

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	KECK HOSPITAL OF USC
Facility Type:	General Acute Care Hospital
Hospital HCAI ID:	106194219
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	02/11/2026
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	https://www.keckmedicine.org/health-equity

Overview

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

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

Laws and Regulations

For more information on Assembly Bill No. 1204, please visit the following link by copying and pasting the URL into your web browser:

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

Hospital Equity Measures

Joint Commission Accreditation

General acute care hospitals are required to report three structural measures based on the Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards. For more information on these measures, please visit the following link by copying and pasting the URL into your web browser:

<https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce-health-care-disparities/>

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.

11996

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	9144	11996	76.2
Spanish Language	1791	11996	14.9
Asian Pacific Islander Languages	496	11996	4.1
Middle Eastern Languages	180	11996	1.5
American Sign Language	Suppressed	11996	Suppressed
Other Languages	382	11996	3.1

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 general acute care hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser:
<https://data.cms.gov/provider-data/topics/hospitals/health-equity>

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

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

Y

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

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

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

Y

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

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

Y

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

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

Y

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

- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.
- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually review key performance indicators stratified by demographic and/or social factors.

Y

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

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

<https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs>

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

8172

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

8785

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

93

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	108	1.3		
Housing Instability	82	1		
Transportation Problems	276	3.4		
Utility Difficulties	81	1.0		
Interpersonal Safety	47	0.6		

Core Quality Measures for General Acute Care Hospitals

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

<https://hcahpsonline.org/en/survey-instruments/>

Patient Recommends Hospital

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

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

1628

Total number of respondents to HCAHPS Question 19

1656

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

98.3

Total number of people surveyed on HCAHPS Question 19

8857

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

19.4

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	Suppressed	Suppressed	Suppressed		
Asian	179	181	98.9		
Black or African American	71	72	98.6		
Hispanic or Latino	419	423	99.1		
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)	78	81	96.3		
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed		
White	655	668	98.1		

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	Suppressed	Suppressed	Suppressed		
Age 18 to 34	Suppressed	Suppressed	Suppressed		
Age 35 to 49	154	160	96.3		
Age 50 to 64	460	466	98.7		
Age 65 Years and Older	963	977	98.6		

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	693	707	98		
Male	934	948	98.5		
Unknown	Suppressed	Suppressed	Suppressed		

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	979	995	98.4		
Medicaid	173	176	98.3		
Private	395	402	98.3		
Self-Pay	Suppressed	Suppressed	Suppressed		
Other	Suppressed	Suppressed	Suppressed		

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	1387	1412	98.2		
Spanish Language	160	161	99.4		
Asian Pacific Islander Languages	Suppressed	Suppressed	Suppressed		
Middle Eastern Languages	Suppressed	Suppressed	Suppressed		
American Sign Language					
Other/Unknown Languages	Suppressed	Suppressed	Suppressed		

Disability Status	Number of "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	352	359	98.1		
Has a mobility disability	824	841	98		
Has a cognition disability	Suppressed	Suppressed	Suppressed		
Has a hearing disability	240	242	99.2		
Has a vision disability	Suppressed	Suppressed	Suppressed		
Has a self-care disability	798	817	97.7		
Has an independent living disability	655	664	98.6		

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	Suppressed	Suppressed	Suppressed		
Straight or heterosexual	224	227	98.7		
Bisexual					
Something else	Suppressed	Suppressed	Suppressed		
Don't know					
Not disclosed	Suppressed	Suppressed	Suppressed		

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	118	120	98.3		
Female-to-male (FTM)/ transgender male/trans man	Suppressed	Suppressed	Suppressed		
Male	113	114	99.1		
Male-to-female (MTF)/ transgender female/trans	Suppressed	Suppressed	Suppressed		
Non-conforming gender					
Additional gender category or other					
Not disclosed	Suppressed	Suppressed	Suppressed		

Patient Received Information in Writing

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

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

hospital?"

1479

Total number of respondents to HCAHPS Question 17

1577

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

93.8

Total number of people surveyed on HCAHPS Question 17

8857

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

19.4

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	Suppressed	Suppressed	Suppressed		
Asian	168	175	96		
Black or African American	60	68	88.2		
Hispanic or Latino	381	400	95.3		
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)	70	77	90.9		
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed		
White	597	639	93.4		

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	Suppressed	Suppressed	Suppressed		
Age 18 to 34	Suppressed	Suppressed	Suppressed		
Age 35 to 49	144	157	91.7		
Age 50 to 64	425	442	96.2		
Age 65 Years and Older	861	927	92.9		

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	619	670	92.4		
Male	859	906	94.8		
Unknown	Suppressed	Suppressed	Suppressed		

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	874	945	92.5		
Medicaid	153	159	96.2		
Private	374	392	95.4		
Self-Pay	Suppressed	Suppressed	Suppressed		
Other	Suppressed	Suppressed	Suppressed		

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	1263	1351	93.5		
Spanish Language	142	148	95.9		
Asian Pacific Islander Languages	Suppressed	Suppressed	Suppressed		
Middle Eastern Languages	Suppressed	Suppressed	Suppressed		
American Sign					
Other/Unknown Languages	Suppressed	Suppressed	Suppressed		

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	345	352	98		
Has a mobility disability	724	775	93.4		
Has a cognition	Suppressed	Suppressed	Suppressed		
Has a hearing disability	207	227	91.2		
Has a vision disability	Suppressed	Suppressed	Suppressed		
Has a self-care	695	755	92.1		
Has an independent living disability	590	630	93.7		

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	Suppressed	Suppressed	Suppressed		
Straight or heterosexual	212	221	95.9		
Bisexual					
Something else	Suppressed	Suppressed	Suppressed		
Don't know					
Not disclosed	Suppressed	Suppressed	Suppressed		

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	114	119	95.8		
Female-to-male (FTM)/ transgender male/trans man	Suppressed	Suppressed	Suppressed		
Male	100	107	93.5		
Male-to-female (MTF)/ transgender female/trans woman	Suppressed	Suppressed	Suppressed		
Non-conforming gender					
Additional gender category or other					
Not disclosed	Suppressed	Suppressed	Suppressed		

Agency for Healthcare Research and Quality (AHRQ) Indicators

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

<https://qualityindicators.ahrq.gov/>

Pneumonia Mortality Rate

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

https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf

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

Suppressed

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

Suppressed

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

Suppressed

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

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

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	Suppressed	Suppressed	Suppressed
Male	Suppressed	Suppressed	Suppressed
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	Suppressed	Suppressed	Suppressed
Medicaid	Suppressed	Suppressed	Suppressed
Private	Suppressed	Suppressed	Suppressed
Self-Pay			
Other	Suppressed	Suppressed	Suppressed

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

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

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	Suppressed	Suppressed	Suppressed
Bisexual			
Something else			
Don't know			
Not disclosed	Suppressed	Suppressed	Suppressed

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	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			

Death Rate among Surgical Inpatients with Serious Treatable Complications

The Death Rate among Surgical Inpatients with Serious Treatable Complications is defined as the rate of in-hospital deaths per 1,000 surgical discharges among patients ages 18-89 years old or obstetric patients with serious treatable complications. General acute care hospitals report this measure by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Patient Safety Indicator is 04. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:

https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/PSI_04_Death_Rate_among_Surgical_Inpatients_with_Serious_Treatable_Complications.pdf

Number of in-hospital deaths among patients aged 18-89 years old or obstetric patients with serious treatable complications

79

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

416

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

189.9

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

Race and/or Ethnicity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian	Suppressed	Suppressed	Suppressed
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	Suppressed	Suppressed	Suppressed
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific Islander	Suppressed	Suppressed	Suppressed
White	Suppressed	Suppressed	Suppressed
Age	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 34	Suppressed	Suppressed	Suppressed
Age 35 to 49	Suppressed	Suppressed	Suppressed
Age 50 to 64	20	126	158.7
Age 65 Years and Older	50	225	222.2

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

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

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

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

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

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	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			

California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

There are three core quality maternal measures adopted from the California Maternal Quality Care Collaborative (CMQCC).

CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate

The CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate is defined as nulliparous women with a term (at least 37 weeks gestation), singleton baby in a vertex position delivered by cesarian birth. General acute care hospitals report the NTSV Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications>

Number of NTSV patients with Cesarean deliveries

NA

Total number of nulliparous NTSV patients

NA

Rate of NTSV patients with Cesarean deliveries

NA

Table 7. Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

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

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

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

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

Disability Status	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

Sexual Orientation	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of NTSV patients with cesarean deliveries	Total number of NTSV patients	Rate of NTSV patients with Cesarean deliveries (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

CMQCC Vaginal Birth After Cesarean (VBAC) Rate

The CMQCC Vaginal Birth After Cesarean (VBAC) Rate is defined as vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries. General acute care hospitals report the VBAC Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The VBAC Rate uses the specifications of AHRQ Inpatient Quality Indicator 22. For more information, please visit the following link by copying and pasting the URL into your web browser:

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_\(VBAC\)_Delivery_Rate_Uncomplicated.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

Number of vaginal delivery among cases with previous Cesarean delivery that meet the inclusion and exclusion criteria

NA

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

NA

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

NA

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

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

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

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

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

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

Disability Status	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Does not have a disability			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living			

Sexual Orientation	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of vaginal deliveries with previous Cesarean delivery	Total number of birth discharges with previous Cesarean delivery	Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

CMQCC Exclusive Breast Milk Feeding Rate

The CMQCC Exclusive Breast Milk Feeding Rate is defined as the newborns per 100 who reached at least 37 weeks of gestation (or 3000g if gestational age is missing) who received breast milk

exclusively during their stay at the hospital. Other criteria are that the newborns did not go to the neonatal intensive care unit (NICU), transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia. General acute care hospitals report the Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The CMQCC Exclusive Breast Milk Feeding Rate uses the Joint Commission National Quality Measure PC-05. For more information, please visit the following link by copying and pasting the URL into your web browser: <https://manual.jointcommission.org/releases/TJC2024B/MIF0170.html>

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

NA

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

NA

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

NA

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

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

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

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

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

Preferred Language	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

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

Sexual Orientation	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

Gender Identity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Female			
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Any Eligible Condition

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

801

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

8797

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

9.1

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

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

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34	79	820	9.6
Age 35 to 49	159	1407	11.3
Age 50 to 64	231	2459	9.4
Age 65 Years and Older	332	4111	8.1

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	334	4080	8.2
Male	467	4715	9.9
Unknown	Suppressed	Suppressed	Suppressed

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

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

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

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	Suppressed	Suppressed	Suppressed
Straight or heterosexual	Suppressed	Suppressed	Suppressed
Bisexual	Suppressed	Suppressed	Suppressed
Something else	Suppressed	Suppressed	Suppressed
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	Suppressed	Suppressed	Suppressed
Male	Suppressed	Suppressed	Suppressed
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	Suppressed	Suppressed	Suppressed

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

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

Suppressed

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

Suppressed

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

Suppressed

Table 11. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for mental health disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

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

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

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

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

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

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			

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 - Substance Use Disorders

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

52

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

376

Rate of hospital-level, unplanned, all-cause readmissions after admission for substance use disorders within 30 days of hospital discharge for patients aged 18 and older

13.8

Table 12. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

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

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

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

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

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

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	Suppressed	Suppressed	Suppressed
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	Suppressed	Suppressed	Suppressed

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

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

Suppressed

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

Suppressed

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

Suppressed

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

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	Suppressed	Suppressed	Suppressed

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

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

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

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

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

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			

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 - No Behavioral Health Diagnosis

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

742

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

8335

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

8.9

Table 14. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

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

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

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

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

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

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

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	Suppressed	Suppressed	Suppressed
Straight or heterosexual	Suppressed	Suppressed	Suppressed
Bisexual	Suppressed	Suppressed	Suppressed
Something else	Suppressed	Suppressed	Suppressed
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	Suppressed	Suppressed	Suppressed
Male	Suppressed	Suppressed	Suppressed
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	Suppressed	Suppressed	Suppressed

Health Equity Plan

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

Top 10 Disparities

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

Table 15. Top 10 disparities and their rate ratio values.

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Age (excluding maternal measures)	65 and older	222.2	50 to 64	158.7	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	11.3	65 and older	8.1	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Male	9.9	Female	8.2	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	35 to 49	11.3	65 and older	8.1	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	18 to 34	9.6	65 and older	8.1	1.2
HCAHPS survey: Received information and education	Disability Status	Hearing disability	91.2	Does not have disability	98	1.1
HCAHPS survey: Received information and education	Race and/or Ethnicity	Black or African American	88.2	Asian	96	1.1
HCAHPS survey: Received information and education	Disability Status	Self-Care disability	92.1	Does not have disability	98	1.1
HCAHPS survey: Received information and education	Disability Status	Mobility disability	93.4	Does not have disability	98	1.1
HCAHPS survey: Received information and education	Race and/or Ethnicity	Multiracial and/or Multiethnic (two or more races)	90.9	Asian	96	1.1

Plan to address disparities identified in the data

Keck Hospital of USC (KHUSC) is a 343-bed, nationally recognized academic medical center in Los Angeles, providing high-quality, person-centered care as the teaching hospital of the University of Southern California. Serving some of the most acutely ill patients, KHUSC combines advanced technology, research-driven treatments, and multidisciplinary expertise to deliver individualized care across specialties. With hundreds of clinical trials underway, patients gain access to innovative therapies often unavailable elsewhere. KHUSC's commitment to excellence is reflected in exceptional outcomes, enhanced patient safety, and consistently high patient satisfaction, supported by Magnet-recognized nursing and national accolades for quality and clinical innovation. KHUSC is equally dedicated to transparency, with regularly updated, publicly available quality and safety standards that empower patients and families to make informed decisions about their care.

Action Plan: KHUSC's analysis of the California Department of Health Care Access and Information (HCAI) Hospital Equity Report for calendar year (CY) 2024 highlights its commitment to equitable patient care, as the Top 10 Disparities report did not uncover substantial variations between patient populations. KHUSC will continue to use data-driven insights to identify areas where the hospital can enhance patient care, improve outcomes, and reduce variances.

Variances in readmissions and patient experience are tracked to understand opportunities to ensure the highest quality of care and patient experience for all patients. Insights from these data guide targeted interventions, continuous quality improvement, and accountability across the hospital.

To address discharge improvement, communication, and education opportunities, KHUSC is enhancing its multifaceted, hospital-wide approach to patient care and experience. These processes

are designed to support patients, strengthen care coordination, and ensure that all interventions are aligned with organizational priorities: high quality person-centered care, patient safety, effective treatment, access to care, and attention to social drivers of health.

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Key processes include: Screening for Social Drivers of Health (SDOH), Standardized Discharge Education, Post-Discharge Follow-Up As Needed, Multidisciplinary Care Coordination, Patient Feedback Integration, Age Friendly Framework Adoption, Variance Monitoring

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Collectively, these efforts are designed to reduce variances, improve clinical outcomes, and enhance the overall patient experience. By leveraging data-driven insights, patient feedback, and ongoing evaluation, KHUSC measures progress, identifies emerging opportunities, and continuously refines interventions. The result is a healthcare environment where every patient receives high-quality, safe, and personalized care, every time, and where the organization can be confident that improvement initiatives are creating meaningful, measurable impact across all populations served.

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Measuring Success: To ensure that improvement efforts achieve their intended outcomes without creating unintended consequences, KHUSC monitors a comprehensive set of success measures stratified by different patient demographics and characteristics. This enables us to identify and address key opportunities to reduce barriers to care, improve quality and safety practices, and strengthen care coordination - especially for patients with complex needs or social challenges that impact health outcomes. Hospital leadership and quality committees review stratified data regularly, and patient and family insights are incorporated to guide refinements. This structured oversight ensures that interventions are effective, sustainable, and aligned with the hospital's goals of reducing disparities, improving outcomes, and delivering exceptional care experiences. Progress on implementing and tracking improvement plans is evaluated at 30-, 60-, and 90-day intervals, and will be measured throughout calendar year 2026.

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Key measures include: Average Length of Stay (LOS), Discharge Efficiency, Readmission Rates, Patient Experience Measures, SDOH Screening Rates, Targeted Service Line and Population Performance, Adverse Events and Safety Incidents

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By monitoring these measures alongside other outcome and process interventions, KHUSC is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances and readmissions but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the hospital's commitment to high quality, person-centered care.

Performance in the priority area

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

Person-centered care

Keck Hospital of USC (KHUSC)'s goal is to ensure that every person who comes through the doors receives high-quality care - care that is safe, effective, accessible, and tailored to their unique needs. Exceptional care depends on more than clinical expertise. It requires a commitment to person-centered care, where patients are listened to and their preferences are respected. Collaborative

teams partner with patients and their loved ones to create care plans that deliver the best possible outcomes and experiences.Đ

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Surveys, including through e-advisory panels, are used to capture patient experience and comprehension of discharge instructions. Insights from this feedback inform iterative improvements in care delivery and communication strategies. The hospital also actively engages with the Patient and Family Advisory Council (PFAC) and applies Human Experience principles to ensure that care and experience are tailored to meet patient needs. In addition, efforts are underway to customize additional real-time feedback questions closer to discharge, allowing care teams to identify themes or recurring issues and respond nimbly to improve patient understanding, satisfaction, and outcomes.Đ

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Patient experience outcomes, including understanding of discharge instructions, are monitored through surveys and audits. These measures reinforce person-centered care, care coordination, and effective treatment by ensuring patients leave the hospital confident in managing their recovery. Insights from this feedback inform iterative improvements in care delivery and communication strategies.Đ

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By stratifying and monitoring these measures alongside outcomes and process interventions, KHUSC continuously refines care delivery, anticipates patient needs, and proactively addresses barriers. This approach not only reduces variances and readmissions but also enhances the overall patient experience, promotes safety, and strengthens care coordination. Together, these efforts reflect KHUSC's unwavering commitment to delivering high-quality, person-centered care - for every patient, every time.

Patient safety

Patient safety is at the foundation of Keck Hospital of USC (KHUSC)'s commitment to care. Protecting patients from harm means ensuring the right actions are taken at the right time, preventing errors before they occur, and sustaining a culture of reliability and accountability. Safety and quality are continuously monitored, measured, and strengthened through data-driven performance reviews, patient feedback, and interprofessional collaboration.Đ

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KHUSC's dedication to patient safety is reflected in multiple national recognitions and sustained performance achievements:Đ

Magnet Redesignation: KHUSC recently achieved redesignation of the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program - the highest and most prestigious distinction for nursing excellence and high-quality patient care. Magnet recognition confirms that our hospital not only upholds the highest standards of patient care, but also leads in adopting innovative, evidence-based practices. It reflects our commitment to empowering nurses as leaders and patient advocates, advancing outcomes through research and best practices, and fostering strong interprofessional collaboration.Đ

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Leapfrog Safety Grades: KHUSC has consistently demonstrated a culture of safety, achieving a Hospital Safety Grade of "A" ten times since 2019, underscoring its continuous commitment to measurable, reliable patient safety practices.Đ

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Vizient Quality & Accountability Scorecard: In 2025, KHUSC was recognized as a Top Performer, ranking #12 overall among 118 academic medical centers nationwide. Notably, KHUSC ranked #7 in Patient Safety and #2 in Patient-Centeredness, reflecting excellence in both protecting patients from harm and ensuring their voices and experiences remain central to care. KHUSC has been ranked

among the Top 20 for five consecutive years, demonstrating consistency in performance.Đ

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CMS Value-Based Purchasing Outcomes: KHUSC also achieved a CMS Hospital Value-Based Purchasing (VBP) Total Performance Score of 41.50, well above the California state average of 30.43 and the national average of 30.88. This superior performance reflects strength across all domains—clinical outcomes, person and community engagement, safety, and efficiency - further demonstrating KHUSC's ability to deliver safe, effective, patient-centered care while excelling on nationally benchmarked quality measures.Đ

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In addition to these achievements, KHUSC leverages data, patient feedback, and numerous quality measures - including readmissions, Agency for Healthcare Research and Quality (AHRQ) patient safety indicators, and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience scores - to continually identify opportunities for improvement. This commitment ensures that safety and quality are not static goals but ongoing priorities that adapt to the evolving needs of patients.Đ

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Average Length of Stay (LOS) serves as a key balance measure. By monitoring LOS, KHUSC ensures that improvement initiatives do not inadvertently prolong hospitalization, which could increase the risk of complications or patient dissatisfaction, nor shorten stays in ways that might raise readmission risk. Maintaining appropriate LOS supports efficient, safe, and high-quality care, allowing timely transitions while optimizing recovery outcomes.Đ

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Incidents related to care transitions are evaluated to ensure that improvement initiatives do not compromise patient safety. This continuous oversight promotes high-quality, reliable, and safe care for all patients.Đ

By stratifying and monitoring these measures alongside outcomes and process interventions, KHUSC continuously refines care delivery, anticipates patient needs, and proactively addresses barriers. This approach not only reduces variances and readmissions but also enhances the overall patient experience, promotes safety, and strengthens care coordination. Together, these efforts reflect KHUSC's unwavering commitment to delivering high-quality, person-centered care - for every patient, every time.

Addressing patient social drivers of health

Keck Hospital of USC (KHUSC) understands that health outcomes are shaped by more than medical care alone. Social drivers of health - such as access to resources, living conditions, education, and transportation - play a critical role in determining whether patients can achieve their best health. Addressing these factors helps us deliver care that goes beyond treatment to support overall well-being.Đ

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A key process to address opportunities identified in readmissions and patient understanding of discharge instructions is screening for Social Drivers of Health (SDOH). Patients are assessed for social, economic, and environmental factors that may impact recovery or adherence to treatment. KHUSC has updated its electronic medical record (EMR) system to better capture patient SDOH data and developed an SDOH insights tool to track and understand the prevalence of SDOHs among the patient population. Patients identified with needs receive targeted social services consultations prior to discharge, and these insights are now actively incorporated into clinical decision-making and care planning to address barriers and promote health equity.Đ

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Assessing whether identified social needs—such as housing, transportation, food security, or financial barriers - are addressed helps determine the impact of interventions outside the hospital.

By actively addressing SDOH, the hospital promotes equitable access to care, improved recovery, and reduced variances, supporting both person-centered and high-quality care.Đ

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By monitoring these measures alongside outcomes and process interventions, KHUSC is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances and readmissions but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the hospital's commitment to high quality, person-centered care.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Providing effective treatment is another key part of Keck Hospital of USC (KHUSC)'s mission. That means delivering evidence-based care and therapies, ensuring patients and families are part of informed decisions, and focusing on recovery, quality of life, and long-term health outcomes.Đ

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There is a direct connection between clear and effective discharge instructions and reductions in readmissions. By focusing on these interrelated areas - reducing readmissions and enhancing comprehension of discharge instructions - KHUSC is aligning core care priorities with process improvements to deliver the highest quality care and experience for all patients. Đ

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Discharge materials are carefully reviewed for clarity, reading level, and cultural relevance to ensure that patients and families can understand instructions and confidently manage care after leaving the hospital. In addition, the hospital is exploring opportunities to enhance accessibility by applying principles of universal design and incorporating direct patient feedback to identify and remove remaining barriers to comprehension. This ongoing work supports patient safety, person-centered care, and effective treatment, ensuring that every patient has the tools and information needed to succeed in their recovery.Đ

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By monitoring these measures alongside outcomes and process interventions, KHUSC is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances and readmissions but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the hospital's commitment to high quality, person-centered care.

Care coordination

At Keck Hospital of USC (KHUSC), teams across the care continuum - including nursing, case management, physicians, and ancillary services - collaborate to facilitate smooth transitions from hospital to home. Patients and their families are active participants in this process, ensuring that care plans reflect their needs, preferences, and goals. Care teams share information in real time, leveraging structured communication strategies such as multidisciplinary rounds, bedside huddles, and leader rounding to proactively identify potential risks, prevent delays, and ensure clarity in responsibilities. This coordinated approach helps patients manage their care effectively, reduces avoidable complications, and supports continuity and safety across the care journey.Đ

Collaborating with patients and families prevents delays, reduces unnecessary risks, and improves continuity of care. This is accomplished by including patients in multidisciplinary rounds, warm handoffs, real-time information sharing, and use of digital tools. All of these efforts contribute to ensuring smooth transitions from hospital to home, thereby reducing avoidable complications and

supporting continuity and safety across the care journey.Đ

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Communication and collaboration across multidisciplinary teams are vital to patient safety and awareness. KHUSC conducts Multidisciplinary Rounds (MDRs) daily. During rounds, the patient's treatment plan, clinical concerns and care post discharge are discussed. The MDRs also provide an additional platform and pathway for any member of the treatment team to escalate potential safety concerns and encourage harm reduction.Đ

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"Tiered Huddles" is a communication system at KHUSC where frontline staff, managers, and leadership hold brief, structured meetings at different organizational levels to share information, identify issues, and improve patient safety and care experience. By cascading information, tiered huddles ensure critical issues are quickly escalated and addressed, leading to better communication, increased situational awareness, improved care coordination, and a stronger culture of safety within KHUSC. Within two hours critical issues can be escalated from frontline staff to the most senior level position in the organization. Recognitions throughout the organization are also highlighted to leadership. KHUSC conducts Tiered Huddles daily. Đ

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KHUSC is committed to rounding as a leadership community with monthly leadership rounds and daily nurse leader rounds. The impact of this best practice has been measurable in patient satisfaction data. For KHUSC, rounding is powerful when it goes beyond observation to create meaningful human connection. The RN Leader Rounding and Leadership Rounding programs have done just that, shifting from compliance-driven checks to purposeful engagement. By focusing on safety, compassion, and dialogue, rounding strengthens trust with patients, improves situational awareness, and supports caregivers. The impact is felt not only in patient experience but also in teamwork, morale, and staff engagement. When leaders share learnings, celebrate wins, and address barriers, rounding becomes a driver of continuous improvement and a foundation for a culture rooted in safety, compassion, gratitude, and respect. Importantly, it also allows leaders to share stories that inspire and engage teams to do more every day. In addition to leadership rounds, the Patient Experience team also performs daily Welcome Rounds on newly admitted patients to ensure awareness of KHUSC's patient and family services and amenities. Welcome Rounds provide an opportunity to enhance comfort and a supportive environment. The Patient Experience team members introduce themselves and provide information on how to reach them as well as provide a description of their role. The goal of Welcome Rounds is just that, to make patients feel supported and welcomed during their hospitalization. Đ

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Discharge Efficiency is a key success measure. Measuring "Discharge Efficiency" includes standardizing discharge timing and tracking the time from discharge order to actual patient departure. Efficient discharge processes reduce bottlenecks, prevent delays in care for incoming patients, and support safe transitions from hospital to home. Ensuring discharge efficiency allows care teams to focus on patient education, follow-up planning, and adherence to care plans, thereby advancing patient safety and effective treatment.Đ

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Continuous monitoring of readmissions, patient experience, and direct feedback allows the hospital to assess the effectiveness of care interventions and identify populations at risk for complications after discharge. Improving patient comprehension of discharge instructions strengthens clinical outcomes and promotes patient safety, and also supports seamless continuity of care and generates valuable insights to guide future improvements.

Access to care

Access to care remains a top priority for Keck Hospital of USC (KHUSC). KHUSC believes everyone

deserves timely, affordable, and appropriate healthcare without barriers - because high quality healthcare starts with ensuring that all individuals can obtain the services they need to achieve optimal health and well-being.

The hospital maintains a structured post-discharge call program to clarify instructions, answer questions, and ensure continuity of care. These calls are tailored to patients' individual needs, reinforcing understanding and adherence. In addition, the hospital leverages community partnerships to connect patients with local resources and aligns these efforts with priorities identified in the Community Health Needs Assessment. This approach helps address barriers to care that exist outside the hospital walls, supporting patient safety, access to care, and person-centered care.

KHUSC is committed to leveraging data-driven insights to measure progress, identify emerging opportunities, and continuously refine interventions. The result is a healthcare environment where every patient receives high-quality, safe, and personalized care, every time, and where the organization can be confident that improvement initiatives are creating meaningful, measurable impact across all populations we served. The efforts related to enhancing access to care are supported by a portfolio of initiatives and committees to provide ongoing evaluation of the goals, objectives, and outcomes. Multidisciplinary physician rounds, tiered huddles, and discharge huddles are key initiatives that ensure care teams meet the individual needs of each patient.

By monitoring these measures alongside outcomes and process interventions, Keck Hospital of USC is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances and readmissions but also enhance the overall patient experience, promote quality and safety, and strengthen care coordination, reflecting the hospital's commitment to high quality, person-centered care.

Methodology Guidelines

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

Y