Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	ADVENTIST HEALTH VALLEJO
Facility Type:	Acute Psychiatric Hospital
Hospital HCAI ID:	106481015
Report Period:	1/1/2024 - 12/31/2024
Status:	Submitted
Due Date:	11/29/2025
Last Updated:	11/25/2025
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	https://www.adventisthealth.org/about-us/health-equity

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

Acute psychiatric 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.

2283

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	2237	2283	98
Spanish Language	41	2283	1.8
Asian Pacific Islander Languages	5	2283	0.2
Middle Eastern Languages	0	2283	0
American Sign Language	0	2283	0
Other Languages	0	2283	0

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 acute psychiatric 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)

Acute psychiatric 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

1511

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

1511

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

100

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	9	1.1	0	
Housing Instability	252	31.9	0	
Transportation Problems	11	1.4	0	
Utility Difficulties	1	0.1	0	
Interpersonal Safety	88	11.2	0	

Core Quality Measures for General Acute Psychiatric 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, acute psychiatric 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?"

NA

Total number of respondents to HCAHPS Question 19

NA

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

NA

Total number of people surveyed on HCAHPS Question 19

NA

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

NA

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

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

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

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

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

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

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

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

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

Patient Received Information in Writing

The second HCAHPS quality measure is the percentage of patients who reported receiving information in writing on symptoms and health problems to look out for after leaving the hospital. Acute psychiatric 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?"

NA

Total number of respondents to HCAHPS Question 17

NA

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

NA

Total number of people surveyed on HCAHPS Question 17

NA

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

NA

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

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

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

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

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

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

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

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

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

Agency for Healthcare Research and Quality (AHRQ) Indicators

Acute psychiatric 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. Acute psychiatric 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

NA

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

NA

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

NA

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

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			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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			
Male			
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			
Medicaid			
Private			
Self-Pay			
Other			

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			
Spanish Language			
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 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			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

Acute psychiatric 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 in an Inpatient Psychiatric Facility (IPF)

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

NA

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

NA

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

NA

Table 6. 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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

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

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
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 - Mental Health Disorders

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

NA

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

NA

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

NA

Table 7. 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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

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

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
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 admissions to an IPF which occurs within 30 days of the discharge date for substance use disorders and were 18 years or older at time of admission

NA

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

NA

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

NA

Table 8. 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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

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

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
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 - Co-occurring disorders

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

NA

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

NA

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

NA

Table 9. 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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

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

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
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 admissions to an IPF which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

NA

Total number of patients who were admitted to an IPF and were 18 years or older at time of admission

NA

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

NA

Table 10. 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			
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 inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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

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

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
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			

CMS Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program Screening for Metabolic Disorders

Acute psychiatric hospitals are required to report the rate of structured screenings for metabolic disorders among patients with a prescription for one or more routinely scheduled antipsychotic medications. The structured screenings must contain (1) body mass index (BMI), (2) blood pressure, (3) blood glucose or HbA1c, and (4) a lipid panel, and be completed at least once in the 12 months prior to the patient's date of discharge. The rate of patient screenings for metabolic disorders are 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 structured screenings for metabolic disorders, please see page 92 of the report by visiting the following link by copying and pasting the URL into your web browser: https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr_programmanualv7.0_final508.pdf

Number of patients with a prescription for one or more routinely scheduled antipsychotic medications who received a metabolic screening in the 12 months prior to discharge, either prior to or during the index IPF stay

NA

Number of discharges from an IPF during the measurement period with a prescription for one or more routinely scheduled antipsychotic medications

NA

Rate of patients discharged from an IPF with a prescription for one or more routinely scheduled antipsychotic medications for which a structured metabolic screening was completed in the 12 months prior to discharge, either prior to or during the index IPF stay

NA

Table 11. Rate of patients who received structured metabolic screenings with a prescription for a routinely scheduled antipsychotic medication 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 eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
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 eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
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 eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Female			
Male			
Unknown			

Payer Type	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

Preferred Language	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

Disability Status	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
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 eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of eligible patients who received metabolic screening	Total number of eligible discharges	Rate of eligible patients who received metabolic screening (%)
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			

The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge

Acute psychiatric hospitals are required to report the rate of structured screenings for metabolic disorders among patients with a prescription for one or more routinely scheduled antipsychotic medications. The structured screenings must contain (1) body mass index (BMI), (2) blood pressure, (3) blood glucose or HbA1c, and (4) a lipid panel, and be completed at least once in the 12 months prior to the patient's date of discharge. The rate of patient screenings for metabolic disorders are 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 structured screenings for metabolic disorders, please see page 92 of the report by visiting the following link by copying and pasting the URL into your web browser: https://www.qualityreportingcenter.com/globalassets/2021/05/iqr/ipfqr_programmanualv7.0_final508.pdf

Number of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment

NA

Total number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder

NA

Rate of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment

NA

Table 12. Rate of eligible patients who received or refused prescription or referral for treatment 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 eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
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 eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

Sex assigned at birth	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Female			
Male			
Unknown			

Payer Type	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

Preferred Language	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

Disability Status	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
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 eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of eligible patients who received or refused prescription or referral for treatment	Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder	Rate of eligible patients who received or refused prescription or referral for treatment (%)
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			

The Joint Commission SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge

Acute psychiatric hospitals are required to report the rate of patients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment. This rate is 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 rate calculation and inclusion/exclusion criteria, please visit the following link by copying and pasting the URL into your web browser: https://manual.jointcommission.org/releases/TJC2024B/MIF0221.html

Number of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment

NA

Total number of hospitalized inpatients 18 years of age and older identified with an alcohol or drug use disorder

NA

Rate of hospitalized inpatients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment

NA

Table 13. Rate of patients who received or refused prescription or referral for treatment 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 patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			

Age	Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

Sex assigned at birth	Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%)
Female			
Male			
Unknown			

Payer Type	Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%)
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

Preferred Language	Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

Disability Status	Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet 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 patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria	Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria	Rate of eligible patients who received or refused prescription or referral for treatment who meet 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			

Health Equity Plan

All acute psychiatric 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 14. Top 10 disparities and their rate ratio values.

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF).	Expected Payor	Medicare	18.7	Private	14.5	1.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF).	Sex Assigned at Birth	Male	17.2	Female	14.0	1.2

Plan to address disparities identified in the data

HEALTHCARE EQUITY ACTION PLAN

Addressing Disparities in Medicare & Male Patient Readmissions

A review of hospital data identified two key disparities in 30-day unplanned psychiatric readmissions: (1) patients with Medicare as their expected payer and (2) patients whose sex assigned at birth is male. This plan outlines targeted strategies to improve discharge communication, ensure medication continuity, strengthen follow-up access, and expand step-down support.

Population Impact:
Medicare patients experience limited outpatient behavioral-health access due to insurance network restrictions, while male patients show higher relapse and crisis-driven returns. Improving clarity at discharge, ensuring reliable medication access, and strengthening community follow-up planning are expected to reduce readmission risk for both groups.
Objective:
Reduce 30-day unplanned psychiatric readmissions for Medicare and male patients by 10% within 12 months.
1. Strengthened Discharge Communication
Patients sign the facility's discharge instruction page confirming that medications, follow-up expectations, and discharge information were clearly explained. Staff will provide enhanced clarification for Medicare and male patients, emphasizing medication purpose, dosing, relapse warning signs, and crisis/safety planning.
2. Improved After-Care Coordination & 7-Day Follow-Up
All Medicare and male patients will be discharged with a confirmed outpatient appointment scheduled within 7 days. Social Services will verify Medicare acceptance and identify alternatives when access barriers occur.
For medication continuity, prescriptions will be routed to a local pharmacy whenever possible. If pharmacy access or insurance delays occur, Gateway will deliver a 7–30 day supply of medications directly to the unit prior to discharge so the patient can take them home.
A county-specific directory of behavioral-health services, including Medicare-accepting psychiatrists, therapists, outpatient programs, PHP/IOP, crisis services, peer support, and substance-use resources, will be created and shared with all Social Services/Discharge Planners. The directory will be updated quarterly to support efficient and appropriate referrals.
Goal: =80% 7-day follow-up appointment completion.

3. Teach-Back to Validate Patient Understanding
Clinical staff will use the teach-back method to confirm patient understanding of medications, follow-up plans. Documentation will occur during the discharge process and is reinforced by the patient-signed discharge instruction page.
4. County-Based Resource Directory Supporting Both Disparity Groups
To address access barriers affecting both Medicare beneficiaries and male patients with higher readmission risk, the hospital will develop a county-specific directory of behavioral-health services. This directory will include Medicare-accepting psychiatrists, therapists, outpatient clinics, PHP/IOP programs, crisis services, peer support, substance-use treatment programs, and other community-based resources.
As part of equity-focused planning, the directory will also identify gender-specific or male-focused services in counties where they exist (e.g., men's therapy groups, male-focused trauma programs, men's wellness support, substance-use programs with male cohorts), as these resources may better support men at higher risk of relapse.
The completed directory will be shared with all Social Services/Discharge Planners and updated quarterly to ensure accurate, timely after-care referrals. This intervention supports continuity of care for both disparity groups by providing staff with an expanded network of appropriate and insurance-compatible follow-up options.
5. PHP/IOP Step-Down Program Integration
Clinically appropriate Medicare and male patients will be screened for PHP/IOP prior to discharge. Warm handoffs (virtual or in person) will be arranged, and next-day or same-week program entry will be offered when possible. Referral outcomes will be tracked to measure impact.
Goal: Increase PHP/IOP referrals for Medicare and male patients by 30% within 12 months.

Monitoring & Evaluation
Readmission rates, follow-up appointment completion, PHP/IOP referral outcomes, medication-continuity processes, and teach-back documentation will be reviewed every other month in the Performance Improvement Committee. Data will be stratified by payer type and sex assigned at birth. Interventions will be modified if improvement is not observed.

Unified Implementation Period:
October 2025–November 2026 (all interventions launched)
Evaluation Period: January–December 2026 (PI review every other month) **

Performance in the priority area

Acute psychiatric 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

Our organization's performance in the priority area of person-centered care reflects our mission to live God's love by inspiring health, wholeness, and hope. In the inpatient behavioral-health setting, staff deliver care that upholds each patient's dignity, individuality, and lived experience while ensuring emotional and psychological safety.
Compassionate, Dignified Care Aligned With Mission
Staff prioritize respect, empathy, and human connection in every interaction. Care is delivered in a calm, supportive environment rooted in trauma-informed principles and cultural awareness, promoting healing for individuals experiencing psychiatric crises.
Collaborative, Individualized Treatment Planning
Care teams partner with patients to develop individualized plans that incorporate personal strengths, treatment goals, cultural considerations, and communication needs. This approach keeps patients engaged in their care and supports empowerment throughout hospitalization.
Clear Communication & Shared Decision-Making
Staff engage patients in meaningful dialogue about symptoms, treatment options, and safety planning. Teach-back is used to confirm understanding and support health literacy. Discharge instructions are reviewed at the patient's pace to promote clarity, informed decision-making, and trust.
Supportive & Coordinated Discharge Planning
Discharge planning is structured to ensure a safe transition back to the community. Outpatient appointments are arranged in advance, medication continuity is verified, and barriers such as insurance challenges, transportation, and follow-up capacity are addressed with individualized support to promote stability after discharge.
Cultural Sensitivity & Trauma-Informed Practice
Staff apply trauma-informed and culturally responsive care principles emphasized in CPI and new-hire orientation. They recognize how trauma, communication differences, and environmental triggers influence patient experience and use calm, respectful, non-escalating approaches to promote emotional safety. These practices foster dignity, belonging, and trust.
Using Patient Feedback to Drive Improvement
Patient experience feedback is routinely reviewed to identify opportunities to enhance communication, safety, and discharge readiness. While medication teaching and follow-up planning are longstanding regulatory requirements, patient comments help refine how these processes are

delivered, ensuring they remain clear, consistent, and person-centered. This underscores our commitment to continuous improvement rooted in the patient voice.

Overall Performance Summary

Our approach to person-centered care reflects strong alignment with our mission and values. We remain committed to delivering compassionate, individualized, culturally sensitive, and trauma-informed care that promotes dignity, recovery, and hope for every patient we serve.

Patient safety

Our organization's performance in patient safety reflects a strong commitment to maintaining a secure, therapeutic, and recovery-focused environment for individuals receiving inpatient behavioral-health treatment. Safety is embedded in daily practice, interdisciplinary communication, and leadership oversight, aligning with our mission to inspire health, wholeness, and hope.

Safety-Focused Therapeutic Environment

Staff maintain a safe milieu through consistent environmental rounds, ligature-risk mitigation, and use of ObservSmart, the hospital's electronic rounding system. ObservSmart uses proximity-based beacon technology that requires staff to be near a patient before documenting location and activity, ensuring rounds are timely and accurate. Data is reviewed quarterly in Quality Council to monitor trends, reinforce compliance, and support early identification of risks. This technology-supported process enhances accountability and promotes a consistently safe environment.

Suicide Risk Screening & Reassessment

All patients receive suicide risk screening at admission, throughout hospitalization, and prior to discharge. Completion of suicide screening is monitored every shift to ensure consistency and regulatory compliance, and results are communicated during the daily safety huddle to support shared situational awareness. The Suicide Risk Assessment & Prevention policy aligns with Joint Commission standards and guides the use of standardized tools, individualized safety planning, and clear handoffs to promote safe, clinically informed decision-making.

Restraint Reduction Committee – Trauma-Informed Leadership

A dedicated Restraint Reduction Committee provides oversight of restraint and seclusion events. The committee reviews each episode, identifies prevention opportunities, strengthens de-escalation training, and reinforces trauma-informed, least-restrictive interventions. This structure promotes dignity, reduces escalation, and supports safe crisis management.

Elopement FMEA – Proactive System Improvement

A comprehensive Failure Modes and Effects Analysis (FMEA) on elopement strengthened system-wide safety processes. Improvements include enhanced nurse-to-nurse handoffs, reinforced safety searches, standardized "Owning the Door" competencies, updated Code Green procedures, improved fire drill documentation, and proactive discussion of high-risk patients during safety huddles. These actions reflect a proactive, system-level approach to risk mitigation.

Medication Safety & Continuity

Medication reconciliation at admission and discharge is completed to reduce errors and ensure accurate profiles. The Quality Department monitors reconciliation compliance to verify provider completion at the point of care, with results reported to the Medical Executive Committee for oversight. The organization has implemented PYXIS, an automated medication-dispensing system that supports controlled access, accurate dispensing, and improved inventory management. Prescriptions are routed to local pharmacies when possible, and Gateway Pharmacy provides a 7–30-day supply when access is limited. Teach-back during medication education confirms understanding and reduces post-discharge safety risks.

Daily Safety Huddle

A daily morning huddle brings department leaders together to review safety concerns from the previous day, address emerging risks, and ensure shared situational awareness. Safety-focused

communication is integrated into treatment planning and shift handoffs to support consistent monitoring and rapid response to changing patient needs.

Trauma-Informed Crisis Prevention & De-escalation

Staff receive training in CPI, trauma-informed care, communication strategies, and crisis recognition. These skills support early de-escalation, reduce reliance on restrictive interventions, and maintain patient dignity. Staff use calm, respectful, non-escalating approaches to promote emotional safety.

Event Review & Learning Culture

Safety events are reviewed using structured, learning-oriented processes. Root cause analyses, debriefings, and committee oversight (including PI and Quality Council) guide corrective actions and ensure follow-through. This strengthens system reliability and continuous improvement.

Use of Patient Feedback to Strengthen Safety

Patient experience feedback and grievance trends are incorporated into safety planning. Feedback related to communication, environmental safety, and care experience informs training priorities, workflow adjustments, and opportunities to enhance trust and understanding of safety practices.

Overall Performance Summary

The organization demonstrates strong performance in patient safety through structured oversight, proactive risk assessment, interdisciplinary collaboration, and trauma-informed practice. These efforts foster a care environment that prioritizes safety, dignity, and healing for all patients.

Addressing patient social drivers of health

The facility's performance in addressing Social Determinants of Health focuses on reducing transportation barriers, which are among the most significant obstacles to safe discharge and timely follow-up care. Transportation challenges frequently arise when patients do not have a ride home, when family or support persons are unavailable, or when county or community providers cannot pick up in a timely manner.

To promote safe and reliable transitions, the hospital arranges and pays for transportation for patients who lack access to a safe discharge ride. This includes securing transportation for long-distance discharges when necessary and covering public transit fares when patients cannot pay. The facility also provides a packed lunch at discharge to ensure patients have food available for their journey, particularly for those with limited financial resources or extended travel distances.

The organization also supports Social Determinants of Health for patients engaged in post-discharge treatment. For individuals referred to PHP/IOP who attend groups onsite but cannot drive or do not have a vehicle, transportation assistance is provided to ensure access to services. Additionally, the facility offers lunch and snacks to PHP/IOP participants during in-person programming, which supports engagement and addresses potential food insecurity for patients with limited resources.

These efforts reflect the organization's commitment to equitable care and align with the Healthcare Equity Plan by addressing transportation and food access—two high-impact SDOH needs identified in our patient population. By reducing financial, geographic, and access-related barriers, the facility promotes safer transitions, improved follow-up compliance, and greater continuity of care for vulnerable patients.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

The facility's performance in the priority area of Effective Treatment centers on delivering timely, evidence-based psychiatric care supported by structured assessments, interdisciplinary collaboration, and clear communication. Clinical workflows emphasize accuracy, consistency, and

alignment with regulatory and professional standards to support positive patient outcomes and reduce preventable readmissions.

Providers complete comprehensive psychiatric evaluations, suicide and risk assessments, and daily progress notes to ensure treatment decisions reflect each patient's clinical presentation and level of acuity. Nursing staff perform routine assessments, monitor medication response, and communicate changes promptly during treatment team rounds to support safe, clinically informed decision-making. Social Services participates in daily interdisciplinary meetings to identify discharge barriers, coordinate follow-up appointments, and ensure patients have a safe and appropriate transition plan.

Through the QAPI program, the facility implemented initiatives to strengthen clinical effectiveness, including improvements in pain reassessment compliance, medication reconciliation, restraint and seclusion reduction, staff competency development, and documentation standards. These initiatives reinforce consistent delivery of evidence-based treatment and support adherence to Joint Commission, CMS, and Title 22 requirements.

Monthly peer review supports effective treatment by evaluating clinical documentation, diagnostic reasoning, and adherence to practice standards. Peer review findings guide provider education, reinforce best practices, and strengthen consistency in clinical decision-making. Oversight through the Medical Executive Committee ensures alignment with regulatory expectations and supports continuous improvement in the quality of care.

The organization also enhanced communication of discharge instructions and medication education to ensure patients better understand their treatment plan, follow-up expectations, and warning signs after hospitalization. These efforts are especially important for populations at higher risk for readmission, such as Medicare patients and individuals with limited outpatient access.

Overall, the facility demonstrates strong performance in delivering effective psychiatric treatment through structured clinical workflows, interdisciplinary collaboration, and alignment with regulatory standards. These efforts reflect the organization's mission to inspire health, wholeness, and hope by ensuring patients receive coordinated, high-quality, and clinically appropriate care throughout their hospitalization.

Care coordination

The facility's performance in the priority area of Care Coordination focused on strengthening communication across departments and ensuring smooth transitions throughout the patient's treatment episode. Consistent interdisciplinary collaboration between Nursing, Providers, Social Services, Pharmacy, and Admissions supported timely decision-making, reduced delays, and promoted safe continuity of care.

Daily treatment team rounds ensured that each patient's clinical progress, medication updates, discharge barriers, and psychosocial needs were reviewed jointly. Nursing communicated changes in condition, Providers clarified treatment plans and anticipated discharge dates, and Social Services addressed appointment scheduling, payer limitations, safety considerations, and transportation needs. This aligned communication ensured that all disciplines operated with the same up-to-date information.

The Admissions Department supported coordination by streamlining referral handoffs, communicating clinical and payer information at the time of admission, clarifying precertification requirements, and ensuring a smooth transition from referral source to inpatient care. Pharmacy, Providers, and Social Services also collaborated to ensure medication continuity by confirming prescriptions, arranging Gateway delivery when needed, and aligning medication education with discharge plans.

Care coordination extended into discharge transitions through confirmation of follow-up appointments, coordination of transportation, verification of medication access, and communication of essential clinical information to outpatient providers. For patients transitioning to PHP/IOP or other community programs, warm handoffs and direct communication reduced delays and strengthened continuity.

As part of ongoing performance monitoring, the Quality Department conducts quarterly audits of Social Services documentation, including discharge planning notes, follow-up appointment verification, contact attempts, and barriers identified. Audit results are presented at Quality Council and used to drive improvement in timeliness, clarity, and completeness of discharge planning documentation. This Social Services Performance Improvement initiative strengthens care transitions and supports reliability across all units.

Through QAPI oversight, the organization also monitors care-coordination-related workflows such as medication reconciliation timeliness, discharge documentation completion, and transition-of-care communication. Identified gaps prompt workflow updates, staff education, and standardization to further strengthen reliability.

Overall, the facility demonstrates strong performance in care coordination by promoting aligned interdisciplinary communication, strengthening discharge workflows, and reducing barriers to continuity across the full treatment episode.

Access to care

The facility's performance in the priority area of Access to Care focused on reducing barriers that delay or prevent patients from receiving timely psychiatric services. Throughout the year, the hospital strengthened processes that support rapid referral review, efficient admission decisions, and reliable access to both inpatient and outpatient behavioral-health services.

The Admissions Department processed referrals across all three shifts to ensure uninterrupted access, including evenings and overnight hours when placement delays are most common. Staff verified insurance benefits, completed precertification requirements, and communicated promptly with referral sources to support rapid and clinically appropriate placement decisions. Collaboration with county agencies, emergency departments, crisis centers, and contracted payers supported timely admission for patients requiring psychiatric stabilization.

To further support access beyond hospitalization, the facility expanded transportation assistance to ensure patients could attend outpatient behavioral-health appointments, PHP/IOP services, and community follow-up. Transportation support was also provided for discharge destinations when patients lacked reliable means to leave the hospital safely. These efforts reduced significant access barriers, especially for vulnerable individuals with limited financial resources, transportation insecurity, or complex social needs.

The organization monitored capacity, staffing levels, and patient flow daily to minimize delays in admission and discharge, ensuring timely access to available beds. Admissions leadership routinely tracked referral volume, response timeliness, admission decisions, and precertification follow-up to identify emerging barriers that could slow placement. When challenges were identified—such as payer delays, incomplete clinical information, or patients requiring transportation—targeted process adjustments and cross-department communication supported smoother transitions and faster access to needed behavioral-health services.

Overall, the facility demonstrated consistent performance in improving access to care by maintaining timely referral processing, strengthening community and payer partnerships, and addressing logistical challenges that impact patients' ability to obtain needed behavioral-health services.

Methodology Guidelines

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

Y