

Loma Linda University Children's Hospital

Health's Equity Plan Supplemental Document

Measure	Stratification	Reference Group	Reference Rate	Rate Ratio
CMQCC NTSV Cesarean Birth Rate	Race/Ethnicity	Asian	0.2	2
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	Asian	6.1	2
All-Cause Unplanned 30-Day Hospital Readmission Rate, No Behavioral Health Disorders	Race/Ethnicity	Asian	6.5	1.8
CMQCC VBAC Rate	Age (maternal)	18 to 29	327.2	1.7
CMQCC NTSV Cesarean Birth Rate	Race/Ethnicity	Asian	0.2	1.5
CMQCC NTSV Cesarean Birth Rate	Race/Ethnicity	Asian	0.2	1.5
CMQCC NTSV Cesarean Birth Rate	Age (maternal)	18 to 29	0.2	1.5
CMQCC NTSV Cesarean Birth Rate	Expected Payor	Medicaid	0.2	1.5
All-Cause Unplanned 30-Day Hospital Readmission Rate, MHD	Expected Payor	Private	8.5	1.4
CMQCC Exclusive Breast Milk Feeding	Expected Payor	Private	63.5	1.4

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Rank	Disparity Description	Plan for Action
1	Measure: CMQCC NTSV Cesarean Birth Rate Stratification: Race/Ethnicity Group: Black or African	<ol style="list-style-type: none"> Real-Time Cohort Identification: Utilize EHR tools to flag Black or African American patients within the NTSV cohort for visibility in follow-up monitoring and ongoing equity review. Targeted Notifications: When appropriate, prompt care coordination and relevant team members to ensure these cases receive timely review and follow-

	American vs Asian Disparity Ratio: 2	<p>up, particularly where risk factors or documentation gaps are identified.</p> <p>3. Care Plan Integration: Collaborate with clinical teams to strengthen perinatal care pathways, including early engagement during the prenatal period and exploration of community-based partnerships that may support improved awareness of obstetric risk factors contributing to NTSV variation</p> <p>4. Monthly & Quarterly Review: Conduct routine reviews of NTSV Cesarean rates stratified by race/ethnicity to identify longitudinal patterns, assess progress toward improvement, and inform ongoing case reviews for emerging themes.</p> <p>5. Root Cause Analysis: Examine structural and clinical contributors including access barriers, communication patterns, documentation completeness, and workflow variation that may impact NTSV outcomes for Black or African American patients.</p> <p>6. Trend Monitoring: Monitor stratified outcome trends quarterly to evaluate progress and ensure alignment with broader organizational quality and equity objectives.</p>
2	<p>Measure: HCAI All-Cause Unplanned 30-Day Readmission Rate </p> <p>Stratification: Race/Ethnicity </p> <p>Group: Black or African American vs Asian </p> <p>Disparity Ratio: 2</p>	<p>1. Patient Identification: Engage care teams and the Health Equity Taskforce to identify patients at higher risk for readmission.</p> <p>2. Communication & Support: Enhance discharge planning and follow-up support, considering cultural and social needs.</p> <p>3. Care Plan Integration: Collaborate to develop broad protocols for post-discharge support.</p> <p>4. Retrospective Review: The Taskforce reviews readmission rates by race/ethnicity.</p> <p>5. Root Cause Analysis: Analyze barriers to successful transitions.</p> <p>6. Continuous Improvement: Use the overarching process to monitor, evaluate, and adjust interventions.</p>
3	<p>Measure: All-Cause Unplanned 30-Day Readmission (No Behavioral Health Disorders) </p> <p>Stratification: Race/Ethnicity </p> <p>Group: Black or African American vs Asian </p> <p>Disparity Ratio: 1.8</p>	<p>1. Patient Identification: Work with care teams and the Health Equity Taskforce to identify non-behavioral health patients at higher risk.</p> <p>2. Communication & Support: Provide broad discharge planning and education.</p> <p>3. Care Plan Integration: Implement general follow-up strategies for high-risk groups.</p> <p>4. Retrospective Review: Taskforce leads regular review of readmission rates.</p> <p>5. Root Cause Analysis: Multidisciplinary analysis of care transition gaps.</p>

		6. Continuous Improvement: Apply the overarching process for ongoing refinement.
4	Measure: CMQCC VBAC Rate Stratification: Age Group: 30 to 39 vs 18 to 29 Disparity Ratio: 1.7	<p>1. Patient Identification: Identify patients by age group eligible for VBAC, with input from the Health Equity Taskforce.</p> <p>2. Communication & Counseling: Provide broad, age-appropriate counseling.</p> <p>3. Care Plan Integration: Ensure care plans include VBAC pathway review.</p> <p>4. Retrospective Review: Taskforce audits VBAC rates by age group.</p> <p>5. Root Cause Analysis: Analyze provider counseling and documentation practices.</p> <p>6. Continuous Improvement: Use the overarching process to monitor and improve outcomes.</p>
5	Measure: CMQCC NTSV Cesarean Birth Rate Stratification: Race/Ethnicity Group: Multiracial vs Asian Disparity Ratio: 1.5	<p>1. Patient Identification: Collaborate with care teams and Taskforce to identify multiracial patients at higher risk.</p> <p>2. Communication & Shared Decision-Making: Promote culturally responsive education.</p> <p>3. Care Plan Integration: Tailor care plans for prioritized groups.</p> <p>4. Retrospective Review: Taskforce reviews rates by race/ethnicity.</p> <p>5. Root Cause Analysis: Analyze clinical practice variation.</p> <p>6. Continuous Improvement: Apply the overarching process for ongoing improvement.</p>
6	Measure: CMQCC NTSV Cesarean Birth Rate Stratification: Race/Ethnicity Group: White vs Asian Disparity Ratio: 1.5	<p>1. Patient Identification: Collaborate with care teams and Taskforce to identify White patients at higher risk.</p> <p>2. Communication & Education: Provide broad, tailored education.</p> <p>3. Care Plan Integration: Integrate decision aids into care plans.</p> <p>4. Retrospective Review: Taskforce reviews rates by race/ethnicity.</p> <p>5. Root Cause Analysis: Investigate workflow differences.</p> <p>6. Continuous Improvement: Use the overarching process to monitor and refine</p>
7	Measure: CMQCC NTSV Cesarean Birth Rate	1. Patient Identification: Identify patients by age group at higher risk, with Taskforce involvement.

	Stratification: Age Group: 30 to 39 vs 18 to 29 Disparity Ratio: 1.5	<p>2. Communication & Counseling: Provide broad, age-appropriate education.</p> <p>3. Care Plan Integration: Tailor care plans for age groups.</p> <p>4. Retrospective Review: Taskforce audits rates by age.</p> <p>5. Root Cause Analysis: Analyze provider practices.</p> <p>6. Continuous Improvement: Apply the overarching process for ongoing improvement.</p>
8	Measure: CMQCC NTSV Cesarean Birth Rate Stratification: Expected Payor Group: Others vs Medicaid Disparity Ratio: 1.5	<p>1. Patient Identification: Collaborate with care teams and Taskforce to identify patients by payor group at higher risk.</p> <p>2. Communication & Support: Provide broad, payor-specific education and support.</p> <p>3. Care Plan Integration: Integrate tailored protocols for payor groups.</p> <p>4. Retrospective Review: Taskforce reviews rates by payor.</p> <p>5. Root Cause Analysis: Investigate access and resource barriers.</p> <p>6. Continuous Improvement: Use the overarching process to monitor and refine interventions.</p>
9	Measure: All-Cause Unplanned 30-Day Readmission (MHD) Stratification: Expected Payor Group: Medicaid vs Private Disparity Ratio: 1.4	<p>1. Patient Identification: Collaborate with care management and Taskforce to identify Medicaid patients at higher risk.</p> <p>2. Communication & Support: Enhance discharge planning and navigation.</p> <p>3. Care Plan Integration: Implement broad follow-up strategies for Medicaid patients.</p> <p>4. Retrospective Review: Taskforce reviews rates by payor.</p> <p>5. Root Cause Analysis: Analyze care transition gaps.</p> <p>6. Continuous Improvement: Apply the overarching process for ongoing improvement.</p>
10	Measure: CMQCC Exclusive Breast Milk Feeding Stratification: Expected Payor Group: Medicaid vs Private Disparity Ratio: 1.4	<p>1. Patient Identification: Collaborate with care teams and Taskforce to identify Medicaid patients with lower exclusive breast milk feeding rates.</p> <p>2. Communication & Education: Provide broad lactation support and education.</p> <p>3. Care Plan Integration: Integrate breastfeeding support into care plans.</p> <p>4. Retrospective Review: Taskforce reviews feeding rates by payor.</p> <p>5. Root Cause Analysis: Investigate barriers to</p>

		breastfeeding. 6. Continuous Improvement: Use the overarching process to monitor and refine interventions.
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