Guidance for Data Aggregation

Hospital Systems Equity Measures Report

This document provides guidance for hospital systems regarding the aggregation of data for data reporting of equity measures at the hospital system level. You may use the hospital-level templates 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 (DDG), Version1.0. 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 Measures Submission Guide (version 1.4).

Hospital systems shall furnish a single, consolidated report that aggregates data from all of the hospital system's affiliated hospitals. For each applicable measure, the hospital system shall calculate and report the measure aggregating data from each applicable hospital type. Hospital system equity reports shall include the numerator, denominator, and rate of each core quality measure broken down by each stratification group. Hospital system equity reports shall report on all hospital core quality measures outlined in Sections 95303. All structural measures outlined in Sections 95303 shall also be reported except for the Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure.

General Information:

Provide the following general information:

- Hospital System Name
- System description
- Report Period Start Date
- Report Period End Date
- Hospital HCAI IDs for hospitals included in the hospital system report (auto-generated by HCAI reporting system)
- Web address for the Hospital System Equity Measures Report will be published on the hospital system if one is available
- A health equity plan

Table 1: Hospital System Report Data Aggregation by Measure

The following table describes required data aggregation by measure for the hospital type or types included in the hospital system report. Those marked with an X are required per type of report.

	General Acute Care (GAC)	Children's (C)	Acute Psychiatric (AP)	**Hospital System Data Aggregation**
Structural Measures				
The Joint Commission Health Equity Leader (Yes/No)	X	X	X	**X No aggregation, system level**
The Joint Commission No Discrimination Policy (Yes/No)	X	X	X	**X No aggregation, system level**
The Joint Commission Preferred Language	X	X	X	**X GAC + AP + C**
CMS HCHE Measures	X	X	X	
CMS SDOH	X	X	X	**X GAC + AP + C**
Core Quality Measures				
HCAHPS 19	X		X	**X GAC + AP**
HCAHPS 17	X		X	**X GAC + AP**
AHRQ Pneumonia Mortality Rate	X		X	**X GAC + AP**
AHRQ Death Rate among Surgical Discharges	X			**X GAC only**
CMQCC NTSV Rate	X			**X GAC only**
CMQCC VBAC Rate	X			**X GAC only**
CMQCC Exclusive Breast Milk Feeding Rate	X			**X GAC only**
HCAI 30-Day Readmission Rate	X	X	X	**X GAC + C + AP**
HCAI 30-Day Readmission Rate by Behavioral Health Diagnoses	X		X	**X GAC + AP**
Pediatric experience survey of willingness to recommend hospital		X		**X C only**
CMS IPFQR Metabolic Disorder Screening Rate			X	**X AP only**
The Joint Commission SUB-3 and SUB-3a			X	**X AP only**

If a measure is a Yes/No measure, no aggregation is needed, only a Yes/No response at the

system level. For example, for the Joint Commission Health Equity Leader measure, only a Yes/No response is required as to if there is an individual that has been designated to lead health equity activities at the hospital system level.

For all other measures, data must be aggregated based on the hospital types specified for each measure. For example, if hospital system X includes GAC and Children's hospitals, it does not need to report the two APH-specific measures (CMS IPFQR Metabolic Disorder Screening Rate and The Joint Commission SUB-3 and SUB-3a). When aggregating data for the AHRQ Death Rate among Surgical Discharges, only GAC hospitals should be included, whereas both GAC and Children's hospitals in system X must be aggregated for the HCAI 30-Day Readmission Rate. Data aggregation refers to summing the numerators and denominators across hospitals, then calculating the rate by dividing the total numerator by the total denominator, multiplied by 100 or 1,000.

Example 1*:

	HCAI 30-Day Readmission Rate (GAC + C + AP)		
	Numerator	Denominator	Rate (%)
Hospital 1 (GAC)	44	223	19.7
Hospital 2 (GAC)	58	321	18.1
Hospital 3 (C)	14	138	10.1
Hospital 4 (AP)	23	162	14.2
Hospital 5 (AP)	19	187	10.2
Hospital System Aggregation	**158**	**1031**	**15.3**

Example 2*:

	CMS IPFQR Metabolic Disorder Screening Rate (AP)		
	Numerator	Denominator	Rate (%)
Hospital 1 (GAC)	--	--	--
Hospital 2 (GAC)	--	--	--
Hospital 3 (C)	--	--	--
Hospital 4 (AP)	49	53	92.5
Hospital 5 (AP)	87	121	71.9
Hospital System Aggregation	**136**	**174**	**78.2**

Example 3*:

	AHRQ Pneumonia Mortality Rate (GAC + AP)					
	Female (numerator)	Female (denominator)	Rate (per 1,000)	Male (numerator)	Male (denominator)	Rate (per 1,000)
Hospital 1 (GAC)	14	87	16.1	22	63	34.9
Hospital 2 (GAC)	25	62	40.3	33	92	35.9
Hospital 3 (C)	--	--	--	--	--	--
Hospital 4 (AP)	18	62	29.0	19	81	44.2
Hospital 5 (AP)	34	93	36.6	40	77	51.9
Hospital System Aggregation	**91**	**304**	**29.9**	**114**	**313**	**36.4**

Example 4*:

	AHRQ Death Rate among Surgical Discharges (GAC)					
	Female (numerator)	Female (denominator)	Rate (per 1,000)	Male (numerator)	Male (denominator)	Rate (per 1,000)
Hospital 1 (GAC)	13	122	10.7	15	110	13.6
Hospital 2 (GAC)	35	259	13.5	82	331	24.8
Hospital 3 (C)	--	--	--	--	--	--
Hospital 4 (AP)	--	--	--	--	--	--
Hospital 5 (AP)	--	--	--	--	--	--
Hospital System Aggregation	**48**	**381**	**12.6**	**97**	**441**	**22.0**

*All numbers are fake and used only for purposes of explanation.

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