# CCH Monthly Report

Item # 26-0381

Information contained in this Report was presented to the CCH Board in November 2025



## **Administrative Updates**





## **New Hires & Promotions**



## Welcome



#### **New Leadership Hires**

Nicholas Shields, Chief of External Affairs and Civic Engagement

Samantha Burke, Centers of Excellence Manager - Patient Experience

Samone Rush, Nurse Coordinator II, Cermak

## Congratulations



#### **Promotions**

Michael Davidovich, Associate Medical Director, Primary Care ACHN

Dipte Dighe, Chair of the Division of Pediatric Hematology & Oncology

Lisa Thompson, Residency Program Director-Ophthalmology

## **Recognition & Announcements**



#### **Belmont Cragin Health Center: Dental Clinic Opening**



We're proud to announce that the pediatric dental clinic at our Belmont Cragin Health Center is now open and accepting new patients!

On November 6, we held a press conference to announce the exciting news and reaffirm Cook County Health's commitment to ensuring that children have access to comprehensive, compassionate care.

Congratulations to the entire team who contributed to this project!



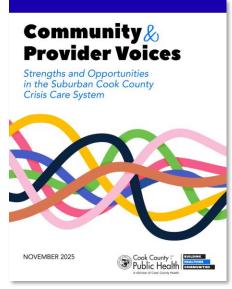
## **Behavioral Health Crisis Report**



Cook County leaders gathered this week to recognize the release of a report "Community and Provider Voices: Strengths and Opportunities in the Suburban Cook County Crisis Care System".

The report, authored by Cook County
Department of Public Health and the Cook
County Justice Advisory Council is a
comprehensive local assessment of the
behavioral health crisis system that presents
findings from community members, behavioral
health providers, and social service providers.





#### **ACS Meritorious Outcomes Recognition**



The American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP®) has recognized **Stroger Hospital** as one of 76 ACS NSQIP participating hospitals that have achieved meritorious outcomes for surgical patient care in 2024.

The 76 hospitals achieved the distinction based on an outstanding composite quality score on one, or both, of the grouping categories (All Cases and High Risk).

Congratulations to the entire Stroger team!



## Congratulations

# John H. Stroger, Jr. Hospital of Cook County

The American College of Surgeons National Surgical Quality Improvement Program congratulates John H. Stroger, Jr.
Hospital of Cook County for achieving "Meritorious" status with regard to their composite quality score in the High Risk category in the outcome areas of: Mortality, Cardiac, Respiratory (pneumonia), Unplanned Intubation, Ventilator > 48 hours,
Renal Failure, SSI, and UTI for the Performance Period of January 1, 2024 - December 31, 2024.

#### **American College of Cardiology**



Congratulations to Dr. Nataliya Pyslar for being elected by thousands of cardiologists across our great state to serve as the next Governor of the Illinois Chapter of the American College of Cardiology. She is the first CCH cardiologist to ever serve in this capacity.

Congratulations on this recognition!



#### **Crain's Who's Who in Chicago Business**



Congratulations to Dr. Erik Mikaitis for being one of the leaders included on Crain's "Who's Who in Chicago Business" list for 2025!



## **Community Relations**



### **Community Advisory Councils**



Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our 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 2025 Fourth Quarter presentations include:

- Cook County Health's 2026 Budget
- Cermak Health Services Presentation
- CountyCare Open Enrollment
- CCDPH's HIV and STI Programs

## **Community Advisory Councils**



#### **Upcoming CAC 2025 meetings:**

**Prieto:** Tuesday at 1:00 PM: December 2 2424 S. Pulaski, Chicago, IL 60623

**Robbins:** Tuesday at 1:00 PM: December 9 13450 S. Kedzie Road, Robbins, IL 60472

North Riverside: Wednesday at 1:00 PM: December 10 1800 S. Harlem Avenue, North Riverside, IL 60546

**Englewood:** Thursday at 1:00 PM - December 11 1135 W. 69th Street, Chicago, IL 60621

#### **Provident/Sengstacke/Bronzeville:**

Wednesday at 9:00 AM: 2026 500 W. 51st Street, Chicago, IL 60609 **Cottage Grove:** Tuesday at 1:00 PM: 2026 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

**Blue Island:** Wednesday at 1:00 PM: 2026 12757 S. Western Ave., Blue Island, IL 60406

**Belmont Cragin**: Thursday at 1:00 PM: 2026 5501 W. Fullerton Avenue, Chicago, IL 60639

**Arlington Heights:** Tuesday at 1:00 PM: 2026 3520 N. Arlington Heights Road, Arlington Heights, IL 60004

## **Community Events**



Every month the outreach teams of Cook County Health, the Cook County Department of Public Health, CountyCare and the Cook County HIV Integrated Programs (CCHIP) participate in health fairs, resource fairs, presentations, tabling events or general community events around Cook County. These are some of the events in which we are participating in December 2025.

December 2 – Commissioner Josina Morita's 2nd Annual Language Access Summit with President Preckwinkle – Oakton College - Skokie Campus, 7701 Lincoln Avenue, Skokie, IL 60077.

December 2 - Stroger Hospital Blood Drive - Stroger Hospital December 12 - CCH, CCDPH & CountyCare Vaccination

1969 W. Ogden Avenue, Chicago, IL 60612.

December 3 - CountyCare Community Stakeholder

**Committee** – virtual meeting.

December 3 – **Nicor Gas Community Connection Resource Fairs** – Old Masonic Building, 200 S. 5th Avenue, Maywood, IL 60153.

December 5 - State Rep. Will Guzzardi, Ald. Ruth Cruz, State Sen. Graciela Guzman, Cook County Commissioner Jessica Vasquez, and the Illinois Department of Employment Security's Northwest Side Job Fair - Kilbourn

Park, 3501 N. Kilbourn Avenue, Chicago, IL 60641.

December 5 – **Aetna Better Health Illinois Winter Wellness H&R Fair** – Help at Home, 806 E. 78th Street, Chicago, IL 60619.

**Saturday Event** – The Empowerment Center, 202 Forest Boulevard, Park Forest, IL, 60466.

December 13 – **CCH, CCDPH & CountyCare Vaccination** 

**Saturday Event** – Cottage Grove Health Center, 1645 S.

Cottage Grove Avenue, Ford Heights, IL 60411.

December 13 - Christmas Fair - McCormick Place, 2301 S.

Martin Luther King Drive, Chicago, IL 60616.

December 18 – **Cook County Health's Walk with a Doctor** – Red Shield - The Salvation Army, 945 W. 69th Street, Chicago, IL 60621.

December 20 – **CCH, CCDPH & CountyCare Vaccination Saturday Event** – North Riverside Health Center, 1800 S.

Harlem Avenue Suite A, North Riverside, IL 60546.

December 21 – **Christmas in the Southland** – TBD.

# Media Dashboard & Social Media Report



## **Earned Media Dashboard**









**161** 

805.8M

\$7.5M

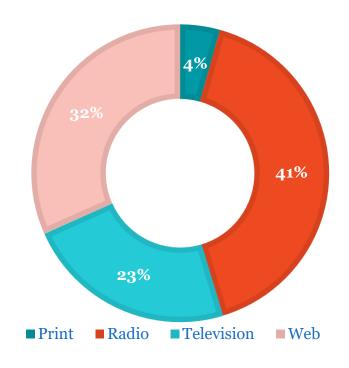
#### Top Local Media Outlets

- 1. WBBM Radio
- 2. NBC 5 Chicago
- 3. ABC 7 Chicago
- 4. CBS 2 Chicago
- 5. WGN Chicago

## **Media Dashboard**



#### Media by Outlet Type



#### **Most Common Topics**

- 1. Measles
- 2. Immigration enforcement impact
- 3. Flu/COVID vaccines and clinics

## **Top Headlines**





Cook County residents can get free COVID, flu shots at county clinics starting this weekend



Mpox outbreak hits Chicago communities



Health system C-suites embrace ambiguity



Cook County Health Fights Opioid Overdoses with Strategically Placed Naloxone Vending Machines



Cook County Health, University of Illinois medical school expand partnership for patient care, training, research



As federal pressure builds, Cook County Health expands alliance with UIC, UI Health



Immigration enforcement continues to affect life-saving health care in Chicago, officials say



Cook County Health touts hiring boom, reduced agency spending as it prepares for impact of Medicaid changes



Se reconoció a 82 hospitales de Illinois por sus esfuerzos para mejorar los resultados de los estadounidenses que padecen enfermedades cardíacas y sufren ataques o derrames cerebrales

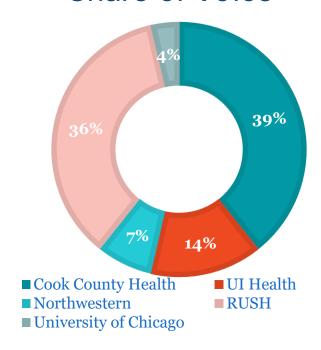


Emblemático restaurante de Chicago regala comida a los beneficiarios de SNAP

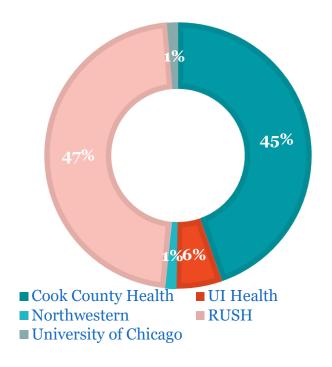
### Media Benchmarking (Top Outlets)



#### Share of Voice



#### Share of Reach





Cook County Health, University of Illinois medical school expand partnership for patient care, training, research

## **Social Media Summary**



During October 13 – November 9, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

Facebook - 45 posts

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

Twitter - 42 posts

https://twitter.com/CookCtyHealth

Instagram - 50 posts (includes stories and IGTV)

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

LinkedIn - 32 posts

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

## **Social Media Summary**



(In comparison to last year during the same time period)

#### **Twitter**

- Impressions: 3.4K
- Post Link Clicks: 16
- Engagements: 54
- Followers: 4.6K

#### LinkedIn

- Impressions: 46.5K
- Page Views: 4.6K
- Engagements: 1.8K
- Followers: 20K (up 2%)

#### Facebook

- Total impressions: 49.4K (up 7%)
- Post engagement: 8K (up 82%)
- Page Clicks: 105
- Page followers: 9.9K (up 51 from previous report)

#### Instagram

- Impressions: 45.9K (up 5%)
- Engagement: 247
- Followers: 4.2K (up 1%)

## Facebook Insights



#### **Top Posts**



Reach: 2.8K Impressions: 2.8K Engagement rate: 5%



Reach: 2.3K Impressions: 2.4K Engagement Rate: 19%

## **Twitter Insights**



#### **Top Posts**



Impressions: 187 Clicks: 10



Impressions: 139

## **Instagram Insights**



#### **Top Posts**



Impressions: 1.2K Reach: 456 Likes: 21



Impressions: 1.5K Reach: 568

Likes: 17

## LinkedIn Insights



#### **Top Posts**



Cook County Health ... Impressions: 7.1K Clicks: 97 President Preckwinkle joins leaders from Cook County Health, UI Health and the University of Illinois Chicago to announce an expansion of their partnership to better Likes: 146 serve patients, enhance medical education and advance public health research. https://lnkd.in/ea7-\_4j4 Announcing an Expanded Partnership Between CCH and UI Health CCO Aiman Tulaimat and 60 others 1 comment - 3 reposts Ĉ Like Comment Comment C Repost Send

Add a comment...

Impressions: 3.2K Engagement Rate 2.8% Clicks: 24

## Legislative Updates





# CEO Report Legislative Updates Local



The **week of November 17**, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.

**Asset Management Committee -** The Cook County Bureau of Asset Management, through their Department of Real Estate presented an item to purchase 3250 N. Arlington Heights Road, Arlington Heights. Cook County currently leases a portion of this property for CCH's Arlington Heights Health Center. Craig Williams, CCH Executive Chief Operating Officer participated in the meeting to respond to questions regarding CCH operations at this location.

**Finance Committee** – Pam Cassara, Chief Financial Officer addressed questions related to the County's *Monthly Revenues and Expenses Report* as well as *CCH*'s *November 2025 Monthly Report* which is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month.

**Health & Hospitals Committee** – Dr. Beena Peters, CCH Chief Nursing Executive, presented CCH's 2024 Nursing Annual Report. No action was taken as this item was purely informational.

The **Cook County Board of Commissioners met on November 20, 2025**. A Special Cook County Board Meeting was convened to consider the FY26 Budget. The FY26 fiscal year begins on December 1, 2026. At the regularly scheduled Cook County Board Meeting the following items pertaining to CCH appeared on the agenda:

- a proposed grant award of \$260,000 from Northwestern for the Multicenter AIDS Cohort Study (MACS) at CCH's CORE Center was approved;
- CCDPH's Quarterly Report/Q4 on the Community Behavioral Health Unit was referred to the Health & Hospitals Committee for consideration.

## **CEO Report Legislative Updates State**



The 2025 fall veto session ended last month. While there was no legislation that directly impacts Medicaid, legislators passed a number of bills tracked by CCH including:

- HB1085 Mental health parity bill, which sets a minimum reimbursement rate for mental health and substance use disorder services for most state regulated private health insurance plans. No impact on Medicaid.
- HB1312 Establishes new requirements for hospitals, public universities and community colleges, courthouses, and licensed day care centers related to addressing civil immigration activity and disclosure of information. Hospitals, including Cook County Health, will be required to implement policies and train staff about how to handle civil immigration activity.
- HB767 Expands the authority of the medical director of the Illinois Department of Public Health (IDPH) to issue guidance and recommendations on immunizations or medical countermeasures, including coverage of these services, and codifying when eligible providers in pharmacies and other clinical settings can administer certain vaccines recommended by IDPH.

The Illinois Senate and the Illinois House of Representatives have posted their session calendars for spring 2026. The Senate is scheduled to return to Springfield January 13 and the House January 20. The Governor's State of the State and budget address are scheduled for Feb. 18, with the last day of

# **CEO Report Legislative Updates State**



The Illinois State-Based Marketplace, also known as <u>Get Covered Illinois</u>, kicked off open enrollment on November 1. This is the annual opportunity for Illinois residents to enroll in, renew, or change their Affordable Care Act Marketplace private health insurance plan. The 2026 open enrollment period runs through January 15, 2026. Individuals who want their coverage to start by January 1 need to enroll by December 15. Nearly 466,000 Illinois residents purchased private health insurance through Get Covered Illinois last year.

Cook County Health has been working with the legislative team in the President's Office on our 2026 state legislative priorities, which include:

- Protecting and preserving Medicaid and other programs that provide comprehensive, affordable health coverage
- Increasing state funding to local health departments
- Advocating for evidence-based behavioral health interventions and systemic changes that improve access to care to mental health and substance use disorder services

# **CEO Report Legislative Updates State**



#### 1115 Medicaid Waiver

In July 2024, the Illinois Department of Healthcare and Family Services (HFS) received federal approval for its <u>Medicaid 1115 waiver</u>. Federal CMS has approved the 1115 waiver contract, protocols, and plans necessary for implemention.

The 1115 waiver permits Illinois Medicaid to cover new health related social needs including food/nutrition, housing and housing supports, medical respite, violence prevention/intervention, non-emergency transportation, and supported employment. These new benefits will be administered through Medicaid Managed Care. Additionally, the waiver will allow individuals residing in state prisons or the Cook County Jail to be covered by Medicaid up to 90 days pre-release, to support these individuals in their re-entry efforts.

CCH has been actively engaged in several HFS workgroups and planning discussions. The first phase of waiver services include food/nutrition, medical respite, housing, and re-entry. Internal waiver readiness meetings have also been taking place at CCH since early 2023, and stakeholders include leaders from strategy, finance, operations, clinical, and managed care.

While HFS still intends to eventually launch the waiver services, HFS notified stakeholders earlier this year that they are pausing their external workgroups. HFS shared that the passage of the federal budget reconciliation bill/OBBBA has made the waiver planning process more complex, and HFS needs to understand the impact on budget, timing, and roll-out of waiver services.



#### **Deal to Reopen the Federal Government Reached**

- Senate voted 60-40 on a combined continuing resolution and minibus that does the following:
  - Funds the federal government at current levels through January 30, 2026
  - Includes a 3-bill minibus of full FY26 appropriations for the Legislative Branch, Agriculture (which includes SNAP) and Military Construction/VA bills
  - Extends various health program authorizations including Medicaid Disproportionate Share Hospital (DSH) funding and Medicare telehealth flexibilities
  - Includes language to reverse all federal layoffs that took place since the start of the shutdown on October 1
- Although not in the bill, Senator Thune committed to a vote on the expiring ACA premium tax credits by the end of the second week of December
  - Subject to a 60-vote threshold and no agreement yet on the policy
  - Speaker Johnson has not committed to hold on a vote should the Senate pass something
- Five democrats in the Senate including Senator Dick Durbin switched their vote to get to
- House passed the bill by a vote of 222-209 and the President signed it on November 12
  - o USDA says most states will get funding for full SNAP benefits by the end of this week



#### Highlights of Health Extenders in the Continuing Resolution

#### **Medicaid DSH**

- Delays the Medicaid DSH cuts until January 30, 2026
- Medicaid DSH cut delay is retroactive to October 1, 2025

#### **Medicare Telehealth Flexibilities**

- Extends all COVID-era Medicare telehealth flexibilities
- According to new reports, telehealth claims that have been on hold would be paid retroactive to October 1, 2025, and claims that were paid at a lower rate due to the expiration of a geographic adjustment would like be reprocessed



#### **Latest on SNAP Funding**

After telling states it would use contingency funds to fund SNAP during the shutdown, USDA reversed course and said it would not use congressionally-mandated contingency funds to fully fund November benefits

Two lawsuits were filed and a district court ruled that USDA must fully fund November benefits after USDA failed to comply quickly with a prior court order

An appeals court upheld the order to fully fund November benefits, so the Trump Administration is currently appealing to the Supreme Court

 Trump Administration acknowledges the appeal may be moot if the continuing resolution, which includes a full FY26 funding bill for SNAP, is enacted

Some states already paid full November benefits (others including Illinois



#### **Trump Administration News**

FDA asks manufacturers of hormone replacement therapies for menopausal women to remove a black box warning on drug packaging.

#### All 50 states have applied for the \$50 billion Rural Health Transformation Fund

- CMS now reviewing to ensure completeness and compliance with the requirements outlined in the Notice of Funding Opportunity
- States that meet these requirements and have approved applications will receive baseline funding—representing 50% of total available program funds—distributed equally among approved states
- Awards made by December 31, 2025

## CMS issues guidance to states reminding them of their obligation to ensure Medicaid enrollees are not concurrently enrolled in the program in multiple states

 CMS will be sending each state data that lists individuals who were enrolled in Medicaid or CHIP in their state and at least one other state between June and August 2025, according to T-MSIS data

## **Operational Updates**





# **Agency Reduction Plan**



# 



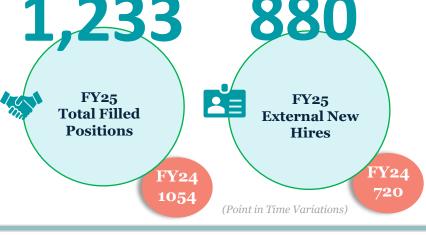
October 2025

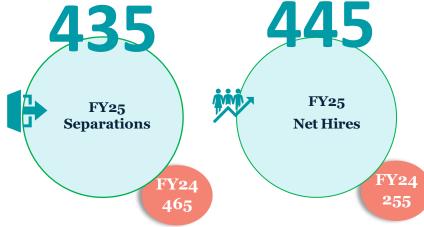
12/01/2024 - 10/31/2025

1,823 1,282 1,233

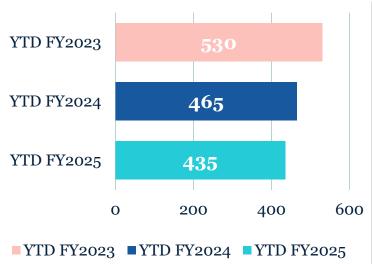
**FY25 Offers** Made

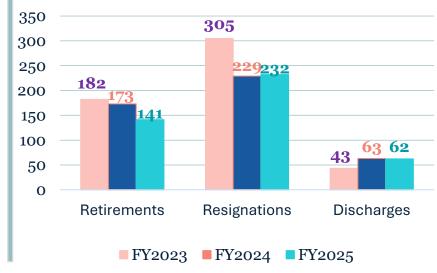
**FY25** Accepted Offers



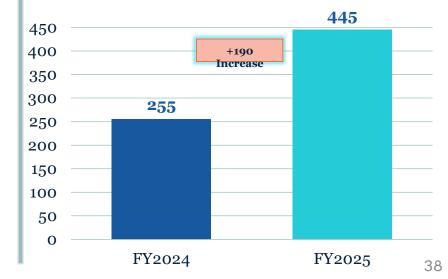


## **YTD Separations**





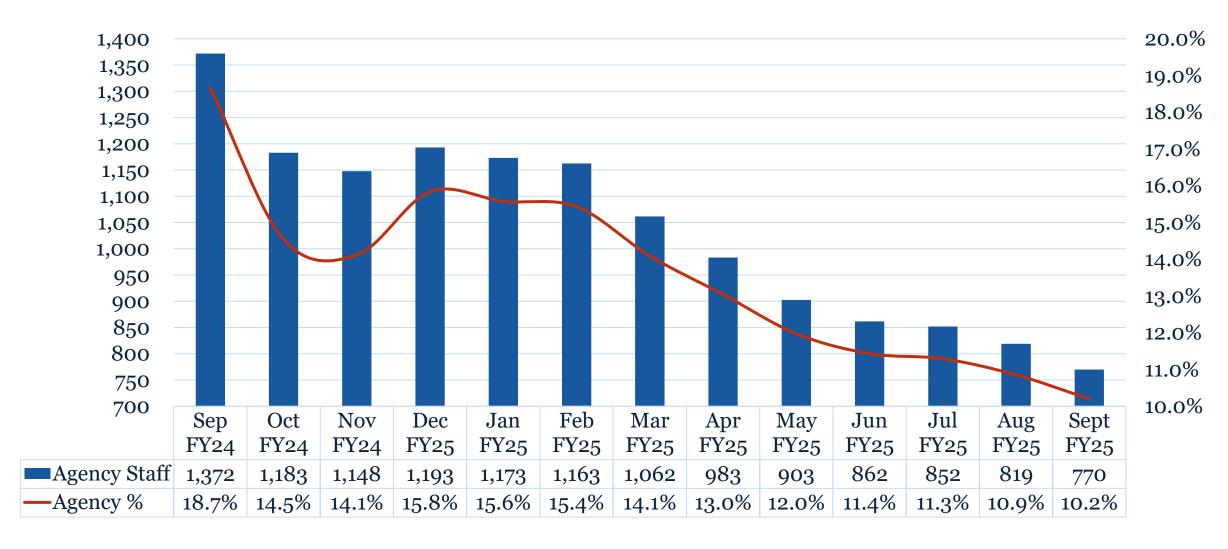
#### **YTD Net New Hires Activity**



## **Current State Of Agency Use**



September 2025



# Top Job Code Agency Use



September 2025

		FY24 Sep	FY25 Dec	FY25 Jan	FY25 Feb	FY25 Mar	FY25 Apr	FY25	FY25 Jun	FY25 Jul	FY25 Aug	FY25 Sep	Month	Sept FY25-	%
Agency by Job Code FTE's	Union	FTE	FTE	FTE	FTE	FTE	FTE	May FTE	FTE	FTE	FTE	FTE	Change	Sept FY24	of Total
1941 - Clinical Nurse I	NNOC	498.9	406.83	394.48	396.21	385.30	372.21	354.11	333.39	336.62	325.85	290.2	(35.7)	(90.2)	38%
*8889 Health Information Management Coder	AFSCME	74.0	74.00	76.00	76.00	76.00	76.00	76.00	76.00	76.00	76.00	76.0	-	2.0	10%
1843 - Medical Technologist I	SEIU	45.5	45.50	46.00	42.00	35.00	36.70	38.70	38.70	37.00	36.00	36.0	-	(9.5)	5%
5296 - Medical Assistant	SEIU	59.5	54.94	54.30	50.25	41.00	37.49	27.73	26.43	30.91	29.51	23.8	(5.8)	(24.5)	3%
0907 - Clerk V	AFSCME	58.1	47.10	42.10	41.60	39.60	30.60	28.60	24.60	21.60	21.60	17.6	(4.0)	(39.5)	2%
9081 - Patient Care Technician	SEIU	38.7	28.61	29.28	25.42	22.69	21.41	20.82	17.30	16.82	17.89	15.5	(2.4)	(22.2)	2%
6824 - Bldng Srvc Wrkr SEIU 73)	SEIU	121.0	107.00	96.00	99.00	62.00	45.00	17.00	15.00	9.00	8.00	15.0	7.0	(106.0)	2%
2036 - Respiratory Therapist	SEIU	23.3	23.15	20.75	20.75	18.65	16.75	15.05	15.05	14.80	14.80	14.8	-	(5.5)	2%
2077 - Radiologic Technologist	SEIU	15.0	13.00	17.00	16.00	12.00	12.00	12.00	12.00	13.00	14.00	14.0	-	(1.0)	2%
2098 - Ultrasound Technician	SEIU	11.0	10.00	11.00	11.00	11.50	11.50	11.50	11.50	11.50	11.50	11.5	-	3.5	1%
7990 - Certified Surgical Tech	SEIU	15.3	14.12	13.04	11.68	11.77	11.11	10.35	10.27	11.47	10.43	11.4	0.9	0.9	1%
2128 - Phlebotomist III	SEIU	25.5	21.50	20.50	20.50	12.00	8.00	9.00	9.00	11.00	11.00	11.0	-	(15.0)	1%
7919 - Psychiatric Adv Prac Registered Nurse	NNOC	1.0	3.00	3.00	8.00	8.00	8.00	8.00	11.00	11.00	11.00	11.0	-	10.0	1%
9269 - Community Resource Navigator	AFSCME	1.0	1.00	1.00	11.00	11.00	11.00	11.00	11.00	11.00	11.00	11.0	-	10.0	1%
2097 - CAT Technologist	SEIU	-	9.00	9.00	9.00	9.00	9.00	9.00	9.00	10.00	10.00	10.0	-	10.0	1%
6823 - Ward Clerk (SEIU 73)	SEIU	15.7	9.69	9.60	8.82	11.71	12.37	11.79	10.54	9.45	9.30	8.4	(0.9)	(8.7)	1%
6795 - Comm Based Nurse Care Coord	NNOC	1.0	1.00	1.00	1.00	1.00	1.00	8.00	8.00	8.00	8.00	8.0	-	7.0	1%
2055 - Ophthal Elec & Visual Tech	SEIU	7.0	6.00	5.00	5.00	5.00	7.00	7.00	7.00	7.00	7.00	7.0	-	-	1%
All Others		360.6	317.67	324.20	309.29	288.46	256.25	226.93	215.81	205.62	186.07	178.1	(8.0)	(164.7)	23%
Total Agency FTE		1,372	1,193	1,173	1,163	1,062	983	903	862	852	819	770	(48.8)	(443.3)	100%

\*Pending Legal

## **Locum Tenens Utilization**



#### Number of Locums FTEs

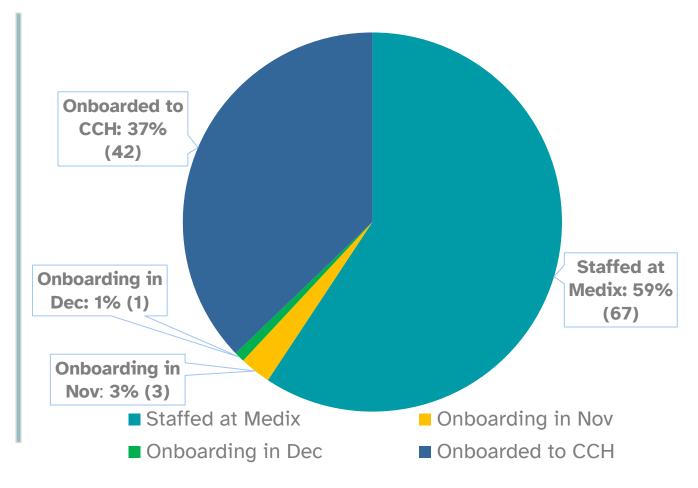
Department	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25
ACHN	13.6	13.6	11.9	11.1	11.1	9.7	6.7	6.4
Anesthesiology	1.5	1.25	1.25	1.25	1.3	1.5	2.5	3.5
Behavioral/Psychiatry	7	7	5.8	5.8	9.8	5.7	5.7	5.7
Cancer Center	-	-	-	-	-	-	6	6
Complex Care Coordination	1	1	1	1	1	1	1	1
Correctional	1	1	2	2	1	1	1	1
Integrated Care	1	1	1	1	1	1	1	1
Integrated Addiction Medicine	0	0	0	0.5	0.08	0.2	0.55	0.96
Medical Professional Education	2	2	2	2	2	2	2	2
Medicine	8	8	9	9	9	13	12	11
Oral Health	0	0	2	2	2	2	2	2
Radiology	0.5	0.5	0.5	0.5	1.05	1.05	1.05	1.05
<b>Total Number of Locums</b>	35.6	35.35	36.45	36.15	39.33	38.15	41.5	41.61

# Staff Progress Hektoen/Medix to CCH



## **Staffing Onboarding Metrics**

- 59% of staff (67\* individuals) are currently staffed through Medix.
- 37% (42 individuals) have successfully transitioned and are onboarded to CCH.
- 3% (2 individuals) are scheduled to onboard in November.
- 1% (1 individual) is scheduled to onboard in December.



#### **Redetermination Events**



Cook County Health and CountyCare are currently hosting a series of Rede events in the System's facilities, other FQHCs and community sites. Rede events target CountyCare members living in or close to the Zip Codes of the hosting site. Members receive calls, postal correspondence, email, and texts advising them of the event happening in their

vicinity December 1 – **North Riverside Health Center** – 1800 S.

Harlem Avenue Suite A, North Riverside, IL 60546.

December 2 – Cottage Grove Health Center – 1645 S.

Cottage Grove Avenue, Ford Heights, IL 60411.

December 3 - Primecare Health Center - 5635 W.

Belmont Avenue, Chicago, IL 60634.

December 4 – **Friend Health** – 5635 S. Pulaski Road, Chicago IL 60629.

December 5 – **St. Bernard Hospital** – 6307 S Stewart Street, Chicago, IL 60621.

December 8 – **Stroger Hospital** – 1969 W. Ogden Avenue, Chicago, IL 60612.

December 9 – **Robbins Health Center** – 13450 S. Kedzie Avenue, Robbins, IL 60472.

December 10 – **Provident Hospital** – 500 E. 51<sup>st</sup> Street, Chicago, IL 60615.

December 11 – **Alivio Health** – 2021 S. Morgan Street, Chicago, IL 60608.

December 12 - Arlington Heights Health Center - 3520

N. Arlington Heights Road, Arlington Heights, IL 60004.

December 15 - Blue Island Health Center - 12757 S.

Western Avenue, Blue Island, IL 60406.

December 15 - Chicago Family Health Center - 9119 S.

Exchange Avenue, Chicago, IL 60617.

December 16 - **Esperanza Health Center** - 4700 S.

California Avenue, Chicago, IL 60632

December 17 - Primecare Health Center - 5635 W.

Belmont Avenue, Chicago, IL 60634.

December 18 – **Friend Health** – 5635 S. Pulaski Road, Chicago IL 60629.

December 19 – **Care for Friends** – 530 W. Fullerton Parkway, Chicago IL 60614.

December 19 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621.

## **ARPA Progress**





# **ARPA Progress to Date**



\$95M

87M

■ Total Expenses to date

Remaining Expenditures

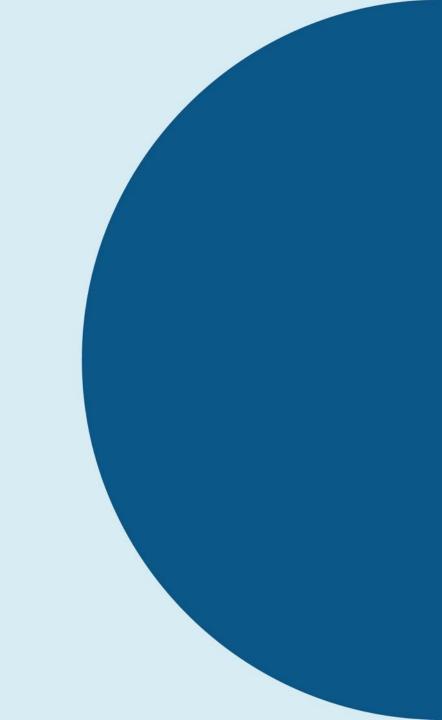
#### **Notes:**

- Focus is on accelerating expenditures before end of ARPA at the end of CY2026
- Employees being charged to the County Corporate Fund in FY2025
- Review of "good spender" subrecipients for possible reallocation among programs planned



# **Stroger Hospital**





## Stroger Hospital: A Legacy of Equity

Established to care for all county residents, regardless of ability to pay or immigration status

- In 1866, the first patient at the original Cook County Hospital is a **young immigrant girl** from Germany with an abscessed hand
- By the 1920's, Cook County Hospital's patient population becomes **majority African American**, as racism and exclusion persist in health care
- Mexican immigrant and Chair of Family Medicine at Cook County Hospital, Dr. Jorge Prieto, begins making house calls in immigrant communities in 1952. CCH's first community health center is named in his honor
- Cook County Hospital cared for 1 patient suffering from abortion complications for every 4 births in 1965,
   pre Roe V. Wade. After legalization, the hospital funded up to 4,000 abortions annually.
- Opening of the first comprehensive Trauma Unit in the United States in 1966 and home to the first blood bank in America 88 years ago by Dr. Bernard Fantus.
- Chicago's **first HIV/AIDS clinic** opened at Cook County Hospital in 1982. The clinic served 1/3 of all Chicagoans living with HIV by the early 1990s
- In 1986, Dr. Agnes Lattimer was named medical director of Cook County Hospital, and was the **first African**American woman medical director of a major U.S. hospital

# John H. Stroger, Jr. Hospital



As the flagship of Cook County Health, John H. Stroger, Jr. Hospital remains at the forefront of new therapies and innovations in healthcare.

- Our 450-bed teaching hospital serves as the hub for Cook County Health for delivery of specialty and sub-specialty care.
- •CCH continues to invest in growing access to modern, high-quality care for all patients.
- •In the last year, Stroger Hospital opened a Neurosciences Intensive Care Unit to provide highly advanced neurological care and launched a robotic surgery program.



## U.S. News & World Report



#### John H. Stroger, Jr. Hospital of Cook County

Stroger Hospital was recognized by U.S. News & World Report as a high-performing organization for chronic obstructive pulmonary disease, heart failure, heart attack, kidney failure, and pneumonia.

U.S. News & World Report's annual procedures & conditions ratings are designed to assist patients and their doctors in making informed decisions about where to receive care for complex health conditions or elective procedures. Ratings are based on several factors, including patient outcomes, patient safety, nurse staffing and more.



## Awards/Recognitions













## Leapfrog Hospital Safety Grade



John H. Stroger, Jr. Hospital of Cook County

Stroger Hospital has maintained its grade of "B" from Leapfrog in the most recent grading period.

The Leapfrog Hospital Safety Grade is the only hospital rating focused exclusively on hospital safety and ranks nearly 3,000 hospitals. Its grades are a quick way for consumers to choose the safest hospital to seek care.



### John H. Stroger, Jr. Hospital of Cook County



Hospital Accreditation and Health Care Equity Certification, The Joint Commission

Advanced Certification for Primary Stroke Centers, The Joint Commission and The American Heart Association/American Stroke Association

Academic Comprehensive Cancer Care Program Accreditation, American College of Surgeons, Commission on Cancer

Level 1 Trauma verification, American College of Surgeons

Metabolic and Bariatric Surgery Accreditation, American College of Surgeons Quality Program

Level III NICU and Administrative Perinatal Hospital designation, Illinois Department of Public Health

Level 1 Adult and Pediatric Trauma Center Designation, Illinois Department of Public Health

Laboratory Accreditation, College of American Pathologists

Pharmacy Division Full Accreditation, Utilization Review Accreditation Commission

American College of Radiology Accreditation

## Stroger Hospital Clinical Services

- Ambulatory Care
- Anesthesiology
- Cardiology
- Dermatology
- Emergency Medicine
- Endocrinology
- Family Medicine
- Gastroenterology
- Hematology
- Hospital Medicine
- Infectious Diseases/Immunology
- Internal Medicine
- Maternal Fetal Medicine
- Medical Informatics
- Neonatology
- Nephrology
- Neurology
- Neurosurgery
- OB/GYN
- Ophthalmology

- Oncology
- Orthopedics
- Otolaryngology (ENT)
- Palliative Care
- Pathology
- Pediatrics
- Podiatry
- Pulmonology
- Radiology/Nuclear Medicine
- Rehabilitation Medicine
- Rheumatology
- Trauma & Burn (Level I)
- General & Acute Care Surgery
  - Breast Surgery
  - Cardiothoracic Surgery
  - Endocrine Surgery
  - Oral Maxillofacial Surgery
  - Pediatric Surgery
  - Plastic & Reconstructive Surgery
  - Vascular Surgery
- Urology

## John H. Stroger, Jr. Hospital of Cook County



#### Proud to be a large safety net provider

#### **Key Statistics:**

- Home to 24 Residency and Fellowships programs / 2K rotating residents/students
- Over 16,000 Inpatient Discharges in 2024
- More than 95K Emergency and Trauma visits in 2024
- Nearly 850,000 outpatient registrations
- More than 550,000 outpatient prescriptions filled at Stroger
- Over 11,000 Surgeries annually
- 1,171 Deliveries in 2024
- Close to 90,000 inpatient and outpatient rehab visits last year

# **Quality, Safety, Experience**

## Four Domains

- Patient Experience
- Clinical Outcomes
- Readmissions
- Throughput

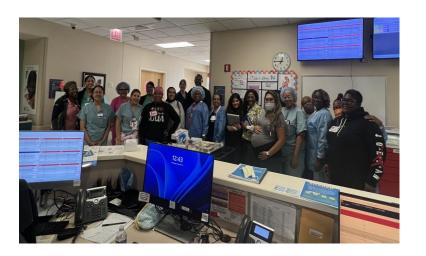


## **Quality, Safety, Experience**



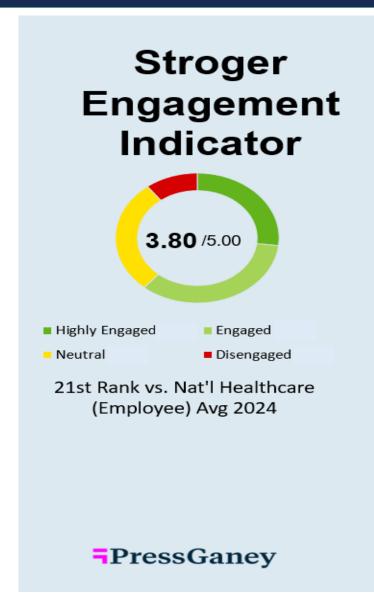
- Nursing has successfully established a robust nursing excellence framework by embracing the Pathway to
  Excellence standards, a comprehensive Professional Practice Model and fully engaged over 200 nurses in the
  shared governance structure.
- Stroger has nine dynamic nursing safety coaches who are in high reliability training with the collaboration of safety to help strengthen our culture of safety.
- Numerous Stroger Nursing quality sensitive indicators are outperforming state or national benchmarks.
- Successfully implemented Tele-Sitter technology, enhancing patient safety and supporting continuous monitoring of high-risk patients.





#### Workforce





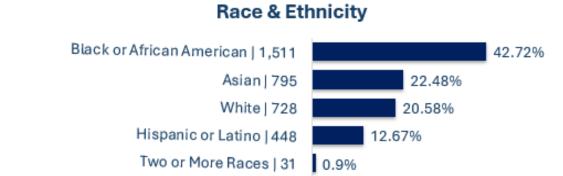
- Engagement results were shared with leaders
- Leaders in collaboration with staff are working to identify actionable opportunities for improvement.
- Collaborating with staff to co-develop meaningful action plans.
- Leaders are reinforcing that every staff member's voice and perspectives are valued.
- Ensuring consistent focus on employee experience, successes and opportunities for improvement.

## Workforce

Native Hawaiian or Other Pacific | 12

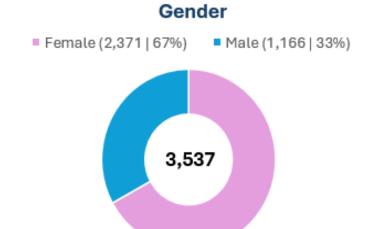
American Indian or Alaskan Native | 12





0.34%

0.34%



#### Vacancy Rate

21% Stroger Vacancy Rate

3,537 Filled positions 940 Vacant positions

4,477 Stroger Total positions

#### **Turnover Rate**

7.4% Stroger Turnover Rate

3,537 Active Stroger Employees

262 YTD Stroger Separations

#### Accomplishments

- Decrease in Agency Spend
- Over 50 new nurses onboarding

#### **Opportunities**

- Strengthen non-clinical services and operations
- Continued focus on hiring
- Collaborate with HR to keep employee turnover low through successful implementation of retention and engagement programs.

### **Fiscal Resilience**





## **Transformation and Growth**

- Continued focus on Quality, Safety, Experience and Workforce
- Achieve higher rating in our Leap Frog Safety Grade and CMS Star Rating
- Decreasing patient wait times and focusing on throughput optimization
- Surgical Optimization including growing surgical volume and achieving operational efficiency
- Growth in our key service lines
- Capital Investments for Stroger; building improvements, capital projects and radiology capital replacement plan



# **Board Committee Reports & Metrics**





# **Finance**





# Executive Summary: Statement of Financial Condition - September 30, 2025



- On an accrual basis, interim financials show that CCH ended September with a \$94.5M unfavorable variance to budget. County's preliminary cash report on revenues and expenses, which is cash-based accounting, shows that CCH is unfavorable to budget by \$33.7M.
  - Revenue Commentary:
    - ▶ **Unfavorable** NPSR variance to Budget due to lower than budgeted volumes and increase in Charity Care
    - Favorable capitation variance to Budget due to higher than budgeted CountyCare membership
  - Expenditures:
    - CountyCare claims unfavorable variance to budget due to higher than budgeted membership
  - CountyCare:
    - CountyCare financials \$82.9M unfavorable to budget driven by medical loss ratio 2.36% higher than expected
    - Membership is 399,389 which is 2.8% greater than budgeted

## Financial Results - September 30, 2025



Dollars in 000s	FY2025 Actual	FY2025 Budget	Variance	%	FY2024 Actual
Revenue					
Net Patient Service Revenue (1)	\$760,413	\$974,935	(\$214,522)	-22.00%	\$875,077
Government Support (2)	\$357,788	\$330,273	\$27,516	8.33%	\$318,343
Adjusted NPSR	\$1,118,201	\$1,305,208	(\$187,006)	-14.33%	\$1,193,420
CountyCare Capitation Revenue	\$3,066,994	\$2,775,590	\$291,404	10.50%	\$2,833,627
Other	\$54,236	\$57,542	(\$3,306)	-5.75%	\$46,169
Total Revenue	\$4,239,432	\$4,138,339	\$101,092	2.44%	\$4,073,216
Operating Expenses					
Salaries & Benefits	\$665,410	\$764,541	\$99,131	12.97%	\$633,467
Overtime	\$50,427	\$45,872	(\$4,555)	-9.93%	\$45,639
Supplies & Pharmaceuticals	\$209,811	\$210,244	\$432	0.21%	\$193,932
Purchased Services & Other	\$605,049	\$693,750	\$88,700	12.79%	\$578,450
Medical Claims Expense (1)	\$2,901,834	\$2,527,127	(\$374,708)	-14.83%	\$2,620,002
Insurance	\$27,986	\$25,288	(\$2,698)	-10.67%	\$24,908
Utilities	\$11,025	\$12,498	\$1,473	11.79%	\$12,237
Total Operating Expenses	\$4,471,543	\$4,279,319	(\$192,225)	-4.49%	\$4,108,635
Operating Margin	(\$232,112)	(\$140,979)	(\$91,132)	64.64%	(\$35,419)
Non-Operating Revenue	\$128,033	\$131,421	(\$3,388)	-2.58%	\$157,079
Net Income (Loss)	(\$104,079)	(\$9,558)	(\$94,520)	988.86%	\$121,660

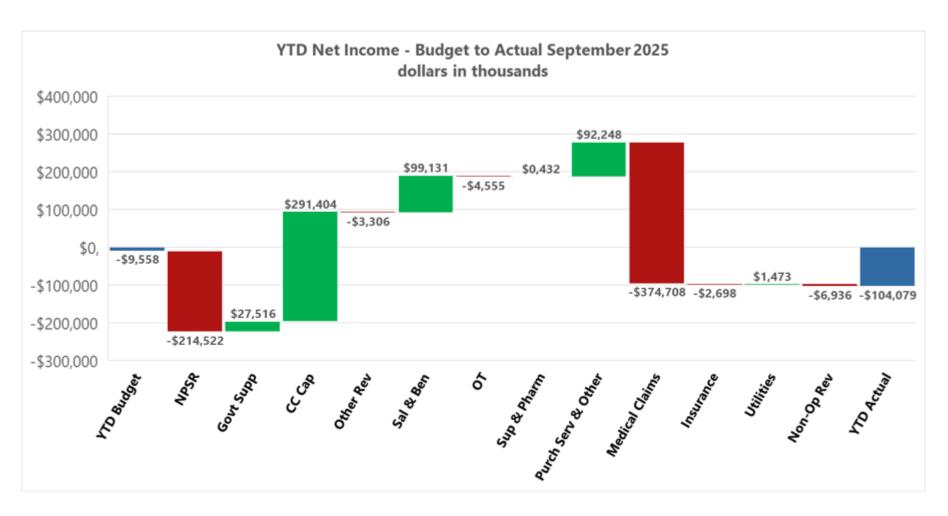
#### Notes:

- (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.



## YTD Net Income Waterfall Report







## Key Volume and Revenue Indicators



Patient Activity Stroger	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	Sep 2025 Actual	Sep 2024 Actual
Average Daily Census	308	318	-2.9%	325	318	329	321
Emergency Room Visits	74,327	76,640	-3.0%	75,998	70,481	7,254	7,821
Surgeries	9,478	10,123	-6.4%	9,633	9,313	1,039	965

Patient Activity Provident	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	Sep 2025 Actual	Sep 2024 Actual
Average Daily Census	16	29	-44.5%	21	21	18	19
Emergency Room Visits	20,909	21,967	-4.8%	22,096	21,925	2,205	2,329
Surgeries	2,068	2,509	-17.6%	2,560	2,933	275	262

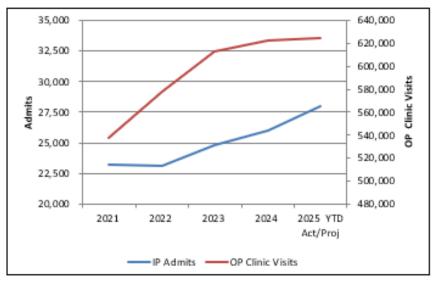
Patient Activity ACHN	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	Sep 2025 Actual	Sep 2024 Actual
Primary Care Visits	187,505	202,440	-7.4%	199,071	196,315	18,776	19,318
Specialty Care Visits	332,734	319,200	4.2%	322,575	315,142	32,968	31,541

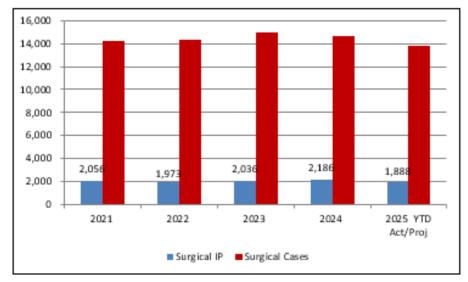
CountyCare Membership	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual	Sep 2025 Actual	Sep 2024 Actual
Membership Count	409,708	393,382	4.2%	430,878	452,456	398,959	417,035

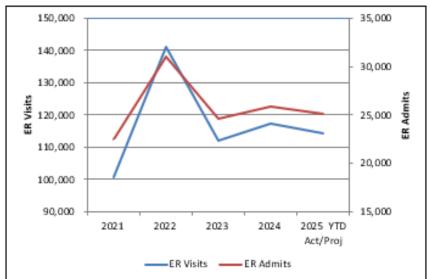


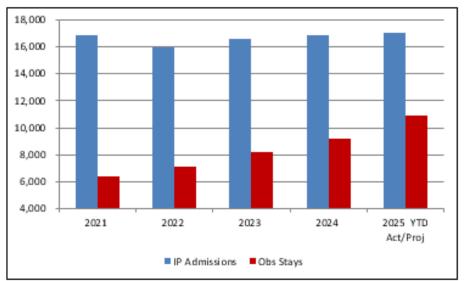
# **Operating Trends**







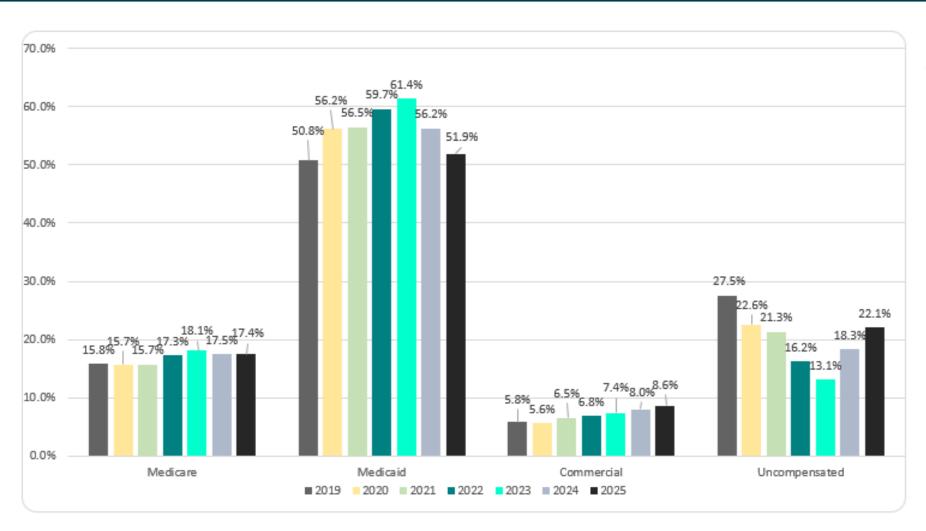






# Payer Mix





#### **Commentary:**

Prior Month Change:

Medicare: +0.1%

Medicaid: -0.3%

• Commercial: +0.1%

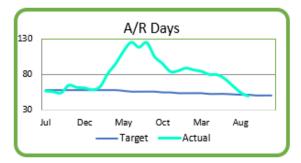
Uncompensated:

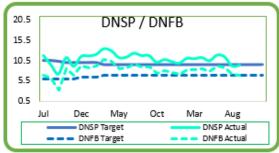
+0.1%



## Revenue Cycle KPI

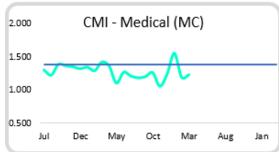


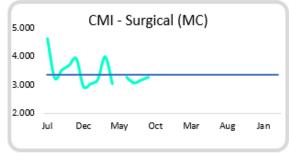












#### **Commentary:**

Our AR metrics are improving and recovering from the Change Healthcare cyberattack. Remaining recovery efforts are in aged AR >90. We continue to work with the payers to provide additional documentation to get these impacted claims resolved. Cash collections missed target in September due to state slowdown in payments however YTD cash collections is above target (111%) at September month end.

#### **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.

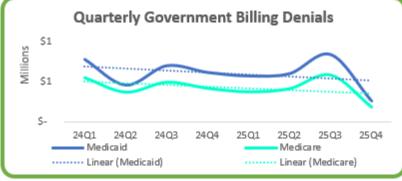
**CMI:** Case Mix Index - Represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and dividing by the number of discharges.

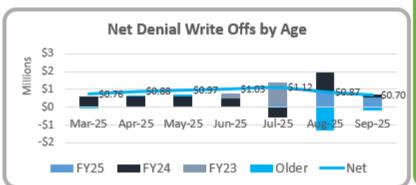


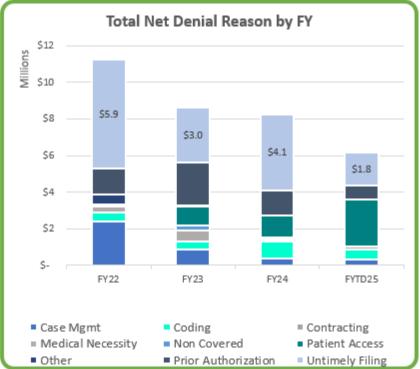
## **Denials**













## **Charitable & Public Program Expenditures**



Charitable Benefits and Community Programs	2023 Actual	2024 Actual	2025 Budget	2025 Projected
Traditional Charity Care	\$105,040	\$201,962	\$232,719	\$312,135
Other Uncompensated Care	135,655	80,164	88,500	126,825
Cermak & JTDC Health Services	100,779	116,223	143,621	124,093
Department of Public Health	12,712	22,113	27,553	28,168
Other Public Programs & Community Services	66,321	71,600	52,870	52,870
Totals	\$420,506	\$492,062	\$545,263	\$644,092
% of Revenues *	38.8%	30.5%	32.6%	42.0%
% of Costs *	23.1%	28.5%	24.2%	31.6%

<sup>\*</sup> Excludes County Care Health Plan Services



# **Savings Initiatives**



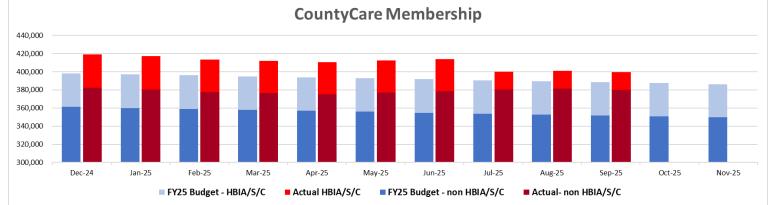
	Budgeted	YTD	
Current Activities in Progress	FY25 Impact	Achieved	Status
Revenue Cycle:			
CDM Annual Pricing Review	2,650,000	2,197,292	0
Revenue Recovery	3,400,000	2,904,167	
Point of Service Collections	300,000	263,750	•
County Care: Vendor Contract Negotiations- (term eff July)	2,400,000	2,400,000	•
Health System: Vendor Contract Negotiations	20,000,000	19,467,136	•
	<u>\$ 28,750,000</u>	<u>\$ 27,232,345</u>	95%
		Goal 10/12ths	83%



## CountyCare



Dollars in 000s except PMPM amounts	FY2025 Actual	FY2025 Budget	Variance	%	Fy24 Actual
Capitation Revenue	\$3,080,986	\$2,783,501	\$297,485	10.69%	\$2,850,610
Operating Expenses					
Clinical - CCH	\$104,671	\$116,591	\$11,920	10.22%	\$113,796
Clinical - External	\$2,900,482	\$2,532,712	(\$367,770)	(14.52%)	\$2,604,767
Administrative	\$158,745	\$131,365	(\$27,380)	(20.84%)	\$146,017
Total Expenses	\$3,163,899	\$2,780,669	(\$383,230)	(13.78%)	\$2,864,579
Operating Gain (Loss)	(\$82,913)	\$2,832	(\$85,745)		-\$13,969
Activity Levels					
Member Months	4,099,531	3,933,818	165,713	4.21%	4,311,512
Monthly Membership	399,389	388,505	10,884	2.80%	417,316
CCH CountyCare Member Months	300,075	N/A	N/A	N/A	345,127
CCH % CountyCare Member Months	7.32%	N/A	N/A	N/A	8.00%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$751.55	\$707.58	\$43.96	6.21%	\$661.16
Clinical Cost PMPM	\$733.05	\$673.47	(\$59.58)	(8.85%)	\$630.54
Medical Loss Ratio (1)	97.5%	95.2%	(2.36%)	(2.48%)	94.4%
Administrative Cost Ratio	5.1%	4.7%	(0.40%)	(8.53%)	5.1%
Total FTEs	390	429	39		369



#### **Commentary**

- Total YTD member months are exceeding budget by 165,713 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Operating Loss of \$82M
- Operating loss driven by higher medical loss ratio than expected.
- Higher MLR due to rate underfunding for high-cost drugs and NICU cases.
- \$30m negative annual impact from recent state risk adjustment.

#### Notes:

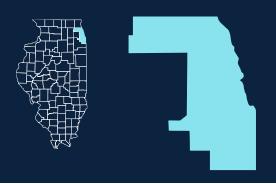
(1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

## **Human Resources**



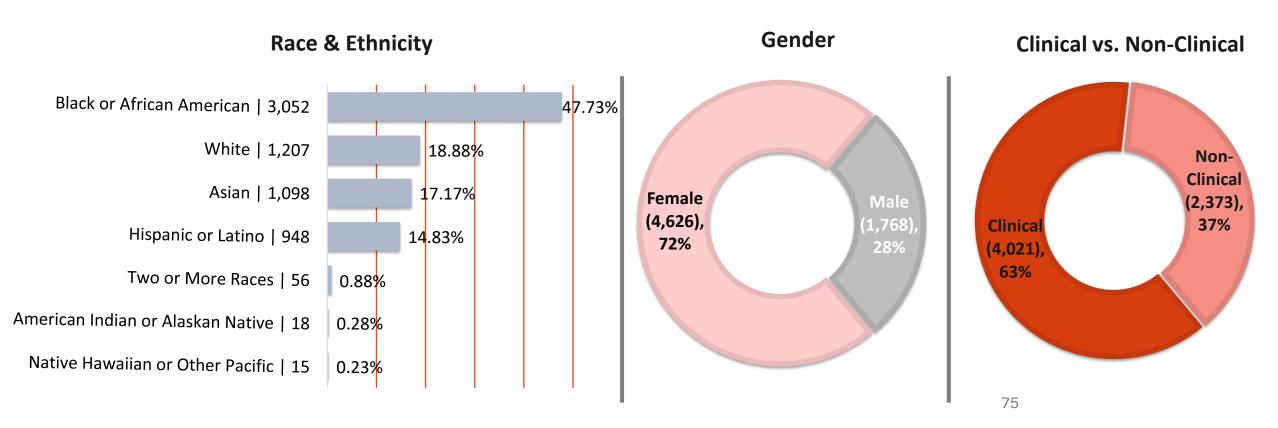
## About Cook County

- Includes Chicago and suburbs
- 2<sup>nd</sup> most populous county in US
- 5.1M residents
- 945 sq miles

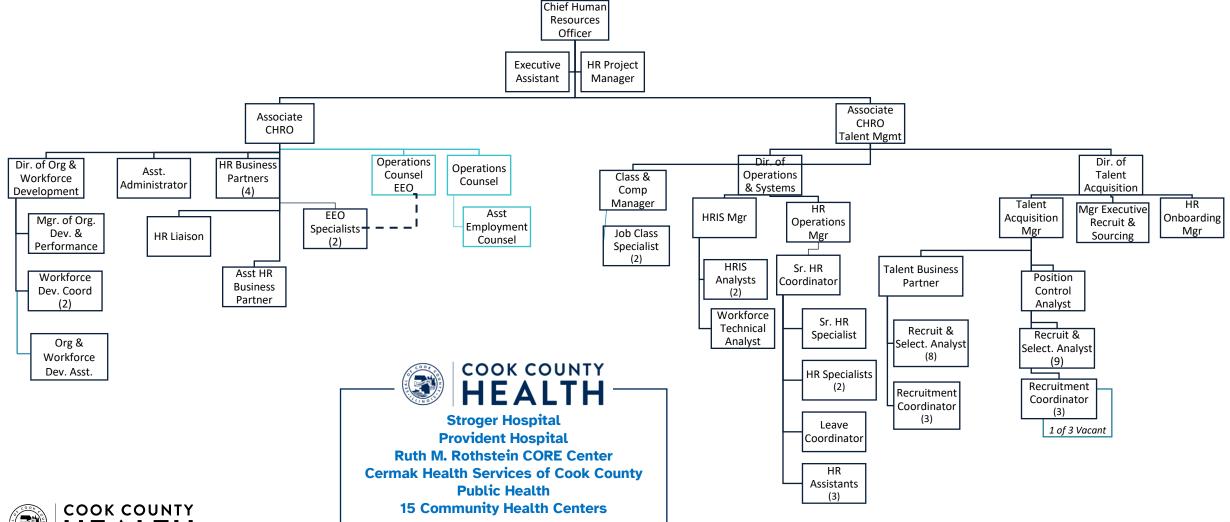


## **Demographics All CCH Employees**

- All CCH Employees 6,364
- Workforce demographics show a strong clinical-to-non-clinical staffing ratio
- Average years of service: 10



# Cook County Health Department of Human Resources



### **About CCH Human Resources**

Classification & Compensation	Ensures fair and competitive pay through job descriptions and salary
Talent Acquisition	Focuses on attracting and hiring top talent while ensuring compliance with the Employment Plan and Collective Bargaining Agreements.
HR Operations	Manages HR processes including contractor onboarding, tuition reimbursement, leave administration, payroll adjustments, and employee record maintenance, ensuring compliance with accreditation standards.
HR Systems	Handles workforce data and analytics for reporting and operational efficiency.
Organization & Workforce Development	Leads onboarding, orientations, training, leadership, employee & workforce development initiatives, and organizational development support.
Operations Counsel	Internal legal advisor to Cook County Health (CCH) Leaders in operational matters and to the Chief Human Resources Officer in policy and employment matters.
Equal Employment Opportunity	Investigates discrimination and harassment claims and represents CCH in external cases alleging employment discrimination.

## **Talent Management**

#### Ensures CCH maintains competitive, equitable and compliant pay practices to attract and retain top talent. **Classification & Compensation** Research, prepare, standardize, update and maintain job descriptions Manages salary structures, market reviews, and job classifications. Partners with HRBPs and leadership to align pay with market data. Ensures regulatory and CCH Employment Plan compliance. Develops compensation programs that drive retention and engagement. Streamlines workflows to clarify stakeholder roles and ensure audit readiness Participate in salary surveys Supports and sustains daily HR transactions and compliance needs across the workforce lifecycle. **HR Operations & Systems** Oversees all hire transactions and processing (employees & contractors). Manages Service Link and other HR related requests and inquiries. Partners with Payroll, IT, and department heads for continuous process improvement. Human resources is a critical aspect of the accreditation process, with specific standards designed to ensure CCH is staffed with qualified employees. HRIS Management Data processing Leads a strategic, system-wide approach to full cycle recruitment, attracting and retaining top talent while **Talent Acquisition** ensuring compliance with the Employment Plan. Post vacancies; validate candidates; work with management to fill vacancies Work with management to identify external sources, sites, journals, publications, organizations, etc. to post vacancies Utilize Social Media outlets to advertise and expand CCHHS' recruitment efforts

### **HR ServiceLink**

### **Employee Self Service Portal**

- A Centralized Solution for our Operations Team
- Employees have the capability to submit and report Human Resources cases such as:



**Employment Verification** 

**Leave of Absence** 

**Employee Assistance Program** 

**Change of Name** 

**Ask HR!** 

**Personnel File Review** 

Access Your Benefits /
Update Your Personal
Details

Tuition / Certification Reimbursement Application

**Pay Rate or Accrual** 

**Employee Relations** 

**Change of Supervisor** 

**Employee Separation** 

Get questions answered quickly via live chat feature

Have all the resources you need at your fingertips in a user-friendly interface



hrs cook county hrs link today!

hrs cook county mployeeselfservice/s/login

## **FY25 HR Activity Report**



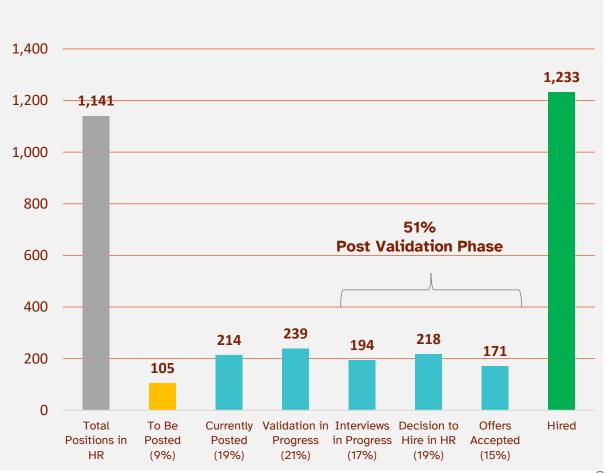


#### Vacant Positions



Year Over Year Comparison	Filled Positions	Vacant Positions	Total Budgeted Positions	Vacancy Rate
October 31, 2024	5,577	1,765	7,342	24.0%
October 31, 2025	5,970	1,576	7,546	20.9%





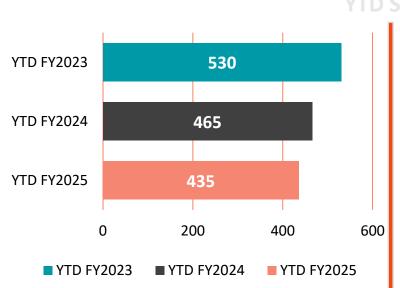
Vacancy Source: Budget

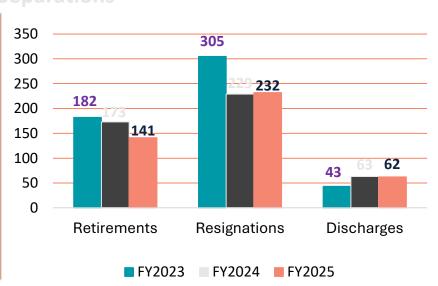
## **FY25 Key Hiring Metrics**

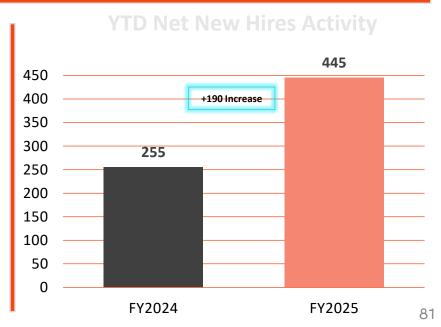


12/01/2024 - 10/31/2025









## **FY25 Processing of Residents**

Graduate Medical Education exclusively source and recruit Clinical participants, allowing for a uniquely focused residency experience with the intent of providing the best training.

House Staff Workflow

May 2025 House Staff processing began

On going Orientation Criminal Background Check

Employee ID

Physical & Drug Screening

July 1, 2025 Start Date

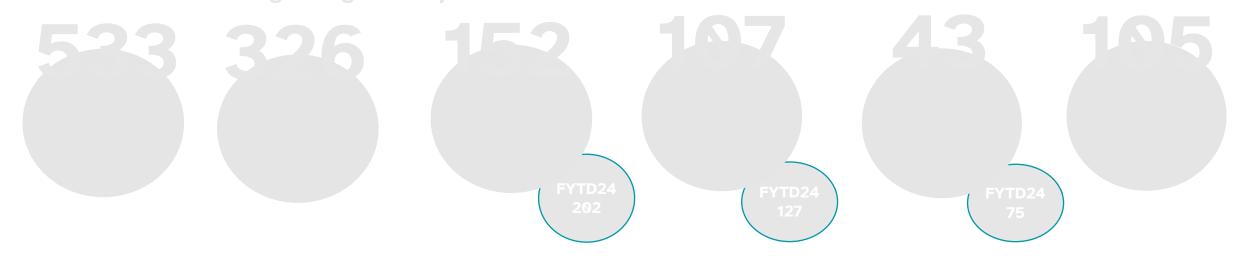
2025 Processing of House Staff - Hired - 150

	Departments Assigned   Hired											
Anesthesiology-8	Internal Medicine-49	Pulmonary Critical Care-2										
Burn-1	Neonatal-Perinatal Medicine-2	Radiology-4										
Cardiovascular-3	Ophthalmology-4	Retinal Fellowship-1										
Colorectal Surgery-3	Oral Surgery-5	Simulation Fellowship-1										
Dermatology-5	Pain Medicine-4	Surgical Critical Care-3										
Emergency Medicine-17	Palliative-3	Toxicology-2										
Family Medicine-11	Pediatrics-7	Trauma-3										
Gastroenterology-2	Pharmacy-3	Urology-2										
Hematology/Oncology-3	Preventive Medicine-2											

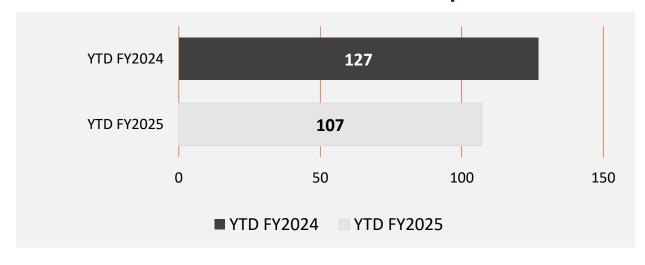
## **FY25 RN Hiring Metrics**

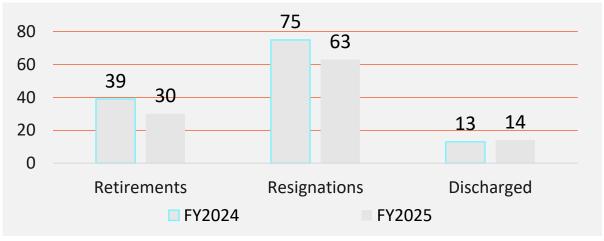


**Direct Care RN Nursing Hiring Velocity & Attrition** 



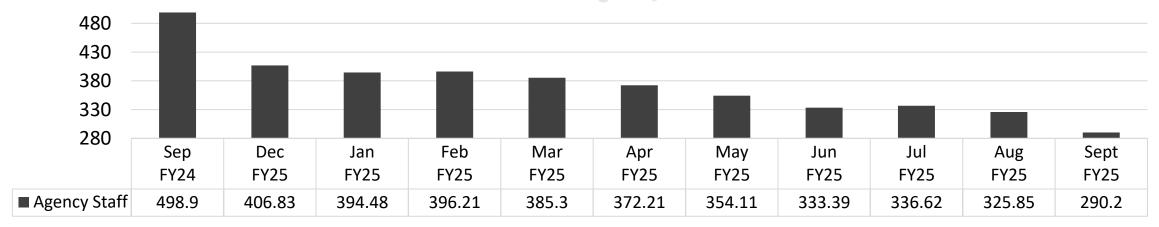
#### **Direct Care RN Separations – December thru October Year-Over-Year**



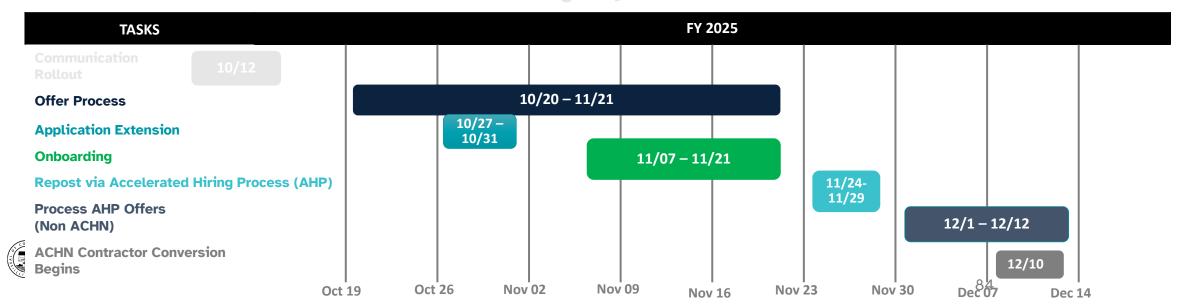


## **RN Current State Of Agency Use**





FY25 RN Agency Conversion



## **Accelerated Hiring Process (AHP)**



The Accelerated Hiring Process (AHP) is a targeted recruitment strategy designed to expedite hiring for critical roles where delays could impact operations or patient care.

Expedited Posting Timeline

Screening Process

No Interviews Requirements Selection Process Special Preferences

Minimum of **5 business days** (can be indefinite for hard-to-fill roles).

A Preliminary Eligibility List is sorted by categories: (Internal, Veterans, Contractors( Agency), Interns, External (Other).

Candidates are selected directly from the Validated Eligibility List.

Offers are extended based on the sorted order of the validated Eligible List.

**Priority given to Internals**, Veterans, then Agency Workers.

Status	Number of Positions
Pending Opening	40
Actively Open	41
Offer / Onboarding Phase	21
YTD Filled	31
YTD Total	133

Position Utilization									
Nursing									
Technicians and Technologists									
Clinical Support Roles									



### **FY25 CCH Turnover**



CCH turnover rates remain below national hospital averages 18.3%.

#### **CCH YTD Turnover Rate**

FY 2025 Turnover Rate: 6.9%

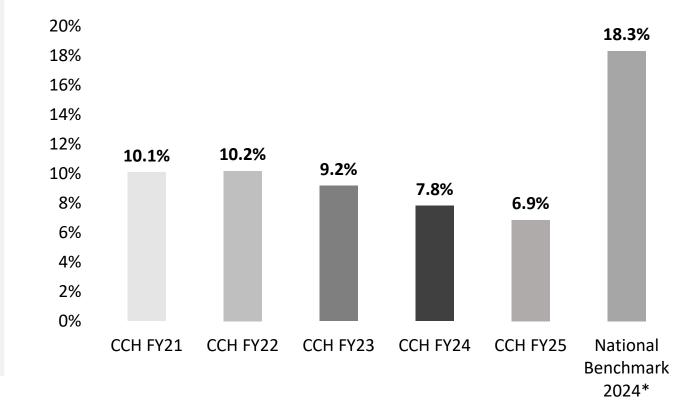
Active Employees: 6,342

YTD Separations: 435

FY 2024 Turnover Rate: 7.8%

Active Employees: 5,943

YTD Separations: 465





## **Sourcing Strategies**



### Who are our recruitment partners?















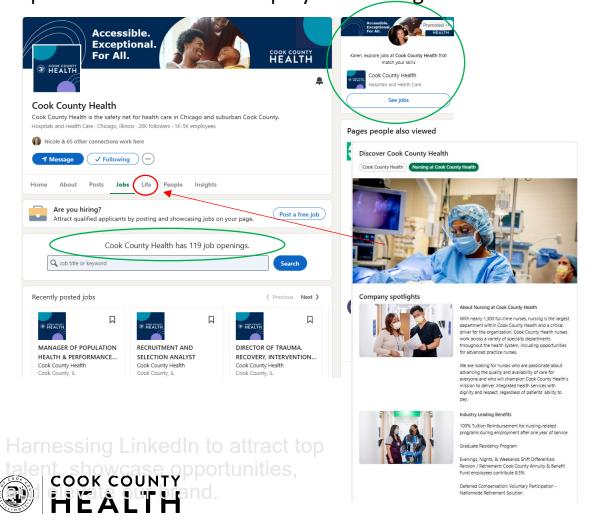






## **LinkedIn Recruiter Expansion**

Leverage largest professional networking site to increase potential talent pool by increasing visibility into our open roles and overall employer branding.



#### **Optimization Enhancements:**

- **Automated Job Posting:** Streamline job management on our company page.
- Priority Jobs: Push roles across the network and newsletters with prioritization.
- **Promoted Ads:** Increase visibility via employee profiles and company page.
- Recruiter Enablement: Access to network for proactive sourcing, pipeline building, and outreach.
- **Life Tabs:** Showcase culture and increase employer branding with insights into life at CCH.

#### **Future State:**

- Project Collaboration: partnership with hiring managers on recruitment projects, as needed.
- Life Tabs: Increase number of areas to highlight.

## **Talent Acquisition Sourcing**

The Talent Acquisition team is actively partnering with the Quality and Process Improvement department to streamline the recruitment process and reduce time-to-fill for critical roles.

## **Current State** (Transactional)

- Leverages applicant tracking systems to track and report progress.
- Leads outreach through career fairs, university partnerships, and DEI pipelines.
- Embeds equity, compliance, and consistency across all hiring activities in accordance with the Employment Plan

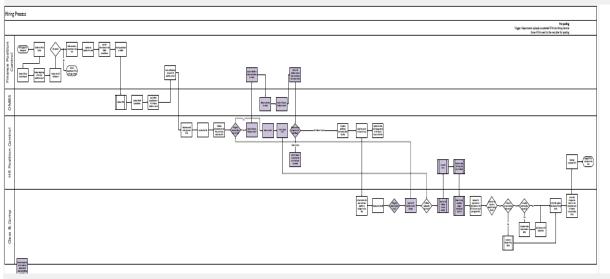
## Future State (Strategic)

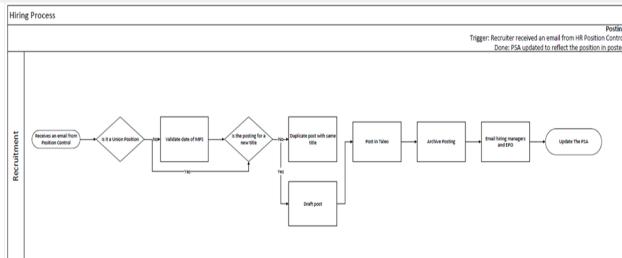
- Engaging ideal candidates through targeted sourcing, recruitment marketing, and strategic partnerships with universities, professional associations, and community-based organizations
- Executes the full recruitment lifecycle—from strategic sourcing and employer branding to screening, interviews, and offer prep
- Leverages workforce analytics to identify hiring gaps, forecast needs, and track retention patterns system-wide
- Enhances candidate experience through timely communication, process transparency, and digital engagement tools



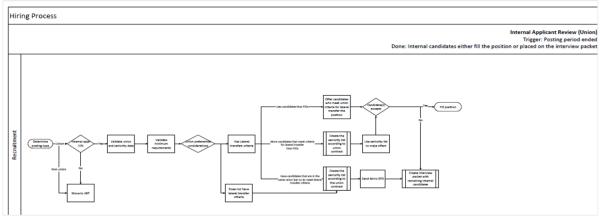
## **Recruitment Process Steps**

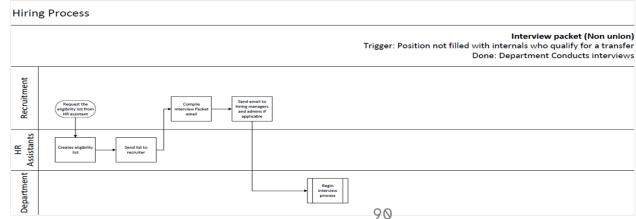
#### **Request-to-Hire and Job Posting Process**





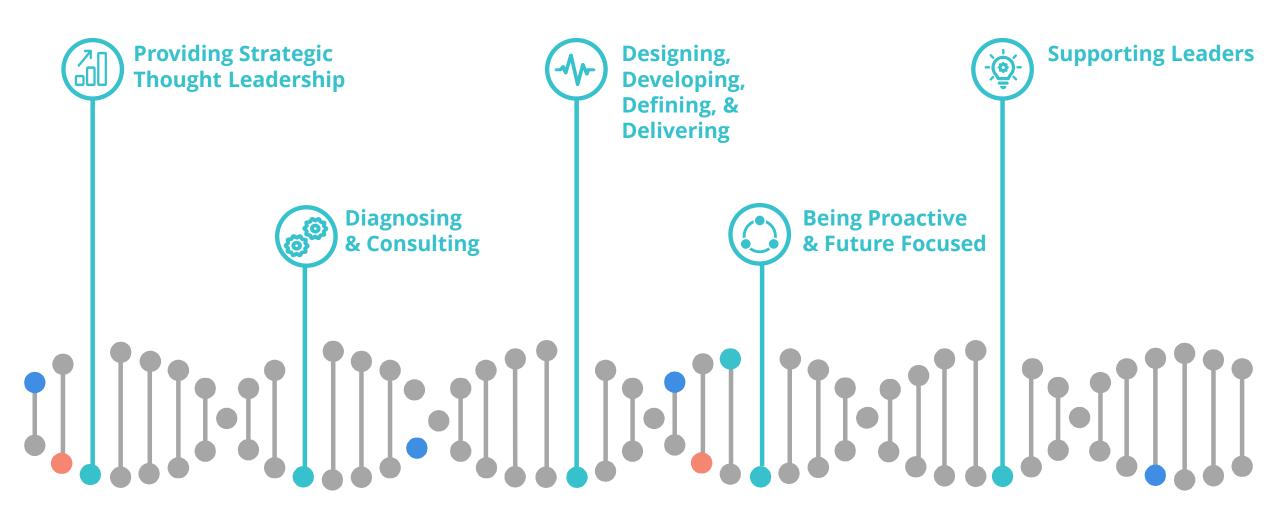
#### **Internal and External Applicant Review Process**





## CCH | Supporting Our People Through O&WD





**Ensuring The DNA of Our CCH Culture** 

### Get Them In: Community Workforce Development



Community Workforce Development provides healthcare career exposure, professional development, and entry career pathway program opportunities to youth, the community, and entry level staff to inspire and contribute to the development and advancement of CCH's future healthcare workforce



#### **PSF Mentoring Program Topics**

Session 1 Sept. 24	Working in a Safety Net Healthcare System  What is special about working with our patients?  Best practices for patient care
Session 2 Nov. 5	Medical Career Paths  Insights and discovering options for your field of interest
Session 3 Dec. 17	Trials, Tribulations, & Triumphs  Real struggles, real success stories
Session 4 Jan. 28	Clinical Integration  • The interface between disciplines and specialties
Session 5 Mar. 11	Diagnostics & Technologies  The impact these can make
Session 6 Apr. 22	Preparing for a Successful Healthcare Career  Considering current market trends

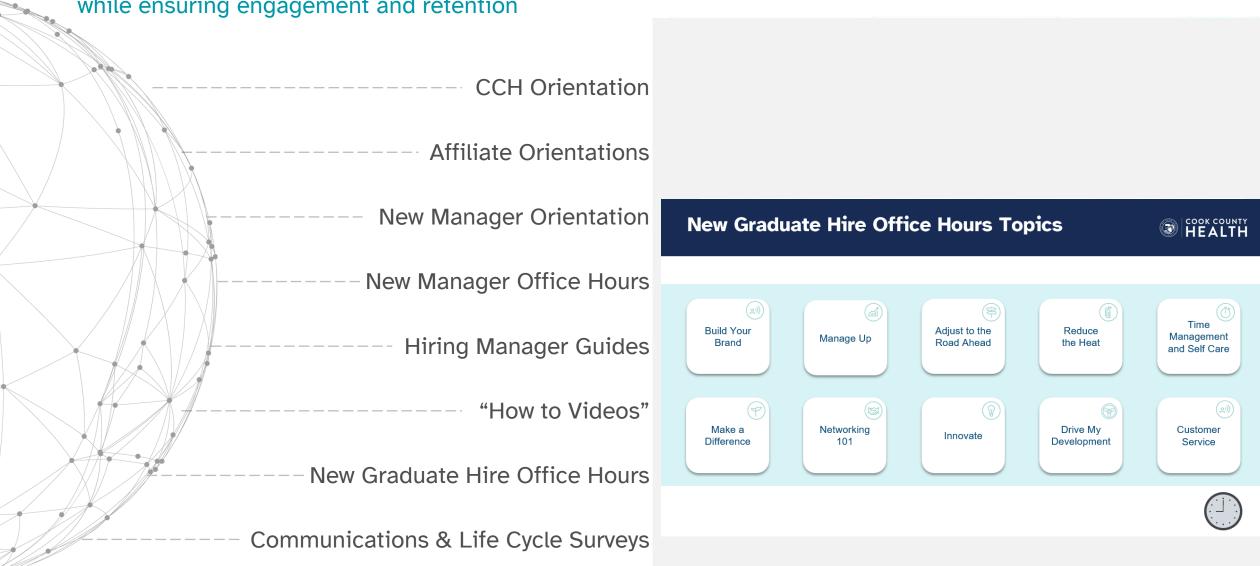
#### Professional Development Wrap Around Support Services

Onboarding, success coaching, trainings, group assignments, and metrics are being introduced into all programs

### Get Them Going: Onboarding



CCH Onboarding is a strategic process to accelerate the success of New Hires throughout their first 12 months while ensuring engagement and retention



## Get Them Growing: CCH Learning Institute



The Learning Institute fosters continual growth for the people and processes of CCH by seamlessly integrating across CCH to build strategic capacity for future needs and to enhance our ability to market opportunities for talent retention and acquisition

#### Clinical Learning

Equip our healthcare professionals to deliver world-class patient care

#### Professional Learning

Strengthen our employees' non-clinical competencies to foster personal growth

#### Leadership Development

Nurture our leaders to be adept at empowering teams and getting results

#### Technical Learning & Compliance

Help our employees protect against risks and upkeep our organization's integrity

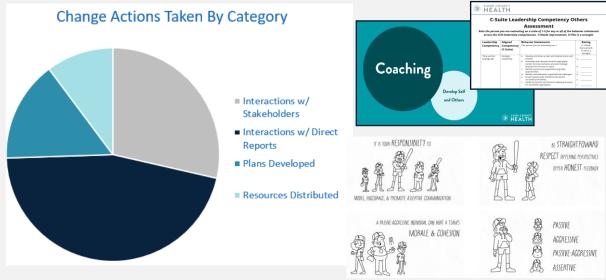


### Get Them Growing: Leadership Development



The Leadership Development initiative equips leaders at all levels with blended learning that embraces diverse styles, promotes best practices, and drives aligned, team-focused, and results-oriented behaviors

to achieve CCH's mission. CCH Leadership Competency Framework Frontline Leadership Program Manager Modules Leading Self Modules First Aid Kit for Managers **Upcoming Developments:** Director Peer Coaching Circles Chair Program Needs Assessment



#### Stakeholder Interaction

- "Implemented the 3x1 Field Day. I think it has gone swimmingly. We have connected with multiple partners, produced lots of positive activity, and got us out of the office."
- "Expressing gratitude to stakeholders made partners excited to continue to work together"

#### Plans Developed

**Executive Coaching** 

 "Setting obtainable goals for the myself and others, including how I collaborate with my colleagues, positively impacts my interactions and the effectiveness of my meetings."

#### **Direct Report Interaction**

- "Added encouragement and positive feedback as standard content in 1-1 meetings. Impact has been positive - increase in morale and rapport."
- "Provided coaching to a junior employee on getting along with others."

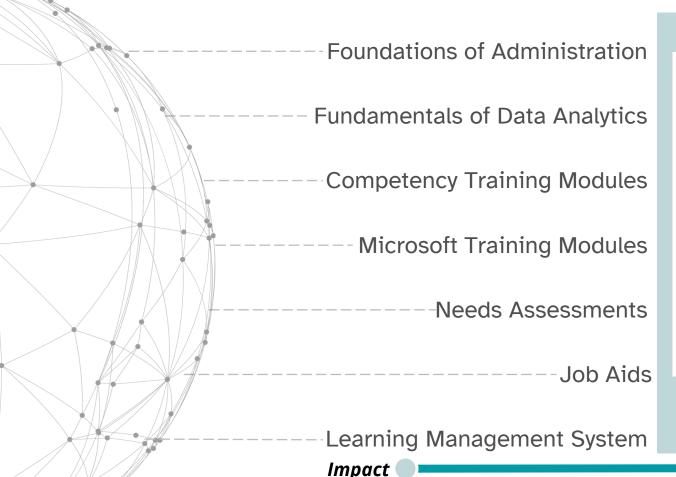
#### Focus on Results

 "Keeping performance results [available for] my team at all times."

### Get Them Growing: Learning & Development



Enhance the skills, knowledge, and capabilities of CCH employees through training, education, and professional development tailored to employee and organizational needs





LMS as a robust Learning Resource Guide

 Application of skills back at work immediately after each session

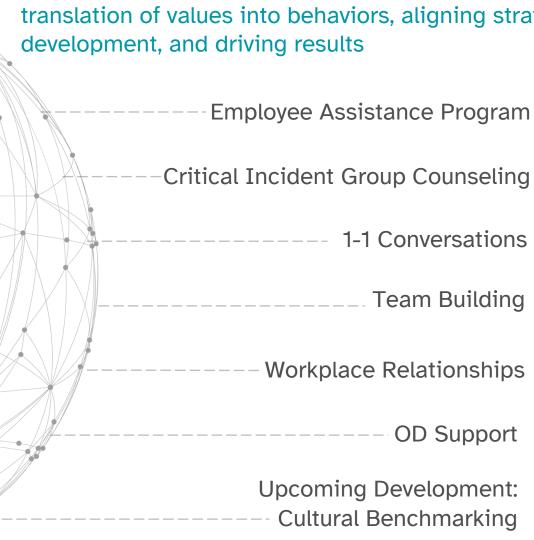
- "My staff love the training and the benefits are very apparent"
  - Senior Medical officer

- "FANTASTIC!"
- "Networking"
- "Insights into myself & others"
- "Tips & Techniques I can use"
- "The tools" participants

#### Get Them Connected: Culture



Improve the efficacy and efficiency of CCH through strategic interventions that address culture, structure, and processes while at the same time imbedding the desired way we do things around here through the translation of values into behaviors, aligning strategy to performance, linking performance to

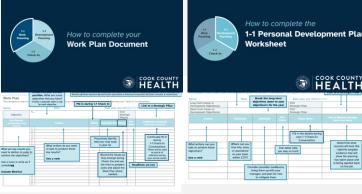










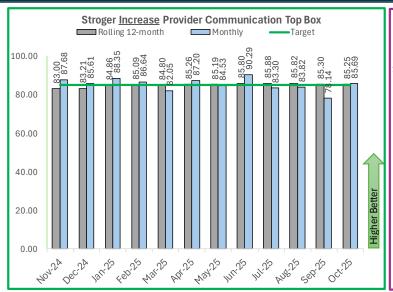


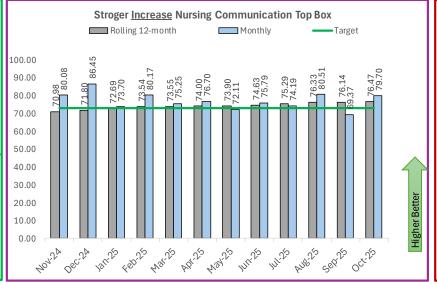


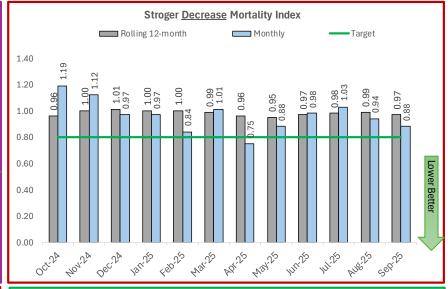
## **Quality & Patient Safety**

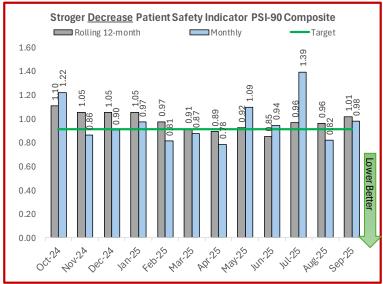


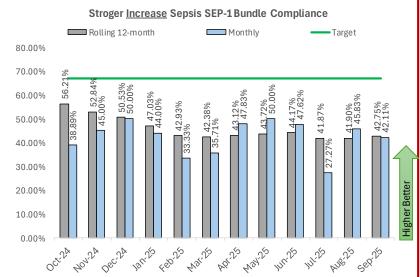












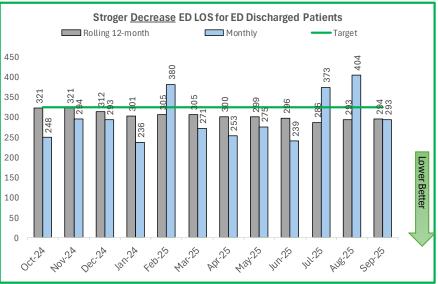
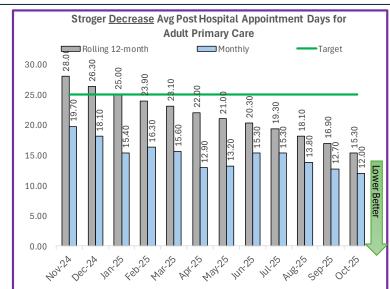
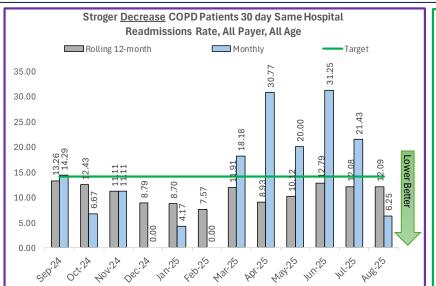
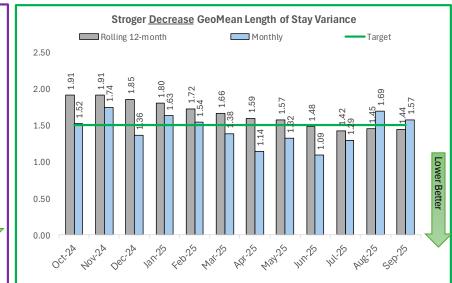


Chart performance monitoring-color based on the most recent rolling 12-month scoring measure results.









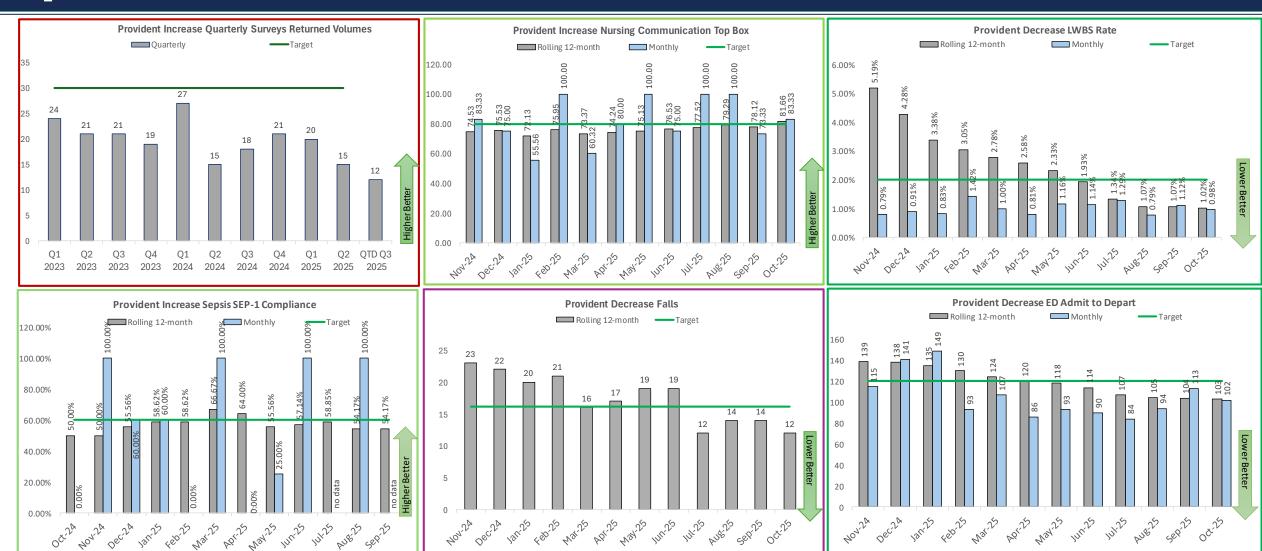


DOMAIN WORKGROUPS	Metrics					
PATIENT EXPERIENCE	Target	Stretch	Baseline	Quarterly Improvement Expected	Nov-24 Dec-24 Jan-25 Feh-25 Mar-25 Anr-25 May-25 Jun-25 Jul-25 Aug-25 Sen-25 Oct-25 2024	Q3- Q4- 2025 2025
Increase Rolling 12-month Top Box Comm w/ Physician Domain	85.00	87.50	82.01	0.75	83.00 83.21 84.86 85.09 84.80 85.26 85.19 85.80 85.88 85.82 85.30 85.25 83.21 84.76 1.9% 2.9 3.8	-2.4 0.7
Increase Monthly Top Box Comm w/ Physician Domain					87.68 85.61 88.35 86.64 82.05 87.20 84.53 90.29 83.30 83.82 <b>78.14</b> 85.69	
	Target	Stretch	Baseline	Quarterly Improvement Expected	NOV-24 Dec-24 Jan-25 Fen-25 Mar-25 Anr-25 Mav-25 Jun-25 Jul-25 Aug-25 Sen-25 Oct-25 2024	Q3- Q4- 2025 2025
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	73.00	75.00	69.75	0.81		2.5 6.7
Increase Monthly Top Box Comm w/ Nursing Domain					80.08 86.45 <b>73.70</b> 80.17 75.25 76.70 <b>72.11</b> 75.79 <b>74.19</b> 80.51 <b>69.37</b> 79.70	
CLINICAL OUTCOMES	Target	Stretch	Baseline	Quarterly Improvement Expected	Oct-24 Nov-24 Dec-24 Jan-25 Feh-25 Mar-25 Anr-25 May-25 Jun-25 Jul-25 Aug-25 Sen-25 2024	Q3- Q4- 2025 2025
Decrease Rolling 12-month Mortality Index	0.80		0.86	-0.02	<b>0.96 1.00 1.01 1.00 1.00 0.99 0.96 0.95 0.97 0.98 0.99 0.97</b> 1.01 0.92 -8.9% 0.1 0.0	0.1
Decrease Monthly Mortality Index					1.19 1.12 0.97 0.97 0.84 1.01 0.75 0.88 0.98 1.03 0.94 0.88	
	Target	Stretch	Baseline	Quarterly Improvement Expected	Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 2024 2025 change	Q3- Q4- 2025 2025
Decrease Rolling 12-month Patient Safety Indicator PSI-90 Composite	<b>e</b> 0.907		1.008	-0.025		0.19
Decrease Monthly Patient Safety Indicator PSI-90 Composite					<b>1.22</b> 0.86 0.90 0.97 0.81 0.87 0.78 <b>1.09</b> 0.94 <b>1.39</b> 0.82 0.98	
	Target	Stretch	Baseline	Quarterly Improvement Expected	Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 2024	Q3- Q4- 2025 2025
Increase Rolling 12-month Sepsis SEP-1 Bundle Compliance	67%		56%	2.75%	56.21% 52.84% 50.53% 47.03% 42.93% 42.38% 43.12% 43.72% 44.17% 41.87% 41.90% 42.75% 50.53% 42.05% -16.8% -20% -13% -	26%
Increase Monthly Sepsis SEP-1 Bundle Compliance					38.89% 45.00% 50.00% 44.00% 33.33% 35.71% 47.83% 50.00% 47.62% 27.27% 45.83% 42.11%	



READMISSIONS	Target	Stretch	Baseline	Quarterly Improvement Expected	Sep-24 Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 YTD % in Q1- Q2- Q3- 2025 change 2025 2025 2025	Q4- 2025
Decrease Rolling 12-month COPD Readmission Rate (all ages, all payers)	14.00	13.00	15.40	-0.35	<b>13.26</b> 12.43 11.11 8.79 8.70 7.57 11.91 8.93 10.12 12.79 12.08 12.09 8.79 12.17 38.5% -8.8 13.5 -1.0	
Decrease Monthly COPD Readmission Rate (all ages, all payers)					14.29     6.67     11.11     0.00     4.17     0.00     18.18     30.77     20.00     31.25     21.43     6.25	
				Quarterly	YTD %in Q1- Q2- Q3-	04
				Improvement	Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 Oct-25 2024	Q4-
	Target	Stretch	Baseline	Expected	2025 change 2025 2025 2025	2025
Decrease Rolling 12-month Post Hospital Appointment Days for Adult	25.00	20.00	32.50	-1.88	28.00 26.30 25.00 23.90 23.10 22.00 21.00 20.30 19.30 18.10 16.90 15.30 26.3 14.70 -44.1% -14.4 -14.7 -12.6	-13.0
Decrease Monthly Post Hospital Appointment Days for Adult Primary Care					19.70 18.10 15.40 16.30 15.60 12.90 13.20 15.30 15.30 13.80 12.70 12.00	
				Quarterly Improvement	Oct-24 Nov-24 Dec-24 Jan-25 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25  YTD % in Q1- Q2- Q3- 2025 change 2025 2025 2025	Q4-
THROUGHPUT	Target	Stretch	Baseline	Expected	2025 change 2025 2025 2025	2025
Decrease Rolling 12-month Geometric Mean Length of Stay (GMLOS)	1.50	1.30	1.87	-0.09	<b>1.91 1.91</b> 1.85 1.80 1.72 1.66 1.59 1.57 1.48 1.42 1.45 1.44 1.85 1.41 -23.8% -0.3 -0.5 -0.1	
Decrease Monthly Hospital Geometric Mean Length of Stay (GMLOS)					1.52 1.74 1.36 1.63 1.54 1.38 1.14 1.32 1.09 1.29 1.69 1.57	
				Quarterly	VID Win Of CO CO	04
				Improvement	Oct-24 Nov-24 Dec-24 Jan-24 Feb-25 Mar-25 Apr-25 May-25 Jun-25 Jul-25 Aug-25 Sep-25 YTD % in Q1- Q2- Q3-	Q4-
	Target	Stretch	Baseline	Expected	2025 change 2025 2025 2025	2025
Decrease Rolling 12-month Median ED LOS for ED Discharged Patients	324	288	360	-9	321 321 312 301 305 305 300 299 296 <mark>286</mark> 293 294 312 302 -3.2% -56.0 -87.0 23.0	
Decrease Monthly Median ED LOS for ED Discharged Patient				·	248 294 293 236 380 271 253 275 239 373 404 293	

# **Provident Op Ex Committee Dashboard**



# **Provident**Op Ex Committee Dashboard

Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target



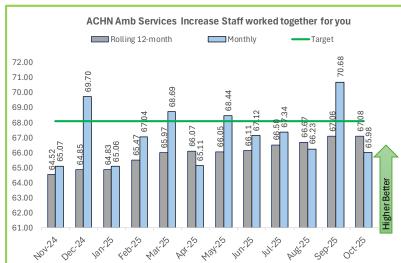
Op Ex Steering Committee Dashboard for Provident Hos	pital																							
DOMAIN WORKGROUPS Metrics	S																							4
				Quarterly											OTD 03	QTD Q4		Lin	near %	in	Q1-	Q2-	Q3-	Q4-
PATIENT EXPERIENCE				Improvement	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	2025	2025	202	4 Tre	end char					2025
			n Baseline													2020			025	•				2020
Increase Qtrly Survey Return Volumes	30	35	19	3	24	21	21	19	27	15	18	21	20	15	12	1		<b>"</b> (	63 -0	.2	-1.9	-9.6 -	-15.3	
Data lagging updated often																								'
														_	_									
				Quarterly														Y	TD %	in	Q1-	Q2-	Q3-	04-
				Improvement	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	202	4	025 chai			-	-	2025
			n Baseline																		•	<u> </u>	$\sqrt{}$	
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	80.00	83.00	74.55	0.613	74.53	75.53	72.13	75.95	73.37	74.24	75.13	76.53	77.52	79.29	78.12	81.66	75.5	3 82	2. <b>02</b> 8.6	%ز	-0.6	7.6	12.5	6.3
Increase Monthly Top Box Comm w/ Nursing Domain				, , , , , , , , , , , , , , , , , , ,	83.33	75.00	55.56	100.00	60.32	80.00	100.00	75.00	100.00	100.00	73.33	83.33								'
																	_							
				Quarterly														Y	TD %	in	Q1-	Q2-	Q3-	Q4-
CLINICAL OUTCOMES				•	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	202	4	025 char			-		2025
			n Baseline																			•	$\checkmark$	2020
Increase Rolling 12-month Increase Sepsis SEP-1 Compliance	60%	65%	47%	3.33%	50.00%	50.00%	55.56%	58.62%	58.62%	66.67%		55.56%	<b>57.14</b> %	58.85%	54.17%	54.17%	55.56	<b>6%</b> 46.	70% -15.	9%	0.0% -	-20.0% 4	43.3%	
Increase Monthly Increase Sepsis SEP-1 Compliance					0.00%	100.00%	60.00%	60.00%	0.00%	100.00%	0.00%	25.00%	100.00%	no data	100.00%	no data	<u>.</u>							
														_	_		_							
				Quarterly															near %	in	Q1-	Q2-	Q3-	Q4-
				Improvement	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	202		TD char					2025
			n Baseline															_	025		<u> </u>			2020
Decrease Rolling 12-month Inpatient Falls	16	15	18	-0.45	23	22	20	21	16	17	19	19	12	14	14	12	22	1	<b>12</b> -45.	5%	-1.6	1.9	-2.7	
Decrease Monthly Inpatient Falls					1	0	0	2	1	2	2	2	0	2	0	0	<u>.</u>							
														_	_		_							
				Quarterly														Υ	TD %	in	Q1-	Q2-	Q3-	Q4-
THROUGHPUT				Improvement	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	202	4	025 char			-	-	2025
			n Baseline	<u> </u>																· ·	<u> </u>	<u> </u>	<u> </u>	<u> </u>
	120.00	100.00	139.00	-4.75	139	138	135	130	124	120	118	114	107	105	104	103	138	3	99 -28.	3%	-18.3	-41.0 -	-29.8	-18.0
Decrease Monthly Median ED Admit Decision to Depart ED					115	141	149	93	107	86	93	90	84	94	113	102								
														_			_							
				Quarterly														Υ	TD %	in	Q1-	Q2-	Q3-	Q4-
				Improvement	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	202	4	025 char			-	-	2025
	Target	Stretch	n Baseline																		<u> </u>	<u> </u>	<u> </u>	
Decrease Rolling 12-month LWBS Rate	2.0%	1.0%	4.3%	-0.6%	<b>5.19</b> %	4.28%	3.38%	3.05%	2.78%	2.58%	2.33%	1.93%	1.34%	1.07%	<b>1.07</b> %	1.02%	4.28	% 1.0	.75.	3% -	2.63% -	2.11% -	-1.51% -1	-1.02%
Decrease Monthly Decrease LWBS Rate				,	0.79%	0.91%	0.83%	1.42%	1.00%	0.81%	1.16%	1.14%	1.29%	0.79%	<b>1.12</b> %	0.98%								

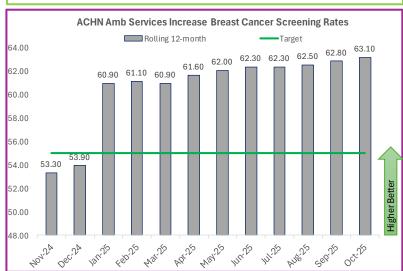
# **ACHN Op Ex Committee Dashboard**

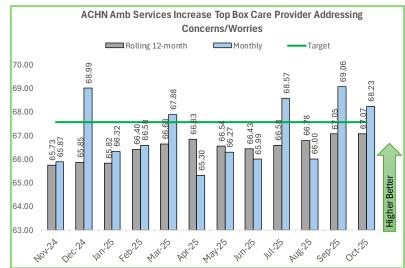
Met or Exceeded Stretch Goal
Met or Exceeding Target, not meeting Stretch
Improvement from Baseline, not meeting Target

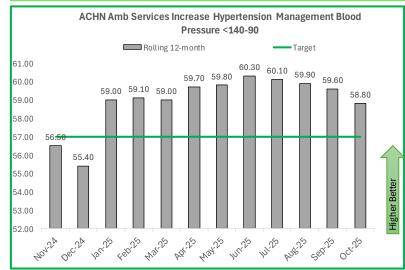


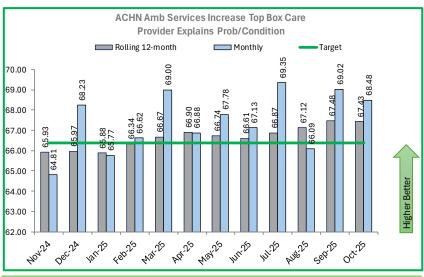
At Baseline, not improving from baseline

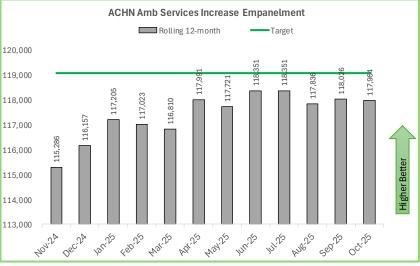












# **ACHN Op Ex Committee Dashboard**



DOMAIN WORKGROUPS Metrics																						
DOTTAIN WORKONOOLO																						
				Quarterly													•					
PATIENT EXPERIENCE TOP BOX SCORING				Improvement	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2024	YTD	% in	Q1-	Q2-	Q3-
	Target	Stretch	Baseline	Expected						•	·			ŭ	·			2025	change	2025	2025	2025
Increase Rolling 12-month Top Box - Staff worked together for you	68.08	69.78	65.66	0.61	64.52	64.85	64.83	65.47	65.97	66.07	66.05	66.11	66.50	66.67	67.06	67.08	64.85	67.05	3.4%	0.7	-0.2	0.3
Increase Monthly Staff worked together for you					65.07	69.70	65.06	67.04	68.69	65.11	68.44	67.12	67.34	66.23	70.68	65.98	·					
				Quarterly													•	YTD	% in	Q1-	Q2-	Q3-
				Improvement	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2024	2025	change	2025	2025	2025
	Target	Stretch	Baseline	Expected														2025		2023		2023
Increase Rolling 12-month Top Box - Care Provider Addr.	67.54	69.13	65.62	0.48	65.73	65.85	65.82	66.40	66.63	66.83	66.54	66.43	66.58	66.78	67.05	67.07	65.85	67.03	1.8%	0.9	-0.8	0.8
Increase Monthly Care Provider Addressing Concerns/Worries					65.87	68.99	66.32	66.58	67.88	65.30	66.27	65.99	68.57	66.00	69.06	68.23						
				Quarterly													•	YTD	% in	Q1-	Q2-	Q3-
				Improvement	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2024	2025	change	2025	2025	2025
			Baseline	Expected														1 1		/		/_
Increase Rolling 12-month Top Box - Care Provider Explains	66.39	68.36	64.47	0.48	65.93	65.97	65.88	66.34	66.67	66.90	66.74	66.61	66.87	67.12	67.48	67.43	65.97	67.63	2.5%	2.2	1.8	2.3
Increase Monthly Care Provider Explains Prob/Condition					64.81	68.23	65.77	66.62	69.00	66.88	67.78	67.13	69.35	66.09	69.02	68.48						
																	,					
				Quarterly														YTD	% in	Q1-	Q2-	Q3-
HEDIS		<u>.</u>		Improvement	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2024	2025	change	2025	2025	2025
	Target		Baseline	Expected																/		/_
Increase Rolling 12-month Breast Cancer Screening Rate	55.00	58.40	53.30	0.43	53.30	53.90	60.90	61.10	60.90	61.60	62.00	62.30	62.30	62.50	62.80	63.10	50.50	56.70	12.3%	6.1	6.5	6.8
				Quarterly														YTD	% in	Q1-	Q2-	Q3-
				Improvement	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2024	2025	change	2025	2025	2025
			Baseline	Expected															ŭ			
Increase Rolling 12-month Hypertension Management Blood	57.00	61.00	55.00	1.58	56.50	55.40	59.00	59.10	59.00	59.70	59.80	60.30	60.10	59.90	59.60	58.80	52.80	55.50	5.1%	2.7	0.8	-0.7
Pressure Rate <140/90 for patients																				56.58	58.15	59.73
				Quarterly														YTD	% in	Q1-	Q2-	Q3-
				Improvement	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2024	2025	change	2025	2025	2025
Empanelment	Target	Stretch	Baseline	Expected																		
Increase Empanelment of Engaged / Affiliated Patients	119,061	121,965	116,157	1.452	115,286	116.157	117.205	117.023	116.810	117.991	117.721	118.351	118.351	117.836	118.026	117.964	116,157	117.964	1.6%	-757.0	-1224.9	-2486.9

## **Data Definitions & Legend Reference**

Measures	Data Source / Definition
CLIN OUTCOMES - Falls	Nursing Quality, includes all falls including with Injury. Volume counts only
CLIN OUTCOMES - Mortality Index	Vizient, Mortality Index, data is lagging due to uploads and is typically 2 months behind
CLIN OUTCOMES - PSI-90	Vizient, all payers composite, data is lagging due to uploads and is typically 2 months behind
CLIN OUTCOMES - SEPSIS SEP-1	Quality Abstraction, Iris Esquivel, this information is lagging due to clinical quality abstraction needed, typically 1-2 months behind
Empanelment - Empanelment of Engaged / Affiliated Patients	Health Registries/Analytics, unique patient count
HEDIS - Hypertension Management Rate	Health Registries/Analytics, portion of patients that have their hypertension managed blood pressure < 140/90
HEDIS- Breast Cancer Screening Rate	Health Registries/Analytics, portion of patients that have their breast cancer screening compliance met
Pat Exp - Provider Addressing Concerns/Worries	Press Ganey, custom question, using the filter for the sample, Received Date
Pat Exp - Staff worked together for you	Press Ganey, custom question, using the filter for the sample, Received Date
Pat Exp- Care Provider Explains Prob/Condition	Press Ganey, custom question, using the filter for the sample, Received Date
Pat Exp- HCAPS Nursing Communication Domain	Press Ganey, CMS Reportable Filter, Received date
Pat Exp HCAPS Provider Communication Domain	Press Ganey, CMS Reportable Filter, Received date
Pat Exp -Survey Returned Volumes	Press Ganey, all surveys returned by received/aka processed date, Data refreshed monthly up to 6 months retrospectively
READMIT - CMS COPD Readmissions Rate	Vizient, all payers/age; this data is lagging due to readmissions being a look forward 30-31 days for month prior, typically 3 months behind
READMIT - Post Hospital Follow-up Days	Cerner, avg days post hospital discharge to post hospital appointment made, primary care specific
THROUGHPUT - Admit Dec to ED Depart	BI Tableau Dashboard for throughput using Median ED Admit Decision to depart
THROUGHPUT - ED LOS for ED Discharged Patients	Quality Abstraction, Iris Esquivel, this information is lagging due to clinical quality abstraction needed, typically 1-2 months behind
THROUGHPUT - GeoMean LOS	Vizient, excluding OBSERVED GMLOS >30 days, this information is lagging due to the coding, billing and documentation needed and is typically 2 months behind
THROUGHPUT- LWBS	BI Tableau dashboard - system volumes, to include all patients, Numerator / Denominator calculations

