

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2025
Hospital Name:	SAN GABRIEL VALLEY MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106190200
Report Period:	1/1/2025 - 12/31/2025
Status:	Submitted
Due Date:	09/30/2026
Last Updated:	09/09/2026
Hospital Location with Clean Water and Air:	No
Hospital Web Address for Equity Report:	https://www.ahmchealth.com/sgvmc/

Overview

Health and Safety Code Sections 127370-127376 require 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 Health and Safety Code Sections 127370-127376, 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.

Yes

Provide documentation of policy prohibiting discrimination.

Yes

Table 1. Summary of preferred languages reported by patients.

Languages	Number of patients who report preferred language	Total number of patients who were asked to report their preferred language	Percentage of patients by preferred language group (%)
English Language	19797	29360	67.4
Spanish Language	2809	29360	9.6
Asian Pacific Islander Languages	6429	29360	21.9
Middle Eastern Languages	13	29360	0
American Sign Language		29360	
Other Languages	312	29360	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)

- 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.
- Yes

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

- Our hospital collects demographic information, including self-reported race and ethnicity, and/or social determinant of health information on the majority of our patients.
- 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.

Yes

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.

Yes

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.

Yes

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 reviews key performance indicators stratified by demographic and/or social factors.

Yes

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 18 years or older 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

1054

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

2678

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

39.4

Table 2. Screen positive 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 patients who screened positive	Screen positive rate (%)	Number of patients who screened positive and received intervention	Intervention Rate (%)
Food Insecurity	36	1.3	36	1.3
Housing Instability	48	1.8	44	1.6
Transportation Problems	61	2.3	59	2.2
Utility Difficulties	masked	masked	masked	masked
Interpersonal Safety	masked	masked	masked	masked

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?"

398

Total number of respondents to HCAHPS Question 19

442

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

90

Total number of patients surveyed on HCAHPS Question 19

2456

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

18

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

Patient Received Information in Writing

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

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

380

Total number of respondents to HCAHPS Question 17

442

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

86

Total number of people surveyed on HCAHPS Question 17

2456

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

18

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	Rate 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	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
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	Rate 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	Rate 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	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages					
Disability Status	Number of "yes" responses	Total number of responses	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition disability					
Has a hearing disability					
Has a vision disability					
Has a self-care disability					
Has an independent living disability					

Sexual Orientation	Number of "yes" responses	Total number of responses	Rate 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	Rate 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

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

401

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

57.4

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	13	231	56.3
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	masked	masked	masked
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 to 34	masked	masked	masked
Age 35 to 49	0	24	0
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	19	304	62.5
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	masked	masked	masked
Male	masked	masked	masked
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	16	285	56.1
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay	masked	masked	masked
Other			

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

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 of any age 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

0

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

21

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

0

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	0	12	0
Black or African American			
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	masked	masked	masked

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 to 34	masked	masked	masked
Age 35 to 49			
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	0	14	0

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	masked	masked	masked
Male	masked	masked	masked
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	0	14	0
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
Other			

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language	0	11	0
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

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

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

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

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

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

The CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate is defined as nulliparous women with a term (at least 37 weeks gestation), singleton baby in a vertex position delivered by cesarean 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

Total number of nulliparous patients delivered of a live term singleton newborn in vertex presentation

Rate of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section

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 100 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](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

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

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

Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries

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 deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 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 deliveries per 100 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 deliveries per 100 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 deliveries per 100 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 deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 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 deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

CMQCC Exclusive Breast Milk Feeding Rate

The CMQCC Exclusive Breast Milk Feeding Rate is defined as the newborns per 100 who reached at least 37 weeks of gestation (or 3000g if gestational age is missing) who received breast milk exclusively during their stay at the hospital. Other criteria are that the newborns did not go to the neonatal intensive care unit (NICU), transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia. General acute care hospitals report the Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The CMQCC Exclusive Breast Milk Feeding Rate uses the Joint Commission National Quality Measure PC-05. For more information, please visit the following link by copying and pasting the URL into your web browser:
<https://manual.jointcommission.org/releases/TJC2024B/MIF0170.html>

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

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

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

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

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

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

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

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

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

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

General acute care hospitals are required to report several HCAI All-Cause Unplanned 30-Day Hospital Readmission Rates, which are broadly defined as the percentage of hospital-level, unplanned, all-cause readmissions after admission for eligible conditions within 30 days of hospital discharge for patients aged 18 years and older. These rates are first stratified based on any eligible condition, mental health disorders, substance use disorders, co-occurring disorders, and no behavioral health diagnosis. Then, each condition-stratified hospital readmission rate is further

stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, please visit the following link by copying and pasting the URL into your web browser:
https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

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

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

387

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

3176

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

12.2

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	masked	masked	masked
Asian	176	1619	10.9
Black or African American	15	106	14.2
Hispanic or Latino	101	906	11.1
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	masked	masked	masked
White	85	479	17.7

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	11	202	5.4
Age 35 to 49	56	363	15.4
Age 50 to 64	63	609	10.3
Age 65 Years and Older	257	2002	12.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	199	1744	11.4
Male	188	1432	13.1
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	254	2043	12.4
Medicaid	123	900	13.7
Private	masked	masked	masked
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	224	1717	13
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	124	1112	11.2
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

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

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

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

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

60

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

366

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

16.4

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

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

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	masked	masked	masked
Medicaid	masked	masked	masked
Private	0	15	0
Self-Pay	masked	masked	masked
Other			

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

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

27

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

older at time of admission

145

Rate of hospital-level, unplanned, all-cause readmissions after admission for substance use disorders within 30 days of hospital discharge for patients aged 18 or older

18.6

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	masked	masked	masked
Black or African American	0	13	0
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	masked	masked	masked

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

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

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

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

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

masked

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

older at time of admission
masked

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
masked

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	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	0	18	0

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

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

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

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

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

290

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

older at time of admission
2609

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

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	masked	masked	masked
White	masked	masked	masked
Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	masked	masked	masked
Age 35 to 49	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	masked	masked	masked
Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	156	1449	10.8
Male	134	1160	11.6
Unknown			
Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	masked	masked	masked
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay	0	21	0
Other	masked	masked	masked

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

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.

Rank	Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
1	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	15.4	18 to 34	5.4	2.8
2	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	12.8	18 to 34	5.4	2.4
3	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	10.3	18 to 34	5.4	1.9
4	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	White	17.7	Asian	10.9	1.6
5	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Black or African American	14.2	Asian	10.9	1.3
6	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Preferred Language	English Language	13	Asian/ Pacific Islander Languages	11.2	1.2
7	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Male	13.1	Female	11.4	1.2
8	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	13.7	Medicare	12.4	1.1
9	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Sex Assigned at Birth			Male	11.6	1.1
10	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Hispanic or Latino	11.1	Asian	10.9	1

Plan to address disparities identified in the data

PRIORITIZATION. All ten of San Gabriel Valley Medical Center's (SGVMC) widest disparities fall within a single measure: the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate. SGVMC will address them through one integrated, equity-stratified Readmission Reduction Program with population-specific sub-strategies rather than ten disconnected initiatives. Disparities were prioritized by rate ratio, absolute rate difference, affected population size, and modifiability.□

□

GOVERNANCE AND ACCOUNTABILITY. The designated Health Equity Lead, working with the Quality and Risk Management Department, chairs a multidisciplinary Health Equity Workgroup including case management, nursing, pharmacy, medical staff, informatics, patient access, and social services. Each disparity carries a named owner, a measurable objective, and a due date on a standing equity scorecard. The Workgroup reports quarterly to the Performance Improvement and

Patient Safety Committee, the Medical Executive Committee, and the Governing Board.□

□

TIER 1 - AGE (Disparities 1-3). Population impact: patients aged 35-49 (15.4), 65 and older (12.8), and 50-64 (10.2) readmit at 1.9 to 2.8 times the rate of patients aged 18-34 (5.4). These cohorts comprise most adult medical-surgical discharges and carry the highest chronic disease burden. Actions: admission risk stratification using a validated tool; pharmacist-led medication reconciliation and counseling for high-risk patients; teach-back-verified discharge education; post-discharge telephone contact within 48 to 72 hours; a follow-up appointment confirmed before discharge, targeting seven days or less; disease-specific pathways for heart failure, COPD, sepsis, and pneumonia; behavioral health and substance use screening with warm hand-off for the 35-49 cohort; and delirium and polypharmacy screening for the 65 and older cohort. Measurable objectives: reduce the 35-49 rate from 15.4 to 13.9 or lower by 12/31/2026 and to 12.3 or lower by 12/31/2027, narrowing the rate ratio from 2.8 to 2.2 or lower; reduce the 65 and older rate from 12.8 to 10.9 or lower and the ratio from 2.4 to 2.0 or lower by 12/31/2027; reduce the 50-64 rate from 10.2 to 9.2 or lower and the ratio from 1.9 to 1.7 or lower by 12/31/2027. □

□

TIER 1 - RACE AND ETHNICITY (Disparities 4-5). Population impact: White patients (17.7) and Black or African American patients (14.2) readmit at 1.6 and 1.3 times the rate of Asian patients (10.9), the hospital's largest patient population. Actions: validate race and ethnicity data quality, including harmonization of duplicate value labels identified during this reporting cycle; conduct structured root-cause review of consecutive 30-day readmissions in each cohort; perform stratified analysis to identify confounding by age, payor, and comorbidity; deploy targeted social work follow-up; and place equity findings on the readmission review committee agenda. □

□

TIER 2 - LANGUAGE, SEX, AND PAYOR (Disparities 6-10). Population impact: rate ratios of 1.0 to 1.2 indicate near-parity. English-preferring patients (13.0 vs. 11.2), male patients (13.1 vs. 11.4, and 11.6 vs. 10.8 among those without a behavioral health diagnosis), Medicaid patients (13.6 vs. 12.4), and Hispanic or Latino patients (11.0 vs. 10.9) show modest excess. Actions: test statistical significance and denominator stability before allocating targeted resources; for the payor gap, embed financial assistance screening, prescription access support, transportation assistance, and referral to Medi-Cal Enhanced Care Management and Community Supports into discharge planning; and maintain quarterly surveillance. Measurable objectives: complete significance testing by 3/31/2027; sustain Tier 2 ratios at 1.2 or lower and reach 1.05 or lower for the payor and sex disparities by 12/31/2028.□

□

FOUNDATIONAL DATA AND SOCIAL NEEDS SCREENING. In CY2025, 1,054 of 2,678 screening-eligible inpatient encounters (39.4 percent) were screened for all five health-related social needs, and completion was lowest among Black or African American patients (29.6 percent), the cohort in Disparity 5. Objectives: raise all-five screening completion to 60 percent by 12/31/2026 and 80 percent by 12/31/2027, with no group more than five points below the facility rate; achieve 95 percent completeness for self-reported race, ethnicity, and preferred language by 6/30/2027; and deploy an equity-stratified readmission dashboard by 3/31/2027.□

□

MONITORING. Progress is reviewed quarterly against baseline. Any objective without measurable improvement across two consecutive quarters triggers formal re-evaluation and countermeasure redesign, reported to the Governing Board.

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

SGVMC defines person-centered care as care that is respectful of and responsive to each patient's preferences, needs, values, language, culture, and health literacy, and that ensures patient values guide clinical decisions.□

□
LANGUAGE ACCESS. SGVMC serves one of the most linguistically diverse communities in California. Qualified interpreter services are available 24 hours a day at no cost to the patient through bilingual staff assessed for language proficiency, video remote interpreting, and telephonic interpretation covering more than 200 languages. Preferred language is captured at registration as a discrete data element and displayed in the electronic health record so that every member of the care team is alerted. Vital documents, including the Conditions of Admission, informed consent forms, patient rights notices, financial assistance and discharge notices, grievance procedures, and discharge instructions, are provided in the facility's threshold languages. Reliance on family members, and in particular minors, as interpreters is prohibited except in documented emergencies.□

□
MEASURING AND ACTING ON PATIENT EXPERIENCE. SGVMC administers the HCAHPS survey through a CMS-approved vendor and reviews results monthly at the unit and department level, quarterly at the Performance Improvement and Patient Safety Committee, and at least annually at the Governing Board. Results are stratified by race and ethnicity, preferred language, age, sex, and payor to detect differential experience. The domains most closely associated with readmission risk, Communication with Nurses, Communication with Doctors, Communication About Medicines, Discharge Information, and Care Transition, are tracked as leading indicators for the readmission disparities identified in this report. □

□
VOICE OF THE PATIENT. Grievances and complaints are logged, categorized, trended, and reviewed by the Quality and Risk Management Department, with analysis by preferred language, race and ethnicity, payor, and service area. Grievances receive written acknowledgment and resolution within the timeframes required by 42 C.F.R. 482.13 and applicable California law. Leader rounding on inpatients, post-discharge follow-up calls, and community advisory input supplement survey data and generate real-time service recovery.□

□
SHARED DECISION-MAKING AND PATIENT PREFERENCES. Advance directive status is assessed on admission and POLST forms are reviewed and reconciled at each transition. Goals-of-care conversations are conducted with a qualified interpreter present when indicated and are documented in the record. Cultural, dietary, modesty, family-involvement, and end-of-life practices are accommodated wherever clinically feasible, with spiritual care available on request. Teach-back is required for discharge education, and written materials are maintained at an accessible reading level.□

□
NONDISCRIMINATION, DIGNITY, AND ACCESSIBILITY. SGVMC maintains and posts a policy prohibiting discrimination consistent with Section 1557 of the Affordable Care Act, the Americans with Disabilities Act, and California law. Sexual orientation and gender identity information is collected respectfully as structured data, and chosen name and pronouns are honored. Auxiliary aids and services, including American Sign Language interpretation and assistive listening and

communication devices, are furnished at no cost to patients with disabilities.□

□
WORKFORCE PREPARATION. All patient-facing staff and members of the medical staff complete training in cultural humility, implicit bias, language access requirements, disability accommodation, and trauma-informed communication.□

□
CURRENT IMPROVEMENT PRIORITIES. Increase documented use of qualified interpreters for patients with a non-English preferred language; improve Care Transition composite performance; and achieve full compliance on teach-back audits. Facility specific goal to reach full compliance is by end of Quarter 2, 2026.

Patient safety

SGVMC maintains a comprehensive, board-accountable patient safety program built on a nonpunitive event reporting culture, systematic analysis, and equity-stratified surveillance.□

□
SAFETY EVENT REPORTING AND ANALYSIS. Staff and medical staff report events, near misses, and unsafe conditions through an electronic reporting system available on every workstation. Events are triaged daily by the Quality and Risk Management Department, scored for severity, and assigned for apparent cause or root cause analysis. Sentinel events and events meeting the California adverse event reporting criteria of Health and Safety Code section 1279.1 are reported to CDPH within the required timeframe, undergo formal root cause analysis with a corrective action plan and measures of success, and are reviewed by the Patient Safety Committee, the Medical Executive Committee, and the Governing Board. Corrective actions are audited for sustained effectiveness rather than closed at implementation.□

□
SURVEILLANCE AND MEASUREMENT. SGVMC monitors healthcare-associated infections through NHSN, including CLABSI, CAUTI, surgical site infection, MRSA bacteremia, and C. difficile; falls and falls with injury; hospital-acquired pressure injuries; medication events and adverse drug events; restraint and seclusion use; blood product events; surgical and procedural events including retained items and wrong-site occurrences; and patient identification and handoff failures. AHRQ Patient Safety Indicators and CMS Hospital-Acquired Condition results are reviewed alongside internal data.□

□
EQUITY STRATIFICATION OF SAFETY DATA. SGVMC recognizes that safety risk is not evenly distributed. Key safety indicators are stratified by race and ethnicity, preferred language, age, sex, and payor, with particular attention to categories where differential treatment is documented in the literature: restraint and seclusion use, rapid response and code activation, analgesia and pain management, and adverse events among patients with limited English proficiency. Any signal of differential rates is referred to the Health Equity Workgroup for structured review. Because hospital-acquired conditions and adverse drug events are direct contributors to unplanned readmission, this work is coordinated with the readmission reduction strategy addressing the ten disparities identified in this report.□

□
SAFETY CULTURE. SGVMC participates in Surveys on Patient Safety Culture, benchmarks results against the AHRQ/Press Ganey database and against sister facilities within the system, and stratifies responses by department and role. Composite results, particularly nonpunitive response to error, communication openness, and handoffs and transitions, drive unit-level action plans that are reassessed at the next administration cycle. □

CLINICAL SAFETY PROGRAMS. Active programs include medication safety and high-alert medication controls with pharmacist review, antimicrobial stewardship, sepsis early recognition, VTE

prophylaxis, falls prevention, pressure injury prevention, safe patient handling, universal protocol and surgical safety checklist compliance, workplace violence prevention under Cal/OSHA section 3342, and infection prevention program oversight.□

□
PEER REVIEW AND PROFESSIONAL ACCOUNTABILITY. Ongoing professional practice evaluation and focused professional practice evaluation are conducted under the medical staff bylaws, with quality-of-care concerns referred to department peer review committees and, where indicated, the Medical Executive Committee.□

□
REGULATORY AND ACCREDITATION STANDING. SGVMC is surveyed by The Joint Commission and by CDPH as the CMS state survey agency, and maintains compliance with the Medicare Conditions of Participation. The facility has had recent surveys by the Joint Commission with minimal findings, performing far better than the majority of California Acute Care Facilities.

Addressing patient social drivers of health

SGVMC screens for and responds to health-related social needs as a clinical function, on the premise that social risk is a principal driver of the readmission disparities identified in this report.□

□
SCREENING PROGRAM AND CY2025 PERFORMANCE. Consistent with the CMS Screening for Social Drivers of Health measure, SGVMC screens adult inpatients at admission for the five health-related social needs: food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety. Screening is embedded in the admission assessment and captured as structured data in the electronic health record. In calendar year 2025, 2,678 screening-eligible inpatient encounters were recorded, of which 1,054 (39.4 percent) were screened across all five domains. Quarterly completion was stable at 39.2, 39.2, 37.7, and 41.5 percent. Screening was not completed for 790 encounters (29.5 percent) in which the patient was clinically unable to respond, 692 (25.8 percent) in which the patient declined, and 186 (6.9 percent) in which no barrier was documented and the assessment was left incomplete.□

□
POSITIVE SCREENS. Among the 1,054 encounters screened across all five domains, 98 patients (9.3 percent) screened positive in at least one domain. By domain: transportation problems 61 (5.8 percent), housing instability 48 (4.6 percent), food insecurity 36 (3.4 percent), utility difficulties 31 (2.9 percent), and interpersonal safety 9 (0.9 percent, defined as a HITS score of 11 or greater).□

□
INTERVENTION AND REFERRAL. A positive screen generates referral to case management and clinical social work. Food insecurity triggers CalFresh enrollment assistance and referral to regional food bank and medically tailored meal partners. Housing instability triggers referral to Los Angeles County housing and homeless services and recuperative care, with adherence to the homeless patient discharge planning requirements of Health and Safety Code section 1262.5. Transportation problems trigger non-emergency medical transportation and Medi-Cal transportation benefit coordination. Utility difficulties trigger referral to LIHEAP, utility medical baseline and hardship programs, and 211 LA. Interpersonal safety concerns trigger immediate clinical social work evaluation, safety planning, referral to domestic violence and adult protective services, and mandated reporting where required. Medi-Cal managed care members are referred to Enhanced Care Management and Community Supports where eligible.□

□
EQUITY FINDING. Screening completion is itself inequitably distributed, and the pattern aligns with the readmission disparities identified in this report. Completion was 42.0 percent among White patients, 37.0 percent among Asian patients, and 29.6 percent among Black or African American patients. Positivity ran in the opposite direction: among those screened, 17.2 percent of Black or

African American patients were positive in at least one domain, compared with 9.9 percent of White and 2.9 percent of Asian patients. The population with the highest unmet social need and an elevated readmission rate ratio is therefore the least likely to be screened. Closing this gap is a priority objective of the Health Equity Plan.□

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IMPROVEMENT PRIORITIES. Raise all-five screening completion to 60 percent by 12/31/2026 and 80 percent by 12/31/2027, with no racial or ethnic group more than five percentage points below the facility rate; eliminate incomplete screens carrying no documented barrier; reduce the decline rate through standardized scripting and interpreter use; harmonize race and ethnicity value sets by 6/30/2027; and implement structured documentation of the intervention delivered for each positive domain, which is not currently captured discretely.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

SGVMC's approach to effective treatment is to reduce unwarranted clinical variation through standardized, evidence-based care and to verify, through stratified measurement, that the standard is applied equitably.□

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STANDARDIZATION OF EVIDENCE-BASED CARE. Condition-specific order sets, clinical pathways, and protocols are maintained for the diagnoses that most influence outcomes and readmission risk, including sepsis, heart failure, COPD, pneumonia, acute myocardial infarction, stroke, gastrointestinal bleeding, and diabetes with hyperglycemic crisis. Order sets are reviewed and reapproved by the responsible medical staff departments and the Pharmacy and Therapeutics Committee on a defined cycle and updated when guidelines change. Nursing protocols, respiratory therapy protocols, and pharmacist-driven dosing protocols support consistent execution across shifts.□

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CORE CLINICAL MEASURES. SGVMC monitors performance on CMS Inpatient Quality Reporting and Joint Commission measures, including SEP-1 severe sepsis and septic shock bundle compliance, stroke care measures, perinatal care measures, VTE prophylaxis, and immunization measures, together with risk-adjusted mortality and complication rates. Results are reviewed monthly by the responsible clinical departments and quarterly by the Performance Improvement and Patient Safety Committee. □

□
STRATIFIED REVIEW FOR EQUITABLE TREATMENT. Core process measures, time-to-treatment intervals, and risk-adjusted outcomes are stratified by race and ethnicity, preferred language, age, sex, and payor. This stratification is intended to detect the specific failure mode in which an evidence-based standard exists and is generally met but is applied less reliably to a subgroup. Any material difference is referred for chart-level review through the Health Equity Workgroup and, where a practitioner-specific concern is identified, through the peer review process.□

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MORTALITY AND OUTCOME REVIEW. Inpatient deaths are screened against defined criteria, with cases meeting those criteria advanced to physician review, department peer review, or root cause analysis. Findings are trended systemwide and used to identify diagnosis-specific opportunities. Risk-adjusted readmission performance is analyzed by principal diagnosis to determine which conditions drive the excess readmission observed in the disparity cohorts identified in this report.

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MEDICATION EFFECTIVENESS AND STEWARDSHIP. An antimicrobial stewardship program operating under Health and Safety Code section 1288.5 and Joint Commission requirements reviews antimicrobial selection, de-escalation, and duration. Pharmacist-led medication reconciliation at admission, transfer, and discharge addresses regimen appropriateness, affordability, and access, which are recurrent contributors to post-discharge treatment failure.□

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DIAGNOSTIC AND ANCILLARY RELIABILITY. Turnaround time and reporting reliability for laboratory, imaging, and critical results notification are monitored as prerequisites to timely treatment, with escalation pathways for delays.□

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PRACTITIONER COMPETENCE. Clinical privileges are granted and renewed on the basis of documented current competence, with ongoing and focused professional practice evaluation tied to measurable clinical indicators.

Care coordination

Care coordination is SGVMC's principal lever for the ten disparities identified in this report, all of which occur within the all-cause unplanned 30-day readmission measure.□

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RISK STRATIFICATION AT ADMISSION. Every adult inpatient is assessed for readmission risk at or near admission using a validated instrument together with clinical judgment, incorporating prior utilization, principal diagnosis, comorbidity burden, medication complexity, behavioral health and substance use history, functional status, caregiver availability, insurance status, and results of health-related social needs screening. Risk level drives the intensity of the transitional care intervention rather than serving as documentation alone.□

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MULTIDISCIPLINARY DISCHARGE PLANNING. Discharge planning begins on the day of admission. Daily interdisciplinary rounds bring together the attending or hospitalist, bedside nursing, case management, clinical social work, pharmacy, and therapy services to establish an anticipated discharge date, the expected disposition, and the barriers to achieving it. Case management and social work coverage is maintained across weekends and holidays to prevent hand-off failures at high-risk discharge times.□

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MEDICATION RECONCILIATION AND ACCESS. Pharmacist-led reconciliation is performed at admission, at transfer between levels of care, and at discharge for high-risk patients. Discharge counseling addresses indication, administration, adverse effects, and cost, with proactive identification of affordability and formulary barriers, prior authorization support, and, where available, medications delivered to the bedside before discharge.□

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PATIENT-ACTIVATED TRANSITIONS. Discharge instructions are provided in the patient's preferred language, written at an accessible reading level, and confirmed through teach-back with the patient and, when authorized, the caregiver. Instructions identify the specific warning signs that should prompt contact with the care team and provide a named point of contact, in order to redirect avoidable presentations away from the emergency department.□

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POST-DISCHARGE FOLLOW-UP. High-risk patients receive telephone contact within 48 to 72 hours of discharge to verify medication acquisition and understanding, symptom status, and appointment attendance, with escalation to a clinician when concerns are identified. A follow-up appointment is scheduled and confirmed prior to discharge, with a target interval of seven days or fewer for

high-risk patients, and transportation barriers are addressed as part of scheduling.□

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POST-ACUTE AND AMBULATORY LINKAGE. SGVMC maintains structured communication with skilled nursing facilities, home health agencies, hospice providers, dialysis centers, primary care practices, federally qualified health centers, and Medi-Cal managed care plans. The discharge summary is transmitted to the receiving provider within the timeframe required by the Conditions of Participation, and warm hand-off communication is used for complex transfers. Behavioral health and substance use disorder linkage is arranged before discharge for patients with identified need.□

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READMISSION REVIEW AND FEEDBACK. A readmission review process examines 30-day returns for preventability, categorizes contributing factors, and feeds findings back to the responsible units. Beginning with the current reporting cycle, this review is stratified by the age, race and ethnicity, sex, language, and payor categories identified as disparities, so that improvement work is directed at the populations experiencing the widest gaps.□

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IMPROVEMENT PRIORITIES. Increase the proportion of high-risk discharges with a confirmed seven-day follow-up appointment; increase completion of 48-to-72-hour post-discharge calls; and increase timely discharge summary transmission.

Access to care

SGVMC is a general acute care hospital serving a densely populated, ethnically and linguistically diverse, and substantially safety-net-dependent community in the San Gabriel Valley. Access is treated as a measurable dimension of quality.□

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EMERGENCY AND UNSCHEDULED ACCESS. The emergency department operates 24 hours a day and provides medical screening examination and stabilizing treatment without regard to ability to pay, consistent with EMTALA and Health and Safety Code section 1317. Throughput measures, including door-to-provider time, length of stay for admitted and discharged patients, boarding time, and the rate of patients who leave without being seen, are monitored and reviewed by the Performance Improvement and Patient Safety Committee. These measures are stratified by race and ethnicity, preferred language, age, sex, and payor, because differential wait times and elevated leave-without-being-seen rates are direct access inequities. □

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FINANCIAL ACCESS. SGVMC maintains a charity care and discount payment policy conforming to the Hospital Fair Pricing Act, Health and Safety Code sections 127400 et seq., as amended by AB 2297 and SB 1061. Financial assistance is screened for at registration and again during the billing cycle; applications are accepted without an asset test where prohibited; and required notices are provided at admission, at discharge, and with billing statements in the facility's threshold languages. Patients are screened and assisted with enrollment in Medi-Cal, Covered California, and county coverage programs. Policies and application materials are posted publicly and provided on request at no charge.□

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LANGUAGE AND DISABILITY ACCESS. Qualified interpreter services are available at no cost 24 hours a day, and auxiliary aids and services are provided for patients with vision, hearing, speech, or cognitive disabilities. Physical accessibility, accessible medical and diagnostic equipment, and service animal accommodation are maintained consistent with the Americans with Disabilities Act. Because interpreter availability and disability accommodation determine whether care is usable and not merely available, these are tracked as access measures.□

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SERVICE CAPACITY AND SPECIALTY ACCESS. Service lines maintained, include: basic emergency

medicine, critical care, medical-surgical, telemetry, surgical services, imaging, laboratory, and a distinct separate skilled nursing and acute psychiatric/behavioral health units. On-call specialty coverage is maintained consistent with the emergency services call panel obligations. Transfer agreements are maintained with higher-level-of-care facilities for services not provided on site, and receiving-facility transfers are accepted consistent with capability and capacity.

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GEOGRAPHIC AND LOGISTICAL ACCESS. Transportation barriers identified through social needs screening are addressed through non-emergency medical transportation, Medi-Cal transportation benefits, and voucher or rideshare support for follow-up care. ☐

☐
COMMUNITY ACCESS AND OUTREACH. SGVMC conducts an annual Community Health Needs Assessment with an implementation strategy, and provides community health education, screening events, and outreach in the languages of the service area. ☐

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IMPROVEMENT PRIORITIES. Reduce the leave-without-being-seen rate and eliminate any stratified difference in that rate; increase the proportion of uninsured and underinsured patients screened for financial assistance; and reduce time to specialty follow-up after discharge.

Methodology Guidelines

Did the hospital follow the methodology in the Measures Submission Guide?

Yes