

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	HUNTINGTON HOSPITAL
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106190400
Report Period:	1/1/2024 - 12/31/2024
Status:	Submitted
Due Date:	11/29/2025
Last Updated:	11/21/2025
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	https://www.huntingtonhealth.org/

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.

92358

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	80470	92358	87.1
Spanish Language	8643	92358	9.4
Asian Pacific Islander Languages	1875	92358	2
Middle Eastern Languages	862	92358	0.9
American Sign Language	21	92358	0
Other Languages	487	92358	0.5

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

12139

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

13992

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

86.8

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

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	497	2.2	0	
Housing Instability	504	4.2	0	
Transportation Problems	453	3.7	0	
Utility Difficulties	265	2.2	0	
Interpersonal Safety	95	0.8	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?"

791

Total number of respondents to HCAHPS Question 19

838

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

94.4

Total number of people surveyed on HCAHPS Question 19

4595

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

18.2

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian	116	124	93.5	767	16.2
Black or African American	46	49	93.9	379	12.9
Hispanic or Latino	205	215	95.3	1485	14.5
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	389	411	94.6	1665	24.7

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	393	422	93.1	2759	15.3
Male	397	414	95.9	1832	22.6
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	558	588	94.9	2108	27.9
Medicaid	52	54	96.3	608	8.9
Private	170	184	92.4	1784	10.3
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	677	721	93.9	3868	18.6
Spanish Language	suppressed	suppressed	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed	suppressed	suppressed
Middle Eastern Languages				118	
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	162	167	97	946	17.7
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	113	121	93.4	781	15.5
Female-to-male (FTM)/ transgender male/trans man					
Male	104	106	98.1	480	22.1
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?"

675

Total number of respondents to HCAHPS Question 17

796

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

84.8

Total number of people surveyed on HCAHPS Question 17

4595

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

17.3

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	95	119	79.8	767	15.5
Black or African American	38	49	77.6	379	12.9
Hispanic or Latino	178	202	88.1	1485	13.6
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	332	390	85.1	1665	23.4

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	336	406	82.8	2759	14.7
Male	337	388	86.9	1832	21.2
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	456	554	82.3	2108	26.3
Medicaid	48	53	90.6	608	8.7
Private	161	177	91	1784	9.9
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	581	687	84.6	3868	17.8
Spanish Language	suppressed	suppressed	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed	suppressed	suppressed
Middle Eastern Languages				118	
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	133	160	83.1	946	16.9
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	suppressed	suppressed	suppressed	suppressed	suppressed
Female-to-male (FTM)/ transgender male/trans man					
Male	suppressed	suppressed	suppressed	suppressed	suppressed
Male-to-female (MTF)/ transgender female/trans woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

Agency for Healthcare Research and Quality (AHRQ) Indicators

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

Pneumonia Mortality Rate

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

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

37

Total number of hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

648

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

57.1

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
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	12	275	43.6

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	30	489	61.3

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	17	306	55.6
Male	20	342	58.5
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	21	368	57.1
Medicaid	suppressed	suppressed	suppressed
Private	11	200	55
Self-Pay	suppressed	suppressed	suppressed
Other			

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	suppressed	suppressed	suppressed
Middle Eastern Languages	0	24	0
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

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

15

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

119

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

126.1

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	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	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
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

327

Total number of nulliparous NTSV patients

1198

Rate of NTSV patients with Cesarean deliveries

0.273

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			
Asian	suppressed	suppressed	suppressed
Black or African American			
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	122	384	0.318

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18			
Age 18 to 29	suppressed	suppressed	suppressed
Age 30 to 39	232	852	0.272
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	327	1198	0.273
Male			
Unknown			

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

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			
Asian Pacific Islander Languages			
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 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](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

60

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

Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries
154.6

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

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific			
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			
Age 18 to 29	suppressed	suppressed	suppressed
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older			
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	60	388	154.6
Male			
Unknown			
Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Medicare			
Medicaid			
Private	suppressed	suppressed	suppressed
Self-Pay			
Other			

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			
Asian Pacific Islander Languages			
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 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

1285

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

2535

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

50.7

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

Race and/or Ethnicity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian	274	657	41.7
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	315	717	43.9
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific			
White	479	769	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	1285	2535	50.7
Age 18 to 29			
Age 30 to 39			
Age 40 Years and Older			

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	635	1246	51
Male	650	1289	50.4
Unknown			

Payer Type	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Medicare			
Medicaid	100	302	33.1
Private	1161	2183	53.2
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			
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			

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

1895

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

15112

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

12.5

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	224	1936	11.6
Black or African American	264	1618	16.3
Hispanic or Latino	560	4506	12.4
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	26	269	9.7
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	763	6157	12.4

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	115	1560	7.4
Age 35 to 49	205	2407	8.5
Age 50 to 64	357	2536	14.1
Age 65 Years and Older	1218	8609	14.1

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	966	8759	11
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	987	6258	15.8
Medicaid	241	1781	13.5
Private	646	6797	9.5
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	1599	13082	12.2
Spanish Language	177	1304	13.6
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of 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

347

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

2431

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

14.3

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	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	200	1584	12.6
Male	147	847	17.4
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	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
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 - 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

185

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

964

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

19.2

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	125	674	18.5
Unknown	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
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

120

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

577

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

20.8

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	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	12	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	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of 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

1243

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

11140

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

11.2

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	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	648	6625	9.8
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
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	Age (excluding maternal measures)			18 to 34	7.2	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	7.2	1.9
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Race and/or Ethnicity			White	62.5	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity			Multiracial and/or Multiethnic (two or more races)	9.7	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	9.4	1.7
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Sex Assigned at Birth			Female	54.7	1.6
CMQCC Exclusive Breast Milk Feeding	Race and/or Ethnicity			White	62.2	1.5
CMQCC Exclusive Breast Milk Feeding	Race and/or Ethnicity			White	62.2	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	9.4	1.4
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Expected Payor			Private	56.6	1.4

Plans to address disparities identified in the data

The following action plans address our top ten disparities with implementation beginning in 2025 through June 30, 2026.

All-Cause Unplanned 30-Day Hospital Readmission Rates: 2024 calendar year data indicate adults, 50-64, 65 and older, Medicare and Medicaid and Black or African American patients are at a higher risk for readmission.

In our Emergency Department we identify high-risk patients and make care plans to reduce readmissions. Our steps:

- Improve care transition planning for patients in our community needing extra help connecting with services upon discharge.
- Enhance Case Management consultations through targeted discharge planning for high-risk patients with complex needs.
- Increase our collaboration with our skilled nursing facility partners to improve communication and information transfer.

Within the hospital we focus on safe, coordinated care transitions to prevent readmissions. Our steps:

- Provide patients with supplies of medication before they leave.
- Help schedule follow-up appointments within seven days after leaving the hospital.
- Enhancing discharge, transition plans that anticipate and address patient needs.
- Improve patient education to help patients better understand their health, feel confident and manage their care.
- Ensure Medi-Cal member support for medical, behavioral and social needs that promote wellbeing.

In our outpatient settings we collaborate to improve outcomes for high risk groups. Our steps:

- Implement and improve Community Health Worker program by bridging the gap between the hospital and life at home.
- Engage hospital leaders to identify improvements in our outpatient services for patients at high risk for readmission.

Pneumonia Mortality Rates: 2024 data shows that pneumonia mortalities are higher among Asian, male, and Medicare patients within our community who are predominately older. Our steps:

- Enhance diagnosis to ensure effective treatment and timely follow up with a pulmonologist or primary care provider to improve outcomes.
- Address sepsis treatment and prevention in pneumonia patients, through use of 'Code Sepsis' protocol in Emergency Department.
- Monitor sepsis outcomes using a 'Variations in Care' metric to identify and act on improvement opportunities.
- Extend infusion times for certain broad-spectrum antibiotics to improve outcomes across all patients.
- Improve penicillin allergy management and antibiotic administration times.
- Refine blood culture practices to ensure accurate pathogen detection to significantly improve our diagnostic capabilities.
- Provide sepsis awareness and prevention guidelines to nursing home populations.
- Amplify community education events focusing on sepsis awareness for older adults and healthcare providers.
- Continually educate our nursing staff to maintain our high standards of care.

Exclusive Breast Milk Feeding Rates: 2024 calendar year data shows that Asian and Hispanic patients have lower rates of breastfeeding and a strategy to support breastfeeding is in place aligned with our certification as a Baby Friendly hospital since 2016.

Our Mother Baby Unit supports high-risk patients, providing breastfeeding support, including free breastfeeding courses for all patients. We ask birthing parents about their infant feeding goals upon arrival. While we're still working on tracking differences in these goals, we found breastfeeding rates also vary between providers. Our steps to best support families:

- Work to identify differences in breastfeeding goals by race and ethnicity at admission.
- Compare feeding goals with actual feeding outcomes at discharge, looking for gaps by race and ethnicity.
- Twice a year, we share breastfeeding rates with prenatal providers, showing how their patients compare to others at the hospital, individually and by practice groups.
- Help more families start nursing and skin to skin contact within the first hour after cesarean delivery, key step in successful breastfeeding.
- If we find differences in feeding outcomes, we will also review breastfeeding rates by hospital pediatric provider.

Leaving the hospital can be a vulnerable time, especially for first-time parents. Most families have already decided how they want to feed their baby before arriving to give birth, but limited information, inconsistent communication from providers and lack of community support can affect those plans. Also parents often choose their baby's doctor before delivery, and that provider may influence feeding choices. Our steps to better support families in the outpatient setting:

- Check for differences in who attends our free prenatal breastfeeding classes, based on race/ethnicity and prenatal care provider.
- Work to align the number of lactation educators in communities with lower exclusive breast milk feeding rates.
- Add a Mandarin-speaking lactation educator to our prenatal class offerings.
- Provide breastfeeding data, broken down by race/ethnicity, to our hospital affiliated pediatric providers to help improve support.

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

We support person-centered care that is compassionate, respectful, and tailored to each patient's unique needs, regardless of background.

Breaking Down Barriers: We provide free language services through qualified interpreters, including sign language to remove language barriers, and services and aids for people with visual and auditory needs, including written information in other formats.

Dignity and Respect: Huntington Health strictly enforces a patient non-discrimination policy, ensuring equal access to care and services regardless of an individual's socioeconomic status, gender identity, sexual orientation, or other personal characteristics.

Empowerment in Decision-Making: Person-centered care emphasizes the right of the individual to participate actively in their own care. Huntington Health provides resources like the Patient Guide and information on Advance Care Planning to ensure patients and families are fully informed of their options, wishes are respected, and decisions are a collaborative effort among the patient and the care team. Furthermore, supportive care services, including Clinical Social Work and Spiritual Care, are available to help patients and families cope with emotional and spiritual distress, particularly during medical decision-making for serious illness, recognizing that spiritual values often influence care choices.

Prioritizing the Patient and Family Voice and Continuous Improvement: A cornerstone of our philosophy is the establishment of the Patient and Family Advisory Council (PFAC), which serves as a formal partnership among patients, their families, and members of the healthcare team. The PFAC's purpose is to ensure the patient experience is guided by the voices of those served. Patient Family Advisors (PFAs), who are former patients or caregivers, advocate for improvements, recommend changes, and help develop materials to ensure a patient-centric environment. Crucially, the PFAC is tasked with ensuring "representation of the diverse patient population we serve," directly linking patient-centered feedback to the goal of health equity. We also use patient satisfaction surveys as a tool to continuously improve our patient-centered care by reviewing direct, actionable feedback.

Person-Centered Responsiveness and Communication: Huntington Health implemented a No Pass Zone to patient call lights, empowering all employees to support a more responsive, compassionate, and person-centered healthcare experience. We also utilize AIDET: Acknowledge, Introduce, Duration, Explanation and Thank you training for person-centered care through effective communication that reduces patient anxiety and builds trust. Our healthcare professionals are dedicated to a compassionate, respectful, and supportive environment that aligns with the principles of patient-centered care.

By amplifying patient voices through the PFAC, actively removing communication and cultural barriers, empowering decision-making and improving responsiveness and communication,

Huntington Health establishes a model of care that is not only person-centered but also fundamentally equitable.

Patient Safety

At Huntington Health, patient safety and equity go hand in hand. We believe quality care must be delivered with kindness, dignity and fairness.

Safety is shared responsibility and leading priority. Our Quality Management team and Patient Safety Committee lead efforts to improve care through safer practices, staff education, and solutions for challenges.

Every employee plays a role in creating a clean, safe environment. We also empower patients to be active partners in their care, offering rights and responsibilities information in multiple languages, including English and Spanish. Our approach is proactive, collaborative and always evolving, grounded in our belief that every patient deserves safe, equitable care.

Hospital-wide Education, Prevention and Culture of Safety: Huntington Health promotes a culture of safety that meets goals established by The Joint Commission. Through regular safety huddles, debriefs, training and education programs, we foster a shared understanding that patient safety is everyone's responsibility.

Focus on Critical Safety Areas: Each day, we center our behaviors around minimizing patient harm across the hospital, including our high-risk areas.

Incident Reporting, Near Misses, and Flagging Mechanisms: Through our just culture that encourages self-reporting, smart systems and careful workflows, we identify and address barriers to safety and identify risk before harm occurs. Reports go to multidisciplinary teams who review and continuously improve processes.

Escalations and Response Systems: We monitor how care is escalated, including rapid response activations, code team response times, ICU transfers, and patient placement to ensure all patients receive timely and fair treatment. Data review informs system improvements to ensure every patient receives the right care at the right time, regardless of background.

Infection Control, Consent, and Cultural Considerations: Safety protocols at Huntington Health are responsive to the cultural and religious needs of patients. Infection control measures, informed consent processes, and other safety-critical interactions are adapted to reflect cultural norms and religious practices, ensuring that patient safety does not come at the expense of patient dignity or cultural respect. These practices demonstrate our recognition that safe care is also culturally competent care.

Innovations in Safety and Bias Mitigation: To ensure that innovations in care are safe, we review artificial intelligence and clinical decision support models to assess disparities in care or safety outcomes. This proactive step reflects our recognition that advancing technology must be carefully managed to promote safety for all patients.

Commitment to Continuous Improvement: Patient safety requires a commitment to continuous improvement. By fostering a culture that encourages reporting and learning, analyzing data to identify disparities, and implementing changes that address systemic issues, we keep safety central to every patient's experience. Our approach is holistic, addressing explicit risks such as falls and infections, while also confronting less visible harms such as bias, discrimination, or inequitable escalation of care. Through this lens, patient safety is not only about preventing adverse outcomes

but about building trust, advancing equity, and creating a healthcare environment where every patient can feel safe, respected, and supported.

Encouraging Patient Involvement: The hospital recognizes that the patient is a crucial partner in safety. Our patients are encouraged to become familiar with their rights and responsibilities, which includes an expectation to play an active role in their care. We provide resources to empower patients with knowledge and actions they can take, such as understanding their medications or helping to prevent infection. Patients are also assured of their right to receive care in a safe setting, free from abuse or neglect, and are informed of their right to express a grievance if concerns arise.

Breaking the Language Barrier: Recognizing that miscommunication is a critical threat to safety, we provide free language services to people whose primary language is not English. This service ensures that vital medical information, from diagnosis to discharge instructions, is accurately conveyed.

Fostering a Culture of Respect: We pledge to treat you with courtesy and respect and explain things in ways you understand, indicating an emphasis on culturally sensitive and health-literate communication, both of which support safe, patient-centered care.

Patient safety is our priority and a shared responsibility. Our lens of fairness for each patient is an integral part of our patient safety strategy, helping to actively eliminate all avoidable harm.

Addressing Patient Social Drivers of Health

Huntington Health is dedicated to advancing health equity by addressing social factors that influence well-being. Our approach is guided by our Community Health Needs Assessment, developed in partnership with the City of Pasadena Public Health Department, and focuses on supporting residents across the Greater Pasadena area through:

Financial Assistance: Through free and discounted care and government health programs for low-income patients, we support access to necessary services.

Insurance Enrollment Assistance: We help residents get affordable health insurance and connect them with care by offering insurance information and enrollment support.

Prescription Medication Support: Discounted or free prescription medications for qualifying patients help bridge financial gaps to support well-being.

Community Outreach: We offer vaccines and screenings in community locations to make preventive care easier to access.

Social Determinants of Health (SDoH) Assessments: We screen our patients for five key SDoH: financial resource strain, food insecurity, housing stability, transportation needs, and interpersonal violence. If a patient screens positive for any of these, a clinical social worker meets with them to learn more and connect them to helpful resources in the community.

Senior Care Network: Our pioneering program provides care coordination and social work support to older adults in our community. For more information use our following web page:
<https://www.huntingtonhealth.org/community/senior-care-network/>

Through these thoughtful programs, Huntington Health helps bridge gaps in care so that everyone in our community can live healthier, fuller lives.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective Treatment

At Huntington Health, effective treatment is measured not only by overall outcomes, but also by how equitably those outcomes are achieved.

Evidence-Based Practices and Data Integration: We base our treatment on proven, evidence-based practices. We consistently follow established guidelines and review clinical outcomes to spot and close gaps across race, ethnicity, gender, age, and preferred language to achieve equity in care. Auditing and accountability help our patients receive the highest standard of care, independent of background or identity. Our medical education supports ongoing learning of evidence-based practices for clinical care, and specific health equity related lectures are accessible via our Health System digital grand rounds.

Targeted Initiatives to Address Disparities: The review of detailed data guides our quality improvement initiatives. Our sepsis work has been particularly effective in this regard: our 'code sepsis' protocol proactively manages sepsis starting in the emergency department to reduce variation in care. We monitor health equity-based sepsis outcomes using a 'Variations in Care' metric to help guide improvement opportunities.

Addressing Bias in Clinical Decision-Making: We work with our Cedars-Sinai partners to reduce bias in treatment decisions by reviewing all decision-making tools. Clinical pathways are applied consistently to reduce variability in care delivery, while audits of vendor and internally developed AI algorithms ensure that predictive models do not perpetuate disparities. This ensures that new technologies and decision support strengthen, not hinder, equity in care.

Collaborative Learning and National Participation: We advance effective treatment by actively participating in national coalitions that use data to drive quality improvement and evidence-based practice. For example, our Department of Obstetrics and Gynecology, along with other clinical departments, contributes to national collaboratives where real-time data are leveraged to improve maternal and neonatal outcomes. These partnerships keep our clinicians current with emerging evidence and help us turn research into care improvements for our patients.

Commitment to Equity in Treatment: By integrating evidence-based practices, demographic data, and equity-driven reviews into treatment planning and evaluation, we ensure that effective treatment is both clinically sound and responsive to the diverse needs of our patients. We're committed to care that is reliable, fair, and always improving through research and teamwork.

Care Coordination

At Huntington Health, exceptional care means equitable care. We are committed to breaking down barriers that prevent underserved communities from accessing and navigating the healthcare system. By embedding equity into our care coordination model, we ensure that every patient receives the support they need.

Our Senior Care Network (SCN) Care Coordination services are nationally recognized, community-based program that supports older adults and adults with disabilities so they can remain healthy and live independently. With detailed, long term care coordination, SCN bridges gaps in education and advocacy, offering continuous support for vulnerable community members. This includes connecting individuals to vital in-home and community health and social services and providing support for family caregivers.

Social Determinants of Health (SDoH) Assessments: We screen our patients for five key SDoH: financial resource strain, food insecurity, housing stability, transportation needs, and interpersonal violence. If a patient screens positive for any of these, a clinical social worker meets with them to learn more and connect them to helpful resources in the community.

Breaking Down Barriers: We provide free language services through qualified interpreters, including sign language to remove language barriers, and services and aids for people with visual and auditory needs, including written information in other formats.

Collaborative Community Partnerships: We partner with long-standing community organizations and government agencies, such as the Pasadena Public Health Department, to holistically assess health needs and provide programs that are culturally, linguistically, and socioeconomically responsive.

Coordinated care that puts people first: Huntington Health makes sure every patient, especially those facing the greatest challenges, the right services, resources, and follow-up care. It is part of our commitment to dignity and community well-being for all.

Access to Care

Huntington Health is dedicated to advancing health equity and supporting access to health care through a variety of programs and services that help individuals reach their full health potential, regardless of income, sex, race, ethnicity, or language.

Financial Access: Our non-profit mission supports access for low-income patients through free and discounted health care and government health programs.

Breaking Down Barriers: We provide free language services through qualified interpreters, including sign language to remove language barriers, and services and aids for people with visual and auditory needs, including written information in other formats.

Community Outreach and Other Programs: Registered nurses provide free health counseling, screenings, vaccination and educational classes, such as programs for diabetes and healthy eating, directly to the community. Our Senior Care Network offers resources and care coordination to allow vulnerable older adults to live safely in their homes and other home-like settings.

Non-Discrimination: We do not discriminate on the basis of sex, age, socioeconomic status, race, ethnicity, color, religion, national origin, disability, gender identity or expression, or sexual orientation.

Huntington Ambulatory Care Center (HACC): As a full-service medical clinic staffed by the hospital's internal medicine and surgical resident doctors, HACC provides primary, outpatient, and surgical services, regardless of patients' ability to pay. Additional services include continuity care, mental health services, social work, and specialized clinics like our pulmonary clinic, long covid recovery, women's health, and the Phil Simon Clinic dedicated patients suffering from HIV to help everyone in our community live full and healthy lives.

We provide significant community benefit, with the total value of healthcare services and support reaching \$145.5 million in our fiscal year from July 1, 2023 to June 30, 2024.

By investing in our community's health, we enhance well-being for every resident in the San Gabriel Valley.

Methodology Guidelines

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

Y