Hospital Equity Measures Report

"Suppressed" indicates that patient count data exceeds the risk threshold for re-identification
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General Information

Year: 2024	System Name: Kaiser Hospitals- Northern California
Facility Type: General Acute Care Hospital	Hospital HCAI ID: 106074097
Report Period: 01/01/2024 - 12/31/2024	Status: Submitted
Due Date: 11/29/25	Last Updated: 11/12/25
Hospital Location with Clean Water and Air: Yes	Hospital Web Address for Equity Report: https://tinyurl.com/KFH-REG

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

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: 87984

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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	1637488	1826616	89.6
Spanish Language	116504	1826616	6.4
Asian Pacific Islander Languages	43302	1826616	2.4
Middle Eastern Languages	8510	1826616	0.5
American Sign Language	1551	1826616	0.1
Other Languages	19261	1826616	1.1

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): Y
• 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.

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

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

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CMS HCHE Measure Domain 4: Quality Improvement (Yes/No): Y
• Our hospital participates in local, regional or national quality improvement activities focused on reducing health disparities.
CMS HCHE Measure Domain 5: Leadership Engagement (Yes/No): Y
• 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.

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: 118693

Total number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission: 189468

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: 62.6

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	1501	1.3	***not collected***	***not collected***
Housing Instability	1159	0.9	***not collected***	***not collected***
Transportation Problems	707	0.6	***not collected***	***not collected***
Utility Difficulties	330	0.3	***not collected***	***not collected***
Interpersonal Safety	167	0.1	***not collected***	***not collected***

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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, nonmaternal 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?": 23221

Total number of respondents to HCAHPS Question 19: 24549

Percentage of total respondents who responded "probably yes" or "definitely yes" to HCAHPS Question 19: 94.6

Total number of people surveyed on HCAHPS Question 19: 117862

Response rate, or the percentage of people who responded to HCAHPS Question 19: 20.8

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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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Asian	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Black or African American	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Hispanic or Latino	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Middle Eastern or North African	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Multiracial and/or Multiethnic (two or more races)	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Native Hawaiian or Pacific Islander	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
White	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Age 18 to 34	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Age 35 to 49	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Age 50 to 64	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Age 65 Years and Older	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Male	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Unknown	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Medicaid	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Private	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Self-Pay	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Other	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Spanish Language	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Asian Pacific Islander Languages	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Middle Eastern Languages	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
American Sign Language	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Other/Unknown Languages	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has a mobility disability	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has a cognition disability	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has a hearing disability	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has a vision disability	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has a self-care disability	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has an independent living disability	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Straight or heterosexual	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Bisexual	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Something else	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Don't know	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Female-to-male (FTM)/ transgender male/trans man	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Male	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Male-to-female (MTF)/ transgender female/trans	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Non-conforming gender	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Additional gender category or other	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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?": 959

Total number of respondents to HCAHPS Question 17: 24549

Percentage of respondents who responded "yes" to HCAHPS Question 17: 85.5

Total number of people surveyed on HCAHPS Question 17: 117862

Response rate, or the percentage of people who responded to HCAHPS Question 17: 20.8

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Table 4. Patient reports receiving information in writing about symptoms or health problems by race and/or ethnicity, nonmaternal 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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Asian	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Black or African American	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Hispanic or Latino	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Middle Eastern or North African	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Multiracial and/or Multiethnic (two or more races)	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Native Hawaiian or Pacific Islander	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
White	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Age 18 to 34	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Age 35 to 49	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Age 50 to 64	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Age 65 Years and Older	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Male	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Unknown	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Medicaid	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Private	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Self-Pay	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Other	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Spanish Language	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Asian Pacific Islander Languages	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Middle Eastern Languages	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
American Sign	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Other/Unknown Languages	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has a mobility disability	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has a cognition	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has a hearing disability	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has a vision disability	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has a self-care	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Has an independent living disability	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

Top 10 Disparities and their associated values as of 11/21/25

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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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Straight or heterosexual	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Bisexual	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Something else	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Don't know	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Female-to-male (FTM)/ transgender male/trans man	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Male	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Male-to-female (MTF)/ transgender female/ trans woman	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Non-conforming gender	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Additional gender category or other	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***	***not collected***	***not collected***

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/

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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: 531

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: 7711

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: 68.9

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	100	1214	82.4
Black or African American	51	753	67.7
Hispanic or Latino	75	1107	67.8
Middle Eastern or North African	***null***	***null***	***null***
Multiracial and/or Multiethnic (two or more	0	54	0.0
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	288	4315	66.7

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null indicates a field that has no values.

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	***null***	***null***	***null***
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	55	1207	45.6
Age 65 Years and Older	454	5764	78.8

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	228	3775	60.4
Male	303	3936	77.0
Unknown	***null***	***null***	***null***

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	454	5811	78.1
Medicaid	17	475	35.8
Private	58	1381	42.0
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)

null indicates a field that has no values.

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	459	6849	67.0
Spanish Language	23	387	59.4
Asian Pacific Islander Languages	38	358	106.1
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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	***not collected***	***not collected***	***not collected***
Straight or heterosexual	***not collected***	***not collected***	***not collected***
Bisexual	***not collected***	***not collected***	***not collected***
Something else	***not collected***	***not collected***	***not collected***
Don't know	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***

Top 10 Disparities and their associated values as of 11/21/25

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)
null indicates a field that has no values.

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	***not collected***	***not collected***	***not collected***
Female-to-male (FTM)/ transgender male/trans man	***not collected***	***not collected***	***not collected***
Male	***not collected***	***not collected***	***not collected***
Male-to-female (MTF)/ transgender female/trans woman	***not collected***	***not collected***	***not collected***
Non-conforming gender	***not collected***	***not collected***	***not collected***
Additional gender category or other	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***

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: 258

Total number of surgical discharges among patients aged 18-89 years old or obstetric patients: 1465

Rate of in-hospital deaths per 1,000 surgical discharges, among patients aged 18-89 years old or obstetric patients with serious treatable complications: 176.1

Hospital Equity Measures Report

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null indicates a field that has no values.

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	33	252	131.0
Black or African American	27	143	188.8
Hispanic or Latino	40	237	168.8
Middle Eastern or North African	***null***	***null***	***null***
Multiracial and/or Multiethnic (two or more	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	142	758	187.3

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18	***null***	***null***	***null***
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	48	328	146.3
Age 65 Years and Older	187	858	217.9

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	119	732	162.6
Male	139	733	189.6
Unknown	***null***	***null***	***null***

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)

null indicates a field that has no values.

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	190	847	224.3
Medicaid	16	94	170.2
Private	47	502	93.6
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	229	1340	170.9
Spanish Language	11	63	174.6
Asian Pacific Islander Languages	15	47	319.1
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

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

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)

null indicates a field that has no values.

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	***not collected***	***not collected***	***not collected***
Straight or heterosexual	***not collected***	***not collected***	***not collected***
Bisexual	***not collected***	***not collected***	***not collected***
Something else	***not collected***	***not collected***	***not collected***
Don't know	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***
Female-to-male (FTM)/ transgender male/trans man	***not collected***	***not collected***	***not collected***
Male	***not collected***	***not collected***	***not collected***
Male-to-female (MTF)/ transgender female/trans woman	***not collected***	***not collected***	***not collected***
Non-conforming gender	***not collected***	***not collected***	***not collected***
Additional gender category or other	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***

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

Top 10 Disparities and their associated values as of 11/21/25

Hospital Equity Measures Report

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null indicates a field that has no values.

Number of NTSV patients with Cesarean deliveries: 3760
Total number of nulliparous NTSV patients: 17497
Rate of NTSV patients with Cesarean deliveries: 0.215

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	1130	4839	0.234
Black or African American	195	747	0.261
Hispanic or Latino	1095	5384	0.203
Middle Eastern or North African	***null***	***null***	***null***
Multiracial and/or Multiethnic (two or more races)	181	905	0.200
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	958	4738	0.202

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	1151	7145	0.161
Age 30 to 39	2354	9618	0.245
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	379	2634	0.144
Male	***null***	***null***	***null***
Unknown	***null***	***null***	***null***

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)
null indicates a field that has no values.

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	327	1567	0.209
Private	3418	15830	0.216
Self-Pay	14	88	0.159
Other	suppressed	suppressed	suppressed

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	3531	16540	0.213
Spanish Language	84	366	0.230
Asian Pacific Islander Languages	117	442	0.265
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	16	73	0.219

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	***not collected***	***not collected***	***not collected***
Has a mobility disability	***not collected***	***not collected***	***not collected***
Has a cognition disability	***not collected***	***not collected***	***not collected***
Has a hearing disability	***not collected***	***not collected***	***not collected***
Has a vision disability	***not collected***	***not collected***	***not collected***
Has a self-care disability	***not collected***	***not collected***	***not collected***
Has an independent living disability	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***
Straight or heterosexual	***not collected***	***not collected***	***not collected***
Bisexual	***not collected***	***not collected***	***not collected***
Something else	***not collected***	***not collected***	***not collected***
Don't know	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)

null indicates a field that has no values.

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

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: 1452

Total number of birth discharges with previous Cesarean delivery that meet the inclusion and exclusion criteria: 5496

Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries: 264.2

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)
null indicates a field that has no values.

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	346	1280	270.3
Black or African American	105	393	267.2
Hispanic or Latino	473	1713	276.1
Middle Eastern or North African	***null***	***null***	***null***
Multiracial and/or Multiethnic (two or more races)	71	280	253.6
Native Hawaiian or Pacific	suppressed	suppressed	suppressed
White	367	1512	242.7

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	331	951	348.1
Age 30 to 39	1006	3939	255.4
Age 40 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female	141	543	259.7
Male	***null***	***null***	***null***
Unknown	***null***	***null***	***null***

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)
null indicates a field that has no values.

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	290	895	324.0
Private	1154	4565	252.8
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
English Language	1324	5051	262.1
Spanish Language	59	224	263.4
Asian Pacific Islander Languages	41	146	280.8
Middle Eastern Languages	17	47	361.7
American Sign Language	suppressed	suppressed	suppressed
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	***not collected***	***not collected***	***not collected***
Has a mobility disability	***not collected***	***not collected***	***not collected***
Has a cognition disability	***not collected***	***not collected***	***not collected***
Has a hearing disability	***not collected***	***not collected***	***not collected***
Has a vision disability	***not collected***	***not collected***	***not collected***
Has a self-care disability	***not collected***	***not collected***	***not collected***
Has an independent living	***not collected***	***not collected***	***not collected***

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)
null indicates a field that has no values.

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	***not collected***	***not collected***	***not collected***
Straight or heterosexual	***not collected***	***not collected***	***not collected***
Bisexual	***not collected***	***not collected***	***not collected***
Something else	***not collected***	***not collected***	***not collected***
Don't know	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***
Female-to-male (FTM)/ transgender male/trans man	***not collected***	***not collected***	***not collected***
Male	***not collected***	***not collected***	***not collected***
Male-to-female (MTF)/transgender female/trans woman	***not collected***	***not collected***	***not collected***
Non-conforming gender	***not collected***	***not collected***	***not collected***
Additional gender category or other	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***

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: 24561

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)
null indicates a field that has no values.

Total number of newborn cases born in the hospital that meet the inclusion and exclusion criteria: 33159

Rate of newborn cases per 100 that were exclusively fed breast milk during their hospital stay and meet the inclusion and exclusion criteria: 74.1

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	31	45	68.9
Asian	5587	8721	64.1
Black or African American	1146	1635	70.1
Hispanic or Latino	7073	9571	73.9
Middle Eastern or North African	***null***	***null***	***null***
Multiracial and/or Multiethnic (two or more races)	1453	1828	79.5
Native Hawaiian or Pacific	132	222	59.5
White	7865	9454	83.2

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	111	182	61.0
Age 18 to 29	7432	9854	75.4
Age 30 to 39	15653	21094	74.2
Age 40 Years and Older	1365	2029	67.3

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)

null indicates a field that has no values.

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	***null***	***null***	***null***
Male	***null***	***null***	***null***
Unknown	***null***	***null***	***null***

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	2867	4257	67.3
Private	21515	28644	75.1
Self-Pay	170	247	68.8
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	23434	31168	75.2
Spanish Language	555	864	64.2
Asian Pacific Islander Languages	355	794	44.7
Middle Eastern Languages	126	203	62.1
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)
null indicates a field that has no values.

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	***not collected***	***not collected***	***not collected***
Has a mobility disability	***not collected***	***not collected***	***not collected***
Has a cognition disability	***not collected***	***not collected***	***not collected***
Has a hearing disability	***not collected***	***not collected***	***not collected***
Has a vision disability	***not collected***	***not collected***	***not collected***
Has a self-care disability	***not collected***	***not collected***	***not collected***
Has an independent living	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***
Straight or heterosexual	***not collected***	***not collected***	***not collected***
Bisexual	***not collected***	***not collected***	***not collected***
Something else	***not collected***	***not collected***	***not collected***
Don't know	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***

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	***not collected***	***not collected***	***not collected***
Female-to-male (FTM)/ transgender male/trans man	***not collected***	***not collected***	***not collected***
Male	***not collected***	***not collected***	***not collected***
Male-to-female (MTF)/transgender female/trans woman	***not collected***	***not collected***	***not collected***
Non-conforming gender	***not collected***	***not collected***	***not collected***
Additional gender category or other	***not collected***	***not collected***	***not collected***
Not disclosed	***not collected***	***not collected***	***not collected***

Hospital Equity Measures Report

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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 30Day 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: 20971

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission: 174612

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: 12.0

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	54	576	9.4
Asian	3133	29708	10.5
Black or African American	2895	17846	16.2
Hispanic or Latino	3511	34883	10.1
Middle Eastern or North African	***null***	***null***	***null***
Multiracial and/or Multiethnic (two or more races)	214	2062	10.4
Native Hawaiian or Pacific Islander	198	1688	11.7
White	10656	83841	12.7

Hospital Equity Measures Report

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Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	1789	34371	5.2
Age 35 to 49	2169	27335	7.9
Age 50 to 64	3828	28273	13.5
Age 65 Years and Older	13185	84633	15.6

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	10939	107090	10.2
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	13691	85218	16.1
Medicaid	1716	14735	11.6
Private	5380	72719	7.4
Self-Pay	164	1608	10.2
Other	20	331	6.0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	19177	160119	12.0
Spanish Language	879	7254	12.1
Asian Pacific Islander Languages	713	5545	12.9
Middle Eastern Languages	61	474	12.9
American Sign Language	17	126	13.5
Other/Unknown Languages	124	1094	11.3

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)
null indicates a field that has no values.

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	***not collected***	***not collected***	***not collected***
Has a mobility disability	***not collected***	***not collected***	***not collected***
Has a cognition disability	***not collected***	***not collected***	***not collected***
Has a hearing disability	***not collected***	***not collected***	***not collected***
Has a vision disability	***not collected***	***not collected***	***not collected***
Does not have a disability	***not collected***	***not collected***	***not collected***

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

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

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: 4728

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission: 36444

Top 10 Disparities and their associated values as of 11/21/25

Hospital Equity Measures Report

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null indicates a field that has no values.

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: 13.0

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	425	3462	12.3
Black or African American	637	3720	17.1
Hispanic or Latino	754	6485	11.6
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	52	466	11.2
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	2775	21293	13.0

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	393	6088	6.5
Age 35 to 49	480	5081	9.4
Age 50 to 64	876	6057	14.5
Age 65 Years and Older	2979	19218	15.5

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	3123	25924	12.0
Male	1605	10507	15.3
Unknown	0	13	0.0

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)

null indicates a field that has no values.

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	3305	20617	16.0
Medicaid	352	3062	11.5
Private	1045	12518	8.3
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	4445	34420	12.9
Spanish Language	178	1191	14.9
Asian Pacific Islander Languages	75	565	13.3
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	17	159	10.7

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

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

Top 10 Disparities and their associated values as of 11/21/25

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)

null indicates a field that has no values.

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

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: 1394

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission: 8463

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: 16.5

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)
null indicates a field that has no values.

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	91	625	14.6
Black or African American	266	1378	19.3
Hispanic or Latino	273	1739	15.7
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	18	110	16.4
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	707	4292	16.5

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	101	875	11.5
Age 35 to 49	285	1809	15.8
Age 50 to 64	431	2607	16.5
Age 65 Years and Older	577	3172	18.2

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	1011	5898	17.1
Unknown	suppressed	suppressed	suppressed

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	642	3288	19.5
Medicaid	304	1687	18.0
Private	404	3179	12.7
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)

null indicates a field that has no values.

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	1334	7985	16.7
Spanish Language	38	320	11.9
Asian Pacific Islander Languages	20	116	17.2
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	***not collected***	***not collected***	***not collected***
Has a mobility disability	***not collected***	***not collected***	***not collected***
Has a cognition disability	***not collected***	***not collected***	***not collected***
Has a hearing disability	***not collected***	***not collected***	***not collected***
Has a vision disability	***not collected***	***not collected***	***not collected***
Has a self-care disability	***not collected***	***not collected***	***not collected***
Has an independent living disability	***not collected***	***not collected***	***not collected***

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

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)
null indicates a field that has no values.

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

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: 1067

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission: 6070

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: 17.6

Hospital Equity Measures Report

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null indicates a field that has no values.

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	45	278	16.2
Black or African American	167	793	21.1
Hispanic or Latino	164	988	16.6
Middle Eastern or North African	***null***	***null***	***null***
Multiracial and/or Multiethnic (two or more races)	19	93	20.4
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	647	3757	17.2

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	108	737	14.7
Age 35 to 49	240	1439	16.7
Age 50 to 64	376	1868	20.1
Age 65 Years and Older	343	2026	16.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	583	3115	18.7
Unknown	suppressed	suppressed	suppressed

Kaiser Permanente Northern California Region

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)

null indicates a field that has no values.

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	469	2493	18.8
Medicaid	294	1350	21.8
Private	276	2077	13.3
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	1052	5921	17.8
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	***null***	***null***	***null***
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	0	12	0.0

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

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

Top 10 Disparities and their associated values as of 11/21/25

Hospital Equity Measures Report

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null indicates a field that has no values.

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

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: 13782

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission: 123635

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: 11.1

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)

null indicates a field that has no values.

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	32	365	8.8
Asian	2572	25343	10.1
Black or African American	1825	11955	15.3
Hispanic or Latino	2320	25671	9.0
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	125	1393	9.0
Native Hawaiian or Pacific Islander	175	1409	12.4
White	6527	54499	12.0

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	1187	26671	4.5
Age 35 to 49	1164	19006	6.1
Age 50 to 64	2145	17741	12.1
Age 65 Years and Older	9286	60217	15.4

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	6950	75650	9.2
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

Kaiser Permanente Northern California Region
Hospital Equity Measures Report
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null indicates a field that has no values.

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	9275	58820	15.8
Medicaid	766	8636	8.9
Private	3655	54945	6.7
Self-Pay	73	989	7.4
Other	13	244	5.3

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	12346	111793	11.0
Spanish Language	653	5648	11.6
Asian Pacific Islander Languages	613	4827	12.7
Middle Eastern Languages	53	397	13.4
American Sign Language	12	83	14.5
Other/Unknown Languages	105	887	11.8

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

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

Top 10 Disparities and their associated values as of 11/21/25

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)
null indicates a field that has no values.

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

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.

Hospital Equity Measures Report

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NA indicates a value that does not apply (example: a perinatal value at a site that doesn't offer perinatal services)

null indicates a field that has no values.

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)	65 and older	15.4	18 to 34	4.5	3.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	15.6	18 to 34	5.2	3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicare	15.8	Other	5.3	3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	50 to 64	12.1	18 to 34	4.5	2.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	16.1	Other	6	2.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	13.5	18 to 34	5.2	2.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health Disorder)	Sex Assigned at Birth	Male	15.3	Female	12	2.5
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Race and/or Ethnicity	Asian	82.4	White	66.7	2.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health Disorder)	Age (excluding maternal measures)	65 and older	15.5	18 to 34	6.5	2.4
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Expected Payor	Medicare	224.3	Private	93.6	2.4

Top 10 Disparities and their associated values as of 11/21/25

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Plan to address disparities identified in the data

The Regional Readmission Health Disparity Action Plan is a coordinated strategy aimed at reducing inequities in hospital readmissions. It focuses on analyzing data by age, race, ethnicity, language, and disability status to identify disparities, standardizing how data is collected and reported, and providing clear guidelines for local medical centers to develop targeted interventions. The plan also emphasizes engaging patients and communities, improving language access and health literacy, supporting high-risk groups, and collaborating with community organizations. Its goal is to ensure that all patients receive equitable, culturally, and linguistically appropriate care throughout their healthcare journey.

Exclusive Breast Milk Feeding Action Plan: Drive utilization of Donor Human Milk to bridge lactation gaps by 10–20% in underserved ethnic groups, promoting health equity and neonatal outcomes. All 15 KP NCAL medical centers will be offering donor human milk to our newborn populations by end of 2025.

Pneumonia Mortality Action Plan: The regional action plan focuses on preventing non-ventilator hospital-acquired pneumonia (HAP), which affects approximately 1 in 100 hospitalized patients and carries a crude mortality rate of 15–30%, often leading to extended stays of up to 15 days, increased antimicrobial exposure, and ICU admission in nearly half of cases. To address this, the KP NCAL HAP Prevention Program implements the ROUTE bundle—Respiratory care, Oral hygiene, patient mobility (Up), Tube care, and Education—targeting oral flora reduction, aspiration prevention, and early mobilization. This evidence-based approach has demonstrated reductions in HAP incidence, attributable mortality, and antibiotic use without adverse effects. Surveillance includes patients with ICD-10 pneumonia diagnoses confirmed by imaging ≥48 hours post-admission, excluding pediatric, obstetric, comfort care, ventilator-associated pneumonia, and POA cases. Process measures emphasize functional interventions such as ensuring patients are out of bed for meals and maintaining oral hygiene through documented teeth brushing, with exclusions for patients on comfort care or with severely limited prior function. Together, these strategies aim to reduce pneumonia-related mortality, readmissions, and complications across the region.

The Regional Age Friendly Hospital System (AFHS) Core Team will be leading and supporting all 21 KP NCAL facilities to achieve IHI AFHS Level 1 Recognition status by the end of 2025 and then IHI AFHS Level 2 Recognition status by the end of 2026. The team will also ensure that all facilities have protocols in place to affirmatively attest to receive full credit for all 5 Domains of the CMA AFHS Measure by May 2025. This will position our hospitals to consistently and reliably provide high-quality care to all hospitalized elderly patients.

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
Across our region, we consistently use HCAHPS patient experience scores to evaluate and improve person-centered care, focusing on communication, understanding of treatment plans, and responsiveness. We are deeply committed to age-friendly care, guided by the 4Ms framework—What Matters, Medication, Mentation, and Mobility—and in some areas, the expanded 5Ms approach. Multiple facilities have achieved or are pursuing national designations such as Senior Surgical Care Program and Geriatric Emergency Department accreditation, supported by NICHE training for frontline staff. Patient and family engagement is a cornerstone of our approach, with advisory councils and

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representation on hospital-wide committees ensuring that care decisions reflect patient values and preferences. We continue to expand shared decision-making tools to strengthen communication and trust. Additional strategies include proactive goals-of-care and palliative care conversations, comprehensive outpatient follow-up programs, and culturally and linguistically appropriate services to promote health equity. These efforts collectively advance our commitment to delivering personalized, safe, and equitable care for every patient.

Patient Safety
Across the region, patient safety is systematically monitored and continuously improved through the use of the Safety Priority Index (SPI). The SPI serves as a comprehensive key performance indicator, tracking eight critical types of patient safety events:
- Surgical Site Infections (SSI)
- Clostridium difficile (C. diff) infections
- Falls with any injury
- Hospital-acquired pneumonia (HAP)
- Hospital-acquired pressure injuries (HAPI) stage 2 and above
- Catheter-associated urinary tract infections (CAUTI)
- Central line-associated bloodstream infections (CLABSI)
- Cesarean section SSIs

Core Regional Strategies
1. Daily Safety Huddles:
All facilities conduct daily multidisciplinary safety huddles. These meetings provide a platform to share the current state of hospital operations, identify high-risk patients, and address emerging barriers to patient care or safety. This proactive approach ensures real-time communication and rapid response to safety concerns.
2. High Reliability Organization (HRO) Training:
The region has implemented HRO principles, with comprehensive training provided to both leadership and frontline staff. This training fosters a culture of zero harm, resilience, and deference to expertise, embedding reliability into daily practice.
3. Just Culture:
A Just Culture is promoted, encouraging staff to report errors, near misses, and safety concerns without fear of reprisal. This transparency enables proactive improvements and supports continuous learning.
4. Patient and Family Engagement:
Patients and families are engaged as partners in safety through education, discharge planning, and participation in advisory councils. Culturally tailored materials and interpreter services are provided to ensure equitable care and effective communication.
5. Infection Prevention and Quality Measures:
Rigorous infection control protocols are in place, including evidence-based bundles, strict hand hygiene, and use of personal protective equipment. National benchmarking (e.g., NDNQI) is used for nurse-sensitive indicators, and frontline staff drive performance improvement initiatives.
6. Social Determinants of Health (SDOH):
All patients are screened for SDOH at admission, with referrals to social work and community resources for those who screen positive. ICD-10 Z-codes are used to document SDOH needs, supporting health equity efforts.
7. Data-Driven Improvement:

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Performance is monitored through regular audits, patient safety committees, and stratification of outcome metrics (e.g., readmission rates by race/ethnicity and insurance type). This enables timely adjustments to interventions and supports targeted improvement goals, such as reducing disparities in readmissions and surgical mortality.

8. Maternal and Infant Health Initiatives:

The region advances maternal-child health through culturally tailored lactation education, donor breast milk programs, and protocols to minimize elective cesarean births. Progress is tracked through race- and ethnicity-specific breastfeeding rates and equity-related incident reports.

Addressing Patient Social Drivers of Health

Across our hospitals, all admitted patients undergo universal screening for social determinants of health (SDOH), including food insecurity, housing instability, transportation barriers, and other critical non-clinical factors. Patients who screen positive are promptly referred to licensed medical social workers for assessment, navigation, and connection to internal and community-based resources. We partner with local organizations to address these needs and document them using ICD-10 Z-codes in the electronic health record for systematic tracking and care coordination. Enhanced case management and integrated referral pathways—accessible through the KP Community Resource platforms to support timely interventions that improve outcomes and reduce readmissions. This approach reflects our commitment to equity, holistic care planning, and population health strategies that address structural barriers to health.

Effective Treatment

Our region demonstrates strong performance in Effective Treatment through consistent adherence to national quality standards and evidence-based practices. We actively participate in CMS and The Joint Commission core measures, and the American Heart Association's Get With The Guidelines® programs for stroke, coronary artery disease, heart failure, and comprehensive stroke care. Standardized clinical pathways and order sets are implemented for high-impact conditions such as diabetes, hypertension, congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and sepsis to ensure timely, consistent, and high-quality care.

Medication adherence programs and chronic disease management initiatives—including remote monitoring, personalized coaching, and pharmacist-led reviews—support long-term wellness and reduce complications. We emphasize SMART goals in care planning to create clear, measurable, and achievable objectives that improve patient engagement and outcomes. Integrated care teams collaborate across disciplines to deliver individualized treatment plans, while timely post-discharge follow-up within seven days helps optimize therapy, close care gaps, and reduce readmissions.

Our approach is data-driven, aligning with national benchmarks such as HEDIS, CMS Core Measures, and Hospital Compare indicators. These strategies have resulted in measurable improvements in patient safety, reduced readmissions, and enhanced patient-reported outcomes, reinforcing our commitment to delivering effective, equitable, and evidence-based care.

Care Coordination

Our region prioritizes safe, seamless transitions of care through comprehensive Care Coordination programs designed to reduce unplanned 30-day readmissions and improve health equity. These programs include medication reconciliation, discharge planning, and post-discharge follow-up calls, supported by integrated care across inpatient, outpatient, and post-acute settings through dedicated case managers and care navigators.

We employ standardized transition pathways and evidence-based protocols that incorporate inpatient education, discharge planning, and timely follow-up—typically within seven days—to close care gaps and prevent adverse events.

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Risk stratification tools and EHR-enabled workflows identify high-risk patients and prompt proactive interventions. Multidisciplinary teams, including physicians, nurses, pharmacists, social workers, and community health workers, collaborate to address medical, behavioral, and social needs. Patients and families are actively engaged through shared decision-making, culturally tailored education, and interpreter services to ensure understanding and adherence.
To address disparities, we screen for social determinants of health and connect patients to community resources for housing, food, and transportation. Technology-enabled solutions such as telehealth, remote monitoring, and transition hotlines maintain continuous contact and enable early intervention. Despite these efforts, data reveal persistent gaps: patients aged 65+ have readmission rates 2.4 times higher than those aged 18–34, Medicare patients' rates are 2.1 times higher than those with private insurance, and Black or African American patients experience readmissions at 1.8 times the rate of Asian patients. These findings underscore our commitment to strengthening case management and equity-focused strategies.

Our coordinated care model has demonstrated measurable improvements, including reduced avoidable readmissions, higher patient satisfaction, and timely follow-up care. Ongoing initiatives—such as enhanced outreach for high-risk populations, partnerships with skilled nursing facilities, and expanded virtual care—aim to close gaps and ensure every patient receives safe, equitable, and patient-centered transitions.

Access to Care
Our region remains committed to ensuring timely, equitable, and patient-centered access to care across all settings. We actively monitor key indicators such as appointment wait times, after-hours availability, telehealth utilization, and the "Initiate to Seen" (ITS) metric for 5-, 10-, and 15-day targets to drive continuous improvement. To enhance convenience and reduce barriers, we offer multiple care options, including Advanced Care at Home (ACAH), Home Health, Hospice, Skilled Nursing Facility (SNF), and virtual or telephone visits for patients unable to attend in person. Prior to discharge, we assist patients in scheduling follow-up appointments with their primary care provider within 5–7 days, ensuring smooth transitions and continuity of care.

Access is further strengthened through 24/7 clinical support via our Appointment & Advice Call Center (AACC), staffed by physicians and registered nurses who often resolve issues during the call, eliminating unnecessary in-person visits. Secure messaging with primary care physicians is widely utilized, enabling timely resolution of clinical concerns without delays. Language access services, including interpreters and culturally tailored education, ensure equitable communication for patients with limited English proficiency. Additionally, targeted outreach for high-risk populations—such as Medicaid and Medicare members—addresses social determinants of health by providing transportation assistance, community resource linkage, and telehealth options.

Recent investments in facility expansion, technology-enabled care, and innovative programs like ACAH reflect our commitment to meeting community needs and improving patient experience. These integrated strategies have resulted in improved follow-up rates, reduced no-show rates, and positive patient feedback, demonstrating our success in closing access gaps and delivering care that is timely, inclusive, and responsive to diverse patient needs.

Methodology Guidelines

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