

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, May 15, 2012 at the hour of 12:00 P.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Ansell called the meeting to order.

Present: Chairman David Ansell, MD, MPH and Director Hon. Jerry Butler (2)

Mary Driscoll (non-Director Member)

Absent: Director Luis Muñoz, MD, MPH (1)

Additional attendees and/or presenters were:

David Barker, MD – Ruth M. Rothstein CORE
Center of Cook County

Krishna Das, MD – John H. Stroger, Jr. Hospital of
Cook County

Barbara Farrell – System Director of Quality and
Patient Safety

David Goldberg, MD – John H. Stroger, Jr. Hospital
of Cook County

Helen Haynes – System Associate General Counsel

Anne Krantz, MD, MPH – John H. Stroger, Jr.
Hospital of Cook County

Terry Mason, MD – System Chief Medical Officer

Tanda Russell – System Interim Chief Nursing
Officer

Deborah Santana – Secretary to the Board

Pierre Wakim, MD – Provident Hospital of Cook
County

Joy Wykowsky – Chief of Staff to the Chief
Executive Officer

II. Public Speakers

Chairman Ansell asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speaker:

1. Sheryl Moore Nurse – John H. Stroger, Jr. Hospital of Cook County

III. Report from System Chief Medical Officer

Dr. Terry Mason, System Chief Medical Officer, noted that there are several reports that will be presented today; he will be commenting on those subjects during the presentation of those reports.

IV. Report from System Interim Chief Nursing Officer

A. Nurse Staffing Dashboard

Tanda Russell, System Interim Chief Nursing Officer, provided an update on the subject of bed closures in the nursing units at Stroger Hospital. As reported at the April Committee Meeting, of the twenty-eight (28) beds that had been closed in order to provide safe staffing levels since December, sixteen (16) beds had been reopened. She stated that management is working towards having the twelve (12) remaining beds re-opened by June 11th. Current plans call for six (6) of the twelve (12) beds to be re-opened by June 1st; the remaining six (6) beds are planned to be re-opened by June 11th.

IV. Report from System Interim Chief Nursing Officer (continued)

With regard to the efforts toward the development of a dashboard for nurse staffing and nursing hours standards, Ms. Russell stated that the key indicators have been identified; these indicators include the hours per patient day, vacancy rate and turnover rate. She noted that a benchmark of 50th percentile has been identified for nurse staffing; she added that budgeted positions are approximately at the 25th percentile.

Ms. Russell stated that data on hours per patient day is reported quarterly, and is not captured on a month-to-month basis at this time; she noted that data on vacancy and turnover rates will be reviewed on monthly basis. Chairman Ansell responded that this report could be presented to the Committee on a quarterly basis.

With regard to the information presented on the benchmarks for nurse staffing, Ms. Russell stated that currently, because the units are not fully staffed, the 25th percentile benchmark has not yet been reached. The goal for the basic Medical-Surgical unit for the 50th percentile would be 9.64 hours per patient day; it is currently at 7.71 hours per patient day. With regard to the number of current vacancies, in the Medical-Surgical unit there is a 32% vacancy rate (153 vacancies in March 2012, which does not include new hires, of the budgeted 484 budgeted positions). Chairman Ansell stated that it would be worthwhile to be able to track and trend how well the System is doing on this metric.

V. Report from System Director of Quality and Patient Safety**A. Quarterly System Quality and Safety Dashboard (Attachment #1)**

Barbara Farrell, System Director of Quality and Patient Safety, presented the Quarterly System Quality and Safety Dashboard. The Committee reviewed and discussed the information.

B. Reports on the following subjects:**i. Quality report from the Ruth M. Rothstein CORE Center of Cook County (Attachment #2)**

Dr. David Barker, Chief Medical Officer of the Ruth M. Rothstein CORE Center, presented the quality report. Included in his presentation was information on the following subjects: Access Dashboard; Routine HIV Testing; Retention in Care Projects; and CORE Quality Assurance Plan. The Committee reviewed and discussed the information.

During the presentation of the report, the subject of dental services was discussed. Chairman Ansell noted that the System recently entered into a contract with CommunityHealth for the provision of dental services; he inquired as to whether there were plans to bring the provision of dental services in-house.

Dr. Mason stated that there were two dental funding sources. The first \$1 million that was budgeted was for the provision of dental services as referred to by Chairman Ansell, where the System is augmenting service offering at CommunityHealth's Englewood clinic, by providing a refurbished suite for the operatories that were present there; he added that management is also looking at some planning in the other areas. The second grant was to look at how the System can do this on an internal basis, because the original grant was not clear on whether this funding would be recurring. Once it was clear that it was planned to be a recurring funding, management moved to go ahead and think about using those dollars for internal resources at two of the southern suburban clinics, and in one in the west side area. Now that it appears that there will be stable funding for this, at least for the foreseeable future, the plan is to move in that direction. A position for a System dental officer, who would be in charge of monitoring dental services across the System, has been posted; it is expected that candidates for that position will soon be reviewed.

V. Report from System Director of Quality and Patient Safety**B. Reports on the following subjects: (continued)****ii. Report – The Healthy Lungs Initiative (Attachment #3)**

Dr. Anne Krantz, Medical Director of Occupational Medicine of the Division of Pulmonary and Critical Care Medicine at John H. Stroger, Jr. Hospital, and Dr. David Goldberg, President of the Executive Medical Staff of John H. Stroger, Jr. Hospital of Cook County, presented The Healthy Lungs Initiative (HLI) Report. Included in the presentation was information on the following subjects: Chronic Care Model; Scope of HLI Service Delivery; HLI Smoking Cessation Outcomes; HLI Asthma Program Assessments; and Preparing For Our Future. The Committee reviewed and discussed the information.

iii. Lighthouse Reporting for Core Measures (Attachment #4)

Dr. Krishna Das, Director of Inpatient Quality at John H. Stroger, Jr. Hospital of Cook County, provided a presentation regarding Lighthouse Reporting for Core Measures. Included in the presentation was information on the following subjects: Overview and Justification; Meaningful Use Stage 1 – Quality Reporting; Quality Reporting at CCHHS; Quality Measure Recording; Quality Measures Dashboard – Unit View; Change in Culture; and Challenges and Opportunities. The Committee reviewed and discussed the information.

VI. Recommendations, Discussion/Information Item**A. Reports from the Medical Staff Executive Committees****i. Provident Hospital of Cook County****ii. John H. Stroger, Jr. Hospital of Cook County**

Dr. Pierre Wakim, President of the Executive Medical Staff of Provident Hospital of Cook County, presented a report on the following subjects: Capital Issues; Increase Outpatient Surgical Cases; Bylaws suggested changes to State's Attorney; and Physician Retirements.

Dr. Goldberg presented his report from the Executive Medical Staff of John H. Stroger, Jr. Hospital of Cook County. He provided highlights from the May Executive Medical Staff meeting. At that meeting, a presentation was provided from the Nursing Department regarding efforts to work on the development of interdisciplinary rounds that would include nursing and physician staff, as well as staff from pharmacy and case management. The Medical Staff Medical Records Committee provided a presentation, which included information on an issue regarding medical abbreviations used among different disciplines that appear as the same, but have different meanings among the disciplines. Also discussed at the meeting was the issue of anticipated reductions or elimination of fundings for health care services, such as those related to mental health and the reductions to Medicaid funding.

VII. Action Items**A. Minutes of the Quality and Patient Safety Committee Meeting, April 17, 2012**

Director Butler, seconded by Chairman Ansell, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of April 17, 2012. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections VI, VII and VIII

VIII. Closed Session Item

A. Medical Staff Appointments/Re-appointments/Changes (Attachment #5)

Note: the Committee did not recess the regular session and convene into closed session.

Director Butler, seconded by Chairman Ansell, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

IX. Adjourn

As the agenda was exhausted, Chairman Ansell declared that the meeting was ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
David Ansell, MD, MPH, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

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ATTACHMENT #1

Quality and Patient Safety

Committee of the Board of Directors CCHHS

May 15, 2012

Barbara Farrell, RN, MS, MJ

System Director Quality, Safety, Accreditation & Regulatory

CCHHS Quality & Safety Dashboard

QUALITY	National Target	IL Target	QTR 1 CY-2011		QTR 2 CY-2011		QTR 3 CY 2011		QTR4 CY-2011	
Core Measures			Stroger	Provident	Stroger	Provident	Stroger	Provident	Stroger	Provident
Acute Myocardial Infarction (AMI)										
AMI-1 Aspirin at Arrival	99%	99%	100%	100%	100%	100%	100%	100%	100%	No Cases
AMI-2 Aspirin Prescribed at Discharge	99%	99%	100%	100%	100%	100%	100%	100%	100%	No Cases
AMI-3 ACEI or ARB for LVSD	96%	97%	100%	100%	100%	No Cases	100%	No Cases	100%	No Cases
AMI-4 Adult Smoking Cessation Advice/Counseling	96%	100%	100%	100%	100%	100%	100%	100%	100%	No Cases
AMI-5 Beta-Blocker Prescribed at Discharge	98%	99%	98.2%	100%	100%	100%	96.5 %	No Cases		No Cases
AMI-7a Fibrinolytic Therapy received within 30 minutes of arrival *	V 0.9191	75%	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases	No Cases
AMI-8a Primary Percutaneous Coronary (PCI) within 90 minutes of arrival *	V 1.0	92%	75%	No Cases	100%	No Cases	100%	No Cases	83.3%	No Cases
Heart Failure (HF)										
HF-1 Discharge Instructions *	V 1.0	91%	71.2%	100%	70.4%	100%	62.5%	98%	76.7%	97.5%
HF-2 Evaluation of LVS Function	98%	99%	98.6%	100%	100%	100%	100%	100%	98.6%	100%
HF-3 ACEI or ARB for LVSD	95%	95%	95.8%	100%	100%	100%	100%	100%	100%	100%
HF-4 Adult Smoking Cessation Advice/Counseling	99%	99%	100%	100%	100%	100%	100%	100%	100%	100%
Pneumonia (PN)										
PN-2 Pneumococcal Screen & Vaccination	94%	93%	58.3%	50 %	75%	50%	69.2%	100%	84.6%	100%
PN-3b Blood Culture performed in the ED Prior to Initial Antibiotic Received in the Hospital *	V 1.0	96%	95 %	94.4%	94.4%	94.4%	86.5%	100%	93.8%	76.9%
PN-4 Adult Smoking Cessation Advice/Smoking	98%	98%	100%	100%	100%	100%	100%	100%	100%	75%
PN-5c Initial Antibiotic Received Within 6 hours after Arrival	96%	96%	84.4%	95.2%	81.0%	95.2%	61.8%	91.7%	70%	85.7%
PN-6 Initial Antibiotic Selection For CAP in Immunocompetent patient *	V 0.9958	91%	80.6%	100%	83.3%	100%	57.9%	100%	63.3%	100%
PN-7 Influenza Vaccination	91%	91%	79.3%	No Cases	No Cases	No Cases	No Cases	No Cases	75%	66.7%

Below 80%

80% & above

Meets Benchmarks

CCHHS Quality & Safety Dashboard

[illegible]

CCHHS Quality & Safety Dashboard

QUALITY	National Target	QTR 1 CY-2011		QTR 2 CY-2011		QTR 3 CY-2011		QTR 4 CY-2011	
	CMS	Stroger	Provident	Stroger	Provident	Stroger	Provident	Stroger	Provident
Readmissions-30 day (AMI)	19.9%		0%		0%	*20.5%	0%		
Readmissions-30 day (Heart Failure)	24.7%		7.92%		4.41%	* 24.4%	26.3%		
Readmissions-30 day (Pneumonia)	18.3%		0%		0%	* 22.3%	19.1%		
Patient Satisfaction (HCAHPS) Value Based	CMS								
*Overall Rating of Hospital *	82.52%	52%	49%	52%	57%	53%	54%	58%	61%
Communication w Nurses *	84.70%	61%	70%	67%	70%	64%	73%	71%	76%
Communication w Doctors *	88.95%	81%	78%	83%	81%	79%	76%	85%	76%
Responsiveness Hospital Staff *	77.69%	50%	53%	49	53%	51%	53%	54%	53%
Pain Management *	77.90%	61%	59%	67%	70%	61%	61%	68%	72%
Communication about Medicines *	70.42%	57%	60%	56%	60%	57%	55%	63%	57%
Cleaniness & Quietness *	77.64%	49%	59%	51%	62%	51%	67%	57%	72%
Discharge Information *	89.09%	78%	77%	78%	78%	81%	67%	79%	76%
Hospital Infections (NHSN)									
Central Line associated Infections ICU per 1000 line days	NHSN 2.2	0.0	0	3.7	0	2.5	Not Applicable	2.1	Not Applicable
Mortality									
AMI Mortality	16.2%**				0%	16.2%	Not enough cases		
CHF Mortality	11.2%**				0%	9.0%	10.1%		
Pneumonia (PN) Mortality	11.6%**				0.0%	11.7%	10.3%		
* HCAHPS questions are scored as a percent of patients who answer with the top rating ("definitely yes"), not a mean score									
* Mortality is a risk adjusted annual number									

CCHHS Nursing Quality Dashboard

QUALITY /Safety	Target	QTR 1 CY-2011		QTR 2 CY-2011		QTR 3 CY-2011		QTR 4 CY-2011	
Nursing Indicators		Stroger	Provident	Stroger	Provident	Stroger	Provident	Stroger	Provident
Falls with harm incidence (per 1000 pt. days) IHI (Institute Healthcare Improvement)	2.9	1.91	0	2.29	0	1.57	0	2.0	0
Hospital Acquired Pressure Ulcer Incidence IHI (Institute Healthcare Improvement)	Zero	2.5	0	3.04	0	3.6	0	4.3%	0
Restraint Prevalence-Med Surg	7%	1.29%	0.03%	0.5%	0	1%	0	0.42%	.64%
Restraint Prevalence-Critical Care		32.5%	Not Applicable	22%	Not Applicable	24.6%	Not Applicable	24.7%	Not Applicable
Ambulatory	Target	QTR 1		QTR 2		QTR 3		QTR 4	
% of up-to-date pediatric immunizations in children at 24 months (Hedis/NCQA)	72%	77%		84%		76%		88%	
% of diabetic patients (age 18-65 years) who have had one HBA1c in the last 12 months(Hedis/NCQA)	81%	96%		90%		90%		92.5%	
Patient Satisfaction (Press Ganey) Mean		ACHN		ACHN		ACHN		ACHN	
Friendliness/Courtesy of Nurse/Nursing Assistant	81.0	78.4		79.5		79.4		79.7	
Concern of Nurse/Nursing Assistant for Problem	78.0	73.6		74.8		76.0		77.4	
Overall Nurse Satisfaction	80.0	75.8		77.4		77.9		78.2	

Does not meet benchmark

60% & above

Meets Benchmark

2012 Quality Initiatives

Stroger	Provident	ACHN	Cermak	CCDPH
NAPH National Collaborative: Reduce Hospital Acquired Conditions & Readmissions	NAPH National Collaborative: Reduce Hospital Acquired Conditions & Readmissions	Improve Telephone Answering Capture Rates	Improve Health Service Request Time	Develop Evidence – Based Action Plans for 4 Strategic health Priorities
Patient Satisfaction	Patient Satisfaction	Patient Satisfaction	Improve Glycemic Control for Diabetic Patients	Automate the Data Collection and Analysis of Environmental Inspection Health Services
Improve Infusion Center Patient Flow	Patient Education Assessment, Teaching and Documentation	Medical Home Collaborative: 5 High Volume Pediatric Clinic Sites	Medical Oversight for Chronic Conditions	Perform Environmental Health Service Unit Inspections of Public Places
Throughput–ED & Inpatient	ED Throughput	Prenatal Influenza Vaccination Compliance	Improve Response Time to Detainee	Monitor & Track WE Plan Indicators
Stroke –Recertification	Restraint Usage	Cervical Cancer Screening Compliance	Achieve Department of Justice Compliance	
Core Measures ,Surgical Care Improvement	Core Measures ,Surgical Care Improvement	Pediatric Immunization Rate		
Care of Diabetic Patient Care of Patient Requiring Anticoagulation	Venous Thromboembolism Prophylaxis and Treatment	Improve Annual Patient Influenza Immunization Rates		

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ATTACHMENT #2

Ruth M. Rothstein CORE



May 2012

Quality and Patient Safety Committee Report

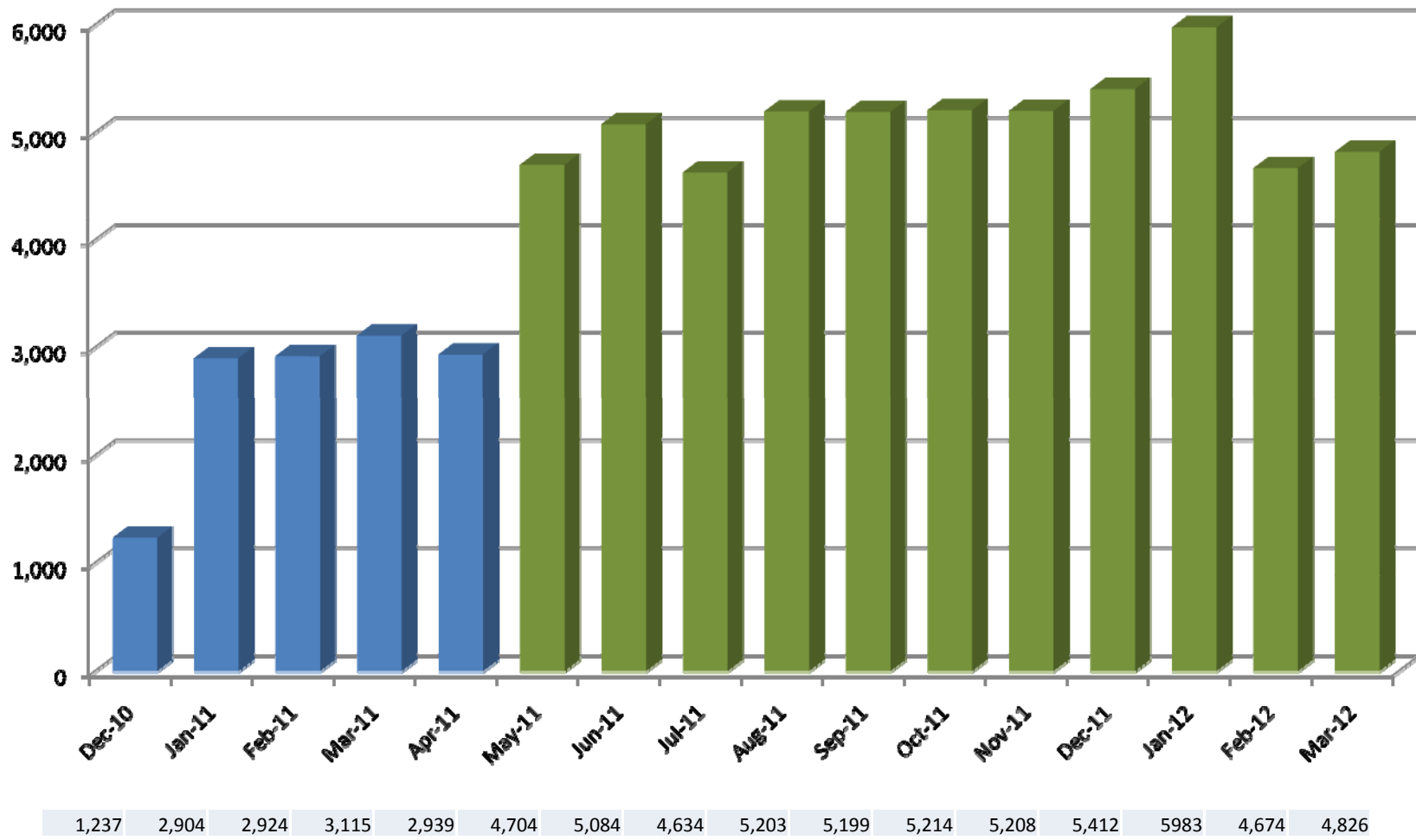
Dave Barker, MD, MPH – CORE Chief Medical Officer

	CORE* 2011	SSHARC Q4 2011	PROVIDENT 2011		AUSTIN 2011
			PAs	MDs	
AIDS Clients on HAART	96%	99%	--	--	90%
Viral Load <1000	88%	68%	--	--	66%
CD4<200 w/ PCP Prophylaxis	68%	84%	100%	100%	61%
PAPs, annual	70%	85% w/ normal results	86%	30%	100%
Med. Adherence Educ./Assess.	100%	65%	100%	45%	74%
Smoking Cessation Counseling	80%	98%	90%	37%	82%
Hep A Serology	94%	91%	82%	43%	86%
Hep B Serology	95%	95%	91%	38%	81%
Hep C Serology	96%	95%	86%	62%	93%
Influenza Vaccination	81%	63%	100%	65%	28%
Pneumococcal Vaccination	84%	79%	87%	56%	63%
Lipid Screening (F=fasting)	82%	53%	72%F	64%F	52%
Syphilis Screening	96%	70%	100%	98%	86%

Access Dashboard

Ruth M. Rothstein CORE Center - Dashboard								
Time to next new Appointment								
Service >>> Date checked	12/5/2011	Business Days	3/2/2012	Business Days	3/30/2012	Business Days	4/25/2012	Business Days
HIV Primary Care CORE Standard ≤ 10 business days								
Adult HIV Primary Care	12/14/2011	7	3/14/2012	8	4/6/2012	5	5/3/2012	5
Women's HIV Primary Care	12/6/2011	1	3/6/2012	1	4/10/2012	7	4/27/2012	2
Bilingual HIV Primary Care	12/8/2011	3	3/5/2012	1	4/5/2012	4	4/26/2012	1
Continuity (Correctional) Ca	12/7/2011	2	3/7/2012	2	4/4/2012	3	5/9/2012	10
Specialty >>> Date checked								
CORE HIV Specialty Standard ≤ 24 business days								
HIV Dental	4/3/2012	82		>90		>90		>90
HIV Heme Onc	12/28/2011	16	3/14/2012	8	4/18/2012	13	5/9/2012	10
HIV Nephrology	2/7/2012	43	4/10/2012	27	4/24/2012	17	6/5/2012	28
HIV Neurology	12/20/2011	11	4/2/2012	22	4/17/2012	12	5/29/2012	23
HIV OB/Gyne	12/12/2011	5	3/6/2012	2	4/10/2012	7	5/2/2012	5
HIV Psychiatry*	12/13/2011	6	3/28/2012	18	5/1/2012	22	5/8/2012	9
HIV Dermatology	2/7/2012	43	5/8/2012	47	5/22/2012	42	6/26/2012	43
CORE Hepatitis Clinic	12/22/2011	13	4/5/2012	24	5/10/2012	29	5/31/2012	1
CORE Infectious Diseases	12/20/2011	20	3/6/2012	2	4/10/2012	7	5/1/2012	4
OPAT IV ABX	1/26/2012	36	3/8/2012	4	4/12/2012	9	4/29/2012	1

Routine HIV Testing



Retention in Care Projects

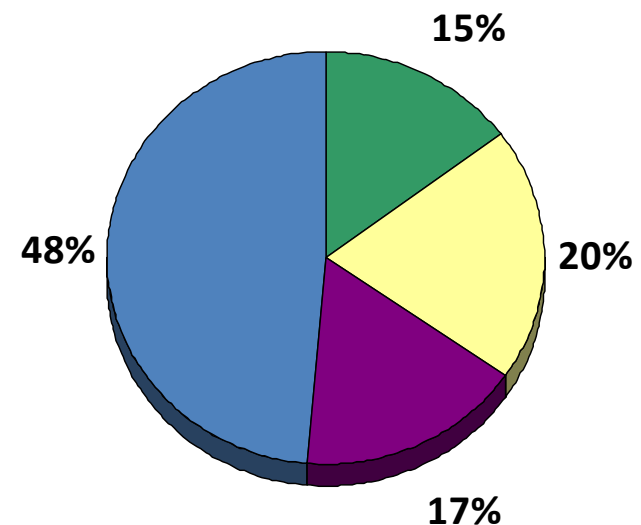
Projects WE CARE, IN CARE, and ARC

Barriers to Care: Survey Data

- Male Respondents
 - average 3.5 barriers
 - range 0-8 barriers
- Female Respondents
 - average 5 barriers
 - Range 1-12
- Most Common Barriers
 - Moved 45%
 - Felt too healthy 35%
 - Not ready to accept dx 33%

Outreach Outcomes

N=1362



CORE QA Plan

- Regularly assess patient satisfaction (changing to quarterly from annually)
- Regularly assess key processes and outcomes – HIVQUAL standards
 - Change to electronic data acquisition as EMR fully adopted, real time feedback
- Time flow study in primary care clinics
 - Patient self registration proposal
- Implement National AIDS Strategy within CCHHS
 - HIV Testing – System Wide
 - Link and Retain in Care: Patient Navigation Projects (4 funded projects)
- System-wide Center of Excellence in Outpatient HIV Care
 - Partnership / Support for existing HIV programs at Provident, SSHARC (OFH), Austin, CCI
 - Common System-wide Patient Satisfaction survey tools
 - Common System-wide Process and Outcome measures
 - Update common EMR Charting and Ordering tools
- CORE Medical Home Working Group
- Implement MU software from Cerner alongside ACHN

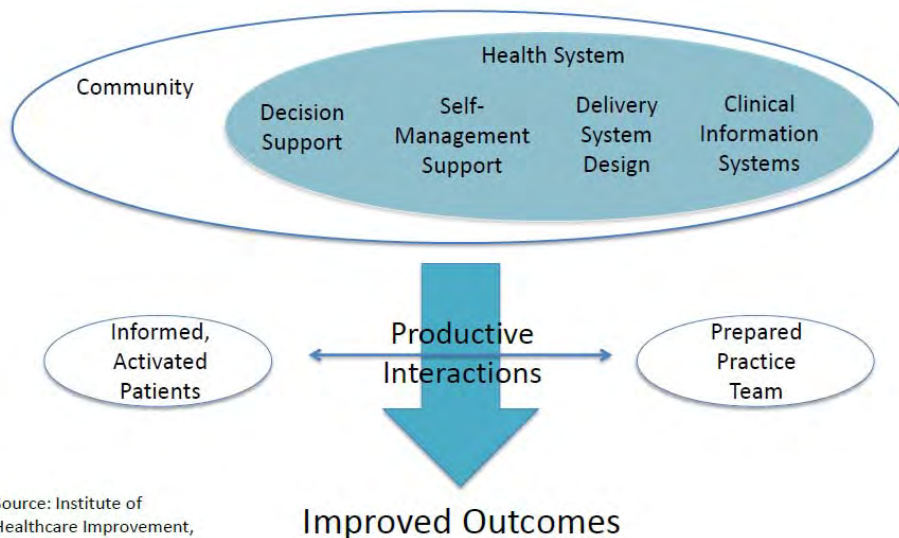
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ATTACHMENT #3

Healthy Lungs Initiative

Supporting Excellence in Care Across CCHHS for Asthma/COPD Management and Tobacco Cessation

Chronic Care Model



- **Decision Support** — incorporate evidence-based decision rules and patient preference in EMR notes, EMR triggers for in-pt health education and nicotine Rx
- **Self-Management Support** — teach to goal educational methods supplemented with written aids
- **Delivery System** — integrate health educators into primary, specialty, urgent, and in-patient care sites
- **Clinical Information** — data base (registry) with all encounters recorded, integrated with EMR
- **Community** — RHAMC, IL Tobacco Quitline, safety net providers



Scope of HLI Service Delivery

Staffing and Sites

- 6-12 Health Educators since Sept 2008
- CCHHS in-patient units
 - Stroger and Provident
- CCHHS out-patient sites
 - Primary Care – 7 ACHN sites
 - Specialty care
 - Core Center
- CCHHS urgent care – ED, ASC
- Safety net collaborations
 - Substance use treatment
 - FQHCs

Contacts (Sept 2008 – April 2012)

Service	Patient Contacts
Tobacco Smokers	24,750
Out-patient	16,828
In-patient	7,922
Negative Screens	37,767
Quitline Referrals	1,064
Group Visits	5,346
Asthma/COPD	13,706
Out-patient	11,696
In-patient	2,010

HLI Smoking Cessation Outcomes

Analysis

- Patients with at least 2 visits, 12-18 months between the first and subsequent visit
- **Early cessation:** Proportion with cessation of < 1 yr, analyzed pre-post
Does the program increase cessation attempts?
- **Sustained cessation:** Proportion with cessation of ≥ 1 yr, among baseline smokers
*How does CCHHS/HLI compare with US cessation rates?**
- Additional Outcomes:
Cigarettes/day (continuing smokers)
Smoke-free home (baseline smokers)

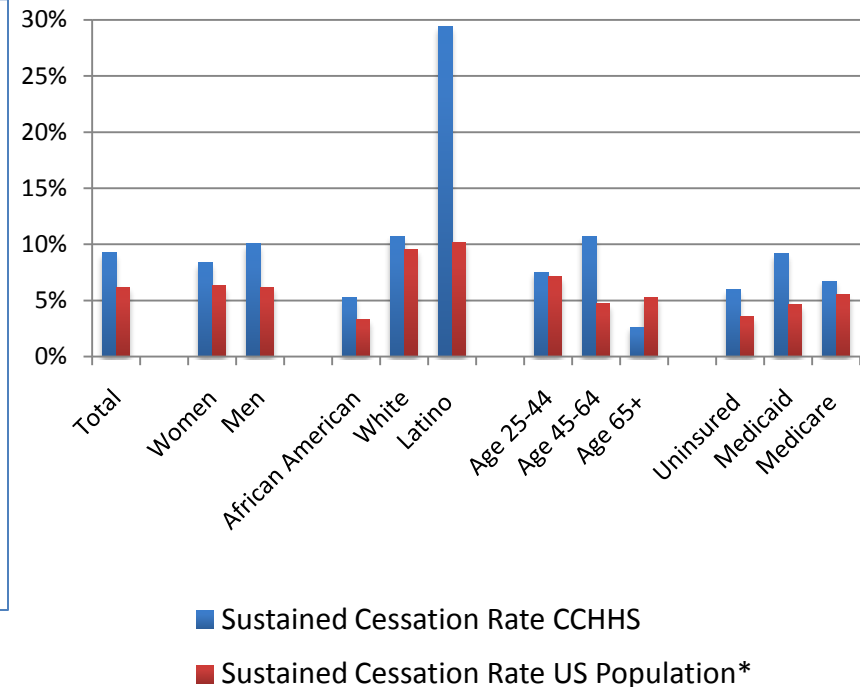
Early Cessation

	Current Smoker	Recent Quit (< 1yr)
Baseline	536	37 (6.5%)
12-18 Months	482	76 (13.6%)

OR=2.3 95% CI (1.5-3.4), $p < 0.0001$

* Health Interview Study, MMWR, Nov. 2011

Sustained Cessation



Additional Outcomes

	Baseline	Follow-up
Cigarettes/day ¹	10	8.7
Smoke-free home ²	38.6%	45.4%

(1) $p < 0.001$ (2) OR=1.3 (95%CI 1.0-1.7), $p = 0.03$

HLI Asthma Program Assessments

Qualitative Evaluation

- ❖ Structured interviews: device/medication competency, change in knowledge and planned behaviors. Continued until no new themes emerged (N=25)
- ❖ Pts articulated medications, reason for spacer use, trigger avoidance strategies, personal/household tobacco strategies planned, and demonstrated high degree of competency in spacer technique.
- ❖ “She personalized it, made me not feel stupid” “Spoke plain English, easy to understand” “She listened to me and helped explain things” “I can tell her my side of things” “Very understandable with her attitude and presentation, makes me feel comfortable, helped resolve answers.”

Asthma Control Test (ACT) in CCHHS Clinics

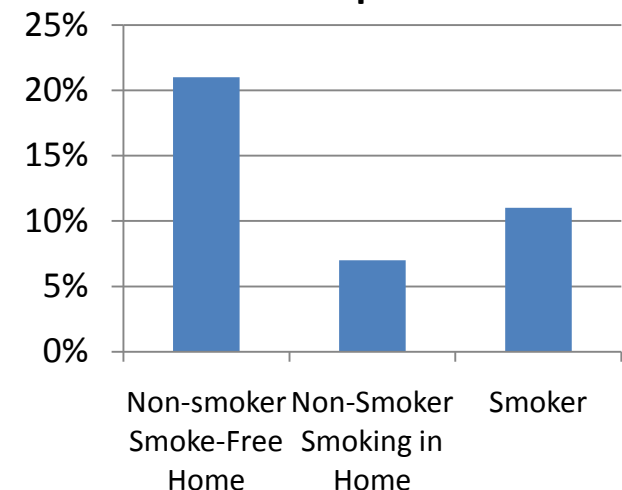
	Asthma	Englewd	Logan Sq	Near So.
Total	902	167	27	67
ACT mean	14.1	16.2	15.6	16.8
ACT \geq 20	18.5%	25.1%	25.9%	23.9%

ACT: 5 questions, measures recent symptom intensity

Range 5-25, Good Control \geq 20

Survey of US primary care: 42% with ACT \geq 20, J Asthma, 2010

Good Asthma Control and Tobacco Exposure



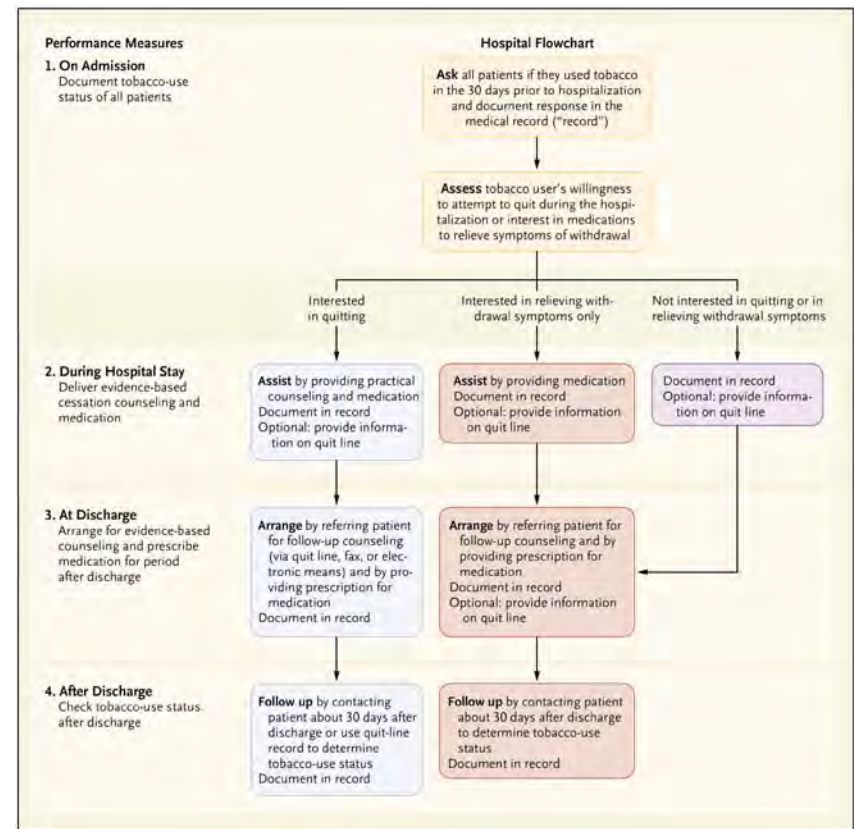
Preparing for Our Future

Patient-Centered Medical Home: Asthma/COPD Care and Tobacco Cessation

Joint Commission Performance Measure: Tobacco

Elements 2-6:

2. Identify and manage patient populations
3. Plan and manage care
4. Provide self-care support and community resources
5. Track and coordinate care
6. Measure and improve performance



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ATTACHMENT #4

Lighthouse Reporting for Core Measures

Krishna Das MD

Physician Champion, Lighthouse Project

Director, Inpatient Quality



Lighthouse: Overview and Justification

- It is a certified system, integrated with our EMR, which abstracts and reports quality data to CMS
- Allows real-time assessment and intervention in clinical processes to improve quality of care
- Supports the linkages between quality and reimbursement:
 - Meaningful Use – must demonstrate use of a certified system for quality reporting
 - Core Measures (HQIM)
 - Value Based Purchasing
- Public reporting of data
 - HospitalCompare
 - IDPH

The Lighthouse Project represents a collaboration between IT, Nursing, Medical Staff, OR Staff and Pharmacy



Meaningful Use Stage 1 Quality Reporting



Meaningful Use: Clinical Quality Measures

- **Details of Clinical Quality Measures**
 - 2011 – Eligible Professionals, eligible hospitals and CAHs seeking to demonstrate Meaningful Use are required to submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States by ATTESTATION.
 - 2012 – Eligible Professionals, eligible hospitals and CAHs seeking to demonstrate Meaningful Use are required to electronically submit aggregate CQM numerator, denominator, and exclusion data to CMS or the States.

Data is abstracted on ALL Core Measures
HF PN SCIP AMI VTE STK ED

Quality Reporting at CCHHS

Current Process

- Retrospective measurement
- Closed chart review
- Departmental process improvement
- Opportunities for excellence
- Financial liability

Future State

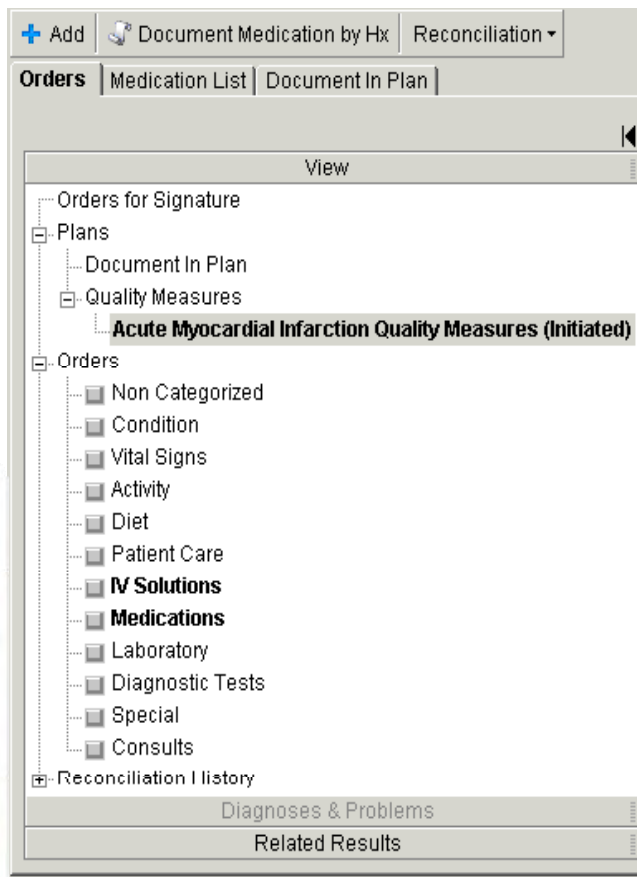
- Concurrent measurement
- Real time dashboards
- Collaborative process improvement
- Excellence in all domains
- Financial opportunities



Lighthouse Process




























Quality Measure Recording

Measure is Suggested



Measure is Initiated

interactions

Plans							
			Add to Phase	Start: 11/10/2009 09:01 PST	Stop: None		
		Component		Status	Details		
Evaluation							
Acute Myocardial Infarction Quality Measures v3.0 (Initiated)							
Last updated on: 11/10/2009 09:16 PST by: Test, Physician							
*** EMERGENCY DEPARTMENT or DIRECT ADMISSION PHASE ***							
		Aspirin Within 24 Hours of Arrival	Activated	By Phase End	✓ 11/10/2009 14:42 ...		
		ECG Read Within 10 Minutes of Arrival	Activated	By Phase End	✓ 11/10/2009 09:04 ...		
		Fibrinolytics Within 30 Minutes of Arrival	Activated	By Phase End			
		PCI Within 90 Minutes of Arrival	Activated	By Phase End	✗ 11/10/2009 09:14 ...		
*** INPATIENT CARE PHASE ***							
		Adult Smoking Cessation Counseling	Activated	By Phase End	✓ 11/10/2009 13:48 ...		
		LDL Cholesterol Assessment	Activated	By Phase End	✓ 11/10/2009 09:25 ...		
*** DISCHARGE PHASE ***							
		Aspirin Prescribed at Discharge	Activated	By Phase End	✓ 11/10/2009 09:29 ...		
		Beta-Blocker Prescribed at Discharge	Activated	By Phase End	✓ 11/10/2009 09:30 ...		
		ACEI/ARB for LVSD at Discharge	Activated	By Phase End	✗ 11/10/2009 09:42 ...		
		Lipid Lowering Discharge Med Goal	Activated	By Phase End	✓ 11/10/2009 09:32 ...		
		Quality Measures Dashboard Initiated	Completed	11/10/09 9:01:00 PST			

Completion of Each Measure
Displayed in Real Time

Lighthouse Process

Quality Measures Dashboard – Unit View

Quality Measures

150%

List: BW 1 North

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Patient Demographics		- Stroke							
Name	Date Of Birth	+	+	+	+	+	ED	Inpatient	Discharge
[+] ADAMS, BOB	09/07/1935	+	+	+	+				
[+] APPLEGATE, MARILYN	01/01/1932								
[+] BALL, NORMA JEAN	01/01/1934								
[+] BOWEN, CLINT	10/03/1934								
[+] BROOKS, JANICE	10/23/1955								
[+] CALLAHAN, DANNY	07/18/1932								
[+] CHAMBERLAIN, HENRY	01/28/1943								
[+] DAVIDSON, SOPHIA ALEXANDRIA	05/08/1940								
[+] EALEY, CONNIE	05/28/1961								
[+] FER	1/1932								
[+] FISH	1/1933								
[+] GILL	4/1972								
[+] GROUND, BENITA	02/19/1932								
[+] JASPER, DENNIS	06/29/1934								
[+] JONES, CAROLYN	03/03/1933								
[+] JONES, SALLY	09/07/1936								
[+] MYERS, ESTELLE	01/01/1932								
[+] NICHOLS, GAIL	03/24/1980								
[+] NICHOLS, SAMANTHA	04/30/2006								
[+] PANERINI, JANICE	10/10/1943								
[+] RAGWOOD, BABY	07/10/2010								
[+] VANDE GARDE, LEXINGTON	02/14/1937								
[+] WEST, HAROLD	02/02/1922								
[+] WILSON, BRADLEY	07/27/1933								

				- Stroke		
+	+	+	+	ED	Inpatient	Discharge
Heart Failure	Pneumonia	Children's As	VTE			

Lighthouse Process

Change in Culture

- Quality becomes everyone's responsibility
- Nurses, QA team, MD initiate dashboards
 - OR scheduler → SCIP Stroke RN → Stroke
 - ED Triage RN → AMI All admitting MDs → VTE
- Ownership of the process is given to the **care team** rather than the **individual** provider
- Collaborative approach to quality:
 - QA team monitors dashboards
 - RN, MD, PharmD collaborate in real time to redirect patient care
 - Interdisciplinary rounds provide a forum to review quality indicators



Challenges and Opportunities

- Obtain consensus and develop protocols to standardize care using the best evidence available
 - Incorporate protocols into care sets to ensure consistency
- Remove ambiguous or incomplete documentation
 - Pre-specify how data should be collected and entered
 - Provide training to all staff
- Assess impact of publicly reported data
 - Use test period to review data and optimize our system
- Achieve high reliability in our processes of care
- Consistently deliver excellent care to our patients!



8

Thank You

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
May 15, 2012

ATTACHMENT #5

John H. Stroger, Jr. Hospital of Cook County



Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Dempsey, Michael, MD Appointment Effective:	Psychiatry/Correctional Health Services May 15, 2012 thru May 14, 2014	Active Physician
Deon, Laura, MD Appointment Effective:	Pediatrics/Peds Rehabilitation May 15, 2012 thru May 14, 2014	Voluntary Physician
Go, Leonard H.T., MD Appointment Effective:	Medicine/Pulmonary Critical Care May 15, 2012 thru May 14, 2014	Active Physician
Oskin, Yana, MD Appointment Effective:	Psychiatry/Juvenile Center May 15, 2012 thru May 14, 2014	Active Physician
Pritzker, Rachel Neems, MD Appointment Effective:	Medicine/Dermatology May 15, 2012 thru May 14, 2014	Active Physician
Solari, Hugo, MD Appointment Effective:	Psychiatry May 15, 2012 thru May 14, 2014	Active Physician
Subieta Benito, Gunar, MD Appointment Effective:	Anesthesiology and Pain Management May 15, 2012 thru May 14, 2014	Active Physician
Sumoza, Luis David, MD Appointment Effective:	Medicine/Hematology-Oncology May 15, 2012 thru May 14, 2014	Active Physician

INITIAL PRIVILEGES FOR NON MEDICAL STAFF

West, Paul E., III, PA-C With Mason, Terry, MD Alternate Keen, Richard R., MD Effective:	Surgery May 15, 2012 thru May 14, 2014	Physician Assistant
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REAPPOINTMENT APPLICATIONS

Department of Correctional Health Services

Puisis, Michael, DO Reappointment Effective:	Internal Medicine May 15, 2012 thru May 14, 2014	Active Physician
Williamson, Sunita, MD Reappointment Effective:	Family Medicine May 20, 2012 thru May 19, 2014	Active Physician

Item VIII(A) – May 15, 2012

CCHHS Quality and Patient Safety Committee Meeting

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**CCHHS
APPROVED**
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MAY 15, 2012

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Emergency Medicine

Lewis, Trevor, MD	Emergency Medicine	Active Physician
Reappointment Effective:	June 29, 2012 thru June 28, 2014	

Department of Medicine

Acob, Christine C., MD	Hospital Medicine	Active Physician
Reappointment Effective:	June 20, 2012 thru June 19, 2014	
Ansari, Asimul H., MD	Adult Cardiology	Active Physician
Reappointment Effective:	June 29, 2012 thru June 28, 2014	
Ansari, Najamul H., MD	Adult Cardiology	Active Physician
Reappointment Effective:	June 17, 2012 thru June 16, 214	
Arruda, Jose A., MD	Nephrology/Hypertension	Consulting Physician
Reappointment Effective:	June 20, 2012 thru June 19, 2014	
Bressler, Joy, MD	General Medicine	Active Physician
Reappointment Effective:	June 19, 2012 thru June 28, 2014	
Dorman, James R., MD	Neurology	Active Physician
Reappointment Effective:	June 20, 2012 thru June 19, 2014	
Escalona, Yolanda, DO	ACHN/General Medicine	Active Physician
Reappointment Effective:	June 20, 2012 thru June 19, 2014	
Fogelfeld, Leon, MD	Endocrinology	Active Physician
Reappointment Effective:	June 20, 2012 thru June 19, 2014	
Gueret, Renau, MD	Pulmonary/Critical Care	Active Physician
Reappointment Effective:	June 29, 2012 thru June 28, 2014	
Hart, Peter D., MD	Nephrology/Hypertension	Active Physician
Reappointment Effective:	June 20, 2012 thru June 19, 2014	
Herrera, Patricia, MD	Infectious Disease	Active Physician
Reappointment Effective:	June 20, 2012 thru June 19, 2014	
Imran, Muhammed, MD	General Medicine	Active Physician
Reappointment Effective:	June 29, 2012 thru June 28, 2014	
Kendrick, Sabrina R., MD	Infectious Disease	Active Physician
Reappointment Effective:	June 20, 2012 thru June 19, 2014	
Khadra, Suhail, MD	Adult Cardiology	Active Physician
Reappointment Effective:	June 19, 2012 thru June 18, 2014	



John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications

Department of Medicine (continued)

Kumapley, Rudolf R.D., MD Reappointment Effective:	Hospital Medicine June 20, 2012 thru June 19, 2014	Active Physician
Lash, James P., MD Reappointment Effective:	Nephrology/Hypertension June 20, 2012 thru June 19, 2014	Service Physician
Lucas, Brian P., MD Reappointment Effective:	Hospital Medicine June 20, 2012 thru June 19, 2014	Active Physician
Mascarell, Susan, MD Reappointment Effective:	Endocrinology May 20, 2012 thru May 19, 2014	Active Physician
Nerad, Judith Lucille, MD Reappointment Effective:	Infectious Disease June 20, 2012 thru June 19, 2014	Active Physician
Osei, Albet M., MD Reappointment Effective:	Nephrology/Hypertension June 29, 2012 thru June 28, 2014	Voluntary Physician
Rubin, Rachel L., MD Reappointment Effective:	Infectious Disease/General Medicine June 17, 2012 thru June 16, 2014	Active Physician
Sanati, Maryam, MD Reappointment Effective:	Hospital Medicine June 29, 2012 thru June 28, 2014	Active Physician
Sattar, Payman, MD Reappointment Effective:	Adult Cardiology June 19, 2012 thru June 18, 2014	Active Physician
Schwartz, David N., MD Reappointment Effective:	Infectious Disease June 20, 2012 thru June 19, 2014	Active Physician
Shah, Mousami, MD Reappointment Effective:	Hematology/Oncology June 29, 2012 thru June 28, 2014	Active Physician
Vergara-Rodriguez, Pamela, MD Reappointment Effective:	Infectious Disease June 20, 2012 thru June 19, 2014	Active Physician

Department of Obstetrics and Gynecology

Cejtin, Helen, MD Reappointment Effective:	OB/Gyne/ Gynecology May 18, 2012 thru May 17, 2014	Active Physician
Keith, Louis, MD Reappointment Effective:	OB/Gyne June 29, 2012 thru June 28, 2014	Honorary Physician
Marasigan, Ligaya, MD Reappointment Effective:	OB/Gyne/ Gynecology May 18, 2012 thru May 17, 2014	Voluntary Physician
Swift, Eddie, MD Reappointment Effective:	OB/Gyne June 29, 2012 thru June 28, 2014	Voluntary Physician



John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Pediatrics

Agrawal, Vishwanath, MD Reappointment Effective:	Neonatology June 16, 2012 thru June 15, 2014	Active Physician
Bell, Margo, MD Reappointment Effective:	Pediatrics June 20, 2012 thru June 19, 2014	Active Physician
Berry-Kravis, Elizabeth, MD Reappointment Effective:	Child Neurology June 28, 2012 thru June 27, 2014	Active Physician
Hayden, William, MD Reappointment Effective:	Neonatal-Perinatal Med June 29, 2012 thru June 28, 2014	Voluntary Physician
Khilfeh, Manhal, MD Reappointment Effective:	Neonatology July 21, 2012 thru July 20, 2014	Active Physician
Logan, Latania, K., MD Reappointment Effective:	Peds Infectious Disease June 28, 2012 thru June 27, 2014	Voluntary Physician
Naheed, Zahra, MD Reappointment Effective:	Cardiology June 29, 2012 thru June 28, 2014	Active Physician
Wu, Shou-Yien, MD Reappointment Effective:	Neonatology July 20, 2012 thru July 19, 2014	Active Physician

Department of Psychiatry

Weddle, Jessica, MD Reappointment Effective:	Psychiatry June 29, 2012 thru June 28, 2014	Active Physician
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Department of Radiology

Adeniji, Adejimi, MD Reappointment Effective:	Radiology June 29, 2012 thru June 28, 2014	Active Physician
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Department of Surgery

Abraham, Edward, MD Reappointment Effective:	Orthopedics July 12, 2012 thru July 11, 2014	Active Physician
Bork, Jeffrey, MD Reappointment Effective:	Breast Oncology July 22, 2012 thru July 21, 2014	Active Physician
Galang, Maria Therese, DMD Reappointment Effective:	Oral/Maxillofacial June 17, 2012 thru June 16, 2014	Active Dentist
Nichols, Jeffrey, MD Reappointment Effective:	Ophthalmology July 13, 2012 thru July 12, 2014	Active Physician
Price, Mitchell, MD Reappointment Effective:	Pediatric Surgery May 15, 2012 thru May 14, 2013	Active Physician



John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Trauma

Messer, Thomas, MD	Trauma	Active Physician
Reappointment Effective:	July 22, 2012 thru July 21, 2014	

Renewal of Privileges for Non-Medical Staff:

Deguzman, Jennifer P., PA-C	Surgery	Physician Assistant
With Perez-Tamayo, Ruheri A., MD		
Alternate Smego, Douglas R., MD		
Effective:	May 20, 2012 thru May 19, 2014	

Kane-Towle, Megan R., PA-C	Pediatrics	Physician Assistant
With Bhobe, Swati S., MD		
Alternate Stabile, Stephen S., MD		
Effective:	May 20, 2012 thru May 19, 2014	

Key, Kenya, PsyD	Psychiatry/Correctional Health Services	Clinical Psychologist
Effective:	May 20, 2012 thru May 19, 2014	

MacNeill, Sheon K., CNP	Medicine	Nurse Practitioner
With Cohen, Robert A.C., MD		
Effective:	May 18, 2012 thru May 17, 2014	

Mathew, Annamma J., CNP	Psychiatry	Nurse Practitioner
With Williams, Adedapo B., MD		
Effective:	May 18, 2012 thru May 17, 2014	

Status Changes With No Change In Privileges

Gilkey, Susan, MD	From: Active Physician	To: Voluntary Physician
Radiology/Abdominal Imaging		





Provident Hospital of Cook County

Medical Staff Reappointments and Non-Medical Staff Action Items Subject to Approval by the
CCHHS Quality and Patient Safety Committee

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Solomon, Ralph, MD	Anesthesiology	Active Physician
Reappointment Effective:	May 18, 2012 thru May 17, 2014	

Department of Internal Medicine

Leake, Angel D., MD	Infectious Disease	Active Physician
Reappointment Effective:	June 17, 2012 thru June 16, 2014	

Department of Obstetrics and Gynecology

Linn, Edward, MD	OB/Gyne	Affiliate Physician
Reappointment Effective:	May 20, 2012 thru May 19, 2014	

Department of Surgery

Crawford, Clifford, MD	Surgery	Active Physician
Reappointment Effective:	June 20, 2012 thru June 19, 2014	

Renewal of Privileges for Non-Medical Staff:

Walsh, Robert J., PA-C	Family Medicine	Physician Assistant
With Bradley, Juliet L., MD		
Alternate Vazquez, Alicia, MD		
Effective:	May 18, 2012 thru May 17, 2014	