

Hospital Equity Measures Report

General Information

Report Type: Hospital Equity Measures Report
Year: 2025
System Name: Pipeline Health System
Associated Hospitals:

Facility Name	Facility Type	HCAI ID	Address
COAST PLAZA HOSPITAL	General Acute Care Hospital	106190766	13100 STUDEBAKER ROAD, NORWALK, CA 90650
COMMUNITY HOSPITAL OF HUNTINGTON PARK	General Acute Care Hospital	106190197	2623 EAST SLAUSON AVENUE, HUNTINGTON PARK, CA 90255
EAST LOS ANGELES DOCTORS HOSPITAL	General Acute Care Hospital	106190256	4060 WHITTIER BOULEVARD, LOS ANGELES, CA 90023
MEMORIAL HOSPITAL OF GARDENA	General Acute Care Hospital	106190521	1145 W. REDONDO BEACH BLVD., GARDENA, CA 90247

Status: Submitted
Due Date: 09/30/2026
Last Updated: 09/29/2026
Hospital Web Address for Equity Report: www.pipelinehealth.us
Hospital System Description:

Pipeline Health System is a for-profit, four-hospital health system serving the communities of Norwalk, Gardena, East Los Angeles, and Huntington Park, California. Our hospitals provide a broad range of acute care services including emergency care, intensive care, internal medicine, and surgical services, with a dedicated behavioral health unit located at our Norwalk facility. Our hospitals serve a diverse patient population reflective of the greater Los Angeles community, including many individuals and families experiencing socioeconomic and healthcare access challenges. Medicaid represents the System’s largest payor population, underscoring our commitment to addressing health disparities, reducing barriers to care, and meeting the needs of historically underserved communities.

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

Structural Measures

Joint Commission Accreditation

Hospital systems 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 system health equity activities.

Yes

Provide documentation of hospital system policy prohibiting discrimination.

Yes

Table 1. Summary of preferred languages reported by patients. This data is aggregated across all hospital types within the system, if applicable (General Acute Care, Acute Psychiatric and Children's hospitals).

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	76508	110533	69.2
Spanish Language	33202	110533	30
Asian Pacific Islander Languages	407	110533	0.4
Middle Eastern Languages	43	110533	0
American Sign Language	21	110533	0
Other Languages	352	110533	0.3

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

Hospital systems 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. This data is aggregated across all hospital types within the system, if applicable (General Acute Care, Acute Psychiatric and Children's hospitals). 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

10273

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

12511

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

82.1

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	1011	10		
Housing Instability	1776	17		
Transportation Problems	1426	14		
Utility Difficulties	803	8		
Interpersonal Safety	96	0.9		

Core Quality Measures

Core Quality Measures for Hospital Systems

There are two quality measures from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. This data is aggregated across all General Acute Care, Acute Psychiatric hospitals within the system, if applicable. 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, hospital systems 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?"

670

Total number of respondents to HCAHPS Question 19

825

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

81.2

Total number of patients surveyed on HCAHPS Question 19

878

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

93.9

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	35	45	77.7		
Asian	48	65	73.8		
Black or African American	118	152	77.6		
Hispanic or Latino	382	442	86.4		
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	masked	masked	masked		
White	55	93	59.1		

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	42	50	84	51	98
Age 35 to 49	77	98	78.5	104	94.2
Age 50 to 64	209	258	81	262	98.4
Age 65 Years and Older	342	419	81.6	461	90.8

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	337	432	78	464	93.1
Male	333	393	84.7	414	94.9
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	217	261	83.1		
Medicaid	390	476	81.9		
Private	48	71	67.6		
Self-Pay	masked	masked	masked		
Other	masked	masked	masked		

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	358	479	74.7	509	94.1
Spanish Language	277	308	89.9	349	88.2
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. Hospital systems 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?"

607

Total number of respondents to HCAHPS Question 17

748

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

81.1

Total number of people surveyed on HCAHPS Question 17

878

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

85.1

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

Race and/or Ethnicity	Number of "yes" responses	Total number of responses	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	33	41	80.4		
Asian	42	61	68.8		
Black or African American	108	142	76		
Hispanic or Latino	356	411	86.6		
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	masked	masked	masked		
White	50	74	67.5		

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	38	48	79.1	51	94.1
Age 35 to 49	75	88	85.2	104	84.6
Age 50 to 64	192	240	80	262	91.6
Age 65 Years and Older	302	372	81.1	461	80.6

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	323	396	81.5	464	85.3
Male	284	352	80.6	414	85
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	192	227	84.5		
Medicaid	359	440	81.5		
Private	44	65	67.6		
Self-Pay	masked	masked	masked		
Other	masked	masked	masked		

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	321	427	75.1	509	83.8
Spanish Language	257	285	90.1	349	81.6
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

Hospital systems 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. Hospital systems 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. This data is aggregated across all General Acute Care, Acute Psychiatric hospitals within the system, if applicable. 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

87

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

959

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

90.7

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	masked	masked	masked
Black or African American	15	208	72.1
Hispanic or Latino	41	485	84.5
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander	masked	masked	masked
White	17	162	104.9

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	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	76	685	110.9

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	42	458	91.7
Male	45	501	89.8
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	61	554	110.1
Medicaid	24	361	66.5
Private	masked	masked	masked
Self-Pay	masked	masked	masked
Other	masked	masked	masked

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	61	669	91.2
Spanish Language	21	275	76.4
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. Hospital systems report this measure by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. This data is aggregated across all General Acute Care hospitals within the system. 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

masked

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

masked

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

masked

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			
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 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	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	masked	masked	masked

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	masked	masked	masked
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	masked	masked	masked
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
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). This data is aggregated across all General Acute Care hospitals within the system.

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. Hospital systems 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

59

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

233

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

25.3

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	13	62	20.9
Black or African American	masked	masked	masked
Hispanic or Latino	42	151	27.8
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander			
White	masked	masked	masked

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	masked	masked	masked
Age 18 to 29	27	100	27
Age 30 to 39	25	118	21.1
Age 40 Years and Older	masked	masked	masked

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	33	136	24.2
Private			
Self-Pay	18	75	24
Other	masked	masked	masked

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	32	115	27.8
Spanish Language	22	92	23.9
Asian Pacific Islander Languages	masked	masked	masked
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. Hospital systems 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
masked

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

masked

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

masked

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	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 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	masked	masked	masked
Age 30 to 39	masked	masked	masked
Age 40 Years and Older	masked	masked	masked
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	masked	masked	masked
Private	masked	masked	masked
Self-Pay	masked	masked	masked
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	masked	masked	masked
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 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. Hospital systems 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			

	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 (%)
Sex assigned at birth			
Female			
Male			
Unknown			
	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 (%)
Payer Type			
Medicare			
Medicaid			
Private			
Self-Pay			
Other			
	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 (%)
Preferred Language			
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			
	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 (%)
Disability Status			
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

Hospital systems are required to report several HCAI All-Cause Unplanned 30-Day Hospital Readmission Rates, which are broadly defined as the percentage of unplanned, all-cause readmissions after admission for eligible conditions within 30 days of hospital discharge. 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 admissions across the system's general acute care, children's, and acute psychiatric hospitals which occurs within 30 days of the discharge date of an eligible index admission

Total number of inpatient admissions across the system's general acute care, acute psychiatric, and children's hospitals, subject to the age rules defined for each hospital type

7756

Rate of hospital system-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge

20.3

Table 10. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for any eligible condition by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. This data is aggregated across all hospital types within the system, if applicable (General Acute Care, Acute Psychiatric and Children's hospitals).

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	masked	masked	masked
Asian	65	347	18.7
Black or African American	524	2194	23.8
Hispanic or Latino	701	3909	17.9
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	228	951	23.9

Age*	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	130	948	13.7
Age 35 to 49	168	770	21.8
Age 50 to 64	220	1159	18.9
Age 65 Years and Older	1061	4879	21.7

*Age groups 0-4, 5-9, 10-14, and 15 years and older are for Children's hospitals. Age groups 18-34, 35-49, 50-64, and 65 years and older are for General Acute Care hospitals and Acute Psychiatric hospitals.

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	721	3706	19.4
Male	858	4050	21.1
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	922	4204	21.9
Medicaid	613	3034	20.2
Private	35	393	8.9
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	1211	5728	21.1
Spanish Language	352	1930	18.2
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages	masked	masked	masked
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

masked

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

admission
masked

Rate of the hospital system-level, unplanned, readmissions for mental health disorder after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 or older
masked

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. This data is aggregated across all General Acute Care, Acute Psychiatric hospitals within the system, if applicable.

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	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	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	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			

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

masked

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

admission
masked

Rate of the hospital system-level, unplanned, readmissions for substance use disorder after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 or older
masked

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. This data is aggregated across all General Acute Care, Acute Psychiatric hospitals within the system, if applicable.

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	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	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	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			

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 hospital and were 18 years or older at time of

admission
masked

Rate of the hospital system-level, unplanned, readmissions for co-occurring disorder after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 or 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. This data is aggregated across all General Acute Care, Acute Psychiatric hospitals within the system, if applicable.

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	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	masked	masked	masked
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 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

masked

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

admission
masked

Rate of the hospital system-level, unplanned, readmissions for no behavioral health diagnosis after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 or older
masked

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. This data is aggregated across all General Acute Care, Acute Psychiatric hospitals within the system, if applicable.

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	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	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	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	masked	masked	masked
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 hospital systems report a health equity plan that identifies the top 10 disparities and a written plan to address them.

Top 10 Disparities

Disparities for each 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	Expected Payor	Medicare	21.9	Private	8.9	2.5
2	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	20.2	Private	8.9	2.3
3	Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Expected Payor	Medicare	110.1	Medicaid	66.5	1.7
4	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	21.7	18 to 34	13.7	1.6
5	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	21.8	18 to 34	13.7	1.6
6	Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Race and/or Ethnicity	White	104.9	Black or African American	72.1	1.5
7	Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Race and/or Ethnicity	White	59.1	Hispanic or Latino	86.4	1.5
8	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	18.9	18 to 34	13.7	1.4
9	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Black or African American	23.8	Hispanic or Latino	17.9	1.3
10	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	White	23.9	Hispanic or Latino	17.9	1.3

Plan to address disparities identified in the data

Pipeline Health System will address the ten identified disparities through a coordinated, data-driven improvement strategy focused on reducing preventable readmissions, improving pneumonia outcomes, and strengthening patient experience across identified populations. Because unplanned 30-day readmissions represent the majority of identified disparities, the system will prioritize risk-stratified transitional care for higher-risk populations, including Medicare and Medicaid patients, adults aged 35 and older, and racial/ethnic groups demonstrating higher readmission rates. Strategies will include enhanced discharge planning and teach-back, medication reconciliation, timely post-discharge follow up, assessment of social and resource needs, and strengthened coordination with primary care, post-acute providers, and community-based resources. To address disparities in pneumonia mortality, the system will evaluate clinical processes and outcomes across affected payor and racial/ethnic populations, with emphasis on identifying potentially modifiable

differences in severity at presentation, timely recognition and escalation of clinical deterioration, sepsis identification and treatment, and adherence to evidence-based pneumonia care. Standardized clinical pathways, early warning and escalation processes, and case-level review of pneumonia mortality will support identification of System and population specific opportunities for improvement. To address the disparity in willingness to recommend the hospital, the System will strengthen person-centered communication and culturally responsive care, with particular attention to understanding differences in the experiences reported by white patients compared with the identified reference population. Patient feedback will be used to identify contributing factors and guide targeted interventions related to communication, responsiveness, teamwork, respect, and discharge education.

Performance in the priority area

Hospital systems 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

The System will strengthen person-centered care by promoting consistent, respectful, and culturally responsive communication across all patient populations. The identified disparity in willingness to recommend the hospital among White patients will be further evaluated using stratified patient experience data and patient feedback to identify opportunities related to communication, responsiveness, teamwork, respect, and understanding of the plan of care. The use of teach-back and clear plain language education will be reinforced to ensure patients and families are actively engaged in care and discharge planning.

Patient safety

The System will advance patient safety by promoting consistent and equitable application of established safety practices across all patient populations. The System will use stratified safety and outcome data to identify variation in care processes, recognize patterns that may contribute to differences in outcomes, and evaluate whether established safeguards are functioning reliably across demographic groups. Multidisciplinary review and performance improvement activities will focus on reducing unwarranted variation, strengthening accountability and ensuring that every patient receives the same high standard of safe care regardless of age, race, ethnicity, or payor status.

Addressing patient social drivers of health

The System will strengthen the identification and response to social drivers of health that may contribute to disparities in unplanned 30-day readmissions, particularly among Medicare and Medicaid populations and other groups demonstrating higher readmission rates. Screening and discharge planning will address barriers such as transportation, medication access and affordability, food insecurity, housing instability, health literacy, caregiver support, and ability to obtain follow-up care. Patients with identified needs will be connected with appropriate community resources and support services, findings will be used to better understand social factors contributing to avoidable utilization.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

The System will promote equitable delivery of evidence-based treatment, with focused attention on pneumonia outcomes and conditions contributing to preventable readmissions. Standardized clinical pathways, timely recognition and treatment of clinical deterioration, appropriate escalation of care, and adherence to evidence-based pneumonia and sepsis practices will be reinforced. Clinical outcomes and key process measures will be routinely reviewed and stratified to identify variation in treatment or outcomes and support targeted performance improvement when differences are identified.

Care coordination

Care coordination will be a primary strategy for addressing the multiple readmission disparities identified by payor, age, and race/ethnicity. The System will strengthen risk-based transitional care through multidisciplinary discharge planning, medication reconciliation, patient and caregiver education, timely follow up appointments and communication with primary care and post-acute providers. Higher-risk patients will receive enhanced support, and readmission cases will be reviewed to identify recurring barriers and opportunities to improve continuity across the care continuum.

Access to care

The System will evaluate barriers to timely and appropriate access to care that may contribute to higher readmission and mortality rates among identified populations. Particular attention will be given to access to primary and specialty care, post-discharge appointments, medications, transportation, and community-based services. The system will work to improve follow up processes and connect patients with appropriate resources before and after discharge, while using stratified data to identify populations experiencing persistent access barriers and guide targeted interventions.

Methodology Guidelines

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

Yes