



**HEAL+H=QUITY**

**USC** Norris Comprehensive Cancer Center  
Keck Medicine of **USC**

# HOSPITAL EQUITY MEASURES REPORT - 2024

## USC Norris Comprehensive Cancer Center

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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](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	1097	1527	71.8
Spanish Language	297	1527	19.4
Asian Pacific Islander Languages	77	1527	5
Middle Eastern Languages	24	1527	1.5
American Sign Language	Suppressed	1527	Suppressed
Other Languages	32	1527	2.1

## 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	Suppressed	Suppressed
Housing Instability	Suppressed	Suppressed
Transportation Problems	40	5.9
Utility Difficulties	14	2.1
Interpersonal Safety	Suppressed	Suppressed



# USC Norris Comprehensive Cancer Center

Keck Medicine of USC

The USC Norris Comprehensive Cancer Center and Hospital (USCNCH) is a nationally recognized, academic, National Cancer Institute (NCI)-designated comprehensive cancer center, dedicated to advancing the prevention, diagnosis, treatment, and understanding of cancer. As part of Keck Medicine of USC and the Keck School of Medicine, USCNCH serves as a hub for cutting-edge translational research and interprofessional clinical care, bringing laboratory discoveries directly to patients through innovative clinical trials and precision medicine. Its designation as one of the nation's elite NCI comprehensive cancer centers reflects excellence in scientific leadership, depth of research, and integration of education and community outreach—all with a shared mission to reduce the burden of cancer and improve outcomes for patients locally and globally. The hospital is certified by the American College of Surgeons Commission on Cancer and has been recognized by The Leapfrog Group as a top-performing hospital in patient safety and quality for three consecutive years. USCNCH delivers highly personalized care for a wide range of cancer types, including breast cancer, brain and central nervous system tumors, gastrointestinal cancers, gynecologic cancers, head and neck cancers, hematologic malignancies and solid tumors, lung cancer, melanoma, sarcoma, skin cancer, and urologic cancers. The hospital also offers advanced bone marrow transplantation (BMT), chimeric antigen receptor (CAR) T-cell therapy, and state-of-the-art radiation oncology services. Dedicated to transparency, USCNCH publicly reports its quality and outcome data to empower patients and families to make informed decisions about their care and to uphold its enduring commitment to safety, quality, and trust.

## ACTION PLAN

USCNCH'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 equity report did not uncover substantial variations between patient populations. USCNCH will continue to use data-driven insights to identify areas where the hospital can enhance patient care, improve outcomes, and reduce variances.

Variances in 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 communication and education opportunities, USCNCH 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, USCNCH 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 and measurable impact across all populations served.



## MEASURING SUCCESS

To ensure that improvement efforts achieve their intended outcomes without creating unintended consequences, USCNCCH 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:

- 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, USCNCCH 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

USC Norris Cancer Hospital (USCNCCH)'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. As a Certified Commission on Cancer (CoC) Hospital, USCNCCH meets rigorous national standards for interprofessional cancer care, quality measurement, and continuous improvement. The Cancer Committee conducts regular quality, safety and patient experience reviews assessing adherence to CoC standards, treatment outcomes, and performance improvement initiatives. Results are reviewed by the Medical Executive Committee and incorporated into the hospital's Quality Improvement Plan, ensuring ongoing accountability and alignment with national best practices. The hospital also actively engages with the Patient and Family Advisory Council (PFAC) and the Adolescent and Young Adult Cancer Program at USC ([AYA@USC](mailto:AYA@USC)), 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, USCNCCH 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 USCNCCH's unwavering commitment to delivering high-quality, person-centered care—for every patient, every time.

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- USCNCCH is proud to be on the journey toward Magnet recognition, a prestigious designation from the American Nurses Credentialing Center (ANCC) that honors excellence in nursing and patient care. This journey reflects USCNCCH's commitment to empowering nurses as leaders and advocates, elevating patient outcomes through evidence-based practice, and fostering an environment where collaboration and innovation thrive. Magnet hospitals consistently demonstrate lower mortality, higher patient satisfaction, and superior clinical outcomes—benchmarks that guide USCNCCH's improvement priorities.
  - As a Commission on Cancer (CoC)-certified hospital, USCNCCH meets rigorous national standards for interprofessional cancer care, quality measurement, and continuous improvement. The Cancer Committee conducts regular quality, safety, and patient experience reviews assessing adherence to CoC standards, treatment outcomes, and performance improvement initiatives. Results are reviewed by the Medical Executive Committee and Quality Committee of the Hospital Governing Board, ensuring accountability and alignment with national best practices. Participation in the National Cancer Database (NCDB) allows benchmarking and analysis that drive targeted improvement in outcomes and adherence to evidence-based guidelines.
  - USCNCCH is also an active member of the [Association of Dedicated Cancer Centers \(ADCC\)](#), a prestigious consortium of leading cancer institutions. Through this collaboration, USCNCCH engages in peer benchmarking, national performance comparisons, and shared learning initiatives that inform continuous improvement and accelerate adoption of best practices across the cancer continuum.
  - USCNCCH further leverages national metrics such as Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience scores and Agency for Healthcare Research and Quality (AHRQ) patient safety indicators to identify opportunities for improvement. Incidents related to care transitions are closely analyzed to ensure that process enhancements strengthen, rather than compromise, patient safety.

## PATIENT SAFETY PERFORMANCE

Patient safety is the foundation of USC Norris Cancer Hospital (USCNCCH)'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.



## ADDRESSING PATIENT SOCIAL DETERMINANTS OF HEALTH PERFORMANCE

USC Norris Cancer Hospital (USCNCH) 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 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. USCNCH 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 our 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. Each year, the Cancer Committee conducts a formal barriers-to-care assessment using data generated through these processes. In response, USCNCH implemented several targeted interventions to address these barriers and improve the overall patient experience. Recent initiatives have focused on reducing financial barriers to care, including expanding financial advocacy services and improving access to high-cost chemotherapy. The hospital also provides complimentary valet parking for patients and families to reduce travel-related burden during treatment.

Additionally, collaboration between oncology, palliative care, and case management has improved access to hospice services, ensuring that patients and families receive compassionate, timely support during advanced stages of care. Each intervention is evaluated by the Cancer Committee for impact and sustainability, with progress reported in meeting minutes and incorporated into the hospital's annual Quality Report. Through this structured, data-driven process, USCNCH continuously works to remove barriers, reduce disparities, and uphold the mission of providing safe, equitable, and patient-centered cancer care for every patient, every time.

Cancer Survivorship Advisory Council (CSAC) is an advisory group to the USC Norris Comprehensive Cancer Center, USC-CSAC supports patients and caregivers. The mission of USC-CSAC is to facilitate the journey from diagnosis to survivorship. It is a welcoming group of dedicated and experienced survivors and caregivers who are inspired to assist newly diagnosed and other individuals affected by cancer with support, listening, advocacy and guidance. The USC-CSAC directly helps cancer survivors and loved ones, advises Keck School of Medicine of USC researchers and clinicians on issues bearing on the quality of patient care, and actively participates in clinical trials and other research efforts at the USC Norris Comprehensive Cancer Center and in the surrounding community.



USC Norris Comprehensive Cancer Center, through an award from The Ralph Lauren Corporate Foundation, opened [The Ralph Lauren Center for Cancer Prevention](#) in 2023. The mission of Ralph Lauren Center is to support cancer care in Los Angeles County, enhance uptake of high-quality cancer screening services, and improve access to timely cancer treatment through patient navigation. The Center provides a safe and supportive environment for the communities in Los Angeles County. The team is composed of Spanish, Cantonese, Vietnamese, and English speakers. Ralph Lauren Center understands the cultural differences among the communities they serve and is proud to provide support to all individuals no matter their race, language, gender, sexual orientation, or ability.



## ADDRESSING PATIENT SOCIAL DETERMINANTS OF HEALTH PERFORMANCE

*Continued*

By monitoring these measures alongside outcomes and process interventions, USCNCCH is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the hospital's commitment to high quality, person-centered cancer 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 a fundamental component of the mission at USC Norris Cancer Hospital (USCNCCH). Our focus on effective treatment is driven by the systematic use of internal and external benchmarking tools—including the National Cancer Database (NCDB), Vizient Clinical Database, and the Association of Dedicated Cancer Centers (ADCC) benchmarking program—to monitor outcomes, compare performance, and identify opportunities for improvement relative to other high-performing cancer centers nationwide.

Through the Commission on Cancer (CoC) certification process, USCNCCH participates in NCDB data submissions, allowing performance tracking across quality indicators such as adherence to evidence-based treatment guidelines, timeliness of care, survival rates, and post-treatment outcomes. These data are routinely reviewed by the Cancer Committee. This structured oversight ensures accountability, transparency, and alignment with national standards for high-quality, effective cancer care.

Performance in treatment effectiveness is further evaluated through Vizient comparative benchmarking, which monitors key indicators, such as risk-adjusted mortality, length of stay, readmission rates, and complication rates across complex oncologic populations. Results consistently demonstrate performance at or above the Vizient academic medical center median, reflecting effective care coordination and adherence to clinical best practices. Participation in the ADCC provides an additional layer of collaboration and benchmarking with other premier cancer institutions. Through ADCC, USCNCCH engages in shared learning, best practice exchange, and targeted improvement initiatives to enhance patient outcomes and operational performance.

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.





## CARE COORDINATION PERFORMANCE

At USC Norris Cancer Hospital (USCNCH), 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.

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 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.

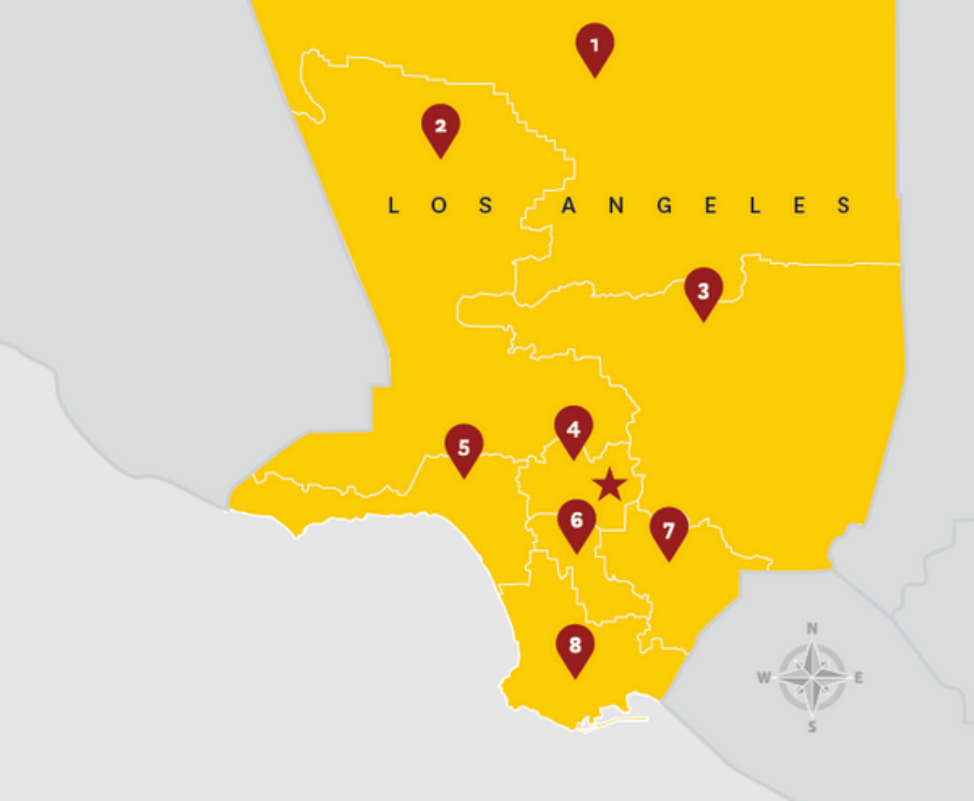
Communication and collaboration across multidisciplinary teams are vital to patient safety and awareness. USCNCH conducts Multidisciplinary Rounds (MDRs) daily. During rounds, the patient's treatment plan, clinical concerns and care post discharge are discussed. The MDRs also provide an additional platform and pathway for any member of the treatment team to escalate potential safety concerns and encourage harm reduction.

“Tiered Huddles” is a communication system at USCNCH 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 USCNCH. Within two hours critical issues can be escalated from frontline staff to the most senior level position in our organization. Recognitions throughout the organization are also highlighted to leadership. USCNCH conducts Tiered Huddles daily.

USCNCH 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 USCNCH, 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 USCNCH'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 provides a description of their role. The goal of Welcome Rounds is just that, to make patients feel supported and welcomed during their hospitalization.

Continuous monitoring of 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.



## ACCESS TO CARE PERFORMANCE

Access to care remains a top priority for USC Norris Cancer Hospital (USCNCH). USCNCH 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. USCNCH has dedicated nurse navigators, new patient referral personnel and scheduling staff to navigate and assist patients obtain timely appointments. Once they become patients, a team of delegated staff is here to help provide individualized care.

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.

USCNCH 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 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, USCNCH is able to continuously refine care delivery, anticipate patient needs, and address barriers proactively. This approach ensures that improvement initiatives not only reduce variances but also enhance the overall patient experience, promote safety, and strengthen care coordination, reflecting the hospital's commitment to high quality, person-centered cancer care.



# TOP THREE VARIANCES

Measure	Stratification	Reference Group	Reference Rate	Rate Ratio
HCAHPS survey: Received information and education	Age (excluding maternal measures)	50 to 64	97.3	1.1
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Sex Assigned at Birth	Male	98.9	1.1
HCAHPS survey: Received information and education	Race and/or Ethnicity	Hispanic or Latino	93.2	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](#).