

# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES

Lead Executive: Craig Williams, Chief Administrative Officer, Operations and Development  
Reporting Period: February, 2024  
Report Date: March 15, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

- Ambulatory medical and operational leadership are working on strategies to accommodate patients from the CCH patient population and the community with health needs related to the ongoing measles situation. In addition, ACHN is actively ensuring that we have vaccination supply and immunoglobulins to meet the potential demand for those who have or report measles exposure. We are partnering with the Cook County Department of Public Health on this effort.
- This month we received the Joint Commission mock survey findings which identified several risk areas to review and address.
- In response to the findings, managers have implemented the following: weekly Environment of Care (EOC) rounds; physician and staff education; monthly audits for compliance, and a policy to escalate any Environmental Services (EVS) or Materials Management delays in service to maintain compliance.



#### Health Equity, Community Health & Integration

- CORE's Community Advisory Board hosted a National Black HIV/AIDS Awareness Day event on February 7<sup>th</sup>. Behavioral Health, Case Management, Medical, Nursing, Dental providers, and Linkage to Care Coordinator participated in a panel discussion to empower & educate clients on healthy life choices. A community event was also held in the Bronzeville area where new arrivals are housed. As a result, the King Center agreed for Cook County HIV Integrated Programs (CCHIP) to provide permanent sexual health services onsite every 2nd and 4th Thursday of each month.
- Ryan White Healthcare Access grant fiscal year ended on February 29<sup>th</sup>. For the fiscal reporting year, we reported: 2,692 community HIV tests; 107 newly diagnosed HIV cases with 83% linked to care; overall 88% viral suppression rate; a total of 515 patients were re-engaged/linked back to care; 950 clients linked to PrEP - Pre-Exposure Prophylaxis therapy to prevent HIV.
- This month 296 individuals in the community received a rapid test through targeted HIV screening.



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- Through the community vaccine program, ACHN continues to provide COVID-19 vaccination to the community and patients. This month, there was a total of 1,520 patients vaccinated. In addition, the CORE Center location is offering the Mpox testing, vaccination, and treatment to patients and the community and a total of 10 patients were vaccinated for Mpox. Cook County Health's COVID-19 testing tents at Stroger and Provident Hospital closed on March 1<sup>st</sup> and COVID-19 testing was integrated into Cook County Health ACHN clinics for patients and community members, while the Employee Health Department will be used for CCH employees.
- Primary Care is working with the medical leads to institute weekly monitoring to ensure that notes are closed in a timely manner to help improve our target volumes.
- To support patient access to care, the Patient Support Center answered more than 50,000 patient calls with an average answer speed of under 60 seconds. In addition, there were over 3,900 Nurse Triage calls answered this month.
- This month, the HealthviewX referral platform for CCH partners to refer specialty and diagnostic patients hit another milestone. There are 382 active users and over 5,000 referral orders placed by CCH partners. Currently ophthalmology is the most requested specialty and ultrasound is the most requested diagnostic. The Cerner Provider Portal is set to roll-out this month to support partner organizations receiving patient results.
- The Cancer Center Service Line received the 2024 Transportation grant from the American Cancer Society
- As of February 2024, we have seen over 22,000 new arrivals at the Belmont Cragin New Arrival Health Center and 5,325 new arrivals through the Mobile Care Team.
- This month the Mobile Care Team continued to provide care to the New Arrivals in the City Shelters, completing approximately 1,565 patient visits. The patients were assessed for immediate needs and scheduled for follow-up appointments at our Belmont Cragin New Arrival Health Center. They were also offered virtual visits with providers for any appropriate needs, and others were sent for in-person evaluations in the emergency department. Furthermore, The Mobile Care Team also provided follow-up appointments for our established patients and was able to deliver pending lab results from past visits.
- We continue to work closely with the Chicago Department of Family and Support Services and Chicago Department of Public Health to ensure that New Arrivals who recently arrived in Chicago receive a medical comprehensive screening at Belmont Cragin.
- The Primary Stroke Program at Stroger Hospital successfully completed the Intracycle Monitoring (ICM) session virtually with The Joint Commission.

### Patient Experience & Employee Engagement



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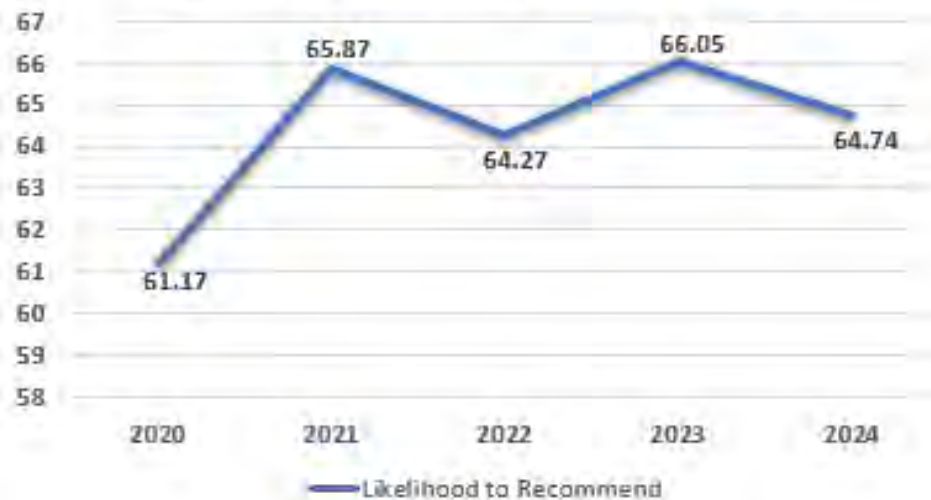
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## AMBULATORY SERVICES



- This Month, ACHN saw a 50% increase in the number patient experience surveys we received. We attribute this to the data remapping of the clinics. However, we did see our overall “Likelihood to Recommend” score year-to-date decrease by 0.94%.

### ACHN Patient Experience Score



- The Specialty Care management team also continues to meet every two weeks to review their Objectives and Key Results (OKRs) metrics to improve access and experience.
- ACHN recognizes Clinic D (Oral Surgery) as a “Clinic on the Rise” for having the highest top box score improvement this month by 20.76%.



### Growth Innovation & Transformation

- Primary Care show rates continue to increase month over month since the beginning of the fiscal year.
- The second cohort for the week-long Eye Movement Desensitization and Reprocessing (EMDR) training started for the Licensed Behavior Health Therapists.
- On February 20<sup>th</sup>, the Mobile Care Team transitioned to expand our Mobile Care Coordination Team. The team consists of a Registered Nurse and a Residential Aid assigned to a shelter to support patients' needs. They are onsite at their assigned locations and are also screening all new arrivals in the shelter. They supported over 200 patients with intake screenings.
- Express Care has now added Registered Nurses (RNs) back into the workflow and the vendor is working to update and test the platform. The tentative go live is set for April 1<sup>st</sup>. The workgroup continues to meet internally to discuss the timeline for implementing the new workflow and the



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future state of increased hours. In addition, they are actively working with the communications team to internally market the Express Care program with our existing patients.

- The Immediate Care project team continues to meet to discuss the implementation of services at the Arlington Heights location. Current discussions are underway regarding space within this facility.



### Optimization, Systemization & Performance Improvement

- The Behavioral health team implemented power order referral pools for the social service coordinators and trained everyone on how to access them.
- The Neurology and Musculoskeletal (MSK) clinics were all positive to budget this month.
- The Cancer Center Service Line developed a workflow to refer patients to general surgery for port placement in the event Interventional Radiology wait time does not coincide with chemotherapy start dates. In addition, they implemented a new no-show follow-up workflow using Ambulatory Organizer in Cerner.



### Workforce: Talent & Teams

- ACHN has a total of 182 requests to hire in recruitment (2 on hold; 24 in pre-recruiting; 45 currently posted; 17 to be posted; 33 validations in progress; 28 interviews in progress; 41 decision-to-hire packets; 15 offers accepted). The remaining are the number of people hired this fiscal year.



### Fiscal Resilience

- Primary Care: ACHN is below budgeted volumes for February by 809 visits and 6.1% below budget year-to-date totaling 48,336 visits in FY2024.
- Specialty Care: ACHN is above budgeted volumes for February by 2, 566 visits and 1.5% above budgeted volumes year-to-date totaling 75,188 visits in FY2024.
- As of the end of February 2024, ACHN is on track overall on expenses having expended 23% of the budget.



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## AMBULATORY SERVICES

Office / Program / Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4893 - Ambulatory & Community Health Network of Cook						
Grand Total	102,652,013	20,122,605	3,165,876	23,288,481	79,363,532	23%

- We have four non-personnel contracts for \$500k or more. One contract is expired with an amendment in process and no gaps in service.

Contract Number	Contract Name	Agreement Amount	Expiration	Notes/Updates
H18-72-030	Anchor Mechanical	\$ 959,634.00	6/30/2024	COC approved. RFP will go out for new HVAC contract.
H20-25-033	The Chicago Lighthouse	\$ 4,480,000.00	2/28/2024	Amendment in process. No gaps in service
H21-25-012	DaySpring Janitorial	\$ 2,300,000.00	11/30/2024	RFP will go out for janitorial services
H20-25-0178	Alivio Medical	\$ 788,858.83	4/30/2024	RFP will go out for patient navigator services



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# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

Lead Executive: Jesus “Manny” Estrada, Chief Operating Officer, Cermak Health Services  
Reporting Period: February, 2024  
Report Date: March 18, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

Cermak formally received accreditation from the National Commission on Correctional Healthcare, NCHC. The next re-accreditation is scheduled for March 2026.

Cermak Health Services has a permanent exemption to provide dosing of controlled substances to individuals in custody in their housing locations, which are located within the confines of the registered location rather in centralized location in the jail.



#### Health Equity, Community Health & Integration

Cermak completed an alternate staffing matrix for mental health services. The new staffing matrix will increase the number of patient programming hours while allowing for better oversight to clinical practice.

Cermak will be hosting several sister organizations who are interested in reviews best practice clinical operations of Intake and Opioid Treatment Program.



#### Growth Innovation & Transformation

Cermak is currently rolling out Phase 2 of the telehealth initiative, which entails access to telehealth in all 10 living units and is scheduled to go live in June 2024.

Cermak is in process of finalizing realigned service line dashboards and KPIs. These tools are used by the respective service lines to measure daily activities and outcomes. Once finalized, the metrics will be reported to System Quality Assurance.



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# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

Cermak is in process of replacing all copier/scanner/fax units on campus. Additionally, needs assessment underway to improve access for interpreter services hardware and tele services across all clinical areas. Expected completion for assessment and replacement end of April 2024.

### Optimization, Systemization & Performance Improvement



Cermak rolled out the format/process of reporting housekeeping/cleanliness issues in the Environment of Care Process. New process allows for electronic reporting of cleanliness status.

### Workforce: Talent & Teams



Cermak continues with hiring initiatives to support patient care activity. To date, there are 41 hires with an additional 13 offers accepted.

Cermak in process of recruitment for Mental Health Clinical and Operational Leadership.

Cermak is in process of conducting departmental needs assessment of the Mental Health Department to include staff insights and input.

### Fiscal Resilience



Cermak continues Medicaid enrollment for patients entering the facility. In line with potential to leverage proposed Reentry Section 1115 Waiver which will potentially allow for the generation of revenues for returning residents 90 days ahead of discharge.



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# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

Budget to Actual –

Overall, across all accounts, Cermak is on track and JTDC is lower than budgeted expectation through the end of FEBRUARY 2024.

Office / Program / Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Funds Available	% Expended
<b>4240 - Cermak Health Services of Cook County</b>					
0 - DEFAULT (41195.4240.0) Total	-	(45)	-	45	No Budget
10155 - Administration (41195.4240.10155) Total	12,449,230	5,746,539	18,125	6,684,566	46%
13500 - Environmental Services (41195.4240.13500) Total	2,762,461	582,838	21,258	2,158,364	22%
13945 - Finance (41195.4240.13945) Total	243,273	52,200	-	191,073	21%
14915 - Human Resources (41195.4240.14915) Total	263,532	52,722	-	210,810	20%
15050 - Information Technology (41195.4240.15050) Total	231,171	51,043	-	180,128	22%
15435 - Laboratory Services (41195.4240.15435) Total	641,650	107,900	21,963	511,786	20%
15805 - Material Management (41195.4240.15805) Total	462,003	64,649	5,929	391,424	15%
15895 - Medical Administration (41195.4240.15895) Total	10,760,199	1,855,951	57,500	8,846,747	18%
17015 - Oral Health (41195.4240.17015) Total	2,496,986	394,516	-	2,102,470	16%
17170 - Patient Care Services (41195.4240.17170) Total	46,480,058	6,869,085	300,846	39,310,126	15%
17395 - PCS - Emergency Services (41195.4240.17395) Total	-	0	-	(0)	No Budget
17610 - Pharmacy (41195.4240.17610) Total	9,838,834	1,393,969	540,672	7,904,193	20%
18445 - Quality Assurance (41195.4240.18445) Total	776,331	166,016	-	610,315	21%
18485 - Radiology (41195.4240.18485) Total	845,217	177,767	-	667,449	21%
29235 - 240 General Store Inventory (IV) (41195.4240.29235) Total	-	129,170	-	(129,170)	No Budget
16005 - Health Information Management (HIM) (41195.4240.16005) Total	422,736	80,310	-	342,426	19%
16125 - Mental Health Services (41195.4240.16125) Total	17,258,018	2,952,414	54,869	14,250,736	17%
29165 - General Store Inventory (IV) (41195.4240.29165) Total	271,687	59,942	66,769	144,976	47%
<b>Grand Total</b>	<b>106,203,386</b>	<b>20,736,988</b>	<b>1,087,932</b>	<b>84,378,465</b>	<b>21%</b>



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## CERMAK HEALTH SERVICES

Office / Program / Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Funds Available	% Expended
<b>4241 - Health Services - JTDC</b>					
10155 - Administration (41197.4241.10155) Total	1,041,815	76,902	-	964,913	7%
16015 - Medical Services Administration (41197.4241.16015) Total	731,730	150,765	-	580,966	21%
17015 - Oral Health (41197.4241.17015) Total	309,492	68,513	-	240,979	22%
17170 - Patient Care Services (41197.4241.17170) Total	3,629,502	628,021	50,544	2,950,937	19%
10755 - Behavioral Health (41197.4241.10755) Total	3,971,104	680,988	-	3,290,116	17%
<b>Grand Total</b>	<b>9,683,643</b>	<b>1,605,188</b>	<b>50,544</b>	<b>8,027,910</b>	<b>17%</b>



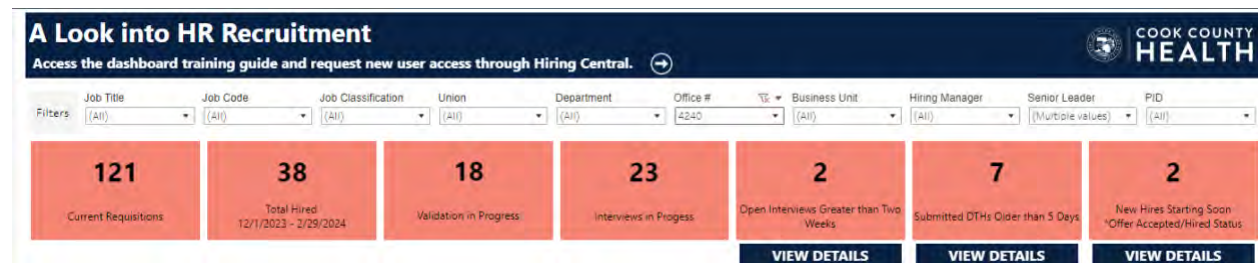
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## CERMAK HEALTH SERVICES

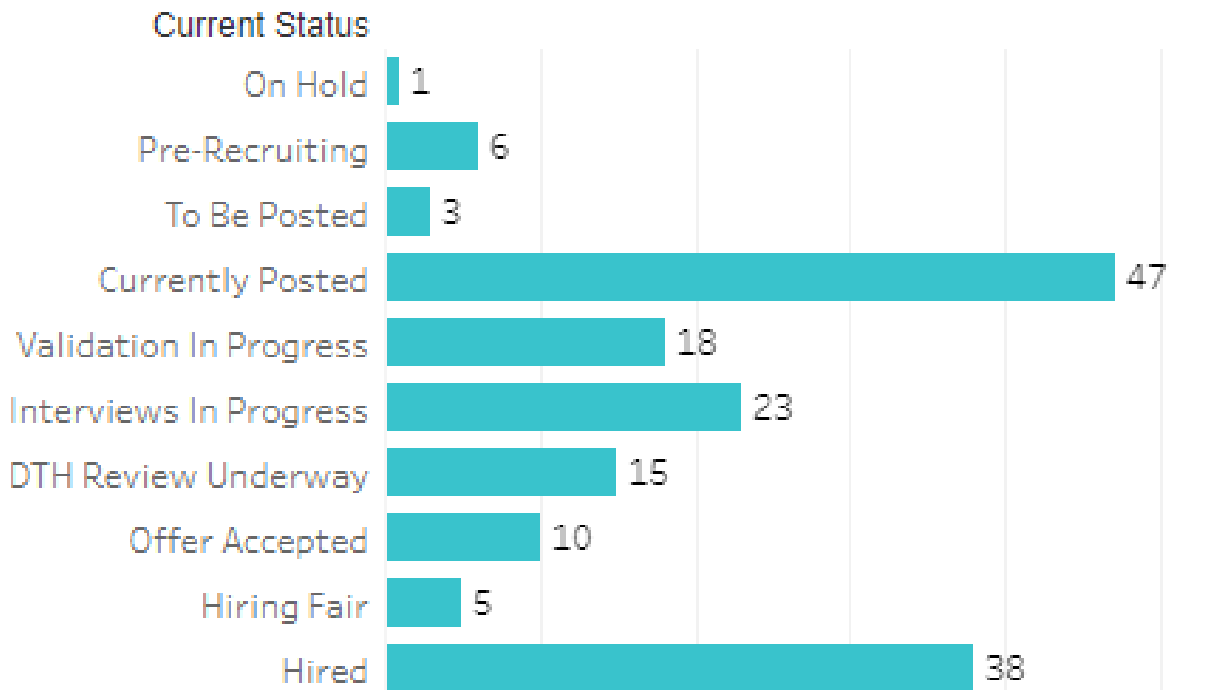
### Staffing

#### CERMAK STAFFING / VACANCY and HR ACTIVITY STATUS



### What Stage are my Current Requisitions?

\* Excludes hired

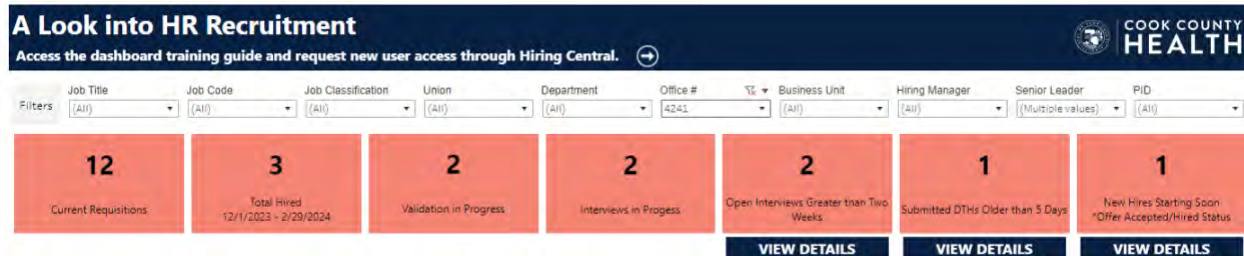


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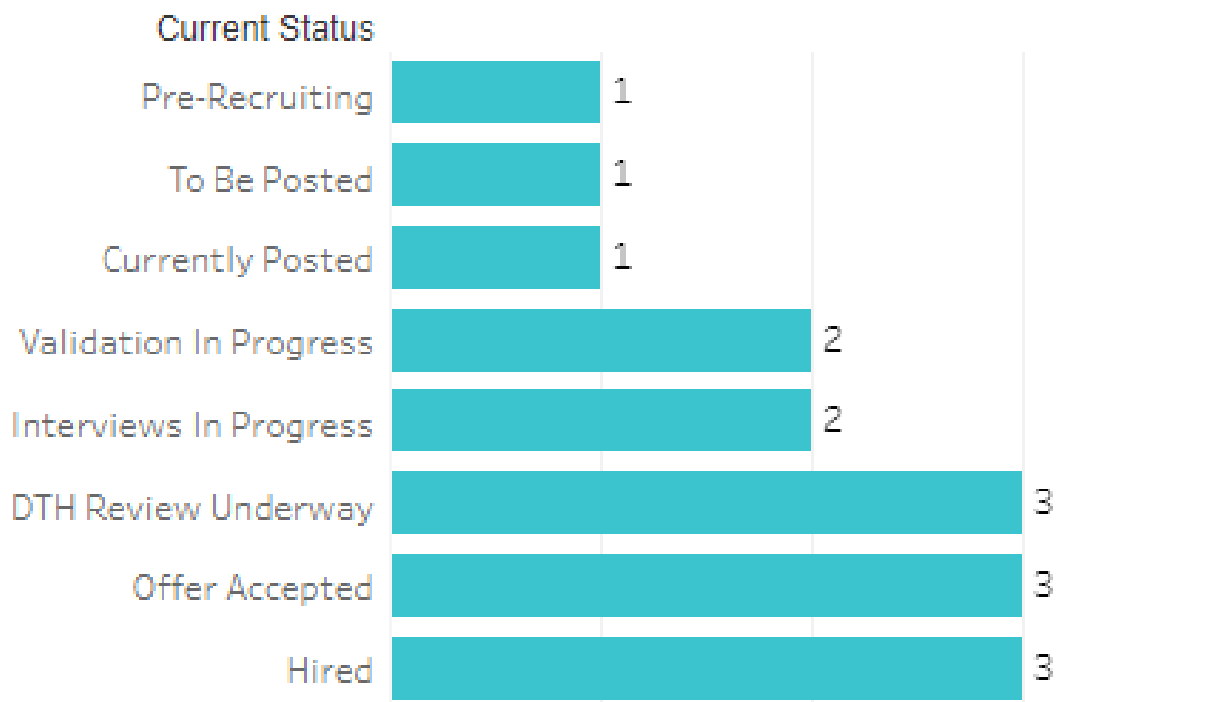
## CERMAK HEALTH SERVICES

### JTDC STAFFING / VACANCY and HR ACTIVITY STATUS



### What Stage are my Current Requisitions?

\* Excludes hired



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# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

### Procurement --

The following contracts for \$500K or more and are set to expire in the next 9 months.

Number	Supplier	Description	Expires On
77000064455	ODP BUSINESS SOLUTIONS LLC	H19-25-077 - Supplies and Services, Office Supplies	21-Nov-23
H16-72-052	LINDE GAS & EQUIPMENT DIV LINDE NORTH AMERICA,	H16-72-052 - Service, Certification, Maintenance, and Repair of Medical Gas Systems	31-Mar-24
77000075883	STERICYCLE INC	H20-25-063 - Waste Removal for Medical, Hazardous, Sharps and Pharma Waste	31-Mar-24
H18-25-114	KORE SAE, LLC	H18-25-114 - Service, Temporary Staffing	31-May-24
H18-25-008	MAXIM HEALTHCARE SERVICES INC	H18-25-008 - Service, Temporary Staffing	31-May-24
H17-25-037	CORPORATE CLEANING SERVICES INC	H17-25-037 - Service, Window Cleaning	31-May-24
77000054363	LINCOLN PARK DIALYSIS SERVICES INC	H19-25-046 - SERVICES, LINCOLN PARK DIALYSIS SERVICES INC DBA DAVITA INC	30-Jun-24
77000032606	SCHECK & SIRESS PROSTHETICS, INC	77000032606 - SERVICE, CUSTOM ORTHOTICS	31-Jul-24
77000107994	MAXIM HEALTHCARE SERVICES INC	H22-25-052_ Services_Locum Tenens and AP Staffing	14-Aug-24
77000133454	AB STAFFING SOLUTIONS LLC	H22-25-164 SERVICE, PROFESSIONAL RADIOLOGY STAFFING SERVICES	25-Sep-24
77000063015	ALLIED WASTE TRANSPORTATION, INC.	H19-25-103 - Service, Waste Removal Services Throughout CCH	30-Nov-24
77000063013	W W GRAINGER INC	H19-25-063 - Supply, Institutional Supplies for Maintenance, Repair, and Operations	30-Nov-24



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# DIVISIONAL EXECUTIVE SUMMARY

## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Lead Executive: LaMar Hasbrouck, MD, MPH, MBA, Chief Operating Officer  
Reporting Period: March 4, 2024  
Report Date: February, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Health Equity, Community Health & Integration

- CCDPH Tobacco Program and the Environmental Health Unit continued to collaborate on tobacco retailer compliance inspections for unincorporated Cook County. CCDPH issued a citation to one retailer who is not compliant.
- The first naloxone training with the THRIVE program at Cook County Department of Corrections (CCDOC) was completed, with 20 Individuals In Custody (IICs) and 2 staff members trained. Following the training, 22 naloxone kits were given out at the In-Reach program at CCDOC to individuals visiting IICs.



#### Optimization, Systemization, & Performance Improvement

- CCDPH participated in the Northern Illinois Public Health Consortium (NIPHC) Infectious Disease committee continued to express the need for health departments to have direct access to the electronic health record systems of the hospitals and major medical care providers in our jurisdictions. CCDPH plans to work with the Illinois Department of Public Health and the Illinois Hospital Association about this continued issue.



#### Patient Safety, Clinical Excellence & Quality

- CCDPH Nursing has completed 10 scheduled events in collaboration with Ambulatory and Community Health Network (ACHN) and CountyCare of Walk-in Flu and COVID-19 vaccine clinics. A total of 649 vaccines were administered.
- CCH and CCDPH Nursing is embarking on a shared journey to obtain Magnet or Pathway to Excellence designation. Achieving the designation of Magnet or Pathway to Excellence enhances the attraction for nurses to seek employment within that health system. Nursing divisions are working with consultants from Creative Healthcare Management to assess readiness and establish a shared governance for nursing across the enterprise.



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## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

- The Communicable Diseases unit is preparing to issue a new Request For Quote to identify a new vendor for mail-in kits for at-home gonorrhea and chlamydia testing. The vendor would supply the kits, arrange for the lab analysis, and treat positive cases.



### Fiscal Resilience

- CCDPH Policy Director is working with other local health departments to advocate for a funding increase following the release of the Governor's proposed budget this month, in which \$5M in funding was cut from the Local Health Protection Grant affecting all local health departments in Illinois. The cut would result in our ability to support lead mitigation.
- Continuing to partner with CCH Finance to validate ARPA sustainability planning and encumbrance activities for 2024.

### Budget to Actual

#### Budget to Actual File: FY24 CCH Budget to Actual March 4, 2024

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended	Actual Expenses - % Expended
4895 - DPH Total	21,992,570	3,554,857	118,006	3,672,862	18,319,707	17%	N/A

### Staffing

As of February 2024, CCDPH has 58 vacant positions to date (actively recruited). 2 Requests for Hires (RTH) are awaiting budget approval or to be posted/reposted. The remaining positions are being actively recruited (see table below). During February, 2 vacancies were filled.

#### FY24 metrics Snapshot, as of February 2024

RTHs Submitted MTD YTD	Budget Approved	Posted	Postings Closed	ARP Received	Referred for Interview	Interviews Completed	e-DTH submitted	Candidate Offers	Vacancies Filled 12/1/23-2/29/24
24/67	2	10	6	4	5	1	11	2	5



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## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

### Procurement

The following contracts for \$500K or more are set to expire in the next 9 months.

Contract #	Vendor or Subgrantee Name	Expires On
H21-25-129	AgeOptions	5/31/24
H22-25-154	Flowers Communications Group	5/31/24
H21-25-138	Housing Helpers / Proviso Partners for Health	5/31/24
H21-25-140	Illinois Board of Trustees / UIC School of Public Health	5/31/24
H21-25-139	Raise the Floor Alliance	5/31/24
H21-25-182	United Way of Metropolitan Chicago	5/31/24

\*\*\*\* Month to date (MTD) - Fiscal year to date (YTD-Dec, Jan, Feb)



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# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

Lead Executive: Aaron Galeener, Chief Administrative Officer

Reporting Period: February 2024

Report Date: March 15, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

##### *Behavioral Health (BH) Improvement*

Behavioral health quality improvement has been a key area of focus for the health plan, especially follow-up after hospitalization and emergency room visits for mental health or substance use disorder (quality measures). As of February 2024, the CountyCare team executed a strategy to make tangible improvements in linking members to care after a behavioral health crisis:

- **Provider partnerships:** CountyCare executed a performance-based agreement with a clinically integrated behavioral health network. The plan also built behavioral health (BH) quality incentives into its existing value-based agreements with providers and established a contract with a BH Telehealth provider to increase BH access.
- **Clinical improvement:** CountyCare established a dedicated team to complete follow-up after hospitalization, developed new transition of care workflows, created an after-visit assessment that counts towards a follow-up numerator, and embedded CountyCare staff within high volume BH hospitals.
- **Admission, discharge, and transfer notification:** CountyCare implemented a new partnership with PointClick Care and integrated admission, discharge, and transfer (ADT) data into its care management systems. The plan also improved ADT segmentation and reporting in alignment with Healthcare Effectiveness Data and Information Set (HEDIS) measures.
- **Provider directory:** CountyCare created a bespoke BH find-a-provider tool on its website, and has plans to launch a new, more member friendly provider directory this summer.
- **Provider education:** The plan developed HEDIS coding toolkits, FAQs, and provider trainings.



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## HEALTH PLAN SERVICES

CountyCare will continue to identify opportunities to partner with its provider network to increase access to critical behavioral health services with a focus on quality care.



### Health Equity, Community Health, & Integration

#### *CountyCare's investment in housing*

Over the past several years, CountyCare has made a significant investment in housing. As of February 2024, CountyCare has 90 members housed in the Flexible Housing Pool, an established public-private partnership that provides permanent supportive housing, tenancy support, and social services to members for three years.

- The Flexible Housing Pool was created to break the cycle of homelessness, improve health outcomes, and reduce costs to the public healthcare system.
- CountyCare's investment in the Flexible Housing Pool was featured by the [Institute for Medicaid Innovation](#) in its compendium, "Medicaid Managed Care's Pandemic Pivot: Addressing Social Determinants of Health to Improve Health Equity."
- In the second quarter, CountyCare is issuing a request for proposals (RFP) to develop a Housing Program. This program will expand CountyCare's capacity to support unhoused members.
- CountyCare will continue to focus its limited housing resources on members with behavioral health diagnoses and those in the maternal and child health population.



### Member Experience

#### *Non-Emergency Medical Transportation*

Transportation is a Medicaid covered service and a critical way for members to be able to access health services. CountyCare will be transitioning transportation vendors this summer and implementing the benefit with member experience and satisfaction as the focus:

- In the fall of 2023, CountyCare issued a competitive RFP for a non-emergency transportation partner.
- In February 2024, CountyCare kicked off formal implementation with a new partner.



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# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

- CountyCare's new transportation vendor will go-live in August.



### Growth, Innovation & Transformation

#### ***CountyCare Access: Health Benefits for Immigrant Adults and Seniors (HBIA/HBIS)***

**As of March, CountyCare has successfully welcomed over 26,000 members of the HBIA and HBIS programs into a new program called *CountyCare Access*.** The state of Illinois' HBIA and HBIS programs provide Medicaid-like coverage for people who are 42 years old or older, meet income guidelines, and are not eligible for traditional Medicaid due to immigration status. There are over 60,000 program members state-wide and over 40,000 in Cook County.

- Members of both programs residing in Cook County are being auto assigned by the Illinois Department of Health & Family Services (HFS) into CountyCare, representing between 35,000-40,000 members that are transitioning into the plan between January and April 2024.
- CountyCare and Cook County Health made the decision to fully waive cost-sharing for CountyCare Access members and was the only health plan to do so.
- New enrollments into HBIA and HBIS are currently on hold in Illinois. HFS has announced that lawful permanent residents less than five years will no longer be eligible for the program.

**Due to this new membership joining the plan, CountyCare has seen a slight increase in membership during the first quarter with new enrollments into CountyCare Access outpacing redetermination attrition. As of March, CountyCare has over 440,000 members.**



### Optimization, Systemization & Performance Improvement

#### ***Care management system enhancements in alignment with NCQA requirements***

System enhancements were made to CountyCare's care management system, CMIS, to tailor its functionality to National Committee on Quality Assurance (NCQA) requirements. Thanks to the Health Research Solutions Unit and CountyCare's project team, these



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## HEALTH PLAN SERVICES

enhancements were completed on January 12. Additionally, to ensure that these changes are fully utilized:

- **Training:** Four training sessions were conducted for care managers.
- **Ongoing chart audits:** Following finalization of updates, member records will be audited to ensure that all new functionality has been fully incorporated into team workflows.



### Fiscal Resilience

#### *Medical cost action plans*

#### *Neonatal Intensive Care Unit (NICU) Avoidance*

CountyCare has established a partnership with a strategic partner, ProgenyHealth, to provide prior authorization management services for infants admitted to CountyCare Neonatal Intensive Care Units (NICUs) or special care nurseries.

- In addition to performing prior authorization, ProgenyHealth's neonatologists, pediatricians, and neonatal nurse care managers will work closely with CountyCare's physicians and care managers to promote healthy outcomes for medically complex newborns.



### Workforce: Talent & Teams

#### *All Staff Townhalls and Lunch and Learns*

Each month CountyCare hosts a "Lunch and Learn" or All Staff Townhall on a different topic. Usually there are over 200 team members in attendance. The goals of these sessions are to provide the growing CountyCare team with information regarding:

- Medicaid Managed Care topics that will provide them with insight on the activities of each CountyCare department
- Community resources that could benefit our Medicaid members
- Wellness strategies to improve their health and wellbeing

For example, In February NAMI Chicago's CEO led a Lunch and Learn on staff wellness and NAMI's available services. In March, CountyCare will be hosting an All Staff Townhall with a focus on the results of its recent staff survey, successes and improvements made to the



**COOK COUNTY**  
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# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

department since last survey, and an action plan resulting from staff feedback that will be implemented in 2024.

### Budget to Actual Through February 2024

CountyCare's January membership of over 440,000 members was higher than the monthly average budgeted projection of 391,000. The net impact of revenue and expenses remains balanced and within budget.

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
<b>4896 - Health Plan Services</b>						
CONTRACTUAL SERVICE Total	2,592,928,150	946,254,945	4,546,104	950,801,049	1,642,127,101	37%
OPERATIONS & MAINTENANCE Total	7,748	5,572	-	5,572	2,176	72%
PERSONAL SERVICES Total	46,192,543	8,691,897	-	8,691,897	37,500,646	19%
<b>4896 - Health Plan Services Total</b>	<b>2,524,770,165</b>	<b>911,861,788</b>	<b>4,546,104</b>	<b>916,407,892</b>	<b>1,608,362,273</b>	<b>36%</b>
<b>Grand Total</b>	<b>2,524,770,165</b>	<b>911,861,788</b>	<b>4,546,104</b>	<b>916,407,892</b>	<b>1,608,362,273</b>	<b>36%</b>

### Staffing

Of the **58 positions FY2024 in recruitment**, **26 (45%) of requisitions have been hired**, and **5 new hires are on track to start in the coming weeks**. CountyCare is continuing to prioritize staff recruitment to ensure the continued success of the plan.

<b>58</b> Current Requisitions	<b>26</b> Total Hired	<b>14</b> Validation in Progress	<b>10</b> Interviews in Progress	Open Interviews Greater Than Two Weeks	<b>2</b> Submitted OTHs Older than 5 Days	<b>5</b> New Hires Starting Soon *Offer Accepted/Hired Status
				<a href="#">VIEW DETAILS</a>	<a href="#">VIEW DETAILS</a>	<a href="#">VIEW DETAILS</a>

### Procurement

The following contracts for \$500,000 or more and are set to expire in the next 9 months.

Service	Vendor	Description	Type of contract	Contract end date
Non-emergency medical transportation	Transdev (formerly First Transit)	Provides Medicaid-covered non-emergency medical transportation.	Extension	08/31/2024



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# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS

Lead Executive: Donnica Austin-Cathey, Chief Hospital Executive, Stroger Hospital  
Reporting Period: February, 2024  
Report Date: March 16, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

- The Lab presented a work plan (A3) at the Hospital Quality Improvement & Patient Safety (HQIPS) meeting to discuss the steps taken to improve phlebotomy metrics submitted for Quality Assurance/Performance Improvement (QAPI).
- Meetings are taking place with laboratory section leaders to determine readiness for the upcoming College of American Pathologists (CAP) survey. The team is assessing the corrective actions put into place after the 2021 CAP survey, follow up on the self-inspection and identifying gaps regarding the top 10 most commonly cited deficiencies.
- The Rehab Division has now started Inpatient Video fluoroscopic swallow studies at Provident.
- Audiology calibrations have been completed by a CCH vendor on February 21<sup>st</sup> and 22<sup>nd</sup> of 2024.
- The Audiology Department budget officially became part of the ENT clinic budget.
- A Physical Therapy Manager started staff training program for clinicians on vestibular rehabilitation techniques to improve patient care delivery.



#### Health Equity, Community Health & Integration

- Rehab has been integrated into the High Risk Clinic (HRC). Direct patient care in HRC occurs three (3) days a week.



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# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS



### Patient Experience

- The Harrison Square Rehab Department had no findings on the recent Joint Commission Survey.
- The Rehab division reviewed multiple 4<sup>th</sup> Quarter satisfaction surveys for Blue Island therapists. Patients expressed how hesitant they were in getting therapy initially but after the excellent service and improved health, they would recommend the location again.
- Shoulder education classes resumed this month to improve access to care for chronic shoulder pain patients.
- Nursing celebrated our Stroger patient experience reflection newsletter 30<sup>th</sup> edition highlighting Stroger Nursing success stories.
- Press Ganey – Likelihood to Recommend OB has been over the 75<sup>th</sup> each quarter year to date.



### Growth Innovation & Transformation

- The Laboratory is beginning evaluation of new vendors to provide coagulation analyzers. Anticipate moving to a new system by 2025.
- Outpatient Pediatric Speech Therapy supplies have been ordered to prepare for reopening.
- The Rehab division is pursuing additional agency staff for Peds Occupational Therapy and Inpatient acute care based on increased demands for services.



### Optimization, Systemization & Performance Improvement

- Hospital Throughput Initiative – Phlebotomy morning draws completed by 7 am were 69% for February. The goal is 80%. Individual performance data has been shared with each phlebotomist to identify gaps in productivity.
- Initiated conversations with Health Information Systems (HIS) to create electronic blood product release forms from Cerner. This will eliminate the need for RNs to handwrite patient information on the manual forms for pickup.



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# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS

- The lab is working with Business Intelligence to set up a monthly dashboard to evaluate STAT test turnaround time and phlebotomy metrics for STAT; timed and routine draws.
- Improved resources for video telehealth (VTH) program provided to rehab staff to improve utilization of telehealth which leads to improved access to care for patients.
- Physical Therapy Manager will do daily stroke certification quality tracking for Accessed for Rehab compliance.



### Workforce: Talent & Teams

- Nursing welcomed a new Registered Nurse who will be serving In the role of Stroger Hospital Sexual Assault Nurse Examiner (SANE) Coordinator who will be leading our SANE grant, Adult and Pediatric SANE services along with our Forensic contract providing services to the most vulnerable patients.
- Emergency Department, Critical Care, Maternal Child and Med Surg has over 30 new nurses in orientation.
- Laboratory welcomed a new Clinical Laboratory Assistant and a Medical Laboratory Scientists (MLS) in Chemistry.
- Waheeda Khan (Microbiology Supervisor) was selected by the AMT board of Directors and her peers to receive the AMT Distinguished Achievement Award for 2023. She will be recognized at the awards banquet held July 9<sup>th</sup> as part of the AMT Annual Meeting in St. Louis.
- Continued collaboration with Human Resources on comprehensive review of lab positions, job descriptions, market evaluations and implementation of CBA language regarding upgrading qualified individuals to the Medical Laboratory Scientists (MLS) title.
- In Rehab, There are currently nine (9) departmental vacancies in HR process (2 pending job offers); Licensure renewals for Occupational Therapy Division completed
- The Annual Rehab Business Meeting for all locations occurred at Harrison Square on January 11, 2024. Staff participated in team-building games and activities.



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# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS



### Fiscal Resilience

- Rehab has been meeting with Business Intelligence on building reports for billed CPT units.
- System Director of Rehab has been meeting with Revenue Cycle to discuss issues with pre-Authorization time frames for plan of care (POC) for rehab services and insurance companies approving the number visits but not the correct time frame needed to meet. This requires a second pre-authorization for a time extension only for Point of Care (POC) system implemented to ensure we can bill for services rendered and be reimbursed.
- Laboratory collaborating with revenue cycle to determine why professional fees are not billed for the electrophoresis tests. The fees are already built into the Charge Description Master (CDM).

### Human Resources Dashboard

68	9	10	5		3	3
Current Requisitions	Total Hired	Validation in Progress	Interviews in Progress	Open Interviews Greater than Two Weeks	Submitted DTHs Older than 5 Days	New Hires Starting Soon *Offer Accepted/Hired Status

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4897 - John H. Stroger Jr. Hospital of Cook County Total	1,095,478,228	168,181,034	83,653,529	251,834,563	843,643,664	23%



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# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

Lead Executive: Arnold F. Turner, MD, Chief Hospital Executive for Provident Hospital

Reporting Period: February, 2024

Report Date: March 15, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

- Provident submitted the responses to the findings identified during the triannual Joint Commission survey on February 6, 2024. Weekly meetings continue to monitor the effectiveness of the action plans maintaining compliance with Joint Commission standards.
- The installation of the nurse call system was completed on 8 East and continued on 8 West with coordination of work to limit impact on patient care.



#### Health Equity, Community Health & Integration

- On February 21, 2024 a Black History Month Celebration and Press Conference was held at Provident. President Toni Preckwinkle, Interim CEO Erik Mikaitis, MD, Commissioner Bill Lowry, and members of the Sengstacke family were among those in attendance.



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# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

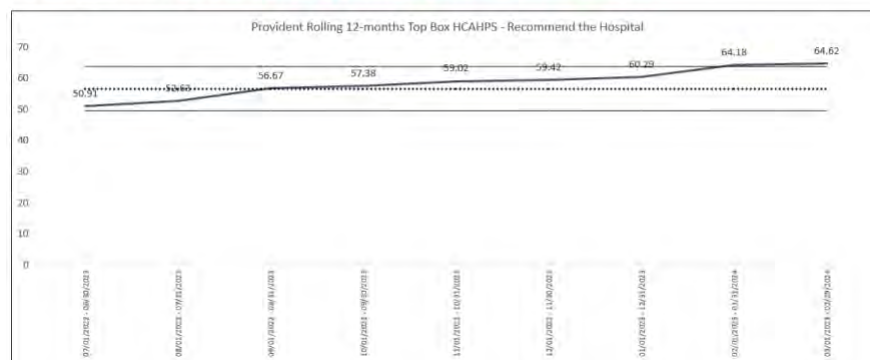


### Patient Experience

- The HCAHPS top box score for Recommend the Hospital continues to trend upward. The goal is the 75th percentile.

#### Op Ex Patient Experience Workgroup

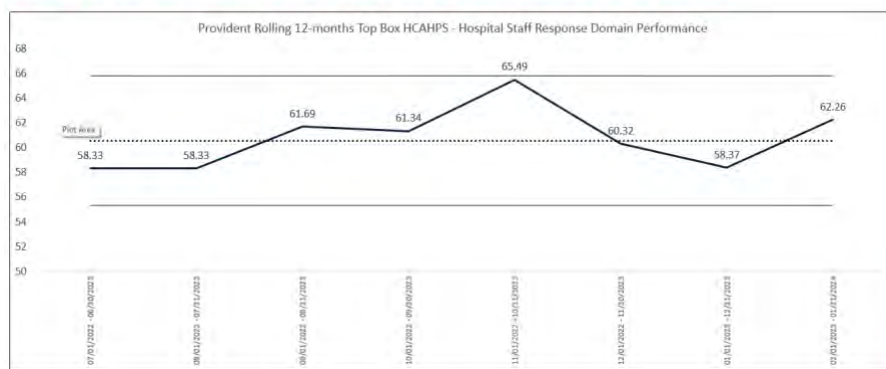
Rolling 12-months HCAHPS Top Box Score for Recommend the Hospital



- The HCAHPS top box score for Responsiveness of Staff Domain surpassed the goal of 54th percentile

#### HCAHPS Measures

Rolling 12-months HCAHPS Top Box Score for Responsiveness of Staff Domain



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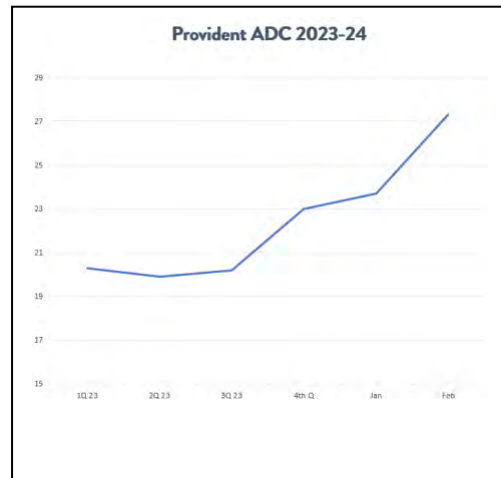
# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS



### Growth Innovation & Transformation

- On February 1, 2024, two patients were admitted to the Provident 8 West med/surg unit from the Stroger ED. Daily morning rounds with the Stroger ED staff and the Provident Hospital staff were established to facilitate transfers from Stroger ED to Provident and transfers to Stroger from the Provident ED and 8 West.
- The average daily census increased to 27.5 in February.

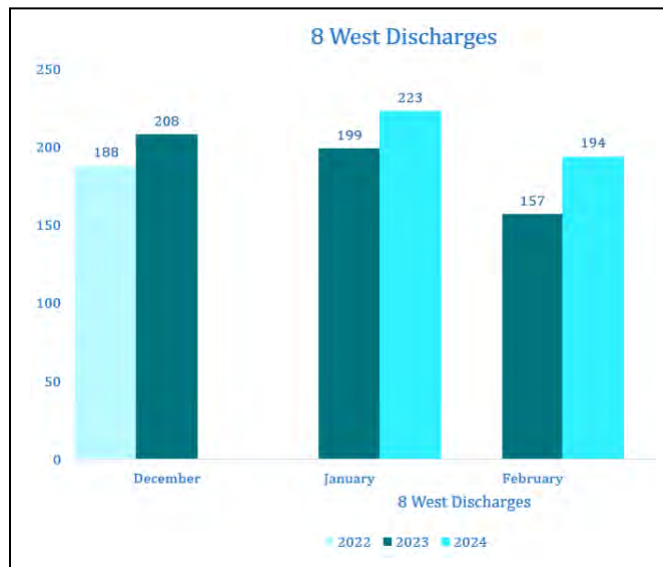


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# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

- 8 West Discharges



### Optimization, Systemization & Performance Improvement

- The OR sterile area redesign was implemented to allow easier access to patients in the pre-op area. Surgeons, nurses, and tech can now access patients for pre-op assessments without changing into surgical attire. This should help improve the on-time start metric.



### Workforce: Talent & Teams

- The Provident nursing department added a patient care resource nurse and an ICU nurse.



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# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS



### Fiscal Resilience

- The Provident pharmacy received notification that they passed the 340B audit.

### Budget to Actual

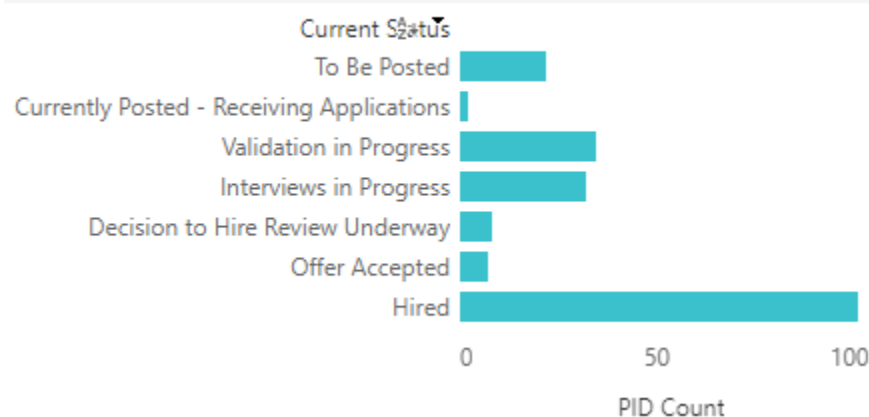
Office	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4891 - Provident Hospital of Cook County						
Non- Personnel	19,669,531	1,645,235	1,051,971	2,697,206	16,972,325	13.71%
Personnel	20,252,670	5,137,174	-	5,137,174	15,115,496	25.37%
4891 - Provident Hospital of Cook County Total	39,922,201	6,782,409	1,051,971	7,834,380	32,087,821	19.62%

The actual spend should not exceed approximately 27.8%

### Staffing



### What Stage are my Current Requisitions?



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# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

### Procurement --

- The following contracts for \$500K or more and are set to expire in the next 9 months.

<u>Contract #</u>	<u>Vendor Name</u>	<u>Expires</u>
H22-25-090	Dialysis Care Center Management, LLC	05/22/2024
H22-25-187	ADT Commercial, LLC	Ext In progress
H21-25-011	Dialysis Care Center Management, LLC	11/30/2024



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