

Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	UCSF BENIOFF CHILDREN'S HOSPITAL OAKLAND
Facility Type:	Children Hospital
Hospital HCAI ID:	106010776
Report Period:	01/01/2024 - 12/31/2024
Status:	Submitted
Due Date:	11/29/2025
Last Updated:	01/15/2026
Hospital Location with Clean Water and Air:	N
Hospital Web Address for Equity Report:	ucsfhealth.org

Overview

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

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

Laws and Regulations

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

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

Hospital Equity Measures

Joint Commission Accreditation

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

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

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

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

Y

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

Y

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

50267

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	33090	50267	65.8
Spanish Language	14344	50267	28.5
Asian Pacific Islander Languages	838	50267	1.7
Middle Eastern Languages	688	50267	1.4
American Sign Language	33	50267	0.1
Other Languages	1274	50267	2.5

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

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

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

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

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

Y

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

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

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

Y

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

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

Y

CMS HCHE Measure Domain 4: Quality Improvement (Yes/No)

- Our hospital participates in local, regional or national quality improvement activities focused on reducing health disparities.

Y

CMS HCHE Measure Domain 5: Leadership Engagement (Yes/No)

- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews our strategic plan for achieving health equity.
- Our hospital senior leadership, including chief executives and the entire hospital board of trustees, annually review key performance indicators stratified by demographic and/or social factors.

Y

Centers for Medicare & Medicaid Services (CMS) Social Drivers of Health (SDOH)

Children's hospitals are required to report on rates of screenings and intervention rates among patients above 18 years old for five health related social needs (HRSN), which are food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety. These rates are reported separately as being screened as positive for any of the five HRSNs, positive for each individual HRSN, and the intervention rate for each positively screened HRSN. For more information on the CMS SDOH, please visit the following link by copying and pasting the URL into your web browser:

<https://www.cms.gov/priorities/innovation/key-concepts/social-drivers-health-and-health-related-social-needs>

Number of patients admitted to an inpatient hospital stay who are 18 years or older on the date of admission and are screened for all of the five HRSN

0

Total number of patients who are admitted to a hospital inpatient stay and who are 18 years or older on the date of admission

0

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

0

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

Social Driver of Health	Number of positive screenings	Rate of positive screenings (%)	Number of positive screenings who received intervention	Rate of positive screenings who received intervention (%)
Food Insecurity	0	0	0	0
Housing Instability	0	0	0	0
Transportation Problems	0	0	0	0
Utility Difficulties	0	0	0	0
Interpersonal Safety	0	0	0	0

Core Quality Measures for Children's Hospitals

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

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

Patient or Guardian Willingness to Recommend Hospital

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

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

NA

Total number of respondents to the pediatric experience survey

NA

Percentage of respondents who reported willingness to recommend the hospital

NA

Total number of respondents of the pediatric experience survey

NA

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

NA

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

Race and/or Ethnicity	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
American Indian or Alaska Native					
Asian					
Black or African American					
Hispanic or Latino					
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White					

Age	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Age 0 to 4					
Age 5 to 9					
Age 10 to 14					
Age 15 Years and Older					

Sex assigned at birth	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Male					
Unknown					

Payer Type	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Medicare					
Medicaid					
Private					
Self-Pay					
Other					

Preferred Language	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
English Language					
Spanish Language					
Asian Pacific Islander Languages					
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages					

Disability Status	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Does not have a disability					
Has a mobility disability					
Has a cognition disability					
Has a hearing disability					
Has a vision disability					
Has a self-care disability					
Has an independent living disability					

Sexual Orientation	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Lesbian, gay or					
Straight or heterosexual					
Bisexual					
Something else					
Don't know					
Not disclosed					

Gender Identity	Number of respondents willing to recommend hospital	Total number of responses	Percentage of willing to recommend hospital responses (%)	Total number of patients surveyed	Response rate of patients surveyed (%)
Female					
Female-to-male (FTM)/ transgender male/trans					
Male					
Male-to-female (MTF)/ transgender female/trans woman					
Non-conforming gender					
Additional gender category or other					
Not disclosed					

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate

The second core quality measure for children's hospitals is the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, which is defined as the percentage of hospital-level, unplanned, all-cause readmissions after admission for any eligible condition within 30 days of hospital discharge for patients. These rates are reported by race and/or ethnicity, age categories for children's hospitals, sex, payer type, preferred language, disability status, sexual orientation, and gender identity. For more information on calculating the HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate, please visit the following link by copying and pasting the URL into your web browser:

https://hcai.ca.gov/wp-content/uploads/2024/10/HCAI-All-Cause-Readmission-Rate-Exclusions_ADA.pdf

Number of inpatient hospital admissions which occurs within 30 days of the discharge date of an eligible index admission

55

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

641

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

8.6

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

Race and/or Ethnicity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
American Indian or Alaska Native			
Asian	suppressed	suppressed	suppressed
Black or African American	18	168	10.7
Hispanic or Latino	23	278	8.3
Middle Eastern or North African			
Multiracial and/or Multiethnic (two or more races)	suppressed	suppressed	suppressed
Native Hawaiian or Pacific Islander	suppressed	suppressed	suppressed
White	suppressed	suppressed	suppressed

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

Sex assigned at birth	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female	31	296	10.5
Male	24	345	7.0
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare			
Medicaid	20	300	6.7
Private	suppressed	suppressed	suppressed
Self-Pay	suppressed	suppressed	suppressed
Other	31	257	12.1

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

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

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

Gender Identity	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Female			
Female-to-male (FTM)/transgender male/ trans man			
Male			
Male-to-female (MTF)/transgender female/ trans woman			
Non-conforming gender			
Additional gender category or other			
Not disclosed			

Health Equity Plan

All children's hospitals report a health equity plan that identifies the top 10 disparities and a written plan to address them.

Top 10 Disparities

Disparities for each hospital equity measure are identified by comparing the rate ratios by stratification groups. Rate ratios are calculated differently for measures with preferred low rates and those with preferred high rates. Rate ratios are calculated after applying the California Health and Human Services Agency's "Data De-Identification Guidelines (DDG)," dated September 23, 2016.

Table 5. Top 10 disparities and their rate ratio values.

Measures	Stratifications	Stratification Group	Stratification Rate	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Other	12.1	Medicaid	6.7	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth	Female	10.5	Male	7.0	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Black or African American	10.7	Hispanic or Latino	8.3	1.3

Plan to address disparities identified in the data

UCSF Health will implement a coordinated set of interventions to reduce 30-day All-Cause readmission by combining enhanced care transition outreach programs and various ways to stratify patients. The Care Transition Outreach Program (CTOP) team will conduct timely post-discharge outreach which includes: ☺

☺ An automated call is sent to patients within 3 days of discharge home ☺

☺ Patients who identify a concern receive a call from a CTOP nurse to provide symptom triage, teaching, and care coordination ☺

☺ For certain "at-risk" patients who fail to answer the automated call, a nurse screens and manually calls those who have not already been contacted by another clinician. ☺

☺ A Social Worker addresses psychosocial needs and links patients with community resources, and pharmacists address medication access and questions ☺

☺ CTOP escalates patient concerns to Patient Relations to facilitate rapid service recovery ☺

☺ CTOP added text messaging for patients not reached by automated call and added health equity component to manual outreach ☺

☺ The AI projects ☺

☺ 30-day Readmission AI risk prediction model: piloting in 2 OPH programs, working with ESTAR fellow ☺

- ⌘
- AI-drafted discharge summaries: pilot ⌘
- ⌘
- AI-drafted discharge instructions: pilot ⌘
- ⌘
- Improve ambulatory access post-discharge ⌘
- ⌘
- Standardized transitions workflows and improving post discharge access: collaborating with ambulatory leadership ⌘
- ⌘
- Survey to all case managers and service line directors ⌘
- ⌘
- Epic build of discharge order ⌘
- ⌘
- Transition Care Management: piloted at our Lakeshore clinic, expanded to all primary care clinics ⌘
- ⌘
- Onclick: 30-day longitudinal post-discharge support for Medicare FFS patients live-reduction in readmission rate

Performance in the priority area

Children's hospitals are required to provide hospital equity plans that address the top 10 disparities by identifying population impact and providing measurable objectives and specific timeframes. For each disparity, hospital equity plans will address performance across priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

Person-centered care

UCSF Health demonstrates strong performance in the domain of person-centered care, as evidenced by top-tier benchmark rankings, and an institutional infrastructure devoted to person-centered and equity-oriented care. We integrate the whole person's support, language interpreter services, spiritual care, social work, and track patient experience systematically. ⌘

⌘

U.S. News & World Report 2024-25 survey ranked UCSF Medical Center (UCSFMC) the best in California (tied No.1) and No. 3 nationwide in neurology/neurosurgery and geriatric care. UCSFMC ranked among the nation's top 10 hospitals in seven areas: cancer, geriatrics, neurology and neurosurgery, orthopedics, psychiatry, pulmonology and rheumatology.

Patient safety

UCSF performance in Patient Safety is recognized by receiving honors for quality and safety for our commitment to protecting patients earned UCSF Health and A: in patient safety from the Leapfrog Group for at Parnassus, Mission Bay and St. Mary's. Leapfrog also recognized Parnassus, Mission Bay and Mount Zion as "top hospitals". UCSF also received 5 out of 5 stars for quality, safety and patient experience from Centers for Medicare & Medicaid Services.

Addressing patient social drivers of health

Currently UCSF Health screens for SDOH domains, the SDOH domains display in the EHR in various places and if a patient screens, positive clinical pathways are initiated to Social Workers. ⌘

⌘

The full electronic implementation went live on October 4, 2025, with a full system upgrade and incorporation of our new hospitals Hyde & Stanyan (formerly St. Mary's and St. Francis hospitals) ⌘

Đ
The SDOH project team has implemented a SDOH screening dashboard to track screening rates across the various facilities and departments within UCSF Đ
Đ
We also launched a training module in our UC Learning system to educate on workflows and best practices

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Enterprise True North Disparity Improvement efforts identified as priorities for UCSF Health in FY25. These efforts focus on key areas including Maternal Health, Language Access, Hypertension Control, and MyChart Access.

UCSF Health has pinpointed these critical areas for disparity improvement to be featured on the Tier 5, Enterprise True North. These priorities are essential for advancing healthcare equity, which encompasses patients’s access to care, their experience of care, and clinical outcomes. The prioritization of these efforts is spearheaded by the Health Equity Division, with endorsement from UCSF Health’s Health Equity Council and the Department of Quality and Safety for leadership. Many of these initiatives extend over multiple years to address the systemic changes necessary to mitigate long-standing healthcare disparities.

Project’s

Goal’s

Baseline Statistics’s

Current Statistics’s

Maternal Health’s

Achieving National Target of 23.6%’s for’ Low-Risk’ 1st’ birth cesarean delivery rate among black patients at UCSF Mission Bay’s

39.6%

Dec. 2022-Nov. 2023

32.8%

Dec. 2023-Nov. 2024

Language Access’s

Achieve 90% provider documentation of Ambulatory Services interpreter consults for Limited English Proficiency (LEP) patient visits’s

FY24 Baseline:

66%

86%

Hypertension Control

Increase performance on controlling high blood pressure measure for Primary Care empaneled Black/African American patients to 66.6% by the end of FY25

64.9% data as of 12.31.24

Pediatric MyChart Activation

Decrease MyChart Ambulatory activation disparities in 3 out of 3 groups each by 10% compared to FY24 baseline (July-March) by 2 weeks post visit over the next 2 years

FY24 Goal:

Black/AA 24%

Latinx 32%

Patients with LEP 41%

FY25:

Black/AA 20%

Latinx 31%

Patients with LEP 41%

1. FTR & EöÖ 6Æ-æ-3 The Bloom Clinic is open to all patients, but focuses on providing culturally competent and racially concordant care to Black families. <https://bloomclinic.ucsf.edu/>

2. f"äD†VÇ~ æB †V ÇF, æ vigation at Oakland FQHC provides assistance to "other" pay [consider clarifying for

3. ÷WG F-VçB F- Ç-6-2 æB F- &WFW2 6Æ-æ-72 F &vWF-ær 67&VVæ-ær `or food insecurity and resources which impact nutrition health status preventing re-admissions such as decompensated renal failure and DKA due to lack of access to nutritious food. Dialysis clinic work is ESTAR learning funded, for nephrology fellow Dr Lecea-Glenn with Deb as Exec Sponsor (impact "other" pay—target in dialysis clinic is MediCal/CCS)

4. e „2 Ö&-ÆR †V ÇF, Van launched—which brings primary and behavioral healthcare directly to children across the Alameda and Contra Costa counties.

5. 6öx ÆPx Care Disease Management --partnership with Alameda County CCS to increase ECM (complex care management) encounters in FY26 including food insecurity screening

Care coordination

At UCSF Health, our experienced and sensitive Case Management and Social Work team is available to help patients and families cope with the many psychological and social problems that may arise during illness, hospitalization, and medical treatment. Our social workers act as patient advocates by serving as counselors, helping to find resources and solve problems. When it's medically necessary, social workers also help arrange alternate types of care when patients leave the hospital, which may include rehabilitation facilities, skilled nursing facilities, hospice or board and care homes. Any concerns related to the psychological, practical or social well-being of patients and their loved ones may be discussed openly with our social workers

Access to care

UCSF Health continues to advance access to care by expanding capacity, improving operational efficiency, and leveraging digital innovation to bring services closer to patients. Over the past year, UCSF has increased appointment availability through targeted throughput initiatives, including enhanced provider scheduling templates, virtual-first pathways, and expanded hours in high-demand specialties. Investment in centralized access systems such as streamlined referral workflows, real-time scheduling visibility and automated patient outreach has reduced appointment lead times and improved first-available access. Additionally, telehealth utilization remains one of the highest in California academic health systems, supporting timely access for low-income and mobility-limited populations. ð

ð
Effective August 2024, UCSF Health Saint Francis Memorial Hospital, UCSF Health St. Mary's Medical Center and associated outpatient clinics joined UCSF Health. UCSF Health will maintain existing services at the longstanding San Francisco hospitals, ensuring patients will be able to continue seeing their current providers and keep care local. Having more places to offer primary and secondary care will also increase UCSF Health's ability to care for patients with complex medical needs. Combining community care with academic medicine makes convenient, comprehensive care easier to access for all our patients. ð

ð
UCSF is also strengthening equity in access through community partnership clinics, interpreter and language access expansion and focused efforts to improve access for Medi-Cal, Medicare Advantage, and underinsured patients. Population Health teams collaborate with primary care, specialty care and Care at Home programs to prioritize timely access for high-risked patients. Ongoing work to reduce no-shows, shorten cycle times and improve coordination between inpatient and outpatient settings has contributed to more seamless care transitions. Together these improvements reflect UCSF's commitment to accessible, patient-centered, and equity-driven care for all communities it serves

Methodology Guidelines

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

Y