

# Hospital Equity Measures Report

## General Information

Report Type: Hospital Equity Measures Report  
Year: 2024  
System Name: Sharp HealthCare  
Principal Hospital Type: General Acute Care Hospital  
Associated Hospitals:

Facility Name	Facility Type	HCAI ID	Address
SHARP MARY BIRCH HOSPITAL FOR WOMEN AND NEWBORNS	General Acute Care Hospital	106370695	3003 HEALTH CENTER DRIVE, SAN DIEGO, CA 92123
SHARP CHULA VISTA MEDICAL CENTER	General Acute Care Hospital	106370875	751 MEDICAL CENTER COURT, CHULA VISTA, CA 91911
SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER	General Acute Care Hospital	106370689	250 PROSPECT PLACE, CORONADO, CA 92118
GROSSMONT HOSPITAL	General Acute Care Hospital	106370714	5555 GROSSMONT CENTER DRIVE,
SHARP MEMORIAL HOSPITAL	General Acute Care Hospital	106370694	7901 FROST STREET, SAN DIEGO, CA 92123
SHARP MESA VISTA HOSPITAL	Acute Psychiatric Hospital	106370745	7850 VISTA HILL AVENUE, SAN DIEGO, CA 92123

Status: Submitted  
Due Date: 11/29/2025  
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Hospital Web Address for Equity Report: <https://www.sharp.com/about/quality>

## Overview

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

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

Every calculation associated with all report fields has been evaluated for our hospital. While this AB 1204 Equity Report may appear sparsely populated and lacking values in some areas, this reflects the complexity of the reporting requirements—not a deficiency in the report itself. The report incorporates the required calculations, stratifications, and the state’s strict data privacy rules (including suppression under the California DDG), ensuring that it meets legal standards and equity reporting regulations. Many blank cells are the result of limited availability of certain stratification variables —particularly Disability Status, Sexual Orientation, and Gender Identity —which hospitals are not currently required by HCAI to collect. Our hospital remains committed to advancing equity reporting and looks forward to additional regulatory guidance on whether and how these data elements should be collected in the future. Even when the final numbers are few, the work behind them is substantial—and necessary for accurate and compliant reporting.

## Laws and Regulations

For more information on Assembly Bill No. 1204, please visit the following link by copying and pasting the URL into your web browser:

[https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill\\_id=202120220AB1204](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204)

## Hospital Equity Measures

### Joint Commission Accreditation

General acute care hospitals are required to report three structural measures based on the Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards. For more information on these measures, please visit the following link by copying and pasting the URL into your web browser:

<https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce-health-care-disparities/>

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

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

Y

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

Y

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

455741

Table 1. Summary of preferred languages reported by patients.

Languages	Number of patients who report preferring language	Total number of patients	Percentage of total patients who report preferring language (%)
English Language	441361	455741	96.8
Spanish Language	10588	455741	2.3
Asian Pacific Islander Languages	1266	455741	0.3
Middle Eastern Languages	1564	455741	0.3
American Sign Language	41	455741	0.0
Other Languages	764	455741	0.2

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

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

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

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

54849

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

101908

Rate of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HRSN, and who screened positive for one or more of the HRSNs

53.8

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

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	10408	18.9	7716	74.1
Housing Instability	12163	22.2	8939	73.4
Transportation Problems	11491	15.4	8467	73.7
Utility Difficulties	10090	18.4	7447	73.8
Interpersonal Safety	10351	18.9	7670	74.1

## Core Quality Measures for General Acute Care Hospitals

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

<https://hcahpsonline.org/en/survey-instruments/>

### Patient Recommends Hospital

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

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

8324

Total number of respondents to HCAHPS Question 19

8826

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

94.3

Total number of people surveyed on HCAHPS Question 19

53513

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

16.5

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.

<b>Race and/or Ethnicity</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
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					
<b>Age</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Age < 18					
Age 18 to 34					
Age 35 to 49					
Age 50 to 64					
Age 65 Years and Older					
<b>Sex assigned at birth</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Female					
Male					
Unknown					
<b>Payer Type</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

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

<b>Disability Status</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
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					

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

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

## **Patient Received Information in Writing**

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

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

7709

Total number of respondents to HCAHPS Question 17

8826

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

87.3

Total number of people surveyed on HCAHPS Question 17

53513

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

16.5

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.

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

  

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

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

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

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

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

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

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

## Agency for Healthcare Research and Quality (AHRQ) Indicators

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

<https://qualityindicators.ahrq.gov/>

### Pneumonia Mortality Rate

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

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI\\_20\\_Pneumonia\\_Mortality\\_Rate.pdf](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

101

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

2988

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

33.8

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.

<b>Race and/or Ethnicity</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed
<b>Asian</b>	suppressed	suppressed	suppressed
<b>Black or African American</b>	suppressed	suppressed	suppressed
<b>Hispanic or Latino</b>	43	1584	27.1
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more)</b>	suppressed	suppressed	suppressed
<b>Native Hawaiian or Pacific Islander</b>	suppressed	suppressed	suppressed
<b>White</b>	40	844	47.4

<b>Age</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Age &lt; 18</b>			
<b>Age 18 to 34</b>	suppressed	suppressed	suppressed
<b>Age 35 to 49</b>	suppressed	suppressed	suppressed
<b>Age 50 to 64</b>	suppressed	suppressed	suppressed
<b>Age 65 Years and Older</b>	89	2081	42.8

<b>Sex assigned at birth</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Female</b>	41	1362	30.1
<b>Male</b>	60	1626	36.9
<b>Unknown</b>			

<b>Payer Type</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Medicare</b>	83	2001	41.5
<b>Medicaid</b>	13	583	22.3
<b>Private</b>	suppressed	suppressed	suppressed
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	suppressed	suppressed	suppressed

<b>Preferred Language</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
English Language	97	2823	34.4
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	0	27	0.0
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

<b>Disability Status</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
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			

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

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

## Death Rate among Surgical Inpatients with Serious Treatable Complications

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

[https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI\\_04\\_Death\\_Rate\\_among\\_Surgical\\_Inpatients\\_with\\_Serious\\_Treatable\\_Complications.pdf](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

103

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

575

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

179.1

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.

<b>Race and/or Ethnicity</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>American Indian or Alaska Native</b>			
<b>Asian</b>	suppressed	suppressed	suppressed
<b>Black or African American</b>	suppressed	suppressed	suppressed
<b>Hispanic or Latino</b>	48	273	175.8
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more)</b>	suppressed	suppressed	suppressed
<b>Native Hawaiian or Pacific Islander</b>			
<b>White</b>	31	174	178.2

  

<b>Age</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Age &lt; 18</b>			
<b>Age 18 to 34</b>	0	41	0.0
<b>Age 35 to 49</b>	13	68	191.2
<b>Age 50 to 64</b>	32	140	228.6
<b>Age 65 Years and Older</b>	58	326	177.9

<b>Sex assigned at birth</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Female</b>	51	255	200.0
<b>Male</b>	52	320	162.5
<b>Unknown</b>			

  

<b>Payer Type</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Medicare</b>	58	294	197.3
<b>Medicaid</b>	21	140	150.0
<b>Private</b>	suppressed	suppressed	suppressed
<b>Self-Pay</b>			
<b>Other</b>	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>English Language</b>	98	542	180.8
<b>Spanish Language</b>	suppressed	suppressed	suppressed
<b>Asian Pacific Islander Languages</b>	suppressed	suppressed	suppressed
<b>Middle Eastern Languages</b>	suppressed	suppressed	suppressed
<b>American Sign Language</b>	suppressed	suppressed	suppressed
<b>Other/Unknown Languages</b>			

  

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

  

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

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

## **California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures**

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

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

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

<https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications>

Number of NTSV patients with Cesarean deliveries  
suppressed

Total number of nulliparous NTSV patients  
suppressed

Rate of NTSV patients with Cesarean deliveries  
suppressed

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.

<b>Race and/or Ethnicity</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			
<b>Age</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Age < 18			
Age 18 to 29	suppressed	suppressed	suppressed
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older			
<b>Sex assigned at birth</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Female	suppressed	suppressed	suppressed
Male			
Unknown			
<b>Payer Type</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Medicare			
Medicaid			
Private	suppressed	suppressed	suppressed
Self-Pay			
Other			
<b>Preferred Language</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
English Language	suppressed	suppressed	suppressed
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

<b>Disability Status</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
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			

  

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

  

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

## **CMQCC Vaginal Birth After Cesarean (VBAC) Rate**

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

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI\\_22\\_Vaginal\\_Birth\\_After\\_Cesarean\\_\(VBAC\)\\_Delivery\\_Rate\\_Uncomplicated.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

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

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

suppressed

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

suppressed

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.

<b>Race and/or Ethnicity</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific			
White	suppressed	suppressed	suppressed
<b>Age</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
Age < 18			
Age 18 to 29			
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older			
<b>Sex assigned at birth</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
Female	suppressed	suppressed	suppressed
Male			
Unknown			
<b>Payer Type</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
Medicare			
Medicaid			
Private	suppressed	suppressed	suppressed
Self-Pay			
Other			

<b>Preferred Language</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
English Language	suppressed	suppressed	suppressed
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			
<b>Disability Status</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
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			
<b>Sexual Orientation</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			
<b>Gender Identity</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

## CMQCC Exclusive Breast Milk Feeding Rate

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

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

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

NA

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

NA

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

NA

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

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

  

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

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

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

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

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

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

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

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

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

[https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions\\_ADA.pdf](https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf)

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

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

8401

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

62825

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

13.4

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

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	414	3425	12.1
Black or African American	483	2762	17.5
Hispanic or Latino	4687	35129	13.3
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	57	386	14.8
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	2318	16641	13.9

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	839	11559	7.3
Age 35 to 49	1071	10109	10.6
Age 50 to 64	1956	12515	15.6
Age 65 Years and Older	4535	28642	15.8

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	4306	37195	11.6
Male	4095	25615	16.0
Unknown	0	15	0.0

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	4480	27700	16.2
Medicaid	2538	17918	14.2
Private	985	12109	8.1
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language	8139	60694	13.4
Spanish Language	176	1556	11.3
Asian Pacific Islander Languages	44	267	16.5
Middle Eastern Languages	38	209	18.2
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

1815

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

11869

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

15.3

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.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	45	365	12.3
Black or African American	110	536	20.5
Hispanic or Latino	958	6085	15.7
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	605	4019	15.1

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	156	1291	12.1
Age 35 to 49	162	1474	11.0
Age 50 to 64	446	2658	16.8
Age 65 Years and Older	1051	6446	16.3

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	1092	7852	13.9
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	1135	6639	17.1
Medicaid	405	2336	17.3
Private	203	1990	10.2
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language	1778	11619	15.3
Spanish Language	27	188	14.4
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages	0	12	0.0

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

893

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

4678

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

19.1

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.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	64	349	18.3
Hispanic or Latino	520	2486	20.9
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	255	1442	17.7

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	84	609	13.8
Age 35 to 49	205	1063	19.3
Age 50 to 64	355	1659	21.4
Age 65 Years and Older	249	1347	18.5

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	290	1456	19.9
Male	603	3222	18.7
Unknown			

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	252	1342	18.8
Medicaid	525	2580	20.3
Private	88	536	16.4
Self-Pay	0	12	0.0
Other	28	208	13.5

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language	888	4598	19.3
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

705

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

3119

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

22.6

Table 13. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for co-occurring disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	39	199	19.6
Hispanic or Latino	348	1431	24.3
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	15	36	41.7
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	277	1232	22.5

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	77	371	20.8
Age 35 to 49	159	767	20.7
Age 50 to 64	271	1049	25.8
Age 65 Years and Older	198	932	21.2

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	suppressed	suppressed	suppressed
Male	402	1676	24.0
Unknown	suppressed	suppressed	suppressed

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	216	1052	20.5
Medicaid	397	1531	25.9
Private	71	367	19.3
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language	701	3091	22.7
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages			

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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

4988

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

43159

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

11.6

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.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	354	2929	12.1
Black or African American	270	1678	16.1
Hispanic or Latino	2861	25127	11.4
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	29	253	11.5
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	1181	9948	11.9

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	522	9288	5.6
Age 35 to 49	545	6805	8.0
Age 50 to 64	884	7149	12.4
Age 65 Years and Older	3037	19917	15.2

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	2621	26445	9.9
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	2877	18667	15.4
Medicaid	1211	11471	10.6
Private	623	9216	6.8
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language	4772	41386	11.5
Spanish Language	142	1282	11.1
Asian Pacific Islander Languages	40	239	16.7
Middle Eastern Languages	30	172	17.4
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

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

## Health Equity Plan

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

## Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Expected Payor			Other	13.5	3.0
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Expected Payor			Other	13.5	2.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth			Female	11.6	2.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)			18 to 34	5.6	2.7
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Age (excluding maternal measures)			65 and older	177.9	2.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Substance Use Disorder)	Expected Payor			Other	13.5	2.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor			Private	6.8	2.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Age (excluding maternal measures)			18 to 34	5.6	2.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	7.3	2.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	7.3	2.2

#### Plan to address disparities identified in the data

Sharp HealthCare is the market share leader in San Diego County, with over 80,000 inpatient discharges annually. It serves the largest number of Medi-Cal patients and is the only health system in the region offering inpatient behavioral health services. Sharp's patient population is diverse: 39% White, 36% Hispanic, 8% Asian, 7% Black, 0.4% Native Hawaiian/Pacific Islander, 0.3% American Indian/Alaska Native, and 9.3% Other.

Sharp HealthCare is deeply committed to advancing health equity across its system through a unified strategy grounded in transparency, continuous improvement, and patient-centered care. Equity is not just a guiding principle, it is embedded into strategic planning, clinical operations, and performance monitoring across all entities. The System has a Health Equity Advisory Taskforce, chaired by the President & CEO and has representatives from across the Sharp hospitals. This group develops the System's Health Equity strategic plan and provides strategic direction for health equity initiatives across the system. The taskforce meets quarterly and is used as a forum where the Sharp entities share the operational progress being made in providing equitable care and

reducing health disparities. The taskforce is made privy to health equity data from the different hospitals, and this data is used to inform decisions around priorities that need to be set for the System. The centralized equity dashboard contains stratified analysis across sociodemographic variables, thereby helping to identify gaps and inform targeted interventions. This infrastructure supports proactive planning and performance improvement efforts aligned with national benchmarks and internal goals.

The top 10 disparities identified in the most recent health equity report list 30-day hospital readmissions, patient safety indicators (PSI 4, 9) and pneumonia mortality as areas with the most opportunity. These areas coincide with the priorities that have already been set by Sharp HealthCare leadership and are tracked in the form of annual goals on the organizational report card. The listed disparity groups span age groups 35 years and older in both the acute and inpatient behavioral health settings and span various payer groups.

Sharp's approach to reducing readmissions utilizes a combination of technology, operational and clinical processes that are geared towards evidence based clinical care, enhanced discharge processes, early and frequent patient education, and effective care transitions. Virtual nursing pilots and remote discharge education tools are being deployed to engage patients while in-hospital and post-hospitalization to increase their understanding and adherence to care plans. Pharmacy-led initiatives, including bedside medication reconciliation and discharge prescription services, ensure patients leave with the medications they need and the knowledge to use them safely.

Sharp partners with various community-based organizations e.g. San Diego food bank, neighboring federally qualified health clinics etc, to support vulnerable patients. Patients facing financial or social barriers are connected to community resources through programs like 211 and the Community Information Exchange (CIE). These efforts are particularly impactful in communities with high rates of housing insecurity and transportation challenges, where access to care and medication adherence are critical to preventing avoidable readmissions and complications.

Sharp's clinical teams are also focused on improving outcomes for high-risk conditions such as pneumonia, where early identification, timely treatment, and coordinated discharge planning are essential. Multidisciplinary taskforces and performance improvement teams are actively reviewing PSI trends and mortality data to drive system-wide learning and accountability. Standardized evidence-based disease specific order sets are utilized, and best practices are shared amongst Sharp hospitals.

Culturally competent care is a cornerstone of Sharp's equity strategy, demonstrated by provision of interpreter services, translated materials, and ongoing staff training in diversity, equity, inclusion, and belonging. Specialized programs for aging populations, including enhanced medication management and community resource referrals, further support safe transitions and reduce the risk of readmission. All Sharp Emergency rooms have Geriatric ED Accreditation (GEDA) which affirms their expertise in providing high quality geriatric care. The system also has a Generational health program largely focused on improving surgical outcomes in patients over the age of 65.

Sharp's governance structures are evolving to reflect the diversity of the communities served, and the system actively participates in regional and national equity collaboratives such as the age-friendly health system initiative. These coordinated efforts reflect Sharp HealthCare's unwavering commitment to equitable, high-quality care for every patient, every time.

## Performance in the priority area

General acute care hospitals are required to provide hospital equity plans that address the top 10 disparities by identifying population impact and providing measurable objectives and specific timeframes. For each disparity, hospital equity plans will address performance across priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

### Person-centered care

Person centered care is part and parcel of Sharp Healthcare's fabric. Sharp prides itself in its brand promise referred to as "The Sharp Experience" which is all about providing the best experience for not only patients, but for anyone interacting with Sharp including staff and physicians. All Sharp hospitals are Planetree certified which gives credible evidence of Sharp's commitment to provide care that is compassionate, collaborative, culturally responsive and tailored to individual needs.

Sharp ensures respectful care by consistently using inclusive language across policies, communications, and signage. Cultural and religious preferences are actively discussed with patients and caregivers upon admission and integrated into their care plans. Staff is trained to honor these preferences, ensuring every patient feels seen, heard and valued. Sharp has invested significant resources in training staff on diversity, equity, inclusion and belonging concepts.

Sharp hospitals consistently screen patients for language preferences and utilize qualified interpreters to ensure effective communication. Interpreter services are aligned with the linguistic diversity of our communities, with Spanish and Middle Eastern languages representing significant portions of our patient population. Discharge instructions and educational materials are available in several languages, and workflows are in place to support pre-operative education through interpreter-facilitated outreach. These efforts are supported by data from interpreter utilization reports and equity dashboards, which help identify key risk populations and track disparities by race, ethnicity, and language.

Patients experience data is stratified by race, ethnicity, and language, enabling targeted improvements and ensuring that care delivery reflects the voices and needs of all populations served. High satisfaction scores in areas such as courtesy, respect, and teamwork underscore the effectiveness of Sharp's person-centered strategies. Sharp maintains strong partnerships with community members through patient and family advisory councils that co-design action plans and contribute to equity planning.

Sharp's programs are designed to support vulnerable individuals through initiatives such as assistance in applying for Medi-Cal, substance use disorder navigation etc. Sharp has implemented culturally tailored care models and continues to assess and respond to community health needs. Recognition from national organizations—including designations for LGBTQ+ Healthcare Equity, Geriatric Emergency Department accreditation, and Planetree certifications—demonstrates its sustained excellence in inclusive, person-centered care.

Leadership engagement, continuous quality improvement, and hardwired systems and processes ensure that person-centered values are embedded throughout the organization. Staff are empowered to connect with the purpose of their work, fostering environments of belonging and compassion. Rounding practices, patient-family partnerships, and real-time feedback mechanisms further reinforce our commitment to treating every individual with dignity and respect.

Performance metrics across the system reflect strong outcomes in patient experience, safety, and equity. Ongoing monitoring and evaluation ensure that the person-centered care strategies remain responsive, measurable, and impactful.

## Patient safety

Sharp is on the journey to becoming a High Reliability Organization (HRO) and safety is one of Sharp's core values. Sharp's HRO initiative is all about creating a zero-harm and zero-defect environment. This means safety must be experienced equitably by all patients and their families. The system is intentional in its efforts to ensure that care is delivered without bias and with respect for every individual's unique needs. The approach integrates evidence-based practices, advanced technology, and patient and community engagement. Sharp hosts a bi-monthly System Safety Steering Committee with representation by senior leaders and hospital patient safety leaders to review key safety metrics and determine where additional action needs to be taken to bolster patient safety. It is also an opportunity to share best practices among the hospitals. Safety metrics are stratified across sociodemographic variables including race, ethnicity, language, sexual orientation, gender, disability, and payor status to help identify disparities and guide targeted interventions. Equity dashboards and readmission data help pinpoint key risk populations, such as older adults, males, and specific racial and ethnic groups, enabling focused efforts to reduce harm and improve outcomes. For example, an analysis of patients with substance use disorder showed a greater incidence in male patients between 35-49 years of age.

In early 2025, Sharp added a bias/discrimination field in its patient safety event reporting system (RL solutions) for staff to report any incidents where they might have concerns that inequity may have been a causative variable. These events are carefully reviewed for opportunities for improvement. Sharp promotes a speak-up culture through initiatives like the Great Catch program, encouraging staff to report near misses and precursor events. Patients and families are empowered to activate Code Help, a rapid response mechanism that ensures timely intervention for acute changes in condition, reinforcing our commitment to patient-driven safety.

Technology plays a vital role in Sharp's safety strategy. Sharp maintains high compliance with barcode medication scanning (>95%) and there is high utilization of clinical decision support tools within the electronic medical record (Epic) which reduces errors.

Infection prevention is a top priority, with robust hand hygiene programs, daily engagement boards, and patient-facing campaigns like "It's OK to Ask," which encourage patients to advocate for safe practices such as handwashing. Sharp hospitals' performance in health care associated infections consistently exceeds expectations, and surgical site infection reduction strategies (ERAS protocols) are embedded in daily workflows.

Sharp participates in national safety initiatives such as the Hospital Quality Institute's Advancing Transparency project, reinforcing its commitment to public accountability and improvement. Accreditation by regulatory bodies and the Joint Commission validate Sharp's adherence to the highest standards of care.

Culture of Safety surveys are conducted every two years, and they help identify strengths and opportunities. Sharp's commitment to achieving zero harm is reflected in its hospitals' low rates of serious safety events, high hand hygiene compliance, low emergency department wait times and "left without being seen" rates, as well as strong performance in safety technology utilization.

## Addressing patient social drivers of health

Sharp HealthCare takes a systemwide, data-driven approach to addressing social determinants of health (SDOH), ensuring that every patient receives equitable, holistic care. All adult patients are screened for SDOH at admission through our electronic health record platform, with automatic referrals to social work and case management for any positive results. Screening data flows into a Health Equity Dashboard, stratified by race, ethnicity, language, age, and payer, enabling us to identify disparities and guide strategic interventions. Current data show 15-17% of the patients screened positive for one or more of the SDOH - namely, food insecurity, housing instability, transportation, utilities, and interpersonal safety. Housing instability and food insecurity are the most prevalent at 16% and 17 % respectively. Patients with multiple SDOH needs are at higher risk for readmission and infection, particularly those in communal living environments.

Sharp hospitals have an impressive intervention rate of 86-88% by nursing, case management and social work for patients who screen positive for SDOH. The interventions include internal referrals, care coordination, and strong partnerships with community organizations such as San Diego Food bank, FQHCs, Cal-fresh, PACE etc. Sharp's teams connect patients to resources that provide food assistance, transportation services, housing support, and financial aid, while leveraging platforms like 211 and the Community Information Exchange (CIE) to ensure continuity of care beyond discharge. Sharp has also implemented specialized programs, including initiatives for high-utilizer populations, human trafficking response, and substance use disorder support. Community harm reduction strategies, such as provision of free naloxone and fentanyl test strip distribution to the community, are additional efforts to further reduce barriers to care.

Education and workforce development are central to sustaining these efforts. Sharp provides targeted training for social workers, case managers, patient registration and nursing teams on best practices for obtaining patient demographic information, SDOH screening, utilizing referral pathways, and community engagement. Utilization of the CIE continues to grow, with a significant share of 211 San Diego referrals originating from Sharp hospitals. Continuous monitoring of screening rates, intervention follow-through, and outcome metrics ensures accountability and measurable progress toward reducing disparities, improving care transitions, and advancing health equity across our system.

## Performance in the priority area continued

Performance across all of the following priority areas.

### Effective treatment

Sharp's clinical programs are built on evidence-based practices, national benchmarks, and a commitment to continuous improvement, ensuring that all patients receive the highest standard of care. This is demonstrated by the numerous accolades Sharp hospitals continue to receive relative to their clinical programs. The teams follow nationally recognized guidelines and certified program standards, including those from the American Heart Association, Joint Commission, Society of Thoracic Surgeons, and other specialty organizations. These programs emphasize timely interventions, adherence to care bundles, and monitoring of critical metrics such as medication administration, diagnostic turnaround times, and care coordination to prevent complications and readmissions. Internal dashboards and equity-focused analytics allow us to track performance across patient safety indicators, surgical outcomes, and chronic disease management, identifying variations and driving targeted improvements. The hospitals leverage standardized clinical pathway, order sets, and decision-support tools such as UpToDate. Specialized pharmacists review medication regimens to prevent errors, optimize therapy, and ensure appropriate prescribing. The antibiotic stewardship program monitors antibiotic prescribing practices and prevalence of antibiotic resistance. Bar code medication administration further enhances accuracy and safety.

Pharmacy-led programs provide medication education and prescriptions prior to discharge. Targeted programs addressing high-risk conditions such as heart failure, stroke, sepsis, and substance use disorders that combine clinical best practices with patient education have been implemented. Interpreter services and multilingual education materials ensure equitable care for diverse populations. For patients with complex needs, interdisciplinary teams, including nurse practitioners, social workers, and case managers—collaborate to connect patients with community resources and follow-up care. Ongoing education for clinicians, combined with robust monitoring of performance metrics, ensures sustained improvement and accountability. Sharp's commitment to effective treatment is reflected in measurable reductions in mortality, readmissions, and adverse events.

#### Care coordination

Sharp delivers coordinated care through a systemwide approach that integrates advanced technology, multidisciplinary collaboration, and strong community partnerships. Our electronic health record platform (Epic) streamlines communication across care settings, enabling timely referrals, discharge planning, and follow-up care. Secure messaging tools and evidence-based communication frameworks such as SBAR and TeamSTEPPS enhance real-time collaboration among providers, reducing errors and improving outcomes. Automated workflows (consults) ensure patients with identified needs—such as social determinants of health—are connected to social work, case management, and community resource teams. These teams address gaps in care by linking patients to essential services, including food assistance, transportation, housing support, and financial resources. Integrated care management teams conduct daily rounds, assess patient needs, and coordinate post-acute services such as home health or skilled nursing placement, while also assisting with insurance navigation and approvals.

Care coordination extends beyond the hospital through structured discharge follow-up calls. Specialized programs for certain high-risk patients, e.g. heart failure patients, have been set up to focus on seamless transitions between inpatient and outpatient care. Formal community programs have been set up such as the partnership between Sharp, Grossmont Healthcare District, San Diego County Fire department, San Ysidro Health, and Southern Indian Health Council. This program involves making home visits to vulnerable patients with health and transportation challenges in the most remote areas of the county. Basic nursing care, relevant health education and other resources are provided to the patients.

The Sharp App, allows patients to schedule appointments, view results, and communicate with their care team, further strengthening engagement and continuity of care. Continuous monitoring of readmission trends, referral activity, and patient outcomes ensures accountability and drives improvement.

#### Access to care

Sharp HealthCare is committed to improving access to care by addressing barriers that impact timely, equitable, and high-quality healthcare. Insights from the health equity dashboards help to identify populations most affected by challenges such as transportation, financial instability, housing insecurity, and lack of primary care connections. Sharp offers multiple access points, including urgent care centers, Express Care Clinics for walk-in primary care needs, telemedicine services to extend reach, and expanded clinic hours to accommodate patients with work or caregiving responsibilities. Patient-facing digital tools, such as the Sharp App, enable convenient scheduling, secure messaging, and access to test results, while our integrated electronic health record ensures seamless information sharing across care settings. Sharp has partnered with several neighboring FQHCs to create referral mechanisms for vulnerable patients without established primary care physicians. Financial barriers are addressed through charity care programs, philanthropic support, and proactive enrollment in Medi-Cal for eligible patients. Interpreter services and multilingual education ensure that language is not a barrier to care.

Community engagement plays a critical role in expanding access. Sharp hosts free health screening events throughout the year, including cancer screenings for breast and cervical cancer and blood pressure checks to address leading causes of death such as cancer and heart disease. Dedicated women's health services, including owning the only women's hospital in the South Bay of San Diego, provide comprehensive maternity and prenatal care, supported by programs like Bridge Prenatal, which integrates social determinants and mental health screening with in-home services for high-risk pregnancies. To address behavioral health needs, Sharp is expanding mental health services with a 24/7 Crisis Stabilization Unit adjacent to the emergency department that will offer rapid psychiatric evaluation and multidisciplinary care in a safe, recovery-focused environment.

Continuous monitoring of metrics such as ED boarding times, outpatient scheduling, and referral completion ensures accountability and measurable progress. Through these integrated strategies—combining technology, community partnerships, and patient-centered programs—Sharp strives to remove barriers, reduce disparities, and deliver care that is timely, accessible, and equitable for all members of our community.

## **Methodology Guidelines**

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

Y