

# Hospital Equity Measures Report

## General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	RADY CHILDREN'S HOSPITAL SAN DIEGO
Facility Type:	Children Hospital
Hospital HCAI ID:	106370673
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:	<a href="https://www.rchsd.org/equity-report/">https://www.rchsd.org/equity-report/</a>

## 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](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.

131665

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	109200	131665	82.9
Spanish Language	17561	131665	13.3
Asian Pacific Islander Languages	776	131665	0.6
Middle Eastern Languages	1694	131665	1.3
American Sign Language	50	131665	0
Other Languages	2384	131665	1.8

## 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

NA

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

NA

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

NA

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

2381

Total number of respondents to the pediatric experience survey

2785

Percentage of respondents who reported willingness to recommend the hospital

85.5

Total number of respondents of the pediatric experience survey

3148

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

88.5

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.

<b>Race and/or Ethnicity</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>American Indian or Alaska Native</b>	suppressed	suppressed	suppressed	suppressed	suppressed
<b>Asian</b>	172	207	83.1	234	88.5
<b>Black or African American</b>	111	138	80.4	177	78.0
<b>Hispanic or Latino</b>	1350	1499	90.1	1687	88.9
<b>Middle Eastern or North African</b>					
<b>Multiracial and/or Multiethnic (two or more races)</b>	95	119	79.8	137	86.9
<b>Native Hawaiian or Pacific Islander</b>	suppressed	suppressed	suppressed	suppressed	suppressed
<b>White</b>	593	749	79.2	834	89.8

  

<b>Age</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Age 0 to 4</b>	820	1013	80.9	1173	86.4
<b>Age 5 to 9</b>	566	633	89.4	704	89.9
<b>Age 10 to 14</b>	568	654	86.9	736	88.9
<b>Age 15 Years and Older</b>	427	485	88.0	535	90.7

  

<b>Sex assigned at birth</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Female</b>	suppressed	suppressed	suppressed	suppressed	suppressed
<b>Male</b>	1303	1519	85.8	1712	88.7
<b>Unknown</b>	suppressed	suppressed	suppressed	suppressed	suppressed

  

<b>Payer Type</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Medicare</b>	suppressed	suppressed	suppressed	suppressed	suppressed
<b>Medicaid</b>	1305	1467	89.0	1669	87.9
<b>Private</b>	922	1119	82.4	1251	89.4
<b>Self-Pay</b>					
<b>Other</b>	suppressed	suppressed	suppressed	suppressed	suppressed

<b>Preferred Language</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
English Language	1840	2194	83.9	2477	88.6
Spanish Language	suppressed	suppressed	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed	suppressed	suppressed
Middle Eastern Languages	suppressed	suppressed	suppressed	suppressed	suppressed
American Sign Language	suppressed	suppressed	suppressed	suppressed	suppressed
Other/Unknown Languages	suppressed	suppressed	suppressed	suppressed	suppressed

<b>Disability Status</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
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					

<b>Sexual Orientation</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Lesbian, gay or	suppressed	suppressed	suppressed	suppressed	suppressed
Straight or heterosexual	suppressed	suppressed	suppressed	suppressed	suppressed
Bisexual	suppressed	suppressed	suppressed	suppressed	suppressed
Something else	suppressed	suppressed	suppressed	suppressed	suppressed
Don't know	suppressed	suppressed	suppressed	suppressed	suppressed
Not disclosed	suppressed	suppressed	suppressed	suppressed	suppressed

<b>Gender Identity</b>	<b>Number of respondents willing to recommend hospital</b>	<b>Total number of responses</b>	<b>Percentage of willing to recommend hospital responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Female	suppressed	suppressed	suppressed	suppressed	suppressed
Female-to-male (FTM)/ transgender male/trans	suppressed	suppressed	suppressed	suppressed	suppressed
Male	suppressed	suppressed	suppressed	suppressed	suppressed
Male-to-female (MTF)/ transgender female/trans woman	suppressed	suppressed	suppressed	suppressed	suppressed
Non-conforming gender	suppressed	suppressed	suppressed	suppressed	suppressed
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](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

305

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

3682

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

8.3

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	14	192	7.3
Black or African American	suppressed	suppressed	suppressed
Hispanic or Latino	185	2166	8.5
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	24	159	15.1
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	72	914	7.9

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	176	1799	9.8
Male	129	1883	6.9
Unknown			

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare	suppressed	suppressed	suppressed
Medicaid	71	1585	4.5
Private	86	927	9.3
Self-Pay	0	22	0
Other	suppressed	suppressed	suppressed

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language	228	2841	8.0
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

  

<b>Disability Status</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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			

  

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

  

<b>Gender Identity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
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	Expected Payor	Private	9.3	Medicaid	4.5	4.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Multiracial and/or Multiethnic (two or more races)	15.1	Asian	7.3	2.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Female	9.8	Male	6.9	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Hispanic or Latino	8.5	Asian	7.3	1.2
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity	White	79.2	Hispanic or Latino	90.1	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity	Multiracial and/or Multiethnic (two or more races)	79.8	Hispanic or Latino	90.1	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity	Black or African American	80.4	Hispanic or Latino	90.1	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Age	0–4 years	80.9	5–9 years	89.4	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity	Asian	83.1	Hispanic or Latino	90.1	1.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	White	7.9	Asian	7.3	1.1

#### Plan to address disparities identified in the data

Our analysis of demographic performance data identified ten areas with measurable differences. Importantly, most of these disparities reflect small rate ratio differences (1.1), indicating that overall care delivery is consistent across populations. These findings reinforce that our system provides high-quality care across all populations, while highlighting opportunities for refinement in specific areas.

##### Disparity 1: All-Cause Unplanned Readmission Rate – Private Payor vs. Medicaid

Private payor patients demonstrated a higher unplanned readmission rate compared to Medicaid patients. While this difference is modest, we will review discharge planning processes and support for all patients to ensure consistency. Planned actions include strengthening care coordination, expanding telehealth follow-up visits and patient portal engagement for all payor groups, and

monitoring readmission trends to identify any emerging patterns.

Disparity 2: All-Cause Unplanned Readmission Rate – Multiracial/Multiethnic vs. Asian

Multiracial and multiethnic patients had a slightly higher readmission rate compared to Asian patients. This variation is small but will be addressed through enhanced discharge education and coordination for families, especially those with complex medical conditions, ensuring access to language and support resources, and continued monitoring to confirm improvement and prevent widening gaps.

Disparity 3: Unplanned 30-Day Readmission Rate – Female vs. Male

Female patients showed a marginally higher 30-day readmission rate than male patients. Planned actions include reviewing clinical pathways for conditions with higher readmission risk to ensure gender-neutral application, reinforcing family engagement strategies during discharge planning, continued monitoring readmission trends as part of our standard quality review.

Disparity 4: All-Cause 30-Day Readmission Rate – Hispanic or Latino vs. Asian

Hispanic or Latino patients had a slightly higher readmission rate compared to Asian patients. Actions will focus on providing appropriate language support and education materials for families, utilizing patient portals and telemedicine to improve follow-up care, and partnering with Population Health team and community resources to address social needs that may impact recovery.

Disparities 5: Pediatric Experience Survey – White vs. Hispanic or Latino population

Differences in patient experience scores across racial and ethnic groups (White, Multiracial/Multiethnic, Black or African American, and Asian) compared to Hispanic patients were minimal, with rate ratios near or at 1.1. Actions being considered are continuing staff and provider training in family-centered communication, optimizing child life services and enhancing our opportunities with real-time feedback tools to identify and address concerns promptly.

Disparities 6: Pediatric Experience Survey – Multiracial/Multiethnic vs. Hispanic or Latino population

Differences in patient experience scores across racial and ethnic groups (White, Multiracial/Multiethnic, Black or African American, and Asian) compared to Hispanic patients were minimal, with rate ratios near or at 1.1. Strategies are the same as for Disparity 5.

Disparities 7: Pediatric Experience Survey – Black or African American vs. Hispanic or Latino population

Differences in patient experience scores across racial and ethnic groups (White, Multiracial/Multiethnic, Black or African American, and Asian) compared to Hispanic patients were minimal, with rate ratios near or at 1.1. Strategies are the same as for Disparity 5.

Disparity 8: Pediatric Experience Survey – Age 0–4 vs. 5–9

Patients aged 0–4 years scored slightly lower on willingness to recommend compared to those aged 5–9 years. Actions being considered include enhancing age-appropriate engagement strategies for younger patients and their families, reviewing access and availability of child life specialists and comfort measures for toddlers as well as monitoring feedback by age group to ensure improvements are sustained.

Disparities 9: Pediatric Experience Survey – Asian vs. Hispanic or Latino population

Differences in patient experience scores across racial and ethnic groups (White, Multiracial/Multiethnic, Black or African American, and Asian) compared to Hispanic patients were minimal, with rate ratios near or at 1.1. Strategies are the same as for Disparity 5.

Disparity 10: All-Cause Unplanned 30-Day Readmission Rate – White vs. Asian

White patients had a slightly higher 30-day readmission rate compared to Asian patients, with a rate ratio of 1.1. While this difference is minimal, actions will focus on reviewing clinical pathways for conditions with higher readmission risk, utilizing patient portals and telemedicine to improve follow-up care, and continue monitoring readmission trends as part of our standard quality review.

## **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

Our health system is committed to delivering care that is respectful of and responsive to the needs, preferences, and values of all children and their families. We recognize that pediatric care requires an approach that goes beyond clinical treatment to include emotional, developmental, and social support. Our care teams engage families as active partners in decision-making, ensuring that treatment plans reflect both best medical practices and family priorities.

We prioritize clear, compassionate communication and shared decision-making throughout the care journey. This includes structured family conferences and bedside rounding with parents present (family-centered care). To enhance accessibility and convenience, we offer secure patient portals that allow families to review test results, message care teams, and access educational resources. These tools empower families to stay informed and actively involved in their child's care.

In our ambulatory medicine locations, we have integrated telemedicine visits to provide flexible, timely care for families who may face barriers to in-person appointments. Telehealth services support continuity of care for chronic conditions, behavioral health, and follow-up visits, reducing travel burden and improving adherence to treatment plans.

Our performance in person-centered care is measured through patient and family experience scores, responsiveness to concerns, and engagement in care planning. We benchmark these metrics against national pediatric standards and incorporate feedback into quality improvement initiatives. By embedding person-centered principles into care delivery, we ensure that our pediatric patients and their families receive care that is safe, effective, and aligned with their needs.

### Patient safety

the highest standards of safety for pediatric patients. We have implemented a comprehensive, hospital-wide patient safety program that integrates evidence-based practices, continuous monitoring, and multidisciplinary collaboration. This program addresses key areas such as medication safety, infection prevention, and hospital acquired conditions (HAC's), aligning with national best practices and regulatory requirements. Our approach emphasizes proactive safety and collaborative improvement to sustain a culture of safety across all care settings.

We actively participate in Children's Hospitals Solutions for Patient Safety (SPS), a national network of more than 150 pediatric hospitals working collectively toward the goal of eliminating serious harm. Through this collaborative, we adopt standardized prevention bundles for HAC's such as central line associated bloodstream infections (CLABSI), unplanned extubations, pressure injuries, and adverse drug events. SPS provides a structured framework for sharing data, learning from peer institutions, and implementing high-reliability practices. This engagement has enabled us to accelerate harm reduction and strengthen our safety culture by leveraging proven strategies and benchmarking against national performance trends.

Our participation in SPS and related collaboratives has yielded measurable improvements in patient safety outcomes. For example, hospitals within the SPS network have collectively prevented more than 32,000 instances of serious harm since 2012, translating into significant cost savings and improved quality of care. Locally, we monitor key safety indicators, including rates of HACs and serious safety events. These efforts are supported by structured root cause analyses, proactive safety huddles, and small tests of change, ensuring that lessons learned are translated into practice. While our primary focus remains on universal harm prevention, we recognize that equitable care is an essential component of patient safety. We monitor safety outcomes across demographic groups

to identify and address any disparities, ensuring that all children benefit equally from our safety initiatives. These equity considerations are embedded within our broader quality improvement framework, reinforcing our commitment to safe, reliable, and compassionate care for every patient.

#### Addressing patient social drivers of health

Our health system is committed to delivering care that is respectful of and responsive to the needs, preferences, and values of children and their families.

We prioritize clear, compassionate communication and shared decision-making throughout the care journey. This includes structured family conferences, bedside rounding with parents present, and the use of teach-back methods to confirm understanding. To enhance accessibility and convenience, we offer secure patient portals that allow families to review test results, message care teams, and access educational resources. These tools empower families to stay informed and actively involved in their child's care.

In our ambulatory medicine locations, we have integrated telemedicine visits to provide flexible, timely care for families who may face barriers to in-person appointments. Telehealth services support continuity of care for chronic conditions, behavioral health, and follow-up visits, reducing travel burden and improving adherence to treatment plans. These virtual options are complemented by digital scheduling and communication features within the patient portal, improving the experience across care settings for those who may have barriers to in-person evaluation.

Recognizing that social factors significantly impact health outcomes, we incorporate SDOH screening tools into routine care. These screenings identify needs related to housing, food security, transportation, and caregiver support. Based on screening results, we implement targeted interventions

- Food insecurity support: Connecting families to local food banks, community programs, WIC programs, and food pantries.
  - Transportation assistance: Providing vouchers for public transit or rideshare services for medical appointments.
  - Housing programs: Referrals to community housing agencies and emergency shelter resources.
  - Mental health support: Offering mental health resources, parenting classes, and respite care options.
- These interventions help reduce barriers to care and improve overall health outcomes for pediatric patients.

Our performance is measured through patient and family experience scores, responsiveness to concerns, and engagement in care planning. We benchmark these metrics against national pediatric standards and incorporate feedback into quality improvement initiatives.

## Performance in the priority area continued

Performance across all of the following priority areas.

#### Effective treatment

Our health system is dedicated to delivering clinically effective, evidence-based treatment for our patients. We prioritize interventions that improve outcomes and reduce unnecessary variation in care. Through continuous monitoring of key performance indicators such as adherence to clinical guidelines and pathways, order sets, we ensure that children receive the right care at the right time. These efforts are supported by quality improvement programs, peer review processes, and multidisciplinary collaboration across inpatient and outpatient settings.

We leverage data analytics to evaluate treatment effectiveness and identify opportunities for improvement. Using standardized pediatric quality indicators, we track performance in areas such as asthma management (ensuring appropriate use of controller medications and avoidance of

unnecessary hospitalizations), Type 1 Diabetes outcomes with HgbA1C values, pain management and reassessment, timely administration of antibiotics for febrile cancer patients upon arrival to emergency department.

While our primary focus is on overall quality and effectiveness, we recognize the importance of equitable care. Our system monitors outcomes across demographic groups to identify and address any disparities amongst several key quality and safety outcomes. These efforts are integrated into our broader quality improvement framework, ensuring that equity considerations strengthen our commitment to excellence in pediatric care.

#### Care coordination

Our pediatric hospital and health system continues to demonstrate strong performance in care coordination across inpatient, outpatient, and community-based settings. We have implemented a comprehensive, multidisciplinary approach that focuses on the transitions of care, timely communication among providers, and engagement with families. This model supports improved clinical outcomes, reduces unnecessary utilization, and enhances the overall patient and family experience.

Key initiatives include the integration of discharge care coordination teams within clinical service lines. Our teams work collaboratively with primary care providers, specialists, and community organizations to ensure continuity of care beyond the hospital setting.

We have also invested in data infrastructure to monitor care coordination metrics and identify areas for improvement. Through regular performance reviews and feedback loops, we have refined workflows and strengthened accountability across departments. Our approach emphasizes proactive identification of patients with complex needs and early intervention to address potential barriers to care.

While our care coordination strategies inherently support equitable access and outcomes, our primary focus remains on delivering high-quality, patient-centered care for all children and families. By aligning clinical operations with best practices in care management, we continue to advance our mission of improving health and well-being across the pediatric population.

#### Access to care

Our health system is committed to delivering care that is respectful of and responsive to the needs, preferences, and values of children and their families.

In our ambulatory medicine locations, we have integrated telemedicine visits to provide flexible, timely care for families who may face barriers to in-person appointments. Telehealth services support continuity of care for chronic conditions, behavioral health, and follow-up visits, reducing travel burden and improving adherence to treatment plans. These virtual options are complemented by digital scheduling and real-time communication features within the patient portal, ensuring an improved experience across care settings. To measure our performance in improving access, we track patient portal engagement, telemedicine utilization, no-show rates, and appointment availability with average weight time for specialty clinic appointments.

By continuously monitoring key metrics and adapting strategies based on feedback and outcomes, we work to ensure that children receive equal access to care.

### Methodology Guidelines

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

Y