Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	UCLA WEST VALLEY MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106190859
Report Period:	01/01/2024 - 12/31/2024
Status:	Revision Needed
Due Date:	11/29/2025
Last Updated:	12/20/2025
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	https://www.uclahealth.org/community-equity

Overview

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

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

Laws and Regulations

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

Hospital Equity Measures

Joint Commission Accreditation

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

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

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

Y

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

Y

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

45226

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	39274	45226	86.8
Spanish Language	4573	45226	10.1
Asian Pacific Islander Languages	202	45226	0.4
Middle Eastern Languages	642	45226	1.4
American Sign Language	suppressed	45226	suppressed
Other Languages	suppressed	45226	suppressed

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

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

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

• Our hospital strategic plan identifies priority populations who currently experience health disparities.

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

• Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.

• Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Y

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

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

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

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

Y

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

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

Y

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

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

Y

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

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

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

Y

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

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

https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs

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

NA

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

NA

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

NA

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

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	0	0	0	0
Housing Instability	0	0	0	0
Transportation Problems	0	0	0	0
Utility Difficulties	0	0	0	0
Interpersonal Safety	0	0	0	0

Core Quality Measures for General Acute Care Hospitals

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

Patient Recommends Hospital

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

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

441

Total number of respondents to HCAHPS Question 19

496

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

88.9

Total number of people surveyed on HCAHPS Question 19

2918

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

17.0

Table 3. Patient recommends hospital by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian					
Black or African American					
Hispanic or Latino					
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White					

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34					
Age 35 to 49					
Age 50 to 64					
Age 65 Years and Older					

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Male					
Unknown					

Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages					

Disability Status	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition disability					
Has a hearing disability					
Has a vision disability					
Has a self-care disability					
Has an independent living disability					

Sexual Orientation	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

Gender Identity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/trans					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

Patient Received Information in Writing

The second HCAHPS quality measure is the percentage of patients who reported receiving information in writing on symptoms and health problems to look out for after leaving the hospital. General acute care hospitals are required to provide the percentage of patient respondents who responded "yes" to being provided written information, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for these percentages. These percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 17.

Number of respondents who replied "yes" to HCAHPS Question 17, "During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the

hospital?"

392

Total number of respondents to HCAHPS Question 17

496

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

79.0

Total number of people surveyed on HCAHPS Question 17

2918

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

17.0

Table 4. Patient reports receiving information in writing about symptoms or health problems by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian					
Black or African American					
Hispanic or Latino					
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White					

Age	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34					
Age 35 to 49					
Age 50 to 64					
Age 65 Years and Older					

Sex assigned at birth	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Male					
Unknown					

Payer Type	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

Preferred Language	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign					
Other/Unknown Languages					

Disability Status	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition					
Has a hearing disability					
Has a vision disability					
Has a self-care					
Has an independent living disability					

Sexual Orientation	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

Gender Identity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/ trans woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

Agency for Healthcare Research and Quality (AHRQ) Indicators

General acute care hospitals are required to report on two indicators from the Agency for Healthcare Research and Quality (AHRQ). For general information about AHRQ indicators, please visit the following link by copying and pasting the URL into your web browser: https://qualityindicators.ahrq.gov/

Pneumonia Mortality Rate

The Pneumonia Mortality Rate is defined as the rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission for patients ages 18 years and older. General acute care hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser: https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

Number of in-hospital deaths with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

12

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

302

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

39.7

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

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

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	0	21	0.0
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	11	224	49.1

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

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	12	219	54.8
Medicaid	0	37	0.0
Private	0	29	0.0
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	0	17	0.0
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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

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

Death Rate among Surgical Inpatients with Serious Treatable Complications

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

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

    suppressed

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

    suppressed

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

    suppressed

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

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

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

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

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	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	suppressed	suppressed	suppressed
Spanish Language			
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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

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

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

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

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

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

Number of NTSV patients with Cesarean deliveries

NA

Total number of nulliparous NTSV patients

NA

Rate of NTSV patients with Cesarean deliveries

NA

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

Race and/or Ethnicity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18			
Age 18 to 29			
Age 30 to 39			
Age 40 Years and Older			

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

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

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

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

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

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

CMQCC Vaginal Birth After Cesarean (VBAC) Rate

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

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

   NA

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

NA

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

NA

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

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

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

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

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

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

Sexual Orientation	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

CMQCC Exclusive Breast Milk Feeding Rate

The CMQCC Exclusive Breast Milk Feeding Rate is defined as the newborns per 100 who reached at least 37 weeks of gestation (or 3000g if gestational age is missing) who received breast milk

exclusively during their stay at the hospital. Other criteria are that the newborns did not go to the neonatal intensive care unit (NICU), transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia. General acute care hospitals report the Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The CMQCC Exclusive Breast Milk Feeding Rate uses the Joint Commission National Quality Measure PC-05. For more information, please visit the following link by copying and pasting the URL into your web browser: https://manual.jointcommission.org/releases/TJC2024B/MIF0170.html

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

  NA

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

  NA

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

  NA

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

Race and/or Ethnicity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific			
White			

Age	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
Age < 18			
Age 18 to 29			
Age 30 to 39			
Age 40 Years and Older			

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

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

Preferred Language	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

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

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

525

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

3636

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

14.4

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	27	205	13.2
Black or African American	36	190	18.9
Hispanic or Latino	50	479	10.4
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	26	160	16.2
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	304	2061	14.8

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	16	176	9.1
Age 35 to 49	40	300	13.3
Age 50 to 64	92	622	14.8
Age 65 Years and Older	377	2538	14.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	270	1900	14.2
Male	255	1736	14.7
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	403	2469	16.3
Medicaid	50	395	12.7
Private	48	502	9.6
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	484	3303	14.7
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Mental Health Disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for mental health disorders and were 18 years or older at time of admission

121

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

759

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

15.9

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

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

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

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

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

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

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

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

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

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

44

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

232

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

19.0

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

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

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

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

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

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

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

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

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

19

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

122

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

15.6

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

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

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

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

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

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

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

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

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

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

341

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

2523

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

13.5

Table 14. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

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

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	189	1309	14.4
Male	152	1214	12.5
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	0	36	0.0
Other	suppressed	suppressed	suppressed

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

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

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

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

Health Equity Plan

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

Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity			Hispanic or Latino	10.4	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	9.6	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	9.1	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	9.1	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity			Hispanic or Latino	10.4	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	9.1	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity			Hispanic or Latino	10.4	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	9.6	1.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity			Hispanic or Latino	10.4	1.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Sex Assigned at Birth			Male	12.5	1.2

Plan to address disparities identified in the data

UCLA Health is committed to providing exceptional care for all, without exception. Our approach to health care equity is grounded in a targeted universalism framework that joins health equity principles with Lean Six Sigma robust performance improvement methodology to improve outcomes for all patients by addressing barriers to optimal health whenever they appear.

UNPLANNED READMISSIONS HEALTH EQUITY ACTION PLAN

When patients leave the hospital, we know they don't look forward to returning unexpectedly. To support patients during their transition after hospitalization, UCLA Health provides highly coordinated care and tailored post-discharge services across the patient care continuum. Nevertheless, analyses show that specific groups of UCLA patients experience higher readmission rates than expected.

Our goal is to reduce unplanned readmissions for all patients while narrowing larger-than-predicted differences among patient populations. This action plan directs proven and tailored readmission-reduction practices to patients at high risk for experiencing an unexpected repeat hospitalization within 30 days of discharge, identified using industry-standard tools and community-level risk factors.

IMPROVEMENT STRATEGIES AND MEASURABLE OBJECTIVES

By the end of 2026, we will reinforce the foundation for achieving equitable readmission outcomes:

1. Design and implement a standard process for identifying patients at high risk of readmission.
2. Develop a bundle of evidence-based readmission reduction best practices tailored to patients' needs, including social drivers of health and known risk factors associated with readmission.
3. Incorporate the bundle into electronic health record workflows to facilitate and automatically track the provision of best practices.
4. Disseminate new tools and workflows to front line care teams.

By the end of 2027, we will optimize practices for supporting patients at high risk for readmissions:
1. Develop dynamic data dashboards to track provision of the best practice bundle, overall and to subgroups of patients.
2. Aim to provide recommended best practices to at least 75% of patients at high risk of readmission.

By the end of 2028, we will aim to reduce outcome gaps between populations:

1. Apply cycles of continuous improvement to refine structures and processes, reduce gaps, and spread successful practices.
2. Aim to reduce inequities in readmission rates from severe to moderate range for groups experiencing higher-than-expected readmission rates.

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

At UCLA Health, we provide care in partnership with our patients, recognizing that safety, quality, equity, and empathy are interconnected.

COMMUNICATION
C-I-CARE (Connect, Introduce, Communicate, Ask/Anticipate, Respond, Exit) is UCLA Health's standard for patient, family, and staff interactions. This sequence of six communication behaviors promotes courtesy, clarity, and attentiveness in every encounter.

The UCLA Health Center for Nursing Excellence ensures that all patient education meets national health-literacy standards and that health-literacy needs are screened at admission using the Single Item Literacy Screener-2. Nursing practice is guided by the Relationship-Based Care Framework, which emphasizes that strong relationships among patients, families, and care teams improve patient satisfaction and safety, staff engagement, and clinical outcomes. By cultivating authenticity, presence, and mutual respect in these relationships, nurses create an environment in which both clinical and emotional needs can be met.

UCLA Health's Language Services department provides free communication support, including sign language interpreters, written information in other formats (e.g., large print, tactile, audio,

accessible electronic formats), translated materials, and qualified interpreters. Services are available in person, by phone, and via video for both urgent and routine needs. Additionally, UCLA Health provides language proficiency assessments for staff who speak languages other than English. Staff formally assessed as proficient in another language may use it to communicate directly with patients within the scope of their clinical role. These services ensure effective communication to advance patient safety and foster trusting therapeutic relationships.

CONTINUING EDUCATION

UCLA Health demonstrates a commitment to person-centered care through continuing education and training that reinforces key equity and inclusion clinical competencies. Staff complete training on bias awareness, cultural humility, trauma-informed care, and social drivers of health, preparing them to identify and address the unique cultural and psychosocial needs of each patient we care for. In addition, training programs promote respectful and inclusive communication practices, while language access education supports effective use of interpreters and multilingual resources. These efforts strengthen the connection between clinical care and patients' lived experiences, reflecting UCLA Health's prioritization of person-centered care by equipping staff with the knowledge and skills to deliver equitable, respectful, and responsive care across diverse patient populations.

REPORTING PATHWAYS

The Office of Patient Experience ensures that patient voices directly shape system improvements through several channels that allow patients to share feedback, highlight positive experiences, or raise concerns with real-time support from patient advocates and liaisons. Integrating patient feedback into service recovery, workflow redesign, and staff coaching helps cultivate a culture of empathy, respect, and accountability. UCLA Health offers patients and staff multiple pathways for officially reporting perceptions of bias, harassment, and mistreatment. By providing clear, confidential, and accessible avenues for reporting and emphasizing non-retaliation policies, UCLA Health fosters a safe and inclusive environment, strengthens accountability, and upholds its commitment to health equity and person-centered care.

Patient safety

At UCLA Health, we want every patient to not only be safe, but to feel safe. UCLA Health recognizes that patients, staff, and visitors expect exceptional, safe, and error-free care. The organization uses a proactive approach to the identification and mitigation of errors and responds quickly, effectively, and appropriately when errors occur. All departments within the organization are responsible for reporting health care safety events, and these reports are monitored through the organizational leadership structure.

UCLA Health supports the concept that errors occur due to a breakdown in systems and processes, not individual mistakes; therefore, our approach focuses on improving systems and processes. The organization has implemented an electronic event reporting system to address unexpected and adverse events, including events with the perception of discrimination. UCLA Health promotes a culture of safety in its management of errors and occurrences. All personnel have avenues to report suspected and identified health care errors without fear of retaliation. Summary data from the event reporting system is aggregated and presented periodically to the Clinical Excellence and Medical Staff Executive Committees, who may recommend further risk reduction activities. The Incident Review Committee reviews significant events that caused or could cause patient harm and identifies opportunities to improve processes that impact patient safety systemwide.

Through its Quality and Patient Safety Program, UCLA Health System ensures health care quality

and patient safety through the ongoing prioritization, design, implementation, monitoring, and analysis of performance improvement initiatives. The Quality and Patient Safety Program assesses staff opinions regarding their perceptions of risks to patients, the culture of the health care environment to facilitate safe practices, and their suggestions for improving patient safety and clinical outcomes through the culture of safety surveys. Leaders provide feedback to staff when they have identified a safety issue or occurrence.

The Vice Chancellor of UCLA Health Sciences serves as the Governing Body for UCLA Health and has executive responsibility for the Quality and Patient Safety Program. The Medical Staff Executive Committee, the Clinical Excellence Committee, and the UCLA Hospital System President and CEO ensure an integrated program.

The Patient and Staff Safety Oversight Committee (PSSOC) oversees the Health Systemâ??s efforts and initiatives to implement highly reliable practices to reduce medical errors and health care-acquired conditions (HACs) toward the goal of zero harm, providing a systematic, coordinated and continuous approach to:

  * Serve as a system-wide decision-making body for identifying and aligning ongoing patient and staff safety initiatives to foster the growth of the organization's culture of safety
  * Plan and prioritize ongoing patient and staff safety initiatives
  * Identify and mitigate barriers to becoming a high reliability organization
  * Review and address:
     - High-risk patient and staff safety opportunities across the health system
     - Patterns of HACs and patient safety indicators, including any health care inequities
     - Opportunities based on Leapfrog's bi-annual Hospital Patient Safety Grade
  * Administer and analyze the hospital's culture of safety survey and support department-specific and system-wide action plans as needed

Addressing patient social drivers of health

UCLA Health established a system wide social drivers of health (SDOH) program to address the profound impact that daily needs like food, housing, transportation, and finances have on people's overall health and wellbeing.

The SDOH Program seeks to elevate the patient's role as the leader in their care and honor social care team members as "support travel companions" for the patients and medical care providers using a learning health system quality improvement approach to promote enhanced, whole-person care. The SDOH program supplies dedicated end-to-end program and project management support, develops and monitors process and outcome key performance indicators, participates in thought leadership collaborations, and contributes to relevant governance bodies across UCLA Health. The SDOH program is directly aligned with the UCLA Health institutional goals and population health strategy with oversight by the Population Health Equity Committee (chaired by the Population Health Medical Director) and the UCLA Health Population Health Steering Committee (chaired by the President of the Faculty Practice Group). The program is also accountable to the University of California Medical Centers' Population Health SDOH Committee and participates in local, regional, and national groups.

A key effort led by the SDOH Program includes universal SDOH risk screening with validated tools, full psychosocial assessment with enhanced documentation, and intervention for health-related social needs. The program standardized processes, documentation, and electronic data display to facilitate better-informed medical care and better social care services delivery. Patients'

health-related social needs are evaluated through interprofessional collaborations during interdisciplinary rounds. When patient needs are identified, a social worker meets the patient to assess their needs directly and to offer them resources and support that are appropriate for their situation. When resources are available within UCLA Health, they are provided directly at the point of service. Referrals to community-based organizations (CBOs) for relevant services are made when the patient consents.

Universal risk screening identifies needs related to eight SDOH domains: housing, food, finance, medical bills including prescriptions, utilities, transportation, social isolation and interpersonal safety. An electronic community resource search platform integrated into the EMR streamlines and centralizes data sharing with CBOs. These resources are also publicly available for any community member who is interested in finding local community resources for health related social needs.

Staff are thoroughly trained on SDOH screening processes. We continually monitor screening processes. Screening rates for each domain consistently exceed the CMS 2024 published threshold of 64% and include SDOH domains beyond those required by CMS.

The SDOH Program is leading the development and implementation of a Community Partnerships Prioritization Scorecard, a community care collaborative with other regional organizations, a community care hub with physical space allocation, and a preferred network of community-based organizations to service UCLA Health patient's health-related social needs. The SDOH Program cultivates relationships with community-based organizations that can provide resources or interventions outside of UCLA Health, such as food delivery programs or financial strain resource information bundles.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

UCLA Health is committed to advancing the health and wellbeing of every patient and community we serve. Through the Office of Health Equity and Inclusive Excellence and the DGSOM Office of Inclusive Excellence, we work to eliminate inequities and foster a culture of belonging in care, education, and research. The Office of Community builds partnerships across Los Angeles to advance health and wellness. Our LGBTQ+ Health initiatives offer services for patients of all identities, while the Homeless Healthcare Collaborative delivers free, mobile, trauma-informed medical and behavioral health care to people experiencing homelessness.

In 2024, UCLA Health became the first health system in California to earn the Joint Commission's Health Care Equity Certification, affirming that equity is embedded within our structures of governance, clinical care, and continuous improvement.

DATA-DRIVEN QUALITY FRAMEWORK
Our systemwide quality framework is anchored by our quality strategy, which tracks clinical outcomes related to mortality, outcomes, high value care, patient experience, readmissions, and safety measures. The quality strategy tracks and aggregates nationally reported quality indicators with internal performance targets, providing leaders and frontline teams with actionable data to identify opportunities, reduce unexpected variation, and drive improvement. To ensure treatment is both excellent and equitable, we have developed health equity analytic tools to monitor state-mandated measures, overall and across patient populations, to detect unexpected variations in outcomes and guide targeted interventions.

CLINICAL GOVERNANCE AND OVERSIGHT

Oversight of clinical care and operations is provided through integrated committee structures:

  * The Medical Staff Executive Committee (MSEC) oversees the quality and safety of medical care, reviewing aggregate performance data and recommending action.
  * The Clinical Excellence Committee (CEC) aligns safety, quality, and performance improvement activities with organizational priorities, focusing attention on areas of greatest opportunity.
  * The Equitable Care Committee sets institutional clinical equity strategy, monitors outcomes across all populations, and develops policies and practices that support the organization in delivering equitable care and treatment.
   * The Health Equity Informatics Insights and Innovations Taskforce (HEI³) advances equity in health information technology by defining data standards, standardizing population health analytics, and cultivating innovations that integrate equity principles into clinical informatic systems.
  * The Health Literacy Workgroup promotes clear, compassionate clinical communication by aligning care, education, and counseling with each patient's language, literacy, and communication needs.

  At the hospital unit level, these enterprise structures are translated into action by interdisciplinary improvement teams. Current initiatives include preventing hospital-acquired conditions, facilitating language concordant care, and enhancing patient communication and discharge safety.

  Together, these systems create a culture of effective treatment that is data-driven, transparent, and accountable. Our governance ensures that the highest standards of safety and clinical quality are consistently applied, while our equity-focused governing bodies ensure that exceptional care is delivered to every patient, without exception.

Care coordination

The Department of Care Coordination is an integrated model comprised of specialized nurses, educators, social workers, administrative staff, and community health workers (CHW). Nurses provide case management and utilization review while Clinical Social Workers provide psychosocial assessments, clinical interventions, resource referrals, SDOH assessment and management, and post-hospital planning to address patients' psychosocial or contextual needs. The clinical social work assessment and treatment includes crisis intervention and attention to loss of functional ability, alteration of body image, change in occupational capacity, dependency issues, financial concerns, family availability for caretaking, cultural responses to illness, cumulative losses, barriers to utilizing treatment, and grief and bereavement. Social work assessments and interventions are mandated in cases of suspected child abuse/neglect, allegations of domestic violence, and suspected elder/dependent adult abuse/neglect. Staff and managers are readily available within office hours, carry pagers/phones to address emergent needs, and there is always a care coordination administrator on-call 24 hours a day, 7 days a week.

  All patients receive case management assessment and services within 48 hours of admission. Social work evaluation is referral-based and done for about 85% of pediatric patients, 55% of adult medical surgery patients, and 100% of transplant patients during pre- or post-transplant. The Department of Care Coordination and Clinical Social Work develops performance improvement goals and measurement techniques annually in addition to participating in various stages of performance improvement projects or initiatives that enhance standards of excellence and complement competency requirements. In addition, the department participates in various

population-specific focus groups (e.g., maternal and child health, transplant), daily acuity review and prioritization with leadership, caseload calibration reviews, daily interdisciplinary rounds, and a series of interdisciplinary teams and specialty committees.

Methods used to assess and meet patient care coordination needs include systematic high-risk screening, interdisciplinary rounding, and daily safety huddles. Ongoing evaluation occurs through patient assessments, review of care coordination metrics and dashboards, and regular meetings focused on care transitions, social needs, and extended stays. Close collaboration between inpatient and ambulatory care teams supports safe and equitable transitions of care.

Access to care

UCLA Health is committed to advancing equitable access to high-quality health care for the diverse communities we serve. Our comprehensive approach ensures timely, patient-centered care for all populations and patients.

To enhance access, UCLA Health is expanding clinical capacity for both new and returning patients. Special emphasis is placed on same-day appointment availability to meet immediate health needs efficiently. Continuity of care is also prioritized, particularly for patients transitioning from inpatient settings, many of whom experience vulnerabilities related to financial constraints, chronic conditions, or limited support systems. Strengthened follow-up protocols aim to improve post-discharge outcomes and reduce preventable readmissions.

UCLA Healthâ??s data-driven growth strategy prioritizes opportunities to meet community needs across and beyond our service area. These assessments are conducted in collaboration with community partners, public health agencies, and residents to identify gaps in care access and prioritize interventions that address the most pressing health care inequities. Community input is critical to aligning health system investments with local needs.

To reduce structural barriers, UCLA Health continues to expand its portfolio of virtual care services. Offerings include video visits, virtual urgent care, e-visits, and streamlined electronic consultations. These services enhance convenience for patients who may face transportation challenges, inflexible work schedules, or caregiving responsibilities. To ensure equitable digital access, the organization provides multilingual support and digital literacy assistance for patients navigating virtual platforms.

Recognizing the significant impact of social determinants of health on access and outcomes, the population health teams are integrating these factors into program design and care delivery. Patients are routinely screened for needs such as housing instability , food insecurity, and lack of transportation. Those with identified needs are referred to appropriate social service resources through a coordinated system that facilitates navigation and follow-up. This whole-person care model aims to reduce non-clinical barriers for all patients and communities.

UCLA Health also actively partners with community-based organizations, local health departments, and trusted community leaders to extend care beyond traditional clinical settings. Initiatives include mobile health units, the Homeless Healthcare Collaborative, preventive screening events, health education workshops, school-based programming, and wellness outreach programs. These efforts are designed to meet patients and families where they are and build trust with the communities we serve.

To ensure that access is inclusive for all patients, UCLA Health provides accommodations for individuals with disabilities, including accessible facilities, auxiliary aids, and adaptive communication supports. The health system also prioritizes culturally and linguistically appropriate services, with expanded interpreter resources and translated materials available across multiple languages. Staff are trained to deliver care that is responsive to cultural needs, language preferences, and diverse abilities, creating a more inclusive and supportive environment for patients and their families.

To identify and mitigate inequities in access, UCLA Health utilizes data analytics and performance improvement strategies. Demographic and geographic data are analyzed to assess patterns in service utilization, missed appointments, and preventive care gaps. This information guides targeted outreach, improvements in scheduling practices, and enhancements in interpreter services for patients with limited English proficiency or communication challenges.

Through these coordinated efforts, UCLA Health seeks to ensure that every patient has access to timely, high-quality, and compassionate care. The organization remains firmly committed to promoting health equity and continually refining strategies to meet the evolving needs of the populations it serves.

Methodology Guidelines

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

Y