

Loma Linda University Medical Center East Campus Hospital

Health's Equity Plan Supplemental Document

Measure	Stratification	Reference Group	Reference Rate	Rate Ratio
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	65 and older	5.6	2.3
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Private	5.6	1.8
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Age	65 and older	5.6	1.7
All-Cause Unplanned 30-Day Hospital Readmission Rate, No Behavioral Health Disorders	Age	50 to 64	4.4	1.7
All-Cause Unplanned 30-Day Hospital Readmission Rate, No Behavioral Health Disorders	Race/Ethnicity	White	5.4	1.6
HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Race/Ethnicity	White	7.2	1.6
All-Cause Unplanned 30-Day Hospital Readmission Rate, No Behavioral Health Disorders	Age	50 to 64	4.4	1.6
All-Cause Unplanned 30-Day Hospital Readmission Rate, MHD	Expected Payor	Medicare	8.6	1.5

HCAI All-Cause Unplanned 30-Day Hospital Readmission Rate	Expected Payor	Private	5.6	1.3
All-Cause Unplanned 30- Day Hospital Readmission Rate, No Behavioral Health Disorders	Expected Payor	Private	4.8	1.2

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Rank	Disparity Description	Plan for Action
1	Measure: HCAI All-Cause Unplanned 30-Day Readmission Rate Stratification: Age Group: 18 to 34 vs 65 and Older Disparity Ratio: 2.3	<ol style="list-style-type: none"> Deeper Analysis: The Health Equity Taskforce supports prioritizing where to begin by conducting a deeper examination of trends to identify the units, or processes where variation between younger adults and older adults is most prominent. RCA: Engage interdisciplinary teams to explore broad contributors such as differences in complexity, discharge processes, and care-transition workflows. Intervention Development: Identify high-level opportunities informed by RCA themes, with specific strategies determined after feasibility review. PDSA Testing: Pilot early concepts using small-scale PDSA cycles and refined based on initial learning. Monitoring: Review age-stratified outcome trends with the Health Equity Taskforce to guide ongoing improvements.
2	Measure: HCAI All-Cause Unplanned 30-Day Readmission Rate Stratification: Expected Payor Group: Medicaid vs Private Disparity Ratio: 1.8	<ol style="list-style-type: none"> Deeper Analysis: The Health Equity Taskforce will help identify priority areas by examining payer-based differences to understand where variation is most concentrated, focusing on discharge, documentation, and follow-up processes. RCA: Explore broad contributors such as access, communication, and care-coordination variability.

		<ol style="list-style-type: none"> 3. Intervention Development: Outline general improvement themes emerging from RCA findings. 4. PDSA Testing: Test potential approaches through PDSA cycles to assess feasibility. 5. Monitoring: The Taskforce reviews payer-stratified trends to inform adjustments.
3	<p>Measure: HCAI All-Cause Unplanned 30-Day Readmission Rate Stratification: Age Group: 35 to 49 vs 65 and Older Disparity Ratio: 1.7</p>	<ol style="list-style-type: none"> 1. Deeper Analysis: Conduct deeper review of age-related patterns to determine which units or processes demonstrate the clearest variation. The Health Equity Taskforce will assist in identifying where to begin improvement work. 2. RCA: Assess workflow consistency, communication needs, and care-transition differences that may influence outcomes. 3. Intervention Development: Develop high-level improvement pathways informed by RCA insights. 4. PDSA Testing: Introduce early concepts through PDSA cycles, adjusting based on early findings. 5. Monitoring: Monitor age-stratified outcomes with Taskforce oversight quarterly.
4	<p>Measure: All-Cause Unplanned 30-Day Readmission (No Behavioral Health Disorders) Stratification: Age Group: 18 to 34 vs 50 to 64 Disparity Ratio: 1.7</p>	<ol style="list-style-type: none"> 1. Deeper Analysis- Examine readmission variation across age groups to identify the workflow, documentation, or follow-up differences driving higher rates among younger adults. The Taskforce helps prioritize review areas. 2. RCA -Engage interdisciplinary teams to evaluate broad contributors such as discharge reliability, communication practices, and care-transition variation. 3. Intervention Development-Develop general opportunity themes informed by RCA findings. 4. PDSA Cycles -Test early strategies using PDSA cycles.

		<p>5. Monitoring -Monitor outcomes monthly or bi-monthly, based on operational priority, with the Taskforce guiding next steps.</p>
5	<p>Measure: All-Cause Unplanned 30-Day Readmission (No Behavioral Health Disorders) Stratification: Race/Ethnicity Group: Black or African American vs White Disparity Ratio: 1.6</p>	<p>1. Deeper Analysis -Review racial patterns in readmission to determine where disparities are emerging within workflows, documentation, and care-transition processes. The Health Equity Taskforce identifies priority focus areas.</p> <p>2. RCA -The Taskforce and clinical partners examine broad contributors including communication patterns, workflow consistency, and coordination differences.</p> <p>3. Intervention Development -Identify high-level improvement opportunities aligned with RCA themes.</p> <p>4. PDSA Cycles-Introduce early changes through PDSA cycles and refine as needed.</p> <p>5. Monitoring -Monitor race-stratified trends monthly, reflecting the significance of the disparity. The Taskforce reviews progress and informs next steps.</p>
6	<p>Measure: HCAI All-Cause Unplanned 30-Day Readmission Rate Stratification: Race/Ethnicity Group: Black or African American vs White Disparity Ratio: 1.6</p>	<p>1. Deeper Analysis-Review HCAI race-stratified readmission patterns to determine where variation is concentrated. The Health Equity Taskforce will assist in identifying how to narrow the focus.</p> <p>2. RCA -Engage interdisciplinary teams to examine contributors such as workflow variation, communication consistency, and follow-up processes.</p> <p>3. Intervention Development -Outline broad opportunities based on RCA findings.</p> <p>4. PDSA Cycles -Pilot potential approaches through PDSA cycles.</p> <p>5. Monitoring -Monitor race-stratified outcomes monthly, given disparity</p>

		magnitude. The Taskforce reviews trends and recommends adjustments.
7	Measure: All-Cause Unplanned 30-Day Readmission (No Behavioral Health Disorders) Stratification: Age Group: 35 to 49 vs 50 to 64 Disparity Ratio: 1.6	<ol style="list-style-type: none"> 1. Deeper Analysis: Explore age-stratified readmission differences to pinpoint where workflow or documentation variation is occurring. The Taskforce supports defining the starting focus. 2. RCA: Evaluate broad operational contributors across discharge reliability, communication, and transitions of care. 3. Intervention Development: Develop high-level intervention concepts based on RCA insights. 4. PDSA Testing: Pilot initial concepts through PDSA cycles and refine based on outcomes. 5. Monitoring: Monitor outcomes monthly or quarterly, based on operational need, with Taskforce oversight.
8	Measure: All-Cause Unplanned 30-Day Readmission (MHD) Stratification: Expected Payor Group: Medicaid vs Medicare Disparity Ratio: 1.5	<ol style="list-style-type: none"> 1. Deeper Analysis -Examine variation within the mental health diagnosis population to determine where payer-based differences are most prominent. 2. RCA - Work with interdisciplinary teams to investigate broad contributors such as access, coordination complexity, and care-transition processes. 3. Intervention Development -Develop general opportunity themes based on RCA findings. 4. PDSA Cycles -Pilot potential approaches using PDSA methodology. 5. Monitoring -Monitor outcomes quarterly, given the lower disparity level. The Taskforce reviews progress and guides adjustments.
9	Measure: HCAI All-Cause Unplanned 30-Day Readmission	<ol style="list-style-type: none"> 1. Deeper Analysis -Review variations between Medicare and privately

	Rate Stratification: Expected Payor Group: Medicare vs Private Disparity Ratio: 1.3	<p>insured patients to locate the specific workflows that show the most meaningful differences.</p> <ol style="list-style-type: none"> 2. RCA -Investigate broad contributors including discharge workflows, communication, and transition-of-care processes. 3. Intervention Development -Develop high-level improvement themes reflective of RCA outcomes. 4. PDSA Cycles - Test early concepts through PDSA cycles. 5. Monitoring - Monitor payer-stratified outcomes quarterly, with oversight from the Taskforce.
10	Measure: All-Cause Unplanned 30-Day Readmission (No Behavioral Health Disorders) Stratification: Expected Payor Group: Medicaid vs Private Disparity Ratio: 1.2	<ol style="list-style-type: none"> 1. Deeper Analysis - Explore payer-based variation to determine where differences in documentation, workflows, or follow-up practices emerge. The Health Equity Taskforce helps identify priority areas. 2. RCA -Assess broad contributors across communication patterns, coordination processes, and workflow variation. 3. Intervention Development -Identify general opportunity themes informed by RCA findings. 4. PDSA Cycles -Pilot emerging strategies through PDSA cycles. 5. Monitoring -Monitor payer-stratified performance quarterly, given the smaller disparity. The Taskforce reviews results and informs next steps.