

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	HEALTHBRIDGE CHILDREN'S HOSPITAL-ORANGE
Facility Type:	Children Hospital
Hospital HCAI ID:	106304159
Report Period:	1/1/2024 - 12/31/2024
Status:	Complete
Due Date:	11/29/2025
Last Updated:	02/05/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	healthbridgekids.com/locations/orange-county-ca-region-pedia

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.

82

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	79	82	96.3
Spanish Language	suppressed	82	2.4
Asian Pacific Islander Languages	0	82	0
Middle Eastern Languages	0	82	0
American Sign Language	0	82	0
Other Languages	suppressed	82	1.2

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.

N

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.

N

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.

N

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.

N

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

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

N

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

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

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

0

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

13

Rate of patients admitted for an inpatient hospital stay who are 18 years or older on the date of admission, were screened for an HRSN, and who screened positive for one or more of the HRSNs

0

Table 2. Positive screening rates and intervention rates for the five Health Related Social Needs of the Centers of Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH).

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	0	0	0	0
Housing Instability	0	0	0	0
Transportation Problems	0	0	0	0
Utility Difficulties	0	0	0	0
Interpersonal Safety	0	0	0	0

Core Quality Measures for Children's Hospitals

There are two quality measures from the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. For more information on the HCAHPS survey, please visit the following link by copying and pasting the URL into your web browser:
<https://hcahpsonline.org/en/survey-instruments/>

Patient or Guardian Willingness to Recommend Hospital

The first quality measure is the percentage of patients or guardians who respond that they would be willing to recommend the hospital in a pediatric experience survey. For this measure, hospitals provide the percentage of patient respondents who responded “probably yes” or “definitely yes” to whether they would recommend the hospital, the percentage of the people who responded to the survey (i.e., the response rate), and the inputs for the percentages. The percentages and inputs are stratified by race and/or ethnicity, age categories for children’s hospitals, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Number of respondents who reported willingness to recommend the hospital in the pediatric experience survey

0

Total number of respondents to the pediatric experience survey

33

Percentage of respondents who reported willingness to recommend the hospital

0

Total number of respondents of the pediatric experience survey

33

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	0	0	0	0	0
Asian	0	suppressed	0	suppressed	100
Black or African American	0	suppressed	0	suppressed	100
Hispanic or Latino	0	18	0	18	100
Middle Eastern or North African	0	0	0	0	0
Multiracial and/or Multiethnic (two or more races)	0	0	0	0	0
Native Hawaiian or Pacific Islander	0	0	0	0	0
White	0	suppressed	0	suppressed	100

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	0	0	0	0	0
Age 5 to 9	0	suppressed	0	suppressed	100
Age 10 to 14	0	suppressed	0	suppressed	100
Age 15 Years and Older	0	22	0	22	100

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	0	13	0	13	0
Male	0	20	0	20	0
Unknown	0	0	0	0	0

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	0	0	0	0	0
Medicaid	0	22	0	22	0
Private	0	11	0	11	0
Self-Pay	0	0	0	0	0
Other	0	0	0	0	0

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	0	33	0	0	0
Spanish Language	0	0	0	0	0
Asian Pacific Islander Languages	0	0	0	0	0
Middle Eastern Languages	0	0	0	0	0
American Sign Language	0	0	0	0	0
Other/Unknown Languages	0	0	0	0	0

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	0	0	0	0	0
Has a mobility disability	0	0	0	0	0
Has a cognition disability	0	0	0	0	0
Has a hearing disability	0	0	0	0	0
Has a vision disability	0	0	0	0	0
Has a self-care disability	0	0	0	0	0
Has an independent living disability	0	0	0	0	0

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	0	0	0	0	0
Straight or heterosexual	0	0	0	0	0
Bisexual	0	0	0	0	0
Something else	0	0	0	0	0
Don't know	0	0	0	0	0
Not disclosed	0	33	0	0	0

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	0	0	0	0	0
Female-to-male (FTM)/ transgender male/trans man	0	0	0	0	0
Male	0	0	0	0	0
Male-to-female (MTF)/ transgender female/trans woman	0	0	0	0	0
Non-conforming gender	0	0	0	0	0
Additional gender category or other	0	0	0	0	0
Not disclosed	0	33	0	0	0

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

0

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

59

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

0

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native	0	0	0
Asian	0	suppressed	0
Black or African American	0	suppressed	0
Hispanic or Latino	0	31	0
Middle Eastern or North African	0	0	0
Multiracial and/or Multiethnic (two or more races)	0	0	0
Native Hawaiian or Pacific Islander	0	0	0
White	0	14	0

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 0 to 4	0	15	0
Age 5 to 9	0	suppressed	0
Age 10 to 14	0	13	0
Age 15 Years and Older	0	22	0

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	24	0
Male	0	35	0
Unknown	0	0	0

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	0	0	0
Medicaid	0	40	0
Private	0	19	0
Self-Pay	0	0	0
Other	0	0	0

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	0	57	0
Spanish Language	0	suppressed	0
Asian Pacific Islander Languages	0	suppressed	0
Middle Eastern Languages	0	0	0
American Sign Language	0	0	0
Other/Unknown Languages	0	0	0

Disability Status	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Does not have a disability	0	0	0
Has a mobility disability	0	0	0
Has a cognition disability	0	0	0
Has a hearing disability	0	0	0
Has a vision disability	0	0	0
Has a self-care disability	0	0	0
Has an independent living disability	0	0	0

Sexual Orientation	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Lesbian, gay or homosexual	0	0	0
Straight or heterosexual	0	0	0
Bisexual	0	0	0
Something else	0	0	0
Don't know	0	0	0
Not disclosed	0	59	0

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	0	0	0
Female-to-male (FTM)/transgender male/trans man	0	0	0
Male	0	0	0
Male-to-female (MTF)/transgender female/trans woman	0	0	0
Non-conforming gender	0	0	0
Additional gender category or other	0	0	0
Not disclosed	0	59	0

Health Equity Plan

All children's hospitals report a health equity plan that identifies the top 10 disparities and a written plan to address them.

Top 10 Disparities

Disparities for each hospital equity measure are identified by comparing the rate ratios by stratification

groups. Rate ratios are calculated differently for measures with preferred low rates and those with preferred high rates. Rate ratios are calculated after applying the California Health and Human Services Agency's "Data De-Identification Guidelines (DDG)," dated September 23, 2016.

Table 5. Top 10 disparities and their rate ratio values.

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	White	54.8	Hispanic or Latino	31	54.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Private	52.5	Medicaid	40	52.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	10–14 years	40.9	15 years and older	22	40.9
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	0–4 years	31.8	15 years and older	22	31.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Female	31.4	Male	35	31.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate						
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate						
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate						
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate						
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate						

Plan to address disparities identified in the data

Given that patient referrals are limited and determined by external sources, our hospital prioritizes first-come, clinically appropriate admissions. To address the disparities identified, we will begin collecting gender identity, sexual orientation, and disability status at intake to establish a baseline for monitoring. We will focus on supporting populations with the largest disparities through targeted education, interpreter services, and discharge support. In addition, we plan to begin collecting Social Determinants of Health / HRSN screening data to further identify populations at risk and inform future equity-focused interventions. Progress will be monitored with the goal of establishing measurable objectives and tracking improvements starting in 2025.

Performance in the priority area

Children's hospitals are required to provide hospital equity plans that address the top 10 disparities by identifying population impact and providing measurable objectives and specific timeframes. For each disparity, hospital equity plans will address performance across priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

Person-centered care

Our hospital collects patient experience surveys at discharge to monitor satisfaction, ensure care is patient- and family-centered, and identify opportunities for improvement. Surveys capture core

aspects of care, including communication, responsiveness, and overall satisfaction. Scores are consistently high, averaging 4.5–5 out of 5. In 2025, we will add the question “Would you recommend this hospital?” to further capture patient experience and support quality improvement initiatives.

Patient safety

Our hospital monitors patient safety through structured programs addressing infection prevention, medication safety, and fall prevention. Safety events and incidents are tracked and reviewed regularly to identify opportunities for improvement. Staff receive ongoing training, and audits ensure compliance with safety protocols. These measures have contributed to consistently low adverse event rates and high safety performance.

Addressing patient social drivers of health

Our hospital currently provides support for social needs through discharge planning, interpreter services, and care coordination. While we have not yet systematically screened patients for social determinants of health, we plan to implement SDOH/HRSN screening in 2025 to identify populations at risk and guide equity-focused interventions. Progress will be monitored through ongoing data collection and quality improvement initiatives.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Our hospital provides clinically appropriate, evidence-based care to all patients. We follow standardized protocols and guidelines to ensure effective treatment, monitor patient outcomes through our electronic health record system, and conduct regular quality reviews. Staff receive ongoing training to maintain high standards of care and optimize patient outcomes.

Care coordination

Our hospital coordinates care across providers and settings using structured discharge planning, electronic health records, and clear communication with families and referring clinicians. We provide education, follow-up reminders, and interpreter services to support seamless transitions. Care coordination practices are monitored regularly to optimize outcomes and patient experience.

Access to care

Our hospital facilitates access to care by accepting referrals on a first-come, clinically appropriate basis, ensuring timely scheduling, and coordinating with referring providers. Interpreter services and family support are provided to minimize barriers. We monitor wait times and patient volume to identify and address access challenges.

Methodology Guidelines

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

Y