

CCH Monthly Report



Item #: 23-2489

April 2023



COOK COUNTY
HEALTH

Administrative & Legislative Updates

Presented to the Cook County Health Board on March 31, 2023



COOK COUNTY
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Recognition



COOK COUNTY
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New Executive Leader

Donnica Austin-Cathey

Ms. Austin-Cathey has been named the Chief Hospital Executive for John H. Stroger, Jr. Hospital.

She has more than 25 years of experience in executive health care leadership, operations and service line management, as well as corporate compliance, strategy development and patient experience.

Ms. Austin-Cathey comes to CCH after serving as President of Holy Cross Hospital and Vice President of Operations, Acute Care Hospitals at Sinai Chicago.



UCLA Public Service Award

Dr. LaMar Hasbrouck

Congratulations to Dr. LaMar Hasbrouck, Chief Operating Officer, Cook County Department of Public Health, for being awarded the 2023 UCLA Public Service Award!

The award recognizes Dr. Hasbrouck's inspiring dedication to serving the public and his embodiment of the UCLA mission of public service. An award ceremony will be held on May 13.



NMQF 40 Under 40

Dr. Ashlea Winfield

Congratulations to Dr. Ashlea Winfield, Assistant Program Director, CCH Simulation Center and Emergency Medicine Physician, for being selected as a recipient of the prestigious National Minority Quality Forum (NMQF) 40 Under 40 Leaders in Minority Health award!

The award program celebrates the next generation of thought leaders focused on reducing health disparities.



Conference Scholarship

Hanna Paradise

Congratulations to Hanna Paradise, Child Life Specialist, Stroger Hospital, for being awarded the One-Person Program Conference Scholarship from the Association of Child Life Professionals!

Ms. Paradise was selected among many outstanding applicants to attend the ACLP conference where she will learn about the latest updates in the profession, hear from experts in multiple domains, and strengthen professional ties.



March Commitment to Excellence Awards

Thank you to the team members below for going above and beyond!

- **Dewayne Mack**
Materials Management

- **Sooby Joseph and Janet Weis**
Physical Therapy

- **Diane Creal**
ACHN

- **Maribel Tejeda**
Stroger Hospital

To nominate a colleague for a Commitment to Excellence Award

send an email to CTEA@cookcountyhealth.org.

Capital Improvements Update



Craig Williams

Interim Chief Administrative Officer,
Operations & Development



COOK COUNTY
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FY23 CIP Budget

Facility	Planning	Programmatic	Infrastructure	Grand Total
ACHN	\$350,000	\$1,000,000	\$1,932,500	\$3,282,500
CCDPH	\$2,000,000	\$50,000		\$2,050,000
Provident	\$5,638,169	\$3,581,000	\$13,397,970	\$22,617,139
Stroger	\$250,000	\$10,552,000	\$22,364,384	\$33,166,384
CCH			\$5,325,000	\$5,325,000
Grand Total	\$8,238,169	\$15,183,000	\$43,019,854	\$66,441,023

- FY23 budget is not inclusive of entire investment as projects are in various stages of design, planning, construction, etc.
- Funding will continue over multiple years
- While the investments are significant, the timeline for some projects are long. Our goal will be to ensure that CCH is beating deadlines for decision making and ensuring that we are actively prioritizing the most important projects

Infrastructure Improvement Highlights

FY23 Budget	Project
\$ 7,910,000	Polk Building Demolition
\$ 5,000,000	Provident Mechanical Systems Capital Renewal/Replacement Projects
\$ 4,322,800	Prov Hosp AHU Refurbishing
\$ 3,082,500	925 JHS - Elevator Modernization
\$ 1,500,000	269 Provident Sewer Replacement
\$ 900,000	JHS Roof Replacement Design (24071)
\$ 900,000	569 JHS Interior Signage / Life Safety
\$ 800,000	JHS Hospital MEP Upgrades
\$ 800,000	Healthcare Services Long-Term Plan_Ph 2
\$ 700,000	JHS Powerhouse MEP Upgrades
\$ 650,000	JHS Repl Three Clean Steam Generators
\$ 601,000	931 Provident - Parking Structure - Capital Renewals
\$ 600,000	JHS Main Loading Dock Modernization
\$ 550,000	JHS Upgrade Medical Gas Sys (Phase 1)
\$ 500,000	JHS BAS Replacement
\$ 500,000	Polk Decommissioning Project (B&G Relocation)
\$ 500,000	565 JHS Interior LED Lighting Replacement Phase I
\$ 474,523	Provident Elevator Modernization
\$ 460,000	JHS Fire Sprinkler System Evaluation

Major projects focused on bringing the mechanical systems, air handlers and other building infrastructure up to today's standards.

Construction on many of these projects will begin in late 2023. Examples:

- Provident Elevator Modernization
- Provident Dialysis RTU Replacement
- Stroger Glass Replacement
- Stroger Elevator Modernization

Stroger – Clinical Improvements

CIP Budget	EBS	Project	2023												2024												2025												2026											
			D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
			E	A	E	A	P	A	J	U	U	S	C	O	E	A	E	A	P	A	J	U	U	S	C	O	E	A	E	A	P	A	J	U	U	S	C	O	E	A	E	A	P	A	J	U	U	S	C	O
Stroger Hospital Campus																																																		
\$ 750,000	28129	JHS Hybrid/Robotic OR Upgrades	Tracking		Plan						Procure										Design							Procure							Construction							Closeout								
\$ 300,000	27994	PB 9th Floor Reconfiguration	Tracking		Plan						Procure										Design							Procure												Construction										
\$ 150,000	28009	Stroger Bicycle Rack Storage system	Tracking		Plan				Procure	Design				Procure							Construction																													
\$ 3,000,000	28128	Relocation of Mail Order Pharmacy	Tracking		Plan						Procure										Design								Procure												Construction									
\$ 300,000	27996	Stroger MRI Center Expansion	Tracking		Plan						Procure										Design								Procure												Construction			Closeout						
\$ 600,000	27914	JHS ED Expansion and Upgrades	Plan							Procure											Design								Procure												Construction		Closeout							
\$ 1,500,000	27912	JHS Emergency Entrance and Site Upgrades	Plan							Procure											Design								Procure												Construction		Closeout							
\$ 600,000	27911	Stroger Renovation of Sterile Processing Dept	Plan							Procure											Design								Procure													Construction		Closeout						
\$ 450,000	26952	JHS Lab Frozen Section Extension	Plan							Procure											Design								Procure														Construction		Closeout					
\$ 200,000	28126	JHS Cardiology/Cath Lab	Plan							Procure											Design								Procure														Construction		Closeout					
\$ 600,000	25935	JHS Overhead Paging System & Nurse Call System Replacement (JOC)	Procure							Design																																								
\$ 402,000	25940	Prof Bldg-Expansion of Vestibule/Replacement of Internal Entrance Doors	Design																																															
\$ 1,700,000	25243	559 JHS Parking Garage Upgrade	Procure																																															



Provident & Imaging – Clinical Improvements

CIP Budget	EBS	Project	2023												2024												2025												2026											
			D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N
			E	A	E	A	P	A	U	U	U	E	C	O	E	A	E	A	P	A	U	U	U	E	C	O	E	A	E	A	P	A	U	U	U	E	C	O	E	A	E	A	P	A	U	U	U	E	C	O
		Provident Hospital Campus																																																
\$ 100,000	28010	Provident Bicycle Rack Storage System	Tracking				Plan		Procure Design		Design		Procure Const.		Procure Const.		Closeout																																	
\$ 25,000	28003	Women's Pavilion at Provident	Tracking						Plan				Procure Design											Design														Constr												
\$ 25,000	28002	GI Suites at Provident	Tracking			Plan			Procure Design								Design																																	
\$ 500,000	28001	BHC Critical Stabilization Unit	Procure Design			Design					Procure Const.		Construction				Closeout																																	
\$ 790,000	27918	Provident Hospital Ambulance Bay	Procure Design			Design					Procure Const.		Construction				Closeout																																	
\$ 400,000	23822	Behavioral Health Center Renovation/Replacement Project_	Procure Design			Design					Procure Const.						Construction											Closeout																						
\$ 1,500,000	26763	Provident Paging Nurse Call	Procure Const.			Construction											Closeout																																	
\$ 241,000	26732	Provident Pharmacy Renovation	Procure Const.						Construction								Closeout																																	
		CCHHS Clinic Projects																																																
\$ 500,000	28005	OP Imaging Center at Belmont	Tracking				Plan						Procure Design																									Construction												
\$ 500,000	28004	OP Imaging Center at Arlington Heights	Tracking				Plan						Procure Design																									Construction												



Approved FY23 Capital Equipment

Priority Capital Investment	Est. Cost (Millions)	Oper.	Emergency	CEP	Lease
O Arm	\$ 1.00				\$ 1.00
Stealth Station	\$ 0.50				\$ 0.50
Linear Accelerator	\$ 3.50				\$ 3.50
Robot for Surgery	\$ 2.50				\$ 2.50
Update CT Scans to at least 128 & get 1 360 slicer	\$ 2.25				\$ 2.25
Mobile MRIs	\$ 1.20				\$ 1.20
Service Line Priorities	\$ 1.00		\$ 1.00		
Pet CT Scan	\$ 1.00				\$ 1.00
Fluro Tables	\$ 1.20				\$ 1.20
PACS Storage	\$ 0.90	\$ 0.90		\$ -	
Endoscope Replacement (Phase 2)	\$ 2.00			\$ 2.00	
Stroger Parallel Panel Power	\$ 0.75			\$ 0.75	
Nursing	\$ 4.18	\$ 2.22			\$ 1.97
Desktop replacement	\$ 7.70	\$ 7.70			
Workstation on Wheels	\$ 0.81	\$ 0.81			
Other IT	\$ 2.60	\$ 2.60			
Purchase Timing	\$ (1.00)				\$ (1.00)
FY23 Approved MEP Capital	\$ 32.09	\$ 14.23	\$ 1.00	\$ 2.75	\$ 14.12



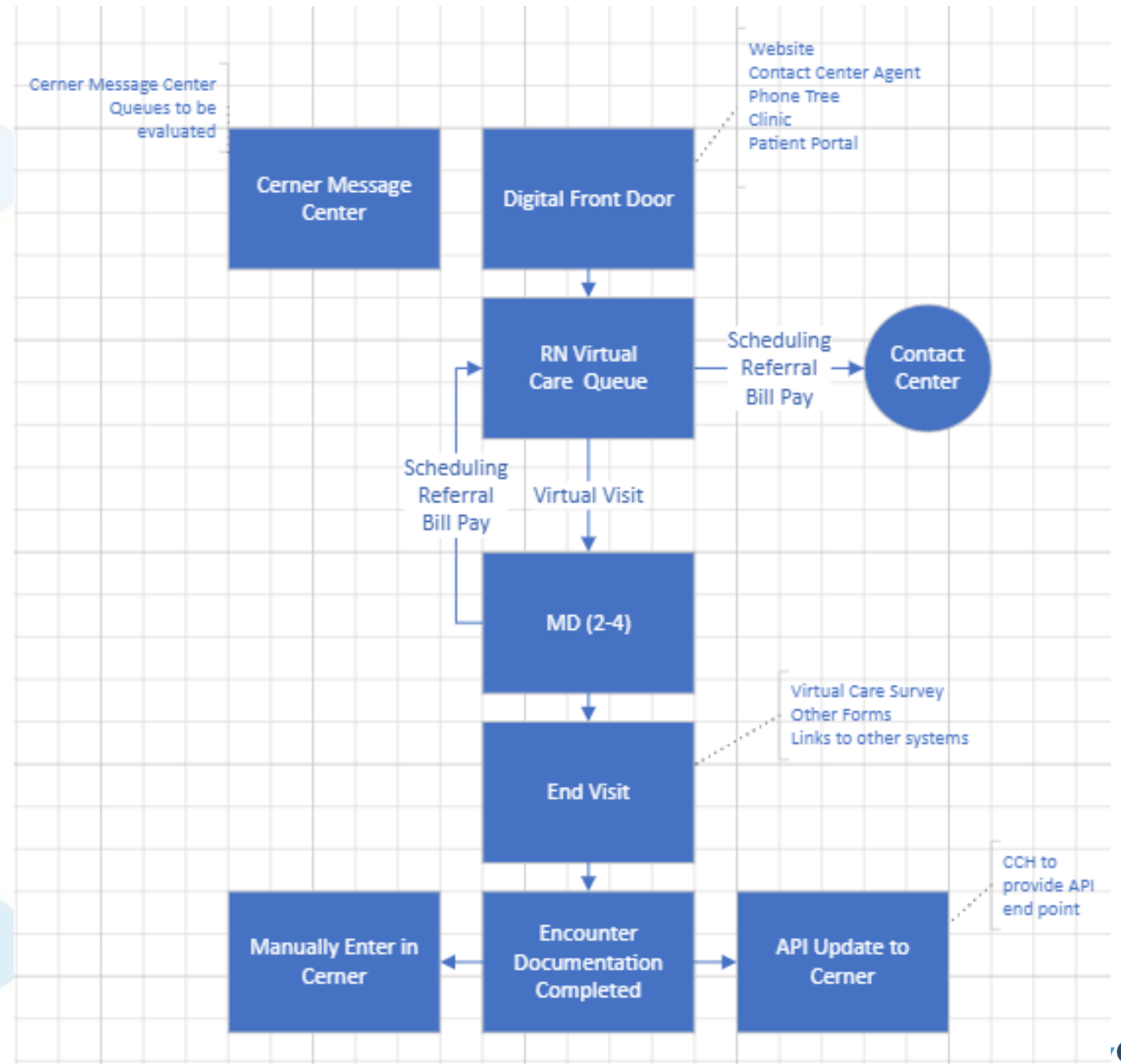
Next Steps for FY23

- Execution of Plan
 - Operations/Finance/Nursing to collaborate on acquisition of approved capital items through the contracting and purchasing process.
 - Continue HIS IT refresh implementation
- Operations to manage CIP plan and re-allocation needed
 - FY23 CIP prioritization discussions underway
 - FY24 CIP requests due starting March 31
- Operations/Finance/Strategy to refine long term plan for both CEP and CIP

Virtual Care

Nurse Triage and Urgent Care

- Open access
- Immediate appointments
- Consistent and quality experience
- Scalability (thousands of calls a day/100+ programs)
- Nurse Triage - Contact Center coordination
- Relieve clinic overload
- Message Center backlog
- Data flows to Cerner



Graduate Medical Education DEI Initiatives



Shannon E. Andrews, Chief Equity & Inclusion Officer
Dr. Claudia Fegan, Chief Medical Officer



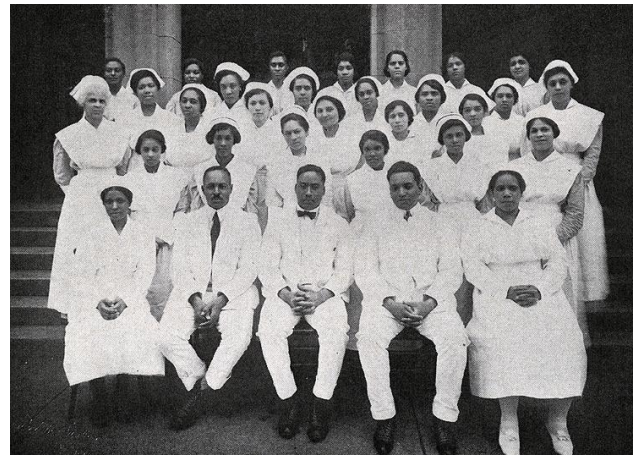
**COOK COUNTY
HEALTH**

A Legacy of Education & Training

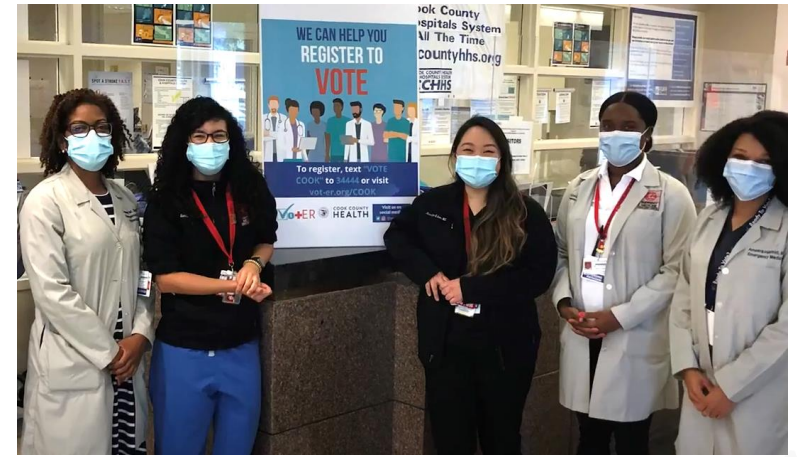
- The **first medical residency** in the US was created at Cook County Hospital in 1866
- CCH trains more than **440 residents and fellows** annually
 - CCH offers the largest single-site internal medicine residency in the US, training **131** IM residents
- Approximately **1 in 3** CCH attendings trained at CCH
- CCH GME created a Diversity, Equity & Inclusion Subcommittee to foster support and development for GME faculty and create supportive programming for Underrepresented in Medicine (URIMs) residents and fellows



*Surgery Amphitheatre at
Cook County Hospital, 1890s*



*Residents and nurses at Provident Hospital, the first
Black-owned/operated hospital in the US, 1932*



*Cook County Health EM attendings and residents
spearheading a "VotER" registration campaign, 2020*

GME DEI Subcommittee Efforts Include:

- Year-round effort to recruit URiM candidates and support URiM residents
- Hosted URiM event in January 2023 to provide tours and information on the rich diversity of CCH
- Provided Implicit Bias Training for GME
- Establish Mentorship Program
- Enhance website/social media presence to highlight commitment to DEI as a recruitment priority
- Expand GME training to foster holistic informed approach to recruiting/interviewing candidates
- Conduct post match survey of all interviewed URiM candidates whether they match here or not
- Partner strategically with medical school chapters/groups of URiM medical student organizations (with an emphasis on local and HBCU institutions)
- Host CCH Graduate Medical Education Days: *Come See County, First Glimpse and/or Second Look*
- Host meet and greet events with URiM students and Program leadership

Graduate Medical Education Programs

RESIDENCY PROGRAMS

- Anesthesiology
- Dermatology
- Emergency Medicine
- Family and Community Medicine
- Internal Medicine
- Ophthalmology
- Oral and Maxillofacial Surgery
- Pediatrics
- Pharmacy
- Public Health & Preventive Medicine
- Radiology – Diagnostic
- Urology
- Wound Care & Burn

FELLOWSHIP PROGRAMS

- Cardiovascular Disease
- Colon & Rectal Surgery
- Emergency Medicine - Simulation
- Emergency Medicine - Ultrasound
- Gastroenterology
- Hematology/Oncology
- Hospice and Palliative Medicine
- Medical Toxicology
- Neonatology
- Pain Medicine
- Pediatrics
- Pulmonary, Critical Care and Sleep Medicine
- Surgical Critical Care
- Trauma
- Vitreoretinal Surgery

Match Day 2023

Select Departmental Highlights



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Graduate Medical Education : Department Highlight

Internal Medicine

Resident Trainee Program: AY 2023 to 2024 recruitment results

Match results release 3/17/2023

Program	URiM(n)	IMG non-Caribbean	AMG non URiM	Total
CCH Internal Medicine Categorical	51% (21)	46% (19)	3% (1)	41
CCH-Rush Primary Care	0		100% (4)	4
CCH combined programs	47% (21)	42% (19)	11% (5)	45

Of all URiM intake: 72% are AMG (MD =14/DO = 7) and 28% are Caribbean IMG (6).

Of all URiM intake: 11 are American Hispanic or Latino and 10 are African American, essentially a 50/50 split

By July 1, 2023, 16% (21 out of 132) of all CCH internal Medicine trainees will be American URiM candidates.

National average across all IM trainees = 12%. We surpassed this in one recruitment cycle.

Internal Medicine Class of 2026



Acevedo, Bryan



Akpabio, Jessica



Alfar, Hadeel



Alvarez Florimon, Carlos



Ashimi, Rashidat



Bello, Jeremiah



Caputi Zuniga, Angelo



Cornejo Gonzalez, Diego



David, Elaine



De La Cruz, Frank



Del Pilar, Arnold



Fagbemi, Oladipo



Gayoso Liviac, Oscar



George, Lina



Guifarro, Daniel



Ibarra, Joshua



Ibrahim, George



Ike, Chidubem



Krueger, Jordan



Krueger, Noelle



Lewis, Cherese



Maciata, Wojciech



Malkani, Sharan



Mehlich, Anna

*Not all residents pictured

Internal Medicine Class of 2026



*Not all residents pictured

Graduate Medical Education: Department Highlight

Family Medicine

2023 By the Numbers

Applications: 1,000+

Interview: 120 (avg)

Class: 12 per year (3-year program: 36 in program annually)

- 2023 (Class of 2026) 9 URiM 3 Black men 3 Black women 1 Latino man 2 Latina women
- 2022 (Class of 2025) 8 URiM 1 Black men 3 Black women 1 Latino man 3 Latina women
- 2021 (Class of 2024) 10 URiM 1 Black man 7 Black women 1 Latino man 1 Latina woman
- 2020 (Class of 2023) 8 URiM 3 Black men 5 Black women
- 2019 (Class of 2022) 8 URiM 5 Black women 1 Latino man 2 Latina women

Family Medicine Class of 2026



Chioma Bush, M.D.
Wright State University



Nathan Davis, M.D.
Howard University



Tahyri Diaz, M.D.
Universidad Autonoma de
Guadalajara



Jhovany Gratia, M.D
Ross University



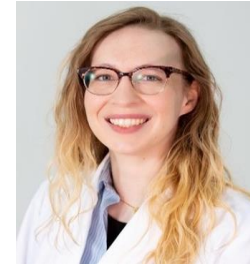
Ifeoma Ike, M.D.
Cooper Medical School



Lana Kammerer, M.D
Tulane University



Temitope Kolade, M.D.
University of Ibadan



Amelia Lerch, D. O.
CCOM Midwestern University



Daniela Montenegro, M.D.
Universidad Latina de Panama



Christian Rivera, M.D.
Universidad Autonoma de
Guadalajara



Jyothi Thippana, M.D.
Rosalind Franklin University



Steve Wilson, M.D.
Ross University

Graduate Medical Education: Department Highlight

Emergency Medicine

2023 By the Numbers

Applications: 1,300

Interview: 250

Class: 17

- URiM initiatives
- Residents from 13 different medical schools, 8 different states
- 9/17 from Chicagoland medical schools
- 9/17 were rotating residents

Emergency Medicine Class of 2027



Ryan Abbott
A.T. Still University



Ruthe Ali
Rush Medical College



Erica Dolph
University of Colorado



Ann Edlund
Loyola University Chicago



Samson Frendo
Rush Medical College



Brian Hizon
Rush Medical College



Abish Kharel
University of Wisconsin



Iris Lawson-Seebaran
Midwestern University CCOM



Kaiesha Lewis
Rosalind Franklin University



Maria Mercurio
Rosalind Franklin University



Megan Patton
Temple University



Dawn Penney
Philadelphia COM



Youry Pierre-Louis
Brown University



Amel Pineda
University of Illinois



Nanditha Ravichandran
Wright State University



Julia Sidor
Midwestern University CCOM



Rahma Tayyab
Rutgers University

Administrative & Legislative Update/Local

- As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues.
- Through March 24, CCH's Fresh Truck partnership with GCFD resulted in 441 visits to CCH health centers – Arlington Heights, Austin, Belmont Cragin, Blue Island, the CORE Center, Cottage Grove, Englewood, North Riverside, Provident/Sengstacke, Prieto, and Robbins.
- Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to 45,516 households, representing 150,394 individuals. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.
- On March 14, 2023, CCH appeared before the Cook County Health & Hospitals Committee and Dr. LaMar Hasbrouck, CCDPH COO presented the Monthly COVID-19 Vaccination Program Update.

Legislative Updates – State

The House and Senate are working towards their May 19 adjournment date. Before adjourning for a two week “spring break” the legislature is working to meet deadlines to pass bills out of the originating chamber; the House’s deadline was Friday, March 24 and the Senate’s deadline was March 31. CCH’s legislative priorities for 2023 include:

- [SB1670/HB2888](#) – Amends Freedom of Information Act (FOIA) to ensure that HIPAA protected information is not subject to FOIA requests.
- Status: SB1670 passed out of the Senate Executive Committee unanimously and with no registered opposition. We are working with stakeholders to address some concerns that have been raised and expect to file an amendment.
- [SB1953/HB2887](#) - Appropriations request for Equity and Representation in Health Care Act to fund scholarships and loan repayment for health care providers who work at Cook County Health or at Federally Qualified Health Centers.
- Status: The Governor’s proposed FY2024 budget includes \$3M in the Illinois Department of Public Health’s budget to fund the Equity and Representation in Health Care Act. We are working with the Illinois Primary Health Care Association to keep the \$3M in the budget that is drafted and passed by the Illinois General Assembly.
- [SB122/HB1570](#) – Expansion of the state Medicaid program that would provide Medicaid-like coverage to low-income adults 19-41 years of age, regardless of immigration status.
- Status: Healthy Illinois and their partners continue to advocate for this historic expansion that would make Illinois the first state in the nation to make Medicaid available for all low-income residents of the state.

Legislative Updates –State- (cont.)

- The Pritzker Administration launched the “Ready to Renew” campaign to educate and prepare Medicaid recipients, providers, and other stakeholders for the resumption of Medicaid redeterminations (renewals) that will start following the end of the federal Public Health Emergency. Toolkits with messaging, flyers, and other resources are available for download from the HFS website, and CCH and CountyCare will have branded materials available later this month.
- The most important action for current Medicaid enrollees to take right now is to ensure that their address and contact information are current – updates can be submitted online or by calling 1-877-805-5312 and selecting Option 8.
- Earlier this month, Governor Pritzker signed SB208, which passed during the January 2023 lame duck legislative session. PA 102-1143 requires nearly all employers in Illinois to offer at least 40 hours of paid leave annually to employees, to be used for sick time for themselves or a family member, vacation, or childcare. The change takes effect January 1, 2024.
- A new behavioral health workforce education center launched last month, which will be housed at Southern Illinois University’s School of Medicine, in partnership with the University of Illinois Chicago Jane Addams College of Social Work, the Illinois Board of Higher Education, and the Illinois Department of Human Services. The Center will combat shortages in the behavioral health workforce by addressing barriers to recruitment and training, collecting data on behavioral health needs, increasing workforce diversity, and expanding capacity of existing providers. CCH/CCDPH met with UIC to discuss opportunities for partnership and alignment.

Legislative Updates – Federal

- **FY 2024 Budget Process, Debt Limit and Entitlement Reform**

On March 9, President Joseph R. Biden released his proposed budget for FY 2024, which lays out his tax, spending, and policy priorities for the federal government. The budget release also formally starts the annual budget and appropriations process on Capitol Hill. As expected, congressional Republican leaders were quick to dismiss the proposals, and with a divided Congress, few, if any, are likely to be enacted.

Neither the House nor the Senate seem likely to go to the trouble of writing and passing a budget resolution of their own. In fact, talks between Senate Appropriations Chair Patty Murray (D-WA) and Ranking Republican Susan Collins (R-ME) and their House Counterparts, Chair Kay Granger (R-TX) and Rosa DeLauro (D-CT), have begun to hash out the top-line defense and domestic discretionary amounts, so that the real work of allocating funding to each agency and line item can begin.

Below are some of the FY2024 President’s Budget proposals for priority programs for CCH and other items of potential interest. In the coming months we will work with the County’s delegation and partners to promote and advance these priorities.

U.S. Department of Health and Human Services

- Ryan White HIV/AIDS Programs and Ending the HIV Epidemic Initiative, \$2.7 billion, \$125 million over current year.
- Community Mental Health Services Block Grant, \$1.7 billion, \$645 million over current year.
- Substance Use Prevention, Treatment and Recovery Block Grant, \$2.7 billion, \$700 million over current year.
- Public Health Infrastructure, \$600 million, \$250 million over current year.

- **Debt Limit and Threats to Medicaid**

While this has been the pattern for the past several cycles, the threat of a default on the national debt looms over the budget and appropriations process. The U.S. Treasury has announced that it has begun using “extraordinary measures” to cover payments on the debt and that their capacity to do so will run out some time this summer. Republicans have demanded deep spending cuts in exchange for voting to increase the debt ceiling, while President Biden and the Democrats are insisting on a clean debt limit increase. This adds a layer of uncertainty to the already fraught process.

It is worth noting that it is clear throughout the budget documents and in public statements from members of the Administration, that the President views health care as a right, not a privilege. He has also publicly committed not only to protecting Medicare, but also Medicaid, and aims to expand coverage and access. This is particularly important in what could be a high-stakes negotiation over the debt ceiling where cuts to Medicaid could be on the table.

Media Dashboard



Presented to the Cook County Health Board on March 31, 2023



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Earned Media Dashboard: February 21 – March 26, 2023



Total Media Placements

267



Total Reach

340.5M



Total Media Value

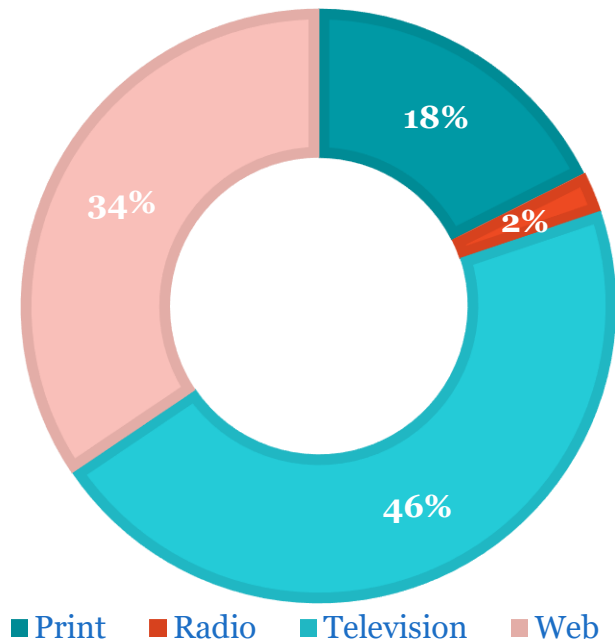
\$3.1M

Top 5 Local Media Outlets

1. *NBC 5 Chicago*
2. *Chicago Tribune*
3. *Fox 32 Chicago*
4. *WGN*
5. *WGN Radio*

Media Dashboard: February 21 – March 26, 2023

Media Outlet Type



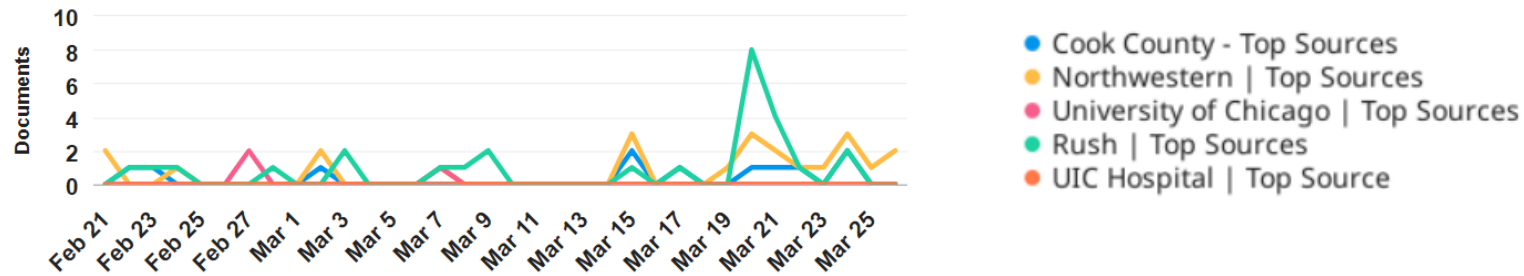
Most Common Topics

1. COVID anniversary
2. Fungal infections (Candida auris and Ophiocordyceps)
3. Mental health grants dispersal

Media Benchmarks

Top Chicago media outlets share of voice

Mentions Trend



Share of Voice by Search



Social Media Summary

February – March Activity

During February 21– March 26, 2023, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

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

Facebook – 70 posts

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

Twitter – 87

<https://twitter.com/CookCtyHealth>

Instagram – 62 posts (includes stories and IGTV)

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

LinkedIn – 58 posts

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

Social Media Summary

As of March 26

Twitter

- Impressions: **18.6K**
- Post Link Clicks: **38** (up **100%**)
- Engagements: **399** (up **10%**)
- Followers: **4,587** (up **17**)

LinkedIn

- Impressions: **58.8K** (up **30%**)
- Page Views: **1.8K** (up **18%**)
- Engagements: **5.0 K** (up **58%**)
- Followers: **10.6K** (up **299**)

Facebook

- Total impressions: **66.4K**
- Post engagement: **3.5K**
- Post reach: **25.3K**
- Page followers: **8,044** (up **97**)

Instagram

- Impressions: **26.5K** (up **13%**)
- Engagement: **792** (up **51%**)
- Profile visits: **748** (up **67%**)
- Followers: **3,034** (up **34**)

Finance Metrics



Presented to the Cook County Health Finance Committee on March 23, 2023



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Executive Summary: Statement of Financial Condition – January 31, 2023

- On an accrual basis, interim financials show that CCH ended January with a **\$59.8M favorable** variance to budget. On a cash basis, the County’s preliminary cash report on revenues and expenses shows a **\$148.8M unfavorable** variance primarily due to the timing difference of CountyCare PMPM payments impacting the revenue and claims payments impacting expenses.
 - Revenue Commentary:
 - **Favorable** NPSR variance to Budget due to receipt of prior year cost report settlement, higher IP volumes and higher than budgeted Directed Payments
 - **Favorable** variance to Budget due to higher than budgeted CountyCare membership
 - Expenditures:
 - Supplies and Purchased Services **favorable** variance to Budget due to lower than budgeted OP volumes
 - CountyCare claims **unfavorable** variance to budget due to higher than budgeted membership
 - CountyCare:
 - CountyCare is showing an operating gain of \$7.4M
 - Membership remains over 450,000, which is greater than the 416,567 budgeted

Financial Results – January 31, 2023

Dollars in 000s	FY2023 Actual	FY2023 Budget	Variance	%	FY2022 Actual (3)
Revenue					
Net Patient Service Revenue (1)	\$186,625	\$155,815	\$30,810	19.77%	\$158,740
CountyCare Elimination-Claims (1)	(\$13,096)	(\$17,912)	\$4,816	-26.88%	(\$17,662)
Government Support (2)	\$59,117	\$73,160	(\$14,043)	-19.20%	\$65,970
Adjusted NPSR	\$232,645	\$211,063	\$21,582	10.23%	\$207,049
CountyCare Capitation Revenue	\$478,029	\$478,355	(\$327)	-0.07%	\$431,547
CountyCare Elimination-Directed Payments (1)	\$0	(\$20,580)	\$20,580	-100.00%	(\$31,664)
Other	\$2,158	\$3,280	(\$1,122)	-34.20%	\$2,494
Total Revenue	\$712,832	\$672,118	\$40,714	6.06%	\$609,426
Operating Expenses					
Salaries & Benefits	\$120,652	\$121,293	\$641	0.53%	\$111,994
Overtime	\$9,007	\$9,130	\$122	1.34%	\$8,284
Supplies & Pharmaceuticals	\$25,285	\$29,010	\$3,726	12.84%	\$22,243
Purchased Services & Other	\$89,078	\$96,760	\$7,683	7.94%	\$96,298
Medical Claims Expense (1)	\$446,629	\$455,631	\$9,003	1.98%	\$406,913
CountyCare Elimination-Directed Payments and Claims (1)	(\$13,096)	(\$38,492)	(\$25,396)	65.98%	(\$49,325)
Insurance	\$4,880	\$6,320	\$1,440	22.78%	\$5,472
Utilities	\$2,108	\$2,022	(\$85)	-4.21%	\$2,391
Total Operating Expenses	\$684,541	\$681,675	(\$2,867)	-0.42%	\$604,270
Operating Margin	\$28,291	(\$9,557)	\$37,848	396.03%	\$5,156
Non-Operating Revenue	\$22,911	\$916	\$21,995	2401.81%	\$22,951
Net Income (Loss)	\$51,202	(\$8,641)	\$59,843	692.53%	\$28,107

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 FY23 budget.

Cook County Health

Volumes: January 31, 2023

Key Revenue Indicators

Patient Activity Stroger	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Jan 2023 Actual	Jan 2022 Actual
Average Daily Census *	302	240	25.8%	288	251		298	288
Emergency Room Visits	13,559	16,138	-16.0%	12,414	11,546		6,961	5,746
Surgeries	1,836	1,942	-5.5%	1,726	1,599		937	816

Patient Activity Provident	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Jan 2023 Actual	Jan 2022 Actual
Average Daily Census *	22	26	-15.8%	9	7		21	9
Emergency Room Visits	4,458	5,094	-12.5%	3,611	2,875		2,250	1,649
Surgeries	539	552	-2.4%	321	487		283	188

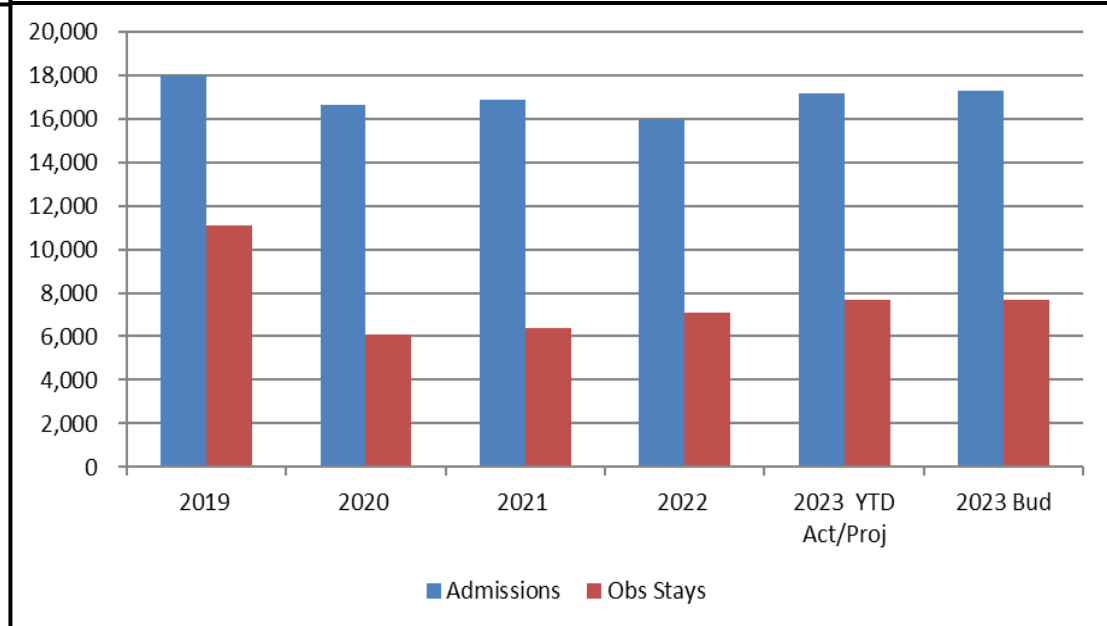
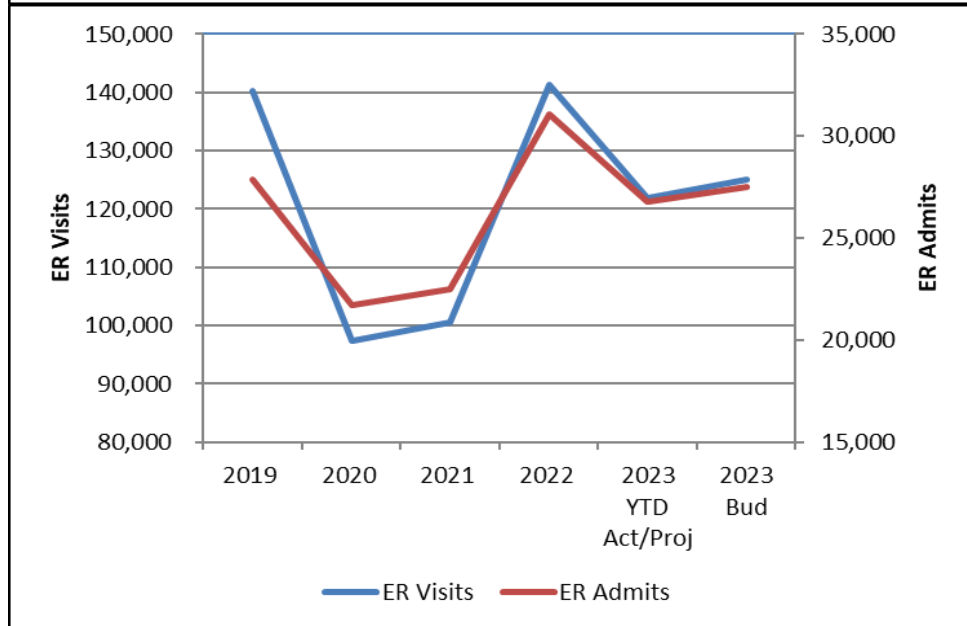
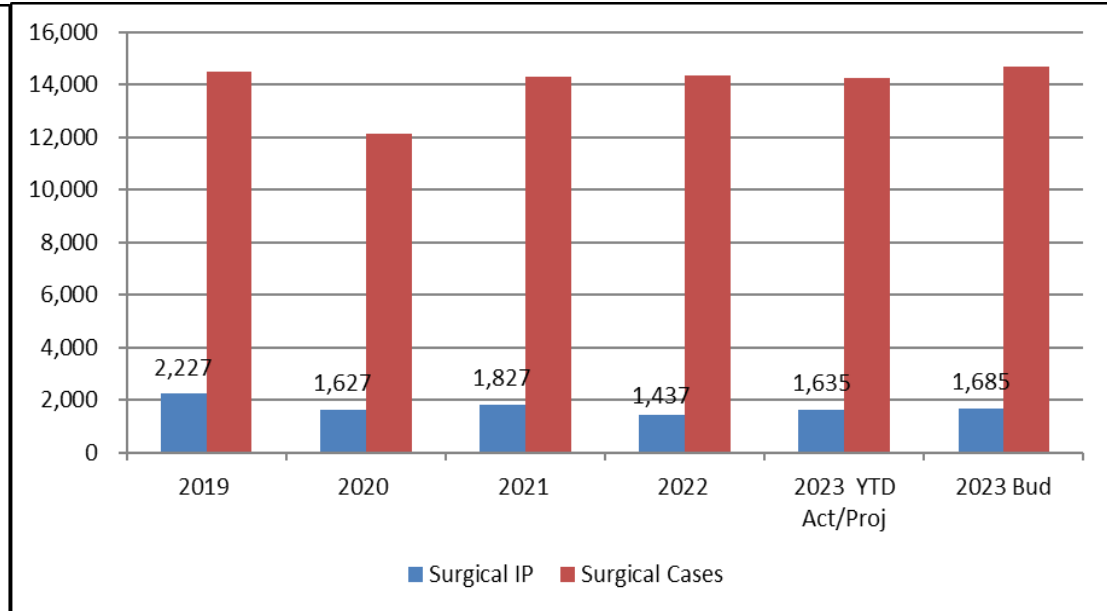
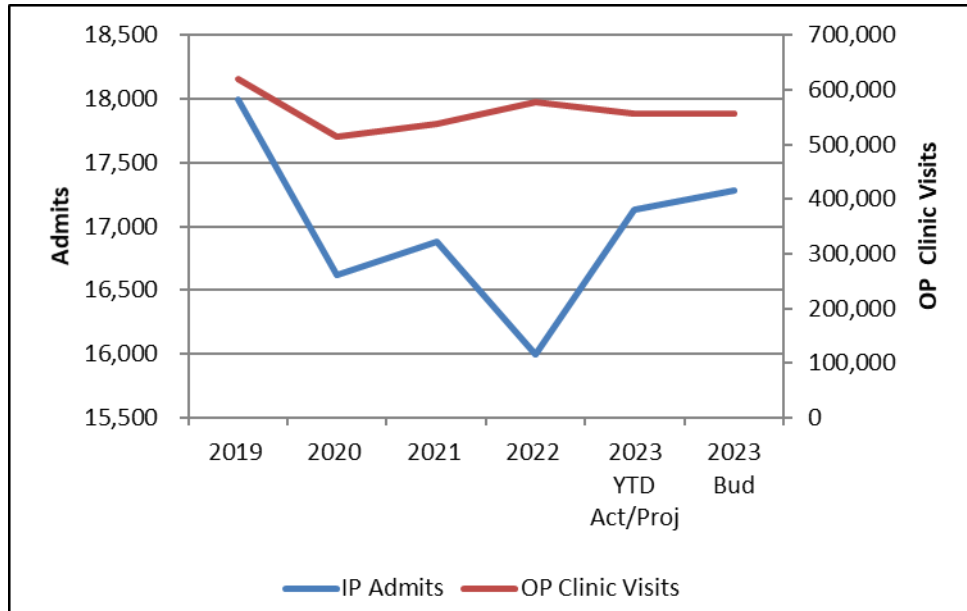
Patient Activity ACHN	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Jan 2023 Actual	Jan 2022 Actual
Primary Care Visits	37,090	47,842	-22.5%	34,065	37,523		19,072	16,642
Specialty Care Visits	58,448	46,542	25.6%	54,835	54,418		29,914	26,638

CountyCare Membership	2023 YTD Actual	2023 YTD Budget	%	2022 YTD Actual	2021 YTD Actual		Jan 2023 Actual	Jan 2022 Actual
Membership Count	449,367	421,523	6.6%	424,035	379,005		449,685	425,550

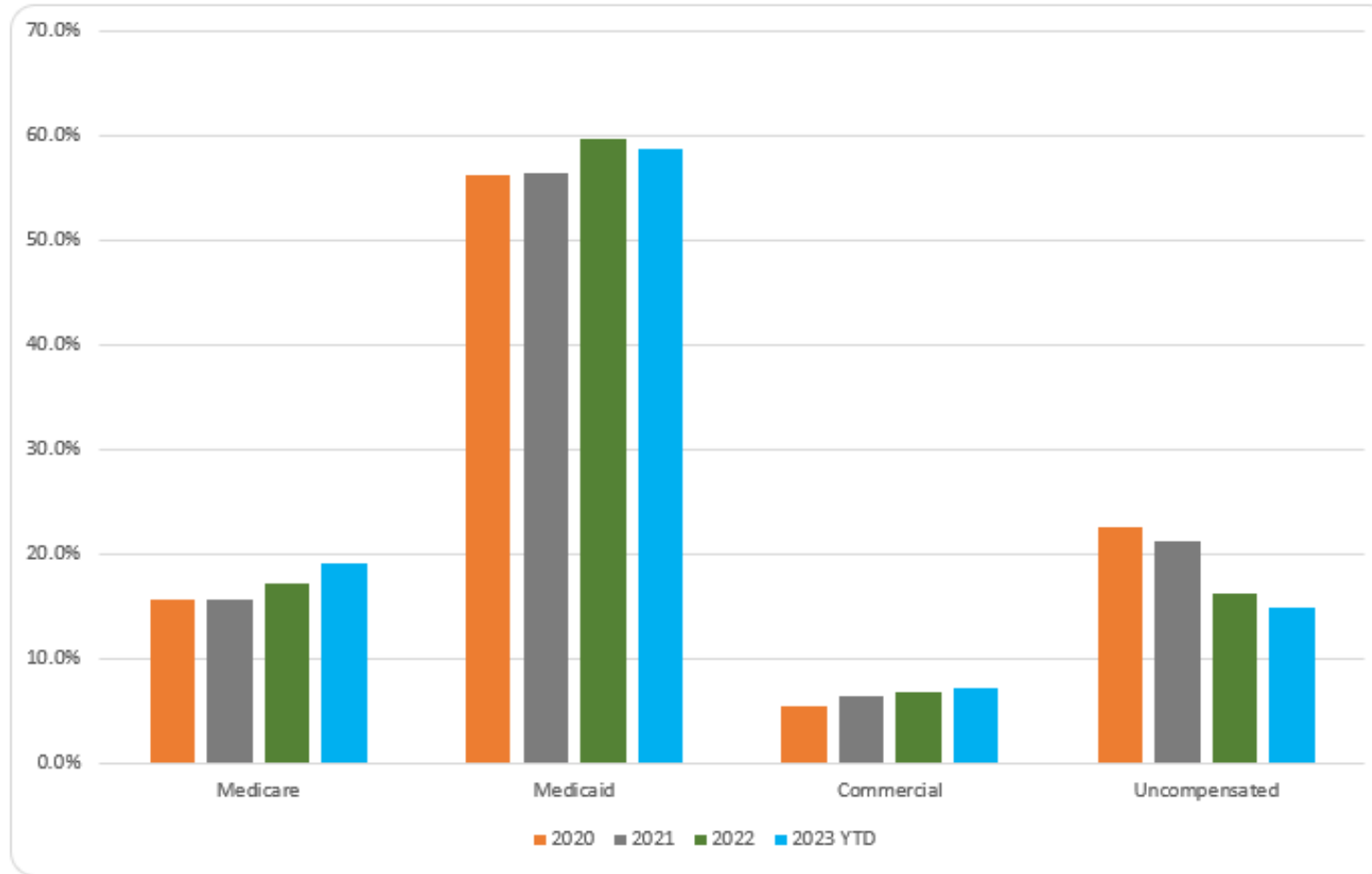
* Includes IP + Observations

Cook County Health

Operating Trends



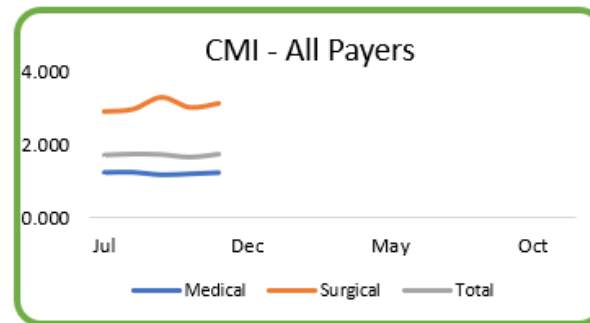
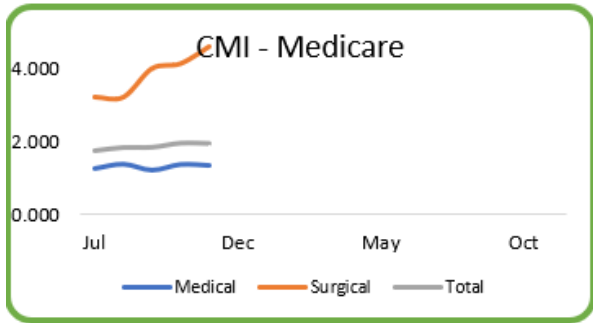
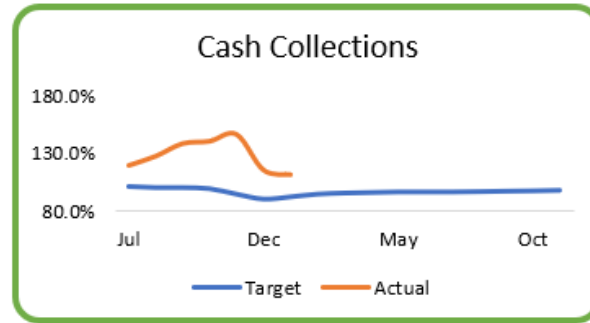
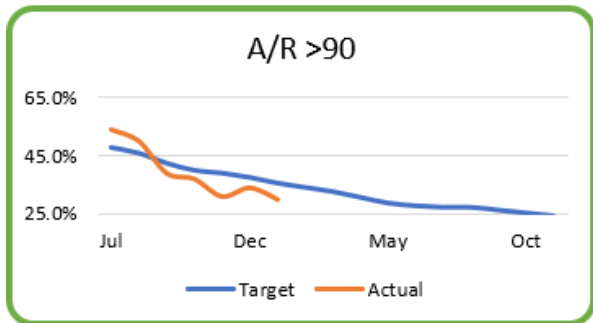
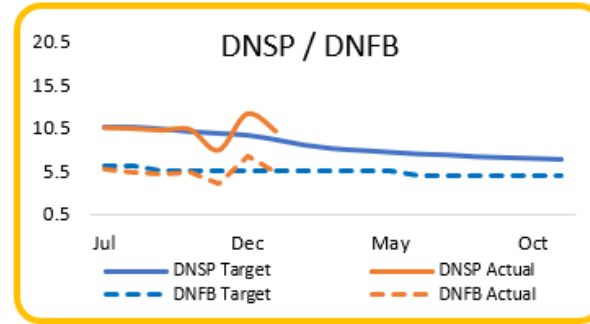
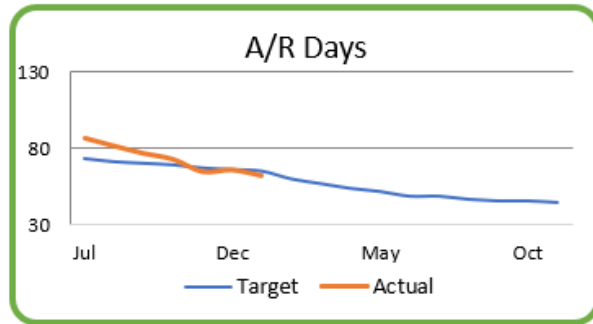
Payer Mix – YoY Comparison



Commentary

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

Revenue Cycle KPI Trending



Commentary

DNSP & DNFB are slightly off target due to a system issue identified mid-December where the system was not applying a semi-private room, resulting in an increase in these worklist of ~\$5M. The system issue is fixed, and the team is currently working through the effected accounts to correct.

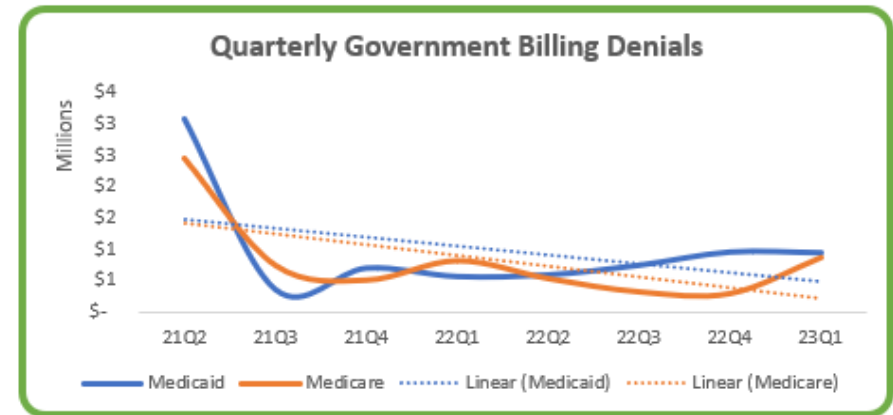
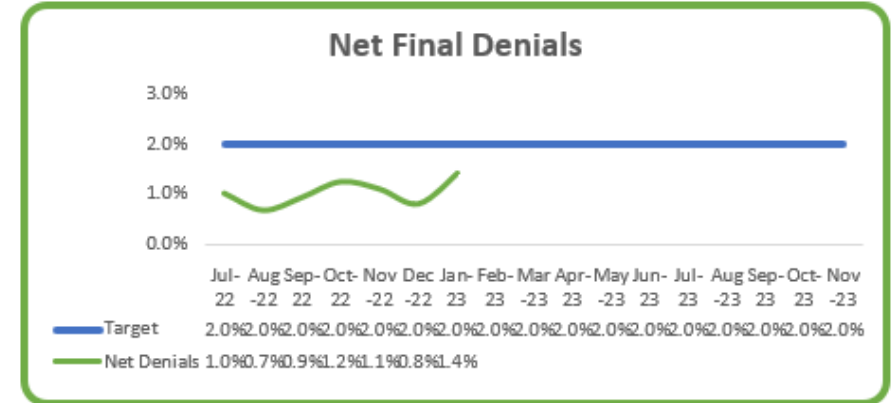
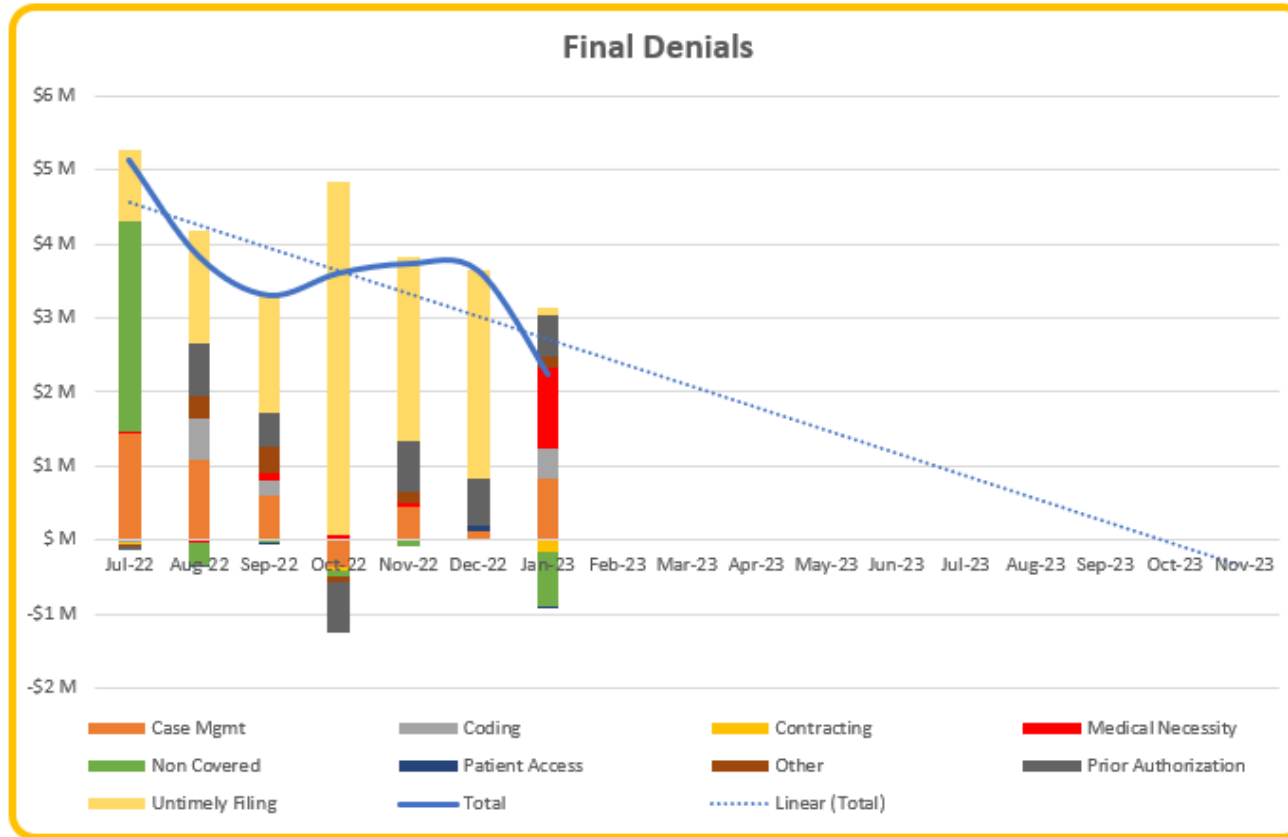
Definitions:

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

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

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

Denial Focus & Trending



Commentary

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

Cook County Health

2023 Charitable & Public Program Expenditures

Budget/Projection (\$000s)

	2021 Actual Net Benefit	2022 Actual Net Benefit	2023 Budget Net Benefit	2023 Act/Proj Net Benefit
<u>Charitable Benefits and Community Programs</u>				
Traditional Charity Care	\$ 162,626	\$ 122,499	\$ 120,232	\$ 150,442
Other Uncompensated Care	100,894	108,284	91,800	79,275
Cermak & JTDC Health Services	104,465	90,293	101,364	98,529
Department of Public Health	16,908	12,965	21,684	19,557
Other Public Programs & Community Services	68,750	66,321	62,138	62,138
Totals	\$ 453,643	\$ 400,362	\$ 397,217	\$ 409,941
% of Revenues *	38.6%	36.9%	34.5%	37.9%
% of Costs *	27.9%	22.0%	22.3%	22.5%

* Excludes Health Plan Services

Cook County Health

Savings Initiatives: January 31, 2023

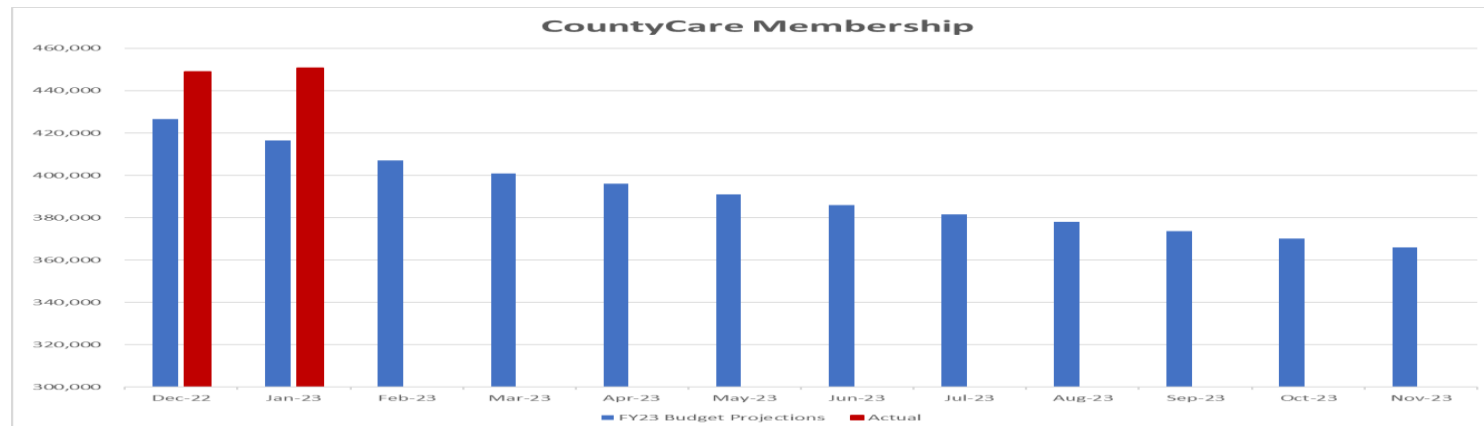
Current Activities in Progress	Budgeted FY23 Impact	YTD Jan Achieved	Status
<u>Revenue Cycle:</u>			
Chargemaster Review/Changes	3,200,000	533,333	●
Timely Filing	6,800,000	450,000	●
Coverage Accuracy	9,000,000	200,000	●
ACHN Coding Accuracy	5,100,000	300,000	●
AR Recovery	3,500,000	1,600,000	●
Self Pay Balance Support	1,700,000	200,000	●
Point of Service Collections	700,000	200,000	●
<u>County Care:</u>			
Vendor Contract Negotiations	12,500,000	1,000,000	●
<u>Health System:</u>			
Vendor Contract Negotiations	5,000,000	833,333	●
	<u>\$ 47,500,000</u>	<u>\$ 5,316,667</u>	11%
		Goal 2/12th	17%

Health Plan Services Financial Results – January 31, 2023

Dollars in 000s except PMPM amounts	FY2023 Actual	FY2023 Budget	Variance	%	Fy22 Actual
Capitation Revenue	\$480,182	\$457,775	\$22,407	4.89%	\$431,547
Operating Expenses					
Clinical - CCH	\$13,096	\$17,912	\$4,816	26.88%	\$17,662
Clinical - External	\$433,438	\$417,139	(\$16,299)	(3.91%)	\$389,252
Administrative	\$26,174	\$23,890	(\$2,284)	(9.56%)	\$19,948
Total Expenses	\$472,708	\$458,941	(\$13,767)	(3.00%)	\$426,861
Operating Gain (Loss)	\$7,475	(\$1,166)	\$8,641		\$4,685
Activity Levels					
Member Months	899,736	843,046	56,690	6.72%	848,023
Monthly Membership	450,666	416,567	34,099	8.19%	425,451
CCH CountyCare Member Months	83,458	N/A	N/A	N/A	88,231
CCH % CountyCare Member Months	9.28%	N/A	N/A	N/A	10.40%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$533.69	\$543.00	(\$9.31)	(1.71%)	\$508.89
Clinical Cost PMPM	\$496.29	\$516.05	\$19.75	3.83%	\$479.84
Medical Loss Ratio (1)	92.9%	95.0%	2.14%	2.25%	88.0%
Administrative Cost Ratio	5.4%	5.2%	(0.18%)	(3.39%)	5.0%

Commentary

- Total YTD member months are exceeding budget by 56,690 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare enrollment projected to exceed budget due to 50% auto-assignment as well as continued re-determination suspension.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Operating Gain of \$7.4M.



Notes:

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

Human Resources Metrics



Presented to the Cook County Health Human Resources Committee March 31, 2023



COOK COUNTY
HEALTH

FY23 Impact Summary - Hiring



Filled Positions

385

Total Filled Positions YTD (Accepted Offers or Hired)

85% Offer Acceptance Ratio (64 offers declined; reason #1 Personal Reasons)



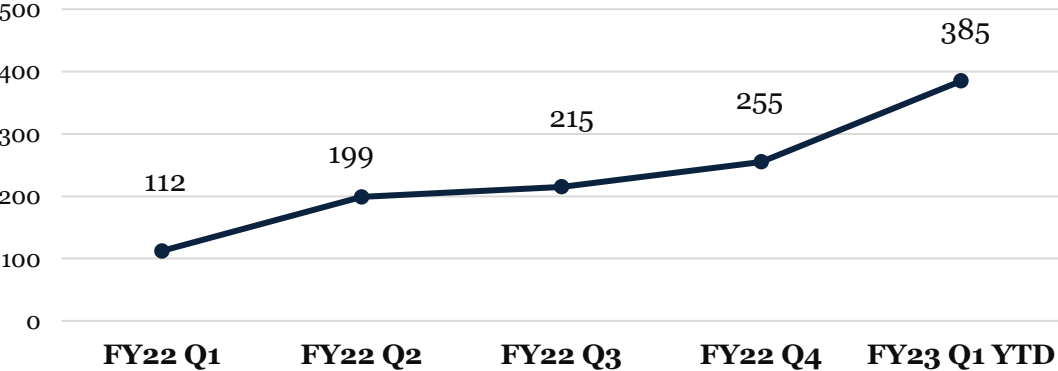
External Hiring Velocity

247

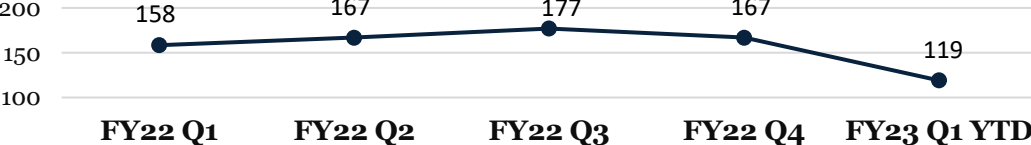
Total External Filled Positions (Accepted Offers or Hired)

119 days Overall FY23 Time to Fill (160 FY22 comparison)
• 158 External FY23 time to fill (159 FY22 comparison)

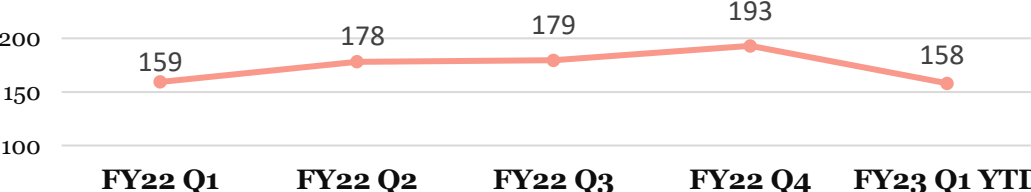
Quarterly Filled Positions



Overall Time to Fill (days) Quarterly

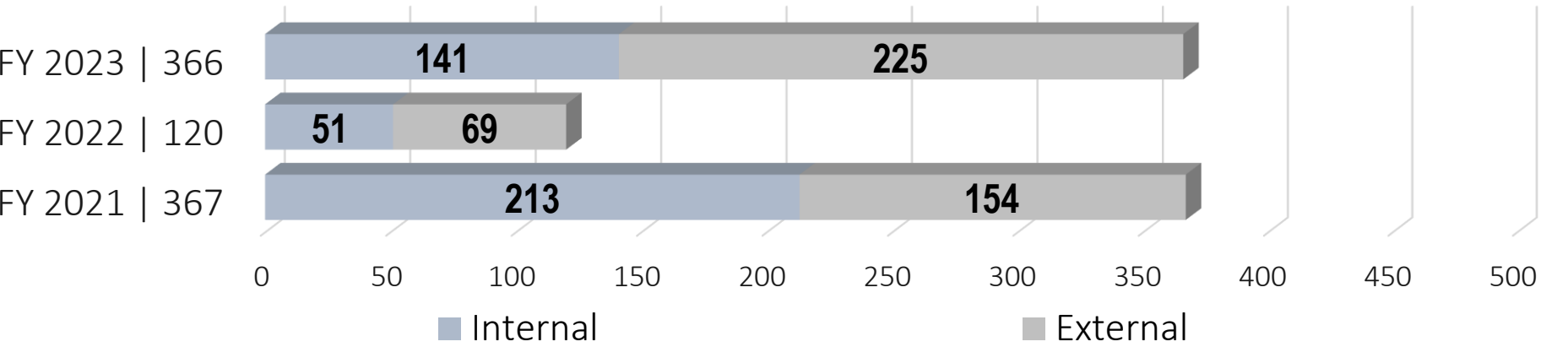
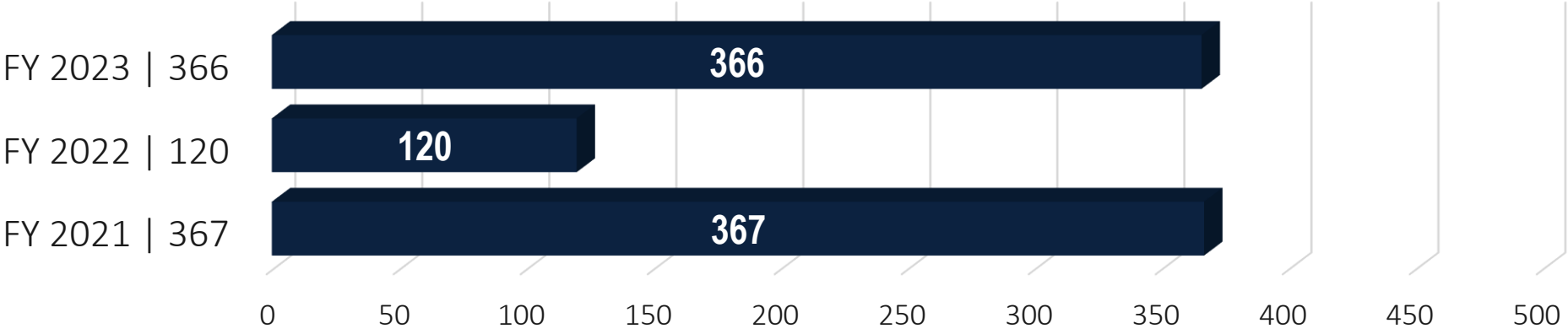


External Time to Fill (days) Quarterly



FY23 CCH HR Activity Report

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



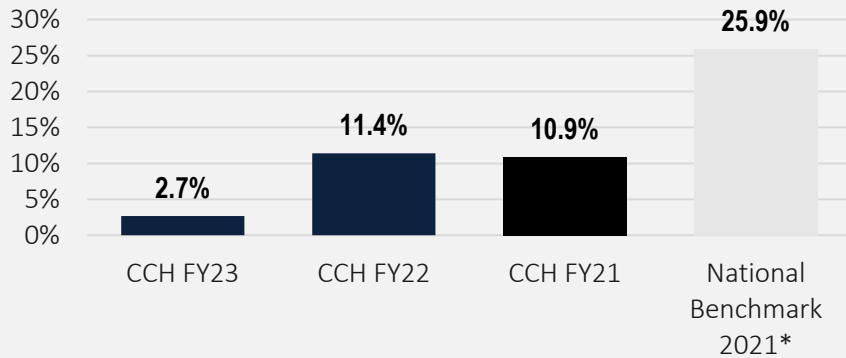
Does not include Consultants, Registry and House Staff

FY23 Impact Summary – Turnover & Separations

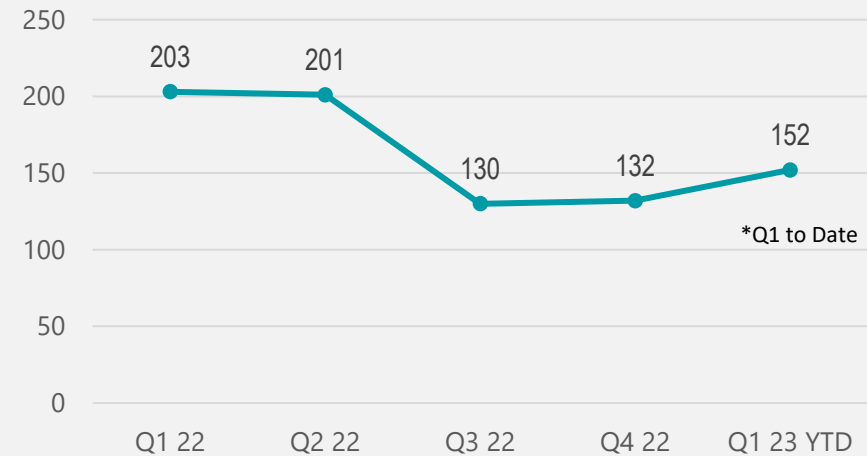
Turnover & Separations

2.7% YTD turnover

Turnover Benchmark



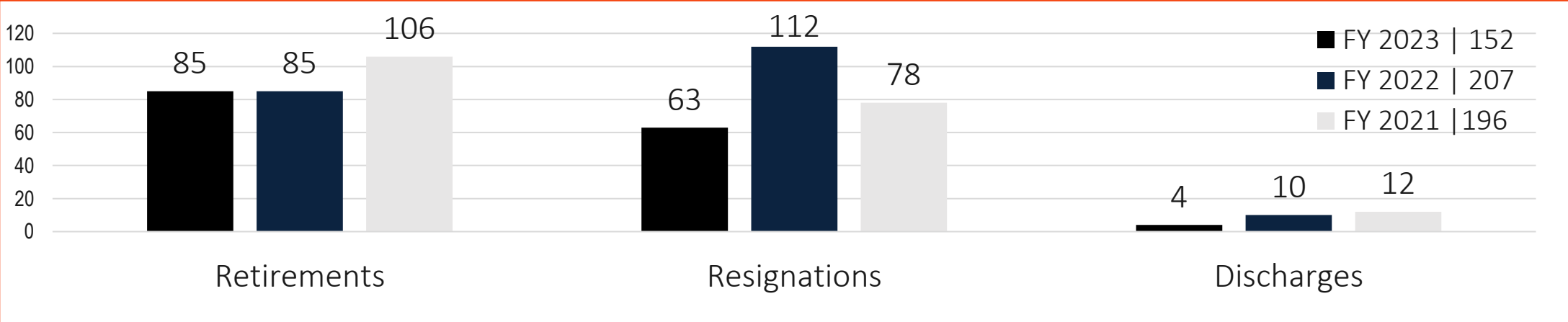
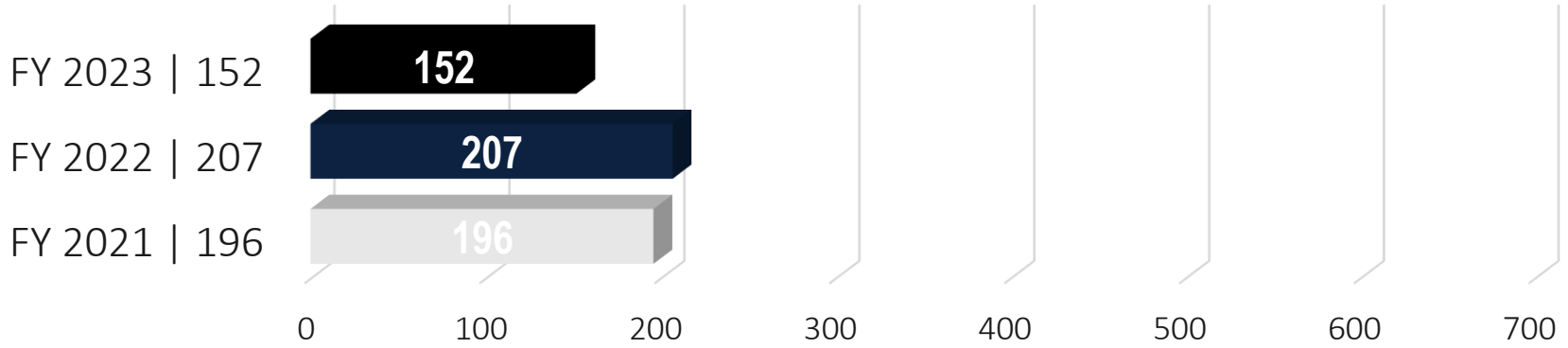
Separations FY23 YTD



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

FY23 CCH HR Activity Report

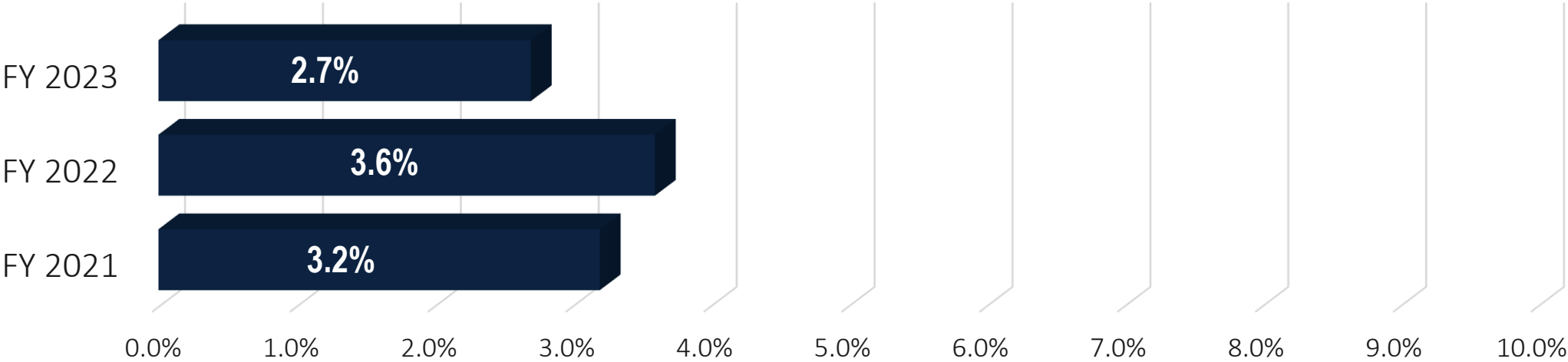
Separations – Dec through Feb Year-Over-Year



Does not include Consultants, Registry and House Staff

FY23 CCH HR Activity Report

Turnover – Dec through Feb YTD



FY21 YTD		
# of Employees	Separations	Turnover
6,071	196	3.2%

FY22 YTD		
# of Employees	Separations	Turnover
5,682	207	3.6%

FY23 YTD		
# of Employees	Separations	Turnover
5,610	152	2.7%

HR Optimization & Digitization

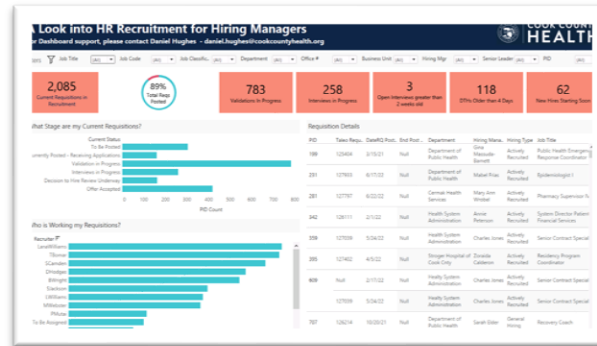
Hiring Manager Dashboard

Delivered July 2022

Automated reporting to provide hiring managers and staff transparency into recruiting process and status of their PIDs.

Benefits:

- *Data-driven goal setting*
- *Improved reporting accuracy*
- *Automated analytics*



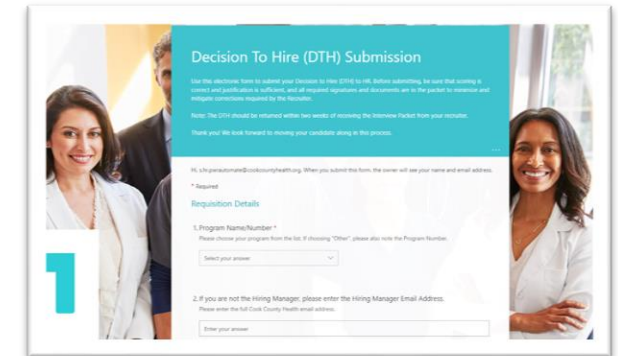
DTH Digitization

Delivered September 2022

Consistent and more efficient process to submit and complete Decision to Hire Requests, leading to increased hiring velocity.

Benefits:

- *Time savings*
- *Better tracking*
- *Performance metrics*



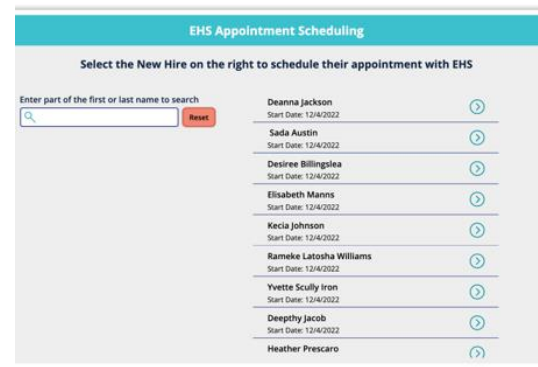
EHS Digital Apt. Scheduling

Launched January 2023

Technology solution for digitally scheduling appointments for New Hires with EHS.

Benefits:

- *Time savings*
- *Better tracking*
- *Improved onboarding experience*



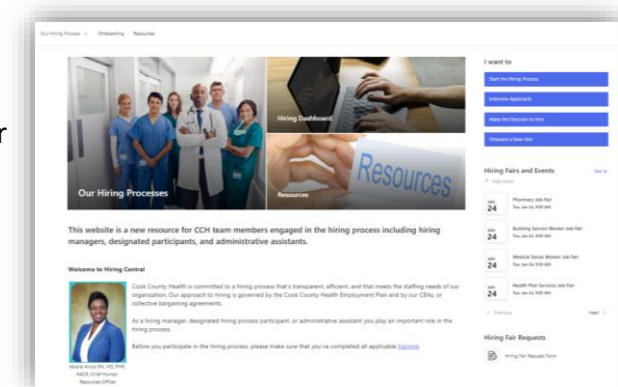
Hiring Central

Launched January 2023

SharePoint site providing simplified access to hiring steps and resources for employees involved in the talent acquisition process.

Benefits:

- *Time savings*
- *Increased hiring velocity*
- *Improved hiring experience*



HR Optimization Orientation Programs

Goals

- To connect New Hires and introduce the CCH purpose, culture, leadership, and strategic priorities
- CCH Orientation was updated to create an engaging and interactive experience for all new hires.

Key Deliverables



Presentation Pack
CCH Orientation Slides

- Content and activity slides for facilitator use in CCH Orientation



Onboarding Journal
New Hire Workbook

- Comprehensive workbook for New Hires to complete in session
- Onboarding Chart serves as a cheat sheet for New Hire onboarding activities



Facilitation & Logistics Guide

Detailed guides for Orientation

- Checklist to prepare for CCH orientation sessions
- Detailed facilitation guide for CCH Orientation
- Room set up and materials preparation

Impact



November 2022

- Long presentation style orientation session
- Individual handouts for information
- Limited activities throughout session

January 2023

- Launch refreshed CCH Orientation
- Interactive and engaging orientation
- Focused on creating purpose and value for New Hires

March 2023

- Review and update CCH Orientation following feedback
- Further streamline and enhance content

2nd Annual Provident Scholarship

Health Professionals Scholarship

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

Allied Health & Undergraduate Scholarship

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



Managed Care Metrics



Presented to the Cook County Health Board on March 31, 2023



COOK COUNTY
HEALTH

Current Membership

Monthly membership as of Mar 6th, 2023

Category	Total Members	ACHN Members	% ACHN
FHP	280,406	18,284	6.5%
ACA	124,439	18,300	14.7%
ICP	30,540	4,969	16.3%
MLTSS	8,712	-	0%
SNC	7,795	415	5.1%
Total	451,892	41,968	9.3%

ACA: Affordable Care Act
FHP: Family Health Plan

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



Managed Medicaid Market

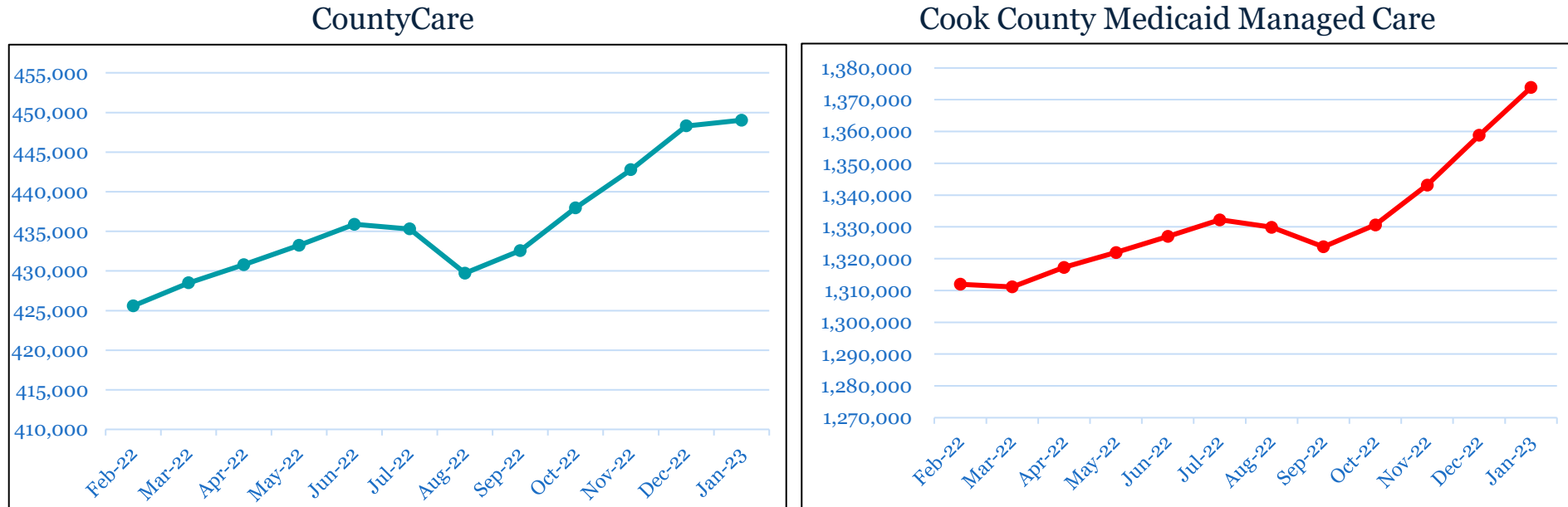
Illinois Department of Healthcare and Family Services January 2023 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	449,019	32.6%
Blue Cross Blue Shield	362,543	26.3%
Meridian (a WellCare Co.)	323,369	23.5%
IlliniCare (Aetna/CVS)	131,845	9.6%
Molina	102,185	7.4%
YouthCare	9,722	0.7%
Total	1,378,683	100.0%

* Only Operating in Cook County



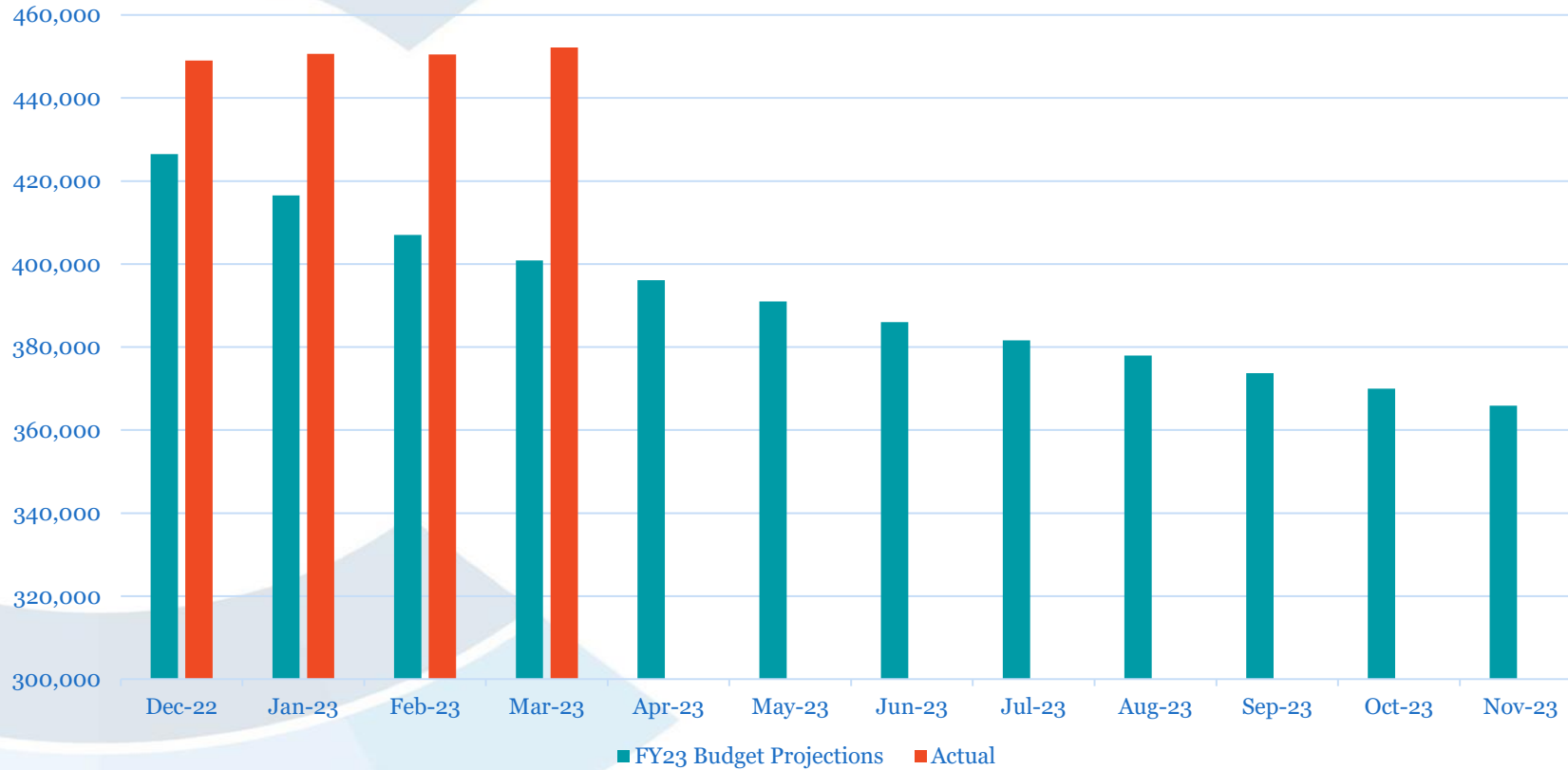
IL Medicaid Managed Care Trend in Cook County (charts not to scale)



- CountyCare’s enrollment has increased 6% over the past 12 months, ahead of the Cook County increase of 5%
- CountyCare’s enrollment increased 0.2% in January 2023 compared to the prior month, behind the Cook County increase of 1.1%

FY 23 Budget | Membership

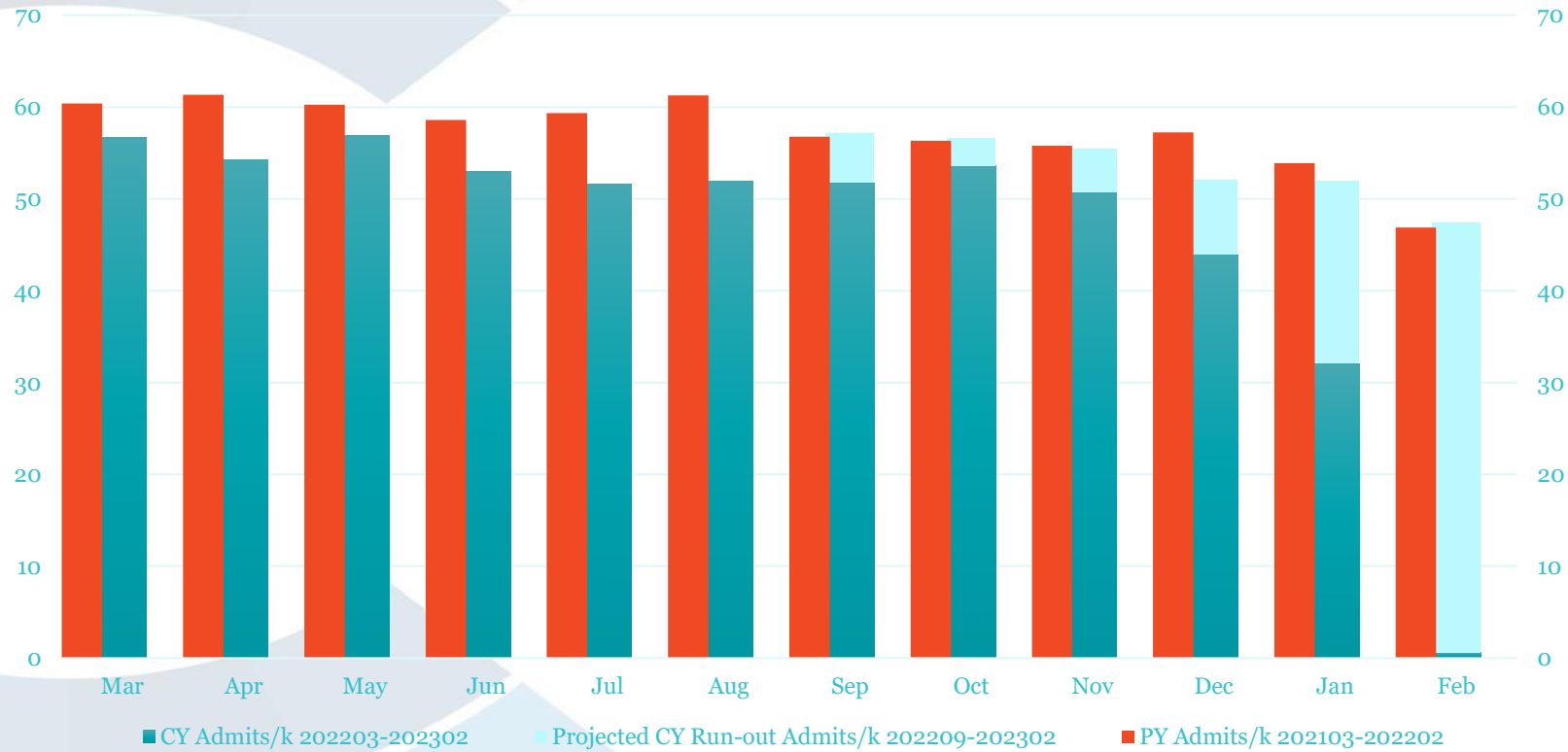
CountyCare Membership



Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Dec 2022	Jan 2023	Feb 2023
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	51,203	55,884	45,884
Abandonment Rate	< 5%	7.78%	7.51%	4.65%
Hold Time (minutes)	1:00	1:21	3:05	3:06
% Calls Answered < 30 seconds	> 80%	72.04%	71.42%	72.65%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v. Prior Year: IP Acute Admits/1000



Updated monthly, paid through February 2023
 All acute and surgical cases + approved acute authorizations
 Domestic admissions are not included since they do not require Prior Authorization



CountyCare COVID Vaccination Rates

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

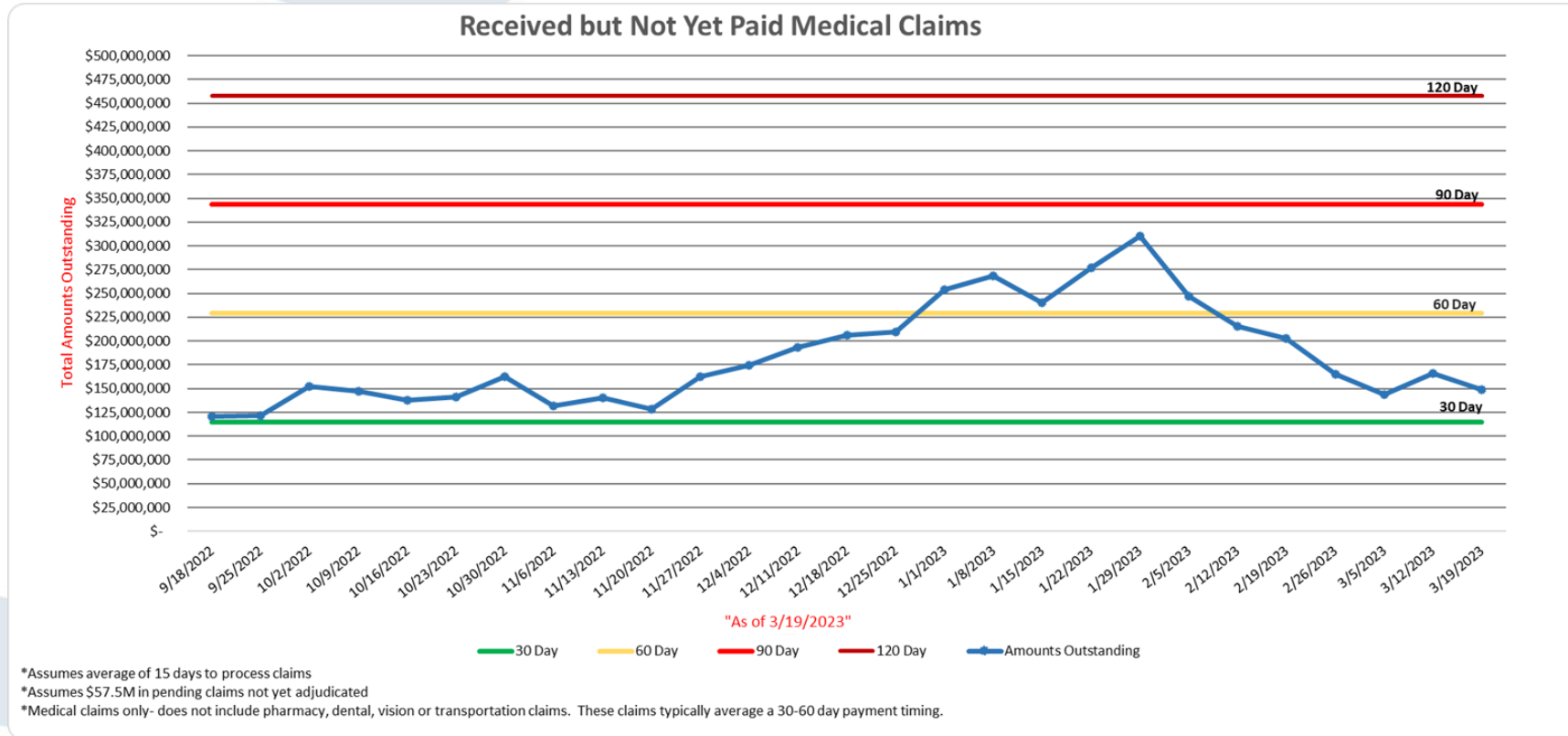
Data as of 3/14/2023

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

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

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

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
Q1 2022	\$ 144,241,915	\$ 12,166,101	\$ 2,958,928	\$ 2,183,828	\$ 161,550,772
Q2 2022	\$ 120,267,520	\$ 735,088	\$ 2,476,393	\$ 4,676,897	\$ 128,155,898
Q3 2022	\$ 105,262,634	\$ 16,617,110	\$ 59,407	\$ 15,171	\$ 121,954,322
Q4 2022	\$ 142,815,499	\$ 62,495,024	\$ 2,403,391	\$ 2,056,097	\$ 209,770,011
Week of 3/19/2023	\$ 129,236,761	\$ 16,144,271	\$ 2,894,035	\$ 328,686	\$ 148,603,754

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

Quality & Patient Safety Metrics



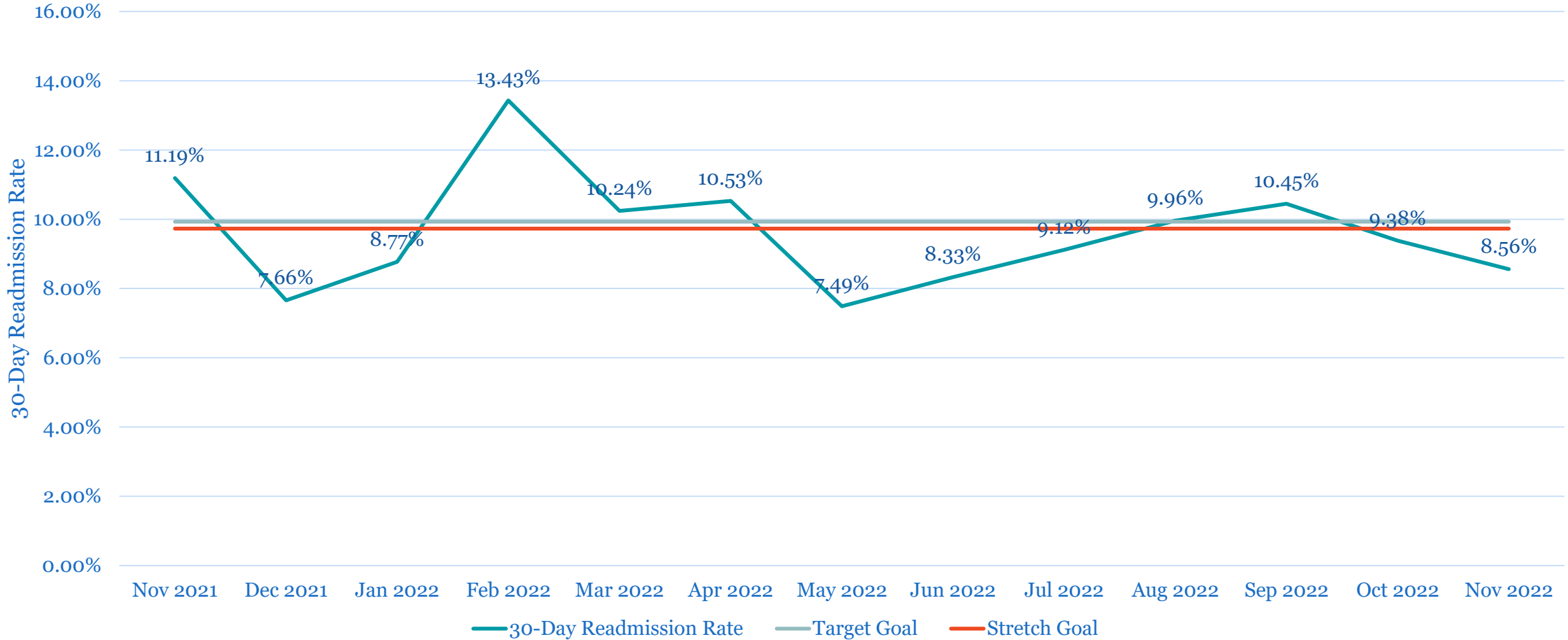
Presented to the Cook County Health Quality & Patient Safety Committee on March 23, 2023



COOK COUNTY
HEALTH

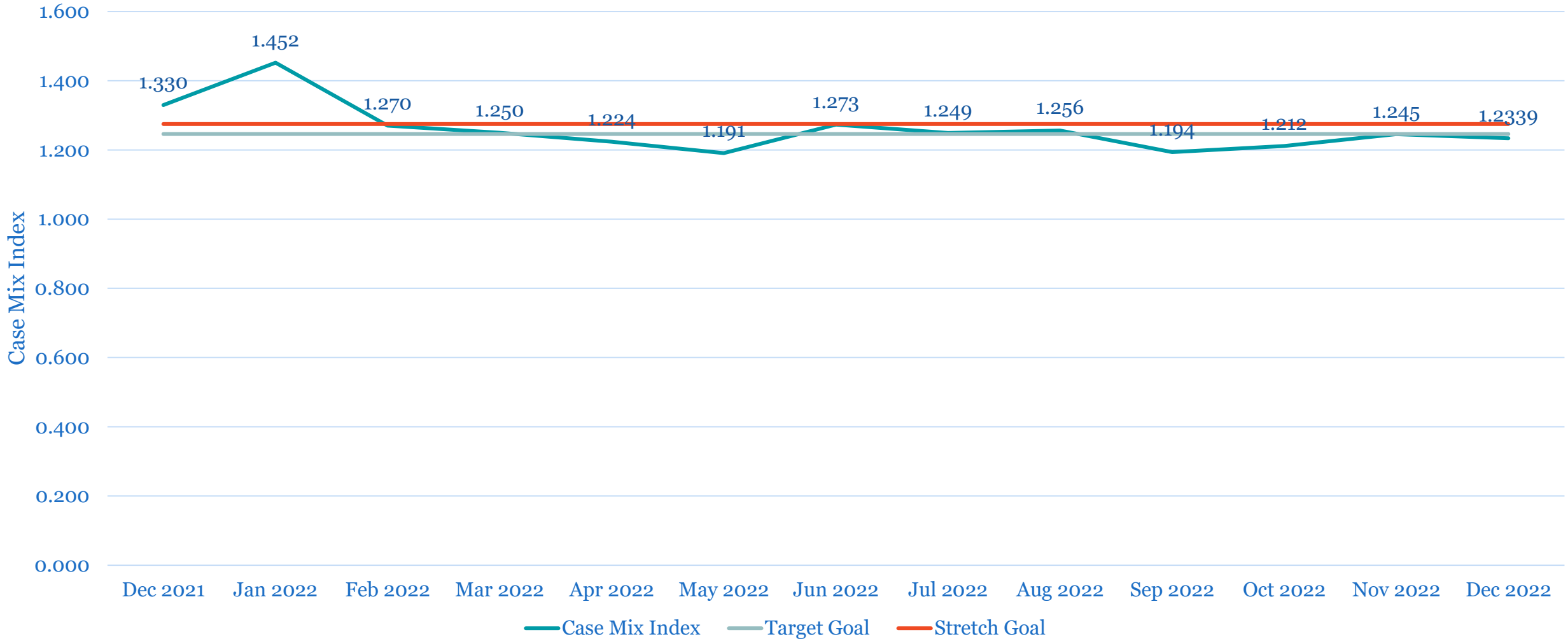
30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions



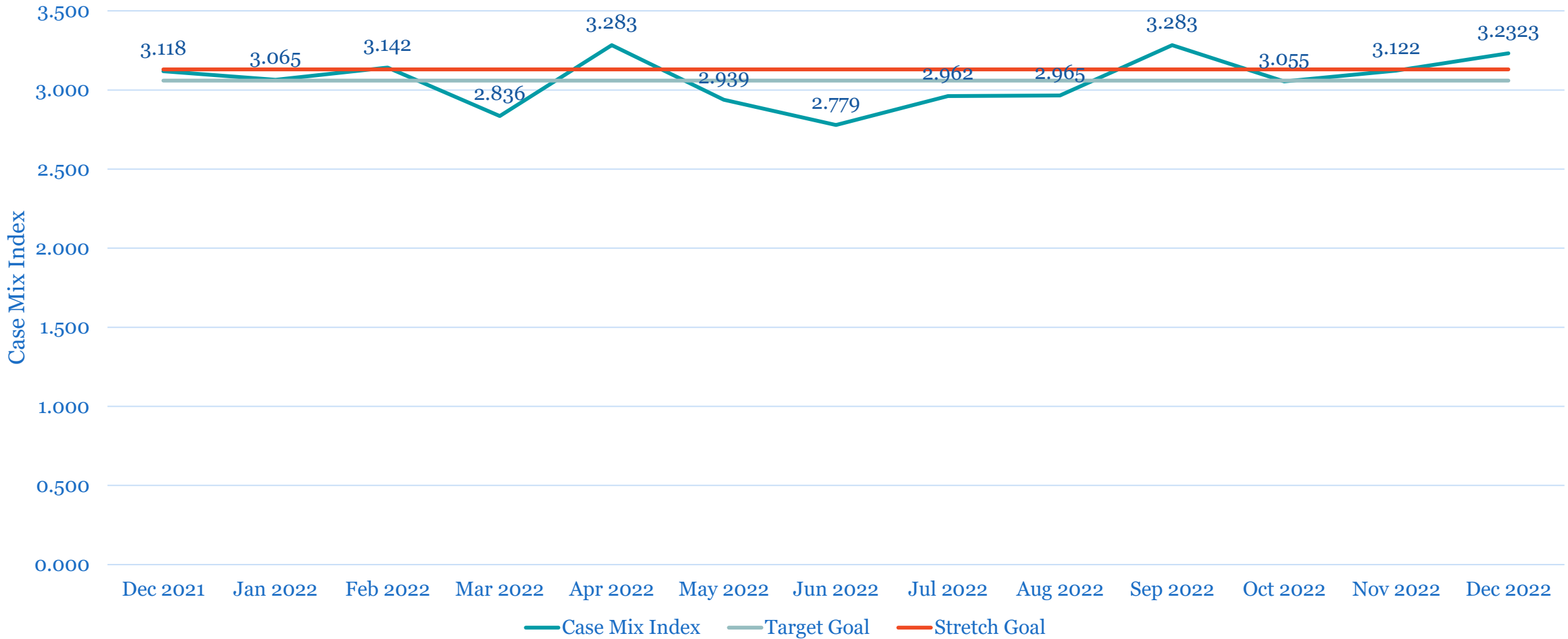
Case Mix Index, Medical Cases (Stroger Hospital)

HRO Domain: Clinical Documentation



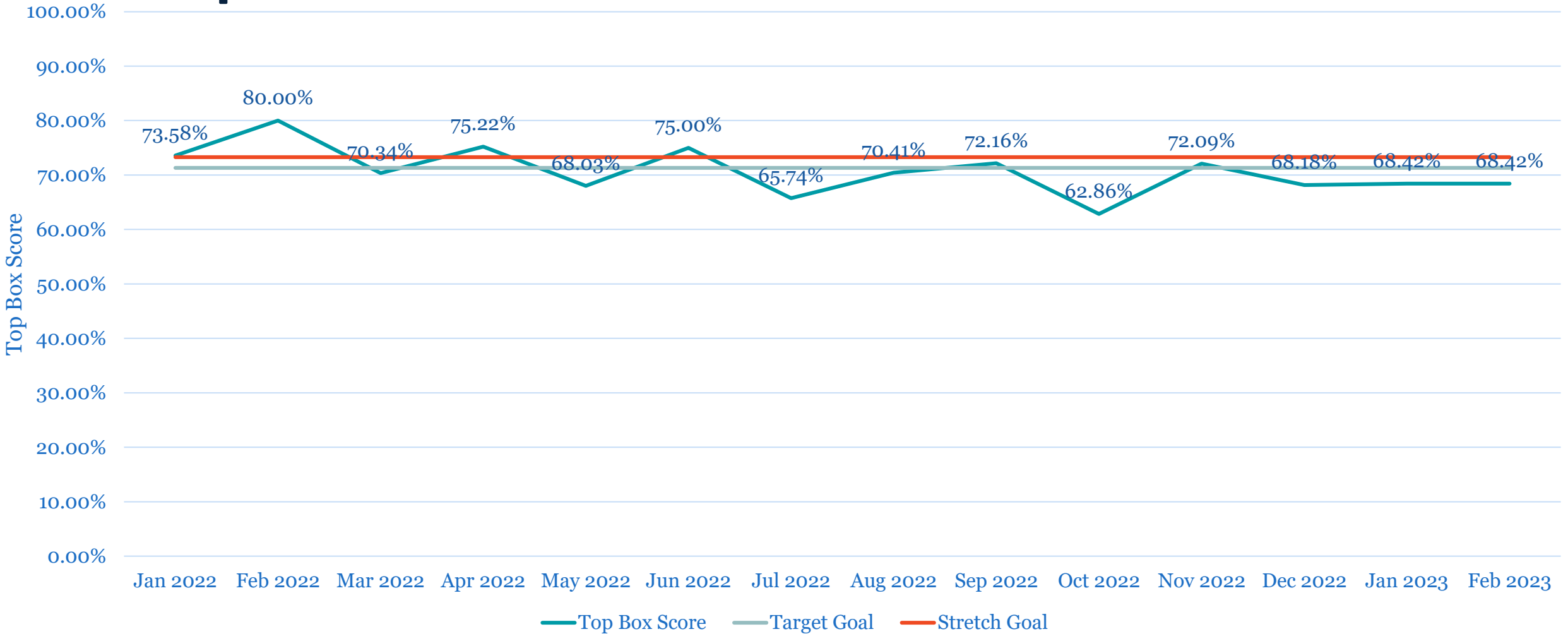
Case Mix Index, Surgical Cases (Stroger Hospital)

HRO Domain: Clinical Documentation



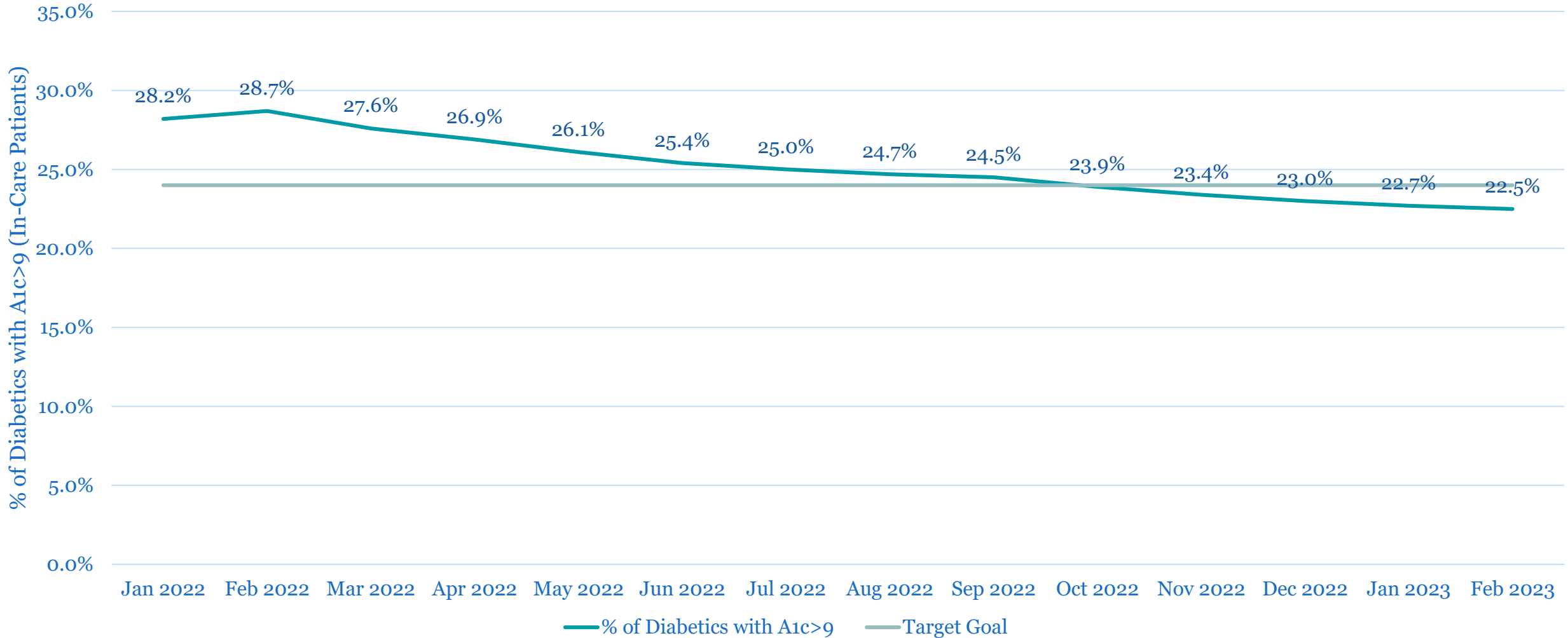
Top Box Score, Recommend Hospital (Stroger Hospital)

HRO Domain Patient Experience, Discharge Date



HbA1c > 9% for In-Care Patients

HRO Domain: HEDIS



Metric	Definition
30-Day Readmission Rate	<ul style="list-style-type: none"> • <i>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</i> • Calculation: Raw unplanned readmission rate (# of readmissions / total # of eligible discharges) • Population included: all inpatient discharges from <u>Stroger</u> • 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	<ul style="list-style-type: none"> • <i>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</i> • Population included: all inpatient discharges from <u>Stroger</u> • Cohort inclusions: any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (<i>Surgical: an OR procedure is performed</i>) • Cohort exclusions: none • Reporting timeframe: reported monthly by most current month available; reported by month of patient discharge • Data source: Vizient Clinical Data Base
Recommend the Hospital	<ul style="list-style-type: none"> • <i>Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey</i> • Calculation: Percent of patient responses with "Definitely Yes" (<i>top box</i>) / 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 and by month of survey discharge date • Data source: Press Ganey
HbA1c >9%	<ul style="list-style-type: none"> • <i>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (>9.0%)</i> • 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