

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	CHILDREN'S HOSPITAL AT MISSION
Facility Type:	Children Hospital
Hospital HCAI ID:	106304113
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	01/15/2026
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.

13645

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	11820	13645	86.6
Spanish Language	1598	13645	11.7
Asian Pacific Islander Languages	suppressed	13645	suppressed
Middle Eastern Languages	suppressed	13645	suppressed
American Sign Language	suppressed	13645	suppressed
Other Languages	127	13645	0.9

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

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

<https://data.cms.gov/provider-data/topics/hospitals/health-equity>

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

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

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

448

Total number of respondents to the pediatric experience survey

521

Percentage of respondents who reported willingness to recommend the hospital

86

Total number of respondents of the pediatric experience survey

564

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

92.4

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					
Asian	suppressed	suppressed	suppressed	suppressed	suppressed
Black or African American	suppressed	suppressed	suppressed	suppressed	suppressed
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 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	156	191	81.7	215	88.8
Age 5 to 9	suppressed	suppressed	suppressed	suppressed	suppressed
Age 10 to 14	suppressed	suppressed	suppressed	suppressed	suppressed
Age 15 Years and Older	106	121	87.6	128	94.5

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	226	256	88.3	273	93.8
Male	suppressed	suppressed	suppressed	suppressed	suppressed
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	196	214	91.6	236	90.7
Private	171	206	83	220	93.6
Self-Pay					
Other	81	101	80.2	108	93.5

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	suppressed	suppressed	suppressed	suppressed	suppressed
Spanish Language	suppressed	suppressed	suppressed	suppressed	suppressed
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

suppressed

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

suppressed

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

suppressed

Table 4. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for any eligible condition by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	suppressed	suppressed	suppressed
Black or African American			
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 0 to 4	suppressed	suppressed	suppressed
Age 5 to 9	0	14	0
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	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare			
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			
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
Pediatric experience survey with scores of willingness to recommend the hospital	Expected Payor	Other	80.2	Medicaid	91.6	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Expected Payor	Private	83.0	Medicaid	91.6	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Age	0–4 years	81.7	15 years and older	87.6	1.1

Plan to address disparities identified in the data

Overview and Findings

The hospital-level analysis of AB 1204 equity measures for Calendar Year 2024 at Children’s Hospital at Mission, part of Rady Children’s Health, identified disparities in willingness to recommend (WTR) the hospital by payor type and age. Due to the overall small patient volume, the analysis uncovered three disparities across both hospital equity measures reported for pediatric core quality measures: the 30-day all-cause readmission rate and the pediatric experience survey with scores of willingness to recommend the hospital. The current age disparities at Rady Children’s Hospital Mission are understood to be largely driven by patients in our specialty programs: the Eating Disorder Medical Stabilization Program and the Pediatric Intensive Care Unit (PICU).

Key Disparities & Insights

Pediatric Experience Survey with Scores of Willingness to Recommend the Hospital

- * Expected Payor: Families of patients insured through Medicaid showed a higher WTR rate of 91.6%, compared to families of patients insured through other insurance at 80.2% and private insurance at 83.0% (both RR 1.1).
- * Age: Families of patients aged 15 years and older showed a higher WTR score of 87.6% compared to families of patients aged 0-4 years at 81.7% (RR 1.1).

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 medical staff town halls, nursing forums, and leadership committee , etc.

- * 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 WTR and low WTR to invite families into co-design, highlight successful family stories, and activate 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 WTR by race, language, payor, age, and diagnosis.

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

Conclusion

By centering discharge planning, health literacy, and targeted follow-up, data-driven insights, community partnerships, and accountable governance, Children’s Hospital at Mission, part of Rady Children’s Health, can sustain 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

Children’s Hospital at Mission, 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.

Patient safety

Children's Hospital at Mission, 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.

Addressing patient social drivers of health

Children's Hospital at Mission, 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.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Children's Hospital at Mission, 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.

Care coordination

Children's Hospital at Mission, 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.

Access to care

Children's Hospital at Mission, 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.

Methodology Guidelines

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

Y