

# Hospital Equity Measures Report

## General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	LOMA LINDA UNIVERSITY CHILDREN'S HOSPITAL
Facility Type:	Children Hospital
Hospital HCAI ID:	106364502
Report Period:	01/01/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	02/05/2026
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	lluh.org/locations/loma-linda-university-childrens-hospital

## 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](https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204)

## Hospital Equity Measures

### Joint Commission Accreditation

Children's 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:

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.

NA

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	15158		88.3
Spanish Language	1851		10.8
Asian Pacific Islander Languages	79		0.5
Middle Eastern Languages	Suppressed		Suppressed
American Sign Language	Suppressed		Suppressed
Other Languages	46		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 children's 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)

Children's 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

2661

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

4067

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

65.4

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).

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	167	6.3	27	1.0
Housing Instability	249	9.4	24	0.9
Transportation Problems	111	4.2	18	0.7
Utility Difficulties	67	2.5	Suppressed	Suppressed
Interpersonal Safety	37	1.4	Suppressed	Suppressed

## Core Quality Measures for Children's 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 or Guardian Willingness to Recommend Hospital

The first quality measure is the percentage of patients or guardians who respond that they would be willing to recommend the hospital in a pediatric experience survey. For this measure, 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, age categories for children’s hospitals, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Number of respondents who reported willingness to recommend the hospital in the pediatric experience survey

NA

Total number of respondents to the pediatric experience survey

NA

Percentage of respondents who reported willingness to recommend the hospital

NA

Total number of respondents of the pediatric experience survey

NA

Response rate, or the percentage of people who responded to the pediatric experience survey

NA

Table 3. Patient or guardian recommends hospital or hospital system by race and/or ethnicity, age categories for children's hospitals, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
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					

  

<b>Age</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Age 0 to 4					
Age 5 to 9					
Age 10 to 14					
Age 15 Years and Older					

  

<b>Sex assigned at birth</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Female					
Male					
Unknown					

  

<b>Payer Type</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

  

<b>Preferred Language</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
English Language					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages					

<b>Disability Status</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
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					

  

<b>Sexual Orientation</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Lesbian, gay or homosexual					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

  

<b>Gender Identity</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
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

The second core quality measure for children's hospitals is the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, which is defined as the percentage of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge for patients. These rates are reported by race and/or ethnicity, age categories for children's hospitals, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on calculating 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](https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf)

Number of inpatient hospital admissions which occurs within 30 days of the discharge date of an eligible index admission

415

Total number of patients who were admitted to the children's hospital

7898

Rate of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge

5.3

Table 4. 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.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>American Indian or Alaska Native</b>	Suppressed	Suppressed	Suppressed
<b>Asian</b>	Suppressed	Suppressed	Suppressed
<b>Black or African American</b>	40	652	6.1
<b>Hispanic or Latino</b>	268	5231	5.1
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>			
<b>Native Hawaiian or Pacific Islander</b>			
<b>White</b>	77	1454	5.3

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Age 0 to 4</b>	84	1917	4.4
<b>Age 5 to 9</b>	78	1520	5.1
<b>Age 10 to 14</b>	65	1414	4.6
<b>Age 15 Years and Older</b>	188	3047	6.2

<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Female</b>	206	3539	5.8
<b>Male</b>	209	4359	4.8
<b>Unknown</b>			

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
<b>Medicare</b>	Suppressed	Suppressed	Suppressed
<b>Medicaid</b>	324	5944	5.5
<b>Private</b>	91	1951	4.7
<b>Self-Pay</b>			
<b>Other</b>			

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language	362	6919	5.2
Spanish Language	53	935	5.7
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

  

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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 children's 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 5. 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	Age	15 years and older	6.2	0–4 years	4.4	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Female	5.8	Male	4.8	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Black or African American	6.1	Hispanic or Latino	5.1	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	5.5	Private	4.7	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	5–9 years	5.1	0–4 years	4.4	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Preferred Language	Spanish Language	5.7	English Language	5.2	1.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	15 years and older	6.2	0–4 years	4.4	1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Black or African American	6.1	Hispanic or Latino	5.1	1

#### Plan to address disparities identified in the data

Loma Linda University Children's Hospital maintains a multidisciplinary Healthcare Equity Task Force responsible for reviewing, validating, and addressing disparities identified through HCAI data stratification. This team includes clinical leaders, quality specialists, care management, infection prevention, patient experience, and operational partners. The task force provides system oversight for the Hospital's equity work and ensures alignment with organizational quality and safety goals. Our action plan is as follows: 1. Data Validation & Deeper Analysis For each disparity: - Analysts perform deeper stratification when needed (e.g., adding LOS, payer, unit-level detail) to understand where variation is occurring. - Teams may request chart review samples or pull additional encounter-level data if needed. - If the variance appears influenced by structural, clinical practice, or workflow factors, those issues are flagged early for deeper inquiry. - To ensure the greatest impact, the Task Force where necessary will narrow the scope to the specific processes, populations, or units where targeted intervention will yield the most meaningful and measurable improvement. 2. Root Cause Analysis (RCA) Once the disparity is validated, a targeted RCA is completed: - Engagement of clinical leaders and frontline staff from affected areas (ED, OB, Adult Medicine, Surgery, etc.). - Examination of contributing factors across People, Process, Equipment, Environment, Documentation, and Policy/Workflow domains. - Assessment of: o Documentation quality and completeness o Timeliness and appropriateness of clinical interventions o Barriers related to communication, health literacy, or language o Staffing or resource constraints o Variation in clinical workflows or adherence to standards Findings guide the development of focused, high-impact improvement strategies. 3. Development of Improvement Interventions Following RCA, the Task Force designs targeted interventions tailored to the drivers of the disparity: - Development of workflow, structural, or clinical practice changes that directly address identified gaps. - Prioritization of interventions based on: o Population impact o Feasibility and resource needs o Alignment with system priorities o Strength of evidence and ability to meaningfully influence the RR This ensures

interventions are both strategic and operationally realistic. 4. Implementation & PDSA Cycles Interventions are implemented using PDSA cycles (Plan-Do-Study-Act): - Plan: Define specific change, target population, expected measurable improvement. - Do: Pilot the intervention in a controlled area or with a defined population. - Study: Review impact using early data (30-, 60-, 90-day windows). - Act: o If effective - scale hospital-wide o If not yielding desired results - modify the action plan and retest Multiple PDSA cycles may run concurrently depending on the complexity of the disparity. 5. Monitoring, Measurement & Outcome Validation During the 3-6 month validation window, Loma Linda University Children's Hospital continues to use the LLUH Health Care Equity Dashboard and the Dexur/HCAI Measure Dashboard to monitor real-time changes in rate ratios (RRs), evaluate the effectiveness of implemented interventions, and detect early signs of improvement or regression. These dashboards support ongoing measurement by displaying stratified trends, outcome trajectories, and adherence to new workflows. If improvement plateaus or RR gaps persist, dashboard analytics inform modifications to the action plan and additional RCA cycles. 6. Timeframe for Disparity Reduction Based on organizational capacity and industry-standard quality improvement timelines: - Each disparity improvement cycle is planned over 18-24 months (from validation - RCA - intervention - PDSA - reassessment - sustained improvement). - Earlier improvements will be reported if achieved sooner 7. Leadership Visibility and Governance Structure To ensure shared accountability and executive alignment, the Healthcare Equity Task Force follows a clearly defined reporting structure: - Reporting to the Health Care Equity Committee: o The Task Force provides regular updates on identified disparities, RCA findings, proposed interventions, and progress toward outcome improvement. o The Health Care Equity Committee reviews each facility's action plans, ensures methodological rigor, and aligns improvement work with systemwide equity priorities. - Escalation to the Hospital Quality Committee of the Board: o The Health Care Equity Committee reports its findings, trends, and recommendations to the Hospital Quality Committee of the Board. - Shared Accountability Across Leadership Layers: o Frontline improvement efforts are supported and monitored by executive and board leadership. o Equity performance is treated as a core quality and patient safety responsibility, not a standalone project.

## Performance in the priority area

Children's 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

Loma Linda University Children's Hospital evaluates patient experience metrics (HCAHPS/HCaT) with demographic stratification to identify variations across patient groups. The Patient Experience team works with clinical leaders to address service gaps, and the Patient and Family Advisory Council (PFAC) provides structured feedback that shapes communication, education, and care practices. These inputs help ensure interventions reflect patient preferences and advance equity.

### Patient safety

The Children's Hospital maintains a robust pediatric-focused safety framework supported by quality leaders, regulatory specialists, infection prevention, child life services, and clinical educators. Safety events, harm indicators, and adherence to pediatric safety protocols are reviewed with an equity lens. The Health Care Equity Dashboard is used to evaluate safety outcomes stratified by race, ethnicity, language, age, and payer to identify whether specific patient groups experience

disproportionate rates of complications or adverse events. When variations are identified, targeted PDSA cycles are deployed in the affected service areas (e.g., NICU, PICU, ED). Pediatric-specific safety interventions such as medication double-check workflows, fall-prevention strategies, and parent-engaged safety rounds are then adapted to ensure consistent and equitable application across all populations.

#### Addressing patient social drivers of health

The Children's Hospital has a strong SDOH infrastructure with several unique pediatric programs. Central to this is the integration of Help Me Grow, a countywide initiative connecting families to developmental, behavioral, and social support resources. Our SDOH Task Force oversees screening for family social needs, including food insecurity, housing stability, transportation, caregiver stress, childcare access, and developmental concerns. The hospital monitors both screening and referral completion rates using stratified analytics from the Health Care Equity Dashboard. To strengthen follow-through, the Children's Hospital embeds Community Health Workers (CHWs) and Care Coordination Navigators directly into some of its inpatient units and pediatric clinics with a plan to expand in more clinics. Social Workers (SW) are also addressing SDOHs in a closed loop fashion in our specialty teams clinics. These SW and CHWs help families overcome barriers to accessing developmental screenings, mental health services, early intervention programs, and community support. Their presence increases the likelihood that positive SDOH and developmental screens lead to successful resource connections.

### **Performance in the priority area continued**

Performance across all of the following priority areas.

#### Effective treatment

Children's Hospital clinicians follow evidence-based pediatric protocols and specialty-specific care pathways designed to ensure consistency in diagnosis and treatment. Clinical process and outcome measures such as sepsis timelines, asthma management, neonatal care bundles, and developmental screening rates are reviewed through both the Health Care Equity Dashboard and the Dexur/HCAI Measure Dashboard. Treatment adherence and outcomes are stratified by race, ethnicity, language, age, and payer to identify any variation in care delivery across populations. When disparities appear, clinical leaders partner with the Equity and Quality teams to revise workflows, enhance provider education (including developmental screening and culturally responsive communication), and implement standardized clinical tools. This ensures equitable access to timely, effective pediatric care across all service lines.

#### Care coordination

Care coordination is central to the pediatric model of care, particularly for children with complex medical needs. Care management plays a central role in reducing disparities in transitions of care, follow-up adherence, and readmissions. High-risk and vulnerable populations receive enhanced navigation and discharge-planning support. The Health Care Equity Dashboard is used to monitor stratified follow-up rates, readmissions, and care-transition indicators, allowing teams to identify population-specific gaps and address underlying contributing factors. Care coordination leaders also participate in the Health Care Equity Committee, ensuring alignment between transition-of-care improvement work, SDOH initiatives, and systemwide equity priorities.

#### Access to care

The Children's Hospital works closely with the Access Center to monitor access metrics specific to pediatric populations, including appointment wait times, referral completion, and availability of

behavioral health services. To reduce access disparities, the hospital leverages a coordinated, family-centered access model that incorporates embedded Social Workers (SWs), Community Health Workers (CHWs), and clinic-based Care Coordinators who proactively follow up with families and help them navigate specialty and subspecialty care pathways. The hospital also utilizes the Help Me Grow referral network to connect children to early childhood development services, behavioral health resources, and broader community supports. Through this integrated approach, the Children's Hospital ensures that pediatric patients and their families receive timely, equitable access to the care, services, and developmental supports they need.

## **Methodology Guidelines**

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

Y