

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	CHILDREN'S HEALTHCARE ORGANIZATION OF NORTHERN CA - PEDIATRIC HOSPITAL
Facility Type:	Children Hospital
Hospital HCAI ID:	106434051
Report Period:	1/1/2024 - 12/31/2024
Status:	Submitted
Due Date:	11/30/2025
Last Updated:	03/18/2026
Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	www.chonc.org

Overview

Assembly Bill No. 1204 requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Equity Measures Reporting Program to collect and post summaries of key hospital performance and patient outcome data regarding sociodemographic information, including but not limited to age, sex, race/ethnicity, payor type, language, disability status, and sexual orientation and gender identity.

Hospitals (general acute, children's, and acute psychiatric) and hospital systems are required to annually submit their reports to HCAI. These reports contain summaries of each measure, the top 10 disparities, and the equity plans to address the identified disparities. HCAI is required to maintain a link on the HCAI website that provides access to the content of hospital equity measures reports and equity plans to the public. All submitted hospitals are required to post their reports on their websites, as well.

Laws and Regulations

For more information on Assembly Bill No. 1204, please visit the following link by copying and pasting the URL into your web browser:

https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204

Hospital Equity Measures

Joint Commission Accreditation

Children's hospitals are required to report three structural measures based on the Commission Accreditation's Health Care Disparities Reduction and Patient-Centered Communication Accreditation Standards. For more information on these measures, please visit the following link by copying and pasting the URL into your web browser:

<https://www.jointcommission.org/standards/r3-report/r3-report-issue-36-new-requirements-to-reduce>

-health-care-disparities/

The first two structural measures are scored as "yes" or "no"; the third structural measure comprises the percentages of patients by five categories of preferred languages spoken, in addition to one other/unknown language category.

Designate an individual to lead hospital health equity activities (Y = Yes, N = No).

Y

Provide documentation of policy prohibiting discrimination (Y = Yes, N = No).

Y

Number of patients that were asked their preferred language, five defined categories and one other/unknown languages category.

23

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	17	23	74
Spanish Language	suppressed	23	suppressed
Asian Pacific Islander Languages		23	
Middle Eastern Languages		23	
American Sign Language		23	
Other Languages	suppressed	23	suppressed

Centers for Medicare & Medicaid Services (CMS) Hospital Commitment to Health Equity Structural (HCHE) Measure

There are five domains that make up the CMS Hospital Commitment to HCHE measures. Each domain is scored as "yes" or "no." In order to score "yes," a children's hospital is required to confirm all the domain's attestations. Lack of one or more of the attestations results in a score of "no." For more information on the CMS Hospital Commitment to HCHE measures, please visit the following link by copying and pasting the URL into your web browser:

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

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

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

Y

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

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

information.

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

Y

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

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

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

0

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

0

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

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

Core Quality Measures for Children's Hospitals

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

<https://hcahpsonline.org/en/survey-instruments/>

Patient or Guardian Willingness to Recommend Hospital

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

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

0

Total number of respondents to the pediatric experience survey

0

Percentage of respondents who reported willingness to recommend the hospital

0

Total number of respondents of the pediatric experience survey

0

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

0

Table 3. Patient or guardian recommends hospital or hospital system by race and/or ethnicity, age categories for children’s hospitals, sex, payer type, preferred language, disability status, sexual orientation, and gender identity.

Race and/or Ethnicity	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native		0			
Asian		0			
Black or African American		0			
Hispanic or Latino		0			
Middle Eastern or North African		0			
Multiracial and/or Multiethnic (two or more races)		0			
Native Hawaiian or Pacific Islander		0			
White		0			
Age	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age 0 to 4		0			
Age 5 to 9		0			
Age 10 to 14		0			
Age 15 Years and Older		0			
Sex assigned at birth	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female		0			
Male		0			
Unknown		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			
Medicaid		0			
Private		0			
Self-Pay		0			
Other		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			
Spanish Language		0			
Asian Pacific Islander Languages		0			
Middle Eastern Languages		0			
American Sign Language		0			
Other/Unknown Languages		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			
Has a mobility disability		0			
Has a cognition disability		0			
Has a hearing disability		0			
Has a vision disability		0			
Has a self-care disability		0			
Has an independent living disability		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		0			
Straight or heterosexual		0			
Bisexual		0			
Something else		0			
Don't know		0			
Not disclosed		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			
Female-to-male (FTM)/ transgender male/trans		0			
Male		0			
Male-to-female (MTF)/ transgender female/trans woman		0			
Non-conforming gender		0			
Additional gender category or other		0			
Not disclosed		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
suppressed

Total number of patients who were admitted to the children's hospital
34

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

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

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

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

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

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

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

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

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

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
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			

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

Plan to address disparities identified in the data

We did not have any patients in our GACH for 2024. The data reported is for the Subacute population.

It appears that the younger patients tend to readmit more frequently than older patients. This is generally expected giving their conditions. The data is slightly skewed due to many of the readmitted patients being readmitted to Acute more than once (which leads to multiple admits to hospital as well as increases the demoninator when they readmit back to the facility.

This "discrepancy" finding is meaningless in the pediatric subacute patient demographic.

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

As the GACH was in suspension for 2024, only Subacute patients were services. All patients are admitted individually after a thorough clinical and financial review. The facility Medical Director clears the patient's care needs and the Buisness Office obtains LOA/Contract and Authorization for care. Patients are assisted in applying for Medi-Cal or other payors as needed to avoid out of pocket charges once admitted into Subacute.

Once admitted, all patients are treated individually based on their needs. A monthly IDT review is conducted for all patients with quarterly family care conferences. These meetings are held more frequently when needed. All individual care needs are individualized in the patient's care plan.

Patient safety

Patient safety is maintanined through maintaining a safe environment. Rehabilitation staff assess

patient's functional abilities and clinical hazards to identify the least restrictive modality by which patient safety can be ensured.

Pediatric patients able to engage in productive play are encouraged to do so at the risk of inappropriate or unsafe play. Consequently, there have been many abuse reportings resulting from unsafe or inappropriate play. In these cases, the Parents of the kids are required to consent to allowing their kids to continue playing. Any kids whose consent is not approved by parents are not allowed to play with other kids (this does not generally happen). At the end of the day, we believe in maximizing parental control over the patient and leave such decisions to parents, as would be customary for a child residing at home.

Addressing patient social drivers of health

Pediatric Patients are dependant on their Parents (or other assigned guardian) for their care decisions.

Parents are people living their lives while trying to juggle the well being of their facility bound child. Parents experiencing financial/housing instability, healthcare emergencies, imprisonment, other childrearing responsibilities and other factors are often not able to engage in patient's care to the extent necessary for proper continuity of care. These social factors compromise care and require involvement of 3rd party agencies.

Facility utilizes CPS, CA Ombudsman, Office of Long Term Care Patient Representative, County DA Offices, Local Law Enforcement, Regional Centers and any and all other agencies to the extent possible when attempting to resolve a social issue for the patient involving the parents.

This is an area that needs further improvement as the government agencies are generally not helpful when it comes to these issues. Facility will continue attempting to reach out to other organizations as they become available to ensure social drivers are properly addressed.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

All patients are treated based on their medical conditions and needs without prejudice to any other identifiable factors.

Care coordination

There is a significant shortage of providers available for pediatric patients (patients age 0-21).

This shortage significantly disenfranchises the pediatric patient population by limiting or restricting their access to services that are otherwise readily available to the Geriatric population in similar care settings.

Facility is consistently working to add or replace care partners in efforts to establish and maintain care teams for care coordination with other providers.

Access to care

For 2024, the GACH license was in suspension and we only operated the Pediatric Subacute unit within this facility.

Access to care is based on meeting Title 22 requirements to qualify for Pediatric Subacute Services. No factors are considered during Subacute Admission other than reviewing clinical history for Subacute appropriateness as well as ability to meet clinical needs of the patient.

Methodology Guidelines

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

Y