

COOK COUNTY  
HEALTH



# CCH Monthly Report

to the Cook County Board of Commissioners

March 2022



COOK COUNTY  
HEALTH

# Administrative & Legislative Updates



Presented to the Cook County Health Board on 3/25/2022



COOK COUNTY  
**HEALTH**

# Administrative Updates – CCH Employee Recognition

- **John H. Stroger Jr., Hospital of Cook County** has been named the #1 most racially inclusive hospital in Illinois and #5 most racially inclusive hospital in the nation by the Lown Institute Hospitals Index. The 2022 Lown Institute Hospitals Index racial inclusivity metric measures how well more than 2,800 US hospitals serve people of color in their surrounding community based on Medicare claims and the US Census Bureau’s American Community Survey from 2020
- **Ann Sikora Jackson**, Director of Advanced Practice Providers, has been an active supporter of the Ukrainian Medical Association of North America (UMANA) and recently facilitated the evacuation of a family who were fleeing their home in a suburb of Kyiv. The family, including 2 children, suffered gun-shot wounds and the grandmother killed when their car caravan was ambushed. The mother sustained severe injuries to her arm and could not receive the necessary hospital care in Ukraine. When UMANA sent out an international call for assistance, Ms. Sikora-Jackson called on a connection in Poland who was able to transport the family in a media vehicle to a Polish hospital. The family is recovering, and the mother is able to receive the surgeries she needs. “Whether patients are from Ukraine, Yemen, Syria, Eritrea, the West or South side of Chicago, Ukrainian Village or Avondale, whoever they are, we care for all.... This is the way of Cook County Health,” she wrote. CCH is working with national and international media to tell this story.
- **Caryn Stancik**, Chief Communications and Marketing Officer, received the 2022 Chicago Women of Impact Award from [The Motion Agency](#). Ms. Stancik was recognized for her three decades of service to Cook County, particularly her work to promote the health and wellness of County residents. She was praised for bringing “authenticity, creativity, and commitment to every project” and for ensuring that “her work, her team’s work and the work of the County’s health system is inclusive, culturally appropriate and equitable.”

Ms. Stancik’s department was also recognized with two awards for its work around COVID-19 communications and education.

- The “My Shot Cook County” campaign won Nonprofit PR/Marketing Campaign of the Year 2021 from [PRNEWS](#). The campaign highlighted real residents of Cook County, provided education about the COVID-19 vaccines, and details about how to get vaccinated. It generated more than 101 million overall impressions and nearly 100k visitors to the campaign website. The “Trust Us” campaign, featuring CCH physicians urging people to get vaccinated, earned [Adsposure’s](#) 2021 Community Awareness Award for using transit advertising to its fullest. The award was determined based on popular vote and Trust Us was up against several other health/non-profit campaigns.

# Administrative Updates – COVID-19

- Inpatient admissions for COVID as well as the overall positivity rate remain low however CCH and CCDPH are monitoring closely the emergence of the Ba.2 variant.
- CCH is developing a test to treat program that will ensure patients receive new therapeutics as soon as possible after a COVID diagnosis.
- Cook County Health continues to offer COVID vaccination to employees, patients and the community. CCH has administered more than 994,000 vaccine doses. Cook County Health held a two day vaccination push and distributed more than 2,000 \$100 gift cards. CCDPH is also offering gift cards at many of their hyperlocal vaccine events. Additional promotions are being planned in anticipation of FDA approval for the under five population.
- Both CCH and CCDPH continue to offer vaccines, including booster shots, in the community. A full list of locations, dates and times can be found at <https://myshotcookcounty.com/locations/>



# Administrative Updates – Activities and Announcements

## The Change Institute of Cook County Health

- On Wednesday, March 23, 2022, CCH CEO Israel Rocha gave his first address to the City Club of Chicago where he announced the creation of The Change Institute of Cook County Health.
- The Change Institute of Cook County Health (CICCH) grew out of crucial conversations about health equity in the wake of the coronavirus pandemic that disproportionately impacted communities of color and underserved populations. The Change Institute of Cook County Health will seek to develop innovative, cohesive new strategies to bridge gaps in treatment and prevention leveraging the delivery models and lessons learned from the response to COVID.
- The CICCH work will begin with four of the most prevalent causes of premature death in Cook County – cancer, diabetes, heart disease and stroke. By addressing the stages of care for each disease, actionable steps that deliver immediate impact and improve health outcomes for generations to come will be identified. This initiative that will centralize much of our existing work and address these diseases in four distinct quadrants of care: prevention, primary care, acute care and social risk factors and fill in gaps to ensure a robust approach to preventing disease and premature death. Over the course of the next year, CCH will operationalize the institute and its work. More information can be found at [www.cicch.org](http://www.cicch.org).

# Administrative Updates – Activities and Announcements (cont.)

## 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 March 8, 2022, CCH’s Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 376 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, 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 41,697 households, representing 137,424 individuals, totaling more than 942,550 pounds of food. 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 April include the following ACHN Health Centers.

- April 5            **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside, IL 60546
- April 7            **Austin Health Center** - 4800 W. Chicago Avenue, Chicago, IL 60651
- April 14          **Cottage Grove Health Center** - 1645 Cottage Grove Avenue, Ford Heights, IL 60411
- April 19          **Robbins Health Center** - 13450 S. Kedzie Avenue, Robbins, IL 60472
- April 21          **Englewood Health Center** - 1135 W. 69th Street, Chicago, IL 60621

# Administrative Updates – 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. As part of the Strategic Planning Process, Mr. Israel Rocha hosted a joint community advisory council meeting on Thursday, March 3, at 12:00pm.
- The Second Quarter of 2022 topic presentations include Cardiology, CountyCare and MoreCare. In addition, updates on Cook County Health, Covid-19 Vaccination and Community Outreach are provided. Each clinic also does an update on its operations at the meeting. Upcoming CAC meeting dates, including the 2022 schedule:
  - **Provident Hospital/Sengstacke Health Center:** Wednesday at 9:00 AM: April 13, July 13, October 12  
500 W. 51st Street, Chicago, IL 60609
  - **Cottage Grove:** Tuesday at 1:00 PM: April 26, July 26, October 25  
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411
  - **Blue Island:** Wednesday at 1:00 PM: May 18, August 17, November 16  
12757 S. Western Ave., Blue Island, IL 60406
  - **Arlington Heights:** Tuesday at 1:00 PM: May 24, August 23, November 29  
3520 N. Arlington Heights Road, Arlington Heights, IL 60004
  - **Robbins:** Tuesday at 1:00 PM: June 14, September 13, December 13  
13450 S. Kedzie Road, Robbins, IL 60472
  - **North Riverside:** Wednesday at 1:00 PM: June 15, September 14, December 14  
1800 S. Harlem Avenue, North Riverside, IL 60546
  - **Englewood:** Thursday at 1:00 PM - June 16, September 15, December 15

# 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 the month of March and April include the following:
  - March 26 Cook County Health and CountyCare promotion at **Commissioner Aguilar’s Spring Forward Health & Resource Fair** hosted by Commissioner Frank Aguilar and the Village of Melrose Park and which took place at the Melrose Park Civic Center located at 1000 N. 25<sup>th</sup> Avenue in Melrose Park.
  - March 31 Cook County Health and CountyCare promotion at Ndica and Better Sister and Brother Growth Network’s **Expungement and Employment Pop-up Event** which took place at 29 W. 159<sup>th</sup> Street in Harvey.
  - April 9 Cook County Health, CountyCare and MoreCare promotion at **Lucero (Latinos United for Education, Research and Outreach) Community Health and Resource Fair** which will take place at the parking lot of Chicago Family Health Center located at 9119 S. Exchange in Chicago. The fair will provide for cancer and covid testing and other health screenings.
  - April 12 Cook County Health and CountyCare promotion at **Prairie State College’s Veterans Resource and Job Fair** which will take place at the college located at 202 S. Halsted in Chicago Heights. The event is being cosponsored by the Cook County Department of Veterans Affairs, the Chicago Cook Workforce Partnership, National Able Network and IDES.
  - April 16 CountyCare promotion at the **Roseland Hospital Community Easter Celebration** which will take place at the hospital located at 45 W. 111<sup>th</sup> Street in Chicago.
  - April 30 Cook County Health and CountyCare promotion at the **Sisters Working It Out First Annual 5K Walk** which will take place at Rich East High School located at 300 Sauk Trail in Park Forest.



# Legislative Updates – State

- Only a few days of the spring session remain for the House and Senate. Senate and House leadership remain firm in their April 8 adjournment date.
- Updates on CCH legislative priorities:
  - [HB4645](#) (Rep. LaToya Greenwood/Sen. Mattie Hunter) – Creates the Equity and Representation in Health Care Act, which authorizes a new loan repayment and scholarship program to promote greater diversity among health care providers when it comes to race, ethnicity, or other demographics. This Act will also build and strengthen the workforce at community-based provider locations that serve a high-proportion of Medicaid and uninsured patients, specifically at FQHCs, FQHC look-alikes, and provider locations operated by CCH, including Cermak Health Services. A separate appropriations request is being pursued to support the scholarships, loan repayments, and program operations. CCH co-leads this effort with the Illinois Primary Health Care Association, which represents FQHCs statewide.

**Status:** House Floor Amendment (HFA) 2 was filed and brought back to the House Health Care Availability and Access Committee and passed unanimously (12-0-0). HFA2 clarified intent and addressed concerns and questions raised at an earlier committee hearing, as well as incorporated input from the Illinois Department of Public Health.

The bill passed unanimously in the House 112-0-0. A technical amendment was adopted by the Senate Health Care Availability and Access Committee, and the amended bill passed unanimously. HB4645 passed the Senate 54-0-0, and returns to the House for a concurrence vote.

- [SB3695](#) (Sen. Jacqueline Collins/Rep. Robyn Gabel) – Amends the Freedom of Information Act (FOIA) to ensure that HIPAA protected health information is not subject to public records requests.

**Status:** SB3695 was amended to address concerns raised by stakeholders including the Office of the Attorney General; the amendment clarifies and narrows the focus of the bill to ensure that only HIPAA covered entities and information protected by HIPAA would be exempted from FOIA.

SB3695 passed the Senate 54-0-0, and is assigned to the House Executive Committee.

# Legislative Updates – State

- Other bills of interest CCH supports include:
  - [HB4437](#) (Rep. Delia Ramirez) – Expands Medicaid to adults 19-54 years who have income at or below 138% FPL, regardless of immigration status. Healthy Illinois leads this effort.

**Status:** Assigned to Appropriations – Human Services. Deadline extension to April 8.

Healthy Illinois is working with legislative champions to include all or a portion of this expansion language in the FY2023 budget authorization bill. The most recent expansions for immigrants (65+ and 55-64 years) were authorized through budget bills.

- [SB3632](#) (Sen. Doris Turner) / [HB4264](#) (Rep. Greg Harris) - Getting To Zero Omnibus, which includes a \$15M appropriations request that will support increased access to and uptake of PrEP, keep more people living with HIV in care, and continue funding for supportive services. This is an initiative of the AIDS Foundation of Chicago.

**Status:** SB3632 assigned to Appropriations – Health; HB4264 assigned to Appropriations – Human Services.

## Other policy updates

- Enrollment in the Health Benefits for Immigrant Adults (HBIA) began this week. HBIA provides Medicaid-like coverage for low-income adults 55-64 years of age, who were previously ineligible for Medicaid due to their immigration status (undocumented or permanent resident with less than 5 years of US residency).

HBIA coverage does not include long term care or home and community based waiver services. The Healthy Illinois coalition is working with legislators to ensure coverage parity between the immigrant expansion programs and traditional Medicaid, as well as advocating for closing the Medicaid coverage gap for 19-54 year old low-income immigrants.

An estimated 5249 CareLink enrollees appear likely eligible for HBIA.

# Monthly Media Report



February 18, 2022 – March 21, 2022

Presented to the Cook County Health Board on 3/25/2022



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# Earned Media Dashboard: February 18 – March 21, 2022



**Total Media Placements**

**794**



**Total Reach**

**1.7 Billion People**



**Total Media Value**

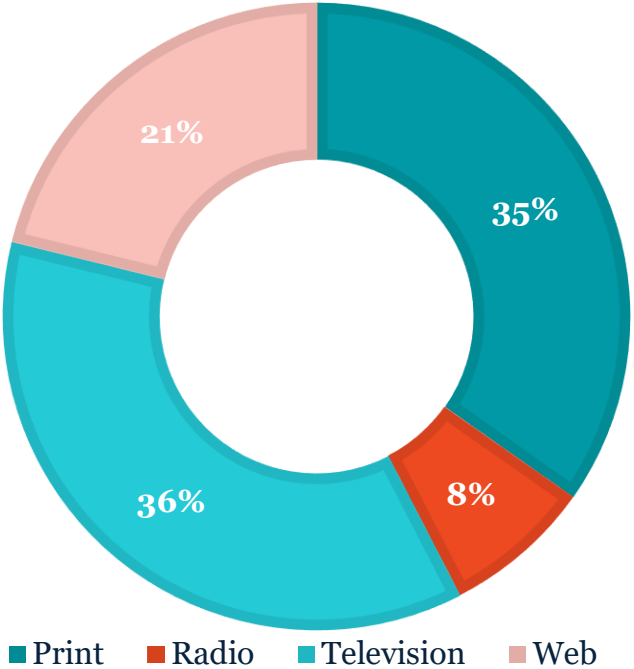
**\$15.9 Million**

## **Top 5 Local Media Outlets**

1. *WBBM Radio*
2. *Patch*
3. *NBC 5 Chicago*
4. *Fox 32 Chicago*
5. *Crain's Chicago Business*

# Media Dashboard: February 18 – March 21, 2022

## Media Outlet Type



## Most Common Topics

1. End of the mask mandates and the impact
2. COVID-19 therapeutics
3. Recognition for “Trust Us” campaign
4. Mental health: COVID and trauma
5. Wellness



# Recent Cook County Health COVID-19 Media Coverage

19,523 Media Hits on COVID-19 since February 2020



Doctors finding hurdles to using pills to treat COVID-19



As masks fall, cold-like illnesses are on the rise



What Experts Are Watching for Amid 'Heightened Alert' Over BA.2



Chicago, Cook County To Lift Mask And Vaccine Mandates On Feb. 28



Letters: Vaccinating children against COVID-19 is paramount for their protection



Masks on trains and planes, still? TSA policy decision coming soon



Experts suggest talking with kids about war in Ukraine, COVID masking concerns

# Social Media Report

February 18, 2022 – March 21, 2022



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# Social Media Summary

## February – March Activity

During February 18 – March 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 and the hospital, and health tips.

### **Facebook – 47 posts**

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

### **Instagram – 42 posts (includes stories and IGTV)**

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

### **Twitter – 64**

<https://twitter.com/CookCtyHealth>

### **LinkedIn – 26 posts**

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

# Social Media Summary

As of March 21

## Twitter

- Impressions: **25.6K**
- Profile visits: **3.5K**
- Mentions: **34**
- Followers: **4,456** (up **29**)

## LinkedIn

- Impressions: **47K** (up **52%**)
- Page Views: **1.6K** (up **2%**)
- Followers: **7.8K** (up **194**)

## Facebook

- Total impressions: **60.1K**
- Post engagement: **3.4K**
- Page views: **4K** (up **101%**)
- Page followers: **7,614** (up **30**)

## Instagram

- Impressions: **18.7K**
- Reach: **2.2K**
- Profile visits: **666**
- Followers: **2,748** (up **35**)

# Finance Metrics



Presented to the Cook County Health Finance Committee on 3/18/22



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# Executive Summary: Statement of Financial Condition – January 31, 2022

On an accrual basis, interim financials show that CCH ended January with a \$24.4M positive variance to budget. On a cash basis, the County's preliminary cash report on revenues and expenses at January 31 shows a \$72.4M positive variance primarily due to the timing difference of CountyCare PMPM payments impacting the revenue and claims payments impacting expenses.

- Revenue Commentary:
  - Higher than budgeted Inpatient volumes driving NPSR positive variance to budget
- Expenditures:
  - Higher than budgeted volumes also driving higher Salaries & Wages and Purchased Services expense
  - Lower than budgeted County Care claims expense creating positive variance
- CountyCare:
  - CountyCare is showing an operating gain of \$4.7M
  - Membership is over 420,000, which is greater than the 391,000 monthly average budgeted

# Financial Results – January 31, 2022

Dollars in 000s	FY2022 Actual	FY2022 Budget	Variance	%	FY2021 Actual (3)
<b>Revenue</b>					
Net Patient Service Revenue (1)	\$127,076	\$118,283	\$8,794	7.43%	\$83,599
Government Support (2)	\$65,970	\$65,970	\$0	0.00%	\$63,692
CountyCare Capitation Revenue	\$431,547	\$443,759	(\$12,212)	-2.75%	\$373,814
Other	\$2,494	\$2,757	(\$262)	-9.52%	\$9,767
CountyCare Elimination (1)	(\$17,662)	(\$20,325)	\$2,664	-13.11%	(\$14,383)
<b>Total Revenue</b>	<b>\$609,426</b>	<b>\$610,443</b>	<b>(\$1,017)</b>	<b>-0.17%</b>	<b>\$516,488</b>
<b>Operating Expenses</b>					
Salaries & Benefits	\$111,994	\$105,593	(\$6,402)	-6.06%	\$116,668
Overtime	\$8,284	\$6,490	(\$1,793)	-27.63%	\$8,394
Supplies & Pharmaceuticals	\$22,243	\$23,780	\$1,538	6.47%	\$24,299
Purchased Services & Other	\$96,298	\$63,437	(\$32,861)	-51.80%	\$52,142
Medical Claims Expense (1)	\$375,250	\$442,576	\$67,327	15.21%	\$354,596
Insurance	\$5,472	\$6,150	\$678	11.03%	\$5,311
Utilities	\$2,391	\$1,998	(\$393)	-19.66%	\$2,423
CountyCare Elimination (1)	(\$17,662)	(\$20,325)	(\$2,664)	13.11%	(\$14,383)
<b>Total Operating Expenses</b>	<b>\$604,270</b>	<b>\$629,700</b>	<b>\$25,430</b>	<b>4.04%</b>	<b>\$549,449</b>
<b>Operating Margin</b>	<b>\$5,156</b>	<b>(\$19,257)</b>	<b>\$24,413</b>	<b>126.78%</b>	<b>(\$32,961)</b>
<b>Non-Operating Revenue</b>	<b>\$22,951</b>	<b>\$22,951</b>	<b>(\$0)</b>	<b>0.00%</b>	<b>\$20,451</b>
<b>Net Income (Loss)</b>	<b>\$28,107</b>	<b>\$3,694</b>	<b>\$24,413</b>	<b>660.95%</b>	<b>(\$12,510)</b>

**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.

Source: CCH unaudited financial statements and FY22 budget.

# Cook County Health

## Volumes: January 31, 2022

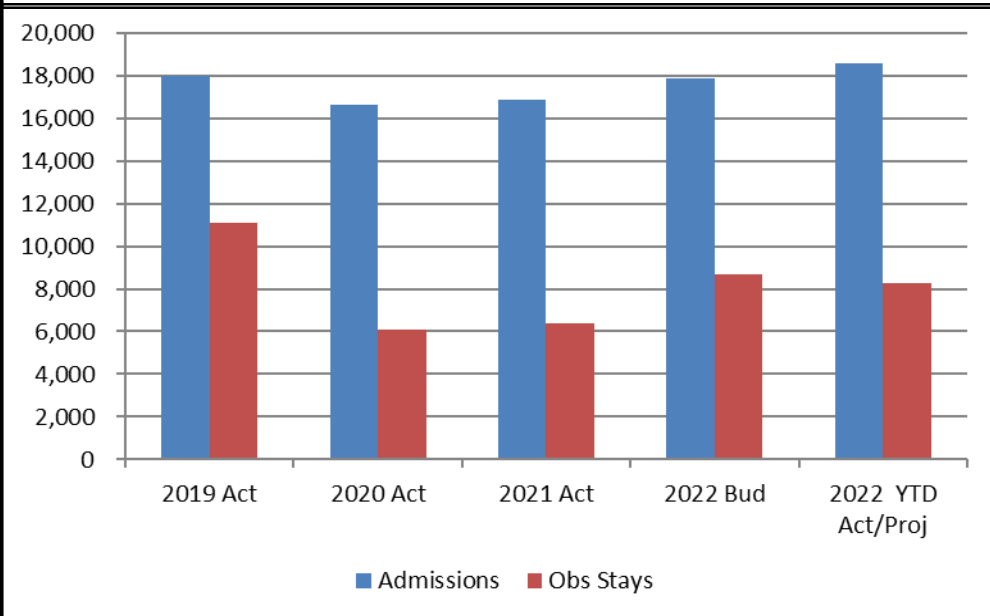
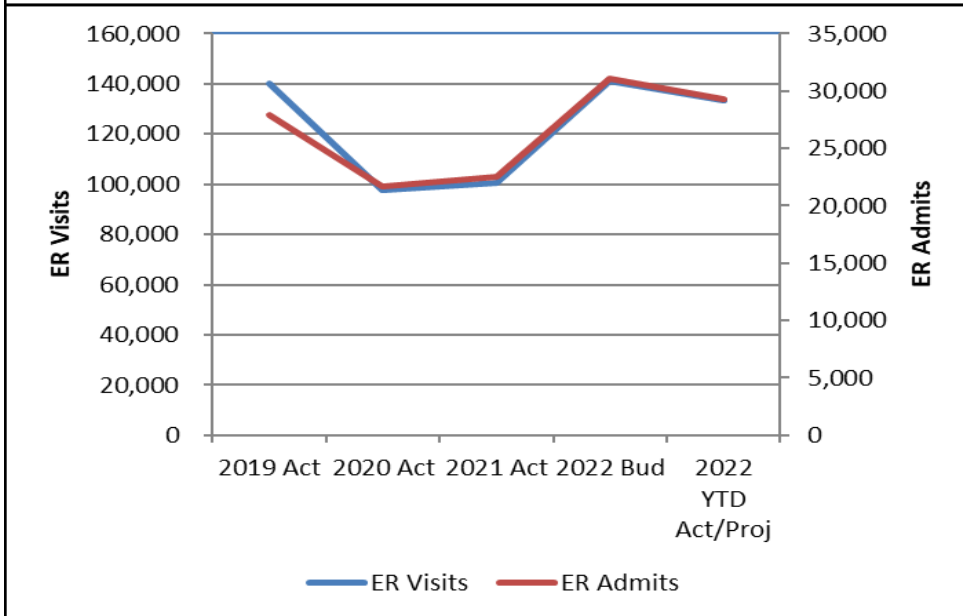
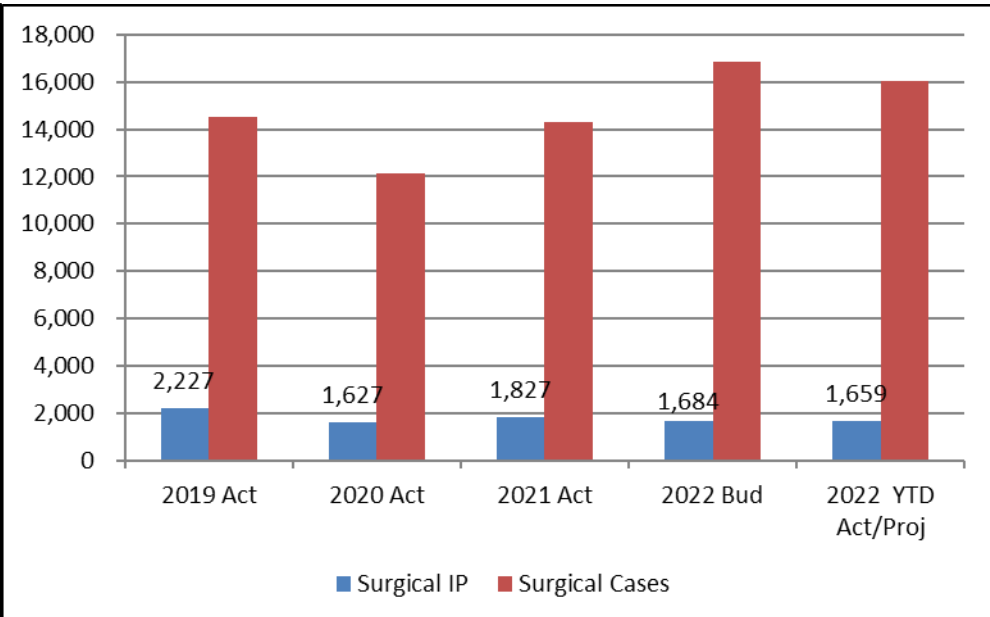
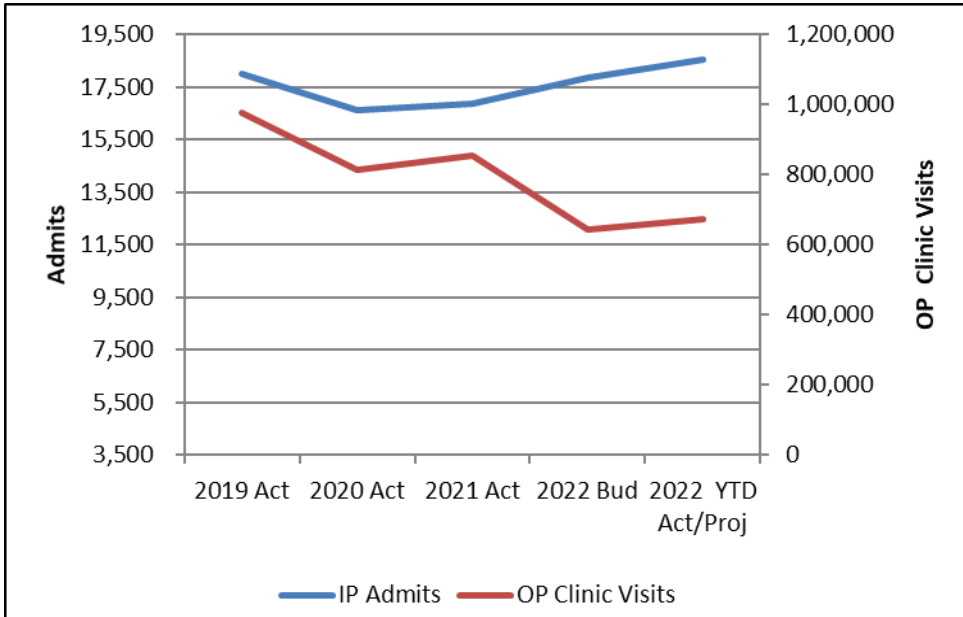
### Revenue Operating Indicators

Patient Activity	2022 YTD Actual	2022 YTD Budget	%	2021 YTD Actual	2020 YTD Actual		Jan 2022 Actual	Jan 2021 Actual
Admissions *	3,706	3,036	22.1%	3,508	4,911		1,726	1,683
Patient Days *	17,879	16,310	9.6%	15,539	18,706		8,916	7,452
Average Daily Census *	288	263	9.6%	251	302		288	240
Emergency Room Visits	16,021	23,988	-33.2%	14,404	23,473		7,392	7,185
Surgeries	2,042	2,860	-28.6%	2,064	2,471		990	976
Ambulatory Visits	137,481	109,352	25.7%	141,750	162,565		67,929	68,540

\* Includes IP + Observations

# Cook County Health

## Operating Trends



# Cook County Health

## 2022 Charitable & Public Program Expenditures

### Budget/Projection (\$000s)

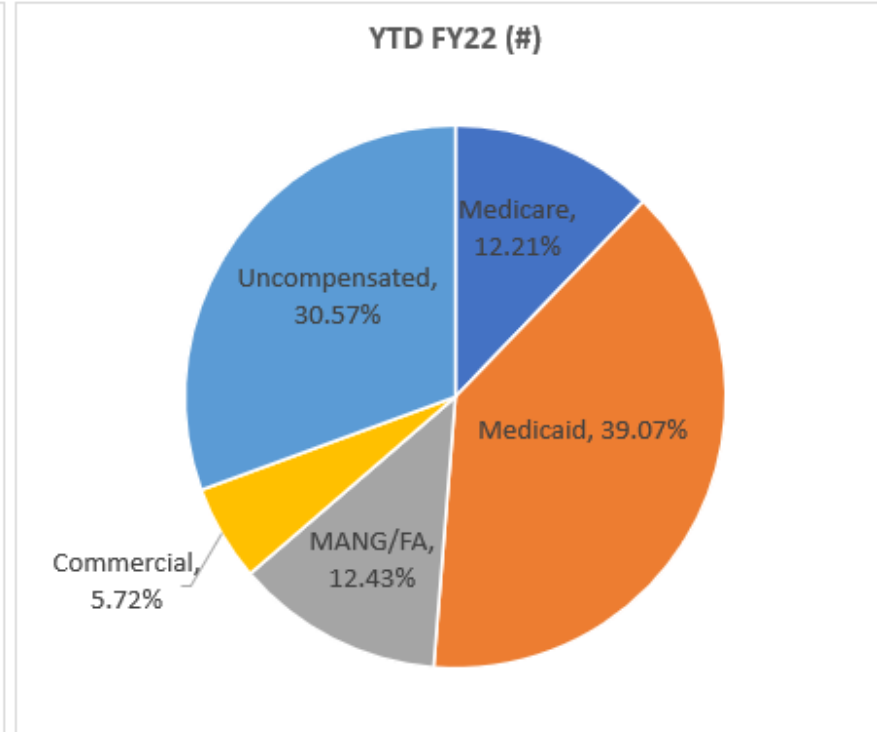
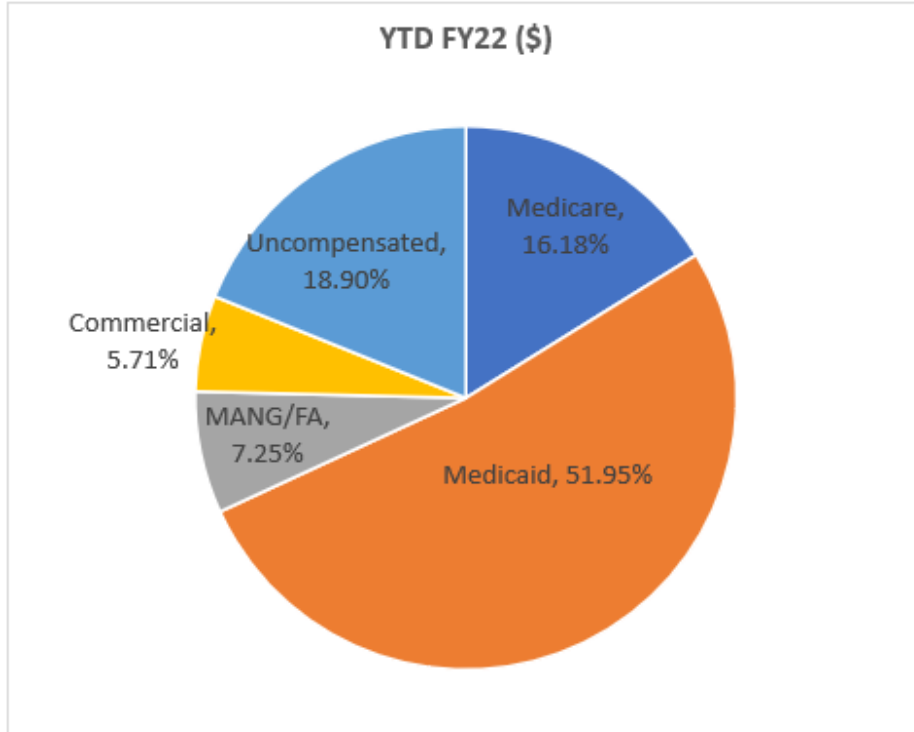
	2020 Actual Net Benefit	2021 Actual Net Benefit	2022 Budget Net Benefit	2022 Actual/Proj Net Benefit
<b><u>Charitable Benefits and Community Programs</u></b>				
Traditional Charity Care	\$ 173,423	\$ 162,626	\$ 152,827	\$ 151,731
Other Uncompensated Care	121,634	100,894	109,162	122,313
Cermak & JTDC 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
<b>Totals</b>	<b>\$ 409,020</b>	<b>\$ 453,643</b>	<b>\$ 452,478</b>	<b>\$ 464,533</b>
% of Revenues *	37.0%	38.6%	36.3%	37.2%
% of Costs *	27.3%	27.9%	36.3%	28.5%

\* Excludes Health Plan Services



# Payer Mix – YTD January 2022

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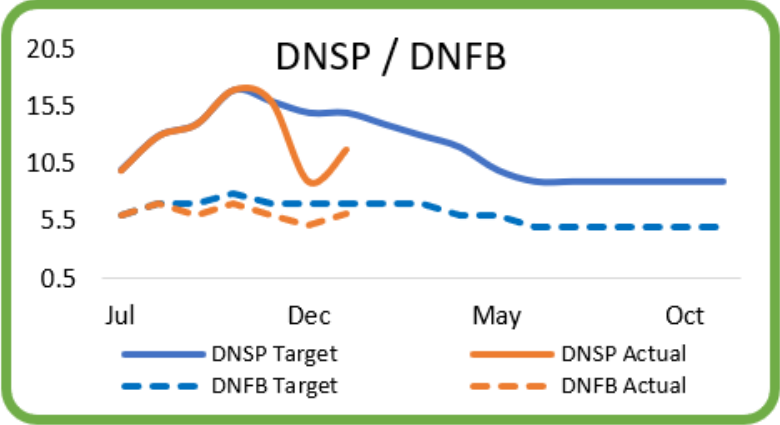
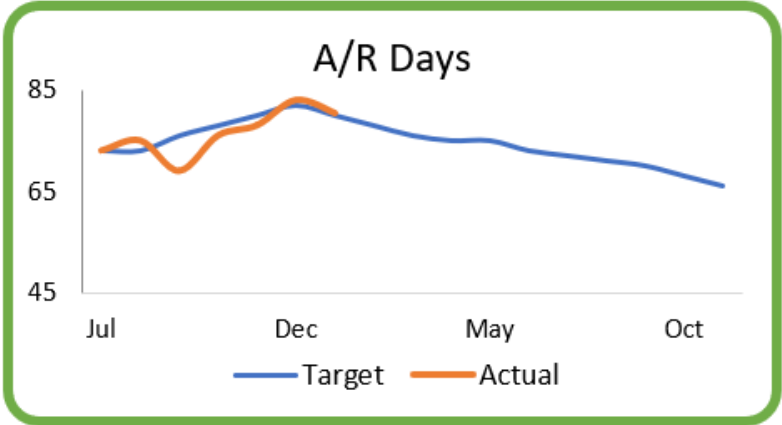


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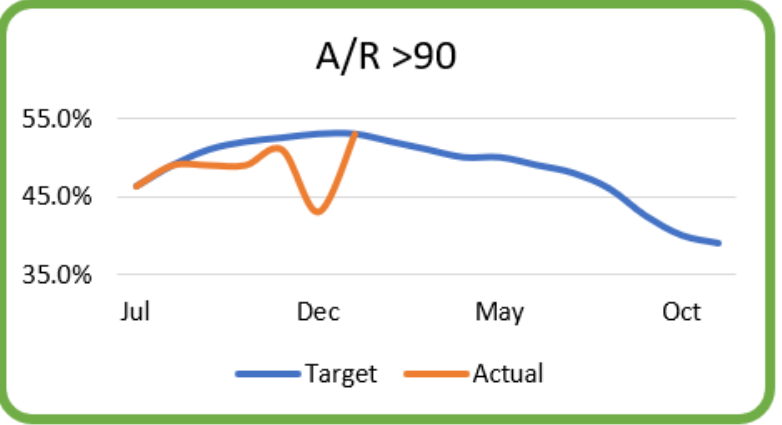
## Commentary

- The YTD payer mix using total charges (\$) and total encounters (#).
- Continued reductions in Uncompensated care as we continue to align patients with coverages.
- Reduction in MANG/FA (Medicaid Pending/Financial Assistance) population is a result of improved managerial oversight and production in processing applications.

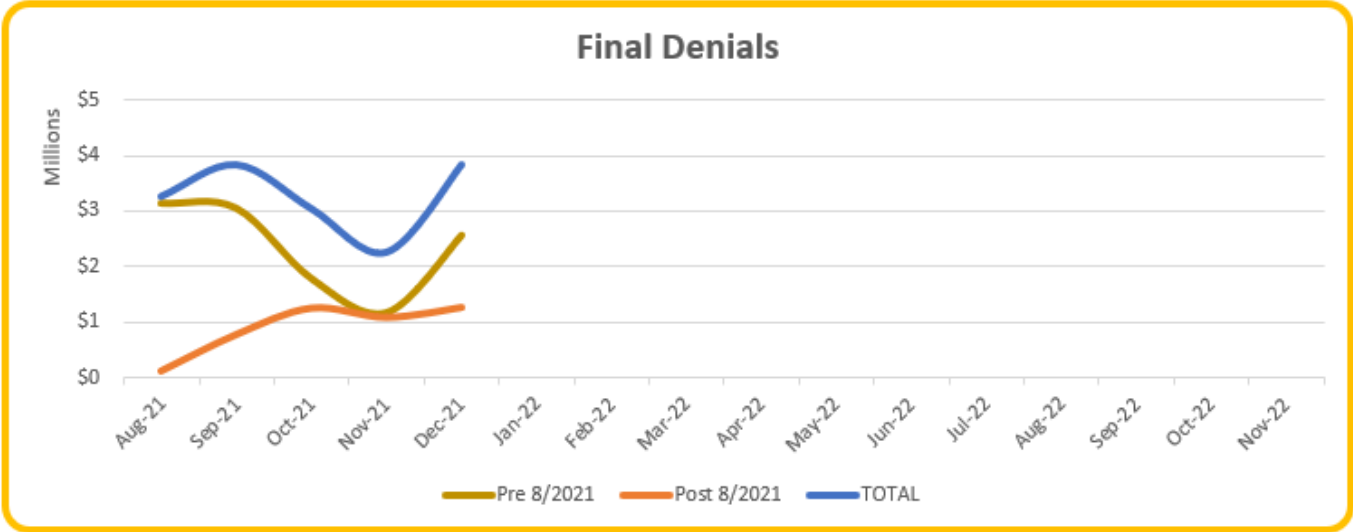
# Revenue Cycle KPI Trending



- Commentary**
- A/R Days is expected to begin to decline early summer as we ramp up additional support and optimize back-end operations.
  - DNSP / DNFB are ahead of the improvement schedule.
  - A/R Days is trending inline with the improvement schedule.
  - Cash Collections is ahead of target.



# Denial Trending



**Commentary**

- Final denial data is broken out into two date of service period:
  - Pre 8/2021: Largest reason is untimely filing, directly caused by the staffing shortage in PFS. The pending Guidehouse contract will allow us to provide additional support.
  - Post 8/2021: Largest reason in prior auth, directly related to a training issue in scheduling and a workflow glitch not routing claims to workqueue for auth review. Training is complete and Cerner is correcting system glitch.

	Dec-21	Jan-22
<b>Pre 8/2021</b>	\$ 2,550,324	\$ 2,304,395
Case Management	\$ 64,908	\$ 135,037
Coding	\$ 165,735	\$ 106,075
Contracting	\$ 924	\$ 839
Medical Necessity	\$ 306,463	\$ 122,121
Non Covered	\$ 252,230	\$ 195,488
Other	\$ 651	\$ 789
Patient Access	\$ 272,397	\$ 226,696
Prior Authorization	\$ 86,709	\$ 191,992
Untimely Filing	\$ 1,400,307	\$ 1,325,358
	\$ -	
<b>Post 8/2021</b>	\$ 1,276,257	\$ 2,150,696
Case Management	\$ 305,111	\$ 894,572
Coding	\$ 2,689	\$ 4,102
Contracting	\$ -	\$ 2,979
Medical Necessity	\$ 17,722	\$ 4,761
Non Covered	\$ 359,311	\$ 260,367
Other	\$ 2,726	\$ 2,001
Patient Access	\$ 127,830	\$ 21,996
Prior Authorization	\$ 423,432	\$ 856,448
Untimely Filing	\$ 37,437	\$ 103,470
<b>Total</b>	\$ 3,826,581	\$ 4,455,091
Case Management	\$ 370,018	\$ 1,029,609
Coding	\$ 168,424	\$ 110,177
Contracting	\$ 924	\$ 3,818
Medical Necessity	\$ 324,185	\$ 126,882
Non Covered	\$ 611,541	\$ 455,855
Patient Access	\$ 400,227	\$ 2,790
Other	\$ 3,377	\$ 248,692
Prior Authorization	\$ 510,141	\$ 1,048,440
Untimely Filing	\$ 1,437,744	\$ 1,428,828

# Cook County Health

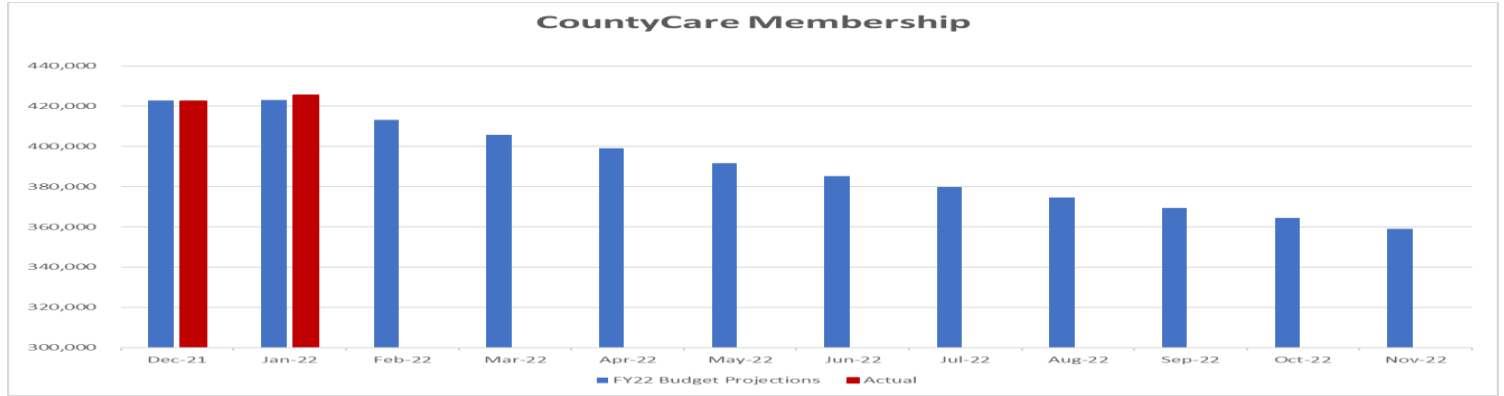
## Savings Initiatives: January 31, 2022

Current Activities in Progress	Budgeted FY22 Impact	YTD Jan Achieved	Status
<b>Revenue Cycle:</b>			
Chargemaster Review/Changes	-	617,667	●
Payer Contracting Re-negotiation	-	106,667	●
Charge Capture Improvement	-	416,667	●
Vendor Contract Negotiations	-	41,667	●
<b>County Care:</b>			
Care Mgmt System In-Sourcing	-	-	●
Network Contract Savings	-	150,000	●
Vendor Contract Negotiations	12,500,000	2,333,333	●
<b>Health System:</b>			
Vendor Contract Negotiations	12,000,000	789,333	●
Property Lease Savings	675,000	112,500	●
Equipment Lease Savings	308,472	25,706	●
	<u>\$ 25,483,472</u>	<u>\$ 4,593,539</u>	18%
		2/12ths Goal	17%

# Health Plan Services Financial Results – January 31, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%	Fy21 Actual
<b>Capitation Revenue</b>	\$431,547	\$449,832	(\$18,286)	(4.07%)	\$373,814
<b>Operating Expenses</b>					
Clinical - CCH	\$17,662	\$19,944	\$2,283	11.45%	\$14,383
Clinical - External	\$389,252	\$398,074	\$8,823	2.22%	\$340,212
Administrative	\$19,948	\$25,184	\$5,236	20.79%	\$19,023
Total Expenses	\$426,861	\$443,202	\$16,341	3.69%	\$373,618
Operating Gain (Loss)	\$4,685	\$6,630	(\$1,945)	(29.33%)	\$195
<b>Activity Levels</b>					
Member Months	848,023	846,012	2,011	0.24%	758,651
Monthly Membership	425,451	423,156	2,295	0.54%	380,433
CCH CountyCare Member Months	88,231	N/A	N/A	N/A	77,680
CCH % CountyCare Member Months	10.40%	N/A	N/A	N/A	10.24%
<b>Operating Indicators</b>					
Revenue Per Member Per Month (PMPM)	\$508.89	\$531.71	(\$22.82)	(4.29%)	\$492.73
Clinical Cost PMPM	\$479.84	\$494.10	\$14.27	2.89%	\$467.40
Medical Loss Ratio (1)	92.2%	93.40%	1.24%	1.33%	92.1%
Administrative Cost Ratio	4.4%	6.35%	1.95%	30.69%	4.7%

- Commentary**
- Total YTD member months are exceeding budget by 2,011 members.
  - CountyCare enrollment projected to exceed budget due to 50% auto-assignment change from CountyCare’s top top-quality ranking among Medicaid MCOs as well as continued re-determination suspension.
  - Revenue per member per month (PMPM) is lower than budget due to timing of CY 2022 rate adjustments from HFS.
  - CountyCare’s reimbursement to CCH for domestic spend is under budget.
  - Operating Gain of \$4.7M consists of \$6.8M from CountyCare and a loss of \$(2.1)M from Medicare.



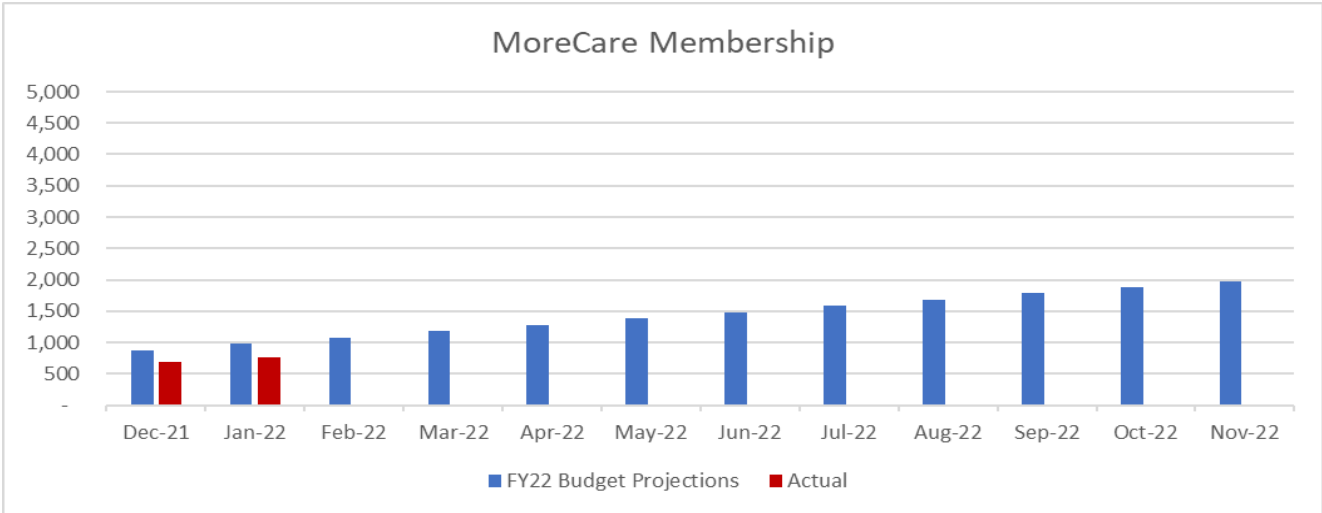
**Notes:**  
 (1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

# Medicare Financial Results – January 31, 2022

Dollars in 000s except PMPM amounts	FY2022 Actual	FY2022 Budget	Variance	%
<b>Capitation Revenue (Total dollar amount)</b>	\$3,239	\$3,544	(\$304)	(8.59%)
<b>Operating Expenses</b>				
Clinical Expenses	\$2,710	\$3,915	\$1,205	30.78%
Administrative	\$2,675	\$993	(\$1,682)	(169.39%)
<b>Total Expenses</b>	<b>\$5,384</b>	<b>\$4,907</b>	<b>(\$477)</b>	<b>(9.71%)</b>
<b>Operating Gain (Loss)</b>	<b>(\$2,145)</b>	<b>(\$1,364)</b>	<b>(\$781)</b>	<b>57.28%</b>
<b>Activity Levels</b>				
Member Months	1,458	1,860	(402)	(21.61%)
Monthly Membership	769	980	(211)	(21.53%)
<b>Operating Indicators</b>				
Revenue Per Member Per Month (PMPM)	\$2,221.60	\$1,905.13	\$316.46	16.61%
Clinical Cost PMPM	\$1,858.43	\$2,104.63	\$246.20	11.70%

**Commentary**

- Membership is lower than budget target by 402 members.
- Total operating loss is over budget by \$781K due to higher administrative cost.



# Human Resources Metrics



Presented to the Cook County Health Board on 3/25/2022



COOK COUNTY  
HEALTH

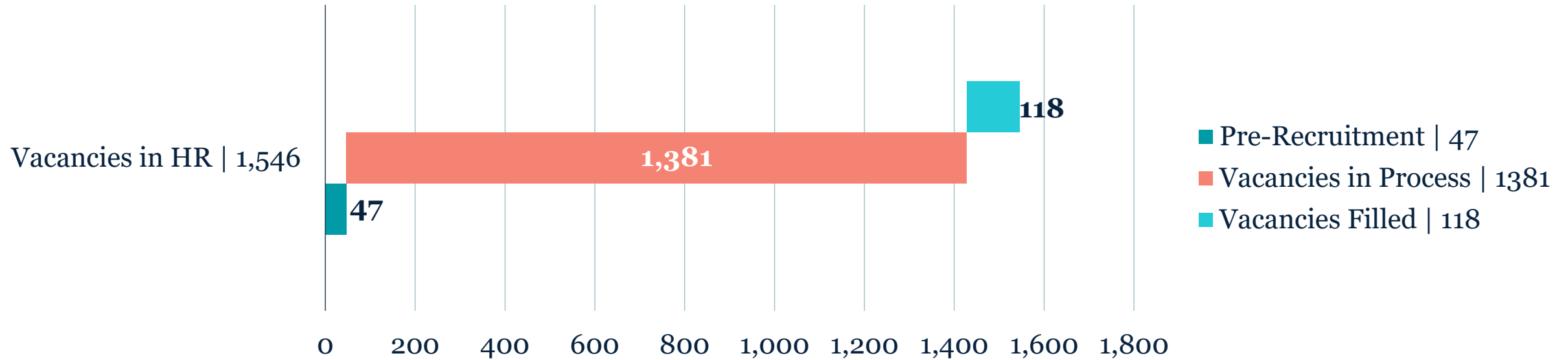


# HR Metrics

Thru 02/28/2022

## Hiring Updates

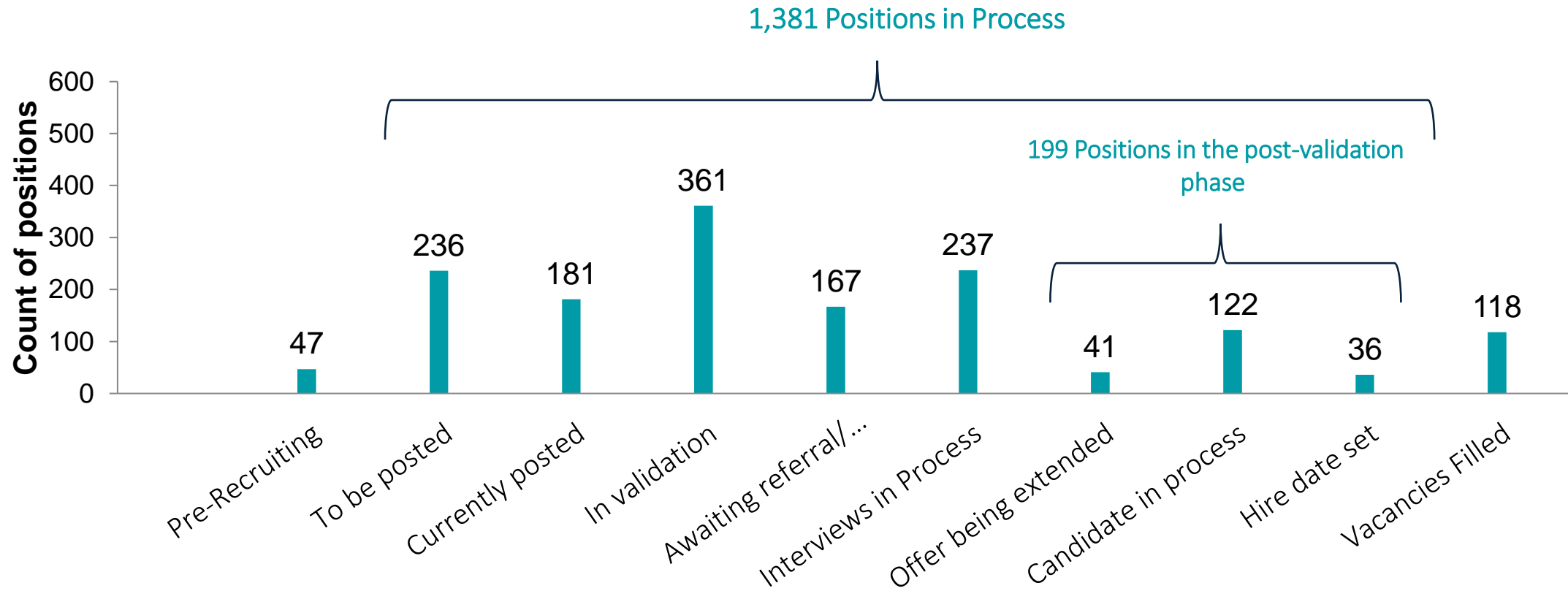
- Human Resources received 1,546 Request to Hires
- Hired 118 employees
  - 57% | 67 External Hires
  - 43% | 51 Internal Hires



# HR Metrics – FY22 Activity Report

Thru 02/28/2022

## CCH Hiring Funnel & Snapshot



## FY22 Metrics Snapshot

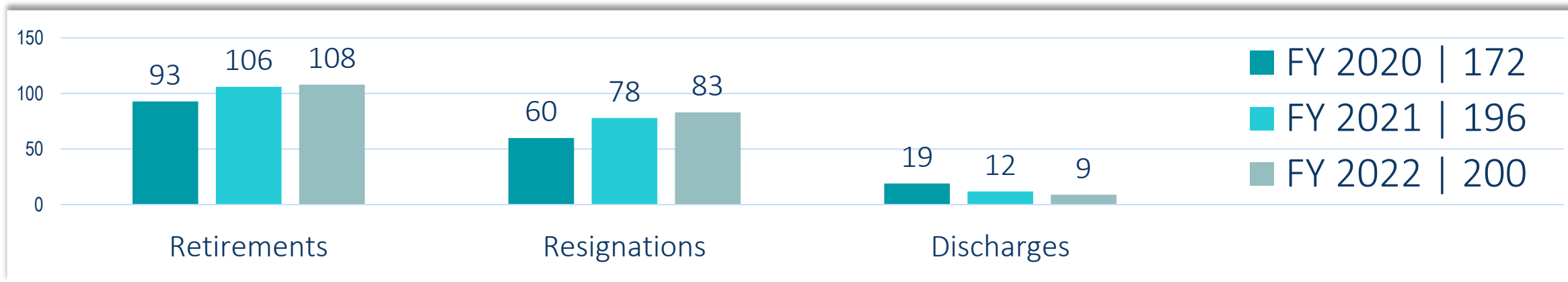
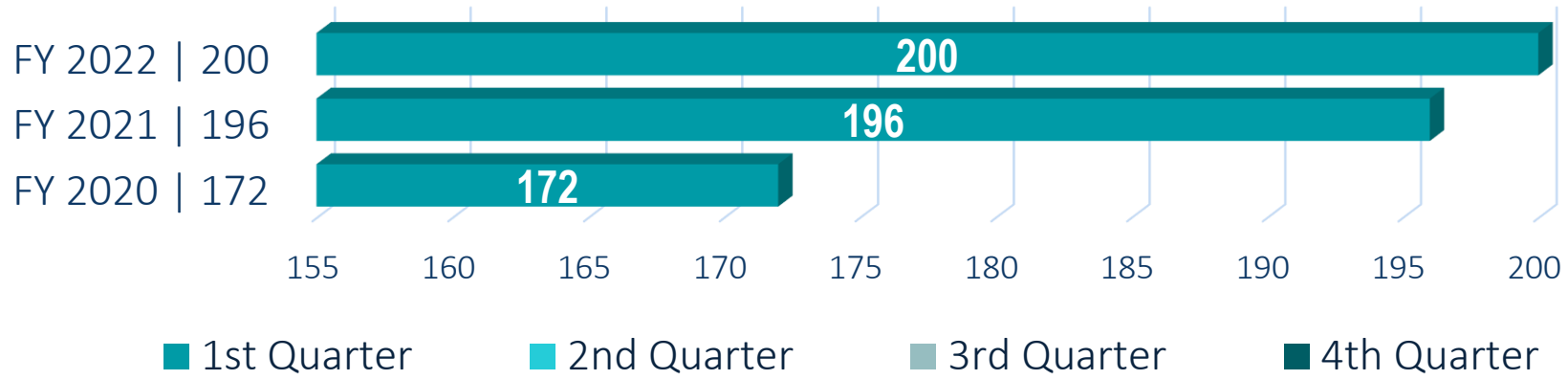
Vacancies (Request to Hires)	Posted	Postings Closed	Validation Completed	Referred for Interview	Interviews Completed	Candidate Offers	Vacancies Filled
1,546	1,263	1,082	721	554	317	154	118

# HR Metrics – FY22 Activity Report

Thru 02/28/2022

## Separations

Net Loss = -82  
Separations (200) & External Hires (118)



# Opportunities to Grow - HR Optimization



## Resources

Our current system is under resourced and we rely heavily on agency support.



## Recruiting

We have an opportunity to invest in recruiting to get more people to CCH faster.



## Technology

We have an opportunity to modernize our technology, making us more competitive in the market.



## Retention

We have an opportunity to provide more employee recognition, training/career growth and development to decrease attrition.

# Support Model - HR Partners



- Optimizing current and future state recruiting processes and technical solutions to improve efficiencies across the enterprise
- Execute a prioritized pipeline of tools and solutions to enact operational efficiencies, including dashboards, employee experience frameworks, and system integration opportunities
- Create integrated plan for increasing employee retention and a toolkit for end-to-end recruiting



- Integration of a long-term Recruiting Process Outsourcing partnership model to assist with hiring backlog going forward
- Partnering on Job Fairs to source local and nonlocal candidates



- Source and identify qualified RN candidates whose background and expertise matches the minimum qualifications of the RN vacancies at CCH
- Build talent pipeline of RNs for CCH, match prospective RN candidates to vacancies and ensure that they apply



- New external vendor coming soon to offer support
- Optimize current and future state HR operational processes – leave management, contractor onboarding/offboarding, training and development and compensation review
- Integration of recruitment resources to assist with recruitment backlogs and new position hires



# HR Optimization – At a Glance

## Emergent Themes (from HR Needs Assessment + HRIS Assessment)



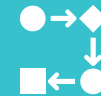
Manual, paper-based processes cause stoppages, impact hiring success, and hinder reporting



Decentralized IT systems encourages silos and limits transparency



Rigid processes and policies impact the ability to source and select talent, branding HR as a compliance cop



Workflow tracking is elective and manual, making reporting intensive and measuring progress very challenging



Lack of insight into processes makes accountability difficult and causes significant frustration

## Pain Points & Quick Wins

49

Pain Points Identified

24

Quick Win Possibilities

## CCHHS Connections

17

Voice of the Customer Interviewees from throughout CCHHS

17+

Collaborators in HR and Employment Plan Office



# Managed Care Metrics



Presented to the Cook County Health Board on 3/25/2022



COOK COUNTY  
HEALTH



# Current Membership

Monthly membership as of March 7<sup>th</sup>, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	264,152	20,311	7.7%
ACA	118,576	18,367	15.5%
ICP	30,349	5,193	17.1%
MLTSS	8,407	0	N/A
SNC	7,772	809	10.4%
<b>Total</b>	<b>429,256</b>	<b>44,580</b>	<b>10.4%</b>

**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

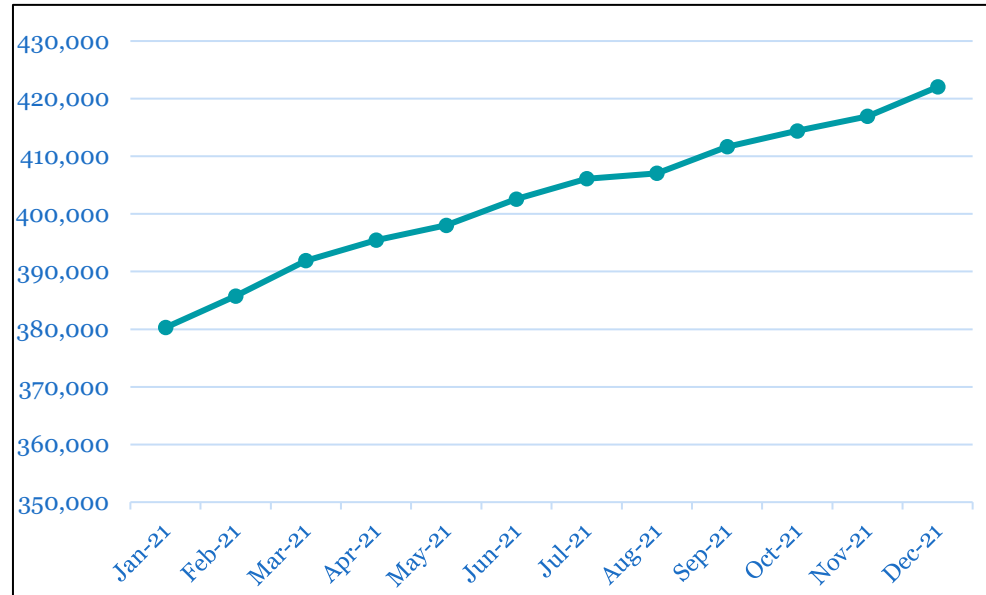
Illinois Department of Healthcare and Family Services December 2021 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	422,054	32.3%
Blue Cross Blue Shield	334,273	25.6%
Meridian (a WellCare Co.)	316,758	24.3%
IlliniCare (Aetna/CVS)	126,311	9.7%
Molina	96,581	7.4%
YouthCare	9,689	0.7%
<b>Total</b>	<b>1,305,666</b>	<b>100.0%</b>

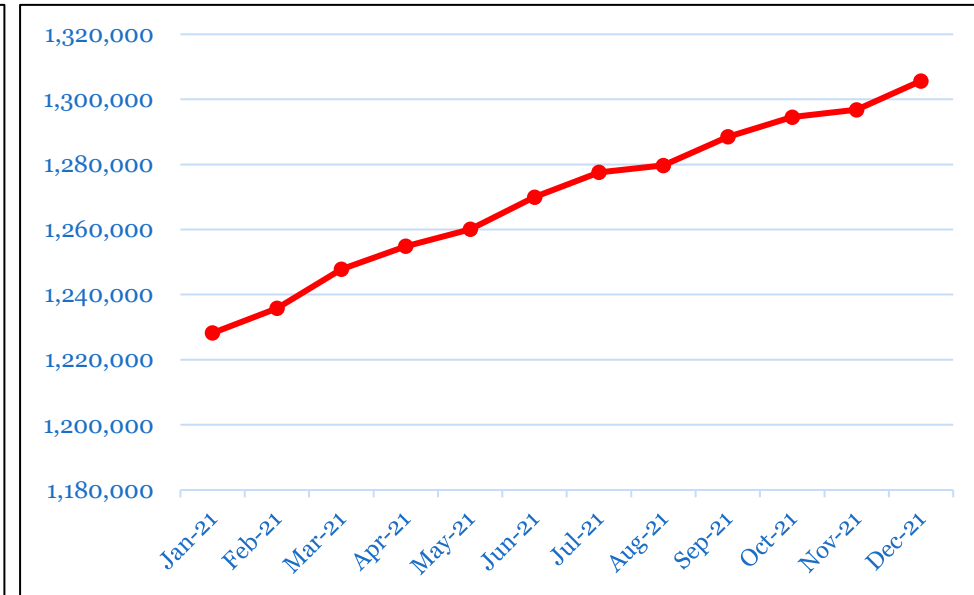
\* Only Operating in Cook County

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

CountyCare



Cook County Medicaid Managed Care

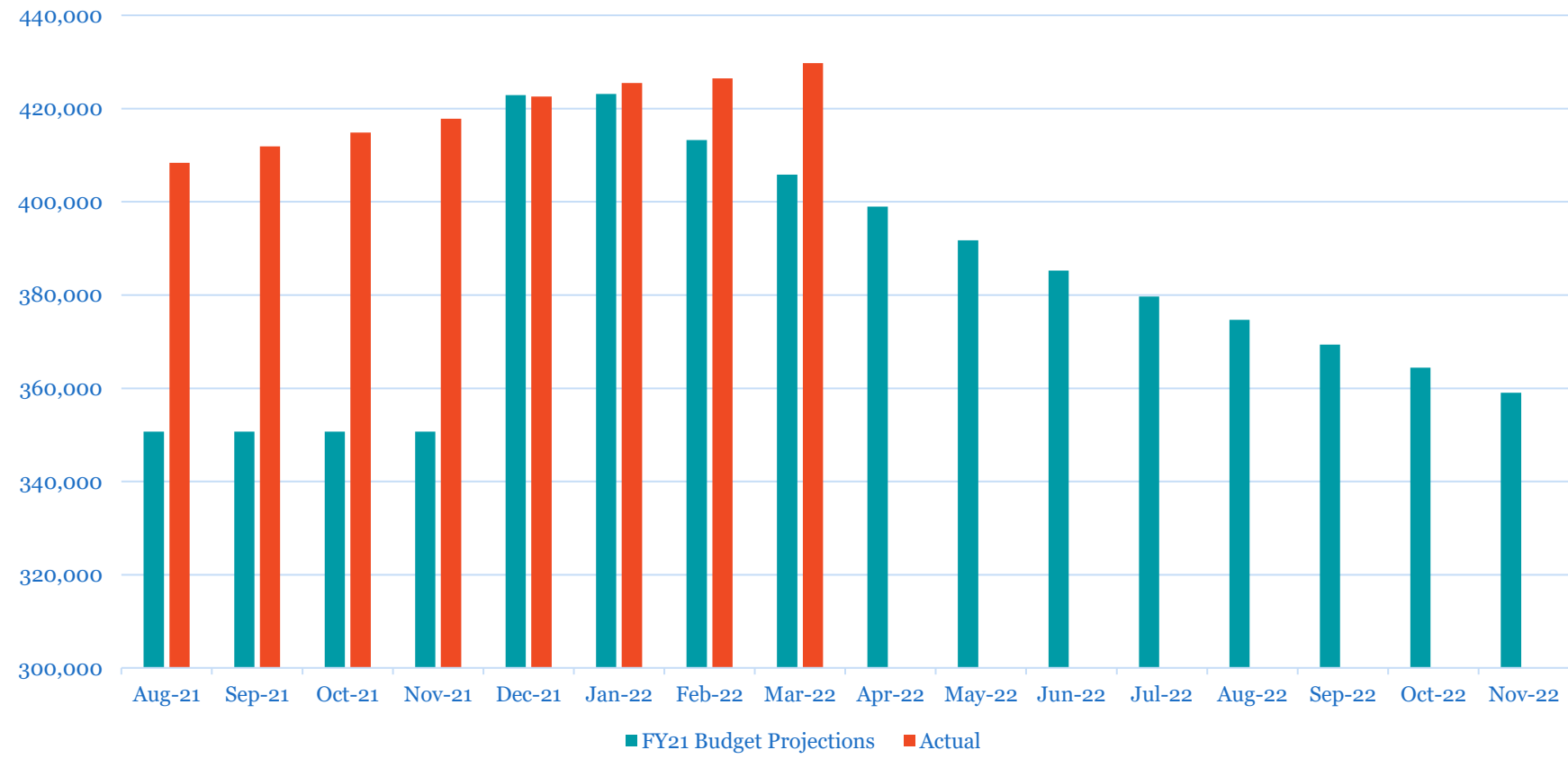


- CountyCare’s enrollment has increased 11% over the past 12 months, ahead of the Cook County increase of 6%
- CountyCare’s enrollment increased 1.2% in December 2021 compared to the prior month

Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>

# FY 22 Budget | Membership

## CountyCare Membership



# Redetermination

- Tracking CMS guidance around the end of PHE
  - Increasing CMS guidance and activity regarding end of PHE
  - PHE current is scheduled to end April 16<sup>th</sup>
  - Initial CMS guidance indicates PHE to be extended to July 15<sup>th</sup>
  - Redetermination will begin 60 days after the PHE expires
    - Assuming extension to July 15<sup>th</sup> and no further extensions, redeterminations would be expected to begin in September 2022

# Redetermination Efforts

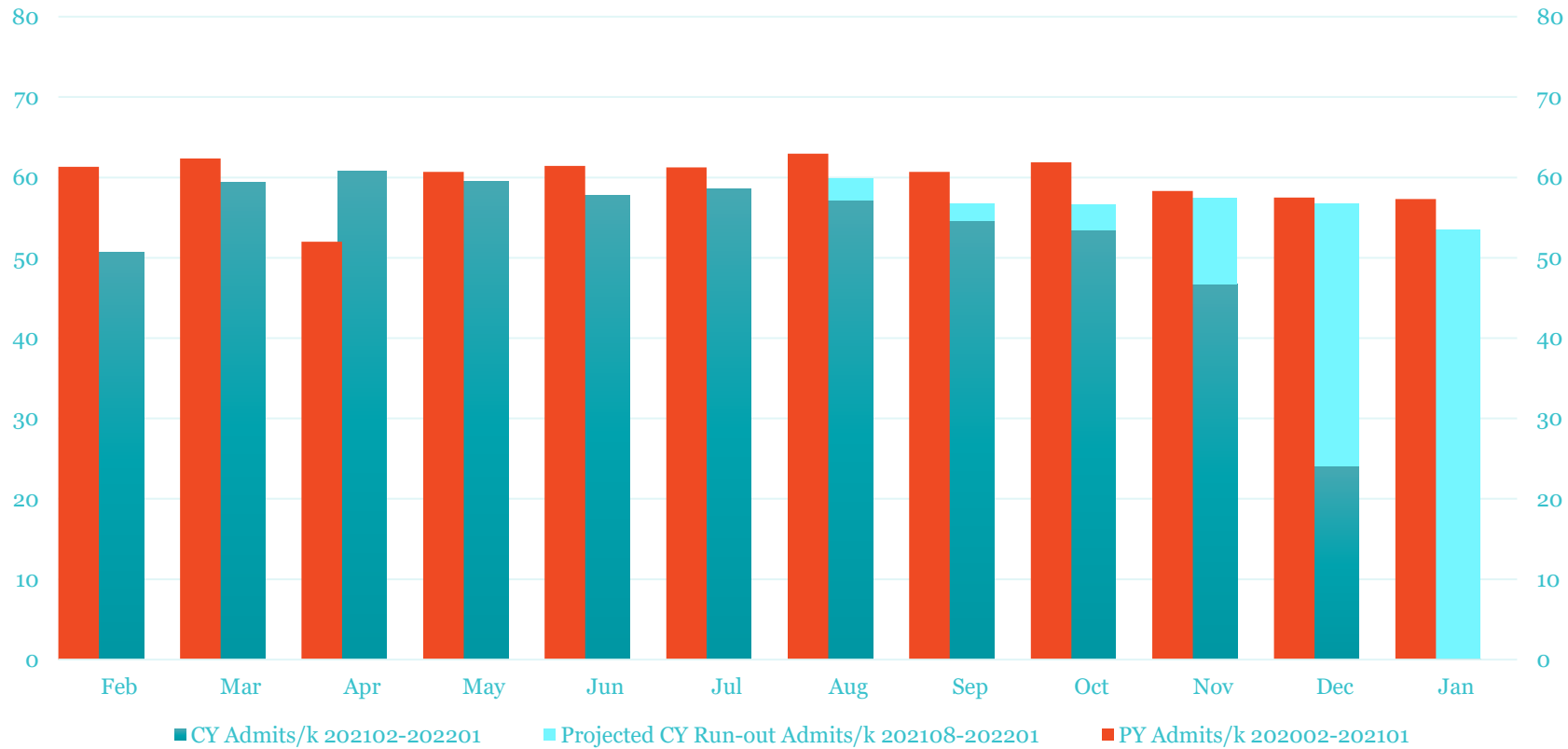
- Currently outreaching to members to update demographic data
  - Directing to HFS hotline for real-time mailing address updates
  - HFS published a toolkit that includes messages to share with Medicaid enrollees about the importance of updating their addresses:  
<https://www2.illinois.gov/hfs/Pages/AddressUpdateMessagingToolkit.aspx>.
  - Individuals who use Medicaid are encourage to call the HFS hotline (877-805-5312) or use the HFS web form ([www2.illinois.gov/hfs/address](http://www2.illinois.gov/hfs/address)) to update their address.
- Developing outreach strategy in preparation for the end of the PHE:
  - Member Outreach – via text, phone, mail, e-mail, social media
  - PCP Outreach to flag members that are due for redetermination
  - Pharmacy point of sale
  - Care coordination teams

# Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Dec 2021	Jan 2022	Feb 2022
<b>Member &amp; Provider Services Call Center Metrics</b>				
Abandonment Rate	< 5%	1.10%	2.41%	1.73%
Hold Time (minutes)	1:00	0:10	0:23	0:14
% Calls Answered < 30 seconds	> 80%	93.27%	82.81%	91.01%
<b>Quarterly</b>				
Claims/Encounters Acceptance Rate	98%	98%		



# Current v. Prior Year: IP Acute Admits/1000



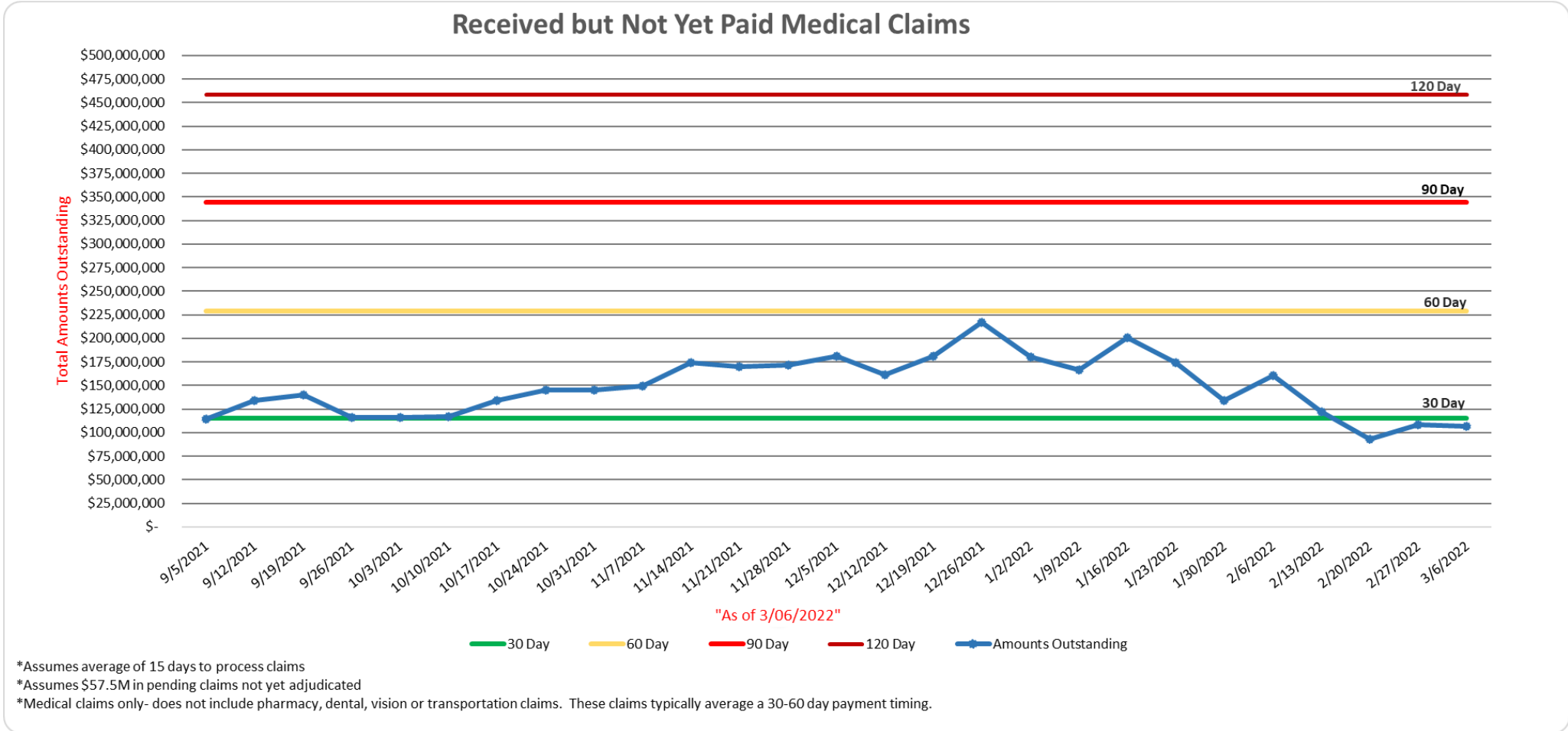
Updated monthly, paid through January 2021  
 All acute and surgical cases + approved acute authorizations  
 Domestic admissions are not included since they do not require Prior Authorization

# CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Membership	Percent of Total Membership (426k)	Percent of Vaccine-Eligible Membership (379k)
1st of 2 doses only:	29,682	6.92%	7.77%
Fully Vaccinated:	167,248	38.98%	43.77%
Vaccinated with at least 1 dose:	196,930	45.90%	51.54%

Data as of 3/4/2021

# Claims Payments



# 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
Week of 3/6/2022	\$ 98,588,782	\$ 5,723,224	\$ 1,872,878	\$ 791,701	\$ 106,976,585

\*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 3/18/2022



COOK COUNTY  
HEALTH

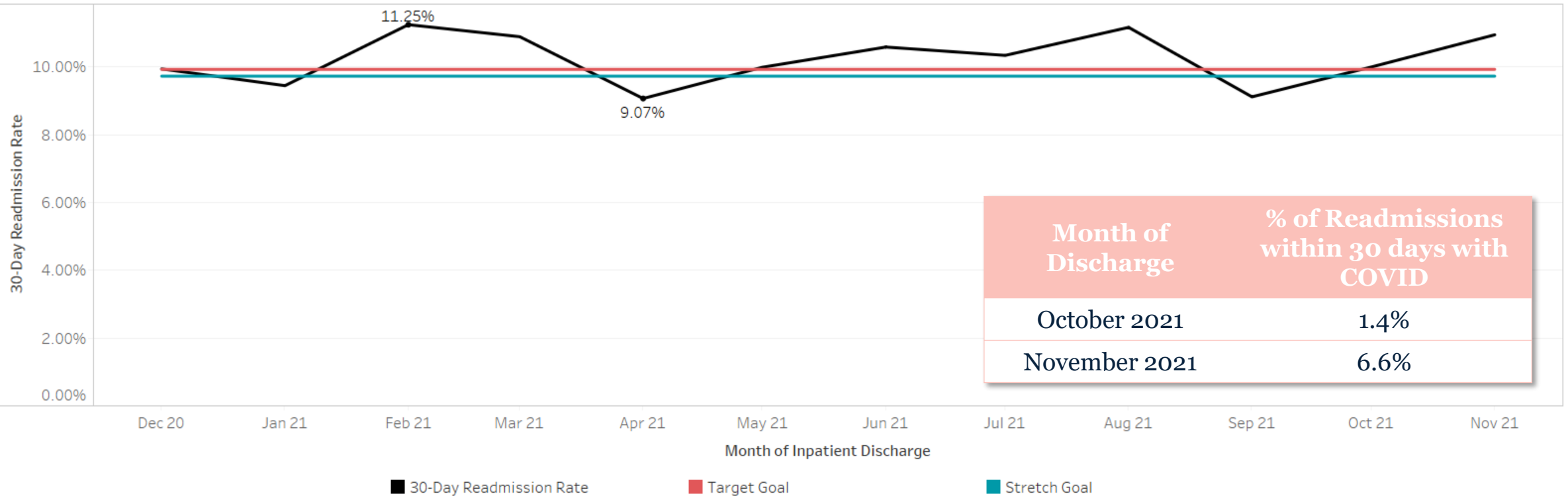
# 30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions

Readmission Rate: 10.95%  
November 2021

9.93%  
Target

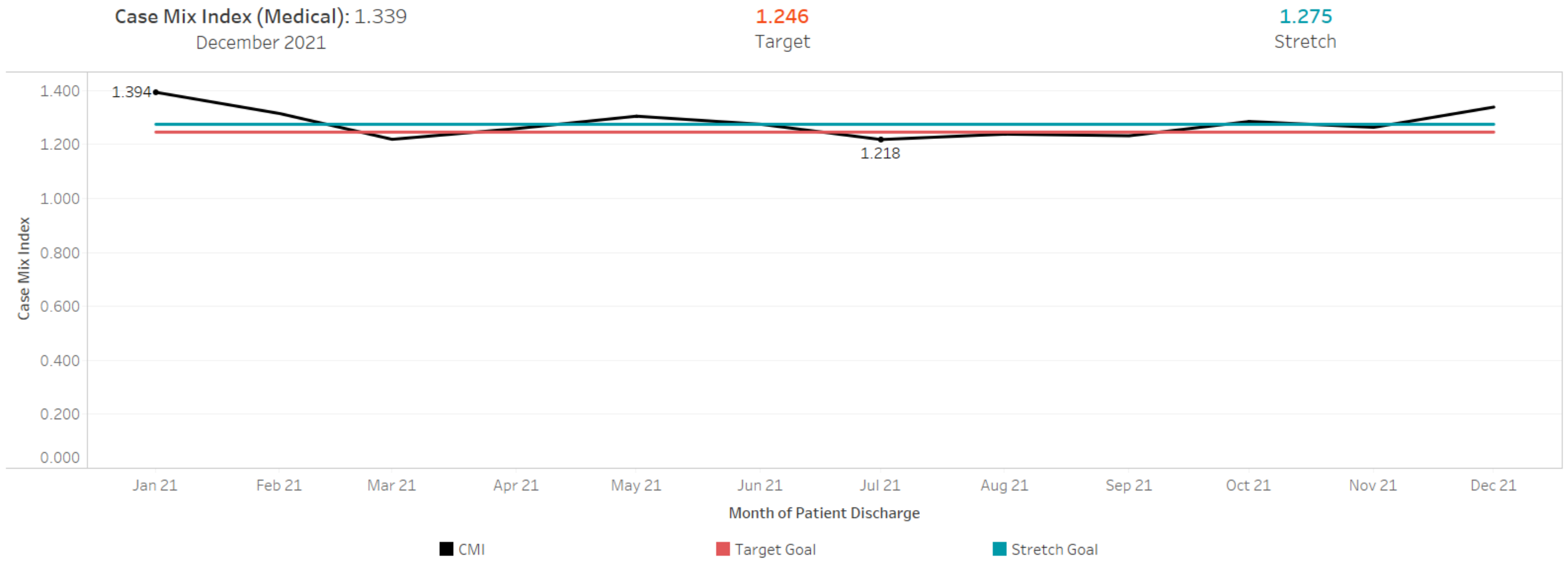
9.73%  
Stretch



\*Lower readmission rate is favorable

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

## HRO Domain: Clinical Documentation

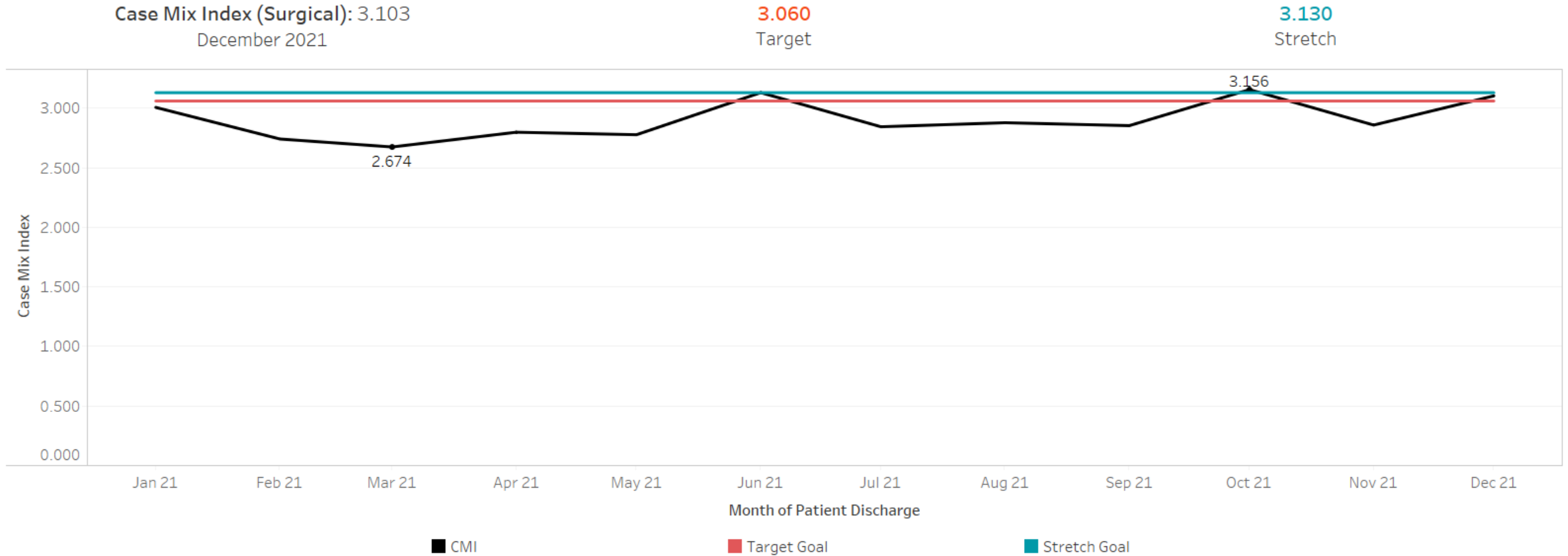


\*Higher case mix index is favorable



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

HRO Domain: Clinical Documentation



\*Higher case mix index is favorable

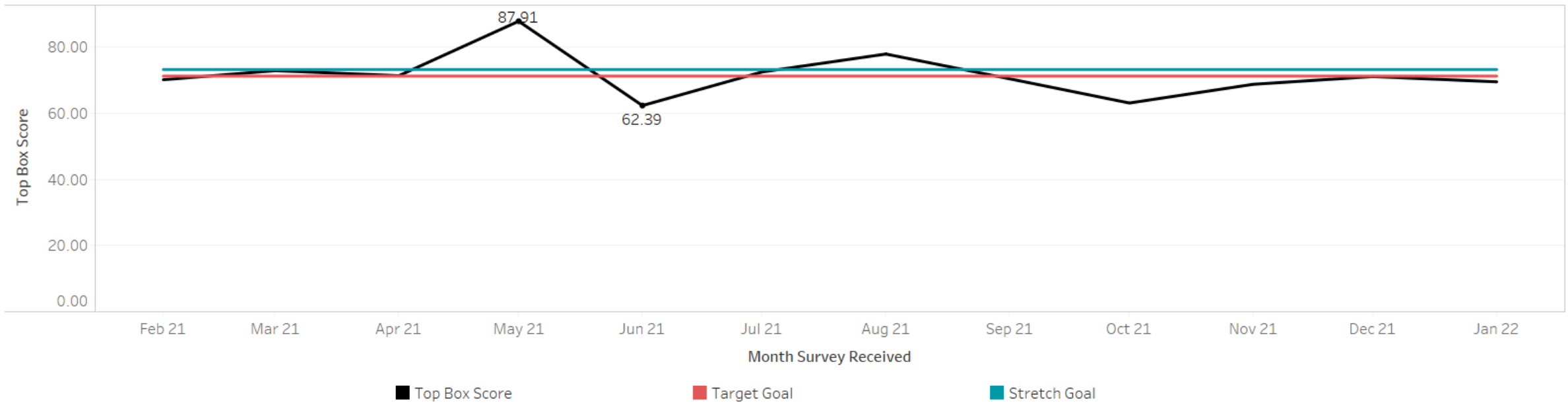
# Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience

Top Box Score (Recommend Hospital): 69.57  
January 2022

71.30  
Target

73.30  
Stretch



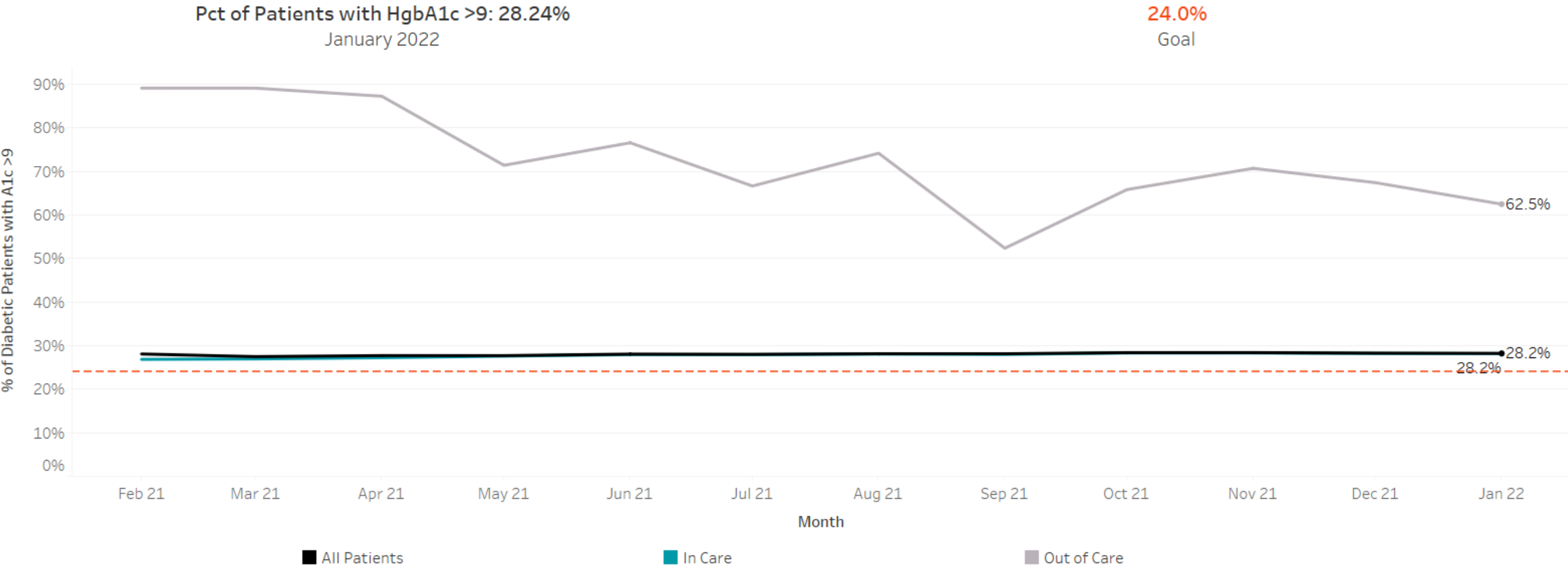
Total Patient Experience Surveys Received (by Month)

Month	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22
Surveys Received	94	159	140	91	117	113	109	105	95	93	111	138

\*Higher top box score is favorable

# HbA1c >9%

HRO Domain: HEDIS



\***Lower** percent of diabetics patients (>9%) is favorable

## 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

### Recommended 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

# Divisional Reports

Strategic Highlights & Opportunities of CCH Operating Divisions

March 25, 2022



COOK COUNTY  
**HEALTH**

A faint, light orange graphic of a stethoscope is positioned on the left side of the slide, extending from the top left towards the bottom center. The background is a solid, medium orange color.

# Ambulatory Care

# Strategic Highlights

## February 2022

### Process Improvement Training

- In partnership with Quorum Health Resources (QHR), we launched a training program in process improvement (PI) and Lean techniques for our directors, managers, and medical leads. Twenty-nine of our clinics participated. Each one is now leading their own PI/Lean project to improve things such as wait times in the clinic.

### ARPA FUNDS

- We kicked-off our ARPA-funded project to enhance community behavioral health care and access by adding additional social workers to CCH's Ambulatory sites and adding afterhours to behavioral health clinics in the community. We submitted to HR request-to-hire forms for nineteen new positions that will support the project.

### Primary Care

- Morton East Health Center received \$100k in funding to provide post-COVID-19 suicide-prevention outreach to adolescent youth.
- At our Englewood Health Center, we provided food boxes to eighty-seven families to help address food insecurity in the community.
- The Blue Island Chamber of Commerce nominated our Blue Island Health Center for the quality care and service our care teams provide to the surrounding community. A dinner for the nomination was held on March 19, 2022 at Beggar's Pizza in Bur Oak, Illinois.
- Our Cottage Grove Health Center was recognized for partnership resilience with Dixmoor West Harvey School District. Children of the West Harvey School district have achieved 100% vaccine compliance and many of their families have become our patients. We are in discussion to add our Robbins Health Center as an additional medical home for the West Harvey School District.

### Specialty Care

- Our specialty team chose to focus on dwell time for our process improvement projects. Each of our clinics launched the projects by obtaining data on existing dwell times. Our goal is to reduce dwell time to under 120 minutes for procedure-based clinics, and our goal for non-procedure, consult-based specialty services is to reduce dwell time to 90 minutes.

### MCH DHS Healthy Family Grant

- Our grant is now competitive for the year 2022 application. Our CCH grant team and current HF management team submitted a letter of intent to reapply and request additional funding to bring more staff onboard. Our current model is yielding positive outcomes for our high risk families, linking them to preventative care, specialty care, increasing adherence to care, achieving 1:1 child and parent development using a trauma informed curriculum (Growing Great Kids), and linking these families to food, clothing, and housing resources, including safe sleep and safe travel items for children. We are asking for five additional family support workers, which will increase our team from two to seven and enable us to cover most of Ambulatory division.

# Strategic Highlights

## February 2022

### **MCH WIC Grant (Women, Infant and Children)**

- We hired a WIC Coordinator who will support the director of WIC and operations in our five locations.
- We contracted with two peer breastfeeding counselors who offer breastfeeding support to WIC participants at our Cottage Grove and Robbins locations.
- We are currently formalizing a WIC nutritionist internship partnership with RUSH University School of Dietetics to begin in Summer of 2022.
- Soon, we will begin formalizing an internship program with Catholic Charities for nutritionist internships.

### **Patient Support Services**

- Our patient support center answered more than 40,500 patient calls in February with an average answer speed under sixty seconds.
- Our CCH non-emergency transportation fleet completed 3,850 patient transports in February. Sixty percent of these trips were for CountyCare members.

### **Infectious Disease HIV/AIDS Care**

- Our CORE/Cook County HIV Integrated Program finished the CDPH Ryan White fiscal year, ending February 28, 2022, by serving 5,729 patients. Eighty-three newly diagnosed HIV positive patients were identified and seventy-five were linked to care (ninety percent linkage); CCHIP retention to care rate was seventy-six percent; CCHIP viral suppression rate was eighty-three percent; and we linked 243 patients to PrEP services/treatment to prevent the transmission of HIV.

## Strategic Opportunities/Challenges

- Dr. Marcus, the chair of Breast Oncology, was awarded \$95k in renewal funding for two positions, genetics assistant and patient navigator, to support navigating low income and medically disadvantaged female patients to get mammograms completed, thereby helping decrease the incidence of breast cancer amongst our patients.



A stylized, light orange graphic of a stethoscope is positioned on the left side of the image. It features a circular chest piece at the top, a curved tube, and a circular ear piece at the bottom. The graphic is semi-transparent and blends into the background.

# Cermak Health Services

# Strategic Highlights

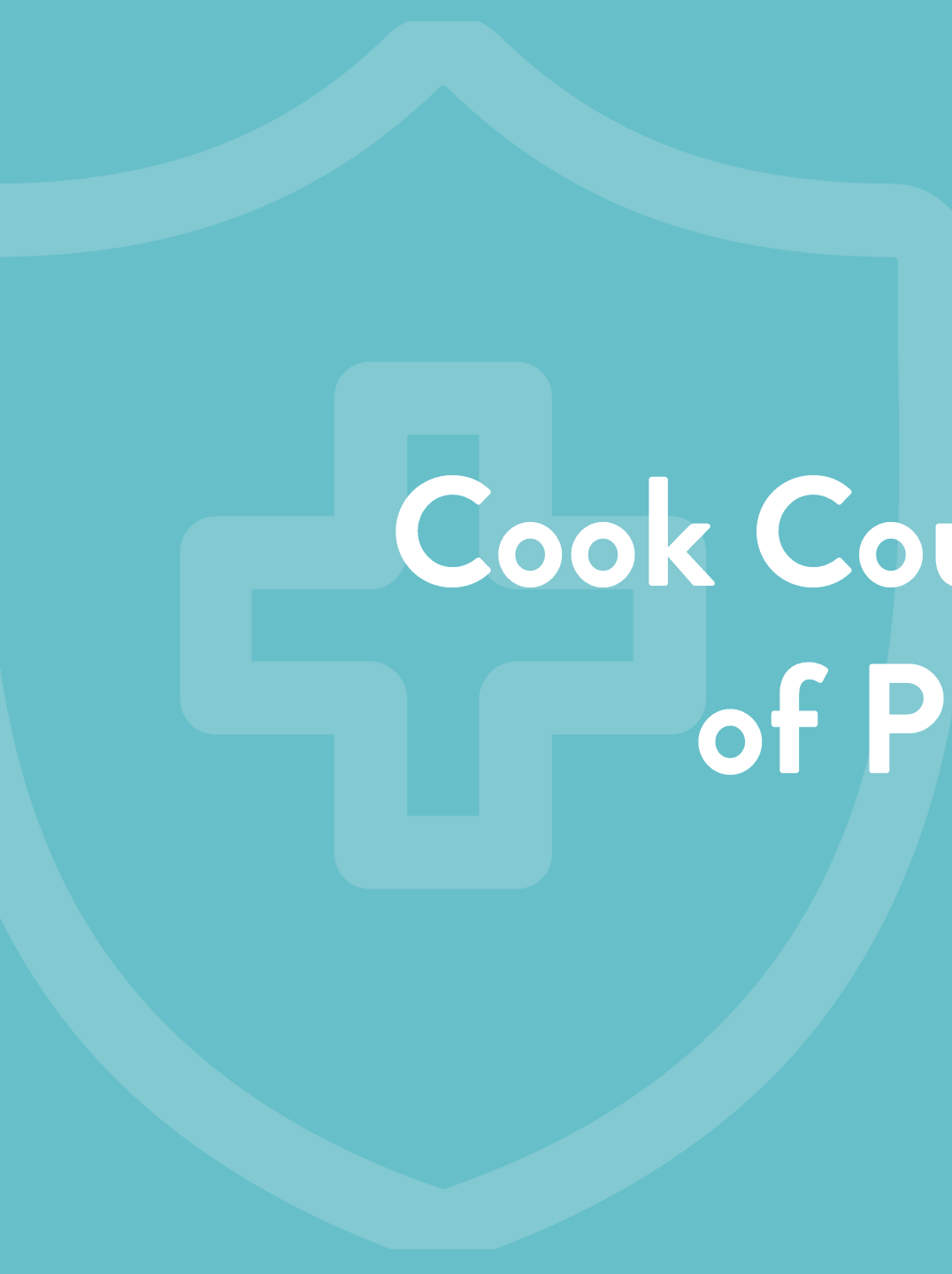
## February 2022

- From February 2021 through February 2022, 15,151 COVID Vaccination doses have been dispensed. Patients are offered Pfizer, Moderna and Janssen. Booster vaccinations are being administered to patient population.
- Current vaccination rates of active patients housed in the jail are 63% have received at least one dose and 56% have received two doses.

# Strategic Opportunities/Challenges

## January 2022

- Increase in jail census. Trending suggest census for 2022 to be in excess of 6000 detainees. Notable increase in patients on the mental health caseload.
- IDOC has started accepting transfers. Currently housing 789 detainees remanded to the custody of IDOC.
- Currently reviewing expanding tele health opportunities on the jail complex.
- Continued preparation for NCCHC accreditation
- Capital upgrade to heating and cooling systems for Cermak Building scheduled for fiscal 2022



**Cook County Department  
of Public Health**

# Strategic Highlights

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# Health Plan Services

# Strategic Highlights

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- Continued preparation for NCCHC accreditation
- Capital upgrade to heating and cooling systems for Cermak Building scheduled for fiscal 2022

A faint, light orange graphic of a stethoscope is positioned on the left side of the image, extending from the top left towards the center. The background is a solid, vibrant orange color.

**Provident Hospital**

# Strategic Highlights

## February 2022

- From February 2021 through February 2022, 15,151 COVID Vaccination doses have been dispensed. Patients are offered Pfizer, Moderna and Janssen. Booster vaccinations are being administered to patient population.
- Current vaccination rates of active patients housed in the jail are 63% have received at least one dose and 56% have received two doses.

# Strategic Opportunities/Challenges

## January 2022

- Increase in jail census. Trending suggest census for 2022 to be in excess of 6000 detainees. Notable increase in patients on the mental health caseload.
- IDOC has started accepting transfers. Currently housing 789 detainees remanded to the custody of IDOC.
- Currently reviewing expanding tele health opportunities on the jail complex.
- Continued preparation for NCCHC accreditation
- Capital upgrade to heating and cooling systems for Cermak Building scheduled for fiscal 2022





**John. H. Stroger, Jr. Hospital**

# Strategic Highlights

## February 2022

- Covid Volume has declined by 90% down to 11 inpatients
- Designing additional cardiac cath lab space on Stroger 3<sup>rd</sup> floor
- Working with vendors to obtain additional covid testing options for clinics and ER to improve turn-around times and increase throughput and care time efficiencies
- Applying for Homeland Security dollars for security measures including cameras, badge access and location monitoring.
- Capital equipment planning for FY23 is underway
- Stroger's dietary and kitchen program passed the City of Chicago's annual inspection.
- Regulatory readiness "boot camp" for leaders being scheduled for April
- Continuous Survey Readiness group (CSR) meeting in April to review charter, best practices, mock survey plans
- Brought in new pediatric dietician to provide education and counselling for parents of diabetic children
- New event reporting and tracking system (EMRS – Event management and Reporting System) being implemented
- Working with Cook County's capital team and outside specialist vendor to improve wayfinding to help with patient satisfaction and throughput

# Strategic Opportunities/Challenges

## February 2022

- Implementing new Objectives and Key Results (OKR) project tracking mechanisms to ensure a leadership focus on initiatives and outcomes
- Surgical volume growth
- Cancer Service Line planning
- Creating Covid-19 telehealth prescription-writing strategy for anti-viral medication Paxlovid for rapid distribution of drug via mail-order overnight or to patient's local pharmacy of choice.
- Conducting joint active-shooter safety training drills between hospital police and Illinois State Police
- Engaging consultant to evaluate campus environmental/carbon footprint and identify opportunities for reduction. Scope will include energy use, supply chain, renovations and construction.

Thank you.



COOK COUNTY  
HEALTH