

Minutes of the Meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, March 14, 2025 at the hour of 9:00 A.M., at 1950 West Polk Street, Room 5301, in Chicago, Illinois.

I. Attendance/Call to Order

Chair Bhatt called the meeting to order.

Present: Chair Jay Bhatt, DO, MPH, MPA and Directors Raul Garza; Sage J. Kim, PhD; and Tanya R. Sorrell, PhD, PMHNP-BC (4)

Remotely Present: Director Mia Webster Cross, MSN, RN (1)
Patricia Merryweather (Non-Director Member)

Absent: None (0)

Director Garza, seconded by Director Sorrell, moved to allow Director Webster Cross to remotely participate as a voting member in this meeting.
THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

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

Paul Allegretti, DO – Provident Hospital of Cook
County

Joseph Kapenas – Director of Quality - Regulatory

Jeff McCutchan – General Counsel

Erik Mikaitis, MD – Chief Executive Officer

Alisha Patel – Assistant General Counsel

Jennifer Rozenich, Director of Planning and
Analysis

Deborah Santana – Secretary to the Board
Arnold Turner, MD – Chief Hospital Executive,
Provident Hospital

Jacqueline Whitten, DNP – Chief Nursing Officer,
Stroger Hospital

Craig Williams – Chief Administrative Officer

The next regular meeting of the Quality and Patient Safety Committee is scheduled to be held on Friday, April 4, 2025 at 9:00 A.M.

II. Public Speaker Testimony

There was no public speaker testimony provided.

III. Action Items

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

There were no appointments or reappointment of Stroger Hospital Department or Division Chairs presented for consideration.

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

i. Receive report from EMS President

- Receive summary of Stroger Hospital-Wide Quality Improvement and Patient Safety Committee (Attachment #1)
- Approve Stroger Hospital Medical Staff Appointments/Reappointments/Changes (Attachment #2)

ii. Receive report from MEC President

- Approve Provident Hospital Medical Staff Appointments/ Reappointments/Changes (Attachment #2)

III. Action Items

B. EMS of Stroger Hospital and MEC of Provident Hospital Matters (continued)

Dr. Abayomi Akintorin, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, and Dr. Paul Allegretti, President of the MEC of Provident Hospital, presented the proposed Stroger Hospital and Provident Hospital medical staff action items for the Committee's consideration. It was noted that this will be the last report provided by Dr. Akintorin as EMS President, as his term has concluded and a new EMS President has been elected. The Committee thanked him for his service.

Director Garza, seconded by Director Sorrell, moved to approve Item III(B) the proposed Stroger Hospital and Provident Hospital medical staff appointments, reappointments and changes. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, February 21, 2025

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

Director Sorrell, seconded by Director Garza, moved to accept Item III(C) the Minutes of the Quality and Patient Safety Committee Meeting of February 21, 2025. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Section III

IV. Operational Excellence (OpEx)

A. 2025 OpEx Dashboard, Goals and Tactics (Attachment #3)

- Provident Hospital Site Review – Dr. Arnold Turner, Chief Hospital Executive, Provident Hospital and Jennifer Rozenich, Director of Planning and Analysis
- Stroger Hospital Site Review – Dr. Jacqueline Whitten, Chief Nursing Officer, Stroger Hospital and Ms. Rozenich
- ACHN Site Review – Craig Williams, Chief Administrative Officer and Ms. Rozenich

The individuals listed above reviewed the presentations. The Committee reviewed and discussed the information.

V. Report on other Quality and Patient Safety Matters

A. Regulatory and Accreditation Updates (Attachment #4)

Joseph Kapenas, Director of Quality-Regulatory, provided an overview of the Regulatory and Accreditation Update. The Committee reviewed and discussed the information.

VI. Closed Meeting Items

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

The Committee did not recess into a closed meeting.

VII. Adjourn

As the agenda was exhausted, Chair Bhatt declared THE MEETING ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Jay Bhatt, DO, MPH, MPA, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 14, 2025

ATTACHMENT #1



To: Quality and Patient Safety Committee

From: Executive Medical Staff Committee of John H. Stroger Jr., Hospital

Date: March 12, 2025

CC: Cook County Health

Memo: John H. Stroger Jr., Hospital Medical Staff Action Items

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

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County Health has approved the attached list of medical staff action items on March 11, 2025, for your consideration.

Thank you kindly and respectfully submitted,

Abayomi E. Akintorin, MD
President, Executive Medical Staff (EMS)



**COOK COUNTY
HEALTH**

Accessible. Exceptional. For All.



TO: Quality, Patient and Safety Committee

FROM: Abayomi E. Akintorin, MD
EMSC President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee.**

Medical Staff Appointments/Reappointments Effective March 14, 2025, and are subject to Approval by Cook County Health Systems Boards.

OLD BUSINESS

N/A

NEW BUSINESS

Initial(s):

Batth, Jai Singh DMD/Oral Health/**Recommended**
 Henderson, Julian MD/Trauma/ **Recommended**
 Manna, Mohannad Mohammad, MD/Pediatrics/Pulmonary Sleep/**Recommended**
 Peng, Sophia, MD/Medicine/Internal Medicine/ **Recommended**
 Roessler, Eric Patrick, MD/Infectious Diseases/Medicine/Cermak/**Recommended**
 Thomas, Natolya Latrese DDS/Oral Health/ **Recommended**
 Triantafillou, Thomas, MD/General Internal Medicine/ **Recommended**

**CCHHS
 APPROVED
 BY THE QUALITY AND PATIENT SAFETY COMMITTEE
 ON MARCH 14, 2025**

Reappointment(s):

Abdelhandy, Khaled M MD/Surgery/Cardiothoracic & Vascular Surgery/ **Recommended**

Abiad, Homer De Guia MD/Medicine/Infectious Disease/ **Recommended**

Alagiozian-Angelova, Victoria MD/Pathology/Hematopathology/ **Recommended**

Bangayan, Lorraine Y MD/Medicine/Cardiology/ **Recommended**

Bodnya, Julia MD/Medicine/Neurology/ **Recommended**

Brahmbhatt, Elizabeth Mae MD/Pathology/ **Recommended**

Burkova, Marina, DO/Medicine/Internal Medicine/ **Recommended**

Capello, Teresa MD/Surgery/Orthopedic/ **Recommended**

Coelho, Giselle C DMD/Oral Health/ **Recommended**

Crane, Jason E, DO/Pathology/Blood Bank/**Recommended**

Davis, Jared MD/Medicine/Neurology/**Recommended**

De Biase, Norbert G., MD/Family Medicine/ **Recommended**

Egiebor, Osbert O., MD/Radiology/Sectional Imaging/ **Recommended**

Fidai, Shiraz MD/Pathology/ Hematopathology/ **Recommended**

Gandia, Justin Kidd, MD/Obstetrics and Gynecology/ **Recommended**

Gantt, Gerald MD/Surgery/Colon-Rectal/ **Recommended**

Gertsberg, Yakov, MD/Psychiatry/Correctional Health/ **Recommended**

Gloss, Feodor Juan, DO/Anesthesiology/ **Recommended**

Gonzalez, Victoria, MD/Emergency Medicine/ **Recommended**

Grievous, Mark, MD/Surgery/Plastic Surgery/ **Recommended**

Harrison, Jacqueline L MD/Surgery/Colon-Rectal/ **Recommended**

Houston, John T. B., MD/Surgery/Urology/ **Recommended**

Jacobs, Norman, M., MD/Pediatrics/Infectious Disease/ **Recommended**

Lubelchek, Ronald J MD/Medicine/Infectious Disease/ **Recommended**

Kobak, William, MD/Obstetrics/Gynecology/ **Recommended**

Krantz, Anne, MD/Medicine/General Medicine/ **Recommended**

Kysia, Rashid Fuad, MD/Emergency Medicine/ **Recommended**

Loeb, Jeffrey A MD/Medicine/Neurology/ **Recommended**

Martin, Jonathan W DO/Medicine/Infectious Disease/ **Recommended**

McCann, Sean D., MD/Emergency Medicine/Toxicology/ **Recommended**

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 14, 2025

Mikaitis, Erik, MD/Medicine/Hospital Medicine/ **Recommended**
Oranu, Chinedu, C., MD/Pediatrics/Peds Critical Care/ **Recommended**
Paul, George W., MD/Emergency Medicine/Peds Emergency/ **Recommended**
Papiez, Greg R. MD/Medicine/Correctional Health Srvcs/ **Recommended**
Perez-Tamayo, Alejandra MD Surgery/Colon-Rectal/ **Recommended**
Pierce, Rebecca Harris, MD/Medicine/Correctional Health Srvcs/ **Recommended**
Raizada, Bharti, MD/Anesthesiology/ **Recommended**
Sauper, Alexander, MD/Surgery/ General Surgery /Surgical Critical Care/ **Recommended**
Serafini, Anna MD/Medicine/Neurology/ **Recommended**
Shah, Chiragi, Mitul, MD/Family Medicine/ **Recommended**
Shi, Feinan MD/Pathology/Autopsy/ **Recommended**
Soyemi, Kenneth, L, MD/Pediatrics/Peds Medicine/**Recommended**
Suffern, Jennifer L., DPM/Surgery/Podiatry/ **Recommended**
Towner, James Edward MD/Surgery/Neurosurgery/ **Recommended**
Ubaka, Jacek Louis, MD/Pediatrics/Neonatology/ **Recommended**
Verma, Nirmla, MD/Pediatrics/Peds Medicine/ **Recommended**
Vittum, Daniel W., MD/Family Medicine/ **Recommended**
Ward, Andrea, MD/Psychiatry/Correctional Health/ **Recommended**

Change in Clinical Privilege(s) (Additions/Deletions):

Alaraj, Ali, MD/Radiology/**Recommended**

- Adding Moderate Sedation Privileges

Bhanot, Shelly, MD/Radiology/Interventional/Diagnostic Radiology

- Adding Kyphoplasty/Vertebroplasty/**Recommended**

Change in Category also includes “FPPE Initials” noted in MSOW images:

Avula, Umakanth, MD/Trauma/Burn Unit: Provisional to Active/ **Recommended**

Carneiro, Herman, MD/Medicine/Adult Cardiology: Provisional to Active/ **Recommended**

Isama, Anita Ijeawe, MD/Family Medicine/Affiliate to Active/ **Recommended**

Iyengar, Ashwin, MD/Anesthesiology/Pediatric Anesthesiology: Provisional to Active/ **Recommended**

Kaleta, Francois P., MD/Medicine/Adult Cardiology: Provisional to Active/ **Recommended**

Licea, Rosaura, MD/Family Medicine: Provisional to Active/ **Recommended**

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 14, 2025

Mazin, Abdul Hussein A., MD/Pediatrics/Peds Neurology: Provisional to Provisional/ **Recommended**

Comment: An extension of Initial FPPE has been requested after exhausting (1) year of Provisional status and needs to be recommended for approval by EMS.

Mousa-Ibrahim, Fady Mohammed, DO/Medicine/Neurology: Provisional to Active/ **Recommended**

Nair, Gatha Geetha, MD/Medicine/Adult Cardiology: Provisional to Active/ **Recommended**

Padilla, Nicole Marie, MD/Family Medicine: Provisional to Active/ **Recommended**

Reilly, Paige Jennings, MD/Pediatrics/Peds Hematology/Oncology: Provisional to Affiliate/ **Recommended**

Van Opstal, Alan David, MD/Emergency Medicine: Provisional to Active/ **Recommended**

Williams, Mallory, MD/Trauma/Critical Care Unit: Provisional to Active/ **Recommended**

Resignations/Retirements:

Aziz, Imad, MD – Family Medicine/ **Recommended**

James, Steven, MD – Medicine/ **Recommended**

Boubouleix, Kevin, MD – Emergency Medicine/ **Recommended**

Gupta, Nita, MD - Emergency Medicine/ **Recommended**

Kabbani, Haidar, MD – Pediatrics/ **Recommended**

Kapila, Aaysha, MD/Medicine/Hospital Medicine/ **Recommended**

Lee, Joseph, MD – Pediatrics/ **Recommended**

Mishra, Satya, MD – Medicine/ **Recommended**

Pandya, Lopa, MD – OB/GYN/ **Recommended**

Patel, Anand, DO – Medicine/ **Recommended**

Quigley, John, MD – Medicine/ **Recommended**

Taylor, Brenda, DMD, Oral Health/ **Recommended**

Uzoka, Chukwuemeka, MD – Medicine/ **Recommended**

Other Business:

N/A

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 14, 2025

Non-Physician Providers (NPPs)

N/A

OLD BUSINESS

NEW BUSINESS

Initial(s) (JSH)

Harris, Kurt, APRN/Psychiatry/**Recommended**

Comments: Temp. privileges granted 2/21/2025

Ohu, Oyebamiji, APRN/Psychiatry/**Recommended**

Patel, Bhoomi PA-C/Medicine/Neurology/**Recommended**

Quirarte, Karen C., PA-C/Pediatrics/**Recommended**

Wilson, Cawonda, APRN/Psychiatry/**Recommended**

Comments: Temp. privileges granted 2/21/2025

Reappointment(s) (JHS):

Boyd, Jalen PA-C/ Medicine/Endocrinology/**Recommended**

DiGiacomo, Marie, APRN/Surgery/Pediatric Surgery/**Recommended**

Garcia, Mariela, LCSW/Psychiatry/**Recommended**

Kane Towle, Meagan, PAC/Family Medicine/**Recommended**

Karuthalackal, Adai, PA-C/Surgery/Orthopedic/**Recommended**

Marino, Keith A., CRNA/Anesthesiology/**Recommended**

Martinez, Nancy PA-C/Medicine/Neurology/**Recommended**

Salefski, Ahleah, PA-C/Psychiatry/Correctional Health/**Recommended**

Shah, Palak, PA-C/Surgery/General Surgery/**Recommended**

Change in Collaboration (Addition/Removal) JHS:

Solola, Marie Chrystal, PA-C/Medicine/Hematology/Oncology/**Recommended**

From: Thomas Lad, MD To: Shweta Gupta, MD

Simmons, Jennifer Anne, APRN/Medicine/Hematology/Oncology/**Recommended**

From: Thomas Lad, MD To: Kumar Batra, MD

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 14, 2025

Change in Clinical Privileges (Additions/Removal) JHS:

Estrada, Sol, APRN/Psychiatry/**Recommended**

Addition of Instruct, educates, and counsels patients and families concerning mental health status, test results, disease processes, pharmacology and follow-up during the discharge process; Plans and manages transfers and discharges

Grayson, Patricia Ann, APRN/Psychiatry/**Recommended**

Addition of Instruct, educates, and counsels patients and families concerning mental health status, test results, disease processes, pharmacology and follow-up during the discharge process; Plans and manages transfers and discharges

Nyenke, Douglas, APRN/Psychiatry/**Recommended**

Addition of Instruct, educates, and counsels patients and families concerning mental health status, test results, disease processes, pharmacology and follow-up during the discharge process; Plans and manages transfers and discharges

Olusola, Joseph, APRN/Psychiatry/**Recommended**

Addition of Instruct, educates, and counsels patients and families concerning mental health status, test results, disease processes, pharmacology and follow-up during the discharge process; Plans and manages transfers and discharges

Change in Category Status (JHS):

Addai, Evette A, Ph.D./Psychiatry: Provisional to Clinical Psychologist/**Recommended**

Ibe, Ijeoma C, APRN/Psychiatry/Correctional Health Services: Provisional to APRN/**Recommended**

Puzzella, Kathryn, PA-C/Pediatrics: Provisional to PA-C/**Recommended**

Shah, Binita P., PA-C/Emergency Medicine: Provisional to PA-C/**Recommended**

Soriano, Gladis, APRN/Family Medicine: Provisional to APRN/**Recommended**

Varghese, Liny, PA-C/Pediatrics: Provisional to PA-C/**Recommended**

MPS Clinical Privileges (New/Revision):

N/A

Resignations/Retirements (JHS):

Groneck, James, CCP – Surgery/**Recommended**

Marks, Irene, APRN – OB/GYN/**Recommended**

McBride, Dianna, APRN – General Medicine/**Recommended**

Ortiz, Estes, Ixchell, APRN – Pediatrics/**Recommended**

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 14, 2025

Sims, Kevin, PA-C – Medicine/**Recommended**

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 14, 2025

Other Business:

N/A

Sanction Screening Reporting –

IDFPR Disciplinary Action Report for December 2024 reviewed as of 2/18/2025 – No Findings.

CMS OPT OUT Affidavits report reviewed as of 2/18/2025 – No Findings.

CMS Preclusion Report reviewed as of 2/18/2025 – No Findings.

National Practitioner Data Bank (NPDB) Continuous Query 2/27/2025 – No Findings



Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners
Erik Mikaitis, MD, MBA
Chief Executive Officer
Cook County Health

Board of Directors

Lyndon A. Taylor
Chair of the Board
Commissioner Blitt Lowry • 3rd District
Vice-Chair of the Board
Jay Bhatt, DO, MPH, MPA
Raul Garza
Maya Green, MD, MPH, FACHE

Joseph M. Harrington
Sage J. Kim, PhD
Robert G. Relter, Jr.
Sam A. Robinson, III, PhD
Tanya R. Sorrell, PhD, PMHNP-BC
Mia Webster Cross, MSN, RN

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

March 7, 2025

Dear Members of the Quality and Patient Safety Committee:

Please be advised that on March 7, 2025, the Provident Hospital Medical Executive Committee voted to approve the recommended actions on the enclosed document. It is being presented to you for your consideration.

Respectfully,

Paul Allegretti, DO
Provident Hospital of Cook County
President, Medical Staff
Chair, Medical Executive Committee

Provident Hospital of Cook County

TO: Quality and Safety Committee

FROM: Paul Allegretti, DO
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the
Medical Executive Committee on March 7, 2025

Medical Staff Appointments/Reappointments Effective: 3/14/2025 subject to Approval by the Cook County Health.

New Business

Initial(s):

Peng, Sophia, MD/Internal Medicine/Internal Medicine - Recommended
Kazlauskaite, Rosa, MD/Internal Medicine/Endocrinology - Recommended

Reappointment(s):

Alagiozian-Angelova, Victoria M. MD/Pathology/Clinical Laboratory - Recommended
Brahmbhatt, Elizabeth Mae MD/Clinical Laboratory - Recommended
Burkova, Marina, DO/Internal Medicine/Internal Medicine - Recommended
Crane, Jason E DO/Clinical Laboratory - Recommended
Egiebor, Osbert, O., MD/Radiology/Diagnostic Radiology - Recommended
Fidai, Shiraz MD/Clinical Laboratory - Recommended
Gandia, Justin Kidd, MD/Obstetrics and Gynecology - Recommended
Grievous, Mark, MD/Surgery/Plastic Surgery - Recommended
Kobak, William, MD/Obstetrics/Gynecology - Recommended
Krantz, Anne, MD/Internal Medicine/Internal Medicine - Recommended
Kysia Rashid Fuad, MD/Emergency Medicine - Recommended
Martin, Jonathan W DO/Internal Medicine/Infectious Disease - Recommended
Raizada, Bharti, MD/Anesthesiology - Recommended
Sauper, Alexander, MD/Surgery/General Surgery - Recommended
Shi, Feinan MD/Clinical Laboratory – Recommended
Suffern, Jennifer L, DPM/Surgery/Podiatry - Recommended

Change in Category:

Carneiro, Herman, MD/Internal Medicine/Cardiology: Provisional to Affiliate Recommended
Kaleta, Francois P., MD/Internal Medicine/Cardiology: Provisional to Affiliate Recommended
Mousa-Ibrahim, Fady Mohammed, DO/Internal Medicine/Neurology: Provisional to Affiliate Recommended

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 14, 2025

MPS Clinical Privileges (New/Revision) - Recommended

Medicine: General/Internal Medicine Privilege Revision:

- Adding Addiction Medicine cluster qualifications and privileges to existing DGIM privileges

Resignation(s)

James, Steven, MD – Internal Medicine - Informational
Mishra, Satya, MD – Internal Medicine - Informational
Pandya, Lopa, MD – OB/GYN - Informational
Patel, Anand, DO – Medicine - Informational

Other Business:

Managed Care: MCO (BC/BS) requirement Credentialing policy packet
Annual Credentials Review needed - Informational

NEW BUSINESS

Initial(s)

Glenn, Lucille, PA-C/Emergency Medicine - Recommended
Harris, Kurt, APRN/Psychiatry - Recommended
Ohu, Oyebamiji, APRN/Psychiatry - Recommended
Wilson, Cawonda, APRN/Psychiatry - Recommended

Reappointment Applications:

Boyd, Jalen PA-C/ Medicine/Endocrinology - Recommended
Garcia, Mariela, LCSW/Psychiatry – Recommended
Marino, Keith A., CRNA/Anesthesiology - Recommended
Shah, Palak, PA-C/Surgery/General Surgery - Recommended

Change in Clinical Privileges (Additions/Removal):

Estrada, Sol, APRN/Psychiatry - Recommended

Addition of Instruct, educates, and counsels patients and families concerning mental health status, test results, disease processes, pharmacology and follow-up during the discharge process; Plans and manages transfers and discharges

Grayson, Patricia Ann, APRN/Psychiatry - Recommended

Addition of Instruct, educates, and counsels patients and families concerning mental health status, test results, disease processes, pharmacology and follow-up during the discharge process; Plans and manages transfers and discharges

Joseph, Maria J APRN/ Medicine/Infectious Disease / Removal from Provident - Recommended

Nyenke, Douglas, APRN/Psychiatry - Recommended

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 14, 2025

Addition of Instruct, educates, and counsels patients and families concerning mental health status, test results, disease processes, pharmacology and follow-up during the discharge process; Plans and manages transfers and discharges

Olusola, Joseph, APRN/Psychiatry - Recommended

Addition of Instruct, educates, and counsels patients and families concerning mental health status, test results, disease processes, pharmacology and follow-up during the discharge process; Plans and manages transfers and discharges

Resignations/Retirements:

Joseph, Maria J APRN/ Medicine/Infectious Disease – Informational

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 14, 2025

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 14, 2025

ATTACHMENT #2

**Stroger Hospital Quality Improvement & Patient Safety (HQIPS) Committee
Summary Report to the Executive Medical Staff (EMS) Committee and Quality and Patient
Safety (QPS) Committee
For March 2025**

Chairs: Dr. Fakhran and Dr. Gomez-Valencia

Meeting Date: January 28, 12-1:30PM VIRTUAL

Regular or Special Meeting: Regular

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

January Highlights:

Emergency Department

- Improved door-to-discharge time from 400 minutes to 318 minutes
- Key Initiatives:
 - Expanded staffing coverage for peak hours.
 - Utilization of nursing protocols to streamline triage.
 - Data-driven diagnosis focus to identify high-delay areas (e.g., dialysis, lower back pain).
 - Tracking admission delays to improve discharge efficiency.

Laboratory

- Lab Draws by 7 AM:
 - Target increased from 75% to 80% in 2025.
 - December dip attributed to staffing shortages.
- Critical Value Reporting:
 - Significant improvement in provider read-back time (within 60 minutes).
- Blood Culture Contamination:
 - Reduced from 3.5% to 2.3% after extensive education & process improvement.
- Long-term goal: 1% contamination rate.

Environmental Services

- Bed Turnaround Time:
 - Improved from 100+ minutes to 63 minutes.
 - Coordination with Bed Control improving response times.
- Pest Control Response:
 - Reduced from 18 hours to 3–4 hours.
- Cleanliness Scores:
 - Improved from 55% to 69% in Q4.

There are no action items for the EMS Committee.

There are no actions for the QPS Committee.

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 14, 2025

ATTACHMENT #3

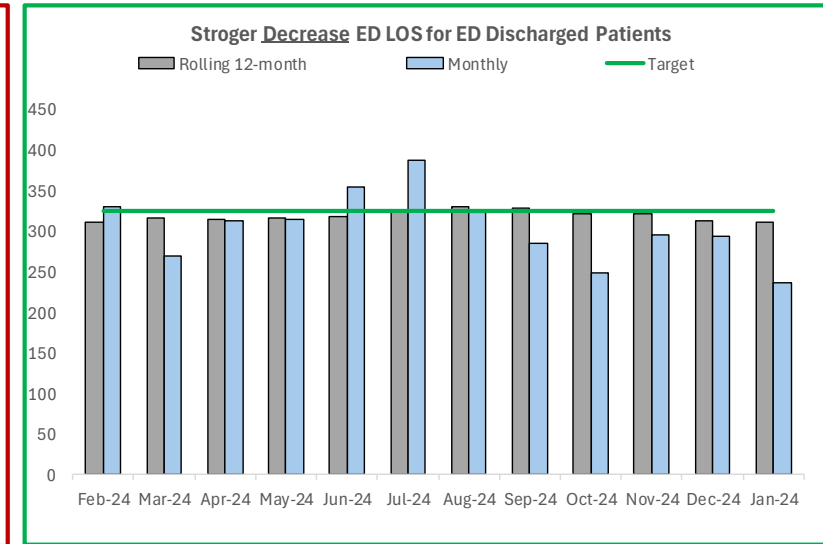
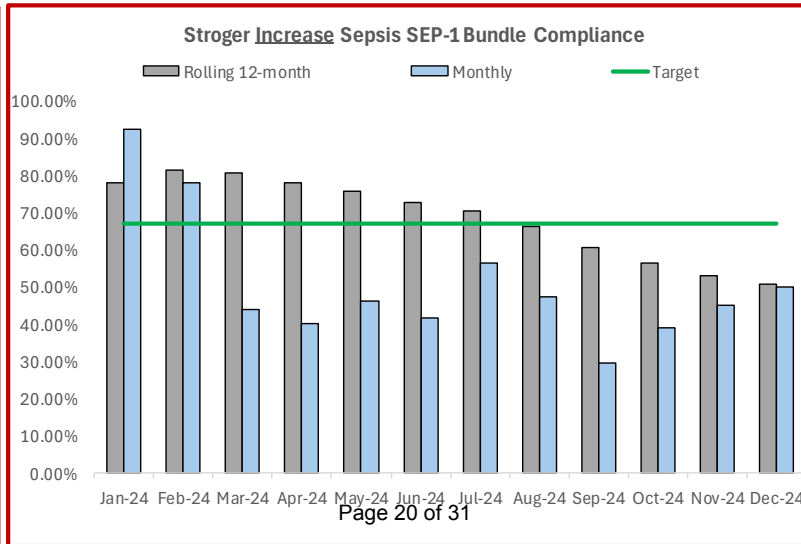
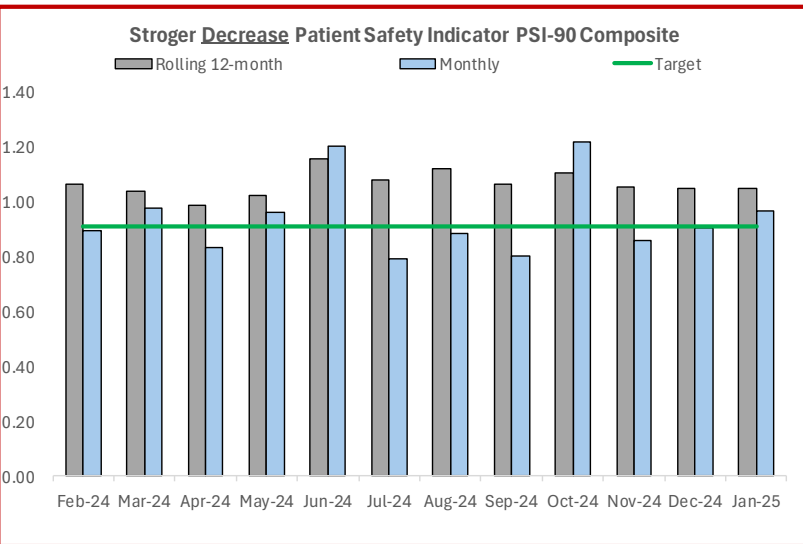
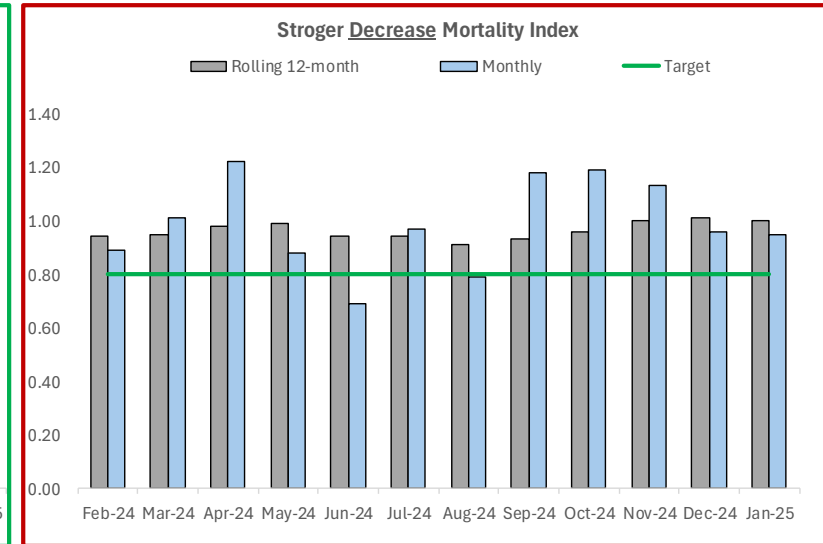
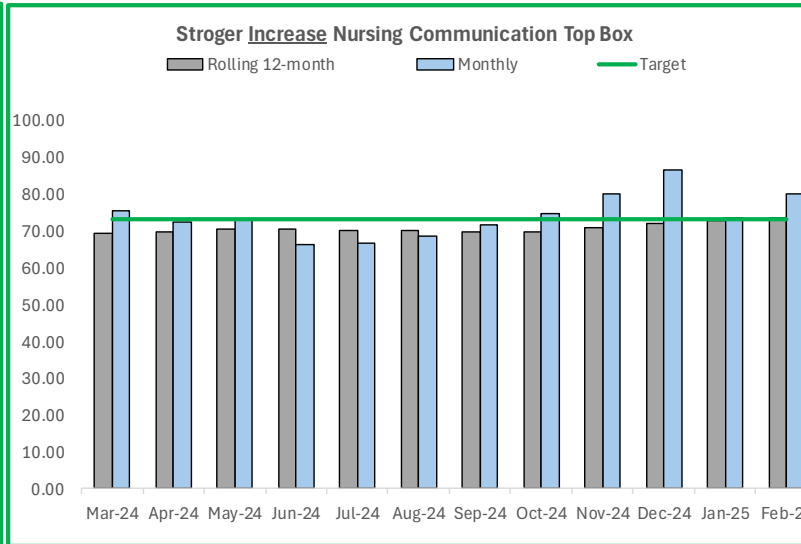
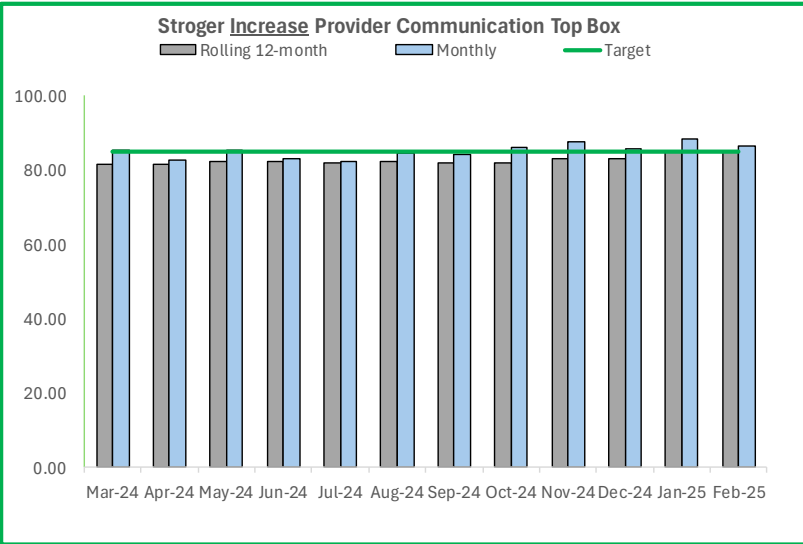
Stroger Op Ex Committee Dashboard



COOK COUNTY
HEALTH

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

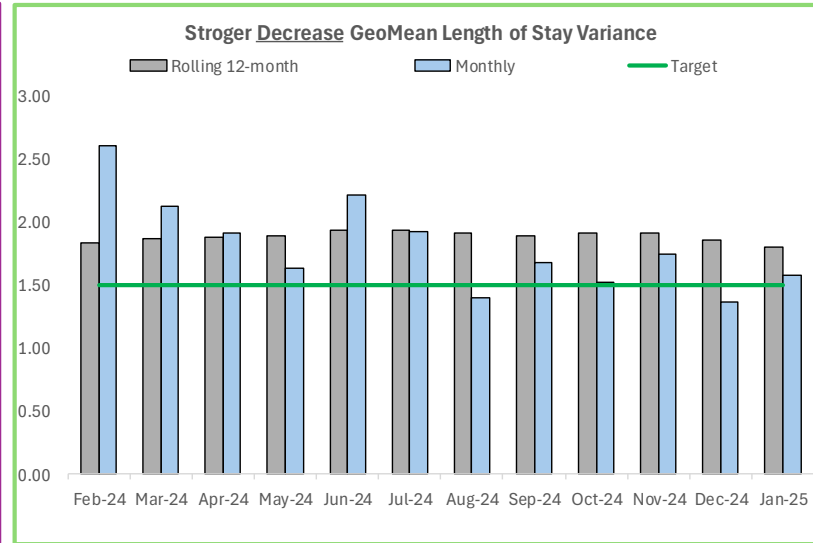
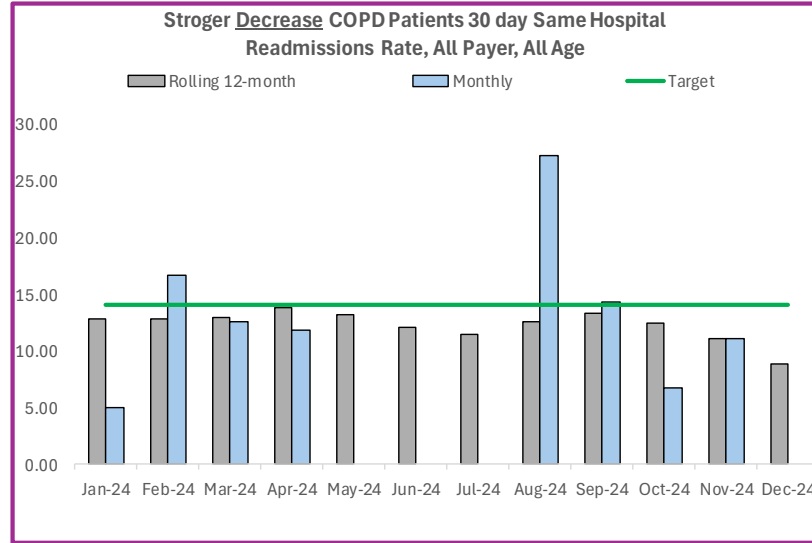
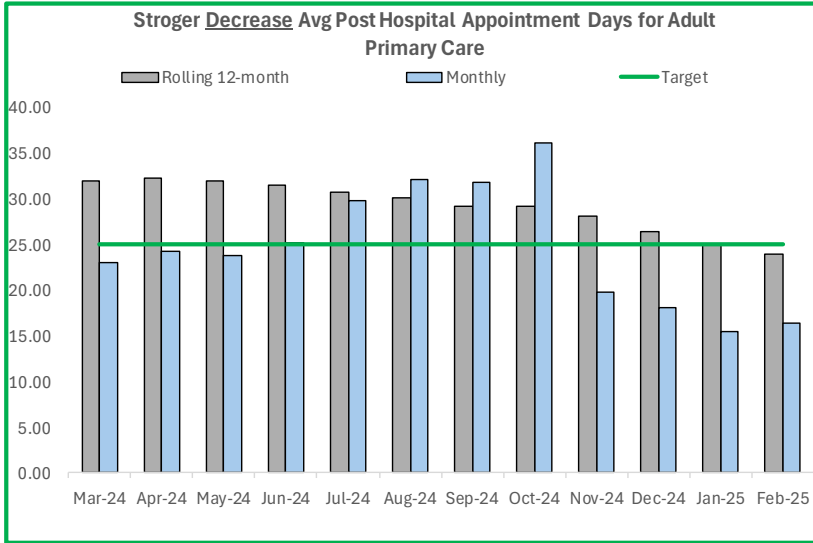
Op Ex Steering Committee Dashboard for Stroger Hospital



Stroger 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



Stroger

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



COOK COUNTY
HEALTH

Op Ex Steering Committee Dashboard for Stroger Hospital

DOMAIN WORKGROUPS	Metrics														2024	YTD 2025	% in change	Q1-2025		
PATIENT EXPERIENCE	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25				
Increase Rolling 12-month Top Box Comm w/ Physician Domain	85.00	87.50	82.01	0.75	81.41	81.46	82.35	82.42	81.97	82.20	82.01	81.97	83.00	83.21	84.86	85.09	83.21	87.52	5.2%	4.8
Increase Monthly Top Box Comm w/ Physician Domain					85.37	82.60	85.30	82.90	82.20	84.62	84.33	86.24	87.68	85.61	88.35	86.64				
PATIENT EXPERIENCE	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25				
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	73.00	75.00	69.75	0.81	69.27	69.51	70.53	70.44	69.91	70.05	69.75	69.88	70.98	71.80	72.69	73.54	71.80	76.84	7.0%	6.3
Increase Monthly Top Box Comm w/ Nursing Domain					75.59	72.48	73.20	66.11	66.78	68.44	71.66	74.76	80.08	86.45	73.70	80.17				
CLINICAL OUTCOMES	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25				
Decrease Rolling 12-month Mortality Index	0.80		0.86	-0.02	0.94	0.95	0.98	0.99	0.94	0.94	0.91	0.93	0.96	1.00	1.01	1.00	1.01	0.95	-5.9%	0.1
Decrease Monthly Mortality Index					0.89	1.01	1.22	0.88	0.69	0.97	0.79	1.18	1.19	1.13	0.96	0.95				
CLINICAL OUTCOMES	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25				
Decrease Rolling 12-month Patient Safety Indicator PSI-90 Composite	0.907		1.008	-0.025	1.06	1.04	0.99	1.02	1.15	1.08	1.12	1.06	1.10	1.05	1.05	1.05	1.048	1.049	0.1%	0.1
Decrease Monthly Patient Safety Indicator PSI-90 Composite					0.89	0.98	0.83	0.96	1.20	0.79	0.88	0.80	1.22	0.86	0.90	0.97				
CLINICAL OUTCOMES	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24				
Increase Rolling 12-month Sepsis SEP-1 Bundle Compliance	67%		56%	2.75%	78.07%	81.22%	80.70%	77.78%	75.74%	72.73%	70.30%	66.07%	60.48%	56.21%	52.84%	50.53%	50.53%			
Increase Monthly Sepsis SEP-1 Bundle Compliance					92.21%	77.78%	44.00%	40.00%	46.15%	41.67%	56.25%	47.06%	29.41%	38.89%	45.00%	50.00%				

Stroger 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



COOK COUNTY
HEALTH

READMISSIONS	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	2024	YTD 2025	% in change	Q1-2025
	Decrease Rolling 12-month COPD Readmission Rate (all ages, all payers)	14.00	13.00	15.40	-0.35	12.77	12.83	12.95	13.78	13.23	12.02	11.41	12.50	13.26	12.43	11.11				
Decrease Monthly COPD Readmission Rate (all ages, all payers)					5.00	16.67	12.50	11.76	0.00	0.00	0.00	27.27	14.29	6.67	11.11	0.00				
	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	2024	YTD 2025	% in change	Q1-2025
	Decrease Rolling 12-month Post Hospital Appointment Days for Adult Primary Care	25.00	20.00	32.50	-1.88	32.00	32.20	32.00	31.50	30.70	30.00	29.20	29.20	28.00	26.30	25.00				
Decrease Monthly Post Hospital Appointment Days for Adult Primary Care					23.00	24.20	23.70	25.20	29.80	32.10	31.70	36.10	19.70	18.10	15.40	16.30				
THROUGHPUT	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	2024	YTD 2025	% in change	Q1-2025
	Decrease Rolling 12-month Hospital Geometric Mean Length of Stay (GMLOS)	1.50	1.30	1.87	-0.09	1.83	1.87	1.88	1.89	1.93	1.93	1.91	1.89	1.91	1.91	1.85				
Decrease Monthly Hospital Geometric Mean Length of Stay (GMLOS)					2.60	2.12	1.91	1.63	2.21	1.92	1.40	1.68	1.52	1.74	1.36	1.57				
	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-24	2024	YTD 2025	% in change	Q1-2025
	Decrease Rolling 12-month ED LOS for ED Discharged Patients	324	288	360	-9	310	315	313	315	318	325	329	328	321	321	312				
Decrease Monthly ED LOS for ED Discharged Patient					329	269	311	314	353	387	322	285	248	294	293	236				

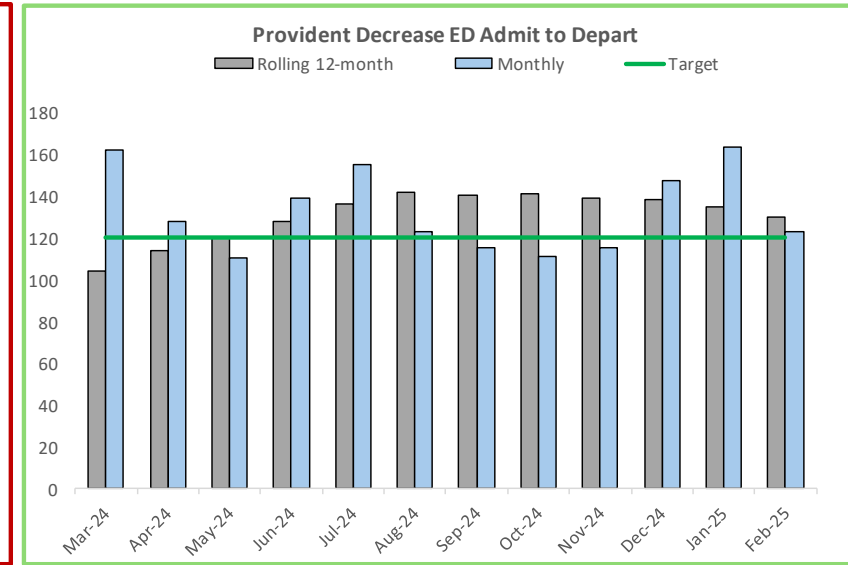
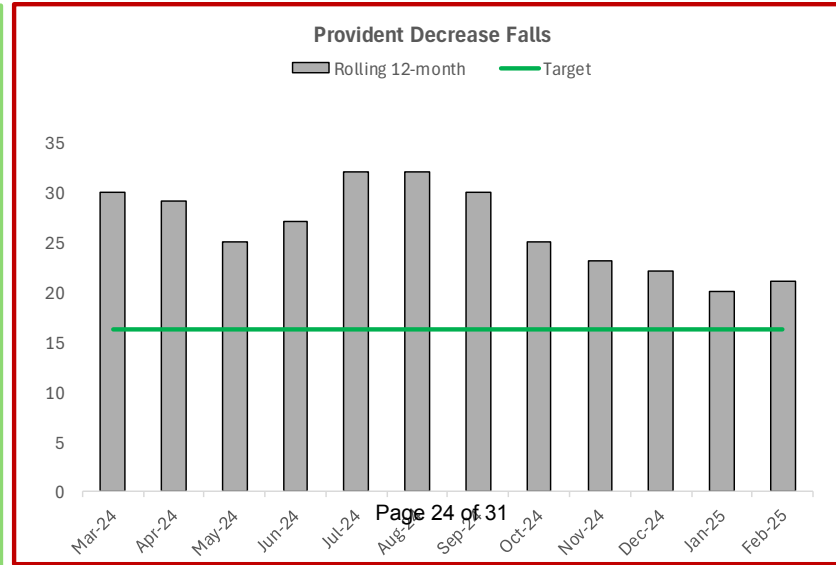
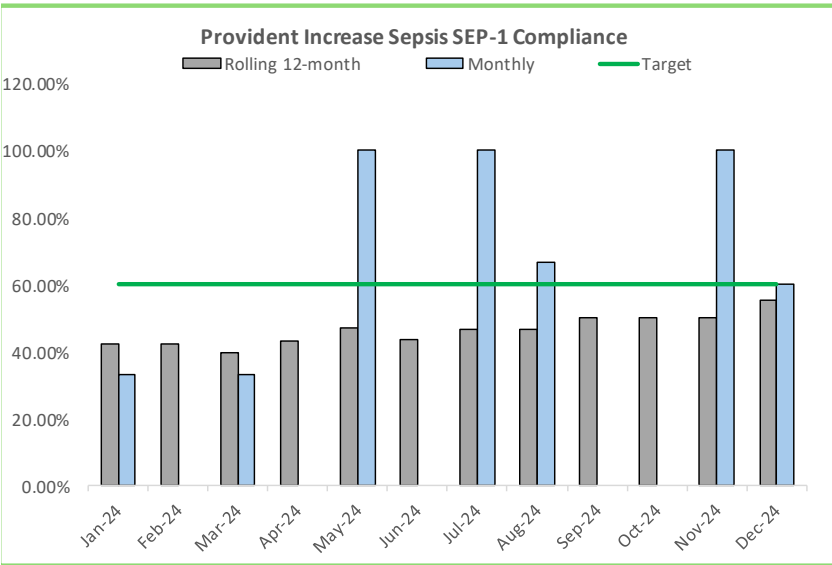
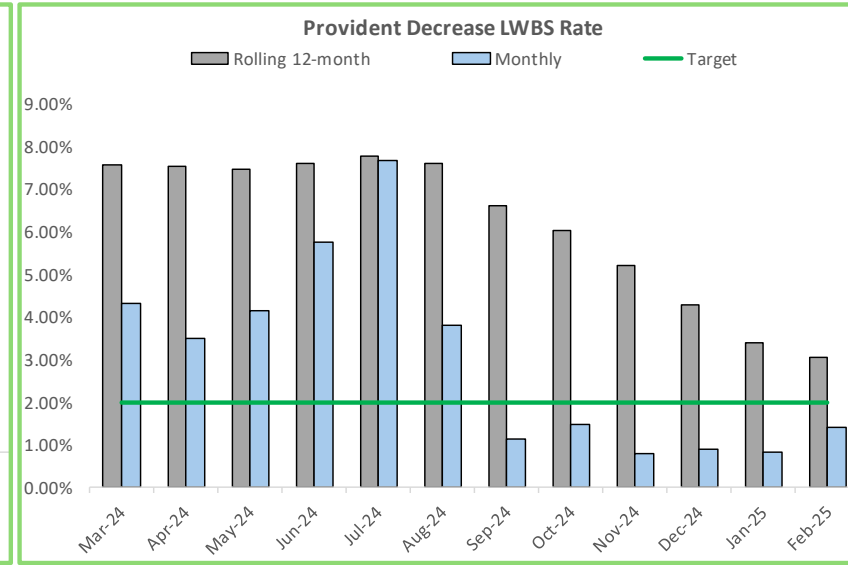
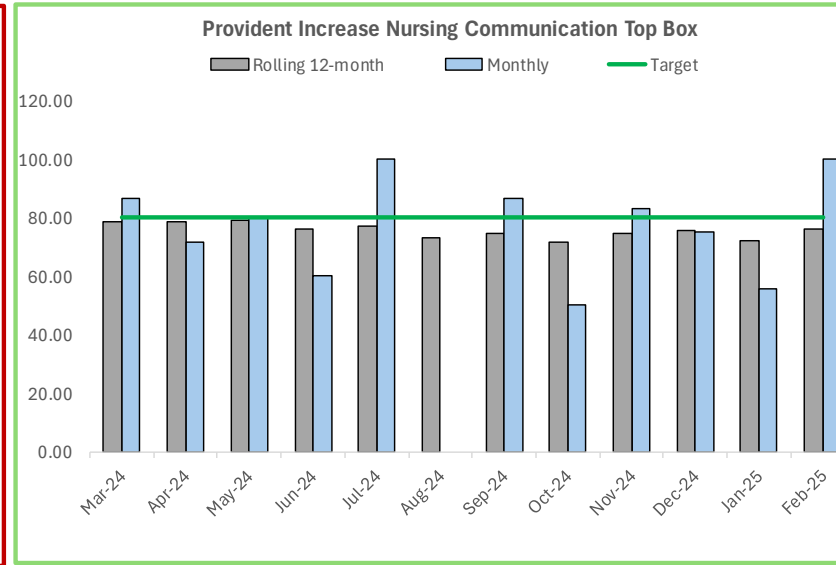
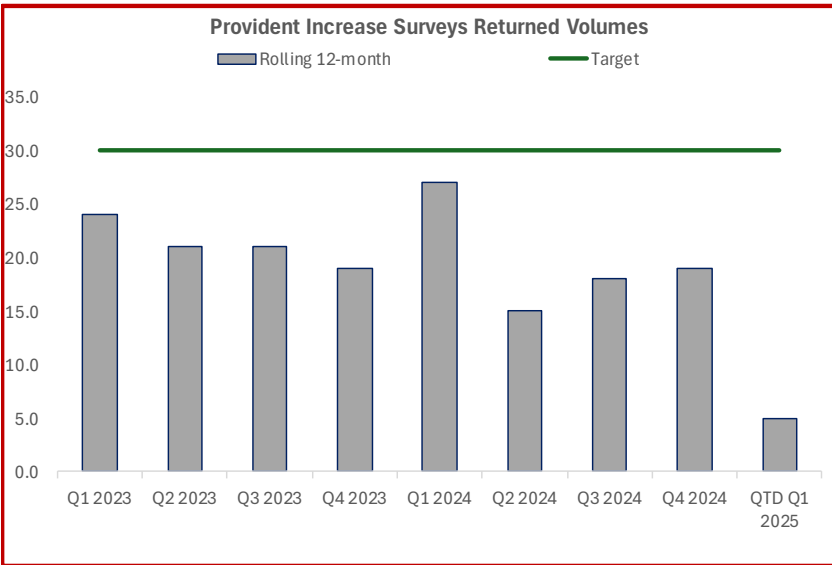
Provident Op Ex Committee Dashboard

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



COOK COUNTY
HEALTH

Op Ex Steering Committee Dashboard for Provident Hospital



Provident 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



COOK COUNTY
HEALTH

Op Ex Steering Committee Dashboard for Provident Hospital

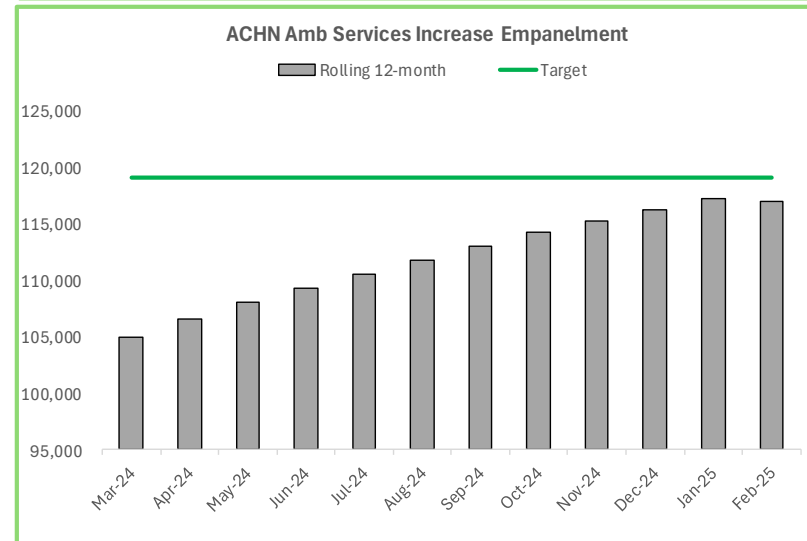
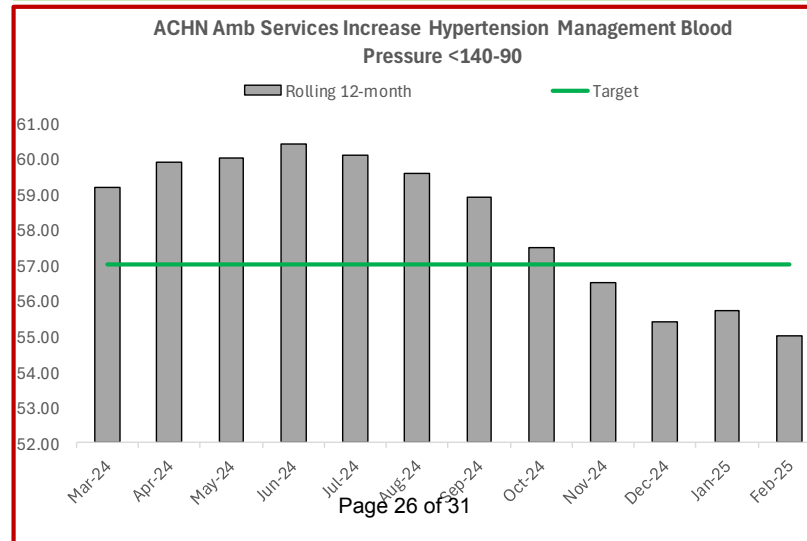
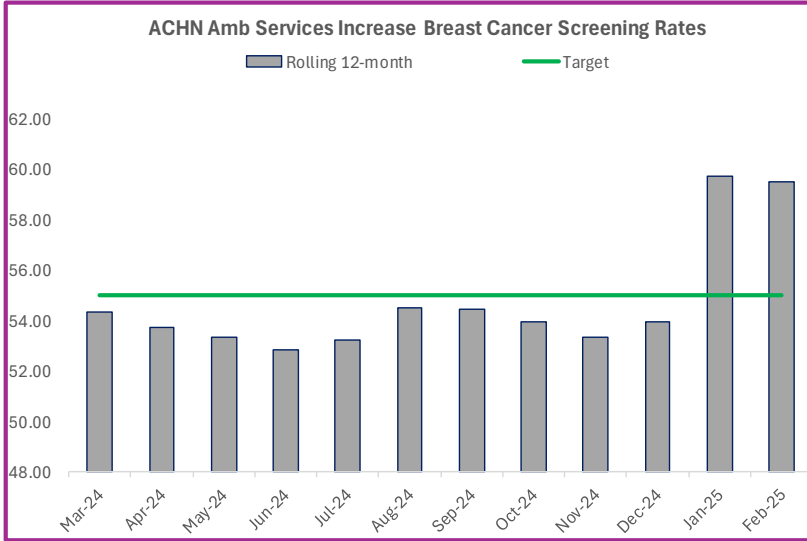
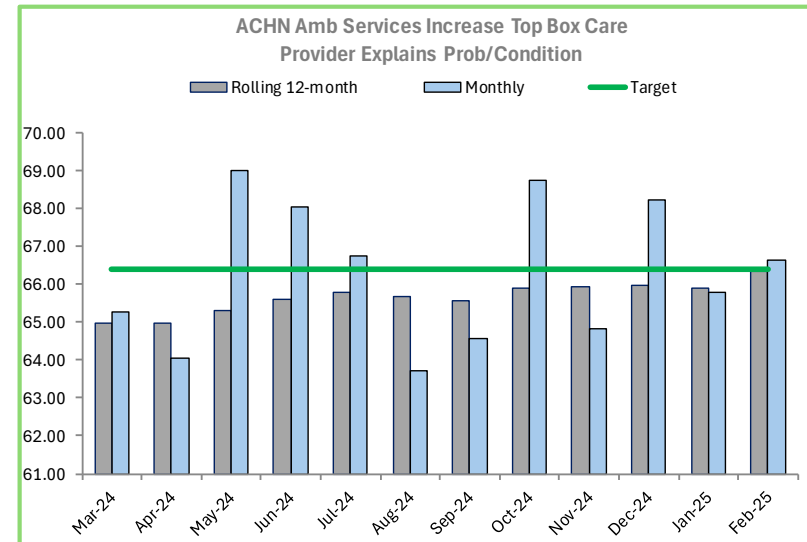
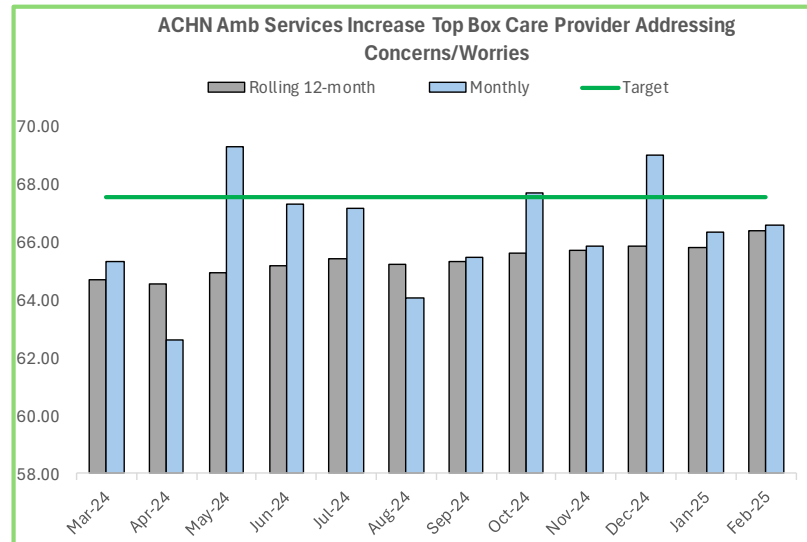
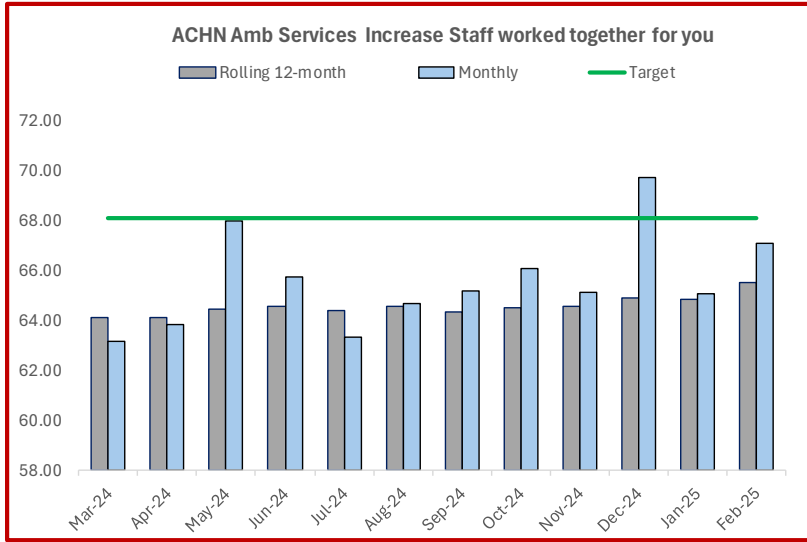
DOMAIN WORKGROUPS	Metrics																2024	YTD 2025	% in change	Q1-2025			
PATIENT EXPERIENCE	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	QTD Q1 2025										
Increase Qtrly Survey Return Volumes	30.0	35.0	19.2	2.7	24.0	21.0	21.0	19.0	27.0	15.0	18.0	19.0	5.0					77.0	5.0	-0.9	-16.9		
Increase Rolling 12-month Top Box Comm w/ Nursing Domain	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25							
Increase Monthly Top Box Comm w/ Nursing Domain	80.00	83.00	74.55	0.613	78.86	78.60	79.31	76.00	77.19	72.99	74.55	71.77	74.53	75.53	72.13	75.95		75.53	86.67	14.7%	11.5		
CLINICAL OUTCOMES	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24							
Increase Rolling 12-month Increase Sepsis SEP-1 Compliance	60%	65%	47%	3.33%	42.11%	42.11%	39.53%	43.24%	47.22%	43.75%	46.67%	46.67%	50.00%	50.00%	50.00%	55.56%					55.56%		
Increase Monthly Increase Sepsis SEP-1 Compliance					33.00%	0.00%	33.33%	no data	100.00%	no data	100.00%	66.67%	no data	0.00%	100.00%	60.00%							
Decrease Rolling 12-month Inpatient Falls	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25							
Decrease Monthly Inpatient Falls	16	15	18	-0.45	30	29	25	27	32	32	30	25	23	22	20	21		22	2	-90.9%	3.5		
THROUGHPUT	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25							
Decrease Rolling 12-month Median ED Admit Decision to Depart ED	120.00	100.00	139.00	-4.75	104	114	120	128	136	142	140	141	139	138	135	130		138	140	1.1%	5.3		
Decrease Monthly Median ED Admit Decision to Depart ED					162	128	111	139	155	123	115	111	115	148	163	123							
Decrease Rolling 12-month LWBS Rate	Target	Stretch Target	Baseline	Quarterly Improvement Expected	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25							
Decrease Monthly Decrease LWBS Rate	2.0%	1.0%	4.3%	-0.6%	7.55%	7.51%	7.47%	7.61%	7.77%	7.60%	6.60%	6.04%	5.19%	4.28%	3.38%	3.05%		4.28%	1.10%	-74.3%	-2.62%		
					4.31%	3.49%	5.74%	7.65%	3.80%	1.15%	1.50%	0.79%	0.91%	0.83%	1.42%								

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

Op Ex Steering Committee Dashboard for ACHN



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



COOK COUNTY
HEALTH

Op Ex Steering Committee Dashboard for ACHN

DOMAIN WORKGROUPS	Metrics															2024	YTD 2025	% in change	Q1-2025	
PATIENT EXPERIENCE TOP BOX SCORING		Stretch		Quarterly	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25				
	Target	Target	Baseline	Improvement Expected																
Increase Rolling 12-month Staff worked together for you	68.08	69.78	65.66	0.61	64.10	64.08	64.43	64.52	64.39	64.51	64.30	64.46	64.52	64.85	64.83	65.47	64.85	65.97	1.7%	-0.3
Increase Monthly Staff worked together for you					63.11	63.83	67.96	65.71	63.30	64.66	65.15	66.02	65.07	69.70	65.06	67.04				
Increase Rolling 12-month Care Provider Addr. Concerns/Worries		Stretch		Quarterly	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25				
	Target	Target	Baseline	Improvement Expected																
Increase Rolling 12-month Care Provider Addr. Concerns/Worries	67.54	69.13	65.62	0.48	64.70	64.56	64.96	65.16	65.40	65.25	65.34	65.64	65.73	65.85	65.82	66.40	65.85	66.44	0.9%	0.3
Increase Monthly Care Provider Addressing Concerns/Worries					65.31	62.62	69.27	67.32	67.15	64.07	65.47	67.72	65.87	68.99	66.32	66.58				
Increase Rolling 12-month Care Provider Explains Prob/Condition		Stretch		Quarterly	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25				
	Target	Target	Baseline	Improvement Expected																
Increase Rolling 12-month Care Provider Explains Prob/Condition	66.39	68.36	64.47	0.48	64.96	64.97	65.30	65.61	65.78	65.69	65.56	65.88	65.93	65.97	65.88	66.34	65.97	66.16	0.3%	1.2
Increase Monthly Care Provider Explains Prob/Condition					65.28	64.04	69.01	68.04	66.74	63.72	64.57	68.75	64.81	68.23	65.77	66.62				
HEDIS		Stretch		Quarterly	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25				
	Target	Target	Baseline	Improvement Expected																
Increase Rolling 12-month Breast Cancer Screening Rate	55.00	58.40	53.30	0.43	54.30	53.70	53.30	52.80	53.20	54.50	54.40	53.90	53.30	53.90	59.70	59.50	50.50	59.50	17.8%	5.8
Increase Rolling 12-month Hypertension Management Blood Pressure <140/90 for patients					59.20	59.90	60.00	60.40	60.10	59.60	58.90	57.50	56.50	55.40	55.70	55.00	52.80	55.00	4.2%	-1.6
Empanelment																				
Increase Rolling 12-month Empanelment of Engaged / Affiliated Patients	119,061	121,965	116,157	1,452	104,969	106,579	108,035	109,254	110,470	111,740	112,937	114,294	115,286	116,157	117,205	117,023	116,157	117,023	0.7%	-586.0

Data Definitions & Legend Reference

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



Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 14, 2025

ATTACHMENT #4

Regulatory Updates

March 2025

Joint Commission Survey-Provident

- ❑ Assessment visit on Tue, Mar 4 related to Incident that took place in the ED in Feb 2025.
 - Surveyor spent about a half-day on-site and received a tour of the ED
 - Review of security processes, staff training and documentation was completed
 - Await follow up report

Preparedness:

- ❑ **Mock survey for Stroke prep** took place on Jan 30 & 31
 - Mock Survey Report and Action Plan Tracking Tool went out on Feb 18
 - Stroke Leadership completed follow up on deficiencies on Feb 26 & 28
 - Tracers continue weekly (this is our 4th week of running)
- ❑ **2025 National Patient Safety Goal (NPSG) Posters**
 - **11x17**, branded for CCH
 - Currently have 100 copies in **color and laminated**
 - For all Surveyable units – Being distributed now

Imminent Surveys:

- ❑ **Stroger, IDPH Outpatient Dialysis**, re-Certification survey (*Every three (3) years*)
 - Window, August – December 2024. **Expected at any time**
 - Expect 2-3 Surveyors for 1 day

Regulatory Updates

March 2025

Imminent Surveys cont...

- ❑ Stroger, **TJC Primary Stroke Center (PSC) providing mechanical thrombectomies**, re-Certification survey (*Every two (2) years*)
 - Window, January 10 – April 10, 2025
 - 1 Surveyor for 2 days. We will receive a 7-business day notice (semi-unannounced)

Upcoming Surveys:

- ❑ Stroger, **TJC Health Equity (HCE) Certification** survey
 - Preparation underway, planned ready date, June 10
 - 1 Surveyor for 2 days
- ❑ Stroger, **ACS MBSAQIP Bariatric Accreditation**, Certification survey
 - Preparation underway, planned survey date is Friday, July 11
- ❑ Stroger, **ACS Trauma Center** Certification
 - Preparation underway, planned survey date is Aug 13-14, Wed-Thu (virtual site visit)
- ❑ Stroger, **IDPH EMS Resource Hospital site survey**
 - Some equipment updates are expected
 - Will be ready late fall 2025 or early spring 2026