



Op Ex Throughput Workgroup Status Report Out

Krzysztof Pierko, MD, MBA

Peter Sesi, MBA, BSN, RN

July 2024



COOK COUNTY
HEALTH

Stroger Op Ex Throughput A3

Workgroup Overall A3 Progress

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: 1.3 days variance 2024 Goal: 0.5 day reduction 2024 Stretch Goal: 1.0 day reduction	Modify Medicine Service admission model	Dr. Pierko												
	Standardize discharge planning processes on the medical units	Dr. Taddese												
	Decrease operational throughput turnaround times including bed assignment, patient transport, & room turnover													

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	D
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

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	D		
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	█	█	█	█	█	█								
	Redesign IDR format on all units	Dr. Tadesse	█	█	█	█	█	█								
Optimize Discharge Lounge	Expand Discharge Lounge inclusion criteria	Mrs. Zhang	█	█	█	█	█	█								
	Redesign Discharge lounge to accomodate more patients	Mrs. Zhang	█	█	█	█	█	█								
Improve patient average discharge time	Collaborate with the Transport Team for an escalation	Mrs. Zhang	█	█	█	█	█	█								
	Discharge facilitator team - early follow up and escalation	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, Imporve DME/Oxygen TAT, Medication delivery	Dr. Taddese	█	█	█	█	█	█								
	Early idenitification 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 (mobile MRIs)	Dr. Taddese	█	█	█	█	█	█								

Stroger Op Ex Throughput Subgroup A3

Operational Throughput

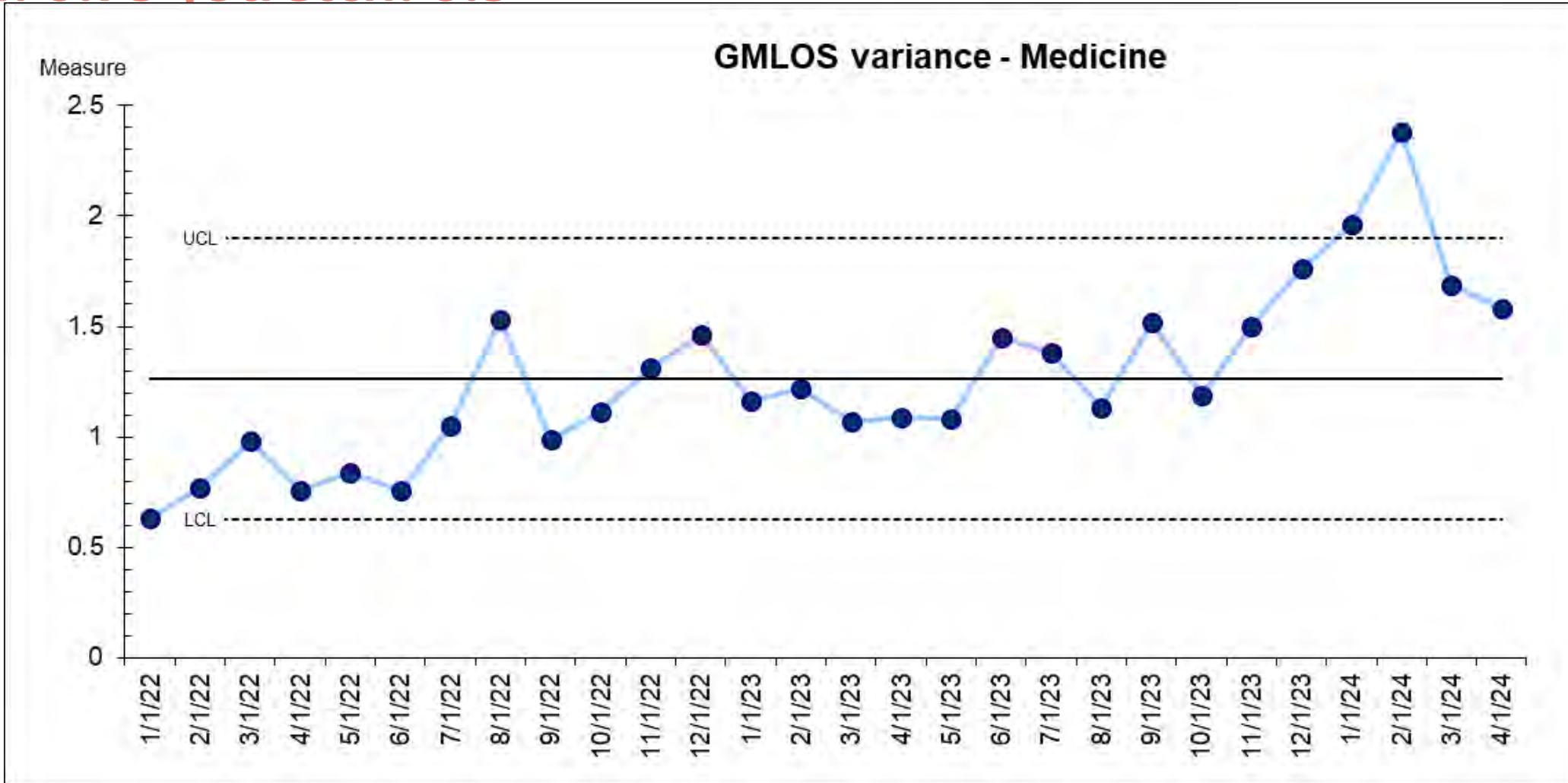
Workgroup A3 Owner: Dr. Pierko & Peter Sesi

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	Discahrge 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, furloughrd, and reserved beds	Michelle King-Robledo Yemisi Taylor																
	Hedging, CO-Horting	Michelle King-Robledo Yemisi Taylor																

Stroger Op Ex Throughput Performance Monitoring

Monthly Variance to GMLOS Expected

Goal: 0.75 | Stretch: 0.5



Thank you

Questions?



COOK COUNTY
HEALTH



Op Ex Throughput Workgroup Status Report Out

Dr. P Allegretti & Amy O'Malley

July 2024



COOK COUNTY
HEALTH

Provident Op Ex Throughput A3

Workgroup Overall A3 Progress

OpEx Provident Throughput Workgroup A3		Workgroup A3 Owners: Dr. Allegretti & Amy O'Malley														
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 Emergency Department LWBS 2023 Performance: 5.5% 2024 Goal: 4.5% 2024 Stretch Goal: 4.0%	Implement provider out front	Dr. Allegretti	■	■	■	■	■	■								
	Implement pull-to-full	Amy O'Malley	■	■	■	■	■	■								

Provident Op Ex Throughput Subgroup A3

Subgroup Progress

2024 OpEx Provident Throughput Subgroup Workgroup A3

Subgroup A3 Owner: Dr. Allegretti & Amy O'Malley

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		
Expand provider out front to peak hours - Monday - Friday from 8:00am - 8:00pm	Add ED Rapid Medical Evaluation tab to tracking board & create instructions for users	Keelie Gaddis	Green													
	Review discharge disposition definitions with Ward Clerks	Amy O'Malley		Green												
	Automate receipt of daily, weekly, & monthly LWBS metrics from BI	Business Intelligence		Yellow	Yellow	Yellow	Green									
	Automate receipt of daily report for rapid provider evals	Cerner Analytics						Green								
Implement pull-to-full	Partner with nursing to develop pull-to-full process	Dr. Allegretti Amy O'Malley	Yellow	Yellow	Yellow	Yellow	Yellow									
	Provide education & training re: pull-to-full processes to charge nurses & nurses via department meetings & huddles	Amy O'Malley		Green	Green											
	Move ER tech out to triage to assist w/ vitals, EKGs, labs, & flow & equip w/ TigerConnect phone for ease of contact	Amy O'Malley			Green											

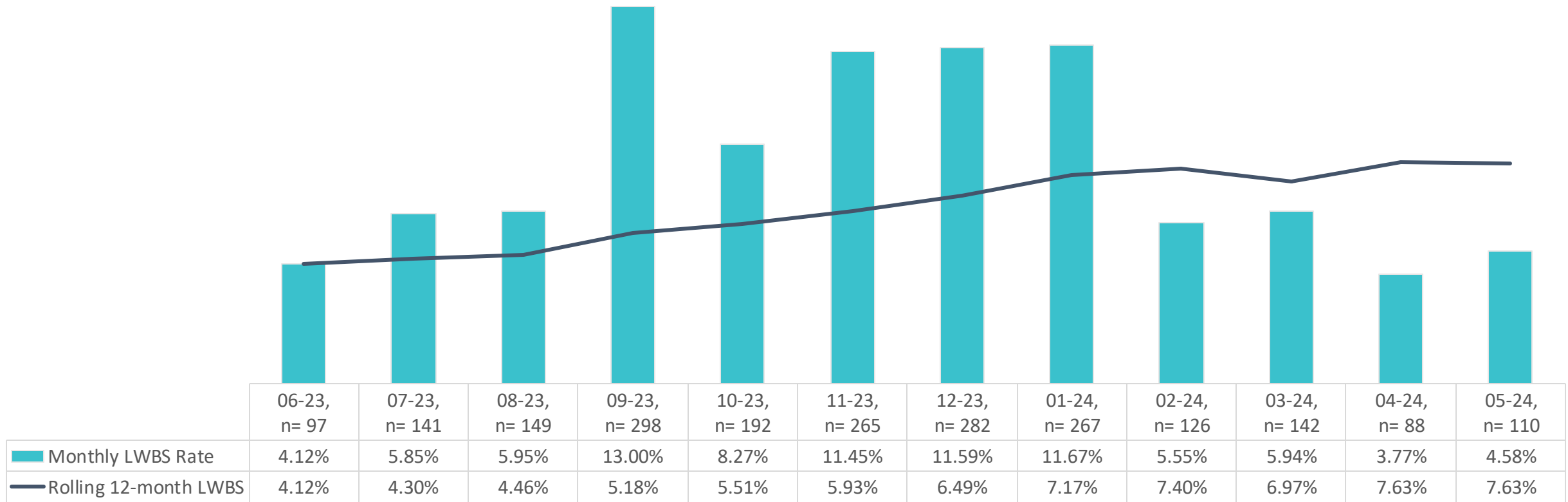
	Tactic Completed
	Tactic in Progress
	Tactic Barrier Identified

Provident Op Ex Throughput Workgroup

Rolling 12-month LWBS Rate

Baseline: 5.5% | Goal: 4.5% | Stretch: 4.0%

Provident Rolling 12-month & monthly LWBS Rate





Op Ex Stroger Patient Experience Workgroup Report Out

Linh Dang, Dr C. Ezeokoli, Dr J. Whitten & James Driscoll

July 2024



COOK COUNTY
HEALTH

Workgroup Overall A3 Progress

Stroger Op Ex Patient Experience A3

2024 OpEx Stroger Patient Experience Workgroup A3

Workgroup A3 Owner: Dr. Ezeokoli & Dr. Whitten

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
Communication with Nurses Domain 2023 Performance: 69.3% top box 2024 Goal: 73% top box 2024 Stretch Goal: 77% top box	Consistent, purposeful nurse leader rounding	Mei Zhang	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow						
	Utilize the CI-CARE framework to convey courtesy, respect, listening, and attentiveness		Yellow	Yellow	Yellow	Yellow	Yellow							
Increase HCAHPS survey response rate 2023 Performance: 13.6% return rate 2024 Goal: 15% response rate 2024 Stretch Goal: 16% response rate	Survey administration processes	James Driscoll Andrea Ramel	Yellow	Yellow	Yellow	Yellow	Yellow	Green						
	Demographic verification	TBD	Grey	Grey	Grey	Grey	Grey	Grey						
Implement OAS CAHPS survey Baseline: TBD Goal: TBD Stretch Goal: TBD	Update data file to meet CMS specifications	Business Intelligence	Green											
	Begin performance monitoring	Dr. Keen Daphne	Grey	Yellow	Yellow	Yellow	Yellow	Yellow						

	Tactic Completed
	Tactic in Progress
	Tactic Barrier Identified

Stroger Op Ex Patient Experience Subgroup A3

2024 OpEx Stroger Patient Experience Nursing Communication Subgroup A3

Subgroup A3 Owner: Mei Zhang

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	
Develop and implement a consistent, purposeful nurse leader rounding program	Nurse leader cohorts for PI project on NLR	Andrea Ramel	Yellow	Yellow											
	Expand nurse leader rounding to include ODAs & evening CNSs	Mei Zhang	Yellow	Yellow	Green										
	Improve quality of iRounds	Mei Zhang Andrea Ramel	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow							
Utilize the CI-CARE framework to convey courtesy, respect, listening, & attentiveness	Create & deploy PX playbook	Mei Zhang	Grey	Yellow	Yellow	Yellow	Yellow	Yellow							
	Continue Commit to Sit initiative		Grey	Yellow	Yellow	Yellow	Yellow								
	Implement weekly CI-CARE audits		Grey	Yellow	Yellow	Yellow	Yellow								
Provide PX data education to frontline nursing teams	Provide education & training on patient experience data to PX champion group and charge nurses	Mei Zhang	Grey	Yellow	Yellow	Yellow	Yellow	Yellow							
	Provide education & training on patient experience data at unit staff meetings		Grey	Yellow	Yellow	Yellow	Yellow								
Post-discharge phone calls Goal: 150 calls per month	Engage with patients post-discharge to provide support, answer questions, & remind to complete survey	Karen Williams	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow							

	Tactic Completed
	Tactic in Progress
	Tactic Barrier Identified

Stroger Op Ex Patient Experience Subgroup A3

2024 OpEx Stroger Patient Experience Survey Response Rate Subgroup A3

Subgroup A3 Owner: Andrea Ramel & James Driscoll

This Year's Action Plan

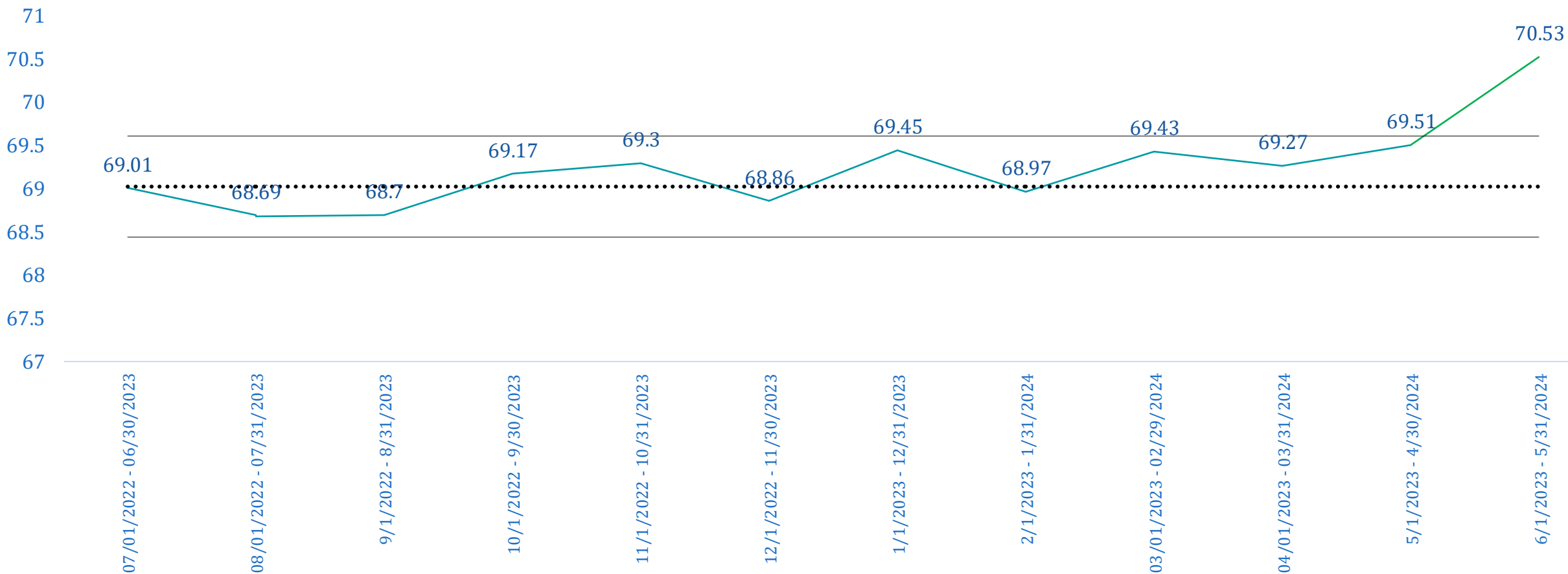
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2024												
			J	F	M	A	M	J	J	A	S	O	N	D	
Improve survey administration processes	Partner with Business Intelligence team & Press Ganey to review current data file processes	Andrea Ramel James Driscoll	Yellow	Green	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey	Grey
	Adjust / update data file processes based on review	Business Intelligence	Grey	Yellow	Yellow	Yellow	Yellow	Green	Grey	Grey	Grey	Grey	Grey	Grey	Grey
	Standardize post discharge phone calls process to include reminder regarding survey completion	Mei Zhang	Grey	Yellow	Yellow	Yellow	Yellow	Yellow	Grey	Grey	Grey	Grey	Grey	Grey	Grey

Stroger Op Ex Patient Experience Performance Monitoring

Rolling 12-months HCAHPS Comm. w/ Nursing Domain – Top Box Score by Received Date

Baseline: 69.30% | Goal: 73.00% | Stretch Goal: 77.00%

Stroger Rolling 12-months Top Box HCAHPS - Communication with Nurses Domain Performance

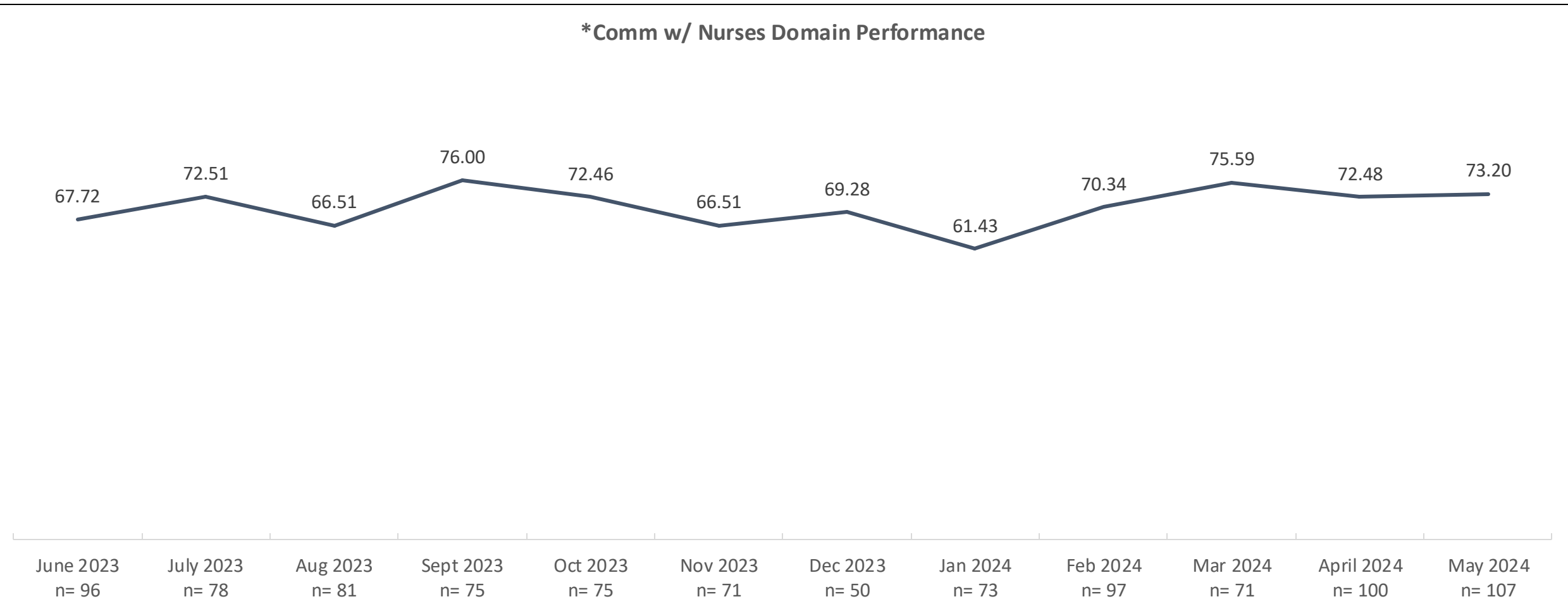


Stroger Op Ex Patient Experience Performance Monitoring

Monthly HCAHPS Comm. w/ Nursing Domain – Top Box Score by Received Date

Baseline: 69.30% | Goal: 73.00% | Stretch Goal: 77.00%

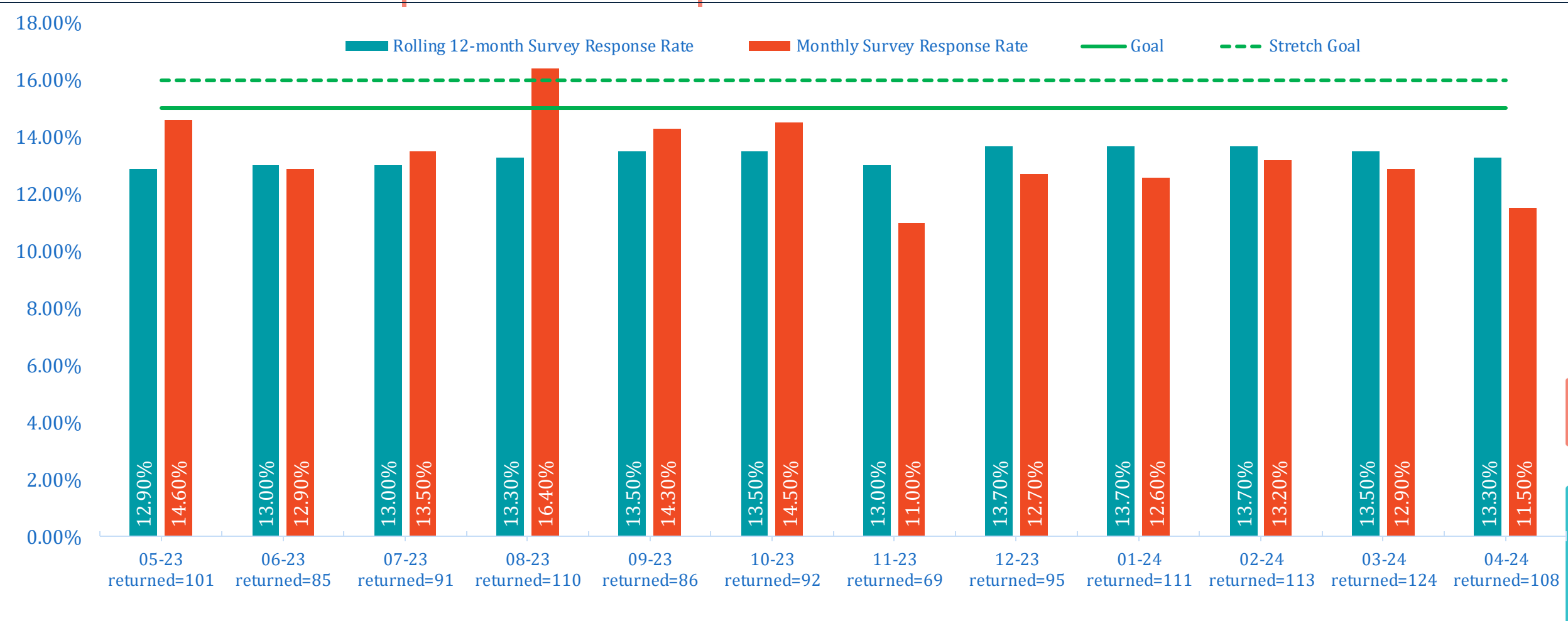
*Comm w/ Nurses Domain Performance



Stroger Op Ex Patient Experience Performance Monitoring

Rolling 12-months & Monthly Survey Response Rate HCAHPS by Processed Date

Baseline: 13.60% | Goal: 15.0% | Stretch: 16.0%





Op Ex Provident Patient Experience Workgroup Report Out

Linh Dang, Michael Moonan, & Raphael Parayao

July 2024



COOK COUNTY
HEALTH

Provident Op Ex Patient Experience A3

Workgroup Overall A3 Progress

2024 OpEx Provident Patient Experience Workgroup A3

Workgroup A3 Owner: Mike Moonan & 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
Nursing Communication Domain Baseline: 74.63% top box Goal: 79.80% top box Stretch: 80.00% top box	Consistent, purposeful nurse leader rounding	Raphael Parayao	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow						
	Utilize the CI-CARE framework to convey attentiveness		Yellow	Yellow	Yellow	Yellow	Yellow							
Survey Return Rate Baseline: 11.8% top box Goal: 18% top box Stretch: 20% top box	Survey administration processes	Andrea Ramel James Driscoll	Yellow	Yellow	Yellow	Yellow	Yellow	Green						
	Demographic information verification	TBD	Grey	Grey	Grey	Grey	Grey	Grey						
Implement OAS CAHPS Survey	Data file specifications	Business Intelligence	Grey	Yellow	Green									
	Begin surveying & monitoring performance	Edith Arellano Dr. Hasan	Grey	Grey	Yellow	Yellow	Yellow	Yellow						

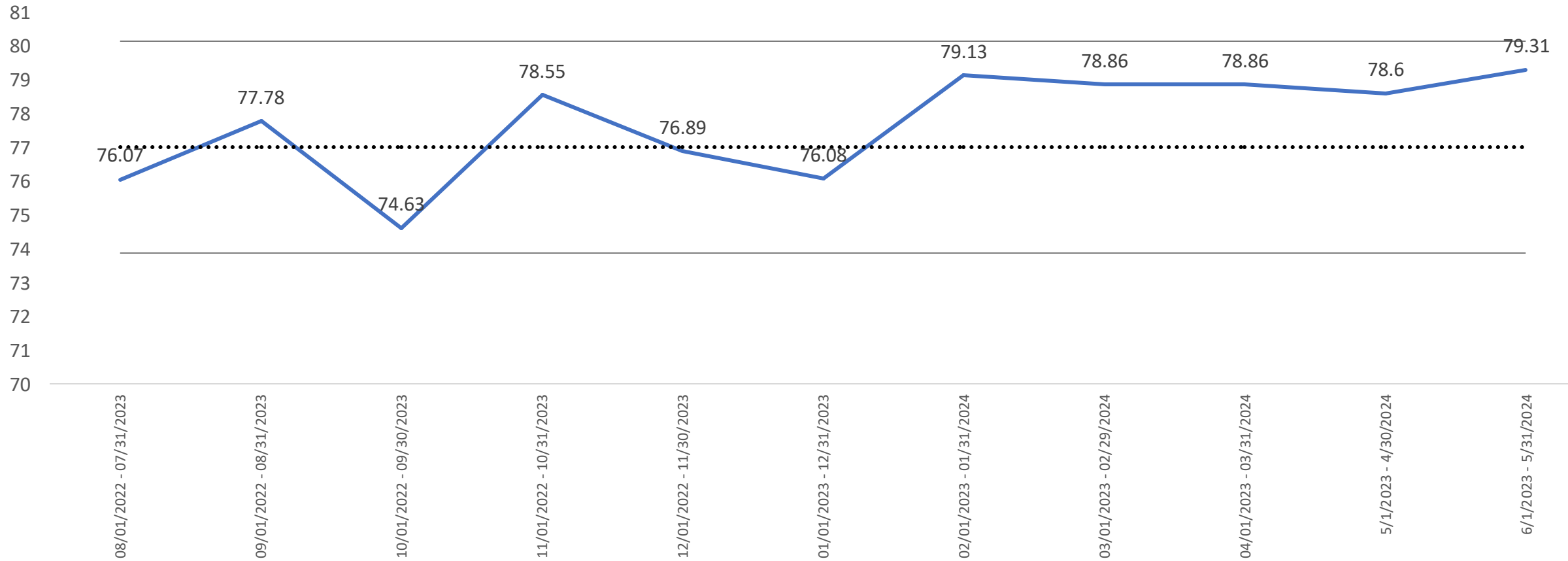
Green	Tactic Completed
Yellow	Tactic in Progress
Red	Tactic Barrier Identified

Provident Op Ex Patient Experience Performance Monitoring

Rolling 12-months HCAHPS Comm. w/ Nursing Domain – Top Box Score by Received Date

Baseline: 74.63% | Goal: 79.80% | Stretch: 80.00%

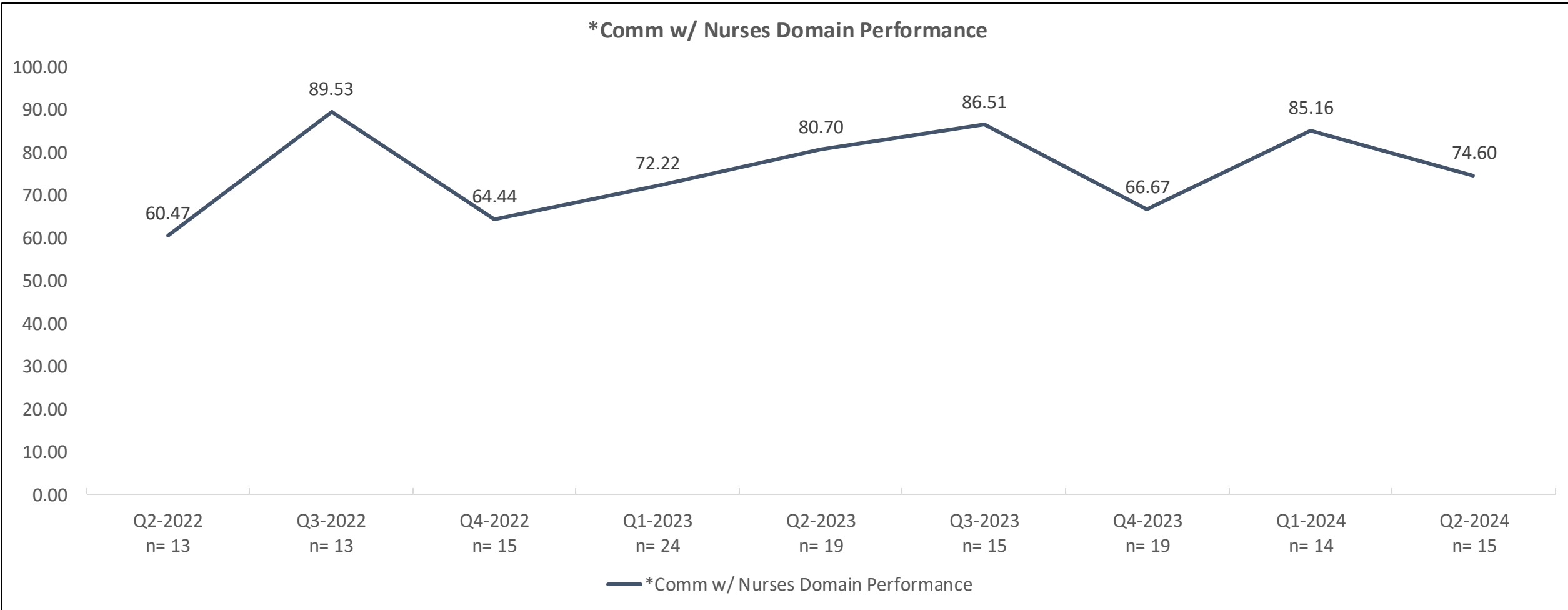
Provident Rolling 12-months Top Box HCAHPS - Communication with Nurses Domain Performance



Provident Op Ex Patient Experience Performance Monitoring

Quarterly HCAHPS Comm. w/ Nursing Domain – Top Box Score by Received Date

Baseline: 74.63% | Goal: 79.80% | Stretch: 80.00%



Provident Op Ex Patient Experience Performance Monitoring

Monthly & Rolling 12-months Survey Response Rate HCAHPS by Processed Date

Baseline: 11.8% | Goal: 18.0% | Stretch: 20.0%

