

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

For May 2024

Chairs: Dr. Fakhran and Dr. Gomez-Valencia

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

Regular or Special Meeting: Regular

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

March Highlights:

Med-Surg Hand Hygiene

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

Stroke

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

Op Ex Readmissions

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

There are no action items for the EMS Committee.

There are no actions for the QPS Committee.

**Provident Hospital Quality & Performance Improvement Committee
Summary Report to the Medical Executive Committee (MEC)
For May 2024**

Chair: Dr Loafman

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

Regular or Special Meeting: Regular

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

March Highlights

Regulatory Report out

NPSG.15.01.01 EP 3

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

ED (NPSG 15.01.01 EP 3)

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

Patient Safety Report

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

Contract Management

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

There are no action items for the MEC Committee.

There are no actions for the QPS Committee.