

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	CHILDREN'S HOSPITAL OF LOS ANGELES
Facility Type:	Children Hospital
Hospital HCAI ID:	106190170
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	03/10/2026
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	https://www.chla.org/sites/default/files/2025-11/CHLA-CY2024

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:

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.

160504

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	135141	160504	84.2
Spanish Language	44907	160504	28
Asian Pacific Islander Languages	1645	160504	1
Middle Eastern Languages	989	160504	0.6
American Sign Language	201	160504	0.1
Other Languages	3170	160504	2

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

221

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

1363

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

16.2

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	18	8.1	17	7.7
Housing Instability	suppressed	suppressed	suppressed	suppressed
Transportation Problems	11	5	11	5
Utility Difficulties	17	7.7	16	7.2
Interpersonal Safety	21	9.5	21	9.5

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

19680

Total number of respondents to the pediatric experience survey

21131

Percentage of respondents who reported willingness to recommend the hospital

93.1

Total number of respondents of the pediatric experience survey

21131

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

100

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	909	976	93.1	976	4.6
Black or African American	815	881	92.5	881	4.2
Hispanic or Latino	12025	12868	93.4	12868	60.9
Middle Eastern or North African	370	410	90.2	410	1.9
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	19	20	95.0	20	0.1
White	2192	2367	92.6	2367	11.2

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	5960	6459	92.3	6459	30.6
Age 5 to 9	4781	5127	93.3	5127	24.3
Age 10 to 14	4793	5105	93.9	5105	24.2
Age 15 Years and Older	4146	4440	93.4	4440	21.0

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					
Male					
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	22	24	91.7	24	0.1
Medicaid	12861	13793	93.2	13793	65.3
Private	3912	4159	94.1	4159	19.7
Self-Pay	402	466	86.3	466	2.2
Other	2483	2689	92.3	2869	12.7

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	10834	11647	83	11647	55.1
Spanish Language	7960	8495	93.7	8495	40.2
Asian Pacific Islander Languages	85	98	86.7	98	0.5
Middle Eastern Languages	74	89	83.1	89	0.4
American Sign Language	19	23	82.6	23	0.1
Other/Unknown Languages	688	779	88.3	779	3.7

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 homosexual					
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 man					
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

1450

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

17920

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

8.1

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	99	1088	9.1
Black or African American	102	1202	8.5
Hispanic or Latino	883	10764	8.2
Middle Eastern or North African	45	489	9.2
Multiracial and/or Multiethnic (two or more races)	96	883	10.9
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	203	2448	8.3

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 0 to 4	473	6044	7.8
Age 5 to 9	290	3894	7.4
Age 10 to 14	283	3471	8.2
Age 15 Years and Older	404	4511	9

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

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	44	suppressed
Medicaid	1240	13371	9.3
Private	444	4236	10.5
Self-Pay	suppressed	90	suppressed
Other	26	179	14.5

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	1089	12987	8.4
Spanish Language	320	4441	7.2
Asian Pacific Islander Languages	26	220	11.8
Middle Eastern Languages	suppressed	124	suppressed
American Sign Language	suppressed	13	suppressed
Other/Unknown Languages	suppressed	135	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	Preferred Language	Asian/ Pacific Islander Languages	11.80	Spanish Language	7.2	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Multiracial and/or Multiethnic (two or more races)	10.90	Hispanic or Latino	8.2	1.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Preferred Language	English Language	8.40	Spanish Language	7.2	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	15 years and older	9.0	5–9 years	7.4	1.2
Pediatric experience survey with scores of willingness to recommend the hospital	Preferred Language	American Sign Language	82.6	Spanish Language	93.7	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Preferred Language	Middle Eastern Languages	83.1	Spanish Language	93.7	1.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Middle Eastern or North African	9.2	Hispanic or Latino	8.2	1.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Asian	9.1	Hispanic or Latino	8.2	1.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Private	10.5	Medicaid	9.3	1.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	10–14 years	8.2	5–9 years	7.4	1.1

Plan to address disparities identified in the data

"For readmissions, CHLA conducts ongoing reviews and monitoring of unplanned, all-cause readmissions to identify potential disparities and areas for improvement. A comprehensive analysis of 2024 data suggests that some observed disparities may be statistical anomalies rather than indicators of systemic issues. Analysis of contributing causes to disparities in 30-day unplanned hospital readmission shows that the strongest drivers tend not to be modifiable, and are related to the initial hospitalization, including underlying diagnosis, length of stay, and severity of illness. In fact, a statistical analysis of the disparities between language groups in CHLA's 2024 data identified that severity of illness was a significant driver of readmissions. A mixed effects regression model adjusted for severity of illness found that language was not a significant predictor of unplanned readmissions at CHLA.

In addition to underlying clinical factors, other important factors that lead to unplanned readmissions are social drivers of health which impact transition to out of hospital care, including access to follow-up care, access to medications and supplies, clear discharge instructions, discharge education, health literacy, and language support. To address these drivers of disparities, we have implemented several strategies with a goal to reduce discharge-related care failures by 25%.

- Discharge Effectiveness Workgroup: This multidisciplinary workgroup aims to improve the discharge workflow, including identifying home supply and medication needs early, improving

accuracy and turnaround time for discharge prescriptions, and improving timeliness of discharge orders so discharge instructions can be translated and provided with interpretation if needed.

- Post-Discharge Check-In Pilot: Patients discharged from either of two medical-surgical inpatient units receive a phone call from a nurse three-to-five days after discharge. The nurses review the discharge instructions and ask a standard set of questions to identify issues with appointments, supplies, medications, social needs, and pending results. The nurses assist with answering questions and referring issues to the appropriate department for resolution. Patients with ongoing concerns may be referred to the Discharge Bridge Program.

- Discharge Bridge Program: The Discharge Bridge Program provides post-discharge transition support to families with complex discharge needs. Nurse case managers and care coordination assistants meet with families to identify discharge needs, provide reinforcement of discharge education, assist with insurance authorizations, follow-up with pharmacies and medical supply vendors, and provide warm handoff to the outpatient care team.

For patient experience, CHLA has implemented several interventions in 2024 and 2025 to improve patient experience for deaf and hard-of-hearing patients and families, including acquiring a portable workstation on wheels and a large iPad dedicated for ASL video remote interpreting; hiring a full-time ASL interpreter to support better access to language support for patients who speak ASL and maintain continuity of care for deaf and hard-of-hearing patients and families; contracting with Sorenson, a video relay phone service for deaf and hard-of-hearing individuals, accessible to all team members, patients, families, and visitors in CHLA's in-person Family Resource Center; adding captions to all CHLA patient-facing videos; hosting a workshop to train CHLA team members about how to provide adequate accommodations and services to deaf and hard-of-hearing patients and their families.

CHLA has also been working to improve language access for patients who speak Middle Eastern languages. Recruiting certified Armenian interpreters in the LA County area has proven particularly challenging due to high demand and a limited pool of qualified professionals. Despite these obstacles, CHLA has taken several strategic steps to mitigate the impact on patient care and ensure continued language access, including contracting with vendor in-person interpreters for high-complexity cases involving Middle Eastern languages to ensure accurate and culturally sensitive communication; reallocating internal staffing resources and prioritized recruitment of Armenian interpreters to expand in-person language support.

While these efforts focus on ASL and Middle Eastern language access, CHLA remains committed to equitable care and effective communication for all patients requiring language support. The Patient Experience Oversight Committee monitors experience scores monthly, identifying system-wide improvement opportunities through measurable goals. Additionally, CHLA has launched a Language Access Workgroup to address barriers across all language groups and to ensure consistency in patient experience."

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

Employees and clinicians at CHLA are focused on providing quality care that is not only safe, but also patient-centered. Multiple interventions were deployed in 2024 to support patient experience,

including enhanced utilization of interpretation services, leader rounding, improved ambulatory discharge information, and continued support for patients and parents to use CHLA's online patient portal.

In 2023, CHLA introduced a new question on our patient experience survey, asking parents "Did everyone treat your child as a unique person?" Since the introduction of this new question, leaders at CHLA have worked to encourage team members to find ways to make human connections and ensure that both patients and families feel seen and heard as unique individuals. This score has steadily increased since the question was first launched, with an average percent positive score of 82.5 in 2024 as compared to 81.7 in 2023.

Patient safety

CHLA is committed to providing safe care for our patients and families. One of the most important strategies we use to improve care is to measure how well we do in key patient safety metrics. CHLA publishes patient safety data on its public website, available at the links below, so that anyone in our community can see how we are doing and initiatives we are implementing to improve patient safety. CHLA engages patients and families in supporting evidence-based bundles of strategies and procedures to prevent hospital-acquired conditions such as Central line infections, Adverse drug events, Pressure injuries, Surgical site infections, and Unplanned Extubations.

Central line-associated bloodstream infections (CLABSI) are a major patient safety priority for CHLA. After an extensive educational campaign, CHLA reduced rates of central line infections from 1.08 infections per 1000 line days (July-December 2023) to 0.75 infections per 1000 line days (July-December 2024), a 36% reduction in infections.

In 2024, CHLA monitored for disparities in CLABSI and unplanned extubation outcomes monthly based on recommendations from the national Children's Hospital Solutions for Patient Safety collaborative network. While overall analysis is limited by small outcome numbers, our data consistently shows no meaningful disparities between demographic groups.

Addressing patient social drivers of health

CHLA is dedicated to providing holistic care for our patients and families, supporting not only medical needs, but also behavioral and social needs. In 2023, CHLA developed and implemented a health-related social needs (HRSN) screening tool that allows patients and families to self-identify barriers to care.

The HRSN asks binary questions on the following areas: Behavioral Health, Digital Equity, Food Insecurity, Housing Insecurity, Interpersonal Safety, Transportation, Utilities

Alongside the screening tool, CHLA has been integrating Community Health Workers (CHW) into clinics and supporting our inpatient areas hospital-wide to support the social needs and care coordination for patients and families who screen positive for a health-related social need. Using the HRSN tool, CHWs partner with clinical providers, including physicians, nurse care managers, social workers, registered dietitians, therapists and many others to address needs in partnership with patients and families. This model allows for more personalized care specific to the patients and families' needs. Having a dedicated CHW with lived experience who can provide high-touch support offers patients and families a trusted partner to navigate health challenges and access community resources. This expansive care delivery model enables a continuum of care approach bridging health systems and communities to ultimately improve health care access and equity.

In 2024, CHLA doubled the number of clinics with HRSN screening, expanding from 10 to more than 20 ambulatory clinics and to inpatient. By the end of 2024, 6,695 patients received the screener, with a response rate of 81% (across both in- and out-patient). Of the patients and families who completed the screener, 35.9% identified at least one barrier.

For CHLA patients, the most common barriers are in the behavioral health, food, and utility categories.

- For behavioral health support, CHWs partner with Social Work to find available resources through the University Center for Excellence in Developmental Disabilities (UCEDD) clinic providing specialty mental health services, linking into community based behavioral health supports by service planning areas or and behavioral supports that are covered through health plans. In addition, the teams are instrumental in helping patients and families navigate and promoting the optimal behavioral health support dependent upon age and need by offering individual patient or family. Further leveraging community support programs offered at the local managed care plans also offers additional resources, which CHLA's care teams are able to help the patients and families apply for assistance.
- For food insecurity, CHWs are able to further evaluate the depth of need and collaborate with families to apply for longer term food assistance benefits that they may qualify for, in addition to leveraging more emergent food assistance programs from local food banks to fresh food program resources.
- For utilities, CHWs help connect families to discounted programs by assisting families by writing letters and applying for existing discount families.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

One of CHLA's primary strategies to improve the efficacy of care delivery is using evidence-based clinical pathways, known as the Multidisciplinary Action Plan (MAP) program. The MAPs program focuses on clinical topics which are high volume, high variation and/or high complexity. MAPs are developed by interdisciplinary teams and incorporate the latest research evidence, best practices and local expertise. The goals are to provide optimal care and patient experience, while improving efficiency and reducing waste. MAPs include evidence review, consensus development, computerized order sets, health care team and family education as well as clinical support tools. MAPs are reviewed at least every five years to ensure that CHLA's MAPs reflect the latest scientific evidence.

In 2024, CHLA developed several new clinical pathways:

- Enhanced Recovery after Surgery (ERAS) for Gastrointestinal/Colorectal Surgical Procedures
- Heated High Flow Nasal Cannula Utilization
- Substance Use Withdrawal
- Suicidality in Emergency Department and Hospitalized Patients

Care coordination

At CHLA, ensuring safe medical care and efficient coordination for one of the most vulnerable populations—medically complex children involved with the Department of Child and Family Services (DCFS)—is a top priority. To address longstanding challenges, CHLA expanded its outpatient care coordination team to include a dedicated nurse care manager serving as a liaison to DCFS.

This role was established to eliminate barriers to outpatient caregiver training, enabling safer placement for children who have experienced abuse or neglect. The liaison bridges communication between DCFS and CHLA's outpatient clinics, streamlining access to training and ensuring it is both timely and comprehensive.

Children with complex medical needs are historically more difficult to place or reunify with families due to the demands of managing their chronic medical conditions. These children often require care from multiple specialty clinics—sometimes more than five—making coordination extremely difficult. Since the program's launch in March 2024, over 72 referrals have resulted in more than 200 clinic training requests and over 250 completed caregiver trainings.

The program ensures that caregivers are properly trained to meet each child's unique medical needs and helps identify individuals who may be unfit to provide care. This supports the system in making better-informed decisions about placement, ultimately prioritizing the child's safety and well-being. By improving access to training, expediting coordination, and enhancing the quality of information shared with the courts, this program has led to safer, more informed placements and better outcomes for this highly vulnerable population.

Access to care

Increasing patient access to care is a key priority for CHLA. In March 2024, CHLA expanded its Virtual Care services to include Virtual Urgent Care, offering a convenient and accessible care option for families whose children need treatment after hours for non-emergency illnesses or injuries. This expansion is especially critical for families covered by Medi-Cal, who often face barriers to timely care due to limited provider availability, transportation challenges, and geographic constraints.

When non-critical illnesses or injuries arise outside regular physician office hours, families—particularly those in underserved communities—frequently turn to the emergency department or urgent care centers. However, locating and accessing physical urgent care locations can be difficult, especially when navigating traffic with a sick child or relying on public transportation. Long wait times and crowded waiting rooms not only increase caregiver stress but also contribute to school absenteeism, as children may miss class the next day due to delayed treatment.

By leveraging virtual visits, CHLA is removing these barriers and increasing access to timely, high-quality urgent care for children and young adults across California, including Medi-Cal beneficiaries. Through our telehealth platform, families can connect with a CHLA provider via video conference on their computer, tablet, or phone—without needing to leave home. This approach reduces unnecessary emergency department visits, minimizes disruptions to daily life, and ensures that children receive prompt care, supporting both their health and academic continuity.

Methodology Guidelines

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

Y