



HEALTH + EQUITY

Keck Hospital of USC
Keck Medicine of USC

HOSPITAL EQUITY MEASURES REPORT - 2024

Keck Hospital of USC

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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.

For more information on Assembly Bill No. 1204, please visit the following link: https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202120220AB1204.

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	9144	11996	76.2
Spanish Language	1791	11996	14.9
Asian Pacific Islander Languages	496	11996	4.1
Middle Eastern Languages	180	11996	1.5
American Sign Language	Suppressed	11996	Suppressed
Other Languages	382	11996	3.1

TERMINOLOGY

- **Person-Centered Care** - Person-centered care means putting each person's needs, values, and goals at the heart of care, working as a team to provide respectful, equitable, and high-quality support for everyone.
- **Patient Safety** - Patient safety means preventing harm and providing care in the safest way possible- making sure the right actions are taken at the right time, preventing mistakes, and creating an environment where every patient receives the best care without unnecessary risks, with a goal of zero preventable harm to patients, employees, and physicians.
- **Social Drivers of Health (SDOH)** - Health is influenced by a range of factors or social drivers of health, including socioeconomic conditions, physical environment, healthcare access, and health behaviors. These factors are interconnected, and addressing disparities across all of them is essential for improving overall public health.
- **Effective Treatment** - Effective treatment is the delivery of evidence-based care and appropriate therapies that maximize patient recovery and quality of life while working closely with patients and families to ensure informed decisions and the best health outcomes.
- **Care Coordination** - Care coordination means the care team—including the patient and their family—works together to share information and provide the right care at the right time. This helps prevent mistakes, avoid delays, and improve health.
- **Access to Care** - Access to care is the ability of all individuals to receive timely, appropriate, and affordable health services without barriers, ensuring everyone has a fair chance to achieve better health and positive clinical outcomes.

Social Drivers of Health (SDOH)

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 (%)
Food Insecurity	108	1.3
Housing Instability	82	1.0
Transportation Problems	276	3.3
Utility Difficulties	81	0.9
Interpersonal Safety	47	0.5



Keck Hospital of USC

Keck Medicine of USC

Keck Hospital of USC (KHUSC) is a 343-bed, nationally recognized academic medical center in Los Angeles, providing high-quality, person-centered care as the teaching hospital of the University of Southern California. Serving some of the most acutely ill patients, KHUSC combines advanced technology, research-driven treatments, and multidisciplinary expertise to deliver individualized care across specialties. With hundreds of clinical trials underway, patients gain access to innovative therapies often unavailable elsewhere. KHUSC's commitment to excellence is reflected in exceptional outcomes, enhanced patient safety, and consistently high patient satisfaction, supported by Magnet-recognized nursing and national accolades for quality and clinical innovation. KHUSC is equally dedicated to transparency, with regularly updated, publicly available quality and safety standards that empower patients and families to make informed decisions about their care.



ACTION PLAN

KHUSC'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. KHUSC will continue to use data-driven insights to identify areas where the hospital can enhance patient care, improve outcomes, and reduce variances.

Variances in readmissions and patient experience are tracked 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 hospital.

To address discharge improvement, communication, and education opportunities, KHUSC is enhancing its multifaceted, hospital-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.

KEY PROCESSES INCLUDE:

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

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, KHUSC 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 organization can be confident that improvement initiatives are creating meaningful, measurable impact across all populations served.

MEASURING SUCCESS

To ensure that improvement efforts achieve their intended outcomes without creating unintended consequences, KHUSC monitors a comprehensive set of success measures stratified by different patient demographics and characteristics. This enables us 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. Hospital 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 hospital'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.

Key measures include:

- Average Length of Stay (LOS)
- Discharge Efficiency
- Readmission Rates
- Patient Experience Measures
- SDOH Screening Rates
- Targeted Service Line and Population Performance
- Adverse Events and Safety Incidents

By monitoring these measures alongside other outcome and process interventions, KHUSC 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 hospital's commitment to high quality, person-centered care.

PERSON-CENTERED CARE PERFORMANCE

Keck Hospital of USC (KHUSC)'s goal is to ensure that every person who comes through the doors receives high-quality care—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.



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 hospital also actively engages with the Patient and Family Advisory Council (PFAC) and applies Human Experience principles to ensure that care and experience are tailored to meet patient needs. In addition, efforts are underway to customize additional real-time feedback questions closer to discharge, allowing care teams to identify themes or recurring issues and respond nimbly to improve patient understanding, satisfaction, and outcomes.

PERSON-CENTERED CARE PERFORMANCE

Continued

Patient experience outcomes, including understanding of discharge instructions, 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.

By stratifying and monitoring these measures alongside outcomes and process interventions, KHUSC 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 KHUSC's unwavering commitment to delivering high-quality, person-centered care—for every patient, every time.

KHUSC's dedication to patient safety is reflected in [multiple national recognitions](#) and sustained performance achievements:

- **Magnet Redesignation:** KHUSC recently achieved redesignation of the American Nurses Credentialing Center's (ANCC) Magnet Recognition Program®—the highest and most prestigious distinction for nursing excellence and high-quality patient care. Magnet recognition confirms that our hospital not only upholds the highest standards of patient care, but also leads in adopting innovative, evidence-based practices. It reflects our commitment to empowering nurses as leaders and patient advocates, advancing outcomes through research and best practices, and fostering strong interprofessional collaboration.
- **Leapfrog Safety Grades:** KHUSC has consistently demonstrated a culture of safety, achieving a Hospital Safety Grade of "A" ten times since 2019, underscoring its continuous commitment to measurable, reliable patient safety practices.
- **Vizient Quality & Accountability Scorecard:** In 2025, KHUSC was recognized as a Top Performer, ranking #12 overall among 118 academic medical centers nationwide. Notably, KHUSC ranked #7 in Patient Safety and #2 in Patient-Centeredness, reflecting excellence in both protecting patients from harm and ensuring their voices and experiences remain central to care. KHUSC has been ranked among the Top 20 for five consecutive years, demonstrating consistency in performance.
- **CMS Value-Based Purchasing Outcomes:** KHUSC also achieved a CMS Hospital Value-Based Purchasing (VBP) Total Performance Score of 41.50, well above the California state average of 30.43 and the national average of 30.88. This superior performance reflects strength across all domains—clinical outcomes, person and community engagement, safety, and efficiency—further demonstrating KHUSC's ability to deliver safe, effective, patient-centered care while excelling on nationally benchmarked quality measures.

PATIENT SAFETY PERFORMANCE

Patient safety is at the foundation of Keck Hospital of USC (KHUSC)'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 interprofessional collaboration.



PATIENT SAFETY PERFORMANCE

Continued

In addition to these achievements, KHUSC leverages 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.

Average Length of Stay (LOS) serves as a key balance measure. By monitoring LOS, KHUSC 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.

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.

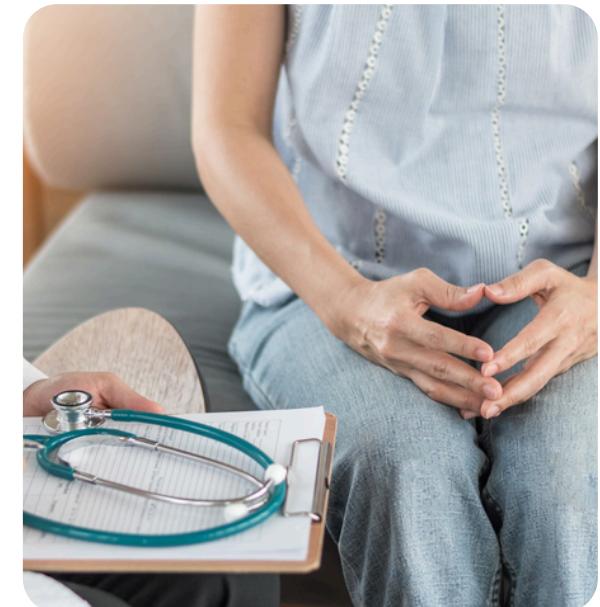
By stratifying and monitoring these measures alongside outcomes and process interventions, KHUSC continuously refines care delivery, anticipates patient needs, and proactively addresses barriers. This approach not only reduces variances and readmissions but also enhances the overall patient experience,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

ADDRESSING PATIENT SOCIAL DETERMINANTS OF HEALTH PERFORMANCE

Keck Hospital of USC (KHUSC) 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.

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. KHUSC has updated its electronic medical record (EMR) system 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.

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 hospital promotes equitable access to care, improved recovery, and reduced variances, supporting both person-centered and high-quality care.



ADDRESSING PATIENT SOCIAL DETERMINANTS OF HEALTH PERFORMANCE

Continued

By monitoring these measures alongside outcomes and process interventions, KHUSC 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 hospital's commitment to high quality, person-centered care.



Accurate data collection is foundational to health equity work. We Ask Because We Care is a health system initiative that trains providers on how to gather vital self-reported information while effectively addressing any questions that arise.

EFFECTIVE TREATMENT PERFORMANCE

Providing effective treatment is another key part of Keck Hospital of USC (KHUSC)'s mission. That means delivering evidence-based care and therapies, ensuring patients and families are part of informed decisions, and focusing on recovery, quality of life, and long-term health outcomes.

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—KHUSC is aligning core care priorities with process improvements to deliver the highest quality care and experience for all patients.

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 hospital 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.

By monitoring these measures alongside outcomes and process interventions, KHUSC 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 hospital's commitment to high quality, person-centered care.

CARE COORDINATION PERFORMANCE

At Keck Hospital of USC (KHUSC), 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.

CARE COORDINATION PERFORMANCE

Continued

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.

“Tiered Huddles” is a communication system at KHUSC 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 KHUSC. 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. KHUSC conducts Tiered Huddles daily.

KHUSC is committed to rounding as a leadership community with monthly leadership rounds and daily nurse leader rounds. The impact of this best practice has been measurable in patient satisfaction data. For KHUSC, rounding is powerful when it goes beyond observation to create meaningful human connection. The RN Leader Rounding and Leadership Rounding programs have done just that, shifting from compliance-driven checks to purposeful engagement. By focusing on safety, compassion, and dialogue, rounding strengthens trust with patients, improves situational awareness, and supports caregivers. The impact is felt not only in patient experience but also in teamwork, morale, and staff engagement. When leaders share learnings, celebrate wins, and address barriers, rounding becomes a driver of continuous improvement and a foundation for a culture rooted in safety, compassion, gratitude, and respect. Importantly, it also allows leaders to share stories that inspire and engage teams to do more every day. In addition to leadership rounds, the Patient Experience team also performs daily Welcome Rounds on newly admitted patients to ensure awareness of KHUSC's patient and

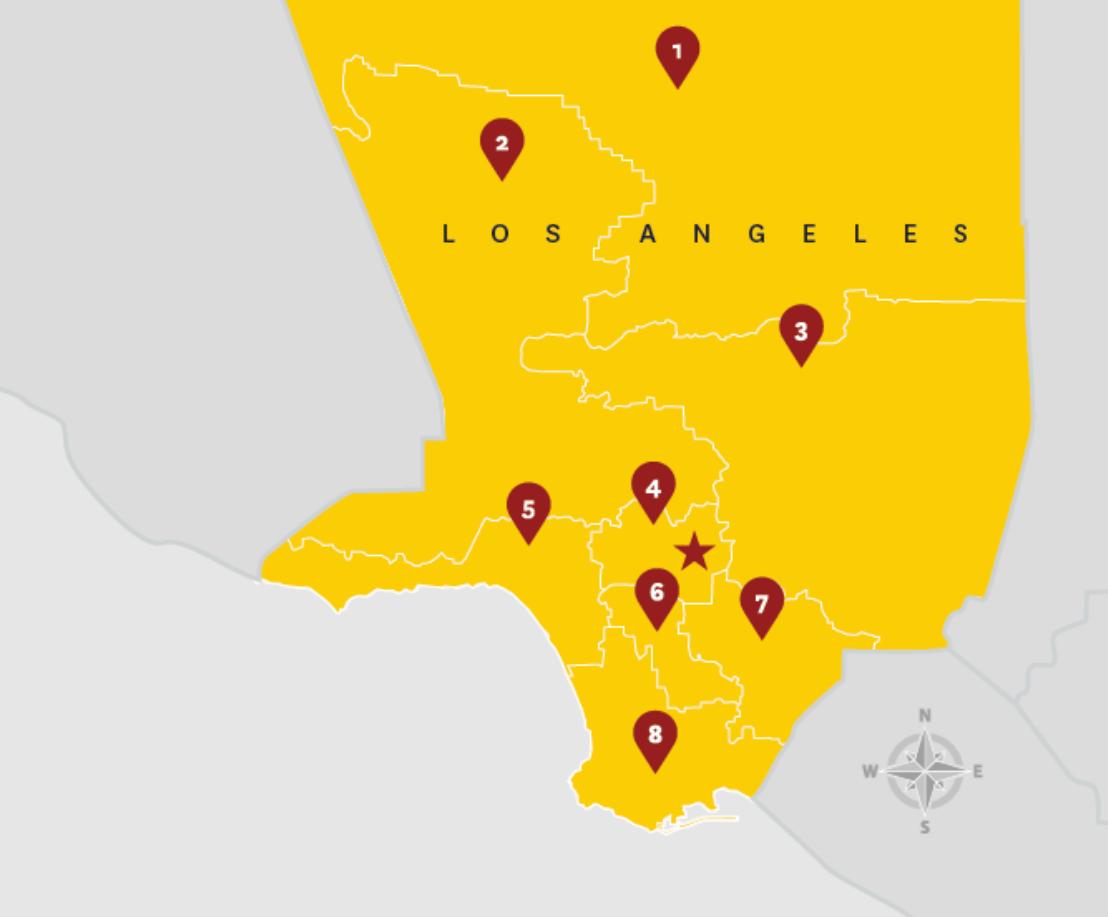


family services and amenities. Welcome Rounds provide an opportunity to enhance comfort and a supportive environment. The Patient Experience team members introduce themselves and provide information on how to reach them as well as provide a description of their role. The goal of Welcome Rounds is just that, to make patients feel supported and welcomed during their hospitalization.

Discharge Efficiency is a key success measure. Measuring “Discharge Efficiency” includes standardizing discharge timing and tracking the time from discharge order to actual patient departure. Efficient discharge processes reduce bottlenecks, prevent delays in care for incoming patients, and support safe transitions from hospital to home. Ensuring discharge efficiency allows care teams to focus on patient education, follow-up planning, and adherence to care plans, thereby advancing patient safety and effective treatment.

Continuous monitoring of readmissions, patient experience, and direct feedback allows the hospital 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 and promotes patient safety, and also supports seamless continuity of care and generates valuable insights to guide future improvements.

By monitoring these measures alongside other outcome and process interventions, KHUSC 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 hospital's commitment to high quality, person-centered care.



ACCESS TO CARE PERFORMANCE

Access to care remains a top priority for Keck Hospital of USC (KHUSC). KHUSC 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.

The hospital 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, the hospital leverages community partnerships to connect patients with local resources and aligns these efforts with priorities identified in the [Community Health Needs Assessment](#). This approach helps address barriers to care that exist outside the hospital walls, supporting patient safety, access to care, and person-centered care.

KHUSC 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.

By monitoring these measures alongside outcomes and process interventions, Keck Hospital of USC 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 hospital's commitment to high quality, person-centered care.

TOP TEN VARIANCES

Measure	Stratification	Reference Group	Reference Rate	Rate Ratio
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Age (excluding maternal measures)	50 to 64	158.7	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	8.1	1.4
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Female	8.2	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	8.1	1.2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age (excluding maternal measures)	65 and older	8.1	1.2
HCAHPS survey: Received information and education	Disability Status	Does not have a disability	98	1.1
HCAHPS survey: Received information and education	Race and/or Ethnicity	Asian	96	1.1
HCAHPS survey: Received information and education	Disability Status	Does not have a disability	98	1.1
HCAHPS survey: Received information and education	Disability Status	Does not have a disability	98	1.1
HCAHPS survey: Received information and education	Race and/or Ethnicity	Asian	96	1.1

METHODOLOGY

For ongoing health equity initiatives, Keck Medicine of USC hospitals have a robust methodology to assess potential variances in data. This methodology includes benchmarking against other healthcare organizations or industry standards to identify areas for improvement.

HCAI rate ratio methodology does not include statistical significance testing or benchmarking.

For more information on HCAI Methodology, please visit the HCAI Hospital Equity Measures Reporting Program [website](#).