



Op Ex Clinical Outcomes Workgroup Report Out

Dr. Radigan and Heather Lovelace

March 2024



COOK COUNTY
HEALTH

Stroger Op Ex Clinical Outcomes A3

Workgroup Overall A3 Progress

2024 OpEx Stroger Clinical Outcomes Workgroup A3

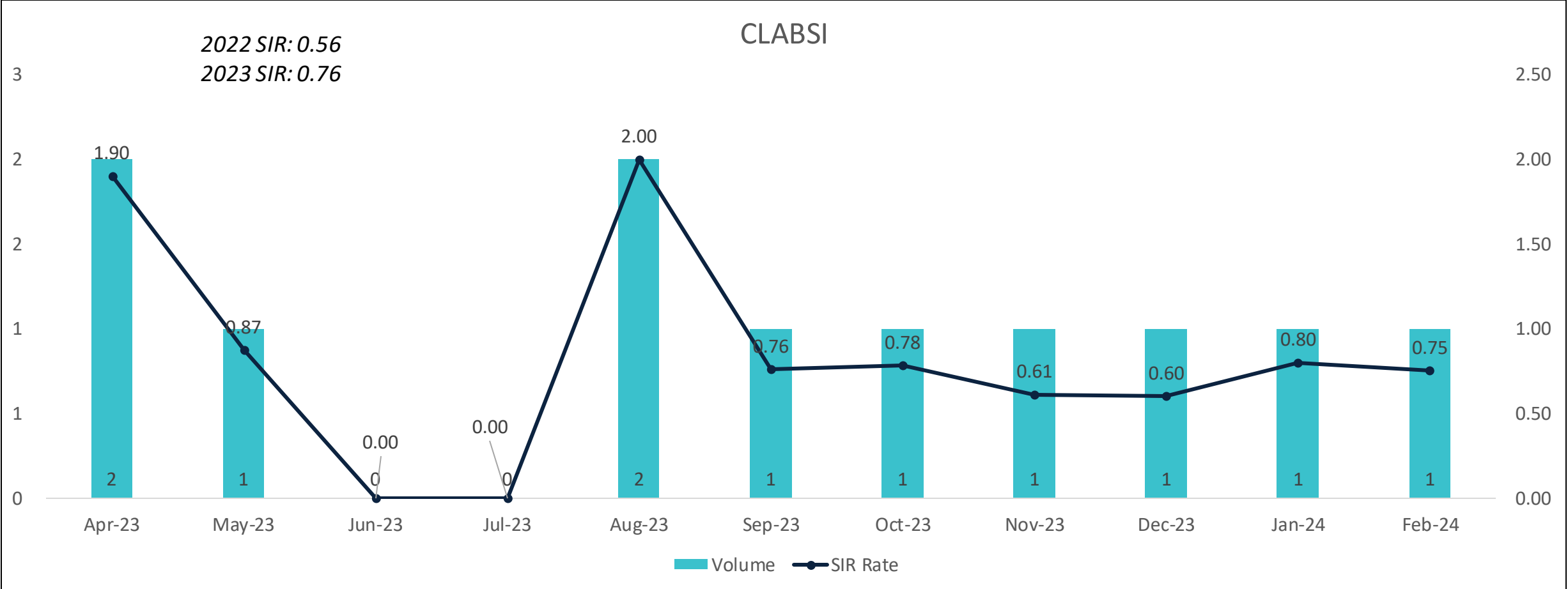
Workgroup A3 Owner: Dr. Radigan & Heather Lovelace

This Year's Action Plan															
Goals	Specific Actions / Tactics	Deployment Leader		January - December 2024											
				J	F	M	A	M	J	J	A	S	O	N	D
Reduce the number of Hospital Acquired Infections (HAIs) by 50% CAUTI: 2023 Performance: 9 2024 Goal: 3 CLABSI: 2023 Performance: 11 2024 Goal: 4 cDiff: 2023 Performance: 23 2024 Goal 11 For above: SIR rate .8 or reduction by 20%	Nursing compliance with CAUTI prevention bundle	Sherrie Spencer													
	Nursing compliance with CLABSI prevention bundle														
	Daily evaluation re: indication for indwelling catheter & removal if not indicated	Dr. Welbel Dr. Gurrea													
	Daily evaluation re: indication for line & removal if not indicated														
	cDiff - ED documentation of present on admission	Dr. Palter Tracy Everett													
Reduce the number of PSI12, Post-operative PE & DVT occurrences by 50% 2023 Performance: 14 2024 Goal: 7	Provide education and training to surgical residents during monthly orientation	Dr. Campagnoli Geetha Sunny													
	Ensure appropriate distribution of discern report														
	Include VTE risk on TeleTracking board														
	Create communication plan if VTE risk assessment is not completed														
	Optimization of heparin and SCD usage														
	Reiew timing and accuracy of abstraction														

Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CLABSI

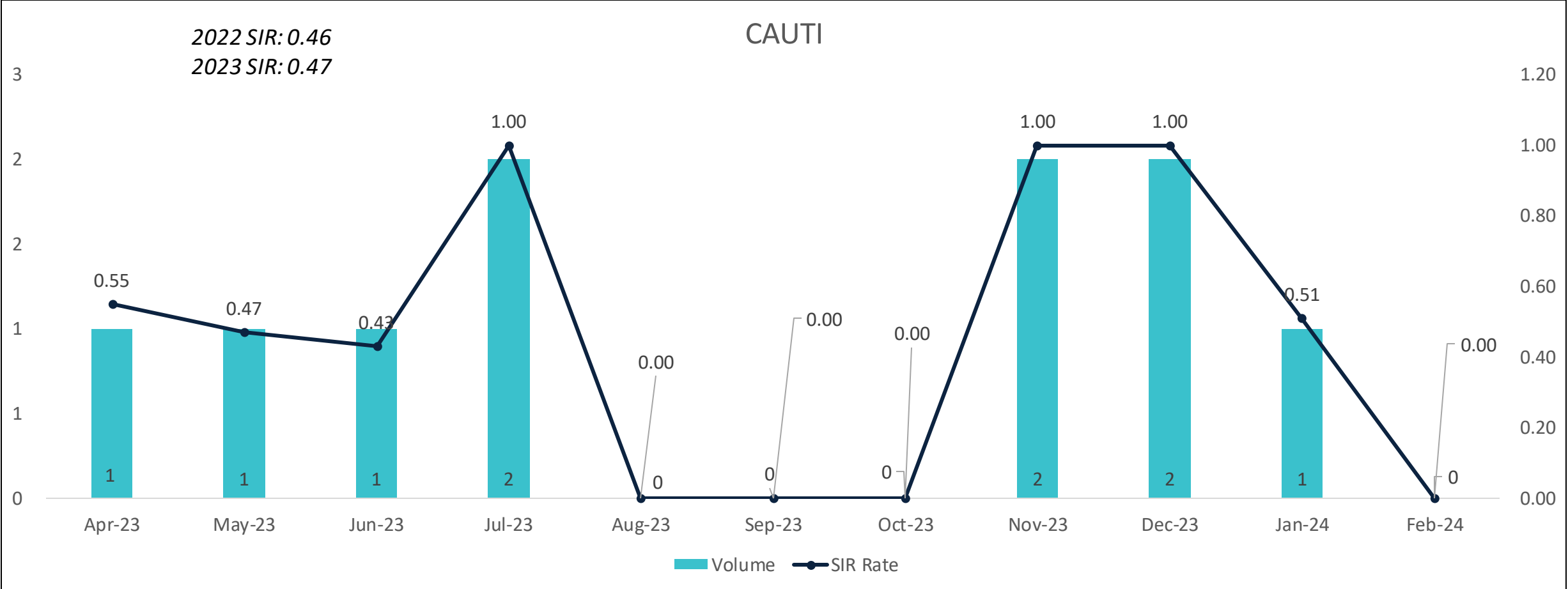
Goal: ≤ 4 | Stretch Goal: Zero Harm 0 | SIR Rates: TBD



Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CAUTI

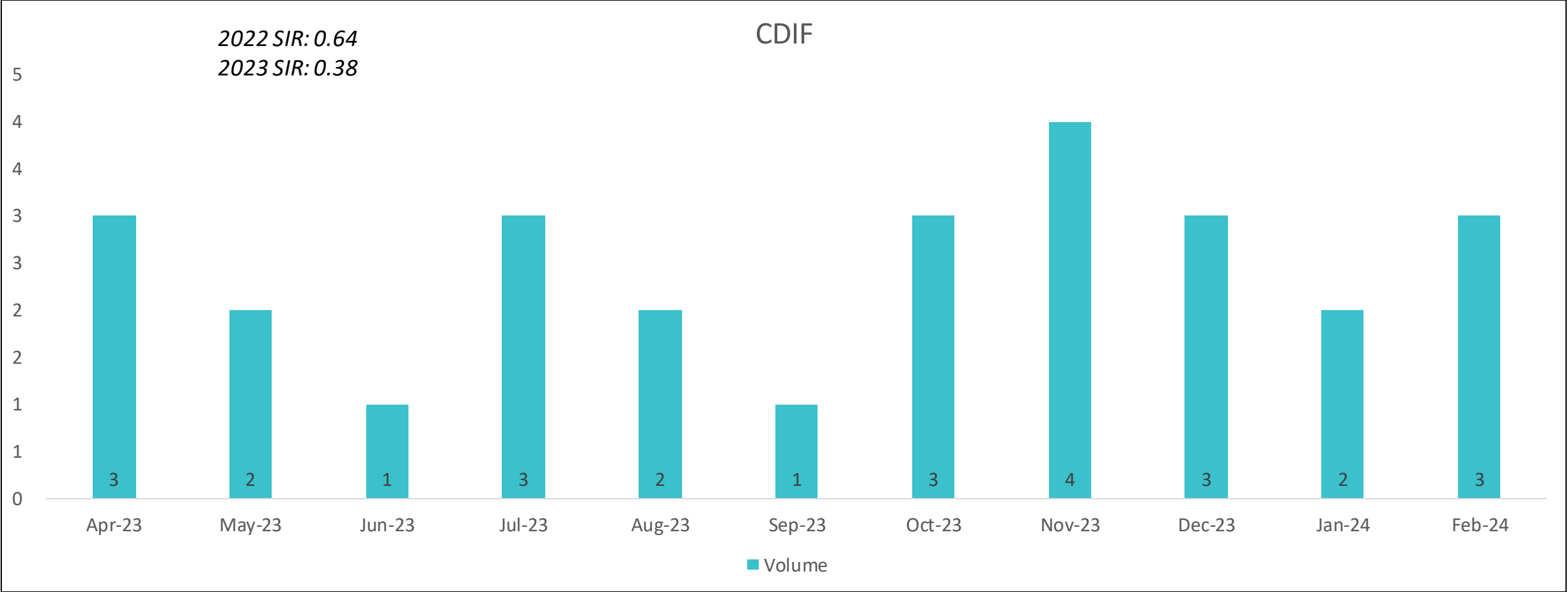
Goal: ≤ 3 | Stretch Goal: Zero Harm 0 | SIR Rates: TBD



Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CDIF

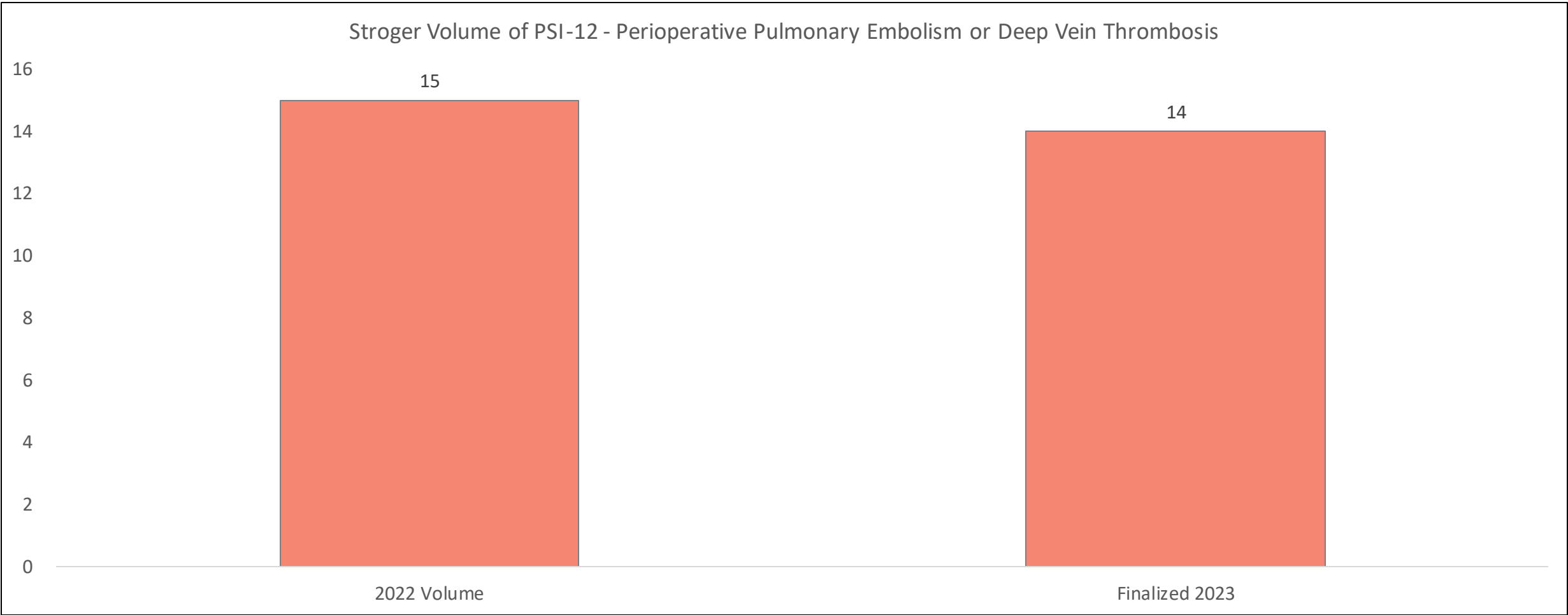
Goal: ≤ 11 | Stretch Goal: Zero Harm 0 | SIR Rates: TBD



Stroger Op Ex Clinical Outcomes Workgroup

Volume of PSI-12 - Perioperative Pulmonary Embolism or Deep Vein Thrombosis

Goal: ≤ 7 | Stretch Goal: Zero Harm 0





Op Ex Clinical Outcomes Workgroup Report Out

Dr. Mark Loafman & Raphael Parayao

March 2024



COOK COUNTY
HEALTH

Provident Op Ex Clinical Outcomes Workgroup A3

Workgroup Overall A3 Progress

2024 OpEx Provident Clinical Outcomes Workgroup A3

Workgroup A3 Owner: Dr. Loafman & Raphael Parayao

This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
CMS SEP-1 Bundle Compliance 2023 Performance: 50% compliance 2024 Goal: 60% compliance Stretch Goal: 65% compliance	Monthly review of abstraction fallouts to identify improvement opportunities	Dr. Loafman Dr. Hussain												
	Implement reflex lactate order	ED / HIS / Quality												
Hand Hygiene Compliance Program 2023 Performance: 75% 2024 Goal: 80% compliance Stretch Goal: 90%	Nurse leader observations with real-time coaching and data sharing	Dr. Loafman Raphael												
	Initiate hand hygiene campaign & identify champions	Connie												

Provident Op Ex Clinical Outcomes Subgroup A3

Subgroup: Sepsis

2024 OpEx Provident Clinical Outcomes Sepsis Sub-group A3

Sub-group A3 Owner: Dr. Hussain

This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
Monthly review of abstraction fallouts to identify improvement opportunities	Quality Data Analytics to send abstraction results for clinical review	Quality Data Analytics	█	█										
	Clinical review of abstraction results	Dr. Hussain	█	█										
Implement reflex lactate order	Meet w/ stakeholders to develop reflex order logic	HIS Dr. Hussain Nursing Quality	█	█										
	Modify current reflex lactate order logic to include Provident			█										

Provident Op Ex Clinical Outcomes Subgroup A3

Subgroup: Hand Hygiene

2024 OpEx Provident Clinical Outcomes Hand Hygiene Sub-group A3

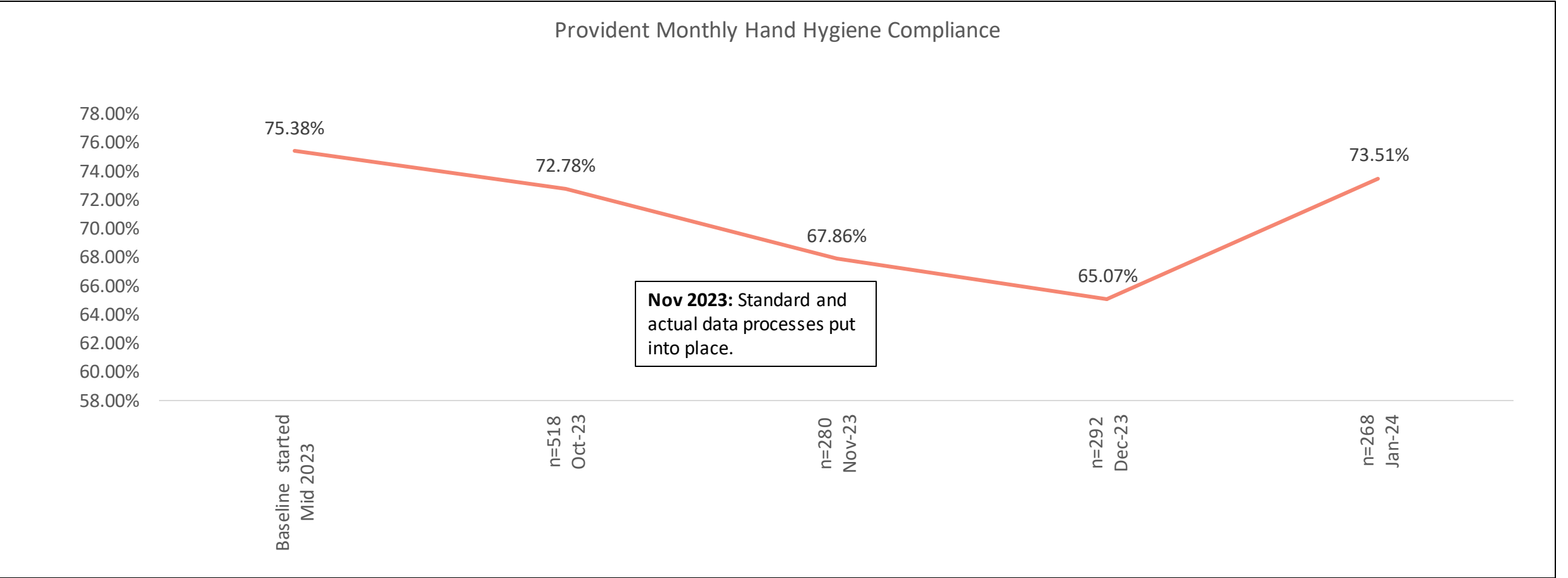
Sub-group A3 Owner:

This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
Minimum 100 observations per month on Medical Surgical unit and 12 observations per month in ICU	Collaboration with leadership in area of highest opportunity	Raphel Parayao Jenn												
Initiate hand hygiene campaign & identify champions	Bring to QPI meeting for engagement & accountability	Dr. Loafman												

Provident Op Ex Clinical Outcomes Workgroup

% of Hand Hygiene Compliance

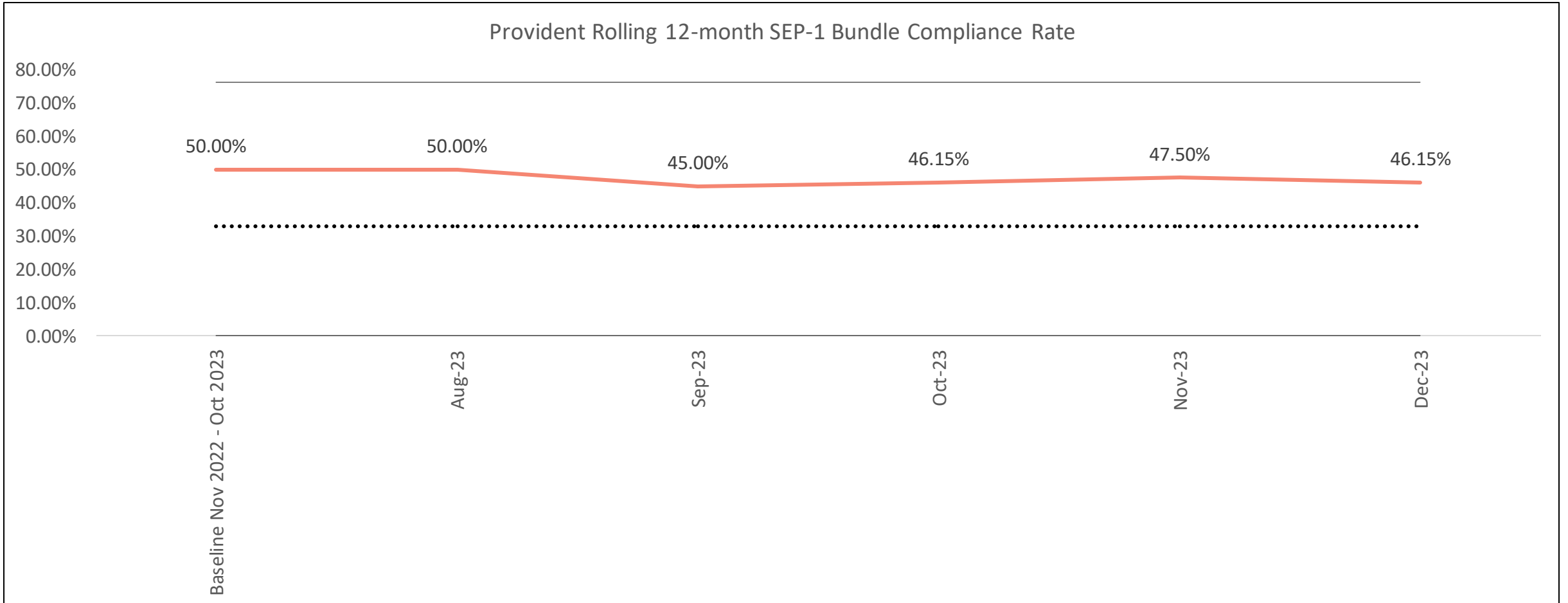
Goal: 80% | Stretch Goal: 90%



Provident Op Ex Clinical Outcomes Workgroup

SEP-1 Bundle Compliance

Goal: 60% | Stretch Goal: 65%





Op Ex Readmissions Workgroup Report Out

Dr Jabbar & Diane Creal

March 2024



COOK COUNTY
HEALTH

Stroger Op Ex Readmissions A3

Workgroup Overall A3 Progress

2024 OpEx Stroger Readmissions Workgroup A3

Workgroup A3 Owner: Dr Jabbar & Diane Creal

This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
Reduce all cause readmissions, inclusive of all payors and admitted elsewhere 2023 Performance: 14% 2024 Goal: 13% Stretch Goal: 12%	Improve post-hospitalization follow-up for patients with CHF													
	Provide post-discharge support for patients with CHF and COPD via phone call													
	Provide patients with CHF and COPD self-management tools and education													
	PROJECT: Implement Readmission Risk Model within Cerner	HIS												
	PROJECT: Implement Palliative Care Model within Cerner	HIS												

Stroger Op Ex Readmissions A3

Subgroup Overall A3 Progress

Subgroup A3

Tactical A3 Owner: Dr Jabbar & Diane Creal

This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
30 day CMS CHF readmission rate	Visit or phone call with a TOC nurse		█	█										
	Counseling provided by a pharmacist		█	█										
30 day CMS COPD readmission rate	Visit or phone call with a TOC nurse		█	█										
	Patients provided w/ inhaler teaching and seen by lung health educators		█	█										
	Smokers given medication assisted therapy on discharge		█	█										

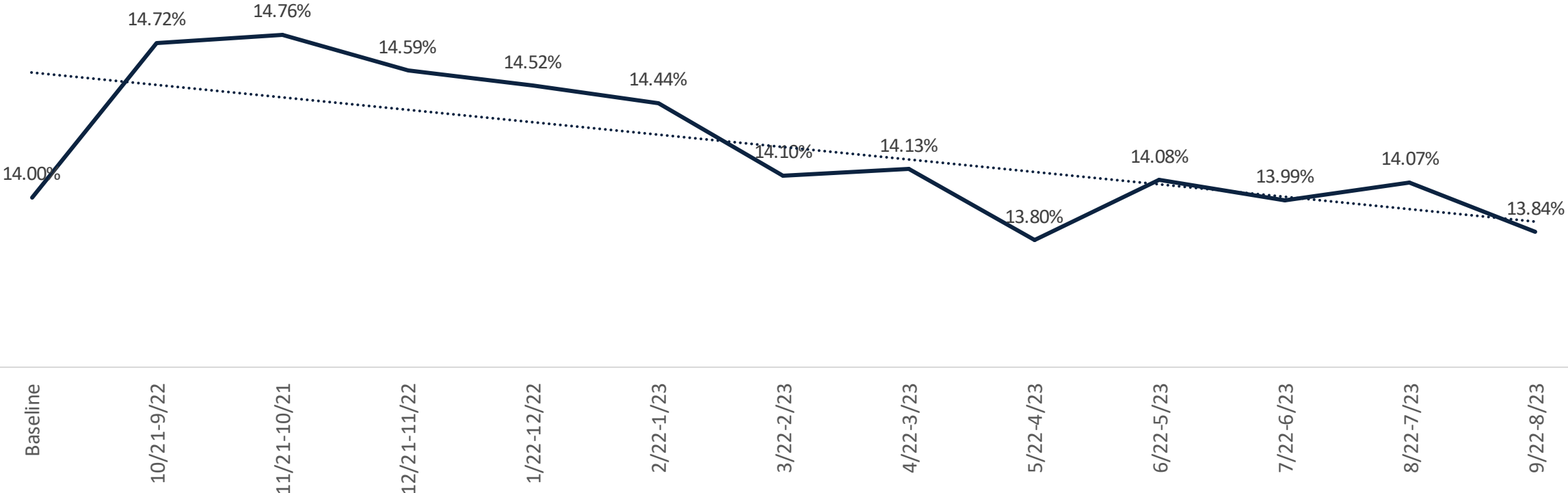
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Stroger Op Ex Readmissions Performance Monitoring

Rolling 12-month All Cause Readmissions including Readmissions Elsewhere

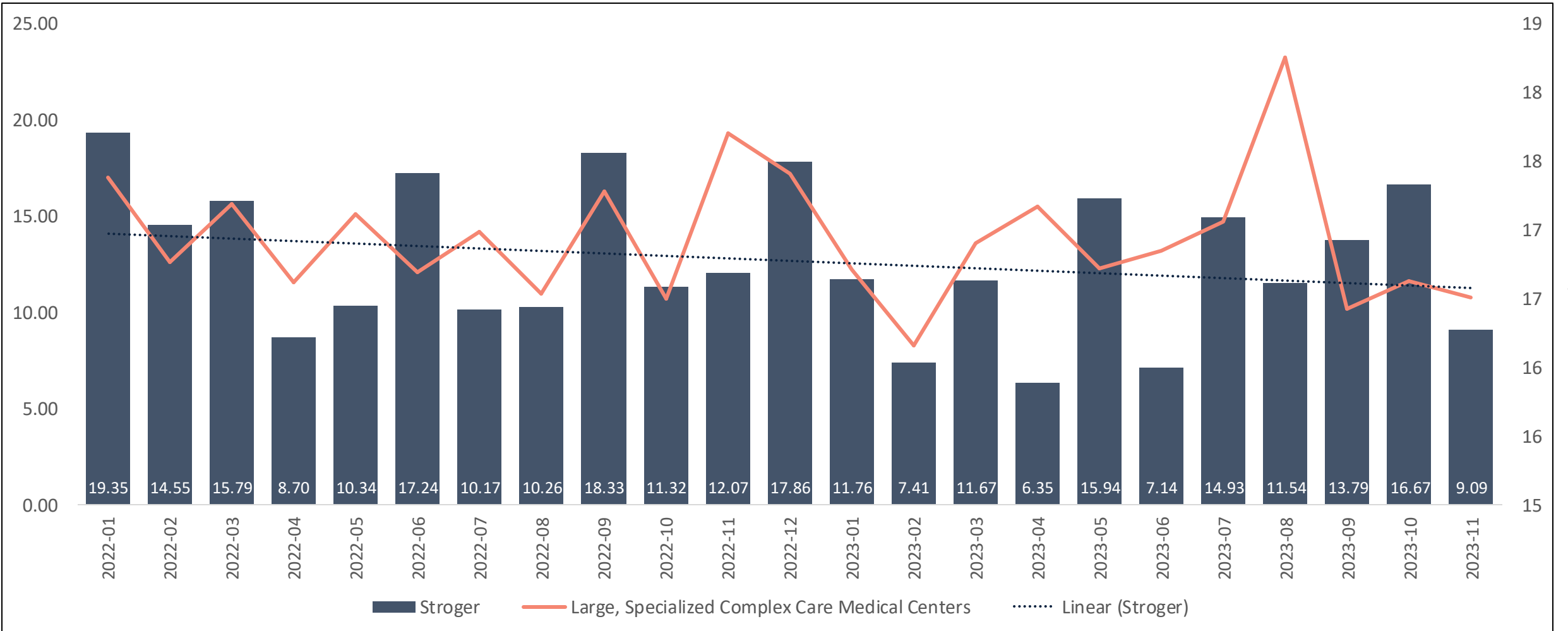
Baseline: 14.0% | Goal: 13.0% | Stretch: 12.0%

Stroger Rolling 12-month All Cause Readmissions including Readmissions Elsewhere



Stroger Op Ex Readmissions – Subgroup Heart Failure 30-Day Unplanned, All-Cause Readmission Rate

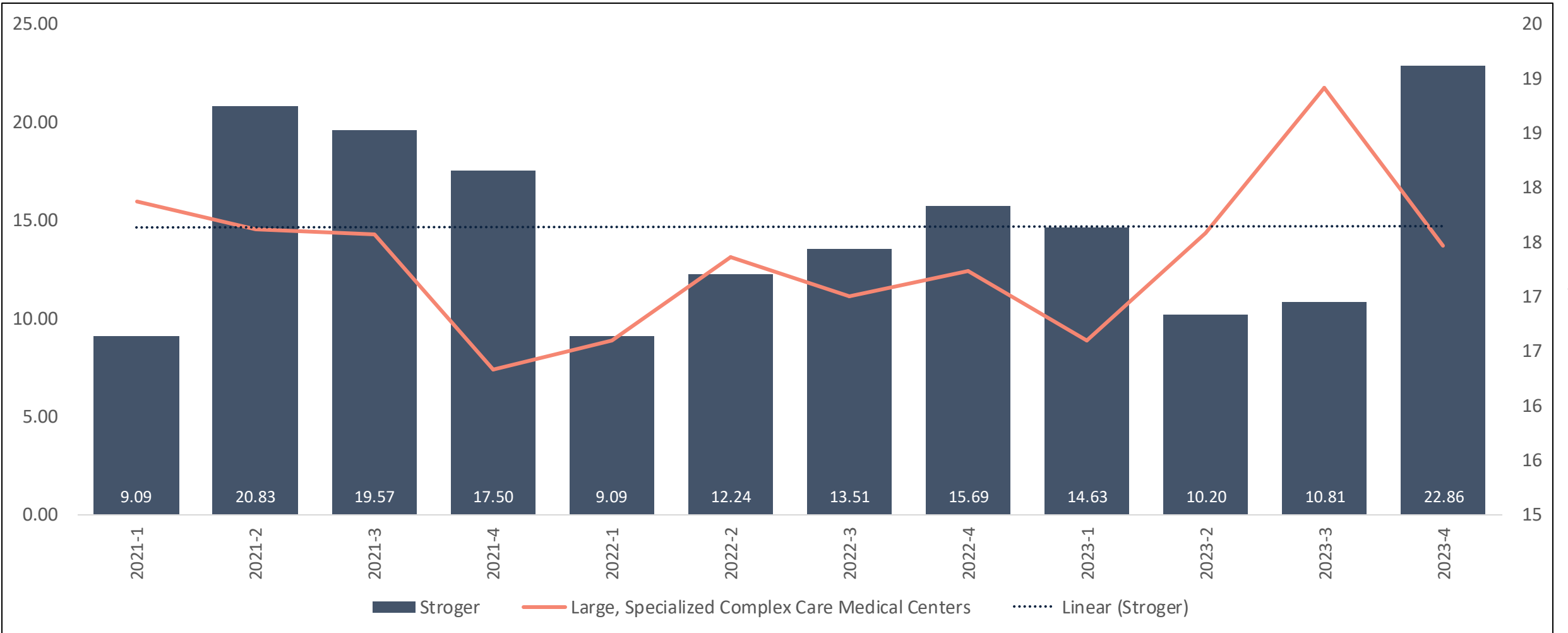
Heart Failure (CMS Definition) - all payers, all ages



Stroger Op Ex Readmissions – Subgroup COPD

30-Day Unplanned, All-Cause Readmission Rate

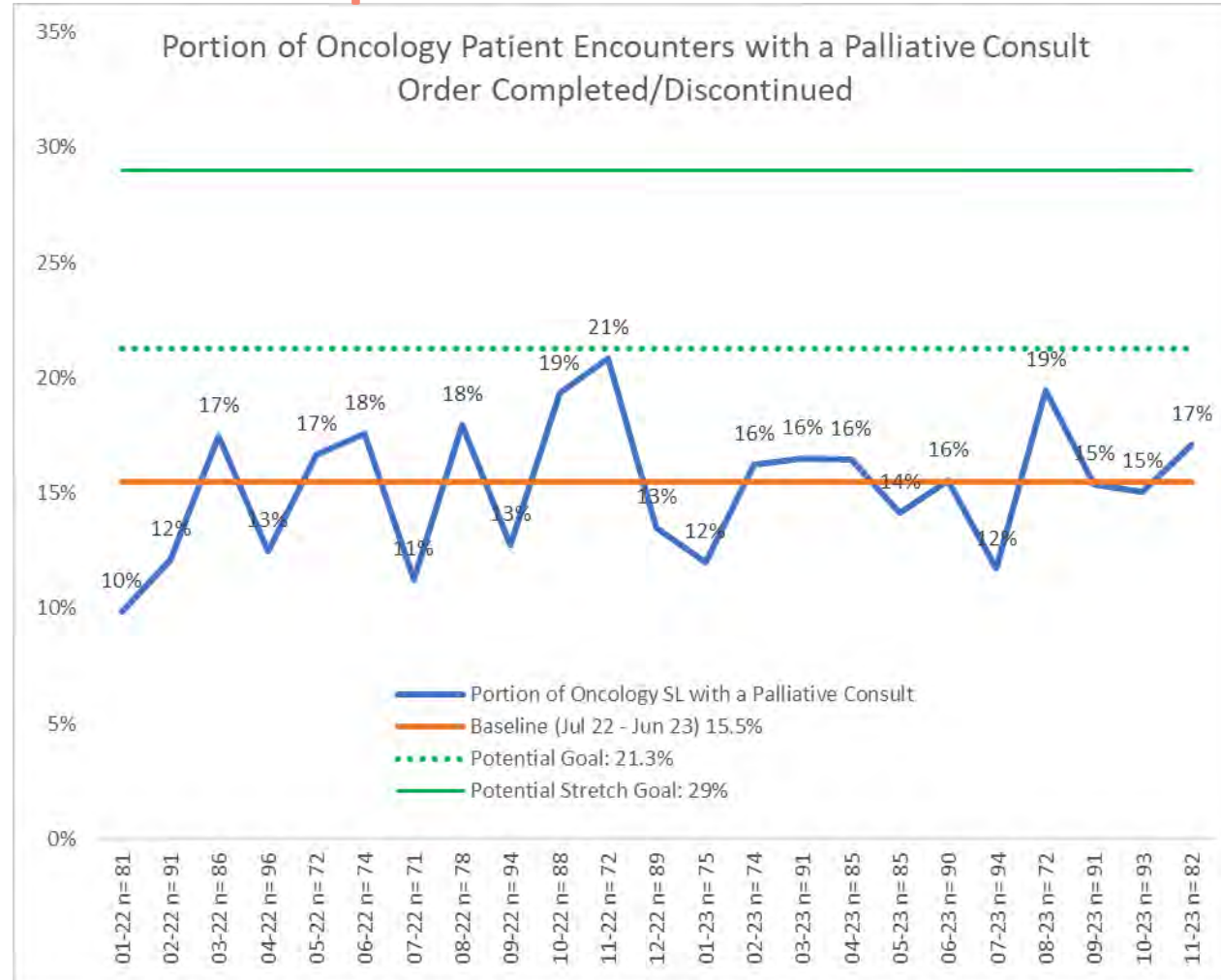
COPD (CMS Definition) - all payers, all ages



Stroger Op Ex Readmissions – Subgroup Oncology

% of Oncology patients with Palliative Consult Order

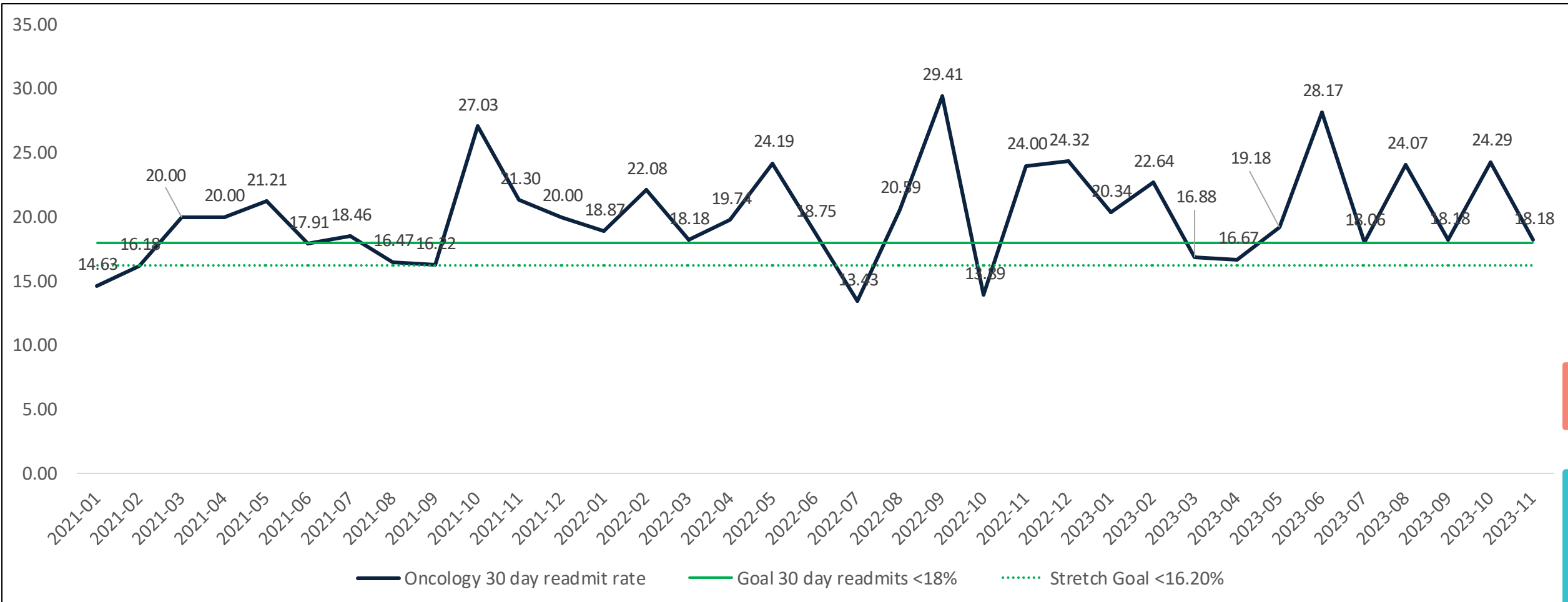
Baseline: 15.5% | Goal: 21.3% | Stretch: 29%



Stroger Op Ex Readmissions – Subgroup Oncology

Stroger Oncology 30-Day Readmissions Rate – all payors

30 day readmit Rolling 12 months (Dec 2022 – Nov 2023): 21.01% | Goal 18%



Op Ex HEDIS/Health Registries Workgroup Report Out

Dr. Charles Edoigiawerie & Beth Vaclavik

March 2024



COOK COUNTY
HEALTH

Amb Services Op Ex HEDIS/Health Registries A3

Workgroup Overall A3 Progress

2024 OpEx ACHN HEDIS Workgroup A3

Workgroup A3 Owner: Dr. Edoigiawerie & Beth Vaclavik

This Year's Action Plan

Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024													
			J	F	M	A	M	J	J	A	S	O	N	D		
Greater than 55% of patients aged 18 - 75 will have a blood pressure < 140/90	Procure necessary equipment for hypertension assessment in the clinics	Dr. Tinfang Dr. Abonia Nada Bowie														
	Create and implement a hypertension protocol to be used by all support staff															

Amb Services Op Ex HEDIS/Health Registries Subgroup A3

Subgroup – Hypertension Management

2024 OpEx ACHN HEDIS Hypertension Subgroup A3

Tactical A3 Owner: Dr. Tinfang, Dr. Abiona, & Nada Bowie

This Year's Action Plan

Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024													
			J	F	M	A	M	J	J	A	S	O	N	D		
Procure necessary equipment for hypertension assessment in the clinics	Clinic leaders to create list of needed equipment	ACHN Clinic Managers	Yellow	Yellow												
	Request equipment based off of submitted lists	ACHN Leadership	Grey	Grey												
Create and implement a hypertension protocol to be used by support staff	Partner with key stakeholders to create protocol	Subgroup Leaders	Yellow	Yellow												
	Partner with clinic leaders and teams to implement protocol		Grey	Grey												
Participate in the American College of Preventive Medicine Reducing HTN Amongst Priority Group grant	Provide remote monitoring equipment to patients		Green	Green												
	Integrate remote monitoring data in the HER	HIS	Yellow	Yellow												

Amb Services Op Ex Hedis Workgroup

% of Hypertension Patients with Blood Pressure <140/90

Baseline: 50.53% | Goal: 55% | Stretch: 60%

ACHN Amb Services Rolling 12-month Hypertension Population Management BP <140-90
(Engaged & Affiliated)

