

# Hospital Equity Measures Report

## General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
System Name:	Keck Medicine of USC
Principal Hospital Type:	General Acute Care Hospital
Associated Hospitals:	

Facility Name	Facility Type	HCAI ID	Address
KECK HOSPITAL OF USC	General Acute Care Hospital	106194219	1500 SAN PABLO STREET, LOS ANGELES, CA
USC ARCADIA HOSPITAL	General Acute Care Hospital	106190529	300 WEST HUNTINGTON DRIVE, ARCADIA, CA 91007
USC KENNETH NORRIS JR. CANCER	General Acute Care Hospital	106191216	1441 EASTLAKE AVENUE, LOS ANGELES, CA
USC VERDUGO HILLS HOSPITAL	General Acute Care Hospital	106190818	1812 VERDUGO BOULEVARD, GLENDALE, CA 91208

Status:	Complete
Due Date:	11/29/2025
Last Updated:	03/04/2026
Hospital Web Address for Equity Report:	<a href="https://www.keckmedicine.org/health-equity/">https://www.keckmedicine.org/health-equity/</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

General acute care 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.  
32310

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	24337	32310	75.3
Spanish Language	3968	32310	12.2
Asian Pacific Islander Languages	2924	32310	9.5
Middle Eastern Languages	Suppressed	32310	Suppressed
American Sign Language	Suppressed	32310	Suppressed
Other Languages	558	32310	1.7

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

General acute care 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

19943

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

22241

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

89.6

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).

<b>Social Driver of Health</b>	<b>Number of positive screenings</b>	<b>Rate of positive screenings (%)</b>	<b>Number of positive screenings who received intervention</b>	<b>Rate of positive screenings who received intervention (%)</b>
<b>Food Insecurity</b>	142	0.7		
<b>Housing Instability</b>	168	0.8		
<b>Transportation Problems</b>	386	1.9		
<b>Utility Difficulties</b>	113	0.5		
<b>Interpersonal Safety</b>	170	0.8		

## Core Quality Measures for General Acute Care 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 Recommends Hospital

The first HCAHPS quality measure is the percentage of patients who would recommend the hospital to friends and family. For this measure, general acute care 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, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 19.

Number of respondents who replied "probably yes" or "definitely yes" to HCAHPS Question 19, "Would you recommend this hospital to your friends and family?"

3580

Total number of respondents to HCAHPS Question 19

3800

Percentage of total respondents who responded "probably yes" or "definitely yes" to HCAHPS Question 19

94.2

Total number of people surveyed on HCAHPS Question 19

16972

Response rate, or the percentage of people who responded to HCAHPS Question 19

## 22.4

Table 3. Patient recommends hospital by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" 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		
<b>Asian</b>	563	593	94.9		
<b>Black or African American</b>	117	125	93.6		
<b>Hispanic or Latino</b>	884	932	94.8		
<b>Middle Eastern or North African</b>					
<b>Multiracial and/or Multiethnic (two or more races)</b>	112	118	94.9		
<b>Native Hawaiian or Pacific Islander</b>	Suppressed	Suppressed	Suppressed		
<b>White</b>	1536	1644	93.4		

  

<b>Age</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Age &lt; 18</b>	Suppressed	Suppressed	Suppressed		
<b>Age 18 to 34</b>	Suppressed	Suppressed	Suppressed		
<b>Age 35 to 49</b>	397	433	91.7		
<b>Age 50 to 64</b>	786	835	94.1		
<b>Age 65 Years and Older</b>	2171	2294	94.6		

  

<b>Sex assigned at birth</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Female</b>	1793	1933	92.8		
<b>Male</b>	Suppressed	Suppressed	Suppressed		
<b>Unknown</b>	Suppressed	Suppressed	Suppressed		

  

<b>Payer Type</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Medicare</b>	2153	2280	94.4		
<b>Medicaid</b>	334	352	94.9		
<b>Private</b>	943	999	94.4		
<b>Self-Pay</b>	27	30	90		
<b>Other</b>	123	139	88.5		

<b>Preferred Language</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
English Language	3043	3234	94.1		
Spanish Language	303	317	95.6		
Asian Pacific Islander Languages	188	200	94		
Middle Eastern Languages	Suppressed	Suppressed	Suppressed		
American Sign Language					
Other/Unknown Languages	Suppressed	Suppressed	Suppressed		

  

<b>Disability Status</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Does not have a disability	1406	1496	94		
Has a mobility disability	1439	1529	94.1		
Has a cognition disability	71	79	89.9		
Has a hearing disability	495	536	92.4		
Has a vision disability	347	378	91.8		
Has a self-care disability	1191	1261	94.4		
Has an independent living disability	895	937	95.5		

  

<b>Sexual Orientation</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Lesbian, gay or homosexual	Suppressed	Suppressed	Suppressed		
Straight or heterosexual	615	657	93.6		
Bisexual	Suppressed	Suppressed	Suppressed		
Something else	Suppressed	Suppressed	Suppressed		
Don't know	Suppressed	Suppressed	Suppressed		
Not disclosed	Suppressed	Suppressed	Suppressed		

  

<b>Gender Identity</b>	<b>Number of "probably yes" or "definitely yes" responses</b>	<b>Total number of responses</b>	<b>Percent of "probably yes" or "definitely yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
Female	458	499	91.8		
Female-to-male (FTM)/ transgender male/trans man	Suppressed	Suppressed	Suppressed		
Male	410	439	93.4		
Male-to-female (MTF)/ transgender female/trans	Suppressed	Suppressed	Suppressed		
Non-conforming gender					
Additional gender category or other					
Not disclosed	Suppressed	Suppressed	Suppressed		

## Patient Received Information in Writing

The second HCAHPS quality measure is the percentage of patients who reported receiving information in writing on symptoms and health problems to look out for after leaving the hospital. General acute care hospitals are required to provide the percentage of patient respondents who responded "yes" to being provided written information, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for these percentages. These percentages and inputs are stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding HCAHPS question number is 17.

Number of respondents who replied "yes" to HCAHPS Question 17, "During this hospital stay, did you get information in writing about what symptoms or health problems to look out for after you left the hospital?"

3195

Total number of respondents to HCAHPS Question 17

3549

Percentage of respondents who responded "yes" to HCAHPS Question 17

90

Total number of people surveyed on HCAHPS Question 17

16972

Response rate, or the percentage of people who responded to HCAHPS Question 17

20.9

Table 4. Patient reports receiving information in writing about symptoms or health problems by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" 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		
<b>Asian</b>	508	560	90.7		
<b>Black or African American</b>	97	118	82.2		
<b>Hispanic or Latino</b>	803	870	92.3		
<b>Middle Eastern or North African</b>					
<b>Multiracial and/or Multiethnic (two or more races)</b>	104	111	93.7		
<b>Native Hawaiian or Pacific Islander</b>	Suppressed	Suppressed	Suppressed		
<b>White</b>	1355	1528	88.7		

  

<b>Age</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Age &lt; 18</b>	Suppressed	Suppressed	Suppressed		
<b>Age 18 to 34</b>	Suppressed	Suppressed	Suppressed		
<b>Age 35 to 49</b>	389	421	92.4		
<b>Age 50 to 64</b>	727	786	92.5		
<b>Age 65 Years and Older</b>	1863	2112	88.2		

<b>Sex assigned at birth</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Female</b>	1598	1800	88.8		
<b>Male</b>	Suppressed	Suppressed	Suppressed		
<b>Unknown</b>	Suppressed	Suppressed	Suppressed		

<b>Payer Type</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Medicare</b>	1840	2097	87.7		
<b>Medicaid</b>	292	319	91.5		
<b>Private</b>	918	970	94.6		
<b>Self-Pay</b>	Suppressed	Suppressed	Suppressed		
<b>Other</b>	Suppressed	Suppressed	Suppressed		

<b>Preferred Language</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>English Language</b>	2713	3031	89.5		
<b>Spanish Language</b>	266	285	93.3		
<b>Asian Pacific Islander Languages</b>	171	186	91.9		
<b>Middle Eastern Languages</b>	Suppressed	Suppressed	Suppressed		
<b>American Sign</b>					
<b>Other/Unknown Languages</b>	Suppressed	Suppressed	Suppressed		

<b>Disability Status</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Does not have a disability</b>	1314	1435	91.6		
<b>Has a mobility disability</b>	1213	1361	89.1		
<b>Has a cognition</b>	49	58	84.5		
<b>Has a hearing disability</b>	431	493	87.4		
<b>Has a vision disability</b>	288	336	85.7		
<b>Has a self-care</b>	990	1118	88.6		
<b>Has an independent living disability</b>	776	854	90.9		

<b>Sexual Orientation</b>	<b>Number of "yes" responses</b>	<b>Total number of responses</b>	<b>Percentage of "yes" responses (%)</b>	<b>Total number of patients surveyed</b>	<b>Response rate of patients surveyed (%)</b>
<b>Lesbian, gay or homosexual</b>	Suppressed	Suppressed	Suppressed		
<b>Straight or heterosexual</b>	553	618	89.5		
<b>Bisexual</b>	Suppressed	Suppressed	Suppressed		
<b>Something else</b>	Suppressed	Suppressed	Suppressed		
<b>Don't know</b>	Suppressed	Suppressed	Suppressed		
<b>Not disclosed</b>	Suppressed	Suppressed	Suppressed		

Gender Identity	Number of "yes" responses	Total number of responses	Percentage of "yes" responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female	417	468	89.1		
Female-to-male (FTM)/ transgender male/trans man	Suppressed	Suppressed	Suppressed		
Male	365	411	88.8		
Male-to-female (MTF)/ transgender female/trans woman	Suppressed	Suppressed	Suppressed		
Non-conforming gender					
Additional gender category or other					
Not disclosed	Suppressed	Suppressed	Suppressed		

## Agency for Healthcare Research and Quality (AHRQ) Indicators

General acute care hospitals are required to report on two indicators from the Agency for Healthcare Research and Quality (AHRQ). For general information about AHRQ indicators, please visit the following link by copying and pasting the URL into your web browser:

<https://qualityindicators.ahrq.gov/>

## Pneumonia Mortality Rate

The Pneumonia Mortality Rate is defined as the rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission for patients ages 18 years and older. General acute care hospitals report the Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Inpatient Quality Indicator is 20. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI\\_20\\_Pneumonia\\_Mortality\\_Rate.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_20_Pneumonia_Mortality_Rate.pdf)

Number of in-hospital deaths with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

79

Total number of hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

1102

Rate of in-hospital deaths per 1,000 hospital discharges with a principal diagnosis of pneumonia or a principal diagnosis of sepsis with a secondary diagnosis of pneumonia present on admission

71.7

Table 5. Pneumonia Mortality Rate by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.



<b>Race and/or Ethnicity</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>American Indian or Alaska Native</b>	Suppressed	Suppressed	Suppressed
<b>Asian</b>	30	252	119
<b>Black or African American</b>	0	44	0
<b>Hispanic or Latino</b>	19	275	69.1
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more)</b>	Suppressed	Suppressed	Suppressed
<b>Native Hawaiian or Pacific Islander</b>	Suppressed	Suppressed	Suppressed
<b>White</b>	26	414	62.8

  

<b>Age</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Age &lt; 18</b>			
<b>Age 18 to 34</b>	0	36	0
<b>Age 35 to 49</b>	0	57	0
<b>Age 50 to 64</b>	Suppressed	Suppressed	Suppressed
<b>Age 65 Years and Older</b>	Suppressed	Suppressed	Suppressed

  

<b>Sex assigned at birth</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Female</b>	38	567	67
<b>Male</b>	41	535	76.6
<b>Unknown</b>			

  

<b>Payer Type</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Medicare</b>	65	867	75
<b>Medicaid</b>	Suppressed	Suppressed	Suppressed
<b>Private</b>	Suppressed	Suppressed	Suppressed
<b>Self-Pay</b>	Suppressed	Suppressed	Suppressed
<b>Other</b>	Suppressed	Suppressed	Suppressed

<b>Preferred Language</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
English Language	46	771	59.7
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages	27	180	150
Middle Eastern Languages	0	37	0
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

<b>Disability Status</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
Does not have a disability	Suppressed	Suppressed	Suppressed
Has a mobility disability	68	734	92.6
Has a cognition disability	Suppressed	Suppressed	Suppressed
Has a hearing disability	20	231	86.6
Has a vision disability	18	167	107.8
Has a self-care disability	64	595	107.6
Has an independent living disability	36	438	82.2

<b>Sexual Orientation</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
Lesbian, gay or homosexual	Suppressed	Suppressed	Suppressed
Straight or heterosexual	15	290	51.7
Bisexual			
Something else	Suppressed	Suppressed	Suppressed
Don't know	Suppressed	Suppressed	Suppressed
Not disclosed	Suppressed	Suppressed	Suppressed

<b>Gender Identity</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of hospital discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
Female	Suppressed	Suppressed	Suppressed
Female-to-male (FTM)/ transgender male/trans man	Suppressed	Suppressed	Suppressed
Male	11	175	62.9
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other	Suppressed	Suppressed	Suppressed
Not disclosed	Suppressed	Suppressed	Suppressed

## Death Rate among Surgical Inpatients with Serious Treatable Complications

The Death Rate among Surgical Inpatients with Serious Treatable Complications is defined as the rate of in-hospital deaths per 1,000 surgical discharges among patients ages 18-89 years old or obstetric patients with serious treatable complications. General acute care hospitals report this measure by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The corresponding AHRQ Patient Safety Indicator is 04. For more information about this indicator, please visit the following link by copying and pasting the URL into your web browser:

<https://qualityindicators.ahrq.gov/Downloads/Modules/PSI/V2023/TechSpecs/>

[PSI\\_04\\_Death\\_Rate\\_among\\_Surgical\\_Inpatients\\_with\\_Serious\\_Treatable\\_Complications.pdf](#)

Number of in-hospital deaths among patients aged 18-89 years old or obstetric patients with serious treatable complications

112

Total number of surgical discharges among patients aged 18-89 years old or obstetric patients

559

Rate of in-hospital deaths per 1,000 surgical discharges, among patients aged 18-89 years old or obstetric patients with serious treatable complications

200.4

Table 6. Death Rate among Surgical Inpatients with Serious Treatable Complications by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>American Indian or Alaska Native</b>			
<b>Asian</b>	15	79	189.9
<b>Black or African American</b>	Suppressed	Suppressed	Suppressed
<b>Hispanic or Latino</b>	38	177	214.7
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more)</b>	Suppressed	Suppressed	Suppressed
<b>Native Hawaiian or Pacific Islander</b>	Suppressed	Suppressed	Suppressed
<b>White</b>	34	182	186.8

  

<b>Age</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Age &lt; 18</b>			
<b>Age 18 to 34</b>	Suppressed	Suppressed	Suppressed
<b>Age 35 to 49</b>	Suppressed	Suppressed	Suppressed
<b>Age 50 to 64</b>	23	149	154.4
<b>Age 65 Years and Older</b>	79	331	238.7

<b>Sex assigned at birth</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Female</b>	38	208	182.7
<b>Male</b>	74	351	210.8
<b>Unknown</b>			

  

<b>Payer Type</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Medicare</b>	82	331	247.7
<b>Medicaid</b>	14	102	137.3
<b>Private</b>	15	106	141.5
<b>Self-Pay</b>	Suppressed	Suppressed	Suppressed
<b>Other</b>	Suppressed	Suppressed	Suppressed

  

<b>Preferred Language</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>English Language</b>	88	427	206.1
<b>Spanish Language</b>	15	77	194.8
<b>Asian Pacific Islander Languages</b>	Suppressed	Suppressed	Suppressed
<b>Middle Eastern Languages</b>	Suppressed	Suppressed	Suppressed
<b>American Sign Language</b>			
<b>Other/Unknown Languages</b>	Suppressed	Suppressed	Suppressed

  

<b>Disability Status</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Does not have a disability</b>	21	85	247.1
<b>Has a mobility disability</b>	73	422	173
<b>Has a cognition disability</b>	18	47	383
<b>Has a hearing disability</b>	17	74	229.7
<b>Has a vision disability</b>	24	113	212.4
<b>Has a self-care disability</b>	70	407	172
<b>Has an independent living disability</b>	34	192	177.1

  

<b>Sexual Orientation</b>	<b>Number of in-hospital deaths that meet the inclusion/exclusion criteria</b>	<b>Number of surgical discharges that meet the inclusion/exclusion criteria</b>	<b>Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)</b>
<b>Lesbian, gay or homosexual</b>	Suppressed	Suppressed	Suppressed
<b>Straight or heterosexual</b>	Suppressed	Suppressed	Suppressed
<b>Bisexual</b>	Suppressed	Suppressed	Suppressed
<b>Something else</b>			
<b>Don't know</b>	Suppressed	Suppressed	Suppressed
<b>Not disclosed</b>	Suppressed	Suppressed	Suppressed

Gender Identity	Number of in-hospital deaths that meet the inclusion/exclusion criteria	Number of surgical discharges that meet the inclusion/exclusion criteria	Rate of in-hospital deaths per 1,000 hospital discharges that meet the inclusion/exclusion criteria (%)
Female	Suppressed	Suppressed	Suppressed
Female-to-male (FTM)/ transgender male/trans man			
Male	Suppressed	Suppressed	Suppressed
Male-to-female (MTF)/ transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

## California Maternal Quality Care Collaborative (CMQCC) Core Quality Measures

There are three core quality maternal measures adopted from the California Maternal Quality Care Collaborative (CMQCC).

### CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate

The CMQCC Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate is defined as nulliparous women with a term (at least 37 weeks gestation), singleton baby in a vertex position delivered by cesarian birth. General acute care hospitals report the NTSV Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cmqcc.org/quality-improvement-toolkits/supporting-vaginal-birth/ntsv-cesarean-birth-measure-specifications>

Number of NTSV patients with Cesarean deliveries

215

Total number of nulliparous NTSV patients

798

Rate of NTSV patients with Cesarean deliveries

0.3

Table 7. Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
American Indian or Alaska Native			
Asian	94	439	0.2
Black or African American	Suppressed	Suppressed	Suppressed
Hispanic or Latino	45	148	0.3
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	Suppressed	Suppressed	Suppressed
Native Hawaiian or Pacific Islander			
White	39	108	0.4

  

<b>Age</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Age < 18			
Age 18 to 29	36	199	0.2
Age 30 to 39	158	556	0.3
Age 40 Years and Older	21	43	0.5

  

<b>Sex assigned at birth</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Female	215	798	0.3
Male			
Unknown			

  

<b>Payer Type</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Medicare			
Medicaid	Suppressed	Suppressed	Suppressed
Private	171	612	0.3
Self-Pay	32	147	0.2
Other	Suppressed	Suppressed	Suppressed

  

<b>Preferred Language</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
English Language	167	584	0.3
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages	47	206	0.2
Middle Eastern Languages	Suppressed	Suppressed	Suppressed
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

<b>Disability Status</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Does not have a disability	213	792	0.3
Has a mobility disability			
Has a cognition disability	Suppressed	Suppressed	Suppressed
Has a hearing disability	Suppressed	Suppressed	Suppressed
Has a vision disability	Suppressed	Suppressed	Suppressed
Has a self-care disability			
Has an independent living disability			

  

<b>Sexual Orientation</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Lesbian, gay or homosexual			
Straight or heterosexual	25	70	0.4
Bisexual	Suppressed	Suppressed	Suppressed
Something else			
Don't know			
Not disclosed	Suppressed	Suppressed	Suppressed

  

<b>Gender Identity</b>	<b>Number of NTSV patients with cesarean deliveries</b>	<b>Total number of NTSV patients</b>	<b>Rate of NTSV patients with Cesarean deliveries (%)</b>
Female	Suppressed	Suppressed	Suppressed
Female-to-male (FTM)/transgender male/trans man			
Male	Suppressed	Suppressed	Suppressed
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

## CMQCC Vaginal Birth After Cesarean (VBAC) Rate

The CMQCC Vaginal Birth After Cesarean (VBAC) Rate is defined as vaginal births per 1,000 deliveries by patients with previous Cesarean deliveries. General acute care hospitals report the VBAC Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The VBAC Rate uses the specifications of AHRQ Inpatient Quality Indicator 22. For more information, please visit the following link by copying and pasting the URL into your web browser:

[https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI\\_22\\_Vaginal\\_Birth\\_After\\_Cesarean\\_\(VBAC\)\\_Delivery\\_Rate\\_Uncomplicated.pdf](https://qualityindicators.ahrq.gov/Downloads/Modules/IQI/V2023/TechSpecs/IQI_22_Vaginal_Birth_After_Cesarean_(VBAC)_Delivery_Rate_Uncomplicated.pdf)

Number of vaginal delivery among cases with previous Cesarean delivery that meet the inclusion and exclusion criteria

12

Total number of birth discharges with previous Cesarean delivery that meet the inclusion and exclusion criteria

## Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries

55

Table 8. Vaginal Birth After Cesarean (VBAC) Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>American Indian or Alaska Native</b>	Suppressed	Suppressed	Suppressed
<b>Asian</b>	Suppressed	Suppressed	Suppressed
<b>Black or African American</b>	Suppressed	Suppressed	Suppressed
<b>Hispanic or Latino</b>	Suppressed	Suppressed	Suppressed
<b>Middle Eastern or North African</b>			
<b>Multiracial and/or Multiethnic (two or more races)</b>	Suppressed	Suppressed	Suppressed
<b>Native Hawaiian or Pacific</b>			
<b>White</b>	0	42	0

  

<b>Age</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>Age &lt; 18</b>			
<b>Age 18 to 29</b>	Suppressed	Suppressed	Suppressed
<b>Age 30 to 39</b>	Suppressed	Suppressed	Suppressed
<b>Age 40 Years and Older</b>	Suppressed	Suppressed	Suppressed

  

<b>Sex assigned at birth</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>Female</b>	12	218	55
<b>Male</b>			
<b>Unknown</b>			

  

<b>Payer Type</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
<b>Medicare</b>			
<b>Medicaid</b>	Suppressed	Suppressed	Suppressed
<b>Private</b>	Suppressed	Suppressed	Suppressed
<b>Self-Pay</b>	Suppressed	Suppressed	Suppressed
<b>Other</b>	Suppressed	Suppressed	Suppressed



<b>Preferred Language</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
English Language	11	188	58.5
Spanish Language	Suppressed	Suppressed	Suppressed
Asian Pacific Islander Languages	Suppressed	Suppressed	Suppressed
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages	Suppressed	Suppressed	Suppressed

  

<b>Disability Status</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
Does not have a disability	12	218	55
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			

  

<b>Sexual Orientation</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
Lesbian, gay or homosexual			
Straight or heterosexual	Suppressed	Suppressed	Suppressed
Bisexual	Suppressed	Suppressed	Suppressed
Something else			
Don't know			
Not disclosed			

  

<b>Gender Identity</b>	<b>Number of vaginal deliveries with previous Cesarean delivery</b>	<b>Total number of birth discharges with previous Cesarean delivery</b>	<b>Rate of vaginal delivery per 1,000 deliveries by patients with previous Cesarean deliveries (%)</b>
Female	Suppressed	Suppressed	Suppressed
Female-to-male (FTM)/transgender male/trans man			
Male			
Male-to-female (MTF)/transgender female/trans woman			
Non-conforming gender			
Additional gender category or			
Not disclosed			

## CMQCC Exclusive Breast Milk Feeding Rate

The CMQCC Exclusive Breast Milk Feeding Rate is defined as the newborns per 100 who reached at least 37 weeks of gestation (or 3000g if gestational age is missing) who received breast milk

exclusively during their stay at the hospital. Other criteria are that the newborns did not go to the neonatal intensive care unit (NICU), transfer, or die, did not reflect multiple gestation, and did not have codes for parenteral nutrition or galactosemia. General acute care hospitals report the Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. The CMQCC Exclusive Breast Milk Feeding Rate uses the Joint Commission National Quality Measure PC-05. For more information, please visit the following link by copying and pasting the URL into your web browser: <https://manual.jointcommission.org/releases/TJC2024B/MIF0170.html>

Number of newborn cases that were exclusively fed breast milk during their hospital stay and meet the inclusion and exclusion criteria

NA

Total number of newborn cases born in the hospital that meet the inclusion and exclusion criteria

NA

Rate of newborn cases per 100 that were exclusively fed breast milk during their hospital stay and meet the inclusion and exclusion criteria

NA

Table 9. Exclusive Breast Milk Feeding Rate by race and/or ethnicity, maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific			
White			

Age	Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria	Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria	Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)
Age < 18			
Age 18 to 29			
Age 30 to 39			
Age 40 Years and Older			

<b>Sex assigned at birth</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
<b>Female</b>			
<b>Male</b>			
<b>Unknown</b>			

  

<b>Payer Type</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
<b>Medicare</b>			
<b>Medicaid</b>			
<b>Private</b>			
<b>Self-Pay</b>			
<b>Other</b>			

  

<b>Preferred Language</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
<b>English Language</b>			
<b>Spanish Language</b>			
<b>Asian Pacific Islander Languages</b>			
<b>Middle Eastern Languages</b>			
<b>American Sign Language</b>			
<b>Other/Unknown Languages</b>			

  

<b>Disability Status</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
<b>Does not have a disability</b>			
<b>Has a mobility disability</b>			
<b>Has a cognition disability</b>			
<b>Has a hearing disability</b>			
<b>Has a vision disability</b>			
<b>Has a self-care disability</b>			
<b>Has an independent living</b>			

<b>Sexual Orientation</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</b>
Lesbian, gay or homosexual			
Straight or heterosexual			
Bisexual			
Something else			
Don't know			
Not disclosed			

  

<b>Gender Identity</b>	<b>Number of newborn cases that were exclusively breastfed and meet inclusion/exclusion criteria</b>	<b>Total number of newborn cases born in the hospital that meet inclusion/exclusion criteria</b>	<b>Rate of newborn cases per 100 that were exclusively breastfed and met inclusion/exclusion criteria (%)</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			
Not disclosed			

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

General acute care hospitals are required to report several HCAI All-Cause Unplanned 30-Day Hospital Readmission Rates, which are broadly defined as the percentage of hospital-level, unplanned, all-cause readmissions after admission for eligible conditions within 30 days of hospital discharge for patients aged 18 years and older. These rates are first stratified based on any eligible condition, mental health disorders, substance use disorders, co-occurring disorders, and no behavioral health diagnosis. Then, each condition-stratified hospital readmission rate is further stratified by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on 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)

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate – Any Eligible Condition

Number of inpatient hospital admissions which occurs within 30 days of the discharge date of an eligible index admission and were 18 years or older at time of admission

NA

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

NA

Rate of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge for patients aged 18 and older

NA

Table 10. 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			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

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			
Medicaid			
Private			
Self-Pay			
Other			

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

<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			

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Mental Health Disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for mental health disorders and were 18 years or older at time of admission

NA

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

NA

Rate of hospital-level, unplanned, all-cause readmissions after admission for mental health disorders within 30 days of hospital discharge for patients aged 18 and older

NA

Table 11. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for mental health disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

  

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

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

<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			

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Substance Use Disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for substance use disorders and were 18 years or older at time of admission

NA

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

NA

Rate of hospital-level, unplanned, all-cause readmissions after admission for substance use disorders within 30 days of hospital discharge for patients aged 18 and older

NA

Table 12. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for substance use disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.



<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			
<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			
<b>Sex assigned at birth</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Female			
Male			
Unknown			
<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare			
Medicaid			
Private			
Self-Pay			
Other			
<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

<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			

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - Co-occurring disorders

Number of inpatient hospital admissions which occurs within 30 days of the discharge date for co-occurring disorders and were 18 years or older at time of admission

NA

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

NA

Rate of hospital-level, unplanned, all-cause readmissions after admission for co-occurring disorders within 30 days of hospital discharge for patients aged 18 and older

NA

Table 13. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate for co-occurring disorders by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

  

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

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

<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			

## HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate - No Behavioral Health Diagnosis

Number of inpatient hospital admissions which occurs within 30 days of the discharge date with no behavioral diagnosis and were 18 years or older at time of admission

NA

Total number of patients who were admitted to the general acute care hospital and were 18 years or older at time of admission

NA

Rate of hospital-level, unplanned, all-cause readmissions after admission with no behavioral diagnosis within 30 days of hospital discharge for patients aged 18 and older

NA

Table 14. HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate with No Behavioral Diagnosis by race and/or ethnicity, non-maternal age categories, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

<b>Race and/or Ethnicity</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
American Indian or Alaska Native			
Asian			
Black or African American			
Hispanic or Latino			
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)			
Native Hawaiian or Pacific Islander			
White			

  

<b>Age</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Age 18 to 34			
Age 35 to 49			
Age 50 to 64			
Age 65 Years and Older			

  

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

  

<b>Payer Type</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
Medicare			
Medicaid			
Private			
Self-Pay			
Other			

  

<b>Preferred Language</b>	<b>Number of inpatient readmissions</b>	<b>Total number of admitted patients</b>	<b>Readmission rate (%)</b>
English Language			
Spanish Language			
Asian Pacific Islander Languages			
Middle Eastern Languages			
American Sign Language			
Other/Unknown Languages			

<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 general acute care 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 15. Top 10 disparities and their rate ratio values.

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Preferred Language	Asian/ Pacific Islander Languages	150	Middle Eastern Languages	0	5
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Race and/or Ethnicity	Asian	119	Black or African American	0	3.8
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Age (for maternal measures only)	40 and older	0.5	18 to 29	0.2	2.5
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Disability Status	Cognition disability	383	Self-Care disability	172	2.2
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Race and/or Ethnicity	Hispanic or Latino	69.1	Black or African American	0	2.2
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Preferred Language	English Language	59.7	Middle Eastern Languages	0	2
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality	Race and/or Ethnicity	White	62.8	Black or African American	0	2
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth	Race and/or Ethnicity	White	0.4	Asian	0.2	2
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Expected Payor	Medicare	247.7	Medicaid	137.3	1.8
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Age (excluding maternal measures)	65 and older	238.7	50 to 64	154.4	1.5

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

Keck Medicine of USC is the University of Southern California's medical enterprise, one of only two university-based medical systems in the Los Angeles area. Keck Medicine combines academic excellence, world-class research and state-of-the-art facilities to provide highly specialized care for some of the most acute patients in the country. Ð

Our internationally renowned physicians and scientists provide world-class patient care at Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital, USC Arcadia Hospital and more than 100 unique clinics in Los Angeles, Orange, Kern, Tulare and Ventura counties as well as Las Vegas.Ð

Ð  
Action Plan: Keck Medicine of USC (KMUSC)'s analysis of the California Department of Health Care Access and Information (HCAI) Hospital Equity Report for calendar year (CY) 2024 highlights its commitment to equitable patient care, as the Top 10 Disparities report did not uncover substantial variations between patient populations at the system level. KMUSC will continue to use data-driven insights to identify areas where the health system can enhance patient care, improve outcomes, and reduce variances. The health system has a robust structure in place to share improvement efforts and best practices across the hospitals, to ensure collaboration and transparency.Ð

Variances in readmissions, patient safety, and patient experience are tracked at the appropriate hospital and health system level to understand opportunities to ensure the highest quality of care and patient experience for all patients. Insights from these data guide targeted interventions, continuous quality improvement, and accountability across the health system. ð

To address patient safety, readmission, and patient experience improvement opportunities, KMUSC is enhancing its multifaceted, system-wide approach to patient care and experience. These processes are designed to support patients, strengthen care coordination, and ensure that all interventions are aligned with organizational priorities: high quality person-centered care, patient safety, effective treatment, access to care, and attention to social drivers of health.ð

Key processes include: Multidisciplinary Care Coordination, Screening for Social Drivers of Health (SDOH), Standardized Discharge Education, Post-Discharge Follow-Up As Needed, Patient Feedback Integration, Age Friendly Framework Adoption, Variance Monitoringð

ð  
Collectively, these efforts are designed to reduce variances, improve clinical outcomes, and enhance the overall patient experience. By leveraging data-driven insights, patient feedback, and ongoing evaluation, KMUSC measures progress, identifies emerging opportunities, and continuously refines interventions. The result is a healthcare environment where every patient receives high-quality, safe, and personalized care, every time, and where the health system can be confident that improvement initiatives are creating meaningful, measurable impact across all populations served.ð

Measuring Success: To ensure that improvement efforts achieve their intended outcomes without creating unintended consequences, KMUSC monitors a comprehensive set of health system success measures stratified by different patient demographics and characteristics. This enables the health system to identify and address key opportunities to reduce barriers to care, improve quality and safety practices, and strengthen care coordination - especially for patients with complex needs or social challenges that impact health outcomes. Health system leadership and quality committees review stratified data regularly, and patient and family insights are incorporated to guide refinements. This structured oversight ensures that interventions are effective, sustainable, and aligned with the health system's goals of reducing disparities, improving outcomes, and delivering exceptional care experiences. Progress on implementing and tracking improvement plans is evaluated at 30-, 60-, and 90-day intervals, and will be measured throughout calendar year 2026.ð

Key measures include: Adverse Events and Safety Incidents, Average Length of Stay (LOS), Readmission Rates, Patient Experience Measures, SDOH Screening Rates, Targeted Service Line and Population Performanceð

ð  
By monitoring these measures alongside other outcome and process interventions, KMUSC is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances in key measures but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the health system's commitment to high quality, person-centered care.

## **Performance in the priority area**

General acute care 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**



Keck Medicine of USC (KMUSC)'s goal is to ensure that every person who comes through the doors receives high-quality care at all locations - care that is safe, effective, accessible, and tailored to their unique needs. Exceptional care depends on more than clinical expertise. It requires a commitment to person-centered care, where patients are listened to and their preferences are respected. Collaborative teams partner with patients and their loved ones to create care plans that deliver the best possible outcomes and experiences.ð

Surveys, including through e-advisory panels, are used to capture patient experience and comprehension of discharge instructions. Insights from this feedback inform iterative improvements in care delivery and communication strategies. The health system has a "Patient Experience Steering Committee" that reports on patient experience metrics across each hospital. System leadership also actively engages with the Patient and Family Advisory Council (PFAC) at each hospital and applies Human Experience principles to ensure that care and experience are tailored to meet patient needs.ð

Patient experience outcomes are monitored through surveys and audits. These measures reinforce person-centered care, care coordination, and effective treatment by ensuring patients leave the hospital confident in managing their recovery. Insights from this feedback inform iterative improvements in care delivery and communication strategies.ð

By stratifying and monitoring these measures alongside outcomes and process interventions, KMUSC continuously refines care delivery, anticipates patient needs, and proactively addresses barriers. This approach not only reduces variances and readmissions but also enhances the overall patient experience, promotes safety, and strengthens care coordination. Together, these efforts reflect KMUSC's unwavering commitment to delivering high-quality, person-centered care - for every patient, every time.

## Patient safety

Patient safety is at the foundation of Keck Medicine of USC (KMUSC)'s commitment to care. Protecting patients from harm means ensuring the right actions are taken at the right time, preventing errors before they occur, and sustaining a culture of reliability and accountability. Safety and quality are continuously monitored, measured, and strengthened through data-driven performance reviews, patient feedback, and interdisciplinary collaboration. KMUSC's dedication to patient safety is reflected in multiple national recognitions and sustained performance achievements, detailed in each hospital's equity report.ð

In addition to these achievements, KMUSC leverages entity-level data, patient feedback, and numerous quality measures - including readmissions, Agency for Healthcare Research and Quality (AHRQ) patient safety indicators, and Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience scores - to continually identify opportunities for improvement. This commitment ensures that safety and quality are not static goals but ongoing priorities that adapt to the evolving needs of patients.ð

Average Length of Stay (LOS) serves as a key balance measure. By monitoring LOS, KMUSC ensures that improvement initiatives do not inadvertently prolong hospitalization, which could increase the risk of complications or patient dissatisfaction, nor shorten stays in ways that might raise readmission risk. Maintaining appropriate LOS supports efficient, safe, and high-quality care, allowing timely transitions while optimizing recovery outcomes.ð

Incidents related to care transitions are evaluated to ensure that improvement initiatives do not compromise patient safety. This continuous oversight promotes high-quality, reliable, and safe care for all patients.ð

By stratifying and monitoring these measures alongside outcomes and process interventions, KMUSC continuously refines care delivery, anticipates patient needs, and proactively addresses barriers. This approach not only reduces variances and readmissions but also enhances the overall patient experience, promotes safety, and strengthens care coordination. Together, these efforts

reflect KMUSC's unwavering commitment to delivering high-quality, person-centered care - for every patient, every time.

#### Addressing patient social drivers of health

Keck Medicine of USC (KMUSC) understands that health outcomes are shaped by more than medical care alone. Social drivers of health - such as access to resources, living conditions, education, and transportation - play a critical role in determining whether patients can achieve their best health. Addressing these factors helps us deliver care that goes beyond treatment to support overall well-being.ð

A key process to address opportunities identified in readmissions and patient understanding of discharge instructions is screening for Social Drivers of Health (SDOH). Patients are assessed for social, economic, and environmental factors that may impact recovery or adherence to treatment. KMUSC has updated its electronic medical record (EMR) system at all hospitals to better capture patient SDOH data and developed an SDOH insights tool to track and understand the prevalence of SDOHs among the patient population. Patients identified with needs receive targeted social services consultations prior to discharge, and these insights are now actively incorporated into clinical decision-making and care planning to address barriers and promote health equity.ð

Assessing whether identified social needs - such as housing, transportation, food security, or financial barriers - are addressed helps determine the impact of interventions outside the hospital. By actively addressing SDOH, the health system promotes equitable access to care, improved recovery, and reduced variances, supporting both person-centered and high-quality care.ð

By monitoring these measures alongside outcomes and process interventions, KMUSC is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances and readmissions but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the health system's commitment to high quality, person-centered care.

### **Performance in the priority area continued**

Performance across all of the following priority areas.

#### Effective treatment

Providing effective treatment is another key part of Keck Medicine of USC (KMUSC)'s mission. That means delivering evidence-based care and therapies, ensuring patients and families are part of informed decision making, and focusing on recovery, quality of life, and long-term health outcomes.ð There is a direct connection between clear and effective discharge instructions and reductions in readmissions. By focusing on these interrelated areas - reducing readmissions and enhancing comprehension of discharge instructions - KMUSC is aligning core care priorities with process improvements to deliver the highest quality care and experience for all patients. ð

Discharge materials are carefully reviewed for clarity, reading level, and cultural relevance to ensure that patients and families can understand instructions and confidently manage care after leaving the hospital. In addition, the health system is exploring opportunities to enhance accessibility by applying principles of universal design and incorporating direct patient feedback to identify and remove remaining barriers to comprehension. This ongoing work supports patient safety, person-centered care, and effective treatment, ensuring that every patient has the tools and information needed to succeed in their recovery.ð

By monitoring these measures alongside outcomes and process interventions, KMUSC is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances and readmissions but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting

the health system's commitment to high quality, person-centered care.

#### Care coordination

At Keck Medicine of USC (KMUSC), teams across the care continuum - including nursing, case management, physicians, and ancillary services - collaborate to facilitate smooth transitions from hospital to home. Patients and their families are active participants in this process, ensuring that care plans reflect their needs, preferences, and goals. Care teams share information in real time, leveraging structured communication strategies such as multidisciplinary rounds, bedside huddles, and leader rounding to proactively identify potential risks, prevent delays, and ensure clarity in responsibilities. This coordinated approach helps patients manage their care effectively, reduces avoidable complications, and supports continuity and safety across the care journey.ð

Collaborating with patients and families prevents delays, reduces unnecessary risks, and improves continuity of care. This is accomplished by including patients in multidisciplinary rounds, warm handoffs, real-time information sharing, and the use of digital tools. All of these efforts contribute to ensuring smooth transitions from hospital to home, thereby reducing avoidable complications and supporting continuity and safety across the care journey.ð

"Tiered Huddles" is a communication system at KMUSC where frontline staff, managers, and leadership hold brief, structured meetings at different organizational levels to share information, identify issues, and improve patient safety and care experience. By cascading information, tiered huddles ensure critical issues are quickly escalated and addressed, leading to better communication, increased situational awareness, improved care coordination, and a stronger culture of safety within KMUSC. Within two hours critical issues can be escalated from frontline staff to the most senior level position in the organization. Recognitions throughout the organization are also highlighted to leadership. KMUSC hospitals conduct Tiered Huddles daily. ð

Continuous monitoring of readmissions, patient experience, and direct feedback allows the health system to assess the effectiveness of care interventions and identify populations at risk for complications after discharge. Improving patient comprehension of discharge instructions strengthens clinical outcomes, promotes patient safety, supports seamless continuity of care, and generates valuable insights to guide future improvements.ð

By monitoring these measures alongside other outcome and process interventions, KMUSC is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances and readmissions but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the health system's commitment to high quality, person-centered care.

#### Access to care

Access to care remains a top priority for Keck Medicine of USC (KMUSC). KMUSC believes everyone deserves timely, affordable, and appropriate healthcare without barriers - because high quality healthcare starts with ensuring that all individuals can obtain the services they need to achieve optimal health and well-being. Community members have access to a wide range of specialties and services throughout the health system, including cancer care, digestive health care, heart and vascular care, neurological care, ear nose and throat care, eye care, neurological care, orthopedics, primary care, spine and back care, transplant care, urological care, women's health, and more. ð

For access to comprehensive maternal care and services, USC Arcadia Hospital (USCAH) offers high-quality maternal child services to the San Gabriel Valley community and beyond. USCAH has a special designation as an Emergency Department Approved for Pediatrics (EDAP) and offers OB/GYN and maternity services with a neonatal ICU. ð

Each hospital throughout KMUSC maintains a structured post-discharge call program to clarify instructions, answer questions, and ensure continuity of care. These calls are tailored to patients' individual needs, reinforcing understanding and adherence. In addition, community partnerships are

leveraged to connect patients with local resources and align these efforts with priorities identified in the hospitals' Community Health Needs Assessments. This approach helps address barriers to care that exist outside the hospital walls, supporting patient safety, access to care, and person-centered care.Đ

KMUSC is committed to leveraging data-driven insights to measure progress, identify emerging opportunities, and continuously refine interventions. The result is a healthcare environment where every patient receives high-quality, safe, and personalized care, every time, and where the organization can be confident that improvement initiatives are creating meaningful, measurable impact across all populations we served. The efforts related to enhancing access to care are supported by a portfolio of initiatives and committees to provide ongoing evaluation of the goals, objectives, and outcomes. Multidisciplinary physician rounds, tiered huddles, and discharge huddles are key initiatives that ensure care teams meet the individual needs of each patient.Đ

By monitoring these measures alongside outcomes and process interventions, KMUSC is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances and readmissions but also enhance the overall patient experience, promote quality and safety, and strengthen care coordination, reflecting the health system's commitment to high quality, person-centered care.

## Methodology Guidelines

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

Y