### AMBULATORY SERVICES

Lead Executive: Craig Williams, Chief Administrative Officer, Operations and Development

**Report Date:** November 2024 **Report Date:** December 15, 2024

**Strategic Initiatives • OKR Highlights • Status Updates** 



### Patient Safety, Clinical Excellence & Quality

- Cook County Health will offer free annual prostate and/or mammogram screenings through the Cook
   County Birthday Health Screening Program starting in January, 2025 for:
  - 1. <u>Uninsured patients</u> seeking care during their birthday month, with birth date verification and screenings meeting preventive service guidelines.
  - 2. <u>Insured patients</u> according to their health plan coverage.
- The Birthday Screening Clinical Task Force has established the following guidelines for the Birthday Program:
  - Breast Screening: Based on the United States Preventive Services Task Force guidelines, women aged 40-74 should undergo mammography every 2 years.
  - Prostate Screening: In accordance with the American Urological Association, men aged 45-69 should undergo Prostate-Specific Antigen (PSA) testing every 2 to 4 years, with the frequency determined through shared decision-making with the patient.
  - Eligible patients can schedule their screenings by calling 312-864-HBTY (4289) or visiting as walk-ins.
- The quality team developed a new diabetic self-management goal worksheet, which was translated
  into eleven different languages and approved by ACHN leadership. A strategy meeting has been
  scheduled with ACHN leadership to discuss the rollout of the self-management workflow, roles and
  responsibilities, and the new form across primary care sites by March 31, 2025.
- In collaboration with Maternal Child Health leadership, the Quality team developed a new action plan to address the lack of provider documentation on screening exclusions and external pap results in the problem list. This gap in documentation could lead to inaccuracies in cervical cancer screening data. The goal is to improve the cervical screening rates.
- Training on the Sentact rounding database and the Press Ganey electronic medical event reporting system (eMers) was conducted for new managers.



**Health Equity, Community Health & Integration** 

















### AMBULATORY SERVICES

- In November 2024, the Patient Support Center handled 44,000 patient calls with an average response time under 57 seconds, and 3,900 nurse triage calls with an average response time of 54 seconds. This month the Central Triage Unit expanded to add Sengstacke nurse calls.
- The Patient Support Center reduced the average post-hospital primary care wait time to under 19
  days, down from over 30 days last month. This improvement was achieved by scheduling across two
  shifts, maximizing schedule utilization, and increasing efforts to refer more patients to community
  primary care sites.
- Cook County Health continues its vaccination efforts for both the community and our patients. In November, the total number of individuals vaccinated for COVID-19 was 3,284, including 123 staff members, 1,394 non-CCH patients, and 1,767 CCH patients.
- All ACHN clinics are equipped to screen, test, and vaccinate community members. Additionally, the CORE Center administered 14 MPox vaccinations this month.
- This month, the Belmont Cragin New Arrival Health Center reported serving 33,204 unique patients to date. The CCH Mobile Care Coordination team registered 12,136 new arrival patients at the City of Chicago landing zone, with 50% receiving same-day medical screenings and care at the New Arrival Clinic. 7,471 were vaccinated with the Measles, Mumps, and Rubella (MMR) vaccine, and 5,430 with the chicken pox vaccine.
- CCH operations continue to send mass emails via the patient portal to announce the availability of
  Virtual Immediate Care, which helps boost provider visits. From January 1st to November 30th, 2024,
  the Express Care Team saw 2,468 patients, with an average drop rate of 3%. Additionally, Express
  Care Registered Nurse (RN) triage queues have been activated, allowing nurses to triage all incoming
  calls and determine the appropriate next steps to provide immediate assistance to patients.
- The Cancer Center service line team held three lung cancer screening awareness events and one genetic counseling awareness event. A total of 392 people were educated on lung cancer screening, and 50 people were educated on genetic counseling.
- The CORE team established a collaboration with OB/GYN department to provide continuation of prenatal services during a gap in provider coverage.
- CORE social services department began Case Management services at Belmont Cragin New Arrivals HIV Clinic, helping patients with applications for medication assistance programs and offering referrals for other social determinant of health resources.
- A new RFP has been awarded to Alivio Medical Center to partner with CCH in hiring Maternal and Child Health (MCH) navigators. These navigators will be placed throughout ACHN and the Inpatient Mother/Baby unit. This partnership will help continue the legacy of MCH patient navigation efforts, which have supported a 70% retention rate for prenatal care to delivery at Stroger.

















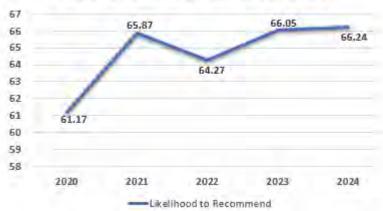
## AMBULATORY SERVICES



#### **Patient Experience**

• ACHN's overall "Likelihood to Recommend" score increased this month, but it did not reach the year-end goal of 67.13%. The score rose by 0.05%, bringing the year-to-date total to 66.24%.

# ACHN Patient Experience Score



- Specialty care saw a 4.62% increase from last quarter, finishing the year at 69.81%. However, it was
  still not enough to meet the overall FY24 goal. Despite this, meaningful progress was made in
  improving the Press Ganey scores across specialty care. A working group has been formed, consisting
  of frontline staff (Registered Nurses, Medical Assistants, Clerks, Providers, Managers) and Patient
  Experience partners. The group's goals include:
  - o Initiating additional marketing efforts to encourage survey completion.
  - Ensuring the survey reaches patients at home via mail, text, or email in a timely manner, ideally within the first week before their visit to reduce the chance of forgetfulness.
  - o Promoting the survey through targeted marketing strategies.
- Primary Care's overall "Likelihood of Recommending" score increased by 0.18% from last month,
  finishing at 65.23%. While this was not enough to meet the year-end targets, Arlington Heights and
  Austin have consistently met their targets month over month for the past 6 months. The leadership
  team is now assessing the strategies that have contributed to the success of these locations and plans
  to apply these insights to other areas to drive further improvement.



### **Growth Innovation & Transformation**

















## AMBULATORY SERVICES

- The Cancer Center Service Line team defined a strategic plan to support patients entering the Breast and Urology Oncology clinics for care related to engagement with the Birthday Screening program.
- CORE Executive Director continues to work with CCH Human Resources and Sponsored Programs
   Office on the transition of Hektoen funded grants and staff. Successful submission of the AIDS
   Foundation of Chicago Case Management and Housing grants were accepted for FY2025.
- The Go Live of Provider Portal Phase 2 took place on November 17th granting external partners read-only access to view provider clinical notes, documentation, and lab results for patients referred to CCH. Secure messaging between providers within the portal is expected to launch in Q1 of 2025.



### **Optimization, Systemization & Performance Improvement**

- The Behavioral Health team has initiated the design of a centralized intake and referral system for behavioral health services. A committee has been formed to focus on key action items to create a system that allows patients to be immediately assessed and connected to the appropriate behavioral health treatment and support across CCH. This will streamline the referral process, ensuring timely access to care and support for those in need.
- Phase I of the Behavioral Health Oracle Module was successfully completed for all behavioral health providers. Phase II has been initiated, focusing on recovery coaches and neuropsychologists. This software will help ensure compliance with state and federal regulations for Medicaid, Medicare, and insurance requirements, ultimately enabling CCH to capture additional revenue.
- CORE Patient Access department reduced the backlog of patients waiting for Hepatitis FibroScans, from 700 to 97 patients over six weeks. The team completing scheduling of patients now booked through April 2025.
- The Cancer Center Service Line team responded to the ongoing IV fluid shortage by implementing several fluid-conserving measures. These included postponing the least critical 10-20% of infusions and reducing daily volume to accommodate changes in infusion administration.
- The Oncology clinics have trained staff to implement Good Faith Estimates (GFE), Point-of-Service (POS) Collections, and 340b Location Hierarchy scheduling changes. The GFE and 340b is set to go live on December 1, 2024, and the POS Collections will go live on December 9, 2024. Training will continue across ACHN, including OT/PT and Radiology clinics, for all three new processes. Additionally, GFE and POS Collections have been incorporated into the new hire training for future onboarding. For any staff members who are unable to attend the training before the golive date, step-by-step job aids will be provided to support their work in these areas.

















## **AMBULATORY SERVICES**

 Oncology clinic staff completed Trauma-Informed Care training to enhance patient interactions and deliver more sensitive, supportive care.



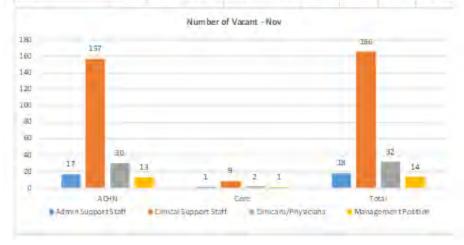
#### **Workforce: Talent and Teams**

ACHN has 230 vacant positions: 18 Administrative Support Staff, 32 Clinicians/Physicians, 14 Management Positions, and 166 Clinical Support Staff. Of the 230, currently 170 roles are in recruitment (24 posted, 4 pending, 42 validations in progress, 32 interviews underway, 56 decision-to-hire packets under review, 12 offers accepted, and 1 on hold). This fiscal year, we have hired 143 individuals.

### **Human Resources Recruitment**

#### December Board Report: Vacant PID's by Role

Vacant PID's by Role	Sep-24			Oct-24			Nov-24		
Jobtitle	ACHN	ACHN Core	Total	ACHN	Core	Total	ACHN	Core	Total
Admin Support Staff	18	1	19	18	1	19	17	1	18
Clinical Support Staff	157	8	165	161	9	170	157	9	166
Clinicans/Physicians	30	2	32	31	2	33	30	2	32
Management Position	-15	2	17	14	1	15	13	1	14
Total	220	13	233	224	13	237	217	13	230



















## **AMBULATORY SERVICES**



#### **Fiscal Resilience**

- As of the end November 2024, ACHN successfully closed the year on track, having expended 92% of the budgeted funds.
- Primary Care: ACHN is below budgeted volumes for November by 921 visits and 2.5% below budget year-to-date totaling 237,153 visits in FY2024.
- Primary Care saw a decrease in unsigned notes by 161 compared to last month, but it was still not enough to meet the year-end goal.
- Specialty Care: ACHN is below budgeted volumes for November by 1,039 visits and 12% above budgeted volumes year-to-date totaling 383,360 visits in FY2024.
- We have five non-personnel contracts valued at \$500,000 or more. Four of these contracts has expired, but amendments are in progress and there are no service gaps.

### **Budget**

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	179,524,432	158,968,605	5,761,586	164,730,191	14,794,242	92%

### **Procurement**

	Non Agency Contracts								
Contract Number	Contract Name	Agreement Amount	Expiration	Notes					
H18-72-030	Anchor Mechanical	\$959,634.00	6/30/2024	Waiting on SCM to publish RFP-2nd time.					
H21-25-012	DaySpring Janitorial Svcs	\$2,300,000.00	11/30/2024	Amendment in progress.					
H17-25-064	Medspeed	\$3,843,844.06	11/30/2024	RFP and amendment in progress.					
H18-25-037	Alivio	\$1,262,145.09	11/30/2024	RFP-Contract awarded.					
H20-25-033	Chicago Lighthouse	\$6,220,000.00	2/28/2025	Amendment in progress.					



















## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

**Lead Executive:** LaMar Hasbrouck, MD, MPH, MBA, Chief Operating Officer

**Reporting Period:** November, 2024 **Report Date:** December 4, 2024

Strategic Initiatives • OKR Highlights • Status Updates



### Patient Safety, Clinical Excellence & Quality

- The Cook County Department of Public Health (CCDPH) Nursing and Community Health Promoter (CHP) teams, in collaboration with CountyCare and the ACHN clinics, distributed free Flu and COVID vaccines in November. The nursing team administered 323 Flu vaccines and 270 COVID vaccines. The CHP team engaged with 19 community members, 5 of whom were then referred additional wrap-around services.
- The Food Inspection and Private Water Systems programs with the Environmental Health Services Unit passed their Illinois Department of Public Health (IDPH) three-year site visits and audits with no citations or deficits. The next site visits are scheduled for 2027.



### **Health Equity, Community Health & Integration**

- CCDPH's Community Behavioral Health Unit trained 117 CCH employees in the month of November through the launch of the Trauma Informed Care Tuesdays initiative. Virtual and inperson trainings were conducted with DPH new hires, Rehab Clinics at Harrison Square and Blue Island, and the Oncology Department at Stroger.
- The Emergency Preparedness & Response Unit (EPRU) team attended an Illinois Department of Public Health (IDPH) site visit at the Oak Forest vaccine storage site, the final step in order to obtain Vaccines for Children (VFC) certification. Certification allows CCDPH to directly receive free vaccine distribution for planned community events, as well as for potential future outbreaks. This will reduce the operational complexity of receiving vaccine supply and streamline the process to provide vaccines to the public. The visit was successful.
- The Marketing & Communications team launched the "Every Mother, Every Child" website, designed by our Public Health Nursing Team, to support CCDPH's commitment to delivering highquality, respectful, and equitable maternal and child healthcare for all families, including LGBTQIA+ families. The site provides comprehensive resources spanning every stage of pregnancy.























## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

• In honor of Lung Cancer Awareness Month, the Marketing & Communications team deployed a social media campaign in support of the Cook County Board of Commissioners' reaffirmation of their commitment to prevent tobacco use and connect individuals with resources to help them quit. The campaign called attention to existing initiatives like "Unfriend Tobacco," aimed at encouraging youth and young adults to quit vaping, as well as educational posts under the Public Health Heroes League.



#### **Patient Experience**

• In relation to the 'Syphilis Stops with Me' campaign to prevent congenital syphilis, CCDPH's contract with Mother and Child Alliance has been approved and will allocate \$10,000 for the Alliance to conduct in-home and mobile testing of pregnant women in suburban Cook County.



### **Growth Innovation & Transformation**

The Marketing & Communications team launched an enhanced version of the <u>School Health</u>
webpage. The revamped webpage is a comprehensive hub that connects schools with essential
resources from the CCDPH and beyond.



### **Optimization, Systemization & Performance Improvement**

 The Marketing & Communications team generated the first monthly report on media coverage, reach, and return on investment. In the latest data, CCDPH appeared in 69 stories and achieving a reach of 312 million people.























### **Human Resources Recruitment**

As of December 2, 2024, CCDPH has - 15 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).

### FY24 metrics Snapshot, as of December 4, 2024

RTHs Submitted MTD/YTD	Pre- Recruiting	On Hold	Postings Currently	Validation in Progress	Interviews in Progress	e-DTH Underway	Candidate Offers	Vacancies Filled In November	YTD Position Filled
14/69	2	1	2	2	5	5	3	6	37

## Budget

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4895 - DPH Total	21,993,575	16,234,433	1,142,725	17,377,158	4,616,417	79%

12/4/2024

### **Procurement**

The following vendors or subgrantee \$500K or more are all active contracts.

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





















### **CERMAK HEALTH SERVICES**

Lead Executive: Jesus "Manny" Estrada, Chief Operating Officer, Cermak Health Services

**Report Date:** November 2024 **Report Date:** December 15, 2024

**Strategic Initiatives • OKR Highlights • Status Updates** 



### Patient Safety, Clinical Excellence & Quality

Cermak Health Services was represented by Dr. Chad Zawitz as keynote speaker for the 2024 Lake County Health Department's World AIDS Day memorial event. Dr. Zawitz presented "The History and Future of HIV" to members of the Lake County Health Department and the public.

Cermak leadership had the opportunity to share quality performance indicators for the year and new program initiatives during the Executive Medical Staff meeting. We are very proud of the work that takes place at the jail and sharing our statistics with others truly shows how we strive to make a difference in the lives of others.

Cermak Health Services at JTDC received 100% overall patient satisfaction rating with the medical, dental, and mental health services provided to the youth detained at the Juvenile Temporary Detention Center (JTDC). The survey was conducted for 12 days in October-November with 61 youth respondents.



### **Health Equity, Community Health & Integration**

Cermak Health Services continues to evaluate the status of Division 11 and the need to enhance services to include dose-by-dose medication distribution and the introduction of mental health population into the building.

Cermak hosted an abstract writing training class for Patient Care Services Leaders. Dr. Simi Joseph, Senior Director, Nursing Innovation was the guest speaker. The goal of the training is to provide Patient Care Leaders (managers and directors) the skills needed to create poster presentations and panel presentations at both the local and national level for the work they do daily as related to correctional medicine.





















#### **Patient Experience**

Taking advantage of the warm summer months, a Cermak Activity Therapist created and designed a "Labyrinth" in the courtyard of JTDC. As part of the art therapy programming, the residents were able to participate with the design outlay and painting of the massive project and will be able to enjoy it by walking on its path.



#### **Growth Innovation & Transformation**

The Juvenile Detention Mental Health team participated in a muti-agency "Think Trauma" train the trainer event. Think Trauma is a skills-based, interactive trauma-focused training curriculum for frontline staff, educators, administrators, and others who work with adolescents in juvenile justice settings. Cermak provided logistical and financial support for the event using their JMHCP grant.



#### **Optimization, Systemization & Performance Improvement**

Press Ganey facilitated two coaching sessions at Cermak. Present were service line leaders. Coaching centered around effective communication and inclusion of High Reliability Concepts as related to huddles and rounding.



### **Workforce: Talent and Teams**

Cermak Health Services Directors are in process of assessing and recommending contract language suggestions for inclusion in upcoming organized labor contract negotiation.

Cermak Health Services acknowledges the recognition of their COO, Jesus "Manny" Estrada, as one of Crain's Chicago Business Notable Latino Leaders. The honorees are making a difference in a wide range of industries of industries, from architecture and the arts to tech and transportation.



#### **Fiscal Resilience**

















## **CERMAK HEALTH SERVICES**

Cermak Health Services continues to meet with the Illinois Department of Healthcare and Family Services (HFS) to discuss the next steps regarding the implementation of the newly approved 1115 Waiver. Five milestones were identified for the successful implementation of the waiver, which will allow Cermak to bill for patients receiving key services 90 days prior to discharge from the Cook County Jail. This program will allow Cermak and Juvenile Detention patients to have improved transitions of care into the community and Cermak is excited to continue these discussions with HFS.

#### **Human Resources Recruitment**

#### Cermak Health Services































**CERMAK HEALTH SERVICES** 

### **Budget**

Overall, across all accounts, Cermak and JTDC are on track with budgeted expectation through the end of October 2024.

Office / Program / Account	FY24 Budg ▼	Expense 🔻	Obligations (BPA's/PO'	Funds Availabl 🔻	% Expende d ▼
4240 - Cermak Health Services of Cook County					
0 - DEFAULT (41195.4240.0) Total	-	10,802	-	(10,802)	No Budget
10155 - Administration (41195.4240.10155) Total	12,446,771	11,335,514	796,935	314,322	97%
10160 - Administration and Clerical (41195.4240.10160) T	-	-	3,571	(3,571)	No Budget
13500 - Environmental Services (41195.4240.13500) Total	2,762,461	2,773,732	6,660	(17,932)	101%
13945 - Finance (41195.4240.13945) Total	243,273	244,458	-	(1,185)	100%
14915 - Human Resources (41195.4240.14915) Total	263,532	159,273	-	104,259	60%
15050 - Information Technology (41195.4240.15050) Tota	231,171	261,259	-	(30,088)	113%
15435 - Laboratory Services (41195.4240.15435) Total	641,650	563,660	(0)	77,990	88%
15805 - Material Management (41195.4240.15805) Total	462,003	348,662	(2,136)	115,477	75%
15880 - Med/Surg - Administration (41195.4240.15880) To	-	-	2,810	(2,810)	No Budget
15895 - Medical Administration (41195.4240.15895) Tota	10,762,658	9,553,876	151,257	1,057,525	90%
16480 - Nursing - Administration (41195.4240.16480) Tota	-	-	283	(283)	No Budget
17015 - Oral Health (41195.4240.17015) Total	2,496,986	1,854,594	1,139	641,253	74%
17170 - Patient Care Services (41195.4240.17170) Total	42,980,058	36,031,397	391,576	6,557,086	85%
17395 - PCS - Emergency Services (41195.4240.17395) Tot	-	1	-	(1)	No Budget
17610 - Pharmacy (41195.4240.17610) Total	9,838,834	8,321,170	12,894	1,504,770	85%
18445 - Quality Assurance (41195.4240.18445) Total	776,331	812,985	-	(36,654)	105%
18485 - Radiology (41195.4240.18485) Total	845,217	776,370	-	68,846	92%
19650 - Storerooms (41195.4240.19650) Total	-	-	18	(18)	No Budget
29235 - 240 General Store Inventory (IV) (41195.4240.292	-	633,714	6,836	(640,551)	No Budget
16005 - Health Information Management (HIM) (41195.42	422,736	439,154	-	(16,418)	104%
16125 - Mental Health Services (41195.4240.16125) Total	15,008,018	12,900,200	28,514	2,079,304	86%
19635 - Store Room (41195.4240.19635) Total	-	-	141	(141)	No Budget
20475 - Txbl GO Ser 2009B BABS Bond Fd (41195.4240.204	-	18,515	-	(18,515)	No Budget
29165 - General Store Inventory (IV) (41195.4240.29165)	271,687	215,058	42,083	14,547	95%
15485 - Law Administration (41195.4240.15485) Total		-	562	(562)	No Budget
17005 - Ophthalmology-Administration (41195.4240.1700	-	4	-	(4)	No Budget
Grand Total	100,453,386	87,254,399	1,443,144	11,755,842	88%



















## **CERMAK HEALTH SERVICES**

			Obligations	Funds	% Expende
Office / Program / Account	FY24 Budg ▼	Expense 🔻	(BPA's/PO' ▼	Availabl 🔻	d ▼
4241 - Health Services - JTDC					
10155 - Administration (41197.4241.10155) Total	1,041,815	667,456	370,272	4,087	100%
16015 - Medical Services Administration (41197.4241.10	731,730	768,217	-	(36,486)	105%
17015 - Oral Health (41197.4241.17015) Total	309,492	359,270	-	(49,778)	116%
17170 - Patient Care Services (41197.4241.17170) Total	3,629,502	3,275,567	21,848	332,087	91%
19815 - Support Services Administration (41197.4241.19	- 8	-	356	(356)	No Budget
10755 - Behavioral Health (41197.4241.10755) Total	3,971,104	3,562,053	(43)	409,094	90%
Grand Total	9,683,643	8,632,562	392,434	658,647	93%





















### **Procurement**

### Contracts expiring in next 9 months

<u>Number</u>	Supplier	PO Description	End Date
77000032606	SCHECK & SIRESS PROSTHETICS, INC	77000032606 - SERVICE, CUSTOM ORTHOTICS	7/31/2024
		H19-25-077 - Supplies and Services, Office	
H19-25-077	ODP Business Solution LLC	Supplies	11/21/2024
	ALLIED WASTE TRANSPORTATION,	H19-25-103 - Service, Waste Removal Services	
H19-25-103	INC.	Throughout CCH	11/30/2024
H18-25-008	MAXIM HEALTHCARE SERVICES INC	H18-25-008 - Service, Temporary Staffing	11/30/2024
H18-25-114	Kore SAE	H18-25-114 - Service, Temporary Staffing	11/30/2024
	Praxair now 'Linde Gas and Equipment		
H20-25-023	Inc.'	H20-25-023 - SERVICE, MEDICAL GAS	12/8/2024
H22-25-164	AB Staffing	RADIOLOGY STAFFING SERVICES	12/31/2024
		H21-25-034_SERVICE, REFERENCE	
H21-25-034	Quest Diagnostics	LABORATORY TESTING	12/31/2024
		H22-25-052_ Services_Locum Tenens and AP	
H22-25-052	Maxim Physician Resources	Staffing	2/14/2025
		H20-25-063 - Waste Removal for Medical,	
H20-25-063	Stericycle	Hazardous, Sharps and Pharma Waste	3/31/2025
		H16-72-052 - Service, Certification, Maintenance,	
H16-72-052	Linde Gas	and Repair of Medical Gas Systems	3/31/2025
	CORPORATE CLEANING SERVICES		
H17-25-037	INC	H17-25-037 - Service, Window Cleaning	5/31/2025
		H22-25-095 Services, System-Wide Pest Contract	
H22-25-095	Orkin	Services (Orkin)	5/31/2025

















### **HEALTH PLAN SERVICES**

**Lead Executive:** Aaron Galeener, Chief Administrative Officer, Health Plan Services

**Report Date:** November, 2024 December 13, 2024

**Strategic Initiatives • OKR Highlights • Status Updates** 



### Patient Safety, Clinical Excellence & Quality

#### **NCQA** Reaccreditation

CountyCare is accredited by the National Committee of Quality Assurance (NCQA), a best practice and requirement of our contract with Healthcare and Family Services. In November, CountyCare received final confirmation of successfully securing NCQA reaccredited status. This accomplishment is the result of the unwavering dedication and collaboration of our providers, accreditation partners, and staff, and the Health Plan's ongoing efforts to deliver high-quality healthcare services for our members that meet rigorous standards.





426,975

CountyCare's reaccreditation is based on a technical submission, HEDIS, and CAHPs scores.

09/17/2024

- Overall, CountyCare achieved 4-stars and the Health Plan earned a 93% compliance rate (122/131 standards) in its technical submission.
- CountyCare is accredited until September 2026 and has already begun work in preparation for its 2026 reaccreditation.





















### **Health Equity, Community Health & Integration**

### **Community Transitions Initiative (CTI)**

Through the State's Community Transitions Initiative, CountyCare receives incentive payments for the successful transition of members living in Nursing Facilities and Specialized Mental Health Rehabilitation Facilities (SMHRFs) into the community. The goal of the CTI program is to decrease the over-reliance on long-term nursing care when community-based options are desired by the member and available.

CountyCare works in collaboration with the University of Illinois at Chicago College of Nursing (UIC-CON) and the Department of Human Services (DHS). The CountyCare care management team has established a community transition team model and workflows to identify qualified members and transition them into community settings.

As of November, CountyCare had successfully transitioned 42 members from long-term care settings into the community, a huge accomplishment and meeting the Health Plan's 2024 state target. This also exceeded the number of members transitioned each year through the CTI program since its inception in 2021. In 2023, 38 members were transitioned and in 2022 15 members were transitioned into the community.



### **Member Experience**

### CountyCare in the Community

In 2023, in anticipation of the resumption of Medicaid redetermination following the end of the public health emergency, CountyCare developed an outreach team to support members with redetermination and ensure that the health plan was present within the community. CountyCare is proud of the accomplishments of our community engagement in 2024:

- Between January and October 2024, CountyCare hosted over 200 redetermination events (5 per week) at clinics throughout Cook County. Over 11,800 people were served at these events, including 9,300 CountyCare members. <u>Between March 2023 and June 2024, as compared to the state percentage change of -12%, our health plan experienced a percentage change -5% for the same period. CountyCare's overall retention rate was 85% during the great unwinding.</u>
- CountyCare held a Men's Health Fair and Women's Health Fair at Provident Hospital to close care gaps.

















### **HEALTH PLAN SERVICES**

- CountyCare hosted its first CountyCare Baby Shower at Provident. CountyCare provided essential baby items, community partners provided critical information and Cook County Health providers spoke about prenatal and postpartum care. Forty-two individuals attended the event with an overall positive response from members.
- The Cook County Department of Public Health and CountyCare are hosting events every Saturday between October 19 and February 22 to provide free COVID-19 and flu vaccinations at clinics in Suburban Cook County.
- In November and December, CountyCare hosted 17 Turkey Giveaway events in partnership with Cook County Commissioners. At each event, 200 turkeys were distributed with two sides

Community engagement will continue to be of focus in 2025, building on the great work carried out by the team in 2024.



### **Growth, Innovation & Transformation**

### **Open enrollment**

Each year Medicaid members have the opportunity to select a new health plan, and members stay with their existing plan if they take no action at their open enrollment date. Forty-nine percent, or over 207,000 members will go through open enrollment between January and May 2025. As such, CountyCare has launched its CountyCare Rewards You open enrollment campaign. The CountyCare Rewards You is an omnichannel campaign that launched in September and will go through May of 2025. It includes digital (e.g., social media), out of home (e.g., billboards, bus shelters), and video assets (e.g., broadcast and streaming). The health plan also launched a new campaign webpage that promotes the health plan and its Rewards Program.



### **Optimization, Systemization & Performance Improvement**

#### Strategic Partnership Reviews

CountyCare leadership meets each quarter with its value-based partners, federally qualified health centers, and health and hospital systems to provide strategic updates on CountyCare, quality performance and opportunities for collaboration, cost and utilization data, and support. Between January and November 2024, CountyCare had completed over 30 Strategic Partnership Reviews. Strategic

















## **HEALTH PLAN SERVICES**

Partnership Reviews have opened new opportunities for communication and collaboration with our network providers.



### **Workforce: Talent and Teams**

#### Team retention

The Health Plan Services team grew significantly between 2023 and 2024, and CountyCare focused on team retention and satisfaction in 2024. In FY2024, Health Plan Services had a 94.4% retention rate, measured by the employees on the first day of the fiscal year that were still employed at the fiscal year end. Activities to improve team satisfaction included:

- An active Health Plan Services Staff Engagement Committee that meets throughout the year to plan and implement programming to make Health Plan Services an even better place to work. In 2024, the Staff Engagement Committee introduced new engagement programming, including Professional Headshots, a Field Day, and Midday Mingles (a series of events during the lunch hour that allow staff to connect and unwind).
- Monthly "Lunch and Learns" on topics related to Health Plan operations and clinical care.
- Three Health Plan Services Townhalls that provided critical information on team accomplishments, kudos, and upcoming changes in the department.
- A monthly Health Plan Services orientation for new team members providing an overview of the department and strategic initiatives.

In 2025, Health Plan Services will utilize the results of the Employee Engagement Survey conducted over the summer to implement improvements in alignment with team feedback.



#### **Fiscal Resilience**

### **Medical Cost Action Plans**

In 2024, CountyCare implemented several key cost savings initiatives, or Medical Cost Action Plans, that will continue to generate savings in 2025. The most critical initiatives in 2024 included:

- Transition to a new non-emergency medical transportation partner.
- An increase in investment earnings.
- Enhanced contract with a key physical therapy provider.
- Fraud, waste, and abuse and payment integrity recoveries.



















## **HEALTH PLAN SERVICES**

In 2025, CountyCare plans to focus on value-based contracting and risk adjustment strategies to continue to improve quality care and reduce unnecessary healthcare costs.

#### **Human Resources Recruitment**

Of the 102 FY2024 positions in recruitment, 74 (73%) of requisitions have been hired, 9 positions have interviews in progress, and 3 new hires are on track to start in the coming weeks. Since last month's update, 4 new team members have been hired. Health Plan Services is continuing to prioritize staff recruitment to ensure the continued success of the plan.

28	74	5	9	8	2	3
Current Requisitions *Excludes Hired, On Hold, Pre- Recruiting, Fellowship - In Dept	Total Hired	Validation in Progress	Interviews in Progess	Open Interviews Greater than Two- Weeks	Submitted DTHs Older than 5 Days	New Hires Starting Soon *Offer Accepted/Hired Status

#### **Budget**

Health Plan Services' November membership of over 418,200 members was higher than the monthly average budgeted projection of 391,000. The net impact of revenue and expenses remains balanced and within budget. Please see the actual expenditures and budget through November 2024 on the following page:

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4896 - Health Plan Services						
CONTRACTUAL SERVICE Total	3,324,120,696	3,321,565,901	444,498	3,322,010,399	2,110,297	99.9%
<b>OPERATIONS &amp; MAINTENANCE Total</b>	7,748	5,572	-	5,572	2,176	71.9%
PERSONAL SERVICES Total	46,212,543	43,117,960	622	43,118,582	3,093,961	93.3%
4896 - Health Plan Services Total	3,370,340,987	3,364,689,433	445,120	3,365,134,553	5,206,433	99.8%
Grand Total	3,370,340,987	3,364,689,433	445,120	3,365,134,553	5,206,433	99.8%

### **Procurement**

Service	Vendor	Description	Type of contract	Contract end date
Interoperability and Patient Access	1Up Health	Centers for Medicare and Medicaid required interoperability and patient access technology services.	Procurement	02/28/2025



















## PROVIDENT OPERATIONS

**Lead Executive:** Arnold F. Turner, M.D., Chief Hospital Executive

**Report Date:** November, 2024 October 18, 2024

### **Strategic Initiatives • OKR Highlights • Status Updates**



### Patient Safety, Clinical Excellence & Quality

- Lab upgrades: A new urine analyzer brought online, and hematology analyzer received and being calibrated.
- The speech pathology department initiated video swallow studies.
- The Left Without Being Seen (LWBS) rate for November was 1.14 lower than the national benchmark of 2%. The LWBS rate is to end the year with under 2%.



### **Health Equity, Community Health & Integration**

Provident held a Lung Cancer Awareness Fair with 57 participants.



### **Patient Experience**

- Elevator modernization project: This modernization began with targeted completion in 12/2024.
- Thirteen new wheelchairs were received, and a deployment plan was developed.



### **Growth Innovation & Transformation**













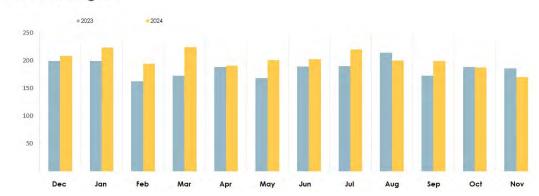




## PROVIDENT OPERATIONS

- The observation unit construction and operational review were completed. The unit opened on 11/08/2024.
- Plastic surgery opened a clinic in Sengstacke Specialty Clinic on Thursday mornings.
- The 8 West discharges will surpass FY 2023 total.

### 8 West Discharges



24



### **Optimization, Systemization & Performance Improvement**

- The Sterile Processing Department renovation began with removal of the cart washer and the assembly of the new cart washer. A new sterilizer and instrument washer will be installed.
- Provident participated in the Surgery Optimization Kickoff and is now engaged in the workgroups developing a system approach to surgical services.
- Provident sent almost 2100 units of IV solutions to Stroger to support their operations.



### **Workforce: Talent and Teams**

Provident held an High Reliability Organization session on patient harm on 11/13/2024.



















## **PROVIDENT OPERATIONS**

Corporate Compliance had a staff meet and greet at Provident.

\$	Fiscal Resilience								
YTD (Oct 2024) (in 000,000)	Actual	Budget	Difference	%					
Net Pt Rev	\$59.5	\$54.7	\$4.8	8.8%					
Total Operating Rev	\$62.0	\$55.1	\$6.9	12.5%					
Operating Costs	\$96.2	\$105.1	(\$8.9)	-8.5%					
Profit/Loss	(\$34.2)	(\$50.0)	\$15.8	31.6%					
Labor									
Salary	\$32.7	\$37.6	(\$4.9)	-13.0%					
Contract	\$13.0	\$11.9	\$1.1	9.2%					
<b>Total Labor Cost</b>	\$45.7	\$49.5	(\$3.8)	-7.7%					

### **Analysis:**

Revenue is favorable to budget by over 12% while Operating Costs are favorable to budget by over 8% producing an Operating Loss that is favorable to budget by over \$15m (almost 32%).

Labor costs (Salary + Contract) is favorable by \$3.8m (almost 8%).

### **Human Resources Recruitment**





















### **Budget**

			Expenditures				
			Obligations	(Expenses +			
Office	√i FY24 Budget	Expenses	(BPA's/PO's)	Obligations)	Funds Available	% Expended	
■ 4891 - Provident Hospital of Cook County	45,679,380	37,077,755	1,328,611	38,406,366	7,273,014	84.08%	

• Revenue is favorable to budget by over 12% while operating costs are favorable to budget by over 8% producing an operating loss that is favorable to budget by over \$15m (almost 32%).

### **Procurement**

There are no contracts due to expire in the next 6 months.



















## STROGER OPERATIONS

**Lead Executive:** Donnica Austin-Cathey, Chief Hospital Executive, Stroger Hospital

**Reporting Period:** November 2024 **Report Date:** December 16, 2024

Strategic Initiatives • OKR Highlights • Status Updates



### Patient Safety, Clinical Excellence & Quality

- Stroger average variance-to-expected Geo-mean Length of Stay for October 2024 is 1.54 which is favorable to the Goal of 1.73.
- The Emergency Department Volume for October 2024 was 7,876 with the Left Without Being Seen (LWBS) % at 1.01, beating the national average.
- The implementation of the Mag View Mammography tracking system is 90% complete. The tracking system will automate the current manual process for tracking the mammography patients' findings across CCH by categories, generate reminder letters and follow up appointments. Our full implementation should go live in January 2025.
- Stroger's Labor and Delivery was chosen by Illinois Perinatal Quality Collaborative (ILPQC) to be awarded a scholarship for Team Birth to come in to train all RNs and providers. The program will start late 2025.
- The Rehab Division is currently exploring options with outpatient Pediatrics to keep sensory kids occupied in the waiting areas.



### **Health Equity, Community Health & Integration**

• The Imaging department is collaborating with the medical staff, Ambulatory Services, Business Intelligence and Financial Services in the development of the Cook County Birthday Screening Programs for "free annual prostate health screening and/or Breast & Prostate screening" during the resident's birthday. We presented a plan to expand services at our Arlington, Prieto, Provident and Stroger Breast Imaging locations.

















## STROGER OPERATIONS



#### **Patient Experience**

- The Stroger Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Top Box Score for Rate the Hospital was 71.39 in November, continuing the trend up over the last four months.
- The monthly HCAHPS Top Box Score for Doctors Doman has been trending up as well with 87.68 for the month of November.
- The rolling 12-month HCAHPS Top Box Score for Communication with Nursing Domain was 70.98 through November 2024.



#### **Growth Innovation & Transformation**

- The 2<sup>nd</sup> Mobile MRI unit went live November 18, 2024. The hours of service are Monday Friday 0800-1600. The 2<sup>nd</sup> Mobile MRI Unit increased our scheduling capacity by 30 additional outpatient appointment slots per week with a combined total increase of 60 additional outpatient slots per week. Current wait time appointments on the Mobile MR Units are under 3 weeks (if patient meets criteria).
- The Imaging team is currently reviewing and recommending CT, IR, CT Simulation and MRI equipment. They anticipate selection of a vendor by the middle of January 2025.
- We continue to see our deliveries increase with 111 deliveries in November 2024. The volume remains 30% higher than previous fiscal year.



### **Optimization, Systemization & Performance Improvement**

- The Rehab Division has been meeting with HIS and Cerner regarding outpatient video orders in radiology fluoroscopy queue. The team has been resolving issues related to patient scheduling.
- The Rehab Division is currently working to reopen Clinic N to expand our services. The supply room has been stocked and transportation has been notified of the new area.

















## STROGER OPERATIONS

- The Imaging Department continues to collaborate with Eviden Consulting to analyze the current state and assist with the development of plans to improve and optimize the current workflow process in 2025.
- Nurse Bed Coordinators partnered with Buildings and Grounds and the Chair Alarm committee of the Med-Surg Division are collaborating to install chair alarms to increase patient safety.



#### **Workforce: Talent and Teams**

- An Interim Director of Radiology has been onboarded.
- The Stroger Operational leaders are working with our HR Business partners to work on a conversion process of our agency staff into permanent full-time positions.
- A Burn ICU Nurse Coordinator II will start on December 16, 2024.
- Eight Registered Nurses onboarded in November 2024 and we anticipate an additional eight nurses in December.
- Nursing has continued to reduce the use of agency nurses within the Critical Care Division. The team has decreased agency by 20 RN's and will continue to work with HR regarding new hires.



#### **Fiscal Resilience**

- The Rehab team has been reinforcing Medicare guidelines on initial evaluation vs. re-evaluations in the inpatient setting.
- The Imaging Department leadership continues to collaborate with the Director of Revenue Integrity to review the charges and workflow process in the Radiology Oncology Department.
- The Interventional Radiology (IR) Department continues to collaborate with the revenue Integrity Team in assessing the charge capture workflow in the IR Department. The goal is to implement our process by the end of first quarter 2025.

#### **Human Resources Recruitment**

















## STROGER OPERATIONS

744

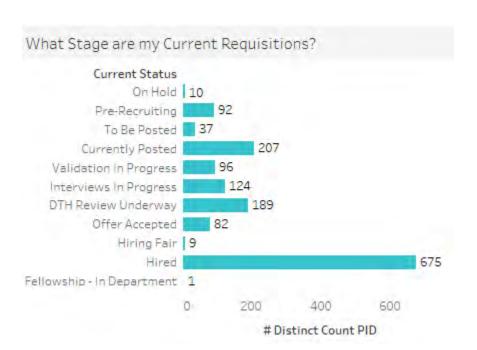
675 Total Hired

96 /alidation in Progress

124

62

22 mitted DTHs Older than 5 Day 59



### **Stroger Budget**

Office & Account  √1	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4897 - John H. Stroger Jr. Hospital of Cook County Total	1,103,453,925	860,010,494	64,036,668	924,047,161	179,406,764	84%

















