

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, April 19, 2024 at the hour of 12:00 P.M., at 1950 West Polk Street, Room 5301, in Chicago, Illinois.

I. Attendance/Call to Order

Chair Bhatt called the meeting to order.

Present: Chair Jay Bhatt, DO, MPH, MPA and Directors Joseph M. Harrington (Substitute Member) and Mia Webster Cross, MSN, RN (3)
Patricia Merryweather (Non-Director Member)

Remotely Present: Director Tanya R. Sorrell, PhD, PMHNP-BC (1)

Absent: Director Raul Garza (1)

Director Webster Cross, seconded by Director Harrington, moved to allow Director Sorrell to remotely participate as a voting member in this meeting.
THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Paul Allegretti, MD – Provident Hospital of Cook County
Diane Creal – Director of Complex Care Coordination
Claudia Fegan, MD – Chief Medical Officer
Umair Jabbar, MD – Attending Physician VIII-SC
Mark Loafman, MD - Chair of the Department of Family & Community Medicine
Irene Marks – Associate Chief Quality Officer
Jeff McCutchan – General Counsel

Erik Mikaitis, MD – Interim Chief Executive Officer
Alisha Patel – Assistant General Counsel
Kathryn Radigan, MD – Attending Physician X-SC
Deborah Santana – Secretary to the Board
Raji Thomas – Interim Chief Quality Officer
Ozuru Ukoha, MD – Chair, Division of Cardiothoracic Surgery
Elizabeth Vaclavic, DNP, RN, OCN, NEA-BC - Associate Chief Nursing Executive

The next regular meeting of the Quality and Patient Safety Committee is scheduled for Thursday, May 9, 2024 at 10:30 A.M.

II. Public Speaker Testimony

There was no public speaker testimony provided.

III. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #1)

Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the one (1) proposed Stroger Hospital Department Chair Reappointment presented for the Committee's consideration.

Director Harrington, seconded by Director Webster Cross, moved to approve Item III(A) the one (1) proposed Stroger Hospital Department Chair Reappointment. THE MOTION CARRIED UNANIMOUSLY.

III. 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 #2)
 - Approve Stroger Hospital Medical Staff Appointments/Reappointments/Changes (Attachment #3)
- ii. Receive report from MEC President
 - Receive summary of Provident Hospital Quality and Performance Improvement Committee (Attachment #2)
 - Approve Provident Hospital Medical Staff Appointments/ Reappointments/Changes (Attachment #3)

Dr. Ozuru Ukoha, Chair of the Division of Cardiothoracic Surgery, reviewed the Stroger Quality Committee summary and presented the proposed Stroger Hospital medical staff action items for the Committee's consideration, on behalf of Dr. Abayomi Akintorin, President of the EMS of John H. Stroger, Jr. Hospital of Cook County. Dr. Paul Allegretti, President of the MEC of Provident Hospital, reviewed the Provident Quality Committee summary and presented the proposed Provident Hospital medical staff action items for the Committee's consideration.

Director Harrington, seconded by Director Webster Cross, moved to approve Item III(B) the proposed Stroger Hospital and Provident Hospital medical staff appointments, reappointments and changes. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, March 13, 2024

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

Director Harrington, seconded by Director Sorrell, moved to accept Item III(C) the Minutes of the Quality and Patient Safety Committee Meeting of March 13, 2024. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Section III

IV. Operational Excellence (OpEx)

A. Update from OpEx Workgroups (Attachment #4)

- Clinical Outcomes - Stroger Hospital: reviewed by Dr. Kathryn Radigan
- Clinical Outcomes - Provident Hospital: reviewed by Dr. Mark Loafman
- Readmissions – Stroger Hospital: reviewed by Dr. Umair Jabbar and Diane Creal
- HEDIS/Registries – ACHN: reviewed by Elizabeth Vaclavic

The four (4) Updates from the OpEx Workgroups were reviewed by the individuals listed above. The Committee reviewed and discussed the information.

IV. OpEx (continued)

B. Appendix – OpEx Dashboards (Stroger, Provident, ACHN) (Attachment #5)

Raji Thomas, Interim Chief Quality Officer, provided an overview of the OpEx Dashboard. The Committee reviewed and discussed the information.

V. Report on other Quality and Patient Safety Matters

A. Regulatory and Accreditation Updates (Attachment #6)

Irene Marks, Associate Chief Quality Officer, provided an overview of the Regulatory Update. The Committee reviewed and discussed the information.

VI. 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 recess into a closed meeting.

VII. Adjourn

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

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Dr. Jay Bhatt, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Deborah Santana, Secretary

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ATTACHMENT #1

Meeting of the CCH Quality and Patient Safety Committee

April 3, 2024

Back-Up Material for Item No. ,
Appointment and Re-Appointment of Stroger Hospital Department Chairs and Division Chairs

Respectfully requesting approval of the following:

Re-appointment of the following individual Department Chair of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Trevor Lewis, MD	Emergency Medicine Appt Term 04/1/24 – 04/31/26	Chair of the Department of Emergency Medicine

APPROVED

APR 26 2024

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
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ATTACHMENT #2

**Stroger Hospital Quality Improvement & Patient Safety (HQI/PS) Committee
Summary Report to the Executive Medical Staff (EMS) Committee and Quality and Patient
Safety (QPS) Committee
For March 2024**

Chairs: Dr. Fakhran and Dr. Gomez-Valencia

Meeting Date: February 27, 2024, 12-1:30PM In-Person

Regular or Special Meeting: Regular

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

February Highlights:

Infection Control

- CLABSI
 - Predicted – 14
 - Actual – 11
 - 2023-JSHCC -SIR = 0.76 (USA-SIR = 0.92)

Nursing

- 2024 Goals
 - Reduction in total falls and falls with injury by 15% compared to 2023
 - Reduction in total CLABSI by 15% compared to 2023
 - Reduction in total CAUTI by 15% compared to 2023

Case Management

- Discharge disposition issues and delay in care averaged 3% in Q4 of 2023
- Denial rates averaged 2.67% in Q4 of 2023

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 Medical Executive Committee (MEC)
For April 2024**

Chair: David Brady

Meeting Date: February 22nd 11:00am-12:30pm via WebEx

Regular or Special Meeting: Regular

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

February Highlights

8 West - ICU

- Barcode Medication Administration (BCMA) monitoring has been implemented to quantify the measurement of CMA processes, which includes the accuracy of barcode scanning for both 8W and ICU
- The Morse Scale Tile is being utilized to identify high-risk patients and to monitor the measures implemented for fall prevention at 8W and ICU.

ED Nursing

- A retrospective analysis is being conducted on barcode scanning to identify top barriers
- An education with nurses is being conducted centered around medication scanning and patient safety

Transportation

- Transport average request to complete time currently is 23 minutes; the goal is to reduce to 20 minutes
- The total number of transports completed in January was 1,144.

There are no action items for the MEC Committee.

There are no actions for the QPS Committee.

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ATTACHMENT #3



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Erik Mikaitis, MD, MBA
Interim 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

Jay Bhatt, DO, MPH, MPA
Robert Currie
Raul Garza
Joseph M. Harrington
Robert G. Reiter, Jr.

Sam A Robinson, III, PhD
Tanya R. Sorrell, PhD, PMHNP-BC
Otis L. Story, Sr., MA, MHSA, FACHE
Mia Webster Cross, MSN, RN

To: Quality and Patient Safety Committee
From: Executive Medical Staff Committee of John H. Stroger Jr., Hospital
Date: April 12, 2024
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 on April 9, 2024, for your consideration.

Thank you kindly and respectfully submitted,

Abayomi E. Akintorin, MD
President, Executive Medical Staff (EMS)



TO: Quality, Patient and Safety Committee

FROM: Abayomi E. Akintorin, MD
EMSC President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee** held on **4/9/2024.**

Medical Staff Appointments/Reappointments Effective 4/19/2024 and are subject to Approval by Cook County Health Systems Boards.

PHYSICIAN PROVIDERS

-
N/A

OLD BUSINESS

NEW BUSINESS

Initial(s):

Aulis, Katherine Kristjanson, MD/Emergency Medicine/**RECOMMENDED**
Barrett, Brennan James, DO/Radiology/**RECOMMENDED**
Birch, Noah Warren, MD/Medicine/Hematology/Oncology/**RECOMMENDED**
Comment: Temporary privileges granted 3/14/2024
Carr, Silvana Barbosa, MD/Pediatrics/**RECOMMENDED**
Galvez, Carlos, MD/Medicine/Hematology/Oncology/**RECOMMENDED**
Comment: Temporary privileges granted 3/14/2024
Llorens, Teresa N., MD/Pediatrics/**RECOMMENDED**
Nikolaides, Jenna K., MD/Emergency Medicine/**RECOMMENDED**
Sanchez, Matias Eugenia, MD/Medicine/Hematology/Oncology/**RECOMMENDED**
Comment: Temporary privileges granted 3/14/2024
Sawardekar, Umayal, MD/Radiology/**RECOMMENDED**
Comment: Temporary privileges granted 3/01/2024
Uzoka, Chukwuemeka C, MD/Medicine/Hematology/Oncology/**RECOMMENDED**

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Weaver, Andrew MD/Trauma/**RECOMMENDED**
Weigel, Bernard, MD/Emergency Medicine/**RECOMMENDED**
Zivin, Sean Phillip, MD/Radiology/**RECOMMENDED**

Reappointment(s):

Abiona, Titilayo, MD/Family Medicine/**RECOMMENDED**
Adams, Carmen Michelle/Ob/Gyn/**RECOMMENDED**
Agrawal, Vishwanath, MD/Pediatrics/Neonatology/**RECOMMENDED**
Ahmed, Wasay Uddin, MD/General Medicine/**RECOMMENDED**
Alonso, Vanessa, MD/General Medicine **RECOMMENDED**
Aluen Metzner, Irene, MD/General Medicine/**RECOMMENDED**
Brock, Max MD/ Medicine/Internal Medicine/**RECOMMENDED**
Cejtin, Helen, MD/Ob/Gyn/**RECOMMENDED**
Chaudhary, Shweta V. MD/Surgery/Ophthalmology/**RECOMMENDED**
Dobbs, Ryan Whitney, MD/Surgery/Urology/**RECOMMENDED**
Dorman, James MD / Medicine/Internal Medicine/**RECOMMENDED**
Dwarakanathan, Surendar, MD/Surgery/Ophthalmology/**RECOMMENDED**
Gbotosho, Abidemi DDS / Oral Health /**RECOMMENDED**
Geissen, Nicole Marie, DO/Surgery/Cardiothoracic/**RECOMMENDED**
Gueret, Renaud Marcel, MD/Pulmonary/**RECOMMENDED**
Huang, Shou-Yien Shirley, MD/Pediatrics/Neonatology/**RECOMMENDED**
Khilfeh, Manhal, MD/Pediatrics/Neonatology/**RECOMMENDED**
Kumar, Rajeev, MD/Pediatrics/Neonatology/**RECOMMENDED**
Lash, James MD / Medicine/ Nephrology /**RECOMMENDED**
Ligas, Erik DDS / Oral Health/**RECOMMENDED**
Leikin, Jerrold Blair, MD/Emergency Medicine/**RECOMMENDED**
Licht, Sherry, MD/General Medicine/**RECOMMENDED**
Osei, Albert MD / Medicine/Nephrology- Hypertension/**RECOMMENDED**
Oskin, Yana Michele, MD/Correctional Health/Psychiatry/**RECOMMENDED**
Patel, Urjeet A., MD/Surgery/Otolaryngology/ **RECOMMENDED**
Reddy, Shalini, MD/Hospital Medicine/ **RECOMMENDED**
Sansom, Sarah DO/ Medicine/Infectious Disease /**RECOMMENDED**
Saulsberry, Alexandria, MD/Pediatrics/ **RECOMMENDED**
Schwartz, David MD /Medicine/Infectious Disease/**RECOMMENDED**
Sha, Beverly MD/Medicine/Infectious Disease/ **RECOMMENDED**

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Shaka, Hafeez, MD/General Medicine/**RECOMMENDED**
Shim, Kyungran, MD/General Medicine/**RECOMMENDED**
Smith, Sara Boblick, MD/Pediatrics **RECOMMENDED**
Stern, Hudson David, MD/Surgery/Ophthalmology/**RECOMMENDED**
Turbay, Rafael, MD/Hospital Medicine/**RECOMMENDED**
Tweet, Marit Susan, MD/Emergency Medicine /**RECOMMENDED**
Ungaretti, Joy Ann, MD/Ob/Gyn/**RECOMMENDED**
Yadav, Neha MD/Medicine/Cardiology/**RECOMMENDED**
Vergara-Rodriguez, Pamela Teresa, MD/**RECOMMENDED**
Williamson, Sunita, MD/Family Medicine/**RECOMMENDED**
Zeitlin, Ross Scott, MD/Radiology/Radiation Oncology/**RECOMMENDED**

Change in Clinical Privilege(s) (Additions/Deletions):

Bianchi, Elisa Maria, MD/Adding: Robotics Clinical Privileges/**RECOMMENDED**
Bonomo, Steven, R., MD/Adding: Robotics Clinical Privileges/**RECOMMENDED**
Chaudhry, Vivek, MD/Adding: Robotics Clinical Privileges/**RECOMMENDED**
Dobbs, Ryan Whitney, MD/Adding: Robotics Clinical Privileges/**RECOMMENDED**
Geissen, Nicole Marie, DO/Adding: Robotics Clinical Privileges/**RECOMMENDED**
Makiewicz, Kristine, MD/Adding: Robotics Clinical Privileges/**RECOMMENDED**
Mantilla, Nathalie, MD/Adding: Robotics Clinical Privileges/**RECOMMENDED**
Patel, Urjeet A., MD/Adding: Robotics Clinical Privileges/**RECOMMENDED**
Sauper, Alexander J., MD/Adding: Robotics Clinical Privileges/**RECOMMENDED**
Stroie, Florian Alexandru, DO/Adding: Robotics Clinical Privileges/**RECOMMENDED**

Change in Category also includes “FPPE Initials” noted in MSOW images:

Asif, Mohammed MD – Surgery – Provisional to Consulting/**RECOMMENDED**
Barfield, Dustin MD – Emergency Medicine – Provisional to Affiliate/**RECOMMENDED**
Bianchi, Elisa MD – Surgery/Colon Rectal – Provisional to Consulting/**RECOMMENDED**
Garcia, Armando MD – Surgery/Ophthalmology – Provisional to Active/**RECOMMENDED**
Isama, Anita MD – Family Medicine – Provisional to Affiliate/**RECOMMENDED**
Kahn, Laura MD – Medicine/Internal Medicine – Provisional to Active/**RECOMMENDED**
Peng, Kelly MD – Emergency Medicine – Provisional to Active/**RECOMMENDED**
Sansome, Sarah Elizabeth, DO – Medicine/Infectious Disease – Active to Voluntary/**RECOMMENDED**
Syed, Uzma MD – Medicine/Endocrinology – Provisional to Active/**RECOMMENDED**
Yin, Serena MD – Medicine/Neurology – Provisional to Active/**RECOMMENDED**

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Resignations/Retirements:

Amin, Dhara, MD – Emergency Medicine **RECOMMENDED**

Emuchay, Ngozi, MD – Medicine/General Medicine **RECOMMENDED**

Kelner, David, Dimitri, MD - Psychiatry **RECOMMENDED**

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NON-PHYSICIAN PROVIDERS (NPP):

N/A

OLD BUSINESS

NEW BUSINESS

Initial(s):

Fapohunda, Olalekan APRN, Psychiatry/**Recommended**

Joiner, Alyssa, Ph.D., Psychiatry/**Recommended**

Comments: Temporary privileges granted 3/15/2024

Kamal, Adeel, PA-C, Family Medicine/**Recommended**

Reappointment(s):

Booker, Jacqueline, LCSW, Psychiatry/**Recommended**

Domanico, Rocco, Ph.D., Psychiatry/**Recommended**

Eneogwe, Grace APRN – Gastroenterology/**Recommended**

Green, Valerie, LCSW, Psychiatry/**Recommended**

Hajek, Kristina Nancy, PA-C/Pediatrics/Correctional Health/**Recommended**

Hinds, Vicki, LCSW, Psychiatry/**Recommended**

Melvin, Amy, APRN, Pulmonary/**Recommended**

Miranda, Karina PA-C, Endocrinology/**Recommended**

Raya, Elisabeth RDH, Oral Health/**Recommended**

Rogers, Ollie, APRN, General Medicine/**Recommended**

Sourelis-Smith, Gina, LCSW, Psychiatry/**Recommended**

Taiwo, Olamide Peter, PA-C/**Recommended**

Tutaj, Lisa, PA-C, Medicine, Correctional Health/**Recommended**

Whipple, Christine, LCSW, Psychiatry/**Recommended**

Change in Collaboration (Addition/Removal):

Oguntoba, Segun, APRN, Pediatrics-From Harina Kolluri, MD to Mopelola Akintorin, MD/**Recommended**

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Change in Clinical Privilege(s) (Additions/Deletions):

Karuthalackal, Adai V., PA-C- Surgery/Orthopedic – Adding First Assist/**Recommended**

Wade, Ashley PA-C – Neurology – Adding Prescriptive Authority/**Recommended**

Change in Collaboration (From/To):

N/A

Change in Category Status:

Garrad, Hannah, PA-C, Medicine/Internal Medicine

Provisional to Physician Assistant **Recommended**

Kaakani, Alia, PA-C, Medicine/Neurology

Provisional to Physician Assistant **Recommended**

Lukic, Nikola, PA-C, Medicine/Neurology

Provisional to Physician Assistant **Recommended**

Mahmood, Mona, PA-C, Psychiatry/Correctional Health

Provisional to Physician Assistant **Recommended**

Philip, Sajan, PA-C, Emergency Medicine

Provisional to Physician Assistant **Recommended**

Rivera, Diego, PA-C, Surgery/Urology

Provisional to Physician Assistant **Recommended**

Roy, Anne, PA-C, Medicine/Neurology

Provisional to Physician Assistant **Recommended**

Sanders, Ellen, PA-C, Emergency Medicine

Provisional to Physician Assistant **Recommended**

Schaffer, Jake, PA-C, Surgery/Urology

Provisional to Physician Assistant **Recommended**

Weyand, Lindsay, PA-C, Emergency Medicine

Provisional to Physician Assistant **Recommended**

Wilmore, Lauquyta, PA-C, Emergency Medicine

Provisional to Physician Assistant **Recommended**

Resignations/Retirements:

N/A

Sanction Screening Reporting –

IDFPR Disciplinary Action Report for January 2024 reviewed as of 3/14/2024 – No Findings.

CMS OPT OUT Affidavits report reviewed as of 3/14/2024 – No Findings.

CMS Preclusion Report reviewed as of 3/14/2024 – No Findings.

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COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Erik Mikaitis, MD, MBA
Interim 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

Jay Bhatt, DO, MPH, MPA
Robert Currie
Raul Garza
Joseph M. Harrington

Robert G. Reiter, Jr.
Sam A Robinson, III, PhD
Tanya R. Sorrell, PhD, PMHNP-BC
Mia Webster Cross, MSN, RN

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

April 5, 2024

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on April 5, 2024 the Medical Executive Committee recommended the actions on the enclosed documents. It is being presented to you for your consideration.

Respectfully,

Paul Allegretti, DO
Provident Hospital of Cook County
President, Medical Staff
Chair, Medical Executive Committee

Provident Hospital of Cook County

TO: Quality and Safety Committee

FROM: Paul Allegretti, DO
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the
Medical Executive Committee on April 5, 2024

Medical Staff Appointments/Reappointments Effective: 4/19/24 subject to Approval by the Cook County Health.

Physicians:

New Business

Initial(s):

Aulis, Katherine Kristjanson, MD/Emergency Medicine - Recommended
Llorens, Teresa N., MD/Pediatrics/Pediatrics - Recommended
Weigel, Bernard, MD/Emergency Medicine - Recommended

Reappointment(s):

Adams, Carmen, MD/OB/Gyn - Recommended
Alonso, Vanessa, MD/Internal Medicine - Recommended
Brock, Max MD/Cardiology - Recommended
Cejtin, Helen, MD/Ob/Gyn - Recommended
Chaudhary, Shweta V., MD - Recommended
Dorman, James MD /Internal Medicine - Recommended
Dwarakanathan, Surendar, MD - Recommended
Gueret, Renaud Marcel, MD/ Pulmonary - Recommended
Hart, Peter MD – Medicine/ Nephrology - Recommended
Kelly, Carolyn Marie - DPM/Surgery/Podiatry - Recommended
Kudaravalli, Padma, MD/Medicine/General Medicine - Recommended
Licht, Sherry, MD/Internal Medicine - Recommended
Osei, Albert MD/Nephrology - Recommended
Patel, Urjeet A., MD/Surgery/Otolaryngology - Recommended
Schwartz, David MD / Infectious Disease – Recommended
Shaka, Hafeez, MD/Internal Medicine - Recommended
Shim, Kyungran, MD/ Internal Medicine - Recommended
Stern, Hudon David, MD/Surgery/Ophthalmology - Recommended
Vergara-Rodriguez, Pamela Teresa, MD/Psychiatry - Recommended
Yadav, Neha MD /Cardiology - Recommended

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Change in Category:

Alonso, Vanessa MD – Internal Medicine/Internal Medicine – Provisional to Affiliate
Asif, Mohammed MD – Surgery/Plastic Surgery – Provisional to Consulting
Barfield, Dustin MD – Emergency Medicine – Provisional to Active
Dixon, Kimberly MD – Internal Medicine/Internal Medicine – Provisional to Affiliate
Isama, Anita MD – Family Medicine – Provisional to Active
Kahn, Laura MD – Internal Medicine/Internal Medicine – Provisional to Affiliate
Licht, Sherry MD – Internal Medicine/Internal Medicine – Provisional to Affiliate
Seares, Marie Jennifer MD – Internal Medicine/Internal Medicine – Provisional to Affiliate
Syed, Uzma MD – Internal Medicine/Endocrinology – Provisional to Active
Tanwar, Sonia MD – Internal Medicine/Internal Medicine – Provisional to Affiliate
Wang, Qian MD – Internal Medicine/Internal Medicine – Provisional to Affiliate
Yin, Serena MD – Internal Medicine/Neurology – Provisional to Affiliate

Resignation:

Amin, Dhara, MD – Emergency Medicine - Informational
Emuchay, Ngozi, MD – Medicine/General Medicine - Informational
Lin, Brian, DO – Hospital Medicine – Informational

Other Business: *Recommended*

MS.002.02 Ongoing Professional Practice Evaluation

Non-Physician Providers (NPP):

New Business

NPP Initial(s):

Andrews, Binoy M APRN, General Medicine - Recommended
Fapohunda, Olalekan APRN, Psychiatry - Recommended
John, Smitha APRN, Endocrinology/ – Recommended

NPP Reappointment(s):

Booker, Jacqueline, LCSW, Psychiatry - Recommended
Domanico, Rocco, Ph.D, Psychiatry - Recommended
Green, Valerie, LCSW, Psychiatry - Recommended
Hinds, Vicki, LCSW, Psychiatry - Recommended
Melvin, Amy, APRN, Pulmonary - Recommended
Miranda, Karina PA-C, Endocrinology – Recommended
Rogers, Ollie, APRN, General Medicine - Recommended
Sourelis-Smith, Gina, LCSW, Psychiatry - Recommended
Whipple, Christine, LCSW, Psychiatry - Recommended

NPP Change in Clinical privileges (Additions/Removals):

Garcia, Ursula, APRN in collaboration with Whitney Lyn, MD – Adding of age group 0-2 - Recommended
Wade, Ashley PA-C – Neurology – Adding Prescriptive Authority - Recommended

NPP Change in Category:

Lukic, Nikola, PA-C, Medicine/Neurology - Provisional to Physician Assistant - Recommended
Rivera, Diego, PA-C, Surgery/Urology - Provisional to Physician Assistant - Recommended

Roy, Anne, PA-C, Medicine/Neurology - Provisional to Physician Assistant - Recommended
Schaffer, Jake, PA-C, Surgery/Urology - Provisional to Physician Assistant - Recommended
Warden-Thomas, Karin, APRN, Internal Medicine Provisional to APRN - Recommended

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ATTACHMENT #4



Op Ex Clinical Outcomes Workgroup Report Out

Dr. Radigan and Heather Lovelace

March 2024



COOK COUNTY
HEALTH

Stroger Op Ex Clinical Outcomes A3

Workgroup Overall A3 Progress

2024 OpEx Stroger Clinical Outcomes Workgroup A3

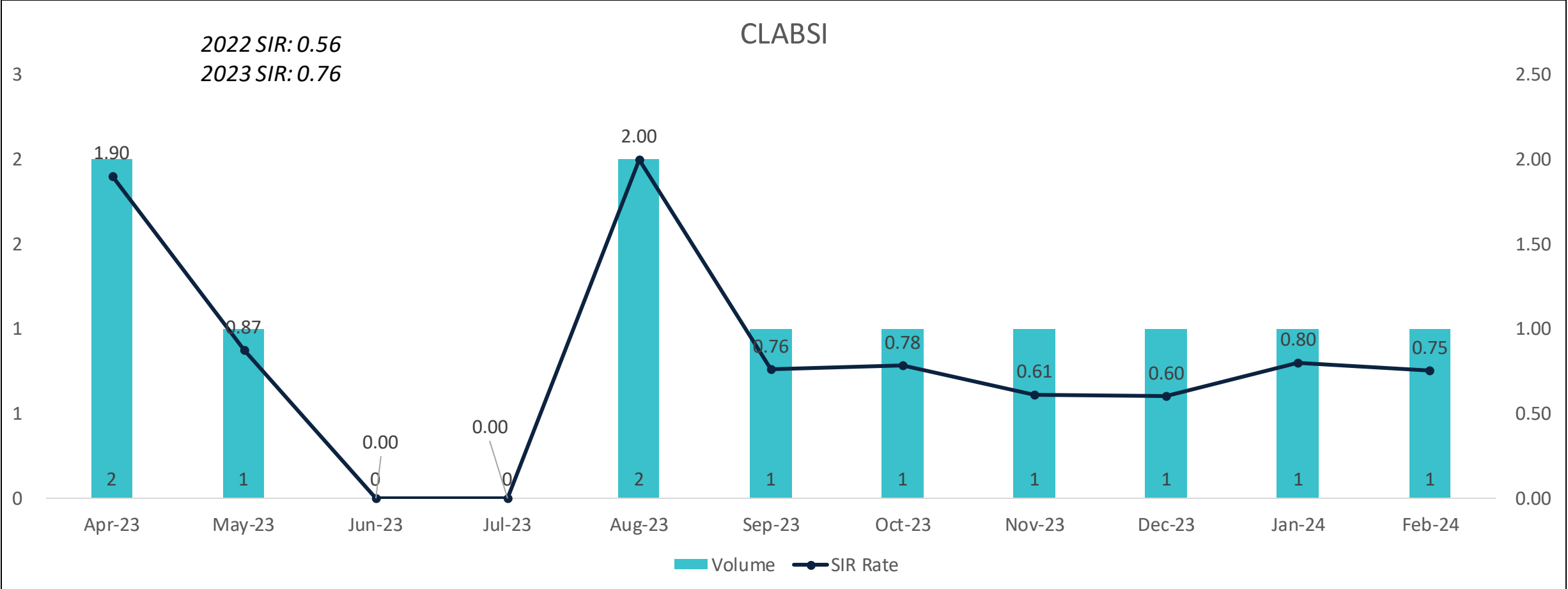
Workgroup A3 Owner: Dr. Radigan & Heather Lovelace

This Year's Action Plan																	
Goals	Specific Actions / Tactics	Deployment Leader		January - December 2024													
				J	F	M	A	M	J	J	A	S	O	N	D		
Reduce the number of Hospital Acquired Infections (HAIs) by 50% CAUTI: 2023 Performance: 9 2024 Goal: 3 CLABSI: 2023 Performance: 11 2024 Goal: 4 cDiff: 2023 Performance: 23 2024 Goal 11 For above: SIR rate .8 or reduction by 20%	Nursing compliance with CAUTI prevention bundle	Sherrie Spencer															
	Nursing compliance with CLABSI prevention bundle																
	Daily evaluation re: indication for indwelling catheter & removal if not indicated	Dr. Welbel Dr. Gurrea															
	Daily evaluation re: indication for line & removal if not indicated																
	cDiff - ED documentation of present on admission	Dr. Palter Tracy Everett															
Reduce the number of PSI12, Post-operative PE & DVT occurrences by 50% 2023 Performance: 14 2024 Goal: 7	Provide education and training to surgical residents during monthly orientation	Dr. Campagnoli Geetha Sunny															
	Ensure appropriate distribution of discern report																
	Include VTE risk on TeleTracking board																
	Create communication plan if VTE risk assessment is not completed																
	Optimization of heparin and SCD usage																
	Reiew timing and accuracy of abstraction																

Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CLABSI

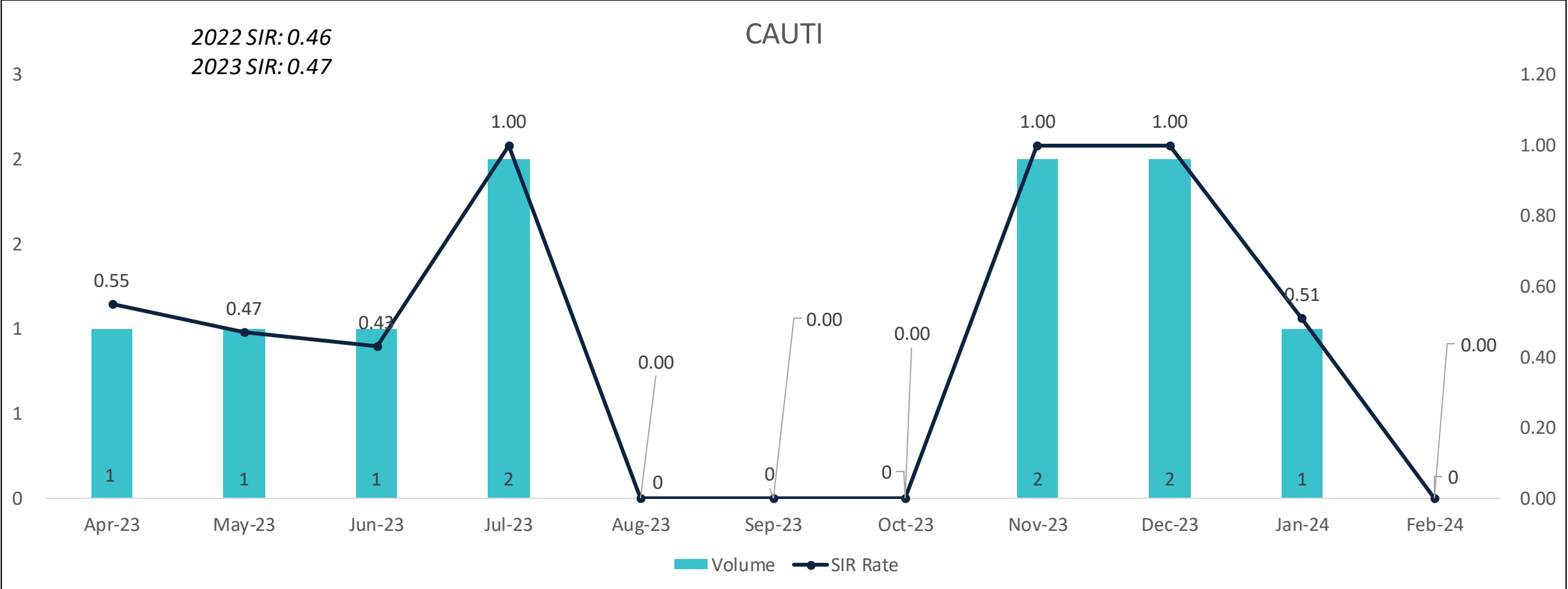
Goal: ≤ 4 | Stretch Goal: Zero Harm 0 | SIR Rates: TBD



Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CAUTI

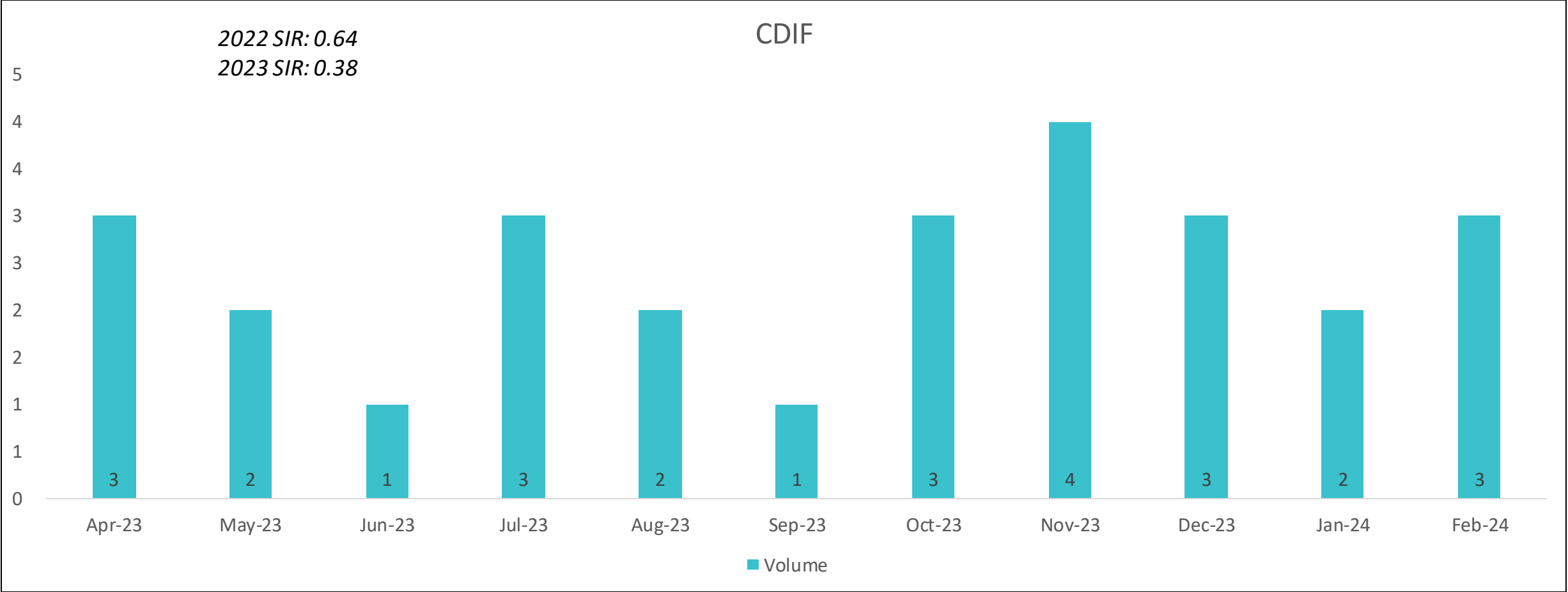
Goal: ≤ 3 | Stretch Goal: Zero Harm 0 | SIR Rates: TBD



Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CDIF

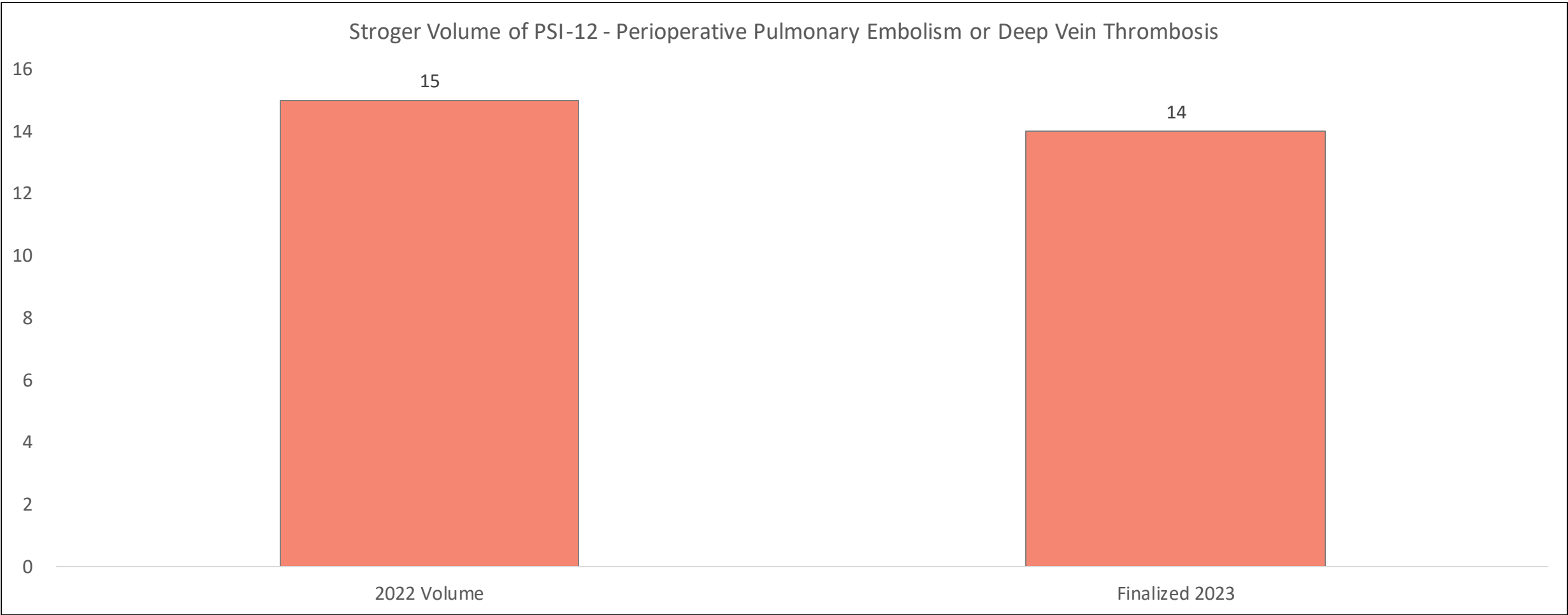
Goal: ≤ 11 | Stretch Goal: Zero Harm 0 | SIR Rates: TBD



Stroger Op Ex Clinical Outcomes Workgroup

Volume of PSI-12 - Perioperative Pulmonary Embolism or Deep Vein Thrombosis

Goal: ≤ 7 | Stretch Goal: Zero Harm 0





Op Ex Clinical Outcomes Workgroup Report Out

Dr. Mark Loafman & Raphael Parayao

March 2024



COOK COUNTY
HEALTH

Provident Op Ex Clinical Outcomes Workgroup A3

Workgroup Overall A3 Progress

2024 OpEx Provident Clinical Outcomes Workgroup A3

Workgroup A3 Owner: Dr. Loafman & Raphael Parayao

This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
CMS SEP-1 Bundle Compliance 2023 Performance: 50% compliance 2024 Goal: 60% compliance Stretch Goal: 65% compliance	Monthly review of abstraction fallouts to identify improvement opportunities	Dr. Loafman Dr. Hussain												
	Implement reflex lactate order	ED / HIS / Quality												
Hand Hygiene Compliance Program 2023 Performance: 75% 2024 Goal: 80% compliance Stretch Goal: 90%	Nurse leader observations with real-time coaching and data sharing	Dr. Loafman Raphael												
	Initiate hand hygiene campaign & identify champions	Connie												

Provident Op Ex Clinical Outcomes Subgroup A3

Subgroup: Sepsis

2024 OpEx Provident Clinical Outcomes Sepsis Sub-group A3

Sub-group A3 Owner: Dr. Hussain

This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
Monthly review of abstraction fallouts to identify improvement opportunities	Quality Data Analytics to send abstraction results for clinical review	Quality Data Analytics	█	█										
	Clinical review of abstraction results	Dr. Hussain	█	█										
Implement reflex lactate order	Meet w/ stakeholders to develop reflex order logic	HIS Dr. Hussain Nursing Quality	█	█										
	Modify current reflex lactate order logic to include Provident			█										

Provident Op Ex Clinical Outcomes Subgroup A3

Subgroup: Hand Hygiene

2024 OpEx Provident Clinical Outcomes Hand Hygiene Sub-group A3

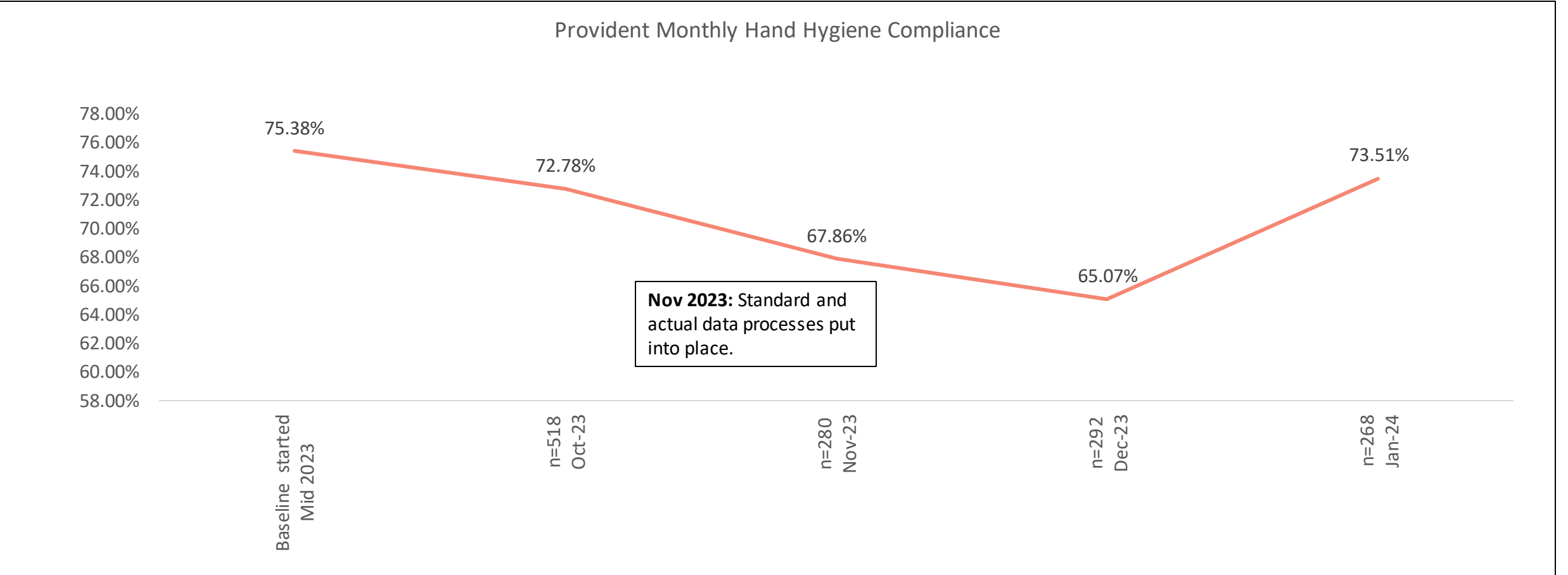
Sub-group A3 Owner:

This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
Minimum 100 observations per month on Medical Surgical unit and 12 observations per month in ICU	Collaboration with leadership in area of highest opportunity	Raphel Parayao Jenn												
Initiate hand hygiene campaign & identify champions	Bring to QPI meeting for engagement & accountability	Dr. Loafman												

Provident Op Ex Clinical Outcomes Workgroup

% of Hand Hygiene Compliance

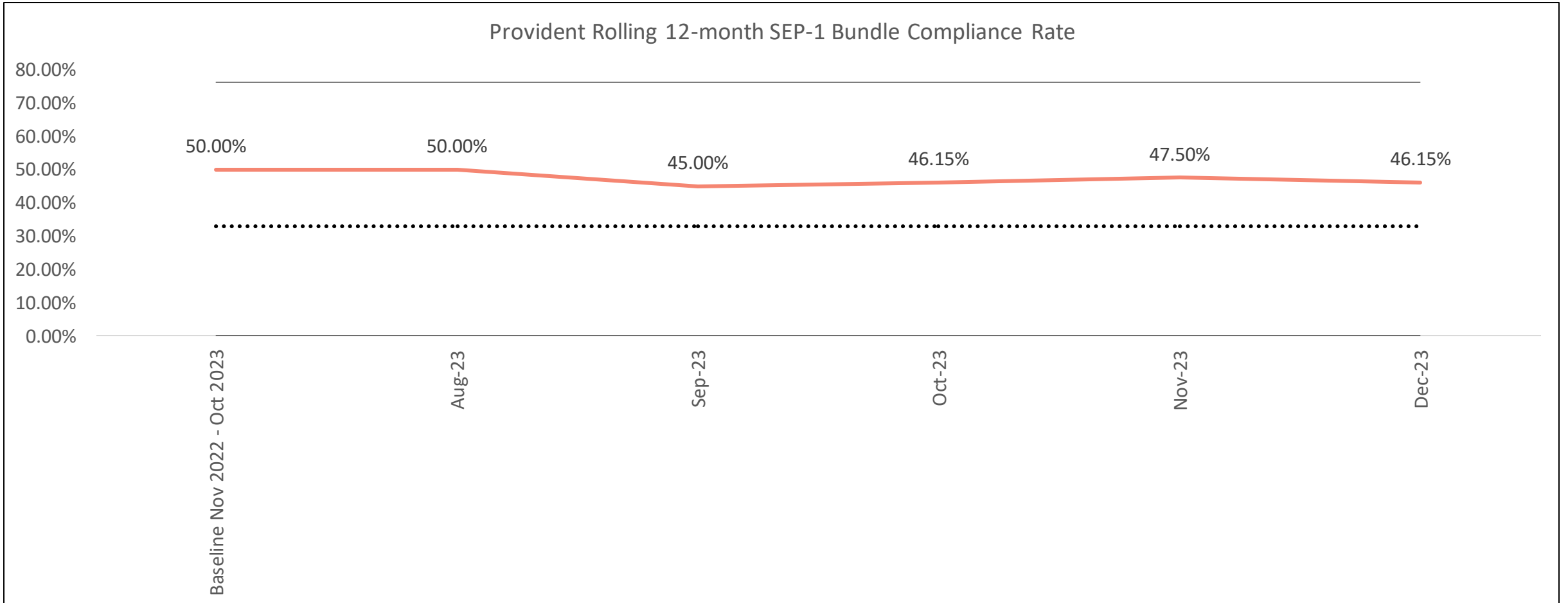
Goal: 80% | Stretch Goal: 90%



Provident Op Ex Clinical Outcomes Workgroup

SEP-1 Bundle Compliance

Goal: 60% | Stretch Goal: 65%





Op Ex Readmissions Workgroup Report Out

Dr Jabbar & Diane Creal

March 2024



COOK COUNTY
HEALTH

Stroger Op Ex Readmissions A3

Workgroup Overall A3 Progress

2024 OpEx Stroger Readmissions Workgroup A3

Workgroup A3 Owner: Dr Jabbar & Diane Creal

This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
Reduce all cause readmissions, inclusive of all payors and admitted elsewhere Performance: 14% 2023 2024 Goal: 13% Stretch Goal: 12%	Improve post-hospitalization follow-up for patients with CHF													
	Provide post-discharge support for patients with CHF and COPD via phone call													
	Provide patients with CHF and COPD self-management tools and education													
	PROJECT: Implement Readmission Risk Model within Cerner	HIS												
	PROJECT: Implement Palliative Care Model within Cerner	HIS												

Stroger Op Ex Readmissions A3

Subgroup Overall A3 Progress

Subgroup A3

Tactical A3 Owner: Dr Jabbar & Diane Creal

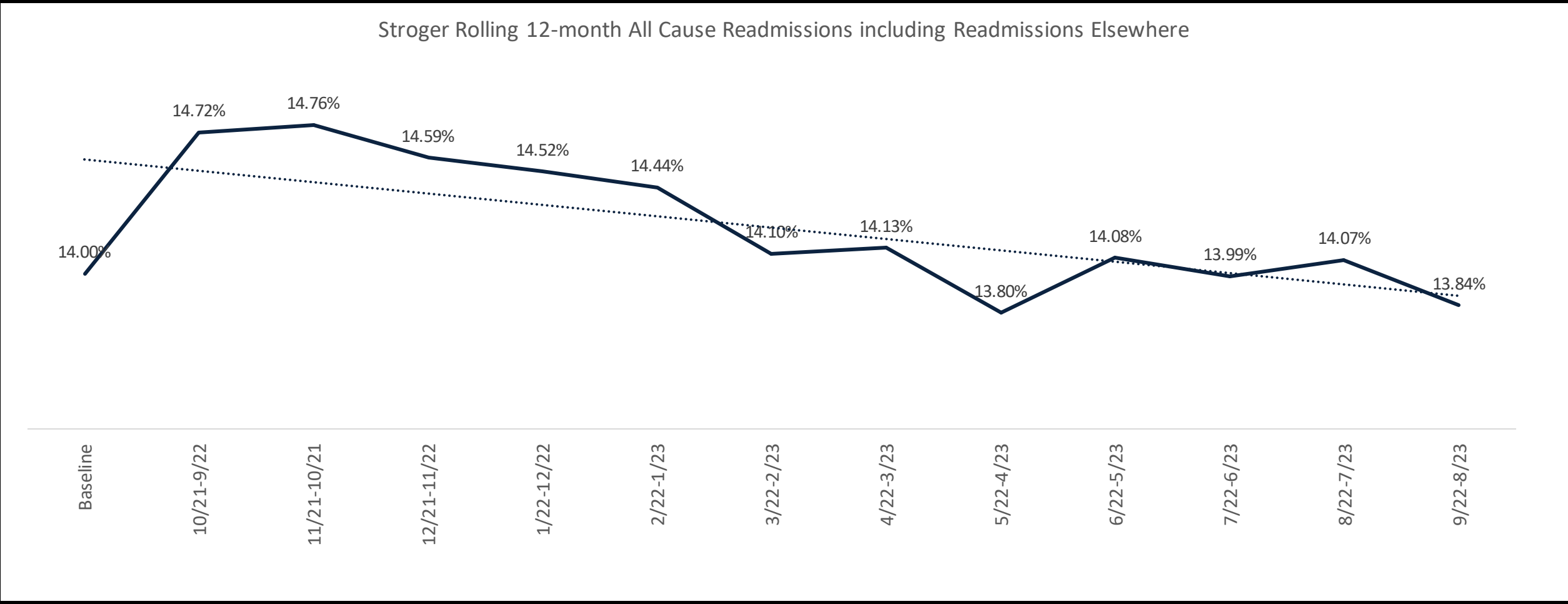
This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
30 day CMS CHF readmission rate	Visit or phone call with a TOC nurse		█	█										
	Counseling provided by a pharmacist		█	█										
30 day CMS COPD readmission rate	Visit or phone call with a TOC nurse		█	█										
	Patients provided w/ inhaler teaching and seen by lung health educators		█	█										
	Smokers given medication assisted therapy on discharge		█	█										

Tavorable

Stroger Op Ex Readmissions Performance Monitoring

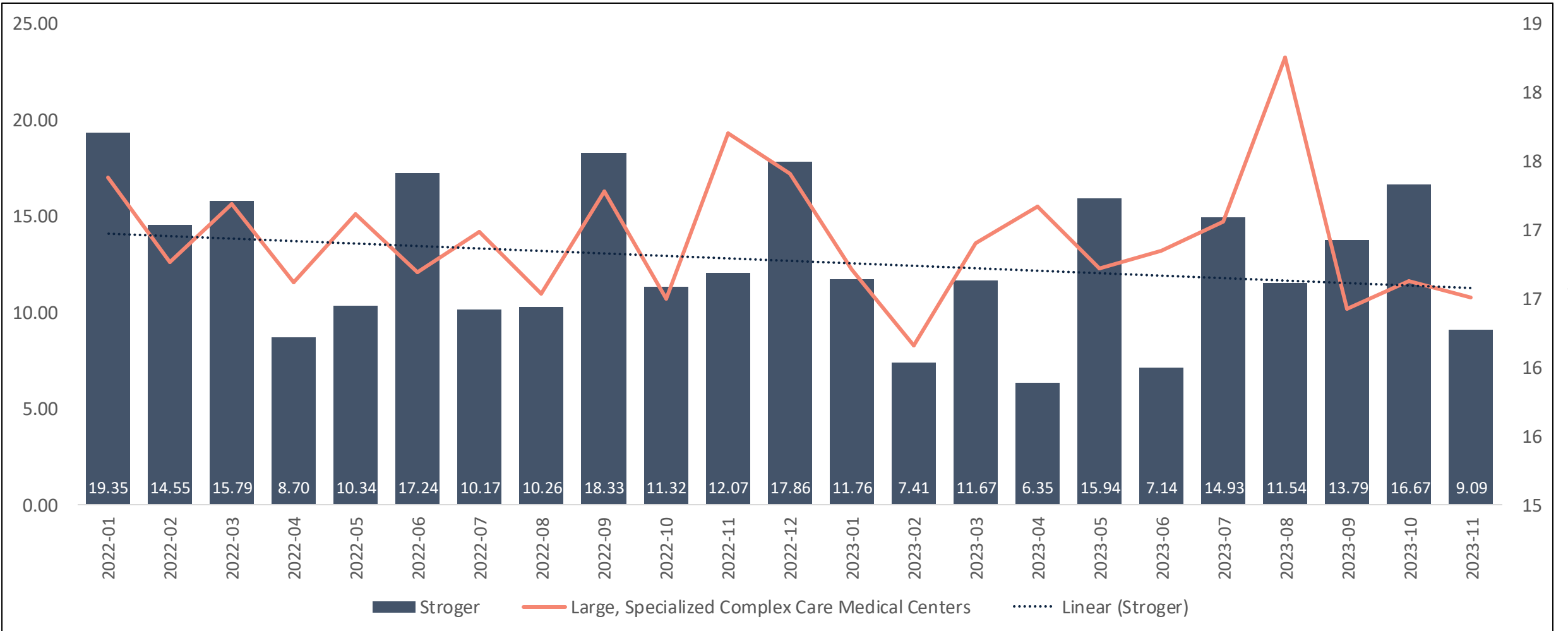
Rolling 12-month All Cause Readmissions including Readmissions Elsewhere

Baseline: 14.0% | Goal: 13.0% | Stretch: 12.0%



Stroger Op Ex Readmissions – Subgroup Heart Failure 30-Day Unplanned, All-Cause Readmission Rate

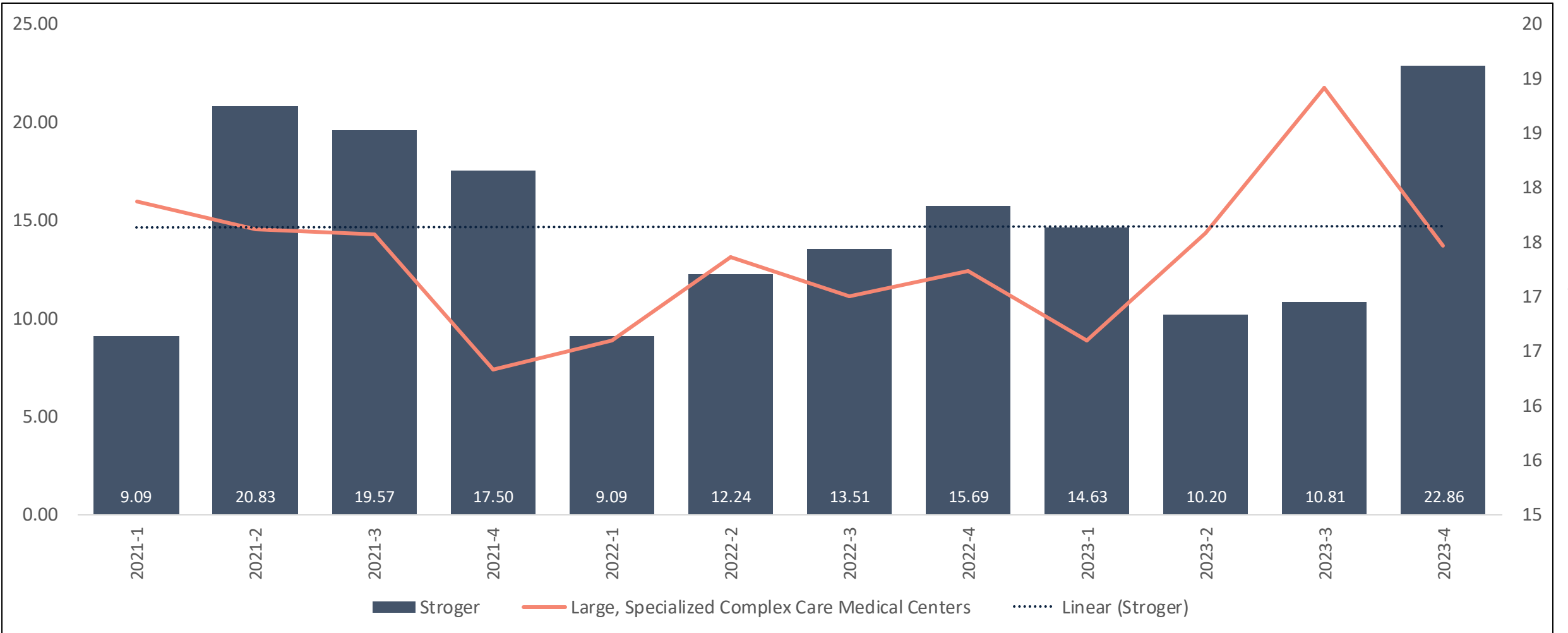
Heart Failure (CMS Definition) - all payers, all ages



Stroger Op Ex Readmissions – Subgroup COPD

30-Day Unplanned, All-Cause Readmission Rate

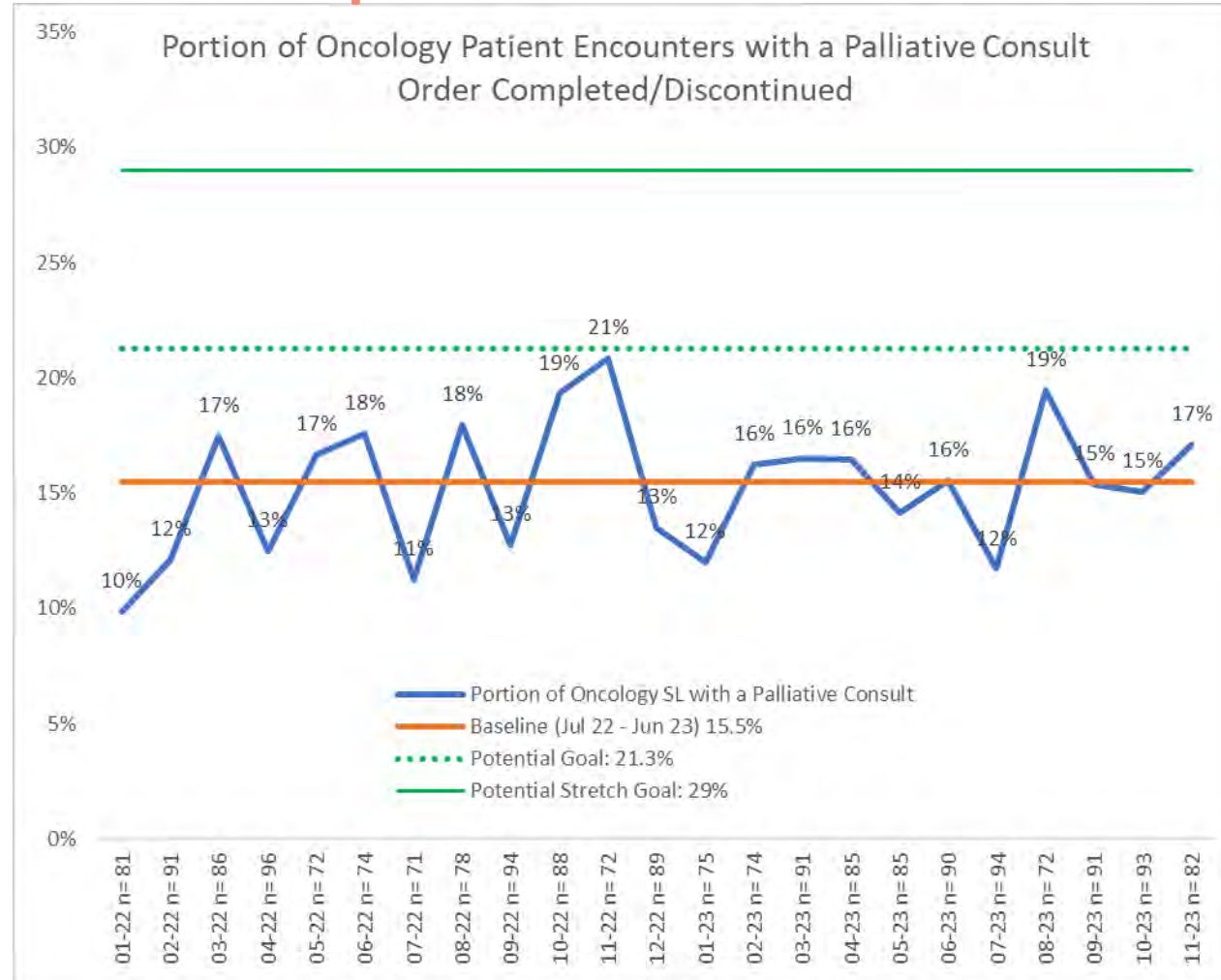
COPD (CMS Definition) - all payers, all ages



Stroger Op Ex Readmissions – Subgroup Oncology

% of Oncology patients with Palliative Consult Order

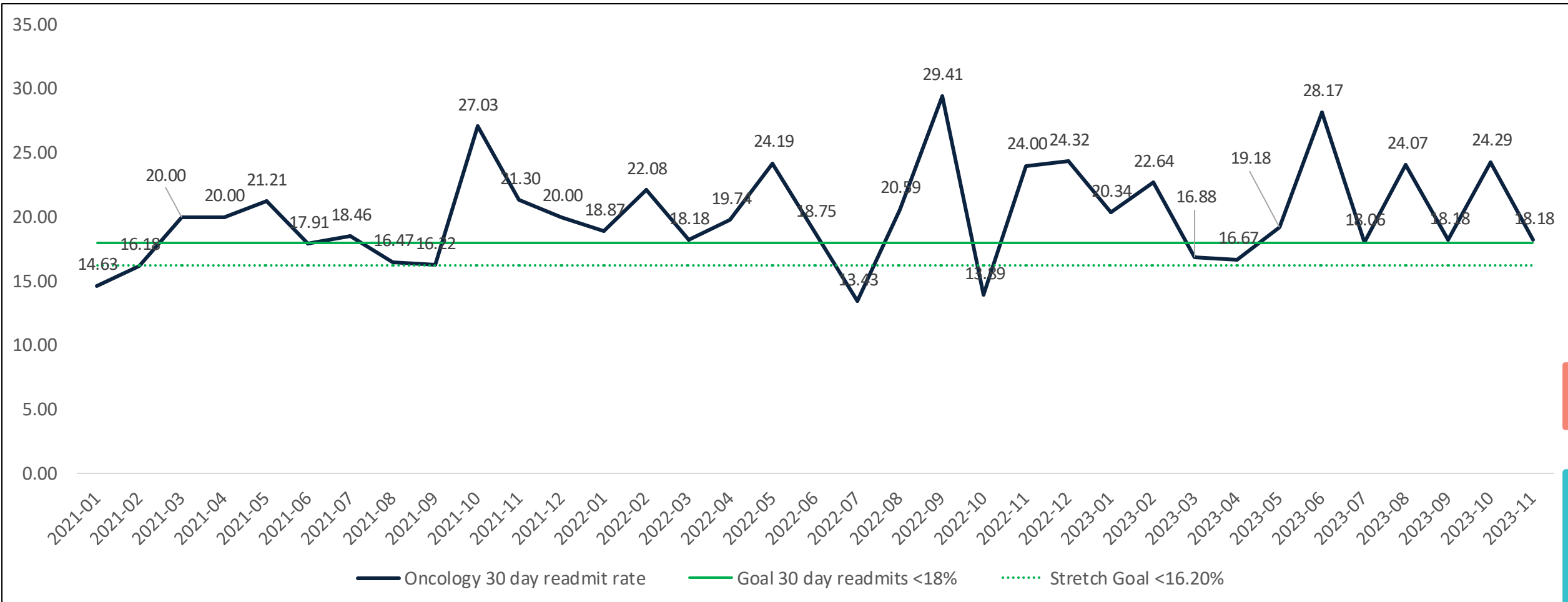
Baseline: 15.5% | Goal: 21.3% | Stretch: 29%



Stroger Op Ex Readmissions – Subgroup Oncology

Stroger Oncology 30-Day Readmissions Rate – all payors

30 day readmit Rolling 12 months (Dec 2022 – Nov 2023): 21.01% | Goal 18%



Op Ex HEDIS/Health Registries Workgroup Report Out

Dr. Charles Edoigiawerie & Beth Vaclavik

March 2024



COOK COUNTY
HEALTH

Amb Services Op Ex HEDIS/Health Registries A3

Workgroup Overall A3 Progress

2024 OpEx ACHN HEDIS Workgroup A3

Workgroup A3 Owner: Dr. Edoigiawerie & Beth Vaclavik

This Year's Action Plan

Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024													
			J	F	M	A	M	J	J	A	S	O	N	D		
Greater than 55% of patients aged 18 - 75 will have a blood pressure < 140/90	Procure necessary equipment for hypertension assessment in the clinics	Dr. Tinfang Dr. Abonia Nada Bowie														
	Create and implement a hypertension protocol to be used by all support staff															

Amb Services Op Ex HEDIS/Health Registries Subgroup A3

Subgroup – Hypertension Management

2024 OpEx ACHN HEDIS Hypertension Subgroup A3

Tactical A3 Owner: Dr. Tinfang, Dr. Abiona, & Nada Bowie

This Year's Action Plan

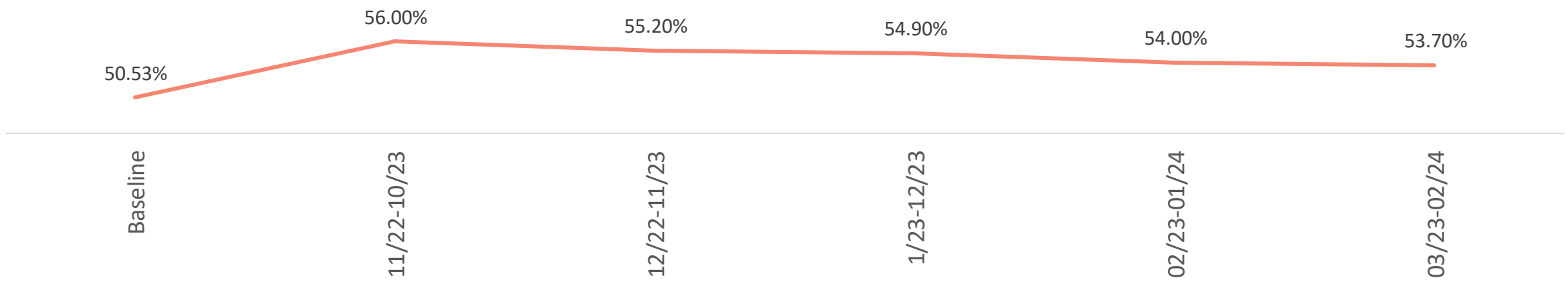
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024													
			J	F	M	A	M	J	J	A	S	O	N	D		
Procure necessary equipment for hypertension assessment in the clinics	Clinic leaders to create list of needed equipment	ACHN Clinic Managers	Yellow	Yellow												
	Request equipment based off of submitted lists	ACHN Leadership	Grey	Grey												
Create and implement a hypertension protocol to be used by support staff	Partner with key stakeholders to create protocol	Subgroup Leaders	Yellow	Yellow												
	Partner with clinic leaders and teams to implement protocol		Grey	Grey												
Participate in the American College of Preventive Medicine Reducing HTN Amongst Priority Group grant	Provide remote monitoring equipment to patients		Green	Green												
	Integrate remote monitoring data in the HER	HIS	Yellow	Yellow												

Amb Services Op Ex Hedis Workgroup

% of Hypertension Patients with Blood Pressure <140/90

Baseline: 50.53% | Goal: 55% | Stretch: 60%

ACHN Amb Services Rolling 12-month Hypertension Population Management BP <140-90
(Engaged & Affiliated)



Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
April 19, 2024

ATTACHMENT #5

Stroger Op Ex Steering Committee Dashboard

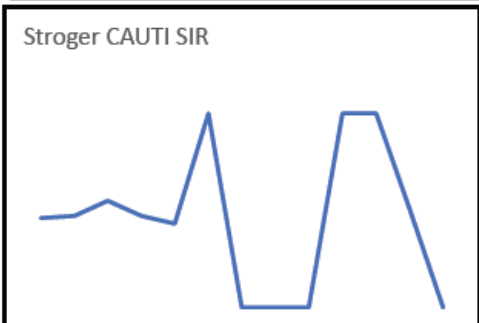
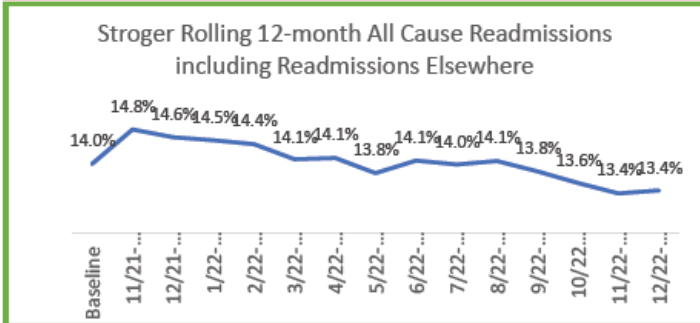
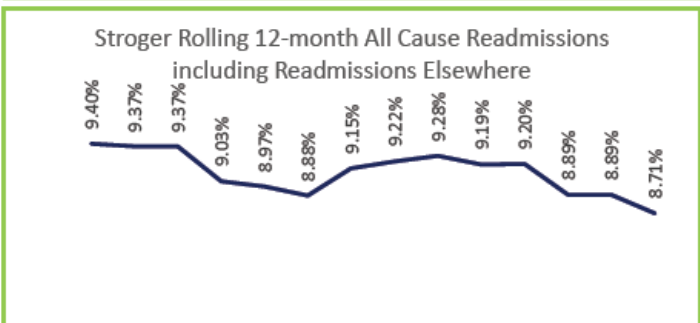
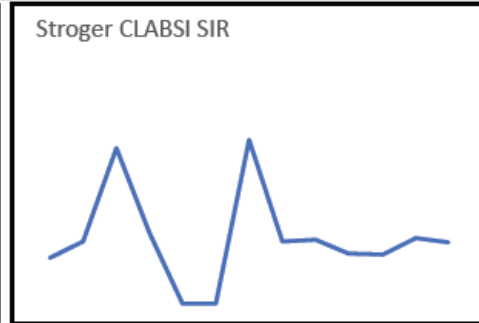
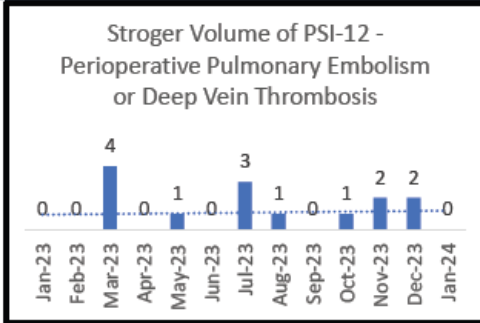
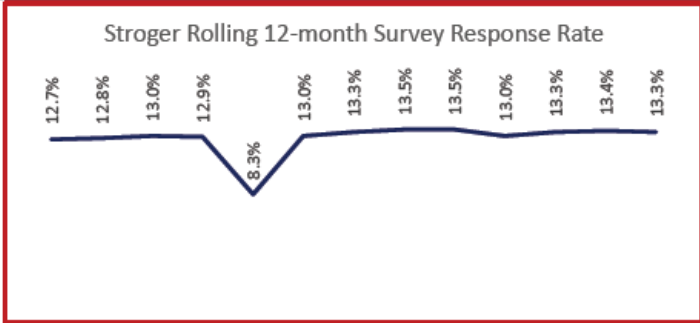
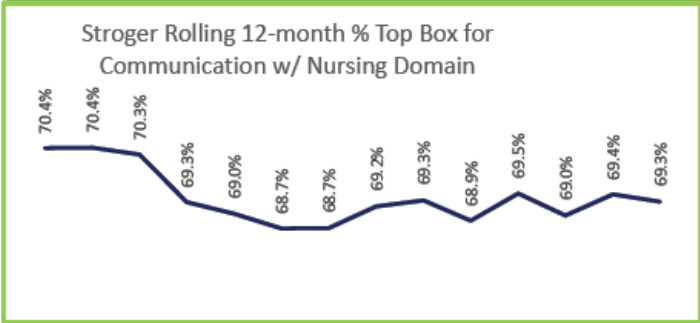
Op Ex Steering Committee Dashboard for Stroger Hospital

DOMAIN WORKGROUPS	Metrics	Target	Stretch Target	Baseline	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
PATIENT EXPERIENCE	Rolling 12-month % Top Box for Comm. w/ Nursing Domain	73.00%	77.00%	69.30%	70.42%	70.44%	70.28%	69.26%	69.01%	68.69%	68.70%	69.17%	69.30%	68.86%	69.45%	68.97%	69.43%	69.27%
	Monthly % Top Box for Comm. w/ Nursing Domain	73.00%	77.00%	69.30%	65.01%	77.22%	70.33%	62.66%	67.72%	72.51%	66.51%	76.00%	73.45%	66.51%	69.28%	61.43%	70.34%	75.59%
	Rolling 12-month Survey Response Rate	15.00%	16.00%	13.60%	12.70%	12.80%	13.00%	12.90%	8.30%	13.00%	13.30%	13.50%	13.50%	13.00%	13.30%	13.40%	13.30%	
	Monthly Survey Response Rate	15.00%	16.00%	13.60%	14.10%	14.10%	14.50%	14.60%	12.90%	13.50%	16.40%	13.90%	14.20%	10.50%	12.20%	10.20%	10.80%	
CLINICAL OUTCOMES	SIR Rate CLABSI			0.56	0.76	1.90	0.87	0.00	0.00	2.00	0.76	0.78	0.61	0.60	0.80	0.75		
	SIR Rate CAUTI			0.46	0.47	0.55	0.47	0.43	1.00	0.00	0.00	0.00	1.00	1.00	0.51	0.00		
	Monthly Volume of VTE PSI-12	Target	Stretch Target	Baseline	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
		<=7	0	14	0	0	4	0	1	0	3	1	0	1	2	2	0	
READMISSIONS	Rolling 12-month All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	8.40%	8.00%	9.40%	9.37%	9.37%	9.03%	8.97%	8.88%	9.15%	9.22%	9.28%	9.19%	9.20%	8.89%	8.89%	8.71%	
	Monthly All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	8.40%	8.00%	9.40%	9.18%	9.77%	8.23%	9.28%	9.04%	10.41%	8.28%	9.45%	8.48%	9.60%	6.65%	8.24%	6.72%	
	IHA Rolling 12-Month All Cause All Payer - Readmissions including other hospitals	Target	Stretch Target	Baseline	11/21-10/21	12/21-11/22	1/22-12/22	2/22-1/23	3/22-2/23	4/22-3/23	5/22-4/23	6/22-5/23	7/22-6/23	8/22-7/23	9/22-8/23	10/22-9/23	11/22-10/23	12/22-11/23
		13.00%	12.00%	14.00%	14.76%	14.59%	14.52%	14.44%	14.10%	14.13%	13.80%	14.08%	13.99%	14.07%	13.84%	13.58%	13.36%	13.42%



Stroger Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Stroger Hospital



Data sources: Patient Experience from Press Ganey; HAIs-Infection Control Dept; VTE PSI - Vizient; Readmissions - Vizient & Illinois Hospital Association; CMI-Vizient
 Author: J. Rozenich, BS, MBA

Legend

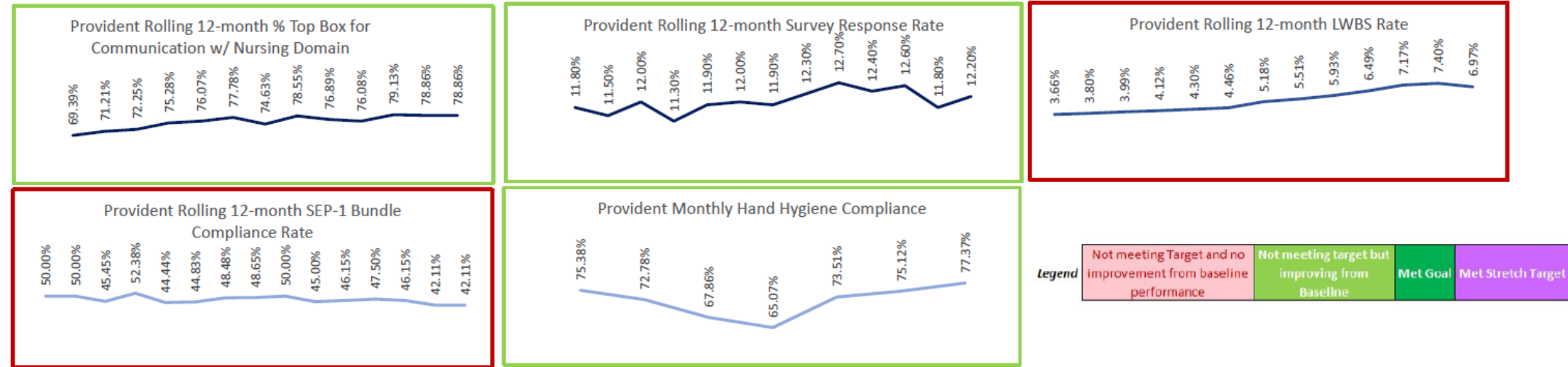
Not meeting Target and no improvement from baseline performance	Not meeting target but improving from Baseline	Met Goal	Met Stretch Target
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Provident Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Provident Hospital

DOMAIN WORKGROUPS		Metrics																
PATIENT EXPERIENCE		Target	Stretch Target	Baseline	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
	Rolling 12-month % Top Box for Comm. w/ Nursing Domain	79.80%	80.00%	74.63%	66.86%	69.39%	71.21%	72.25%	75.28%	76.07%	77.78%	74.63%	78.55%	76.89%	76.08%	79.13%	78.86%	78.86%
	Monthly % Top Box for Communication w/ Nursing Domain	79.80%	80.00%	74.63%	72.22%	86.67%	66.67%	74.07%	100.00%	77.78%	96.30%	66.67%	80.00%	63.64%	55.56%	100.00%	63.89%	85.16%
	Rolling 12-month Survey Response Rate	18.00%	20.00%	11.80%	11.80%	11.50%	12.00%	11.30%	11.90%	12.00%	11.90%	12.30%	12.70%	12.40%	12.60%	11.80%	12.20%	
	Monthly Survey Response Rate	18.00%	20.00%	11.80%	8.80%	12.00%	11.40%	6.60%	17.40%	14.30%	10.90%	15.40%	15.40%	12.70%	9.80%	8.60%	10.90%	
CLINICAL OUTCOMES		Target	Stretch Target	Baseline	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
	Rolling 12 month SEP-1 Bundle Compliance	60.00%	65.00%	50.00%	50.00%	45.45%	52.38%	44.44%	44.83%	48.48%	48.65%	50.00%	45.00%	46.15%	47.50%	46.15%	42.11%	42.11%
	Monthly SEP-1 Bundle Compliance	60.00%	65.00%	50.00%	75.00%	0.00%	100.00%	16.67%	33.33%	75.00%	50.00%	66.67%	25.00%	33.00%	100.00%	0.00%	33.00%	0.00%
	Monthly Hand Hygiene Compliance	Target	Stretch Target	Baseline	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24								
	Monthly Hand Hygiene Compliance	80.00%	90.00%	75.38%	72.78%	67.86%	65.07%	73.51%	75.12%	77.37%								
THROUGHPUT		Target	Stretch Target	Baseline	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
	Rolling 12-month LWBS	4.50%	4.00%	5.50%	3.66%	3.80%	3.99%	4.12%	4.30%	4.46%	5.18%	5.51%	5.93%	6.49%	7.17%	7.40%	6.97%	
	Monthly LWBS Rate	4.50%	4.00%	5.50%	2.84%	3.93%	4.78%	4.12%	5.85%	5.95%	13.00%	8.27%	11.45%	11.59%	11.67%	5.55%	5.94%	

Op Ex Steering Committee Dashboard for Provident Hospital



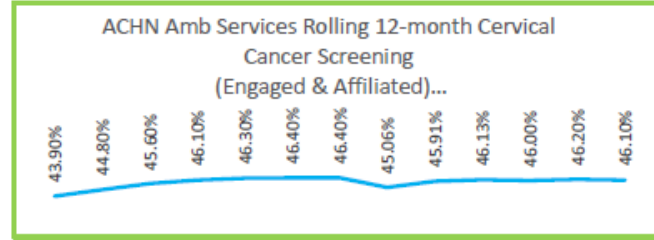
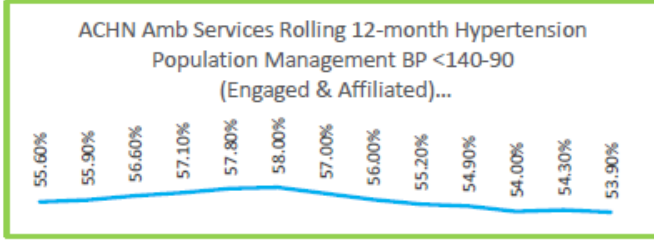
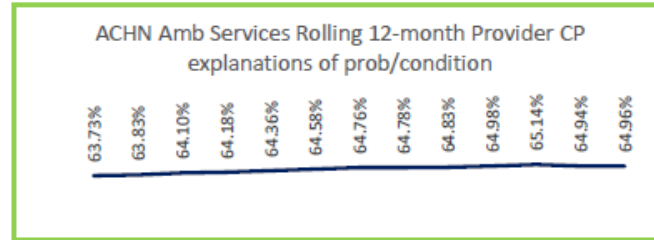
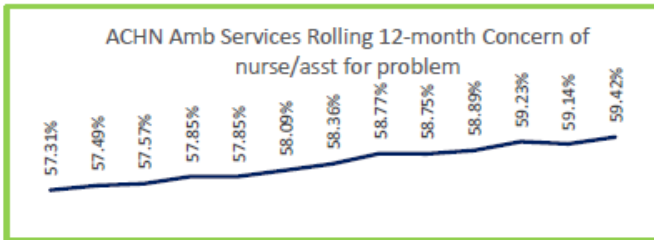
Data sources: Patient Experience from Press Ganey; Sep-1 Bundle chart abstracted CMS measure; Hand Hygiene TST Infection Control observation software; LWBS - BI Tableau
 Author: J. Rozenich, BS, MBA

ACHN Op Ex Steering Committee Dashboard

Op EX Steering Committee Dashboard for ACHN

DOMAIN WORKGROUPS Metrics

		Target	Stretch Target	Baseline	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	
PATIENT EXPERIENCE	Rolling 12-month Concern of nurse/asst for problem	61.34%	63.56%	58.77%	57.31%	57.49%	57.57%	57.85%	57.85%	58.09%	58.36%	58.77%	58.75%	58.89%	59.23%	59.14%	59.42%	
	Monthly Concern of nurse/asst for problem	61.34%	63.56%	58.77%	58.32%	58.94%	58.32%	58.23%	58.27%	59.52%	59.18%	60.57%	59.56%	61.37%	62.83%	57.25%	61.18%	
	Rolling 12-month Provider CP explanations of prob/condition	66.80%	69.84%	64.78%	63.73%	63.83%	64.10%	64.18%	64.36%	64.58%	64.76%	64.78%	64.83%	64.98%	65.14%	64.94%	64.96%	
	Monthly Provider CP explanations of prob/condition	66.80%	69.84%	64.78%	65.06%	63.92%	65.77%	64.60%	64.56%	65.03%	66.18%	64.88%	64.08%	67.58%	67.38%	62.36%	65.28%	
	Rolling 12-month Courtesy of registration staff †	60.00%	65.00%	60.00%								60.00%	59.59%	60.90%	61.70%	60.27%	59.66%	
	Monthly Courtesy of registration staff †	60.00%	65.00%	60.00%								60.00%	59.59%	62.31%	63.55%	58.10%	57.70%	
	HEDIS	Rolling 12-month Hypertension Population Management BP <140-90 (Engaged & Affiliated)	55.00%	60.00%	50.53%	55.60%	55.90%	56.60%	57.10%	57.80%	58.00%	57.00%	56.00%	55.20%	54.90%	54.00%	54.30%	53.90%
		Rolling 12-month Cervical Cancer Screening (Engaged & Affiliated)	47.00%	52.00%	42.83%	43.90%	44.80%	45.60%	46.10%	46.30%	46.40%	46.40%	45.06%	45.91%	46.13%	46.00%	46.20%	46.10%



Data sources: Patient Experience from Press Ganey; Sep-1 Bundle chart abstracted CMS measure; Hand Hygiene TST Infection Control observation software; LWBS - BI Tableau

Author: J. Rozenich, BS, MBA

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
April 19, 2024

ATTACHMENT #6

Regulatory Updates

April 2024

- Stroger Hospital and Ambulatory Clinics are in the window for the Triennial Joint Commission survey.
- Corrective actions are underway on findings from the Mock Survey with updates reported out at weekly regulatory meetings to ensure compliance.
- Regulatory preparedness ramp up is beginning. Activities include:
 - ❑ Command Center Refresh
 - ❑ Joint Commission AMP Tracer Tool Launch
 - ❑ Joint Commission Breakfast Briefing Webinar (13-part [weekly](#) series overviewing each TJC chapter)
 - ❑ Regulatory Readiness Committee Re-launch [forthcoming...](#)