

Minutes of the Meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, October 21, 2022 at the hour of 10:30 A.M. This meeting was held by remote means only, due to the determination that a public health emergency exists.

I. Attendance/Call to Order

Chair Kim called the meeting to order.

Present: Chair Karen E. Kim, MD, MS and Directors Raul Garza; Heather M. Prendergast, MD, MS, MPH; and Otis L. Story, Sr. (4)

Directors Joseph M. Harrington, Sam A Robinson, III, PhD

Pat Merryweather (Non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Abayome Akintorin, MD – John H. Stroger, Jr.
Hospital of Cook County

Lihn Dang – Chief Experience Officer

Leslie Frain – Associate Chief Quality Officer

Sharon Irons, MD - Medical Director of
Ambulatory Services

Rudolf Kumapley, MD – Medical Director,
Stroger Hospital

Mark Loafman, MD – Chair, Department of
Family and Community Medicine

Jeff McCutchan - General Counsel

Erik Mikaitis, MD – Chief Quality Officer

Beena Peters, DNP, RN, FACHE, FABC – Chief
Nursing Executive

Israel Rocha, Jr. – Chief Executive Officer

Deborah Santana – Secretary to the Board

The next regular meeting of the Quality and Patient Safety Committee is scheduled for Friday, November 18, 2022 at 10:30 A.M.

II. Public Speaker Testimony

There was no public testimony submitted.

III. Report on Quality and Patient Safety Matters

A. High Reliability Organization (HRO) Dashboard (Attachment #1)

Dr. Erik Mikaitis, Chief Quality Officer, provided an overview of the HRO Dashboard. The Committee reviewed and discussed the information.

B. Regulatory and Accreditation Updates (Attachment #2)

Leslie Frain, Associate Chief Quality Officer, provided an overview of the Regulatory Update. The Committee reviewed and discussed the information.

III. Report on Quality and Patient Safety Matters (continued)

C. Quarterly Nursing Operations Update (Attachment #3)

Dr. Beena Peters, Chief Nursing Executive, provided an overview of the Update. The Committee reviewed and discussed the information.

The Update included information on the following subjects:

- Nursing Priorities 2019-2022
- Department of Nursing Guiding Principles
- Hospital Acquired Pressure Injury (HAPI) Prevention
- System-Level Falls and Falls with Injury 2020-2021
- Central Line Associated Blood Stream Infection (CLABSI) Prevention
- Catheter-Associated Urinary Tract Infection (CAUTI)
- Restraint Utilization
- Sepsis Prevention – Focus Areas
- Number of Hand Hygiene Observations with Goal
- Communications with Nurses – Top Box Score for Stroger Hospital
- Leapfrog / CMS Star Rating Focus Areas
- Nursing Focus Areas FY19-FY23
- Nursing Retention Efforts
- Nursing Workforce Optimization Initiatives

D. HEDIS Report (Attachment #4)

Dr. Sharon Irons, Medical Director of Ambulatory Services, provided an overview of the Report. The Committee reviewed and discussed the information.

The Report included information on the following subjects:

- HgA1c 2nd Qtr 2022
- Childhood Immunizations 2nd Qtr 2022
- 1st and 2nd Qtr 2022 Metrics/Benchmarks on Breast Cancer Screening, Childhood Immunizations, HgA1c >9, Hypertension and Cervical Cancer Screening
- Plan/Do/Study/Act (PDSA) for HEDIS Measures

During the discussion of the data on Childhood Immunizations, it was noted that the administration will reach out to the school districts to determine what further activity can be done to heighten awareness and increase the rates.

NOTE: action was taken on Agenda Items IV(A), IV(B) and IV(C) in one (1) combined motion.

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #5)

The following initial appointment was presented for the Committee's consideration by Dr. Rudolph Kumapley, Medical Director of Stroger Hospital.

Initial appointment of the following individual as Chair of Department of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Peter Hart, MD	Medicine Appt Term 10/20/22-10/20/24	Chair of Department of Medicine

Dr. Kumapley presented the following statement regarding Dr. Hart.

Dr. Peter Hart graduated from the University of Lagos College of Medicine in Nigeria. He pursued his internship, residency training, and chief residency in Internal Medicine at Cook County Hospital (now Stroger Hospital) from 1993 through 1996. He completed Fellowship training in Nephrology at The Royal London Hospital, University of London, and is board certified in both Internal Medicine and Nephrology. He joined the attending staff of Cook County Hospital in 1996 and has since then carved a path of clinical, educational research and administrative excellence.

Dr. Hart has served as System Chair of the Division of Nephrology-Hypertension for Cook County Health over the past 14 years. In this position, he championed many initiatives, including developing and establishing the first Provident Hospital outpatient hemodialysis center, creating a Peritoneal Dialysis and Continuous Renal Replacement Therapy (CRRT) Program at Stroger Hospital. He also served as Chair of the Stroger Hospital Credentials Committee for the past ten years; overseeing the credentialing of healthcare providers at Stroger Hospital. He is credited with helping develop and implement metrics of a meaningful Ongoing Professional Practice Evaluation (OPPE) and Focused Professional Practice Evaluation (FPPE) process and monitoring plan. He has also demonstrated leadership in Graduate Medical Education, supporting and mentoring numerous trainees in personal, clinical, and professional development, and is a locally and nationally recognized clinician-educator. He has over the years received several Department of Medicine Osler Awards and Teacher of the Year Awards. Dr. Hart is an avid researcher and has several publications in peer-reviewed journals.

Dr. Hart was named as the interim Chair of the Department of Medicine for Cook County Health in March 2022 and has excelled in the role. He quickly earned the trust of his department members, collaborated with the other clinical department chairs. He also provide the necessary partnership CCH senior leadership required in the timely execution of a number of important projects including the expansion of clinical services at Provident Hospital (PH), re-opening the PH ICU, and recently resuming ambulance Runs at PH.

After a national search and rigorous interview process, Dr. Hart was unanimously selected to be the new Chairperson of our Department of Medicine and is very deserving of this promotion. I would also like the record to reflect that Dr. Peter Hart is the first black to be named Chair of our Department of Medicine in the 180+ years storied history of Cook County Hospital.

IV. Action Items (continued)

B. Executive Medical Staff (EMS) of Stroger Hospital and Medical Executive Committee (MEC) of Provident Hospital Matters

- i. Receive report from EMS President
 - Receive summary of Stroger Hospital-Wide Quality Improvement and Patient Safety Committee (Attachment #6)
 - Approve Stroger Hospital Medical Staff Appointments/Reappointments/Changes (Attachment #7)
- ii. Receive report from MEC President
 - Receive summary of Provident Hospital Quality and Performance Improvement Committee (Attachment #6)
 - Approve Provident Hospital Medical Staff Appointments/ Reappointments/Changes (Attachment #7)

Dr. Abayomi Akintorin, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, reviewed the Stroger Hospital Quality Committee summary and presented the proposed Stroger Hospital medical staff action items for the Committee's consideration.

Dr. Mark Loafman, Chair of the Department of Family and Community Medicine, presented the Provident Hospital-related items on behalf of Dr. Marlon Kirby, President of the MEC of Provident Hospital of Cook County, who was unable to attend the meeting due to clinical responsibilities. He reviewed the Provident Hospital Quality Committee summary presented for the Committee's information, and presented the proposed Provident Hospital Medical Staff Appointments/Reappointments/Changes for the Committee's consideration.

C. Minutes of the Quality and Patient Safety Committee Meeting, September 23, 2022

Chair Kim inquired whether any corrections needed to be made to the minutes.

D. Any items listed under Sections IV and V

Director Prendergast, seconded by Director Garza, moved the following:

- Approve Item IV(A) Proposed Stroger Hospital Department Chair Initial Appointment;
- Approve Item IV(B) Stroger Hospital medical staff appointments, reappointments and changes;
- Approve Item IV(B) Provident Hospital medical staff appointments, reappointments and changes;
- Accept Item IV(C) September 23, 2022 Quality and Patient Safety Committee Meeting Minutes

A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Kim and Directors Garza, Prendergast and Story (4)

Nays: None (0)

Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY.

V. Closed Meeting Items

- A. Stroger Hospital and Provident Hospital Medical Staff Appointments / Re-appointments / Changes**
- B. Claims, Litigation and Quality and Patient Safety Matters**
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996**
- D. Quarterly Quality and Patient Safety Report**

Director Prendergast, seconded by Director Garza, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Kim and Directors Garza, Prendergast and Story (4)

Nays: None (0)

Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY and the Committee convened into a closed meeting.

Chair Kim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

Cook County Health and Hospitals System
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October 21, 2022

ATTACHMENT #1

COOK COUNTY
HEALTH



HRO Dashboard

Quality and Patient Safety Committee

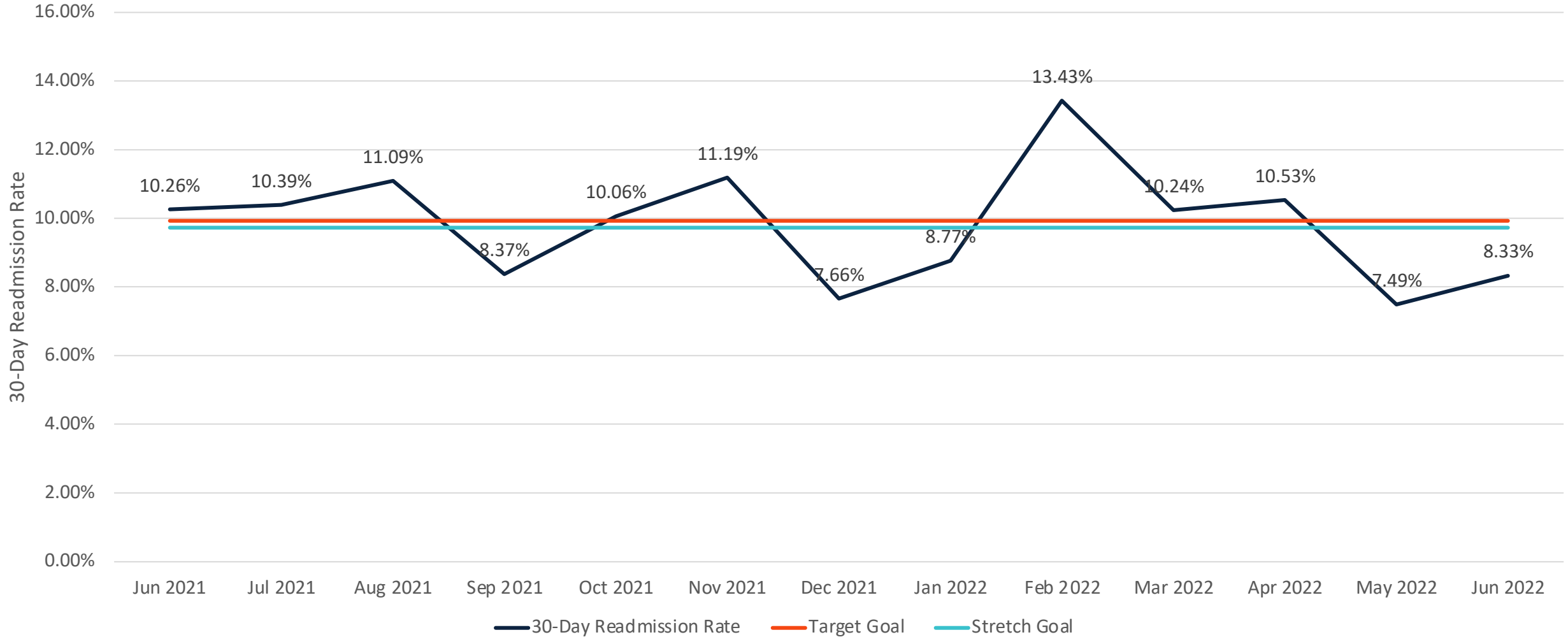
October 2022



COOK COUNTY
HEALTH

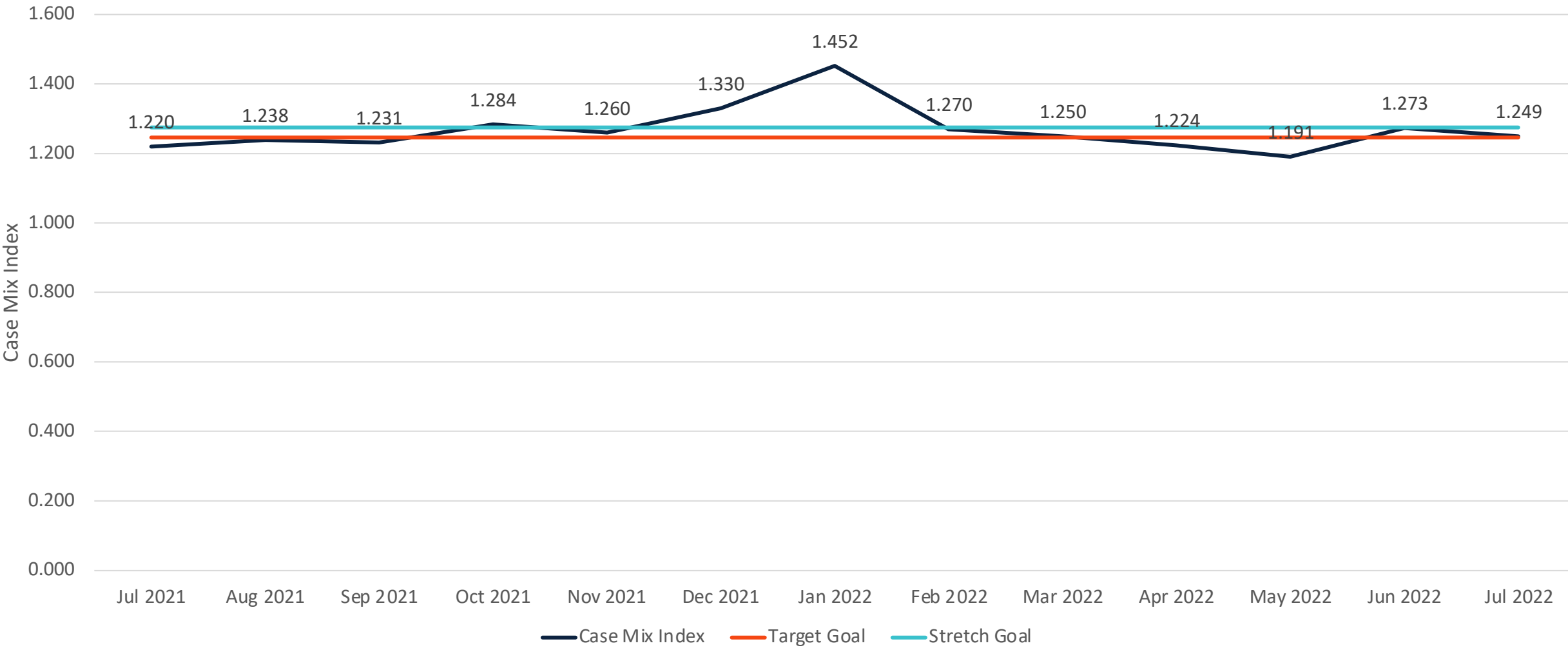
30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions



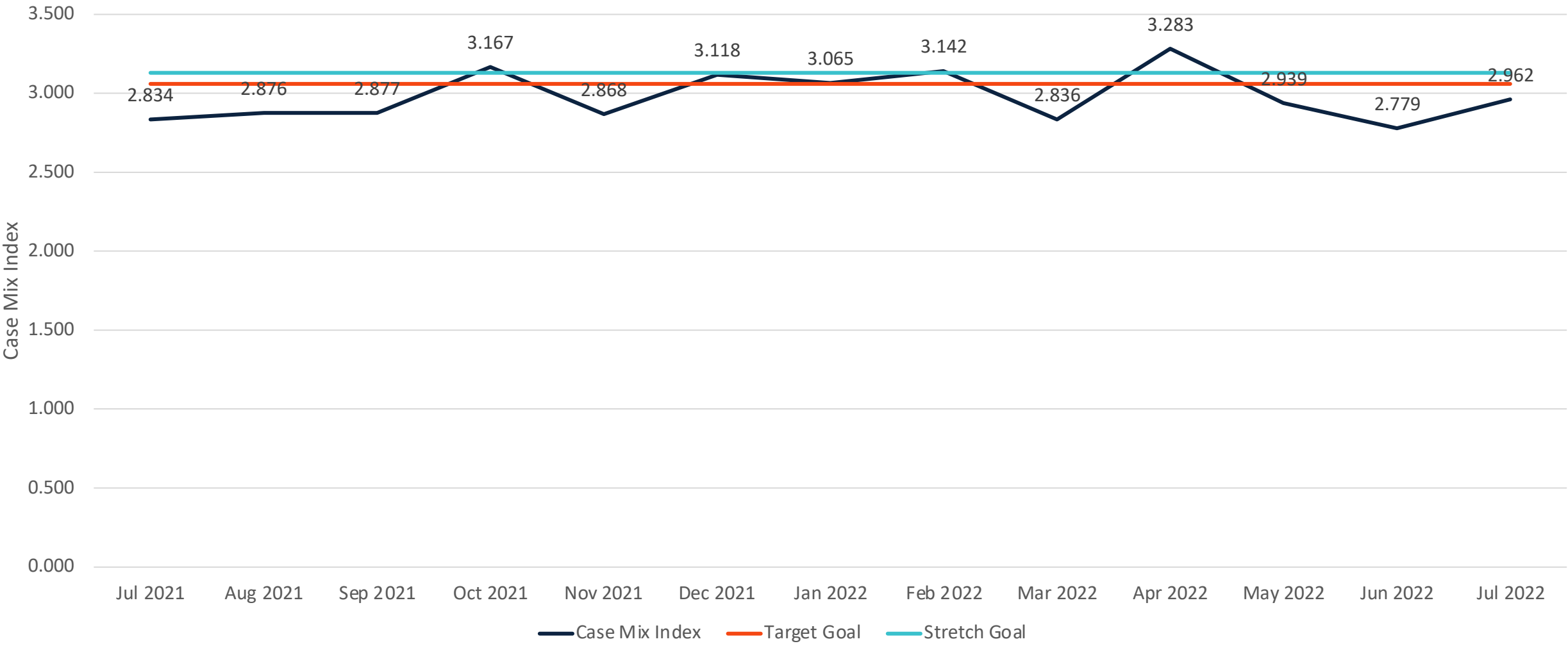
Case Mix Index, Medical Cases (Stroger Hospital)

HRO Domain: Clinical Documentation



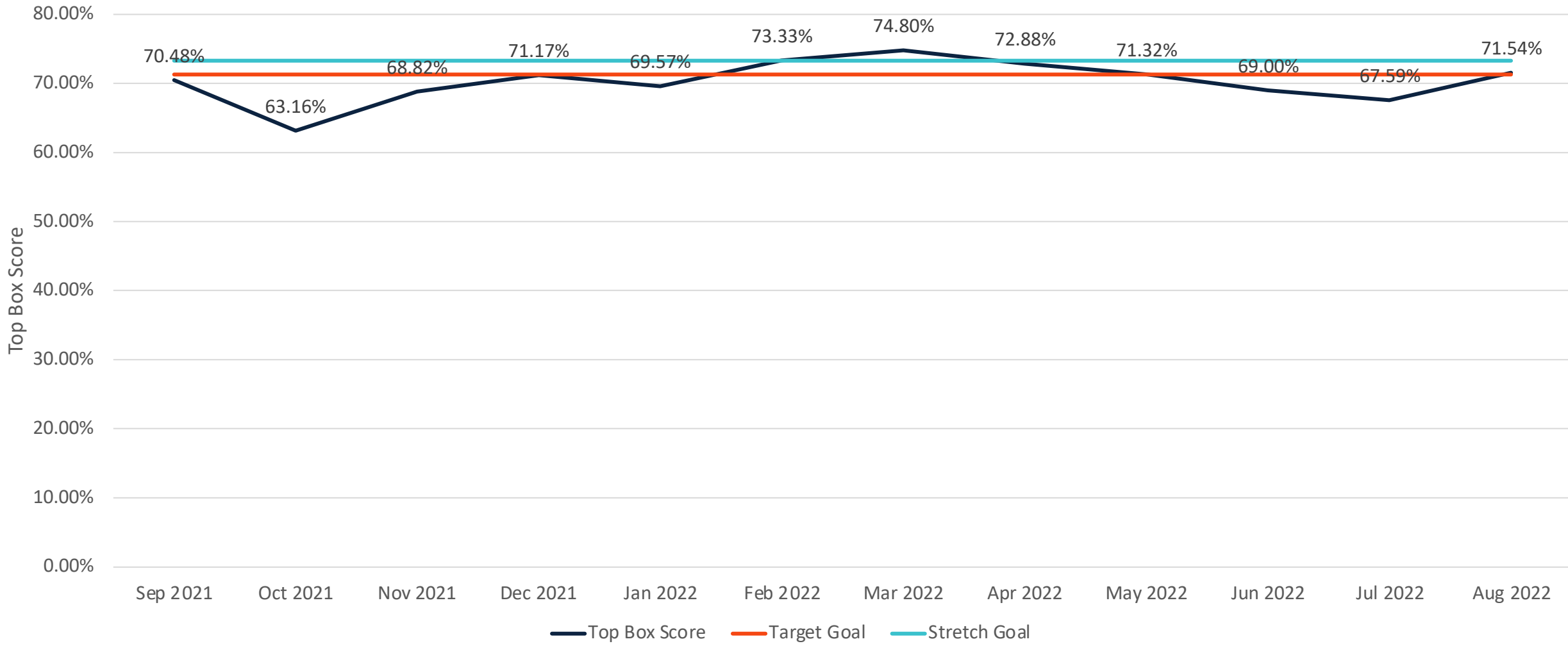
Case Mix Index, Surgical Cases (Stroger Hospital)

HRO Domain: Clinical Documentation



Top Box Score, Recommend Hospital (Stroger Hospital)

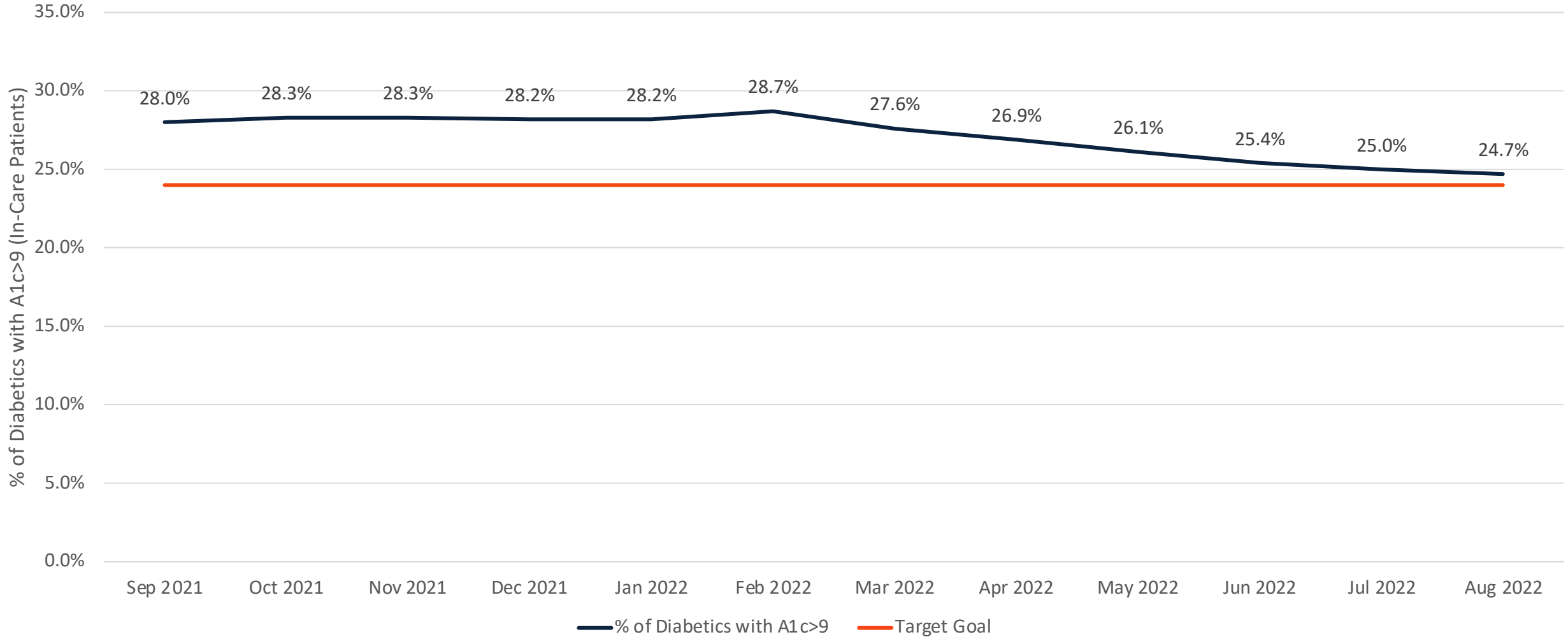
HRO Domain: Patient Experience



Higher top box score is favorable
Target Goal: 71.30%
Stretch Goal: 73.30%

HbA1c > 9% for In-Care Patients

HRO Domain: HEDIS



Metric

Definition

30-Day Readmission Rate

- *Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger*
- **Calculation:** Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)
- **Population included:** all inpatient discharges from Stroger
- **Cohort inclusions:** any payer; any age; alive at discharge
- **Cohort exclusions:** Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth
- **Reporting timeframe:** reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge
- **Data source:** Vizient Clinical Data Base

Case Mix Index

- *Average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges*
- **Population included:** all inpatient discharges from Stroger
- **Cohort inclusions:** any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (*Surgical: an OR procedure is performed*)
- **Cohort exclusions:** none
- **Reporting timeframe:** reported monthly by most current month available; reported by month of patient discharge
- **Data source:** Vizient Clinical Data Base

Recommend the Hospital

- *Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey*
- **Calculation:** Percent of patient responses with "Definitely Yes" (top box) / total survey responses
- **Population included:** Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient
- **Cohort exclusions:** discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located
- **Reporting timeframe:** reported monthly by most current month available; reported by month of survey received date
- **Data source:** Press Ganey

HbA1c >9%

- *Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (>9.0%)*
- **Calculation:** Percent of diabetic patients with HbA1c not in control / total diabetic patients
- **Population included:** (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) OR (One diabetic Inpatient visit in the current year or previous year) OR (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)
- **Cohort exclusions:** none
- **Reporting timeframe:** reported monthly by most current month available; reported by month of patient visit
- **Data source:** NCQA, HEDIS

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ATTACHMENT #2

COOK COUNTY
HEALTH



CCH Regulatory Update

October 2022



COOK COUNTY
HEALTH

Regulatory Updates

October 2022

Surveys

Follow-Up-None

Pending

- Stroger Stroke Certification Survey: **Window open July-Dec 2022**
 - QHR hosted a Mock Survey April 20, 2022, report received, working on action items
 - Second Mock scheduled this month with QHR consultants
- Provident TJC Extension Survey for Mobile MRI- **One day unannounced expected after Nov. 7,2022**
 - QHR performed a Mock survey on October 4th. Report and action items sent October 9th to key Leaders
- Belmont Cragin Health Center TJC Extension Survey -**One day unannounced, date to be determined**
 - QHR performed Mock August 25th, report received, working on action items
- Stroger Trauma Designation Survey (New):**Date TBD**
 - Preparation-Started February 2022
- Provident TJC Extension Survey for in-patient Dialysis services
 - First in-patient dialysis on October 11th

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ATTACHMENT #3



Nursing Operation Update

Beena Peters, DNP, RN, FACHE

Chief Nursing Executive

October 22, 2022



**COOK COUNTY
HEALTH**

Nursing Priorities 2019- 2022



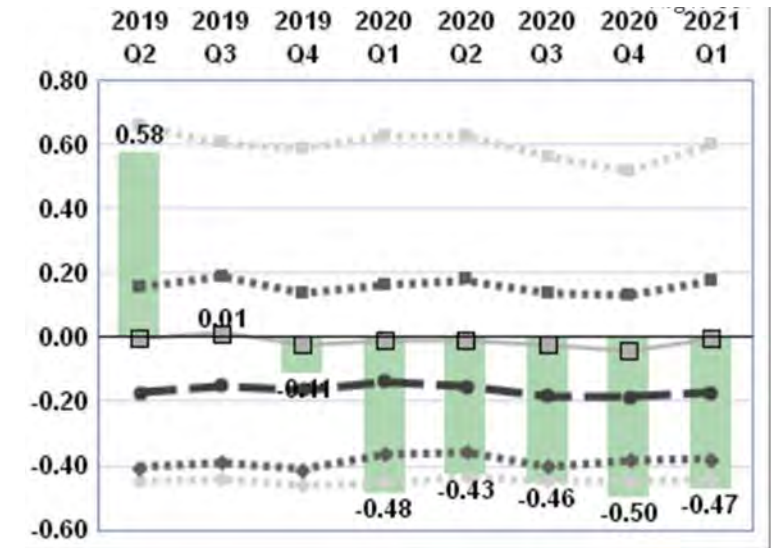
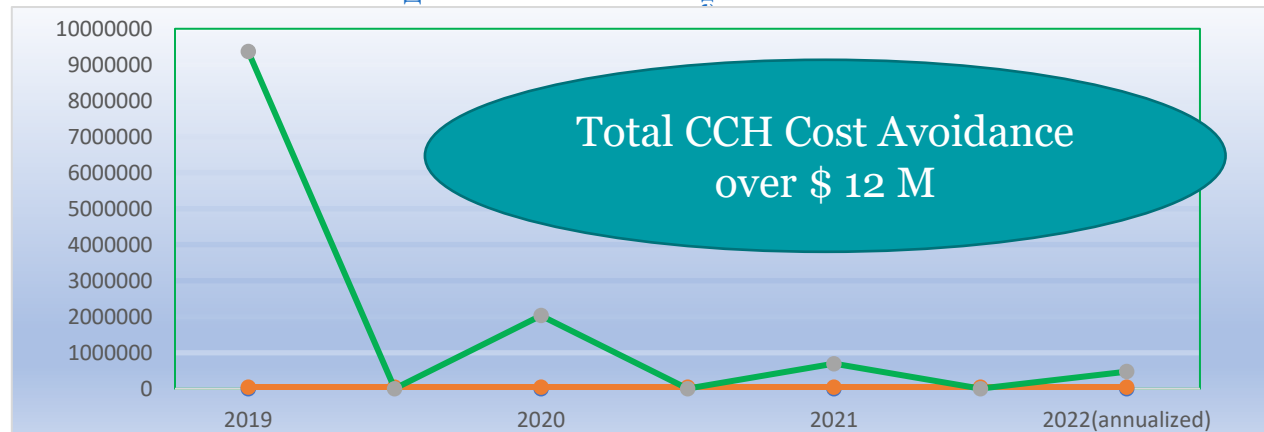
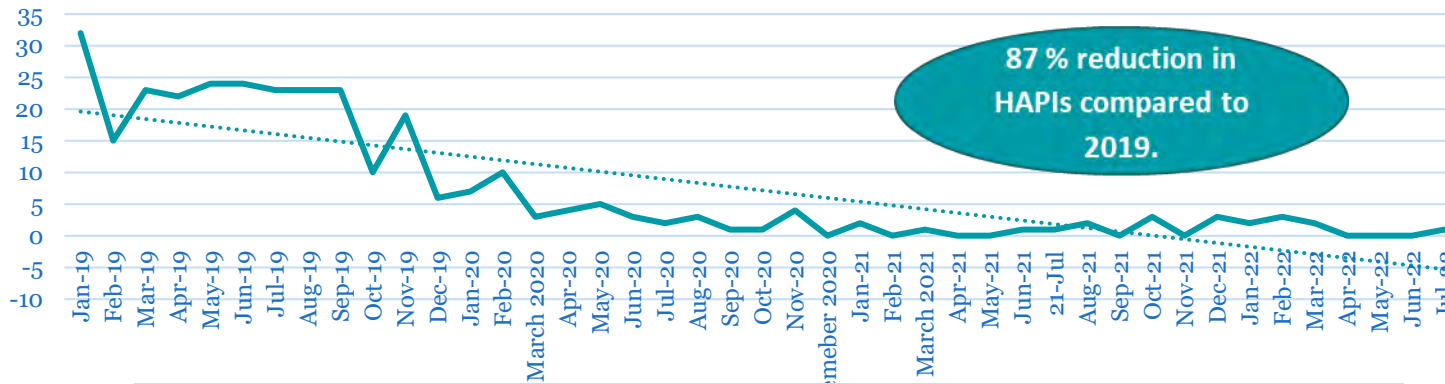
Department of Nursing Guiding Principles

- Patient Centered Care
- Shared governance structure to promote the professional practice of nursing
- A culture of clinical excellence
- Culture of accountability
- Just culture
- Teamwork
- Collaboration with our Healthcare partners
- Improve efficiency
- Evidence-based best practice
- Commitment to life-long learning

Hospital Acquired Pressure Injury (HAPI) Prevention

Top 10th percentile performer nationally!

Total HAPIs Jan 2019 to July 2022



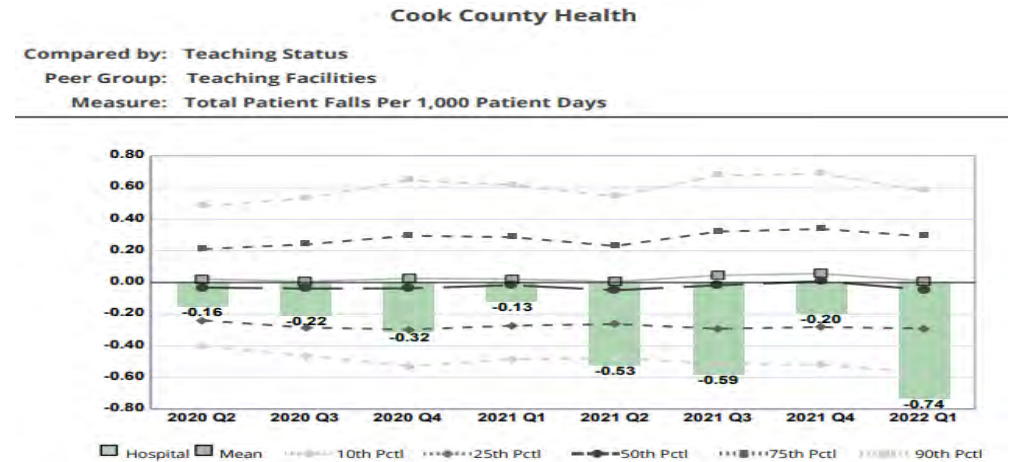
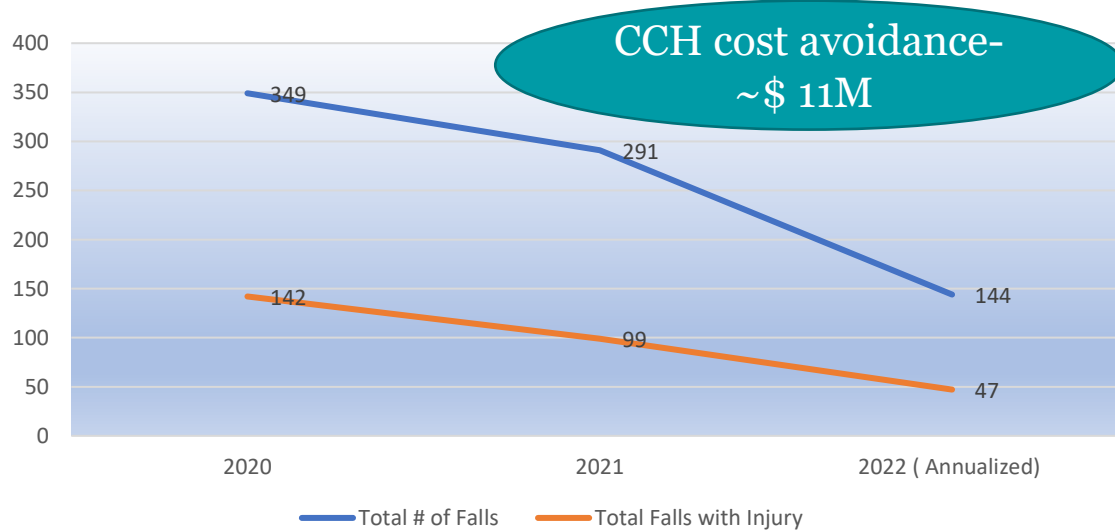
CCH Stroger-ranked one of the top performer nationally

Average cost per HAPI incident- ~ \$43,000/incident.

System-Level Falls and Falls with Injury 2020-2021

Year	Total # of Falls	Total Falls with Injury
2020	349	142
2021	291	99
2022 (Annualized)	144	47
	59% reduction	67% reduction

CCH Falls trends 2019- 2022(annualized)

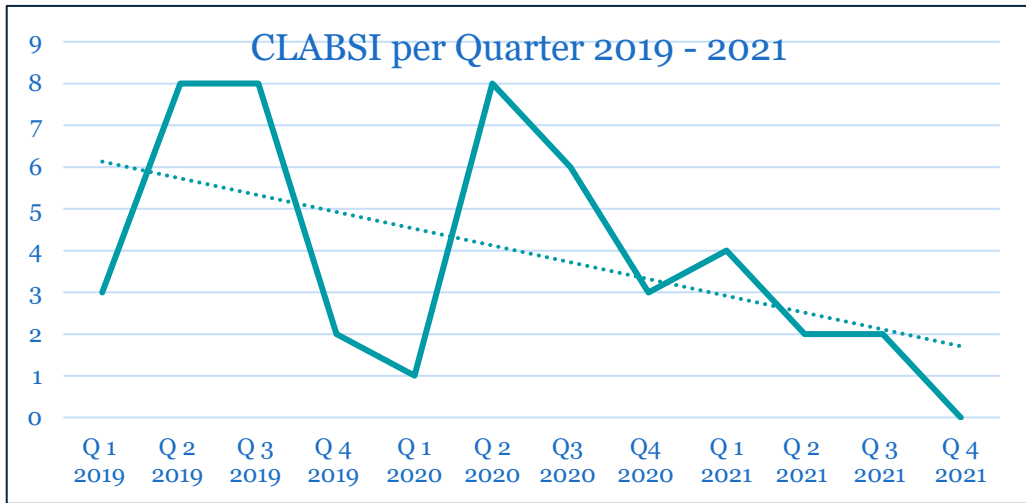


Exceeding the benchmark (10th percentile)

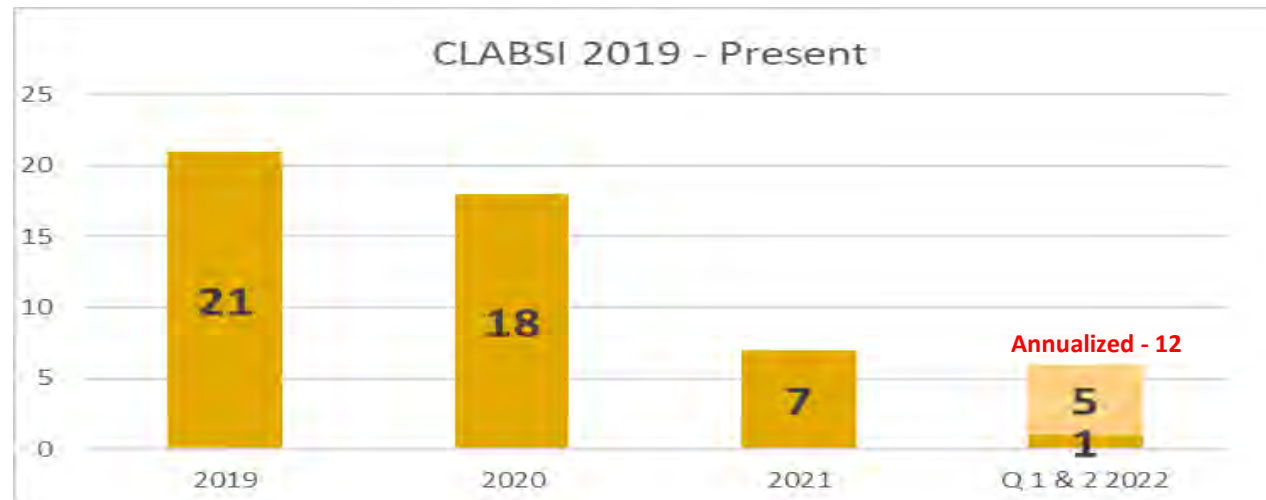
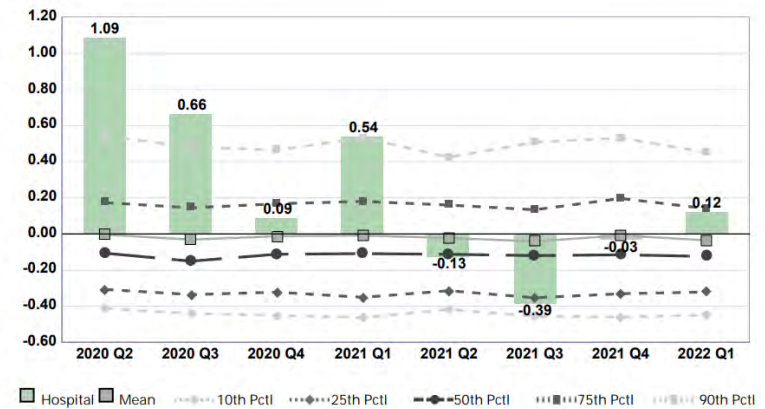
Average cost per hospital fall- ~ \$14,000

Central Line Associated Blood Stream Infection (CLABSI) Prevention

42% reduction in CLABSIs – 2019- 2022 (annualized)

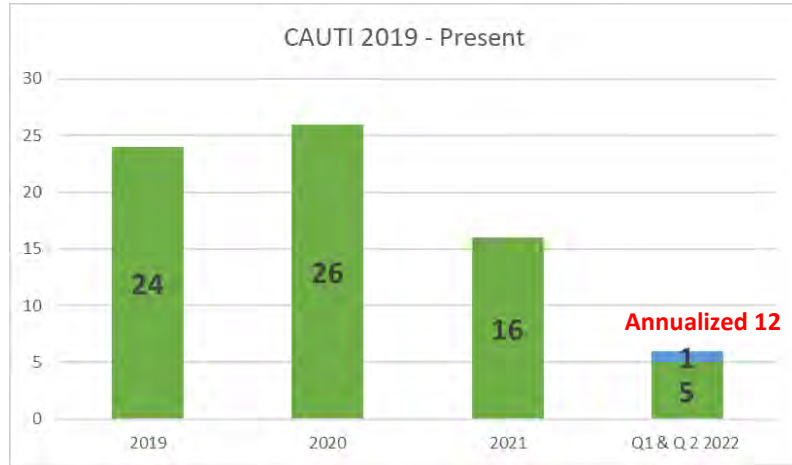


Compared by: Teaching Status
 Peer Group: Teaching Facilities
 Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days

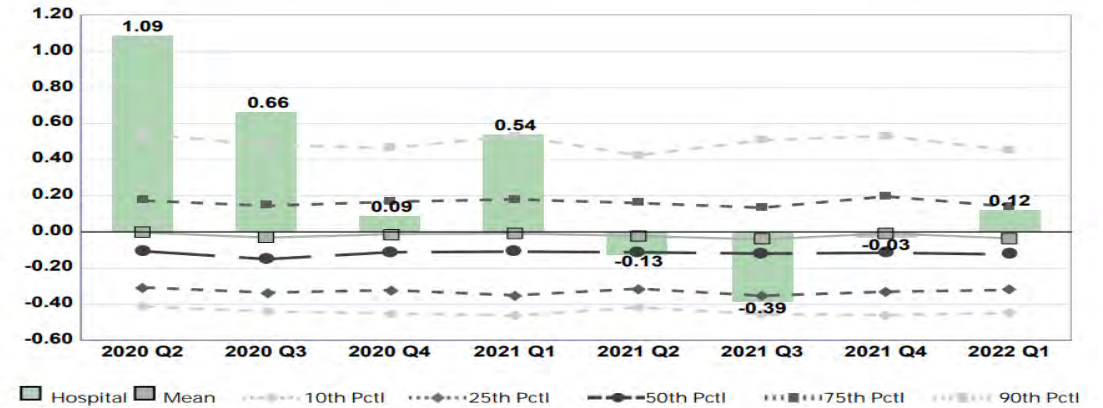


Catheter-Associated Urinary Tract Infection (CAUTI)

42% % reduction in CLABSIs – 2019- 2022 (annualized)



Compared by: Teaching Status
 Peer Group: Teaching Facilities
 Measure: Catheter Associated Urinary Tract Infections per 1000 Catheter Days



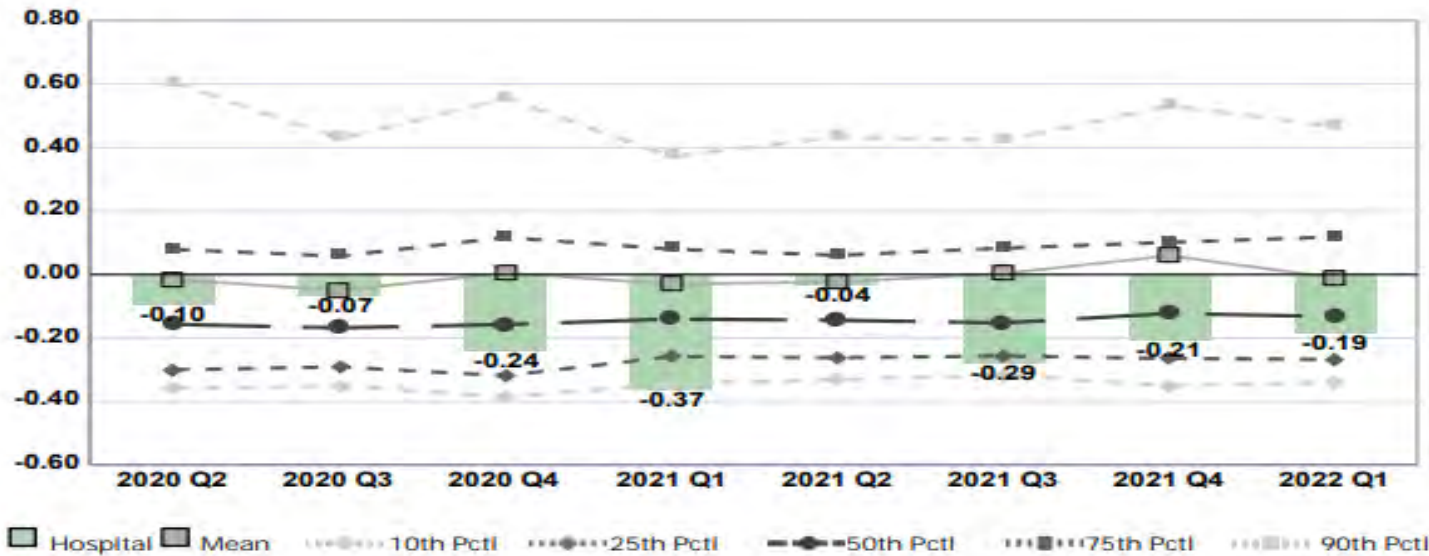
Restraint Utilization

Top 10th percentile performer nationally!

Compared by: Teaching Status

Peer Group: Teaching Facilities

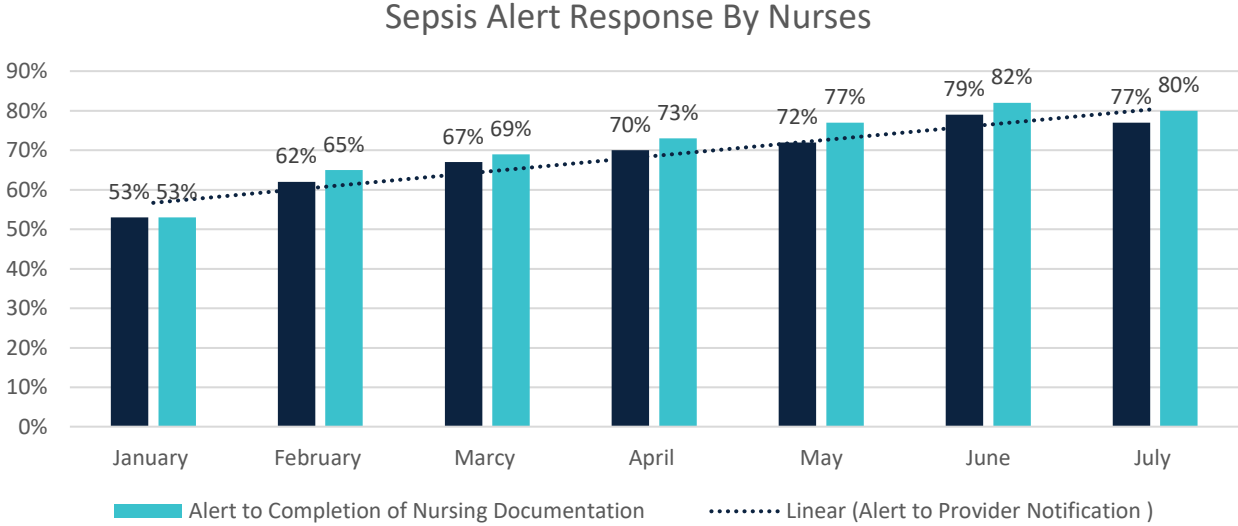
Measure: Percent of Patients with Physical Restraints (Limb and/or Vest)



Metrics	2020 Q2	2020 Q3	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4	2022 Q1	Average
Hospital-Standardized Score	-0.10	-0.07	-0.24	-0.37	-0.04	-0.29	-0.21	-0.19	-0.19
Mean	-0.02	-0.05	0.01	-0.03	-0.02	0.00	0.06	-0.01	-0.01
Standard Deviation	0.45	0.39	0.73	0.39	0.48	0.71	1.36	0.42	0.62
10th Percentile	-0.36	-0.35	-0.39	-0.34	-0.33	-0.32	-0.35	-0.34	-0.35
25th Percentile	-0.30	-0.29	-0.32	-0.26	-0.26	-0.26	-0.26	-0.27	-0.28
50th Percentile (Median)	-0.16	-0.17	-0.16	-0.14	-0.14	-0.15	-0.12	-0.13	-0.15
75th Percentile	0.08	0.06	0.12	0.08	0.06	0.08	0.10	0.12	0.09
90th Percentile	0.61	0.43	0.56	0.37	0.43	0.42	0.53	0.47	0.48
# Hospitals	386	500	473	500	516	492	489	490	480.75



Sepsis Prevention – Focus Areas



80% compliance with the metric of “alert to provider notification” within 15 minutes and “alert to completion of Nursing documentation” within 1 hour.



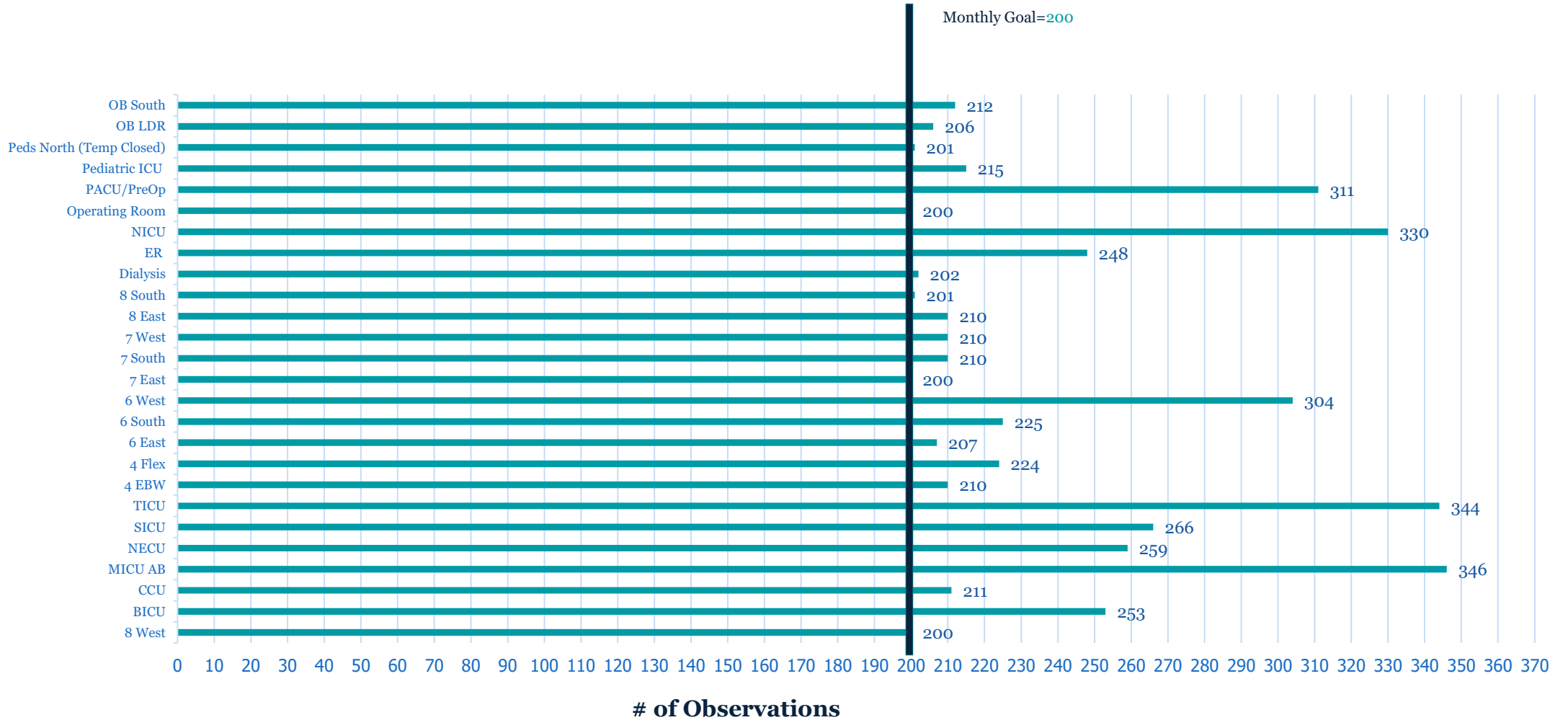
Number of Hand Hygiene Observations with Goal

September 2022

Monthly Observation Count by Department (With Stroger Goal)

Goal=10 observations per department per weekday

September 1-30, 2022

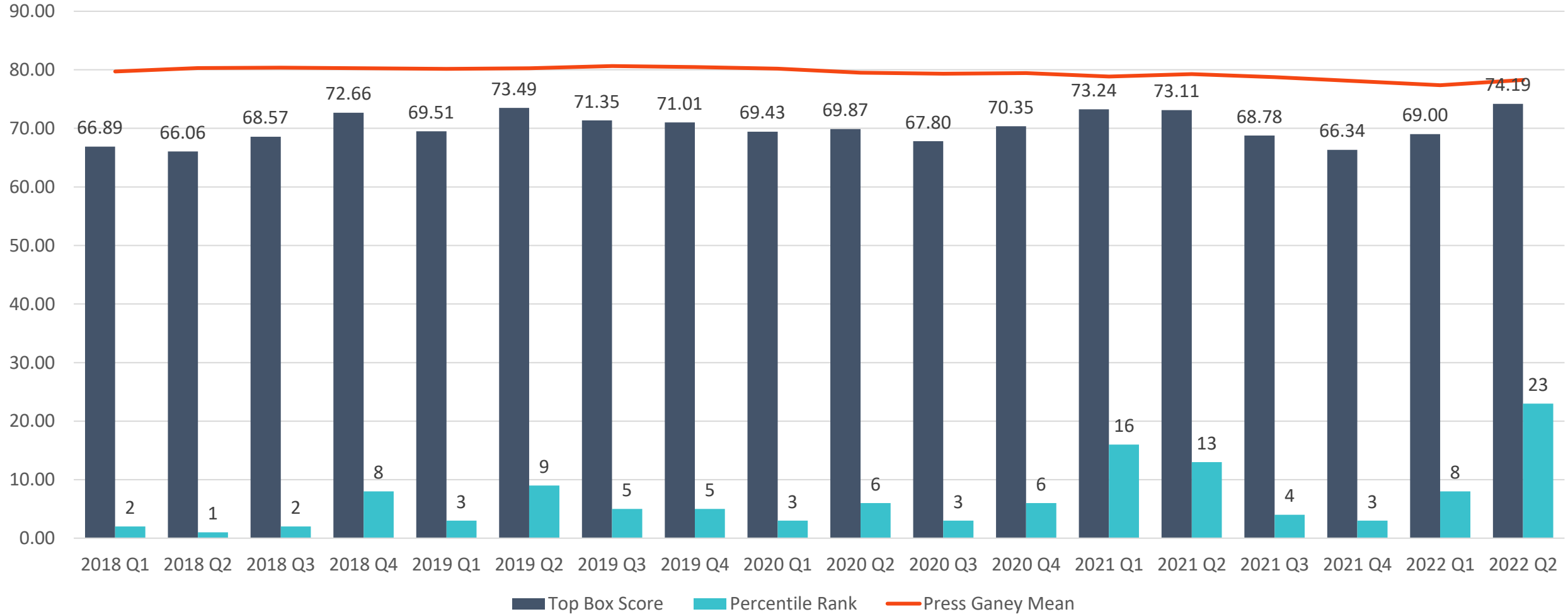


Data Source: TST Database for Hand Hygiene

Data pulled on October 3, 2022 (02:36 pm Sept Data Only)

Communications with Nurses

Top Box Score for Stroger Hospital



Leapfrog/CMS star rating Focus Areas



Nursing Focus areas - Leapfrog

- Increase in bar code medication administration scores above 95%
- Met hand hygiene observation goals for all departments (≥ 200 observations per month)
- Decrease in PSI-90 composite, driven by significant decrease in hospital acquired pressure injury
- Sepsis management
- Hospital acquired condition reduction

Safety has taken a step back during the pandemic

Safety Culture

- PG trends show worsening nationally
- Safety culture is a leading indicator of outcomes

Patient Safety Outcomes

- NDNQI data shows worsening of CLABSI, falls, pressure injuries



Workforce Safety

- Workplace violence
- Reduced engagement and resilience
- Staffing challenges
- Hard to push on new initiatives

Safety and Equity

- Inequities in harms for patients and workforce more visible
- Renewed focus on equity nationally

Nursing Focus Areas FY 19- FY 23

Provide high-quality & safe patient care /Zero Harm Initiatives

- **Reduce the incidence of:**
 - Falls with injury
 - HAPIs, CLABSIs, and CAUTIs
- **Nursing-specific Leapfrog and CMS star rating measure**
 - Medication scanning compliance, HAC

Efficient and Effective Nursing Care Delivery Model

- **Reduce overtime and agency usage- 2019**
- Expand Provident Hospital's capabilities
- **Establish a Nursing staffing and productivity Model with benchmarks**
- Decrease Nursing labor cost per discharge

Workforce Planning and Development

- Decrease nursing vacancies by expediting the RN hiring process
- **Implement a Nurse Residency Program**
- **Establish partnerships with Nursing educational institutions**
- Implement a Shared Practice Governance Structure
- Initiate the Nursing Excellence journey

Improve Patient Experience

- **Improve patient experience in the areas of nurse communication, discharge, medication communication, and responsiveness of staff**

Improve Staff Engagement

- **Implement an action plan at the unit level based on employee engagement survey results**
- **Implement quality committees**
- **Implement staff recognition programs**

Nursing Retention Efforts

RN Transition to Practice Program(Vizient Residency Program)

- A year-long RN transition-to-practice program for New graduates Nurses started at CCH in September 2021.
- The Cohort 1- 7 RNs graduated in August 2022.

APRN Residency (Transition-to-Practice) Program

- APRN transition-to-practice program initiated at CCH with a HRSA .

Actions in Motion

- **Nursing Retention Committee 2/22**
- **Collaborate with HR to develop nursing turnover dashboard by unit**

Nursing Workforce Optimization Initiatives

- **Nursing Strategic Workforce Optimization Taskforce- Establishment of flexible Staffing options to support patient care needs with Right Staff available at the Right place at the Right Time**
- **Build a Flexible Staffing Pool**
 - **RN Staffing**
 - **In House Float Pool – New positions**
 - **Patient Care Support Nurses - New**
 - **Weekend Option Program and Part Time Positions- New**
 - **In House Registry positions**
 - **Agency Management**
- **College of Nursing Collaboration to increase the nursing position pipeline**
- **Nursing Externship Program**

Thank you



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
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ATTACHMENT #4

HEDIS Report

Quality and Patient Safety Committee

Sharon Irons, MD, FACP, CHCQM

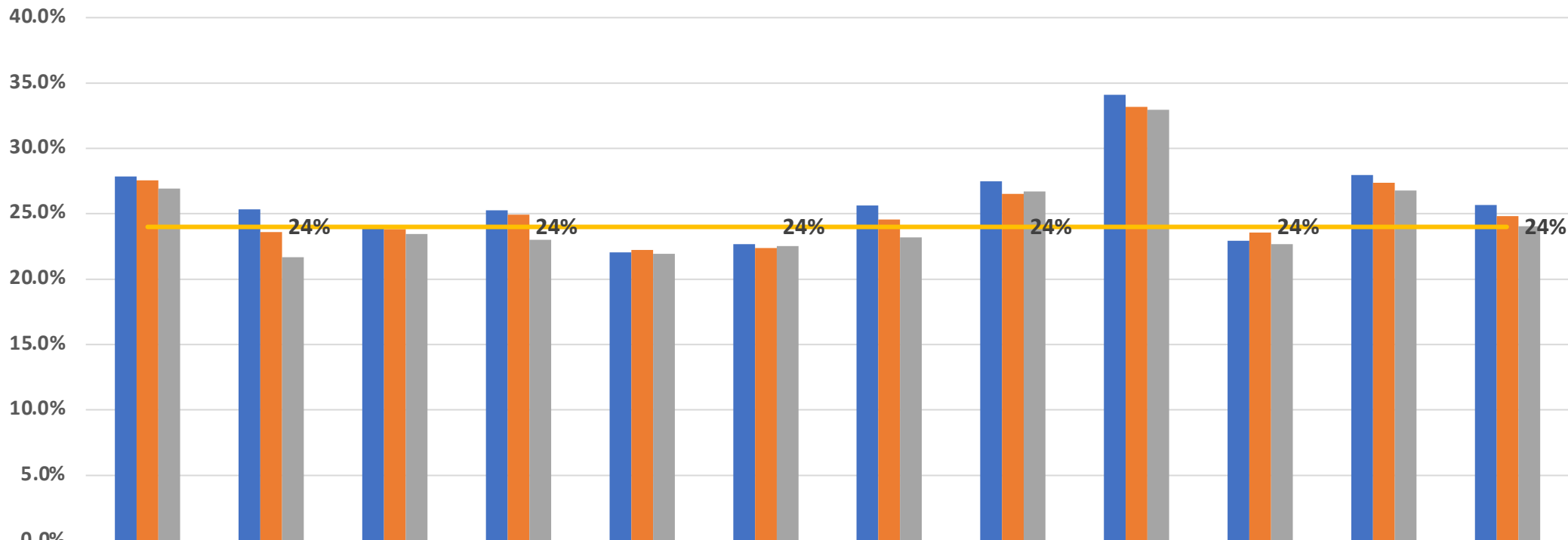
Medical Director, Ambulatory Services

October 21, 2022



COOK COUNTY
HEALTH

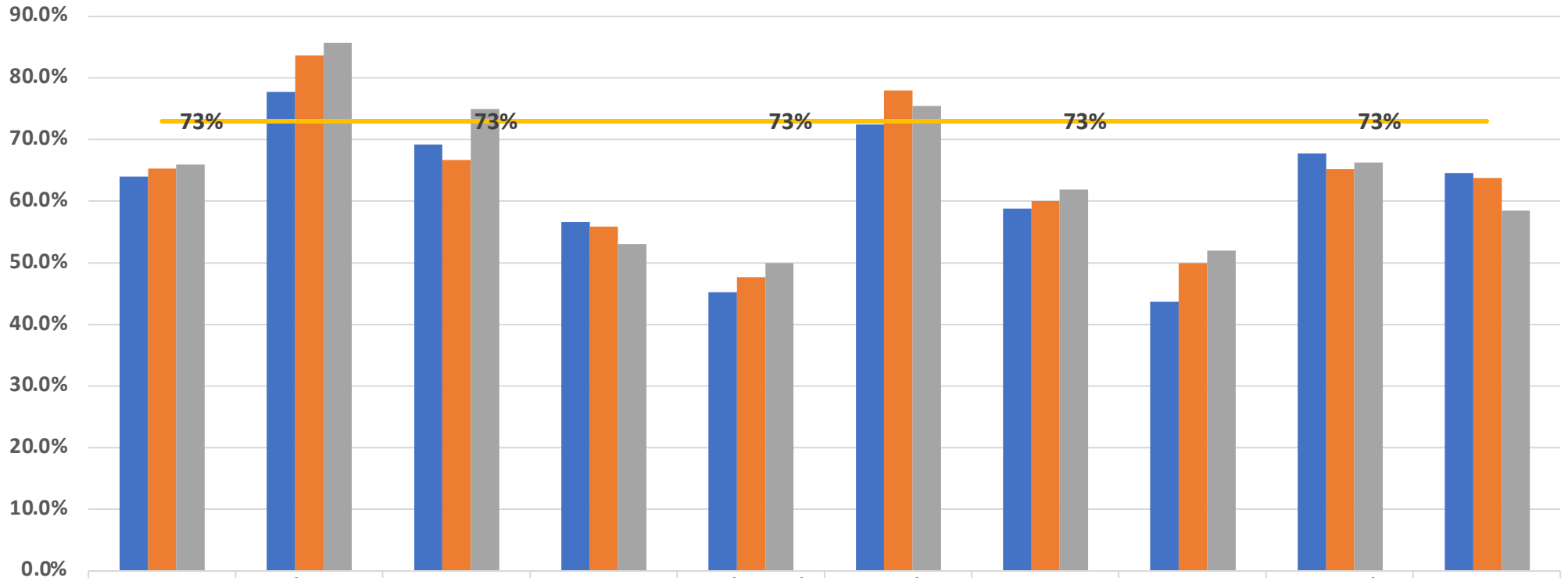
HgA1c 2nd QTR 2022



	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



Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
October 21, 2022

ATTACHMENT #5

Meeting of the CCH Quality and Patient Safety Committee

October 20, 2022

Back-Up Material for Item No. ,

Appointment of Stroger Hospital Department Chairs and Division Chairs

Respectfully requesting approval of the following:

Initial appointment of the following individual as Chair of Department of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Peter Hart, MD	Medicine Appt Term 10/20/22-10/20/24	Chair of Department of Medicine

APPROVED

OCT 28 2022

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
October 21, 2022

ATTACHMENT #6

**Stroger Hospital Quality Improvement & Patient Safety (HQIPS) Committee
Summary Report to the Executive Medical Staff (EMS) Committee and Quality and
Patient Safety (QPS) Committee
For October 2022**

Chair: Dr. Pierko

Meeting Date: August 23rd, 2022, 12-1:30PM via WebEx

Regular or Special Meeting: Regular

Minutes/Attendance: Minutes are attached for review at EMS, summary only for QPS

August Highlights:

Patient Safety

- Reported safety events for August 2021 to July 2022 was 4545. This is lower than 4933 from a year earlier of August 2020 to July 2021.
- Reported Serious Safety Events with serious harm are zero for 2022 Year to date.
- The actual number of Serious Safety Events was zero for June 2022.

Nursing

- The HAPI prevention project was very successful. The PSI-03 pressure ulcer rate has been zero for January 2022 to July 2022 and above the 45th percentile since Q2 2020
- CAUTI's have been reduced from 16 in all of 2021 to just 6 in 2022 from Jan to June 2022.
- CLABSI for the Q1 2022 CLABSI rate per 1000 patient days is -0.34 which is at the 50th percentile.

Pharmacy

- Environment of Care rounds in Pharmacy shows 100% compliance in June 2022 and July 2022 for medications are secured, high alert meds labeled properly, vaccines are stored properly, and the dating of multi-dose vials.
- Insulin bin compliance was 88% in June and 93% in July 2022
- Medication Bar Code scanning compliance was 93% in June 22 and 93% in July 22

There are no action items for the EMS Committee.

There are no actions for the QPS Committee.

**Provident Hospital Quality & Performance Improvement Committee
Summary Report to the Executive Medical Staff (EMS) Committee and Quality and
Patient Safety (QPS) Committee
For October 2022**

Chair: Dr. Mark Loafman

Meeting Date: August 25th 9:00am-10:30am via WebEx

Regular or Special Meeting: Regular

Minutes/Attendance: Minutes are attached for review at EMS, summary only for QPS

August Highlights

8 West Nursing

- There have been no hospital acquired Pressure Injuries for all of 2022 year to date.
- There have been no CLABSI's or CAUTI's reported for all of 2022.

ED Nursing

- Appropriate Warm IV & Irrigation Fluid Storage/Expiration Monitoring is at 100% for the previous 6 months. This metric may be retired since it is consistently being met. They continue to track and do rounds every day on this.
- The ED length of stay benchmark is 180 minutes. In June 2022, the average Length of stay was 207 minutes which is 33 minutes faster than May 2022.

Infection Control

- The Trophon high level disinfection of the endovaginal probe has been at 100% for the last 6 months.
- The Hand Hygiene Compliance rate has averaged 96% for Q2 2022.

There are no action items for the EMS Committee.

There are no actions for the QPS Committee.

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
October 21, 2022

ATTACHMENT #7



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Israel Rocha, Jr.
Chief Executive Officer
Cook County Health

Board of Directors

Lyndon Taylor
Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Vice Chair of the Board

Robert Currie
Raul Garza
Ada Mary Gugenheim
Joseph M. Harrington
Karen E. Kim, MD, MS

Mike Koetting
David Ernesto Munar
Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Otis L. Story, Sr.

To: Quality and Patient Safety Committee
From: Executive Medical Staff Committee of John H. Stroger Jr., Hospital
Date: October 14, 2022
CC: Cook County Health
Memo: John H. Stroger Jr., Hospital Medical Staff Action Items

Dear Members of the Quality and Patient Safety Committee of the CCH Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County Health has approved the attached list of medical staff action items on October 11, 2022 for your consideration.

Thank you kindly.
Respectfully Submitted,

Abayomi E. Akintorin, MD President, EMS



TO: Quality, Patient and Safety Committee

FROM: Abayomi E. Akintorin, MD
EMSC President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Credentials Committee** on 9/22/2022.

Medical Staff Appointments/Reappointments Effective 10/21/2022. Subject to Approval by Cook County Health Systems Boards.

Old Business

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
N/A					

New Business

Initials:

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
Malaki, Laila, DMD	Provisional	Surgery/Oral & Maxillofacial		Approved	

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ON OCTOBER 21, 2022



Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
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Reappointments:

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
Arcia-Diaz, Rosibell, MD	Active	Pediatrics		Approved	
Attar, Bashar, MD	Active	Medicine/Gastroenterology		Approved	
Birch, Noah, MD	Active	Medicine/ Hematology Oncology		Approved	
Chai, Austen-Kum, MD	Active	Emergency Medicine		Approved	
Edoigiawerie, Charles, MD	Active	Family Medicine		Approved	
Fung, Chi Ming, Henry, DDS	Provisional	Surgery/ Oral & Maxillofacial		Approved	
Gonzalez, Hemil, MD	Provisional	Medicine/Infectious Diseases		Approved	
Hedayati, Tarlan, MD	Active	Emergency Medicine		Approved	
Kelner, David, MD	Active	Correctional Health/Psychiatry		Approved	
Khokar, Amna M., MD	Active	Surgery/General Surgery		Approved	
McNeal, Jenea, MD	Active	Correctional Health/Psychiatry		Approved	
Mohiuddin, Reshma, DO	Active	Medicine/General Medicine		Approved	
Polyakova, Elina S., MD	Active	Medicine/Hospital Medicine		Approved	
Raba, John, MD	Active	Medicine/General Medicine		Approved	
Smith, Pamela, MD	Voluntary	Medicine/General Medicine		Approved	
Starr, Frederic L., MD	Active	Trauma		Approved	

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
Watts, Jeffrey, MD	Active	Psychiatry		Approved	
Williams, Brett, MD	Voluntary	Medicine/Infectious Medicine		Approved	

Change in Clinical Privileges (Additions/Removal):

Name	Add Privilege(s)	Department/Division	Discussion/Action	Recommendation	Follow-Up
Del Mundo Galicia, Marisa D, MD	Anatomic Pathology	Pathology/Anatomic Pathology		Approved	
Smith, Nora, MD	Ultrasound Guidance, Paracentesis	Family Medicine		Approved	

Change in Category Status:

Name	Category From: To:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Abughazaleh, Khaled, M, DMD	Provisional to Active	Surgery/ Oral & Maxillofacial		Approved	
Alharash, Jihad, MD	Provisional to Active	Medicine/Hospital Medicine		Approved	
Altioik, Haluk, MD	Provisional to Active	Surgery/ Orthopaedic		Approved	
Balsa Guerrero, Jose R., MD	Provisional to Active	Medicine/Hospital Medicine		Approved	

Name	Category From: To:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Becker, N M MD	Provisional to Active	Surgery/ Ophthalmology		Approved	
Castaneda, Aguirre L Roxana, MD	Provisional to Active	Pediatrics		Approved	
Chiranand, Paulpoj, MD	Provisional to Active	Surgery/ Ophthalmology		Approved	
Emmerling, Max R., MD	Provisional to Active	Surgery/ Oral & Maxillofacial		Approved	
Gonzalez, Hemil, MD	Provisional to Active	Medicine/Infectious Diseases		Approved	
Ittiara, Shaun T., MD	Provisional to Active	Surgery/ Oral & Maxillofacial		Approved	
Khokar, Amna, MD	Provisional to Active	Surgery/General Surgery		Approved	
Kotwal, Vikram, MD	Provisional to Active	Medicine /Gastroenterology		Approved	
Landry, Katie R., DPM	Provisional to Active	Surgery/ Podiatry		Approved	
Phelps, Paul O., MD	Provisional to Active	Surgery/ Ophthalmology		Approved	
Premkumar, Ashish, MD	Active to Voluntary	Ob/Gyn		Approved	
Sarran, Marc Arthur, MD	Provisional to Active	Surgery/General Surgery		Approved	
Thomas, Catherine Jane, MD	Provisional to Active	Surgery/ Ophthalmology		Approved	


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 ON OCTOBER 21, 2022



Resignations/Retirement:

Name	Effect Date:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Chau, Vinh, MD	9/1/2022	Medicine/Adult Cardiology		Approved	
Cotts, William, MD	9/1/2022	Medicine/Adult Cardiology		Approved	
Joshi, Anjali, MD	9/1/2022	Medicine/Adult Cardiology		Approved	
Pillarelli, Jessica, MD	9/1/2022	Medicine/Adult Cardiology		Approved	
Sciammanna, Christopher, DO	9/1/2022	Medicine/Adult Cardiology		Approved	

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 ON OCTOBER 21, 2022



Old Business

Non-Physician Providers

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
N/A					

New Business

Initial:

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
Castro, Rebecca, MSW	Provisional	Psychiatry		Approved	
Drell, Robin, MSW	Provisional	Psychiatry		Approved	
Henhapl, Michele, PsyD	Provisional	Correctional Health/Psychiatry		Approved	
Mojica, Beatrice, MSW	Provisional	Psychiatry		Approved	
Moreno, Damaris, MSW	Provisional	Psychiatry		Approved	
Morrison, Andrew, MSW	Provisional	Psychiatry		Approved	
Noel-Liang, Nicole, MSW	Provisional	Psychiatry		Approved	

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Reappointments:

Name	Category	Department/Division	Discussion/Action	Recommendation	Follow-Up
Cahillane, Martin, PA-C	Physician Assistant	Correctional Health/Med Surg		Approved	
George, Reena, APRN	Nurse Practitioner	Family Medicine		Approved	

Change in Clinical Privileges (Additions/Removal)

Change in Clinical Privileges (Additions/Removal):	Privileges Request to add: Request to remove:	Department/Division	Discussion/Action	Recommendation	Follow-Up
N/A					

Additional Collaborator:

Name	Category/ Collaborator To: From:	Department/Division	Discussion/Action	Recommendation	Follow-Up
N/A					

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Change of Collaborator:

Name	Category/ Collaborator To: From:	Department/Division	Discussion/Action	Recommendation	Follow-up
N/A					

Change in Category Status:

Name	Category From: To:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Fenio, Leslie, PA-C	Provisional to Physician Assistant	Surgery/Vascular Surgery		Approved	
Kegel, Stacy Jo, PA-C	Provisional to Physician Assistant	Surgery/Neurosurgery		Approved	
Xu, Bruce, LAc	Provisional to Acupuncturist	Anesthesiology		Approved	

Resignations:

Name	Category Effect date:	Department/Division	Discussion/Action	Recommendation	Follow-Up
Briney, Kimberly, PsyD	12/18/2021	Correctional Health		Approved	

Foster, Lauren, CNP	10/21/2022	Medicine/General Medicine		Approved	
Matlock, Sharon, CNM	12/31/2021	Family Medicine		Approved	
Sandoval, Diana, CNP	10/21/2022	Family Medicine		Approved	
Wyatt, Laura, PA-C	09/16/2022	Medicine/Infectious Diseases		Approved	

Sanction Screening Reporting -

IDFPR Disciplinary Action Report for June 2022 (see attached) reviewed as of 8/15/2022 – **No Findings.**

CMS OPT OUT Affidavits report reviewed as of 8/15/2022 – **No Findings.**

CMS Preclusion Report reviewed as of 8/15/2022 – **No Findings.**



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

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Chief Executive Officer
Cook County Health

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Karen E. Kim, MD, MS

Mike Koetting
David Ernesto Munar
Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Otis L. Story, Sr.

Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

October 7, 2022

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on October 7, 2022 the Medical Executive Committee recommended the actions on the enclosed documents. It is being presented to you for your consideration.

Respectfully,

Whitney Lyn, MD
Provident Hospital of Cook County
Vice President, Medical Staff
Presiding Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Safety Committee

FROM: Whitney Lyn, MD
Vice President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the
Medical Executive Committee on October 7, 2022

Medical Staff Appointments/Reappointments Effective: 10/21/2022 subject to Approval by Cook County Health.

Initials:

Demori, Maria, MD, Internal Medicine/Cardiology – Recommended

Hwang, Jessica, MD, Internal Medicine – Recommended

Kay, Daniel, MD, Radiology - Recommended

Kalra, Salil, MD, Internal Medicine - Recommended

Malaki, Laila, DMD, Surgery – Recommended

Sharma, Gaurav, K., MD, Internal Medicine – Recommended

Reappointments:

Hanna, Aseel A., MD, Internal Medicine - Recommended

Khokar, Amna M., MD, Surgery - Recommended

Polyakova, Elina S., MD Internal Medicine - Recommended

Change in category:

Alhanoun, Elias, MD – Affiliate to Voluntary - Recommended

Athavale, Ambarish M., MD – Affiliate to Voluntary - Recommended

Lepere, Alia, MD - Provisional to Voluntary - Recommended

Change in category:

Akintorin, Mopelola S., MD - (Provisional to Active) - Recommended

Kotwal, Vikram, MD – (Provisional to Affiliate) - Recommended

Alharash, Jihad, MD (Provisional to Affiliate) - Recommended

Chiranand, Paulpoj, MD (Provisional to Affiliate) - Recommended

Emmerling, Max R., MD (Provisional to Affiliate) - Recommended

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ON OCTOBER 21, 2022

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Guerrero, Jose R. Balsa, MD (Provisional to Affiliate) - Recommended
Ittiara, Shaun T., MD (Provisional to Affiliate) - Recommended
Landry, Katie R., DPM (Provisional to Affiliate) - Recommended
Lazzaro, Gianluca, MD (Provisional to Affiliate) - Recommended
Phelps, Paul O., MD (Provisional to Affiliate) - Recommended
Sanati, Maryam, MD (Provisional to Affiliate) - Recommended
Thomas, Catherine Jane, MD (Provisional to Affiliate) - Recommended

NPP Initials:

Castro, Rebecca, MSW, Psychiatry - Recommended
Drell, Robin, MSW, Psychiatry - Recommended
Mojica, Beatrice, MSW, Psychiatry - Recommended
Moreno, Damaris, MSW, Psychiatry - Recommended
Morrison, Andrew, MSW, Psychiatry - Recommended
Noel-Liang, Nicole, MSW, Psychiatry - Recommended
Sanders, Ellen, PA, Emergency Medicine - Recommended

NPP Reappointments:

Baluka, Stephanie, PA-C, Internal Medicine – Recommended
Woodley, Elizabeth, PA-C – (Provisional) Surgery/General Surgery - Recommended with Prescriptive Authority

Resignations:

Sandoval, Diana, CNP - Informational
Matlock, Sharon, CNM - Informational
Wyatt, Laura, PA-C - Informational

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ON OCTOBER 21, 2022

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