Operational Excellence Workgroups Dashboard

Jan 2024

COOK COUNTY HEALTH

2024

Areas of Focus

Measures based on quality gap analysis to improve our overarching quality and safe care, CMS Star Ratings, Leap Frog Safety Grade, and population health management.

COOK COUNTY HEALTH

Data Definitions

- In 2023 we looked at our data on monthly increments.
- In 2024 we will look at most of our data on rolling 12-months increments to better quantify improvements. Not all data will have this format. As our Operational Excellence work continues to grow and evolve, we will expand this expectation to other data in the future.
- Additionally, for 2024 we have added control charts for many, performance monitoring data. Control charts are visual depictions of quantitative data. They can be used for common variation monitoring or new process parameters (good/bad).
  - True improvement occurs by working on the right tactics. We will see that improvement in changes in the data points above or below control limit based on the type of measurement.
    - For higher is better data: we should see our data advance several data points above the mean (dotted line) and eventually consecutive data points above the upper control limit of 2-standard deviations (top black sold line) above the mean.
    - For Lower is better data: we should see our data advance several data points below the mean (dotted line) and eventually consecutive data points below the lower control limit of 2-standard deviations (lower black solid line) below the mean.
    - Adversely if we see the data consistently trending in wrong direction – it can be a call to action if it is not normal variation in the process.

Stroger

Operational Excellence Workgroups

COOK COUNTY HEALTH

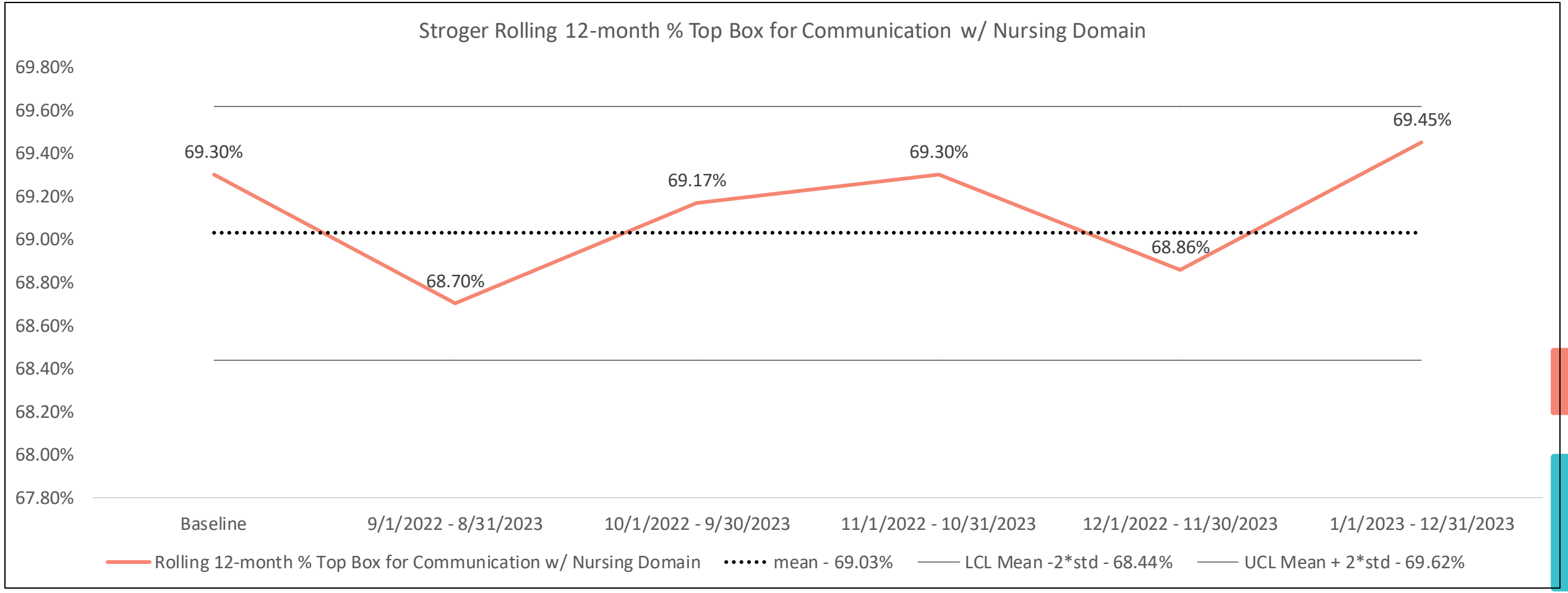
Stroger 2024 Areas of Focus

Site	Workgroup	Overall Workgroup Measure to Monitor Area of Focus	Baseline	Goal	Stretch Goal
Stroger	Patient Experience	Improve % Top Box for Communication w/ Nursing Domain	As of Nov 2022 - Oct 2023: 69.3% top box	73%	77%
Stroger	Patient Experience	Improve HCAHPS Survey Response Return %	As of Jan 2023 - Sept 2023: 13.6%	15%	16%
Stroger	Clinical Outcomes	Reduce CLABSI, CAUTI & CDIF Volume of occurrences	As of YTD Sept 2023: CLABSI: 8, annualized 11 CAUTI: 7, annualized 9 CDIF: 17, annualized 23	50% reduction CLASBI <= 4 CAUTI <=3 CDIF<=11	Zero Harm - 0
Stroger	Clinical Outcomes	Reduce PSI - Patient Safety Indicator PSI12 Perioperative Pulmonary Embolism or Deep Vein Thrombosis volume of occurrences	As of YTD Aug 2023 PSI12: 9 | Annualized 14	50% reduction PSI-12 <=7	Zero Harm - 0
Stroger	Readmissions	Reduce House wide Readmissions all Payors-including patients admitted elsewhere	Using IHA Data thru May 2023: 14%	13%	12%
Stroger	Throughput	Reduce timeline of Inpatient Ordered to physician verified (Diagnostic Radiology Orders)	As of Jan 2023 - Oct 2023: Order to Verified 795 mins	Reduction by 50% 398 mins	318
Stroger	Throughput	Improve GMLOS (geo-metric mean length of stay) variance	As of June 2023: 2.20 days variance to MS-DRG GMLOS	Reduce by .5 days	Reduce by 1.0 days
Stroger	Clinical Documentation	Increase Overall, Medical & Surgical CMI CMI Surgical CMI Overall	As of Jan 2023 - Aug 2023: Overall: 1.7560 Surgical: 3.0219 Medical: 1.2489	Improve by 10%: Overall: 1.9316 Surgical: 3.32409 Medical: 1.37379	Improved from Goal by 20%: Overall: 2.1 Surgical: 3.9 Medical: 1.74

Stroger Op Ex Patient Experience Workgroup

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

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



COOK COUNTY HEALTH

Data Source: **Press Ganey**

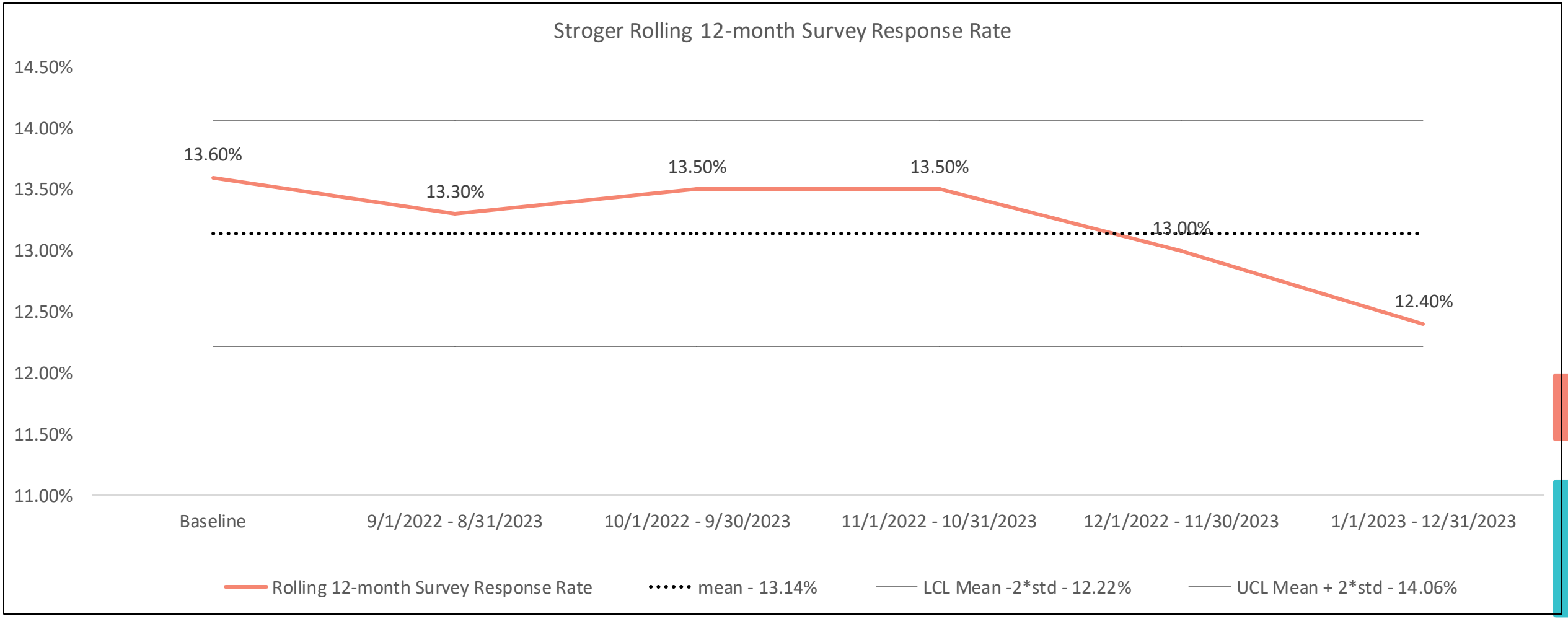
Higher top box score is favorable

Control limits set from 7/1/22-6/30/23 thru 1/1/23-12/31/23

Stroger Op Ex Patient Experience Workgroup

Rolling 12-months Survey Response Rate for HCAHPS by Received Date

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



COOK COUNTY HEALTH

Data Source: Press Ganey

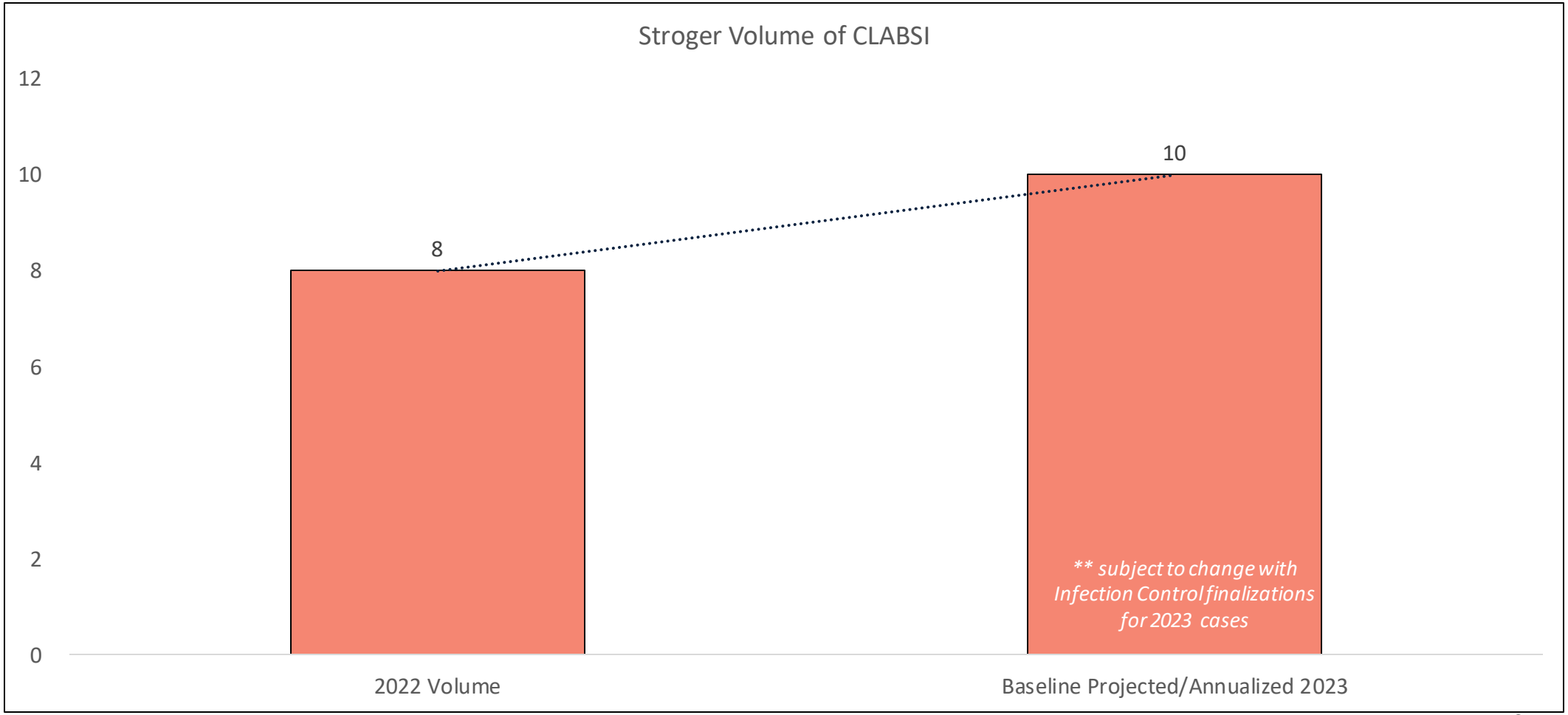
Higher is favorable

Control limits set from 9/1/2022-8/31/2023 thru 1/1/2023-12/31/2023

Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CLABSI

Goal: <=4 | Stretch Goal: Zero Harm 0



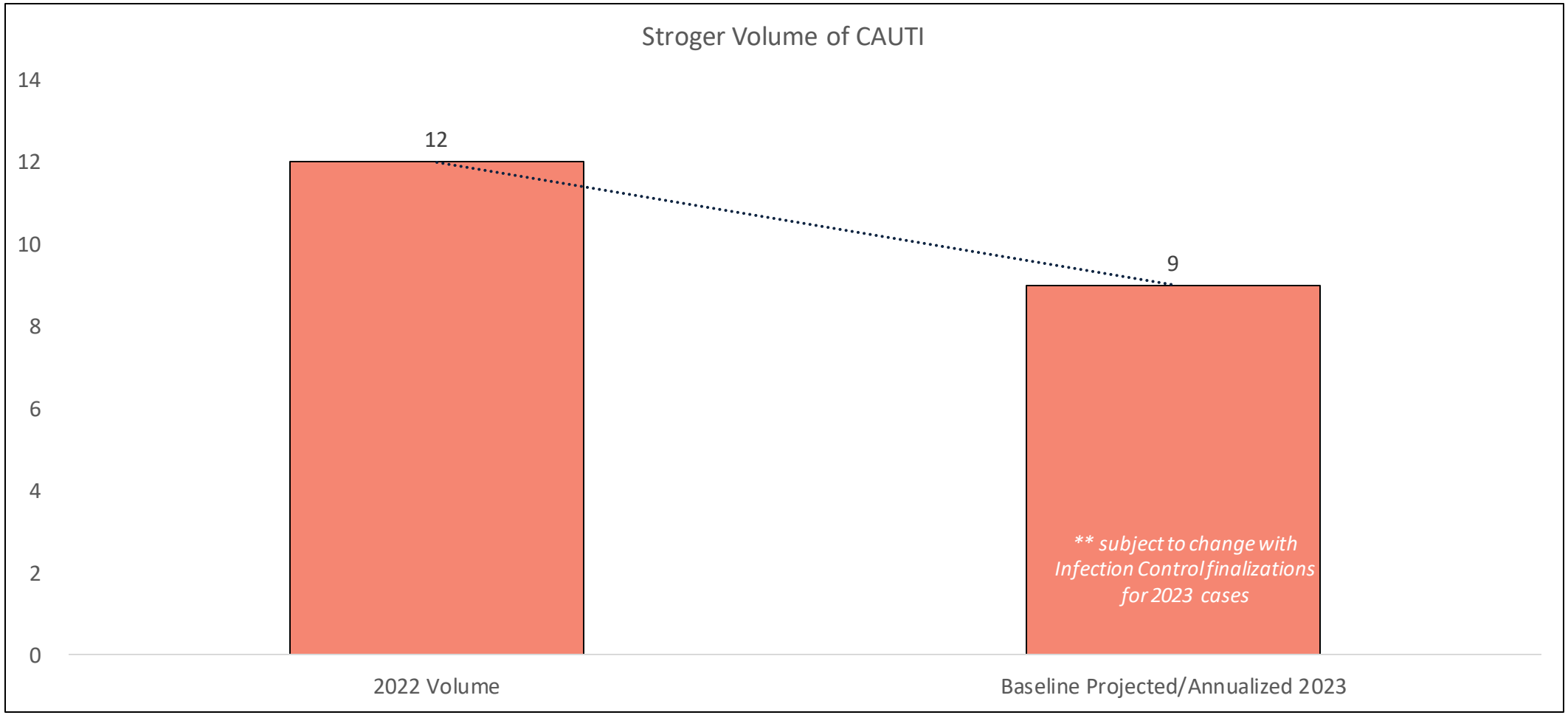
Data Source: Infection Control
Lower is better

COOK COUNTY HEALTH

Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CAUTI

Goal: <= 3| Stretch Goal: Zero Harm 0



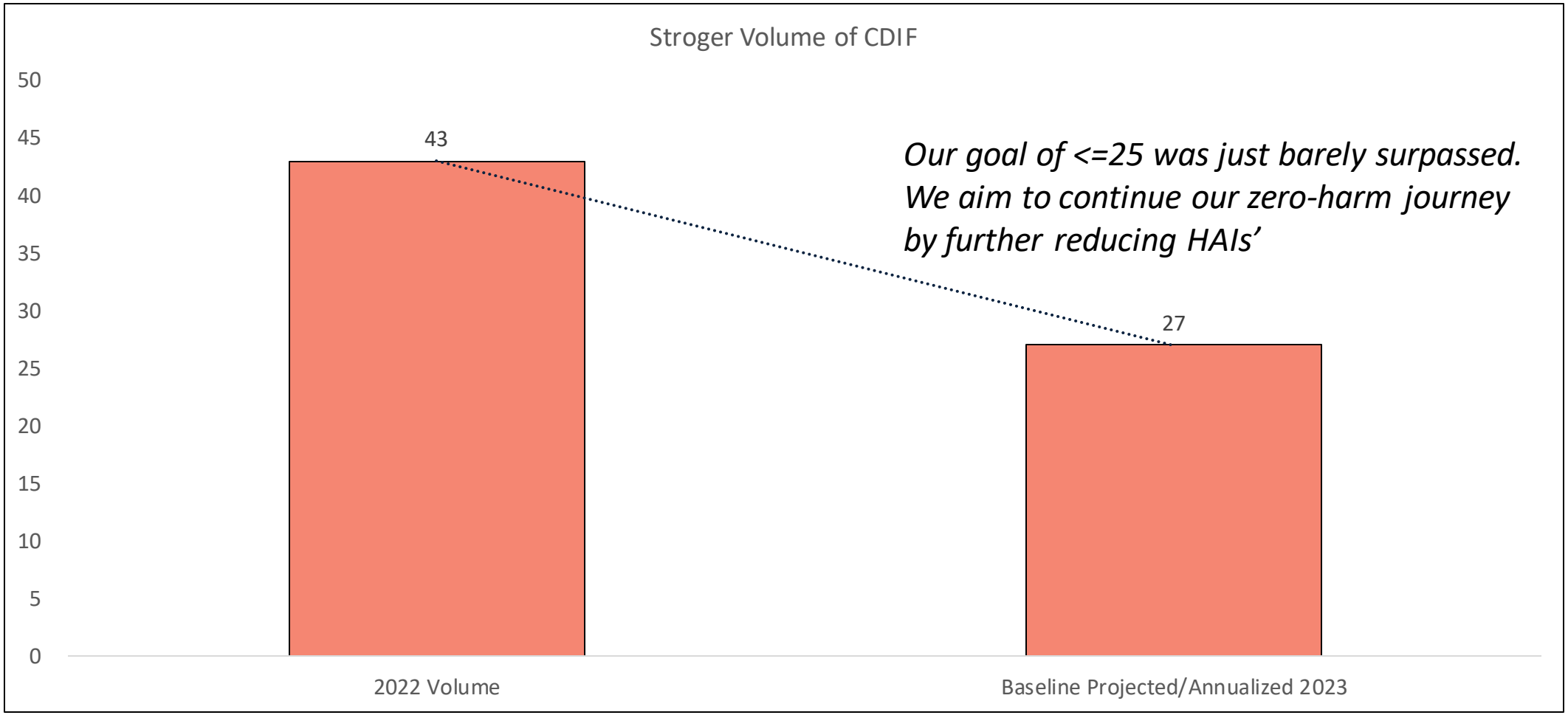
Data Source: Infection Control
Lower is better

COOK COUNTY HEALTH

Stroger Op Ex Clinical Outcomes Workgroup

Volume of HAIs Occurrences: CDIF

Goal: <=11 | Stretch Goal: Zero Harm 0



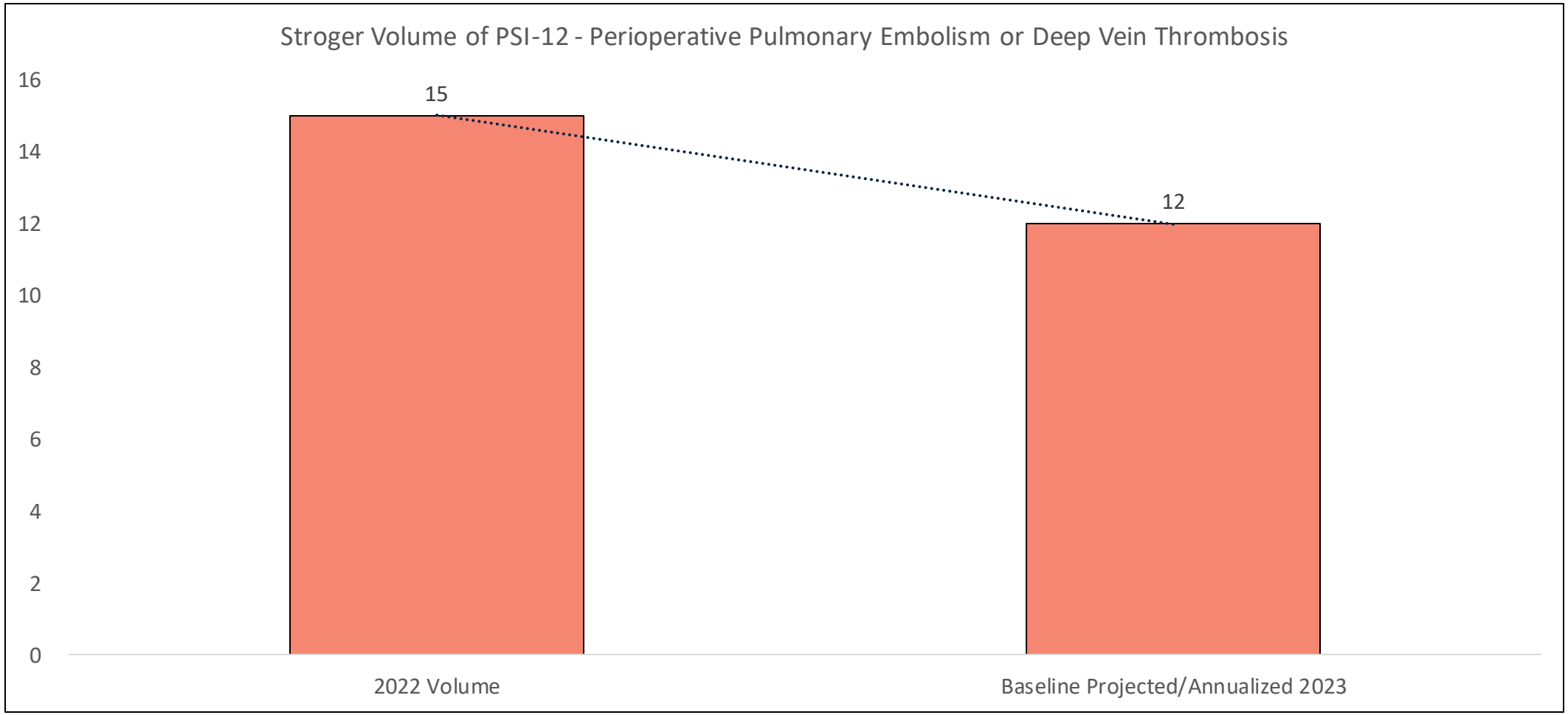
Data Source: Infection Control
Lower is better

COOK COUNTY HEALTH

Stroger Op Ex Clinical Outcomes Workgroup

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

Goal: <=7 | Stretch Goal: Zero Harm 0



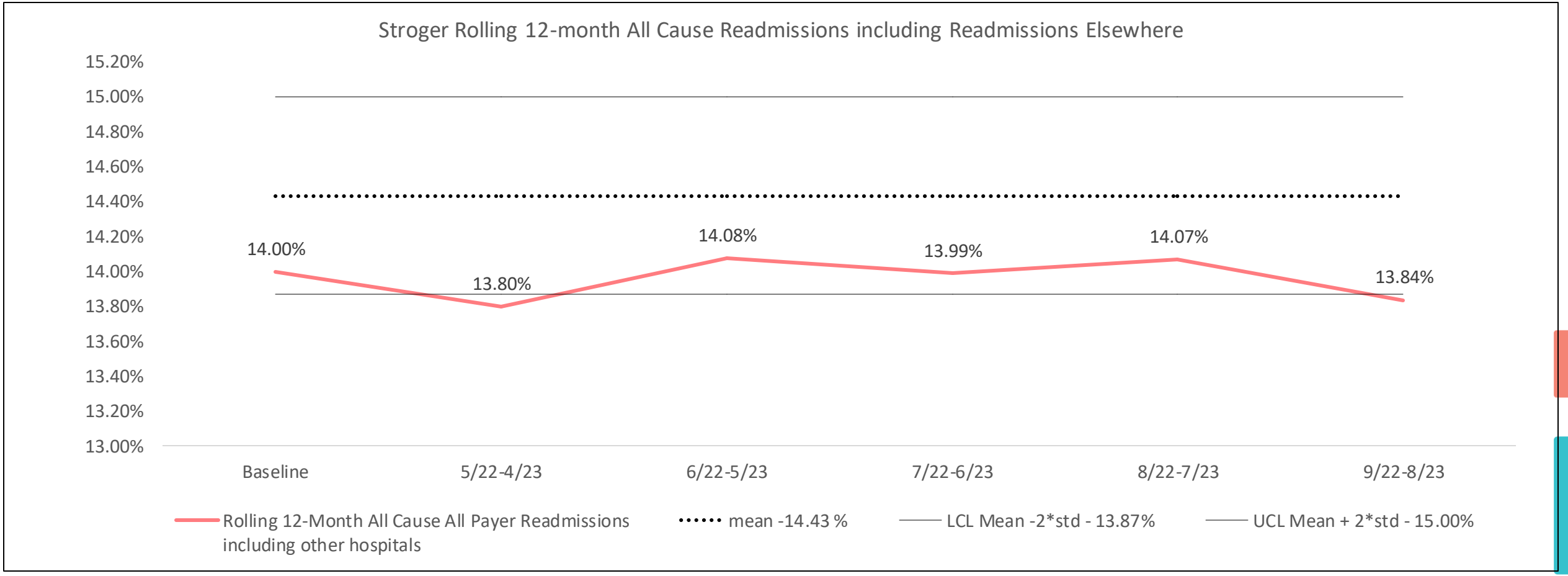
Data Source: Infection Control
Lower is better

COOK COUNTY HEALTH

Stroger Op Ex Readmissions Workgroup

12-month Rolling All Cause Readmissions including Readmissions Elsewhere

Baseline: 14% | Goal: 13% | Stretch Goal: 12%



COOK COUNTY HEALTH

Data Source: IHA Comp Analytics, only available quarterly

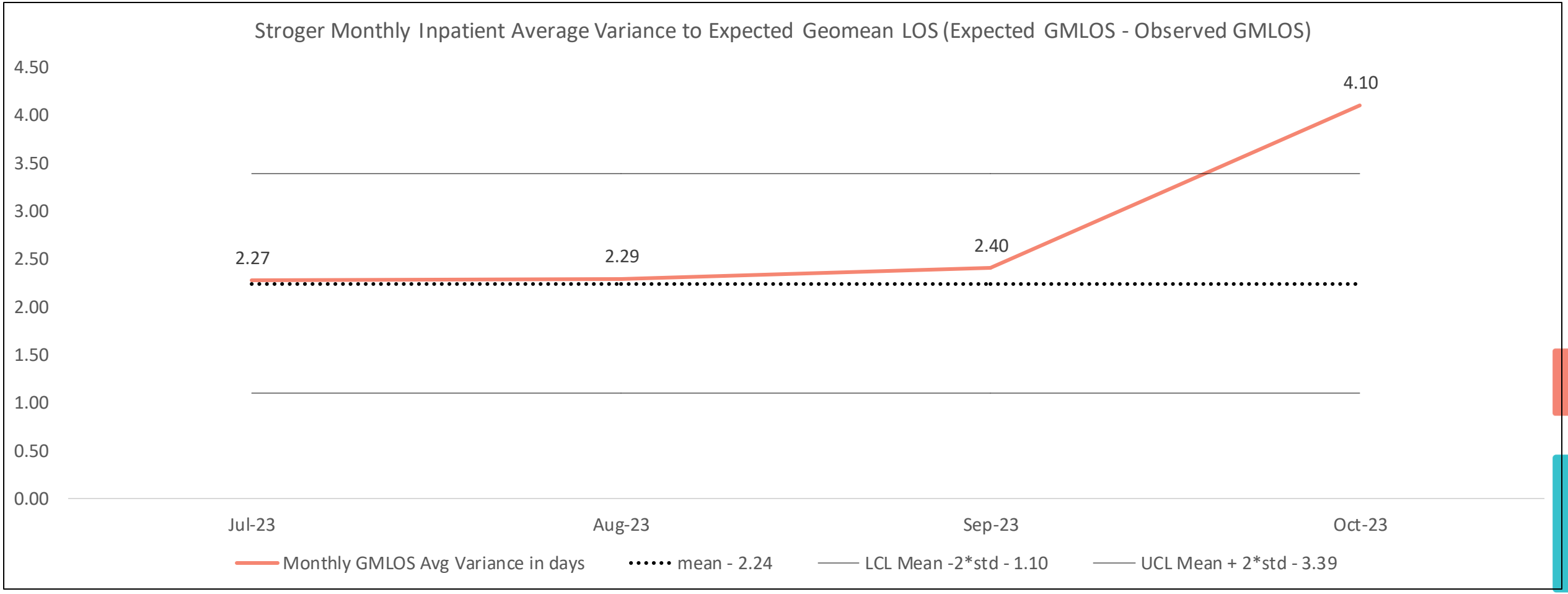
Lower is better

Control limits set from 05/2021-05-2022

Stroger Op Ex Throughput Workgroup

Monthly Variance to GMLOS Expected

Baseline: 2.2 days | Goal: 1.7 days| Stretch Goal: 1.2 days



COOK COUNTY HEALTH

Data Source: Vizient/CMS Table 5 MSDRG weights

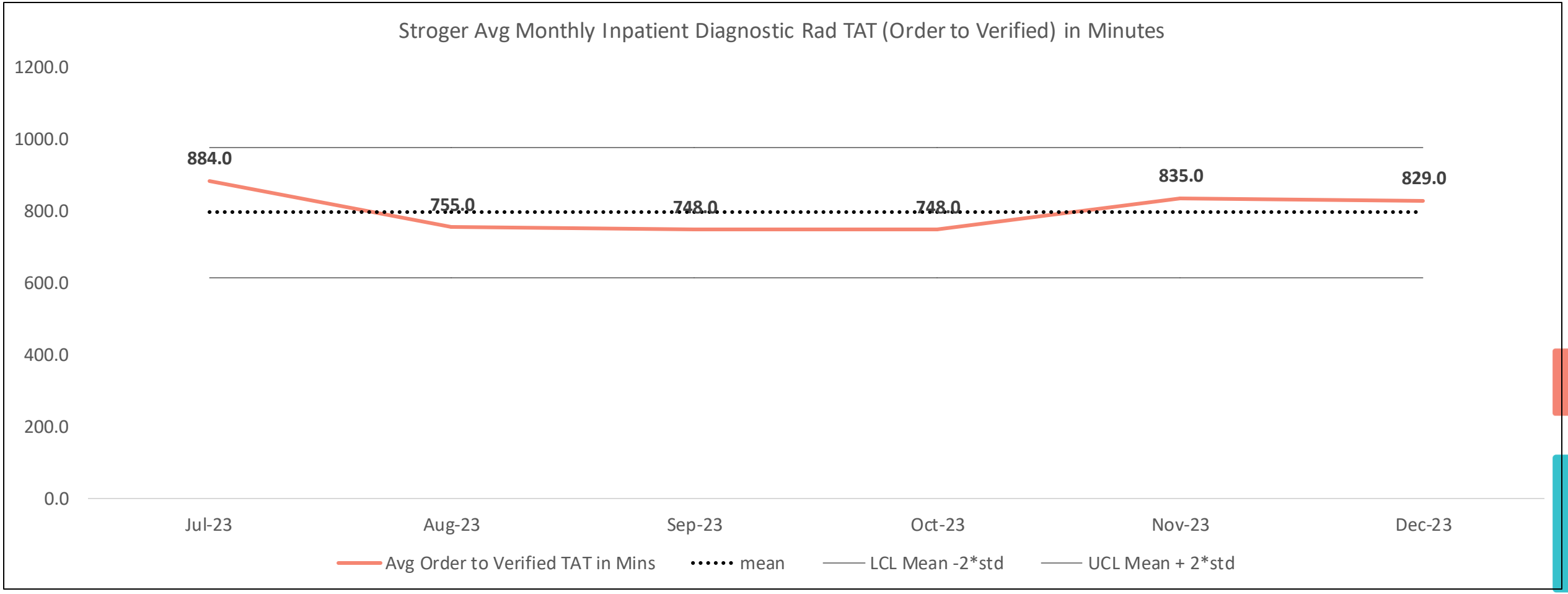
Lower is better

Control limits set from 01/2022-06/2023

Stroger Op Ex Throughput Workgroup

Monthly Inpatient Diagnostic Rad TAT (Order to Physician Verified)

Baseline: 795 mins | Goal: 398 mins | Stretch Goal: 318 mins



COOK COUNTY HEALTH

Data Source: Tableau Radiology Diagnostic Rad/IP only

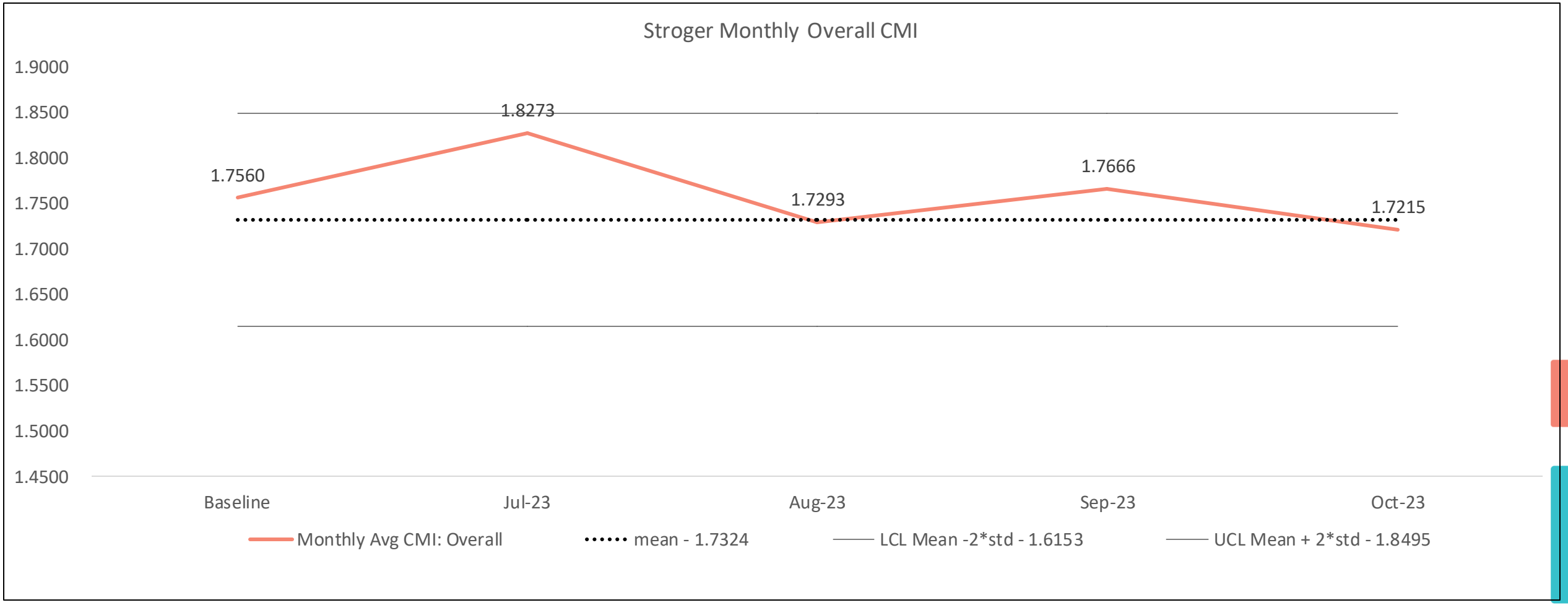
Lower is better

Control limits set from 01/2023-10/2023

Stroger Op Ex Clinical Documentation Workgroup

Monthly Overall CMI

Baseline: 1.7560 | Goal: 1.9316| Stretch Goal: 2.10



COOK COUNTY HEALTH

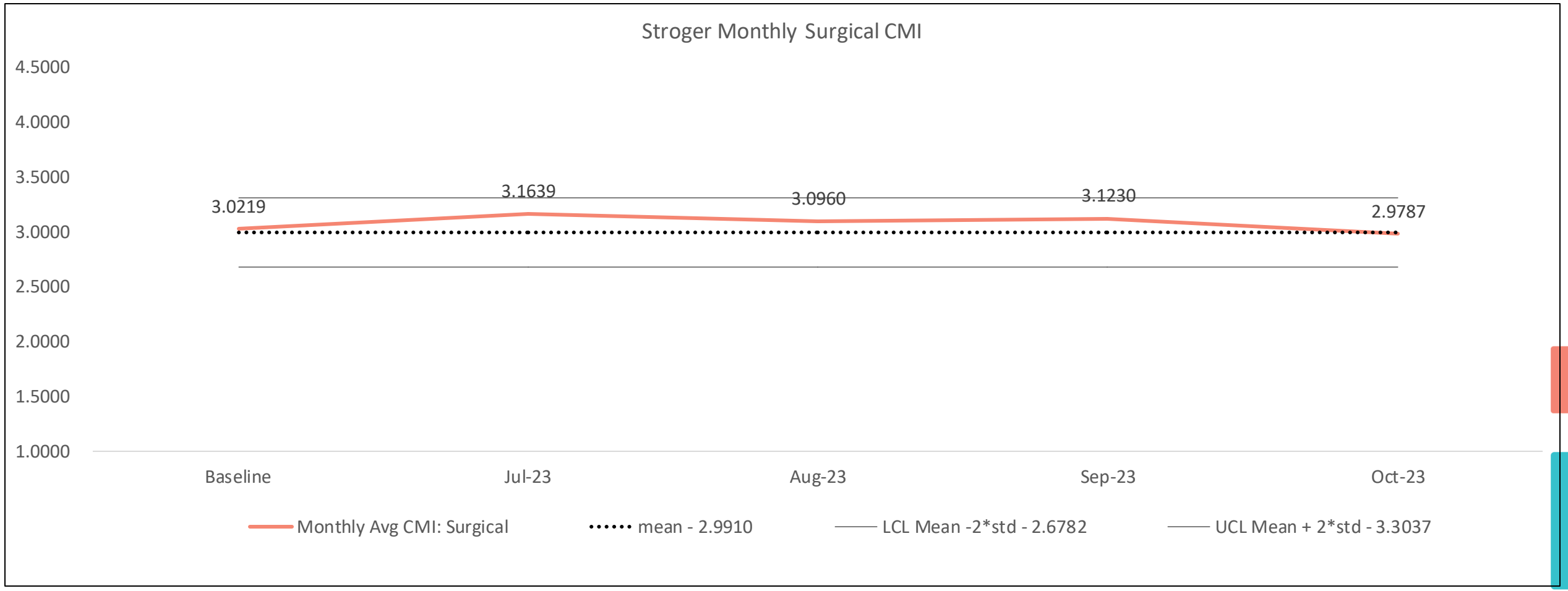
*** subject to change with coding revisions still underway*

Data Source: Vizient
Higher CMI is favorable

Stroger Op Ex Clinical Documentation Workgroup

Monthly Surgical CMI

Baseline: 3.0219 | Goal: 3.3241| Stretch Goal: 3.90



COOK COUNTY HEALTH

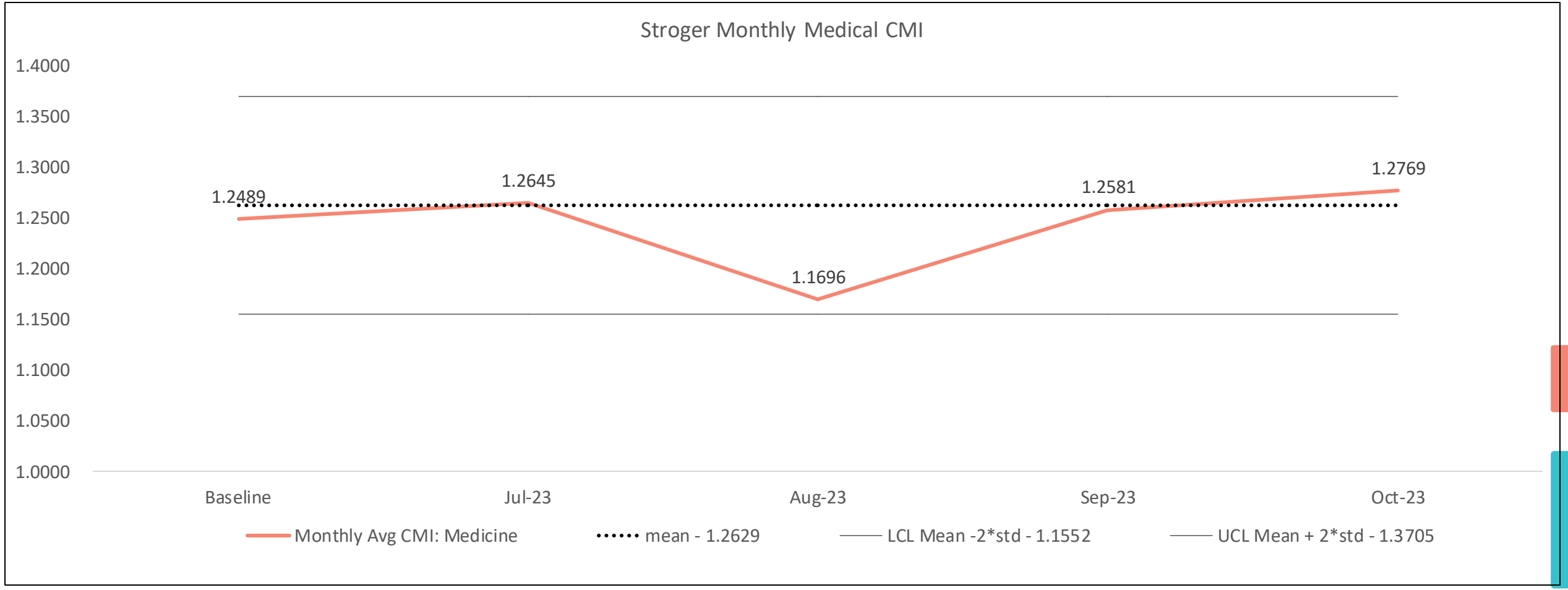
*** subject to change with coding revisions still underway*

Data Source: **Vizient**
Higher CMI is favorable

Stroger Op Ex Clinical Documentation Workgroup

Monthly Medical CMI

Baseline: 1.2489 | Goal: 1.3738| Stretch Goal: 1.74



COOK COUNTY HEALTH

*** subject to change with coding revisions still underway*

Data Source: Vizient
Higher CMI is favorable

Provident

Operational Excellence Workgroups

COOK COUNTY HEALTH

Provident 2024 Areas of Focus

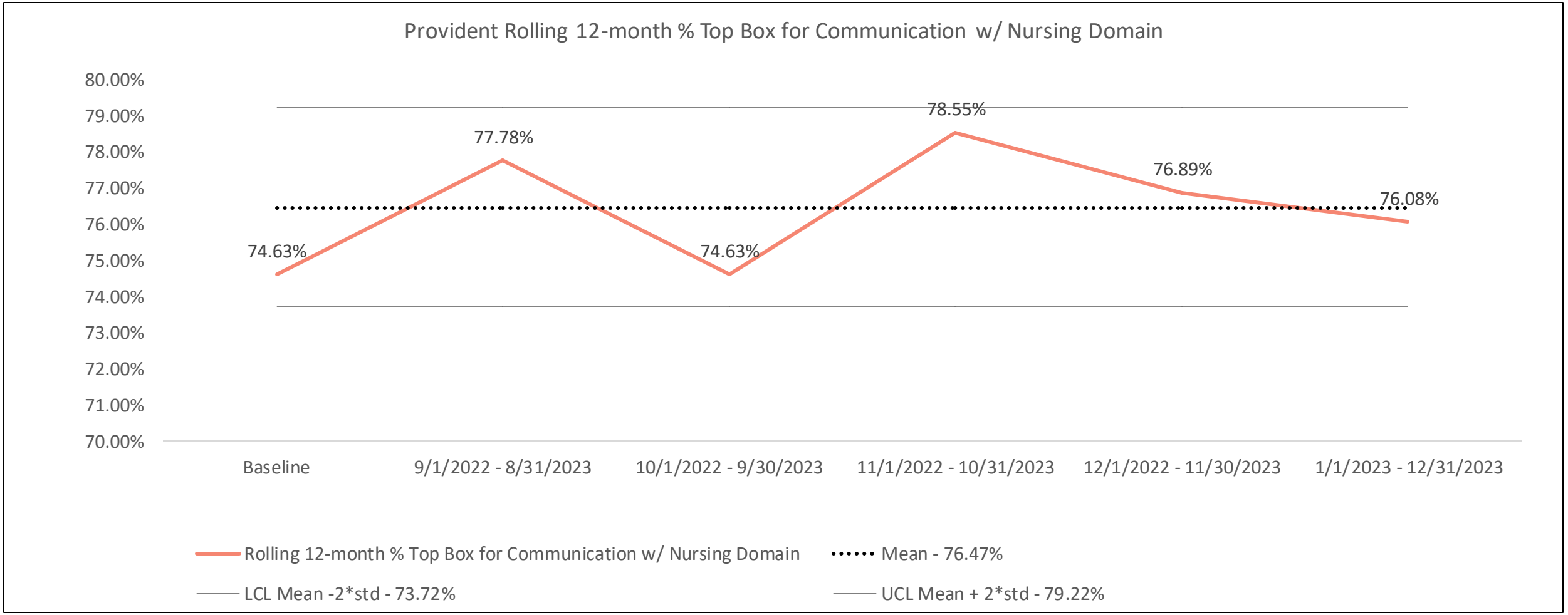
Site	Workgroup	Overall Workgroup Measure to Monitor Area of Focus	Sourced from	Baseline	Goal	Stretch Goal
Provident	Patient Experience	Improve % Top Box for Communication w/ Nursing Domain	Press Ganey, 12-month rolling top box	As of Sept 2023: 74.63% top box	79.8	80
Provident	Patient Experience	Improve HCAHPS Survey Return %	Press Ganey, response rate, received date, Inpatient only	As of Jan 2023 - Sept 2023: 11.8%	18%	20%
Provident	Clinical Outcomes	Improve SEP-1 Compliance Rate	Abstracted data	As of Oct 2022 - Sept 2023: 50%	60%	65%
Provident	Clinical Outcomes	Improve HH Compliance and coach clinicians where we are not meeting the compliance	TST hand hygiene reporting system, Mario Ruiz	Baseline beginning mid 2023: 75.38%	80%	90%
Provident	Throughput	Improve LWBS Rate	Tableau: System Volumes, Selection of Provident	As of Nov 2022 - Oct 2023: 5.5%	4.50%	4.00%

COOK COUNTY HEALTH

Provident Op Ex Patient Experience Workgroup

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

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



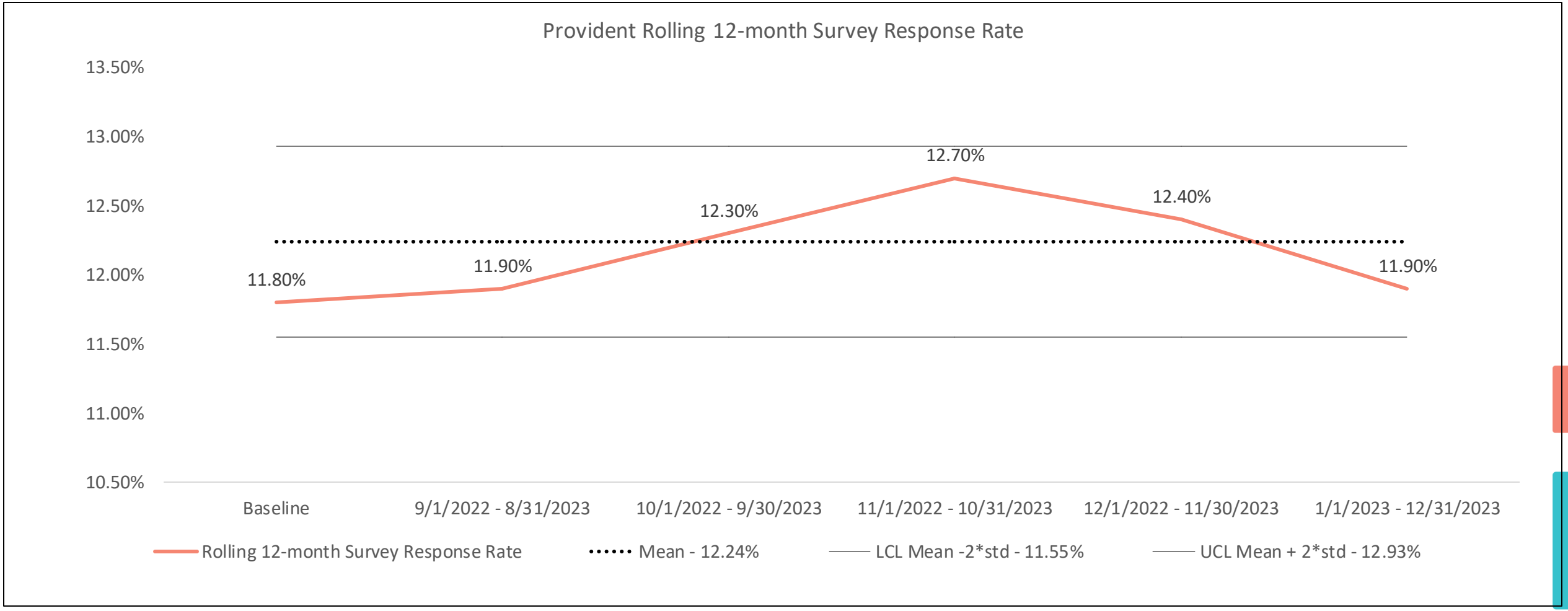
COOK COUNTY HEALTH

Data Source: Press Ganey
Higher top box score is favorable
Control limits set from 7/1/22-6/30/23 thru 1/1/23-12/31/23

Provident Op Ex Patient Experience Workgroup

Rolling 12-months Survey Response Rate for HCAHPS by Received Date

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



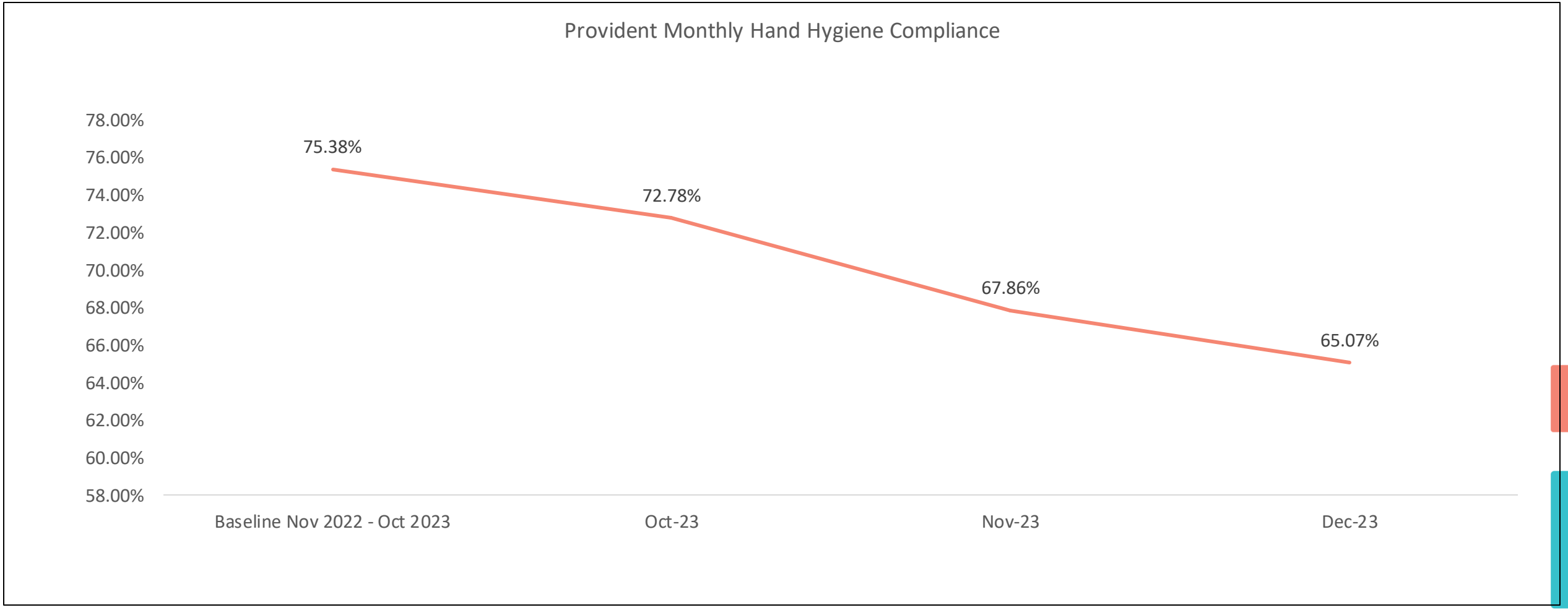
COOK COUNTY HEALTH

Data Source: Press Ganey
Higher is favorable
Control limits set from 9/1/2022-8/31/2023 thru 1/1/2023-12/31/2023

Provident Op Ex Clinical Outcomes Workgroup

Hand Hygiene Compliance Rate

Baseline: 75.38% | Goal: 80.0% | Stretch: 90.0%



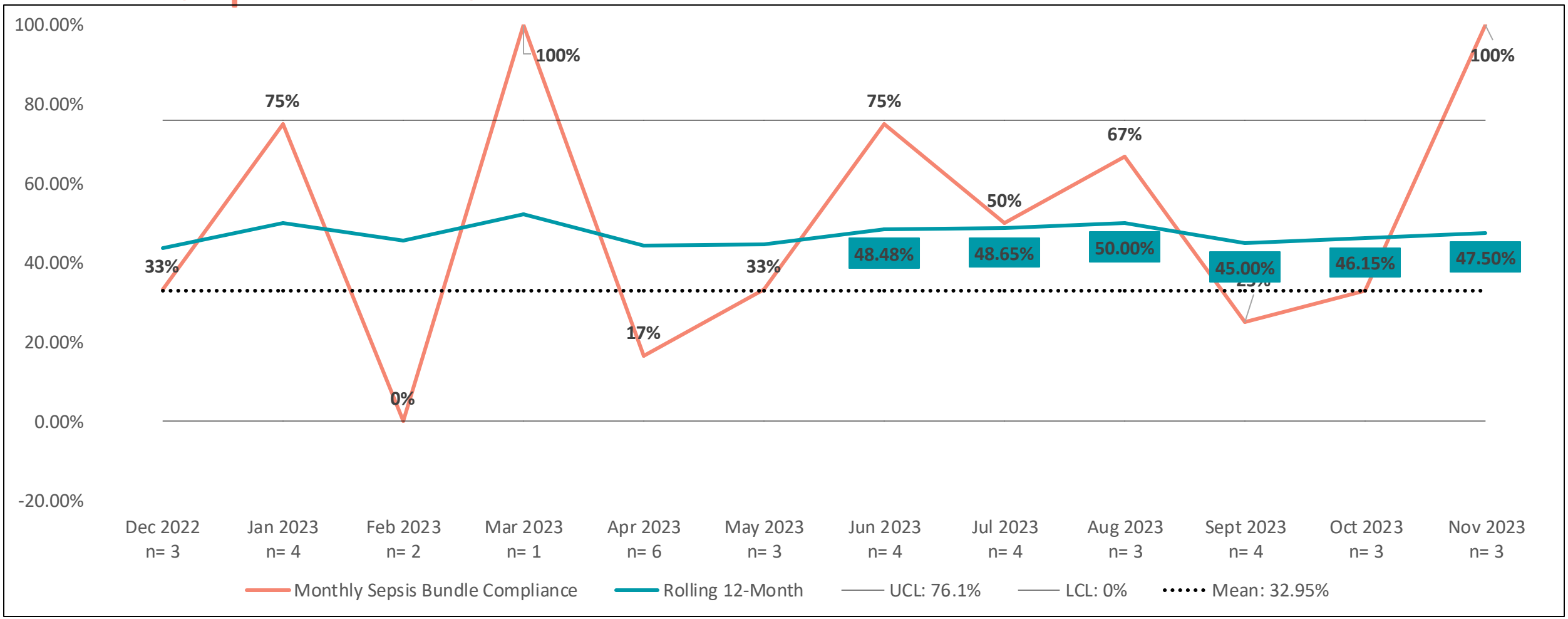
COOK COUNTY HEALTH

Data Source: **TST Infection Control Hand Hygiene Data**
Higher is favorable

Provident Op Ex Clinical Outcomes Workgroup

CMS SEP-1 % of Patients with met Compliance

Goal: 60% | Stretch: 65%



COOK COUNTY HEALTH

Data Source: **Cerner, Abstracted Results**

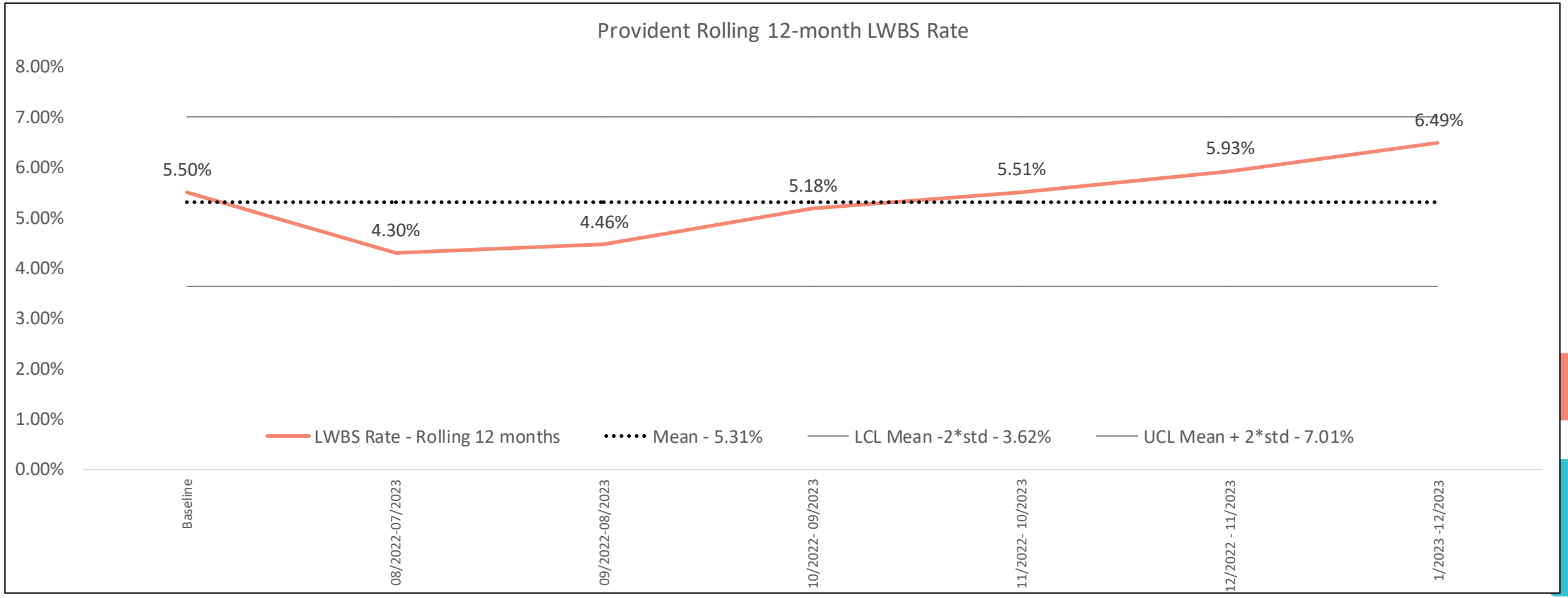
Higher is better

Control limits set from Rolling 12-month data 4/2021 – 3/2022 thru 12/2022 – 11/2023

Provident Op Ex Throughput Workgroup

Rolling 12-month LWBS Rate

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



COOK COUNTY HEALTH

Data Source: **Tableau, Monthly System Volumes**

Lower is better

Control limits set from Rolling 12-month data 08/2022-07/2023 thru 1/2023 -12/2023

ACHN - Ambulatory

Operational Excellence Workgroups

COOK COUNTY HEALTH

Amb Services 2024 Areas of Focus

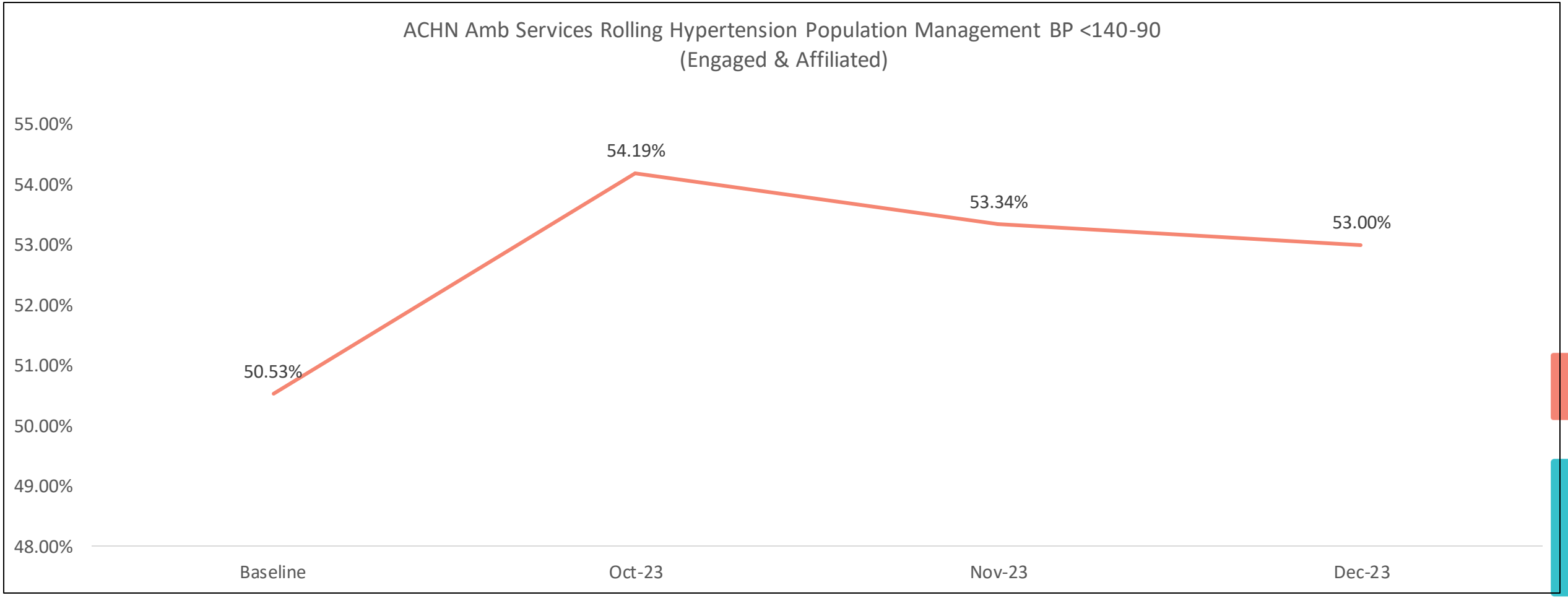
Site	Workgroup	Overall Workgroup Measure to Monitor Area of Focus	Sourced from	Baseline	Goal	Stretch Goal
Amb Services	Patient Experience	Concern of nurse/asst for problem	Press Ganey, 12-month rolling top box	Baseline Nov 22 - Oct 23: 58.77%	61%	64%
Amb Services	Patient Experience	CP explanations of prob/condition	Press Ganey, 12-month rolling top box	Baseline Nov 22 - Oct 23: 64.78%	67%	70%
Amb Services	Patient Experience	Courtesy of registration staff †	Press Ganey, 12-month rolling top box	Baseline Nov 22 - Oct 23: 60.00%	60%	65%
Amb Services	Amb Quality	BP <140/90 and Cervical Cancer Screening	Healthe Registries use of engaged and affiliated patients' logic	As of Oct 2023: BP <140/90: 50.53% Cervical Cancer Screening: 42.83%	BP<140/90: 55% Cervical Cancer: 47%	BP<140/90: 60% Cervical Cancer: 52%
Amb Services	VBC	Implement at least 2 payer contracts VBC language within 12 months	Contracting for our payers	As of Nov 2023: 0 contracts outside of County Care have VBC agreements in place	2 Contracts Implemented	4 Contracts Implemented

COOK COUNTY HEALTH

Amb Services Op Ex Hedis Workgroup

% of Hypertension Patients with Blood Pressure <140/90

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



COOK COUNTY HEALTH

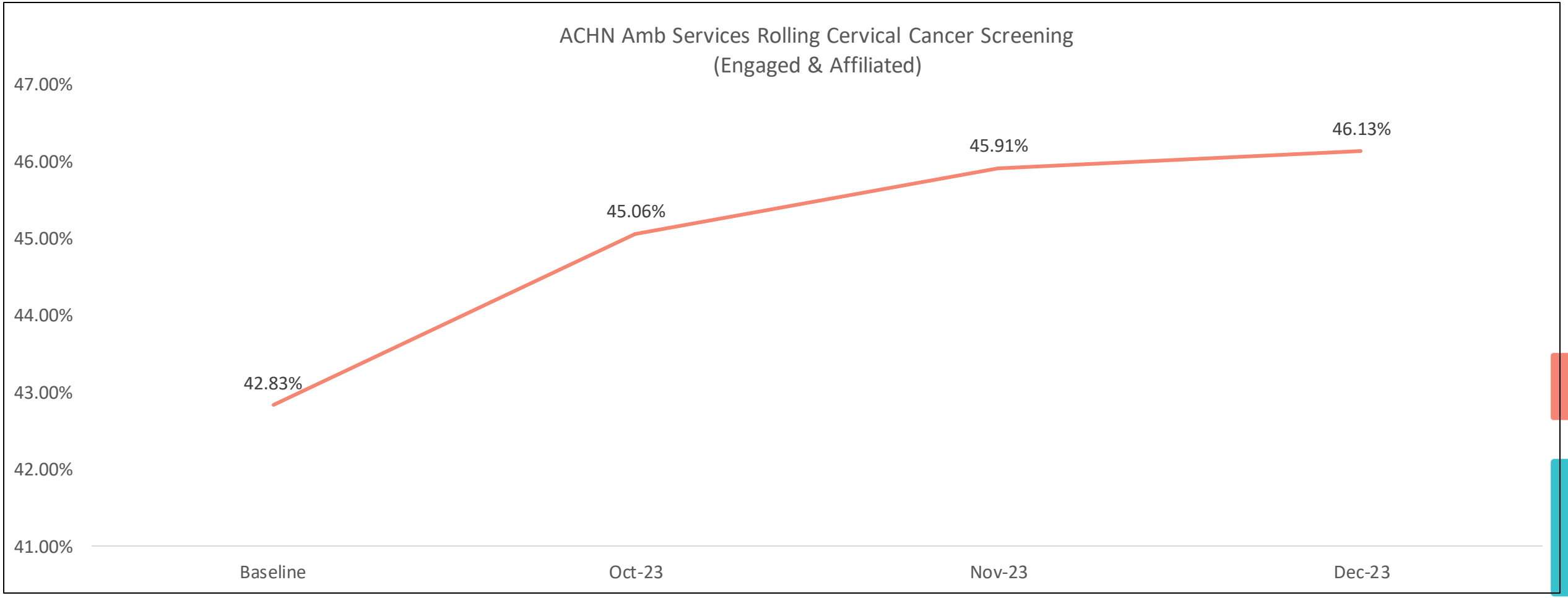
Data Source: Cerner, Healthe Intent Platform

Higher is better

Amb Services Op Ex Hedis Workgroup

% of Qualified Patients with Completed Cervical Cancer Screenings

Baseline: 42.83% | Goal: 47% | Stretch: 52%



COOK COUNTY HEALTH

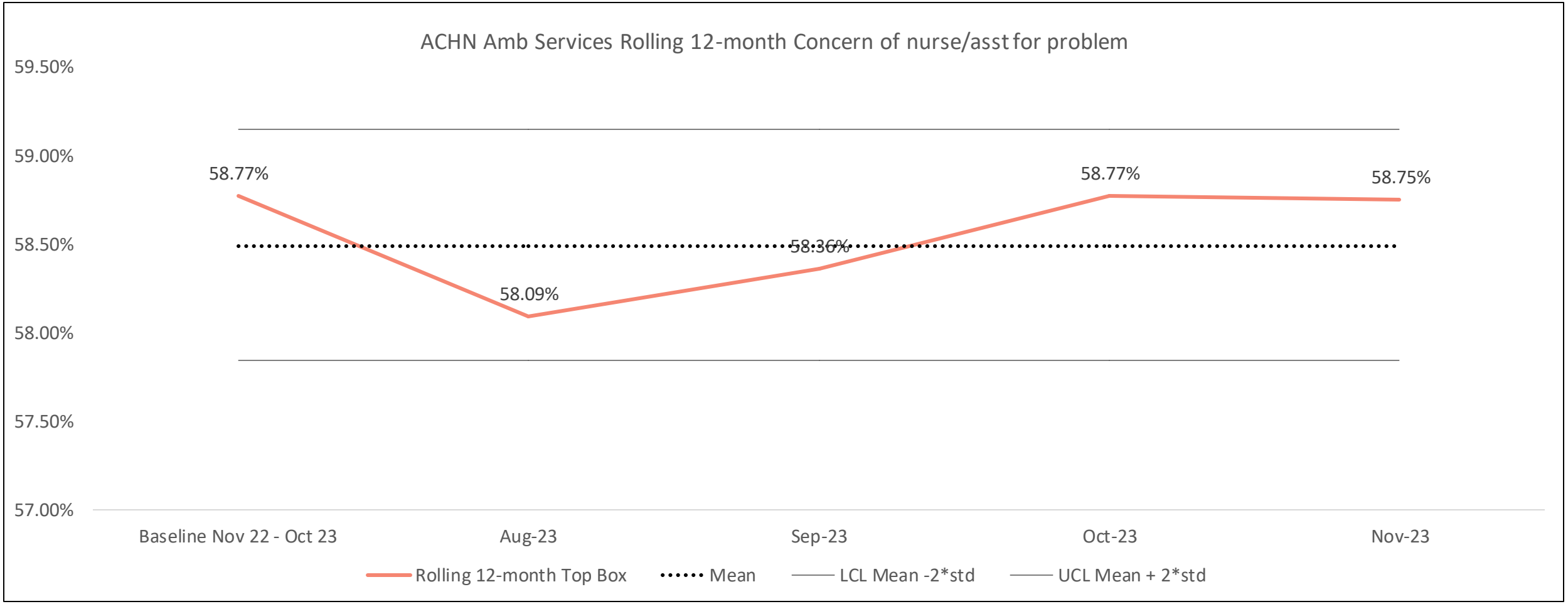
Data Source: Cerner, Healthe Intent Platform

Higher is better

Amb Services Patient Experience Workgroup

12-month Rolling Top Box Nursing Concern

Baseline: 58.77% | Goal: 61.34% | Stretch: 63.56%



COOK COUNTY HEALTH

Data Source: Press Ganey

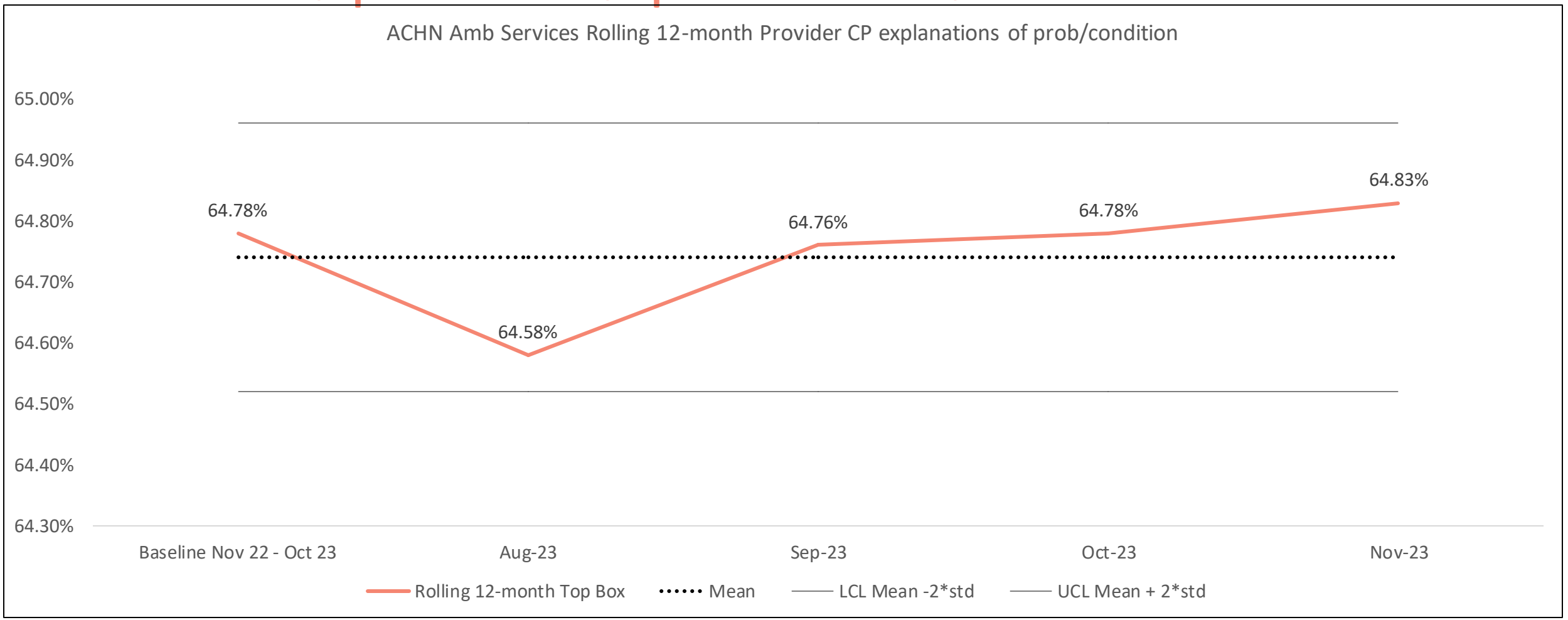
Higher is better

Control limits set from Rolling 12 months Sept 2022 – Nov 2023

Amb Services Patient Experience Workgroup

12-month Rolling Top Box Provider Explanations of problem/condition

Baseline: 64.78%| Goal: 66.80% | Stretch: 69.84%



COOK COUNTY HEALTH

Data Source: Press Ganey

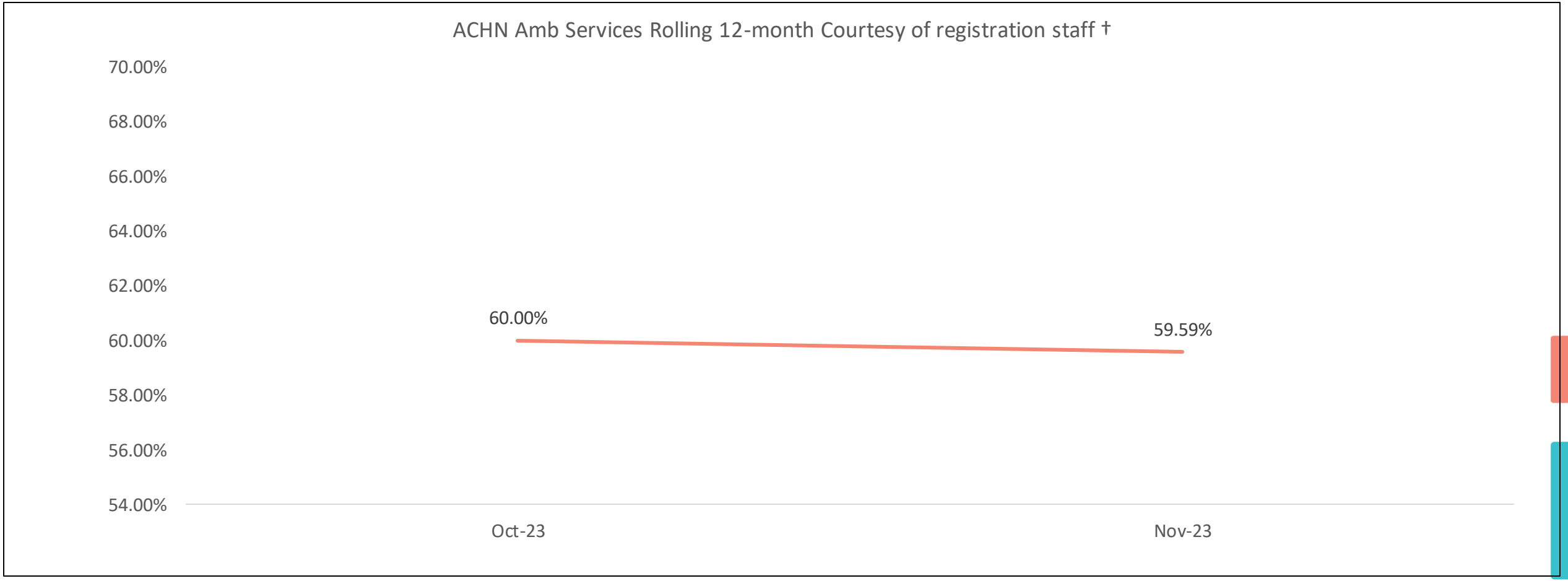
Higher is better

Control limits set from Rolling 12 months Sept 2022 – Nov 2023

Amb Services Patient Experience Workgroup

12-month Rolling Top Box Courtesy of Registration Staff

Baseline: *n/a* | Goal: 60.00% | Stretch: 65.00%



COOK COUNTY HEALTH

Data Source: Press Ganey

Higher is better

Control limits set from Rolling 12 months Sept 2022 – Nov 2023

A3 Development Underway

PARTNERSHIP with Quality and Workgroup Dyad Leaders

COOK COUNTY HEALTH