

CCH Monthly Report

Item # 26-0698

Information contained in this Report was presented to the CCH Board in January, 2026



COOK COUNTY
HEALTH

Administrative Updates



COOK COUNTY
HEALTH

New Hires & Promotions



COOK COUNTY
HEALTH

New Leadership Hires

Susan Edralin, Senior Director of Laboratory Medicine

Jason Jong Seok Lee, Pharmacist Manager

Shalandra Jennings, Senior Manager of Complex Care Coordination, Community Care

Congratulations

Promotions

Elizabeth Weber, Associate Chief Operating Officer, Health Plan Services

Denise Holman, Manager of Family Planning Services

Roshawnda Boyd, GME Operations Manager

Recognition & Announcements



COOK COUNTY
HEALTH

Good Catch

Congratulations to the
multidisciplinary team involved in a
Good Catch!

- Dr. Umakanth Avula
- Laura Kozak
- Bobbi Pollard
- Dr. Stathis Poulakidas
- Dr. Alex Trinh
- Dr. Jeff Watts



Congratulations to Stroger Hospital's Neuro ICU and Burn ICU for being awarded the Silver Beacon Award from American Association of Critical Care Nursing (AACN) Beacon Award for Excellence!

The award represents the average scores from three modules: Patient Outcomes, Nursing Workforce, and Work Environment.

Stroger Hospital recognized with Beacon Award for Excellence

The American Association of Critical-Care Nurses (AACN) has recognized the Neuro ICU and Burn ICU at Stroger Hospital with a silver-level Beacon Award for Excellence.



CHEF/ACHE Regent Professional Achievement Awards



Congratulations to **Dr. Krzysztof Pierko**, Associate Chair, Department of Medicine, Dr. **Michael Hoffman**, Associate Chair, Hospital Medicine and **Tracy Everett**, Associate Director of Nursing, Emergency Services, for being selected for a CHEF Service Excellence Award!

The CHEF Service Excellence Award recognizes outstanding healthcare leadership teams in the Chicago area.

This award will be celebrated at the CHEF 50th Anniversary Annual Meeting on March 18, 2026.



An Independent Chapter of



American College of
Healthcare Executives
for leaders who care®

Food as Medicine

On January 21, CCH was joined by state and local leaders and the Greater Chicago Food Depository to raise awareness about upcoming changes to SNAP and promote CCH's Food as Medicine initiatives, including:

- **On-Site Food Pantries** at Provident Hospital and Belmont Cragin Health Center
- **Public Education Campaign** with bilingual content, including videos featuring nutrition tips and simple, low cost recipes
- **Medically Tailored Meals** customized for patients with chronic conditions, delivered in partnership with the Greater Chicago Food Depository
- **Screening and Referrals** at all CCH primary care sites with immediate referrals to the GCFD SNAP Outreach Hotline.



State, Local Leaders Address Federal Cuts, Program Changes

Cook County Health has been providing timely information to the public about the potential harm of federal health care cuts.

- On January 5, Congressman Krishnamoorthi and Cook County leaders hosted a press conference at the Bronzeville Health Center to highlight the impact of the expiration of enhanced ACA tax credits.
- On January 6, CCH gathered with leaders from state and local government to call for a renewed investment in federal health care programs and encouraged current Medicaid clients to stay tuned for more information on upcoming eligibility changes.



Healthy Beginnings Program

Cook County leaders held a press conference today, on the eve of Maternal Health Awareness Day, to announce the launch of the Healthy Beginnings program at Cook County Department of Public Health.

The Healthy Beginnings program will deliver home-based nursing care and wraparound support to pregnant individuals and their infants across suburban Cook County to reduce preventable maternal and infant illnesses and deaths.



Congratulations to the Infection Control team for their leadership in guiding Stroger and Provident Hospitals through a recent audit by the Centers for Medicare & Medicaid Services (CMS)' Clinical Data Abstraction Centers.

Stroger Hospital was recognized for 100% compliance for healthcare-associated infections and Provident Hospital achieved 91% compliance.



Congratulations to **Stroger Hospital** for being recognized by Qsource End-stage Renal Disease Network with a Golden Q Award that honors dialysis facilities that demonstrate outstanding performance in areas aligned with CMS quality improvement goals!

The hospital dialysis team has been presented with the Respiratory Shield Award, for achieving at least an 80% patient vaccination rate for pneumococcal pneumonia and influenza vaccinations this season, as reported in EQRS.



Violet Stroger Café Opening

Congratulations to **Stroger Hospital** on the grand opening of their renovated Café, Violet Cafeteria!

The refreshed space provides a streamlined visitor and staff experience, including mobile ordering and 24-hour meal solutions.



Media Dashboard & Social Media Report



COOK COUNTY
HEALTH

Earned Media Dashboard



Total Media Placements

789



Total Reach

1.5B



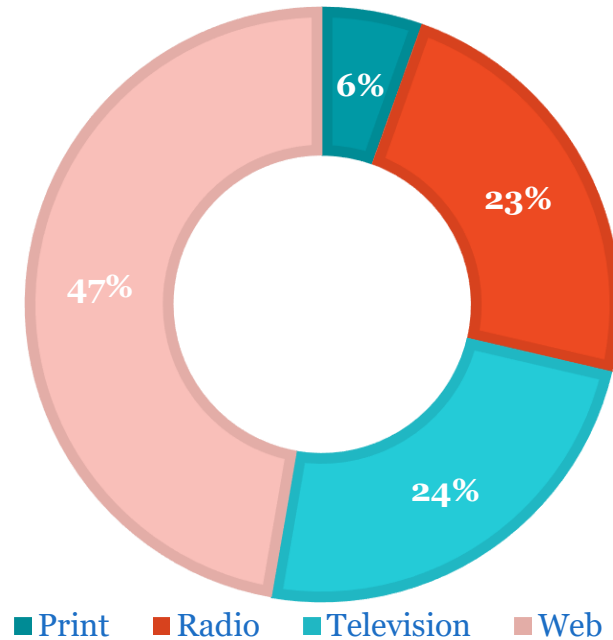
Total Media Value

\$14.3M

Top Local Media Outlets

1. *WBBM*
2. *WGN Radio*
3. *NBC 5 Chicago*
4. *CBS 2 Chicago*
5. *WGN Chicago*

Media by Outlet Type

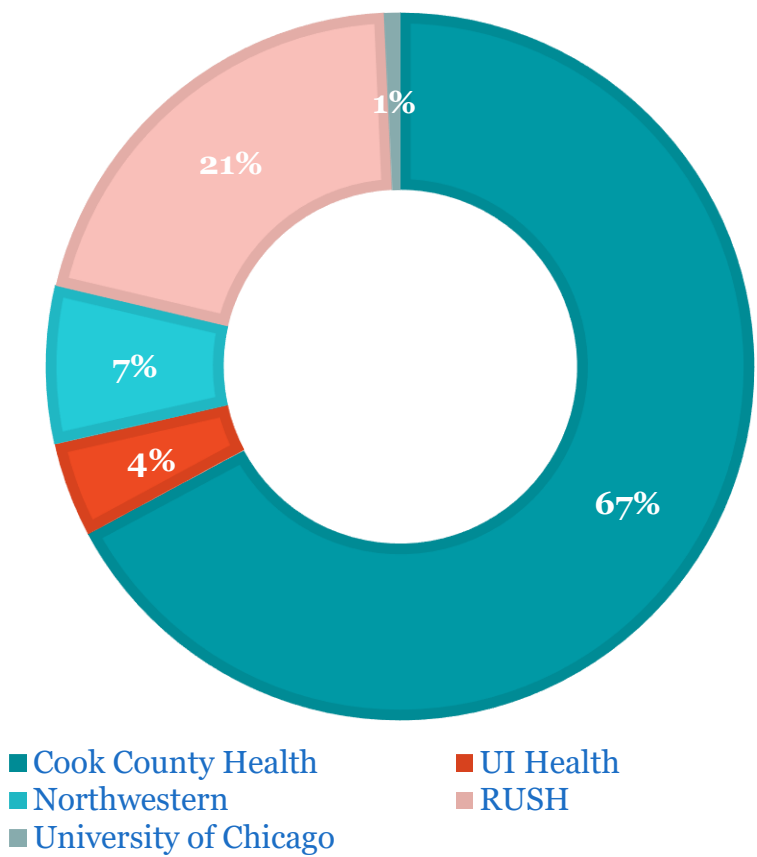


Most Common Topics

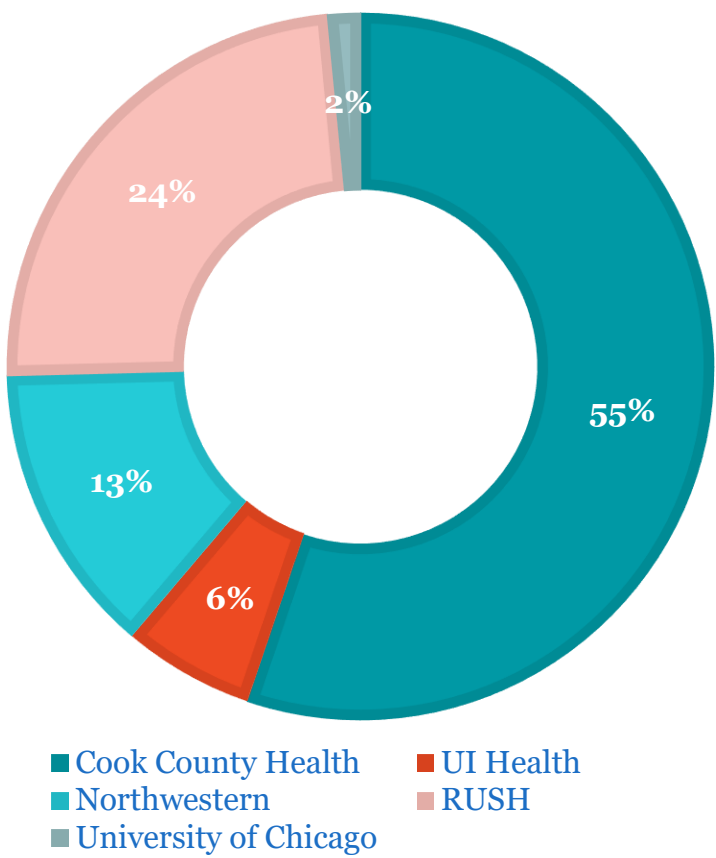
1. Yearly Wrap-up
2. ACA Subsidies Expiration
3. Flu/Winter illnesses
4. Rabies
5. Cold weather safety

Media Benchmarking

Share of Reach



Share of Mentions



Media Benchmarking

Top Article by Reach ⓘ

Dec 8, 2025 – Jan 7, 2026



CBS News • Sara Machi
Editorial | US | Jan 1 • 4:51 PM

Cook County hospitals brace for influx of uninsured patients with Affordable Care Act subsidies expiring

they had the coverage and had they had access to care," said **Stroger Hospital** Chief Medical Officer Dr. Lauren Smith. "Every hospital will

Top Headlines

Chicago Tribune



As federal health tax credits end, Chicago-area leaders warn about costs to Cook County and Illinois hospitals

Chicago-area health officials expect bad flu season, push for vaccinations despite federal guidance

CHICAGO'S VERY OWN WGN9

Cook County Health physician talks avoiding frostbite amid dangerously cold weather

CBS NEWS
CHICAGO

Doctors warn about spike in respiratory illnesses in Chicago, Cook County

CRAIN'S CHICAGO BUSINESS

Facing huge Medicaid enrollment drop, Illinois officials begin prevention work early



Highly contagious, hard-to-kill stomach virus spreading in Midwest, Illinois



Hospital suburbano advierte de un virus estomacal muy contagioso

BECKER'S HOSPITAL REVIEW

Leapfrog's 151 top hospitals in 2025

Provident Leapfrog Press Conference



Coverage on ABC 7
Chicago, Univision,
Becker's Hospital
Review and Crain's
Chicago Business



by Cerutti Monday, December 15th, 2025

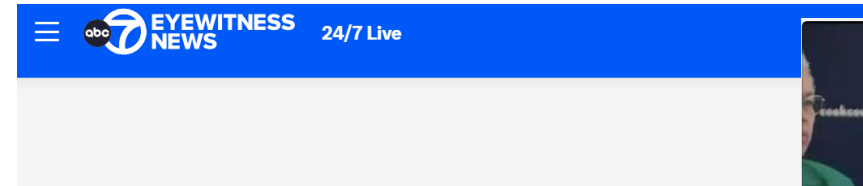
Leapfrog Group has [published](#) its annual list of top-performing hospitals, recognizing 151 hospitals in the U.S. for excellence in quality and safety in 2025.

Hospitals are identified using data from the watchdog organization's annual hospital survey.

Holiday Health Press Conference



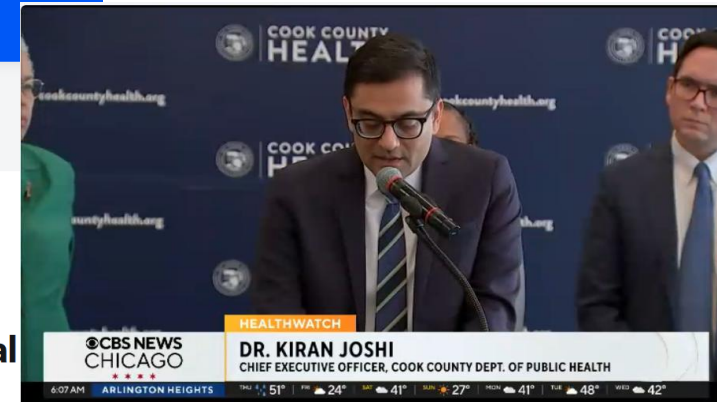
We received coverage with WBBM, WGN radio and television, WBEZ, CBS, Fox, ABC and NBC with a total of 22 placements.



VACCINES

Chicago-area health officials expect bad flu season, push for vaccinations despite federal guidance

By Sarah Schulte
Wednesday, December 1



Social Media Report



COOK COUNTY
HEALTH

Social Media Summary

During December 7, 2025 – January 7, 2026, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

Facebook – 51 posts

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

Twitter – 52 posts

<https://twitter.com/CookCtyHealth>

Instagram – 52 posts (includes stories and IGTV)

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

LinkedIn – 42 posts

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

Social Media Summary

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

Twitter

- Impressions: **7.9K** (up **83%**)
- Post Link Clicks: **20**
- Engagements: **62** (up **44%**)
- Followers: **4.6K**

LinkedIn

- Impressions: **38.8K**
- Page Views: **3.8K**
- Engagements: **2.4K**
- Followers: **20.6K** (up **2%**)

Facebook

- Total impressions: **514K** (up **12%**)
- Post engagement: **6.7K**
- Page Views: **512K** (up **11%**)
- Page followers: **10.1K** (up **28** from previous report)

Instagram

- Impressions: **28.3K**
- Engagement: **338** (up **30%**)
- Page Reach: **9.1K**
- Followers: **4.3K** (up **48**)

Facebook Insights

Top Posts



Cook County Health
Published by Meltwater Engage · December 8, 2025 ·

Feeling sick but can't get to the doctor? Start an Express Care visit to treat basic health issues like cold symptoms, rashes, upset stomachs, and more. This service is available Monday-Friday from 7am-7pm and open to all adults and kids. Visit <http://cookcountyhealth.org/expresscare>



GENERAL METRICS

3 Reactions	0 Comments	7 Shares	2.43% Eng. Rate
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REACTIONS

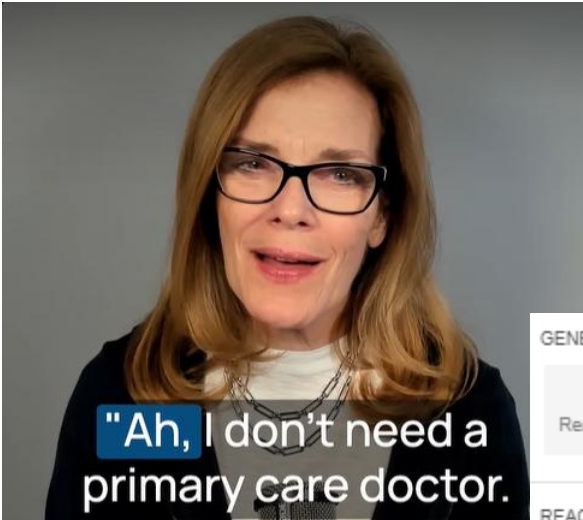
5 Like	2 Love	0 Wow
0 Haha	0 Sorry	0 Angry

REACH

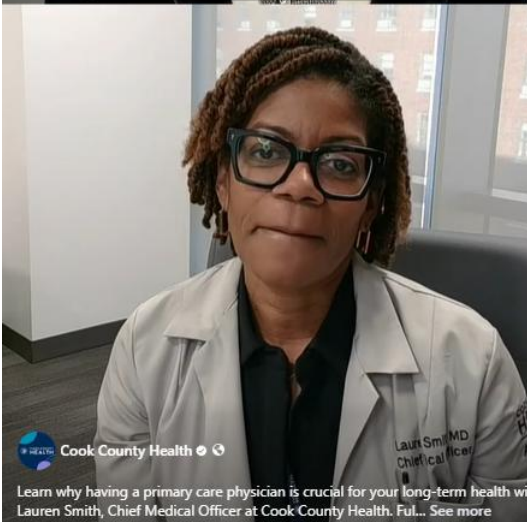
1,068 Total	1,068 Organic	0 Paid
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IMPRESSIONS

1,712 Total	1,712 Organic	0 Paid
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"Ah, I don't need a primary care doctor."



Cook County Health

Learn why having a primary care physician is crucial for your long-term health with Lauren Smith, Chief Medical Officer at Cook County Health. Full... See more

GENERAL METRICS

37 Reactions	1 Comments	4 Shares	0.41% Eng. Rate
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REACTIONS

33 Like	4 Love	0 Wow
0 Haha	0 Sorry	0 Angry

REACH


10,150 Total	565 Organic	9,662 Paid
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IMPRESSIONS

0 Total	654 Organic	13,716 Paid
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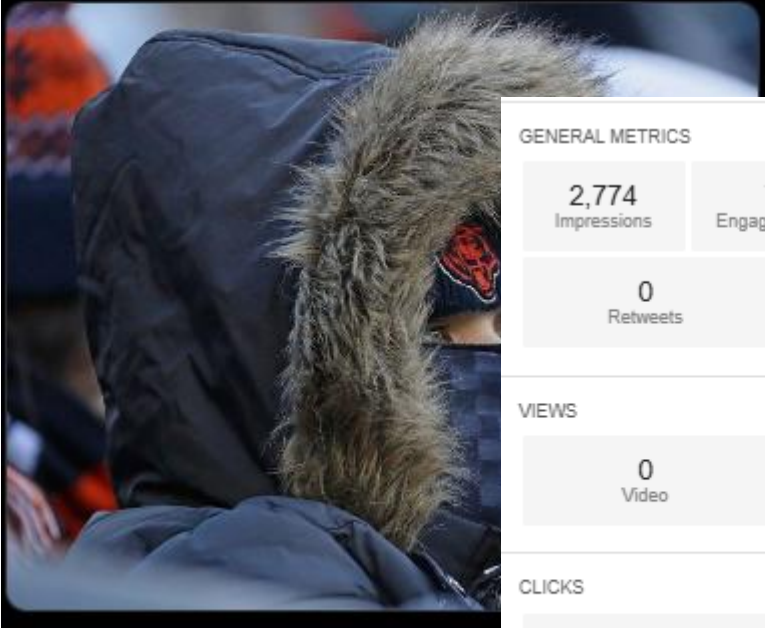
Twitter Insights

Top Posts



Cook County Health
@CookCtyHealth

Heading to the @chicagobears game today? Bundle up! Dr. Stathi Poulakidas spoke with ABC 7 Chicago about safety tips for staying safe.
[abc7chicago.com/post/chicago-w...](#)



GENERAL METRICS


2,774 Impressions	7 Engagements	1 Likes
0 Retweets	0 Replies	

VIDEOS

0 Video	0 Media
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CLICKS


5 URL



Cook County Health
@CookCtyHealth

Promote

Cook County Health joins Congressman Raja Krishnamoorthi and Cook County Board President Toni Preckwinkle at Stroger Hospital to highlight the impact of the impending expiration of ACA tax credits.



youtube.com
Expiration on ACA Tax C
Congressman Raja Krish
Board President Toni Pre

10:12 AM · Dec 31, 2025 · 2,026 Views

GENERAL METRICS

2,026 Impressions	21 Engagements	8 Likes
2 Retweets	1 Replies	

VIDEOS


0 Video	0 Media
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CLICKS



7 URL

Instagram Insights

Top Posts



 **cookcountyhealth** 

 **cookcountyhealth**  3w

Heading to the Chicago Bears game today? Bundle up! Dr. Stathi Poulakidas spoke with ABC 7 Chicago about safety tips for staying safe.

From ABC 7:

"Wear clothing that's probably going to wick your sweat or any kind of wet directly on your body," Dr. Stathis Poulakidas of Cook County Health said.

[View insights](#)

[Boost post](#)

22
Likes

1
Comments

1.85%
Eng. Rate


Video Views



2
Saves



REACH & IMPRESSIONS

699
Reach

1,409
Impressions



 **cookcountyhealth** 

 **cookcountyhealth**  3w

Provident Hospital has been named a Top General Hospital by The Leapfrog Group for its commitment to quality and patient safety. Congratulations to the Provident team for being recognized for the second year in a row. Read more at the link in bio.

No comments yet.

[View insights](#)

[Boost post](#)

11
Likes

0
Comments

1.57%
Eng. Rate

Video Views

1
Saves


REACH & IMPRESSIONS

741
Reach

1,338
Impressions


LinkedIn Insights

Top Posts



Cook County Health

20,669 followers

3w • 

We're so proud of all of those who recently participated in a high-reliability training program to expand Cook County Health's Safety Coach Program. Through a structured curriculum, safety coaches learn how to reinforce safe practices in real time, encourage speaking up without fear, and help identify and escalate risks before they result in harm.

GENERAL METRICS

52 Likes	2 Comments	2 Shares	235 Clicks
10.02% Engagement Rate		2,903 Impressions	



Cook County Health

20,669 followers

3w • 

Provident Hospital is proud to announce it has been named a Top General Hospital by The Leapfrog Group. Join us as we celebrate this prestigious recognition.
<https://lnkd.in/gMusAKc6>



Cook County Hospital 2025 Top General Hospital by The Leapfrog Group

youtube.com

 Tracy Lytwyn and 73 others

2 comments · 7 reposts

GENERAL METRICS			
74 Likes	2 Comments	7 Shares	90 Clicks
6.27% Engagement Rate		2,761 Impressions	

30

Community Relations



COOK COUNTY
HEALTH

Community Advisory Councils

Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center's relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.

On February 10, 2026, we will launch the Austin Health Center Advisory Council.

In April 2026, we will host a member recognition program at CCH.

Community Advisory Councils



Upcoming CAC 2026 meetings:

Belmont Cragin: Thursday at 1:00 PM: February 5, May 7, August 6, November 5
5501 W. Fullerton Avenue, Chicago, IL 60639

Austin: Tuesday at 1:00 PM: February 10, May 12, August 11, November 10
4800 W. Chicago Avenue, Chicago, IL 60651

Blue Island: Wednesday at 1:00 PM: February 11, May 13, August 12, November 11
12757 S. Western Ave., Blue Island, IL 60406

Arlington Heights: Tuesday at 1:00 PM: February 17, May 19, August 18, November 17
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Prieto: Tuesday at 1:00 PM: March 3, June 2, September 1, December 1
2424 S. Pulaski, Chicago, IL 60623

Robbins: Tuesday at 1:00 PM: March 10, June 9, September 8 (hybrid), December 8
13450 S. Kedzie Road, Robbins, IL 60472

Englewood: Thursday at 1:00 PM - March 12, June 11, September 10, December 10
1135 W. 69th Street, Chicago, IL 60621

Cottage Grove: Tuesday at 1:00 PM: April 21, July 21, October 20
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

Provident/Sengstacke/Bronzeville: Wednesday at 9:00 AM: April 23, July 23, October 22
500 W. 51st Street, Chicago, IL 60609

North Riverside: Tuesday at 1:00 PM: April 28, July 28, October 27
1800 S. Harlem Avenue, North Riverside, IL 60546

Community Events – February



February 3 – **Illinois Medical District's 2026 IMD Youth Opportunities Fair** – Blue Island Health Center, 12757 S. Western Avenue, Blue Island, IL 60406.

February 4 – **Provident Hospital Blood Drive Planning** – Provident Hospital of Cook County, 500 E 51st St, Chicago, IL 60615.

February 7 – **CCDPH Suburban Vaccination Event** – North Riverside Health Center, 1800 S. Harlem Avenue Suite A, North Riverside, IL 60546.

February 9 – **Chicago Department of Family and Support Services' National Black HIV Awareness Day**– Dr. Martin Luther King Community Center, 4314 S. Cottage Grove Avenue, Chicago, IL 50553.

February 9 – **Chicago Department of Family and Support Services' National Black HIV Awareness Day**– Loretto Hospital, 6th Floor Auditorium, 645 S. Central Avenue, Chicago, IL 60644.

February 14 – **CCDPH Suburban Vaccination Event** – Cottage Grove Health Center, 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411.

February 14 – **16th Ward Seniors and Veterans Valentine's Day Luncheon** – Kennedy King College - The U Building , 740 West 63rd Street, Chicago, IL 60621.

February 18 – **Southland Ministerial Health Network** – Church in the south suburbs of Cook County.

February 18 – **Prairie State College and ABKE!'s Ready Set Work** – Prairie State College Conference Center, 202 S. Halsted Street, Chicago Heights, IL 60411.

February 18 – **Aetna Better Health's ABHIL New Year, New You** – New Moms, 5317 W Chicago Avenue, Chicago, Illinois 60651

February 19 – **Mujeres Latina en Accion's Empower Latinas Educational Lunch** – D'Nuez Restaurant, 2000 W. 18th Street, Chicago, IL 60608.

February 20 – **Bremen High School's Health & Prosperity Fair 2026** – Bremen High School, 15203 S. Pulaski, Midlothian, IL 60445.

February 21 – **CCDPH Suburban Vaccination Event** – Blue Island Health Center, 12757 S. Western Avenue, Blue Island, IL 60406.

February 22 – **First Ladies Health Initiative's HIV Education and Testing Event** – Cosmopolitan Community Church, 5249 S Wabash Avenue, Chicago, IL 60615.

February 25 – **Posen-Robbins School District 143.5's Black History Month Event** – Posen Intermediate School, 14545 California, Posen, IL 60469.

February 26 – **Walk with a Doctor** – Englewood Red Shield Salvation Army, 945 W. 69th Street, Chicago, IL 60621.

February 28 – **CCDPH Suburban Vaccination Event** – Arlington Heights Health Center, 3250 N. Arlington Heights Road, Arlington Heights, IL 60004.

Redetermination Events – February



- February 2 – **North Riverside Health Center** – 1800 S. Harlem Avenue Suite A, North Riverside, IL 60546.
- February 3 – **Cottage Grove Health Center** – 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411.
- February 4 – **Provident Hospital** – 500 E. 51st Street, Chicago, IL 60615.
- February 5 – **Friend Health** – 5635 S. Pulaski Road, Chicago IL 60629.
- February 6 – **St. Bernard Hospital** – 6307 S Stewart Street, Chicago, IL 60621.
- February 9 – **Jorge Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623.
- February 10 – **Robbins Health Center** – 13450 S. Kedzie Avenue, Robbins, IL 60472.
- February 10 – **Hope Community Church** – 5900 W. Iowa St Chicago IL 60651.
- February 11 – **Primecare Health Center** – 5635 W. Belmont Avenue, Chicago, IL 60634.
- February 13 – **Chicago Family Health Center** – 9119 S. Exchange Avenue, Chicago, IL 60617.
- February 17 – **Esperanza Health Center** – 4700 S. California Avenue, Chicago, IL 60632
- February 18 – **Provident Hospital** – 500 E. 51st Street, Chicago, IL 60615.
- February 19 – **Friend Health** – 5635 S. Pulaski Road, Chicago IL 60629.
- February 20 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621.
- February 23 – **Blue Island Health Center** – 12757 S. Western Avenue, Blue Island, IL 60406.
- February 24 – **Lawndale Christian Health Center** – 3750 W. Ogden Avenue, Chicago IL 60623.
- February 26 – **Care for Friends** – 530 W. Fullerton Parkway, Chicago IL 60614.
- February 27 – **Arlington Heights** – 3250 N. Arlington Heights Road, Arlington Heights, IL 60004

Legislative Updates



COOK COUNTY
HEALTH

CEO Report Legislative Updates

Local



The **week of January 12**, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.

Finance Committee – Scott Spencer, Interim Chief Financial Officer addressed questions related to the County’s *Monthly Revenues and Expenses Report* as well as *CCH’s January 2026 Monthly Report* which is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month.

Health & Hospitals Committee – Dr. Kiran Joshi, CCDPH COO presented CCDPH’s Quarterly COVID-19 and other Infectious Diseases Report. Dr. Kalyani Perumal, Chair of the Division of Nephrology in the Department of Medicine presented CCH’s Semi-Annual Disparities Report which focused on CCH’s Nephrology services.

The **Cook County Board of Commissioners met on January 15, 2026**. At the regularly scheduled Cook County Board Meeting the following items pertaining to CCH appeared on the agenda:

- CCH’s Semi-annual Agency Utilization Report was introduced and Received and Filed.
- Commissioner Stamps introduced a Resolution pertaining to Chronic Traumatic Encephalopathy (CTE) and calling for CCDPH/CCH to develop CTE damage awareness programs to be offered to high school students involved in contact sports, and help facilitate a referral system to concussion

CCH Medicaid Impact Workgroup Update

In September 2026, Cook County Health hosted a cross-sector convening of 60+ health care providers, payers, foundations, academia, advocates, community organizations, business to mitigate harms from H.R.1 eligibility changes. Short- and long-term action items identified include:

- Create and disseminate communications and training resources
- Identify best practices from restart of Medicaid redetermination following end of the Public Health Emergency
- Leverage technology platforms including electronic medical records, provider/patient portals, AI, etc.
- Prioritize exempting eligible individuals
- Strengthen and coordinate health care for the uninsured

Three sub-groups have been established and will be meeting in January and February. The sub-groups include: coalition building, communicate/educate, innovate/create. The full group will be reconvened in early March.

- Complete this survey to join a sub-group: <https://forms.office.com/r/vKFDQ5aq6C>

CCH is working closely with HFS. Detailed federal guidance on implementation has not yet been issued, which limits communication and mobilization efforts

CEO Report Legislative Updates State

The Illinois Senate and the Illinois House of Representatives returned to Springfield this month to kickoff the Spring 2026 legislative session. Both chambers are scheduled for session through May 31.

The Governor's State of the State and budget address are scheduled for February 18. The new state fiscal year (SFY) starts July 1.

- An [October 2025 report from the Governor's Office of Management](#) (using August 2025 data) projects a \$2.2B deficit in SFY27. A more recent report from the [Commission on Government Forecasting and Accountability](#) indicates revenue numbers higher than what was originally projected; if actual revenue remains high and steady, this will go a long way in helping close the anticipated budget gap.

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

- Protecting and preserving Medicaid and other programs that provide comprehensive, affordable health coverage;
- Increasing state funding to local health departments; and
- Advocating for evidence-based behavioral health interventions and systemic changes that

CEO Report Legislative Updates State

Open enrollment on the Illinois State-Based Marketplace, also known as [Get Covered Illinois](#), has been extended through January 31, 2026 (originally set to end January 15). As of January 4, 445,335 Illinois residents signed up for a Marketplace private insurance plan. In 2025, 465,985 residents enrolled. This mirrors a national downward trend, attributable to the expiration of the enhanced premium tax credits on December 31, 2025. Enrollment could decline further if Congress does not take action to extend the enhanced premium tax credits and some enrollees drop their coverage due to their inability to afford the monthly premiums.

The [Illinois Department of Healthcare and Family Services \(HFS\)](#) will receive a \$193M federal award through the Rural Health Transformation Program. This award is annual for the next five years. Illinois' application requested \$200M/year.

- The Rural Health Transformation Program was established by H.R.1 and sets forth \$50B to help address revenue losses rural health providers will experience as a result of Medicaid cuts included in the same bill. The Kaiser Family Foundation estimates that the Program will only offset 37% of cuts to federal Medicaid spending in rural areas.
- [Illinois' application](#) outlined how HFS intends to incentivize partnerships between hospitals and other providers, increase use of technology and mobile health services, and expand the state's

CEO Report Legislative Updates

State



Starting February 1, 2026, the Illinois Department of Human Services will begin to administer work requirements for Able-Bodied Adults Without Dependents (ABAWDs) in the Supplemental Nutrition Assistance Program (SNAP). Populations that had previously been exempt prior to the passage of H.R.1, including Veterans, older adults 55-64 years of age, individuals experiencing homelessness, and ABAWDs with children 14 years or older, will be subject to work requirements. ABAWDs who do not meet work requirements or qualify for an exemption may only receive SNAP benefits for three months during a three-year period. Based on the new federal law, individuals who don't meet the new requirement could lose SNAP benefits starting May 1, 2026.

H.R.1 imposes a similar work requirement for non-disabled adults on Medicaid, which is scheduled to take effect 2027.

- It is important to remember that most adults with Medicaid who can work do work.
- Arkansas piloted work requirements in 2018. Over a 4-month period of implementation, 18,000 residents lost coverage before a federal judge halted the program. A 2019 study showed that 97% of those who lost coverage were already meeting the requirement or should have received an exemption.

CEO Report Legislative Updates State

1115 Medicaid Waiver

In July 2024, the Illinois Department of Healthcare and Family Services (HFS) received federal approval for its [Medicaid 1115 waiver](#). Federal CMS has approved the 1115 waiver contract, protocols, and plans necessary for implementation.

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

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

HFS hosted a [virtual public forum on the 1115 waiver on October 3, 11am-1pm](#). The forum provided an

CEO Report Legislative Updates

Federal

Fiscal Year (FY) 2026 Funding State-of-Play

- **6 out of 12 FY26 appropriations bills are law:**
 - Agriculture-FDA (includes SNAP), Military Construction-VA, Interior-Environment, Energy-Water, Commerce-Justice-Science, and Legislative Branch
- **Last week, the House passed a 3-bill appropriations package that includes Labor-HHS (LHHS), Defense, and Transportation-HUD by a vote of 341-88**
 - LHHS bill largely rejects the cuts or program eliminations proposed in the President's budget
- **The House also separately passed the Homeland Security appropriations bill by a vote of 220-207 with all but 7 Democrats voting no**
- **These 4 bills, along with the House-passed Financial Services & General Government and State & Foreign Operations bills, have been combined into one bill, which was supposed to be voted on in the Senate this week**
 - Since the murder of a second U.S. citizen protestor in Minneapolis this past Saturday, Senate Democrats are now united in opposition to including the Homeland Security appropriations bill in this appropriations package because it does not contain many of the ICE policies they were seeking

CEO Report Legislative Updates

Federal

Fiscal Year (FY) 2026 Funding State-of-Play (Cont'd)

- **If the Senate amends the House-passed combined appropriations package (e.g., to remove the Homeland Security appropriations bill), the bill must go back to the House for a vote**
 - The House is in recess and not back in session until Feb. 2
 - There is a mechanism for the House to pass a bill while on recess, but that is extremely unlikely
- **There will be a partial government shutdown on January 31 if the Senate does not pass the House-passed bill or if the Senate amends the House-passed bill and the House doesn't act on it by January 30. Factors at play to suggest a shutdown is more likely:**
 - The House is in recess and not back in session until Feb. 2
 - Weather is delaying senators from being able to get back to the DC area
 - Senate GOP cannot do anything without a time agreement from Democrats so Democrats have a lot of leverage to get ICE policy agreements
- **Democratic and some Republican member anger over ICE's actions in Minneapolis is strong and growing**
 - The White House is dispatching Tom Homan, the border czar, to Minneapolis and the President and Governor Walz spoke, but the situation is fluid and future unclear

Medicaid Disproportionate Share Hospital (DSH) and Other Health Provisions in the LHHS Bill

- **Cancels DSH cuts for two years (FY26 and FY27)**
 - DSH cuts would take effect again on Oct. 1, 2027 (the start of FY28) absent congressional action
 - DSH cuts timed with expiration of other Medicaid extenders such as Puerto Rico's FMAP and the Money Follows the Person program
- **Other extenders**
 - Two-year extension of Medicare telehealth flexibility
 - Extension of community health centers, National Health Service Corps and teaching health centers that operate GME programs
 - Reauthorizations of Maternal Mortality Review Committees, Dr. Lorna Breen Health Care Provider Protection Act, Organ Procurement and Transplantation Network, Sickle Cell Disease Prevention and Treatment, Lifespan Respite Care and the PREEMIE Act
- **Pharmacy Benefit Manager (PBM) reform**
 - Includes transparency measures and requirements that PBMs fully pass on rebates, discounts, and other fees to Part D plans with which they contract

CEO Report Legislative Updates

Federal

Big Win for CCH: National Health Service Corps and Correctional Facilities!

Included in the final agreement is report language requested by CCH and championed by Senator Durbin:

Correctional Facilities.—While Federal and State correctional facilities are eligible for Corps scholarships and loan repayment, a 1989 Federal regulation narrowed eligibility for Corps scholarships to exclude county jails. The Committee notes that county jails in large metropolitan areas are often the biggest correctional facilities in an area and encourages HRSA to work with Congress and relevant stakeholders to develop a process to provide county and municipal correctional facilities the opportunity to participate in the Corps program if they would otherwise meet the requirements of a National Health Service Corps service site. Within 180 days of enactment of this act, the Committee requests a briefing detailing implications and considerations for participation by county jails.

CEO Report Legislative Updates

Federal



FY26 Senate Labor-HHS-Education (LHHS) Conference Bill Highlights

Substance Use Prevention, Treatment, and Recovery Services Block Grant - FY25 enacted level: \$2.008 billion; FY26 President's Budget Request (PBR): \$4 billion for a newly created Behavioral Health Innovation Block Grant; FY26 Senate LHHS: \$2.028 billion; FY26 House LHHS: \$2.013 billion; **FY26 Conference: \$2.013 billion**

Community Mental Health Services Block Grant - FY25 enacted level: \$1 billion; FY26 PBR: \$4 billion for a newly created Behavioral Health Innovation Block Grant; FY26 Senate LHHS: \$1 billion; FY26 House LHHS: \$1.018 billion; **FY26 Conference: \$1.013 billion**

988 - FY25 enacted level: \$602 million; FY26 PBR: \$520 million; FY26 Senate LHHS: \$534.618 million (restores \$33 million for LGBTQ+ youth specialized services line); FY26 House LHHS: \$519.618 million (does not restore funding for LGBTQ+ youth specialized services line); **FY26 Conference: \$534.618 million including \$33.1 million for youth specialized services line**

Maternal and Child Health Block Grant - FY25 enacted level: \$814 million; FY26 PBR: \$767 million; FY26 Senate LHHS: \$799.700 million; FY26 House LHHS: \$603.584 million; **FY26 Conference: \$818.7 million**

Public Health Emergency Preparedness Cooperative Agreements - FY25 enacted level: \$735 million; FY26 PBR: \$350 million; FY26 Senate LHHS: \$735 million; FY26 House LHHS: \$735 million; FY26 Conference: \$735 million

Ryan White HIV/AIDS Program - FY25 enacted level: \$2.571 billion; FY26 PBR: \$2.497 billion; FY26 Senate LHHS bill: \$2,571,041,000 (Minority HIV/AIDS Fund and SAMHSA Minority AIDS Initiative restored); FY26 House LHHS bill: \$2.046 billion including elimination of Early Intervention Program, the Ending the HIV Epidemic (EHE) Initiative and the SAMHSA

ACA Enhanced Premium Tax Credits (EPTCs)

No provisions to address the expired ACA EPTCs were included in the LHHS spending package

- Momentum on EPTCs has slowed
- Action by congress is highly unlikely

With no extension of the EPTCs, roughly 5 million are estimated to become uninsured in 2026 and insurance premium costs will soar for millions more

CEO Report Legislative Updates

Federal



Trump Administration News

Vaccines

- Secretary Kennedy announced a new childhood vaccine schedule that reduced the number of disease prevented to 11 from 17
- Ongoing litigation being amended to ask courts to throw out these revisions

H.R. 1 implementation

- All 50 states were awarded funding as part of the Rural Health Transformation Program including \$193 million to Illinois
- Medicaid eligibility redetermination guidance helping states understand requirements around conducting eligibility redeterminations every 6 months (versus annually) for the Medicaid expansion population was due January 4, 2026, and has not yet been released

CMS withholding federal Medicaid funding

- Jan. 6th letter from CMS Administrator Oz to Governor Walz withholding federal Medicaid match to Minnesota due to concerns about fraud, waste and abuse (at least \$515 million *each quarter*)
- Administrator Oz also announces CMS has flagged \$1.8 billion in Medicaid funds in 8 states including

CEO Report Legislative Updates

Federal



Trump Administration News (Cont'd)

SAMHSA grants terminated and then restored

- In a 24-hour period in early January, SAMHSA sent grant termination notices to roughly 2,000 organizations totaling nearly \$2 billion only to send notices restoring that funding after an outcry from stakeholders and members of congress

Dietary Guidelines for Americans (DGAs), 2025-2030 released

- DGAs call for people to consume less sugar, more protein (including red meat), whole grains and colorful vegetables and avoid “highly processed” foods while calling for an “end to the war on healthy fats”

President releases “The *Great* Healthcare Plan”

- Document calls for lowering drug prices and insurance premiums, holding big insurance companies accountable and maximizing price transparency

Operational Updates



COOK COUNTY
HEALTH

Strategic Plan & ARPA Update



COOK COUNTY
HEALTH

ARPA Progress to Date

CCH ARPA Expenses and Budgets*



Notes:

- Focus is on accelerating expenditures before the end of ARPA at the end of CY2026
 - The Office of Behavioral Health worked with 35 subrecipients to update acceleration plans
 - A County resource has been dedicated to be imbedded with our grants team to accelerate payment processes
- Employees were shifted to the Health Fund in FY2026
- Need to spend more than \$6M per month to spend entire budget

Board Committee Reports & Metrics



COOK COUNTY
HEALTH

Finance



COOK COUNTY
HEALTH

Executive Summary: Statement of Financial Condition - November 30, 2025

- On an accrual basis, interim financials show that CCH ended November with a **\$127.9M unfavorable** variance to budget. County's preliminary cash report on revenues and expenses, which is cash-based accounting, shows that CCH is **favorable** to budget by **\$81.6M**.
- Revenue Commentary:
 - **Unfavorable** NPSR variance to Budget due to lower than budgeted volumes and increase in Charity Care
 - **Favorable** capitation variance to Budget due to higher than budgeted CountyCare membership
- Expenditures:
 - CountyCare claims **unfavorable** variance to budget due to higher than budgeted membership
- CountyCare:
 - CountyCare financials \$152.7M **unfavorable** to budget driven by medical loss ratio 3.75% higher than expected
 - Membership is 395,494 which is 2.4% greater than budgeted

Financial Results – November 30, 2025

Dollars in 000s	FY2025 Actual	FY2025 Budget	Variance	%	FY2024 Actual
Revenue					
Net Patient Service Revenue (1)	\$892,293	\$1,190,984	(\$298,691)	-25.08%	\$993,518
Government Support (2)	\$429,526	\$396,327	\$33,199	8.38%	\$430,310
Adjusted NPSR	\$1,321,820	\$1,587,311	(\$265,492)	-16.73%	\$1,423,828
CountyCare Capitation Revenue	\$3,680,274	\$3,321,944	\$358,330	10.79%	\$3,409,587
Other	\$66,609	\$69,103	(\$2,494)	-3.61%	\$55,892
Total Revenue	\$5,068,703	\$4,978,358	\$90,345	1.81%	\$4,889,307
Operating Expenses					
Salaries & Benefits	\$822,013	\$917,742	\$95,729	10.43%	\$775,915
Overtime	\$61,663	\$55,418	(\$6,245)	-11.27%	\$56,066
Supplies & Pharmaceuticals	\$251,850	\$251,777	(\$73)	-0.03%	\$230,540
Purchased Services & Other	\$653,767	\$832,256	\$178,489	21.45%	\$583,557
Medical Claims Expense (1)	\$3,517,411	\$3,032,552	(\$484,859)	-15.99%	\$3,182,795
Insurance	\$33,584	\$34,389	\$805	2.34%	\$59,933
Utilities	\$12,944	\$15,038	\$2,094	13.92%	\$13,584
Total Operating Expenses	\$5,353,232	\$5,139,172	(\$214,060)	-4.17%	\$4,902,390
Operating Margin	(\$284,529)	(\$160,814)	(\$123,715)	76.93%	(\$13,083)
Non-Operating Revenue	\$153,522	\$157,705	(\$4,183)	-2.65%	\$152,226
Net Income (Loss)	(\$131,007)	(\$3,109)	(\$127,898)	4113.52%	\$139,143

Year-end Work Underway:

- Various year-end accruals
- Final CountyCare revenue and expenses
- Final fixed assets/depreciation
- Final A/R reserves for BD & Charity
- Due to/From Medicare reconciliation
- Supplemental DSH
- Inventory reconciliation
- Property tax true up
- Pension & OPEB
- Real estate tax allocation
- County costs, including the allocated costs

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.

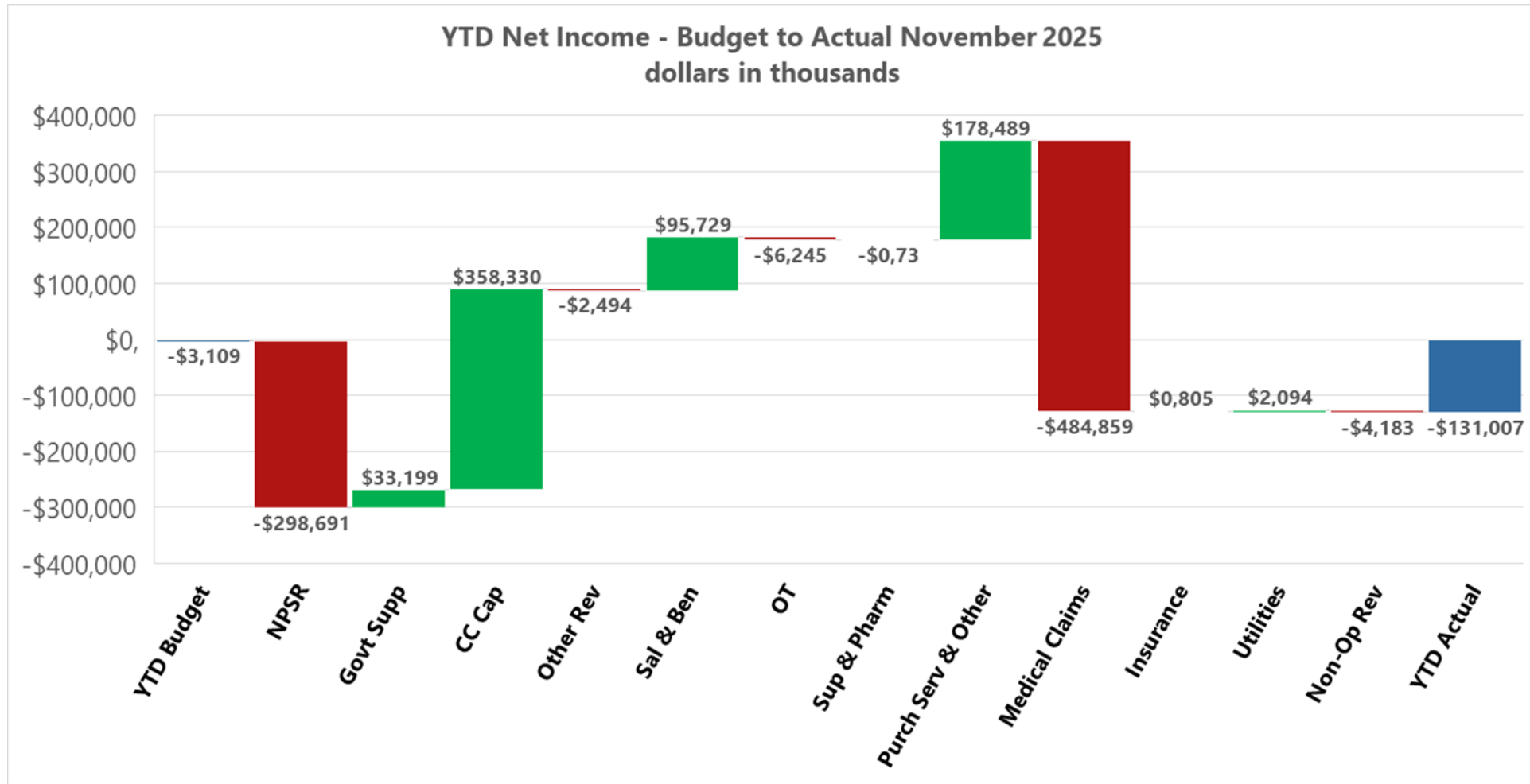
Financial Results HCS & HPS–November 30, 2025

Dollars in 000s	FY2025 Actual HCS	FY2025 Actual HPS	Eliminations	Total
Revenue				
Net Patient Service Revenue (1)	\$1,026,996		(\$134,703)	\$892,293
Government Support (2)	\$429,526			\$429,526
Adjusted NPSR	\$1,456,523		(\$134,703)	\$1,321,820
CountyCare Capitation Revenue		\$3,680,274		\$3,680,274
Other	\$66,609			\$66,609
Total Revenue	\$1,523,132	\$3,680,274	(\$134,703)	\$5,068,703
Operating Expenses				
Salaries & Benefits	\$772,657	\$49,357		\$822,013
Overtime	\$60,333	\$1,330		\$61,663
Supplies & Pharmaceuticals	\$251,846	\$4		\$251,850
Purchased Services & Other	\$510,879	\$142,888		\$653,767
Medical Claims Expense (1)	\$1,660	\$3,650,453	(\$134,703)	\$3,517,411
Insurance	\$33,584	\$0		\$33,584
Utilities	\$12,944	\$0		\$12,944
Total Operating Expenses	\$1,643,903	\$3,844,032	(\$134,703)	\$5,353,232
Operating Margin	(\$120,772)	(\$163,757)	\$0	(\$284,529)
Non-Operating Revenue	\$153,522	\$0		\$153,522
Net Income (Loss)	\$32,750	(\$163,757)	\$0	(\$131,007)

Notes:

- (1) CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense for CountyCare patients receiving care at Cook County Health.
- (2) Government Support includes DSH, BIPA, & Graduate Medical Education payments.
- (3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

YTD Net Income Waterfall Report



Key Volume and Revenue Indicators

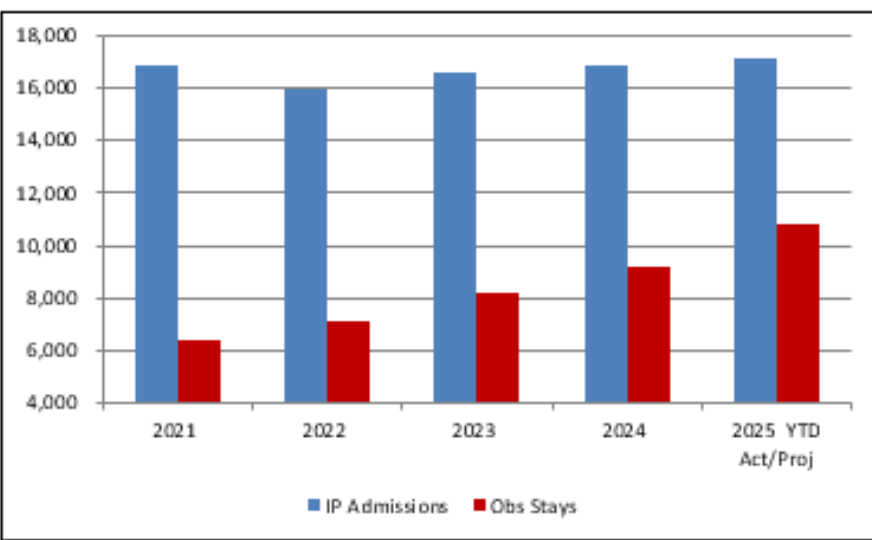
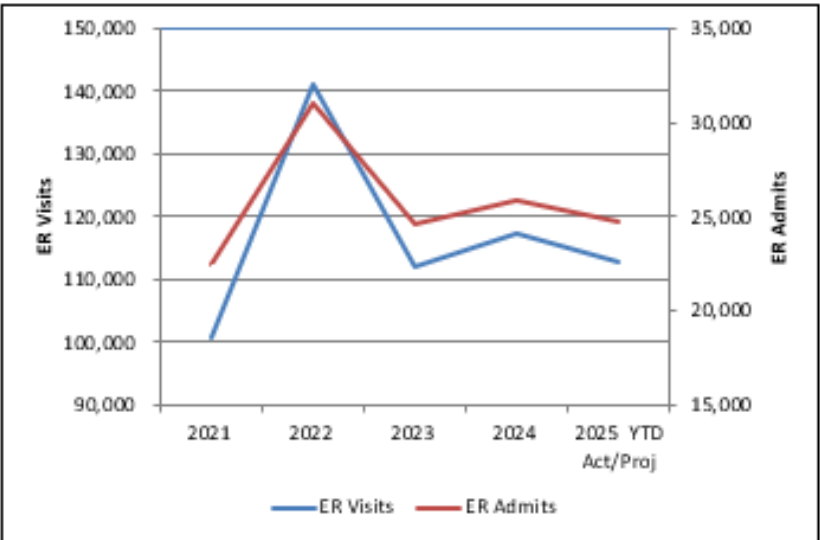
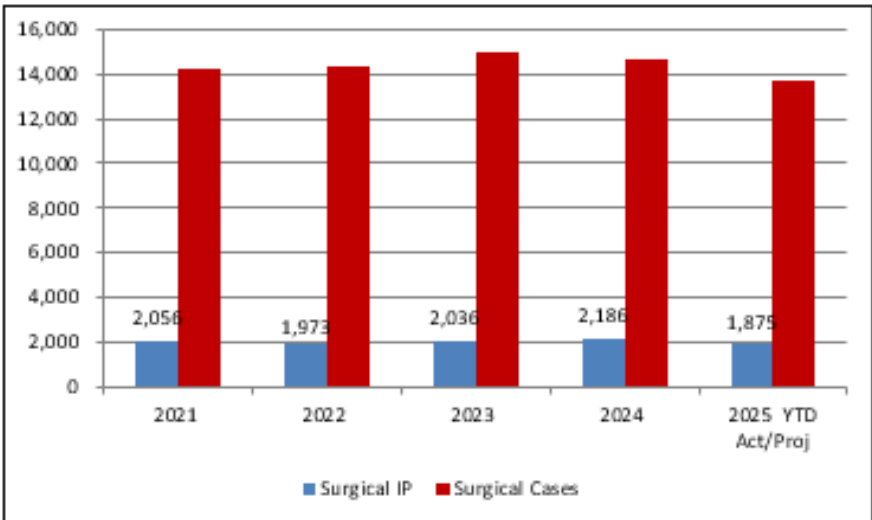
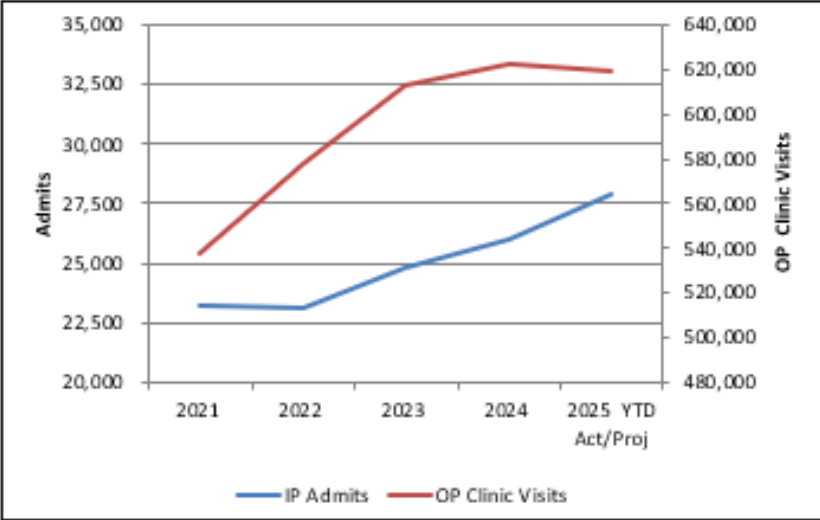
Patient Activity Stroger	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Nov 2025 Actual	Nov 2024 Actual
Average Daily Census	306	318	-3.6%	322	321		288	311
Emergency Room Visits	87,872	92,018	-4.5%	90,904	85,799		6,643	7,106
Surgeries	11,271	12,154	-7.3%	11,374	11,118		856	728

Patient Activity Provident	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Nov 2025 Actual	Nov 2024 Actual
Average Daily Census	16	29	-44.8%	20	21		15	16
Emergency Room Visits	24,735	26,375	-6.2%	26,400	26,144		1,764	1,998
Surgeries	2,484	3,012	-17.5%	3,019	3,442		163	190

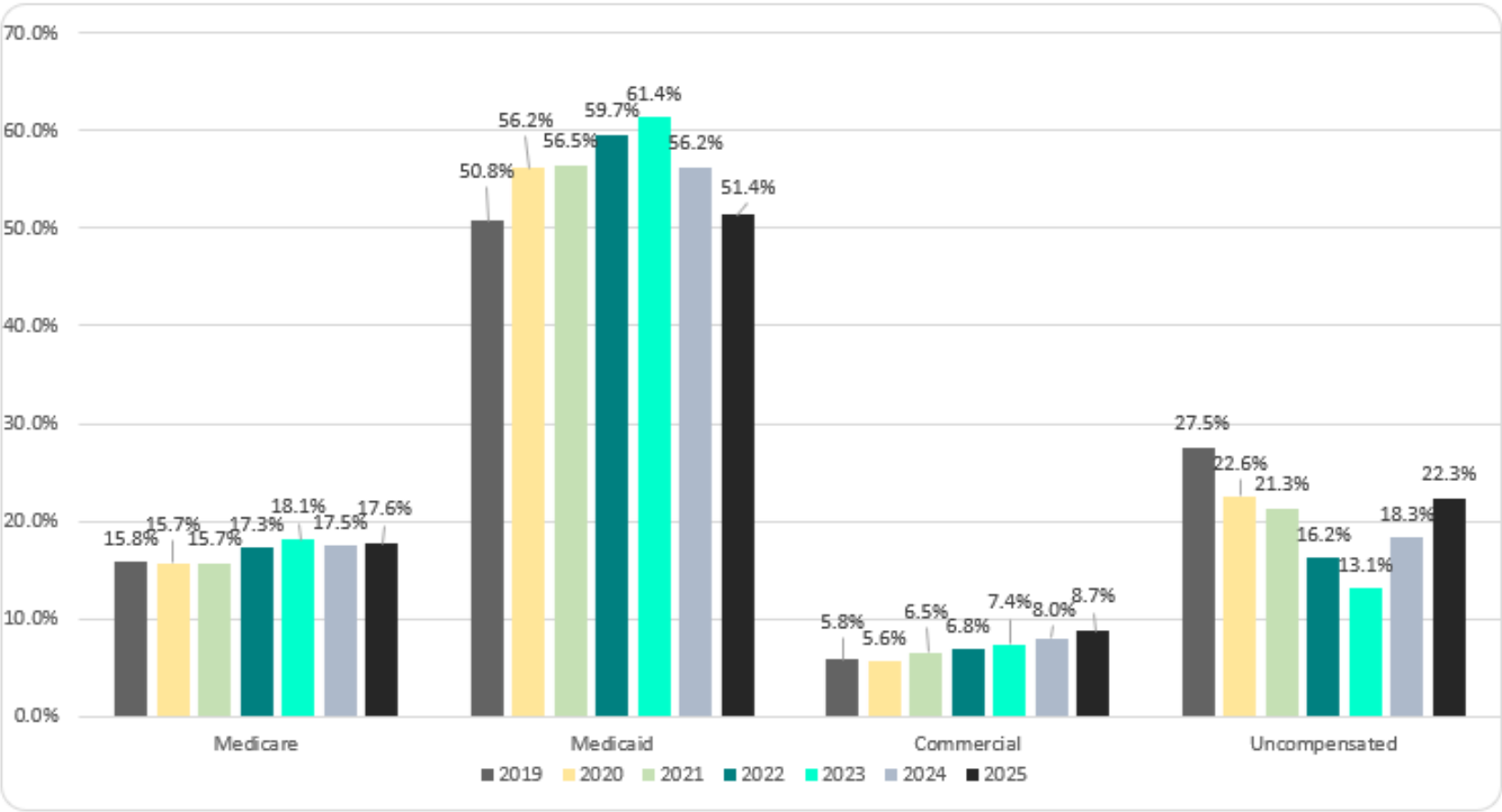
Patient Activity ACHN	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Nov 2025 Actual	Nov 2024 Actual
Primary Care Visits	222,442	241,000	-7.7%	237,009	234,788		15,347	17,108
Specialty Care Visits	397,340	380,000	4.6%	385,883	380,440		28,653	28,348

CountyCare Membership	2025 YTD Actual	2025 YTD Budget	%	2024 YTD Actual	2023 YTD Actual		Nov 2025 Actual	Nov 2024 Actual
Membership Count	407,477	392,301	3.9%	428,687	449,447		395,276	417,415

Operating Trends



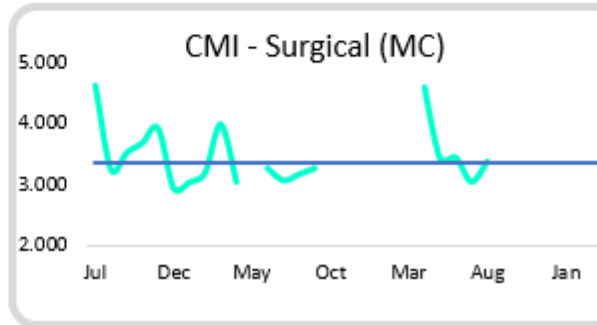
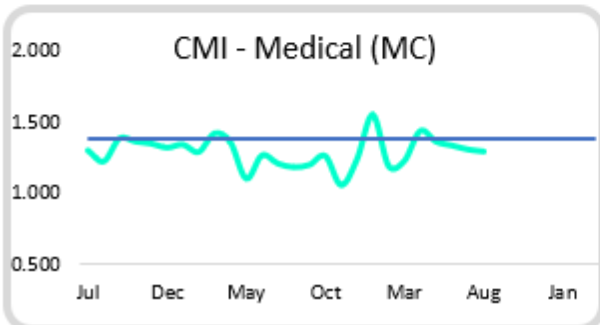
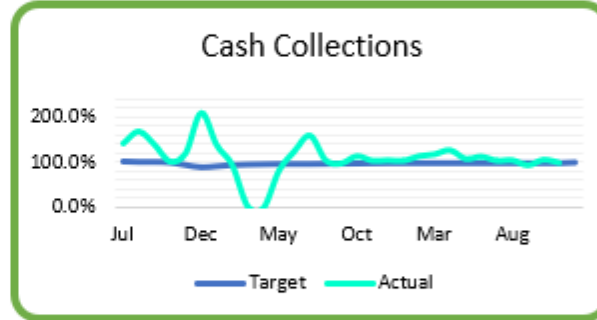
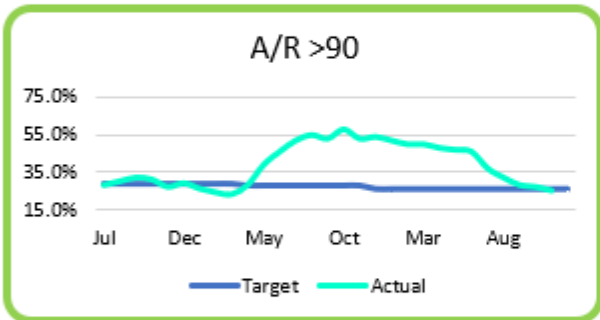
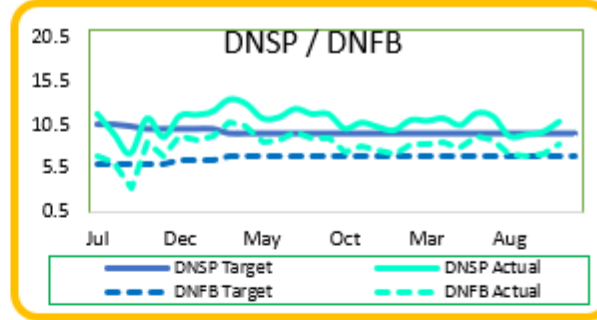
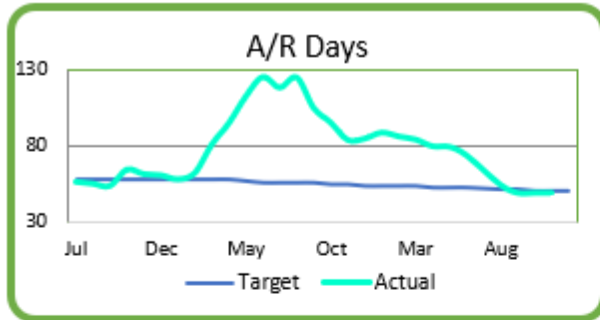
Payer Mix



Commentary:

- Prior Month Change:
 - Medicare: +0.1%
 - Medicaid: -0.2%
 - Commercial: +0.0%
 - Uncompensated: +0.1%

Revenue Cycle KPI



Commentary:

Our AR and cash collections metrics are meeting targets and our DNFB/DNSP are slightly off target. Operations is focusing on making the appropriate updates to these accounts to release them to the payers of processing. We expect to be back aligned to our targets for this KPI by end of January.

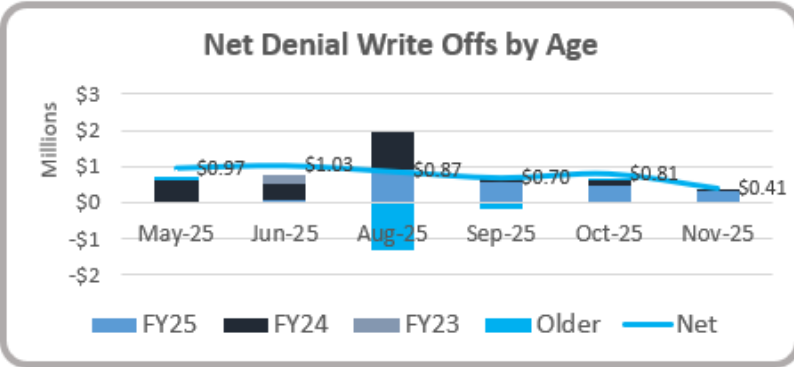
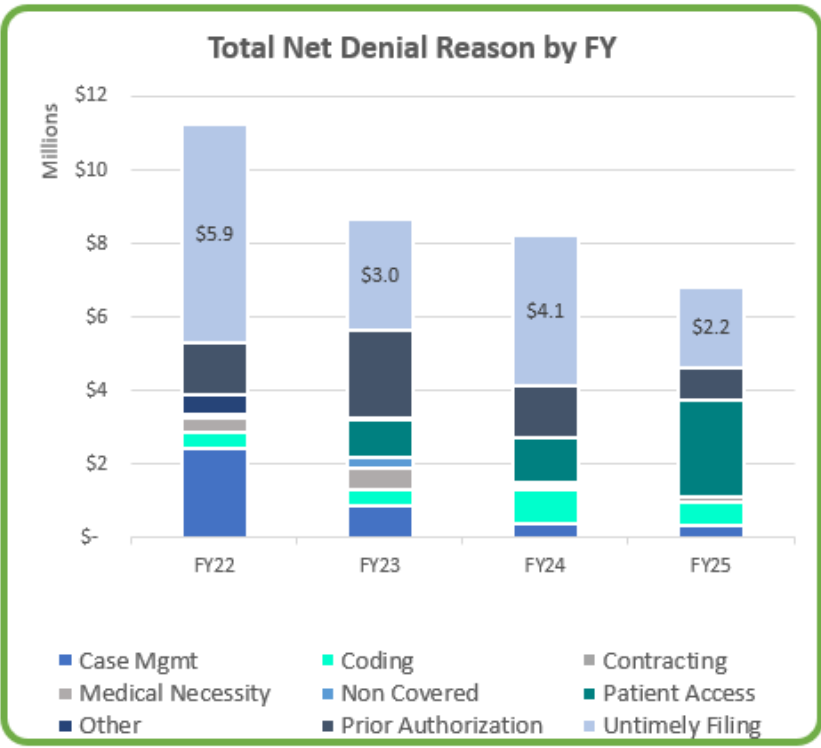
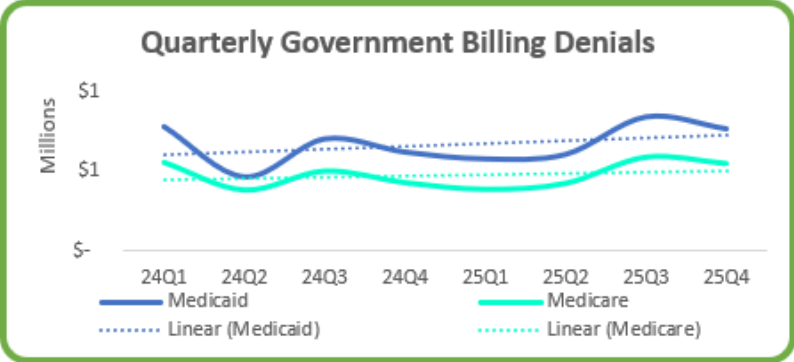
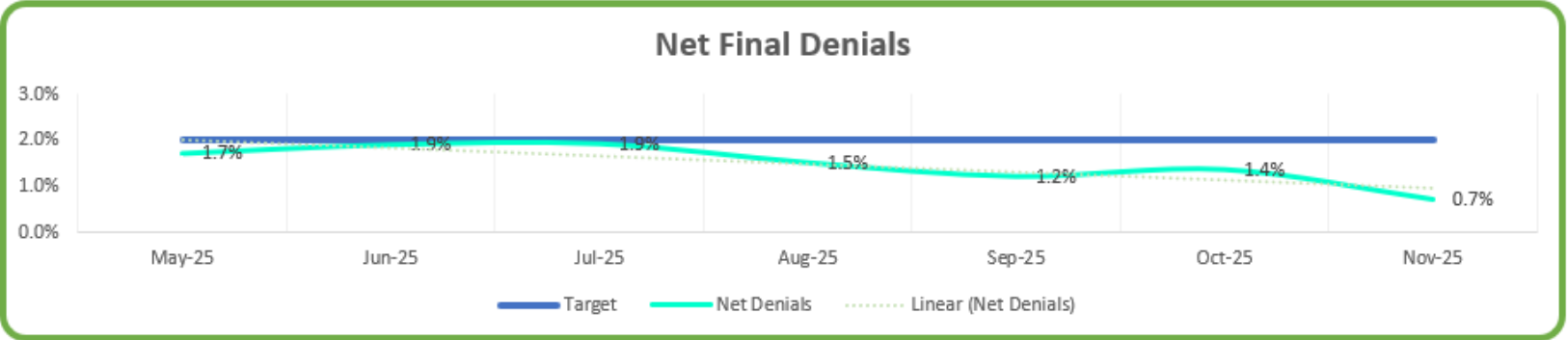
Definitions:

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

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

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

Denials








Charitable & Public Program Expenditures

<u>Charitable Benefits and Community Programs</u>	2023 Actual	2024 Actual	2025 Budget	2025 Projected
Traditional Charity Care	\$ 105,040	\$ 201,962	\$ 232,719	\$ 309,514
Other Uncompensated Care	135,655	80,164	88,500	120,885
Cermak & JTDC Health Services	100,779	116,223	143,621	121,128
Department of Public Health	12,712	22,113	27,553	25,040
Other Public Programs & Community Services	66,321	71,600	52,870	52,870
Totals	\$ 420,506	\$ 492,062	\$ 545,263	\$ 629,437
% of Revenues *	38.8%	30.5%	32.6%	41.3%
% of Costs *	23.1%	28.5%	24.2%	31.6%

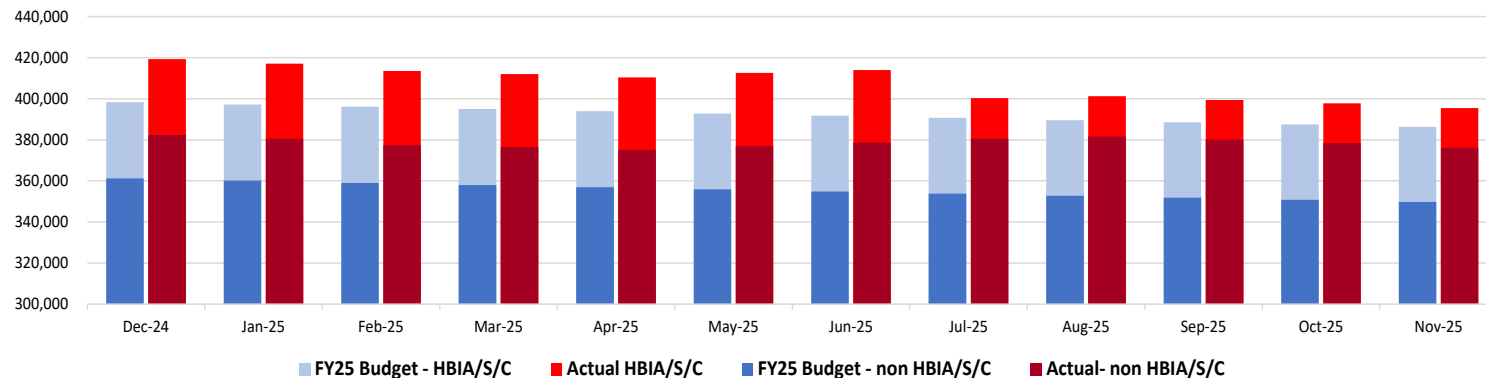
* Excludes County Care Health Plan Services

Savings Initiatives

Current Activities in Progress	Budgeted FY25 Impact	YTD Achieved	Status
<u>Revenue Cycle:</u>			
CDM Annual Pricing Review	2,650,000	2,859,792	
Revenue Recovery	3,400,000	3,451,349	
Point of Service Collections	300,000	313,875	
<u>County Care:</u>			
Vendor Contract Negotiations- (term eff July)	2,400,000	2,400,000	
<u>Health System:</u>			
Vendor Contract Negotiations	20,000,000	39,586,821	
	<u>\$ 28,750,000</u>	<u>\$ 48,611,837</u>	169%
		Goal	100%

Dollars in 000s except PMPM amounts	FY2025 Actual	FY2025 Budget	Variance	%	Fy24 Actual
Capitation Revenue	\$3,697,251	\$3,331,437	\$365,814	10.98%	\$3,429,893
Operating Expenses					
Clinical - CCH	\$134,703	\$139,525	\$4,822	3.46%	\$155,823
Clinical - External	\$3,515,803	\$3,030,907	(\$484,896)	(16.00%)	\$3,142,150
Administrative	\$196,016	\$157,606	(\$38,410)	(24.37%)	\$175,281
Total Expenses	\$3,846,523	\$3,328,038	(\$518,484)	(15.58%)	\$3,473,254
Operating Gain (Loss)	(\$149,272)	\$3,399	(\$152,670)		(\$43,361)
Activity Levels					
Member Months	4,892,834	4,707,616	185,218	3.93%	5,147,727
Monthly Membership	395,494	386,364	9,130	2.36%	418,237
CCH CountyCare Member Months	355,970	N/A	N/A	N/A	377,352
CCH % CountyCare Member Months	7.28%	N/A	N/A	N/A	7.33%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$755.65	\$707.67	\$47.98	6.78%	\$666.29
Clinical Cost PMPM	\$746.09	\$673.47	(\$72.62)	(10.78%)	\$640.67
Medical Loss Ratio (1)	98.7%	95.2%	(3.57%)	(3.75%)	95.3%
Administrative Cost Ratio	5.2%	4.7%	(0.51%)	(10.81%)	5.1%
Total FTEs	394	429	35		375

CountyCare Membership



Commentary

- Total YTD member months are exceeding budget by 185,218 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Operating Loss of \$149M (*includes depr exp & interest inc*)
- Operating loss driven by higher medical loss ratio than expected.
- Higher MLR due to rate underfunding for high-cost drugs and NICU cases.
- \$30m negative annual impact from recent state risk adjustment.

Notes:

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

Quality & Patient Safety



COOK COUNTY
HEALTH

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

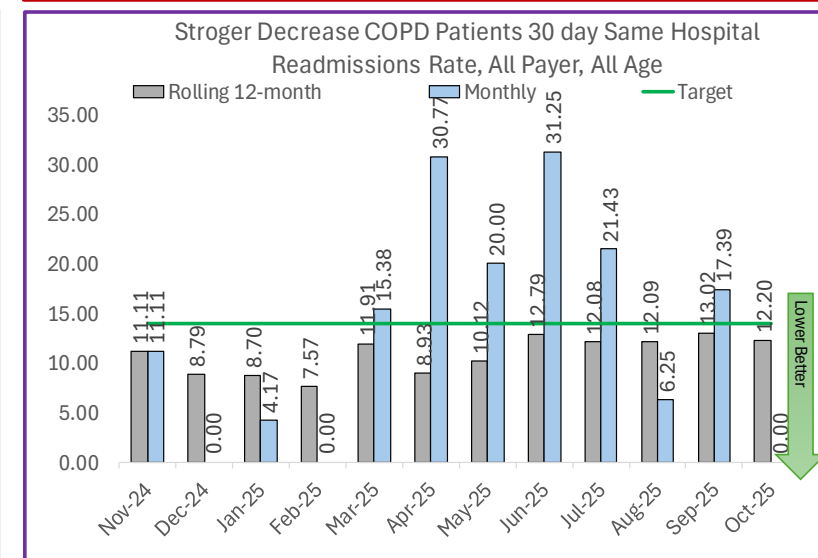
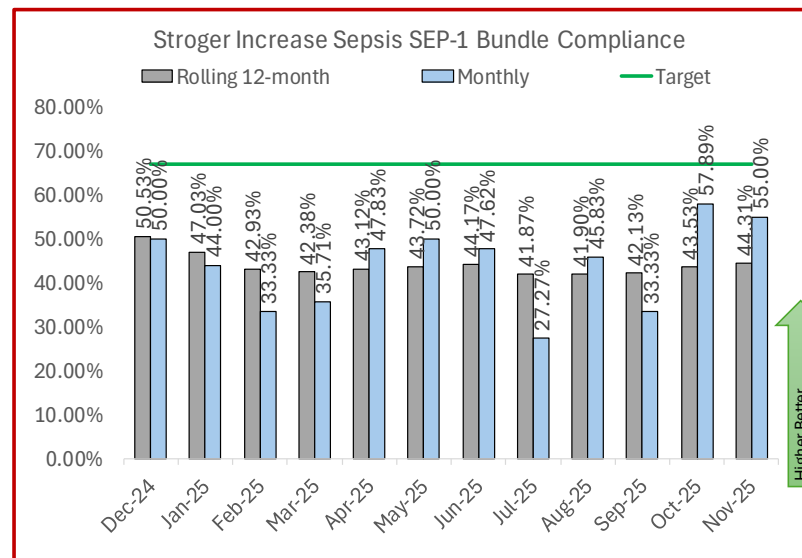
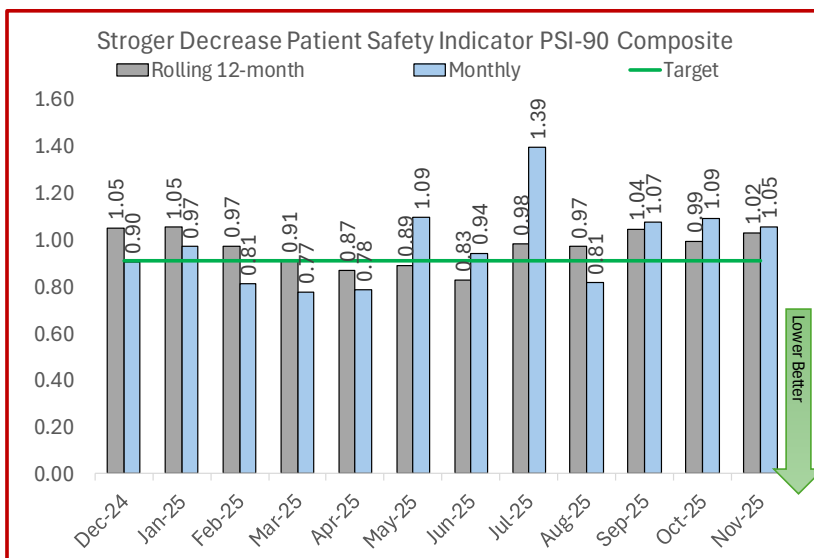
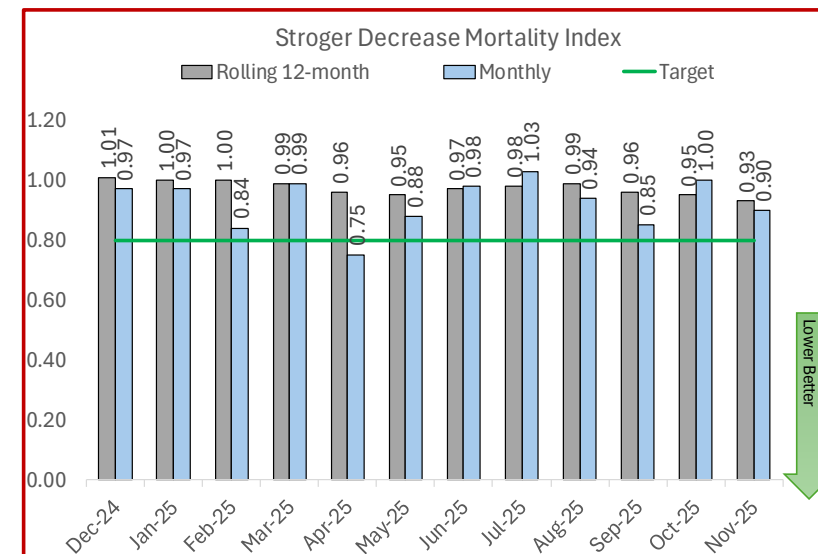
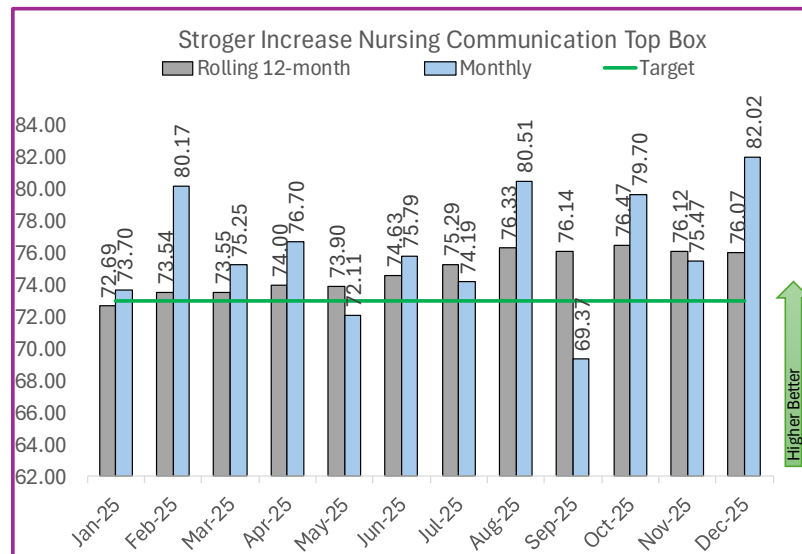
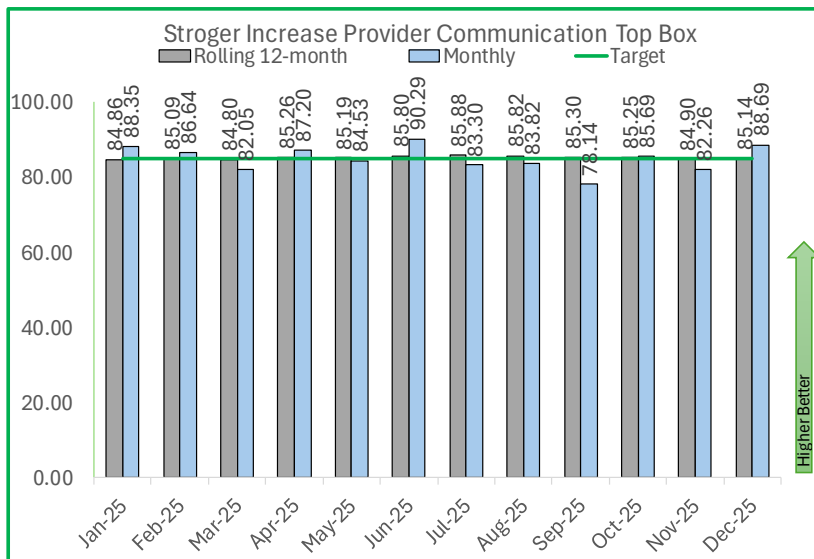


Chart performance monitoring-color based on the most recent rolling 12-month scoring measure results.

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

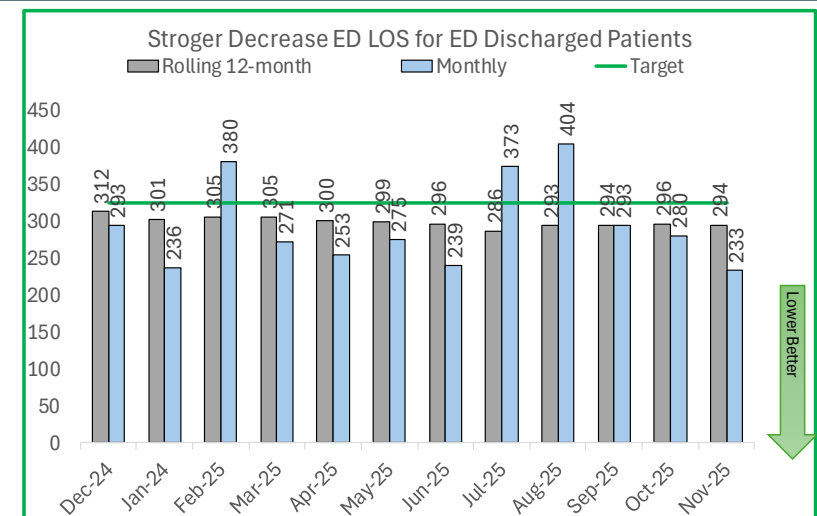
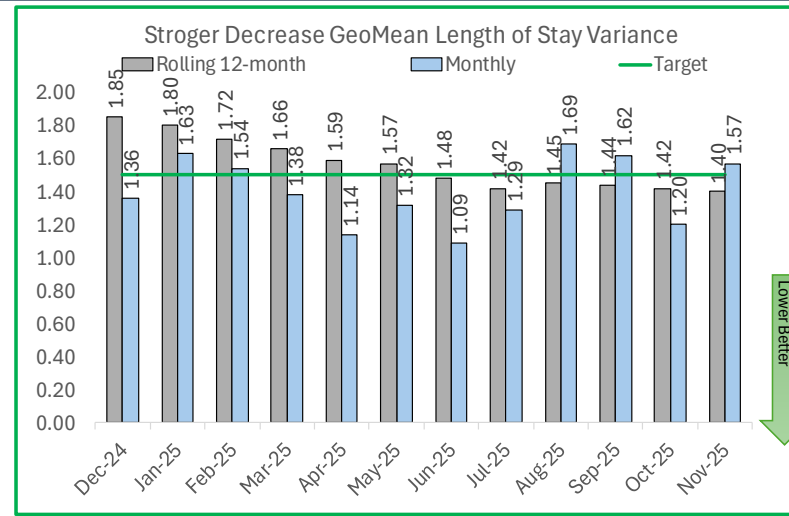
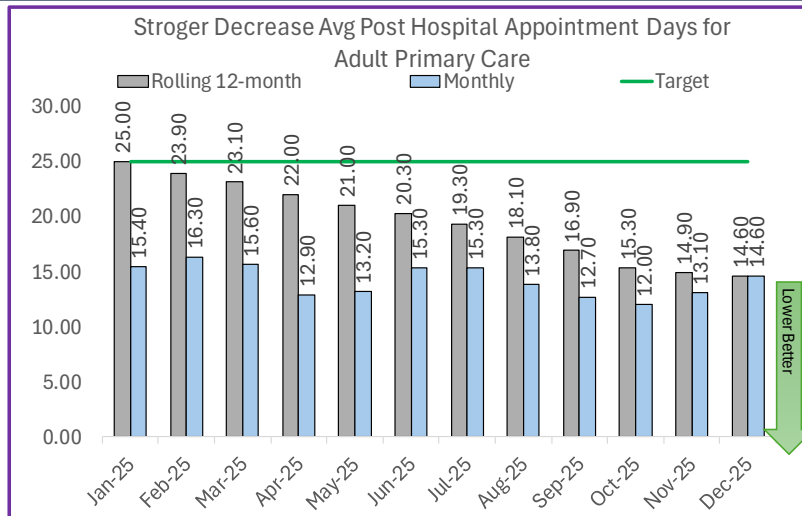


Chart performance monitoring-color based on the most recent rolling 12-month scoring measure results.

Op Ex Steering Committee Dashboard for Stroger Hospital																					
DOMAIN																					
WORKGROUPS		Metrics																			
						Quarterly Improvement	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change
		Target	Stretch	Baseline	Expected																
Increase Rolling 12-month Top Box Comm w/ Physician		85.00	87.50	82.01	0.75	84.86	85.09	84.80	85.26	85.19	85.80	85.88	85.82	85.30	85.25	84.90	85.14	83.21	85.14	2.3%	
Increase Monthly Top Box Comm w/ Physician Domain						88.35	86.64	82.05	87.20	84.53	90.29	83.30	83.82	78.14	85.69	82.26	88.69				
		Target	Stretch	Baseline	Quarterly Improvement Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change	
Increase Rolling 12-month Top Box Comm w/ Nursing Domain		73.00	75.00	69.75	0.81	72.69	73.54	73.55	74.00	73.90	74.63	75.29	76.33	76.14	76.47	76.12	76.07	71.80	76.07	5.9%	
Increase Monthly Top Box Comm w/ Nursing Domain						73.70	80.17	75.25	76.70	72.11	75.79	74.19	80.51	69.37	79.70	75.47	82.02				
		Target	Stretch	Baseline	Quarterly Improvement Expected	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2024	YTD 2025	% in change	
Decrease Rolling 12-month Mortality Index		0.80		0.86	-0.02	1.01	1.00	1.00	0.99	0.96	0.95	0.97	0.98	0.99	0.96	0.95	0.93	1.01	0.92	-8.9%	
Decrease Monthly Mortality Index						0.97	0.97	0.84	0.99	0.75	0.88	0.98	1.03	0.94	0.85	1.00	0.90				
		Target	Stretch	Baseline	Quarterly Improvement Expected	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2024	YTD 2025	% in change	
Decrease Rolling 12-month Patient Safety Indicator PSI-90		0.907		1.008	-0.025	1.05	1.05	0.97	0.91	0.87	0.89	0.83	0.98	0.97	1.04	0.99	1.02	1.048	1.09	4.4%	
Decrease Monthly Patient Safety Indicator PSI-90 Composite						0.90	0.97	0.81	0.77	0.78	1.09	0.94	1.39	0.81	1.07	1.09	1.05				
		Target	Stretch	Baseline	Quarterly Improvement Expected	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2024	YTD 2025	% in change	
Increase Rolling 12-month Sepsis SEP-1 Bundle Compliance		67%		56%	2.75%	50.53%	47.03%	42.93%	42.38%	43.12%	43.72%	44.17%	41.87%	41.90%	42.13%	43.53%	44.31%	50.53%	44%	-13.4%	
Increase Monthly Sepsis SEP-1 Bundle Compliance						50.00%	44.00%	33.33%	35.71%	47.83%	50.00%	47.62%	27.27%	45.83%	33.33%	57.89%	55.00%				

READMISSIONS	Quarterly				Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	2024	YTD 2025	% in change
	Target	Stretch	Baseline	Improvement Expected															
Decrease Rolling 12-month COPD Readmission Rate (all	14.00	13.00	15.40	-0.35	11.11	8.79	8.70	7.57	11.91	8.93	10.12	12.79	12.08	12.09	13.02	12.20	8.79	13.95	58.7%
Decrease Monthly COPD Readmission Rate (all ages, all					11.11	0.00	4.17	0.00	15.38	30.77	20.00	31.25	21.43	6.25	17.39	0.00			
	Quarterly				Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change
	Target	Stretch	Baseline	Improvement Expected															
Decrease Rolling 12-month Post Hospital Appointment Days	25.00	20.00	32.50	-1.88	25.00	23.90	23.10	22.00	21.00	20.30	19.30	18.10	16.90	15.30	14.90	14.60	26.3	14.60	-44.5%
Decrease Monthly Post Hospital Appointment Days for Adult					15.40	16.30	15.60	12.90	13.20	15.30	15.30	13.80	12.70	12.00	13.10	14.60			
THROUGHPUT	Quarterly				Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2024	YTD 2025	% in change
	Target	Stretch	Baseline	Improvement Expected															
Decrease Rolling 12-month Geometric Mean Length of Stay	1.50	1.30	1.87	-0.09	1.85	1.80	1.72	1.66	1.59	1.57	1.48	1.42	1.45	1.44	1.42	1.40	1.85	1.40	-24.3%
Decrease Monthly Hospital Geometric Mean Length of Stay					1.36	1.63	1.54	1.38	1.14	1.32	1.09	1.29	1.69	1.62	1.20	1.57			
	Quarterly				Dec-24	Jan-24	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	2024	YTD 2025	% in change
	Target	Stretch	Baseline	Improvement Expected															
Decrease Rolling 12-month Median ED LOS for ED Discharged	324	288	360	-9	312	301	305	305	300	299	296	286	293	294	296	294	312	294	-5.8%
Decrease Monthly Median ED LOS for ED Discharged Patient					293	236	380	271	253	275	239	373	404	293	280	233			

Provident 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

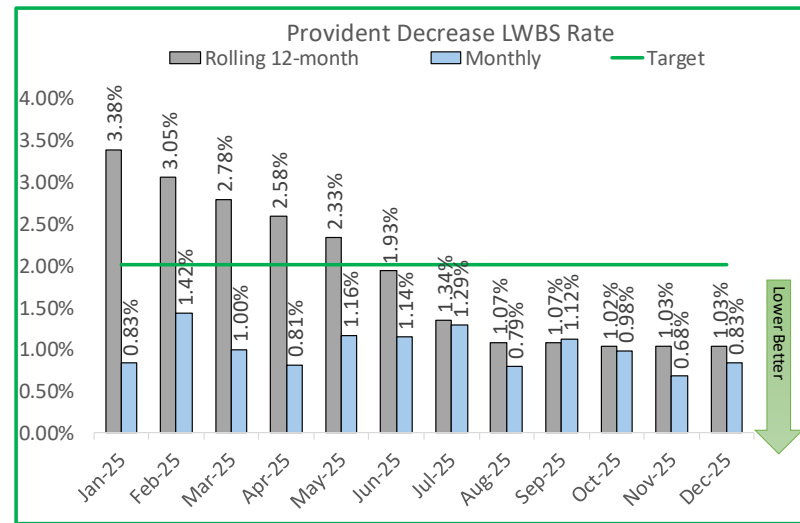
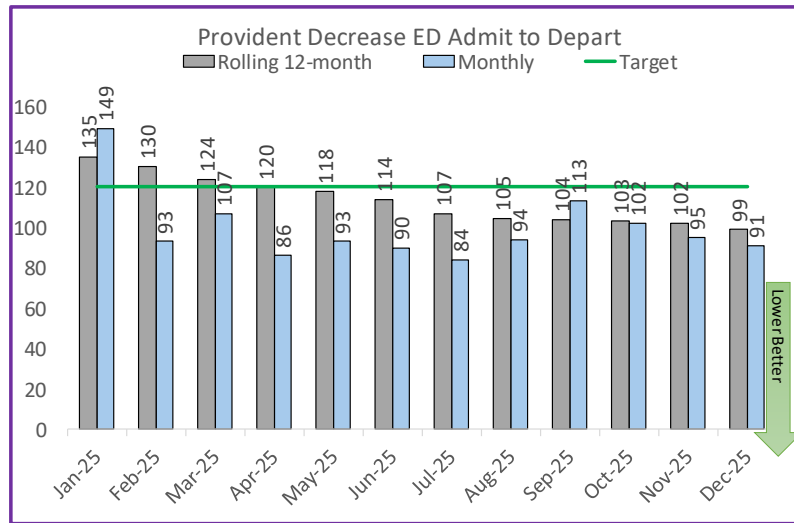
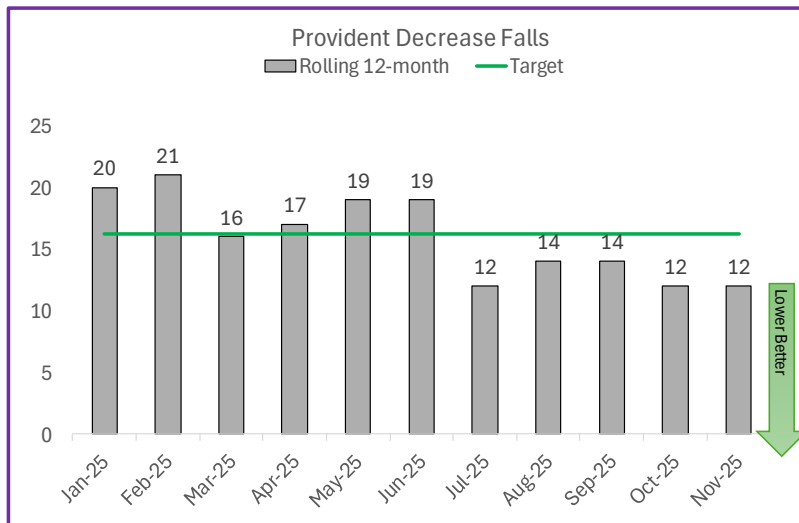
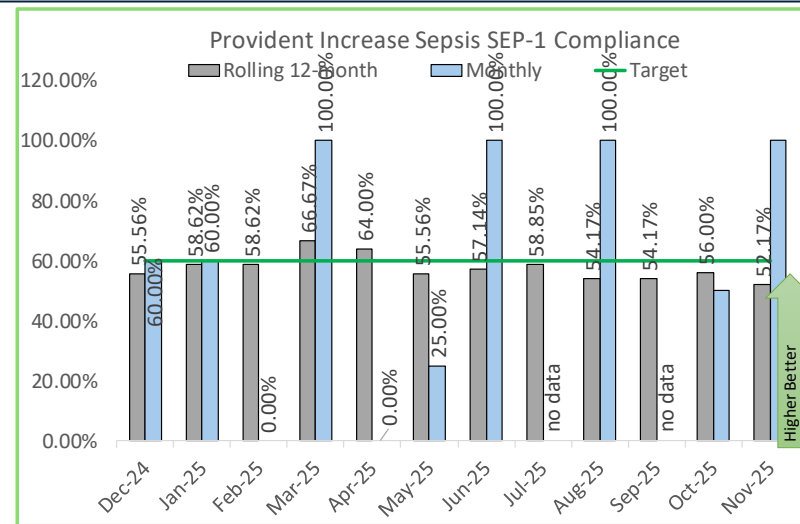
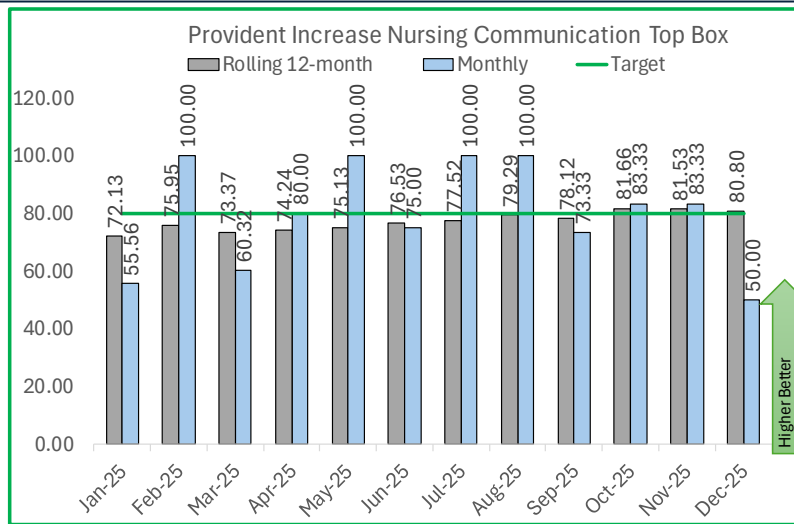
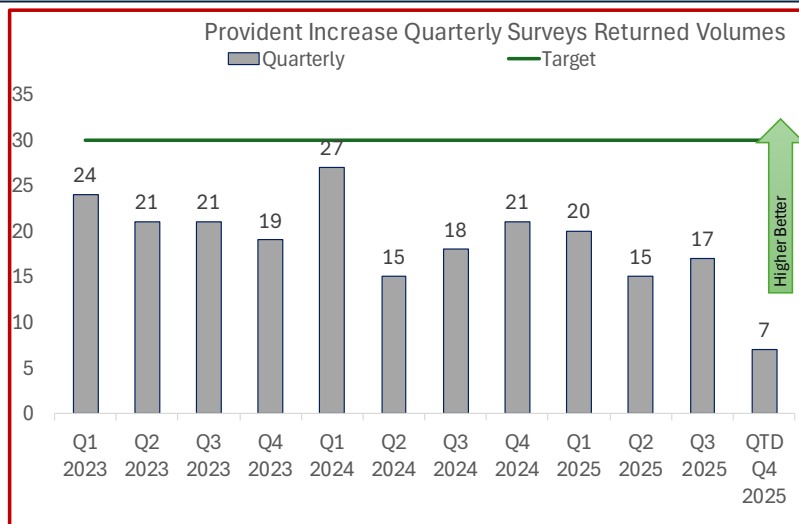


Chart performance monitoring-color based on the most recent rolling 12-month scoring measure results.

Op Ex Steering Committee Dashboard for Provident Hospital																
DOMAIN WORKGROUPS				Metrics												
PATIENT EXPERIENCE				Quarterly Improvement Expected	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024	Q2 2024	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025	QTD Q4 2025
	Target	Stretch	Baseline													
Increase Qtrly Survey Return Volumes	30	35	19	3	24	21	21	19	27	15	18	21	20	15	17	7
Data lagging updated often																
				Quarterly Improvement Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
	Target	Stretch	Baseline													
Increase Rolling 12-month Top Box Comm w/ Nursing	80.00	83.00	74.55	0.613	72.13	75.95	73.37	74.24	75.13	76.53	77.52	79.29	78.12	81.66	81.53	80.80
Increase Monthly Top Box Comm w/ Nursing Domain					55.56	100.00	60.32	80.00	100.00	75.00	100.00	100.00	73.33	83.33	83.33	50.00
CLINICAL OUTCOMES				Quarterly Improvement Expected	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25
	Target	Stretch	Baseline													
Increase Rolling 12-month Increase Sepsis SEP-1	60%	65%	47%	3.33%	55.56%	58.62%	58.62%	66.67%	64.00%	55.56%	57.14%	58.85%	54.17%	54.17%	56.00%	52.17%
Increase Monthly Increase Sepsis SEP-1 Compliance					60.00%	60.00%	0.00%	100.00%	0.00%	25.00%	100.00%	no data	100.00%	no data	50.00%	100.00%
				Quarterly Improvement Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
	Target	Stretch	Baseline													
Decrease Rolling 12-month Inpatient Falls	16	15	18	-0.45	20	21	16	17	19	19	12	14	14	12	12	12
Decrease Monthly Inpatient Falls					0	2	1	2	2	2	0	2	0	0	1	0
THROUGHPUT				Quarterly Improvement Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
	Target	Stretch	Baseline													
Decrease Rolling 12-month Median ED Admit Decision	120	100	139	-4.75	135	130	124	120	118	114	107	105	104	103	102	99
Decrease Monthly Median ED Admit Decision to Depart					149	93	107	86	93	90	84	94	113	102	95	91
				Quarterly Improvement Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25
	Target	Stretch	Baseline													
Decrease Rolling 12-month LWBS Rate	2.0%	1.0%	4.3%	-0.6%	3.38%	3.05%	2.78%	2.58%	2.33%	1.93%	1.34%	1.07%	1.07%	1.02%	1.03%	1.03%
Decrease Monthly Decrease LWBS Rate					0.83%	1.42%	1.00%	0.81%	1.16%	1.14%	1.29%	0.79%	1.12%	0.98%	0.68%	0.83%

ACHN Op Ex Committee Dashboard



COOK COUNTY
HEALTH

Met or Exceeded Stretch Goal

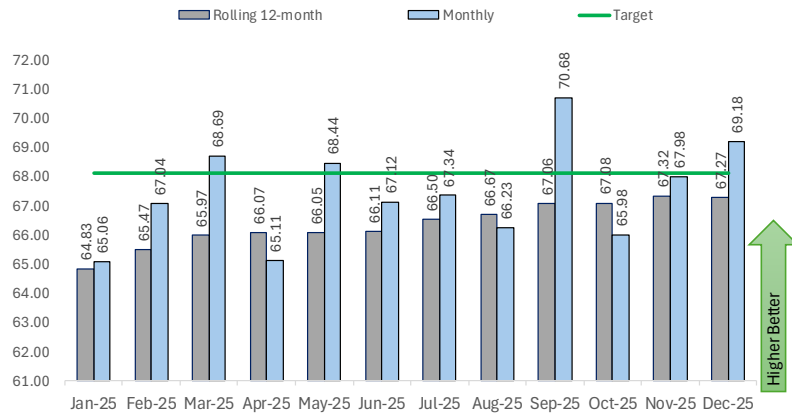
Met or Exceeding Target, not meeting Stretch

Improvement from Baseline, not meeting Target

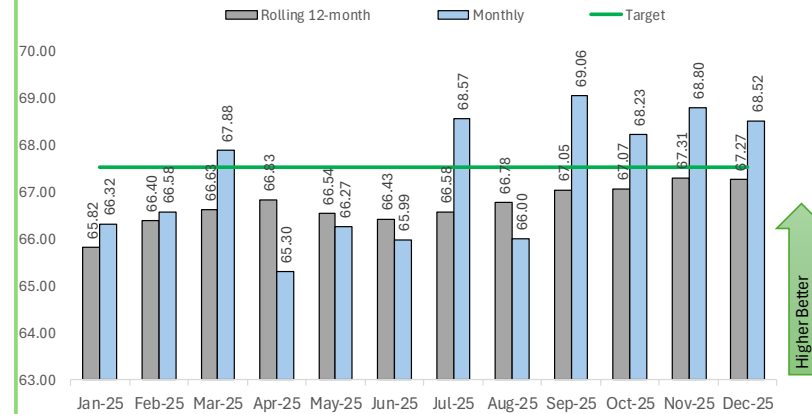
At Baseline, not improving from baseline

Op Ex Steering Committee Dashboard for ACHN

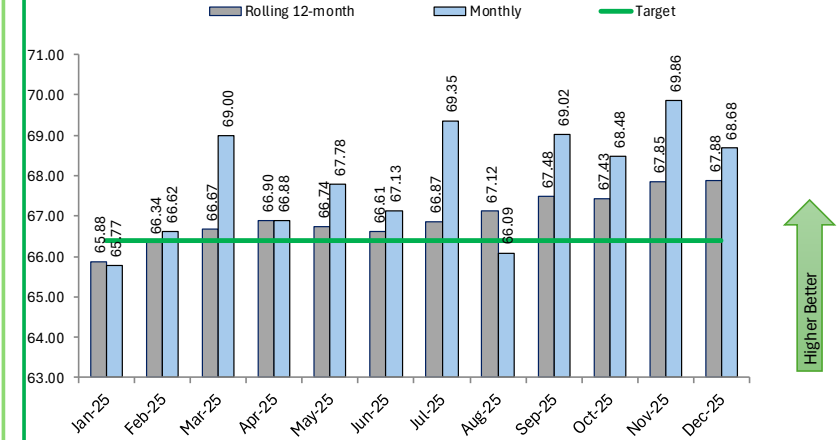
ACHN Amb Services Increase Staff worked together for you



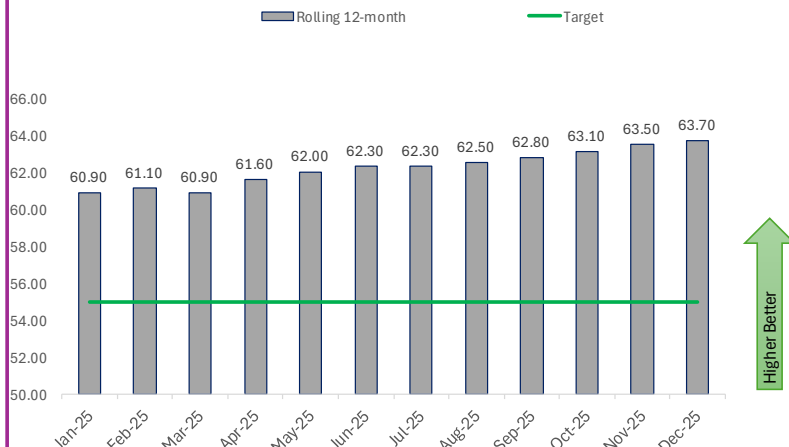
ACHN Amb Services Increase Top Box Care Provider Addressing Concerns/Worries



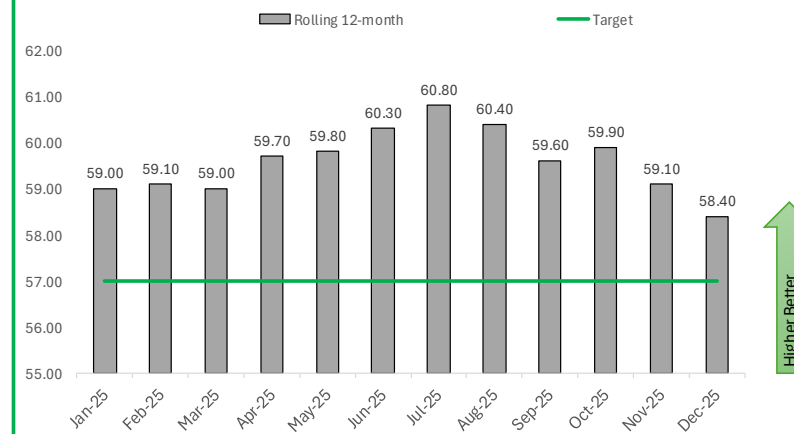
ACHN Amb Services Increase Top Box Care Provider Explains Prob/Condition



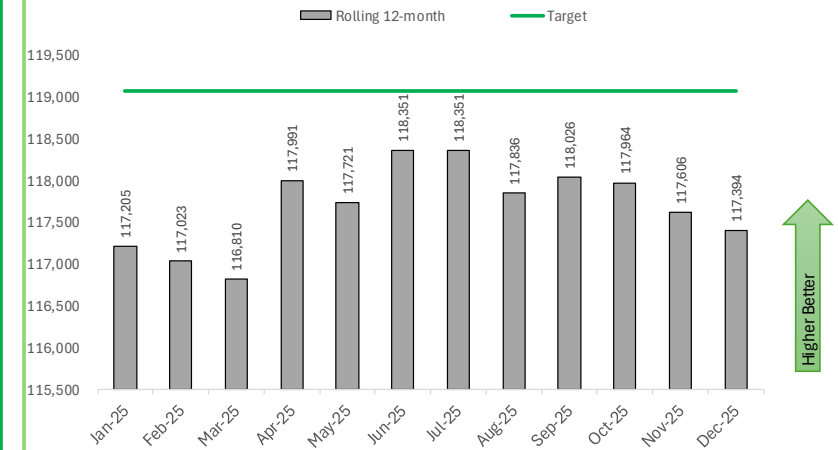
ACHN Amb Services Increase Breast Cancer Screening Rates



ACHN Amb Services Increase Hypertension Management Blood Pressure <140-90



ACHN Amb Services Increase Empanelment



Op Ex Steering Committee Dashboard for ACHN																						
DOMAIN WORKGROUPS				Metrics																		
PATIENT EXPERIENCE TOP BOX SCORING				Quarterly Improvement t Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change			
					Target	Stretch	Baseline	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25				Oct-25	Nov-25	Dec-25
Increase Rolling 12-month Top Box - Staff worked				68.08	69.78	65.66	0.61	64.83	65.47	65.97	66.07	66.05	66.11	66.50	66.67	67.06	67.08	67.32	67.27	64.85	67.27	3.7%
Increase Monthly Staff worked together for you								65.06	67.04	68.69	65.11	68.44	67.12	67.34	66.23	70.68	65.98	67.98	69.18			
				Quarterly Improvement t Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change			
					Target	Stretch	Baseline	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25				Oct-25	Nov-25	Dec-25
Increase Rolling 12-month Top Box - Care Provider Addr.				67.54	69.13	65.62	0.48	65.82	66.40	66.63	66.83	66.54	66.43	66.58	66.78	67.05	67.07	67.31	67.27	65.85	67.27	2.2%
Increase Monthly Care Provider Addressing								66.32	66.58	67.88	65.30	66.27	65.99	68.57	66.00	69.06	68.23	68.80	68.52			
				Quarterly Improvement t Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change			
					Target	Stretch	Baseline	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25				Oct-25	Nov-25	Dec-25
Increase Rolling 12-month Top Box - Care Provider				66.39	68.36	64.47	0.48	65.88	66.34	66.67	66.90	66.74	66.61	66.87	67.12	67.48	67.43	67.85	67.88	65.97	67.88	2.9%
Increase Monthly Care Provider Explains								65.77	66.62	69.00	66.88	67.78	67.13	69.35	66.09	69.02	68.48	69.86	68.68			
HEDIS				Quarterly Improvement t Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change			
					Target	Stretch	Baseline	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25				Oct-25	Nov-25	Dec-25
Increase Rolling 12-month Breast Cancer Screening				55.00	58.40	53.30	0.43	60.90	61.10	60.90	61.60	62.00	62.30	62.30	62.50	62.80	63.10	63.50	63.70	50.50	63.70	26.1%
				Quarterly Improvement t Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change			
					Target	Stretch	Baseline	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25				Oct-25	Nov-25	Dec-25
Increase Rolling 12-month Hypertension Management				57.00	61.00	55.00	1.58	59.00	59.10	59.00	59.70	59.80	60.30	60.80	60.40	59.60	59.90	59.10	58.40	52.80	58.40	10.6%
Blood Pressure Rate <140/90 for patients																						
Empanelment				Quarterly Improvement t Expected	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	2024	YTD 2025	% in change			
					Target	Stretch	Baseline	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25				Oct-25	Nov-25	Dec-25
Increase Empanelment of Engaged / Affiliated Patients				119,061	121,965	116,157	1,452	117,205	117,023	116,810	117,991	117,721	118,351	118,351	117,836	118,026	117,964	117,606	117,394	116,157	117,394	1.1%

Data Definitions & Legend Reference

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

