Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2025
Hospital Name:	PROVIDENCE ST. MARY MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106361343
Report Period:	01/01/2025 - 12/31/2025
Status:	Submitted
Due Date:	11/29/2026
Last Updated:	11/23/2026
Hospital Location with Clean Water and Air:	Yes
Hospital Web Address for Equity Report:	providence.org/locations/socal/st-mary-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	56992	63627	89.6
Spanish Language	5655	63627	8.9
Asian Pacific Islander Languages	218	63627	0.3
Middle Eastern Languages	127	63627	0.2
American Sign Language	19	63627	0
Other Languages	616	63627	1

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

12869

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

13117

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

98.1

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	456	3.5	280	2.2
Housing Instability	649	5	420	3.3
Transportation Problems	454	3.5	280	2.2
Utility Difficulties	379	2.9	228	1.8
Interpersonal Safety	138	1.1	86	0.7

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?"

470

Total number of respondents to HCAHPS Question 19

488

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

96.3

Total number of patients surveyed on HCAHPS Question 19

500

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

97.6

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					
Black or African American					
Hispanic or Latino	404	420	96.2	424	99.1
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked	masked	masked
Native Hawaiian or Pacific Islander					
White	masked	masked	masked	masked	masked

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	28	32	87.5	32	100
Age 35 to 49	34	37	91.9	37	100
Age 50 to 64	52	55	94.5	56	98.2
Age 65 Years and Older	356	364	97.8	375	97.1

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	239	252	94.8	260	96.9
Male	231	236	97.9	240	98.3
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	324	333	97.3	344	96.8
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	114	117	97.4	118	99.2

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	443	459	96.5	464	98.9
Spanish Language	masked	masked	masked	masked	masked
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	masked	masked	masked	masked	masked

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?"

408

Total number of respondents to HCAHPS Question 17

459

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

88.9

Total number of people surveyed on HCAHPS Question 17

500

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

91.8

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					
Black or African American					
Hispanic or Latino	358	399	89.7	424	94.1
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked	masked	masked
Native Hawaiian or Pacific Islander					
White	masked	masked	masked	masked	masked

Age	Number of "yes" responses	Total number of responses	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age 18 to 34	30	31	96.8	32	96.9
Age 35 to 49	34	37	91.9	37	100
Age 50 to 64	50	52	96.2	56	92.9
Age 65 Years and Older	294	339	86.7	375	90.4

Sex assigned at birth	Number of "yes" responses	Total number of responses	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	217	241	90	260	92.7
Male	191	218	87.6	240	90.8
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	266	308	86.4	344	89.5
Medicaid	masked	masked	masked	masked	masked
Private	masked	masked	masked	masked	masked
Self-Pay					
Other	108	113	95.6	118	95.8

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	380	429	88.6	464	92.5
Spanish Language	17	19	89.5	19	100
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	11	11	100	17	64.7

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

12

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

237

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

50.6

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	masked	masked	masked
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	12	213	56.3

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	masked	masked	masked
Age 50 to 64	0	24	0
Age 65 Years and Older	12	201	59.7

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

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	11	185	59.5
Medicaid	0	11	0
Private	masked	masked	masked
Self-Pay			
Other	masked	masked	masked

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

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

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

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

Death Rate among Surgical Inpatients with Serious Treatable Complications

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

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

masked

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

masked

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

masked

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

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

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

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

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

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

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

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

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

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

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

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

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

Number of NTSV patients with Cesarean deliveries

84

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

424

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

19.8

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	masked	masked	masked
Black or African American	11	35	31.4
Hispanic or Latino	49	258	19
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander			
White	17	91	18.7

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	58	331	17.5
Age 30 to 39	20	76	26.3
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	45	261	17.2
Private	20	90	22.2
Self-Pay	masked	masked	masked
Other	17	68	25

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	82	406	20.2
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

Disability Status	Number of 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

masked

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

masked

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

masked

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	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander			
White	masked	masked	masked

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	masked	masked	masked
Age 30 to 39	masked	masked	masked
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	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
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	masked	masked	masked
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

Disability Status	Number of 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

129

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

237

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

54.4

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	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	83	153	54.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander			
White	33	53	62.3

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	65	133	48.9
Age 30 to 39	56	87	64.4
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	masked	masked	masked
Medicaid	74	153	48.4
Private	25	38	65.8
Self-Pay	masked	masked	masked
Other	27	40	67.5

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

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

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

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

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

263

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

2914

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

9

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	masked	masked	masked
Asian	masked	masked	masked
Black or African American	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	232	2480	9.4

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	26	397	6.5
Age 65 Years and Older	226	2168	10.4

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	146	1582	9.2
Male	117	1332	8.8
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	220	2072	10.6
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
Other	26	223	11.7

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	253	2786	9.1
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 - 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

115

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

1073

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

10.7

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	masked	masked	masked
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	102	931	11

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	12	147	8.2
Age 65 Years and Older	96	817	11.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	68	684	9.9
Male	47	389	12.1
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	99	807	12.3
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	110	1033	10.6
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

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

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

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

17

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

older at time of admission

125

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

13.6

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	masked	masked	masked
Asian			
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	13	96	13.5

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	masked	masked	masked
Age 35 to 49	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	13	70	18.6

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	11	66	16.7
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			

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

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

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

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

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

18

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

older at time of admission

142

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

12.7

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	masked	masked	masked
Asian			
Black or African American	masked	masked	masked
Hispanic or Latino	0	12	0
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	15	118	12.7

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	masked	masked	masked
Age 35 to 49	0	18	0
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	14	83	16.9

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	18	96	18.8
Medicaid	0	15	0
Private	0	11	0
Self-Pay			
Other	0	20	0

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			

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

113

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

older at time of admission

1574

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

7.2

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	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	102	1335	7.6

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	0	109	0
Age 35 to 49	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	103	1198	8.6

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	58	785	7.4
Male	55	789	7
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	92	1103	8.3
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
Other	14	108	13

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	109	1495	7.3
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

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

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

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, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	65 and older	8.6	18 to 34	0	2
2	Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Age (excluding maternal measures)	65 and older	59.7	50 to 64	0	2
3	Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Expected Payor	Medicare	59.5	Medicaid	0	2
4	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring Disorder)	Race and/or Ethnicity	White	12.7	Hispanic or Latino	0	2
5	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring Disorder)	Expected Payor	Medicare	18.8	Other	0	2
6	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring Disorder)	Age (excluding maternal measures)	65 and older	16.9	35 to 49	0	2
7	California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	Race and/or Ethnicity	Black or African American	31.4	White	18.7	1.7
8	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	10.4	50 to 64	6.5	1.6

Rank	Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
9	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Other	13	Medicare	8.3	1.6
10	California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	Age (for maternal measures only)	30 to 39	26.3	18 to 29	17.5	1.5

Plan to address disparities identified in the data

Providence St. Mary Medical Center identified disparities in readmissions, pneumonia mortality, and NTSV cesarean births. The hospital will use stratified data to monitor outcomes, identify contributing factors, implement targeted interventions, and reassess progress at 6 and 12 months. Baseline rates and rate ratios (RR) are from St. Mary.

1. Readmission, no behavioral health diagnosis – Age: Patients 65+ had a rate of 8.6 versus 4.3 for the best-performing group, ages 18–34 (RR 2.0). Actions will focus on older adults through standardized discharge planning, medication reconciliation, teach-back, follow-up appointments, and post-discharge outreach. Goal: ≥90% transition-bundle completion within 6 months and 15% reduction in the disparity-group rate within 12 months.

2. Pneumonia mortality – Age: Age 65+ rate was 59.7 versus 29.9 for ages 50–64 (RR 2.0). Interventions will include standardized pneumonia/sepsis assessment, evidence-based clinical pathways, aspiration-risk screening, and mortality review. Goal: ≥90% pathway compliance by 6 months and 15% mortality reduction by 12 months.

3. Pneumonia mortality – Payor: Medicare rate was 59.5 versus 29.8 for Medicaid (RR 2.0). The hospital will review variation in assessment, treatment, escalation, and clinical outcomes. Goal: complete stratified review within 3 months, achieve ≥90% pathway compliance by 6 months, and reduce the Medicare rate 15% by 12 months.

4. Co-occurring disorder readmission – Race/ethnicity: White patients had a rate of 12.7 versus 6.3 for Hispanic/Latino patients (RR 2.0). Targeted interventions include behavioral-health support, medication reconciliation, individualized navigation, and timely follow-up. Goal: ≥90% documented transition plans within 6 months and 15% rate reduction by 12 months.

5. Co-occurring disorder readmission – Payor: Medicare rate was 18.8 versus 9.4 for “Other” (RR 2.0). High-risk Medicare patients will receive enhanced behavioral-health discharge planning, medication review, appointment coordination, and follow-up outreach. Goal: ≥90% bundle completion by 6 months and 15% reduction by 12 months.

6. Co-occurring disorder readmission – Age: Age 65+ rate was 16.9 versus 8.4 for ages 35–49 (RR 2.0). Discharge planning will address caregiver, medication, behavioral-health, and transportation needs. Goal: ≥90% completion of enhanced discharge screening by 6 months and 15% rate reduction by 12 months.

7. NTSV cesarean birth – Race/ethnicity: Black/African American patients had a rate of 31.4 versus 18.7 for White patients (RR 1.7). Actions include standardized labor management, review of cesarean indications, shared decision-making, and stratified case review. Goal: begin monthly review within 3 months, achieve ≥95% documentation by 6 months, and reduce the disparity-group rate 15% by 12 months.

8. All-cause readmission – Age: Age 65+ rate was 10.4 versus 6.5 for ages 50–64 (RR 1.6). Interventions include strengthened transitions of care, caregiver engagement, medication access, appointment coordination, and post-discharge outreach. Goal: ≥90% transition-bundle completion by 6 months and 15% rate reduction by 12 months.

9. Readmission, no behavioral health diagnosis – Payor: “Other” payor rate was 13.0 versus 8.3 for Medicare (RR 1.6). The hospital will evaluate access and coverage barriers and strengthen financial, medication, navigation, and follow-up support. Goal: complete root-cause review within 3 months, connect ≥90% of identified high-risk patients with appropriate support by 6 months, and reduce the rate 15% by 12 months.

10. NTSV cesarean birth – Age: Ages 30–39 had a rate of 26.3 versus 17.5 for ages 18–29 (RR 1.5). Standardized labor-management pathways, cesarean indication review, and age-stratified monitoring will be used. Goal: monthly review within 3 months, ≥95% pathway documentation by 6 months, and 15% rate reduction by 12 months.

Overall objective: Monitor process measures monthly and outcomes quarterly, reassessing disparities at 6 and 12 months with a goal of reducing disparity-group rates by at least 15% and moving RRs toward 1.0.

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

At Providence St. Mary Medical Center, person-centered care is a foundational element of our commitment to health equity. We recognize that every patient brings unique cultural backgrounds, language preferences, health literacy needs, values, and goals that must be incorporated into care delivery. Our focus is on ensuring every patient feels heard, respected, informed, and actively engaged in decisions regarding their healthcare experience.

A key component of our approach is providing language access services for all patients with limited English proficiency. Patients are screened for their preferred language, and qualified interpreters are available for every non-English encounter through in-person, video, or telephonic interpretation services. In addition, translated and culturally appropriate educational materials are provided to support understanding and participation in care. These resources ensure patients and families can fully comprehend their diagnosis, treatment options, medications, and discharge instructions,

allowing them to become active partners in decision-making.

To further improve communication and health literacy, Providence St. Mary Medical Center utilizes the Teach-Back methodology throughout the patient journey, with particular emphasis during discharge planning. Caregivers ask patients to explain key information in their own words to confirm understanding and identify opportunities for additional education. This process helps ensure patients understand medication instructions, follow-up appointments, warning signs, and self-care requirements before leaving the hospital. Every patient also receives an After Visit Summary (AVS) containing individualized discharge instructions, medication information, diagnoses, and follow-up plans. When applicable, these materials are provided in the patient's preferred language and reinforced through Teach-Back, promoting safer transitions of care and reducing the risk of misunderstandings after discharge.

We also strive to create individualized patient experiences through the consistent use of personalized care boards in every patient room. These boards are updated regularly and provide information about the care team, daily goals, discharge planning milestones, and important patient-specific needs. Most importantly, they incorporate what matters most to the patient, ensuring the entire care team understands the patient's priorities and preferences. Whether a patient's goal is returning home to family, managing pain, maintaining independence, or understanding a new diagnosis, these individualized goals help guide care planning and daily interactions. Regular audits of care board completion help ensure these tools remain meaningful, current, and patient focused.

In addition, goals-of-care discussions are integrated into the care planning process to ensure treatment decisions remain aligned with patient preferences, beliefs, and desired outcomes. Physicians, nurses, case managers, and other members of the interdisciplinary team collaborate with patients and families to establish and document individualized goals that guide care throughout the hospitalization. This approach supports shared decision-making and reinforces respect for patient autonomy.

Recognizing the unique needs of the High Desert region, Providence St. Mary Medical Center also addresses barriers that extend beyond the hospital setting. Our community faces a significant shortage of primary care providers, which can create challenges for preventive care, chronic disease management, and post-discharge follow-up. To improve access and continuity of care, we partner closely with community organizations, clinics, public health agencies, and other healthcare providers to connect patients with needed services and educational resources. Care managers and social workers help patients without established primary care providers navigate available resources and obtain timely follow-up care after discharge. These partnerships support improved health literacy, better chronic disease management, and reduced barriers to accessing healthcare services.

Through comprehensive language access services, translated materials, Teach-Back education, After Visit Summaries, personalized care boards, documented goals of care, and strong community partnerships, Providence St. Mary Medical Center is committed to delivering equitable, respectful, and individualized care. These efforts ensure that every patient is empowered to participate in their healthcare journey, experiences care that aligns with their personal values, and has access to the resources necessary to achieve the best possible outcomes.

Patient safety

Patient safety and health equity are closely connected within our organization. We recognize that a

safe system of care requires not only identifying and preventing harm, but also evaluating whether safety risks or outcomes disproportionately affect particular patient populations. Our patient safety processes incorporate health equity considerations into daily operations, event analysis, and organizational learning.

A daily leader safety huddle provides a structured forum to discuss patient safety across the organization. Leaders review prior safety concerns, current issues, and potential or forecasted risks. This daily communication supports early identification of concerns, organizational awareness, and timely escalation when additional attention or intervention is needed. It also reinforces shared accountability for maintaining a culture focused on patient safety.

Our safety reporting program provides another important mechanism for identifying potential disparities. Patient safety information is collected in a manner that allows the organization to review safety data by patient demographics. This capability enables us to look beyond aggregate safety results and evaluate whether patterns of events or harm may be disproportionately affecting specific populations. Based on our current review of safety data, we have not identified evidence of inequities in patient safety outcomes. However, the absence of an identified disparity does not eliminate the need for continued surveillance. We continue to monitor our data so that emerging patterns can be identified and addressed.

Health equity is also incorporated into the review of individual significant safety events. When events require a formal Root Cause Analysis (RCA) or Apparent Cause Analysis (ACA), patient demographic information is considered as part of the review. This helps ensure that the evaluation considers not only clinical and operational factors, but also whether demographic characteristics or potential disparities may have contributed to the patient's experience or outcome. Incorporating this perspective into our safety reviews keeps health equity at the forefront of our analysis and improvement efforts.

Education is another important component of our approach. We recognize that inequities may not always be immediately apparent in aggregate safety data. Therefore, we continue to educate staff about health inequities and the importance of recognizing factors that may influence a patient's ability to receive safe, equitable care. Building awareness among caregivers complements our data-driven surveillance and strengthens our ability to identify concerns at the point of care.

Together, these processes create an ongoing cycle of daily awareness, reporting, demographic analysis, event review, education, and improvement. Our goal is to ensure that patient safety is evaluated through an equity lens and that every patient receives the same commitment to safe, high-quality care. Even when current data do not demonstrate disparities, we remain intentional about monitoring outcomes, considering health equity during safety investigations, and educating our workforce so that potential inequities can be recognized and addressed.

Addressing patient social drivers of health

Our organization recognizes that social determinants of health (SDOH) can significantly affect a patient's ability to access care, follow a treatment plan, and maintain health after discharge. We currently screen 96% of our patients for social needs, providing important information about barriers experienced by the communities we serve. While this demonstrates strong screening performance, 56% of patients are both screened and appropriately followed up, highlighting an important opportunity to strengthen the connection between identification of a need and successful access to resources.

Our data have identified housing and transportation as two of the most significant social needs within our community. In response, we have worked to develop relationships with community organizations that can provide resources beyond the traditional scope of hospital care. For example, we have pursued collaboration with the SYMBA Center to help address housing insecurity and provide a bridge for individuals working toward more permanent housing. Partnerships such as these are important because the hospital cannot independently resolve many of the social conditions affecting our patients. Creating stronger connections between hospital services and community organizations can help patients more effectively navigate available resources.

Transportation is another significant barrier in our geographically dispersed High Desert community. When necessary, the hospital has directly assisted patients with transportation expenses to help overcome immediate barriers to accessing care or reaching an appropriate destination. We also work to connect eligible patients with transportation benefits available through IEHP, a major payer serving our High Desert population, which provides transportation assistance to its members. Increasing awareness and utilization of existing community and payer resources is an important component of improving patient navigation.

We also review SDOH results through a health equity lens. Our data indicate that American Indian and Indigenous patients report particularly high levels of social needs within the populations we serve. This finding reinforces the importance of evaluating SDOH information by patient demographics rather than relying solely on aggregate results. Understanding which populations experience the greatest barriers helps us better focus outreach, partnerships, and navigation efforts.

Our opportunity moving forward is to strengthen the pathway from screening to identified need to referral to connection to resources. The difference between our high screening rate and our current follow-up performance demonstrates that identifying a social need is only the beginning. Patients must also be able to understand, reach, and successfully navigate the services available to them.

Through partnerships with organizations such as the SYMBA Center, connection to IEHP transportation benefits, hospital-supported transportation when appropriate, and referrals to other community resources, we are working to reduce barriers and improve continuity of care. Our goal is to build a stronger bridge between the hospital and community resources so that social needs identified during care result in meaningful connections that support patients beyond hospitalization.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Our hospital promotes effective, equitable treatment by standardizing clinical care around evidence-based practices and nationally recognized clinical practice guidelines. Rather than relying solely on individual practice patterns, care pathways, policies, protocols, and clinical standards are informed by recognized professional organizations such as the American Heart Association (AHA), the Association of periOperative Registered Nurses (AORN), and other authoritative clinical organizations appropriate to the population and condition being treated. This approach helps ensure that patients receive consistent, evidence-based care regardless of race, ethnicity, language, socioeconomic status, or other individual characteristics.

Standardization is particularly important for time-sensitive and high-risk conditions, where evidence-based protocols support early recognition, timely intervention, and consistent treatment. Our commitment to these practices is reinforced through certification of key clinical programs by The Joint Commission, including Stroke, STEMI, Sepsis, and Perinatal care. These programs provide a structured framework for evaluating clinical processes and outcomes against established standards and identifying opportunities for continued improvement.

Oversight and governance committees support each of these programs and provide a multidisciplinary structure for monitoring performance, reviewing outcomes, evaluating adherence to established clinical practices, and identifying opportunities for improvement. Variations in clinical performance or outcomes can be further evaluated to determine whether changes in processes, education, or clinical practice are needed. This governance structure helps move evidence-based guidelines from written standards into consistent practices at the bedside.

Our approach also extends beyond individual clinical programs. Utilization review provides another mechanism for evaluating whether patients are receiving appropriate and effective care across the continuum. A dedicated physician chair supports utilization review activities, including evaluation of length of stay and hospital readmissions. These measures provide important signals that can help identify variation in care delivery and opportunities for deeper review.

When patterns or unexpected variation are identified, the hospital can drill down further to understand contributing factors, including whether inequities or disparities may be affecting outcomes, access to services, transitions of care, or a patient's ability to successfully continue care after discharge. This allows the organization to move beyond aggregate performance and better understand whether certain populations are experiencing different outcomes or barriers within the care continuum.

Together, these efforts create a continuous cycle of standardization, measurement, review, and improvement. Evidence-based clinical guidelines establish a consistent foundation for treatment; certification programs provide additional structure and accountability; governance committees monitor clinical performance; and utilization review helps identify variation in outcomes and utilization that may require deeper evaluation.

This approach supports our commitment to fair and equitable treatment by establishing consistent expectations for care while also recognizing that equitable care requires us to evaluate outcomes across patient populations. When variation or disparities are identified, the goal is to understand the underlying factors and use that information to guide focused improvement efforts. Through standardized evidence-based practice, physician and multidisciplinary oversight, certification, and ongoing evaluation of outcomes, we strive to ensure every patient receives safe, effective, high-quality care based on their clinical needs.

Care coordination

Providence St. Mary Medical Center serves a geographically large and medically underserved region that experiences many of the same challenges faced by critical access hospitals. Residents often travel significant distances to receive care, specialty services are limited, and a Community Health Needs Assessment identified a shortage of at least 70 primary care providers in the region. These access challenges place patients at increased risk for fragmented care, delayed follow-up, avoidable emergency department utilization, and hospital readmissions. As a result, care coordination and readmission reduction have become strategic priorities for our organization.

Recognizing these community-specific barriers, Providence St. Mary Medical Center has partnered closely with our Providence division and post-acute care stakeholders to create a coordinated approach to reducing readmissions and improving transitions of care. Through ongoing collaborative meetings involving hospital leadership, case management, skilled nursing facilities, home health agencies, hospice providers, rehabilitation services, and physician partners, we review performance data, identify barriers to successful transitions, and develop strategies to improve outcomes across the continuum of care. These recurring forums have strengthened communication, improved alignment among providers, and enhanced accountability for patients following discharge.

Particular attention has been directed toward patients at highest risk for readmission. Interdisciplinary teams review high utilizers and patients with complex medical and social needs to identify opportunities for intervention before discharge and during the post-acute period. Care plans are developed collaboratively with physicians, nurses, case managers, pharmacists, and community partners to ensure patients receive appropriate follow-up services, medication education, and support after leaving the hospital. Because many patients in our region face challenges related to transportation, provider shortages, and limited access to outpatient services, proactive discharge planning begins early during hospitalization and continues through the transition to the next level of care.

A major focus of our readmission reduction efforts has been patients with chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF), two conditions that are highly prevalent within our community and among our readmitted patient population. These patients often require complex medication regimens, frequent monitoring, lifestyle modifications, and timely follow-up care. Through our collaboration with divisional teams and post-acute partners, we work to ensure patients receive comprehensive discharge education, medication reconciliation, home health support when appropriate, and coordinated follow-up services designed to prevent avoidable returns to the hospital.

Ongoing collaboration with post-acute providers has helped improve the handoff process for patients transitioning to skilled nursing facilities, home health agencies, rehabilitation centers, and community-based services. Shared discussions regarding barriers to care, discharge readiness, follow-up needs, and readmission trends allow stakeholders to identify system opportunities and implement targeted interventions. These partnerships are particularly important in our region where access limitations can create significant challenges for patients managing chronic conditions after discharge.

Health equity remains central to our care coordination strategy. We recognize that language barriers, transportation challenges, socioeconomic factors, and limited healthcare access can disproportionately affect vulnerable populations. Care teams work closely with community organizations and post-acute providers to address these barriers and connect patients with resources necessary for successful recovery and chronic disease management.

Through strong partnerships with divisional leaders and post-acute stakeholders, focused attention on high-utilizing patients, and targeted interventions for COPD and CHF populations, Providence St. Mary Medical Center is committed to reducing readmissions and improving continuity of care. By strengthening coordination across the continuum and addressing the unique healthcare access challenges within our community, we strive to ensure patients receive the right care, at the right time, in the right setting, while improving long-term health outcomes and patient experience.

Access to care

Our review of community health data identified behavioral health and substance use as important areas where improved access and stronger community connections are needed. Mental health distress is higher in San Bernardino County (17.7%) than California (14.7%) and increases to 19.7% within our service area and 20.9% in high-need census tracts. Depression and suicide mortality data further demonstrate the need to strengthen access to behavioral health resources, particularly for vulnerable and high-need populations.

In response, we are placing increased emphasis on building partnerships with outside facilities, behavioral health providers, community-based organizations, and other local resources to improve how patients navigate the continuum of care. For many patients, identifying a need is only the first step. Access also depends on understanding where services are available, successfully connecting to those services, and reducing gaps as patients transition between the hospital and community-based care.

Our partnerships are intended to create stronger pathways for referral and navigation so patients can be connected to the most appropriate resource based on their needs. By strengthening relationships across organizations, we can improve awareness of available resources, facilitate connections to services outside the hospital, and better support continuity as patients move between acute, behavioral health, substance use, primary care, and community settings. This collaborative approach is particularly important in a geographically large service area where patients may face challenges locating and navigating available resources.

We are also extending our presence directly into the community. Our community health van and participation in community events allow us to meet residents where they are, promote available services, provide health education, and help individuals connect with resources before their needs become more acute. These outreach efforts also provide opportunities to increase community awareness of programs such as our Substance Use Disorder program, which was recently recognized by the California Hospital Association for its high performance.

Our strategy is to continue moving toward a more connected community network in which the hospital serves not only as a place for acute treatment, but also as a bridge to ongoing care and community resources. Through stronger external partnerships, community outreach, and improved navigation, we are working to reduce fragmentation, strengthen transitions, and make it easier for patients and families to identify and access the care and services they need.

Methodology Guidelines

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

Yes