

THE DEPARTMENT OF HEALTH CARE ACCESS AND INFORMATION

AHRQ – Inpatient Quality Indicators

Hospital Inpatient Mortality Indicators for California, 2024 Report

Overview of Inpatient Mortality Indicators

Evidence suggests that high inpatient mortality rates may be associated with deficiencies in the quality of hospital care.¹ Hospital Inpatient Mortality Indicators (IMIs) are part of the Inpatient Quality Indicators developed by the federal Agency for Healthcare Research and Quality (AHRQ). These indicators measure hospital performance for quality of care and are calculated using patient data reported to the Department of Health Care Access and Information (HCAI) by all California-licensed hospitals. The current IMIs consist of six medical conditions (Acute Myocardial Infarction, Acute Stroke, Gastrointestinal Hemorrhage, Heart Failure, Hip Fracture, and Pneumonia) and three surgical procedures (Carotid Endarterectomy, Pancreatic Resection, and Percutaneous Coronary Intervention).

Why Report IMIs?

HCAI reports IMIs for California hospitals to improve the quality of patient care in the state through greater transparency while providing hospitals with performance benchmarks to support evaluation of internal processes and quality improvement activities. These reports also help consumers make informed health care decisions and guide payers and employers in spending health care dollars wisely.

How Did HCAI Calculate IMIs?

Data to calculate the IMIs come from all California-licensed acute care hospitals. All IMIs include risk-adjustment, a process that takes into account patients' pre-existing health conditions to "level the playing field" and allow for fair comparisons among hospitals. For this release, HCAI used Version 2024 of the AHRQ software that incorporates changes from previous versions made by AHRQ and HCAI. Additional information about the IMI calculation methods and technical details about their validity and limitations can be found on the [AHRQ website](https://qualityindicators.ahrq.gov/Downloads/Resources/Publications/2025/Empirical_Methods_2025.pdf).

Overview of 2024 IMI Results

The 2024 IMI results evaluate performance across nine mortality measures for 312 California-licensed hospitals. An overview of the findings is presented as follows. Note that a hospital's performance may vary across different mortality measures, with some indicators receiving better ratings while others may have worse ratings.

¹ AHRQ Quality Indicator Empirical Methods, Version v2025, Agency for Healthcare Research and Quality, Rockville, MD. https://qualityindicators.ahrq.gov/Downloads/Resources/Publications/2025/Empirical_Methods_2025.pdf. Accessed January 22nd, 2026.

- When compared to the state average rates, 63 hospitals (20.2%) were rated “Better”, and 70 hospitals (22.4%) were rated “Worse” on at least one risk-adjusted mortality indicator.
- Of the 63 better-rated hospitals, 40 were rated “Better” on a single indicator, 16 on two indicators, 4 on three indicators, 1 (UC Irvine Health – Orange) on four indicators, and 2 (UC San Diego Health Hillcrest – Hillcrest Medical Center and UC San Francisco Medical Center) on six indicators.
- Of the 70 worse-rated hospitals, 46 were rated “Worse” on a single indicator, 12 on two indicators, 2 on three indicators, 7 on four indicators, 2 (Doctors Medical Center and San Antonio Regional Hospital) on five indicators, and 1 (Palomar Medical Center) on six indicators.
- There were 185 (59.3%) hospitals rated as “Average”, or not significantly different from the state average, for all nine mortality indicators.
- In general, hospitals showed fairly consistent performance across all nine indicators. Six hospitals (1.9%), however, had “mixed” results – they were rated “Better” on at least one indicator and “Worse” on at least one other indicator.

2024 California IMI Statewide Mortality Rates (Per 100 Cases)

Medical Conditions

Acute Myocardial Infarction <i>[heart attacks including transfers between health care facilities]</i>	5.6
Acute Stroke	7.8
Gastrointestinal Hemorrhage <i>[intestinal bleeding]</i>	2.5
Heart Failure	2.5
Hip Fracture	1.4
Pneumonia	5.4

Surgical Procedures

Carotid Endarterectomy <i>[surgery on the carotid artery in neck]</i>	0.3
Pancreatic Resection <i>[removal of all or part of the pancreas]</i>	1.9
Percutaneous Coronary Intervention (PCI) <i>[non-surgical coronary artery disease treatment, including insertion of a stent]</i>	3.9