Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	UNIVERSITY OF CALIFORNIA DAVIS MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106341006
Report Period:	1/1/2024 - 12/31/2024
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Last Updated:	11/25/2025
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	health.ucdavis.edu/medical-center/

Overview

Assembly Bill No. 1204 requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Equity Measures Reporting Program to collect and post summaries of key hospital performance and patient outcome data regarding sociodemographic information, including but not limited to age, sex, race/ethnicity, payor type, language, disability status, and sexual orientation and gender identity.

Hospitals (general acute, children's, and acute psychiatric) and hospital systems are required to annually submit their reports to HCAI. These reports contain summaries of each measure, the top 10 disparities, and the equity plans to address the identified disparities. HCAI is required to maintain a link on the HCAI website that provides access to the content of hospital equity measures reports and equity plans to the public. All submitted hospitals are required to post their reports on their websites, as well.

Laws and Regulations

For more information on Assembly Bill No. 1204, please visit the following link by copying and pasting the URL into your web browser:
https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204

Hospital Equity Measures

Joint Commission Accreditation

General acute care hospitals are required to report three structural measures based on the Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards. For more information on these measures, please visit the following link by copying and pasting the URL into your web browser:
https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce

-health-care-disparities/

The first two structural measures are scored as "yes" or "no"; the third structural measure comprises the percentages of patients by five categories of preferred languages spoken, in addition to one other/ unknown language category.

Designate an individual to lead hospital health equity activities (Y = Yes, N = No).

Y

Provide documentation of policy prohibiting discrimination (Y = Yes, N = No).

Y

Number of patients that were asked their preferred language, five defined categories and one other/ unknown languages category.

134274

Table 1. Summary of preferred languages reported by patients.

Languages	Number of patients who report preferring language	Total number of patients	Percentage of total patients who report preferring language (%)
English Language	119986	134274	89.4
Spanish Language	8589	134274	6.4
Asian Pacific Islander Languages	2872	134274	2.1
Middle Eastern Languages	1092	134274	0.8
American Sign Language	128	134274	0.1
Other Languages	1607	134274	1.2

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure

There are five domains that make up the CMS Hospital Commitment to HCHE measures. Each domain is scored as "yes" or "no." In order to score "yes," a general acute care hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser: https://data.cms.gov/provider-data/topics/hospitals/health-equity

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure Domain 1: Strategic Planning (Yes/No)

- Our hospital strategic plan identifies priority populations who currently experience health disparities.
- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital strategic plan outlines specific resources that have been dedicated to achieving our equity goals.
- Our hospital strategic plan describes our approach for engaging key stakeholders, such as community-based organizations.

Y

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

- Our hospital strategic plan identifies healthcare equity goals and discrete action steps to achieve these goals.
- Our hospital has training for staff in culturally sensitive collection of demographics and/or social determinant of health

information.

• Our hospital inputs demographic and/or social determinant of health information collected from patients into structured, interoperable data elements using a certified electronic health record (EHR) technology.

Y

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

• Our hospital stratifies key performance indicators by demographic and/or social determinants of health variables to identify equity gaps and includes this information in hospital performance dashboards.

Y

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

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

Y

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

• Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.

• Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually review key performance indicators stratified by demographic and/or social factors.

Y

Centers for Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH)

General acute care hospitals are required to report on rates of screenings and intervention rates among patients above 18 years old for five health related social needs (HRSN), which are food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety. These rates are reported separately as being screened as positive for any of the five HRSNs, positive for each individual HRSN, and the intervention rate for each positively screened HRSN. For more information on the CMS SDOH, please visit the following link by copying and pasting the URL into your web browser:
https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs

Number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the five HRSN

3793

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

30550

Rate of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HRSN, and who screened positive for one or more of the HRSNs

13.5

Table 2. Positive screening rates and intervention rates for the five Health Related Social Needs of the Centers of Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH).

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	1168	30.8	0	
Housing Instability	1334	35.1	0	
Transportation Problems	767	20.2	0	
Utility Difficulties	175	4.6	0	
Interpersonal Safety	717	18.9	0	

Core Quality Measures for General Acute Care Hospitals

There are two quality measures from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. For more information on the HCAHPS survey, please visit the following link by copying and pasting the URL into your web browser: https://hcahpsonline.org/en/survey-instruments/

Patient Recommends Hospital

The first HCAHPS quality measure is the percentage of patients who would recommend the hospital to friends and family. For this measure, general acute care hospitals provide the percentage of patient respondents who responded "probably yes" or "definitely yes" to whether they would recommend the hospital, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for the percentages. The percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 19.

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

1569

Total number of respondents to HCAHPS Question 19

1687

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

93

Total number of people surveyed on HCAHPS Question 19

9924

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

17

Table 3. Patient recommends hospital by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian					
Black or African American					
Hispanic or Latino					
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White					

Age	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34					
Age 35 to 49					
Age 50 to 64					
Age 65 Years and Older					

Sex assigned at birth	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Male					
Unknown					

Payer Type	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

Preferred Language	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages					

Disability Status	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition disability					
Has a hearing disability					
Has a vision disability					
Has a self-care disability					
Has an independent living disability					

Sexual Orientation	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

Gender Identity	Number of "probably yes" or "definitely yes" responses	Total number of responses	Percent of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/trans					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

Patient Received Information in Writing

The second HCAHPS quality measure is the percentage of patients who reported receiving information in writing on symptoms and health problems to look out for after leaving the hospital. General acute care hospitals are required to provide the percentage of patient respondents who responded "yes" to being provided written information, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for these percentages. These percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 17.

Number of respondents who replied "yes" to HCAHPS Question 17, "During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the

hospital?"

1468

Total number of respondents to HCAHPS Question 17

1687

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

87

Total number of people surveyed on HCAHPS Question 17

9924

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

17

Table 4. Patient reports receiving information in writing about symptoms or health problems by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian					
Black or African American					
Hispanic or Latino					
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White					

Age	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age < 18					
Age 18 to 34					
Age 35 to 49					
Age 50 to 64					
Age 65 Years and Older					

Sex assigned at birth	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Male					
Unknown					

Payer Type	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

Preferred Language	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign					
Other/Unknown Languages					

Disability Status	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition					
Has a hearing disability					
Has a vision disability					
Has a self-care					
Has an independent living disability					

Sexual Orientation	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

Gender Identity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans man					
Male					
Male-to-female (MTF)/ transgender female/ trans woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

Agency for Healthcare Research and Quality (AHRQ) Indicators

General acute care hospitals are required to report on two indicators from the Agency for Healthcare Research and Quality (AHRQ). For general information about AHRQ indicators, please visit the following link by copying and pasting the URL into your web browser: https://qualityindicators.ahrq.gov/

Pneumonia Mortality Rate

The Pneumonia Mortality Rate is defined as the rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission for patients ages 18 years and older. General acute care hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser: https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

Number of in-hospital deaths with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

20

Total number of hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

551

Rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

36.3

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	12	248	48.4

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	13	312	41.7

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	13	340	38.2
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay			
Other	suppressed	suppressed	suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	0	43	0
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of hospital discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

Death Rate among Surgical Inpatients with Serious Treatable Complications

The Death Rate among Surgical Inpatients with Serious Treatable Complications is defined as the rate of in-hospital deaths per 1,000 surgical discharges among patients ages 18-89 years old or obstetric patients with serious treatable complications. General acute care hospitals report this measure by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Patient Safety Indicator is 04. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:
https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf

Number of in-hospital deaths among patients aged 18-89 years old or obstetric patients with serious treatable complications

39

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

280

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

139.3

Table 6. Death Rate among Surgical Inpatients with Serious Treatable Complications by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	0	18	0
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	19	144	131.9

Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	11	92	119.6
Age 65 Years and Older	18	115	156.5

Sex assigned at birth	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	14	114	122.8
Male	25	166	150.6
Unknown			

Payer Type	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Medicare	20	120	166.7
Medicaid	14	107	130.8
Private	suppressed	suppressed	suppressed
Self-Pay			
Other	suppressed	suppressed	suppressed

Preferred Language	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language			
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

There are three core quality maternal measures adopted from the California Maternal Quality Care Collaborative (CMQCC).

CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate

The CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate is defined as nulliparous women with a term (at least 37 weeks gestation), singleton baby in a vertex position delivered by cesarian birth. General acute care hospitals report the NTSV Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information, please visit the following link by copying and pasting the URL into your web browser:
https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications

Number of NTSV patients with Cesarean deliveries

168

Total number of nulliparous NTSV patients

578

Rate of NTSV patients with Cesarean deliveries

0.291

Table 7. Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18	suppressed	suppressed	suppressed
Age 18 to 29	suppressed	suppressed	suppressed
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female			
Male			
Unknown			

Payer Type	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	124	407	0.305
Self-Pay	0		
Other	suppressed	suppressed	suppressed

Preferred Language	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	0		
American Sign Language	0		
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female			
Female-to-male (FTM)/transgender male/ trans man			
Male			
Male-to-female (MTF)/transgender female/ trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

CMQCC Vaginal Birth After Cesarean (VBAC) Rate

The CMQCC Vaginal Birth After Cesarean (VBAC) Rate is defined as vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries. General acute care hospitals report the VBAC Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The VBAC Rate uses the specifications of AHRQ Inpatient Quality Indicator 22. For more information, please visit the following link by copying and pasting the URL into your web browser: https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf

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

68

Total number of birth discharges with previous Cesarean delivery that meet the inclusion and exclusion criteria

317

Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries

214.5

Table 8. Vaginal Birth After Cesarean (VBAC) Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Age < 18	0		
Age 18 to 29	suppressed	suppressed	suppressed
Age 30 to 39	suppressed	suppressed	suppressed
Age 40 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Male			
Unknown			

Payer Type	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	0		
Other	suppressed	suppressed	suppressed

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0		
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living			

Sexual Orientation	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

CMQCC Exclusive Breast Milk Feeding Rate

The CMQCC Exclusive Breast Milk Feeding Rate is defined as the newborns per 100 who reached at least 37 weeks of gestation (or 3000g if gestational age is missing) who received breast milk

exclusively during their stay at the hospital. Other criteria are that the newborns did not go to the neonatal intensive care unit (NICU), transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia. General acute care hospitals report the Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The CMQCC Exclusive Breast Milk Feeding Rate uses the Joint Commission National Quality Measure PC-05. For more information, please visit the following link by copying and pasting the URL into your web browser: https://manual.jointcommission.org/releases/TJC2024B/MIF0170.html

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

1072

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

1333

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

80.4

Table 9. Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	181	226	80.1
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	241	312	77.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific	suppressed	suppressed	suppressed
White	492	569	86.5

Age	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
Age < 18	suppressed	suppressed	suppressed
Age 18 to 29	317	427	74.2
Age 30 to 39	687	818	84
Age 40 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
Female			
Male			
Unknown			

Payer Type	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	304	466	65.2
Private	711	801	88.8
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
English Language	1004	1235	81.3
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	0		
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living			

Sexual Orientation	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%)
Female			
Female-to-male (FTM)/ transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

General acute care hospitals are required to report several HCAI All-Cause Unplanned 30-Day Hospital Readmission Rates, which are broadly defined as the percentage of hospital-level, unplanned, all-cause readmissions after admission for eligible conditions within 30 days of hospital discharge for patients aged 18 years and older. These rates are first stratified based on any eligible condition, mental health disorders, substance use disorders, co-occurring disorders, and no behavioral health diagnosis. Then, each condition-stratified hospital readmission rate is further stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, please visit the following link by copying and pasting the URL into your web browser:
https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Any Eligible Condition

Number of inpatient hospital admissions which occurs within 30 days of the discharge date of an eligible index admission and were 18 years or older at time of admission

2666

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

17013

Rate of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older

15.7

Table 10. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for any eligible condition by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	177	1235	14.3
Black or African American	436	2173	20.1
Hispanic or Latino	462	3042	15.2
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	156	760	20.5
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	1196	8025	14.9

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	341	2853	12
Age 35 to 49	467	3123	15
Age 50 to 64	714	4087	17.5
Age 65 Years and Older	1144	6950	16.5

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	1295	8819	14.7
Male	1371	8194	16.7
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	1455	8060	18.1
Medicaid	837	5039	16.6
Private	317	3210	9.9
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	2377	15498	15.3
Spanish Language	123	694	17.7
Asian Pacific Islander Languages	111	584	19
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/ trans man			
Male			
Male-to-female (MTF)/transgender female/ trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Mental Health Disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for mental health disorders and were 18 years or older at time of admission

629

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

3634

Rate of hospital-level, unplanned, all-cause readmissions after admission for mental health disorders within 30 days of hospital discharge for patients aged 18 and older

17.3

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	393	2309	17
Male	236	1325	17.8
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/ trans man			
Male			
Male-to-female (MTF)/transgender female/ trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Substance Use Disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for substance use disorders and were 18 years or older at time of admission

313

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

1877

Rate of hospital-level, unplanned, all-cause readmissions after admission for substance use disorders within 30 days of hospital discharge for patients aged 18 and older

16.7

Table 12. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	0	11	0
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages			
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/ trans man			
Male			
Male-to-female (MTF)/transgender female/ trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Co-occurring disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for co-occurring disorders and were 18 years or older at time of admission

306

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

1383

Rate of hospital-level, unplanned, all-cause readmissions after admission for co-occurring disorders within 30 days of hospital discharge for patients aged 18 and older

22.1

Table 13. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for co-occurring disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	134	637	21
Male	172	746	23.1
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages			

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/ trans man			
Male			
Male-to-female (MTF)/transgender female/ trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - No Behavioral Health Diagnosis

Number of inpatient hospital admissions which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

1418

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

10119

Rate of hospital-level, unplanned, all-cause readmissions after admission with no behavioral diagnosis within 30 days of hospital discharge for patients aged 18 and older

14

Table 14. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	suppressed	suppressed	suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	suppressed	suppressed	suppressed
Age 35 to 49	suppressed	suppressed	suppressed
Age 50 to 64	suppressed	suppressed	suppressed
Age 65 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	683	5320	12.8
Male	735	4799	15.3
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/ trans man			
Male			
Male-to-female (MTF)/transgender female/ trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

Health Equity Plan

All general acute care hospitals report a health equity plan that identifies the top 10 disparities and a written plan to address them.

Top 10 Disparities

Disparities for each hospital equity measure are identified by comparing the rate ratios by stratification groups. Rate ratios are calculated differently for measures with preferred low rates and those with preferred high rates. Rate ratios are calculated after applying the California Health and Human Services Agency's "Data De-Identification Guidelines (DDG)," dated September 23, 2016.

Table 15. Top 10 disparities and their rate ratio values.

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	9.9	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	9.9	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	12	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity			Asian	14.3	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity			Asian	14.3	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	12	1.4
CMQCC Exclusive Breast Milk Feeding	Expected Payor			Private	88.8	1.4
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Age (excluding maternal measures)			50 to 64	119.6	1.3
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Expected Payor			Medicaid	130.8	1.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	12	1.3

Plan to address disparities identified in the data

There are three main components of UCDH?s action plan: Ð
Unplanned Hospital Readmissions (Disparities 2, 3, 5, 6, 7, and 8) Ð
UC Davis Health (UCDH) is implementing a multi-year, systemwide strategy to reduce hospital readmissions through risk-based, equitable care-transition support. Our approach centers on strengthening foundational care transitions for all patients while expanding targeted interventions for high-risk populations, particularly those with complex needs.Ð
We will address the disparities in unplanned hospital readmissions through a focus on Multi-Visit Patient s(MVPs), defined as patients with 4+ unplanned hospital admissions within the past 12 months. Analysis shows significantly higher readmission rates among MVPs across six disparity domains: Ð
2.53X more likely to have Medicare vs. private insurance Ð
3.02X more likely to have Medicaid vs. private insurance Ð
1.41X more likely to be age 50-64 vs. 18-34 Ð
2.20X more likely to be Multiracial vs. Asian Ð
2.27X more likely to be Black/African American vs. Asian Ð
UCDH has developed a 3-tiered risk-based care transition bundle framework to provide appropriate levels of transition services for MVPs. Key bundle components include: MVP-specific EMR tools; enhanced discharge education and post-discharge outreach; expanded transportation access; coordination with health navigators and behavioral and social service providers; partnerships with SNFs and community post-acute providers; and inpatient geriatric collaboration for older adults. Ð
To reduce readmission disparities by September 30, 2026 we will: (1) begin implementation of the MVP program in Hospital Medicine, General Medicine, and Cardiology services (37% of hospital

census); (2) track disparities via stratified readmission dashboards; (3) review dashboard readmission data quarterly in quality meetings; and (4) evaluate the effectiveness of the MVP program with the goal of reduced readmissions disparities in 4 of the 6 domains identified. Ð
Patient Safety Indicator Death Rates (PSI 04) (Disparities 1, 4, and 10) Ð
Ð
Disparities in PSI 04 rates arise from a complex mix of structural, institutional, and patient-level factors. Therefore, equityâ?•oriented patient safety interventions and quality improvement initiatives are needed that focus on both complication prevention and timely recognition and treatment of complications across all patient populations. Ð
Ð
Limited English Proficiency (LEP) may contribute to PSI 04 disparities experienced by Hispanic/Latino groups at UCDH, as communication barriers can impede recognition and timely treatment of post-surgical complications. To address this disparity by September 30, 2026 we will: (1) disaggregate PSI 04 data to identify the highest disparities by surgery and complication type; (2) starting with the highest disparity areas, review post-operative processes and written instructions to ensure they align with patient preferred language; and (3) review discharge education for post-surgical LEP patients to ensure information about our Medical Interpreting line is included. Ð
Ð
Additionally, at UC Davis Health the PSI 04 rate for Medicare patients is higher than for Medicaid patients and the PSI 04 rate for male patients is higher than female patients. To address these disparities by September 30, 2026 we will: (1) disaggregate PSI 04 data to identify the highest disparities by surgery/complication type; (2) conduct a root cause analysis to identify the primary clinical and social drivers of these disparities; and (3) develop safety-improvement interventions and/or risk-based protocols to be implemented in the next reporting year. Ð
Ð
Human Milk Feeding (Disparity 9) Ð
Ð
In 2024, a disparity was identified in exclusive breastmilk feeding (EBF) during hospitalization between Medicaid patients (41.6%) and non-Medicaid patients (73.4%). The introduction of pasteurized donor human milk in February 2024 improved EBF rates in all groups, however this did not fully close the disparity gap (68.5% Medicaid patients versus 85.8% non-Medicaid patients in Q2 2025). An additional disparity was identified when disaggregating by race and ethnicity: between 2023 and 2024 there was a 5% decrease in EBF among Medicaid patients who self-identify as Black compared to all other racial groups which experienced a 36%-63% increase. This is theorized to be due to a lower acceptance of pasteurized donor human milk in this population. Ð
Ð
To address this disparity we plan to: (1) engage with patients, subject matter experts, and community based organizations to gather data on barriers to breastfeeding and donor milk acceptance during hospitalization; (2) ensure that UCDH prenatal classes emphasize the benefits of breastfeeding/breastmilk and provide education on the donor milk program; (3) outreach to community clinics within the greater Sacramento area to increase awareness of UCDH prenatal classes, which are underutilized by Medicaid patients.

Performance in the priority area

General acute care hospitals are required to provide hospital equity plans that address the top 10 disparities by identifying population impact and providing measurable objectives and specific timeframes. For each disparity, hospital equity plans will address performance across priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

Person-centered care

At UC Davis Health, we are deeply committed to involving patients in every aspect of their care, ensuring that their voices are not only heard but truly valued. Patient engagement is at the heart of our approach, and we strive to create an environment where individuals feel empowered, respected, and supported throughout their healthcare journey. Ð
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UC Davis Health participates in the Speak Upâ?¢ campaign, a national safety initiative by The Joint Commission. The goal of Speak Up is to help patients and their advocates become active in their care. Through messages in our patient handbooks and other patient education materials, we encourage patients to speak up from the beginning of treatment. Ð
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In addition, we have a Voice of the Customer (VoC) program including Patient/Family Advisory Councils (PFACs) that advise us on how to improve patient care planning and services. The VoC program reaches out to patients of UC Davis Health system using a variety of tools to capture feedback such as targeted email surveys, in-depth interviews, and focus groups. Report outputs contain key findings, research results, visualizations, direct quotes, and suggestions. The Experience Design and Capabilities team assumes direct responsibility for end-to-end management of the patient feedback survey environment and development of educational materials and events related to service and experience. Ð
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To facilitate clear and compassionate communication in languages other than English, we offer comprehensive language assistance services in more than 200 languages, including American Sign Language. Our highly trained interpreters play a vital role in supporting patients and families, providing services that range from real-time verbal interpretation during clinical encounters to the careful translation of important documents. This ensures that every patient receives accurate information and can participate fully in decisions about their care. Ð
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A unique program offered by UC Davis Health is the Foodways to Health is rooted in the Food is Medicine philosophy. It integrates nutritious food into health care to prevent and manage diet-related conditions. The program was developed by a team of experts in population health, food and nutrition servicesâ?¯and health equity to reflect a holistic approach to patient care. This medically tailored meals initiative serves patients who qualify the hospital for reimbursement based on their diet-related condition and enrollment in a Medicaid program. Since its launch in 2024, the program has delivered customized, nutritious meals to nearly 3,500 patients. The program also promotes food literacy through culturally relevant resources, such as simple recipes, cooking demonstrations and educational trainings. Ð
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In addition, UC Davis Health promotes a Relationship-Based Culture (RBC), where the core values of love, compassion, courage, and integrity guide our interactions in every setting. This culture emphasizes not only the importance of meaningful relationships with patients and their families but

also the value of strong, respectful connections among team members. In a RBC culture everyone regardless of their discipline is connected with theâ?¯purpose and meaningâ?¯of their work, and all employees are encouraged toâ?¯take ownershipâ?¯for providing the best possible care and service. Continuous learning and improving are at the core of RBC, and we offer three RBC workshops by Creative Health Care Management; Re-Igniting the Spirit of Caring (RSC), See Me as a Person (SMAAP) and Leading an Empowered Organization (LEO). These relational experiences are offered for both clinical and non-clinical staff. Ð
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To further our commitment to health equity we actively participate in Vizient, a leading healthcare performance improvement organization. Through this partnership, we analyze patient care dataâ?¯on a monthly basisâ?¯to identify disparities and uncover social determinants of health that may affect outcomes. This data-driven approach allows us to better understand the needs of our communities and address barriers to careâ??such as housing, transportation, and food insecurityâ?? that can influence a patientâ??s overall well-being. Ð
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Finally, UC Davis Health has been participating in direct Patient-Reported-Outcomes-Measures feedback for patients undergoing lower extremity joint replacement surgeries. This technique focuses on direct functional and symptomatic report of outcomes by patients, in a manner unfiltered by medical professionals. This increases the weight and fidelity of such patient-centered feedback, and the improvements it can drive. We are also currently working to expand these efforts into additional procedural areas.

Patient safety

At UC Davis Health, we conduct quarterly reviews of key patient safety metrics to identify potential disparities across demographic groups, including gender, race/ethnicity, and socioeconomic status (SES). This ongoing analysis is part of our commitment to health equity and continuous quality improvement. The metrics we evaluate include: Ð
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Â·â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯NSTEMI Troponin Timing Ð
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Â·â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯Heart Failure BNP Treatment Ð
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Â·â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯Heart Failure Mortality Ð
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Â·â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯Severe Maternal Morbidity Rate Ð
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Â·â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯NTSV Cesarean Section Rate Ð
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Â·â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯â?¯Exclusive Human Milk Feeding for Neonates Ð
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In 2024, our data revealed a notable disparity in Sepsis Mortality, with an observed-to-expected (O:E) ratio of 0.31 in White patients compared to 0.60 in patients of all other racial and ethnic backgrounds. While both groups demonstrated top-decile performance in Vizient benchmarking, we conducted a thorough review of sepsis-related process measures, including detection and treatment protocols. No significant differences were found between the groups, and by 2025, this mortality disparity had resolved. Ð
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However, in 2025, a new signal emerged in Heart Failure Mortality, showing a potential disparity between sexes. The O:E ratio for male patients was 0.78, while for female patients it was 0.16. Although both groups continue to outperform national benchmarks, the extremely low mortality rate in females may be influenced by a small sample size, potentially skewing the data. Process measures such as BNP improvement and appropriate medication use have shown no significant differences between sexes. We are closely monitoring this trend to determine if further investigation or intervention is warranted. Ð
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A persistent and concerning disparity has been identified in Severe Maternal Morbidity (SMM) rates among Black/African American mothers, not only at UC Davis Health but across all University of California academic medical centers. In response, a UC-wide, multi-year initiative has been launched with a three-year strategic goal to reduce this disparity. Progress will be measured by the number of UC AMCs achieving defined equity milestones. Ð
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To support these efforts, we have implemented filters across multiple dashboardsâ??including mortality, readmission, length of stay (LOS), and clinic accessâ??to detect disparities. While we have not previously reviewed disparities in hospital-acquired infections (HAIs) or patient falls, we now plan to incorporate these metrics into our equity reviews. Ð
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One specific gap identified was in pressure injury assessment for patients with darker skin tones. Following the implementation of nurse-driven wound care consult orders and standardized wound prevention protocols, we recognized a need for improved education. As a result, we have updated our mandatory new hire education module to include guidance on conducting skin assessments across diverse skin tones, ensuring more equitable care. Ð
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Additionally, we have recently integrated our incident reporting system (RL Solutions) with our Epic electronic medical record (EMR). This integration allows us to analyze safety events and outcomes by Race, Ethnicity, and Language (REAL), Area Deprivation Index (ADI), gender, and other demographic markers. As more data becomes available, we will expand our reporting and analysis capabilities. Ð
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Our Top 10 Disparities Report has also highlighted disparities in readmission rates by age, insurance payor, race/ethnicity, and preferred language. Detailed plans to address these disparities are outlined in the UC Davis Health Equity Plan. Đ
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Furthermore, data from the California Maternal Quality Care Collaborative (CMQCC) shows disparities in exclusive breast milk feeding by race and payor. Similarly, the AHRQ Patient Safety Indicator (PSI) Death Rate among surgical inpatients with treatable complications reveals differences by race/ethnicity and insurance status. These findings are also addressed in our Equity Plan. Đ
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UC Davis Health remains deeply committed to advancing equity through education, data transparency, and targeted interventions. Our office of Health Equity by Design for Inclusive Excellence (HEDI) is actively embedded in Population Health, Quality, and Patient Safety initiatives, ensuring that equity remains a central focus in all aspects of care delivery.

Addressing patient social drivers of health

The care management process at UCDH is designed to include a comprehensive assessment of patient health including the gathering of information related to health-related social needs (HRSNs) and social determinants of health (SDOH) in different health care settings. Standardized screening for SDOH is actively conducted by the Outpatient Comprehensive Care Management team within the ambulatory care setting. This process utilizes the Epic Compass Rose module, a tool designed to systematically identify social factors that may influence a patient's overall health and well-being. In parallel, efforts are currently underway to implement a similar standardized SDOH screening protocol in the inpatient setting, aiming to ensure that patients across all care environments are assessed for social needs that may impact their health outcomes. Đ
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UCDH also contracts with a vendor (Experian) that supplements our collected data with derived SDOH categorization in an automated fashion. This approach enables the care management staff to effectively and efficiently address the patient's needs and concerns related to the following HRSN issues: Đ
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Housing stability Đ
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Alcohol, tobacco, and other substance use Đ
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Access to transportation Đ
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Food insecurity Đ
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Health literacy and language barriers Đ
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Financial resources and insurance coverage Đ
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Social support and isolation Đ
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Environmental safety Đ

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Once HRSN information is collected, care management staff implement a comprehensive strategy to deliver actionable responses to patients in need of assistance. The team collaborates to develop care plans that address the patient's specific needs and concerns. These plans may involve directing patients to their health plan-approved complex care management programs, referring them to community-based organizations that offer services related to HRSN needs, conducting telephonic follow-up outreach, and providing other supportive services like home health. Patients may also be referred to the Linkage, Integration, and Navigation of Community resources (LINC) team, a centralized hub of non-clinical transitions of care coordinators who offer comprehensive support and link patients to internal and community resources. Ð
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Among the various social needs screened, food insecurity emerges as the most frequently reported issue, with 8.2% of patients screening positive. This is followed by housing instability at 6.8%, transportation barriers at 6.1%, and utility-related concerns at 3.2%. These findings highlight the critical importance of integrating social care into clinical workflows to better support patients in achieving optimal health. Ð
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To further advance this work, the System-Wide Social Needs Collaborative has been established. This multidisciplinary group includes representatives from nursing, social work, hospital and clinic operations, behavioral health, addiction medicine, community organizations, and other key stakeholders. Together, they are focused on developing and refining screening tools, workflows, and intervention strategies that can be applied across various care settings. Their shared goal is to support patients holistically by addressing the social determinants that significantly influence their ability to live healthy, stable, and fulfilling lives.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

UC Davis Health is committed to identifying and addressing health care disparities in our patient population to ensure that all patients receive effective and equitable treatment. To continuously monitor disparities, we have prioritized the following sociodemographic characteristics to use for stratification of our quality and safety data: Ð
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Derived combined race / ethnicity Ð
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Language preference Ð
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Sexual Orientation and Gender Identity (SOGI) Ð
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Healthy Places Index (HPI) Ð
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UC Davis Health also stratifies other characteristics (such as age) when appropriate to do so. The Data Management Committee assists in standardizing the stratification methods and integrating these filters into important quality and safety dashboards, allowing us to view quality and safety issues through an equity lens. Ð
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In order to clearly identify health care disparities to target for intervention, we have developed the following criteria: Ð
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Impact of Disparity: degree the disparity impacts the health and wellbeing of the community Ð
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Characteristics of impacted community: number of people impacted by the disparity; degree to which the community is underserved; degree to which the community experiences a high burden of health inequities; degree to which UC Davis Health can meaningfully partner with the community Ð
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Alignment: With inpatient/outpatient goals, UC Office of the President (UCOP) goals, national trends, Community Health Needs Assessment, community-defined problems and solutions Ð
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Availability of resources needed to be impactful: community knowledge and engagement; clinical and administrative resources; readiness as an institution Ð
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Chance of success: likelihood that the proposed interventions will have a positive impact Ð
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Generalizability: Potential for interventions to be broadened to other populations experiencing health care disparities. Ð
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According to this criteria we identify and implement health care equity improvement projects using interdisciplinary teams, standard metrics, multiple interventions, and periodic monitoring. Goals and action plans are presented to the Quality and Safety Oversight Committee (QSOC) and Medical Staff Executive Committee (MSEC) for approval. Ð
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In addition, UC Davis Health is implementing a multi-year, systemwide strategy to reduce hospital readmissions through risk-based, equitable care-transition support. We plan to address disparities in unplanned hospital readmissions through a focus on Multi-Visit Patient s(MVPs), defined as patients with 4+ unplanned hospital admissions within the past 12 months. Although MVPs represent only ~4% of hospitalized patients account for nearly 49% of all hospital unplanned readmissions. Focusing on this small but high-impact group offers the greatest opportunity to reduce readmission disparities systemwide. Ð
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UC Davis Health has developed a 3-tiered risk-based care transition bundle framework to provide appropriate levels of transition services for MVPs. Initial implementation focuses onâ¯Hospital Medicine, General Medicine, andâ¯Cardiologyâ¯services responsible for over 37% hospital census.â¯Key strategies include: Ð
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Develop and standardize risk-based care transition bundles through multidisciplinary workgroupsâ¯ Ð
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Embed EMR tools such as MVP flags, BPAs, and dashboards to identify MVPs and trigger appropriate care transition workflows. Ð
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Ensure discharge education is equitable and patient-centered, with nurses, physicians, and pharmacists providing education in the patientâ??s preferred language and including family or caregivers when appropriate. Ð
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Expand transportation access by using UCDHâ??s Lyft program for patients who lack transportation

coverage such as Medicareâ?¯ Ð
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Strengthen community partnerships withâ?¯CalAIMâ?¯ECM, behavioral health, and local social service agencies to support warm handoffs and continuity of care. Ð
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Engage TOC Health Navigators, Street Medicine, SUN/SUIT earlier in the discharge planning process to coordinate follow-up appointments within seven days of discharge. Ð
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Enhance post-discharge outreach by expanding on current effort through implementation of MVP SMS outreach as well as diagnosis based automated call. Ð
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Strengthen partnership with SNFs and community post-acute providers to ensure safe transitions for our MVP/most vulnerable patient populations Ð
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Advance an Age-Friendly Health System framework for older adults (â?¥65), addressing delirium prevention, mobility, and medication safety through inpatient geriatric collaboration. Ð
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To implement these strategies, we have formed two Readmission Reduction Workgroups and each department has committed to implementing components of the risk-tiered bundle within their respective areas. Together, these aligned interventions are designed to reduce preventable readmissions, improve care continuity, and advance health equity across our most complex and high-risk patient populations.

Care coordination

UC Davis Health Department care management performs a range of tasks to optimize patient care and outcomes. By leveraging their expertise and a variety of tools, they track patient care, document patient demographic and social information, identify patient risk for HRSNs, plan interventions, coordinate and connect with other staff to administer services, refer to appropriate services, and track follow-up care. Ð
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To support these activities, UC Davis Health has implemented several features within its Epic EHR-based reporting system. These include: Ð
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Case tracking and robust reporting with episode metadata, as well as closed-loop referrals with UCD Physician Connect. Ð
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Robust documentation of a patientâ??s social support network, to inform the development of interdisciplinary plans of care for social care program management which are integrated into the Longitudinal Plan of Care (LPOC) and other Epic workflows to improve care-team collaboration and patient communication. Ð
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A Social Care Manager, EHR-based Dashboard and User Scorecard, to facilitate social care management. This tool allows care management staff to easily access and review patient data, monitor outcomes, and track progress towards treatment goals. Ð
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An automated task engine for Social Care Management, which streamlines the delivery of social care services to patients, improving efficiency and reducing the potential for errors or delays. Ð
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The Transitions of Care teamâ?¯provides comprehensive, patient-centered coordination of services through a variety of specialized programs. One of the cornerstone initiatives is the Linkage, Integration, and Navigation of Community Resources (LINC) Program, which is designed to address both the social and healthcare needs of patients in a holistic and proactive manner. Ð
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The LINC Programâ??s primary vision is to identify and address Social Determinants of Health (SDOH) that may affect a patientâ??s overall well-being and access to care. To achieve this, a thorough SIOH assessment is conducted on every patient referred to the LINC Program, encompassing critical domains such as access to healthcare services, transportation availability, housing stability, food insecurity, financial challenges, home health support, durable medical equipment (DME) needs, and the availability of community-based resources. Ð
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Once the assessment is complete, a collaborative, multidisciplinary team works together to pinpoint specific patient needs. A personalized care plan is then developed, and a dedicated Health Navigator is assigned to guide the patient through the process. This navigator ensures that the patient receives timely support, appropriate referrals, and access to essential services and resources. By bridging the gap between clinical care and community support systems, the LINC team plays a vital role in improving health outcomes and minimizing barriers to care. Ð
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In addition to LINC, the Transitions of Care team operates several Health Navigator programs that provide daily support to both healthcare providers and patients. These include: Ð
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These programs focus on care coordination prior to discharge, ensuring that patients have follow-up appointments scheduled, transportation arranged, and referrals made to ambulatory case management and payor-based support services. This proactive approach helps reduce readmissions and promotes continuity of care.

Access to care

At UC Davis Health, a core part of our everyday mission is to increase access to care to improve the health of the community overall. For FY2026 we have an institutional goal to increase timely access to care by monitoring new patient lag time (days) to clinic appointment and improving service lines to provide faster, more convenient care. We will do this by increasing the number of service lines whose new patient median lag time is favorable to the CY2024 median benchmark, as defined by the Vizient Access and Throughput tool. Our goal is to move from a baseline of 19 service lines with favorable median lag time to a target of 21 service lines. Ð
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We also have many programs which work to increase the safety net of health care services available for all patients. Examples include but are not limited to: Ð
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Clinicians and residents from UC Davis Healthâ??s Department of Psychiatry and Behavioral Sciences deliver psychiatry care at Sacramento County-run facilities, including the Adult Psychiatric Support Services Clinic, Sacramento County Mental Health Treatment Center, Sacramento County Health Center (SCHC) and Mental Health Urgent Care Clinic. Ð
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UC Davis Health clinicians provide psychiatric assessments, medication management, psychological testing, and behavioral health services to children and youth who are Medi-Cal beneficiaries at the Child and Adolescent Psychiatric Services (CAPS) Clinic. Ð
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The UC Davis Health Trauma Recovery Center, formed under the CAARE Diagnostic and Treatment Center in 2024, fills a gap in services for underserved and vulnerable young adults and makes trauma-informed, culturally responsive and evidenced-based mental health treatment available to more children, adolescents and young adults who are victims of crime.'
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Resources, Education, Advocacy and Counseling for Homeless (REACH) Families therapists provide onsite mental health and navigation services to children and families experiencing homelessness at the Mustard Seed School and Bannon Street Shelter. Ð
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UC Davis Health clinicians provide comprehensive primary care at SCHC and other Federally Qualified Health Centers (FQHCs) including One Community Health and CommuniCare+OLE Health Center Ð
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The CIRCLE Clinic serves as a medical home at SCHC for children and youth who are at risk of involvement in child welfare or are already in foster care. The CIRCLE team includes a general pediatrician, mental health clinician, developmental-behavioral pediatrician, family navigator, and care coordinator. Ð
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UC Davis Healthâ??s Pediatric Mobile Clinic delivers integrated mental health and primary care; consultations for children with developmental, behavioral, or academic concerns; and asthma care and education in primary school-based settings. The mobile clinic operates in partnership with local primary care networks, schools, FQHCs, faith-based organizations, refugee resettlement agencies and other community agencies. Ð
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Student-run clinics affiliated with the UC Davis School of Medicine provide free, culturally sensitive health care in a respectful environment across the greater Sacramento area. Ð
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The UC Davis Health Street Medicine Consult Team improves health trajectories for people experiencing unsheltered homelessness while reducing emergency department visits and inpatient readmissions. The team, which includes a community health worker or navigator, meets patients in the hospital then follows up after discharge to provide supportive primary care where the patient resides on the street until the patient is established with a community-based primary care provider. Ð
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The Integrative Nurse-Led Mobile Clinic delivers primary and mental/behavioral health care to underserved populations in Sacramento County, including people who are unsheltered, refugees, or unaccompanied children. Ð
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The UC Davis Mobile Mammography Clinic improves breast health and early cancer detection by

providing state-of-the-art 3-D screening mammography to underserved communities in the greater Sacramento area. Ð
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Free gastroenterology procedures are provided at the UC Davis Health Medical Center for uninsured patients through the Sierra Sacramento Valley Medical Societyâ??s Sacramento Physiciansâ?? Initiative to Reach out, Innovate and Teach (SPIRIT) program.

Methodology Guidelines

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

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