Hospital Equity Measures Report

General Information

Report Type: Hospital Equity Measures Report

Year: 2025

System Name: Hoag

Associated Hospitals:

Facility Name	Facility Type	HCAI ID	Address
HOAG MEMORIAL HOSPITAL PRESBYTERIAN	General Acute Care Hospital	106301205	1 HOAG DRIVE, NEWPORT BEACH, CA 92663
HOAG ORTHOPEDIC INSTITUTE	General Acute Care Hospital	106304460	16250 SAND CANYON AVENUE, IRVINE, CA 92618
HOAG HOSPITAL IRVINE	General Acute Care Hospital	106304045	16200 SAND CANYON AVENUE, IRVINE, CA 92618

Status: Submitted

Due Date: 11/29/2026

Last Updated: 11/05/2026

Hospital Web Address for Equity Report: https://www.hoag.org/annual-health-equity-measures-report

Hospital System Description: Hoag is a nonprofit, regional healthcare delivery system in Orange County, California. Providing world-class, comprehensive, and personalized care, Hoag's healthcare system consists of two award-winning hospitals, 1,800 top physicians, 13 health & wellness centers, and 18 urgent care facilities, including one dedicated to cancer care. Hoag offers a comprehensive blend of healthcare services that includes an expansive primary care network and seven institutes providing specialized services in the following areas: cancer, digestive health, heart and vascular, neurosciences, spine, women's health, and orthopedics through Hoag's affiliate, Hoag Orthopedic Institute, which consists of an orthopedic hospital and five ambulatory surgical centers. Hoag is consistently named a best hospital by U.S. News & World Report and is a designated Magnet(R) with Distinction hospital by the American Nurses Credentialing Center (ANCC). Additionally, Hoag is one of the county's largest employers with approximately 10,000 employees and 1,500 volunteers and was named by Forbes Magazine as one of the nation's top 10 large employers.

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	34819	38048	91.5
Spanish Language	1140	38048	3.0
Asian Pacific Islander Languages	1175	38048	3.1
Middle Eastern Languages	0	38048	0.0
American Sign Language	0	38048	0.0
Other Languages	914	38048	2.4

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

23250

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

37959

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

61.3

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	412	1.8		0.0
Housing Instability	727	3.1		0.0
Transportation Problems	361	1.6		0.0
Utility Difficulties	180	0.8		0.0
Interpersonal Safety	216	0.9		0.0

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?"

2238

Total number of respondents to HCAHPS Question 19

2574

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

86.9

Total number of patients surveyed on HCAHPS Question 19

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

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	11	11	100.0		
Asian	278	333	83.5		
Black or African American	20	26	76.9		
Hispanic or Latino	251	275	91.3		
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	16	16	100.0		
White	1619	1855	87.3		

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	1136	1304	87.1		
Medicaid	105	121	86.8		
Private	982	1132	86.7		
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	1946	2222	87.6		
Spanish Language	71	76	93.4		
Asian Pacific Islander Languages	43	54	79.6		
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	178	222	80.2		

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?"

2108

Total number of respondents to HCAHPS Question 17

2568

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

82.1

Total number of people surveyed on HCAHPS Question 17

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

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	masked	masked	masked	masked	masked
Asian	263	333	79.0		
Black or African American	19	27	70.4		
Hispanic or Latino	236	273	86.4		
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	14	16	87.5		
White	1527	1849	82.6		

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	1065	1297	82.1		
Medicaid	105	120	87.5		
Private	923	1134	81.4		
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	1820	2217	82.1		
Spanish Language	68	75	90.7		
Asian Pacific Islander Languages	42	54	77.8		
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	178	222	80.2		

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

221

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

3099

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

71.3

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	37	431	85.8
Black or African American	masked	masked	masked
Hispanic or Latino	22	292	75.3
Middle Eastern or North African	masked	masked	masked
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	145	2170	66.8

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	12	183	65.6
Age 50 to 64	29	426	68.1
Age 65 Years and Older	174	2364	73.6

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	90	1457	61.8
Male	131	1642	79.8
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	131	1956	67.0
Medicaid	20	276	72.5
Private	65	835	77.8
Self-Pay			
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	190	2704	70.3
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	13	164	79.3
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	11	130	84.6

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

39

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

393

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

99.2

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	51	0.0
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	29	250	116.0

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	0	33	0.0
Age 35 to 49	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	27	238	113.4

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	15	187	80.2
Male	24	186	129.0
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	21	206	101.9
Medicaid			
Private	11	137	80.3
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	36	355	101.4
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

888

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

3543

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

25.1

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	215	892	24.1
Black or African American			
Hispanic or Latino	133	491	27.1
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	455	1865	24.4

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	170	1011	16.8
Age 30 to 39	634	2355	26.9
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	888	3543	25.1
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	67	248	27.0
Private	795	3150	25.2
Self-Pay	17	80	21.3
Other			

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	850	3361	25.3
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	29	133	21.8
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

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

361

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

72.6

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	57	73	78.1
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	150	203	73.9

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	27	39	69.2
Age 30 to 39	209	291	71.8
Age 40 Years and Older	26	31	83.9

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	262	361	72.6
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	29	38	76.3
Private	219	305	71.8
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. 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

5013

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

9221

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

54.4

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	masked	masked	masked
Asian	773	2164	35.7
Black or African American	94	207	45.4
Hispanic or Latino	664	1371	48.4
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander	masked	masked	masked
White	3197	4950	64.6

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	1049	1829	57.4
Age 30 to 39	3641	6626	55.0
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	5013	9221	54.4
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	360	780	46.2
Private	4507	8070	55.8
Self-Pay	35	202	17.3
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	4928	8745	56.4
Spanish Language	25	89	28.1
Asian Pacific Islander Languages	32	312	10.3
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	28	75	37.3

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

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

3352

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

33991

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

9.9

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	379	4935	7.7
Black or African American	79	550	14.4
Hispanic or Latino	379	4549	8.3
Middle Eastern or North African	94	650	14.5
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander	masked	masked	masked
White	2387	22495	10.6

Age*	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	206	7053	2.9
Age 35 to 49	361	6435	5.6
Age 50 to 64	557	4649	12.0
Age 65 Years and Older	2228	15854	14.1

*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	1762	21996	8.0
Male	39	748	5.2
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	1733	12519	13.8
Medicaid	349	3324	10.5
Private	1232	17284	7.1
Self-Pay	24	502	4.8
Other	11	282	3.9

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	3018	31190	9.7
Spanish Language	111	1007	11.0
Asian Pacific Islander Languages	126	1114	11.3
Middle Eastern Languages	75	490	15.3
American Sign Language			
Other/Unknown Languages	20	176	11.4

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

639

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

admission

5165

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

12.4

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. 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			
Asian	47	382	12.3
Black or African American	13	81	16.0
Hispanic or Latino	67	540	12.4
Middle Eastern or North African	21	113	18.6
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	481	3955	12.2

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	33	646	5.1
Age 35 to 49	63	652	9.7
Age 50 to 64	97	794	12.2
Age 65 Years and Older	446	3054	14.6

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	409	3635	11.3
Male	masked	masked	masked
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	370	2533	14.6
Medicaid	55	323	17.0
Private	208	2235	9.3
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	553	4521	12.2
Spanish Language	24	106	22.6
Asian Pacific Islander Languages	12	70	17.1
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	32	149	21.5

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

308

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

admission

2435

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

12.6

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. 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			
Asian	11	135	8.1
Black or African American	masked	masked	masked
Hispanic or Latino	50	362	13.8
Middle Eastern or North African	11	57	19.3
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	215	1647	13.1

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	25	288	8.7
Age 35 to 49	77	504	15.3
Age 50 to 64	83	655	12.7
Age 65 Years and Older	120	954	12.6

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	117	792	14.8
Male	191	1643	11.6
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	112	792	14.1
Medicaid	87	665	13.1
Private	100	834	12.0
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	292	2261	12.9
Spanish Language	11	99	11.1
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

296

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

admission

1553

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

19.1

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			
Asian	masked	masked	masked
Black or African American	11	44	25.0
Hispanic or Latino	31	149	20.8
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	235	1209	19.4

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	30	183	16.4
Age 35 to 49	65	341	19.1
Age 50 to 64	72	387	18.6
Age 65 Years and Older	128	621	20.6

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	173	849	20.4
Male	123	704	17.5
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	126	580	21.7
Medicaid	58	360	16.1
Private	105	549	19.1
Self-Pay			
Other			

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	290	1521	19.1
Spanish Language			
Asian Pacific Islander Languages			
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

2242

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

admission

25143

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

8.9

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	327	4403	7.4
Black or African American	50	358	14.0
Hispanic or Latino	264	3549	7.4
Middle Eastern or North African	79	484	16.3
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander	masked	masked	masked
White	1503	15697	9.6

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	135	5964	2.3
Age 35 to 49	187	4973	3.8
Age 50 to 64	331	2843	11.6
Age 65 Years and Older	1589	11363	14.0

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	1128	16850	6.7
Male	1114	8293	13.4
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	1187	8753	13.6
Medicaid	177	2039	8.7
Private	861	13704	6.3
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	1982	22833	8.7
Spanish Language	79	788	10.0
Asian Pacific Islander Languages	93	922	10.1
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	87	578	15.1

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, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicare	13.6	Self-Pay	1.9	7.5
2	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	65 and older	14.0	18 to 34	2.3	6.4
3	CMQCC Exclusive Breast Milk Feeding	Preferred Language	Asian/ Pacific Islander Languages	10.3	English Language	56.4	5.5
4	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)	50 to 64	11.6	18 to 34	2.3	5.4
5	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	14.1	18 to 34	2.9	5.1
6	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Preferred Language	English Language	12.9	Other/Unknown	2.6	5.1
7	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor	Medicaid	8.7	Self-Pay	1.9	4.6
8	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	12.0	18 to 34	2.9	4.3
9	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Preferred Language	Spanish Language	11.1	Other/Unknown	2.6	4.3

Rank	Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
10	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Preferred Language	Asian/ Pacific Islander Languages	masked	Other/Unknown	2.6	4.2

Plan to address disparities identified in the data

Hoag Health System's CY2025 Health Equity Plan reflects our commitment to identifying, reducing, and eliminating disparities in care quality, patient experience, safety, access, and outcomes across the communities we serve. Hoag's review of the Health Care Access and Information (HCAI) Health Equity Report identified disparities related to 30-day readmissions and exclusive breastfeeding outcomes. Hoag's review of the findings suggests several important limitations of the methodology that should be considered when interpreting the results. The HCAI methodology does not include risk adjustment, and several comparisons are made against relatively small reference populations, including self-pay patients and patients categorized as "Other" language. As a result, some observed disparities likely reflect differences in age, clinical complexity, socioeconomic status, or small denominator effects rather than inequitable care delivery. For this AB 1204 Hospital Equity Measures submission, the top ten disparities for Hoag Health System are included as part of the HDC portal submission. The top ten CY2025 disparities are: (1) no-behavioral-health readmission for Medicare patients at 13.6% compared with self-pay patients at 1.9%, RR 7.5; (2) no-behavioral-health readmission for patients age 65+ at 14.0% compared with ages 18-34 at 2.3%, RR 6.4; (3) exclusive breastfeeding for Asian/Pacific Islander-language patients at 10.3% compared with English-language patients at 56.4%, RR 5.5; (4) no-behavioral-health readmission for ages 50-64 at 11.6% compared with ages 18-34 at 2.3%, RR 5.4; (5) all-cause readmission for age 65+ at 14.1% compared with ages 18-34 at 2.9%, RR 5.1; (6) substance use disorder readmission for English-language patients at 12.9% compared with other-language patients at 2.6%, RR 5.1; (7) no-behavioral-health readmission for Medicaid patients at 8.7% compared with self-pay patients at 1.9%, RR 4.6; (8) all-cause readmission for ages 50-64 at 12.0% compared with ages 18-34 at 2.9%, RR 4.3; (9) substance use disorder readmission for Spanish-language patients at 11.1% compared with other-language patients at 2.6%, RR 4.3; and (10) substance use disorder readmission for Asian/Pacific Islander-language patients (rate suppressed due to small numbers) compared with other-language patients at 2.6%. These findings show three primary equity priorities for 2026: reducing age-related and payer-related readmission disparities, improving breastfeeding support for Asian/Pacific Islander-language patients, and strengthening care transitions for patients with substance use disorder across language groups. Hoag will continue to monitor 30-day readmission performance across identified disparity groups. To further strengthen equity-focused evaluation, age, payer, and preferred language will be incorporated into the standardized readmission chart review template. This enhancement will allow multidisciplinary review teams to more systematically evaluate social, linguistic, and socioeconomic factors that may contribute to readmissions and identify opportunities for targeted intervention. Hoag will continue to prioritize interventions that address care coordination, access to care, medication management, communication barriers, and social drivers of health. Efforts will also include implementation of the CMS Age-Friendly Hospital Measure to improve care transitions, reduce avoidable readmissions, and better address the needs of its growing older adult population. Additionally, actions will include lactation education; targeted review of breastfeeding support workflows for Asian/Pacific Islander-language patients; and improved coordination among inpatient teams, case management, behavioral health, substance use disorder resources, home health, skilled nursing partners, and community-based services. Over

the next year, Hoag will monitor progress through quarterly review of readmission, breastfeeding, maternal care, safety, patient experience, and SDOH screening measures. Performance will be stratified by age, payer, race, ethnicity, language, sex, and other available categories where appropriate. Progress will be monitored through established quality and performance improvement structures. Readmission measures will be reviewed through multidisciplinary performance improvement processes, while breastfeeding outcomes will be evaluated quarterly through Maternal Child Health quality oversight committees. Hoag will assess clinical outcomes in conjunction with underlying patient counts and contextual factors, evaluate the effectiveness of interventions, and revise improvement targets as appropriate. Through these efforts, Hoag seeks to promote equitable access to care, improve patient outcomes, and reduce disparities across all populations served. Hoag Orthopedic Institute operates under a separate facility-specific orthopedic equity plan addressing orthopedic patient disparities.

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

For 2026, Hoag Health System will continue to focus on interpreter services, culturally responsive communication, patient education, and shared decision-making. This includes reinforcing appropriate use of qualified interpreter services at key points in care, including admission, consent, clinical updates, discharge planning, and post-discharge follow-up. Patient-facing materials will continue to be evaluated for readability, language access, and cultural relevance, especially for populations identified in the AB 1204 analysis as having outcome disparities. In maternal care, Hoag will use person-centered strategies to support equitable birth outcomes, including shared decision-making for labor and delivery, consistent education on birth options, and culturally responsive support for mothers and families. Hoag's CY2025 NTSV cesarean birth rate was 25.1%, and these outcomes will continue to be monitored alongside VBAC and breastfeeding performance. Patient feedback, complaints, grievances, HCAHPS results, and advisory input may be used to identify opportunities to improve communication, responsiveness, and respect across patient groups. The 2026 population impact goal is to improve the consistency of patient-centered communication and reduce avoidable differences in patient experience by language, age, payer, and other demographic factors. Progress will be measured through review of HCAHPS domains, interpreter utilization, patient complaints and grievances, maternal care outcomes, and stratified performance reporting where available.

Patient safety

Hoag Health System's patient safety priority is to provide safe, reliable, evidence-based care for every patient while identifying and reducing disparities in adverse outcomes. In CY2025, Hoag Health System reported a pneumonia in-hospital mortality rate of 7.1% and a PSI-04 post-surgical death rate of 9.9%. These measures will continue to be reviewed with attention to demographic variation, clinical risk, age, payer, language, and other stratification categories available through the AB 1204 equity analysis. The CY2025 disparity findings show that older patients and Medicare patients experienced substantially higher readmission rates, including no-behavioral-health readmission for Medicare patients at 13.6% compared with self-pay patients at 1.9%, RR 7.5; no-behavioral-health readmission for patients age 65+ at 14.0% compared with ages 18-34 at 2.3%, RR

6.4; and all-cause readmission for patients age 65+ at 14.1% compared with ages 18-34 at 2.9%, RR 5.1. While some age-related and payer-related differences reflect clinical complexity, comorbidities, and social risk, Hoag's 2026 safety strategy will focus on improving transitions, reducing preventable complications, and applying safety practices consistently across populations. Using the CY2025 disparity findings, Hoag's action plan will include continued use of standardized safety protocols, risk screening, interdisciplinary rounds, escalation pathways, infection prevention practices, medication safety processes, and discharge readiness checks. For higher-risk groups, including older adults, Medicare and Medicaid patients, and patients with complex medical or behavioral health needs, Hoag will emphasize early identification of risk, care coordination, medication reconciliation, patient and caregiver education, and timely follow-up Hoag will also review selected safety bundle compliance and outcome measures by race, ethnicity, language, age, sex, and payer where data are available. The 2026 population impact goal is to reduce preventable harm and avoidable variation in safety outcomes among high-risk groups. Progress will be monitored through quality and safety dashboards, mortality and complication reviews, readmission performance, and stratified AB 1204 reporting.

Addressing patient social drivers of health

Hoag Health System's SDOH priority is to identify and address non-medical needs that affect health outcomes, care access, recovery, and avoidable utilization. In CY2025, Hoag Health System completed SDOH screening for 61.3% of eligible patients. Screening focuses on core domains including housing, food, transportation, utilities, and personal safety. For 2026, Hoag Health System will continue to strengthen SDOH screening and referral workflows across inpatient and outpatient touchpoints. When a need is identified, care teams will connect patients to available internal resources and community-based services, including transportation support, food resources, housing-related referrals, utility assistance, safety resources, financial counseling, and other community benefit or social service programs as appropriate. Case management, social work, nursing, community benefit, and care navigation teams will continue to support patients with social needs that may increase the risk of readmission or poor health outcomes. The CY2025 disparity analysis identified readmission gaps among older adults, Medicare patients, Medicaid patients, and patients with substance use disorder. These populations may also experience social risk factors that complicate recovery and care transitions. Hoag will use SDOH screening information to support more proactive discharge planning, identify barriers before discharge, and improve referrals for patients at elevated risk. A key 2026 improvement focus is increasing screening among patients not yet screened while improving documentation and closed-loop referral processes where feasible. The population impact goal is to better identify social needs that contribute to disparities and connect patients to timely support. Progress will be measured through SDOH screening rates, referral workflows, stratified screening completion, and review of readmission outcomes among patients with identified social needs.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

The AB 1204 disparity analysis identified a significant breastfeeding disparity among Asian/Pacific Islander-language patients, with a breastfeeding rate of 10.3% compared with 56.4% for English-language patients, RR 5.476. This was one of the largest disparities identified in the CY2025 analysis. For 2026, Hoag will prioritize language-concordant and culturally responsive maternal education, lactation support, and discharge preparation. Actions will include: reviewing breastfeeding education workflows for Asian/Pacific Islander-language patients, ensuring interpreter

services are used when needed, evaluating translated breastfeeding materials, and reinforcing timely lactation consultation for patients with identified language needs. Assessment of education timing, documentation, family engagement, or cultural preferences which may affect breastfeeding initiation and continuation at discharge. The population impact goal for 2026 is to improve breastfeeding support and communication for Asian/Pacific Islander-language patients and other groups with identified gaps, while maintaining safe and equitable maternal care outcomes across the system. Progress will be measured through breastfeeding rates, VBAC and NTSV cesarean performance, language access utilization, lactation support documentation, and stratified outcome review through Quality reporting.

Care coordination

Hoag Health System's care coordination priority is to reduce avoidable readmissions and improve transitions of care for patients with elevated clinical, behavioral health, language, payer, or social risk. In CY2025, Hoag Health System's all-cause readmission rate was 9.9%, and mental health disorder readmission was 12.4%. The AB 1204 disparity analysis identified multiple readmission disparities, including no-behavioral-health readmission for Medicare patients at 13.6% compared with self-pay patients at 1.9%, RR 7.5; no-behavioral-health readmission for patients age 65+ at 14.0% compared with ages 18-34 at 2.3%, RR 6.4; no-behavioral-health readmission for ages 50-64 at 11.6% compared with ages 18-34 at 2.3%, RR 5.4; all-cause readmission for age 65+ at 14.1% compared with ages 18-34 at 2.9%, RR 5.1; and all-cause readmission for ages 50-64 at 12.0% compared with ages 18-34 at 2.9%, RR 4.3. Hoag also identified substance use disorder readmission disparities by language, including English-language patients at 12.9% compared with other-language patients at 2.6%, RR 5.1; Spanish-language patients at 11.1%, RR 4.3; and Asian/Pacific Islander-language patients (rate suppressed due to small numbers). These findings indicate the need for strengthened discharge planning, follow-up, and resource connection for patients with SUD and other complex needs. For 2026, actions will include enhanced discharge planning for patients age 50+, Medicare and Medicaid patients, and patients with behavioral health or SUD-related needs; earlier case management involvement; medication reconciliation; caregiver engagement; language-appropriate discharge instructions; post-discharge outreach; and coordination with primary care, specialists, skilled nursing facilities, home health, behavioral health resources, and community-based services. Hoag will also evaluate opportunities to better identify patients at risk for readmission before discharge. The population impact goal is to reduce avoidable readmission disparities among older adults, Medicare and Medicaid patients, and patients with SUD-related needs. Progress will be measured through stratified readmission dashboards, post-discharge follow-up completion, discharge planning metrics, and review of readmission trends by age, payer, language, and clinical cohort.

Access to care

The CY2025 AB 1204 analysis identified disparities associated with age, payer, and language, including higher readmission rates among Medicare, Medicaid, and older adult patients and lower breastfeeding rates among Asian/Pacific Islander-language patients. For 2026, Hoag will continue to: Support access through financial assistance and charity care processes, insurance and Provide Medi-Cal enrollment support where applicable, patient navigation, interpreter services, accessible scheduling practices, and connection to transportation or community resources when available. Support language access at scheduling, registration, consent, education, discharge, and follow-up. Use telehealth and other care delivery options where clinically appropriate to reduce barriers for patients who may have transportation, mobility, work schedule, or caregiver constraints. Access activities will be aligned with findings from the AB 1204 disparity analysis. For older adults and Medicare patients, Hoag will focus on timely follow-up, discharge readiness, post-acute coordination, and connection to primary and specialty care. For Medicaid patients and patients with identified social needs, Hoag will emphasize care navigation, financial counseling, and referrals to

supportive resources. For Asian/Pacific Islander-language patients and other language groups, Hoag will reinforce language-concordant communication and translated education where available. The population impact goal is to reduce access-related barriers that contribute to disparities in readmission, maternal care, breastfeeding support, and patient experience. Progress will be monitored through stratified quality reporting, access-related patient feedback, interpreter utilization, SDOH screening and referral activity, financial assistance workflows, and readmission and follow-up performance for high-risk populations.

Methodology Guidelines

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

Yes