

CCH Monthly Report



to the Cook County Board of Commissioners

Item #: 22-3225

September 20 22



COOK COUNTY
HEALTH

Administrative & Legislative Updates



Presented to the Cook County Health Board on 8/26/2022



COOK COUNTY
HEALTH

Administrative Updates – CCH Employee Recognition

- The Cook County Department of Public Health was selected as a 2022 Innovative Practice Bronze Awardee by the National Association of County and City Officials (NACCHO) for its Contract Tracing Initiative Care Resource Coordination Team. This designation demonstrates the highest level of program innovation to meet the needs of CCDPH’s communities during the COVID-19 pandemic. The program was noted to demonstrate effective community partnerships and collaboration as well as remarkable adaptability, resilience, and innovation. Awardees underwent a rigorous peer-evaluation process by NACCHO’s Workgroup members. Congratulations to the entire CCDPH team, particularly **Dr. Darcie Moeller**, COVID-19 Health Equity Medical Director, **Maureen Rosenbarger** and **Jessica Yee**, COVID-19 Case Investigators.
- The family of a 13-year-old girl who was struck by lightning in Garfield Park earlier this month released a statement thanking the Stroger Trauma and Pediatric care teams and first responders for their daughter’s remarkable outcome. The family and Dr. Thomas Messer, attending trauma physician who cared for the girl, also used this opportunity to stress the importance of CPR training. The relentless application of CPR immediately after the lightning strike by both a relative and Chicago Fire EMS was essential to her swift and full recovery. Special recognition goes to the patient’s trauma care team, including **Dr. Thomas Messer, Sun Park, NP, Stiby Abraham, RN, and Mia Masuda, RN** and pediatric care team, **Dr. Yomi Akintorin, Dr. Nicole Frances, Ean Pino, RN, and Marie DiGiacomo, NP**. The family and Stroger teams also met with the EMS first responders last week to thank them for their incredible work.
- **Dr. Jaleesa Harris**, a CCH Family and Community Medicine resident, was named to the inaugural class of the Community Leadership Fellows, a leadership development experience designed to uplift Black and Brown voices of Chicago by those who live, work, and lead on the Westside. The program aims to cultivate leaders on the West Side to drive sustainable, vibrant communities. Dr. Harris was also a member of the American Medical Association’s Leadership Development Institute Cohort in 2021. In 2017, she founded the community project Mystery Organs where she used cadaver organs to teach health-centered science lessons to elementary and high school-aged students on the west side of Chicago.
- The annual Bud Billiken Day parade was held on Saturday, August 13th. Cook County Health was well represented with **more than 100 CCH team members** providing services, marching and enjoying the southside tradition. Both Provident Hospital and CountyCare had floats in the parade.

Activities and Announcements

MONKEYPOX

- **As of August 18**, the CDC [reports](#) that there are currently 13,516 monkeypox cases in the U.S. with Illinois reporting nearly 900 cases. CCH and CCDPH continue to monitor the situation very closely. CCH is currently offering vaccine at four sites (CORE, Arlington Heights, North Riverside and Blue Island). The CORE Center is providing testing and treatment as well. All services require appointments. ~~Additional monkeypox information can be found in the CEO presentation deck.~~

COVID-19

- Chicago is in medium transmission while suburban Cook County is in low transmission. Efforts continue to vaccinate and boost eligible populations. As of August 22, 2022, CCH has administered 1,018,785 doses of COVID vaccine.

Cook County Health Foundation Annual Gala

- This year's Cook County Health Foundation gala, ***The Future is Bright – Moving toward Equity and Excellence***, will be held on October 12th at the Hyatt Regency Chicago and will support scholarships for individuals pursuing careers in health care. TO purchase tickets or learn more, please visit the [CCHF website](#).

Presentations of Note

- On Monday, August 8th, CEO Rocha spoke to the **League of Women Voters** membership meeting. The presentation covered topics of interest to the League such as the CCH strategic plan, budget and the Change Institute as well as COVID and monkeypox.
- On Monday, August 22nd, CEO Rocha addressed the board of the **Civic Federation** discussing a variety of topics including budget, the Change Institute, COVID and monkeypox. CEO Rocha thanked the Civic Federation for their support of the health system over the years.

Administrative Updates

Food As Medicine

- 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. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.
- Through August 9, 2022, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 404 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 an estimated 43,219 households, representing 142,680 individuals. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The Greater Chicago Food Depository's Fresh Food Truck visits for the month of September include the following ACHN Health Centers.

- September 01 – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623
- September 13 – **Provident Hospital/Sengstacke Health Center** – 500 W. 51st Street, Chicago, IL 60615
- September 15 – **Arlington Heights** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- September 16 – **CORE Center** – 2020 W. Harrison Street, Chicago, IL 60612
- September 15 – **Arlington Heights** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- September 22 – **Blue Island Health Center** – 12757 S. Western Ave., Blue Island, IL 60406

Administrative Updates Community Advisory Councils

- Cook County Health’s Advisory Councils include patients, community and religious organizations and serve as a way to promote CCH services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center’s relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.
- The Third Quarter meetings will include information about CCH’s Strategic Plan, CountyCare’s Equity Programs, the Chicago-Cook Workforce Partnership and the Cook County Health Survey (CCHS) and the Suburban Cook County Health Atlas. In addition, updates on Cook County Health, Covid-19 Vaccination and Community Outreach are provided. Each CCH health center also provides an update on its operations at the meeting.

Upcoming CAC meeting dates, including the 2022 schedule:

- **Robbins:** Tuesday at 1:00 PM: September 13, December 13
13450 S. Kedzie Road, Robbins, IL 60472
- **North Riverside:** Wednesday at 1:00 PM: September 14, December 14
1800 S. Harlem Avenue, North Riverside, IL 60546
- **Englewood:** Thursday at 1:00 PM - September 15, December 15
1135 W. 69th Street, Chicago, IL 60621
- **Provident Hospital/Sengstacke Health Center:** Wednesday at 9:00 AM: October 12
500 W. 51st Street, Chicago, IL 60609
- **Cottage Grove:** Tuesday at 1:00 PM: October 25
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411
- **Blue Island:** Wednesday at 1:00 PM: November 16
12757 S. Western Ave., Blue Island, IL 60406
- **Arlington Heights:** Tuesday at 1:00 PM: November 29
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Administrative Updates Community Events

- As in person event participation begins to resume, Cook County Health and CountyCare will be present at events to promote the health system and the Medicaid program. Events in July include the following:
 - June 25 Cook County Health and CountyCare promotion at the LUCERO Men's Health & Family Resource Fair which is hosted by Latino Task Force, LUCERO and Chicago Family Health Center and which will take place at the Chicago Family Health Center parking lot located at 9119 S. Exchange Avenue in Chicago.
 - June 25 Cook County Health and CountyCare promotion at The Rite to Wellness Campaign which is hosted by The Garfield Park Rite to Wellness Collaborative, and which will take place at the Garfield Park Community Plaza & Outdoor Roller Rink located at 4008 W Madison Street in Chicago.
 - June 30 Cook County Health and CountyCare promotion at Representative Lamont Robinson's Senior Appreciation which will take place at the Paul G. Stewart Center located at 400 E. 41st Street in Chicago.
 - July 15 Cook County Health and CountyCare promotion at the Hanover Park Police - COPS Picnic which is hosted by the Village and the Police Department and will take at the Spring Wood Middle School located at 5540 Arlington Drive E in Hanover Park.
 - July 17 Cook County Health and CountyCare promotion at the Spirit Redeemed Missionary Baptist Church Resource Event which will take at the church located at 6615 South Ashland Avenue in Chicago. We will do Englewood Health Center promotion at the event as they are members of our Englewood Advisory Council.
 - July 30 Cook County Health and CountyCare promotion at Commissioner Debra Sims Back to School Event which will take at Phalanx Family Services located at 837 W. 119th Street in Chicago.
 - July 30 Cook County Health and CountyCare promotion at HopeFest 2022 which is hosted by New Life Main Covenant Church and will take place at the New Life Main Campus located at 3400 W. Division Street in Chicago.
 - July 30 Cook County Health and CountyCare promotion at the Health & Wellness Medical Camp which is hosted by the Sai Spiritual Community Center (SSCC) organization and will take place at the SSCC building located at 70 Golfview Drive in Northlake.
 - July 30 Cook County Health and CountyCare promotion at the Aetna Back to School Bash which is sponsored by the Aetna and will take place at the Moore (Maurice) Park located at 5085 W. Adams in Chicago.

Administrative Updates Upcoming Event Participation

Cook County Health and CountyCare will be present at a number of events in September to promote the health system and the health plan including:

- September 1 Cook County Health and CountyCare promotion at the **Proviso Township High School's 2022 Back to School Bash!** which will take place at the school located at 4701 Harrison Street in Hillside.
- September 11 Cook County Health and CountyCare promotion at Mision Luterana Unida's Resource Fair which is hosted by the church and Youth Crossroads, and which will take place at the church grounds located at 6720 31st Street in Berwyn.
- September 14 Cook County Health and CountyCare promotion at the **Emergency Management & Regional Security's Preparedness Fair** which is hosted by the Cook County Department of Emergency Management and Regional Security, and which will take place at Daley Plaza located at 50 W. Washington Street in Chicago.
- September 17 Cook County Health and CountyCare promotion at the **Pilsen Neighbors Association and the Cook County Public Defender's Office 7th Annual Driver's License Registration Expo** which is taking place at Malcolm X College located at 1900 W Jackson Boulevard in Chicago.
- September 21 CountyCare's **Community Stakeholder Committee Meeting** will happen virtually and topics on breast cancer, back to school, and others will be addressed with the community organizations in attendance.
- September 26 Cook County Health and CountyCare promotion at the **Back of the Yards Neighborhood Council's Blood Drive and Block Party** which will take on the street at 1823 W. 47th Street in Chicago.
- September 29 Cook County Health and CountyCare promotion at **Cook County Commissioner Bill Lowry's 2nd Annual Men's Health Fair** which will take place at the Apostolic Church of God located at 6320 S Dorchester Avenue in Chicago. CCH will do HIV testing and Dr. Turner will manage the "Ask the Doctor" table.

Legislative UpdatesState

- Governor Pritzker and the Illinois Department of Healthcare and Family Services (HFS) [announced](#) that Medicaid reimbursement rates for abortion services will increase by 20%, starting September 1, 2022. Additionally, HFS will eliminate the requirement that providers receive a denial from Medicare before submitting a payment request to Medicaid for abortion services provided to individuals enrolled both in Medicare and Medicaid; this change will primarily impact adults with disabilities.

Additionally, the Illinois Department of Public Health will add \$2M to the Title X family planning program, allowing new provider sites to apply for grant funds to offer HIV testing, breast and cervical cancer screenings, STI and pregnancy testing, and other family planning services and counseling. Title X does not provide funding for abortions.

- Governor Pritzker and the Illinois Department of Healthcare and Family Services [announced the launch of the Program of All-Inclusive Care for the Elderly \(PACE\)](#), which provides community-based services for eligible adults in Medicare and Medicaid (dual-eligibles) 55 years and older.

PACE services include care planning and coordination, long term services and supports, therapies, medications, mental health, and hospice care. PACE providers will serve dual-eligibles living in five service areas: West Chicago, South Chicago, Southern Cook County, Peoria, and East St. Louis. PACE services are anticipated to start in state fiscal year 2024.

- The 2022 Fall Legislative Session is scheduled for November 15-17 and November 29-December 1. While these days are often referred to as “Veto Session”, the Governor did not veto any legislation from the Spring 2022 session. The Fall Session will follow the statewide general election on November 8.

Depending on the outcome of the statewide election, “lame duck” session days may also be scheduled for early 2023, prior to the inauguration of the 103rd General Assembly.

- Legislators have expressed interest in returning to Springfield for a special session to address reproductive health and gun safety legislation. No dates have been announced yet.

Legislation approved after May 31 requires a supermajority (71 in the House, 36 in the Senate) for an immediate effective date; legislation passed with a simple majority (60 in the House, 30 in the Senate) would have an effective date of June 1 of the following year.

Legislative Updates Federal

Inflation Reduction Act (H.R. 5376), a.k.a. Budget Reconciliation Bill

- H.R. 5376, which reflects the agreement reached by Senate Majority Leader Charles Schumer (D-N.Y.) and Senator Joe Manchin (D-W.V.) – with some concessions to Senator Kyrsten Sinema (D-Ariz.) – passed the Senate 51-50 on August 7 using the budget reconciliation process. House Leadership called the House of Representatives back into session to pass the bill as amended by the Senate on a party line vote on August 12. President Biden signed the bill into law on August 16.

Despite the ongoing push by advocates for provisions to close the Medicaid gap in non-expansion states, extend 12-month continuous coverage post-partum and lift the Medicaid inmate exclusion for returning citizens, among others, the measure does not include major Medicaid or public health provisions. However, it does include significant health policy provisions of interest.

- *Enhanced ACA Marketplace Premium Support Extended* - The legislation includes a three-year extension (through calendar year 2025) of the expiring enhanced subsidies for low- and moderate-income individuals and families to purchase health insurance coverage on the Affordable Care Act Marketplaces. The enhanced subsidies were enacted as part of the 2021 American Rescue Plan Act but were set to expire at the end of this year.
- *Prescription Drug Price Reform in Medicare* - The Inflation Reduction Act allows Medicare to negotiate drug prices for the first time. At first, CMS will negotiate prices for the ten high priced drugs in 2026, expanding the list in subsequent years. Also, Medicare beneficiaries' out of pocket costs for prescription drugs will be capped at \$2000 per year. There is currently no cap. Medicare beneficiaries' out-of-pocket costs for insulin will be capped at \$35.
- *Improving Access to Vaccines for Adults in Medicaid* - The new law will also require coverage of all Advisory Committee on Immunization Practices (ACIP)-recommended vaccines for Medicaid and CHIP without cost-sharing. Under current law, Medicaid enrollees under the ACA Medicaid expansion have coverage of all vaccines recommended by the ACIP without cost sharing, but coverage of vaccines for other adults in Medicaid is optional, and states can determine which vaccines to cover and whether to apply cost sharing.

Legislative Updates Federal (Cont.)

FY 2023 Appropriations and COVID Supplemental

- On July 28, Senate Democrats rolled out a proposed \$21 billion in emergency funding to address COVID. The measure would provide funding for research on improved vaccines that can better combat new variants and allow for the purchasing of additional vaccines, tests, and treatments. Senate Democrats included the emergency funding along with all twelve of their FY 2023 appropriations bills.

Senate Republicans continue to question the need for more COVID funding and insist that unspent funds from ARPA, or other previous COVID bills, should be used to pay for additional needs.

Most observers do not anticipate an agreement on FY 2023 appropriations, much less the COVID funding, before the lame duck session after the November elections.

Biden Administration

- Once again, the Administration did not give a 60-day notice on Friday, August 12, that it plans to end the COVID public health emergency (PHE). This means the enhanced federal Medicaid match (FMAP) tied to the PHE likely will extend past October 13, likely at least into the new year. Some Medicaid advocates are calling on Congress to repurpose the temporary FMAP increase to pay for mandatory 12-months continuous post-partum Medicaid coverage. The County has supported the provision in the House-passed Build Back Better Act to phase out the enhanced FMAP after the PHE ends in the Build Back Better Act, but senators did not include this provision in the final Inflation Reduction Act.

On August 17, Centers for Disease Control and Prevention (CDC) Director Rochelle Walensky said that the agency did not reliably meet expectations and would overhaul its operations after an external review found shortcomings in the COVID-19 response. Director Walensky's acknowledges the validity of some of the CDC's critics. The CDC plans to prioritize public health impact over a more academic mindset going forward.

On August 11, the CDC relaxed its COVID guidance, including the recommendation that people stay in quarantine after a COVID exposure and the 6 feet social distancing recommendation.

The CDC also said people no longer need to stay at least 6 feet away from others. CDC continues to advise that people who test positive should isolate for at least five days, regardless of whether they were vaccinated.

On August 9, the Food and Drug Administration (FDA) authorized smaller intradermally injected doses of monkeypox vaccine to stretch out the currently scarce supply of the two-dose Jynneos vaccine. The new administration protocol for Jynneos will allow up to five times the number of doses out of a single vial.

Monthly Media Report



July 25, 2022– August 21, 2022

Presented to the Cook County Health Board on 8/26/2022



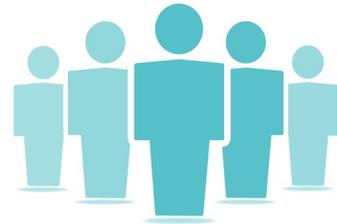
COOK COUNTY
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Earned Media Dashboard: July 25 – August 21, 2022



Total Media Placements

265



Total Reach

1.4 Billion People



Total Media Value

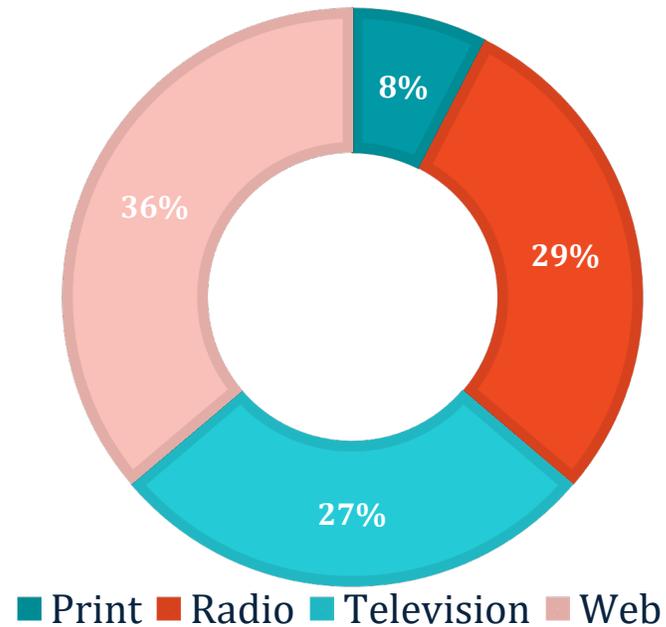
\$13.3 Million

Top 5 Local Media Outlets

1. *WBBM radio*
2. *NBC 5 Chicago*
3. *WLS Radio*
4. *ABC 7 Chicago*
5. *Fox 32 Chicago*

Media Dashboard: July 25- August 21, 2022

Media Outlet Type



Most Common Topics

1. Monkeypox
2. COVID-19
3. Safety tips about heat
4. Trauma patient and importance of CPR
5. Breast cancer

Recent Cook County Health COVID-19 Media Coverage

22,208 Media Hits on COVID-19 since February 2020



Not Sure If You Still Have COVID or if You Got it a 2nd Time? How Long You Can Test Positive and More



Do you still have to wear a mask? Why Some Health Experts Say You Might Want To



'Going to look normal': Many precautions will ease in schools even as COVID lingers



How likely is a COVID rebound for people on Paxlovid?



What is BA.4.6? Expert Explains New COVID Variant Now Being Tracked by CDC



New omicron offshoot ticks up in US: 4 notes

Recent Cook County Health Monkeypox Media Coverage

154 Media Hits on Monkeypox since June 2022



Monkeypox Symptoms: Early Signs to Watch For as Virus Spreads in Chicago Area



Doctor answers questions about monkeypox



Northalsted Market Days organizers focus on safety amid monkeypox outbreak



Biden administration declares monkeypox a public health emergency



Cook County Health to hold hearing on monkeypox



Does Everyone With Monkeypox Get a Rash? Here's What to Know About Symptoms



Social Media Report

July 25– August 21, 2022

Presented to the Cook County Health Board on 8/26/2022



COOK COUNTY
HEALTH

Social Media Summary

July– August Activity

During July 25 – August 21, 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 – 37 posts

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

Instagram – 41 posts (includes stories and IGTV)

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

Twitter – 48

<https://twitter.com/CookCtyHealth>

LinkedIn – 23 posts

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

Social Media Summary

As of August 22

Twitter

- Impressions: **10.8K**
- Profile visits: **3.2K**
- Engagements: **276**
- Followers: **4,574** (up **18**)

LinkedIn

- Impressions: **32.7K** (up **107%**)
- Page Views: **1.3K**
- Engagements: **2.7K** (up **215%**)
- Followers: **8.7K** (up **204**)

Facebook

- Total impressions: **68.1K**
- Post engagement: **3.4K**
- Post reach: **27.6K**
- Page followers: **7,762** (up **76**)

Instagram

- Impressions: **12.9K** (up **36%**)
- Engagement: **319** (up **67%**)
- Profile visits: **320**
- Followers: **2,845** (up **26**)

Finance Metrics

Presented to the Cook County Health Finance Committee on 8/18/2222



COOK COUNTY
HEALTH

Executive Summary: Statement of Financial Condition June 30, 2022

- On an accrual basis, interim financials show that CCH ended June with a \$39.9M positive variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses shows a \$286.3M positive variance primarily due to the timing difference of CountyCare PMPM payments impacting the revenue and claims payments impacting expenses.
 - Revenue Commentary:
 - YTD NPSR reflects \$15M Non-CountyCare MCO Directed Payment Catchup
 - CountyCare received \$12M in state corrections to capitation in April due to increase in eligible members
 - Expenditures:
 - YTD Negative variance to Budget in Purchased Services expense partially offset by Salaries & Wages under budget due to positions not yet hired
 - CountyCare claims expense greater than budget due to higher than budgeted membership
 - CountyCare:
 - CountyCare is showing an operating gain of \$12.0M
 - Membership remains over 436,000, which is greater than the 391,000 monthly average budgeted

Financial Results June 30, 2022

Dollars in 000s	FY2022 Actual	FY2022 Budget	Variance	%	FY2021 Actual (3)
Revenue					
Net Patient Service Revenue (1)	\$534,237	\$392,489	\$141,748	36.12%	\$345,638
CountyCare Elimination-Claims (1)	(\$70,109)	\$0	(\$70,109)		(\$64,201)
Government Support (2)	\$232,360	\$230,593	\$1,767	0.77%	\$227,525
Adjusted NPSR	\$696,488	\$623,082	\$73,406	11.78%	\$508,962
CountyCare Capitation Revenue	\$1,615,778	\$1,597,926	\$17,851	1.12%	\$1,402,397
CountyCare Elimination-Directed Payments (1)	(\$117,882)	(\$69,499)	(\$48,383)	69.62%	\$0
Other	\$8,088	\$9,426	(\$1,337)	-14.19%	\$12,403
Total Revenue	\$2,202,473	\$2,160,935	\$41,537	1.92%	\$1,923,762
Operating Expenses					
Salaries & Benefits	\$389,135	\$462,120	\$72,985	15.79%	\$387,451
Overtime	\$25,885	\$22,791	(\$3,095)	-13.58%	\$26,626
Supplies & Pharmaceuticals	\$91,342	\$86,754	(\$4,588)	-5.29%	\$85,182
Purchased Services & Other	\$339,214	\$189,881	(\$149,334)	-78.65%	\$216,544
Medical Claims Expense (1)	\$1,528,298	\$1,488,981	(\$39,317)	-2.64%	\$1,322,358
CountyCare Elimination-Directed Payments (1)	(\$117,882)	(\$69,499)	\$48,383	-69.62%	(\$64,201)
CountyCare Elimination-Claims (1)	(\$70,109)	\$0	\$70,109		\$0
Insurance	\$17,081	\$21,526	\$4,445	20.65%	\$18,588
Utilities	\$7,313	\$6,806	(\$507)	-7.45%	\$8,407
Total Operating Expenses	\$2,210,279	\$2,209,360	(\$919)	-0.04%	\$2,000,955
Operating Margin	(\$7,806)	(\$48,425)	\$40,619	83.88%	(\$77,193)
Non-Operating Revenue	\$79,624	\$80,328	(\$704)	-0.88%	\$71,578
Net Income (Loss)	\$71,818	\$31,903	\$39,914	125.11%	(\$5,615)

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: June 30, 2022

Key Revenue Indicators

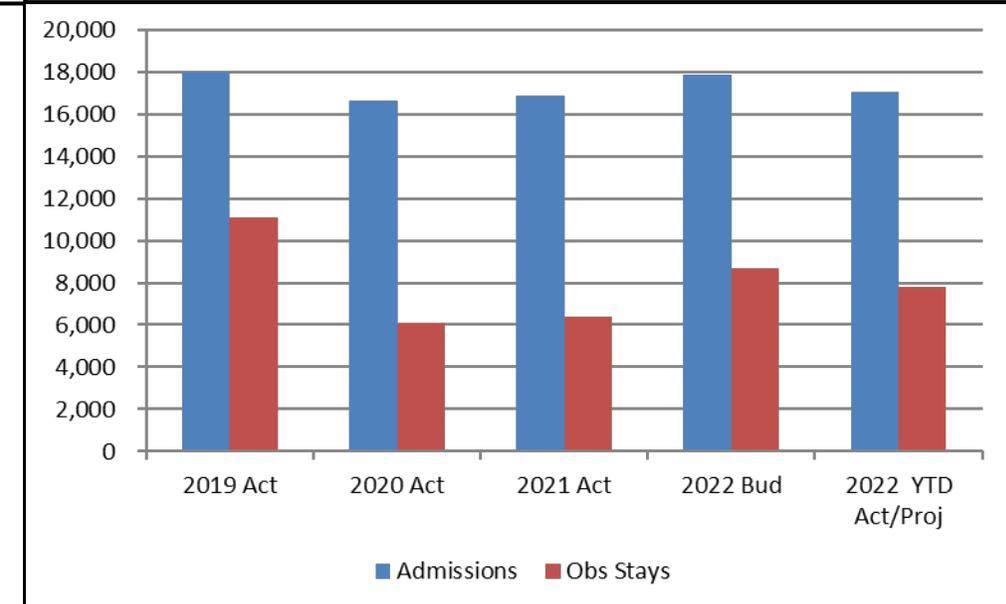
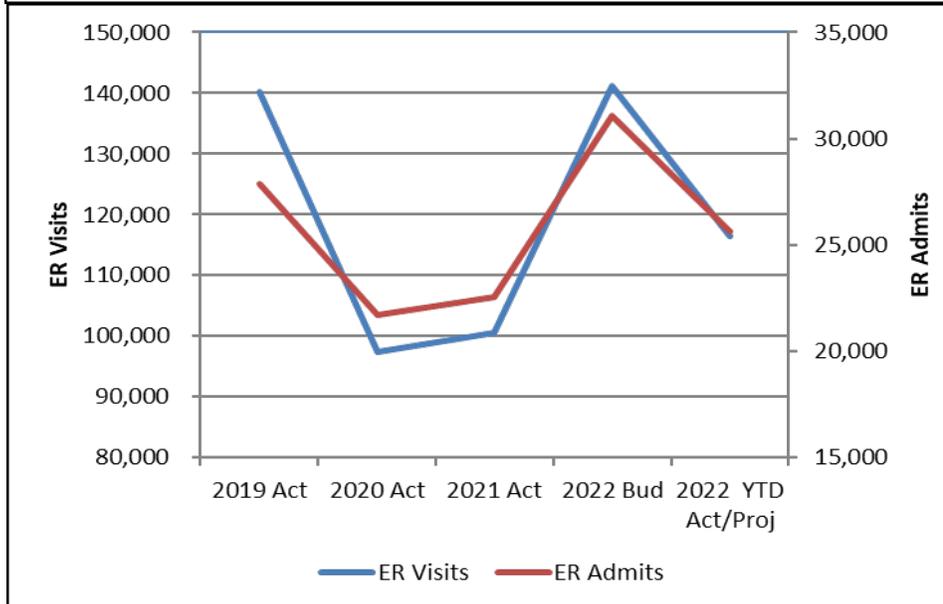
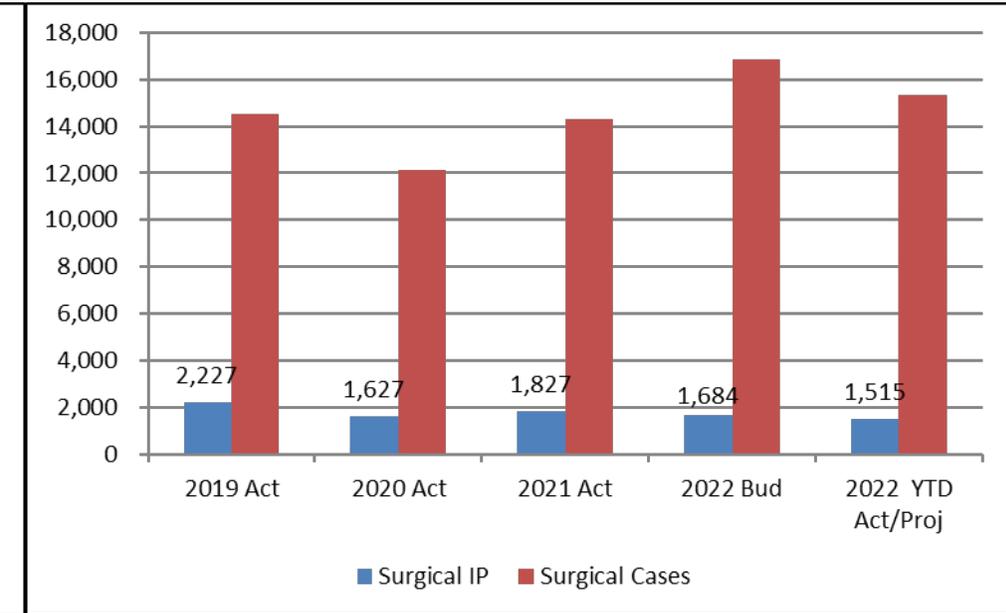
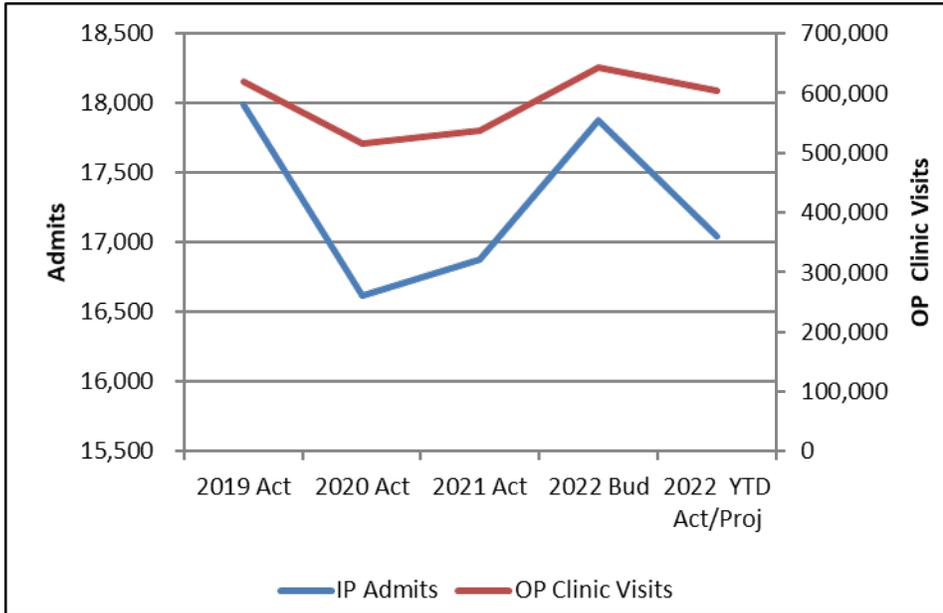
Patient Activity	2022 YTD Actual	2022 YTD Budget	%	2021 YTD Actual	2020 YTD Actual		Jun 2022 Actual	Jun 2021 Actual
Admissions *	13,372	14,208	-5.9%	13,040	13,845		1,895	1,936
Patient Days *	58,625	68,661	-14.6%	55,324	59,538		8,001	8,280
Average Daily Census *	277	324	-14.6%	261	281		267	276
Emergency Room Visits	58,002	82,733	-29.9%	54,880	61,706		8,881	8,882
Surgeries	8,245	9,784	-15.7%	8,134	6,347		1,304	1,214
Ambulatory Clinic Visits	333,379	373,908	-10.8%	332,565	306,595		48,541	47,221

Volumes continue to lag behind budget, but better than prior year YTD

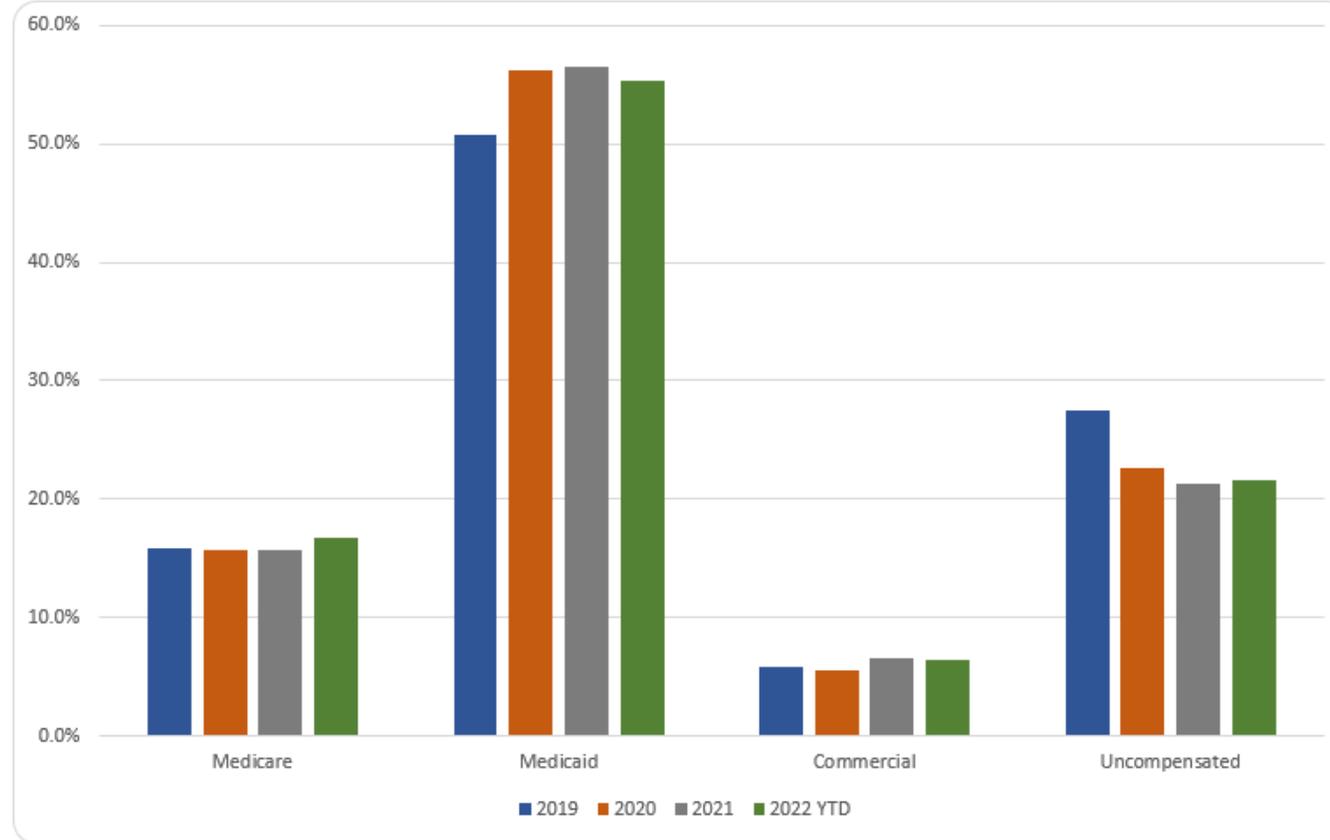
* Includes IP + Observations

Cook County Health

Operating Trends



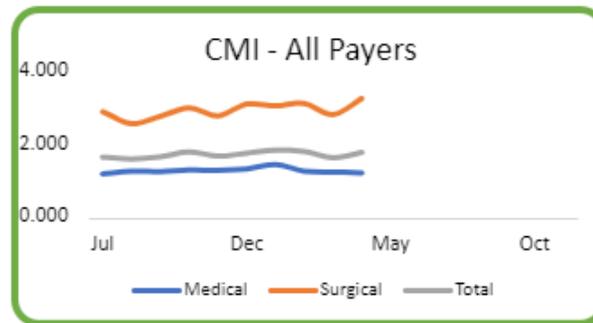
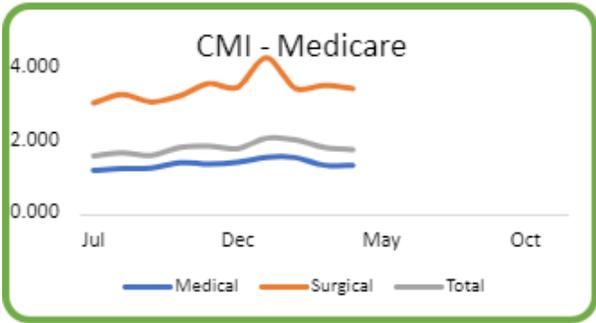
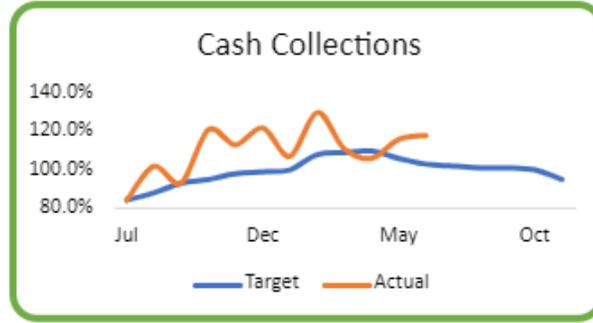
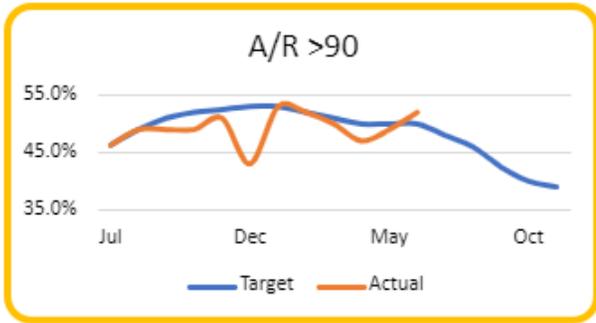
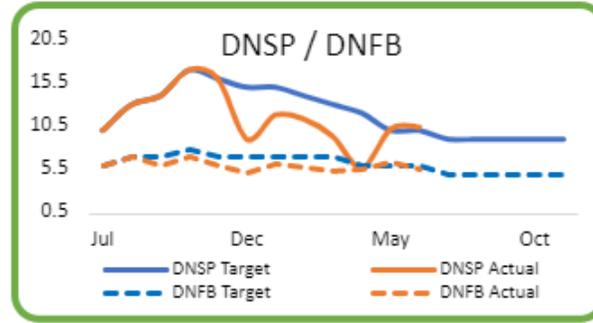
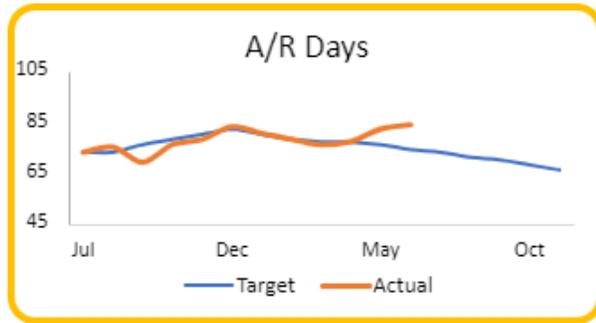
Payer Mix– YoY Comparison



Commentary

- Monitoring for shifts related to undocumented newly eligible for Medicaid 42-54 and 55-64
- Medicaid continues to climb offset by decrease in Uncompensated

Revenue Cycle KPI Trending



Commentary

- A/R Days & A/R >90 is expected to begin to decline late summer as we ramp up additional support and optimize back-end operations.

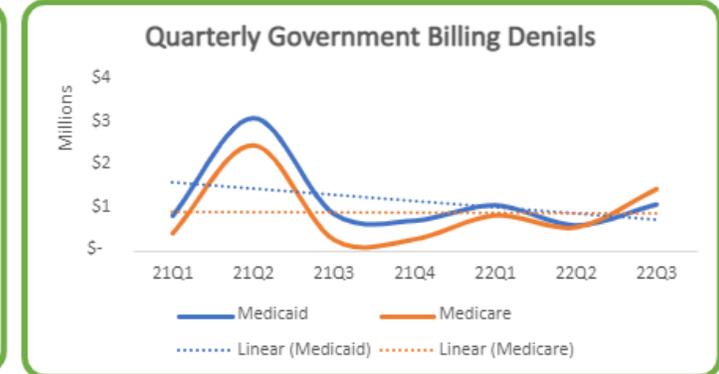
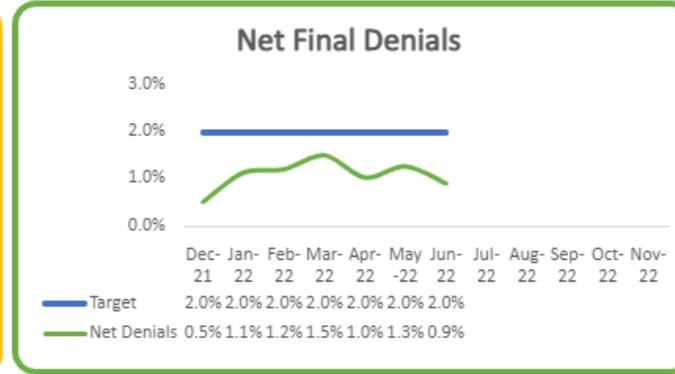
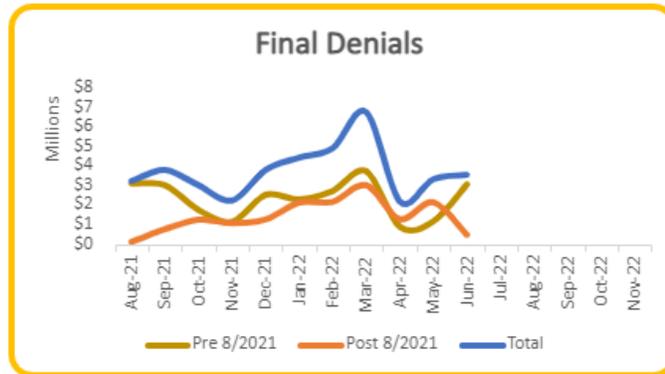
Definitions:

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 Trending



Commentary

The net final denials are hitting targets and final denials are aligned to plans. Additionally, we've added visibility to government specific denials since the first quarter of 2021 and are seeing a reduction in denials as we continue to improve operations.

	May-22	Jun-22
Pre 8/2021	35.2%	86.2%
Post 8/2021	64.8%	13.8%
Total	\$3,347,551	\$3,577,562
Case Management	\$939,431	\$656,812
Coding	\$335,933	\$38,667
Contracting	\$0	\$0
Medical Necessity	\$150,727	\$12,829
Non Covered	\$6,397	\$210,308
Patient Access	\$0	\$414
Other	\$438,244	\$66,677
Prior Authorization	\$735,137	\$521,199
Untimely Filing	\$741,682	\$2,070,656

Cook County Health

2022 Charitable & Public Program Expenditures

Budget/Projection (\$000s)

	2020 Actual Net Benefit	2021 Actual Net Benefit	2022 Budget Net Benefit	2022 Actual/Proj Net Benefit
<u>Charitable Benefits and Community Programs</u>				
Traditional Charity Care	\$ 173,423	\$ 162,626	\$ 152,827	\$ 151,555
Other Uncompensated Care	121,634	100,894	109,162	172,220
Cermak & JTDC Health Services	88,722	104,465	106,405	106,405
Department of Public Health	10,235	16,908	17,763	17,763
Other Public Programs & Community Services	15,006	68,750	66,321	66,321
Totals	\$ 409,020	\$ 453,643	\$ 452,478	\$ 514,264
% of Revenues *	37.0%	38.6%	36.3%	35.6%
% of Costs *	27.3%	27.9%	36.3%	24.9%

* Excludes Health Plan Services

Cook County Health

Savings Initiatives: June 30, 2022

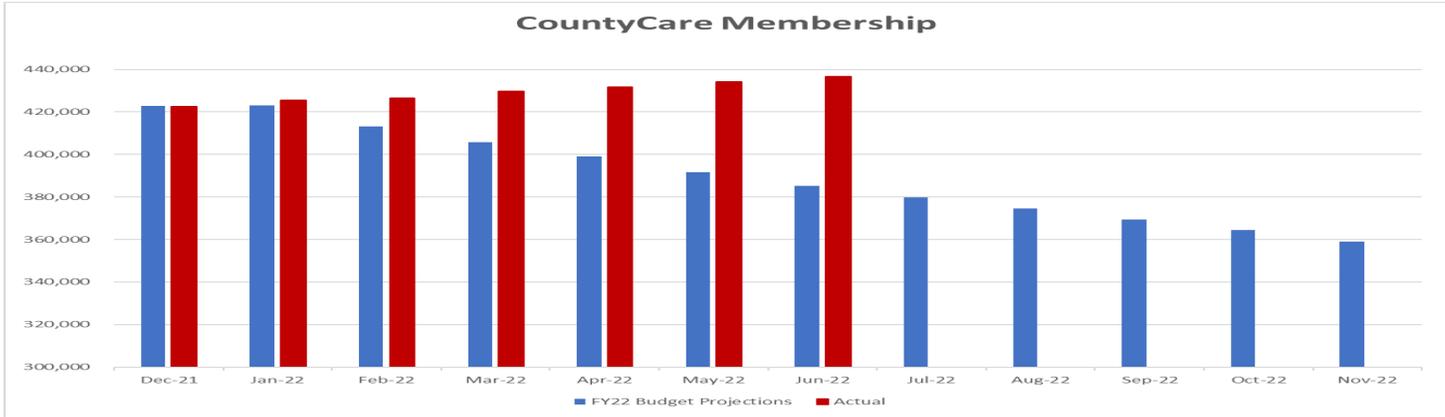
Current Activities in Progress	Budgeted FY22 Impact	YTD Jun Achieved	Status
Revenue Cycle:			
Chargemaster Review/Changes	-	2,161,833	●
Payer Contracting Re-negotiation	-	373,333	●
Charge Capture Improvement	-	1,458,333	●
Vendor Contract Negotiations	-	145,833	●
County Care:			
Care Mgmt System In-Sourcing	-	250,000	●
Network Contract Savings	-	525,000	●
Vendor Contract Negotiations	12,500,000	7,000,000	●
Health System:			
Vendor Contract Negotiations	12,000,000	2,762,667	●
Property Lease Savings	675,000	393,750	●
Equipment Lease Savings	308,472	179,942	●
	<u>\$ 25,483,472</u>	<u>\$ 15,250,692</u>	60%
		7/12ths Goal	58%

Health Plan Services Financial Results June 30, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%	Fy21 Actual
Capitation Revenue	\$1,615,778	\$1,528,427	\$87,350	5.72%	\$1,402,397
Operating Expenses					
Clinical - CCH	\$70,109	\$68,621	(\$1,488)	(2.17%)	\$64,201
Clinical - External	\$1,458,190	\$1,350,861	(\$107,328)	(7.95%)	\$1,258,157
Administrative	\$75,518	\$88,047	\$12,529	14.23%	\$69,683
Total Expenses	\$1,603,816	\$1,507,529	(\$96,287)	(6.39%)	\$1,392,041
Operating Gain (Loss)	\$11,962	\$20,898	(\$8,937)	(42.76%)	\$10,355
Activity Levels					
Member Months	3,006,674	2,849,329	157,345	5.52%	2,734,766
Monthly Membership	436,563	386,719	49,844	12.89%	402,707
CCH CountyCare Member Months	309,828	N/A	N/A	N/A	283,573
CCH % CountyCare Member Months	10.30%	N/A	N/A	N/A	10.37%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$537.40	\$536.42	\$0.98	0.18%	\$512.80
Clinical Cost PMPM	\$508.30	\$498.18	(\$10.12)	(2.03%)	\$483.54
Medical Loss Ratio (1)	92.6%	93.40%	0.79%	0.84%	91.93%
Administrative Cost Ratio	4.6%	6.35%	1.74%	27.33%	4.52%

Commentary

- Total YTD member months are exceeding budget by 157,345 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- Clinical cost are higher due to increase in IBNR estimates driven by recent high-cost claims cases.
- 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 above budget.
- Operating Gain of \$11.M consists of \$16.1M from CountyCare and a loss of \$(4.2)M from Medicare.



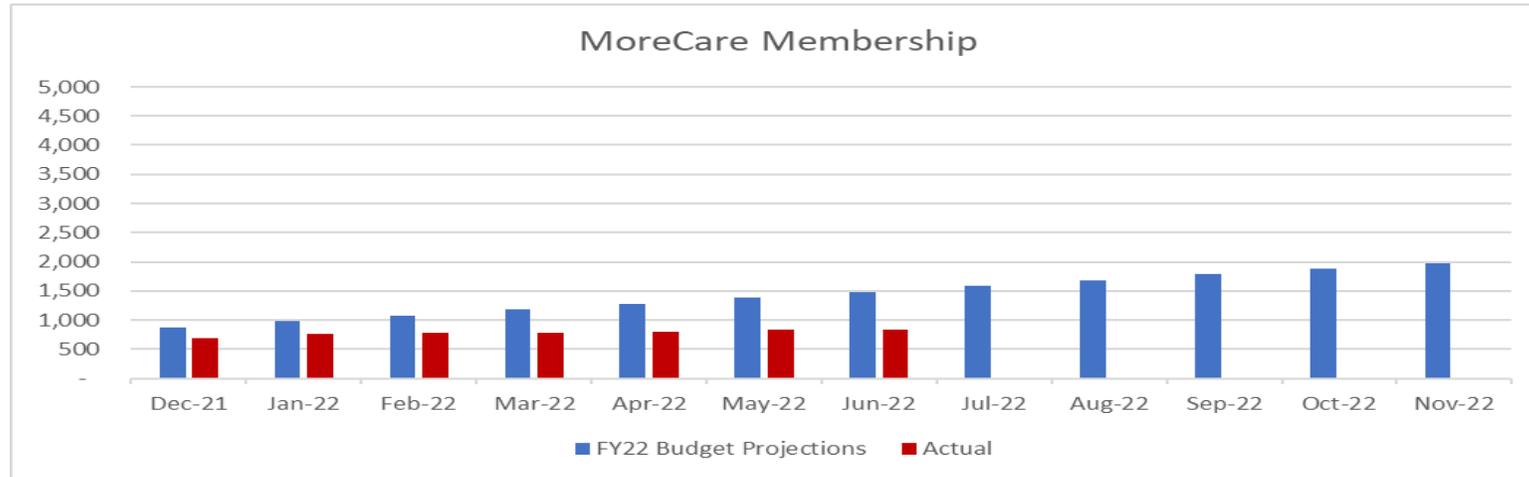
Notes:
 (1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

Medicare Financial Results June 30, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%
Capitation Revenue (Total dollar amount)	\$11,734	\$11,059	\$675	6.10%
Operating Expenses				
Clinical Expenses	\$10,962	\$13,701	\$2,739	19.99%
Administrative	\$4,948	\$3,475	(\$1,473)	(42.40%)
Total Expenses	\$15,910	\$17,176	\$1,266	7.37%
Operating Gain (Loss)	(\$4,176)	(\$6,117)	\$1,941	31.73%
Activity Levels				
Member Months	5,487	8,260	(2,773)	(33.57%)
Monthly Membership	839	1,480	(641)	(43.31%)
Operating Indicators				
Revenue Per Member Per Month (PMPM)	\$2,138.55	\$1,338.89	\$799.66	59.73%
Clinical Cost PMPM	\$1,997.80	\$1,658.74	(\$339.07)	(20.44%)

Commentary

- Membership is lower than budget target by 2,773 members.
- Total operating loss is lower than budget by \$1.9M.



Human Resources Metrics

Presented to the Cook County Health Human Resources Committee on 8/18/2022



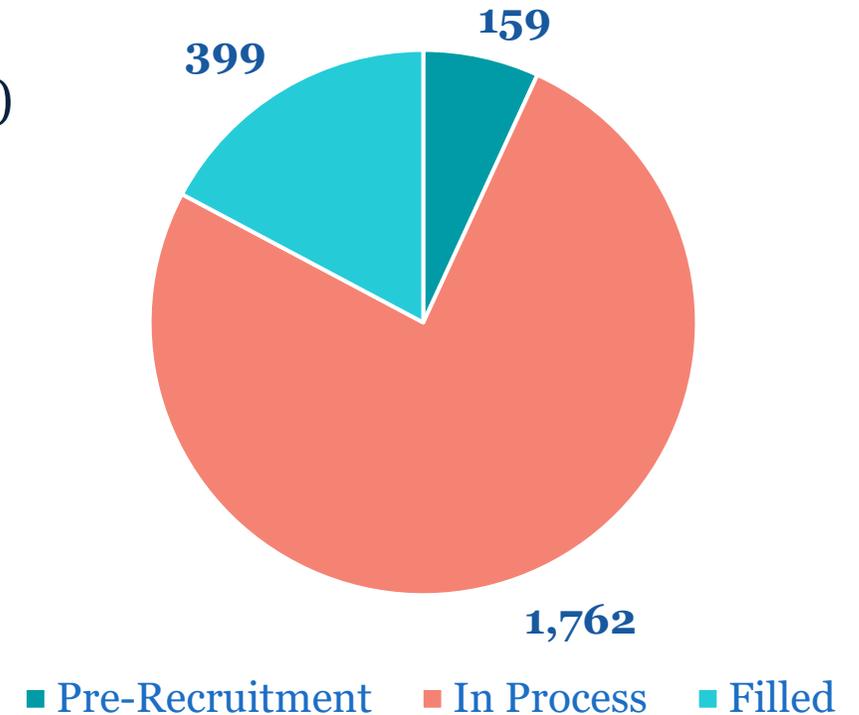
COOK COUNTY
HEALTH

HR Metrics

Thru 07/31/2022

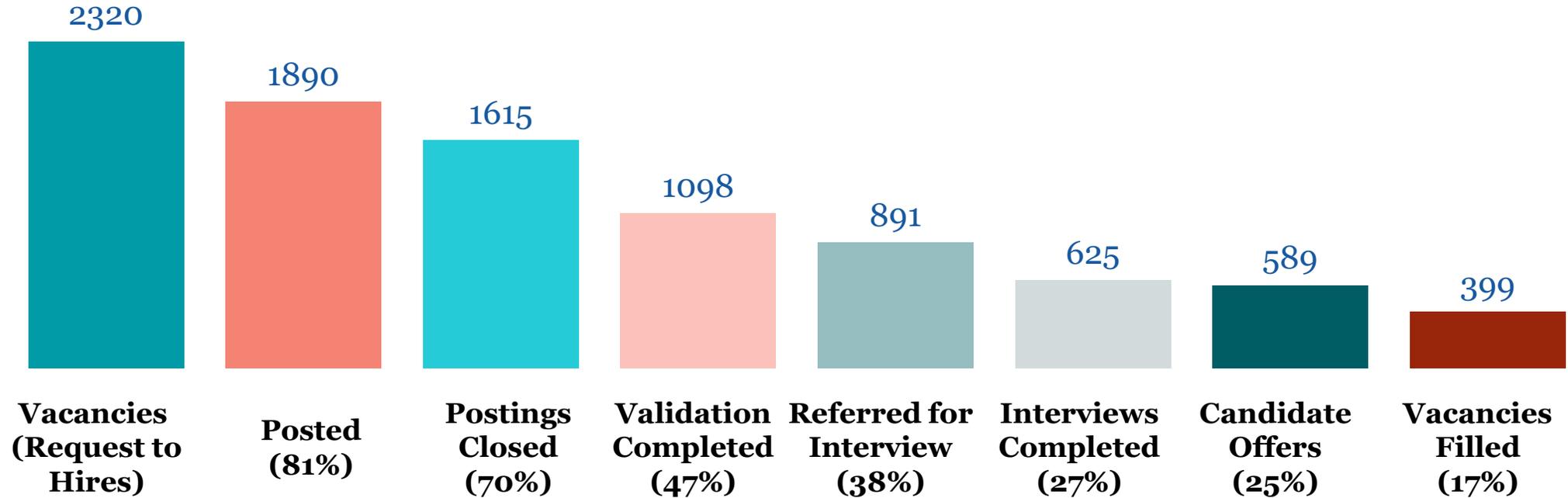
FY2022 Hiring Updates

- HR received **2,320** Request to Hires (vacant positions)
- Hired **399** employees
- Avg Monthly Hires **49.87**
 - 58% | **230** External Hires
 - 42% | **169** Internal Hires



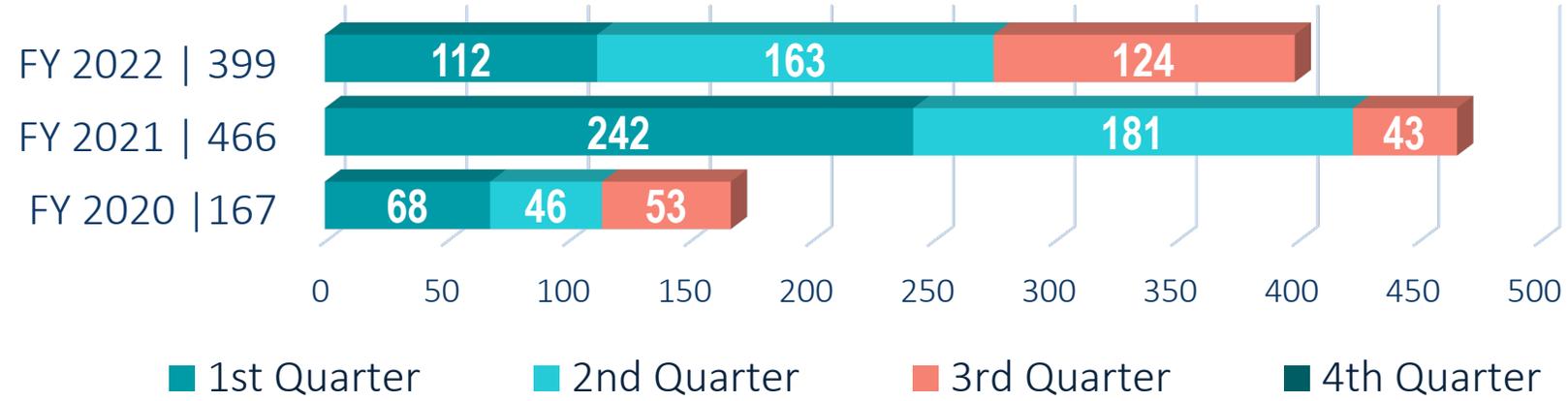
FY 2022 CCH HR Activity Report

Thru 07/31/2022

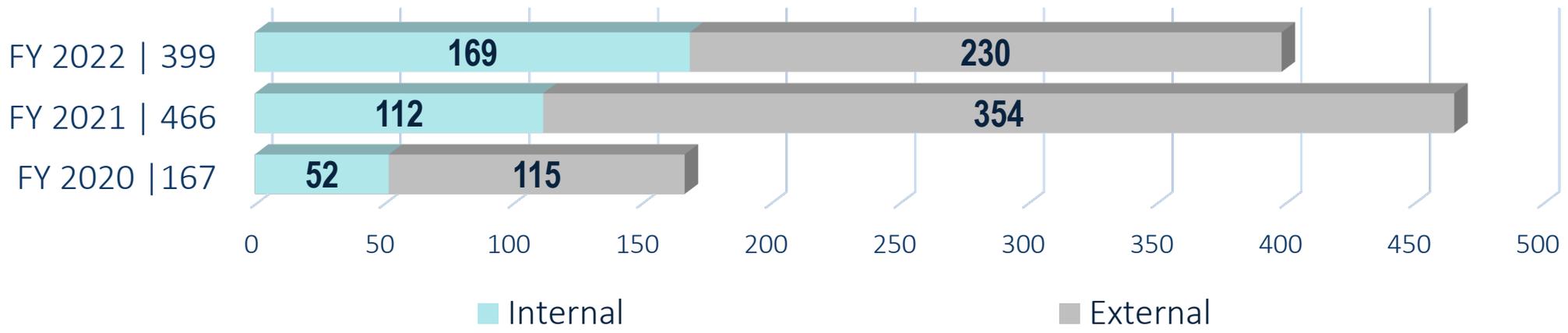


FY 2022 CCH HR Activity Report

FY2022 Hiring Updates YTD



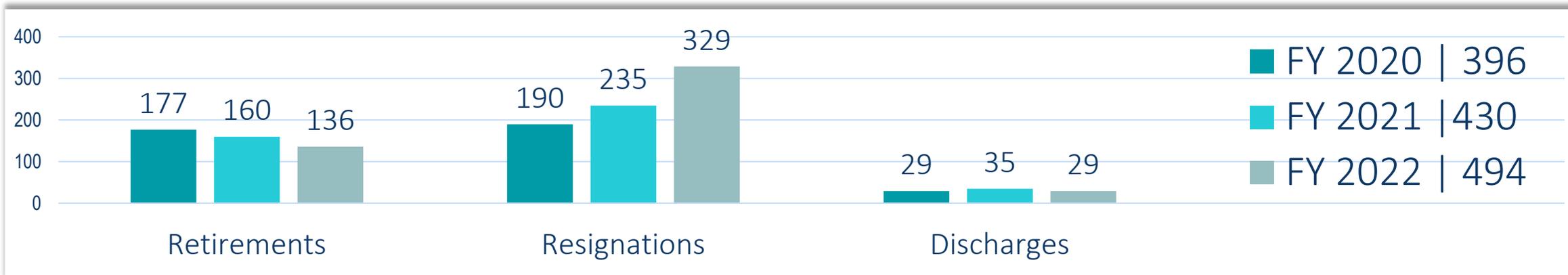
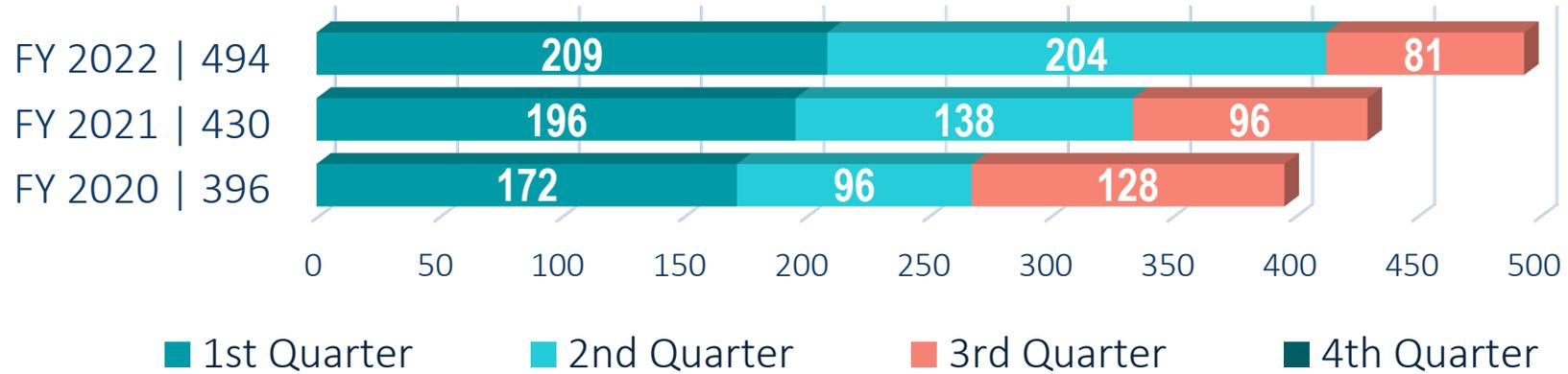
Avg Monthly Hires **49.87**
Avg Monthly Hires **58.25**
Avg Monthly Hires **20.87**



FY 2022 CCH HR Activity Report

Separations

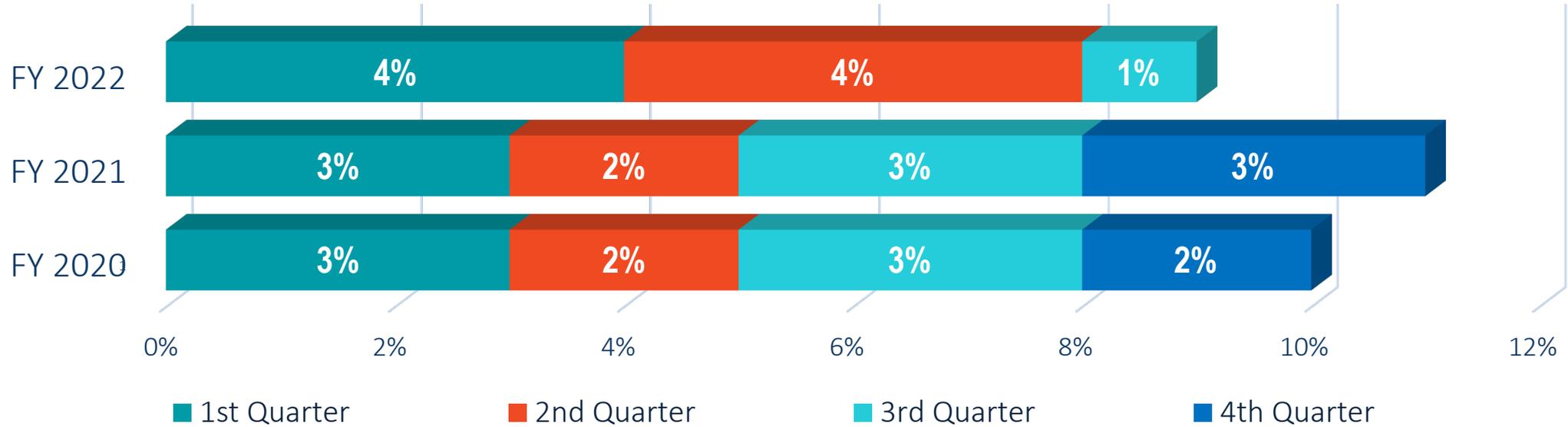
Net Loss = -264
 Separations (494) & External Hires (230)



FY 2022 CCH HR Activity Report

Thru 07/31/2022

Turnover



FY 20 = 546			
Qtr.	# of Employees	Separations	Turnover
Q1	6263	172	3%
Q2	6200	96	2%
Q3	6078	176	3%
Q4	6080	102	2%

FY 21 = 653			
Qtr.	# of Employees	Separations	Turnover
Q1	6071	196	3%
Q2	6038	138	2%
Q3	5926	153	3%
Q4	5841	166	3%

FY22 YTD = 494			
Qtr.	# of Employees	Separations	Turnover
Q1	5,682	209	4%
Q2	5,564	204	4%
Q3	5,548	81	1%
Q4			



Key Focal Areas



Resources

Active recruiting for HR personnel to rebuild the team. Supplemented with contract recruiters and consulting specialists.



Recruiting

HR optimization - recruitment process changes and training to advance hiring with efficiency and velocity. Hiring bonus offerings for market competitiveness.



Technology

We have continued opportunities to modernize recruitment technology, providing support to recruiters to hire with velocity and improvement of applicant experience.



Retention

We have an opportunity to focus on enhancement of the cultural changes and employee engagement/retention activities.



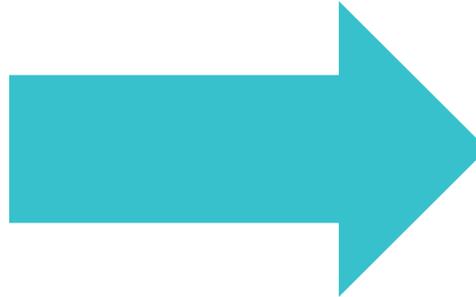
Resourcing

Where we were

Recruiters: Under-resourced

HR personnel to FTE ratio

Time intensive recruiting



Where we're going

Fully staffed

HR to FTE ratio that
meets benchmark

Highly effective
recruiting





Resourcing

Key Initiative	Health Status	Objectives	Tracking Results	
Rebuilding HR Resources: Perm Recruiters + Contract Recruiters Cross Country		<ul style="list-style-type: none"> • Increase recruiting capacity to decrease backlog and achieve hiring goals • 1 : 50 PIDs (vacancies) per recruiter • CCH ratio of employees to HR vs 50-80:1 national benchmark¹ 	<u>Then</u> 4 FTE CCH	<u>Now</u> 6 FTE CCH 8 Contract recruiters
Rebuilding HR Resource: Accelerating Hiring Processes Slalom		<ul style="list-style-type: none"> • Establish new processes to accelerate hiring in the short and long term 	12 day decrease in time between Decision to Hire and Accepted Offer since May 16 75% reduction in time to hire nursing candidates	

¹shrm.org, Employee Guardian





Recruiting

Where we were

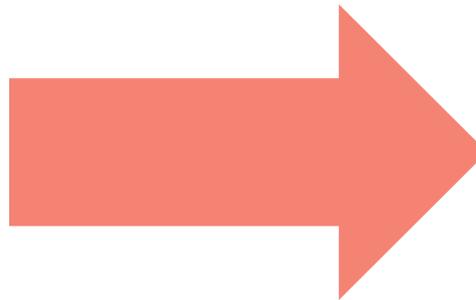
Under-resourced

Unreliable data

Non-scalable processes

Accountability
compromised

Time intensive recruiting



Where we're going

Properly resourced

Data-driven
decision making

Sustainable, scalable
processes

Transparent process
& owners

Effective recruiting
practices





Recruiting

Key Initiative	Health Status	Objectives	Tracking Results	
Recruiting process efficiencies & business transformation Slalom		<ul style="list-style-type: none"> Establish new processes to accelerate hiring in the short and long term 	<div style="display: flex; align-items: center;"> <div style="background-color: #008080; color: white; padding: 5px 10px; font-weight: bold;">150</div> <div style="background-color: #cccccc; width: 100px; height: 20px; margin-left: 5px;"></div> </div> <p>38% towards the goal of 400</p>	
Nurse Hiring Acceleration Incredible Health Sourcing Agent		<ul style="list-style-type: none"> Accelerate progress toward nurse hiring goal Weekly nursing interviews 	80+ nurses sourced	15 Interviews
Hiring Fairs & Interviewing Blitzes Slalom, Cross Country, Brazen Technology Platform		<ul style="list-style-type: none"> Accelerate hiring progress Establish virtual means of hosting events to relieve weight on the organization Establish scalable, sustainable process for future hiring events 	6 events planned for August	200+ PIDs Projected for hiring fairs Repeatable process documented for future hiring fairs





Recruiting: Hiring Fairs

Virtual Event Booth Preview (Radiology)

Departments

- Social Work
- Radiology
- ACHN - Medical Assistants
- Nursing - Med/Surg
- Pharmacy
- Cermak

The screenshot shows a virtual event booth for Cook County Health Radiology. The top navigation bar includes 'Home', 'Opportunities', and 'Employee Benefits'. The main content area features a video player with the title 'Cook County Health Radiology'. Below the video, there is a section titled 'Why choose the Cook County Health Radiology Residency Program?' which lists various benefits and details about the program. The right sidebar contains social media links, a 'Content' section, and a 'Stay Connected' section with social media icons for LinkedIn, Facebook, Twitter, YouTube, and Instagram. At the bottom, there is a 'We are Cook County Health' section with a QR code and a link to sign up.

Hiring Psychiatric Social Workers!
Signing Bonus Available!

Work Locations: Various locations throughout Cook County; Ambulatory Care Healthcare Networks

Virtual Attendance is Mandatory to be considered for positions!
Contingent offers made same day of fair while vacancies remain!

Virtual Hiring Fair
August 18th
9AM- 1PM CST

Competitive Benefits!

Hiring Radiology Techs!

SIGNING BONUS AVAILABLE!

At John H. Stroger, Jr and Provident Hospital, we are hiring for the positions below:

- CT Technologist
- Mammography Tech
- Ultrasound Tech
- MRI Tech

Virtual Attendance is Mandatory to be considered for positions!
Contingent offers made same day of fair while vacancies remain!

CLICK HERE TO SIGN-UP!

For consideration, submit your applications for employment using the following link at cookcountyhealth.org/about/careers.

If you have questions, please call the Recruitment line at 312-864-0430.

Virtual Hiring Fair
August 19th
9AM- 1PM CST

Competitive Benefits!

- Medical, Dental and Vision
- 12 holidays/year
- Generous Vacation time
- Cook County Pension Plan
- Deferred Compensation
- Flexible Spending
- Shift Differentials

For more in-depth information or Frequently Asked Questions (FAQ) please visit our website at <http://cookcountyrisk.com>

COOK COUNTY HEALTH



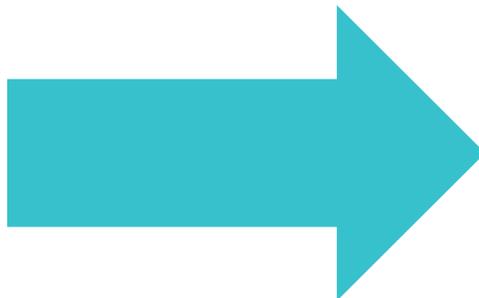
Technology

Where we were

Manual processes

Siloed systems

Limited use of data



Where we're going

Automated workflows

Connected ways
of working

Data-driven
decision making





Technology

Key Initiative	Health Status	Objectives	Tracking Results
HR Dashboard Development Slalom		<ul style="list-style-type: none">• Drive data-driven decision making in recruiting and hiring	4 dashboards created for CCH stakeholders Hiring Manager Dashboard live for 450 users driving decision making
DTH Digitization Slalom		<ul style="list-style-type: none">• Cut time from hiring process by automating DTH form	Solution is built & tested
HR Activity Report Slalom	Complete	<ul style="list-style-type: none">• Free up a senior resource's time by automating reporting	100 hours saved per year automating the "HR Waterfall Report"



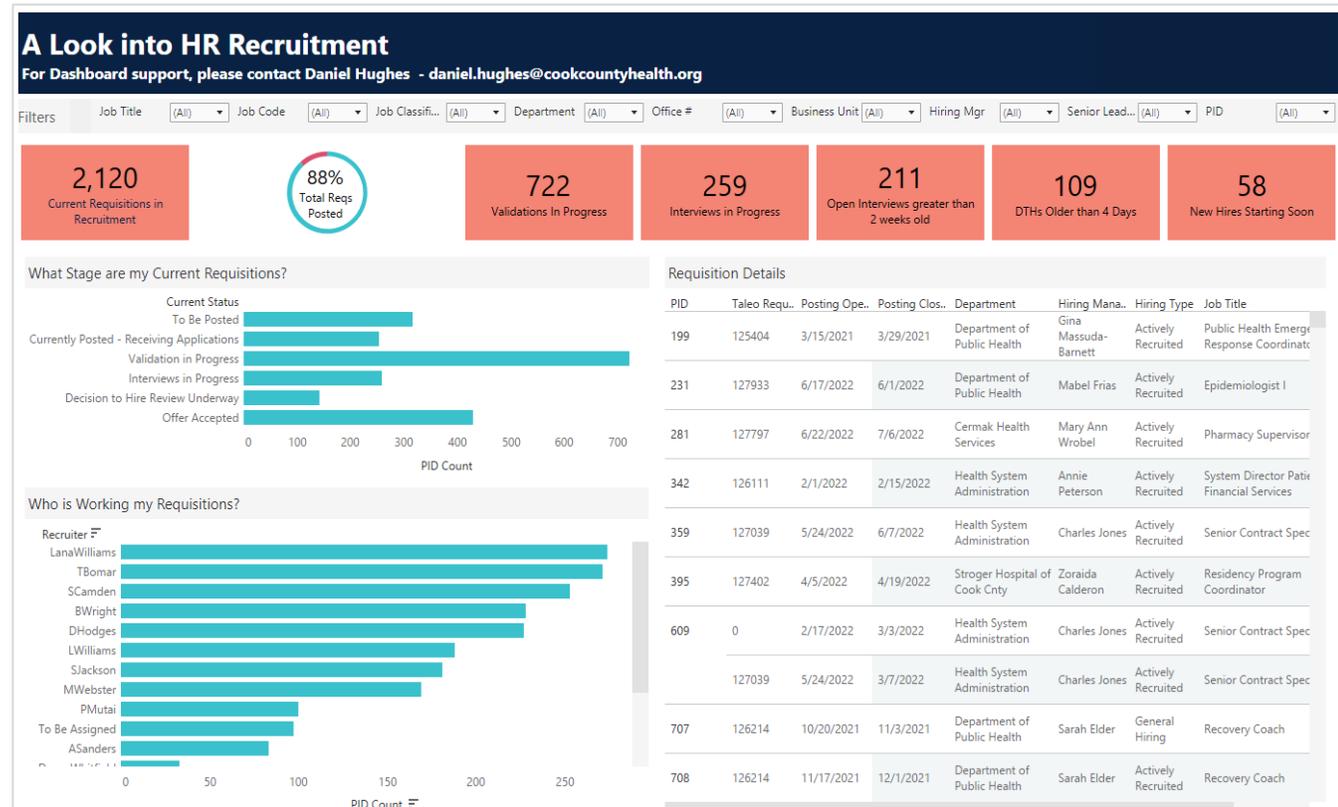
Technology: HR Dashboard Development

450

Users of Hiring Manager Dashboard

Data-driven decision making

available for all users

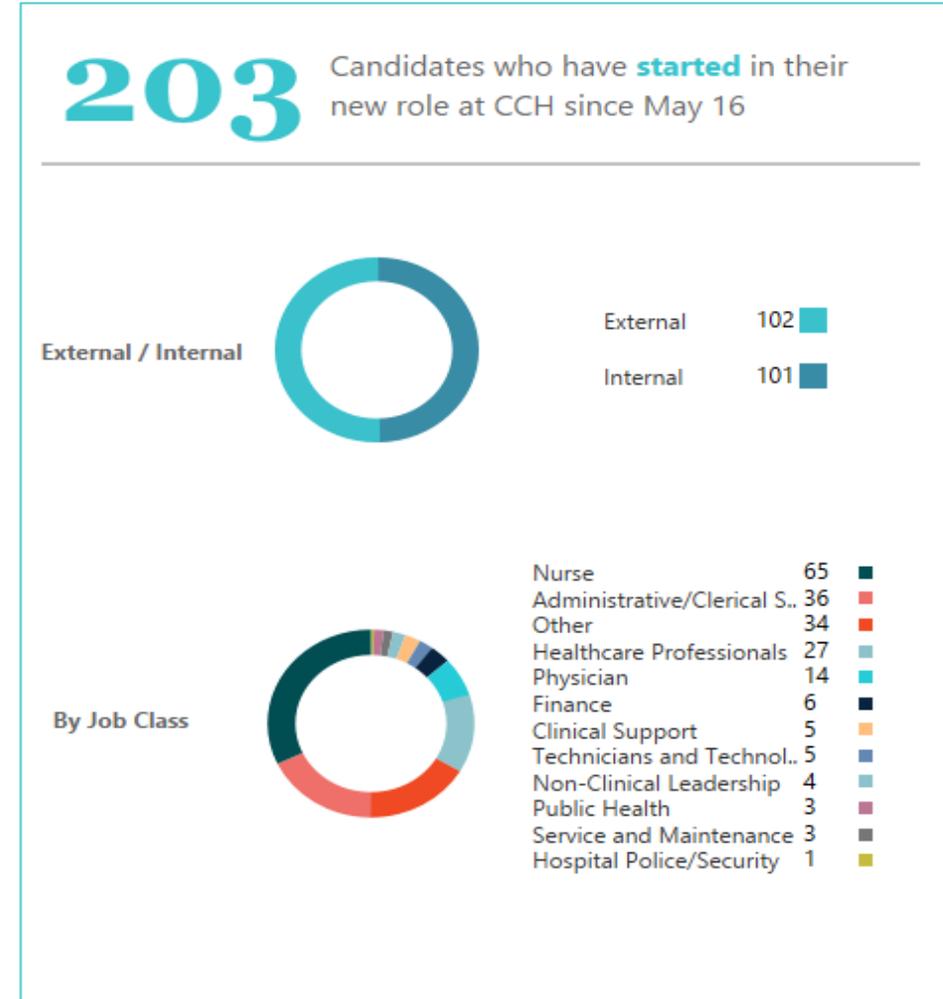
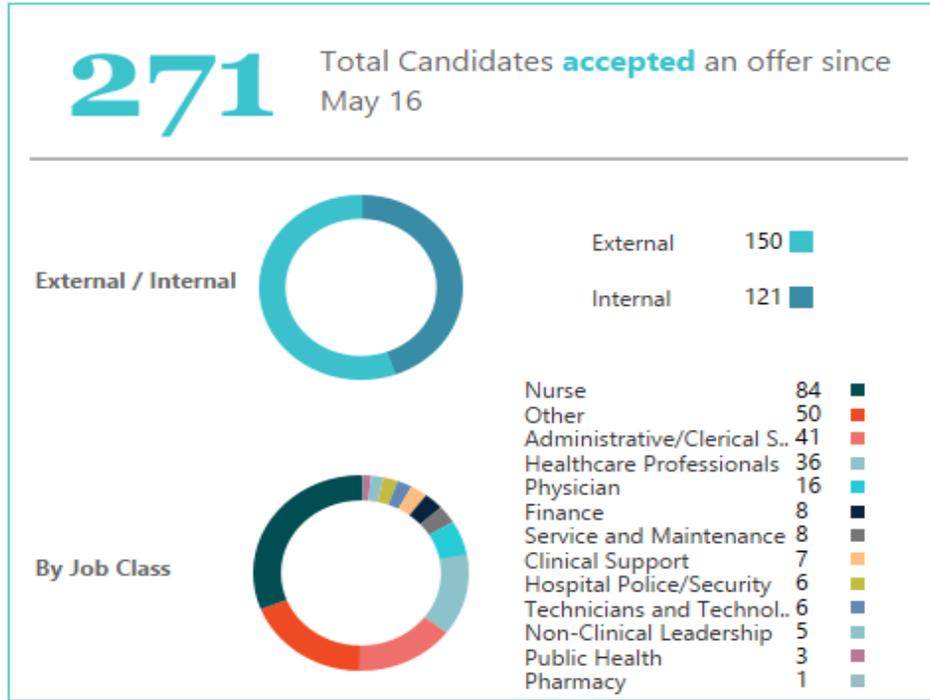


COOK COUNTY HEALTH

Metrics Dashboard Summary



We are tracking towards hiring 400 External by 9/1/22



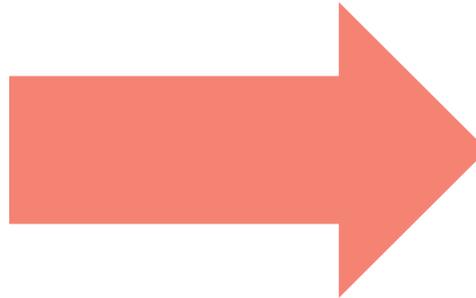


Retention

Where we were

Low engagement score

High turnover rate



Where we're going

High engagement score

Low turnover rate

Employer of choice





Retention

Key Initiative	Health Status	Objectives	Tracking Results
Competitive Analysis	<i>On deck to begin</i>	<ul style="list-style-type: none">• Understand recruiting and retention strategies in public and private healthcare systems	3.49/5 Employee Engagement score (FY21)
System-Wide Retention Proposal	<i>On deck to begin</i>	<ul style="list-style-type: none">• Increase retention with a system-wide approach	10.9% turnover rate (FY22)



Managed Care Metrics



Presented to the Cook County Health Board on 8/26/2022



COOK COUNTY
HEALTH

Current Membership

Monthly membership as of August 12th, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	262,346	19,767	7.5%
ACA	120,842	18,140	15.0%
ICP	30,044	4,958	16.5%
MLTSS	8,525	0	N/A
SNC	584	7,567	8.4%
Total	429,324	43,449	10.1%

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

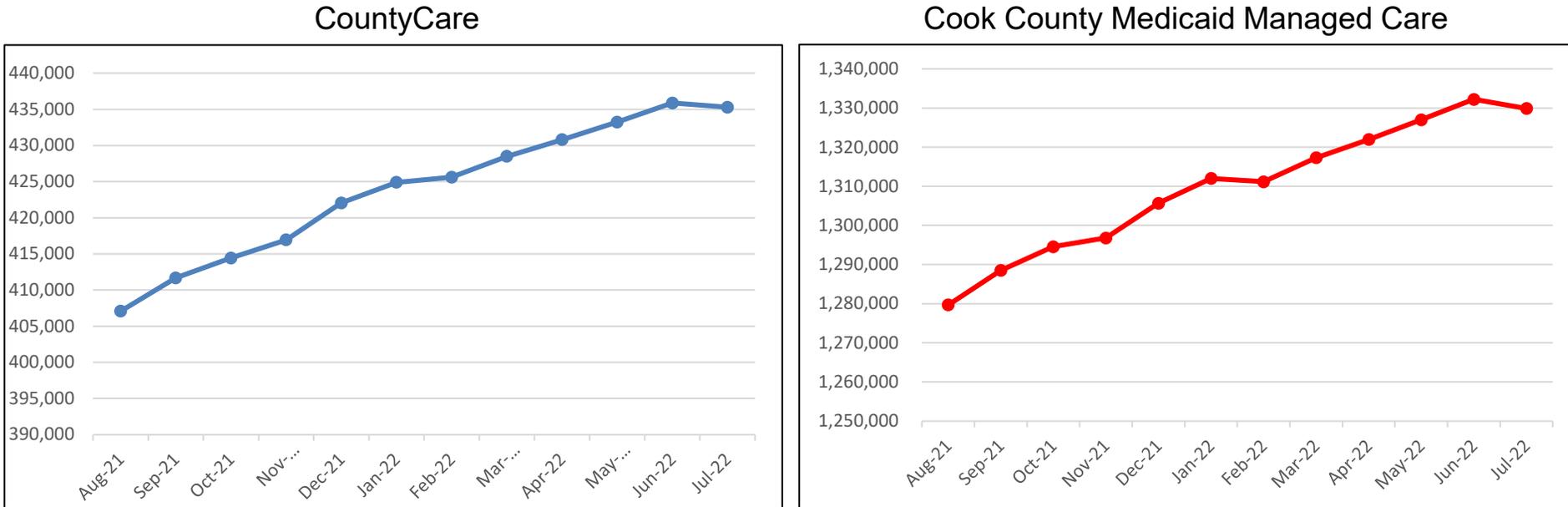
Managed Medicaid Market

Illinois Department of Healthcare and Family Services July 2022 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	435,299	32.7%
Blue Cross Blue Shield	341,467	25.7%
Meridian (a WellCare Co.)	314,943	23.7%
IlliniCare (Aetna/CVS)	129,690	9.8%
Molina	98,732	7.4%
YouthCare	9,745	0.7%
Total	1,329,876	100.0%

* Only Operating in Cook County

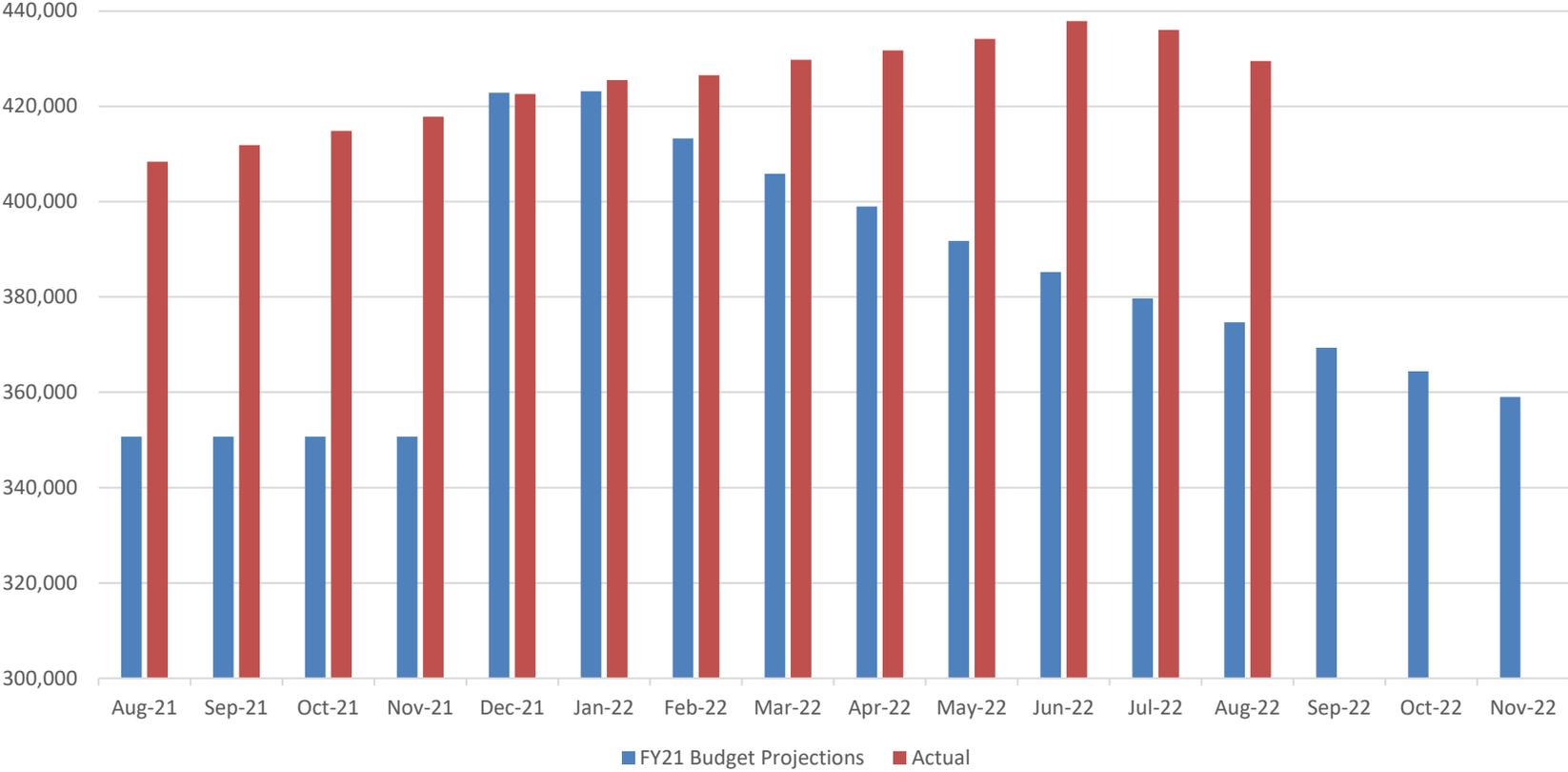
IL Medicaid Managed Care Trend in Cook County (charts not to scale)



- CountyCare's enrollment has increased 7% over the past 12 months, ahead of the Cook County increase of 4%
- CountyCare's enrollment decreased 0.1% in July 2022 compared to the prior month, ahead of the Cook County decrease of -0.2%

FY 22 Budget | Membership

CountyCare Membership

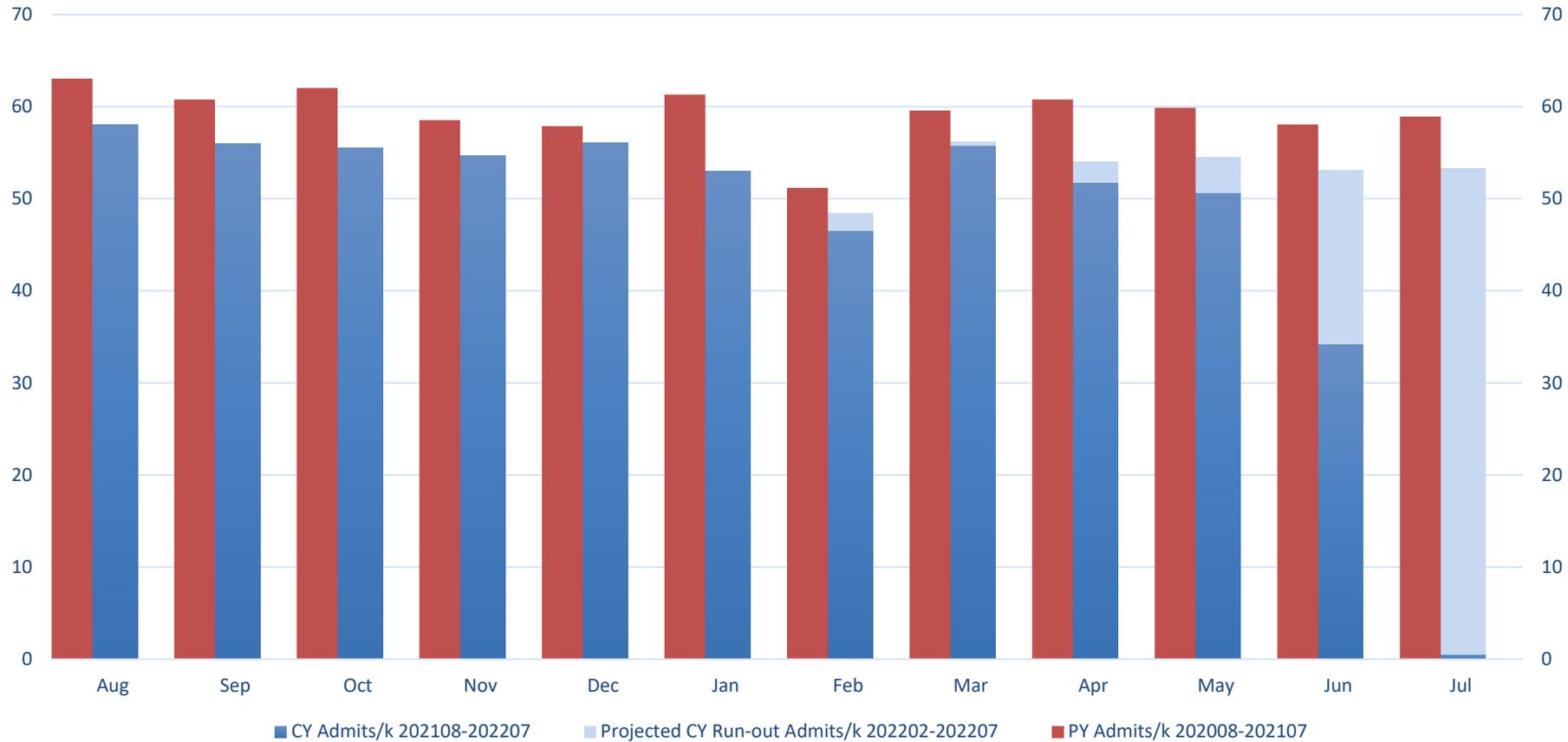


*August membership decline driven by one-time processing of Third Party Liability terminations (6,000)

Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	May 2022	Jun 2022	Jul 2022
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	1.68%	2.77%	1.22%
Hold Time (minutes)	1:00	0:15	0:26	0:09
% Calls Answered < 30 seconds	> 80%	91.46%	81.03%	91.93%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v. Prior Year: IP Acute Admits/1000



Updated monthly, paid through July 2022
All acute and surgical cases + approved acute authorizations
Domestic admissions are not included since they do not require Prior Authorization

CountyCare COVID Vaccination Rates

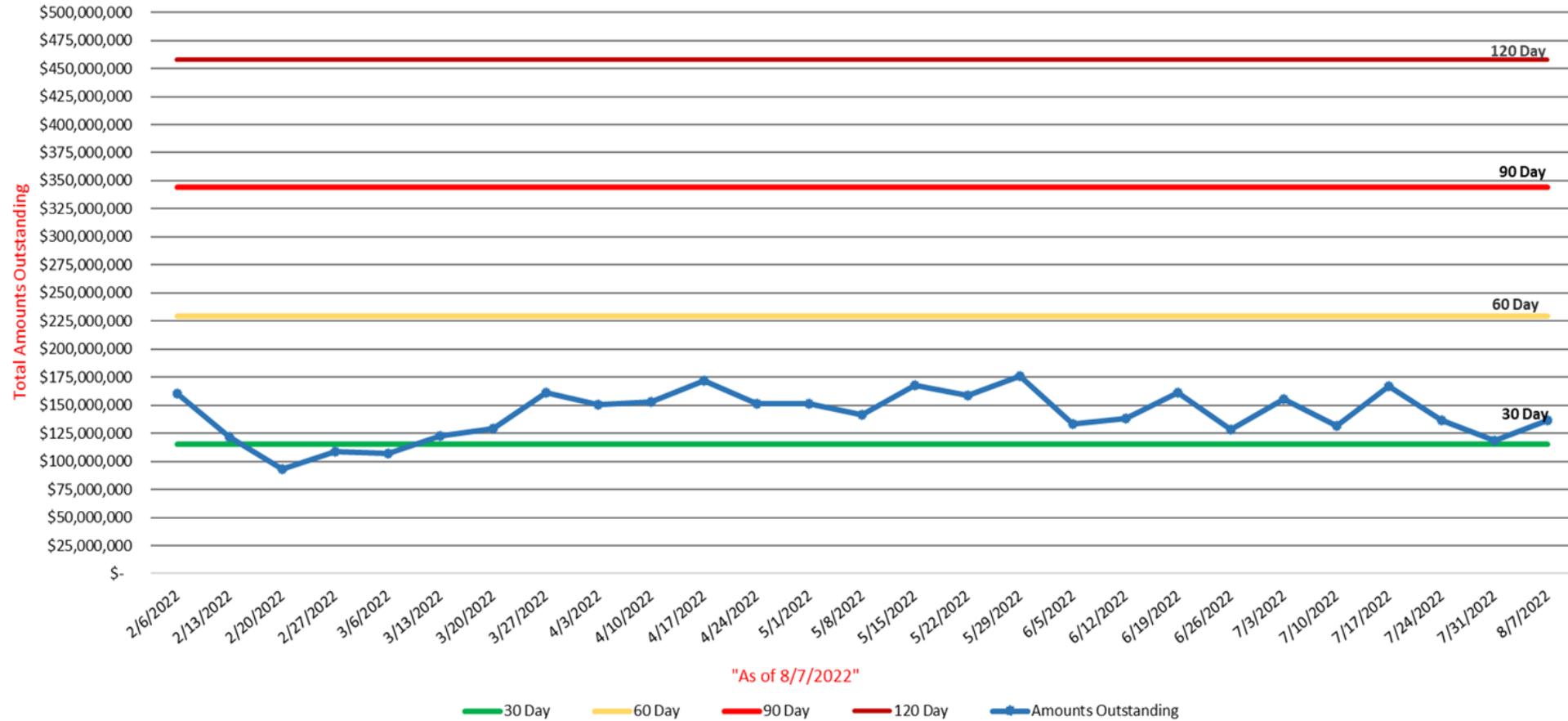
Age Category	Members	At Least 1 Dose	Fully Vaccinated Rate	Booster/3rd Dose Rate
Infants <1y	8,982	0.49%	0.03%	0.01%
Children 1-11y	106,094	25.34%	21.47%	1.11%
Adolescents 12-18y	69,772	58.90%	53.64%	13.33%
Young Adults 19-25y	48,627	56.18%	48.94%	15.69%
Adults 26-65y	188,170	60.77%	55.37%	25.75%
Seniors >65y	13,952	76.31%	71.92%	50.65%
TOTAL	435,597	50.59%	45.51%	16.90%

*Fully vaccinated defined as initial two doses of vaccine

Data as of 8/4/2022

Claims Payments

Received but Not Yet Paid Medical Claims



*Assumes average of 15 days to process claims

*Assumes \$57.5M in pending claims not yet adjudicated

*Medical claims only- does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.

Claims Payments

Received but Not Yet Paid Claims

Aging 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
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
Week of 8/7/2022	\$ 123,295,802	\$ 10,897,632	\$ 564,364	\$ 1,546,307	\$ 136,304,106

- *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

Quality & Patient Safety Metrics

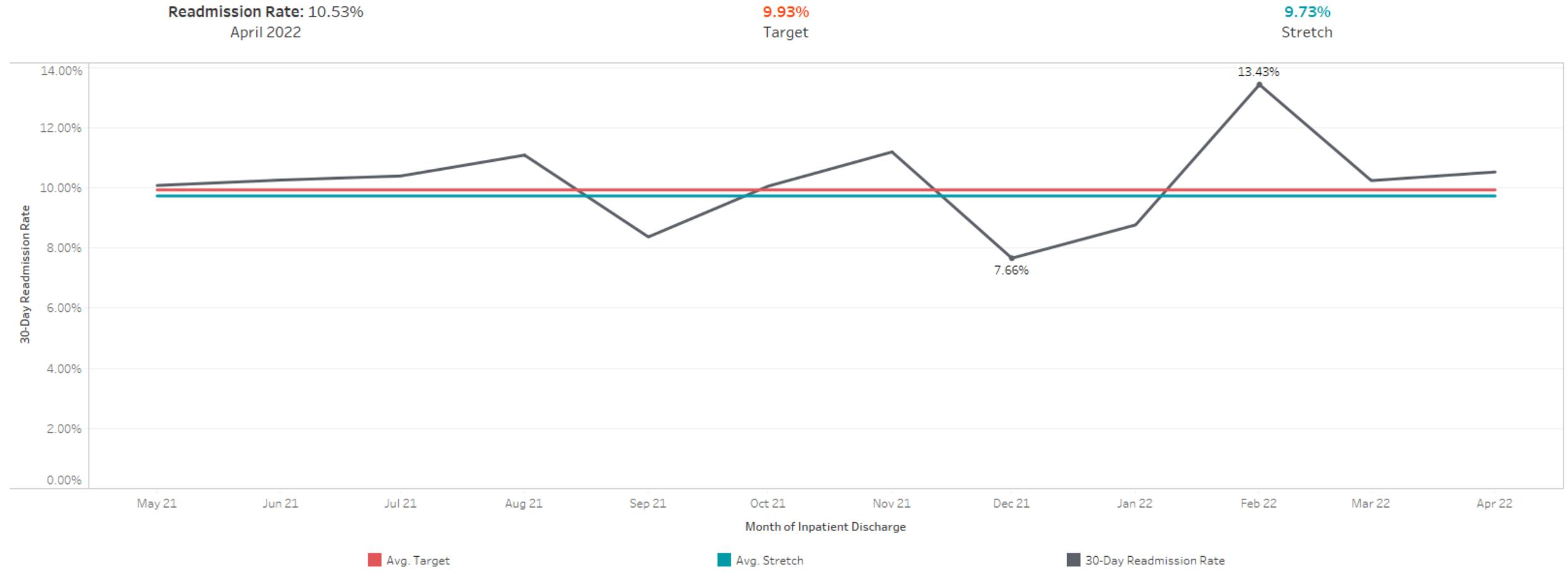
Presented to the Cook County Health Quality and Patient Safety Committee on 8/18/2022



COOK COUNTY
HEALTH

30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions



*Lower readmission rate is favorable

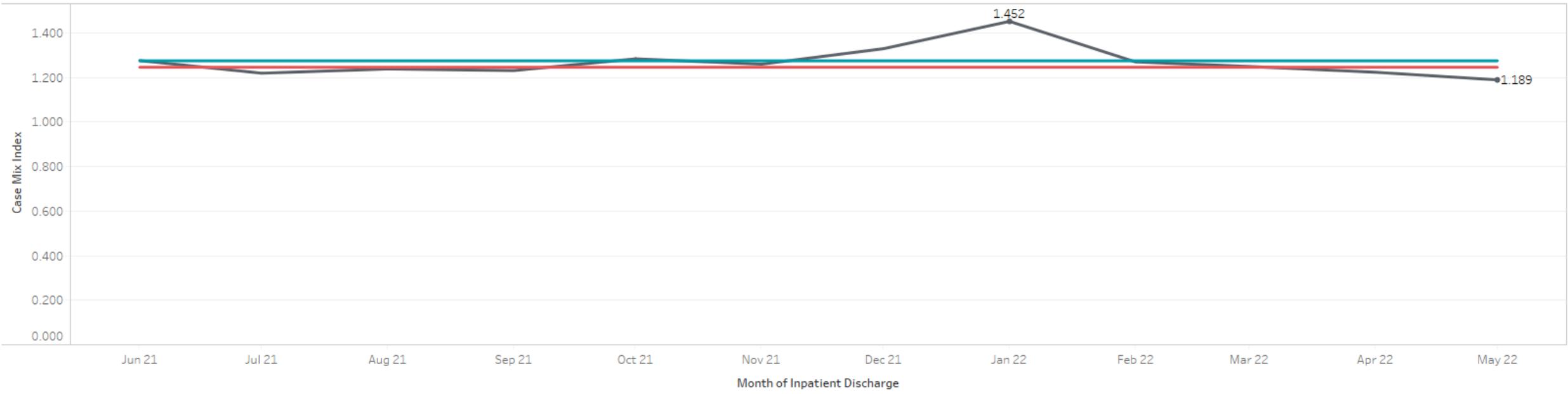
Case Mix Index, Medical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

Case Mix Index (Medical): 1.189
May 2022

1.246
Target

1.275
Stretch



Total Number of Inpatient Visits

Month	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22
Total Number of Inpatient Visits	980	1,069	1,053	984	996	1,019	1,007	917	841	978	924	915

■ CMI ■ Target Goal ■ Stretch Goal



*Higher case mix index is favorable

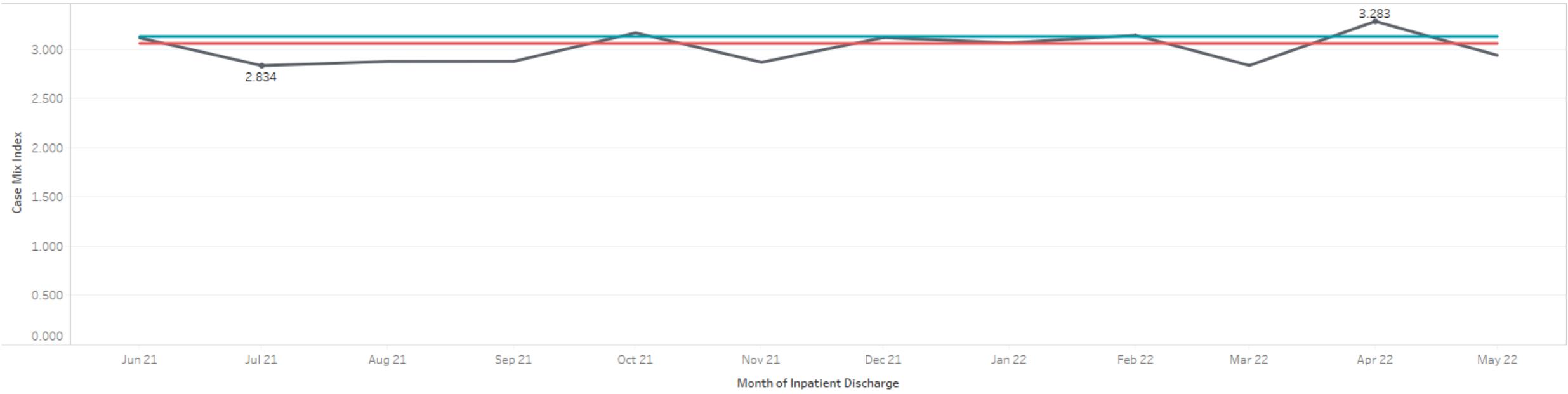
Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

Case Mix Index (Surgical): 2.939
May 2022

3.060
Target

3.130
Stretch



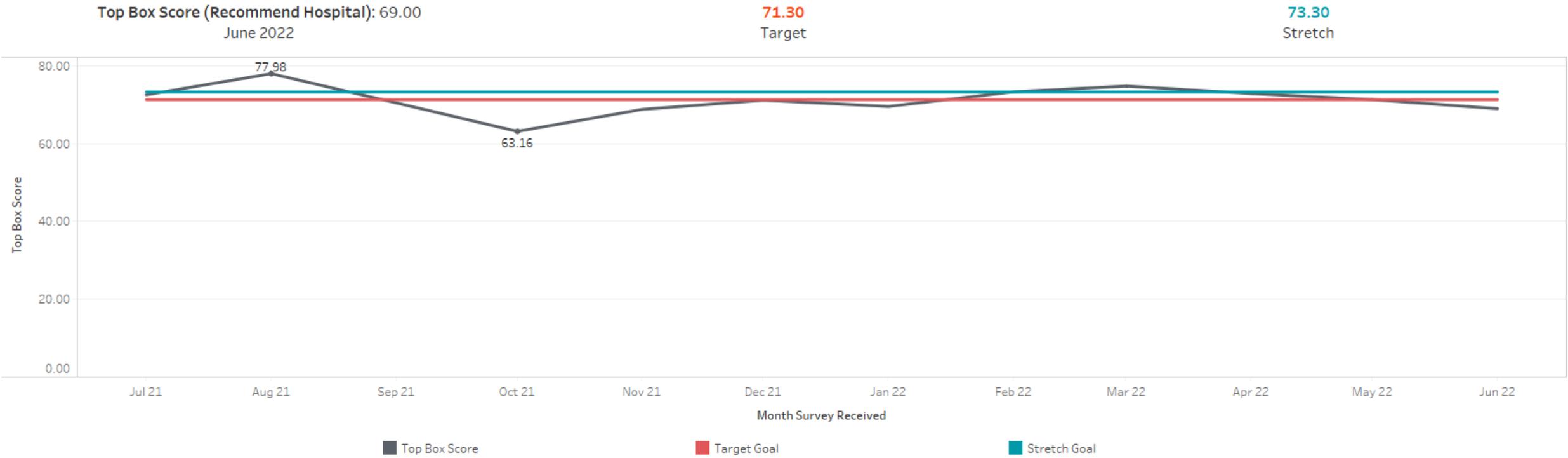
Total Number of Inpatient Visits

Month of Inpatient Discharge	Total Number of Inpatient Visits
Jun 21	359
Jul 21	396
Aug 21	393
Sep 21	354
Oct 21	387
Nov 21	345
Dec 21	326
Jan 22	305
Feb 22	346
Mar 22	336
Apr 22	355
May 22	350

*Higher case mix index is favorable

Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience

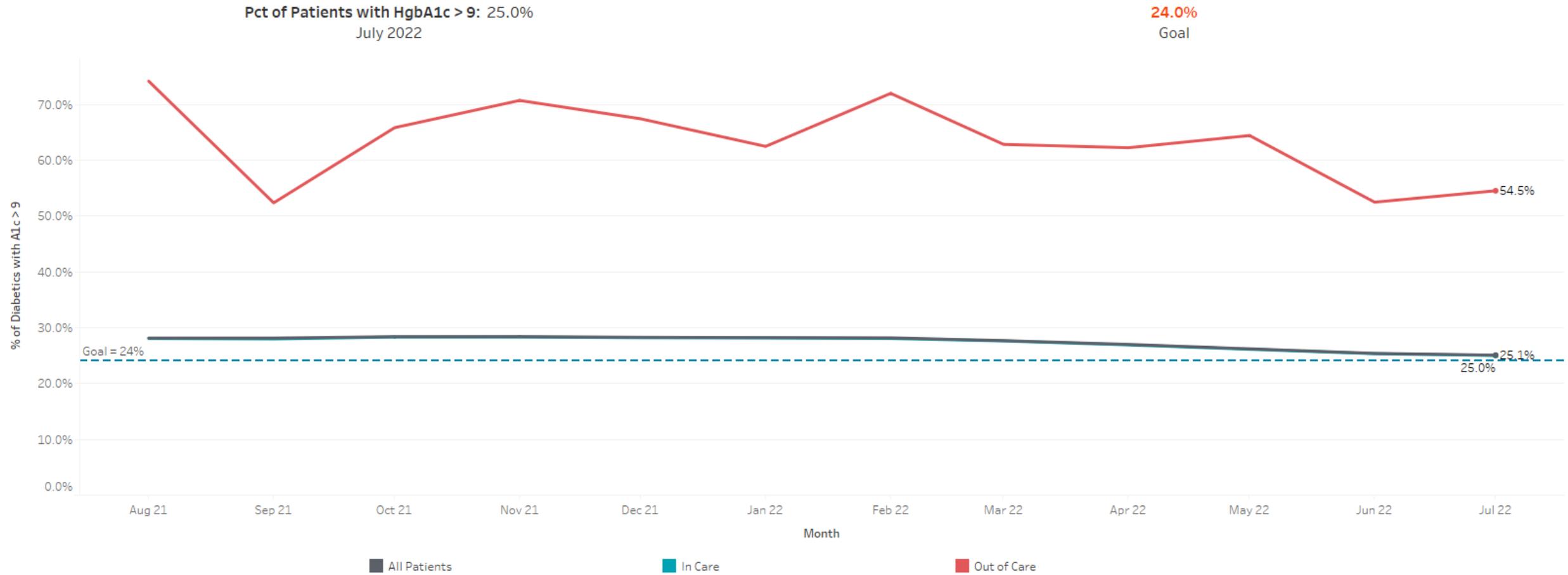


Total Number of Patient Surveys Received (by Month)

Month	Surveys Received
Jul 21	113
Aug 21	109
Sep 21	105
Oct 21	95
Nov 21	93
Dec 21	111
Jan 22	138
Feb 22	105
Mar 22	123
Apr 22	118
May 22	136
Jun 22	100

HbA1c >9%

HRO Domain: HEDIS



Metric

Definition

30-Day Readmission Rate

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

Case Mix Index

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

Recommend the Hospital

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

HbA1c >9%

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