Hospital Equity Measures Report

General Information

Report Type:	Hospital Equity Measures Report
Year:	2024
Hospital Name:	MEMORIALCARE MILLER CHILDREN'S & WOMEN'S HOSPITAL LONG BEACH
Facility Type:	Children Hospital
Hospital HCAI ID:	106196168
Report Period:	01/01/2024 - 12/31/2024
Status:	Submitted
Due Date:	11/29/2025
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Hospital Location with Clean Water and Air:	Y
Hospital Web Address for Equity Report:	https://www.memorialcare.org/memorialcare-dei

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.

21132

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	18163	21132	86.0
Spanish Language	2780	21132	13.2
Asian Pacific Islander Languages	109	21132	0.5
Middle Eastern Languages	13	21132	0.1
American Sign Language		21132	
Other Languages	67	21132	0.3

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

8740

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

13042

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

67.0

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	316	3.6	0	
Housing Instability	157	1.8	0	
Transportation Problems	280	3.2	0	
Utility Difficulties	200	2.3	0	
Interpersonal Safety	103	1.2	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

366

Total number of respondents to the pediatric experience survey

388

Percentage of respondents who reported willingness to recommend the hospital

94.3

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	18	21	85.7		
Black or African American	34	38	89.5		
Hispanic or Latino	420	486	86.4		
Middle Eastern or North African					
Multiracial and/or Multiethnic (two or more races)					
Native Hawaiian or Pacific Islander					
White	33	39	84.6		

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	151	152	99.3		
Age 5 to 9	suppressed	suppressed	suppressed	suppressed	suppressed
Age 10 to 14	suppressed	suppressed	suppressed	suppressed	suppressed
Age 15 Years and Older	suppressed	suppressed	suppressed	suppressed	suppressed

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	159	177	89.8		
Male	177	211	83.9		
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	254	297	85.5		
Spanish Language	suppressed	suppressed	suppressed	suppressed	suppressed
Asian Pacific Islander Languages	suppressed	suppressed	suppressed	suppressed	suppressed
Middle Eastern Languages					
American Sign Language					
Other/Unknown Languages	suppressed	suppressed	suppressed	suppressed	suppressed

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

451

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

11049

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

4.1

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	suppressed	suppressed	suppressed
Asian	31	692	4.5
Black or African American	35	1215	2.9
Hispanic or Latino	311	6783	4.6
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	38	1208	3.1

Age	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Age 0 to 4	301	7978	3.8
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	219	5219	4.2
Male	232	5830	4.0
Unknown			

Payer Type	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
Medicare	suppressed	suppressed	suppressed
Medicaid	308	7439	4.1
Private	140	3480	4.0
Self-Pay	0	41	0.0
Other	suppressed	suppressed	suppressed

Preferred Language	Number of inpatient readmissions	Total number of admitted patients	Readmission rate (%)
English Language	367	9427	3.9
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			Private	4.0	2.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity			Black or African American	2.9	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity			Black or African American	2.9	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity			Black or African American	2.9	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Sex Assigned at Birth			Female	89.8	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity			Black or African American	89.5	1.1
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Sex Assigned at Birth			Male	4.0	1.1
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity			Black or African American	89.5	1.0
Pediatric experience survey with scores of willingness to recommend the hospital	Race/Ethnicity			Black or African American	89.5	1.0

Plan to address disparities identified in the data

MemorialCare Miller Childrenâ??s and Womenâ??s Hospital is dedicated to continuously analyzing, evaluating, and adapting strategies to evaluate disparities in care and improve processes affecting those populations. Through this process, 30-day unplanned readmissions for our Hispanic, Asian, White, and Female populations, have been identified as an opportunity for improvement. Our leadership teams have committed to engaging a multidisciplinary team to evaluate improvement strategies. This team has developed the following strategies to address 30-day unplanned readmissions:Ð
â?¢”–FVçF–g’ F–VçG2 B †–v,× isk for readmission and work with those patients to address potential barriers to continued care post-hospitalization. Ensure access to prescription medications, pre-arrange follow-up appointments, and create a post-discharge follow-up plan including telephone calls or home visits, particularly during the first days and weeks post-discharge to address potential complications.Ð

â?¢”Vç7W&R F† B F–VçG2 B †–v,× isk for readmission have an enhanced discharge plan, including patient education tailored to their needs, information on their medication regime and follow-up care using clear, culturally and linguistically appropriate communication methods, including "teach-back." Prior to discharge, conduct medication reconciliation to prevent discrepancies and support adherence. Finally, connect patients with community resources that address social determinants of health, including transportation, housing, and food security, through collaboration with social workers and local organizations.Ð
o•F†R Ðultidisciplinary team will track and trend readmissions for the impacted populations over a 12-month period with an aim of reducing readmissions by 5%.Ð
MemorialCare Miller Childrenâ??s and Womenâ??s Hospital has also identified a disparity in the Pediatric experience survey with scores of willingness to recommend the hospital in our White & Male populations. Our multidisciplinary team is committed to taking the following actions to reduce the identified disparities:Ð
â?¢•VæFW'7F æF–ær æB FG&W76–ær F†R Væ— VR æVVG2 öb F–VçG2 v—F†–â –FVçF–f–VB F—7
leveraging both quantitative and qualitative segmented data to uncover key drivers of their experience. By building organizational awareness through transparent metric reporting in leadership and frontline meetings, and actively engaging staff at all levels, we will ensure these insights inform hospital-wide strategies for improvement.Ð
â?¢”VGV6 F–öâ –æ—F– F—`es will focus on fostering culturally and linguistically responsive communication, delivering personalized care, and strengthening family engagement to build trust and enhance satisfaction. Working collaboratively across clinical, operational, and support teams, these principles will be embedded into our culture of service delivery. Progress will be tracked through continuous measurement and trend analysis to ensure accountability and sustained improvement.Ð
o•F†R Ðultidisciplinary team will track and trend patient experience data for the impacted populations over a 12-month period with aims of reducing the experience gap for White male patients by at least 3% and achieving measurable improvement in our overall â??Willingness to Recommendâ?• scores.

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

MemorialCare is deeply committed to person-centered care, which means we put patients and their families at the heart of everything we do, from the decisions we make to the care we give. Our philosophy is to respect each patientâ??s unique needs, values, and preferences, ensuring that care is tailored to the individual. We believe that patients and their loved ones should be active participants in their healthcare journey, and we foster a culture of compassion, empathy, and respect throughout our organization. Ð
To achieve this, MemorialCare includes patient and family advisors in our improvement teams, ensuring that the voices of those we serve are heard and valued in shaping our care and services. Our care teams are trained to communicate openly, listen carefully to patient concerns, and work collaboratively to develop treatment plans that reflect each patientâ??s goals and circumstances. We use best practices and evidence-based guidelines to personalize care, taking into account cultural, social, and health backgrounds. Ð
We also measure patient experience through surveys and feedback, using this information to

continually improve our care. Our commitment to person-centered care is reflected in our ongoing efforts to create a welcoming environment, where patients feel respected, understood, and empowered to make informed choices about their health. By integrating patient and family perspectives into our care processes, MemorialCare strives to deliver compassionate, high-quality care that meets the needs of every individual.

Patient safety

Patient safety is a guiding principle at MemorialCare and core to our business and care models. We are dedicated to â??zero harmâ?• by continuously improving our processes and culture to protect patients from preventable harm. Safety is a system-wide responsibility, and every member of our team is empowered to contribute to a safe environment. Ð

We use proven models such as AIM-PDSA (Plan, Do, Study, Act), Root Cause Analysis, and Lean principles to proactively identify and address risks. Our approach includes following national safety protocols, such as accurate patient identification, effective communication among caregivers, safe medication practices, and infection prevention. We encourage a â??Just Culture,â?• where staff can report errors and near misses without fear of reprisal, focusing on learning and prevention rather than blame. Ð

Through our Performance Improvement Model, we conduct regular safety surveys and audits help us monitor our performance. We benchmark our results against national standards to identify opportunities for improvement and ensure sustained excellence in patient care and safety. Our safety initiatives are supported by interdisciplinary teams that work together to analyze incidents, develop solutions, and implement best practices. By fostering a culture of transparency, accountability, and continuous learning, MemorialCare is committed to providing the safest and highest quality care possible for our patients.

Addressing patient social drivers of health

MemorialCare recognizes that a personâ??s health is shaped by social determinants including race, ethnicity, language, and socio-economic status and that health outcomes are influenced by access to resources. Our Performance Improvement Plan is closely aligned with efforts to address health disparities and promote Diversity, Equity, and Inclusion (DEI) across our system. Ð

We collect and analyze data by sociodemographic factors to identify disparities in patient safety events and outcomes. When disparities are found, we develop targeted interventions to address them. Our DEI Steering Committee leads strategic initiatives to promote justice and equity for our communities, employees, and providers. We believe that every person deserves access to high-quality healthcare, and our improvement efforts reflect this commitment. Ð

MemorialCareâ??s approach includes engaging with community partners, providing culturally competent care, and removing barriers to health equity. We strive to create an inclusive environment where all patients feel welcome and supported. By integrating DEI principles into our performance improvement activities, we are working to ensure that everyone in our community has the opportunity to achieve the best possible health.

Performance in the priority area continued

Performance across all of the following priority areas.

Effective treatment

Effective treatment at MemorialCare is guided by best practices and evidence-based medicine. Our interdisciplinary Best Practice Teams develop and implement guidelines for various specialties, ensuring that care is based on the latest scientific evidence and clinical expertise. We monitor clinical outcomes using national and state benchmarks and participate in internal and external collaboratives to share best practices. Ð

We are committed to improving patient outcomes by reducing mortality rates for conditions like sepsis and achieving high reliability in clinical processes. We use data-driven decision support tools to assess and improve the effectiveness of our treatments. By continuously evaluating our performance and adopting new innovations, MemorialCare is committed to delivering the highest standard of care to our patients. Ð

We also focus on patient education and engagement, empowering individuals to participate actively in their treatment plans. Our commitment to effective treatment includes a focus on reducing health disparities and improving outcomes for all patients. We work to minimize complications and ensure that every individual receives care that is safe, evidence-based, and responsive to their unique needs and circumstances.

Care coordination

Care coordination is central to MemorialCareâ??s mission of providing seamless, high-quality care across the continuum. Our Performance Improvement Network supports coordination among hospitals, ambulatory care, and other clinically integrated care and services. Multidisciplinary teams work together to plan, assess, and improve care processes, ensuring that patients receive the right care at the right time. Ð

We prioritize communication among caregivers and integration of services to avoid duplication and gaps in care. Our Lean management system and visual management tools help teams stay aligned and focused on shared goals. Technology, such as electronic health records, enhances information sharing and care coordination across MemorialCareâ??s virtual health services, urgent care, primary care, and specialty care within our hospitals. This connectivity helps providers collaborate more effectively, ensuring that every patient receives timely, coordinated, and equitable care tailored to their needs.Ð

MemorialCareâ??s approach to care coordination includes engaging patients and families in care planning, ensuring smooth transitions between care settings, and addressing barriers to continuity. We collaborate closely with other facilities and community partners to support seamless transitions and sustained care. We partner with community organizations, and care facilities to support coordinated transitions of care and address social determinants of health. By focusing on teamwork, communication, and process improvement, we strive to provide care that is efficient, effective, and centered on the needs of our patients.

Access to care

MemorialCare is dedicated to improving access to timely and appropriate healthcare for all individualsâ??by focusing on value-based careâ??meaning providing the right care, at the right place, at the right time. We measure access by evaluating how quickly and effectively patients can obtain services, tracking wait times and referral patterns for specialists, and diagnostic testing. Our strategic initiatives include expanding primary and specialty integrated clinical care networks, increasing preventive screenings, and reducing wait times. Ð

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Our commitment to continuous improvement means we regularly assess and refine our processes to make care more accessible to everyone in our communities. MemorialCare recently re-launched its virtual care offerings with its â??Get Care Nowâ?• initiativeâ??where services are designed for all age groups to any California residentâ??and include online symptom submission, virtual visits, in-person urgent care, and nurse consultations. Ð

The 24/7 QuickCare Visitâ?¯allows patients to submit symptoms online and receive a treatment plan via email within an hour for common conditions like colds, flu, and skin issues for $20. The 24/7 Virtual Urgent Careâ?¯option provides video visits with providers for $75 or a co-pay, covering ailments such as allergies, ear infections, and medication questions. MemorialCare offers free 24/7 phone and online chat support to help with general questions, appointment booking, and care guidance. Additionally, In-Person Urgent Careâ?¯is available for more hands-on needs like minor

injuries, vaccinations, and asthma, with hours varying by location. Ð
Our efforts to improve access are guided by a belief in health equity and a dedication to serving the diverse needs of our community. We are committed to making high-quality healthcare available to all, regardless of background or circumstance.

Methodology Guidelines

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

Y