



CALIFORNIA HOSPITAL HEALTH EQUITY MEASURES
ADVISORY COMMITTEE RECOMMENDATIONS REPORT

February 2023



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“A healthier California where all receive equitable, affordable, and quality health care”

2022 Hospital Equity Measures Advisory Committee Recommendations

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Executive Summary

The Department of Health Care Access and Information (HCAI) convened a Hospital Equity Measures Advisory Committee (Advisory Committee) to make recommendations to the Department for the selection of hospital measures for reporting on patient access, quality, and outcomes by race, ethnicity, language, disability status, sexual orientation, gender identity, and payor, as required by Assembly Bill (AB) 1204 (Chapter 751, Statutes of 2021). This report documents the recommendations developed by the Advisory Committee, which met in a series of six public meetings from July 2022 through December 2022 to finalize this set of recommendations.

AB 1204 required HCAI to develop and administer a hospital equity reporting program to collect and publish hospital equity reports. These annual reports are required to include measures as recommended by the Advisory Committee. The reports are also required to include a plan to prioritize and address disparities for vulnerable populations identified in the data, pursuant to the recommendations of the Advisory Committee.¹

HCAI will consider the Advisory Committee's recommendations in establishing the hospital health equity measures for all licensed general acute care hospitals, acute psychiatric hospitals, specialty hospitals, and hospital systems with at least two general acute care hospitals in California. Based on facility licensing information as of December 2022, HCAI estimates there are approximately 450 hospitals and 30 hospital systems that meet these requirements.

The first annual submission of hospital equity reports is due by September 30, 2025. HCAI will work with stakeholders to develop regulations to further specify reporting requirements before the first reports are due in 2025.

Hospital Equity Measures Advisory Committee Recommendations

In acknowledging the lingering impact of historical discrimination, the Advisory Committee considered state and national trends related to hospital health equity and quality measures as well as the intersection of multiple patient characteristics that contribute to inequitable health outcomes, including race, ethnicity, sexual orientation, gender identity, language, age, income, and disability status. HCAI requested that the Advisory Committee recommend a reasonable number of measures for hospitals to report. To determine what is reasonable, HCAI reviewed similar efforts by sibling departments in California, such as Covered California and the Department of Managed Health Care (DMHC). With these efforts in mind, HCAI proposed the Advisory Committee recommend approximately 13 measures. In the event that the Advisory Committee chooses to select more measures than the proposed number of 13, HCAI would review the recommendations and may decide to reduce the number of reportable equity measures.

From July 2022 through December 2022, the Advisory Committee held six public meetings to discuss and develop the first set of measures recommendations for the Department to consider for inclusion in the hospital health equity reports. Given the diverse services provided by hospitals throughout California, the recommended

¹ Assembly Bill 1204 also revises the definition of "vulnerable populations" in Health & Safety Code §127345 for the purposes of not-for-profit hospital community benefit planning

measures were organized into the following four areas:

- Structural measures for all hospitals
- Core quality measures for all hospitals
- Core quality measures for psychiatric hospitals
- Core quality measures for children's hospitals

Structural Measures for All Hospitals

The Advisory Committee recommended the following nine structural measures for consideration to include in the hospital equity reporting for all hospitals. The full details of the approach to selecting measures is available on Page 9.

- Five structural measures that are included in the Centers for Medicare and Medicaid Services (CMS) hospital health equity reporting with additional specifications to be defined by the committee. (Because these statements require attestations and do not require actual data processing or evaluation, HCAI is considering adopting these attestations as one measure.):
 1. Hospital attests that hospital has a strategic plan for advancing health equity.
 2. Hospital attests that hospital engages in demographic and social determinant/drivers of health data collection.
 3. Hospital attests that hospital engages in data analysis activities to identify equity gaps.
 4. Hospital attests that hospital engages in local, regional, or national quality improvement activities focused on reducing health disparities.
 5. Hospital attests that hospital engaged in leadership activities, annually reviewing strategic plan for achieving health equity, and annually reviewing key performance indicators stratified by demographic and/or social factors.
- HEDIS measure Social Need Screening and Intervention (SNS-E)²:
 6. The percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.
- The three structural measures based on the Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards:
 7. Designate an individual to lead hospital health equity activities.

² Review of this measure generated significant discussion. This measure is designed as a health plan measure, not a hospital measure. See Page 5 of [the November 6, 2022 Meeting Minutes](#) for more information.

8. Provide documentation of policy prohibiting discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, and gender identity or expression and how workers are trained on that policy.
9. Report percentage of patients by preferred language spoken

Core Quality Measures for All Hospitals

The Advisory Committee recommended the following 11 core quality measures for consideration to include in the hospital equity reporting for all hospitals:

1. Breastfeeding rate
2. HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey: Would recommend hospital
3. HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey: Received information and education
4. Hospital-wide readmission rate
5. Sepsis management
6. Cesarean birth rate (NTSV)
7. Pneumonia death rate
8. Death after serious treatable condition
9. Vaginal birth after delivery (VBAC) rate
10. Time in the ED without being seen
11. Behavioral health: general acute care hospitals will stratify, and report all-cause readmissions measure by behavioral health conditions (exact specifications to be identified in 2023).

The selected measures for hospitals outlined above and in the subsequent sections will be stratified, per input by the Advisory Committee, by factors including, but not limited to, race, ethnicity, sexual orientation, gender identity, language, age, income, and disability status.

Core Quality Measures for Psychiatric Hospitals

The Advisory Committee recommended the following eight core quality measures for consideration to include in the hospital equity reporting for psychiatric hospitals:

1. 30-Day All-Cause unplanned readmission following psychiatric hospitalization in an IPF (inpatient psychiatric facility)
2. Timely transmission of transition record
3. Screening for metabolic disorders
4. SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge
5. TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge
6. Hospital Based Inpatient Psychiatric Services (HBIPS) 2: Hours of Physical Restraint Use (pending ability to aggregate at regional or statewide level)
7. Hospital Based Inpatient Psychiatric Services (HBIPS) 3: Hours of Seclusion Use (pending ability to aggregate at regional or statewide level)
8. Hospital Based Inpatient Psychiatric Services (HBIPS) 5: Patients discharged on multiple antipsychotic medications with appropriate justification (pending ability to aggregate at regional or statewide level)

Core Quality Measures for Children's Hospitals

The Advisory Committee recommended the following six core quality measures for consideration to include in the hospital equity reporting for children's hospitals:

1. Child HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey
2. All-cause readmission rate (including the Behavioral Health measure)
3. Sepsis management (not SEP-1, specifications to be defined in 2023)
4. Breastfeeding – birthing only hospitals
5. Cesarean birth rate (NTSV) – birthing only hospitals
6. Vaginal birth after delivery (VBAC) rate – birthing hospitals

Background

AB 1204 required the Department to convene an advisory committee of no fewer than nine and no more than 11 persons. The Advisory Committee is required to include at least one academic health care quality and measurement expert and at least six stakeholder representatives, including at least one representative of each of the following:

1. Associations representing public hospitals and health systems
2. Associations representing private hospitals and health systems
3. Organized labor
4. Organizations representing consumers
5. Organizations representing vulnerable populations
6. A representative of the department

On July 7, 2022, HCAI announced the selection of the Advisory Committee and the date for the first meeting. HCAI also invited state partners to participate in advisory committee meetings to provide technical subject matter expertise. These state partners represent the California Department of Health Care Services (DHCS), Covered California, Department of Managed Health Care (DMHC), and California Department of Public Health (CDPH). Appendix A includes background information about all committee members and state partners.

All Advisory Committee meetings are open to the public and subject to the requirements of the Bagley-Keene Open Meeting Act. For full description of the Bagley-Keene Act as presented to the Advisory Committee, please follow this hyperlink: [Presentation Materials: Bagley-Keene Open Meeting Act and Conflict of Interest Code](#)

Per AB 1204, the scope of the Advisory Committee is to:

- Make recommendations to the HCAI Director on the appropriate measures that hospitals are required to report in their annual equity reports.
- Provide recommendations to the HCAI Director on the measurable objectives and specific timeframes in which disparities for vulnerable populations identified in the data need to be addressed.
- Advise HCAI Director in identifying the 10 widest disparities in health care quality for vulnerable populations, in terms of access or outcome and priority performance areas.
- After first year reporting make a second set of recommendations to the HCAI Director regarding the submitted hospitals' health equity plans. (Due September 30, 2027)

Key program implementation dates include:

- **January to June 2022:** Begin program planning and convene Hospital Equity Measures Advisory Committee.
- **July to December 2022:** Conduct public meetings with Hospital Equity Measures Advisory Committee to develop and publish first set of committee measures recommendations.
- **By December 31, 2022:** The Advisory Committee make recommendations

to HCAI on the appropriate measures that hospitals are required to report in their annual equity reports.

- **January to December 2023:** Begin rulemaking process and continue meeting with Hospital Equity Measures Advisory Committee.
- **January to December 2024:** Complete rulemaking process to establish regulations to specify reporting requirements; begin outreach to hospitals to prepare for first annual submission; and continue meeting with Hospital Equity Measures Advisory Committee.
- **January to October 2025:** Provide technical assistance to hospitals in the development of first annual hospital equity reports; submission of first equity reports by hospitals due September 30, 2025; continue meeting with Hospital Equity Measures Advisory Committee.
- **By September 30, 2027:** After first year reporting make a second set of recommendations to the HCAI Director regarding the submitted hospitals' health equity plans.

Summary of Hospital Equity Measures Advisory Committee Meetings

HCAI convened the Advisory Committee six times between July and December 2022. The initial meetings, held from July through September, focused on developing the Advisory Committee's shared understanding of AB 1204's intent and requirements, California and national trends related to health equity and hospital quality measures, types of hospital measures and focus areas, and guiding principles for measure selection. The September and October meetings focused on establishing a quality measure selection process, determining measure stratification, and exploring the feasibility of disparities reduction strategies. Subsequent meetings from October to December 2022 focused on establishing a list of recommended measures and voting on the final set of recommended measures.

Throughout these meetings, the Advisory Committee heard presentations from a team of subject matter experts in health equity and hospital quality measures. A summary of each meeting and the materials presented at each meeting can be accessed by following this hyperlink: [HCAI Hospital Equity Measures Advisory Committee webpage](#)

Methodology

Per AB 1204, HCAI is required to develop and administer a hospital equity report program to collect and post hospital equity reports. These annual reports are required to include measures on patient access, quality, and outcomes by race, ethnicity, language, disability status, sexual orientation, gender identity, and payor as recommended by Advisory Committee. The reports are also required to include a plan to prioritize and address disparities for vulnerable populations identified in the data and as specified by the Advisory Committee.

The process of reviewing the measures for selection included review of existing hospital

quality measurement and reporting programs, review of the 2023 Fiscal Year Inpatient Prospective Payment System (IPPS) proposed rule as an indicator of federal priorities related to health equity measurement, consideration for alignment with the health equity measures developed by the federal Centers for Medicare and Medicaid Services and include any relevant Agency for Healthcare Research and Quality's indicators³, and developing principles and criteria for measure selection.

The committee also considered and approved that all measures the committee recommends to HCAI should be required to be reported on by all hospitals where applicable.

Considerations for this approach are:

- To ensure that all hospitals report on all applicable measures that the Advisory Committee deems highest priority.
- Does not allow hospital to select or pick measures to report on.
- There will need to be hospital waivers for core measures where services are not provided (e.g., non-birthing hospitals) and alternate measures where circumstances go outside the measure options.
- Some hospitals will submit fewer measures because not all measure will apply.

Given the diverse services provided by hospitals throughout California that are dependent upon local population health needs, the recommended measures were split into Structural Measures and Quality Measures.

Approach to Structural Measure Selection

AB 1204 requires the Advisory Committee to review measures developed by CMS in its development of recommendations. HCAI proposed to the Advisory Committee structural measures to be reported in the hospital equity reports organized into three topic areas:

- Part 1: CMS hospital equity reporting measures,
- Part 2: CMS social screening measures, the HEDIS social need screening and intervention (SNS-E), and
- Part 3: Joint Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards.

A committee discussion, public comment, and rollcall vote was conducted after each of the three structural measures topics presented. For more details on the committee discussion during this session, review the [November Advisory Committee meeting minutes](#) and [presentation materials](#). See the summary of committee member votes in

³ These indicators are summarized in materials presented to the Advisory Committee available here: <https://hcai.ca.gov/wp-content/uploads/2022/10/H.-Cross-Walk-of-Hospital-Equity-Measures-and-Standards-v.8-23-2022-ADA-1.pdf>

Appendix C.

Guiding Principles for Quality Measure Selection

To support the Advisory Committee in making recommendations, HCAI proposed a framework for measure selection and finalization. This framework considered the unique needs for California in selecting hospital quality measures, as well as alignment with the national healthcare landscape. Further development and refinement of defining health equity terminology as a committee, as well as relevant considerations for the recommended hospital quality measures, will be discussed at meetings during 2023.

The Advisory Committee discussed various guiding principles to support the hospital equity measure selection process. The discussion around these guiding principles informed the development of the criteria used to select the quality measures to recommend to the HCAI Director, which was informed through evaluation of existing measure criteria used by the Centers for Medicare & Medicaid Services, National Quality Forum (NQF)⁴, Joint Commission Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards⁵, and U.S. Department of Health and Human Services Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care⁶. A summary of the discussion can be found in the July ([hyperlink to minutes](#)) and August ([hyperlink to minutes](#)) meeting minutes, and covered the following discussion areas:

- Alignment with other measurement and reporting programs including California specific programs and federal initiatives.
- Recognition of the disparate impact of the COVID-19 pandemic and need for further data on access, quality, and outcomes of care.
- Opportunities hospitals have to act on the information identifying disparities and reduce or improve the disparity through their own performance.
- The extent to which required data is available as well as the ability to collect and stratify data without undue burden.
- The extent to which other audiences are using or could use the performance data for improvement.
- How the quality measure reflects and supports California's priorities, including addressing health disparities, health equity, and ensuring all Californians have meaningful and timely access to care.

⁴ Measure Evaluation Criteria, National Quality Forum, hyperlink to source: [Measure Evaluation Criteria, National Quality Forum - Criteria](#)

⁵ Equity and Quality Connection, The Joint Commission, hyperlink to source: [Equity and Quality Connection, The Joint Commission - Our Priorities](#)

⁶ Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care, hyperlink to source: [Think Cultural Health - CLAS](#)

- Data would contribute to well-informed health policy and public health response and would improve the overall health of individuals and communities in the state.

The Advisory Committee highlighted the importance of alignment with other state and federal initiatives and the ability to collect data for meaningful measurement as key factors to consider. The Advisory Committee prioritized leveraging existing validated measures over creating new measures.

Approach to Quality Measure Selection

The criteria to assess measures for endorsement included the following areas: importance to measure and report (evidence, performance gaps, priority); scientific acceptability of measure properties; feasibility, usability, and use; related competing measures; and other inputs, such as the priority areas outlined in AB 1204, the 10 widest disparities described in AB 1204, and other opportunities identified by the Advisory Committee.

Per the discussion areas described above, and in recognition of the extensive list of existing measures, the Advisory Committee agreed to use the following criteria for quality measures selection:

- **Disparity**
- **Applicability**
- **Actionability**
- **Statistical confidence and power**
- **Alignment with Priority Areas**
- **Ability to aggregate at the state level**
- **Encourages engagement with community**

The **disparities** criterion is meant to assess the likelihood of finding a disparity across demographic groups. HCAI analyzed the correlation between the California Health Places Index and each quality measure. A higher correlation suggests measure performance may be related to levels of need in the community, which indicates the possibility of disparities visible across demographic groups. A literature review was also conducted to identify any documented disparities for each measure.

The **applicability** criterion assesses the number of hospitals eligible to report the measure, prioritizing measures that are applicable to a larger number of hospitals. HCAI used data from Cal Hospital Compare ([hyperlink to resource](#)) to complete this analysis. While **actionability** seeks to evaluate whether a hospital can take an action to address this measure.

For select measures, a **statistical confidence and power analysis** was applied to identify which hospitals have sufficient data to show a disparity.

The committee also looked at whether the measure had **alignment with the priority areas** that were specified in the enabling statute, including:


- Person-centered care
- Patient safety
- Addressing patient social determinants of health
- Effective treatment.
- Care coordination
- Access to care

HCAI provided input on whether each measure under consideration could be **aggregated at a state-wide level** for additional potential statewide analysis. For the final criterion, HCAI offered an assessment of whether, and how, the interventions required to improve a given measure would require **engagement of the community** versus being something that occurs solely from the administration of healthcare services within the hospital.

The following two images are from slides presented to the committee and provide an example of how the criteria was applied for quality measures selection.

Hospital-wide readmission rate

Criteria	Assessment	
Evidence of disparity?	Yes. Moderate correlation with HPI score. Evidence of disparities documented in literature. CA data shows state-wide racial disparities.	✓
Applicability?	High. 311 hospitals report this measure.	✓
Actionability?	High. State-wide denominator was 223,041 in 2021, great QI resources available.	✓
Statistical confidence and power?	Yes. 255 (81%) hospitals have sufficient sample size, which accounts for 392, 795 (98.3%) of admissions.	✓
Alignment with priority areas?	Yes. Aligns to all of the priority areas.	✓

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Breastfeeding rate

Criteria	Assessment	
Evidence of disparity?	Yes. High correlation with HPI score. CA data shows statewide racial disparities.	✓
Applicability?	Moderate. 213 hospitals report this measure.	--
Actionability?	High. State-wide denominator was 366,614 in 2021, good QI resources, many regional/statewide organizations with support.	✓
Statistical confidence and power?	To be determined	--
Alignment with priority areas?	Yes. Aligns to priority areas of patient-centered care, SDOH, and effective treatment.	✓

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For more examples and details on how the criterion was applied for each of the recommended quality measures, follow the hyperlinks to the October 6, 2022 meeting ([Presentation Materials: Measure Selection Discussion and Voting](#)) and the November 3, 2022 meeting ([Presentation Materials: Continue Measure Selection Discussion & Voting](#)).

HCAI organized the measures based upon the criterion into a tiered framework for the Advisory Committee to consider. The measures were tiered based on their alignment with the criteria described above. During the committee meetings from September through December 2022 the Advisory Committee proposed, discussed, and prioritized hospital quality measures to recommend to HCAI. In addition to the measures proposed for discussion during meetings, HCAI encouraged Advisory Committee members to propose additional measures for consideration, whether from the measures' selection workbook or from another source. Advisory Committee members leveraged their expertise and experience to propose measures they determined appropriate for further discussion and consideration.

For a full summary of committee discussion please see the [September](#), [October](#), [November](#), and [December](#) 2022 committee meeting minutes. See committee member voting summary in Appendix C.

Hospital Equity Measures Advisory Committee Recommendations

HCAI will consider the Advisory Committee's recommendations in establishing the hospital equity measures for reporting by licensed general acute care hospitals, acute psychiatric hospitals, specialty hospitals, and hospital systems with at least two general acute care hospitals in California. Given the diverse services provided by hospitals throughout California that are dependent upon local population health needs, the Advisory Committee agreed to organize its recommendations for into the following four areas:

- **Structural measures for all hospitals:** The Advisory Committee recommended 9 structural measures for all hospitals to include in the hospital equity reports.

- **Core quality measures for all hospitals:** The Advisory Committee recommended 11 quality measures for all general acute care hospitals to include in their hospital equity reports.
- **Core quality measures for acute psychiatric hospitals:** The Advisory Committee recommended 8 quality measures for psychiatric hospitals to include in their hospital equity reports.
- **Core quality measures for children’s hospitals:** The Advisory Committee recommended 6 quality measures for children’s hospitals to include in their hospital equity reports

Table 1: The nine structural measures for all hospitals to include in the hospital equity reports recommended by the Advisory Committee to the Department for consideration.

Structural Measures to include in Hospital Equity Reports recommended on 11/03/2022 by Advisory Committee to HCAI for consideration

The committee recommends that Hospital Equity Reports include the **following five (5) structural measures that are included in the CMS Hospital Commitment to Health Equity Measures** with additional specifications to be defined by the committee:

1. Hospital attests that hospital has a strategic plan for advancing health equity.
2. Hospital attests that hospital engages in demographic and social determinant/drivers of health data collection.
3. Hospital attests that hospital engages in data analysis activities to identify equity gaps.
4. Hospital attests that hospital engages in local, regional, or national quality improvement activities focused on reducing health disparities.
5. Hospital attests that hospital engaged in leadership activities, annually reviewing strategic plan for achieving health equity, and annually reviewing key performance indicators stratified by demographic and/or social factors.

HEDIS measure Social Need Screening and Intervention (SNS-E):

6. The percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive.

Hospital Equity Reports include the **following three (3) structural measures based on the Joint Commission Accreditation’s Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards:**

7. Designate an individual to lead hospital health equity activities.

8. Provide documentation of policy prohibiting discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, and gender identity or expression and how workers are trained on that policy.

9. Report percentage of patients by preferred language spoken.

Table 2: The 11 quality measures for all general acute care hospitals to include in the hospital equity reports recommended by the Advisory Committee to the Department for consideration.

Recommended Measures to include in Hospital Equity Reports (All Hospitals) by Advisory Committee to HCAI for consideration	Measure Type	Date Recommended
Breastfeeding rate	Core Hospital Quality Measure	10/06/2022
HCAHPS – Would recommend hospital	Core Hospital Quality Measure	10/06/2022
HCAHPS – Received information and education	Core Hospital Quality Measure	10/06/2022
Hospital-wide readmission rate	Core Hospital Quality Measure	10/06/2022
Sepsis management	Core Hospital Quality Measure	11/03/2022
Cesarean birth rate (NTSV)	Core Hospital Quality Measure	11/03/2022
Pneumonia death rate	Core Hospital Quality Measure	11/03/2022
Death after serious treatable condition	Core Hospital Quality Measure	11/03/2022
Vaginal birth after delivery (VBAC) rate	Core Hospital Quality Measure	11/03/2022
Time in the ED without being seen	Core Hospital Quality Measure	11/03/2022
Behavioral health: general acute care hospitals will stratify and report all-cause readmissions measure by behavioral health conditions.	Core Hospital Quality Measure	12/01/2022

Table 3: The eight quality measures for psychiatric hospitals to include in the hospital equity reports recommended by the Advisory Committee to the Department for consideration.

Recommended Measures to include in Hospital Equity Reports (Psychiatric Hospitals) by Advisory Committee to HCAI for consideration	Measure Type	Date Recommended
30-Day All-Cause unplanned readmission following psychiatric hospitalization in an inpatient psychiatric facility (IPF)	Core Psychiatric Hospital Quality Measure	12/01/2022
Timely transmission of transition record	Core Psychiatric Hospital Quality Measure	12/01/2022
Screening for metabolic disorders	Core Psychiatric Hospital Quality Measure	12/01/2022
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge	Core Psychiatric Hospital Quality Measure	12/01/2022
TOB3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	Core Psychiatric Hospital Quality Measure	12/01/2022
HBIPS-2: Hours of Physical Restraint Use* *pending ability to aggregate at regional or statewide level.	Core Psychiatric Hospital Quality Measure	12/01/2022
HBIPS-3: Hours of Seclusion Use* *pending ability to aggregate at regional or statewide level.	Core Psychiatric Hospital Quality Measure	12/01/2022
HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification* *pending ability to aggregate at regional or statewide level.	Core Psychiatric Hospital Quality Measure	12/01/2022

Table 4: The six quality measures for children’s hospitals to include in the hospital equity reports recommended by the Advisory Committee to the Department for consideration.

Recommended Measures to include in Hospital Equity Reports (Children’s Hospitals) by Advisory Committee to HCAI for consideration	Measure Type	Date Recommended
Child HCAHPS	Core Hospital Quality Measure	12/01/2022
All-cause readmission rate (including the Behavioral Health measure)	Core Hospital Quality Measure	12/01/2022
Sepsis management* *Not SEP-1, specifications to be defined in 2023	Core Hospital Quality Measure	12/01/2022
Breastfeeding – birthing only	Core Hospital Quality Measure	12/01/2022
NTSV Cesarean birth – birthing only	Core Hospital Quality Measure	12/01/2022
VBAC rate – birthing only	Core Hospital Quality Measure	12/01/2022

Conclusion

HCAI will consider the Advisory Committee’s recommendations in establishing the hospital health equity measures for all licensed general acute care hospitals, acute psychiatric hospitals, specialty hospitals, and hospital systems with at least two general acute care hospitals in California.

Appendix A: Advisory Committee Members

Dr. Amy Adome

Senior Vice President of Clinical Effectiveness, Sharp Healthcare
Representing Private Hospitals and Health Systems

Amy A. Adome, MD, MPH (She/Her) is senior vice president for Sharp HealthCare. Dr. Amy Adome is responsible for leading efforts to maintain and improve the quality of patient care across the Sharp system, which includes four acute care hospitals, three specialty hospitals and two affiliated medical groups. Dr. Adome works with a variety of groups within Sharp including clinical research and physician services, institutional review board, continuing medical education, service lines and performance improvement, to name a few. In addition, she works collaboratively with physicians, nurses, and health professionals to develop, define, and deliver quality patient care, using quality assessment and monitoring techniques. Dr. Adome joined Sharp Healthcare in April 2013. Prior to joining Sharp, Dr. Adome was based in the east coast where she held a number of leadership roles. Her most recent role before moving to San Diego was as Vice President of Quality and Patient Safety at Mary Washington Healthcare in Fredericksburg, VA – a nonprofit regional system comprised of two hospitals and 28 ambulatory health care facilities and wellness services. While there, she was responsible for building and leading their corporate Quality and Patient Safety program. Before that, she worked in Manhasset, NY where she served as the Director of Quality at North Shore University hospital, an 806 – bed teaching hospital that is one of the cornerstones of North Shore LIJ Health System. Dr. Adome received her medical degree from Makerere University in Uganda, worked as a primary care physician in Kenya before migrating to the United States to pursue a Master's in Public Health with a concentration in Health Care Management from Harvard University in Boston.

Dr. Anthony Iton

Senior Vice President for Healthy Communities, California Endowment
Academic Health Care Quality and Measures Expert

Anthony B. Iton, M.D., J.D., MPH, (He/Him) Senior Vice President of Programs & Partnerships, joined The Endowment in October 2009. The Programs & Partnerships Department is responsible for the development and execution of The California Endowment's strategic plan, with input and guidance from the Board of Directors and Executive Team, to help achieve racial equity in health in California. They achieve this through team-based learning, visioning, strategic planning, and strategic grant making. Prior to his appointment at The Endowment, Dr. Iton served since 2003 as both the director and County Health Officer for the Alameda County Public Health Department. In that role, he oversaw the creation of an innovative public health practice designed to eliminate health disparities by tackling the root causes of poor health that limit quality of life and lifespan in many of California's low-income communities. Dr. Iton also served for three years as director of Health and Human Services and School Medical Advisor for the City of Stamford, Connecticut. Concurrent to that, he also served as a physician in internal medicine for Stamford Hospital's HIV Clinic. In addition, Dr. Iton served for five years as a primary care physician for the San Francisco Department of Public Health. Dr. Iton's varied career also includes past service as a staff attorney and Health Policy analyst for the West Coast regional office of Consumer's Union, the publisher of *Consumer Reports* magazine. Dr. Iton, who has been published in numerous public health and medical publications, is a regular

public health lecturer and keynote speaker at conferences across the nation. He earned his B.S. in Neurophysiology, with honors, from McGill University, in Montreal, Quebec, his J.D. at the University of California, Berkeley's School of Law, and his medical degree from Johns Hopkins University School of Medicine.

Cary Sanders

Senior Policy Director, California Pan-Ethnic Health Network
Representing Vulnerable Populations

Cary Sanders (She/Her/Hers) earned a Master of Public Policy from the University of California at Berkeley. Prior to joining CPEHN, Cary worked as a policy analyst for the California Immigrant Policy Center (CIPC) promoting pro-immigrant policies that address and respect the needs and contributions of California's diverse immigrant communities and their families. She has also worked as Assistant Policy Director for SEIU United Health Care Workers-West representing over 150,000 health care workers in California and as Policy Director for Services, Immigrant Rights and Education Network (SIREN) in San Jose. Cary is proficient in Spanish after having lived and worked in Guatemala.

Dannie Ceseña

Director, California LGBTQ Services Network
Representing the LGBTQ Community

Dannie Ceseña (He/Him/They/Them), Transgender Health Equity Manager, has over 15 years of experience working with non-profits in program development and advocacy. He has extensive knowledge in creating TGNC healthcare collaborations utilizing upstream interventions and addressing the root cause of lack of access to TGNC affirming health care. His knowledge and leadership have assisted in the creation of two TGNC community health care clinics, and a monthly TGNC legal clinic in Orange County, CA. Dannie has become a trusted leader in LGBTQ health among partners in the California Tobacco Control Program. He is responsible for building We Breathe: Supporting Tobacco-Free LGBTQ Communities from the ground-up, and has established the program as a leader statewide, nationally, and even internationally. He has provided leadership and guidance for LGBTQ organizations who are new to working with the Department of Public Health, helping them navigate the complicated bureaucracy and ensuring LGBTQ project staff always have a place to turn with their questions and concerns. He is in high demand to present on LGBTQ health at trainings, meetings, and conferences throughout the country, and internationally. Dannie is currently serving a 3-year appointed term for the California Department of Public Health's Office of Health Equity Advisory Committee and was recently selected to participate in the Department of Managed Health Care's (DMHC) Health Equity and Quality Committee. He serves as a committee member for the Coalition of Demographic Data Equity, Orange County Trans Latinas, Planned Parenthood Orange County-San Bernardino Latino and LGBTQ Committee(s), GLMA (Gay and Lesbian Medical Association), and International AIDs Society. Dannie is a founding member of the Transgender Health Research Ethics and Advocacy (THREAT) Team which includes members from TGI-led organizations, trans-identified mental health providers, and academic researchers. Dannie is currently serving as a Community Investigator on a research team at UCLA called "Just Research? Trans Futures in Health and Scientific Knowledge". Dannie has been awarded Community Icon of the Year by Orange County Pride, Pro Bono Community Partner of the Year by UC Irvine School of Law, the Diversity Spirit Achievement Award by City Career

Fair, The Courage Award from the Orange County Hispanic Bar Association and the Beacon of Light Award from the City of Costa Mesa. He has been recognized by Congressman Lou Correa, CA Senator David Min, CA Assembly Member Cottie Petrie-Norris and the Orange County Board of Supervisors for his work in LGBTQ Health Care and Advocacy. He is a graduate of CSU Long Beach with Bachelor's Degrees in English and Political Science, and is a graduate of National University with a Master Degree in Public Health.

Dr. David Lown

Chief Medical Officer, California Association of Public Hospitals and Health Systems
Representing Public Hospitals and Health Systems

Denise Tugade

Government Relations Advocate, Service Employees International Union
Representing Organized Labor

Denise Tugade (She/Her/Siya) is a Government Relations Advocate for SEIU-United Healthcare Workers (UHW), covering issues related to workforce, licensing, regulations, workplace safety, and equity. Denise also serves as an appointee of the Governor to the California State Court Reporters Board and the 52nd District Agriculture Association (Sacramento County). She previously was Legislative Director for Assemblywoman Christy Smith (D-Santa Clarita), staffing the member on a range of issues including Privacy, Labor, Health and Human Services, Transportation, and Higher Education. She also served as a Legislative Aide for Assemblywoman Lorena Gonzalez (D-San Diego), staffing Labor, Health, and the Select Committee on Women in the Workplace, and as Communications Director for then-Assembly member Monique Limón (D-Santa Barbara). Before working in the Legislature, Denise was an analyst for Cambria Solutions, Inc., an information technology and management consulting firm focusing on health and human services and AGILE human centered design. Her work in public health began in global health and international development in Rwanda, serving as a District Coordinator for DelAgua on the Tubeho Neza (Live Well) water, sanitation, and hygiene (WASH) and air quality project. Denise received a Bachelor's Degree in International Affairs with a focus on Conflict and Security and European and Eurasian studies, with a minor in Russian Language and Culture from The George Washington University in Washington, DC.

Denny Chan

Directing Attorney, Justice In Aging
Representing Consumers

Denny Chan (He/Him) serves as Justice in Aging's inaugural Directing Attorney for Equity Advocacy. In this role, he is responsible for developing and leading Justice in Aging's Strategic Initiative on Advancing Equity, with a primary focus on race equity for older adults of color, and he also coordinates the organization's equity team. He joined Justice in Aging as an attorney on the health team in 2014 and is based in Los Angeles, CA. The son of working-class Chinese immigrant parents, Denny has worked significantly on non-discrimination, language access, and healthcare delivery reform issues for low-income older adults and brings all of these experiences to his advocacy. He previously served as a rotating law clerk for the US District Court in Los Angeles and participated in the Fulbright English Teaching Program as a fellow in Macau, China. Denny is a graduate of the

University of California, Irvine School of Law. He received his BA from the University of Michigan. State Bar Admission: California.

Kristine Toppe

Assistant Vice President, National Committee for Quality Assurance

Public and Community Health Expert

Kristine Toppe, MPH (She/Her) is the Assistant Vice President for State Affairs at the National Committee for Quality Assurance (NCQA), where she leads the engagement and support of states on identifying and implementing policies for quality improvement and meaningful evaluation of the healthcare system. She has over 20 years of experience and direct knowledge of state and federal public health policy and has supported NCQA's relationships in California since 2001. In 2020-2021, she served as an advisor on the Oregon Health Care Authority's Social Determinants of Health Measure Workgroup which was charged with recommending a measure for incentivizing the screening of individuals for health-related social needs and is currently serving as a member of the California DMHC Health Equity and Quality Advisory Committee. Ms. Toppe holds a Master of Public Health from UCLA's Fielding School of Public Health and a Bachelor of Science from the University of Oregon.

Dr. Neil Maizlish

Senior Data Advisor, Public Health Alliance of Southern California

Public and Community Health and Healthy Places Index Expert

Neil Maizlish, PhD, MPH (He/Him) is an epidemiologist with over 35 years of experience in quantitative research methods, statistics, and health informatics in local and state government, academia, community clinics, unions, and the private sector. He currently Senior Data Advisor at the Public Health Alliance of Southern California. He previously served as a research scientist at the California Department of Public Health, where his focus was the public health impacts of climate change and the built environment, modeling the health co-benefits of active transport, climate and health adaptation, and the development of healthy community indicators. His previous posts also include research manager for the California Division of Workers' Compensation, community epidemiologist for the City of Berkeley Public Health Division, Fulbright scholar in Latin America, consultant to the World Health Organization, and adjunct professor at the University of California, Berkeley.

Silvia Yee

Senior Staff Attorney, Disability Rights Education & Defense Fund

Representing People with Disabilities

Silvia Yee (She/Her) is a senior staff attorney at Disability Rights Education and Defense Fund (DREDF) where her work has included projects to increase physical and programmatic accessibility and disability awareness in the delivery of health care services, as well as impact litigation to increase access for people with disabilities in myriad aspects of public and private life. Ms. Yee maintains interests in health care reform and the impact on people with disabilities, international disability rights and the implementation of national disability rights laws, and the strengthening of cross-disability

and cross-civil rights communities. Much of her work is premised on viewing health care services as a civil right for people with disabilities since the right to community integration for many people with significant disabilities cannot be practically realized without appropriate home and community-based care, including long-term services and supports. Over the past decade, Ms. Yee has presented and written on how disability health and healthcare disparities, civil rights, public health, and social determinants of health such as race/ethnicity, LGBTQ status, and income level intersect. Recently, she has had the privilege of co-teaching the disability rights law class offered at UC Berkeley School of Law. Prior to joining DREDF, Ms. Yee worked in private commercial practice in Canada, and with the Health Law Institute at the University of Alberta, where she published on the topics of Canadian Health Care Standards and the extent of the nursing profession's legal authority. Ms. Yee received her B.Mus., M.A., and LL.B. degrees from the University of Alberta. Following graduation from law school, she clerked with Justice William Stevenson at the Alberta Court of Appeal.

Robyn Strong

Assistant Branch Chief, California Department of Health Care Access and Information
Departmental Representative

Robyn Strong (She/Her) is the Enterprise Data Operations Assistant Branch Chief within the Information Services Division of the Department of Healthcare Access and Information (HCAI). Robyn joined HCAI (formerly the Office of Statewide Health Planning and Development) in 1999 and has served in numerous roles, primarily related to data collection and validation of healthcare data including patient-level administrative, financial, utilization, healthcare payments (APCD), and cost transparency of prescription drugs. Prior to HCAI, Robyn worked for the California Public Health Foundation as a Health Surveyor and for the Employment Development Department. She earned her Bachelor of Science Degree in Business Administration from California State University, Chico and Certificate from the California Health and Human Services Leadership Development Academy at California State University, Sacramento in 2019.

State Partners

Providing technical subject matter expertise

Dr. Pamela Riley

Chief Health Equity Officer, California Department of Health Care Services

Pamela Riley, MD, MPH, Assistant Deputy Director, Quality and Population Health Management (QPHM), and Chief Health Equity Officer effective May 2, 2022. Dr. Riley will lead DHCS efforts on health equity, serve as DHCS' representative to the CalHHS Justice, Equity, Diversity & Inclusion Committee, and serve as DHCS' children's health champion. Dr. Riley currently serves as Medical Director at the Department of Health Care Finance in Washington, DC, the District of Columbia's State Medicaid agency, providing clinical leadership and strategic policy direction for DC's Medicaid, CHIP, and undocumented immigrant coverage programs. She previously served as Vice President for Delivery System Reform at The Commonwealth Fund in New York leading initiatives to advance delivery system and payment reform in Medicaid, address social needs in health care delivery, and support leadership development programs for health care leaders of color. Dr. Riley began her career as clinical instructor in the Division of General Pediatrics at the Stanford University School of Medicine, practicing as a general

pediatrician and serving as Associate Medical Director for Pediatrics at the Ravenswood Family Health Center in East Palo Alto, California. Originally from California, Dr. Riley earned a Bachelor of Arts in Anthropology from the University of California, Berkeley; Doctor of Medicine from the David Geffen School of Medicine at the University of California, Los Angeles; and completed her internship and residency in pediatrics at Harbor-UCLA Medical Center in Torrance, California. She received a Master of Public Health from Harvard T.H. Chan School of Public Health in Boston, Massachusetts as a Commonwealth Fund Fellow in Minority Health Policy.

Alice Huan-mei Chen (served from July to November 2022)
Chief Medical Officer, Covered California

Dr. Alice Huan-mei Chen is chief medical officer at Covered California, the state's health insurance marketplace, which actively works to ensure that Californians can find affordable, high-quality coverage. Prior to joining Covered California, Dr. Chen served as deputy secretary for policy and planning and chief of clinical affairs for the California Health and Human Services Agency. For fifteen years, Dr. Chen was a professor of medicine at the University of California San Francisco School of Medicine based at Zuckerberg San Francisco General Hospital, where she served as its chief integration officer and founding director of the eConsult program. She subsequently served as inaugural chief medical officer and deputy director for the San Francisco Health Network. A graduate of Yale University, Stanford University Medical School, and the Harvard School of Public Health, Dr. Chen's training includes a primary care internal medicine residency and chief residency at Brigham and Women's Hospital.

Taylor Priestley (December 2022 to present)
Health Equity Officer, Deputy Director Health Equity & Quality Transformation
Covered California

Taylor Priestley, MSW, MPH (She/Her/Hers) is the Health Equity Officer, Deputy Director Health Equity & Quality Transformation at Covered California. Taylor started with Covered California in November 2012 and helped launch Qualified Health Plan selection and certification, plan contracting, and standard health and dental benefit plan designs. She has served as Covered California's Health Equity Officer since 2018, and in October 2021, became Deputy Director of the newly reorganized Health Equity and Quality Transformation Division. Taylor leads health equity policy development and oversees implementation of Covered California's health equity and quality transformation initiatives.

Taylor comes to the Exchange after extensive work in health and intervention programs for low-income and vulnerable populations at CommuniCare Health Centers, Sacramento Employment and Training Agency (SETA) Head Start, and the YWCA of Sonoma County. She holds Masters' degrees in Social Welfare and Public Health from UC Berkeley, where she researched pediatric oral health disparities with a focus on access to care.

Nathan Nau
Deputy Director, California Department of Managed Health Care

Nathan Nau is the Deputy Director of the Office of Plan Monitoring, where he is responsible for evaluating and promoting health plan regulatory compliance related to quality improvement, utilization management and member grievances and ensuring health plan networks have the right types of providers necessary to deliver health care services that meet time and geographic access requirements. Prior to joining the DMHC, Nathan worked at the California Department of Health Care Services (DHCS) for nearly 14 years. Nathan started as a Staff Services Analyst and was promoted through the Staff Services Manager series. Most recently, Nathan served as the DHCS Chief of the Managed Care Quality and Monitoring Division. In this capacity, he led the monitoring and oversight of Medi-Cal Managed Care Health Plans and set policy for the Medi-Cal Managed Care Program. Nathan has extensive experience in measuring the performance of health plan operations, network adequacy, quality and quality improvement activities and data quality. He also led major IT projects to replace the submission processes for encounter and provider data and to test delivery system reform through the Whole Person Care and Health Homes programs. Nathan holds a bachelor's degree in Business Administration from the California State University, Sacramento, and a Master of Business Administration degree from the University of Phoenix.

Julie Nagasako

Deputy Director, California Department of Public Health

Julie Nagasako (She/Hers) currently serves as the Deputy Director for the Office of Policy and Planning at the California Department of Public Health (CDPH). Julie joined CDPH in 2013, contributing to a wide range of public health initiatives addressing state health improvement priorities and equity. She is originally from Hilo, Hawaii where she worked for over ten years in leadership of community-based organizations; including serving as regional and county director for a non-profit social services agency supporting programs addressing homelessness, immigration services, and youth development.

Appendix B: Advisory Committee References and Resources

Advisory Committee & HCAI Team

- (August – November 2022). [Hospital Equity Measures Advisory Committee Resource List](#)

HCAI Program Team

- (July 2022). [Presentation Materials: Health Equity Resources](#)
- (July 2022). [Presentation Materials: Hospital Equity Reporting Program and Hospital Equity Measures Advisory Committee](#)
- (July 2022). [Presentation Materials: Measuring Quality at Hospitals](#)
- (August 2022). [Presentation Materials: Continued Context Setting – Hospital-level Equity Measures in Development](#)
- (August 2022). [Cross Walk of Hospital Equity Measures and Standards](#)
- (August 2022). [Presentation Materials: Case Study: Beginning with the End in Mind – What Might a Hospital Equity Report Look Like?](#)
- (August 2022). [Presentation Materials: Principles and Criteria for Measure Selection](#)
- (September 2022). [Presentation Materials: Discussion on Definitions](#)
- (September 2022). [Presentation Materials: Measures Selection Discussion](#)
- (September 2022 - introduced, December 2022 – revised for feedback). [Glossary of Key Health Equity Terms](#)
- (September – December 2022). [Measures for Consideration Workbook](#)
- (October 2022). [Potential Additional Measures for Hospital Equity Reports v.10-28-2022](#)
- (October 2022). [Presentation Materials: Follow-up From September Advisory Committee Meeting](#)
- (October 2022). [Presentation Materials: Hospital Quality Measure Example](#)
- (November 2022). [Presentation Materials: Potential Structural Measures for Hospital Equity Reports](#)
- (December 2022). [Presentation Materials: Agenda III Behavioral Health Measure Discussion & Vote](#)
- (December 2022). [Presentation Materials: Agenda IV Measure Selection Discussion and Vote on Pediatric & Psychiatric Hospitals](#)

Appendix C: Advisory Committee Voting Record of Recommended Measures

(organized by meeting date)

Measures voted on by the Advisory Committee at the October 6, 2022 meeting:

Recommended Measures	Measure Type	Advisory Committee Member Name	Vote Casted (Approve/Not Approve/Abstain)	Pass/Not Pass
Breastfeeding rate HCAHPS – Would recommend hospital HCAHPS – Received information and education Hospital-wide readmission rate	Core Hospital Quality Measure - for all general acute care hospitals to include in the hospital equity reports	Committee member Amy Adome	Approve	Pass
		Committee member Anthony Iton	Approve	
		Committee member Cary Sanders	Approve	
		Committee member Dannie Ceseña	Approve	
		Committee member David Lown	Did not approve	
		Committee member Denny Chan	No vote - absent	
		Committee Chair Denise Tugade	Approve	
		Committee member Kristine Toppe	Approve	
		Committee member Neil Maizlish	Approve	
		Committee member Robyn Strong	Abstain	
Committee member Silvia Yee	Approve			

Measures voted on by the Advisory Committee at the November 3, 2022 meeting:

Recommended Measures	Measure Type	Advisory Committee Member Name	Vote Casted (Approve/Not Approve/Abstain)	Pass/Not Pass
<p>The committee recommends that Hospital Equity Reports include the following five (5) structural measures that are included in the CMS Hospital Commitment to Health Equity Measures with additional specifications to be defined by the committee:</p> <ol style="list-style-type: none"> 1. Hospital attests that hospital has a strategic plan for advancing health equity. 2. Hospital attests that hospital engages in demographic and social determinant/drivers of health data collection. 3. Hospital attests that hospital engages in data analysis activities to identify equity gaps. 4. Hospital attests that hospital engages in local, regional, or national quality improvement activities focused on reducing health disparities. 5. Hospital attests that hospital engaged in leadership activities, annually reviewing strategic plan for achieving health equity, and annually reviewing key performance indicators stratified by demographic and/or social factors. 	Structural – all hospitals to report	Committee member Amy Adome	Approve	Pass
		Committee member Anthony Iton	No vote - absent	
		Committee member Cary Sanders	Approve	
		Committee member Dannie Ceseña	No vote - absent	
		Committee member David Lown	Approve	
		Committee member Denny Chan	Approve	
		Committee Chair Denise Tugade	Approve	
		Committee member Kristine Toppe	Approve	
		Committee member Neil Maizlish	Approve	
		Committee member Robyn Strong	Abstain	
		Committee member Silvia Yee	Approve	

Measures voted on by the Advisory Committee at the November 3, 2022 meeting

Recommended Measure	Measure Type	Advisory Committee Member Name	Vote Casted (Approve/Not Approve/Abstain)	Pass/Not Pass
<p>The committee recommends that Hospital Equity Reports include the HEDIS measure Social Need Screening and Intervention (SNS-E): 6. The percentage of members who were screened, using pre-specified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention if they screened positive.</p>	<p>Structural – all hospitals to report</p>	Committee member Amy Adome	Approve	<p>Pass</p>
		Committee member Anthony Iton	No vote - absent	
		Committee member Cary Sanders	Approve	
		Committee member Dannie Ceseña	No vote - absent	
		Committee member David Lown	Approve	
		Committee member Denny Chan	Approve	
		Committee Chair Denise Tugade	Approve	
		Committee member Kristine Toppe	Approve	
		Committee member Neil Maizlish	Approve	
		Committee member Robyn Strong	Abstain	
		Committee member Silvia Yee	Approve	

Measures voted on by the Advisory Committee at the November 3, 2022 meeting:

Recommended Measures	Measure Type	Advisory Committee Member Name	Vote Casted (Approve/Not Approve/Abstain)	Pass/Not Pass
<p>Hospital Equity Reports include the following three (3) structural measures based on the Joint Commission Accreditation’s Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards:</p> <p>7. Designate an individual to lead hospital health equity activities.</p> <p>8. Provide documentation of policy prohibiting discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sexual orientation, and gender identity or expression and how workers are trained on that policy.</p> <p>9. Report percentage of patients by preferred language spoken.</p>	Structural – all hospitals to report	Committee member Amy Adome	Approve	Pass
		Committee member Anthony Iton	No vote - absent	
		Committee member Cary Sanders	Approve	
		Committee member Dannie Ceseña	No vote - absent	
		Committee member David Lown	Approve	
		Committee member Denny Chan	Approve	
		Committee Chair Denise Tugade	Approve	
		Committee member Kristine Toppe	Approve	
		Committee member Neil Maizlish	Approve	
		Committee member Robyn Strong	Abstain	
Committee member Silvia Yee	Approve			

Measures voted on by the Advisory Committee at the November 3, 2022 meeting:

Recommended Measures	Measure Type	Advisory Committee Member Name	Vote Casted (Approve/Not Approve/Abstain)	Pass/Not Pass
<ol style="list-style-type: none"> 1. Sepsis management 2. Cesarean birth rate (NTSV) 3. Pneumonia death rate 4. Death after serious treatable condition 5. Vaginal birth after delivery (VBAC) rate 6. Time in the ED without being seen 7. Behavioral Health – to be determined (TBD) 	Core Hospital Quality Measure - for all general acute care hospitals to include in the hospital equity reports	Committee member Amy Adome	Approve	Pass
		Committee member Anthony Iton	No vote - absent	
		Committee member Cary Sanders	Approve	
		Committee member Dannie Ceseña	No vote - absent	
		Committee member David Lown	Approve	
		Committee member Denny Chan	Approve	
		Committee Chair Denise Tugade	Approve	
		Committee member Kristine Toppe	Approve	
		Committee member Neil Maizlish	Approve	
		Committee member Robyn Strong	Abstain	
Committee member Silvia Yee	Approve			

Measures voted on by the Advisory Committee at the December 1, 2022 meeting:

Recommended Measure	Measure Type	Advisory Committee Member Name	Vote Casted (Approve/Not Approve/Abstain)	Pass/Not Pass
<p>The Advisory Committee recommends that general acute care hospitals will stratify and report all-cause readmissions measure by behavioral health conditions (exact specifications to be identified in 2023)</p>	<p>Core Hospital Quality Measure - for all general acute care hospitals to include in the hospital equity reports</p>	Committee member Amy Adome	Approve	<p>Pass</p>
		Committee member Anthony Iton	No vote - absent	
		Committee member Cary Sanders	Approve	
		Committee member Dannie Ceseña	No vote - absent	
		Committee member David Lown	Approve	
		Committee member Denny Chan	Approve	
		Committee Chair Denise Tugade	Approve	
		Committee member Kristine Toppe	Approve	
		Committee member Neil Maizlish	Approve	
		Committee member Robyn Strong	Abstain	
		Committee member Silvia Yee	Approve	

Measures voted on by the Advisory Committee at the December 1, 2022 meeting:

Recommended Measure	Measure Type	Advisory Committee Member Name	Vote Casted (Approve/Not Approve/Abstain)	Pass/Not Pass
<p>The Advisory Committee recommends that Psychiatric and Children’s hospitals to include their already adopted health equity structural and screening measures for the HCAI hospital equity reports.</p>	<p>Core Hospital Quality Measure - for Psychiatric and Children’s hospitals to include in the hospital equity reports</p>	Committee member Amy Adome	Approve	<p>Pass</p>
		Committee member Anthony Iton	No vote - absent	
		Committee member Cary Sanders	Approve	
		Committee member Dannie Ceseña	No vote - absent	
		Committee member David Lown	Approve	
		Committee member Denny Chan	Approve	
		Committee Chair Denise Tugade	Approve	
		Committee member Kristine Toppe	Approve	
		Committee member Neil Maizlish	Approve	
		Committee member Robyn Strong	Abstain	
		Committee member Silvia Yee	Approve	

Measures voted on by the Advisory Committee at the December 1, 2022 meeting:

Recommended Measures	Measure Type	Advisory Committee Member Name	Vote Casted (Approve/Not Approve/Abstain)	Pass/Not Pass
<ol style="list-style-type: none"> 1. 30-Day All-Cause unplanned readmission following psychiatric hospitalization in an IPF 2. Timely transmission of transition record 3. Screening for metabolic disorders 4. SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge 5. TOB3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge 	Core Psychiatric Hospital Quality Measure to include in the hospital equity reports	Committee member Amy Adome	Approve	Pass
		Committee member Anthony Iton	No vote - absent	
		Committee member Cary Sanders	Approve	
		Committee member Dannie Ceseña	No vote - absent	
		Committee member David Lown	Approve	
		Committee member Denny Chan	Approve	
		Committee Chair Denise Tugade	Approve	
		Committee member Kristine Toppe	Approve	
		Committee member Neil Maizlish	Approve	
		Committee member Robyn Strong	Abstain	
		Committee member Silvia Yee	Approve	

Measures voted on by the Advisory Committee at the December 1, 2022 meeting:

Recommended Measures	Measure Type	Advisory Committee Member Name	Vote Casted (Approve/Not Approve/Abstain)	Pass/Not Pass
<ol style="list-style-type: none"> 1. HBIPS-2: Hours of Physical Restraint Use 2. HBIPS-3: Hours of Seclusion Use 3. HBIPS-5: Patients discharged on multiple antipsychotic medications with appropriate justification *pending ability to aggregate at regional or statewide level. 	Core Psychiatric Hospital Quality Measure to include in the hospital equity reports	Committee member Amy Adome	Did not approve	Pass
		Committee member Anthony Iton	No vote - absent	
		Committee member Cary Sanders	Approve	
		Committee member Dannie Ceseña	No vote - absent	
		Committee member David Lown	Approve	
		Committee member Denny Chan	Approve	
		Committee Chair Denise Tugade	Approve	
		Committee member Kristine Toppe	Approve	
		Committee member Neil Maizlish	Approve	
		Committee member Robyn Strong	Abstain	
		Committee member Silvia Yee	Approve	

Measures voted on by the Advisory Committee at the December 1, 2022 meeting:

Recommended Measure	Measure Type	Advisory Committee Member Name	Vote Casted (Approve/Not Approve/Abstain)	Pass/Not Pass
<p>The Advisory Committee recommends that Children’s Hospitals to submit the “pediatric equivalent general acute care measures.</p> <ul style="list-style-type: none"> • Child HCAHPS • All-cause readmission rate (including the Behavioral Health measure) • Sepsis management* (*Not SEP-1, specifications to be defined in 2023) • Breastfeeding – birthing only • NTSV Cesarean birth – birthing only • VBAC rate – birthing only 	<p>Core Children’s Hospital Quality Measure to include in the hospital equity reports</p>	Committee member Amy Adome	Approve	<p>Pass</p>
		Committee member Anthony Iton	No vote - absent	
		Committee member Cary Sanders	No vote - absent	
		Committee member Dannie Ceseña	No vote - absent	
		Committee member David Lown	Approve	
		Committee member Denny Chan	Approve	
		Committee Chair Denise Tugade	Approve	
		Committee member Kristine Toppe	Approve	
		Committee member Neil Maizlish	Approve	
		Committee member Robyn Strong	Abstain	
Committee member Silvia Yee	Approve			