

Minutes of the Meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Thursday, January 23, 2020 at the hour of 10:30 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH; Mike Koetting (Substitute Member); and Layla P. Suleiman Gonzalez, PhD, JD (3)

Board Chair Hammock (ex-officio) and Patricia Merryweather (Non-Director Member)

Telephonically

Present: Director Heather M. Prendergast, MD, MS, MPH (1)

Absent: None (0)

Director Koetting, seconded by Director Driscoll, moved to allow Director Prendergast to telephonically participate in this meeting as a voting member. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Debra D. Carey – Interim Chief Executive Officer

Trevor Lewis, MD – John H. Stroger, Jr. Hospital of Cook County

Jeff McCutchan –General Counsel

Iliana Mora – Chief Operating Officer, Ambulatory Services

John O’Brien, MD – Chair, Department of Professional Education

LaMorris Perry, MD – Medical Director, Ambulatory Services

Deborah Santana – Secretary to the Board

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

Dr. John O’Brien, Chair of the Department of Professional Education, provided an update on regulatory and accreditation matters. He stated that CCH has recently had three (3) regulatory site visits from representatives from the Illinois Department of Public Health (IDPH) – one at Provident Hospital and two (2) at Stroger Hospital.

The visit at Provident Hospital was regarding an Emergency Medical Treatment and Labor Act (EMTALA) complaint relating to the Emergency Department. The complaint was resolved and there were no other issues or follow-up needed.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates (continued)

The first visit at Stroger was also regarding an EMTALA complaint relating to the Emergency Department. The administration does not yet have the final outcome, but staff are prepared for a follow-up survey on that. Director Driscoll requested that the Committee be updated on the matter when further information is available. Dr. O'Brien noted that the administration believes that the EMTALA complaint stems from a miscommunication from this institution to the receiving institution for this patient; the patient being transferred was to receive a service that is not provided here. He added that the other institution involved is also getting a site visit.

The second IDPH visit to Stroger Hospital occurred in the following week. This was a combination visit – the inpatient dialysis unit was up for a reaccreditation visit, and there had also been a complaint lodged in 2018. They found no basis for the complaint, and they gave the unit a couple of minor issues to work on relating to infection control. Overall, there were no major issues from that site visit.

Dr. O'Brien noted that Provident Hospital is in the window for a survey visit from representatives from The Joint Commission; the window for Stroger Hospital starts in February.

B. Metrics (Attachment #1)

Dr. O'Brien provided an overview of the metrics. The Committee reviewed and discussed the information.

During the discussion of the metrics, Dr. O'Brien provided information regarding activities relating to the Novel Coronavirus. Dr. Sharon Welbel, System Director of Hospital Epidemiology and Infection Control and Prevention, spoke at a recent meeting of leadership regarding this subject. He noted that staff are already practicing prophylaxis measures for influenza - when people are coming in, their first encounter with staff involves being asked about fever and cough, and if they have either of those, they are provided a mask at the outset. He stated that staff will continue to be vigilant in responding to all respiratory illnesses.

IV. Action Items

A. Approve Quality Plan for Ambulatory Services (Attachment #2)

Dr. LaMorris Perry, Medical Director for Ambulatory Services, provided an overview of the presentation on the proposed Quality Plan for Ambulatory Services, which included information on the following subjects:

- Cook County Health (CCH) Mission
- CCH Ambulatory Outpatient Sites
- Quality Plan Overview
- Ambulatory – Goals of the Quality Plan
- Ambulatory Quality Priorities
- CCH Quality Reporting Structure
- Structure: Ambulatory Leadership Quality and Patient Safety Oversight
- Patient Safety Adverse Events: Reporting and Review
- Primary Care Medical Home (PCMH) Requirements / Major Goals

IV. Action Items

A. Approve Quality Plan for Ambulatory Services

- What is HEDIS?
- Descriptions of our Populations
- ACHN Quality Initiatives
- Ambulatory 2019-2021 Key Performance Indicators
- What is our Compassionate Journey?
- What is Compassion and why does it matter?
- Compassion in our Health Centers
- Data
- The Centers for Medicare & Medicaid Services (CMS) – Meaningful Use
- Meaningful Use and Physician Quality Reporting System
- Continuous Quality Improvement - Oversight

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the proposed Quality Plan for Ambulatory Services. THE MOTION CARRIED UNANIMOUSLY.

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

There were none presented for consideration.

C. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #3)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented his report. He stated that, at the recent Annual Meeting of the Medical Staff, their guest speaker discussed breaking down silos within the medical staff; this involves medical staff collaboration and working together among departments. Reports were also received regarding research efforts of the medical staff, Graduate Medical Education, and child protective services.

Dr. Marlon Kirby, who is the newly-elected President of the EMS of Provident Hospital of Cook County, was not present for the meeting.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Director Suleiman Gonzalez, seconded by Director Driscoll, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

D. Minutes of the Quality and Patient Safety Committee Meeting, December 13, 2019

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of December 13, 2019. THE MOTION CARRIED UNANIMOUSLY.

E. Any items listed under Sections IV and V

V. Closed Meeting Items

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

The Committee did not recess into a closed meeting.

VI. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

Follow-up: A request was made for updates to be provided regarding the IDPH site visit to Stroger Hospital relating to the EMTALA complaint. Page 2

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ATTACHMENT #1

QPS Quality Dashboard



January 23, 2020



COOK COUNTY
HEALTH

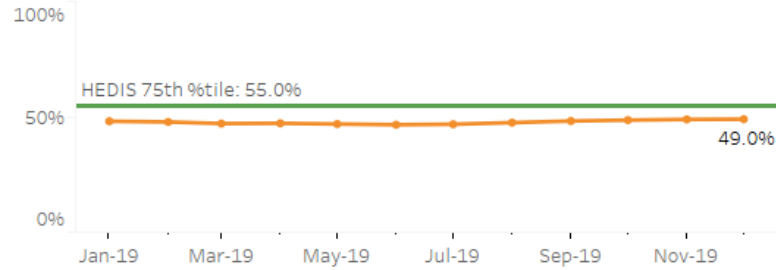


COOK COUNTY HEALTH

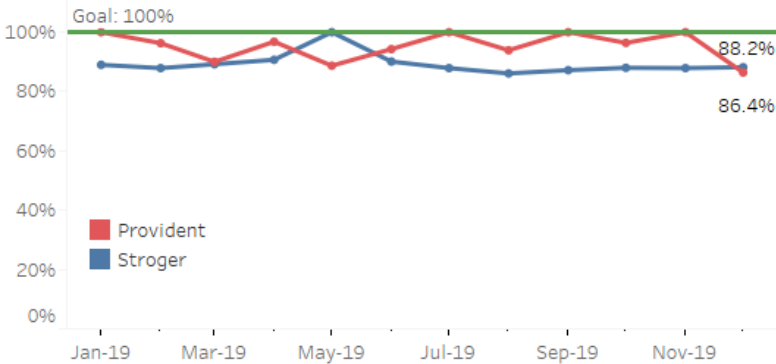
Quality Dashboard
January 23, 2020

Health Outcomes

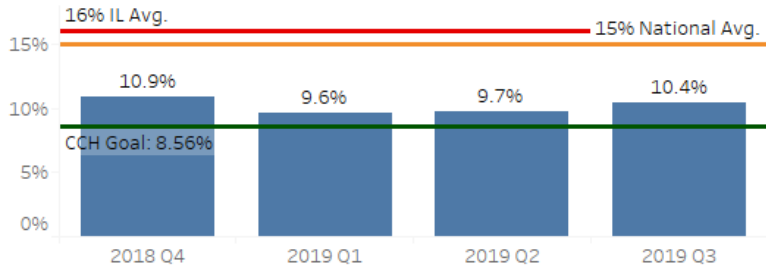
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

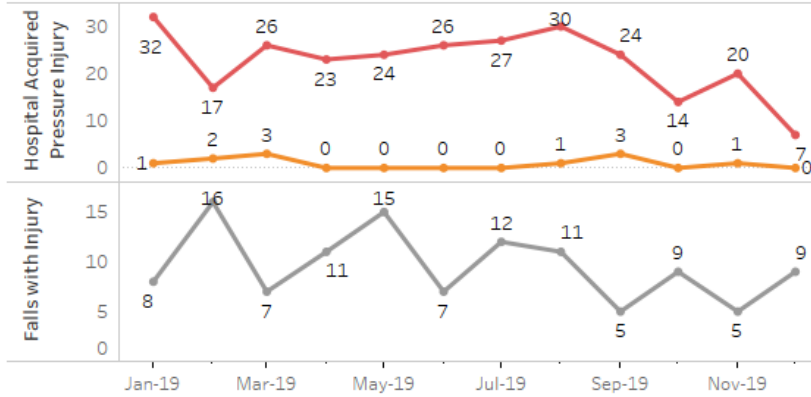


30 Day Readmission Rate

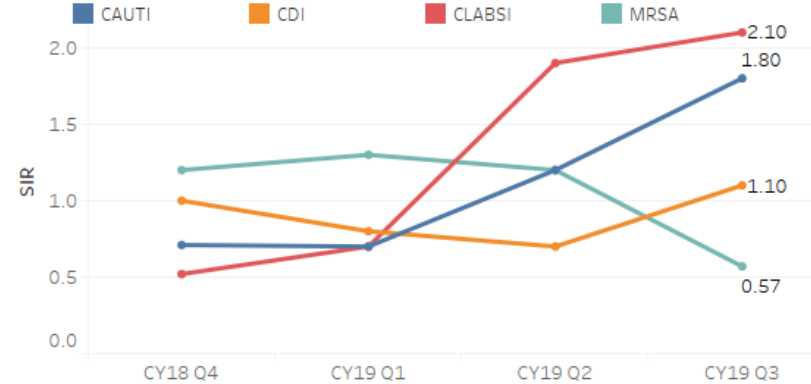


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

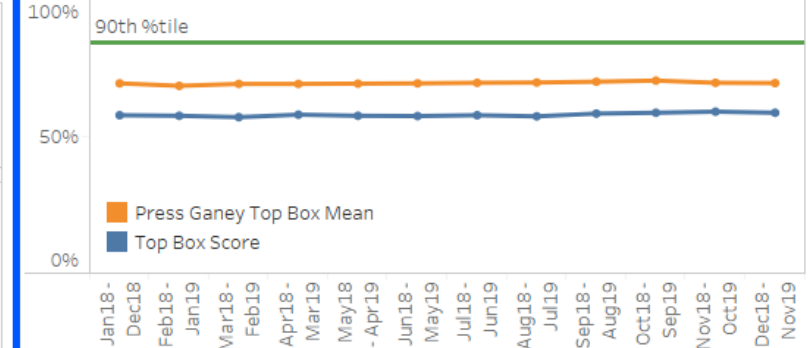


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

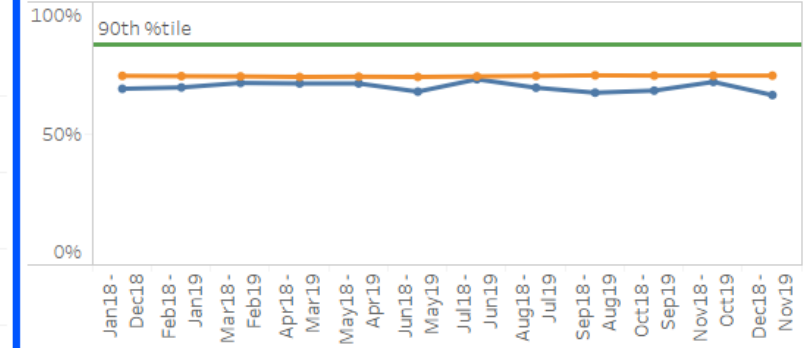
	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
CAUTI	3	1	1	2	1	2	5	6	2	3	0	1
CDI	4	6	2	6	5	4	4	9	5	7	7	5
CLABSI	2	1	0	2	2	2	3	2	4	1	1	1
MRSA	0	1	0	1	0	0	2	0	0	1	1	0

Utilization

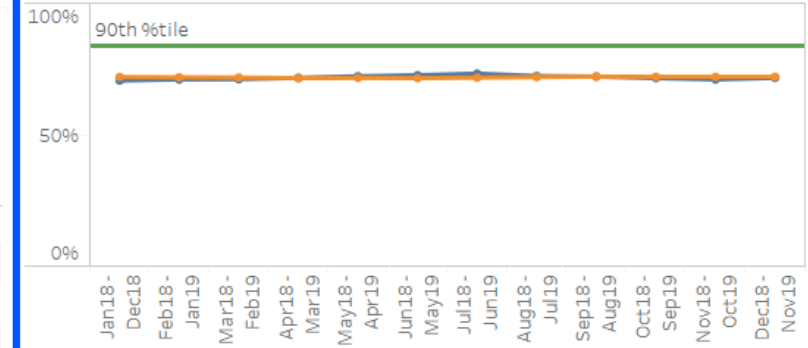
ACHN--Overall Clinic Assessment



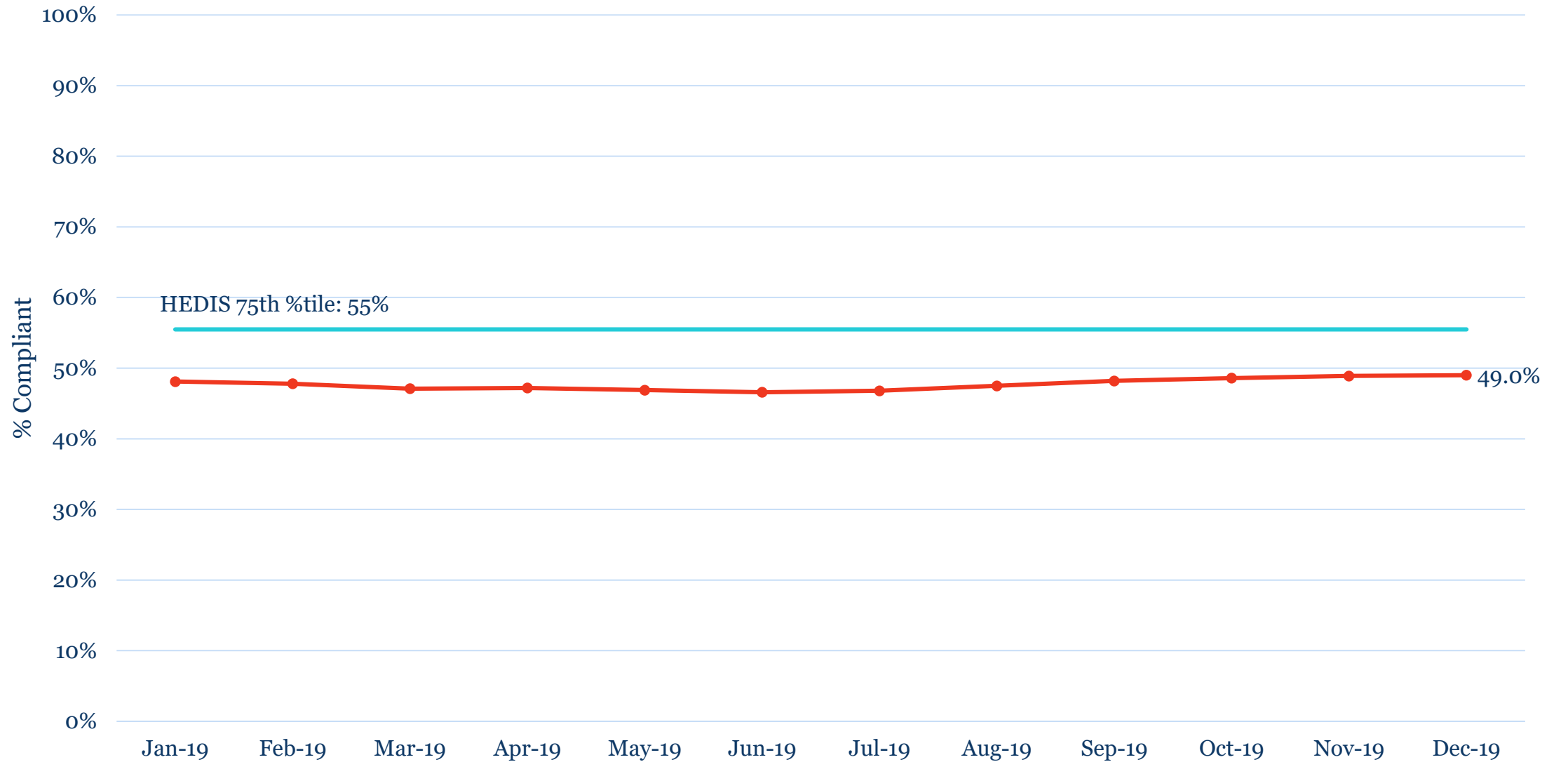
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

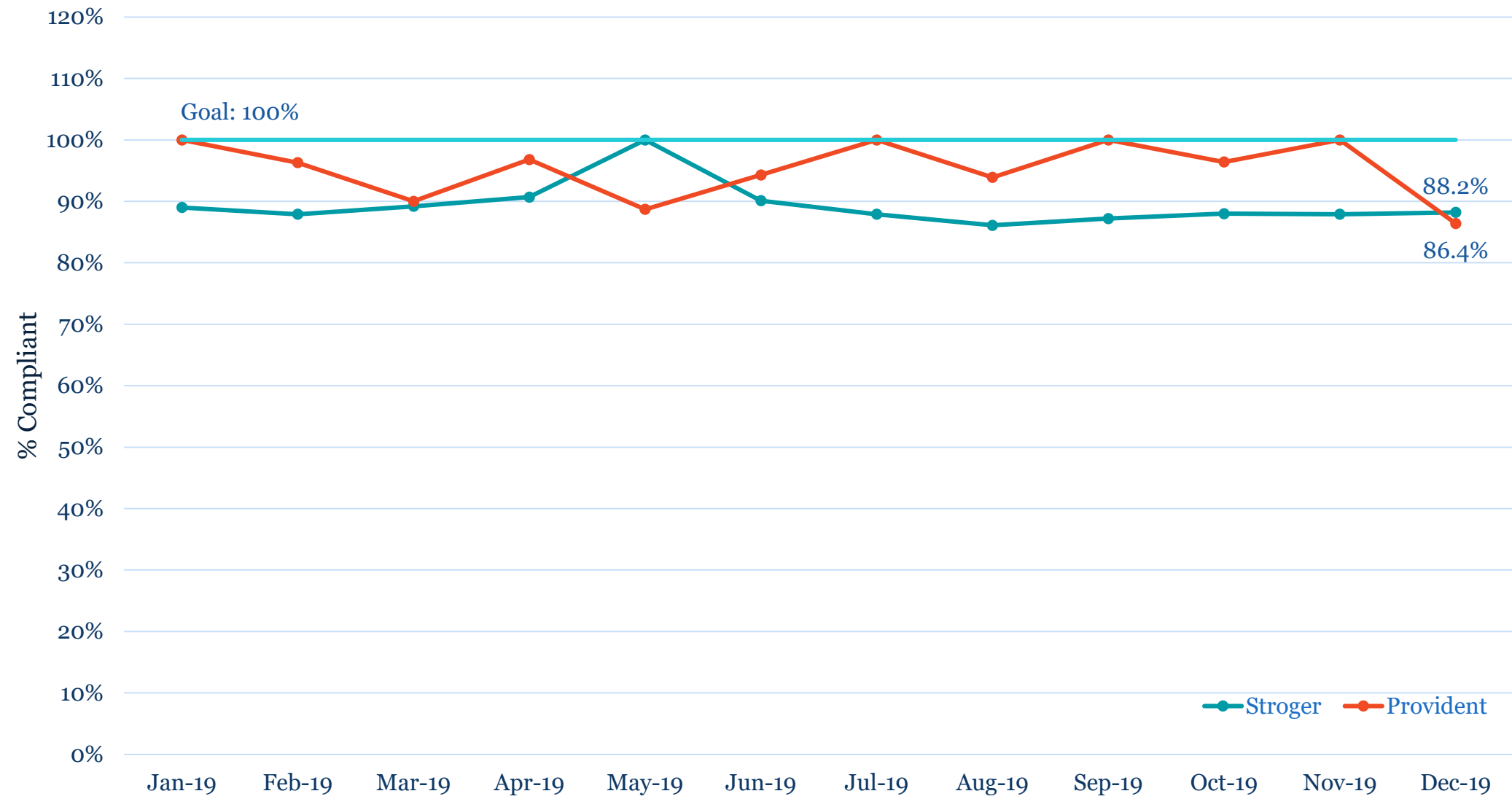


HEDIS – Diabetes Management: HbA1c < 8%



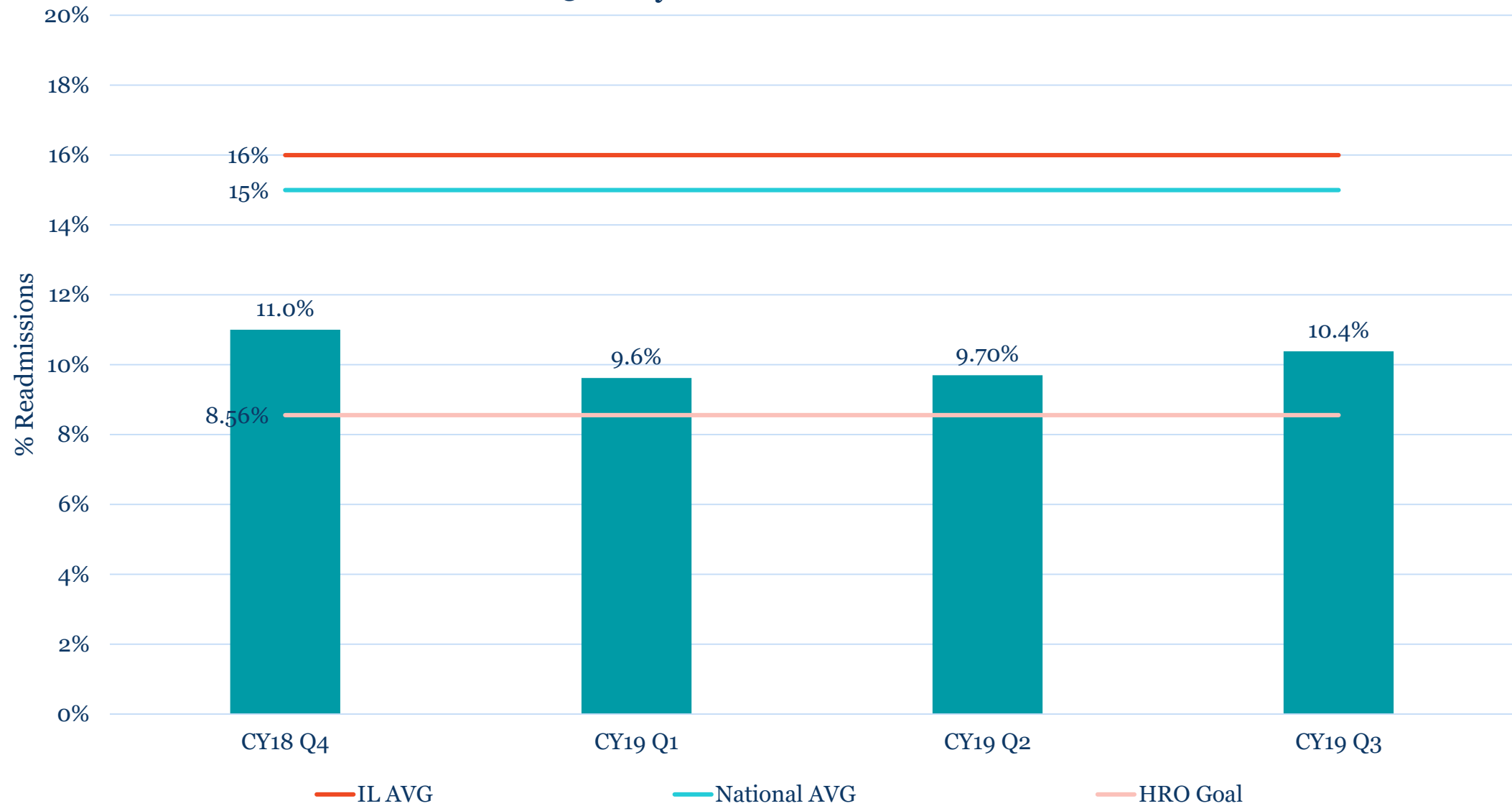
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



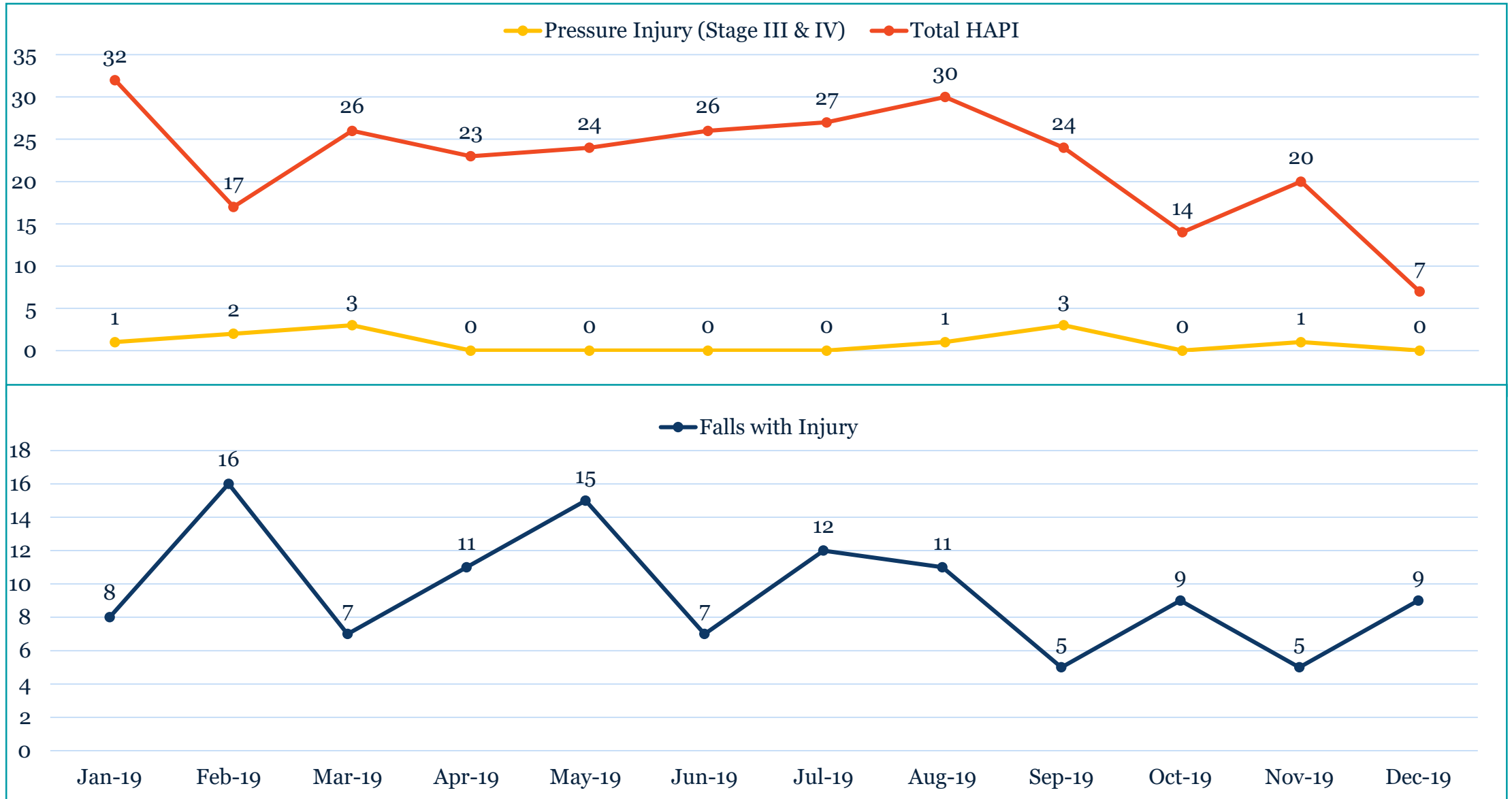
Source: Quality Dept.

30 Day Readmission Rate

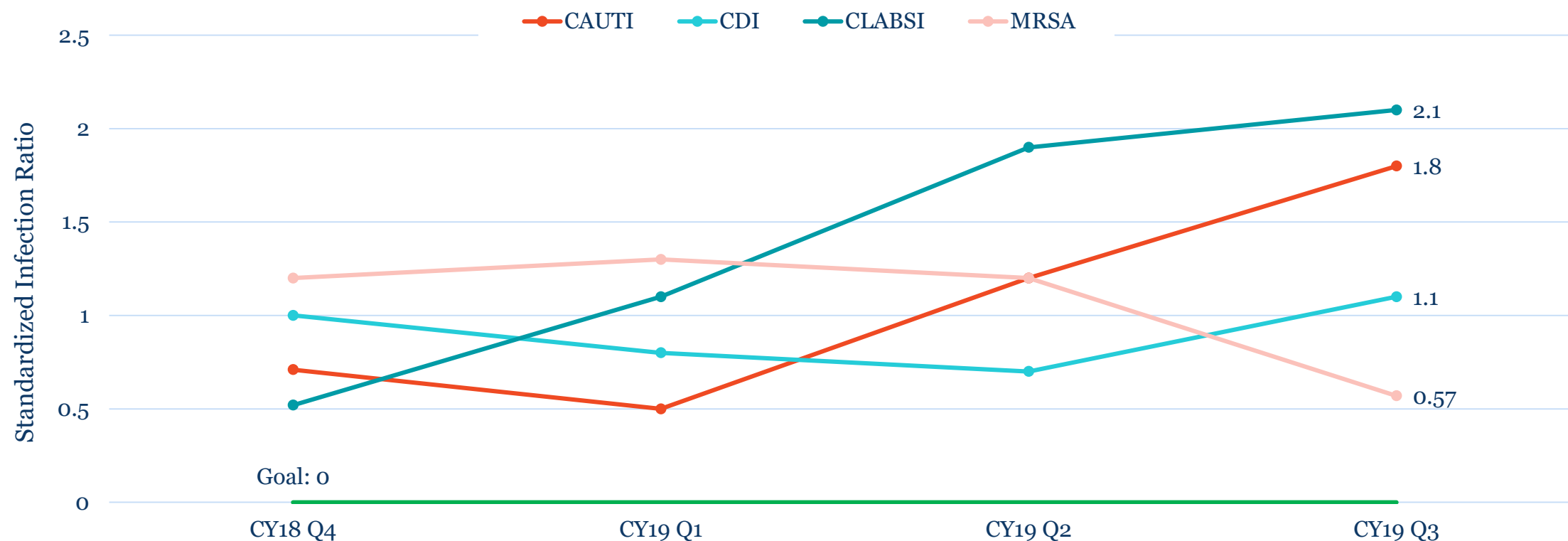


Source: Business Intelligence

Hospital Acquired Conditions



Hospital Acquired Infections



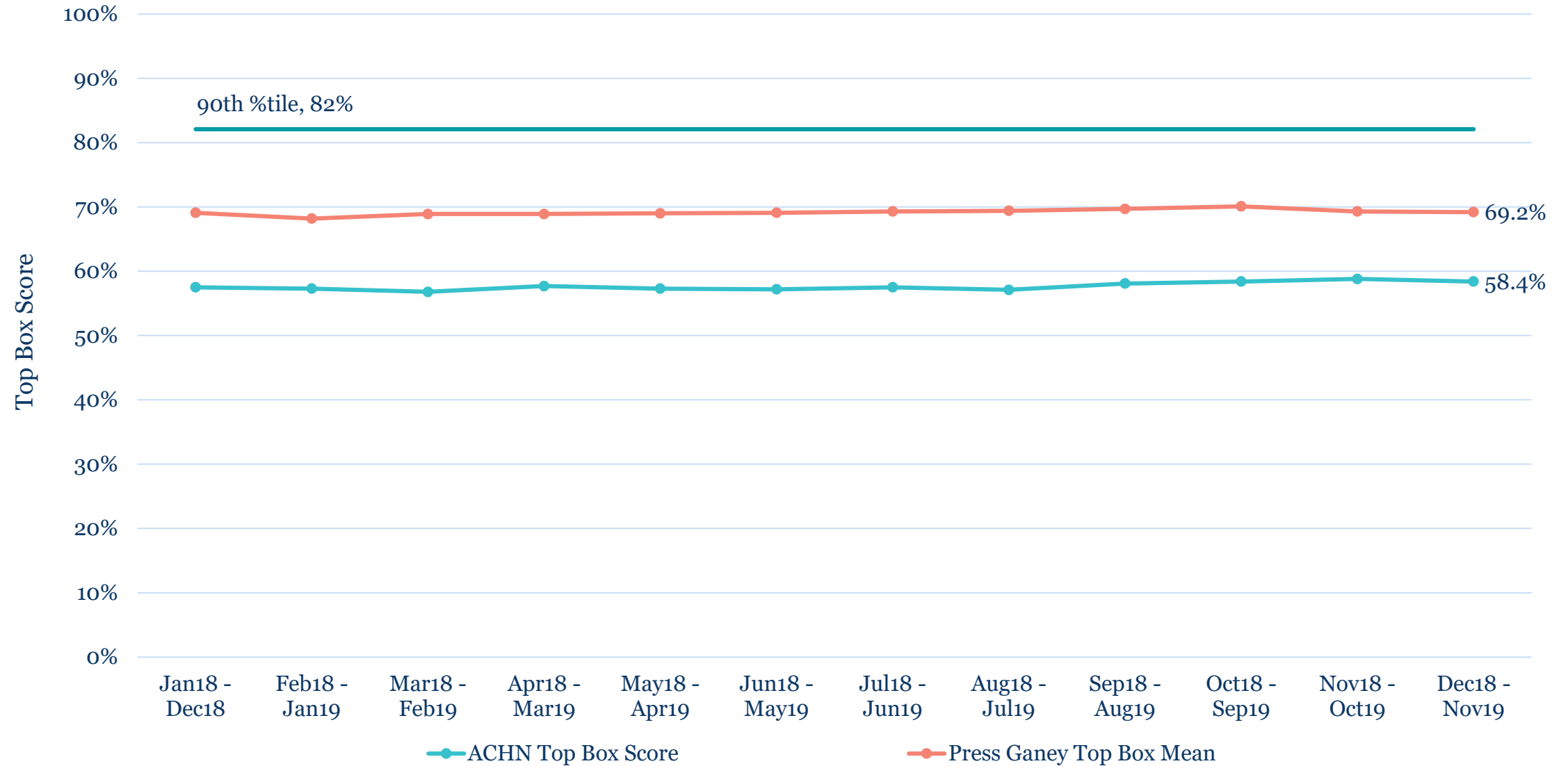
	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19
CAUTI	3	1	1	2*	1	2*	5	6	2	3	0	1
CDI	4	6	2	6	5	4	4	9	5	7	7	5
CLABSI	2	1	0	2*	2	2	3	2	4	1	1	1
MRSA	0	1	0	1	0	0	2	0	0	1	1	0

*Amended

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

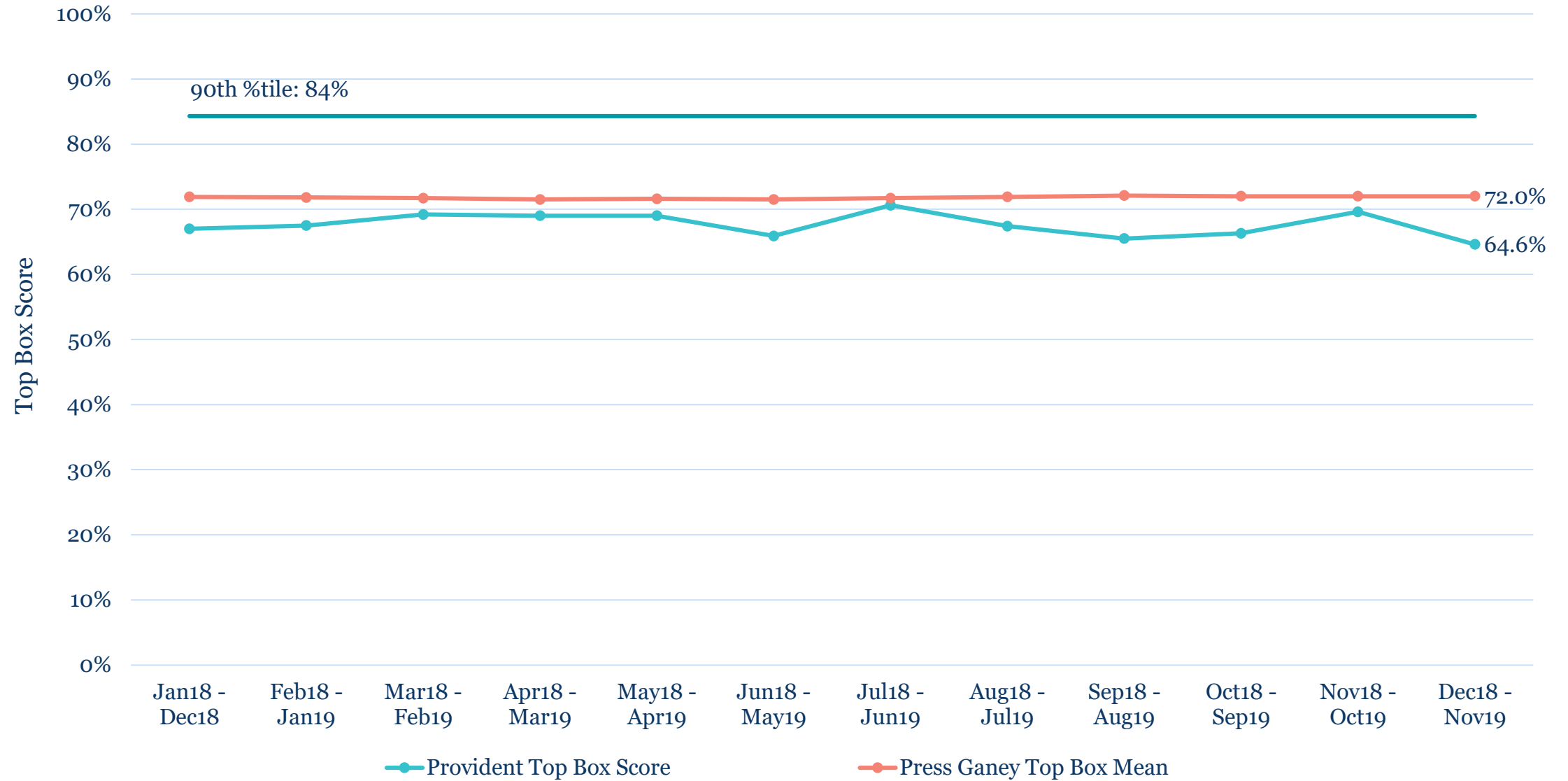
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment

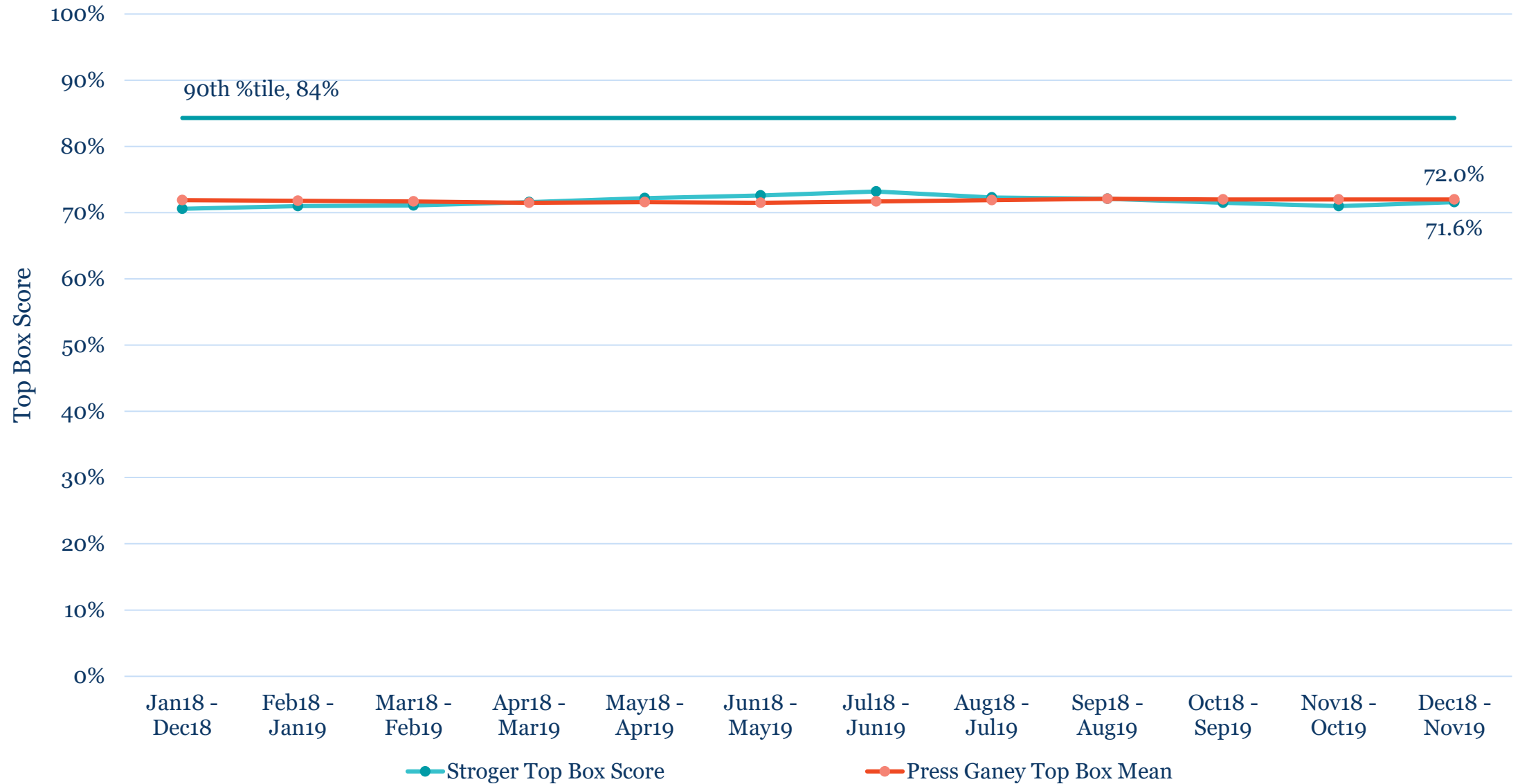


Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

Measure Name	Measure Definition	Source
Diabetes Management HbA1c <8%	Adults ages 18-75 with diabetes (type 1 or type 2) where HbA1c is in control (<8.0%). Qualifying patients: - 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 antihyperglycemics in the current year or previous year	NCQA, HEDIS
Core Measure-Venous Thromboembolism (VTE) Prevention	Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: The day of or the day after hospital admission The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission Denominator: All patients	CMS
Readmission Rate	The readmission measures are estimates of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.	CMS
Hospital Acquired Pressure Injuries	A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. Full thickness pressure injuries involve the epidermis and dermis, but also extend into deeper tissues (fat, fascia, muscle, bone, tendon, etc.)	CMS, AHRQ
Falls with Injury	A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with injury to the patient.	TJC, NDNQI
Hospital Acquired Infections - CAUTI	Catheter-associated urinary tract infections	NHSN
Hospital Acquired Infections - CDI	Clostridium difficile intestinal infections	NHSN
Hospital Acquired Infections - CLABSI	Central line-associated bloodstream infections	NHSN
Hospital Acquired Infections - MRSA	Methicillin-resistant Staphylococcus Aureus blood infections	NHSN
Press Ganey Patient Satisfaction Top Box Score	The percentage of responses in the highest possible category for a question, section, or survey (e.g. percentage of 'Very Good,' or 'Always' responses).	Press Ganey
Press Ganey Patient Satisfaction Percentile Rank	A percentile rank tells you where your score falls in relationship to other scores. Percentile rank for any given metric in any peer group is determined by ordering all facilities' scores from highest to lowest, then each score receives a percentile rank by determining the proportion of the database that falls below that score. For example, if your percentile rank is 30, you are scoring the same as or better than 30% of the organizations you are compared to.	Press Ganey
ACHN Patient Satisfaction-Overall Assessment	Includes two questions: 1. How well the staff worked together to care for you. 2. Likelihood of your recommending our practice to others.	Press Ganey
Hospital Patient Satisfaction-Willingness to Recommend Hospital	The likelihood that a patient will recommend a hospital to family members and friends.	Press Ganey



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
January 23, 2020

ATTACHMENT #2

Cook County Health (CCH) 7

Ambulatory

2019 -2021 Quality Plan

LaMorris Perry, MD

Medical Director, Ambulatory Services

January 23, 2020



COOK COUNTY
HEALTH

CCH - MISSION

Ambulatory complies with the CCH mission to deliver integrated health services with dignity and respect, regardless of a patient's ability to pay; to foster partnerships with other health providers and communities in order to enhance the health of the public; and to advocate for policies which promote and protect the physical, mental and social wellbeing of the people of Cook County.

CCH-Ambulatory Outpatient Sites

* Denotes Primary Care Medical Home

- Arlington Heights Health Center*
- Austin Health Center*
- Children's Advocacy Center
- Cicero Health Center*
- Cottage Grove Health Center*
- Ruth Rothstein CORE Center
- Englewood Health Center*
- General Medicine Primary Care*
- Logan Square Health Center*
- Morton East Adolescent Health Center
- Near South Health Center*
- Oak Forest Health Center*
- Prieto Health Center*
- Robbins Health Center*
- Stroger Central Campus Specialty Care Clinics
- Sengstacke Health Center*
- Woodlawn Health Center*

Quality Plan Overview



COOK COUNTY
HEALTH

Ambulatory – Goals of the Quality Plan

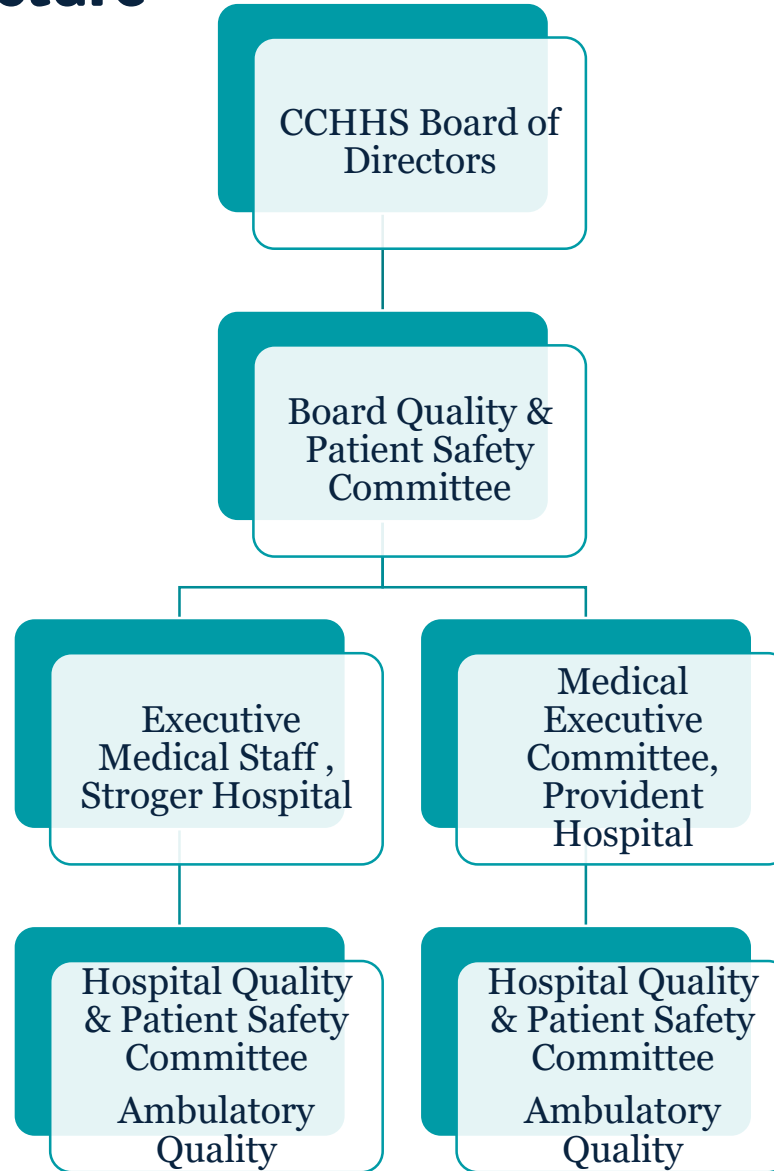
- Integrate all patients into a Primary Care Medical Home and attach them to a Primary Care Provider of their choice.
- Actively engage patients and their families in their care and self-management.
- Organize evidence-based patient care across all elements of the broader health system.
- Improve the Quality of Care at Cook County Health (CCH)
- Improve Health Equity
- Improve Chronic Diseases Management
- Overcoming barriers related to the Social Determinants of Health

Ambulatory Quality Priorities

- Outline the governance structure for ACHN quality
- Utilize the (STEEEP Model) STEEEP stands for **S**afe, **T**imely, **E**ffective, **E**fficient, **E**quitable and **P**atient-centered care and is used to prioritize the six critical aims of health care.
- Maintain compliance with Joint Commission Primary Care Medical Home certification requirements.
- Define key performance metrics which measure the quality of ambulatory care across the system
- Describe and align with reporting requirements for Meaningful Use
- Diabetes
- Hypertension
- Childhood Immunization
- Patient Experience

***STEEEP is an acronym coined by Baylor Scott & White Health, and trademarked by Baylor Health Care System in 2001.*

CCH Quality Reporting Structure



Structure: Ambulatory Leadership Quality & Patient Safety Oversight

Regulatory Compliance

- Accreditation / PCMH
- Laboratory / CLIA

Patient Safety

- Medication Safety
- Falls
- Infection Control

Ambulatory Leadership

Environment of Care

- Hazardous Waste
- Facilities
- Fire Safety
- Clinical Engineering

Performance Improvement

- HEDIS
- Meaningful Use
- MIPS

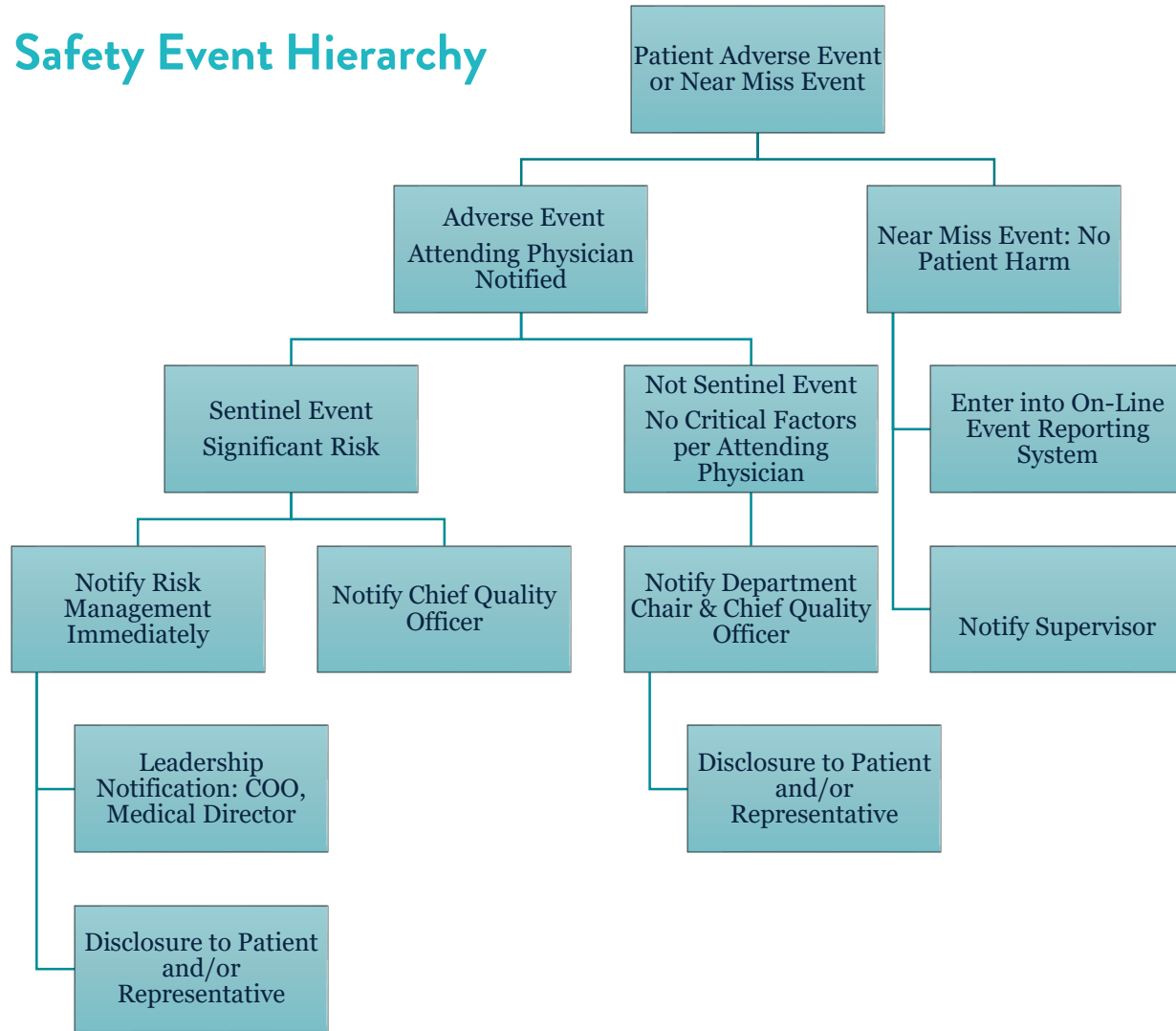
Ambulatory Quality & Patient Safety Partners

Staff Workgroups
Chief Quality Officer
Quality & Patient Safety Department
Chief Operating Officer, Ambulatory Services
Chief Operating Officer, Stroger Hospital & Central Campus
Operating Officer, Provident Hospital
Ambulatory Medical Director
Associate Medical Director, Pediatrics, Ambulatory Services
Associate Nurse Executive, Ambulatory Services
ACHN Facilities Manager
Regional Operations Directors Northwest Cluster, South Cluster, South Suburban Cluster
Care Management Specialist
Clinic Decision Support Analysts
CountyCare Quality Administration
Business Intelligence Director
Business Intelligence Analyst
Clinical Informatics Director
Clinical Informatics Analyst
Chief Medical Information Officer
Meaningful Use Coordinator
Director of Life Safety
Health Information Systems
Director of Patient Relations
Director of Public Safety & Security
(4) Community Advisory Boards, Arlington Heights, Cottage Grove, Englewood and Robbins Health Centers



Patient Safety Adverse Events: Reporting & Review

Safety Event Hierarchy



Review of eMERS Reported Events

Managers can:

- View and edit the event report
- Read and audit other manager reviews
- Consult with managers
- Enter and 'submit' their own reviews commenting on contributing factors and corrective actions
- Attach documents

Q/R Managers can:

- Unsubmit a report
- Reject/Delete a report
- Document Harm Score
- Close a report
- Submit reports to the PSO

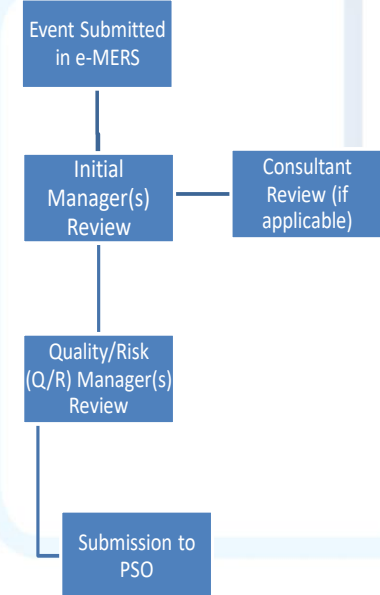
Timeline

≤ 48
Hours

≤ 14
Days

≤ 30
Days

Review



All information provided in these appended materials is compiled at the direction of the Department of Quality and Patient Safety and is privileged and confidential to be used solely in the course of quality control and for the purpose of reducing morbidity and mortality and improving the quality of patient care. This confidential Patient Safety Work Product is protected under the Federal Patient Safety and Quality Improvement Act and the Illinois Medical Studies Act.

Primary Care Medical Home (PCMH) Requirements/Major Goals

OPERATIONAL CHARACTERISTICS & REQUIREMENTS

Coordinated Care	Care is coordinated across the broader health care system. Transitions of care between care sites emphasize discharges from hospitals and ED. <ul style="list-style-type: none">• Use of internal and external resources to meet patients' needs• Responsible for care coordination
Comprehensive Care	Team-based health care <ul style="list-style-type: none">• Provide acute, preventive, comprehensive care• Use of external and internal resources to meet patients' needs• Care addressing phases of lifespan, including end of life care• Disease management
Human Touch: Patient Centered Care	Relationship-based care <ul style="list-style-type: none">• Patient selects Primary Care Provider(PCP)• Consider patient's preferences, cultural, linguistic & education needs• Patient is involved in establishing the treatment plan & self management plans
Hours of Operation: Superb Access	Services are accessible with short waiting times. Enhanced hours, around the clock telephone access. <ul style="list-style-type: none">• Enhanced access –timely responses to patients needs• 24/7 availability
System-based approach to quality and safety	Use evidence based medicine and clinical decision support tools. Use data to manage population health, chronic disease and performance improvement. <ul style="list-style-type: none">• Population based care• Use of Health IT



What is HEDIS?

The Healthcare Effectiveness Data Information Set (HEDIS) is used by most of America's health plans to measure performance on care and service. It contains 90 measures across 6 domains of care. Many plans collect HEDIS data and the measures strictly defined making it possible to compare the performance of health plans on an "apples-to-apples" basis.

6 Domains of Care:

1. Effectiveness of Care
2. Access/Availability of Care
3. Experience of Care
4. Utilization and Risk Adjusted Utilization
5. Health plan Descriptive Information
6. Measures Collected Using Electronic Clinical Data Systems

Descriptions of our Populations

ACHN: Any patient in Cerner with at least two ACHN primary care visits within the last two years (irrespective of payor)

HEDIS: ACHN population **PLUS** Any ACHN- empaneled member from CountyCare.

- In Care

+

- Out of Care



**Leads to Large
Population
Denominator**

ACHN Primary Care Health Center Dashboard December 2018

Quality

	Goal	All Patients	In Care	Out of Care
HBA1C > 9	< 34.7%	41.9%	39.9%	88.0%
Eye Exam	63.7%	34.0%	34.5%	21.3%
Immunizations (2 yrs)	76.5%	40.9%	59.9%	15.8%
Mammography	66%	62.6%	64.8%	21.5%

Not in Care Patients

29,254

ACHN Quality Initiatives

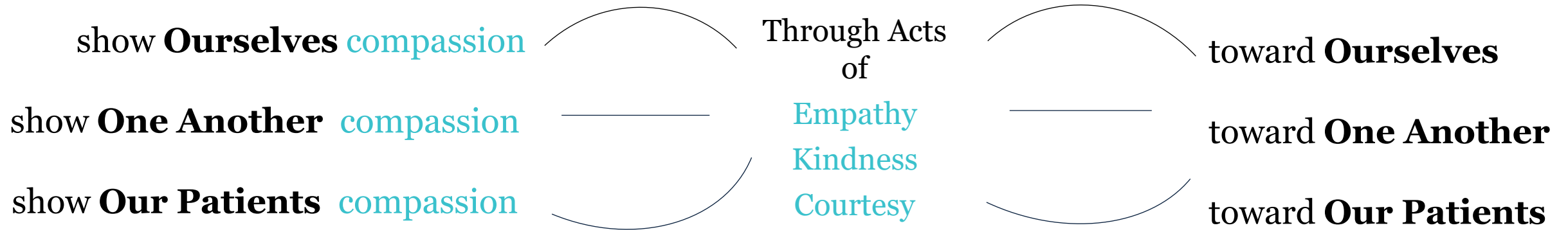
- Comprehensive Diabetes Care HbA1c Testing
- Comprehensive Diabetes Care HbA1c Control (<8%)
- Comprehensive Diabetes Care Eye Exam
- Comprehensive Diabetes Care Nephropathy Screening
- Blood Pressure Control (<140/90 mm Hg)
- Childhood Immunizations
- Well-Child Visits
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening
- Prenatal / Post natal Care
- Behavioral Health Integration
- MAT
- Influenza Vaccination Rates
- Patient Experience (The Compassion Journey)
- Leadership Development
- Clinical Workflows

Ambulatory 2019-2021 Key Performance Indicators

INDICATORS	GOAL	Cook County Health 2018	Cook County Health 2019
	HEDIS 75 TH %tile		
Pediatric			
Immunization Status (2 years)	75%	51%	42%
Adult			
HgA1c <8 (Diabetic Control)	55%	51%	49%
Infection Control			
Seasonal Influenza Vaccination	60%	43%	41%
Patient Experience/ Satisfaction	Press Ganey Data Top Box Score – 15 th %tile		
Courtesy of Registration Staff	72.7	52.6	52.9
Courtesy of Care Provider	80.6	58.8	59.2
Courtesy of Nurse/Asst.	75.9	56.5	57.2
Staff Worked Together	74.9	56.9	57.8
Sensitivity to Patient’s Needs	72.5	48.1	48.7

What is *Our Compassionate Journey*?

It is a way in which we will carry out our work, where we



Compassion In Our Health Centers...



COOK COUNTY
HEALTH

What is Compassion and why does it matter?

Compassion

“sensitivity shown in order to understand another person's [or one self's] suffering, combined with a willingness to help and to promote the wellbeing of that person [or self], in order to find a solution to their [or one's own] situation.”

[Perez-Bret E](#)¹, [Altisent R](#)², [Rocafort J](#)³.

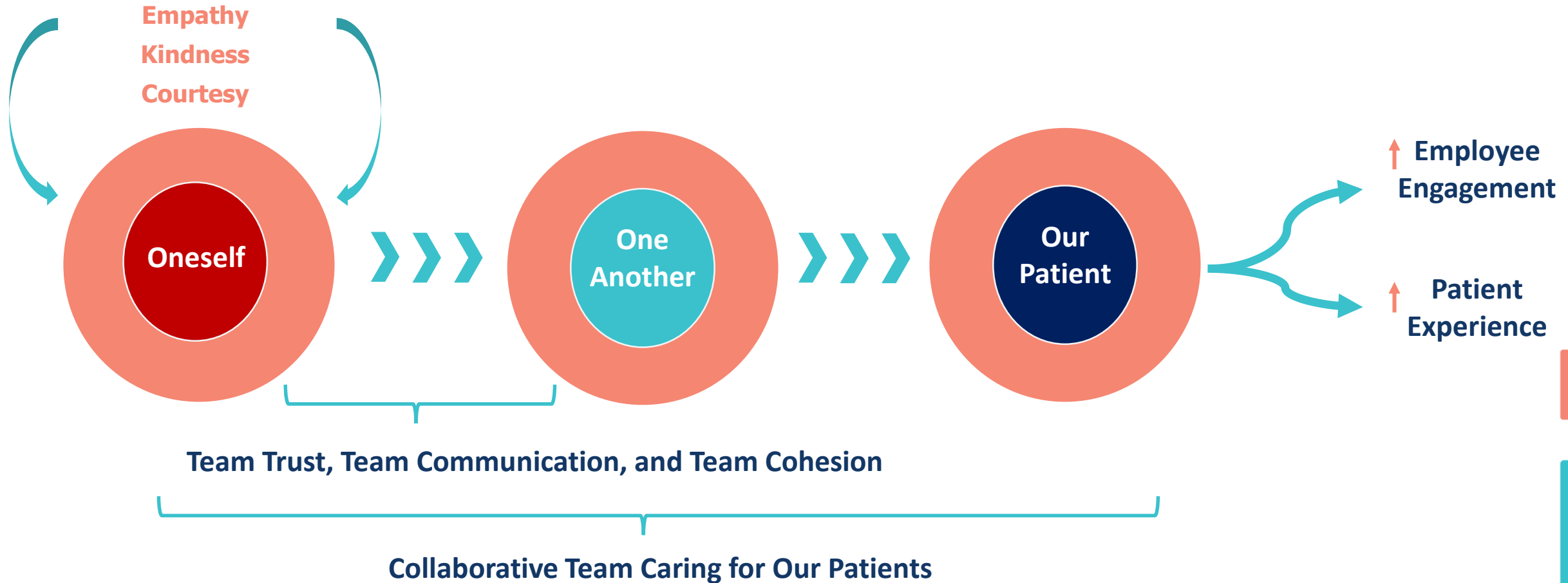
*I have learned
that people will
forget what you
said, people will
forget what you
did, but people
will never forget
how you made
them feel.*

Maya Angelou



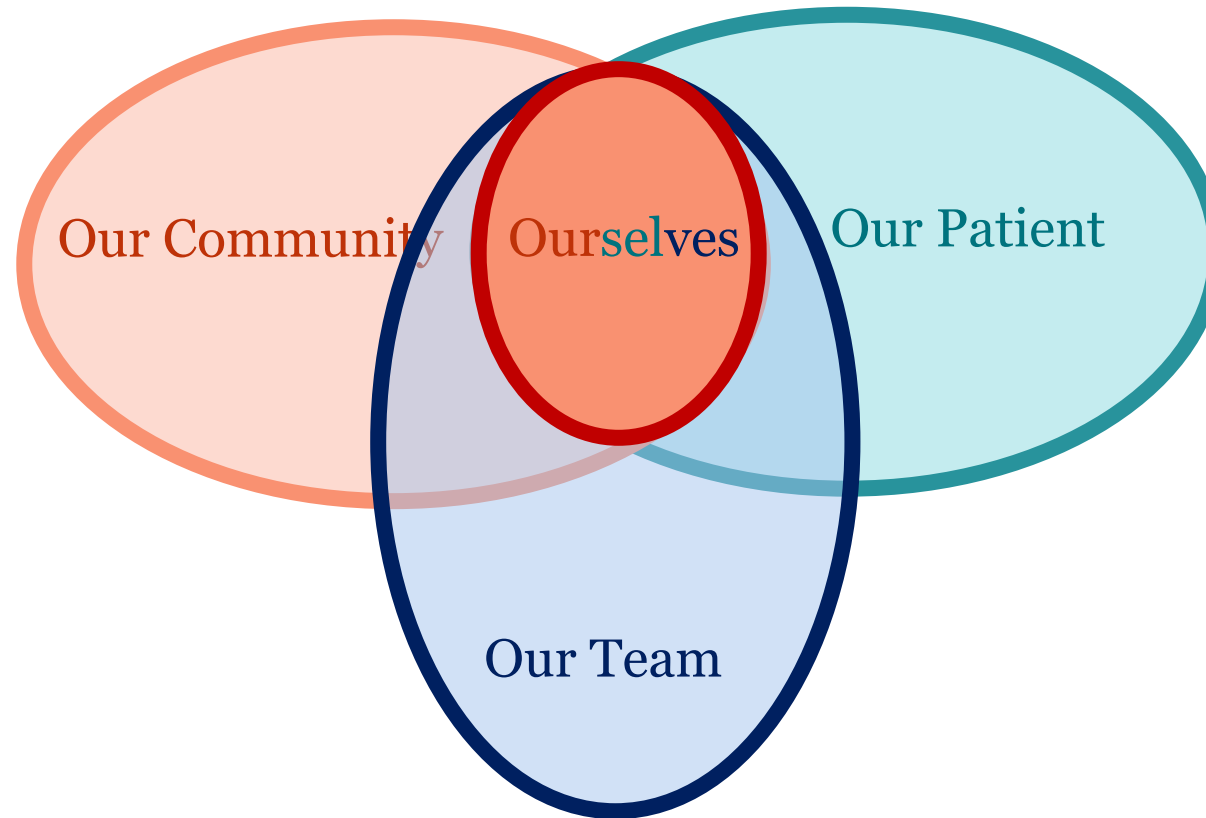
Our Response: *Compassion In Our Health Centers...*

Compassion



Compassion In Our Health Centers...

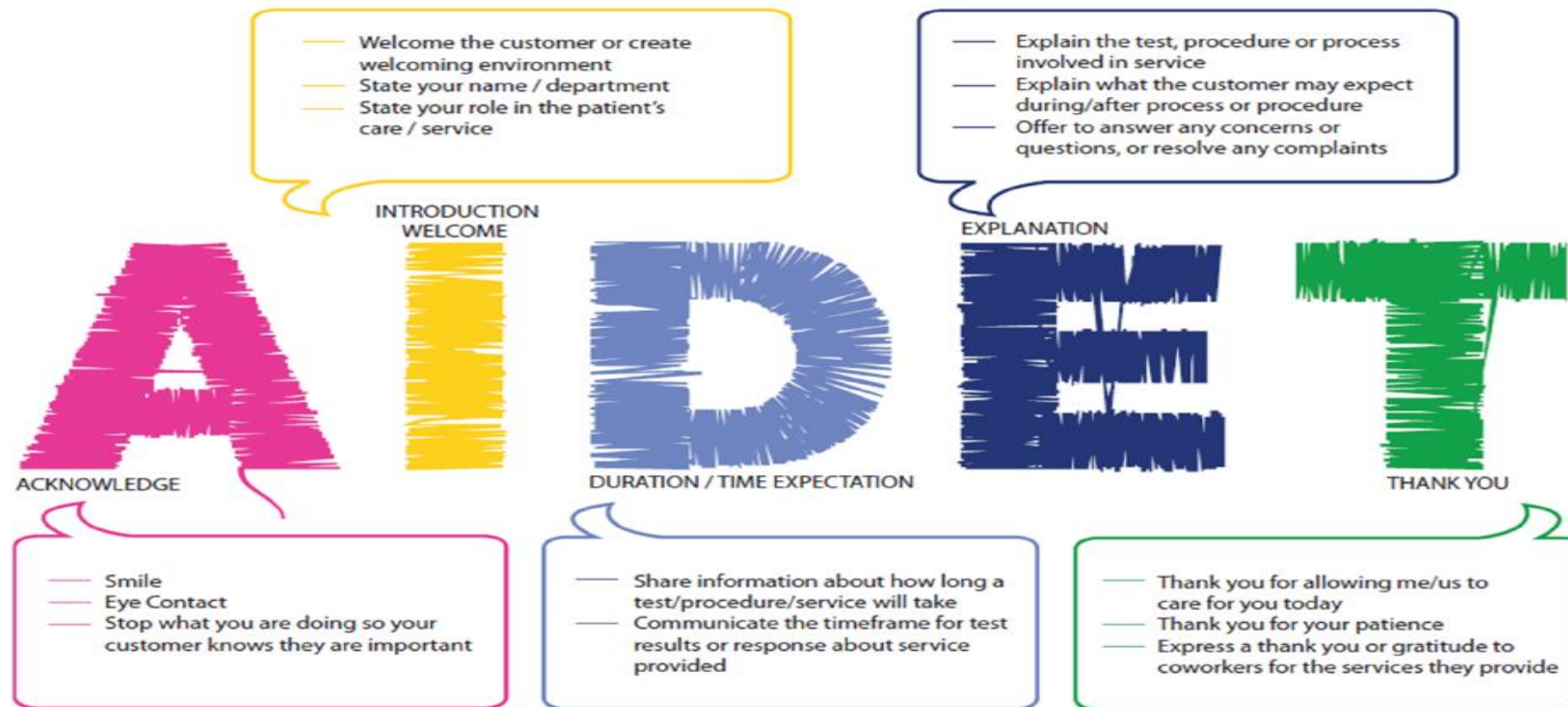
Our Culture of Compassion... through Empathy, Kindness and Courtesy



The Journey Begins with Each of Us...

How Can I Show Our Patients Empathy, Kindness & Courtesy?

Fuel Our Patients Gas Tanks



AIDET® is a registered trademark of The Studer Group L.L.C. All rights reserved.

2019	IN CARE	VS	OUT OF CARE
Adult			
HgA1c <8 (Diabetic Control)	50%		44%
Pediatric			
Immunization Status (2 years old)	62%		17%

**Diabetes
Goal 55%**

**Immunization
Goal 75%**

Englewood HC

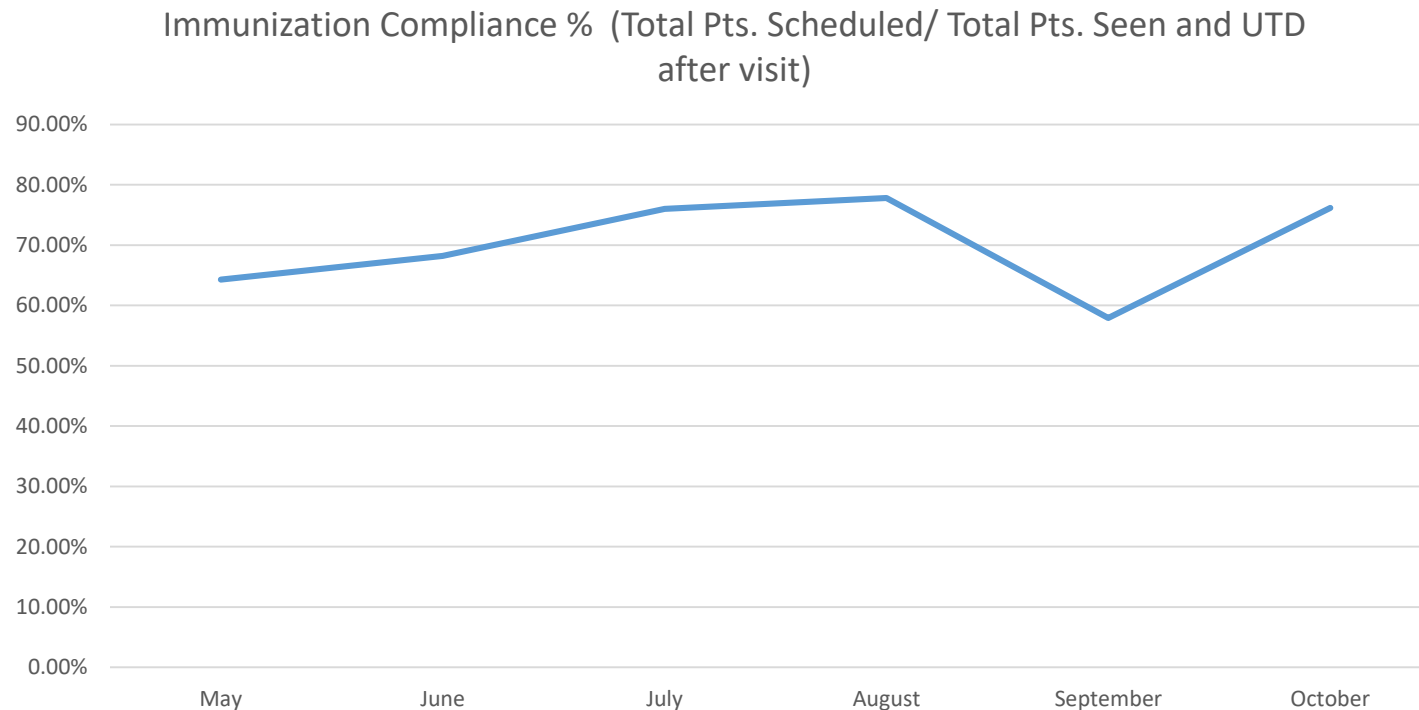
May 2019 through October 2019

Pediatric Childhood Immunizations UTD by 2 years old for patients

with a scheduled appointment “Missing Opportunities” Snapshot table



Goal 75%



BI data captured on 11.8.2019



COOK COUNTY
HEALTH

Near South HC

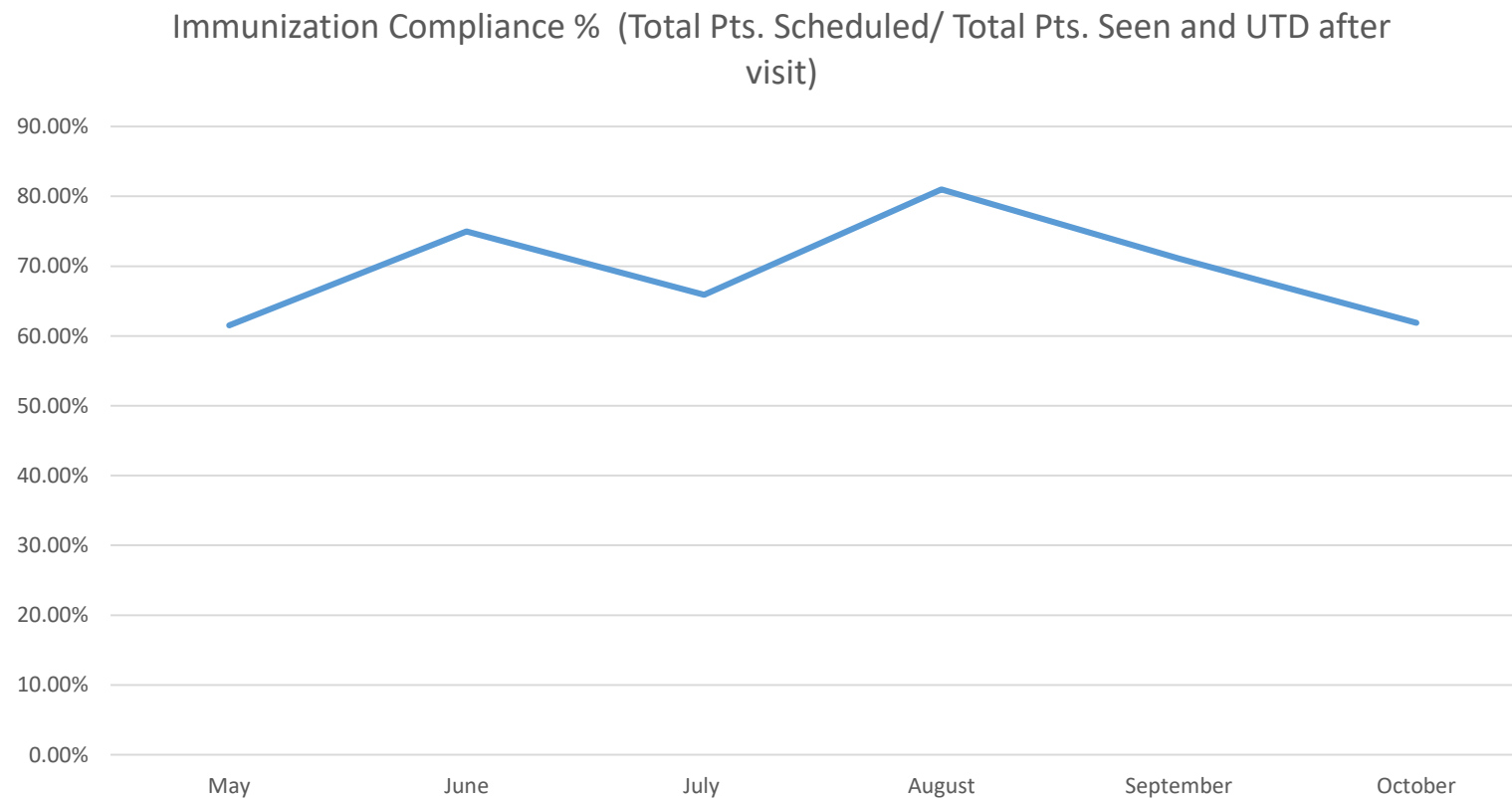
May 2019 through October 2019

Pediatric Childhood Immunizations UTD by 2 years old for patients

with a scheduled appointment “Missing Opportunities” Snapshot table



Goal 75%



**COOK COUNTY
HEALTH**

BI data captured on 11.8.2019

The Centers for Medicare & Medicaid Services (CMS) Meaningful Use

Certified EHR Technology used in a Meaningful Way

**<http://www.cms.gov>



COOK COUNTY
HEALTH

Meaningful Use & Physician Quality Reporting System

2019-20 MU Measures

Cook County Health & Hospitals System		
Eligible Clinician Meaningful Use Objectives	2019 Thresholds	Tentative 2020 Thresholds
CPOE of Med Orders	60%	60%
CPOE of Lab Orders	60%	60%
CPOE of Rad Orders	60%	60%
ePrescribe	60%	60%
ePatient Specific Education	35%	35%
VDT 1- Offer Access	90%	90%
2 out of 3 Must be Met		
VDT 2- Patient Access	15%	15%
Secure Messaging	10%	10%
Patient Generated Information	5%	5%
2 out of 3 Must be Met		
Electronic Transition of Care	50%	50%
Incorporate Available Data	40%	40%
These measure count as 1		
Clinical Rec of Meds	80%	80%
Clinical Rec of Problems	80%	80%
Clinical Rec of Allergies	80%	80%

**EMR interoperability measures submitted for all Eligible Clinicians*

PQRS Measures

2019 PQRS/MIPS Measures	MEASURE DOMAIN	Decile
NQF-0018/CMS-165v6 = Controlling High Blood Pressure	Effective Clinical Care	3
NQF-0022.1/CMS-156v6 = Drugs to be Avoided in the Elderly	Patient Safety	4
NQF-0022.2/CMS-156v6 = Drugs to be Avoided in the Elderly	Patient Safety	N/A
NQF-0032/CMS-124v6 = Cervical Cancer Screening	Effective Clinical Care	6
NQF-0034/CMS-130v6 = Colorectal Cancer Screening	Effective Clinical Care	5
NQF-0038/CMS-117v6 = Childhood Immunization Status	Community/Population Health	5
NQF-0041/CMS-147v7 = Influenza Immunization	Community/Population Health	9
NQF-0059/CMS-122v6 = Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Effective Clinical Care	6
NQF-0068/CMS-164v6 = Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antiplatelet	Effective Clinical Care	8
NQF-0069/CMS-154v6 = Appropriate Treatment for Children with Upper Respiratory Infection	Efficiency and Cost Reduction	7
NQF-0070.1/CMS-145v6 = Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction	Effective Clinical Care	9
NQF-0070.2/CMS-145v6 = Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction	Effective Clinical Care	N/A
NQF-0081/CMS-135v6 = Heart Failure (HF): ACE Inhibitor or ARB Therapy for LVSD	Effective Clinical Care	3
NQF-0083/CMS-144v6 = Heart Failure (HF): Beta-Blocker Therapy for LVSD	Effective Clinical Care	3
NQF-2372/CMS-125v6 = Breast Cancer Screening	Effective Clinical Care	7
CMS-65v6 = Hypertension: Improvement in blood pressure	Effective Clinical Care	3
CMS-146v6 = Appropriate Testing for Children with Pharyngitis	Efficiency and Cost Reduction	3
CMS-127v6 = Pneumococcal Vaccination Status for Older Adults	Community/Population Health	7
NQF-0421/CMS-69v6 = Body Mass Index (BMI) Screening and Follow-Up	Community/Population Health	3
NQF-0419/CMS-68v7 = Documentation of Current Medications in Medical Record	Patient Safety	3
Top performing 6 measures		
Measures with bonus points		

***Required to submit data on at least 6 Quality measures.**
NOTE: Goal is to achieve highest decile score possible (8 or 9) in at least 6 categories.

** Data for 6 PQRS measures must be submitted from the list. The top performing 2019 measures are highlighted in green.*



CCH - FINAL MEANINGFUL USE (CMS) COMPOSITE SCORE

2018 Final Score

COOK COUNTY's Performance Score

The details below are your performance scores in each category.



Performance Category Scores

Quality	60 of 60
Promoting Interoperability	25 of 25
Improvement Activities	15 of 15
Cost	N/A
Additional Awarded Bonus Points	4.26

MIPS Adjustment(s)

Payment Adjustment	0.31%
Exceptional Performance Adjustment	1.37%

Total **+1.68%**

Payment Adjustment Date
January 1, 2020

[Learn More](#)



COOK COUNTY
HEALTH



COOK COUNTY
HEALTH

** 2019 Final score pending*

**The Centers for Medicare & Medicaid Services (CMS)

Continuous Quality Improvement (CQI)

OVERSIGHT:

Senior Leadership

Claudia Fegan MD – Chief Medical Officer, Cook County Health

Iliana Mora – Chief Operations Officer, Ambulatory Services

Lamorris Perry MD – Medical Director, Ambulatory Services

Dyad High Reliability Group

Mark Loafman MD – Chair of the Department of Family and Community Medicine

Kathy Pavkov RN – Associate Nurse Executive, Ambulatory Services

Ambulatory Provider Champion - Childhood Immunizations for Patients < or = 2 Years Old

Denise Cunill MD – Associate Medical Director – Pediatrics, Ambulatory Services

Ambulatory Provider Champion Diabetes

Yolanda Escalona MD – Lead Physician – Arlington Heights Health Center

Quality Improvement

Marilisa ‘Mari’ Ferrer – Director of Quality Improvement, Ambulatory

Continuous Quality Improvement (CQI)

“Inspect What You Expect”

Diabetes Measures

- Accountability
- Clear goals and responsibilities
- Pre-visit planning
- Medication adherence
- Educational materials ABCs of Diabetes for patients
- Care management appointments with nurse to provide additional education and support

Immunization

- Accountability
- Clear goals and responsibilities
- Pre-visit planning
- Create Immunizations Taskforce
- Print I - Care Immunization record forms for every clinic visit
- Educate staff on the Protocols / Guidelines of Childhood Immunizations

Thank You...



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
January 23, 2020

ATTACHMENT #3



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer
Cook County Health

Board of Directors

M. Hill Hammock
Chair of the Board

Mary B. Richardson-Lowry
Vice Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Mary Driscoll, RN, MPH
Ada Mary Gugenheim
Mike Koetting
David Ernesto Munar

Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Layla P. Suleiman Gonzalez, PhD, JD
Sidney A. Thomas, MSW

Deb Santana
Secretary to the Board
Cook County Health

January 21, 2020

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

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County, electronically approved the attached list of medical staff action items 01/10/2020, for your consideration.
Thank you kindly.

Respectfully Submitted,

Trevor Lewis, MD
President, EMS

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

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

Medical Staff Appointments/Reappointments Effective 01/23/2020 Subject to Approval by the CCH QPS Committee.

Initial Physician Appointments

Name	Category	Department / Division	Appointment Term
Vila, Peter M. MD	Voluntary	Surgery/Otolaryngology	January 23, 2020 thru January 22, 2022
Guay-Bhatia, Lise A., MD	Voluntary	Surgery/Ophthalmology	January 23, 2020 thru January 22, 2022
Kass-Hout, Tareq MD	Consulting	Radiology	January 23, 2020 thru January 22, 2022

Physician Reappointment Applications

Department of Anesthesiology:

Name	Category	Division	Reappointment Term
Alkhudari, Azzam MD	Active	Anesthesiology	April 17, 2020 thru April 16, 2022

Department of Correctional Health:

Name	Category	Division	Reappointment Term
Paschos, Steve MD	Active	Psychiatry	January 28, 2020 thru January 27, 2021

Department of Emergency Medicine:

Name	Category	Division	Reappointment Term
Schabowski, Shari L., MD	Active	Emergency Medicine	March 15, 2020 thru March 14, 2022
Wahl, Michael MD	Voluntary	Emergency Medicine	February 21, 2020 thru February 20, 2022

CCHHS

APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 23, 2020

REVISED

Department of Family Medicine:

Name	Category	Division	Reappointment Term
Patel, Jalpababen MD	Active		March 23, 2020 thru March 22, 2022
Rodriguez, Vimarie MD	Active	Family Medicine	April 24, 2020 thru April 23, 2022

Department of Medicine

Name	Category	Division	Reappointment Term
Bukiej, Aleksandra A., MD	Voluntary	Rheumatology	March 23, 2020 thru March 22, 2022
DeMarais, Patricia L., MD	Active	Infectious Disease	March 23, 2020 thru March 22, 2022
Fegan, Claudia, MD	Active	General Medicine	March 22, 2020 thru March, 21, 2022
Hussein, Lily, MD	Active	Hematology/Oncology	April 17, 2020 thru April 16, 2022
Kotwal, Vikram, S., MD	Active	Gastroenterology	April 19, 2020 thru April 18, 2022
Narh, Raymond, MD	Active	General Medicine	March 23, 2020 thru March 22, 2022
Saleem, Mohammed, MD	Active	General Medicine	March 17, 2020 thru March 16, 2022
Sefer, Vesna, MD	Active	General Medicine	March 22, 2020 thru March 21, 2022
Taddese, Nigist A., MD	Active	Hospital Medicine	April 20, 2020 thru April 10, 2022
Torres, Jamie, MD	Active	PCCM	April 20, 2020 thru April 18, 2022

Department of Pathology:

Name	Category	Division	Reappointment Term
Utset, Manuel F., MD	Consulting	Pathology	March 14, 2020 thru March 13, 2022
Valyi-Nagy, Tibor G., MD	Voluntary	Pathology	March 20, 2020 thru March 19, 2022

Department of Pediatrics:

Name	Category	Division	Reappointment Term
Kagalwalla, Amir F., MD	Active	Pediatrics	April 18, 2020 thru April 17, 2022

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APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 23, 2020

Department of Psychiatry:

Name	Category	Division	Reappointment Term
Ahmed, Fazal MD	Active	Psychiatry	February 21, 2020 thru February 20, 2022
Matek, Deborah MD	Active	Psychiatry	March 19, 2020 thru March 18, 2022

REVISED

Department of Radiology:

Name	Category	Division	Reappointment Term
Bugeag, Ionut C., MD	Active	Radiology	April 19, 2020 thru April 18, 2022
Kay, Daniel MD	Active	Radiology	January 23, 2020 thru January 22, 2022
Mullarkey, Paul MD	Active	Radiology	January 23, 2020 thru January 22, 2022

Department of Surgery:

Name	Category	Division	Reappointment Term
Williams, Joel C., MD	Voluntary	Orthopaedic	April 19, 2020 thru April 18, 2022

Revised – to include the additional following six (6) Medical Staff Requests for Additional Privileges, one (1) Initial Application for Non-Medical Staff, seven (7) Renewals of Privileges for Non-Medical Staff, and seven (7) Non-Medical Staff Requests for Agreement Changes/Additional Privileges

Medical Staff Request for Additional Privileges:

Name	Department/ Division	Additional Privileges
Demetria, Melchor, MD	Medicine/Gastroenterology	Endoscopic retrograde cholangio pancreatography
Go, Benjamin, MD	Medicine/Gastroenterology	Endoscopic retrograde cholangio pancreatography
Mercon, Monica T.B Almeida MD	Medicine/Infectious Disease	Infectious Disease
Oscar, Rivas Chicas, MD	Medicine/Gastroenterology	Endoscopic retrograde cholangio pancreatography
Oyedeke, Temitope MD	Medicine/Infectious Diseases	Pediatrics
Riles, Williams, MD	Medicine/Gastroenterology	Endoscopic retrograde cholangio pancreatography

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APPROVED

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 23, 2020**

REVISED

Initial Application for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
John, Smitha, CNP	Nurse Practitioner	Medicine/Endocrinology	January 23, 2020 thru January 22, 2022

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Buenaventura, Brian CRNA	Nurse Anesthetist	Anesthesiology	March 20, 2020 thru March 19, 2022
Buresh, Alexa K., PA-C	Physician Assistant	Surgery/Breast Oncology	April 20, 2020 thru April 19, 2022
Chavez, Ariel, PA-C	Physician Assistant	Medicine/Hematology/Oncology	March 25, 2020 thru March 24, 2022
Eneogwe, Grace, CNP	Nurse Practitioner	Medicine/Gastroenterology	April 24, 2020 thru April 23, 2022
Goldstein, Deborah, CNP	Nurse Practitioner	Medicine/PCCM	March 20, 2020 thru March 19, 2022
Nwoko, Augustine CNP	Nurse Practitioner	Pediatrics	February 15, 2020 thru February 14, 2022
Smith, Megan PA-C	Physician Assistant		March 15, 2020 thru March 14, 2022

Non-Medical Staff Request for Agreement Changes/Additional Privileges:

Name	Department/ Division	Additional Privileges
Bojan, Kelly APN	Pediatrics	Change of Collab
Foster, Lauren, CNP	Medicine/Infectious Disease	Change of Collab
Jackson, Rachel CNP	Pediatrics	Change of Collab
Ortiz Estes, Ixchell CNP	Pediatrics	Change of Collab
Patel, Manisha PA-C	Correctional Health/Med Surg	Change of Collab
Tutaj, Lisa PA-C	Correctional Health/Med Surg	Change of Collab
Wolen, Deborah L., CNP	Medicine/Infectious Disease	Change of Collab


CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 23, 2020

REVISED



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Debra D. Carey
Interim CEO
Cook County Health

Board of Directors

M. Hill Hammock
Chair of the Board

Mary B. Richardson-Lowry
Vice Chair of the Board

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Ada Mary Gugenheim
Mike Koetting
David Ernesto Munar

Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Layla P. Suleiman Gonzalez, PhD, JD
Sidney A. Thomas, MSW

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

January 10, 2020

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on January 10, 2020 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Marlon Kirby, MD
Provident Hospital of Cook County
Vice President, Medical Staff
Presiding Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Marlon Kirby, MD
Vice President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on 1/10/2020

Medical Staff Appointments/Reappointments Effective January 23, 2020 Subject to Approval by the CCH Quality and Patient Safety Committee.

New Business Reappointment Application Physician:

Department of Internal Medicine:			
Name	Category	Department/Specialty	Appointment Term
Pitts, Thomas L., MD	Consulting	Endocrinology	February 15, 2020 thru February 14, 2022

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APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JANUARY 23, 2020