



Op Ex Clinical Outcomes Workgroup Status Report

Dr. Radigan & Heather Lovelace

May 2024



COOK COUNTY
HEALTH

WORKGROUP 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: .47 2024 Goal: <=.80 CLABSI: 2023 Performance: .76 2024 Goal: <=.80	Nursing compliance with CAUTI prevention bundle	Sherrie Spencer	Yellow	Yellow	Yellow	Yellow								
	Nursing compliance with CLABSI prevention bundle		Yellow	Yellow	Yellow									
	Daily evaluation re: indication for indwelling catheter & removal if not indicated	Dr. Welbel	Yellow	Yellow	Yellow									
	Daily evaluation re: indication for line & removal if not indicated		Yellow	Yellow	Yellow									
Reduce the number of PSI-12, 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	Grey	Yellow	Yellow	Yellow								
	Utilize visual management and communicate re utilization of VTE Advisor & Risk Assessment		Grey	Yellow	Yellow									
	Review timing and accuracy of abstraction		Grey	Grey	Green	Green								
	Optimization of heparin and SCD usage		Grey	Yellow	Yellow	Yellow								

HAI Subgroup A3

Subgroup Progress

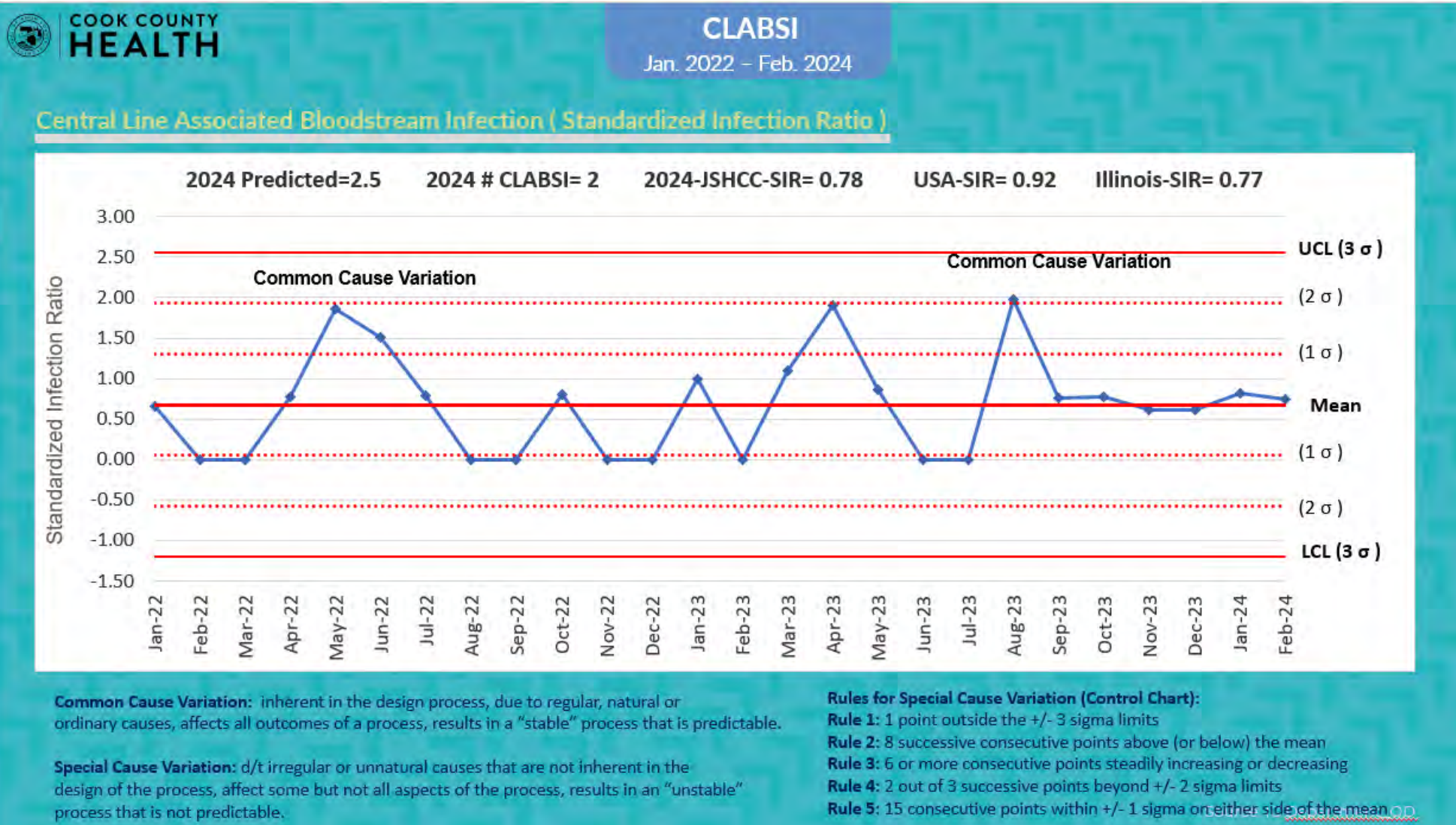
2024 OpEx Stroger Clinical Outcomes HAI Subgroup A3

Subgroup A3 Owner: Dr. Welbel & Sherrie Spencer

This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leaders	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
CAUTI prevention bundle components CHG bath compliance goal: 100% Catheter education for pts goal: 100% Dependent loop identification goal: 100%	Share bundle compliance data at unit level on a daily basis	Med-Surg Nurse Clinicians												
	Audit charts for catheter appropriateness documentation in the EMR													
	Huddle w/ frontline teams to teach on and reinforce proper documentation													
CLABSI prevention bundle components CHG bath compliance goal: 100% Dressing change compliance goal: 100% Cap change compliance goal: 100%	Share bundle compliance data at unit level on a daily basis	Med-Surg Nurse Clinicians												
	Audit charts for appropriate CHG bath documentation in the EMR													
	Identify a specific day of the week for dressing and cap changes													

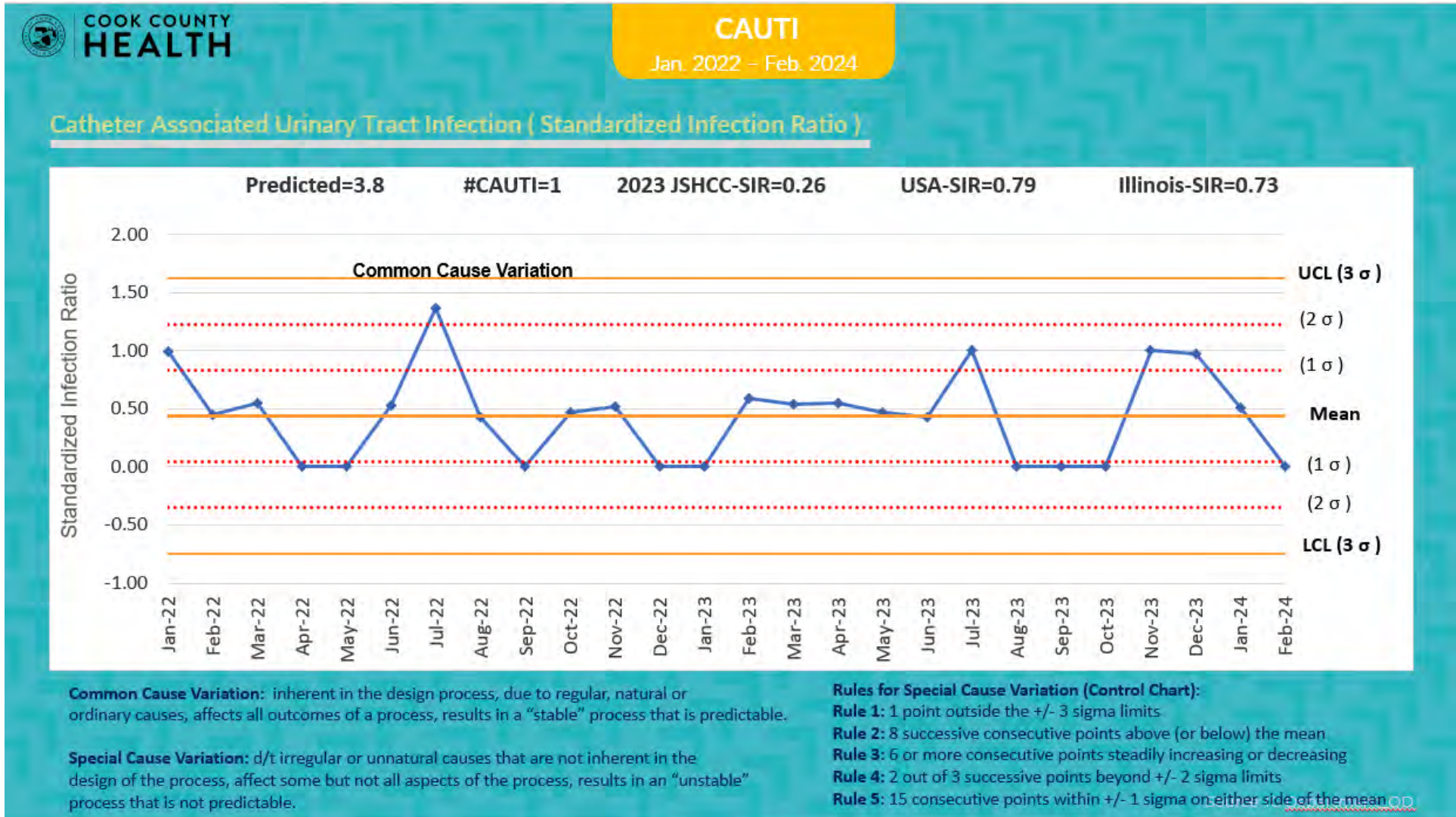
Performance Monitoring

HAI CLABSI | SIR Goal ≤ 0.8 or 20% reduction



Performance Monitoring

HAI CAUTI | SIR Goal ≤ 0.8 or 20% reduction

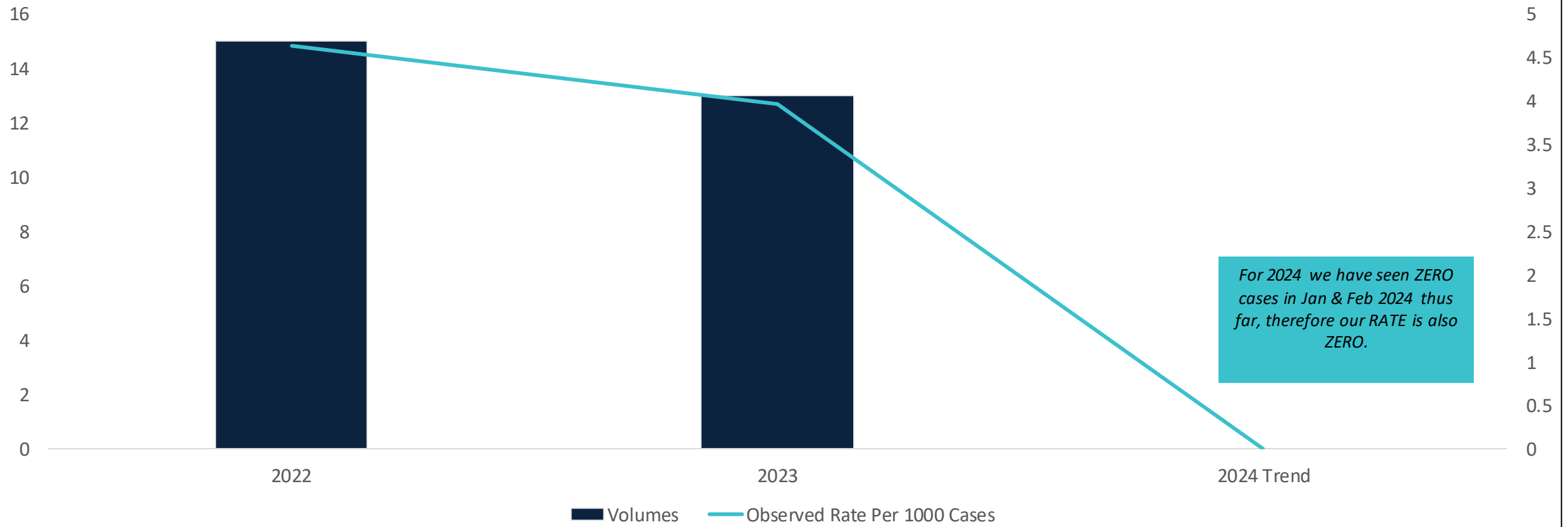


Performance Monitoring

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

Goal: ≤ 7 Cases for 2024

PSI-12 Volume and Observed Rate per 1000 Cases





Op Ex Clinical Outcomes Workgroup Report Out

Dr. Mark Loafman & Raphael Parayao

May 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 Connie	█	█	█	█	█							
	Initiate hand hygiene campaign			█	█	█								
	Identify hand hygiene champion program				█	█	█							

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		█	█	█	█								
	Ensure patient locations are tied to TigerConnect roles for sepsis alerts	Raphael Marla Lax					█								
Implement reflex lactate order	Leverage technology to pull vitals into EMR in real-time	HIS Dr. Hussain Nursing Quality	█	█	█	█	█								
	Meet w/ stakeholders to develop reflex order logic			█											
	Modify current reflex lactate order logic to include Provident			█	█	█									

Provident Op Ex Clinical Outcomes Workgroup A3

Workgroup Overall A3 Progress

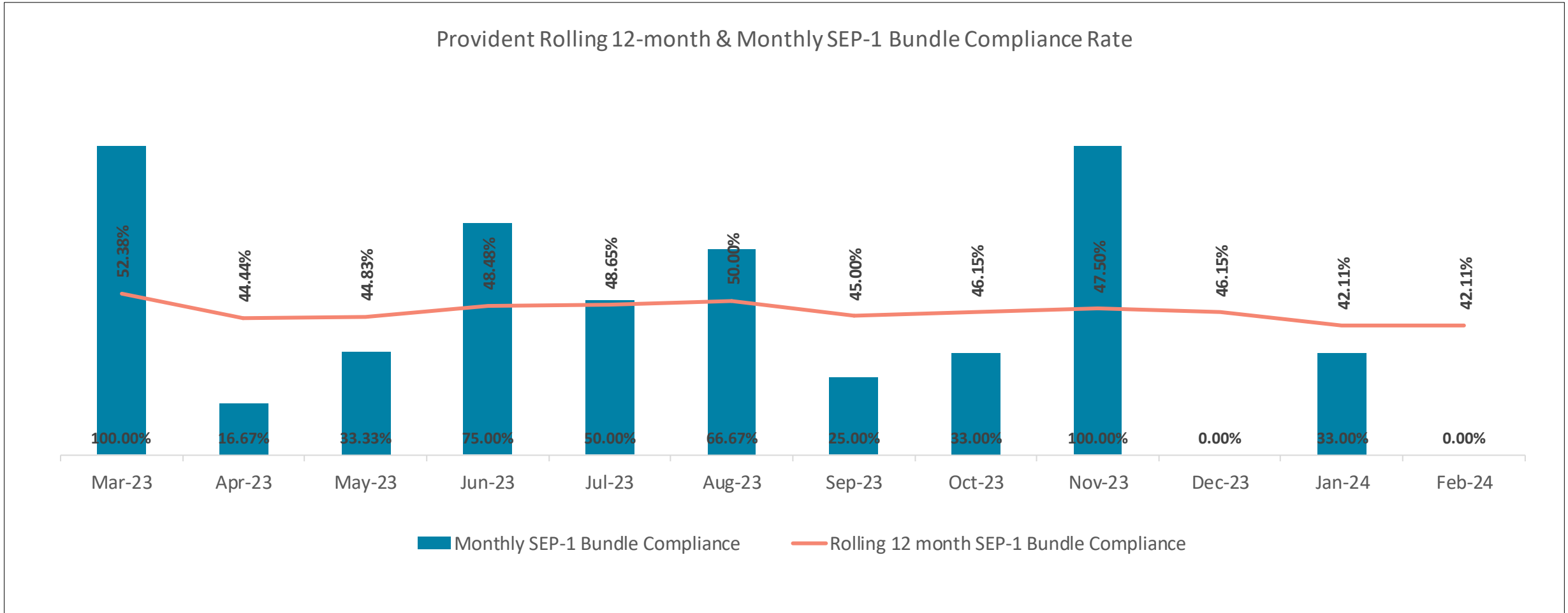
2024 OpEx Provident Clinical Outcomes Hand Hygiene Sub-group A3

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	Collaborate with leadership in areas of highest opportunity	Raphel Parayao															
Initiate hand hygiene campaign	Bring to QPI meeting for engagement & accountability	Dr. Loafman															
	Review hand hygiene data at QPI																
Identify hand hygiene champions in areas of highest opportunity	Food & Nutrition Services champion	Raphel Parayao															
	Nursing champion																
	Surgical Services champion																

Performance Monitoring

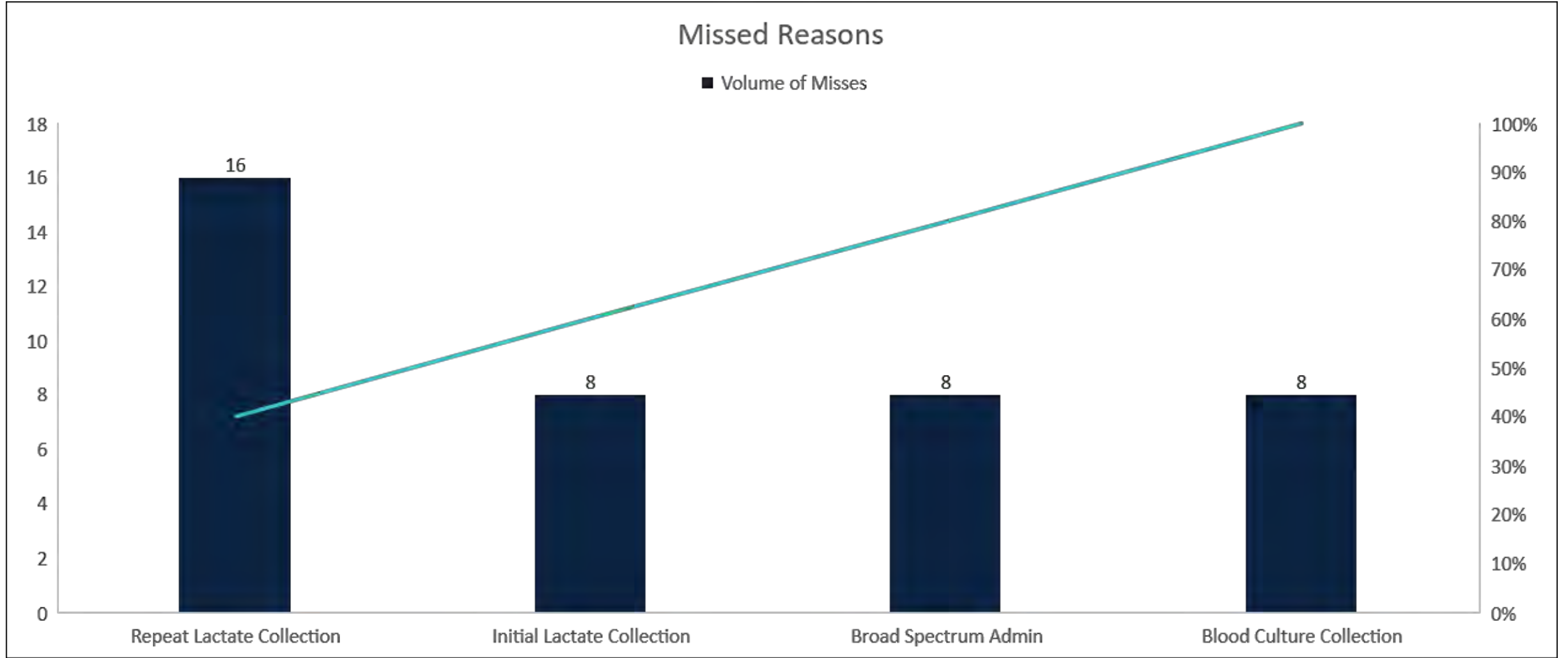
SEP-1 Bundle Compliance

Goal: 60% | Stretch Goal: 65%



Performance Monitoring

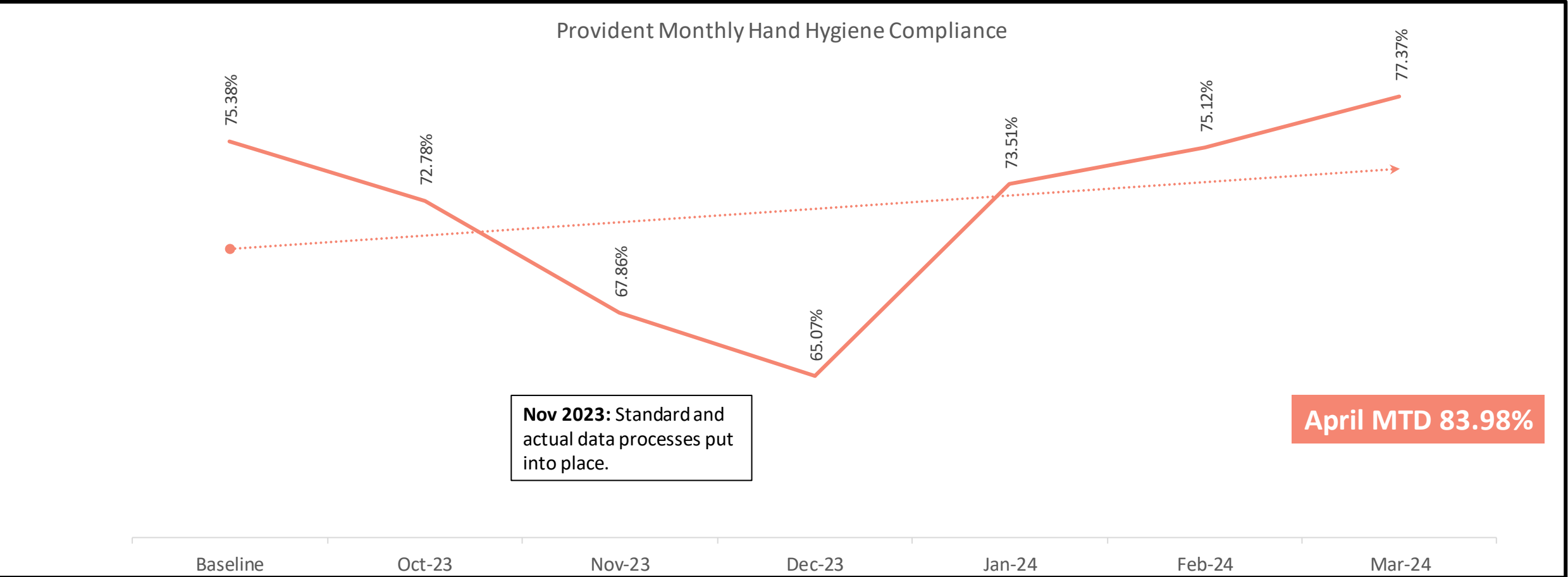
SEP-1 Bundle Compliance Missed Reasons Pareto Chart



Performance Monitoring

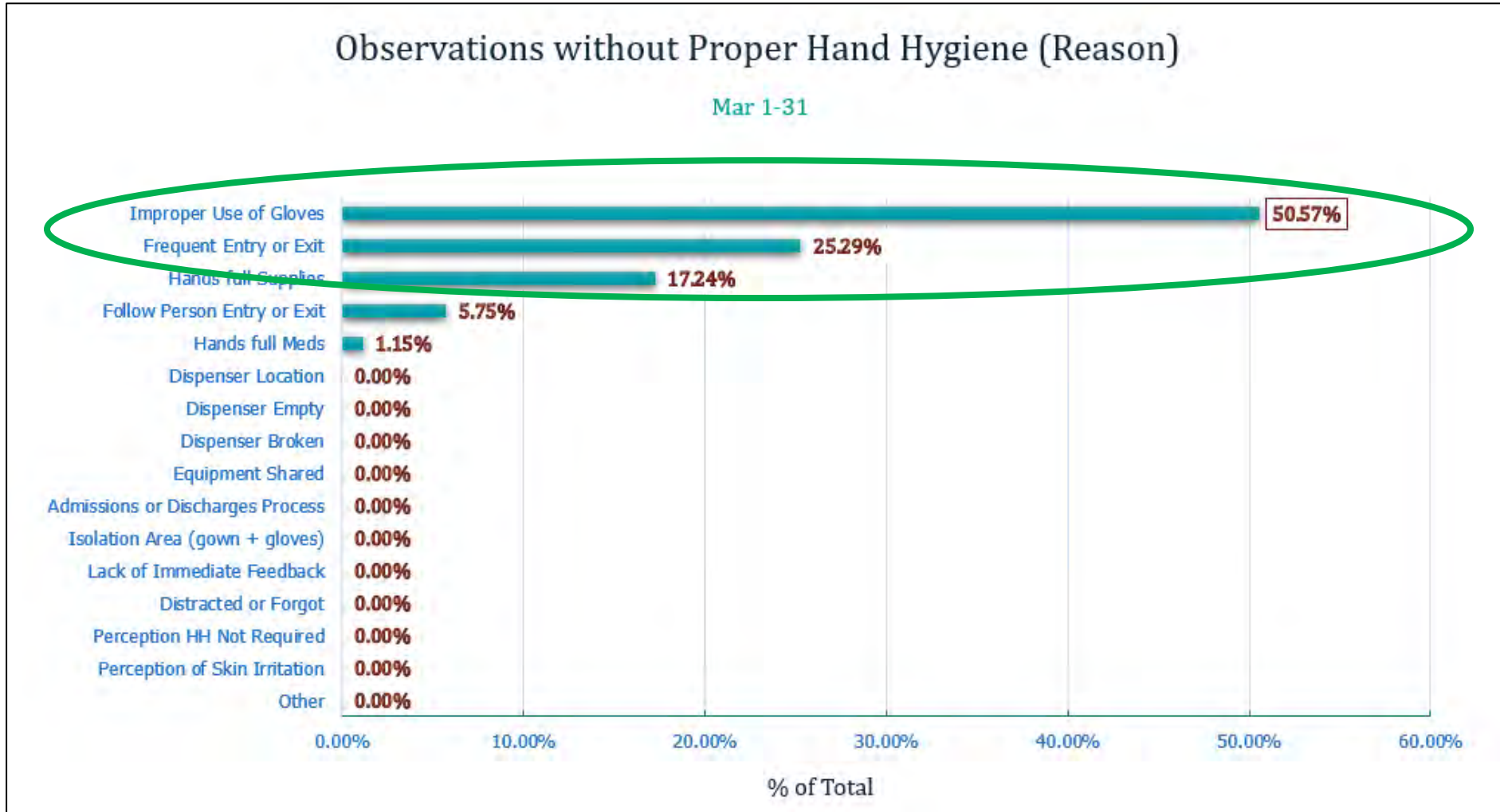
% of Hand Hygiene Compliance

Goal: 80% | Stretch Goal: 90%



Performance Monitoring

Reasons for Hand Hygiene Non-Compliance





Op Ex Readmissions Workgroup Status Report Out

Dr Jabbar & Diane Creal

May 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	CHF: Dr Maria Demori, Dr Pete Antonopoulos COPD: Dr. Sherene Fakhran, Dr. Nancy Quesada												
	Provide post-discharge support for patients with CHF and COPD utilizing our TOC RN program													
	Provide patients with CHF and COPD self-management tools and education													
	Improve Oncology Readmission Rates by increasing use of Palliative Care services	Dr. Orlanda Mackie, Dr. Hernan Grewal												
	Project: High Risk Readmission Model Implementation	HIS/Acute Care Management												

Stroger Op Ex Readmissions A3

CHF Subgroup Overall A3 Progress

CHF Subgroup A3

Tactical A3 Owner: Dr Maria Demori, Dr Pete Antonopoulos

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
Increase % of CHF patients managed by Cardiology who are seen within 7 days post-acute discharge 2023 performance: 63% 2024 goal: 69.3% Stretch: 76.2%	Increase availability of cardiology post-discharge appointments	Dr. Maria Demori	█	█	█	█								
	Coordinate and schedule patients according to clinical and patient preferences	Jessica Chavez-Hernandez, MA	█	█	█	█								
Increase % of CHF patients who receive a phone call for post discharge support 2023 Performance: 83% 2024 Goal: 91.3% Stretch: 100%	Ensure stable staffing and prioritization of phone calls by Transition of Care Team	Ean Pino, RN	█	█	█	█								
Ensure CHF Patients receive self-management tools and education upon admission Performance Monitoring TBD	Flag CHF patients in EMR for nursing to initiate education	Bernadine Okeh, RN	█	█	█	█								
	7 East - RN Navigator to distribute educational folders and oversee daily teaching					█								
	Create reporting to assess fidelity													

Stroger Op Ex Readmissions A3

COPD Subgroup Overall A3 Progress

COPD Subgroup A3

Tactical A3 Owner: Dr. Sherene Fakhran, Dr. Nancy Quesada

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
Increase % of COPD patients who receive a phone call for post discharge support 2023 Performance: 50.8% 2024 Goal: 55.88% Stretch: 61.47%	Ensure stable staffing and prioritization of phone calls by Transition of Care Team	Ean Pino												
Improve % of COPD patients receiving inhaler teaching concordant to d/c inhalers 2023 Performance: 33.3% 2024 Goal: 36.6% Stretch: 40.2%	Simplify inpatient formulary to match most common discharge inhalers	Dr. Pete Antonopoulos, PharmD												
	Lung Health Educators focus teaching on most common prescribed inhalers	Maritza Pantoja												
Increase % of patients with smokers with COPD receiving quit aids at discharge 2023 Performance: 23% 2024 Goal: 25.3% Stretch: 27.6%	Educational sessions and data feedback for Physicians	Dr. Bharath Pendyala												
	Lung Health Educators recommend physicians to prescribe Chantix or Zyban with nicotine replacement	Maritza Pantoja												

Stroger Op Ex Readmissions A3

Oncology Subgroup Overall A3 Progress

Oncology Subgroup A3

Tactical A3 Owner: Dr. Orlanda Mackie, Dr. Hernan Grewal

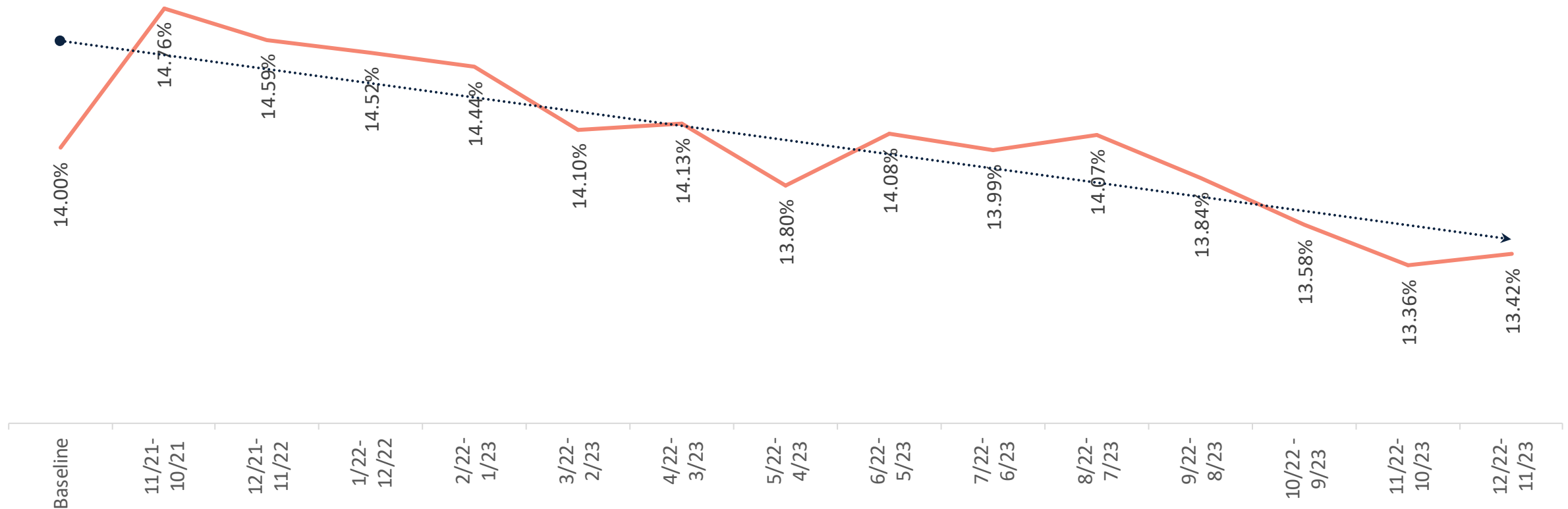
This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	D
Increase palliative consults on patients within oncology service line 2023 performance: 15.5% 2024 goal: 21% Stretch: 29%	Foster cultural change for physicians at education sessions	Dr. Jabbar	█	█	█	█								
	Develop palliative care decision support in EHR	Dr. Orlanda Mackie, Dr. Hernan Grewal	█	█	█	█								

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



Op Ex Throughput Workgroup Status Report Out

Krzysztof Pierko, MD, MBA

Peter Sesi, MBA, BSN, RN

May 2024



COOK COUNTY
HEALTH

Stroger Op Ex Throughput A3

Workgroup Overall A3 Progress

Performance, Gaps & Targets

The OpEx Stroger Throughput 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.

Reflection on Last Year's Activities & Key Accomplishments

TAT for TTE	~30hrs in 2022 to 12.5 hrs in 2023 (58% improvement)
LWBS	~5.9% in 2022 to ~3.1% in 2023 (47% improvement)
EVS Bed TAT	~125min in 2022 to ~87min in 2023 (30% improvement)
DC order to actual dc time	~124min in 2022 to ~89min in 2023 (28% improvement)
Transportation TAT	~44.5 min in 2022 to 36.5min in 2023 (18% improvement)
Improved ED triage process Improved Nurse-to-Nurse reporting process	
Created Virtual Unit to accommodate 10 patients Ongoing improvements to optimize IDRs	

Rationale for this Year's Activities

OpEx: Throughput Workgroup focus this year is to reduce variance in GLOS and reduce TAT for radiologic testing (especially MRI and CT). At the same time all subgroups will continue to work on last year initiatives to sustain significant wins.

2024 OpEx Stroger Throughput Workgroup A3

Workgroup A3 Owner: Dr. Pierko & Peter Sesi

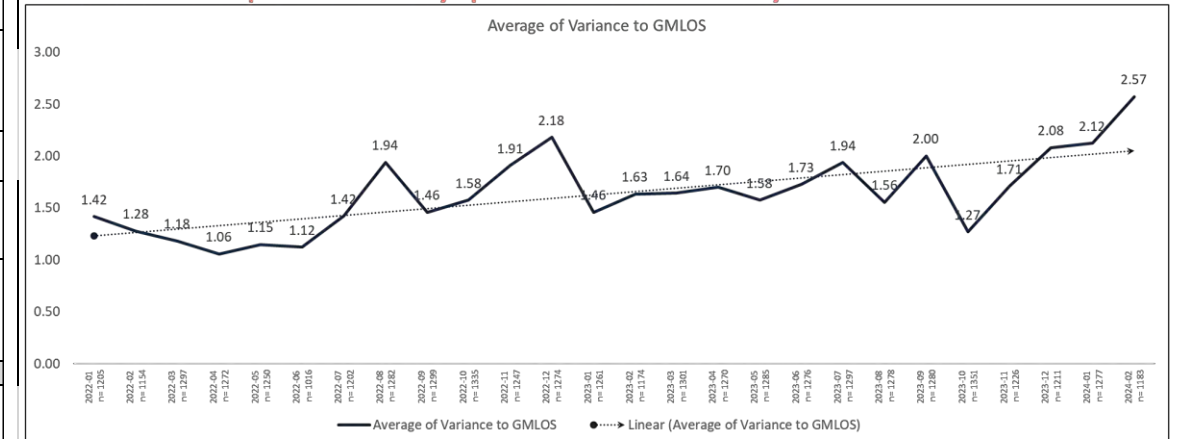
This Year's Action Plan

Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024													
			J	F	M	A	M	J	J	A	S	O	N	D		
Decrease GMLOS (Geometric Mean Length of Stay) variance 2023 performance: 2.2 days variance 2023 Goal: 0.5 day reduction 2023 Stretch Goal: 1.0 day reduction	Modify Medicine Service admission model (go live 07/01/2024)	Dr. Pierko														
	Standardize discharge planning processes on the medical units	Dr. Taddese														
	Decrease operational throughput turnaround times including bed assignment, patient transport, & room															

Stroger Op Ex Throughput Performance Monitoring

Monthly Avg Variance to GMLOS Expected

Baseline: 1.73 | Goal: 1.7 days | Stretch Goal: 1.2 days



Data Source: Vizient/CMS Table by MSDRG weights

Lower is better

Exclusions: GeoMean OBS LOS >30



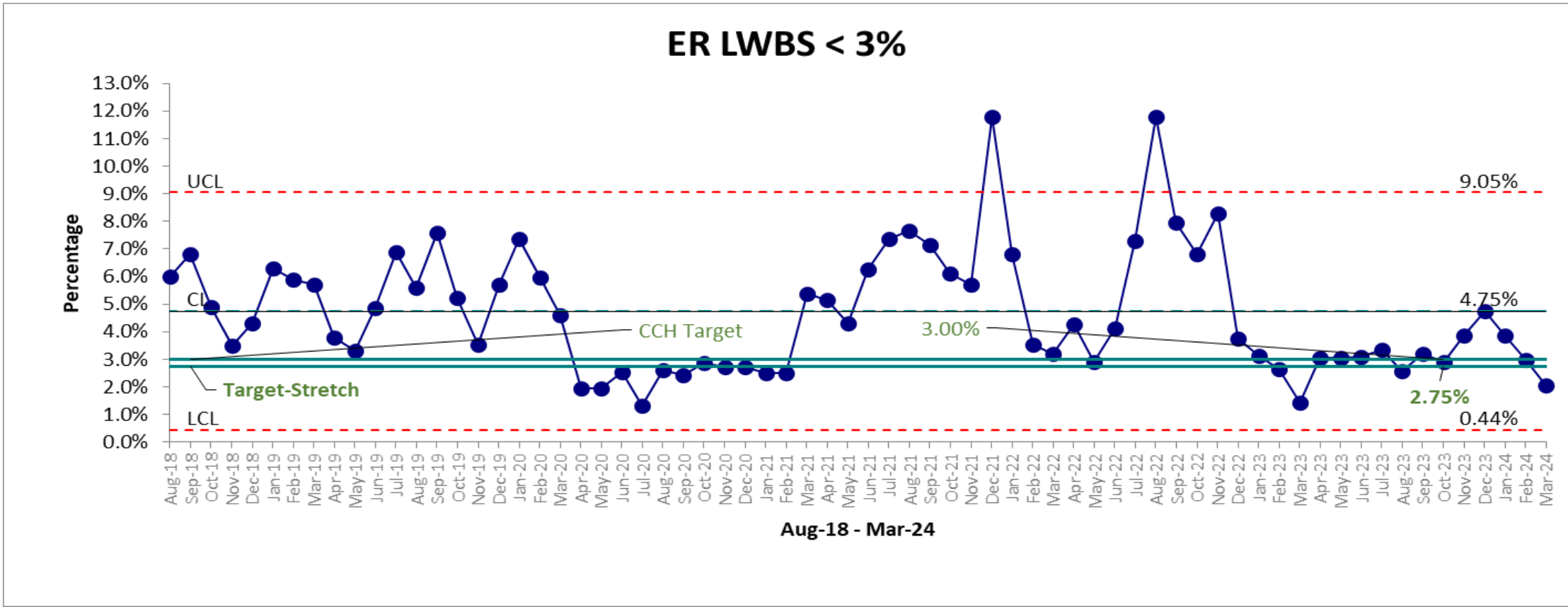
Stroger Op Ex Throughput Subgroup A3

ED Throughput

This Year's Action Plan														
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024											
			J	F	M	A	M	J	J	A	S	O	N	
Reduce LOS by 1 day	Reinstate bolus (q4 days) admission model	Dr. Pierko												
	Modify Cerners orders	Dr. Caudil												
	Optimize Tiger Connect for admission model	Sam Stathos												
	Optimize ED to Medicine admision process	Dr. Needleman												
LWBS <2%, stretch <1.5% ED Arrival to Departure (DC) <220, Stretch <191	ED Triage space/Relocate financial advisors	Dr. Needleman Mr. McCracken												
	Improve Door to UA/Pregnancy test/XR/Respiratory viral panel TAT	Dr. Needleman Mr. McCracken												
	Increase #of ED transfers to Provident	Dr. Lewis												

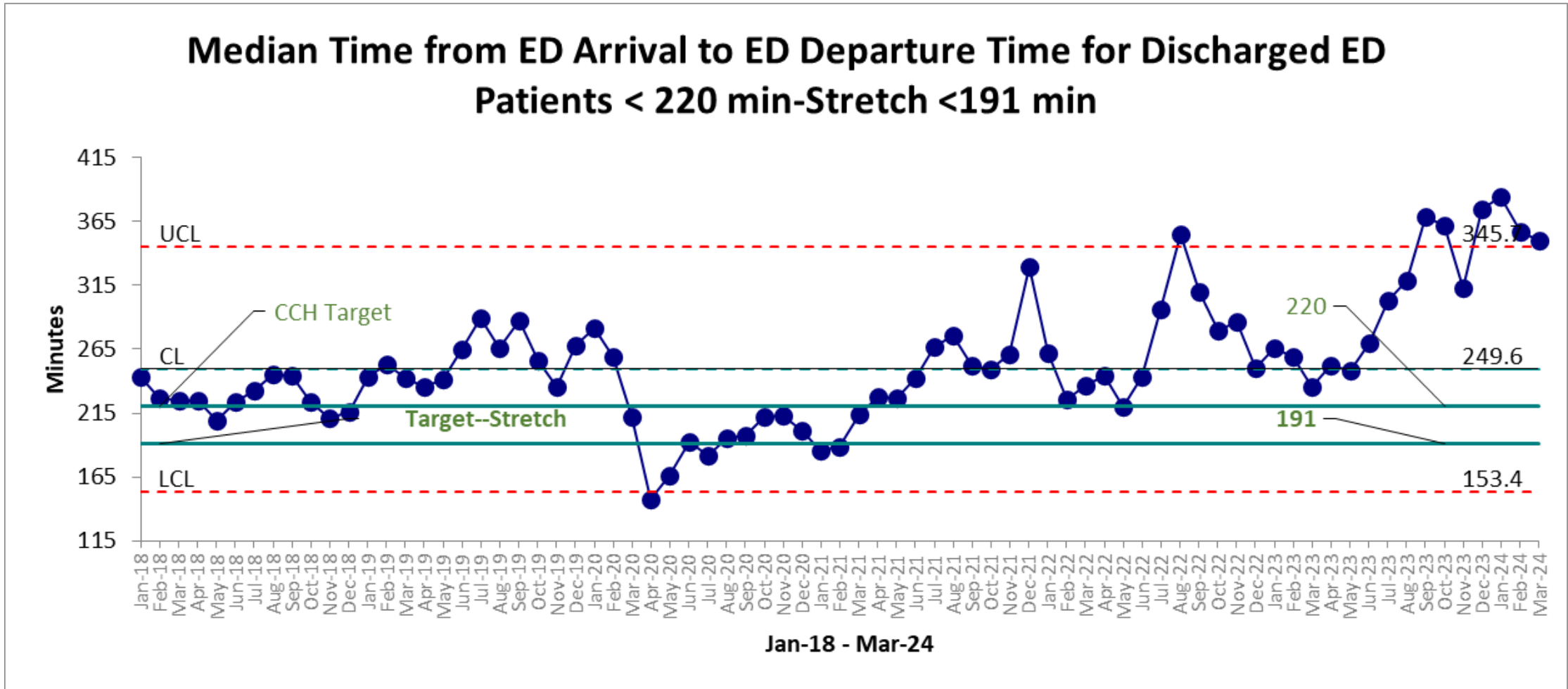
Stroger Op Ex Throughput Subgroup A3

ED Throughput



Stroger Op Ex Throughput Subgroup A3

ED Throughput



Stroger Op Ex Throughput Subgroup A3

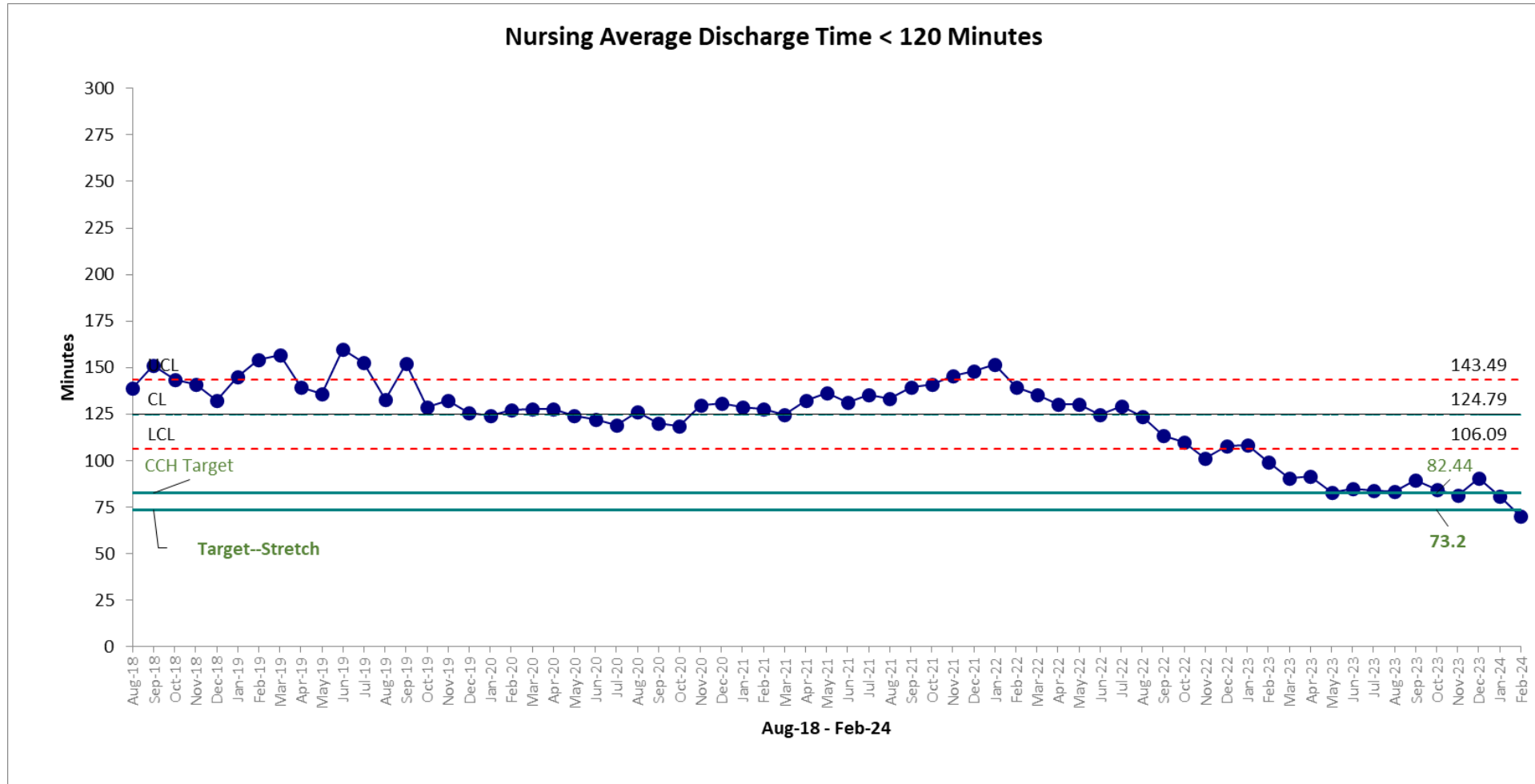
Inpatient Throughput

This Year's Action Plan																
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024													
			J	F	M	A	M	J	J	A	S	O	N			
Standardize Interdisciplinary Rounds (IDRs) on the medical units	Provide training on Discharge Barriers to Nuring Managers	Dr. Pierko														
	Provide training on Discharge Barriers to Case Managers	Dr. Pierko														
	Ensure standardized reporting on all units	Dr. Pierko														
Optimize Discharge Lounge	Expand Discharge Lounge inclusion criteria	Mrs. Zhang														
	Provide a cost-analysis for the RN/PCT/HA staffed Discharge Lounge; identify the light-duty RN resource	Mrs. Zhang														
	Study the needs of inpatient at discharge to identify the service needed in the Discharge Lounge	Mrs. Zhang														
	Pilot a RN and HA/PCT staffed Discharge Lounge staffing model	Mrs. Zhang														
	Create staff version Discharge Lounge Information Flier for quick reference	Mrs. Zhang														
Patient average discharge time - Pilot a new workflow on the unit monitoring the discharge timer and escalation process	Develop a 30/45 Workflow to monitor discharge milestone and remind staff to prioritize discharge and to escalate timely	Mrs. Zhang														
	Collaborate with the Transport Team for an escalation process to complete discharge within the set discharge turnaround time	Mrs. Zhang														
	Educate the designated staff on monitoring the discharge timer and to follow the escalation process	Mrs. Zhang														
Proactive assessment and resolution of discharge barriers	1. Discharge Readiness assessment educaiton. 2. Tiered Tiger alerts of Discharge TAT timer to Charge RN and Manager. 3. Officer srtaffing for Cermak patients	Dr. Taddese														
	Timely consultant recommendations, Improve DME/Oxygen TAT, Medication delivery	Dr. Taddese														
	Early identification for placement with early family engagement	Dr. Taddese														
	System-wide palliative triggers	Dr. Taddese														
	Increase testing capacity by Cardiology (weekend coverage)	Dr. Taddese														
	Increase testing capacity by Radiology 9mobile MRIs)	Dr. Taddese														



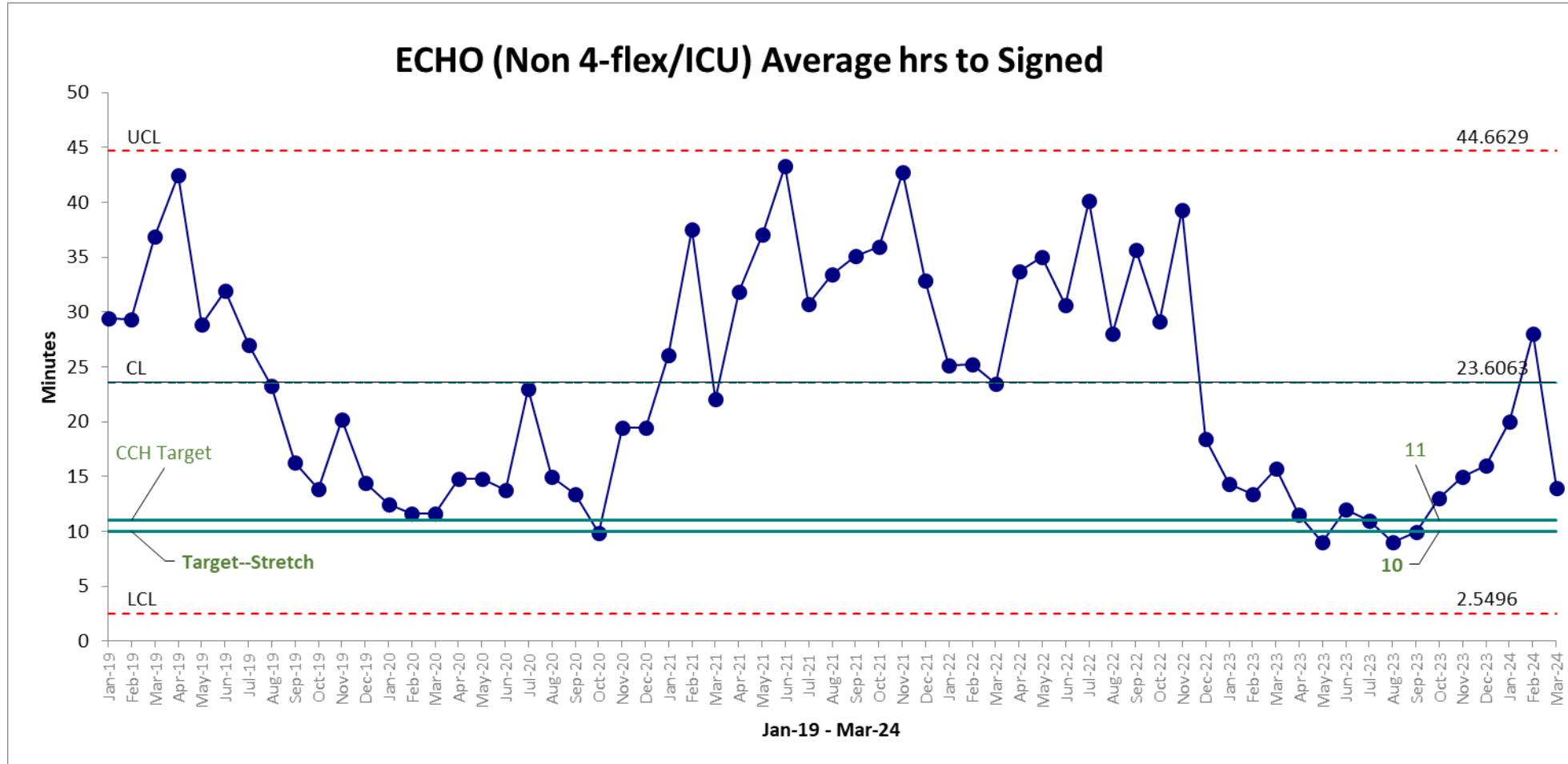
Stroger Op Ex Throughput Subgroup A3

Inpatient Throughput



Stroger Op Ex Throughput Subgroup A3

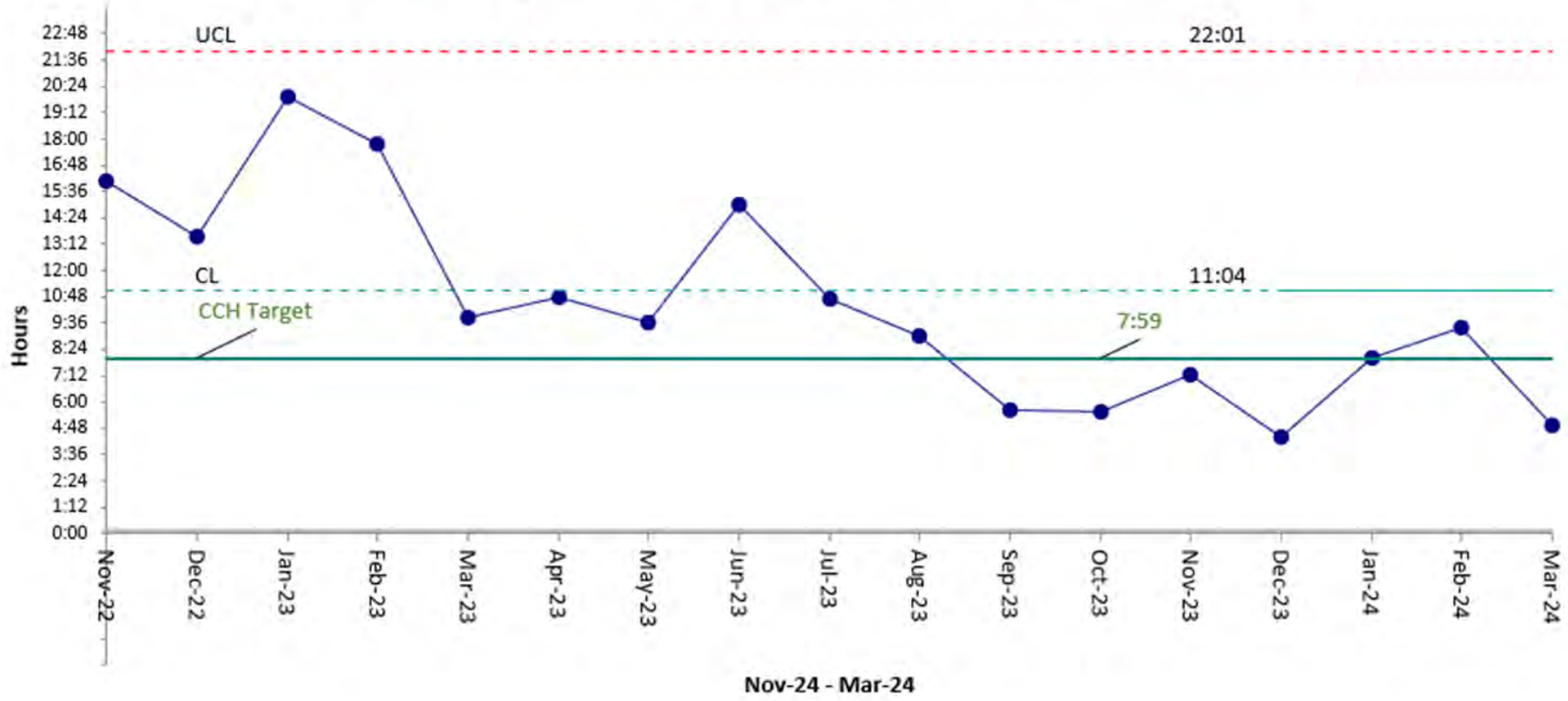
Inpatient Throughput



Stroger Op Ex Throughput Subgroup A3

Inpatient Throughput

High Volume Diagnostics -- CT Avg Hours Ordered to Complete Routine



Stroger Op Ex Throughput Subgroup A3

Operational Throughput

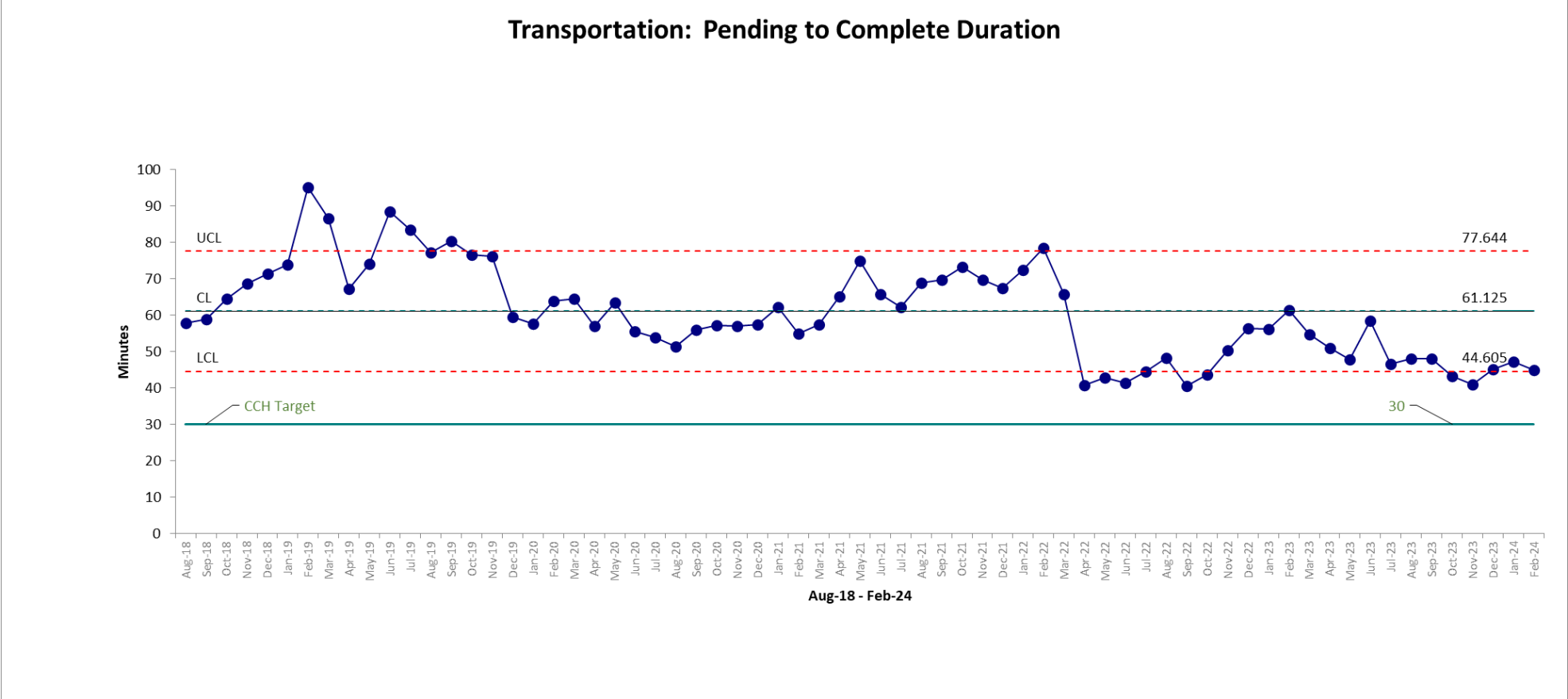
Workgroup A3 Owner: Dr. Pierko & Peter Sesi

This Year's Action Plan																
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024													
			J	F	M	A	M	J	J	A	S	O	N	D		
Reduce patient transport TAT Goal: < 37 minutes 2024	Initiate zoning for Radiology Department	Towanda Bell														
	Track efficiency and jobs per hour	Towanda Bell														
Reduce room turnover time Goal : < 60 minutes 2024	Discharge cleaning 1PM-9PM	John Jordan Ruben Gonzalez														
	Additional staff during surge times	John Jordan Ruben Gonzalez														
Reduce bed assignment time goal: < 15 minutes (counted from the time bed becomes available) 2024	Keep track of blocked, furloughed, and reserved beds	Michelle King-Robledo Yemisi Taylor														
	Cross-trained clerical poll	Michelle King-Robledo Yemisi Taylor														



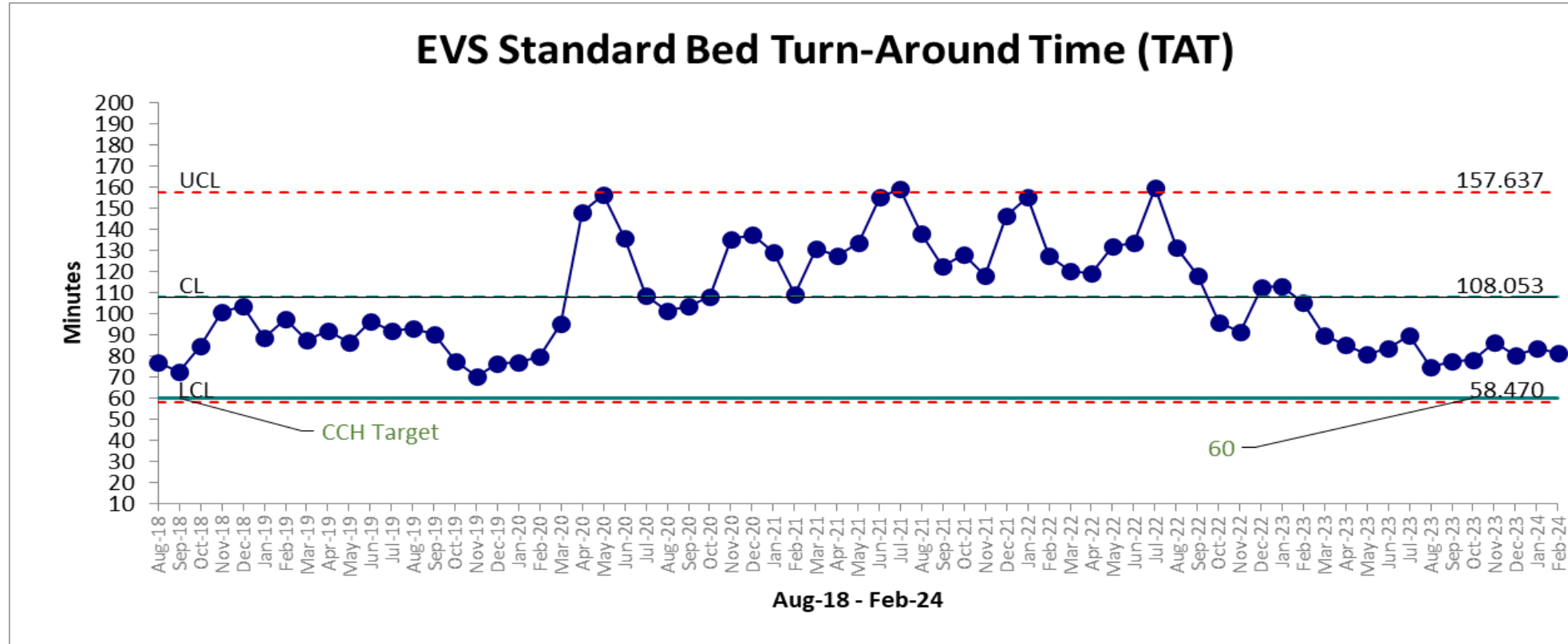
Stroger Op Ex Throughput Subgroup A3

Operational Throughput



Stroger Op Ex Throughput Subgroup A3

Operational Throughput



Thank you

Questions?





Op Ex HEDIS/Health Registries Workgroup Report Out

Dr. Charles Edoigiawerie & Beth Vaclavik

May 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 - 85 will have a blood pressure < 140/90 Baseline: 50.53% Goal: 55.00% Stretch Goal: 60.00%	Procure necessary equipment for hypertension assessment in the clinics	Dr. Tinfang Dr. Abonia													
	Create and implement a hypertension protocol to be used by all support staff														
Women aged 21-65 will have their cervical cancer screening completed Baseline: 42.83% Goal: 47% Stretch goal: 52%	Train all medical assistants on pap smear set-ups and ensure sites have the necessary equipment	Dr. Abrego Christina Urbina													
	Spread best practices from high performing sites across the network														

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

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	█													
	Request equipment based off of submitted lists	ACHN Clinic Managers	█	█	█	█										
Create and implement a hypertension protocol to be used by support staff	Partner with key stakeholders to create protocol	Subgroup Leaders	█	█	█	█										
	Partner with clinic leaders and teams to implement protocol		█	█	█	█										
Participate in the American College of Preventive Medicine Reducing HTN Amongst Priority Group grant	Provide remote monitoring equipment to patients		█	█	█	█										
	Integrate remote monitoring data in the 'EMR/Cerner	HIS	█	█	█	█										

Amb Services Op Ex HEDIS/Health Registries Subgroup A3

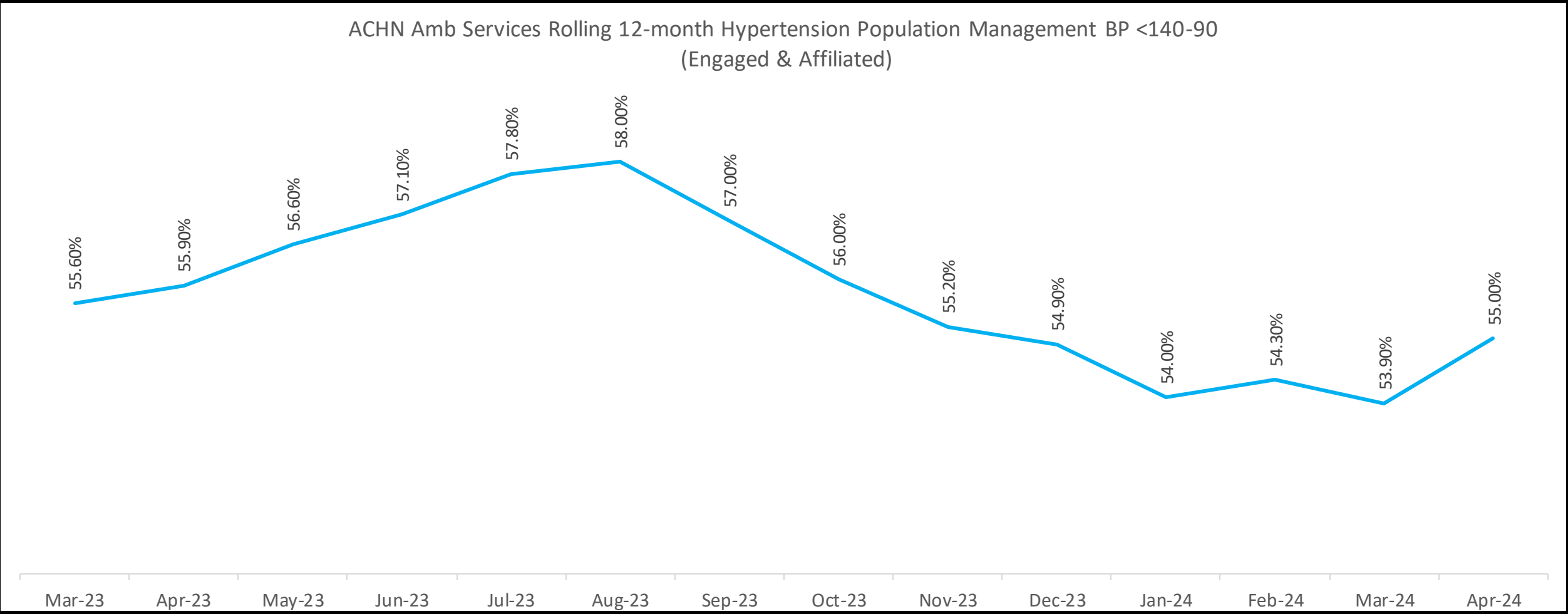
Subgroup – Cervical Cancer Screenings

2024 OpEx ACHN HEDIS Cervical Cancer Subgroup A3			Subgroup A3 Owner: Dr Abrego, Skyler Bateast & Christina Urbina														
This Year's Action Plan																	
			January - December 2024														
			J	F	M	A	M	J	J	A	S	O	N	D			
Train all medical assistants on pap smear set-ups and ensure sites have the necessary equipment	Skills Fairs -completed recently to re-educate	Christina Urbina															
	Visual Setups for paps and other procedures (PPT) shared																
	Cindy to develop an Audit tool for the setup compliance check and provide to Skyler	Cindy Walsh															
	Accountability audits, start GMC in May	Skyler Bateast															
Spread best practices from high performing sites across the network	Clinical Documentation Improvement Education on exclusions, programmic outline for how done at GMC	Skyler Bateast															
	Cascade communication of this education throughout the organization once core subgroup has a programmic outline	Christina Urbina															

ACHN Op Ex Hypertension Performance Monitoring

% of Hypertension Patients with Blood Pressure <140/90

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



ACHN Op Ex Cervical Cancer Performance Monitoring

% of Patients with Cervical Cancer Screening

Baseline: 42.83% | Goal: 47.00% | Stretch: 52.00%

