2024-2025
AB 1204 Health Equity Report

Our commitment to Health Equity

At Washington Health (WH), we are committed to providing safe, high-quality and equitable care to all members of our community. We recognize that social, cultural and economic factors can create barriers to health. As required by Assembly Bill No. 1204, our Health Equity Plan identifies the leading disparities affecting our patients and outlines the steps we are taking to address them. WH also reports on three structural measures related to:

1. Reducing health care disparities.
2. Strengthening patient-centered communication.
3. Meeting Joint Commission accreditation standards.

These measures are part of The Joint Commission's framework to promote health equity, ensure accessible communication and reduce disparities in care.

Top 10 Health Disparities Identified & Specific Interventions

The following groups of patients are experiencing high 30-day hospital readmission rates. Each group is linked to targeted interventions designed to reduce disparities in readmissions.

	Group	Intervention
1	Adults ages 65+	• Early follow-up • Medication reconciliation • Fall risk and home safety screening • Caregiver inclusive discharge education • Disease specific care
2	Adults ages 50 to 64	• Flexible or after-hours telehealth • Discharge education • Disease-specific care
3	Medicare health care coverage	• Transitional care management • High-quality skilled nursing facility and home health referrals • Disease-specific care
4	Medicaid (MediCal) health care coverage	• Transportation vouchers • Social determinants of health referrals
5	Adults ages 35 to 49	• Appointment reminders by text within 48 hours of discharge • Social determinants of health referrals
6	Patients who prefer communicating in Asian/Pacific Islander languages	• Interpreter discharge teaching • Disease-specific care • High-quality network skilled nursing facility coordination
7	Native Hawaiian or Pacific Islander patients	• Use of cultural liaison post-discharge • High-quality network skilled nursing facility coordination

8	Male patients	• Appointment booking pre-discharge
9	Black or African American patients	• Disease-specific care • Social determinants of health referrals
10	Male patients without behavioral health diagnosis	• Appointment booking pre-discharge

The measurable goal is to reduce readmissions through these targeted interventions.

Progress will be reviewed in March 2026, with a final evaluation in September 2026.

Equity Performance Across Priority Areas

WH equity efforts extend over multiple priority areas that support our goal of providing equitable, safe, and high-quality, person-centered care.

Person-centered Care

We treat each person as a whole, respecting their values, cultures and needs, including:
- Interpreter services in 400+ languages, including American Sign Language.
- Shared decision-making at bedside.
- Patient advocates and survey to gather feedback.
- Family-inclusive rounding in critical care.
- Implicit bias training for all staff.

Patient Safety

- New "bias or equity concern" event reporting available in our safety reporting system.
- Equity is considered in our safety investigations.

Addressing Social Needs

- We screen patients for health-related social needs, such as housing, food, transportation and other basic needs.
- 82% of patients were screened in the first half of 2025, compared to only 48% in 2024.
- Referrals are made when patients ask for help, which ensures meaningful support.
- Ongoing improvements are underway to track outcomes more effectively.

Effective Treatment

- Our emergency and stroke care teams meet or exceed national standards.
- We excel at managing severe infections, like sepsis, with timely interventions.
- While our surgical outcomes are strong, we are working to reduce readmissions for conditions like pneumonia and heart failure.
  - Condition-specific outcomes include: Heart attack, also known as acute myocardial infarction, and chronic obstructive pulmonary disease (COPD) are on par with national averages. Heart failure and pneumonia readmissions are higher than average. Hip and knee replacement complication rates are lower than average.

Care Coordination

- We aim for smooth transitions from hospital to home or other care settings.
- Interpreter services in more than 400 languages, including American Sign Language are available for all discharges.
- Social workers and case management teams support patient needs and discharge planning.

Access to Care

- We partner with local federally qualified health centers (FQHCs) to improve access for underserved patients.
- Our Community Advisory Board is helping improve our communication and materials.
- Nurses provide free health screenings and education at local events.
- Community Health Needs Assessment (CHNA) identifies barriers to health care access.

Washington Health's ultimate goal is equitable care for every patient, every time. By embedding equity into our daily work, we are reducing disparities and raising the standard of care across the community.

For questions about Washington Health's AB 1204 Equity Report, please email QualityCare@washingonhealth.com.

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Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	WASHINGTON HOSPITAL - FREMONT
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106010987
Report Period:	1/1/2024 - 12/31/2024
Status:	Submitted
Due Date:	11/29/2025
Last Updated:	09/30/2025
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	washingtonhealth.com

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.
  63786

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	52135	63786	81.7
Spanish Language	4758	63786	7.5
Asian Pacific Islander Languages	4487	63786	7
Middle Eastern Languages	939	63786	1.5
American Sign Language	85	63786	0.1
Other Languages	1208	63786	1.9

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

3403

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

7107

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

47.9

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	146	4.3	0	
Housing Instability	210	6.2	0	
Transportation Problems	121	3.6	0	
Utility Difficulties	78	2.3	0	
Interpersonal Safety	52	1.5	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://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?"
    488

Total number of respondents to HCAHPS Question 19
    519

Percentage of total respondents who responded "probably yes" or "definitely yes" to HCAHPS Question 19
    94

Total number of people surveyed on HCAHPS Question 19
    3460

Response rate, or the percentage of people who responded to HCAHPS Question 19
    15

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?"

452

Total number of respondents to HCAHPS Question 17

519

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

87.1

Total number of people surveyed on HCAHPS Question 17

3460

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

15

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

52

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

599

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

86.8

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

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	23	249	92.4
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	14	176	79.5

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	15	0
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	43	462	93.1

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	28	310	90.3
Male	24	289	83
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	32	357	89.6
Medicaid	15	166	90.4
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	suppressed	suppressed	suppressed
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

16

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

66

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

242.4

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	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			
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 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	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	12	41	292.7

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	suppressed	suppressed	suppressed
Self-Pay			
Other	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
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

202

Total number of nulliparous NTSV patients

695

Rate of NTSV patients with Cesarean deliveries

0.291

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	149	533	0.28
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 NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	suppressed	suppressed	suppressed
Age 18 to 29	suppressed	suppressed	suppressed
Age 30 to 39	145	506	0.287
Age 40 Years and Older	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Private	185	627	0.295
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
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 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

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

13

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
70.3

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	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			
White	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
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	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 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

950

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

1301

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

73

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	665	920	72.3
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	118	150	78.7
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed
Age 18 to 29	180	244	73.8
Age 30 to 39	718	985	72.9
Age 40 Years and Older	suppressed	suppressed	suppressed

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	117	174	67.2
Private	810	1095	74
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

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	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 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

1080

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

7449

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
  14.5

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	398	3001	13.3
Black or African American	77	473	16.3
Hispanic or Latino	163	1038	15.7
Middle Eastern or North African	suppressed	suppressed	suppressed
Multiracial and/or Multiethnic (two or more races)	17	108	15.7
Native Hawaiian or Pacific Islander	16	83	19.3
White	345	2233	15.5

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	33	874	3.8
Age 35 to 49	66	938	7
Age 50 to 64	192	1222	15.7
Age 65 Years and Older	789	4415	17.9

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	576	4353	13.2
Male	504	3096	16.3
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	697	3912	17.8
Medicaid	274	1608	17
Private	90	1755	5.1
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	805	6009	13.4
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	181	912	19.8
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
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

202

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

1102

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

18.3

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

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	suppressed	suppressed	suppressed
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	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
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 - 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

76

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

332

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

22.9

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	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 - 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

23

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

112

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

20.5

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			
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	0	17	0
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			

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 - 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

779

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

5903

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

13.2

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	0	13	0
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African	suppressed	suppressed	suppressed
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	424	3509	12.1
Male	355	2394	14.8
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	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	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
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	Disparity Group	Disparity Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	17.9	18 to 34	3.8	4.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	50 to 64	15.7	18 to 34	3.8	4.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	17.8	Private	5.1	3.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	17.0	Private	5.1	3.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	7.0	18 to 34	3.8	1.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Preferred Language	Asian/Pacific Islander languages	19.8	English Language	13.4	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Native Hawaiian or Pacific Islander	19.3	Asian	13.3	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Male	16.3	Female	13.2	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Black or African American	16.3	Asian	13.3	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Sex Assigned at Birth	Male	14.8	Female	12.1	1.2

Plan to address disparities identified in the data

Washington Health's (WH) plan addresses the disparities through: Transitional care management (TCM), disease-specific protocols for high-risk diagnoses (DX) linked to readmissions, & disparity-specific interventions tailored to social, structural, and clinical needs.

Implementation between 10/25 & 9/26, with mid-year review, & final evaluation in 9/26.

All patients receive standardized discharge education & clinical staff utilize an evidence-based discharge checklist. Patients with Hospital Readmissions Reduction Program (HRRP)-targeted conditions, associated with high risk of readmissions, receive a 72-hour follow-up call post discharge & those with a medical group primary care physician (PCP) are referred for follow-up within 7 days. Transportation to appointments is arranged for those with access barriers. Virtual transitional care (est. 2025) provides 48-hr post-discharge follow-up, symptom (SYMP) checks, medication (med) review, & follow-up appointment coordination for Medicare patients.

Achievements to date:
•Reduced Emergency Department (ED) bounce-backs
•Scheduled PCP appointments pre-discharge for HRRP patients
•Review complex patients at weekly meetings
•Expanded the high quality network (HQN)
•Created & disseminated readmission prevention bundle education to HQN partners
•Social Determinants of Health (SDOH) screening for all discharges: housing, utilities, food, behavioral health, safety, transportation; with referrals

Upcoming plans:
- Expand TCM to include Medi-Cal patients
- Provide ongoing readmission prevention training to HQN partners & track compliance
- Additional interpreter use training for staff
- Dashboards to track disparity-specific metrics & intervention impact. Results will be used to adjust workflow, refine discharge planning, & ensure evidence-driven interventions
- Gather feedback from community partners/patient advisory groups
- Partner with County-sponsored managed health plan: on-site nurse 3–4 days/week
- Strengthen partnership with community health workers & Federally Qualified Health Center (FQHC) for on-site patient engagement 1-2 days/week
- Enable secure electronic health record (EHR) access for partner organizations

Disease-Specific Interventions - tailored to highest-volume readmission DX.

- **Sepsis, Chronic Kidney Disease (CKD), Acute Kidney Failure:** Early identification & management using sepsis protocol (est. 2008, periodically reviewed for clinical relevance & best practice, last revised in 2021); compliance monitoring for sepsis management; disease specific discharge education; timely PCP follow-up
  - Re-measure lactate if initial lactate is elevated
  - 3-hr & 6-hr bundle compliance of severe sepsis/septic shock
- **Congestive Heart Failure (CHF) Medicare**
  - 7-day follow-up
  - In-language education on fluids, diet, SYMP awareness, med review
  - Daily inpatient risk screening to identify high-risk patients
  - Collaboration with skilled nursing facility (SNF)/ home health (HH) to adhere to care plans
  - Diet order initiative to reinforce heart-healthy diets during hospitalization
- **Acute Myocardial Infarction:** Cardiology follow-up, med adherence, cardiac rehab referral
- **Pneumonia (PNA) & Chronic Obstructive Pulmonary Disease (COPD):** In-language teaching, early SYMP monitoring, vaccination review
- **Alcoholic Cirrhosis/Hepatitis:** Inpatient alcohol withdrawal syndrome protocol for patient management, outpatient resources provided prior to discharge

By integrating disparity-focused care in clinical & post-discharge workflows, WH aims to reduce inequity in readmissions. For interventions by disparity groups, please refer to our Equity Plan's supplemental document.

For each disparity group, the measurable objective will be to reduce readmissions. Reductions in readmissions are expected to be statistically significant for larger disparity groups such as Medicare patients or male patients. For smaller groups, the sample sizes make statistical significance harder to demonstrate, but reductions will be directionally important & clinically meaningful.

In implementing targeted actions to address disparities among specific patient groups, Washington Health remains committed to maintaining and enhancing the quality of care for all patients. The interventions and resources designed for disparity groups are integrated within broader clinical workflows and do not diminish the standard of care provided to other patient populations. All patients continue to receive evidence-based, person-centered care, and any improvements made for disparity groups are intended to elevate care standards system-wide. Our goal is to advance equity while upholding our commitment to safe, effective, and compassionate care for every patient.

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

WH is committed to providing person-centered care – an approach that recognizes and respects each individual as a whole person, with unique needs, experiences, identities, and goals.

Person-centered care means engaging patients and their families as active partners in their care, ensuring that their voices are heard, respected, and actively included in decisions about their health and care journey. It means treating patients and their families as essential members of the care team, engaging them in conversations about treatment options, goals of care, and personal health priorities. Whether a patient is managing a chronic illness, facing a medical emergency or newly received DX, recovering from surgery, is in labor, or preparing for discharge, WH strives to ensure that patients have a personalized care plan that is compassionate, collaborative and a reflection of their wishes.

Staff is trained to actively listen when caring for or supporting patients and their families. To facilitate an environment where person-centered care is prioritized, there are a range of supportive services available and initiatives to educate:
- Interpreter services are offered in more than 400 languages and dialects to support patients with limited English proficiency or hearing loss. Enhanced education has raised awareness of the organization's interpreter policy, interpreter services, and importance of using interpreters when that is the patient's preference.
- Shared decision-making tools empower patients to understand their options and share their personal preferences, which is partially achieved by implementing bedside handoff in patient care services. This allows the patient to actively engage with their care team about their care. For example, during labor and delivery, a patient discusses pain management options with their care team, including epidural timing and alternative methods of pain management. The team adapts the birth plan in real time based on the patient's evolving preferences.
- Access to patient advocates to assist with questions or concerns, and who also visit patients to hear about their care journey. This is in addition to the patient experience surveys that are randomly sent to patients.
- WH has also piloted family-inclusive rounding in Critical Care, where the multi-professional critical care team reviews care plans at the bedside with patients and their families. This approach leads to improved understanding of treatment plans and increased family/caregiver satisfaction.
- Training on implicit bias to help reduce unintentional disparities and promote equitable treatment for all patients.

WH actively gathers feedback through patient rounding and patient experience surveys. Feedback is used to guide improvements in communication, responsiveness, and overall experience. From admission to discharge, we look for opportunities to do better – not just for patients, but in a partnership with them.

As efforts to expand health equity and care coordination are further embedded into operations, patient-centered care remains the foundation of everything we do. The goal is to have all patients who receive care at WH feel safe and supported, because truly effective care begins with respect for the whole person.

Patient safety

Washington Health (WH) has added a "bias or equity concern" subcategory to its event reporting system. This subcategory provides the option to link adverse outcomes, near miss events or other

patient safety concern to possible disparities. With this information, the organization gains visibility into previously unrecognized inequity-related safety patterns, which enables systemic improvements.

While this reporting category is new to the organization, the reporting option improves staff awareness of bias and equity concerns, and strengthens the overall culture of safety. Adding this equity lens to the reporting system helps raise staff and physician consciousness about disparities
in patient safety and provides the ability to track and trend equity-related data over time. This encourages open discussion about bias or equity issues and promotes psychological safety, making staff more likely to report all safety issues - contributing to a more transparent and safer culture.

In addition, WH has begun to apply an equity lens to root cause analysis and other intensive safety reviews. This ensures that any potential risk of bias or equity concern is actively considered as a contributing factor during the investigation of safety event. By embedding equity into both reporting and review processes, we are better equipped to identify and address disparities, advance learning and drive meaningful change across the organization.

Addressing patient social drivers of health

In alignment with Washington Health's (WH) strategic priority of community engagement, a screening assessment on social drivers of health and health related social needs (HRSNs) was rolled out. During calendar year (CY) 2024, 47.9 percent (3,403/7,107) of patients were screened for HRSNs. Of those patients screened, the following social drivers had positive rates; food insecurity 4.3 percent (146/3,403), housing instability 6.2 percent (210/3,403), interpersonal safety 1.5 percent (52/3,403), transportation needs 3.6 percent (121/3,403), and utility difficulties 2.3 percent (78/3,403).

A Social Services workflow was established to follow-up with patients that screened positive. When a Social Worker follows up with a patient/family/caregiver they learn more details about their needs, and are better able to connect them with various types of resources. For example, if a patient is worried that; food would run out before they got money to buy more, or the food they bought would not last and they did not have money to get more, an automatic referral is triggered to Social Services. If patients are willing, social workers connect the patient to local food banks and refer them to 2-1-1, which is a one-stop resource for the local county. Also, for patients experiencing homelessness, they are offered meals and clothing as well as other support.

Overall, the Social Services team also identified that although patients screened positive, in many instances they declined additional resource and/or support. Since then, in 2025 the HRSN questions and workflow were revised based on patient and staff feedback. Previously there were 5 questions related to HRSNs that have been consolidated to 2. This stems from patients/families/caregivers and staff noting repetition and excess in the questions. Additionally, there is a new question that asks if the patient is interested in resources, and if so, which ones. Once a resource is specifically indicated, only then will a referral to Social Services be made. This helps to confirm that patients and their loved ones would like additional assistance. Through additional staff and patient/family/caregiver education the screening rate for the first half of 2025 has increased to 81.6% (2,070/2,538). The positive rates have also remained consistent this first half.

The next step for WH is to close the loop on addressing patient referrals that have screened positive. Although HRSN interventions are currently underway, they are not fully captured in current reporting systems. Social Workers are following up with patients, but there is currently limited data available. To better understand which resources are offered to patients, Social Services must update workflows to document follow-up referrals in a discreet, reportable and trackable format. There are

planned improvements in reporting processes and documentation.

Additionally, WH will be incorporating the HRSNs screening and positive rates on the internal Health Equity dashboard to be able to stratify HRSNs by disparities (i.e., age, race, payors, etc.) to better understand the groups that have the most positive rates and would like assistance. The organization will continue to address specific HRSNs and tailor resources as more data becomes available.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Washington Health (WH) demonstrates high-performance in multiple domains of effective treatment, demonstrating its commitment to delivering patients timely, safe and evidence-based care. The care teams consistently follow well-established evidence-based protocols designed to ensure the best possible outcomes for every patient, by providing them with the right care at the right time.

A well-developed rapid response system is designed to enable staff to act quickly when a patient?s condition begins to decline. This system helps improve patient outcomes and reduces cases of preventable harm. Clear examples of this are in the ED, over FY 2025 (i.e., from July 2024 through June 2025), where average wait times to be seen by a provider were less than national average. The left without being seen rate remained better than the state?s rate. When patients arrived with a broken bone emergency, such as a hip fracture, pain was managed slightly faster than the state average, over the same time period. There is a strong focus on stroke management that is reflected in educating patients and VTE prophylaxis, which was provided to a greater percent of patients than the average national hospital in FY 2025. Through operational efficiencies and clinical effectiveness, patients receive timely triage, DX and treatment - especially for high-acuity cases. Additionally, with disease specific protocols such as sepsis management, there are processes and interventions in place for early recognition and timely treatment of sepsis and septic shock. WH has protocols related to sepsis screenings for adult medical/surgical, maternal, and newborn. Sepsis order sets also focused on timely interventions like initial and repeat lactates, blood cultures, antibiotic administration, fluid boluses and reassessments have been instrumental in ensuring patients are treated as quickly as possible. In FY 2025, the severe sepsis/septic shock early management bundle, and the severe sepsis 3-hour bundle compliance rates for WH were higher than the top 10 percent rates nationally. Other compliance bundles such as the severe sepsis 6-hour bundle, and septic shock for both the 3- and 6-hour bundles were all better than the national rates in FY 2025.

At the same time, WH recognizes that reducing hospital readmissions and unplanned visits remain areas where improvement is needed.

As of FY 2025, WH?s overall 30-day readmission rate was higher than the national rate. Some condition-specific readmissions over the same time period were worse than average, such as heart failure, and pneumonia readmissions. However, in some cases like AMI, COPD and hip/knee readmission rates were on par with the national rates over this period. WH surgical outcome complications were significantly lower-than-average complication rates for hip/knee replacement patients in FY 2025.

To address these challenges, the organization is actively working to enhance care coordination, improve discharge planning and expand follow-up for patients. Reducing avoidable readmissions is a key part of the ongoing commitment to improving the quality, safety and continuity of care for all patients.

In addition, WH's next steps for improving effective treatment are as follows:

- Targeted interventions for readmission reduction in all conditions with a focus on pneumonia populations. See Equity Plan section of this report for specifics to reduce and address disparities in readmissions.
- Consider initiatives on community engagement to enhance equitable access.
- Maintain strengths in surgical safety and stroke/clot prevention protocols as models for broader quality improvement.

Care coordination

Washington Health's goal in care coordination is to ensure that patient care activities are seamless, safe and effective transitions across all points of care. This includes collaboration among patients, families, inpatient and outpatient care teams, post-acute providers and payers to achieve safer and more effective outcomes.

We recognize that coordination must be consistently high-quality across all patient populations, regardless of language preference, insurance status, age, race/ethnicity or other social factors. Every patient deserves the same standard of coordinated care, free from avoidable delays or communication gaps. While this is the goal of care coordination, Washington Health teams are still in the process of understanding where gaps in equitable care coordination may exist. Recently, we focused our work on high-risk readmissions populations to identify trends and possible barriers, particularly around interpreter services access.

While this is our goal, we acknowledge that we are still in the process of understanding where our strengths lie and where gaps in equitable care coordination may exist. To support this, WH offers free interpreter services in more than 400 languages and dialects, including video-remote American Sign Language (ASL) interpretation. These services are a key part of our efforts to ensure that all patients can understand their care plans.

WH utilizes process evidence of coordination to evaluate the quality of care coordination, including:

- Document discharge planning
- Education on discharge planning with patient and family
- Social work and case management involvement
- Language access services
- Linkages to post-acute care providers

In addition, we regularly review patient experience data related to discharge and monitor readmission trend to identify opportunities for improvement.

Our hospital has a robust social work and case management program that supports patients through discharge planning, benefits navigation, HH or hospice referrals, rehabilitation placement and advance care planning. At the system level, WH leverages specialized resources, such as palliative care team, diabetes management clinic and a future urgent care clinic, to better support complex care transition and aligns care with patient?s goals.

Access to care

Washington Health (WH) is committed to improving access to care as a foundational priority. This aligns with our mission to deliver exceptional, accessible, and personalized care to enhance the health and well-being of our diverse community. Recognizing that timely and equitable access is essential to achieving this mission, there is an active focus on strengthening relationships with local Federally Qualified Health Centers (FQHCs) to improve care coordination and remove barriers for underserved populations. The goal of these partnerships is to ensure that all patients can receive the services and care they need, when they need it. WH is working to establish pathways to care for the most vulnerable patients, including high utilizers of the ED, patients with substance use disorders, behavioral health patients, and economically disadvantaged patients who lack insurance coverage. These patients frequently do not receive follow-up care post discharge, a risk that can be mitigated through a warm hand-off to the FQHCs.

Reducing barriers to access has also been a priority for the Community Advisory Board (CAB), which has recently provided valuable feedback on the Patient Guide to Washington Health. The CAB members? perspective representing our diverse community, which reflects our diverse patient population, was very helpful in highlighting language in the document that was jargon or too technical. Listening to the CAB discussion was an important reminder that incorporating diverse community perspectives as we develop materials will improve the patient experience and can make information provided to patients and families more accessible. Since its founding in 2024, the CAB has offered a wide array of cultural, religious and ethnic perspectives, something that will be further enhanced as invitations are extended to more community members to join the group.

In the 2025 Community Health Needs Assessment (CHNA), fifty percent of all focus group discussions identified health care access and delivery as a barrier to care. Respondents identified difficulties in accessing care created by language differences, geographically distant health care resources, and lack of culturally competent caregivers. The 2025 Community Health Improvement Plan (CHIP) outlines strategic actions to address the barriers identified in the CHNA. For the next three years, the CHNA will drive the implementation of a broad range of innovative and impactful community benefit programs and services intended to address community health needs.

The hospital's community benefit initiatives are designed to meet the specific health care needs of targeted populations through culturally responsive and accessible services. For example, WH conducts an annual community stroke education seminar to help residents recognize early warning signs of stroke and reduce time to treatment ? especially in high-risk populations. This initiative supports the Healthy People 2030 goal to reduce stroke deaths through community-based education and early intervention. The WH Stroke Program also offers patients streamlined access to community support groups, education on diet and lifestyle choices, and assistance in finding the appropriate physician helping patients make informed decisions about their healthcare.

In alignment with these goals, a team of WH nurses volunteer at a local summer concert series, where they conduct blood pressure screenings and provide stroke education to community members. This includes information on risk factors, recognizing symptoms, and the importance of early treatment.

Additionally, some education seminars and events are tailored for specific populations that are at higher risk of certain diseases. Seminars like an upcoming "Heart Health for South Asians" will cover key risk factors, lifestyle changes and screenings tailored to the South Asian community have a higher risk of heart disease. Through health information and education resources that teach healthier lifestyles and promote preventive care, WH is supporting long-term wellness and is working to improve the overall health of the community.

Overall, the hospital's community benefit initiatives are designed to meet the specific health care needs of underserved populations through culturally responsive and accessible services. Through health information and education resources that teach healthier lifestyle and promote preventive care, WH is supporting long-term wellness and is working to improve the overall health of the community.

Methodology Guidelines

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

  Y

Washington Health's Equity Plan Supplemental Document
Disparity-specific interventions

Disparity	Group	Population Impact	Interventions
1	Age 65 and older	Sepsis, CHF, COPD, pneumonia, acute kidney failure; SNF/HH discharges	Early follow-up, medication reconciliation, fall risk & home safety screening; caregiver-inclusive discharge education; disease-specific care
2	Ages 50 to 64	CHF, COPD, sepsis; SDOH barriers	Flexible or after-hours telehealth; education; disease-specific care
3	Medicare expected payor	Care coordination needs; chronic conditions; CHF, PNA; SNF/HH discharges	TCM of Medicare patients; high-quality SNF/HH referrals; disease-specific care
4	Medicaid expected payor	SDOH barriers; sepsis, hypertensive heart disease; alcohol related readmissions	Transportation vouchers; SDOH referrals
5	Ages 35 to 49	High ED visits post-discharge; SDOH barriers	Text appointment reminders within 48 hours; SDOH referrals
6	Asian/Pacific Islander preferred language	Sepsis, CHF, pneumonia; lack of interpreter use; older (65+)	Interpreter discharge teaching; disease-specific care; HQN HH coordination
7	Native Hawaiian/Pacific Islander race and/or ethnicity	CHF/COPD; SNF discharges; younger profile (50-64)	Cultural liaison; HQN SNF coordination
8	Male sex assigned at birth	Lower follow-up compliance; SDOH barriers	Appointment booking pre-discharge
9	Black/African American race and/or ethnicity	CHF, CKD/hypertensive heart, COPD; SDOH barriers; younger profile (35-64)	Disease-specific care; SDOH referrals
10	Male (No Behavioral Health Dx) sex assigned at birth	Lower follow-up compliance; SDOH barriers	Appointment booking pre-discharge

Acronyms:
Chronic Kidney Disease (CKD)
Chronic Obstructive Pulmonary Disease (COPD)
Congestive Heart Failure (CHF)
Emergency Department (ED)
High quality network (HQN)
Home health (HH)
Pneumonia (PNA)
Skilled nursing facility (SNF)
Social Determinants of Health (SDOH)
Transitional care management (TCM)