# Hospital Equity Measures Report

## General Information

| | |
|---|---|
| Report Type: | Hospital Equity Measures Report |
| Year: | 2024 |
| Hospital Name: | AURORA CHARTER OAK |
| Facility Type: | Acute Psychiatric Hospital |
| Hospital HCAI ID: | 106190163 |
| Report Period: | 1/1/2024 - 12/31/2024 |
| Status: | Submitted |
| Due Date: | 11/29/2025 |
| Last Updated: | 11/28/2025 |
| Hospital Location with Clean Water and Air: | N |
| Hospital Web Address for Equity Report: | www.charteroakhospital.com |

## Overview

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

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

## Laws and Regulations

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

# Hospital Equity Measures

## Joint Commission Accreditation

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

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

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

Y

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

Y

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

6722

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** | 6620 | 6722 | 98.5 |
| **Spanish Language** | 80 | 6722 | 1.2 |
| **Asian Pacific Islander Languages** | 18 | 6722 | 0.3 |
| **Middle Eastern Languages** | 1 | 6722 | 0.0 |
| **American Sign Language** | 0 | 6722 | 0.0 |
| **Other Languages** | 3 | 6722 | 0.1 |

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

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

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

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

Y

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

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

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

Y

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

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

Y

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

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

Y

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

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

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

Y

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

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

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

NA

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

NA

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

NA

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** | | | | |
| **Housing Instability** | | | | |
| **Transportation Problems** | | | | |
| **Utility Difficulties** | | | | |
| **Interpersonal Safety** | | | | |

## Core Quality Measures for General Acute Psychiatric Hospitals

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

## Patient Recommends Hospital

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

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

NA

Total number of respondents to HCAHPS Question 19

NA

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

NA

Total number of people surveyed on HCAHPS Question 19

NA

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

NA

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

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

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

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

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

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

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

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

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

## Patient Received Information in Writing

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

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

hospital?"

NA

Total number of respondents to HCAHPS Question 17

NA

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

NA

Total number of people surveyed on HCAHPS Question 17

NA

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

NA

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

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

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

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

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

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

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

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

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

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

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

## Pneumonia Mortality Rate

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

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

NA

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

NA

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

NA

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

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

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

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

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

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

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

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

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

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF)

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

720

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

5104

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

14.1

Table 6. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for any eligible condition by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | 13 | 25 | 52.0 |
| **Asian** | 28 | 287 | 9.8 |
| **Black or African American** | 112 | 744 | 15.1 |
| **Hispanic or Latino** | 322 | 2357 | 13.7 |
| **Middle Eastern or North African** | suppressed | suppressed | suppressed |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 238 | 1619 | 14.7 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 265 | 2500 | 10.6 |
| **Age 35 to 49** | 283 | 1634 | 17.3 |
| **Age 50 to 64** | 162 | 824 | 19.7 |
| **Age 65 Years and Older** | suppressed | suppressed | suppressed |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 234 | 1986 | 11.8 |
| **Male** | 486 | 3154 | 15.4 |
| **Unknown** | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 120 | 527 | 22.8 |
| **Medicaid** | 495 | 3203 | 15.5 |
| **Private** | 103 | 1273 | 8.1 |
| **Self-Pay** | | | |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | 716 | 5022 | 14.3 |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **Asian Pacific Islander Languages** | | | |
| **Middle Eastern Languages** | suppressed | suppressed | suppressed |
| **American Sign Language** | | | |
| **Other/Unknown Languages** | | | |

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

| Sexual Orientation | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Lesbian, gay or homosexual** | 11 | 58 | 19.0 |
| **Straight or heterosexual** | 538 | 2627 | 20.5 |
| **Bisexual** | suppressed | suppressed | suppressed |
| **Something else** | | | |
| **Don't know** | | | |
| **Not disclosed** | 167 | 2394 | 7.0 |

| Gender Identity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 211 | 1396 | 15.1 |
| **Female-to-male (FTM)/transgender male/ trans man** | | | |
| **Male** | 447 | 2322 | 19.3 |
| **Male-to-female (MTF)/transgender female/ trans woman** | suppressed | suppressed | suppressed |
| **Non-conforming gender** | suppressed | suppressed | suppressed |
| **Additional gender category or other** | | | |
| **Not disclosed** | 59 | 1330 | 4.4 |

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

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

241

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

5104

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

4.7

Table 7. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for mental health disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | | | |
| **Asian** | suppressed | suppressed | suppressed |
| **Black or African American** | 49 | 744 | 6.6 |
| **Hispanic or Latino** | 95 | 2357 | 4.0 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | | | |
| **White** | 86 | 1619 | 5.3 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 100 | 2500 | 4.0 |
| **Age 35 to 49** | 75 | 1634 | 4.6 |
| **Age 50 to 64** | 59 | 824 | 7.2 |
| **Age 65 Years and Older** | suppressed | suppressed | suppressed |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 103 | 1986 | 5.2 |
| **Male** | 138 | 3154 | 4.4 |
| **Unknown** | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 46 | 527 | 8.7 |
| **Medicaid** | 143 | 3203 | 4.5 |
| **Private** | 52 | 1273 | 4.1 |
| **Self-Pay** | | | |
| **Other** | | | |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | 239 | 5022 | 4.8 |
| **Spanish Language** | | | |
| **Asian Pacific Islander Languages** | | | |
| **Middle Eastern Languages** | suppressed | suppressed | suppressed |
| **American Sign Language** | | | |
| **Other/Unknown Languages** | | | |

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

| Sexual Orientation | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Lesbian, gay or homosexual** | suppressed | suppressed | suppressed |
| **Straight or heterosexual** | 174 | 2627 | 6.6 |
| **Bisexual** | | | |
| **Something else** | | | |
| **Don't know** | | | |
| **Not disclosed** | 66 | 2394 | 2.8 |

| Gender Identity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 92 | 1396 | 6.6 |
| **Female-to-male (FTM)/transgender male/ trans man** | | | |
| **Male** | 123 | 2322 | 5.3 |
| **Male-to-female (MTF)/transgender female/ trans woman** | | | |
| **Non-conforming gender** | suppressed | suppressed | suppressed |
| **Additional gender category or other** | | | |
| **Not disclosed** | | | |

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

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

suppressed

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

suppressed

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

suppressed

Table 8. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | | | |
| **Asian** | | | |
| **Black or African American** | 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** | | | |
| **Age 35 to 49** | suppressed | suppressed | suppressed |
| **Age 50 to 64** | suppressed | suppressed | suppressed |
| **Age 65 Years and Older** | | | |

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

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

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

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

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

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

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

472

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

5104

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

9.2

Table 9. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for co-occurring disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

| Race and/or Ethnicity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | 13 | 25 | 52.0 |
| **Asian** | 18 | 287 | 6.3 |
| **Black or African American** | 62 | 744 | 8.3 |
| **Hispanic or Latino** | 226 | 2357 | 9.6 |
| **Middle Eastern or North African** | suppressed | suppressed | suppressed |
| **Multiracial and/or Multiethnic (two or more races)** | | | |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 147 | 1619 | 9.1 |

| Age | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Age 18 to 34** | 165 | 2500 | 6.6 |
| **Age 35 to 49** | 202 | 1634 | 12.4 |
| **Age 50 to 64** | 102 | 824 | 12.4 |
| **Age 65 Years and Older** | suppressed | suppressed | suppressed |

| Sex assigned at birth | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 127 | 1986 | 6.4 |
| **Male** | 345 | 3154 | 10.9 |
| **Unknown** | | | |

| Payer Type | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Medicare** | 74 | 527 | 14.0 |
| **Medicaid** | 352 | 3203 | 11.0 |
| **Private** | 44 | 1273 | 3.5 |
| **Self-Pay** | | | |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **English Language** | 470 | 5022 | 9.4 |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **Asian Pacific Islander Languages** | | | |
| **Middle Eastern Languages** | | | |
| **American Sign Language** | | | |
| **Other/Unknown Languages** | | | |

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

| Sexual Orientation | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Lesbian, gay or homosexual** | suppressed | suppressed | suppressed |
| **Straight or heterosexual** | 362 | 2627 | 13.8 |
| **Bisexual** | suppressed | suppressed | suppressed |
| **Something else** | | | |
| **Don't know** | | | |
| **Not disclosed** | 98 | 2394 | 4.1 |

| Gender Identity | Number of inpatient readmissions | Total number of admitted patients | Readmission rate (%) |
|---|---|---|---|
| **Female** | 115 | 1396 | 8.2 |
| **Female-to-male (FTM)/transgender male/ trans man** | | | |
| **Male** | 321 | 2322 | 13.8 |
| **Male-to-female (MTF)/transgender female/ trans woman** | suppressed | suppressed | suppressed |
| **Non-conforming gender** | | | |
| **Additional gender category or other** | | | |
| **Not disclosed** | 35 | 1330 | 2.6 |

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

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

NA

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

NA

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

NA

Table 10. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

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

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

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

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

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

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

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

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

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

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

595

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

826

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

72.0

Table 11. Rate of patients who received structured metabolic screenings with a prescription for a routinely scheduled antipsychotic medication by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

| Race and/or Ethnicity | Number of eligible patients who received metabolic screening | Total number of eligible discharges | Rate of eligible patients who received metabolic screening (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | suppressed | suppressed | suppressed |
| **Asian** | 32 | 45 | 71.1 |
| **Black or African American** | 85 | 126 | 67.5 |
| **Hispanic or Latino** | 297 | 398 | 74.6 |
| **Middle Eastern or North African** | | | |
| **Multiracial and/or Multiethnic (two or more races)** | | | |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 172 | 247 | 69.6 |

| Age | Number of eligible patients who received metabolic screening | Total number of eligible discharges | Rate of eligible patients who received metabolic screening (%) |
|---|---|---|---|
| **Age < 18** | 69 | 102 | 67.6 |
| **Age 18 to 34** | 253 | 356 | 71.1 |
| **Age 35 to 49** | 183 | 245 | 74.7 |
| **Age 50 to 64** | 78 | 108 | 72.2 |
| **Age 65 Years and Older** | 12 | 15 | 80.0 |

| Sex assigned at birth | Number of eligible patients who received metabolic screening | Total number of eligible discharges | Rate of eligible patients who received metabolic screening (%) |
|---|---|---|---|
| **Female** | 253 | 345 | 73.3 |
| **Male** | 342 | 481 | 71.1 |
| **Unknown** | | | |

| Payer Type | Number of eligible patients who received metabolic screening | Total number of eligible discharges | Rate of eligible patients who received metabolic screening (%) |
|---|---|---|---|
| **Medicare** | 52 | 76 | 68.4 |
| **Medicaid** | 402 | 562 | 71.5 |
| **Private** | 129 | 168 | 76.8 |
| **Self-Pay** | 12 | 18 | 66.7 |
| **Other** | | | |

| Preferred Language | Number of eligible patients who received metabolic screening | Total number of eligible discharges | Rate of eligible patients who received metabolic screening (%) |
|---|---|---|---|
| **English Language** | 586 | 815 | 71.9 |
| **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 eligible patients who received metabolic screening | Total number of eligible discharges | Rate of eligible patients who received metabolic screening (%) |
|---|---|---|---|
| **Does not have a disability** | | | |
| **Has a mobility disability** | | | |
| **Has a cognition disability** | | | |
| **Has a hearing disability** | | | |
| **Has a vision disability** | | | |
| **Has a self-care disability** | | | |
| **Has an independent living disability** | | | |

| Sexual Orientation | Number of eligible patients who received metabolic screening | Total number of eligible discharges | Rate of eligible patients who received metabolic screening (%) |
|---|---|---|---|
| **Lesbian, gay or homosexual** | 57 | 78 | 73.1 |
| **Straight or heterosexual** | 520 | 729 | 71.3 |
| **Bisexual** | suppressed | suppressed | suppressed |
| **Something else** | suppressed | suppressed | suppressed |
| **Don't know** | | | |
| **Not disclosed** | suppressed | suppressed | suppressed |

| Gender Identity | Number of eligible patients who received metabolic screening | Total number of eligible discharges | Rate of eligible patients who received metabolic screening (%) |
|---|---|---|---|
| **Female** | 248 | 339 | 73.2 |
| **Female-to-male (FTM)/transgender male/ trans man** | | | |
| **Male** | 339 | 478 | 70.9 |
| **Male-to-female (MTF)/transgender female/ trans woman** | suppressed | suppressed | suppressed |
| **Non-conforming gender** | suppressed | suppressed | suppressed |
| **Additional gender category or other** | suppressed | suppressed | suppressed |
| **Not disclosed** | | | |

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

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

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

474

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

479

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

98.9

Table 12. Rate of eligible patients who received or refused prescription or referral for treatment by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

| Race and/or Ethnicity | Number of eligible patients who received or refused prescription or referral for treatment | Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder | Rate of eligible patients who received or refused prescription or referral for treatment (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | 13 | 13 | 100.0 |
| **Asian** | 15 | 18 | 83.3 |
| **Black or African American** | 69 | 69 | 100.0 |
| **Hispanic or Latino** | 225 | 227 | 99.1 |
| **Middle Eastern or North African** | suppressed | suppressed | suppressed |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 152 | 152 | 100.0 |

| Age | Number of eligible patients who received or refused prescription or referral for treatment | Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder | Rate of eligible patients who received or refused prescription or referral for treatment (%) |
|---|---|---|---|
| **Age 18 to 34** | 163 | 165 | 98.8 |
| **Age 35 to 49** | 205 | 208 | 98.6 |
| **Age 50 to 64** | 103 | 103 | 100.0 |
| **Age 65 Years and Older** | suppressed | suppressed | suppressed |

| Sex assigned at birth | Number of eligible patients who received or refused prescription or referral for treatment | Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder | Rate of eligible patients who received or refused prescription or referral for treatment (%) |
|---|---|---|---|
| **Female** | 130 | 131 | 99.2 |
| **Male** | 344 | 348 | 98.9 |
| **Unknown** | | | |

| Payer Type | Number of eligible patients who received or refused prescription or referral for treatment | Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder | Rate of eligible patients who received or refused prescription or referral for treatment (%) |
|---|---|---|---|
| **Medicare** | 73 | 74 | 98.6 |
| **Medicaid** | 349 | 352 | 99.1 |
| **Private** | 50 | 51 | 98.0 |
| **Self-Pay** | | | |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of eligible patients who received or refused prescription or referral for treatment | Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder | Rate of eligible patients who received or refused prescription or referral for treatment (%) |
|---|---|---|---|
| **English Language** | 472 | 477 | 99.0 |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **Asian Pacific Islander Languages** | | | |
| **Middle Eastern Languages** | | | |
| **American Sign Language** | | | |
| **Other/Unknown Languages** | | | |

| Disability Status | Number of eligible patients who received or refused prescription or referral for treatment | Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder | Rate of eligible patients who received or refused prescription or referral for treatment (%) |
|---|---|---|---|
| **Does not have a disability** | | | |
| **Has a mobility disability** | | | |
| **Has a cognition disability** | | | |
| **Has a hearing disability** | | | |
| **Has a vision disability** | | | |
| **Has a self-care disability** | | | |
| **Has an independent living disability** | | | |

| Sexual Orientation | Number of eligible patients who received or refused prescription or referral for treatment | Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder | Rate of eligible patients who received or refused prescription or referral for treatment (%) |
|---|---|---|---|
| **Lesbian, gay or homosexual** | suppressed | suppressed | suppressed |
| **Straight or heterosexual** | 362 | 364 | 99.5 |
| **Bisexual** | suppressed | suppressed | suppressed |
| **Something else** | | | |
| **Don't know** | | | |
| **Not disclosed** | 101 | 103 | 98.1 |

| Gender Identity | Number of eligible patients who received or refused prescription or referral for treatment | Total number of hospitalized patients at least 18 years or older identified with an alcohol or drug use disorder | Rate of eligible patients who received or refused prescription or referral for treatment (%) |
|---|---|---|---|
| **Female** | 118 | 119 | 99.2 |
| **Female-to-male (FTM)/transgender male/trans man** | | | |
| **Male** | 320 | 324 | 98.8 |
| **Male-to-female (MTF)/transgender female/trans woman** | suppressed | suppressed | suppressed |
| **Non-conforming gender** | | | |
| **Additional gender category or other** | | | |
| **Not disclosed** | 35 | 35 | 100.0 |

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

Acute psychiatric hospitals are required to report the rate of patients 18 years of age or older with an alcohol or drug use disorder who received or refused a prescription medication for the disorder or a referral for addictions treatment. This rate is stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on the rate calculation and inclusion/exclusion criteria, please visit the following link by copying and pasting the URL into your web browser: https://manual.jointcommission.org/releases/TJC2024B/MIF0221.html

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

474

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

479

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

98.9

Table 13. Rate of patients who received or refused prescription or referral for treatment by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

| Race and/or Ethnicity | Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria | Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria | Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%) |
|---|---|---|---|
| **American Indian or Alaska Native** | 13 | 13 | 100.0 |
| **Asian** | 13 | 18 | 83.3 |
| **Black or African American** | 69 | 69 | 100.0 |
| **Hispanic or Latino** | 225 | 227 | 99.1 |
| **Middle Eastern or North** | suppressed | suppressed | suppressed |
| **Multiracial and/or Multiethnic (two or more races)** | suppressed | suppressed | suppressed |
| **Native Hawaiian or Pacific Islander** | suppressed | suppressed | suppressed |
| **White** | 152 | 152 | 100.0 |

| Age | Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria | Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria | Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%) |
|---|---|---|---|
| **Age 18 to 34** | 163 | 165 | 98.8 |
| **Age 35 to 49** | 205 | 208 | 98.6 |
| **Age 50 to 64** | 103 | 103 | 100.0 |
| **Age 65 Years and Older** | suppressed | suppressed | suppressed |

| Sex assigned at birth | Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria | Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria | Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%) |
|---|---|---|---|
| **Female** | 130 | 131 | 99.2 |
| **Male** | 344 | 348 | 98.9 |
| **Unknown** | | | |

| Payer Type | Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria | Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria | Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%) |
|---|---|---|---|
| **Medicare** | 73 | 74 | 98.6 |
| **Medicaid** | 349 | 352 | 99.1 |
| **Private** | 50 | 51 | 98.0 |
| **Self-Pay** | | | |
| **Other** | suppressed | suppressed | suppressed |

| Preferred Language | Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria | Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria | Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%) |
|---|---|---|---|
| **English Language** | 472 | 477 | 99.0 |
| **Spanish Language** | suppressed | suppressed | suppressed |
| **Asian Pacific Islander Languages** | | | |
| **Middle Eastern Languages** | | | |
| **American Sign Language** | | | |
| **Other/Unknown Languages** | | | |

| Disability Status | Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria | Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria | Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%) |
|---|---|---|---|
| **Does not have a disability** | | | |
| **Has a mobility disability** | | | |
| **Has a cognition disability** | | | |
| **Has a hearing disability** | | | |
| **Has a vision disability** | | | |
| **Has a self-care disability** | | | |
| **Has an independent living disability** | | | |

| Sexual Orientation | Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria | Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria | Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%) |
|---|---|---|---|
| **Lesbian, gay or homosexual** | suppressed | suppressed | suppressed |
| **Straight or heterosexual** | 362 | 364 | 99.5 |
| **Bisexual** | suppressed | suppressed | suppressed |
| **Something else** | | | |
| **Don't know** | | | |
| **Not disclosed** | 101 | 103 | 98.1 |

| Gender Identity | Number of patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria | Total number of identified with an alcohol or drug use disorder who meet inclusion/ exclusion criteria | Rate of eligible patients who received or refused prescription or referral for treatment who meet inclusion/ exclusion criteria (%) |
|---|---|---|---|
| **Female** | 118 | 119 | 99.2 |
| **Female-to-male (FTM)/ transgender male/trans man** | | | |
| **Male** | 320 | 324 | 98.8 |
| **Male-to-female (MTF)/ transgender female/trans woman** | suppressed | suppressed | suppressed |
| **Non-conforming gender** | | | |
| **Additional gender category or other** | | | |
| **Not disclosed** | 35 | 35 | 100.0 |

## Health Equity Plan

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

## Top 10 Disparities

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

Table 14. Top 10 disparities and their rate ratio values.

| Measures | Stratifications | Stratification Group | Stratification Rate | Reference Group | Reference Rate | Rate Ratio |
|---|---|---|---|---|---|---|
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring | Race and/or Ethnicity | American Indian or Alaska Native | 520.0 | Asian | 62.7 | 8.3 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF). | Race and/or Ethnicity | American Indian or Alaska Native | 520.0 | Asian | 97.6 | 5.3 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring | Gender Identity | Male | 138.2 | Not disclosed | 26.3 | 5.3 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF). | Gender Identity | Male | 192.5 | Not disclosed | 44.4 | 4.3 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring | Expected Payor | Medicare | 140.4 | Private | 34.6 | 4.1 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Co-Occurring | Sexual Orientation | Straight or heterosexual | 137.8 | Choose not to disclose | 40.9 | 3.4 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF). | Sexual Orientation | Straight or heterosexual | 204.8 | Choose not to disclose | 69.8 | 2.9 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate in an Inpatient Psychiatric Facility (IPF). | Expected Payor | Medicare | 227.7 | Private | 80.9 | 2.8 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health | Sexual Orientation | Straight or heterosexual | 66.2 | Choose not to disclose | 27.6 | 2.4 |
| HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, stratified by behavioral health diagnosis (Mental Health | Expected Payor | Medicare | 87.3 | Private | 40.8 | 2.1 |

Plan to address disparities identified in the data

Aurora Charter Oak Hospital is committed to reducing readmission rates especially for populations experiencing health disparities. Of the top ten disparities identified for Aurora Charter Oak Hospital, all ten are related to readmissions. American Indian/Alaska Native, White, Black/African American, and Hispanic/Latino patients have a higher readmission rate compared to the Asian reference group. American Indian/Alaska Native have a higher rate ratio compared to other race/ethnicity groups for All-Cause Unplanned 30-Day Readmission Date in an IPF and All-Cause Unplanned 30-Day Readmission Date, stratified by behavioral health diagnosis (Co-Occurring Disorder). Males have a higher readmission rate compared to the female reference group for gender identity. Males have a higher rate ratio compared to females for All-Cause Unplanned 30-Day Readmission Date in an IPF and All-Cause Unplanned 30-Day Readmission Date, stratified by behavioral health diagnosis (Co-Occurring Disorder). Straight/heterosexual patients have a higher readmission rate compared to other sexual orientations. Straight/heterosexual patients have a higher rate ratio compared to other

sexual orientation groups for All-Cause Unplanned 30-Day Readmission Date in an IPF, All-Cause Unplanned 30-Day Readmission Date, stratified by behavioral health diagnosis (Co-Occurring Disorder) and All-Cause Unplanned 30-Day Readmission Date, stratified by behavioral health diagnosis (Mental Health Disorder). Some patients chose not to disclose their sexual orientation upon and during their inpatient hospitalization. Finally, patients with federal health insurance have a higher readmission rate compared to the private pay reference group. Patients on Medicare have a higher rate ratio compared to other expected payors for All-Cause Unplanned 30-Day Readmission Date in an IPF, All-Cause Unplanned 30-Day Readmission Date, stratified by behavioral health diagnosis (Co-Occurring Disorder) and All-Cause Unplanned 30-Day Readmission Date, stratified by behavioral health diagnosis (Mental Health Disorder). In an effort to close this gap, Aurora Charter Oak Hospital is building a program that concurrently manages patients with identified disparities in-house and following-up with post-discharge education and follow up care. Reducing avoidable 30-day unplanned readmissions among this population requires a coordinated, multidisciplinary approach which includes, but is not limited to the emphasis of risk identification, transitional care and housing, medication management, and next level of care treatment referrals (e.g., psychiatrist, psychologist, therapist, mental health clinics, etc.). The reduction of 30-day readmissions is part of the quality assessment and performance improvement plan. Using a data-driven approach, readmissions for patients with disparities are evaluated for trends and opportunities for improvement. The goal of this scope of work is to reduce 30-day unplanned hospital readmission rates by ten percent within the next two years.

## Performance in the priority area

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

Person-centered care

Aurora Charter Oak Hospital prioritizes the individual needs, values, and preferences of patients while ensuring they remain active participants in their own care. Staff and providers are trained to be present when engaging with patients and families to ensure an open communication and to ensure a meaningful patient experience. To obtain their personal care goals, patients are assessed, upon admission and during their hospitalization, of their personal, mental health and substance use disorder needs. Care plans are initiated and tailored to meet each patient's goals. Leadership and patient advocate rounds are conducted to gather feedback from patients and families on their care and treatment. Group therapy is conducted to offer a supportive environment where patients can share experiences, gain different perspectives, and develop social skills individual and family sessions are conducted to focus on the patient's tailored needs, obtain additional collaborative information to assist with the patient's post discharge need and continued treatment, and ensure a safe discharge plan. To ensure understanding, patient education is provided in their preferred languages and interpreter services are available in-person or via telephone.

Patient safety

Aurora Charter Oak Hospital offers a safe, secure and therapeutic environment for individuals with acute psychiatric and/or substance use disorders. The strong focus on patient safety is demonstrated by the many initiatives and programs throughout the organization. Staff conducts routine safety rounds on all patients at a maximum of every fifteen (15) minutes to ensure the patients' physical and behavioral status are safely maintained. Environmental rounds are conducted

each shift to ensure a safe environment is maintained on the units. Staff and providers practice, see something, say something, and are encouraged to report issues immediately via the designated reporting system to ensure timely follow-up and resolution. Staff are surveyed about their perception of the patient safety culture each year. Patients are provided “Patient Experience” surveys prior to their discharge from their designated programs. The results of these surveys are used for education and process improvement initiatives across all service lines.

Addressing patient social drivers of health

Identifying and addressing patient Social Determinants of Health (SDOH) is a priority for Aurora Charter Oak Hospital. Although Aurora Charter Oak Hospital did not screen for SDOH in 2024, the hospital began screening all inpatients for social determinants of health in January 2025. Aurora Charter Oak Hospital utilizes a tool developed and recommended by the Centers for Medicare and Medicaid Services (CMS) to allow for identification of patients who may be experiencing insecurities with food, housing, utility, transportation and interpersonal safety. The Intake Department initiates the screening of patients and the social service team reviews and are consulted when a positive identification is made to assist in addressing the disparities. The Social Service team also conducts a psychosocial assessment to ascertain further social determinants of health needs, collaborates with patients and their family / support system to coordinate appropriate resources in the community, and provides referrals for the patient prior to discharge. Evaluating and addressing social determinants of health are part of the quality assessment and performance improvement plan. The team has implemented several initiatives to assist in reducing readmissions for patients experiencing food insecurity and housing instability. Other initiatives include provider and staff educational trainings on cultural diversity for the patient population. Early detection of disparities allows leadership to actively identify areas for improvement. Through these efforts, Aurora Charter Oak Hospital plays a role in addressing health disparities in the community.

## Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Aurora Charter Oak Hospital evaluates and monitors the success of its strategies related to delivering safe and effective treatment. Each year, priority areas for the quality assessment and performance improvement program are identified by the Governing Board. Multidisciplinary teams are formed to research and improve processes and outcomes identified by the Board. Improved results are sustained with routine monitoring and feedback which provide accountability. Examples of ongoing monitoring metrics includes, but is not limited to readmissions, assault, self-harm/suicide, falls, elopements, medication variances, door-to-floor admissions, etc. Gaps are identified through event reporting or performance improvement reports, and teams quickly convene to address opportunities for improvement. An example of this is the implementation of the contraband prevention initiatives. The hospital also noted an increase in rate of 30-days readmissions over the past years. As a result, the Utilization Review team collaborated with the Pharmacy and Social Service departments to address reasons for readmissions and has developed initiative plans to focus on post-discharge follow-up, including, but not limited to next level of care referrals, medication management, housing, etc.

Care coordination

Care coordination plays an integral part in the care provided at Aurora Charter Oak Hospital. The patient’s electronic health record is used to document and share information among all providers and caregivers, allowing for streamlined communication. The health record is a repository for assessments, diagnosis, and treatment plans for all clinicians caring for the patient. Upon

admission, patients are assessed for identified needs (medical or behavioral). The multidisciplinary team works collaboratively to address the patient's identified needs. A social service team member meets with the patient within forty-eight (48) hours of admission to conduct the psychosocial assessment in order to ascertain and coordinate the delivery of resources and referrals. Many times, the needs of the patient are complex and reach beyond the four walls of the hospital. As such, our multidisciplinary team is proactively involved in discharge planning as early as the first day of hospital admission. The electronic health record system allows information to be shared instantly with the multidisciplinary team and the patient's next level of care provider, with the patient's approval. Post-discharge care is coordinated with external entities such as mental health providers (e.g., psychiatrists, psychologists, therapists, mental health clinics), housing and food needs, medication management needs, community organizations, etc.

Access to care

Aurora Charter Oak Hospital has a rich history that reflects its commitment to providing 24-hour / 7 days a week quality mental health and substance use treatment. Founded in 1941, the hospital has been a cornerstone of the community, offering a safe and therapeutic environment for individuals with acute psychiatric and substance use disorders. The hospital's mission has evolved over the years, focusing on individualized care and a patient-centric approach to treatment. The hospital provides inpatient, outpatient, and residential levels of care on our ten-acre campus located in Covina, CA. The San Gabriel Mountains provide a stunning backdrop to our facility, which includes 8 inpatient units across three buildings, the Charter Oak Recovery Center, and Outpatient Services. With the opening of the pre-adolescent unit in 2024, the hospital has assisted in alleviating the lack of treatment facilities in the greater Los Angeles and surrounding counties for this underserved population. The Charter Oak Foundation, established by the hospital's founder, continues to support children and teens impacted by mental health challenges, providing grants to non-profit organizations serving this population. The foundation's efforts aim to make a positive impact on the lives of those it supports. Aurora Charter Oak Hospital and Run4Recovery have partnered over the past 18 years to provide assistance to individuals struggling with alcohol and substance use addiction. Funds are raised for sober living scholarships, housing and medications assistance, transportation, etc. Our team brings an unwavering commitment to serve as a community resource, bringing high quality and affordable treatment to those in need.

## Methodology Guidelines

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

Y