

## **Hospital Equity Measures Report General Acute Care Hospitals Template**

**\*\*\*Please Note:** You may use this template to assist you in gathering the information required for submission. All reported information must meet the [California Health and Human Services Data De-Identification Guidelines v1.0](#). All plans are required to be submitted in the Hospital Disclosures and Compliance System. All information provided on this plan will be available for viewing by the public, including numerical and written responses. For more detailed information, please refer to the [Measure's Submission Guide](#).\*\*\*

### **General Information:**

Hospital Name:

HCAI Hospital ID (9-digit):

Reporting Organization:

Report Period Start Date:

Report Period End Date:

Hospital in a location with access to clean water and air, as defined by an environmental California Healthy Places Index score of 50 percent or lower (Yes/No):

Web address for the Hospital Equity Measures Report:

### **Structural Measures:**

#### **1. Joint Commission Accreditation's Health Care Disparities, Reduction, and Patient-Centered Communication Accreditation Standards:**

Designate an individual to lead hospital health equity activities (Y/N):

Provide documentation of policy prohibiting discrimination (Y/N):

The number of patients who were asked about their preferred language:

Please complete the table below:

Languages	Numerator	Denominator	Percentage
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

## 2. Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity (HCHE):

**\*\*\*Please note: There are five domains that comprise the CMS Hospital Commitment to HCHE measures. Each domain is scored as “yes” or “no.” In order to score “yes,” a hospital is required to confirm all of the domain’s attestations. Lack of one or more of the attestations results in a score of “no.”\*\*\***

### Hospital Commitment to Health Equity (HCHE) Measure Domain 1, Strategic Planning (Yes/No):

Attestations:

- 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

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

Attestations:

- 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

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

Attestations:

- 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

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

Attestations:

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

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

Attestations:

- 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 reviews key performance indicators stratified by demographic and/or social factors

## **3. Centers for Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH):**

***\*\*\*Please note: Hospitals are required to report on rates of screenings and intervention rates among patients above 18 years old for five health related social needs (HSRN), 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 HSRNs, positive for each individual HSRN, and the intervention rate for each positively screened HSRN.\*\*\****

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 five HRSN:

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

Percentage of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for a Health-Related Social Need, and who screen positive for one or more of a Health-Related Social Needs:

Please complete the table below:

<b>CMS SDOH</b>	<b># Positive for SDOH</b>	<b>Positive SDOH Rate (Percent)</b>	<b># Received Intervention (Numerator)</b>
<b>Food Insecurity</b>			
<b>Housing Instability</b>			
<b>Transportation Problems</b>			
<b>Utility Difficulties</b>			
<b>Interpersonal Safety</b>			

### **Core Quality Measures:**

**\*\*\*Please note: Each numbered section below (1, 2, 3, 4, 5, 6, 7, 8, 9) requires completed stratification tables. To avoid repetitive content throughout the report, we have compiled stratification tables for each of the numbered sections at the end of the document. The stratification table numbers in this document do not correspond to the stratification table numbers in the Measures Submission Guide. Please complete the tables referenced in the subtitles of each numbered section.\*\*\***

### **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)**

#### **1. Recommend hospital to friends and family (HCAHPS Question 19), Stratification Table Group 1:**

Total number of respondents who replied "probably yes" or "definitely yes" to HCAHPS Question 19, "Would you recommend this hospital to your friends and family?":

Total number of respondents to HCAHPS Question 19, "Would you recommend this hospital to your friends and family?":

Percentage of respondents who responded "probably yes" or "definitely yes" to the HCAHPS Question 19, "Would you recommend this hospital to your friends and family?":

Total number of people surveyed on the HCAHPS Question 19, "Would you recommend this hospital to your friends and family?":

Percentage of people who responded to the HCAHPS Question 19, "Would you recommend this hospital to your friends and family?":

## **2. Received written information on symptoms and health problems (HCAHPS Question 17) (Stratification Table Group 1):**

Total 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?"

Total number of respondents 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?"

Percentage of respondents who responded "yes" to the 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?"

Percentage of people surveyed on the 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?"

Percentage of people who responded to the 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?"

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

### **3. Quality Indicator, Pneumonia Mortality Rate (Stratification Table Group 2<sup>1</sup>):**

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<sup>1</sup> Although the file specifications include a cell for the age category <18 years of age, the definition of this measure excludes data from patients <18 years of age. We suggest leaving cells for this age category blank.

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 for patients 18 years of age or older

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 for patients 18 years of age or older:

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 18 years of age or older:

**4. Patient Safety Indicator, Death Rate among Surgical Inpatients with Serious Treatable Complications (Stratification Table Group 2):**

Number of in-hospital deaths among patients ages 18 through 89 years or obstetric patients, with serious treatable complications:

Number of surgical discharges among patients ages 18 through 89 years or obstetric patients:

In-hospital deaths per 1,000 surgical discharges, among patients ages 18 through 89 years or obstetric patients, with serious treatable complications:

**California Maternal Quality Care Collaborative (CMQCC) Indicators:**

**5. CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate (Stratification Table Group 2):**

Number of NTSV patients with cesarean deliveries:

Number of nulliparous patients delivered of a live term singleton newborn in vertex presentation:

Rate of nulliparous women with a term, singleton baby in a vertex position delivered by cesarean section:

## 6. CMQCC Vaginal Birth After Cesarean (VBAC) Rate (Stratification Table Group 2):

Number of vaginal delivery among cases that meet the inclusion and exclusion criteria:

Number of discharges with an ICD-10-CM diagnosis code for birth delivery outcome that meet the inclusion and exclusion criteria:

Vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries:

## 7. CMQCC Exclusive Breast Milk Feeding Rate (Stratification Table Group 2):

Number of newborn cases that were exclusively fed breast milk during their hospital stay and were at least 37 weeks gestation (or at least 3000g if gestational age is missing), did not go to the NICU, transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia:

Number of newborn cases born in the hospital that were at least 37 weeks gestation (or at least 3000g if gestational age is missing), did not go to the NICU, transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia:

Rate of newborns who reached at least 37 weeks of gestation, or at least 3000g if gestational age is missing, received breastmilk exclusively during their stay at the hospital:

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rates:

**\*\*\*Please note: The following measures (8 and 9) exclude patients that are under 18 years of age as described in the Methodology for “Calculating All Cause, Unplanned, 30-Day Hospital Readmission Rate, California Department of Health Care Access and Information” located in the Hospital Equity Report: Measures Submission Guide.\*\*\***

## 8. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for Any Eligible Condition (Stratification Table Group 2):

Number of inpatient admissions to any acute care hospitals which occurs within 30 days of the discharge date of an eligible index admission:

Total number of patients who were admitted to an acute care hospital and were 18 years

or older at time of admission:

Percentage (rate per 100) 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:

**9. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis:**

Mental Health Disorders (Stratification Table Group 2):

Total number of all-cause 30-day unplanned readmissions for mental health disorders:

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

Percentage (rate per 100) of the hospital-level, unplanned, readmissions for mental health disorder after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older:

Substance Use Disorders (Stratification Table Group 2):

Total number of all-cause 30-day unplanned readmissions for substance use disorders:

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

Percentage (rate per 100) of the hospital-level, unplanned, readmissions for substance use disorder after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older:

Co-occurring Disorders (Stratification Table Group 2):

Total number of all-cause 30-day unplanned readmissions for co-occurring disorders:

Total number of patients who were admitted to the hospital and were 18 years or older at

time of admission:

Percentage (rate per 100) of the hospital-level, unplanned, readmissions for co-occurring disorders after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older:

No Behavioral Health Diagnosis (Stratification Table Group 2):

Total number of all-cause 30-day unplanned readmissions for no behavioral health diagnosis:

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

Percentage (rate per 100) of the hospital-level, unplanned, readmissions for no behavioral health diagnosis after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older:

### **Health Equity Plan:**

#### **Top 10 Disparities:**

**\*\*\*Please note: 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.\*\*\***

List the largest disparities to the smallest disparities using the rate ratio value:

Measure	Stratification	Reference Group	Reference Rate	Rate Ratio


Please describe the facilities plan to address the disparities identified in the data including population impact, measurable objectives, and specific timeframe:

**Performance across all of the following priority areas:**

***\*\*\*Please note: 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:

Access to care:

**Methodology Guidelines:**

Did the hospital follow the methodology in the Measures Submission Guide?

## Stratification Tables:

**\*\*\*Please note: Measures should be stratified by the categories in the following tables to the extent that the data is available at the hospital and hospital system level and consistent with the DDG. In cases where data is collected only for some stratification groups, the data for the groups that are missing/unknown should be reported as blank. If the DDG prohibits reporting of a stratification group, select "suppressed." Stratification Table Group 1 applies to Core Quality Measures 1 and 2. Stratification Table Group 2 applies to Core Quality Measures 3, 4, 5, 6, 7, 8, 9.\*\*\***

### Core Quality Measure #

#### Stratification Table Group 1:

#### Race and/or Ethnicity:

Race and/or Ethnicity	Yes Responses	Total Responses	Percent of "Yes" Responses	Total Number of People Surveyed	Response Rate for People 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 (excluding maternal measures):**

Age	Yes Responses	Total Responses	Percent of "Yes" Responses	Total Number of People Surveyed	Response Rate for People Surveyed
< 18					
18 to 34					
35 to 49					
50 to 64					
65 and Older					

**Sex Assigned at Birth:**

Sex assigned at birth	Yes Responses	Total Responses	Percent of "Yes" Responses	Total Number of People Surveyed	Response Rate for People Surveyed
Female					
Male					
Unknown					

**Expected Payer:**

Payer Type	Yes Responses	Total Responses	Percent of "Yes" Responses	Total Number of People Surveyed	Response Rate for People Surveyed
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

**Preferred Language:**

Preferred Language	Yes Responses	Total Responses	Percent of "Yes" Responses	Total Number of People Surveyed	Response Rate for People Surveyed
English Language					
Spanish Language					
Asian Pacific Islander Languages					

Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages					

#### Disability Status:

Disability Status	Yes Responses	Total Responses	Percent of "Yes" Responses	Total Number of People Surveyed	Response Rate for People 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:

Sexual Orientation	Yes Responses	Total Responses	Percent of "Yes" Responses	Total Number of People Surveyed	Response Rate for People Surveyed
Lesbian, gay, or homosexual					
Straight or heterosexual					
Bisexual					
Something else					

Don't know					
Not disclosed					

**Gender Identity:**

Gender Identity	Yes Responses	Total Responses	Percent of "Yes" Responses	Total Number of People Surveyed	Response Rate for People 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					

## **Stratification Table Group 2:**

### **Core Quality Measure #**

### **Race and/or Ethnicity:**

<b>Race and/or Ethnicity</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Percent</b>
<b>American Indian or Alaska Native</b>			
<b>Asian</b>			
<b>Black or African American</b>			
<b>Hispanic or Latino</b>			
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>			
<b>Native Hawaiian or Pacific Islander</b>			
<b>White</b>			

**\*\*\*Please note: You must implement one of the following tables based on the specific measure that you are reporting on. There are three groupings:**

- **Age (excluding maternal measures) – This table should be used for Core Quality Measures 3<sup>2</sup> and 4.**
- **Age (excluding maternal measures and patients less than 18 years of age) – This table should be used for Core Quality Measures 8 and 9.**
- **Age (for maternal measures only) – This table should be used for Core Quality Measures 5, 6, and 7.**

**For more information, please refer to the Measures Submission Guide.\*\*\***

**Age (excluding maternal measures), use for Core Quality Measures 3<sup>2</sup> and 4:**

<sup>2</sup> Although the file specifications include a cell for the age category <18 years of age, the definition of this measure (AHRQ Pneumonia Mortality Rate) excludes data from patients <18 years of age. We suggest leaving cells for this age category blank.

Age (excluding maternal measures)	Numerator	Denominator	Percent
Less than 18			
18 to 34			
35 to 49			
50 to 64			
65 Years and Older			

**Age (excluding maternal measures and patients less than 18 years of age), use for Core Quality Measures 8 and 9:**

Age	Numerator	Denominator	Percent
18 to 34			
35 to 49			
50 to 64			
65 Years and Older			

**Age (for maternal measures only), use for Core Quality Measures 5, 6, and 7:**

Age (for maternal measures)	Numerator	Denominator	Percent
Less than 18			
18 to 29			
18 to 29			
30 and 39			
40 and Older			

**Sex Assigned at Birth:**

Sex assigned at birth	Numerator	Denominator	Percent
Female			
Male			
Unknown			

**Expected Payer:**

Payer Type	Numerator	Denominator	Percent
Medicare			
Medicaid			
Private			
Self Pay			
Other			

**Race and/or Ethnicity:**

Race and/or Ethnicity	Numerator	Denominator	Percent
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Multiracial and/or Multiethnic (two or more races)			

Other/Unknown Languages			
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#### Disability Status:

Disability Status	Numerator	Denominator	Percent
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:

Sexual Orientation	Numerator	Denominator	Percent
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			
Lesbian, gay or homosexual			

**Gender Identity:**

<b>Gender Identity</b>	<b>Numerator</b>	<b>Denominator</b>	<b>Percent</b>
<b>Female</b>			
<b>Female-to-male (FTM)/transgender male/trans man</b>			
<b>Male</b>			
<b>Male-to-female (MTF)/transgender female/trans woman</b>			
<b>Non-conforming gender</b>			
<b>Additional gender category or other</b>			
<b>Not disclosed</b>			

## Glossary of Terms and Abbreviations

**“Broader Community”** means groups or communities not specifically identified as vulnerable populations. This may include groups or communities where vulnerable populations cannot be identified, or the activity is not specifically directed towards vulnerable populations.

**“Disparity”** refers to differences in access to or availability of medical facilities and services, as well as variation in rates of disease occurrence and health outcomes among population groups defined by socioeconomic characteristics, race/ethnicity, age, sex assigned at birth, expected payor, preferred language, disability status, sexual orientation, and gender identity.

**“Disparity reduction”** means a reduction in variation in access, availability of medical facilities and services, disease occurrence, including communicable diseases and chronic conditions, as well as health outcomes for vulnerable populations.

**“Equity report”** or **“report”** means a written document prepared for annual submission to the Department of Health Care Access and Information that includes the required report out of data analysis and stratification of specified measures and the health equity plan as described in Sections 95303 and 95307.

**“General acute care hospital”** as defined pursuant to Health and Safety Code Section 1250, subdivision (a).

**“Hospital”** means an acute hospital licensed pursuant to subdivision (a), (b), or (f) of Health and Safety Code Section 1250.

**“Hospital type”** refers to either of the following: general acute care, children’s, acute psychiatric or special hospital.

**“Hospital system”** means an entity or system of entities that includes or owns two or more hospitals within the state, of which at least one is a general acute care hospital, as defined in Health and Safety Code Section 1250, subdivision (a). The entity or system of entities that comprise a hospital system also includes a single corporation or entity that controls two or more hospitals and an integrated system as defined in Health and Safety Code Section 127371, subdivision (f). A single consolidated license with multiple plants does not constitute a “hospital system.”

**“Measures”** refer to a set of metrics used to assess accessibility, quality, and outcomes of healthcare services provided by hospitals or hospital systems.

**“Measures Submission Guide”** means the Hospital Equity Report: Measures Submission Guide (version 1.012), dated March 10, 2025 and hereby incorporated by reference. The Measures Submission Guide is available on the Department’s website.

**“Patient population”** or **“Patient”** means all of the individuals people served by a hospital.

**“Plants”** are defined as physical facilities on a single consolidated license as determined by California Department of Public Health (CDPH). Plant includes parent and consolidated hospitals as determined by CDPH.

**“Rate ratio”** compares the rate between a stratification group and the reference group for each measure.

**“Reference group”** refers to the group with the best performing outcome for a measure within a stratification category at hospital level or system level.

**“Special hospital”** as defined pursuant to Health and Safety Code Section 1250, subdivision (f).

**“Stratification category”** refers to the categories by which each measure has to be stratified. The stratification categories are listed in Section 95301 which are race/ethnicity, age, sex assigned at birth, expected payor, preferred language, disability status, sexual orientation, gender identity, and behavioral health diagnosis.

**“Stratification group”** refers to the specific group within each stratification category listed in stratification tables of the Measures Submission Guide.

**“Vulnerable populations”** as defined pursuant to Health and Safety Code Section 127371, subdivision (h).