

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 Thursday, January 20, 2022 at the hour of 10:30 A.M. This meeting was held by remote means only, due to the determination that a public health emergency exists.

**I. Attendance/Call to Order**

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Raul Garza; Heather M. Prendergast, MD, MS, MPH; and Otis L. Story, Sr. (4)

Directors Joseph M. Harrington and Mike Koetting

Patricia Merryweather (Non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Abayome Akintorin, MD – John H. Stroger, Jr.  
Hospital of Cook County

Claudia Fegan, MD – Chief Medical Officer  
Leslie Frain – Associate Chief Quality Officer  
Jeff McCutchan - General Counsel

Israel Rocha, Jr. – Chief Executive Officer

Deborah Santana – Secretary to the Board

Lakshmi Warrior, MD, MPH, FAAN – Chair,  
Division of Neurology

The next regular meeting of the Quality and Patient Safety Committee is scheduled for Thursday, February 17, 2022 at 10:30 A.M.

**II. Electronically Submitted Public Speaker Testimony**

There was no public testimony submitted.

**III. Report on Quality and Patient Safety Matters**

**A. High Reliability Organization (HRO) Dashboard (Attachment #1)**

Leslie Frain, Associate Chief Quality Officer, provided an overview of the HRO Dashboard. The Committee reviewed and discussed the information.

**B. Regulatory and Accreditation Updates (Attachment #2)**

Ms. Frain provided an overview of the Regulatory Update. The Committee reviewed and discussed the information. She had an additional update regarding Stroger Hospital's recent survey by representatives of The Joint Commission (TJC). The administration resubmitted the action plan which was subsequently approved by TJC on January 11<sup>th</sup>, so Stroger Hospital has been granted full accreditation until 10/30/2024.

**C. Update on Stroke Program (Attachment #3)**

Dr. Lakshmi Warrior, Chair of the Division of Neurology, provided an overview of the Update on the Stroke Program. The Committee reviewed and discussed the information.

#### **IV. Action Items**

**NOTE: action was taken on Agenda Items IV(B) and IV(C) in one (1) combined motion.**

##### **A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)**

None were presented for consideration.

##### **B. Executive Medical Staff (EMS) of Stroger Hospital and Medical Executive Committee (MEC) of Provident Hospital Matters**

- i. Receive report from EMS President
  - Receive summary of Stroger Hospital-Wide Quality Improvement and Patient Safety Committee (Attachment #4)
  - Approve Stroger Hospital Medical Staff Appointments/Reappointments/Changes (Attachment #5)
- ii. Receive report from MEC President
  - Receive summary of Provident Hospital Quality and Performance Improvement Committee (Attachment #4)
  - Approve Provident Hospital Medical Staff Appointments/ Reappointments/Changes (Attachment #5)

Dr. Abayomi Akintorin, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented the informational Stroger Hospital-Wide Quality Improvement and Patient Safety Committee summary; he also presented the proposed Stroger Hospital medical staff action items for the Committee's consideration.

Dr. Marlon Kirby, President of the MEC of Provident Hospital of Cook County, was unable to attend the meeting due to clinical responsibilities, so Chair Gugenheim noted that the proposed Provident Hospital Medical Staff Appointments/Reappointments/Changes is being presented for the Committee's consideration and the summary of the Provident Hospital Quality and Performance Improvement Committee is included in the meeting materials.

##### **C. Minutes of the Quality and Patient Safety Committee Meeting, December 9, 2021**

Chair Gugenheim inquired whether any corrections needed to be made to the minutes.

##### **D. Any items listed under Sections IV and V**



Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

Follow-up/Requests

There were no requests for follow-up made at the meeting.

Cook County Health and Hospitals System  
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ATTACHMENT #1

COOK COUNTY  
HEALTH



# HRO Dashboard

## Quality and Patient Safety Committee

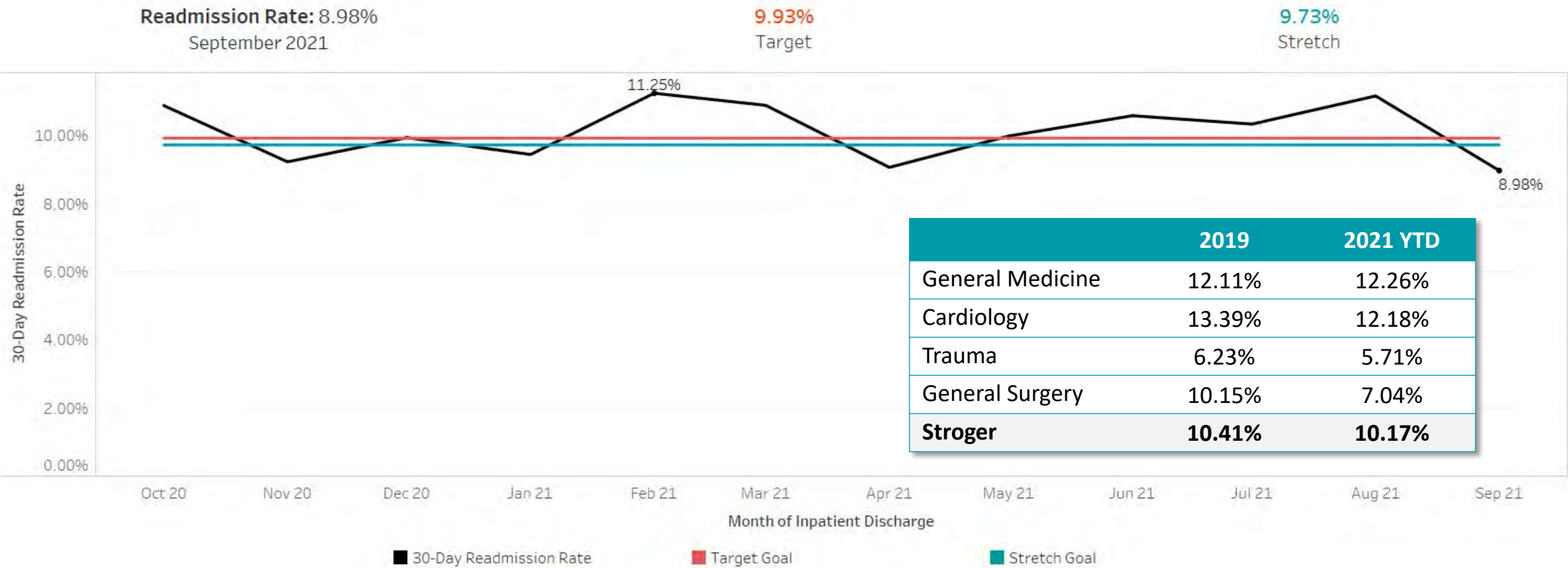
January 2022



COOK COUNTY  
HEALTH

# 30-Day Readmission Rate (Stroger Hospital)

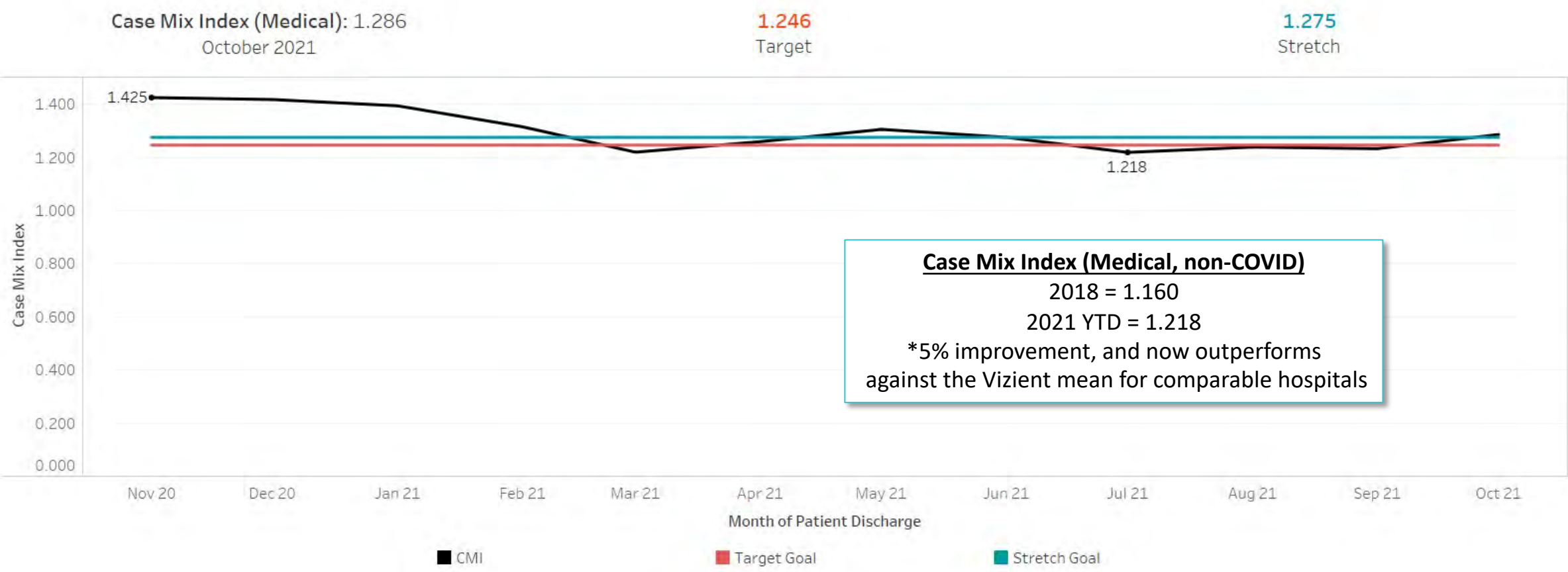
HRO Domain: Readmissions



\*Lower readmission rate is favorable

# Case Mix Index, Medical MS-DRG (Stroger Hospital)

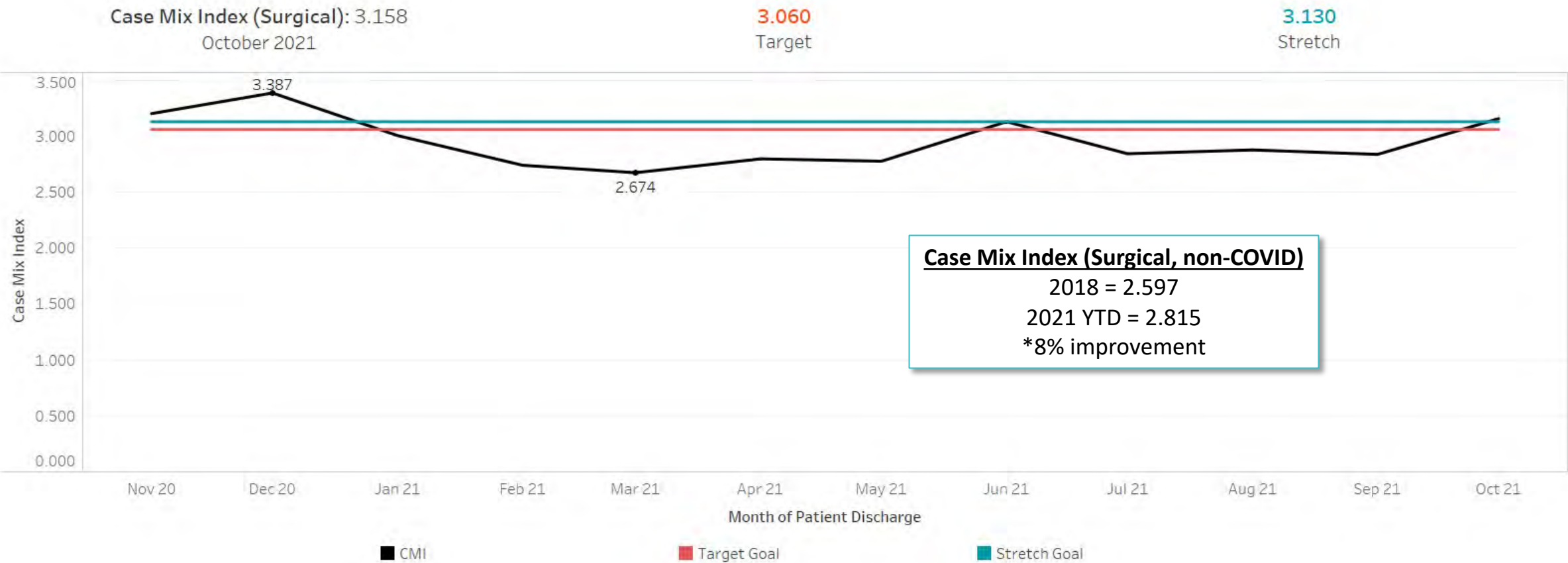
HRO Domain: Clinical Documentation





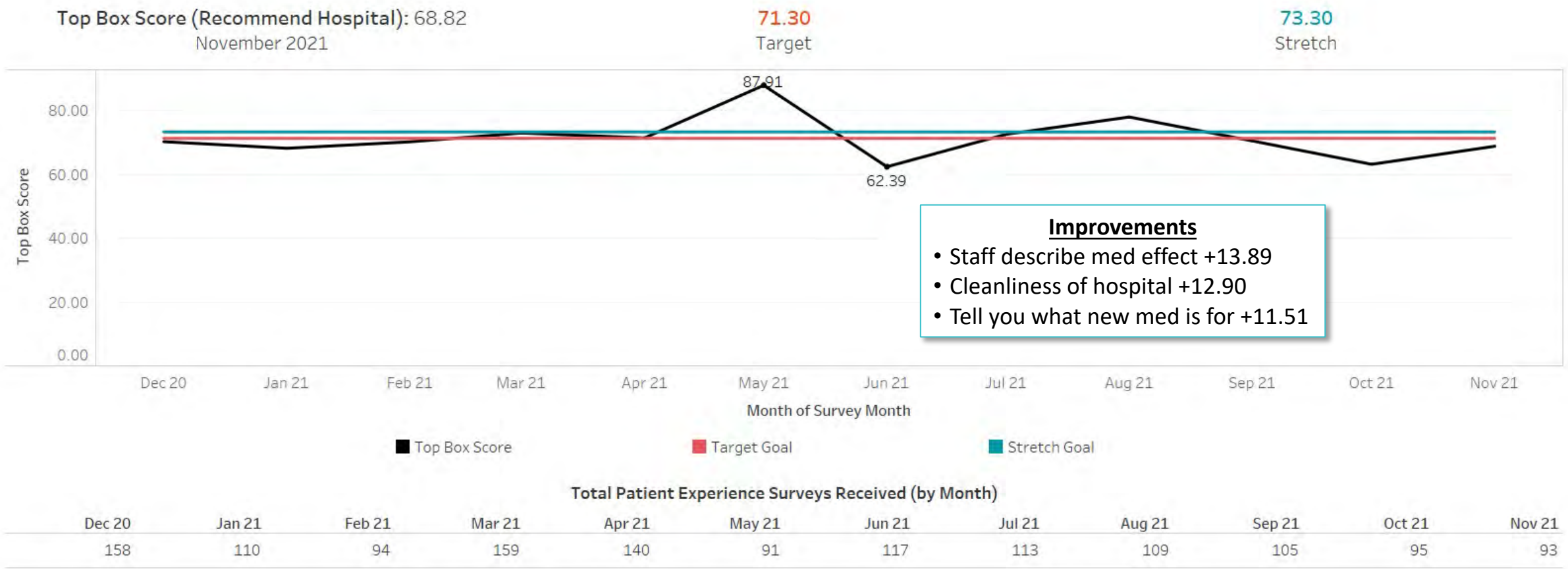
# Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation



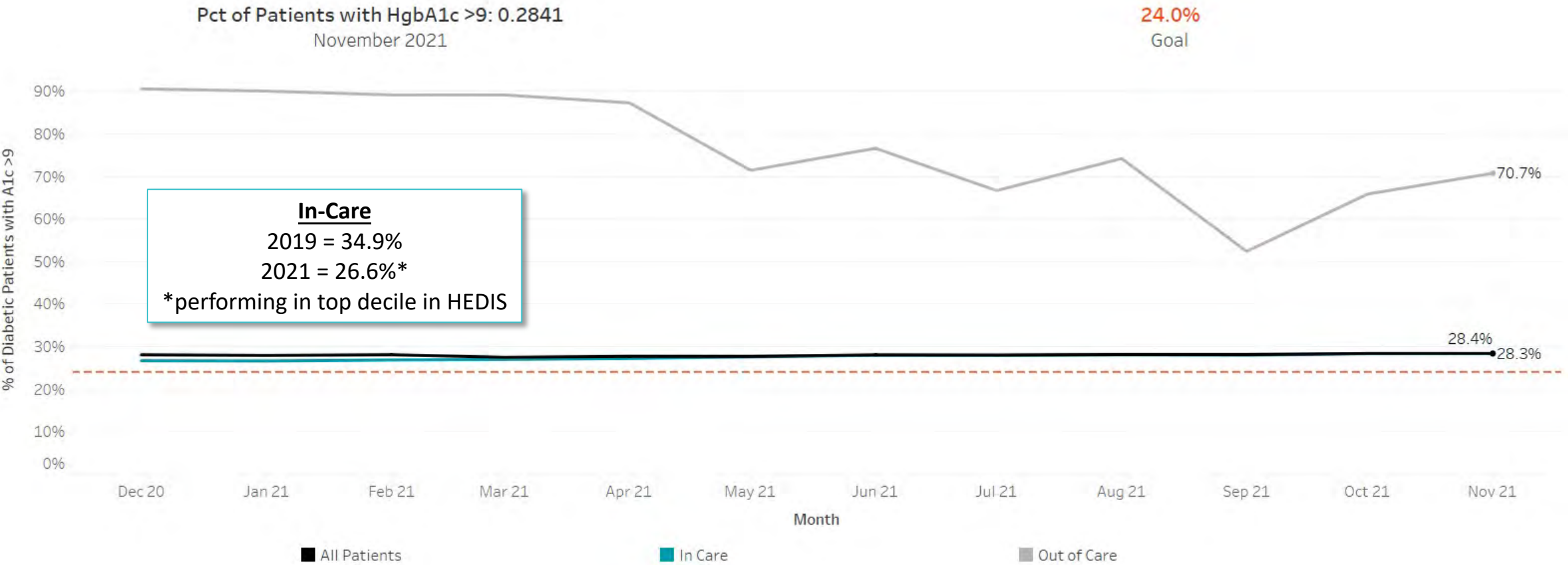
# Top Box Score, Recommend the Hospital (Stroger Hospital)

## HRO Domain: Patient Experience



# HbA1c >9%

## HRO Domain: HEDIS



\***Lower** percent of diabetics patients (>9%) is favorable

Metric	Definition
30-Day Readmission Rate	<ul style="list-style-type: none"> <li>• <i>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</i></li> <li>• <b>Calculation:</b> Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)</li> <li>• <b>Population included:</b> all inpatient discharges from <u>Stroger</u></li> <li>• <b>Cohort inclusions:</b> any payer; any age; alive at discharge</li> <li>• <b>Cohort exclusions:</b> Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth</li> <li>• <b>Reporting timeframe:</b> reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge</li> <li>• <b>Data source:</b> Vizient Clinical Data Base</li> </ul>
Case Mix Index	<ul style="list-style-type: none"> <li>• <i>Average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges</i></li> <li>• <b>Population included:</b> all inpatient discharges from <u>Stroger</u></li> <li>• <b>Cohort inclusions:</b> any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (<i>Surgical: an OR procedure is performed</i>)</li> <li>• <b>Cohort exclusions:</b> none</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of patient discharge</li> <li>• <b>Data source:</b> Vizient Clinical Data Base</li> </ul>
Recommend the Hospital	<ul style="list-style-type: none"> <li>• <i>Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey</i></li> <li>• <b>Calculation:</b> Percent of patient responses with "Definitely Yes" (top box) / total survey responses</li> <li>• <b>Population included:</b> Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; &gt;1 overnight stay in hospital as inpatient</li> <li>• <b>Cohort exclusions:</b> discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of survey received date</li> <li>• <b>Data source:</b> Press Ganey</li> </ul>
HbA1c >9%	<ul style="list-style-type: none"> <li>• <i>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (&gt;9.0%)</i></li> <li>• <b>Calculation:</b> Percent of diabetic patients with HbA1c not in control / total diabetic patients</li> <li>• <b>Population included:</b> (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) <i>OR</i> (One diabetic Inpatient visit in the current year or previous year) <i>OR</i> (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)</li> <li>• <b>Cohort exclusions:</b> none</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of patient visit</li> <li>• <b>Data source:</b> NCQA, HEDIS</li> </ul>

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ATTACHMENT #2



# Regulatory Updates

*Ciarria Alfred-Williams, BBA, MPH*  
*Director of Quality, Regulatory Affairs and Accreditation*

January 2022



COOK COUNTY  
**HEALTH**

# Regulatory Updates

## January 2022

### Survey Follow-Up

- TJC evidence of standard compliance (ESC) submission was submitted 12/17/21 we are awaiting follow up .
- CAP citations action plan was submitted we are awaiting follow up .
- Stroger American Burn Association reverification review virtual survey was completed.

### Upcoming Surveys

- Provident CAP (College of American Pathologists) Survey: Pending

### Updates

- A newly created System Continuous Survey Readiness (CSR) Committee scheduled to launch 2/2022.

# Thank You



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ATTACHMENT #3

# Stroke Program

## John H. Stroger Hospital of Cook County

**2022**

Lakshmi Warrior, MD, MPH, FAAN

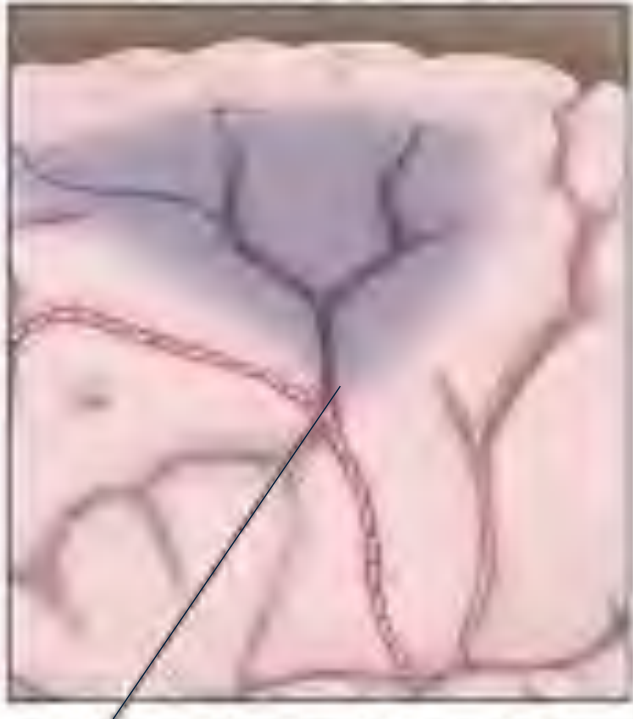
January 20, 2022



COOK COUNTY  
**HEALTH**

# What is a stroke?

## Ischemic Stroke



Blood vessel is blocked  
preventing blood flow to the  
brain

## Hemorrhagic Stroke

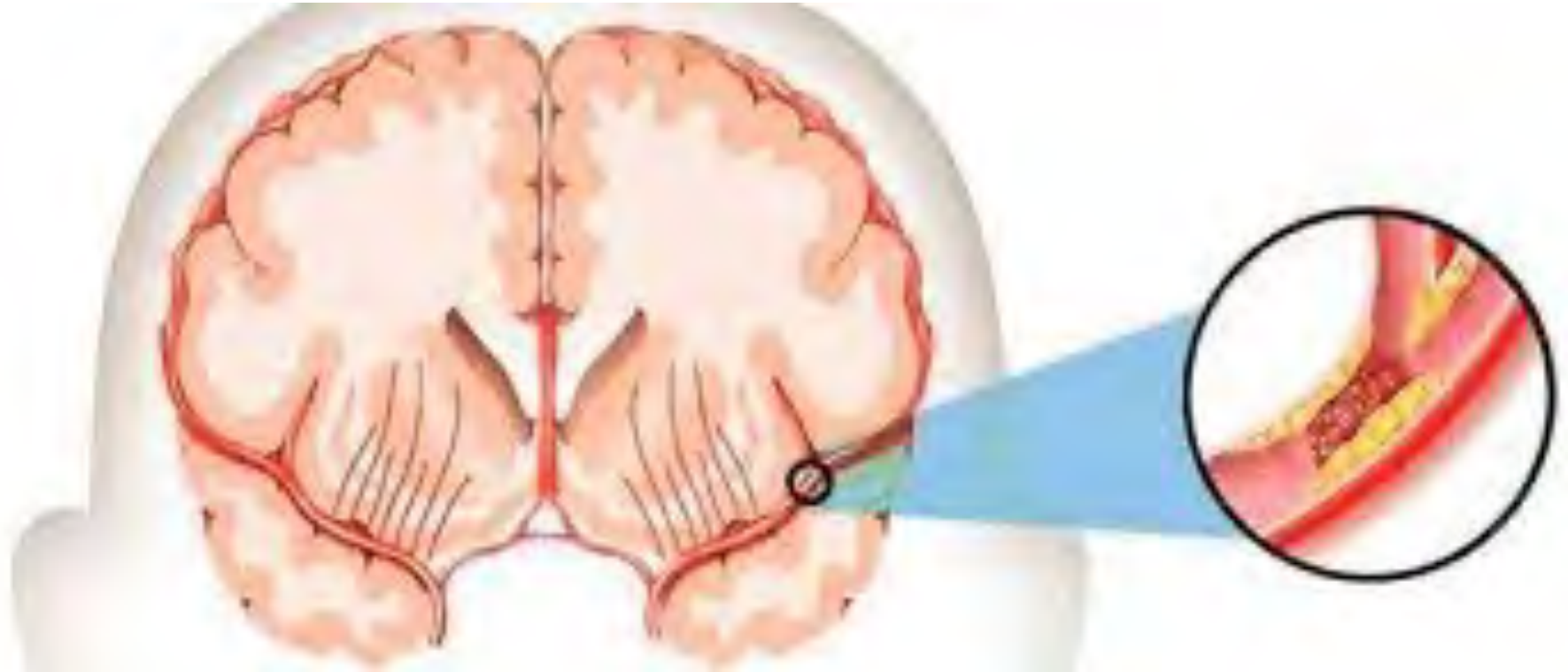


Bleeding inside or around  
the brain



# Ischemic stroke therapeutics

- Alteplase (tPA)
- Thrombectomy





# Time is brain!!!

## Treatment windows

- Alteplase
  - Up to 3 hours
  - Extended window: up to 4.5 h
- Thrombectomy
  - Up to 6 hours
  - Extended window up to 24h



# Stroger Stroke Program

Formalized in 2010 with the appointment of a medical director and formation of the stroke committee

## Mission

To facilitate provision of high-quality care to patients with stroke through an organized system of care informed by clinical guidelines with careful monitoring of performance.

## Vision

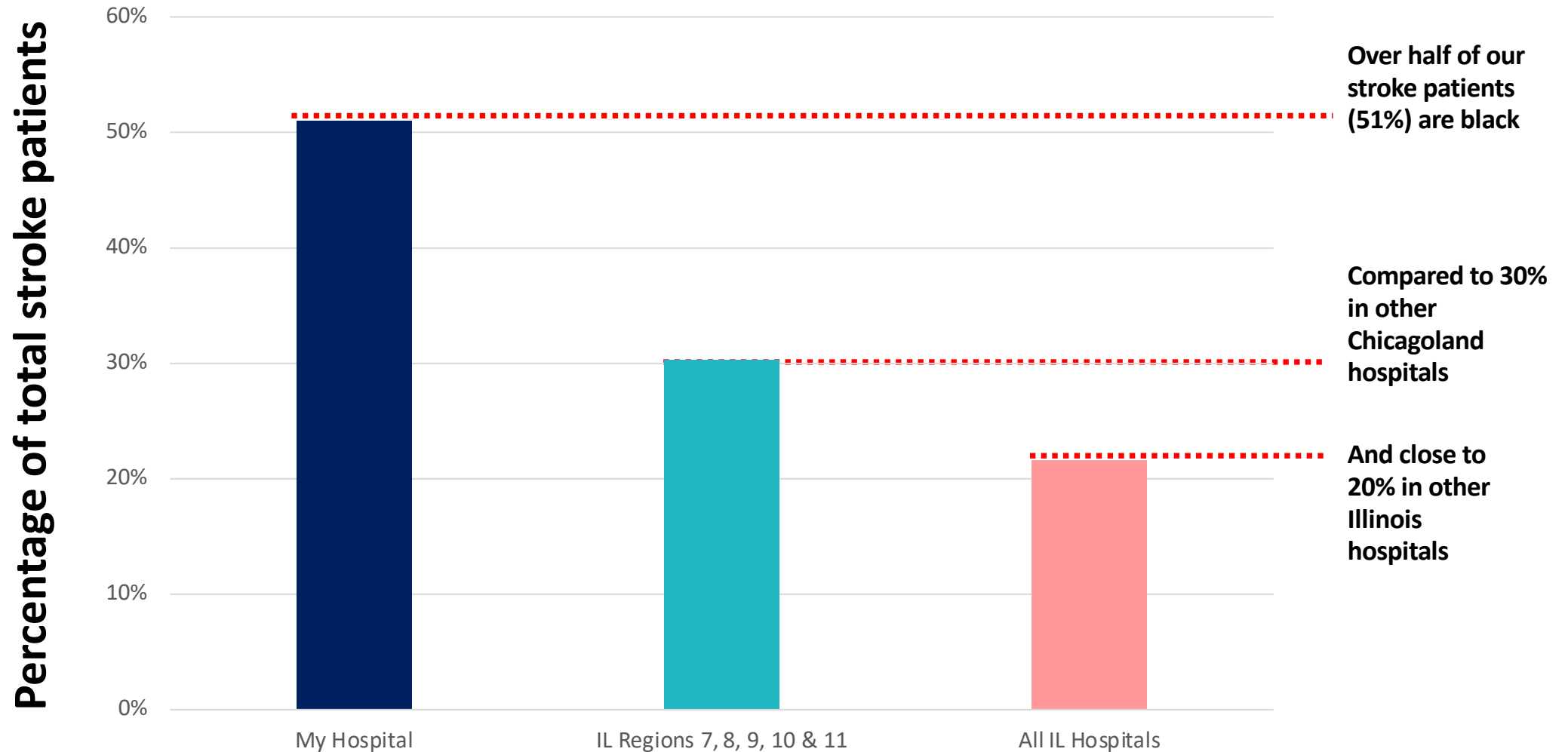
To lead the nation in providing comprehensive, equitable, high-quality stroke prevention and care

# Stroke Frequency and Subtype

	Infarct	TIA	ICH	SAH	TOTAL	tPA
2012	311	68	36	7	422	8
2013	332	73	27	9	441	3
2014	341	88	15	11	455	9
2015	283	71	25	6	385	10
2016	284	53	27	4	368	4
2017	320	45	26	9	400	9
2018	282	55	27	6	370	5
2019	248	51	34	9	342	12
2020	256	19	31	6	312	7
2021	241	28	35	11	314	16
Average	290	55	28	8	381	8

# Get with the Guidelines<sup>®</sup>

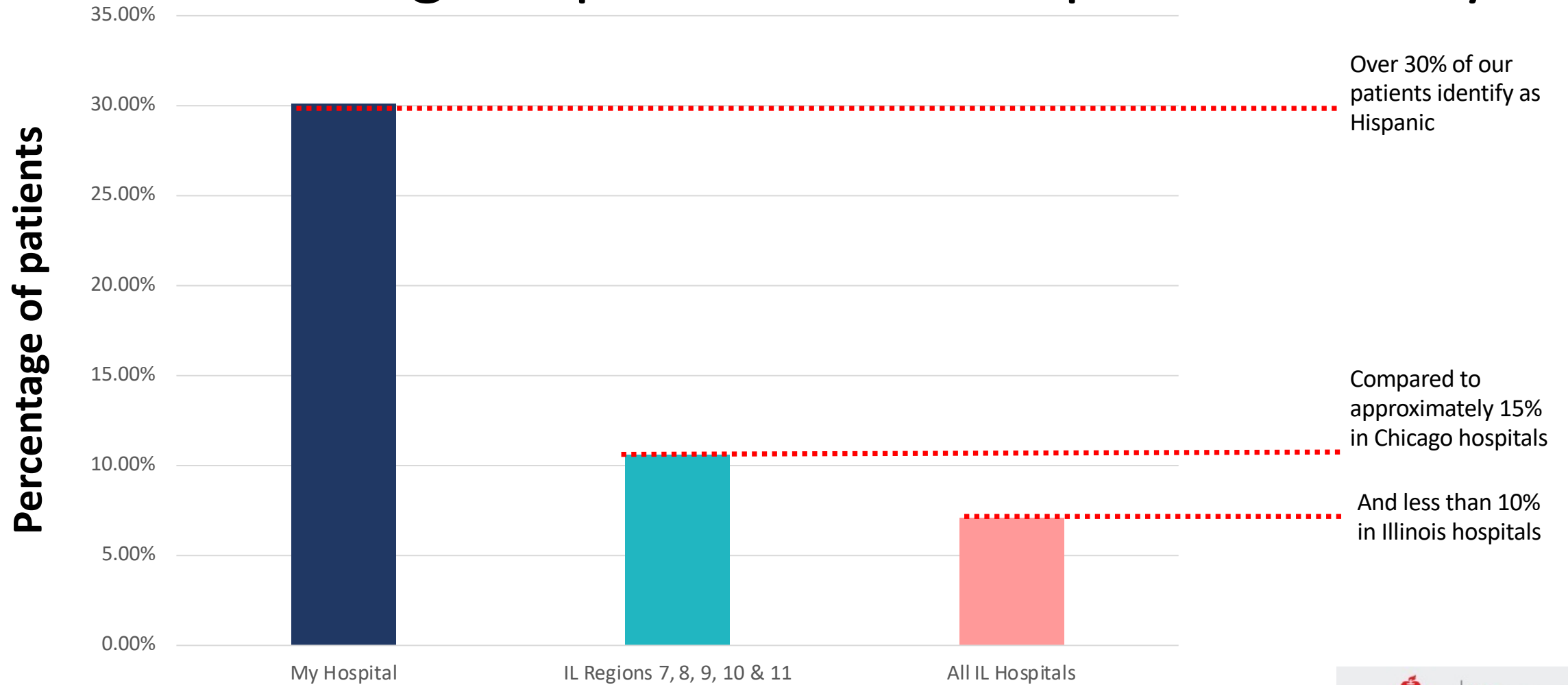
## Percentage of black or African American patients



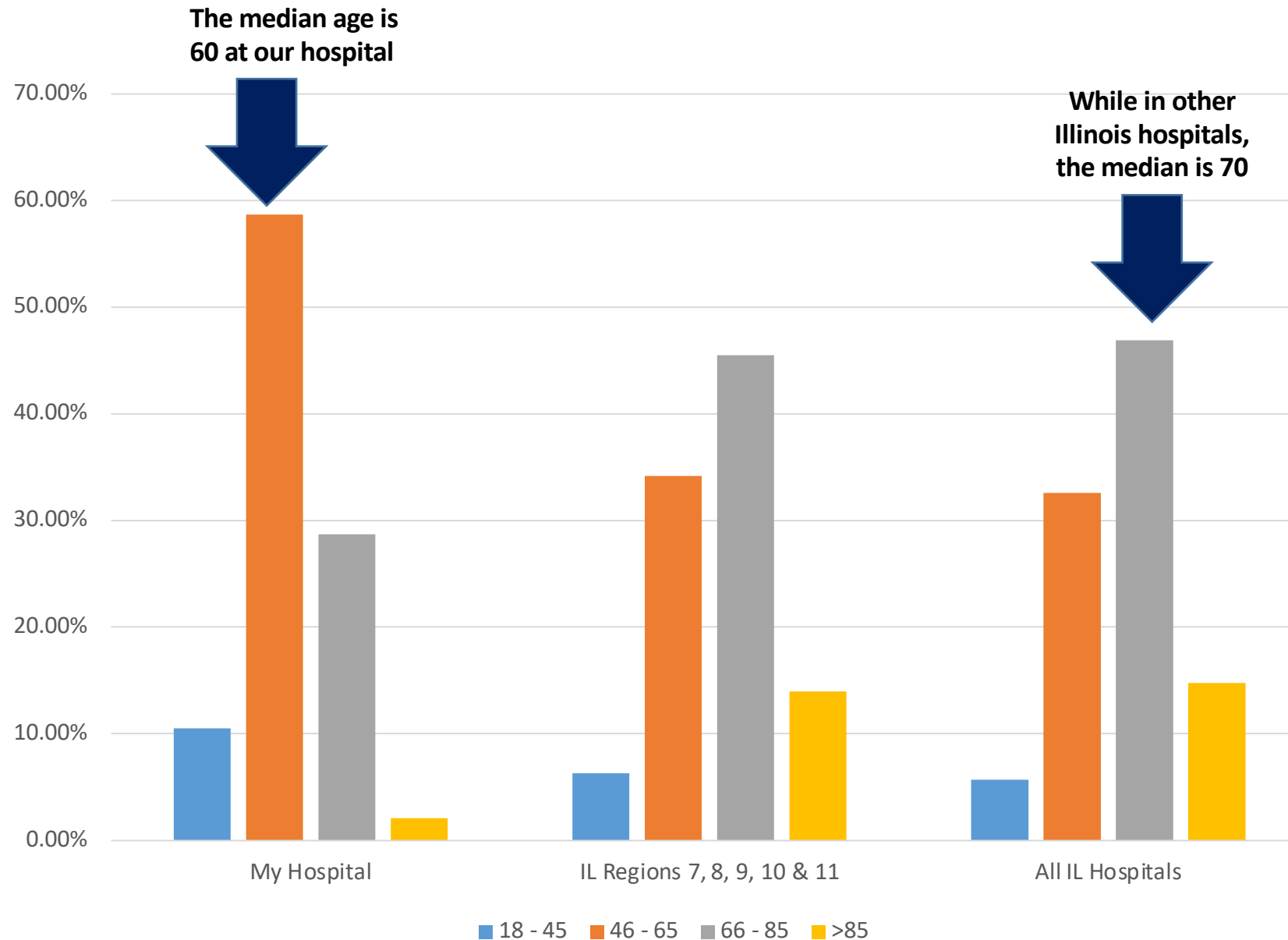


# Get with the Guidelines<sup>®</sup>

## Percentage of patients with Hispanic Ethnicity

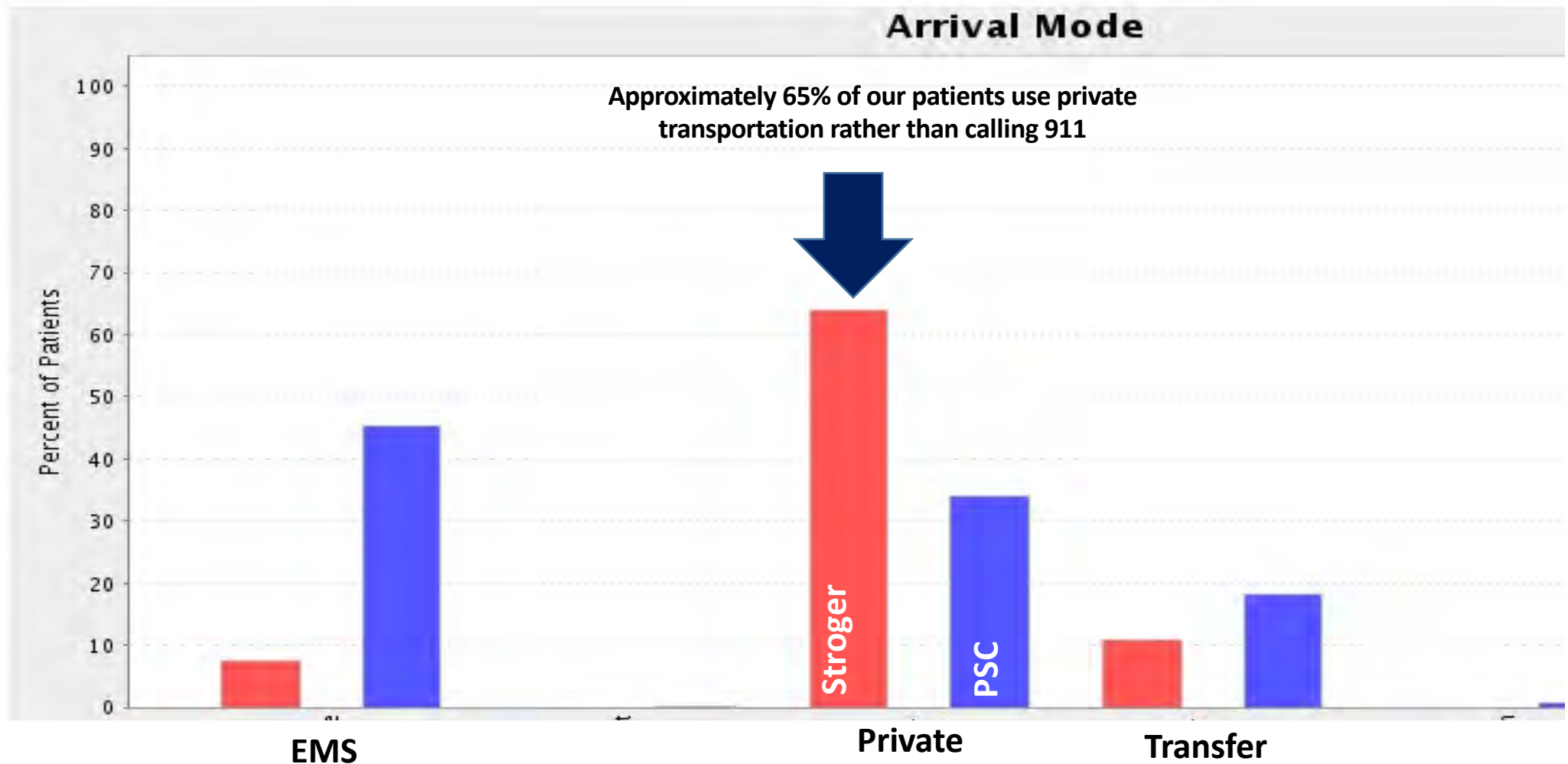


# Our stroke patients are younger, black and Hispanic



# Arrival Mode

## Stroger Hospital vs. All TJC/AHA PSC Hospitals



# MISSION

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To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well-being of the people of Cook County.

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# VISION

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In support of its public health mission, CCHHS will be recognized locally, regionally and nationally – and by patients and employees – as progressively evolving model for an accessible, integrated, patient-centered and fiscally-responsible health care system focused on assuring high-quality care and improving the health of the residents of Cook County.

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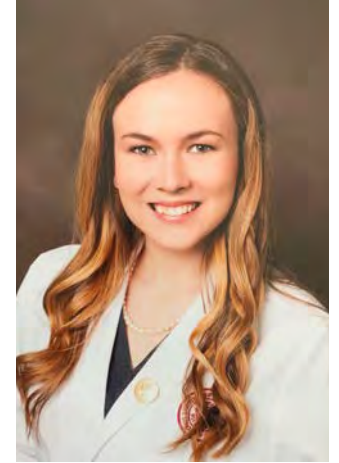
# Stroger Stroke Program

## Stroke Program Leadership

- Lakshmi Warrior MD, Neurology, Medical Director
- Kathryn Dudzik RN, Program Coordinator
- Associate Medical Directors:
  - Jordan Moskoff MD, Emergency Medicine
  - Isaac Paintsil MD, Hospital Medicine
  - Peter Egofske, MD, Radiology

## 24/7 Core Stroke Team

- On-site ED attending
- In-house MICU fellow
- On-call Neurologist



# Stroke Committee

## Members

- Elias Alhanoun MD
- David Brady, RN, MSN, MBA
- Margaret Carroll DNP, RN, MBA
- Kathryn Dudzik, RN
- Gerard Dysico MD
- Peter Egofske MD
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# Department of Medicine

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# Department of Emergency Medicine

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- Myrlene Charles, RN, MSN



# Department of Radiology

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- Joseph Weber, MD
- Myrlene Charles, RN, MSN

# Department of Family Medicine

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# Department of Surgery

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- Lakshmi Warrior MD MPH
- Joseph Weber, MD
- Myrlene Charles, RN, MSN

# Department of PT/OT/ST

## Members

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# Department of Nursing

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- Joseph Weber, MD
- Myrlene Charles, RN, MSN

# Department of Pharmacy

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# Department of Social Services

## Members

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- Blaine Stringer MSN, RN CEN NE-BC
- Christina Thilagam RN
- Simon Tingem RN, BSN, BA, MBA
- Darleen Vlahovic, MBA, BSN, RN
- **Cassandra Waddlington, RN**
- Lakshmi Warrior MD MPH
- Joseph Weber, MD
- Myrlene Charles, RN, MSN

# Department of Health Information Services

## Members

- Elias Alhanoun MD
- David Brady, RN, MSN, MBA
- Margaret Carroll DNP, RN, MBA
- Kathryn Dudzik, RN
- Gerard Dysico MD
- Peter Egofske MD
- Leslie Frain, MSN, RN, CPPS, CPHQ
- Ayodeji Gbotosho MD
- **Marla Lax RN, RN-BC**
- Linda Liu, RN
- Ma Nieves Marcelo RN, MSN, CEN
- Carol Marshall, LCSW
- Morly Monsy, RN
- Margott Montesinos, DNP, MSHI, RN-BC, CCRN-K
- Jordan Moskoff, MD
- Sherri Nahin, LCSW
- Radhamani Nair RN, MSN
- Nessa Nkemnji, MS CCC-SLP
- Isaac Paintsil MD MPH
- Heather Prescaro, RN, MSN
- Bincy Poothurail RN
- Patricia Raksin MD
- Alex Ree MD
- Joanne Routsolias PharmD
- Sharon Scott-Reed, RN, BSN
- Neha Sheng MD
- Blaine Stringer MSN, RN CEN NE-BC
- Christina Thilagam RN
- Simon Tingem RN, BSN, BA, MBA
- Darleen Vlahovic, MBA, BSN, RN
- Cassandra Waddlington, RN
- Lakshmi Warrior MD MPH
- Joseph Weber, MD
- Myrlene Charles, RN, MSN



# Department of Quality

## Members

- Elias Alhanoun MD
- **David Brady, RN, MSN, MBA**
- Margaret Carroll DNP, RN, MBA
- Kathryn Dudzik, RN
- Gerard Dysico MD
- Peter Egofske MD
- **Leslie Frain, MSN, RN, CPPS, CPHQ**
- Ayodeji Gbotosho MD
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- Linda Liu, RN
- Ma Nieves Marcelo RN, MSN, CEN
- Carol Marshall, LCSW
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- Margott Montesinos, DNP, MSHI, RN-BC, CCRN-K
- Jordan Moskoff, MD
- Sherri Nahin, LCSW
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- Patricia Raksin MD
- Alex Ree MD
- Joanne Routsolias PharmD
- Sharon Scott-Reed, RN, BSN
- Neha Sheng MD
- Blaine Stringer MSN, RN CEN NE-BC
- Christina Thilagam RN
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- Darleen Vlahovic, MBA, BSN, RN
- Cassandra Waddlington, RN
- Lakshmi Warrior MD MPH
- Joseph Weber, MD
- Myrlene Charles, RN, MSN

# Stroke Program Activities

- **Continuous monitoring of performance measures**
  - Distribution of stroke data to stroke committee and clinicians
- **Detailed analysis of all alteplase and thrombectomy cases**
  - Reporting to involved parties
- **Analysis of all stroke data to detect opportunities for improvement**
- **Education in stroke**
  - Conference, grand round presentations, student and resident lectures; division and administrative meetings
- **Support clinical services in the provision of patient care**
  - Through the Neurology consultation service

# Stroke Measures

- CSTK-1           NIHSS performed within 12 hours or prior to intervention
- STK- OP-1       Door to transfer to another hospital
- STK-1            VTE prophylaxis by day 2 of hospitalization
- STK-2            Discharged on antithrombotic therapy
- STK-3            Anticoagulation therapy for A-fib/flutter at discharge
- STK-4            Thrombolytic therapy in eligible patients who present within 2 hours
- STK-5            Antithrombotic therapy by end of hospital day 2
- STK-6            Discharged on Statin
- STK-8            Stroke education
- STK-10          Assessed for Rehabilitation
- Door to CT
- Door to Needle

# Stroke Program Online



COOK COUNTY  
HEALTH

[Sign-In](#)

[Home](#) [COVID-19](#) [Departments](#) [Locations](#) [Human Resources](#) [Policies](#) [Resources](#) [Safety & Security](#) [Help](#)

**Departments / Neurology**

## Stroke Center

### Stroke Center Guidelines

Guidelines, Pathways, and Protocols

Emergency Department

Protocol for Administration of IV Thrombolysis (t-PA, alteplase)

Direct to CT protocol

Acute stroke protocol flowsheet

Acute Ischemic Stroke - Initial Management - Non rt-PA candidate

Acute Spontaneous Intracerebral Hemorrhage - ED Management

Acute Subarachnoid Hemorrhage - ED

Hospital Inpatient

Interprofessional Stroke Management and Care Guideline

Protocol for the Management of Inpatients with symptoms suggestive of Acute Stroke

Acute Stroke Protocol Flowsheet

PROTOCOL FOR THE MANAGEMENT OF IN-PATIENTS WITH SYMPTOMS SUGGESTIVE OF ACUTE STROKE

In-patient Acute Stroke protocol

Clinical Pathway for the Care of Patients with Acute Ischemic Infarct

Clinical Pathway for the Care of Patients with Acute Hemorrhagic Stroke

Radiology Protocols

Endovascular Protocol

◀ May 2021 ▶

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

### Monthly Stroke Committee Meeting

Stroke Program Committee  
Meeting

**Where:** Webex

**When:** First Tuesday of each  
month, 1:00 PM

[Details](#)

# Clinical Practice Guidelines

- Patient care is delivered consistent with clinical practice guidelines
- Guidelines are selected and approved by the Stroke Committee
- Guidelines:
  - Guidelines for the early management of patients with acute ischemic stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke; A Guideline for Healthcare professionals from the American Heart Association/American Stroke Association
  - Guidelines for the management of spontaneous intracerebral hemorrhage: a guideline for healthcare professionals from the American Heart Association/American Stroke Association 2015
  - Guidelines for the management of aneurysmal subarachnoid hemorrhage: a guideline for healthcare professionals from the American Heart Association/American Stroke Association 2012
  - 2021 Guideline for the prevention of stroke in patients with stroke and transient ischemic attack: a guideline for healthcare professionals from the American Heart Association/American Stroke Association

# Orderset for IV tPA (alteplase) for Acute Ischemic Stroke





Alteplase (Stroke), TPA (Initiated Pending) , Ordered as: ED Alteplase

Medications

\*\*\*\*\*WARNING\*\*\*\*\*

Alteplase is a **weight based medication**. Double check patient weight to ensure you are giving the correct dose.

If Med Dosing Wt in the banner bar is incorrect, enter an order for "Change Dosing Weight" first.

<input checked="" type="checkbox"/>	  alteplase (alteplase bolus (stroke))	0.09 mg/kg, Soln, IV Push, Once, STAT IV Push over 1 minute
<input checked="" type="checkbox"/>	  alteplase (alteplase infusion (stroke))	0.81 mg/kg, Inj, IVPB, Once, STAT Infuse over 60 Minutes

# Stroke Program Initiatives

- Direct to CT protocol
- Creation of stroke pager
- Certification of NIHSS certification by attendings of Neurology and Emergency Medicine, and by attendings and fellows of Pulmonary/Critical Care
- NIHSS certification and documentation by ED and ICU nursing
- Competency in Mini NIHSS and dysphagia screening by nursing staff
- Stroke Champion program
- Ordering by physicians and utilization by nurses of the Mini NIHSS
- Stroke education hours for attendings of Neurology and Emergency Medicine
- Knowledge of stroke management by attendings of Neurology, Emergency Medicine, and Pulmonary/Critical Care
- Rapid evaluation and treatment of patients presenting with TIA
- Record weighs on all patients presenting to the ED with stroke under 4.5 hours
- Documented evaluation of need for social services on patients admitted with stroke
- Dysphagia screening and referrals for Speech/Language/Swallow evaluation
- Documentation of SCD application following orders
- Use of stroke order caresets
- Tracking of mortality
- Disposition (Stroke Clinic)
- Community stroke education

# Program Initiatives

- Direct to CT protocol
- Stroke Clinic
- Community Stroke Education



# Direct to CT protocol



## Triage

- 1) ED primary desk RN evaluates patient using BEFAST triage sheet
- 2) If LKW  $\leq$  6 hrs and BEFAST +, then direct to CT protocol initiated
- 3) Primary desk RN overhead pages "Acute Stroke" overhead and walk patient and BEFAST triage sheet to CT scanner
- 4) Clerk to call Radiology tech at 4-3906 while patient is en-route to CT scanner



## CT

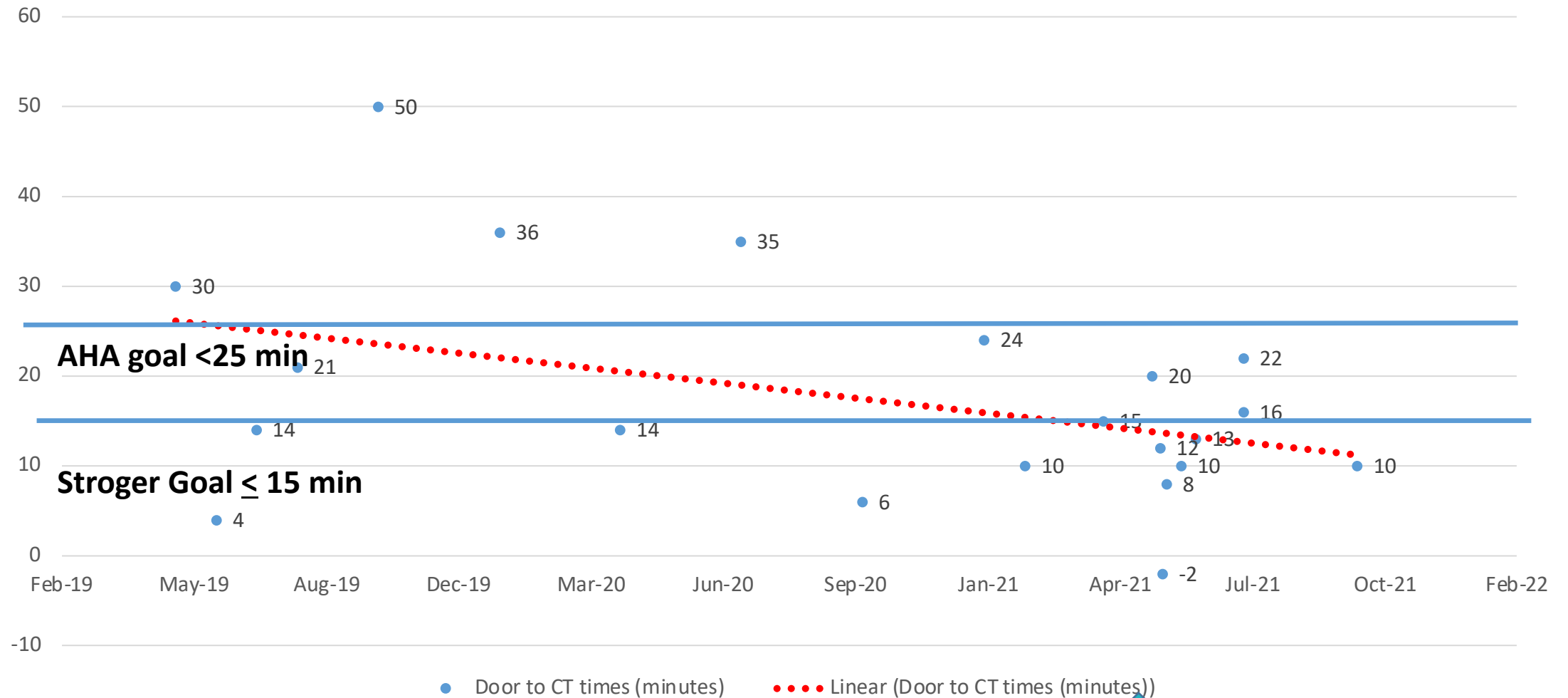
- 1) ED primary desk RN hands off to ED charge RN or designee
- 2) CT tech to use temporary MRN on BEFAST sheet to complete noncontrast HCT
- 3) Noncontrast HCT performed using temporary MRN (EDSTROKE1)
- 4) BEFAST sheet uploaded into PACS and placed in BEFAST folder
- 4) ED Charge RN/designee brings patient to ED Red



## ED Red Resuscitation

- 1) ED charge RN/designee signs out to ED Red RN
- 2) Registration completed
- 3) ED attending/resident evaluates patient with NIHSS and LKW
- 4) Blood drawn and Stroke orders placed (Stroke pager and Stroke HCT order)
- 5) ED radiology resident gives verbal read of HCT to ED team
- 6) Neurology gives recommendations for alteplase and next steps

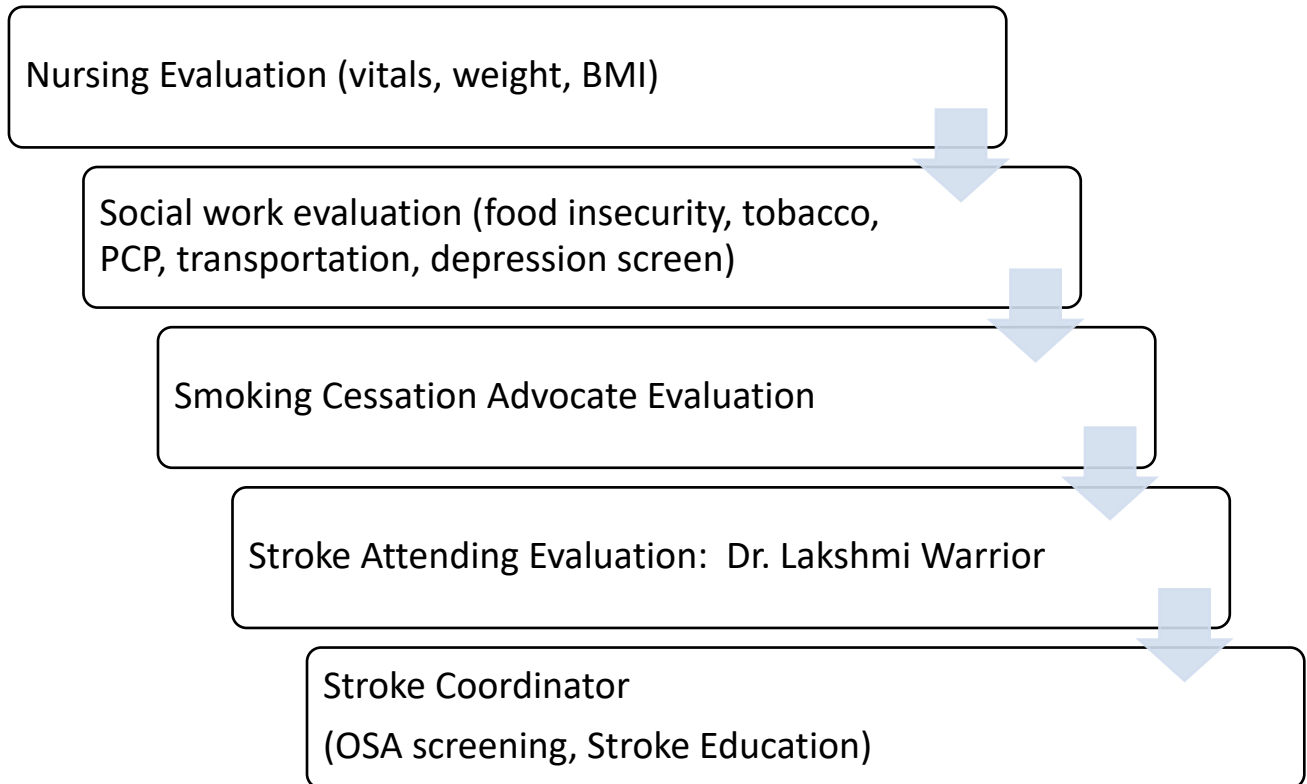
# Door to CT times (minutes)



Direct to CT Start

# Outpatient Stroke Clinic

- Once a week, Wednesday
- Multi-disciplinary clinic
- Goal of providing comprehensive stroke prevention
- Connects patients to resources across the system
- Every patient with confirmed stroke, TIA, ICH, or SAH is given an appointment
- Seen within 2-6 weeks of discharge
- Over 1800 patients encounters since 2016



# Food Insecurity

- Defined as a “limited or uncertain availability of nutritionally adequate and safe foods”
- **38%** of our patients are identified as food insecure



# “Food as Medicine” Initiative

- Patients who screen positive for food insecurity are given vouchers for the FRESH Truck
- In partnership with the Greater Chicago Food Depository, FRESH trucks provide fresh produce to CCH health centers bimonthly
- During the pandemic, the Fresh Truck distributed food to a over **38,000 individuals**, representing **126,575 household members** and totaling more than **835,500 pounds**



# Tobacco Use

	National	Illinois	Cook County	Stroke outpatient clinic
% of smokers	20%	18%	18%	32%

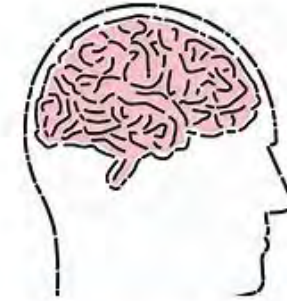
# “Healthy Lungs” Initiative

- Trained health educators discuss the benefits, barriers and motivation to stop smoking with patients
- For those willing to quit, health educators develop a personalized quit plan
  - Incorporated action-oriented strategies
  - Substitutes for smoking urges
  - Coping with temptations
  - Commitment to create a smoke-free home
- Offer four follow-up telephone calls over three months

# Community Stroke Education

- Stroke education events across the city
  - Black Women's Expo
  - Southland Ministerial Health Network
  - 4 Men Event at Provident Hospital
  - Little Village 4 Men Event Health Fair
- Stroke education at quarterly advisory councils across our community
- Partnering with community clinics to provide stroke education to our hypertensive patients

People with **high blood pressure** have a significantly **higher risk of stroke.**



**HIGH BLOOD  
PRESSURE  
AND STROKE**

*A guide to controlling a key  
risk factor.*





Stroke impacts survivors and caregivers in many ways.  
It often presents physical, emotional, and spiritual challenges and changes.

Learn how to better understand and manage these changes by attending in our support group. Share experiences and gain support from other survivors and caregivers.

*Please join us if you are a stroke survivor, a family/friend/caregiver of a stroke survivor or if you would like more information about*

## **Ischemic or Hemorrhagic Stroke**

**The SECOND Tuesday of every month  
2:00pm**

**WE ARE VIRTUAL!**

For your safety, our stroke support group will be held via WebEx until further notice. Please contact Kathryn (see below) to get our WebEx invite!

Kathryn.Dudzik@cookcountyhhs.org  
312-864-7291



# CERTIFICATE OF DISTINCTION

*has been awarded to*

John H. Stroger, Jr. Hospital of Cook County  
Chicago, IL

*for Advanced Certification as a*  
**Primary Stroke Center**  
*by*



**The Joint Commission**

*based on a review of compliance with national standards,  
clinical guidelines and outcomes of care.*

**June 8, 2021**

*Certification is customarily valid for up to 24 months.*

  
Jane Englebright, PhD, RN, CENE, FAAN  
Chair, Board of Commissioners

ID #7271  
Print/Reprint Date: 06/14/2021

  
Mark R. Chassin, MD, FACP, MPP, MPII  
President

The Joint Commission is an independent, not-for-profit national body that oversees the safety and quality of health care and other services provided in certified organizations. Information about certified organizations may be provided directly to The Joint Commission at 1-800-994-6610. Information regarding certification and the certification performance of individual organizations can be obtained through The Joint Commission's web site at [www.jointcommission.org](http://www.jointcommission.org).



**COOK COUNTY  
HEALTH**



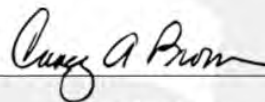
The American Heart Association and  
American Stroke Association proudly recognizes

**Cook County Health**  
**Chicago, IL**

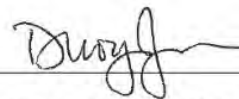
**Get With The Guidelines® - Stroke BRONZE**

Achievement Award Hospital

The American Heart Association and American Stroke Association recognizes this hospital for its continued success in using the **Get With The Guidelines®-Stroke** program. Thank you for applying the most up-to-date evidence-based treatment guidelines to improve patient care and outcomes in the community you serve.\*



**Nancy Brown**  
Chief Executive Officer  
American Heart Association



**Donald M. Lloyd-Jones, MD, ScM, FAHA**  
President  
American Heart Association



# Future Directions

- Building Stroger's Neuro ICU to a Level I Neurosciences ICU
- Stroger as a Thrombectomy Capable Stroke Center
- Provident as a Stroke ready or Primary Stroke Center

Cook County Health and Hospitals System  
Minutes of the Quality and Patient Safety Committee Meeting  
January 20, 2022

ATTACHMENT #4

**Stroger Hospital Quality Improvement & Patient Safety (HQuIPS) Committee  
Summary Report to the Executive Medical Staff (EMS) Committee and Quality and  
Patient Safety (QPS) Committee  
For January 2022**

**Chair:** Dr. Pierko

**Meeting Date:** November 30th, 12-1:30PM via WebEx

**Regular or Special Meeting:** Regular

**Minutes/Attendance:** October Minutes (from Nov 2<sup>nd</sup> meeting) are attached for review at EMS, summary only for QPS

**November Reports:**

- >Quality and Patient Safety Update
- >Quality/HRO Dashboard
- >Patient Safety
- >Infection Control
- >Nursing
- >Pharmacy
- >Case Management

**Highlights:** Majority of indicators favorable to goal. Topics of discussion/follow-up included:

>Infection Control

- The Hand Hygiene compliance for Oct 2021 was 79.9% compared to 78.2% for Sept 2021 and 74.2% for August 2021
- The CLABSI rate for Q3 of 2021 was 0.53 which is well below the median of 0.85 for 2021.
- The CAUTI rate was 0.14 for Q3 2021 which is well below the median of 0.89 for 2020 and 2021.

>Nursing

- The Hospital Acquired Pressure Injury rate of -0.49 continues to be at the NDNQI 90<sup>th</sup> percentile for all HAPI's.
- The total patient fall rate per 1000 patient days is -0.60 and is at the NDNQI 90<sup>th</sup> percentile for teaching hospitals.

>Pharmacy

- The Insulin Bin compliance rate for October 2021 was 92% compared to 84% for Sept 2021.

There are no action items for the EMS Committee.

There are no actions for the QPS Committee.

**Provident Hospital Quality & Performance Improvement Committee  
Summary Report to the Executive Medical Staff (EMS) Committee and Quality and  
Patient Safety (QPS) Committee  
For January 7<sup>th</sup>, 2022**

**Chair:** Dr. Arnold Turner

**Meeting Date:** November 18<sup>h</sup> 9:00am10:30am via WebEx

**Regular or Special Meeting:** Regular

**Minutes/Attendance:** Minutes are attached for review at EMS, summary only for QPS

**November Reports**

8 West nursing

ED nursing

Infection Control

Diagnostic Imaging

Perioperative Nursing

Central Sterile Processing

Transportation

Food/Nutrition

**Summary:** Majority of indicators favorable to goal. Topics of discussion/follow-up included:

**8 West Nursing** There have been zero pressure injuries for 2021 YTD and there have been zero CLABSI or CAUTIs for all of 2021 YTD.

**Infection Control** Hand Hygiene compliance by observation was 99% for the month of September with a benchmark of 90%.

**Diagnostic Imaging** The use of two patient identifiers was 99.95% for August 21 with a 2021 YTD compliance of 99.99%

**Perioperative Nursing** Time out/Pre-verification in the OR has been 100% every month for all of 2021.

There are no action items for the EMS Committee.

There are no actions for the QPS Committee.

Cook County Health and Hospitals System  
Minutes of the Quality and Patient Safety Committee Meeting  
January 20, 2022

ATTACHMENT #5





# COOK COUNTY HEALTH

## Leadership

Toni Preckwinkle  
President  
Cook County Board of Commissioners

Israel Rocha, Jr.  
Chief Executive Officer  
Cook County Health

## Board of Directors

Lyndon Taylor  
Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC  
Vice Chair of the Board

Robert Currie  
Raul Garza  
Ada Mary Gugenheim  
Joseph M. Harrington  
Karen E. Kim, MD, MS

Mike Koetting  
David Ernesto Muner  
Heather M. Prendergast, MD, MS, MPH  
Robert G. Reiter, Jr.  
Otis L. Story, Sr.

To: Quality and Patient Safety Committee

From: Executive Medical Staff Committee of John H. Stroger Jr., Hospital

Date: January 14, 2022

CC: Cook County Health

Memo: John H. Stroger Jr., Hospital Medical Staff Action Items

---

Dear Members of the Quality and Patient Safety Committee of the CCH Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County Health has approved the attached list of medical staff action items by electronic vote on January 14, 2022, for your consideration.

Thank you kindly.  
Respectfully Submitted,

Abayomi E. Akintorin, MD President, EMS

# John H. Stroger, Jr. Hospital of Cook County

**TO:**

Quality and Patient Safety Committee

**FROM:**

Abayomi E. Ankintorin, MD  
EMS President

**SUBJECT:**

Medical Staff Appointments and Other Business Recommended by the Credentials Committee on 12/16/2021  
by electronic approved vote.

Medical Staff Appointments/Reappointments Effective January 20, 2022, Subject to Approval by Cook County Health Systems Board.

## Old Business

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
N/A					

## New Business

**Initials:**

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
Ahmad, Nadeem, MD	Provisional	Medicine/Hospital Medicine		Approved	
Ahomka-Lindsay, Dinah, MD	Provisional	Family Medicine		Approved	
Berry Boucher, Claudia, MD	Provisional	Pediatrics		Approved	
Cortez, Edmundo, MD	Provisional	Pediatrics/Critical Care		Approved	
Harding, Megan, DO	Provisional	Pediatrics/Critical Care		Approved	

CCHHS

**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON JANUARY 20, 2022

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
Hayani, Karen, MD	Provisional	Pediatrics		Approved	
Hsu, Lewis, MD	Provisional	Pediatrics/Hema/Oncology		Approved	
Kreppel, Andrew J., MD	Provisional	Pediatrics/Infectious Disease		Approved	
Krishnan, Sonia, MD	Provisional	Pediatrics	Temp Privileges Requested/Granted 12/8/21	Approved	
Madan Kumar, Harsha Vardhan, MD	Provisional	Pediatrics		Approved	
Mahendra, Sheela, MD	Provisional	Pediatrics		Approved	
Raji, Zainab, MD	Provisional	Emergency Medicine		Approved	
Schmidt, Mary Lou, MD	Provisional	Pediatrics Hematology/Oncology		Approved	
Stolberg, Nissim, MD	Provisional	Pediatrics		Approved	
Vardhan Harsha, Sindhuja, MD	Provisional	Pediatrics		Approved	
Yeh, Chih-Yin, MD	Provisional	Pediatrics	Temp Privileges Requested/Granted 12/2/21	Approved	

Reappointments:

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
Ambler, Ambika, MD	Active	Medicine/Endocrinology		Approved	
Jelev, Tanyu, MD	Active	Anesthesiology		Approved	
Kay, Daniel, MD	Active	Radiology/Diagnostic Radiology		Approved one (1) Year Reappointment	
Mascarell, Susana, MD	Active	Medicine/Endocrinology		Approved	

CCHHS  
**APPROVED**  
 BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
 ON JANUARY 20, 2022

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
Nasr, Isam F., MD	Voluntary	Emergency Medicine		Approved	
Palivos, Lisa R., MD	Active	Emergency Medicine		Approved	
Saleem, Mohammed, MD	Active	Medicine/General Medicine		Approved	
Schneider, Jeffrey, MD	Voluntary	Emergency Medicine		Approved	
Sherman, Scott C., MD	Active	Emergency Medicine		Approved	
Sierens, Diane K., MD	Active	Surgery/Neurosurgery		Approved	
Wahl, Michael S., MD	Voluntary	Emergency Medicine		Approved	

## Change in Clinical Privileges (Additions/Removal):

Name	Add Privilege(s)	Department/Division	Discussion/Action	Recommendation	Follow-Up
N/A					

## Change in Category Status:

Name	Category From: To:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Braniecki, Marylee, A. MD	Consulting to Voluntary	Pathology		Approved	
Butler, Bennet A., MD	Provisional to Active	Surgery/Orthopaedic		Approved	
DeDonato, Emily, MD	Provisional to Voluntary	Emergency Medicine		Approved	
Hernandez Guarin, Laura N., MD	Provisional to Voluntary	Medicine/Infectious Disease		Approved	
Mohan, Geetika, MD	Provisional to Active	Medicine/Hospital Medicine		Approved	
Rifkin, Shelby David, MD	Provisional to	Medicine/Hematology		Approved	

CCHHS

APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON JANUARY 20, 2022



Name	Category From: To:	Department/Division	Discussion/Action	Recommendation	Follow-Up
	Consulting	Oncology			
Simms, Andrew, MD	Provisional to Voluntary	Medicine/Infectious Disease		Approved	
Lobe, Thom E., MD	Provisional to Active	Surgery/Pediatric Surgery		Approved	
Vij, Aviral, MD	Provisional to Active	Medicine/Cardiology		Approved	

**Resignations/Retirement:**

Name	Effect date:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Fujara, Marjorie, MD	10/31/2021	Pediatrics		Approved	
Hinkamp, David, MD	12/09/2021	Medicine		Approved	
Kennedy, Joseph, MD	06/30/2021	Emergency Medicine/Toxicology		Approved	
Mylvaganam, Hari, MD	12/02/2021	Surgery		Approved	
Olivier, Mildred, MD	12/08/2021	Surgery		Approved	
Pearl, Russell, MD	12/03/2021	Surgery		Approved	
Rodriguez, Vimarie, MD	07/09/2021	Family Medicine		Approved	
Segreti, John, MD	12/06/2021	Medicine/Infectious Disease		Approved	
Sweder, Thomas, MD	01/14/2022	Family Medicine		Approved	

CCBHS  
**APPROVED**  
BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON JANUARY 20, 2022


## Non-Physician Providers

Initials:

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
Xu, Bruce Zhihong, LAc	Provisional	Anesthesiology/Acupuncture	Approved	Approved	

Reappointments:

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
Anderson, Karla Psy.D.	Clinical Psychologist	Psychiatry	Approved	Approved	
Aschkenasy, Jean, Ph.D.	Clinical Psychologist	Psychiatry	Approved	Approved	
Cartwright, Mark Allen, CRNA	Nurse Anesthetist	Anesthesiology/Trauma	Approved	Approved	
Kaczrowski, Daniel, PA-C	Physician Assistant	Correctional Health/Med Surg	Approved	Approved	
Nwoko, Augustine, CNP	Nurse Practitioner	Pediatrics/Peds Medicine	Approved	Approved	
Smitha, John, CNP	Nurse Practitioner	Medicine/Endocrinology	Approved	Approved	

  
**CCHHS**  
**APPROVED**  
 BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
 ON JANUARY 20, 2022

**Change in Category Status:**

Name	Category From: To:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Roberts, Kenrick L., PA-C	Provisional to Physician Assistant	Surgery/General Surgery	Approved	Approved	
Semeyn, Marta, CNP	Provisional to Nurse Practitioner	Surgery/Cardiothoracic	Approved	Approved	

**Change in Clinical Privileges (Additions/Removal):**

Name	Privileges Request to add: Request to remove:	Department/Division	Discussion/Action	Recommendation	Follow-Up
N/A					

**Change of Collaborator:**

Name	Category/ Collaborator To: From:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Deborah Goldstein, CNP	To: Aiman Tulaimat, MD From: Elias Alhanoun, MD	Medicine/Pulmonary /Critical Care	Approved	Approved	

CCHHS

**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON JANUARY 20, 2022

**Resignations:**

<b>Name</b>	<b>Category Effect date:</b>	<b>Department/Division</b>	<b>Discussion/Action</b>	<b>Recommendation</b>	<b>Follow-Up</b>
Martinez, Mary-Ellen, Psy.D.	10/15/2021	Correctional Health/Psychiatry	Approved	Approved	
Miller, Barbara, PA-C	12/31/2021	Ob/Gyn	Approved	Approved	
Stress, Maureen, Ph.D.	08/18/2021	Correctional Health/Psychiatry	Approved	Approved	

**OTHER BUSINESS: N/A****SANCTION SCREENING**IDFPR Disciplinary Action Report for October 2021 reviewed as of 12/14/2021 – **No Findings.**CMS Preclusion Report reviewed as of 12/14/2021 – **No Findings.**Medicare OPT OUT Affidavits report reviewed as of 12/14/2021 – **No Findings**

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**APPROVED**  
BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON JANUARY 20, 2022









# COOK COUNTY HEALTH

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CCH Secretary to the Board  
1950 W. Polk Street, Room 9106  
Chicago, IL 60612

January 7, 2022

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on January 7, 2022 the Medical Executive Committee recommended the actions on the enclosed documents. It is being presented to you for your consideration.

Respectfully,

Marlon Kirby, MD  
Provident Hospital of Cook County  
President, Medical Staff  
Chair, Medical Executive Committee

# Provident Hospital of Cook County



**TO:** Quality and Safety Committee

**FROM:** Marlon Kirby, MD  
President, Medical Executive Committee

**SUBJECT:** Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on January 7, 2022

Medical Staff Appointments/Reappointments Effective: **January 20, 2022**, subject to Approval by the Cook County Health.

## New Business

### Reappointments:

Name	Category	Department/Division	Discussion	Recommendation	Follow-Up
Ambler, Ambika, MD	Affiliate	Internal Medicine/Endocrinology	File reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Douky, Rami, MD	Affiliate	Internal Medicine/Cardiology	File reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Gomez Valencia, Javier, MD	Affiliate	Internal Medicine/Cardiology	File reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Guerra, Yannis, MD	Affiliate	Internal Medicine/Endocrinology	File reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None

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Name	Category	Department/Division	Discussion	Recommendation	Follow-Up
Mascarell, Susana, MD	Affiliate	Internal Medicine/Endocrinology	File reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Pyslar, Nataliya, MD	Affiliate	Internal Medicine/Cardiology	File reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None

## Change in Category Status:

Name	Category from: To:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Dela Cruz, Judy Emil, MD	Provisional to Affiliate	Internal Medicine/Hospital Medicine	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Dobbs, Ryan W., MD	Provisional to Affiliate	Surgery/Urology	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Doscher, Matthew E., MD	Provisional to Affiliate	Surgery/Plastic Surgery	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Erra, Amani, MD	Provisional to Affiliate	Internal Medicine / Hospital Medicine	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Hoffman, Michael John, MD	Provisional to Affiliate	Internal Medicine / Hospital Medicine	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None

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Name	Category from: To:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Huhn, Gregory D., MD	Provisional to Affiliate	Internal Medicine/ Infectious Disease	issues identified.  Form reviewed and presented with no issues identified.	seconded, and passed.  Recommendation for appointments made, seconded, and passed.	  None
Kendrick, Sabrina R., MD	Provisional to Affiliate	Internal Medicine/ Infectious Disease	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Lenhardt, Richard, MD	Provisional to Affiliate	Internal Medicine/ Pulmonary	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Levenson, Ann, MD	Provisional to Affiliate	Internal Medicine/ Pulmonary	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Luria, Jamie Scott, DDS	Provisional to Voluntary	Surgery/Oral & Maxillofacial	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Mohan, Geetika, MD	Provisional to Affiliate	Internal Medicine / Hospital Medicine	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Patel, Urjeet A., MD	Provisional to Affiliate	Surgery/ Otolaryngology	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Pilati, Stamatoula, MD	Provisional to	Radiology	Form reviewed and	Recommendation for	None

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Name	Category from: To:	Department/Division	Discussion/Action	Recommendation	Follow-Up
	Affiliate		presented with no issues identified.	appointments made, seconded, and passed.	
Rice, Danielle, MD	Provisional to Affiliate	Internal Medicine / Neurology	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Sarda, Vanessa, MD	Provisional to Affiliate	Internal Medicine/ Infectious Disease	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Serwah Prempeh, Avril Linda, MD	Provisional to Affiliate	Internal Medicine/ Hospital Medicine	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Taddese, Nigist A., MD	Provisional to Affiliate	Internal Medicine/ Hospital Medicine	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Vij, Aviral, MD	Provisional to Affiliate	Internal Medicine/ Cardiology	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Welbel, Sharon F., MD	Provisional to Affiliate	Internal Medicine / Infectious Disease	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Wroblowski, Igor, MD	Provisional to Affiliate	Internal Medicine/ Hospital Medicine	Form reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None

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**Resignations/Retirement:**

Name	Category Effect date:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Liao, Hung, MD	11/29/2021	Internal Medicine	Request reviewed and presented with no issues identified.	Informational	None
Mylvaganam, Hari, MD	12/02/2021	Surgery	Request reviewed and presented with no issues identified.	Informational	None
Tachauer, Alessandra, MD	09/14/2021	Psychiatry	Request reviewed and presented with no issues identified.	Informational	None

**Change in Category Status:**

Name	Category From: To:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Roberts, Kenrick L., PA-C	Provisional to Physician Assistant	Surgery/General Surgery	File reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None
Shah, Palak K., PA-C	Provisional to Physician Assistant	Surgery/General Surgery	File reviewed and presented with no issues identified.	Recommendation for appointments made, seconded, and passed.	None

**Resignations:**

Name	Category Effect date:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Miller, Barbara, PA-C	12/31/2021	Ob/Gyn	Request reviewed and presented with no issues identified.	Informational	None

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Patel, Vishalee, PA-C	06/29/2021	Ob/Gyn	Request reviewed and presented with no issues identified.	Informational	None
Ramos, Isabel, MSW	09/01/2021	Psychiatry	Request reviewed and presented with no issues identified.	Information	None
Villegas, Alicia, CRNA	09/08/2021	Anesthesiology	Request reviewed and presented with no issues identified.	Informational	None
Wilson, Christopher, MSW	05/21/2021	Psychiatry	Request reviewed and presented with no issues identified.	Informational	None

  
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