# Hospital Equity Measures Report

## General Information

| | |
|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2024 |
| Hospital Name: | UCSF HEALTH SAINT FRANCIS HOSPITAL |
| Facility Type: | General Acute Care Hospital |
| Hospital HCAI ID: | 106380960 |
| Report Period: | 01/01/2024 - 12/31/2024 |
| Status: | Complete |
| Due Date: | 11/29/2025 |
| Last Updated: | 02/05/2026 |
| Hospital Location with Clean Water and Air: | N |
| Hospital Web Address for Equity Report: | Ucsfhealth.org |

## Overview

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

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

## Laws and Regulations

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

# Hospital Equity Measures

## Joint Commission Accreditation

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

-health-care-disparities/

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

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

Y

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

Y

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

25397

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** | 23691 | 25397 | 93.3 |
| **Spanish Language** | 898 | 25397 | 3.5 |
| **Asian Pacific Islander Languages** | 613 | 25397 | 2.4 |
| **Middle Eastern Languages** | 39 | 25397 | 0.2 |
| **American Sign Language** | | 25397 | |
| **Other Languages** | 156 | 25397 | 0.6 |

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

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

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

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

Y

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

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.

• Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.

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

Y

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

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

Y

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

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

Y

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

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

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

Y

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

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

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

0

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

25421

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

0

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** | 0 | 0 | 0 | |
| **Housing Instability** | 4467 | 17.5 | 0 | |
| **Transportation Problems** | 0 | 0 | 0 | |
| **Utility Difficulties** | 0 | 0 | 0 | |
| **Interpersonal Safety** | 0 | 0 | 0 | |

## Core Quality Measures for General Acute Care Hospitals

There are two quality measures from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. For more information on the HCAHPS survey, please visit the following link by copying and pasting the URL into your web browser:
https://hcahpsonline.org/en/survey-instruments/

## Patient Recommends Hospital

The first HCAHPS quality measure is the percentage of patients who would recommend the hospital to friends and family. For this measure, general acute care hospitals provide the percentage of patient respondents who responded "probably yes" or "definitely yes" to whether they would recommend the hospital, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for the percentages. The percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 19.

Number of respondents who replied "probably yes" or "definitely yes" to HCAHPS Question 19, "Would you recommend this hospital to your friends and family?"

163

Total number of respondents to HCAHPS Question 19

179

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

91.1

Total number of people surveyed on HCAHPS Question 19

1492

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

12.0

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 woman | | | | | |
| 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?"

150

Total number of respondents to HCAHPS Question 17

179

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

83.8

Total number of people surveyed on HCAHPS Question 17

1492

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

12.0

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 Language | | | | | |
| 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 disability | | | | | |
| Has a hearing disability | | | | | |
| Has a vision disability | | | | | |
| Has a self-care disability | | | | | |
| 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

suppressed

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

suppressed

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

suppressed

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

| Race and/or Ethnicity | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | | | |
| **Asian** | 0 | 20 | 0.0 |
| **Black or African American** | 0 | 39 | 0.0 |
| **Hispanic or Latino** | suppressed | suppressed | suppressed |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | | | |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | suppressed | suppressed | suppressed |

| Age | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Age < 18** | | | |
| **Age 18 to 34** | 0 | 18 | 0.0 |
| **Age 35 to 49** | 0 | 14 | 0.0 |
| **Age 50 to 64** | suppressed | suppressed | suppressed |
| **Age 65 Years and Older** | suppressed | suppressed | suppressed |

| Sex assigned at birth | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Female** | suppressed | suppressed | suppressed |
| **Male** | suppressed | suppressed | suppressed |
| **Unknown** | | | |

| Payer Type | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Medicare** | suppressed | suppressed | suppressed |
| **Medicaid** | 0 | 53 | 0.0 |
| **Private** | suppressed | suppressed | suppressed |
| **Self-Pay** | suppressed | suppressed | suppressed |
| **Other** | suppressed | suppressed | suppressed |

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

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

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

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

## Death Rate among Surgical Inpatients with Serious Treatable Complications

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

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

suppressed

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

suppressed

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

suppressed

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

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

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

| Sex assigned at birth | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Female** | suppressed | suppressed | suppressed |
| **Male** | suppressed | suppressed | suppressed |
| **Unknown** | | | |

| Payer Type | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Medicare** | suppressed | suppressed | suppressed |
| **Medicaid** | suppressed | suppressed | suppressed |
| **Private** | suppressed | suppressed | suppressed |
| **Self-Pay** | | | |
| **Other** | | | |

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

| 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

NA

Total number of nulliparous NTSV patients

NA

Rate of NTSV patients with Cesarean deliveries

NA

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

| Race and/or Ethnicity | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| American Indian or Alaska Native | | | |
| Asian | | | |
| 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 NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| Age < 18 | | | |
| Age 18 to 29 | | | |
| Age 30 to 39 | | | |
| Age 40 Years and Older | | | |

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

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

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

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

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

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

## CMQCC Vaginal Birth After Cesarean (VBAC) Rate

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

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

NA

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

NA

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

NA

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

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

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

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

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

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

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

| 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 other | | | |
| 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

NA

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

NA

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

NA

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

| Race and/or Ethnicity | Number of newborn cases that were exclusively breastfed and meet inclusion/ exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | | | |
| **Asian** | | | |
| **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 newborn cases that were exclusively breastfed and meet inclusion/ exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%) |
|---|---|---|---|
| **Age < 18** | | | |
| **Age 18 to 29** | | | |
| **Age 30 to 39** | | | |
| **Age 40 Years and Older** | | | |

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

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

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

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

| 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 other** | | | |
| **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

236

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

1545

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

15.3

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

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | suppressed | suppressed | suppressed |
| **Asian** | 28 | 222 | 12.6 |
| **Black or African American** | 58 | 340 | 17.1 |
| **Hispanic or Latino** | 17 | 153 | 11.1 |
| **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** | 127 | 764 | 16.6 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 17 | 155 | 11.0 |
| **Age 35 to 49** | 37 | 266 | 13.9 |
| **Age 50 to 64** | 63 | 402 | 15.7 |
| **Age 65 Years and Older** | 119 | 722 | 16.5 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 76 | 605 | 12.6 |
| **Male** | 160 | 940 | 17.0 |
| **Unknown** | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 128 | 721 | 17.8 |
| **Medicaid** | 93 | 546 | 17.0 |
| **Private** | 12 | 211 | 5.7 |
| **Self-Pay** | suppressed | suppressed | suppressed |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | 219 | 1415 | 15.5 |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **Asian Pacific Islander Languages** | suppressed | suppressed | suppressed |
| **Middle Eastern Languages** | suppressed | suppressed | suppressed |
| **American Sign Language** | | | |
| **Other/Unknown Languages** | suppressed | suppressed | suppressed |

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

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

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

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

60

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

383

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

15.7

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

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

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

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

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

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

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

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

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

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

36

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

253

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

14.2

Table 12. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

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

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

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

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

51

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

224

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

22.8

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

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

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

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

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

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

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

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

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

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

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

89

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

685

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

13.0

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

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

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

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

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

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

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

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

## Health Equity Plan

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

## Top 10 Disparities

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

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

| Measures | Stratifications | Stratification Group | Stratification Rate | Reference Group | Reference Rate | Rate Ratio |
|---|---|---|---|---|---|---|
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | Medicare | 17.8 | Private | 5.7 | 3.1 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | Medicaid | 17.0 | Private | 5.7 | 3.0 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Hispanic or Latino | 11.1 | 1.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | 65 and older | 16.5 | 18 to 34 | 11.0 | 1.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Hispanic or Latino | 11.1 | 1.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | 50 to 64 | 15.7 | 18 to 34 | 11.0 | 1.4 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Sex Assigned at Birth | | | Female | 12.6 | 1.4 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | 35 to 49 | 13.9 | 18 to 34 | 11.0 | 1.3 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | Asian | 12.6 | Hispanic or Latino | 11.1 | 1.1 |
| | | | | | | |

Plan to address disparities identified in the data

Equity Plan: What actions are planned to address the Top 10 Disparities identified in the data, including population impact, measurable objectives, and specific timelines.

UCSF Health will implement a coordinated set of interventions to reduce 30-day All-Cause readmission by combining enhanced care transition outreach programs and various ways to stratify patients. The Care Transition Outreach Program (CTOP) team will conduct timely post-discharge outreach which includes:

An automated call is sent to patients within 3 days of discharge home

Patients who identify a concern receive a call from a CTOP nurse to provide symptom triage, teaching, and care coordination

For certain "at-risk" patients who fail to answer the automated call, a nurse screens and manually calls those who have not already been contacted by another clinician.

A Social Worker addresses psychosocial needs and links patients with community resources, and pharmacists address medication access and questions

CTOP escalates patient concerns to Patient Relations to facilitate rapid service recovery

CTOP added text messaging for patients not reached by automated call and added health equity component to manual outreach

The AI projects

30-day Readmission AI risk prediction model: piloting in 2 OPH programs, working with ESTAR fellow

AI-drafted discharge summaries: pilot

AI-drafted discharge instructions: pilot

Improve ambulatory access post-discharge

Standardized transitions workflows and improving post discharge access: collaborating with ambulatory leadership

Survey to all case managers and service line directors

Epic build of discharge order

Transition Care Management: piloted at our Lakeshore clinic, expanded to all primary care clinics

Onclick: 30-day longitudinal post-discharge support for Medicare FFS patients live-reduction in readmission rate

Connection to Enhanced Case Management for medically complex Medi-Cal members with Steppingstone Health, Institute on Aging, Curry Senior Center, and San Francisco Community Health Center.

Increased navigation to Substance Use Treatment services by Substance Use Navigators in the Emergency Department and Code Tenderloin's nights and weekends transport and navigations services.

## 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

UCSF Health demonstrates strong performance in the domain of person-centered care, as evidenced by top-tier benchmark rankings, and an institutional infrastructure devoted to person-centered and equity-oriented care. We integrate whole person's support, language interpreter services, spiritual care, social work, and track patient experience systematically.

U.S. News & World Report 2024-25 survey ranked UCSF Medical Center (UCSFMC) the best in California (tied No.1) and No. 3 nationwide in neurology/neurosurgery and geriatric care. UCSFMC ranked among the nation's top 10 hospitals in seven areas: cancer, geriatrics, neurology and neurosurgery, orthopedics, psychiatry, pulmonology and rheumatology.

Patient safety

UCSF performance in Patient Safety is recognized by receiving honors for quality and safety for our commitment to protecting patients earned UCSF Health and "A" in patient safety from the Leapfrog Group for at Parnassus, Mission Bay and St. Mary's. Leapfrog also recognized Parnassus, Mission Bay and Mount Zion as "top hospitals". UCSF also received 5 out of 5 stars for quality, safety and patient experience from Centers for Medicare & Medicaid Services.

Addressing patient social drivers of health

Currently UCSF Health screens for SDOH domains, the SDOH domains display in the EHR in various places and if a patient screens positive clinical pathways are initiated to Social Workers.

The full electronic implementation went live on October 4, 2025, with a full system upgrade and incorporation of our new hospitals Hyde & Stanyan (formerly St. Mary's and St. Francis hospitals)

The SDOH project team has implemented a SDOH screening dashboard to track screening rates across the various facilities and departments within UCSF

We also launched a training module in our UC Learning system to educate on workflows and best practices

## Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Enterprise True North Disparity Improvement efforts identified as priorities for UCSF Health in FY25. These efforts focus on key areas including Maternal Health, Language Access, Hypertension Control, and MyChart Access.

UCSF Health has pinpointed these critical areas for disparity improvement to be featured on the Tier 5, Enterprise True North. These priorities are essential for advancing healthcare equity, which encompasses patients' access to care, their experience of care, and clinical outcomes. The prioritization of these efforts is spearheaded by the Health Equity Division, with endorsement from UCSF Health's Health Equity Council and the Department of Quality and Safety leadership. Many of these initiatives extend over multiple years to address the systemic changes necessary to mitigate long-standing healthcare disparities.

Care coordination

At UCSF Health, our experienced and sensitive "Case Management and Social Work" team is available to help patients and families cope with the many psychological and social problems that may arise during illness, hospitalization and medical treatment. Our social workers act as patient advocates by serving as counselors, helping to find resources and solve problems. When it's medically necessary, social workers also help arrange alternate types of care when patients leave the hospital, which may include rehabilitation facilities, skilled nursing facilities, hospice or board and care homes. Any concerns related to the psychological, practical or social well-being of patients and their loved ones may be discussed openly with our social workers.

Access to care

UCSF Health continues to advance access to care by expanding capacity, improving operational efficiency, and leveraging digital innovation to bring services closer to patients. Over the past year UCSF has increased appointment availability through targeted throughput initiatives, including

enhanced provider scheduling templates, virtual-first pathways, and expanded hours in high-demand specialties. Investment in centralized access systems-such as streamlined referral workflows, real-time scheduling visibility and automated patient outreach-has reduced appointment lead times and improved first-available access. Additionally, telehealth utilization remains one of the highest in California academic health systems, supporting timely access for low-income and mobility-limited populations.

Effective August 2024, UCSF Health Saint Francis Memorial Hospital, UCSF Health St. Mary's Medical Center and associated outpatient clinics joined UCSF Heath. UCSF Health will maintain existing services at the longstanding San Francisco hospitals, ensuring patients will be able to continue seeing their current provides and keep care local. Having more places to offer primary and secondary care will also increase UCSF Health's ability to care for patients with complex medical needs. Combining community care with academic medicine makes convenient, comprehensive care easier to access for all our patients.

UCSF is also strengthening equity in access through community partnership clinics, interpreter and language access expansion and focused efforts to improve access for Medi-Cal, Medicare Advantage, and underinsured patients. Population Health teams collaborate with primary care, specialty care and Care at Home programs to prioritize timely access for high-risked patients. Ongoing work to reduce no-shows, shorten cycle times and improve coordination between inpatient and outpatient settings has contributed to more seamless care transitions. Together these improvements reflect UCSF's commitment to accessible, patient-centered, and equity-driven car for all communities it serves

## Methodology Guidelines

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

Y