cause Unplanned 30-Day Hospital Readmission Rate

The disparity groups identified:

- Age: 65 and older
- Age: 50 to 64
- Expected Payor: Medicare

All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis

(No Behavioral Health Diagnosis)
The disparity groups identified:
- Expected Payor: Medicare

All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)
The disparity groups identified:
- Age: 65 and older

Goal: reduce 30-day readmission rates for disparities groups by 10% within the next 16 months by the following action plan:

· Maintain a multidisciplinary Readmission Reduction Steering Committee to oversee hospital-wide strategies, monitor performance metrics, identify trends, and drive accountability.

· Identify patients at high risk for readmission and highlight them during daily multidisciplinary rounds to facilitate early intervention, address discharge barriers, and coordinate individualized transition-of-care plans.

· Conduct daily reviews of all readmissions within the previous 24 hours, focusing on targeted cohorts. Evaluate the index admission, identify preventable factors, and implement real-time corrective actions to support successful transition to home, post-acute care, or skilled nursing facilities.

· Partner with physician champions to lead disease-specific workgroups on evidence-based care, discharge readiness, patient education, and post-discharge follow-up.

· Standardize the Teach-Back methodology across all nursing units to improve patient and caregiver understanding of discharge instructions, medications, follow-up appointments, and symptom escalation.

· Prioritize pharmacist-led medication reconciliation for high-risk patients (LACE score ≥ 78) to identify and resolve medication discrepancies before discharge. Pharmacists collaborate with providers to address dosing concerns, medication changes, and adherence barriers.

· Strengthen transition-of-care planning through early discharge planning, post-acute provider coordination, timely follow-up appointments, and discharge communication to receiving facilities and outpatient teams.

· Leverage readmission data and root cause analysis to identify systemic opportunities, implement targeted interventions, and continuously measure the effectiveness of readmission reduction initiatives.

CMQCC Exclusive Breast Milk Feeding
The disparity groups identified:
- Race and/or ethnicity: Hispanic or Latino
- Preferred language: Spanish

Goal: improve exclusive breast-feeding rates for disparities groups by 10% within the next 16 months by the following action plan:
- Implement donor breast milk program by 2027 to provide donor milk instead of formula when supplementation is needed.
- Assess prenatal breastfeeding class participation, particularly among Hispanic/Latino and Spanish-speaking patients, including class timing and accessibility.
- Continue Spanish-language breastfeeding support, including prenatal classes, lactation consultants, education materials, support groups, and free one-on-one outpatient consultations.
- Strengthen education on early milk supply and supplementation to address concerns about insufficient milk and reduce unnecessary formula use.
- Increase prenatal outreach through Northeast Valley and San Rafael clinics, which serve a significant portion of the Hispanic/Latino population.
- Identify a physician champion to support breastfeeding education and donor milk implementation.

- Engage bedside nurses and lactation staff to identify barriers and reinforce exclusive breast milk feeding practices.

Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate
The disparity groups identified:
- Expected Payor: Medicare
- Age: 65 and older
- Race and/or ethnicity: White

Goal: reduce morality rates for disparities groups by 10% within the next 16 months by the following action plan:
· Review pneumonia mortalities monthly to identify trends and improvement opportunities.
· Standardize pneumonia care pathways/order sets for evidence-based treatment.
· Implement early risk and severity assessment to identify high-risk patients on admission.
· Strengthen sepsis recognition and treatment for clinically deteriorating patients.
· Optimize antibiotic timing and selection through antimicrobial stewardship.
· Establish escalation criteria for respiratory decline, increasing oxygen needs, Rapid Response activation, and ICU consultation.
· Use multidisciplinary rounds (MDR) to proactively review high-risk pneumonia patients and address barriers to recovery.
· Track and report performance monthly, including pneumonia mortality, O/E ratio, ICU transfers, length of stay, and readmissions.

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

Health equity is a core principle embedded in the mission, values, vision, and promise of Providence Health System. At Providence Saint Joseph Medical Center (PSJMC), we ensure that patient preferences, values, and cultural needs are integrated into every aspect of care delivery. We actively encourage patients and their families to participate in care planning and decision-making. Our caregivers consistently assess six key priority areas—person-centered care, patient safety, social determinants of health, effective treatment, care coordination, and access to care—to promote equitable, high-quality care for all.

General Information: Providence Saint Joseph Medical Center is committed to advancing health equity through person-centered care that respects each patient as an individual. We actively engage patients and families in care planning so that individual preferences, values, cultural needs, and goals guide treatment decisions. This approach includes listening to what matters most to patients, inviting questions, and supporting their participation in decisions throughout the hospital stay and transition home. Communication and education should reflect the patient's preferred language and support understanding of the care plan. Attention to sexual orientation and gender identity, goals of care, and family involvement helps keep care responsive to the person rather than focused only on a diagnosis. Bedside communication, tailored education, and discharge preparation are complementary parts of this commitment. Together, these practices reflect PSJMC's emphasis on

respectful, culturally and linguistically responsive care and a meaningful partnership with patients and families.

Disparities: Our data show where culturally and linguistically responsive care matters most. Exclusive breast milk feeding is 27.1 for Hispanic or Latino patients compared with 56.1 for multiracial and multiethnic patients, and 18.6 for Spanish-speaking patients compared with 36 for patients who speak Middle Eastern languages, a difference of about two-fold in each comparison.

Interventions and Metrics:

- To reduce disparities, we prioritize practices such as bedside shift report that allow real-time engagement and clarifying questions, screening all patients for language preferences, providing tailored education in their preferred language, conducting goals-of-care conversations, and addressing sexual orientation and gender identity (SOGI) needs.
- To address these gaps, we will strengthen language-concordant, culturally respectful lactation education and support, beginning prenatally and continuing through discharge.
- We will also use teach-back and preferred-language education to help older adults, who have the highest readmission rates, understand and follow their discharge instructions.
- In addition, we continuously monitor HCAHPS data, particularly around discharge education and hospital recommendations, to ensure we exceed patient experience expectations.
- Audit bedside shift reports for both frequency and quality of information shared with a goal of > 90%.
- Analyze language preference data and ensure educational materials align with patient needs with a goal of > 90%.
- Monitor and evaluate Goals of Care conversations for completeness and effectiveness with a goal of >90%.
- Assess current SOGI documentation, analyze data, develop an action plan, and track compliance with a goal of > 90%.
- Monitor HCAHPS scores, focusing on discharge education and hospital recommendations, with the goal of exceeding performance benchmarks.
- Stratify HCAHPS scores and exclusive breast milk feeding rates by race, ethnicity, preferred language, and age to identify disparities and guide targeted interventions.
- Our goal is to improve the exclusive breast milk feeding rate for disparity groups by 10% by the end of 2027.
- Lastly, in 2027, we will establish a Patient and Family Advisory Council, bringing the patient and family voice directly into our efforts to identify disparities and address barriers to equitable care. This partnership will strengthen person-centered care by helping us design solutions that reflect what matters most to the patients, families, and communities we serve.

Patient safety

General Information: Providence Saint Joseph Medical Center is committed to advancing health equity, with harm prevention at the heart of care delivery. Guided by the principles of a highly reliable organization, we maintain a constant focus on identifying potential risks and addressing concerns before they result in harm. This preoccupation with failure makes patient safety a shared priority for every caregiver and places ongoing attention on the reliability of everyday care practices. Our safety focus includes falls, hospital-acquired pressure injuries, hospital-acquired infections, and medication errors, as well as vulnerability during the transition out of the hospital. An equity-centered approach considers whether safety risks and outcomes differ across patient populations rather than relying only on overall performance. Reviewing safety findings alongside patient characteristics supports a clearer understanding of where additional attention is needed. Regular review, targeted action planning, and Health Equity Committee oversight connect this commitment to a consistent process for improvement.

Disparities: Our priority disparities show that older adults and Medicare patients experience the

greatest vulnerability after hospitalization, including a 30-day readmission rate of 11.4 for patients 65 and older compared with 3.3 for patients 18 to 34, and pneumonia mortality of 71.0 for patients 65 and older compared with 35.5 for patients 35 to 49.

Interventions and Metrics:

- We constantly monitor key safety indicators such as falls, hospital-acquired pressure injuries, hospital-acquired infections, and medication errors to identify disparities and implement targeted interventions.
- Findings are reviewed regularly, and the Health Equity Committee provides oversight to ensure that action plans are completed.
- Conduct quarterly reviews of safety data, including falls, hospital-acquired pressure injuries, hospital-acquired infections, and medication errors, stratified by age, expected payor, race, ethnicity, language, and other demographic factors.
- Develop and implement an action plan based on data analysis.
- Engage the Health Equity Committee to provide governance and oversight for improvement initiatives.
- Our goal is to reduce readmission rates of disparity groups by 10% by the end of 2027.

Addressing patient social drivers of health

General Information: Providence Saint Joseph Medical Center recognizes that health and recovery are influenced by more than clinical care alone. Social Determinants of Health, including housing stability, food security, transportation access, education, and economic opportunity, are important considerations in understanding each patient’s circumstances. Our approach connects these broader conditions with the individual social needs identified during care, including financial insecurity, medication access, and support at home. Understanding these needs helps the care team develop a plan that considers what the patient will need after discharge as well as the treatment provided in the hospital. For older adults, this approach also includes attention to social isolation and stress experienced by the patient’s caregiver. Care management, social work, and community-based partnerships are central to connecting identified needs with appropriate resources. Culturally and linguistically appropriate support, together with follow-through on community connections, reflects our commitment to addressing social barriers as part of equitable, person-centered care.

Disparities: Our data suggest that social needs may contribute to higher readmission rates among Medicare patients (11.7 compared with 5.2 for privately insured patients), among patients without a behavioral health diagnosis (12.1 for Medicare compared with 4.8 for private payors), and among older adults with a substance use disorder (9.5 for patients 65 and older compared with 4.8 for patients 35 to 49).

Interventions and Metrics:

- We systematically identify and address social needs that impact health outcomes.
- To achieve this, we screen all patients for key social determinants, including housing, food, transportation, and financial insecurity, to uncover disparities.
- Currently, our screening rate is 90%.
- We will use screening results to identify needs that affect recovery at home, such as transportation to follow-up visits, medication access, food security, and caregiver support.
- We partner with community-based organizations to connect patients to resources and provide culturally and linguistically appropriate support, and we will track whether positive screens lead to completed connections.
- Because older adults experience the greatest vulnerability after hospitalization, PSJMC has also enhanced its screening to be age-friendly.
- Effective September 1, 2026, the SDOH screening for patients 65 and older includes two additional domains: social isolation and stress of the patient's caregiver. These domains support our

compliance with Domain 4 (Social Vulnerability) of the CMS Age-Friendly Hospital Measure and help us identify needs that can affect recovery and the risk of readmission.

- Beginning in the first quarter of 2027, positive screens will be visible to the care team, and interventions will be documented by care management and social work.
- Results will be reviewed with the Health Equity Committee and connected to the older adult and Medicare disparities described above.
- Analyze social determinants of health screening and interventions data.
- Stratify screening results, positive screens, and completed community connections by payor, age, race, ethnicity, language, and other demographics.
- Implement and monitor Age-Friendly SDOH screening (social isolation and stress of patient caregiver) for patients 65 and older, track positive screens and completed interventions, and stratify results by payor and other demographics.
- Develop and implement an action plan based on data and current state.
- Engage the Health Equity Committee to provide governance and oversight for improvement initiatives.
- Our goal is to reduce readmission rates of disparity groups by 10% by the end of 2027.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

General Information: Providence Saint Joseph Medical Center is committed to delivering evidence-based, timely, and appropriate clinical care. Our goal is for every patient to receive treatment that aligns with best practices, clinical guidelines, and individual health needs, regardless of demographic or socioeconomic factors. Effective treatment brings together clinical evidence, patient preferences, and the social context in which the care plan will be carried out. Clear communication and language access support patients' understanding of treatment recommendations and participation in care decisions. Our approach considers both adherence to evidence-based protocols and the outcomes patients experience, including readmissions, mortality, NTSV cesarean rates, and exclusive breast milk feeding. Examining outcomes across patient populations, while considering risk adjustment and patient complexity, provides a foundation for identifying differences that warrant further review. This emphasis on appropriate care, timely recognition and treatment, and ongoing evaluation reflects our commitment to treatment effectiveness and equitable outcomes.

Disparities: Our priority disparities identify pneumonia mortality as an area for focused review. Rates are 65.1 for Medicare patients compared with 32.5 for other payors, 71.0 for patients 65 and older compared with 35.5 for patients 35 to 49, and 67.3 for White patients compared with 33.6 for Black or African American patients.

Interventions and Metrics:

- We closely monitor key treatment outcomes, including but not limited to NTSV cesarean rates, readmissions for pneumonia and heart failure, and mortality, while tracking adherence to evidence-based protocols to identify and address disparities.
- We will review these differences with attention to risk adjustment, patient complexity, and the timeliness of recognition and treatment, so that findings guide targeted improvement.
- We also support evidence-based infant feeding practices to improve exclusive breast milk feeding rates, with attention to the differences by race, ethnicity, and language described under Person-Centered Care.

- Patient preferences and social context are integrated into care planning, and language access is provided to support understanding and adherence.
- These efforts reflect our unwavering commitment to high-quality, equitable care that improves outcomes for all populations.
- Stratify clinical outcomes, including pneumonia mortality, readmissions, NTSV cesarean rates, and adherence to evidence-based protocols, by age, expected payor, race, ethnicity, language, and other demographic factors.
- Identify disparities and implement targeted interventions to improve equity in treatment effectiveness.
- Our goal is to reduce pneumonia mortality rates of disparity groups by 10% by the end of 2027.
- Engage the Health Equity Committee to provide governance and oversight for improvement initiatives.

Care coordination

General Information: Providence Saint Joseph Medical Center is committed to delivering seamless, coordinated care that reduces fragmentation and supports continuity across care settings. Care coordination connects the treatment provided during hospitalization with the follow-up care and support needed after discharge, whether the patient returns home or transitions to another level of care. Our approach emphasizes discharge preparation, culturally and linguistically appropriate instructions, access to follow-up appointments, and support for patients with complex clinical and social needs. Collaboration among care teams, condition-focused coordinators, community health workers, transition services, and skilled nursing partners is an important part of this work. Patient preferences, language needs, and barriers to recovery at home are considered alongside the clinical plan. Monitoring follow-up completion and readmissions helps PSJMC evaluate continuity beyond the hospital stay. The overarching goal is a transition in which patients understand their next steps, can reach needed support, and remain connected to appropriate care regardless of demographic or socioeconomic circumstances.

Disparities: Readmissions are our most consistent disparity, with five of our ten priority disparities involving the HCAI all-cause unplanned 30-day readmission rate. Rates are highest for patients 65 and older (11.4 compared with 3.3 for patients 18 to 34), for patients 50 to 64 (7.7 compared with 3.3 for patients 18 to 34), and for Medicare patients (11.7 compared with 5.2 for private payors). Differences also appear among patients with a behavioral health diagnosis, including those with a substance use disorder.

Interventions and Metrics:

- We monitor transitions of care such as hospital discharge to home to identify and address disparities.
- We utilize coordinators that focus on Sepsis and Heart Failure and coordinate with community health workers to support individuals with complex needs and social barriers, providing culturally and linguistically appropriate guidance throughout the care continuum.
- We have recently partnered with a transition in care program called On Click to support the transition to home and ensure access to physicians when a patient cannot get in touch with their assigned provider and needs support.
- We also have a strong alliance with our Skilled Nursing Partners in a collaborative that focuses on preventing readmissions and ensuring the patient is at the right level of care.
- We will focus these resources on older adults and Medicare patients.
- Additionally, we track follow-up appointment completion rates and implement targeted interventions to close gaps in continuity of care.
- These efforts reflect our dedication to reducing fragmentation and improving health outcomes

for diverse populations.

- Develop standardized discharge and transition protocols that include culturally and linguistically appropriate instructions.
- Monitor transition success rates and identify disparities across demographic groups.
- Develop and implement an action plan based on data and current state analysis.
- Track follow-up appointment completion and 30-day readmission rates by diagnosis, age, expected payor, behavioral health diagnosis, race, ethnicity, language, and other demographics.
- Our goal is to reduce 30-day readmission rates of disparity groups by 10% by the end of 2027.

Access to care

General Information: Providence Saint Joseph Medical Center is committed to ensuring that patients have access to care. Access to care is defined as the ability of patients to obtain timely, culturally appropriate services. Our organization is committed to removing barriers that prevent individuals from receiving the care they need, including access to emergency services, community resources, clinic appointments, and physicians for all patients.

Disparities: Our readmission data show that Medicare patients (11.7 compared with 5.2 for private payors), older adults, and patients with a substance use disorder (9.5 for patients 65 and older compared with 4.8 for patients 35 to 49) have a greater need for support after discharge, which makes timely access to follow-up care, medications, and behavioral health services a priority.
Interventions and Metrics:

- PSJMC has a telehealth service for Behavioral Health patients and community health workers that provide social support including mental health resources.
- In addition, through the On Click program, as previously mentioned, patients will have access to a provider for the first 30 days post discharge to support the transition to home.
- We will evaluate timely follow-up visits, referral completion, and access to behavioral health and substance use disorder services, and will develop strategies to close any gaps we identify.
- Track wait times, follow-up visit completion, referral completion, and utilization of behavioral health and substance use disorder services, stratified by age, payor, race, ethnicity, language, and other demographic factors.
- Identify disparities and develop strategies to improve equity in access.
- Our goal is to reduce readmission rates of disparity groups by 10% by the end of 2027.

Methodology Guidelines

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

Yes