

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2025
Hospital Name:	MARTIN LUTHER KING, JR. COMMUNITY HOSPITAL
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106191230
Report Period:	01/01/2025 - 12/31/2025
Status:	Submitted
Due Date:	11/29/2026
Last Updated:	10/08/2026
Hospital Location with Clean Water and Air:	No
Hospital Web Address for Equity Report:	https://www.mlkch.org/health-equity

Overview

Health and Safety Code Sections 127370-127376 require 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 Health and Safety Code Sections 127370-127376, 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.

Yes

Provide documentation of policy prohibiting discrimination.

Yes

Table 1. Summary of preferred languages reported by patients.

Languages	Number of patients who report preferred language	Total number of patients who were asked to report their preferred language	Percentage of patients by preferred language group (%)
English Language	84322	119686	70.5
Spanish Language	35124	119686	29.3
Asian Pacific Islander Languages	66	119686	0.1
Middle Eastern Languages	25	119686	0.0
American Sign Language		119686	
Other Languages	149	119686	0.1

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.

Yes

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

- Our hospital collects demographic information, including self-reported race and ethnicity, and/or social determinant of health information on the majority of our patients.
- 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.

Yes

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.

Yes

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.

Yes

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

Yes

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 18 years or older 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

3553

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

9187

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

38.7

Table 2. Screen positive 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 patients who screened positive	Screen positive rate (%)	Number of patients who screened positive and received intervention	Intervention Rate (%)
Food Insecurity	294	8.3	0	0.0
Housing Instability	332	9.3	0	0.0
Transportation Problems	250	7.0	0	0.0
Utility Difficulties	120	3.4	0	0.0
Interpersonal Safety	194	5.5	0	0.0

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?"

512

Total number of respondents to HCAHPS Question 19

550

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

93.1

Total number of patients surveyed on HCAHPS Question 19

7857

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

7.0

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	Rate 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	Rate of "probably yes" or "definitely yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
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	Rate 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	Rate 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	Rate 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	Rate 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	Rate 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	Rate 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 woman					
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?"

484

Total number of respondents to HCAHPS Question 17

550

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

88.0

Total number of people surveyed on HCAHPS Question 17

7857

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

7.0

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	Rate 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	Rate of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
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	Rate 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	Rate 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	Rate 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 Language					
Other/Unknown Languages					
Disability Status	Number of "yes" responses	Total number of responses	Rate 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 disability					
Has a hearing disability					
Has a vision disability					
Has a self-care disability					
Has an independent living disability					

Sexual Orientation	Number of "yes" responses	Total number of responses	Rate 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	Rate 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

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

434

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

32.3

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			
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	masked	masked	masked
White	masked	masked	masked
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 to 34	0	46	0.0
Age 35 to 49	0	74	0.0
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	masked	masked	masked
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	masked	masked	masked
Male	masked	masked	masked
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	masked	masked	masked
Medicaid	masked	masked	masked
Private	0	14	0.0
Self-Pay	masked	masked	masked
Other	masked	masked	masked

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	masked	masked	masked
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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 of any age 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

masked

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

masked

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

masked

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			
Asian			
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	masked	masked	masked

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 to 34	0	12	0.0
Age 35 to 49	0	11	0.0
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	masked	masked	masked

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	masked	masked	masked
Male	masked	masked	masked
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	masked	masked	masked
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay			
Other			

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	masked	masked	masked
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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 cesarean 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

27

Total number of nulliparous patients delivered of a live term singleton newborn in vertex presentation

150

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

18.0

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	0		
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	0		
White	masked	masked	masked

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

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	masked	masked	masked
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay	masked	masked	masked
Other	masked	masked	masked

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

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 100 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](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

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

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

73

Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries

41.1

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 deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
American Indian or Alaska Native	masked	masked	masked
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	0		
White	masked	masked	masked

Age	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Age < 18			
Age 18 to 29	masked	masked	masked
Age 30 to 39	masked	masked	masked
Age 40 Years and Older	masked	masked	masked

Sex assigned at birth	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 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 deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
Medicare	masked	masked	masked
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 deliveries by patients with previous Cesarean deliveries (%)
English Language	masked	masked	masked
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	0		
Middle Eastern Languages	0		
American Sign Language	0		
Other/Unknown Languages	0		

Disability Status	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 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 disability			

Sexual Orientation	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal deliveries per 100 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 deliveries per 100 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 other			
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

41

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

90

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

45.6

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	0		
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	0		
White	masked	masked	masked

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			
Age 18 to 29	masked	masked	masked
Age 30 to 39	masked	masked	masked
Age 40 Years and Older			

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	masked	masked	masked
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay	masked	masked	masked
Other	masked	masked	masked

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	masked	masked	masked
Spanish Language	masked	masked	masked
Asian Pacific Islander Languages	0		
Middle Eastern Languages	0		
American Sign Language	0		
Other/Unknown Languages	0		

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 disability			

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 other			
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

880

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

4717

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

18.7

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	masked	masked	masked
Asian	masked	masked	masked
Black or African American	496	2343	21.2
Hispanic or Latino	317	1968	16.1
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	masked	masked	masked
White	45	224	20.1

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	128	654	19.6
Age 35 to 49	168	942	17.8
Age 50 to 64	278	1494	18.6
Age 65 Years and Older	306	1627	18.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	413	2187	18.9
Male	467	2530	18.5
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	389	1962	19.8
Medicaid	444	2441	18.2
Private	26	175	14.9
Self-Pay	masked	masked	masked
Other	masked	masked	masked

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	725	3704	19.6
Spanish Language	155	1006	15.4
Asian Pacific Islander Languages	masked	masked	masked
Middle Eastern Languages	masked	masked	masked
American Sign Language			
Other/Unknown Languages	masked	masked	masked

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

141

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

550

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

25.6

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			
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	masked	masked	masked
White	masked	masked	masked

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

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

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

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

204

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

older at time of admission

916

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

22.3

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			
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	masked	masked	masked
White	masked	masked	masked

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

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

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

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

57

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

older at time of admission

278

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

20.5

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			
Asian			
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander			
White	masked	masked	masked
Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	masked	masked	masked
Age 35 to 49	masked	masked	masked
Age 50 to 64	masked	masked	masked
Age 65 Years and Older	masked	masked	masked
Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	masked	masked	masked
Male	masked	masked	masked
Unknown			
Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	masked	masked	masked
Medicaid	masked	masked	masked
Private	masked	masked	masked
Self-Pay	masked	masked	masked
Other	masked	masked	masked

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

478

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

older at time of admission

2973

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

16.1

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	masked	masked	masked
Asian	masked	masked	masked
Black or African American	masked	masked	masked
Hispanic or Latino	masked	masked	masked
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	masked	masked	masked
Native Hawaiian or Pacific Islander	masked	masked	masked
White	masked	masked	masked

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

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	251	1504	16.7
Male	227	1469	15.5
Unknown			

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

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

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.

Rank	Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
1	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicare	19.8	Private	14.9	1.3
2	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	Black or African American	21.2	Hispanic or Latino	16.1	1.3
3	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Preferred Language	English Language	19.6	Spanish Language	15.4	1.3
4	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity	White	20.1	Hispanic or Latino	16.1	1.2
5	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	18.2	Private	14.9	1.2
6	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	18 to 34	19.6	35 to 49	17.8	1.1
7	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis)	Sex Assigned at Birth	Female	16.7	Male	15.5	1.1
8	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	18.8	35 to 49	17.8	1.1
9	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			50 to 64	18.6	1.0
10	HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Female	18.9	Male	18.5	1.0

Plan to address disparities identified in the data

MLKCH is committed to advancing equity by addressing the disparities identified in our CY2025 readmission data. The following plan outlines actions to improve outcomes for disproportionately affected groups.□

Payor-Related Readmission Disparities (Disparities 1, 4)□

Planned Actions: Implement enhanced care coordination for Medicare and Medicaid populations, including proactive scheduling of follow-up appointments, transportation assistance, and care management partnerships with health plans. Expand transitional care navigator support for bedside medication delivery and adherence education (West Alondra Medical Pharmacy), navigation to follow-up care, and social service referrals.□

Population Impact: Supports historically underserved, high-risk Medicare and Medicaid populations with limited access to primary and specialty care, reducing avoidable readmissions.□

Race/Ethnicity Disparities in Readmission (Disparities 2, 5)

Planned Actions: Continue staff awareness of culturally tailored discharge education and expand access to behavioral health services for groups with identified disparities, with clear referral pathways. Ensure cultural alignment of the care model at MLKCH, including language-concordant care teams where possible.

Population Impact: Addresses structural inequities and improves culturally responsive care for Black/African American and White patients, who show higher readmission rates compared to Hispanic/Latino patients.

Preferred Language Disparity (Disparity 3)

Planned Actions: Expand interpreter services and translated discharge materials for English-speaking patients where disparities are identified relative to Spanish-speaking patients; audit discharge education workflows to ensure equivalent depth and follow-up regardless of language; strengthen use of the GetWell platform for disease-specific education during hospital stay across language groups.

Population Impact: Improves comprehension of discharge instructions and follow-up adherence, narrowing the readmission gap tied to preferred language.

Age-Related Readmission Disparities (Disparities 6, 8, 9)

Planned Actions: Expand age-specific care transition support through Transitional Care Navigators for younger adults (18-34) managing acute and chronic conditions. For older adults (65+), strengthen post-discharge follow-up in collaboration with MLKCH post-discharge clinics and specialty services, apply the CMS-required Age-Friendly 4M Model in care planning, provide home health referrals, and use pharmacist-led medication reconciliation; integrate the ONclick program for Medicare Part B patients to support the 30-day post-discharge period. For adults 50-64, enhance chronic disease management education through GetWell during the hospital stay.

Population Impact: Reduces avoidable readmissions across age groups by addressing the distinct barriers each faces, from acute-condition management in younger adults to medication and mobility barriers in seniors.

Behavioral Health and Sex-Related Readmission Disparities (Disparities 7, 10)

Planned Actions: Expand the Integrated Behavioral Health Program in primary care, increase psychiatry/therapy access through telehealth, and provide peer support programs. Improve ED acute psychiatric crisis response and outcomes through the 20-chair EmPATH unit, opening September 2026. Review clinical and social factors contributing to higher readmission rates among female patients, including postpartum and caregiving-related barriers to follow-up care, and incorporate findings into discharge planning.

Population Impact: Improves access and reduces repeat admissions for patients with behavioral health needs and addresses sex-based disparities in readmission risk.

MLKCH Strategies

Objectives: Achieve measurable parity in readmission rates independent of race/ethnicity, age, payor, language, and sex, using CY2025 rate ratios as the baseline for tracking progress. We serve a safety-net population that is largely under-resourced, and our programs are designed to remain accessible to the full patient population.

Timeframe: Ongoing evaluation and implementation through CY2026, including needs assessment, measurable goal-setting, defined timelines for each program area, and continued community outreach.

By embedding this plan into our practices, MLKCH will ensure equitable outcomes and improved health for our community.

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 MLK Community Healthcare, Person-Centered Care is more than a framework - it is a guiding philosophy that informs every aspect of how we deliver services. In CY2025, we continued to embed dignity, compassion, cultural responsiveness, and health equity into care planning, patient engagement, and delivery models.□

Elevating Patient Voice□

We launched our Patient and Family Advisory Council (PFAC) in CY2025, establishing a formal avenue for patients and caregivers to offer feedback on hospital policies, communication strategies, and service delivery models. PFAC insights are now directly informing initiatives such as patient discharge education and care coordination workflows, ensuring care is not only clinically sound but also emotionally and culturally resonant.□

Our clinical teams continue to engage patients in shared decision-making during care planning. For older adults, we use the 4M Framework - What Matters, Medication, Mentation, and Mobility - to ensure care aligns with patient values, goals, and functional priorities, reinforcing that older adults are experts in their own lives and deserve care that reflects that.□

Integrating Social Context□

We continue to administer the PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) tool during clinical encounters to identify social drivers of health such as housing instability, food insecurity, or transportation barriers. Our social services and care management teams connect patients to community resources so that non-medical drivers of health remain part of a comprehensive care plan.□

In CY2025, we aligned our processes with The Joint Commission's Health-Related Social Needs (HRSN) Standards, further integrating social needs screening and intervention into inpatient care pathways. This structural integration supports our ongoing goal of treating the whole person.□

Culturally Responsive Care□

Our commitment to cultural and linguistic competence remains embedded in daily operations. We provide 24/7 access to qualified medical interpreters in multiple languages, both in-person and virtually through Martti, ensuring patients with limited English proficiency can fully understand and participate in their care. We continue to develop and distribute culturally tailored patient education materials, including materials focused on chronic disease management and preventive care.□

In our diabetes care program, we continue to offer culturally relevant nutrition counseling and self-management education that reflects the dietary habits and cultural preferences of our diverse patient population, supporting improved engagement and health outcomes.□

Centering Equity in Patient Experience□

MLKCH continues to collect and disaggregate patient experience data by race, ethnicity, language, and other demographics, allowing us to identify disparities in how care is perceived and experienced. This analysis continues to inform quality improvement efforts, staff training, and service redesign so that all patients, regardless of background, receive equitable, respectful, and high-quality care. We continue to track trends in trust, satisfaction, communication effectiveness, and cultural sensitivity as critical markers of success in person-centered care.□

Care Continuity and Community-Based Approaches□

Our Transitional Care Navigators continue to work closely with patients after discharge to ensure they understand care instructions, attend follow-up appointments, and access necessary clinical and social services. This approach enhances continuity, supports patient autonomy, and helps

prevent avoidable readmissions, particularly among patients with complex needs.□

Our Street Medicine program continues to deliver primary care and social services directly to unhoused individuals, building trust through consistent, relationship-based care that bridges gaps in access and promotes health equity for a historically underserved population.□

Health Education and Literacy□

Through the GetWell platform, we continue to provide patients with customized, condition-specific education during inpatient stays and outpatient encounters, available in multiple languages and literacy levels to support patients managing chronic conditions like diabetes, heart failure, and hypertension. Beyond the hospital, we continued to host community health education sessions focused on preventive care, nutrition, and wellness, with culturally relevant content tailored to our community's demographics.□

Through these integrated initiatives, MLKCH ensures that every patient encounter is rooted in respect, partnership, and responsiveness to individual needs - clinically, socially, and culturally. Our CY2025 performance in this priority area reflects a system-wide dedication to health equity, human dignity, and continuous learning from the communities we serve.

Patient safety

MLK Community Healthcare's approach focuses on preventing harm before it occurs, engaging patients and families as partners in safety, and closing equity gaps in outcomes.□

Preventing Avoidable Harm Through Stronger Transitions of Care□

We continued to strengthen our Readmission Reduction Programs by enhancing transitional care planning, medication reconciliation, and follow-up support - particularly for high-risk populations with chronic conditions such as heart failure, diabetes, and COPD. Our Transitional Care Navigators ensure patients understand discharge instructions, manage medications safely, and access needed resources. As a result, we continued reducing preventable readmissions, a key patient safety and quality indicator, while improving health outcomes after hospitalization.□

Empowering Patients Through Education□

Patient education continues to play a critical role in safety. Through the GetWell platform, we deliver tailored, disease-specific education during inpatient stays and after discharge, helping patients recognize warning signs, manage chronic conditions, and follow post-discharge care plans. By equipping patients with the right knowledge at the right time, we reduce preventable complications and promote safer self-care at home.□

Safe Medication Use: From Bedside to Home□

Recognizing that medication-related errors are a leading cause of preventable harm, we maintained and built on several safety interventions:□

Our partnership with West Alondra Medical Pharmacy continues to bring bedside medication consultation, delivery, and education directly to patients prior to discharge, ensuring patients understand proper dosing, side effects, and interactions before leaving the hospital.□

We continued to strengthen High-Risk Medication Monitoring protocols for drugs with narrow therapeutic windows, allowing for early detection of adverse effects and more precise dosing.□

Our care teams continued to prioritize medication reconciliation across transitions of care to avoid duplications, omissions, or harmful interactions.□

Supporting Safe Recovery at Home□

Safe transitions to home often depend on having the right tools and training. Our Durable Medical Equipment (DME) Coordination program continued to ensure patients are discharged with properly fitted equipment such as walkers, oxygen tanks, or hospital beds. We also continued providing hands-on training and instructions for both patients and caregivers to reduce fall risk and promote independence and safety in the home environment.□

Equity and Inclusion in Patient Safety□

We recognize that safety must be experienced equitably across all demographic groups. Building on

last year's update to our Electronic Health Record (EHR) to collect Sexual Orientation and Gender Identity (SOGI) data, we continued using this data in CY2025 to ensure LGBTQ+ patients receive respectful, identity-affirming care. These efforts continue to support safer, more personalized care by informing clinical decisions and promoting trust between patients and providers.□

We also continued working to identify and address disparities in safety outcomes, monitoring safety metrics such as falls, medication errors, and readmissions by race, ethnicity, language, and gender identity to uncover patterns requiring targeted intervention.□

Training and Culture of Safety□

We continued to foster a culture of safety through ongoing staff training, including modules on health equity, implicit bias, and culturally responsive care. These trainings help clinical and non-clinical staff recognize and respond to the unique safety risks faced by marginalized communities. Staff continued training in trauma-informed communication and inclusive care practices to prevent harm and build trust.□

Through our continued partnership with the Center for Advancing Safety Net Healthcare, we collaborated with peer institutions to share data, implement evidence-based practices, and co-develop innovations in safety tailored to safety-net settings. This learning network continues to accelerate our ability to adopt proven interventions while addressing the specific needs of our patient population.□

Engaging Patients and Families in Safety□

Patients and families remain essential partners in safety. Our Patient and Family Advisory Council (PFAC) provided real-time feedback on safety concerns and helped shape improvements in patient communication, care transitions, and service design. We also continued to actively monitor and respond to Press Ganey Patient Satisfaction Scores, focusing on areas where patients express concerns related to safety, respect, and communication. These insights continue to directly inform quality improvement initiatives.□

We continued to encourage patients to speak up about safety concerns during their hospital stay and provide clear guidance on how to escalate issues. Our staff remains trained to respond to patient concerns with urgency and empathy, reinforcing a shared responsibility for safety.

Addressing patient social drivers of health

MLK Community Healthcare recognizes that health outcomes are significantly shaped by social determinants such as housing, food security, education, and access to transportation. In CY2025, we continued to expand our initiatives to systematically address these social needs, integrating them into patient care pathways to improve health outcomes and reduce disparities in the communities we serve.□

Screening for Social Drivers of HealthA cornerstone of our approach remains the PRAPARE (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) tool, regularly used by our social services team during patient interactions. PRAPARE screening enables us to assess a wide range of social drivers of health, such as housing instability, food insecurity, employment challenges, and transportation barriers. By identifying these social needs, we tailor care plans to address not only clinical but also social factors that affect patient health.□

Building on our CY2024 alignment with The Joint Commission's Health-Related Social Needs (HRSN) Standards, we continued to ensure that social needs are identified and documented in each patient's care plan. This alignment strengthens our ability to act on these findings and ensures social drivers remain part of every patient's care continuum.□

Targeted Referrals to Community ResourcesOnce social needs are identified, we continue to connect patients to a wide array of community-based resources through FindHelp.org, an online platform linking individuals to local organizations offering support with food, housing, utilities, and more. Our social services team continues to guide patients to these resources, ensuring referrals are timely, appropriate, and relevant to each patient's unique circumstances.□

We also continued our proactive role in facilitating housing stability for vulnerable populations. For patients experiencing homelessness or housing instability, we provide access to emergency shelter, transitional housing programs, and long-term housing solutions. This support helps break the cycle of homelessness and improves the conditions under which patients can manage their health, particularly those with chronic conditions like diabetes or hypertension.

Supporting Food Access and NutritionFood insecurity remains a significant barrier to health, especially for patients managing chronic diseases. MLKCH continued to integrate food access services into our care model through several programs:

The Recipe for Health Food Prescription Program continues to allow providers to prescribe nutritious foods to patients, particularly those with chronic diseases, helping them manage their conditions and prevent complications.

Diabetes Education Resource Pamphlets continue to inform patients about how food choices can impact their health and provide practical resources for accessing affordable, healthy food.

These initiatives continue to address immediate food needs while empowering patients to make informed decisions about nutrition, supporting long-term health improvement.

Street Medicine: Reaching Unhoused PopulationsOur Street Medicine team continued to be one of our most impactful programs, delivering both medical and social support directly to people living unhoused. This mobile team provides on-the-ground care, including medical services, mental health support, and assistance connecting to housing resources. By meeting patients where they are, we ensure that some of our most marginalized community members have access to the care they need, in a way that is respectful and nonjudgmental.

Our Street Medicine team continued working closely with local shelters and housing programs to ensure patients are linked to stable housing and ongoing community resources, such as care management and financial support services.

Addressing Unmet Needs in Vulnerable PopulationsCertain populations continued to face disproportionate barriers in accessing healthcare and community resources. In CY2025, we maintained focus on:

Unhoused individuals, who experience compounded challenges in accessing consistent medical care, nutrition, and housing.

Low-income patients, who often struggle with food insecurity, transportation issues, and unstable housing, which can undermine their ability to manage chronic health conditions.

Immigrant populations, who may face language barriers, lack of access to health insurance, and fear of discrimination, all of which hinder their ability to engage with health services and resources.

Expanding Access to Health and Social ServicesMLKCH's approach remains holistic and community-based, ensuring social needs are embedded into every stage of the patient care journey. By integrating social services with clinical care, we reduce barriers to care and improve health outcomes. This model continues to acknowledge that health is not just the absence of illness, but a product of the physical, social, and environmental conditions in which people live.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

In CY2025, MLK Community Healthcare continued to advance our initiatives to strengthen the effectiveness, coordination, and reach of our treatment delivery, ensuring that clinical care is both equitable and patient-centered.

Providing Care Where It's Needed Most

Our Street Medicine team continued to play a critical role in delivering effective treatment directly to individuals experiencing homelessness. By providing consistent, relationship-based medical care, we address acute health issues and chronic conditions early, preventing unnecessary emergency department visits and improving long-term health outcomes. This approach continues to reduce barriers to care, ensuring that unhoused individuals receive timely diagnosis, treatment, and follow-up. Street Medicine also continued working in tandem with our housing support services, ensuring that patients who require stable housing are connected to appropriate resources, which further supports treatment adherence and overall health.□

Reducing Medication Errors and Delays□

Our West Alondra Medical Pharmacy partnership continued to improve medication management through bedside medication consultation, delivery, and education before patients leave the hospital. This process ensures that patients understand their prescribed medications, including proper dosing and potential side effects, significantly reducing medication errors and delays in treatment. Having prescriptions in hand upon discharge continues to empower patients to manage their care without interruption, improving their ability to adhere to prescribed regimens and avoid readmissions.□

Coordinating Care for High-Risk Populations□

We continued our comprehensive Readmission Reduction Programs, including coordinated follow-up, care navigation, and post-discharge education. These efforts target high-risk populations, such as individuals with chronic conditions like heart failure, diabetes, or COPD, ensuring they receive timely follow-up appointments, necessary resources, and clear instructions for self-care. By addressing treatment adherence and preventing complications early, we continued to reduce avoidable hospital readmissions. Our Transitional Care Navigators continued providing tailored support to high-risk patients post-discharge, helping them navigate their recovery process and manage complex health needs at home.□

Addressing Mental and Physical Health Together□

Our Integrated Behavioral Health Program continued embedding mental health services into both primary and specialty care, addressing the mental and physical health needs of our patients in a coordinated and holistic manner. This integrated model ensures that patients with conditions like depression, anxiety, or substance use disorder receive timely, evidence-based treatments alongside their care for chronic conditions like hypertension or diabetes. By addressing both the psychological and physical aspects of health, we continued to improve overall treatment outcomes and enhance patient satisfaction.□

Providing Specialized Care for Psychiatric Crises□

The EmPATH (Emergency Psychiatric Assessment, Treatment, and Healing) Unit, with a scheduled opening of September 2026, will provide a therapeutic, patient-centered environment for individuals experiencing psychiatric crises, offering immediate stabilization, short-term counseling, and connections to ongoing mental health care, ensuring that individuals in crisis receive compassionate and effective care. By providing an alternative to emergency department care, the EmPATH unit will help reduce overcrowding and ensure that patients in mental health crises receive the specialized care they need in a safe, healing environment.□

Comprehensive Diabetes Management□

Our CMG Diabetes Program continued to integrate medical management, nutrition counseling, and patient education to improve glycemic control, prevent complications, and empower patients to manage their diabetes effectively. We continued providing culturally tailored nutrition counseling to meet the dietary preferences of our diverse patient population, ensuring that all patients can make realistic and sustainable changes to improve their health. We also continued offering regular follow-up appointments and a comprehensive diabetes education curriculum to support long-term disease management.

Care coordination

MLK Community Healthcare's goal is to ensure that patients receive the right care, in the right place, and at the right time. In CY2025, we continued to strengthen our care coordination efforts through targeted programs that bridge hospital, home, and community care, especially for vulnerable and underserved populations.□

DocGo Home Paramedicine: Expanding Access to Home-Based Care□

One of our most impactful care coordination initiatives continues to be our partnership with DocGo, which provides home-based paramedicine services. This program allows paramedics to visit recently discharged patients in their homes to provide follow-up care, administer medications, and monitor vital signs. By offering care in the familiar home environment, we continue to support recovery, manage chronic conditions, and reduce readmission rates. This service remains particularly beneficial for high-risk populations, such as older adults or individuals with multiple comorbidities, who may face barriers to attending follow-up appointments or managing their health post-discharge.□

The home paramedicine service continues to ensure a smooth hospital-to-home transition, with patients receiving care and support at home, reducing the risk of complications and readmissions. By providing these services, we meet patients where they are, ensuring continuity of care and empowering them to take an active role in their recovery.□

Transitional Care Navigators: Personalized Support for Smooth Transitions□

Our Transitional Care Navigators remain critical to ensuring that patients transition smoothly from the hospital to home or other care settings. These navigators continue coordinating follow-up appointments, verifying medication plans, and addressing barriers that could impede recovery, such as transportation issues or social needs. They also continue to provide patient education on how to manage conditions post-discharge, ensuring that patients and caregivers have the knowledge to avoid complications and adhere to treatment plans.□

The navigators continue working closely with primary care providers, specialists, and community-based resources to ensure that all aspects of care are coordinated. This personalized care coordination continues to bridge gaps between hospital care, community resources, and outpatient care, supporting patients in the critical days and weeks after discharge.□

ONclick Program for Medicare Part B Patients□

For our Medicare Part B patients, we continued to utilize the ONclick platform, a transitional care management service designed to ensure smooth transitions for patients post-hospital discharge. ONclick continues to help our transitional care navigators track follow-up care, medication management, and appointments, ensuring that these high-risk patients receive the necessary support to maintain their health after leaving the hospital. This system continues to help reduce readmissions and ensures that our Medicare patients, who often face complex health needs, receive consistent care across different settings.□

By continuing to integrate ONclick into our care coordination efforts, we ensure that Medicare Part B patients, a population that can face unique challenges related to chronic disease management and follow-up care, are supported throughout their recovery.

Access to care

The following initiatives and partnerships reflect MLK Community Healthcare's ongoing efforts to improve access to care and strengthen healthcare delivery across our community.□

Improving Access to Home-Based Care□

Our DocGo Home Paramedicine program continued to provide home-based follow-up care for patients facing barriers like mobility or transportation issues. Paramedics visit patients at home to monitor health, administer treatments, and offer health education, reducing hospital readmissions. This remains particularly beneficial for older adults or individuals with chronic conditions, ensuring continuity of care and better treatment adherence after discharge.□

Direct Care for Homeless Populations

Our Street Medicine team continued its dedication to expanding access to care for people experiencing homelessness. The team brings healthcare directly to individuals experiencing homelessness, offering health assessments, preventive care, and resource navigation. This service continues to address barriers like lack of transportation and ensures ongoing care, while connecting patients to social services such as housing, food, and mental health support. It continues to reduce emergency department visits and improve health outcomes for this underserved population.

Ensuring Medication Access

In continued partnership with West Alondra Medical Pharmacy, we provide bedside medication delivery and consultation at discharge. This initiative continues to eliminate delays in medication access, improve adherence, and enhance understanding of prescriptions. Patients continue to be educated on proper use and potential side effects, supporting effective post-discharge care.

Enhancing Continuity of Care

Our Post-Discharge Clinic continued to provide timely follow-up care for patients who have recently been discharged from the hospital, helping to manage their recovery and prevent complications. This service continues to allow patients to receive focused attention on their recovery plan, including adjustments to medications, additional treatments, and health monitoring. By offering immediate access to healthcare providers after discharge, we continue to intervene early to address any issues that may arise, reducing readmission rates and improving overall patient outcomes.

Expanding Access Beyond the Emergency Room

To expand care access, we continued integrating Teladoc education services into our Emergency Department. Patients continue to be educated on telemedicine options for follow-up care, offering a convenient alternative for non-emergent health concerns. This continues to help patients with transportation challenges or busy schedules and reduces unnecessary ED visits.

Access to Primary and Specialty Care

MLKCH continued to operate community-based medical clinics that provide access to primary care, specialty services, and preventive care. These clinics continue to serve as a one-stop-shop for our community members, offering convenient access to a wide range of services within the neighborhood. By offering these services locally, we continue to help eliminate transportation barriers and provide a familiar, accessible setting for patients who may otherwise struggle to access care in larger or more distant healthcare facilities.

Bringing Care to the Community

In addition to traditional care settings, MLKCH continued to conduct preventive health screenings and education at community events. These events continue to bring services directly to residents who may face challenges accessing healthcare facilities, including uninsured individuals, people living in remote areas, and those with limited access to transportation. Through these outreach efforts, we continue to help identify health risks early and provide education on preventive care and healthy living practices. This initiative continues to improve access to preventive services, which is crucial for reducing the burden of chronic diseases and promoting long-term health.

Health Insurance Enrollment

Our team continued to assist patients with health insurance enrollment, ensuring they have access to the healthcare services they need. By guiding patients through the enrollment process, we continue to help eliminate one of the most significant barriers to care: lack of insurance. This service remains particularly important for low-income and undocumented populations who may otherwise face difficulties navigating the complex insurance system. By securing health coverage for these individuals, we continue to connect them to a full range of services, including preventive care, specialty care, and treatment for chronic conditions.

Methodology Guidelines

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

Yes