

Minutes of the Meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, August 15, 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 Sage J. Kim, PhD; Tanya R. Sorrell, PhD, PMHNP-BC; and Mia Webster Cross, MSN, RN (4)

Director Joseph M. Harrington and Patricia Merryweather (Non-Director Member)

Absent: Director Raul Garza (1)

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

Rudy Kumapley, MD - Medical Director, Stroger
Hospital

Irene Marks – Associate Chief Quality Officer

Jeff McCutchan – General Counsel

Erik Mikaitis, MD – Interim Chief Executive
Officer

Amy O'Malley – Nurse Coordinator II

Alisha Patel – Assistant General Counsel

Krzysztof Pierko, MD, MBA, FACP – Associate
Chair, Department of Medicine

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 Thursday, September 12, 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. Rudy Kumapley, Medical Director – Stroger Hospital, provided an overview of the one (1) Department Chair Initial Appointment; one (1) Division Chair Initial Appointment; and five (5) Division Chair Reappointments presented for the Committee's consideration.

Director Sorrell, seconded by Director Webster Cross, moved to approve Item III(A) the one (1) Department Chair Initial Appointment, one (1) Division Chair Initial Appointment, and five (5) Division Chair Reappointments. 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
 - 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, presented the proposed Provident Hospital medical staff action items for the Committee's consideration.

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

C. Proposed Amendments to the Bylaws of the John H. Stroger, Jr. Hospital of Cook County Medical Staff (Attachment #4)

Dr. Akintorin provided an overview of the proposed Amendments to the Bylaws. The Committee reviewed and discussed the information.

Director Sorrell, seconded by Director Webster Cross, moved to approve Item III(C) the proposed Amendments to the Bylaws of the John H. Stroger, Jr. Hospital of Cook County Medical Staff. THE MOTION CARRIED UNANIMOUSLY.

D. Minutes of the Quality and Patient Safety Committee Meeting, May 20, 2024

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

Director Webster Cross, seconded by Director Sorrell, moved to accept Item III(D) the Minutes of the Quality and Patient Safety Committee Meeting of May 20, 2024. THE MOTION CARRIED UNANIMOUSLY.

E. Any items listed under Section III

IV. Operational Excellence (OpEx)

A. OpEx Dashboard (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.

B. Update from OpEx Workgroups (Attachment #6)

- Throughput – Stroger Hospital: reviewed by Dr. Krzysztof Pierko and Peter Sesi
- Throughput – Provident Hospital: reviewed by Dr. Paul Allegretti and Amy O'Malley
- Patient Experience – Stroger Hospital: reviewed by Linh Dang and Jacqueline Whitten, DNP
- Patient Experience – Provident Hospital: reviewed by Linh Dang

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 #7)

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 Webster Cross, seconded by Director Sorrell, 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

July 30, 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:

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
Victoria Alagiozian-Angelova, MD	Pathology Appt Term 8/1/24 – 8/31/26	Chair of the Department of Pathology

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

Name	Department/Appt Term	Title
Laurel Clark, MD	Psychiatry Appt Term 08/1/24 – 08/31/26	Chair of the Division of Consultation Liaison

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

Name	Department/Appt Term	Title
Erin Farlow, MD	Surgery Appt Term 08/1/24 – 08/31/26	Chair of the Division of Vascular Surgery
Orlanda Mackie, MD	Medicine Appt Term 08/1/24 – 08/31/26	Chair of the Division of Hospice & Palliative Medicine
Ena Mahapatra, MD	Medicine Appt Term 08/1/24 – 08/31/26	Chair of the Division of General Medicine

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BY BOARD OF
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HEALTH AND HOSPITALS SYSTEM

Stathis Poulakidas, MD

Trauma and Burn Services
Appt Term 08/1/24 – 08/31/26

Chair of the Division of Burn

Juleigh Konchak Nowinski, MD

Family Medicine
Appt Term 08/1/24 – 08/31/26

Chair of the Division of Substance Use & Addiction Medicine



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ATTACHMENT #2

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

For August 2024

Chairs: Dr. Fakhran and Dr. Gomez-Valencia

Meeting Date: June 25th, 12-1:30PM In-Person

Regular or Special Meeting: Regular

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

June Highlights:

Case Management

- Q1 2024 Initial Review Completed on First Day of Admission, Initial goal was 90%, was increased to 95% and we are now at 98%.
- Q1 2024 Positive outcomes of denials is 85% which is over goal of 80%

Pharmacy

- Insulin bin compliance was 100% from Jan to March 2024.
- We continue working on duplication of PRN order for pain medication with 30% in March 24 and 32% in April 2024.

Patient Experience

- Communication with nursing went from 61.4% in January to 75.6% in March 2024
- Communication with doctors went from 82% in Jan 24 to 85.3% in March 2024.

There are no action items for the EMS 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: August 9, 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 August 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.**

Medical Staff Appointments/Reappointments Effective August 15, 2024, and are subject to Approval by Cook County Health Systems Board.

PHYSICIAN PROVIDERS

NEW BUSINESS

Initial(s):

Alarcon Mantilla, Guido Fernando, MD/Pediatrics/Endocrinology/**Recommended**
Carneiro, Herman MD/Adult Cardiology/**Recommended**
Dangremond, Adrianna, MD/Family Medicine/**Recommended**
Desai, Shamit Shailendra, MD/Radiology/**Recommended**
Fortuny, Lisandro Roberto MD/Pathology/**Recommended**
Gillian, Monjari C., MD/Radiology/**Recommended**
Golden, Kimberly D., MD/Family Medicine/**Recommended**
John, Sayona MD/Medicine/Neurology/**Recommended**
Kaleta, Francois, DO/Medicine/Adult Cardiology/**Recommended**
Kane, Sharon Atara, MD/Radiology/**Recommended**
Nair, Ghatha Geetha, MD/Medicine/Adult Cardiology/**Recommended**
Sandler, Steven A., MD/Medicine/Hematology/Oncology/**Recommended**

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Shafa, Justin Sepehr MD/ Radiology/**Recommended**

Van Opstal, Alan David, MD/Emergency Medicine/**Recommended**

Reappointment(s):

Abrahamian, Frida P., MD/Medicine/Gastroenterology/**Recommended**

Aks, Steven E., DO/Emergency Medicine/Toxicology/**Recommended**

Aziz, Mariam S, MD/Medicine/Infectious Disease/**Recommended**

Beck, Traci P., MD/Surgery/Urology/**Recommended**

Bruce, Benjamin G., MD/Surgery/Orthopedic/**Recommended**

Bryant, Sean M., MD/Emergency Medicine/Toxicology/**Recommended**

Campagnoli, Tania Maria Del Mar, MD/Hospital Medicine/**Recommended**

Chun, Laura S., MD/Emergency Medicine/**Recommended**

Fernandez, Rosaura, MD/Emergency Medicine/**Recommended**

Fontes, Ricardo B., MD/Surgery/Neurosurgery/**Recommended**

Giovingo, Michael Carlo, MD/Surgery/Ophthalmology/**Recommended**

Hardy, Tatia L., MD/Pediatrics/Correctional Health Services/**Recommended**

Hosseinian, Mohammad, MD/Anesthesiology/**Recommended**

Khokar, Amna M., MD/Surgery/General Surgery/**Recommended**

Kirby, Marlon S., MD/Anesthesiology/Adult Anesthesiology/**Recommended**

Kumssa, Admasu, MD/Hospital Medicine/**Recommended**

Laverdiere, Julie A., DDS/Surgery/Oral & Maxillofacial/**Recommended**

Marcus, Elizabeth Ann, MD/Surgery/Breast Oncology/**Recommended**

Nika, Ailda MD/Medicine/Rheumatology/**Recommended**

Penmetcha, Taruna Waghray, MD/Anesthesiology/Pain Management/**Recommended**

Poulakidas, Stathis J, MD/Trauma/**Recommended**

Rigamer, Margaret C., MD/Surgery/Vascular Surgery/**Recommended**

Rodriguez, Juan F., MD/Trauma Critical Care/**Recommended**

Rojnica, Marko, MD/Surgery/Pediatric Surgery/**Recommended**

Sarda, Vanessa, MD/Medicine/Infectious Disease/**Recommended**

Shah, Biraj M., DDS/Surgery/Oral & Maxillofacial/**Recommended**

Simms, Andrew T., MD/Medicine/Infectious Disease/**Recommended**

Sims, Thomas Leslie, MD/Surgery/Pediatric Surgery/**Recommended**

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Singh, Jeffrey, DO/Surgery/Otolaryngology/**Recommended**
Tate, Mary, MD/OBGYN/**Recommended**

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

Khokar, Amna M., MD/Surgery/General Surgery/Adding: Robotics Clinical Privileges/ **Recommended**

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

Richter, Harry Mortimer, MD/Surgery/General Surgery: Voluntary to Honorary/**Recommended**
Trick, William, MD/General Medicine: Active to Voluntary/**Recommended**

Change in Category Status:

Baim, Sanford, MD/Medicine/Endocrinology: Provisional to Voluntary/ **Recommended**
Buhimschi, Catalin S., MD/OB/GYN/Maternal Fetal Medicine: Provisional to Voluntary/**Recommended**
Gonsalves, Ro, MD/Emergency Medicine: Provisional to Active/**Recommended**
Pillai, Nikhil A., MD/Psychiatry/Juvenile Detention Center: Provisional to Active/**Recommended**
Schneider, Arthur B., MD/Medicine/Endocrinology: Provisional to Voluntary/**Recommended**

Resignations/Retirements:

Atassi, Sami, MD – Medicine/**Recommended**
Linares Gavidia, Samuel, MD – Anesthesiology/**Recommended**
Murray, Clark, MD – Trauma/ **Recommended**
Nawaz, Sariya, MD – Family Medicine/**Recommended**
Umberger, Jaime, DO – Trauma/**Recommended**
Weaver, Andrew, MD – Trauma/**Recommended**
Zahir, Haziq, DO – Radiology/**Recommended**

Other Business:

August 22nd Credentials Committee Meeting will be commenced using electronic vote due to Democratic National Convention (DNC).

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NON-PHYSICIAN PROVIDERS (NPP):

N/A

OLD BUSINESS

NEW BUSINESS

Initial(s):

Elmore, Donald Edward, PA-C/Medicine/Hospital Medicine/**Recommended**
Perez, Ashley, PA-C/Surgery/Colon-Rectal/**Recommended**
Shah, Binita P., PA-C/Emergency Medicine/**Recommended**
Simmons, Jennifer, APRN/Medicine/Hematology/Oncology/**Recommended**
Valle, Cristina, MA (LCPC)/Psychiatry/**Recommended**

Reappointment(s):

Alvarado, Joyce, LCSW/Psychiatry/**Recommended**
Birtton, Anita RDH/Oral Health/**Recommended**
Banks, Jacquelyn, LCSW/Psychiatry/**Recommended**
Castro, Rebecca, LCSW/Psychiatry/**Recommended**
Cipolla, Patricia PA-C/Emergency Medicine/**Recommended**
Greiner, Andrew Paul, PA-C/Psychiatry/Correctional Health/**Recommended**
Henhapl, Michele Caroline, PsyD./Psychiatry/Correctional Health/ **Recommended**
Joseph, Elsy, APRN/Psychiatry/**Recommended**
McCaffrey, Emily PA-C/Medicine/Nephrology/Hypertension/**Recommended**
Noel-Liang, Nicole, LCSW/Psychiatry/**Recommended**
Oyewole, Mudira, APRN/Psychiatry/**Recommended**
Powers, Kathleen Elizabeth, PA-C/Surgery/Breast Oncology/**Recommended**
Roman, LaToyia E., APRN/Medicine/Infectious Disease/**Recommended**
Torres, Matilde, LCSW/Psychiatry/**Recommended**
Woodley, Elizabeth Anne, PA-C/Surgery/General Surgery/**Recommended**

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Change in Collaboration (Addition/Removal):

Wilmore, Lauquyta N PA-C/Emergency Medicine-Addition of Collab with Priscilla Auguston, MD/**Recommended**

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

Wilmore, Lauquyta N PA-C/Emergency Medicine-Addition of Family Medicine/**Recommended**

Change in Collaboration (From/To):

Roman, LaToyia, APRN/Medicine/Infectious Disease - From Sabrina Kendrick MD to Monica Almeida MD/**Recommended**

Wade, Ashley PA-C/Medicine/Neurology – From Reena Ghode, MD to James R Dorman MD/**Recommended**

Change in Category Status:

N/A

Resignations/Retirements:

Dela Cruz, Ralph, APRN – Family Medicine/**Recommended**

Huynh, Kiev, APRN – Medicine/**Recommended**

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

Pierre, Gaelle, DNP – Anesthesiology/**Recommended**

Martinez, Salvador, PA-C – Medicine/**Recommended**

Surrao, Liji, APRN – Family Medicine/**Recommended**

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Other Business

August 19th NPP Credentials Committee Meeting will be commenced using electronic vote due to Democratic National Convention (DNC).

Sanction Screening Reporting –

IDFPR Disciplinary Action Report for May 2024 reviewed as of 7/16/2024 – No Findings.

CMS OPT OUT Affidavits report reviewed as of 7/16/2024 – No Findings.

CMS Preclusion Report reviewed as of 7/16/2024 – No Findings



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
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Interim Chief Executive Officer
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Robert Currie
Raul Garza
Joseph M. Harrington
Sage J. Kim, PhD

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

August 9, 2024

Dear Members of the Quality and Patient Safety Committee:

Please be advised that on August 9, 2024 the Provident Hospital Medical Executive Committee voted to approve the recommended actions on the enclosed document. 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 August 9, 2024

Medical Staff Appointments/Reappointments Effective: 8/15/2024 subject to Approval by the Cook County Health.

New Business

Initial(s):

Carneiro, Herman MD/Cardiology-Recommended
Collison, Maggie MD/Infectious Disease - Recommended
Fortuny, Lisandro Roberto MD/Pathology - Recommended
Kaleta, Francois, DO/Cardiology - Recommended
Plamoottil, Ann, MD/Emergency Medicine - Recommended
Ranjit, Deepika, MD/Hospital Medicine - Recommended

Reappointment(s):

Beck, Traci P., MD/Surgery/Urology - Recommended
Escobar Carrasquero, Luis Alberto Radames MD/Pulmonary - Recommended
Giovingo, Michael Carlo, MD/Surgery/Ophthalmology - Recommended
Hosseinian, Mohammad, MD/Anesthesiology - Recommended
Khokar, Amna M., MD/Surgery/General Surgery - Recommended
Kirby, Marlon S., MD/Anesthesiology - Recommended
Marcus, Elizabeth Ann, MD/Surgery - Recommended
Rigamer, Margaret C., MD/Surgery/Vascular Surgery - Recommended
Sarda, Vanessa MD/Infectious Disease - Recommended
Shah, Biraj M., DDS/Surgery/Oral & Maxillofacial - Recommended
Singh, Jeffrey, DO/Surgery/Otolaryngology - Recommended
Tate, Mary, MD/OB/GYN - Recommended
Techawantochandej, Athittaya MD/Hospital Medicine - Recommended

Change in Category:

Gonsalves, Ro, MD/Emergency Medicine: Provisional to Affiliate -Recommended
Voronov, Gennadiy, MD/ Anesthesiology: Provisional to Affiliate - Recommended

Resignation(s):

Barber, Megan, DO – Hospital Medicine - Informational

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New Business

NPP Initial(s):

Perez, Ashley, PA-C/Surgery/Colon-Rectal - Recommended
Valle, Cristina, MA (LCPC)/Psychiatry - Recommended

NPP Reappointment(s):

Alvarado, Joyce, LCSW/Psychiatry - Recommended
Banks, Jacquelyn, LCSW/Psychiatry - Recommended
Castro, Rebecca, LCSW/Psychiatry - Recommended
Joseph, Elsy, APRN/Psychiatry - Recommended
McCaffrey, Emily PA-C/Nephrology/Hypertension - Recommended
Noel-Liang, Nicole, LCSW/Psychiatry - Recommended
Powers, Kathleen Elizabeth, PA-C/Surgery - Recommended
Torres, Matilde, LCSW/Psychiatry - Recommended
Woodley, Elizabeth Anne, PA-C/Surgery/General Surgery - Recommended

NPP Change in Category:

Loek, Hannah M., CRNA/Anesthesiology: Provisional to CRNA - Recommended

Resignation(s)

Pierre, Gaelle, DNP – Anesthesiology - Informational
Sanders, Ellen, PA-C – Emergency Medicine – Informational

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ATTACHMENT #4



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

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Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
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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: Erik Mikaitis, MD
Debbie Santana

From: Abayomi Akintorin

Date: July 15, 2024

CC: Jasmine Davis
Alisha Patel
Jeff McCutchan
Claudia Fegan, MD

Memo: Re: Bylaws amendments June 2024

Please find attached a summary of the major amendments to the EMS Bylaws approved by the EMSC in June 2024. A copy of the Bylaws with the amendments, and the Redline edition were submitted to Ms. Debbie Santana.

Please refer to those copies for full details, as needed or if needed.

This summary shows the major amendments in blue highlights of the PDF document. Other minor amendments are mainly clarifications, correction of tenses, and typos in the version from 2018.

Very Sincerely,

Abayomi Akintorin, MD
President, EMS

DEFINITIONS: (Page 10)

LICENSED INDEPENDENT PRACTITIONER: Any individual permitted by law and by Hospital to provide care, treatment, and services, without direction or supervision, within the scope of the individual's license and consistent with individually granted clinic privileges.

ARTICLE II: PURPOSES (5) (Page 15)

To develop, adopt, and amend Policies, Bylaws, Rules and Regulations to establish a framework of self-governance of the Medical Staff, and a means of accountability to the Board; and in so doing, ensure that all Medical Staff Policies, Bylaws, Rules, and Regulations, are in alignment with Hospital policies and the Rules of Organization and Procedure of the B of the Cook County Health

ARTICLE VI: CLINICAL PRIVILEGES: SECTION 5 C (Page 37)

A. Member Not Entitled to Reappointment

A Member, granted a Leave of Absence from the Medical Staff pursuant to Section 5, shall not be entitled to reappointment under the following circumstances:

- a) If the Member's absence exceeded the time granted by the Leave of Absence and/or
- b) If the Member's Clinical Privileges elapsed during the Leave of Absence.
- c) If the Member has not treated or participated in the treatment of a Hospital or ACHN clinic patient for a period of at least two (2) years prior to the notice set forth in Section 2(A), Initiation, of this Article.

The Member shall not be entitled to a hearing or an appeal with respect to such denial.

- 1) If a Department Chair notifies the MSSD that (I) above applies to a Member of his or her Department, the MSSD shall not be required to transmit an application for reappointment to the Member as set forth in Section 2(A), Initiation, of this Article.
- 2) Except as set forth in (I) above, if a Member who is not entitled to apply for reappointment wishes to be considered for appointment to the Medical Staff, he or she shall submit an application for an initial appointment as provided in Section 1, Application for Initial Appointment, of this Article.

ARTICLE VII; CORRECTIVE ACTION. SECTION 4. SUMMARY SUSPENSION OF CLINICAL PRIVILEGES
B. Procedure – (Page 50). **This amendment complies with strong recommendations by TJC Physician Surveyor**

- 1) The Peer Review Committee shall meet within 14 days of summary suspension, and issue an interim report within 21 days of the summary suspension.

ARTICLE XIV: DEPARTMENTS: SECTION 2 (A) 2 (Page 100). **This amendment was made in compliance with TJC Requirement**

- 1) **Focused Professional Practice Evaluation.** The Department shall be responsible for the development of criteria for Focused Professional Practice Evaluation at initial appointment, for newly requested privileges, or as part of a performance assessment plan. The information gathered from the Focused Professional Practice Evaluations shall be made available to the Department as well as the Member and will be transmitted to the MSSD for review by the Credentials Committee or, if applicable, other committees such as the Peer Review Committee. To ensure transparency, fairness, objectivity, and measurable criteria for any FPPE trigger, the EMS Committee shall maintain oversight of every FPPE from every Department. FPPE Triggers are subject to the approval of the EMS Committee.

ARTICLE XIV – QUALIFICATIONS, SELECTION, TENURE, AND DUTIES OF DEPARTMENT
CHAIRSECTION 3 E (Page 102)

Removal of Department Chair. The Department Chairs have At-Will status and can be removed by the Chief Executive Officer or an authorized designee. Such removal shall not affect the former Chair's Medical Staff Membership, Clinical Privileges or Staff Category.

ARTICLE XVIII: RULES AND REGULATIONS (Page 120) – **The Board approved this amendment earlier. Now it is being included in the new version of the Bylaws**

- A.** The procedure to propose and obtain approval to amend the Rules and Regulations shall be formulated through a process of the Executive Medical Staff. The Executive Medical Staff shall be able to review, discuss and approve any changes to the Rules and Regulations by a majority of the Members of the Executive Medical Staff

- B.** The procedure to propose and obtain an urgent amendment to the Rules and Regulations is done through the Executive Medical Staff

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August 15, 2024

ATTACHMENT #5

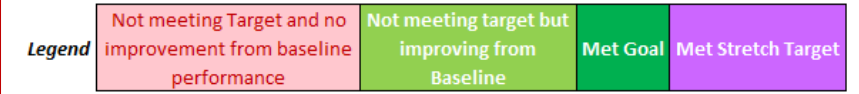
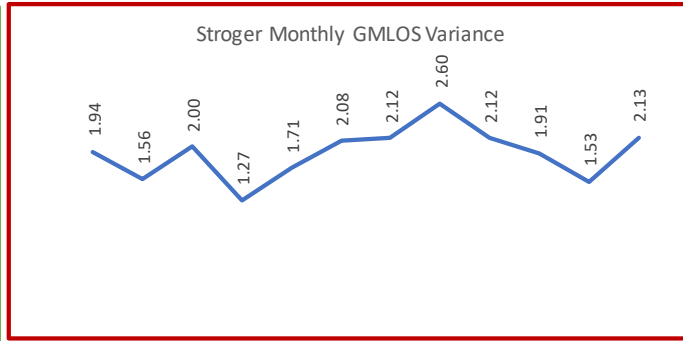
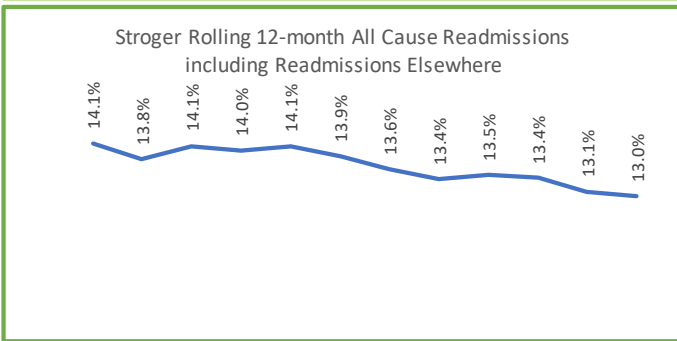
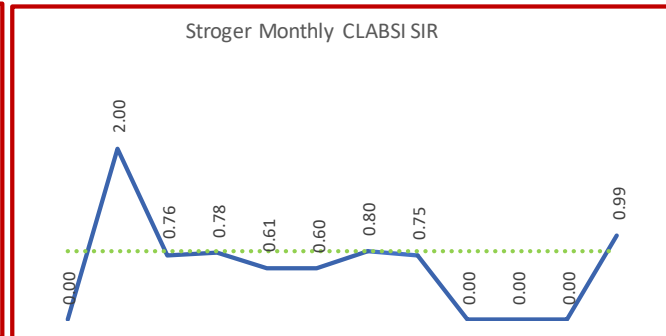
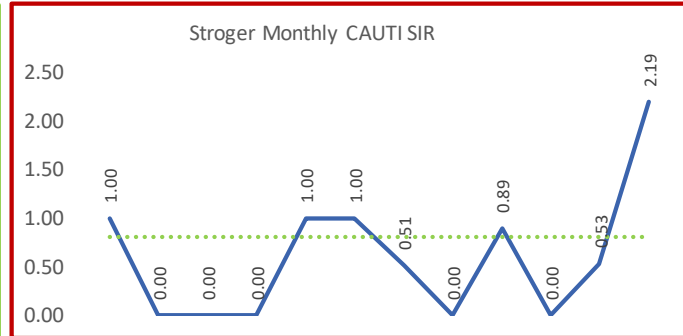
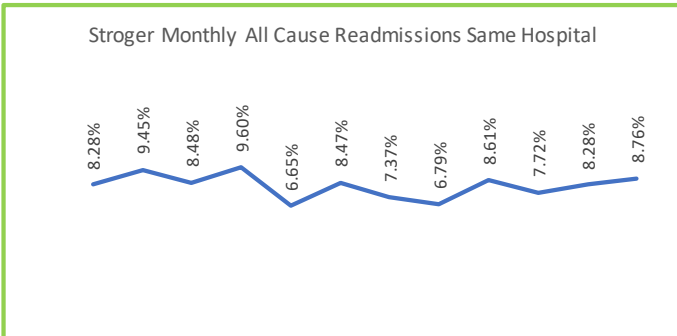
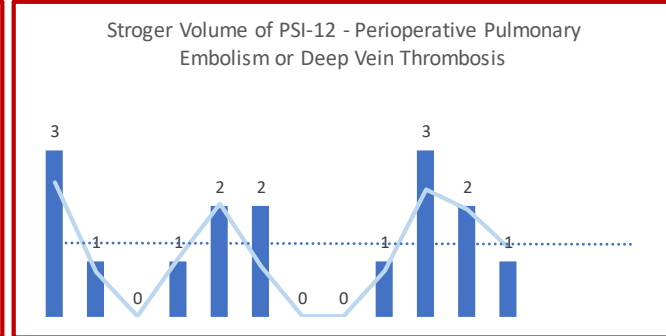
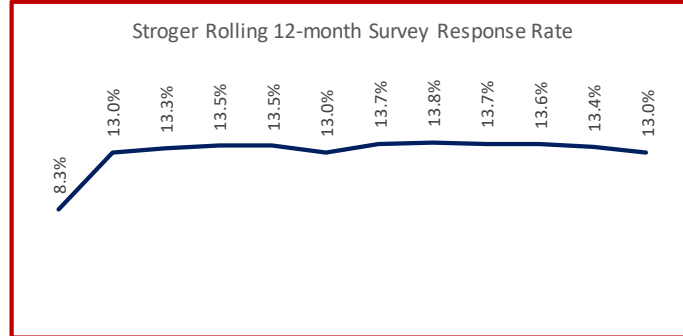
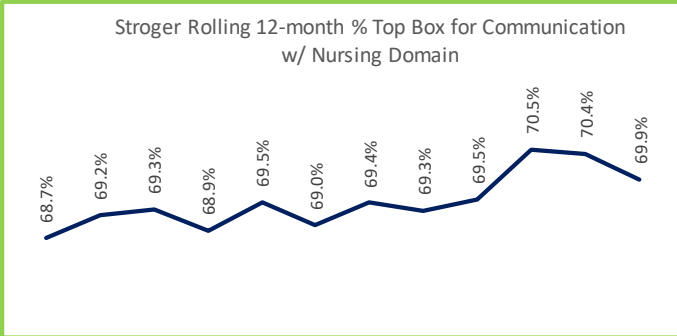
Stroger Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Stroger Hospital																	
DOMAIN WORKGROUPS	Metrics																
PATIENT EXPERIENCE		Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	#####	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	
	Rolling 12-month % Top Box for Comm. w/ Nursing Domain	73.00%	77.00%	69.30%	68.70%	69.17%	69.30%	68.86%	69.45%	68.97%	69.43%	69.27%	69.51%	70.53%	70.44%	69.91%	
	Monthly % Top Box for Comm. w/ Nursing Domain	73.00%	77.00%	69.30%	66.51%	76.00%	73.45%	66.51%	69.28%	61.43%	70.34%	75.59%	72.48%	73.20%	66.11%	66.78%	
																	* still updating survey returns *
		Target	Stretch Target	Baseline	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
Rolling 12-month Survey Response Rate*	15.00%	16.00%	13.60%	8.30%	13.00%	13.30%	13.50%	13.50%	13.00%	13.70%	13.80%	13.70%	13.60%	13.40%	13.00%		
Monthly Survey Response Rate*	15.00%	16.00%	13.60%	12.90%	13.50%	16.40%	14.30%	14.50%	11.00%	12.70%	12.70%	13.40%	13.20%	12.30%	10.00%		
CLINICAL OUTCOMES		Target	Stretch Target	2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	
	Monthly Volume of CLABSI			11	0	2	1	1	1	1	1	1	0	0	0	1	
	SIR Rate CLABSI	0.8	n/a	0.76	0.00	2.00	0.76	0.78	0.61	0.60	0.80	0.75	0.00	0.00	0.00	0.99	
		Target	Stretch Target	2023	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	
	Monthly Volume of CAUTI			11	2	0	0	0	2	2	1	0	2	0	1	4	
SIR Rate CAUTI	0.8	n/a	0.47	1.00	0.00	0.00	0.00	1.00	1.00	0.51	0.00	0.89	0.00	0.53	2.19		
	Target	Stretch Target	Baseline	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24		
Monthly Volume of VTE PSI-12	<=7	0	14	3	1	0	1	2	2	0	0	1	3	2	1		
Observed over Expected Ratio PSI-12				2.41	0.80	0.00	1.06	2.04	0.90	0.00	0.00	0.82	2.29	1.94	1.26		
READMISSIONS		Target	Stretch Target	Baseline	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	April	May-24	
	Rolling 12-month All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	8.40%	8.00%	9.40%	9.22%	9.28%	9.19%	9.20%	8.89%	8.91%	8.76%	8.52%	8.55%	8.42%	8.37%	8.22%	
	Monthly All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	8.40%	8.00%	9.40%	8.28%	9.45%	8.48%	9.60%	6.65%	8.47%	7.37%	6.79%	8.61%	7.72%	8.28%	8.76%	
		Target	Stretch Target	Baseline	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	1/23-12/23	2/23-1/24	3/23-2/24	
	IHA Rolling 12-Month All Cause All Payer - Readmissions including other hospitals **	13.00%	12.00%	14.00%	14.13%	13.80%	14.09%	14.00%	14.08%	13.86%	13.59%	13.38%	13.47%	13.41%	13.13%	13.03%	
THROUGHPUT	Metrics	Target	Stretch Target	Baseline	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	
	Monthly GMLOS Avg Variance in days, excluding patients >30 days LOS	1.23	0.73	1.73	1.94	1.56	2.00	1.27	1.71	2.08	2.12	2.60	2.12	1.91	1.53	2.13	



Stroger Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Stroger Hospital



Data sources: Patient Experience from Press Ganey; HAls-Infection Control Dept; VTE PSI - Vizient; Readmissions - Vizient & Illinois Hospital Association; CMI-Vizient
Author: J. Rozenich, BS, MBA
** Survey Responses are refreshed retroactively up to 6-8 months back*
***IHA data is updated quarterly*



Provident Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Provident Hospital

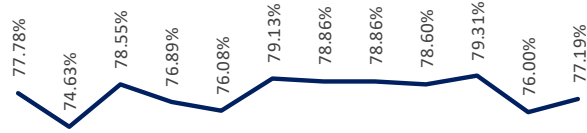
DOMAIN WORKGROUPS	Metrics																
PATIENT EXPERIENCE		Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	
	Rolling 12-month % Top Box for Comm. w/ Nursing Domain	79.80%	80.00%	74.63%	77.78%	74.63%	78.55%	76.89%	76.08%	79.13%	78.86%	78.86%	78.60%	79.31%	76.00%	77.19%	
	Monthly % Top Box for Communication w/ Nursing Domain	79.80%	80.00%	74.63%	96.30%	66.67%	80.00%	63.64%	55.56%	100.00%	63.89%	85.16%	71.48%	80.00%	60.00%	100.00%	
														* still updating survey returns *			
					Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	
	Rolling 12-month Survey Response Rate*	18.00%	20.00%	11.80%	11.90%	12.00%	11.90%	12.30%	12.70%	12.40%	12.70%	12.10%	12.80%	13.80%	13.40%	14.40%	
	Monthly Survey Response Rate*	18.00%	20.00%	11.80%	17.40%	14.30%	10.90%	15.40%	15.40%	12.70%	9.80%	10.90%	17.00%	23.50%	4.80%	16.30%	
	CLINICAL OUTCOMES		Target	Stretch Target	Baseline	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
		Rolling 12 month SEP-1 Bundle Compliance	60.00%	65.00%	50.00%	48.65%	50.00%	45.00%	46.15%	47.50%	46.15%	42.11%	42.11%	39.53%	43.24%	45.71%	41.94%
Monthly SEP-1 Bundle Compliance		60.00%	65.00%	50.00%	50.00%	66.67%	25.00%	33.00%	100.00%	0.00%	33.00%	0.00%	33.33%	n/a	100.00%	n/a	
		Target	Stretch Target	Baseline	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-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%	88.06%	83.80%	86.77%			
THROUGHPUT		Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	
	Rolling 12-month LWBS	4.50%	4.00%	5.50%	4.46%	5.18%	5.51%	5.93%	6.49%	7.17%	7.40%	6.97%	7.63%	7.63%	7.80%	7.97%	
	Monthly LWBS Rate	4.50%	4.00%	5.50%	5.95%	13.00%	8.09%	11.45%	11.59%	11.66%	5.56%	6.03%	3.77%	4.66%	6.20%	7.90%	



Provident Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Provident Hospital

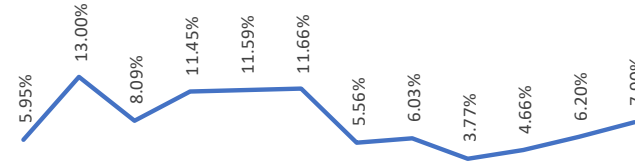
Provident Rolling 12-month % Top Box for Communication w/ Nursing Domain



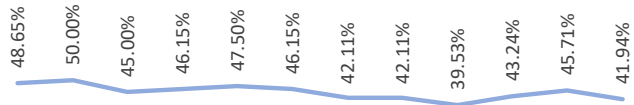
Provident Rolling 12-month Survey Response Rate



Provident Monthly LWBS Rate



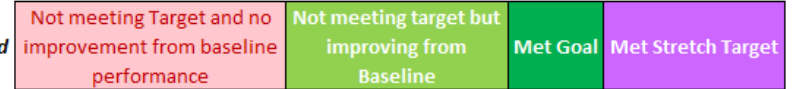
Provident Rolling 12-month SEP-1 Bundle Compliance Rate



Provident Monthly Hand Hygiene Compliance



Legend



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

*Survey returns are refreshed historically as data is received

n/a = no cases

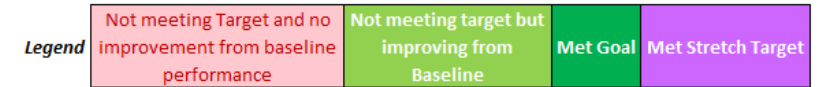
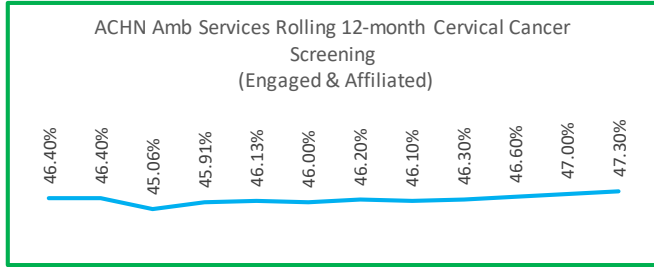
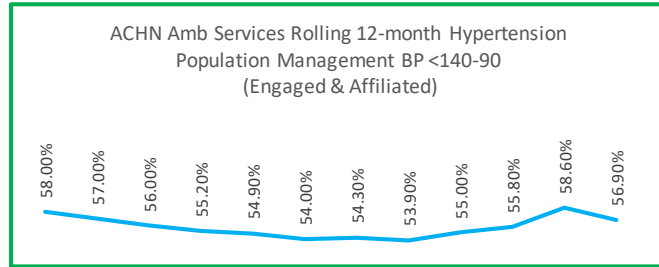
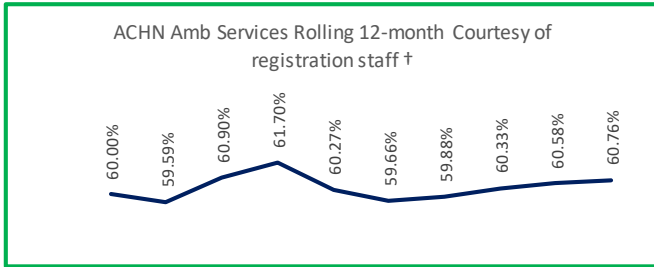
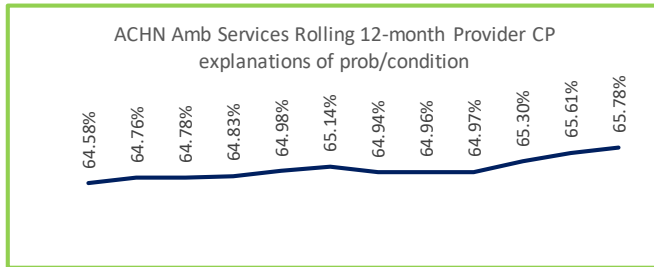
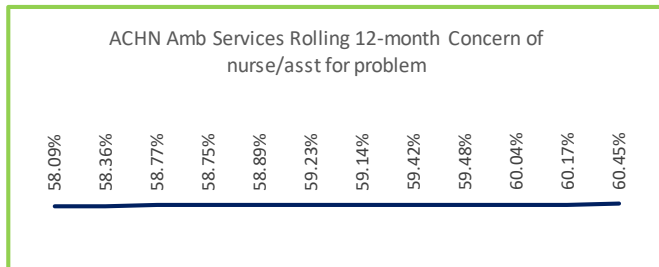


ACHN Op Ex Steering Committee Dashboard

Op EX Steering Committee Dashboard for ACHN

WORKGROUPS Metrics

PATIENT EXPERIENCE		Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24
Rolling 12-month Concern of nurse/asst for problem	Monthly Concern of nurse/asst for problem	61.34%	63.56%	58.77%	58.09%	58.36%	58.77%	58.75%	58.89%	59.23%	59.14%	59.42%	59.48%	60.04%	60.17%	60.45%
	Rolling 12-month Provider CP explanations of prob/condition	66.80%	69.84%	64.78%	64.58%	64.76%	64.78%	64.83%	64.98%	65.14%	64.94%	64.96%	64.97%	65.30%	65.61%	65.78%
Rolling 12-month Provider CP explanations of prob/condition	Monthly Provider CP explanations of prob/condition	66.80%	69.84%	64.78%	65.03%	66.18%	64.88%	64.08%	67.58%	67.38%	62.36%	65.28%	64.04%	69.01%	68.04%	66.74%
	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%	59.88%	60.33%	60.58%	60.76%
Rolling 12-month Courtesy of registration staff †	Monthly Courtesy of registration staff †	60.00%	65.00%	60.00%			60.00%	59.59%	62.31%	63.55%	58.10%	57.70%	60.96%	62.40%	62.01%	62.20%
	HEDIS		Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Rolling 12-month Hypertension Population Management BP <140-90 (Engaged & Affiliated)		55.00%	60.00%	50.53%	58.00%	57.00%	56.00%	55.20%	54.90%	54.00%	54.30%	53.90%	55.00%	55.80%	58.60%	56.90%
Rolling 12-month Cervical Cancer Screening (Engaged & Affiliated)		47.00%	52.00%	42.83%	46.40%	46.40%	45.06%	45.91%	46.13%	46.00%	46.20%	46.10%	46.30%	46.60%	47.00%	47.30%



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
August 15, 2024

ATTACHMENT #6

Op Ex Throughput Workgroup Status Report Out

Krzysztof Pierko, MD, MBA

Peter Sesi, MBA, BSN, RN

July 2024



COOK COUNTY
HEALTH

Stroger Op Ex Throughput A3

Workgroup Overall A3 Progress

2024 OpEx Stroger Throughput Workgroup A3

Workgroup A3 Owner: Dr. Pierko & Peter Sesi

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 GMLOS (Geometric Mean Length of Stay) variance 2023 performance: 1.3 days variance 2024 Goal: 0.5 day reduction 2024 Stretch Goal: 1.0 day reduction	Modify Medicine Service admission model	Dr. Pierko												
	Standardize discharge planning processes on the medical units	Dr. Taddese												
	Decrease operational throughput turnaround times including bed assignment, patient transport, & room turnover													

Stroger Op Ex Throughput Subgroup A3

ED Throughput

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 LOS by 1 day	Reinstate bolus (q4 days) admission model	Dr. Pierko												
	Modify Cerners orders	Dr. Caudil												
	Optimize Tiger Connect for admission model	Sam Stathos												
	Optimize ED to Medicine admision process	Dr. Needleman												
LWBS <2%, stretch <1.5% ED Arrival to Departure (DC) <220, Stretch <191	ED Triage space/Relocate financial advisors	Dr. Needleman Mr. McCracken												
	Improve Door to UA/Pregnancy test/XR/Respiratory viral panel TAT	Dr. Needleman Mr. McCracken												
	Increase #of ED transfers to Provident	Dr. Lewis												

Stroger Op Ex Throughput Subgroup A3

Inpatient Throughput

This Year's Action Plan			January - December 2024													
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024													
			J	F	M	A	M	J	J	A	S	O	N	D		
Standardize Interdisciplinary Rounds (IDRs) on the medical units	Provide training on Discharge Barriers to Nuring Managers	Dr. Pierko	█	█	█	█	█	█								
	Provide training on Discharge Barriers to Case Managers	Dr. Pierko	█	█	█	█	█	█								
	Redesign IDR format on all units	Dr. Tadesse	█	█	█	█	█	█								
Optimize Discharge Lounge	Expand Discharge Lounge inclusion criteria	Mrs. Zhang	█	█	█	█	█	█								
	Redesign Discharge lounge to accomodate more patients	Mrs. Zhang	█	█	█	█	█	█								
Improve patient average discharge time	Collaborate with the Transport Team for an escalation	Mrs. Zhang	█	█	█	█	█	█								
	Discharge facilitator team - early follow up and escalation	Mrs. Zhang	█	█	█	█	█	█								
	Educate the designated staff on monitoring the discharge timer and to follow the escalation process	Mrs. Zhang	█	█	█	█	█	█								
Proactive assessment and resolution of discharge barriers	1. Discharge Readiness assessment educaiton. 2. Tiered Tiger alerts of Discharge TAT timer to Charge RN and Manager. 3. Officer srtaffing for Cermak patients	Dr. Taddese	█	█	█	█	█	█								
	Timely consultant recommendations, Imporve DME/Oxygen TAT, Medication delivery	Dr. Taddese	█	█	█	█	█	█								
	Early idenitification for placement with early family engagement	Dr. Taddese	█	█	█	█	█	█								
	System-wide palliative triggers	Dr. Taddese	█	█	█	█	█	█								
	Increase testing capacity by Cardiology (weekend coverage)	Dr. Taddese	█	█	█	█	█	█								
	Increase testing capacity by Radiology (mobile MRIs)	Dr. Taddese	█	█	█	█	█	█								

Stroger Op Ex Throughput Subgroup A3

Operational Throughput

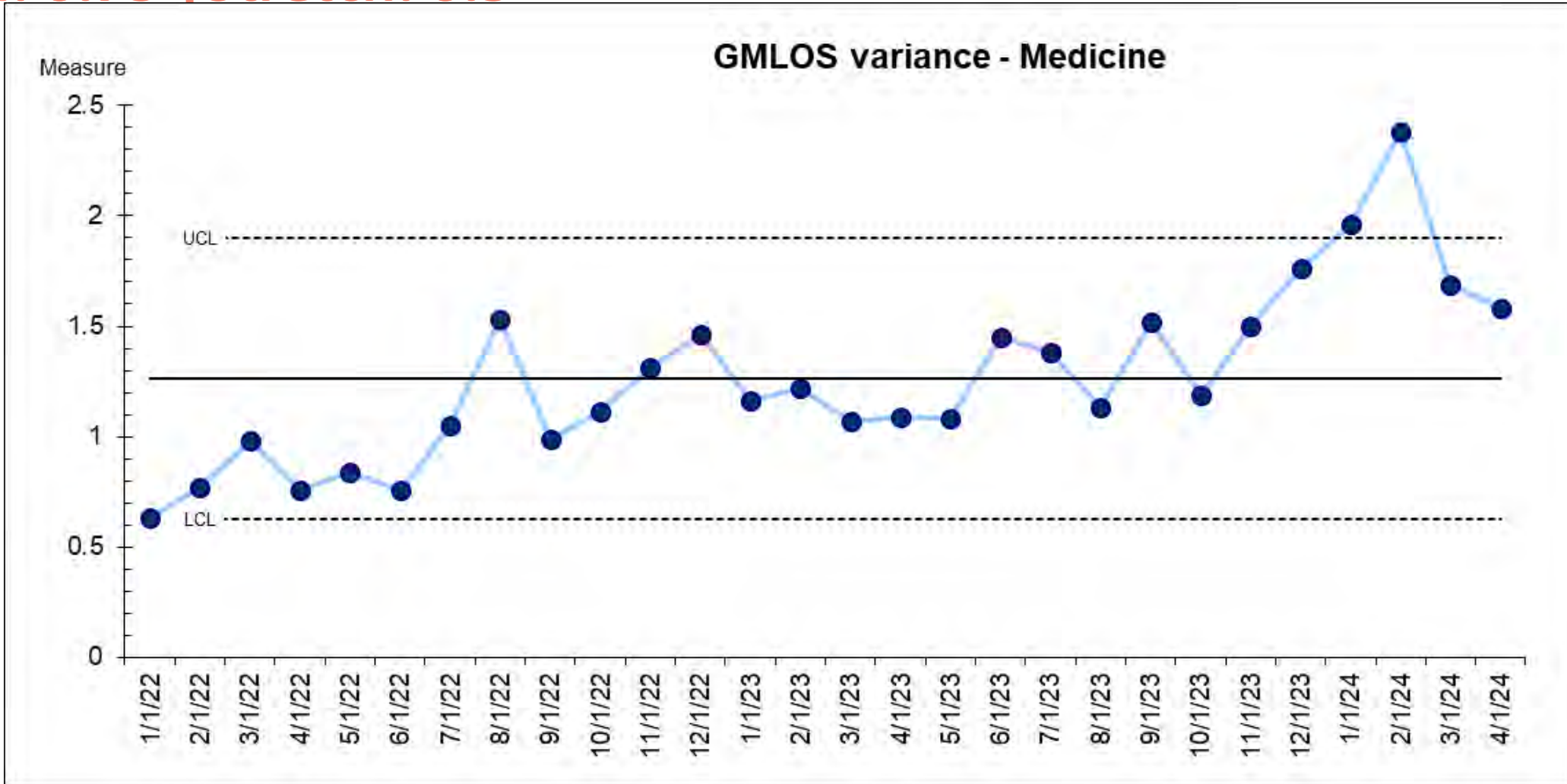
Workgroup A3 Owner: Dr. Pierko & Peter Sesi

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 patient transport TAT Goal: < 37 minutes 2024	Initiate zoning for Radiology Department	Towanda Bell																
	Track efficiency and jobs per hour	Towanda Bell																
Reduce room turnover time Goal : < 60 minutes 2024	Discahrge cleaning 1PM-9PM	John Jordan Ruben Gonzalez																
	Additional staff during surge times	John Jordan Ruben Gonzalez																
Reduce bed assignment time goal: < 15 minutes (counted from the time bed becomes available) 2024	Keep track of blocked, furloughrd, and reserved beds	Michelle King-Robledo Yemisi Taylor																
	Hedging, CO-Horting	Michelle King-Robledo Yemisi Taylor																

Stroger Op Ex Throughput Performance Monitoring

Monthly Variance to GMLOS Expected

Goal: 0.75 | Stretch: 0.5



Thank you

Questions?



COOK COUNTY
HEALTH



Op Ex Throughput Workgroup Status Report Out

Dr. P Allegretti & Amy O'Malley

July 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	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow							
	Implement pull-to-full	Amy O'Malley	Yellow	Yellow	Yellow	Yellow	Yellow								

	Tactic Completed
	Tactic in Progress
	Tactic Barrier Identified

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	Green													
	Review discharge disposition definitions with Ward Clerks	Amy O'Malley		Green												
	Automate receipt of daily, weekly, & monthly LWBS metrics from BI	Business Intelligence		Yellow	Yellow	Yellow	Green									
	Automate receipt of daily report for rapid provider evals	Cerner Analytics						Green								
Implement pull-to-full	Partner with nursing to develop pull-to-full process	Dr. Allegretti Amy O'Malley	Yellow	Yellow	Yellow	Yellow	Yellow									
	Provide education & training re: pull-to-full processes to charge nurses & nurses via department meetings & huddles	Amy O'Malley		Green	Green											
	Move ER tech out to triage to assist w/ vitals, EKGs, labs, & flow & equip w/ TigerConnect phone for ease of contact	Amy O'Malley			Green											

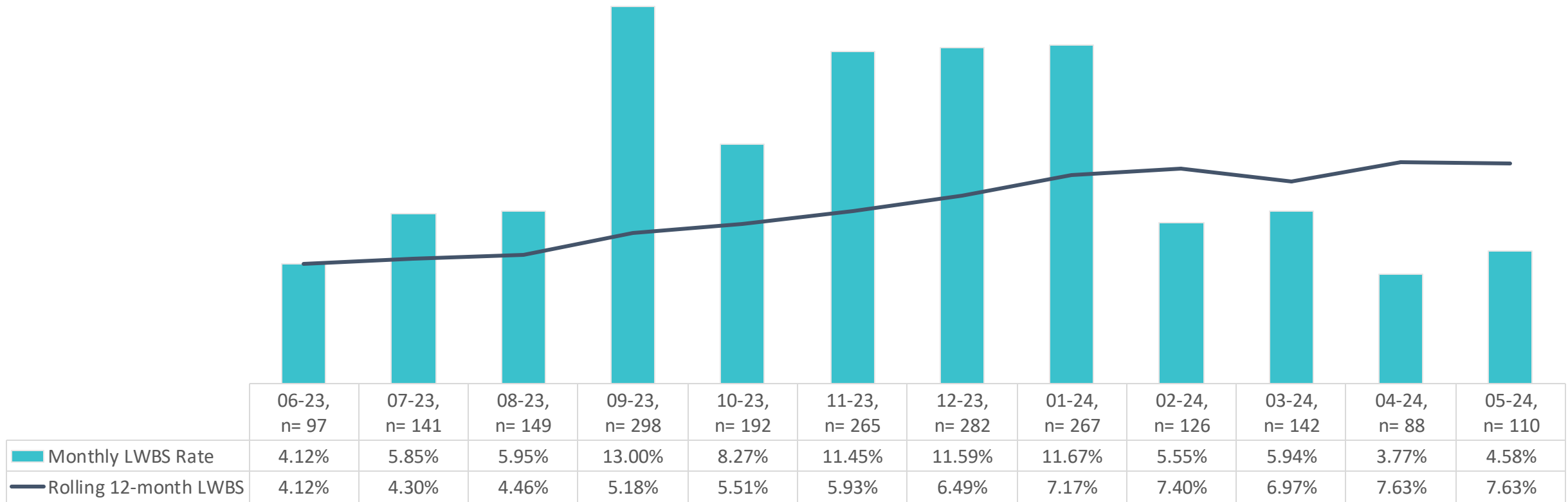
	Tactic Completed
	Tactic in Progress
	Tactic Barrier Identified

Provident Op Ex Throughput Workgroup

Rolling 12-month LWBS Rate

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

Provident Rolling 12-month & monthly LWBS Rate





Op Ex Stroger Patient Experience Workgroup Report Out

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

July 2024



COOK COUNTY
HEALTH

Workgroup Overall A3 Progress

Stroger Op Ex Patient Experience A3

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	Yellow	Yellow	Yellow						
	Utilize the CI-CARE framework to convey courtesy, respect, listening, and attentiveness		Yellow	Yellow	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	Yellow	Yellow	Green						
	Demographic verification	TBD	Grey	Grey	Grey	Grey	Grey	Grey						
Implement OAS CAHPS survey Baseline: TBD Goal: TBD Stretch Goal: TBD	Update data file to meet CMS specifications	Business Intelligence	Green											
	Begin performance monitoring	Dr. Keen Daphne	Grey	Yellow	Yellow	Yellow	Yellow	Yellow						

	Tactic Completed
	Tactic in Progress
	Tactic Barrier Identified

Stroger Op Ex Patient Experience Subgroup A3

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	Yellow	Yellow	Yellow	Yellow								
Utilize the CI-CARE framework to convey courtesy, respect, listening, & attentiveness	Create & deploy PX playbook	Mei Zhang	Grey	Yellow	Yellow	Yellow	Yellow	Yellow								
	Continue Commit to Sit initiative		Grey	Yellow	Yellow	Yellow	Yellow									
	Implement weekly CI-CARE audits		Grey	Yellow	Yellow	Yellow	Yellow									
Provide PX data education to frontline nursing teams	Provide education & training on patient experience data to PX champion group and charge nurses	Mei Zhang	Grey	Yellow	Yellow	Yellow	Yellow	Yellow								
	Provide education & training on patient experience data at unit staff meetings		Grey	Yellow	Yellow	Yellow	Yellow									
Post-discharge phone calls Goal: 150 calls per month	Engage with patients post-discharge to provide support, answer questions, & remind to complete survey	Karen Williams	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow								

	Tactic Completed
	Tactic in Progress
	Tactic Barrier Identified

Stroger Op Ex Patient Experience Subgroup A3

2024 OpEx Stroger Patient Experience Survey Response Rate Subgroup A3

Subgroup A3 Owner: Andrea Ramel & James Driscoll

This Year's Action Plan

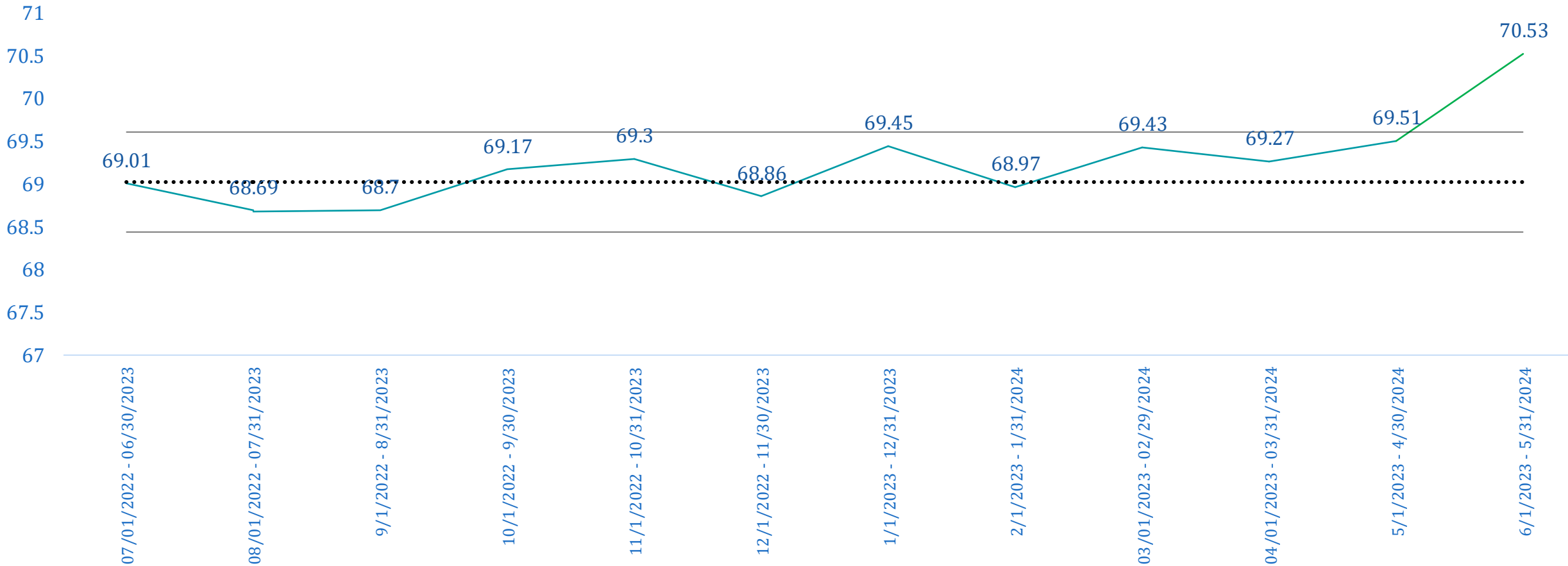
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024												
			J	F	M	A	M	J	J	A	S	O	N	D	
Improve survey administration processes	Partner with Business Intelligence team & Press Ganey to review current data file processes	Andrea Ramel James Driscoll	Yellow	Green	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey
	Adjust / update data file processes based on review	Business Intelligence	Grey	Yellow	Yellow	Yellow	Yellow	Green	Grey	Grey	Grey	Grey	Grey	Grey	Grey
	Standardize post discharge phone calls process to include reminder regarding survey completion	Mei Zhang	Grey	Yellow	Yellow	Yellow	Yellow	Yellow	Grey	Grey	Grey	Grey	Grey	Grey	Grey
			Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey

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%

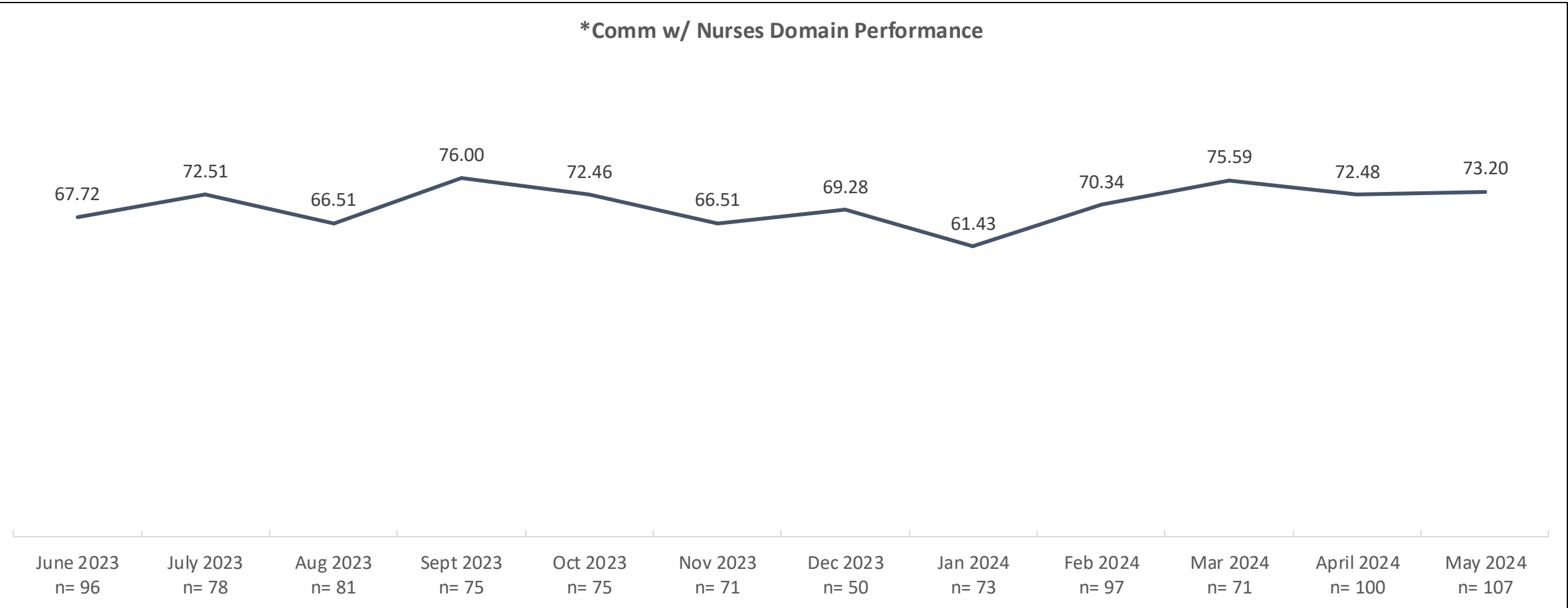
Stroger Rolling 12-months Top Box HCAHPS - Communication with Nurses Domain Performance



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

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

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





Op Ex Provident Patient Experience Workgroup Report Out

Linh Dang, Michael Moonan, & Raphael Parayao

July 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	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow						
	Utilize the CI-CARE framework to convey attentiveness		Yellow	Yellow	Yellow	Yellow	Yellow							
Survey Return Rate Baseline: 11.8% top box Goal: 18% top box Stretch: 20% top box	Survey administration processes	Andrea Ramel James Driscoll	Yellow	Yellow	Yellow	Yellow	Yellow	Green						
	Demographic information verification	TBD	Grey	Grey	Grey	Grey	Grey	Grey						
Implement OAS CAHPS Survey	Data file specifications	Business Intelligence	Grey	Yellow	Green									
	Begin surveying & monitoring performance	Edith Arellano Dr. Hasan	Grey	Grey	Yellow	Yellow	Yellow	Yellow						

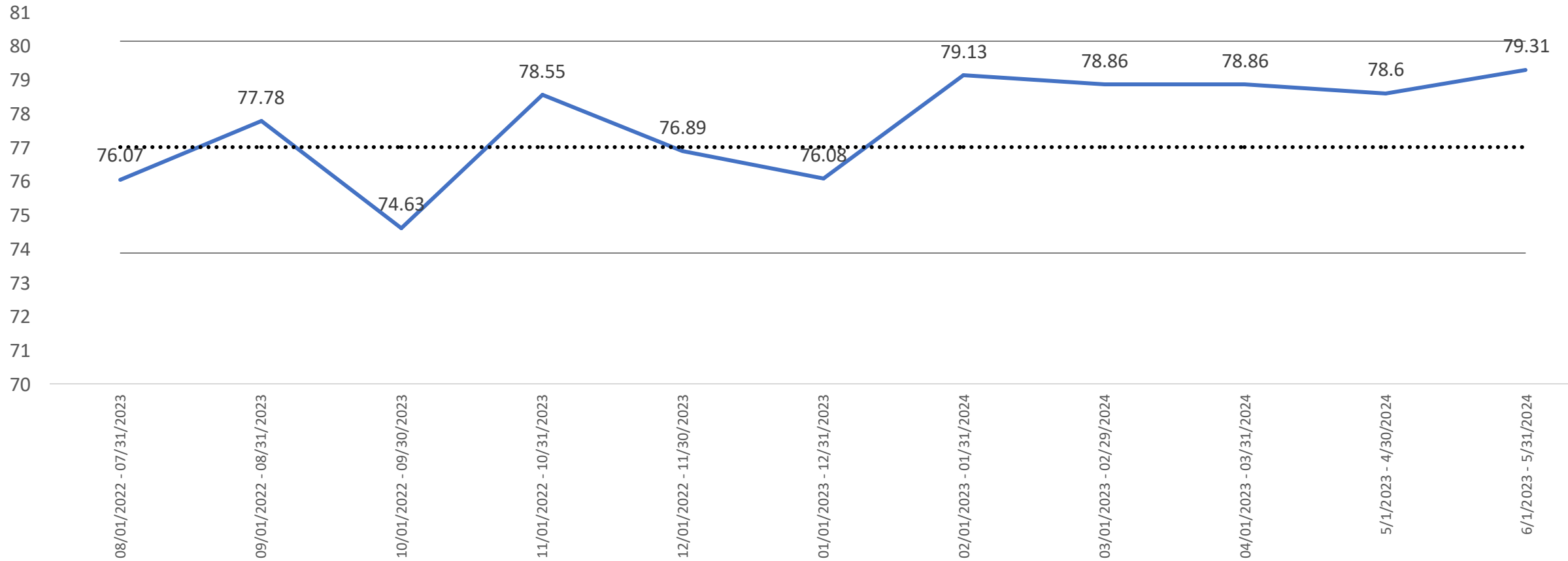
Green	Tactic Completed
Yellow	Tactic in Progress
Red	Tactic Barrier Identified

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%

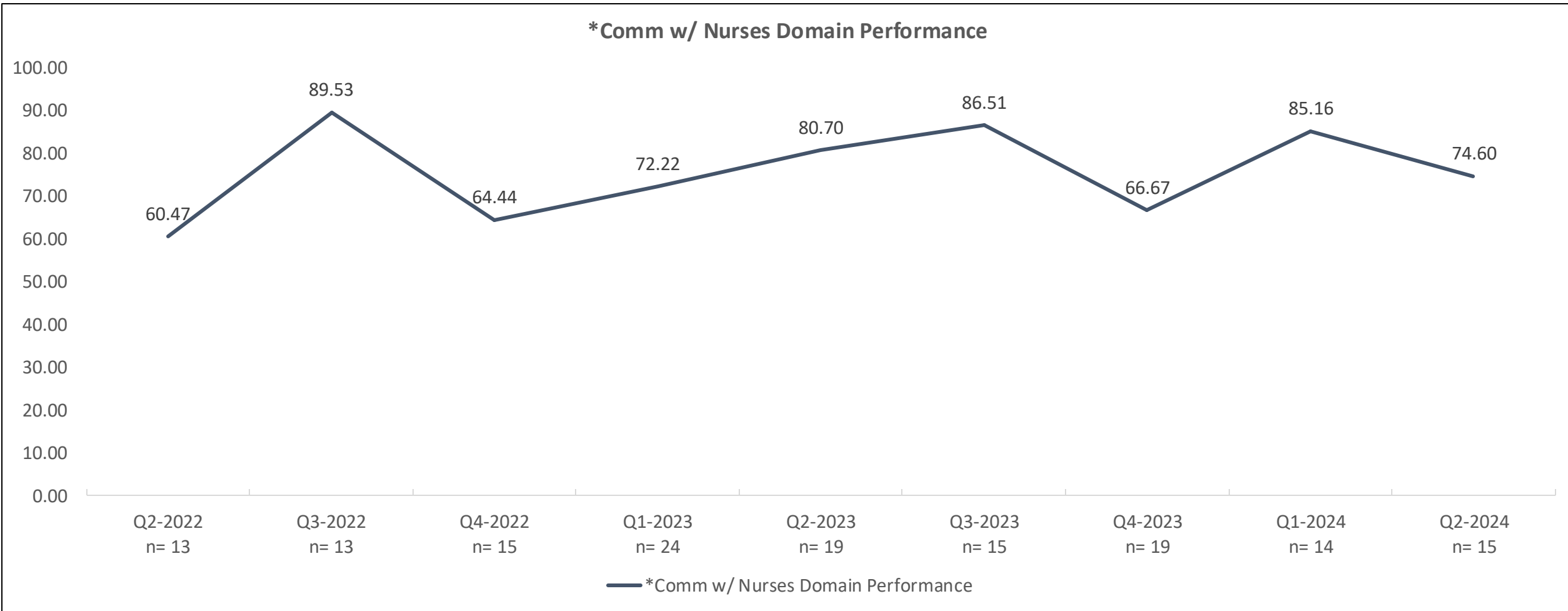
Provident Rolling 12-months Top Box HCAHPS - Communication with Nurses Domain Performance



Provident Op Ex Patient Experience Performance Monitoring

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

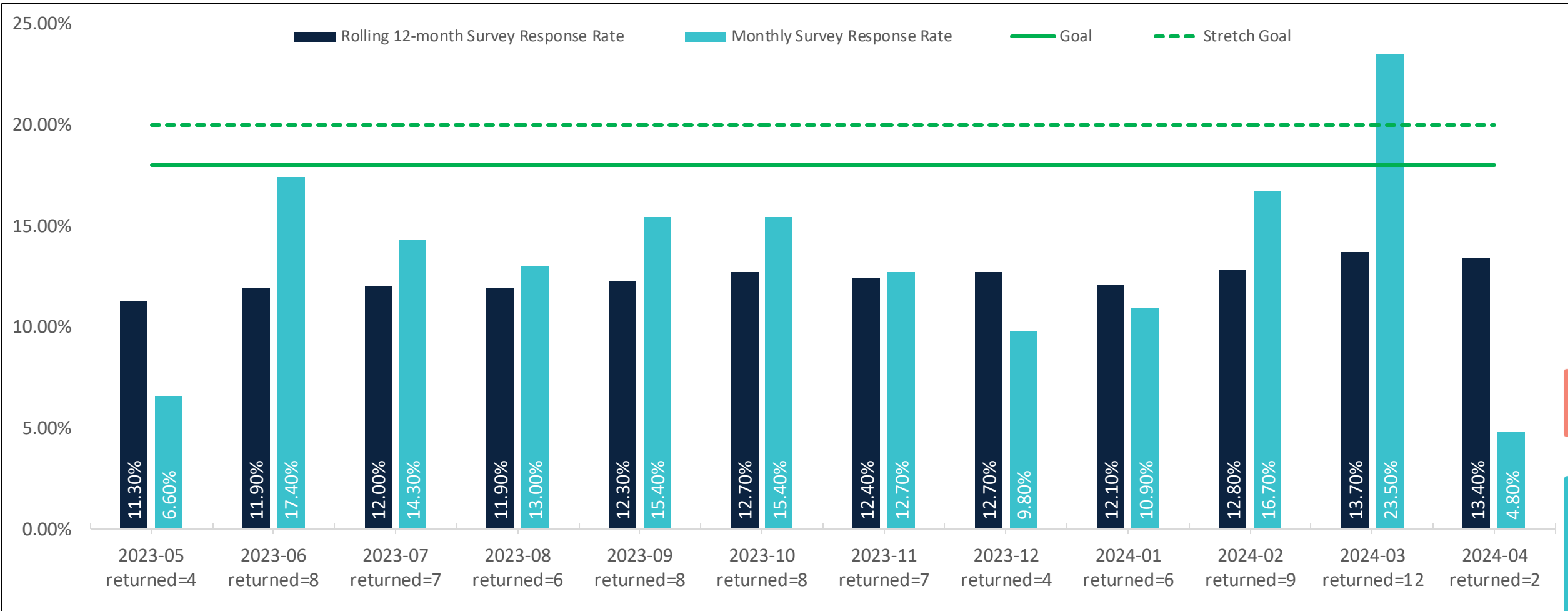
Baseline: 74.63% | Goal: 79.80% | Stretch: 80.00%



Provident Op Ex Patient Experience Performance Monitoring

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

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



Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
August 15, 2024

ATTACHMENT #7

Regulatory Updates

August 2024

- The Stroger Hospital and Ambulatory Clinics Joint Commission Triennial Accreditation and Primary Care Medical Home Certification survey completed in June 2024 was very successful.
 - ❑ The overall compliance was 97% with all standards and elements of performance.
 - ❑ Corrective actions were established for the findings identified. Evidence of compliance will be submitted to the Joint Commission August 2024.
 - ❑ Departments will report compliance data in the Hospital Quality and Patient Safety Committee meetings monthly August 2024 – December 2024, then quarterly thereafter thru 2025.
 - ❑ A compliance dashboard has been developed for reporting and to track ongoing compliance.
- To promote continuous accreditation readiness, the Joint Commission Breakfast Briefing Webinar series (13-part [weekly](#) series overviewing each TJC chapter) launches 8/19/2024 thru 11/18/2024.
- The Infection Control department underwent a rigorous hospital surveillance validation survey with IDPH in July 2024. Stroger Hospital's infection control program was rated #1 in Chicago and top 3 in Illinois.

