# Hospital Equity Measures Report

## General Information

| | |
|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2024 |
| Hospital Name: | ST. JOSEPH'S MEDICAL CENTER OF STOCKTON |
| Facility Type: | General Acute Care Hospital |
| Hospital HCAI ID: | 106391042 |
| Report Period: | 1/1/2024 - 12/31/2024 |
| Status: | Submitted |
| Due Date: | 09/30/2025 |
| Last Updated: | 02/03/2026 |
| Hospital Location with Clean Water and Air: | Y |
| Hospital Web Address for Equity Report: | https://tinyurl.com/2bsb7ehe |

## 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).

N

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

96173

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** | 83272 | 96173 | 86.6 |
| **Spanish Language** | 9768 | 96173 | 10.2 |
| **Asian Pacific Islander Languages** | 2516 | 96173 | 2.6 |
| **Middle Eastern Languages** | 117 | 96173 | 0.1 |
| **American Sign Language** | 14 | 96173 | 0 |
| **Other Languages** | 171 | 96173 | 0.2 |

## Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure

There are five domains that make up the CMS Hospital Commitment to HCHE measures. Each domain is scored as "yes" or "no." In order to score "yes," a general acute care hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser: https://data.cms.gov/provider-data/topics/hospitals/health-equity

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure Domain 1: Strategic Planning (Yes/No)

- Our hospital strategic plan identifies priority populations who currently experience health disparities.
- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.
- Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Y

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

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

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

Y

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

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

Y

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

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

Y

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

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

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

Y

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

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

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

9869

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

12907

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

76.5

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** | 870 | 8.8 | 0 | 0 |
| **Housing Instability** | 476 | 4.8 | 0 | 0 |
| **Transportation Problems** | 1443 | 14.6 | 0 | 0 |
| **Utility Difficulties** | 533 | 5.4 | 0 | 0 |
| **Interpersonal Safety** | 262 | 2.7 | 0 | 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?"

609

Total number of respondents to HCAHPS Question 19

648

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

94

Total number of people surveyed on HCAHPS Question 19

4629

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

14

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?"

570

Total number of respondents to HCAHPS Question 17

648

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

88

Total number of people surveyed on HCAHPS Question 17

4629

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

14

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

44

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

586

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

75.1

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** | 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** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 13 | 206 | 63.1 |

| 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** | 0 | 24 | 0 |
| **Age 35 to 49** | suppressed | suppressed | suppressed |
| **Age 50 to 64** | suppressed | suppressed | suppressed |
| **Age 65 Years and Older** | 31 | 372 | 83.3 |

| 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** | 20 | 278 | 71.9 |
| **Male** | 24 | 308 | 77.9 |
| **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** | 29 | 393 | 73.8 |
| **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 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** | suppressed | suppressed | suppressed |
| **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

27

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

174

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

155.2

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** | 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** | 15 | 72 | 208.3 |

| 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** | 17 | 93 | 182.8 |

| 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** | 12 | 83 | 144.6 |
| **Male** | 15 | 91 | 164.8 |
| **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** | 17 | 96 | 177.1 |
| **Medicaid** | suppressed | suppressed | suppressed |
| **Private** | suppressed | suppressed | suppressed |
| **Self-Pay** | | | |
| **Other** | | | |

| 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** | | | |
| **American Sign Language** | | | |
| **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

236

Total number of nulliparous NTSV patients

935

Rate of NTSV patients with Cesarean deliveries

0.252

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

| Race and/or Ethnicity | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | suppressed | suppressed | suppressed |
| **Asian** | suppressed | suppressed | suppressed |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | 110 | 474 | 0.232 |
| **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 NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| **Age < 18** | suppressed | suppressed | suppressed |
| **Age 18 to 29** | 149 | 650 | 0.229 |
| **Age 30 to 39** | suppressed | suppressed | suppressed |
| **Age 40 Years and Older** | suppressed | suppressed | suppressed |

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

| Payer Type | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| **Medicare** | | | |
| **Medicaid** | | | |
| **Private** | | | |
| **Self-Pay** | | | |
| **Other** | 236 | 935 | 0.252 |

| Preferred Language | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| **English Language** | suppressed | suppressed | suppressed |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **Asian Pacific Islander Languages** | 0 | 11 | 0 |
| **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

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

89

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

475

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

187.4

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** | 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** | suppressed | suppressed | suppressed |
| **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** | suppressed | suppressed | suppressed |
| **Age 18 to 29** | suppressed | suppressed | suppressed |
| **Age 30 to 39** | suppressed | suppressed | suppressed |
| **Age 40 Years and Older** | suppressed | suppressed | suppressed |

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

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

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

20

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

69

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

29

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** | 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** | | | |
| **White** | suppressed | suppressed | suppressed |

| 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** | | | |
| **Age 18 to 29** | suppressed | suppressed | suppressed |
| **Age 30 to 39** | suppressed | suppressed | suppressed |
| **Age 40 Years and Older** | suppressed | suppressed | suppressed |

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

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

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

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

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

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

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

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

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

2008

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

13921

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

14.4

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** | suppressed | suppressed | suppressed |
| **Asian** | 211 | 1917 | 11 |
| **Black or African American** | 291 | 1651 | 17.6 |
| **Hispanic or Latino** | 543 | 4316 | 12.6 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | 203 | 965 | 21 |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 690 | 4534 | 15.2 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 200 | 2968 | 6.7 |
| **Age 35 to 49** | 216 | 1781 | 12.1 |
| **Age 50 to 64** | 494 | 2636 | 18.7 |
| **Age 65 Years and Older** | 1098 | 6536 | 16.8 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 1013 | 8300 | 12.2 |
| **Male** | 995 | 5621 | 17.7 |
| **Unknown** | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 1254 | 6968 | 18 |
| **Medicaid** | 552 | 4013 | 13.8 |
| **Private** | 168 | 2648 | 6.3 |
| **Self-Pay** | suppressed | suppressed | suppressed |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | 1756 | 12382 | 14.2 |
| **Spanish Language** | 132 | 838 | 15.8 |
| **Asian Pacific Islander Languages** | 115 | 625 | 18.4 |
| **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

341

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

2054

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

16.6

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** | 222 | 1397 | 15.9 |
| **Male** | 119 | 657 | 18.1 |
| **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** | 0 | 34 | 0 |

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

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

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

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

## 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

212

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

1185

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

17.9

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

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

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

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

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

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

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

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

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

122

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

535

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

22.8

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

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

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

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

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

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

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

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - No Behavioral Health Diagnosis

Number of inpatient hospital admissions which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

1333

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

10147

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

13.1

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** | 671 | 6259 | 10.7 |
| **Male** | 662 | 3888 | 17 |
| **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** | 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 | | | |

## Health Equity Plan

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

## Top 10 Disparities

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

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

| Measures | Stratifications | Stratification Group | Stratification Rate | Reference Group | Reference Rate | Rate Ratio |
|---|---|---|---|---|---|---|
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | Medicare | 18 | Private | 6.3 | 2.8 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | 50 to 64 | 18.7 | 18 to 34 | 6.7 | 2.8 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | 65 and older | 16.8 | 18 to 34 | 6.7 | 2.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | Medicaid | 13.8 | Private | 6.3 | 2.2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | Native Hawaiian or Pacific Islander | 21 | Asian | 11 | 1.9 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | 35 to 49 | 12.1 | 18 to 34 | 6.7 | 1.8 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | Black or African American | 17.6 | Asian | 11 | 1.6 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis) | Sex Assigned at Birth | Male | 17 | Female | 10.7 | 1.6 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Sex Assigned at Birth | Male | 17.7 | Female | 12.2 | 1.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | White | 15.2 | Asian | 11 | 1.4 |

Plan to address disparities identified in the data

Objective: To reduce unplanned 30-day hospital readmission rates and narrow the observed disparities across identified patient populations at St. Joseph's Medical Center.Ð
Overall Strategy: Enhance patient-centered care, strengthen care coordination, and address social determinants of health (SDOH) for high-risk groups, employing a data-driven, continuous improvement approach.Ð
Cross Departmental Collaboration: Foster strong collaboration between Care Coordination, Nursing, Social Work and Community Health Departments.Ð
Disparity 1 and 4 Plan: Expected Payor Related Readmission Disparities (Medicare and Medicaid VS Private Insurance).Ð
Population Impact: Adults over 65, persons with disabilities, and persons of all ages with state/ federal funded healthcare.Ð
Action Plan: Enhance chronic disease management education during hospitalizations for patients with high risk factors and/or complex comorbidities. Increase utilization of clinics, telemedicine, and home health to bridge the gap and ensure a smoother transition to recovery. Use a teach back method for Medicare and Medicaid patients who may be subject to polypharmacy.  Work to have a follow up appointment with PCP prior to discharge.Ð
Measureable Objectives: Reduce 30-day all-cause readmissions by 15% over the next 2 years.Ð Ð
Disparity 2, 3 & 6 Plan: Age-Related Readmit Disparities (65+, 50-64, and 35-49 Vs. 18-34).Ð
Population Impact: Adults 35-65+ experiencing higher unplanned readmissions compared to younger patients (18-34).Ð
Action Plan: Enhance chronic disease management education during hospitalization for older

patients. Develop age appropriate educational strategies. Work to have a follow up appointment with PCP prior to discharge. Ð
Measurable Objectives: Reduce 30-day all-cause readmissions by 15% over the next 2 years.Ð
Ð
Disparity 5, 7 & 10 Plan: Race and/or Ethnicity Readmit Disparities (Mutlracial/multiethnic VS Asian, Black or African American VS Asian and White VS Asian).Ð
Population Impact: Multiracial, Black / African American and White population.Ð
Action Plan: Provide discharge instructions and health education in culturally relevant formats and languages. Address barriers such as housing, food security, and access to medications that disproportionately affect Multiracial, African American and White. Work to have a follow up appointment with PCP prior to discharge. Ð
Measurable Objectives: Reduce 30-day all-cause readmissions by 15% over the next 2 years.Ð
Ð
Disparity 8 & 9 Plan: Sex Assigned at Birth Related Readmit Disparities Ð
Population Impact: MalesÐ
Action Plan: Provide male-centered health education focusing on medication adherence, lifestyle management, and follow-up care. Strengthen discharge planning with clear, simplified instructions and early outpatient follow-up for high-risk male patients. Work to have a follow up appointment scheduled with PCP prior to discharge.Ð
Measureable Objectives: Reduce 30-day all-cause readmissions by 15% over the next 2 years.

## 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

Objective: To reduce unplanned 30-day hospital readmission rates and narrow the observed disparities across identified patient populations at St. Joseph's Medical Center.Ð
Overall Strategy: Enhance patient-centered care, strengthen care coordination, and address social determinants of health (SDOH) for high-risk groups, employing a data-driven, continuous improvement approach.Ð
Cross Departmental Collaboration: Foster strong collaboration between Care Coordination, Nursing, Social Work and Community Health Departments.Ð
Disparity 1 and 4 Plan: Expected Payor Related Readmission Disparities (Medicare and Medicaid VS Private Insurance).Ð
Population Impact: Adults over 65, persons with disabilities, and persons of all ages with state/ federal funded healthcare.Ð
Action Plan: Enhance chronic disease management education during hospitalizations for patients with high risk factors and/or complex comorbidities. Increase utilization of clinics, telemedicine, and home health to bridge the gap and ensure a smoother transition to recovery. Use a teach back method for Medicare and Medicaid patients who may be subject to polypharmacy. Work to have a follow up appointment with PCP prior to discharge.Ð
Measureable Objectives: Reduce 30-day all-cause readmissions by 15% over the next 2 years.Ð
Ð
Disparity 2, 3 & 6 Plan: Age-Related Readmit Disparities (65+, 50-64, and 35-49 Vs. 18-34).Ð
Population Impact: Adults 35-65+ experiencing higher unplanned readmissions compared to

younger patients (18-34).Ð
Action Plan: Enhance chronic disease management education during hospitalization for older patients. Develop age appropriate educational strategies. Work to have a follow up appointment with PCP prior to discharge. Ð
Measurable Objectives: Reduce 30-day all-cause readmissions by 15% over the next 2 years.Ð
Ð
Disparity 5, 7 & 10 Plan: Race and/or Ethnicity Readmit Disparities (Mutlracial/multiethnic VS Asian, Black or African American VS Asian and White VS Asian).Ð
Population Impact: Multiracial, Black / African American and White population.Ð
Action Plan: Provide discharge instructions and health education in culturally relevant formats and languages. Address barriers such as housing, food security, and access to medications that disproportionately affect Multiracial, African American and White. Work to have a follow up appointment with PCP prior to discharge. Ð
Measurable Objectives: Reduce 30-day all-cause readmissions by 15% over the next 2 years.Ð
Ð
Disparity 8 & 9 Plan: Sex Assigned at Birth Related Readmit Disparities Ð
Population Impact: MalesÐ
Action Plan: Provide male-centered health education focusing on medication adherence, lifestyle management, and follow-up care. Strengthen discharge planning with clear, simplified instructions and early outpatient follow-up for high-risk male patients. Work to have a follow up appointment scheduled with PCP prior to discharge.Ð
Measureable Objectives: Reduce 30-day all-cause readmissions by 15% over the next 2 years.

Patient safety

Patient safety is central to delivering high-quality care in hospitals. The High Reliability Organization (HRO) model provides a framework for hospitals to operate safely and effectively in complex, high-risk environments. The goal is to create a culture where harm is rare, errors are anticipated, and systems are designed to respond quickly when risks arise. Ð
By applying the HRO principles, our hospital transforms safety and promotes a culture of reliability and trust. Through vigilance, resilience, and inclusive teamwork, patient harm is minimized, care quality improves, and hospitals become safer places for every patient. In order to be proactive in minimizing risks and harm to patients throughout the entire care delivery process we strive to prevent adverse events, reduce errors, and create a secure environment for all individuals receiving medical attention. It is a continuous commitment to safeguarding patient well-being and fostering trust in healthcare systems.

A key metric for assessing the effectiveness of patient safety initiatives is the reduction in hospital-acquired conditions. Specifically, significant improvements in rates of pressure injuries (formerly known as bedsores) and falls. The St. Joseph?s Medical Center (SJMC) Fall Prevention Team?s enhanced fall prevention interventions and compliance measures starting in June of 2023. In April of 2024 the Fall Team leadership used a Plan Do Check Act cycle to reevaluate the current state of the fall prevention process and carry out process improvement of identified gaps. Primary strategies included: Auditing compliance with fall prevention interventions and improving staff and patient education. The inpatient fall rate at St. Joseph?s Medical Center decreased significantly when comparing Fiscal Year 2023 to Fiscal Year 2025. The SJMC Fall Prevention Team?s development and monitoring of processes for fall prevention has been shown to be successful in significantly lowering the inpatient fall rate over a two year period. This Fiscal year we will focus on pressure injury prevention.

Addressing patient social drivers of health

We are proud of the various initiatives that have been deployed at our facility to help address the

upstream drivers of health outcomes for our community members. Our approaches to addressing the health related social needs of those in our care have been proactive, intentional, and a part of a broader strategy to improve patient health outcomes beyond their visit to our facility. In 2018, the St. Joseph?s Community Health Department led the Connected Community Network initiative, which resulted in establishing a closed-loop resource and referral platform to bridge communications between healthcare and social service providers. The platform unites agencies to streamline and improve community care coordination. As of August 2025, the network consisted of 974 partners, 711 programs open to receiving electronic referrals, and 369 organizations located in San Joaquin County. This closed-loop referral platform is available to St. Joseph?s Care Coordination staff and is highly utilized by the Community Health Department who offers various transitional care programs to patients. In addition, our facility launched a Community Health Advocate (CHA) program in the Emergency Department to screen individuals for SDOH, identify unmet needs, and provide resources and referrals to patients interested in receiving support for the needs identified. This program has operated for nearly four years, and has identified that over half of the individuals screened had at least one identified need, and of those with a positive screening, approximately a third of patients requested, and were provided, assistance. As of July 31, 2025, the CHA program has screened 8,515 individuals and identified 4,506 persons with at least one unmet need. From those with positive screenings, 1,442 individuals requested assistance and over 2,300 referrals were sent for that cohort of patients. With the success of the CHA pilot in the ED, our facility will be expanding services in other hospital departments to expand our person-centered care approach and better support patients in the transitional care space. Looking ahead, we will embed an additional CHA in the ED, another in the Maternity Department, along with two the in-patient Care Coordination department to provide short-term care management in an effort to ensure that individuals with health related social needs are well supported and linked to community-based resources to reduce barriers to care and improve health outcomes. Ð

Ð

In addition to the direct patient services provided to enhance person-centered care, St. Joseph?s is pleased to provide robust healthcare workforce development opportunities to encourage healthcare professionals to remain local to serve our community. In relation to addressing the upstream drivers of health, our facility partners with the University of the Pacific?s Masters Level Social Worker program students by providing them with a comprehensive internship experience at our facility. Interns are an integral part of expanding the ED CHA program?s screening and referral efforts, as well as supporting other hospital initiatives that address the health related social needs for patients in our care.

## Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

An analysis of the target patient population revealed several key factors. The patient demographic was primarily male (68%), with an average age of 35.3 years. The most frequently self-reported racial group was Black (37%). The average length of hospital stay was 10 days, and the average Observed-to-Expected (O:E) mortality ratio was 0.8775. This O:E ratio was significantly influenced by high-risk diagnoses including cardiac arrest with return of spontaneous circulation (ROSC), polysubstance abuse, and ethanol (ETOH) use. While most patients did not have documented concerns regarding housing, safety, transportation, or food, challenges with health literacy and non-compliance with follow-up appointments, as well as multi-facility utilization, were observed. Opportunities for improvement were identified in the consistent application of the Sepsis Alert, Sepsis Power Plan, and overall adherence to the SEP-1 bundle within this population. Furthermore,

a demonstrated need for increased social work and palliative care resources was apparent.

Care coordination

Performance in Care Coordination (HCAI All Cause Unplanned 30 Day Hospital Readmission Rate):Ð
St. Joseph's Medical Center's performance in care coordination, as indicated by our HCAI All Cause Unplanned 30 Day Hospital Readmission Rates, reveals significant disparities across various patient demographics and payor groups for the reported period. While a lower readmission rate is our preferred outcome across all metrics, the data highlights areas where certain groups experience disproportionately higher rates.Ð
Ð
Specifically, we observe the highest readmission rates among:Ð
? Multiracial and/or Multiethnic patients (20.9%), which is double the rate of our Asian reference group.Ð
? Patients aged 50 to 64 (18.2%), nearly 3 times higher than the 18-34 age group.Ð
? Medicare patients (17.1%), 2.9 times higher than our Private payer group.Ð
? Male patients across both examined behavioral health groups (16.2% and 17.0% respectively), consistently higher than female patients.Ð
? Black or African American patients (16.6%) and White patients (14.4%), both with higher rates than our Asian reference group.Ð
? Patients aged 65 and older (15.9%) and Medicaid patients (13.5%) also present significant disparities compared to their respective reference groups.Ð
Ð
These disparities underscore the complex challenges in achieving equitable care coordination outcomes across our diverse patient population and indicate clear opportunities for targeted improvement.Ð
Ð
Strategies and Initiatives to Address Readmissions and Enhance Care Coordination:Ð
Recognizing the impact of these findings on patient outcomes and health equity, St. Joseph's Medical Center has implemented and is actively expanding a robust, multi-faceted approach to enhance care coordination and reduce unplanned readmissions. Our key initiatives include:Ð
1. Multi-disciplinary Readmission Strategy Meetings: We convene a monthly multi-disciplinary meeting that includes C-Suite leadership, nursing directors, pharmacy, ancillary services representatives, our quality director, care coordination staff, and physician advisors. This collaborative forum is dedicated to the comprehensive review of readmission data, identification of root causes, and the development and refinement of hospital-wide strategies to address readmission challenges effectively.Ð
2. Weekly Case Review Meetings for In-House Readmissions: To ensure immediate learning and targeted intervention, we conduct weekly case review meetings. During these sessions, two patients who are currently in-house readmissions are thoroughly reviewed. Key stakeholders including the attending physician, case management, physician advisors, and, when applicable, the patient's Primary Care Provider (PCP) or Skilled Nursing Facility (SNF) staff participate. The primary goal is to create an immediate, actionable plan tailored to the specific patient's needs, aiming to prevent future readmissions for that individual and identify systemic improvements.Ð
3. Enhanced Patient Education: We are actively expanding bedside education specifically for patients with high-risk diagnoses. This proactive approach ensures that patients and their families receive critical information about their condition, medication management, warning signs, and discharge instructions in a timely and understandable manner, empowering them for a safer transition home.Ð
4. Post-Discharge Follow-Up Calls: Our commitment to continuity of care extends beyond discharge with post-discharge follow-up calls to patients within 24-48 hours. These calls serve as a crucial

touchpoint to assess patient well-being, address immediate post-discharge concerns, clarify instructions, and reinforce education, thereby mitigating early readmission risks.Ð

5. Coordinated Outpatient Appointments: To ensure seamless transition and continuity of medical care, we are focused on coordinating PCP appointments for hospital follow-up. By facilitating timely access to primary care post-discharge, we aim to ensure ongoing medical management, medication reconciliation, and appropriate follow-up tests, which are vital in preventing complications leading to readmission.Ð

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Through these concentrated efforts, St. Joseph's Medical Center is dedicated to improving our readmission rates, particularly for the identified disparity groups, and ensuring that all patients receive high-quality, coordinated care that supports their health and well-being post-discharge. We continuously monitor our performance through data like the HQI Disparities report to refine our strategies and achieve equitable outcomes.

Access to care

In addition to the access to care support provided by the Transitional Care Navigators and CHA program as previously mentioned in other sections of this report, our facility also offers the Homecoming Program to patients who are experiencing limited resources and social support. This program, in partnership with Catholic Charities of Stockton, aids in promoting a successful transition from hospital-to-home by providing 4 - 6 weeks of case management services. Depending on the individual?s needs, case management may consist of enrollment into health insurance or in-home supportive services, transportation assistance, referrals to social services and health education programs, along with medication review and reinforcement of the hospital discharge instructions. This program has been operating for over ten years at our facility and has proven to greatly reduce patient barriers related to follow up care, medication procurement and compliance, along with connections to other services to support health related social needs. Ð

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Through Community Health department efforts and the leveraging of grants, St. Joseph?s Medical Center has been innovative in delivering key population health improvement programs as well. The Test & Connect program launched over six years ago, implemented routine opt-out screening for HIV, Hepatitis C and Syphilis in our Emergency Department. Based on age qualifying criteria, any patient with blood-draw orders will be opted into being screened. Patient Navigators then follow up with any positive patients to help ensure that they are linked to care and supported through their diagnosis and treatment completion. On average, our annual testing volumes are as follows; 19,000 HIV (.6% seropositivity rate), 17,000 (5.3% seropositivity rate), and 31,000 (5% seropositivity rate).Ð

Ð

St. Joseph?s is also pleased to provide Cancer, Cardiac, and Chronic Disease Navigators to support patients through their healthcare journey. These vital positions have proven to be successful in improving patient?s access to both physical and mental health care, along with linkages to social services. Ð

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We are also extremely proud to be one of the largest teaching hospitals and a leader in fostering future generations of healthcare professionals in our region. Our Graduate Medical Education Program currently consists of 223 residents and 13 fellows in 16 medical specialties, and we seek to expand to 249 residents and 23 fellows in 16 total specialties by July 2029. Since launching the GME program, we have had 38 residents remain in San Joaquin County, ultimately expanding access to care services in our community. Beyond GME, our facility has a long history of offering internships and preceptorships for nursing, pharmacy, paramedic, physical and respiratory therapy as well. Through all of our workforce development options, we provided 862 students with health professions education in fiscal year 2025 alone. Ð

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Looking ahead, St. Joseph?s is optimistic about being awarded funding to become an Enhanced Care Management (ECM) provider through Cal AIM. As a safety net for urgent health care services in our community, and through our various services serving the populations of focus through ECM, our facility is well-positioned to make a significant impact in Cal AIM benefits enrollment and improving patient health outcomes. We look forward to the potential opportunity of expanding and enhancing our transitional and outpatient care services, if funded.

## Methodology Guidelines

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

Y