Hospital care offers people many opportunities for improved health. However, hospital care can be potentially dangerous with a possible 98,000 or more people dying each year in the United States from hospital-acquired conditions. Hospital-acquired infections—one important category of hospital-acquired conditions—are expensive with an estimated national cost between $38 and $45 billion dollars each year.

Numerous initiatives at the state and federal levels are striving to reduce hospital-acquired infections, and quality improvement programs have shown great potential to reduce hospital-acquired conditions.

Hospital-acquired conditions averaged 0.75 per 1,000 hospital discharges for the California non-Medi-Cal population and 0.84 per 1,000 discharges for Medi-Cal members. The rates among racial/ethnic groups for the non-Medi-Cal populations are relatively similar. Within the Medi-Cal population, however, there are larger differences between racial/ethnic groups. The racial/ethnic category Other, and to a lesser extent Native Americans, have relatively higher rates as compared to African Americans, Whites, Latinos, and Asians/Pacific Islanders.

![Figure: Incidence of Measurable Hospital-Acquired Conditions for Medi-Cal and non-Medi-Cal Adults, by Race/ Ethnicity, 2011](source)

**Source:** Office of Statewide Health Planning and Development (OSHPD), Patient Discharge Data, 2011.

**Note:** Rates produced from the Agency for Healthcare Research and Quality (AHRQ) Patient Safety Indicator (PSI) Composite, Version 4.4.

4. Office of Statewide Health Planning and Development (OSHPD), Patient Discharge Data, 2011.

**Link to Data Sources and Methods**