

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 Monday, May 20, 2024 at the hour of 10:30 A.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 Robert Currie (Substitute Member) and Joseph M. Harrington (Substitute Member) (3)

Remotely Present: Directors Raul Garza and Mia Webster Cross, MSN, RN (2)

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

Director Harrington, seconded by Director Currie, moved to allow Directors Garza and Webster Cross to remotely participate in this meeting. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

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

Paul Allegretti, MD – Provident Hospital of Cook County

Linh Dang – Chief Experience Officer

James Driscoll – Director of Patient Satisfaction

Chukwudozie Ezeokoli, MD – Attending Physician VII SC

Claudia Fegan, MD – Chief Medical Officer

Irene Marks – Associate Chief Quality Officer

Jeff McCutchan – General Counsel

Erik Mikaitis, MD – Interim Chief Executive Officer

Mike Moonan – Chief Nursing Officer, Provident Hospital

Amy O'Malley – Nurse Coordinator II

Raphael Parayao – Director of Nursing Operations

Alisha Patel – Assistant General Counsel

Jennifer Rozenich – Director of Planning and

Analysis, Quality Assurance

Deborah Santana – Secretary to the Board

Raji Thomas – Interim Chief Quality Officer

Jacqueline Whitten, DNP – Chief Nursing Officer, Stroger Hospital

The next regular meeting of the Quality and Patient Safety Committee is scheduled for Friday, June 7, 2024 at 11:30 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 Initial Appointment presented for the Committee's consideration.

Director Currie, seconded by Director Harrington, moved to approve Item III(A) the one (1) proposed Stroger Hospital Department Chair Initial Appointment. 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. Abayomi Akintorin, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, reviewed the Stroger Quality Committee summary and presented the proposed Stroger Hospital medical staff action items for the Committee's consideration. 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 Currie, 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, April 19, 2024

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

Director Currie, seconded by Director Harrington, moved to accept Item III(C) the Minutes of the Quality and Patient Safety Committee Meeting of April 19, 2024. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Section III

IV. Operational Excellence (OpEx)

A. OpEx Dashboards (Stroger, Provident, ACHN) (Attachment #4)

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

IV. OpEx (continued)

B. Update from OpEx Workgroups (Attachment #5)

- Patient Experience - Stroger Hospital: reviewed by Linh Dang, Dr. Jacqueline Whitten and Dr. Chukwudozie Ezeokoli
- Patient Experience - Provident Hospital: reviewed by Linh Dang, Mike Moonan and Raphael Parayao
- Patient Experience – ACHN: reviewed by James Driscoll and Linh Dang
- Throughput – Provident Hospital: reviewed by Dr. Paul Allegretti and Amy O'Malley

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

D. Quarterly Patient Safety Report

Director Harrington, seconded by Director Currie, 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

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ATTACHMENT #1

Meeting of the CCH Quality and Patient Safety Committee

April 29, 2024

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

Respectfully requesting approval of the following:

Initial 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
Mallory Williams, MD	Trauma Appt Term 5/1/24 – 5/30/26	Chair of the Department of Trauma and Burn Services

APPROVED

MAY 31 2024

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

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ATTACHMENT #2



COOK COUNTY HEALTH

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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: May 7, 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 by electronic vote on May 7, 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 **4/25/2024.**

Medical Staff Appointments/Reappointments Effective 5/9/2024 and are subject to Approval by Cook County Health Systems Boards.

OLD BUSINESS

N/A

PHYSICIAN PROVIDERS

NEW BUSINESS

Initial(s):

Adams, Axel, MD/Emergency Medicine-**Recommended**
Aguilar Murillo, Efrain Ernesto MD/Radiology-**Recommended**
Avula, Umakanth MD/Truama-Burn-**Recommended**
Clark, Laurel M. MD/Psychiatry-**Recommended**
Edelheit, Ari V., MD/Emergency Medicine-**Recommended**
Fernandez, Alexander Jose MD/ Radiology -Recommended
Fryza, Brandon John MD/General Medicine-**Recommended**
Khan, Saad, DO, Hospital Medicine-**Recommended**
Khoury, Vanessa, MD/Emergency Medicine-**Recommended**

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Mohammed, Rehan MD/Internal Medicine-**Recommended**
O'Connell, Timothy Joseph, MD/Radiology-**Recommended**
Quigley, John G., MD/Medicine/Hematology-Oncology-**Recommended**
Comment: Temporary privileges granted 3/27/2024
Raza, Ali, MD/Radiology-**Recommended**
Robinson, Iyasha, MD/Family Medicine-**Recommended**
Sana, Muhammad Khawar, Hospital Medicine-**Recommended**
Towner, Mary Nelda Walker MD/Ob/Gyn-**Recommended**
Turk, Ekrem, MD, Hospital Medicine-**Recommended**
Van Beek, Darren Blair MD/Radiology-**Recommended**
Yacoub, Emad Nasr, MD/Radiology-**Recommended**
Yoo, Kyung W MD/Radiology-**Recommended**
Williams, Mallory MD/Trauma-**Recommended**

Reappointment(s):

Al-Jindi, Piotr Chariff, MD/Anesthesiology-**Recommended**
Apushkin, Michael A., MD/Radiology/Diagnostic-**Recommended**
Arlandson, Mary, DO/ObGyn-**Recommended**
Avinashi, Aalok, MD/Pediatrics/Neonatology-**Recommended**
Bamba, Sonya, MD/Surgery/Ophthalmology-**Recommended**
Chhabra, Neeraj, MD/Emergency Medicine-**Recommended**
Conley, David B., MD/Surgery/Otolaryngology-**Recommended**
Dawood, Sherif, MD/Surgery/Ophthalmology-**Recommended**
Dray, Philip B., MD/Surgery/Ophthalmology-**Recommended**
Farlow, Erin, C., MD/Surgery/-**Recommended**
Folk, Jessica Marie, MD/Emergency Medicine-**Recommended**
Fogelfeld, Leon A MD/Endocrinology-**Recommended**
Hollowell, Courtney M. MD/Surgery/Urology-**Recommended**
Levenson, Anne Rachel MD/Pulmonary-**Recommended**
Lu, Jenny J., MD/Emergency Medicine-**Recommended**
Lyn, Whitney, MD/Family Medicine-**Recommended**
Martinez, Irene Leonor, MD/General Medicine-**Recommended**
Matrova, Elza MD/Pathology-**Recommended**

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Micco, Alan G., MD/Surgery/Otolaryngology-**Recommended**
Medina, Munoz Lucy, MD/Family Medicine-**Recommended**
Naheed, Zahra, MD/Pediatric/Peds Cardiology-**Recommended**
Nanda, Vishakha, MD/Pediatrics/Neonatology-**Recommended**
Nowinski, Konchak Juleigh M., MD/Family Medicine-**Recommended**
Othman, David MD/Dermatology-**Recommended**
Palma, Camille V., MD/Surgery/Ophthalmology-**Recommended**
Pilati, Stamatoula, MD/Radiology/Nuclear Medicine-**Recommended**
Schindlbeck, Michael A., MD/Emergency Medicine-**Recommended**
Subieta-Benito, Gunar Gonzalo, MD/Anesthesiology-**Recommended**
Tawadros, Mina MD/Medicine/Correctional Health-**Recommended**
Vida, Patricia P., MD/Surgery/Urology-**Recommended**

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

Gandia MD, Justin Kidd/ObGyn/Adding: Robotics Clinical Privileges-**Recommended**
Harrison, Jacqueline L., MD/Surgery/Colon & Rectal/Adding: Robotics Clinical Privileges-**Recommended**
Hussain MD, Nuzhath Amina/ ObGyn/Adding: Robotics Clinical Privileges-**Recommended**
Nieves-Neira MD, Wilberto/ObGyn/Adding: Robotics Clinical Privileges-**Recommended**
Perez-Tamayo, Alejandra M., MD/Surgery/Colon-Rectal/Adding: Robotics Clinical Privileges-**Recommended**
Ruggero, John Michael DO/Trauma/Adding Surgery-General-**Recommended**
Tate, Mary, MD/ObGyn/Adding: Robotics Clinical Privileges-**Recommended**

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

Attar, Bashar MD/Gastroenterology: Active to Voluntary- **Recommended**
Bush, Brian, MD/Emergency Medicine/Toxicology: Provisional to Consulting-**Recommended**
Hyder, Sydney, MD/Medicine/Pulmonary & Critical Care: Provisional to Active-**Recommended**
Laverdiere, Julie A., DDS/Surgery/Oral & Maxillofacial: Active to Voluntary-**Recommended**
Lee, Joseph, MD/Pediatrics: Provisional to Consulting-**Recommended**
Moinuddin, Irfan, MD/Medicine/Nephrology: Provisional to Active-**Recommended**
Pandya, Lopa, MD/OB/GYN: Provisional to Provisional-**Recommended**

Comment: An extension of Initial FPPE has been requested after exhausting (1) year of Provisional status and needs to be recommended for approval by EMS.

Schmukler, Juan MD/Medicine/Rheumatology: Active to Voluntary-**Recommended**

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Stancu, Mihaela, MD/Medicine/Adult Cardiology: Provisional to Provisional-**Recommended**

Comment: An extension of Initial FPPE has been requested after exhausting (1) year of Provisional status and needs to be recommended for approval by EMS.

Stroie, Florian, DO/Surgery/Urology: Provisional to Active-**Recommended**

Resignations/Retirements:

Alanis, Alex, MD - Emergency Medicine-**Recommended**

App, Megan, MD – OB/GYN-**Recommended**

Berry Kravis, Elizabeth, MD – Pediatrics-**Recommended**

Franco, Carlo, MD -Anesthesiology-**Recommended**

Ibrahim, Nora, MD – Surgery-**Recommended**

Kendrick, Sabrina, MD – Medicine-**Recommended**

Mathus, Janell, MD – Family Medicine-**Recommended**

OBrien, John, MD – Medicine-**Recommended**

Riles, William, MD – Medicine-**Recommended**

Tesfai, Semhar, MD - Emergency Medicine-**Recommended**

Wang, Morlie L., MD – Radiology-**Recommended**

Weinstein, Robert, MD – Medicine-**Recommended**

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NON-PHYSICIAN PROVIDERS (NPP):

N/A

OLD BUSINESS

NEW BUSINESS

Initial(s):

Bonsu, Hilda, APRN/Psychiatry-**Recommended**

Kensinger, Sierra Brook PA-C/Medicine/Neurology-**Recommended**

Schock, Lindsey PA-C/Trauma-**Recommended**

Reappointment(s):

Bales, Angela Dawn Psy.D./Psychiatry/Correctional Health-**Recommended**

Carr, David Andrew Psy.D./Psychiatry/Correctional Health-**Recommended**

Chollampel, Elamma Dominic, APRN/Surgery/Orthopedic-**Recommended**

Holden, M Christine PA-C/General Medicine/Surgery-**Recommended**

Javier, Aiemee RDH /Oral Health-**Recommended**

Lumpkin, Ada Huang, PA-C/Surgery/Orthopedic-**Recommended**

Mason, Allison Laura Psy.D./Psychiatry/Correctional Health-**Recommended**

Naftzger-Kang, Lisa, APRN/Surgery/Colon-Rectal-**Recommended**

Panarese, Mark J., CRNA/Anesthesiology-**Recommended**

Parrilli, Josephine K., LCSW/Psychiatry-**Recommended**

Thomas, Manju Jose, APRN/Surgery/Orthopedic-**Recommended**

Valentine, Alyssa T. CGC/Surgery/Oncology-**Recommended**

Weiland, Sandra J., CRNA/Anesthesiology-**Recommended**

Wilkins, Brittany E. PA-C/General Medicine/Correctional Health-**Recommended**

Change in Collaboration (Addition/Removal):

N/A

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

Cameron, Brianna Dominique PA-C / Adult Cardiology - Adding Prescriptive Authority-**Recommended**
Halldin, Kathryn PA-C / Neurology - Adding Prescriptive Authority-**Recommended**
Puzzella, Kathryn PA-C / Pediatrics - Adding Prescriptive Authority-**Recommended**

Change in Collaboration (From/To):

Kegel, Stacy Jo., PA-C/Change from Diane K. Sierens, MD to James Edward Towner, MD-**Recommended**
Pirotte, Maria Dominique, APRN/Change from Alejandra Cordova, MD to Norbert De Biase, MD-**Recommended**
Roberts, Kathy, APRN/Change from Sharon Irons, MD to Patrika Smith, MD-**Recommended**

Change in Category Status:

Blumstein, Alyssa, PA-C/OB/GYN: Provisional to PA-C-**Recommended**
Flores, Esmeralda, LCSW/Psychiatry/Social Worker: Provisional to Licensed Clinical Social Worker-**Recommended**
Guzman, Omar, LCSW/Psychiatry/Social Worker: Provisional to Licensed Clinical Social Worker-**Recommended**
Johnston, Oliver, Ph.D./Psychiatry/JTDC: Provisional to Clinical Psychologist- **Recommended**
Walls, Trinity, APRN/OB/GYN: Provisional to APRN-**Recommended**

Resignations/Retirements:

Menendez, Beatriz, CGC, Pediatrics-**Recommended**
Mojica, Beatrice, LCSW, Psychiatry-**Recommended**
Sierzega, Michelle, PsyD - Psychiatry-**Recommended**

Sanction Screening Reporting –

IDFPR Disciplinary Action Report for February 2024 reviewed as of 4/16/2024 – No Findings.
CMS OPT OUT Affidavits report reviewed as of 4/16/2024 – No Findings.
CMS Preclusion Report reviewed as of 4/16/2024 – No Findings.

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Cook County Board of Commissioners

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Robert Currie
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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

May 7, 2024

Dear Members of the Quality and Patient Safety Committee:

Please be advised that on May 7, 2024 the Provident Hospital Medical Executive Committee voted to approve the recommended 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 May 7, 2024

Medical Staff Appointments/Reappointments Effective: 5/9/24 subject to Approval by the Cook County Health.

Physicians:

New Business

Initial(s):

Clark, Laurel M. MD/Psychiatry - Recommended
Edelheit, Ari V., MD/Emergency Medicine - Recommended
Fryza, Brandon John MD/General Medicine - Recommended
Mohammed, Rehan MD / Internal Medicine – Recommended
Robinson, Iysha, MD/Family Medicine - Recommended
Ramon, Hugo J. MD / Pulmonary - Recommended

Reappointment(s):

Ampalloor, Sheba, MD/Emergency Medicine - Recommended
Apushkin, Michael A., MD/Radiology/Diagnostic - Recommended
Dawood, Sherif F, MD/Surgery/Ophthalmology - Recommended
Farlow, Erin C., MD/Surgery/Vascular - Recommended
Hollowell, Courtney M., MD/Surgery/Urology - Recommended
Levenson, Anne Rachel MD/Pulmonary - Recommended
Lyn, Whitney, MD/Family Medicine - Recommended
Naheed, Zahra, MD/Pediatrics/Cardiology - Recommended
Palma, Camille V., MD/Surgery/Ophthalmology - Recommended
Pilati, Stamatoula, MD/Radiology - Recommended
Schindlbeck, Michael A., MD/Emergency Medicine - Recommended
Smith, Bridgette F., MD/Emergency Medicine - Recommended

Change in Category also includes “FPPE Initials”:

Attar, Bashar MD/Gastroenterology: Active to Voluntary - Recommended
Dave, Zubair, MD/Emergency Medicine: Provisional to Active -Recommended
Hyder, Sydney, MD/Medicine/Pulmonary & Critical Care: Provisional to Affiliate - Recommended
Mahapatra, Ena, MD/Internal Medicine/Internal Medicine: Provisional to Affiliate - Recommended
Moinuddin, Irfan, MD/Medicine/Nephrology: Provisional to Affiliate - Recommended
Stroie, Florian Alexandru, DO/Surgery/Urology: Provisional to Affiliate - Recommended

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Resignation(s)

App, Megan, MD – OB/GYN – Informational
Banzon, Eleanor, MD – Pulmonary - Informational
Ibrahim, Nora, MD – Surgery - Informational
Kendrick, Sabrina, MD – Medicine - Informational
Mathus, Janell, MD – Family Medicine - Informational
Riles, William, MD – Medicine - Informational
Schwartz, David, MD - Internal Medicine - Informational
Jane Vernik, MD – Internal Medicine/Nephrology - Informational
Wang, Morlie L., MD/Radiology - Informational

New Business

NPP Initial(s):

Bonsu, Hilda, APRN/Psychiatry - Recommended

NPP Reappointment(s):

Panarese, Mark J., CRNA, Anesthesiology - Recommended
Weiland, Sandra J., CRNA, Anesthesiology -Recommended

NPP Change in Clinical privileges (Additions/Removals):

Cameron, Brianna Dominique PA-C / Adult Cardiology - Adding Prescriptive Authority -
Recommended

NPP Change in Category includes “FPPE Initial”:

Blumstein, Alyssa, PA-C/OB/GYN: Provisional to PA-C - Recommended
Flores, Esmeralda, LCSW/Psychiatry/Social Worker: Provisional to Licensed Clinical Social
Worker - Recommended
Guzman, Omar, LCSW/Psychiatry/Social Worker: Provisional to Licensed Clinical Social Worker -
Recommended
Walls, Trinity, APRN/OB/GYN: Provisional to APRN - Recommended

Resignation(s)-Please review the resignation in images under “Resignation.”

Mojica, Beatrice, LCSW, Psychiatry - Informational

Other Business

- Anesthesiology (Specific to CRNAs Only)
Collaborative Physician Agreement - Recommended

OPPE Specialty Specific Indicators – Anesthesiology - Recommended

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ATTACHMENT #3

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

For May 2024

Chairs: Dr. Fakhran and Dr. Gomez-Valencia

Meeting Date: March 26th 12-1:30PM In-Person

Regular or Special Meeting: Regular

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

March Highlights:

Med-Surg Hand Hygiene

- Current hand hygiene compliance is 74.8% in January, 78% in February, and 79.3% in March with the goal of 80% compliance.
- The interventions being used to improve compliance includes a hand hygiene committee, CDC signage about hand washing, retraining ancillary staff on proper technique, just-in-time coaching, hand hygiene champions and screen saver reminders.

Stroke

- For the last 12 months, we have had 380 strokes and a total of 19 TIA's.
- For CSK-01 without procedures, they were at 92% compliance.
- STK-1 VTE prophylaxis, they were at 97% compliance.

Op Ex Readmissions

- Heart Failure 30-day unplanned readmission for patients month over month was 12.9% which is good. Year over year comes out to 23%.
- Oncology patients with a palliative care order are now being tracked. Baseline is 15.5% and the goals is 21.3% with a stretch goal of 29%. Other hospitals like us are usually at 21% so our goals are appropriate.

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 May 2024**

Chair: Dr Loafman

Meeting Date: March 28th 11:00am-12:30pm via WebEx

Regular or Special Meeting: Regular

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

March Highlights

Regulatory Report out

NPSG.15.01.01 EP 3

- This is used as evidence-based process to conduct a suicide risk assessment of individual served who have screened for suicide ideation. After auditing the forms, the ED was 24 out of 24 for correct documentation.

ED (NPSG 15.01.01 EP 3)

- The number of Telemetry strips with an RN analysis every 8 hours and 8-hour increments with Telemetry patients was audited and they were 105 out of 105.

Patient Safety Report

- Data Trends-Event Reporting Jan '20-Feb '24 – The data trend going back from 2020 has been going down. The number of events that were documented has seen a gradual decline or a monthly annual average going down from year to year. At the beginning of 2024 they had 55 in January and 50 in February. Going several years back the numbers were higher, in the 90s and low hundreds.
- Top 5 Safety Events Jan-Dec 2023 – patient or staff behavior are most of them at 54%, almost ¼ of them are falls, which is why they work closely on fall prevention and fall initiatives.

Contract Management

- As of March 2024, there were 455 active contracts for Cook County. Contracts over one million dollars (182), there are 37% clinical, 63% non-clinical, and 15% belong to Provident.
- All contracts have language in them that require the vendors to complete quarterly or biannual reviews. Because this process is not clearly stated they are in the process of adding this evaluation through the Bonfire Portal and including departments and vendors.

There are no action items for the MEC Committee.

There are no actions for the QPS Committee.

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ATTACHMENT #4

Stroger Op Ex Steering Committee Dashboard

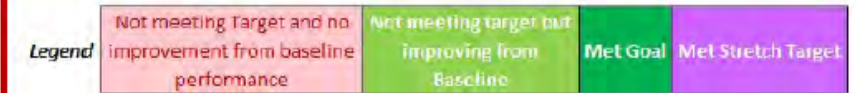
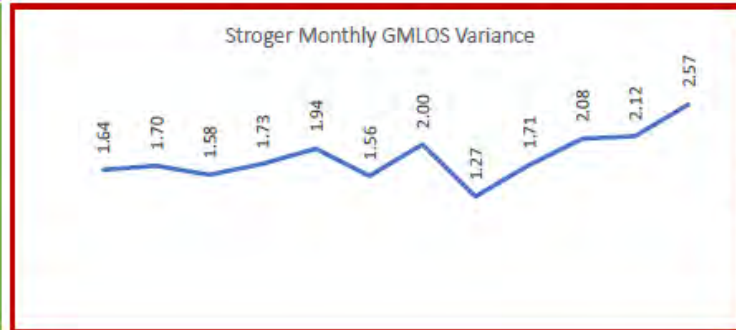
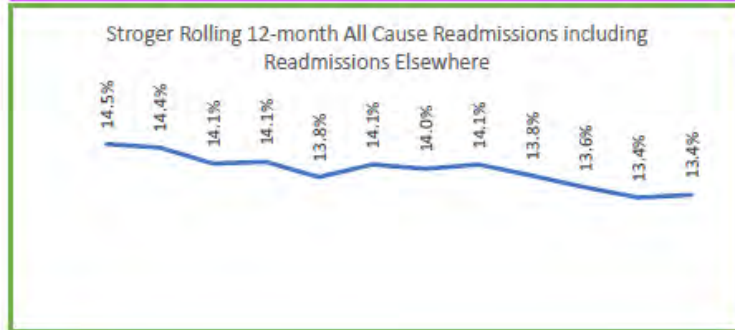
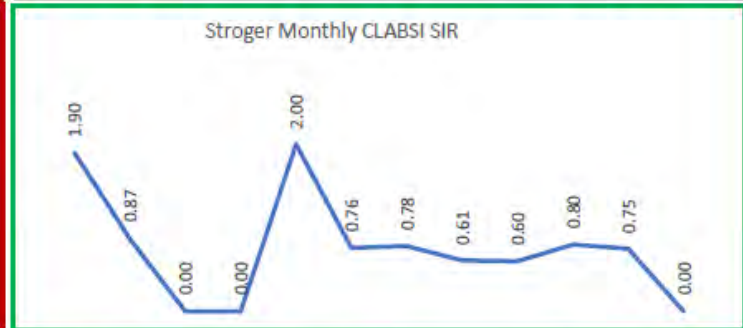
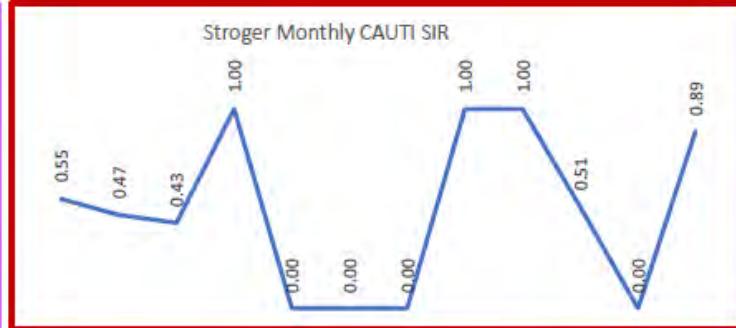
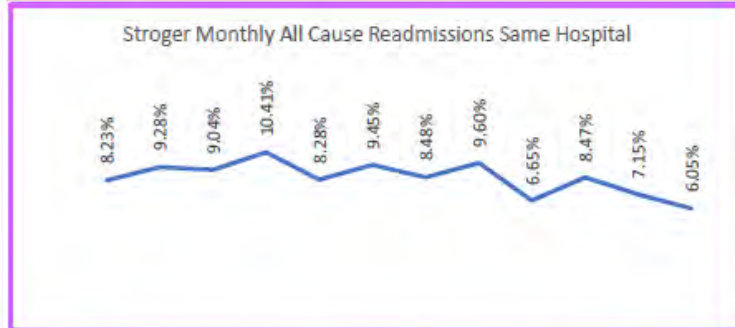
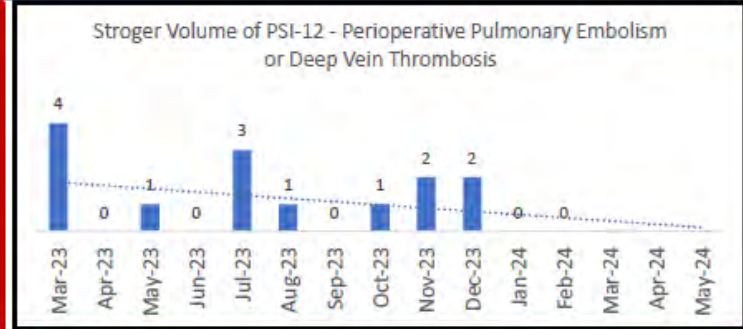
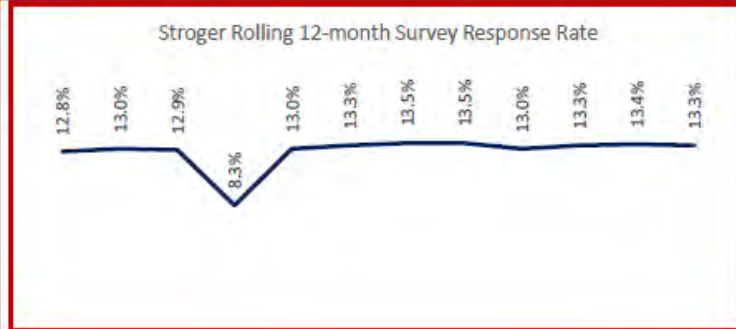
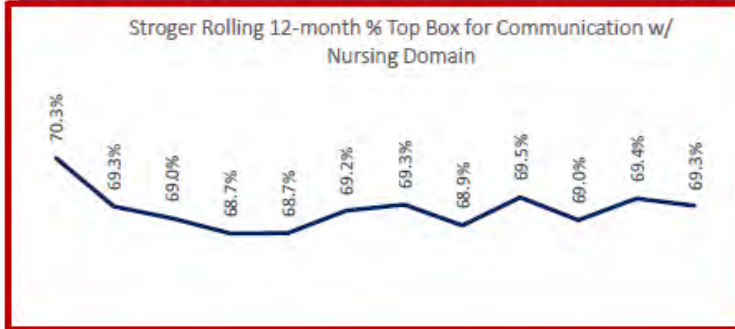
Op Ex Steering Committee Dashboard for Stroger Hospital

DOMAIN WORKGROUPS	Metrics	Target	Stretch Target	Baseline	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%	70.28%	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%	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%	12.80%	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%	14.50%	14.60%	12.90%	13.50%	16.40%	13.90%	14.20%	10.50%	12.20%	10.20%	10.80%
					Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
CLINICAL OUTCOMES	Monthly Volume of CLABSI			11	2	1	0	0	2	1	1	1	1	1	1	0
	SIR Rate CLABSI	0.8	n/a	0.76	1.90	0.87	0.00	0.00	2.00	0.76	0.78	0.61	0.60	0.80	0.75	0.00
	Monthly Volume of CAUTI			11	1	1	1	2	0	0	0	2	2	1	0	2
	SIR Rate CAUTI	0.8	n/a	0.47	0.55	0.47	0.43	1.00	0.00	0.00	0.00	1.00	1.00	0.51	0.00	0.89
					Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Monthly Volume of VTE PSI-12	Target	Stretch Target	Baseline	<=7	0	14	4	0	1	0	3	1	0	1	2	2
Observed over Expected Ratio PSI-12				3.04	0.00	0.98	0.00	2.41	0.80	0.00	1.06	2.04	0.90	0.00	0.00	
READMISSIONS	Rolling 12-month All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	8.40%	8.00%	9.40%	9.03%	8.97%	8.88%	9.15%	9.22%	9.28%	9.19%	9.20%	8.89%	8.91%	8.75%	8.46%
	Monthly All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	8.40%	8.00%	9.40%	8.23%	9.28%	9.04%	10.41%	8.28%	9.45%	8.48%	9.60%	6.65%	8.47%	7.15%	6.05%
	IHA Rolling 12-Month All Cause All Payer - Readmissions including other hospitals	13.00%	12.00%	14.00%	14.52%	14.44%	14.10%	14.13%	13.80%	14.08%	13.99%	14.07%	13.84%	13.58%	13.36%	13.42%
		Target	Stretch Target	Baseline	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
THROUGHPUT	Monthly GMLOS Avg Variance in days, excluding patients >30 days LOS	1.23	0.73	1.73	1.64	1.70	1.58	1.73	1.94	1.56	2.00	1.27	1.71	2.08	2.12	2.57



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

Provident Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Provident Hospital

DOMAIN WORKGROUPS

Metrics

PATIENT EXPERIENCE		Target	Stretch Target	Baseline	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%	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%	66.67%	74.07%	100.00%	77.78%	96.30%	66.67%	80.00%	63.64%	55.56%	100.00%	63.89%	85.16%
					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 Survey Response Rate	18.00%	20.00%	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%	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	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%	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%	100.00%	16.67%	33.33%	75.00%	50.00%	66.67%	25.00%	33.00%	100.00%	0.00%	33.00%	0.00%
		Target	Stretch Target	Baseline	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24					
	Monthly Hand Hygiene Compliance	80.00%	90.00%	75.38%	72.78%	67.86%	65.07%	73.51%	75.12%	77.37%	84.73%					
THROUGHPUT		Target	Stretch Target	Baseline	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
	Rolling 12-month LWBS	4.50%	4.00%	5.50%	3.99%	4.12%	4.30%	4.46%	5.18%	5.51%	5.93%	6.49%	7.17%	7.40%	6.97%	7.63%
	Monthly LWBS Rate	4.50%	4.00%	5.50%	4.78%	4.12%	5.85%	5.95%	13.00%	8.27%	11.45%	11.59%	11.67%	5.55%	5.94%	3.77%



Provident Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Provident Hospital

Provident Rolling 12-month % Top Box for Communication w/ Nursing Domain



Provident Rolling 12-month Survey Response Rate



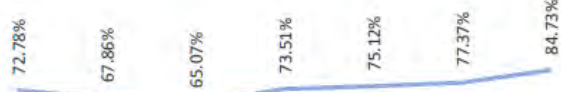
Provident Monthly LWBS Rate



Provident Rolling 12-month SEP-1 Bundle Compliance Rate



Provident Monthly Hand Hygiene Compliance



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

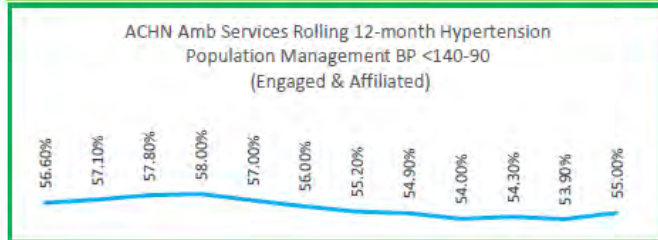
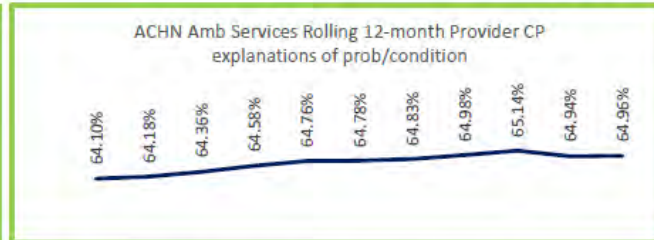
DOMAIN WORKGROUPS Metrics

PATIENT EXPERIENCE

	Target	Stretch Target	Baseline	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 Concern of nurse/asst for problem	61.34%	63.56%	58.77%	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%	58.23%	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%	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%	65.77%	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

	Target	Stretch Target	Baseline	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Rolling 12-month Hypertension Population Management BP <140-90 (Engaged & Affiliated)	55.00%	60.00%	50.53%	56.60%	57.10%	57.80%	58.00%	57.00%	56.00%	55.20%	54.90%	54.00%	54.30%	53.90%	55.00%
Rolling 12-month Cervical Cancer Screening (Engaged & Affiliated)	47.00%	52.00%	42.83%	45.60%	46.10%	46.30%	46.40%	46.40%	45.06%	45.91%	46.13%	46.00%	46.20%	46.10%	46.30%



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
May 20, 2024

ATTACHMENT #5



Op Ex Patient Experience Workgroup Report Out

Linh Dang, Dr C. Ezeokoli, Dr J. Whitten & James Driscoll

April 2024



COOK COUNTY
HEALTH

Stroger Op Ex Patient Experience A3

Workgroup Overall A3 Progress

2024 OpEx Stroger Patient Experience Workgroup A3

Workgroup A3 Owner: Dr. Ezeokoli & Dr. Whitten

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
Communication with Nurses Domain 2023 Performance: 69.3% top box 2024 Goal: 73% top box 2024 Stretch Goal: 77% top box	Consistent, purposeful nurse leader rounding	Mei Zhang	Yellow	Yellow	Yellow									
	Utilize the CI-CARE framework to convey courtesy, respect, listening, and attentiveness		Yellow	Yellow	Yellow									
Increase HCAHPS survey response rate 2023 Performance: 13.6% return rate 2024 Goal: 15% response rate 2024 Stretch Goal: 16% response rate	Survey administration processes	James Driscoll Andrea Ramel	Yellow	Yellow	Yellow									
	Demographic verification	TBD	Grey	Grey	Grey									
Implement OAS CAHPS survey Baseline: TBD Goal: TBD Stretch Goal: TBD	Update data file to meet CMS specifications	Business Intelligence	Green	Yellow	Yellow									
	Begin performance monitoring	Dr. Keen Daphne Mitchell	Grey	Yellow	Yellow									

Stroger Op Ex Patient Experience Subgroup A3

Subgroup – Nursing Communication Domain

2024 OpEx Stroger Patient Experience Nursing Communication Subgroup A3

Subgroup A3 Owner: Mei Zhang

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		
Develop and implement a consistent, purposeful nurse leader rounding program	Nurse leader cohorts for PI project on NLR	Andrea Ramel	Yellow	Yellow												
	Expand nurse leader rounding to include ODAs & evening CNSs	Mei Zhang	Yellow	Yellow	Green											
	Improve quality of iRounds	Mei Zhang Andrea Ramel	Yellow	Yellow												
Utilize the CI-CARE framework to convey courtesy, respect, listening, & attentiveness	Create & deploy PX playbook	Mei Zhang		Yellow	Yellow											
	Continue Commit to Sit initiative			Yellow	Yellow											
	Implement weekly CI-CARE audits			Yellow	Yellow											
PX data education	Provide education & training on patient experience data to PX champion group and charge nurses	Mei Zhang	Grey	Yellow	Yellow											
	Provide education & training on patient experience data at unit staff meetings		Grey	Yellow	Yellow											

Stroger Op Ex Patient Experience Subgroup A3

Subgroup – Survey Return Rate

2024 OpEx Stroger Patient Experience Survey Response Rate Subgroup A3

Subgroup A3 Owner: Andrea Ramel & James Driscoll

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
Improve survey administration processes	Partner with Business Intelligence team & Press Ganey to review current data file processes	Andrea Ramel James Driscoll	Yellow	Green	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey
	Adjust / update data file processes based on review	Business Intelligence	Grey	Yellow	Yellow	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey
	Standardize post discharge phone calls process to include reminder regarding survey completion	Mei Zhang	Grey	Yellow	Yellow	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey

Stroger Op Ex Patient Experience Subgroup A3

Subgroup – OAS CAHPS Implementation

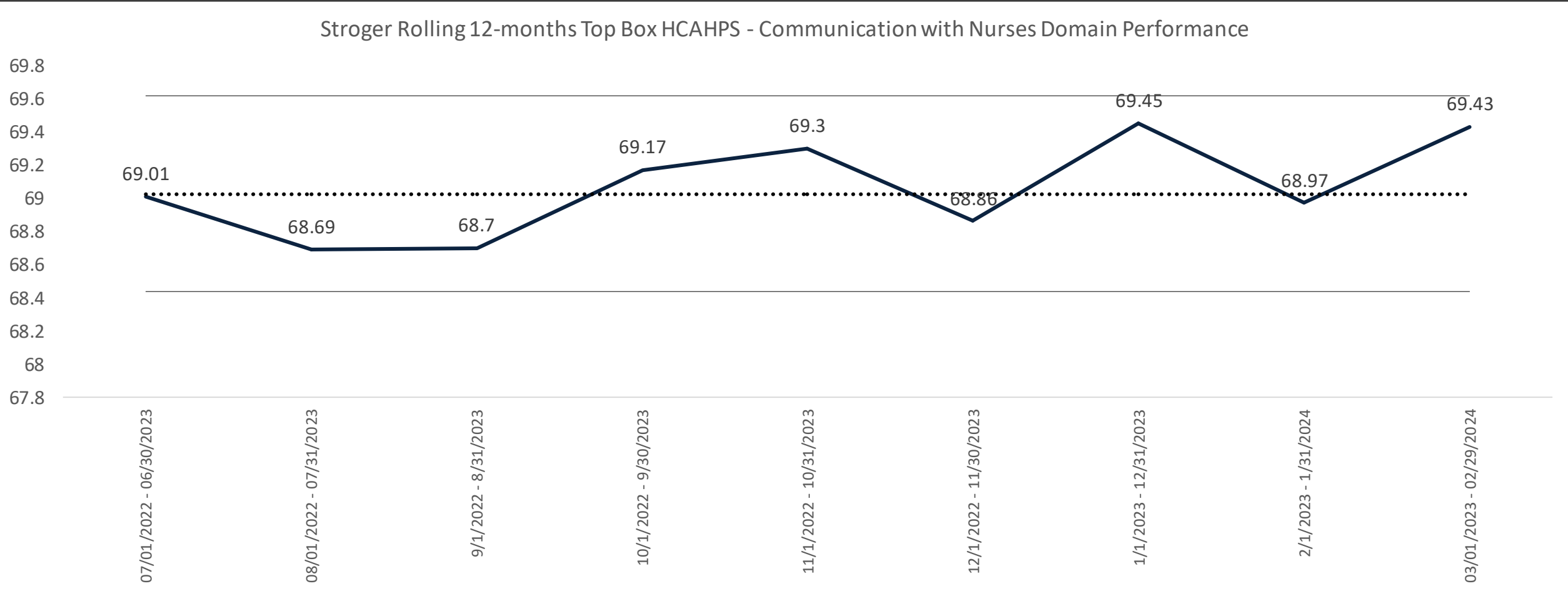
2024 OpEx Stroger Patient Experience OAS CAHPS Subgroup A3

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
Implement OAS CAHPS survey	Align data file with CMS specifications	Business Intelligence Andrea Ramel												
	Begin performance monitoring	Dr. Keen Daphne Mitchell												

Stroger Op Ex Patient Experience Performance Monitoring

Rolling 12-months HCAHPS Comm. w/ Nursing Domain – Top Box Score by Received Date

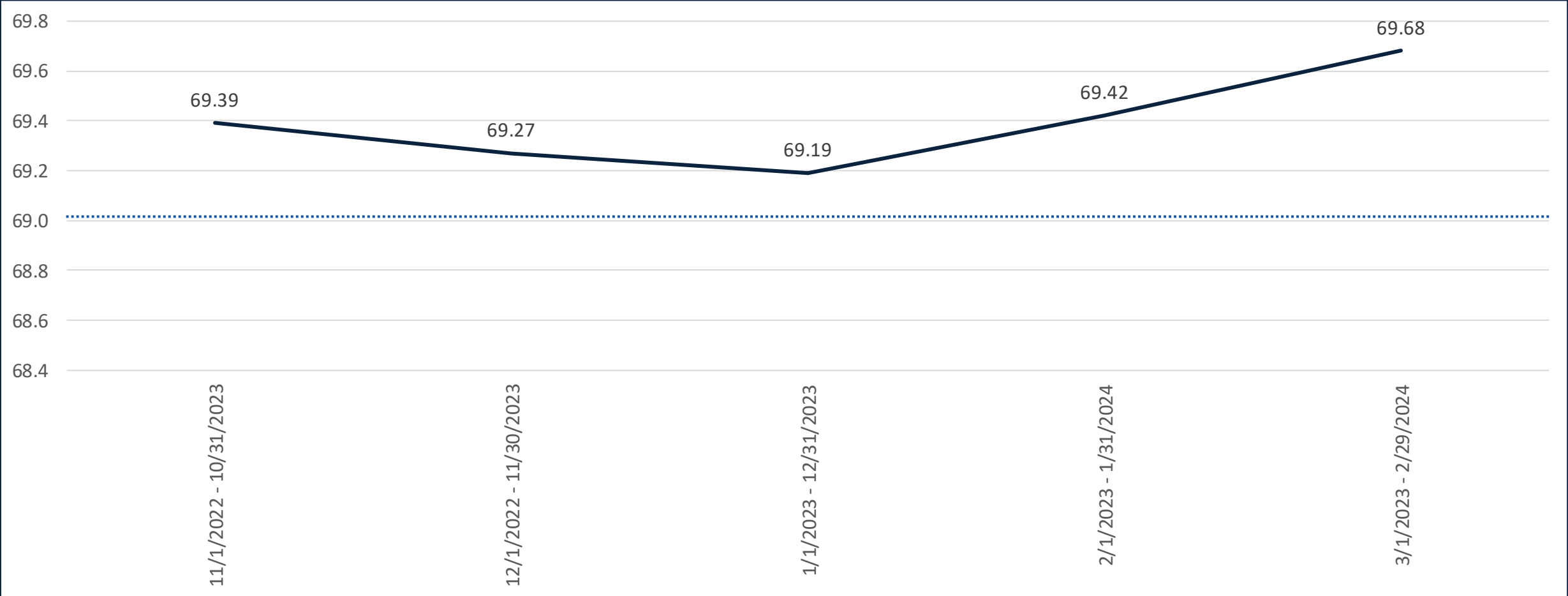
Baseline: 69.30% | Goal: 73.00% | Stretch Goal: 77.00%



Stroger Op Ex Patient Experience Performance Monitoring

Rolling 12-months HCAHPS Comm. w/ Nursing Domain – Top Box Score by Discharge Date

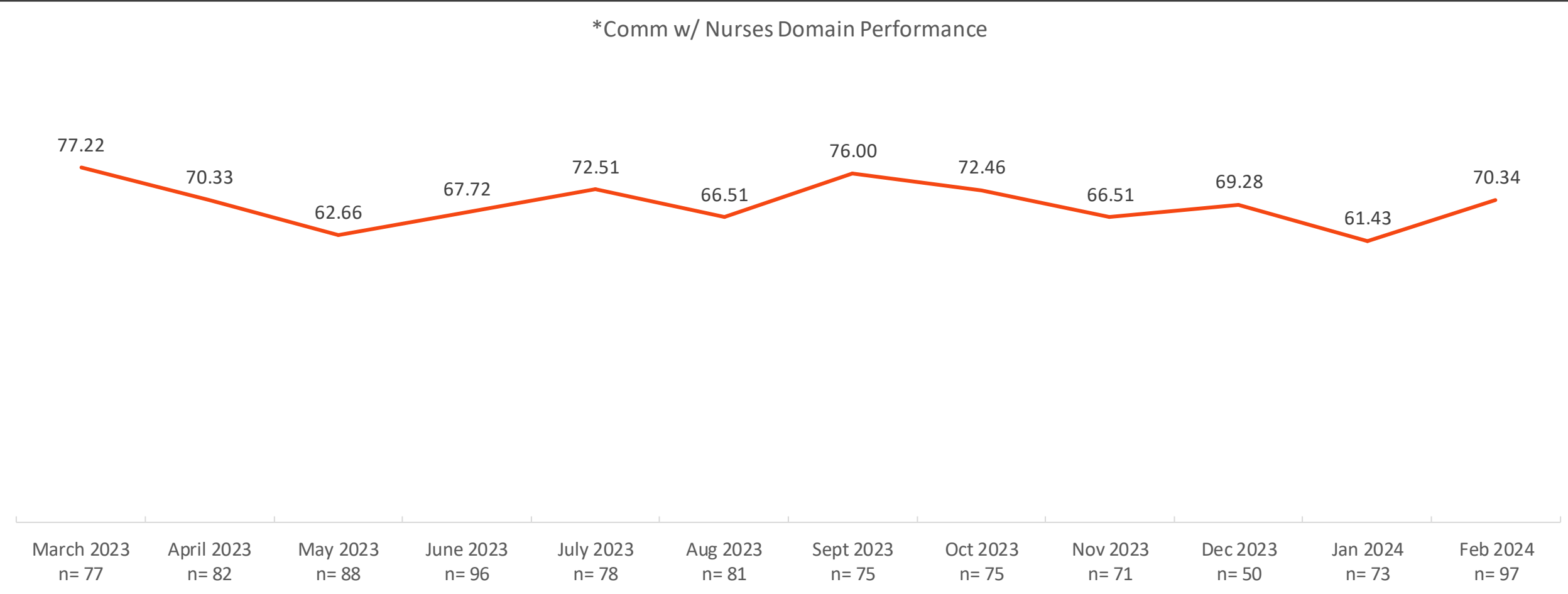
Baseline: 69.30% | Goal: 73.00% | Stretch Goal: 77.00%



Stroger Op Ex Patient Experience Performance Monitoring

Monthly HCAHPS Comm. w/ Nursing Domain – Top Box Score by Received Date

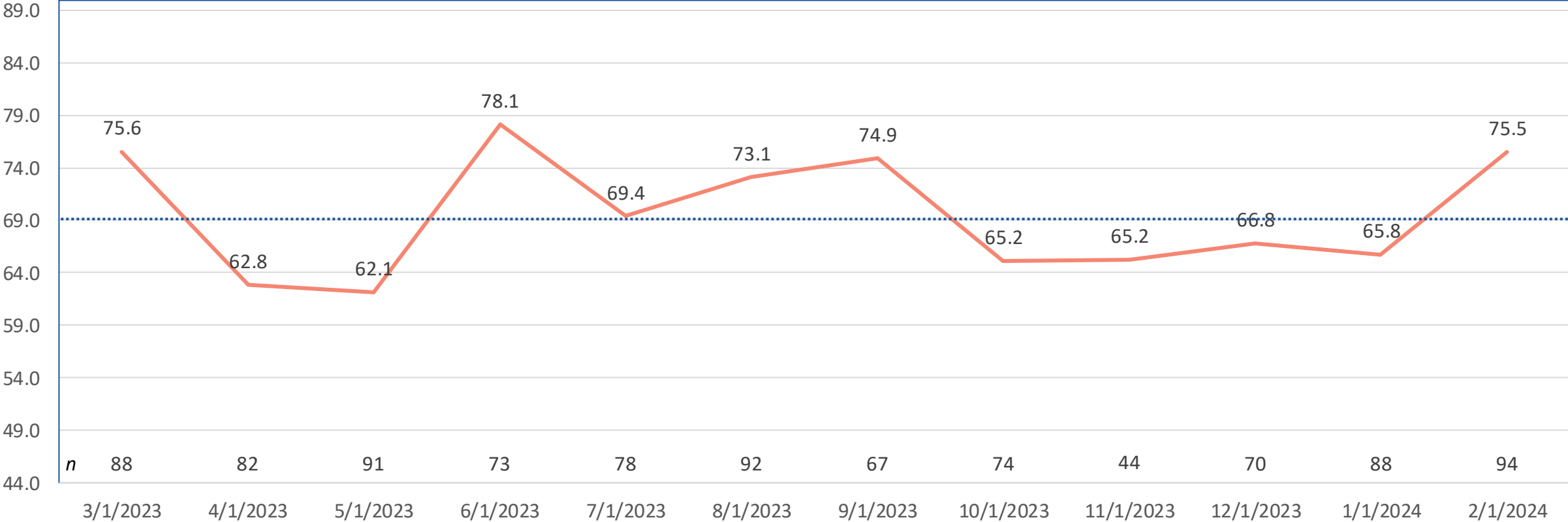
Baseline: 69.30% | Goal: 73.00% | Stretch Goal: 77.00%



Stroger Op Ex Patient Experience Performance Monitoring

Monthly HCAHPS Comm. w/ Nursing Domain – Top Box Score by Discharge Date

Baseline: 69.30% | Goal: 73.00% | Stretch Goal: 77.00%

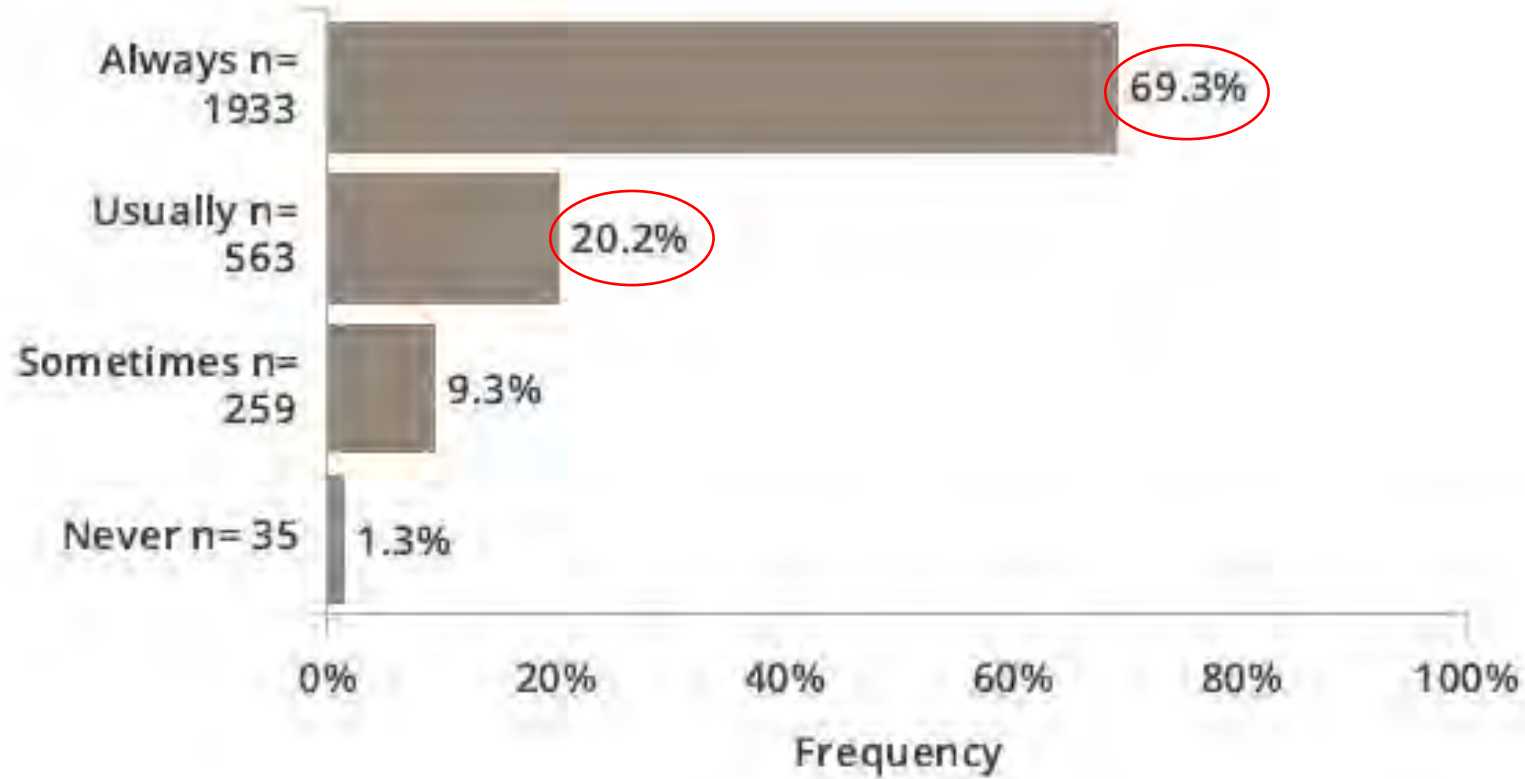


Stroger Op Ex Patient Experience Performance Monitoring

Distribution of Responses: Comm. w/ Nursing Domain – Top Box Score by Discharge Date

Baseline: 69.30% | Goal: 73.00% | Stretch Goal: 77.00%

Distribution of Responses ⓘ
Domain: Comm w/ Nurses

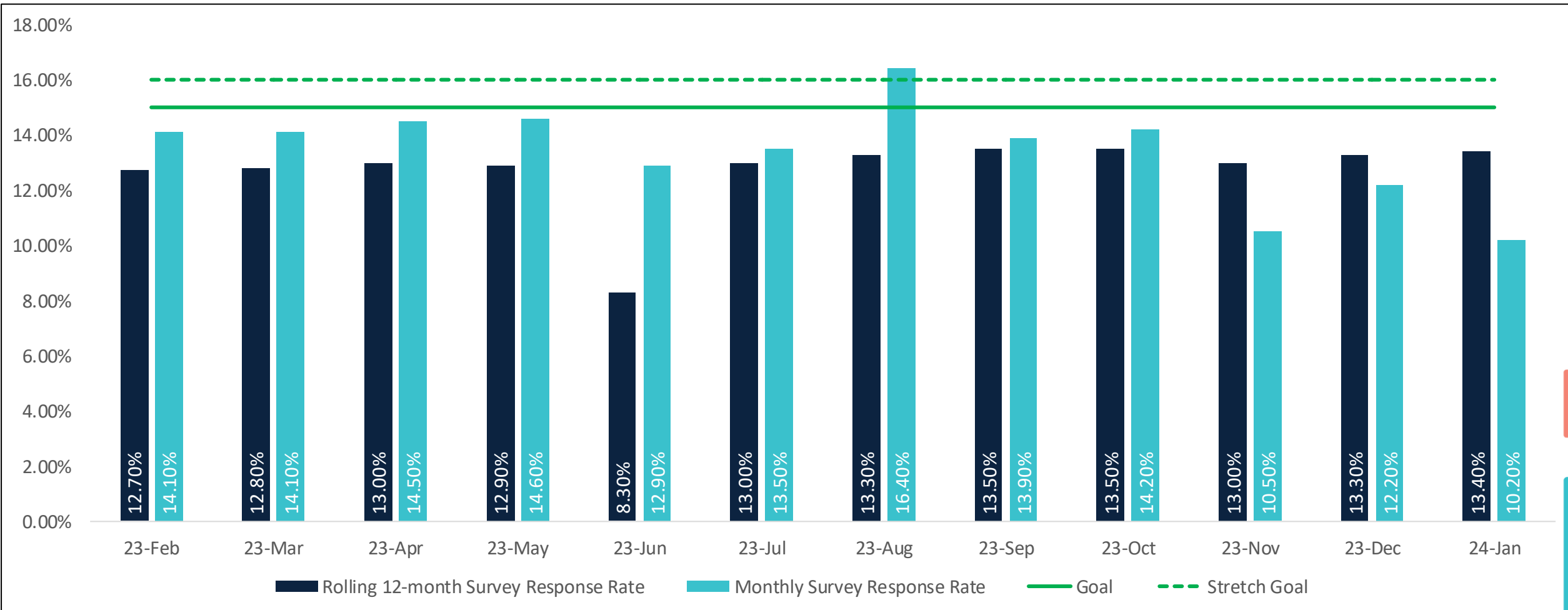


69.3 = Always
+ 20.2 = Usually
89.5 Top Box
(Potential)

Stroger Op Ex Patient Experience Performance Monitoring

Rolling 12-months & Monthly Survey Response Rate HCAHPS by Received Date

Baseline: 13.60% | Goal: 15.0% | Stretch: 16.0%





Op Ex Patient Experience Workgroup Report Out

Linh Dang, Michael Moonan, & Raphael Parayao

April 2024



COOK COUNTY
HEALTH

Provident Op Ex Patient Experience A3

Workgroup Overall A3 Progress

2024 OpEx Provident Patient Experience Workgroup A3

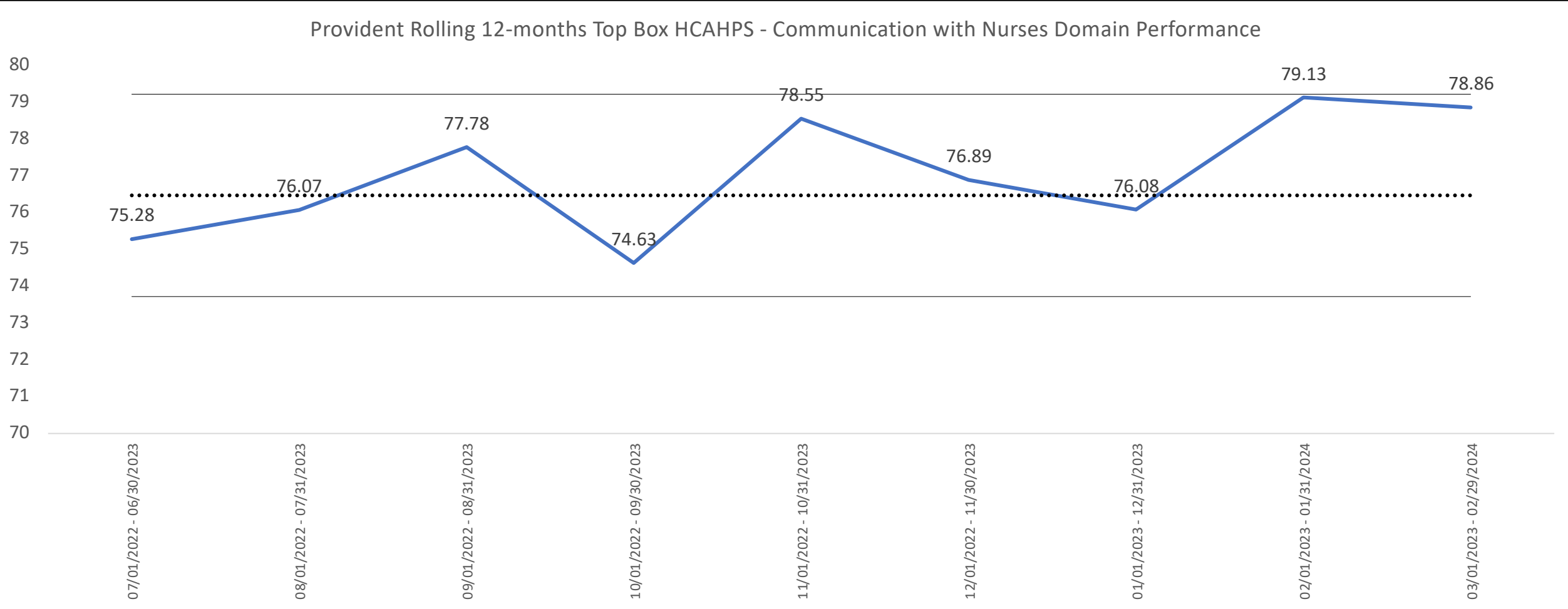
Workgroup A3 Owner: Mike Moonan & Raphael Parayao

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
Nursing Communication Domain Baseline: 74.63% top box Goal: 79.80% top box Stretch: 80.00% top box	Consistent, purposeful nurse leader rounding	Raphael Parayao												
	Utilize the CI-CARE framework to convey attentiveness													
Survey Return Rate Baseline: 11.8% top box Goal: 18% top box Stretch: 20% top box	Survey administration processes	Andrea Ramel James Driscoll												
	Demographic information verification	TBD												
Implement OAS CAHPS Survey	Data file specifications	Business Intelligence												
	Begin surveying & monitoring performance	Edith Arellano Dr. Hasan												

Provident Op Ex Patient Experience Performance Monitoring

Rolling 12-months HCAHPS Comm. w/ Nursing Domain – Top Box Score by Received Date

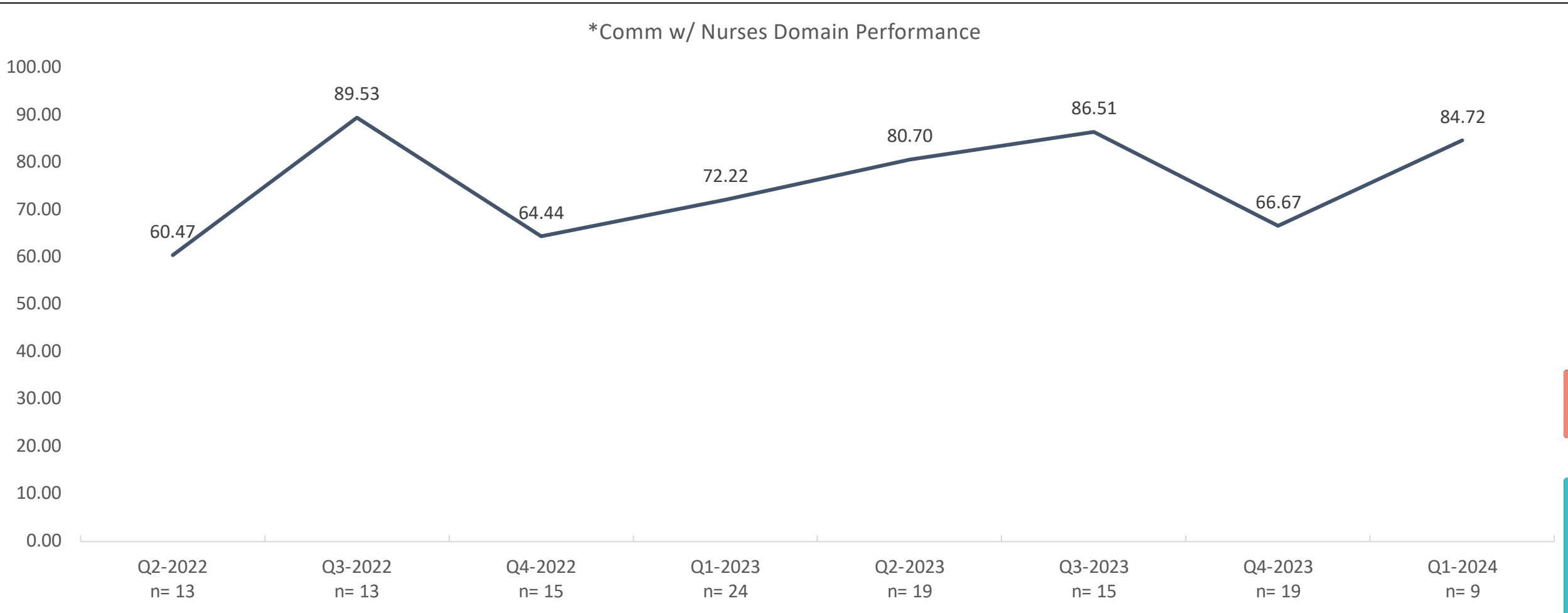
Baseline: 74.63% | Goal: 79.80% | Stretch: 80.00%



Provident Op Ex Patient Experience Performance Monitoring

Quarterly HCAHPS Comm. w/ Nursing Domain – Top Box Score by Received Date

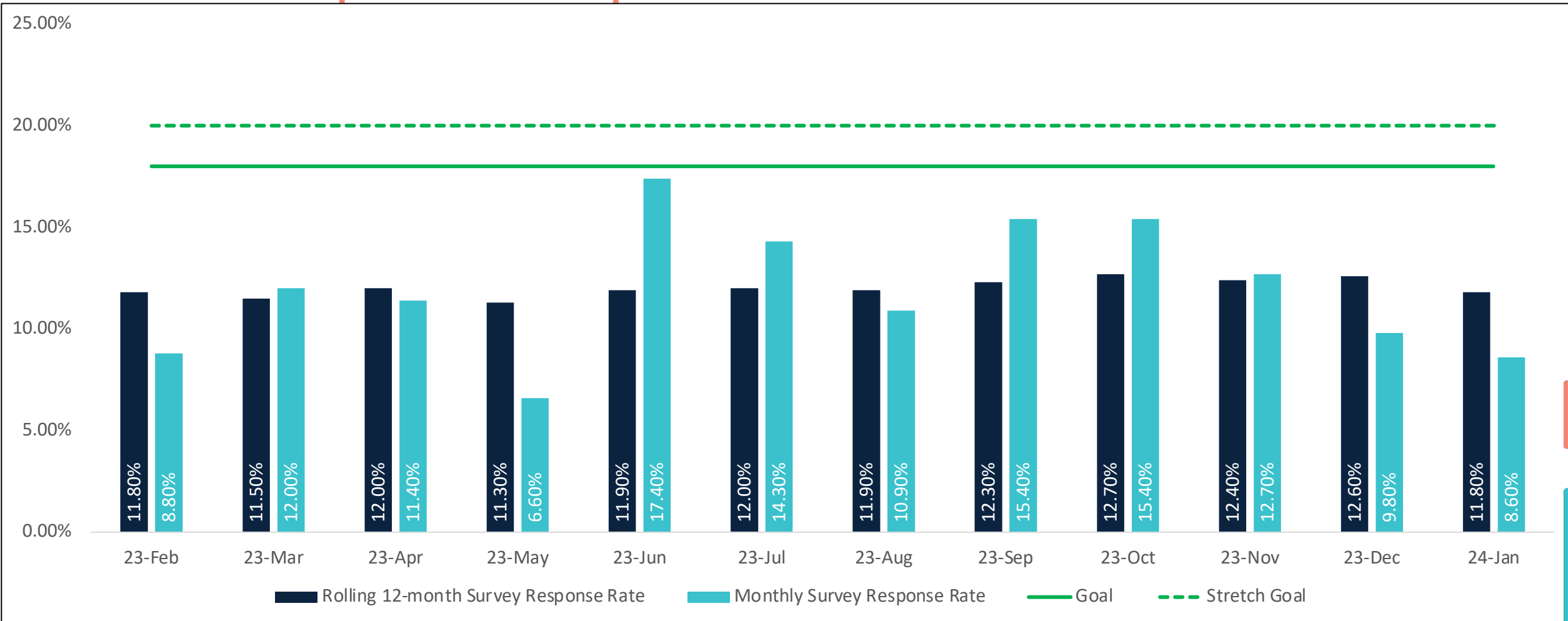
Baseline: 74.63% | Goal: 79.80% | Stretch: 80.00%



Provident Op Ex Patient Experience Performance Monitoring

Monthly & Rolling 12-months Survey Response Rate HCAHPS by Received Date

Baseline: 11.8% | Goal: 18.0% | Stretch: 20.0%





Op Ex Patient Experience Workgroup Report Out

James Driscoll, Linh Dang

April 2024



COOK COUNTY
HEALTH

ACHN Amb Services Op Ex Patient Experience A3

Workgroup Overall A3 Progress

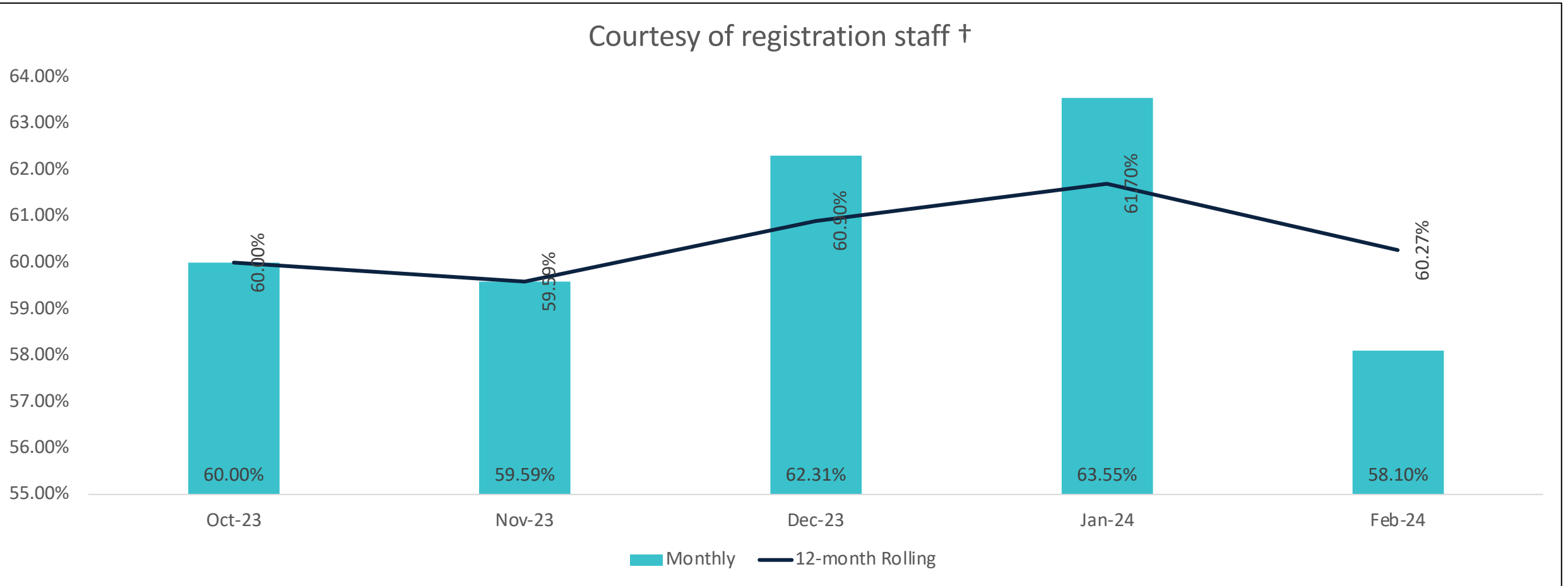
ACHN Patient Experience Workgroup A3

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
Courtesy of registration staff 2023 Performance: 60.0% 2024 Goal: 60.0% 2024 Stretch Goal: 65.0%	Purposeful rounding with recognition & coaching		■	■	■									
Concern of nurse / assistant for problem 2023 Performance: 58.8% 2024 Goal: 61.3% 2024 Stretch Goal: 63.6%	Purposeful rounding with recognition & coaching		■	■	■									
Care provider explanation of problem / condition 2023 Performance: 64.8% 2024 Goal: 66.8% 2024 Stretch Goal: 69.8%														

Amb Services Patient Experience Workgroup

12-month Rolling Top Box Courtesy of Registration Staff

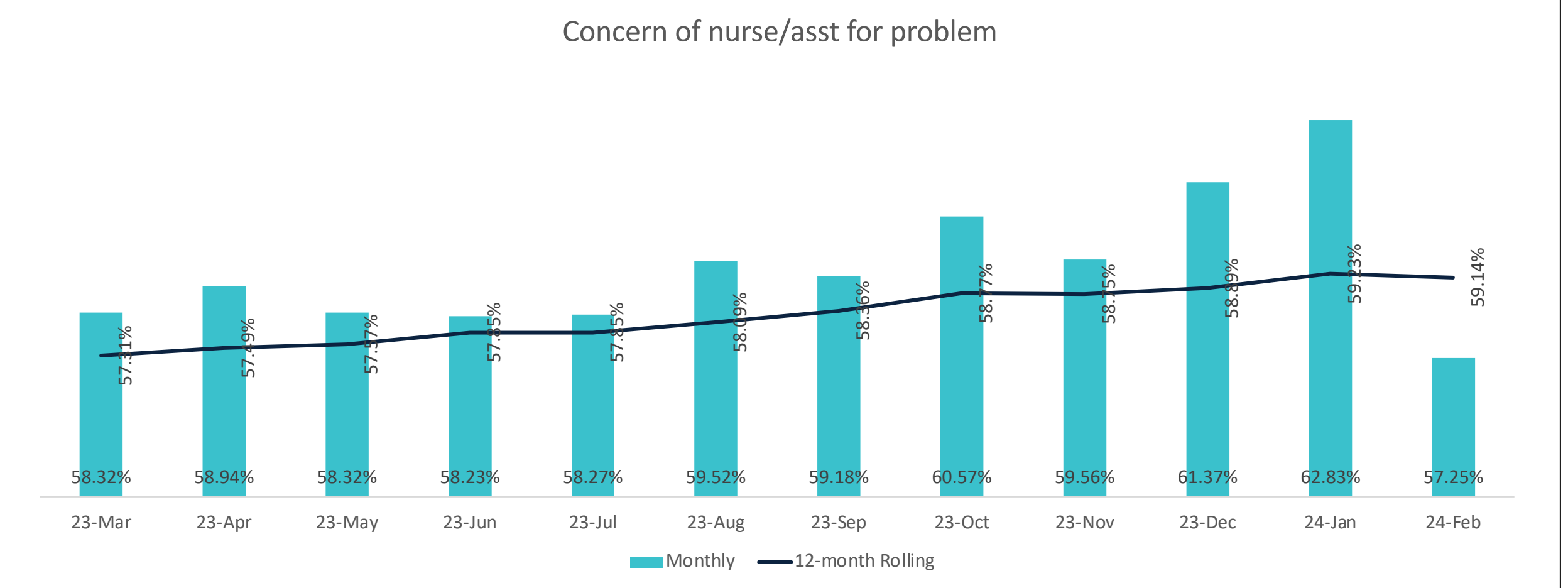
Baseline: *n/a* | Goal: 60.00% | Stretch: 65.00%



Amb Services Patient Experience Workgroup

12-month Rolling Top Box Nursing Concern

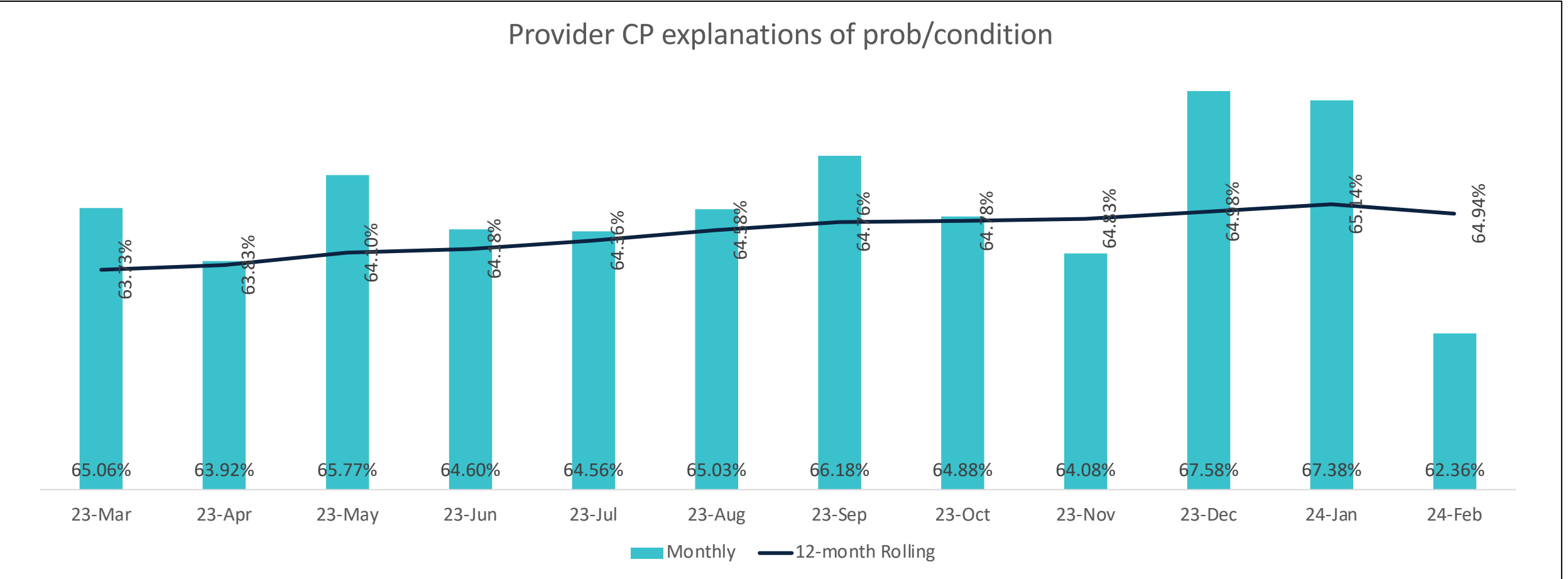
Baseline: 58.77% | Goal: 61.34% | Stretch: 63.56%



Amb Services Patient Experience Workgroup

12-month Rolling Top Box Provider Explanations of problem/condition

Baseline: 64.78% | Goal: 66.80% | Stretch: 69.84%



COOK COUNTY
HEALTH



Op Ex Throughput Workgroup Status Report Out

Dr. P Allegretti & Amy O'Malley

April 2024



COOK COUNTY
HEALTH

Provident Op Ex Throughput A3

Workgroup Overall A3 Progress

OpEx Provident Throughput Workgroup A3

Workgroup A3 Owners: Dr. Allegretti & Amy O'Malley

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
Decrease Emergency Department LWBS 2023 Performance: 5.5% 2024 Goal: 4.5% 2024 Stretch Goal: 4.0%	Implement provider out front	Dr. Allegretti	■	■	■									
	Implement pull-to-full	Amy O'Malley	■	■	■									

Provident Op Ex Throughput Subgroup A3

Subgroup Progress

2024 OpEx Provident Throughput Subgroup Workgroup A3

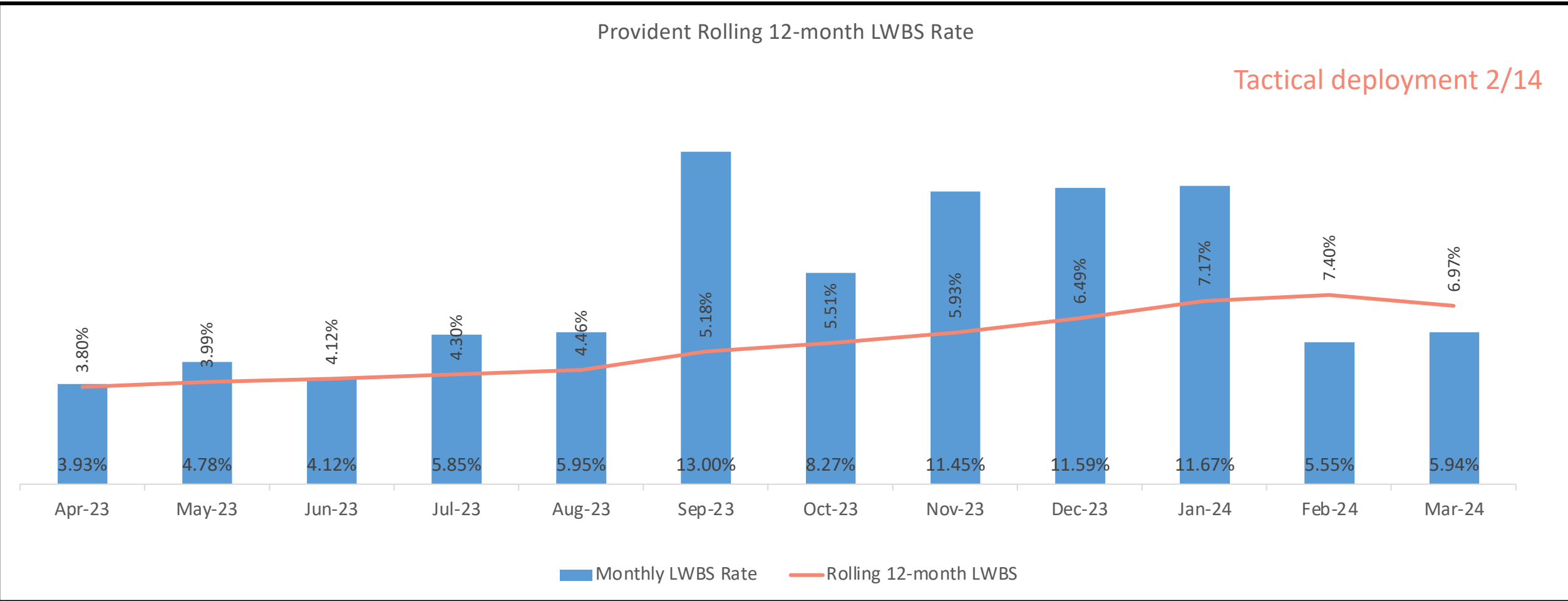
Subgroup A3 Owner: Dr. Allegretti & Amy O'Malley

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	
Expand provider out front to peak hours - Monday - Friday from 8:00am - 8:00pm	Add ED Rapid Medical Evaluation tab to tracking board & create instructions for users	Keelie Gaddis	█												
	Review discharge disposition definitions with Ward Clerks	Amy O'Malley		█											
	Automate receipt of daily, weekly, & monthly LWBS metrics from BI	Business Intelligence		█	█										
Implement pull-to-full	Partner with nursing to develop pull-to-full process	Dr. Allegretti Amy O'Malley	█	█	█										
	Provide education & training re: pull-to-full processes to charge nurses & nurses via department meetings & huddles	Amy O'Malley		█	█										
	Move ER tech out to triage to assist w/ vitals, EKGs, labs, & flow & equip w/ TigerConnect phone for ease of contact	Amy O'Malley			█										

Provident Op Ex Throughput Workgroup

Rolling 12-month LWBS Rate

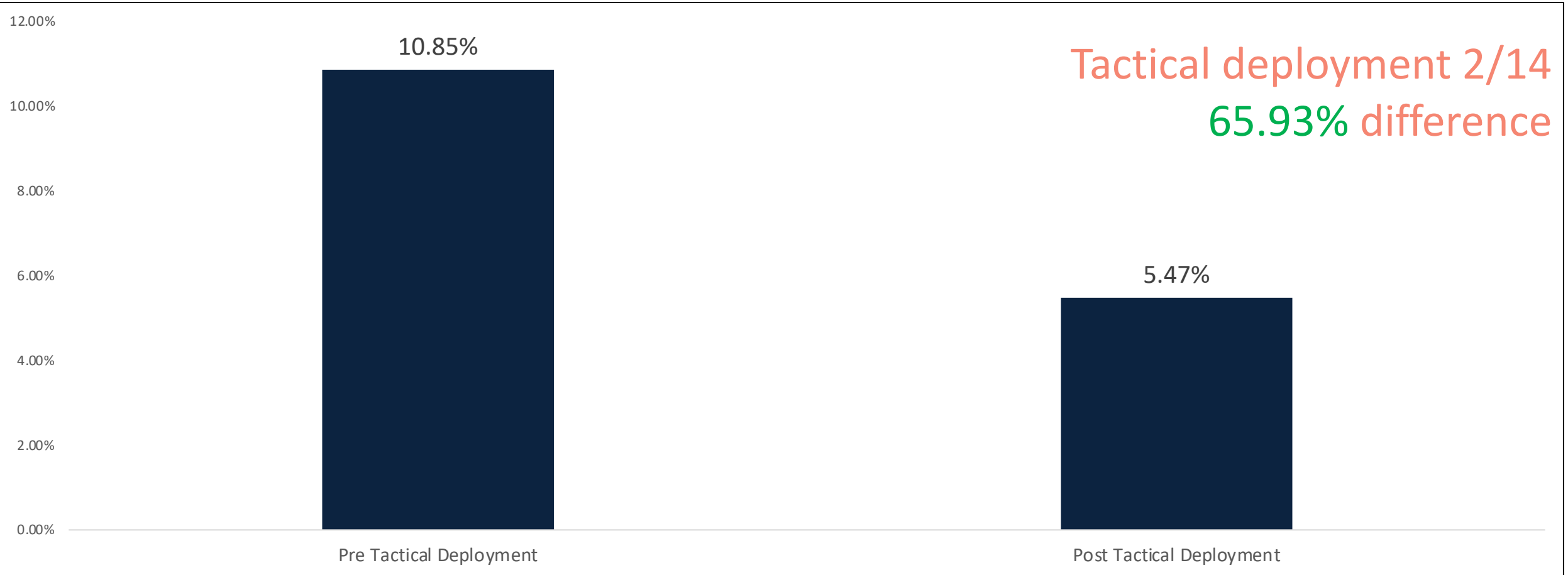
Baseline: 5.5% | Goal: 4.5% | Stretch: 4.0%



Provident Op Ex Throughput Workgroup

Pre-Post

Baseline: 5.5% | Goal: 4.5% | Stretch: 4.0%



Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
May 20, 2024

ATTACHMENT #6

Regulatory Updates

May 2024

- Provident Hospital underwent the radiation safety inspection survey with the Illinois Emergency Management Agency (IEMA) on 4/18/24. There was compliance with all regulations.
- Stroger laboratory is preparing for the College of American Pathologist (CAP) survey this summer. All efforts are on track.
- Stroger Hospital and Ambulatory clinics continue to work on regulatory preparedness and providing weekly report outs on corrective actions from the Mock Survey findings.
 - ❑ Command Center Refresh – discussions underway
 - ❑ Joint Commission AMP Tracer Tool Launch – training planned
 - ❑ Joint Commission Breakfast Briefing Webinar (13-part weekly series overviewing each TJC chapter) – series purchased
 - ❑ Regulatory Readiness meetings re-launch forthcoming...