# Hospital Equity Measures Report

## General Information

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|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2024 |
| System Name: | Adventist Health |
| Principal Hospital Type: | General Acute Care Hospital |
| Associated Hospitals: | |

| Facility Name | Facility Type | HCAI ID | Address |
|---|---|---|---|
| ADVENTIST HEALTH SELMA | General Acute Care Hospital | 106100793 | 1141 ROSE AVENUE, SELMA, CA 93662 |
| ADVENTIST HEALTH REEDLEY | General Acute Care Hospital | 106100797 | 372 WEST CYPRESS AVENUE, |
| ADVENTIST HEALTH DELANO | General Acute Care Hospital | 106150706 | 1401 GARCES HIGHWAY, DELANO, CA 93215 |
| ADVENTIST HEALTH BAKERSFIELD | General Acute Care Hospital | 106150788 | 2615 CHESTER AVENUE, BAKERSFIELD, CA 93301 |
| ADVENTIST HEALTH SPECIALTY BAKERSFIELD | General Acute Care Hospital | 106154101 | 3001 SILLECT AVENUE, BAKERSFIELD, CA 93308 |
| ADVENTIST HEALTH HANFORD | General Acute Care Hospital | 106164029 | 115 MALL DRIVE, HANFORD, CA 93230 |
| ADVENTIST HEALTH CLEARLAKE | General Acute Care Hospital | 106171049 | 15630 18TH AVE, CLEARLAKE, CA 95422 |
| ADVENTIST HEALTH WHITE MEMORIAL MONTEBELLO | General Acute Care Hospital | 106190081 | 309 WEST BEVERLY BOULEVARD, MONTEBELLO, CA |
| ADVENTIST HEALTH GLENDALE | General Acute Care Hospital | 106190323 | 1509 WILSON TERRACE, GLENDALE, CA 91206 |
| ADVENTIST HEALTH WHITE MEMORIAL | General Acute Care Hospital | 106190878 | 1720 E. CESAR E. CHAVEZ AVENUE, LOS ANGELES, CA 90033 |
| ADVENTIST HEALTH MENDOCINO COAST | General Acute Care Hospital | 106231013 | 700 RIVER DRIVE, FORT BRAGG, CA 95437 |
| ADVENTIST HEALTH UKIAH VALLEY | General Acute Care Hospital | 106231396 | 275 HOSPITAL DRIVE, UKIAH, CA 95482 |
| ADVENTIST HEALTH HOWARD MEMORIAL | General Acute Care Hospital | 106234038 | 1 MARCELA DRIVE, WILLITS, CA 95490 |
| ADVENTIST HEALTH ST. HELENA | General Acute Care Hospital | 106281078 | 10 WOODLAND RD., ST. HELENA, CA 94574 |
| ADVENTIST HEALTH LODI | General Acute Care Hospital | 106390923 | 975 SOUTH FAIRMONT |

Status:

| | |
|---|---|
| | Submitted |
| Due Date: | 11/29/2025 |
| Last Updated: | 11/25/2025 |
| Hospital Web Address for Equity Report: | https://www.adventisthealth.org/about-us/health-equity |

### Overview

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

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

### Laws and Regulations

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

# Hospital Equity Measures

### Joint Commission Accreditation

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

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

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

Y

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

Y

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

960091

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** | 781089 | 960091 | 81.4 |
| **Spanish Language** | 161970 | 960091 | 16.9 |
| **Asian Pacific Islander Languages** | 5390 | 960091 | 0.6 |
| **Middle Eastern Languages** | 9282 | 960091 | 1.0 |
| **American Sign Language** | 314 | 960091 | 0.0 |
| **Other Languages** | 2046 | 960091 | 0.2 |

## 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

61231

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

79107

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

15.8

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

| Social Driver of Health | Number of positive screenings | Rate of positive screenings (%) | Number of positive screenings who received intervention | Rate of positive screenings who received intervention (%) |
|---|---|---|---|---|
| **Food Insecurity** | 3111 | 5.0 | 0 | |
| **Housing Instability** | 2918 | 4.7 | 0 | |
| **Transportation Problems** | 2288 | 3.7 | 0 | |
| **Utility Difficulties** | 1127 | 1.8 | 0 | |
| **Interpersonal Safety** | 214 | | 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?"

6740

Total number of respondents to HCAHPS Question 19

7369

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

91.5

Total number of people surveyed on HCAHPS Question 19

52406

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

14.1

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?"

6334

Total number of respondents to HCAHPS Question 17

7369

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

86.0

Total number of people surveyed on HCAHPS Question 17

52406

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

14.1

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

328

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

6173

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

53.1

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** | 17 | 251 | 67.7 |
| **Black or African American** | 13 | 221 | 58.8 |
| **Hispanic or Latino** | 82 | 1611 | 50.9 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 193 | 3762 | 51.3 |

| Age | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Age < 18** | | | |
| **Age 18 to 34** | suppressed | suppressed | suppressed |
| **Age 35 to 49** | suppressed | suppressed | suppressed |
| **Age 50 to 64** | 33 | 1074 | 30.7 |
| **Age 65 Years and Older** | 280 | 4419 | 63.4 |

| Sex assigned at birth | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Female** | 149 | 3034 | 49.1 |
| **Male** | 179 | 3139 | 57.0 |
| **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** | 260 | 4235 | 61.4 |
| **Medicaid** | 26 | 994 | 26.2 |
| **Private** | 22 | 679 | 32.4 |
| **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** | 265 | 5077 | 52.2 |
| **Spanish Language** | 45 | 789 | 57.0 |
| **Asian Pacific Islander Languages** | suppressed | suppressed | suppressed |
| **Middle Eastern Languages** | 14 | 202 | 69.3 |
| **American Sign Language** | suppressed | suppressed | suppressed |
| **Other/Unknown Languages** | suppressed | suppressed | suppressed |

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

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

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

## Death Rate among Surgical Inpatients with Serious Treatable Complications

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

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

154

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

842

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

182.9

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

| Race and/or Ethnicity | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | suppressed | suppressed | suppressed |
| **Asian** | suppressed | suppressed | suppressed |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | 44 | 297 | 148.1 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 89 | 428 | 207.9 |

| 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** | 33 | 196 | 168.4 |
| **Age 65 Years and Older** | 105 | 509 | 206.3 |

| Sex assigned at birth | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Female** | 57 | 360 | 158.3 |
| **Male** | 97 | 482 | 201.2 |
| **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** | 103 | 486 | 211.9 |
| **Medicaid** | 22 | 185 | 118.9 |
| **Private** | 22 | 137 | 160.6 |
| **Self-Pay** | suppressed | suppressed | suppressed |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **English Language** | 127 | 654 | 194.2 |
| **Spanish Language** | 21 | 154 | 136.4 |
| **Asian Pacific Islander Languages** | suppressed | suppressed | suppressed |
| **Middle Eastern Languages** | suppressed | suppressed | suppressed |
| **American Sign Language** | | | |
| **Other/Unknown Languages** | | | |

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

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

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

## California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

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

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

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

Number of NTSV patients with Cesarean deliveries

1477

Total number of nulliparous NTSV patients

6819

Rate of NTSV patients with Cesarean deliveries

0.217

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** | 84 | 331 | 0.254 |
| **Black or African American** | 35 | 117 | 0.299 |
| **Hispanic or Latino** | 858 | 4399 | 0.195 |
| **Middle Eastern or North African** | suppressed | suppressed | suppressed |
| **Multiracial and/or Multiethnic (two or more races)** | 44 | 174 | 0.253 |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 402 | 1596 | 0.252 |

| 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** | 825 | 4346 | 0.190 |
| **Age 30 to 39** | 579 | 2174 | 0.266 |
| **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** | 443 | 2522 | 0.176 |
| **Male** | | | |
| **Unknown** | | | |

| Payer Type | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| **Medicare** | suppressed | suppressed | suppressed |
| **Medicaid** | 755 | 3746 | 0.202 |
| **Private** | 642 | 2637 | 0.243 |
| **Self-Pay** | suppressed | suppressed | suppressed |
| **Other** | 65 | 353 | 0.184 |

| Preferred Language | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| **English Language** | 1286 | 5766 | 0.223 |
| **Spanish Language** | 163 | 945 | 0.172 |
| **Asian Pacific Islander Languages** | 14 | 41 | 0.341 |
| **Middle Eastern Languages** | 11 | 50 | 0.220 |
| **American Sign Language** | suppressed | suppressed | suppressed |
| **Other/Unknown Languages** | suppressed | suppressed | suppressed |

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

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

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

## CMQCC Vaginal Birth After Cesarean (VBAC) Rate

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

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

372

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

2901

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

128.2

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** | 18 | 151 | 119.2 |
| **Black or African American** | suppressed | suppressed | suppressed |
| **Hispanic or Latino** | 261 | 1810 | 144.2 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific** | suppressed | suppressed | suppressed |
| **White** | 70 | 702 | 99.7 |

| 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** | 140 | 1028 | 136.2 |
| **Age 30 to 39** | 214 | 1666 | 128.5 |
| **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** | 123 | 631 | 194.9 |
| **Male** | | | |
| **Unknown** | | | |

| Payer Type | Number of vaginal deliveries with previous Cesarean delivery | Total number of birth discharges with previous Cesarean delivery | Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%) |
|---|---|---|---|
| **Medicare** | suppressed | suppressed | suppressed |
| **Medicaid** | 219 | 1771 | 123.7 |
| **Private** | 121 | 941 | 128.6 |
| **Self-Pay** | suppressed | suppressed | suppressed |
| **Other** | 28 | 154 | 181.8 |

| 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** | 288 | 2272 | 126.8 |
| **Spanish Language** | 78 | 576 | 135.4 |
| **Asian Pacific Islander Languages** | suppressed | suppressed | suppressed |
| **Middle Eastern Languages** | suppressed | suppressed | suppressed |
| **American Sign Language** | 0 | | |
| **Other/Unknown Languages** | suppressed | suppressed | suppressed |

| 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

3296

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

4723

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

69.8

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

| Race and/or Ethnicity | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | suppressed | suppressed | suppressed |
| **Asian** | 189 | 317 | 59.6 |
| **Black or African American** | 42 | 65 | 64.6 |
| **Hispanic or Latino** | 1519 | 2436 | 62.4 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | 163 | 209 | 78.0 |
| **Native Hawaiian or Pacific** | suppressed | suppressed | suppressed |
| **White** | 1250 | 1498 | 83.4 |

| 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** | 41 | 65 | 63.1 |
| **Age 18 to 29** | 1680 | 2429 | 69.2 |
| **Age 30 to 39** | 1473 | 2063 | 71.4 |
| **Age 40 Years and Older** | 102 | 166 | 61.4 |

| 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** | suppressed | suppressed | suppressed |
| **Medicaid** | 1428 | 2337 | 61.1 |
| **Private** | 1417 | 1818 | 77.9 |
| **Self-Pay** | 31 | 45 | 68.9 |
| **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** | 2872 | 3957 | 72.6 |
| **Spanish Language** | 389 | 698 | 55.7 |
| **Asian Pacific Islander Languages** | 22 | 40 | 55.0 |
| **Middle Eastern Languages** | suppressed | suppressed | suppressed |
| **American Sign Language** | 0 | | |
| **Other/Unknown Languages** | suppressed | suppressed | suppressed |

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

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

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

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

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

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

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

9393

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

77468

Rate of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older

12.1

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** | 51 | 470 | 10.9 |
| **Asian** | 319 | 2938 | 10.9 |
| **Black or African American** | 467 | 2819 | 16.6 |
| **Hispanic or Latino** | 3092 | 28785 | 10.7 |
| **Middle Eastern or North African** | suppressed | suppressed | suppressed |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | 23 | 165 | 13.9 |
| **White** | 5201 | 39644 | 13.1 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 632 | 14854 | 4.3 |
| **Age 35 to 49** | 1057 | 10531 | 10.0 |
| **Age 50 to 64** | 2125 | 14645 | 14.5 |
| **Age 65 Years and Older** | 5579 | 37438 | 14.9 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 4764 | 45926 | 10.4 |
| **Male** | suppressed | suppressed | suppressed |
| **Unknown** | suppressed | suppressed | suppressed |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 5819 | 37396 | 15.6 |
| **Medicaid** | 2105 | 21136 | 10.0 |
| **Private** | 1105 | 15260 | 7.2 |
| **Self-Pay** | 29 | 592 | 4.9 |
| **Other** | 333 | 3070 | 10.8 |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | 7959 | 66204 | 12.0 |
| **Spanish Language** | 1174 | 9155 | 12.8 |
| **Asian Pacific Islander Languages** | 110 | 825 | 13.3 |
| **Middle Eastern Languages** | 128 | 1079 | 11.9 |
| **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

1499

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

10823

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

13.9

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** | 37 | 266 | 13.9 |
| **Black or African American** | 61 | 382 | 16.0 |
| **Hispanic or Latino** | 382 | 2859 | 13.4 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | 0 | 16 | 0.0 |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 979 | 6937 | 14.1 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 65 | 1018 | 6.4 |
| **Age 35 to 49** | 171 | 1253 | 13.6 |
| **Age 50 to 64** | 355 | 2336 | 15.2 |
| **Age 65 Years and Older** | 908 | 6216 | 14.6 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 1019 | 7464 | 13.7 |
| **Male** | suppressed | suppressed | suppressed |
| **Unknown** | suppressed | suppressed | suppressed |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 993 | 6560 | 15.1 |
| **Medicaid** | 275 | 2077 | 13.2 |
| **Private** | 180 | 1706 | 10.6 |
| **Self-Pay** | suppressed | suppressed | suppressed |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | 1338 | 9667 | 13.8 |
| **Spanish Language** | 121 | 874 | 13.8 |
| **Asian Pacific Islander Languages** | 13 | 76 | 17.1 |
| **Middle Eastern Languages** | 27 | 186 | 14.5 |
| **American Sign Language** | | | |
| **Other/Unknown Languages** | 0 | 20 | 0.0 |

| 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

1155

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

7176

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

16.1

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** | 20 | 123 | 16.3 |
| **Black or African American** | 69 | 356 | 19.4 |
| **Hispanic or Latino** | 399 | 2390 | 16.7 |
| **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** | 632 | 4008 | 15.8 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 102 | 950 | 10.7 |
| **Age 35 to 49** | 206 | 1561 | 13.2 |
| **Age 50 to 64** | 448 | 2496 | 17.9 |
| **Age 65 Years and Older** | 399 | 2169 | 18.4 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | suppressed | suppressed | suppressed |
| **Male** | 796 | 4791 | 16.6 |
| **Unknown** | suppressed | suppressed | suppressed |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 446 | 2316 | 19.3 |
| **Medicaid** | 525 | 3309 | 15.9 |
| **Private** | 142 | 1194 | 11.9 |
| **Self-Pay** | suppressed | suppressed | suppressed |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | 1052 | 6564 | 16.0 |
| **Spanish Language** | 98 | 553 | 17.7 |
| **Asian Pacific Islander Languages** | suppressed | suppressed | suppressed |
| **Middle Eastern Languages** | suppressed | suppressed | suppressed |
| **American Sign Language** | suppressed | suppressed | suppressed |
| **Other/Unknown Languages** | suppressed | suppressed | suppressed |

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

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

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

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

517

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

2926

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

17.7

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

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | suppressed | suppressed | suppressed |
| **Asian** | suppressed | suppressed | suppressed |
| **Black or African American** | 43 | 168 | 25.6 |
| **Hispanic or Latino** | 132 | 696 | 19.0 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | 0 | 11 | 0.0 |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 331 | 1923 | 17.2 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 47 | 384 | 12.2 |
| **Age 35 to 49** | 120 | 695 | 17.3 |
| **Age 50 to 64** | 191 | 990 | 19.3 |
| **Age 65 Years and Older** | 159 | 857 | 18.6 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 212 | 1386 | 15.3 |
| **Male** | 305 | 1540 | 19.8 |
| **Unknown** | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 198 | 1052 | 18.8 |
| **Medicaid** | 221 | 1174 | 18.8 |
| **Private** | 79 | 563 | 14.0 |
| **Self-Pay** | suppressed | suppressed | suppressed |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | 501 | 2829 | 17.7 |
| **Spanish Language** | 11 | 79 | 13.9 |
| **Asian Pacific Islander Languages** | suppressed | suppressed | suppressed |
| **Middle Eastern Languages** | suppressed | suppressed | suppressed |
| **American Sign Language** | | | |
| **Other/Unknown Languages** | suppressed | suppressed | suppressed |

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

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

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

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

6222

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

56543

Rate of hospital-level, unplanned, all-cause readmissions after admission with no behavioral diagnosis within 30 days of hospital discharge for patients aged 18 and older

11.0

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** | 34 | 298 | 11.4 |
| **Asian** | 259 | 2521 | 10.3 |
| **Black or African American** | 294 | 1913 | 15.4 |
| **Hispanic or Latino** | 2179 | 22840 | 9.5 |
| **Middle Eastern or North African** | suppressed | suppressed | suppressed |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | 21 | 141 | 14.9 |
| **White** | 3259 | 26776 | 12.2 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 418 | 12502 | 3.3 |
| **Age 35 to 49** | 560 | 7022 | 8.0 |
| **Age 50 to 64** | 1131 | 8823 | 12.8 |
| **Age 65 Years and Older** | 4113 | 28196 | 14.6 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 3175 | 34693 | 9.2 |
| **Male** | suppressed | suppressed | suppressed |
| **Unknown** | suppressed | suppressed | suppressed |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 4182 | 27468 | 15.2 |
| **Medicaid** | 1084 | 14576 | 7.4 |
| **Private** | 704 | 11797 | 6.0 |
| **Self-Pay** | 15 | 389 | 3.9 |
| **Other** | 236 | 2304 | 10.2 |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | 5068 | 47144 | 10.8 |
| **Spanish Language** | 944 | 7649 | 12.3 |
| **Asian Pacific Islander Languages** | 94 | 710 | 13.2 |
| **Middle Eastern Languages** | 97 | 876 | 11.1 |
| **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, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis) | Age (excluding maternal measures) | | | 18 to 34 | 3.3 | 4.4 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis) | Expected Payor | | | Self-Pay | 3.9 | 3.9 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis) | Age (excluding maternal measures) | | | 18 to 34 | 3.3 | 3.8 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 4.3 | 3.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 4.3 | 3.4 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Self-Pay | 4.9 | 3.2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring | Race and/or Ethnicity | | | White | 17.2 | 3.0 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis) | Expected Payor | | | Self-Pay | 3.9 | 2.7 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health | Preferred Language | | | English Language | 13.8 | 2.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health | Race and/or Ethnicity | | | Hispanic or Latino | 13.4 | 2.4 |

Plan to address disparities identified in the data

Adventist Health is a faith-based, nonprofit, integrated health system that serves over 100 communities on the West Coast and Hawaii, providing care through more than 470 sites. Founded on Adventist heritage and values, the system delivers patient-centered, quality care in hospitals, clinics, home care, and hospice agencies across both rural and urban communities. The system encompasses 27 hospitals with more than 4,100 beds and over 440 clinics. Adventist Health's mission is "living God's love by inspiring health, wholeness and hope". Its compassionate team of 38,000 employees, physicians, Medical Staff, and volunteers is transforming the healthcare experience with an innovative, whole person focus on physical, mental, spiritual, and social healing to support community well-being. In 2024, the system reported 133,362 hospital admissions and 844,579 emergency visits.Ð

The system's commitment to improving health outcomes focuses on closing the gaps identified in HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate. These readmissions

disproportionately affect older adults >50yrs, government payor groups Medicare, Medicaid), and specific demographic populations. Our strategy is anchored in three interconnected pillars: Standardized Care Transitions, Enhanced Clinical Management, and Robust Social Determinants of Health (SDOH) support. We are continuously enhancing our Care Transition programs across all facilities, ensuring high-risk patients are identified upon admission through validated screening tools and receive comprehensive discharge planning. This planning includes scheduling of post-discharge follow-up appointments and required follow-up calls within 48-72 hours to monitor recovery. Concurrently, we are enhancing clinical management by formalizing Age-Friendly Health System practices for older adults and strengthening our Behavioral Health (BH) support. A key component of this is the utilization of grant-funded Substance Use Navigators (SUNs) present at many of our sites, who ensure patients with substance use disorder (SUD) receive a warm handoff and immediate linkage to outpatient treatment and community resources, a critical intervention for reducing readmissions in this vulnerable group. Furthermore, we are bolstering our community partnerships, including the Cal-Bridge program, which aids in coordinating post-discharge care and resource access. A critical enhancement to our strategy is addressing SDOH barriers that fuel health disparities. We are mandating universal SDOH screening for all high-risk patients to identify non-clinical needs like housing and transportation. To efficiently address these needs, we are leveraging a system-wide contract with Findhelp.org, a platform that will enable our care teams to provide timely, comprehensive referrals to local community resources. These action plans are ongoing, with the objective to achieve measurable reductions in all major disparity categories over the next 24 months. Furthermore, a major initiative impacting this work will be the transition from Cerner to the Epic electronic health record (EHR) platform in 2027. This transition will be leveraged to hardwire and standardize our health workflowsâ??including risk stratification, SDOH screening, and integration with the findhelp platformâ??across all facilities, ensuring that high-quality, standardized care delivery becomes the default setting of our system. The goal is to sustain continuous improvement, ultimately reducing the readmission rate ratio for our most impacted groups.

## 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

Adventist Health demonstrates strong system-wide performance in Person-Centered Care by embedding the patient's concerns, values, and preferences at the center of all healthcare decisions, reflecting its mission to inspire health, wholeness, and hope. This commitment is operationalized through a holistic approach focusing on physical, mental, spiritual, and social well-being.Ð
Communication and Cultural Responsiveness:Ð
Effective communication is foundational to person-centered care, especially for diverse patient populations.Ð
â?¢”Æ ævV vR  66W73  The system prioritizes communication in the patientâ??s preferred language. Hospitals like Adventist Health Howard Memorial (AHHM) screen 100% of all patients for language preference and use qualified interpreters for 100% of non-English encounters. Interpreter, translation, and American Sign Language video services are available 24/7 to reduce barriers to communication regarding care and treatment.Ð
â?¢• atient Education: The "teach-back" method is widely utilized across the system to confirm patient understanding of medical diagnoses, treatment plans, and discharge instructions, thereby

enhancing health literacy and self-efficacy in disease management.Ð
â?¢• erformance Data: This focus is validated by internal patient experience dataÐ
â?¢•&W7 V7F–ær &V`erences: Feedback, including that received from the Patient Family Advisory Council (PFAC) at AHHM, has prompted changes to hospital operations, such as altering the food service menu to incorporate culturally accepted meals.Ð
Coordinated and Inclusive Care PlanningÐ
Person-centered care is demonstrated through collaborative decision-making and continuous involvement of the patient and family.Ð
â?¢”F –Ç’ ×VÇF–F—66— Æ–æ y Rounds: Hospitals across the system conduct daily rounds at the patien bedside. These rounds include the care provider, nurses, pharmacists, care managers, and therapists to promote comprehensive, coordinated care and allow open dialogue with the patient and family about goals and discharge needs.Ð
â?¢”&VG6–FR † æBÖöfg3 Registered Nurses communicate care at the bedside during shift change, actively involving patients and families in discussions to ensure continuity and seamless care transitions.Ð
â?¢”`amily Inclusion: The system maintains unhindered visitation hours to encourage family presence and participation per the patient's wishes.Ð
â?¢• atient Advisory Councils: The Patient and Family Advisory Councils (PFAC) at hospitals serves as the collective voice of patients, partnering with teams to improve quality, safety, and operational decisions.Ð
Whole-Person and Holistic SupportÐ
Aligning with the systemâ??s faith-based mission, care is extended beyond clinical needs to encompass spiritual, emotional, and social well-being.Ð
â?¢•7 — itual and Emotional Support: Chaplaincy services provide individualized spiritual care and emotional support to patients and families of all backgrounds and faiths.Ð
â?¢” FG&W76–ær 6ö6– Â FWFW minants of Health (SDOH): All hospitals integrate SDOH screening and data collection early in the patient visit. This information is reviewed by the discharge planning care management team to identify patient-specific barriers and provide resources for assistance with food insecurity, housing, and transportation.Ð
â?¢”–çFVprated Behavioral Health: Programs like the Substance Use Navigator (SUN) Program connect patients in crisis with essential services. Partnerships also exist to conduct assessments and provide resources for mental health needs, including grief and loss support groups.Ð
â?¢”F–v—F Â Væv vVÖVçC Patients have secure online access via the Patient Portal to view test results, visit summaries, and communicate with providers, supporting transparency and active involvement in their care.

Patient safety

Patient Safety is a foundational priority across Adventist Health, defined by a commitment to minimizing risk of harm and preventing errors throughout the entire continuum of care. This performance is sustained by a system-wide culture of High Reliability, data-driven prevention strategies, and continuous quality improvement.Ð
Ð
Culture of High Reliability and Accountability: The system employs a shared framework of safety culture to proactively manage risk and foster transparency:Ð
â?¢”†–v, &VÆ– &–Æ—G’ ÷&v æ—¦ F–öâ „… O) Principles: The system consistently strives to achieve high reliability through the application of a Just Culture framework, which promotes accountability, encourages transparent reporting, and emphasizes learning from safety events and near misses.Ð
â?¢• &ö 7F—`e Risk Management: Daily safety huddles are standard practice, involving nursing and department leaders to discuss high-risk patients, escalate concerns, and reinforce accountability. Leadership rounding further reinforces proactive communication.Ð

â?¢”Væ6÷W aging Reporting: Programs are implemented to encourage vigilance and the reporting of averted safety events, such as "Good Catch" recognition, ensuring hazards are identified before harm occurs.Ð
â?¢•&—6² æ Ç—6—3 The system utilizes tools like Failure Mode Effects Analysis (FMEA) regularly to predict and mitigate potential errors in clinical processes.Ð
Harm Reduction and Prevention Strategies- The system prioritizes evidence-based strategies to prevent hospital-acquired conditions and enhance clinical safety:Ð
â?¢”†÷7 —F ÂÔ 7 V—&VB –æ`ections (HAIs): A dedicated focus on infection prevention includes strict adherence to hand hygiene, environmental disinfection audits, and specialized programs like the HAI Unit Champion program to support staff at the bedside. Performance records demonstrate sustained success and low rates in areas such as CLABSI and CAUTI.Ð
â?¢”`alls and Pressure Injuries: Established prevention programs use a multidisciplinary approach, including universal patient assessment (e.g., all inpatient admissions are assessed for fall risk), specialized intervention programs, and unit-based monitoring to drive accountability.Ð
â?¢• atient Safety Indicators (PSIs): The system has targeted efforts on complex safety issues through formal PSI System Collaboratives to analyze trends and implement focused interventions to improve complications associated with post-operative care. Ð
â?¢”Ö÷ tality Review: Formal Mortality Review Taskforces conduct shared learning across specialties to ensure quality of care and address complications.Ð
â?¢”ÖVF–6 F–öâ Ö æ vVÖVçC The system employs rigorous protocols, including barcode medication administration, electronic order verification, and pharmacy-led reviews to prevent adverse drug events. Antibiotic Stewardship Programs ensure appropriate selection, dosing, and duration of therapy.Ð
â?¢”6Æ–æ–6 Â FV6—6–öâ 7W ÷ t: Electronic Health Record (EHR) systems utilize built-in risk flags for areas like fall, pressure injury, aspiration, and sepsis to trigger timely interventions and standardize care.Ð
Ð
Integration of Safety and Equity The system integrates safety monitoring with demographic data to identify and address disparities. Safety outcomes, including HAIs, HACs, Falls, and Pressure Injuries, are routinely stratified and analyzed based on multiple factors. This identifies patient populations that may experience higher risk. Prevention strategies are designed to be patient-centered by considering language needs, cultural context, and health literacy to ensure interventions are inclusive and equitable for all populations.

Addressing patient social drivers of health

Adventist Health system demonstrates robust and comprehensive performance in addressing Social Determinants of Health (SDOH), which is essential to providing whole-person care and improving health outcomes across its diverse communities. The system's strategy is consistently focused on early identification, resource coordination, and strategic community investment.Ð
Ð
Systematic SDOH Screening and Data Utilization - The commitment starts with successfully embedding systematic screening into clinical workflows to ensure timely intervention:Ð
â?¢•Væ—`ersal Inpatient Screening: Hospitals across the system assess patients' social needs, typically starting upon arrival for inpatient admissions. This approach has led to high participation rates, with many facilities reporting that they exceeded their 2024 target for assessment completion.Ð
â?¢”°ey Screening Areas: Screening consistently covers critical needs that influence health and readmission risk, including food insecurity, housing instability, transportation, utilities, and safety concerns.Ð
â?¢”F F ÔG iven Care Planning: The collected SDOH data is actively used by multidisciplinary teams (social workers, care management, and nursing) to inform and tailor discharge instructions and care

plans. This ensures interventions are applied early to mitigate social barriers before the patient leaves the hospital.Ð
Strategic Partnerships and Resource Coordination - The system leverages strategic external partnerships and robust internal infrastructure to connect patients with sustainable resources:Ð
â?¢”6öÖÐunity Resource Hubs: Some of our hospitals operate Community Resource Centers that provide direct assistance with services like health insurance sign-up, health classes (physical and mental health), and distribution of essential goods.Ð
â?¢”vðvernment Program Utilization: Hospitals actively utilize and coordinate services through state initiatives like Cal-Aim, which assigns Community Health Workers to eligible Medicaid patients. This program provides comprehensive post-discharge support for barriers such as medication access, transportation, and assistance with food programs.Ð
â?¢•&V`erral Pathways: The system maintains extensive referral networks, linking patients to local and state financial programs, charity care, local food banks, Meals on Wheels, and senior center referrals. This is supported by partnerships with regional collaboratives that enable seamless referrals to housing and transportation services.Ð
Targeted Programs for Critical Needs - The system has developed specific, measurable programs to tackle the most common and critical SDOH needs:Ð
â?¢”`ood Security Initiatives: Food insecurity is a major focus, addressed through multifaceted initiatives. These include distributing pantry bags and fresh produce from hospital-maintained Community Gardens, and providing vouchers for local food resources. Furthermore, the system supports Medically Tailored Meals programs that provide discharged patients with chronic conditions.Ð
â?¢”&V† vioral Health and Substance Use Support: High-risk populations, including those with substance use disorders (SUD) and those experiencing homelessness, are supported by specialized, often grant-funded, Substance Use Navigators (SUNs). The system also ensures access to harm reduction resources, such as the Narcan program, which provides free access to the lifesaving agent.Ð
Overall performance reflects a proactive, data-driven, and collaborative approach to SDOH, effectively bridging the gap between clinical services and the essential social conditions that dictate long-term community well-being.

## Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Adventist Health demonstrates strong performance in delivering Effective Treatment by prioritizing timely, evidence-based care, supported by coordinated services, advanced technology, and a whole-person approach that addresses individual barriers to recovery. The system's performance is measured against national benchmarks for clinical excellence, ensuring every patient receives the right treatment at the right time.Ð
Timely and Standardized Clinical Intervention - The system has implemented robust measures to ensure timely and effective treatment, particularly for time-sensitive conditions:Ð
â?¢”Wf–FVæ6RÔ& 6VB  athways: Clinical programs are built on standardized, evidence-based guidelines and clinical pathways for high-risk conditions such as sepsis, stroke, and heart failure. These pathways reduce care variation and ensure prompt intervention.Ð
â?¢•6W 6—2 &V6övæ—F–öã  Hospitals utilize multiple tools for sepsis recognition to help identify potential sepsis patients for quicker evaluation and standardized treatment.Ð
â?¢•&  –B &W7 öç6R Teams: Rapid Response Teams are utilized to assist in timely intervention during urgent situations, alongside ongoing performance improvement monitoring for conditions like heart attacks and stroke.Ð

â?¢• ost-Surgical Protocols: The system employs protocols like ERAS (Early Recovery After Surgery) to optimize patients before surgery and support early mobilization, alongside the development of advanced technology, such as multi-faceted robotic surgery programs, to decrease post-operative pain and recovery time.Ð
Seamless Care Coordination and Transitions - Effective treatment includes ensuring successful patient transitions and minimizing complications:Ð
â?¢”ÖVF–6 F–öâ 6 `ety: The system prioritizes medication safety through high rates of barcode medication administration (BCMA) and the use of real-time electronic update systems that work with infusion pumps to ensure safety medication infusions are within range. Clinical pharmacists manage high-risk medication regimens and reconcile medications at transitions of care.Ð
â?¢• ost-Acute Care: The care team proactively evaluates eligibility for services such as home health, skilled nursing facilities, and rehabilitation programs. The system offers swing, SNF, acute rehab services (or Sub-Acute Care) within the hospital network for patients requiring additional rehabilitation or complex medical services prior to transitioning home.Ð
â?¢•@ransition Interventions: To prevent complications and unplanned readmissions, teams initiate early strengthening, mobility, and physical therapy interventions for patients who may not qualify for skilled nursing. Post-discharge follow-up calls are made to inpatients to address any barriers or questions.Ð
â?¢” FG&W76–ær &V FÖ—76–öâ G ivers: Analysis of readmission data allows the system to identify opportunities in patient management. For example, analysis revealed that for cardiac conditions (Acute Myocardial Infarction and Heart Failure), Hispanic or Latino Females were noted to have higher readmission rates than Hispanic or Latino Males, driving focused interventions.Ð
Patient Partnership and Chronic Disease Management - Effective treatment requires strong patient partnership and long-term support:Ð
â?¢• atient Education and Engagement: Providers use teach-back methods to confirm understanding of treatment plans. Classes and education programs are offered on topics like diabetes, hypertension, nutrition, and cardiac rehabilitation to empower patients in self-management and prevention.Ð
â?¢•5TB 7W ÷ t: For patients with substance use disorders, the system offers evidence-based treatment, including referrals to local substance use disorder programs, medication assisted treatment (MAT) programs, and connection with the Substance Use Navigator for follow-up.Ð
â?¢” FG&W76–ær & ' iers: Care needs are tailored to address the unique barriers of different populations, using resources like the Family Medicine Residency Program to serve the needs of the low-income and medically underserved patient population.

Care coordination

Adventist health prioritize Care Coordination through a comprehensive, collaborative model that emphasizes seamless communication, early planning, and robust support for patient transitions across the continuum of care. This approach is central to improving patient outcomes and reducing avoidable readmissions.Ð
Collaborative, Multidisciplinary Planning - The system ensures all members of the care team are aligned with the patient's plan and discharge readiness:Ð
â?¢”F –Ç’ ×VÇF–F—66— Æ–æ y Rounds (MDR): Daily rounds occur across all facilities, involving physicians, nurses, case managers, social workers, and pharmacists. These bedside discussions allow for real-time problem-solving, goal setting, and coordination of complex needs, keeping the patient and family involved in decision-making.Ð
â?¢”–çFVprated Communication: Standardized communication tools, such as bedside shift reports and daily huddles, are used to integrate the patient's voice and wishes directly into the care handoff and raise awareness of potential issues.Ð
â?¢•7—7FVÒ Tools: The Electronic Health Record (EHR) is used to house clinical plans and flag

workers for issues like readmission risk or referral criteria compliance, enhancing standardization and follow-up adherence.Ð

Seamless Transitions and Post-Discharge Support: Care coordination is proactive, beginning at admission and extending into the home environment:Ð

â?¢”V ly Discharge Planning: Discharge planning is collaborative and starts early. Care Management coordinates all discharge needs, including complex logistics like medical equipment (DME), home health services, and placement into post-acute facilities.Ð

â?¢•`erification of Follow-up: A crucial step across the system is ensuring follow-up appointments are scheduled before the patient is discharged. This includes scheduling necessary follow-ups with primary care providers or specialists, even for patients who lack an established provider.Ð

â?¢• ost-Discharge Follow-up Calls: High-risk populations consistently receive follow-up calls to confirm understanding of instructions, check medication adherence, and address any barriers or early complications. Follow-up calls are also extended to patients who return to the Emergency Department to address social drivers of health and navigation barriers.Ð

â?¢”ÖVF–6 F–öâ &V6öæ6–Æ– F–öã medication reconciliation on admission and discharge to prevent errors, with nurses reinforcing proper use via the teach-back method.Ð

Targeted Navigation for Vulnerable Populations: The system employs specialized navigation services to support complex, high-risk patients:Ð

â?¢•7V'7F æ6R W6R æ vigation: Grant-funded Substance Use Navigator (SUN) programs are established at multiple sites, ensuring patients with substance use disorders (SUD) receive dedicated consultation and coordination of treatment plans, linking them to community-based recovery programs post-discharge.Ð

â?¢”†–v,Õ&—6² atient Navigation: Specialized navigation services are extended for groups identified with high readmission rates, including Medicare high-risk, substance abuse, and homeless populations. Dedicated programs provide temporary post-discharge housing and essential support services (meals, minor medical care) to reduce readmissions among the unhoused population.Ð

â?¢•4Dô, –çFVpration: Social Determinants of Health (SDOH) data is collected and used to identify patients who may need additional support or referrals for social services.Ð

â?¢”6öÖÐunity Partner Referrals: Care teams collaborate extensively with external agencies, including home health agencies, Skilled Nursing Facilities (SNFs), Federally Qualified Health Centers (FQHCs), and tribal health providers. Coordination connects patients to essential resources like housing programs, food resources, transportation support, and financial assistance.Ð

â?¢•@ransportation Support: Specific attention is given to transportation support, with referrals or arrangements made, and in some cases, direct assistance provided for crucial medical appointments.

Access to care

Adventist Health demonstrates high performance in Access to Care by proactively dismantling financial, geographic, structural, and linguistic barriers, particularly for underserved and rural populations. The systemâ??s performance is defined by its success in expanding provider capacity, utilizing telehealth, providing comprehensive logistical support, and ensuring financial assistance is readily available.Ð

Expanding Service Capacity and Availability: The system employs multiple strategies to ensure patients can easily connect with care and specialists:Ð

â?¢• &ðvider Expansion: There is a focused effort on increasing the number of primary care and specialty providers, including Psychiatric specialties, and supporting residency program expansion to create a sustainable local workforce.Ð

â?¢•@elehealth Integration: The system has significantly expanded service lines via telemedicine for virtual visits. Telehealth options are used for ambulatory settings (e.g., Behavioral Health, Cardiology, Pain Management) and for inpatient consultations (e.g., Neurology, Intensivist,

Nephrology), which is crucial for addressing challenges in rural geographical areas.Ð
â?¢”6öÖÐunity Clinics and Outreach: The system maintains a network of Rural Clinics and primary care clinics that serve as key access points. Mobile and pop-up clinics deliver vaccinations, screenings, and preventive services directly to underserved neighborhoods, including rural and farmworker communities.Ð
Reducing Financial and Logistical Barriers: Access initiatives move beyond physical proximity to address practical barriers to care:Ð
â?¢”f–æ æ6– Â  76—7F æ6S  The system ensures no patient is denied medically necessary care based on ability to pay through charity care, financial assistance programs, and flexible payment options. Staff provide assistance with insurance enrollment (including Medi-Cal) and financial counseling.Ð
â?¢•@ransportation Support: Transportation is provided as a crucial logistical support service, especially for low-income and underserved patients. This includes coordinating services through insurance (e.g., Partnership Health of CA), providing vouchers (e.g., taxi vouchers), and operating services like Uber-assist for patient pick-up.Ð
Seamless Navigation and Post-Discharge Access: Access is secured throughout the entire continuum of care, especially during transitions:Ð
â?¢”F—66† &vR `ollow-up Scheduling: Discharge planning is utilized to secure follow-up appointments before the patient leaves the hospital. For patients without an established Primary Care Provider (PCP), the system connects them with Federally Qualified Health Centers (FQHCs), rural health clinics, or tribal health partners, who often reserve appointment slots specifically for hospital discharge follow-up.Ð
â?¢”Æ–ævV—7F–2  æB 7VÇGW al Competency: The system provides certified interpreters, bilingual staff and publicly posted signage to ensure information is delivered safely in the patient's preferred language, reducing communication barriers. TTT phones are also available for the hearing impaired.Ð
â?¢”–çFVprated Wellness Programs: Partnerships, such as those with school districts, help develop Wellness Centers to provide supportive environments with access to counseling, therapy, and conflict resolution, addressing emotional health in the next generation. The Live Well Senior Program addresses medical literacy and social engagement for older adults.Ð
â?¢•67&VVæ–ær  æB VGV6 F–öã  Community medical screenings (for cancer, medical conditions, and vaccinations) are offered, along with partnerships for nutrition education (e.g., CalFresh) and chronic disease management classes (e.g., Diabetes Care).Ð
â?¢•7V'7F æ6R W6R æ vigation: The Substance Use Navigator Program provides critical coordination for patients transitioning from inpatient to outpatient treatment, increasing access for those who might otherwise forgo care due to stigma or complex needs.

## Methodology Guidelines

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

Y