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, February 18, 2021 at the hour of 10:30 A.M. This meeting was held by remote means only, in compliance with Illinois Public Act 101-0640.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Raul Garza and Otis L. Story, Sr. (3) Board Chair M. Hill Hammock (ex-officio) and Directors Robert Currie, Joseph M. Harrington and Mike Koetting Patricia Merryweather (Non-Director Member) Absent: Directors Mary Driscoll, RN, MPH and Heather M. Prendergast, MD, MS, MPH (2)

Additional attendees and/or presenters were:

Claudia Fegan, MD – Chief Medical Officer Anita Giuntoli – Director of Patient Safety Jeff McCutchan – General Counsel John O’Brien, MD - Associate Medical Director, Medical Education Beena Peters, DNP, RN, FACHE – Chief Nursing Officer

The next regular meeting of the Quality and Patient Safety Committee is scheduled for Friday, March 19, 2021 at 10:30 A.M.

II. Electronically Submitted Public Speaker Testimony (Attachment #1)

The Secretary read the public speaker testimony submitted from the following individual into the record:

1. Lori Kwolek – Concerned Citizen

III. Report on Quality and Patient Safety Matters

A. High Reliability Organization (HRO) Dashboard (Attachment #2)

Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the HRO Dashboard. The Committee reviewed and discussed the information.

B. Regulatory and Accreditation Updates

Sonya Watkins, System Director of Regulatory Affairs and Accreditation, provided a verbal update on regulatory and accreditation matters. Staff continue with ongoing survey preparedness activities at Provident Hospital as they await the survey by The Joint Commission, which could come at any time.
III. **Report on Quality and Patient Safety Matters (continued)**

C. **Update from the HRO Patient Experience Workgroup** (Attachment #3)

Dr. John O’Brien, Associate Medical Director, Medical Education, provided an overview of the Update. The Committee reviewed and discussed the information.

The Update contained information on the following subjects:

- Patient Experience and Reputation
- Patient Experience 2020 – Looking Back
- Patient Experience 2021 – Looking Ahead
- Metrics Update
- APDET
- Service Line Goals – Planning for 2021
- Key Drivers and Goals
- Goal Setting (Press Ganey Recommendations)
- Rounding
- Patient-Centered Communication / Rounding
- Nurse Communication (HCAHPS)
- Discharge Process
- Pilots and Campaigns

During the discussion of the information, Israel Rocha, Jr., Chief Executive Officer, provided additional information on the subject of rounding. As referenced in the presentation, there is a rounding initiative being developed which is expected to be rolled out within the next 2-3 weeks. The rounding initiative involves joint medical rounding in the mornings for patient throughput, as well as leadership rounding and nursing team rounding. He will provide an update on the initiative to the Committee in the future.

IV. **Action Items**

NOTE: action was taken on Agenda Items IV(A), 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)** (Attachment #4)

Dr. Fegan presented the following Stroger Hospital Division Chair Initial Appointment for the Committee’s consideration:

Initial appointment of the following individual as Division Chair of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Appt Term</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joerg Albrecht, MD</td>
<td>Medicine 02/18/2021 - 01/22/2023</td>
<td>Chair of the Division of Dermatology</td>
</tr>
</tbody>
</table>
IV. **Action Items (continued)**

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 #5)
      - Approve Stroger Hospital Medical Staff Appointments/Reappointments/Changes (Attachment #6)
   ii. Receive report from MEC President
      - Receive summary of Provident Hospital Quality and Performance Improvement Committee (Attachment #5)
      - Approve Provident Hospital Medical Staff Appointments/Reappointments/Changes (Attachment #6)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, and Dr. Marlon Kirby, President of the MEC of Provident Hospital of Cook County, were unable to attend the meeting due to clinical duties. Chair Gugenheim noted that the proposed Stroger Hospital and Provident Hospital Medical Staff Appointments/Reappointments/Changes are presented for the Committee’s consideration. She added that the newly elected President of the Stroger EMS, Dr. Abayomi (Yomi) Akintorin from the Department of Anesthesia, will be assuming duties effective March 9th and will be reporting at the March Committee meeting.

C. **Minutes of the Quality and Patient Safety Committee Meeting, January 21, 2021**

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

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

   Director Garza, seconded by Director Story, moved the following:
   - Approve Item IV(A) Proposed Stroger Hospital Division Chair Initial Appointment;
   - Approve Item IV(B) Stroger Hospital medical staff appointments, reappointments and changes;
   - Approve Item IV(B) Provident Hospital medical staff appointments, reappointments and changes; and
   - Accept Item IV(C) January 21, 2021 Quality and Patient Safety Committee Meeting Minutes

A roll call vote was taken, the votes of yeas and nays being as follows:

**Yeas:** Chair Gugenheim and Directors Garza and Story (3)

**Nays:** None (0)

Absent: Directors Driscoll and Prendergast (2)

THE MOTION CARRIED UNANIMOUSLY.
V. **Closed Meeting Items**

A. *Stroger Hospital and Provident Hospital Medical Staff Appointments / Re-appointments / Changes*

B. *Claims, Litigation and Quality and Patient Safety Matters*

C. *Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996*

D. *Quarterly Quality and Patient Safety Reports*

Director Garza, seconded by Director Story, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

**Yeas:** Chair Gugenheim and Directors Garza and Story (3)

**Nays:** None (0)

**Absent:** Directors Driscoll and Prendergast (2)

THE MOTION CARRIED UNANIMOUSLY and the Committee convened into a closed meeting.
V. **Closed Meeting Items (continued)**

Chair Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

VI. **Adjourn**

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

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

XXX
Ada Mary Gugenheim, Chair

Attest:

XXX
Deborah Santana, Secretary

Requests/follow-up:

There were no requests for follow-up made at the meeting.
ATTACHMENT #1
Electronic Testimonial Submission

No Reply - Cook County Health <WP-Notifications@cookcountyhealth.org>
Sat 2/13/2021 4:20 PM
To: Santana, Debbie <dsantana@cookcountyhhs.org>

Type of Message
Message

Message
Why are almost all the Cook County vaccination sites in the south and southwest side of the City? Why can't northern suburbs (Glenview, Northbrook, Niles, Morton Grove, Wheeling etc.) get one site open to the public who reside in Cook? It's been nearly impossible to get a vaccine for those over 65 without having to travel to the SW or South side from the north which had been discouraged by the State? Not all older ppl can do that! Why do teachers ALL get vaccines in District 28 when many are young and healthy before those over 65 with health conditions? I thought the idea was to protect all the vulnerable most likely to get very ill or die from CoVid?

Date of Meeting or Public Hearing
Thursday February 18

Name
Lori Kwolek

Address

Phone

Phone Type

Email
ATTACHMENT #2
HRO Dashboard
Quality and Patient Safety Committee
February 2021
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

*Higher case mix index is favorable
Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

*Higher case mix index is favorable
Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience

*Higher top box score is favorable*
HbA1c <8%
HRO Domain: HEDIS

*Higher percent of patients with HbA1c in control (<8%) is favorable
<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
</tr>
</thead>
</table>
| **30-Day Readmission Rate** | • *Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger*
• **Calculation:** Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)
• **Population included:** all inpatient discharges from Stroger
• **Cohort inclusions:** any payer; any age; alive at discharge
• **Cohort exclusions:** Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth
• **Reporting timeframe:** reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge
• **Data source:** Vizient Clinical Data Base |
| **Case Mix Index** | • *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*
• **Population included:** all inpatient discharges from Stroger
• **Cohort inclusions:** any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (*Surgical: an OR procedure is performed*)
• **Cohort exclusions:** none
• **Reporting timeframe:** reported monthly by most current month available; reported by month of patient discharge
• **Data source:** Vizient Clinical Data Base |
| **Recommend the Hospital** | • *Percent of patient responses with “Definitely Yes” (top box response) for Recommend the Hospital item in HCAHPS survey*
• **Calculation:** Percent of patient responses with “Definitely Yes” (top box) / total survey responses
• **Population included:** Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient
• **Cohort exclusions:** 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
• **Reporting timeframe:** reported monthly by most current month available; reported by month of survey received date
• **Data source:** Press Ganey |
| **HbA1c <8%** | • *Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is in control (<8.0%)*
• **Calculation:** Percent of diabetic patients with HbA1c in control / total diabetic patients
• **Population included:** (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) OR (One diabetic Inpatient visit in the current year or previous year) OR (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)
• **Cohort exclusions:** none
• **Reporting timeframe:** reported monthly by most current month available; reported by month of patient visit
• **Data source:** NCQA, HEDIS |
ATTACHMENT #3
HRO Patient Experience

John O’Brien, MD., Assoc Medical Director Medical Education

February QPS Board Presentation
Patient Experience and Reputation

The Value of the Patient Experience

• Patient experience drives reputation
  • Patients that rate their care highly have better patient health outcomes including lower readmission rates.

• Reputation drives utilization
  • It’s important because Value Based Purchasing has tied Medicare reimbursement to HCAHPS scores.

• Utilization drives future utilization
  • Patient experience is related to the opinions and perceptions held by the general population of consumers within the community.
Patient Experience 2020

Improving as a *Place of Caring*

**Looking Back**

- What we have done
  - Launched system wide AI²DET Training
  - Launched Quiet Campaign Pilot on 6E
  - Worked to have standardized metrics for the Patient Experience Dyad
  - Introduction to rounding to influence
  - Developed discharge workgroup to review education and d/c process
    - Improve timeliness of d/c Rx's and standardization of how meds are picked up/delivered
    - Medication communication
Patient Experience 2021

Looking Ahead

• What you can expect in 2021
  o 100% of employees completing AI²DET training
  o Introduction to importance of PG survey response rates and how to achieve higher rates of return
  o Introduction to using a PDSA
  o Hardwire leadership and hourly rounding in all CCH areas
  o Service line goals for 2021 – Unit/dept goals that support overall goal of Patient Experience
Metrics Update
Likelihood to Recommend (HCAHPS)

Percent Top Box Responses

Data Source: Press Ganey
Baseline Period: July 2017 to June 2018
Monthly values, by Received Date
AI²DET
Basic Communications

AI²DET – Rollout

• Departments’ AI²DET plan turned in and approved

• 70% employees have completed AI²DET training

• Start modeling and reinforcing phases started December 18, 2019
  o Introduce AI²DET to all staff members with meeting, huddles, suggested language
  o Train managers on how to be AI²DET observers

• Start enforcing AI²DET across department with observation and coaching
  o Use SBAR, 5:1, and Rounding to Influence techniques
  o Track progress with AI²DET coaching form and through LMS System; outcome metrics
  o Supervisors sent reports of their employees who have not completed AI²DET training
  o Assign managers to monitor
  o Hold people accountable for both actions and results (not punitive)
Service Line Goals
Planning for 2021
Key Drivers and Goals

Realistic and Reasonable Goal Setting

• Goals will be collaborative set for each facility and survey type (inpatient, medical practice, emergency department, ambulatory surgery).
  • Division- and unit-level goals can be provided.

• Purpose is to move needle on **likelihood to recommend** by using our internal key drivers (meaning, what are the measures that are holding back CCH from higher performance).
  • Key drivers may vary between facilities and survey types.

• All objectives are set using realistic target and stretch goals and within a reasonable timeframe (2-year period).
  • These goals will not replace the HRO goal reported to the QPS hospital board – instead, this is a mechanism to create sustainable change in meeting that goal.
Goal Setting (Press Ganey Recommendations)

Based on Key Driver Summary; 1-Year Improvement Period

**Baseline**

<table>
<thead>
<tr>
<th></th>
<th>Top Box Score</th>
<th>Percentile Ranking</th>
<th>Threshold Goal</th>
<th>Target Goal</th>
<th>Stretch Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses Listen Carefully to You</td>
<td>67.63</td>
<td>4</td>
<td>69.62</td>
<td>71.48</td>
<td>73.50</td>
</tr>
<tr>
<td>Nurses Treat with Courtesy/Respect</td>
<td>73.80</td>
<td>1</td>
<td>75.88</td>
<td>77.54</td>
<td>80.04</td>
</tr>
<tr>
<td>Nurses Explain in Way You Understand</td>
<td>68.20</td>
<td>5</td>
<td>68.67</td>
<td>69.85</td>
<td>72.74</td>
</tr>
<tr>
<td>Doctors Treat with Courtesy/Respect</td>
<td>86.79</td>
<td>47</td>
<td>86.73</td>
<td>87.49</td>
<td>89.04</td>
</tr>
<tr>
<td>Doctors Listen Carefully to You</td>
<td>83.86</td>
<td>82</td>
<td>82.63</td>
<td>83.95</td>
<td>85.68</td>
</tr>
<tr>
<td>Cleanliness of Hospital</td>
<td>56.07</td>
<td>3</td>
<td>57.90</td>
<td>59.80</td>
<td>64.80</td>
</tr>
<tr>
<td>Quietness of Hospital</td>
<td>60.55</td>
<td>46</td>
<td>60.60</td>
<td>62.40</td>
<td>65.00</td>
</tr>
</tbody>
</table>

**Data Source:** Press Ganey

**Goal Setting:** based on CCH starting percentile rank range in 2018-2019; **Threshold:** top 50% of hospitals reached this goal; **Target:** top 30% of hospitals reached this goal; **Stretch:** top 10% of hospitals reach this goal
Rounding
Patient Centered Communication / Rounding

Hourly Rounding and Rounding to Influence

• Hourly Rounding
  o Foundation tactics in place
  o Benefits of hourly rounding communicated
  o Competency checklist specific behaviors necessary to master hourly rounding
  o Develop monitoring process
  o Hourly Rounding Dashboard Report to measure unit’s return on investment
    ▪ Fall rate, Pressure Ulcers, Call light volumes, Patient Experience

• Rounding to Influence
  o Connect to a core value
  o Assess knowledge and reinforce the specific behavior expectations
  o Identify problems impacting ability to follow the behavior expectations
  o Establish commitment measures; e.g. What will you do to make this your habit?
Patient Centered Communication / Rounding

Update

• The Rounding initiative is under development and will be presented by our CEO Israel Rocha Jr.

• Roll-out is anticipated in first quarter 2021.

• Under consideration is the Press Ganey iRound tool, benefits:
  o Increase coordination and collaboration with ancillary departments.
  o Create culture changes by recognizing and rewarding exemplary behaviors.
  o Immediately notify responsible service departments of individual patient problems identified during rounds.
Nurse Communication (HCAHPS)
Percent Top Box Responses and Percentile Ranking

Data Source: Press Ganey
Benchmark: COTH Facilities
Monthly values, by Received Date
“Nurse Staff Check on You During Day”

Impact of Purposeful Hourly Rounding: January to December 2020

Rate the Hospital: 93
Recommend the Hospital: 86
Communication with Nurses: 67
Response of Hospital Staff: 82

Data Source: Press Ganey
Hospital: Stroger Hospital
Discharge Process
Patient Discharges

DC Sub workgroup

• One of the focus areas for our group is around the HCAPS metric "Patient strongly agree they understood their care when they left the hospital".

• Rather than duplicate or have redundancy in our efforts, we have begun collaborating with the readmissions workgroup.

  o Created a d/c workgroup to review education and d/c process.
  o Improve timeliness of d/c Rx's and standardization of how meds are picked up/delivered.
  o Planned pilot d/c team of Nurse + resident to review d/c in person with patient (then COVID hit).
Patient Discharges

Communication with Pharmacy

- Creation of a Discharge Group in Microsoft Teams.
- Physicians would have the ability to notify Pharmacy at the time of decision patients being discharged and the medications prescribed.
- Pharmacy would be able to instant message the physician with any questions/concerns eliminating delays in fulfilling the prescriptions.
  - Reducing delays in the Pharmacy reduces the possibility of patients leaving without their medications.
Discharge Information (HCAHPS)

Percent Top Box Responses and Percentile Ranking

Data Source: Press Ganey
Benchmark: COTH Facilities
Monthly values, by Received Date
Pilots and Campaigns
Family Pilot
Communication with Doctors (HCAHPS)
Percent Top Box Responses and Percentile Ranking

[Bar chart showing monthly values from Jan 2020 to Dec 2020, with top box scores and percentile rankings.]

Data Source: Press Ganey
Benchmark: COTH Facilities
Monthly values, by Received Date
Family Pilot

Communication

Information sharing
• Health care practitioners share complete and unbiased information with patients and families in ways that are easily understood and address concerns or questions. Patients and families receive timely, complete, and accurate information to participate in care and decision making.

Participation
• Patients and families are encouraged to participate in care and decision making.
• Involving patients and families in discharge planning and plans for safe care at home.
Quiet Campaign
Quiet Place of Healing

Noise Campaign 6E (Rolling out on 6S and 7S)

- Ear plugs an offering for patients which reinforces CCHs commitment to quietness
- Use mobile phones to avoid delivering communications through the overhead PA system
- Collaboration with front desk and ED to help reinforce the visitor policy
- Staff familiarize themselves with the CCH visitor policy to help improve patients’ opportunity to rest after 8PM
- Overhead announcement notifying visitors, visiting hours has ended
- Installation of quiet campaign posters/elevator wraps
- Providing inhouse surveys about quietness
Quiet Campaign Impact on HCAHPS Scores

6 East

Percentile Rankings

- **Rate the Hospital**: Pre-Quiet Campaign 9, Post-Quiet Campaign 76
- **Recommend the Hospital**: Pre-Quiet Campaign 37, Post-Quiet Campaign 62
- **Hospital Environment (Overall Domain)**: Pre-Quiet Campaign 1, Post-Quiet Campaign 12
- **Quietness of Hospital Environment (HCAHPS)**: Pre-Quiet Campaign 26, Post-Quiet Campaign 73

Data Source: Press Ganey
Benchmark: COTH Facilities
Data pulled by Discharge Date
Patient Experience 2021

(Review)

• What you can expect in 2021
  o 100% of employees completing AI<sup>2</sup>DET training
  o Introduction to importance of PG survey response rates and how to achieve higher rates of return
  o Expansion of the Quiet Campaign, 6S and 7S late January 2021.
  o Hardwire leadership and hourly rounding in all CCH areas
  o Service line goals for 2021 – Unit/dept goals that support overall goal of Patient Experience
  o Development of a uniform discharge process
  o Enhancement of communication with family and friends of patients
Questions?
ATTACHMENT #4
Meeting of the Cook County Health and Hospitals System QPS Committee

February 18, 2021

Back-Up Material for Item No.,
Appointment of John H. Stroger Hospital Division Chair

Respectfully requesting approval of the following:

Initial appointment of the following individual as Division Chair of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Appt Term</th>
<th>Title</th>
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</thead>
<tbody>
<tr>
<td>Joerg Albrecht, MD</td>
<td>Medicine 02/18/2021 - 01/22/2023</td>
<td>Chair of the Division of Dermatology</td>
</tr>
</tbody>
</table>

APPROVED
FEB 26 2021
BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM
Chair: Dr. Pierko
Meeting Date: November 24, 2020, 12-1:30PM via WebEx
Regular or Special Meeting: Regular
Minutes/Attendance: Attached for review for EMS, summary only for QPS

October Reports:
- Quality/HRO Dashboard
- Patient Safety Dashboard
- Infection Control
- Nursing
- Pharmacy
- Case Management
- HRO Workgroup: Mortality

Summary: Majority of indicators favorable to goal. Topics of discussion/follow-up included:
- Infection Control: Data on HAI’s presented through October. SIR Goals not met on any HAI for this reporting period, attributed mostly to Covid patients
- Nursing: Kudos to Nursing for an 82% reduction in HAPI’s for reporting period Oct 2019 to Sept 2020. Focused efforts reflective in outcome!
- Pharmacy: Focused efforts continue on compliance of regulatory requirements as it relates to medication management; expired meds, storage of meds, and securement of medications.
- Case Management: Continued efforts on the reduction of long stays (greater than 7 days) and initial assessment on all patients on first day of admission with a targeted goal of 90%

There are no action items for the EMS Committee.
There are no actions for the QPS Committee.
Provident Quality & Performance Improvement (QPI) Committee
Summary Report to the Medical Executive Committee (MEC) and Quality and Patient Safety (QPS) Committee
February 2021

Chair: Dr. Wakim
Co-Chair: Dr. Turner
Meeting Date(s): November 19, 2020 via WebEx
Regular or Special Meeting: Regular
Minutes/Attendance: Attached for review for MEC, summary only for QPS

October Reports:
> Behavioral Health
> Diagnostic Imaging
> Provident Nursing metrics (new)
> 8 West Nursing
> ED
> Transportation
> Infection Control
> Food/Nutrition
> Perioperative Nursing
> Central Sterile Processing

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

> Behavioral Health: Making strides in clinicians completing billing meeting target of 95% last 3 months.
> Radiology: Kudos to meeting two patient identifiers at 100% for Q3 2020.
> Nursing: MF McNally gave overall “Nursing Report” that reflects performance on key nursing metrics including Pt. Identification for medication scanning, medication scanning, falls, and HCAHPS results. Opportunities for improvement discussed.
> ED: Continue work on throughput metric of ED transfer to 8West within 100 minutes of order to admit
> Infection Control: Hand Hygiene compliance 98% for Q3 2020.
> Perioperative Nursing: Focus on first case start times, time out process, and operating turn around time.

There are no action items for the Medical Executive Committee
There are no action items for the QPS Committee
ATTACHMENT #6
February 16, 2021

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, electronically approved the attached list of medical staff action items 02/11/2021, for your consideration.

Thank you kindly.

Respectfully Submitted,

[Signature]

Trevor Lewis, MD
President, EMS
TO: Quality and Patient Safety Committee
FROM: Trevor Lewis, MD
EMS President
SUBJECT: Medical Staff Appointments and Other Business Recommended by the Executive Medical Staff Committee.

Medical Staff Appointments/Reappointments Effective February 18, 2021, Subject to Approval by the Cook County Health and Hospitals Systems Board.

New Business

Initial Applications

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Department / Division</th>
<th>Appointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abughazaleh, Khaled M. MD</td>
<td>Voluntary</td>
<td>Surgery/Oral &amp; Maxillofacial</td>
<td>February 18, 2021 thru February 17, 2023</td>
</tr>
<tr>
<td>Becker, Karl Norbert, MD</td>
<td>Voluntary</td>
<td>Surgery/Ophthalmology</td>
<td>February 18, 2021 thru February 17, 2023</td>
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<tr>
<td>Bhat, Gifty, MD</td>
<td>Voluntary</td>
<td>Pediatrics</td>
<td>February 18, 2021 thru February 17, 2023</td>
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<tr>
<td>Muth, Christopher C., MD</td>
<td>Consulting</td>
<td>Medicine/Neurology</td>
<td>February 18, 2021 thru February 17, 2023</td>
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<tr>
<td>Singh, Kamaljit, MD</td>
<td>Consulting</td>
<td>Pathology/Microbiology</td>
<td>February 18, 2021 thru February 17, 2023</td>
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<tr>
<td>Sulyman, Omotara M., MD</td>
<td>Voluntary</td>
<td>Surgery/Otolaryngology</td>
<td>February 18, 2021 thru February 17, 2023</td>
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Reappointment Applications Physicians:

Department of Emergency Medicine:

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<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dyer, Sean Patrick, MD</td>
<td>Active</td>
<td>Emergency Medicine</td>
<td>May 19, 2021 thru May 18, 2023</td>
</tr>
<tr>
<td>Haamid, Ameera Sadiyya, MD</td>
<td>Active</td>
<td>Emergency Medicine</td>
<td>May 24, 2021 thru May 23, 2023</td>
</tr>
<tr>
<td>Nelson, Michael E., MD</td>
<td>Active</td>
<td>Emergency Medicine</td>
<td>May 17, 2021 thru May 16, 2023</td>
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### Department of Family Medicine:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
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</thead>
<tbody>
<tr>
<td>Im, Pil Bin, MD</td>
<td>Active</td>
<td></td>
<td>April 21, 2021 thru April 29, 2023</td>
</tr>
<tr>
<td>Sharma, Abha, MD</td>
<td>Active</td>
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<td>May 22, 2021 thru May 21, 2023</td>
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<tr>
<td>Sweder, Thomas, MD</td>
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<td></td>
<td>March 17, 2021 thru March 16, 2022</td>
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### Department of Medicine:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
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<tbody>
<tr>
<td>Abiad, Homer De Guia, MD</td>
<td>Active</td>
<td>Infectious Disease</td>
<td>May 05, 2021 thru May 04, 2023</td>
</tr>
<tr>
<td>Hadley, Indira, MD</td>
<td>Active</td>
<td>Rheumatology</td>
<td>April 14, 2021 thru April 13, 2023</td>
</tr>
<tr>
<td>Lenhardt, Richard, MD</td>
<td>Active</td>
<td>Pulmonary &amp; Critical Care</td>
<td>May 26, 2021 thru May 25, 2023</td>
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<tr>
<td>Tamkus, Deimante, MD</td>
<td>Active</td>
<td>Hematology/Oncology</td>
<td>May 25, 2021 thru May 24, 2023</td>
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### Department of Pediatrics:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
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</thead>
<tbody>
<tr>
<td>Jandeska, Sara, MD</td>
<td>Voluntary</td>
<td>Pediatrics/Nephrology</td>
<td>April 21, 2021 thru April 20, 2023</td>
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</table>

### Department of Radiology:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
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<tbody>
<tr>
<td>Chen, Michael, MD</td>
<td>Consulting</td>
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<td>May 21, 2021 thru May 20, 2023</td>
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<tr>
<td>Kelekar, Anita, MD</td>
<td>Active</td>
<td>Radiology</td>
<td>May 15, 2021 thru May 14, 2023</td>
</tr>
<tr>
<td>Kopulas, Luke, MD</td>
<td>Active</td>
<td>Radiology</td>
<td>May 12, 2021 thru May 11, 2023</td>
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### Department of Surgery:

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<tr>
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<th>Category</th>
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<tbody>
<tr>
<td>Beck, Traci P., MD</td>
<td>Active</td>
<td>Urology</td>
<td>May 25, 2021 thru May 24, 2023</td>
</tr>
<tr>
<td>Patrianakos, Thomas D., DO</td>
<td>Active</td>
<td>Ophthalmology</td>
<td>May 17, 2021 thru May 16, 2023</td>
</tr>
<tr>
<td>Warso, Michael A., MD</td>
<td>Consulting</td>
<td>Surgical Oncology</td>
<td>May 24, 2021 thru May 23, 2023</td>
</tr>
<tr>
<td>Wille, Mark A., MD</td>
<td>Active</td>
<td>Urology</td>
<td>May 17, 2021 thru May 16, 2023</td>
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</table>

New Business
Non-Medical Staff:

### INITIAL Applications

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Supervisor/Collab</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ernst Rizkallah, Lona S., PA-C</td>
<td>Surgery/Cardiothoracic</td>
<td>Ray Sawaqed, MD</td>
<td>February 18, 2021 thru February 17, 2023</td>
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### RENEWALS Applications:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Supervisor/Collab</th>
<th>Terms</th>
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</thead>
<tbody>
<tr>
<td>DiGiacomo, Marie, CNP</td>
<td>Pediatric Surgery</td>
<td>Thom E. Lobe, MD, John T.B. Houston, MD</td>
<td>May 12, 2021 thru May 11, 2023</td>
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<tr>
<td>Ivanova, Diyana V., OD</td>
<td>Ophthalmology</td>
<td>N/A</td>
<td>May 24, 2021 thru May 23, 2023</td>
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<tr>
<td>Jacob, Ancy C., CNP</td>
<td>General Medicine</td>
<td>Ruhi R. Shariff, MD</td>
<td>April 21, 2021 thru April 20, 2023</td>
</tr>
<tr>
<td>Kanikunnel, Merian, PA-C</td>
<td>Medicine/Cardiology</td>
<td>Rami Doukky, MD</td>
<td>March 22, 2021 thru March 21, 2023</td>
</tr>
<tr>
<td>Karuthalackal, Adai V., PA-C</td>
<td>Orthopaedic</td>
<td>Paul M. Lamberti, MD</td>
<td>April 18, 2021 thru April 17, 2023</td>
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<tr>
<td>Kwong, Raymond, PA-C</td>
<td>Surgical Oncology</td>
<td>Ray Sawaqed, MD</td>
<td>May 24, 2021 thru May 23, 2023</td>
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<tr>
<td>Megchelson, Rebecca, PA-C</td>
<td>Pediatrics</td>
<td>Mopelola Akintorin, MD</td>
<td>May 24, 2021 thru May 23, 2023</td>
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<tr>
<td>Shah, Palak K., PA-C</td>
<td>General Surgery</td>
<td>Steven Bonomo, MD</td>
<td>May 12, 2021 thru May 11, 2023</td>
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<tr>
<td>Sikora-Jackson, Ann M., PA-C</td>
<td>Emergency Medicine</td>
<td>Robert Needleman, MD</td>
<td>April 28, 2021 thru April 27, 2023</td>
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<tr>
<td>Simmons, Chad B., PA-C</td>
<td>Neurosurgery</td>
<td>Diane K. Sierens, MD</td>
<td>May 24, 2021 thru May 23, 2023</td>
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</table>

**AGREEMENTS CHANGES/ADDITIONAL Privileges:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Supervisor/Collab</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jones, Brittany M., PA-C</td>
<td>Surgery/Neurosurgery</td>
<td>Diane K. Sierens, MD</td>
</tr>
</tbody>
</table>
Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

February 5, 2021

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on February 5, 2021 the Medical Executive Committee recommended the actions on the enclosed lists. 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
Medical Staff Appointments/Reappointments Effective February 18, 2021 Subject to Approval by the CCH Quality and Patient Safety Committee

## New Business:
### Initial Applications

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Specialty</th>
<th>Category</th>
<th>Appointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hart, Peter, MD</td>
<td>Internal Medicine/Nephrology</td>
<td>Affiliate</td>
<td>February 18, 2021 thru February 17, 2023</td>
</tr>
<tr>
<td>Hall-Ngorima, Regina, MD</td>
<td>Psychiatry</td>
<td>Affiliate</td>
<td>February 18, 2021 thru February 17, 2023</td>
</tr>
<tr>
<td>Joshi, Amit J., MD</td>
<td>Internal Medicine/Nephrology</td>
<td>Affiliate</td>
<td>February 18, 2021 thru February 17, 2023</td>
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<tr>
<td>Sulyman, Omotara M., MD</td>
<td>Surgery/Otolaryngology</td>
<td>Voluntary</td>
<td>February 18, 2021 thru February 17, 2023</td>
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<tr>
<td>Vernik, Jane, MD</td>
<td>Internal Medicine/Nephrology</td>
<td>Affiliate</td>
<td>February 18, 2021 thru February 17, 2023</td>
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<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Supervisor/Collab</th>
<th>Appointment Term</th>
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<tbody>
<tr>
<td>Sandoval, Diana, CNP</td>
<td>Family Medicine</td>
<td>Mark Loafman, MD</td>
<td>February 18, 2021 thru February 17, 2023</td>
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<tr>
<td>Wesolowski, Jacek, CNP</td>
<td>Family Medicine</td>
<td>Mark Loafman, MD</td>
<td>February 18, 2021 thru February 17, 2023</td>
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**New Business**
**Reappointment Applications Physicians:**

<table>
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<tr>
<th>Department of Internal Medicine:</th>
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<tbody>
<tr>
<td>Name</td>
<td>Category</td>
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<tr>
<td>Clapp, Williams, MD</td>
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<table>
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<th>Department of Radiology:</th>
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<tbody>
<tr>
<td>Name</td>
<td>Category</td>
</tr>
<tr>
<td>Kelekar, Anita, MD</td>
<td>Affiliate</td>
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<tr>
<td>Kopulas, Luke, MD</td>
<td>Affiliate</td>
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<tr>
<td>Vinokur, Olga, MD</td>
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<table>
<thead>
<tr>
<th>Department of Surgery:</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Category</td>
</tr>
<tr>
<td>Patrianakos, Thomas, MD</td>
<td>Affiliate</td>
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</table>

<table>
<thead>
<tr>
<th>Medical Staff Appointment Provisional To Full:</th>
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<tbody>
<tr>
<td>Name</td>
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<tr>
<td>Rajagopal, Nimmi, MD</td>
<td>Affiliate</td>
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<table>
<thead>
<tr>
<th>Medical Staff Category and/or Department Addition/Change With No Change In Privileges:</th>
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<tbody>
<tr>
<td>Name</td>
<td>Department</td>
</tr>
<tr>
<td>Hussain, Anwer, DO</td>
<td>Emergency Medicine</td>
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Non-Medical Staff Agreements Changes/Additional Privileges:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Supervisor/Collaborator</th>
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<tbody>
<tr>
<td>Baluka, Stephanie, PA</td>
<td>Internal Medicine</td>
<td>Adekonla Adegunsoye, MD</td>
</tr>
<tr>
<td>El, Kathrine, PA</td>
<td>Emergency Medicine</td>
<td>Paul Allegretti, DO</td>
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Non-Medical Staff Provisional to Full:

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<tr>
<th>Name</th>
<th>Department</th>
<th>Supervisor/Collaborator</th>
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<tbody>
<tr>
<td>Dupiton, Sabine, PA-C</td>
<td>Internal Medicine/Infectious Disease</td>
<td>William Riles, MD</td>
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<tr>
<td>Veliyathumalil, Jasseena, CNP</td>
<td>Internal Medicine</td>
<td>Ambika Amblee, MD</td>
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