# Hospital Equity Measures Report

## General Information

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|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2024 |
| Hospital Name: | ADVENTIST HEALTH SIERRA VISTA |
| Facility Type: | General Acute Care Hospital |
| Hospital HCAI ID: | 106400524 |
| Report Period: | 1/1/2024 - 12/31/2024 |
| Status: | Submitted |
| Due Date: | 11/29/2025 |
| Last Updated: | 11/25/2025 |
| Hospital Location with Clean Water and Air: | Y |
| Hospital Web Address for Equity Report: | https://www.adventisthealth.org/about-us/health-equity |

## Overview

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

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

## Laws and Regulations

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

# Hospital Equity Measures

## Joint Commission Accreditation

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

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

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

Y

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

Y

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

30408

Table 1. Summary of preferred languages reported by patients.

| Languages | Number of patients who report preferring language | Total number of patients | Percentage of total patients who report preferring language (%) |
|---|---|---|---|
| **English Language** | 28686 | 30408 | 94.3 |
| **Spanish Language** | 1625 | 30408 | 5.3 |
| **Asian Pacific Islander Languages** | 32 | 30408 | 0.1 |
| **Middle Eastern Languages** | suppressed | 30408 | suppressed |
| **American Sign Language** | suppressed | 30408 | suppressed |
| **Other Languages** | 58 | 30408 | 0.2 |

## 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.

Y

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

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.

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

Y

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

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

Y

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

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

Y

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

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

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

Y

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

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

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

2395

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

2788

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

10.9

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

| Social Driver of Health | Number of positive screenings | Rate of positive screenings (%) | Number of positive screenings who received intervention | Rate of positive screenings who received intervention (%) |
|---|---|---|---|---|
| **Food Insecurity** | 25 | 01.0 | 0 | |
| **Housing Instability** | 59 | 02.4 | 0 | |
| **Transportation Problems** | 6 | 00.2 | 0 | |
| **Utility Difficulties** | 5 | 00.2 | 0 | |
| **Interpersonal Safety** | 35 | 01.4 | 0 | |

## 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?"

551

Total number of respondents to HCAHPS Question 19

633

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

87

Total number of people surveyed on HCAHPS Question 19

3165

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

20

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

| Race and/or Ethnicity | Number of "probably yes" or "definitely yes" responses | Total number of responses | Percent of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| American Indian or Alaska Native | | | | | |
| Asian | | | | | |
| Black or African American | | | | | |
| Hispanic or Latino | | | | | |
| Middle Eastern or North African | | | | | |
| Multiracial and/or Multiethnic (two or more races) | | | | | |
| Native Hawaiian or Pacific Islander | | | | | |
| White | | | | | |

| Age | Number of "probably yes" or "definitely yes" responses | Total number of responses | Percent of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| Age < 18 | | | | | |
| Age 18 to 34 | | | | | |
| Age 35 to 49 | | | | | |
| Age 50 to 64 | | | | | |
| Age 65 Years and Older | | | | | |

| Sex assigned at birth | Number of "probably yes" or "definitely yes" responses | Total number of responses | Percent of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| Female | | | | | |
| Male | | | | | |
| Unknown | | | | | |

| Payer Type | Number of "probably yes" or "definitely yes" responses | Total number of responses | Percent of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| Medicare | | | | | |
| Medicaid | | | | | |
| Private | | | | | |
| Self-Pay | | | | | |
| Other | | | | | |

| Preferred Language | Number of "probably yes" or "definitely yes" responses | Total number of responses | Percent of "probably yes" or "definitely yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| English Language | | | | | |
| Spanish Language | | | | | |
| Asian Pacific Islander Languages | | | | | |
| Middle Eastern Languages | | | | | |
| American Sign Language | | | | | |
| Other/Unknown Languages | | | | | |

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

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

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

## Patient Received Information in Writing

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

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

hospital?"

544

Total number of respondents to HCAHPS Question 17

633

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

85.9

Total number of people surveyed on HCAHPS Question 17

3165

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

20

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

| Race and/or Ethnicity | Number of "yes" responses | Total number of responses | Percentage of "yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **American Indian or Alaska Native** | | | | | |
| **Asian** | | | | | |
| **Black or African American** | | | | | |
| **Hispanic or Latino** | | | | | |
| **Middle Eastern or North African** | | | | | |
| **Multiracial and/or Multiethnic (two or more races)** | | | | | |
| **Native Hawaiian or Pacific Islander** | | | | | |
| **White** | | | | | |

| Age | Number of "yes" responses | Total number of responses | Percentage of "yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **Age < 18** | | | | | |
| **Age 18 to 34** | | | | | |
| **Age 35 to 49** | | | | | |
| **Age 50 to 64** | | | | | |
| **Age 65 Years and Older** | | | | | |

| Sex assigned at birth | Number of "yes" responses | Total number of responses | Percentage of "yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| **Female** | | | | | |
| **Male** | | | | | |
| **Unknown** | | | | | |

| Payer Type | Number of "yes" responses | Total number of responses | Percentage of "yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| Medicare | | | | | |
| Medicaid | | | | | |
| Private | | | | | |
| Self-Pay | | | | | |
| Other | | | | | |

| Preferred Language | Number of "yes" responses | Total number of responses | Percentage of "yes" responses (%) | Total number of patients surveyed | Response rate of patients surveyed (%) |
|---|---|---|---|---|---|
| English Language | | | | | |
| Spanish Language | | | | | |
| Asian Pacific Islander Languages | | | | | |
| Middle Eastern Languages | | | | | |
| American Sign | | | | | |
| Other/Unknown Languages | | | | | |

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

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

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

## Agency for Healthcare Research and Quality (AHRQ) Indicators

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

## Pneumonia Mortality Rate

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

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

16

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

150

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

106.7

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

| Race and/or Ethnicity | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | | | |
| **Asian** | suppressed | suppressed | suppressed |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | suppressed | suppressed | suppressed |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | | | |
| **White** | 11 | 117 | 94 |

| Age | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Age < 18** | | | |
| **Age 18 to 34** | suppressed | suppressed | suppressed |
| **Age 35 to 49** | suppressed | suppressed | suppressed |
| **Age 50 to 64** | 0 | 24 | 0 |
| **Age 65 Years and Older** | 16 | 107 | 149.5 |

| Sex assigned at birth | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Female** | suppressed | suppressed | suppressed |
| **Male** | suppressed | suppressed | suppressed |
| **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** | 15 | 107 | 140.2 |
| **Medicaid** | 0 | 20 | 0 |
| **Private** | suppressed | suppressed | suppressed |
| **Self-Pay** | | | |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **English Language** | suppressed | suppressed | suppressed |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **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 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

14

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

47

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

297.9

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** | | | |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | suppressed | suppressed | suppressed |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | | | |
| **White** | 13 | 36 | 361.1 |

| Age | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Age < 18** | | | |
| **Age 18 to 34** | suppressed | suppressed | suppressed |
| **Age 35 to 49** | suppressed | suppressed | suppressed |
| **Age 50 to 64** | suppressed | suppressed | suppressed |
| **Age 65 Years and Older** | 11 | 29 | 379.3 |

| 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** | suppressed | suppressed | suppressed |
| **Male** | suppressed | suppressed | suppressed |
| **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** | suppressed | suppressed | suppressed |
| **Medicaid** | suppressed | suppressed | suppressed |
| **Private** | suppressed | suppressed | suppressed |
| **Self-Pay** | | | |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **English Language** | suppressed | suppressed | suppressed |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **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 cesarian birth. General acute care hospitals report the NTSV Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information, please visit the following link by copying and pasting the URL into your web browser: https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications

Number of NTSV patients with Cesarean deliveries

69

Total number of nulliparous NTSV patients

301

Rate of NTSV patients with Cesarean deliveries

0.229

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

| Race and/or Ethnicity | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | suppressed | suppressed | suppressed |
| **Asian** | suppressed | suppressed | suppressed |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | suppressed | suppressed | suppressed |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | 0 | | |
| **White** | suppressed | suppressed | suppressed |

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

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

| Payer Type | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| **Medicare** | 0 | | |
| **Medicaid** | suppressed | suppressed | suppressed |
| **Private** | suppressed | suppressed | suppressed |
| **Self-Pay** | 0 | | |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| **English Language** | suppressed | suppressed | suppressed |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **Asian Pacific Islander Languages** | suppressed | suppressed | suppressed |
| **Middle Eastern Languages** | 0 | | |
| **American Sign Language** | 0 | | |
| **Other/Unknown Languages** | suppressed | suppressed | suppressed |

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

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

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

## CMQCC Vaginal Birth After Cesarean (VBAC) Rate

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

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

49

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

190

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

257.9

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

| Race and/or Ethnicity | Number of vaginal deliveries with previous Cesarean delivery | Total number of birth discharges with previous Cesarean delivery | Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | 0 | | |
| **Asian** | suppressed | suppressed | suppressed |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | suppressed | suppressed | suppressed |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific** | 0 | | |
| **White** | suppressed | suppressed | suppressed |

| Age | Number of vaginal deliveries with previous Cesarean delivery | Total number of birth discharges with previous Cesarean delivery | Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%) |
|---|---|---|---|
| **Age < 18** | 0 | | |
| **Age 18 to 29** | suppressed | suppressed | suppressed |
| **Age 30 to 39** | suppressed | suppressed | suppressed |
| **Age 40 Years and Older** | suppressed | suppressed | suppressed |

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

| Payer Type | Number of vaginal deliveries with previous Cesarean delivery | Total number of birth discharges with previous Cesarean delivery | Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%) |
|---|---|---|---|
| **Medicare** | 0 | | |
| **Medicaid** | suppressed | suppressed | suppressed |
| **Private** | suppressed | suppressed | suppressed |
| **Self-Pay** | 0 | | |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of vaginal deliveries with previous Cesarean delivery | Total number of birth discharges with previous Cesarean delivery | Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%) |
|---|---|---|---|
| **English Language** | suppressed | suppressed | suppressed |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **Asian Pacific Islander Languages** | 0 | | |
| **Middle Eastern Languages** | suppressed | suppressed | suppressed |
| **American Sign Language** | 0 | | |
| **Other/Unknown Languages** | 0 | | |

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

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

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

## CMQCC Exclusive Breast Milk Feeding Rate

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

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

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

771

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

812

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

95

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** | suppressed | suppressed | suppressed |
| **Asian** | suppressed | suppressed | suppressed |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | 298 | 310 | 96.1 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific** | 0 | | |
| **White** | 356 | 375 | 94.9 |

| Age | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%) |
|---|---|---|---|
| **Age < 18** | suppressed | suppressed | suppressed |
| **Age 18 to 29** | 286 | 302 | 94.7 |
| **Age 30 to 39** | 437 | 462 | 94.6 |
| **Age 40 Years and Older** | suppressed | suppressed | suppressed |

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

| Payer Type | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%) |
|---|---|---|---|
| **Medicare** | 0 | | |
| **Medicaid** | 196 | 208 | 94.2 |
| **Private** | 326 | 341 | 95.6 |
| **Self-Pay** | suppressed | suppressed | suppressed |
| **Other** | suppressed | suppressed | suppressed |

| 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** | suppressed | suppressed | suppressed |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **Asian Pacific Islander Languages** | suppressed | suppressed | suppressed |
| **Middle Eastern Languages** | 0 | | |
| **American Sign Language** | 0 | | |
| **Other/Unknown Languages** | suppressed | suppressed | suppressed |

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

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

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

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

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

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

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

260

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

2798

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

9.3

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

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | suppressed | suppressed | suppressed |
| **Asian** | suppressed | suppressed | suppressed |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | 46 | 421 | 10.9 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 186 | 2010 | 9.3 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 25 | 609 | 4.1 |
| **Age 35 to 49** | 30 | 427 | 7 |
| **Age 50 to 64** | 51 | 471 | 10.8 |
| **Age 65 Years and Older** | 154 | 1291 | 11.9 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 123 | 1705 | 7.2 |
| **Male** | 137 | 1093 | 12.5 |
| **Unknown** | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 143 | 1196 | 12 |
| **Medicaid** | 52 | 599 | 8.7 |
| **Private** | 40 | 737 | 5.4 |
| **Self-Pay** | 0 | 25 | 0 |
| **Other** | 25 | 241 | 10.4 |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | 249 | 2726 | 9.1 |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **Asian Pacific Islander Languages** | suppressed | suppressed | suppressed |
| **Middle Eastern Languages** | | | |
| **American Sign Language** | | | |
| **Other/Unknown Languages** | suppressed | suppressed | suppressed |

| 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

49

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

474

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

10.3

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** | suppressed | suppressed | suppressed |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | suppressed | suppressed | suppressed |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | 0 | 16 | 0 |
| **Native Hawaiian or Pacific Islander** | | | |
| **White** | suppressed | suppressed | suppressed |

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

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

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

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | suppressed | suppressed | suppressed |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **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 - 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

30

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

267

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

11.2

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** | suppressed | suppressed | suppressed |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | suppressed | suppressed | suppressed |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | suppressed | suppressed | suppressed |

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

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

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

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

| 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

16

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

161

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

9.9

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** | | | |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | suppressed | suppressed | suppressed |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | suppressed | suppressed | suppressed |

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

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

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

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

| 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

165

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

1896

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

8.7

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

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

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

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

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | suppressed | suppressed | suppressed |
| **Medicaid** | suppressed | suppressed | suppressed |
| **Private** | suppressed | suppressed | suppressed |
| **Self-Pay** | 0 | 14 | 0 |
| **Other** | suppressed | suppressed | suppressed |

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

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

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

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

## Health Equity Plan

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

## Top 10 Disparities

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

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

| Measures | Stratifications | Stratification Group | Stratification Rate | Reference Group | Reference Rate | Rate Ratio |
|---|---|---|---|---|---|---|
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Private | 5.4 | 4.4 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Private | 5.4 | 3.8 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Private | 5.4 | 3.2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 4.1 | 2.9 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 4.1 | 2.6 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Sex Assigned at Birth | | | Female | 7.2 | 1.7 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 4.1 | 1.7 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | White | 9.3 | 1.2 |
| CMQCC Exclusive Breast Milk Feeding | Expected Payor | | | Private | 95.6 | 1 |
| CMQCC Exclusive Breast Milk Feeding | Race and/or Ethnicity | | | Hispanic or Latino | 96.1 | 1 |

Plan to address disparities identified in the data

Our hospital is committed to closing gaps in care and improving outcomes for all patients. The data addressed in this equity plan shows the varying differences in readmission rates and breastfeeding practices across payor types, age groups, gender, and ethnicity. These disparities guide our equity plan, which includes measurable goals, structured timelines, and clear metrics for success.Ð
Ð
Medicare patients face the highest disparity rate, with an 11.4% readmission rate compared to 5.0% for privately insured patients: a rate ratio of 4.5. Medicare patients are often older adults who have complex health needs along with limited support. Our goal is to reduce this rate to below 10% within 12 months. Early efforts will focus on staff education and discharge planning, followed by expanded care coordination mid-year. Success will be measured by a reduction in readmissions for this population of at least 1.5%, reaching that target by the end of 2026.Ð
Ð
Patients with â??Otherâ?• payor types, such as self-pay or military, experience a 10.0% readmission rate versus 5.0% for privately insured patients. We aim to cut this to 5% within 12 months by standardizing workflows, providing care coordination, and improving outpatient access. Progress will be tracked quarterly, with at least a 1% reduction each quarter.Ð
Ð
Medicaid recipients, with an all-cause readmission rate of 8.7% compared to 5.0% for privately insured patients, often face barriers like transportation and limited resources. Our Care Management team received training on assessing social determinants for all adult patients this year, we will continue to monitor the success of these assessments by screening early and providing adequate resources to our patients to ensure successful discharges. Moving forward, in an effort to further reduce Medicaid readmissions, Adventist Health will expand community partnerships to reduce rates to 5% by the end of 2026. Quarterly reductions of 1% will indicate success.Ð
Ð

Age disparities are also evident among readmission rates. Patients 65 and older have an 11.3% readmission rate compared to 3.9% for younger adults aged 18 to 34. Through chronic disease management, caregiver engagement, and coordination of care, we will bring this populationâ??s readmissions rate to below 10% within 12 months. Patients ages 50â??64 experienced a readmission rate of 10.6% vs. 3.9% for younger adults. Education, preventive care and medication reconciliation will start early, aiming to decrease readmissions below 10% by the end of 2026. Adults 35â??49 had a readmission rate of 6.8% vs. 3.9% for younger adults. This population will benefit from initiating flexible scheduling for follow-up care, along with telehealth services, reducing readmission rates to 5% within 12 months.Ð

Ð

Gender and ethnicity differences were also observed among readmissions. Male patient all-cause readmissions were at 11.9% versus 7.0% for women. Outreach programs and education will launch early, targeting a reduction to below 10% within 12 months. Hispanic and Latino patients show a 10.9% readmission rate compared to 8.8% for White patients. We will expand bilingual care coordination and culturally tailored discharge education, aiming for readmission rates to fall below 10% by the end of 2026.Ð

Ð

Maternal care disparities were smaller but equally important. Medicaid-covered births have a 94.2% exclusive breastfeeding rate compared to 95.6% for privately insured patients. We will aim to raise this rate to 96% within 12 months through enhanced lactation support and culturally sensitive education. White patients, at 94.9% compared to 96.1% for Hispanic mothers, will also reach 96% within 12 months, also focusing on enhanced lactation support and education. Quarterly increases of 0.5% will mark progress.Ð

Ð

Quarterly reviews will ensure accountability and allow adjustments. By combining education, care coordination, and culturally responsive practices, we aim to create a healthcare environment where every patient receives equitable, high-quality care, regardless of age, race, gender, or socioeconomic status.

## 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

Our hospital is committed to delivering care that respects and responds to individual patient preferences, needs, and values. We actively involve patients and families in care planning and decision-making, ensuring their voices guide treatment choices. Over 95% of adult patients are assessed for needs and social determinants of health, allowing us to tailor care plans to each personâ??s unique circumstances. Case Management plays a critical role by scheduling follow-up appointments for Medicare patients, reducing readmission risk and supporting continuity of care. To promote inclusivity, we provide 24/7 interpretation services for Mazatecan-speaking patients, ensuring language is never a barrier to understanding or participation. Leader rounding and a dedicated Patient Experience Committee gather real-time feedback from patients and families, driving improvements in communication and satisfaction. These efforts reflect our commitment to equity, cultural responsiveness, and individualized care for every patient we serve.

Patient safety

Patient safety is a top priority, supported by robust systems and targeted interventions. Our tiered huddle system identifies risks early and ensures rapid response to emerging concerns. Dedicated committees focus on critical safety areas, including length of stay, hospital-acquired pressure injuries (HAPI), healthcare-associated infections (HAI), and falls. We launched a falls reduction campaign targeting toileting-related incidents, a leading cause of inpatient falls, and implemented standardized workflows for high-risk processes such as OB ED triage, EMTALA compliance, medication titration, and dialysis readiness. These measures reduce variability and enhance reliability in care delivery. Through continuous monitoring and staff education, we foster a culture of safety that protects patients and supports high-quality outcomes.

Addressing patient social drivers of health

Recognizing that health outcomes are shaped by social and economic factors, our hospital integrates Social Determinants of Health (SDOH) into every stage of care. Over 95% of adult patients receive SDOH assessments, ensuring we identify barriers such as housing, transportation, and food insecurity. Case Management staff have been trained to ask SDOH-related questions in ways that encourage honest, meaningful responses, increasing patient engagement. Our Case Management QAPI program tracks compliance and effectiveness, ensuring these assessments lead to actionable interventions. In early 2025, we launched a Health Equity Committee to address disparities and promote equitable care across all populations. These initiatives reflect our commitment to understanding and addressing the broader factors that impact health, improving outcomes for every patient.

## Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

We deliver evidence-based, effective treatment through collaboration and standardization. Interdisciplinary teams work together to assess patients, develop care plans, and ensure successful discharges. Standardized workflows for high-risk processesâ??such as OB ED triage, medication titration, and dialysis readinessâ??reduce variability and improve clinical reliability. Continuous monitoring through committees and QAPI programs ensures adherence to best practices and alignment with current guidelines. By combining clinical expertise with patient-centered planning, we achieve better outcomes, minimize complications, and support long-term health for our patients.

Care coordination

Care coordination is central to our mission of seamless, patient-focused care. Case Management schedules follow-up appointments for Medicare patients, reducing readmissions and supporting continuity of care. Interdisciplinary teams collaborate throughout hospitalization to align treatment plans and discharge processes, ensuring patients transition smoothly between care settings. Leader rounding and patient experience initiatives provide feedback that informs care planning and system improvements. These efforts reduce fragmentation, improve communication, and create a more cohesive experience for patients and families.

Access to care

We are committed to expanding access and removing barriers to care for all patients. Our outpatient clinics are growing within the community and accept all payer types, increasing availability of services for diverse populations. 24/7 interpretation services for Mazatecan speakers ensure language is never a barrier to care. Our Health Equity Committee drives initiatives to improve access for underserved groups, while leader rounding and patient feedback help identify and address gaps.

By combining geographic expansion, financial inclusivity, and cultural responsiveness, we ensure equitable access to high-quality care for every patient.

## Methodology Guidelines

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

Y