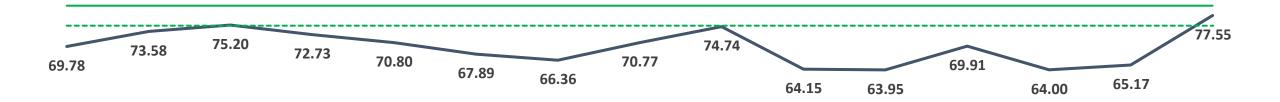


#### **HRO Patient Experience Workgroup**

Likelihood to Recommend Stroger Hospital – Top Box Score by Received Date

Rolling 12 months 4/1/22-3/31/23 70.02



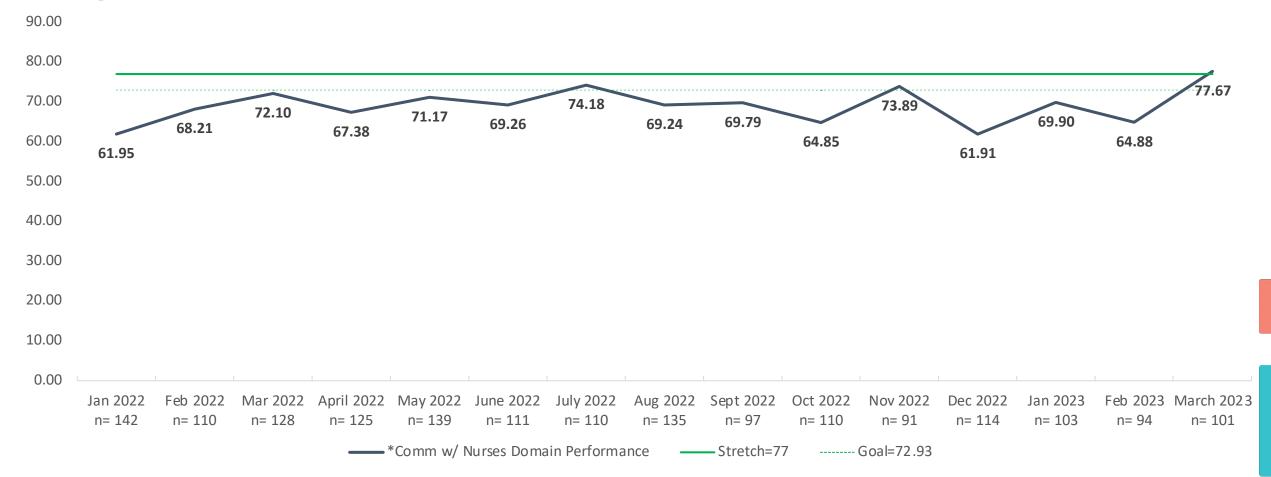




#### **HRO Patient Experience Workgroup**

Communication with Nursing Domain Stroger Hospital – Top Box Score by Received Date

Refling 12 months 4/1/22-3/31/23 69.39

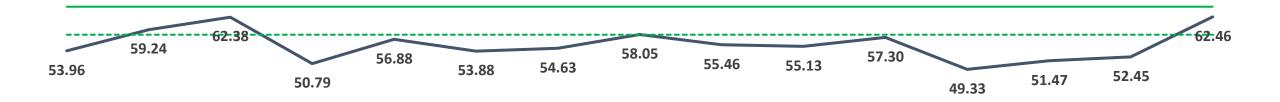




#### **HRO Patient Experience Workgroup**

Environment Domain Stroger Hospital – Top Box Score by Received Date

Rolling 12 months 4/1/22-3/31/23 54.47

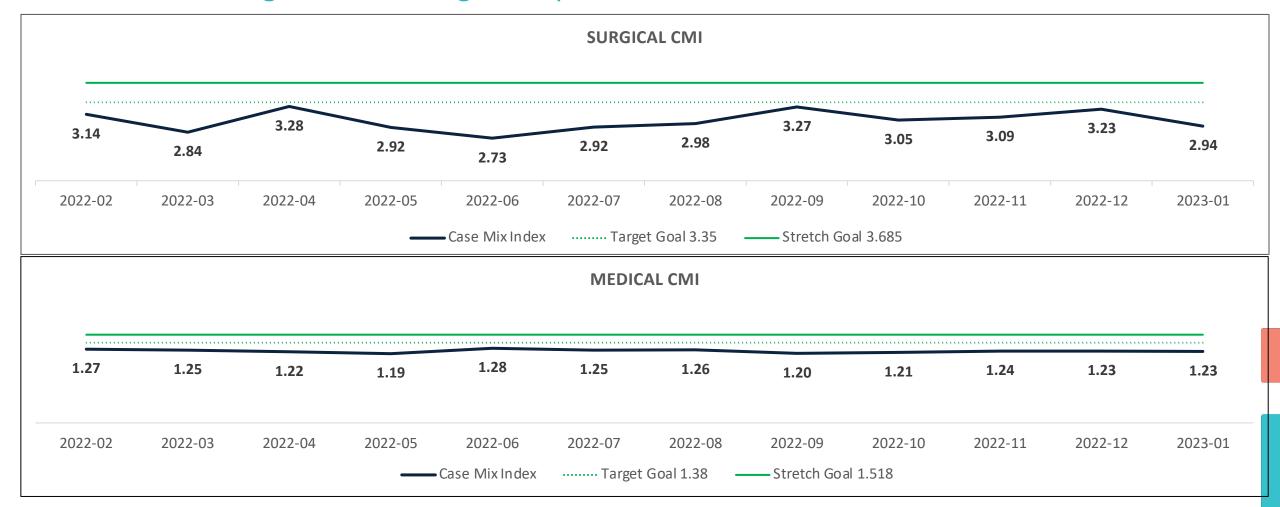






### **HRO Clinical Documentation Workgroup**

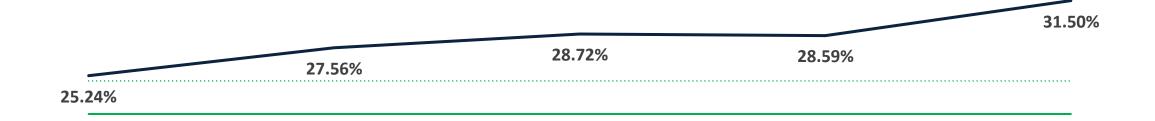
Medical CMI & Surgical CMI - Stroger Hospital





### **HRO Clinical Documentation Workgroup**

Observation % of All Discharges - Stroger Hospital

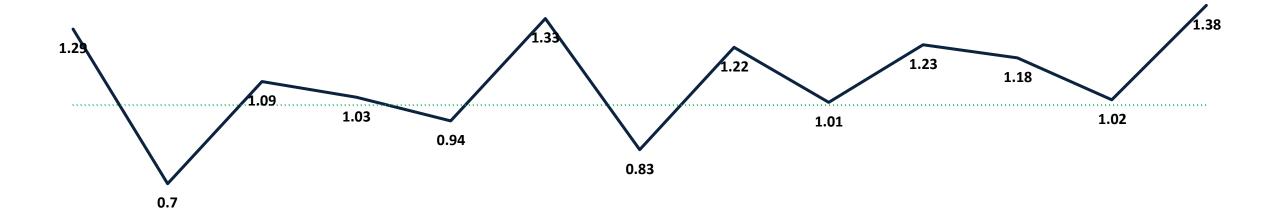






### **HRO Clinical Documentation Workgroup**

Observed over Expected Mortality Improvement – Stroger Hospital



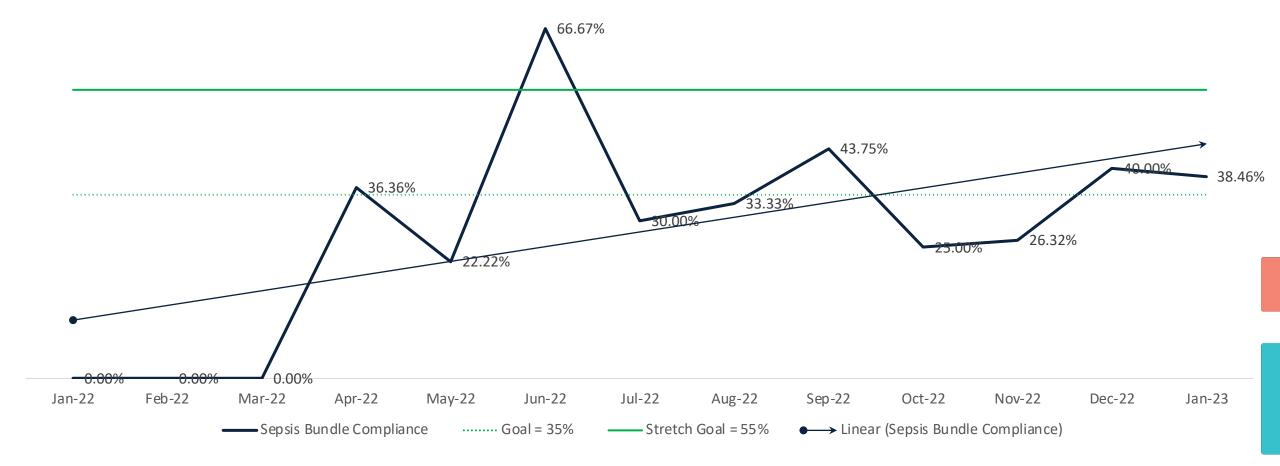


O/E Mortality Clinical Documentation ...... Goal 1.0



### **HRO Clinical Outcomes Workgroup**

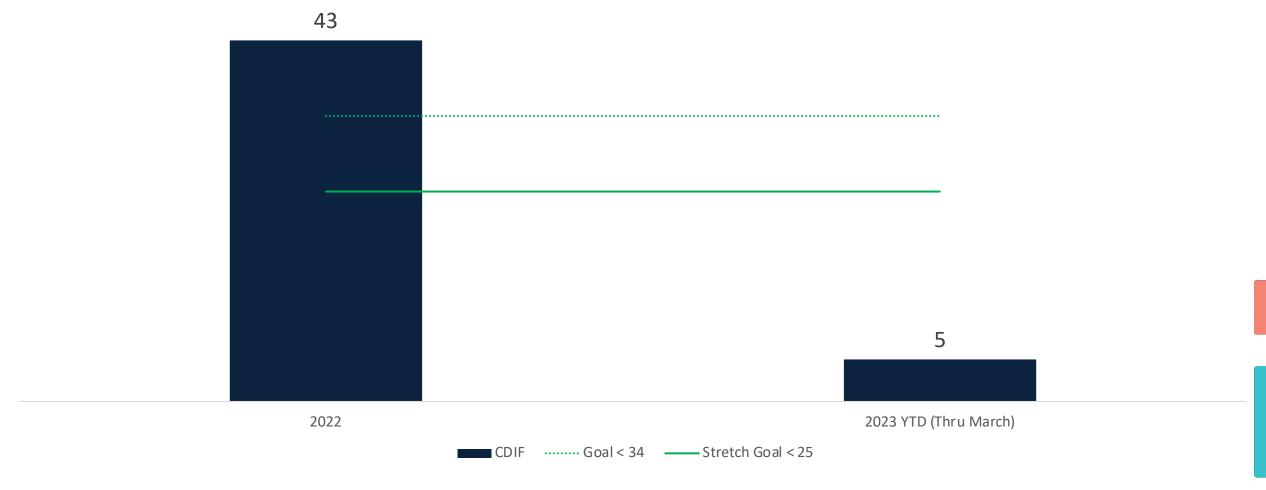
CMS SEP-1 % of Patients with met Compliance





## **HRO Clinical Outcomes Workgroup**

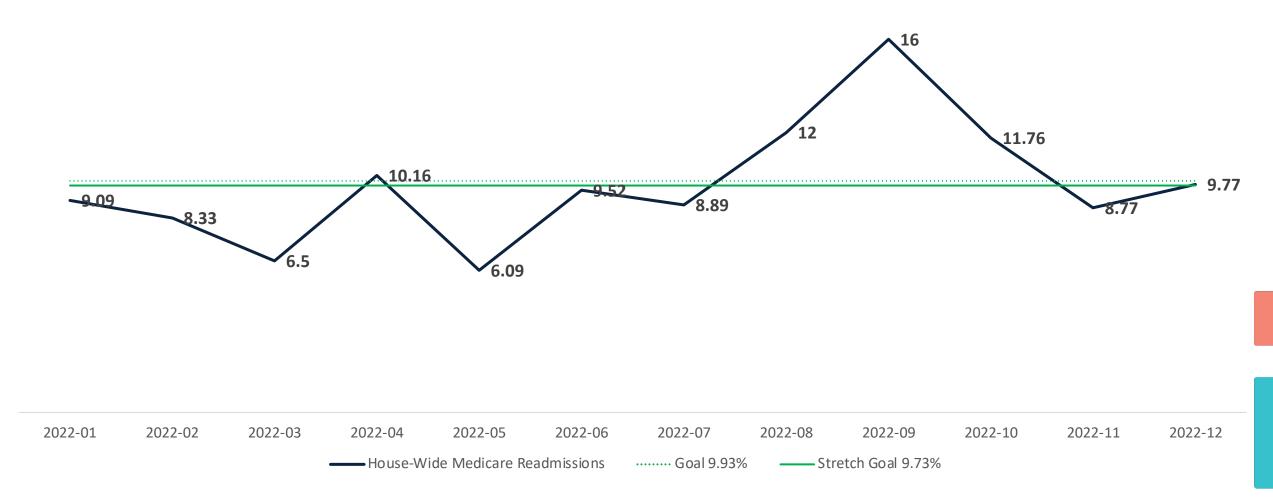
#### **CDIFF Volume**





#### **HRO Readmissions Workgroup**

CMS Medicare House-Wide Readmissions Rate – Stroger Hospital



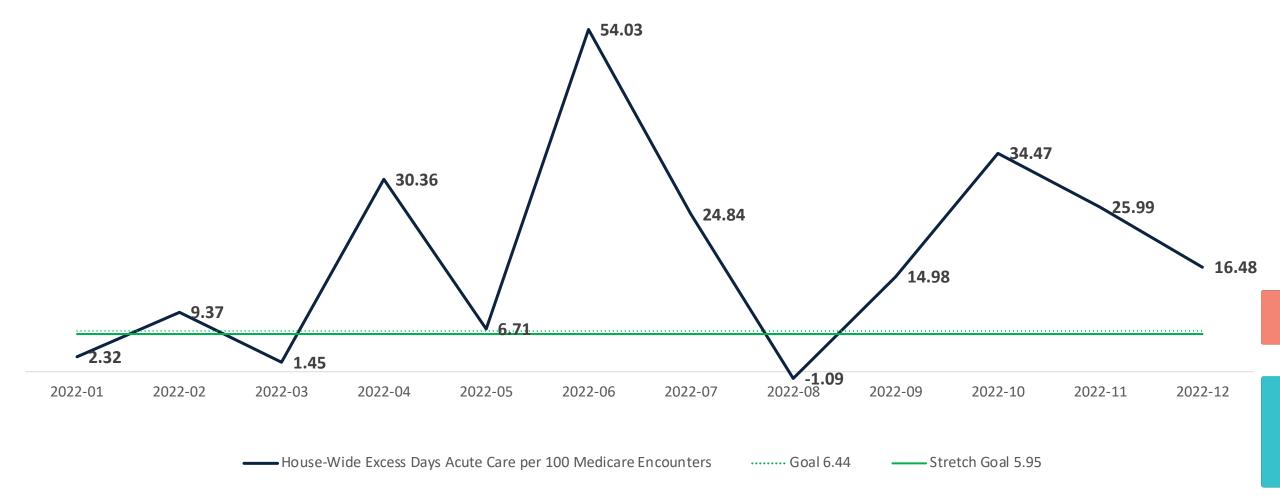


**Data Source:** Vizient

Lower: is better

#### **HRO Readmissions Workgroup**

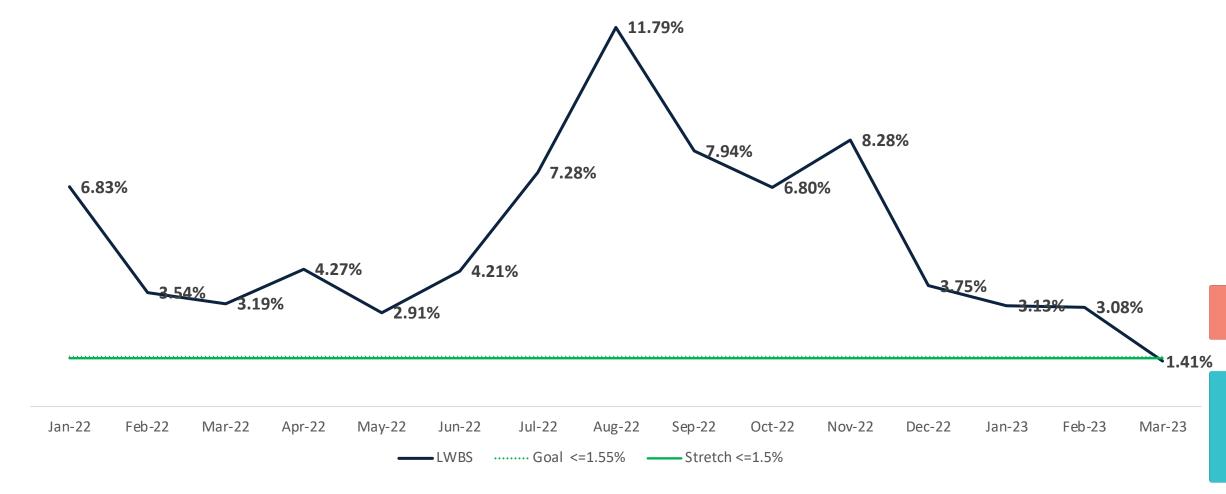
CMS House-wide Excess Days Acute Care per 100 Medicare Encounters – Stroger Hospital





#### **HRO Throughput Workgroup**

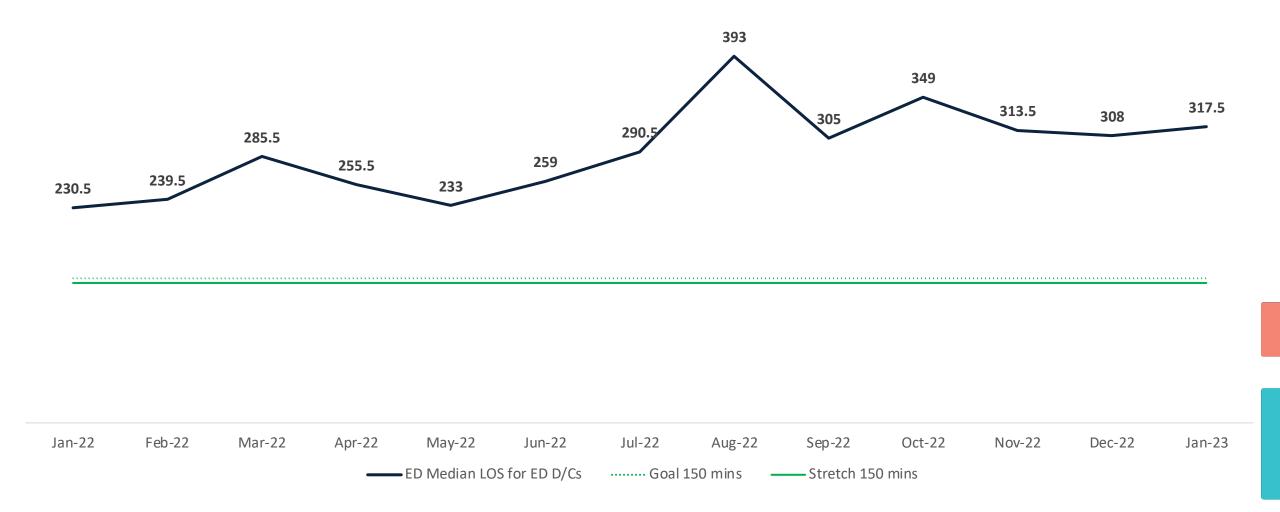
**ED Left Without Being Seen** 





#### **HRO Throughput Workgroup**

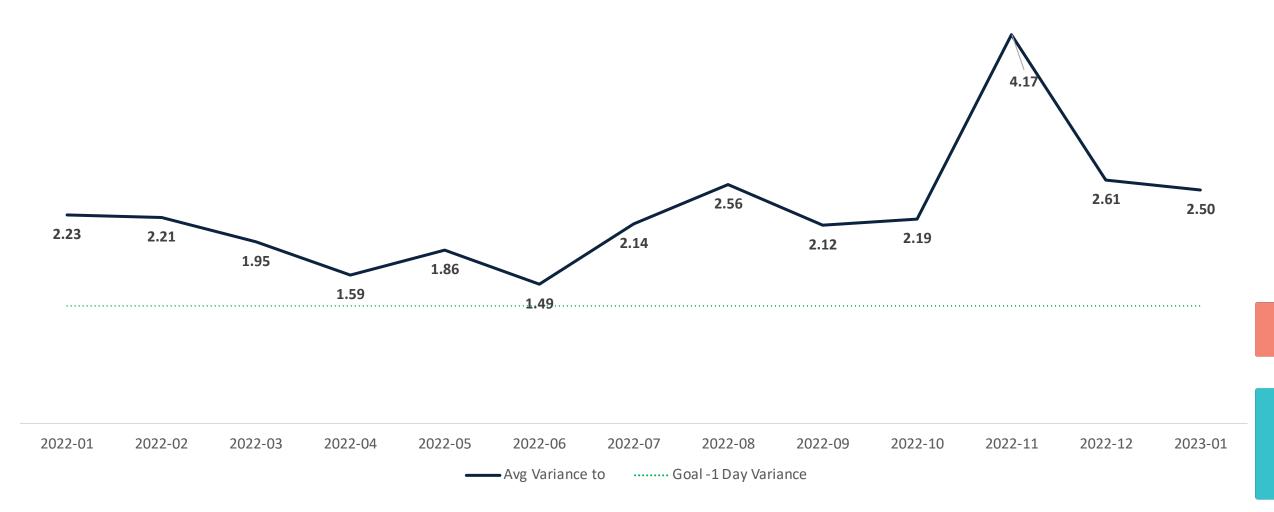
ED Median Length of Stay for ED Discharges





### **HRO Throughput Workgroup**

Average Variance MSDRG-GMLOS

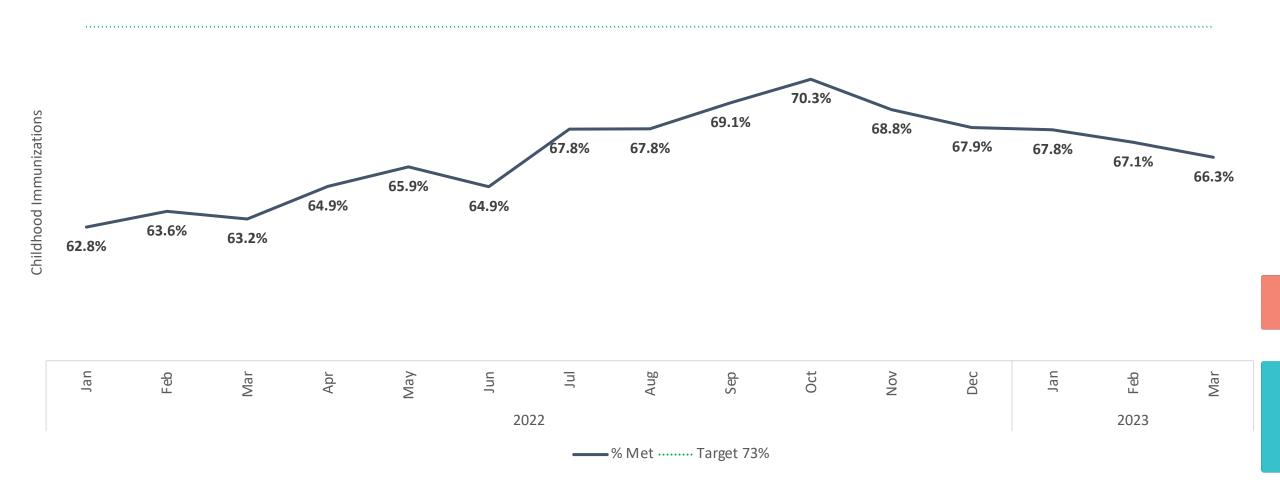




<u>Data Source:</u> Vizient <u>Lower</u> is better

## **HRO HEDIS Workgroup**

Childhood Immunizations for <2 yrs. of age > 73%

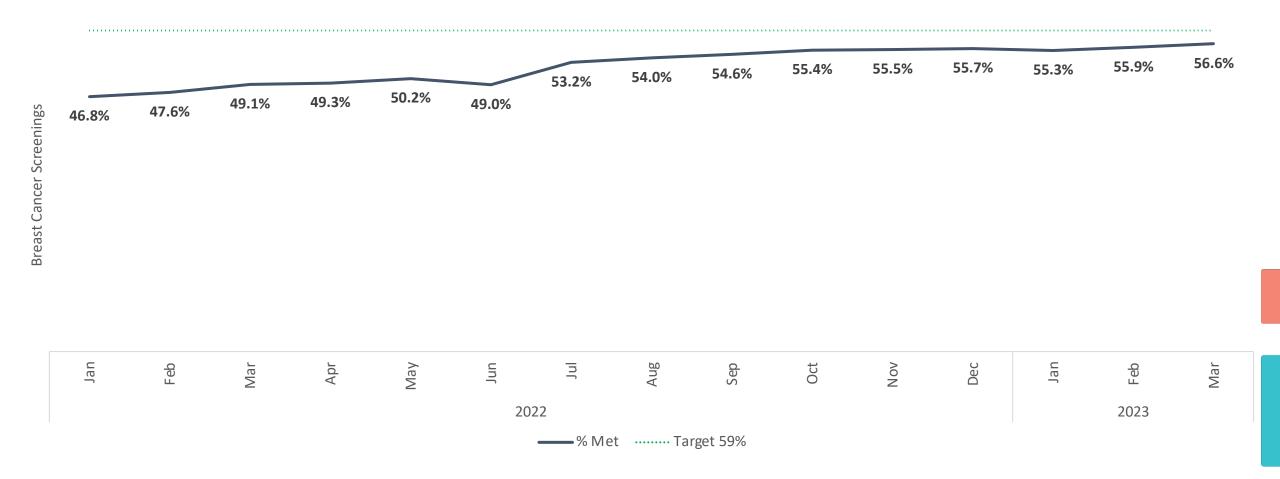




<u>Data Source:</u> Tableau <u>Higher</u> is better

### **HRO HEDIS Workgroup**

Breast Cancer Screening for women 52-74 > 59%

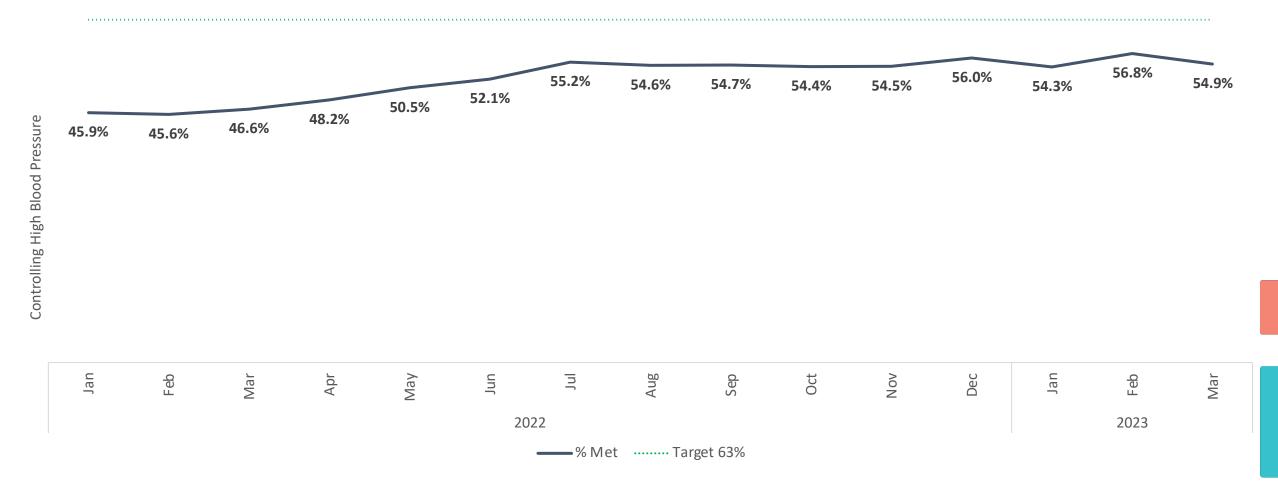




<u>Data Source:</u> Tableau <u>Higher</u> is better

### **HRO HEDIS Workgroup**

Hypertension Blood Pressure <140/90 Compliance





<u>Data Source:</u> Tableau <u>Higher</u> is better

## **HRO Patient Experience Workgroup A3**

1	HRO Patient Experi	ience Workgroup A3									Tac	ctical A	1 A3 C	Own-	ær:					+				+	
Performance, Gaps & Targets	This Year's Action Plan			47	47	47	47	47	47	47	47	47	47			4									
1	Goals	Specific Actions / Tactics	Deployment	. 🗀			anuar								$\equiv$										
1	Goals	Specific Actions / Tactics	Leader	J	F	έIN	.vI A	A M	<b>√</b> J	<u>.</u>	Δ.	A S	0	N	D	Data	a is b	Jased	d on	Λ S=S <sup>7</sup>	TROG	GER, P=F	=PROV	JVIDF	∠NT
	Likelihood to Recommend Hospital				47	47	47	47	47	47	47	A = 1				4									
	2022 Performance: \$ 70.15   P 52.50				47	47	47	47	47	47	47	A P	A P	4.7		4									
	2023 Goal: 75				47	47	47	47	47	47	47	AP'	$\Delta P$	$\perp$	A'	4									
	Communication with Nurses Domain	CI-CARE training	Sherrie		$\Gamma$	I	I	I	I	I	I	$\perp$	$\perp$	$\Box'$	$\Box'$	1									
	2022 Performance: \$ 68.5   P 71.12	Commit to Sit	Spencer		$\Gamma$	I	I	I	I	I	I	$\perp$	$\perp$ '	$\Box'$	$\Box$	1									
	2023 Goal: 72.93	Nurse leader rounding	Spericer		$\Gamma$	I	$\perp$	I	$\perp$	I	$\perp$	$\perp$	$\perp$ '	$\Box'$	$\Box'$	1									
	Communication with Doctors Domain	CI-CARE training			$\perp$	$\perp$	<u> </u>	$\perp$	$\perp$	$\perp$	$\perp$	Ι'	'	$\Box'$	$\Box$	1									
	2022 Performance: \$ 81.85   P 74.97	Physician shadowing (iRounds)	Dr. Ezeokoli		$\perp$	I	I	I	$\perp$	$\perp$	$\perp$	Ι'	'	$\Box'$	$\Box$	1									
	2023 Goal: 85			$\perp$	$\perp$	$\perp$	$\perp$	$\perp$	$\perp$	$\perp$	$\perp$	Ι'	'	$\Box'$	$\Box$	1									
Reflection on Last Year's Activities & Key Accomplishments	Discharge Information Domain	Customized discharge folders	Cassandra		47	47	47	47	47	4	T	Τ'	Ţ'	[ '	[ '										
	2022 Performance: \$ 80.75   P 73.08		Waldington		47	47	47	47	47	4		'	'	'	'										
	2023 Goal: 84%		waltington		47	47	47	47	47	4	$\perp$	⊥ ′	上'	⊥'	⊥′	1									
	Care Transitions Domain	Identify patient education plan for medications			47	47	47	47	47	4	T	Τ'	_ [ '	Γ,	Γ'										
	2022 Performance: \$ 48.6   P 45.67		Denise Goodie	e /	47	47	47	47	47	4		'	'	'	'										
	2023 Goal: 51%				47	47	47	47	47	4	$\perp$	⊥ ′	⊥_'	⊥_′	⊥_′	1									
	Cleanliness of Hospital Environment	Updates to nursing units	Adam Weber	, LJ	⊥ `	$\perp$	<u></u>	1		$\perp$	$\perp$	ᆜ.'	⊥_'	⊥_′	⊥_′	1	)								
	2022 Performance: <b>S</b> 56.19   <b>P</b> 59.09	Visual management after cleaning has been	& John Jordan		$\perp$	$\perp$		$\perp$		$\perp$	$\perp$	上 '	上'	⊥'	⊥′	1									
	2023 Goal: 58	Use iRound for cleanliness follow-up	& John Jordan		$\perp$	I	I	I	$\perp$	$\perp$	$\perp$	Ι'	'	$\Box'$	$\Gamma$	1									
	Quietness of Hospital Environment	Quiet packs	Adam Weber	$T^{\prime}$	47	47	47	47	47	4	T	Τ'	_ [ '	Γ,	Γ'										
	2022 Performance: \$ 55.05   P 70.45	Considering white noise machines	& John Jordan		47	47	47	47	47	4		'	'	'	'		'								
	2023 Goal: 58		& John Jordan		A = C	$A_{I}$				4	-	' ا	י	1 '	'	1									

## **HRO Clinical Documentation Workgroup A3**

This Year's Action Plan																
Goals	Specific Actions / Tactics	Deployment	January - December 2023													
		Leader	J F	M A	M	J	J	Α	S	0	N	ī				
Increase Surgical CMI by 10%  2022 baseline: 3.0492	Trauma subcommittee	William Brigode														
<b>Goal</b> : 3.35412	SICU subcomittee	Dan Kasey														
	Cardio-thoracic subcomittee	Ray Sawaqed														
	Orthepedic subcomittee	Joel Williams														
	General surgery subcomittee	Tom Komar														
	Vascular subcomittee	Maggie Rigamer														
Increase Medical CMI by 10% <b>2022 baseline</b> : 1.2537 <b>Goal</b> : 1.37907	Target MICU	Ashvini Damodaran														
	Target CCU and cardiology floor	Tareq Alyousef														
	Target general-medical floors	Michael Alebich										_				
	Medical consultation co-management	Michael Hoffman		П								_				
Decrease mortality index 2022 baseline: 1.07 Goal: less than or equal to 1.0	Mandatory mortality review	Leslie Frain														
Institute an auditing and quality cor process to include CDI specialists 8		Leathecia Arnolo														
coders																
Documentation Integrity for admissions status	TBD	TBD										_				

## **HRO Clinical Outcomes Workgroup A3**

	Committee Chairs- Jafar	cal Outcomes Workg Hasan, MD & Margaret Ca									
Performance, Gaps & Targets	This Year's Action Plan										
In 2022, we had a total of 12 HAPI, 8 CLABSI, 12 CAUTI and 43 C-Diff	2022 Performance	2023 Goals	Tactics	Deployment					mber		_
cases across CCH. We had 14 VTEs from Jan-Nov 2022. We did not		2020 00010	ractics	Leader	J F	M A	M	l l	A S	0 N	1
meet compliance with sepsis alert response and 3-hour bundle	HAPI PREVENTION		T								4
compliance. The long-term plan is 1-hour sepsis bundle compliance.	2022 baseline: 12 total - Stroger and	Stroger: goal maintain no more than 9/Stretch goal -	Institute Prevalence and Incidence surveillance at	Jessica							
Total hip and knee complications, iatrogenic pneumothorax, perioperative hemorrhage and post-operative respiratory failure	Provident - 9 at Stroger/3 at Provident	more than 9/Stretch goal -	Provident	Salgado, MSN.RN &							
were not significant areas of quality and performance improvement		Develop Wound Champions	Ahmed Ali.	_		++	+		++	-	
focus. The data suggests that hip nad knee complications are largely	Comp. nospital.	Provident: goal, stretch	at Provident	MD MD							
related to VTE, so if that data is verified, hip and knee complications	SEPSIS		at Frovident	IVID							۲
will be included in the VTE prevention committee.		3h lactate 2022 - 47%,			$\top$	П	Т	Т	П	П	
	SEP-1 Bundle Compliance	increase by 10%	Move to Bundle Compliance								J
	2022 baseline: 27%	3h blood cx 2022 - 56%, increase by 10%	Documentation of Care								_
	Goal 35%	3h antibiotics 2022 - 74%, increase by 10%	Coding Compliance	Kathryn Radigan, MD						$\prod$	1
	Stretch : 55%	3h fluids 2022 - 31%, increase by 10%	Abstraction accuracy	& Heather Prescaro,	$\top$						_
		6h lactate 2022 - 31%, increase by 20%	Raise Awareness	MSN,RN							
	PSI-13 (incidence per 1,000): 12 mo. baseline 6.48, 7 cases	Goal <6 Stretch <5									_
	INFECTION PREVENTION	•		·							Г
	CAUTI: 2022 baseline: 12 cases in 2022	Goal 15% reduction / Stretch Goal - 25% reduction	Bundle Compliance	Sherrie							Ī
Reflection on Last Year's Activities & Key	CLABSI: 2022 baseline: 8 cases in 2022	Goal 10% Stretch 25%	Bundle Compliance	Spencer, MSN,RN &							_
Accomplishments	C-DIFF: 2022 baseline: 43 cases in 2022	Goal 20% reduction (<34) Stretch 25% reduction (<25%)	Identification of all POA C-Diff	Sharon Welbel, MD							_
Not a seriodal with a serioda the Oliviral Outcome Committee Lond	POST-PROCEDURAL COMPLICATIONS	, , , , , , , , , , , , , , , , , , , ,									ľ
	PSI-06 Pneumothorax (#/1,000 cases)	Goal <3			$\top$		П			$\top$	Т
	2022 baseline .392, 3 cases	Stretch <2									
<u>w</u> p	PSI-09 Hemorrhage & Hematoma (#/1,000			Julie Comer.	$\top$		$\top$			$\Box$	٦
Reflection on Last Year's Activities & Key Accomplishments  Not appicable with regard to the Clinical Outcomes Committee Level (newly formed Committee in 2023). Last year's activities for the subgroups are as follows:  HAPI Prevention -Total of 9 HAPI at Stroger and 3 at Provident in 2022. While Provident had an increase from 0 in 2021 to 3 in 2022, overall, HAPIs in the health system reduced by 25% from 16 in 2021 to 12 in 2022. Stroger continues to benchmark at or below the 10th percentile nationally.	cases)	Goal <5		MD & Margot							- !
	2022 baseline 2.68, 5 cases	Stretch <4		Abacarian,							
	PSI-11 Respiratory Failure (#/1,000 cases)			MSN,RN	+		+	+		++	۲
	2022 baseline 8.33, 14 cases	Goal <11 Stretch <10									
Sepsis - Physician and Nursing education completed. 73%	VTE PREVENTION							_			۲
compliance with sepsis alert to provider notification w/i 15 minutes			Manifestan and Africa Street	Thomas	$\top$		T	T	П	$\Box$	٦
and 80% compliance with sepsis alert to completion of	PSI-12 Postoperative VTF		Maximize use of the VTE Risk	Komar MD			$\perp$			$\perp \perp$	



# **HRO Readmissions Workgroup A3**

		HRO Readmis	sions Tactical A3		Tac	tical A	3 Ow	ner:	Diane	Creal,	Umaiı	r Jabbar
Performance, Gaps & Ta	rgets	This Year's Action Plan										
Performance: Red = dil	ferent than national average	Goals	Specific Actions / Tactics	Deployment Leader	Б					mbei		3 ) N C
•	e Readmission Rate: YTD 2022 9.73% tch 9.73%) - goal: maintain for FY	around geographic localization and specific disease states of strategic	Assign TOC by unit and condition and uninsured/payer	Diane Creal	Ľ	<u> </u>	<u> </u>					
Excess Days - Hospital encounters (target: 6.4 Excess days - AMI: -2.2		importance for enhanced services (education, care coordination, discharge support)	Create protocol for patient selection and interventions	Umair Jabbar, Diane Creal								$\perp$
Excess days- CHF: 26 ( Excess days - PNA: 13.	target: 19, stretch 3)											$\parallel$
		Implement seamless engagement of full risk	Define population, process, and outcome measures	Umair Jabbar.								+
Pharmacy, TOC, and	Activities & Key Accomplishments  Positive reviews by TOC (increased	(uninsured, carelink, empanelled countycare) into CCH-based care coordination	Map existing flows, reduce inefficiencies, increase transparency	Diane Creal								
Charge RNs on tiger connect	responses by MDs), charge RNs dor use as much, Pharmacy communication improved	Reduce Renal failure Readmission Rate to same as peer group (14%)	Provide < 7 day follow-up for patients admitted with CKD		Π	Т	Τ	П	T		T	П
PH appt requests now placed on admit	Successful - patients more consistently going home with appts with CCH by discharge. Availability suffers and no process for out of CC		Decrease # of patients with CKD 5 readmitted for initiation of HD within 1 month of index discharge	Amit Joshi/Amatur Amarah								$\dagger$
PharmD students doing post CHF med rec calls	Helpful but reliant on preceptor and students to maintain vs. other demands						+					$\dagger$
Obtain < 7d follow up with either PCP or Cards for CHF patients	Could be improved. Not all CHF patients seen by cards, and not all patients need cards. PCP availabili very limited	Reduce CHF excess days of acute care to <19	See all patients during admision and call 48-72 hours s/p discharge (100% goal)	Diane Creal, Cassandra Wadlington								$\dagger$
			Provide follow up within 7 days either with PCP or cards (>90%)	Rami Doukky, John Prednergast								
Expansion of TOC discharge support to COPD	Unclear impact so far qualitatively or quantitatively		Ensure patients have and know how to access clinic for acute care needs	Managers (cards clinic,								
		Reduce oncology readmissions to same as peer group (14%, america's essential hospitals)	Incorporate ASCO guidelines for palliative involvement	Thomas Lad and Orlanda Mackie								
			Review outpatient infusion center protocols (symptom control, indications to send to ED)	Thomas Lad								

## **HRO Throughput Workgroup A3**

Performance, Gaps and Targets			Action Plan						
r enormance, daps and raigets			Action Flan						
The HRO Throughput Tactical Working Group (TTWG) tracks and trends data that is nursing, EVS, and transport centric and utilizes that data to develop actionable items and tactics to improve efficiencies within each department. Overarching goal is to create visibility, transparency, and synergies to improve patient flow. TeleTracking platform will be the source of truth for data analysis and be the measurement of successes and opportunities. The HRO TTWG will meet twice a month to review findings and measure progress on outstanding actions.	Workgroup	Focus	Actions/Tactics	ı	anuary - [	<b>)</b> ecemb	er 202.	3	
	ED Throughput	Identify ED process bottlenecks	Review Process Map to identify actionable bottlenecks						
	25 modgriput	Update ED Throughput metrics	Identify metrics to reflect improvement processes in						
Last Year's Activities and Key Accomplishments			ED						
	Dr. Robert Needleman	LWBS <4.3%, stretch <2%	Dr. Quick area to remain open daily			-	_		_
	William McCracken	ED Arrival to Departure (DC) <420				-	_	-	-
		ED Arrival to Departure (Adm) <240	Create the Virtual Unit to accomodate up to 20			-	-		-
		Boarders (patients waiting for bed	patients to initiate inpatient care pending bed						
		>6 hours)	assignment						
		RTM to assign (15min), occupied,							
		compliance					_		_
	Operational Throughput	Identify Bed Control, EVS,	Create Process Map for Bed Control, EVS and						
	.,	Transportation bottlenecks	Transportation to identify actionable bottlenecks						
		EVS response time (<30)							
	Adam Weber	EVS Bed TAT (<60min)							
	Lynell Wright	EVS Clean Time (30min)				-			_
	George Esher	Trans Time Pending to Complete				-	_		_
		Transport Delay Times				-	_		_
		Bed Control Metrics				-	_		_
		Geographic localization compliance							
	Inpatient Throughput	Dicharge Orders by noon - MD				-	-	-	-
	Dr. Nigist Taddese	% Pending Discharge Compliance % Nursing Discharge by 2pm				+	-		-
	Shery Spencer	Confimed dc to actual dc time <120				+			
Rationale for this Year's Activities	Dr. Anshu Singh	Cardiology TAT					_		
HRO: Throughput Workgroup focus this year is to identify	Dr. Tejinder Randhawa	Radiology TAT					-		
system bottlenecks that limit productivity and efficiency of	Dr. Yasmine Golzar								
patient movement from the admission in ED, through	Cassandra Waddlington								
inpatient unit management to discharge. We will identify	Helen Agomo								
major bottlenecks in the respective areas of care: ED, bed	OR Throughput	First Case Start Time <5min							
control, transportation, EVS, diagnostic testing, discharge	Dr. Richard Keen	Turnover Times							
process; identify additioonal metrics to monitor	Daphne Mitchell	Cancellation Rates							
improvements,; implement processes to reduce idle time of									
the bottleneck resources, examine and change operations on	Data Throughput	ALOS VS GMLOS				$\neg \neg$		$\Box$	
processes that fed into the bottleneck and that are directly	Andrea Gibson	IT Support							
fed by the bottleneck resources, and focus on adding capacity	Chris Caudill	QI Data Support							
vs. reducing demand of the bottleneck resources on the	Angela O'Banion								
clinical side.	Andrea Ramel								

#### **HRO HEDIS Workgroup A3**

