

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	RADY CHILDREN'S HOSPITAL ORANGE COUNTY
Facility Type:	Children Hospital
Hospital HCAI ID:	106300032
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	01/23/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	https://choc.org/about/hospital-equity-measures-report

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:

<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.

128315

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	97940	128315	76.3
Spanish Language	28202	128315	22
Asian Pacific Islander Languages	1491	128315	1.2
Middle Eastern Languages	254	128315	0.2
American Sign Language	73	128315	0.1
Other Languages	355	128315	0.3

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

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

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

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

Y

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

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

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

Y

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

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

Y

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

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

Y

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

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

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

0

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

0

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

0

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	0	0	0	0
Housing Instability	0	0	0	0
Transportation Problems	0	0	0	0
Utility Difficulties	0	0	0	0
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

2234

Total number of respondents to the pediatric experience survey

2566

Percentage of respondents who reported willingness to recommend the hospital

87.1

Total number of respondents of the pediatric experience survey

2756

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

93.1

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	247	299	82.6	328	91.2
Black or African American	52	63	82.5	68	92.6
Hispanic or Latino					
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed	suppressed	suppressed
White	1179	1350	87.3	1439	93.8

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	816	964	84.6	1049	91.9
Age 5 to 9	436	494	88.3	532	92.9
Age 10 to 14	485	545	89	581	93.8
Age 15 Years and Older	497	563	88.3	594	94.8

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	1217	1403	86.7	1498	93.7
Unknown	suppressed	suppressed	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	917	1022	89.7	1107	92.3
Private	919	1089	94.4	1158	94
Self-Pay	suppressed	suppressed	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed	suppressed	suppressed

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	1785	2077	85.9	2237	92.8
Spanish Language	449	489	91.8	519	94.2
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					
Female-to-male (FTM)/ transgender male/trans					
Male					
Male-to-female (MTF)/ transgender female/trans woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

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

Number of inpatient hospital admissions which occurs within 30 days of the discharge date of an eligible index admission
245

Total number of patients who were admitted to the children's hospital
1702

Rate of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge
14.1

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	suppressed	suppressed	suppressed
Asian	12	136	8.8
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	172	1143	15
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	42	277	15.2

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 0 to 4	suppressed	suppressed	suppressed
Age 5 to 9	suppressed	suppressed	suppressed
Age 10 to 14	suppressed	suppressed	suppressed
Age 15 Years and Older	suppressed	suppressed	suppressed

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	111	744	14.9
Male	134	958	14
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	189	1252	15.1
Private	55	432	12.7
Self-Pay	suppressed	suppressed	suppressed
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	183	1320	13.9
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			
Has a mobility disability			
Has a cognition disability			
Has a hearing disability			
Has a vision disability			
Has a self-care disability			
Has an independent living disability			

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

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

Health Equity Plan

All children's hospitals report a health equity plan that identifies the top 10 disparities and a written plan to address them.

Top 10 Disparities

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

Table 5. Top 10 disparities and their rate ratio values.

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	White	15.2	Asian	8.8	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Hispanic or Latino	15.0	Asian	8.8	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	15.1	Private	12.7	1.2
Pediatric experience survey with scores of willingness to recommend the hospital	Preferred Language	English Language	85.9	Spanish Language	91.8	1.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Female	14.9	Male	14.0	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Expected Payor	Private	84.4	Medicaid	89.7	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity	Black or African American	82.5	White	87.3	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity	Asian	82.6	White	87.3	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Age	0–4 years	84.6	10–14 years	89.0	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Age	15 years and older	88.3	10–14 years	89.0	1.0

Plan to address disparities identified in the data

Overview and Findings

The Orange Hospital analysis of AB 1204 equity measures for Calendar Year 2024 reveals notable disparities by race/ethnicity, payor type, age, sex assigned at birth, and preferred language.

Key Disparities & Insights

All-Cause Unplanned 30-Day Hospital Readmission Rate

- Race/Ethnicity: Asian patients showed the lowest readmission rate at 8.8% compared to White patients at 15.2% and Hispanic or Latino patients at 15.0%, both reflecting a rate ratio (RR) of 1.7.
- Payor: Patients with private insurance showed a lower readmission rate of 12.7%, compared to patients insured through Medicaid at 15.1% (RR 1.2).

- Sex Assigned at Birth: Male patients had a slightly lower readmission rate of 14.0% compared to female patients at 14.9% (RR 1.1).

Pediatric Experience Survey with Scores of Willingness to Recommend the Hospital

- Language: Families of patients preferring Spanish reported the highest willingness-to-recommend rate at 91.8% compared to families of patients preferring English at 85.9% (RR 1.1).
- Payor: Families of patients with Medicaid insurance showed the highest willingness-to-recommend rate with a rate of 89.7%, compared to families of patients insured through private insurance at 84.4% (RR 1.1).
- Race/Ethnicity: Families of White patients showed the highest willingness-to-recommend rate of 87.3% compared to families of Black or African American patients at 80.8% and Asian patients at 82.6% (both RR 1.1).
- Age: Families of patients aged 10-14 years showed the highest willingness-to-recommend rate of 89.0% compared to families of patients aged 0-4 years at 84.6% (RR 1.1) and 15 years and older at 88.3% (RR 1.0).

Strategic Interventions

1. Data & Predictive Modeling

- Continue enterprise-wide demographic and condition data collection for deeper analysis.
- Conduct multivariate studies to clarify observed discrepancies.
- Refine risk models to include social factors and language to identify high-risk discharges.

2. Workforce & Governance

- Socialize disparity data through venues such as medical staff town halls, nursing forums, and leadership committee .
- Build a system-wide learning network to share effective interventions and data insights.
- Embed equity metrics into Quality and Safety dashboards and scorecards.

3. Leverage Trust to Drive Outcomes

- Launch a patient experience survey campaign to strengthen WTR among groups experiencing disparities.
- Use high and low WTR to invite families to co-design, highlighting successful family stories, understanding what can be improved and activating community advocates to increase organizational health literacy.

4. Targeted Discharge & Follow-Up Pathways

- Improve discharge education with health literacy strategies and interpretation tools, including “Say-It-Simply, ” teach-back, and visual tools.
- Promote the free CHOC Nurse Line , available with Spanish-speaking staff and interpreter services, to support post-discharge guidance to reduce avoidable readmissions.

5. Patient-Focused Chronic Care Strategies

- Develop simplified care plans and digital reminders to support adherence.
- Engage families and schools in chronic disease management, including adolescent transition supports.

6. Community & System Partnerships

- Connect families with community health workers and navigators for appointment access, care adherence, and home support.
- Leverage school and community partnerships for education and linkage to care, including social needs.

Measurement & Targets

- Implement quarterly equity dashboards tracking 30-day readmissions and WTR by race, language, payor, age, sex assigned at birth and diagnosis.

- Adopt strategies to reduce the readmission gap between families insured through Medicaid and private payors in the next reporting cycle while maintaining or improving WTR among high-reporting groups.

Conclusion

CHOC Children's Hospital faces both a challenge and an opportunity in the finding that patient groups with elevated readmission rates also report high willingness-to-recommend (WTR). This dynamic suggests that trusted relationships already exist and that families are receptive, engaged, and willing partners in their care. The task ahead is to translate that trust into effective, equitable transitions of care. By strengthening discharge planning, enhancing health literacy, and expanding targeted follow-up and navigation supports, CHOC can leverage these positive relationships to address underlying access barriers. Coupled with data-driven insights, community partnerships, and accountable governance, these system-level interventions position CHOC to reduce disparities while sustaining high-quality, patient-centered experiences for all populations.

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

CHOC Children's Hospital, now part of Rady Children's Health, prioritizes person-centered care by embedding cultural responsiveness, language access, and patient and family engagement into every aspect of the patient and family experience. Initiatives are designed to honor individual preferences, improve communication, and build trust across diverse populations.

Key Initiatives and Performance Highlights

Digital Patient Experience Platform

CHOC implemented a digital patient experience platform in its ambulatory care center, offering personalized information in preferred languages and integrated access to the patient portal. This innovation enhances communication, supports shared decision-making, and improves engagement for linguistically diverse families

Depression Screening Program

Screening rates for youth 12+ exceeded 95%, with positive screens receiving follow-up and referrals demonstrating CHOC's commitment to whole-child health and behavioral equity.

Ambulatory Safety Expansion

The Safety Hero program was launched in ambulatory settings, with dyes trained to lead safety conversations and reinforce error prevention tools.

Language Access & Cultural Responsiveness

CHOC celebrates Interpreter and Translation Week annually with hospital-wide education on language rights, interpreter best practices, and culturally responsive communication. CHOC provides onsite Spanish interpreters to support real-time communication for Spanish-speaking patients and families. For other languages, CHOC utilizes a third-party vendor for in-person interpretation and offers video remote interpretation (VRI) and telephone-based services, ensuring

timely and equitable language access across all care settings for linguistically diverse populations. These efforts support improved communication and satisfaction for Hispanic/Latino populations, who were predominantly Medicaid -insured and show both high willingness-to-recommend and elevated readmission rates.

Community Engagement & Education

The annual Community Health and Wellness Resource Fair connect families with community partners and health education, empowering them to participate in care decisions.

CHOC celebrates Health Literacy Month through a collaborative, organization-wide strategy that includes multilingual campaigns and interactive workshops. These efforts are supported by multiple departments , including Language Services, Clinical Education, the Family Resource Center, and are designed to empower patients and families with the knowledge needed to understand diagnoses, medications, discharge instructions, and how to navigate the healthcare system. Materials and sessions are tailored to meet the cultural and linguistic needs of CHOC's diverse patient population.

Culturally Inclusive Celebrations

Through the Latino Impact Network Group (ING), one of CHOC's employee resource groups , CHOC celebrates Hispanic Heritage Month with bilingual resources, music, foods, storytelling, and cultural education. These events foster trust and inclusion, especially among Hispanic/Latino patients who experience a 1.7x higher readmission rate compared to Asian patients.

Family Advisory Council Expansion and Engagement

CHOC's Family Advisory Council, composed of a diverse group of parents, meets monthly with defined goals to improve patient and family experience and equity. The Council is expanding to include adolescents and patients or parents of diversity of values, beliefs, and practices or live with chronic conditions . Their input informs care planning, communication strategies, education initiatives, policy development, and the creation of patient-facing materials. This commitment ensures that CHOC's services are inclusive, responsive, and aligned with the needs of the communities it serves.

Shared Decision-Making & Feedback Integration

CHOC integrates patient and family feedback into care planning through patient experience real-time rounding, real-time survey tools, post-discharge calls, and advisory councils. These mechanisms ensure care is tailored to individual needs and preferences, improving the "willingness to recommend" metric across our diverse populations.

CHOC also offers spiritual care services, comprehensive patient education, access to MyCHOC – the online patient portal— and child life services to support patients and enhance their overall experience.

Patient safety

CHOC Children's Hospital, now part of Rady Children's Health, prioritizes patient safety through a comprehensive, equity-driven approach that includes clinical protocols, communication enhancements, and culturally responsive practices. Safety initiatives are designed to reduce harm, improve care transitions, and address disparities in outcomes, particularly among populations with elevated readmission rates.

Key Initiatives and Performance Highlights

Language Services Re-optimization

CHOC has undergone a re-optimization of its Language Services department, improving operational efficiency, interpreter availability, and response times. These enhancements support safer care delivery for patients with limited English proficiency, particularly Hispanic/Latino and Medicaid populations.

Interpreter Access Across Modalities

CHOC provides onsite Spanish interpreters to support real-time communication for Spanish-speaking patients and families. For other languages, CHOC utilizes a third-party vendor for in-person interpretation and offers video remote interpretation (VRI) and telephone-based services, ensuring timely and equitable language access across all care settings for linguistically diversity of our population.

Improved Spanish Translation in Discharge Summary

The case management vendor Information in the Spanish version of the discharge summary has been reorganized to match the clarity and structure of the English source. This enhancement ensures that Spanish-speaking families now receive information that is clear, consistent, and easy to navigate, eliminating previous confusion caused by disorganized content. By improving comprehension during discharge, this change reduces the risk of miscommunication and supports safer transitions of care, directly advancing CHOC's patient safety and health equity goals.

Addressing patient social drivers of health

CHOC Children's Hospital, now part of Rady Children's Health, recognizes that health outcomes are shaped by more than clinical care. Through a system-wide approach, CHOC addresses social drivers of health by identifying barriers, connecting families to resources, and tailoring care to meet the needs of diverse communities.

Key Initiatives and Performance Highlights

Social Drivers of Health (SDoH) Screening & Navigation

CHOC screens inpatient visits for key social needs, including housing instability, food insecurity, and transportation barriers and is actively scaling these efforts across ambulatory visits. Patients with identified needs are referred to clinical social workers and external community-based organizations for assistance. CHOC is also a state leader in the screening and intervention on adverse childhood experiences (ACEs). CHOC uses the 'Findhelp' platform to seek, track, and close the loop on community referrals and uses the data in planning SDOH interventions and partnerships.

Financial Assistance & Charity Care

CHOC offers robust financial assistance and charity care programs to reduce cost-related access issues, particularly for Medicaid patients and families with limited resources.

Health Literacy Patient and Family Education

CHOC is committed to providing patients and families with the necessary education to manage illness, return to optimal functioning, promote healthy behaviors, and facilitate participation in health care decisions. The Patient and Family Education Program ensures patient education materials are provided in clear language following a rigorous review that undergoes health literacy screening. Through these efforts, our patient and families partner with clinical staff to effectively navigate the healthcare system, build relationships, ensure understanding, and engage in self-care practices.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

CHOC Children's Hospital, now part of Rady Children's Health, ensures effective treatment for every child by standardizing high-quality care, reducing delays, and improving clinical reliability across surgical, trauma, sepsis, diagnostic, and medication safety programs.

Key Initiatives and Performance Highlights

Surgical Quality Program

CHOC's American College of Surgeons (ACS) Children's Surgical Verification ensures standardized, high-quality surgical care for all pediatric patients. The Enhanced Recovery After Surgery (ERAS) initiative promotes faster recovery and reduced complications, benefiting patients with chronic conditions and those from underserved communities who may face barriers to post-operative support. The Operating Room (OR) triage system improves access and prioritization, ensuring timely treatment regardless of background or insurance status.

Trauma Program

CHOC's Level I Pediatric Trauma Center delivers equitable emergency care, outperforming national benchmarks in outcomes. The trauma team's use of real-time data tools and quality indicators ensures that care is responsive and inclusive. Participation in national research and development of culturally relevant injury prevention programs (e.g., drowning and e-bike safety) reflects CHOC's commitment to addressing social drivers of health and community-specific risks.

Sepsis Management:

CHOC's sepsis protocols significantly reduced treatment delays, with time to antibiotics and fluid bolus improved by over 70%. These enhancements are especially critical for Medicaid and Hispanic/Latino populations, who experience higher readmission rates. Standardized huddle documentation ensures consistent care escalation across all patient groups, supporting timely and effective treatment regardless of language or socioeconomic status .

Diagnostic Excellence

The Diagnostic Excellence Committee uses the Safer Dx tool to reduce diagnostic errors, which disproportionately affect patients with limited English proficiency or complex conditions . By standardizing reviews and improving reliability, CHOC ensures that all patients receive accurate, timely diagnoses advancing equity in clinical decision-making.

Medication Safety

CHOC's medication safety improvements including smart pump compliance, barcode scanning, and pharmacist-led discharge education enhance treatment accuracy and reduce harm. These efforts are particularly impactful for families with limited health literacy or language barriers. The inclusion of naloxone for high-risk opioid discharges and tailored insulin dosing reflects CHOC's responsiveness to evolving patient demographics and needs.

Care coordination

CHOC Children's Hospital, now part of Rady Children's Health, recognizes that effective care coordination is essential to improving health outcomes and reducing disparities. Our approach ensures that patients receive timely, appropriate, and culturally responsive care across all settings.

Key Initiatives and Performance Highlights:

Cross-Continuum Care Coordination

CHOC's case managers and care coordinators work across inpatient, outpatient and health network (CHOC Health Alliance) settings to bridge care and collaborate on patient outcomes.

Care Navigation for High-Risk Populations

CHOC has implemented care navigator programs for patients with chronic conditions, limited English proficiency, and complex social needs. Navigators assist families in scheduling appointments, understanding care plans, and accessing community resources.

Multidisciplinary Rounds

Daily multidisciplinary rounds include social workers, interpreters, and care coordinators to ensure that discharge planning and transitions of care are inclusive and equitable.

Post-Discharge Follow-Up

CHOC conducts post-discharge calls and conducts analysis stratified by language and payer type to identify barriers and provide support, reducing readmissions and improving patient satisfaction. CHOC also has resource specialists in the psychology department who connect patients with appointments, and in the Emergency Department to follow up and ensure patients have attended scheduled appointments.

Access to care

CHOC Children's Hospital, now part of Rady Children's Health, is committed to ensuring equitable access to care for all patients, regardless of race, ethnicity, language, disability status, sexual orientation, gender identity, or payer type.

Key Initiatives and Performance Highlights:

Telehealth Expansion

CHOC has expanded telehealth services to reach rural and underserved communities, offering virtual visits in multiple languages and ensuring accessibility for families with transportation barriers.

Appointment Availability Stratification

CHOC monitors appointment availability by payor type and language to identify gaps and implement scheduling improvements that promote equity.

Community-Based Clinics:

CHOC partners with local organizations to offer care in community settings, increasing access for families who face geographic or financial barriers.

Wellness on Wheels (WoW): Asthma remains a leading cause of school and activity absenteeism among children. To address this, CHOC developed a mobile, multilingual clinic that provides testing, diagnosis, treatment, and ongoing management of asthma and related health conditions for children covered by Medi-Cal and with limited access to health care geographically. The mobile "Wellness-on-Wheels" (WoW) vans are staffed by CHOC physicians, nurses, licensed clinical social workers, community health workers and patient care representatives. This multidisciplinary team delivers comprehensive care and fosters strong, trusted relationships between families and asthma care providers.

WellSpaces: Launched in 2019 through a partnership between CHOC and Orange County Department of Education (OCDE), the WellSpaces initiative has expanded to more than 65+ sites across 17+ schools and school districts. WellSpaces are safe, dedicated environments on school

campuses that promote the mental and emotional well-being of students and support early intervention to prevent mental health crises and avoid hospital readmissions. The program focuses on meeting students where they are by providing school-based education, early identification of mental health needs, and timely connections to school-based mental health professionals. In addition, WellSpaces equip students, parents and educators with tools and resources to strengthen mental health awareness, coping skills, and resilience.

Free Nurse Advice Line: CHOC offers a free, 24-hour nurse advice line available 7 days a week, providing families with timely access to clinical guidance and virtual physician visits when appropriate. Registered nurses assess the child's condition and offer medical advice, supported by Spanish-speaking staff and interpreter services as needed to ensure language access. Based on the child's symptoms and needs, nurses may provide at-home care recommendations, advise scheduling an appointment with a primary care provider, or coordinate a same-day telehealth visit with a CHOC physician or nurse practitioner.

Methodology Guidelines

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

Y