

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	SHRINERS HOSPITALS FOR CHILDREN NORTHERN CALIF.
Facility Type:	Children Hospital
Hospital HCAI ID:	106344114
Report Period:	1/1/2024 - 12/31/2024
Status:	Submitted
Due Date:	11/29/2025
Last Updated:	03/11/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	https://www.shrinerschildrens.org/en/locations/northern-cali

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

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.

997

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	738	997	74.0
Spanish Language	222	997	22.3
Asian Pacific Islander Languages	19	997	1.9
Middle Eastern Languages	8	997	0.8
American Sign Language	0	997	0.0
Other Languages	9	997	0.9

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

There are five domains that make up the CMS Hospital Commitment to HCHE measures. Each domain is scored as "yes" or "no." In order to score "yes," a 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.

N

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.

N

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.

N

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.

N

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

suppressed

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

157

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

suppressed

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	suppressed	suppressed	suppressed	suppressed
Housing Instability	suppressed	suppressed	suppressed	suppressed
Transportation Problems	0	0	0	0
Utility Difficulties	suppressed	suppressed	suppressed	suppressed
Interpersonal Safety	0	0	0	0

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

1661

Total number of respondents to the pediatric experience survey

1731

Percentage of respondents who reported willingness to recommend the hospital

95.8

Total number of respondents of the pediatric experience survey

18533

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

9.7

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.

Race and/or Ethnicity	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native	suppressed	suppressed	suppressed	suppressed	suppressed
Asian	148	156	94.9	1644	9.7
Black or African American	100	106	94.3	1378	7.7
Hispanic or Latino	267	287	93.0	3194	9.6
Middle Eastern or North African	0	0	0	0	0
Multiracial and/or Multiethnic (two or more races)	166	170	97.6	1736	10.5
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed	suppressed	suppressed
White	953	988	96.5	10203	10.0

Age	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age 0 to 4	281	298	94.3	4166	7.6
Age 5 to 9	313	326	96.0	3861	8.9
Age 10 to 14	592	621	95.3	5985	10.7
Age 15 Years and Older	475	489	97.1	4521	11.1

Sex assigned at birth	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	suppressed	suppressed	suppressed	suppressed	suppressed
Male	881	912	96.6	8605	9.9
Unknown	suppressed	suppressed	suppressed		

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

Preferred Language	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language	1387	1456	95.3	15816	9.1
Spanish Language	278	279	98.6	2228	14.2
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages					

Disability Status	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital 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 respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

Gender Identity	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	779	821	94.9		
Female-to-male (FTM)/ transgender male/trans					
Male	881	912	96.6		
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

Number of inpatient hospital admissions which occurs within 30 days of the discharge date of an eligible index admission
18

Total number of patients who were admitted to the children's hospital
997

Rate of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge
1.8

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.

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	suppressed	suppressed	suppressed
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 0 to 4	suppressed	241	suppressed
Age 5 to 9	suppressed	193	suppressed
Age 10 to 14	suppressed	279	suppressed
Age 15 Years and Older	suppressed	278	suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	suppressed	464	suppressed
Male	suppressed	533	suppressed
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare			
Medicaid	suppressed	508	suppressed
Private	suppressed	259	suppressed
Self-Pay	suppressed	220	suppressed
Other			

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	suppressed	749	suppressed
Spanish Language	suppressed	211	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			
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	suppressed	464	suppressed
Female-to-male (FTM)/transgender male/trans man			
Male	suppressed	533	suppressed
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
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity	Hispanic or Latino	93	Multiracial and/or Multiethnic (two or more races)	97.6	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity	Black or African American	94.3	Multiracial and/or Multiethnic (two or more races)	97.6	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity	Asian	94.9	Multiracial and/or Multiethnic (two or more races)	97.6	1

Plan to address disparities identified in the data

Shriners Children's Northern California is committed to providing high quality care to kids with burns, spinal cord injuries and complex orthopedic diagnoses. The current readmission data does not reflect stratification by diagnosis groups that may highlight sub-populations, such as critical burn patients, where readmission rates are equal or better than benchmarks within the pediatric sub-specialty. The 2024 inpatient patient experience scores were very high, ranking in the 97th percentile among similar national institutions (pediatric hospitals).

The current data has limitations that prevent a full understanding of potential disparities. The most notable gap is the low survey response rate (9.7%) and incomplete collection of Social Drivers of Health (SDOH) data. The facility's plan focuses on improving data completeness, enhancing patient participation, and building the infrastructure needed to identify and address disparities in a meaningful and sustainable way. A new Electronic Medical Record was implemented in 2025, delivering enhanced capacities for collecting equity and SDOH data

Population Impact: Age is the most prevalent stratification that shows disparities in readmissions. Due to the focused scope of specialties provided at SC Northern California, some higher risk diagnoses may be impacting this data. For patient experience scores, several populations have lower survey completion rates (American Indian/Alaska Native, Black/African American, Asian, and Hispanic/Latino) which may be limiting full assessment of differences in those populations. SDOH data are collected for only a small proportion of adult patients (6 of 157).

Measurable Objectives:

To improve data quality, the hospital will update registration workflows to capture race/ethnicity, preferred language, disability status, sexual orientation/gender identity, and SDOH fields; train staff on the purpose of SDOH collection; and monitor data completeness dashboards. The target is to increase SDOH completion for adult patients from less than 10% to at least 30% within 12 months.

To increase patient experience survey response rates, the facility will expand survey distribution through QR codes, discharge prompts, and verbal reminders; provide culturally responsive education; and implement targeted outreach to low-response populations. T

Targets include increasing the overall survey response rate from 9.7% to at least 12% within one year and improving response rates for AI/AN, Hispanic, Black, and Asian families by at least 3 percentage points each.

Specific Timeframe:

Within 0–3 months, the hospital will update collection workflows, train intake teams, and monitor demographic data capture.

Within 3–6 months, the facility will begin monthly tracking of survey responses; develop follow-up strategies in low-response groups; and initiate SDOH completeness reporting.

At 6–12 months, the facility will achieve at least 30% SDOH completeness, evaluate stratified results quarterly, identify emerging disparities, and share preliminary findings with leadership.

By 12–18 months, the facility will implement at least one disparity-focused intervention, assess its impact, and prepare findings for the next annual equity submission.

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

The goal is to ensure that every patient and family experiences care that reflects their values, preferences, and cultural needs.

- &Pview admission and patient education materials for age specific guidelines.
- @raining staff on cultural diversity and inclusion
- "Vç7W&R Ö FW ials are consistent among expected payor groups

Patient safety

The goal is to ensure patient safety data and outcomes measures include assessment of identified stratification groups.

- &Pview current reporting fields to include identified stratification groups
- "Ööæ—F÷ ing any disproportionality in general or specific safety events

Addressing patient social drivers of health

This work is linked to the hospital's objective of improving SDOH completeness to =30% within 12 months.

- "—æ7&V 6—æ 4Dô, 67&VVæ—æ ates
- "Vç7W ing referrals to community partners, transportation support, food insecurity programs, and financial counseling
- "Vç7W ing families receive resources in their preferred language

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

The hospital will review whether there are differences in the delivery of timely and evidence-based care affecting the groups identified in the Top 10 disparities. Assessment will include:

- Treatment delays
- Standardized services
- Family understanding of the treatment plan

Interventions may involve standardized education materials, strengthened interpreter workflows, or clinical pathway audits to ensure consistency across populations.

Care coordination

For each disparity, the hospital will evaluate whether coordination varies across transitions of care, referrals, discharge instructions, or follow-up appointments. Improvement strategies may include:

- Writing discharge instructions and education materials are accessible and in appropriate languages
- Improving the clarity of follow-up expectations

Care coordination will be monitored as part of ongoing patient experience review.

Access to care

The hospital will assess whether identified populations face differences in access, including appointment availability, wait times, interpreter availability, transportation, and ability to engage in post-discharge follow-up.

Interventions may include:

- Improving appointment availability
- Improving interpreter response times
- Partnerships with payers and community organizations

These efforts help ensure equitable entry points into the hospital's services.

Methodology Guidelines

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

Y