



**HEAL+H=QUITY**

Keck Medicine of **USC**

# HOSPITAL EQUITY MEASURES REPORT - 2024

## Keck Medicine of USC

Health System

Report Period: 1/1/2024 - 12/31/2024

Last Updated: 1/28/2026

### CONTENTS

- 1 Overview
- 2 Terminology
- 2 Social Drivers of Health
- 3 Action Plan
- 4 Measuring Success
- 4 Person-Centered Care Performance
- 5 Patient Safety Performance
- 6 Addressing Patient Social Determinants of Health Performance
- 7 Effective Treatment Performance
- 7 Care Coordination Performance
- 9 Access to Care Performance
- 10 Top Ten Variances & Methodology

### 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](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	24337	32310	75.3
Spanish Language	3968	32310	12.2
Asian Pacific Islander Languages	2924	32310	9.5
Middle Eastern Languages	517	32310	1.6
American Sign Language	Suppressed	32310	Suppressed
Other Languages	558	32310	1.7

## 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	142	0.7
Housing Instability	168	0.8
Transportation Problems	386	1.9
Utility Difficulties	113	0.5
Interpersonal Safety	170	0.8



# Keck Medicine of USC

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.

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.

## 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. 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.

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.

### 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, 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 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, 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.

## 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 Performance

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 hospital’s commitment to high quality, person-centered care.

# PERSON-CENTERED CARE PERFORMANCE

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.



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.

## PERSON-CENTERED CARE PERFORMANCE

### *Continued*

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.

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 PERFORMANCE

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.





## PATIENT SAFETY PERFORMANCE

### *Continued*

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.

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. 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, 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 DETERMINANTS OF HEALTH PERFORMANCE

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.

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.

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.



ADDRESSING PATIENT SOCIAL DETERMINANTS OF HEALTH PERFORMANCE

Continued

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 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 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.

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.

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.

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 PERFORMANCE

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.



## CARE COORDINATION PERFORMANCE

### *Continued*

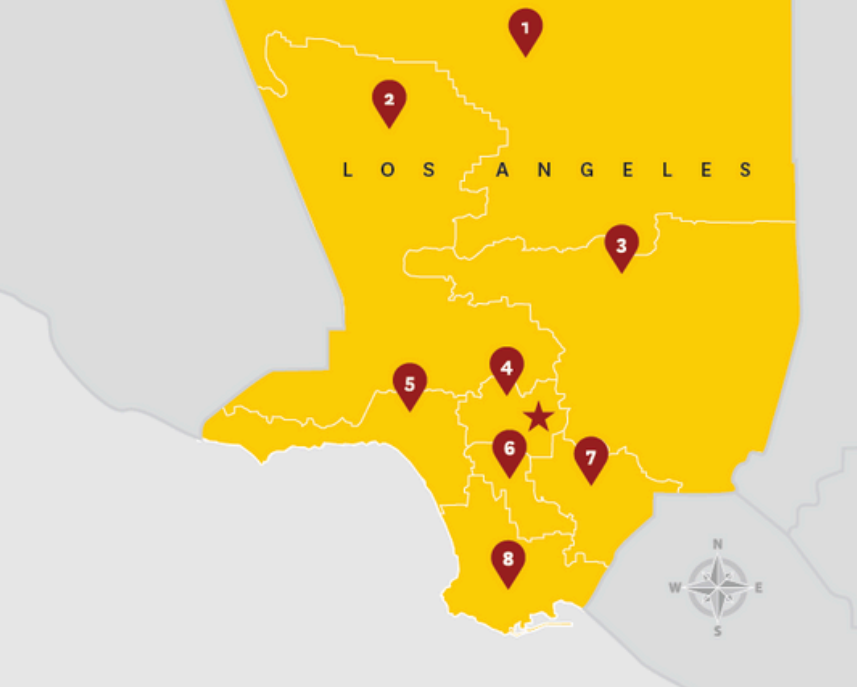
Collaborating with patients and families prevents delays, reduces unnecessary risks, and improves continuity of care. This is accomplished by including patients in multidisciplinary rounds, warm handoffs, real-time information sharing, and the use of digital tools. All of these efforts contribute to 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 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.

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.

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 PERFORMANCE

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.

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.

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.

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.

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.



## TOP TEN VARIANCES

Measure	Stratification	Reference Group	Reference Rate	Rate Ratio
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Preferred Language	Middle Eastern Languages	0	5.0
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Race and/or Ethnicity	Black or African American	0	3.8
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	Age (for maternal measures only)	18 to 29	0.2	2.5
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Disability Status	Self-Care disability	172	2.2
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Race and/or Ethnicity	Black or African American	0	2.2
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Age (excluding maternal measures)	35 to 49	0	2.0
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Preferred Language	Middle Eastern Languages	0	2.0
Agency for Healthcare Research and Quality (AHRQ) Quality Indicator Pneumonia Mortality Rate	Race and/or Ethnicity	Black or African American	0	2.0
California Maternal Quality Care Collaborative (CMQCC) Nulliparous, Term, Singleton, Vertex (NTSV) Cesarean Birth Rate	Expected Payor	Asian	02	2.0
AHRQ Patient Safety Indicator Death Rate among Surgical Inpatients with Serious Treatable Complications	Race and/or Ethnicity	Medicaid	137.3	1.8

## 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](#).