Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
System Name:	CommonSpirit Health (also known as Dignity Health in California)
Principal Hospital Type:	General Acute Care Hospital
Associated Hospitals:	

Facility Name	Facility Type	HCAI ID	Address
BAKERSFIELD MEMORIAL HOSPITAL	General Acute Care Hospital	106150722	420 34TH STREET, BAKERSFIELD, CA 93301
CALIFORNIA HOSPITAL MEDICAL CENTER - LOS ANGELES	General Acute Care Hospital	106190125	1401 SOUTH GRAND AVENUE, LOS ANGELES, CA 90015
COMMUNITY HOSPITAL OF SAN BERNARDINO	General Acute Care Hospital	106361323	1805 MEDICAL CENTER DRIVE, SAN BERNARDINO, CA
DOMINICAN HOSPITAL	General Acute Care Hospital	106440755	1555 SOQUEL DRIVE, SANTA CRUZ, CA 95065
FRENCH HOSPITAL MEDICAL CENTER	General Acute Care Hospital	106400480	1911 JOHNSON AVENUE, SAN LUIS OBISPO, CA
GLENDALE MEMORIAL HOSPITAL AND HEALTH CENTER	General Acute Care Hospital	106190522	1420 SOUTH CENTRAL AVENUE, GLENDALE, CA
MARIAN REGIONAL MEDICAL CENTER	General Acute Care Hospital	106420493	1400 EAST CHURCH STREET, SANTA MARIA, CA 93454
MARK TWAIN MEDICAL CENTER	General Acute Care Hospital	106050932	768 MOUNTAIN RANCH ROAD, SAN ANDREAS,
MERCY GENERAL HOSPITAL	General Acute Care Hospital	106340947	4001 J STREET, SACRAMENTO, CA 95819
MERCY HOSPITAL - BAKERSFIELD	General Acute Care Hospital	106150761	2215 TRUXTUN AVENUE, BAKERSFIELD, CA 93301
MERCY HOSPITAL OF FOLSOM	General Acute Care Hospital	106344029	1650 CREEKSIDE DRIVE, FOLSOM, CA 95630
MERCY MEDICAL CENTER - MERCED	General Acute Care Hospital	106240942	333 MERCY AVENUE, MERCED, CA
MERCY MEDICAL CENTER - REDDING	General Acute Care Hospital	106450949	2175 ROSALINE AVENUE, REDDING, CA
MERCY MEDICAL CENTER MT. SHASTA	General Acute Care Hospital	106470871	914 PINE STREET, MOUNT SHASTA, CA 96067
MERCY SAN JUAN MEDICAL CENTER	General Acute Care Hospital	106340950	6501 COYLE AVENUE, CARMICHAEL, CA 95608

Status:	Submitted
Due Date:	11/29/2025
Last Updated:	12/01/2025
Hospital Web Address for Equity Report:	https://www.dignityhealth.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.

1548657

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	1285026	1548657	83
Spanish Language	216544	1548657	14
Asian Pacific Islander Languages	17723	1548657	1.1
Middle Eastern Languages	12635	1548657	0.8
American Sign Language	447	1548657	0
Other Languages	13668	1548657	0.9

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

137591

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

174783

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

26

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	12535	9.1	0	
Housing Instability	6472	4.7	0	
Transportation Problems	19815	14.4	0	
Utility Difficulties	7372	5.4	0	
Interpersonal Safety	4344	3.2	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?"

14048

Total number of respondents to HCAHPS Question 19

15062

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

93.3

Total number of people surveyed on HCAHPS Question 19

98618

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

15.3

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?"

13009

Total number of respondents to HCAHPS Question 17

15062

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

86.4

Total number of people surveyed on HCAHPS Question 17

98618

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

15.3

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					
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

471

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

8172

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

57.6

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	31	538	57.6
Black or African American	37	639	57.9
Hispanic or Latino	95	1978	48
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	274	4476	61.2

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	80	1698	47.1
Age 65 Years and Older	365	5416	67.4

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	211	4000	52.8
Male	260	4172	62.3
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	357	5341	66.8
Medicaid	64	1874	34.2
Private	31	644	48.1
Self-Pay	suppressed	suppressed	suppressed
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	403	6773	59.5
Spanish Language	45	937	48
Asian Pacific Islander Languages	13	240	54.2
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
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

306

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

2011

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

152.2

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	21	128	164.1
Black or African American	28	153	183
Hispanic or Latino	75	550	136.4
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	161	1028	156.6

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	87	487	178.6
Age 65 Years and Older	182	1128	161.3

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	121	905	133.7
Male	185	1106	167.3
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	185	1124	164.6
Medicaid	75	563	133.2
Private	34	250	136
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	265	1708	155.2
Spanish Language	25	229	109.2
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 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

2884

Total number of nulliparous NTSV patients

11669

Rate of NTSV patients with Cesarean deliveries

0.247

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	304	1092	0.278
Black or African American	133	448	0.297
Hispanic or Latino	1381	5826	0.237
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	122	415	0.294
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	848	3505	0.242

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	44	353	0.125
Age 18 to 29	1666	7555	0.221
Age 30 to 39	1056	3519	0.3
Age 40 Years and Older	118	242	0.488

Sex assigned at birth	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female	228	1452	0.157
Male			
Unknown			

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	109	787	0.139
Private	118	650	0.182
Self-Pay	suppressed	suppressed	suppressed
Other	2657	10226	0.26

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	2477	9958	0.249
Spanish Language	327	1412	0.232
Asian Pacific Islander Languages	16	94	0.17
Middle Eastern Languages	41	103	0.398
American Sign Language	suppressed	suppressed	suppressed
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

769

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

5346

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

143.8

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

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	59	427	138.2
Black or African American	34	267	127.3
Hispanic or Latino	435	2915	149.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	34	177	192.1
Native Hawaiian or Pacific	suppressed	suppressed	suppressed
White	170	1351	125.8

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	suppressed	suppressed	suppressed
Age 18 to 29	304	1913	158.9
Age 30 to 39	419	3049	137.4
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	34	291	116.8
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	suppressed	suppressed	suppressed
Medicaid	17	140	121.4
Private	16	144	111.1
Self-Pay	suppressed	suppressed	suppressed
Other	735	5058	145.3

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	551	4107	134.2
Spanish Language	182	1055	172.5
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	17	85	200
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	11	47	234

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

1636

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

3089

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

53

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	74	156	47.4
Black or African American	29	81	35.8
Hispanic or Latino	649	1339	48.5
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	78	121	64.5
Native Hawaiian or Pacific	suppressed	suppressed	suppressed
White	747	1273	58.7

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	21	49	42.9
Age 18 to 29	834	1641	50.8
Age 30 to 39	728	1280	56.9
Age 40 Years and Older	53	119	44.5

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	0		
Private	0		
Self-Pay	0		
Other	1636	3089	53

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	1452	2654	54.7
Spanish Language	111	317	35
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0		
Other/Unknown Languages	71	112	63.4

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

24231

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

180363

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

13.4

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	86	624	13.8
Asian	1423	11760	12.1
Black or African American	2834	15944	17.8
Hispanic or Latino	6342	52591	12.1
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	479	2222	21.6
Native Hawaiian or Pacific Islander	108	727	14.9
White	12205	89326	13.7

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	1914	31823	6
Age 35 to 49	3140	25763	12.2
Age 50 to 64	6117	37307	16.4
Age 65 Years and Older	13060	85470	15.3

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	12154	103114	11.8
Male	12077	77249	15.6
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	14018	87476	16
Medicaid	7152	55633	12.9
Private	2264	30247	7.5
Self-Pay	61	1031	5.9
Other	652	5259	12.4

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	21150	157857	13.4
Spanish Language	2073	15576	13.3
Asian Pacific Islander Languages	563	3564	15.8
Middle Eastern Languages	240	1650	14.5
American Sign Language	13	47	27.7
Other/Unknown Languages	171	1395	12.3

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

4956

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

31884

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

15.5

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	171	1200	14.2
Black or African American	587	2606	22.5
Hispanic or Latino	1007	6766	14.9
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	99	474	20.9
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	2909	19456	15

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	279	3236	8.6
Age 35 to 49	634	3922	16.2
Age 50 to 64	1316	7586	17.3
Age 65 Years and Older	2727	17140	15.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	3109	21284	14.6
Male	1847	10600	17.4
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	3188	19007	16.8
Medicaid	1195	7279	16.4
Private	431	4512	9.6
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	4572	29289	15.6
Spanish Language	263	1809	14.5
Asian Pacific Islander Languages	53	367	14.4
Middle Eastern Languages	45	240	18.8
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 - 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

2857

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

16616

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

17.2

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	suppressed	suppressed	suppressed
Asian	64	403	15.9
Black or African American	469	2335	20.1
Hispanic or Latino	858	4727	18.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	52	265	19.6
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	1314	8134	16.2

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	243	2420	10
Age 35 to 49	677	3902	17.4
Age 50 to 64	1131	5661	20
Age 65 Years and Older	806	4633	17.4

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	882	5367	16.4
Male	1975	11249	17.6
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	979	5081	19.3
Medicaid	1558	8905	17.5
Private	225	1853	12.1
Self-Pay	21	222	9.5
Other	62	495	12.5

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	2622	15452	17
Spanish Language	200	967	20.7
Asian Pacific Islander Languages	23	103	22.3
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	11	66	16.7

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

1836

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

9146

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

20.1

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	39	148	26.4
Black or African American	228	1019	22.4
Hispanic or Latino	415	1867	22.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	66	182	36.3
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	1029	5555	18.5

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	227	1242	18.3
Age 35 to 49	464	2393	19.4
Age 50 to 64	682	3104	22
Age 65 Years and Older	463	2407	19.2

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	832	4464	18.6
Male	1004	4682	21.4
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	647	3230	20
Medicaid	985	4493	21.9
Private	140	1005	13.9
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	1783	8920	20
Spanish Language	42	168	25
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

14582

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

122717

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

11.9

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	41	364	11.3
Asian	1149	10009	11.5
Black or African American	1550	9984	15.5
Hispanic or Latino	4062	39231	10.4
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	262	1301	20.1
Native Hawaiian or Pacific Islander	88	597	14.7
White	6953	56181	12.4

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	1165	24925	4.7
Age 35 to 49	1365	15546	8.8
Age 50 to 64	2988	20956	14.3
Age 65 Years and Older	9064	61290	14.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	7331	71999	10.2
Male	7251	50718	14.3
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	9204	60158	15.3
Medicaid	3414	34956	9.8
Private	1468	22877	6.4
Self-Pay	28	660	4.2
Other	424	3542	12

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	12173	104196	11.7
Spanish Language	1568	12632	12.4
Asian Pacific Islander Languages	484	3073	15.8
Middle Eastern Languages	193	1395	13.8
American Sign Language	11	35	31.4
Other/Unknown Languages	140	1186	11.8

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

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

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

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
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Age (for maternal measures only)			Less than 18	0.1	3.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor			Self-Pay	4.2	3.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)			18 to 34	4.7	3.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)			18 to 34	4.7	3.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor			Self-Pay	4.2	2.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	6	2.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Self-Pay	5.9	2.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Preferred Language			English Language	11.7	2.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	6	2.5
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Age (for maternal measures only)			Less than 18	0.1	2.4

Plan to address disparities identified in the data

In CommonSpirit Health's California region, eight out of the top ten disparities were related to all-cause unplanned 30-day readmissions, stratified by payer type (specifically Medicare), age (i.e., adults over 50), and language. Common actions across hospitals to reduce these readmissions include enhanced chronic disease management education, structured post-discharge phone calls (within 48-72 hours), development of culturally and linguistically appropriate educational materials, collaboration with community partners (e.g., home health, social services, FQHCs), and continuous monitoring and root cause analysis of readmission data. Actions across hospitals to help reduce these readmissions include:

1.Enhanced Discharge Planning and Post-Discharge Support:

•Structured post-discharge phone calls within 24-72 hours post-discharge to address immediate concerns, verify understanding of instructions, confirm appointments, and identify barriers.

•Referral to primary care/transitional care: referring discharged patients to local primary care facilities, including clinics, FQHCs, and transitional care clinics, to bridge the gap between inpatient and outpatient care.
•Ensuring medication reconciliation and adherence by a clinical pharmacist for older adults with an emphasis on verifying complete understanding of discharge medications.
•Continuity of care coordination: strengthening coordination with skilled nursing facilities and rehabilitation centers for appropriate post-acute care.
2. Tailored Patient Education and Engagement:
•Prioritizing chronic disease management education during hospitalization, including tailored content on medication adherence and symptom recognition.
•Developing age-appropriate and culturally/linguistically sensitive materials
3. Addressing Social Determinants of Health (SDOH):
•Proactive SDOH screening and referrals: employing platforms like Unite Us for measuring social services linkage.
•Community Partnerships: Collaboration with community organizations, home health, and social services to support patients post-discharge
4. Staff Training and Data-Driven Improvement:
•Cultural competency and health literacy training
•Data analysis and root cause identification: continuously monitoring readmission rates by disparity group, analyzing root causes, and adjusting interventions based on ongoing data; leveraging readmission taskforces or multidisciplinary committees for this purpose.
•Risk stratification to identify at-risk patients early

Nulliparous, term, singleton, vertex (NTSV) C-section disparities emerged as a top regional disparity for persons 30-39 years old and those over 40 that was reflected in only one facility (Mercy Hospitals of Bakersfield). However, these disparities were identified as compared to birthing people under the age of 18, which is an unrealistic comparator; with advancing age comes additional comorbidities and risks to childbirth. Reducing the number of Cesarean sections performed in the United States has become a priority for healthcare organizations, patient safety advocates, consumers and maternity care providers. While the national Cesarean delivery rate has declined in recent years, most States and health care organizations remain above the Healthy People 2030 goal of 23.6 percent for the NTSV and above the national average for the Society of Maternal-Fetal Medicine's (SMFM) low-risk Cesarean measure. CommonSpirit Health maintains a Women and Infants Clinical Institute that continuously monitors maternal and child health through various dashboards and devises solutions for improvement. In 2024, the region's NTSV rate was 25.6%; CommonSpirit aims to reduce this rate by 2% to meet the Healthy People 2030 goal. Several strategies are underway to improve birthing outcomes, including unnecessary C-section births, through the following tactics:

•Standardizing clinical treatment in acute settings through the Every Hospital, Every Patient, Every Time approach, which removes factors such as implicit bias, inaccurate diagnosis, and variation to standardize treatment
•Promoting language and literacy accessibility
•Addressing social determinants of health
•Data analysis by race/ethnicity and geographic location: the organization's large geographic footprint allows us to evaluate and address disparities and outcome variations for maternal health initiatives based on race/ethnicity and geographic locations
•Remote monitoring to address perinatal hypertension
•Embedding care extenders (e.g., community health workers) in obstetric setting

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

CommonSpirit Health engages a multifaceted approach to patient-centered care, consistently emphasizing respect for individual preferences, needs, and values. Patient voices are actively incorporated into care planning through various direct and indirect methods. Many hospitals utilize daily multidisciplinary rounds (MDRs), bedside shift reports, and RN rounding with providers to engage patients directly in discussions about their care, progress, and goals. Leader rounding and "It Takes Three" rounds further ensure consistent patient-provider interaction. Additionally, several facilities, like Mercy San Juan and Glendale Memorial hospitals, engage diverse community members through Patient and Family Advisory Councils to gather opinions and suggestions, informing broader care strategies and program development. Methodist Hospital emphasizes patient-defined goals for recovery, while others involve patients and families in discharge planning from admission, employing shared decision-making to align medical information with patient values and lifestyles for personalized treatment plans.

Numerous facilities demonstrate a strong commitment to collecting and acting on patient experience data, particularly with a focus on race, ethnicity, and language. Several hospitals highlight high participation rates in Race, Ethnicity, and Language (REaL) data collection video training for patient registration staff, aimed at equipping them with cultural humility to gather sensitive demographic information. This granular data allows for a more accurate understanding of diverse patient populations, informing equity efforts and ensuring care personalization. Furthermore, CommonSpirit Health care standards include the consistent availability of interpreters and culturally tailored materials for patients. Hospitals universally screen patients for language preference, document these preferences in the EHR, and provide professional interpreter services?often through iPads with on-demand access for non-English speaking patients. Health materials, consent forms, and discharge instructions are regularly translated into multiple languages, with some hospitals specifically expanding language offerings and co-designing materials with community advisory councils to improve cultural relevance and address specific needs, such as those of the Mixteco-speaking community identified by Marian Regional Medical Center and French Hospital.

Patient safety

For CommonSpirit Health, minimizing risks and harm to patients during care delivery is a paramount concern; the system uses an approach largely anchored in the High Reliability Organization (HRO) model and a strong commitment to health equity. Facilities consistently integrate HRO principles to foster a culture where errors are anticipated, promptly identified, and addressed through systemic improvements rather than punitive measures. This involves rigorous investigation of safety events using an "equity lens" to uncover underlying systemic inequities and social determinants of health that might contribute to harm. Measures like reducing Hospital Acquired Infections (HAIs), falls, pressure injuries, and medication errors are widely tracked, and many hospitals emphasize proactive prevention through structured interventions such as comprehensive discharge planning, medication reconciliation, and clear communication strategies.

A critical aspect of this harm reduction strategy involves deep data analysis, often disaggregated by sociodemographic characteristics like race, ethnicity, gender, preferred language, and age. Hospitals leverage tools like the CommonSpirit Clinical Scorecard's Health Equity Dashboard and internal EHR data to identify specific patient populations disproportionately affected by safety outcomes.

This data-driven approach informs targeted interventions and training, such as culturally competent education for patients on infection signs or fall prevention materials adapted for Spanish-speaking communities. Furthermore, consistent and culturally sensitive communication is a fundamental safety pillar, with many facilities emphasizing the crucial role of professional interpreters, translated educational materials, and communication techniques like "teach-back" to ensure patient understanding and engagement in their own safety, thereby reducing misunderstandings and errors.

Addressing patient social drivers of health

As part of the organizational mission to serve those who are poor or vulnerable, CommonSpirit Health holds a concrete investment in social drivers of health as demonstrated through its robust community health departments and community benefit activities.

Currently, each CommonSpirit Health California hospital provides standardized screening across five social drivers of health domains for adult inpatients, including housing, transportation, utilities, food security, and interpersonal safety. The System engages the Centers for Medicare and Medicaid?s Accountable Health Communities screening tool for its validation and selection of gold standard screening questions for many domains (i.e., instrument sensitivity and specificity thresholds above 70%). Inpatient nursing staff issue SDOH screening questions and screen positives are sent to Care Coordination and Social Work teams for further assessment. Thereafter, Care Coordination and Social Work staff provide appropriate referrals to meet the needs identified. Hospital referrals were predominantly done manually (e.g., phone, fax, flyers); 9 hospitals had access to electronic community resource referral platforms, which are tools to help inform efficacy on patients receiving social services.

In 2024, CommonSpirit facilities completed SDOH screens for 137,591 individuals, representing nearly 79% of all adult inpatients. Reasons for missed screening were due to 15238 (8.7%) of eligible patients unable to respond, 7127 (4.1%) declining to respond, and 14827 (8.5%) receiving partial screens. Approximately one-quarter (26%) of patients with completed screens had at least one social need identified, with transportation and food security emerging with the highest screen positive rates (14.% and 9.1%, respectively). Hospitals equipped with electronic community referral platforms issued 1252 referrals impacting 841 patients; more than two-thirds (69%) of referrals were accepted by community providers and half (51%) of needs received a social service.

CommonSpirit Health endeavors to build towards universal social needs screening and referral across all care settings to meet the whole health needs of all patients. Scaling community resource referral platforms and formalized, accountable partnerships with community-based organizations will become necessary tools and standards in supporting the social needs of patients.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

CommonSpirit Health is committed to providing evidence-based, timely, and appropriate clinical care, with a strong emphasis on achieving equitable outcomes for all patients. This commitment is realized through the systematic implementation of standardized clinical pathways and protocols for common conditions, ensuring that care adheres to the latest scientific evidence. Many facilities, like Mercy Hospitals of Bakersfield and St. Joseph's Behavioral Health, highlight improved outcomes and reduced mortality rates for conditions such as sepsis and chronic diseases through strict adherence to evidence-based approaches and consistent application of best practices. Furthermore,

CommonSpirit utilizes a holistic approach that extends beyond the immediate medical condition is evident, with hospitals actively addressing social determinants of health (SDOH) through multidisciplinary teams, community collaborations, and the integration of this data into Electronic Health Records (EHRs) to tailor interventions and connect patients to crucial resources.Ð Disparities in guideline-concordant treatment and variations in performance metrics by subgroup are actively identified and addressed. Multiple hospitals, including those in the Mercy Medical Center network and Dignity California Hospital Medical Center, explicitly analyze patient outcomes data stratified by race, ethnicity, language, age, and socioeconomic status to pinpoint where disparities exist. This rigorous analysis informs the revision of clinical pathways to be culturally competent and accessible, alongside mandatory staff training on unconscious bias, cultural humility, and health literacy. Equity is built into clinical decision support through EHRs that capture and flag social needs, enabling personalized treatment reminders and appropriate resource allocation. Dominican Hospital, for instance, details heart failure mortality trends by ethnicity-race, age, and gender, using this data to identify and improve outcomes for specific subgroups, demonstrating a proactive approach to ensuring equitable access to high-quality, evidence-based care.

Care coordination

CommonSpirit Health hospitals' employ a comprehensive approach to care coordination, emphasizing health equity, seamless transitions, and addressing social determinants of health (SDOH). Core strategies for care coordination include:

•Early and Comprehensive Assessment: Hospitals initiate assessments within 24 hours of admission to identify discharge needs, readmission risks, and SDOH.
•Multidisciplinary Team Collaboration: Daily rounds involving physicians, nurses, care coordinators/ social workers are standard practice to create and refine discharge plans.
•Patient-Centered Planning: Discharge plans are tailored to individual patient preferences and goals, often involving families and caregivers. Materials are provided in multiple languages to ensure comprehension.
•Post-Discharge Support: Standard practices include scheduling follow-up appointments before discharge, providing detailed discharge summaries, medication reconciliation and education, and post-discharge phone calls (especially for high-risk patients). Transitional care clinics are also utilized.
•Addressing Social Determinants of Health (SDOH): A widespread commitment to screening and addressing SDOH like housing, transportation, food insecurity, and financial needs is evident.
•Hospitals utilize social workers, patient navigators, community health workers (CHWs), and engage in community partnerships to connect patients with resources.
•Equity-Focused Design: St. Bernadine specifically mentions building equity into clinical decision support by incorporating diverse data, balancing datasets, and using equity-focused algorithms. Mercy Hospitals of Bakersfield and Mercy Medical Center Merced explicitly state embedding equity-focused strategies into care coordination to address disparities in access and outcomes.
•Strategic Partnerships: Collaborations with community organizations, post-acute care providers (SNFs, HHAs), and even payors are crucial for continuity of care and addressing complex needs. California Hospital Medical Center partners with human trafficking organizations.
•Technology Utilization: EHRs are used to capture SDOH data (Marian Regional, Arroyo Grande), and some hospitals mention predictive AI tools for readmission risk (Bakersfield Memorial) or telehealth for follow-ups.

Key Roles to Promote Care Coordination:
•Dedicated Discharge Planners/Care Coordinators: Overlapping roles with RNs and Social Workers, they manage transitions from admission to post-discharge.
•Social Workers: Address psychosocial needs, make community referrals, and provide mental health support.

•Patient Navigators/Community Health Workers (CHWs): Provide individualized support, connect patients to social services, and assist with healthcare system navigation. Dominican Hospital specifically highlights a significant increase in CHW activities, particularly in appointment support, SUD referrals, and insurance assistance.

Areas for Improvement/Challenges Identified:
•Readmission Disparities: St. Joseph's Medical Center provides detailed data showing higher readmission rates for multiracial/multiethnic patients, specific age groups (50-64, 65+), Medicare/Medicaid patients, and males in behavioral health groups. St. Joseph's Behavioral Health also noted higher readmissions among females, 35-49 age group, and Medicare patients.
•Communication Across Settings: Mercy Hospitals of Bakersfield highlight a need to enhance communication across care settings.
•Expanding Follow-up Support: Mercy Hospitals of Bakersfield also seek to expand follow-up support for high-risk patients.
•Health Literacy: Marian Regional and Arroyo Grande recognize health literacy as a readmission driver and provide multi-lingual, best-practice patient education.

Performance and Impact:
•Several hospitals (Sierra Nevada, Mt. Shasta, Redding, St. Elizabeth) mention developing and refining comprehensive written action plans to address disparities, focusing on measurable goals and ongoing monitoring.
•St. Joseph's Behavioral Health reported a significantly lower readmission rate (21.29%) compared to peers (31.43%).
•Sequoia Hospital noted success in SDOH data collection (144 social worker consults) and identified transportation as a frequent patient need, providing related resources. Grant allocation for housing/homelessness demonstrated a commitment to addressing root causes.
Hospitals are deeply engaged in transforming care coordination to be more equitable and patient-centered, leveraging interdisciplinary teams, community partnerships, and technology to address both clinical needs and critical social determinants of health, with an increasing focus on data-driven approaches to identify and mitigate disparities.

Access to care

CommonSpirit Health promotes patients' ability to obtain timely, culturally appropriate services through tactics to address various barriers. A core component involves expanding access modalities beyond traditional hospital settings. Many facilities, like St. Bernadine and Mercy Hospitals of Bakersfield, offer transitional care clinics, patient navigators, and community health workers to guide patients through the healthcare system, especially high-risk individuals post-discharge. Telehealth options, patient portals, and external partnerships with community clinics and mobile health units (seen at Mercy Medical Center Merced and Dominican Hospital) bring care closer to underserved populations, mitigating issues of distance and provider shortages. Interpreter services, translated materials, and staff training in cultural humility are universally emphasized to ensure effective communication and respect for diverse backgrounds, fostering an environment where patients can fully participate in their care.

Significant efforts are also directed at overcoming financial and social barriers. Financial assistance programs, payment plans, and assistance with insurance enrollment (including Medicaid/CHIP) are widely available to address affordability concerns and reduce delays in seeking care. Beyond direct healthcare costs, hospitals actively partner with community organizations to address social determinants of health, providing linkages to resources for housing, transportation, food security,

and mental health support, as highlighted by Mercy General Hospital and Bakersfield Memorial Hospital. These initiatives, often informed by Community Health Needs Assessments (CHNAs), recognize that a patient's broader life circumstances heavily influence their ability to access and adhere to medical treatment, thus integrating social assistance, workforce development, and targeted outreach programs to strengthen community health and reduce disparities.

Methodology Guidelines

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

Y