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 Friday, March 19, 2021 at the hour of 10:30 A.M. This meeting was held by remote means only, in compliance with the Illinois Open Meetings Act.

I. **Attendance/Call to Order**

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH; Raul Garza; Heather M. Prendergast, MD, MS, MPH; and Otis L. Story, Sr. (5)

Board Chair M. Hill Hammock (ex-officio) and Directors Robert Currie, Joseph M. Harrington and Mike Koetting

Patricia Merryweather (Non-Director Member)

Absent: None (2)

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
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
Israel Rocha, Jr. – Chief Executive Officer
Tara Ruhlen – Director of Planning and Analysis
Deborah Santana – Secretary to the Board

The next regular meeting of the Quality and Patient Safety Committee is scheduled for Thursday, April 22, 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. Nanette Silva – Program Director, Community Memorial Foundation

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

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

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

In response to a question from Director Driscoll regarding metrics on hospital acquired infections, Ms. Frain noted that those metrics are presented to the Committee as part of a closed meeting report on a quarterly basis; they are expected to be presented again in May. Ms. Merryweather noted that the data is publicly reported, so she is not sure why it is not presented in a public format; she added that it would be ideal to separate out the Medicare-related events, as those are subject to penalties. Ms. Frain and Dr. Claudia Fegan, Chief Medical Officer, indicated that it can be further discussed. Dr. Fegan noted that the data for all hospital acquired infections is presented in a closed meeting; Medicare is a small percentage of the total number of patients, so presenting data only relating to the Medicare patients may not be reflective of the total patient population.
III. Report on Quality and Patient Safety Matters (continued)

B. Regulatory and Accreditation Updates

Ms. Frain 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 (TJC), which could come at any time. She added that Stroger Hospital has now entered the TJC survey window, too.

C. Report on Employee Engagement and Culture of Safety Survey (Attachment #3)

The following individuals provided an overview of the Report: Tara Ruhlen, Director of Planning and Analysis; Anita Giuntoli, Director of Patient Safety; and Leslie Frain, Associate Chief Quality Officer. The Committee reviewed and discussed the information.

IV. Action Items

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

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #4)

Dr. Claudia Fegan, Chief Medical Officer, 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>Term</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Suffern, DPM</td>
<td>Surgery</td>
<td>03/19/2021 - 05/17/2023</td>
<td>Chair of the Division of Podiatry</td>
</tr>
</tbody>
</table>

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. Abayome 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 duties.
IV. **Action Items (continued)**

C. **Overview of Resident/Fellow Training** (Attachment #7)
   - Approve Proposed Clinical Training Affiliation Agreements

Dr. John O’Brien, Chair of the Department of Professional Education, provided an overview of the information contained in the presentation, and presented the proposed clinical training affiliation agreements (included in the presentation) for the Committee’s consideration.

D. **Minutes of the Quality and Patient Safety Committee Meeting, February 18, 2021**

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

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

   Director Prendergast, seconded by Director Driscoll, 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;
   - Approve Item IV(C) Proposed Clinical Training Affiliation Agreements; and
   - Accept Item IV(D) February 18, 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 Driscoll, Garza, Prendergast and Story (5)

   Nays: None (0)

   Absent: None (0)

   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**

   The Committee did not convene into a closed 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

XXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

Follow-up: Follow-up discussion indicated on the subject of reporting metrics for hospital acquired infections. Page 1
ATTACHMENT #1
Electronic Testimonial Submission

No Reply - Cook County Health <WP-Notifications@cookcountyhealth.org>
Mon 3/15/2021 1:23 PM
To: Santana, Debbie <dsantana@cookcountyhhs.org>

Type of Message

Message

Good afternoon, my name is Nanette Silva and I am the Program Director at Community Memorial Foundation which has served the western suburbs of Cook County for 25 years. To date, thousands of west suburban Cook County residents hit hardest with COVID infection and mortality rates lack real access to the vaccine. As noted by CCDPH in our regular conversations with them, there remain clear geographic regions that should be prioritized from a racial equity perspective. Together with our colleagues at Healthy Communities Foundation, we have layered COVID infection maps with underserved areas to assess which suburban Cook communities could benefit from temporary vaccine clinics, and have determined two priority regions that include Berwyn, Bridgeview, Cicero, Justice, Lyons and Summit, among others. Having learned lessons from the City of Chicago vaccine rollout, we as private health foundations stand ready to mobilize our west suburban community CBO partners and catalyze the resources and supports needed for equitable community vaccine distribution, aligning with CCDPH's ability to supply vaccine and help with operational logistics. Working together, we as public and private sector partners can make this happen efficiently.

Date of Meeting or Public Hearing

March 16, 2021

Name

Nanette Silva

Address

Phone

Phone Type

Email
ATTACHMENT #2
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>
<tbody>
<tr>
<td><strong>30-Day Readmission Rate</strong></td>
<td></td>
</tr>
</tbody>
</table>
- **Patient definition**: 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** |  
- **Definition**: 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** |  
- **Definition**: 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%** |  
- **Definition**: 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
Employee Engagement
and Culture of Safety Survey

QPS Meeting
March 2021

Tara Ruhlen, MPH
*Director, Planning and Analysis*

Anita Giuntoli, MJ, BSN, RN, CPPS, CPHQ
*Director, Patient Safety*

Leslie Frain, MSN, RN, CPPS, CPHQ
*Associate Chief Quality Officer*
What is Engagement?

Employee Engagement

Connection team members feel to their jobs

Reflects how invested and connected team members are in the success of their teams and organization
What Does an Engaged Leader and Team Look Like?

Engagement

- Good Teammate
- Transparency
- Speaks up For Safety
- Visibility
- Willing to Give Extra
- High Performing
- CMS Star Rating
- Leapfrog Hospital Safety Grade
- Resiliency

What does engagement look like to you?
“Virtuous Cycle”

Intersection of Safety, Quality and Experience

- **14%** CLABSI rates
- **17%** CAUTI rates
- **16%** C. diff rates
- LOS 1/2 day less

**Top RN Satisfaction**
- Drives Quality & Safety

**CLINICAL EXCELLENCE**
- Top RN Practice Environment
- Drives Patient Experience

- **33%** points for Likelihood to Recommend
- **11%** points for Discharge Information
- **29%** points for Medicine Communication
- **24%** points for Staff Responsiveness

**SAFETY**
- **28%** CLABSI rates
- **9%** C. diff rates
- **11%** PSI 90 scores
- LOS 0.8 days less

**Top Engagement**
- Drives Quality & Safety

**WORKFORCE & ENGAGEMENT**
- Top Engagement
- Drives Patient Experience

- **46%** points for Overall Rating (Physician)
- **53%** points for Overall Rating (Employee)
- **44%** points for Likelihood to Recommend (Physician)
- **38%** points for Likelihood to Recommend (Employee)
- **30%** points ranking for Staff Responsiveness
- **50%** points for Transition of Care
- **23%** points for MD Communication
- **38%** points for RN Communication

**PATIENT EXPERIENCE**

Data Source: Press Ganey
CCH 2020 Safety Culture & Engagement Correlation

Correlation Coefficient: $r = +0.83$

very strong positive association

Data Source: Press Ganey
Employee Engagement Results

Cook County Health 2020

Engagement
Employees' emotional attachment and commitment to organization

3.83

-0.27 vs Nat’l Healthcare
-0.21 vs Safety Net
+0.03 vs CCH 2018

Survey Admin: September – October 2020
Response Rate: 56% (n=3,300)

Data Source: Press Ganey, Employee Engagement and Culture of Safety Survey
## Key Drivers of Engagement

### Cook County Health 2020

<table>
<thead>
<tr>
<th>Key Drivers</th>
<th>2018 CCH</th>
<th>2020 CCH</th>
<th>% Unfavorable</th>
<th>Difference from:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Nat’l Healthcare Avg</td>
</tr>
<tr>
<td>I feel like I belong at CCH</td>
<td>3.85</td>
<td>3.94*</td>
<td>7%</td>
<td>-0.15</td>
</tr>
<tr>
<td>CCH provides high quality care and service</td>
<td>3.78</td>
<td>3.74</td>
<td>8%</td>
<td>-0.45</td>
</tr>
<tr>
<td>CCH makes every effort to deliver safe, error-free care to patients</td>
<td>3.83</td>
<td>3.82</td>
<td>8%</td>
<td>-0.42</td>
</tr>
<tr>
<td>I have confidence in senior management’s leadership</td>
<td>3.36</td>
<td>3.27</td>
<td>25%</td>
<td>-0.49</td>
</tr>
<tr>
<td>My work gives me a feeling of accomplishment</td>
<td>3.99</td>
<td>4.06*</td>
<td>6%</td>
<td>-0.15</td>
</tr>
</tbody>
</table>

**Data Source:** Press Ganey, Employee Engagement and Culture of Safety Survey

*statistically significant difference*
## Leader Index

### Leader Index Items

<table>
<thead>
<tr>
<th>Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>The person I report to treats me with respect</td>
</tr>
<tr>
<td>I respect the abilities of the person to whom I report</td>
</tr>
<tr>
<td>The person I report to encourages teamwork</td>
</tr>
<tr>
<td>The person I report to care about my job satisfaction</td>
</tr>
<tr>
<td>The person I report to is a good communicator</td>
</tr>
<tr>
<td>I am involved in decisions that affect my work</td>
</tr>
</tbody>
</table>

### Readiness Levels

<table>
<thead>
<tr>
<th>Readiness Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Readiness</td>
<td>Group is ready to have discussions for improvement with manager</td>
</tr>
<tr>
<td>Moderately High</td>
<td>Group may be ready for discussions; manager may benefit from guidance</td>
</tr>
<tr>
<td>Readiness</td>
<td>Build relationships between managers and employees prior to discussions</td>
</tr>
<tr>
<td>Moderate Readiness</td>
<td></td>
</tr>
<tr>
<td>Low Readiness</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Readiness Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>≥90</td>
<td>High Readiness</td>
</tr>
<tr>
<td>80-89</td>
<td>Moderately High Readiness</td>
</tr>
<tr>
<td>70-79</td>
<td>Moderate Readiness</td>
</tr>
<tr>
<td>60-69</td>
<td>Moderately Low Readiness</td>
</tr>
<tr>
<td>&lt;60</td>
<td>Low Readiness</td>
</tr>
</tbody>
</table>

**Data Source:** Press Ganey
Employee Engagement and Culture of Safety Results
Cook County Health 2020

What is Culture of Safety?
• Organizations that are highly reliable maintain a **commitment to safety** at all levels, from frontline providers to managers and executives.
• Safety is viewed as a **core value** across all sites and services.

**Safety Culture**
Evaluation of attitudes and behaviors impacting patient and workplace safety

Data Source: Press Ganey, Employee Engagement and Culture of Safety Survey

Survey Admin: September – October 2020
Response Rate: 56% (n=3,300)
Key Features of a Culture of Safety:

• Organizational commitment of resources to address safety concerns.

• Blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment.

• Takes into account that individuals are human, fallible and capable of mistakes, and that they work in systems which are sometimes flawed.

• Uses data proactively and in response to events.

• Encourages collaboration across ranks and disciplines to seek solutions to patient safety problems.

Source: AHRQ Patient Safety Primer, “Culture of Safety”
Why Safety Culture Matters

• Improving the culture of safety within health care is an essential component of preventing or reducing errors and improving overall health care quality.

• Safety culture influences the effectiveness of other safety and quality interventions.
  • Can enhance or inhibit effects of other interventions

• Safety culture can change through intervention.
  • Leadership commitment
  • Staff engagement
Reliability as the Operating System that Ties it all Together

HIGH RELIABILITY = Safety First + Best-Practice Medicine + Patient Centeredness + People Centeredness + Resource Focus

Move toward Zero Harm Clinical Quality Improves Patient Experience Improves Workforce Engagement Improves Efficiency Improves

COOK COUNTY HEALTH
<table>
<thead>
<tr>
<th>Item</th>
<th>2020 Score</th>
<th>% Unfavorable</th>
<th>Difference from Nat’l Healthcare Average</th>
<th>Difference from Nat’l Safety Net Hospital Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>In my department, we discuss ways to prevent errors from happening again.</td>
<td>3.90</td>
<td>11%</td>
<td>-0.37</td>
<td>-0.27</td>
</tr>
<tr>
<td>We are actively doing things to improve patient safety.</td>
<td>3.90</td>
<td>7%</td>
<td>-0.37</td>
<td>-0.29</td>
</tr>
<tr>
<td>I can report patient safety mistakes without fear of punishment.</td>
<td>3.84</td>
<td>11%</td>
<td>-0.38</td>
<td>-0.27</td>
</tr>
<tr>
<td>Employees will freely speak up if they see something that may negatively affect patient care.</td>
<td>3.81</td>
<td>11%</td>
<td>-0.38</td>
<td>-0.27</td>
</tr>
<tr>
<td>The amount of job stress I feel is reasonable.</td>
<td>3.09</td>
<td>32%</td>
<td>-0.40</td>
<td>-0.31</td>
</tr>
<tr>
<td>Mistakes have led to positive changes here.</td>
<td>3.66</td>
<td>11%</td>
<td>-0.41</td>
<td>-0.33</td>
</tr>
<tr>
<td>I feel free to raise workplace safety concerns.</td>
<td>3.80</td>
<td>11%</td>
<td>-0.41</td>
<td>-0.30</td>
</tr>
</tbody>
</table>

**Data Source:** Press Ganey, Employee Engagement and Culture of Safety Survey
## Culture of Safety Items

### Lowest Performing Items Compared to National Healthcare Average

<table>
<thead>
<tr>
<th>Item</th>
<th>2020 Score</th>
<th>% Unfavorable</th>
<th>Difference from</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>National Healthcare Average</td>
<td>Net Hospital Average</td>
</tr>
<tr>
<td>Senior management provides a work climate that promotes patient safety.</td>
<td>3.57</td>
<td>60%</td>
<td>-0.48</td>
</tr>
<tr>
<td>When a mistake is reported, it feels like the focus is on solving the problem, not writing up the person.</td>
<td>3.42</td>
<td>54%</td>
<td>-0.49</td>
</tr>
<tr>
<td>Where I work, employees and management work together to ensure the safest possible working conditions.</td>
<td>3.56</td>
<td>60%</td>
<td>-0.52</td>
</tr>
<tr>
<td>My department works well together.</td>
<td>3.65</td>
<td>63%</td>
<td>-0.53</td>
</tr>
<tr>
<td>I would recommend Cook County Health (CCH) to family and friends who need care.</td>
<td>3.65</td>
<td>63%</td>
<td>-0.57</td>
</tr>
<tr>
<td>Communication between departments is effective at Cook County Health (CCH).</td>
<td>3.03</td>
<td>36%</td>
<td>-0.59</td>
</tr>
<tr>
<td>My department is adequately staffed.</td>
<td>2.66</td>
<td>30%</td>
<td>-0.61</td>
</tr>
</tbody>
</table>

**Data Source:** Press Ganey, Employee Engagement and Culture of Safety Survey
Timeline for Employee Engagement

Next Steps

Dec 4th – 10th
Executive overviews for Provident, ACHN, Correctional Health, CountyCare, Stroger and CCDPH

Dec 11th
Data is released to all leaders

Dec 12th – 31st
Leaders share and discuss their data with their teams

PLANNING

Feb 1st
All leaders with available data upload improvement plans into Press Ganey Portal

ACTION
Impact of Sharing, Communication & Involvement on Engagement

Cook County Health, 2020 Pulse Survey in March

**Data Source:** Press Ganey, Employee Engagement and Culture of Safety Survey
Improvement Plans

Due February 1\textsuperscript{st}

• Leaders were required to create improvement plans on the following:
  • Leader index item
  • Culture of safety item
  • Work unit/department specific item

\textit{templates for each measured item available in the Press Ganey Portal}

• Improvement plans were due into the Press Ganey Portal on February 1\textsuperscript{st}
Improvement Plans
Press Ganey Portal

Examples of Plans Submitted:
• “Culture of mutual respect”
• “Employee communication styles”
• “Encourage error reporting”
• “Focus on problem, not person”
• “Identification of communication strategies”
• “Improve access to career development activities”
• “Involves staff in decision making”
• “Promotion of CCH”
• “Reducing job stress”
• “Refer CCH for care”
• “Reputation transformation”
• “Staff inclusion and engagement”
• “Why my work matters!”
Action Phase: Ongoing Follow-Up

Tips for Leaders

• Regularly review the Improvement Plan with your leader and your direct team members
• Action planning should be a standing item on your team meeting agenda
• Ask team members assigned to action tasks to regularly report-out on progress
• Continue to modify, add tasks, and update the Improvement Plan as it evolves
• Communicate and celebrate successes and progress as steps are completed
• Continue to discuss improvement plans with your manager and teams – provide updates throughout the year
• Complete the High Reliability training – and practice the tools, use the knowledge gained
Questions
ATTACHMENT #4
Meeting of the Cook County Health and Hospitals System

March 19, 2021

Back-Up Material for Item No. IV(A)
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/Apartment Term</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jennifer Suffern, DPM</td>
<td>Surgery</td>
<td>Chair of the Division of Podiatry</td>
</tr>
</tbody>
</table>

03/19/2021 - 05/17/2023

APPROVED
MAR 26 2021
BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ATTACHMENT #5
Chair: Dr. Pierko  
Meeting Date: January 26, 2021, 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
- Leapfrog Update
- Patient Safety Dashboard
- EOC
- Radiology
- Patient Relations
- HRO Dyad: Patient Experience

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

- Leapfrog Update: Most recent grade from December 2020 was “F”. Projected score for May release is a “D”.  
- Patient Safety: There has been a decrease in reported safety events compared to the past 2 years; Covid considered a contributing factor. Total # of SSE’s is decreasing which is favorable.  
- Radiology: Stroke MRI turn around times improved. Continued focus on two patient identifiers and causes when errors occur.  
- Patient Relations: There was a 13% increase in grievances in 2020 compared to 2019. Top three reasons: patient rights, patient care, and billing issues.

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  
March 2021

Chair: Dr. Turner/Dr. Loafman-Presiding Chair  
Co-Chair:  
Meeting Date(s): January 28, 2021 via WebEx  
Regular or Special Meeting: Regular  
Minutes/Attendance: Attached for review for MEC, summary only for QPS

January Reports:  
> Transportation  
> Pharmacy  
> Patient Access  
> In-Patient Care Coordination  
> Behavioral Health  
> Clinical Analytical Lab

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

> Transportation: New indicator to improve throughput. Goal of 20 minutes from time of transporter notification to arrival to the ED.  
> In-patient Care Coordination: Monitoring indicator that RN Case Manager will verify insurance on all patients admitted to Provident within a 48-hour timeframe excluding weekends/holidays. Compliance 74% for December.  
> Behavioral Health: Monitoring that Clinicians will complete 95% of their billing. 2020 averaged 94.9%.  
> Lab: Monitoring STAT turn around times, critical value reporting, blood contamination rates, ED type and screen completed within 20 minutes, and transfusion reactions.

There are no action items for the Medical Executive Committee  
There are no action items for the QPS Committee
ATTACHMENT #6
March 11, 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 approved the attached list of medical staff action items on 03/09/2021, for your consideration.

Thank you kindly.

Respectfully Submitted,

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

Medical Staff Appointments/Reappointments Effective March 19, 2021 Subject to Approval by the CCH Quality and Patient Safety Committee Board.

### Initial Physician Appointment Applications:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Department / Division</th>
<th>Appointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Krunic, Aleksander, MD</td>
<td>Consulting</td>
<td>Medicine/Dermatology</td>
<td>March 19, 2021 thru March 18, 2023</td>
</tr>
<tr>
<td>Sweet, Fred Arthur MD</td>
<td>Honorary</td>
<td>Trauma/Burn Unit</td>
<td>March 19, 2021 thru March 18, 2023</td>
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Reappointment Applications Physicians:

**Department of Correctional Health:**

<table>
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<th>Name</th>
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<th>Division</th>
<th>Reappointment Term</th>
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<tbody>
<tr>
<td>Canelas, Elizabeth W., MD</td>
<td>Active</td>
<td>Psychiatry</td>
<td>May 18, 2021 thru May 17, 2023</td>
</tr>
<tr>
<td>Garbharran, Sharad MD</td>
<td>Active</td>
<td>Psychiatry</td>
<td>May 18, 2021 thru May 17, 2023</td>
</tr>
<tr>
<td>Harris, Rebecca MD</td>
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<td>Med/Surg</td>
<td>May 24, 2021 thru May 23, 2023</td>
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<tr>
<td>Ward, Andrea N., MD</td>
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<td>May 25, 2021 thru May 24, 2023</td>
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**Department of Family Medicine:**

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<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>Shah. Chiragi, MD</td>
<td>Active</td>
<td>Family Medicine</td>
<td>April 22, 2021 thru April 21, 2023</td>
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</table>

**Department of Medicine**

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
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<tbody>
<tr>
<td>Andablo, Araceli, MD</td>
<td>Active</td>
<td>Medicine/General Medicine</td>
<td>April 11, 2021 thru April 10, 2023</td>
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<tr>
<td>Bangayan, Lorraine MD</td>
<td>Active</td>
<td>Medicine/Adult Cardiology</td>
<td>May 17, 2021 thru May 16, 2023</td>
</tr>
<tr>
<td>Black, Stephanie MD</td>
<td>Voluntary</td>
<td>Medicine/Infectious Disease</td>
<td>April 17, 2021 thru April 16, 2023</td>
</tr>
<tr>
<td>Shah, Sejal, MD</td>
<td>Active</td>
<td>Medicine/General Medicine</td>
<td>May 19, 2021 thru May 18, 2023</td>
</tr>
<tr>
<td>Martin, Jonathan W., DO</td>
<td>Active</td>
<td>Medicine/Infectious Disease</td>
<td>May 24, 2021 thru May 23, 2023</td>
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<tr>
<td>Piette, Warren W., MD</td>
<td>Voluntary</td>
<td>Dermatology</td>
<td>April 28, 2021 thru April 27, 2023</td>
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<tr>
<td>Santhiraj, Yaveen, MD</td>
<td>Active</td>
<td>Hospital Medicine</td>
<td>July 22, 2021 thru July 21, 2023</td>
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### Department of Oral Health:

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<tbody>
<tr>
<td>Coelho, Giselle DMD</td>
<td>Active</td>
<td>Oral Health</td>
<td>May 17, 2021 thru May 16, 2023</td>
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### Department of Pediatrics

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<th>Name</th>
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<tbody>
<tr>
<td>Heydemann, Peter T., MD</td>
<td>Voluntary</td>
<td>Peds Neurology</td>
<td>May 26, 2021 thru May 25, 2023</td>
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### Department of Psychiatry

<table>
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<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kleinman, Amanda S., MD</td>
<td>Consulting</td>
<td>Psychiatry</td>
<td>April 13, 2021 thru April 12, 2023</td>
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### Department of Radiology

<table>
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<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
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</thead>
<tbody>
<tr>
<td>Basu, Anupam, MD</td>
<td>Active</td>
<td>Diagnostic Radiology</td>
<td>June 17, 2021 thru June 16, 2023</td>
</tr>
<tr>
<td>Trepashko, Donald W., MD</td>
<td>Active</td>
<td>Nuclear Radiology</td>
<td>May 14, 2021 thru May 13, 2023</td>
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</table>

### Department of Surgery:

<table>
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<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
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<tbody>
<tr>
<td>Munich, Stephan A., MD</td>
<td>Voluntary</td>
<td>Neurosurgery/Radiology</td>
<td>May 24, 2021 thru May 23, 2023</td>
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</table>
### Initial Application for Non-Medical Staff:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Supervisor/Collab</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assian, Sarah PA-C</td>
<td>Medicine/Infectious Diseases</td>
<td>Audrey French, MD</td>
<td>March 19, 2021 thru March 18, 2023</td>
</tr>
<tr>
<td>Lott, Sandra CRNA</td>
<td>Anesthesiology</td>
<td>N/A</td>
<td>March 19, 2021 thru March 18, 2023</td>
</tr>
<tr>
<td>Slowikowski, Rosemarie, CRNA</td>
<td>Anesthesiology</td>
<td>N/A</td>
<td>March 19, 2021 thru March 18, 2023</td>
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</tbody>
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### Renewal of Privileges for Non-Medical Staff:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Supervisor/Collab</th>
<th>Terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bozylinsky, Katherine, PA-C</td>
<td>Medicine/Infectious Disease</td>
<td>Katayoun Rezai, MD</td>
<td>May 22, 2021 thru May 21, 2023</td>
</tr>
<tr>
<td>Han, Yong LAc</td>
<td>Anesthesiology/Pain Management</td>
<td>N/A</td>
<td>June 21, 2021 thru June 20, 2023</td>
</tr>
<tr>
<td>Kane-Towles, Megan R., PA-C</td>
<td>Family Medicine</td>
<td>Jalpabahen A. Patel, MD</td>
<td>May 19, 2021 thru May 18, 2023</td>
</tr>
<tr>
<td>Kurn, Maria Del Carmen P., CNP</td>
<td>Medicine/Pulmonary &amp; Critical Care</td>
<td>Nancy M. Quesada, MD</td>
<td>May 12, 2021 thru May 11, 2023</td>
</tr>
<tr>
<td>Veliyahumalil, Jasseena CNP</td>
<td>Medicine</td>
<td>Ambika Amblee, MD</td>
<td>May 19, 2021 thru May 18, 2023</td>
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</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Supervisor/Collab</th>
</tr>
</thead>
<tbody>
<tr>
<td>McGee, Natalia, CNP</td>
<td>Medicine/Infectious Disease</td>
<td>Monica Mercon, MD and Temitope Oyedele, MD</td>
</tr>
</tbody>
</table>
Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on March 5, 2021 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
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 March 5, 2021

Medical Staff Appointments/Reappointments Effective March 19, 2021 Subject to Approval by the CCH Quality and Patient Safety Committee

New Business
Reappointment Applications Physicians:

### Department of Internal Medicine:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Department/Specialty</th>
<th>Appointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dorman, James, MD</td>
<td>Affiliate</td>
<td>Neurology</td>
<td>May 20, 2021 thru May 19, 2023</td>
</tr>
<tr>
<td>Lenhardt, Richard, MD</td>
<td>Affiliate</td>
<td>Medicine/Pulmonary</td>
<td>May 19, 2021 thru May 18, 2023</td>
</tr>
<tr>
<td>Martin, Jonathon, DO</td>
<td>Affiliate</td>
<td>Infectious Diseases</td>
<td>May 24, 2021 thru May 23, 2023</td>
</tr>
</tbody>
</table>

### Department of Radiology:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Department/Specialty</th>
<th>Appointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trepashko, Donald, MD</td>
<td>Affiliate</td>
<td>Radiology</td>
<td>May 14, 2021 thru May 13, 2023</td>
</tr>
</tbody>
</table>
Medical Staff Appointment Provisional To Full:

<table>
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<tr>
<th>Name</th>
<th>Category</th>
<th>Department/Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilati, Stamatoula, MD</td>
<td>Provisional</td>
<td>Radiology/Nuclear Medicine</td>
</tr>
</tbody>
</table>

Medical Staff Category and/or Department Addition/Change With No Change In Privileges:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grennan, Dara, MD</td>
<td>Medicine/Infectious Disease</td>
<td>Consulting</td>
<td>Affiliate</td>
</tr>
</tbody>
</table>

Non-Medical Staff Provisional to Full:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Supervisor/Collaborator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fullilove, Constance, Ph.D.</td>
<td>Psychiatry</td>
<td>N/A</td>
</tr>
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</table>
ATTACHMENT #7
PROFESSIONAL EDUCATION
John M. O’Brien, M.D.

Overview of Resident/Fellow Training

March 19, 2021
The Role of Medical Education in the Care of Our Patients

Mission Alignment
Maintain a Culture of Professionalism

Recruit Well-Trained Residents and Fellows at Graduation

Develop as Leaders of a High Quality, Safe, Reliable, PATIENT-CENTERED, integrated health system

Training:
Safety
Quality
Knowledge
Compassion

Recruit Diverse/Committed Students

Today’s Medical Students: Tomorrow’s Leaders
Generally Accepted Benefits of Residencies/Fellowships

- Facilitate a Cost-Effective Model of 24/7 Care of Acutely Ill Patients
- Help Attract Attending Physicians
- Provide Valuable Feedback That Can Improve Hospital Performance
- Improved Hiring Decisions When Familiar With Graduate’s Work Product

Can Be Used to Drive Information “Upward”
Metrics

What Can Be Easily Measured?

- Quality of Training → Accreditation
- Quality of Care → eMERS
- Retention of Trainees → Percentage of Graduates Hired
Quality of Training

Accreditation
Accreditation – 23 Programs (1 Citation)

Accreditation Council for Graduate Medical Education (ACGME)
• 20 Programs
  • All accredited: 19/20 without citations
  • IM with one citation- excessive non-clinical tasks/ Work Hours concerns

Commission on Dental Accreditation (CODA)
• Oral and Maxillofacial Surgery
  • “Accreditation without Reporting Requirements”
  • Next Review is in 2021

American Osteopathic Association (AOA)
• Neurosurgery Accredited through 2021 (Sunsetting)

American Society of Health-System Pharmacists (ASHP)
• Pharmacy Residency Accredited through 2023
Clinical Learning Environment (C.L.E.R.) Visit 2021

Emphasis is on the QUALITY and SAFETY of the Environment for learning and patient care

- Learning Environment has durable effect on long-term practice habits

Visits are every 18 months (our 4th visit)

One Day Visit Done Remotely (This Time)

- Must start and end with a meeting that includes the CEO and the DIO
- Interview Residents and Program Directors using Audience Response System
- Required to maintain accreditation

2021 Findings:

- 40% Participated in an RCA (up from 26%)
- 17% Aware of Results of Pt Safety Analyses
- Early stages of syst. Approach to Health Care Disparities
- 10% of Res/Fell received training in “Teaming”
Quality of Care

Recognizing Quality and Safety Issues
Leveraging Trainees To Improve Quality and Safety

• Education – Four Hour Training Session During Orientation
• Reporting – eMERS (Trainees Generate ~8% of all reports)
• Quality Improvement -100% participation
• Leadership - COVID Vaccination rate = 90%
Retention of Trainees
Percentage of Staff That Trained at CCH

March 2021

Anesthesia  60%
EM  50%
FM  40%
IM  40%
OB/Gyne  30%
Pediatrics  40%
Radiology  60%
Surgery  40%
Trauma  50%

Percentage That Trained At CCH
Training Residents Employed By Others (Rotators)

- Provide Extended Coverage for our Patients
- Attract Quality Faculty
- Develop a Pool of Physicians for Recruiting (Retention)
Rotator Programs

( ) = FTE Trainees/year

**Integrated**
- Allergy (1)
- Cardio Thoracic Surgery (1)
- General Surgery (24)
- Endocrinology (3)
- Infectious Disease (5)
- Neurology (2)
- OB/GYN (15)
- Rheumatology (2)
- Neurosurgery (4.0)

**Not Integrated**
- Orthopedics (7.8)
- ENT (7)
- Pathology (3)
- Nephrology (2)

(Claim these on Medicare)
# Summary of Agreements for 2021
Presented For Approval March 19, 2021

<table>
<thead>
<tr>
<th>Program</th>
<th>FTE residents</th>
<th>Contract Length-Yrs</th>
<th>Max. Annual Reimbursed</th>
</tr>
</thead>
<tbody>
<tr>
<td>NORTHWESTERN/MCGAW</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OB/GYNE</td>
<td>15</td>
<td>5</td>
<td>$1,385,784</td>
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<tr>
<td>Otolaryngology</td>
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<td>5</td>
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<tr>
<td>Orthopedics</td>
<td>4</td>
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<tr>
<td>Trauma</td>
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<tr>
<td>Urology</td>
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<td>$99,802</td>
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<tr>
<td>FRANCISCAN ST. JAMES</td>
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<tr>
<td>Orthopedics</td>
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<tr>
<td>Univ. of Illinois-Chicago</td>
<td>3</td>
<td>1</td>
<td>$276,269</td>
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<tr>
<td>Pathology</td>
<td>2</td>
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</tbody>
</table>

**COOK COUNTY HEALTH**

**APPROVED**
MAR 26 2021

BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM
## Summary of Agreements for 2021
Presented For Approval March 19, 2021

<table>
<thead>
<tr>
<th>Program</th>
<th>FTE residents</th>
<th>Contract Length-Yrs</th>
<th>Max. Annual Reimbursed</th>
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</thead>
<tbody>
<tr>
<td><strong>RUSH</strong></td>
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<tr>
<td>Allergy/Immunology</td>
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<tr>
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<tr>
<td>Trauma</td>
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Questions?
Thank you.