Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	CEDARS-SINAI MEDICAL CENTER
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106190555
Report Period:	1/1/24 - 12/31/24
Status:	Submitted
Due Date:	11/29/2025
Last Updated:	11/24/2025
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	https://www.cedars-sinai.org

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.

127654

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	112038	127654	87.8
Spanish Language	7748	127654	6.1
Asian Pacific Islander Languages	2021	127654	1.6
Middle Eastern Languages	3142	127654	2.5
American Sign Language	42	127654	0
Other Languages	2663	127654	2.1

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.

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

22403

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

25600

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

8

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	727	1.9	0	
Housing Instability	763	3.4	0	
Transportation Problems	689	3	0	
Utility Difficulties	426	1.9	0	
Interpersonal Safety	150	0.7	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?"

876

Total number of respondents to HCAHPS Question 19

928

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

94.4

Total number of people surveyed on HCAHPS Question 19

4557

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

20.4

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	81	85	95.3	388	21.9
Black or African American	82	89	92.1	577	15.4
Hispanic or Latino	111	114	97.4	794	14.4
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	539	574	93.9	2434	23.6

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	443	478	92.7	2618	18.3
Male	433	450	96.2	1936	23.2
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	547	577	94.8	2211	26.1
Medicaid	51	51	100	467	10.9
Private	264	286	92.3	1778	16.1
Self-Pay					
Other	12	12	100	64	18.8

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	773	822	94	3940	20.9
Spanish Language	suppressed	suppressed	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed	suppressed	suppressed
American Sign Language					
Other/Unknown Languages	suppressed	suppressed	suppressed	suppressed	suppressed

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	suppressed	suppressed	suppressed	suppressed	suppressed
Straight or heterosexual	252	265	95.1	948	28
Bisexual					
Something else					
Don't know					
Not disclosed	suppressed	suppressed	suppressed	suppressed	suppressed

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	203	216	94	924	23.4
Female-to-male (FTM)/ transgender male/trans man					
Male	154	162	95.1	550	29.5
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?"

773

Total number of respondents to HCAHPS Question 17

878

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

88

Total number of people surveyed on HCAHPS Question 17

4557

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

19.3

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	75	85	88.2	388	21.9
Black or African American	74	87	85.1	577	15.1
Hispanic or Latino	98	104	94.2	794	13.1
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	469	537	87.3	2434	22.1

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	392	452	86.7	2618	17.3
Male	381	426	89.4	1936	22
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	455	542	83.9	2211	24.5
Medicaid	47	49	95.9	467	10.5
Private	258	274	94.2	1778	15.4
Self-Pay					
Other	11	11	100	64	17.2

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	679	775	87.6	3940	19.7
Spanish Language	suppressed	suppressed	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed	suppressed	suppressed
American Sign					
Other/Unknown Languages	suppressed	suppressed	suppressed	suppressed	suppressed

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				50	
Straight or heterosexual	229	249	92	948	26.3
Bisexual					
Something else					
Don't know					
Not disclosed				48	

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	180	202	89.1	924	21.9
Female-to-male (FTM)/ transgender male/trans man					
Male	138	155	89	550	28.2
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

139

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

1278

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

108.8

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	12	108	111.1
Black or African American	18	185	97.3
Hispanic or Latino	20	177	113
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	78	710	109.9

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	21	179	117.3
Age 65 Years and Older	114	976	116.8

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	56	652	85.9
Male	83	626	132.6
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	118	1014	116.4
Medicaid	suppressed	suppressed	suppressed
Private	11	170	64.7
Self-Pay	suppressed	suppressed	suppressed
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	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 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

101

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

564

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

179.1

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	13	51	254.9
Black or African American	12	84	142.9
Hispanic or Latino	13	102	127.5
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	41	274	149.6

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	16	115	139.1
Age 65 Years and Older	70	337	207.7

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	34	224	151.8
Male	67	340	197.1
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	71	340	208.8
Medicaid	suppressed	suppressed	suppressed
Private	17	148	114.9
Self-Pay	suppressed	suppressed	suppressed
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

763

Total number of nulliparous NTSV patients

2600

Rate of NTSV patients with Cesarean deliveries

0.293

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			
Asian	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	115	389	0.296
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White	409	1414	0.289

Age	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Age < 18			
Age 18 to 29	suppressed	suppressed	suppressed
Age 30 to 39	566	1926	0.294
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	763	2597	0.294
Male			
Unknown			

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

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

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

126

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

685

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

183.9

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			
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)			
Native Hawaiian or Pacific			
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			
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	126	684	184.2
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			
Medicaid	suppressed	suppressed	suppressed
Private	suppressed	suppressed	suppressed
Self-Pay			
Other			

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

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

2953

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

4835

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

61.1

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			
Asian	302	622	48.6
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	399	751	53.1
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific			
White	1817	2724	66.7

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	2953	4835	61.1
Age 18 to 29			
Age 30 to 39			
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	1477	2378	62.1
Male	1476	2457	60.1
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			
Medicaid	130	295	44.1
Private	2792	4469	62.5
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	2916	4746	61.4
Spanish Language	suppressed	suppressed	suppressed
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
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

3459

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

28052

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

12.3

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	248	2112	11.7
Black or African American	722	4418	16.3
Hispanic or Latino	608	4387	13.9
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	46	434	10.6
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	1703	15353	11.1

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	264	3145	8.4
Age 35 to 49	491	5236	9.4
Age 50 to 64	652	4751	13.7
Age 65 Years and Older	2052	14920	13.8

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	1766	15898	11.1
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	2384	16098	14.8
Medicaid	306	2442	12.5
Private	750	9143	8.2
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	2841	24318	11.7
Spanish Language	251	1434	17.5
Asian Pacific Islander Languages	suppressed	suppressed	suppressed
Middle Eastern Languages	149	988	15.1
American Sign Language	suppressed	suppressed	suppressed
Other/Unknown Languages	120	758	15.8

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

769

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

5658

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

13.6

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	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	436	3489	12.5
Male	suppressed	suppressed	suppressed
Unknown	suppressed	suppressed	suppressed

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	14	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	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

246

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

1370

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

18

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	suppressed	suppressed	suppressed
Other	0	18	0

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 - 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

224

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

1326

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

16.9

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	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	15	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	suppressed	suppressed	suppressed
American Sign Language			
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 - 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

2220

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

19698

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

11.3

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	1432	10657	13.4

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	suppressed	suppressed
Male	1117	8390	13.3
Unknown	suppressed	suppressed	suppressed

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
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Race and/or Ethnicity			Hispanic or Latino	127.5	2
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Expected Payor			Private	114.9	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	8.2	1.8
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Expected Payor			Private	64.7	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	8.4	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)			18 to 34	8.4	1.6
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Sex Assigned at Birth			Female	85.9	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race and/or Ethnicity			Multiracial and/or Multiethnic (two or more races)	10.6	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor			Private	8.2	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Preferred Language			English Language	11.7	1.5

Plan to address disparities identified in the data

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

Preventing unplanned 30-day readmissions remains a strategic priority at Cedars-Sinai. Using stratified data, we routinely examine select readmission trends by stratified demographics to better understand population needs and guide targeted improvement efforts. Analysis from the HCAI Annual Health Equity Report highlighted higher 30-day readmission rates among (i) Medicare patients, (ii) Medicaid patients, (iii) adults ages 50-64, (iv) adults age 65+, (v) Black patients, (vi)Spanish language patients.

Our internal review points to several overlapping factors. Older adults face higher readmission risk due to greater clinical complexity. Readmission rate of Spanish speakers was also influenced by rates that increased with age. Within Medicare, our outcomes are disproportionately influenced by patients who are dual-eligible (Medicare + Medicaid) and have higher medical complexity and high socioeconomic barriers that complicate recovery. Differences observed among Black patients in the HCAI analysis are consistent with the impact of these same socioeconomic and structural factors independent of race itself.

To address these realities, Cedars-Sinai has strengthened care coordination and expanded supports that address medical and social needs. Key strategies include extended ambulatory case management, post-discharge pharmacist consultation, nursing home partnerships and community health workers navigation, with an emphasis on providing Spanish language concordance, where

possible. Collectively, these initiatives have improved continuity of care and have resulted in the significant improvements observed over the past several years across all demographic categories.

In the upcoming year, our efforts will focus on further identification of factors associated with higher readmissions, with a particular focus on meeting linguistic and social needs. We will use our newly constructed dashboard to monitor performance and, guided by in-depth data analysis and root-cause assessment, expand how we integrate social, linguistic, and socioeconomic needs into care.

Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate
Cedars-Sinai employs a systematic, data-driven approach to monitor, analyze and improve outcomes through continuous quality assessment and evidence-based interventions.
Comprehensive mortality reviews are conducted as part of an ongoing commitment to delivering high-quality, safe and equitable care in alignment with HCAI and AHRQ quality indicators.
To address identification of differences in pneumonia-related mortality rates, efforts have been initiated to explore nosocomial aspiration pneumonia rates, as well as deepen our mortality reviews with a series of targeted next steps:

- Transitioning from a department-specific review to structured, multidisciplinary Mortality Review Team, aligning with best practices.
- Utilizing of a four-phase mortality review toolkit to provide a structured framework for assessing contributing factors, identification of opportunities and implementation of corrective actions.
- Mobilization of multidisciplinary team tasked with a clearly identified goal of conducting a gap analysis comparing current state practices to evidence-based best practices for reduction of nosocomial aspiration pneumonia, which will inform the development and implementation of targeted interventions by the end of the fiscal year.

  AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications
  Mortality data are systematically analyzed at Cedars-Sinai to identify patterns, trends and key drivers of patient outcomes. Through this approach, differences were identified within two distinct demographic groups-patients identifying as Asian and Medicare insurance. Further disaggregation of data revealed differences within the dual eligible population, providing visibility into unique risk profiles and care challenges.

  To address disparate outcomes and death rates within the identified populations, a range of strategies have been implemented to both optimize processes and analyze data to better understand variability in outcomes among different groups, including the following:
- Implementation of a surgical outcome's dashboard with health equity stratification
- Incorporating Social Determinants of Health data into analyses of dual eligible patient populations
- Integrating standardized health equity stratification into root cause analyses to reveal populations that are disproportionately affected and to inform targeted interventions.

  This integrated approach, combining demographic and social analyses with data-informed, team-based interventions, yielded measurable improvement in observed mortality rates within the Asian population-a 39% decrease from 2024 to 2025.

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

Cedars-Sinai is committed to delivering person-centered care that reflects and honors the cultural and linguistic richness found in the communities of Los Angeles. This commitment is embedded across all aspects of our work-from individualized clinical care and tailored care planning to the design of programs, physical spaces and patient experiences. Our approach centers on understanding who our patients are and ensuring that their unique needs, preferences and identities are meaningfully integrated into how care is provided.

Leveraging Data to Inform Person-Centered Care

To further strengthen our ability to provide person-centered care, Cedars-Sinai launched a demographic data refresh in May 2025 to ensure that information is collected directly from patients and is accurate, comprehensive and actionable. Enabling patients to self-identify their demographic and identity characteristics provides a more accurate and patient-centered foundation for applying a health equity lens. This information allows us to identify disparities and tailor care, and ensure that services, communication and patient outcomes reflect the multitudinous needs of the populations we serve.

Culturally and Linguistically Appropriate Care

We prioritize culturally and linguistically responsive care by providing interpreter services with both in-person and virtual language access services available 24/7, employing bilingual staff, and supporting certification programs that enhance communication across all patient populations. Standardized patient intake processes document both preferred spoken and written language, ensuring this information is consistently available and utilized to guide care delivery. Written materials are provided in the patient's documented preferred language and are standardized to appropriate reading levels to ensure comprehension and accessibility. CLAS (Culturally and Linguistically Appropriate Services) standards training equips our workforce to deliver care that is appropriate and respectful.

Identity-Affirming Practices

Person-centered care at Cedars-Sinai extends to creating appropriate care environments for patients across all identities. Educational initiatives, were introduced in June 2022 to advance culturally responsive care and reinforce the use of appropriate, affirming language in clinical interactions.

Work to strengthen the delivery of care for patients with disabilities has been actively underway, reflecting our commitment to equitable healthcare. In alignment with Section 1557 of the Affordable Care Act, the organization advanced efforts to implement reasonable modifications that standardized workflows, trained all relevant employees on non-discrimination policies and procedures, and enhanced and implemented policies and procedures, ensuring that patients with disabilities receive appropriate accommodations and experience equitable access to effective, high-quality care.

Additionally, Cedars-Sinai strives to ensure that patient goals and preferences are documented in a manner that reflects their cultural, linguistic and identity-specific needs. Through an ongoing multi-year collaborative, clinicians and care providers continue to be trained, supported by simulation-based learning and educational initiatives to engage in complex conversations that elicit patients'

values and priorities. Additionally, by stratifying demographic data within goal-concordant care efforts, including advance care planning documentation, the organization can identify gaps in documentation across populations to inform targeted interventions that are patient-centered and aligned with each individual's lived experience.

Patient and Family Engagement

We recognize the central role of patients and their families in shaping healthcare decisions. Shared decision-making models are integrated into care, with opportunities for family caregiver involvement where appropriate. Multilingual patient education ensures understanding across populations, while patient and family advisor committees actively inform quality improvement initiatives. Patient feedback is a critical driver of improvement: Grievances and complaints are reviewed by demographic characteristics to identify inequities, applying an equity lens to understand where certain populations may experience disproportionate challenges. Survey findings further illuminate opportunities to better align care with the expectations, experiences and needs of all patients.

Patient safety

At Cedars-Sinai, patient safety is a foundational component of our mission to provide high-quality, equitable care. We recognize that ensuring patient safety requires a comprehensive approach that integrates education, prevention, data stratification and transparent systematic reporting, fostering a culture that prioritizes learning and improvement over punitive responses. Safety is not limited to preventing direct physical harm; it extends to protecting patients from inequitable care, bias, miscommunication and failures in the systems designed to support them.

Education, Prevention and Culture of Safety

Our safety strategy begins with prevention and education. Clinicians, staff and leadership receive education and annual training on patient safety protocols, including elements potentially impacting judgment and potential patient harm. Importantly, Cedars-Sinai promotes a culture of safety in which the identification of risks, near misses or errors leads to system-level improvements rather than punitive measures. This culture empowers staff to report concerns without fear, allowing safety issues and any indications of healthcare inequities to be surfaced, addressed and prevented in the future.

Data Collection, Analysis, and Equity

Data collection is integral to understanding and reinforcing patient safety. Cedars-Sinai systematically tracks and analyzes adverse events such as hospital-acquired pressure injuries, falls, medication errors, central line-associated bloodstream infections and other preventable incidents. In December 2023, demographic stratification was formally incorporated as a standard component of hospital root cause analysis (RCA) investigations. This shift moved the process from a purely objective, event-focused lens to one that is more patient-centered, enabling the identification of patterns or disproportionate impacts across populations and ensuring that corrective actions address both underlying system factors and potential inequities in patient experience and outcomes.

Incident Reporting, Near Misses, and Flagging Mechanisms

Cedars-Sinai has implemented workflows and flagging mechanisms to ensure that potential incidents and near misses are promptly identified and reported. In January 2024, a multidisciplinary workgroup was assembled to identify opportunities for proactive documentation and tracking of discrimination and bias, including reporting systems, workflows and investigations. This ongoing work continues with implementation of an anonymous reporting tool on the horizon, along with an annual report highlighting opportunities for quality improvement and education, targeted interventions and strengthened accountability.

In fiscal year 2025, the Office of Patient Safety and Office of Health Equity launched a comprehensive integration of the standardized Health Equity stratification framework into Patient Safety data and processes, notably within the CS-Safe reporting platform/tool, where an equity-specific language question was integrated into reporting forms. This allowed for the tracking and trending of events, helping to identify inequities that may have contributed to a negative outcome and/or event.

Ensuring Safety in AI and Algorithms To ensure that innovations in clinical care do not inadvertently create new safety risks, Cedars-Sinai has incorporated reviews of artificial intelligence and clinical decision support models. These evaluations assess whether predictive algorithms or computer-assisted decision tools could contribute to disparities in care or safety outcomes. This proactive step reflects Cedars-Sinai's recognition that advancing technology must be carefully managed to promote safety for all patients.

Addressing patient social drivers of health

Cedars-Sinai continues to advance a comprehensive approach to addressing patients' social drivers of health (SDoH), recognizing that social and economic conditions are fundamental drivers of health outcomes, care experiences and equitable recovery. Significant progress has been made across multiple domains, anchored in the integration of SDoH assessments directly into electronic medical record (EMR) workflows and supported by robust interdisciplinary engagement.

Integration of SDoH Screening Into Clinical Workflows

Extensive foundational work began with the development and incorporation of structured SDoH assessment tools within the electronic medical record system. This integration enabled standardized, real-time screening and ensures that social needs are identified as an essential component of clinical care. To operationalize these workflows effectively, the Community Connect Program developed comprehensive training and educational content for nurses, social workers, emergency department staff and support teams. Training emphasized culturally and socially appropriate communication strategies, equipping staff to engage patients sensitively around topics that may carry stigma or historical mistrust. Nurses now conduct universal SDoH screening for all patients across five key domains:

- Financial resource strain
- Intimate partner violence
- Food insecurity
- Housing insecurity
- Transportation needs

The Community Connect Program collaborated closely with clinical informatics to embed these workflows, ensuring ease of use, consistency and alignment with national best practices in social care integration. A positive SDoH screen initiates an automated triage pathway that includes:

- A Social Work consult
- Community Connect Program resource support
- Access to community-based resources through FindHelp, a digital referral platform adopted in partnership with Cedars-Sinai

SDoH screening expanded from the inpatient environment into ambulatory spaces in spring 2025, significantly broadening the reach of these services. This infrastructure strengthened coordination between clinical and community settings, ensuring that patients are promptly linked to supports necessary to promote stability, safety and healing. In fiscal year 2025 alone, more than 26,000 unique patients were screened for SDoH at Cedars-Sinai Medical Center.

Community Resource Integration and Partnerships
As mentioned above, Cedars-Sinai has established a robust network of social care partnerships to address identified needs across the continuum, facilitated through the FindHelp platform. In fiscal year 2025, 10 new partners were added to the network, for a total of 63 partners. Available resources provided to patients include:

- Drop-in and access centers
- Food banks and meal support
- Shelter and housing opportunities
- Medical and dental services
- Mental health and behavioral healthcare
- Substance use treatment programs

In addition, after-visit summaries now incorporate domain-specific resources aligned with each patient's identified needs. Staff facilitated more than 6,500 resource and referral connections through the Cedars-Sinai Community Resource platform in the past year.

Community Health Worker (CHW) Integration
A Community Health Worker (CHW) program was launched to strengthen care coordination and address social needs for patients enrolled in specific value-based care bundles, including cardiac, sepsis, emergency department, trauma, geriatric clinic and inpatient medicine services, among others. CHWs provide person-centered community-based support that promotes adherence, confidence and stability post-discharge. Currently, CHWs support 30 interdisciplinary teams, and more than 2,200 patients received CHW services over the past year, with nearly 1,000 connected to supportive services and a 61% success rate.

Notably, CHW involvement yielded measurable improvements among dual-eligible, Spanish-speaking patients in the sepsis care bundle, demonstrating the significant impact of linguistically aligned support. Based on this success, Cedars-Sinai plans to expand CHW engagement to additional non-English-speaking populations experiencing similar challenges.

Next Steps in Social Care Integration Expansion
Cedars-Sinai remains committed to deepening the integration of social care into clinical workflows and expanding culturally responsive models of support.

Future priorities include the following:

- Broadening CHW coverage
- Continuing to strengthen community partnerships
- Scaling SDoH screening and resource referral across all clinical settings

These efforts are integral to advancing equity, improving patient outcomes and ensuring that every patient receives comprehensive, person-centered care.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

At Cedars-Sinai, effective treatment is grounded in the consistent application of evidence-based practices and the integration of data-driven insights to ensure equitable care across all patient populations. The organization has undertaken a multipronged approach to strengthen clinical

effectiveness by integrating health equity principles directly into quality improvement, clinical decision making and system-level governance.

Embedding Health Equity Stratification in Quality Improvement
A key institutional priority has been the integration of standardized health equity stratification the Quality Council's project portfolio. This approach ensures that each improvement initiative systematically examines variation in outcomes across patient populations, enabling early detection of disparities and targeted intervention.

Projects incorporating health equity include:

- Improving Sepsis Management
- Glycemic Management
- Goal-Concordant Care
- Bowel Surgical Site Infection Reduction

Through this framework, teams have identified where clinical outcomes diverge across demographic groups and have allocated resources to enhance standardization of care, improve treatment pathways and mitigate unwarranted variation. This structure strengthens accountability and drives equitable delivery of evidence-based practices.

Nursing Leadership in Advancing Equity
Nursing has played a key role elevating health equity as one of their systemwide strategic priorities. Nursing leadership is in the process of establishing an overarching committee to embed equity principles into both workforce culture and clinical practice. One core component of this strategy includes confronting and addressing healthcare disparities within Nursing through structured dialogue, policy review and workforce development.

This strategic initiative aims to enhance knowledge and application of healthcare equity and accessibility across Nursing while building a culture of safety and respect. Planned areas of focus include:

- Addressing health equity within both workplace dynamics and patient care delivery
- Developing a coordinated action plan to promote equitable treatment environments
- Strengthening accountability for bias-related harms and ensuring restorative processes

Nursing has also served as a key driver in the implementation of SDoH intake and assessments, leading universal screening practices and supporting culturally sensitive engagement with patients. As mentioned within the "Addressing Patient Social Determinants of Health" section, this ensures that social needs are recognized as core components of effective, equitable clinical care.
Maternal Health Quality Collaboratives and National Engagement
Cedars-Sinai's Department of Obstetrics and Gynecology actively participates in statewide and national maternal health improvement efforts, including the California Maternal Quality Care Collaborative (CMQCC) and multiple national registries and coalitions. These partnerships allow for benchmarking, evidence-based practice adoption and proactive identification of disparities in maternal outcomes, ultimately strengthening equitable care for all birthing patients.

Responsible Integration of Artificial Intelligence in Clinical Care
As innovation in clinical technology accelerates, Cedars-Sinai has established an institutional

Artificial Intelligence Council to ensure that AI-integrated tools support equitable, safe and ethical care. The council oversees the introduction of AI and predictive analytics into clinical decision-making workflows, auditing algorithms to ensure that tools do not perpetuate disparities in treatment pathways or resource allocation. This governance structure reflects the organizationâ??s recognition that algorithmic bias can influence treatment decisions and disproportionately affect underserved populations.

Care coordination

At Cedars-Sinai, care coordination is a central pillar of equitable, patient-centered care, with Social Work and Case Management playing a critical role in advancing this commitment. These teams facilitate patient access to primary and outpatient care connecting them to essential services that address key social drivers of health, recognizing that high-quality care delivery does not end at the point of discharge; rather, it requires seamless transitions across care settings that align with patient goals, preferences and needs. Through systemwide investment in referral infrastructure, interdisciplinary support models and cross-sector partnerships, the organization continues to enhance continuity of care and aims to reduce barriers for underserved and high-risk populations.

Optimizing Cross-Sector Coordination Through Cedars-Sinai Community Resource

Cedars-Sinai has implemented the Cedars-Sinai Community Resource (CSCR) platform powered by FindHelp, an electronic referral system designed to streamline connections between clinical teams and community-based organizations. This platform improves coordination across sectors by:

- Enabling real-time, closed-loop referrals
- Expanding access to vital community resources (e.g., food, housing, transportation, financial assistance)
- Creating a consistent mechanism for follow-up and patient support

CSCR enhances the reach and impact of social care interventions while ensuring that patients receive timely access to the resources necessary to support recovery and long-term stability.

Innovative Models of Care: Cedars-Sinai @ Home

Cedars-Sinai has expanded care delivery options through programs such as "Cedars-Sinai @ Home". This initiative allows eligible patients, based on clinical criteria and available social support, to complete the remainder of their hospitalization in the comfort of their homes or nearby hotels. Patients receive ongoing monitoring and support from the care team, ensuring safety while avoiding the risks associated with extended hospital stays. The program is intentionally designed to be payor-agnostic and to prioritize access for underserved patients, addressing challenges that may exacerbate the burden of care. CS @ Home provides comprehensive, interdisciplinary services, including nursing, remote monitoring, medications, social support and wraparound care coordination, allowing patients to heal in a more comfortable environment while maintaining safety, quality and continuity of care.

Patient Navigators and Post-Discharge Support

Patient navigators play a critical role in supporting safe and equitable transitions by helping address barriers that may arise during discharge planning. Cedars-Sinai's homeless navigators and Emergency Department (ED) navigators play a particularly important role in facilitating safe discharges, linking patients to stable housing options, connecting them with community services and ensuring follow-up with primary and specialty care providers. These efforts reduce avoidable readmissions and strengthen outcomes for patients experiencing homelessness or complex social needs.

Community Health Workers: Bridging Hospital and Community Care

Community Health Workers (CHWs) extend Cedars-Sinai's reach beyond the hospital walls by

addressing social needs, promoting adherence to care plans and supporting patients during transitions into ambulatory clinics and community settings. CHWs assist with:

- Resource navigation
- Access to social services
- Appointment coordination
- Follow-up after hospital discharge
- Support for culturally and linguistically aligned care

Their work ensures that patients receive continuous, community-based support that complements clinical treatment, reduces fragmentation and mitigates disparities in access and outcomes.

Commitment to Coordinated Discharge Planning

Through comprehensive discharge planning, innovative care models and dedicated support programs, Cedars-Sinai ensures that care coordination extends across settings and addresses the full spectrum of patient needs. Our approach reflects a deep commitment to ensuring that every patient-regardless of cultural background, social circumstance or clinical complexity-experiences safe, seamless and equitable care transitions.

Access to care

Cedars-Sinai is committed to expanding access to comprehensive, culturally responsive care for underserved patients. Through a combination of direct clinical programs, community-based outreach, targeted financial support and strategic partnerships, Cedars-Sinai works to ensure patients receive timely, high-quality care regardless of socioeconomic status, insurance coverage or cultural background.

Cedars-Sinai Community Resource (CSCR)

As mentioned in the previous section, CSCR, an electronic referral platform powered by FindHelp, enables staff to navigate patients to vital community services. Staff are trained to optimize the tool, and a public-facing portal supports community members directly. In fiscal year 2025, more than 6,500 connections and referrals to connect patients in need were made to community-based resources.

Primary Adult Care (PAC) Clinic

The PAC Clinic provides primary and specialty care to uninsured, underinsured and Medicaid patients. Services include disease management, preventive care and expanded specialty offerings through pilot programs with partner community clinics. Innovative pilots, including a 2025 program to advance behavioral health integration, allow for enhanced delivery of whole-person primary care services.

COACH for Kids

The COACH mobile clinic provides free, integrated medical, behavioral health and social support services to children in underserved communities. Operating across more than 45 co-location sites including schools, WIC centers, public housing and community agencies, COACH ensures families receive accessible preventive care and linkage to long-term providers. In fiscal year 2025, COACH served more than 1,300 patients, with just over 400 connected to local Federally Qualified Health Centers (FQHCs).

Financial Assistance and Insurance Enrollment

Cedars-Sinai provides free care for individuals earning up to 400% of the federal poverty level and discounted care up to 600% of the level. Staff continue to assist patients with insurance enrollment

to reduce financial barriers to necessary care.

Grantmaking for Access and Equity
Cedars-Sinai invests in strengthening the safety-net system through grants that expand access to culturally safe primary care and behavioral health services. Funding supports FQHC capacity building, efforts to address social drivers of health and community-based mental health programs for populations facing economic burdens. We also have targeted support in the birth equity space through grants and partnerships with organizations that expand access to doulas, midwives, lactation support, mental health services and birth-worker retention programs.

Share & Care
Share & Care provides school-based art-therapy programs and trainings that help children cope with trauma, loss, grief, bullying and other challenges affecting learning and emotional wellbeing. Operating in more than 20 LAUSD schools, the program equips students with tools to navigate adversity and build resilience.

Specialty Charity Care Referral Program
The program provides free access to specialty care, including maternal health, OB/GYN, pediatric orthopedics and gastroenterology, addressing high-demand services that are often difficult for uninsured or underinsured patients to access.

Methodology Guidelines

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

Y