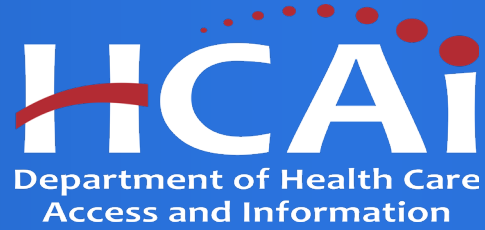


The Latest Data Resources and Measures for Hospitals

Chris Krawczyk, PhD

Chief Analytics Officer, Health Care Analytics Branch

Department of Health Care Access and Information



Emerging Programs, Data Resources and Measures for Hospitals

2022 Behavioral Health Care Symposium

Presented by: Christopher Krawczyk, Ph.D.,
Chief Analytics Officer, HCAI

About the Presenter



Christopher Krawczyk, Ph.D. Chief Analytics Officer, HCAI

Dr. Christopher Krawczyk is the Chief Analytics Officer with the California Department of Health Care Access and Information (HCAI), Information Services Division. In this role, Dr. Krawczyk provides overall strategic direction for analyses of healthcare quality, outcomes, and utilization; for data services that facilitate stakeholder access to using data in their own analyses and work; and engagement of stakeholders to increase the usefulness and impact of HCAI data and analytic products.

Session Overview

INTRODUCTION & BACKGROUND

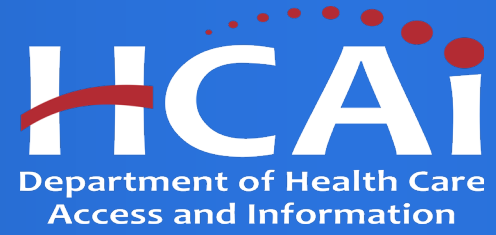
- Outreach & Engagement
- Generational Model of Analysis (GMod)
- Stakeholder Informed Requests

OVERVIEW OF HCAI

- Mission & Vision
- Current HCAI Data, Analytics Capacities, and Data Products
- Mandated Reports
- Data Release
- New Programs & Initiatives at HCAI

DATA PRODUCTS SHOWCASE

- Live demonstration of selected data products



Introduction & Background

Outreach & Engagement

SUPPORT OUR STAKEHOLDERS

Better understand their needs and challenges

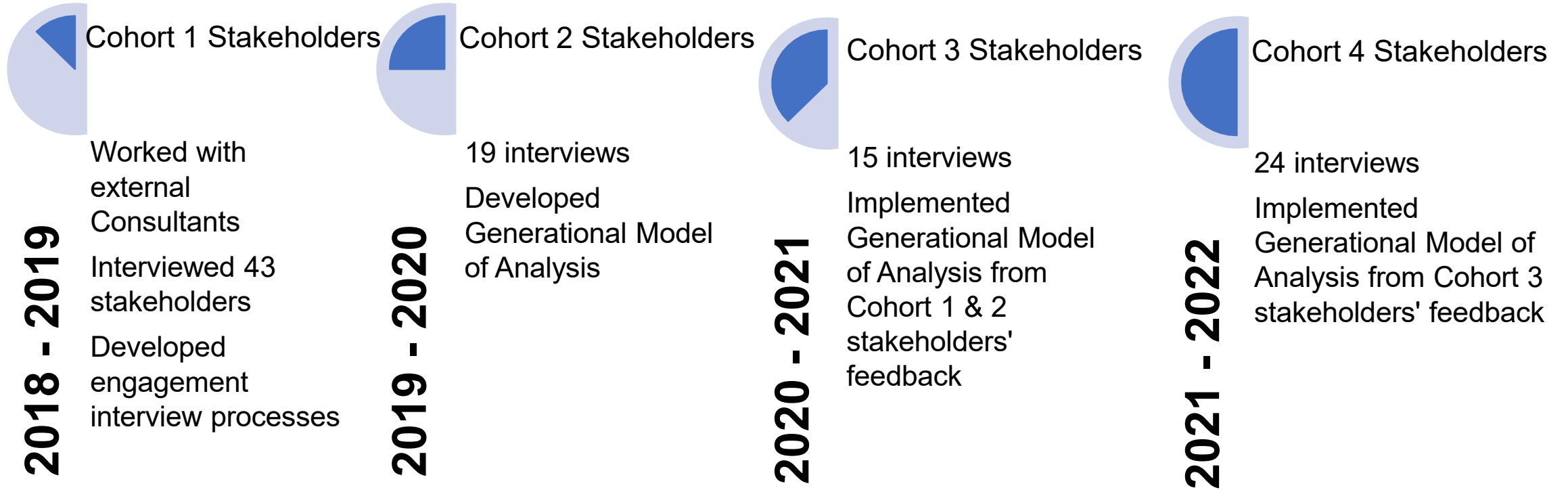
CREATE QUALITY DATA PRODUCTS

Develop and promote quality data products our stakeholders value

FACILITATE ACCESS TO INFORMATION

Champion innovation, transparency, and facilitate access to information

Stakeholder Engagements from 2018 - 2022



Stakeholder Demographics



Hospitals

Conducted 54 interviews
Interviewed 201 persons

2018 - 2022



Health Plans

Conducted 19 interviews
Interviewed 70 persons

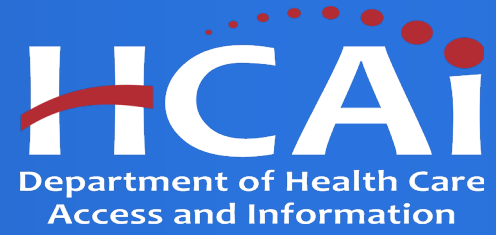
2018 - 2021



Other Public or Private Entities

Conducted 32 interviews
Interviewed 106 persons

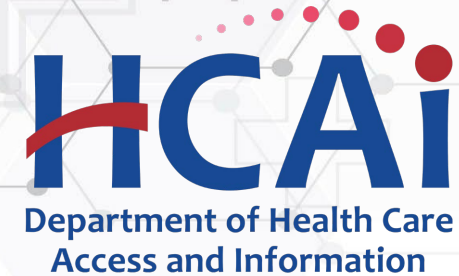
2018 - 2022



Overview of HCAI

Our mission is to expand equitable access to health care for all Californians—ensuring every community has the health workforce they need, safe and reliable health care facilities, and health information that can help make care more effective and affordable.

We have over 40 years of experience supporting informed decisions in health care with data transparency, analysis, and reporting.



Current HCAI Healthcare Data and Reporting

HCAI DATA COLLECTION

HCAI collects data from approximately 8,000 California licensed health facilities

HCAI DATA REPORTS

HCAI provides over 150 publicly available reports, datasets, outcome and performance ratings, and unique special studies

RISK-ADJUSTED DATA

Includes hospital outcome ratings for heart surgery, stroke, readmissions, hip fractures, and other procedures

COST TRANSPARENCY DATA

Includes hospital and long-term care facility financials, hospital Chargemasters, and prescription drug costs

ADDITIONAL STUDIES

Additional publicly released studies are available on timely health topics such as preventable hospitalizations, strokes, cancer surgery volume, and disparities

HCAI's Healthcare Data Programs

Cost Transparency

Hospital and long-term care financials, Chargemasters, prescription drug costs, and more to support and advance healthcare cost transparency.

[EXPLORE THIS TOPIC](#)

Healthcare Utilization

Patient-level administrative data abstracted from individual patient records and facility-level utilization data on healthcare services from hospitals and healthcare facilities.

[EXPLORE THIS TOPIC](#)

Healthcare Quality

Reports based on healthcare utilization data to support higher quality, more efficient, and cost-effective patient care.

[EXPLORE THIS TOPIC](#)

Healthcare Facility Attributes

Summary, license, safety, and construction information about California hospitals and healthcare facilities.

[EXPLORE THIS TOPIC](#)

Healthcare Workforce

Information about healthcare professionals and colleges, California shortage areas, and HCAI programs to improve access to care.

[EXPLORE THIS TOPIC](#)

Data Resources

Resources that help consumers navigate, use, and interpret HCAI and other related healthcare data.

[EXPLORE THIS TOPIC](#)

HCAI's Data Services: **Submit Data**

Patient-Level Administrative Data

Submit inpatient discharges, emergency department encounters, and ambulatory surgery encounters

[LEARN MORE](#)

[SUBMIT DATA](#)

Facility Utilization Data

Submit utilization data for health facilities

[LEARN MORE](#)

[SUBMIT DATA](#)

Financial Data

Submit annual and quarterly data for hospitals and long-term care facilities

[LEARN MORE](#)

[SUBMIT DATA](#)

Coronary Artery Bypass Graft Data (CORG)

Submit coronary artery bypass graft (CABG) surgery data for hospitals

[LEARN MORE](#)

[SUBMIT DATA](#)

Hospital Fair Pricing Policies

Submit healthcare financial assistance policies and application forms for hospitals

[LEARN MORE](#)

[SUBMIT DATA](#)

Chargemaster Data

Submit chargemaster data for hospitals

[LEARN MORE](#)

[SUBMIT DATA](#)

Hospital Community Benefit Plans

Submit Hospital Community Benefit Plans

[LEARN MORE](#)

[SUBMIT REPORTS](#)

Prescription Drug (Rx) Cost Data

[LEARN MORE](#)

[SUBMIT REPORTS](#)

Hospital Supplier Diversity Reports

Submit Hospital Supplier Diversity Reports

[LEARN MORE](#)

[SUBMIT DATA](#)

Health Care Payments Data

Submit Health Care Payments Data

[LEARN MORE](#)

Other Report Submissions

Licensed Midwifery Report

Annual reporting of services by individual Licensed Midwives.

Learn more at the [Medical Board of California](#).

[Submit Licensed Midwifery Reports](#)

Patient Transfer Report

Reporting for medical procedures performed outside of a general acute care hospital resulting in the transfer of the patient to a hospital or emergency department.

Learn more at the [Medical Board of California](#).

[GET THE REPORTING FORM >](#)

HCAI's Data Services: **Request Data**

Start Requesting Data

Log in or register to request data. Limited Data, Research Data, and Custom Data Analysis Requests are available.

[Log In or Register](#)

[Limited Data Request](#)

California Hospitals and Health Departments can now request Limited Data through the online request portal

[LEARN MORE](#)

[Research Data Request](#)

Eligible requestors from non-profit Universities can request non-public datasets

[LEARN MORE](#)

[HCAI Data Pricing Policy](#)

Learn more about HCAI's Data Pricing Policy

[LEARN MORE](#)

[Data Documentation](#)

Supplemental documents and information on HCAI's data.

[VIEW DATA DOCUMENTATION](#)

[Custom Data Analysis Request](#)

Customized aggregate data reports

[LEARN MORE](#)

Publicly Available Data

Annual Financial Disclosure Reports

HOSPITAL ANNUAL FINANCIAL DISCLOSURE REPORT

This report is filed annually by each hospital licensed by the State of California. The information collected includes the type of ownership, number of beds, balance sheets and income statements, revenues by payer, and expenses by natural classification.

LONG-TERM CARE ANNUAL FINANCIAL DISCLOSURE AND MEDI-CAL COST REPORT

This report is filed annually by each skilled nursing, intermediate care, mentally disordered/developmentally disabled and congregate living health facility licensed by the State of California. The information collected includes the type of ownership, number of beds, balance sheets and income statements, revenues by payer, and expenses by natural classification.

You can search for Annual Reports for individual health facilities on [SIERA](#).

Quarterly Financial and Utilization Reports

This report is filed quarterly by each hospital licensed by the State of California. The information collected includes summary financial and utilization information.

You can search for Quarterly Reports for individual health facilities on [SIERA](#).

CHHS Open Data Portal

The California Health and Human Services Agency (CHHS) has launched its Open Data Portal initiative in order to increase public access to one of the State's most valuable assets – non-confidential health and human services data. Its goals are to spark innovation, promote research and economic opportunities, engage public participation in government, increase transparency, and inform decision-making. "Open Data" describes data that are freely available, machine-readable, and formatted according to national technical standards to facilitate visibility and reuse of published data.

The portal offers access to standardized data that can be easily retrieved, combined, downloaded, sorted, searched, analyzed, redistributed and re-used by individuals, business, researchers, journalists, developers, and government to process, trend, and innovate.

[Visit Open Data Portal](#)

New Programs & Initiatives at HCAI

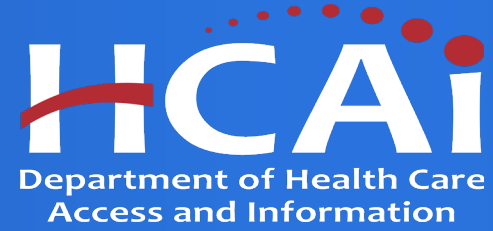
Health Care Payments Data (HPD) Program

Patient Level Data Regulatory Update

AB 1204 Hospital Equity Measures Reporting
Program

Office of Health Care Affordability (OHCA)

California Health Workforce Research Data
Center (Research Data Center)



Health Care Payments Data (HPD) Program

HPD System Overview


- The HPD will be a large research database of healthcare administrative data
- The HPD System will begin with collecting four core file types:
 1. Medical claims and encounters
 2. Pharmacy claims
 3. Member eligibility
 4. Provider
- The HPD System will begin with collecting data from:
 1. Commercial and Medicare Advantage health plans and insurers
 2. Department of Health Care Services (Medi-Cal)
 3. Centers for Medicare and Medicaid Services (Medicare FFS)

HPD uses the NAHDO [APCD Common Data Layout](#) for data file formats.

The HPD Program will establish:

- Approach to accept data from voluntary submitters
- Approach to incorporate other data (beyond claims)
- Public information portfolio of public reports
- Procedures for appropriate access to non-public data
- Long-term funding plan

HPD Timeline




2019 - 2020
Convened Review Committee
Submitted Legislative Report (March 2020)
Additional enabling legislation passed (June 2020)



2020 - 2021
Rulemaking process
Technology contracting for database infrastructure
Convene Advisory Committee
Engage data submitters; convene Submitters Group
Partner with DHCS on Medi-Cal data submission



2022 - 2023
Finalize database infrastructure
Begin data collection
Convene Data Release Committee
Substantial completion July 2023
First analytic reports



2024+
Use and maintenance of the system
Accept applications for non-public data

Framework for Public Reporting Priorities

Sooner

“Simple” Statistics

- Initial cost and utilization statistics, statewide and:
 - By geography, age, gender
 - By payer (Medi-Cal, Medicare, commercial)
- Component cost and utilization (e.g., inpatient, outpatient, professional, prescription drug)
- Out of pocket costs
- Chronic condition prevalence by geography and payer, age and gender
- COVID-19 utilization, cost

Next

Increasing Complexity

- Increasingly robust cost and utilization statistics
- Cost for common episodes of care/procedures
- Quality of care
- Health disparities (race/ethnicity Census overlay)
- Low value care: sources volume, cost
- Chronic conditions: costs to treat, utilization
- Prescription drug spending
- Primary care spending
- Behavioral health utilization

Longer-Term

Supplemental Data

- Prevalence of capitation and alternative payment models
- Statewide health system performance
- Total cost of care
- Provider comparisons on cost and quality
- Primary care spending (incl. non-claims payments)
- Behavioral health spending (incl. non-claims payments)
- Enhancing race/ethnicity/language reporting through linkage to other sources

Measure Trending

This dashboard is intended for demonstration purposes only. All data displayed have been simulated.



Choose a Measure to Display

Choose a Grouping Dimension

Filter by Reporting Year

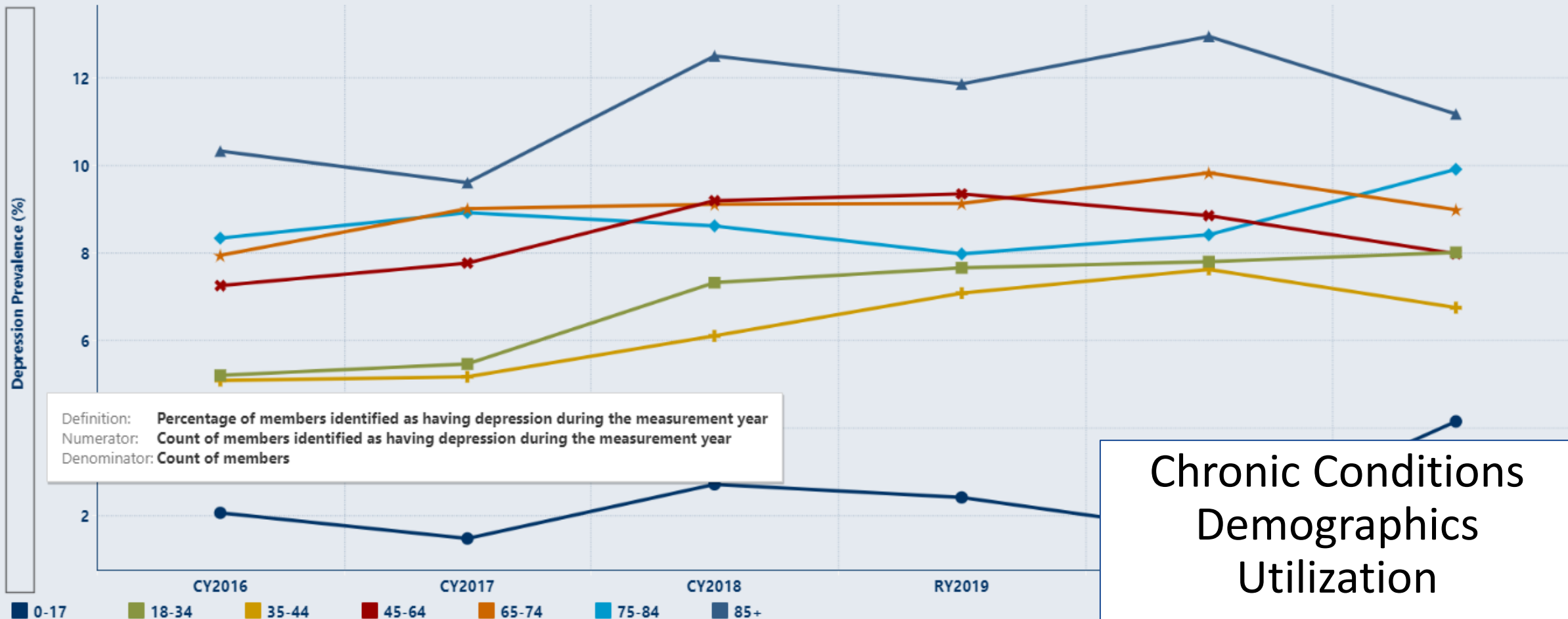
Filter by Age Band

Filter by Gender

Filter by Product Type

Chronic Conditions: Depression Preva... |
 Age Band |
 (All) |
 (All) |
 (All) |
 (All)

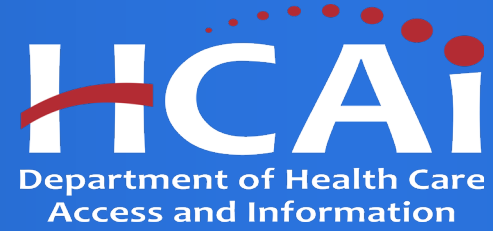
The following graph shows the yearly trend of **Depression Prevalence** grouped by **Age Band**. Use the menu above to select from additional measures, change the grouping dimension, or filter the eligible population.



Chronic Conditions
Demographics
Utilization

Possible Future Reporting Opportunities

- Chronic Conditions- including anxiety and depression
- Demographics/Utilization- including age, payer type, inpatient stays
- Quality Measures (30 in total)
 - Antidepressant Medication Management
 - Follow-Up After Emergency Department Visit for Mental Illness
 - Follow-Up After Emergency Department Visit for Substance Use
 - Initiation and Engagement of Substance Use Disorder Treatment
 - Follow-Up After Hospitalization for Mental Illness
 - Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
 - Adherence to Antipsychotic Medications for Individuals With Schizophrenia
 - Pharmacotherapy for Opioid Use Disorder



Patient Level Data Regulatory Update

Patient Level Data Regulatory Update

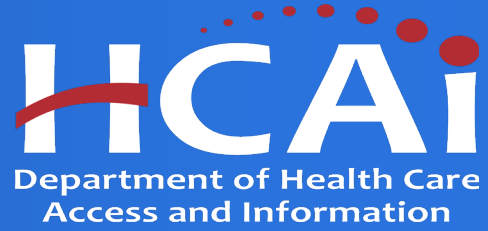
- HCAI has amended its regulations to make reporting requirement changes that will take effect with 2023 discharges and encounters.
- Proposal includes:
 - Patient Address
 - Social Determinants of Health
 - Source of Admission “G”
 - Minor non-substantive wording changes to the Disposition of Patient data element

Patient Address

- Enhance current ZIP Code data element to include collection of full patient address and a housing indicator.
- Consistent with national standards
- Patient Address will include:
 - Address number and street name
 - City and state
 - ZIP Code or Country Code, if non-US resident
 - Housing status indicator identifying patients experiencing homelessness

Why Patient Address?

- Usefulness of ZIP Code data is limited.
- ZIP Codes cross census-designated boundaries and do not reflect a uniform geographic or population size.
- Patient address enhance the precision, accuracy, and utility of data in many different use cases.
 - Allow for a better understanding of social determinants and health disparities within neighborhoods, census tracts, cities, and counties.
 - Research of diseases and associated local exposures such as cancer due to contaminated ground water.
 - Opportunity to increase accuracy of evaluating distance traveled for care.
- Possible Use Cases
 - We have...projects to examine neighborhood factors associated with marijuana-related hospitalizations and ER visits. Adding patient residential address would allow us to link marijuana dispensary address and examine its impacts on patient health.
 - Identifying ecological and individual harms associated with opioids.



AB 1204 Hospital Equity Measures Reporting Program

AB 1204

Legislative Intent

- Recognizes disparate impact of the COVID-19 pandemic and need for further data on access, quality, and outcomes of care.
- Data could be used to analyze these disparities by age, sex, race, ethnicity, language, disability status, sexual orientation, gender identity, payor, and socioeconomic status.
- Data would contribute to well-informed health policy and public health response and would improve the overall health of individuals and communities in the state.

Hospital Statutory Requirements: Annual Equity Reports - Content

CONTENT – MEASURES

- Analysis of health status and the disparities in access to care for patients based on age, sex, race, ethnicity, language, disability status, sexual orientation, gender identity, and payor.

CONTENT – HEALTH EQUITY PLAN

- Plan to achieve disparity reduction for disparities identified in the data.
- Includes measurable objectives and specific timeframes in which disparities identified need to be addressed.[^]
- Addresses the 10 widest disparities in health care quality for vulnerable populations[^] in terms of access, or outcomes and performance across all the 6 priority areas.

[^] as recommended by the Advisory Committee

Hospital Statutory Requirements: Annual Equity Reports - Administrative Aspects

- All hospitals that meet the definition of “Hospital” under 127371(d) are subject to the Medical Equity Disclosure Act.
- Posted on the hospital website including the words “Equity Report”
- First reports due September 30, 2025*
- Hospital systems, with more than one hospital, must submit an equity report that is disaggregated at the individual hospital level and aggregated across all hospitals in the system.

*Note: Due dates are set per statute as the CMS Health Equity Measures were finalized in August 2022.

Statutory Requirements: Advisory Committee

MEASURES DEVELOPMENT

- Make recommendations on the appropriate measures that hospitals are required to report in their annual equity reports. (Due December 31, 2022*)

HEALTH EQUITY PLANS

- Advise in identifying the 10 widest disparities in health care quality for vulnerable populations, in terms of access or outcome and priority performance areas
- Provide recommendations on the measurable objectives and specific timeframes in which disparities for vulnerable populations identified in the data need to be addressed.
- After first year reporting make a second set of recommendations regarding the submitted hospitals' health equity plans. (Due September 30, 2027*)

*Note: Due dates are set per statute as the CMS Health Equity Measures were finalized in August 2022.

Advisory Committee: Measures Under Consideration

- Patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received or refused a prescription to treat their alcohol or drug use disorder OR (2) received or refused a referral for addiction treatment
- Patients hospitalized for mental illness who received follow-up care from an outpatient mental health care provider within 30 days of discharge
- ED or hospital screening & referral for behavioral health and/or substance use disorders

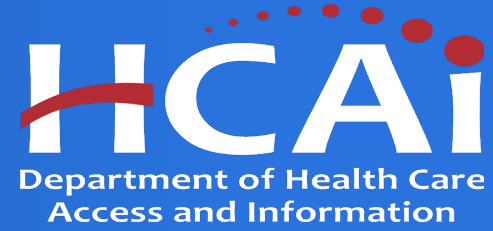
Statutory Requirements: HCAI

- Convene and staff advisory committee
- Build out regulations that establish a reporting schedule and format for collection of reports including the measures that will need to be applied to the reports
- Establish a system to collect and annually post reports on the HCAI website
- Annually post a report that identifies hospitals that did not submit equity reports
- Provide technical assistance to hospitals in applying the measures as specified in the regulations

2022-2025 Hospital Equity Reporting Program Roadmap



*Note: Due dates are set per statute as the CMS Health Equity Measures were finalized in August 2022.



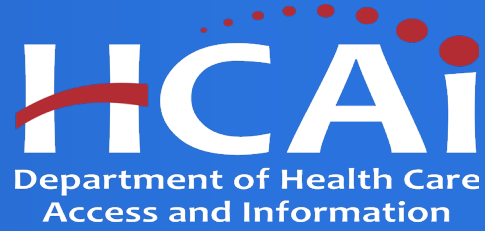
Office of Health Care Affordability (OHCA)

Office of Health Care Affordability (OHCA)

- The provisions of the California Health Care Quality and Affordability Act (2022) are the enabling statutes for the Office.
- The Office of Health Care Affordability is charged with collecting data on total health care expenditures, analyzing the health care market for cost trends and drivers of spending, creating a state strategy for controlling the cost of health care and improving affordability for consumers and purchasers, and enforcing cost targets.
- The Health Care Affordability Board, comprised of experts, will advise on key activities of the Office and approve specific aspects of the initiative such as the methodology for setting cost targets and the statewide cost targets themselves.

Key Activities of the Office of Health Care Affordability (OHCA)

- Increase public transparency on total health care spending in the state
- Set an overall statewide cost growth target and specific targets for different sectors of the health care industry
- Enforce compliance with the cost targets
- Promote and measure quality and equity through performance reporting
- Set a statewide goal for adoption of alternative payment models and develop standards for use by payers and providers during contracting
- Measure and promote a sustained systemwide investment in primary care and behavioral health
- Monitor and address health care workforce stability
- Increase public transparency on health care consolidation, market power, and other market failures



California Health Workforce Research Data Center (Research Data Center)

Research Data Center (RDC)

ASSEMBLY BILL 133

Created the Health Workforce Research and Data Center

CENTRAL SOURCE

For health workforce and education data

ANNUAL REPORT TO THE LEGISLATURE

HCAI will produce an annual report to the Legislature on:

- Supply, demand, and gaps in the pipeline
- Educational capacity and employment trends
- Diversity of the workforce
- Inform state policy to address workforce issues

Research Data Center Priorities

Build a robust health workforce data system that integrates a variety of data sources:

- Workforce data
- Education data
- Economic data
- Census data
- Grant program data
- Geospatial data

Work with stakeholders to identify high-value data products to develop and publish to a public facing portal.

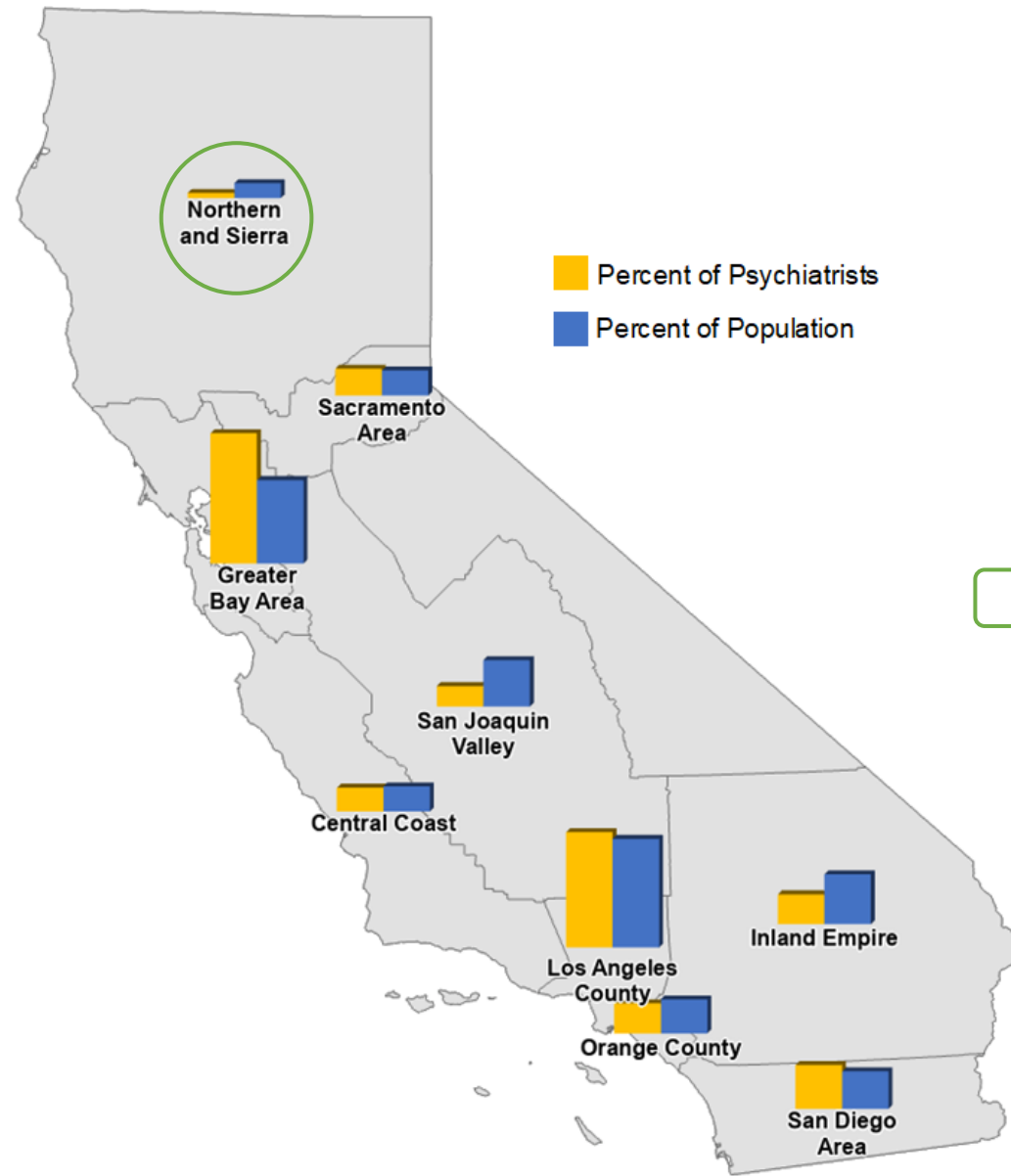
Workforce Data

Data collection integrated into the license renewal process.

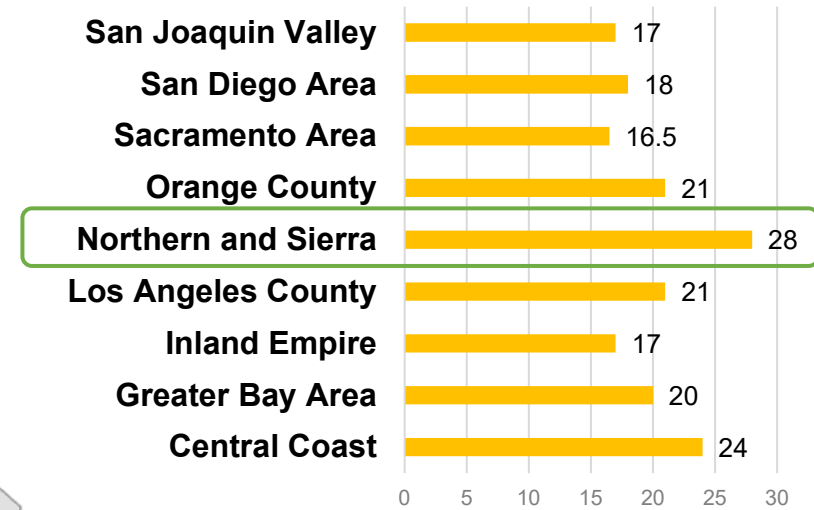
Collects a standard set of information from every licensee every two years:

- Practice location
- Hours spent in direct patient care
- Specialty
- Race/Ethnicity
- Languages spoken
- Retirement plans
- Education background

Geographic Trends



Psychiatry Regional Variation:
Median Years Licensed



Behavioral Health Funding



2021-2022

- Children and Youth Behavioral Health Initiative:
- Psychiatry and Social Workers Educational Expansion: \$71M
 - Develop the Substance Use Disorder (SUD) Workforce: \$76M
 - Behavioral Health Workforce Pipeline Program: \$24M
 - Earn and Learn Apprenticeship Program: \$9.5M
 - Training for Justice, Education, and Child Welfare Personnel: \$9.5M
 - Expand Train new Trainers Fellowship: \$9.5M
 - Peer Personal Training and Placement Program: \$28.5M
 - Loan Repayment, Scholarships, and Stipend Programs for Behavioral Health: \$199.5M
 - Behavioral Health Coaches: \$267M
 - Health Professions Career Opportunity Programs: \$16M (ongoing)

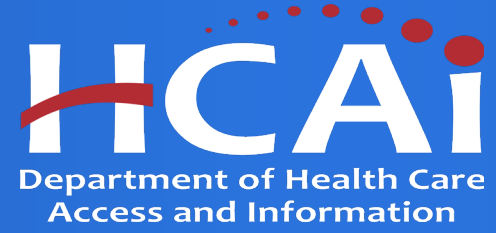


2022-2023

- Workforce for a Healthy California: \$52M
- Master of Social Work Students: \$30M
- Addiction Psychiatry/Addiction Med-Increase Capacity: \$25M
- Psychiatry GME Grants: \$5M
- Children and Youth Behavioral Health Initiative: \$125M
- Golden State Social Opportunities Program: \$10M
- Culturally Diverse Future BH Workers: \$12.5M
- HPCOP: E-Cigarette Excise Tax: approx. \$1.5M (varies annually based on tax revenue)

Education and Training Programs

- Psychiatric/Social Worker Education Capacity Expansion (PECE/SWECE) Grant Program
- Behavioral Health Coach Workforce
- Train New Trainers Primary Care Addiction Medicine Fellowship
- Licensed Behavioral Health Professional Initiative
- Substance Use Disorder (SUD) Workforce
- Train New Trainers Primary Care Psychiatry Fellowship
- Peer Personnel Training and Placement
- Community-Based Organization Behavioral Health Workforce Grant Program
- Community Health Worker Initiative
- Golden State Social Opportunities Program
- Earn and Learn Apprenticeship Program



Data Products Showcase

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Building Safety & Finance Loan Repayments, Scholarships & Grants Workforce Capacity Data & Reports Facility Finder

Featured Releases

DATA & REPORTS FEATURED TOPICS A-Z CONTENT DATASETS REQUEST DATA SUBMIT DATA

Patients Leaving California Hospitals Against Medical Advice (AMA)

In 2019-2020, there were 133,445 discharges against medical advice in California, representing 2.6 percent of all discharges. Patients leaving California...

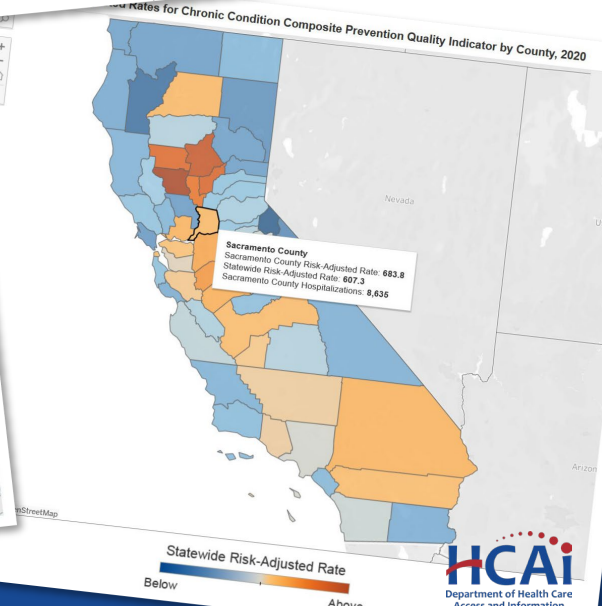
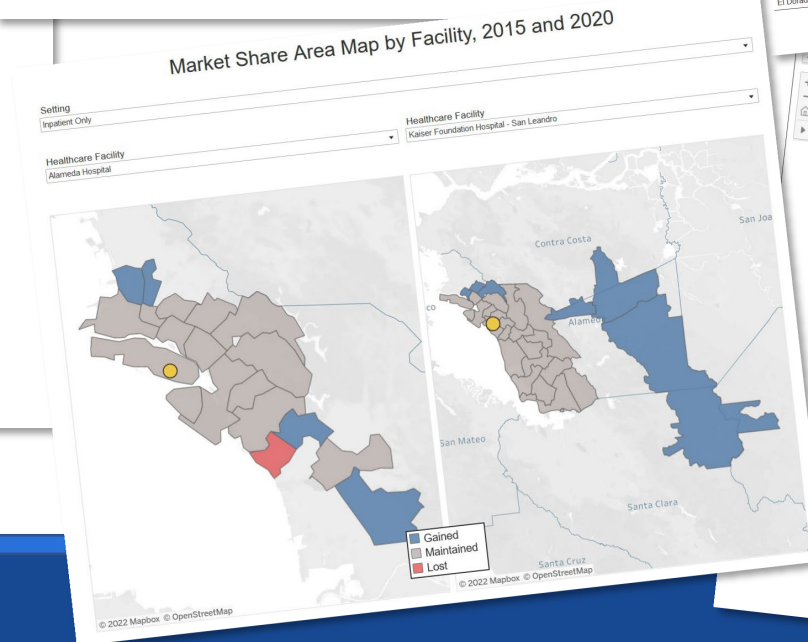
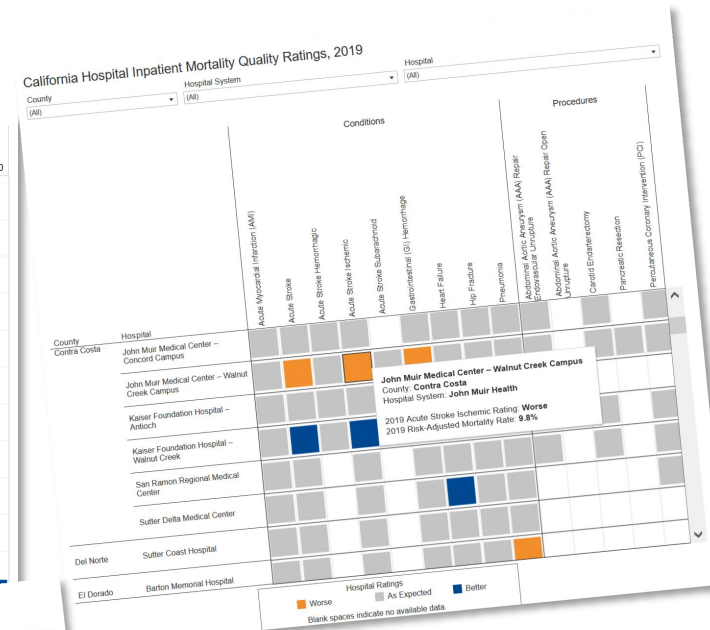
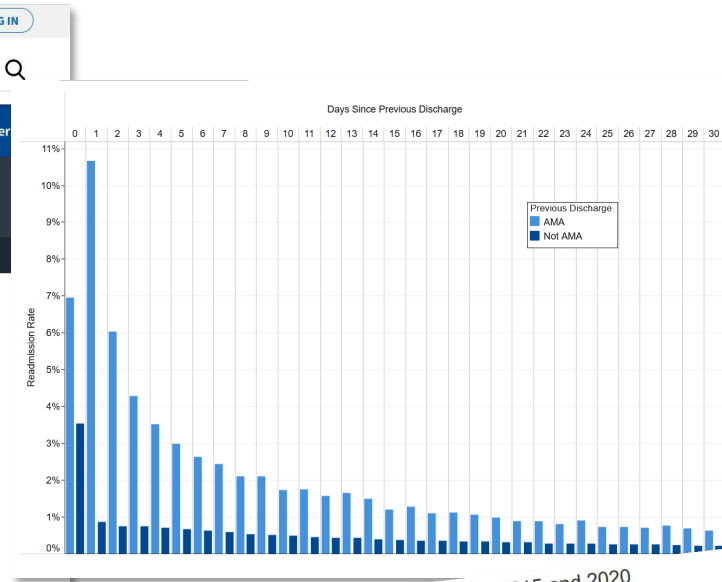
Readmissions for Isolated Coronary Artery Bypass Graft (CABG) Complications

This report uses data from the California Coronary Artery Bypass Graft (CABG) Outcomes Reporting Program (CCORP) to provide comparisons of...

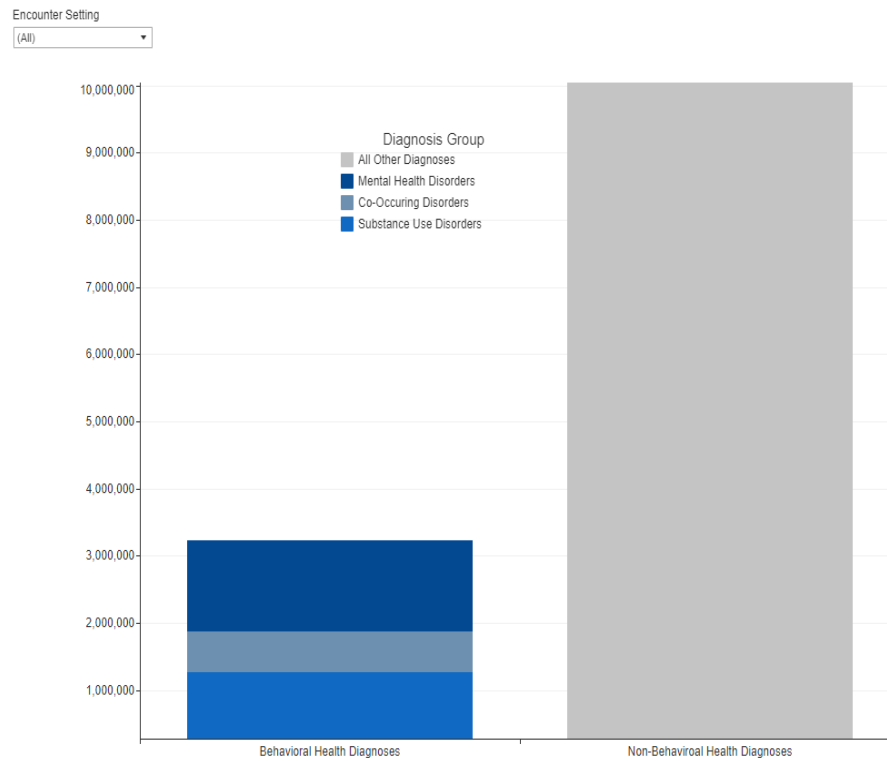
Wholesale Acquisition Cost (WAC) Increase Report Data - Cumulative

The interactive visualizations below include submitted WAC Increase data from Q1 2019 - Q2 2021. The graphs display data that...

Wholesale Acquisition Cost (WAC) Increase Report Data - Current Year

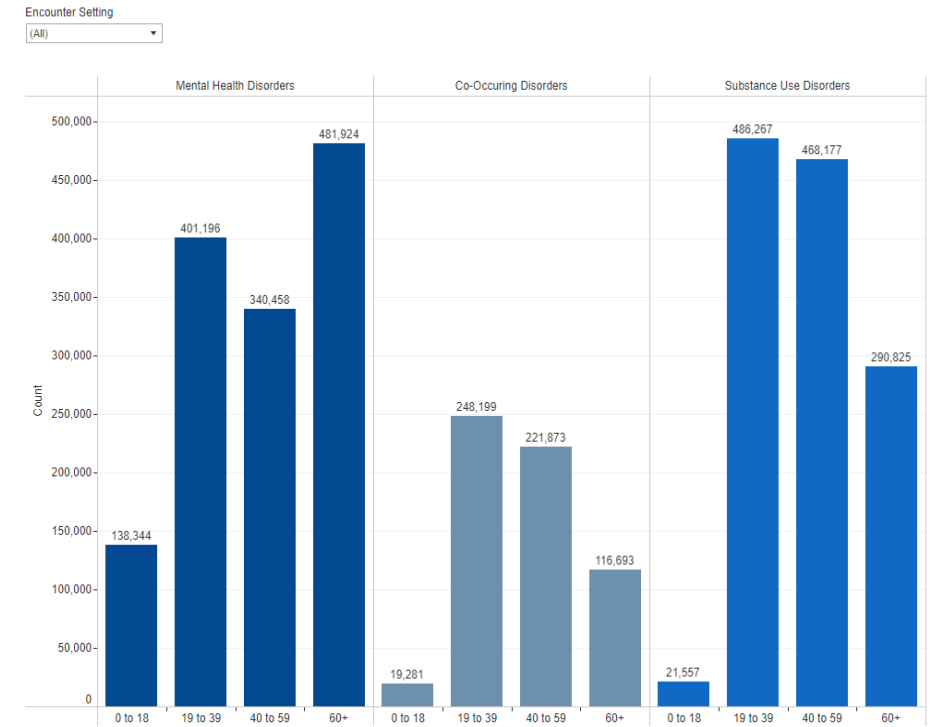


Number of Behavioral Health and All Other Patient Diagnoses by Setting, 2020



Number of Behavioral Health and All Other Patient Diagnoses by Setting, 2020

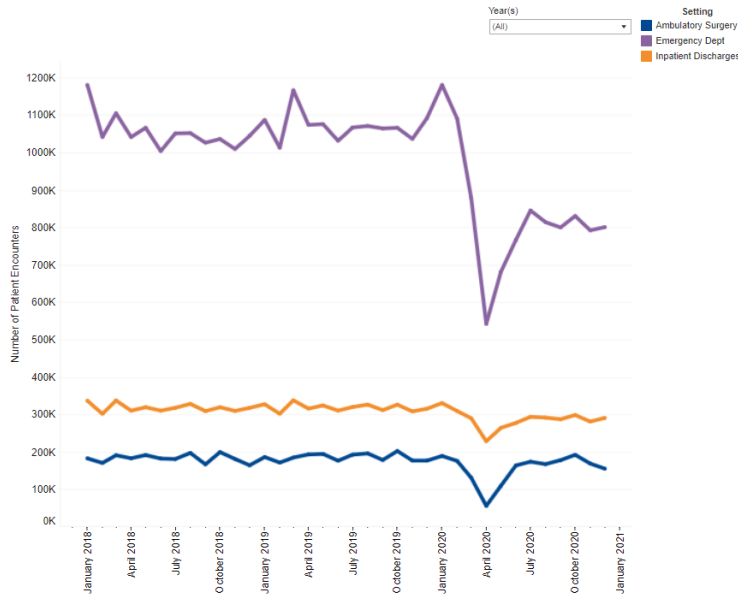
Number of Behavioral Health Diagnoses by Setting and Age Group, 2020



Number of Behavioral Health Diagnoses by Setting and Age Group, 2020

Hospital Utilization Trends

The visualization below focuses on statewide utilization trends in inpatient discharges, emergency department treat and release utilization, and ambulatory surgeries beginning in 2018. The sharp downward trend in all three settings begins after January 2020 with the introduction of COVID-19 and hits a low point in April 2020 before beginning to rise again. Utilization of the emergency department remained low in late 2020 relative to previous years. Inpatient discharges and ambulatory surgeries rebounded nearly to levels typically seen pre-pandemic.

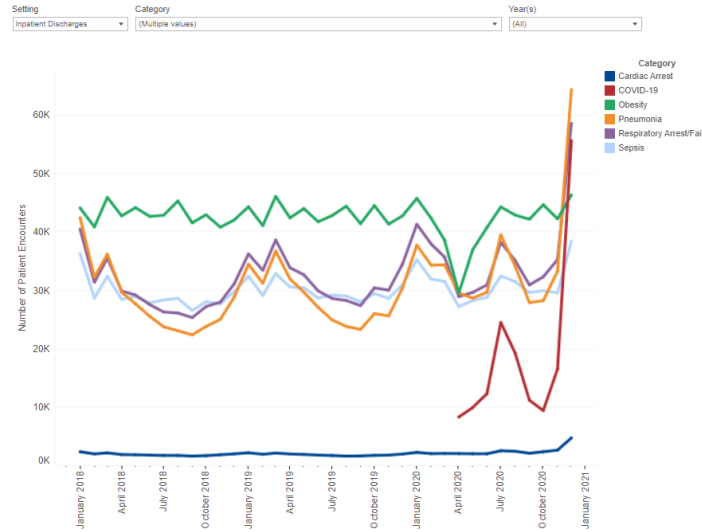


Hospital Utilization Trends

Utilization Trends by Health Category

This visualization displays utilization trends in the same settings as above but focuses on trends in key health-related topics. A sharp decline in utilization is seen starting after January 2020 among nearly all patients. Trends in hospital utilization of the homeless population were much less affected.

By default, this visualization displays a handful of selected health-related topics and hospital utilization trends among inpatient discharges in 2018-2020. The dropdown filters can be used to change the setting, select as many health-related topics as desired, and change the time span of focus. All trends reflect encounters and not unique patients.

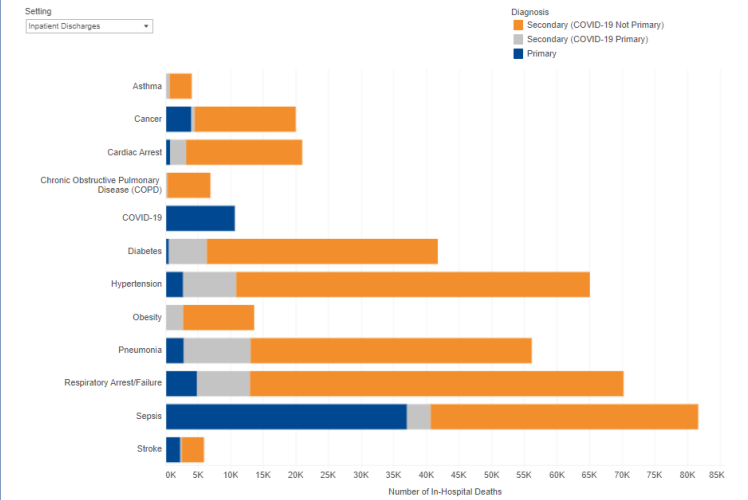


Utilization Trends by Health Category

In-Hospital Mortality Trends by Diagnosis Type

This visualization focuses on mortality trends and diagnosis breakdown in inpatient discharges, emergency department treat and release utilization, and ambulatory surgeries in 2020. Patients experiencing cardiac arrest, pneumonia, and obesity demonstrated a greater likelihood of COVID-19 as a primary diagnosis. COVID-19 was more often present as a primary diagnosis in deaths among inpatient discharges than in emergency department deaths.

The diagnosis legend is meant to demonstrate a breakdown of how each diagnosis was assigned. For example, among in-hospital deaths including a cancer diagnosis, the breakdown includes a count of cancer as primary diagnosis, cancer as a secondary diagnosis with COVID-19 as the primary diagnosis, and cancer as a secondary diagnosis with any primary diagnosis unrelated to COVID-19.

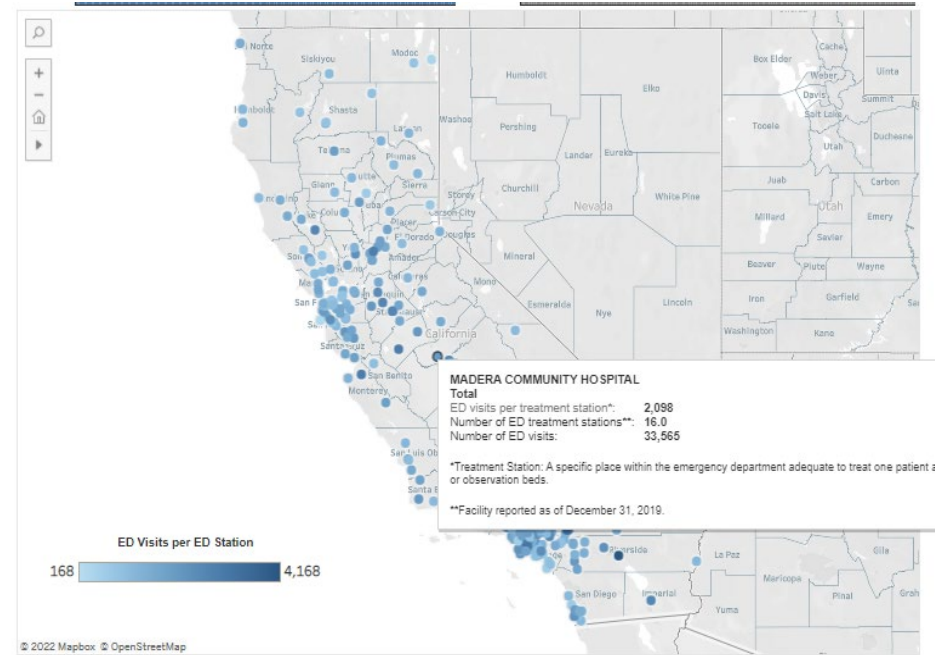
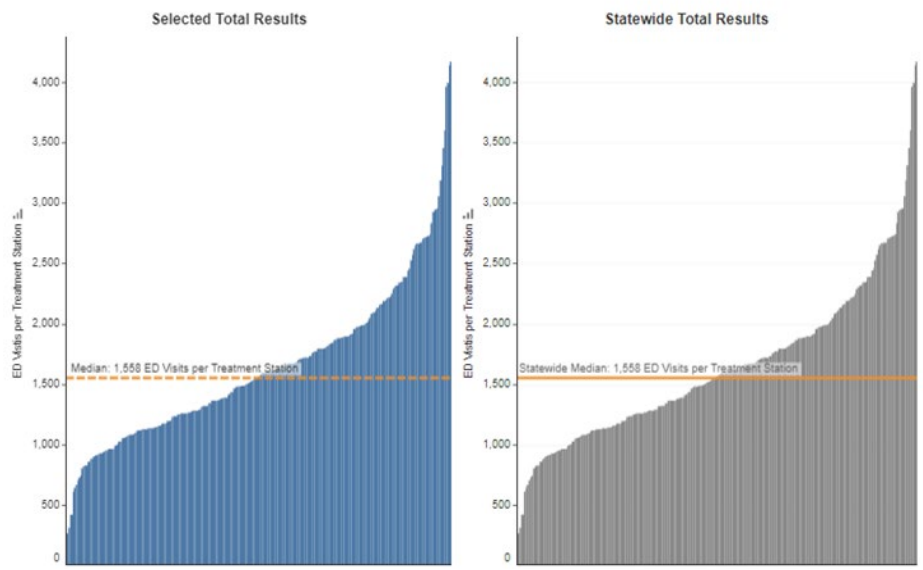


In-Hospital Mortality Trends by Diagnosis Type

Emergency Department Volume and Capacity, 2019

Emergency Department Volume and Capacity, 2019

Health-Related Topics: Total (All) | Facility: (All) | System: (All)
 County: (All) | Hospital Ownership: (All) | Licensed Bed Size: (All)
 Urban/Rural Designation: (All) | Teaching Designation: (All) | Health Professional Shortage Area (HPSA) - Primary Care: (All) | Health Professional Shortage Area (HPSA) - Mental Health: (All)



The visits to treatment station ratio ranges between 168 visits per station and 4,168 visits per station. Smaller ratios indicate fewer visits per available treatment station and less burden as opposed to larger ratios of visits per available treatment station, which indicate greater burden.

An emergency department treatment station is defined as a specific space within the emergency department adequate to treat one patient at a time. Holding or observation beds are not included.

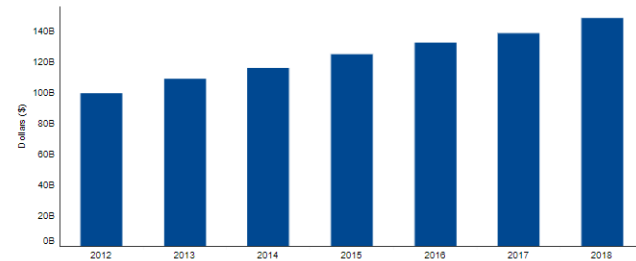
Total Assets by Year and Category

The sum of total assets from all California hospitals by year, and those of individual counties, cities, or facilities. Total Assets is the sum of the following categories:

- Current Assets
- Net Property, Plant, and Equipment
- Assets (Limited Use)
- Construction-in-Progress
- Intangible Assets
- Investments and Other Assets

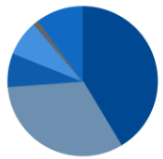
County: (All) City: (All)

Facility: (All)



Year: 2018

- Current Assets
- Net Property, Plant, and Equipment
- Limited Assets
- Construction-in-Progress
- Intangible Assets
- Investments and Other Assets



Annual Total Assets by Category	
Current Assets	61,456,978,799
Net Property, Plant, and Equipment	48,108,031,362
Limited Assets	10,793,727,058
Construction-in-Progress	11,342,203,609
Intangible Assets	1,764,571,261
Investments and Other Assets	14,947,305,342

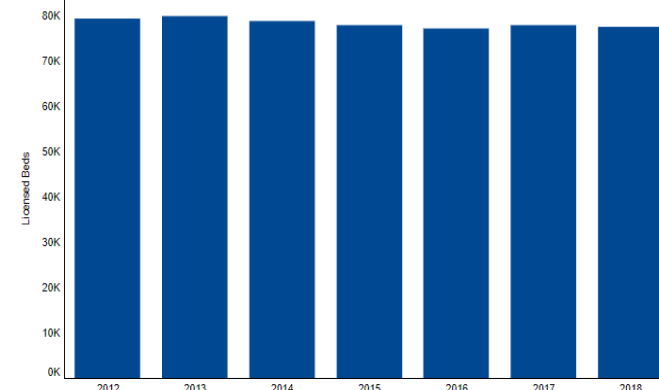
Note: "Total Assets" is the sum of the following categories: Current Assets, Net Property, Plant, and Equipment, Limited Assets, Construction-in-Progress, Intangible Assets, and Investments and Other Assets. This dashboard contains data relevant to all comparable hospitals in California.

Financial Series Part 1 – Hospital Financials

Total Annual Licensed Beds by Type of Care

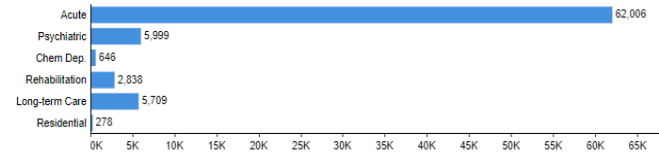
County: (All) City: (All)

Facility Name: (All)



Year: 2018

Licensed Beds by Type of Care



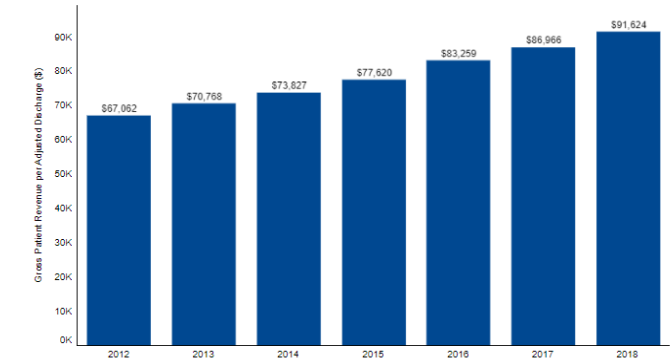
Note: "Licensed Beds" (excluding beds placed in suspense and nursery bassinets) refers to the number of such beds stated on the hospital license at the end of the reporting period. This dashboard contains data relevant to all comparable hospitals in California.

Financial Series Part 2 – Hospital Utilization

Gross Patient Revenue per Adjusted Discharge by Year

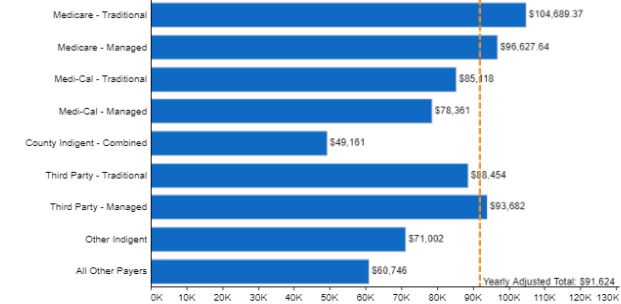
County: (All) City: (All)

Facility Name: (All)



Year: 2018

Gross Patient Revenue per Adjusted Patient Stay (\$)



Note: This visualization displays the gross patient revenue per adjusted discharges by year, representing adjusted total charges per patient stay, with breakdowns by payer category. "Adjusted discharge" is a scaling factor to account for outpatient care volume, and is calculated by dividing a facility's gross patient revenue by its gross inpatient revenue, and multiplying by total discharges. The "County Indigent - Combined" payer category includes both traditional and managed care. This visualization contains data relevant to all comparable hospitals in California.

Financial Series Part 3 – Hospital Average Cost and Profitability Delivering Patient Care

2022

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SYMPOSIUM RIVERSIDE

Questions

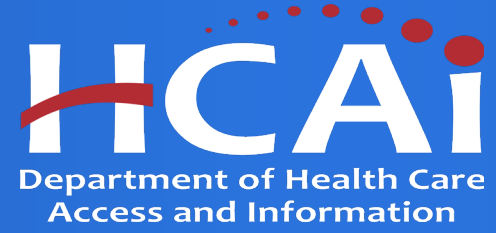
Follow-up contact

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Thank you!