



**Acute Care Health Equity  
Annual Report**

**April 2024**



## Riverside Health System Acute Care Health Equity Annual Report April 2024

This annual report of the acute care work plan to advance health equity is structured to assess each acute care hospital's commitment to health equity using organizational competencies defined by the Centers for Medicare and Medicaid Services (CMS) aimed at achieving health equity. The health equity competency assessment is a mandatory requirement of the Hospital Inpatient Quality Reporting Program (IQR) in 2024.

Acute care hospitals attest to five competency domains and specific elements within each of the domains. CMS will assign points for yes responses to the competencies for a total of five points, one point per domain. All specific elements within each domain must have a yes response for the domain to achieve one point, as it is all or none scoring within a domain.

Hospitals submit attestation responses once a year via the web-based tool that is located within the Hospital Quality Reporting Secure Portal. The reporting period for attestation of the five-health equity structural measures is January 1, 2023, through December 31, 2023. The submission period is from April 1, 2024, through May 15, 2024, and affects the payment determination for Federal Fiscal Year 2025.

In addition to the attestation for the five-health equity structural measures, CMS finalized requirements for reporting on five core health-related social needs domains. The social drivers of health measures SDOH-1 and SDOH-2, assess whether a hospital implements screening of all patients that are 18 years or older at the time of admission, for health-related social needs (HRSNs) including food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.

The SDOH-1 measure requires data submission of the numerator and denominator for the screening rate of patients over 18 years at the time of admission. The SDOH-2 measure requires data submission of the numerator and denominator for the percent of patients screened for an HRSN, who screen positive for one or more of the five HRSNs. Hospitals submit data annually via the web-based portal previously described. Mandatory reporting begins on an annual basis beginning next year, with CY 2024 data affecting the payment determination for Federal Fiscal Year 2026 and subsequent years.

### **Definition of Health Equity**

The CMS defines health equity as the ***attainment of the highest level of health for all people***, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identify, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

## **DOMAIN 1 Equity is a strategic priority.**

**Hospital commitment to reducing healthcare disparities is strengthened when equity is a key organizational priority. Attest that the hospital has a strategic plan for advancing healthcare equity and that it includes all the following elements.**

- A) The hospital strategic plan (work plan) identifies priority populations who currently experience health disparities.**
- B) The hospital strategic plan (work plan) identifies healthcare equity goals and discrete action steps to achieve these goals.**
- C) The hospital strategic plan (work plan) outlines specific resources which have been dedicated to achieving equity goals.**
- D) The hospital strategic plan (work plan) describes the approach for engaging key stakeholders, such as community-based organizations.**

Riverside developed a workplan to comply with the CMS requirement for a hospital strategic plan. The workplan for the acute care hospitals is a part of the Riverside Health System's strategic plan for Diversity, Equity, and Inclusion (DEI). The Riverside workplan identified acute care key performance indicators (KPIs) to initiate identification and analysis of data to inform hospital leaders about populations who experience health disparities.

Milestones were identified for the steps needed to obtain the data to further identify priority populations who currently experience health disparities evidenced in the acute care key performance indicators. Reports go through a methodical development and validation process to ensure it is accurate and complete with respect to race, ethnicity, and SDOH. Once the data validation process is complete, then steps are taken to analyze and gain insight from the data. *See Attachment A: Milestones for Data Development, Validation, Analysis and Care Improvement.*

For CY 2023, the acute care key performance indicators (KPIs) for mortality and readmission measures were stratified by race and ethnicity using Premier Quality Advisor and patient experience survey measures were stratified by race and ethnicity, using the National Research Corporation (NRC) vendor for patient experience surveys.

The next step is to validate and analyze the data to identify disparities and gain insight. This process involves examining various aspects of the data, such as trends, patterns, outliers, correlations, and relationships with other variables, such as the social drivers of health: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.

Once the KPI data has been validated and analyzed, and disparities identified, measurable health equity goals will be developed, and discrete action steps developed using performance improvement tools adopted by Riverside to drive improvement. Performance improvement tools include setting smart goals, using driver diagrams to identify key drivers of change ideas, and conducting rapid cycle tests of change. Successful tests of change are then scaled up across

the hospital and health system. Performance improvement efforts are anticipated to close gaps in care quality, achieve goals, and sustain the desired outcomes. The acute care hospital leadership and quality team are dedicated to achieving health equity goals. *See Attachment B: Acute Care Key Performance Indicators.*

Riverside's approach to engage key stakeholders, such as community organizations, is led by the Riverside Health System's DEI leadership. The Riverside Equity Focus Group presented a report based on four focus group discussions. Qualitative analysis was conducted to identify emergent themes across eight topics, which included: a healthy workplace, access to healthcare, access to food, access to community resources, emergencies and finances, family obligations, being a caregiver to someone with special needs, and reliable transportation. *See Attachment C: Equity Focus Group Report.*

Riverside Health System engages with many community partners in all markets where the acute care hospitals are located. A variety of strategies are used to engage with the local communities and community partners. A summary report of engagement with community partners titled the Riverside Health System Community Benefits Tracker was developed to compile detailed information about the community engagement events along with the date, location, community partner, and event type. *See Attachment D: RHS Community Benefits Tracker.*

Riverside shares information about the inpatient health equity work plan on the health system's webpage. The 2024 Leapfrog Hospital Survey requires hospitals to share information on efforts to identify and reduce health care disparities based on the self-identified demographic data collected directly from patients, and the impact of those efforts. This may take the form of sharing quantitative or qualitative data. Leapfrog expects public reporting on the organization's webpage, this information should be easily accessible. If the hospital is part of a health system, the hospital must provide a link to the system webpage from the hospital's individual website.

Riverside Health System engaged with Unite Us, a coordinated care network consisting of healthcare, government, nonprofit, and other organizations. The network partners use Unite Us' software to securely identify, deliver, and pay for services that address the needs of individuals within their communities. The network is supported by Unite Us team members focused on customer and community engagement, network health and optimization, and user support. Riverside launched the platform used by Unite Us on December 5, 2023, to connect patients to services in their local communities that can assist with identified health related social needs such as food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. *See Attachment E: Unite Us Implementation.*

## **DOMAIN 2    Data Collection**

**Collecting valid and reliable demographic and social determinant of health data on patients served in a hospital is an important step in identifying and eliminating health disparities. Attest that the hospital engages in the following activities.**

- A) The hospital collects demographic information, including self-reported race and ethnicity including and/or social determinant of health information on the majority of patients.**
- B) The hospital has training for staff in culturally sensitive collection of demographics and/or social determinants of health information.**
- C) The hospital inputs demographic and/or social determinants of health information collected from patients into structured, interoperable data elements using a certified EHR (electronic health record) technology.**

Riverside acute care hospitals collect valid and reliable demographic and social determinants of health data. Patient self-reported race and ethnicity information is captured at the time of registration or check in. The self-reported information is then cross walked or mapped to the race and ethnicity fields recognized by the United States Department of the Interior in their published document titled “Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity,” excerpted from the Federal Register, October 30, 1997. As noted, the categories in the recognized classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature.

The standards have been developed to provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity by Federal agencies, including CMS. The standards have five categories for data on race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. There are two categories for data on ethnicity: "Hispanic or Latino," and "Not Hispanic or Latino." The information is collected from patients into structured, interoperable data elements using a certified EHR technology (Epic) in the Epic demographics section of the Registration (electronic) page. *See Attachment F: iCare Tip Sheet Race and Ethnicity Guidelines v. 3 dated August 28, 2023.*

Riverside provides training for team members who discuss race and ethnicity information with patients. The training addresses use of culturally sensitive and inclusive terminology, and how to respond to patient questions related to why Riverside asks about race and ethnicity information. *See Attachment F: iCare Tip Sheet Race and Ethnicity Guidelines v. 3 dated August 28, 2023, and Attachment G: RHS Diversity, Equity, and Inclusion Commitment HealthStream Module.*

Riverside acute care hospitals collect patient self-reported health-related social needs information at the time of admission for patients who are 18 years or older. Social needs information includes food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety. The information is collected from patients into structured, interoperable data elements using a certified EHR technology (Epic) in the Epic admission navigator. *See Attachment H: iCare Update Newsletter page 7, dated November 28, 2023.*

### **DOMAIN 3 Data Analysis**

**Effective data analysis can provide insights into which factors contribute to health disparities and how to respond. Attest that the hospital engages in the following activities.**

- A) Hospital stratifies key performance indicators by demographic and/or social determinant of health variables to identify equity gaps and includes this information on hospital performance dashboards.**

Riverside acute care hospitals developed a comprehensive data analysis strategy to identify health disparities and provide insight into which factors are linked to, and correlate with specific health disparities or outcomes. As described previously in Domain 1, key performance indicators for mortality and readmission measures were stratified by race and ethnicity using Premier Quality Advisor. Patient experience survey measures were stratified by race and ethnicity, using NRC, the vendor for patient experience surveys. The next step is to validate and analyze the data to identify disparities and gain insight. This process involves examining various aspects of the data, such as trends, patterns, outliers, correlations, and relationships with other variables, such as the social drivers of health: food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety.

Once the KPI data has been validated and analyzed, and disparities identified, measurable health equity goals will be developed, and discrete action steps developed using performance improvement tools adopted by Riverside to drive improvement. Performance improvement tools include setting smart goals, using driver diagrams to identify key drivers of change ideas, and conducting rapid cycle tests of change. Successful tests of change are then scaled up across the hospital and health system. Performance improvement efforts are anticipated to close gaps in care quality, achieve goals, and sustain the desired outcomes.

### **DOMAIN 4 Quality Improvement**

**Health disparities are evidence that high-quality care has not been delivered equally to all patients. Engagement in quality improvement activities can improve quality of care for all patients.**

- A) The hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities.**

Riverside acute care hospitals endeavor to provide care, treatment, and services that reflect the six dimensions of quality as defined by the Institute of Medicine's 2001 Report "Crossing the Quality Chasm". Care that is safe, timely, effective, efficient, equitable, and patient centered. As such, representatives from the acute care hospitals participate in local, regional, and national quality improvement activities focused on reducing health disparities.

Riverside acute care hospital representatives participate in:

- 1) The Health Equity Learning Collaborative, launched by the Virginia Hospital and Healthcare Association Foundation and Center for Healthcare Excellence to support health equity initiatives. The program is intentionally structured to help meet regulatory and accreditation requirements for health equity programs, which include screening for race, ethnicity, social drivers of health, and analyzing data.
- 2) Riverside participates in the Regional Cancer Disparities Collaborative, a group formed through a partnership with the Eastern Virginia Medical School, in collaboration with other health systems and the American Cancer Society. Health disparities are addressed, with a major focus over the past year on colon cancer awareness, prevention, and screening, because colorectal cancer represents the third most commonly diagnosed cancer in men and women combined in the United States and that colon cancer death rates are 40% higher for African Americans.
- 3) Riverside was a founding member of the Hampton Roads Health Equity Collaborative and the Virginia Organization for Inclusive Concepts and Equitable Solutions (VOICES). *See Attachment I: RHS Count Me In: DEI Annual Report.*

## **DOMAIN 5 Leadership Engagement**

**Leaders and staff can improve their capacity to address disparities by demonstrating routine and thorough attention to equity and setting an organizational culture of equity. Attest that the hospital engages in the following activities.**

- A) The hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews the strategic plan (work plan) for achieving health equity.**
- B) The hospital senior leadership, including chief executives and the entire hospital board of trustees, annually reviews key performance indicators stratified by demographic and/or social factors.**

Riverside endeavors to improve the capacity of leaders and team members to identify and address disparities by demonstrating a consistent heightened awareness to equity and by prioritizing and intentionally establishing an organizational culture of equity, as described in *Attachment I: RHS Count Me In: DEI Annual Report.*

Hospital senior leadership, including the chief executive, and the hospital board of trustees, approved the Acute Care Health Equity Work Plan 2023. As discussed in Domain 1, the workplan for the acute care hospitals is considered a part of the Riverside Health System's strategic plan for Diversity, Equity, and Inclusion (DEI). The workplan identified acute care key performance indicators to initiate identification and analysis of data to inform hospital leaders about populations who experience health disparities. Hospital senior leadership, including the chief executives and the entire hospital board of trustees will receive an annual Acute Care Health Equity Report, each spring, to document progress toward achieving health equity. The annual report includes progress made on the key performance indicators stratified by demographic and social factors.