

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	PARADISE VALLEY HOSPITAL
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106370759
Report Period:	01/01/2024 - 12/31/2024
Status:	Submitted
Due Date:	11/29/2025
Last Updated:	10/24/2025
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	https://paradisevalleyhospital.net/

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

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.

24195

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	21155	24195	87.4
Spanish Language	2608	24195	10.8
Asian Pacific Islander Languages	256	24195	1.1
Middle Eastern Languages	40	24195	0.2
American Sign Language		24195	
Other Languages	130	24195	0.5

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure

There are five domains that make up the CMS Hospital Commitment to HCHE measures. Each domain is scored as "yes" or "no." In order to score "yes," a general acute care hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser:

<https://data.cms.gov/provider-data/topics/hospitals/health-equity>

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure Domain 1: Strategic Planning (Yes/No)

- Our hospital strategic plan identifies priority populations who currently experience health disparities.
- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.
- Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Y

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

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health information.

- Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.

Y

CMS HCHE Measure Domain 3: Data Analysis (Yes/No)

- Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information in hospital performance dashboards.

Y

CMS HCHE Measure Domain 4: Quality Improvement (Yes/No)

- Our hospital participates in local, regional or national quality improvement activities focused on reducing health disparities.

Y

CMS HCHE Measure Domain 5: Leadership Engagement (Yes/No)

- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.

- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually review key performance indicators stratified by demographic and/or social factors.

Y

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

3000

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

7423

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

40.4

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	844	28.1	0	
Housing Instability	799	26.6	0	
Transportation Problems	558	18.6	0	
Utility Difficulties	266	8.9	0	
Interpersonal Safety	150	5.0	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://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?"

343

Total number of respondents to HCAHPS Question 19

404

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

84.9

Total number of people surveyed on HCAHPS Question 19

1924

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

21.0

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

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian					
Black or African American					
Hispanic or Latino					
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White					
Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely 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 "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Male					
Unknown					
Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare					
Medicaid					
Private					
Self-Pay					
Other					
Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages					

Disability Status	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition disability					
Has a hearing disability					
Has a vision disability					
Has a self-care disability					
Has an independent living disability					
Sexual Orientation	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					
Gender Identity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/trans					
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?"

315

Total number of respondents to HCAHPS Question 17

404

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

78.0

Total number of people surveyed on HCAHPS Question 17

1924

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

21.0

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

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

28

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

252

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

111.1

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

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

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	0	19	0.0
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	23	145	158.6

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	12	120	100.0
Male	16	132	121.2
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	22	149	147.7
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language	suppressed	suppressed	suppressed
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

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

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

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

Death Rate among Surgical Inpatients with Serious Treatable Complications

The Death Rate among Surgical Inpatients with Serious Treatable Complications is defined as the rate of in-hospital deaths per 1,000 surgical discharges among patients ages 18-89 years old or obstetric patients 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

suppressed

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

suppressed

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

suppressed

Table 6. Death Rate among Surgical Inpatients with Serious Treatable Complications by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

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

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private			
Self-Pay			
Other			

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

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

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

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

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

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

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

NA

Total number of nulliparous NTSV patients

NA

Rate of NTSV patients with Cesarean deliveries

NA

Table 7. Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

Disability Status	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

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

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

CMQCC Vaginal Birth After Cesarean (VBAC) Rate

The CMQCC Vaginal Birth After Cesarean (VBAC) Rate is defined as vaginal births per 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

NA

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

NA

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

NA

Table 8. Vaginal Birth After Cesarean (VBAC) Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific			
White			

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Age < 18			
Age 18 to 29			
Age 30 to 39			
Age 40 Years and Older			

Sex assigned at birth	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Male			
Unknown			

Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			
Disability Status	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living			
Sexual Orientation	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			
Gender Identity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
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.

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

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

Sex assigned at birth	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Female			
Male			
Unknown			
Payer Type	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			
Preferred Language	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			
Disability Status	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living			

Sexual Orientation	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			
Gender Identity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

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

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

523

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

2917

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

17.9

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	70	449	15.6
Black or African American	119	593	20.1
Hispanic or Latino	145	931	15.6
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	137	669	20.5

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	29	279	10.4
Age 35 to 49	92	471	19.5
Age 50 to 64	169	837	20.2
Age 65 Years and Older	233	1330	17.5

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	209	1303	16.0
Male	314	1614	19.5
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	255	1331	19.2
Medicaid	212	1140	18.6
Private	52	386	13.5
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	459	2554	18.0
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

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

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

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

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

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

121

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

581

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

20.8

Table 11. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for mental health disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
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

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

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

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

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

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

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

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

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

92

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

422

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

21.8

Table 12. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
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
Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	suppressed	suppressed	suppressed
Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			
Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed
Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Co-occurring disorders

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

61

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

270

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.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
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
Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	suppressed	suppressed	suppressed
Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			
Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay			
Other	suppressed	suppressed	suppressed
Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

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

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

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - No Behavioral Health Diagnosis

Number of inpatient hospital admissions which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

249

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

1644

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

15.1

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
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
Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	suppressed	suppressed	suppressed
Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	107	800	13.4
Male	142	844	16.8
Unknown			
Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	0	12	0.0
Other	0	28	0.0
Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
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

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

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

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

Health Equity Plan

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

Top 10 Disparities

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

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

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	10.4	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	10.4	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	10.4	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	13.5	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	13.5	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity			Hispanic or Latino	15.6	1.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity			Hispanic or Latino	15.6	1.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Sex Assigned at Birth			Female	13.4	1.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth			Female	16.0	1.2
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Sex Assigned at Birth			Female	100.0	1.2

Plan to address disparities identified in the data:

Overview and Performance Data:

The report identifies disparities in the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, with a lower rate being the preferred outcome. The most notable gaps are seen across age groups, where patients aged 50 to 64 (20.1%) and 35 to 49 (19.5%) have nearly doubled the readmission rates compared to those aged 18 to 34 (10.4%). Older adults (65+) also show elevated rates at 17.3%. Insurance type plays a key role, with Medicare (18.9%) and Medicaid (18.5%) patients experiencing higher readmissions than those with private insurance (13.5%). These disparities suggest that age and payer type significantly influence post-discharge outcomes and may reflect differences in access to follow-up care or chronic disease burden. Further disparities are evident in race, ethnicity, and gender. White (20.2%) and Black/African American (19.7%) patients have higher readmission rates compared to Hispanic/Latino patients (15.6%). Additionally, males show consistently higher readmission rates than females, both overall (19.3% vs. 15.9%) and among those without behavioral health diagnoses (16.6% vs. 13.4%). These findings highlight the need for targeted quality improvement initiatives to address systemic inequities and improve care transitions, particularly for older adults, publicly insured patients, and specific racial and gender groups. By addressing these disparities, Paradise Valley Hospital can enhance patient outcomes and reduce avoidable readmissions.

Based on the Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia mortality rates are higher for male with a disparity rate 121.2 compared to female reference group. The pneumonia mortality rate is higher in the age group of 65yrs plus.

Program and Practices:

- Pneumonia vaccination screening program specifically for the age group of 65yrs plus at the time of admission.
- Emphasize the patients over the age group of 65yrs to receive the pneumonia vaccine.
- Educate the patient to use the incentive Spirometer to increase the lungs tidal volume, prevent mucus build up and pneumonia.
- Educate the patient and family to modify the lifestyle and habits like smoking cessation to prevent the risk of pneumonia.
- Social worker consultation for smoking cessation for the patient have the habit of smoking.
- Free classes for community through center for health promotion: free exercise classes, mall walk program.
- Pneumonia vaccine offered to the age group of 65yrs and above.
- Monitoring of the use of VAP bundle for the patients in Ventilator.
- Appropriate airway and ventilator management in the patients in ICU to prevent ventilator associate pneumonia 9VAP.
- Physicians review the pneumonia mortality cases associated with sepsis, severity of illness (SOI) AND Risk of mortality (ROM) cases.
- Initiate the code sepsis protocol to identify the sepsis cases early and provide 3hours,6hours bundle to prevent severe sepsis and septic shock.
- Respiratory Therapy team review and consulted with pulmonologists to initiate respiratory treatment for pneumonia patients.

Measurable Objectives:

- Reduce 10% of patient pneumonia mortality rate compared to 2025 by Q4 FY2026.

Timeframe:

- All initiatives are underway or launching in Q1 FY2026, with quarterly evaluations and full implementation by Q4 FY2026.

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:

Overview: Person-Centered Care is a core value at Paradise Valley Hospital, defined as treating each patient compassion and dignity through respect/responsiveness to individual patient preferences, needs, and values.

Equity Considerations: National City, and the South Bay San Diego area, is home to an ethnically/ religiously/financially diverse population. As such, there is a plethora of diverse needs and considerations for each patient to feel heard, seen, and understood.

Programs and practices: A dedicated Patient Experience “champion” collects and analyzes data from the H/ED/OAS CAHPS and social media to create initiatives focused on the needs of our surrounding community. All patients are screened for language preference, and food preferences based on religious/personal values are also assessed. A member of our Patient Experience Committee is also a member of the National City Chamber of Commerce and keeps us in tune with the needs and temperature of the community. We utilize communication structures such as G.R.E.A.T. and the “4As of Service Recovery.” We utilize translation tablets for non-English patients and have relationships with religious institutions for those who request services. PVH also hosts a small chapel in its lobby for families who seek spiritual solace. Our annual HealthStream training courses also include modules on cultural sensitivity. PVH is also a psychiatric hospital, and our staff are trained to handle mental health issues with sensitivity. De-escalation techniques are taught annually through HealthStream modules, and with a focus on sensitivity for the various levels of psychosocial functioning our patients exhibit. These levels of functioning often interfere with access to finances, housing, and services in the community; however, our dedicated social work and case management teams maintain strong working relationships with third-party resources to connect our patients in the community. These resources include outpatient case management teams such as MCRT and Telecare, step-down psychiatric facilities such as the CRF Crisis Houses, SNFs, ILFs, B&Cs, and LTACs.

Performance Data: Our 2025 data reflect our commitment to Person-Centered Care. Our raw HCAHPS Overall Rating scores have increased 18.58% from Q1 to Q3 QTD (Q1: n = 115, 61.26 to Q3 QTD: n = 109, 72.64). Our raw ED CAHPS Overall Care score has increased 8.23% from Q1 to Q3 QTD (Q1: n = 50, 57.10 to Q3 QTD: n = 56, 61.80). Our OAS CAHPS Overall Facility score has increased by 20.05% from Q1 to Q3 QTD, though the survey N for Q3 is still too low to conduct an accurate comparison (Q1: n = 30, 83.30 to Q3 QTD: n = 8, 100).

Improvements & Plans: PVH is dedicated to improving our ability to provide patient centered care to our patients. The Patient Experience Committee continues to be present in units and round on patients to ensure that patient needs are met and that compassion is exhibited by our staff members. Social Workers have a Community Resource Packet that contains resources for food, clothing, shelter, etc. in the community, and the HEO has created an alternate quick reference tri-fold pamphlet as well. In the upcoming months, PVH plans to translate this pamphlet into another languages such as Spanish, create a large-print pamphlet for the visually impaired, and create a website for additional access. We continue to use translation services, offer religious services, and respond to the needs of our patients.

Community Partnerships: PVH has a strong partnership with the National City and surrounding community. Our Center for Health Promotion held an annual public CLUB Walk in March 2025 at the Plaza Bonita Mall, to encourage exercise and socialization, as well as to support local business. PVH also presented an award at the 13th Annual Dinner & Awards Ceremony for the Asian Pacific American Coalition in May 2025. These events allow us to stay in touch with the community’s needs and allow us to keep a pulse on the values of our patients.

FY 2026 Goals and Objectives:

Goal 1: HCAHPS overall rating has been trending positively since beginning of CY 2025 and currently meeting benchmark of 71.99 (Q3 QTD 72.64). Goal is to continue positive trend towards 75th percentile and meet or exceed 80.42.

Initiatives: Goal 1 to be achieved by continuation of training in G.R.E.A.T. communication model, 4As service recovery model, and Zone of Hospitality through monthly new hire orientations, annual staff HealthStream competencies, and annual “Skills Fair” occurring in 12/2025. Furthermore, the Patient Experience Rounding team will continue to meet weekly and round on patients as able to identify areas of improvement. Patient Experience champion will continue to monitor HCAHPS data for trends to identify additional initiatives, and provide a bi-monthly report to PVH CEO, PVH CNO, Corporate CEO of Patient Experience, and Corporate Director of Patient Experience.

Patient Safety:

Overview and Performance Data: PVH focus to identify, Analyze and prevent the occurrences of patient safety related occurrences/errors and identify the areas of opportunity to maintain and improve patient safety. Current patient population includes psychiatric and geriatric patients compared to the minority.

Program and Practices: PVH implemented a Fall prevention Program to improve patient safety for high-risk patients to mitigate the fall risks. PVH also emphasizes medication administration safety program to prevent/reduce the medication errors.

- Daily safety huddle to discuss patient safety related issues or potential harm errors and preventive measures.
- Implemented “Collette Virtual Health” tele sitter observation for high fall risk patient for safety.
- Initiated the Falling Star Program to The Star/Falling Star Program is used in all patient care units of the hospital, as a means of communicating to all caregivers that a patient has been identified as at risk for falling. Any employee seeing the yellow wristbands and stars of the Star/Falling Star Program is expected to do a quick visual assessment of patient and room looking for any potential fall risk.
- Educated patient and family “Tips to avoid Falls” during the admission to avoid patient fall.
- Continued to monitor and mediate environmental fall risk factors in patient areas and provide nurse call system within immediate reach.
- Reorient the patient frequently and provide sitters to the patients if it is necessary.
- Offer rehabilitation therapy like PT/OT to improve patient mobilization.
- Pharmacy and quality assurance team monitoring the Barcode Medication administration (BCMA) compliances weekly to ensure the safety administration of medication.
- Pharmacy team monitors and report to safety committee the medication override report to ensure the quality of care and safety.
- Pharmacy team closely monitored the safe use of opioids and narcotics.

- Educated the physician to utilize the computerized physician order entry (CPOE) for medication orders to prevent errors.
- Medical staff department monitors the compliance of CPOE to ensure the providers are following the standards.
- Medication reconciliation is emphasized during discharge, particularly for Medicare patients with complex regimen.
- Pharmacy team educated the patient on the high-risk medication, use and the side effects.
- Conducting annually a survey to assess “culture of Patient safety” to measure the overall patient safety outcomes and overall perception of patient safety.

Measurable Objectives:

- Achieve ≥95%% BCMA compliances
- Reduce patient fall rate to ≤4% by Q4 FY2026.

Timeframe:

- All initiatives are underway or launched in Q1 FY2026, with quarterly evaluations and full implementation by Q4 FY2026.

Addressing patient social drivers of health:

Overview: Social Determinants of Health (SDOH) is a strong focus for PVH, especially considering the population we serve in National City and the surrounding areas. Housing, food, income, transportation, and health literacy are all factors taken into consideration when providing outreach, treatment, and transitional care.

Equity Considerations: The per capita income of National City and the surrounding area is approx. \$27,000 with 14% of the population living below the poverty line. 36.9% of the population is “foreign born.” Of these statistics, approx. 63% coming from Latin American countries and 34% coming from Asian countries. (Data taken from censusreporter.org, citing US Census Bureau’s 2023 5-year estimates).

Programs and Practices: PVH acknowledges the weight and importance of social factors in a person’s medical well-being, and as such, the SDOH is embedded into each patient’s nursing assessment. Should a patient be determined to have inequity in a specific area, social work consultation is immediately triggered. Social work will continue to assess, coordinate and provide resources for the patient throughout the duration of their treatment. A separate SDOH update form is completed at these times. Finally, upon discharge, the case management team conducts a final assessment of resources available to the patient and completes a discharge SDOH form. A dedicated Health Equity Officer then analyzes this data, provides updates to the Leadership Team, and coordinates to find solutions to inequities observed.

SDOH Performance Data:

- The metrics across equity dimensions are as follows:
- Financial Resource Strain: 3042 total (82% of those assessed).
- Insufficient physical activity: 2002 (54% of those assessed).
- Social isolation: 1966 (53% of those assessed).
- Risk for food insecurity: 924 (25% of those assessed).
- Risk of housing stability: 877 (23% of those assessed).

- Inadequate health literacy: 845 (23% of those assessed).
- Need for transportation: 635 (17% of those assessed).
- Need for utility assistance: 269 (07% of those assessed).
- Risk for intimate partner violence: 183 (04% of those assessed).
- Ethnicity distribution is also assessed: 36.3% Hispanic, 57.9% Non-Hispanic, and 5.7% Unknown.

This data is further stratified into age groups. For example, the age demographic highest for *financial resource strain* and *housing instability* is the 30–40-year-old age range. The highest risk for transportation needs occurs in the 40–50-year-old age range (30.4% of all at risk). Tellingly, health literacy level is more evenly distributed across all age’s demographics, falling within a range of 7.7% - 17.9%, with both 50-60 years old and 60-70 years old at the highest rates of 17.9% each.

Improvements & Plans: Financial Resource Strain is by far the highest inequity experienced by our patients. PVH manages this inequity by educating patients on how to obtain resources such as SSDI through social work check-ins and informational material. For psychiatric patients who have difficulty navigating the complexities of these tasks, PVH maintains strong referral relationships with 3rd party case management parties who follow and help patients in the community. This includes coordinating with the National City Homeless Outreach Team, who will connect with homeless patients in the community to provide assistance to those in need. Regarding the next two highest metrics, Insufficient physical activity and social isolation, PVH’s Center for Health Promotion offers free health promotion classes, screenings, and activities for the community. These include programs such as:

- Fitness for All, Smoking Cessation, Diabetes Management, CLUB Walk, Yoga and Zumba classes.
- Cholesterol/Nutrition/Hypertension, Weight Management, and Stress Management classes.

Regarding housing stability, PVH also coordinates with various homeless shelters such as Father’ Joe’s Village, B&Cs, SNFs, ILFs, and LTACs to ensure that patients need adequate housing while recovering from, or managing, a medical issue can be provided.

FY 2026 Goals and Objectives:

Goal 1: Address Financial Resource Strain as the top equity concern for patients who have taken the SDOH (82% of those assessed). Although PVH cannot fully change the socioeconomic landscape of the surrounding community, we can influence the inequity by providing resources to patients in hopes that it will positively affect the National City and surrounding South Bay San Diego area. We hope to see a decrease from 82% to \leq 80% in FY 2026.

Initiatives: The most recent Community Resource Packet used by the social work team was updated in 2023. Health Equity officers and Social Work Team will coordinate to revise this packet with a focus on financial security. This includes a flow-chart of how to obtain SSI and/or SSDI, tips for obtaining/maintaining employment, and more. This will occur at the end of Q1 CY 2026, so that the trends can be tracked for the remainder of the year.

Performance in the priority area continued

Performance across all the following priority areas.

Effective treatment:

Overview and Performance Data: Based on the age, ethnicity and sex stratification data, we had high rate of CHF diagnosis for the age group 46-65 yrs compared to age group 18-45yrs and male (57.80%) had increased the rate of CHF than female (42.2%) in 2024. Black or African American had 31.21% than Hispanic or white (15.03%,24.28%) ethnic background. Post discharge appointments for heart failure patients in 2024 were 88% and the compliance for the follow up visit within 7 days or less was 22% in 2024.

Program and Practice: PVH following AHA /ASA Get with the guidelines for the effective treatment for the CHF and stroke patients. Evidence-based guidelines are being reinforced to ensure consistent care delivery.

- Concurrent review on the CHF/Stroke patient core measures by the clinical team.
- Ensure the Heart failure patient discharged on the beta blockers.
- Providers will be notified of the missing core measures daily soon after the EMR alert.
- Targeted discharge of education on the risk factor, lifestyle, diet and post follow up care.
- Family Inclusive discharge planning.
- Dedicated Case managers coordinate post discharge appointments for Heart Failure Patients before the discharge to reduce the gaps.
- Pharmacy team educated the patient on the high-risk medication, use and the side effects.
- Transportation and follow-up assistance prioritized for Medicaid and working-age patients who frequently miss visits.
- Interpreter services 24/7 and translated discharge instructions; preferred language captured in the EHR to reduce the disparities.

Measurable Objectives and Timeline:

- Achieve $\geq 90\%$ post discharge appointments for heart failure patients in Q1FY2026.
- Achieve $\geq 50\%$ follow up visit appointment within 7 days in Q1FY2026.
- All initiatives are underway or launching in Q1 FY2026, with quarterly evaluations and full implementation by Q4 FY2026.

Care coordination:

Overview and Performance Data: Paradise Valley Hospital continues to prioritize effective care coordination to ensure safe, equitable transitions across the continuum of care. As of 2025, 5.42% of discharges have transitioned to skilled nursing facilities (SNFs). These placements were primarily driven by patients' complex medical conditions, functional limitations, and lack of adequate support systems at home—factors that, if unaddressed, increase the risk of hospital readmission.

Program and Practices:

Hospital readmissions in 2025 have been predominantly linked to patients aged 50–64, with contributing factors including:

- Chronic conditions such as heart failure, diabetes with complications, and circulatory system Diseases.
- Loss of physical function post-hospitalization, which impairs independence and increases readmission risk.
- Socioeconomic barriers, including limited access to follow-up care, medication non-compliance, and inadequate home support.
- Insurance-related disparities, with Medicaid patients in this age group experiencing significantly higher readmission rates.
- These insights reinforce the importance of early intervention, robust discharge planning, and

- strong community partnerships to reduce avoidable readmissions and promote health equity.
- To further support these goals, we enhanced our interdisciplinary rounding process by integrating case management, nursing, physicians, and ancillary services. This collaborative approach has streamlined discharge planning and contributed to a reduction in length of stay.
 - A key advancement was the implementation of the LACE readmission risk score, enabling proactive identification of high-risk patients. By targeting individuals with complex medical and social needs, our teams were able to engage earlier and more effectively, resulting in a measurable reduction in 30-day readmissions.
 - To support real-time decision-making and discharge efficiency, we conduct daily utilization review meetings seven days a week, ensuring timely escalation of barriers to care. These are complemented by daily productivity huddles at 2:00 PM, where case management and care teams review and prioritize discharges and align patient-centered goals.
 - Our case management and social work teams also partner with community-based organizations to address social determinants of health (SDOH), ensuring patients have access to housing, food, and transportation resources post-discharge. These efforts have improved continuity of care and reduced disparities in discharge outcomes.

The social services department understands that every patient that receives treatment at PVH is diverse in culture/medical and social needs. Every patient should be a part of the conversation when discussing what is next and what they think they need. When addressing patients, it is important to understand and use culturally responsive practices and incorporate the National Standards for Culturally and Linguistically Appropriate Services (CLAS) when interacting with patients. Working in a multidisciplinary means that communication is paramount to ensure that our patient gets the right resources in a timely manner, we do not work in silos. The work culture should be one of support and assistance as we are all working under the same mission and goal of putting the patient first. Clear communication is exercised and documented in a timely manner. The utilization of CalAim programming is often used with patient consent to address further barriers in continuing to achieve medical/social stabilization once the patient is discharged. However, CalAim is only used if the patient has a managed care program. There are other community resources that are available for those without a managed care plan.

Measurable Objectives and Timeline:

- Achieve $\geq 10\%$ reduction in 30-day unplanned hospital readmission rates among patients aged 50–64 with chronic conditions (e.g., heart failure, diabetes, circulatory diseases) by Q4 FY2026.

This will be accomplished through enhanced interdisciplinary rounding, early identification using LACE scores and strengthened discharge planning.

- Achieve $\geq 15\%$ increase in successful transitions to appropriate post-acute care settings (e.g., SNFs, home health) for high-risk patients by Q4 FY2026.

This includes improved utilization review processes, daily huddles for discharge prioritization, and expanded partnerships with community-based organizations to address social determinants of health.

All initiatives are underway or launching in Q1 FY2026, with quarterly evaluations to monitor progress and make data-informed adjustments. Full implementation and outcome assessment will be completed by Q4 FY2026.

- All initiatives are underway or launching in Q1 FY2026, with quarterly evaluations and full implementation by Q4 FY2026.

Access to care:

Overview and Performance Data:

The data shows the transportation needs required more for age group between 50-60 yrs (29.5%) compared to the age group of 20-30yrs (17.4%), and the age group of 60-70yrs (23.4%). Male patients need transportation facilities compared to female group.

Program and Practices:

PVH has ordered qty 3080 one-day public transportation passes as of YTD 2025. These bus passes are provided to patients who are discharging without transportation home. These passes are accepted for unlimited rides for a single day on both the bus and trolley systems in San Diego and create a range of access for various appointments and resources. In addition to bus passes, discharging patients are also provided with options such as one-time third-party transportation to a location within 30 miles of the hospital (Uber Health), or use of the PVH transportation vehicle where they are shuttled to a location within 30 miles of the hospital. Regarding Uber Health, PVH has provided 2377 Uber Health rides to patients from 01/01/2025 to 09/29/2025.

Paradise Valley Hospital has made significant strides in expanding access to care through a series of equity-focused initiatives. In alignment with our mission to serve the community, we increased availability of primary and specialty care appointments by extending clinic hours and enhancing telehealth services, ensuring patients can receive timely care regardless of scheduling barriers.

- We launched a community outreach program in partnership with local organizations to deliver health screenings and preventive services in underserved neighborhoods. These efforts include educational campaigns on stroke awareness and promotion of our Center for Health and Wellness, which serves as a hub for preventive care and health education.
- To support continuity of care post-discharge, we established a Senior Center clinic focused on timely follow-up for older adults. This initiative helps reduce gaps in care and prevent avoidable readmissions. Additionally, our care coordination team schedules Congestive Heart Failure (CHF) follow-up appointments prior to discharge, enabling early outpatient management and improving clinical outcomes.
- For patients requiring Skilled Nursing Facility (SNF) placement, we maintain continuity of care by coordinating with our hospitalist team, who continue to follow or visit patients during their SNF stay. This approach ensures ongoing clinical oversight, reduces fragmentation, and supports smoother transitions back to the community or home setting.

These initiatives reflect our commitment to removing barriers to care, improving health equity, and ensuring that all patients regardless of age, socioeconomic status, or medical complexity have access to the services they need to achieve optimal health outcomes.

- PVH implemented recently the fast-track Care to reduce the waiting time in the emergency room. Fast Track Care is a feature on the PVH website that allows patients to reserve arrival times for our Emergency Department to receive care for their non-life-threatening medical conditions.
- Social Service department assesses barriers to access quality care as well as the patient's level of commitment to their health. With that said, using appropriate, non-judgement language when addressing patients is paramount and utilizing motivation interviewing techniques to

enhance patient motivation for positive change. At PVH the implementation of utilizing Voyce and phone interpretation services have been positive in assessing patient care and linkage to resources. The partnership with Family Health Centers in utilizing their online patient portals will be a game changer in accessing timely mental health services for our patients.

Measurable Objectives and Timeline:

- Achieve $\geq 15\%$ increase in transportation support utilization among patients aged 50 to 70 By Q4 FY2026, with a focus on male patients and those with limited access to 71 follow-up care.
This includes expanded distribution of public transit passes, increased use of Uber Health rides, and optimized scheduling of PVH shuttle services to reduce missed appointments and improve continuity of care.
- Achieve $\geq 20\%$ increase in timely post-discharge follow-up appointments scheduled prior to discharge for high-risk patients by Q4 FY2026.
This will be supported by enhanced care coordination workflows, integration of telehealth options, and expanded clinic hours particularly through the Senior Center clinic and CHF follow-up program.

All initiatives are underway or launching in Q1 FY2026, with quarterly evaluations to monitor progress, address barriers, and refine strategies. Full implementation and outcome assessment will be completed by Q4 FY2026, with results used to inform future access-to-care improvements and equity-focused planning.

Methodology Guidelines

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

Y