

# Hospital Equity Measures Report

## General Information

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

Facility Name	Facility Type	HCAI ID	Address
ALAMEDA HOSPITAL	General Acute Care Hospital	106010735	2070 CLINTON AVE, ALAMEDA,
HIGHLAND HOSPITAL	General Acute Care Hospital	106010846	1411 EAST 31ST STREET, OAKLAND, CA
SAN LEANDRO HOSPITAL	General Acute Care Hospital	106013619	13855 EAST 14TH STREET, SAN LEANDRO, CA
JOHN GEORGE PSYCHIATRIC HOSPITAL	General Acute Care Hospital	106010042	2060 FAIRMONT DRIVE, SAN LEANDRO, CA

Status: Submitted  
Due Date: 11/29/2025  
Last Updated: 11/19/2025  
Hospital Web Address for Equity Report: <https://www.alamedahealthsystem.org/>

## Overview

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

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

## Laws and Regulations

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

149347

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	85077	149347	57.0
Spanish Language	31735	149347	21.2
Asian Pacific Islander Languages	4892	149347	3.3
Middle Eastern Languages	1895	149347	1.3
American Sign Language	74	149347	0.0
Other Languages	25674	149347	17.2

## 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

5254

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

the date of admission

8432

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

62.3

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).

<b>Social Driver of Health</b>	<b>Number of positive screenings</b>	<b>Rate of positive screenings (%)</b>	<b>Number of positive screenings who received intervention</b>	<b>Rate of positive screenings who received intervention (%)</b>
<b>Food Insecurity</b>	984	18.7	0	
<b>Housing Instability</b>	1277	24.3	0	
<b>Transportation Problems</b>	777	14.8	0	
<b>Utility Difficulties</b>	451	8.6	0	
<b>Interpersonal Safety</b>	130	2.5	0	

## Core Quality Measures for General Acute Care Hospitals

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

<https://hcahponline.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?"

2850

Total number of respondents to HCAHPS Question 19

3100

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

91.9

Total number of people surveyed on HCAHPS Question 19

11955

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

25.9

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

<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>
<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 "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>
<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 "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>
<b>Female</b>					
<b>Male</b>					
<b>Unknown</b>					

  

<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>
<b>Medicare</b>					
<b>Medicaid</b>					
<b>Private</b>					
<b>Self-Pay</b>					
<b>Other</b>					

<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?"

2559

Total number of respondents to HCAHPS Question 17

3100

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

82.5

Total number of people surveyed on HCAHPS Question 17

11955

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

25.9

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

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

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

Sex assigned at birth	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Male					
Unknown					
Payer Type	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare					
Medicaid					
Private					
Self-Pay					
Other					
Preferred Language	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign					
Other/Unknown Languages					
Disability Status	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition					
Has a hearing disability					
Has a vision disability					
Has a self-care					
Has an independent living disability					
Sexual Orientation	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

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

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

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

### Pneumonia Mortality Rate

The Pneumonia Mortality Rate is defined as the rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission for patients ages 18 years and older. General acute care hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:  
[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI\\_20\\_Pneumonia\\_Mortality\\_Rate.pdf](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

36

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

627

Rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

57.4

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



<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>			
<b>Asian</b>	suppressed	suppressed	suppressed
<b>Black or African American</b>	suppressed	suppressed	suppressed
<b>Hispanic or Latino</b>	suppressed	suppressed	suppressed
<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>	0	17	0.0
<b>White</b>	18	157	114.6

<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>	0	28	0.0
<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>	27	378	71.4

<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>	13	267	48.7
<b>Male</b>	23	360	63.9
<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>	25	349	71.6
<b>Medicaid</b>	suppressed	suppressed	suppressed
<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	27	463	58.3
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 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](#)

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

17

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

92

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

184.8

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>	suppressed	suppressed	suppressed
<b>Asian</b>	suppressed	suppressed	suppressed
<b>Black or African American</b>	suppressed	suppressed	suppressed
<b>Hispanic or Latino</b>	suppressed	suppressed	suppressed
<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>	suppressed	suppressed	suppressed
<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>	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>	12	47	255.3

<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>	suppressed	suppressed	suppressed
<b>Male</b>	suppressed	suppressed	suppressed
<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>	suppressed	suppressed	suppressed
<b>Medicaid</b>	suppressed	suppressed	suppressed
<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 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>	suppressed	suppressed	suppressed
<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>			
<b>Other/Unknown Languages</b>	suppressed	suppressed	suppressed

  

<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>			

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

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

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

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

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

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

Number of NTSV patients with Cesarean deliveries

120

Total number of nulliparous NTSV patients

553

Rate of NTSV patients with Cesarean deliveries

0.217

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	0		
Asian	19	75	0.253
Black or African American	23	92	0.250
Hispanic or Latino	66	310	0.213
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

  

<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	suppressed	suppressed	suppressed
Age 18 to 29	83	405	0.205
Age 30 to 39	31	116	0.267
Age 40 Years and Older	suppressed	suppressed	suppressed

  

<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			
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	suppressed	suppressed	suppressed
Medicaid	97	428	0.227
Private	suppressed	suppressed	suppressed
Self-Pay	0	13	0.000
Other	16	82	0.195

  

<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	59	271	0.218
Spanish Language	42	210	0.200
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0		
Other/Unknown Languages	suppressed	suppressed	suppressed

<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

65

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

Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries  
238.1

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>
<b>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed
<b>Asian</b>	suppressed	suppressed	suppressed
<b>Black or African American</b>	12	42	285.7
<b>Hispanic or Latino</b>	35	155	225.8
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>	suppressed	suppressed	suppressed
<b>Native Hawaiian or Pacific</b>	suppressed	suppressed	suppressed
<b>White</b>	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>
<b>Age &lt; 18</b>	suppressed	suppressed	suppressed
<b>Age 18 to 29</b>	38	131	290.1
<b>Age 30 to 39</b>	24	129	186.0
<b>Age 40 Years and Older</b>	suppressed	suppressed	suppressed

  

<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>
<b>Female</b>			
<b>Male</b>			
<b>Unknown</b>			

  

<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>
<b>Medicare</b>	0		
<b>Medicaid</b>	63	224	281.2
<b>Private</b>	suppressed	suppressed	suppressed
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	0	40	0.0



<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	27	95	284.2
Spanish Language	26	128	203.1
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0		
Other/Unknown Languages	suppressed	suppressed	suppressed

  

<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

852

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

1213

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

70.2

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	suppressed	suppressed	suppressed
Asian	80	124	64.5
Black or African American	131	190	68.9
Hispanic or Latino	513	701	73.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	19	24	79.2
Native Hawaiian or Pacific	suppressed	suppressed	suppressed
White	77	128	60.2

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	21	29	72.4
Age 18 to 29	464	643	72.2
Age 30 to 39	329	484	68.0
Age 40 Years and Older	38	57	66.7

<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>	suppressed	suppressed	suppressed
<b>Medicaid</b>	803	1153	69.6
<b>Private</b>	32	37	86.5
<b>Self-Pay</b>	suppressed	suppressed	suppressed
<b>Other</b>	suppressed	suppressed	suppressed

  

<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>	367	509	72.1
<b>Spanish Language</b>	358	493	72.6
<b>Asian Pacific Islander Languages</b>	23	38	60.5
<b>Middle Eastern Languages</b>	69	119	58.0
<b>American Sign Language</b>	0		
<b>Other/Unknown Languages</b>	35	54	64.8

  

<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

1996

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

12182

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

16.4

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	12	64	18.8
Asian	213	1701	12.5
Black or African American	895	4251	21.1
Hispanic or Latino	339	2713	12.5
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	29	145	20.0
Native Hawaiian or Pacific Islander	40	237	16.9
White	453	2826	16.0

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	222	2027	11.0
Age 35 to 49	328	2046	16.0
Age 50 to 64	597	3184	18.8
Age 65 Years and Older	849	4925	17.2

  

<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	1138	5998	19.0
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	953	5078	18.8
Medicaid	953	6083	15.7
Private	52	621	8.4
Self-Pay	27	249	10.8
Other	11	151	7.3

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language	1699	9574	17.7
Spanish Language	146	1319	11.1
Asian Pacific Islander Languages	113	872	13.0
Middle Eastern Languages	11	167	6.6
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

271

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

1552

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

17.5

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	15	130	11.5
Black or African American	125	597	20.9
Hispanic or Latino	53	307	17.3
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	70	445	15.7

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	24	233	10.3
Age 35 to 49	36	212	17.0
Age 50 to 64	104	455	22.9
Age 65 Years and Older	107	652	16.4

  

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female	144	955	15.1
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	146	772	18.9
Medicaid	116	686	16.9
Private	suppressed	suppressed	suppressed
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	235	1305	18.0
Spanish Language	23	151	15.2
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
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 - 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

475

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

2239

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

21.2

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	24	129	18.6
Black or African American	262	1065	24.6
Hispanic or Latino	82	432	19.0
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	88	496	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	57	314	18.2
Age 35 to 49	117	549	21.3
Age 50 to 64	182	835	21.8
Age 65 Years and Older	119	541	22.0

  

<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	349	1600	21.8
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	161	631	25.5
Medicaid	295	1444	20.4
Private	11	86	12.8
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	427	2040	20.9
Spanish Language	30	148	20.3
Asian Pacific Islander Languages	14	36	38.9
Middle Eastern Languages			
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 - 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

234

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

1009

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

23.2

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	129	475	27.2
Hispanic or Latino	33	174	19.0
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	0	14	0.0
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	67	300	22.3

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	40	167	24.0
Age 35 to 49	74	299	24.7
Age 50 to 64	85	361	23.5
Age 65 Years and Older	35	182	19.2

  

<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	136	555	24.5
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	64	283	22.6
Medicaid	160	654	24.5
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	0	11	0.0

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language	231	977	23.6
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages			
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 - 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

1016

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

7382

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

13.8

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	suppressed	suppressed	suppressed
Black or African American	379	2114	17.9
Hispanic or Latino	171	1800	9.5
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	22	84	26.2
Native Hawaiian or Pacific Islander	30	187	16.0
White	228	1585	14.4

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34	101	1313	7.7
Age 35 to 49	101	986	10.2
Age 50 to 64	226	1533	14.7
Age 65 Years and Older	588	3550	16.6

  

<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	526	3247	16.2
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	582	3392	17.2
Medicaid	382	3299	11.6
Private	31	438	7.1
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	806	5252	15.3
Spanish Language	91	996	9.1
Asian Pacific Islander Languages	89	772	11.5
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	21	200	10.5

<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 (Co-Occurring)	Race and/or Ethnicity			Hispanic or Latino	19.0	2.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Race and/or Ethnicity			Hispanic or Latino	9.5	2.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Preferred Language			Middle Eastern Languages	6.6	2.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Other	7.3	2.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Expected Payor			Private	7.1	2.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring)	Race and/or Ethnicity			Hispanic or Latino	19.0	2.4
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Expected Payor			Other	0.2	2.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health)	Age (excluding maternal measures)			18 to 34	10.3	2.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring)	Expected Payor			Medicare	22.6	2.2
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	7.7	2.2

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

In recognition of our aging population, particularly within Alameda Hospital, AHS started in June 2024 the SNF Collaborative. The goal is to strengthen the relationship between community SNF partners and our AHS facilities to address readmission disparities, promote palliative care, initiate advanced care planning, and ensure patient preferences are honored. Palliative care resources at Alameda Hospital will expand to outpatient in early 2026 providing additional opportunities to collaborate with our SNF partners. In addition to our resources, we have made available to our Medicare patients ONclick Healthcare, which is a transitional care resource that ensures their needs are being met post-discharge. From the convenience of home, and through an assigned care counselor, patients will have access to care continuity, coordinated care with physicians, prescription management, patient education, symptoms management, access to community resources, and transportation to appointments.

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We see a greater prevalence of readmissions in our Black or African American, White, Native

Hawaiian or Pacific Islander, and Asian groups. While this correlates with readmission rates, we do not believe this is a causal factor but rather reflects differences in underlying clinical and social factors. Many patients in our population experience multiple comorbidities—such as diabetes, heart failure, renal failure, and polysubstance use—that contribute to readmission risk. To reduce avoidable readmissions, we are focused on strengthening post-hospitalization care coordination and improving connections to complex care teams. These services and resources are available to all AHS patients, with support tailored to each patient's medical and social needs. We are strengthening our partnership with Alameda Alliance and the Community Health Center Network (CHCN) to bolster care coordination for patients who receive follow up care external to AHS. Additionally, our case managers have access to the Readmission Assessment tool in Epic to identify patients who may benefit from enhanced case management or community health advocate resources. Lastly, to address readmissions among the unhoused population, AHS contracted with Cardea Health. Cardea operates a medically supported shelter in Alameda that opened in May 2023. This program serves patients who would benefit from a safe environment for recuperation and continued access to medical and social support services.

## 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

Our commitment to person-centered care is grounded in listening to and partnering with our patients and families. Through our multimodal approach to patient experience improvement work, we focus not only on clinical best practices, but on elevating patient voice so that care reflects the diverse needs of the communities we serve.ð

Patient experiences and stories are shared through quantitative and qualitative patient feedback gathered across all service lines. These stories, gathered across different points of the care journey, keep us focused on what matters most to patients and are utilized by department leaders regularly to track trends, and to highlight both the successes and areas of opportunities. Patient narratives are also used to help empower and engage our care teams from daily huddles to larger patient experience improvement strategies and projects. ð

We also gather real-time patient and family feedback through our established and expanding daily Leader Patient Rounding programs where patients are asked questions related to service and whether the patient needs are met. Questions like “What is most important to you today?” help guide real-time care decisions and service recovery to ensure that individual patient needs are honored. The daily leader rounding on patients also provides additional opportunity to ensure patients feel respected, supported, and valued throughout their journey.ð

At an even deeper level of elevating the patient voice, we are continuing to expand and embed true partnership and co-design with our patients into our system improvement work. Patients and family members participate directly in our system Patient and Family Advisory council where advisors collaborate with our department leaders directly to help design solutions that better meet the needs of our patient population. These projects vary from things like clinical tool creations like communication tools and education that drive transparency and trust with our patients, to large scale facility improvements like wayfinding. ð

Our commitment to patient partnership means that those most directly impacted are actively involved in shaping and reshaping how care is delivered. By working side by side with our



community, we are building a health system that fosters trust, elevates experiences, and advances truly person-centered care for all.

## Patient safety

The Patient Safety Program is a comprehensive initiative dedicated to the early prevention, mitigation, and reduction of potential harm to both patients and staff. This program is foundational to our commitment to delivering the highest quality of care in a safe and supportive environment. It is built upon six core pillars that ensure a proactive, transparent, and systematic approach to patient safety and continuous improvement.

### Robust Incident Reporting System:

We have established an accessible and user-friendly incident reporting platform, known as MIDAS Safety Alerts, which is available to all employees. These reports are rigorously reviewed daily by the Patient Safety team in collaboration with operational leaders. Each Safety Alert is risk stratified to prioritize urgent cases. When indicated, rapid investigations are launched, followed by in-depth Root Cause Analyses (RCAs) to uncover systemic vulnerabilities and drive sustainable improvements across clinical and operational workflows.

### Culture of Reporting Near Misses:

We actively promote a culture where staff feel empowered and encouraged to report “near misses” events that could have resulted in harm but were averted. This proactive strategy is essential in identifying latent risks early, allowing us to implement preventive measures before incidents occur. This shift from reactive to proactive safety management fosters continuous learning and resilience within our care teams.

### Engagement in Proactive Risk Analysis (FMEA):

Our participation in Joint Commission Failure Modes and Effects Analysis (FMEA) enables us to systematically identify, evaluate, and mitigate potential risks in patient care processes before adverse events happen. This forward-thinking approach ensures that new procedures, technologies, and care environments are rigorously assessed for safety, minimizing patient exposure to harm.

### Annual Safety Culture Survey:

To ensure a psychologically safe environment, we conduct an annual culture survey measuring staff perceptions of safety and their willingness to speak up about safety concerns. This feedback loop is critical for nurturing open communication, addressing barriers to reporting, and fostering a workplace culture that prioritizes transparency and accountability – key factors in preventing patient harm.

### Harm Measurement and Goal Setting:

We rigorously track overall harm rates involving both patients and staff, establishing clear, measurable annual targets for reduction. By analyzing trends and outcomes, we tailor interventions that address specific safety challenges, thereby continuously elevating the standard of care.

### Monitoring Harm Acuity, Claims, and Defense Costs:

Our comprehensive data analysis includes monitoring harm severity (acuity), claims, and defense costs associated with patient safety incidents. This detailed tracking has demonstrated significant reductions in both patient harm and organizational liability, reflecting the effectiveness of our safety strategies.

### Impact on Patient Care and Organizational Trust:

The Patient Safety Program has led to demonstrable improvements in patient and staff safety, evidenced by decreased incident rates, lower litigation costs, and enhanced risk mitigation. Beyond quantitative outcomes, the program reinforces a culture of empathy and accountability. Our Empathetic Communication program plays a vital role in rebuilding trust with patients and families following harm events, ensuring compassionate dialogue and support during difficult times.Đ

Collectively, these efforts create a safer care environment, promote continuous learning, and enhance overall patient outcomes. The program not only safeguards against harm but also strengthens our organizational commitment to delivering patient-centered, high-quality healthcare.

#### Addressing patient social drivers of health

Alameda Health System has the following resources to assist with social drivers of health. AHS hosts several Community Health Worker (CHW) programs that are tailored to the unique needs and strengths of our patient population. AHS also offers the Homeless Health Center that provides care and navigation services to individuals experiencing homelessness. Lastly, we have begun implementing an online self-referral tool known as "FindHelp" that can connect patients with community resources without the need for a provider. Đ

Our Community Health Worker workforce is integrated into teams and departments across the organization, and one of their primary functions is addressing social drivers of health. To increase continuity of care and delivery of social health resources, AHS has invested in this workforce through ongoing education and training, workflow alignment, EHR optimization and standard job descriptions. Approximately 65% have obtained their CHW certification. Programs with embedded CHWs range in intensity and design. For example, AHS has a low-barrier virtual help-desk model providing encounter-based support to anyone; several clinical care teams include CHWs in areas such as the HIV clinic, use disorder clinics, Mobile Health Clinic and the Highland Emergency Department; and lastly wrap around care management teams providing Enhanced Care Management support for highest risk patients.Đ

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Highland: Standardized SDOH screening is the first step in addressing patient social drivers of health. Since implementing screening, our screening rates have been added to our quality outcomes dashboard (Objectives and Key Results aka "OKRs") to monitor performance at each of our inpatient hospitals. Our screening rate at Highland Hospital saw a significant improvement, rising from 37% in January 2024 to 73% in January 2025. Đ

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Alameda Hospital: Standardized SDOH screening is the first step in addressing patient social drivers of health. Since implementing screening, our screening rates have been added to our quality outcomes dashboard (Objectives and Key Results aka "OKRs") to monitor screening performance at each of our inpatient hospitals. Additionally, this report is reviewed monthly by the Board. The screening rate at Alameda Hospital has seen improvement, rising from 47% in January 2024 to 64% in July 2025. The screening is included in the Admission Navigator of the EMR so education around the use of Navigators has been implemented to increase compliance. Just in time training by nurse managers/charge nurses is also provided when the screening is missing/incomplete in the EMR. Đ

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San Leandro: Standardized SDOH screening is the first step in addressing patient social drivers of health. Since implementing screening, our screening rates have been added to our quality outcomes dashboard (Objectives and Key Results aka "OKRs") to monitor performance at each of our inpatient hospitals. The screening rate at San Leandro is the highest in our system. During the months between July 2024 and June 2025, the screening rate at San Leandro was 92.1%.

#### Performance in the priority area continued

Performance across all of the following priority areas.

#### Effective treatment

San Leandro: Sepsis care and sepsis mortality are two ways we monitor performance for Effective Treatment. San Leandro has been one of the top performers in our hospital system. The Core SEP-1 Early Management Bundle for Severe Sepsis/Septic Shock has performed at or higher than the national average (60%) since Q3 2023. In Q1 2024, the bundle compliance was 70% and outperformed the state average of 65%. Bundle compliance fell to 63% in Q3 and Q4 but was still above the national average. The sepsis mortality rate was better than the national benchmark in Q2 and Q3 2024, however it was worse in Q1 and Q4. Some opportunities for accurately coding sepsis patients were identified during the year, and targeted training was implemented. We believe more accurate coding will lead to improved mortality ratios. Some of the improvement in bundle compliance was driven by implementing a sepsis BPA for providers in the EMR and a sepsis narrator for nurses during the second half of 2024. We anticipate that standardizing technology improvements will reduce variations in care and help ensure consistent, high-quality outcomes for all patients.ð

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Highland: Sepsis care and sepsis mortality are two ways we monitor performance for Effective Treatment. The Core SEP-1 Early Management Bundle for Severe Sepsis/Septic Shock improved from 38% bundle compliance in Q1 2024 to 62% bundle compliance in Q4 2024, which was above the national average. Our goal remains to meet or exceed the state average of 65% bundle compliance. The specific part of the bundle that drove improvement was the Septic Shock 6 Hour Bundle. The Septic Shock 6 Hour Bundle compliance rose from 40% compliance in Q1 2024 to 80% in Q4 2024. The Septic Shock 3 Hour Bundle has seen inconsistent performance and remains the biggest opportunity. In Q3 2024 the 3 Hour bundle compliance for septic shock fell to 33%, down from 50% in Q1 2024. ð

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Alameda Hospital: Sepsis care and sepsis mortality are two ways we monitor performance for Effective Treatment. Both measures showed significant improvement at Alameda during 2024. The Core SEP-1 Early Management Bundle for Severe Sepsis/Septic Shock improved from 50% bundle compliance in Q1 2024 to 70% bundle compliance in Q2 2024, which was above the national and state average. The bundle compliance at the end of year was 64% (above the national average). Similarly, sepsis mortality has improved substantially since the end of 2022. The observed to expected mortality rate for severe sepsis was 1.84 between April to June 2023 and much higher compared to the national benchmark of 1.04 (lower better). In Q1 2024 the mortality rate dropped to 1.02 and then was even lower during Q2 2024 at 0.84. In Q3 and Q4 the mortality ratio was 1.21 and higher than the benchmark. Some opportunities for accurately coding sepsis patients were identified during the year, and targeted training was implemented. We believe more accurate coding will lead to improved mortality ratios. Some of the improvement in bundle compliance was driven by implementing a sepsis BPA for providers in the EMR and a sepsis narrator for nurses during the second half of 2024. We anticipate that standardizing technology improvements will reduce variations in care and help ensure consistent, high-quality outcomes for all patients.

#### Care coordination

AHS has implemented Compass Rose, which is an Epic program focused on care coordination. Compass Rose uses features such as tasks, targets, and collaborative care plans to support care coordinators in a variety of settings. Compass Rose also enables enhanced reporting for monitoring of process and outcomes data. We have implemented Compass Rose in our outpatient care management programs Complex Care and Care Transitions; our help desk resource program Health

Advocates; our CHWs in specialty and HIV clinics; and planning to implement in our substance use disorder clinic, Bridge, Palliative Care and Integrated Behavioral Health by early 2026.

#### Access to care

Our throughput initiatives are focused not only on operational efficiency but also on ensuring that every patient in our safety-net system receives timely, high-quality care.ð

Reducing readmissions is one way we are addressing inequities that can stem from social drivers of health. We are strengthening discharge teaching, expanding close outpatient follow-up, and increasing case management support for patients with complex needs. Since most readmissions occur within seven days of discharge, we are piloting a telehealth model staffed with case management, nursing, and physicians to check in on patients after discharge. We have also implemented a readmission risk score in our electronic health record using predictive modeling to help anticipate which patients will be most at risk. These interventions help ensure that all patients â?? including those with limited resources, language barriers, or complex medical and social needs â?? have the tools and support needed to safely recover at home.ð

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Improving inpatient bed capacity across our hospitals allows us to reduce delays for patients awaiting care. Patients in safety-net systems experience longer waits or transfers between facilities. By standardizing practices for intra-facility transfers and implementing the "Doc of the Day" model, we are improving system efficiency and ensuring that care is provided based on medical need and system capacity to deliver timely, appropriate care. Emergency Department boarding and ambulance patient offload delays can contribute to delays in access to care. By refining our surge plan and improving response workflows, we are reducing wait times and ensuring patients receive the right care in the right setting faster. This is a direct step toward closing gaps in access and ensuring our busiest entry points remain safe and responsive for all.ð

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Discharge planning is another area of focus. Patients who face challenges such as housing instability, limited transportation, or lack of insurance are at greater risk of poor outcomes after hospitalization. By strengthening discharge planning, we are creating more reliable transitions to the next step in care â?? whether that is a skilled nursing facility, home health, or timely follow-up with a primary or specialty provider. ð

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Finally, improving access to primary care, specialty clinics, and operating rooms after emergency or inpatient care remains central to our mission. By prioritizing timely connections to follow-up and surgical care, we are helping to ensure that all patients receive the care they need without unnecessary delay.

## Methodology Guidelines

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

Y