Minutes of the Meeting of the Cook County Health (CCH) Board of Directors held on Friday, December 20, 2024 at the hour of 9:00 A.M., at 1950 West Polk Street, Room 5301, in Chicago, Illinois.

### I. Attendance/Call to Order

Chair Taylor called the meeting to order.

Present: Chair Lyndon Taylor, Vice Chair Commissioner Bill Lowry and Directors Inger Burnett-Zeigler,

PhD; Maya Green, MD, MPH, FACHE; Joseph M. Harrington; Sage J. Kim, PhD; Sam A Robinson,

III, PhD and Mia Webster Cross, MSN, RN (8)

Remotely

Present: Directors Jay Bhatt, DO, MPH, MPA and Raul Garza (2)

Absent: Directors Robert G. Reiter, Jr. and Tanya R. Sorrell, PhD, PMHNP-BC (2)

Vice Chair Lowry, seconded by Director Burnett-Zeigler, moved to allow Directors Bhatt and Garza to remotely participate as voting members in this meeting. THE MOTION

CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Claudia Fegan, MD – Chief Medical Officer

Aaron Galeener – Chief Administrative Officer, Health

Plan Services

Andrea M. Gibson - Chief Strategy Officer

LaMar Hasbrouck, MD - CCDPH Chief Operating

Officer

Jeff McCutchan – General Counsel

Erik Mikaitis, MD - Chief Executive Officer

Hon. Donna Miller – Cook County Commissioner, 6<sup>th</sup>

District

Thomas Nutter, MD - Chief Behavioral Health Officer

Alisha Patel – Assistant General Counsel

Beena Peters, DNP – Chief Nursing Executive

Carrie Pramuk-Volk - Associate Chief Human

Resources Officer

Deborah Santana – Secretary to the Board

Chair Taylor noted that the next regular meeting of the Board is scheduled to be held on Friday, January 31, 2025 at 9:00 A.M., however, it is likely that the meeting will be moved to be held a week earlier, on Friday, January 24, 2025 at 9:00 A.M. As soon as that date change is confirmed, it will be communicated publicly.

#### **II.** Employee Recognition (details included in Attachment #1)

Dr. Erik Mikaitis, Chief Executive Officer, recognized a number of employees for their outstanding work.

### **III.** Public Speaker Testimony

There was no public speaker testimony provided.

### IV. Board and Committee Reports

### A. Board of Directors Meeting Minutes, November 22, 2024

Chair Taylor inquired whether any corrections or revisions to the minutes were needed.

Director Harrington, seconded by Vice Chair Lowry, moved to approve Item IV(A) the Minutes of the Board of Directors Meeting of November 22, 2024. THE MOTION CARRIED UNANIMOUSLY.

### IV. Board and Committee Reports (continued)

### B. Quality and Patient Safety Committee Meeting, December 11, 2024

- i. Meeting Minutes, which include the following action items:
  - Approval of proposed Stroger Hospital Department/Division Chair Initial Appointments and Reappointments
  - Approval of proposed Stroger Hospital and Provident Hospital Medical Staff Appointments/Reappointments/Changes

Director Bhatt provided an overview of the Meeting Minutes.

Director Harrington, seconded by Director Webster Cross, moved to approve Item IV(B) the Minutes of the Meeting of the Quality and Patient Safety Committee of December 11, 2024, containing the following action items: approval of one (1) Stroger Hospital Department Chair Reappointment, approval of one (1) Stroger Hospital Division Chair Initial Appointment, and approval of the proposed Stroger Hospital and Provident Hospital medical staff appointments/reappointments and changes. THE MOTION CARRIED UNANIMOUSLY.

### C. Finance Committee Meeting, December 13, 2024

- i. Meeting Minutes, which include the following action items:
  - Contracts and Procurement Items
  - Receive and file Grant Award-Related Items

Director Harrington provided an overview of the Meeting Minutes. He noted that request numbers 1, 2, 7 and 21 under the Contracts and Procurement Items are pending review by Contract Compliance. The Board reviewed and discussed the information.

Vice Chair Lowry, seconded by Director Harrington, moved to approve Item IV(C) the Minutes of the Finance Committee Meeting of December 13, 2024, which include approval of the Contracts and Procurement Items, and receiving and filing of the Grant Award-Related Items, THE MOTION CARRIED UNANIMOUSLY.

### V. Action Items

#### A. Contracts and Procurement Items

There were no Contracts and Procurement Items presented directly for the Board's consideration.

### B. Any items listed under Sections IV, V and IX

### VI. Report from Chair of the Board

Chair Taylor stated that a number of new committee assignments have been made. Vice Chair Lowry has been appointed to serve as Chair of the Managed Care Committee; he has also been appointed to serve as a member of the Finance Committee. Director Burnett-Zeigler has been appointed to serve as a member of the Managed Care Committee, and Director Green has been appointed to serve as a member of the Finance Committee and the Human Resources Committee. Additionally, Director Kim has agreed to be appointed to serve as a member of the Audit and Compliance Committee. He thanked the Directors for agreeing to serve on these committees.

### VI. Report from Chair of the Board (continued)

Chair Taylor recognized the Honorable Donna Miller, Cook County Commissioner for the 6<sup>th</sup> District. Commissioner Miller provided brief comments in support of the Doula Program being established at Stroger Hospital.

### VII. Report from Chief Executive Officer (Attachment #1)

Dr. Mikaitis provided an introduction to the reports and presenters listed below. Also included for the Board's information were the Divisional Executive Summaries (included in Attachment #1).

- **A. Quarterly Nursing Operations Update** reviewed by Dr. Beena Peters, Chief Nursing Executive, (Attachment #2)
- **B.** Update on Strategic Initiatives reviewed by Andrea M. Gibson, Chief Strategy Officer (Attachment #3)

During the review of the Nursing Operations Update, Vice Chair Lowry requested that Dr. Peters provide additional information on the Student Nurse Extern Program (slide 9 of the presentation) so he can share that with his colleagues on the Cook County Board.

During the review of slide 8 of the Update on Strategic Initiatives, it was inquired whether the Behavioral Health Community Needs Assessment is available. Dr. Thomas Nutter, Chief Behavioral Health Officer, responded that it can be released later today.

### VIII. Informational Reports

The following informational reports were reviewed and discussed.

- **A.** Human Resources Committee Metrics reviewed by Carrie Pramuk-Volk, Associate Chief Human Resources Officer (Attachment #4)
- **B.** Managed Care Committee Metrics reviewed by Aaron Galeener, Chief Administrative Officer, Health Plan Services (Attachment #5)

### IX. Closed Meeting Items

- A. Claims and Litigation
- **B.** Discussion of Personnel Matters
- C. Update on Labor Negotiations
- D. Quality and Patient Safety Report

Director Harrington, seconded by Vice Chair Lowry, 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)(2), regarding "collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees," 5 ILCS120/2(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

### IX. Closed Meeting Items (continued)

tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," 5 ILCS 120/2(c)(12), regarding "the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member," and 5 ILCS 120/2(c)(17), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body."

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

Yeas: Chair Taylor, Vice Chair Lowry and Directors Bhatt, Burnett-Zeigler,

Garza, Green, Harrington, Kim, Robinson and Webster Cross (10)

Nays: None (0)

Absent: Directors Reiter and Sorrell (2)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Taylor declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

### X. Adjourn

As the agenda was exhausted, Chair Taylor declared that THE MEETING WAS ADJOURNED.

Respectfully submitted, Board of Directors of the Cook County Health and Hospitals System

Attest:

### Requests/Follow-up:

Request: During the review of the Nursing Operations Update, Vice Chair Lowry requested that Dr. Peters

provide additional information on the Student Nurse Extern Program (slide 9 of the presentation)

so he can share that with his colleagues on the Cook County Board. Page  $3\,$ 

Request: During the review of slide 8 of the Update on Strategic Initiatives, it was inquired whether the

Behavioral Health Community Needs Assessment is available. Dr. Thomas Nutter, Chief

Behavioral Health Officer, responded that it can be released later today. Page 3

Cook County Health and Hospitals System Minutes of the Board of Directors Meeting December 20, 2024

ATTACHMENT #1

# **CEO Report**

Dr. Erik Mikaitis, CEO

December 20, 2024



# **New Hires and Promotions**





# Congratulations



### **New Hires**

Joseph Kapenas, Director of Quality, Regulatory Affairs and Accreditation, Quality & Patient Safety

Omar Hafeez, Data Manager, Health Plan Clinical Services

Catherine Simonek, Nurse Coordinator II, Burn ICU

Ricky Hem, Clinical Operations Nurse Supervisor, Medical Surgical

Please note: Due to an update in the schedule to submit materials for Board meetings, this reflects only a partial month of orientation sessions. A full month of information will be included in the January report.

# Congratulations



### **Promotions**

LaTonya Davney, Manager Of Operations, Regional Outpatient Center – Blue Island

Please note: Due to an update in the schedule to submit materials for Board meetings, this reflects only a partial month of orientation sessions. A full month of information will be included in the January report.

# Recognition & Announcements



# Provident Hospital Named Top General Hospital for 2024 by Leapfrog Group



Provident has been named one of The Leapfrog Group's 2024 Top Hospitals.

The Leapfrog Top Hospital award is widely acknowledged as one of the most competitive honors U.S. hospitals and surgery centers can earn in safety and quality.

Provident is one of 134 hospitals across the country to be recognized this year.

This is a tremendous testament to the work being done by the Provident team!





# **Observation Unit at Provident Hospital**



CCH is proud to announce the opening of an 11-bed observation unit at Provident Hospital.

The new unit will enhance patients' healing, optimize the use of hospital resources, and represents just one of the many investments being made to our services on the South Side.





# **Doula Program to Launch in 2025**



On December 3, CCH held a press conference with Cook County Board President Toni Preckwinkle, Commissioner Donna Miller and Commissioner Bridget Degnen, to celebrate the doula program being established at Stroger Hospital.

Doulas are non-clinical support professionals, trained to empower and support birthing parents at all stages of pregnancy, through delivery, and in the postpartum period.

CCH plans to welcome 10 doulas to the hospital in early 2025.



# **EMT Apprenticeship Graduation**



CCH was joined by Cook County Government leaders, and representatives from Superior Ambulance and JumpHire to celebrate the first cohort of graduates from CCH's EMT Apprenticeship Program on December 12.

The program, funded through U.S. Department of Labor dollars secured by Senator Dick Durbin, is a 15-week collaborative internship with paid on-the-job training that prepares participants for EMS employment opportunities.

17 apprentices graduated from the program. Those who pass their licensure exam will be hired by Superior Ambulance.



# Thank You!







DR. ERIK MIKAITIS
CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
December 20, 2024

### **Employee Recognition**

Highlighting its nationally recognized achievements in patient safety and quality, Cook County Health's Provident Hospital was named a **Top General Hospital by The Leapfrog Group**. The Leapfrog Top Hospital award is widely acknowledged as one of the most competitive awards American hospitals can receive. The Top Hospital designation is bestowed by The Leapfrog Group, a national watchdog organization of employers and other purchasers known as the toughest standard-setters for health care safety and quality. Provident Hospital is one of 134 hospitals nationwide and only one of 4 in Illinois to be recognized in 2024. Congratulations to the entire Provident Hospital team on this national achievement!

#### **Activities and Announcements**

An **11-bed observation unit** opened last month at Provident Hospital. The new unit will enhance patients' healing, optimize the use of hospital resources, and represents just one of the many investments being made to CCH services on the South Side.

On December 3, CCH held a press conference with Cook County Board President Toni Preckwinkle, Commissioner Donna Miller and Commissioner Bridget Degnen, to celebrate the **doula program** being established at Stroger Hospital. Doulas are non-clinical support professionals trained to empower and support birthing parents at all stages of pregnancy, through delivery, and in the postpartum period. CCH plans to welcome 10 doulas to the hospital in early 2025.

CCH was joined by Cook County Government leaders, and representatives from Superior Ambulance and JumpHire to celebrate the first cohort of graduates from CCH's **EMT Apprenticeship Program** on December 12. The program, funded through U.S. Department of Labor dollars secured by Senator Dick Durbin, is a 15-week collaborative internship with paid on-the-job training that prepares participants for EMS employment opportunities. 17 apprentices graduated from the program. Those who pass their licensure exam will be hired by Superior Ambulance.

### **Legislative Updates**

### Local

 Cook County Health's work to address food insecurity began in 2015 with a two-question food insecurity screening, which was later adopted by all CCH primary care sites and incorporated into the CountyCare health risk screening tool. CCH patients who screened positive received a voucher to access fresh produce from the Greater Chicago Food Depository's Fresh Truck. Since its inception, CCH's Fresh Truck partnership with GCFD has resulted in more than 500 visits to CCH health centers providing fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to over 50,000 households, representing more than 165,000 individuals.

Over the next several months, CCH and GCFD will be pivoting to a different model to connect patients with fresh and nutritious food. This includes piloting an onsite food pantry at Belmont Cragin Health Center and a medically-tailored meals program based initially at Provident Hospital that will further align the health conditions identified by CCH providers with food-related resources following a provider visit. These efforts are funded by an ARPA award to CCH from Cook County; these funds will also support a full-time Food Security Manager, based in the Office of Diversity, Equity, and Inclusion. We are also exploring other models that work best for our patients and look forward to sharing more when details are available.

- The week of December 16, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.
  - Criminal Justice Committee Representatives of the Cook County Sheriff's Office along with CCH appeared before the committee in response to a Resolution Calling for the Office of the Cook County Sheriff and Cook County Health to Appear Before the Criminal Justice Committee to Educate the County Board on its Various Policies and Procedures to Address the Health and Safety of Detainees at the Cook County Department of Corrections. CCH participants included Dr. Erik Mikaitis, CEO along with Manny Estrada, COO Cermak Health Services and Dr. Priscilla Auguston, Chair of the Department of Correctional Health and Cermak Medical Director.
  - Finance Committee Pam Cassara, CCH CFO addressed questions related to the County's Monthly Revenues and Expenses Report as well as CCH finances. CCH leadership was also available to respond to questions related to CCH's November 2024 Monthly Report which is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month.
  - Health & Hospitals Committee Dr. LaMar Hasbrouck appeared before the committee to present CCDPH's 4<sup>th</sup> Quarterly Report on Public Health Data Equity & Improvement Initiatives. Also on the agenda was a Resolution Requesting the State Convene a Panel for a Level II Trauma Center in the Southland. The Resolution recommends that the that the State, through the Illinois Department of Public Health convene a panel of trauma health experts, health representatives, Southland community leaders and select members of public health advocate organizations, including representatives of the Cook County Department of Public Health (CCDPH). This item was deferred.
- The Cook County Board of Commissioners met on December 19, 2024.

#### State

- The House and Senate will hold their "lame duck" session days starting Saturday, January 4 through Tuesday, January 7. New members of the 104<sup>th</sup> General Assembly will be sworn in January 8.
- Cook County Health has been working with President Preckwinkle's legislative team on the 2025 state legislative agenda. Priority issues include:
  - o Protecting and preserving Medicaid
  - Increasing funding for local health departments
  - o Harm reduction legislation that reduces overdose deaths and prioritizes treatment

- o Behavioral health infrastructure and addressing gaps in workforce
- The 2025 spring session calendars for the <u>House</u> and <u>Senate</u> are now online. The Governor's state of
  the state and budget address will take place February 19 and the scheduled adjournment date is May
  31.

#### **Federal**

### FY 2025 Budget and Appropriations Process

The current FY 2025 continuing resolution (CR) expires on December 20. A second CR, which would last into the middle of March 2025, is in the works. Bipartisan, bicameral negotiations around additional measures that could be added to the CR are ongoing, including a package of extending expiring health programs. The County along with other public health care and hospital systems, has been advocating for a provision to repeal or delay the statutory reductions to Medicaid disproportionate share hospital (DSH) payments.

### Trump-Vance Administration Health Policy Agenda and 119th Congress

In late November President-Elect Trump named Dr. Mehmet Oz to be the Administrator of the Centers for Medicare and Medicaid Services (CMS). This appointment requires Senate confirmation and will face scrutiny for some of his positions and financial ties. CMS administrators are not required to have medical qualifications and recent appointees from both parties have not been physicians.

On December 9, Rep. Brett Guthrie (R-KY), was selected to be the next Chair of the House Energy and Commerce Committee (E&C. He is expected to continue the committee's focus on the oversight of the U.S Department of Health and Human Services and its agencies. Rep. Guthrie was the Chairman of E&C's Health Subcommittee and co-chair of the House Republicans' Healthy Futures Task Force. He recently told the press that he is interested in reviving a proposal that would cap Medicaid spending on each enrollee, known as a "per capita cap" or allotment, a component of the failed ACA "repeal and replace" legislation in 2017.

President-elect Trump promised on the campaign trail not to cut Medicare, Social Security, and Defense. This will likely put Medicaid cuts on the table as Republicans plan to find offsets to fund the extension of the expiring Tax Cuts and Jobs Act of 2017. Medicaid reductions could include imposing work requirements, making block grants or spending caps for states (as noted above), and reducing the Affordable Care Act's ninety percent match for the Medicaid expansion population. These changes would likely take shape in the context of budget reconciliation bill, which can evade the Senate filibuster and advance with a simple majority.

#### Biden-Harris Administration Health Policy Actions

On November 26, CMS announced that it was reevaluating current statute and proposed rules to permit Medicare and Medicaid coverage of expensive GLP-1 medication to treat obesity. The proposal faces an uncertain future under the incoming Trump Administration and state Medicaid directors are expressing concern over the impact of the proposal on state health care budgets.

On December 11, HHS announced that it was extending liability protections for COVID-19 vaccines, treatments and diagnostic tests under the Public Readiness and Emergency Preparedness Act through Dec. 31, 2029. The extension gives health care providers, including pharmacists and pharmacy interns and technicians protection when administering COVID-19 vaccines and tests, as well as seasonal flu vaccines. The extension takes effect Jan. 1.

### **Redetermination Events**

Cook County Health and CountyCare are currently hosting a series of Rede events in the System's facilities, other FQHCs and community partners. Rede events target CountyCare members living in or close to the Zip Codes of the hosting site. Members receive calls, postal correspondence, email, and texts advising them of the event happening in their vicinity.

- January 4 Robbins Health Center 13450 S. Kedzie Ave Robbins, IL 60472
- January 6 North Riverside Health Center 800 S. Harlem Ave, North Riverside, IL 60546
- January 7 Cottage Grove Health Center 1645 S. Cottage Grove Ave Ford Heights, IL 60411
- January 8 Primecare Health Center 5635 W. Belmont, Chicago, IL 60634
- January 9 Alivio Health 2021 S Morgan St., Chicago, IL 60608
- January 10 Englewood Health Center 1135 W. 69th Street, Chicago, IL 60621
- January 11 Cottage Grove Health Center 1645 S. Cottage Grove Ave Ford Heights, IL 60411
- January 13 Austin Health Center 4800 W. Chicago Avenue, Chicago, IL 60651
- January 14 Robbins Health Center 13450 S. Kedzie Ave Robbins, IL 60472
- January 15 Provident Hospital 500 E. 51st Street, Chicago, IL 60615
- January 16 Friend Health 5635 S. Pulaski, Chicago IL 60629
- January 17 St Bernard Hospital 6307 S Stewart St Chicago, IL 60621
- January 18 North Riverside Health Center 800 S. Harlem Ave, North Riverside, IL 60546
- January 21 Esperanza Health Center 4700 S. California Ave Chicago, IL 60632
- January 22 Primecare Health Center 5635 W. Belmont, Chicago, IL 60634
- January 23 Care For Friends 5749 N. Kenmore Avenue, Chicago, IL 60660
- January 23 Stroger Hospital 1969 W. Ogden, Chicago, IL 60612
- January 24 Englewood Health Center 1135 W. 69th Street, Chicago, IL 60621
- January 24 Arlington Heights Health Center 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- January 27 Blue Island Health Center 12757 S. Western Avenue, Blue Island, IL 60406
- January 29 **Provident Hospital** 500 E. 51<sup>st</sup> Street, Chicago, IL 60615
- January 30 Chicago Family Health Center 9119 S Exchange Ave Chicago, IL 60617
- January 31 Arlington Heights Health Center 3520 N. Arlington Heights Road, Arlington Heights, IL 60004

### **CCH Community Advisory Councils**

Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center's relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.

The 2025 First Quarter topic presentations include CCH's Cook County Health and Cook County Human Resources and Hiring Process. CountyCare will also provide an update on plan activities and rewards. In

addition, the meeting provides updates on Cook County Health, Community Outreach, and each clinic's programs.

Upcoming CAC meeting dates, including the 2025 schedule:

**Cottage Grove**: Tuesday at 1:00 PM: January 23, April 23, July 23, October 22 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

**Provident/Sengstacke**: Wednesday at 9:00 AM: January 24, April 10, July 10, October 9 500 W. 51st Street, Chicago, IL 60609

**Blue Island**: Wednesday at 1:00 PM: February 14, May 15, August 14, November 13 12757 S. Western Ave., Blue Island, IL 60406

**Arlington Heights**: Tuesday at 1:00 PM: February 20, May 21, August 20, November 19 3520 N. Arlington Heights Road, Arlington Heights, IL 60004

**Prieto**: Tuesday at 1:00 PM: March 5, June 4, September 3, December 3 2424 S. Pulaski, Chicago, IL 60623

**Robbins**: Tuesday at 1:00 PM: March 12, June 11, September 19, December 10 13450 S. Kedzie Road, Robbins, IL 60472

**North Riverside**: Wednesday at 1:00 PM: March 13, June 12, September 11, December 11 1800 S. Harlem Avenue, North Riverside, IL 60546

**Englewood**: Thursday at 1:00 PM - March 14, June 13, September 12, December 12 1135 W. 69th Street, Chicago, IL 60621

### AMBULATORY SERVICES

Lead Executive: Craig Williams, Chief Administrative Officer, Operations and Development

**Report Date:** November 2024 **Report Date:** December 15, 2024

**Strategic Initiatives • OKR Highlights • Status Updates** 



### Patient Safety, Clinical Excellence & Quality

- Cook County Health will offer free annual prostate and/or mammogram screenings through the Cook
   County Birthday Health Screening Program starting in January, 2025 for:
  - 1. <u>Uninsured patients</u> seeking care during their birthday month, with birth date verification and screenings meeting preventive service guidelines.
  - 2. <u>Insured patients</u> according to their health plan coverage.
- The Birthday Screening Clinical Task Force has established the following guidelines for the Birthday Program:
  - Breast Screening: Based on the United States Preventive Services Task Force guidelines, women aged 40-74 should undergo mammography every 2 years.
  - Prostate Screening: In accordance with the American Urological Association, men aged 45-69 should undergo Prostate-Specific Antigen (PSA) testing every 2 to 4 years, with the frequency determined through shared decision-making with the patient.
  - Eligible patients can schedule their screenings by calling 312-864-HBTY (4289) or visiting as walk-ins.
- The quality team developed a new diabetic self-management goal worksheet, which was translated
  into eleven different languages and approved by ACHN leadership. A strategy meeting has been
  scheduled with ACHN leadership to discuss the rollout of the self-management workflow, roles and
  responsibilities, and the new form across primary care sites by March 31, 2025.
- In collaboration with Maternal Child Health leadership, the Quality team developed a new action plan to address the lack of provider documentation on screening exclusions and external pap results in the problem list. This gap in documentation could lead to inaccuracies in cervical cancer screening data. The goal is to improve the cervical screening rates.
- Training on the Sentact rounding database and the Press Ganey electronic medical event reporting system (eMers) was conducted for new managers.



**Health Equity, Community Health & Integration** 

















### AMBULATORY SERVICES

- In November 2024, the Patient Support Center handled 44,000 patient calls with an average response time under 57 seconds, and 3,900 nurse triage calls with an average response time of 54 seconds. This month the Central Triage Unit expanded to add Sengstacke nurse calls.
- The Patient Support Center reduced the average post-hospital primary care wait time to under 19
  days, down from over 30 days last month. This improvement was achieved by scheduling across two
  shifts, maximizing schedule utilization, and increasing efforts to refer more patients to community
  primary care sites.
- Cook County Health continues its vaccination efforts for both the community and our patients. In November, the total number of individuals vaccinated for COVID-19 was 3,284, including 123 staff members, 1,394 non-CCH patients, and 1,767 CCH patients.
- All ACHN clinics are equipped to screen, test, and vaccinate community members. Additionally, the CORE Center administered 14 MPox vaccinations this month.
- This month, the Belmont Cragin New Arrival Health Center reported serving 33,204 unique patients to date. The CCH Mobile Care Coordination team registered 12,136 new arrival patients at the City of Chicago landing zone, with 50% receiving same-day medical screenings and care at the New Arrival Clinic. 7,471 were vaccinated with the Measles, Mumps, and Rubella (MMR) vaccine, and 5,430 with the chicken pox vaccine.
- CCH operations continue to send mass emails via the patient portal to announce the availability of
  Virtual Immediate Care, which helps boost provider visits. From January 1st to November 30th, 2024,
  the Express Care Team saw 2,468 patients, with an average drop rate of 3%. Additionally, Express
  Care Registered Nurse (RN) triage queues have been activated, allowing nurses to triage all incoming
  calls and determine the appropriate next steps to provide immediate assistance to patients.
- The Cancer Center service line team held three lung cancer screening awareness events and one genetic counseling awareness event. A total of 392 people were educated on lung cancer screening, and 50 people were educated on genetic counseling.
- The CORE team established a collaboration with OB/GYN department to provide continuation of prenatal services during a gap in provider coverage.
- CORE social services department began Case Management services at Belmont Cragin New Arrivals HIV Clinic, helping patients with applications for medication assistance programs and offering referrals for other social determinant of health resources.
- A new RFP has been awarded to Alivio Medical Center to partner with CCH in hiring Maternal and Child Health (MCH) navigators. These navigators will be placed throughout ACHN and the Inpatient Mother/Baby unit. This partnership will help continue the legacy of MCH patient navigation efforts, which have supported a 70% retention rate for prenatal care to delivery at Stroger.

















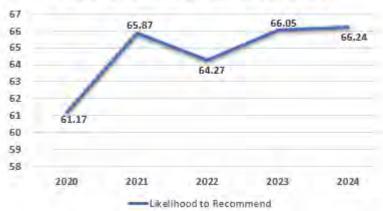
### AMBULATORY SERVICES



#### **Patient Experience**

• ACHN's overall "Likelihood to Recommend" score increased this month, but it did not reach the year-end goal of 67.13%. The score rose by 0.05%, bringing the year-to-date total to 66.24%.

# ACHN Patient Experience Score



- Specialty care saw a 4.62% increase from last quarter, finishing the year at 69.81%. However, it was
  still not enough to meet the overall FY24 goal. Despite this, meaningful progress was made in
  improving the Press Ganey scores across specialty care. A working group has been formed, consisting
  of frontline staff (Registered Nurses, Medical Assistants, Clerks, Providers, Managers) and Patient
  Experience partners. The group's goals include:
  - o Initiating additional marketing efforts to encourage survey completion.
  - Ensuring the survey reaches patients at home via mail, text, or email in a timely manner, ideally within the first week before their visit to reduce the chance of forgetfulness.
  - o Promoting the survey through targeted marketing strategies.
- Primary Care's overall "Likelihood of Recommending" score increased by 0.18% from last month,
  finishing at 65.23%. While this was not enough to meet the year-end targets, Arlington Heights and
  Austin have consistently met their targets month over month for the past 6 months. The leadership
  team is now assessing the strategies that have contributed to the success of these locations and plans
  to apply these insights to other areas to drive further improvement.



### **Growth Innovation & Transformation**

















### AMBULATORY SERVICES

- The Cancer Center Service Line team defined a strategic plan to support patients entering the Breast and Urology Oncology clinics for care related to engagement with the Birthday Screening program.
- CORE Executive Director continues to work with CCH Human Resources and Sponsored Programs Office on the transition of Hektoen funded grants and staff. Successful submission of the AIDS Foundation of Chicago Case Management and Housing grants were accepted for FY2025.
- The Go Live of Provider Portal Phase 2 took place on November 17th granting external partners read-only access to view provider clinical notes, documentation, and lab results for patients referred to CCH. Secure messaging between providers within the portal is expected to launch in Q1 of 2025.



### **Optimization, Systemization & Performance Improvement**

- The Behavioral Health team has initiated the design of a centralized intake and referral system for behavioral health services. A committee has been formed to focus on key action items to create a system that allows patients to be immediately assessed and connected to the appropriate behavioral health treatment and support across CCH. This will streamline the referral process, ensuring timely access to care and support for those in need.
- Phase I of the Behavioral Health Oracle Module was successfully completed for all behavioral health providers. Phase II has been initiated, focusing on recovery coaches and neuropsychologists. This software will help ensure compliance with state and federal regulations for Medicaid, Medicare, and insurance requirements, ultimately enabling CCH to capture additional revenue.
- CORE Patient Access department reduced the backlog of patients waiting for Hepatitis FibroScans, from 700 to 97 patients over six weeks. The team completing scheduling of patients now booked through April 2025.
- The Cancer Center Service Line team responded to the ongoing IV fluid shortage by implementing several fluid-conserving measures. These included postponing the least critical 10-20% of infusions and reducing daily volume to accommodate changes in infusion administration.
- The Oncology clinics have trained staff to implement Good Faith Estimates (GFE), Point-of-Service (POS) Collections, and 340b Location Hierarchy scheduling changes. The GFE and 340b is set to go live on December 1, 2024, and the POS Collections will go live on December 9, 2024. Training will continue across ACHN, including OT/PT and Radiology clinics, for all three new processes. Additionally, GFE and POS Collections have been incorporated into the new hire training for future onboarding. For any staff members who are unable to attend the training before the golive date, step-by-step job aids will be provided to support their work in these areas.

















### **AMBULATORY SERVICES**

 Oncology clinic staff completed Trauma-Informed Care training to enhance patient interactions and deliver more sensitive, supportive care.



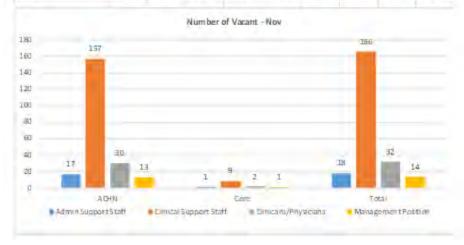
#### **Workforce: Talent and Teams**

ACHN has 230 vacant positions: 18 Administrative Support Staff, 32 Clinicians/Physicians, 14 Management Positions, and 166 Clinical Support Staff. Of the 230, currently 170 roles are in recruitment (24 posted, 4 pending, 42 validations in progress, 32 interviews underway, 56 decision-to-hire packets under review, 12 offers accepted, and 1 on hold). This fiscal year, we have hired 143 individuals.

### **Human Resources Recruitment**

#### December Board Report: Vacant PID's by Role

Vacant PID's by Role	Sep-24			Oct-24			Nov-24		
Jobtitle	ACHN	Core	Total	ACHN	Core	Total	ACHN	Core	Total
Admin Support Staff	18	1	19	18	1	19	17	1	18
Clinical Support Staff	157	8	165	161	9	170	157	9	166
Clinicans/Physicians	30	2	32	31	2	33	30	2	32
Management Position	- 15	2	17	14	1	15	13	1	14
Total	220	13	233	224	13	237	217	13	230



















### AMBULATORY SERVICES



#### **Fiscal Resilience**

- As of the end November 2024, ACHN successfully closed the year on track, having expended 92% of the budgeted funds.
- Primary Care: ACHN is below budgeted volumes for November by 921 visits and 2.5% below budget year-to-date totaling 237,153 visits in FY2024.
- Primary Care saw a decrease in unsigned notes by 161 compared to last month, but it was still not enough to meet the year-end goal.
- Specialty Care: ACHN is below budgeted volumes for November by 1,039 visits and 12% above budgeted volumes year-to-date totaling 383,360 visits in FY2024.
- We have five non-personnel contracts valued at \$500,000 or more. Four of these contracts has expired, but amendments are in progress and there are no service gaps.

### **Budget**

Office / Program / Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4893 - Ambulatory & Community Health						
Network of Cook						
Grand Total	179,524,432	158,968,605	5,761,586	164,730,191	14,794,242	92%

### **Procurement**

	Non Agency Contracts								
Contract Number	ontract Number Contract Name		Expiration	Notes					
H18-72-030	Anchor Mechanical	\$959,634.00	6/30/2024	Waiting on SCM to publish RFP-2nd time.					
H21-25-012	DaySpring Janitorial Svcs	\$2,300,000.00	11/30/2024	Amendment in progress.					
H17-25-064	Medspeed	\$3,843,844.06	11/30/2024	RFP and amendment in progress.					
H18-25-037	Alivio	\$1,262,145.09	11/30/2024	RFP-Contract awarded.					
H20-25-033	Chicago Lighthouse	\$6,220,000.00	2/28/2025	Amendment in progress.					



















### COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

**Lead Executive:** LaMar Hasbrouck, MD, MPH, MBA, Chief Operating Officer

**Reporting Period:** November, 2024 **Report Date:** December 4, 2024

Strategic Initiatives • OKR Highlights • Status Updates



### Patient Safety, Clinical Excellence & Quality

- The Cook County Department of Public Health (CCDPH) Nursing and Community Health Promoter (CHP) teams, in collaboration with CountyCare and the ACHN clinics, distributed free Flu and COVID vaccines in November. The nursing team administered 323 Flu vaccines and 270 COVID vaccines. The CHP team engaged with 19 community members, 5 of whom were then referred additional wrap-around services.
- The Food Inspection and Private Water Systems programs with the Environmental Health Services Unit passed their Illinois Department of Public Health (IDPH) three-year site visits and audits with no citations or deficits. The next site visits are scheduled for 2027.



### **Health Equity, Community Health & Integration**

- CCDPH's Community Behavioral Health Unit trained 117 CCH employees in the month of November through the launch of the Trauma Informed Care Tuesdays initiative. Virtual and inperson trainings were conducted with DPH new hires, Rehab Clinics at Harrison Square and Blue Island, and the Oncology Department at Stroger.
- The Emergency Preparedness & Response Unit (EPRU) team attended an Illinois Department of Public Health (IDPH) site visit at the Oak Forest vaccine storage site, the final step in order to obtain Vaccines for Children (VFC) certification. Certification allows CCDPH to directly receive free vaccine distribution for planned community events, as well as for potential future outbreaks. This will reduce the operational complexity of receiving vaccine supply and streamline the process to provide vaccines to the public. The visit was successful.
- The Marketing & Communications team launched the "Every Mother, Every Child" website, designed by our Public Health Nursing Team, to support CCDPH's commitment to delivering highquality, respectful, and equitable maternal and child healthcare for all families, including LGBTQIA+ families. The site provides comprehensive resources spanning every stage of pregnancy.























### COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

• In honor of Lung Cancer Awareness Month, the Marketing & Communications team deployed a social media campaign in support of the Cook County Board of Commissioners' reaffirmation of their commitment to prevent tobacco use and connect individuals with resources to help them quit. The campaign called attention to existing initiatives like "Unfriend Tobacco," aimed at encouraging youth and young adults to quit vaping, as well as educational posts under the Public Health Heroes League.



#### **Patient Experience**

• In relation to the 'Syphilis Stops with Me' campaign to prevent congenital syphilis, CCDPH's contract with Mother and Child Alliance has been approved and will allocate \$10,000 for the Alliance to conduct in-home and mobile testing of pregnant women in suburban Cook County.



### **Growth Innovation & Transformation**

The Marketing & Communications team launched an enhanced version of the <u>School Health</u>
webpage. The revamped webpage is a comprehensive hub that connects schools with essential
resources from the CCDPH and beyond.



### **Optimization, Systemization & Performance Improvement**

 The Marketing & Communications team generated the first monthly report on media coverage, reach, and return on investment. In the latest data, CCDPH appeared in 69 stories and achieving a reach of 312 million people.























### **Human Resources Recruitment**

As of December 2, 2024, CCDPH has - 15 vacant positions to date (actively recruited) - 2 Requests for Hires (RTH) are awaiting budget approval or to be posted/reposted. The remaining positions are being actively recruited (see table below).

### FY24 metrics Snapshot, as of December 4, 2024

RTHs Submitted MTD/YTD	Pre- Recruiting	On Hold	Postings Currently	Validation in Progress	Interviews in Progress	e-DTH Underway	Candidate Offers	Vacancies Filled In November	YTD Position Filled
14/69	2	1	2	2	5	5	3	6	37

### Budget

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4895 - DPH Total	21,993,575	16,234,433	1,142,725	17,377,158	4,616,417	79%

12/4/2024

### **Procurement**

The following vendors or subgrantee \$500K or more are all active contracts.

Contract #	Vendor or Subgrantee Name	Expires On
H21-25-129	AgeOptions	5/31/25
H22-25-154	Flowers Communications Group	5/31/25
H21-25-138	Housing Helpers/Proviso Partners for Health	5/31/25
H21-25-140	Illinois Board of Trustees/UIC School of Public Health	5/31/25
H21-25-182	United Way of Metropolitan Chicago	5/31/25





















### **CERMAK HEALTH SERVICES**

Lead Executive: Jesus "Manny" Estrada, Chief Operating Officer, Cermak Health Services

**Report Date:** November 2024 **Report Date:** December 15, 2024

**Strategic Initiatives • OKR Highlights • Status Updates** 



### Patient Safety, Clinical Excellence & Quality

Cermak Health Services was represented by Dr. Chad Zawitz as keynote speaker for the 2024 Lake County Health Department's World AIDS Day memorial event. Dr. Zawitz presented "The History and Future of HIV" to members of the Lake County Health Department and the public.

Cermak leadership had the opportunity to share quality performance indicators for the year and new program initiatives during the Executive Medical Staff meeting. We are very proud of the work that takes place at the jail and sharing our statistics with others truly shows how we strive to make a difference in the lives of others.

Cermak Health Services at JTDC received 100% overall patient satisfaction rating with the medical, dental, and mental health services provided to the youth detained at the Juvenile Temporary Detention Center (JTDC). The survey was conducted for 12 days in October-November with 61 youth respondents.



### Health Equity, Community Health & Integration

Cermak Health Services continues to evaluate the status of Division 11 and the need to enhance services to include dose-by-dose medication distribution and the introduction of mental health population into the building.

Cermak hosted an abstract writing training class for Patient Care Services Leaders. Dr. Simi Joseph, Senior Director, Nursing Innovation was the guest speaker. The goal of the training is to provide Patient Care Leaders (managers and directors) the skills needed to create poster presentations and panel presentations at both the local and national level for the work they do daily as related to correctional medicine.





















#### **Patient Experience**

Taking advantage of the warm summer months, a Cermak Activity Therapist created and designed a "Labyrinth" in the courtyard of JTDC. As part of the art therapy programming, the residents were able to participate with the design outlay and painting of the massive project and will be able to enjoy it by walking on its path.



#### **Growth Innovation & Transformation**

The Juvenile Detention Mental Health team participated in a muti-agency "Think Trauma" train the trainer event. Think Trauma is a skills-based, interactive trauma-focused training curriculum for frontline staff, educators, administrators, and others who work with adolescents in juvenile justice settings. Cermak provided logistical and financial support for the event using their JMHCP grant.



#### **Optimization, Systemization & Performance Improvement**

Press Ganey facilitated two coaching sessions at Cermak. Present were service line leaders. Coaching centered around effective communication and inclusion of High Reliability Concepts as related to huddles and rounding.



### **Workforce: Talent and Teams**

Cermak Health Services Directors are in process of assessing and recommending contract language suggestions for inclusion in upcoming organized labor contract negotiation.

Cermak Health Services acknowledges the recognition of their COO, Jesus "Manny" Estrada, as one of Crain's Chicago Business Notable Latino Leaders. The honorees are making a difference in a wide range of industries of industries, from architecture and the arts to tech and transportation.



#### **Fiscal Resilience**

















### **CERMAK HEALTH SERVICES**

Cermak Health Services continues to meet with the Illinois Department of Healthcare and Family Services (HFS) to discuss the next steps regarding the implementation of the newly approved 1115 Waiver. Five milestones were identified for the successful implementation of the waiver, which will allow Cermak to bill for patients receiving key services 90 days prior to discharge from the Cook County Jail. This program will allow Cermak and Juvenile Detention patients to have improved transitions of care into the community and Cermak is excited to continue these discussions with HFS.

#### **Human Resources Recruitment**

#### Cermak Health Services































**CERMAK HEALTH SERVICES** 

### **Budget**

Overall, across all accounts, Cermak and JTDC are on track with budgeted expectation through the end of October 2024.

Office / Program / Account	FY24 Budg ▼	Expense 🔻	Obligations (BPA's/PO'	Funds Availabl 🔻	% Expende d ▼
4240 - Cermak Health Services of Cook County					
0 - DEFAULT (41195.4240.0) Total	-	10,802	-	(10,802)	No Budget
10155 - Administration (41195.4240.10155) Total	12,446,771	11,335,514	796,935	314,322	97%
10160 - Administration and Clerical (41195.4240.10160) T	-	-	3,571	(3,571)	No Budget
13500 - Environmental Services (41195.4240.13500) Total	2,762,461	2,773,732	6,660	(17,932)	101%
13945 - Finance (41195.4240.13945) Total	243,273	244,458	-	(1,185)	100%
14915 - Human Resources (41195.4240.14915) Total	263,532	159,273	-	104,259	60%
15050 - Information Technology (41195.4240.15050) Tota	231,171	261,259	-	(30,088)	113%
15435 - Laboratory Services (41195.4240.15435) Total	641,650	563,660	(0)	77,990	88%
15805 - Material Management (41195.4240.15805) Total	462,003	348,662	(2,136)	115,477	75%
15880 - Med/Surg - Administration (41195.4240.15880) To	-	-	2,810	(2,810)	No Budget
15895 - Medical Administration (41195.4240.15895) Tota	10,762,658	9,553,876	151,257	1,057,525	90%
16480 - Nursing - Administration (41195.4240.16480) Tota	-	-	283	(283)	No Budget
17015 - Oral Health (41195.4240.17015) Total	2,496,986	1,854,594	1,139	641,253	74%
17170 - Patient Care Services (41195.4240.17170) Total	42,980,058	36,031,397	391,576	6,557,086	85%
17395 - PCS - Emergency Services (41195.4240.17395) Tot	-	1	-	(1)	No Budget
17610 - Pharmacy (41195.4240.17610) Total	9,838,834	8,321,170	12,894	1,504,770	85%
18445 - Quality Assurance (41195.4240.18445) Total	776,331	812,985	-	(36,654)	105%
18485 - Radiology (41195.4240.18485) Total	845,217	776,370	-	68,846	92%
19650 - Storerooms (41195.4240.19650) Total	-	-	18	(18)	No Budget
29235 - 240 General Store Inventory (IV) (41195.4240.292	-	633,714	6,836	(640,551)	No Budget
16005 - Health Information Management (HIM) (41195.42	422,736	439,154	-	(16,418)	104%
16125 - Mental Health Services (41195.4240.16125) Total	15,008,018	12,900,200	28,514	2,079,304	86%
19635 - Store Room (41195.4240.19635) Total	-	-	141	(141)	No Budget
20475 - Txbl GO Ser 2009B BABS Bond Fd (41195.4240.204	-	18,515	-	(18,515)	No Budget
29165 - General Store Inventory (IV) (41195.4240.29165)	271,687	215,058	42,083	14,547	95%
15485 - Law Administration (41195.4240.15485) Total		-	562	(562)	No Budget
17005 - Ophthalmology-Administration (41195.4240.1700	-	4	-	(4)	No Budget
Grand Total	100,453,386	87,254,399	1,443,144	11,755,842	88%



















### **CERMAK HEALTH SERVICES**

			Obligations	Funds	% Expende
Office / Program / Account	FY24 Budg ▼	Expense 🔻	(BPA's/PO' ▼	Availabl 🕶	d ▼
4241 - Health Services - JTDC					
10155 - Administration (41197.4241.10155) Total	1,041,815	667,456	370,272	4,087	100%
16015 - Medical Services Administration (41197.4241.16	731,730	768,217	-	(36,486)	105%
17015 - Oral Health (41197.4241.17015) Total	309,492	359,270	-	(49,778)	116%
17170 - Patient Care Services (41197.4241.17170) Total	3,629,502	3,275,567	21,848	332,087	91%
19815 - Support Services Administration (41197.4241.19	8 -	-	356	(356)	No Budget
10755 - Behavioral Health (41197.4241.10755) Total	3,971,104	3,562,053	(43)	409,094	90%
Grand Total	9,683,643	8,632,562	392,434	658,647	93%





















#### **Procurement**

# Contracts expiring in next 9 months

<u>Number</u>	Supplier	PO Description	End Date
77000032606	SCHECK & SIRESS PROSTHETICS, INC	77000032606 - SERVICE, CUSTOM ORTHOTICS	7/31/2024
		H19-25-077 - Supplies and Services, Office	
H19-25-077	ODP Business Solution LLC	Supplies	11/21/2024
	ALLIED WASTE TRANSPORTATION,	H19-25-103 - Service, Waste Removal Services	
H19-25-103	INC.	Throughout CCH	11/30/2024
H18-25-008	MAXIM HEALTHCARE SERVICES INC	H18-25-008 - Service, Temporary Staffing	11/30/2024
H18-25-114	Kore SAE	H18-25-114 - Service, Temporary Staffing	11/30/2024
	Praxair now 'Linde Gas and Equipment		
H20-25-023	Inc.'	H20-25-023 - SERVICE, MEDICAL GAS	12/8/2024
H22-25-164	AB Staffing	RADIOLOGY STAFFING SERVICES	12/31/2024
		H21-25-034_SERVICE, REFERENCE	
H21-25-034	Quest Diagnostics	LABORATORY TESTING	12/31/2024
		H22-25-052_ Services_Locum Tenens and AP	
H22-25-052	Maxim Physician Resources	Staffing	2/14/2025
		H20-25-063 - Waste Removal for Medical,	
H20-25-063	Stericycle	Hazardous, Sharps and Pharma Waste	3/31/2025
		H16-72-052 - Service, Certification, Maintenance,	
H16-72-052	Linde Gas	and Repair of Medical Gas Systems	3/31/2025
	CORPORATE CLEANING SERVICES		
H17-25-037	INC	H17-25-037 - Service, Window Cleaning	5/31/2025
		H22-25-095 Services, System-Wide Pest Contract	
H22-25-095	Orkin	Services (Orkin)	5/31/2025

















# **HEALTH PLAN SERVICES**

**Lead Executive:** Aaron Galeener, Chief Administrative Officer, Health Plan Services

**Report Date:** November, 2024 **Report Date:** December 13, 2024

Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

#### **NCQA** Reaccreditation

CountyCare is accredited by the National Committee of Quality Assurance (NCQA), a best practice and requirement of our contract with Healthcare and Family Services. In November, CountyCare received final confirmation of successfully securing NCQA reaccredited status. This accomplishment is the result of the unwavering dedication and collaboration of our providers, accreditation partners, and staff, and the Health Plan's ongoing efforts to deliver high-quality healthcare services for our members that meet rigorous standards.





426,975

CountyCare's reaccreditation is based on a technical submission, HEDIS, and CAHPs scores.

09/17/2024

- Overall, CountyCare achieved 4-stars and the Health Plan earned a 93% compliance rate (122/131 standards) in its technical submission.
- CountyCare is accredited until September 2026 and has already begun work in preparation for its 2026 reaccreditation.

















# **HEALTH PLAN SERVICES**



#### **Health Equity, Community Health & Integration**

#### **Community Transitions Initiative (CTI)**

Through the State's Community Transitions Initiative, CountyCare receives incentive payments for the successful transition of members living in Nursing Facilities and Specialized Mental Health Rehabilitation Facilities (SMHRFs) into the community. The goal of the CTI program is to decrease the over-reliance on long-term nursing care when community-based options are desired by the member and available.

CountyCare works in collaboration with the University of Illinois at Chicago College of Nursing (UIC-CON) and the Department of Human Services (DHS). The CountyCare care management team has established a community transition team model and workflows to identify qualified members and transition them into community settings.

As of November, CountyCare had successfully transitioned 42 members from long-term care settings into the community, a huge accomplishment and meeting the Health Plan's 2024 state target. This also exceeded the number of members transitioned each year through the CTI program since its inception in 2021. In 2023, 38 members were transitioned and in 2022 15 members were transitioned into the community.



## **Member Experience**

#### CountyCare in the Community

In 2023, in anticipation of the resumption of Medicaid redetermination following the end of the public health emergency, CountyCare developed an outreach team to support members with redetermination and ensure that the health plan was present within the community. CountyCare is proud of the accomplishments of our community engagement in 2024:

- Between January and October 2024, CountyCare hosted over 200 redetermination events (5 per week) at clinics throughout Cook County. Over 11,800 people were served at these events, including 9,300 CountyCare members. <u>Between March 2023 and June 2024, as compared to the state percentage change of -12%, our health plan experienced a percentage change -5% for the same period. CountyCare's overall retention rate was 85% during the great unwinding.</u>
- CountyCare held a Men's Health Fair and Women's Health Fair at Provident Hospital to close care gaps.

















# **HEALTH PLAN SERVICES**

- CountyCare hosted its first CountyCare Baby Shower at Provident. CountyCare provided essential baby items, community partners provided critical information and Cook County Health providers spoke about prenatal and postpartum care. Forty-two individuals attended the event with an overall positive response from members.
- The Cook County Department of Public Health and CountyCare are hosting events every Saturday between October 19 and February 22 to provide free COVID-19 and flu vaccinations at clinics in Suburban Cook County.
- In November and December, CountyCare hosted 17 Turkey Giveaway events in partnership with Cook County Commissioners. At each event, 200 turkeys were distributed with two sides

Community engagement will continue to be of focus in 2025, building on the great work carried out by the team in 2024.



#### **Growth, Innovation & Transformation**

#### **Open enrollment**

Each year Medicaid members have the opportunity to select a new health plan, and members stay with their existing plan if they take no action at their open enrollment date. Forty-nine percent, or over 207,000 members will go through open enrollment between January and May 2025. As such, CountyCare has launched its CountyCare Rewards You open enrollment campaign. The CountyCare Rewards You is an omnichannel campaign that launched in September and will go through May of 2025. It includes digital (e.g., social media), out of home (e.g., billboards, bus shelters), and video assets (e.g., broadcast and streaming). The health plan also launched a new campaign webpage that promotes the health plan and its Rewards Program.



## **Optimization, Systemization & Performance Improvement**

#### Strategic Partnership Reviews

CountyCare leadership meets each quarter with its value-based partners, federally qualified health centers, and health and hospital systems to provide strategic updates on CountyCare, quality performance and opportunities for collaboration, cost and utilization data, and support. Between January and November 2024, CountyCare had completed over 30 Strategic Partnership Reviews. Strategic

















# **HEALTH PLAN SERVICES**

Partnership Reviews have opened new opportunities for communication and collaboration with our network providers.



#### **Workforce: Talent and Teams**

#### Team retention

The Health Plan Services team grew significantly between 2023 and 2024, and CountyCare focused on team retention and satisfaction in 2024. In FY2024, Health Plan Services had a 94.4% retention rate, measured by the employees on the first day of the fiscal year that were still employed at the fiscal year end. Activities to improve team satisfaction included:

- An active Health Plan Services Staff Engagement Committee that meets throughout the year to plan and implement programming to make Health Plan Services an even better place to work. In 2024, the Staff Engagement Committee introduced new engagement programming, including Professional Headshots, a Field Day, and Midday Mingles (a series of events during the lunch hour that allow staff to connect and unwind).
- Monthly "Lunch and Learns" on topics related to Health Plan operations and clinical care.
- Three Health Plan Services Townhalls that provided critical information on team accomplishments, kudos, and upcoming changes in the department.
- A monthly Health Plan Services orientation for new team members providing an overview of the department and strategic initiatives.

In 2025, Health Plan Services will utilize the results of the Employee Engagement Survey conducted over the summer to implement improvements in alignment with team feedback.



#### **Fiscal Resilience**

#### **Medical Cost Action Plans**

In 2024, CountyCare implemented several key cost savings initiatives, or Medical Cost Action Plans, that will continue to generate savings in 2025. The most critical initiatives in 2024 included:

- Transition to a new non-emergency medical transportation partner.
- An increase in investment earnings.
- Enhanced contract with a key physical therapy provider.
- Fraud, waste, and abuse and payment integrity recoveries.



















# **HEALTH PLAN SERVICES**

In 2025, CountyCare plans to focus on value-based contracting and risk adjustment strategies to continue to improve quality care and reduce unnecessary healthcare costs.

#### **Human Resources Recruitment**

Of the 102 FY2024 positions in recruitment, 74 (73%) of requisitions have been hired, 9 positions have interviews in progress, and 3 new hires are on track to start in the coming weeks. Since last month's update, 4 new team members have been hired. Health Plan Services is continuing to prioritize staff recruitment to ensure the continued success of the plan.

28	74	5	9	8	2	3
Current Requisitions *Excludes Hired, On Hold, Pre- Recruiting, Fellowship - In Dept	Total Hired	Validation in Progress	Interviews in Progess	Open Interviews Greater than Two Weeks	Submitted DTH4 Older than 5 Days	New Hires Starting Soon *Offer Accepted/Hired Status

## **Budget**

Health Plan Services' November membership of over 418,200 members was higher than the monthly average budgeted projection of 391,000. The net impact of revenue and expenses remains balanced and within budget. Please see the actual expenditures and budget through November 2024 on the following page:

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4896 - Health Plan Services						
CONTRACTUAL SERVICE Total	3,324,120,696	3,321,565,901	444,498	3,322,010,399	2,110,297	99.9%
<b>OPERATIONS &amp; MAINTENANCE Total</b>	7,748	5,572	-	5,572	2,176	71.9%
PERSONAL SERVICES Total	46,212,543	43,117,960	622	43,118,582	3,093,961	93.3%
4896 - Health Plan Services Total	3,370,340,987	3,364,689,433	445,120	3,365,134,553	5,206,433	99.8%
Grand Total	3,370,340,987	3,364,689,433	445,120	3,365,134,553	5,206,433	99.8%

#### **Procurement**

Service	Vendor	Description	Type of contract	Contract end date
Interoperability and Patient Access	1Up Health	Centers for Medicare and Medicaid required interoperability and patient access technology services.	Procurement	02/28/2025



















# PROVIDENT OPERATIONS

**Lead Executive:** Arnold F. Turner, M.D., Chief Hospital Executive

**Report Date:** November, 2024 October 18, 2024

## **Strategic Initiatives • OKR Highlights • Status Updates**



### Patient Safety, Clinical Excellence & Quality

- Lab upgrades: A new urine analyzer brought online, and hematology analyzer received and being calibrated.
- The speech pathology department initiated video swallow studies.
- The Left Without Being Seen (LWBS) rate for November was 1.14 lower than the national benchmark of 2%. The LWBS rate is to end the year with under 2%.



## **Health Equity, Community Health & Integration**

Provident held a Lung Cancer Awareness Fair with 57 participants.



#### **Patient Experience**

- Elevator modernization project: This modernization began with targeted completion in 12/2024.
- Thirteen new wheelchairs were received, and a deployment plan was developed.



## **Growth Innovation & Transformation**













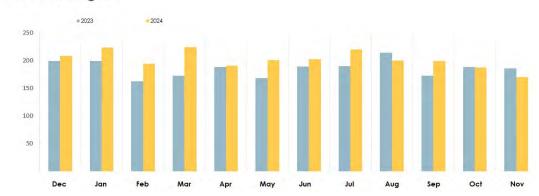




# PROVIDENT OPERATIONS

- The observation unit construction and operational review were completed. The unit opened on 11/08/2024.
- Plastic surgery opened a clinic in Sengstacke Specialty Clinic on Thursday mornings.
- The 8 West discharges will surpass FY 2023 total.

## 8 West Discharges



24



## **Optimization, Systemization & Performance Improvement**

- The Sterile Processing Department renovation began with removal of the cart washer and the assembly of the new cart washer. A new sterilizer and instrument washer will be installed.
- Provident participated in the Surgery Optimization Kickoff and is now engaged in the workgroups developing a system approach to surgical services.
- Provident sent almost 2100 units of IV solutions to Stroger to support their operations.



#### **Workforce: Talent and Teams**

Provident held an High Reliability Organization session on patient harm on 11/13/2024.



















# **PROVIDENT OPERATIONS**

Corporate Compliance had a staff meet and greet at Provident.

\$		Fis	scal Resilience	
YTD (Oct 2024) (in 000,000)	Actual	Budget	Difference	%
Net Pt Rev	\$59.5	\$54.7	\$4.8	8.8%
Total Operating Rev	\$62.0	\$55.1	\$6.9	12.5%
Operating Costs	\$96.2	\$105.1	(\$8.9)	-8.5%
Profit/Loss	(\$34.2)	(\$50.0)	\$15.8	31.6%
	Lab	or		
Salary	\$32.7	\$37.6	(\$4.9)	-13.0%
Contract	\$13.0	\$11.9	\$1.1	9.2%
<b>Total Labor Cost</b>	\$45.7	\$49.5	(\$3.8)	-7.7%

#### **Analysis:**

Revenue is favorable to budget by over 12% while Operating Costs are favorable to budget by over 8% producing an Operating Loss that is favorable to budget by over \$15m (almost 32%).

Labor costs (Salary + Contract) is favorable by \$3.8m (almost 8%).

#### **Human Resources Recruitment**





















## **Budget**

			Expenditures			
			Obligations	(Expenses +		
Office	√ FY24 Budget	Expenses	(BPA's/PO's)	Obligations)	Funds Available	% Expended
• 4891 - Provident Hospital of Cook County	45,679,380	37,077,755	1,328,611	38,406,366	7,273,014	84.08%

• Revenue is favorable to budget by over 12% while operating costs are favorable to budget by over 8% producing an operating loss that is favorable to budget by over \$15m (almost 32%).

## **Procurement**

There are no contracts due to expire in the next 6 months.



















# STROGER OPERATIONS

**Lead Executive:** Donnica Austin-Cathey, Chief Hospital Executive, Stroger Hospital

**Reporting Period:** November 2024 **Report Date:** December 16, 2024

Strategic Initiatives • OKR Highlights • Status Updates



### Patient Safety, Clinical Excellence & Quality

- Stroger average variance-to-expected Geo-mean Length of Stay for October 2024 is 1.54 which is favorable to the Goal of 1.73.
- The Emergency Department Volume for October 2024 was 7,876 with the Left Without Being Seen (LWBS) % at 1.01, beating the national average.
- The implementation of the Mag View Mammography tracking system is 90% complete. The tracking system will automate the current manual process for tracking the mammography patients' findings across CCH by categories, generate reminder letters and follow up appointments. Our full implementation should go live in January 2025.
- Stroger's Labor and Delivery was chosen by Illinois Perinatal Quality Collaborative (ILPQC) to be awarded a scholarship for Team Birth to come in to train all RNs and providers. The program will start late 2025.
- The Rehab Division is currently exploring options with outpatient Pediatrics to keep sensory kids occupied in the waiting areas.



## **Health Equity, Community Health & Integration**

The Imaging department is collaborating with the medical staff, Ambulatory Services, Business
Intelligence and Financial Services in the development of the Cook County Birthday Screening
Programs for "free annual prostate health screening and/or Breast & Prostate screening" during
the resident's birthday. We presented a plan to expand services at our Arlington, Prieto,
Provident and Stroger Breast Imaging locations.

















# STROGER OPERATIONS



#### **Patient Experience**

- The Stroger Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Top Box Score for Rate the Hospital was 71.39 in November, continuing the trend up over the last four months.
- The monthly HCAHPS Top Box Score for Doctors Doman has been trending up as well with 87.68 for the month of November.
- The rolling 12-month HCAHPS Top Box Score for Communication with Nursing Domain was 70.98 through November 2024.



#### **Growth Innovation & Transformation**

- The 2<sup>nd</sup> Mobile MRI unit went live November 18, 2024. The hours of service are Monday Friday 0800-1600. The 2<sup>nd</sup> Mobile MRI Unit increased our scheduling capacity by 30 additional outpatient appointment slots per week with a combined total increase of 60 additional outpatient slots per week. Current wait time appointments on the Mobile MR Units are under 3 weeks (if patient meets criteria).
- The Imaging team is currently reviewing and recommending CT, IR, CT Simulation and MRI equipment. They anticipate selection of a vendor by the middle of January 2025.
- We continue to see our deliveries increase with 111 deliveries in November 2024. The volume remains 30% higher than previous fiscal year.



#### **Optimization, Systemization & Performance Improvement**

- The Rehab Division has been meeting with HIS and Cerner regarding outpatient video orders in radiology fluoroscopy queue. The team has been resolving issues related to patient scheduling.
- The Rehab Division is currently working to reopen Clinic N to expand our services. The supply room has been stocked and transportation has been notified of the new area.

















# STROGER OPERATIONS

- The Imaging Department continues to collaborate with Eviden Consulting to analyze the current state and assist with the development of plans to improve and optimize the current workflow process in 2025.
- Nurse Bed Coordinators partnered with Buildings and Grounds and the Chair Alarm committee of the Med-Surg Division are collaborating to install chair alarms to increase patient safety.



#### **Workforce: Talent and Teams**

- An Interim Director of Radiology has been onboarded.
- The Stroger Operational leaders are working with our HR Business partners to work on a conversion process of our agency staff into permanent full-time positions.
- A Burn ICU Nurse Coordinator II will start on December 16, 2024.
- Eight Registered Nurses onboarded in November 2024 and we anticipate an additional eight nurses in December.
- Nursing has continued to reduce the use of agency nurses within the Critical Care Division. The team has decreased agency by 20 RN's and will continue to work with HR regarding new hires.



#### **Fiscal Resilience**

- The Rehab team has been reinforcing Medicare guidelines on initial evaluation vs. re-evaluations in the inpatient setting.
- The Imaging Department leadership continues to collaborate with the Director of Revenue Integrity to review the charges and workflow process in the Radiology Oncology Department.
- The Interventional Radiology (IR) Department continues to collaborate with the revenue Integrity Team in assessing the charge capture workflow in the IR Department. The goal is to implement our process by the end of first guarter 2025.

#### **Human Resources Recruitment**



















744

Current Requisitions
\*Excludes Hired, On Hold, PreRecruiting, Fellowship - In Deat

675

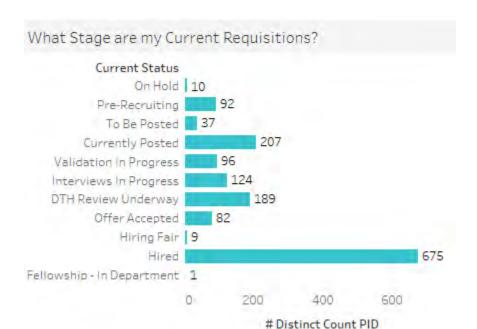
96
/alidation in Progress

124

62
Open Interviews Greater than Two

22 Ubmitted DTHs Older than 5 Day: 59

New Hires Starting Soon
\*Offer Accepted/Hired Status



## **Stroger Budget**

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4897 - John H. Stroger Jr. Hospital of Cook County Total	1,103,453,925	860,010,494	64.036.668	924,047,161	179.406.764	84%

















Cook County Health and Hospitals System Minutes of the Board of Directors Meeting December 20, 2024

ATTACHMENT #2

# **Nursing Operations Update**

Beena Peters, DNP, MS, RN, FACHE, FABC Chief Nursing Executive

December 2024



# Nursing Priorities 2019- 2024)







Efficient & Effective Nursing Care
Delivery Mode



Workforce Planning, Development & Engagement



Patient Experience



Growth, Innovation & Transformation



Optimization, Systemization & Performance Improvement





# Patient Safety, Clinical Excellence & Quality



Acute Care- Nurse sensitive quality outcomes are the best measures of safe care and effectiveness Nursing practice. System Wide: Stroger + Provident

Nurse Sensitive Quality Indicators ( 2019-2024: annualized)	Outcome	Impact
HAPI	97% reduction	Top 10 <sup>th</sup> percentile performer nationally. Cost avoidance - ~ \$ 14 M
Falls with injury	49% reduction	Top 10 <sup>th</sup> percentile nationally at Provident 4 out of 4 quarters Below the national mean 3 out 4 quarters Cost avoidance - ~ \$ 8.2 M
CLABSI	57% reduction	Below the national mean for 3 out of 4 quarter in the last year.  Cost avoidance ~ \$ 1.9
CAUTI	50% reduction	Below the national mean for 3 out of 4 quarter in the last year. avoidance ~ \$ 400K
Restraint Utilization	Eliminated the use of leather and vest restraints	Below national mean – 7/8 quarter
Nurse Communication domain	Needs improvement	Needs improvement
Medication scanning	Ongoing compliance based on goal for month of October 96% compliance with med scanning and 97% compliance with wristband scanning.	Leapfrog measure - B

~ \$ 24.5 M

- Average cost per HAPI incident- ~ \$43,000/incident
- Average cost per fall with Injury ~ \$ 64, 500/incident
- Average cost per CLABSI ~ \$ 48,000/incident
- Average cost per CAUTI ~ \$ 13,800/incident

Cost source data

– AHRQ & Health
leaders



# Patient Safety, Clinical Excellence & Quality



# Ambulatory Nursing

- Hiring RNs into the virtual urgent care with training on telephone triage
- Working with operations to update clinic staffing plans aligned with service line needs
- MA students from Malcolm X each semester, with MA preceptors
- Senior nursing students have begun their last clinical experience in our ambulatory clinics
- Community clinics distributing naloxone inhalation kits and training individuals on their use
- Pathway to excellence, the standards, and Professional Shared Governance

# Correctional Health and CCDPH

- Nurse-driven protocols
- Nursing Video Home visit programs
- LPN Direct Observation Therapy (DOT)
- Community Health workers Integration to APORs follow up visit by Nurses
- Establishment of Correctional specific Nursing Quality programs
- Keep on Person Medications (KOPs) practice change

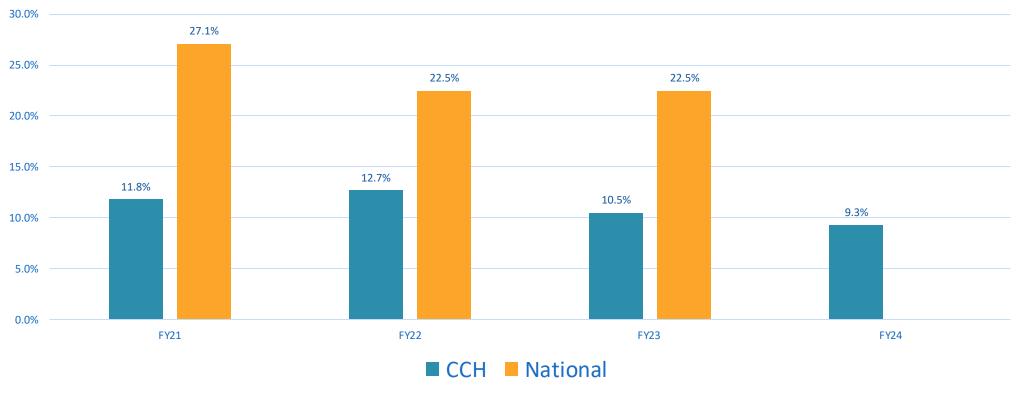


# **CCH vs National Average**



# **Direct-Care RN Annual Turnover Percentage**







# Journey to Workforce Planning & Development & Engagement 🔞 HEALT



- Nurse Residency Program
- Nursing externship Program Graduation
- ANCC APP Fellowship
- Nursing Preceptor training Program over 200 staff
- Journal Club
- Nursing Grand rounds
- Second Nursing School Summit
- Nursing Certification initiatives 22 % of CCH RNs are specialty certified
- ANCC CE Accreditation
- Nursing best practice presentations and Recognition
- IONL Nurse Manager Fellowship Program











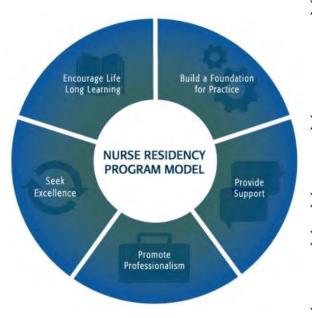






# Vizient/American Association of College of Nursing Residency Program





- 12-month program that supports the new graduate RN to transform from a novice nurse to a proficient/expert nurse.
- Utilizes evidence-based best practices to enhance the clinical practice setting.
- Allows participants clinical reflection time.
- EBP projects are developed, implemented,
   evaluated and then presented during graduation.
- All new graduate CCH nurses are enrolled upon hire.



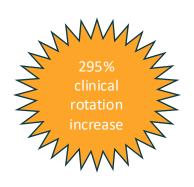


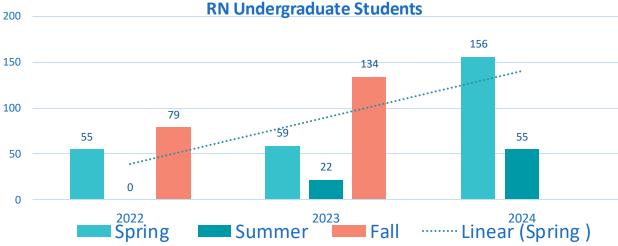
# **CCH Annual Nursing School Summit**



# To Build The Future CCH Workforce

- Created collaboration with Education institutions to address CCH's future workforce needs.
- Expanding our Clinical opportunities to Correctional Health and Provident.
- Other clinical opportunities for Patient Care Technicians, Surgical Technicians, and Medical Assistants.





- 31 affiliations for Undergraduate Nursing
- 759 clinical students projected for 2024
- 28 affiliations for Graduate Nursing

First CCH Nursing School Summit 2023: more than 18 Healthcare education institutions/universities across the Midwest







# **Student Nurse Extern (SNE) Program**



Opportunity for Nursing Students to practice nursing skills while focusing on assessment, critical thinking and communication as a hospital employee.

# **Program Specifics**

- 16-week program
- Annually (Summer)
- Individualized department assignment
- Reported clinical interests





# **Engagement Score by Position**





## **Nursing - RN [625]**

Non-clinical Professional [379]

Management [420]

Clerical [293]

Advanced Practice Provider [83]

Clinical Professional [490]

Nursing - Other [255]

Licensed Technical [150]

Physician [303]

Skilled Maintenance [20]

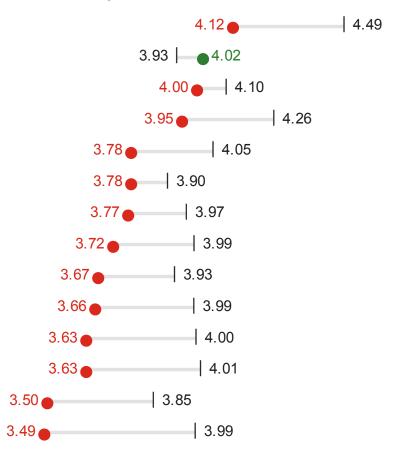
Service [81]

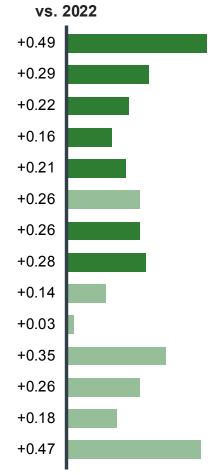
Non MD Advanced Degree [103]

Security [12]

vs. Benchmark (|): ● Below ● Above
Statistically Significant: ● Yes ○ No

## vs. Sub-Group Nat'l Benchmark



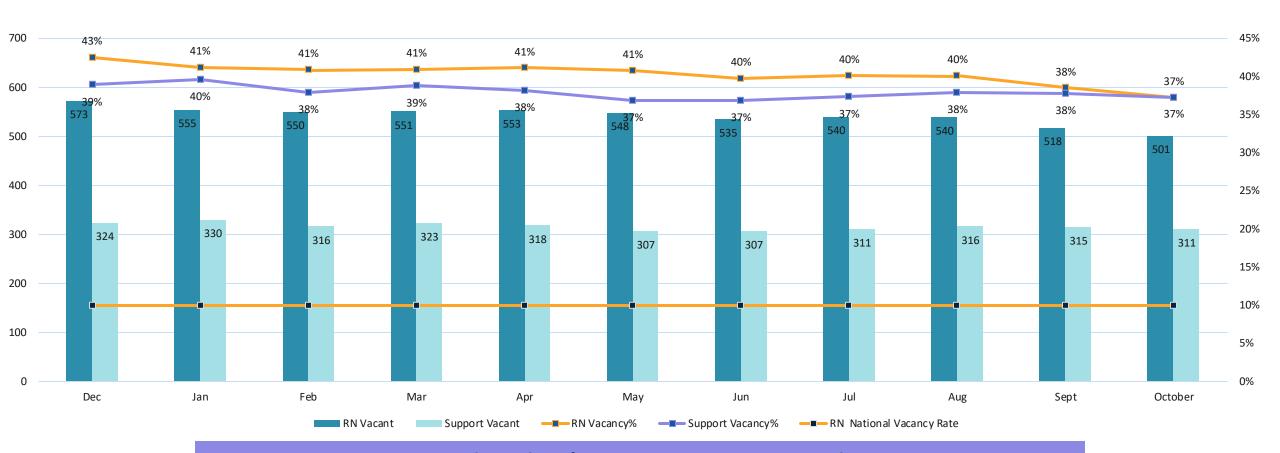


Dark shading indicates that change from last survey is statistically significant (alpha = 0.05).

# **FY 24 Nursing Direct-Patient Care Vacancy**



# Stroger, Provident, Correctional Health and Ambulatory





# **Actions in Motions for 2025**





# **ANCC Designations**



# **Pathway to Excellence**

The organization should demonstrate the six standards and a positive practice environment

- Shared Decision-Making
- Leadership
- Safety
- Quality
- Well-being
- Professional Development
- One year application period and RNs will receive a survey from ANCC.



# Pathway to Excellence Journey





Step-1
 Shared Decision-making Structure
 Culture of Positive Practice

**Environment** 

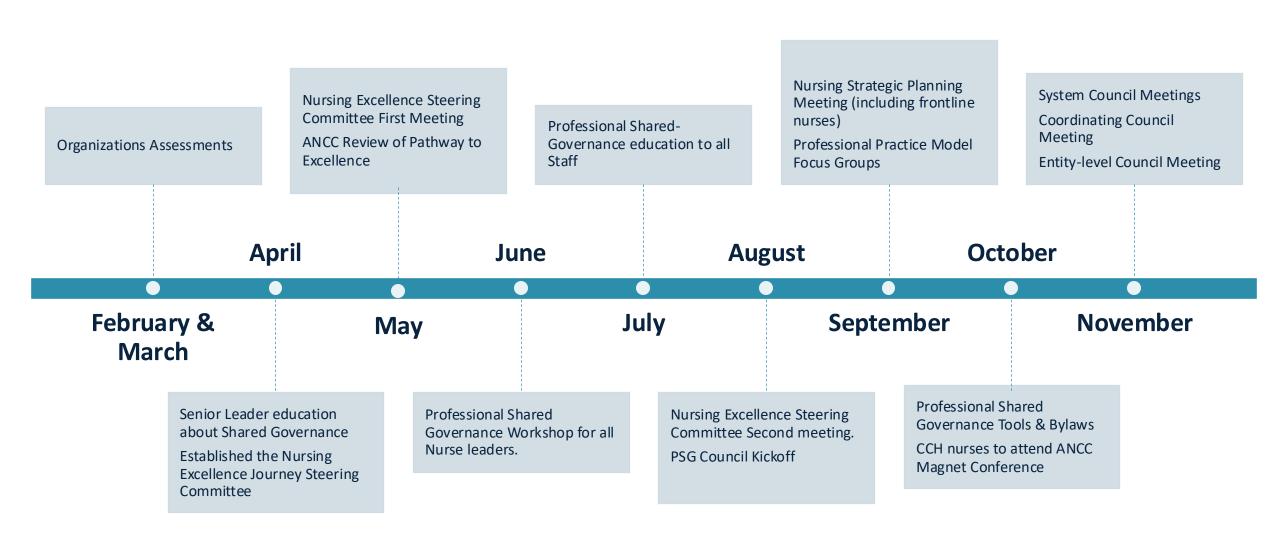
Step-3

Step-2

 Finalize the application timeline for each entity

# **Nursing Excellence Journey**

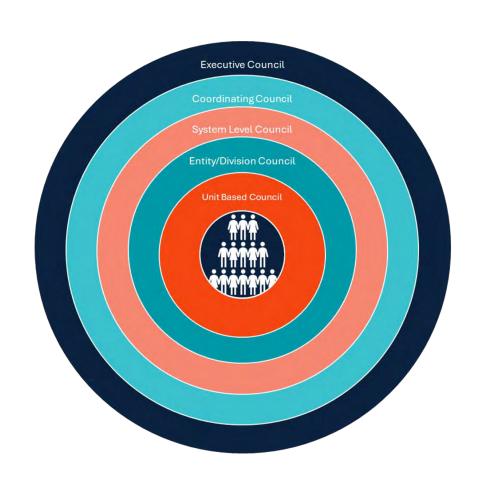






# **CCH Professional Shared Governance Model**

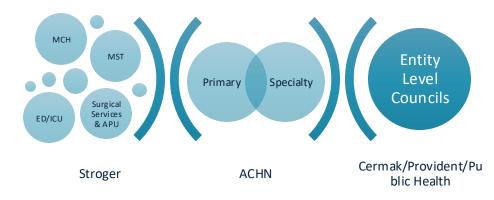




**CCH Nursing Professional Shared-Governance Model** 

# Clinical Practice Well-Being Leadership Quality & EBP & Professional Development APRN

# **Entity-Level Councils**





# **Professional Shared Governance Kick-off**



# August 28, 2024







# **CCH Nursing EBP & Research Center**



# Evidence-Based Practice Internal & External Presentation

## Shirley Ryan Innovations in Clinical Inquiry Conference-Poster Presenters

Bernadine Okeh (people's Choice Award) Nimmy Tom Gins Thachil Nicole Mattes Simi Joseph

# Northwestern medicine EBP & Research Symposium-Poster Presenters

Bernadine Okeh (Most Impactful)) Nimmy Tom (Best Collaborative) Gins Thachil Simi Joseph

#### **Nurses Week Poster Day 2024**

39 Posters
Congratulations to all & the winners!
Electronic Posters-Intranet HOME page

Resource Page-State & National Conference Dates

# System Nursing EBP & Research Committee/Council

- •36 Applicants
- System Committee
- Stroger Committee

# **NERC Resources**

**Share Point(Nursing Innovation & Research Center)** 

**Team sites** 

**Submission Forms** 

- Abstract Review
- Student Proposal
- Study Results
- Publication request

## **Dashboard**

- Inquiry Tracking Form
- Email: NursingInnovationandResearchCenter@ cookcountyhealth.org

# **Nursing Research**

- A Cross-sectional Study to Explore healthcare providers Wellness: Current Challenges & Gut health
- Nursing Research & EBP Conference
- Planning Phase









# **Beacon Award Application For 2025**



The units are required to provide supporting evidence that includes the following dimensions:

- Predetermined quantitative data measures (2024)
- Specific Process Measures
- Healthy work Environment Assessment Tool (HWEAT) scores (2024)
- Qualitative measures-unit exemplars (total of 6 stories)

Stroger & Provident Critical Care Division

- -Administer HWEAT survey in September 2024
- -Application open February 2025-Aug 31





# **Nurse Innovation Fellowship Program**



by

Johnson & Johnson, Wharton School & Penn Nursing

- The Johnson & Johnson Nurse Innovation Fellowship Program, powered by Penn Nursing and the Wharton School, is a one-year, team-based nursing fellowship whose goal is to advance healthcare by empowering nurse-led innovation and leadership within health systems.
- Human-centered design is the process used to create a platform for innovation and improvement.
- Johnson & Johnson offers a comprehensive playbook of educational resources and templates to guide participants through the Human Centered Design process.







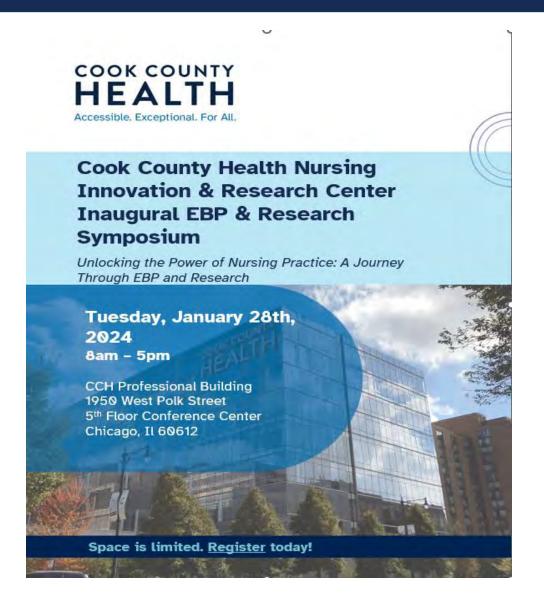


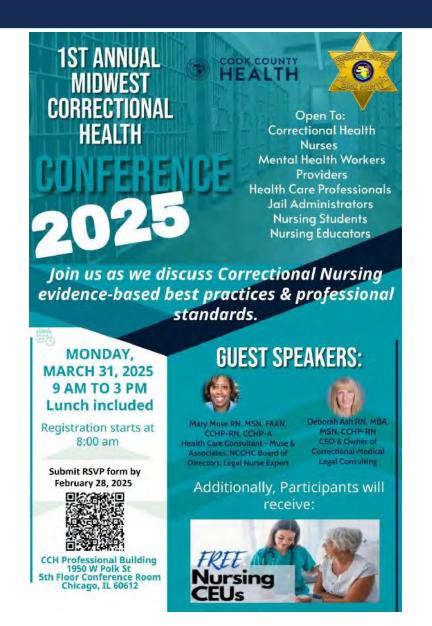




# **Midwestern Nursing Conferences**







Thank you!



Cook County Health and Hospitals System Minutes of the Board of Directors Meeting December 20, 2024

ATTACHMENT #3

# FY23-24 Strategic Plan Update Fy25 Strategic Goals

Andrea Gibson

**Chief Strategy Officer** 

December 20, 2024



## Agenda

- 1. FY23-FY24 Strategy Updates
- 2. FY25 Goals
- 3. FY26-28 Strategic Planning Process



## CCH Strategies FY2023 and FY2024 Patient, Safety, Clinical Excellence & Quality

#### **Provider**

- ✓ Achieved increased Stroger rating from Leapfrog rating to a "B"
- ✓ Provident and Stroger Joint Commission reaccreditation
- ✓ Cermak achieved National Commission on Correctional Health Care accreditation
- ✓ Established new services (e.g., transcatheter mitral valve repair, transcatheter aortic valve replacement, neurocritical ICU, continuous EEG)
- ✓ Continued growing comprehensive services lines for oncology, cardiovascular, neurology, maternal/child
- ✓ Entered into value-based care agreements
- ✓ Launched robotics-assisted surgeries and Ion-Robot Assisted Bronchoscopy
- ✓ Improved quality metrics (Re-admissions, Palliative Consults, LWBS, Hand Hygiene, etc.)
- ✓ Expanded virtual care with over 2,500 visits provided through express care

✓ Created agreements with 5 Skilled Nursing Facilities for CareLink population

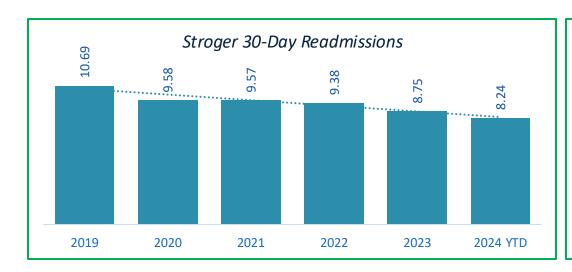
#### **Health Plan**

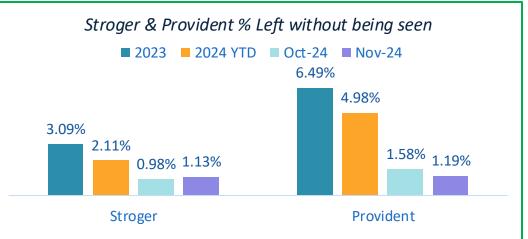
- ✓ Achieved a 4-Star rating from the National Committee for Quality Assurance (NCQA)
- ✓ Achieved NCQA reaccreditation
- ✓ Established use of predictive analytics to enhance kidney disease care
- ✓ Expanded coverage for root canals, orthodonture, eating disorders

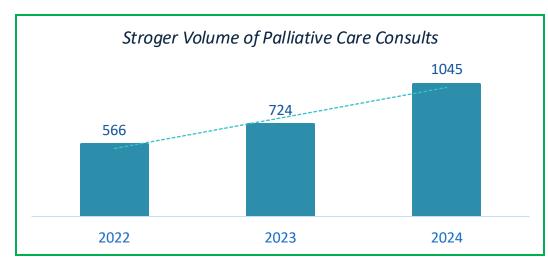


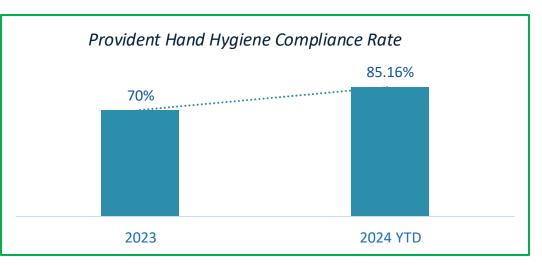
### **Inpatient Quality Metrics for FY2023-FY2024**







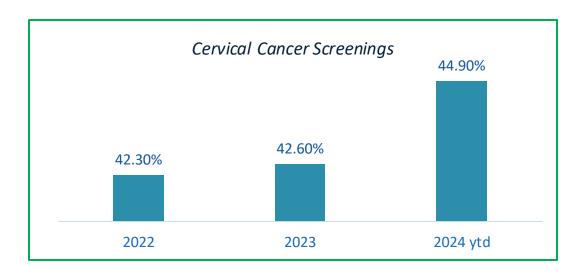


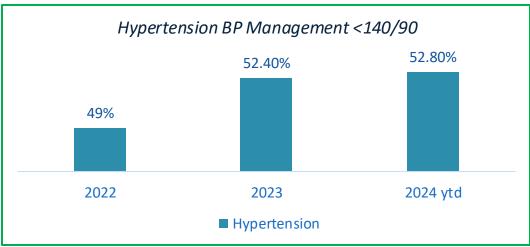




#### **Data Sourced:**

### CCH Outpatient Quality Outcomes FY2023-24







### **CountyCare Quality Results**



HEDIS 2023 focus on maternal and child health (MCH), behavioral health (BH), and primary care provider (PCP) engagement

Priority measure	Category	MY2022	MY2023
Adult Access to Preventive/Ambulatory Services (Total)	PCP	69.56%	70.76%
Well-Child Visits (Total)	PCP	50.73%	54.36%
Follow-Up After Hospitalization for Mental Illness (7-day)	ВН	23.10%	23.55%
Follow-Up After ED Visit for Mental Illness (7-day)	ВН	41.64%	38.89%
Prenatal and Postpartum Care – Prenatal Care	MCH	84.23%	86.89%
Prenatal and Postpartum Care – Postpartum Care	MCH	76.70%	81.64%



### FY2025 Goals: Patient Safety, Clinical Excellence & Quality



**Objective: Improve quality metrics for patients and CountyCare members** 

### **Key Results**

- Improve quality ratings (e.g., attain a Leapfrog A and CMS 3 Star ratings at Stroger, improve Leapfrog data metrics at Provident, achieve mental health accreditation/Pinnacle award at Cermak, achieve NCQA 4.5-star rating for CountyCare)
- Improve quality metrics (e.g., reach value-based care contract metrics; train 100% of residents and trainees on clinical documentation; Reduce length of stay, mortality, readmissions, excess days)
- Make progress on the nursing Pathways to Excellence initiative by executing a shared governance structure, finalizing a nursing care delivery model, expanding NDNQI reporting, and completing one entity application



### **CCH Strategies FY2023 and FY2024**

### **Health Equity, Community Health & Integration**

## **(**

### **Provider**

- ✓ Served health needs of thousands of new arrivals
- ✓ Implemented Fentanyl testing in the lab
- ✓ Updated language services equipment
- ✓ Cermak Opioid Treatment Program Re-accreditation
- ✓ Expanded specialty services to Cermak and JTDC through onsite/telehealth
- ✓ Invested in behavioral health by establishing the Office of Behavioral Health, hosted the first-ever countywide Behavioral Health Summit, and awarded \$44M in "Stronger Together" behavioral health grants. Conducted a behavioral health community needs assessment, a workforce symposium and advanced Narcan distribution and training strategies
- ✓ Opened food pantry at Belmont Cragin
- ✓ Provided housing navigation, stability services, and medical respite to 695 patients (ARPA/CountyCare)

### **Health Plan**

- ✓ Established emergency and medically tailored meals program, enrolling over 58,000 members; awarded "Best in Class" NACO award for FoodCare program
- ✓ Flexible Housing Pool 71 housed to date
- ✓ Developed domestic violence programming
- ✓ CountyCare issued >90,000 coupons to families with a member 12 or under to redeem water filters

#### **Public Health**

- "Stronger Together" behavioral health grants. Conducted ✓ Launched CCDPH campaigns including "Boost Up", "Here a behavioral health community needs assessment, a to Hear You", "Let's Get Checked"
  - ✓ CCDPH awarded \$17M in Building Healthy Communities and behavioral health grants
  - ✓ Introduced "Every Mother Every Child", Maternal and Child Health Campaign and the "Public Health Heroes" Education Campaign
  - ✓ Conducted Narcan trainings for the community and law enforcement



### FY2025 Goals: Health Equity, Community Health & Integration



Objective: Meet the health needs of our patients, members and communities by increasing access to care, targeting the top conditions that lead to premature death, and providing support to address social risk factors.

### **Key Results**

- Attain equity certifications/accreditation (e.g., Achieve Joint Commission Healthcare Equity certification; Apply for NCQA Equity Accreditation for CountyCare)
- Increase access to care (e.g., add more telehealth and 3 onsite specialties at Cermak; Finalize behavioral health strategy)
- Enhance infrastructure to address social risk factors (e.g., expend 67% of American Rescue Plan Act Funds; open food pantry at Provident; continue to serve patients and members in supportive housing; leverage social risk screening documentation to address needed services)
- Improve impact on targeted populations through research (e.g., finalize standard categorization approach for the diversity of research participants)



### CCH Strategies FY2023 and FY2024 **Workforce: Talent and Teams**



### Hiring

- ✓ Launched "Hiring Central" intranet site to serve a one-stop hiring resource toolkit
- ✓ Established a job description library
- ✓ Streamlined elements of the hiring process
- ✓ Hired 338 through 77 job fairs
- ✓ Accelerated nursing hiring program established ✓ Created an orientation for managers
- ✓ Launched a nursing externship program
- ✓ Hosted first annual nursing summit with nursing schools
- ✓ Awarded 60 Provident Scholarship Fund awards
- ✓ Awarded 91 Provident Scholarship Fund awards
- ✓ Developed an agency request process

### Retention

✓ Implemented retention bonuses for 2,500 employees

- ✓ Employee engagement improved from 7th percentile to 21st
- ✓ Re-started patient choice awards to recognize staff members

### Performance



### **FY2025 Goals: Workforce, Talent and Teams**



Objective: Increase talent acquisition, employee retention, and performance management

### **Key Results**

- Increase talent acquisition (e.g., reduce vacancies by 20%; Reduce agency by 20%; complete workforce transition from Hektoen to CCH; establish additional workforce pipeline programs)
- Improve employee efficiency. (e.g., codify the ACHN staffing model; leverage AI tools to reduce EMR documentation time by 10%; implement an e-sitter program)
- Increase employee engagement and retention. (e.g., Expand the number of affinity-group programs by 3; Develop a system-wide "Employee of the Quarter" recognition program; Complete 12 internal podcasts)
- Enhance performance management (e.g., Increase employee experience and management engagement through implementation of 1:1 Conversation Performance Development Program by end of 2025).



## CCH Strategies FY2023 and FY2024 Experience



### **Provider**

- ✓ Established Patient/Family Advisory Councils
- ✓ Implemented i-Round to improve services
- ✓ Conducted C-I-Care training
- ✓ Piloted customized discharge folders
- ✓ Expanded patient portal
- ✓ Increased utilization of text messages
- ✓ Opened a discharge lounge at Stroger
- ✓ Implemented new wayfinding signage.
- ✓ Rolled out new language services equipment
- ✓ Unveiled community murals at Cermak and ACHN health centers

### Plan" category

- ✓ Successful implementation of CountyCare redetermination strategy, including over 300 Redetermination Events, achieving 85%-member redetermination during the public health emergency unwinding
- ✓ Transitioned non-emergency medical transportation with a new application and website to arrange rides

#### **Health Plan**

✓ Achieved 4 stars in CAHPS "Rating of Health



### **FY2025 Goals: Experience**



Objective: Develop systems of care and education that provide for increased patient, member and community engagement

### **Key Results**

- Improve patient experience response rate and metrics (e.g., Improve patient communication and care plan personalization to ensure patients feel heard and valued; Staff Worked Together score, nursing communication score, physician communication score)
- Improve member experience scores (e.g., CountyCare's Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores)
- Conduct gap analysis at Cermak to enhance discharge planning and services to the patients
- Launch Culture of Safety survey with a response rate goal of 40%



## CCH Strategies FY2023 and FY2024 Fiscal Resilience



### **Provider**

- ✓ Improved year-end net position
- ✓ The FY2023 Financial Audit had no material weaknesses or material deficiencies identified
- ✓ Reduced accounts receivable days from 83 to 54
- Continued progress on the revenue cycle turnaround plan
- ✓ Revamped organizational structure for professional coding, billing, collections, prior authorizations and insurance notification to bring in-house
- ✓ Updated EMR to allow for billing for Licensed Clinical Social Workers
- ✓ Integrated AI to aid in real time payer payment management
- ✓ Developed a subrecipient monitoring process

- ✓ Exceeded CountyCare member utilization of CCH services revenue targets
- ✓ Market leader in value-based care with 59% of medical spend under a VBC contract
- ✓ Secured CountyCare care coordination State per member per month payment for new arrivals
- ✓ Leveraged 340b pricing for some providers in CountyCare network



### **FY2025 Goals: Fiscal Resilience**



Objective: Ensure CCH finances enable the expansion of the mission by meeting or exceeding revenue projections and ensuring expenditures stay within budget

### **Key Results**

Achieve a net positive margin in FY2025.

- Ensure expenditures stay within budget (e.g., establish monthly process to identify monthly expenditure variances greater than 5%; Determine if there is an approach to deem Cermak to be 340b eligible)
- Meet or exceed revenue projections (e.g., increase year-over-year collection by 5%; improve year-over-year billing accuracy by 1%; meet or exceed budgeted volume expectations; reduce non-clinic cancellations at Provident by 15%; Increase domestic spend by 10% over FY2024 actuals; increase registration quality; implemented co-payment collections at ACHN locations)
- Ensure sustainability. (e.g., achieve \$25M net profit by the end of FY2025 for CountyCare; complete waiver readiness work for Cermak population; apply to the State MCO RFP/be awarded a state contract; finalize an ARPA sustainability plan)



## CCH Strategies FY2023 and FY2024 Optimization, Systemization & Performance Improvement



### **Provider:**

- ✓ Went live with new systems for policies, contract management, and inventory management
- ✓ Completed system-wide cutover to Voice Over Internet Protocol, and substantially completed a system-wide PC refresh
- ✓ Digitized credentialling applications
- ✓ Activate additional tele-tracking features to improve throughput
- ✓ Improved process to reduce backlog for GI procedures at Provident
- ✓ Service line performance dashboards completed
- ✓ Re-design of HRO/OPEX Committee Structure and improvements to the Contract Oversight Committee
- ✓ Launched Information Technology Steering Committee, Value Analysis Steering Committee, Capital Committee, Physician Compensation Committee

- ✓ Spent \$60M on new equipment including, mobile MRIs, ultrasound machines, endoscope replacement, Cermak pharmacy equipment, Sterile Processing Department upgrades, and Provident stretchers
- ✓ Spent \$66M on capital improvements, including purchase of mail order pharmacy site, Stroger wayfinding improvements, Emergency Department exterior safety, and Bronzeville construction.

### **Health Plan:**

- ✓ Provider directory launch and network system enhancements for CountyCare
- ✓ CountyCare executed over 10 new telehealth-only contracts

#### **Public Health:**

✓ Implemented telehealth visits for CCDPH nurses



## FY2025 Goals: Optimization, Systemization & Performance Improvement



Objective: Optimize our systems to ensure they are accessible, reliable, appropriate, effective, standardized and resilient.

### **Key Results**

- Improvements in administrative processes (e.g. Vizient Resource Manager and Vizient Operational Database implementation, hiring, revenue cycle, procurement, third party risk assessment, capital equipment and improvement expenditures, organizational consolidations and reorganizations)
- Improvements in clinical processes (e.g. discharges, length of stay, perioperative and procedural service, same day cancellations, signed/attested notes, implementation of Oracle Dynamic, provider productivity, electronic medication at Cermak, CountyCare health risk screenings, value based care agreements, care coordination organization)





## CCH Strategies FY2023 and FY2024 Growth, Innovation & Transformation

### **Provider**

- ✓ Implement a referral platform for external referrals, achieving 21,000 referrals by November 30, 2024
- ✓ Opened Provident 11-bed observation unit
- ✓ Expanded services to Provident including general surgery, pain, rehab services, video fluoroscopy swallow studies, permanent catheter procedure
- ✓ Providing neonatal coverage at Humboldt Health
- ✓ Acquisition, design, and construction for a new Bronzeville health center
- ✓ Design complete and construction underway for Crisis Triage Stabilization Center
- ✓ Launched Long-term facility plan process

✓ Consistent high choice member rate (>31% for those selecting a plan in Cook County) for 8 months ✓ Welcomed 34,600 CountyCare Access (Health Benefits for Immigrants Adults and Seniors) ✓ Auto-assigned County employees with a PCP to Blue Cross Medical Group, grew membership from 3,200 to 5,000

### **Public Health**

✓ Conducted gap analysis of CCDPH workforce



### FY2025 Goals: Growth, Innovation & Transformation



Objective: Expand services and infrastructure through innovation, partnerships, and technology enhancements

### **Key Results**

- Grow volumes (e.g., increase empanelment in primary care; increase Provident average daily census to be greater than
   25; increase surgical volume at Provident and Stroger; develop partnership agreements to lead to growth in specialty referrals from external partners; reduce outward-bound referrals; Increase CountyCare claims expenditure on CCH Claims)
- Diversify portfolio of products and care models (e.g., receive approval for advancing a new shared savings care models; Receive approval for advancing a new product to diversify Health Plan Services' portfolio)
- Finish capital construction (e.g., open CTSC and Bronzeville Health Center; Build out the CCDPH warehouse space and design centralized future office space)
- Expand and promote public health program outreach (e.g., Community Immunization Program, including the Vaccines for Children program)



### **Next Steps**

Implementation of the FY2025 goals December

FY2026-28 Strategic Planning Process Draft Schedule

Environmental and Market Scan; CCH Demographic and Services;

Federal, State, and Local Impact January

Managed Care Overview; Service Line Strategies February

Internal/External Stakeholder Report; Financial Outlook March

Long-Term Facility Plan April

Draft Plan to Board and Public Comment May-June

Strategic Plan Vote June/July

Strategic Plan Vote August

County Board Vote October



# Thank You





Cook County Health and Hospitals System Minutes of the Board of Directors Meeting December 20, 2024

ATTACHMENT #4

## **Human Resources Report**

Win Buren, Chief Human Resources Officer
Carrie Pramulk-Volk, Associate Chief Human Resources
December 20, 2024



## **FY 2024 Metrics**

Hiring Impact

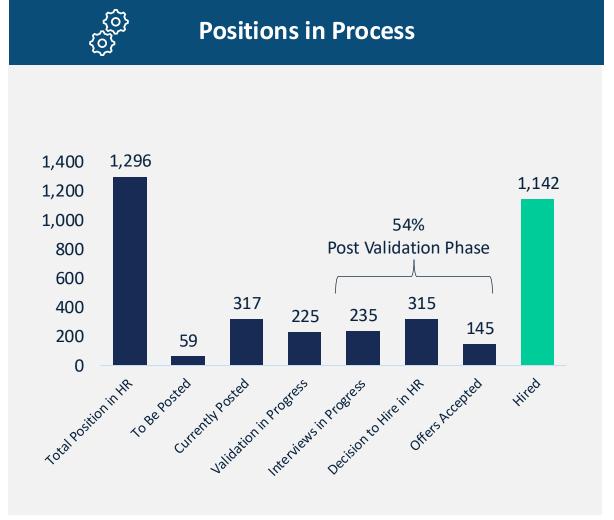


## **CCH HR Activity Report**



As of 11/30/2024





### 

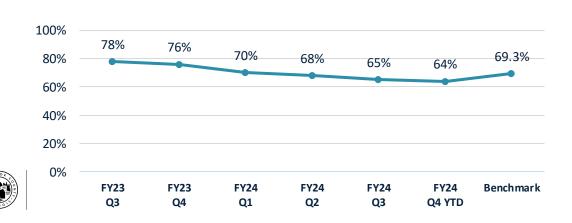


12/01/2023 thru 11/30/2024

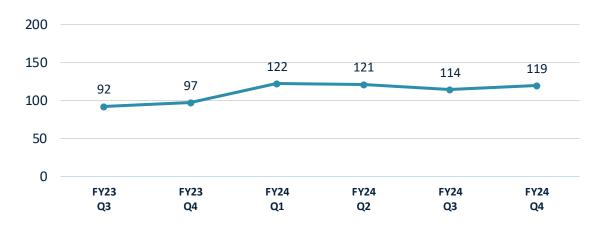
200 **Filled Positions** 1,142 **Total Filled Positions YTD 64%** Offer Acceptance Ratio



#### **Quarterly Offer Acceptance**



### Overall Time to Fill (days) Quarterly



## **Current State of Hiring & Separations**

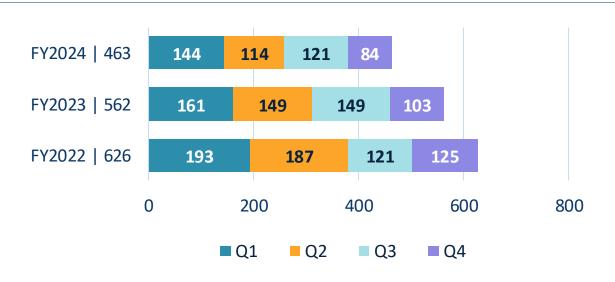


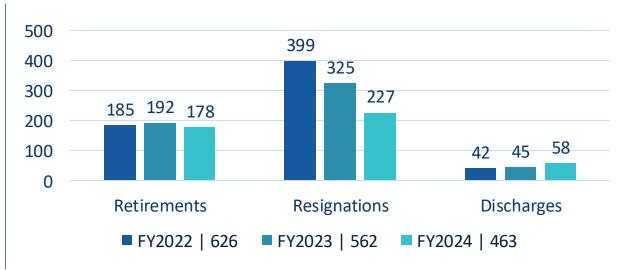






### Separations – Dec through Nov Year-Over-Year

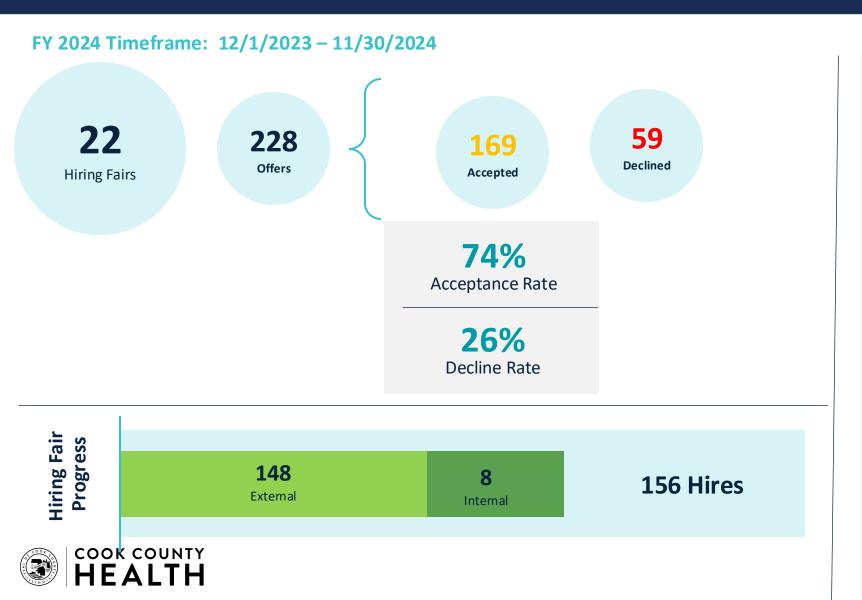


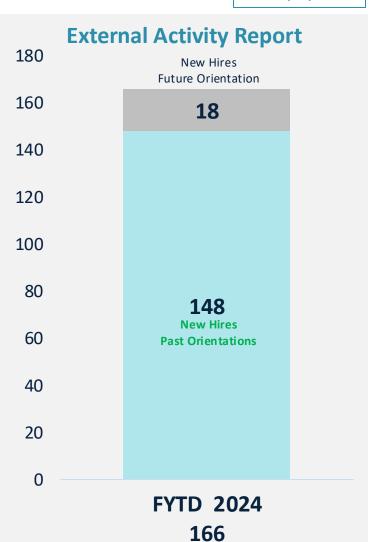


## **Hiring Fair Success**



Thru 11/30/2024



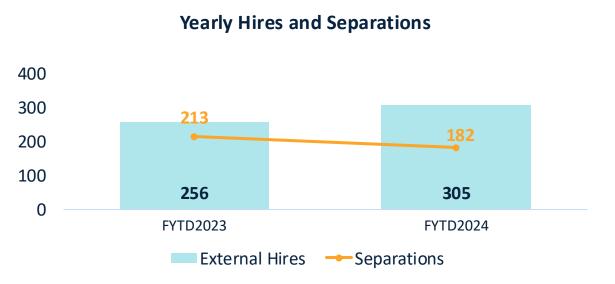


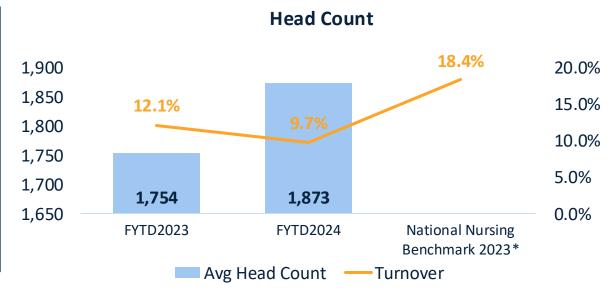
## **Nursing Hiring Velocity & Attrition**



FY24 thru 11/30/24







## **Thank You**





Cook County Health and Hospitals System Minutes of the Board of Directors Meeting December 20, 2024

ATTACHMENT #5

### Health Plan Services Update

Prepared for: CCH Board of Directors

# Aaron Galeener Chief Administrative Officer, Health Plan Services December 20<sup>th</sup>, 2024



### **Metrics**



### **Current Membership**

### Monthly membership as of December 5<sup>th</sup>, 2024

	Category	Total Members	ACHN Members	% ACHN
/	FHP	227,782	10,125	4.4%
	ACA	105,656	11,277	10.7%
	ICP	31,405	4,614	14.7%
	MLTSS	9,728	1	0%
	SNC	7,698	337	4.4%
	HBIA	17,313	3,026	17.5%
	HBIS	4,757	1,181	24.8%
	HBIC	14,855	1,205	8.1%
	Total	419,194	31,765	7.6%

**ACA:** Affordable Care Act

**FHP:** Family Health Plan

ICP: Integrated Care Program

**MLTSS:** Managed Long-Term Service and Support (Dual Eligible)

**SNC:** Special Needs Children

HBIA/HBIS/HBIC: Health Benefit for Immigrant Adults/Seniors/Children



### Managed Medicaid Market

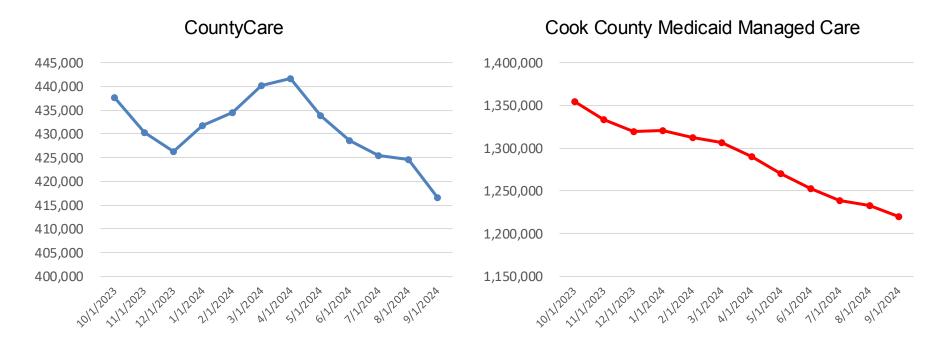
Illinois Department of Healthcare and Family Services September 2024 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	416,605	34.2%
Blue Cross Blue Shield	336,915	27.6%
Meridian (a WellCare Co.)	262,306	21.5%
IlliniCare (Aetna/CVS)	111,150	9.1%
Molina	84,549	6.9%
YouthCare	8,389	0.7%
Total	1,219,914	100.0%



<sup>\*</sup> Only Operating in Cook County

## IL Medicaid Managed Care Trend in Cook County (charts not to scale)



- CountyCare's enrollment decreased 1.91% in September 2024 compared to the prior month, and is higher than Cook County's decrease of 1.09%.
- CountyCare's higher-than-normal decrease for September is due to redetermination of HBI members

Source: Total Care Coordination Enrollment for All Programs | HFS (illinois.gov)

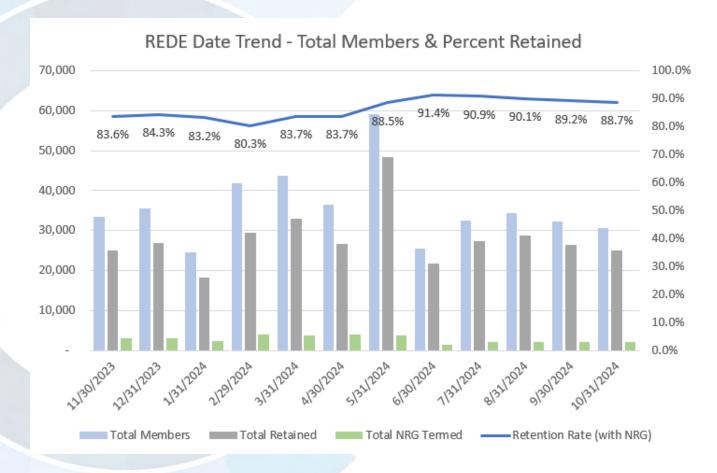
### FY 24 Budget | Membership

**CountyCare Membership** 





### **REDE Retention**



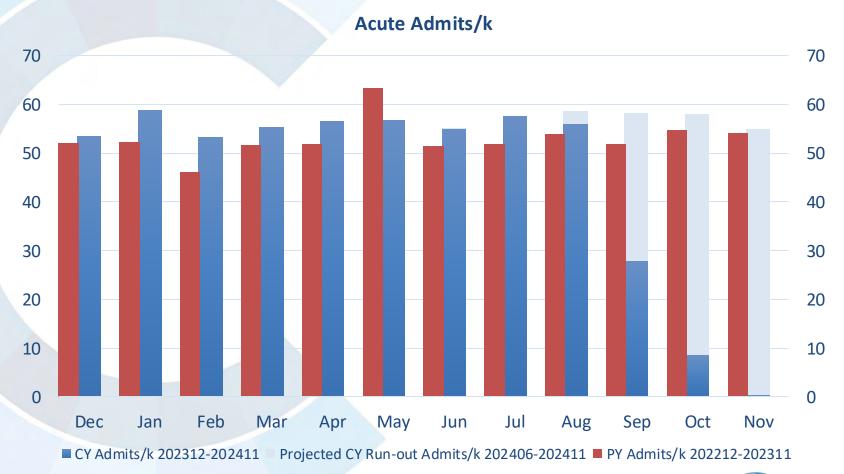
 Members with a 10/31/2024 redetermination date had an adjusted retention rate of 88.7%

# Operations Metrics: Call Center & Encounter Rate

	Performance							
Key Metrics	State Goal	Sep 2024	Oct 2024	Nov 2024				
Member & Provider Services Call Center	Metrics							
Inbound Call Volume	N/A	47,005	55,342	46,986 0.42%				
Abandonment Rate	< 5%	1.92%	1.36%					
Average Speed to Answer (minutes)	1:00	1:01	0:24	0:04				
% Calls Answered < 30 seconds	> 80%	73.28%	87.80%	96.8%				
	Quarterly							
Claims/Encounters Acceptance Rate	98%	98%						



### Current v. Prior Year: IP Acute Admits/1000





### Claims Payments

### Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	\$ 109,814,352	\$ 53,445,721	\$ 46,955,452	\$ 9,290,569	\$ 219,506,093
Q2 2020	\$ 116,483,514	\$ 41,306,116	\$ 27,968,899	\$ 18,701,664	\$ 204,460,193
Q3 2020	\$ 118,379,552	\$ 59,681,973	\$ 26,222,464	\$ 71,735	\$ 204,355,723
Q4 2020	\$ 111,807,287	\$ 73,687,608	\$ 61,649,515	\$ 1,374,660	\$ 248,519,070
Q1 2021	\$ 111,325,661	\$ 49,497,185	\$ 4,766,955	\$ 37,362	\$ 165,627,162
Q2 2021	\$ 131,867,220	\$ 49,224,709	\$ 566,619	\$ 213,967	\$ 181,872,515
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Q4 2021	\$ 125,581,303	\$ 90,378,328	\$ 112,699	\$ 1,114,644	\$ 217,186,974
Q1 2022	\$ 144,241,915	\$ 12,166,101	\$ 2,958,928	\$ 2,183,828	\$ 161,550,772
Q2 2022	\$ 120,267,520	\$ 735,088	\$ 2,476,393	\$ 4,676,897	\$ 128,155,898
Q3 2022	\$ 105,262,634	\$ 16,617,110	\$ 59,407	\$ 15,171	\$ 121,954,322
Q4 2022	\$ 142,815,499	\$ 62,495,024	\$ 2,403,391	\$ 2,056,097	\$ 209,770,011
Q1 2023	\$ 110,831,299	\$ 7,841,360	\$ 3,067,736	\$ 443,885	\$ 122,184,280
Q2 2023	\$ 149,387,487	\$ 31,299,177	\$ 1,319,945	\$ 346,575	\$ 182,353,184
Q3 2023	\$ 191,389,015	\$ 38,673,162	\$ 743,469	\$ 97,943	\$ 230,903,588
Q4 2023	\$ 181,111,957	\$ 75,730,673	\$ 1,511,954	\$ 20,819	\$ 258,375,403
Q1 2024	\$ 194,081,254	\$ 5,307,661	\$ 33,846,206	\$ 160,417	\$ 233,395,538
Q2 2024	\$ 187,157,359	\$ 89,900,410	\$ 14,514,430	\$ 124,785	\$ 291,696,984
Q3 2024	\$ 197,855,507	\$ 111,681,778	\$ 31,617,580	\$ 6,927,131	\$ 348,081,997
Week of 12/01/2024	\$ 213,903,988	\$ 141,875,495	\$ 19,622,761	\$ 17,733	\$ 375,419,977

<sup>\*0-30</sup> days is increased for an estimated \$80.5M of received but not adjudicated claims



<sup>\*</sup>Medical claims only-does not include pharmacy, dental, vision or transportation claims

<sup>\*</sup>The amounts in the table are clean claims

## Thank you Q&A

