



HEAL+H=QUITY

USC Arcadia Hospital
Keck Medicine of **USC**

HOSPITAL EQUITY MEASURES REPORT - 2024

USC Arcadia Hospital

HCAI ID: 106190529
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.

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	9714	13662	71.1
Spanish Language	1531	13662	11.2
Asian Pacific Islander Languages	2286	13662	16.7
Middle Eastern Languages	73	13662	0.5
American Sign Language	Suppressed	13662	Suppressed
Other Languages	55	13662	0.4

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	40	0
Transportation Problems	Suppressed	Suppressed
Utility Difficulties	Suppressed	Suppressed
Interpersonal Safety	88	1



USC Arcadia Hospital

Keck Medicine of USC

USC Arcadia Hospital (USCAH), part of Keck Medicine of USC, is a 348-licensed-bed community hospital that has been serving the health care needs of patients in the San Gabriel Valley and surrounding communities for more than a century. Hospital services include 24-hour emergency room which also serves as an LA County EMS base station for the surrounding area. USCAH has a special designation as an Emergency Department Approved for Pediatrics (EDAP) and offers OB/GYN and maternity services with a neonatal ICU. USCAH offers complex neurological care and surgery as a comprehensive stroke center, cardiac care as a STEMI (heart attack) receiving center, cancer care, orthopedic care, surgical services, imaging and diagnostic services. It is the mission of USCAH to provide high-quality healing services while caring for the patient's emotional and spiritual needs and enabling them to achieve health for life.



ACTION PLAN

USCAH's analysis of the California Department of Health Care Access and Information 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. Analysis highlighted opportunities to improve patient experience; particularly when receiving written information and education upon discharge and likelihood to recommend.

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 the opportunities identified in patient understanding of discharge instructions, USCAH is enhancing its multifaceted, hospital-wide approach to patient care and experiences. 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 the social drivers of health in support of physical and spiritual wellness.

KEY PROCESSES INCLUDE:

- Screening for Social Drivers of Health (SDOH)
- Standardized Discharge Education
- Post-Discharge Follow-Up As Needed
- Multidisciplinary Care Coordination
- Patient and Family Feedback Integration
- Culturally Intelligent Care Program
- 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, USCAH 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

USCAH has an existing interprofessional structure to review stratified clinical data, patient experience data, and operational metrics. This enables the hospital to identify and address key opportunities to reduce barriers to care, improve quality and safety practices, and strengthen care coordination—especially for patients with age-related variances or social challenges that impact health outcomes.

To ensure that improvement efforts achieve their intended outcomes without creating unintended consequences, USCAH monitors a comprehensive set of success measures. 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 improvement plans is evaluated at 30-, 60-, and 90-day intervals, and will be measured throughout calendar year 2026.

Key measures include:

- 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, USCAH 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 Arcadia Hospital (USCAH)'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.



Patient and Family Advisory Councils (PFAC) actively participate in development of discharge materials and evaluating interventions. Real-time patient feedback through surveys and during leadership rounds inform iterative improvements to ensure care is responsive, personalized, and aligned with patient priorities. USCAH's newest edition to this area of care delivery is the introduction of bilingual patient advocates to address linguistic and cultural patient needs. The advocate program has been initiated for Mandarin and Spanish-speaking populations; these are the most prevalent languages for USCAH's patients with limited English proficiency. One of the key principles of the culturally intelligent care program is health equity. The program's key performance indicators include engagement with patients upon admission to identify the support resources needed to optimize the hospitalization, and discharge planning to optimize the care coordination and to minimize readmissions.

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. Surveys are used to capture patient experience and comprehension of discharge instructions. Insights from this feedback inform iterative improvements in care delivery and communication strategies.

By stratifying and monitoring these measures alongside outcomes and process interventions, USCAH 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 USCAH'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 USC Arcadia Hospital's (USCAH) 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.

As part of USCAH's commitment to data-driven process improvement, quality and safety strategies have been implemented that incorporate clinical teams that include a nurse leader, frontline nurses and staff, a physician, and other members of the care team to continually monitor data, systems, and processes to improve patient care, outcomes, and experiences. These clinical teams are also supported by the Quality Steering Committee led by USCAH's Chief Quality Officer, Chief Nursing Officer, and Associate Chief Medical Officer.



PATIENT SAFETY PERFORMANCE

Continued

USCAH leverages data, patient feedback, and numerous quality measures—including readmissions, Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) patient experience scores, and Agency for Healthcare Research and Quality (AHRQ) patient safety indicators—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.

Hospital-associated infections, adverse events such as falls with injury and hospital-acquired pressure injuries, mortalities, sepsis, patient safety indicators, and 30-day unplanned readmission rates are tracked and stratified to identify variances and measure the efficacy of interventions. Monitoring readmissions ensures safe transitions of care and supports patient safety and effective treatment.

Incidents related to care transitions are evaluated to ensure that improvement initiatives do not compromise patient safety. This ongoing oversight promotes high-quality, reliable, and safe care for all patients.

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

ADDRESSING PATIENT SOCIAL DETERMINANTS OF HEALTH PERFORMANCE

USC Arcadia Hospital (USCAH) 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 Determinants of Health (SDOH). Patients are assessed for social, economic, and environmental factors that may impact recovery or adherence to treatment. USCAH 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 its 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 identified social needs—such as housing, transportation, food security, or financial barriers—helps determine the impact of interventions outside the hospital. By actively addressing social determinants of health, 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, USCAH 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 USC Arcadia Hospital (USCAH)'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—USCAH is aligning core care priorities with process improvements to deliver the highest quality care and experience for all patients.

In support of providing effective treatment, care team members ensure discharge instructions are simplified, culturally relevant, and tailored to individual patient needs, including visuals, translations, and plain language. Teach-back methods are used to verify understanding, ensuring patients leave the hospital equipped to safely manage their care. During leadership rounds patient care teams discuss the patient experience with patients and family members, providing an opportunity to address and recover their willingness to recommend the hospital. This group has a debriefing to review the direct feedback, trends, and recommendations to ensure feedback translates to the required actions and improvements.

CARE COORDINATION PERFORMANCE

At USC Arcadia Hospital (USCAH), 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.

CARE COORDINATION PERFORMANCE

Continued

Communication and collaboration across multidisciplinary teams are vital to patient safety and awareness. USCAH 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.

At USCAH tiered huddles is a communication system 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 USCAH. 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. USCAH conducts Tier 1-4 huddles, daily.

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, USCAH is able 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.

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.

By monitoring these measures alongside outcomes and process interventions, USCAH 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 care.



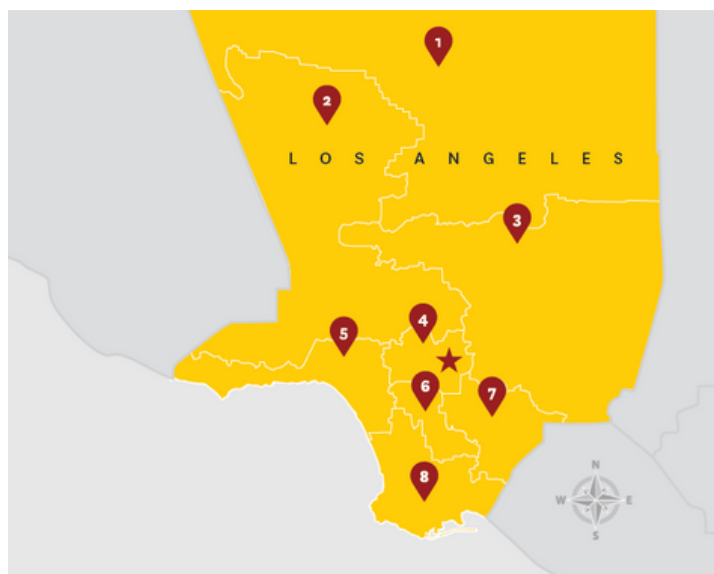
ACCESS TO CARE PERFORMANCE

Access to care remains a top priority for USC Arcadia Hospital (USCAH). USCAH 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. Following the integration with Keck Medicine of USC, the growth strategy for USCAH has a significant focus on providing access to specialty medical and surgical services for the surrounding community and improving efficiencies of the Emergency Department and surgical services.

To support improving access to care, operational dashboards and improvement meetings have been created to optimize emergency department throughput which minimizes ambulance diversion times, decreases door to triage time and overall length of stay discharge times. This has also led to an increase in emergency department visits, which is further supported by the opening of an observation unit within the emergency department and the opening of an Intermediate Care Unit to enhance throughput and address over-utilization of intensive care unit beds all to increase USCAH's capacity to serve the community.

Access to specialty services has resulted in a 71% increase in cardiac catheterization laboratory procedures with new programs such as TAVR (Transcatheter aortic valve replacement) and Watchman procedures available to the community. USC Arcadia now serves as the only entity within the Keck Medicine of USC health system to offer maternal child services to the San Gabriel Valley community and beyond. Additionally, the Commission on Accreditation of Rehabilitation Facilities (CARF) accredited acute rehabilitation unit has expanded its services to offer a new community resource for post-transplantation patients (solid organ) and those with new VAD (ventricular assist device) implants as a bridge to heart transplant.

The hospital maintains structured post-discharge calls led by case management teams and patient navigators 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.



USCAH 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. The Optimizing Transitions of Care Committee in collaboration with the inpatient and emergency department operations teams provides the venue to evaluate the outcomes and needs of patients.

TOP TEN VARIANCES

Measure	Stratification	Reference Group	Reference Rate	Rate Ratio
HCAHPS survey: Received information and education	Race and/or Ethnicity	Hispanic or Latino	89.9	1.4
HCAHPS survey: Received information and education	Disability Status	Does not have disability	90.2	1.2
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Disability Status	Does not have disability	92.2	1.1
HCAHPS survey: Received information and education	Age (excluding maternal measures)	35 to 49	94.3	1.1
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Disability Status	Does not have a disability	92.2	1.1
HCAHPS survey: Received information and education	Expected Payor	Private	92.9	1.1
HCAHPS survey: Received information and education	Disability Status	Does not have disability	9.2	1.1
HCAHPS survey: Received information and education	Disability Status	Does not have disability	90.2	1.1
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey: Would recommend hospital.	Age (excluding maternal measures)	18 to 34	94.4	1.1
HCAHPS survey: Received information and education	Disability Status	Does not have a disability	90.2	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](#).