

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	VALLEY CHILDREN'S HOSPITAL
Facility Type:	Children Hospital
Hospital HCAI ID:	106204019
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://www.valleychildrens.org/

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.

140162

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	114019	140162	81.3
Spanish Language	23636	140162	16.9
Asian Pacific Islander Languages	483	140162	0.3
Middle Eastern Languages	347	140162	0.2
American Sign Language	90	140162	0.1
Other Languages	1587	140162	1.1

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 children's hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser:

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

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

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

Y

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

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

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

Y

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

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

Y

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

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

Y

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

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

Y

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

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

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

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

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				
Housing Instability				
Transportation Problems				
Utility Difficulties				
Interpersonal Safety				

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

34140

Total number of respondents to the pediatric experience survey

38453

Percentage of respondents who reported willingness to recommend the hospital

88.8

Total number of respondents of the pediatric experience survey

256971

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

15.0

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	146	171	85.4	1358	12.6
Asian					
Black or African American	1097	1260	87.1	10276	12.3
Hispanic or Latino	136	143	95.1	539	26.5
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander	61	62	98.4	485	12.8
White	27731	31115	89.1	207227	15.0

Age	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age 0 to 4	8990	10282	87.4	79920	12.9
Age 5 to 9	7628	8623	88.5	58292	14.8
Age 10 to 14	8859	9890	89.6	58029	17.0
Age 15 Years and Older	8663	9658	89.7	60730	15.9

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	16069	18203	88.3	121615	15.0
Male	18061	20239	89.2	135305	15.0
Unknown					

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	33	38	86.8	209	18.2
Medicaid	18878	21027	89.8	161094	13.1
Private	4462	5222	85.4	54869	9.5
Self-Pay	52	68	76.5	702	9.7
Other	10715	12098	88.6	40097	30.2

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	23395	26751	87.5	208776	12.8
Spanish Language	10745	11702	91.8	48195	24.3
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

507

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

8504

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

6.0

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	26	454	5.7
Black or African American	14	381	3.7
Hispanic or Latino	349	5780	6.0
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific Islander			
White	105	1601	6.6

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 0 to 4	246	4701	5.2
Age 5 to 9	97	1508	6.4
Age 10 to 14	77	1299	5.9
Age 15 Years and Older	87	996	8.7

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	223	3706	6.0
Male	284	4798	5.9
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare			
Medicaid	418	6354	6.6
Private	86	2004	4.3
Self-Pay	Suppressed	Suppressed	Suppressed
Other	Suppressed	Suppressed	Suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	392	6873	5.7
Spanish Language	92	1480	6.2
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	6.6	Black or African American	3.7	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	15 years and older	8.7	0–4 years	5.2	1.7
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Hispanic or Latino	6.0	Black or African American	3.7	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Asian	5.7	Black or African American	3.7	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Medicaid	6.6	Private	4.3	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	5–9 years	6.4	0–4 years	5.2	1.2
Pediatric experience survey with scores of willingness to recommend the hospital	Expected Payor	Self-Pay	76.5	Medicaid	89.8	1.2
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity	American Indian or Alaska Native	85.4	Native Hawaiian or Pacific Islander	98.4	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	10–14 years	5.9	0–4 years	5.2	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity	Black or African American	87.1	Native Hawaiian or Pacific Islander	98.4	1.1

Plan to address disparities identified in the data

Seven of the 10 disparities identified at Valley Children's were related to the California Department of Health Care Access and Information (HCAI) All-Cause 30-Day Readmission Rate, with the top disparities occurring among the age and race and/or ethnicity stratification groups. While the calculated rate ratios suggest a possible disparity, chart review of individual cases found no evidence of inappropriate or substandard care. These results can be attributed to the efforts of our Health Equity Steering Committee, which was established to analyze clinical outcomes and identify potential disparities. As part of their ongoing work, the committee monitors hospital readmissions to ensure care is both appropriate and effective. To date, no disparities in clinical outcomes have been found.

To reduce and prevent disparities within readmission rates, several best practices have been implemented hospital wide. These include scheduling follow-up appointments prior to discharge,

developing care plans for high-risk patients, conducting post discharge follow-up calls to high-risk patients, providing patients with clear and understandable discharge instructions in their native language, and explaining potential problems and what to do or who to contact if a problem arises. We ensure our patients understand their discharge instructions thoroughly before leaving the hospital via return demonstration when applicable. As part of our continuous and never-ending improvement, the Quality and Performance Improvement team reviews same-cause hospital readmissions weekly to ensure the care during the initial hospitalization was appropriate. Metrics being tracked to monitor potential disparities include health conditions, race/ethnicity, Child Opportunity Index (COI) and payer status.

We are confident in the care we provide for our patients and their families regardless of race or ethnicity, as evidenced by the results of our pediatric experience survey which showed little to no disparities when comparing race. Over the next 12 months, we will maintain our efforts by applying best practices and tracking outcomes to ensure care remains equitable, safe, effective, timely, efficient and patient centered.

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

Patient-centered care is a core value at Valley Children's, guiding how we engage with patients and families and meet their unique needs throughout their care journey. Our George's Pass program, created in 2014 by one of our day surgery nurses, exemplifies this commitment by thoughtfully adapting the hospital experience for children with autism spectrum disorder (ASD). Recognizing that hospitals can be overwhelming and stressful with bright lights and loud alarms, the program offers a variety of tools and resources to support patients throughout their visit. For example, a distinctive George's Pass icon is placed on the patient's door and noted in their chart to alert the care team of their unique needs. To reduce sensory overload, exposure to noisy areas is minimized. Patients are also offered individualized tours to help familiarize them with the environment before their procedure. During their visit, calming activities using iPads and sensory-friendly toys help ease anxiety. Additionally, private, dimly lit recovery rooms allow parents to stay close as their child wakes up from anesthesia. This patient-centered approach ensures that each child's sensory and emotional needs are prioritized, creating a more comfortable, supportive, and individualized healthcare experience.

Patient safety

To support our safety culture, we've established safety behavior expectations for clinical and non-clinical staff. These expectations call on everyone to make a personal commitment to safety, be accountable for clear and complete communication and support a questioning attitude. The above behaviors coupled with evidence-based bundles and high reliability principles ensure that we remain focused on zero preventable harm.

Additionally, we have implemented the following organizational efforts to support our culture of safety and our goal of zero preventable harm – because zero harm is better when it comes to quality and patient safety.

- "V 6, F y, staff gathers for a safety "huddle" to survey the day's schedule, plan ahead and remain proactive about patient safety considerations.
- " Væ—BÖ& 6VB 6 `ety coach program encourages staff to be "Safety Superheroes" and positively reinforce safety behaviors they observe, while identifying opportunities where safety behaviors could be used more effectively.
- "ÖVÖ&W'2 öb Valley Children's executive leadership regularly visit all areas throughout our hospital to meet with frontline staff and discuss processes that are working well and opportunities for improvement.

Valley Children's has also been named a Top Children's Hospital by The Leapfrog Group for the sixth time, highlighting its nationally recognized achievements in patient safety and quality. This prestigious recognition places Valley Children's among an elite group of children's hospitals nationwide to receive this honor.

Addressing patient social drivers of health

Social determinants of health, particularly poverty and food insecurity, are major drivers of health inequities that limit opportunities for economic, physical, and emotional well-being. We are dedicated to partnering with families and community-based organizations in our region to address these disparities head-on.

To support this commitment, we have developed partnerships that ensure children and families have access to nutritious food, improving their prospects for health and wellness. In 2022, we launched a three-year partnership with our local food bank. In the first two years, 19,512 pounds of food were distributed. Additionally, we partnered with a local supermarket to provide food coupons, distributed by our physicians, to the 23% of families screening positive for food insecurity. These coupons help with the purchase of healthy staples such as fruits, vegetables and dairy products.

Because many children rely on school meals for much of their daily nutrition, we partnered with a local school during the 2023-2024 school year to provide 94,000 pounds of food for children qualifying for free and reduced priced meals. In another community partnership with a local rescue mission, a First Fruits Market opened in September 2023 and distributed nearly 500,000 pounds of food within the first five months.

We have launched a multi-year initiative to standardize SDOH chart documentation and improve access to community resources, ensuring families can consistently receive the support they need.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Delivering effective treatment is at the heart of our hospital's mission to provide every patient with the highest quality care. Valley Children's ECMO program stands as a strong testament to that commitment, achieving an impressive 73% survival rate for cardiac ECMO patients. ECMO is a highly technical and invasive modality that is sometimes necessary in infants and children with serious heart or lung failure to provide temporary life support while medical and surgical therapies are given time to potentially improve the patient's organ function. Valley Children's ECMO program is one of only three children's hospitals in the Western U.S. recognized as a Designated Platinum Center of Excellence by the Extracorporeal Life Support Organization (ELSO). This prestigious designation reflects the program's exceptional commitment to evidence-based processes, staff

training, patient satisfaction, and clinical care.

Care coordination

Care coordination is essential to ensure children receive the most effective care throughout their hospital journey. At Valley Children's, our case management team plays a key role in guiding families through what can often be a complex and overwhelming experience. Comprised of experienced registered nurses, our case managers work closely with doctors, nurses, insurance providers and community agencies to ensure each child receives the right care at the right time.

Our case managers support patients and families through discharge planning, utilization management and care coordination. They assess complex medical needs, arrange home health services, supplies, medications and collaborate with care teams to prepare families for discharge. They also ensure patients meet hospital stay criteria and assist with eligibility for programs like California Children's Services (CCS). Case managers coordinate patient care conferences that bring together members of the multidisciplinary team and families to address the needs of complex patients. They work closely with Valley Children's Home Care, social workers, starship inpatient units, the Rehabilitation Center and hospital dietitians to support each child's medical, emotional and practical needs. Through this coordinated approach, case managers help make hospital stays more efficient, discharges more seamless, and care more accessible.

Access to care

Advancing health equity is central to our mission to improve community health. It is a strategic priority for fiscal year 2026 because we believe that everyone should have a fair and just opportunity to be as healthy as possible.

Achieving this requires removing barriers such as poverty, limited access to good jobs, quality education, housing, safe environments and healthcare. Our organization proactively identifies areas of disparity through tools such as the Community Health Needs Assessment, patient safety outcomes and the Health Equity Steering Committee, among others, and works collectively with community leaders and organizations to address and eliminate them.

Methodology Guidelines

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

Y