Monrovia Memorial Hospital

MMH Health Equity Report

Our data analysis for 2024 calendar year, which included stratifying quality measures by demographics such as age, sex, race, ethnicity, language, disability status, sexual orientation, gender identity, and payer, did not identify any significant disparities across the core measures. We attribute this to our dedicated focus on individualized patient care and rigorous monitoring processes. We remain committed to continuously following state guidelines, monitoring our data for emerging trends, and implementing targeted interventions as needed.

Person-centered care

Person-centered care is the foundation of our approach, ensuring that each patient's unique needs, preferences, and values guide their treatment plan.

Initiatives: We collect data on patient preferred language, cultural preferences, and communication needs upon admission. This information is integrated into the electronic health record and communicated to all members of the care team.

Monitoring & Outcomes: We monitor patient satisfaction scores, including whether patients would recommend our hospital, stratified by demographic factors. For the reporting period, no disparities were identified, indicating a consistently positive patient experience across all groups.

Future Focus: We will continue to enhance our patient communication protocols and ensure that all staff receive ongoing training in cultural competence and implicit bias to maintain equitable, person-centered care.

Patient safety

Maintaining a safe environment for all patients is paramount. Our safety protocols are designed to prevent harm and ensure equitable outcomes, regardless of patient background.

Initiatives: We rigorously track and report healthcare-associated infections (HAIs) and other patient safety indicators to the California Department of Public Health (CDPH) and the National Healthcare Safety Network (NHSN). We have established a policy prohibiting discrimination to ensure a safe environment for all.

Monitoring & Outcomes: Data on patient safety measures, such as infection rates and falls, are regularly reviewed by our safety committee and stratified by relevant demographics to identify potential disparities. No significant disparities were found in the past year's data.

Future Focus: We will continue to implement evidence-based safety practices and monitor our performance to sustain a high standard of safety for all vulnerable populations.

Addressing patient social drivers of health

We recognize that social drivers of health significantly impact patient outcomes. Our approach includes screening and interventions for key health-related social needs (HRSNs).

Initiatives: We screen all eligible patients for the five core HRSNs identified by the Centers for Medicare & Medicaid Services (CMS): food insecurity, housing instability, transportation problems, utility difficulties, and interpersonal safety. We have established a process to refer patients who screen positive to appropriate community resources and provide support.

Monitoring & Outcomes: We monitor screen-positive rates for each HRSN domain and the corresponding intervention rates, analyzing the data for any demographic disparities. No disparities were identified in our screening and intervention rates during this reporting period.

Future Focus: We trained our clinical social worker to act more proactively and foster faster identification and intervention.

Effective treatment

We are committed to delivering effective, high-quality treatment plans tailored to the complex needs of LTAC patients, ensuring clinical excellence is achieved equitably.

Initiatives: Our clinical pathways and treatment protocols are standardized and reviewed regularly to ensure they are inclusive and reflect best practices for diverse patient populations.

Monitoring & Outcomes: We analyze clinical outcomes, such as progress toward weaning from ventilators or discharge to a lower level of care, stratified by demographic and social factors. Our data indicates consistent and effective treatment outcomes across all patient groups, with no identified disparities.

Future Focus: We will continue to use data-driven quality improvement initiatives to monitor treatment effectiveness and ensure equitable care delivery.

Care coordination

Effective care coordination is vital in the LTAC setting, particularly during transitions of care.

Initiatives: A dedicated team coordinates each patient's care, from admission planning through discharge to another facility or home. This includes clear communication with the patient, family, and post-acute care providers, with attention to language needs and cultural factors.

Monitoring & Outcomes: We monitor readmission rates and patient feedback on discharge planning to assess the effectiveness of our care coordination efforts. No disparities were found, suggesting smooth transitions for all patients.

Future Focus: We will continue to refine our care transition processes, ensuring all patients and their families are fully prepared and supported during changes in their care setting.

Access to care

Ensuring equitable access to care is a core priority. As an LTAC hospital, our admissions process focuses on meeting the highly specialized needs of our patient population without bias.

Initiatives: Our admissions criteria are applied consistently to all potential patients. We provide information on our services in multiple languages.

Monitoring & Outcomes: We monitor referral and admission patterns, analyzing data by payer source, race, and ethnicity to identify any potential barriers to entry. Our analysis shows equitable access, with no evidence of disparities in the past year.

Future Focus: We remain vigilant in monitoring access data and will work with our referral partners to ensure all eligible patients are aware of and can access the specialized care we provide.