



CCH Monthly Report



Item #: 23-3030

May 2023



COOK COUNTY
HEALTH

Administrative & Legislative Updates

Presented to the Cook County Health Board on April 28, 2023



COOK COUNTY
HEALTH

Administrative & Legislative Update -Local

- As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues.
- Through April 20, CCH's Fresh Truck partnership with GCFD resulted in 446 visits to CCH health centers – Arlington Heights, Austin, Belmont Cragin, Blue Island, the CORE Center, Cottage Grove, Englewood, North Riverside, Provident/Sengstacke, Prieto, and Robbins.
- Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to 45,737 households, representing 151,251 individuals. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.
- On April 25, CCH appeared before the Cook County Health & Hospitals Committee and Dr. LaMar Hasbrouck, CCDPH COO presented on both the Monthly COVID-19 Vaccination Program Update and the CCDPH First Quarterly Report on the Suburban Cook County Healthy Work Initiative.

Legislative Updates – State

- The House and Senate were scheduled for weekly session until their adjournment date of May 19. Substantive bills along with the FY2024 budget needed to be passed by that deadline. The state fiscal year starts July 1.
- CCH’s legislative priorities for 2023 include:
 - [SB1670](#) – Amends Freedom of Information Act (FOIA) to ensure that electronic medical records and protected health information are not subject to FOIA requests.
 - [Status: SB1670 passed out of the Senate unanimously. The bill is currently pending action in the House.](#)
 - [SB1953/HB2887](#) – Appropriations request for Equity and Representation in Health Care Act to fund scholarships and loan repayment for health care providers who work at Cook County Health or at Federally Qualified Health Centers.
 - [Status: The Governor’s proposed FY2024 budget includes \\$3M in the Illinois Department of Public Health’s budget to fund the Equity and Representation in Health Care Act. We are working with the Illinois Primary Health Care Association to keep the \\$3M in the budget that is drafted and passed by the Illinois General Assembly.](#)
 - [SB122/HB1570](#) – Expansion of the state Medicaid program that would provide Medicaid-like coverage to low-income adults 19-41 years of age, regardless of immigration status.
 - [Status: Healthy Illinois and their partners continue to advocate for this historic expansion that would make Illinois the first state in the nation to make Medicaid available for all low-income residents of the state. In response to recent information about enrollment and costs related to the Health Benefits for Immigrants Seniors and Adults programs, House Republicans filed HR220 last week, which calls for a moratorium on any further Medicaid expansions for immigrants.](#)
- Governor Pritzker named Bria Scudder as Deputy Governor for Public Safety, Infrastructure, Environment, and Energy. Bria began this role on April 10. She previously served as First Assistant to former Deputy Governor Christian Mitchell and Director of State Government Affairs for AbbVie.
- Governor Pritzker shared that Illinois would work to ensure that residents continue to have access to preventive health care services, despite a ruling last month by a federal judge in Texas that struck down a provision of the Affordable Care Act that requires insurers and employers to cover preventive services without cost-sharing, as recommended by the U.S. Preventive Services Task Force.

Legislative Updates – Federal

Debt Limit and Threats to Medicaid

- On April 19, Speaker of the House Kevin McCarthy (R-CA) introduced H.R. 2811, the Limit, Save, Grow Act of 2023. The bill would raise the debt limit until March 31, 2024, in exchange for cuts to domestic discretionary spending and new work requirements for Medicaid and SNAP beneficiaries. Under the Medicaid provision, federal financial participation would be terminated for any beneficiary who failed to meet the work reporting requirements. The Center on Budget and Policy Priorities (CBPP) estimates 562,000 of Illinois' Medicaid expansion enrollees (21%) would be subject to the new rules and at risk of losing coverage. The bill passed the House on April 26 but is not expected to receive Senate approval.
- The White House has issued a statement promising to veto the bill were it to pass, highlighting the projected impact on Medicaid coverage. The President continues to insist on a “clean” debt limit increase, despite some Democrats calling for him to negotiate a deal.

Medicaid DSH Cuts

- On April 18, Rep. Yvette Clark (D-NY,) joined by a bipartisan group of cosponsors, introduced H.R. 2665, the Supporting Safety Net Hospitals Act. The bill would delay the statutory reduction in Medicaid disproportional share hospital (DSH) allotments for two years. The cuts are set to go into effect in FY 2024, beginning October 1, 2023, reducing DSH allotments by eight billion each year for four years. America's Essential Hospitals supports the legislation and hopes to see it incorporated into legislation to extend expiring federal health care programs, which Congress is likely to take up before the end of the year.

Biden Administration

- On March 31, CMS released the 2024 Medicare Advantage and Part D rate notice. CMS projects that MA plans will receive a 3.32% pay increase, higher than the 1.03% increase in the advance notice. CMS also announced that it will phase in its controversial risk adjustment model after stakeholder comments. CMS Administrator Chiquita Brooks-LaSure and Medicare Director Meena Seshamani insisted that CMS would continue to pay plans properly, including for dually eligible beneficiaries.
- On April 10 President Biden signed Republican-sponsored legislation to end the COVID-19 national state of emergency originally declared by President Trump. The public health emergency declared by the Secretary of Health and Human Services remains in effect until May 11.
- Also on April 10, the Biden Administration announced “Project Next Gen” to accelerate the development of new coronavirus vaccines and treatments, with funding of more than \$5 billion. Like the Trump Administration's "Operation Warp Speed," the federal government will work with private companies on new vaccines and treatments for COVID-19. HHS did not announce a timeline for rolling out the new products.
- On April 12, HHS proposed a rule to amend the Health Insurance Portability and Accountability Act (HIPAA) rules to prohibit sharing reproductive health data. The proposed rule aims to protect the health information of anyone who seeks, obtains, provides, or facilitates reproductive healthcare from being provided for criminal, civil, or administrative investigations.

New Hires and Promotions



COOK COUNTY
HEALTH

Welcome

New Hires

Donnica Austin

Chief Hospital Executive, Stroger Administration

Priscilla Cabrera

Patient Access Manager, Provident

Anthony Drew

Operations Counsel-EEO, Human Resources

Theresa Matuch

Laboratory Services Manager, Clinical & Anatomical Services

Kathleen Minogue

Director of Maternal/Child Health, Nursing Administration

Welcome

New Hires

Destinee Moore

Behavioral Health Program Manager, County Care

Latrice Porter Thomas

Director of Life Safety, Safety

Cindy San Miguel

Director of Equity, Health Plan Services

Dr. Robin Singh

Chief Operating Officer, Health Plan Services

Congratulations

Promotions

David Allen

Director of Finance Medicare/Medicaid, County Care

Ratna Kanumury

Associate Chief Strategy Officer, Strategic Planning and Implementation

Kesha Love

Director of Health Information Technology, Health Information Systems

Ean Pino

Manager of Transitional Care, Community Care Coordination

Congratulations

Promotions

Patricia Rayborn

Director of Critical Care, Nursing

Deidre Watts

Comptroller-CCH, Finance

Recognition



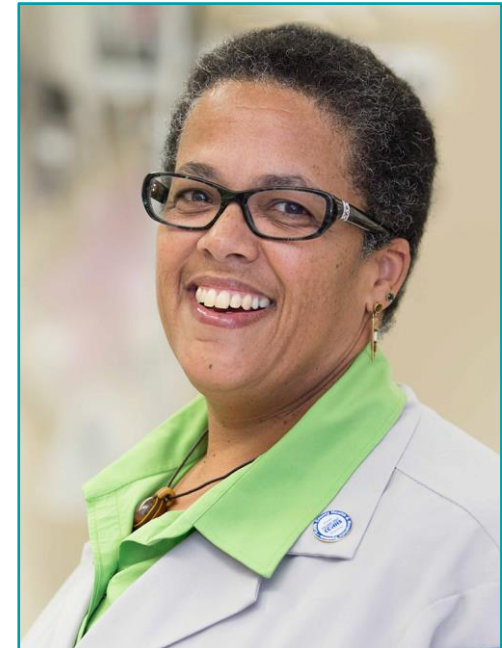
COOK COUNTY
HEALTH

Becker's Hospital Review

Claudia Fegan

Congratulations to Dr. Claudia Fegan, Cook County Health's Chief Medical Officer, for her recognition in Becker's Hospital Review's 149 Black Health Care Leaders to Know list for 2023!

The individuals highlighted on this list are leading top health care organizations, fostering positive patient experiences, paving the way for the next generation of leaders, and promoting health equity.



Becker's Hospital Review

Linh Dang

Congratulations to Linh Dang, Cook County Health's Chief Experience Officer, for being recognized by Becker's Hospital Review as one of the 50+ health system Chief Experience Officers to know in 2023!

CXOs balance the best interests of caregivers, patients and leadership to improve and continue to deliver excellent care and patient experience at their organizations.



American Cancer Society

Dr. Lily Hussein

Congratulations to Dr. Lily Hussein, oncologist, for being recognized by the American Cancer Society at their ResearchHERS event!

The evening celebrated the work women are doing in cancer research. Dr. Hussein participated in a panel discussion on the evolution of cancer care and then was honored for her more than 50 years of service at CCH.



Getting to Zero Illinois initiative's Community Advisory Board

Derrick (Dee Dee) Lehmann & Lonnie Rowden

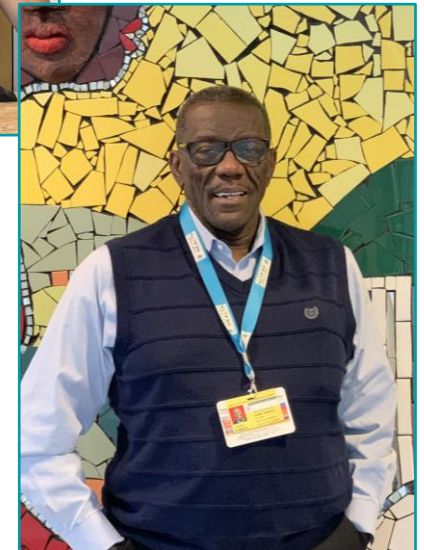
Two CCH employees have been chosen to be part of the Getting to Zero (GTZ) Illinois Community Advisory Board! The GTZ-IL CAB will meet to provide meaningful input to partners as they work to implement the GTZ-IL plan to eliminate HIV/AIDS transmission in the state.

Dee Dee Lehmann is one of the Lead Peer Health Navigators at Austin CBC Program. She provides patient navigation for newly diagnosed patients, PrEP navigation services with the prevention health education team, and is a certified HIV tester.

Lonnie Rowden is a Consumer Development & Advocacy Coordinator for Cook County HIV Integrated Programs (CCHIP), where he serves as the Chairperson for CCHIP's joint Advisory Board and is the staff liaison for CORE Center's Advisory Board. He facilitates healthy lifestyle programming for CORE's Healthy Aging Initiative (CHAI) patients over 50+ years of age.



Dee Dee Lehmann



Lonnie Rowden

Patient Safety Week

Poster Fair

Best Team Project

- 1st Place – “Commit to Sit” (#7)
- 2nd Place – “Expanding overdose prevention tools at CCH: The ACHN naloxone dispensing project” (#26)



Most Innovative

- 1st Place – “RepLI: An Innovative and Client-Centered Digital Family Planning Tool” (#52)
- 2nd Place – “Improvements in the Rates of Health Risk Screenings” (#41)



Patient Safety Week

Poster Fair

Most Impactful

- 1st Place – “Improving Throughput/LWBS” (#38)
- 2nd Place – “Stroke” (#41)



Audience Choice

- 1st Place – “Achieving Perioperative Patient safety in operating room through collaboration, communication, innovation, and active involvement of patient and family” (#13)
- 2nd Place – Safety-Number 1 priority, preop check list makes it easy (#24)



URAC's Leaders in Performance Measurement (LPM)

Pharmacy

CCH's Pharmacy Division has been named as a 2022 Pioneer in URAC's Leaders in Performance Measurement (LPM) recognition program! Congratulations to the entire pharmacy team!

Through the introduction of the Leaders in Performance Measurement program, URAC is recognizing the commitment of URAC-accredited organizations who are promoting trust in the quality of care delivered through performance measurement activities.



America's Essential Hospitals Fellowship

Congratulations to **Dr. Priscilla Auguston Ware**, Chair, Correctional Health, **Dr. Umair Jabbar**, Attending Physician, Hospital Medicine, and **Alex Normington**, Interim Chief Communications & Marketing Officer for being selected for the America's Essential Hospitals Fellowship program.

For more than 30 years, the AEH Fellows initiative has been a highly sought-after leadership program dedicated to educating participants on issues that impact essential hospitals and providing the skills to lead strategically and advocate for resources that promote the health of underrepresented and marginalized communities.



System Updates ↗












COOK COUNTY
HEALTH

Strategic Initiatives









April



Accomplished

-  Approved service expansion Provident/ACHN locations (Vascular, Thoracic surgery, GI, Gyne, Plastic Surgery, Pain)
-  Launched Information Technology Steering Committee
-  CountyCare using predictive analytics to enhance kidney disease care
-  Exceeded CountyCare member utilization of CCH services revenue targets for Q1
-  CCDPH IDPH Vaccination Program grant received from the state for \$2.5M
-  Announcement of this year's Provident Scholarship Fund
-  Fentanyl testing implement by the lab
-  Three murals unveiled (Blue Island, Provident, PB)
-  Cermak launched Individual Behavioral Management Plan Program for severely mentally ill population

Coming Soon

-  100 "Ideas for Change" campaign
-  April job fairs for Health Plan Services, Pharmacy, Cermak and Nursing
-  CCDPH conducting workshop on building the Community Health Worker (CHW) workforce at the National Association of CHWs Annual Conference
-  Awarding physician recruitment contract
-  Specialty Clinic process improvement for schedules, staffing, access
-  Transfer agreement with West Suburban for Ortho, vascular or complex General Surgery
-  CountyCare launching a domestic violence program
-  Cermak telemed Phase 1 to roll out spring/summer

2nd Annual Provident Scholarship

Application period is April 20 – May 26!

Health Professionals Scholarship

- Provides scholarships to medical, dental and Advanced Practice Providers attending a graduate-level clinical academic program.
- Students are eligible for an award of up to **\$20,000.**

Allied Health & Undergraduate Scholarship

- Provides scholarships to Allied Health and undergraduate students in select programs.
- Students are eligible for an award of up to **\$10,000.**



What are the eligibility requirements for the Scholarship?

- U.S. Citizen / Permanent Resident residing in Cook County
- Must be a current student or enrolled in a qualifying academic program at an accredited academic institution
- Demonstrated financial need through FAFSA
- GPA of 2.7 or greater OR in good academic standing

Visit [CookCountyHealth.org](https://www.cookcountyhealth.org) for more information and to apply!

Connecting People, Health, and Art

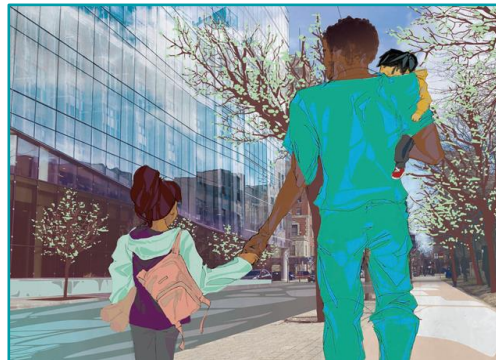
Mural Unveilings

Several Cook County Health locations are shining a little brighter after three new murals were unveiled at Provident Hospital, Blue Island Health Center and the Professional Building on Central Campus.

The Community Murals Project, a partnership between Cook County Health and the Cook County Health Foundation, used a collaborative mural-making process as a tool to build trust and engagement between the health care sites and their communities, build neighborhood pride, and create beautiful spaces for healing. Paint parties were held where patients, staff and visitors came together to paint sections of the murals.



*Blue Island Community Health Center
Mural by Lorelei Pement*



*CCH Professional Building
Mural by Elli Sebastian*



*Provident Hospital
Mural by Damon Lamar Reed*

Redetermination Materials

Available at cookcountyhealth.org/redetermination

In addition to CountyCare's robust member education efforts, CCH is sharing redetermination materials to patients and community members via:

CCH and partner providers

CCH social workers and financial counselors

Community-based organizations

Elected officials

Rede events at CCH health centers

Community events

Organic and paid social media posts

Media

The image displays three distinct redetermination materials. The first is a circular graphic titled 'FAQs for Medicaid Members' with a table of income limits. The second is a circular graphic titled 'FAQs for FQHCs/Providers'. The third is a rectangular flyer titled 'Redetermination Flyers' with a QR code and phone number.

FAQs for Medicaid Members

2023	2024	2025
\$16,000	\$16,000	\$16,360
\$19,200	\$19,200	\$19,632
\$24,000	\$24,000	\$24,540

FAQs for FQHCs/Providers

Redetermination Flyers

Keep Your Medicaid Coverage
NEED HELP COMPLETING YOUR REDETERMINATION FORMS?
QUESTIONS? WE CAN HELP.
312-864-REDE

English हिंदी
Español العربية
Polski Русский
中文

English हिंदी
Español العربية
Polski Русский
中文

English हिंदी
Español العربية
Polski Русский
中文

Sen. Duckworth Visit

Stroger Hospital welcomed Senator Tammy Duckworth on Monday, April 24, to highlight the nearly \$900,000 in Congressionally Directed Spending funds that the Senator secured for CCH.

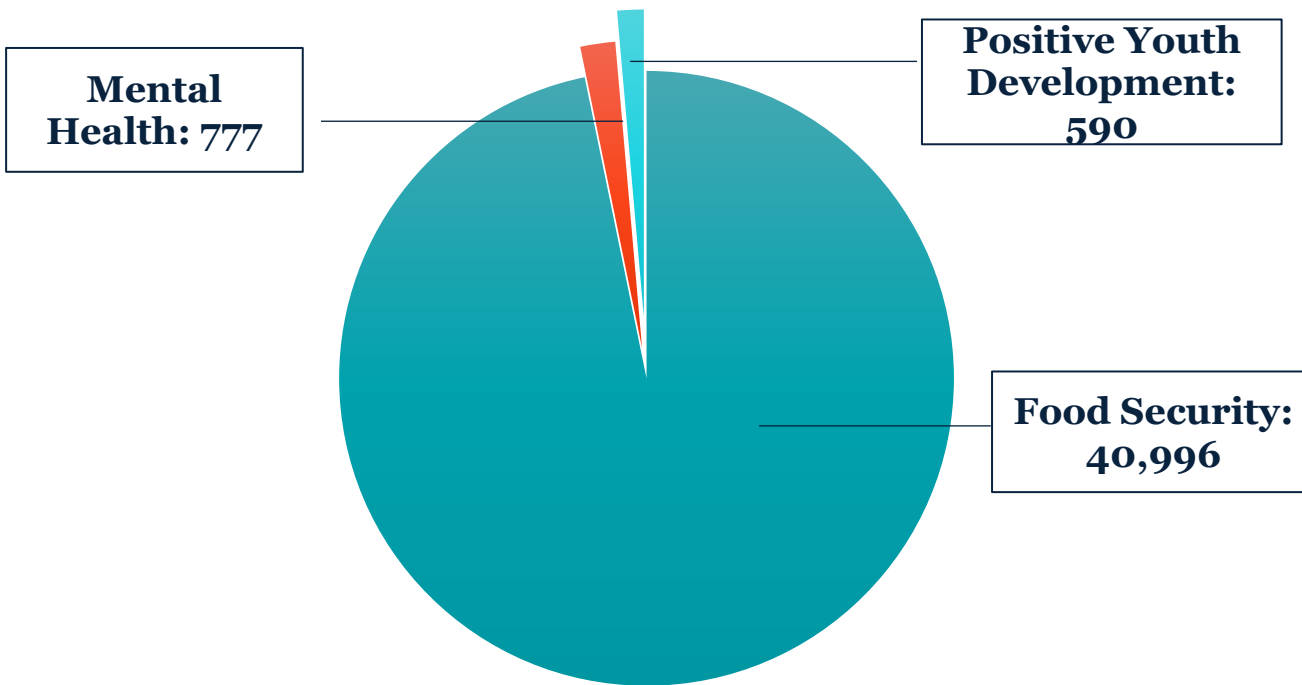
This funding will be used to purchase new, state-of-the-art incubators and infant warmers for the hospital's Neonatal Intensive Care Unit.



Building Healthier Communities: Q1 Report

\$4M in awards to 23 community-based organizations serving suburban Cook

42,363 participants or people served in total



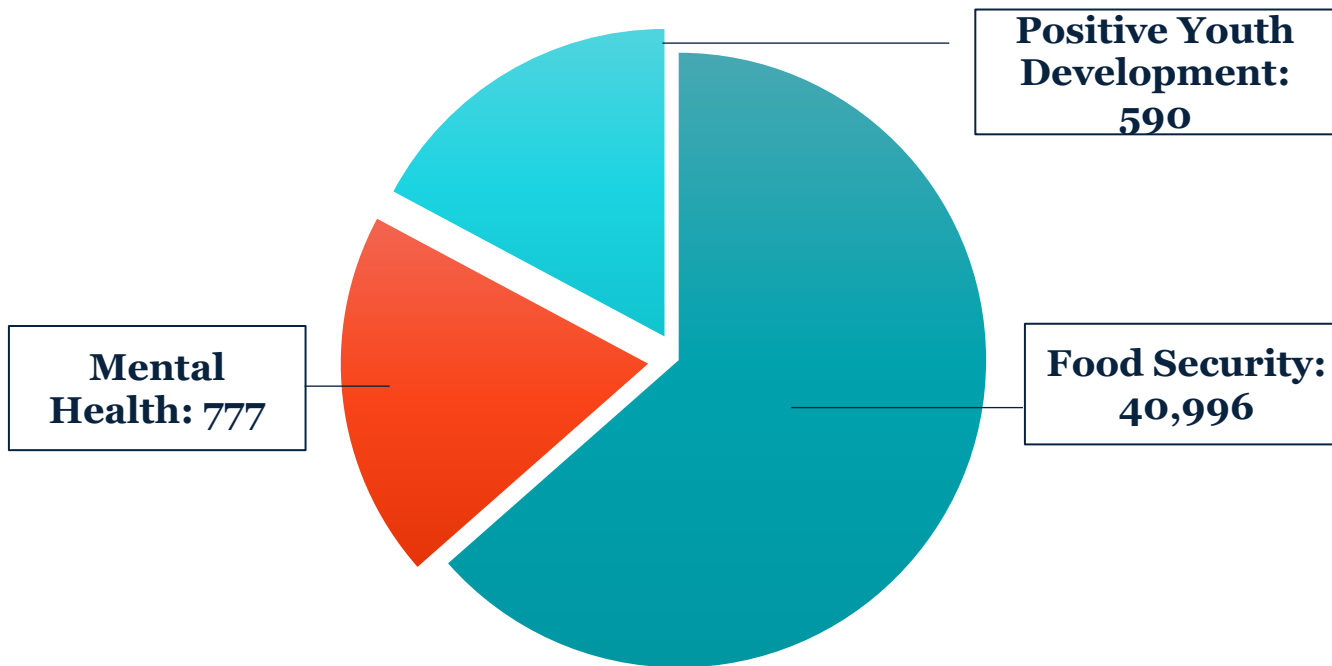
CCDPH Suburban Q1 Grant Results

- 288,342 meals served, distributed, or delivered
- 1,041 referrals to federal nutritional assistance programs
- 110 referrals to mental health services

Building Healthier Communities: Q1 Report

\$1M in awards to 13 community-based organizations in Chicago

3,584 participants or people served in total



CCH Chicago Q1 Grant Results

- 18,401 meals served, distributed, or delivered
- 55 referrals to federal nutritional assistance programs
- 160 referrals to mental health services



End of COVID-19 Public Health Emergency

Craig Williams

Interim Chief Administrative Officer, Operations & Development

Dr. Sharon Welbel

System Director, Infection Control & Hospital Epidemiology

Iliana Mora

Chief Administrative Officer, Ambulatory Services



COOK COUNTY
HEALTH

End of Public Health Emergency

COVID-19 Epidemiology Today

Daily Update for the United States

Cases

New Cases (Weekly Total)

94,142

Case Trends



Feb 2023

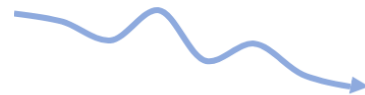
Apr 2023

Deaths

New Deaths (Weekly Total)

1,160

Death Trends



Feb 2023

Apr 2023

Hospitalizations

New Admissions (Daily Avg)

1,723

Admission Trends



Mar 2023

Apr 2023

Vaccinations

% with Updated Booster Dose

16.7%

Total Population



Total Cases

104,445,294

Total Deaths

1,129,573

Current Hospitalizations

10,419

Total Updated Booster Doses

55,499,012

CDC | Data as of: April 21, 2023 1:50 PM ET. Posted: April 21, 2023 3:07 PM ET

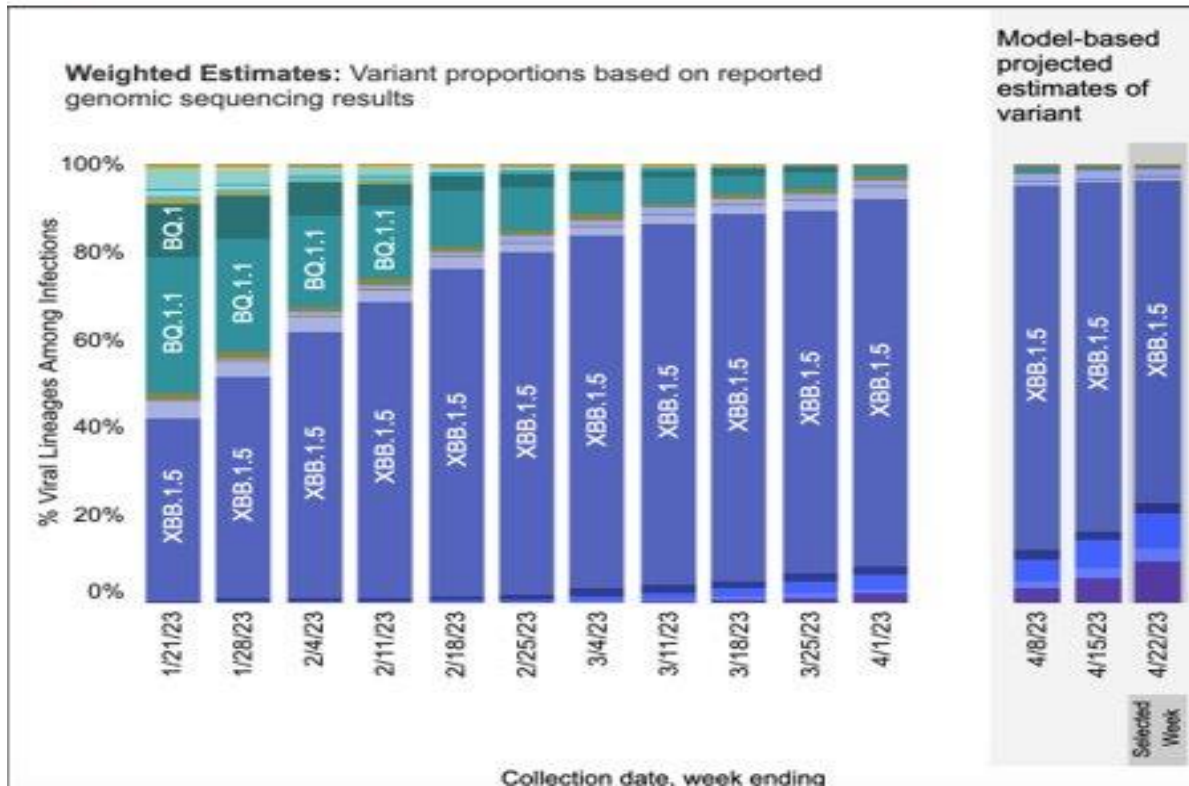
End of Public Health Emergency

COVID-19 Epidemiology Today

Weighted and Nowcast Estimates in United States for Weeks of 1/15/2023 – 4/22/2023



Hover over (or tap in mobile) any lineage of interest to see the amount of uncertainty in that lineage's estimate.



Nowcast Estimates in United States for 4/16/2023 – 4/22/2023

USA				
WHO label	Lineage #	US Class	%Total	95%PI
Omicron	XBB.1.5	VOC	73.6%	69.6-77.3%
	XBB.1.16	VOC	9.6%	6.7-13.6%
	XBB.1.9.1	VOC	7.9%	6.1-10.1%
	XBB.1.9.2	VOC	2.9%	2.1-4.0%
	XBB.1.5.1	VOC	2.2%	1.7-2.8%
	FD.2	VOC	1.6%	0.7-3.2%
	XBB	VOC	1.0%	0.6-1.8%
	BQ.1.1	VOC	0.7%	0.4-1.1%
	CH.1.1	VOC	0.4%	0.2-0.5%
	BQ.1	VOC	0.1%	0.0-0.1%
	BN.1	VOC	0.0%	0.0-0.0%
	BA.5	VOC	0.0%	0.0-0.0%
	BA.2.75	VOC	0.0%	0.0-0.0%
	BA.2	VOC	0.0%	0.0-0.0%
	BF.7	VOC	0.0%	0.0-0.0%
	BA.2.75.2	VOC	0.0%	0.0-0.0%
	BA.5.2.6	VOC	0.0%	0.0-0.0%
BF.11	VOC	0.0%	0.0-0.0%	
BA.4.6	VOC	0.0%	0.0-0.0%	
Other	Other*		0.1%	0.0-0.1%



End of Public Health Emergency

COVID-19 Epidemiology Today

XBB.1.16-Arcturus

- Variant of interest
- 9.6 % of US isolates
- 1.77% Illinois isolates
- Growth advantage over other circulating variants, ability also to evade the immune system
- First detected in India January 23 resulting in a COVID-19 surge
- To date not felt to be associated with more severe disease



End of Public Health Emergency

Masking

- Masking continues to be strongly recommended for all individuals in CCH facilities. Masks have been shown to significantly reduce transmission of COVID-19 and other viral illnesses
- Wearing a mask can help protect yourself and others, including our high-risk patients and colleagues-from illness
- We are now requiring that masks are part of standard/universal precautions
- If a patient has another other type of transmission-based precaution(s), e.g. COVID, Contact, or Airborne, they must also be followed

End of Public Health Emergency

Masking (cont.)

Effective Monday, May 15, masks will be strongly recommended but optional for many patients, visitors and staff.

Masks remain required for:

- Team members who are providing direct patient care or are entering an occupied patient room
 - Direct patient care includes, but is not limited to, performing a physical examination, having conversation with the patient in their room, taking vitals, transporting a patient, delivering a dietary tray etc.
 - An occupied patient room includes an ambulatory exam room, hospital room or curtained bay.
- All team members, patients and visitors must remain masked in high-risk areas:
 - This includes Emergency Departments and ED waiting areas, hematology and oncology clinics, radiation oncology, infusion center, and NICU patient care area
- Visitors in a patient's room must wear a procedure mask to protect our patients and themselves
- Persons must be masked when in conference rooms that are at maximum capacity. The Infection Control team may require masks for other large-scale events or those where close interactions are possible.

**If a patient asks a team member to wear a mask,
we ask that staff respect and comply with their request.**

End of Public Health Emergency

Vaccination & Testing

- Cook County Health has proudly administered more than 1,032,000 doses of COVID-19 vaccine and 440,000 COVID-19 tests
- CCH patients can continue to receive COVID-19 vaccines and tests at their primary care medical home
- While federal funding will no longer be available to subsidize the cost of most vaccines and tests, CCH is committed to continuing to provide those services to individuals who are uninsured at no cost. For patients with insurance, vaccinations and tests will be processed through their health plan
- The Stroger Hospital vaccination clinic and testing tent will remain open for patients, staff and community members

End of Public Health Emergency

Additional mitigation

These changes will also take effect on Monday, May 15:

- Patients and visitors will be screened for flu-like illness at registration. However, persons entering CCH facilities will no longer be required to do a temperature scan
- Masks will continue to be provided at entrances to all clinical facilities
- Sites may remove the plexiglass barriers around registration areas if they choose
- Hospital visiting policies will be relaxed to pre-pandemic policies
- Food and beverages will be permitted in meetings

Signage will be hung at entrances and key waiting areas to educate patients and visitors about the changes.

Media Dashboard



Presented to the Cook County Health Board on April 28, 2023



COOK COUNTY
HEALTH

Earned Media Dashboard: March 27 – April 23, 2023



Total Media Placements

139



Total Reach

907.3M



Total Media Value

\$8.4M

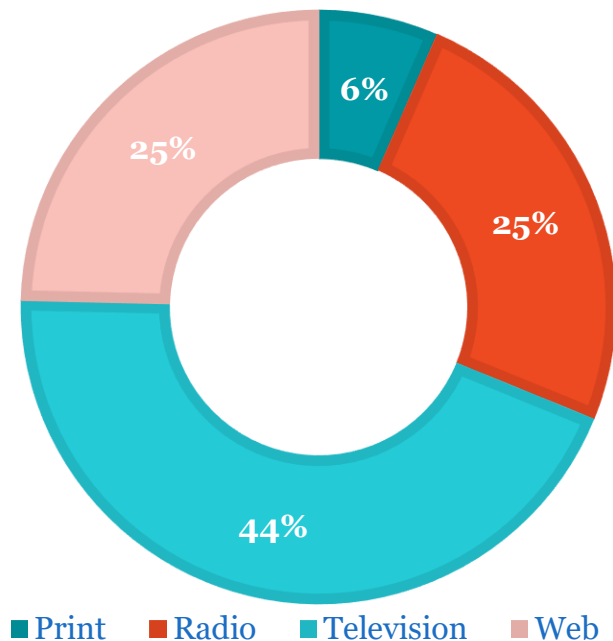
Top 5 Local Media Outlets

1. *WBBM Radio*
2. *CBS 2 Chicago*
3. *WGN Radio*
4. *NBC 5 Chicago*
5. *WGN TV*



Media Dashboard: March 27 – April 23, 2023

Media Outlet Type



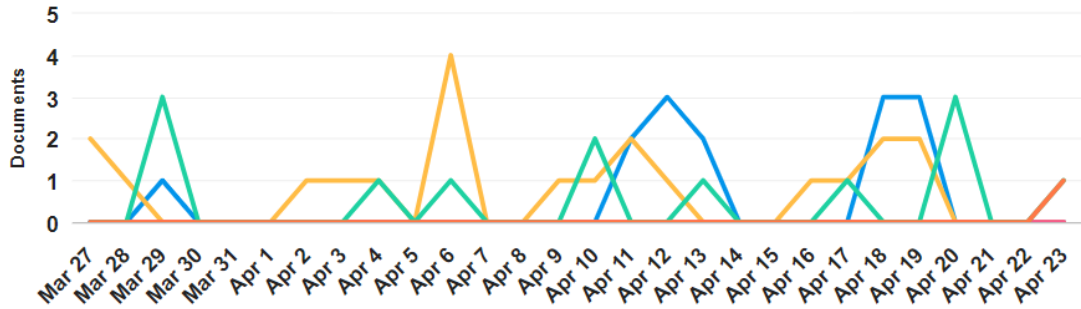
Most Common Topics

1. Cook County Health community murals
2. Opioids and over-the-counter Narcan
3. Navy/CCH trauma partnership

Media Benchmarks

Top Chicago media outlets share of voice

Mentions Trend



- Cook County - Top Sources
- Northwestern | Top Sources
- University of Chicago | Top Sources
- Rush | Top Sources
- UIC Hospital | Top Source

Share of Voice by Search



What is the top performing news content?

Top Article by Reach

CBS News
Editorial | US | Apr 12 · 10:00 AM

Black women dying from pregnancy-related causes at significantly higher rates

... related deaths in America. Joining us to talk about this important issue is Dr. Kristen Crittle Myhand, an OBGYN at **Cook County Health**.

Social Echo: 41 likes, 0 shares, 0 retweets
38.7M Reach

Neutral

Top Article by Reach and Volume

Chicago Tribune (Premium) · Alexandra Kukulka
Editorial | US | Apr 11 · 12:21 PM

Blue Island Health Center mural designed to represent diverse community, health care system

... the mural before it was placed on the wall. **Cook County Health** CEO **Israel Rocha** said the health care system has worked toward positionin...

Social Echo: 0 likes, 0 shares, 0 retweets
6.25M Reach

Neutral

Social Media Summary

March - April Activity

During March 27 – April 23, 2023, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

Posts included content such as COVID-19, interviews with local media, recognition for physicians, staff and the hospital, and health tips.

Facebook – 58 posts

<https://www.facebook.com/Cookcountyhhs/>

Twitter – 76

<https://twitter.com/CookCtyHealth>

Instagram – 54 posts (includes stories and IGTV)

<https://www.instagram.com/cookcountyhealth/>

LinkedIn – 51 posts

<https://www.linkedin.com/company/cook-county-health/>

Social Media Summary

As of April 24

Twitter

- Impressions: **12.1K**
- Post Link Clicks: **37** (up **28%**)
- Engagements: **290**
- Followers: **4,591** (up **4**)

LinkedIn

- Impressions: **49.8K**
- Page Views: **1.8K** (up **13%**)
- Engagements: **4.6 K** (up **8%**)
- Followers: **10.9K** (up **302**)

Facebook

- Total impressions: **60.4K**
- Post engagement: **4.2K** (up **27%**)
- Post reach: **24.9K**
- Page followers: **8,085** (up **41**)

Instagram

- Impressions: **20.9K**
- Engagement: **556**
- Profile visits: **528**
- Followers: **3,079** (up **45**)

Facebook Insights

March 27 – April 23, 2023

Top Organic Performing Posts



Cook County Health
Apr 20 • 2:37 PM

CCH is recruiting for various positions at Cermak Health Services. Join our job fair on April 27. You must submit an online application to be considered. Visit the link to find out more information.
<http://cookcountyhealth.org/join-our-team/>

GENERAL METRICS

33 Reactions	2 Comments	39 Shares	12.2% Eng. Rate
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REACTIONS

32 Like	9 Love	0 Wow
0 Haha	0 Sorry	0 Angry

REACH

4,173 Total	513 Organic	3,684 Paid
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IMPRESSIONS

4,581 Total	520 Organic	4,061 Paid
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Cook County Health
Apr 3 • 9:01 AM

Today we celebrate the Cook County Department of Public Health as part of National Public Health Week! Thank you for your hard work and commitment to the residents of Cook County. Together, we are achieving great things, as one Cook

4 Reactions	0 Comments	2 Shares	4.11% Eng. Rate
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REACTIONS

18 Like	4 Love	0 Wow
0 Haha	0 Sorry	0 Angry

REACH

1,364 Total	1,364 Organic	0 Paid
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IMPRESSIONS

1,421 Total	1,421 Organic	0 Paid
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Twitter Insights

March 27 – April 23, 2023

Top Organic Performing Posts



• @Cook County Health
Apr 19 • 11:29 AM

Claudia Burchinal, Directora de Operaciones y Desarrollo de Negocios del Sistema Ambulatorio habla con la Doctora Geraldine Luna de @ChiPublicHealth sobre nuestro programa CareLink. Vea la entrevista en [...](#)

GENERAL METRICS

857 Impressions	8 Engagements	0 Likes
1 Retweets	1 Replies	

VIEWS

0 Video	3 Media
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CLICKS

3 URL	0 Hashtag
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• @Cook County Health
Apr 3 • 9:00 AM

Today we celebrate the Cook County Department of Public Health @CookCoHealth as part of National Public Health Week! Thank you for your hard work and commitment to the residents of Cook County. Together, we [...](#)

GENERAL METRICS

625 Impressions	26 Engagements	7 Likes
2 Retweets	0 Replies	

VIEWS

0 Video	6 Media
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CLICKS

1 URL	0 Hashtag
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Instagram Insights

March 27 – April 23, 2023

Top Performing Posts



HEALTHY @cookcountyhealth
Apr 21 • 12:00 PM

Cook County Health's Stroger Hospital and our trauma team were highlighted on WGN News for our medical training partnership with the US Navy. Watch the full interview at the link in bio.

GENERAL METRICS

37 Likes	0 Comments	4.15% Eng. Rate
---	1 Saves	

REACH & IMPRESSIONS

860 Reach	915 Impressions
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HEALTHY @cookcountyhealth
Mar 28 • 9:07 AM

Congratulations to Linh Dang, Cook County Health's Chief Experience Officer, for getting recognized by Becker's Hospital Review as one of the 50+ health system chief experience officers to know in 2023! Linh has

GENERAL METRICS

23 Likes	3 Comments	3.14% Eng. Rate
---	0 Saves	

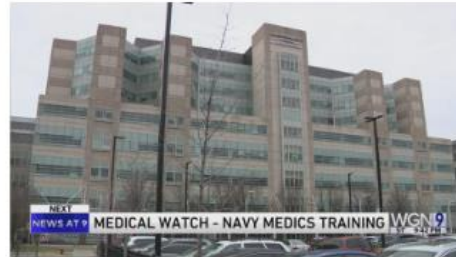
REACH & IMPRESSIONS

766 Reach	827 Impressions
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LinkedIn Insights

March 27 – April 23, 2023

Top Performing Posts




 Cook County Health
Apr 21 • 5:00 PM

Cook County Health's Stroger Hospital and our trauma team were highlighted on WGN News for our medical training partnership with the US Navy. Watch the full interview at the link below. <https://lnkd.in/gvpWc456>

GENERAL METRICS

157 Likes	1 Comments	12 Shares	182 Clicks
8.37% Engagement Rate		6,143 Impressions	



 Cook County Health
Apr 14 • 8:16 PM

This week, Cook County Health held a meet-and-greet for staff with Donnica Austin-Cathey, the new Chief Hospital Executive for John H. Stroger Jr. Hospital. In this role, she will provide leadership for hospital operations and has accountability

GENERAL METRICS

109 Likes	14 Comments	1 Shares	602 Clicks
24.67% Engagement Rate		2,955 Impressions	

Audit & Compliance Metrics



Presented to the Cook County Audit & Compliance Committee on April 21, 2023



COOK COUNTY
HEALTH

Annual Review of the CountyCare Compliance Plan

Continues to follow the 7 elements of an effective compliance program



1. Follows requirements found in the MCCN and amendments;
2. Holds all partners accountable for compliance;
3. Commits to maintain confidentiality and protections for whistleblowers;
4. Strengthens fraud and abuse procedures; and
 - a. Integrates the FWA Plan.

Request for approval



Internal Audit Charter

- ❑ Best practice suggests Boards review and approve their Internal Audit (IA) function's charter annually
- ❑ The following slides summarize guidance from the Institute of Internal Auditors (IIA) relating to governance and implementation of the IA charter
- ❑ The CCH IA charter is included in the materials provided to the Audit and Compliance Committee (ACC) members
- ❑ There are no updates to the charter reviewed and approved in 2022
- ❑ We are asking the ACC members to review and approve IA's charter

Internal Audit Charter

(The following 3 slides are excerpts from the Institute of Internal Auditors (IIA) Practice Standards)

INTERNATIONAL STANDARDS FOR THE PROFESSIONAL PRACTICE OF INTERNAL AUDITING (STANDARDS)

Attribute Standards

1000 – Purpose, Authority, and Responsibility

The purpose, authority, and responsibility of the internal audit activity must be formally defined in an internal audit charter, consistent with the Definition of Internal Auditing, the Code of Ethics, and the Standards. **The chief audit executive (CAE) must periodically review the internal audit charter and present it to senior management and the board for approval.**

Interpretation:

The internal audit charter is a formal document that defines the internal audit activity's purpose, authority, and responsibility. The internal audit charter establishes the internal audit activity's position within the organization, including the nature of the chief audit executive's functional reporting relationship with the board; authorizes access to records, personnel, and physical properties relevant to the performance of engagements; and defines the scope of internal audit activities. **Final approval of the internal audit charter resides with the board.**

Cook County Health (CCH)
Internal Audit Charter
April 26, 2023

Mission
Internal Audit is an independent, objective assurance and consulting activity designed to add value and improve an organization's operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of risk management, control and governance processes.

Internal Audit will align its activities with the mission and strategy of CCH. Internal Audit will promote good controls and serve as an educational resource to its stakeholders with respect to risk management, control and governance processes. Internal Audit will maintain a collaborative approach to its work practices and will ensure its work product provides value added outputs for its stakeholders.

Role

- Internal Audit's role is determined by the CCH Board of Directors through its Audit and Compliance Committee.
- Internal Audit's responsibilities are defined by the CCH Board of Directors through its Audit and Compliance Committee.

Professional Standards

- Internal Audit will govern themselves by adherence to the Institute of Internal Auditor's "Code of Ethics". <http://www.iaia.org/practices-standards-and-guidance/ippf-code-of-ethics-english>
- The Institute's "International Professional Practice Framework" shall constitute the operating procedures for the Department. These documents are considered an addendum to this Charter. <http://www.iaia.org/practices-standards-and-guidance/ippf-framework/>
- Internal Audit will adhere to all CCH policies and procedures and all Internal Audit procedure manuals.

Authority
Internal Audit is authorized to:

- Have unrestricted access to all functions, records, property and personnel.
- Have free, open, and timely access to the Chief Executive Officer and the CCH Board of Directors through its Audit and Compliance Committee.
- Allocate department resources, set frequencies, select subjects, determine scope of work and apply the techniques required to achieve audit objectives.
- Obtain the necessary assistance of personnel in the organization when performing audits, as well as other specialized services from within or outside the organization.

Independence

- All audit activities shall remain free of influence by any element in the organization, including matters of audit scope, procedures, frequency, timing, or report content, required to permit the independence required to render objective reports.
- Internal auditors shall have no operational responsibility or authority over any activities they review.
- Internal auditors shall not develop or install systems or procedures, prepare records or engage in any other activity that they would normally audit.

Internal Audit Charter

1110 – Organizational Independence

The chief audit executive must report to a level within the organization that allows the internal audit activity to fulfill its responsibilities. **The chief audit executive must confirm to the board, at least annually, the organizational independence of the internal audit activity.**

Interpretation:

Organizational independence is effectively achieved when the chief audit executive reports functionally to the board. Examples of functional reporting to the board involve the board:

- ❑ Approving the internal audit charter;
- ❑ Approving the risk based internal audit plan;
- ❑ Approving the internal audit budget and resource plan;
- ❑ Receiving communications from the chief audit executive on the internal audit activity's performance relative to its plan and other matters;
- ❑ Approving decisions regarding the appointment and removal of the chief audit executive;
- ❑ Approving the remuneration of the chief audit executive; and
- ❑ Making appropriate inquiries of management and the chief audit executive to determine whether there are inappropriate scope or resource limitations.

Internal Audit Charter

Considerations for Implementation

Based on this foundational work, the CAE (or a delegate) drafts an internal audit charter. The IIA offers a model internal audit activity charter that may be used as a guide. Although they vary by organization, charters typically include the following sections:

Introduction – to explain the overall role and professionalism of the internal audit activity, citing the relevant elements of the International Professional Practice Framework (IPPF).

Authority – to specify the internal audit activity’s full access to the records, physical property and personnel required to perform its engagements and to declare its accountability for safeguarding assets and confidentiality.

Organization and Reporting Structure – to document the CAE’s reporting structure. The CAE reports functionally to the board and administratively to a level within the organization that allows the internal audit activity to fulfill its responsibilities. This section may delve into specific functional responsibilities, such as approving the charter and audit plan, and hiring, compensating, and terminating the CAE; as well as administrative responsibilities, such as supporting information flow within the organization or approving human resource administration and budgets.

Independence and Objectivity – to describe the importance of internal audit independence and objectivity and how these will be maintained, such as prohibiting internal audit from having operational responsibility or authority over areas audited.

Responsibilities – to lay out major areas of ongoing responsibility, such as defining the scope of assessments, writing an audit plan and submitting it to the board for approval, performing assessments, communicating the results, providing a written audit report, and monitoring corrective actions taken by management.

Quality Assurance and Improvement – to describe the expectations for maintaining, evaluating, and communicating the results of a quality program that covers all aspects of the internal audit activity.

Signatures – to document the agreement between the CAE, a designated board representative, and the individual to whom the CAE reports, with the date, name, and title of signatories.

Finance Metrics



Presented to the Cook County Health Finance Committee on April 20, 2023



COOK COUNTY
HEALTH

Executive Summary: Statement of Financial Condition – February 28, 2023

- On an accrual basis, interim financials show that CCH ended February with a **\$58.2M favorable** variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses shows a **\$4.3M unfavorable** variance primarily due to the timing difference of CountyCare PMPM payments impacting the revenue and claims payments impacting expenses.
 - Revenue Commentary:
 - **Favorable** NPSR variance to Budget due to receipt of prior year cost report settlement, higher IP volumes and higher than budgeted Directed Payments
 - **Favorable** variance to Budget due to higher than budgeted CountyCare membership
 - Expenditures:
 - Supplies and Purchased Services **favorable** variance to Budget due to lower than budgeted OP volumes
 - CountyCare claims **unfavorable** variance to budget due to higher than budgeted membership
 - CountyCare:
 - CountyCare is showing an operating gain of \$11.0M
 - Membership remains over 450,000, which is greater than budgeted

Financial Results – February 28, 2023

Dollars in 000s	FY2023 Actual	FY2023 Budget	Variance	%	FY2022 Actual (3)
Revenue					
Net Patient Service Revenue (1)	\$206,408	\$200,182	\$6,227	3.11%	\$184,173
Government Support (2)	\$88,503	\$90,965	(\$2,462)	-2.71%	\$100,420
Adjusted NPSR	\$294,912	\$291,147	\$3,765	1.29%	\$284,593
CountyCare Capitation Revenue	\$738,445	\$677,529	\$60,916	8.99%	\$621,977
Other	\$3,285	\$4,920	(\$1,634)	-33.22%	\$3,789
Total Revenue	\$1,036,643	\$973,595	\$63,047	6.48%	\$910,359
Operating Expenses					
Salaries & Benefits	\$173,162	\$174,842	\$1,680	0.96%	\$161,298
Overtime	\$13,389	\$13,160	(\$229)	-1.74%	\$12,157
Supplies & Pharmaceuticals	\$37,898	\$42,171	\$4,273	10.13%	\$34,241
Purchased Services & Other	\$140,157	\$145,131	\$4,974	3.43%	\$153,774
Medical Claims Expense (1)	\$667,174	\$615,572	(\$51,602)	-8.38%	\$549,502
Insurance	\$7,320	\$9,480	\$2,160	22.78%	\$8,208
Utilities	\$3,150	\$3,034	(\$117)	-3.85%	\$3,496
Total Operating Expenses	\$1,042,250	\$1,003,389	(\$38,861)	-3.87%	\$922,675
Operating Margin	(\$5,607)	(\$29,794)	\$24,186	81.18%	(\$12,316)
Non-Operating Revenue	\$35,220	\$1,211	\$34,008	2807.88%	\$34,426
Net Income (Loss)	\$29,612	(\$28,582)	\$58,194	203.60%	\$22,110

Notes:

- (1) CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense for CountyCare patients receiving care at Cook County Health.
- (2) Government Support includes DSH, BIPA, & Graduate Medical Education payments.
- (3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

Cook County Health

Volumes: February 2023

Key Revenue Indicators

Patient Activity Stroger	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Feb 2023 Actual	Feb 2022 Actual
Average Daily Census *	280	267	4.8%	272	236		297	265
Emergency Room Visits	19,852	23,426	-15.3%	17,784	16,704		6,293	5,370
Surgeries	2,711	2,820	-3.9%	2,567	2,324		875	841

Patient Activity Provident	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Feb 2023 Actual	Feb 2022 Actual
Average Daily Census *	21	26	-21.2%	9	7		18	8
Emergency Room Visits	6,396	7,395	-13.5%	5,040	4,128		1,938	1,429
Surgeries	822	801	2.6%	540	722		283	219

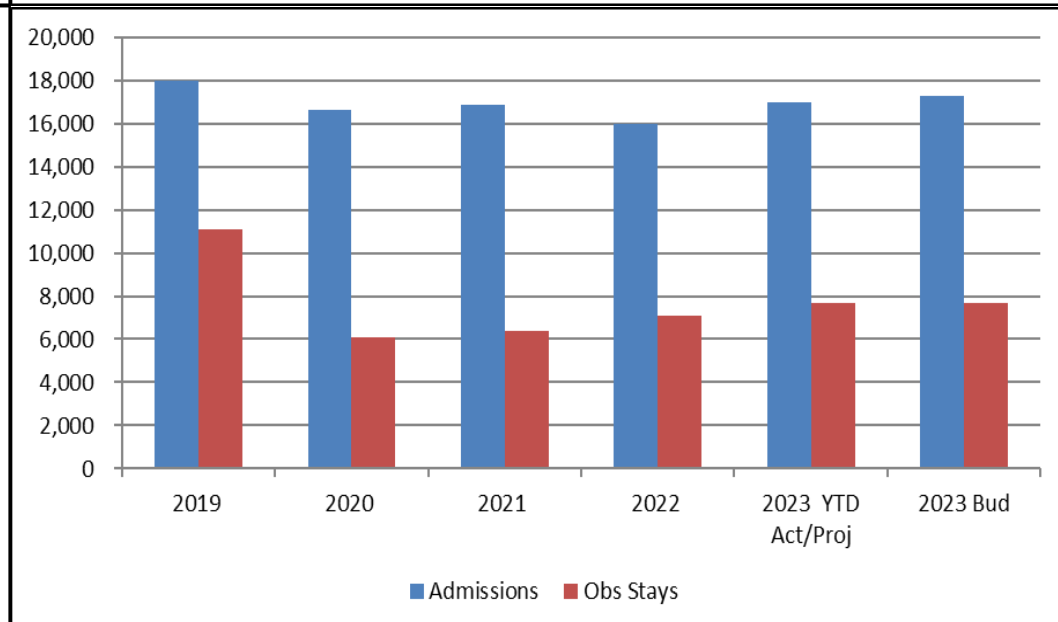
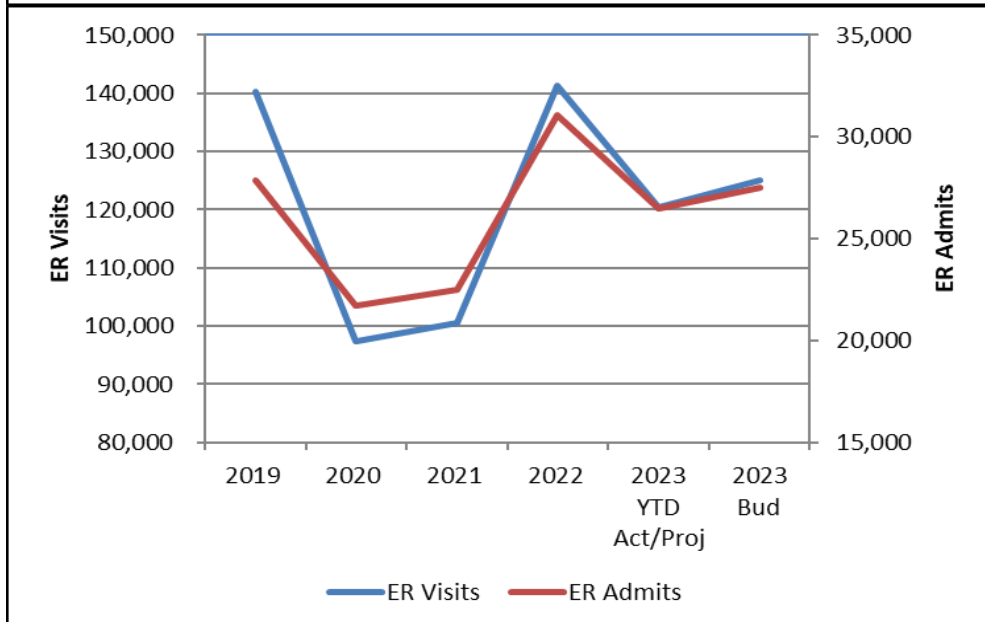
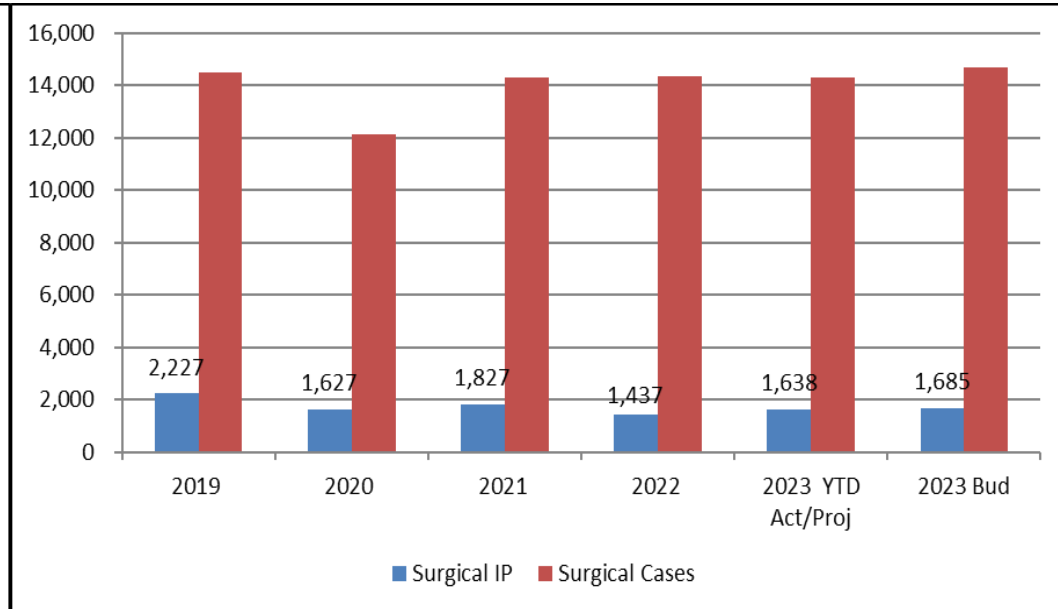
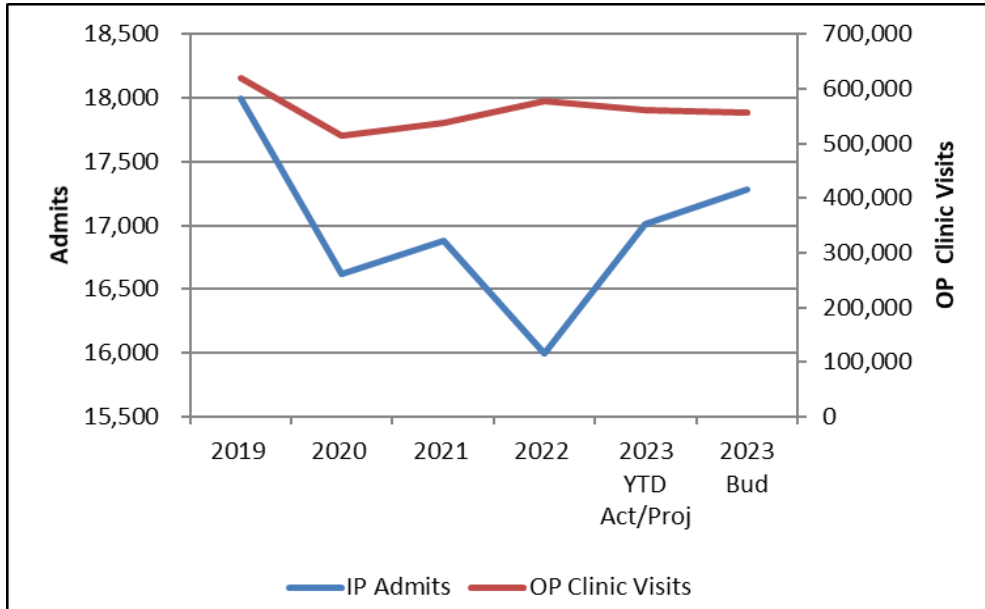
Patient Activity ACHN	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Feb 2023 Actual	Feb 2022 Actual
Primary Care Visits	55,200	69,448	-20.5%	49,743	54,270		17,483	15,678
Specialty Care Visits	86,782	67,561	28.4%	80,405	79,118		27,298	25,570

CountyCare Membership	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Feb 2023 Actual	Feb 2022 Actual
Membership Count	449,654	416,700	7.9%	424,471	381,178		450,266	425,344

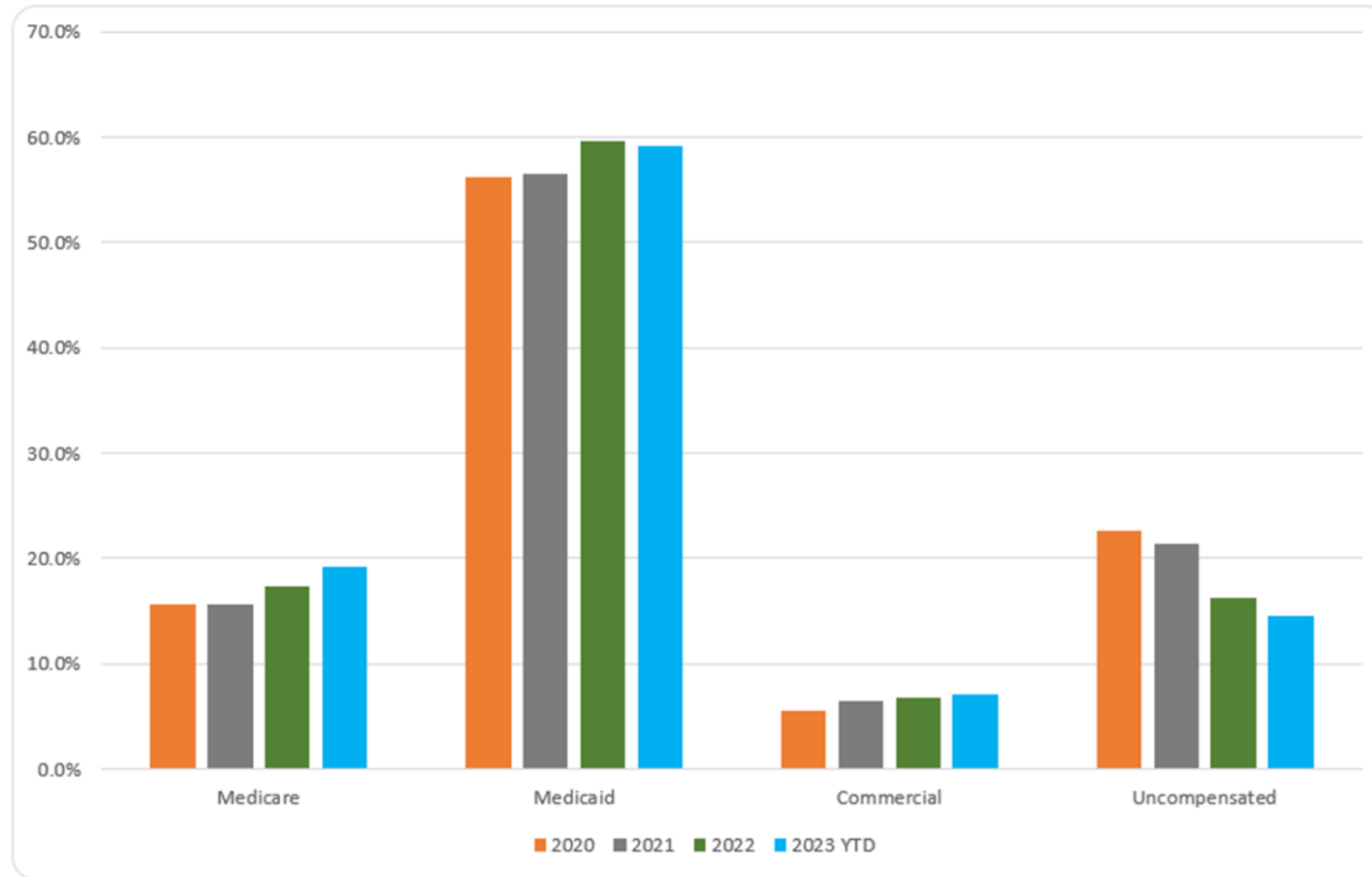
* Includes IP + Observations

Cook County Health

Operating Trends



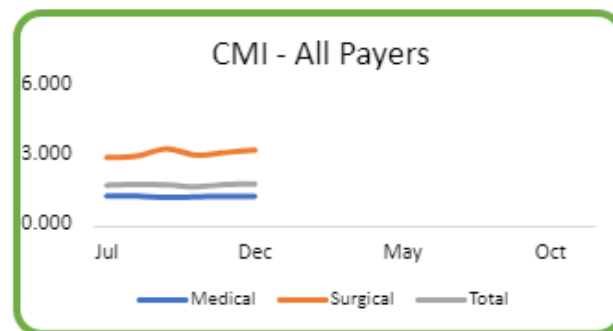
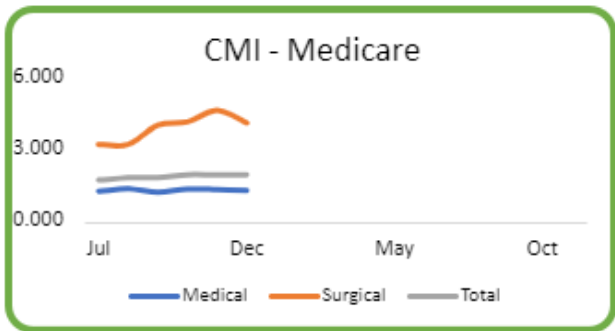
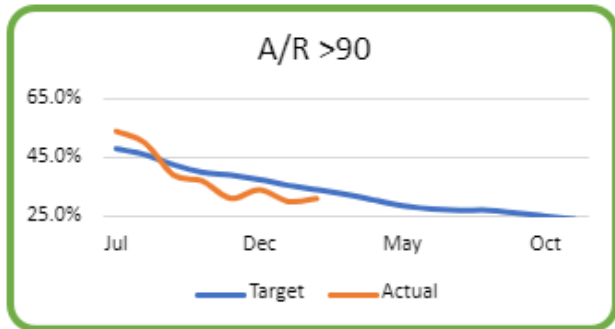
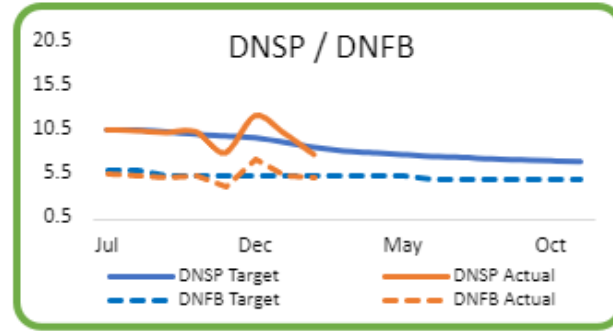
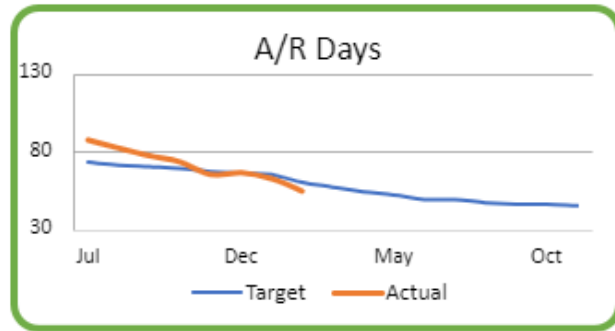
Payer Mix – YoY Comparison



Commentary

- All Payer coverages continue to increase year over year while uncompensated decreases.

Revenue Cycle KPI Trending



Commentary:

All Key Performance Indicators are at or better than targets.

February patient cash hit record high of \$82M.

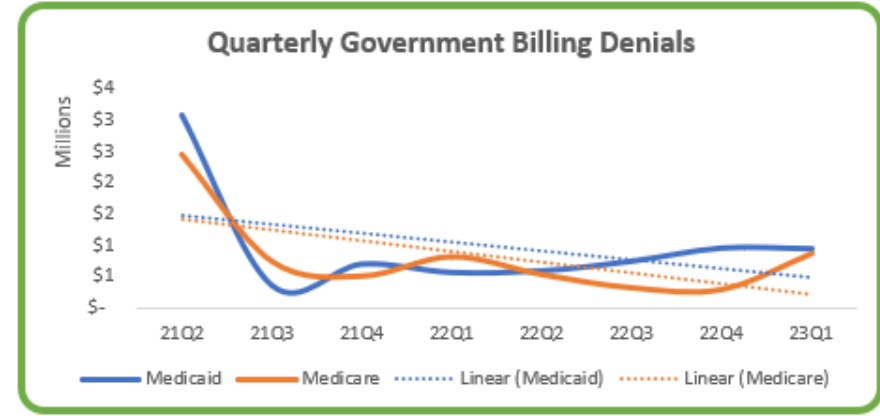
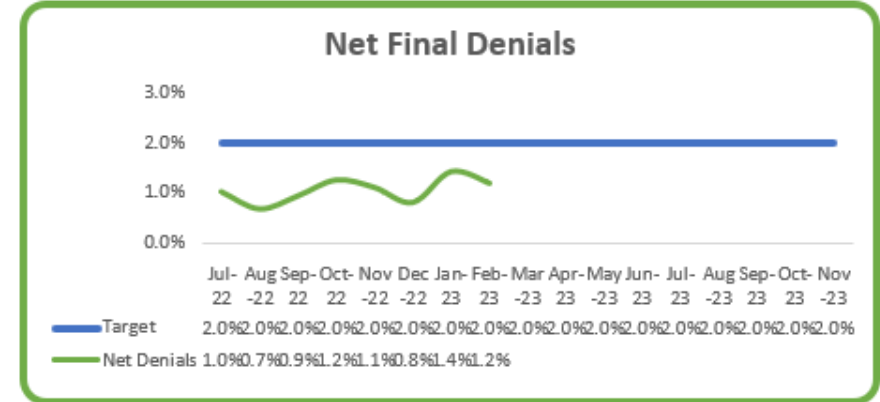
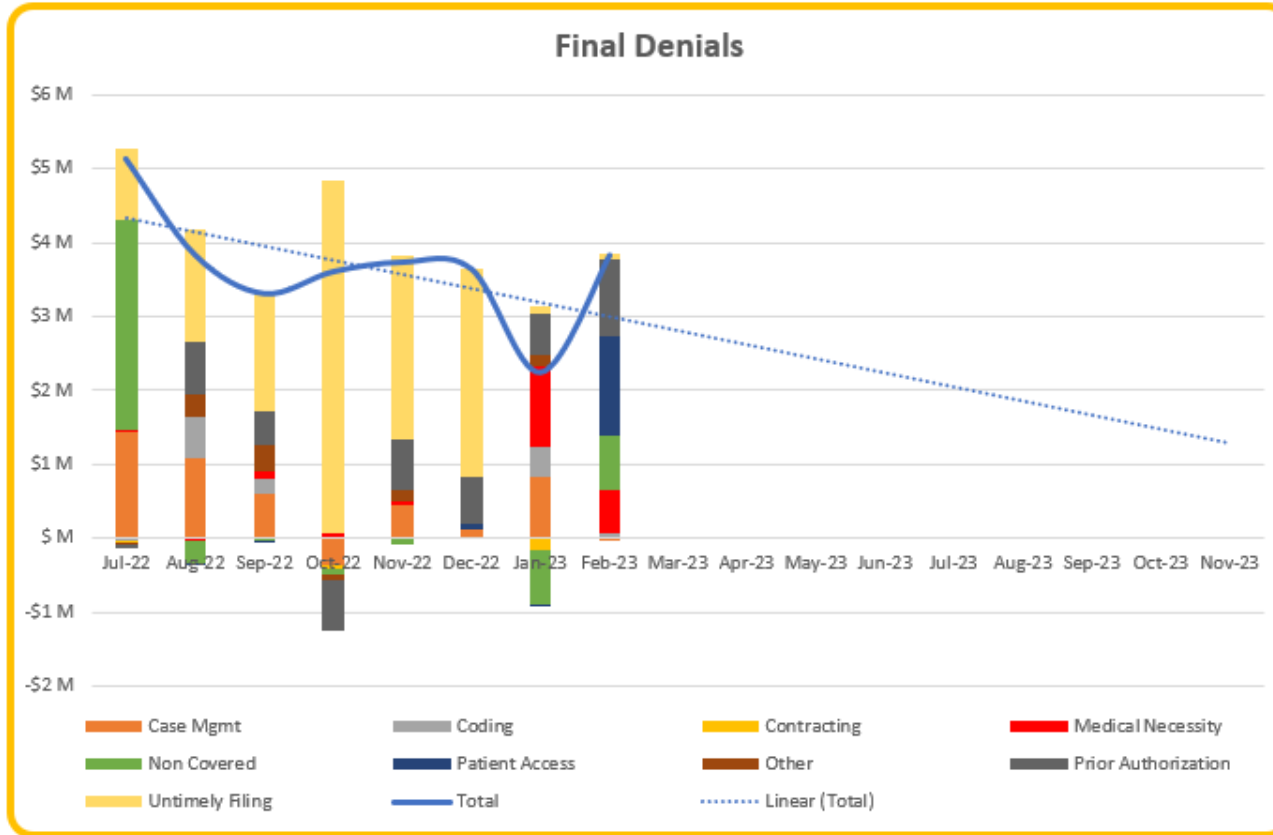
Definitions:

DNSP: Discharged Not Submitted to Payer - Gross dollars from initial 837 claims held by edits in claims processing tool that have not been sent to payer.

DNFB: Discharged Not Final Billed - Gross dollars in A/R for all patient accounts (inpatient and outpatient accounts) discharged but not yet final billed for the reporting month. Refers to accounts in suspense (within bill hold days) and pending final billed status in the patient accounting system.

CMI: Case Mix Index - Represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and dividing by the number of discharges.

Denial Focus & Trending



Commentary

Total Denials and Government Denials continue to trend down. Net Final Denials below national benchmark of <2% of Cash Collections.

Cook County Health

2023 Charitable & Public Program Expenditures










Budget/Projection (\$000s)

	2021 Actual Net Benefit	2022 Actual Net Benefit	2023 Budget Net Benefit	2023 Act/Proj Net Benefit
<u>Charitable Benefits and Community Programs</u>				
Traditional Charity Care	\$ 162,626	\$ 122,499	\$ 120,232	\$ 149,338
Other Uncompensated Care	100,894	108,284	91,800	\$ 88,983
Cermak & JTDC Health Services	104,465	90,293	101,364	99,196
Department of Public Health	16,908	12,965	21,684	18,928
Other Public Programs & Community Services	68,750	66,321	62,138	62,138
Totals	\$ 453,643	\$ 400,362	\$ 397,217	\$ 418,583
% of Revenues *	38.6%	36.9%	34.5%	38.7%
% of Costs *	27.9%	22.0%	22.3%	23.0%

* Excludes Health Plan Services

Cook County Health

Savings Initiatives: February 28, 2023

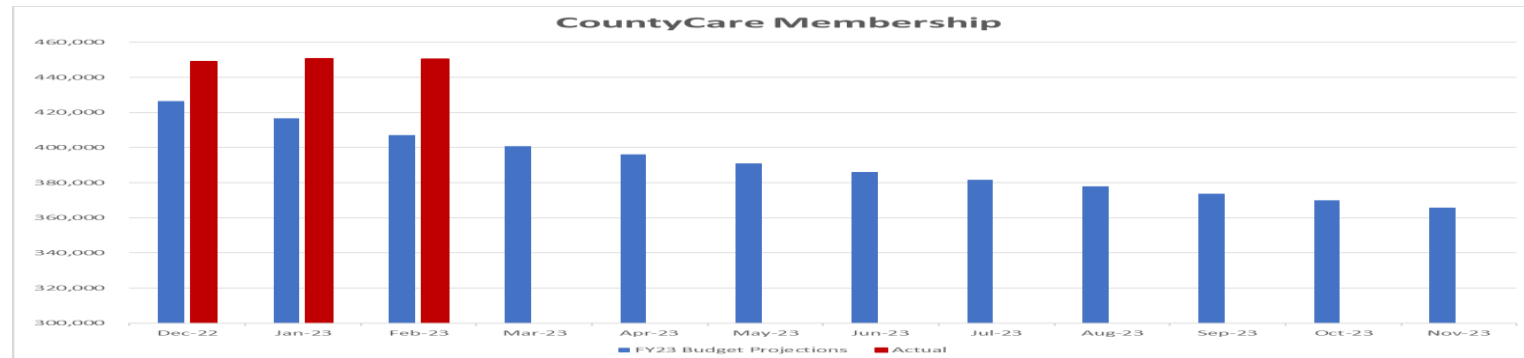
Current Activities in Progress	Budgeted FY23 Impact	YTD Feb Achieved	Status
Revenue Cycle:			
Chargemaster Review/Changes	3,200,000	800,000	
Timely Filing	6,800,000	700,000	
Coverage Accuracy	9,000,000	300,000	
ACHN Coding Accuracy	5,100,000	450,000	
AR Recovery	3,500,000	1,700,000	
Self Pay Balance Support	1,700,000	700,000	
Point of Service Collections	700,000	300,000	
County Care:			
Vendor Contract Negotiations	12,500,000	1,500,000	
Health System:			
Vendor Contract Negotiations	5,000,000	1,250,000	
	<u>\$ 47,500,000</u>	<u>\$ 7,700,000</u>	16%
		Goal 3/12ths	25%

Health Plan Services Financial Results – February 28, 2023

Dollars in 000s except PMPM amounts	FY2023 Actual	FY2023 Budget	Variance	%	Fy22 Actual
Capitation Revenue	\$741,707	\$677,529	\$64,178	9.47%	\$611,197
Operating Expenses					
Clinical - CCH	\$25,827	\$26,560	\$734	2.76%	\$29,184
Clinical - External	\$666,955	\$615,572	(\$51,383)	(8.35%)	\$552,083
Administrative	\$37,843	\$35,815	(\$2,028)	(5.66%)	\$28,782
Total Expenses	\$730,625	\$677,947	(\$52,678)	(7.77%)	\$610,048
Operating Gain (Loss)	\$11,082	(\$418)	\$11,500		\$1,149
Activity Levels					
Member Months	1,350,214	1,262,187	88,027	6.97%	1,145,158
Monthly Membership	450,478	414,316	36,162	8.73%	386,507
CCH CountyCare Member Months	125,224	N/A	N/A	N/A	117,608
CCH % CountyCare Member Months	9.27%	N/A	N/A	N/A	10.27%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$549.33	\$536.79	\$12.54	2.34%	\$533.72
Clinical Cost PMPM	\$513.09	\$508.75	(\$4.34)	(0.85%)	\$507.59
Medical Loss Ratio (1)	92.5%	94.8%	2.27%	2.39%	92.7%
Administrative Cost Ratio	5.0%	5.3%	0.26%	4.91%	4.4%

Commentary

- Total YTD member months are exceeding budget by 88,027 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare enrollment projected to exceed budget due to 50% auto-assignment as well as continued re-determination suspension.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Operating Gain of \$11M.



Notes:

- (1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

Human Resources Metrics



Presented to the Cook County Health Board on April 28, 2023



COOK COUNTY
HEALTH

FY23 Impact Summary - Hiring



Filled Positions

512

Total Filled Positions YTD (Accepted Offers or Hired)

82% Offer Acceptance Ratio

(93 offers declined; reason #1 Personal Reasons)



External Hiring Velocity

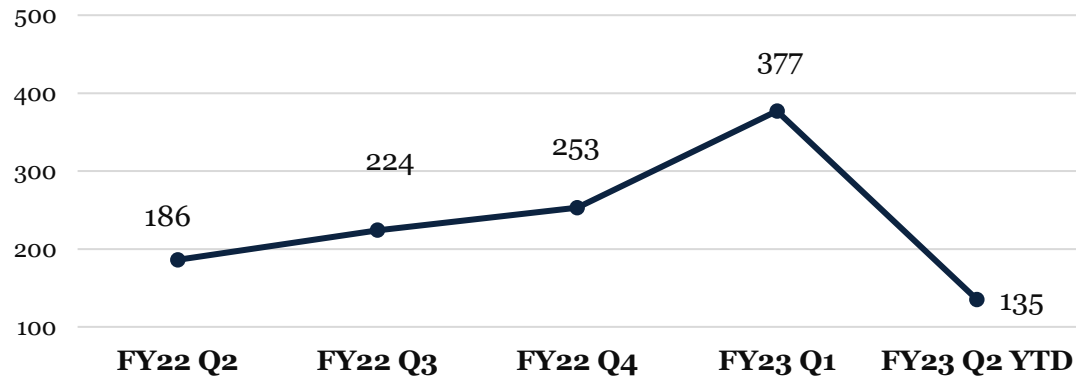
330

Total External Filled Positions (Accepted Offers or Hired)

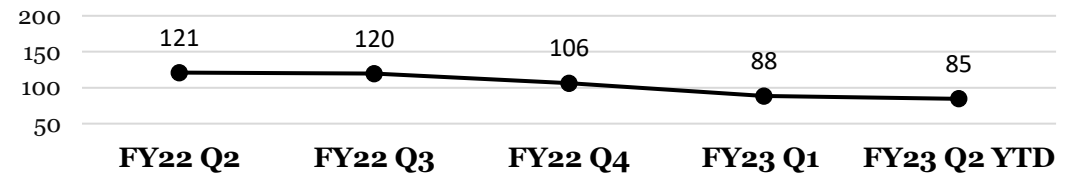
85 days Overall FY23 Time to Fill (goal < 90 days)

- 92 days Nursing FY23 Time to Fill (goal < 45 days)
- 102 days External FY23 Time to Fill (goal < 90 days)

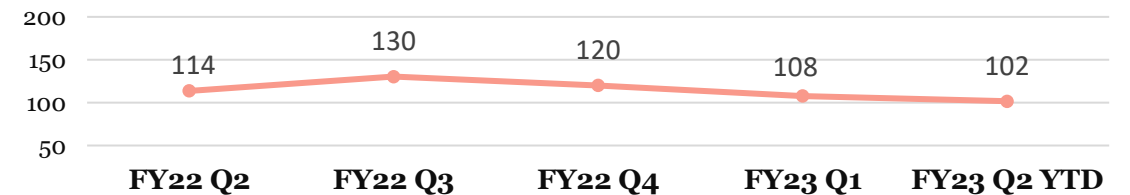
Quarterly Filled Positions



Overall Time to Fill (days) Quarterly

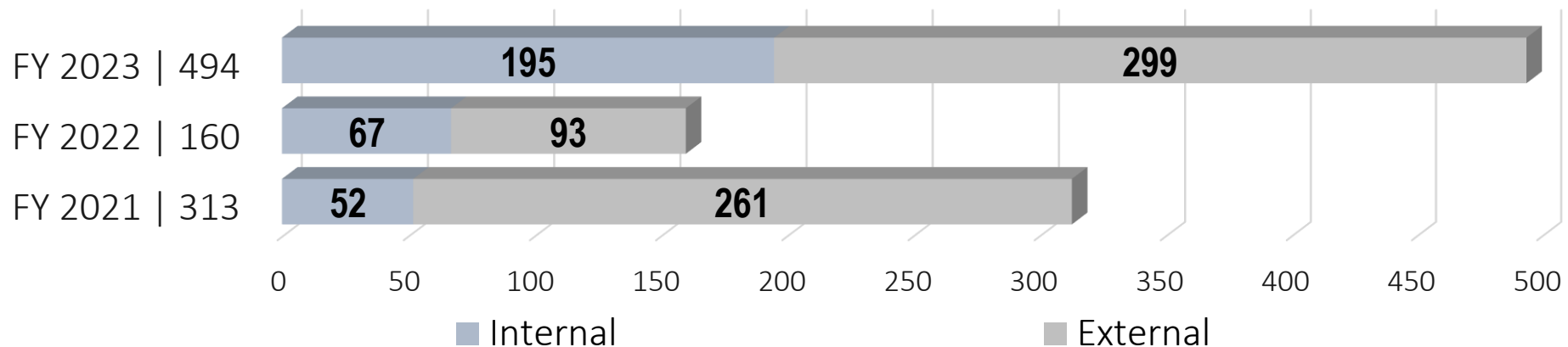
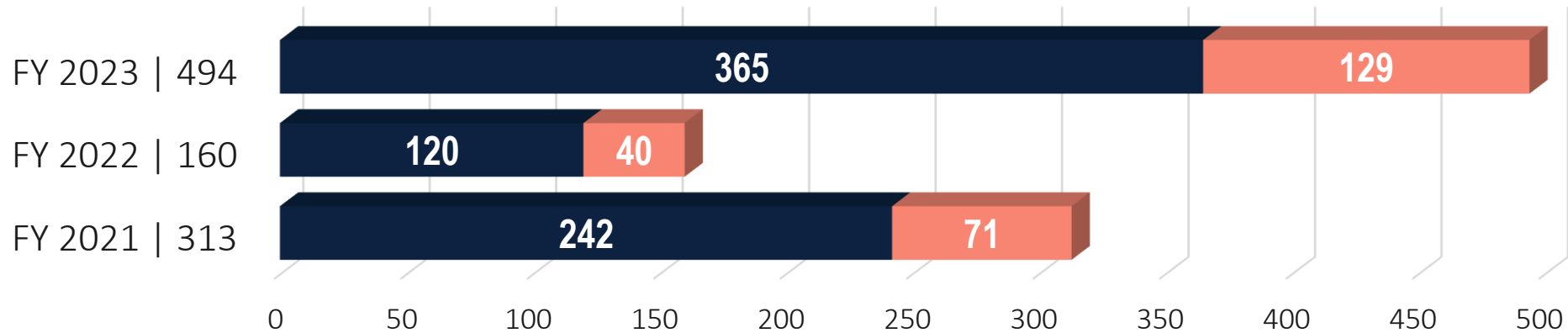


External Time to Fill (days) Quarterly



FY23 CCH HR Activity Report

Hires who have started – Dec through Mar (Year-Over-Year)

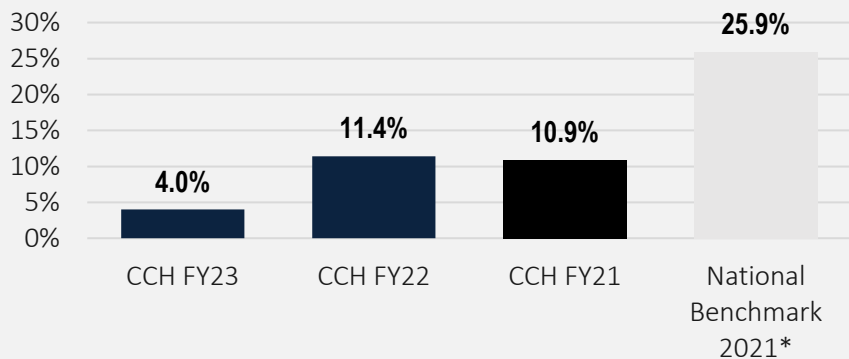


FY23 Impact Summary – Turnover & Separations

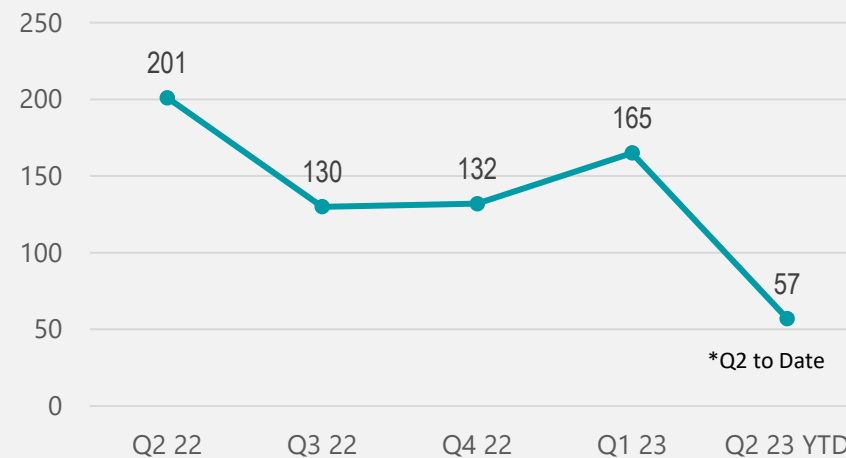
Turnover & Separations

4.0% YTD turnover

Turnover Benchmark



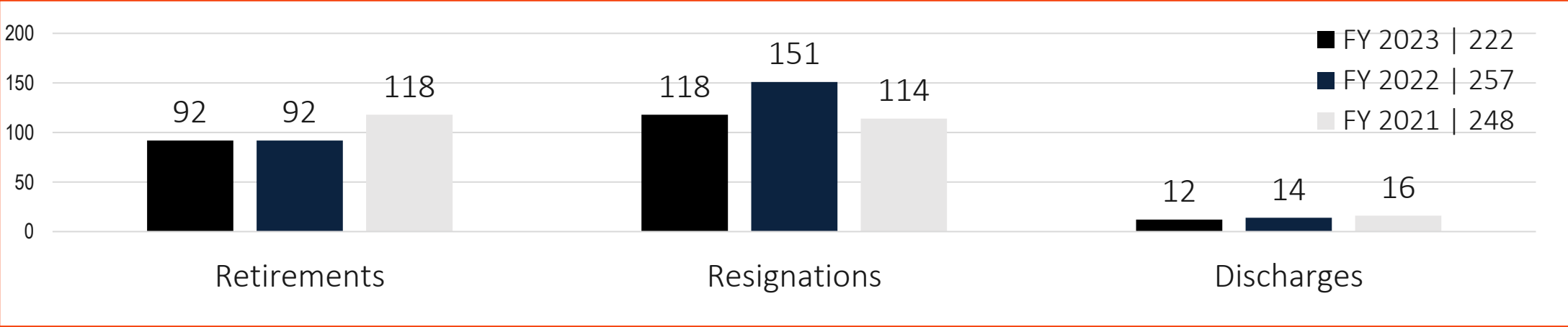
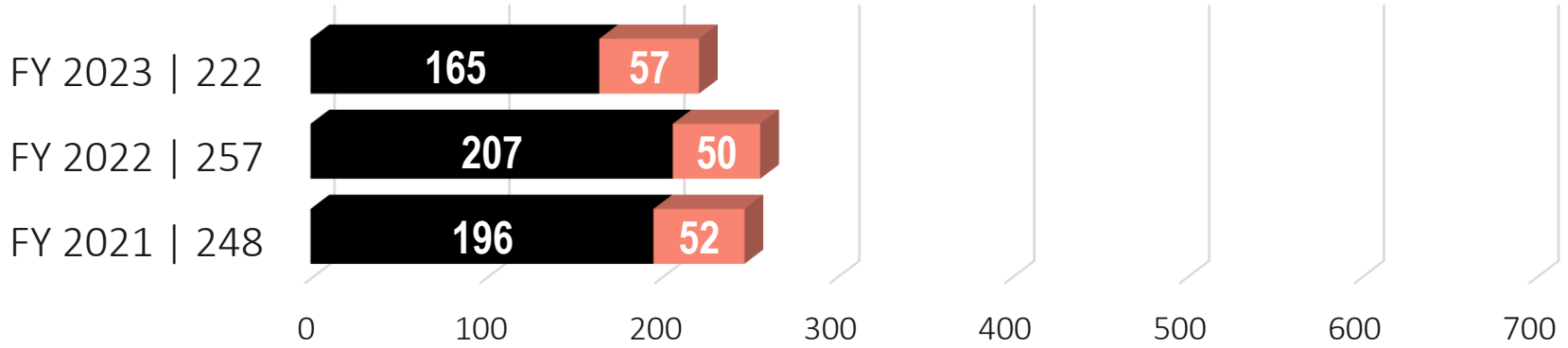
Separations FY23 YTD



**Source: 2022 NSI National Health Care Retention & RN Staffing Report*

FY23 CCH HR Activity Report

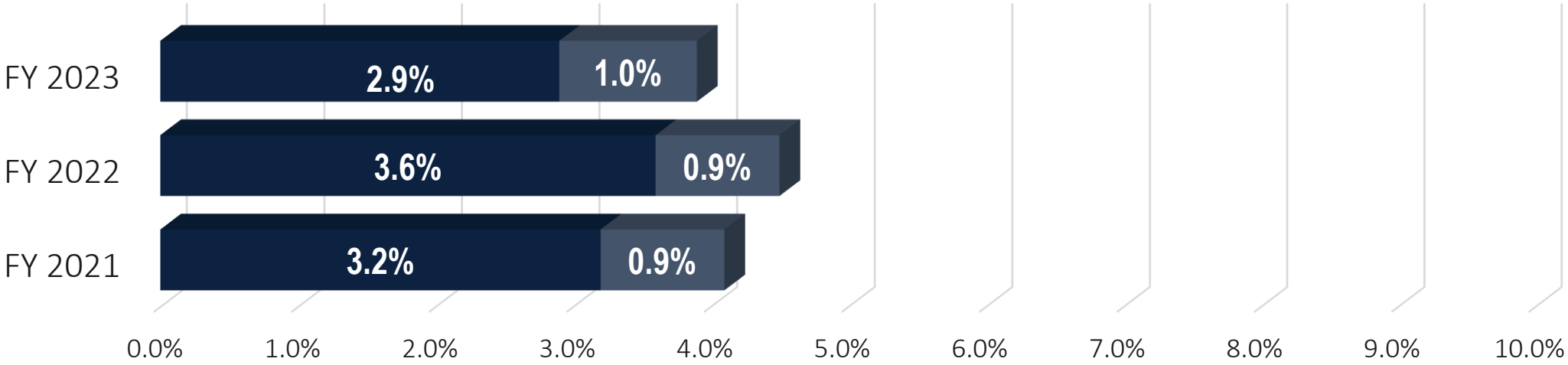
Separations – Dec through Mar Year-Over-Year



Does not include Consultants, Registry and House Staff

FY23 CCH HR Activity Report

Turnover– Dec through Mar YTD



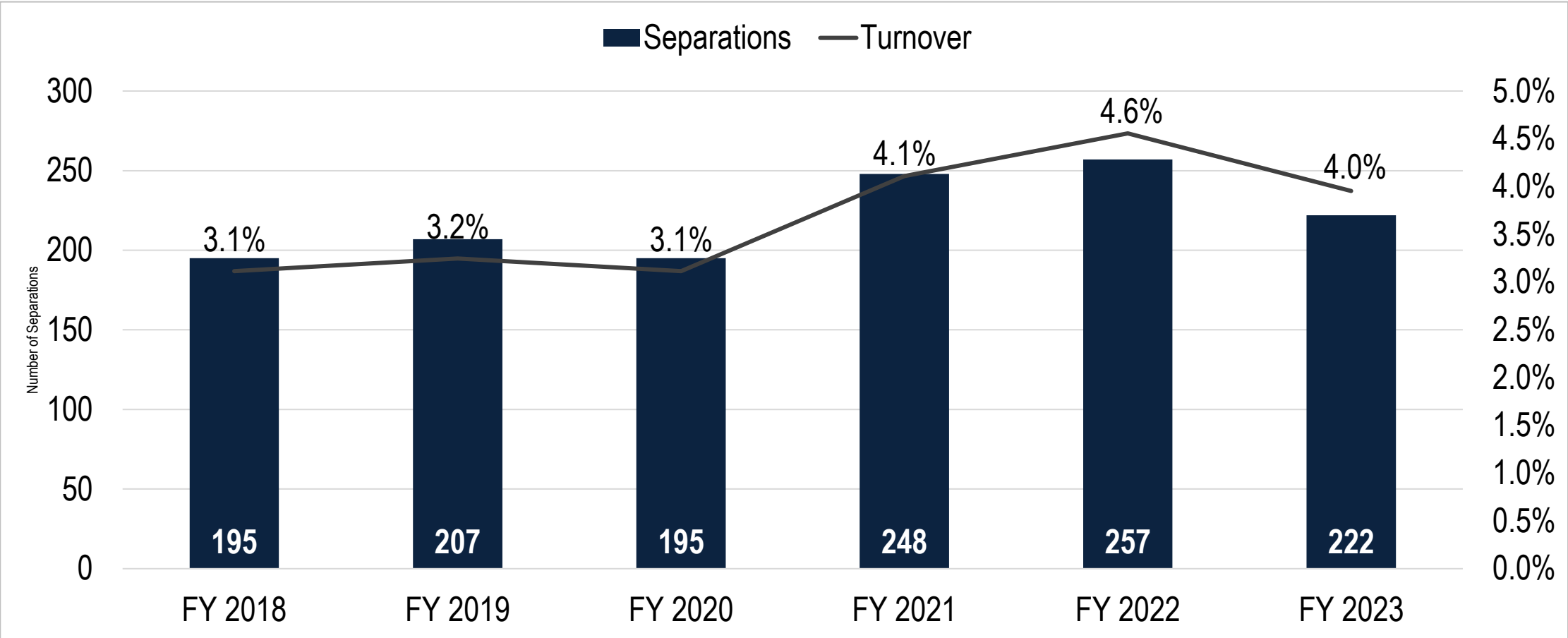
FY 2021 = 248			
Qtr.	# of Employees	Separations	Turnover
Q1	6,071	196	3.2%
Q2	6,035	52	0.9%
Q3			
Q4			

FY 2022 YTD = 257			
Qtr.	# of Employees	Separations	Turnover
Q1	5,682	207	3.6%
Q2	5,639	50	0.9%
Q3			
Q4			

FY 2023 YTD = 222			
Qtr.	# of Employees	Separations	Turnover
Q1	5,610	165	2.9%
Q2	5,615	57	1.0%
Q3			
Q4			

FY23 CCH HR Activity Report

Turnover – Pre-Pandemic – Dec thru Mar



Managed Care Metrics



Presented to the Cook County Health Managed Care Committee on April 21, 2023



COOK COUNTY
HEALTH

Current Membership

Monthly membership as of Apr 5th , 2023

Category	Total Members	ACHN Members	% ACHN
FHP	282,210	18,488	6.6%
ACA	125,576	18,520	14.7%
ICP	30,520	4,948	16.2%
MLTSS	8,925	-	0%
SNC	7,813	408	5.2%
Total	455,044	42,364	9.3%



ACA: Affordable Care Act
FHP: Family Health Plan

ICP: Integrated Care Program
MLTSS: Managed Long-Term Service and Support (Dual Eligible)
SNC: Special Needs Children

Managed Medicaid Market

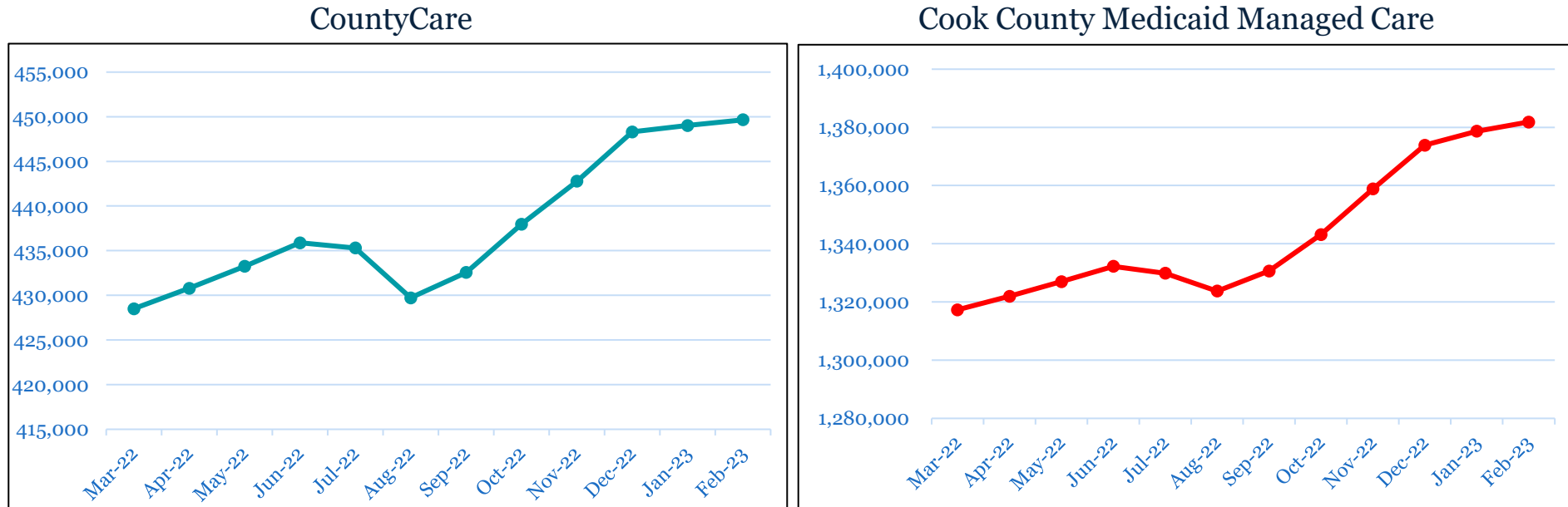
Illinois Department of Healthcare and Family Services February 2023 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	449,659	32.5%
Blue Cross Blue Shield	365,121	26.4%
Meridian (a WellCare Co.)	323,285	23.4%
IlliniCare (Aetna/CVS)	131,988	9.6%
Molina	102,143	7.4%
YouthCare	9,638	0.7%
Total	1,381,834	100.0%



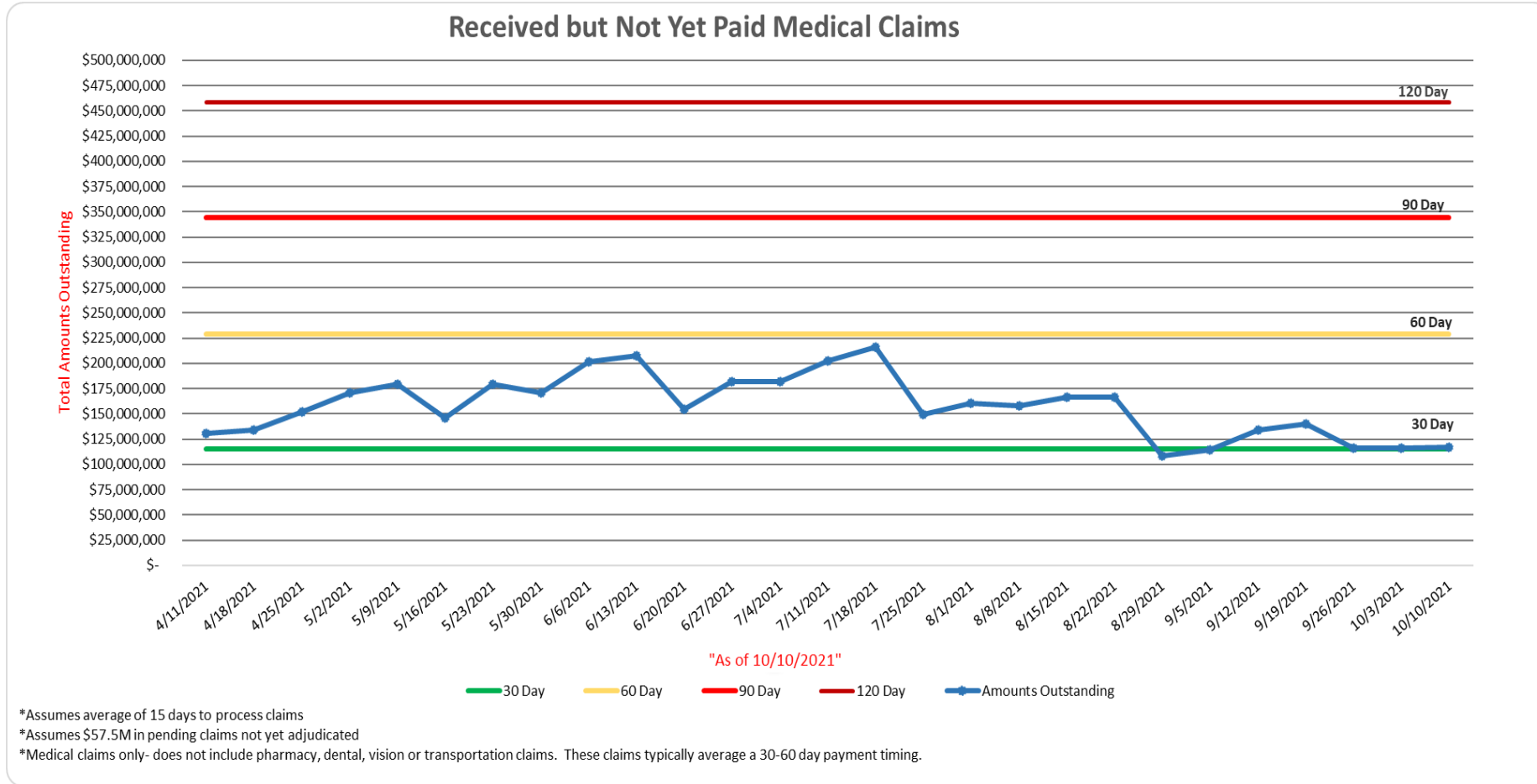
* Only Operating in Cook County

IL Medicaid Managed Care Trend in Cook County (charts not to scale)



- CountyCare’s enrollment has increased 5% over the past 12 months, aligned with the Cook County increase of 5%
- CountyCare’s enrollment increased 0.1% in February 2023 compared to the prior month, behind the Cook County increase of 0.2%

Claims Payments



Claims Payments

Received but Not Yet Paid Claims

Ageing Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	\$ 109,814,352	\$ 53,445,721	\$ 46,955,452	\$ 9,290,569	\$ 219,506,093
Q2 2020	\$ 116,483,514	\$ 41,306,116	\$ 27,968,899	\$ 18,701,664	\$ 204,460,193
Q3 2020	\$ 118,379,552	\$ 59,681,973	\$ 26,222,464	\$ 71,735	\$ 204,355,723
Q4 2020	\$ 111,807,287	\$ 73,687,608	\$ 61,649,515	\$ 1,374,660	\$ 248,519,070
Q1 2021	\$ 111,325,661	\$ 49,497,185	\$ 4,766,955	\$ 37,362	\$ 165,627,162
Q2 2021	\$ 131,867,220	\$ 49,224,709	\$ 566,619	\$ 213,967	\$ 181,872,515
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Week of 10/10/2021	\$ 97,272,348	\$ 19,154,193	\$ 29,912	\$ 786,940	\$ 117,243,393

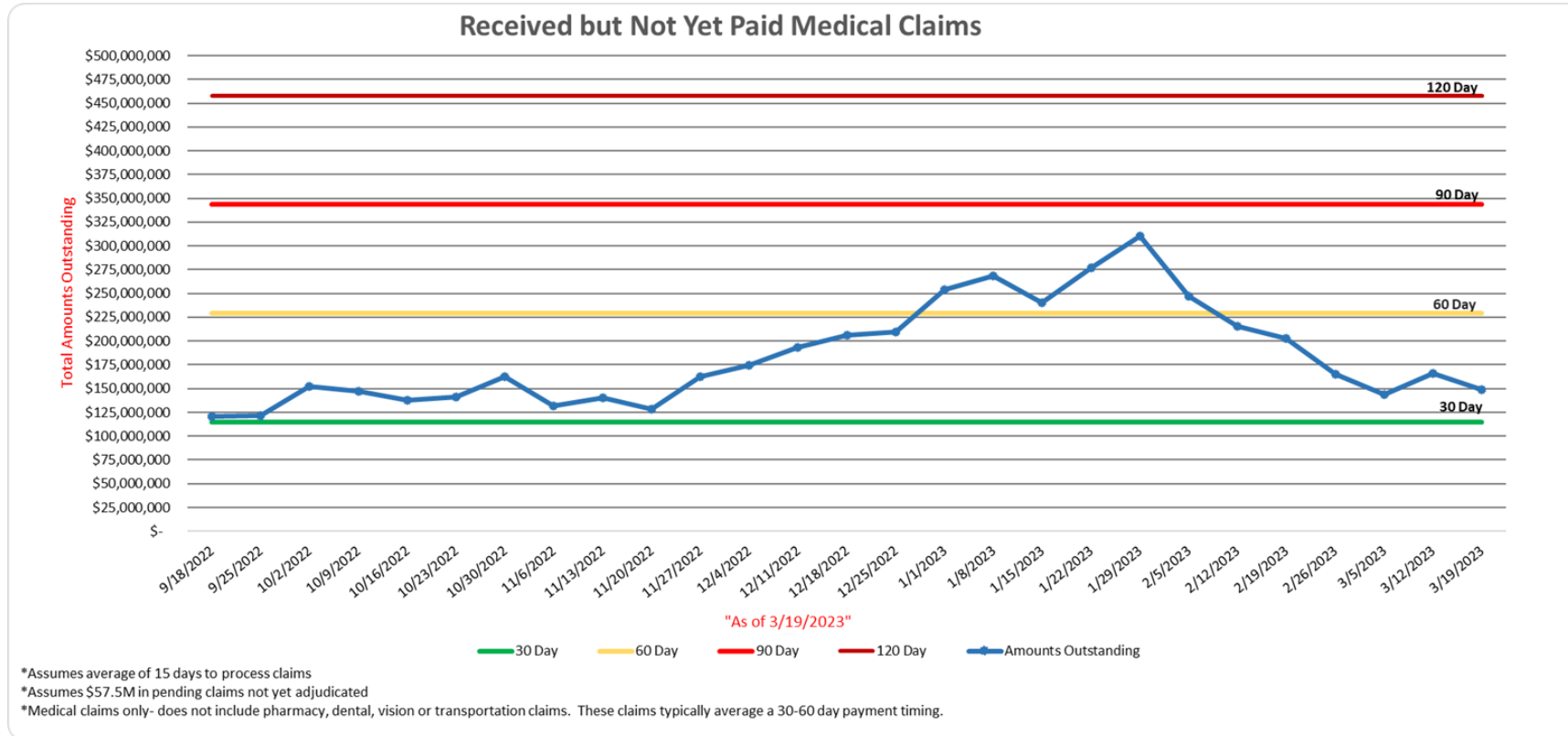
*0-30 days is increased for an estimated \$57.5M of received but not adjudicated claims

*Medical claims only-does not include pharmacy, dental, vision or transportation claims

*The amounts in the table are clean claims



Claims Payments



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Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Q4 2021	\$ 125,581,303	\$ 90,378,328	\$ 112,699	\$ 1,114,644	\$ 217,186,974
Q1 2022	\$ 144,241,915	\$ 12,166,101	\$ 2,958,928	\$ 2,183,828	\$ 161,550,772
Q2 2022	\$ 120,267,520	\$ 735,088	\$ 2,476,393	\$ 4,676,897	\$ 128,155,898
Q3 2022	\$ 105,262,634	\$ 16,617,110	\$ 59,407	\$ 15,171	\$ 121,954,322
Q4 2022	\$ 142,815,499	\$ 62,495,024	\$ 2,403,391	\$ 2,056,097	\$ 209,770,011
Week of 3/19/2023	\$ 129,236,761	\$ 16,144,271	\$ 2,894,035	\$ 328,686	\$ 148,603,754

- *0-30 days is increased for an estimated \$57.5M of received but not adjudicated claims
- *Medical claims only-does not include pharmacy, dental, vision or transportation claims
- *The amounts in the table are clean claims





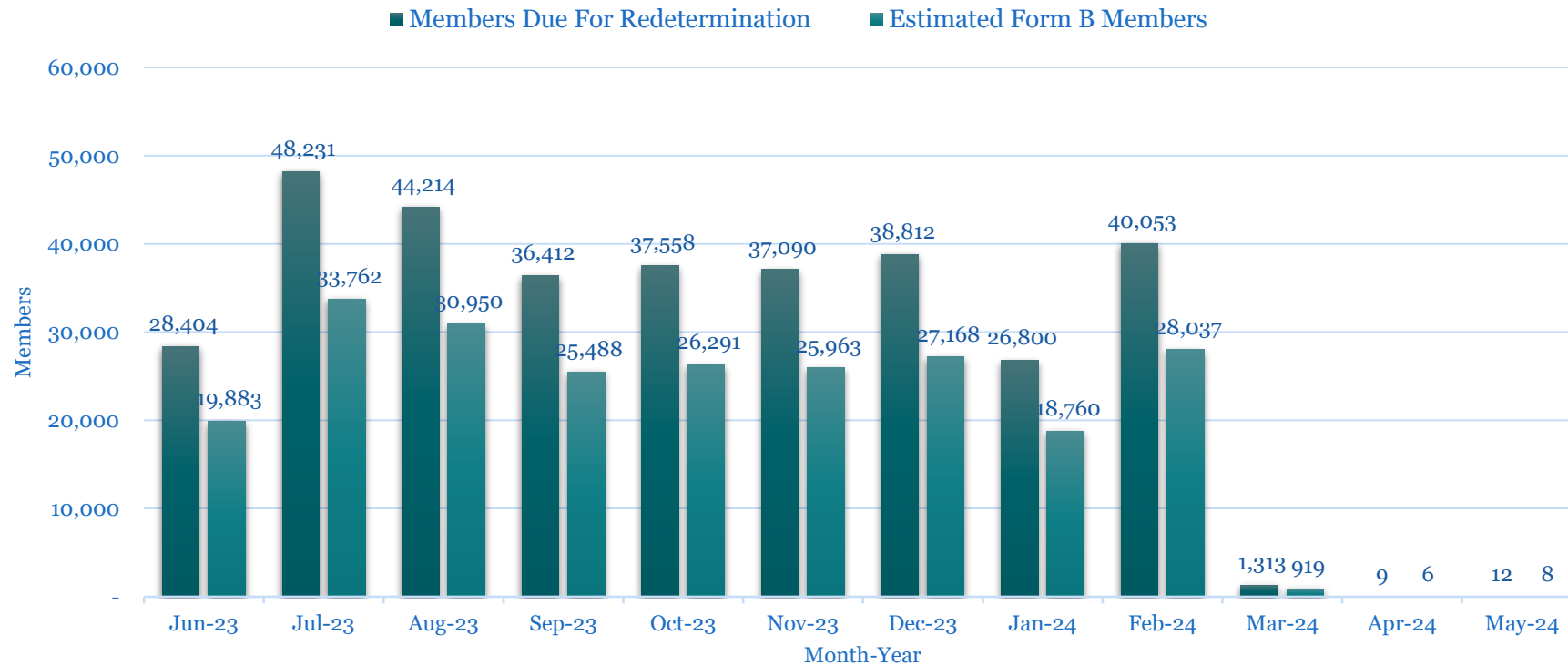
Redetermination strategy

HFS Redetermination Schedule

End of Certification Period	Rede Mail Date	Rede Due Date Printed on Notice	Case Closure Date: Form B not received	First day of Coverage Loss	Last day to return rede: potential reinstatement
06/30/2023	By 05/01/2023	06/01/2023	06/15/2023	07/01/2023	09/30/2023
07/31/2023	By 06/01/2023	07/01/2023	07/17/2023	08/01/2023	10/31/2023
08/31/2023	By 07/01/2023	08/01/2023	08/15/2023	09/01/2023	11/30/2023



Members due for Redetermination per Month

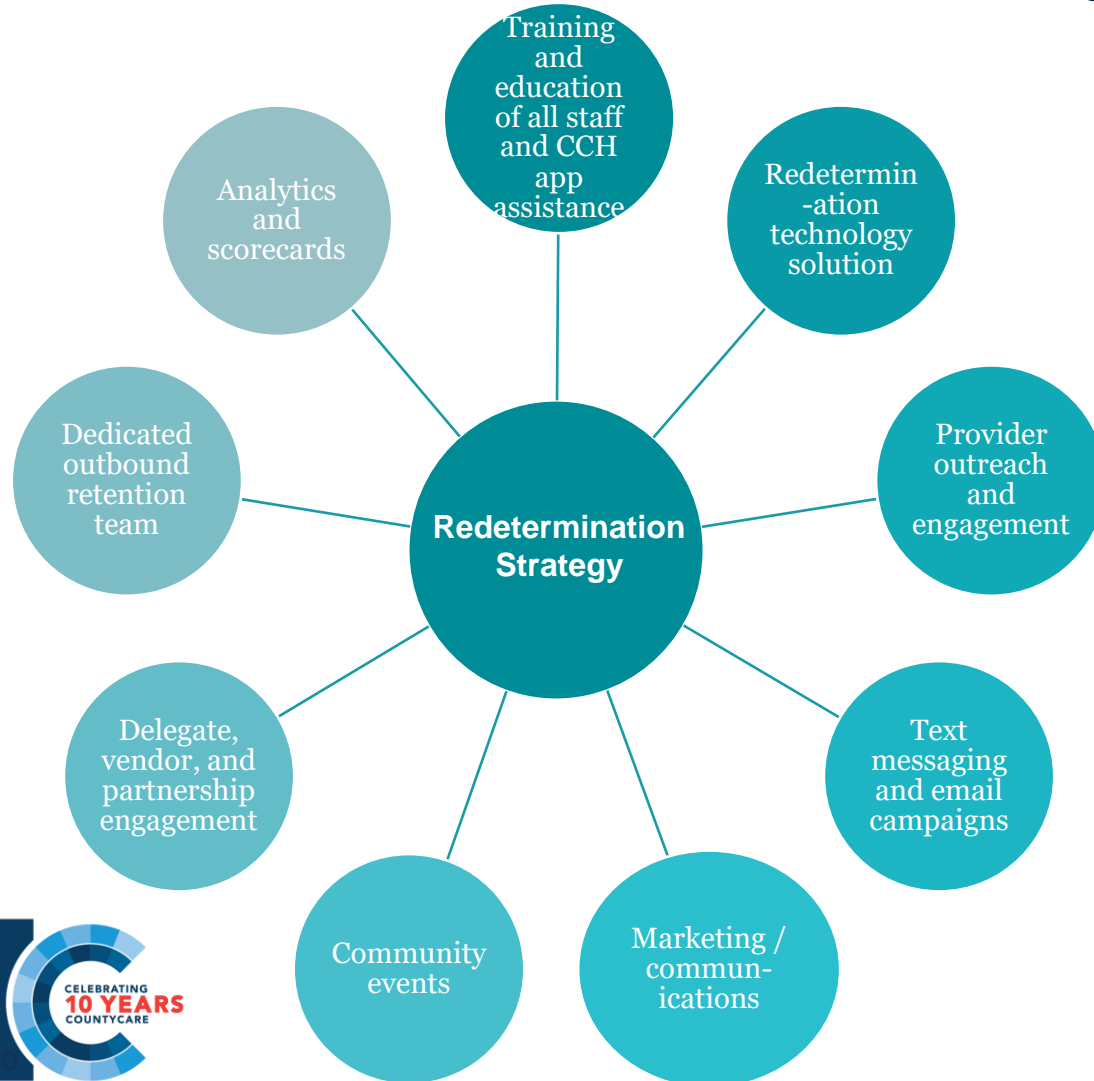


Month-Year	Estimated Form B Members	Members due for REDE
Jun-23	19,883	28,404
Jul-23	33,762	48,231
Aug-23	30,950	44,214
Sep-23	25,488	36,412
Oct-23	26,291	37,558
Nov-23	25,963	37,090
Dec-23	27,168	38,812
Jan-24	18,760	26,800
Feb-24	28,037	40,053
Mar-24	919	1,313



- Volume of the members due per month based on the March 834 file.
- Form A – members due for rede and auto renew for a year.
- Form B – member must submit information to confirm eligibility.
- 30% ex-parte – form A assumption.

Redetermination strategy



Background

Medicaid continuous eligibility will end on April 1, 2023 and **will be de-coupled from the end of the Public Health Emergency (PHE)**

Healthcare and Family Services expects to resume Medicaid redetermination notifications in April, with the first possible terminations occurring in July 2023

Next Steps

Utilizing a multi-prong strategy at every entry point

Leveraging best practices and efforts where the health plan was successful

Focusing on awareness, training, engagement, and action



Redetermination strategy

Activities to date

- Partnership with Healthcare and Family Services (HFS) on messaging and data sharing.
 - CountyCare has conducted a **broad outreach campaign to verify member addresses and updated over 1,300 addresses in real-time with HFS.**
 - **48,000 members were contacted to confirm their addresses and provide education on redetermination.**
 - CountyCare has also sent over 220,000 open enrollment postcards to members in preparation for redetermination.
 - CountyCare launched a social media campaign on TikTok, Facebook, and Instagram.
- System updates to include redetermination dates** (e.g., pharmacy POS, care management).

Activities in queue

- Utilization of HFS data for targeted outreach.
- **Host redetermination trainings** with providers, care managers, community partners, CCH financial counselors and social workers, the CountyCare call centers, and members.
- **Redetermination events to help members in person** with filling out their redetermination paperwork.
- **Tailored texts, phone calls, and emails** to members with their upcoming redetermination date and with a call to action.
- In July, **CountyCare will launch a new incentive and members to receive a \$40 Visa gift card** when they complete their redetermination paperwork.
- Partnership with Stroger DHS office to receive member redetermination paperwork and expedite processing.



Redetermination strategy: CountyCare partners

CountyCare Partner	Outreach Strategy
Foodsmart	<ul style="list-style-type: none"> • Flag members in their system
Care Coordination	<ul style="list-style-type: none"> • Targeted outreach to members
Pharmacy Benefits Manager (CVS)	<ul style="list-style-type: none"> • Pop-up reminder at point-of-sale
Cook County Health Application Assistance Call Center	<ul style="list-style-type: none"> • Outbound and inbound calls to assist with completion of REDE using ABE Manage My Case
mPulse	<ul style="list-style-type: none"> • Text and email message reminders and invites to REDE events
Community Partners (Chicago Public Schools, Greater Chicago Food Depository, townships)	<ul style="list-style-type: none"> • Host CountyCare redetermination events throughout Cook County
Cook County Commissioners	<ul style="list-style-type: none"> • Promote redetermination to their constituents via newsletters and events



Member Rewards

Background

CountyCare provides a wide array of supplemental benefits and member rewards to improve member experience, health outcomes, and retention.

Members receive rewards on a Visa card each time they complete a preventive screening or healthy behavior in alignment with HEDIS quality measures.

In September, CountyCare completed an evaluation of its member rewards program with the goals of:

1. Learning about whether engagement with the program is associated with improved retention.
2. Understanding whether changes to the types of rewards offered could improve member retention and outcomes.

Through this evaluation, CountyCare learned that:

The program is most effective with families and children.

Members that earned rewards had 12% lower medical costs than those that did not.

Individuals that engaged with the rewards program were associated with long-term enrollment with CountyCare, with an average eligibility span of over 3-years.



Member Rewards

2022 at a glance:

- 225k members earned at least 1 reward
- 420k rewards earned by members
- \$4.5 million in rewards

Transition to Visa Rewards Card effective 1/1/23:

- Members can now use their rewards dollars to purchase from nearly all merchants who accept Visa
- As of 3/16, \$2.6 million spent by members

2023 top purchase categories:

- Grocery
- Drug stores and pharmacies
- Transportation
- Service stations (e.g., fuel)
- Utilities (e.g., electric)



New Rewards		Adjusted Current Rewards		
Reward	New \$	Reward	Old \$	New \$
Colorectal Cancer Screening - annual	\$50 - effective 8/1/22	PCP Annual Check Up	\$25	\$50 – effective 8/1/22
Cervical Cancer Screening - annual	\$50 – effective 8/1/22	Breast Cancer Screening - annual	\$25	\$50 – effective 8/1/22
Notification of Pregnancy – once per pregnancy	\$50 – effective 10/1/22	HRS Completion - annual	\$15	\$50 – effective 7/1/22
Flu Shot - annual	\$10 – effective 8/1/22	COVID-19 Vaccinations	\$25 for first vaccine	\$50 for first vaccine, \$10 for second, and \$10 for each booster – effective 1/1/23
Redetermination Completion - annual	\$40 – effective 7/1/23			

Improvements made to Sleep Safe Kits in 2022:

- Lowered to 4 visits and removed waiver requirement in Q2 2022
- Increased average SSKs shipped from 23 a month to 117 after requirements were changed

Member Rewards

Program	Who Qualifies	Required Activity	Reward
Notification of Pregnancy	Members who are pregnant	Complete the Notification of Pregnancy form on our website under Member Resources.	\$50 reward will be added to your card for completing the form. *Effective 10/01/22
Post Partum Visit	Moms who recently delivered babies	Visit your doctor for a follow-up exam 1-12 weeks after delivery.	\$25 reward will be added to your card.
Prenatal Visit	Pregnant CountyCare members	Visit your doctor for prenatal visits.	\$10 reward for up to 14 prenatal visits will be added to your card.
Childhood Immunizations	Members under 2 years old	See their doctor to have your child immunized.	\$10 reward per shot will be added to your child's card, up to 10 total.
Well Child Visits	Members under 15 months old	See their doctor for well-child visits as recommended.	\$50 reward will be added to your child's card for taking them to their doctor within 30 days of birth, \$10 for each of the next 5 visits.
Flu Shot	CountyCare Members ages 6 months and older	Receive a flu shot from your PCP, Pediatrician, or an in-network pharmacy.	\$10 reward will be added to your card for completing your flu shot once per year. *Effective 09/01/22
Cervical Cancer Screening	Female members ages 21 – 64	Get a cervical cancer screening from a network provider.	\$50 reward will be added to your card once per year. *Effective 08/01/22
Annual Mammogram	Female members 45-74	Get a mammogram from a network provider.	\$50 reward will be added to your card once per year. *Effective 08/01/22
Health Risk Screening	All CountyCare members	Contact your Care Coordinator to complete your annual screening.	\$50 reward for completing annual Health Risk Screening will be added to your card once per year. *Effective 07/01/22
PCP Annual Check-Up	Members 16 months and older	Visit your assigned primary care doctor for an annual check-up.	\$50 reward will be added to your card once per year. *Effective 08/01/22
Colorectal Cancer Screening	Members ages 45 to 75	Get a colorectal cancer screening from a network provider.	\$50 reward will be added to your card at most once per year. *Effective 08/01/22
Managing Diabetes	Diabetic members ages 18-75	Visit your provider and get your blood tests and urine screens.	\$25 reward will be added to your card once per year.
Behavioral Health Follow-up visits	All members 6 and older	Follow up with your doctor after ER visits and inpatient hospital stays for behavioral health.	\$20 reward for seeing your doctor within 7 days; or \$10 if it is between 8-30 days after an ER visit for behavioral health. \$20 reward for seeing your doctor within 7 days; or \$10 if it is between 8-30 days after an inpatient behavioral health stay.
Follow-up after Hospital Admission	All members 6 and older	See your doctor within 14 days after an inpatient hospital stay.	\$20 reward will be added to your card.

Member Rewards

Benefit	Who Qualifies	Required Activity	Reward
Free Car Seats	Pregnant women and children under 8 years old or under 85 pounds	Parents call Member Services to request a car seat; watch car seat safety video.	A car seat will be delivered to your home
Free Diapers	Children up to 2 years old	Keep your children's shots up to date.	A monthly coupon for a free Jumbo Pack of Baby Basics Diapers will be mailed to your home.
Sleep Safe Kit	Pregnant women and their newborns	Call Member Services to request the kit. You must complete at least 4 prenatal visits.	Portable crib, sleep sack, pacifier, and baby book will be mailed to your home.
Toddler and Children's Book Clubs	Members ages 3-16	Contact Member Services once a year to enroll.	One free book will be mailed to your home every 3 months, plus a \$10 Target gift card for those ages 5-16.
Free Home Pregnancy Tests	Female members of childbearing age	Contact CountyCare Member Services to request.	Free home pregnancy test will be mailed to you or \$7 will be added to your reward card.
Weight Watchers	Members 13 and older	Contact Member Services to request	Free vouchers to attend Weight Watchers meetings will be mailed to you.
Lasik Surgery	Members 21-50 years old	General eye exam and refractive eye exam to see if you're eligible.	Free LASIK Surgery.
Cell Phone	All CountyCare members	Call Member Services or your Care Coordinator to request a cell phone.	Free minutes for calls to CountyCare Member Services.



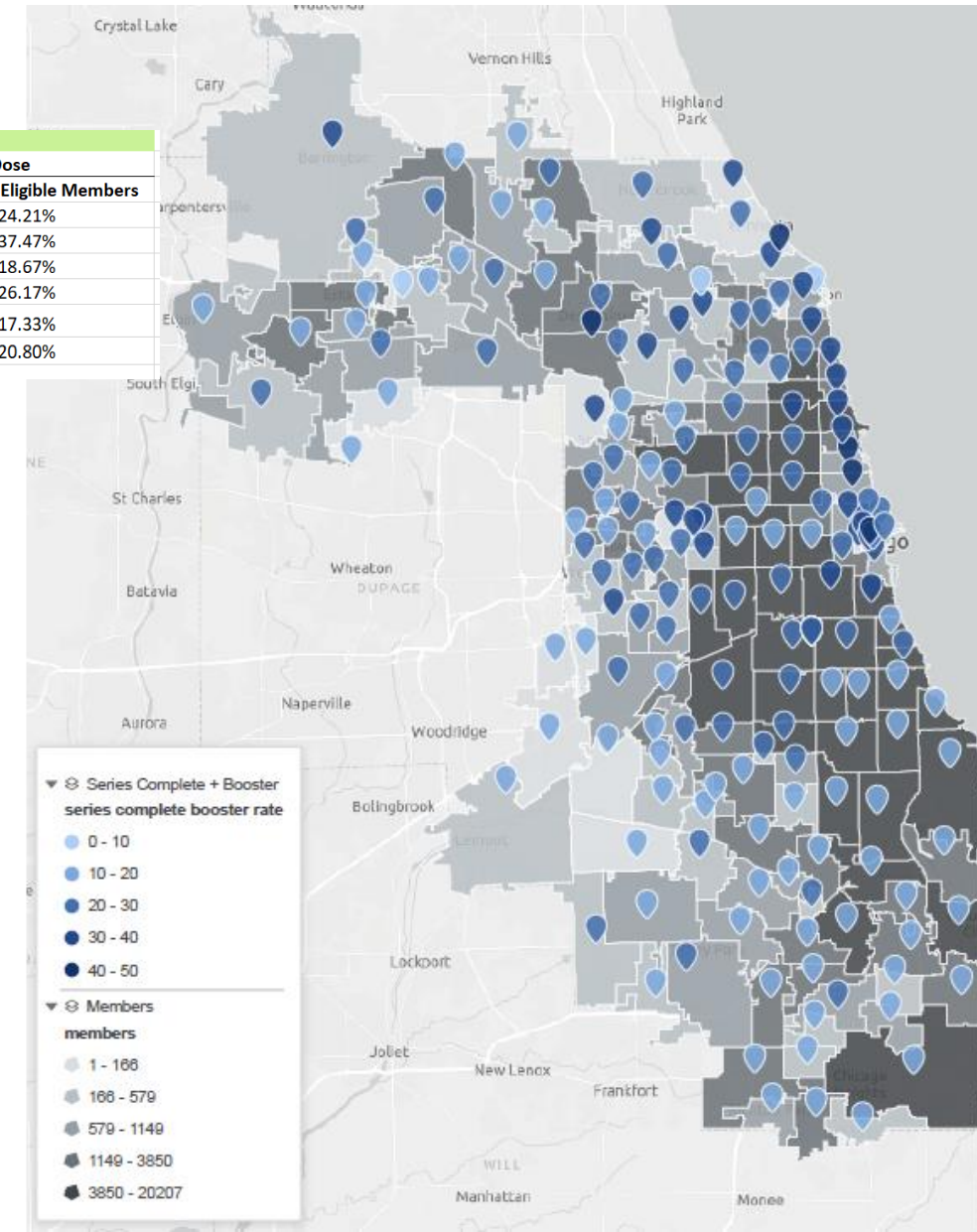
Vaccination rates

Vaccination Rate by Race						
Race	At Least 1 Dose		Series Complete		All Booster/3rd Dose	
	Member Counts	% of Total Eligible Members	Member Counts	% of Total Eligible Members	Member Counts	% of Total Eligible Members
American Indian or Alaskan Native	468	54.99%	431	50.65%	99	24.21%
Asian or Pacific Islander	10,264	66.98%	9,534	62.22%	1,958	37.47%
Black or African American	78,702	47.08%	69,154	41.37%	12,108	18.67%
Caucasian	67,549	58.31%	62,177	53.68%	11,339	26.17%
Unknown	72,772	48.16%	65,638	43.44%	9,045	17.33%
Total	229,756	51.03%	206,935	45.96%	34,549	20.80%

In February 2023, 51% of members had at least 1 dose and 21% were fully vaccinated. Of those,:

Asian or Pacific Islander members had the highest rate of vaccination, followed by Caucasian, American Indian or Alaska Native, and Black or African American

Higher rates of vaccination were found on the north and west sides of the city



CountyCare COVID Vaccination Rates

Age Category	Total	At Least 1 Dose		Series Complete		Updated (Bivalent) Booster		All Booster/3rd Dose
	Eligible Members	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members
<2 yrs	18,476	6.76%	8.10%	4.37%	4.10%	0.63%	0.30%	1.27%
2-4 yrs	29,160	10.25%	10.50%	6.45%	5.70%	0.66%	0.40%	1.71%
5-11 yrs	71,035	38.29%	39.80%	32.90%	32.70%	4.15%	4.40%	8.22%
12-17 yrs	64,504	58.02%	72.00%	53.08%	61.70%	7.36%	7.40%	18.71%
18-24 yrs	55,321	59.44%	82.10%	52.84%	66.60%	5.54%	7.00%	20.63%
25-49 yrs	138,103	54.90%	85.30%	49.32%	72.10%	7.84%	11.60%	21.68%
50-64 yrs	58,555	72.91%	95.00%	68.89%	83.80%	21.50%	21.00%	46.52%
>=65 yrs	16,628	76.27%	95.00%	72.61%	94.30%	28.20%	41.80%	57.16%
Total	451,782	51.56%		46.49%		9.66%		21.41%



Notes: Data as of 3/14/2023

Benchmark data in the table above is obtained from CDC. For booster, the benchmark data only captures the updated bivalent booster.

Benchmark for each age category: <https://covid.cdc.gov/covid-data-tracker/#vaccination-demographics-trends>

Benchmark for overall vaccination rate: https://covid.cdc.gov/covid-data-tracker/#vaccinations_vacc-people-onedose-pop-total

CountyCare COVID Vaccination Rates

Eligibility Span	Vaccinated Members	% of Total Members	% of Vaccinated Members
Less than 6 months	16,076	3.6%	7.0%
At least 6 months, less than 1 year	13,130	2.9%	5.7%
At least 12 months, less than 2 years	31,395	7.0%	13.7%
At least 24 months, less than 3 years	39,997	8.9%	17.4%
3 or more years	129,158	28.7%	56.2%
Grand Total	229,756	51.1%	100.0%

PCP Visit Indicator	Vaccinated Members	% of Total Members	% of Vaccinated Members
No PCP Visit	61650	13.7%	26.8%
PCP Visit	168106	37.4%	73.2%
Grand Total	229756	51.1%	100%

Higher vaccination rates found among members that:

- Had longer eligibility spans in CountyCare
- Were engaged in primary care



Notes: Data as of February 2023

Chronic Kidney Disease Program

Identify and stratify

Predictive risk analytics drive personalized care pathways

Integrate and intervene

Unique data interoperability forges alignment to optimize timely intervention for at-risk patients

Enable and extend

Empower and educate



Influencing CKD & ESKD Outcomes



Physician-patient impact expands with interdisciplinary care teams and member-centric services

Patients learn to manage transitions and live their best lives with virtual patient engagement and nephrologist-led education

Chronic Kidney Disease Program

CountyCare has launched a new program to identify and provide an interdisciplinary care model for members with chronic kidney disease (CKD) and end stage kidney disease (ESKD). Through its program:

- Members are identified and stratified using advanced predictive analytics.
- Over 2,600 CountyCare members were identified as candidates for the program.
- They are then matched with an interdisciplinary care team of nephrologists, nurses, dieticians, social workers, and pharmacists.
- Members are provided with whole patient care and care planning to address their personalized needs including renal nutrition, behavioral health support, medication review, and support to address the social determinants of health-related needs.

In addition to expected improved health outcomes for members with CKD and ESKD, the program has an estimated \$10 million in annual cost savings.



Flexible Housing Pool

CountyCare pledged \$5 million to the Flexible Housing Pool

Members are identified for the program using claims data, CCH utilization, and Cook County Jail medical records

This investment will provide tenancy support (rent and associated housing costs) for **66 of our members for three years**

Focus on (1) CountyCare members experiencing homelessness and severe mental illness (SMI) and/or substance use disorder (SUD) and (2) families with children.

As of March 2023, 53 CountyCare members have been housed



Flexible Housing Pool Outcomes

Enrollment

- 618 households, 990 individuals (overall Flexible Housing Pool population)

Housing Stability*

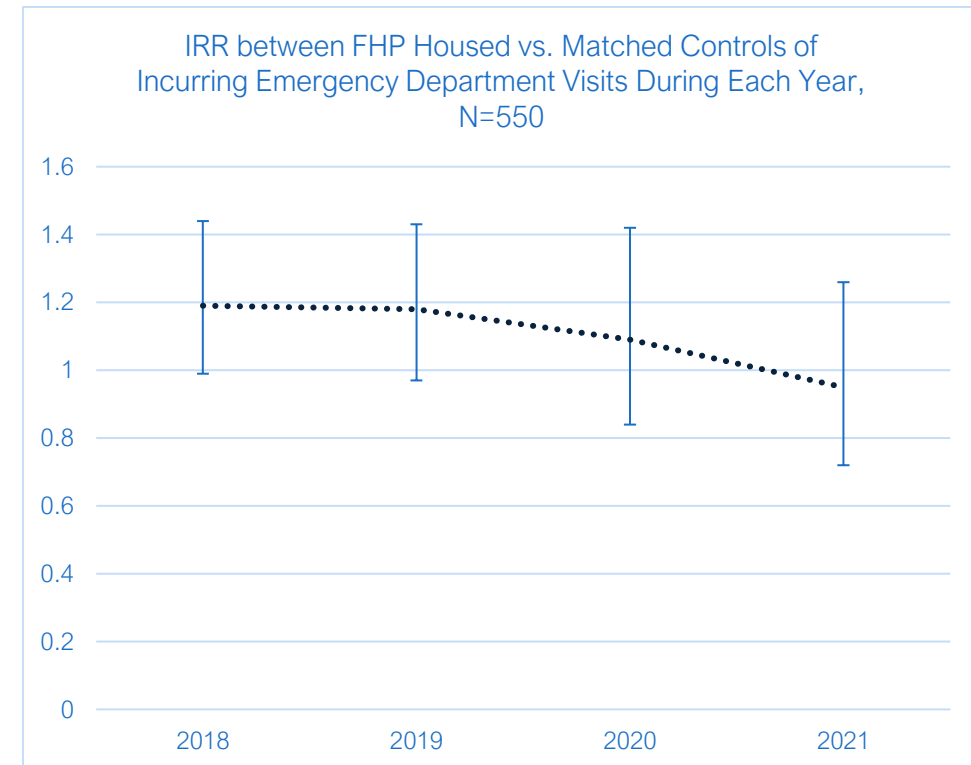
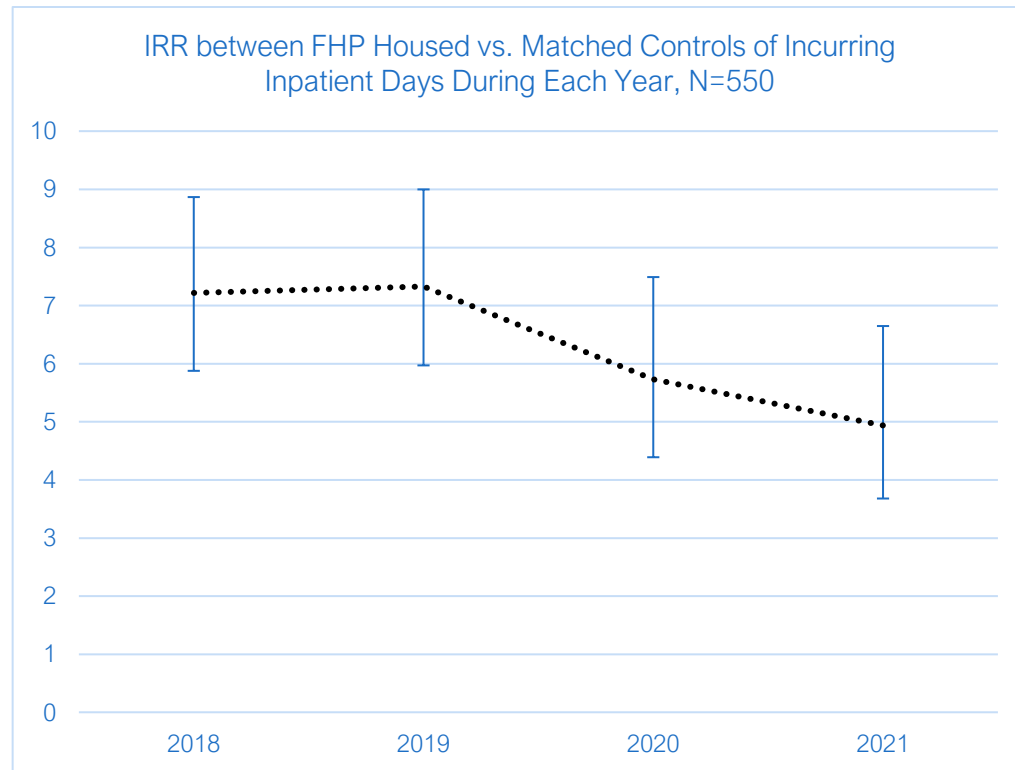
- 94% 12-month retention rate for stable housing

CountyCare Utilization and Cost Outcomes*

- 33% relative risk reduction in inpatient stays
- 19% relative risk reduction in emergency department visits
- 22% relative risk reduction in jail registration events
- Overall medical cost reduction

Flexible Housing Pool Outcomes

Incident Rate Ratios between housed and matched controls as a measure of relative risk



Addressing Domestic Violence

Utilizing health risk screening data from January-December 2022, 822 distinct members responded “yes” to the following questions:

Question	No	Yes
Are you afraid of your partner or family member?	30008	144
Has anyone physically or emotionally abused you?	29806	649
Have you been hit, kicked, or slapped within the last year?	30032	292
Within the past year, has anyone forced you to have sexual activity?	29923	102
Total	119769	1187



Addressing Domestic Violence

CountyCare is launching a program to:

- 1) Increase workforce training related to intimate partner violence
- 2) Establish a dedicated team to support those impacted
- 3) Increase opportunities for emergency shelter and permanent supportive housing

Intervention	Intervention Component	Timeline	Status
System Enhancement	Improve our current screen questions	Q2 2023	In progress
	Intimate partner screener training	Q2 2023	In progress
Care Management	Hire a small team of dedicated care managers with specialized training and background in domestic violence	Q2-Q3 2023	
	Identification of the members Development of referral process	Q2-Q3 2023 Q2-Q3 2023	In progress
Housing	Fund housing interventions to support victims and transition them to stable housing situations	Q3-Q4 2023	In queue



FoodCare

CountyCare is partnering with [Foodsmart](#) and local food suppliers to deliver a comprehensive program to reduce food insecurity, improve health equity, and provide members access to

Program Phase	Description	Target Launch	Status
1. Emergency Home Delivered Meals launch	14 emergency meals delivered to member's door per care coordinator referral	Q1	Complete
2. FoodCare Platform Launch	Program available to the full CountyCare population to access registered dietitian, platform tools, support with Supplemental Nutrition Assistance applications	Q2	In progress
3. Medically Tailored Meals launch	Program for specific populations (i.e. members that are pregnant and with specific conditions)	Q2	In progress



We will continue to provide details on the program as we launch future phases!

FoodCare sample metrics of success

Phase II: Phase I: Emergency Home Delivered Meals

- **SMART Aim #1:** Provide 95% of members referred to the program with home delivered meals for 7 calendar days, within 48 hours of referral

Phase II: FoodCare Platform Launch

- **SMART Aim #2:** By May 2024, lower overall utilization of members who have encounters at the Emergency Department among those enrolled in the Foodsmart Program compared to the rest of the member population
- **SMART Aim #3:** By December 2023, 100% of members who have been identified as experiencing food insecurity (e.g., through Health Risk Screening, Care Coordination Referral) will receive attempted outreach for counseling from a registered dietician

Phase III: Medically Tailored Meals

- **SMART Aim #4:** By May 2024, reduce admissions for members living with diabetes enrolled in the FoodCare program as compared to 2022



Quality & Patient Safety Metrics



Presented to the Cook County Health Quality & Patient Safety Committee on April 20, 2023

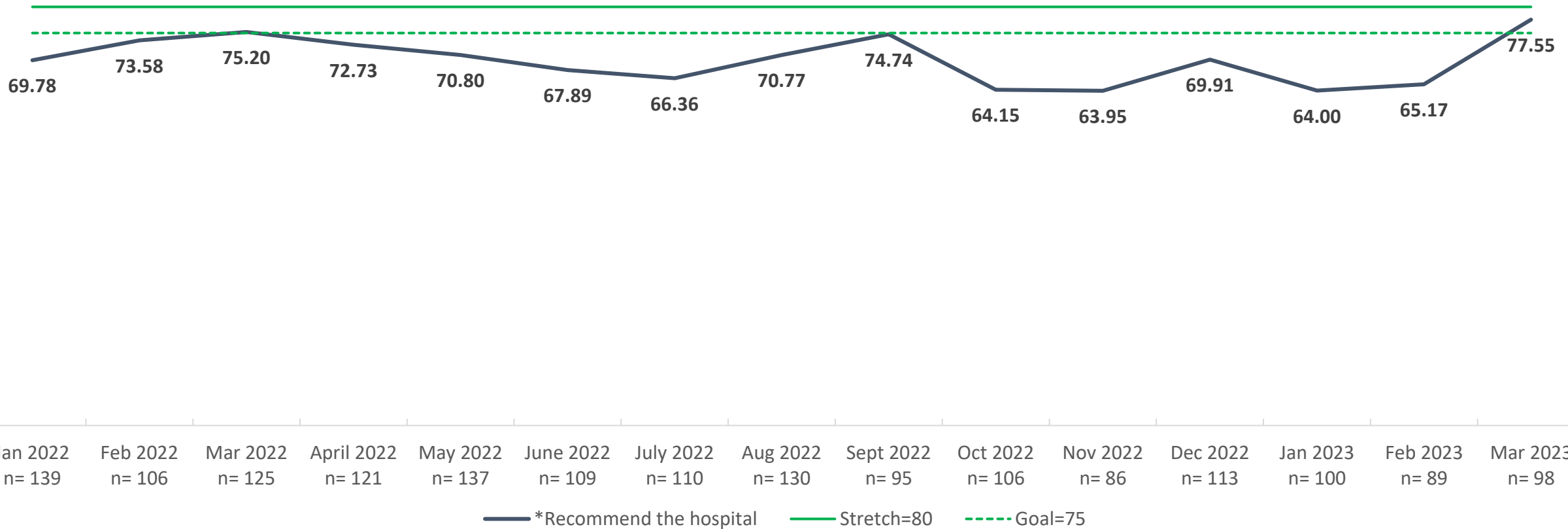


COOK COUNTY
HEALTH

HRO Patient Experience Workgroup

Likelihood to Recommend Stroger Hospital – Top Box Score by Received Date

Rolling 12 months 4/1/22-3/31/23 70.02

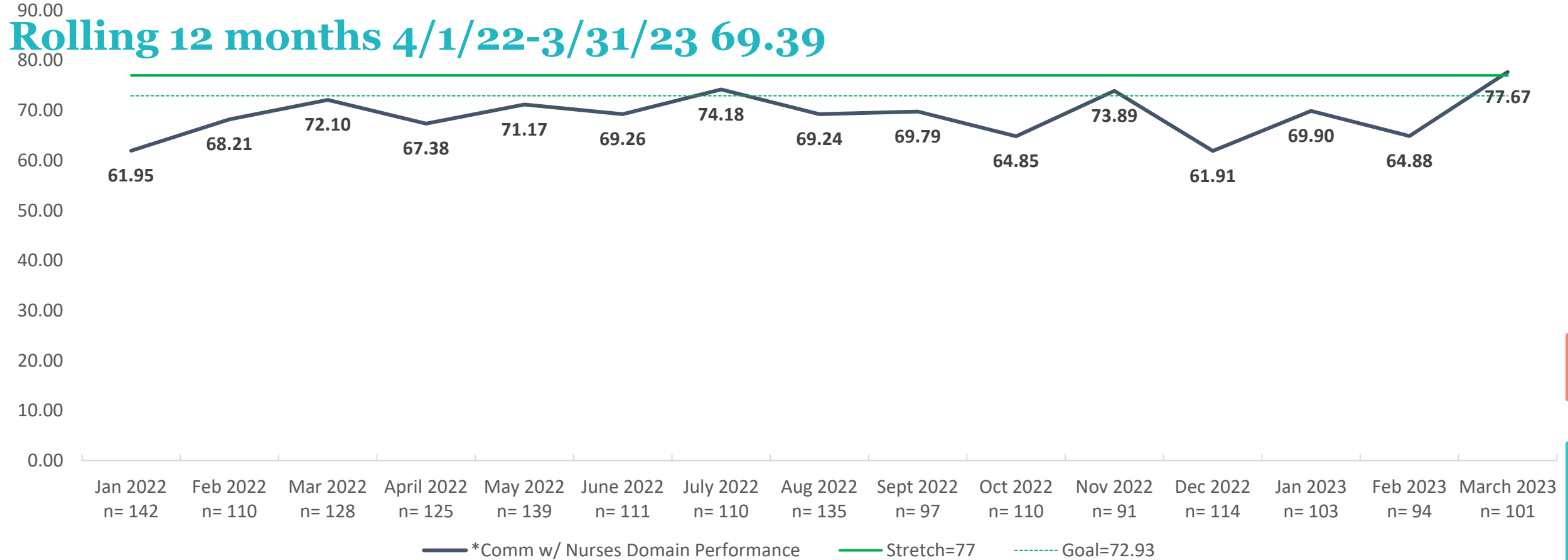


HRO Patient Experience Workgroup

Communication with Nursing Domain Stroger Hospital – Top Box Score by Received

Date

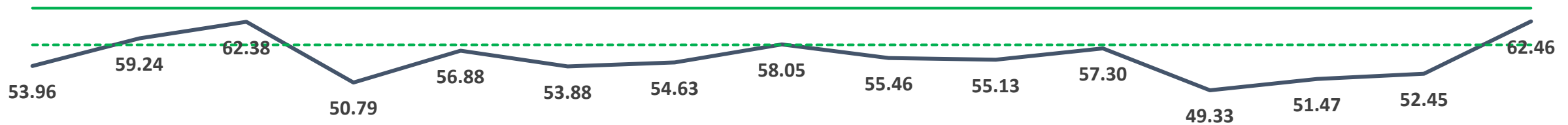
Rolling 12 months 4/1/22-3/31/23 69.39



HRO Patient Experience Workgroup

Environment Domain Stroger Hospital – Top Box Score by Received Date

Rolling 12 months 4/1/22-3/31/23 54.47



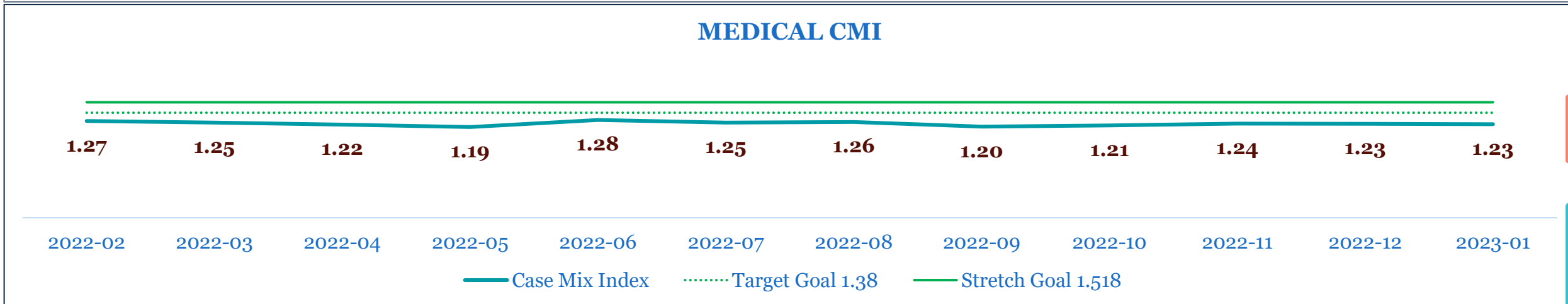
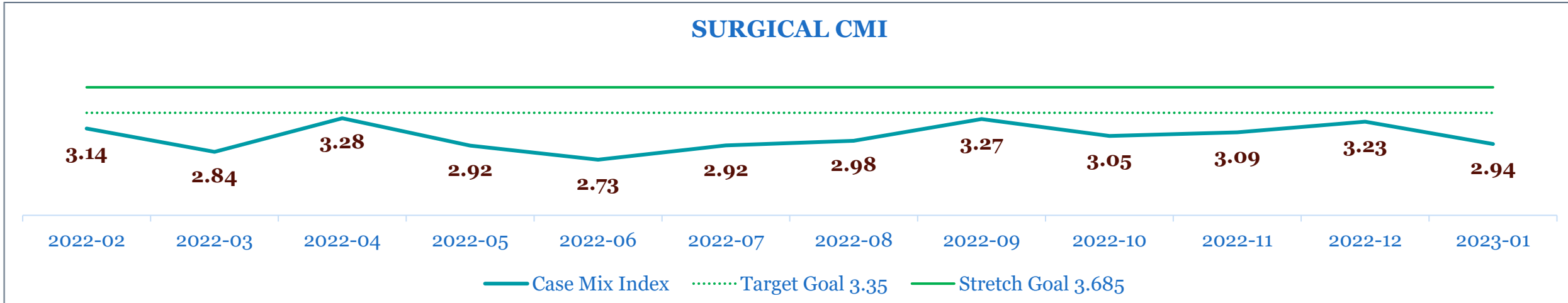
Month	Top Box Score
Jan 2022	53.96
Feb 2022	59.24
Mar 2022	62.38
April 2022	50.79
May 2022	56.88
June 2022	53.88
July 2022	54.63
Aug 2022	58.05
Sept 2022	55.46
Oct 2022	55.13
Nov 2022	57.30
Dec 2022	49.33
Jan 2023	51.47
Feb 2023	52.45
March 2023	62.46

— *Hospital Environment Domain Performance — Stretch=68 - - - - Goal=58



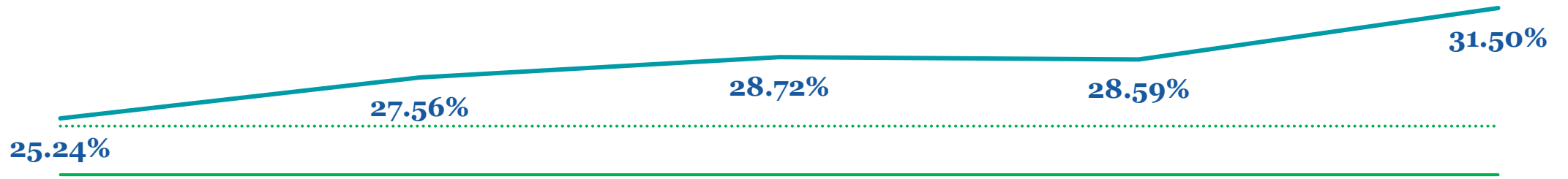
HRO Clinical Documentation Workgroup

Medical CMI & Surgical CMI - Stroger Hospital



HRO Clinical Documentation Workgroup

Observation % of All Discharges - Stroger Hospital



2021

2022

Jan-23

Feb-23

Mar-23

— % of OBS Discharges

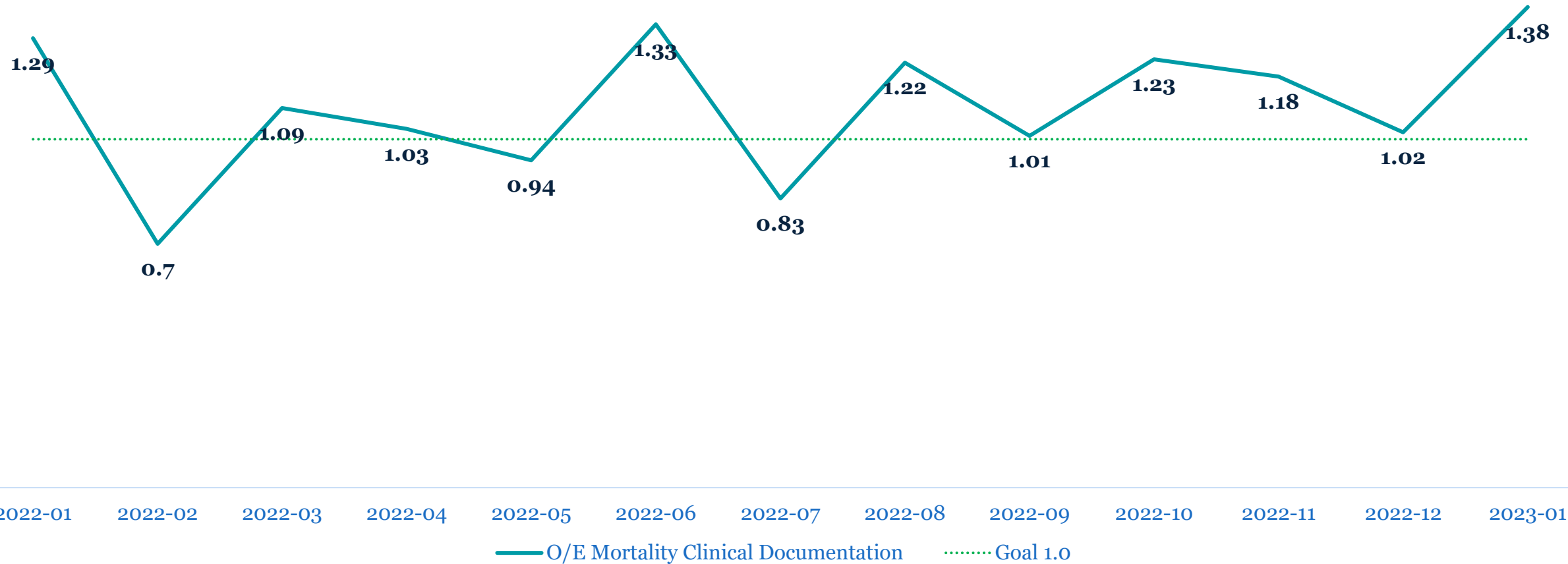
..... Target 24.81%

— Stretch Goal 22.05%



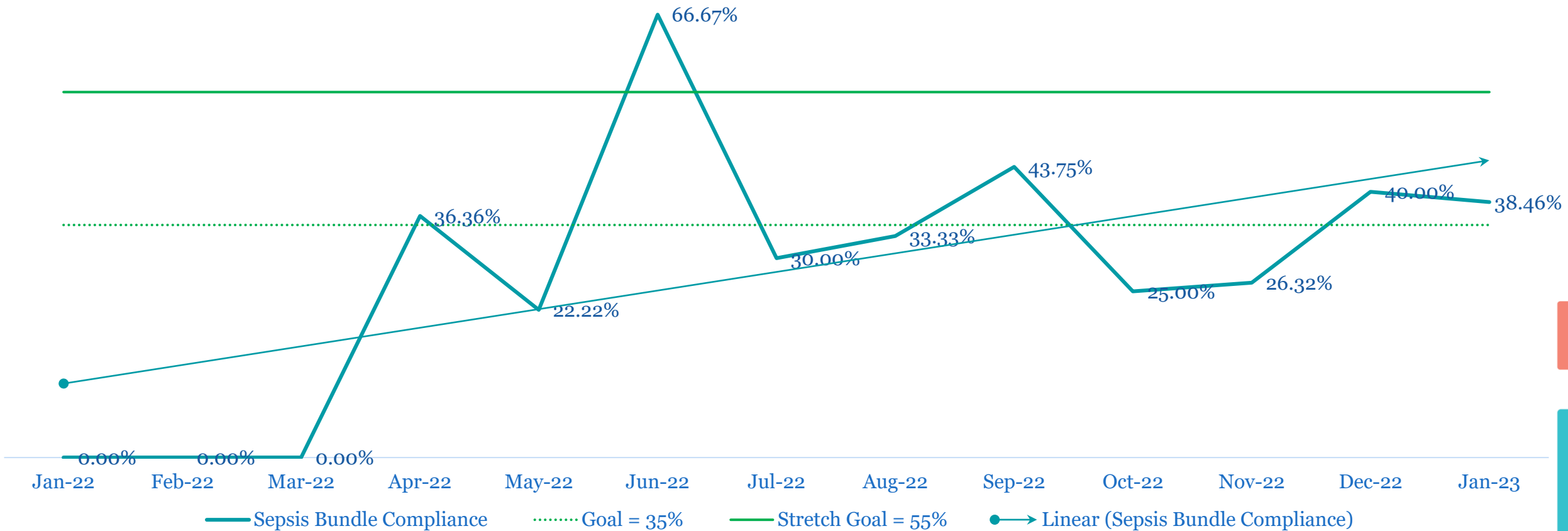
HRO Clinical Documentation Workgroup

Observed over Expected Mortality Improvement – Stroger Hospital



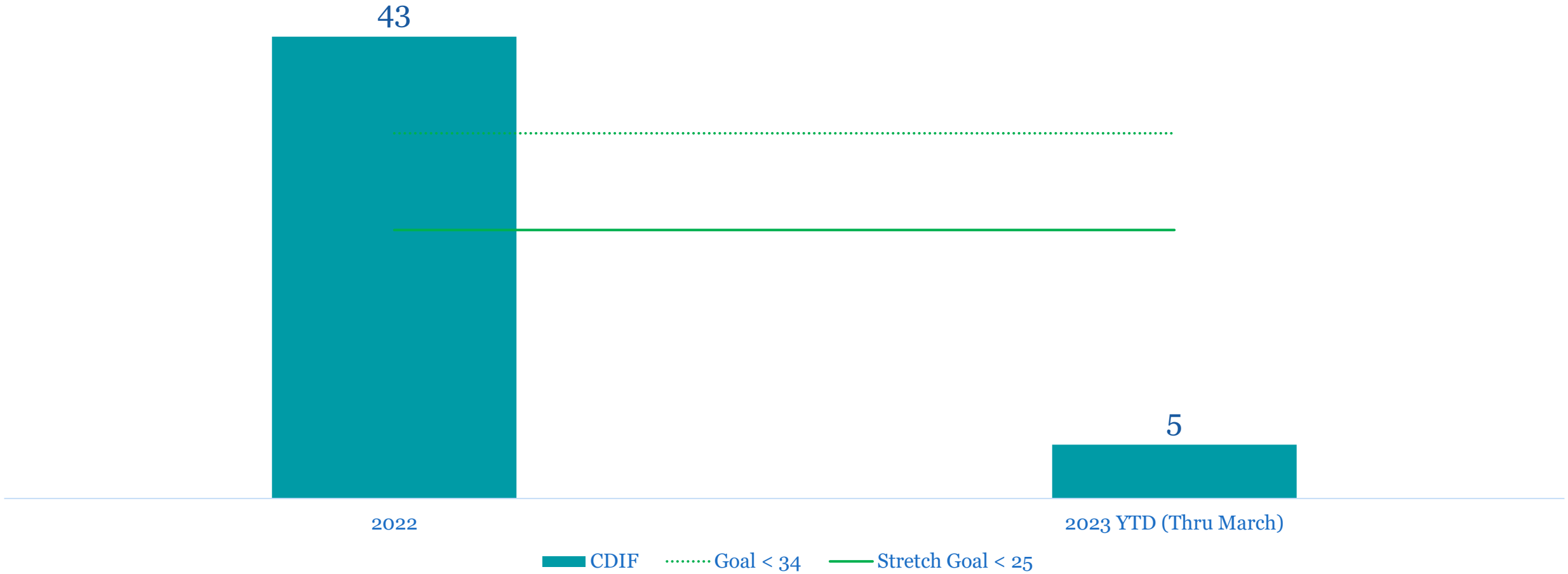
HRO Clinical Outcomes Workgroup

CMS SEP-1 % of Patients with met Compliance



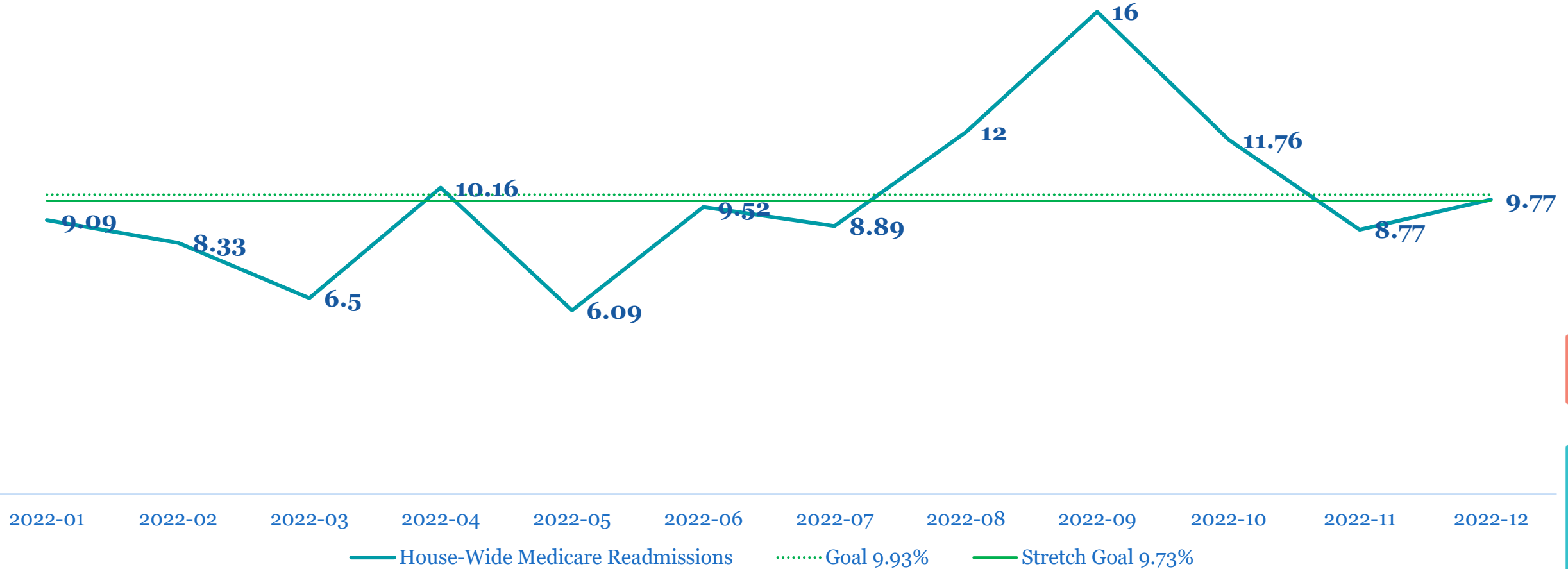
HRO Clinical Outcomes Workgroup

CDIFF Volume



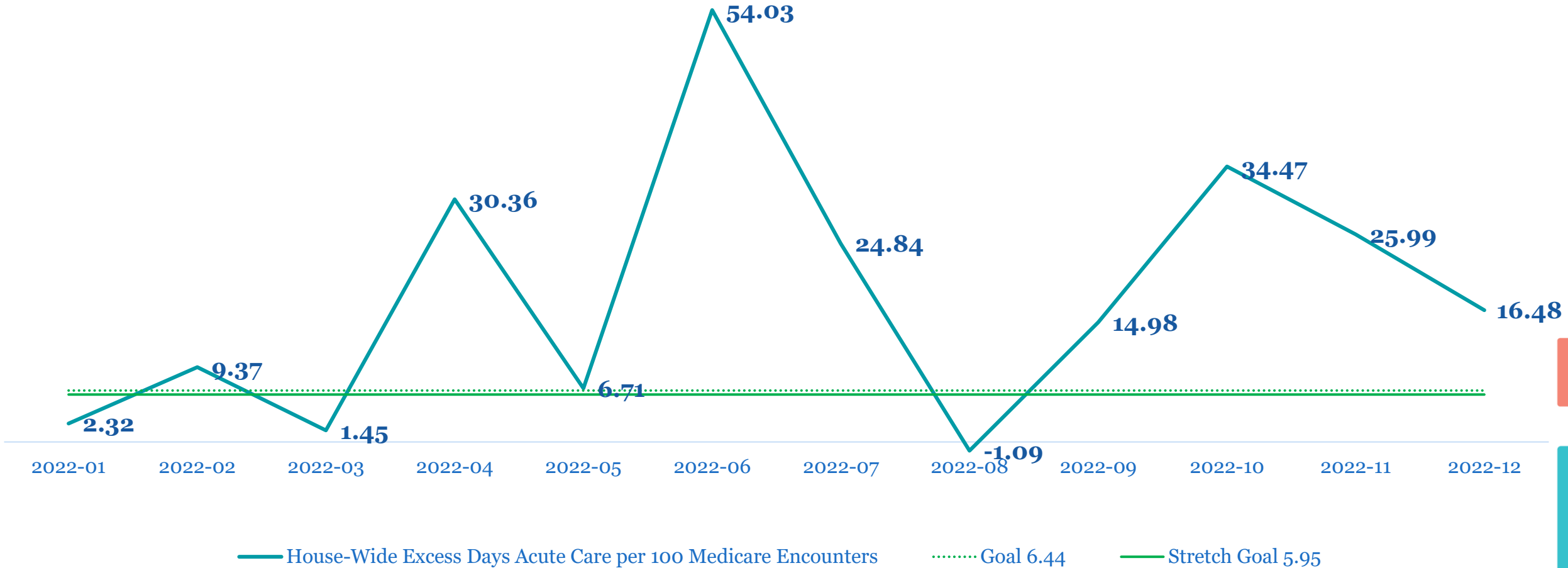
HRO Readmissions Workgroup

CMS Medicare House-Wide Readmissions Rate – Stroger Hospital



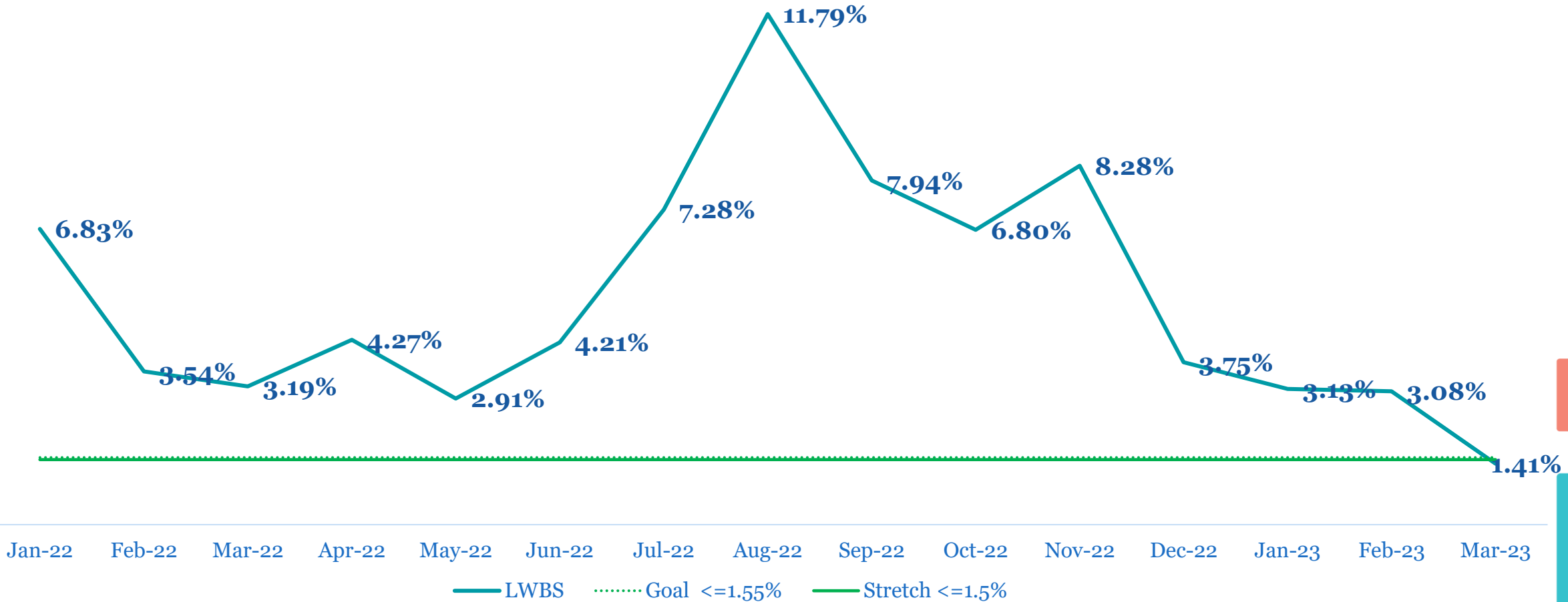
HRO Readmissions Workgroup

CMS House-wide Excess Days Acute Care per 100 Medicare Encounters – Stroger Hospital



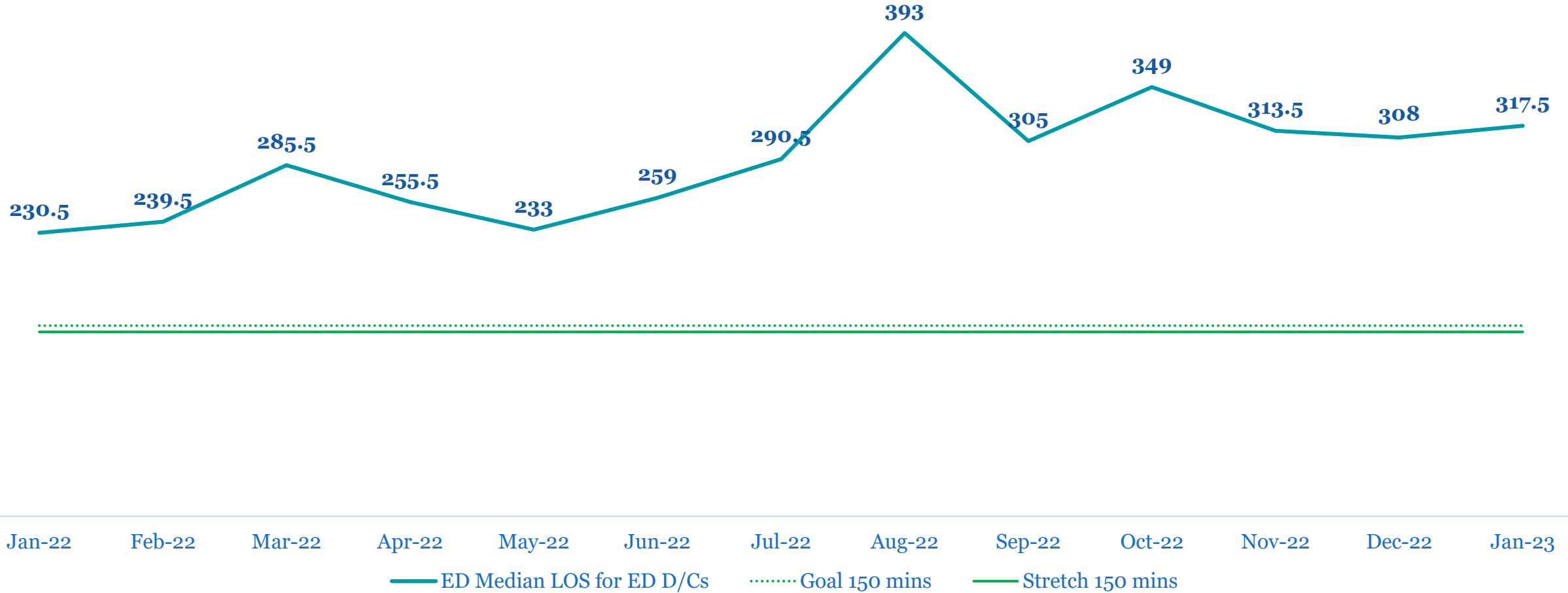
HRO Throughput Workgroup

ED Left Without Being Seen



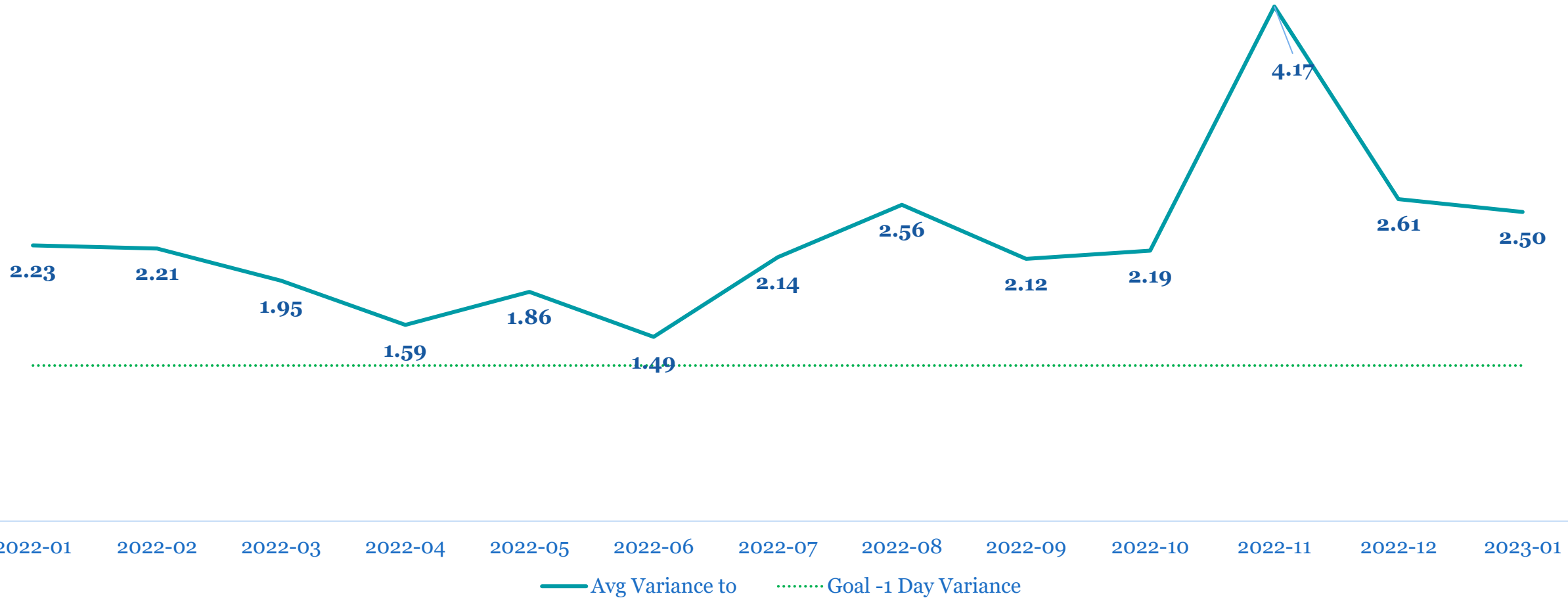
HRO Throughput Workgroup

ED Median Length of Stay for ED Discharges



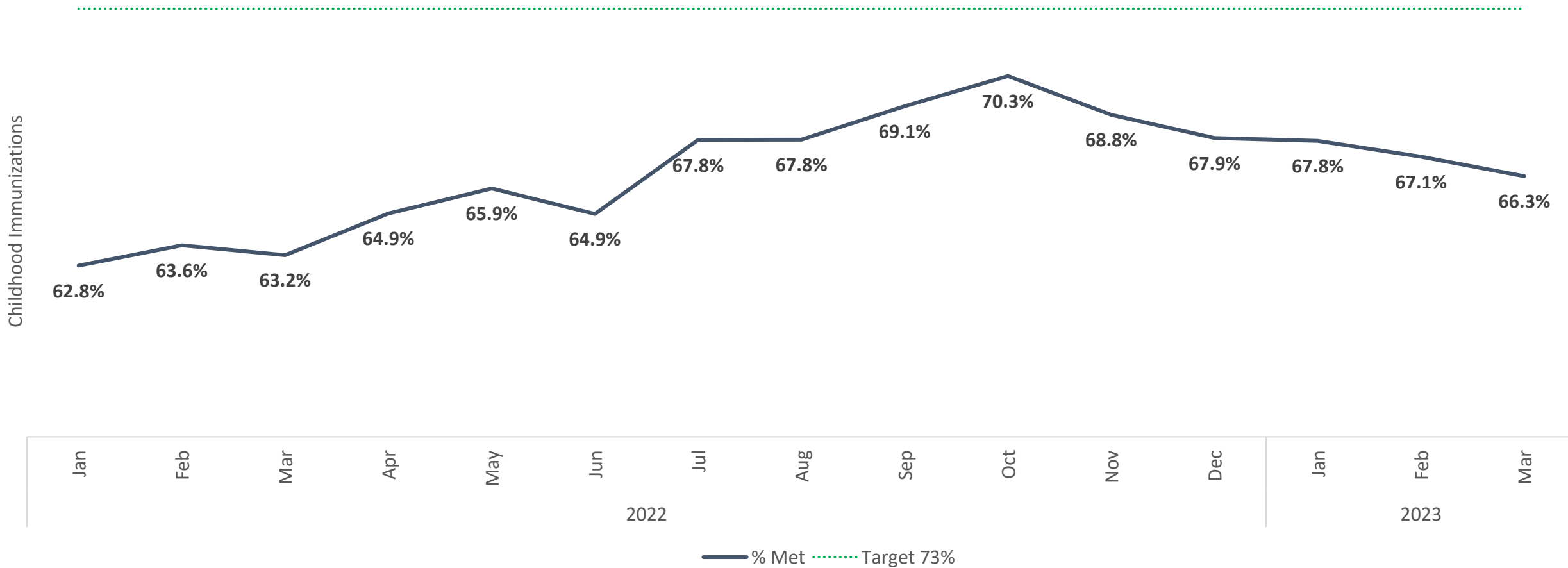
HRO Throughput Workgroup

Average Variance MSDRG-GMLOS



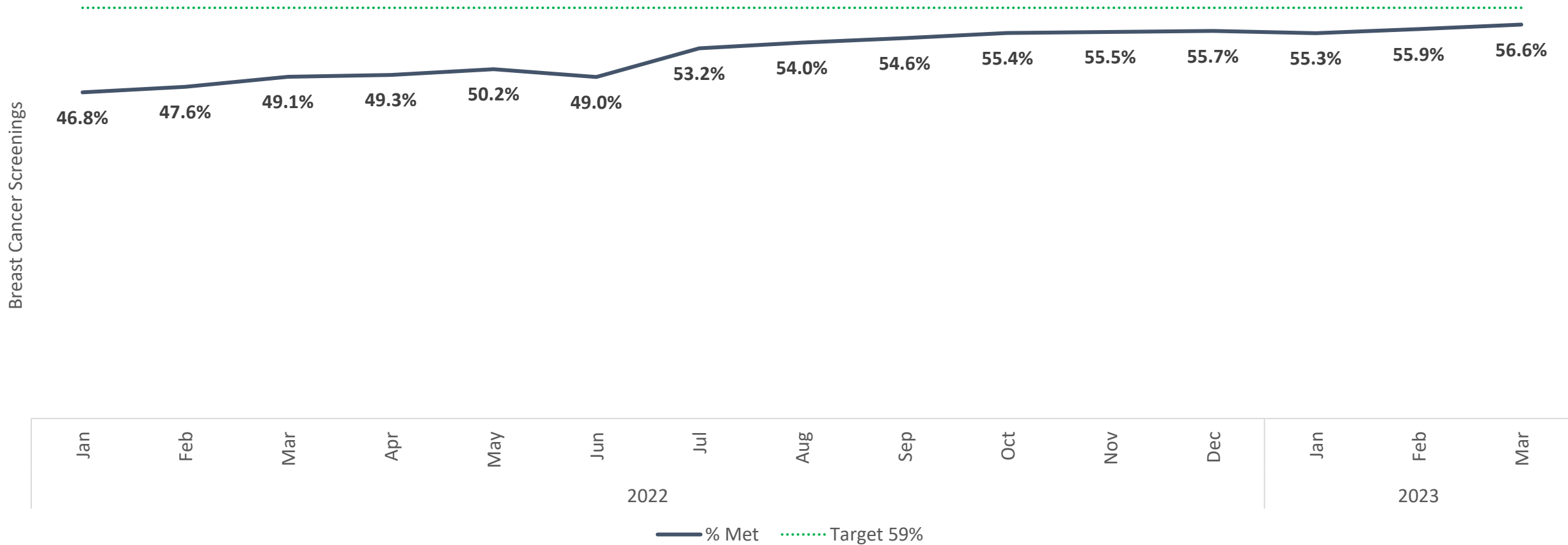
HRO HEDIS Workgroup

Childhood Immunizations for <2 yrs. of age > 73%



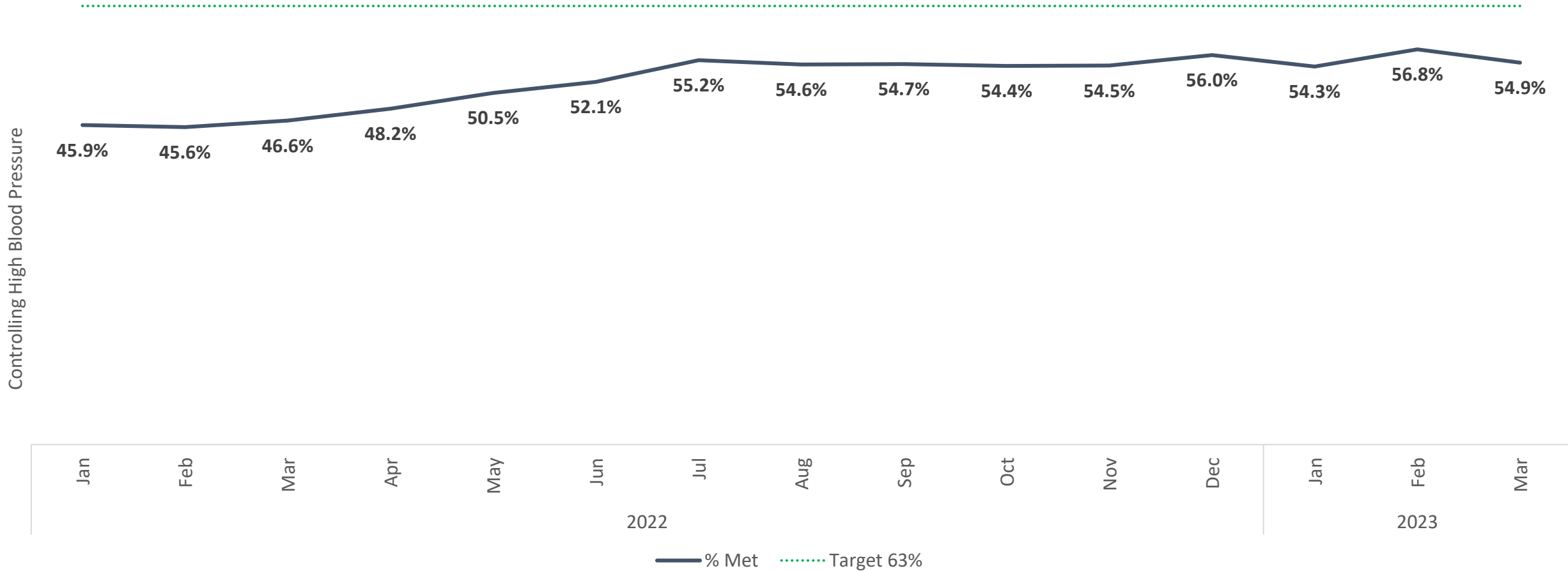
HRO HEDIS Workgroup

Breast Cancer Screening for women 52-74 > 59%



HRO HEDIS Workgroup

Hypertension Blood Pressure <140/90 Compliance



HRO Patient Experience Workgroup A3

Overall Progress

HRO Patient Experience Workgroup A3

Tactical A3 Owner:

Performance, Gaps & Targets		This Year's Action Plan														
	Goals	Specific Actions / Tactics	Deployment Leader	January - December 2023												
				J	F	M	A	M	J	J	A	S	O	N	D	
	Likelihood to Recommend Hospital 2022 Performance: S 70.15 P 52.50 2023 Goal: 75															
	Communication with Nurses Domain 2022 Performance: S 68.5 P 71.12 2023 Goal: 72.93	CI-CARE training Commit to Sit Nurse leader rounding	Sherrie Spencer													
	Communication with Doctors Domain 2022 Performance: S 81.85 P 74.97 2023 Goal: 85	CI-CARE training Physician shadowing (iRounds)	Dr. Ezeokoli													
	Discharge Information Domain 2022 Performance: S 80.75 P 73.08 2023 Goal: 84%	Customized discharge folders	Cassandra Waldington													
	Care Transitions Domain 2022 Performance: S 48.6 P 45.67 2023 Goal: 51%	Identify patient education plan for medications	Denise Goodie													
	Cleanliness of Hospital Environment 2022 Performance: S 56.19 P 59.09 2023 Goal: 58	Updates to nursing units Visual management after cleaning has been Use iRound for cleanliness follow-up	Adam Weber & John Jordan													
	Quietness of Hospital Environment 2022 Performance: S 55.05 P 70.45 2023 Goal: 58	Quiet packs Considering white noise machines	Adam Weber & John Jordan													

Data is based on S=STROGER, P=PROVIDENT

HRO Clinical Documentation Workgroup A3

Overall Progress

HRO Clinical Documentation A3

Tactical A3 Owner:

This Year's Action Plan																						
Goals	Specific Actions / Tactics	Deployment Leader	January - December 2023																			
			J	F	M	A	M	J	J	A	S	O	N	D								
Increase Surgical CMI by 10% 2022 baseline: 3.0492 Goal: 3.35412	Trauma subcommittee	William Brigode	█																			
	SICU subcommittee	Dan Kasey																				
	Cardio-thoracic subcommittee	Ray Sawaqed																				
	Orthopedic subcommittee	Joel Williams																				
	General surgery subcommittee	Tom Komar																				
	Vascular subcommittee	Maggie Rigamer																				
Increase Medical CMI by 10% 2022 baseline: 1.2537 Goal: 1.37907	Target MICU	Ashvini Damodaran																				
	Target CCU and cardiology floor	Tareq Alyousef																				
	Target general-medical floors	Michael Alebich	█																			
	Medical consultation co-management	Michael Hoffman	█																			
Decrease mortality index 2022 baseline: 1.07 Goal: less than or equal to 1.0	Mandatory mortality review	Leslie Frain	█																			
Institute an auditing and quality control process to include CDI specialists & coders	TBD	Leathecia Arnold	█																			
Documentation Integrity for admissions status	TBD	TBD	█																			

HRO Clinical Outcomes Workgroup A3

Overall Progress

Tactical A3 - Clinical Outcomes Workgroup																	
Committee Chairs- Jafar Hasan, MD & Margaret Carroll, RN																	
Performance, Gaps & Targets	This Year's Action Plan																
	2022 Performance	2023 Goals	Tactics	Deployment Leader	January - December 2023												
					J	F	M	A	M	J	J	A	S	O	N	D	
<p>In 2022, we had a total of 12 HAPI, 8 CLABSI, 12 CAUTI and 43 C-Diff cases across CCH. We had 14 VTEs from Jan-Nov 2022. We did not meet compliance with sepsis alert response and 3-hour bundle compliance. The long-term plan is 1-hour sepsis bundle compliance. Total hip and knee complications, iatrogenic pneumothorax, perioperative hemorrhage and post-operative respiratory failure were not significant areas of quality and performance improvement focus. The data suggests that hip and knee complications are largely related to VTE, so if that data is verified, hip and knee complications will be included in the VTE prevention committee.</p>	HAPI PREVENTION																
	2022 baseline: 12 total - Stroger and Provident - 9 at Stroger/3 at Provident comp. hospital:	Stroger: goal maintain no more than 9/Stretch goal - 10% reduction Provident: goal __, stretch	Institute Prevalence and Incidence surveillance at Provident Develop Wound Champions at Provident	Jessica Salgado, MSN,RN & Ahmed Ali, MD													
	SEPSIS																
	SEP-1 Bundle Compliance	3h lactate 2022 - 47%, increase by 10%	Move to Bundle Compliance	Kathryn Radigan, MD & Heather Prescero, MSN,RN													
	2022 baseline: 27%	3h blood cx 2022 - 56%, increase by 10%	Documentation of Care														
	Goal 35%	3h antibiotics 2022 - 74%, increase by 10%	Coding Compliance														
	Stretch : 55%	3h fluids 2022 - 31%, increase by 10%	Abstraction accuracy														
		6h lactate 2022 - 31%, increase by 20%	Raise Awareness														
	PSI-13 (incidence per 1,000): 12 mo. baseline 6.48, 7 cases	Goal <6 Stretch <5															
	INFECTION PREVENTION																
CAUTI: 2022 baseline: 12 cases in 2022	Goal 15% reduction / Stretch Goal - 25% reduction	Bundle Compliance	Sherrie Spencer, MSN,RN & Sharon Weibel, MD														
CLABSI: 2022 baseline: 8 cases in 2022	Goal 10% Stretch 25%	Bundle Compliance															
C-DIFF: 2022 baseline: 43 cases in 2022	Goal 20% reduction (<34) Stretch 25% reduction (<25%)	Identification of all POA C-Diff															
POST-PROCEDURAL COMPLICATIONS																	
PSI-06 Pneumothorax (#/1,000 cases) 2022 baseline .392, 3 cases	Goal <3 Stretch <2		Julie Comer, MD & Margot Abacarian, MSN,RN														
PSI-09 Hemorrhage & Hematoma (#/1,000 cases) 2022 baseline 2.68, 5 cases	Goal <5 Stretch <4																
PSI-11 Respiratory Failure (#/1,000 cases) 2022 baseline 8.33, 14 cases	Goal <11 Stretch <10																
VTE PREVENTION																	
PSI-12 Postoperative VTE		Maximize use of the VTE Risk	Thomas Komar, MD														

Reflection on Last Year's Activities & Key Accomplishments

Not applicable with regard to the Clinical Outcomes Committee Level (newly formed Committee in 2023). Last year's activities for the subgroups are as follows:

HAPI Prevention -Total of 9 HAPI at Stroger and 3 at Provident in 2022.While Provident had an increase from 0 in 2021 to 3 in 2022, overall, HAPIs in the health system reduced by 25% from 16 in 2021 to 12 in 2022. Stroger continues to benchmark at or below the 10th percentile nationally.

Sepsis - Physician and Nursing education completed. 73% compliance with sepsis alert to provider notification w/i 15 minutes and 80% compliance with sepsis alert to completion of

HRO Throughput Workgroup A3

Overall Progress

Performance, Gaps and Targets	Action Plan			
<p>The HRO Throughput Tactical Working Group (TTWG) tracks and trends data that is nursing, EVS, and transport centric and utilizes that data to develop actionable items and tactics to improve efficiencies within each department. Overarching goal is to create visibility, transparency, and synergies to improve patient flow. TeleTracking platform will be the source of truth for data analysis and be the measurement of successes and opportunities. The HRO TTWG will meet twice a month to review findings and measure progress on outstanding actions.</p>	Workgroup	Focus	Actions/Tactics	January - December 2023
	Last Year's Activities and Key Accomplishments			
	ED Throughput	Identify ED process bottlenecks	Review Process Map to identify actionable bottlenecks	
		Update ED Throughput metrics	Identify metrics to reflect improvement processes in ED	
	Dr. Robert Needleman	LWBS <4.3%, stretch <2%	Dr. Quick area to remain open daily	
	William McCracken	ED Arrival to Departure (DC) <420		
		ED Arrival to Departure (Adm) <240		
		Boarders (patients waiting for bed >6 hours)	Create the Virtual Unit to accommodate up to 20 patients to initiate inpatient care pending bed assignment	
		RTM to assign (15min), occupied, compliance		
	Operational Throughput	Identify Bed Control, EVS, Transportation bottlenecks	Create Process Map for Bed Control, EVS and Transportation to identify actionable bottlenecks	
		EVS response time (<30)		
	Adam Weber	EVS Bed TAT (<60min)		
	Lynell Wright	EVS Clean Time (30min)		
	George Esher	Trans Time Pending to Complete		
		Transport Delay Times		
		Bed Control Metrics		
		Geographic localization compliance		
	Inpatient Throughput	Discharge Orders by noon - MD		
		% Pending Discharge Compliance		
	Dr. Nigist Taddese	% Nursing Discharge by 2pm		
	Shery Spencer	Confirmed dc to actual dc time <120		
	Dr. Anshu Singh	Cardiology TAT		
	Dr. Tejinder Randhawa	Radiology TAT		
	Dr. Yasmine Golzar			
	Cassandra Waddington			
	Helen Agomo			
	OR Throughput	First Case Start Time <5min		
	Dr. Richard Keen	Turnover Times		
	Daphne Mitchell	Cancellation Rates		
	Data Throughput	ALOS VS GMLoS		
	Andrea Gibson	IT Support		
	Chris Caudill	QI Data Support		
	Angela O'Banion			
	Andrea Ramel			
Rationale for this Year's Activities				
<p>HRO: Throughput Workgroup focus this year is to identify system bottlenecks that limit productivity and efficiency of patient movement from the admission in ED, through inpatient unit management to discharge. We will identify major bottlenecks in the respective areas of care: ED, bed control, transportation, EVS, diagnostic testing, discharge process; identify additional metrics to monitor improvements; implement processes to reduce idle time of the bottleneck resources, examine and change operations on processes that feed into the bottleneck and that are directly fed by the bottleneck resources, and focus on adding capacity vs. reducing demand of the bottleneck resources on the clinical side.</p>				



HRO HEDIS Workgroup A3

Overall Progress

Performance, Gaps & Targets		HRO HEDIS Workgroup A3		Tactical A3 Owner:																																																																																																																																																																																																																																
<p>In 2022 HEDIS measures related to HgA1C, Childhood Immunizations, and Breast Cancer screening demonstrated quarter-over-quarter improvements with HgA1C meeting goal by Q4 of 2022.</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Hypertension</p> <p>Q1-2022: 46% Q2-2022: 50% Q3-2022: 55% Q4-2022: 55%</p> </div> <div style="text-align: center;"> <p>Childhood Immunizations</p> <p>Q1-2022: 62% Q2-2022: 65% Q3-2022: 68% Q4-2022: 69%</p> </div> <div style="text-align: center;"> <p>Cervical Cancer</p> <p>Q1-2022: 53% Q2-2022: 53% Q3-2022: 52% Q4-2022: 51%</p> </div> <div style="text-align: center;"> <p>Breast Cancer...</p> <p>Q1-2022: 47% Q2-2022: 49% Q3-2022: 54% Q4-2022: 56%</p> </div> <div style="text-align: center;"> <p>HgA1c>9</p> <p>Q1-2022: 28% Q2-2022: 26% Q3-2022: 25% Q4-2022: 23%</p> </div> </div>		<p>This Year's Action Plan</p> <table border="1"> <thead> <tr> <th rowspan="2">Goals</th> <th rowspan="2">Specific Actions / Tactics</th> <th rowspan="2">Deployment Leader</th> <th colspan="12">January - 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