

Loma Linda Medical Center – Murrieta
Health's Equity Plan Supplemental Document

Measure	Stratification	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Private	2	2.3
All-Cause Unplanned 30-Day Hospital Readmission Rate, No Behavioral Health Disorders	Expected Payor	Private	1.8	2.3
All-Cause Unplanned 30-Day Hospital Readmission Rate, No Behavioral Health Disorders	Race/Ethnicity	Hispanic or Latino	2.4	2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	18 to 34	2.3	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Hispanic or Latino	2.5	1.8
All-Cause Unplanned 30-Day Hospital Readmission Rate, No Behavioral Health Disorders	Age	18 to 34	2.4	1.5
CMQCC NTSV Cesarean Birth Rate	Race/Ethnicity	Hispanic or Latino	0.2	1.5
CMQCC NTSV Cesarean Birth Rate	Age (maternal)	18 to 29	0.2	1.5
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Hispanic or Latino	2.5	1.4
Pneumonia Mortality Rate	Sex Assigned at Birth	Female	111.1	1.3

Loma Linda Medical Center – Murrieta

Rank	Disparity Description	Plan for Action
1	Measure: HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate Stratification: Expected	1. Data Validation & Deeper Analysis - Examine encounter-level trends, discharge documentation, and follow-up patterns. The Taskforce helps pinpoint which

	Payor Group: Medicare vs Private Disparity Ratio: 2.3	<p>processes, populations, or units show the greatest divergence.</p> <ol style="list-style-type: none"> 2. Root Cause Analysis (RCA) -The Taskforce collaborates with clinical and care management staff to explore broad contributors such as workflow reliability, communication clarity, and follow-up coordination. 3. Development of Improvement Interventions -General improvement themes are developed based on RCA findings. Specific approaches will be finalized once feasibility and resource considerations are reviewed. 4. Implementation & PDSA Cycles - Potential strategies will be tested through PDSA cycles, using early results to guide refinement or expansion. 5. Monitoring, Measurement & Outcome Validation- Monitor payer-based readmission trends through internal dashboards. The Taskforce reviews results and determines whether additional action or analysis is needed.
2	Measure: All-Cause Unplanned 30-Day Readmission (No Behavioral Health Disorders) Stratification: Expected Payor Group: Medicare vs Private Disparity Ratio: 2.3	<ol style="list-style-type: none"> 1. Data Validation & Deeper Analysis - The Murrieta Health Equity Taskforce will helps identify areas of focus by reviewing discharge documentation, follow-up scheduling, and unit-level variation. 2. RCA - The Murrieta Health Equity Taskforce examines contributing factors alongside clinical teams, including workflow variation, discharge processes, and communication practices. 3. Development of Improvement Interventions -Broad improvement opportunities are outlined based on RCA results. Intervention specifics will be shaped collaboratively during subsequent planning. 4. PDSA Cycles -Interventions will be introduced in small-scale PDSA tests to evaluate early impact before broader use. 5. Monitoring & Validation - Track payer-based readmission trends using internal dashboards, with the Taskforce guiding next steps based on performance.
3	Measure: All-Cause Unplanned 30-Day Readmission (No Behavioral Health Disorders) Stratification: Race/Ethnicity Group: Black or African American vs Hispanic or Latino Disparity Ratio: 2	<ol style="list-style-type: none"> 1. Data Validation & Deeper Analysis - The Taskforce will identify areas where variation is greatest and focus there by validating readmission differences by race/ethnicity, reviewing care-transition processes, documentation patterns, and follow-up outcomes. 2. RCA - The Taskforce partners with interdisciplinary teams to evaluate broad contributors including workflow consistency, discharge communication, and follow-up coordination. 3. Development of Improvement Interventions - General areas for improvement are identified from RCA results, with detailed decisions to be made collaboratively in later phases.

		<ol style="list-style-type: none"> 4. PDSA Cycles - Initial ideas will be tested using PDSA cycles, with early findings guiding refinement. 5. Monitoring & Validation -Monitor race-stratified readmission rates and review trends with the Taskforce to inform ongoing improvement.
4	Measure: HCAI All-Cause Unplanned 30-Day Readmission Rate Stratification: Age Group: 65 and Older vs 18 to 34 Disparity Ratio: 1.8	<ol style="list-style-type: none"> 1. Data Validation & Deeper Analysis Validate age-specific readmission differences and review trends in discharge processes, care coordination, and documentation. The Age-friendly workgroup will identify the units or processes with the most variation and start their focus there. 2. RCA - The Taskforce collaborates with clinical teams to assess broad contributors such as communication needs, workflow consistency, and post-discharge support differences. 3. Development of Improvement Interventions -Potential improvement directions are outlined based on RCA findings. Specific strategies will be determined after reviewing feasibility and alignment. 4. PDSA Cycles -Proposed strategies will be piloted through PDSA cycles, and early outcomes will guide further refinement. 5. Monitoring & Validation - Monitor age-stratified readmission outcomes using internal dashboards.
5	Measure: HCAI All-Cause Unplanned 30-Day Readmission Rate Stratification: Race/Ethnicity Group: Black or African American vs Hispanic or Latino Disparity Ratio: 1.8	<ol style="list-style-type: none"> 1. Data Validation & Deeper Analysis – The Murrieta Health Equity Taskforce will highlight where differences are most evident by validating race-stratified readmission data and assessing documentation consistency, workflow patterns, and follow-up effectiveness. 2. RCA- Working with interdisciplinary teams, they will work to examine contributors across discharge reliability, communication processes, and care-transition practices. 3. Development of Improvement Interventions - General improvement opportunities are developed based on RCA insights, with final steps to be defined collaboratively. 4. PDSA Cycles -Interventions will be tested through PDSA cycles to evaluate viability and early impact. 5. Monitoring & Validation - Monitor race-based readmission trends and review findings with the Taskforce to guide ongoing work.
6	Measure: All-Cause Unplanned 30-Day Readmission (No Behavioral Health Disorders) Stratification: Age Group: 65 and Older vs 18 to 34 Disparity Ratio: 1.5	<ol style="list-style-type: none"> 1. Data Validation & Deeper Analysis - Validate readmission differences between age groups and review documentation, care-transition processes, and follow-up reliability. The Taskforce will pinpoint areas with the highest variation. 2. RCA - The Taskforce meets with clinical and care coordination teams to explore broad contributing factors

		<p>such as workflow variation, communication needs, and transitional care challenges.</p> <ol style="list-style-type: none"> Development of Improvement Interventions -High-level improvement themes are identified based on RCA results, with specific strategies developed after feasibility is reviewed. PDSA Cycles - Selected interventions will be piloted via PDSA cycles to test early performance before broader adoption. Monitoring & Validation - Monitor age-stratified readmission patterns using internal dashboards. The Taskforce evaluates results, identifies emerging trends, and determines whether further analysis or adjustments are needed. Because this pattern mirrors the age-related variation seen in Disparity #4, both measures will be monitored and improved using coordinated processes.
7	<p>Measure: CMQCC NTSV Cesarean Birth Rate Stratification: Race/Ethnicity Group: White vs Hispanic or Latino Disparity Ratio: 1.5</p>	<ol style="list-style-type: none"> Data Validation & Deeper Analysis -Validate NTSV Cesarean rates stratified by race/ethnicity, reviewing documentation, labor-management patterns, and provider variation. The Taskforce identifies where the variation is most concentrated. RCA -The Taskforce works with OB teams to assess broad contributors such as workflow differences, documentation patterns, and decision-making variability. Development of Improvement Interventions -General areas for improvement are identified based on RCA insights. Final decisions will be made collaboratively after reviewing feasibility. PDSA Cycles - Emerging strategies will be tested through PDSA cycles with early data informing further refinement. Monitoring & Validation -Monitor race-stratified NTSV Cesarean trends through internal and CMQCC dashboards. The Taskforce will reviews progress and identifies next steps.
8	<p>Measure: CMQCC NTSV Cesarean Birth Rate Stratification: Age Group: 30 to 39 vs 18 to 29 Disparity Ratio: 1.5</p>	<p>Because this measure evaluates the same NTSV workflow as Disparity #7, the improvement pathway is closely aligned, with variation differing mainly by demographic grouping rather than by process.</p>
9	<p>Measure: HCAI All-Cause Unplanned 30-Day Readmission Rate Stratification: Race/Ethnicity Group: White vs Hispanic or Latino Disparity Ratio: 1.4</p>	<ol style="list-style-type: none"> Data Validation & Deeper Analysis - Validate readmission differences between White and Hispanic/Latino patient groups. Review patterns in documentation, discharge practices, and follow-up processes. RCA - The Taskforce partners with clinical, nursing, and care-coordination teams to explore broad contributors such

		<p>as workflow consistency, communication clarity, and reliability of transition-of-care processes.</p> <ol style="list-style-type: none"> 3. Development of Improvement Interventions - High-level opportunities for improvement are outlined based on RCA insights. Specific interventions will be determined collaboratively once feasibility, staffing, and alignment with system goals are assessed. 4. Implementation & PDSA Cycles - Emerging ideas will be tested through small-scale PDSA cycles, with early outcome data guiding refinement or future expansion. 5. Monitoring, Measurement & Outcome Validation - Monitor race-stratified readmission trends using internal dashboards. The Taskforce reviews results and identifies whether additional action or analysis is required.
10	<p>Measure: Pneumonia Mortality Rate Stratification: Sex Assigned at Birth Group: Male vs Female Disparity Ratio: 1.3</p>	<ol style="list-style-type: none"> 1. Data Validation & Deeper Analysis- The Taskforce will identify where the most noticeable variation appears by reviewing clinical documentation, acuity on admission, care-escalation patterns, and timeliness of interventions. 2. RCA -The Taskforce will collaborate with physicians, nursing, and quality staff to examine broad contributors such as workflow variation, diagnostic or treatment timing, documentation gaps, and clinical decision-making processes. 3. Development of Improvement Interventions -Potential improvement themes are developed based on RCA results. Specific intervention steps will be defined once feasibility, clinical alignment, and resource considerations are reviewed with relevant teams. 4. Implementation & PDSA Cycles - Selected strategies will be piloted through PDSA cycles, allowing early data to inform refinement or determine whether broader implementation is appropriate. 5. Monitoring, Measurement & Outcome Validation - Monitor mortality trends stratified by sex using existing dashboards. The Taskforce evaluates results and recommends next steps or additional RCA where needed.