

HEDIS Report

Quality and Patient Safety Committee

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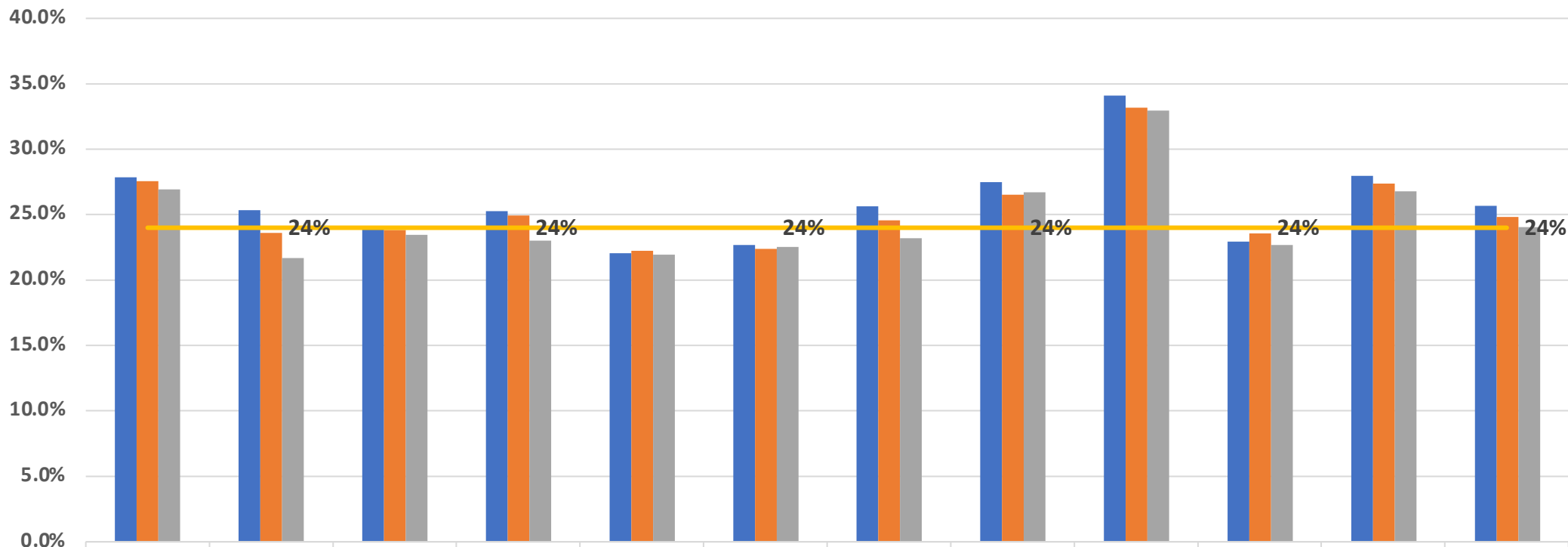
Medical Director, Ambulatory Services

October 21, 2022



COOK COUNTY
HEALTH

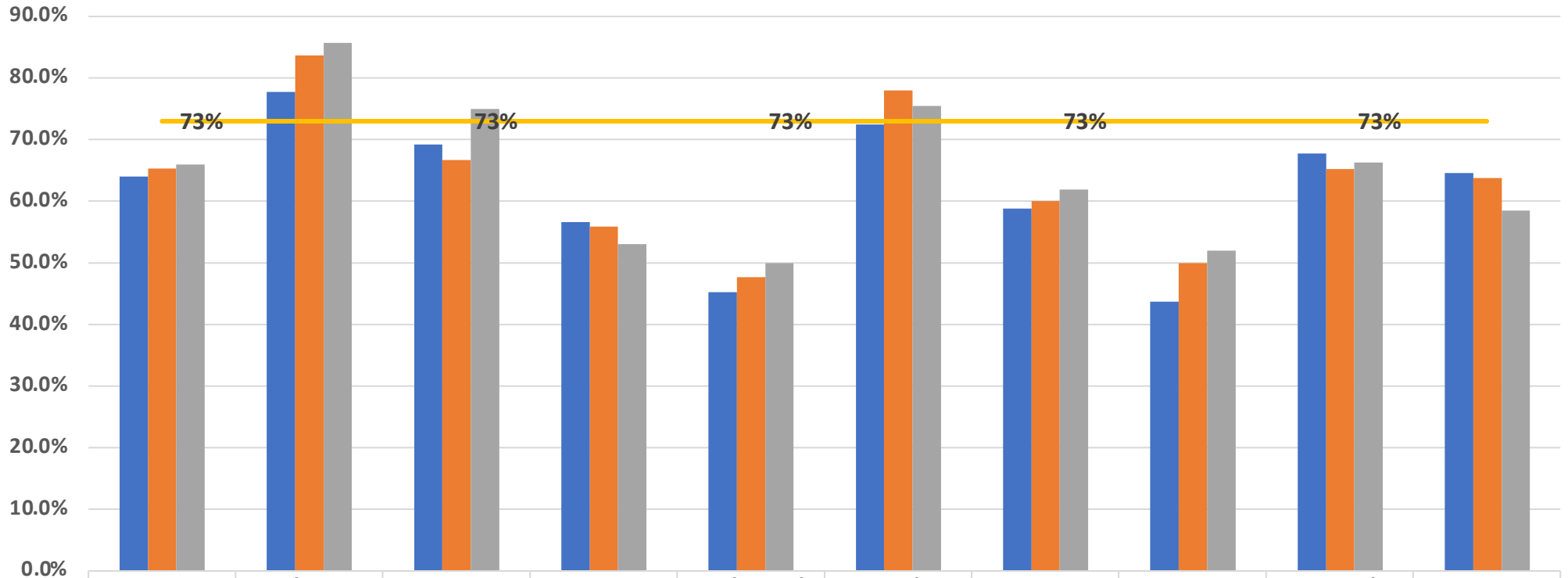
HgA1c 2nd QTR 2022



	Arlington Heights (AR)	Austin (AH)	Belmont Cragin (BC)	Blue Island (BI)	CORE	Cottage Grove (CG)	Englewood (EH)	North Riverside (NR)	Prieto (PH)	Robbins (RH)	Sengstacke (SH)	Stroger Campus
■ APRIL	27.9%	25.3%	24.0%	25.3%	22.1%	22.7%	25.6%	27.5%	34.1%	22.9%	28.0%	25.7%
■ MAY	27.5%	23.6%	23.8%	24.9%	22.2%	22.4%	24.6%	26.5%	33.2%	23.6%	27.4%	24.8%
■ JUNE	26.9%	21.7%	23.5%	23.0%	22.0%	22.5%	23.2%	26.7%	32.9%	22.7%	26.8%	24.1%
— TARGET	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%	24%

■ APRIL ■ MAY ■ JUNE — TARGET

Childhood Immunizations 2nd QTR 2022



	Austin (AH)	Belmont Cragin (BC)	CORE	Cottage Grove (CG)	Englewood (EH)	North Riverside (NR)	Prieto (PH)	Robbins (RH)	Sengstacke (SH)	Stroger Campus
April 2022	64.0%	77.8%	69.2%	56.7%	45.2%	72.4%	58.8%	43.8%	67.7%	64.6%
May 2022	65.3%	83.7%	66.7%	55.9%	47.7%	78%	60.0%	50.0%	65.3%	63.8%
June 2022	66.0%	85.7%	75.0%	53.0%	50.0%	75.5%	61.9%	52.0%	66.3%	58.5%
Target	73%	73%	73%	73%	73%	73%	73%	73%	73%	73%

■ April 2022
 ■ May 2022
 ■ June 2022
 — Target

Metric/Benchmark	1st QTR 2022	2 nd QTR 2022
Breast Cancer Screening (59%) 75 th Percentile	51.8%	52.4%
Childhood Immunizations (73%) 75 th Percentile	59.5%	66%
HgA1c >9 (24%) 90 th Percentile	26.2%	24.7%
Hypertension (63%) 75 th Percentile	48%	53%
Cervical Cancer Screening (64%) 75 th Percentile	n/a	44.7%

Plan	Do	Study	Act
<ul style="list-style-type: none"> • Meet with HEDIS Metric Leads to finalize standardized workflows • HEDIS Team Leads to prepare monthly data reports with updated PDSAs for each metric • HEDIS Steering Committee to support medical/operational leads at monthly meeting • Conduct triad leadership on-site rounding at each site • Nursing Leaders to provide workflow oversight 	<ul style="list-style-type: none"> • Schedule meeting with Physician and Operational Leads for implementation • Review Team Lead monthly reports to provide assistance • Steering Committee will provide direction to clinics struggling to meet compliance • On-site rounding to coach and support local clinic teams • Identify nursing champions/leaders 	<ul style="list-style-type: none"> • HEDIS Team Leads to assess progress across their teams and report out at HEDIS Steering Committee monthly • Local clinic dyads and champions will review BI dashboards and HealthRegistries report on each measure monthly • Each team will Identify barriers to new workflow 	<ul style="list-style-type: none"> • Clinic teams not meeting compliance will address barriers and create plan of action • Each team will work together to improve our outcomes and monitor their workflows daily • Each team will evaluate metrics weekly • Each team will continue to plan, review or edit their plans based on challenges • Triad will work with nursing leadership to create Nurse Leader role

PDSA For HEDIS Measures

