**PALOMAR HEALTH**®
Reimagining Healthcare®

# BOARD OF DIRECTORS
## Meeting Agenda

### Monday, December 8, 2025
### 6:30 p.m.

*Please see page 3 of agenda for meeting location*

| | | Time | Target |
|---|---|---|---|
| | *The Board may take action on any of the items listed below, including items specifically labeled "Informational Only"* | | |
| **Call To Order** | | | **6:30** |
| **1.** | **Establishment of Quorum** | 1 | 6:31 |
| **2.** | **Opening Ceremony** | 4 | 6:35 |
| | a.   Pledge of Allegiance to the Flag | | |
| **3.** | **Public Comments**[1] | 30 | 7:05 |
| **4.** | **Approval of Minutes** *(ADD A)* | 5 | 7:10 |
| | a.   Regular Session Board of Directors Meeting – Monday, November 10, 2025 *(Pp 7-13)* | | |
| | b.   Special Closed Session Board of Directors Meeting – Thursday, November 6, 2025 *(Pp 14-15)* | | |
| | c.   Special Session Board of Directors Meeting – Thursday, November 6, 2025 *(Pp 16-18)* | | |
| | d.   Special Closed Session Board of Directors Meeting – Monday, November 10, 2025 *(Pp 19-20)* | | |
| | e.   Special Session Board of Directors Meeting – Tuesday, November 18, 2025 *(Pp 21-22)* | | |
| **5.** | **Approval of Agenda** to accept the Consent Items as listed *(ADD B)* | 5 | 7:15 |
| | a.   Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments *(Pp 24-26)* | | |
| | b.   Palomar Medical Center Poway Medical Staff Credentialing and Reappointments *(Pp 27-30)* | | |
| | c.   Palomar Medical Center Escondido Department of Pediatrics Rules and Regulations *(Redline Pp 31-41; Clean Pp 42-52)* | | |
| | d.   Palomar Medical Center Escondido Resident Rotations in Emergency Department Annual Report 2024-2025 *(Pp 53-55)* | | |

| | | | | |
|---|---|---|---|---|
| | e. Policy and Procedure Approval (August 2025 – November 2025) *(Pp 56-219)* | | | |
| **6.** | **Reports –** *Informational Only* | | | |
| | **a. Medical Staff** | | | |
| | I. Chief of Staff, Palomar Medical Center Escondido – *Kanchan Koirala, MD* | | 5 | 7:20 |
| | II. Chief of Staff, Palomar Medical Center Poway – *Mark Goldsworthy, MD* | | 5 | 7:25 |
| | **b. Administration** | | | |
| | I. President and CEO – *Diane Hansen* | | 5 | 7:30 |
| | II. Chair of the Board – *Jeff Griffith* | | 5 | 7:35 |
| **7.** | **ELECTION OF OFFICERS** | | 10 | 7:45 |
| | a. Election of 2025 Officers | | | |
| **8.** | **Approval of Bylaws, Charters, Resolutions and Other Actions** *(ADD C)* | | 10 | 7:55 |

| | Agenda Item | Committee/ Department | Action | | |
|---|---|---|---|---|---|
| | a. Annual Affirmation of the Board of Directors Code of Conduct *(Pp 221)* | Board of Directors | Review/ Approve | | |
| | b. Resolution No. 12.08.25(04)-25 of the Board of Directors of Palomar Health Establishing Regular Board Meetings for Calendar Year 2026 *(Pp 222)* | Board of Directors | Review/ Approve | | |

| | | | | |
|---|---|---|---|---|
| **9.** | **Board Committees –** *Informational Only* | | 5 | 8:00 |
| | a. Audit & Compliance Committee – Michael Pacheco, Committee Chair | | | |
| | b. Community Relations Committee – Terry Corrales, Committee Chair | | | |
| | c. Finance Committee – Linda Greer, Committee Chair | | | |
| | d. Governance Committee – Jeff Griffith, Committee Chair | | | |
| | e. Human Resources Committee – Terry Corrales, Committee Chair | | | |
| | f. Quality Review Committee – Linda Greer, Committee Chair | | | |
| | g. Strategic & Facilities Planning – Michael Pacheco, Committee Chair | | | |
| **Final Adjournment** | | | | **8:00** |

NOTE: If you need special assistance to participate in the meeting, please call 760.740.6375 with requests 48 hours prior to the event, so we may provide reasonable accommodations.

[1] *3 minutes allowed per speaker. For further details, see Request for Public Comment Process and Policy on page 4 of agenda.*

**PALOMAR HEALTH**

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# Board of Directors
## Meeting Location Options

### Palomar Medical Center Escondido
### 1st Floor Conference Room
### 2185 Citracado Parkway, Escondido, CA 92029

- Elected Board Members of the Palomar Health Board of Directors will attend at this location, unless otherwise noticed below
- Non-Board member attendees, and members of the public may also attend at this location

**https://www.microsoft.com/en-us/microsoft-teams/join-a-meeting?rtc=1**

**Meeting ID: 277 533 693 824**
**Passcode: TT2Yh7oC**
**or**
**Dial in using your phone at 929.352.2216; Access Code: 444 027 050#**[1]

- Non-Board member attendees, and members of the public may also attend the meeting virtually utilizing the above link

- An elected member of the Board of Directors will be attending the meeting virtually from these locations

[1] *New to Microsoft Teams? Get the app now and be ready when your first meeting starts:* Download Teams

| **Source:** | **Applies to Facilities:** | **Applies to Departments:** |
|---|---|---|
| Administrative | All Palomar Health Facilities | Board of Directors |
| Board of Directors | | |

## Policy: Public Comments and Attendance at Public Board Meetings

### I. PURPOSE:

A. It is the intention of the Palomar Health Board of Directors to hear public comment about any topic that is under its jurisdiction. This policy is intended to provide guidelines in the interest of conducting orderly, open public meetings while ensuring that the public is afforded ample opportunity to attend and to address the board at any meetings of the whole board or board committees.

### II. DEFINITIONS:

A. None defined.

### III. TEXT / STANDARDS OF PRACTICE:

A. There will be one-time period allotted for public comment at the start of the public meeting. Should the chair determine that further public comment is required during a public meeting, the chair can call for such additional public comment immediately prior to the adjournment of the public meeting. Members of the public who wish to address the Board are asked to complete a Request for Public Comment form and submit to the Board Assistant prior to or during the meeting. The information requested shall be limited to name, address, phone number and subject, however, the requesting public member shall submit the requested information voluntarily. It will not be a condition of speaking.

B. Should Board action be requested, it is encouraged that the public requestor include the request on the *Request for Public Comment* as well. Any member of the public who is speaking is encouraged to submit written copies of the presentation.

C. The subject matter of any speaker must be germane to Palomar Health's jurisdiction.

D. Based solely on the number of speaking requests, the Board will set the time allowed for each speaker prior to the public sections of the meeting, but usually will not exceed 3 minutes per speaker, with a cumulative total of thirty minutes.

E. Questions or comments will be entertained during the "Public Comments" section on the agenda. All public comments will be limited to the designated times, including at all board meetings, committee meetings and board workshops.

F. All voting and non-voting members of a Board committee will be seated at the table. Name placards will be created as placeholders for those seats for Board members, committee members, staff, and scribes. Any other attendees, staff or public, are welcome to sit at seats that do not have name placards, as well as on any other chairs in the room. For Palomar Health Board meetings, members of the public will sit in a seating area designated for the public.

G. In the event of a disturbance that is sufficient to impede the proceedings, all persons may be excluded with the exception of newspaper personnel who were not involved in the disturbance in question.

H. The public shall be afforded those rights listed below (Government Code Section 54953 and 54954).

1. To receive appropriate notice of meetings;
2. To attend with no pre-conditions to attendance;
3. To testify within reasonable limits prior to ordering consideration of the subject in question;
4. To know the result of any ballots cast;
5. To broadcast or record proceedings (conditional on lack of disruption to meeting);
6. To review recordings of meetings within thirty days of recording; minutes to be Board approved before release,
7. To publicly criticize Palomar Health or the Board; and
8. To review without delay agendas of all public meetings and any other writings distributed at the meeting. I. This policy will be reviewed and updated as required or at least every three years.

(**REFERENCED BY** Public Comment Form

# Regular Session
# Board of Directors Meeting

**Meeting will begin at 6:30 p.m.**

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## Request for Public Comments

If you would like to make a public comment, submit your request by doing the following:

➢ **In Person: Submit a Public Comment Form, or verbally submit a request, to the Board Clerk**

➢ **Virtual: Enter your name and "Public Comment" in the chat function**

Those who submit a request will be called on during the Public Comments section and given 3 minutes to speak.

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**Public Comments Process**

Pursuant to the Brown Act, the Board of Directors can only take action on items listed on the posted agenda. To ensure comments from the public can be made, there is a 30 minute public comments period at the beginning of the meeting. Each speaker who has requested to make a comment is granted three (3) minutes to speak. The public comment period is an opportunity to address the Board of Directors on agenda items or items of general interest within the subject matter jurisdiction of Palomar Health.

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# ADDENDUM A

| Board of Directors Meeting Minutes – Monday, November 10, 2025 | |
|---|---|
| **Agenda Item** | |
| • *Discussion* | *Conclusion/Action/Follow Up* |
| **Notice of Meeting** | |
| Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, November 7, 2025, which is consistent with legal requirements. | |
| **Call To Order** | |
| The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and called to order at 6:32 p.m. by Vice Chair Michael Pacheco. | |
| **1. Establishment of Quorum** | |
| Quorum was established via roll call comprising of Directors Clark; Corrales; Edwards-Tate; Greer; Jahaaski; Pacheco<br>Absences: Director Griffith | |
| **2. Opening Ceremony** | |
| The Pledge of Allegiance was recited in unison led by Director John Clark. | |

| *Board of Directors Meeting Minutes – Monday, November 10, 2025* |
|---|

| *Agenda Item* | |
|---|---|
| • *Discussion* | *Conclusion/Action/Follow Up* |
| **3. Public Comments** | |
| • No public comments | |
| **4. Presentations – Informational Only** | |
| • Video presentation was shown. | |
| **5. Approval of Minutes** | |
| a. Regular Session Board of Directors Meeting - Monday, October 13, 2025<br><br>b. Special Closed Session Board of Directors Meeting – Tuesday, October 7, 2025<br><br>c. Special Closed Session Board of Directors Meeting – Monday, October 13, 2025<br><br>d. Special Session Board of Directors Meeting – Tuesday, October 14, 2025<br><br>e. Special Closed Session Board of Directors Meeting – Tuesday, October 21, 2025<br><br>f. Special Session Board of Directors Meeting – Tuesday, October 21, 2025 | **MOTION:** By Director Corrales, 2nd by Director Edwards-Tate and carried to approve all presented minutes that included the October 13, 2025 Regular Session Board of Directors Meeting, October 7, 2025 Special Closed Session Board of Directors Meeting, October 13, 2025 Special Closed Session Board of Directors Meeting, October 14, 2025 Special Session Board of Directors Meeting, October 21, 2025 Special Closed Session Board of Directors Meeting, and October 21, 2025 Special Session Board of Directors Meeting minutes as written.<br><br>Roll call voting was utilized.<br>Director Clark – aye<br>Director Corrales – aye<br>Director Edwards-Tate – aye<br>Director Greer – aye<br>Director Griffith – absent<br>Director Jahaaski – aye<br>Director Pacheco – aye<br><br>Vice Chair Pacheco announced that six board members were in favor. None opposed. No abstention. One absent. Motion approved. |

| Board of Directors Meeting Minutes – Monday, November 10, 2025 |
| --- |

| Agenda Item | |
| --- | --- |
| • **Discussion** | **Conclusion/Action/Follow Up** |
| **6. Approval of Agenda** *to accept the Consent Items as listed* | |
| a. Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments<br><br>b. Palomar Medical Center Poway Medical Staff Credentialing and Reappointments<br><br>c. Internal Medicine Privilege Checklist<br><br>d. Family Medical Privilege Checklist<br><br>e. Certified Nurse Practitioner – Palomar Medical Center Escondido<br><br>f. YTD FY2025 and September Financials | YTD FY2025 AND SEPTEMBER FINANCIALS WAS PULLED FROM THE AGENDA FOR FURTHER DISCUSSION.<br><br>**MOTION:** By Director Corrales, 2nd by Director Greer and carried to approve Consent Agenda items Palomar Medical Center Escondido Medical Staff Credentialing and Reappointments, Palomar Medical Center Poway Medical Staff Credentialing and Reappointments, Internal Medicine Privilege Checklist, Family Medical Privilege Checklist, and Certified Nurse Practitioner-Palomar Medical Center Escondido as presented.<br><br>Roll call voting was utilized.<br>Director Clark – aye<br>Director Corrales – aye<br>Director Edwards-Tate – aye<br>Director Greer – aye<br>Director Griffith – absent<br>Director Jahaaski – aye<br>Director Pacheco – aye<br><br>Vice Chair Pacheco announced that six board members were in favor. None opposed. No abstention. One absent. Motion approved. |

| *Agenda Item* | |
|---|---|
| • *Discussion* | *Conclusion/Action/Follow Up* |
| • YTD FY2025 and September Financials | **MOTION:** By Director Greer, 2nd by Director Corrales and carried to approve Consent Agenda items of the YTD FY 2025 and September 2025 Financials presented. <br><br> Roll call voting was utilized. <br> Director Clark – aye <br> Director Corrales – aye <br> Director Edwards-Tate – aye <br> Director Greer – aye <br> Director Griffith – absent <br> Director Jahaaski – aye <br> Director Pacheco – aye <br><br> Vice Chair Pacheco announced that six board members were in favor. None opposed. No abstention. One absent. Motion approved. |
| • Director John Clark requested agenda item 6, f, be pulled from the consent agenda. <br> • Andrew Tokar, Chief Financial Officer, fielded questions from Director John Clark. | |

**7. Reports – Informational Only**

   **a. Medical Staff**

   I. Palomar Medical Center Escondido

Palomar Medical Center Escondido Chief of Staff, Kanchan Koirala, MD, provided a verbal report.

   II. Palomar Medical Center Poway

Palomar Medical Center Poway Chief of Staff, Mark Goldsworthy, MD, provided a verbal report.

   **b. Administrative**

| *Board of Directors Meeting Minutes – Monday, November 10, 2025* |
|---|

| *Agenda Item* |
|---|

| • *Discussion* | *Conclusion/Action/Follow Up* |
|---|---|
| I. President and CEO | |
| Palomar Health President & CEO Diane Hansen provided a verbal report. | |
| II. Chair of the Board | |
| Palomar Health Vice Chair of the Board Michael Pacheco provided a verbal report. | |

| **8. Approval of Bylaws, Charters, Resolutions, and Other Actions** | |
|---|---|
| a. Resolution No. 11.10.25(01)-21 of the Board of Directors of Palomar Health to Authorize the Execution and Delivery of an Amended and Restated Promissory Note, the First Amendment to Loan and Security Agreement, and Certain Actions in Connection therewith, nondesignated Public Hospital Bridge and Loan Program II | **MOTION:** By Director Jahaaski, 2nd by Director Greer and carried for Resolution No. 11.10.25(01)-21 of the Board of Directors of Palomar Health to Authorize the Execution and Delivery of an Amended and Restated Promissory Note, the First Amendment to Loan and Security Agreement, and Certain Actions in Connection therewith, nondesignated Public Hospital Bridge and Loan Program II.<br><br>Roll call voting was utilized.<br>Director Clark – aye<br>Director Corrales – aye<br>Director Edwards-Tate – aye<br>Director Greer – aye<br>Director Griffith – absent<br>Director Jahaaski – aye<br>Director Pacheco – aye<br><br>Vice Chair Pacheco announced that six board members were in favor. None opposed. No abstention. One absent.<br>Motion approved |

| *Agenda Item* | |
|---|---|
| • *Discussion* | *Conclusion/Action/Follow Up* |
| • Board discussion ensued. | |

**9. Board Committees – Informational Only**

a. Audit & Compliance Committee – Michael Pacheco, Committee Chair

- Vice Chair Michael Pacheco noted the committee did not meet.

b. Community Relations Committee – Terry Corrales, Committee Chair

- Director Terry Corrales noted the committee did not meet.

c. Finance Committee – Linda Greer, Committee Chair

- Director Linda Greer provided a verbal update.

d. Governance Committee – Jeff Griffith, Committee Chair

- Vice Chair Michael Pacheco noted the committee did not meet.

e. Human Resources Committee – Terry Corrales, Committee Chair

- Director Terry Corrales noted the committee did not meet.

f. Quality Review Committee – Linda Greer, Committee Chair

- Director Linda Greer provided a verbal update.

g. Strategic & Facilities Planning – Michael Pacheco, Committee Chair

- Director Michael Pacheco noted the committee did not meet.

| *Board of Directors Meeting Minutes – Monday, November 10, 2025* | |
|---|---|
| *Agenda Item* | |
| • *Discussion* | *Conclusion/Action/Follow Up* |
| **Final Adjournment** | |
| • There being no further business, Vice Chair Michael Pacheco adjourned the meeting at 7:01 p.m. | |

| **Signatures:** | **Board Secretary** | _____<br>Terry Corrales, R.N. |
|---|---|---|
| | **Board Clerk** | _____<br>Janet Kren |

# PALOMAR HEALTH
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| Special Closed Session Board of Directors Minutes – Thursday, November 6, 2025 | |
|---|---|
| *Agenda Item* | *Conclusion / Action* |
| *Discussion* | |
| **Notice of Meeting** | |
| Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Wednesday, November 5, 2025, which is consistent with legal requirements. | |
| **I.    Call To Order** | |
| The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 9:02 a.m. by Chair Jeff Griffith. | |
| **II.    Establishment Of Quorum** | |
| Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco<br><br>Absences: None | |
| **III.  Public Comments** | |
| • No public comments. | |

| | |
|---|---|
| **IV. Adjournment to Closed Session** | |
| a. *Pursuant to California Government Code § 54962 and California Health & Safety Code § 32106—REPORT INVOLVING TRADE SECRET—Discussion will concern: proposed new service or program. Estimated date of public disclosure: December 1, 2025* | |

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|---|
| **VI. Re-Adjournment to Open Session** |

| |
|---|
| **VII. ACTION RESULTING FROM CLOSED SESSION – *IF ANY*** |
| Chair Griffith announced that there was no actions or votes required. An Ad Hoc Board Committee will be formed comprising of three Board Directors to address the JPA Board Appointment Process. |

| |
|---|
| **VIII. Final Adjournment** |
| There being no further business, Chair Jeff Griffith adjourned the meeting at 11:02 a.m. |

| Signatures: | | |
|---|---|---|
| | **Board Secretary** | _____ <br> Terry Corrales, RN |
| | **Board Clerk** | _____ <br> Janet Kren |

| *Special Session Board of Directors Minutes – Thursday, November 6, 2025* | |
|---|---|
| *Agenda Item* | *Conclusion / Action* |
| *Discussion* | |
| **Notice of Meeting** | |
| Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Tuesday, November 4, 2025, which is consistent with legal requirements. | |
| **I.   Call To Order** | |
| The meeting, which was held in the Linda Greer Board Room, Suite 300, 2125 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 11:16 a.m. by Chair Jeff Griffith. | |
| **II.   Establishment Of Quorum** | |
| Quorum was established via roll call comprising of Directors Clark, Corrales, Edwards-Tate, Greer, Griffith, Jahaaski, Pacheco<br>Absences: None | |
| **III.   Public Comments** | |
| • No public comments. | |

## VII. Approval of Bylaws, Charters, Resolutions and Other Actions

| | |
|---|---|
| a. Resolution No. 11.06.25(01)- 19 of the Board of Directors of Palomar Health to Validate Joint Powers of Authority Associated Agreements | **MOTION:** By Director Edwards-Tate, 2nd by Director Corrales to and carried to approve Resolution 11.05.25(01)-19 of the Board of Directors of Palomar Health Validating the Joint Powers of Authority Associated Agreements<br><br>Roll call voting was utilized.<br>Director Clark – abstain<br>Director Corrales – aye<br>Director Edwards-Tate – abstain<br>Director Greer – aye<br>Director Griffith – aye<br>Director Jahaaski – aye<br>Director Pacheco – aye<br><br>Chair Griffith announced that five board members were in favor. None opposed. Two abstentions. None absent.<br>Motion approved. |
| • Board discussed ensued | |
| a. Resolution No. 11.06.2025(02)- 20 of the Board of Directors of Palomar Health to Propose Amendment of the Management Services Agreement with Mesa Rock and to Terminate Said Agreement | **MOTION:** By Director Edwards-Tate, 2nd by Director Corrales and carried to approve Resolution 11.06.25(02)- 20 of the Board of Directors of Palomar Health Approving the Amendment to the Management Services Agreement with Mesa Rock and to Terminate Said Agreement<br><br>Roll call voting was utilized.<br>Director Clark – aye<br>Director Corrales – aye<br>Director Edwards-Tate – aye<br>Director Greer – aye<br>Director Griffith – aye<br>Director Jahaaski – aye<br>Director Pacheco – aye<br><br>Chair Griffith announced that seven board members were in favor. None opposed. No abstention. None absent.<br>Motion approved. |

- Board discussed ensued

## VIII.   Final Adjournment

There being no further business, Chair Jeff Griffith adjourned the meeting at 11:30 a.m.

| **Signatures:** | | |
|---|---|---|
| | **Board Secretary** | _____<br>Terry Corrales, RN |
| | **Board Clerk** | _____<br>Janet Kren |

| Special Closed Session Board of Directors Minutes – Monday, November 10, 2025 | |
|---|---|
| **Agenda Item** | **Conclusion / Action** |
| **Discussion** | |
| **Notice of Meeting** | |
| Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, as well as on the Palomar Health website, on Friday, November 7, 2025, which is consistent with legal requirements. | |
| **I.  Call To Order** | |
| The meeting, which was held at the Palomar Medical Center Escondido, First Floor Conference Room at 2185 Citracado Parkway, Escondido, CA. 92029, and virtually, was called to order at 5:35 p.m. by Vice Chair Michael Pacheco. | |
| **II.  Establishment Of Quorum** | |
| Quorum was established via roll call comprising of Directors Clark; Corrales; Edwards-Tate; Greer; Jahaaski; Pacheco<br><br>Absences: Director Griffith | |
| **III.  Public Comments** | |
| • No public comments. | |
| **IV.  Adjournment To Closed Session** | |
| a.  *Pursuant to California Government Code § 54962 and California Health & Safety Code § 32155 – HEARINGS - Subject matter: Report of Quality Assurance Committee* | |

| | |
|---|---|
| **V.  Re-Adjournment To Open Session** | |
| **VI.  Action Resulting From Closed Session – if any** | |
| • No action was taken in closed session. | |
| **VII.  Final Adjournment** | |
| There being no further business, Vice Chair Michael Pacheco adjourned the meeting at 6:09 p.m. | |

**Signatures:**

| | |
|---|---|
| **Board Secretary** | _____<br>Terry Corrales, RN |
| **Board Clerk** | _____<br>Janet Kren |

| *Special Session Board of Directors Meeting Minutes – Tuesday, November 18, 2025* | |
|---|---|
| *Agenda Item* | *Conclusion/Action* |
| *Discussion* | |
| **Notice Of Meeting** | |
| Notice of Meeting was posted at the Palomar Health Administrative Office at 2125 Citracado Parkway, Escondido, CA. 92029; also posted with agenda packet on the Palomar Health website on Thursday, November 13, 2025 and amended agenda packet on the Palomar Health website on Monday, November 17, 2025 | |
| **Call To Order** | |
| The meeting, which was held in the Linda Greer Board Room at 2125 Citracado Parkway, Suite 300, Escondido, CA. 92029, and virtually, was called to order at 10:03 a.m. by Board Vice-Chair Michael Pacheco | |
| I.        **Establishment of Quorum** | |
| • Quorum was established via roll call vote consisting of: Directors Terry Corrales; Linda Greer; Jeff Griffith; Michael Pacheco<br>• Excused Absences: Directors John Clark; Laurie Edwards-Tate; Abbi Jahaaski | |
| II.        **Public Comments** | |
| • No public comments | |

| | | |
|---|---|---|
| **III.** | **Agenda Item(s) for Review** | |
| Baker Tilly Audit Presentation: Communication of Results of the June 30, 2025 Audit | | |
| **Discussion ensued** | | |
| **IV.** | **Board Vote to Approve Annual Audit** | **MOTION** by Director Greer, 2nd by Director Corrales to accept the June 2025 Audit as presented.<br><br>Roll call voting was utilized.<br><br>Director Clark – absent<br>Director Corrales – aye<br>Director Edwards-Tate - absent<br>Director Greer – aye<br>Director Griffith - aye<br>Director Jahaaski – absent<br>Director Pacheco - aye<br><br>All in favor.  None opposed.  Three absent.  None abstained.  Motion approved. |
| **V.** | **Final Adjournment** | |
| Meeting adjourned by Vice-Chair Michael Pacheco at 10:41 a.m. | | |
| **Signatures:** | | |

Board Chair           _____

Terry Corrales, R.N.

Committee Assistant       _____

Janet Kren

# ADDENDUM B

Palomar Medical Center Escondido
2185 Citracado Parkway
Escondido, CA 92029
(442) 281-1005   (760) 233-7810 fax
Medical Staff Services

December 2, 2025

To:                          Palomar Health Board of Directors

From:                        Kanchan Koirala, M.D., Chief of Staff
                             Palomar Medical Center Escondido Medical Executive Committee

Board Meeting Date:    December 8, 2025

Subject:                     Palomar Medical Center Escondido Credentialing Recommendations

Provisional Appointment (12/08/2025 to 11/30/2027)
Bahmanpour, Kaveh, M.D. – Family Medicine
Conroy, Erin K., M.D. – Obstetrics and Gynecology
Dailey, Mark W., D.O - Psychiatry
Gaufin, Thaidra A., M.D. – Infectious Disease
George, Alecia K., M.D. – Pediatrics
Jansen, Jeremiah A., M.D. – Teleradiology
Samha, Leen H., M.D. – Emergency Medicine
Sardashti, Mina L., M.D. - Psychiatry
Van De Water, Tracy A., M.D. – Otolaryngology

Advance from Provisional to Active Category
Davis, John P., M.D. - Surgery, Trauma-Dept. of Surgery (0/01/2026 to 10/31/2027)

Request for Additional Privileges
De Silva, Bertrand R., M.D. – Critical Care Medicine
- Pulmonary Core Privileges (eff. 12/05/2025 – 03/05/2026)
- Internal Medicine Core Privileges (eff. 12/05/2025 – 03/05/2026)
Serry, Rod D., M.D. – Cardiovascular Disease
- ECMO Cannulation (eff. 12/08/2025 – 12/31/2026)

Physician Voluntary Resignation
Al Assaad, Rami Y., M.D. – Internal Medicine (eff. 12/31/2025)
Goraya, Anam, M.D. – Internal Medicine (eff. 12/31/2025)
Green, Nella L., M.D. – Infectious Disease (eff. 12/31/2025)
Hanna, Michael W., M.D. – Internal Medicine (eff. 12/31/2025)
Macleay, Lachlan Jr., M.D. – Pathology (eff. 12/31/2025)
Moats, Thomas R., M.D. – Emergency Medicine (eff. 09/01/2025)
Niguidula, Carlo H., M.D. – Family Medicine (eff. 12/31/2025)
Plotz, Zachary J., M.D. – Radiology (eff. 11/30/2025)
Rohrhoff, Nicholas J., M.D. – Critical Care (eff. 10/23/2025)
Singh, Gurpreet, M.D. – Internal Medicine (eff. 12/31/2025)
Tordilla, Omar F., M.D. – Family Practice (eff. 11/30/2025)

Request for 2 Year Leave of Absence
Bayati, Nasser, M.D. – Internal Medicine, 2 years (eff. 11/03/2025 – 11/02/2027)

Allied Health Professional Appointment (effective 12/08/2025 – 11/30/2027)
Cunningham, Chelsey L., PA-C    Dept. of Emergency Medicine       (Sponsor: Dr. Bruce Friedberg)
Robbins, Karina M., CNM         Dept. of OB/GYN                   (Sponsor: Dr. Michael Thesing)
Wang, Sharon D., NP             Dept. of Emergency Medicine       (Sponsor: Dr. Hamid Turay)

Allied Health Professional Voluntary Resignation
Savic, Jessica E., PA-C – Physician Assistant (eff. 11/30/2025)
Whittington, Nanette K., NNP (eff. 09/09/2025)

**PALOMAR HEALTH**

<u>PALOMAR MEDICAL CENTER ESCONDIDO RECOMMENDATIONS FOR REAPPOINTMENT</u>

<u>Reappointments (effective 01/01/2026 to 12/31/2027)</u>

| | | | |
|---|---|---|---|
| Adhikary Sharma, Sarina, M.D. | Family Practice | Dept. of Family Practice | Affiliate |
| Barba, Daniel, M.D. | Orthopaedic Surgery | Dept. of Ortho/Rehab | Active |
| Bellars, Richard H., M.D. | Anesthesiology | Dept. of Anesthesia | Active |
| Bownds, Shannon E., MD | Diagnostic Radiology | Dept. of Radiology | Active |
| Faruque, Tania, M.D | Pain Medicine | Dept. of Anesthesia | Affiliate |
| Franco, Juan Carlos T., M.D. | Internal Medicine | Dept. of Medicine | Active |
| Gell, Jaclyn M., D.O. | Emergency Medicine | Dept. of Emergency Medicine | Active |
| Grant, William G., M.D. | Anesthesiology | Dept. of Anesthesia | Active |
| Gupta, Abhay, M.D. | Plastic Surgery | Dept. of Surgery | Courtesy |
| Hebreo, Joseph D., M.D. | Nephrology | Dept. of Medicine | Active |
| Katz, Michael S., M.D. | Surgery, Critical care | Dept. of Surgery | Active |
| Koirala, Kanchan., M.D | Critical Care | Dept. of Medicine | Active |
| Lee, Young E., M.D. | Cardiovascular Disease | Dept. of Medicine | Active |
| Lotan, Roi M., M.D. | Diagnostic Radiology | Dept. of Radiology | Active |
| Nasiri, Arian K., M.D. | Radiology, Vascular IR | Dept. of Radiology | Active |
| Okumura, Sean M., M.D. | Emergency Medicine | Dept. of Emergency Medicine | Active |
| Sadoff, Mark N., M.D. | Neurology | Dept. of Medicine | Affiliate* |

Category change from Active to Affiliate – No clinical privileges

| | | | |
|---|---|---|---|
| Soni, Ranju A., M.D. | Critical Care Medicine | Dept. of Medicine | Active |
| Vithalani, Veer D., M.D | Emergency Medicine | Dept. of Emergency Medicine | Active |

<u>Allied Health Professional Reappointments (effective 01/01/2026 to 12/31/2027)</u>

| | | | |
|---|---|---|---|
| Bergen, Sophea R., PA-C | Physician Assistant | Dept. Ortho/ Rehab | (Sponsor: Dr. Raiszadeh) |
| Chacon, Eliza C., PA-C | Physician Assistant | Dept. of Emerg. Med. | (Sponsor: Dr. Bromley) |
| Chang, Susan S., Pharm D | Clinical Pharmacist | Dept. of Medicine | (Sponsor: Dr. Singh) |
| Meyers, Judith S., ACNP | Acute Care NP | Dept. of Medicine | (Sponsor: Dr. Mulvihill) |
| White, Justin R., PMHNP | Psychiatric NP | Dept. of Psychiatry | (Sponsor: Dr. Hidy) |

<u>Certification by and Recommendation of Chief of Staff</u>

As Chief of Staff of Palomar Medical Center Escondido, I certify that the procedures described in the Medical Staff Bylaws for appointment, reappointment or alteration of staff membership or the granting of privileges and that the policy of Palomar Health's Board of Directors regarding such practices have been properly followed.  I recommend that the action requested in each case be taken by the Board of Directors.

Palomar Medical Center Poway
Medical Staff Services
15615 Pomerado Road
Poway, CA  92064
(858) 613-4538   (858) 613-4217 fax

Date:          December 2, 2025
To:            Palomar Health Board of Directors – December 8, 2025 Meeting
From:          Mark Goldsworthy, M.D., Chief of Staff, PMC Poway Medical Staff
Subject:       Medical Staff Credentials Recommendations – November, 2025

Provisional Appointments:  (12/08/2025 – 11/30/2027)
Kaveh Bahmanpour, M.D., Family Medicine
Mark Dailey, D.O., Psychiatry (Includes The Villas at Poway)
Thaidra Gaufin, M.D., Infectious Disease (Includes The Villas at Poway)
Jeremiah Jansen, M.D., Teleradiology
Leen Samha, M.D., Emergency Medicine
Mina Sardashti, M.D., Psychiatry
Tracy Van De Water, M.D., Otolaryngology

Biennial Reappointments:  (01/01/2026 - 12/31/2027)
Daniel Barba, M.D., Orthopedic Surgery, Active
Richard Bellars, M.D., Anesthesiology, Courtesy
Shannon Bownds, M.D., Teleradiology, Active
Jaclyn Gell, D.O., Emergency Medicine, Active
William Grant, M.D., Anesthesiology, Active
Abhay Gupta, M.D., Plastic Surgery, Courtesy (Transfer from Active)
Joseph Hebreo, M.D., Nephrology, Active (Includes The Villas at Poway)
Kanchan Koirala, M.D., Critical Care Medicine, Active
Young Lee, M.D., Cardiology, Active
Roi Lotan, M.D., Teleradiology, Active
Arian Nasiri, M.D., Vascular & Interventional Radiology, Active
Sean Okumura, M.D., Emergency Medicine, Active
Mark Sadoff, M.D., Neurology, Affiliate (Transfer from Courtesy)
Ranju Soni, M.D., Critical Care Medicine Active (Includes The Villas at Poway)
Veer Vithalani, M.D., Emergency Medicine, Active

1

Requests for Additional Privileges:
Moosa Azadian, M.D. (Critical Care Medicine) - Requesting The Villas at Poway, effective 12/08/2025 – 06/30/2027
Bertrand De Silva, M.D. (Critical Care Medicine) - Requesting Internal Med/Pulmonary Privileges, effective 12/05/2025 – 3/05/2026
Zahid Saeed, M.D. (Critical Care Medicine) - Requesting The Villas at Poway, effective 12/08/2025 – 02/28/2027
Ramesh Subedi, M.D. (Critical Care Medicine) - Requesting The Villas at Poway, effective 12/08/2025 – 03/31/2026

Voluntary Resignations:
Thomas Moats, M.D., Emergency Medicine, effective 09/01/2025
Zachary Plotz, M.D., Teleradiology, effective 11/30/2025
Nicholas Rohrhoff, M.D., Critical Care Medicine, effective 10/24/2025
William Vincent, M.D., Family Medicine, effective 11/30/2025

Allied Health Professional Appointment effective 12/08/2025 – 11/30/2027:
Chelsey Cunnigham, PA, Sponsor Bruce Friedberg for EMA
Sharon Wang, NP, Sponsor Dr Turay for EMA

Allied Health Professional Biennial Reappointment effective 01/01/2026 – 12/31/2027:
Eliza Chacon, PA, Sponsor Dr. Bromley for EMA
Judith Meyers, NP, Sponsor Dr. Mulvihill
Justin White, PMHNP, Sponsor Dr. Hidy (Includes The Villas at Poway)

PALOMAR MEDICAL CENTER POWAY:  Certification by and Recommendation of Chief of Staff:
As Chief of Staff of Palomar Medical Center Poway, I certify that the procedures described in the Medical Staff Bylaws for appointment, reappointment, or alternation of staff membership or the granting of privileges and the policy of the Palomar Health's Board of Directors regarding such practices have been properly followed.  I recommend that the Board of Directors take the action requested in each case.

# Provider Profiles

**Bahmanpour, Kaveh, M.D.**

Status: Applicant
Specialty: Geriatric Medicine
Family Practice

**Conroy, Erin K., MD**

Status: Applicant
Obstetrics and
Gynecology

**Cunningham, Chelsey L., PA-C**

Status: Applicant
Specialty: Physician Assistant

**Dailey, Mark W., DO**

Status: Applicant
Specialty: Psychiatry

**Gaufin, Thaidra A., M.D.**

Status: Temporary Privileges
Specialty: Infectious Disease
Medicine

**George, Alecia K., MD**

Status: Applicant
Specialty: Pediatrics

# Provider Profiles

**Jansen, Jeremiah A., MD**

Status: Applicant
Specialty: Diagnostic Radiology

**Robbins, Karina M., CNM**

Status: Temporary Privileges
Nurse Midwife
OB/GYN

**Samha, Leen H., MD**

Status: Applicant
Specialty: Emergency Medicine

**Sardashti, Mina L., MD**

Status: Applicant
Specialty: Psychiatry

**Van De Water, Tracy A., MD**

Status: Temporary Privileges
Specialty: Otolaryngology
Surgery

**Wang, Sharon D., NP**

Status: Applicant
Specialty: Nurse Practitioner
Emergency Medicine

# PALOMAR HEALTH

**PALOMAR MEDICAL CENTER ESCONDIDO**

DEPARTMENT OF PEDIATRICS
RULES AND REGULATIONS

Adopted by the Department of Pediatrics on
~~May 13, 2021~~ November 13, 2025

Adopted by the Executive Committee on
~~May 24, 2021~~ November 24, 2025

Approved by the Board of Directors on
~~June 14, 2021~~ December 8, 2025

ARTICLE I
PURPOSE

The purpose of the Department of Pediatrics shall be:

1. to enhance the likelihood that all patients admitted to the Hospital or treated in the Pediatric Unit or Neonatal Intensive Care Unit receive the best possible pediatric services.

2. to provide a Chairman who will be responsible to the problems of a medical/administrative nature involving the Medical Staff and the Hospital administration.

3. to initiate and maintain rules and regulations for proper and efficient function of the Department of Pediatrics.

4. to promote and maintain an educational standard through a representative selected by the Chairman to serve on the Education/Library Committee.

ARTICLE II
MEMBERSHIP

2.1     Qualifications

Qualifications for membership within the Department of Pediatrics shall include those requirements specified in the Medical Staff Bylaws, rules and regulations. All practitioners who apply for membership shall be board certified or admissible by the American Board of Pediatrics, the American Osteopathic Board of Pediatrics or other pediatric specialty board recognized by these Boards, or shall have completed an approved residency in the foregoing disciplines, subject to approval by the Executive Committee and Board of Directors.

Family/general physicians, who by history selected the Department of Pediatrics as their primary department, may remain members, if it is their desire. Otherwise, family/general physicians may obtain privileges in the Department of Pediatrics but shall not be eligible for membership.

2.2     Responsibilities
The responsibilities of membership shall constitute:

2.2.1   Participation in Department business and committees and duties assigned by the chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.

2.2.2   Attendance at a minimum of twenty-five percent (25%) of the Department meetings.

Non-compliance with the twenty-five percent (25%) requirement for the Department meetings is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

2.2.3    Provision of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Pediatrics Emergency Department Consultation".

2.2.4    Compliance with the ethical code specified in the Medical Staff bylaws, rules and regulations.

2.2.5    Compliance with the Medical Staff bylaws, rules and regulations, Department of Pediatrics rules and regulations, Department of Pediatrics policies and applicable Hospital policies and procedures.

ARTICLE III
PRIVILEGES

3.1    Application

3.1.1    Each applicant, member or non-member, must complete forms designating the pediatric privileges desired.  Upon receipt of these forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Department of Pediatrics, or designees, will review same and may meet with the applicant.

3.1.2    A non-member with privileges must abide by the Department rules and regulations and policies.  He shall have no vote in Department proceedings and no obligation to participate in Department affairs.  The Chairman may require attendance at a specific meeting if a non-member's privileges are under review or for the purposes of continuing medical education.

3.1.3    Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws, rules and regulations.

3.1.4    Additional privileges may be requested at any time by submitting a written request accompanied by qualifying documentation.  Any additional privileges recommended for approval may be subject to monitoring.

3.2    Criteria

3.2.1    The principles governing all pediatric privileges will be documented and will include demonstrable skill, experience and education relative to the pre-procedure evaluation, technical performance, and post-procedure care inherent in the procedures requested.

3.2.2    Pediatric privileges will include diagnosis and non-surgical treatment of diseases, symptoms and organ systems usually encompassed by pediatrics.

      3.2.3    The Department shall consider any limitations in an applicant's professional liability coverage in granting privileges, and shall not grant privileges for a procedure if the applicant lacks coverage for that procedure.  Denial of privileges of this basis does not constitute denial for a "medical disciplinary cause or reason" as specified in the Medical Staff Bylaws.

3.3      Monitoring

Each practitioner shall undergo a uniform monitoring process conducted by an Active Member holding privileges equal to or greater than those requested within the Department of Pediatrics.  The Department's monitoring requirements are set forth in a policy entitled "Department of Pediatrics Monitoring Requirements."

ARTICLE IV
ORGANIZATION

4.1      Officers

The officers of the Department of Pediatrics will be the Chairman and the Chairman-Elect who shall serve in their capacities for a two (2) year period.  They shall be board certified.  The Chairman-Elect will assume the duties and have authority of the Chairman in the Chairman's absence.  The Chairman-Elect will serve as a member of the Medical Staff Quality Assessment and Improvement Committee.  Both the Chairman and Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

4.2      Pediatric Peer Review Committee

At least four (4) members of the Department of Pediatrics will be appointed by the Chairman to perform quality assessment review on an ongoing basis according to the Department policy entitled "Department of Pediatric Quality Assessment Review".  The Chairman will designate a Chairman of the Pediatric Peer Review Committee who will report, at least on a quarterly basis, to the Department as a whole a summary of the activity of the Pediatric Peer Review Committee.

ARTICLE V
AMENDMENTS

A motion for amendment of these rules and regulations or amendments to policies may be introduced during Department of Pediatrics meetings.

Adoption of rules and regulations amendments shall require a two-third (2/3) vote of the Active Members present after distribution of the proposed changes 30 days prior to a scheduled department meeting.  Amendments to the rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors.

Adoption of policy amendments to Department of Pediatrics policies shall require a simple majority of Active members present at a Department meeting at which a quorum (as defined in the bylaws) is present.  Amendments to Department of Pediatrics policies shall become effective after approval by the Department and Executive Committee; provided, however, that the Board may review any policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a department rules and regulation.

In accordance with the rules and regulations of the Department of Pediatrics, twenty-five percent (25%) of the Department meetings must be attended during a Medical Staff Year (January through December).

**Sanctions**
Non-compliance with the twenty-five percent (25%) attendance requirement of the Department of Pediatrics is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations: Failure to satisfy meeting attendance requirements for one (1) year shall, at a minimum, double the amount of dues required from the member of the next medical staff year. If the member fails to satisfy attendance requirements a second time within three (3) years of the first violation, the Member's dues shall be tripled; if he fails to satisfy attendance requirements a third time within the following three (3) years the Member's dues shall quadruple; and each subsequent violation within a three (3) year period of the most recent violation shall result in a similar increase in the amount charged following such violation.

**Department of Pediatrics**
Department of Pediatrics meetings are usually held ~~monthly~~ quarterly on the ~~third~~ second Thursday~~., 12:30pm in the OB Classroom. The Department does not meet in December.~~

**Advancement to Active**
Compliance with the attendance requirement is necessary for advancement of a Provisional (category) Member to an Active (category) Member.

**Advancement to Courtesy**
Compliance with the attendance requirement is not necessary for advancement of a Provisional (category) Member to a Courtesy (category) Member. Non-attendance during the provisional period may, however, affect a later request from a Courtesy Member to become an Active Member.

**Provisional**

A Provisional (category) Member is required to provide emergency department consultation.

Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made.  An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed.  (Requests for exceptions need to be documented and submitted to the Chairman of the Department of Pediatrics.)

**Active**

An Active (category) Member is required to provide emergency department consultation unless excused by the Department of Pediatrics or unless the hospital has entered into a contractual arrangement for provision of this service.  (Requests for exceptions need to be documented and submitted to the Chairman of the Department of Pediatrics.)

**Courtesy**

A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve.  A Courtesy Member may volunteer to serve.

**Consulting**

A Consulting (category) Member is not required to provide emergency department consultation.

**Associate**

An Associate (category) Member is not required to provide emergency department consultation.

**Age 60**

Any Member age 60 or older is not required to provide emergency department consultation.  The Member may continue to volunteer.

**Trauma**

Involvement in the provision of care for the trauma program is voluntary.

**Provisional (Category) Member's Responsibility**

It is the responsibility of the Provisional Member

    a.    to arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) to monitor his cases. All monitors shall be deemed members of the department's peer review committee for purposes of performing their duties as monitors. Further, in the event a provisional member has made reasonable efforts to arrange for a qualified monitor, but has been unable to do so as a result of circumstances beyond his control, the Department Chairman may appoint a specific monitor.

    b.    to arrange such monitoring in advance so as to have the least impact on the schedule of the monitoring physician except in the case of an emergency.

    c.    to insure monitoring reports are submitted to the Medical Staff Services Office by the monitor.

**Restrictions**

When applicants are monitored, not more than one-half of the cases shall be evaluated by any one monitor, and the remainder shall be evaluated by at least two other monitors. In case where there are insufficient numbers of qualified monitors to comply with this rule, the Chairman of the Department may permit an exception.

**Number of Cases to be Monitored**

Monitoring of each applicant shall be required on at least six (6) hospital admissions, two (2) of which shall be for newborns. If a family practitioner does not care for newborns, monitoring shall be for six (6) general pediatric admissions.

**Location of Monitoring**

Cases may be monitored at either Palomar Medical Center Escondido or Palomar Medical Center Poway if the monitor is an Active category member of the Palomar Medical Center Escondido Medical Staff and has had his/her monitoring requirements lifted.

**Advancement to Active**

Monitoring forms must be submitted and reviewed by the Department of Pediatrics for at least six (6) hospital admissions, two (2) of which shall be for newborns, prior to advancement from Provisional to Active.

**Advancement to Courtesy**

Advancement may be made at the end of a two (2) year provisional period without completion of the monitoring requirement for at least six (6) admissions. Advancement to a Courtesy category does not negate the need to complete monitoring.

**Responsibility of the Monitor**

It is the responsibility of the monitor

    a.    to review the indications for admission, the content of the history, physical and orders, assessment of problems, use of laboratory, x-ray, etc, use of consultants, rapport with patient and rapport with staff.

    b.    to review the indication for the procedure, outcome, pre-procedural preparation, handling of specimens, technique, and the appropriateness of the procedure note, progress note, handling of complications, general patient care and suitability of

orders.

c.    to have the power to interdict procedures or therapy which they deem dangerous or contraindicated pending evaluation by the Chairman or the Chief of Staff.

d.    except as indicated in (c) above, to refrain from interacting with the patient or writing in the patient's chart.

e.    to share conclusions, recommendations or suggestions with the Provisional Member if the monitor so desires and, if shared, make a note about same on the monitoring form itself.

**Monitoring Forms**
Monitoring forms may be obtained from the Medical Staff Services office.  Once it is completed, it should be submitted to the Medical Staff Services Office.

**Review of Monitoring Forms by the Department of Pediatrics**
Once the Provisional Member's file contains all six (6) monitoring forms, the Medical Staff Services personnel will forward the Provisional Member's file to the Chairman of the Department of Pediatrics for review.

**Additional Monitoring**
It is the prerogative of the Department of Pediatrics Chairman to request additional monitoring if it is felt warranted or to declare the monitoring requirement fulfilled.  The Provisional Member will be advised of the decision of the Department Chair.

**Access to Monitoring Forms**
The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor.  Exception: A recommendation for disciplinary action may result in disclosure.

**Additional Privileges**
Requests for additional privileges may result in a monitoring requirement following the procedural steps of this policy.

**Emergency Department Consultation Rotation**
Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless the Department makes an exception.  An exception requires that an Active Member remain available to supervise and/or assist the Provisional Member until monitoring is complete.  (Requests for exceptions need to be documented and submitted to the Department of Pediatrics.)

**Temporary Privileges**
An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.

Performance Improvement review will be performed primarily by the Department of Pediatrics Peer Review Committee. This does not negate review by the Department as a whole.

**Purpose**
To fulfill the Department of Pediatric's responsibility to participate in medical peer review and performance improvement.

**Identification**
Charts needing review are identified via the Quality Resource Management and Clinical Information Services. The method of selection is based on CIS required functions, approved indicators, (i.e. transfusions), and referrals from other departments/committees/subsections.

Another method of identification is through quality referrals (notification of specific incidents) relating to management of patient care, physician behavior or perhaps risk management concerns. As appropriate a physician participates in a sentinel event or case specific multidisciplinary review.

**Review**

a.      The Quality Resource Management Department generates a Performance Improvement worksheet and places same on the chart to be reviewed. This form reflects the reason for the review and allows space for physician reviewer's comments and Performance Improvement worksheet.

The adverse patient outcome summary and medical records clinical pertinence forms do not become part of the patient's medical record, but are used for quality assessment purposes only.

b.      Charts are reviewed at the monthly meetings of the Department of Pediatrics Peer Review Committee. Any issues which are felt to warrant discussion by the Department will be referred to the Department of Pediatrics meeting.

c.      A summary of the review is then generated from which individual physician performance is monitored/tracked. Individual performance is reviewed at the end of a provisional period, at reassessment/reappointment, or upon request by the Department Chairman.

Guidelines

a.      A physician reviewer cannot review his own chart.

b.      The attributed physician will be written if care is found to be substandard as determined by the reviewer. Failure to respond will result in the score remaining as originally determined.

c.      Trends and behavioral issues are to be referred to the Chairman of the Department of Pediatrics for review, action and possible referral to the Medical Staff.

**Reporting Mechanism**

Departmental performance improvement reports including case review, focus studies and required functions, are submitted to the Quality Management Committee quarterly and summarized annually per the attached scheduled agenda.

The Department of Pediatrics encourages resolution of interpersonal conflicts, differences of opinion, etc. at the time of occurrence.  If a situation cannot be resolved in accordance with policies governing conflict situations, then any physician or Hospital employee may direct a request for review.

**Palomar Medical Center Escondido**
**Medical Staff Policy**
**Conflict Resolution**

PURPOSE        To allow employee/physician (interpersonal/behavior) conflicts to be resolved with understanding and tact and without inappropriate utilization of the quality assessment system.

1.      If an employee or physician is in disagreement or has a question/concern with a physician or employee and the patient is in no immediate crisis, the employee or physician should approach the physician/employee to discuss the situation.  (The discussion is best accomplished away from the bedside and out of hearing distance of visitors and colleagues.)
2.      If the situation is resolved at this point, and there is no untoward incident with the patient, the situation is considered closed.
3.      If the patient's care is still in question, the employee/physician will discuss the issue with the immediate supervisor.
4.      The supervisor will review the situation, indicate it closed, or will discuss it with the employee/physician.
5.      If the supervisor is unable to resolve the conflict with the employee/physician, the supervisor should contact the Chairman of the member's department and/or the Chief of Staff.  The Vice President for Medical Affairs or appropriate Medical Director will be contacted to assist in facilitating a resolution if resolution is not prompt.
6.      Formal documentation and trending of employee incidents and their resolutions shall be initiated by the employee's supervisor and/or appropriate Assistant Administrator.  Significant trends of behavioral aberrancies will be managed per existing mechanisms of the Medical Staff.

        Formal documentation and trending of physician incidents and their resolutions shall be initiated by the Chairman of the member's department or the Chief of Staff.  The quality assessment system of the Medical Staff, including the peer review process, may be utilized as appropriate.  Significant trends of behavioral aberrancies will be managed per existing mechanisms of the Medical Staff.

**Change in Patient Condition and Physician Not Available**

PURPOSE        To establish a chain of command to be followed if a physician is not available and
the patient's medical care necessitates physician intervention in a timely manner.

1.        If a patient's condition changes or is changing so as to be evident that physician intervention is a
necessity, the employee will make a concerted, timely effort to reach the physician.
2.        If the physician is not available and does not respond in a "reasonable" time, the employee will
notify his/her immediate supervisor.  (Reasonable time will be defined by the circumstances.)
3.        The supervisor will attempt to notify the physician.  If not successful, the following chain of
command will be implemented:
Chairman of the Department in which the physician is a member.
Chief of Staff if the Chairman is not available.
4.        A written quality assessment report will be initiated.
5.        If patient's condition warrants, the Emergency Medicine physician may be contacted.

**PALOMAR HEALTH**

**PALOMAR MEDICAL CENTER ESCONDIDO**


DEPARTMENT OF PEDIATRICS
RULES AND REGULATIONS

Adopted by the Department of Pediatrics on
November 13, 2025

Adopted by the Executive Committee on
November 24, 2025

Approved by the Board of Directors on
December 8, 2025

ARTICLE I
PURPOSE

The purpose of the Department of Pediatrics shall be:

1.      to enhance the likelihood that all patients admitted to the Hospital or treated in the Pediatric Unit or Neonatal Intensive Care Unit receive the best possible pediatric services.

2.      to provide a Chairman who will be responsible to the problems of a medical/administrative nature involving the Medical Staff and the Hospital administration.

3.      to initiate and maintain rules and regulations for proper and efficient function of the Department of Pediatrics.

4.      to promote and maintain an educational standard through a representative selected by the Chairman to serve on the Education/Library Committee.

ARTICLE II
MEMBERSHIP

2.1     Qualifications

Qualifications for membership within the Department of Pediatrics shall include those requirements specified in the Medical Staff Bylaws, rules and regulations. All practitioners who apply for membership shall be board certified or admissible by the American Board of Pediatrics, the American Osteopathic Board of Pediatrics or other pediatric specialty board recognized by these Boards, or shall have completed an approved residency in the foregoing disciplines, subject to approval by the Executive Committee and Board of Directors.

Family/general physicians, who by history selected the Department of Pediatrics as their primary department, may remain members, if it is their desire. Otherwise, family/general physicians may obtain privileges in the Department of Pediatrics but shall not be eligible for membership.

2.2     Responsibilities
        The responsibilities of membership shall constitute:

2.2.1   Participation in Department business and committees and duties assigned by the chairman in accordance with the Medical Staff bylaws, rules and regulations and Department rules and regulations.

2.2.2   Attendance at a minimum of twenty-five percent (25%) of the Department meetings.

        Non-compliance with the twenty-five percent (25%) requirement for the Department meetings is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations.

2.2.3    Provision of emergency consultation in accordance with the Medical Staff bylaws, rules and regulations and in accordance with the Department policy entitled "Department of Pediatrics Emergency Department Consultation".

2.2.4    Compliance with the ethical code specified in the Medical Staff bylaws, rules and regulations.

2.2.5    Compliance with the Medical Staff bylaws, rules and regulations, Department of Pediatrics rules and regulations, Department of Pediatrics policies and applicable Hospital policies and procedures.

ARTICLE III
PRIVILEGES

3.1    Application

3.1.1    Each applicant, member or non-member, must complete forms designating the pediatric privileges desired.  Upon receipt of these forms and forwarding of an application declared complete by the Credentials Committee of the Medical Staff, the Department of Pediatrics, or designees, will review same and may meet with the applicant.

3.1.2    A non-member with privileges must abide by the Department rules and regulations and policies.  He shall have no vote in Department proceedings and no obligation to participate in Department affairs.  The Chairman may require attendance at a specific meeting if a non-member's privileges are under review or for the purposes of continuing medical education.

3.1.3    Provisional review and biennial reappointment will be in accordance with the Medical Staff bylaws, rules and regulations.

3.1.4    Additional privileges may be requested at any time by submitting a written request accompanied by qualifying documentation.  Any additional privileges recommended for approval may be subject to monitoring.

3.2    Criteria

3.2.1    The principles governing all pediatric privileges will be documented and will include demonstrable skill, experience and education relative to the pre-procedure evaluation, technical performance, and post-procedure care inherent in the procedures requested.

3.2.2    Pediatric privileges will include diagnosis and non-surgical treatment of diseases, symptoms and organ systems usually encompassed by pediatrics.

3.2.3 The Department shall consider any limitations in an applicant's professional liability coverage in granting privileges, and shall not grant privileges for a procedure if the applicant lacks coverage for that procedure.  Denial of privileges of this basis does not constitute denial for a "medical disciplinary cause or reason" as specified in the Medical Staff Bylaws.

3.3 Monitoring
Each practitioner shall undergo a uniform monitoring process conducted by an Active Member holding privileges equal to or greater than those requested within the Department of Pediatrics.  The Department's monitoring requirements are set forth in a policy entitled "Department of Pediatrics Monitoring Requirements."

ARTICLE IV
ORGANIZATION

4.1 Officers
The officers of the Department of Pediatrics will be the Chairman and the Chairman-Elect who shall serve in their capacities for a two (2) year period.  They shall be board certified.  The Chairman-Elect will assume the duties and have authority of the Chairman in the Chairman's absence.  The Chairman-Elect will serve as a member of the Medical Staff Quality Assessment and Improvement Committee.  Both the Chairman and Chairman-Elect shall fulfill the duties as outlined in the Medical Staff bylaws, rules and regulations.

4.2 Pediatric Peer Review Committee
At least four (4) members of the Department of Pediatrics will be appointed by the Chairman to perform quality assessment review on an ongoing basis according to the Department policy entitled "Department of Pediatric Quality Assessment Review".  The Chairman will designate a Chairman of the Pediatric Peer Review Committee who will report, at least on a quarterly basis, to the Department as a whole a summary of the activity of the Pediatric Peer Review Committee.

ARTICLE V
AMENDMENTS

A motion for amendment of these rules and regulations or amendments to policies may be introduced during Department of Pediatrics meetings.

Adoption of rules and regulations amendments shall require a two-third (2/3) vote of the Active Members present after distribution of the proposed changes 30 days prior to a scheduled department meeting.  Amendments to the rules and regulations shall become effective after approval by the Executive Committee and the Board of Directors.

Adoption of policy amendments to Department of Pediatrics policies shall require a simple majority of Active members present at a Department meeting at which a quorum (as defined in the bylaws) is present.  Amendments to Department of Pediatrics policies shall become effective after approval by the Department and Executive Committee; provided, however, that the Board may review any policies at its discretion and may exercise its right to approve or disapprove any policy in the same manner as a department rules and regulation.

In accordance with the rules and regulations of the Department of Pediatrics, twenty-five percent (25%) of the Department meetings must be attended during a Medical Staff Year (January through December).

**Sanctions**
Non-compliance with the twenty-five percent (25%) attendance requirement of the Department of Pediatrics is subject to the sanctions outlined in the Medical Staff bylaws, rules and regulations:  Failure to satisfy meeting attendance requirements for one (1) year shall, at a minimum, double the amount of dues required from the member of the next medical staff year.  If the member fails to satisfy attendance requirements a second time within three (3) years of the first violation, the Member's dues shall be tripled; if he fails to satisfy attendance requirements a third time within the following three (3) years the Member's dues shall quadruple; and each subsequent violation within a three (3) year period of the most recent violation shall result in a similar increase in the amount charged following such violation.

**Department of Pediatrics**
Department of Pediatrics meetings are usually held quarterly on the second Thursday.

**Advancement to Active**
Compliance with the attendance requirement is necessary for advancement of a Provisional (category) Member to an Active (category) Member.

**Advancement to Courtesy**
Compliance with the attendance requirement is not necessary for advancement of a Provisional (category) Member to a Courtesy (category) Member.  Non-attendance during the provisional period may, however, affect a later request from a Courtesy Member to become an Active Member.

**Provisional**

A Provisional (category) Member is required to provide emergency department consultation.

Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless an exception has been made.  An exception requires an Active Member to remain available to supervise and/or assist the Provisional Member until monitoring is completed.  (Requests for exceptions need to be documented and submitted to the Chairman of the Department of Pediatrics.)

**Active**

An Active (category) Member is required to provide emergency department consultation unless excused by the Department of Pediatrics or unless the hospital has entered into a contractual arrangement for provision of this service. (Requests for exceptions need to be documented and submitted to the Chairman of the Department of Pediatrics.)

**Courtesy**

A Courtesy (category) Member is not required to provide emergency department consultation unless there is an insufficient number of Provisional and Active Members to provide adequate coverage at which time the Department Chairman may require a Courtesy Member to serve.  A Courtesy Member may volunteer to serve.

**Consulting**

A Consulting (category) Member is not required to provide emergency department consultation.

**Associate**

An Associate (category) Member is not required to provide emergency department consultation.

**Age 60**

Any Member age 60 or older is not required to provide emergency department consultation.  The Member may continue to volunteer.

**Trauma**

Involvement in the provision of care for the trauma program is voluntary.

**Provisional (Category) Member's Responsibility**
It is the responsibility of the Provisional Member

      a.     to arrange for an Active (category) Member (with privileges equal to or greater than the privileges held by the Provisional Member) to monitor his cases. All monitors shall be deemed members of the department's peer review committee for purposes of performing their duties as monitors. Further, in the event a provisional member has made reasonable efforts to arrange for a qualified monitor, but has been unable to do so as a result of circumstances beyond his control, the Department Chairman may appoint a specific monitor.

      b.     to arrange such monitoring in advance so as to have the least impact on the schedule of the monitoring physician except in the case of an emergency.

      c.     to insure monitoring reports are submitted to the Medical Staff Services Office by the monitor.

**Restrictions**
When applicants are monitored, not more than one-half of the cases shall be evaluated by any one monitor, and the remainder shall be evaluated by at least two other monitors. In case where there are insufficient numbers of qualified monitors to comply with this rule, the Chairman of the Department may permit an exception.

**Number of Cases to be Monitored**
Monitoring of each applicant shall be required on at least six (6) hospital admissions, two (2) of which shall be for newborns. If a family practitioner does not care for newborns, monitoring shall be for six (6) general pediatric admissions.

**Location of Monitoring**
Cases may be monitored at either Palomar Medical Center Escondido or Palomar Medical Center Poway if the monitor is an Active category member of the Palomar Medical Center Escondido Medical Staff and has had his/her monitoring requirements lifted.

**Advancement to Active**
Monitoring forms must be submitted and reviewed by the Department of Pediatrics for at least six (6) hospital admissions, two (2) of which shall be for newborns, prior to advancement from Provisional to Active.

**Advancement to Courtesy**
Advancement may be made at the end of a two (2) year provisional period without completion of the monitoring requirement for at least six (6) admissions. Advancement to a Courtesy category does not negate the need to complete monitoring.

**Responsibility of the Monitor**
It is the responsibility of the monitor

      a.     to review the indications for admission, the content of the history, physical and orders, assessment of problems, use of laboratory, x-ray, etc, use of consultants, rapport with patient and rapport with staff.

      b.     to review the indication for the procedure, outcome, pre-procedural preparation, handling of specimens, technique, and the appropriateness of the procedure note, progress note, handling of complications, general patient care and suitability of

orders.

c.       to have the power to interdict procedures or therapy which they deem dangerous or contraindicated pending evaluation by the Chairman or the Chief of Staff.

d.       except as indicated in (c) above, to refrain from interacting with the patient or writing in the patient's chart.

e.       to share conclusions, recommendations or suggestions with the Provisional Member if the monitor so desires and, if shared, make a note about same on the monitoring form itself.

**Monitoring Forms**
Monitoring forms may be obtained from the Medical Staff Services office. Once it is completed, it should be submitted to the Medical Staff Services Office.

**Review of Monitoring Forms by the Department of Pediatrics**
Once the Provisional Member's file contains all six (6) monitoring forms, the Medical Staff Services personnel will forward the Provisional Member's file to the Chairman of the Department of Pediatrics for review.

**Additional Monitoring**
It is the prerogative of the Department of Pediatrics Chairman to request additional monitoring if it is felt warranted or to declare the monitoring requirement fulfilled. The Provisional Member will be advised of the decision of the Department Chair.

**Access to Monitoring Forms**
The Provisional Member does not have access to monitoring forms unless the content of same has been shared with him by the monitor. Exception: A recommendation for disciplinary action may result in disclosure.

**Additional Privileges**
Requests for additional privileges may result in a monitoring requirement following the procedural steps of this policy.

**Emergency Department Consultation Rotation**
Inclusion on the emergency department consultation rotation will only occur upon completion of monitoring unless the Department makes an exception. An exception requires that an Active Member remain available to supervise and/or assist the Provisional Member until monitoring is complete. (Requests for exceptions need to be documented and submitted to the Department of Pediatrics.)

**Temporary Privileges**
An applicant practicing under temporary privileges while awaiting Provisional appointment is subject to this policy.

Performance Improvement review will be performed primarily by the Department of Pediatrics Peer Review Committee. This does not negate review by the Department as a whole.

**Purpose**
To fulfill the Department of Pediatric's responsibility to participate in medical peer review and performance improvement.

**Identification**
Charts needing review are identified via the Quality Resource Management and Clinical Information Services. The method of selection is based on CIS required functions, approved indicators, (i.e. transfusions), and referrals from other departments/committees/subsections.

Another method of identification is through quality referrals (notification of specific incidents) relating to management of patient care, physician behavior or perhaps risk management concerns. As appropriate a physician participates in a sentinel event or case specific multidisciplinary review.

**Review**

a.    The Quality Resource Management Department generates a Performance Improvement worksheet and places same on the chart to be reviewed. This form reflects the reason for the review and allows space for physician reviewer's comments and Performance Improvement worksheet.

The adverse patient outcome summary and medical records clinical pertinence forms do not become part of the patient's medical record, but are used for quality assessment purposes only.

b.    Charts are reviewed at the monthly meetings of the Department of Pediatrics Peer Review Committee. Any issues which are felt to warrant discussion by the Department will be referred to the Department of Pediatrics meeting.

c.    A summary of the review is then generated from which individual physician performance is monitored/tracked. Individual performance is reviewed at the end of a provisional period, at reassessment/reappointment, or upon request by the Department Chairman.

Guidelines

a.    A physician reviewer cannot review his own chart.

b.    The attributed physician will be written if care is found to be substandard as determined by the reviewer. Failure to respond will result in the score remaining as originally determined.

c.    Trends and behavioral issues are to be referred to the Chairman of the Department of Pediatrics for review, action and possible referral to the Medical Staff.

**Reporting Mechanism**

Departmental performance improvement reports including case review, focus studies and required functions, are submitted to the Quality Management Committee quarterly and summarized annually per the attached scheduled agenda.

The Department of Pediatrics encourages resolution of interpersonal conflicts, differences of opinion, etc. at the time of occurrence. If a situation cannot be resolved in accordance with policies governing conflict situations, then any physician or Hospital employee may direct a request for review.

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**Palomar Medical Center Escondido**
**Medical Staff Policy**
**Conflict Resolution**

</div>

PURPOSE      To allow employee/physician (interpersonal/behavior) conflicts to be resolved with understanding and tact and without inappropriate utilization of the quality assessment system.

1. If an employee or physician is in disagreement or has a question/concern with a physician or employee and the patient is in no immediate crisis, the employee or physician should approach the physician/employee to discuss the situation. (The discussion is best accomplished away from the bedside and out of hearing distance of visitors and colleagues.)
2. If the situation is resolved at this point, and there is no untoward incident with the patient, the situation is considered closed.
3. If the patient's care is still in question, the employee/physician will discuss the issue with the immediate supervisor.
4. The supervisor will review the situation, indicate it closed, or will discuss it with the employee/physician.
5. If the supervisor is unable to resolve the conflict with the employee/physician, the supervisor should contact the Chairman of the member's department and/or the Chief of Staff. The Vice President for Medical Affairs or appropriate Medical Director will be contacted to assist in facilitating a resolution if resolution is not prompt.
6. Formal documentation and trending of employee incidents and their resolutions shall be initiated by the employee's supervisor and/or appropriate Assistant Administrator. Significant trends of behavioral aberrancies will be managed per existing mechanisms of the Medical Staff.

   Formal documentation and trending of physician incidents and their resolutions shall be initiated by the Chairman of the member's department or the Chief of Staff. The quality assessment system of the Medical Staff, including the peer review process, may be utilized as appropriate. Significant trends of behavioral aberrancies will be managed per existing mechanisms of the Medical Staff.

**Change in Patient Condition and Physician Not Available**

PURPOSE        To establish a chain of command to be followed if a physician is not available and the patient's medical care necessitates physician intervention in a timely manner.

1.        If a patient's condition changes or is changing so as to be evident that physician intervention is a necessity, the employee will make a concerted, timely effort to reach the physician.
2.        If the physician is not available and does not respond in a "reasonable" time, the employee will notify his/her immediate supervisor. (Reasonable time will be defined by the circumstances.)
3.        The supervisor will attempt to notify the physician. If not successful, the following chain of command will be implemented:
         Chairman of the Department in which the physician is a member.
         Chief of Staff if the Chairman is not available.
4.        A written quality assessment report will be initiated.
5.        If patient's condition warrants, the Emergency Medicine physician may be contacted.

# 2024/2025 ANNUAL REPORT:
## PALOMAR HEALTH RESIDENT ROTATIONS
## IN THE EMERGENCY DEPARTMENT

**Educational Goals and Objectives**

To maintain close working relations with local residency programs for mutual benefit of Palomar Health physicians, residents in training and Palomar Medical Center. The PMC rotation will provide educational opportunities in all aspects of Emergency Medicine training. A particular emphasis exists for providing experience with traumatic and critical care conditions.

The strength of the PMC experience includes:

- High volume community based practice
- High degree of independence, appropriate to one's ability
- Emphasis on practice efficiencies
- Broad knowledge base of the practice of Emergency Medicine from Palomar faculty

**Communication/Assignments**

4 UCSD Emergency Medicine Residents
    4 PGY 3 / 0 PGY 4
    Twelve 8-hour shifts over 3 weeks

    Supervisor at UCSD:        Dr. Leslie Oyama, M.D.
                                      Residency Director
                                      UCSD Emergency Medicine

10 Camp Pendleton Family Medicine Residents
    10 PGY 3 / 0 PGY 4
    Six 8-hour shifts and six 10-hour shifts over 4 weeks

    Supervisor at Camp Pendleton:    Dr. John Laird, M.D.
                                        Residency Director
                                      Camp Pendleton Family Medicine

18 Navy Balboa Medical Center Emergency Medicine Residents
    1 PGY 5 / 8 PGY 4 / 9 PGY 2
    Sixteen 8-hour shifts over 4 weeks

    Supervisor at Naval Balboa        Dr. Jonathan D. Auten, D.O.
                                        Naval Balboa Residency Director
                                      Naval Balboa Medical Center San Diego

As the Resident Supervisor at PMC, Dr. Bromley is responsible for the day-to-day supervision and oversight of resident activities. This includes resident scheduling, evaluations, conflict

resolution, conferences, and sick leave. While rotating at PMC, all standard UCSD/Camp Pendleton/Naval Balboa Officers' policies and procedures shall apply to each resident.

Resident salary, benefits and professional liability insurance are provided and paid by UCSD with reimbursement pursuant to the institutional affiliation agreement between each program and PMC.

**Responsibility for the Teaching, Supervision and Evaluation of Residents**

While at PMC, residents will receive supervision and instruction from the active members of the Emergency Medicine Department faculty who oversee their participation in managing emergency department patients. Supervision focuses on patient care, safety, treatment and education. Each patient is seen by the Attending EM physician and the EM/FM resident. Residents will be expected to behave as peers to the PMC faculty, but they will be supervised in all their activities and procedures commensurate with the complexity of care being given and the resident's own abilities. Such activities will include, but are not limited to the following:

- Performance of a targeted H+P, development of a diagnostic plan and institution of appropriate therapy
- Performance of all clinical aspects of Emergency Medicine
- Performance of invasive procedures required in management of acute medical and traumatic conditions
- Management of acute trauma patients
- Interaction with medical staff and nursing personnel

Resident evaluations will be both formal and informal. Every PMC Emergency Department physician with significant contact with a specific resident will have input into the evaluation process, discussed monthly at EM department meeting. At the end of their rotation, each resident shall complete an evaluation form for the PMC rotation and the teaching faculty.

Residents are evaluated on the following:

1) *PATIENT CARE:*
   a) Gathers accurate, essential clinical information in a timely fashion
   b) Integrates clinical and lab data in a proficient manner and develops an appropriate diagnostic and therapeutic plan
   c) Performs emergency diagnostic and therapeutic procedures with competence
   d) Ability to prioritize and stabilize multiple emergency patients
2) *MEDICAL KNOWLEDGE:*
   a) Has basic clinical knowledge pertinent to emergency medicine and applies to patient care in the ED
   b) Ability to develop focused differential diagnosis pertinent to the emergency encounter
3) *INTERPERSONAL AND COMMUNICATION SKILLS:*
   a) Concise patient-specific presentations to attending MD
   b) Bedside manner with patient/families

4) *PROFESSIONALISM:*
   a) Shows up to ED in a timely manner
   b) Demonstrates respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest, accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
   c) Demonstrates a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practice

5) *PRACTICE-BASED LEARNING AND IMPROVEMENT:*
   a) Use of information technology to manage information, access on-line medical information, and support their own education

6) *SYSTEMS BASED PRACTICE:*
   a) Ability to keep up with patient flow
   b) Accurately, appropriately and efficiently records information in the medical record including progress note, medication list, problem list
   c) Practices cost-effective health care

This evaluation is submitted to the residency program director, and any concerns that are not resolved during the rotation are then addressed at that time.

# POLICIES & PROCEDURES

# FOR

# BOARD OF DIRECTORS REVIEW & APPROVAL

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# FOR

# BOARD REVIEW

*Prepared by:*

Jami Piearson, BSN, MBA, MSN

Regulatory Director

December, 2025

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**Date**:  December 8, 2025
**To**:     The Board of Directors
**From:** Jami Piearson, Regulatory Director

**Regarding**:   Pursuant to Policy #61492, Policy and Procedure Approval Process § 3a, b, c, and d:  Board of Directors Oversight:

I attest that Palomar Health complies with the following requirements for the appropriate delegation approval of their policies, procedures, protocols, and scope of service:

Process for Board of Directors' Approval:
- a.        Responsibility
  - i.        The Board of Directors is responsible for ensuring that the organization develops and periodically reviews policies necessary for the safe and effective provision of care, treatment, and service.
  - ii.       By approval of this policy, the Board of Directors – except where reserved – officially delegates its responsibility as follows:
    - I.        The Chief Executive Officer is delegated the responsibility to approve/revise all non-governance organizational policies, procedures, and guidelines.
    - II.       The Medical Executive Committee is delegated responsibility to approve/revise medical staff related policies, procedures, and guidelines.
    - III.      The CNE is delegated the responsibility to approve/revise nursing and or patient care specific policies, procedures, guidelines, scopes of services and standardized procedures.
    - IV.      Vice Presidents and Directors are delegated the responsibility to approve/revise unit specific policies, guidelines, and procedures, within their respective departments and services. This delegation includes but is not limited to Pharmacy, Dietary, Utilization, and other clinical departments
    - V.       As required, those policies that require Board of Director approval will be sent to the Board as part of the agenda to receive final approval from the Board.

Signature:

*Jami Piearson*

Date:  12-8-2025

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## Board of Directors
## Consent Agenda for Policies, Procedures, Plans, Scopes of Service & Protocols

**TO:**               Board of Directors President

**MEETING DATE:**   December 8, 2025

**FROM:**          Jami Pierson, Regulatory Compliance Director


**Background:**        Pursuant to Policy 61492, Policy and Procedure Approval Process.  In order to assure that the Board of Directors has appropriately delegated its responsibility, it shall receive on, at least an annual basis, a list of all documents, to include but not limited to policies, protocols, and procedures that have been approved and/or revised along with a signed attestation from the Chair of the Policies and Procedures Committee, that state all approvals/revisions have been done in accordance with the criteria established within this policy.

                        The policies, procedures, scopes of services, and protocols that have been approved from August 2025 through November of 2025, are being sent via a consent agenda as required to the Board of Directors President.


**Board President Recommendation:**
I have reviewed the signed attestation from the Policy and Procedure Committee Chairperson.  The Chair has validated that all the documents have been approved following the delegated policy and procedure delegated approval process.


_____       _____
Jeff Griffith, EMT-P, Board Chair                  Date

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# PALOMAR HEALTH

**DocID:** 61492
**Revision:** 5
**Status:** Official

**Source:**
Administrative
Administrative

**Applies to Facilities:**
All Palomar Health Facilities

**Applies to Departments:**
All Departments

## Procedure : Policy and Procedure Approval Process

### I. SUMMARY:

To define Palomar Health District's process for the approval of policies and procedures.  All physicians are referred to providers in all policies and procedures with the exception of Standardized Procedures.

### II. DEFINITIONS:

A. **Policy:** A policy covers broad principles or complex standards requiring Board/Administrative approval and may have significant legal, regulatory, or financial implications.

B. **Procedure:** A formal, approved, written description of how a governance, management, or clinical care process is defined, organized, or carried out.

C. **Power Plans:**  Power Plans sent for medication are predetermined, evidenced based prescribing electronic tools that help healthcare professionals implement best practices.  They organize and automate the process of placing an order.  Power plans group several orders together to make order entry convenient and efficient.  They are designed based on a condition, disease, or procedure.

D. **The Villas at Poway:** Title 22 (72521 & 72523) dictates the Skilled Nursing Facility (SNF) procedures all be reviewed and approved in writing at the patient care committee and governing body for the SNF.

E. **IGC**: Interdisciplinary Governance Council

F. **PMSC**:  Patient and Medication Safety Council

G. **P&T**:  Pharmacy and Therapeutics

H. **Provider**:  In the medical field, a provider is a healthcare professional or organization that delivers medical services to patients.  This includes:
 1. **Physicians**: Doctors, such as general practitioners, specialists, and surgeons.
 2. **Advanced practice providers**: Nurse practitioners, physician assistants, and certified midwives.
 3. **Nurses**: Registered nurses, licensed practical nurses, and nurse anesthetists.
 4. **Other healthcare professionals**:  Therapists, pharmaceuticals, laboratory technicians, and social workers. Providers are authorized to practice medicine or provide healthcare services in their respective states.  They are responsible for diagnosing and treating patients, providing medical advice, and coordinating care.

### III. PROCEDURE: COMPLIANCE - KEY STEPS:

A. Standards of Practice
 1. Documents that may support the policy/procedure; including but not limited to practices, pre-printed orders, and chart forms; are not defined for the purposes of this policy.
 2. The electronic policy management system will be the primary source utilized for policies and procedures. Any other third party references (e.g. Dynamic Health) may be utilized as an additional resource as applicable.
 3. Palomar Health policies/procedures are: to be reviewed or revised per regulatory requirements, or organizational processes and submitted through the approval process ( See policies and procedure review grid J).
     a. Developed in collaboration with the medical staff if relevant to medical staff activities and/or direct patient care.
     b. Developed in collaboration with nursing leadership if relevant to direct patient care.  Consistent with professional references, applicable regulations, legal requirements, accreditation standards, and the mission and philosophy of the organization.
 4. Creating and revising documents:
     a. The editable version will be stored in the electronic policy management system.
     b. Revisions to the documents will be tracked as changes while going through the approval process.
     c. Any changes to content, deletions, and/or combining of policies/procedures will require the full approval process.

5. Creating and revising Power plans
   1. Any provider can request a power plan or change a power plan
   2. If the power plan affects more than one provider group,the power plan will need to go through Clinical Informatics Council and then to the appropriate Medical Staff Committee structures.
   3. The request for revisions will go to Interdisciplinary Governance Council for their approval after appropriate approval from the medical staff committees as applicable
   4. Refer to attached Power Plan Approval Process Flow Chart
6. Maintenance of power plans to include, but not limited to:
   a. Order sentence corrections, duplication therapy, removal of medications, adding or removing pre-approved sub phases or edits based on regulatory requirement, or medication shortages will be approved by the Chief Medical Information Officer (CMIO).
   b. Expedited approval based on regulatory need will be done by Chair of the Department, Pharmacy & Therapeutics Committee, and routed to Medical Executive Committee for final approval.
   c. All power plans that do not meet the exceptions noted above require approval beginning with the applicable medical staff committee for approval. Routing of these power plans will follow the medical staff approval process up to include Pharmacy and Therapeutics, and the Medical Executive Committee.
   d. Board of Directors approval will be done twice per year via consent agenda.

B. Steps of Procedure
   1. Nursing Service Policies and Procedures
      a. Palomar Medical Center written policies and procedures for patient care shall be developed, maintained and implemented by the nursing service.
         i. Policies and procedures which involve the medical staff shall be reviewed and approved by the medical staff prior to implementation.
         ii. Policies and procedures of other departments which contain requirements for the nursing service shall be reviewed and approved by the nursing service prior to implementation.
         iii. The nursing service shall review and revise policies and procedures every three years, or more often if necessary.  (See policies and procedure Review grid in section J.).
         iv. The hospital administration and the governing body shall review and approve all policies and procedures that relate to the nursing service every three years or more often, if necessary
            I. Patient care policies and procedures shall be based on current standards of nursing practice and shall be consistent with the nursing process which includes: assessment, nursing diagnosis, planning, intervention, evaluation, and, as circumstances require, patient advocacy.
   2. Medical Service Approval Mechanism
      a. A committee of the medical staff shall be assigned responsibility for:
         i. Patient care policies and procedures will be routed to the appropriate medical staff committee including the Medical Executive Committee as required.
         ii. Developing, maintaining and implementing written policies and procedures in consultation with other appropriate health professionals and administration. Policies shall be approved by the governing body. Procedures shall be approved by the administration and medical staff where such is appropriate.
   3. Process for Board of Directors' Approval:
      a. Responsibility
         i. The Board of Directors is responsible for ensuring that the organization develops and periodically reviews policies necessary for the safe and effective provision of care, treatment, and service.
         ii. By approval of this policy, the Board of Directors – except where reserved – officially delegates its responsibility as follows:
            I. The Chief Executive Officer is delegated the responsibility to approve/revise all non-governance organizational policies, procedures, and guidelines.
            II. The Medical Executive Committee is delegated responsibility to approve/revise medical staff related policies, procedures, and guidelines.
            III. The CNE/COO is delegated the responsibility to approve/revise nursing and or patient care specific policies, procedures, guidelines, scopes of services and standardized procedures.
            IV. Vice Presidents and  Directors are delegated the responsibility to approve/revise unit specific policies, guidelines, and procedures, within their respective departments and services. This delegation includes but is not limited to Pharmacy, Dietary, Utilization, and other clinical departments
            V. As required, those policies that require Board of Director approval will be sent to the Board as part of the agenda to receive final approval from the Board.
      b. Approval/Revision Criteria

    i. Policies, guidelines, scope of service, or procedures shall be approved / revised to ensure that the they:

      I. Are consistent with the Mission and Values of Palomar Medical Center.

      II. Meet applicable law, regulation, and related accreditation standards

      III. Are consistent with prevailing standards of care

      IV. Are consistent with evidence-based practice

  c. Frequency of Review

    i. Unless otherwise noted, policies, guidelines, scope of service, and procedures must be reviewed – and if necessary revised – at least once every three years or more frequently if required to meet regulatory requirements or any changes in current clinical practice.

  d. Board of Directors Oversight

    i. In order to assure that the Board of Directors has appropriately delegated its responsibility, it shall receive on, at least an annual basis, a list of all documents, to include but not limited to policies, protocols, and procedures that have been approved and/or revised along with a signed attestation from the Chair of Policies and Procedures that state all approvals/revisions have been done in accordance with the criteria established within this policy.

    ii. The Board of Directors reserves the right to further review, approve or revise any policies developed by the organization or the medical staff.

    iii. The Board of Directors shall have electronic access to the latest policies, guidelines, scopes of services and procedures currently in place.

  e. All Palomar Medical Center Policies promulgated prior to the effective date of this Policy are hereby ratified to the extent they are not inconsistent with this Policy or each other and notwithstanding the manner in which they were promulgated.

C. Issue date should be the final approval date by delegated authority.

D. Revision dates should reflect approval dates each time the policy/procedure is approved by the delegated authority.

E. Staff shall be notified of any new policies/procedures or significant revisions.  Education shall be provided as appropriate.

F. A hard copy of all current policies/procedures must be available in the departments for downtime.

G. **PROCESS FOR ADMINISTRATIVE PROCEDURE APPROVAL**

  1. Approval Process

    a. Content Expert

    b. Policies and Procedures Committee

    c. Pharmacy and Therapeutics Committee (P&T), if contains medication, medication administration or if standardized procedure

    d. Medical Executive Committee (MEC), if relevant to medical staff activities and/or direct patient care

    e. Delegated authority final approval

H. **PROCESS FOR NURSING SERVICES  APPROVAL:**

  1. Approval Process

    a. Content Expert

    b. Medical Staff/Department , if relevant to medical staff activities or direct patient care

    c. Nursing Leadership Committee(s) such as IGC and PMSC as applicable

    d. Policies and Procedures Committee

    e. P&T, if contains medication, medication administration or if standardized procedure

    f. Interdisciplinary Practice Committee (IPC), if a standardized procedure

    g. MEC, if relevant to medical staff activities and/or direct patient care

    h. Delegated authority final approval

I. **PROCESS FOR DEPARTMENT SPECIFIC MANUAL APPROVAL:**

  1. Approval Process

    a. Content Expert

    b. Department Manager and/or Director

    c. Medical Director for clinical areas with a Medical Director when appropriate

    d. Medical Staff/Department Division, if relevant to medical staff activities or direct patient care

    e. MEC, if relevant to medical staff activities and/or direct patient care

    f. Delegated authority final approval

  2. Each Department is responsible for maintaining their own department specific manual.

    a. Makes revisions in the electronic policy management system to policies/procedures using tracked changes.

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   b. Obtain Medical Director's approval if applicable for policies/procedures related to Medical Staff activities or direct patient care.
3. Expedited Process Approval:
   a. If a procedure is required to be immediately revised on a patient care need with regulatory justification it can be approved by the CNE/COO and / or Medical Director and move forward to Policy and Procedure Committee and other approval mechanism as appropriate.
   b. Education will be provided if indicated.
      1. Policies and Procedures Review Grid

| Category | Policy and Procedure Name | Review Period | Regulation Requirement |
|---|---|---|---|
| Nursing Policies | All | 3 years | Title 22 |
| Standardized Procedures | All | Annual; Annual Competency required for Nursing | California Board Of Registered Nursing |
| Neonatal Unit | All | 2 years | California Children Services (CCS) |
| Laboratory | All | 2 years | College of American Pathologists(CAP) |
| Interpretation and Discharging Planning for Homeless Population | Nursing Services | Annual | Joint Commission(JC) and CDPH |
| Utilization | Utilization Plan | Annual | Joint Commission(JC) |
| Environment of Care Plans | Engineering: Utility Management Plan<br><br>Environment of Care: Hazardous material and Waste Management and Communication Plan<br><br>Environment of Care: Life Safety Management Plan<br><br>Environment of Care: Safety Plan<br><br>Environment of Care: Security Management Plan | Annual | Joint Commission (JC) |
| Disaster Plan | Emergency Operations Plan (Disaster Plan) | Annual | Joint Commission (JC) |
| Pharmacy | Pharmacy: Automatic Therapeutic Interchange<br><br>Pharmacy: Black Box Warnings, Drugs with Policy<br><br>Pharmacy: Sterile Products Preparation | Annual | United States Pharmacopeia (USP) < 797>,<800> |

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| Infection Control | Infection Control: Aerosol transmissible Diseases and Tuberculosis Control Plan<br><br>Infection Control: Blood borne Pathogen Exposure Control Plan<br><br>Infection Control: Risk Assessment and Surveillance Plan | Annual | Joint Commission (JC) |
|---|---|---|---|
| Administrative | HR, Compliance, Legal, Education & other administrative documents | 3 years or with regulatory required updates | Joint Commission (JC), CMS or any other regulated body |
| Protocol | Clinical Protocols | Annual | CMS |
| Power Plans/Order Sets | Power Plan Approval Process for Medical Staff | At least every 3 years | CMS |
| Finance Documents | Finance documents | Every 3 years | Title 22 |
| Emergency Department | Capacity Management - Full Plan | Annual | California AB40 |
| Emergency Department | Patient Transfer Request Processing from Other Facilities | Annual | CMS |

J. **REFERENCE(S):**

1. California Department of Public Health, Title 22 California Code of Regulations
2. The Joint Commission Standards
3. California Children's Services Standards
4. College of American Pathologists
5. Board General Powers: The Board is the governing body of the District. All District powers may be exercised by or under the direction of the Board. The Board is authorized to make appropriate delegations of its powers and authority to officers and employees. It is the responsibility of the Board, functioning collectively, to govern the institution. To that end the Board will oversee the development of policies, processes, and procedures that enable the District to fulfill its mission and vision in an effective and ethical manner.
6. CFR 482.12 - CMS Condition of Participation: Governing Body
7. Joint Commission Leadership Standard - The hospital has policies and procedures that guide and support patient care, treatment, and services.

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**Document Owner:**                 Piearson, Jami

**Approvals**
  **- Committees:**                 ( 04/24/2025 ) Policies & Procedures
**Original Effective Date:**        02/12/2020
**Revision Date:**                  [04/24/2025 Rev. 5]
**Attachments:**                    Power Plan Approval Process Flow Chart
(REFERENCED BY THIS DOCUMENT)

*Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc at*
https://www.lucidoc.com/api/auth/login?org=10343&returnto=%2Fcgi%2Fdoc-gw.pl%3Fref%3Dpphealth%3A61492.

# Consent Agenda for Policies & Procedures Committee – August 2025

| Agenda Item | Discussion | Approval | Responsible Person |
|---|---|---|---|
| 1. Meeting Minute Approval July 9, 2025 | Motion to approve by Ryan Fearn-Gomez. Second by Holly Porter. | Approved | Jami Piearson |

| Non- Clinical Documents | Discussion | Approval or Denial | Owner/Responsible Person |
|---|---|---|---|
| 1. Procedure: Advance Directives 10099 Rev 10 | ✓ Updated to meet revisions to California Law that became effective in January 2025.<br>✓ Lori requested the California Law information be sent to her.<br>✓ Ashley will send out staff education | Approved | Melvin Russell |
| 2. Procedure: Capital Equipment Procurement 10248 Rev 9 | | Approved | Heather Woodling |
| 3. Procedure: Disposition of Surplus Capital Equipment or Supplies 10476 Rev 4 | | Approved | Heather Woodling |
| 4. Procedure: Expired Supplies, Handling of 10612 Rev 7 | ✓ Jami recommended that a refresher notice of this policy be sent out to nursing.<br>✓ Sally will send policy to Ashley | Approved | Heather Woodling |
| 5. Procedure: Supply Chain Downtime Procedure – Distribution 74138 Rev 0 | | Approved | Heather Woodling |
| 6. Procedure: Supply Chain Downtime Procedure – Post Downtime 74136 Rev 0 | | Approved | Heather Woodling |
| 7. Procedure: Supply Chain Downtime Procedure – Purchasing 74135 Rev 0 | | Approved | Heather Woodling |
| 8. Procedure: Supply Chain Downtime Procedure – Receiving 74137 Rev 0 | | Approved | Heather Woodling |
| 9. Reference Material: Vendor Credentialing at Palomar Medical | ✓ Jami recommended that a refresher notice of this policy be sent out to | Approved | Heather Woodling |

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| Center 62813 Rev 3 | staff.<br>✓ Sally will send policy to Ashley | | |
| 10. Procedure: Communication Systems; Normal and Disaster Operations 17005 Rev 4 | | Approved | Brain Willey |
| 11. Procedure: Exposure – BBP & Sharps (Needlesticks/Sharp/Splash) 11227 Rev 13 | | Approved | Brain Willey |
| 12. Procedure: Completing Daily Productivity Log 51092 Rev 3 | | Approved | Carla Hacker for Andrew Tokar |
| 13. Procedure: Write-Off Guidelines 31113 Rev 10 | ✓ Approved with edits<br>✓ Change Palomar Medical Center to Palomar Medical Center Escondido/Palomar Medical Center Poway | Approved w/Edits | Carla Albright for Andrew Tokar |
| 14. Procedure: Disaster Plan for Respiratory Services 11780 Rev 8 | | Approved | Valerie Martinez |
| 15. Procedure: Respiratory Care Professional Enhancement Program (PEP) 33412 Rev 4 | ✓ Valerie and Krysti to let Sally/Jami know when ready for P&P (15-23) | Table | Valerie Martinez |
| 16. Form: Respiratory Care PEP Criteria 33432 Rev 4 | | Table | Valerie Martinez |
| 17. Form: Respiratory Care PEP Documentation & Signature Form 33437 Rev 2 | | Table | Valerie Martinez |
| 18. Form: Respiratory Care PEP Manager Summary & Approval Form 33436 Rev 2 | | Table | Valerie Martinez |
| 19. Form: Respiratory Care PEP Planning Form 33434 Rev 2 | | Table | Valerie Martinez |
| 20. Form: Respiratory Care PEP Point Schedule 33433 Rev 2 | | Table | Valerie Martinez |
| 21. Form: Respiratory Care PEP Point Summary & Approval Form 33435 Rev 2 | | Table | Valerie Martinez |

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| 22. Form: Respiratory Care PEP Unit Point Summary 33440 Rev 2 | | Table | Valerie Martinez |
| 23. Form: Respiratory Care PEP Community Volunteer Activities Documentation Form 33439 Rev 2 | | Table | Valerie Martinez |
| 24. Procedure: Ventilator Backup or Rental 11803 Rev 6 | | Approved | Valerie Martinez |
| 25. Procedure: Downtime Procedure – Outpatient Therapy 25657 Rev 12 | | Approved | Tyler Powell |
| 26. Procedure: Outpatient Referral and Admission Process 11113 Rev 11 | | Approved | Tyler Powell |
| 27. Procedure: ED Quick Registration 17220 Rev 4 | ✓ Michael Thomas and Ashley will develop education.<br>✓ Sally will send policy to Ashley. | Approved | Michael Thomas |
| 28. Procedure: Heating Ventilation & Air Conditioning (HVAC) System 13328 Rev 4 | | Approved | Marcos Fierro |
| 29. Procedure: Nitrogen System 13540 Rev 3 | | Approved | Marcos Fierro |
| 30. Procedure: Nurse Call System 13549 Rev 3 | | Approved | Marcos Fierro |
| 31. Procedure: Patient Acuity Classification System 11153 Rev 10 | | Approved | Ryan Fearn-Gomez |
| 32. Procedure: Room Preparation and Release for Radiation Safety 29872 Rev 3 | | Approved | Sims Kendall |
| 33. Procedure: Scheduling of Outpatients for Ultrasound 11515 Rev 6 | | Approved | Sims Kendall |
| 34. Policy: Scheduling of the C-Arm Fluoroscopy Unit 11516 Rev 8 | ✓ Sims will touch base with Bruce to ensure awareness of changes. | Approved | Sims Kendall |
| 35. Procedure: Transcription | | Approved | Sims Kendall |

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| Standards of Practice 11690 Rev 7 | | | |
| **Clinical Documents for Approval** | | | |
| 36. Procedure: Communications of Imaging Findings 24113 Rev 8 | | Approved | Sims Kendall |
| 37. Procedure: Trauma Case Exam 11722 Rev 4 | | Approved | Sims Kendall |
| 38. Procedure: Patient Hand Off Communication 24372 Rev 8 | ✓ Sally reverse deletion of grid<br>✓ Sally to schedule meeting; requires further discussion. Include Nada to consider linking high alert medications policy & discuss meds listed as they are not high risk meds according to policy.<br>✓ Will require education<br>✓ Nada will send High Risk Meds policy to Meghan. | Tabled | Meghan Jaremczuk |
| 39. Procedure: Decedent Affairs: Care of Patient and Family 13100 Rev 19 | | Approved | Donnie Miller for Meghan Jaremczuk |
| 40. Procedure: Radiation Oncology Outpatient Standards of Care 77232 Rev 0 | | Approved | Todd Renner |
| 41. Procedure: Medical Hold on Ordered Outpatient Rehabilitation Services 12090 Rev 8 | | Approved | Tyler Powell |
| 42. Procedure: Therapy for Patient Undergoing Blood Transfusions 12153 Rev 9 | | Approved | Tyler Powell |
| 43. Procedure: Nutrition Care – Diet Orders & Status Change 10343 Rev 11 | | Approved | Nicole Hite |
| 44. Procedure:  Nursing Assessments/Reassessments 57243 Rev 4 | | Approved | Tyler Powell for Holly Porter |

| # | | Status | Approver |
|---|---|--------|----------|
| 45. Procedure: Coroner's Case Identification Upon Death 15340 Rev 4 | ✓ Sally edit #11, a – Just leave "Complete the Death Notice and Mortician's Receipt"<br>✓ Jami recommended re-education to nursing.<br>✓ Sally will send policy to Ashley to include in Nursing News<br>✓ Mel recommended education be presented at CEC | Approved with edits | Tommy McGuire |
| 46. Procedure: Emergency Procedure for an Incapacitated Dialysis Provider 71032 Rev 0 | ✓ Include in Dialysis binder<br>✓ Jami recommended re-education to nursing.<br>✓ Sally send policy to Ashley | Approved | Tommy McGuire |
| 47. Procedure: Termination of Peritoneal Dialysis in an Emergency 71033 Rev 0 | ✓ Include in Dialysis binder<br>✓ Jami recommended re-education to nursing.<br>✓ Sally send policy to Ashley | Approved | Tommy McGuire |
| **Hazard Vulnerability Analysis – Annual Review** | | | |
| 48. Form: Crisis Stabilization Unit HVA 77192 Rev 0 | | Approved | Brian Willey |
| 49. Form: Medical Office Building 1 HVA 77193 Rev 0 | | Approved | Brian Willey |
| 50. Form: Medical Office Building 3 HVA 77194 Rev 0 | | Approved | Brian Willey |
| 51. Form: Palomar Medical Center Escondido HVA 77195 Rev 0 | | Approved | Brian Willey |
| 52. Form: Palomar Medical Center Poway HVA 77212 Rev 0 | | Approved | Brian Willey |
| 53. Form: Pomerado Outpatient Pavilion (POP) HVA 77196 Rev 0 | | Approved | Brian Willey |
| 54. Form: The Villas of Poway HVA 77197 Rev 0 | | Approved | Brian Willey |
| **Standardized Procedures – Annual Review** | | | |
| 55. Standardized Procedure: Determination of Cardiopulmonary Death for | ✓ Sally send to Ashley & ensure review at IPC | Approved | Tommy McGuire |

| | Discussion | Approval or Denial | Responsible Person |
|---|---|---|---|
| Donation after Circulatory Death 33912 Rev 11 | | | |
| 56. Standardized Procedure: Inpatient Emergency Care 12421 Rev 25 | ✓ Sally send to Ashley & ensure review at IPC | Approved | Tommy McGuire |
| **Scopes of Service – Review/Approval** | | | |
| 57. Scope of Service: Interventional and Cardiovascular Procedures 12363 Rev 9 | | Approved | Tommy McGuire |
| 58. Scope of Service: Facilities Operations 14030 Rev 6 | | Approved | Marcos Fierro |
| 59. Scope of Service: Radiation Oncology 77232 Rev 0 | | Approved | Todd Renner |
| 60. Scope of Service: Wound Care Centers 29792 Rev 10 | | Approved | Tyler Powell for Holly Porter |
| 61. Scope of Service: Infusion Services 60932 Rev 7 | | Approved | Todd Renner |
| **Plans – Annual Review** | | | |
| 62. Plan: Disaster Communication Plan 71212 Rev 1 | | Approved | Brian Willey |
| 63. Procedure: Disaster Evacuation Plan (The Villas at Poway) 16925 Rev 7 | | Approved | Brian Willey |
| 64. Plan: Provision of Patient Care Plan 11349 Rev 16 | | Approved | Melvin Russell |
| **Documents Previously Approved by Chair/Department Chair** | | | |
| 65. Plan: Quality Assurance Performance Improvement Plan for Pharmacy 30832 Rev 11 ***Approved on July 10, 2025*** | | | |
| 66. Procedure: Clothing and Personal Item Laundering and Labeling 14638 Rev 4 ***Approved on August 1, 2025*** | | | |
| **Documents to Archive** | **Discussion** | **Approval or Denial** | **Responsible Person** |

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|---|---|---|---|
| 67. Procedure: Cardiac Services Outpatient Preparation 18711 Rev 2 | | Approved | |
| 68. Procedure: Chest Auscultation for Respiratory Care Practitioner 10283 Rev 7 | | Approved | |
| 69. Procedure: Hospital Issued Notice of Non-Coverage Process (HINN) 34654 Rev 3 | | Approved | |
| 70. Procedure: Medical Device & Equipment Failure | | Approved | |
| 71. Procedure: Medicare Discharge Appeal Process 11783 Rev 6 | | Approved | |
| 72. Procedure: Oxygen Concentration (FI02) Measurement | | Approved | |
| 73. Procedure: POCT Covid-19 Antigen BinaxNOW | | Approved | |
| 74. Scope of Service: Palomar Medical Center Poway Emergency Department Scope of Service 12397 Rev 9 | | Approved | |
| 75. Procedure: Space Planning Approval 65032 Rev 0 | | Approved | |
| 76. Form: Space Planning Approval Form 65312 Rev 0 | | Approved | |
| 77. Procedure: Supply Chain Downtime Procedure – Warehouse 74134 Rev 0 | | Approved | |
| 78. Procedure: Supply Chain Procedures for Warehouse Orders 74132 Rev 0 | | Approved | |
| 79. Procedure: Telephone Contact Log 11656 Rev 9 | | Approved | |
| 80. Procedure: Warehouse Minimum Standards for Pharmaceutical | | Approved | |

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| Wholesalers 11833 | | | |
| **Transfer Ownership** | | | |
| 81. All Radiation Therapy Policies and Procedures transferred from Sims Kendall to Todd Renner | | Approved | |
| 82. Power Plan: ED Triage for Testicular Pain Power Plan transferred from Tracy Page to Bret Ginther, MD | | Approved | |
| 83. Power Plan: ED Triage Power Plan transferred from Tracy Page to Bret Ginther, MD | | Approved | |
| 84. Bariatric Clinical Pathway: Roux-en-Y Gastric Bypass and Sleeve Gastrectomy transferred from Florence Tai to Bruce Grendell | | Approved | |
| **Laboratory Documents for Awareness** | | | |
| 85. See Attached Excel Log | | Approve | |

| Title | DocId | ManualId | Revision | DocType | Type | Department |
|---|---|---|---|---|---|---|
| Account Numbering System | 12823 | | 14 | Procedure | review | General Laboratory |
| After Hour Outpatients | 50852 | | 5 | Procedure | officialize | General Laboratory |
| Alarms in the Blood Bank | 10110 | | 19 | Procedure | officialize | Blood Bank |
| Atellica IM Syphillis (Syph) | 71918 | | 1 | Form | officialize | Chemistry |
| Blood Bank Band Transfer by Operating Room RN | 12902 | | 17 | Procedure | officialize | Specimen Collection |
| Blood Culture Specimen Collection | 12907 | | 22 | Procedure | officialize | Specimen Collection |
| Blood Specimen from Extremity with Intravenous Line | 12913 | | 13 | Procedure | review | Specimen Collection |
| Chemical Exposure Collection Chart | 41412 | | 9 | Form | review | General Laboratory |
| Compatibility Testing-AHG | 10335 | | 15 | Procedure | review | Blood Bank |
| Compliance with the CAP Terms of Accreditation and Medical Director Responsibilities | 25412 | | 17 | Procedure | officialize | General Laboratory |
| Coroner's Case Identification upon Death | 15340 | | 5 | Procedure | officialize | Clinical Practice (Multidisciplinary) |
| Decedent Affairs: Care of Patient and Family | 13100 | | 19 | Procedure | officialize | Clinical Practice (Multidisciplinary) |
| Emergency Procedure for an Incapacitated Dialysis Provider | 71032 | | 1 | Procedure | officialize | Clinical Practice (Multidisciplinary) |
| HIV Collection | 13315 | | 17 | Procedure | review | Specimen Collection |
| Infection Control | 13383 | | 13 | Procedure | officialize | Specimen Collection |
| Neonatal Specimen Requirements | 13530 | | 17 | Procedure | officialize | Specimen Collection |
| Outpatient Lab Draw Stations Process | 53212 | | 5 | Procedure | officialize | Specimen Collection |
| Patient Hand Off Communication | 24372 | | 9 | Procedure | officialize | Clinical Practice (Multidisciplinary) |
| Permit for Autopsy Sample Form | 60373 | | 0 | Form | review | IQCP |
| Phlebotomy Competency Assessment | 13640 | | 12 | Procedure | review | Specimen Collection, PH Escondido |
| Pneumatic Tube System | 13653 | | 10 | Procedure | review | Clinical Practice (Multidisciplinary) |
| POCT ACCU-CHEK Inform II Glucose Testing: Limitations of the Test System | 19750 | | 19 | Procedure | officialize | Clinical Practice (Multidisciplinary) |
| POCT Autoverification | 36472 | | 15 | Procedure | officialize | Point-of-Care Testing |
| POCT Calibration Verification, Linearity and Inspection of glucose meters | 12824 | | 25 | Procedure | officialize | Point-of-Care Testing |
| POCT Covid-19 Antigen BinaxNOW | 65552 | | 2 | Procedure | archive | Clinical Practice (Multidisciplinary) |
| Return and Reissue of Blood Products | 11451 | | 16 | Policy | review | Blood Bank |
| Returning Blood to Supplier | 11455 | | 15 | Policy | review | Blood Bank |
| TB Exposure Control-Lab | 13902 | | 18 | Procedure | review | Safety in Laboratory |

# Consent Agenda for Policies & Procedures Committee – September 2025

PALOMAR HEALTH
Passion. People. Purpose.™

| Agenda Item | Discussion | Approval | Responsible Person |
|---|---|---|---|
| 1. Meeting Minute Approval August 13, 2025 | Motion to approve by Sims Kendall. Second by Thomas McGuire. | Approved | Jami Piearson |
| 2. Additional Agenda Items | ✓ 1 additional document to transfer ownership-16830.<br>✓ 1 additional Scope of Service for review-Imaging | | |

| Non- Clinical Documents | Discussion | Approval or Denial | Owner/Responsible Person |
|---|---|---|---|
| 1. Form: Access to Electronic Protected Health Information Agreement 45712 Rev 10 | | Approved | Pamela Peterson |
| 2. Policy: Annual Adoption of Statement of Investment 27092 Rev 14 | | Approved | Carla Albright for Kevin DeBruin |
| 3. Bylaws: Charter of the Audit and Compliance Committee 72512 Rev 1 | | Approved | Carla Albright for Kevin DeBruin |
| 4. Bylaws : Charter of the Governance Committee of the Palomar Health Board of Directors 71332 Rev 2 | | Approved | Carla Albright for Kevin DeBruin |
| 5. Procedure : Code Green - Patient Elopement/Missing High Risk Patient 43372 Rev 4 | ✓ Send draft with tracking to Ashley | Approved; hold for education | Meghan Jaremczuk |
| 6. Procedure : Compliance Monitoring and Investigations 17770 Rev 10 | | Approved | Helen Waishkey |
| 7. Form : Mobile/Portable and Removable Storage Device Security and User Agreement | | Approved | Robin Ford |
| 8. Policy : Patient Complaint/Grievance 35072 Rev 13 | Review with no revisions | Approved | Valerie Martinez |

| Clinical Documents for Approval | | | |
|---|---|---|---|
| 9. Procedure: Acute Dyspnea 51272 Rev 6 | | Approved | Tyler Powell for Kathleen Mackessy |
| 10. Procedure : Transmission-Based Precautions 15327 Rev 15327 | ✓ Link title of documents embedded in content to document. | Approved | Jarrod Becasen for Valerie Martinez |
| 11. Policy : Virtual Patient Monitoring 72952 Rev 6 | ✓ Further discussion regarding patient inclusions needed.  Owner recommending that patient's unable to follow commands be excluded from VPO.<br>✓ Sally schedule a meeting for further discussion – include Melissa Post. | Table | Brian Willey |
| 12. Procedure: Chest Tubes 12220 Rev | | Approved | Holly Porter |
| 13. Procedure: Discharging Patients from NICU 12228 Rev | | Approved | Holly Porter |
| 14. Procedure: Suctioning the Neonate 11629 Rev | | Approved | Holly Porter |
| 15. Procedure: Urinary Catheterization 11767 Rev | | Approved | Holly Porter |
| 16. Procedure: Weaning a Premature Infant from an Incubator 11837 Rev | | Approved | Holly Porter |
| 17. Procedure: Revenue Codes for NICU Levels of Care 33892 Rev | | Approved | Holly Porter |
| 18. Procedure: Umbilical Cord Care 11756 Rev | | Approved | Holly Porter |
| 19. Procedure:  Management of Low Birth Weight Neonates Rev | | Approved | Holly Porter |
| Standardized Procedures – Annual Review | | | |
| 20. Standardized Procedure : Forensic Health Services 47312 Rev 5 | ✓ Add newly added South County location when it opens; Michelle will notify Jami/Sally.<br>✓ Michelle send department specific paper competencies to Ashley.  Also, will connect with her to discuss | Approve | Michelle Shores |

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| | adding these to iXpand for future. | | |
| 21. Standardized Procedure : Influenza, Pneumococcal Screening and Administration 63252 | | Approve | Melvin Russell |
| **Scopes of Service – Review/Approval** | | | |
| 22. Scope of Service : Access Management  12361 Rev 5 | | Approve | Tyler Powell for Michael Thomas |
| 23. Scope of Service : Clinical Resource Management (CRM) 34712 Rev 7 | | Approve | Harry Kallipolitis |
| 24. Scope of Service : Oncology Navigation Program 71812 Rev 0 | | Approve | Todd Renner |
| 25. Scope of Service : Laboratory Services, PMC Escondido 12372 Rev 24 | | Approve | Tim Barlow |
| 26. Scope of Service : Imaging Services 61912 Rev 7 | ✓ Need to adjust hours of Nuc Med hours of operation | Approve with Edits | Sims Kendall |
| **Plans – Annual Review** | | | |
| 27. Plan : Utilization Management Plan 11784 Rev 7 | | Approve | Harry Kallipolitis |
| **Documents Approved by P&P and/or Department Chair(s)** | | | |
| 28. Procedure : Standards of Patient Care in ED 11605 Rev 21 ***Approved on 8/14/2025*** | | Informational | |
| **Documents to Archive** | **Discussion** | **Approval or Denial** | **Responsible Person** |
| 29. Procedure : Diazo-Check for Urine Bilirubin Confirmation 74212 Rev 0 | | Approve | |
| 30. Procedure : POCT Individualized Quality Control Plan (IQCP) iSTAT 56932 Rev 6 | | Approve | |
| 31. Procedure : POCT iSTAT 49412 Rev 13 | | Approve | |
| 32. Procedure : Semen Analysis | | Approve | |

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| 13814 Rev 25 | | | |
| 33. Reference Materials : Semen Collection Form 60112 Rev 3 | | Approve | |
| 34. Form : Semen Count Worksheet 19930 Rev 18 | | Approve | |
| 35. Procedure : Stain, Differential Quik Kit (Modified Giemsa) 66172 Rev 2 | | Approve | |
| 36. Scope of Service : Laboratory Services 61892 Rev 2 | | Approve | |
| **Transfer Ownership** | | | |
| 37. Laboratory Policies Owned by Brian Bakerink Transferred to Tim Barlow | | Approve | |
| 38. Human Resources Policies and Procedures Transferred from Diane Hansen to Kathleen Ballard | | Approve | |
| 39. Procedure: Re-Infusion System, Stryker Constavac 16830 Transferred from Valerie Martinez to Bruce Grendell | | Approve | |
| **Laboratory Documents for Awareness** | | | |
| 40. See Attached Excel Log | | Approve | |

| Title | DocId | DocType | Department |
|---|---|---|---|
| 2025 PH Escondido Hematology Activity Menu | 65172 | Reference Materials | Hematology |
| 2025 PH Poway Hematology Activity Menu | 63875 | Reference Materials | Hematology |
| 2025 PMC Esc Chemistry Activity Menu | 60134 | Reference Materials | Chemistry |
| Accession Result Entry (ARE) | 21993 | Procedure | Information System in Lab |
| ACL TOP 500 CTS Coagulation System Operation | 38972 | Procedure | Coagulation |
| AFB Culture Processing and Work Up | 12806 | Procedure | Microbiology |
| Alcian Blue 2.5 PH | 12840 | Procedure | Histology |
| Atellica CH Aspartate Aminotransferase (ASTPLc) | 71858 | Form | Chemistry |
| Atellica CH Ethanol Reagent Information for Use (IFU) for Atellica | 72232 | Form | Chemistry |
| Atellica CH Glucose (GluH_3) | 71879 | Form | Chemistry |
| Atellica CH Neonatal Direct Bilirubin (XDBIL) | 72792 | Procedure | Chemistry |
| Atellica CH Neonatal Total Bilirubin (XTBIL) | 72813 | Procedure | Chemistry |
| Atellica CH Phenytoin (Phny) | 71891 | Form | Chemistry |
| Atellica IM Folate (Fol) | 71913 | Form | Chemistry |
| Atellica IM Human Immunodeficiency Virus AG/AB (CHIV) | 71916 | Form | Chemistry |
| Atellica IM Total Beta Human Chorionic Gonadotropin (ThCG) | 71929 | Form | Chemistry |
| Beckman Arkray Aution Max 4030 Urine Chemistry Analyzer | 75812 | Procedure | Urinalysis |
| Billing Patients | 10189 | Procedure | Blood Bank |
| Biochemical: Bile Solubility | 12894 | Procedure | Microbiology |
| BIR BB Restore | 12886 | Procedure | Information System in Lab |
| Blood Gas Analysis (Venous), Other Whole Blood Analysis | 50273 | Procedure | Chemistry |
| Blood Product Recall Procedure | 10201 | Procedure | Blood Bank |
| Brown and Brenn Stain for Bacteria in Tissue | 12945 | Procedure | Histology |
| Carbapenem MIC Intermediate or Resistant for Enterobacterales, P.aerug or A.baumannii | 72212 | Form | Microbiology |
| Centaur Hepatitis B Surface Antigen | 21051 | Procedure | Chemistry |
| Cerner Millennium Signing On | 21972 | Procedure | Information System in Lab |
| Cerner Statuses | 12990 | Procedure | Information System in Lab |
| Charge Points | 12993 | Procedure | General Laboratory |
| Chem Individualized Quality Control Plan (IQCP) Hologic Fetal Fibronectin | 54852 | Reference Materials | IQCP |
| CHROMagarâ„¢ Candida | 24873 | Procedure | Microbiology |
| Clostridium Botulinum Toxin | 12937 | Procedure | Microbiology |
| Collection Inquiry | 21974 | Procedure | Information System in Lab |
| Culture workup guidelines: Ocular Cultures | 13180 | Procedure | Microbiology |

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| Culture Workup Guidlines: Ear Cultures | 77413 | Procedure | Microbiology |
| Cyto-Preparatory Techniques | 13092 | Procedure | Cytology |
| Cytology Sample Cross Contamination Prevention (CYP.04150) | 37672 | Procedure | Cytology |
| Delta Checking Flowchart | 21254 | Reference Materials | General Laboratory |
| Diazo-Chek for Urine Bilirubin Confirmation | 74212 | Procedure | Urinalysis |
| Environmental Cultures | 22974 | Procedure | Microbiology |
| ESBL - Extended Spectrum Beta-lactamase | 16163 | Procedure | Microbiology |
| Hematology Printing and Resending Results on Instruments (and Downtime) | 51672 | Procedure | Hematology |
| Hospital Issued Notice of Non-Coverage Process (HINN) | 34654 | Procedure | Case Management |
| Laboratory Services | 61892 | Scope of Service | Scopes |
| Laboratory Services, PMC Escondido | 12372 | Scope of Service | Scopes, PH Escondido |
| List of Modified FDA-Cleared Tests - Poway | 65232 | Form | Chemistry |
| Medical Director Designee List | 23632 | Form | General Laboratory |
| Medicare Discharge Appeal Process | 11783 | Procedure | Utilization Review |
| Mycology | 13519 | Procedure | Microbiology |
| Orientation Check-Off List for Hematology Medical Laboratory Technician | 48293 | Procedure | Hematology |
| Packing Category A and B and Exempt Human and Exempt Animal Specimens Job Aid | 21230 | Form | Microbiology |
| Path Review Criteria | 13599 | Procedure | Hematology |
| Patient Hand Off Communication | 24372 | Procedure | Clinical Practice (Multidisciplinary) |
| Pharmacy Gloved Fingertip Culture | 36853 | Procedure | Microbiology |
| POCT Continuous Quality Improvement | 13063 | Procedure | Laboratory - Clinical |
| POCT Glucose Meter and Laboratory Values Correlation | 13291 | Procedure | Clinical Practice (Multidisciplinary) |
| POCT Hemaprompt FG | 62312 | Procedure | Point-of-Care Testing |
| POCT Individualized Quality Control Plan (IQCP) Amnisure | 54872 | Form | IQCP |
| POCT Individualized Quality Control Plan (IQCP) Hemochron ACT | 54873 | Form | IQCP |
| POCT Individualized Quality Control Plan (IQCP) iSTAT | 56932 | Procedure | IQCP |
| POCT iSTAT | 49412 | Procedure | Point-of-Care Testing |
| POCT pH Determination of Vaginal or Ocular Fluid | 54152 | Procedure | Point-of-Care Testing |
| POCT Testing and Competence | 13657 | Procedure | Point-of-Care Testing |
| POCT Urine Dip Test | 13971 | Procedure | Point-of-Care Testing |
| Quality Control Guidelines, Hematology | 13696 | Procedure | Hematology |
| Refractometer | 13906 | Procedure | Urinalysis |
| Registration and Ordering (ROE) | 17480 | Procedure | General Laboratory |
| Reporting Infectious Diseases on Atellica | 75052 | Form | Chemistry |

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|---|---|---|---|
| Respiratory Care PEP Planning Form | 33434 | Form | Pulmonary |
| Saline Replacement for Strong Agglutinins or Lipemic specimens | 12866 | Procedure | Hematology |
| Semen Analysis | 13814 | Procedure | Hematology |
| Semen Collection Form | 60112 | Reference Materials | Hematology |
| Semen Count Worksheet | 19930 | Form | Hematology |
| Specimen Collection & Handling Manual, Laboratory | 25512 | Procedure | General Laboratory |
| Specimen Processing Workflow for Microbiology | 45672 | Procedure | Microbiology |
| Stain, Differential Quik Kit (Modified Giemsa) | 66172 | Procedure | Hematology |
| Temperature Monitoring in the Laboratory | 31572 | Procedure | General Laboratory |
| Training Checklist | 75853 | Form | Point-of-Care Testing |
| Transmission-Based Precautions | 15327 | Procedure | Infection Control |
| Urine Microscopic Examination | 13983 | Procedure | Urinalysis |
| Venipuncture Difficulty | 14009 | Procedure | Specimen Collection |

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# Consent Agenda for Policies and Procedures Committee – October 2025

| Agenda Item | Discussion | Approval | Responsible Person |
|---|---|---|---|
| 1. Meeting Minute Approval September 10, 2025 | Motion to approve by Holly Porter. Second by Meghan Jaremczuk. | Approved | Jami Piearson |
| 2. Additional Agenda Items \| Other Mentions | Jami acknowledged the leaders on this committee for their diligence in working with the Regulatory team, ensuring their documents continue to be up to date. | | |

| Non- Clinical Documents | Discussion | Approval or Denial | Owner/Responsible Person |
|---|---|---|---|
| 1. Procedure : Afterhours Procedure for Pacemaker Cases 73073 Rev 2 | | Approved | Sims Kendall |
| 2. Procedure : Nuclear Medicine Spill 13734 Rev 6 | | Approved | Sims Kendall |
| 3. Policy : Radiation Safety: CT Exposure Monitoring, Dose Review, and Reporting 38372 Rev 9 | | Approved | Sims Kendall |
| 4. Procedure : Radioactive Material Management 13730 Rev 6 | | Approved | Sims Kendall |
| 5. Policy : Radioactive Materials, Waste and Disposal 13733 Rev 7 | | Approved | Sims Kendall |
| 6. Procedure : Biomedical Ethics Consultations 10597 Rev 6 | | Approved | Jami Piearson for Lori Schmollinger |
| 7. Procedure : Medical Records 10969 Rev 9 | | Approved | Tyler Powell |
| 8. Form : Nursing Peer Review Process 57132 Rev 3 | | Approved | Valerie Martinez |
| 9. Reference Materials : Pulmonary and EEG Services Organizational Structure 62492 Rev 1 | Edit "Respiratory Supervisor" to say "District Respiratory Supervisor." | Approved with edits | Valerie Martinez |
| 10. Plan : Quality Assessment Performance Improvement | ✓ Edited to be compliant with new state requirements regarding | Approved | Valerie Martinez |

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| (QAPI) and Patient Safety Plan | disparity.<br>✓ Will require annual review, posting on the PH website, and submitted to the CDPH | | |
| 11. Policy : Patient Safety Event Response, Investigation and Follow-Up 28172 Rev 11 | ✓ Edited to be compliant with new state requirements regarding disparity.<br>✓ Will require annual review, posting on the PH website, and submitted to the CDPH<br>✓ Ashley will educate to it | Approved | Jami Piearson |
| 12. Finance Documents Review w/no Revisions – See Attached Excel List | Reviewed with no revisions by owner. | Approved | Jami Piearson for Melissa Wallace |
| 13. Human Resources Documents Review w/no Revisions – See Attached Excel List | ✓ List reviewed with no revisions<br>✓ 11401 will remove "HH Services".<br>✓ 11231 Performance Evaluations<br>✓ 10112 Alcohol and Drug Testing<br>✓ 10161 Attendance Guidelines | ✓ Approved<br>✓ 11401 approved with edits<br>✓ 11231 approved with edits<br>✓ 10112 approved with edits<br>✓ 10161 approved with edits | Jami Piearson for Kathleen Ballard |
| **Clinical Documents for Approval** | | | |
| 14. Procedure : Aerosolized Epoprostenol Sodium (Flolan®) Administration Guideline for Patients with Acute Respiratory Distress Syndrome (ARDS) 72612 Rev 1 | ✓ Approved, but hold until power plan is approved and it is determined which pump will be used to administer.<br>✓ Send to Ashley for education | Approved and hold | Valerie Martinez |
| 15. Procedure : Campus to Campus Transfer for CT or MRI Imaging *formerly known as* Imaging *Services Standard Operating Procedures* 24732 Rev 17 | | Approved | Sims Kendall |
| 16. Procedure : Infection Control and Equipment Cleaning 27512 Rev 9 | | Approved | Sims Kendall |
| 17. Procedure : MRI Examination Pre-procedures 20791 Rev 20791 | | Approved | Sims Kendall |
| 18. Procedure : Nuclear Medicine | | Approved | Sims Kendall |

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| Quality Control and Testing 13809 Rev 6 | | | |
| 19. Procedure : Food Brought in to Patients from the Outside 71432 Rev 1 | | Approved | Nicole Hite |
| 20. Procedure : Transportation of The Villas at Poway Food – FANS 11719 Rev 6 | | Approved | Nicole Hite |
| 21. Procedure : Infection Control Rehabilitation Services 12082 Rev 20 | ✓ Ensure this is reviewed at Infection Control Committee | Approved | Tyler Powell |
| 22. Procedure : Topical Medication Procedure - Rehab Services 29692 Rev 11 | | Approved | Tyler Powell |
| 23. Reference Materials : NICU IV Medication Administration Guidelines 68733 Rev 1 | ✓ Ensure that links are functioning | Approved | Nada Ghobrial |
| 24. Procedure : Roles and Responsibilities for Trauma Team Members 56712 Rev 5 | | Approved | Tracy Page |
| 25. Procedure : Epilepsy Monitoring *formerly known as* Epilepsy Monitoring Unit 53932 Rev 1 | ✓ Remove "1 mg of Ativan as ordered is administered" change to "administer anti- seizure medication as ordered" | Approved with edit | Meghan Jaremczuk |
| **Standardized Procedures – Annual Review** | | | |
| 26. Standardized Procedure : Adult Hypoglycemia Management 21170 Rev 18 | ✓ Recommendation for Tamrah to circle back with The Villas regarding SP initiation as they may not staff an RN during certain shifts. | Approved | Tamrah Jennings for Holly Porter |
| **Scopes of Service – Review/Approval** | | | |
| 27. Scope of Service : Respiratory Care 12339 Rev 13 | | Approved | Valerie Martinez |
| 28. Scope of Service : Food and Nutrition Services (FANS) 12329 Rev 15 | | Approved | Nicole Hite |

| Protocols – Annual Review | | | |
|---|---|---|---|
| 29. Protocols : CT Imaging Protocols Matrix 44392 Rev 22 | | Approved | Sims Kendall |
| **Documents Approved by P&P and/or Department Chair(s)** | | | |
| 30. Procedure : Patient Hand Off Communication 24372 Rev 9 *Approved by P&P Chair 9.16.2025* | | Approved | |
| 31. Scope of Service : Cardiac and Pulmonary Rehabilitation 23752 Rev 5 *Approved by P&P Chair 9.23.2025* | | Approved | |
| 32. Procedure : Personal Time Off (PTO) 11247 Rev 19 *Approved by P&P Chair 9.26.2025* | | Approved | |
| 33. Procedure : Health Care Decisions for Unrepresented Patients 28812 Rev 6 *Approved by P&P Chair 9.26.2025* | | Approved | |
| 34. Form : Caresphere Workflow Solution (CWS) Communication Downtime Guidelines 77593 Rev 0 *Approved by P&P Chair 9.26.2025* | | Approved | |
| 35. Procedure : Caresphere Workflow Solution (CWS) Procedure 77572 Rev 0 *Approved by P&P Chair 9.26.2025* | | Approved | |
| 36. Procedure : Caresphere Workflow Solution (CWS) Procedure 77572 Rev 0 *Approved by P&P Chair 9.26.2025* | | Approved | |
| 37. Form : Caresphere Workflow Solution (CWS) Quick Guide 77573 Rev 0 *Approved by P&P Chair 9.26.2025* | | Approved | |
| 38. Form : Caresphere Workflow | | Approved | |

| | Discussion | Approval or Denial | Responsible Person |
|---|---|---|---|
| Solution (CWS) User Manual 77592 Rev 0 *Approved by P&P Chair 9.26.2025* | | | |
| 39. Procedure : Vista Creatinine 42992 Rev 14 *Approved by P&P Chair 9.26.2025* | | Approved | |
| **Documents to Archive** | **Discussion** | **Approval or Denial** | **Responsible Person** |
| 40. Procedure : Continuum of Service 10369 Rev 16 | | Approved | |
| 41. Procedure : HDR Brachytherapy Personnel Monitoring, Training, and Competency 76037 Rev 0 | | Approved | |
| 42. Procedure : Project Access San Diego (PASD) 49772 Rev 4 | | Approved | |
| 43. Procedure : Respiratory Equipment 15073 Rev 5 | | Approved | |
| 44. Form : ONC UTE009 Cisplatin Orders 70178 Rev 0 | | Approved | |
| 45. Form : ONC UTE019 Pembrolizumab Orders 70177 | | Approved | |
| **Transfer Ownership** | | | |
| 46. Procedure : ON-Q Pain Management and C-bloc Systems 17582 Rev 4 Ownership transferred to Bruce Grendell from Valerie Martinez | | Approved | |
| **Laboratory Documents for Awareness** | | | |
| 47. See Attached Excel Log | | Approve | |

| Title | DocId | DocType | Type | Department |
|---|---|---|---|---|
| Abbreviations and Grading of Reactions | 10041 | Procedure | review | Blood Bank |
| Advanced Beneficiary Notice | 12833 | Procedure | review | Compliance in Lab |
| Atellica CH Creatinine (Cre_2) | 71872 | Form | officialize | Chemistry |
| Autologous and Directed Donations | 10170 | Procedure | officialize | Blood Bank |
| Autologous Units Positive for Infectious Disease | 17120 | Procedure | review | Blood Bank |
| Blood Culture Contamination Rates | 12906 | Procedure | review | Quality Assurance |
| Blood Transfusion-Transmitted Diseases | 10973 | Procedure | review | Blood Bank |
| CD 15 | 13419 | Procedure | review | Histology |
| Change Control for the Laboratory | 13912 | Procedure | review | Information System in Lab |
| Collection List | 21973 | Procedure | review | Information System in Lab |
| Competency Assessment for Chemistry Staff | 59912 | Procedure | officialize | Chemistry |
| Competency Assessment for Hematology Staff | 13049 | Procedure | officialize | Hematology |
| Competency Assessment Program | 13625 | Procedure | officialize | General Laboratory |
| Gross Tissue Storage and Disposal | 13298 | Procedure | officialize | Anatomic Pathology |
| Hemocytometer Counting Chamber for Direct Cell Counts | 13073 | Procedure | officialize | Hematology |
| Ki-67 | 13412 | Procedure | review | Histology |
| Manual Culture Downtime Log | 57972 | Form | review | Microbiology |
| Muscle and Nerve Biopsies-Handling | 13825 | Procedure | review | Anatomic Pathology |
| Newborn Screen Specimen Collection, Handling and Transport | 13538 | Procedure | officialize | Specimen Collection |
| Orientation Check-Off List for Hematology Clinical Laboratory Scientist | 13572 | Procedure | officialize | Hematology |
| Orientation Check-Off List for Hematology Lab Assistant | 13571 | Procedure | officialize | Hematology |
| Phlebotomy Manual Collection List | 22672 | Procedure | review | Specimen Collection |
| Release of Anatomic Material | 39433 | Policy | review | Anatomic Pathology |
| Relocation of Critical Equipment-Checklist | 65272 | Form | review | General Laboratory |
| Single Clinical Events and Variance Log Use | 13824 | Procedure | review | General Laboratory |
| Troubleshooting - Results Posted to Incorrect Account | 13951 | Procedure | review | Information System in Lab |

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| Agenda Item | Discussion | Approval | Responsible Person |
|---|---|---|---|
| 1. Meeting Minute Approval October 8, 2025 | Motion to approve by Tim Barlow. Second by Helen Waishkey. | Approved | Jami Piearson |
| 2. Additional Agenda Items \| Other Mentions | None | | |
| **Non- Clinical Documents** | **Discussion** | **Approval or Denial** | **Owner/Responsible Person** |
| 1. Procedure: Advance Beneficiary Notice for Medicare Beneficiary 10100 Rev 8 | | Approved | Helen Waishkey |
| 2. Form: Business Associate HIPAA/HITECH Compliance Attestation 69832 Rev 3 | | Approved | Helen Waishkey |
| 3. Procedure: Conflicts of Interest, Commitment, and Gifts 19091 Rev 11 | | Approved | Helen Waishkey |
| 4. Procedure: Government Investigations 19052 Rev 6 | | Approved | Helen Waishkey |
| 5. Policy: Non-Monetary Compensation and Medical Staff Incidental Courtesies and Exceptions 17619 Rev 10 | | Approved | Helen Waishkey |
| 6. Procedure: Palomar Health Values Hotline 17767 Rev 8 | Added language to be compliant with AB 3161 | Approved | Helen Waishkey |
| 7. Procedure: Callback-Staffing Coverage 10236 Rev 12 | | Approved | Sims Kendall |
| 8. Policy: Staff Scheduling Guidelines in Imaging 56012 Rev 3 | | Approved | Sims Kendall |
| 9. Form: Chain of Command for Adverse or Unusual Events 59392 Rev 2 | | Approved | Valerie Martinez |

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| 10. Procedure: Clinical Contract Services, Quality Oversight 41172 Rev 2 | | Approved | Valerie Martinez |
| 11. Guideline: Department Scheduling Guidelines – Respiratory 77812 Rev 0 | | Approved | Valerie Martinez |
| 12. Procedure: Food and Beverages in the Work Place 32952 Rev 7 | | Approved | Valerie Martinez |
| 13. Form: Infection Control Risk Assessment and Safety - Construction Permit 45452 Rev 10 | | Approved | Valerie Martinez |
| 14. Procedure: Attendance Guidelines 10161 Rev 21 | ✓ Change "shall" to "may" in section II, I, 1 regarding requesting wellness check | Approve with edits | Kathleen Ballard |
| 15. Procedure: Disciplinary Guidelines 10468 Rev 13 | | Approved | Kathleen Ballard |
| 16. Procedure: Reference and Background Checks 11401 Rev 12 | | Approved | Kathleen Ballard |
| 17. Procedure: Relocation Expense Bonus 11419 Rev 9 | | Approved | Kathleen Ballard |
| 18. Procedure: Delivery of Medicare Beneficiary Notices 34653 Rev 4 | | Approved | Harry Kallipolitis |
| 19. Form: Dishwashing Machine Temperature Record 47892 Rev 3 | | Approved | Nicole Hite |
| 20. Procedure: Informed Consent Wound Care Center and HBOT 12060 Rev 11 | | Approved | Holly Porter |
| 21. Procedure: Oxygen Supply, Shutdown 18184 Rev 5 | | Approved | Marcos Fierro |
| 22. Procedure: Purchase Order Issuance through Invoice Processing 11357 Rev 10 | | Approved | Heather Woodling |
| 23. Procedure: Value Improvement Process 11797 Rev 7 | | Approved | Heather Woodling |
| 24. Procedure: Influenza Vaccination | Updated to be compliant with Public | Approved | Brian Willey |

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|---|---|---|---|
| Annual Program for Health Care Workers 25492 Rev 9 | Officer mandate to mask unvaccinated staff when caring for patients or in areas of patient care. | | |
| **Clinical Documents for Approval** | | | |
| 25. Procedure: Acuity - Level of Care Assessment 34052 Rev 10 | | Approved | Holly Porter |
| 26. Procedure: Complex and Palliative Wound Management 57173 Rev 6 | | Approved | Holly Porter |
| 27. Procedure: Triage Guidelines for Rehabilitation Therapies 16982 Rev 10 | | Approved | Tyler Powell |
| 28. Policy: Exercise Prescription for the Pulmonary Patient 77472 Rev 0 | | Approved | Kathleen Mackessy |
| 29. Procedure: Hypertension in Cardiac and Pulmonary Rehabilitation 51192 Rev 5 | | Approved | Kathleen Mackessy |
| 30. Procedure: Metered Dose Inhaler (MDI) Administration 10996 Rev 12 | | Approved | Valerie Martinez |
| 31. Procedure: Standard Precautions 15117 Rev 15 | | Approved | Valerie Martinez |
| 32. Procedure: Urinary Catheter Manual Bladder Irrigation 61112 Rev 1 | ✓ Send to Ashley for refresher nursing education and inclusion in NEO for nursing. | Approved | Meghan Jaremczuk |
| **Scopes of Service – Review/Approval** | | | |
| 33. Scope of Service: Centers of Excellence Total Joint and Spine 69172 Rev 1 | | Approved | Valerie Martinez |
| 34. Scope of Service: Supply Chain Services 18523 Rev 7 | | Approved | Heather Woodling |
| **Documents Approved by P&P and/or Department Chair(s)** *Informational* | | | |
| 35. Policy: Virtual Patient Monitoring 72952 Rev 6 *Approved on* | | | |

| | Discussion | Approval or Denial | Responsible Person |
|---|---|---|---|
| 36. Procedure: Discharge Planning and Instructions, Documentation of 17801 Rev 8 *Approved on 10/13/2025 by P&P Chair* | | | |
| 37. Procedure: MRI Examination Pre-procedures 20791 Rev 15 *Approved on 10/30/2025 by P&P Chair* | | | |
| 38. Procedure: Patient Identification: ID (arm) Band Placement 17826 Rev 7 *Approved on 11/10/2025 by P&P Chair* | | | |
| 39. Power Plan : Aerosolized Epoprostenol Sodium (Flolan) Administration Power Plan 77072 Rev 0 *Approved at all required Med Staff Committees. Holding here for education.* | Hold for education. Release on 12/8 with policy. | Approved – hold for education. | |
| **Documents to Archive** | **Discussion** | **Approval or Denial** | **Responsible Person** |
| 40. Procedure: Hospital Issued Notice of Non-Coverage Process (HINN) 34654 Rev 3 | ✓ Replaced/Combined with 34653 | Approved | Harry Kallipolitis |
| **Transfer Ownership** | | | |
| 41. | | | |
| **Laboratory Documents for Awareness** | | | |
| 42. See Attached Excel Log | | Approve | |

| DocId | Title | DocType | Type | Department |
|---|---|---|---|---|
| 64852 | ABL90 FLEX PLUS Information for Use (IFU) | Reference Materials | officialize | Chemistry |
| 65573 | Actions Laboratories Should Take when a PT Result is Not Graded | Reference Materials | officialize | General Laboratory |
| 12807 | AFB Kinyoun Smear | Procedure | officialize | Microbiology |
| 12839 | Airfuge, Use Of | Procedure | officialize | Chemistry |
| 50072 | Amending Gram Stains | Form | officialize | Microbiology |
| 50073 | Amending Rapid Tests | Form | officialize | Microbiology |
| 77615 | Aptio Automation PEP to go | Form | officialize | Chemistry |
| 77612 | Atellica Basic System Operations PEP to Go | Form | officialize | Chemistry |
| 69132 | Aution Eleven 4022 (AE-4022) Urinalysis Analyzer | Procedure | officialize | Urinalysis |
| 30015 | Autoverification Build and Validation | Procedure | officialize | General Laboratory |
| 75812 | Beckman Arkray Aution Max 4030 Urine Chemistry Analyzer | Procedure | officialize | Urinalysis |
| 22133 | Biochemicals for Identification | Procedure | review | Microbiology |
| 63893 | Biothreat Agents Poster | Reference Materials | review | Microbiology |
| 63892 | Biothreat Agents Rule-Out Bench Cards | Form | review | Microbiology |
| 13703 | Body Fluid Quality Control | Procedure | officialize | Hematology |
| 53072 | Body Fluids Chemistry Testing | Procedure | officialize | Chemistry |
| 24992 | Breast Tissue Handling for Primary Evaluation for Cancer | Procedure | officialize | Anatomic Pathology |
| 55172 | Centaur HIL Guidelines | Form | officialize | Chemistry |
| 44652 | Centaur Vitamin D, Total | Procedure | officialize | Chemistry |
| 19856 | Communicating Staff Concerns About Test Quality and Laboratory Safety | Procedure | review | Laboratory - Clinical |
| 13056 | Computer Validation Protocol | Procedure | review | Quality Assurance |
| 39932 | Confidentiality Morbidity Report | Form | officialize | Microbiology |
| 10379 | Cord Blood | Procedure | officialize | Blood Bank |
| 13075 | Courier General Responsibilities | Procedure | officialize | General Laboratory |
| 10419 | Delayed Transfusion Reactions | Procedure | review | Blood Bank |
| 13103 | Design and Review of the Quality Program | Procedure | officialize | Quality Assurance |
| 10431 | Deviations from Standard Operating Procedure | Procedure | review | Blood Bank |
| 13108 | Differential Screen Review | Procedure | officialize | Hematology |
| 10573 | Entering Blood Products Into Inventory | Procedure | review | Blood Bank |
| 13276 | Fyrite CO2 Measurement | Procedure | review | Microbiology |
| 51672 | Hematology Printing and Resending Results on Instruments (and Downtime) | Procedure | officialize | Hematology |
| 53972 | Laboratory Coding Procedure | Procedure | officialize | General Laboratory |
| 14014 | Laboratory Verification of System Integrity (Cerner) | Procedure | review | Information System in Lab |
| 13459 | Maintenance Logs and Standard Operating Procedures | Procedure | review | Information System in Lab |
| 74193 | Manual Dilution FORM, Atellica | Form | officialize | Chemistry |
| 13635 | Personnel Training | Procedure | officialize | Quality Assurance |
| 53572 | Pluggo Decapper Operation | Procedure | officialize | Chemistry |
| 16400 | Report Approval by Medical Director | Procedure | review | Information System in Lab |
| 53912 | Specimen Container Collection Guide | Form | review | Microbiology |

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|---|---|---|---|---|
| 13838 | Specimen Criteria | Procedure | officialize | Hematology |
| 75232 | Specimen Processing and Culture Set-Up for Microbiology | Form | officialize | Microbiology |
| 31312 | Specimen Tracking and Documentation | Procedure | review | General Laboratory |
| 13905 | Specimen Transfer from Lab to Lab | Procedure | review | General Laboratory |
| 13869 | Stool Culture Reflex | Procedure | officialize | Microbiology |
| 62952 | Sysmex WAM, Locked out of | Form | archive | Hematology |
| 61552 | Sysmex XN Series Analyzer Routine Blood Count | Procedure | officialize | Hematology |
| 61572 | Sysmex XN Series Quality Control | Procedure | officialize | Hematology |
| 11709 | Transfusion Reaction - Serologic Work-up | Procedure | officialize | Blood Bank |
| 13980 | Urine Creatinine (24 hour), Creatinine Clearance | Procedure | officialize | Chemistry |
| 52052 | Urine Preservatives and pH Adjustments | Procedure | officialize | Chemistry |
| 42592 | Vista Barbiturates, Urine | Procedure | officialize | Chemistry |
| 45932 | Vista beta-HBT | Procedure | officialize | Chemistry |
| 48532 | Vista Cocaine, Urine | Procedure | officialize | Chemistry |
| 43052 | Vista Electrolytes (NA, K, CL) | Procedure | officialize | Chemistry |
| 52032 | Vista Flags and Comments | Form | officialize | Chemistry |
| 43192 | Vista Gamma Glutamyl Transferase (GGT) | Procedure | officialize | Chemistry |
| 43292 | Vista HDL Cholesterol | Procedure | officialize | Chemistry |
| 43672 | Vista Opiates, Urine | Procedure | officialize | Chemistry |
| 47652 | Vista Startup and Shutdown Procedure | Procedure | officialize | Chemistry |
| 48254 | Vista T4 Free | Procedure | officialize | Chemistry |
| 48253 | Vista T4, Thyroxine | Procedure | officialize | Chemistry |
| 43992 | Vista THC (Cannabinoids ), Urine | Procedure | officialize | Chemistry |
| 44152 | Vista Triglycerides | Procedure | officialize | Chemistry |

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| ID | Title | Type | Source | Owner |
|---|---|---|---|---|
| 10102 | Adverse Reactions and Normal Values | Procedure | Respiratory Services | Martinez, Valerie A |
| 10119 | Amnioinfusion | Procedure | Birth Center | Porter, Holly |
| 10138 | Arterial Puncture for Blood Gas Analysis | Procedure | Respiratory Services | Martinez, Valerie A |
| 10151 | Respiratory Assessment for the RCP | Procedure | Respiratory Services | Martinez, Valerie A |
| 10231 | Call Back Procedure for Radiologists | Procedure | Imaging | Kendall, Sims |
| 10343 | Nutrition Care - Diet Orders & Status Change | Procedure | Clinical Nutrition Therapy/Patient Care | Hite, Nicole |
| 10442 | Directed Cough | Procedure | Respiratory Services | Martinez, Valerie A |
| 10545 | Emergency Equipment-Supplies-Meds Storage & Location | Procedure | Neonatal Intensive Care Unit (NICU) | Porter, Holly |
| 10549 | Emergency Operations Plan (Disaster Plan) and Emergency Management Program | Plan | Emergency Management (EM) | Willey, Brian |
| 10727 | Neonatal Team Notification for High Risk Delivery | Procedure | Neonatal Intensive Care Unit (NICU) | Porter, Holly |
| 10804 | Point of Use Treatment and Transport of Reusable Medical Equipment | Procedure | Infection Control | Martinez, Valerie A |
| 10815 | Interpreter, Language and Hearing Services | Procedure | Administrative | Fisher, Suzanne |
| 10851 | Intubation Assist and Endotracheal Tube (ETT) Management | Procedure | Respiratory Services | Martinez, Valerie A |
| 10909 | Fluoroscopic Radiation Exposure Amounts to Patients | Procedure | Imaging | Kendall, Sims |
| 10929 | Management of Malignant Hyperthermia | Procedure | Surgery & Procedures | Grendell, Bruce |
| 10996 | Metered Dose Inhaler (MDI) Administration | Procedure | Respiratory Services | Martinez, Valerie A |
| 11227 | Exposure - Blood Borne Pathogen (BBP) & Sharps (Needlestick/Sharp/Splash) | Procedure | Employee Health | Willey, Brian |
| 11234 | Quality Assessment Performance Improvement (QAPI) and Patient Safety Plan | Plan | Plans | Martinez, Valerie A |
| 11356 | Pulse Oximetry Measurement by RCP | Procedure | Respiratory Services | Martinez, Valerie A |
| 11515 | Scheduling of Outpatients for Ultrasound | Procedure | Clerical - Imaging | Kendall, Sims |
| 11528 | Sedation Outside of the Operating Room | Procedure | Clinical Practice (Multidisciplinary) | McGuire, Thomas |
| 11690 | Transcription Standards of Practice | Procedure | Clerical - Imaging | Kendall, Sims |
| 11722 | Trauma Case Exam | Procedure | Imaging | Kendall, Sims |
| 11740 | Triage Procedure for RCPs | Procedure | Respiratory Services | Martinez, Valerie A |
| 11744 | Neonatal Enteral Tube Management - Gavage & Gastrostomy | Procedure | Neonatal Intensive Care Unit (NICU) | Porter, Holly |
| 11784 | Utilization Management Plan | Plan | Plans | Kallipolitis, Harry |
| 11804 | Ventilator Management | Procedure | Respiratory Services | Martinez, Valerie A |
| 12082 | Infection Control Rehabilitation Services | Procedure | Rehabilitation | Powell, Tyler |
| 12201 | Admission of Newborns to NICU | Policy | Neonatal Intensive Care Unit (NICU) | Porter, Holly |
| 12203 | Adult Routine EEG | Procedure | Electroencephalograms | Jaremczuk, Meghan |
| 12243 | IV Insertion and Management for Neonatal Patients | Procedure | Neonatal Intensive Care Unit (NICU) | Porter, Holly |
| 12421 | Inpatient Emergency Care | Standardized Procedure | Clinical Practice (Multidisciplinary) | McGuire, Thomas |
| 13159 | Drug Prescribers | Procedure | Pharmacy | Ghobrial, Nada |
| 13169 | Tuberculin Skin Test (PPD) | Procedure | Pharmacy | Martinez, Valerie A |
| 13485 | Medication Distribution System | Procedure | Pharmacy | Ghobrial, Nada |
| 13730 | Radioactive Material Management | Procedure | Nuclear Medicine | Kendall, Sims |
| 13733 | Radioactive Materials, Waste and Disposal | Policy | Nuclear Medicine | Kendall, Sims |
| 13734 | Nuclear Medicine Spill | Procedure | Nuclear Medicine | Kendall, Sims |
| 13735 | Radiopharmaceuticals, Preparation and Administration | Procedure | Nuclear Medicine | Kendall, Sims |
| 13737 | Radiopharmaceuticals, Therapeutic Use of | Procedure | Nuclear Medicine | Kendall, Sims |
| 13809 | Nuclear Medicine Quality Control and Testing | Procedure | Nuclear Medicine | Kendall, Sims |
| 14000 | Vacuum Assisted Delivery | Procedure | Birth Center | Porter, Holly |
| 14662 | Codes Activation | Procedure | Communication/Call Center | Willey, Brian |
| 14724 | Diffusion Study | Procedure | Pulmonary | Martinez, Valerie A |

| 15117 | Standard Precautions | Procedure | Infection Control | Martinez, Valerie A |
|---|---|---|---|---|
| 15276 | EVS Cleaning | Procedure | Infection Control - EVS | Fearn-Gomez, Ryan |
| 15320 | Reporting of Diseases to Public Health | Procedure | Infection Control | Martinez, Valerie A |
| 15327 | Transmission-Based Precautions | Procedure | Infection Control | Martinez, Valerie A |
| 15761 | Pyxis Override Function: Use and Monitoring | Procedure | Pharmacy | Ghobrial, Nada |
| 16262 | Sedation and Analgesia Dosing Guidelines | Form | Clinical Practice (Multidisciplinary) | Ghobrial, Nada |
| 16943 | Evacuation and Shelter-in-Place (SIP) | Procedure | Emergency Management (EM) | Willey, Brian |
| 17028 | Code Silver - Person with a Weapon/Hostage Situation | Procedure | Security | Fearn-Gomez, Ryan |
| 17066 | Preoperative and Pre-Procedure Antibiotic Dosing and Timing | Procedure | Pharmacy | Ghobrial, Nada |
| 18261 | Exercise Stress Test (Routine) | Procedure | Cardiology | McGuire, Thomas |
| 18392 | Medical Device Reporting | Procedure | Environment of Care (EC) | Fierro, Marcos A |
| 18471 | Contrast Media Extravasation | Procedure | CT | Kendall, Sims |
| 18786 | Chemotherapy and Hazardous NIOSH Table 1 Administration, Disposal, and Extravasation Care | Procedure | Clinical Practice (Multidisciplinary) | Jaremczuk, Meghan |
| 20693 | Magnesium Sulfate Infusion for OB and Postpartum Patients | Procedure | Birth Center | Porter, Holly |
| 21170 | Adult Hypoglycemia Management | Standardized Procedure | Clinical Practice (Multidisciplinary) | Porter, Holly |
| 21652 | Disaster Procedure, Pharmacy | Procedure | Pharmacy | Ghobrial, Nada |
| 22693 | Hazardous Waste Management | Procedure | Environment of Care (EC) | Willey, Brian |
| 22932 | Hazardous Medications | Policy | Clinical Practice (Multidisciplinary) | Ghobrial, Nada |
| 24113 | Communications of Imaging Findings | Procedure | Imaging | Kendall, Sims |
| 24732 | Campus to Campus Transfer for CT or MRI Imaging | Procedure | Imaging | Kendall, Sims |
| 27212 | Clinical Documentation by Pharmacists | Procedure | Pharmacy | Ghobrial, Nada |
| 27372 | Emergency/Disaster Privileges For Licensed Practitioners Privilege Form | Form | Emergency Management (EM) | Willey, Brian |
| 27485 | Temporary Disaster Privileges Form for Volunteer Caregivers | Form | Emergency Management (EM) | Willey, Brian |
| 27512 | Infection Control and Equipment Cleaning | Procedure | Women's Center | Kendall, Sims |
| 27732 | Needle Localization - Guided by Mammography or Ultrasound | Procedure | Women's Center | Kendall, Sims |
| 28172 | Patient Safety Event Response, Investigation and Follow-Up | Policy | Patient Safety & Risk | Piearson, Jami |
| 28252 | Fentanyl - Restrictions on Use | Procedure | Pharmacy | Ghobrial, Nada |
| 29412 | CT Contrast Administration | Procedure | CT | Kendall, Sims |
| 29692 | Topical Medication Procedure - Rehab Services | Procedure | Rehabilitation | Powell, Tyler |
| 29872 | Room Preparation and Release for Radiation Safety | Procedure | Nuclear Medicine | Kendall, Sims |
| 32952 | Food and Beverages in the Work Place | Procedure | Infection Control | Martinez, Valerie A |
| 33912 | Determination of Cardiopulmonary Death for Donation after Circulatory Death | Standardized Procedure | Intensive Care Unit/Critical Care Unit | McGuire, Thomas |
| 36132 | Cough Assist Device | Procedure | Respiratory Services | Martinez, Valerie A |
| 37472 | Respiratory Care High Humidity/High Flow Nasal Cannula | Procedure | Respiratory Services | Martinez, Valerie A |
| 38332 | Adult Insulin Administration, Oral Diabetes Medications and Meal Delivery | Procedure | Diabetes Health | Porter, Holly |
| 38372 | Radiation Safety: CT Exposure Monitoring, Dose Review, and Reporting | Policy | CT | Kendall, Sims |
| 38792 | Pharmacy Recordkeeping | Procedure | Pharmacy | Ghobrial, Nada |
| 38812 | Cleaning and Disinfection of Equipment | Procedure | Infection Control | Martinez, Valerie A |
| 44392 | CT Imaging Protocols Matrix | Protocols | Protocols - Imaging | Kendall, Sims |
| 44852 | Cardiac Echo Bubble Study | Procedure | Cardiology | McGuire, Thomas |
| 45095 | Chemotherapy Monitoring Parameters - Oral Agents | Form | Pharmacy | Ghobrial, Nada |
| 45452 | Infection Control Risk Assessment and Safety - Construction Permit | Form | Infection Control | Martinez, Valerie A |
| 45613 | Endoscope Reprocessing | Policy | Surgery & Procedures | Grendell, Bruce |
| 45632 | Obstetrical Emergency: Shoulder Dystocia | Procedure | Birth Center | Porter, Holly |
| 46015 | Coding and CDI Query Process | Procedure | Coding and Charge Services | Tokar, Andrew |

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| 46912 | High Level Disinfection for Respiratory Care | Procedure | Respiratory Services | Martinez, Valerie A |
|---|---|---|---|---|
| 47312 | Forensic Health Services | Standardized Procedure | Forensic Health | Shores, Michelle |
| 47332 | Agent, Antidote and Local Care Table of Vesicants, Irritants, and Flare Reaction | Form | Clinical Practice (Multidisciplinary) | Ghobrial, Nada |
| 51152 | Angina Pectoris- Cardiac and Pulmonary Rehabilitation | Procedure | Cardiac and Pulmonary Rehabilitation | Mackessy, Kathleen |
| 51172 | Hypotension in Cardiac and Pulmonary Rehabilitation | Procedure | Cardiac and Pulmonary Rehabilitation | Mackessy, Kathleen |
| 51192 | Hypertension in Cardiac and Pulmonary Rehabilitation | Procedure | Cardiac and Pulmonary Rehabilitation | Mackessy, Kathleen |
| 51272 | Acute Dyspnea | Procedure | Cardiac and Pulmonary Rehabilitation | Mackessy, Kathleen |
| 52112 | High Level Disinfecting Log OPA (ortho-Phthalaldehyde) Solution | Form | Infection Control | Martinez, Valerie A |
| 52552 | Olympus OER-PRO Validation Log | Form | Infection Control | Martinez, Valerie A |
| 52692 | Outpatient Pharmacy CURES Reporting | Procedure | Pharmacy | Chang, Susan |
| 54132 | Personal Protective Equipment Donning and Doffing in Viral Hemorrhagic Fever Patient Care | Form | Infection Control | Martinez, Valerie A |
| 54272 | Cervical Ripening | Procedure | Birth Center | Porter, Holly |
| 56292 | Bariatric Clinical Pathway: Roux-en-Y Gastric Bypass and Sleeve Gastrectomy | Form | Clinical Practice (Multidisciplinary) | Grendell, Bruce |
| 56872 | Channel Check Instructions for Use (IFU) | Reference Materials | Infection Control | Martinez, Valerie A |
| 56892 | High-Level Disinfection (HLD) Log for trophon2 | Form | Infection Control | Martinez, Valerie A |
| 56912 | High-Level Disinfection with trophon2 | Procedure | Infection Control | Martinez, Valerie A |
| 56955 | MRI Safety Guidelines | Procedure | MRI | Kendall, Sims |
| 57237 | Negative Pressure Wound Therapy (NPWT) | Procedure | Wound Care and HBOT | Porter, Holly |
| 57293 | Glycemia Interventions Protocol | Procedure | Wound Care and HBOT | Porter, Holly |
| 58032 | Palliative Care Referral Process | Procedure | Clinical Practice (Multidisciplinary) | Kallipolitis, Harry |
| 58692 | MRI Exams On Out-patients with Cardiac Implantable Electronic Devices (CIEDs) | Procedure | MRI | Kendall, Sims |
| 61772 | Negative Pressure Room, Daily Checklist for Airborne Precaution Use | Reference Materials | Infection Control | Martinez, Valerie A |
| 61952 | Neonatal Pain and Sedation Assessment and Treatment (N-PASS) | Procedure | Neonatal Intensive Care Unit (NICU) | Porter, Holly |
| 62072 | Echocardiogram Using Imaging Enhancement Agent | Procedure | Cardiology | McGuire, Thomas |
| 62592 | Dry Storage Life of Foods | Form | Food Handling/Food Safety/Infection Control/Sanitation | Hite, Nicole |
| 62593 | Freezer Storage Life of Foods | Form | Food Handling/Food Safety/Infection Control/Sanitation | Hite, Nicole |
| 62595 | Refrigerated Storage Life of Foods | Form | Food Handling/Food Safety/Infection Control/Sanitation | Hite, Nicole |
| 62672 | Adult Inpatient Anti-coagulation Protocol | Procedure | Pharmacy | Ghobrial, Nada |
| 63252 | Influenza, Pneumococcal Screening and Administration | Standardized Procedure | Clinical Practice (Multidisciplinary) | Russell, Melvin |
| 63652 | Mass Fatality Incident Response (Morgue Surge) Plan | Plan | Emergency Management (EM) | Willey, Brian |
| 63693 | The Villas at Poway Surveillance Plan | Plan | Skilled Nursing, The Villas at Poway | Cogswell, Erica |
| 65292 | Discontinuing Isolation Precautions for COVID-19 Inpatients | Form | Infection Control | Martinez, Valerie A |
| 65412 | INF Ferumoxytol (FERAHEME) Orders | Form | Pharmacy | Renner, Todd |
| 65435 | INF Infliximab-dyyb (INFLECTRA) orders | Form | Pharmacy | Renner, Todd |
| 65436 | INF Immune Globulin (IVIG) Orders | Form | Pharmacy | Renner, Todd |
| 65446 | INF Zoledronic Acid (RECLAST) Orders | Form | Pharmacy | Renner, Todd |
| 66852 | Endoscope Reprocessing Guidelines | Guideline | Surgery & Procedures | Grendell, Bruce |
| 68192 | Eye Exams for Premature Infants | Procedure | Neonatal Intensive Care Unit (NICU) | Porter, Holly |
| 68733 | NICU IV Medication Administration Guidelines | Reference Materials | Pharmacy | Ghobrial, Nada |
| 69472 | Breastmilk: Collection, Storage, Handling, and Administration for Hospitalized Patients | Policy | Neonatal Intensive Care Unit (NICU) | Porter, Holly |
| 70632 | NICU Mindray Alarm Parameters, Limits, Default Settings and User Maintenance Alarm Settings | Reference Materials | Clinical Practice (Multidisciplinary) | Porter, Holly |
| 70672 | Emergency Room Mindray Alarm Parameters/Limits/Settings (Adult & Pediatrics) | Reference Materials | Clinical Practice (Multidisciplinary) | Page, Tracy |
| 73073 | Afterhours Procedure for Pacemaker Cases | Procedure | MRI | Kendall, Sims |
| 73712 | Order Approval in OncoEMR | Procedure | Clinical Practice (Multidisciplinary) | Renner, Todd |
| 74792 | ED Hyperosmolar Hyperglycemic Syndrome Power Plan | Power Plan | Clinical Practice (Multidisciplinary) | Ginther, Bret |

| | | | | |
|---|---|---|---|---|
| 74793 | DKA Admit Power Plan | Power Plan | Clinical Practice (Multidisciplinary) | Ginther, Bret |
| 74794 | ED Diabetic Ketoacidosis (DKA) Power Plan | Power Plan | Clinical Practice (Multidisciplinary) | Ginther, Bret |
| 74795 | Hyperosmolar Hyperglycemic Syndrome Admit Power Plan | Power Plan | Clinical Practice (Multidisciplinary) | Ginther, Bret |
| 76072 | Olympus OER-ELITE Validation Log | Form | Infection Control | Martinez, Valerie A |
| 76192 | ED ALOC Power Plan | Power Plan | Clinical Practice (Multidisciplinary) | Ginther, Bret |
| 76232 | Cellulitis Power Plan | Power Plan | Clinical Practice (Multidisciplinary) | Ginther, Bret |
| 76234 | Pneumonia Power Plan | Power Plan | Clinical Practice (Multidisciplinary) | Ginther, Bret |
| 76235 | Febrile Neutropenia Admit Power Plan | Power Plan | Clinical Practice (Multidisciplinary) | Ginther, Bret |
| 76253 | Hyperkalemia Power Plan | Power Plan | Clinical Practice (Multidisciplinary) | Ginther, Bret |
| 76312 | Cystoscopic Urologic Post Op Power Plan | Power Plan | Surgery | Ginther, Bret |
| 76313 | Nephrectomy - Lap Nephrectomy Post Op Power Plan | Power Plan | Surgery | Ginther, Bret |
| 76314 | Radical Prostatectomy Post Op Power Plan | Power Plan | Surgery | Ginther, Bret |
| 76315 | Robotic Laparoscopic Cystectomy Post Op Power Plan | Power Plan | Surgery | Ginther, Bret |
| 76316 | Robotic Laparoscopic Prostatectomy Post Op Power Plan | Power Plan | Surgery | Ginther, Bret |
| 76317 | Induction - Augmentation of Labor Power Plan | Power Plan | Birth Center, PH Escondido | Ginther, Bret |
| 76672 | Organ Donor Management Adult Power Plan | Power Plan | Clinical Practice (Multidisciplinary) | Ginther, Bret |
| 76732 | OB Triage Power Plan | Power Plan | Birth Center, PH Escondido | Ginther, Bret |
| 76752 | OB Postpartum Hemorrhage Power Plan | Power Plan | Birth Center, PH Escondido | Ginther, Bret |
| 76792 | OB Pre-eclampsia (formerly PIH) Panel Power Plan | Power Plan | Birth Center | Ginther, Bret |
| 76793 | OB Prenatal Panel Power Plan | Power Plan | Birth Center, PH Escondido | Ginther, Bret |
| 76852 | ED Dual Stroke/Trauma Activation Power Plan | Power Plan | Emergency Department | Ginther, Bret |
| 76853 | ED General Trauma - Code Power Plan | Power Plan | Emergency Department | Ginther, Bret |
| 76854 | ED General Trauma Power Plan | Power Plan | Emergency Department | Ginther, Bret |
| 76856 | ED Triage Fever_Suspected Sepsis Panel Power Plan | Power Plan | Emergency Department | Ginther, Bret |
| 76857 | ED Triage Testicular Pain Power Plan | Power Plan | Emergency Department | Ginther, Bret |
| 77012 | ED Allergic Reaction / Angioedema Power Plan | Power Plan | Emergency Department | Ginther, Bret |
| 77092 | ICU Bowel Regimen Power Plan | Power Plan | Intensive Care Unit/Critical Care Unit | Ginther, Bret |
| 77252 | ED Hyperkalemia Power Plan | Power Plan | Emergency Department | Ginther, Bret |
| 77272 | Oxygen Use in Pulmonary Rehabilitation | Policy | Cardiac and Pulmonary Rehabilitation | Mackessy, Kathleen |
| 77352 | HDR Rad Onc PostOp Outpatient Power Plan | Power Plan | Radiation Therapy | Ginther, Bret |
| 77432 | Condition Code 44 | Procedure | Clinical Resource Management (CRM) | Kallipolitis, Harry |
| 77512 | Bispecific Antibody Management | Procedure | Clinical Practice (Multidisciplinary) | Renner, Todd |
| 77632 | Crisis Stabilization Unit CSU Intake Power Plan | Power Plan | Crisis Stabilization Unit (CSU) | Ginther, Bret |
| 77672 | ED Abdominal Pain Power Plan | Power Plan | Emergency Department | Ginther, Bret |
| 77693 | OB Insulin - IV Drip - Obstetric - GDMA1 & GDMA2 - INTRAPARTUM Power Plan | Power Plan | Birth Center, PH Escondido | Ginther, Bret |
| 77694 | OB Insulin - IV Drip - Obstetric - T1DM and T2DM - INTRAPARTUM Power Plan | Power Plan | Birth Center, PH Escondido | Ginther, Bret |
| 77772 | ED Suspected Sepsis/Fever Power Plan | Power Plan | Emergency Department | Ginther, Bret |
| 77912 | ED Triage Trauma Resource Power Plan | Power Plan | Emergency Department | Ginther, Bret |

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**PALOMAR HEALTH**

| | |
|---|---|
| **DocID:** | 70992 |
| **Revision:** | 4 |
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| **Source:** | **Applies to Facilities:** | **Applies to Departments:** |
|---|---|---|
| Administrative | All Palomar Health Facilities | All Departments |

## Policy : Reducing Disparity in Health Care

### I. SUMMARY/INTENT

Palomar Health recognizes that health disparities have preventable differences in the burden of disease, injury, violence, or in opportunities to achieve optimal health experienced by socially disadvantaged racial, ethnic, and population groups, and communities. health disparities exist in all age groups, including older adults. Palomar Health will use available data sources to help identify health care disparities in its patient population and prioritize which population(s) on which to focus. Palomar Health will conduct a stratification analysis using sociodemographic characteristics such as age, gender, preferred language, or race and ethnicity to better understand the specific disparities that may exist for the patient population.

### II. DEFINITIONS

A. **Disparity:** *Disparity* contains the Latin *dis*, meaning "apart" or "non-", so a disparity is a kind of "non-equality". The word is often used to describe a social or economic condition that's considered unfairly unequal: a racial disparity in hiring, a health disparity between the rich and the poor, an income disparity between men and women, and so on.

B. **HRSNs**: Health-Related Social Needs - Root causes of disparities in health outcomes

C. **Social Determinants of Health**:  The Center for Disease Control definition is the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, love, and age, and the wider set forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change and political systems.

D. **Prapare Screening Tool**: Is a national standardized patient risk assessment tool designed to engage patients in assessing and addressing social drivers of health.

E. **Age Friendly Measure:** These are programmatic measures that assess the hospital's commitment to improving care for patients $\geq$ 65 years of age receiving services in the hospital, operating room, or emergency department. The clinical measure consists of 5 domains that each  address an essential aspect of clinical care for the older patient.

F. **Social Determinants of Health in the Outpatient Setting**:  Definition of "Outpatient" OPPS payment covers any outpatient department/clinic of the hospital.  That includes POS codes 19, 22, 23, which are off-campus outpatient, on campus outpatient, and emergency room, respectively.  The off campus and on campus locations of the hospital can include outpatient clinics, including hospital owned provider-based clinics for primary care or specialty care.

G. **HCAI**:  Department of Health Care Access and Information.

### III. POLICY: COMPLIANCE - KEY ELEMENTS

A. Despite efforts to improve healthcare access and quality, hospitals continue to face challenges in achieving health equity. Disparities based on socioeconomic status, race, ethnicity, language, and other social determinants persist, leading to differential healthcare outcomes among patient populations. Factors such as structural racism, implicit bias, inadequate cultural competency, and limited resources contribute to these disparities, posing significant challenges to equitable healthcare delivery within Palomar Health. Palomar Health will play a crucial role in providing healthcare services to diverse populations.  Achieving health equity within Palomar Health will require identifying and addressing the systemic barriers that contribute to these disparities. Therefore, Palomar Health will document
any patient's (HRSN) which may include, but not limited to, access to transportation, difficulty paying for prescriptions or medical bills, education and literacy, food insecurity, and housing insecurity will be assessed on inpatients. Palomar Health will include, but not be limited to, high-risk population of patients with diabetes, pregnant women, or homeless. If HRSN are identified, the patient will be provided information about community resources and support
activities. Patients that have been screened for these social needs may have obstacles to high quality care which could contribute to poor health. Screening for these social determinants of health will be performed by nursing staff for inpatient admissions which will include the Obstetrical Unit.  Palomar Health will use available data from the Prapare Screening Tool to help identify health care disparities in its patient population and prioritize which population(s) on which to focus.  Palomar Health will conduct a stratification analysis using social demographic characteristics such as age, gender, preferred language, or race and ethnicity to better understand the specific disparities that may exist for the patient population.

Excluded:  The Behavioral Health Unit and Outpatients are excluded from using this screening process.

B. Social Determinants  PRAPARE section is addressed on the OB Admission History and Adult Inpatient History form
   1. The RN should fill out all the required fields within the form.
   2. If a patient screens for any listed social determinants of health, a Case Resource Management consult order will automatically be placed:
      a. "In the past year, have you or any family members you live with been unable to get any of the following when it was really needed?"
         - Food Insecurity
         - Housing Instability
         - Transportation Needs
         - Utility Difficulties
         - Interpersonal safety
      b. "Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living?"
         - Yes, kept from getting to medical appointments/getting medications
         - Yes, kept from non-medical meetings, work, or necessities
C. If the stratified analyses show differences across groups, Palomar Health will work to understand the root cause of the differences.  Please see linked action (Lucidoc 74612 Commitment to Health Equity) plan that will address at least one of the health care disparities identified in its patient population. The following are the goals  related to health inequities:
   1. Equitable Access to Healthcare Services: Ensuring that all individuals have equitable access to healthcare services.
   2. Cultural Competence and Linguistic Access: Promoting cultural competence and linguistic access within healthcare settings to ensure that healthcare providers can effectively communicate.
   3. Community Engagement and Partnership: Engaging communities and partnering with community organizations, stakeholders, and policymakers to develop and implement strategies for promoting health equity.
   4. Data Collection and Monitoring: Improving data collection and monitoring systems to track health disparities
D. Palomar Health will evaluate and revise their action plan as necessary.  Leaders, providers, and staff will be informed at least annually on the progress to reduce identified health disparities.
E. Social Determinants PRAPARE section was added to the following outpatient areas for any patient over the age of 18:
   1. Emergency Department
   2. Infusion Therapy
   3. Radiation Oncology
   4. Wound Care and Hyperbarics therapy
   5. Cardiac Rehab
   6. Perinatal Services
   7. Physical Therapy, Occupational Therapy, and Speech/OP
   8. Interventional Radiology
   9. Cardiac Cath lab
   10. OP OB Triage
F. Department of Health care Access and Information: Palomar Medical Center Escondido and Palomar Medical Center Poway will collect hospital screening data for all patients that are 18 years or older for all five-health related social needs.
   1. The number of patients admitted to the hospital who are 18 years or older at time of admission and who screened for all five HRSNs
   2. The total number of patients who are admitted to the hospital who are 18 years or older on the date they are admitted
   3. The percent of patients screened for all five HRSNs
   4. Palomar Medical Center, Escondido and Poway will provide required data
G. Age Friendly Measures:
   1. Domain 1: Eliciting Patient Healthcare Goals
      1. This domain focuses on obtaining patients' health-related goals and treatment preferences which will inform shared decision making goal concordant care
   2. Domain 2: Responsible Medication Management
      1. This domain aims to optimize medication management through monitoring of the pharmacological record for drugs that may be considered inappropriate in older adults due to increased harm
   3. Domain 3 Frailty Screening and Interventions (i.e. Mobility, Mentation, and Malnutrition)

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    1. This domain aims to screen patients for geriatric issues related to frailty including cognitive impairment/delirium, physical function/mobility, and malnutrition for the purpose of early detection and intervention where appropriate

4. Domain 4 Social Vulnerability (social isolation, economic insecurity, ageism, limited access to healthcare, caregiver stress, elder abuse)
   1. This domain seeks to ensure that hospitals recognize the importance of social vulnerability screening of older adults and have systems in place to ensure that social issues are identified and addressed as part of the care plan
5. Domain 5 Age-Friendly Leadership
   1. This domain seeks to ensure consistent quality of care for older adults through the identification of an age friendly champion and/or inter-professional committee tasked with ensuring compliance with all components of this measure
6. Palomar Health integrated the age friendly measures into existing documentation and will evaluate these strategies within the Health Care Equity Committee.
   1. Palomar has set goals to create health processes that ensure every older adult receives the best care possible and:
      1. is not harmed by care
      2. is satisfied with the care they receive
      3. Palomar will screen patients $\geq$ 65 years of age for
         1. Medication, Mentation, Nutrition, and Mobility &
         2. Provide resource when  patients meet screening criteria

H. References:
1. Joint Commission Leadership Standards
2. Joint Commission Sentinel Event Alert
3. CDC on Health Disparities
4. CMS Age Friendly measures
5. HCAI
6. CMS IQR for SDOH inpatient and outpatient

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**Document Owner:**                      Piearson, Jami

**Approvals**
    **- Committees:**
    **- Signers:**

*Jami Piearson*

Jami Piearson, Director Regulatory ( 04/14/2025 03:18PM PST )

**Original Effective Date:**     10/25/2022
**Revision Date:**              [04/14/2025 Rev. 4]
**Attachments:**                 Commitment to Health Equity Plan
(REFERENCED BY THIS DOCUMENT)

# Palomar Health
## Commitment to Health Equity
## Annual Summary for Stroke patients

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Why:

*Effective July 1, 2023, Standard LD.04.03.08, which addresses health care disparities as a quality and safety priority, was elevated to a new National Patient Safety Goal (NPSG), Goal 16: Improve health care equity, and moved to NPSG.16.01.01 for ambulatory health care organizations, behavioral health care and human services organizations, critical access hospitals, and hospitals.*

The NPSG standard and 6 elements of performance (EPs) increases the focus on improving health care equity as a quality and safety priority. The following are the required 6 elements:

- Identify an individual to lead activities to improve health care equity
- Assess the patient's health-related social needs
- Analyze quality and safety data to identify disparities
- Develop an action plan to improve health care equity
- Take action when the organization does not meet the goals in its action plan
- Inform key stakeholders about progress to improve health care equity

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# Goals Related to Health Inequities at Palomar Health

- Palomar Health assesses the [patient's] health-related social needs (HRSNs) and provides information about community resources and support services.

- Palomar Health HSRNs include the following:

    *Access to transportation*

    *Difficulty paying for prescriptions or medical bills*

    *Education and literacy*

    *Food insecurity and*

    *Housing insecurity*

- Community Engagement and Partnership: Engaging communities and partnering with community organizations, stakeholders, and policymakers to develop and implement strategies for promoting health equity.

- Data Collection and Monitoring: Improving data collection and monitoring systems to track health disparities.

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# Goals Related to Health Inequities at Palomar Health *Continued*

- Palomar Health identifies health care disparities in its [patient] population by stratifying quality and safety data using the sociodemographic characteristics of the patients.

- Palomar Health has developed a written action plan that describes how it will improve health care equity by addressing at least one of the health care disparities identified in its patient equity.

- Data Collection and Monitoring: Improving data collection and monitoring systems to track health disparities

- Palomar Health acts when it does not achieve or sustain the goal(s) in its action plan to improve health care in the [patient] assessment

- At least annually, Palomar Health informs key stakeholders, including leaders, licensed practitioners, and staff, about its progress to improve health care and provides information about community resources and support services

# Social Determinants of Health Documentation (SDOH)

Stroke
Final Data for 2025

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# Stroke Health Equity | PMC - Escondido

**POPULATION:** The data shown represents a group of patients diagnosed with stroke during the reporting period. To ensure continuity of care, health equity data for each patient is updated if they have additional visits during the measurement period, and the most recent information is used.

**PROGRESS:** Ongoing internal training aimed at improving clarity and consistency in how housing and interpersonal safety questions are asked.

**PATIENTS:** Patient count is based on MRN; individuals with multiple encounters are counted once unless visits take place at a different facilities. Patient count and result counts are not directly comparable and do vary, as it is possible for an individual patient to have a need (positive) in more than one domain.

## Date Range

January 1, 2025 to September 30, 2025

**248**
Patient Count

## Results

| SDOH Domain | Positive | Negative | Opt-out / Unable | Not Screened |
|---|---|---|---|---|
| Housing Instability | 18 / 7.3% | 199 / 80.2% | 21 / 8.5% | 10 / 4.0% |
| Food Insecurity | 3 / 1.2% | 200 / 80.6% | 35 / 14.1% | 10 / 4.0% |
| Transportation Needs | 4 / 1.6% | 192 / 77.4% | 42 / 16.9% | 10 / 4.0% |
| Utility Difficulties | 4 / 1.6% | 199 / 80.2% | 35 / 14.1% | 10 / 4.0% |
| Interpersonal Safety | 11 / 4.4% | 200 / 80.6% | 27 / 10.9% | 10 / 4.0% |

## Age & Sex

| Age Range | Male | Female |
|---|---|---|
| 86+ | 13 | 24 |
| 76 - 85 | 30 | 41 |
| 66 - 75 | 36 | 18 |
| 56 - 65 | 31 | 16 |
| 46 - 55 | 15 | 8 |
| 36 - 45 | 5 | 3 |
| 26 - 35 | 2 | 3 |
| 18 - 25 | 2 | 1 |

**LEGEND**

## Race & Ethnicity

| | |
|---|---|
| Hispanic or Latino | 65 |
| Non-Hispanic or Latino | 183 |

| | Hispanic or Latino | Non-Hispanic or Latino |
|---|---|---|
| American Indian or Alaska Native | 0 | 3 |
| Asian | 0 | 21 |
| Black or African American | 0 | 4 |
| Other | 22 | 6 |
| Unknown | 0 | 1 |
| White | 42 | 148 |
| White, Asian | 1 | 0 |

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## Financial Class

| | | |
|---|---|---|
| Medicare | Medicare | 73 |
| | Medicare Capitation | 3 |
| | Medicare HMO | 75 |
| Medi-Cal | Medi-Cal | 10 |
| | Medi-Cal HMO | 31 |
| PPO | PPO | 21 |
| Managed Care - HMO | Managed Care - HMO | 22 |
| Self Pay | Self Pay | 3 |
| Military | Military | 4 |
| Commercial | Commercial | 6 |

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# Stroke Health Equity | PMC - Escondido

**PALOMAR HEALTH**

**POPULATION:** The data shown represents a group of patients diagnosed with stroke during the reporting period. To ensure continuity of care, health equity data for each patient is updated if they have additional visits during the measurement period, and the most recent information is used.

**PROCESS:** When a response is positive, an automatic Consult to CRM is triggered for Food Insecurity, Transportation Needs, and Utility Difficulties.

**PROGRESS:** Ongoing internal training aimed at improving clarity and consistency in how housing and interpersonal safety questions are asked. CRM Consults for these domains went live on 10/1/2025.

**PATIENTS & POSITIVES:** Patient count is based on MRN; individuals with multiple encounters are counted once unless visits take place at a different facilities. Patient count and positive result counts are not directly comparable and do vary, as it is possible for an individual patient to have a need (positive) in more than one domain.
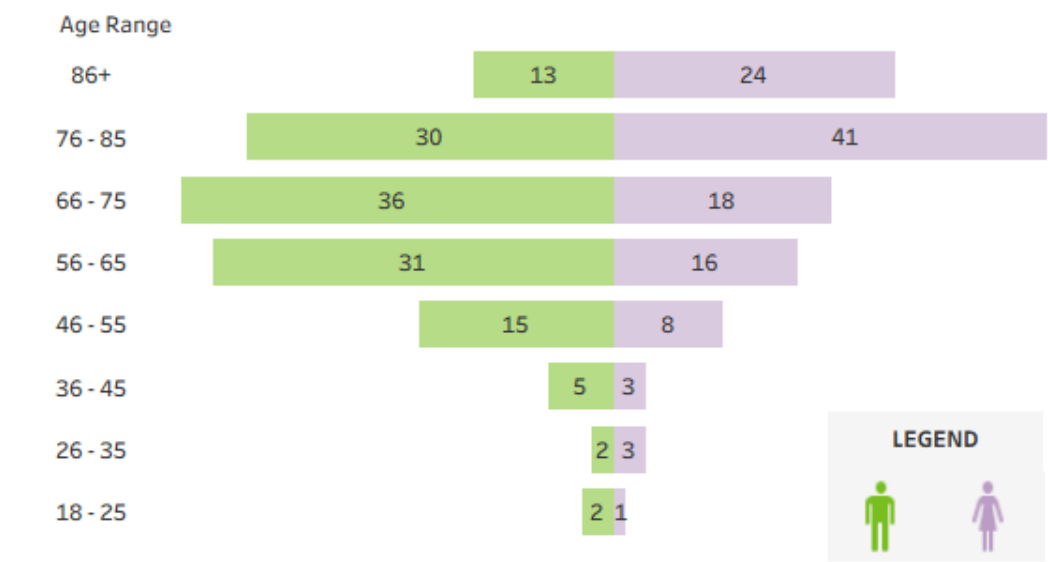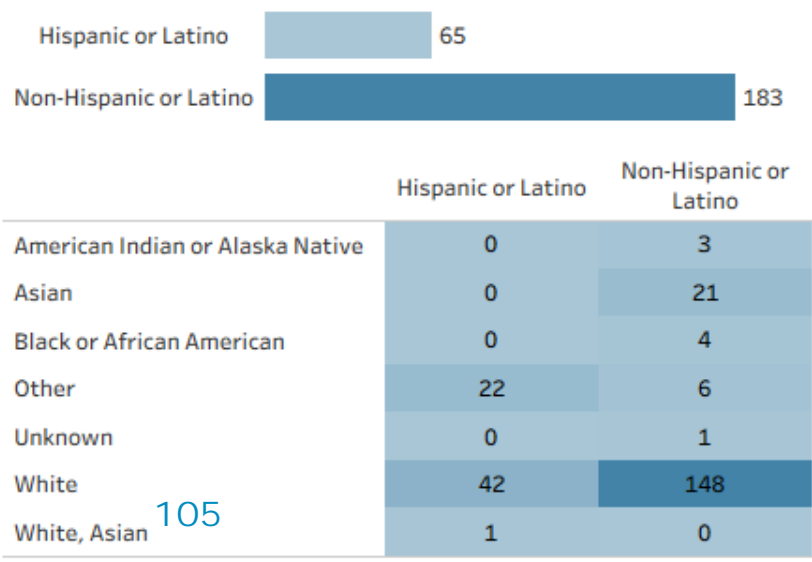
## Date Range

January 1, 2025 to September 30, 2025

**28**
Patient Count

## Positive Results

| SDOH Domain | Positive |
|---|---|
| Housing Instability | 18 |
| Food Insecurity | 3 |
| Transportation Needs | 4 |
| Utility Difficulties | 4 |
| Interpersonal Safety | 11 |

## Age & Sex

| Age Range | | |
|---|---|---|
| 86+ | 2 | 1 |
| 76 - 85 | 2 | 4 |
| 66 - 75 | 4 | 3 |
| 56 - 65 | 8 | |
| 46 - 55 | 3 | |
| 36 - 45 | 1 | |

**LEGEND**

## Race & Ethnicity

| | |
|---|---|
| Hispanic or Latino | 7 |
| Non-Hispanic or Latino | 21 |

| | Hispanic or Latino | Non-Hispanic or Latino |
|---|---|---|
| Asian | 0 | 3 |
| Other | 2 | 1 |
| White | 5 | 17 |

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## Financial Class

| | | |
|---|---|---|
| Medicare | Medicare | 8 |
| | Medicare Capitation | 1 |
| | Medicare HMO | 5 |
| Medi-Cal | Medi-Cal | 2 |
| | Medi-Cal HMO | 6 |
| PPO | PPO | 2 |
| Managed Care - HMO | Managed Care - HMO | 3 |
| Commercial | Commercial | 1 |

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# Stroke Health Equity | PMC - Poway

**PALOMAR HEALTH**

**POPULATION:** The data shown represents a group of patients diagnosed with stroke during the reporting period. To ensure continuity of care, health equity data for each patient is updated if they have additional visits during the measurement period, and the most recent information is used.

**PROGRESS:** Ongoing internal training aimed at improving clarity and consistency in how housing and interpersonal safety questions are asked.

**PATIENTS:** Patient count is based on MRN; individuals with multiple encounters are counted once unless visits take place at a different facilities. Patient count and result counts are not directly comparable and do vary, as it is possible for an individual patient to have a need (positive) in more than one domain.
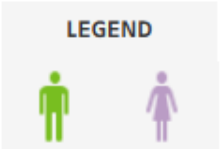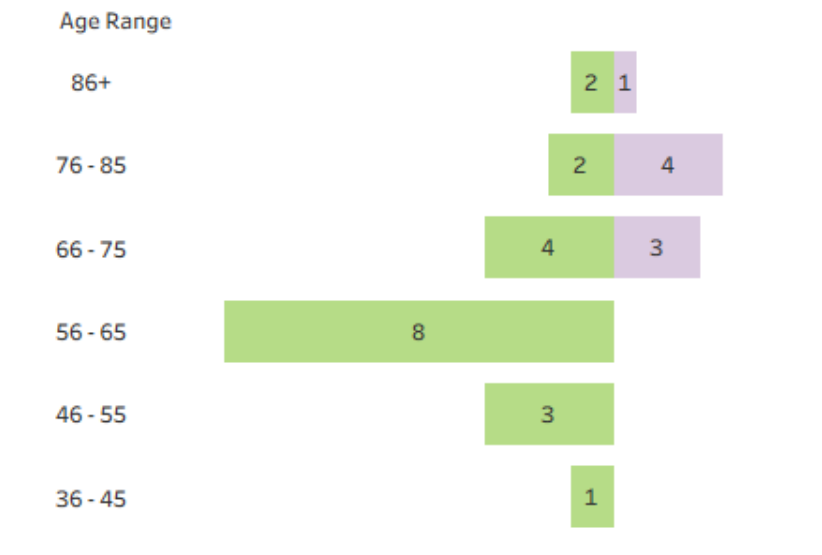
## Date Range
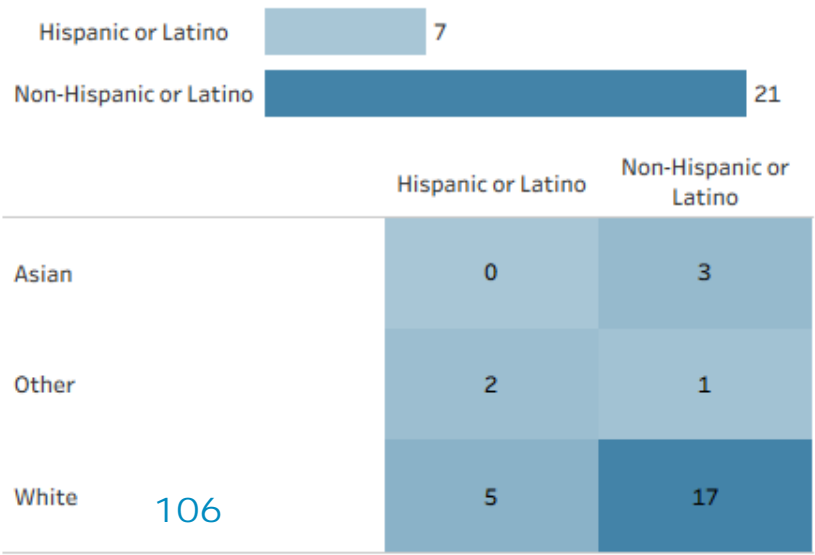
January 1, 2025 to September 30, 2025

**47**
Patient Count

## Results

| SDOH Domain | Positive | Negative | Opt-out / Unable | Not Screened |
|---|---|---|---|---|
| Housing Instability | 3 / 6.4% | 37 / 78.7% | 4 / 8.5% | 3 / 6.4% |
| Food Insecurity | 0 / - | 39 / 83.0% | 5 / 10.6% | 3 / 6.4% |
| Transportation Needs | 2 / 4.3% | 37 / 78.7% | 5 / 10.6% | 3 / 6.4% |
| Utility Difficulties | 0 / - | 39 / 83.0% | 5 / 10.6% | 3 / 6.4% |
| Interpersonal Safety | 1 / 2.1% | 39 / 83.0% | 4 / 8.5% | 3 / 6.4% |

## Age & Sex

| Age Range | | |
|---|---|---|
| 86+ | 8 | 3 |
| 76 - 85 | 8 | 7 |
| 66 - 75 | 7 | 3 |
| 56 - 65 | 4 | 1 |
| 46 - 55 | 5 | 1 |
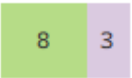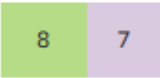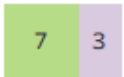
**LEGEND**

## Race & Ethnicity

| | |
|---|---|
| Hispanic or Latino | 5 |
| Non-Hispanic or Latino | 42 |

| | Hispanic or Latino | Non-Hispanic or Latino |
|---|---|---|
| Asian | 0 | 6 |
| Other | 3 | 0 |
| White | 2 | 36 |

**107**

## Financial Class

| | | |
|---|---|---|
| Medicare | Medicare | 18 |
| | Medicare HMO | 13 |
| Medi-Cal | Medi-Cal | 1 |
| | Medi-Cal HMO | 4 |
| PPO | PPO | 6 |
| Managed Care - HMO | Managed Care - HMO | 4 |
| Commercial | Commercial | 1 |

**50**

# Stroke Health Equity | PMC - Poway
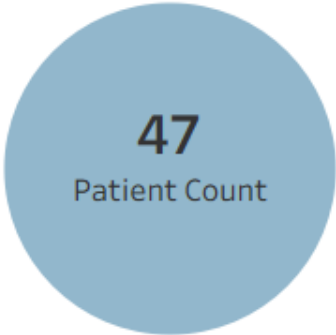
**POPULATION:** The data shown represents a group of patients diagnosed with stroke during the reporting period. To ensure continuity of care, health equity data for each patient is updated if they have additional visits during the measurement period, and the most recent information is used.

**PROCESS:** When a response is positive, an automatic Consult to CRM is triggered for Food Insecurity, Transportation Needs, and Utility Difficulties.

**PROGRESS:** Ongoing internal training aimed at improving clarity and consistency in how housing and interpersonal safety questions are asked. CRM Consults for these domains went live on 10/1/2025.

**PATIENTS & POSITIVES:** Patient count is based on MRN; individuals with multiple encounters are counted once unless visits take place at a different facilities. Patient count and positive result counts are not directly comparable and do vary, as it is possible for an individual patient to have a need (positive) in more than one domain.

## Date Range

January 1, 2025 to September 30, 2025

**4**
Patient Count

## Positive Results

| SDOH Domain | Positive |
|---|---|
| Housing Instability | 3 |
| Transportation Needs | 2 |
| Interpersonal Safety | 1 |

## Age & Sex

| Age Range | |
|---|---|
| 66 - 75 | 1 |
| 56 - 65 | 2 |
| 46 - 55 | 1 |

**LEGEND**

## Race & Ethnicity

Non-Hispanic or Latino — 4

Non-Hispanic or Latino

White — 4

**108**

## Financial Class

| | | |
|---|---|---|
| Medicare | Medicare | 1 |
| Medi-Cal | Medi-Cal HMO | 2 |
| Managed Care - HMO | Managed Care - HMO | 1 |

**51**
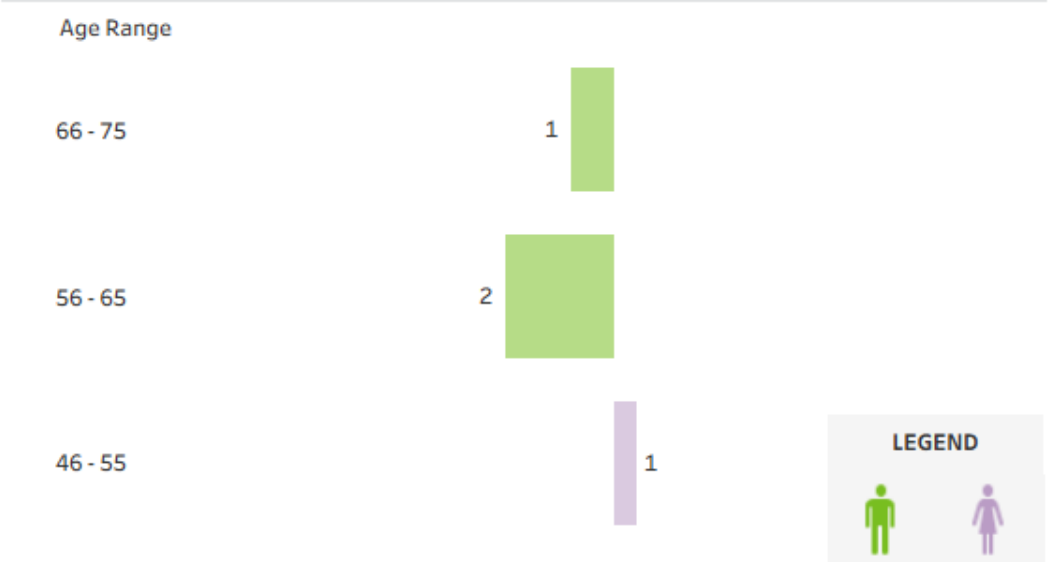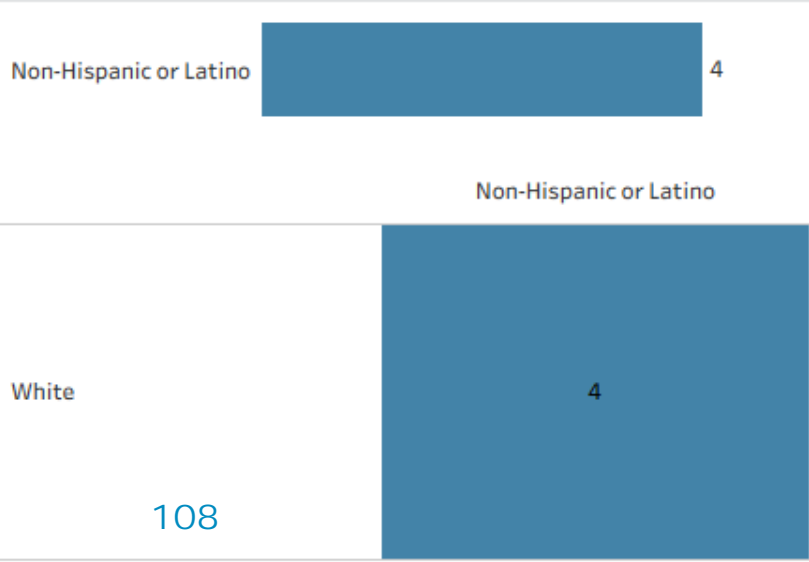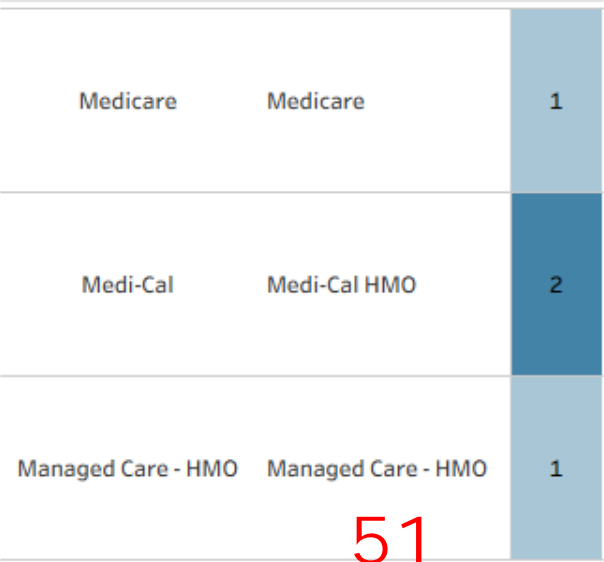
Next Steps
HCAI Top 10 Disparities for 2025
Initial data and 2026 Population of Patients

52

| Outcome Metric | Goal | Monitoring Period | Status |
|---|---|---|---|
| 2. Are there opportunities identified within the **stroke program** related to inequity in the patient population?<br>• Based on a review of the subpopulation of patients for stroke care the following were the identified opportunities:<br> • Add clarity to the health related social needs questions to avoid misunderstanding of the question<br> • Add referrals to the case management staff based on the identified social needs<br> • Develop a report sent daily to clinical leaders that helps them to identify when the assessment portion (prapare form) is not completed by nursing. We did identify opportunities to ensure form is completed within 24 hours | Ensure health identified needs are addressed before discharge on patients who are admitted with a stroke | 1/25-8/25 | Done |
| 3. Utilize the Assembly Bill 1204 data for disparity for 2026. Please review if needed reports. | Evaluate data within the claims data and base on Assembly Bill 1204 specifications | Based on 2025 data for 2026 | |

**53**

# Next Steps

| Action Items |
|---|
| **Within 2 Months (January 2026)** <br> • Present top 10 Disparities from 2025 Readmissions, Surgical and Pneumonia Mortalities to the Health Care Equity Committee <br> • Continue to utilize HQIP for data source and stratification <br> • Review and implement plan of correction for 2024 HCAI Top 10 disparities |
| **Within 5 Months** <br> • Continue with plan of correction <br> • Continue to monitor data from HQIP |
| **Within 12 Months** <br> • Show an improvement in data for the identified top 10 disparities at each facility (HCAI) and the system <br> • Submit Annual disparity report to HCAI |

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# Hospital Equity Measures Report

## General Information

| | |
|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2024 |
| System Name: | PALOMAR HEALTH |
| Principal Hospital Type: | General Acute Care Hospital |

Associated Hospitals:

| Facility Name | Facility Type | HCAI ID | Address |
|---|---|---|---|
| PALOMAR MEDICAL CENTER POWAY | General Acute Care Hospital | 1063709 77 | 15615 POMERADO ROAD, POWAY, CA 92064 |
| PALOMAR MEDICAL CENTER | General Acute Care Hospital | 1063743 82 | 2185 W. CITRACADO PARKWAY, ESCONDIDO, CA 92029 |

| | |
|---|---|
| Status: | Submitted |
| Due Date: | 09/30/2025 |
| Last Updated: | 09/10/2025 |
| Hospital Web Address for Equity Report: | www.palomarhealth.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

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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.
    132963

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 | 111002 | 132963 | 83.5 |
| Spanish Language | 19126 | 132963 | 14.4 |
| Asian Pacific Islander Languages | 1222 | 132963 | 0.9 |
| Middle Eastern Languages | 944 | 132963 | 0.7 |
| American Sign Language | 38 | 132963 | 0 |
| Other Languages | 611 | 132963 | 0.5 |

## 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
    6045

Total number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission
    16999

Rate of patients admitted for an inpatient hospital stay who are 18 years or older on the date of

56

admission, were screened for an HRSN, and who screened positive for one or more of the HRSNs

    35.6

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 | 139 | 0.8 | 0 | 0 |
| Housing Instability | 456 | 2.7 | 0 | 0 |
| Transportation Problems | 255 | 1.5 | 0 | 0 |
| Utility Difficulties | 92 | 0.5 | 0 | 0 |
| Interpersonal Safety | 78 | 0.5 | 0 | 0 |

## Core Quality Measures for General Acute Care Hospitals

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

## Patient Recommends Hospital

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

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

    2612

Total number of respondents to HCAHPS Question 19

    2825

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

    92.5

Total number of people surveyed on HCAHPS Question 19

    16287

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

    17.3

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 | | | | | |

58

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

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

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

## Patient Received Information in Writing

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

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

hospital?"

2424

Total number of respondents to HCAHPS Question 17

2825

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

85.8

Total number of people surveyed on HCAHPS Question 17

16287

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

17.3

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 | | | | | |
| 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 | | | | | |

60

| 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 | | | | | |

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

## Agency for Healthcare Research and Quality (AHRQ) Indicators

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

## Pneumonia Mortality Rate

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

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

108

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

84.5

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

| Race and/or Ethnicity | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| American Indian or Alaska Native | suppressed | suppressed | suppressed |
| Asian | suppressed | suppressed | suppressed |
| Black or African American | suppressed | suppressed | suppressed |
| Hispanic or Latino | 15 | 242 | 62 |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more | suppressed | suppressed | suppressed |
| Native Hawaiian or Pacific Islander | suppressed | suppressed | suppressed |
| White | 75 | 825 | 90.9 |

| 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 | 0 | 78 | 0 |
| Age 50 to 64 | suppressed | suppressed | suppressed |
| Age 65 Years and Older | 98 | 934 | 104.9 |

| 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 | 655 | 85.5 |
| Male | 52 | 623 | 83.5 |
| 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 | 93 | 920 | 101.1 |
| Medicaid | suppressed | suppressed | suppressed |
| Private | suppressed | suppressed | suppressed |
| Self-Pay | 0 | 15 | 0 |
| Other | suppressed | suppressed | suppressed |

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| 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 | | | |

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# 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

47

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

197

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

238.6

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

| Race and/or Ethnicity | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| American Indian or Alaska Native | suppressed | suppressed | suppressed |
| Asian | suppressed | suppressed | suppressed |
| Black or African American | suppressed | suppressed | suppressed |
| Hispanic or Latino | 15 | 56 | 267.9 |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more | suppressed | suppressed | suppressed |
| Native Hawaiian or Pacific Islander | suppressed | suppressed | suppressed |
| White | 22 | 109 | 201.8 |

| 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 | 53 | 301.9 |
| Age 65 Years and Older | 26 | 113 | 230.1 |

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| Sex assigned at birth | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| Female | 14 | 76 | 184.2 |
| Male | 33 | 121 | 272.7 |
| 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 | 26 | 107 | 243 |
| Medicaid | 12 | 54 | 222.2 |
| Private | suppressed | suppressed | suppressed |
| 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 | | | |
| American Sign Language | | | |
| Other/Unknown Languages | | | |

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

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

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| 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
   197

Total number of nulliparous NTSV patients
   1090

Rate of NTSV patients with Cesarean deliveries
   0.181

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.

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

| Age | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| Age < 18 | suppressed | suppressed | suppressed |
| Age 18 to 29 | 106 | 719 | 0.147 |
| Age 30 to 39 | suppressed | suppressed | suppressed |
| Age 40 Years and Older | suppressed | suppressed | suppressed |

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

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

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

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| 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

120

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

69

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

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

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

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

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

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

| 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

538

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

984

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

54.7

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

| Race and/or Ethnicity | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%) |
|---|---|---|---|
| American Indian or Alaska Native | suppressed | suppressed | suppressed |
| Asian | suppressed | suppressed | suppressed |
| Black or African American | suppressed | suppressed | suppressed |
| Hispanic or Latino | 286 | 578 | 49.5 |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more races) | suppressed | suppressed | suppressed |
| Native Hawaiian or Pacific | suppressed | suppressed | suppressed |
| White | 130 | 187 | 69.5 |

| Age | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%) |
|---|---|---|---|
| Age < 18 | suppressed | suppressed | suppressed |
| Age 18 to 29 | 261 | 491 | 53.2 |
| Age 30 to 39 | 248 | 427 | 58.1 |
| Age 40 Years and Older | suppressed | suppressed | suppressed |

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

| Payer Type | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%) |
|---|---|---|---|
| Medicare | suppressed | suppressed | suppressed |
| Medicaid | 316 | 655 | 48.2 |
| Private | 166 | 238 | 69.7 |
| 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 | suppressed | suppressed | suppressed |
| Spanish Language | suppressed | suppressed | suppressed |
| Asian Pacific Islander Languages | suppressed | suppressed | suppressed |
| Middle Eastern Languages | suppressed | suppressed | suppressed |
| American Sign Language | 0 | | |
| Other/Unknown Languages | 0 | | |

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

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| 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

2235

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

20903

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

10.7

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

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| American Indian or Alaska Native | 43 | 189 | 22.8 |
| Asian | 95 | 973 | 9.8 |
| Black or African American | 94 | 563 | 16.7 |
| Hispanic or Latino | 594 | 7067 | 8.4 |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more races) | 30 | 128 | 23.4 |
| Native Hawaiian or Pacific Islander | 15 | 90 | 16.7 |
| White | 1295 | 10995 | 11.8 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Age 18 to 34 | 240 | 4572 | 5.2 |
| Age 35 to 49 | 254 | 2854 | 8.9 |
| Age 50 to 64 | 495 | 3879 | 12.8 |
| Age 65 Years and Older | 1246 | 9598 | 13 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Female | 1154 | 12219 | 9.4 |
| Male | 1081 | 8684 | 12.4 |
| Unknown | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Medicare | 1324 | 9266 | 14.3 |
| Medicaid | 627 | 7005 | 9 |
| Private | 253 | 3779 | 6.7 |
| Self-Pay | 17 | 441 | 3.9 |
| Other | 14 | 412 | 3.4 |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| English Language | 1922 | 17318 | 11.1 |
| Spanish Language | 256 | 3066 | 8.3 |
| 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 |

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| 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

573

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

3990

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

14.4

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.

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| 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 | 363 | 2616 | 13.9 |
| Male | 210 | 1374 | 15.3 |
| Unknown | | | |

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

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

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| 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

188

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

1356

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

13.9

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.

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| 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 | 13 | 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 | | | |
| Other/Unknown Languages | suppressed | suppressed | suppressed |

79

| 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

151

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

868

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

17.4

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.

80

| 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 | 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 | | | |
| Middle Eastern Languages | | | |
| American Sign Language | | | |
| Other/Unknown Languages | | | |

81

| 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

1323

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

14689

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

9

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.

82

| 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 | 689 | 8871 | 7.8 |
| Male | 634 | 5818 | 10.9 |
| Unknown | | | |

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

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

83

| 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.

84

| Measures | Stratifications | Stratification Group | Stratification Rate | Reference Group | Reference Rate | Rate Ratio |
|---|---|---|---|---|---|---|
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Other | 3.4 | 4.2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Hispanic or Latino | 8.4 | 2.8 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Hispanic or Latino | 8.4 | 2.7 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Other | 3.4 | 2.6 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 5.2 | 2.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 5.2 | 2.4 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Hispanic or Latino | 8.4 | 2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Hispanic or Latino | 8.4 | 2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Other | 3.4 | 2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 5.2 | 1.7 |

Plan to address disparities identified in the data

On 08/21/2025, A team presented the top 10 disparities for Palomar Health, they were readmissions by Age (35 to 49, 50 to 64, 65+ vs 18 to34), Race/Ethnicity (AI/AN, Black, Multiracial, NH/PI vs Hispanic/Latino), Payer (Medicare). Our system??s top disparities include recurrent 30â??day readmission gaps (Medicare; older age cohorts; and Black/African American vs reference), plus patient safety and access differences. We will apply a systemwide improvement bundle with local tailoring at each hospital. The Equity Committee also will include surgical mortality male and pneumonia female mortality in their review.Ð
Ð
Readmission Disparity:Ð
Key actions: Our actions will include education to our providers and nursing staff, which will include working with our Case Management team to develop transitional care bundle(s). These care bundles will include but will not be limited to follow??up instructions by the provider and nurse at discharge, discharge medications provided to the patient before discharge, accurate medication reconciliation to ensure no medication duplications, patient and or family education to include teach??back. Palomar Health will initiate home phone calls to this group of patients within 72 hours to ensure patient understanding of aftercare instructions. The RNs will provide education to the SNFs on continuity of care to ensure that the next level of care is able to facilitate care to avoid a readmission. Palomar Health has SDOH screening and referrals, language??interpreters, and make every effort to provide concordant instructions, and culturally informed patient engagement.Ð
Time frame and Objectives for readmission:Ð
Reduce readmissions in disparity groups by greater than or equal to 20% in 12 months, and narrow the rate ratio gap by greater than or equal to 25% over 24 monthsÐ
Time Frame and Objectives for Surgical/male and pneumonia /female mortalities:Ð
Stratify PSI metrics by payer/age/race; unit dashboards; escalation simulations; by greater than or equal â?¥15% reduction in disparity-linked PSI events

85

## 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

Person-Centered Care for the identified top 10 disparities: Đ
Palomar Health effectively communicates with patients when providing care, treatment, and services. The initial phase of this is done through the nursing assessment, which is performed within 24 hours of admission. Nursing identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. This communication includes the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials. The nursing staff communicates with the patient during initial nursing assessment and provides the patient treatment, and services in a manner that meets their oral and written communication needs. Palomar Health medical record contains information that reflects the patient's care, treatment, services, race and ethnicity. Palomar Health respects, protects, and promotes patient rights. To enable and promote patient centered care the policies allow a family member, friend, or other individual to be present with the patient for emotional support during the course of stay. Palomar Health prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression. The nursing standards of care are written as patient centered to improve the safety and quality of care for all patients and to adopt nursing practices promoting better communication and patient engagement. Đ
Palomar nursing standards also require care plans that are to be completed within 8 hours of admission and these care plans are maintained by the interdisciplinary team that contain specific, actionable information for staff across multiple care settings. These care plans promote communication and continuity of care/patient centered by suggesting communication strategies, treatment plans, and psychosocial resources. Đ
Palomar Health??s Equity Committee is reviewing patient sub-populations to determine if they experience less safe or lower quality of care or poorer health outcomes associated with their race, ethnicity, language, disability, or sexual orientation. The Equity Committee is also reviewing other factors, to document if these disparities in health care could be caused by cultural or language barriers that impair communication with caregivers, impeded access to care, or fear of discrimination. The goal of the Equity Committee is to address cultural, communication, mobility, SDOH, and other patient needs during their patient admissionĐ
Goal and Time Frame:Đ
Increase language??concordant interactions; by greater than or equal to 90% teach??back use; patient/caregiver preferences integrated and documented by greater than or equal to 90% of the time within 12 months and 100% in 24 months.Đ
Increase care plan individualization per disparity group by greater than or equal to 90% of the time within 12 months and 100% in 24 months.

Patient safety

Palomar Health participates in a patient safety survey every other year and participates in Leap Frog. Palomar Health??s facilities (Poway and Escondido) received grade A??s from leapfrog for their data and processes for Spring of 2025. Leapfrog is based on 30 national performance measures related to errors, accidents, injuries, infections, and the systems/processes that are in place to prevent injury or harm to a patient.Đ

Ð

The measures that are used to calculate these grades include nursing and bedside care, nursing care for patients, staff ratios for nursing, effective leadership to prevent errors, staff working together to prevent errors, handwashing, safe ordering practices, medication reconciliation, safe medication administration, medication documentation for elective outpatient surgeries, and PSI. Palomar Health facilities achieved the standard in all of these patient safety measures.Ð

Ð

Goal and Time Frame:Ð

Palomar Health will ensure that the 10 top priorities, which include readmissions meet all the requirements for Leapfrog??s 30 national performance measures by the end of 2026 Ð

Palomar Health will stratify PSI metrics by payer/age/race; unit dashboards; escalation simulations; by greater than or equal to 15% reduction in disparity-linked PSI events as reducing surgical mortality and pneumonia rates.

Addressing patient social drivers of health

Palomar Health has utilized a form for over a year called Prapare. This form is incorporated into the initial nursing assessment for nursing. It is the expectation that nursing assessment includes the Prapare questions, and is completed within 24 hours of admission. The drivers for the Prapare questions are, food, housing, safety, medications/financial, transportation, and utility difficulties. Palomar Health selected a sub-population of patients to evaluate equity based on the Joint Commission requirements. These requirements were to select a sub-population of patients to analyze. Palomar Health selected stroke care for 2025. The overall data for the sub-population of patients for SDOH indicated a review and clarification of 2 questions to facilitate correct documentation. The positive results received further referrals from our Case Management team. Ð

Based on the top 10 priorities the Equity Committee has elected to analyze the top 10 priority populations (readmissions) and to include pneumonia mortality / female and surgical mortality male for 2026. Ð

Goal and Time Frame:Ð

Initial Data for readmissions, pneumonia mortalities, and surgical mortalities, (White vs Hispanic/ Latino) and Patient safety Indicator Death among surgical inpatients with serious complications for male patients) will be completed by December 31, 2025 for an overall percentage for social drivers of health. Once we receive the initial data for 2025, the Equity Committee will receive data quarterly for readmissions, pneumonia mortality, and surgical patients with mortality to analyze for social determinants of health. Ð

The goal is to complete the prapare form within 12 months for SDOH by greater than or equal to 85%.


## Performance in the priority area continued

Performance across all of the following priority areas.


Effective treatment

To improve the care provided to patients with pneumonia, Palomar Health has established electronic power plans to facilitate evidence-based practice throughout the organization for patients admitted with pneumonia. These power plans are in place to reduce LOS, reduce cost per case, improve mortality, and improve the readmission rate. These power plans were reviewed by multiple medical staff committees including the Antibiotic Stewardship Committee, pulmonologists, Emergency Department providers, infectious disease providers, members of the nursing leadership team, case managers, respiratory therapists, pharmacists, IT staff, and quality improvement professionals..Ð

Palomar Health supports the medical staff and interdisciplinary committee(s) in their improvement

efforts by providing a dedicated dyad of improvement processes. They developed pneumonia power plan for key care phases including:Đ

Care for patients in the Emergency Department who are treated and are not admitted to the hospital.Đ
Triage and disposition of patients in the Emergency Department.Đ
Care for patients admitted to the hospital (acute care and readiness for discharge).Đ
Goal and Time Frame:Đ
The providers will utilize the pneumonia power plans > 90% of the time by the end of 2026Đ
Surgical Mortality:Đ
Palomar Health has multiple power plans, which were developed in a comprehensive environment, which included multiple medical staff committees including the Antibiotic Stewardship Committee, infectious disease providers, surgical providers, pharmacy and members of the nursing leadership team.Đ
These power plans include:Đ
Preoperative care, careful patient preparation before surgery to help minimize risks and prevent deaths by identifying potential issues. Đ
Identify high-risk patients: Đ
Palomar Health includes managing underlying conditions, such as:Đ
Getting blood glucose under control in patients with diabetes.Đ
Addressing modifiable risk factors like smoking, excessive weight, and poor nutrition.Đ
Palomar Health has in place the following processes to identify and address risk factors for the surgical patient.Đ
Review past medical history: Common risk factors include chronic conditions like heart failure and COPD, older age, multiple medications, and previous hospitalizations.Đ
Social determinants of Health: Assess and address patients' non-medical needs, such as access to food, housing, and transportation, by connecting them with community resources. Đ
Goal and Time Frame:Đ
The providers will utilize the correct surgical power plans by greater than or equal to 90% of the time by the end of 2026Đ
Readmission Disparity:Đ
Key actions: Our actions will include education to our providers and nursing staff, which will include working with our Case Management team to develop transitional care bundle(s). These care bundles will include but will not be limited to, follow??up instructions by the provider and nurse at discharge, discharge medications provided to the patient before discharge, accurate medication reconciliation to ensure no medication duplications, patient and or family education to include teach??back.
Palomar Health will initiate home phone calls to this group of patients within 72 hours to ensure patient understanding of aftercare instructions. The RNs will provide education to the SNFs on continuity of care to ensure that the next level of care is able to facilitate care to avoid a readmission. Paloma Health has SDOH screening and referrals, language??interpreters, and make every effort to provide concordant instructions, and culturally informed patient engagement.Đ
Goal and Time frame:Đ
Reduce readmissions in disparity groups by greater than or equal by greater than or equal to 20% in 12 months, and narrow the rate ratio gap by greater than or equal to 25% over 24 months

Care coordination

Palomar Health will include the following processes for care coordination for the top 10 priorities.Đ
Palomar Health EMR has a robust discharge planning and patient education process that is addressed in their adult inpatient standards?•.Đ
Teach-back method: Nurses ensure the patient and caregivers understand their care plan, medications, and warning signs by having them repeat the information in their own words.Đ
Clear instructions: Discharge instructions are provided in simple, understandable language, and

provided in both written and digital formats.Ð
Shared decision-making: Involve patients in their care from the time of admission to help them prepare for a smooth transition home. Ð
Medication managementÐ
Medication reconciliation: A medical staff-led review of all medications before discharge is performed to prevent missed, duplicate, or incorrect dosages, which can cause adverse events.Ð
Adherence support: The CRM (case management team) initiate communication with the patient to ensure patients can access and adhere to their medication schedules, which can be done through pharmacist phone calls, automated reminders, and financial assistance. Ð
Post-discharge support and communicationÐ
Timely follow-up: The CRM and or nursing staff will schedule follow-up appointments with primary care providers (PCPs) or specialists within one week of discharge. This is performed at the time of dischargeÐ
Post-discharge contact: Depending on patient needs, there is a follow-up phone call from a nurse within 24â??72 hours of discharge can assess the patient's condition and reinforce discharge instructions. Ð
Time frame and Objectives for Disparity Group for care coordination:Ð
CRM referrals in disparity groups by greater than or equal to 90% in 12 months, and 100% over 24 months

Access to care

Palomar Health does not refuse care to any patient regardless of their ability to pay for services. The Equity Committee receives overall data on the 5 SDOH measures. Based on positive results referrals are sent for further Case Management or community services. Ð
Goal and Time Frame:Ð
The goal is to complete the prapare form within 12 months for SDOH greater than or equal to 85%. Those top priority patients who are positive for SDOH referrals will be made by greater than or equal to 90% within 12 months.


## Methodology Guidelines

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

Y

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# Hospital Equity Measures Report

## General Information

| | |
|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2024 |
| Hospital Name: | PALOMAR MEDICAL CENTER |
| Facility Type: | General Acute Care Hospital |
| Hospital HCAI ID: | 106374382 |
| Report Period: | 1/1/2024 - 12/31/2024 |
| Status: | Submitted |
| Due Date: | 09/30/2025 |
| Last Updated: | 09/10/2025 |
| Hospital Location with Clean Water and Air: | Y |
| Hospital Web Address for Equity Report: | www.palomarhealth.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/

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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.
    96790

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 | 78994 | 96790 | 81.6 |
| Spanish Language | 16486 | 96790 | 17 |
| Asian Pacific Islander Languages | 625 | 96790 | 0.6 |
| Middle Eastern Languages | 365 | 96790 | 0.4 |
| American Sign Language | 26 | 96790 | 0 |
| Other Languages | 285 | 96790 | 0.3 |

## 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.

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• 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

4890

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

13794

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

35.5

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

92

| 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 | 122 | 0.9 | 0 | 0 |
| Housing Instability | 381 | 2.8 | 0 | 0 |
| Transportation Problems | 221 | 1.6 | 0 | 0 |
| Utility Difficulties | 77 | 0.6 | 0 | 0 |
| Interpersonal Safety | 67 | 0.5 | 0 | 0 |

## Core Quality Measures for General Acute Care Hospitals

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

## Patient Recommends Hospital

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

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

2130

Total number of respondents to HCAHPS Question 19

2290

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

93

Total number of people surveyed on HCAHPS Question 19

13471

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

17

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

93

| 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 | | | | | |

94

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

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

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

## Patient Received Information in Writing

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

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

hospital?"

    1969

Total number of respondents to HCAHPS Question 17

    2290

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

    86

Total number of people surveyed on HCAHPS Question 17

    13471

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

    17

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

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

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

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

96

| 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 | | | | | |

97

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

## Agency for Healthcare Research and Quality (AHRQ) Indicators

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

## Pneumonia Mortality Rate

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

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

77

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

883

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

87.2

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.

98

| Race and/or Ethnicity | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| American Indian or Alaska Native | suppressed | suppressed | suppressed |
| Asian | suppressed | suppressed | suppressed |
| Black or African American | suppressed | suppressed | suppressed |
| Hispanic or Latino | 13 | 201 | 64.7 |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more | suppressed | suppressed | suppressed |
| Native Hawaiian or Pacific Islander | suppressed | suppressed | suppressed |
| White | 58 | 572 | 101.4 |

| Age | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| Age < 18 | | | |
| Age 18 to 34 | suppressed | suppressed | suppressed |
| Age 35 to 49 | 0 | 59 | 0 |
| Age 50 to 64 | suppressed | suppressed | suppressed |
| Age 65 Years and Older | 69 | 606 | 113.9 |

| 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 | 38 | 437 | 87 |
| Male | 39 | 446 | 87.4 |
| 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 | 67 | 611 | 109.7 |
| Medicaid | suppressed | suppressed | suppressed |
| Private | suppressed | suppressed | suppressed |
| Self-Pay | 0 | 11 | 0 |
| Other | suppressed | suppressed | suppressed |

99

| 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 | | | |

100

# 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

46

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

180

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

255.6

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

| Race and/or Ethnicity | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| American Indian or Alaska Native | suppressed | suppressed | suppressed |
| Asian | suppressed | suppressed | suppressed |
| Black or African American | suppressed | suppressed | suppressed |
| Hispanic or Latino | 15 | 55 | 272.7 |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more | suppressed | suppressed | suppressed |
| Native Hawaiian or Pacific Islander | suppressed | suppressed | suppressed |
| White | 21 | 96 | 218.8 |

| 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 | 50 | 320 |
| Age 65 Years and Older | 25 | 100 | 250 |

101

| 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 | 13 | 68 | 191.2 |
| Male | 33 | 112 | 294.6 |
| Unknown | | | |

| Payer Type | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| Medicare | 25 | 95 | 263.2 |
| Medicaid | 12 | 52 | 230.8 |
| Private | suppressed | suppressed | suppressed |
| 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 | | | |
| American Sign Language | | | |
| Other/Unknown Languages | | | |

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

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

102

| 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

197

Total number of nulliparous NTSV patients

1090

Rate of NTSV patients with Cesarean deliveries

0.181

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.

103

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

| Age | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| Age < 18 | suppressed | suppressed | suppressed |
| Age 18 to 29 | 106 | 719 | 0.147 |
| Age 30 to 39 | suppressed | suppressed | suppressed |
| Age 40 Years and Older | suppressed | suppressed | suppressed |

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

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

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

104

| 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

120

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

Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries
217

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

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

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

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

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

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

| 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

538

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

984

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

54.7

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

| Race and/or Ethnicity | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%) |
|---|---|---|---|
| American Indian or Alaska Native | suppressed | suppressed | suppressed |
| Asian | suppressed | suppressed | suppressed |
| Black or African American | suppressed | suppressed | suppressed |
| Hispanic or Latino | 286 | 578 | 49.5 |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more races) | suppressed | suppressed | suppressed |
| Native Hawaiian or Pacific | suppressed | suppressed | suppressed |
| White | 130 | 187 | 69.5 |

| Age | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%) |
|---|---|---|---|
| Age < 18 | suppressed | suppressed | suppressed |
| Age 18 to 29 | 261 | 491 | 53.2 |
| Age 30 to 39 | 248 | 427 | 58.1 |
| Age 40 Years and Older | suppressed | suppressed | suppressed |

108

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

| Payer Type | Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria | Total number of newborn cases born in the hospital that meet inclusion/ exclusion criteria | Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/ exclusion criteria (%) |
|---|---|---|---|
| Medicare | suppressed | suppressed | suppressed |
| Medicaid | 316 | 655 | 48.2 |
| Private | 166 | 238 | 69.7 |
| 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 | suppressed | suppressed | suppressed |
| Spanish Language | suppressed | suppressed | suppressed |
| Asian Pacific Islander Languages | suppressed | suppressed | suppressed |
| Middle Eastern Languages | suppressed | suppressed | suppressed |
| American Sign Language | 0 | | |
| Other/Unknown Languages | 0 | | |

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

109

| 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

1805

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

17265

110

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

10.5

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 | 34 | 166 | 20.5 |
| Asian | 65 | 687 | 9.5 |
| Black or African American | 76 | 450 | 16.9 |
| Hispanic or Latino | 518 | 6431 | 8.1 |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more races) | 23 | 109 | 21.1 |
| Native Hawaiian or Pacific Islander | 13 | 71 | 18.3 |
| White | 1029 | 8700 | 11.8 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Age 18 to 34 | 213 | 4280 | 5 |
| Age 35 to 49 | 204 | 2386 | 8.5 |
| Age 50 to 64 | 388 | 3079 | 12.6 |
| Age 65 Years and Older | 1000 | 7520 | 13.3 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Female | 927 | 10244 | 9 |
| Male | 878 | 7021 | 12.5 |
| Unknown | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Medicare | 1053 | 7232 | 14.6 |
| Medicaid | 521 | 6144 | 8.5 |
| Private | 207 | 3152 | 6.6 |
| Self-Pay | 13 | 374 | 3.5 |
| Other | 11 | 363 | 3 |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| English Language | 1537 | 14097 | 10.9 |
| Spanish Language | 238 | 2856 | 8.3 |
| 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 |

111

| 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

452

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

3134

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

14.4

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.

112

| 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 | 277 | 2014 | 13.8 |
| Male | 175 | 1120 | 15.6 |
| Unknown | | | |

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

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

113

| 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

152

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

1129

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

13.5

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.

114

| 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 | 42 | 0 |
| Other | 0 | 11 | 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 | | | |
| Other/Unknown Languages | suppressed | suppressed | suppressed |

115

| 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

118

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

675

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

17.5

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

116

| 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 | 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 | | | |
| Middle Eastern Languages | | | |
| American Sign Language | | | |
| Other/Unknown Languages | | | |

117

| 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

1083

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

12327

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

8.8

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.

**118**

| 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 | 570 | 7656 | 7.4 |
| Male | 513 | 4671 | 11 |
| Unknown | | | |

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

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

119

| 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.

120

| Measures | Stratifications | Stratification Group | Stratification Rate | Reference Group | Reference Rate | Rate Ratio |
|---|---|---|---|---|---|---|
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Other | 3 | 4.8 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Other | 3 | 2.8 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 5 | 2.7 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Hispanic or Latino | 8.1 | 2.6 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Hispanic or Latino | 8.1 | 2.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 5 | 2.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Hispanic or Latino | 8.1 | 2.3 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Other | 3 | 2.2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Hispanic or Latino | 8.1 | 2.1 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 5 | 1.7 |

Plan to address disparities identified in the data

On 08/21/2025, A team presented the top 10 disparities for Palomar Escondido, Palomar Poway, and Palomar Health as a system. Our top 10 disparities for Escondido were readmissions by Age (35 to 49, 50 to 64, 65+ vs 18 to 34), Race/Ethnicity (AI/AN, Black, Multiracial, NH/PI vs Hispanic/Latino), Payer (Medicare vs Private), and unique disparities: Failure??to??Rescue (Male vs Female), Pneumonia Mortality (White vs Hispanic/Latino) and Patient safety Indicator Death among surgical inpatients with serious complications for male patients.Ð

Our system??s top disparities include recurrent 30â??day readmission gaps (Medicare; older age cohorts; and Black/African American vs reference), plus patient safety and access differences. We will apply a system wide improvement bundle with local tailoring at each hospital.Ð
Ð
Readmission Disparity:Ð
Key actions: Our actions will include education to our providers and nursing staff, which will include working with our Case Management team to develop transitional care bundle(s). These care bundles will include but will not be limited to follow??up instructions by the provider and nurse at discharge, discharge medications provided to the patient before discharge, accurate medication reconciliation to ensure no medication duplications, patient and or family education to include teach??back. Palomar Medical Center will initiate home phone calls to this group of patients within 72 hours to ensure patient understanding of aftercare instructions. The RNs will provide education to the SNFs on continuity of care to ensure that the next level of care is able to facilitate care to avoid a readmission. Paloma Medical Center has SDOH screening and referrals, language??interpreters, and make every effort to provide concordant instructions, and culturally informed patient engagement.Ð
Time frame and Objectives for readmission:Ð
Reduce readmissions in disparity groups by greater than or equal to 20% in 12 months, and narrow the rate ratio gap by greater than or equal to 25% over 24 monthsÐ

Palomar Medical Center Disparity: Pneumonia Mortality rate white ethnicity. Ð
Palomar Medical Center has an Antibiotic Stewardship Committee that reviews all antibiotics to ensure they are the right choice and duration based on severity and risk factors of the patient. Palomar will engage with the Antibiotic Stewardship Committee and the providers to review their evidence based order set to ensure that they follow either CDC recommendations or Diseases Society of American. By using our SDOH data, we can also determine if any of the mortalities were linked to socioeconomic factors, like income, insurance or homelessness. Ð
Palomar Medical Center Escondido will also review and as needed revise their plan of care for patients admitted with pneumonia and develop short and long term goals such as;Ð
Patient will have appropriate blood cultures drawn before the administration of an antibiotic and in ICU continue to implement the ventilator associated pneumonia bundles to include, head of bed elevated, daily sedation vacation, and subglottic suctioning. Ð
Goal and Time frame:Ð
Reduce pneumonia mortality rates in disparity group (White vs Hispanic/Latino) by greater than or equal to 10% in 12 months and narrow the gap by greater than or equal to 15% over 24 monthsÐ
Key Issues:Ð
Death rate among surgical inpatients with serious treatable conditions, disparity white male Ð
Palomar Medical Center does utilize a surgical checklist for surgical patients aligned with The Joint Commission Universal Protocol standard for a performance measure. This checklist does follow recommendations for patient safety during a surgical and after a surgical procedure. The Director for Surgical Services will work with the surgical team and the providers to determine if a revision of the current surgical checklist should be done to include some elements of the WHO Surgical Safety Checklist. The Who Surgical Checklist does include assessments performed by the providers before surgery. The current Standardized Procedure and Adult Inpatient Standards, include post-operative monitoring and infection control monitoring for the care of the surgical patient. The Antibiotic Stewardship Committee will be engaged if continued use of antibiotics is required for the surgical patient beyond the initial provider order. Palomar Medical Center, Escondido will also utilize the SDOH data when preparing patients for surgery to determine other unknown risks to the surgical patient during recovery. Ð
Goal and Time frame:Ð
Reduce surgical mortality rates in disparity group by greater than or equal to 15% in 12 months and narrow the gap by greater than or equal to 20% over 24 monthsÐ
Ð
Stratify PSI metrics by payer/age/race; unit dashboards; escalation simulations; and by greater than or equal to 15% reduction in disparity-linked PSI events as reducing surgical mortality and pneumonia rates

## 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

Person-Centered Care for the identified top 10 disparities: Ð
Palomar Medical Center, Escondido effectively communicates with patients when providing care, treatment, and services. The initial phase of this is done through the nursing assessment, which is performed within 24 hours of admission. Nursing identifies the patient's oral and written

communication needs, including the patient's preferred language for discussing health care. This communication includes the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials. The nursing staff communicates with the patient during initial nursing assessment and provides the patient treatment, and services in a manner that meets their oral and written communication needs.  Palomar Medical Centers medical record contains information that reflects the patient's care, treatment, services, race and ethnicity. Palomar Medical Center respects, protects, and promotes patient rights. To enable and promote patient centered care the policies allow a family member, friend, or other individual to be present with the patient for emotional support during the course of stay. Palomar Medical Center, Escondido prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression. The nursing standards of care are written as patient centered to improve the safety and quality of care for all patients and to adopt nursing practices promoting better communication and patient engagement. Ð

Palomar nursing standards also require care plans that are to be completed within 8 hours of admission and these care plans are maintained by the interdisciplinary team that contain specific, actionable information for staff across multiple care settings. These care plans promote communication and continuity of care/patient centered by suggesting communication strategies, treatment plans, and psychosocial resources. Ð

Palomar Medical Centers Equity Committee is reviewing patient sub-populations to determine if they experience less safe or lower quality of care or poorer health outcomes associated with their race, ethnicity, language, disability, or sexual orientation. The Equity Committee is also reviewing other factors, to document if these disparities in health care could be caused by cultural or language barriers that impair communication with caregivers, impeded access to care, or fear of discrimination. The goal of the Equity Committee is to address cultural, communication, mobility, SDOH, and other patient needs during their patient admissionÐ

Goal and Time Frame:Ð

Increase language concordant interactions; by greater than or equal  to 90% teach back use; patient/caregiver preferences integrated and documented by greater than or equal to 90% of the time within 12 months and 100% in 24 months.Ð

Increase care plan individualization per disparity group by greater than or equal to 90% of the time within 12 months and 100% in 24 months.

Patient safety

Palomar Medical Center, Escondido conducts a patient safety survey every other year and participates in Leap Frog. Palomar Medical Center Escondido received a grade A from leapfrog for their data and processes for Spring of 2025. Leapfrog is based on 30 national performance measures related to errors, accidents, injuries, infections, and the systems/processes that are in place to prevent injury or harm to a patient.Ð
Ð
The measures that are used to calculate these grades include nursing and bedside care, nursing care for patients, staff ratios for nursing, effective leadership to prevent errors, staff working together to prevent errors, handwashing, safe ordering practices, medication reconciliation, safe medication administration, medication documentation for elective outpatient surgeries, and PSI. Palomar Medical Center Escondido achieved the standard in all of these patient safety measures.Ð
Ð
Goal and Time Frame:Ð
Palomar Health Escondido will ensure that the 10 top priorities, which include readmissions, pneumonia deaths, and surgical deaths, meet all the requirements for Leapfrogs 30 national performance measures by the end of 2026. This will include a reduction by greater than or equal to

15% in the PSI score which is the patient safety indicator for patient safety events, which would include surgical and pneumonia mortalities.

Addressing patient social drivers of health

Palomar Medical Center, has utilized a form for over a year called Prapare. This form is incorporated into the initial nursing assessment for nursing. It is the expectation that nursing assessment includes the Prapare questions, and is within 24 hours of admission. The drivers for the Prapare questions are, food, housing, safety, medications/financial, transportation, and utility difficulties. Palomar Medical Center, Escondido selected a sub-population of patients to evaluate equity based on the Joint Commission requirements. These requirements were to select a sub-population of patients to analyze. Palomar Escondido selected stroke care for 2025. Our data demonstrated we had 7.5 % of our sub population of patients who had a housing instability and 4% interpersonal safety. Our total volume of patients ranged for 3rd quarter of 2025 from 129-135 patients. The positive results received further referrals from our Case Management team. Further analysis did also demonstrate that 2 of our questions were difficult to understand by nursing or the patient, therefore, further clarity was added to those questions to enable accurate answers.Ð

Based on the top 10 priorities the Equity Committee has elected to analyze the top 10 priority populations for 2026. Ð

Goal and Time Frame:Ð

Initial Data for readmissions, pneumonia mortalities, and surgical mortalities, (White vs Hispanic/Latino) and Patient safety Indicator Death among surgical inpatients with serious complications for male patients) will be completed by December 31, 2025 for an overall percentage for social drivers of health. Once we receive the initial data for 2025, the Equity Committee will receive data quarterly for readmissions, pneumonia mortality, and surgical patients with mortality to analyze for social determinants of health. Ð

The goal is to complete the prapare form within 12 months for SDOH by greater than or equal to 85%.

## Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

To improve the care provided to patients with pneumonia, Palomar Health Escondido has established electronic power plans to facilitate evidence-based practice throughout the organization for patients admitted with pneumonia. These power plans are in place to reduce LOS, reduce cost per case, improve mortality, and improve the readmission rate. These power plans were reviewed by multiple medical staff committees including the Antibiotic Stewardship Committee, pulmonologists, Emergency Department providers, infectious disease providers, members of the nursing leadership team, case managers, respiratory therapists, pharmacists, IT staff, and quality improvement professionals..Ð

Palomar Medical Center, Escondido supports the medical staff and interdisciplinary committee(s) in their improvement efforts by providing a dedicated dyad of improvement processes. They developed pneumonia power plan for key care phases including:Ð

Care for patients in the Emergency Department who are treated and are not admitted to the hospital.Ð

Triage and disposition of patients in the Emergency Department.Ð

Care for patients admitted to the hospital (acute care and readiness for discharge).Ð

Goal and Time Frame:Ð

The providers will utilize the pneumonia power plans by greater than or equal to 90% of the time by the end of 2026Ð

Surgical Mortality:Ð

Palomar Medical Center has multiple power plans, which were developed in a comprehensive environment, which included multiple medical staff committees including the Antibiotic Stewardship Committee, infectious disease providers, surgical providers, pharmacy and members of the nursing leadership team.Ð

These power plans include:Ð

Preoperative care, careful patient preparation before surgery to help minimize risks and prevent deaths by identifying potential issues. Ð

Identify high-risk patients: Ð

Palomar Medical Center, Escondido includes managing underlying conditions, such as:Ð

Getting blood glucose under control in patients with diabetes.Ð

Addressing modifiable risk factors like smoking, excessive weight, and poor nutrition.Ð

Palomar Medical Center, Escondido has in place the following processes to identify and address risk factors for the surgical patient.Ð

Review past medical history: Common risk factors include chronic conditions like heart failure and COPD, older age, multiple medications, and previous hospitalizations.Ð

Social determinants of Health: Assess and address patients' non-medical needs, such as access to food, housing, and transportation, by connecting them with community resources. Ð

Goal and Time Frame:Ð

The providers will utilize the correct surgical power plans by greater than or equal to 90% of the time by the end of 2026Ð

Readmission Disparity:Ð

Key actions: Our actions will include education to our providers and nursing staff, which will include working with our Case Management team to develop transitional care bundle(s). These care bundles will include but will not be limited to, follow up instructions by the provider and nurse at discharge, discharge medications provided to the patient before discharge, accurate medication reconciliation to ensure no medication duplications, patient and or family education to include teach back. Palomar Medical Center will initiate home phone calls to this group of patients within 72 hours to ensure patient understanding of aftercare instructions. The RNs will provide education to the SNFs on continuity of care to ensure that the next level of care is able to facilitate care to avoid a readmission. Paloma Medical Center has SDOH screening and referrals, language??interpreters, and make every effort to provide concordant instructions, and culturally informed patient engagement.Ð

Goal and Time frame:Ð

Reduce readmissions in disparity groups by greater than or equal to 20% in 12 months, and narrow the rate ratio gap by greater than or equal to 25% over 24 months

Care coordination

Palomar Medical Center, Escondido will include the following processes for care coordination for the top 10 priorities.Ð

Palomar Medical Center, Escondido's EMR has a robust discharge planning and patient education process that is addressed in their adult inpatient standard.Ð

Teach-back method: Nurses ensure the patient and caregivers understand their care plan, medications, and warning signs by having them repeat the information in their own words.Ð

Clear instructions: Discharge instructions are provided in simple, understandable language, and provided in both written and digital formats.Ð

Shared decision-making: Involve patients in their care from the time of admission to help them prepare for a smooth transition home. Ð

Medication managementÐ

Medication reconciliation: A medical staff-led review of all medications before discharge is performed to prevent missed, duplicate, or incorrect dosages, which can cause adverse events.Ð

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Adherence support: The CRM (case management team) initiate communication with the patient to ensure patients can access and adhere to their medication schedules, which can be done through pharmacist phone calls, automated reminders, and financial assistance. Ð

Post-discharge support and communicationÐ

Timely follow-up: The CRM and or nursing staff will schedule follow-up appointments with primary care providers (PCPs) or specialists within one week of discharge. This is performed at the time of dischargeÐ

Post-discharge contact: Depending on patient needs, there is a follow-up phone call from a nurse within 24 to 72 hours of discharge can assess the patient's condition and reinforce discharge instructions. Ð

Time frame and Objectives for Disparity Group for care coordination:Ð

CRM referrals in disparity groups by greater than or equal to 90% in 12 months, and 100% over 24 months

Access to care

Palomar Medical Center, Escondido does not refuse care to any patient regardless of their ability to pay for services. The Equity Committee receives overall data on the 5 SDOH measures. Based on positive results referrals are sent for further Case Management or community services. Ð

Goal and Time Frame:Ð

The goal is to complete the prapare form within 12 months for SDOH by greater than or equal to 85%. Those top priority patients who are positive for SDOH referrals will be made greater than or equal to 90% within 12 months.

## Methodology Guidelines

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

Y

# Hospital Equity Measures Report

## General Information

| | |
|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2024 |
| Hospital Name: | PALOMAR MEDICAL CENTER POWAY |
| Facility Type: | General Acute Care Hospital |
| Hospital HCAI ID: | 106370977 |
| Report Period: | 1/1/2024 - 12/31/2024 |
| Status: | Submitted |
| Due Date: | 09/30/2025 |
| Last Updated: | 09/10/2025 |
| Hospital Location with Clean Water and Air: | Y |
| Hospital Web Address for Equity Report: | www.palomarhealth.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/

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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.

   36173

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 | 32008 | 36173 | 88.5 |
| Spanish Language | 2640 | 36173 | 7.3 |
| Asian Pacific Islander Languages | 597 | 36173 | 1.7 |
| Middle Eastern Languages | 579 | 36173 | 1.6 |
| American Sign Language | 12 | 36173 | 0 |
| Other Languages | 326 | 36173 | 0.9 |

## 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.

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• 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

1155

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

13794

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

8.4

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).

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| 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 | 17 | 0.1 | 0 | 0 |
| Housing Instability | 75 | 0.5 | 0 | 0 |
| Transportation Problems | 34 | 0.2 | 0 | 0 |
| Utility Difficulties | 11 | 0.1 | 0 | 0 |
| Interpersonal Safety | 11 | 0.1 | 0 | 0 |

## Core Quality Measures for General Acute Care Hospitals

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

## Patient Recommends Hospital

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

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

482

Total number of respondents to HCAHPS Question 19

535

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

90.1

Total number of people surveyed on HCAHPS Question 19

2816

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

19

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.

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| 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 | | | | | |

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

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

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

## Patient Received Information in Writing

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

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

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hospital?"

455

Total number of respondents to HCAHPS Question 17

535

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

85

Total number of people surveyed on HCAHPS Question 17

2816

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

19

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 | | | | | |

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| 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 | | | | | |

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

## Agency for Healthcare Research and Quality (AHRQ) Indicators

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

## Pneumonia Mortality Rate

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

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

31

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

395

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

78.5

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.

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| Race and/or Ethnicity | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of hospital discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| American Indian or Alaska Native | suppressed | suppressed | suppressed |
| Asian | suppressed | suppressed | suppressed |
| Black or African American | suppressed | suppressed | suppressed |
| Hispanic or Latino | suppressed | suppressed | suppressed |
| Middle Eastern or North African | | | |
| Multiracial and/or Multiethnic (two or more | | | |
| Native Hawaiian or Pacific Islander | suppressed | suppressed | suppressed |
| White | 17 | 253 | 67.2 |

| 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 | 0 | 19 | 0 |
| Age 50 to 64 | suppressed | suppressed | suppressed |
| Age 65 Years and Older | 29 | 328 | 88.4 |

| 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 | 18 | 218 | 82.6 |
| Male | 13 | 177 | 73.4 |
| 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 | 26 | 309 | 84.1 |
| Medicaid | suppressed | suppressed | suppressed |
| Private | suppressed | suppressed | suppressed |
| Self-Pay | suppressed | suppressed | suppressed |
| Other | | | |

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| 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 | | | |

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# 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

> suppressed

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

> suppressed

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

> suppressed

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

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

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

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| 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 | suppressed | suppressed | suppressed |
| Male | suppressed | suppressed | suppressed |
| 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 | suppressed | suppressed | suppressed |
| Medicaid | suppressed | suppressed | suppressed |
| Private | suppressed | suppressed | suppressed |
| Self-Pay | | | |
| Other | | | |

| Preferred Language | Number of in-hospital deaths that meet the inclusion/exclusion criteria | Number of surgical discharges that meet the inclusion/exclusion criteria | Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%) |
|---|---|---|---|
| English Language | suppressed | suppressed | suppressed |
| 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 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 | | | |

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| 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
    NA

Total number of nulliparous NTSV patients
    NA

Rate of NTSV patients with Cesarean deliveries
    NA

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.

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

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

| Payer Type | Number of NTSV patients with cesarean deliveries | Total number of NTSV patients | Rate of NTSV patients with Cesarean deliveries (%) |
|---|---|---|---|
| Medicare | | | |
| Medicaid | | | |
| Private | | | |
| 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 | | | |
| Spanish Language | | | |
| Asian Pacific Islander Languages | | | |
| Middle Eastern Languages | | | |
| American Sign Language | | | |
| Other/Unknown Languages | | | |

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| 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

    NA

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

**142**

NA

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

NA

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

| 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 | | | |
| Age 30 to 39 | | | |
| Age 40 Years and Older | | | |

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

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

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| 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 | | | |
| 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

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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

   NA

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

   NA

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

   NA

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

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

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

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

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

| 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 | | | |

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| 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

430

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

3638

**147**

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

11.8

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 | 30 | 286 | 10.5 |
| Black or African American | 18 | 113 | 15.9 |
| Hispanic or Latino | 76 | 636 | 11.9 |
| 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 | 266 | 2295 | 11.6 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Age 18 to 34 | 27 | 292 | 9.2 |
| Age 35 to 49 | 50 | 468 | 10.7 |
| Age 50 to 64 | 107 | 800 | 13.4 |
| Age 65 Years and Older | 246 | 2078 | 11.8 |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Female | 227 | 1975 | 11.5 |
| Male | 203 | 1663 | 12.2 |
| Unknown | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| Medicare | 271 | 2034 | 13.3 |
| Medicaid | 106 | 861 | 12.3 |
| Private | 46 | 627 | 7.3 |
| Self-Pay | suppressed | suppressed | suppressed |
| Other | suppressed | suppressed | suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| English Language | 385 | 3221 | 12 |
| 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 |

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| 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

121

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

856

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

14.1

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.

149

| 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 | 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 |

150

| 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

36

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

227

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

15.9

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.

151

| 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) | | | |
| Native Hawaiian or Pacific Islander | | | |
| 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 | suppressed | suppressed | suppressed |

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

152

| 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

33

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

193

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

17.1

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

153

| 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) | | | |
| 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 | 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 | | | |
| Middle Eastern Languages | | | |
| American Sign Language | | | |
| Other/Unknown Languages | | | |

154

| 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

240

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

2362

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

10.2

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.

155

| 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 | 119 | 1215 | 9.8 |
| Male | 121 | 1147 | 10.5 |
| 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 | 25 | 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 |

156

| 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.

157

| Measures | Stratifications | Stratification Group | Stratification Rate | Reference Group | Reference Rate | Rate Ratio |
|---|---|---|---|---|---|---|
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Private | 7.3 | 1.8 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Expected Payor | | | Private | 7.3 | 1.7 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Asian | 10.5 | 1.5 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 9.2 | 1.4 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 9.2 | 1.3 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Age (excluding maternal measures) | | | 18 to 34 | 9.2 | 1.2 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Asian | 10.5 | 1.1 |
| Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality | Sex Assigned at Birth | | | Male | 73.4 | 1.1 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate | Race and/or Ethnicity | | | Asian | 10.5 | 1.1 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis) | Sex Assigned at Birth | | | Female | 9.8 | 1.1 |

Plan to address disparities identified in the data

On 08/21/2025, a team presented to the Equity Committee the top 10 disparities for Palomar Poway, Palomar Escondido, and Palomar Health as a system. The top 10 disparities for Palomar Medical Center Poway were: Readmissions by Age (35 to 49, 50 to 64, 65+ vs 18 to 34), Payer (Medicare vs Private, Medicaid vs Private), Race/Ethnicity (Black, Hispanic/Latino, White vs Asian), and unique disparities: Pneumonia Mortality (Female vs Male), Readmissions without BH  Dx (Male vs Female) and Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (No Behavioral Health Diagnosis) Sex Assigned at Birth Male.Ð
Ð
Readmission Disparity:Ð
Key actions: Ð
Our actions will include education to our providers and nursing staff, which will include working with our Case Management team to develop transitional care bundle(s). These care bundles will include but will not be limited to follow??up instructions by the provider and nurse at discharge, discharge medications provided to the patient before discharge, accurate medication reconciliation to ensure no medication duplications, patient and or family education to include teach back. Palomar Medical Center will initiate home phone calls to this group of patients within 72 hours to ensure patient understanding of aftercare instructions. The RNs will provide education to the SNFs on continuity of care to ensure that the next level of care is able to facilitate care to avoid a readmission. Paloma Medical Center has SDOH screening and referrals, language??interpreters, and make every effort to provide concordant instructions, with culturally informed patient engagement.Ð
Behavioral Health, readmissions male, the psych liaison will ensure that the patient is adequately stabilized during admission, and ensure that there is a strong discharge plan, which will include

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follow-up appointments and connections to community resources. Đ

Reduce readmissions in disparity groups by greater than or equal to 20% in 12 months, and narrow the rate ratio gap by greater than or equal to 25% over 24 monthsĐ

Đ

Palomar Medical Center has an Antibiotic Stewardship Committee that reviews all antibiotics to ensure they are the right choice and duration based on severity and risk factors of the patient. Palomar will engage with the Antibiotic Stewardship Committee and the providers to review their evidence based order set to ensure that it follows either CDC recommendations or Diseases Society of American. By using our SDOH data, we can also determine if any of the mortalities were linked to socioeconomic factors, like income, insurance or homelessness. Đ

Palomar Medical Center Poway will also review and as needed revise their nursing plan of care for patients admitted with pneumonia and develop short and long term goals such as;Đ

Patient will have appropriate blood cultures drawn before the administration of an antibiotic and in ICU continue to implement the ventilator associated pneumonia bundles to include, head of bed elevated, daily sedation vacation, and subglottic suctioning.  Đ

Goal and Time frame:Đ

Reduce pneumonia mortality rates in disparity group /female by greater than or equal to 20% in 12 months and narrow the gap by greater than or equal to 25% over 24 months

## 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

Palomar Medical Center, Poway effectively communicates with patients when providing care, treatment, and services. The initial phase of this is done through the nursing assessment, which is performed initially within 24 hours of admission. Nursing identifies the patient's oral and written communication needs, including the patient's preferred language for discussing health care. This communication includes the need for personal devices such as hearing aids or glasses, language interpreters, communication boards, and translated or plain language materials. The nursing staff communicates with the patient during initial nursing assessment and provides the patient treatment, and services in a manner that meets their oral and written communication needs.  Palomar Medical Centers medical record contains information that reflects the patient's care, treatment, services, race and ethnicity. Palomar Medical Center respects, protects, and promotes patient rights. To enable and promote patient centered care the policies allow a family member, friend, or other individual to be present with the patient for emotional support during the course of stay. Palomar Medical Center, Poway prohibits discrimination based on age, race, ethnicity, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation, gender identity or expression. The nursing standards of care are written, as patient centered to improve the safety and quality of care for all patients and to adopt nursing practices promoting better communication and patient engagement. Đ

Palomar nursing standards also require care plans that are to be completed within 8 hours of admission and these care plans are maintained by the interdisciplinary team that contain specific, actionable information for staff across multiple care settings. These care plans promote communication and continuity of care/patient centered by suggesting communication strategies, treatment plans, and psychosocial resources. Đ

Palomar Medical Centers Equity Committee is reviewing patient sub-populations to determine if they experience less safe or lower quality of care or poorer health outcomes associated with their race, ethnicity, language, disability, or sexual orientation. The Equity Committee is also reviewing other factors, to document if these disparities in health care could be caused by cultural or language barriers that could impair communication with caregivers, impeded access to care, or fear of discrimination. The goal of the Equity Committee is to address cultural, communication, mobility, SDOH, and other patient needs during their admissionÐ

Goal and Time Frame:Ð

Increase language??concordant interactions; by greater than or equal to 90% teach back use; patient/caregiver preferences integrated and documented by greater than or equal to 90% of the time within 12 months and 100% in 24 months.Ð

Increase care plan individualization per disparity group by greater than or equal  to 90% of the time within 12 months and 100% in 24 months.

Patient safety

Palomar Medical Center, Poway conducts a patient safety survey every other year and participates in Leap Frog. Palomar Medical Center Poway received a grade A from leapfrog for their data and processes for Spring of 2025. Leapfrog is based on 30 national performance measures related to errors, accidents, injuries, infections, and the systems/processes that are in place to prevent injury or harm to a patient.Ð

Ð

The measures that are used to calculate these grades include nursing and bedside care, nursing care for patients, staff ratios for nursing, effective leadership to prevent errors, staff working together to prevent errors, handwashing, safe ordering practices, medication reconciliation, safe medication administration, medication documentation for elective outpatient surgeries, and PSI. Palomar Medical Center Poway achieved the standard in all of these patient safety measures.Ð

Ð

Goal and Time Frame:Ð

Palomar Health Poway will ensure that the 10 top priorities, which include readmissions and/psych/ male, and pneumonia deaths/female, meet all the requirements for Leapfrogs 30 national performance measures by the end of 2026. This will include a reduction by greater than or equal to 15% in the PSI score which is the patient safety indicator for patient safety events, which would include pneumonia mortalities.

Addressing patient social drivers of health

Palomar Medical Center, has utilized a form for over a year called Prapare. These questions are incorporated into the initial nursing assessment for nursing. It is the expectation that nursing assessment is completed within 24 hours of admission. The drivers for the Prapare form are, food, housing, safety, medications/financial, transportation, and utility difficulties. Palomar Medical Center, Poway selected a sub-population of patients to evaluate equity based on the Joint Commission requirements. These requirements were to select a sub-population of patients to analyze. Palomar Poway selected stroke care for 2025. Our data demonstrated we had 9.1 % of our sub population of patients who had a housing instability and 6.1% had a transportation need identified. Our total volume of patients for 3rd quarter of 2025 was 33 patients. The positive results received further referrals from our Case Management team. Further analysis did also demonstrate that 1 of our questions were difficult to understand by nursing or the patient, therefore, further clarity was added to that question to enable accurate answers.Ð

Based on the top 10 priorities the Equity Committee has elected to analyze the top 10 priority populations for 2026. Ð

Goal and Time Frame:Ð

Initial Data for readmissions, pneumonia mortalities, and behavioral health readmissions will be

completed by December 31, 2025 for an overall percentage for social drivers of health. Once we receive the initial data for 2025, the Equity Committee will receive data quarterly for readmissions, pneumonia mortality/white female, and behavioral health readmissions/male to analyze for social determinants of health. Đ
Đ
Goal and Time Frame:Đ
Complete the prapare form within 12 months for SDOH by greater than or equal to 85% and 100% in 24 months.


## Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

To improve the care provided to patients with pneumonia, Palomar Health Poway has established electronic power plans to facilitate evidence-based practice throughout the organization for patients admitted with pneumonia. These power plans are in place to reduce LOS, reduce cost per case, improve mortality, and improve the readmission rate. These power plans were reviewed by multiple medical staff committees including the Antibiotic Stewardship Committee, pulmonologists, Emergency Department providers, infectious disease providers, members of the nursing leadership team, case managers, respiratory therapists, pharmacists, IT staff, and quality improvement professionals..Đ
Palomar Medical Center, Poway supports the medical staff and interdisciplinary committee(s) in their improvement efforts by providing a dedicated dyad of improvement processes. They developed  and reviewed the pneumonia power plan(s) for key care phases including:Đ
Care for patients in the Emergency Department who are treated and are not admitted to the hospital.Đ
Triage and disposition of patients in the Emergency Department.Đ
Care for patients admitted to the hospital (acute care and readiness for discharge).Đ
Readmission Disparity:Đ
Key actions: Our actions will include education to our providers and nursing staff, which will include working with our Case Management team to develop transitional care bundle(s). These care bundles will include but will not be limited to, follow up instructions by the provider and nurse at discharge, discharge medications provided to the patient before discharge, accurate medication reconciliation to ensure no medication duplications, patient and or family education to include teach back. Palomar Medical Center will initiate home phone calls to this group of patients within 72 hours to ensure patient understanding of aftercare instructions. The RNs will provide education to the SNFs on continuity of care to ensure that the next level of care is able to facilitate care to avoid a readmission. Palomar Medical Center has SDOH screening and referrals, language interpreters, and make every effort to provide concordant instructions, and culturally informed patient engagement.Đ
Behavioral Health, readmissions male, the psych liaison will ensure that the patient is adequately stabilized during admission, and ensure that there is a strong discharge plan, which will include follow-up appointments and connections to community resources.Đ
Goal and Time frame:Đ
Reduce readmissions in disparity groups by greater than or equal to 20% in 12 months, and narrow the rate ratio gap by greater than or equal to 25% over 24 monthsĐ
Goal and Time frame:Đ
Reduce pneumonia mortality rates in disparity group /female by greater than or equal to 20% in 12 months and narrow the gap by greater than or equal to 25% over 24 months.

Care coordination

Palomar Medical Center, Poway will include the following processes for care coordination for the top 10 priorities.Ð

Palomar Medical Center, Poways EMR has a robust discharge planning and patient education process that is addressed in their Adult Inpatient Standards.Ð

Teach-back method: Nurses ensure the patient and caregivers understand their care plan, medications, and warning signs by having them repeat the information in their own words.Ð

Clear instructions: Discharge instructions are provided in simple, understandable language, and provided in both written and digital formats.Ð

Shared decision-making: Involve patients in their care from the time of admission to help them prepare for a smooth transition home. Ð

Medication managementÐ

Ð

Medication reconciliation: A medical staff-led review of all medications before discharge is performed to prevent missed, duplicate, or incorrect dosages which can cause adverse events which lead to readmissions.Ð

Adherence support: The CRM (case management team) initiate communication with the patient to ensure patients can access and adhere to their medication schedules, which can be done through pharmacist phone calls, automated reminders, and financial assistance. Ð

Post-discharge support and communicationÐ

Timely follow-up: The CRM and or nursing staff will schedule follow-up appointments with primary care providers (PCPs) or specialists within one week of discharge. This is performed at the time of dischargeÐ

Post-discharge contact: Depending on patient needs, there is a follow-up phone call from a nurse within 24 to 72 hours of discharge can assess the patient's condition and reinforce discharge instructions. Ð

Time frame and Objectives for Disparity Group for care coordination:Ð

CRM referrals in disparity groups by greater than or equal to 90% in 12 months, and narrow the 100% over 24 monthsÐ

Time frame and Objectives for Disparity Group/pnm mortalities/female for care coordination:Ð

Adherence to initiating and individualizing the nursing plan of care and use of the provider order sets to reduce pneumonia mortality rates in disparity group /female by greater than or equal to 20% in 12 months and narrow the gap by greater than or equal  by greater than or equal to 25% over 24 months

Access to care

Palomar Medical Center, Poway does not refuse care to any patient regardless of their ability to pay for services. The Equity Committee receives overall data on the 5 SDOH measures. Based on positive results referrals are sent for further case management or community services. Ð

Goal and Time Frame:Ð

The goal is to complete the prapare form within 12 months for SDOH by greater than or equal to 85%. Those top priority patients who are positive for SDOH referrals will be made by greater than or equal to 90% within 12 months.

## Methodology Guidelines

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

Y

# ADDENDUM C

# Palomar Health Board of Directors

# Code of Conduct

## Annual Board Member Acknowledgement


I, _____ *(print name)*, understand and will comply with the requirements of the Palomar Health Board of Directors Code of Conduct.  I acknowledge such compliance and understanding at the regular meeting of Board of Directors of Palomar Health held on this day, December 8, 2025, in Escondido, California.



Signed: _____

# RESOLUTION NO. 12.08.25(04)-25

## RESOLUTION OF THE BOARD OF DIRECTORS OF PALOMAR HEALTH
## ESTABLISHING REGULAR BOARD MEETINGS
## FOR CALENDAR YEAR 2026

**WHEREAS**, Palomar Health is required, pursuant to Section 54954 of the California Government Code and Section 5.2.2 of the Palomar Health Bylaws, to pass a resolution adopting the time, place and location of the regular board meetings:

**NOW, THEREFORE, BE IT RESOLVED** by the Board of Directors of Palomar Health that the following schedule of regular meetings will apply for Calendar Year 2026:

### 2026 BOARD MEETING SCHEDULE

| | |
|---|---|
| January 12 | July 13 |
| February 9 | August 10 |
| March 9 | September 14 |
| April 13 | October 12 |
| May 11 | November 9 |
| June 8 | December 14 |

Pursuant to Resolution 01.09.23(02)-02 that meetings be held in-person, the First Floor Conference Center at Palomar Medical Center Escondido, located at 2185 Citracado Parkway in Escondido, has been reserved for in-person meetings unless otherwise noticed.  Each meeting will begin at 6:30 p.m.

**PASSED AND ADOPTED** at a regular meeting of the Board of Directors of Palomar Health held on December 8, 2025 by the following vote:


AYES:

NAYS:

ABSENT:

ABSTAINING:


DATED:   December 8, 2025



***APPROVED:***                                          ***ATTESTED:***




_____              _____

Jeff Griffith, Chair                                    Terry Corrales, RN, Secretary
Board of Directors                                    Board of Directors
Palomar Health                                        Palomar Health