

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, September 29, 2023 at the hour of 9:00 A.M., at 1950 West Polk Street, Room 5301, in Chicago, Illinois.

I. Attendance/Call to Order

Chair Taylor called the meeting to order.

Present: Chair Lyndon Taylor, Vice Chair Hon. Dr. Dennis Deer, LCPC, CCFC and Directors Robert Currie; Joseph M. Harrington; Robert G. Reiter, Jr.; Sam A Robinson, III, PhD; Tanya R. Sorrell, PhD, PMHNP-BC; Otis L. Story, Sr.; and Mia Webster Cross, MSN, RN (9)

Present
Remotely: Director Jay Bhatt, DO, MPH, MPA (1)

Absent: Director Raul Garza (1)

Vice Chair Deer, seconded by Director Sorrell, moved to allow Director Bhatt to remotely participate in this meeting as a voting member. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Valarie Amos – Chief Human Resources Officer
Kimberly Craft – Employment Plan Officer
Aaron Galeener - Chief Administrative Officer, Health
Plan Services
Jeff McCutchan – General Counsel
Alisha Patel – Assistant General Counsel

Urjeet Patel, MD – Interim Medical Director, CCH
Cancer Center
Israel Rocha, Jr. –Chief Executive Officer
Deborah Santana – Secretary to the Board

The next regular meeting of the Board of Directors is scheduled for Friday, October 27, 2023 at 9:00 A.M.

II. Employee Recognition (details included in Attachment #4)

Valarie Amos, Chief Human Resources Officer, recognized a number of employees for their outstanding work.

III. Public Speaker Testimony

There was no public speaker testimony provided.

IV. Board and Committee Reports

A. Board of Directors Meeting Minutes, August 25, 2023

Chair Taylor inquired whether any corrections or revisions to the minutes were needed.

Vice Chair Deer, seconded by Director Harrington, moved to approve Item IV(A) the Minutes of the Board of Directors Meeting of August 25, 2023. THE MOTION CARRIED UNANIMOUSLY.

IV. Board and Committee Reports (continued)

B. Human Resources Committee (Attachment #1)

- i. Metrics Review and Update on Strategic Initiatives

Ms. Amos provided an overview of the Metrics. The Board reviewed and discussed the information.

C. Managed Care Committee (Attachment #2)

- i. Metrics Review

Director Currie and Aaron Galeener, Chief Operating Officer for Health Plan Services, provided an overview of the Metrics. The Board reviewed and discussed the information.

D. Quality and Patient Safety Committee Meeting, September 14, 2023

- i. Meeting Minutes, which include the following action items:
- ☐ Nineteen (19) Stroger Hospital Department and Division Chair Reappointments
 - ☐ Stroger Hospital and Provident Hospital Medical Staff Appointments / Reappointments / Changes
 - ☐ Provident Hospital of Cook County 2023 Quality and Patient Safety Plan

Director Bhatt provided an overview of the Meeting Minutes. The Board reviewed and discussed the information.

Vice Chair Deer, seconded by Director Harrington, moved to approve Item IV(D) the Minutes of the Quality and Patient Safety Committee Meeting of September 14, 2023, which include the approval of five (5) Stroger Hospital Department Chair Reappointments and fourteen (14) Division Chair Reappointments; approval of the Stroger and Provident Hospital Medical Staff appointments / reappointments / changes; and approval of the Provident Hospital 2023 Quality and Patient Safety Plan. THE MOTION CARRIED UNANIMOUSLY.

E. Finance Committee Meeting, September 14, 2023

- i. Meeting Minutes, which include the following action items:
- ☐ Contracts and Procurement Items
 - ☐ Receive and file Grant Award-Related Items
 - ☐ Receive and file Transfer of Funds

Director Reiter provided an overview of the Meeting Minutes. He noted that request numbers 2, 4, 5, 6, 7, 9, 11, 12, 17, 18, 19, 21 and 22 under the Contracts and Procurement Items are pending review by Contract Compliance. The Board reviewed and discussed the information.

Director Reiter, seconded by Vice Chair Deer, moved to approve Item IV(E) the Minutes of the Finance Committee Meeting of September 14, 2023, which include approval of the Contracts and Procurement Items, and receiving and filing of the Grant Award-Related Items and Transfer of Funds. THE MOTION CARRIED.

Director Bhatt voted PRESENT on request numbers 7 and 23 under the Contracts and Procurement Items, and on the Transfer of Funds contained within the Minutes.

Director Webster Cross voted PRESENT on request number 23 under the Contracts and Procurement Items, and on the Transfer of Funds contained within the Minutes.

V. Action Items

A. Contracts and Procurement Items

There were no Contracts and Procurement Items presented directly for the Board's consideration.

B. Any items listed under Sections IV, V and IX

VI. Recommendations, Discussion/Information Item

A. Employment Plan Officer Semi-Annual Report (Attachment #3)

Kimberly Craft, Employment Plan Officer, provided an overview of the Employment Plan Officer Semi-Annual Report. The Board reviewed and discussed the information.

VII. Report from Chair of the Board

Chair Taylor did not have anything additional to report.

VIII. Report from Chief Executive Officer (Attachment #4)

A. Update on Strategic Initiatives (deferred to October)

Israel Rocha, Jr., Chief Executive Officer, provided an overview of the reports presented. Dr. Urjeet Patel, Interim Medical Director for the CCH Cancer Center reviewed the information regarding the Cancer Service Line Update. Also included for the Board's information were the Divisional Executive Summaries (included in Attachment #4.)

IX. Closed Meeting Items

A. Claims and Litigation

B. Discussion of personnel matters

C. Update on Labor Negotiations

The Board did not recess into a closed meeting.

X. Adjourn

Vice Chair Deer, seconded by Director Reiter, moved to adjourn the meeting. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXXX
 Lyndon Taylor, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
September 29, 2023

ATTACHMENT #1

Human Resources Metrics Report



Valarie Amos
Chief Human Resources Officer

September 29, 2023



COOK COUNTY
HEALTH

FY23 Impact Summary - Hiring



Filled Positions

1,059 (1,396 offers)

Total Filled Positions YTD (Accepted Offers or Hired)

211 YTD Net Hires (External Hires-Total Separations)

78% Offer Acceptance Ratio (305 offers declined)



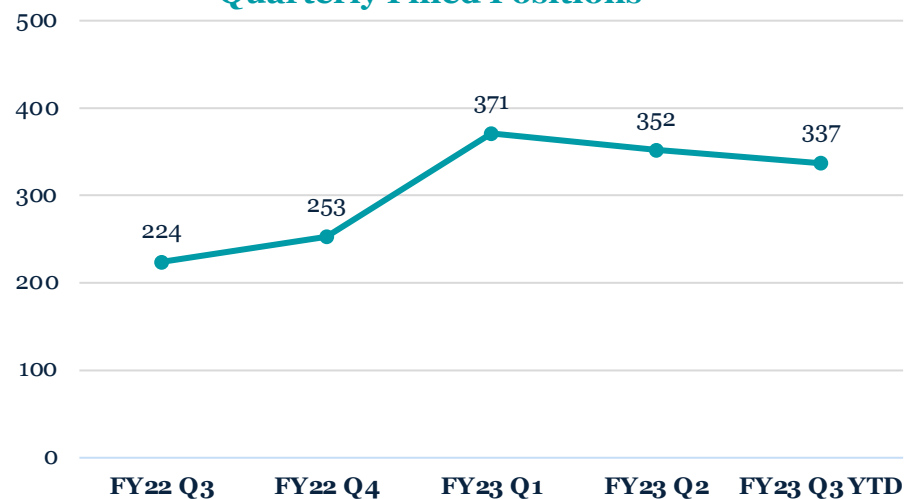
External Filled Velocity

660

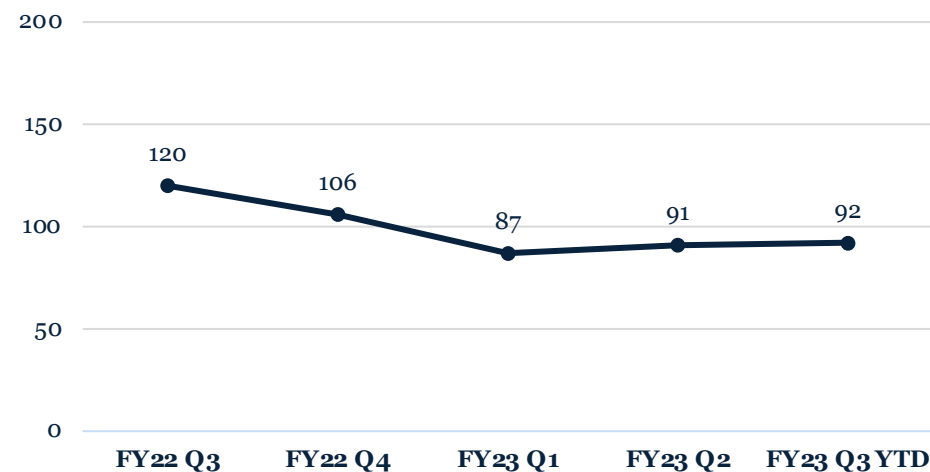
Total External Filled Positions (Accepted Offers or Hired)

91 days Overall FY23 Time to Fill (goal = 90 days or less)

Quarterly Filled Positions

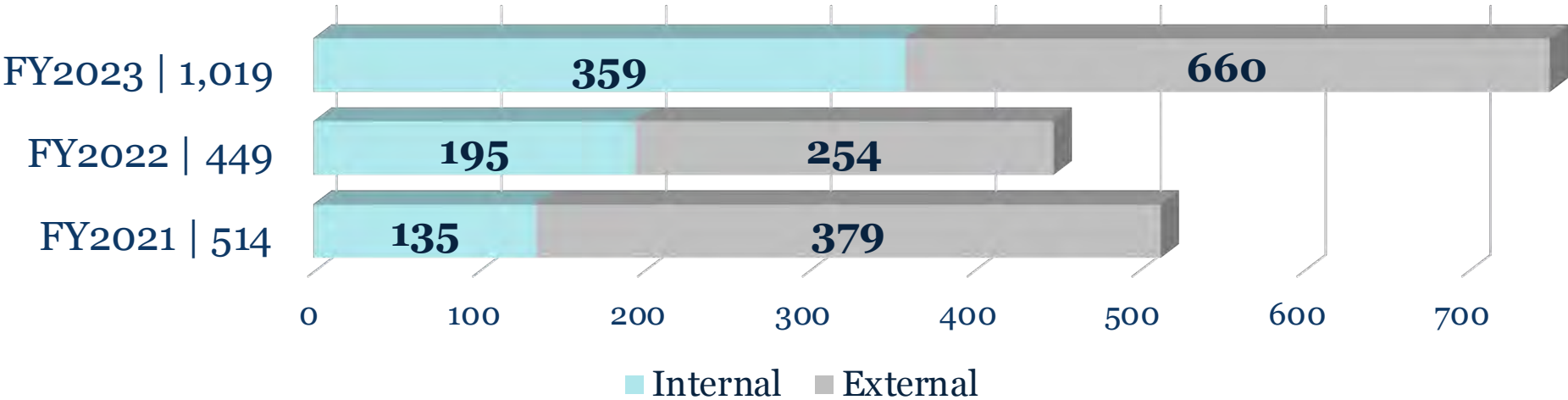
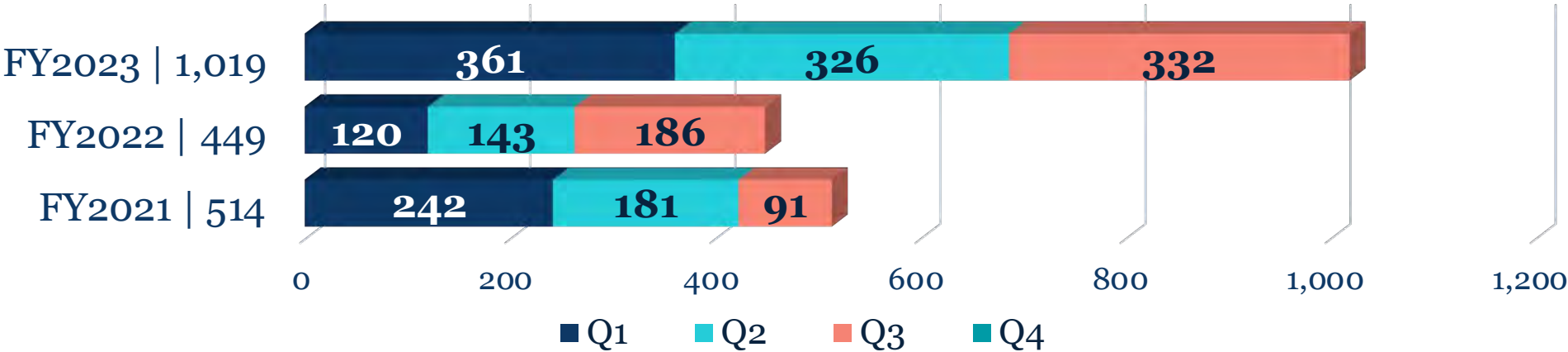


Overall Time to Fill (days) Quarterly



FY23 CCH HR Activity Report

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



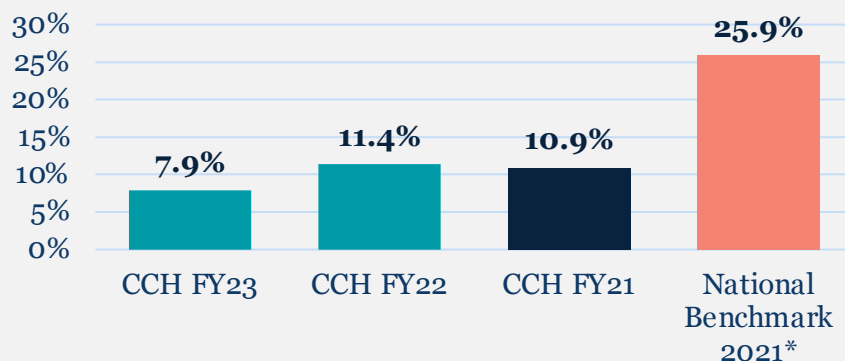
FY23 Impact Summary – Turnover & Separations



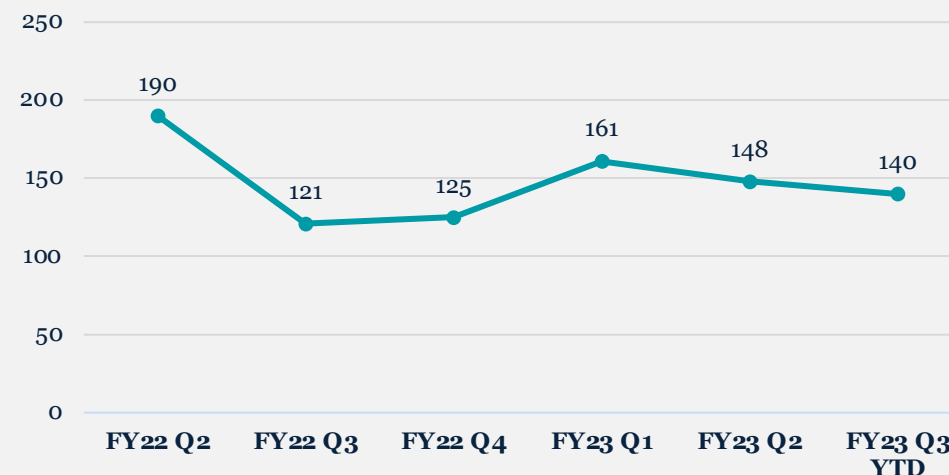
Turnover & Separations

7.9% YTD turnover

Turnover Benchmark



Separations FY23 YTD



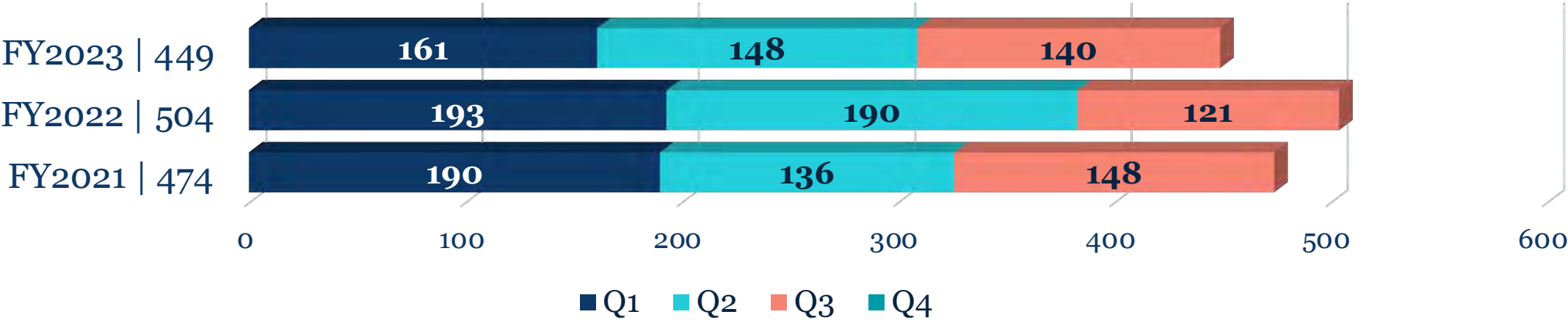
**Source: 2022 NSI National Health Care Retention & RN Staffing Report*



FY23 CCH HR Activity Report

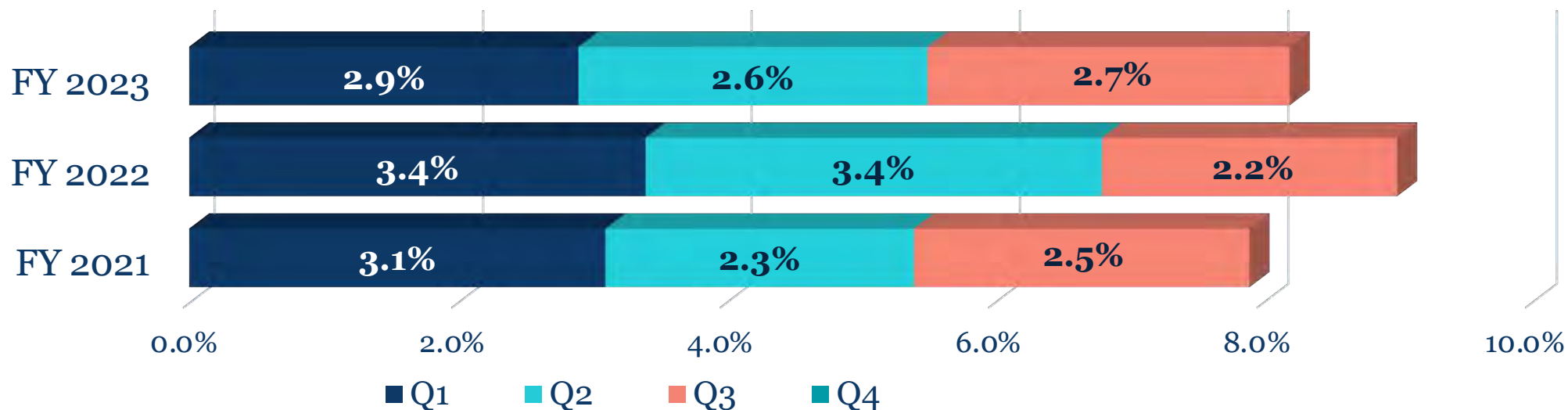
Thru 8/31/2023

Separations – Dec through Aug Year-Over-Year



FY23 CCH HR Activity Report

Turnover – Dec through Aug Year-Over-Year



FY 2021 = 474			
Qtr.	# of Employees	Separations	Turnover
Q1	6,071	190	3.1%
Q2	6,038	136	2.3%
Q3	5,837	148	2.5%
Q4			

FY 2022 YTD = 504			
Qtr.	# of Employees	Separations	Turnover
Q1	5,682	193	3.4%
Q2	5,564	190	3.4%
Q3	5,523	121	2.2%
Q4			

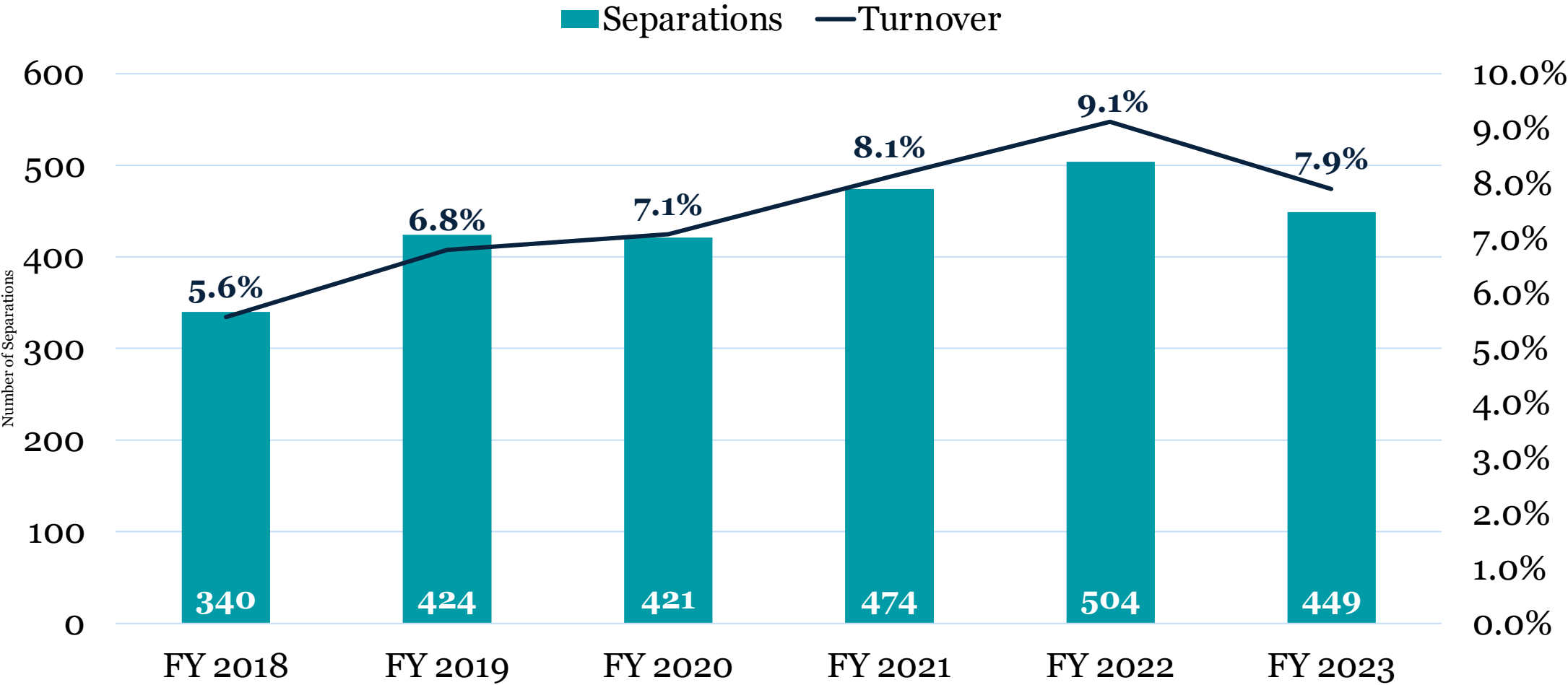
FY 2023 YTD = 449			
Qtr.	# of Employees	Separations	Turnover
Q1	5,610	162	2.9%
Q2	5,637	148	2.6%
Q3	5,681	140	2.7%
Q4			



FY23 CCH HR Activity Report

Thru 8/31/2023

Turnover – Pre-Pandemic – Dec through Aug YTD



Recruitment Activities

- **Nursing Accelerated Hiring Process**

- In collaboration with the Employment Plan Officer and Nursing Leadership, we launched a 30-day pilot to hire new external nurse recruits.
- Key components: Planning > Marketing > Nursing Profiles > Internal Recruitment Scripts> Meet/Greet options
- Timeframe: Jobs posted on 8/7 and pilot ended on 9/15 (results on next slide)

- **September Job Fairs: 45th job fair in 2 years!**

- Nursing
- Radiology
- Pharmacy

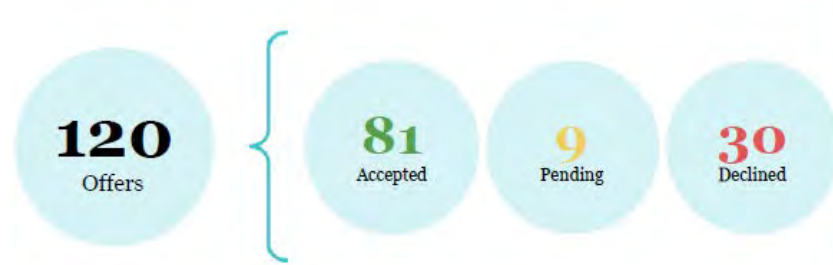


Nursing Acceleration Program

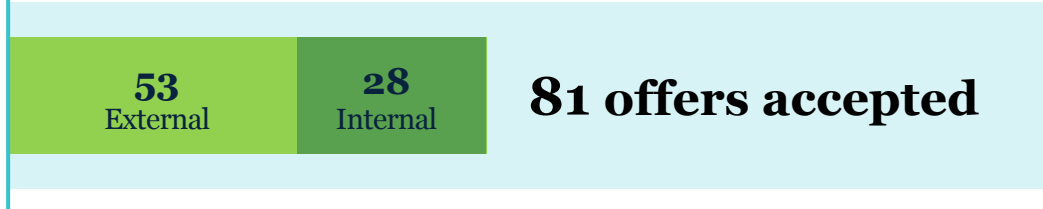
30-Day Pilot Review & Lessons Learned

Accelerated Nursing Hiring

Current as of
9/18/2023 8:30am



Nurse Hiring Progress



67%
Acceptance
Rate

80%
Eligible
Applications

24%
Decline
Rate

Lessons Learned & Future Strategy



Q&A



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
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ATTACHMENT #2

Health Plan Services Update

Prepared for: CCH Board of Directors

Aaron Galeener

Chief Administrative Officer, Health Plan Services

September 29th, 2023



Metrics



Current Membership

Monthly membership as of September 5th, 2023

Category	Total Members	ACHN Members	% ACHN
FHP	278,915	17,538	6.3%
ACA	123,974	18,125	14.6%
ICP	30,529	4,971	16.3%
MLTSS	9,491	-	0%
SNC	7,579	384	5.1%
Total	450,488	41,018	9.1%

ACA: Affordable Care Act

FHP: Family Health Plan

ICP: Integrated Care Program

MLTSS: Managed Long-Term Service and Support (Dual Eligible)

SNC: Special Needs Children



Managed Medicaid Market

Illinois Department of Healthcare and Family Services June 2023 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	456,904	32.4%
Blue Cross Blue Shield	378,734	26.8%
Meridian (a WellCare Co.)	327,012	23.2%
IlliniCare (Aetna/CVS)	134,769	9.5%
Molina	104,353	7.4%
YouthCare	9,518	0.7%
Total	1,411,290	100.0%

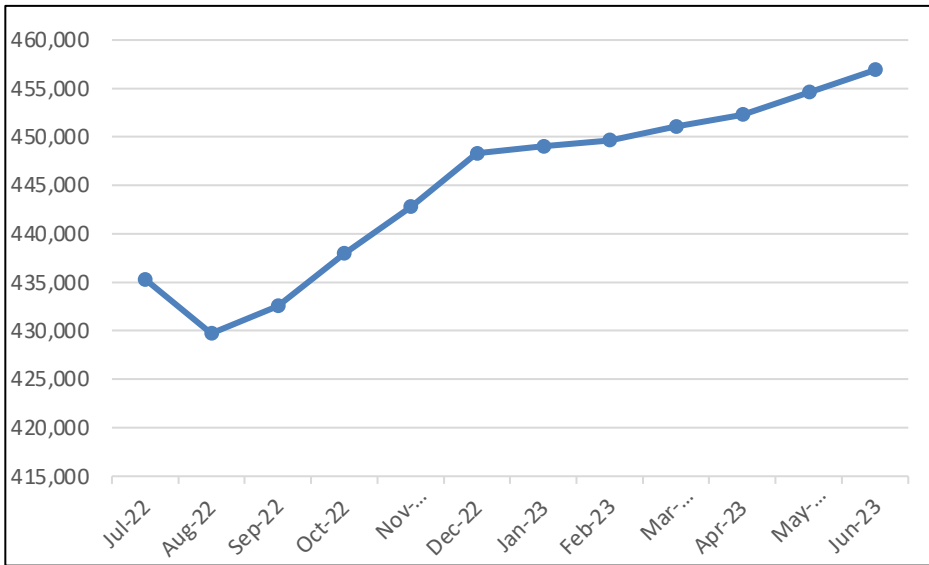
* Only Operating in Cook County



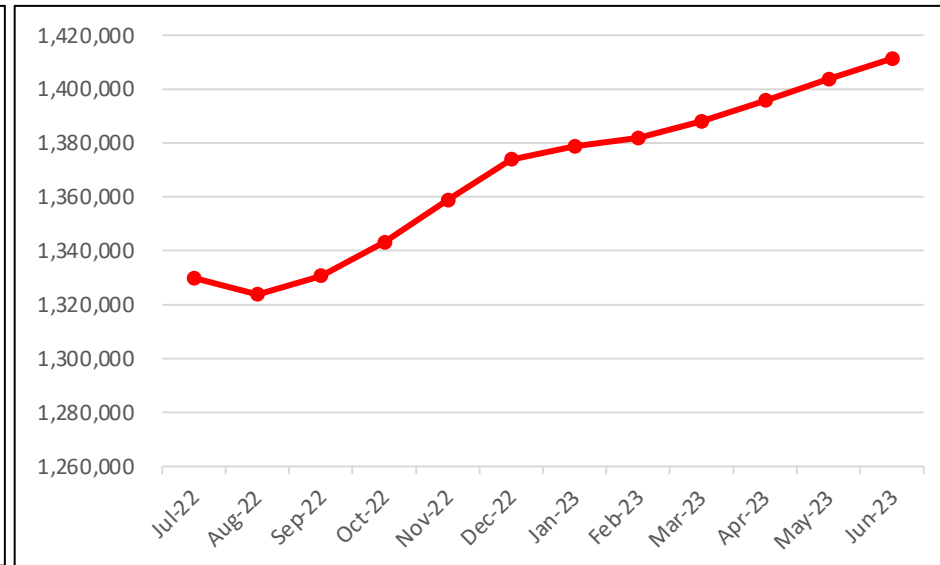
IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

CountyCare



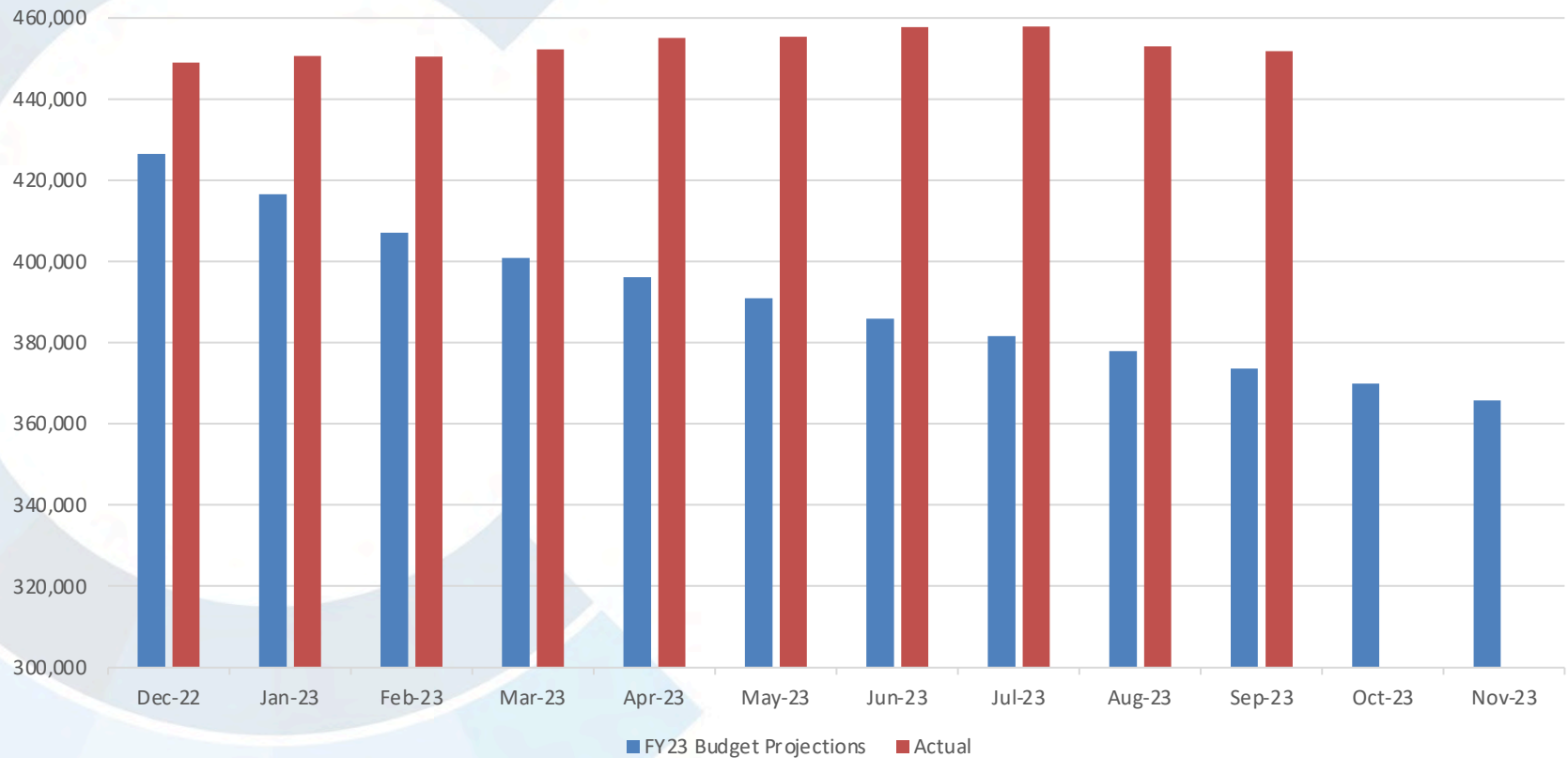
Cook County Medicaid Managed Care



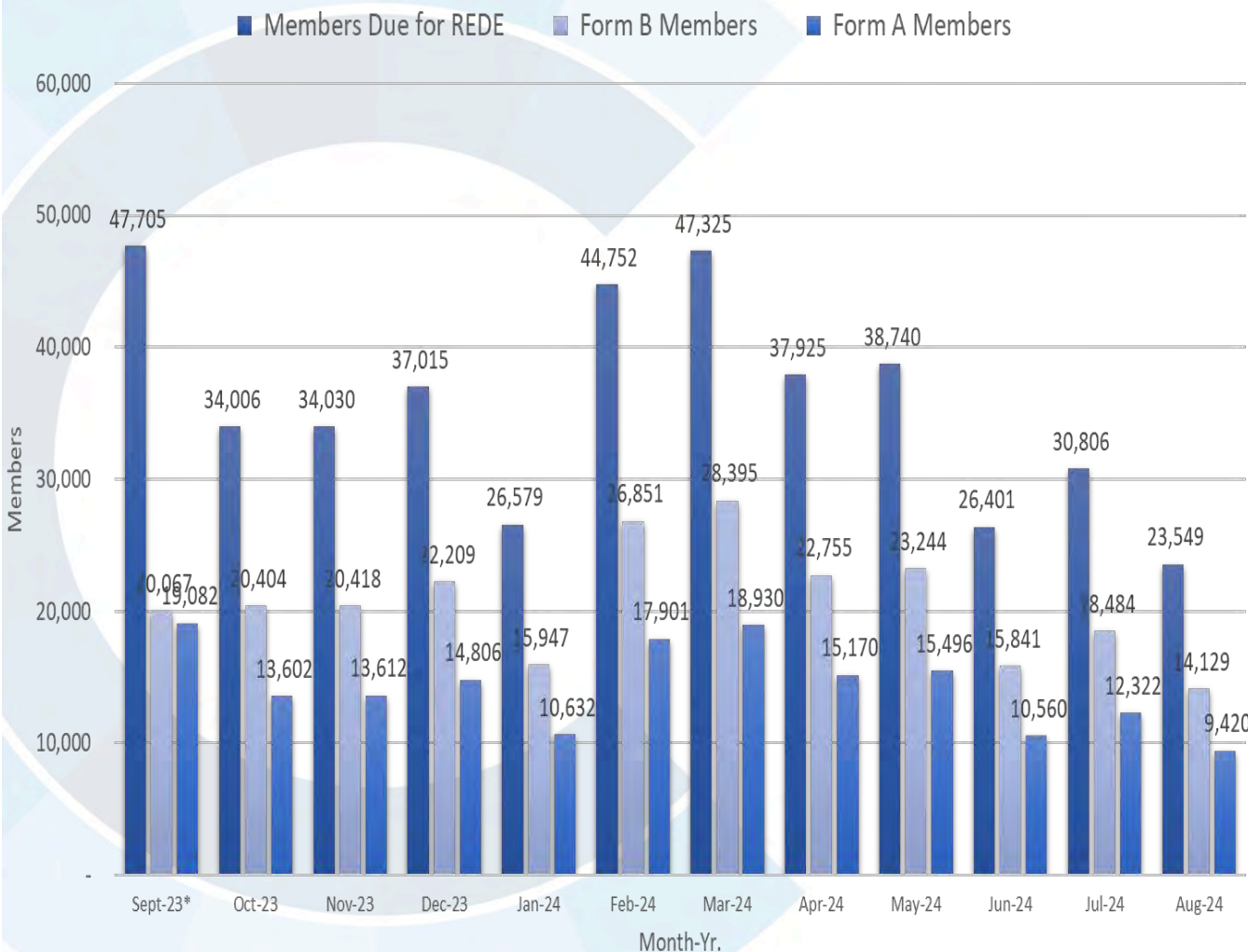
- CountyCare's enrollment has increased 5% over the past 12 months, behind the Cook County increase of 6%
- CountyCare's enrollment increased 0.5% in June 2023 compared to the prior month, in line with the Cook County increase of 0.5%

FY 23 Budget | Membership

CountyCare Membership



CountyCare Members Due for Redetermination - August - 40 % Projection



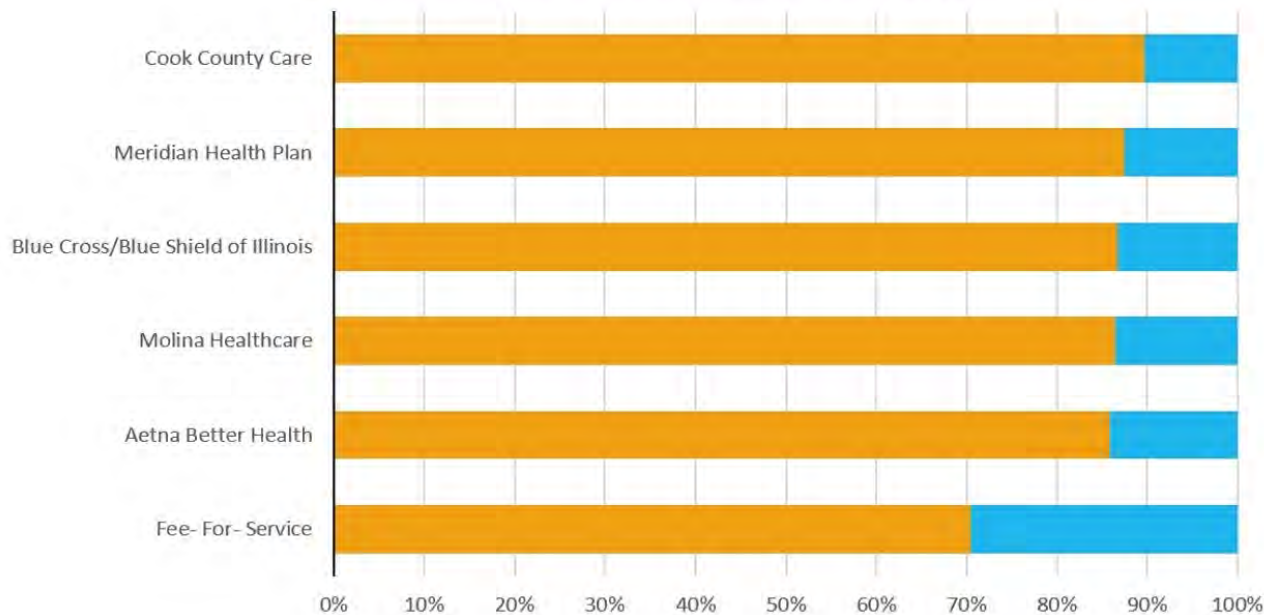
- Volume of the members due per month based on the 834 file.
- Form A – members due for rede and auto renew for a year.
- Form B – member must submit information to confirm eligibility.

Month-Yr.	Monthly Member Count	Estimated Form B	Estimated Form A
Sept-23*	47,705	20,067 *	19,082
Oct-23	34,006	20,404	13,602
Nov-23	34,030	20,418	13,612
Dec-23	37,015	22,209	14,806
Jan-24	26,579	15,947	10,632
Feb-24	44,752	26,851	17,901
Mar-24	47,325	28,395	18,930
Apr-24	37,925	22,755	15,170
May-24	38,740	23,244	15,496
Jun-24	26,401	15,841	10,560
Jul-24	30,806	18,484	12,322
Aug-24	23,549	14,129	9,420
Total	428,833	248,744	171,533

Redetermination – Response Rates

1st Cohort of members due 6/2023

Individuals who Responded to Redetermination by MCO during normal Redetermination Period- June 2023



CountyCare exceeded its initial retention goal

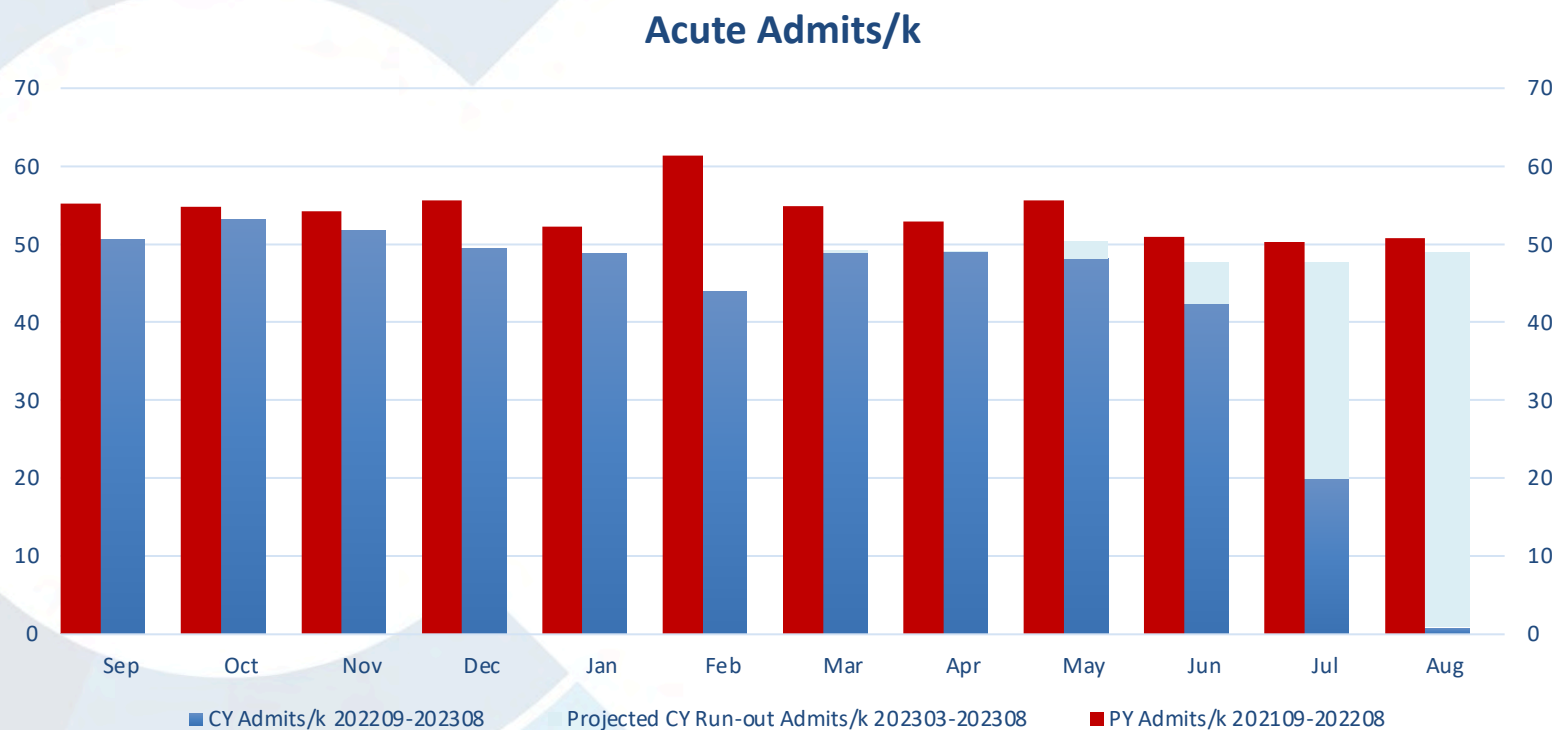
- 90% of members responded to their REDE notice
- CountyCare had the highest response rate out of the 6 HealthChoice MCO's

	Fee- For- Service	Aetna Better Health	Molina Healthcare	Blue Cross/Blue Shield of Illinois	Meridian Health Plan	Cook County Care
Responded	25,228	21,359	17,780	36,984	45,039	22,515
Not Responded	10,577	3,524	2,783	5,652	6,413	2,572
Grand Total	35,805	24,883	20,563	42,636	51,452	25,087

Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Jun 2023	Jul 2023	Aug 2023
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	35,646	34,616	37,302
Abandonment Rate	< 5%	0.43%	0.26%	0.27%
Hold Time (minutes)	1:00	2:33	2:31	2:34
% Calls Answered < 30 seconds	> 80%	98.48%	99.14%	99.23%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v. Prior Year: IP Acute Admits/1000



Updated monthly, paid through August 2023

All acute and surgical cases + approved acute authorizations

Domestic admissions are not included since they do not require Prior Authorization

CountyCare COVID Vaccination Rates

Age Category	Total	At Least 1 Dose		Series Complete		Updated (Bivalent) Booster		All Booster/3rd Dose
	Eligible Members	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members	CDC Benchmark	% of Total Eligible Members
<2 yrs	17,868	6.30%	8.90%	4.49%	4.70%	3.18%	0.60%	3.48%
2-4 yrs	29,007	11.36%	10.90%	7.75%	6.10%	3.24%	0.60%	4.18%
5-11 yrs	71,226	35.77%	40.00%	30.63%	32.90%	6.36%	4.80%	9.62%
12-17 yrs	64,297	56.60%	72.20%	51.70%	61.80%	9.79%	7.80%	19.37%
18-24 yrs	54,688	59.22%	82.30%	52.79%	66.80%	7.59%	7.40%	21.80%
25-49 yrs	137,971	53.91%	85.50%	48.35%	72.20%	9.20%	12.10%	21.97%
50-64 yrs	57,678	71.76%	95.00%	67.81%	83.80%	23.28%	21.70%	46.06%
>=65 yrs	17,753	75.03%	95.00%	71.63%	94.40%	31.66%	43.30%	57.05%
Total	450,488	50.56%		45.62%		11.61%	15.40%	22.21%

Data as of 9/5/2023

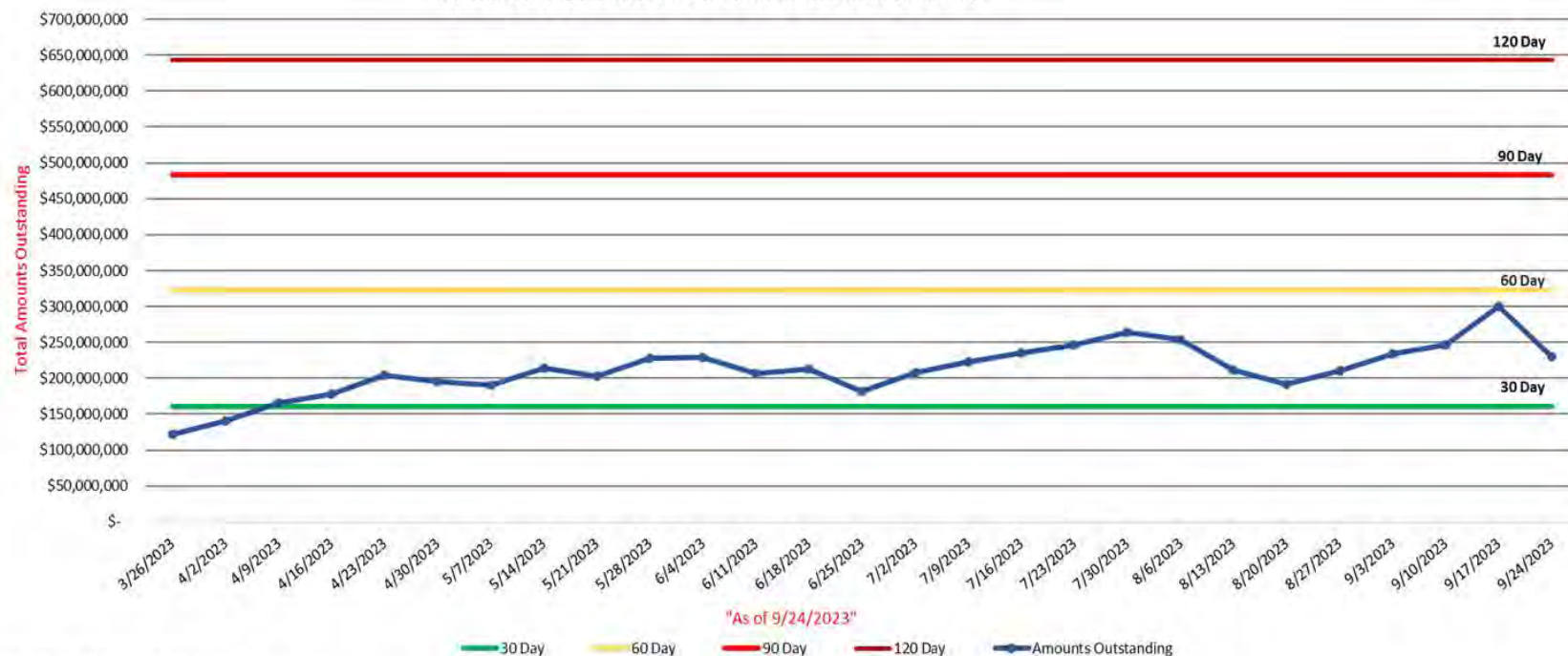
Notes: Benchmark data in the table above is obtained from CDC. For booster, the benchmark data only captures the updated bivalent booster.

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

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

Claims Payments

Received but Not Yet Paid Medical Claims



*Assumes average of 15 days to process claims

*Assumes \$80.5M in pending claims not yet adjudicated

*Medical claims only- does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.

Claims Payments

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	\$ 109,814,352	\$ 53,445,721	\$ 46,955,452	\$ 9,290,569	\$ 219,506,093
Q2 2020	\$ 116,483,514	\$ 41,306,116	\$ 27,968,899	\$ 18,701,664	\$ 204,460,193
Q3 2020	\$ 118,379,552	\$ 59,681,973	\$ 26,222,464	\$ 71,735	\$ 204,355,723
Q4 2020	\$ 111,807,287	\$ 73,687,608	\$ 61,649,515	\$ 1,374,660	\$ 248,519,070
Q1 2021	\$ 111,325,661	\$ 49,497,185	\$ 4,766,955	\$ 37,362	\$ 165,627,162
Q2 2021	\$ 131,867,220	\$ 49,224,709	\$ 566,619	\$ 213,967	\$ 181,872,515
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Q4 2021	\$ 125,581,303	\$ 90,378,328	\$ 112,699	\$ 1,114,644	\$ 217,186,974
Q1 2022	\$ 144,241,915	\$ 12,166,101	\$ 2,958,928	\$ 2,183,828	\$ 161,550,772
Q2 2022	\$ 120,267,520	\$ 735,088	\$ 2,476,393	\$ 4,676,897	\$ 128,155,898
Q3 2022	\$ 105,262,634	\$ 16,617,110	\$ 59,407	\$ 15,171	\$ 121,954,322
Q4 2022	\$ 142,815,499	\$ 62,495,024	\$ 2,403,391	\$ 2,056,097	\$ 209,770,011
Q1 2023	\$ 110,831,299	\$ 7,841,360	\$ 3,067,736	\$ 443,885	\$ 122,184,280
Q2 2023	\$ 149,387,487	\$ 31,299,177	\$ 1,319,945	\$ 346,575	\$ 182,353,184
Week of 9/24/2023	\$ 191,389,015	\$ 38,673,162	\$ 743,468.64	\$ 97,942.54	\$ 230,903,588

*0-30 days is increased for an estimated \$80.5M of received but not adjudicated claims

*Medical claims only-does not include pharmacy, dental, vision or transportation claims

*The amounts in the table are clean claims

Thank you

Q&A



Cook County Health and Hospitals System
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ATTACHMENT #3

EPO Semi-Annual Report

Board of Directors Meeting

September 28, 2023



COOK COUNTY
HEALTH

Employment Plan

What is it and what is the function of the EPO?

Employment Plan: *manual containing structured processes for hiring and other employment actions applied systemwide*

- ❑ Prohibits discrimination
- ❑ Contains proactive processes and procedures that prevent opportunity for discrimination
- ❑ Contains transparent processes and procedures
- ❑ Requires collective bargaining agreements to be honored

Employment Plan Office: *a team of CCH employees who oversee and support compliance with the Employment Plan*

- ❑ Preparing training materials and training employees
- ❑ Observing and auditing employment actions to assess compliance
- ❑ Developing strategies and procedures to achieve compliance
- ❑ Investigating complaints of non-compliance with the Plan's procedures
- ❑ Referring reports of political contacts and/or unlawful political discrimination to the OIIG
- ❑ Maintaining the Direct Appointment List
- ❑ Issuing semi-annual EPO reports



What is New?

Progress!

- **New Hiring Process**
 - Permanent amendment to the Employment Plan
 - Significantly reduces time-to-fill
 - Implemented immediately with no new training required
 - Piloted for Nursing with good results
- **EPO Staffing**
 - New Employment Compliance Analyst – Bianca Willis (8/28/23)

EPO Observations

Investigations

- **Investigations**
 - New: Twenty-one (21)
 - Closed: Fifty-one (51)
 - Pending (as of September 20th): Seventy-eight (78)
 - HR responded to most EPO recommendations from 2022 Incident Reports

EPO Observations

Monitoring

Hiring Processes

Appointed Positions

- **Direct Appointments**
 - Twenty-one (21) packets provided
 - Evidence of premature onboarding of three (3) direct appointments– one (1) from 2022
- **Medical Staff**
 - Three (3) hires and no concerns
- **Executive Assistants**
 - Five (5) hires and no concerns

EPO Observations

Monitoring

Hiring Processes

Non-Appointed Positions

- **Hiring Fairs**
 - Twenty-five (25) fairs
 - Planning process – *improvement demonstrated*
 - Document organization and maintenance - *improvements in progress*
 - Completion and use of Consolidated Ranked List – *improvements in progress*
- **Revised (temporary) Hiring Process**
 - Interview question non-compliance – *addressed via amendment*
 - Missing signatures on Interview Evaluation Forms
 - Failure to provide notice of completed validations – *source identified and corrected*



EPO Observations

Monitoring

Supplemental Policies

- **Interim Assignment/Interim Pay**
 - Fifty (50) Interim Assignments/Pay approved
 - Compliance concerns continued: eligibility, transparency, timeliness of requests and approvals
 - Eighteen (18) employees in assignments of one year or longer
 - Recommendation to improve compliance where possible pending policy updates
- **Discipline**
 - Seventy-five (75) DAFs reviewed
 - Time and attendance - top infraction
 - Types of non-compliance consistent with past reports – 26/31
 - Findings shared with HRBPs for follow up as appropriate



EPO Observations

Monitoring

Supplemental Policies, continued

- **Layoffs**
 - Forty-plus (40+) layoffs - received documents for most recently – *review pending*
- **Training Opportunities & Overtime**
 - Department Head NPCC submissions were due 6/15/23
 - Two hundred eleven (211) Department Heads were required to execute
 - Outstanding NPCCs from twelve (12) Department Heads
- **Reclassifications**
 - One (1) determination produced – *no concerns*
 - Outcome of several past known requests uncertain – *awaiting information*
 - Recommended process improvements - *pending*

EPO Observations

Monitoring

Supplemental Policies, continued

- **Third Party Provider**

- Improved tracking observed
- Following up to verify training status of nine (9) contracted recruiters
- Process improvements - *pending*

- **Grade 24 Salaries**

- Nine (9) packets for salary adjustments (increases) received recently – *review pending*
- Three (3) salary determinations for new direct appointments required correction or clarification - *administrative errors*

The Future

What is coming?

- **Transparency**

- Formal documentation of temporary and permanent amendments dating back to last year (incorporation into Plan)
- Website updates: job descriptions, quarterly reports, EPO page, amended Plan

- **Plan & Policy Updates**

- Continued modernization of Employment Plan and related implementational processes and tools
- Interim Assignment & Interim Pay

- **Plan Training**

- Updates to EP training for new HR staff and supervisors
- Updates to annual EP training for new HR staff and supervisors
- Additional EP refresher trainings for supervisors



The Future

What is coming?

Continued

- **Joint HR/EPO Initiatives**
 - Discipline Resources – *rollout imminent*
 - Review and update of document management and document sharing protocols for all employment actions (*optimization*)
 - Automation of discipline – *will take time*

Thank you!

Questions?



COOK COUNTY
HEALTH



Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Israel Rocha, Jr.
Chief Executive Officer
Cook County Health

Board of Directors

Lyndon Taylor
Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Vice Chair of the Board

Jay Bhatt, DO, MPH, MPA
Robert Currie
Raul Garza
Joseph M. Harrington
Robert G. Reiter, Jr.

Sam A Robinson, III, PhD
Tanya R. Sorrell, PhD, PMHNP-BC
Otis L. Story, Sr
Mia Webster Cross, MSN, RN

September 20, 2023

Mr. Israel Rocha, Jr.
CHIEF EXECUTIVE OFFICER
Cook County Health
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israel.rocha@cookcountyhhs.org

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EMPLOYMENT PLAN OFFICE 18TH SEMI-ANNUAL REPORT

Dear Mr. Rocha and Inspector General Cyranoski:

INTRODUCTION

This is my office's 18th Semi-Annual Report covering my office's observations and activities between January 1st and June 30th¹, and goals and new initiatives for July 1st through December 31st.

As you know, the Plan and Supplemental Policies are manuals developed by CCH over the course of a collaborative process providing for Cook County Health's (CCH) dismissal from the *Shakman* litigation², that detail system-wide policies, practices and procedures governing CCH hiring and other employment actions. The procedures are (1) proactive, meaning that they are designed to support compliance with laws prohibiting political and other forms of unlawful discrimination (e.g., age, gender, religion, race) and (2) transparent, meaning that our leaders are required to document their processes and the bases for their decisions.

¹ I have taken some liberties to report on data and activity more current than June 30th and to provide information pre-dating January 1st to provide historic context.

² *Shakman v. Cook County et al.*, 69 CV 2145. The lawsuit, pending for many decades, was brought as a response to the County's use of political patronage as the litmus test for all decision making re employment actions, e.g., hiring, firing, discipline, transfer, interim assignment, salary determination etc.). The County, including CCH, was released from the lawsuit in 2018 following many years of effort to create and implement the Employment Plan. The Plan, designed to create durable and transparent safeguards against future abuses, was drafted in a collaborative process between CCH, the Court, the County and the Plaintiffs.

My office is tasked with supporting compliance with the provisions and spirit of the Plan by:

- Preparing training materials and training employees at all levels within the organization
- Observing and auditing employment actions implemented by Human Resources (“HR”) and department leaders to assess compliance
- Developing strategies and procedures to achieve compliance (utilizing an understanding of CCH’s business, organizational and staffing needs)
- Accepting and investigating complaints of non-compliance with the Plan’s procedures
- Referring reports of political contacts and/or unlawful political discrimination to the Office of the Independent Inspector General
- Maintaining the Direct Appointment List (list of the positions that may be filled via appointment by the CEO) and reviewing proposed appointments for compliance prior to hire
- Issuing public reports semi-annually covering EPO activities for the reporting period.

Between January and June of this year, my office continued to perform the functions detailed above with a significant additional focus on both (1) partnering with HR on efforts to modernize the Plan and decrease the time to fill CCH positions and (2) decreasing the backlog of pending investigations of alleged non-compliance.

EMPLOYMENT PLAN AMENDMENTS

PROCEDURAL AMENDMENTS

Though the *existence* of the Plan and Supplemental Policies is mandated by court order, there is no requirement that the processes that were negotiated during litigation remain untouched in perpetuity. The Plan is a living document, meaning that it may be amended with Chief Executive Officer (CEO) approval, to modify existing processes or include new ones.

With the onset of the pandemic, the Great Resignation, and changes in the job market, CCH began facing the types of staffing challenges experienced nationwide that continue to exist. Given these challenges, the efficiency and speed of our hiring processes became a focus.

While the hiring provisions detailed in the Plan impact the time-to fill our positions, they are only one of several factors affecting the workflow required to fill vacancies at CCH³.

As reported in past semi-annual reports, HR and this office began working together immediately when these challenges arose to identify and implement changes to the Plan

³ Other factors include, (1) the requirement that CCH honor and apply all hiring-related requirements contained in the numerous collective bargaining agreements that apply to most of its staff, (2) the availability of staff to implement hiring processes/volume of work, (3) manual/inefficient implementation tools and procedures; (4) clinical credentialing, where applicable; and (5) flexibility with start dates.

and related forms that would expedite time-to-fill. These resulted in two temporary modifications to existing Plan processes that are still in effect: the Revised Hiring Process and the Revised Hiring Fair Process. Through these amendments (which were further modified over time⁴) advance notice requirements and other time frames were shortened, documentation was streamlined, and the ability to make day-of-fair offers was added. Implementation of these processes (as well as other contemporaneous efforts⁵ to address the other factors affecting time-to-fill) made a big impact as demonstrated by the metrics Valarie Amos, our Chief Human Resources Officer, has shared at meetings of the Board.

In the most recent prior semi-annual report, I reported that Mr. Rocha, our CEO, had initiated another collaborative process involving a comprehensive review of the Plan's hiring processes (and the current implementational procedures) conducted by a multidisciplinary team with the directive to develop *permanent* amendments to process and procedures. The goal was to further reduce the time-to-fill vacant positions while honoring all applicable laws and collective bargaining agreements and while also providing the requisite transparency.

Though this effort is ongoing, I am happy to report that a new, permanent hiring process designed to significantly reduce time-to-fill was approved and implemented. The process provides for an accelerated timeframe of as short as a week from posting to offer under circumstances where Mr. Rocha believes accelerated hiring is appropriate and certifies the need. It has been piloted for hiring nurses and its impact on reducing time-to-fill will be demonstrated via metrics Ms. Amos presents to the CCH Board of Directors (Board). Initial success in the use of this new process has prompted the expansion of its use. Because implementation did not occur until August 10th our observations of compliance in implementation will be addressed in the next semi-annual report in March of next year. I will report on all additional modernization efforts and results at that time.

EXHIBIT AMENDMENTS

The Direct Appointment List (Plan Exhibit 5) was updated three (3) times during the period as new positions were created and approved for inclusion on the list. Though new positions that would be eligible for the Actively Recruited List (Plan Exhibit 2) were created, that list was not updated. This does not pose a Plan-compliance issue during the life of the Revised Hiring Process as there is essentially currently no distinction between the way

⁴ This office and the OIIG approved two revisions to the temporary processes: (1) the elimination of the requirement in the Revised Hiring Process that interview questions be specifically tailored to verify minimum qualifications and (2) the elimination of the Revised Hiring Fair Process requirement that there be separate postings for each shift and location of a given position.

⁵ As included in past EPO reports and as Ms. Amos has reported to the Board, there have been several contemporaneous efforts to address some of the other factors impacting time-to-fill. Specifically, (1) the recruitment team grew substantially (new hires and contracted support) and (2) consultants developed many tools for both HR and the hiring departments to optimize (automate) the process. Efforts are ongoing.

General Hiring positions and Actively Recruited positions are handled. The Advanced Clinical Positions List was not updated.

INVESTIGATIONS

At my last EPO semi-annual report presentation to the Board, I reported that my office carried a large backlog of pending investigations the result of chronic short staffing in the department and other competing priorities. The Board asked that this office focus on resolving outstanding investigations to reduce and hopefully eliminate the backlog of cases.

After considerable work to assess the nature and posture of the older cases in the backlog, the EPO was able to resolve fifty-one (51) cases via the processes outlined in a recent amendment to the Plan's EPO investigations provision⁶ which grants the EPO authority to resolve matters not suitable for resolution via a formal incident report.

Additionally, this office received twenty-one (21) new complaints during the reporting period⁷. We intend to issue formal Incident Reports regarding certain pending matters in the coming reporting period and will report on outcomes.

In the preceding reporting period, this office issued the following summarized Incident Reports and have received responses from CCH as highlighted beneath the summary of each investigation and recommendations.

- EPO2019-051. Allegation that a CCH employee was shifted within a department to perform in a role apart from the designated patient population as outlined in her job description. Due to the fact that this was due to a transformative expansion of the department in question and not the result of any individualized treatment of the employee, the EPO recommended HR initiate a reclassification procedure which took the employee's new role into consideration. HR Response: The employee was promoted into the appropriate role before HR could commence a reclassification effort.
- EPO2021-021. Allegation that an applicant asserting veterans' status per the Employment Plan was denied a position despite his veteran status. The investigation revealed that the applicant failed to produce the proper documentation during the application period and was therefore not eligible for veterans' status. The evidence developed during the investigation also showed (1) a degree of confusion in the recruitment team concerning which documents are sufficient to demonstrate veteran status and (2) inconsistency between the interview selection meeting notes and the order of the candidates on the ranking form. We recommended that HR (1) assess the

⁶ The provision providing for more efficient processing resulted from an amendment approved in 2022. The EPO's current investigative process will be evaluated as part of the comprehensive Plan modernization effort described above to identify tools and/or process modifications that would further reduce the time to complete an investigation while maintaining the requisite transparency.

⁷ The new complaints involve a variety of allegations including, but not limited to, improper contacts with HR, non-compliance regarding fellowship opportunities, improper offers at hiring fairs, forgery in a hiring packet, workplace misconduct, misuse of disciplinary procedures and falsification of application materials.

application materials for the postings in question to ensure consistent application of veterans' preference screenings and (2) assess the selection meeting notes and raking form of the posting identified in the investigation and make any inquiry and corrections if needed. HR Response: HR reminded employees working in recruitment regarding documents which can be used to establish veteran status. Further, HR is awaiting confirmation from recruitment personnel whether any other candidates were impacted by the screening of veteran applicants.

- EPO2020-003. Allegation that CCH failed to manage a possible medical accommodation of a CCH employee arising from a work injury in 2014 resulting in the employee working completely outside of her job description. Although the investigation revealed that the employee suffered a work-related injury and was at least partially disabled as of 2014, no records or decision-maker witnesses were available to us from the period in question and, as such, we could not fully determine whether there was a formal arrangement from 2014 regarding an accommodation or whether the employee remains disabled. We recommended that HR examine the current arrangement and ensure that any accommodation, if needed, is documented and in compliance with legal requirements. We also recommended that HR and Employee Health Services take all steps necessary to ensure transparency in these types of matters. HR's response is pending.
- EPO2020-016. Allegations included improper HR validation, prohibited contacts in an employment action, and use of private emails for CCH business. We received a complaint that an employee hired in 2019 did not then meet the minimum qualifications for the position. The complainant further alleged that the improperly hired employee's manager had received a copy of the employee's resume from the employee's paramour (with whom the manager had a professional relationship) and used her private email account to communicate with subordinates and instruct them to assist the candidate in her application for employment. The preponderance of the evidence developed by the investigation showed that, at the time of application, the employee possessed a mix of part and full-time experience which, when added together, did not amount to the minimum experience required for the position. The evidence also showed that, although the manager's use of her personal email in support of the candidate was prohibited under CCH policy, the "assistance" contemplated and rendered to the candidate was limited to identifying the relevant posting on the CCH website. Since the manager is a union employee (and therefore had not received interviewer training), we recommended either that a trained leader provide oversight in the unit or that the union manager receive the trainings that non-union leaders receive to ensure leadership consistent with the requirements of the Plan and Policies. We also recommended that HR ensure all staff are sufficiently trained in identifying minimum qualifications and that leadership address the manager's violation of the email policy consistent with past practice. HR Response: HR acknowledged the screening error and has trained recruiters on this point. HR acknowledged the manager's union status and cited this in its declination to offer training to the manager despite her appearance of supervisory authority in the lab she, per HR, runs. HR will continue to advise departmental

leadership of this problem concerning her appearance of authority. Finally, the manager has been counseled concerning her use of personal emails to conduct CCH business.

- EPO2020-017. Allegation related to implementation of the Training Opportunities Policy. Complainant alleged that a department was offering training to some, but not all, similarly situated employees. Although the evidence developed by the investigation disproved the initial allegation, the evidence did disclose that the department in question was not in compliance with the policy requiring department heads to track non-mandatory training opportunities offered to staff. In this case, although the department did not itself initially disclose the training opportunity to staff, it discussed the training with staff, permitted to use of training leave and paid the employees while they attended the training. We believe this level of leadership involvement with the training triggered the policy's tracking requirement⁸. We recommended supplemental policies training for two department leaders. HR Response: HR acknowledged the need to train the leader of the department but not the manager due to the manager's lack of authority over staff by virtue of her union membership. HR has advised the department leader of the foregoing need to comply with the policy.
- EPO2020-018. Allegation that employee is not functioning in her current budgeted role. The preponderance of the evidence developed by the investigation showed that the employee in question has been functioning outside her role since 2020. While this arrangement seems to have been the result of the initial tentative agreement of all concerned (and may have had the tacit blessings of the former CHRO, former EEO Officer and former Operations Counsel), what remains is an arrangement that needs to be resolved such that the employee is functioning in her current title. We recommended the employee be returned to performing the duties of her job description and to her official place of assignment with the understanding that any changes to her place of assignment be documented per applicable policies. HR Response: HR agreed the employee needs to be returned to her original work assignment and will ensure the department effects such change.

The following is a list of outstanding investigations along with their respective dates of inception that the Board requested for inclusion with this report. It does not include any of the fifty-one (51) matters resolved in this latest reporting period. As of the date of this report, there are seventy-eight (78) pending matters.

Number	Investigation Number	Complaint Start Date
1	EPO2019-050	10/1/2019
2	EPO2019-015	2/23/2019

⁸ This policy ensures that trainings that are not required of all employees (or all employees in a specific department or job title) are distributed fairly.

3	EPO2019-017	3/11/2019
4	EPO2020-001	12/23/2019
5	EPO2020-002	11/19/2020
6	EPO2020-002	6/18/2020
7	EPO2020-005	1/30/2020
8	EPO2020-0006	2/5/2020
9	EPO2020-20	4/8/2020
10	EPO2020-025	5/6/2020
11	EPO2020-026	3/17/2020
12	EPO2020-026	2/3/2020
13	EPO2020-027	6/4/2020
14	EPO2020-029	3/3/2020
15	EPO2020-029	6/26/2020
16	EPO2020-0031	8/11/2020
17	EPO2020-33	8/12/2020
18	EPO2020-036	10/26/2020
19	EPO2020-040	1/7/2020
20	EPO2020-041	1/21/2020
21	EPO2020-042	1/30/2020
22	EPO2020-043	8/11/2020
23	EPO2021-002	1/10/2021
24	EPO2021-003	12/28/2020
25	EPO2021-004	2/2/2021
26	EPO2021-0006	2/6/2021
27	EPO2021-008	5/25/2021
28	EPO2021-008.1	5/25/2021
29	EPO2021-009	2/26/2021
30	EPO2021-010	4/7/2021
31	EPO2021-011	6/2/2021
32	EPO2021-011	1/11/2021
33	EPO2021-012	4/25/2021
34	EPO2021-014	5/6/2021
35	EPO2021-015	5/6/2021
36	EPO2021-016	5/13/2021
37	EPO2021-017	5/13/2021
38	EPO2021-018	5/18/2021
39	EPO2021-019	5/26/2021
40	EPO2021-020	5/28/2021
41	EPO2021-022	6/23/2021
43	EPO2021-023	6/15/2021
44	EPO2021-024	8/11/2021
45	EPO2021-025	11/5/2021

46	EPO2021-027	8/28/2021
47	EPO2021-028	9/3/2021
48	EPO2021-029	8/26/2021
49	EPO2021-030	9/16/2021
50	EPO2021-031	9/29/2021
51	EPO2021-032	12/6/2021
52	EPO2021-034	3/5/2021
53	EPO2022-014	12/8/2022
54	EPO2022-014	10/7/2022
55	EPO2022-001	2/7/2022
56	EPO2022-002	2/10/2022
57	EPO2022-004	3/14/2022
58	EPO2022-005	5/2/2022
59	EPO2022-006	1/11/2022
60	EPO2022-007	5/13/2022
61	EPO2022-008	6/22/2022
62	EPO2022-009	5/23/2022
63	EPO2022-010	7/27/2022
64	EPO2022-011	7/28/2022
65	EPO2022-012	11/28/2022
66	EPO2022-013	9/30/2022
67	EPO2023-012	6/28/2023
68	EPO2023-024	8/25/2023
69	EPO2023-025	8/26/2023
70	EPO2023-002	1/10/2023
71	EPO2023-003	1/23/2023
72	EPO2023-004	2/1/2023
73	EPO2023-013	5/3/2023
74	EPO2023-014	5/25/2023
75	EPO2023-022	6/26/2023
76	EPO2023-023	8/2/2023
77	EPO2023-026	8/28/2023
78	EPO2023-027	8/30/2023

TRAINING

Previous semi-annual reports have outlined the multiple trainings that our office circulates or conducts in conjunction with HR: Employment Plan Training [overview for all staff]; Employment Plan Interviewer Training [for management and leadership]; Supplemental Policies & Procedures Training [for management and leadership]; and HR Training [for HR personnel].

The information below pertains to each type of training conducted:

- Employment Plan Training. This training, which covers the Plan's principles, protections and responsibilities, is offered to new employees and included in annual training. It is up to date.
- Employment Plan Interviewer Training. CCH leaders are required to attend this lengthy in-person training before participating in our hiring processes. During the applicable period, there were seven (7) in-person sessions, and ninety-four (94) employees were trained. Annual refreshers are required thereafter to maintain eligibility.

Annual training is significantly overdue.⁹ I reported in the last semi-annual report a plan discussed with HR to update and circulate this training in topic specific modules to allow for quicker distribution of this important content.¹⁰ Though this is still the plan, no modules have been completed for distribution. The fact that the Plan is currently under review for significant modifications presents some planning challenges.

By offering training on the Revised Hiring Process for continued eligibility last summer and by periodically offering optional Advanced Clinical Process refresher trainings, we have bridged the gap somewhat. By November of this year, I would like to begin offering a monthly online refresher session for those interested in a refresher and for those who have been recommended by their manager or HR as needing additional training at least until annual training modules have been completed for distribution¹¹. I will work cooperatively with HR to define the content and develop the format.

- Supplemental Policies and Procedures¹² (Policies) Training. Training on the supplemental policies, like training on our hiring processes, is required of all new employees and annually thereafter. During the applicable period, there were seven (7) in-person sessions, and eighty-three (83) employees were trained. Like all-employee and annual interviewer training, we have been unable to distribute annual supplemental policies training since existing content became technologically incompatible with our new learning management system. The same plan for modular updates and distribution was agreed upon. To date, no modules have been completed. To bridge the gap, HR and my office continued to routinely offer virtual refreshers on the discipline policy, the most utilized *and* most complex of the supplemental policies.
- HR Staff Training. New HR staff are required to receive comprehensive training on the Plan and Policies. HR staff is also required to receive annual Plan and Policies training as well as training on any updates to the Plan and/or Policies. During the applicable period, there were fourteen (14) in-person sessions and almost thirty (30) employees and third-

⁹ Content circulated under our previous learning management system is not technologically compatible with the learning management system acquired in 2021.

¹⁰ A modular approach has the added benefit of providing for an efficient way to update and communicate updates to a process or procedure.

¹¹ We have been successfully offering refreshers such as this for discipline for some time.

¹² The supplemental policies govern non-hiring employment actions and that must be compliant with the spirit of the Plan by being proactive and providing for transparency. These policies are addressed below, but some examples include discipline, reclassification of positions, demotions and transfers.

party providers¹³ were trained. As with the other types of trainings, annual HR training is also required.

While the learning management system update did not impact the ability to offer HR's annual training (historically offered in person), other challenges such as Covid and HR's operational need to focus on hiring came into play. Though the plan is to ultimately return to a full, in-person annual training, we have bridged the gap by providing topic specific updates at HR staff meetings. The staff also recently received an annual refresher on the Revised Hiring Process, which currently covers the majority of CCH hiring. HR leadership communicates with us as the need for refresher training arises, and we are currently making plans with HR to offer a refresher on the ACP hiring process to the recruiters who oversee and facilitate ACP hiring.

HIRING & EMPLOYMENT ACTIONS

A big part of what we do is offering interpretation and guidance on correct implementation of the Plan and on how to address and/or resolve errors or other unexpected circumstances in a manner consistent with Plan principles. We also observe (monitor) employment actions in progress to assess for compliance and assist management by providing direction and guidance as processes unfold. This prevents non-compliance in real time and serves as a form of training to prevent future non-compliance. We additionally monitor compliance with Plan requirements via review of documents. Our practice is to recommend corrective measures to department leaders and advise HR staff to assist with corrections as issues are identified.

HIRING

Most of the formal monitoring and auditing function is handled by an analyst. Because we were without an analyst for all but the first week of the applicable reporting period, our approach to monitoring hiring processes was temporarily modified. Though our day-to-day guidance was unaffected, our in-person monitoring and document reviews were reduced and less formal for many of our hiring processes.

- **Revised Hiring Process.** We conducted a review of all Decision to Hire (DTH) packets approved over the course of one randomly selected week in April. These packets are compiled at the end of a hiring process to include the job posting, applications, and all documents involved in the interview and selection process. Through that review, we identified some noncompliance such as continued non-compliance with an interview question requirement,¹⁴ failure to produce a specific type of information to the EPO and OIIG,¹⁵ and missing signatures on required forms. These findings were provided to HR leadership so that the issues could be resolved and so that recurrence may be prevented.

¹³ Third-Party Providers are individuals contracted by CCH to perform recruitment-related functions. They are required to adhere to the Plan's requirements.

¹⁴ That provision was later removed from the Plan via an amendment as HR, the OIIG and my office all agreed that the other safeguards throughout the process.

¹⁵ This was attributable to one employee and that employee was reminded of the requirement.

- **Hiring Fairs.** The temporary Revised Hiring Fair Process was approved for implementation in the spring of 2022 to introduce efficiencies meant to expedite the process and to provide for day-of-fair job offers. During the applicable period, there were twenty-five (25) fairs.

We reviewed hiring fair requests before approving each fair¹⁶ (to ensure compliant process was planned) and made ourselves available to provide guidance or support as issues or questions arose but did not formally monitor and/or audit the fairs given our department's limited resources. Because our primary concerns with past fairs involved documentation and use of the Consolidated Ranks Lists and the maintenance and organization of fair documentation (to allow us to review for compliance), we spot checked for compliance and noted ongoing concerns in both areas. We met with HR's hiring fair team and project manager to address our concerns and make recommendations. The team was very receptive and engaged, and we are confident that we will find improvement when we are able to fully audit a future fair. I will report all findings in the next report.

- **Direct Appointments.** The Direct Appointment process allows our CEO broad discretion in appointing individuals to high level positions within the organization. To create a position eligible for hiring under this process, the prospective job description is presented to the OIIG for approval. Positions approved for this process are maintained on Exhibit 5 to the Plan.

Though there is broad discretion to fill these positions and an open competitive process is not required, appointees must meet all minimum qualifications and may not be selected based upon political reasons or factors. Once a candidate has been identified for hire, HR reviews the application materials to verify that the selected candidate is eligible and sends notice of the selected candidate with all required documents (job description, application, resume, NPCC, etc.) to our office and the OIIG. This collection of documents, referred to as the Request to Hire (RTH) packet, provides the opportunity for both offices to evaluate the candidates' qualifications and raise any concerns before the selectee is hired.

Twenty-one (21) packets were circulated, and we reviewed them all. One (1) packet (addressed in part in the 17th semi-annual report), was produced significantly late. The employee had been onboarded, without any review by the OIIG or EPO, in July of 2022. Records reflect that two other direct appointments that were employed in other roles at CCH prior to their appointments were onboarded prior to the expiration of the OIIG/EPO review period and communication of approval.

We reviewed all packets and verified that the appointees met the minimum qualifications and that all applicable documentation was included.

The salary documentation for three (3) of the candidates raised questions since the salaries listed on the certification form provided did not match the market study range on the form utilized to document the salaries of Grade 24 employees. Updated forms consistent with market analysis were later produced, along with explanations for the initial discrepancies. The errors were administrative in nature.

- **Medical Staff Appointments.** This hiring process, which is in some ways similar to the process used for direct appointments, is used when our CEO and Board of Directors appoint

¹⁶ The process is now functioning quite well.

a candidate to lead a department, division or serve as a section chair of the medical departments of the medical staff. Five (5) RTH packets were produced. We reviewed the packets produced and did not identify anything of concern.

- **Executive Assistant Appointments.** This hiring process is also somewhat similar to that used for direct appointments. A main difference is that the hires are appointed by the executive they are hired to serve rather than our CEO. Another difference is that there is no requirement that the packet be circulated for review prior to completion of the hiring process. Three (3) Executive Assistant packets were provided, and we did not identify anything of concern.
- **Letters of Recommendation.** The Plan requires my office to review all letters of recommendation (“LORs”) submitted by applicants and candidates and forward any that constitute a Political Contact to the OIIG. Hiring departments are trained to forward LORs to us upon receipt (as opposed to after the hiring process) so that a determination may be made as to whether the recommendation is a Political Contact that must be reported to the OIIG. Only valid recommendations may be considered by our hiring teams. No LORs were submitted in the applicable period.

OTHER EMPLOYMENT ACTIONS (SUPPLEMENTAL POLICIES)

- **Demotion (#02.01.20).** There were no demotions reported during the reporting period.
- **Discipline (02.15.15).** Two hundred seventy-nine (279) corrective actions, with just over one hundred (100) being formal (discipline), were issued in the applicable period. Almost fifty (50) disciplinary actions were at the level of suspension or termination. Consistent with past reporting periods, repeated tardiness was the most frequently cited infraction – cited one hundred thirty-two (132) times. For this period, tardiness was followed closely by both employee conduct and failure to follow instructions, both of which were cited one hundred nine (109) times. Negligent performance was the next highest at eighty-nine (89) citations, after which the next highest infraction dropped to thirty-one (31). Many of the other infractions were in the single digits.

We reviewed seventy-two (72) of the Discipline Action Form¹⁷ packets (DAFs), which include the DAF and all related documentation, issued in the months covered by this report.

When we review a DAF packet, we identify anything inconsistent with the disciplinary action policy, the related personnel rule, and/or HR’s implementational procedures. Some of what we identify includes violations that do or could impact validity of the discipline issued, while others are more administrative in nature.

The types of violations and other concerns identified for the applicable period are consistent with those identified in past reports, with administrative errors such as failing to complete certain data fields on the DAF (e.g., the employee’s union, start date, or employee identification number) to more significant findings such as failing to secure the appropriate approvals (or failing to document that requisite approvals were secured) before issuing to the employee, failing to provide all required documents to HR (e.g., evidentiary statements,

¹⁷ The DAF is the form utilized to document discipline issued to an employee.

Hearing Officer Decision), failing to follow the required progression of discipline, or citing an employee for infractions inconsistent with the findings of the Hearing Officer. Based upon our review, there were twenty-six (26) DAFs that included at least one administrative error and thirty-one (31) that included at least one substantive concern. Though HR facilitates and independently reviews and tracks discipline submissions, we shared our findings with the Human Resources Business Partners (HRBPs) so that they could follow up with issuing supervisors if necessary and as appropriate to correct non-compliance and provide guidance to support future compliance.

It bears repeating that the services offered by the HRBPs, a role that was created last year, have been critical to improving compliance with this multi-step and largely manual process that often requires our supervisors to interpret and apply CBA requirements in addition to discipline policy and personnel rule requirements. Our teams work well together and have continued offering optional monthly discipline refreshers to our leaders. As I am drafting this report, HR and my office are preparing the imminent roll out of a new tool that will give our leaders more convenient access to the applicable policies, CBAs, fillable forms, fillable template letters, resource materials and contacts necessary to successfully implement discipline.

HR and my office remain committed to automating this process, and I hope to have some progress to report in my next semi-annual report.

- **Grade 24 Positions: Classification (#02.01.21) and Salary Adjustments (#02.01.22)**

CLASSIFICATIONS

The Classification policy governs how the salaries of new and vacant existing grade 24 positions are set. Unlike lower-graded positions, the salaries for these high-level management positions with titles bearing the designation of “Director,” Senior Director,” System Director,” Executive Director,” “Officer,” or “Chief,” etc. or are positions that require an advanced degree, professional license and specialized skills take an array of factors¹⁸, including review of relevant market data, into account. Based upon consideration of the factors, HR’s Classification & Compensation team makes a recommendation (via a form) which must be approved by the CHRO. Approved forms are submitted to my office and the OIIG when they are included in DTH packets, and the CHRO is required to explain any instances in which the final salary differs from classification & compensation’s recommendation.

ADJUSTMENTS

The Salary Adjustment policy governs how salaries of these positions may be adjusted. Like the process for setting the salaries, the process is initiated using a request form and there is an array of set factors that are considered. The CHRO evaluates the request and makes a recommendation to the CEO for review and approval. Several Grade 24 increases were produced for our review for the months covered by this report shortly before the due date for filing of this report. We have begun our review of these processes and expect to

¹⁸ Factors include but are not limited to scope of the position, whether it is hard to fill, the level of the position, and the fiscal responsibility of the position.

report findings and make any recommendations to CCH at a future date and in the next EPO semi-annual report.

- **Interim Assignment (#02.01.16) and Interim Pay (#02.03.01).** These policies govern the processes by which employees may be assigned to interim roles (or to temporarily perform additional duties), qualify for and earn interim pay, as well as how much the pay is and how long these assignments and pay should continue. They have been utilized much more heavily and for longer periods of time in the face of the hiring and staff retention challenges encountered since the onset of the pandemic and the Great Resignation.

I raised concerns in several past semi-annual reports regarding the policies' compatibility, compliance with their requirements, and the level of transparency provided in the submissions and recommended a review and update of the policies and forms. The policies have not been updated to date.

In the applicable period, we received fifty (50) packets, of which six (6) were new assignments and forty-four (44) were extensions¹⁹. Departmental requests were often late and sought to backdate both the assumption of duties in an interim position and the start date of interim pay. We also identified an instance in which a department head, who admitted that the chosen employee did not meet eligibility requirements, submitted a request certifying eligibility. It was the department head's understanding that HR allows exceptions under certain circumstances. HR, not aware of the leader's understanding of the employee's lack of qualifications, approved the request, relying upon language regarding the employee's qualifications we found to be vague and that would have triggered a higher level of HR scrutiny in a hiring process. Though we determined through our follow up with the employee that the employee has experience (not included in the assignment request submission) qualifying her for the assignment, it is our recommendation that HR screen all requested interim assignments with the same level of scrutiny they would for permanent hires and that HR clear up any misunderstanding with department heads about the ability to assign ineligible employees to these roles. Whether permanent or temporary, we cannot allow individuals to perform duties they are not qualified to perform, and the qualifications must be apparent, for purposes of transparency, within the four corners of the request submission.

In addition to the above findings, we observed that assignments and pay continued to be extended well beyond the temporary six-month term contemplated by the Interim Pay policy. Though the policy does allow for extensions in three month increments if the need persists, the extension packets very often fail to provide transparency into the reason(s) the extensions are needed. By our review of the Hiring Manager Dashboard for seven (7) of the assignments at or beyond twelve (12) months, only two (2) showed efforts at recruitment and only one (1) extension asserted a basis, albeit vague, for the lengthy duration of the interim appointment.

¹⁹ Extensions are permissible in 3-month increments after the initial 6-month period, and several employees were extended more than once in the applicable period.

We followed up with HR recently to determine whether they intend to modify the policies²⁰ per our standing recommendation and they explained that they are waiting for the Associate General Counsel role to be filled as this project will require significant involvement of the Legal Department. We appreciate the need for HR and the Legal Department to collaborate on this issue, but we are unaware of an imminent hire and therefore hope the respective departments will devote time to this longstanding issue notwithstanding the current vacancy in the Associate General Counsel role²¹.

We offered recommendations of how to improve both department and HR compliance since we continue to observe some types of non-compliance²² that may be corrected even without policy updates. I will update you on progress toward the policy updates and whether compliance has improved in the next semi-annual report.

- **Layoff/Recall (#02.01.17).** There were at least forty-three (43) layoffs implemented in the months covered by this report. Most of the layoff activity took place in April and May of this year due to downsizing flowing from the elimination of Covid grant funds. Our office received records of this activity approximately one week prior to the issuance of this report and we have not yet completed our analysis of the records. While we note that some employees otherwise scheduled for layoff were able to move into vacant CCH positions, our office continues to review layoff records for this period. Our findings will be detailed in the next semi-annual report.

According to our records, the last time HR produced a Recall List was in June 2021.

- **Reclassification of Positions (#02.01.11) & Desk Audits (#02.01.19).** Reclassification is the process utilized when the duties of a position, series of positions, or a group of different positions (the principal job duties of which are substantially equivalent) have diminished, increased or otherwise changed due to circumstances not related to the performance or identity of any individual holding the position(s).

In our last semi-annual report, we identified the following types of concerns in the documents:

- The requests forms do not always include all information or attachments required by the policy
- HR's determination forms (which contain the CHRO's NPCCs) were not always completed and that other required NPCCs were not always executed and/or included.
- Determination submissions are not standardized and are not submitted to our office contemporaneously or in a set cadence (upon approval or denial).

We reported that we had discussed these observations with the classification and compensation supervisor and learned that the reclassification process has been identified

²⁰ Under the Plan, HR drafts and maintains the supplemental policies.

among the priorities to be addressed by an optimization consultant team. Our wish list for optimization included:

- Development of a standardized operating procedure and training for the classification and compensation team, including procedures for documentation, document sharing and document maintenance
- Development of a shared database for reclassification materials or a shared tracking mechanism

We received only one (1) determination for the applicable period and noted no concerns. It was a straightforward denial based upon insufficient basis for the request. We have not yet been updated regarding several pending 2022 requests we were advised of informally some months ago. The recommendations I made in the last report were not addressed, but we were advised earlier this month that the optimization team had just started its review. I will share progress in the next semi-annual report.

• **Third-Party Providers (02.01.18)**. This policy governs the retention and performance of those contracted to perform recruitment functions. In the last report, following a review of recent third-party provider contracts and other related documentation, we identified the following concerns:

- There was no central repository for the contracts and other policy-related documents and data
- Department head requests and CHRO approvals were not always documented
- Not all contracts contained language specifically requiring the contractors to comply with the Plan, Personnel Rules and this policy and refrain from engaging in any activities based on any political reasons or factors²³
- Some required NPCCs may not have been executed
- There was no established process for tracking individuals performing under each contract (to be used for various purposes, including verification of training status, etc.).

We also discussed our observations with HR and leadership was in full agreement with our recommendation to develop a standard operating procedure governing implementation of this policy including:

- Creation of an accessible physical or virtual file that houses all related documents for each contract
- Updates to the applicable form to fully capture the request (even when initiated by HR), approval, and all other required CCH employee NPCCs
- Accessible tracking of individuals serving under each contract (start date, job function, certification of required training, end date)

HR has improved its tracking of the individuals providing these services since the last report but additional work remains. Both my office and HR have had multiple competing

²³ I advised previously that I had worked with HR and the Legal Department to develop standard language to be used in these contracts going forward.

priorities but are committed to working together on the remaining improvements as time and resources permit.

Given our limited resources during the applicable period, our compliance review was limited to evaluating whether those individuals performing recruitment functions have received all Plan training required by the policy. By reviewing the most recent tracker supplied by HR against our training records, it is unclear whether nine (9) of the twenty-two (22) contractors have received the required training specific to recruitment functions. As of the drafting of this report, we are awaiting information from HR about their training status. I will provide an update in the next semi-annual report.

- **Training Opportunities (02.01.13) & Overtime (02.01.14)**. These policies exist to ensure that overtime and training opportunities are equitably distributed. Department heads are required to track how individuals are notified of opportunities, the criteria for selection, and who received the opportunity or overtime. Unlike the other supplemental policies, NPCCs are not collected each time overtime or training is offered or assigned. Rather, NPCCs are collected semi-annually in an electronic format.

NPCCs, circulated to two hundred eleven (211) department heads systemwide, were due most recently on June 15, 2023. As of this week, twelve (12) department heads have not fully complied. We will continue our follow-up efforts.

Due to competing priorities and our staffing level, we did not review and evaluate the department heads' trackers and records.

- **Transfers (#02.01.12)**

There were no transfers reported in the applicable period.

We learned, through communications with HR that transfers of union employees are common but have not been reported as required by the policy. There was apparently an agreement with the stakeholders in the *Shakman* litigation that transfers of union employees did not have to be reported because of the volume of activity. HR's plan is to change that and require notice to HR and the EPO of all transfers going forward²⁴.

INELIGIBLE FOR HIRE LIST

The CHRO reviewed terminations and resignations/retirements made in lieu of termination to evaluate whether inclusion on the Ineligible for Hire List ("List") was warranted. List updates were circulated three (3) times.

- Eight (8) individuals were added
- Sixteen (16) individuals were removed

²⁴ This decision is consistent with my office's stated intention to work with leadership to improve transparency across all employment actions involving union employees. The Plan and supplemental policies requirements are mandatory unless an applicable CBA contains a conflicting requirement. Therefore, when HR or a departmental leader deviate from the Plan or applicable supplemental policy to honor a CBA, the superseding CBA provision must be identified in the applicable Plan and policy forms.

The Plan allows those added to the List to appeal the determination after receiving notice of their inclusion on the List and the CHRO grants or denies. There was one (1) appeal this period and it was denied.

WEBSITE

The Plan specifies certain content and information that our website must contain, making it one of the main mechanisms to providing transparency into our implementation of and compliance with the Plan. The following are website-related issues identified in the past semi-annual reports and current status:

- Quarterly Reports. I previously reported that HR had fallen behind schedule on posting quarterly reports required by the Plan. Though the required reports are now posted on the website through Q2 of this year, my office identified where the reports are missing data required by the Plan. HR agreed to update the report template and include all required data going forward. I will provide an update on that initiative in the next semi-annual report.
- Current Job Descriptions. The Plan requires CCH's job descriptions to be posted on the website and available to the public. I previously reported that while some job descriptions are posted on the website, most or all appeared to be outdated.
 - This status has not changed. Though I understand that HR intends to address this, it appears that this initiative may take some time yet. In the meantime, requests for job descriptions are directed to HR.
- Human Resources Page. I previously reported that Employment Plan-related content included on the HR page was not user friendly, that the Employment Plan Office did not have a page, and that there was no reference or link to Plan information on the Careers page (accessed by individuals interested in applying for positions). Because the website is an important source of the transparency required by the Plan, I committed to working with HR and other leaders to provide content for an EPO page and to give input on content updates for the HR page.
 - I worked closely with HR and Communications in the applicable period and as of the drafting of this report, the go-live date for the EPO page is imminent. All parties agree that updating the EP-related content on the HR page is the next step. I will provide an update in the next semi-annual report.

NEW & UPCOMING

- Employment Plan.
 - Modernization. As above, the Plan was amended to include a new hiring process that significantly reduces time-to-fill certain positions. A multidisciplinary team will continue to address the various factors impacting time-to-fill, and additional Plan amendments are anticipated. I will provide an update in the next semi-annual report.

- Transparency.
 - As above, it is our goal to ensure that the forms utilized for CCH employment actions require documentation identifying implementation of CBA required deviations from the applicable policy or Plan provision.
 - To provide transparency, a current copy of the Plan must be maintained on the CCH website. Though my office and the OIIG have approved several temporary and permanent amendments over the past year and a half, which were presented informally²⁵, the amendments have not been formally documented and incorporated into the Plan and visible to our employees and the public. We have been advised that HR will complete this task as time permits. Completion of this task is critical, especially since the temporary amendments have been revised through several subsequently approved modifications and since comprehensive hiring fair training has not been developed. Without a singular, public source for Plan requirements, our processes are not transparent and are vulnerable to non-compliant implementation.
 - Other website updates are forthcoming, including launch of the new EPO page.
- Supplemental Policies.
 - Policy updates. As above, there are plans to update the Interim Assignment and Interim Pay policies. I will provide an update in the next semi-annual report.
- Optimization.
 - Recruitment. HR and its team of consultants continued to work toward optimizing our hiring processes to decrease time-to-fill and increase transparency. We supported these initiatives along the way and anticipate continued progress. One example, which is being rolled out as of the drafting of this report, is an improved mechanism for submitting a Request to Hire - the first step in initiating a hiring process. I will provide an update in the next semi-annual report.
 - Discipline. In past reports, I have offered my opinion that automating the discipline process, which is complex and quite manual, would result in improved compliance. HR has always agreed, and this has remained on our joint list of priorities. It is my understanding that we are approaching the point at which work may shortly begin. I will report any progress in the next semi-annual report.
- Training.
 - Hiring Fairs. As I have opined in previous reports, our comprehensive interviewer training (and corresponding parts of HR's training) requires updates, including addition of the hiring fair process. My hope is that this will be included prior to the next report.
 - General. It is a joint HR and EPO goal to completely overhaul and update our interviewer training content to make it more streamlined and interactive utilizing technology and the expertise of HR's Organizational and Workforce Development

²⁵ In the interest of time, formality was not required prior to approval.

team. This may take some time due to competing priorities and the fact that the Plan (and therefore the processes covered in the training) is undergoing a comprehensive review and update process.

- Annual. Required annual training content will be updated in a format compatible with our current learning management system.
- HR/EPO Initiatives
 - Discipline Resources. Through monitoring and oversight, my office and HR identified the most frequent types of violations and our supervisors' pain-points and worked collaboratively on a one-stop shop for accessing the discipline policy, the applicable personnel rule provisions (including the Code of Conduct), resource materials and contacts, templates, fillable forms and examples of compliant documentation. The goal is to promote efficiency and compliant implementation. As of the drafting of this report, rollout was imminent.
 - My office and HR rolled out an EPO/HR communication tracker allowing for better tracking of questions and issues as they arise. We are still adjusting to this process, and I expect that we will be able to optimize it over time.
- EPO Staffing. The Employment Compliance Analyst position that was vacant since January was filled August 28th. Orientation and training are in progress, and we are utilizing the opportunity to review and optimize our internal processes and tracking mechanisms along the way.

CONCLUSION

Like other employers nationally, we continue to face challenges with maintaining staff and filling vacancies at the rate necessary to maintain operations. We will continue to work collaboratively with HR and other CCH leaders to support compliance and to formulate creative solutions to reduce the time-to-fill positions. We still have a lot of work ahead of us, but I am confident that we are moving in the right direction.

I will report further progress in March of next year.

Sincerely,

Kimberly Craft

Kimberly Craft

EMPLOYMENT PLAN OFFICER

cc: CCH Board of Directors *via* Deborah Santana, Secretary of the Board, CCH
Jeffrey McCutchan, General Counsel, CCH
Valarie Amos, Chief Human Resources Officer, CCH
Carrie Pramuk-Volk, Associate Chief Human Resources Officer, CCH
LaShunda Cooperwood, Office of the Independent Inspector General

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
September 29, 2023

ATTACHMENT #4

COOK COUNTY
HEALTH

CEO Report



Israel Rocha, Jr., CCH CEO

September 29, 2023



COOK COUNTY
HEALTH

New Hires and Promotions



COOK COUNTY
HEALTH

Welcome

New Hires

Christine Abadilla

Surgery Quality Data Manager, Surgery Administration

Saadia Carter

Superintendent of Police and Security, Administration

Joseph Franzwa

Budget Director, Finance

Marlee Hendricks

Director of Public Health Administration, Public Health

Everett Hobson-Johnson

Nurse Coordinator II - Coronary Care Unit, Nursing Administration

Welcome

New Hires

Lawanda Holmes Williams

Grant Administration Manager, ARPA - Behavioral Health Support

Peter Sesi

Director of Patient Flow, Nursing Administration

Jay Shah

Pharmacy Medicaid Program Manager, CountyCare

Mei Zhang

Associate Director of Nursing, Medicine Nursing Administration

Congratulations

Promotions

Helen Agomo

Director of Utilization and Case Management, Care Coordination

Lynn Dotson

Nurse Coordinator II, Patient Care Services

Albert Osei

Medical Director, Research and Clinical Trials

Daujauna Paramore

Manager of Provider Network Contracting - Health Plan, CountyCare

Dr. Krzysztof Pierko

Associate Chair of Medicine-Clinical Service Integration, Medicine Administration

Dr. Chad Zawitz

Chair of the Division of Correctional Health, Correctional Health

CEO Report



COOK COUNTY
HEALTH

Lown Institute Hospitals Index

Stroger Hospital

Cook County Health's John H. Stroger, Jr. Hospital has been named the #1 most racially inclusive hospital in Illinois and #2 most racially inclusive hospital in the nation by the Lown Institute Hospitals Index.

The 2023 Lown Institute Hospitals Index racial inclusivity metric measures how well more than 3,000 US hospitals served patients of color, using Medicare data from 2021.

Thank you to the entire Stroger team for their hard work in ensuring our patients have access to high-quality care when they need it the most!



National Commission on Correctional Health Care Accreditation

Cermak Health Services

Cermak Health Services earned accreditation by the National Commission on Correctional Health Care (NCCHC).

Cermak demonstrated compliance with NCCHC's nationally-recognized standards of care and its outstanding commitment to the patients served in the Cook County Jail and Juvenile Temporary Detention Center.

Congratulations and thank you to the Cermak team!



**NATIONAL COMMISSION
ON CORRECTIONAL HEALTH CARE**

Hospital and Health System CNOs to Know

Beena Peters, DNP

Congratulations to Beena Peters, Cook County Health's Chief Nursing Executive, for getting recognized by Becker's Healthcare on their "CNOs to know" list!

The list included leaders who bring a unique blend of clinical and leadership experience to their roles.



2023 Distinguished Alumnus Award

Lezah P. Brown, PhD

Purdue University has named Lezah P. Brown the 2023 Distinguished Alumnus Award.

The College of Health and Human Sciences (HHS) is proud to recognize alumni for their outstanding career development, achievements and leadership as well as the significant contributions they've made in improving the lives of individuals, families and communities.

The award will be presented at a special dinner on October 5th.



COOK COUNTY
HEALTH

National Association for Healthcare Quality (NAHQ)

Dr. William Trick

Earlier this month, Dr. William Trick, Co-Director of the Center for Health Equity & Innovation, presented alongside representatives of The Joint Commission, at the National Association for Healthcare Quality Conference.

The session was called “Putting Joint Commission Accreditation Requirements into Practice: Implementing Processes to Drive Change and Advance Health Care Equity” and highlighted CCH’s successful health equity initiatives.











Strategic Updates



COOK COUNTY
HEALTH

Strategic Initiatives September

Accomplished

-  Largest recent HR orientation with 64 new external hires
-  CCDPH completed Naloxone training for Dept. of Corrections
-  The new CareLink provider agreement includes 5 high priority Skilled Nursing Facility partners
-  SPD upgrade and redesign approved at Provident
-  Successfully accelerated hiring process for nursing. Over 100 offers accepted
-  Par Excellence has rolled out scale/bin process for several Stroger floors
-  Rehab services restarting at Provident
-  Roll out of optional palm vein readers at the Professional Building
-  Cermak achieved NCCHC accreditation
-  Stroger Hospital named by the Lown Institute the #1 most racially inclusive hospital in Illinois and 2nd most inclusive in the country.



Coming Soon

-  Sengstacke/CountyCare to offer a Women's Health Fair
-  The Clinical Decision Unit to be used to initiate work-up and treatment for patients waiting in the ED
-  Positive Dept of Justice report to be issued for Behavioral Health Services at JTDC
-  Long term facility plan
-  Behavioral Health Summit planned for FY2024
-  Closed loop referrals for behavioral health being launched
-  FY24 buying plan through Supply Chain Management
-  CCDPH distributing naloxone to community groups
-  Cermak is preparing for NCCHC Mental Health Accreditation

Cancer Service Line Update



Dr. Urjeet Patel

Interim Medical Director

CCH Cancer Center

Erika Radeke

Director of Operations

CCH Cancer Center



COOK COUNTY
HEALTH

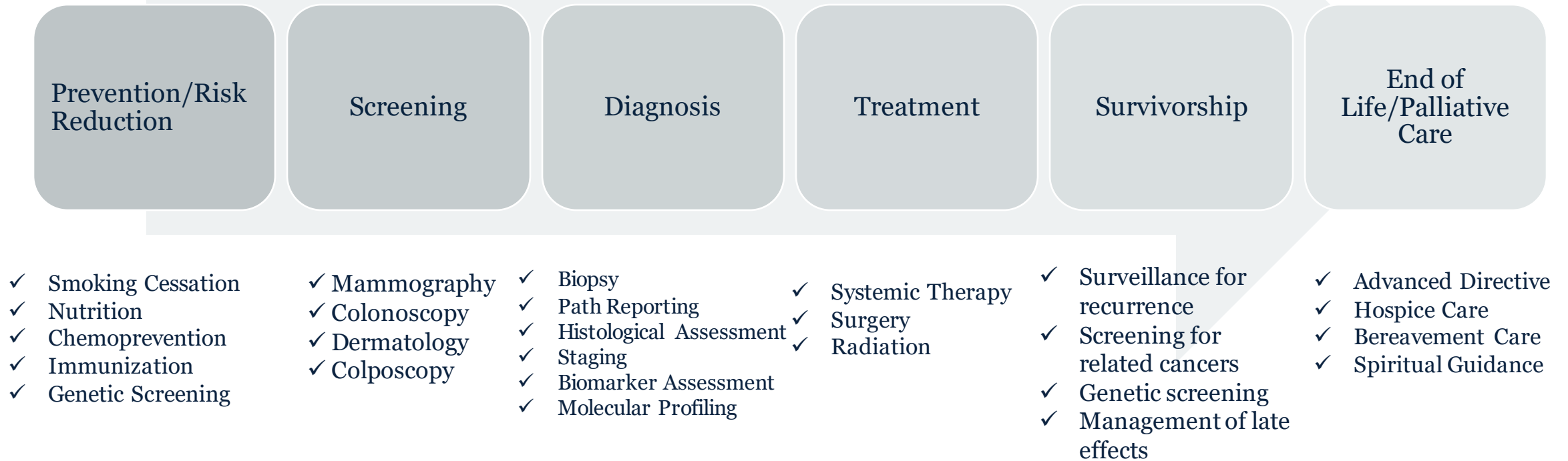
Cancer Center Service Line

MISSION	VISION	VALUES
To provide the highest quality, integrated care across the cancer care continuum for the community we serve	To create a comprehensive cancer institute through clinical and operational leadership alignment, that serves as a fundamental pillar of the Change Institute of Cook County Health	<ul style="list-style-type: none">• Health Equity• State-of-the Art Care• Patient Safety• Clinical Excellence• Patient-Centered Experience



Where We're Headed Cancer Care Continuum

Bringing it all together



5-Year Plan

2021

- Build service line structure
- Hire Director of Operations
- Fill remaining vacant positions
- Set Budget priorities for FY 2022
- Resolve Coc Deficiencies for accreditation
- Stabilize Pathology/Radiology

2022

- Revenue Cycle for clinics and Infusion Center
- Identify site-specific clinical leads
- Develop Cancer Survivorship Program
- Stereotactic Radiosurgery program
- Operative Standards for Cancer Surgery
- Robotic Surgery Program
- Prevention/Screening programs throughout CCH network
- Prioritize new positions 2023, incl. Med Director

2023

- Oncology Triage Clinic
- Develop referral network for cancer patients outside of CCH
- Lymphedema program development
- Modernization of Breast Center and Mammography
- Expand Rad Onc Facility and Footprint
- Subspecialty Accreditation in Breast/Colorectal cancer
- Reaccreditation Survey by CoC
- Hire Medical Director

2024

- Collaborative responsibility over revenue cycle
- Seek additional extra-mural funding through grant programs
- Establish FNA clinic
- NCORP Clinical Trials Grant: competitive application
- Construction of new Cancer Institute
- Genomics-Based Tumor Board
- Renewal tumor registry contract

2025

- Complete matured org chart
- Expand Quality and Research Divisions
- Cancer Center Director
- Fundraising

Accomplishments

FY23

- Reaccreditation Survey by Commission on Cancer
- Develop Cancer Survivorship Program
- Development of Stereotactic Radiosurgery program
- Integrated Operative Standards for Cancer Surgery
- Development of Robotic Surgery Program
- Finalized inpatient/outpatient data dashboards to track volumes, productivity metrics, charges/payments, payer mix, patient-level financials by diagnosis, LOS
- Implemented Triage Nurse workflow

Accomplishments

FY23

- ↑ Overall volume by 4% due to reminder calls, patient navigation, transportation support and social work support efforts
- ↑ Press Ganey survey responses by 24%
- Surpassed August Press Ganey overall goal by 3.62%
- Formed partnerships HRO Readmissions Workgroup & GMC to promote cancer screenings
- Improvements to Patient Registration/Depart Optimization/No Show Rate Reduction Processes
- Focus on prior authorization
- Re-launched behavioral health programming
- Identified nutritional support resources

Focus Areas

Top focus areas in next 6 months

- ✓ Finalize purchase and begin construction project of two Linear Accelerators
- ✓ Decrease 30-day re-admission rates through institutional partnerships
- ✓ Validate and refine data in newly developed dashboards
- ✓ Implement point-of-care lab embedded in oncology clinic
- ✓ Launch survivorship program – new provider template
- ✓ Integrate Cerner with genetic testing and sequencing laboratories
- ✓ Prepare for NCI Community Oncology Research Program Grant Renewal
- ✓ Continued improvement of patient experience results

Thank You



COOK COUNTY
HEALTH



COOK COUNTY HEALTH

ISRAEL ROCHA, JR.
CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
September 29, 2023

Employee Recognition

Cook County Health's **John H. Stroger, Jr. Hospital** has been named the #1 most racially inclusive hospital in Illinois and #2 most racially inclusive hospital in the nation by the Lown Institute Hospitals Index. The 2023 Lown Institute Hospitals Index racial inclusivity metric measures how well more than 3,000 US hospitals served patients of color, using Medicare data from 2021.

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Activities and Announcements

- One dozen employee appreciation events were held across the health system in the month of September to celebrate the contributions of the entire CCH team! At the events, CCH team members had the opportunity to get a meal and a branded CCH t-shirt and hat.
- CEO Rocha was joined by Dr. Jesse Ehrenfeld, American Medical Association President, and Dr. Marianne Green, Vice Dean of Education at Northwestern University's Feinberg School of Medicine, at the City Club of Chicago on September 6 for a discussion on medical education and the physician burnout crisis.
- On September 11, Cook County Health kicked off Cook County's Racial Equity Week with a panel discussion about the legacy of Provident Hospital. President Toni Preckwinkle joined CEO Rocha, Dr. Claudia Fegan, Marc Sengstacke, PhD., and urban historian Sherman "Dilla" Thomas. Panelists had a discussion about the significance of Provident Hospital, its groundbreaking contributions to racial equity in healthcare and the hospital's pivotal role in shaping the medical landscape. Participants will explore the past, present and future of equitable healthcare access, fostering a deeper understanding of the strides that must continue to be made in Cook County and across the nation.

- On September 12, President Toni, CEO Rocha, and Cook County Commissioner Dennis Deer met with Senator Dick Durbin about the work to ensure all Cook County residents have access to the health care they need when they need it.
- CEO Rocha was a featured speaker at the 6th annual National Association of Latino Healthcare Executives (NALHE) Leadership Summit on September 14 in Seattle, WA.
- On September 20, Cook County and Cook County Health leaders, and members of the Flexible Housing Pool of Chicago and Cook County gathered to recognize a milestone in the program and discuss the progress being made to connect residents with housing services. Earlier this year, the FHP marked a milestone for the program with 1,000 persons placed into permanent supportive housing. On September 21, CountyCare was also awarded the Outstanding Funder/Investor of 2023 by the FHP.

Legislative Update

- The week of September 18, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.
 - Finance Committee – Pam Cassara, CCH CFO addressed questions related to the County’s Monthly Revenues and Expenses Report as well as CCH finances. CCH CEO Israel Rocha was also available to respond to questions related to the CCH Monthly Report to the Cook County Board. The CCH Monthly Report is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month. In that the Cook County Board did not meet in August, the CCH Report included items presented to the CCH Board in both July 2023 and August 2023.
 - Health & Hospitals Committee – Dr. LaMar Hasbrouck appeared before the Committee to provide an overview of CCH’s Semi-annual Diversity Report as well as the Quarterly COVID-19 and other Infectious Diseases Report.
- At the September 21, 2023 Cook County Board meeting the following items were introduced pertaining to Cook County Health:
 - Cook County Health’s Proposed Preliminary FY2024 Budget
 - This item was approved by the Cook County Board of Commissioners for inclusion in the President’s Executive FY2024 Budget Recommendation. CEO Israel Rocha and CFO Pam Cassara attended the meeting and were prepared to respond to questions. This item was approved unanimously with no questions.
 - Per the CCH enabling ordinance, the Cook County Board is required to approve the proposed preliminary budget as it was approved by the CCH Board. The CCH budget is then incorporated into the President’s Executive Budget Recommendation.
 - After introduction of the Executive Budget Recommendation to the County Board, the Finance Committee will conduct public hearings as well as departmental level hearings. CCH will appear before the Finance Committee to provide an overview of the budget proposal and to respond to Commissioner questions.
 - Commissioners can amend the proposed budget as they deem appropriate.
 - A resolution on **CCH Agency Utilization** sponsored by Commissioners Alma Anaya, Bridget Degnen and Anthony Quezada was referred to the Health & Hospitals Committee. A hearing on this resolution is anticipated to be scheduled in October.
 - A resolution on **Treatment Not Trauma** sponsored by Commissioner Dennis Deer was referred to the Health & Hospitals Committee. A hearing on this resolution is anticipated to be scheduled in October.
 - A resolution on **Investigations into Missing and Murdered Black Women and Girls** sponsored by Commissioner Monica Gordon was referred to the Health & Hospitals Committee. A hearing on this resolution is anticipated to be scheduled in October.

State

- The Illinois General Assembly is scheduled to return to Springfield for six days of fall Veto Session October 24-26 and November 7-9. The 2024 spring legislative calendar has not yet been announced.
- On September 5, the Illinois Department of Healthcare and Family Services (HFS) held a virtual public hearing on rule changes to the Health Benefits for Immigrant Adults/Seniors (HBIA/S) Medicaid-like coverage program. The public hearing took place at the request of legislators who sit on the Joint Committee on Administrative Rules (JCAR), the body that reviews and makes decisions on agency rules. Numerous advocates, providers, and HBIA/S enrollees presented testimony opposing the program changes and the lack of clear communication to providers and enrollees.

HFS issued rules, effective July 1, 2023, that froze new enrollment into the HBIA program (for those 42-64 years of age). HBIA (65+) is still open but HFS intends to cap enrollment if they reach 16,500 enrollees. The rules also outlined copays that could be collected by providers serving HBIA/S enrollees.

- On September 5, HFS issued a provider notice that pauses the collection of HBIA/S co-pays by hospitals and ambulatory surgical treatment centers (ASTC) and directs providers that have already collected co-pays to refund patients.

The proposed rules included the following co-pays for HBIA/S when they do not qualify for federal match under the Emergency Medicaid for Noncitizens program:

- Inpatient hospitalization: \$250 co-pay
- Hospital emergency room visit: \$100 co-pay
- Hospital or ASTC outpatient service: 10% of the HFS rate

According to the notice, HFS intends to reprogram their systems to deduct co-pays/cost-sharing from provider payments and is expected to issue an updated notice at a future date.

- Governor Pritzker announced the upcoming departure of Deputy Governor Sol Flores who has served as Deputy Governor of Health and Human Services since the start of the Governor's first term. Deputy Governor Flores' last day will be October 13.

Grace Hou who currently serves as the Secretary for the Illinois Department of Human Services (DHS) will serve as the new Deputy Governor for Health and Human Services starting October 9. Dulce Quintero, Assistant Secretary of Operations at DHS, will serve as Acting Secretary at DHS.

Federal

- The House and Senate returned to Washington on September 25. They have until midnight Saturday, September 30 to pass legislation to avert a government shutdown. While both leaders in both chambers are maneuvering to advance a temporary spending bill, or continuous resolution (CR) it appears increasingly likely that their efforts will fall short and a lapse in appropriations will occur.

FY 2024 Appropriations Process

- While the Senate Appropriations Committee has passed its version of the bill that funds the U.S. Department of Health and Human Services (HHS) for FY 2024 at the end of July, the full House Appropriations Committee has not yet taken up the version voted out by the Labor-HHS subcommittee. Neither bill has been brought to the floor.

Meanwhile, HHS has issued guidance in the event of a shutdown. As has been the case in previous short shutdowns, major health programs of importance to CCH will not be affected. Medicaid and Medicare will continue to flow, the Affordable Care Act marketplaces will continue to function, and the Centers for Disease Control and Prevention will be able to maintain critical infectious disease surveillance and response. However,

over forty percent of the HHS workforce would be furloughed, and many essential workers would have to work without pay, until an appropriations bill is signed into law.

Medicaid DSH Cuts

- While there is bipartisan interest in eliminating one or two years of the statutory cuts to Medicaid disproportionate share hospital (DSH) allotments to states scheduled to begin on October 1, Congress has not yet passed the necessary legislation. H.R. 5379, the *Lower Costs, More Transparency Act*, which includes a repeal of two years of the DSH cuts, was scheduled to go to the House floor on Monday, September 18, but was pulled from consideration due to concern that it did not have sufficient support to pass under suspension of the rules. The DSH provisions are not among the controversial provisions of the package.

If Congress misses the end of the fiscal year deadline, states will have some flexibility in the short run as to when to implement the cuts. In previous shutdowns states have held off, in the hope and expectation that Congress would enact a delay, as it has before.

Biden-Harris Administration Actions

- On August 28, the HHS Office of Inspector General (OIG) released an updated report on Medicaid and Medicare managed care. Noting that the growth of managed care has significantly changed how the federal government pays for and covers health care for 100 million beneficiaries, OIG indicates that oversight of managed care will be a priority going forward. The strategy report outlines OIG plans to align audits, evaluations, investigations, and enforcement of managed care.
- On August 30, CMS sent a letter to all 50 states directing them to determine if their eligibility system could disenroll people, especially children, from Medicaid or the Children's Health Insurance Program (CHIP) while still eligible. The letter further directs states to immediately act to correct the problem and reinstate coverage, if discovered. CMS believes that state systems are conducting automatic renewals at the family-level and not the individual-level, despite the fact that some individuals in a family may have different eligibility criteria for Medicaid or CHIP.
- On September 7, HHS released a proposed rule which would require health care providers to make greater accommodations for patients with disabilities. The proposed rule would prevent providers from turning away patients with disabilities based on their inability or unwillingness to provide accommodations. The rule would apply to all HHS programs and to all organizations that do business with HHS.
- On September 21, HHS announced it ordered thirty states, including Illinois, to pause removing beneficiaries from their Medicaid rolls for procedural reasons. HHS estimates that 500,000 people lost Medicaid or CHIP coverage due to faulty redetermination processes and would regain coverage under this new requirement.

Food As Medicine

As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues.

Through September 22, CCH's Fresh Truck partnership with GCFD resulted in 471 visits to CCH health centers – Arlington Heights, Austin, Belmont Cragin, Blue Island, the CORE Center, Cottage Grove, Englewood, North Riverside, Provident/Sengstacke, Prieto, and Robbins.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to 47,667 households, representing 157,735 individuals. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The Greater Chicago Food Depository's Fresh Food Truck visits for the month of October include the following ACHN Health Centers.

- October 3 – **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside, 60546
- October 5 – **Austin Health Center** - 4800 W. Chicago Avenue, Chicago, 60651
- October 10 – **Cottage Grove Health Center** - 1645 Cottage Grove Avenue, Ford Heights, 60411
- October 17 – **Robbins Health Center** - 13450 S. Kedzie Avenue, Robbins, 60472
- October 19 – **Englewood Health Center** - 1135 W. 69th Street, Chicago, 60621

Redetermination Events

Cook County Health and CountyCare are currently hosting a series of Rede events in the System's facilities, other FQHCs and community partners. Rede events target CountyCare members living in or close to the Zip Codes of the hosting site. Members receive calls, postal correspondence, email, and texts advising them of the event happening in their vicinity.

- October 4 – **Belmont Cragin Health Center** – 5501 W. Fullerton, Chicago, IL 60639
- October 5 – **Friend Health** – 6250 S. Cottage Grove Avenue, Chicago, IL 60637
- October 10 – **Robbins Health Center** – 13450 S Kedzie Avenue, Robbins, IL 60472
- October 10 – **Primecare Health Center** – 5635 W. Belmont Avenue, Chicago, IL 60634
- October 11 – **Stroger Hospital** – 1969 W. Ogden, Chicago, IL 60612
- October 12 – **Chicago Family Health Center** – 9119 S Exchange Ave Chicago, IL 60617
- October 13 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, 60621
- October 16 – **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside, 60546
- October 17 – **Esperanza Health Center** – 4700 S. California Ave Chicago, IL 60632
- October 18 – **Provident Hospital & Sengstacke Health Center** – 500 W. 51st Street, Chicago, IL 60615
- October 19 – **Care for Friends** – 5749 N. Kenmore Avenue, Chicago, IL 60660
- October 20 – **Arlington Heights** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- October 21 – **Provident Hospital & Sengstacke Health Center** – 500 W. 51st Street, Chicago, IL 60615
- October 21 – **Friend Health** – 6250 S. Cottage Grove Avenue, Chicago, IL 60637
- October 23 – **Austin Health Center** – 4800 W. Chicago Avenue, Chicago, 60651
- October 24 – **Cottage Grove Health Center** – 1645 S. Cottage Grove Avenue, Ford Heights, IL 60411
- October 25 – **Stroger Hospital** – 1969 W. Ogden, Chicago, IL 60612
- October 26 – **Friends Health** – 5635 S. Pulaski Road, Chicago, IL 60629
- October 27 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, 60621
- October 30 – **Blue Island Health Center** – 12757 S. Western Ave, Blue Island, IL 60406
- October 30 – **IWS Family Health** – 3600 W. Fullerton Avenue, Chicago, IL 60647
- October 31 – **Lawndale Christian Health Center** – 3750 W. Ogden Avenue, Chicago, IL 60623

CCH 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.

The 2023 Fourth Quarter topic presentations include the 2024 CCH Budget, and CountyCare Redetermination. In addition, the meeting provides updates on Cook County Health and Community Outreach. Each clinic also does an update on its operations at the meeting.

Upcoming CAC meeting dates:

- **Provident/Sengstacke:** Wednesday at 9:00 AM: October 11
500 W. 51st Street, Chicago, IL 60609
- **Cottage Grove:** Tuesday at 1:00 PM: October 24
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411
- **Blue Island:** Wednesday at 1:00 PM: November 15
12757 S. Western Ave., Blue Island, IL 60406
- **Arlington Heights:** Tuesday at 1:00 PM: November 28
3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- **Robbins:** Tuesday at 1:00 PM: December 12
13450 S. Kedzie Road, Robbins, IL 60472
- **North Riverside:** Wednesday at 1:00 PM: December 13
1800 S. Harlem Avenue, North Riverside, IL 60546
- **Englewood:** Thursday at 1:00 PM: December 14
1135 W. 69th Street, Chicago, IL 60621

Event Participation in September:

Outreach staff will participate in the following events to promote both Cook County Health and CountyCare (especially Redetermination) to attendees. The CORE Center and CCHIP staff will also do testing at various events.

- 1) October 1, 2023 – Participation in the **Cook County Commissioner Josina Morita’s Nurtured by Nature** event which will take place at Harms Woods North located at the Skokie Grove in Skokie, IL 60077.
- 2) October 1, 2023 – Participation in the **Resurrection Project’s Ellas Breast Cancer Walk** which will take place at Harrison Park located at 1824 S Wood St. in Chicago, IL 60608.
- 3) October 1, 2023 – Participation in **Sinai Community Institute’s Greater Galilee Baptist Church Resource Fair** which will take place at the church located at 1308 South Independence Blvd. in Chicago, IL 60623.
- 4) October 3, 2023 – Participation in the **American Diabetes Association - State of Diabetes Event** which will take place at Malcolm X College located at 1900 W Van Buren Street in Chicago, IL 60612.

- 5) October 3, 2023 – Participation in the **Strides for Peace Race Against Violence Event** which will take place at Grant Park in Chicago, 60601.
- 6) October 6, 2023 – Participation in the **Chicago Public School's Parent University Day** which will take place at the Pilsen/Little Village Parent University located at 2001 S Throop St. in Chicago, IL 60608.
- 7) October 7, 2023 – Participation in **St. Luke's COGIC Senior Health and Resource Fair** which will take place at the church located at 914 North Orleans St. in Chicago, IL 60610.
- 8) October 7, 2023 – Participation in **The Knights of Peter Claver Women's Auxiliary's Haitian Community Outreach Day** which will take place at **Our Lady of Peace Catholic Church** located at 7851 S Jeffery Blvd. in Chicago, IL 60649.
- 9) October 7, 2023 – Participation in the **Northwestern Medicine Healthcare, Kelly Hall YMCA, and Mission of our lady of the Angels Church's Community Resource Fair & Food Giveaway** which will take place at the Kelly Hall YMCA located at 824 N. Hamlin Ave. in Chicago, IL 60651.
- 10) October 7, 2023 – Participation in the **Blue Island Home Run to Health** which will take place at the John D. Rita Recreation Center located at 2805 W. 141st Street in Blue Island, IL 60406.
- 11) October 9, 2023 – Participation in the **Triton College's World Mental Health Day** event which will take place at the college located at 2000 Fifth Ave. in River Grove, IL 60171.
- 12) October 12, 2023 – Participation in the **Alderman Anthony Beale's 9th Ward Resource Fair** which will take place at the Pullman Community Center located at 10355 S. Woodlawn in Chicago, IL 60628.
- 13) October 13 and 14, 2023 – Participation in **MOLA - Medical Organization for Latino Advancement's VII Latinx Health Symposium** which will take place at the Rush University located at 1620 W. Harrison Street in Chicago, IL 60612. Cook County Health CEO Israel Rocha will address participants and how CCH provides healthcare to the new arrivals/asylees in Chicago.
- 14) October 14, 2023 – Participation in the **Faith Lutheran Church's Health & Wealth Fair** which will take place at the church located at 8300 S. Sangamon in Chicago, IL 60620.
- 15) October 19, 2023 – Participation in the Cicero Health Department's **"I Am Enough" Mental Health Event** which will take place at the Cicero Community Center located at 2250 S. 49th Avenue in Cicero, IL 60804.
- 16) October 19, 2023 – Participation in the **Greater Auburn-Gresham Development Corporation's Fall Health Fair on The Block** which will take place at CVS Parking Lot located at 7858 South Halsted Street in Chicago, IL 60620.
- 17) October 20, 2023 – Participation in **Catholic Charities of the Archdiocese of Chicago's South Chicago Autumn Health & Community Resource Fair** which will take place at the South Chicago Senior Satellite Center located at 9233 S Burley Avenue in Chicago, IL 60617.
- 18) October 21, 2023 – Participation in **Chicago Housing Authority's 2023 Operation Warm Service Fair** which will take place at the UIC Forum located at 725 W. Roosevelt Rd in Chicago, IL 60607.

- 19) October 21, 2023 – Participation in the **Friend Health’s Annual Pink Event** which will take place at the health center located at 6250 S Cottage Grove Avenue in Chicago, IL 60637.
- 20) October 33, 2023 – Participation in **The Chicago Lighthouse’s Rise to Shine 10K/5K/1M Inclusive Run & Walk** which will take place at the Race Village located at 13th and Hastings in Chicago, IL 60612.
- 21) October 25, 2023 – Participation in **Commissioner Frank J. Aguilar and Westchester Trustee Gia Marie Benline’s Westchester Senior Health Fair** which will take place at the Westchester Community Church located at 1840 Westchester Blvd in Westchester, IL 60154.
- 22) October 26, 2023 – CountyCare is hosting the **Enrollee Advisory Council** for members at the Primecare Health Center located at 5635 W. Belmont Avenue in Chicago, IL 60634. The EAC provides an avenue for the plan to hear from members on issues.
- 23) October 27, 2023 – Participation in the **West40 All Staff Learning Day Resource Fair** which will take place at their headquarters located at 415 Lexington St. in Maywood, IL 60153.
- 24) October 28, 2023 – Participation in the **Village of Matteson and Rich Township’s 2023 Mental Health & Wellness Summit** which will take place at the Collin Powell Middle School located at 20600 Matteson Ave. in Matteson, IL 60443.
- 25) October 31, 2023 – Participation in **Commissioner Anthony Quezada’s Hermosa Halloween Wellness Fair** which will take place at the Nixon Elementary School located at 2121 N Keeler Ave. in Chicago, IL 60639.

DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

Lead Executive: Craig Williams, Chief Administrative Officer, Operations and Development
Reporting Period: August, 2023
Report Date: September 15, 2023

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- ACHN is implementing a population health program plan to integrate into ambulatory patient care at CCH. This committee will look at value-based care, payer models, and the optimization of the quality of care with keen attention to fiscal responsibility.
- Provident continues to follow up and resolve Mock Survey non-compliant findings with Primary, Specialty and Behavioral Health departments. In Collaboration with the Quality Improvement Department, the clinic managers and directors create robust corrective action plans for each finding for follow up and sustainment.
- The primary and specialty care clinic staff conducted weekly rounding audits for continued preparedness and as a result, we are implementing a new Joint Commission rounding tool within the next 2 months.



Health Equity, Community Health & Integration

- CORE/Cook County HIV Integrated Programs (CCHIP) celebrated the completion of over 150 Fibro Scans for Hepatitis patients at Provident. Collectively, CORE and Provident HIV program have a year-to-date-total of 832 scans. In addition, staff have also been cross-trained and certified to conduct the scans.
- CORE received approval from CDC (Centers for Disease Control) to host the Capacity Building Training: "Implementing HIV Prevention Programs for Transgender Women." This training is designed to address gender-affirming care, health equity, and workforce development for the LGBTQIA+ population in an inclusive, affirming, and respectful way.
- Through the community vaccine program, we continue to provide COVID-19 vaccination to the community and patients. This month, CORE vaccinated a total of 870 (first dose 563, second dose 78, booster first dose 152, booster second dose 77). In addition, the CORE Center location is offering the Monkeypox testing, vaccination, and treatment to patients and the community. In August, CORE vaccinated for Monkeypox a total of 25 (first dose seventeen, second dose eight). The ACHN clinics continues to provide available testing to employees, patients, and the community at both Stroger and



COOK COUNTY
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DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

Provident hospitals. This month, there were 255 tests completed at the Stroger tent and 18 at the Provident tent.

- The Cancer Center Service Line finalized inpatient/outpatient data dashboards which tracks the following: volumes, productivity metrics, charges/payments, payer mix, patient-level financials by diagnosis, and length of stay. In addition, show rates continue to increase for Medical Oncology due to patient navigation.
- The Patient Support Center answered more than 54,700 patient calls with an average answer speed of under sixty seconds. The Central Triage Call Center answered 4,266 patient calls with an average answer speed of twenty-two seconds.
- It has been one year since the creation of the refugee response and now the Refugee Care Coordination Team provides new arrival care coordination services for 17 shelters.
- Sponsored by IDPR, The Behavioral Health team collaborated with the HR training team to initiate CEU eligibility for LCSWS annual and orientation trainings. Also, the leadership team organized a hiring fair for the expansion of behavior health at Provident with the Crisis Stabilization and Inpatient Units.
- The new behavioral health therapist was onboarded and trained to assist in both Arlington Heights and North Riverside Health Center. In addition, we completed training for the new Psychiatric Social Worker who will be conducting the crisis assessments at Stroger Specialty.
- Specialty Care continues to drive operations and focus on template standardization and scaling at the satellite locations. This fall CCH will onboard several new providers that will afford the ability to scale services into the community to improve access, wait time, and leakage.



COOK COUNTY
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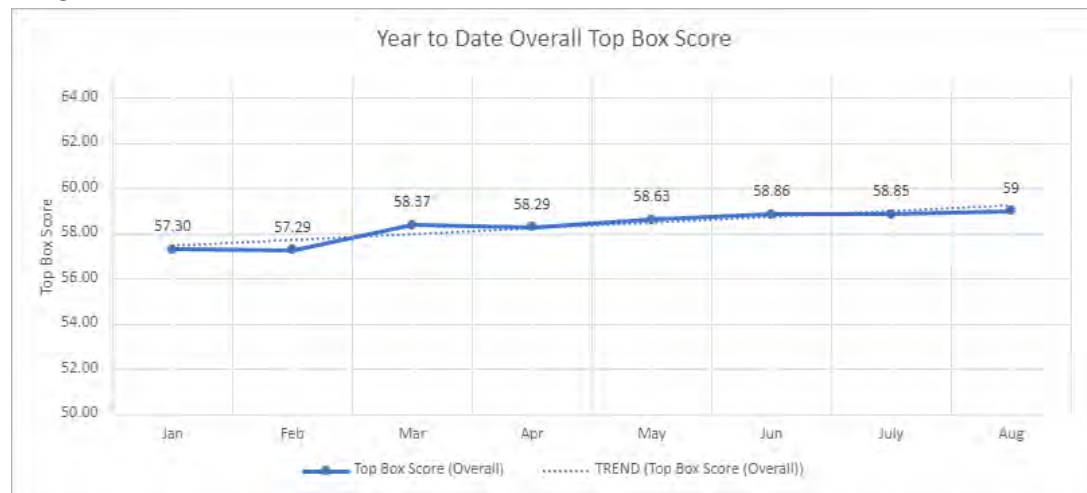
DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES



Patient Experience & Employee Engagement

- The Patient Experience Overall Top Box Score continues to rise steadily toward our end-of-year goal of 59.94%.



- During the month of August, ACHN increased their Top Box scores in all seven key patient experience measures.

Item/Composite	2022 Baseline	Jan Goal	Jan Actual	Feb Goal	Feb Actual	Mar Goal	Mar Actual	Apr Goal	Apr Actual	May Goal	May Actual	Jun Goal	Jun Actual	Jul Goal	Jul Actual	Aug Goal	Aug Actual
Top Box Score (Overall)	57.29	57.51	57.88	57.75	58.00	57.95	58.17	58.17	58.25	58.39	58.63	58.63	58.86	58.84	58.85	59.06	59.00
Degree to which you were informed about any delays	39.85	40.21	40.46	40.57	38.95	40.93	42.04	41.28	41.52	41.54	42.00	42.00	42.34	42.36	42.72	42.72	42.38
Explanations the care provider gave about your problem or concern	63.21	63.50	63.75	63.80	63.71	64.09	64.42	64.39	64.71	64.68	64.61	64.98	64.65	65.27	65.27	65.56	64.71
Likelihood to recommend care provider	64.08	64.34	64.04	64.61	64.13	64.87	65.31	65.14	64.81	65.40	65.18	65.67	65.21	65.93	65.23	66.19	65.36
How well our staff worked together to care for you	62.32	62.55	62.64	62.77	62.50	63.00	63.00	63.23	63.86	63.45	63.23	63.68	63.53	63.91	63.74	64.13	63.74
Likelihood to recommend	64.6	64.88	64.19	65.15	64.34	65.43	64.99	65.71	65.06	65.98	65.49	66.26	65.93	66.54	66.81	66.81	65.83
Ease of obtaining referrals	57.22	57.40	57.85	57.57	54.97	57.75	58.08	57.92	57.92	58.10	57.74	58.28	58.00	58.45	58.38	58.63	58.47

- All ACHN clinics have received training on C-I-CARE, Patient Experience Data Literacy, and the Compassionate Journey, reaching 757 team members as of August 31, 2023. The clinics that made the biggest overall improvements in patient experience (July to August) included:
 - Blue Island Primary Care ^ 31.79%
 - Clinic G (Neurosciences) ^ 16.19%
 - Clinic C ^ 12.83%
 - Clinic F ^ 8.05%
 - Stroger Women's Health ^ 6.37%



COOK COUNTY
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DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES



Growth Innovation & Transformation

- Go-live for the initial phase of our Virtual Care Program is tentatively scheduled for October 2023. Staffing is underway with three nurses and two physician assistants hired out of the advanced practitioners set to provide virtual care services seven days/week.
- CCH was awarded congressional funding for urgent care services at Arlington Heights. The project team that continues to meet with key departments is discussing the implementation of services at this location. Go-live for the Urgent Care Program will follow the virtual care go-live.
- In part with the expansion of career paths for mental health providers, the Behavior Health clinical notes were updated to include an attestation for supervision for the outpatient notes.
- The Neuro ICU is set to open in early December with our second Neurocritical Care Attending slated to start in early November.



Optimization, Systemization & Performance Improvement

- Primary Care continues to show an improvement in show rates contributing to our patient experience scores consistent increase. We now have five sites who have met their year-end target for Top Box overall score.
- The Behavioral Health team finalized the updated Cerner crisis assessment note that will comply with recommended Joint Commission Standard of a comprehensive suicide assessment. In addition, the C-SSRs provider intervention suicide risk stratification was reviewed, and the recommended changes were made to begin training the staff
- In collaboration with the IT Cerner team, The Behavioral Health team also finalized the Individual Psychotherapy Form and Initial Psychiatric Evaluation Form in Cerner to meet state and federal regulations.
- Surpassing the August Press Ganey overall goal by 3.62%, The cancer center service line survey responses increase by 24% this month



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES



Workforce: Talent & Teams

- ACHN has a total of 385 requests to hire in recruitment (sixty-six validations in progress; fifty-four interviews in progress; forty-six open interviews; nine decision-to-hire packets; thirteen new hires). The remaining requests to hire are in the queue to be assigned to recruitment for validation.



Fiscal Resilience

- Primary Care: ACHN is below budgeted volume for the month by 3,372 visits totaling 166,226 visits in FY2023.
- Specialty Care: ACHN is below budgeted volumes for the month by 443 visits totaling 197,984 visits in FY2023.
- As of end of August 2023, ACHN is on track overall, having expended 74% of the budget, leading into the fourth quarter.

Office / Program / Account	FY23 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended	Actual Expenses - % Expended
4893 - Ambulatory & Community Health Network of Cook							
Grand Total	134,030,236	91,969,673	6,551,019	98,520,692	35,509,544	74%	69%

- We have five non-personnel contracts for \$500k or more set to expire within the next six-nine months.

Contract Number	Contract Name	Agreement Amount	Expiration	Notes/Updates
H16-73-032	Medical Home Network (MHNe)	\$ 6,382,000.00	5/31/2023	Request to Amend thru November 30, 2023 to afford for RFP Process
H17-25-064	MedSpeed	\$ 2,674,854.30	11/30/2023	Stroger Lab & ACHN; ACHN's Allocation: >\$500k
H21-25-012	Dayspring Janitorial	\$ 5,876,584.95	11/30/2023	Request for 12 Month Amendment thru 11/30/24 @ \$2.3M
H20-25-033	The Chicago Lighthouse	\$ 4,480,000.00	2/28/2024	



COOK COUNTY
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DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Lead Executive: Jesus “Manny” Estrada, Chief Operating Officer, Cermak Health Services

Reporting Period: August, 2023

Report Date: September 19, 2023

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

Cermak formally received accreditation from the National Commission on Correctional Healthcare, NCCHC. Re-accreditation is scheduled for March 2026.



Health Equity, Community Health & Integration

Cermak completed an alternate staffing matrix for mental health services. The new staffing matrix will increase the number of patient programming hours while allowing for better oversight to clinical practice.



Growth Innovation & Transformation

Cermak is currently rolling out Phase 1.5 of tele health initiative. This phase includes the retrofitting of two rooms in the specialty clinic area in preparation for expanded clinical specialties tentatively scheduled for October, 2023. Phase 2, which entails access to telehealth in all 10 living units, is scheduled June 2024

Cermak is in process of finalizing realigned service line dashboards and KPIs. These tools are used by the respective service lines to measure daily activities and outcomes. Once finalized, the metrics will be reported to System Quality Assurance.



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DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Optimization, Systemization & Performance Improvement



Cermak rolled out the format/process of reporting housekeeping/cleanliness issues in the Environment of Care Process. New process allows for electronic reporting of cleanliness status.

Workforce: Talent & Teams



Cermak continues with hiring initiatives to support the continues patient care activity.

Fiscal Resilience



Cermak continues Medicaid enrollment for patients entering the facility. In line with potential to leverage proposed Reentry Section 1115 Waiver which will potentially allow for the generation of revenues for returning residents 90 days ahead of discharge.



COOK COUNTY
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DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Budget to Actual –

Overall, across all accounts, Cermak is on track and JTDC is lower than budgeted expectation through the end of July.

Office / Program / Account	FY23 Budget	Expenses	Obligations (BPA's/PO's)	Funds Available	% Expended
4240 - Cermak Health Services of Cook County					
0 - DEFAULT (41195.4240.0) Total	-	7,940	-	(7,940)	No Budget
10155 - Administration (41195.4240.10155) Total	11,085,578	7,806,350	2,125,125	1,154,103	90%
10160 - Administration and Clerical (41195.4240.10160) Total	-	-	3,571	(3,571)	No Budget
13500 - Environmental Services (41195.4240.13500) Total	2,407,043	1,631,367	6,146	769,530	68%
13945 - Finance (41195.4240.13945) Total	265,349	207,641	-	57,707	78%
14915 - Human Resources (41195.4240.14915) Total	284,291	146,318	-	137,972	51%
15050 - Information Technology (41195.4240.15050) Total	185,839	177,746	-	8,092	96%
15435 - Laboratory Services (41195.4240.15435) Total	446,337	266,879	36,720	142,738	68%
15805 - Material Management (41195.4240.15805) Total	526,394	209,101	31,055	286,238	46%
15880 - Med/Surg - Administration (41195.4240.15880) Total	-	-	2,810	(2,810)	No Budget
15895 - Medical Administration (41195.4240.15895) Total	8,569,728	6,313,944	131,369	2,124,415	75%
16480 - Nursing - Administration (41195.4240.16480) Total	-	-	283	(283)	No Budget
17015 - Oral Health (41195.4240.17015) Total	2,068,375	1,279,973	-	788,402	62%
17170 - Patient Care Services (41195.4240.17170) Total	39,641,512	29,837,227	1,438,669	8,365,617	79%
17395 - PCS - Emergency Services (41195.4240.17395) Total	-	1	-	(1)	No Budget
17610 - Pharmacy (41195.4240.17610) Total	11,267,311	5,426,442	24,721	5,816,148	48%
18445 - Quality Assurance (41195.4240.18445) Total	730,282	560,236	-	170,046	77%
18485 - Radiology (41195.4240.18485) Total	653,067	564,625	-	88,442	86%
19650 - Storerooms (41195.4240.19650) Total	-	747	18	(765)	No Budget
29235 - 240 General Store Inventory (IV) (41195.4240.29235) Total	-	454,316	6,836	(461,152)	No Budget
16005 - Health Information Management (HIM) (41195.4240.16005) Total	327,509	236,927	-	90,582	72%
16125 - Mental Health Services (41195.4240.16125) Total	13,023,512	9,168,649	34,469	3,820,394	71%
17210 - Patient Services (41195.4240.17210) Total	-	206	-	(206)	No Budget
20475 - Txbl GO Ser 2009B BABS Bond Fd (41195.4240.20475) Total	-	13,466	-	(13,466)	No Budget
29165 - General Store Inventory (IV) (41195.4240.29165) Total	589,186	155,267	94,286	339,633	42%
15485 - Law Administration (41195.4240.15485) Total	-	-	562	(562)	No Budget
16475 - Nursing (41195.4240.16475) Total	-	1,537	-	(1,537)	No Budget
Grand Total	92,071,312	64,466,904	3,936,640	23,667,768	74%

Office / Program / Account	FY23 Budget	Expenses	Obligations (BPA's/PO's)	Funds Available	% Expended
4241 - Health Services - JTDC					
10155 - Administration (41197.4241.10155) Total	1,014,182	233,316	195,113	585,753	42%
16015 - Medical Services Administration (41197.4241.16015) Total	687,291	492,152	-	195,139	72%
17015 - Oral Health (41197.4241.17015) Total	305,195	228,589	-	76,606	75%
17170 - Patient Care Services (41197.4241.17170) Total	3,073,924	2,199,972	11,411	862,541	72%
19815 - Support Services Administration (41197.4241.19815) Total	-	-	356	(356)	No Budget
10755 - Behavioral Health (41197.4241.10755) Total	3,553,811	2,053,259	-	1,500,552	58%
Grand Total	8,634,403	5,207,288	206,880	3,220,235	63%



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Staffing

CERMAK STAFFING / VACANCY and HR ACTIVITY STATUS

A Look into HR Recruitment

For Dashboard support, please contact Daniel Hughes - daniel.hughes@cookcountyhealth.org

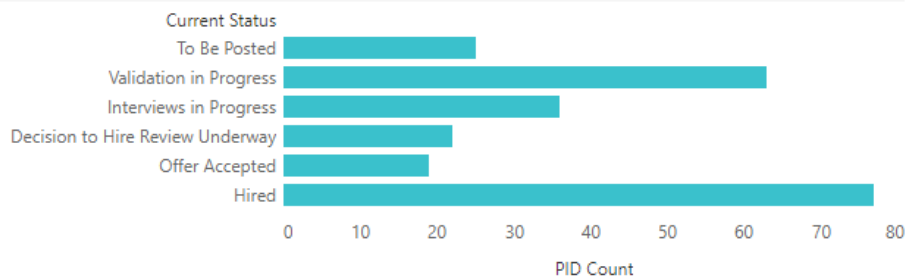


**COOK COUNTY
HEALTH**

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What Stage are my Current Requisitions?



Requisition Details

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0003543	00131986	Valida Progre
0003544	00000000	To Be
0003545	00130630	Hired



**COOK COUNTY
HEALTH**

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

JTDC STAFFING / VACANCY and HR ACTIVITY STATUS

A Look into HR Recruitment

For Dashboard support, please contact Daniel Hughes - daniel.hughes@cookcountyhealth.org

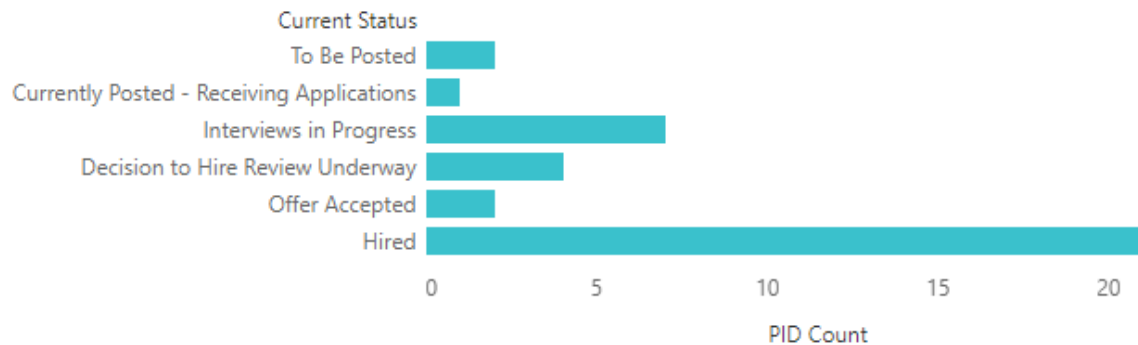


COOK COUNTY
HEALTH

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What Stage are my Current Requisitions?



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Procurement --

The following contracts for \$500K or more and are set to expire in the next 9 months.

Number	Supplier	Description	Expires On
77000032606	SCHECK & SIRESS PROSTHETICS, INC	77000032606 - SERVICE, CUSTOM ORTHOTICS	31-Jul-23
77000107994	MAXIM HEALTHCARE SERVICES INC	H22-25-052_ Services_Locum Tenens and AP Staffing	14-Aug-23
77000102155	BLACKHAWK MEDICAL TRANSPORTATION, INC, DBA ATI	H21-25-114 - SERVICE, AMBULANCE SERVICES WITH ADVANCED AND BASIC LIFE SUPPORT SERVICES	31-Aug-23
70000184286	VAYA WORKFORCE SOLUTIONS, LLC	COVID 19 STAFFING	24-Sep-23
77000122903	LANDAUER, INC.	H21-25-0062, SUPPLY, RADIATION DOSIMETER FILM BADGES AND TLD RINGS	31-Oct-23
77000064455	ODP BUSINESS SOLUTIONS LLC	H19-25-077 - Supplies and Services, Office Supplies	21-Nov-23
H18-25-008	MAXIM HEALTHCARE SERVICES INC	H18-25-008 - Service, Temporary Staffing	30-Nov-23
H18-25-114	KORE SAE, LLC	H18-25-114 - Service, Temporary Staffing	30-Nov-23
77000063015	ALLIED WASTE TRANSPORTATION, INC.	H19-25-103 - Service, Waste Removal Services Throughout CCH	31-Dec-23
77000091769	QUEST DIAGNOSTICS INC	H21-25-034_ SERVICE, REFERENCE LABORATORY TESTING	31-Dec-23
77000054363	LINCOLN PARK DIALYSIS SERVICES INC	H19-25-046 - SERVICES, LINCOLN PARK DIALYSIS SERVICES INC DBA DAVITA INC	29-Feb-24
H16-72-052	LINDE GAS & EQUIPMENT DIV LINDE NORTH AMERICA,	H16-72-052 - Service, Certification, Maintenance, and Repair of Medical Gas Systems	31-Mar-24
77000075883	STERICYCLE, INC	H20-25-063 - Waste Removal for Medical, Hazardous, Sharps and Pharma Waste	31-Mar-24






COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Lead Executive: LaMar Hasbrouck, MD, MPH, MBA, Chief Operating Officer
 Reporting Period: August, 2023
 Report Date: September 15, 2023

Strategic Initiatives • OKR Highlights • Status Updates

	Health Equity, Community Health & Integration <ul style="list-style-type: none"> The CCDPH Health Equity (HE) committee advises on integration of health and racial equity into the department-wide systems, policies, and practices. The HE committee aims to center relationships and trust-building; work across units; and establish an iterative process for identifying learning opportunities, informing, and implementing actions, and sustaining equitable practices within CCDPH. Continued discussion on defining community norms for the committee. <ul style="list-style-type: none"> Meeting successfully concluded. Committee members began designing community group agreements (committee values) to set norms for relationship building. Noted shift in culture due to the end of the national emergency.
	Optimization, Systemization & Performance Improvement <ul style="list-style-type: none"> Development of unit-level plans/procedures for managers to monitor effectiveness and accountability of their remote staff. <ul style="list-style-type: none"> Audit was completed of unit monitoring plans and presented by Dr. Hasbrouck at an All-Staff meeting in June 2023.
	Workforce: Talent & Teams <ul style="list-style-type: none"> Create comprehensive onboarding plans and materials for new CCDPH staff. <ul style="list-style-type: none"> Continued to provide onboarding support for hiring managers and new hire onboarding training sessions. Continued working with UIC on eLearning deliverables. Conducted the interview shoots for the Who We Are What We Do video and Welcome video from Dr. Hasbrouck for new hires. Videos are currently in development.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

	Fiscal Resilience <ul style="list-style-type: none"> Quarterly CCDPH fiscal reports are submitted completely per required due date. <ul style="list-style-type: none"> CCDPH continues to work with Finance collaboratively to increase this number to the target of 100% from 90%.
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Budget to Actual

Budget to Actual File: FY23 CCH Budget to Actual 08/29/2023

Office & Account	FY23 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended	Actual Expenses - % Expended
4895 - Department of Public Health							
Total	18,602,462	9,525,464	941,466	10,466,930	8,135,531	56%	51%
Grand Total	18,602,462	9,525,464	941,466	10,466,930	8,135,531	56%	51%

Staffing

As of August 2023, CCDPH had 74 vacant positions. A total of 60 Request to Hires have been submitted, 29 of which are awaiting budget approval or to be posted/reposted. The remaining positions are advancing through the hiring process (see table below). Six positions were filled, with one starting this month and the others scheduled to start in September: three (3) Public Health Nurse I positions; an LPN2, a Business Manager, and the Director of Public Health Administration (appointed).

FY23 Metrics Snapshot, as of June 2023

RTHs Submitted	Budget Approved	Posted	Postings Closed	ARP Received	Referred for Interview	Interviews Completed	e-DTH submitted	Candidate Offers	Vacancies Filled
60	9	6	8	0	4	1	3	0	6



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Procurement

The following contracts for \$500K or more and are set to expire in the next 9 months.

Contract #	Vendor or Subgrantee Name	Expires On
H22-25-221	RTI*	12/31/23
H22-25-078	CIMPAR	12/31/23
H21-25-093	Integrated Solutions	12/31/23
H21-25-129	AgeOptions	5/31/24
H22-25-154	Flowers Communications Group	5/31/24
H21-25-138	Housing Helpers / Proviso Partners for Health	5/31/24
H21-25-140	Illinois Board of Trustees / UIC School of Public Health	5/31/24
H21-25-139	Raise the Floor Alliance	5/31/24
H21-25-182	United Way of Metropolitan Chicago	5/31/24

*There is a correction to the contract number for RTI. It is H22-25-221; H22-25-013 was written in reports prior to May 2023. Amendment 2 that increased funds and extended the contract to 12/31/23 was executed in May 2023.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

Lead Executive: Aaron Galeener, Chief Administrative Officer

Reporting Period: August 2023

Report Date: September 15, 2023

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

HealthChoice Illinois Report Card

- CountyCare received the highest performance (5 stars) in the categories of “Women’s Health” and “Doctors’ Communication,” and 4 stars in “Keeping Kids Healthy” on the Cook County 2022 HealthChoice Illinois Plan Report Card.
- CountyCare was the only health plan in Cook County to demonstrate statistically significant improvement in a category (“Doctors’ Communication”).
- “Behavioral Health” and “Access to Care” will be key areas of focus for quality improvement efforts over the upcoming year.
 - For example, CountyCare is developing a strategy for telehealth provider engagement to improve access, member experience, and follow up after behavioral health hospitalization.

Community Transitions Initiative

- Through the State's Community Transitions Initiative, CountyCare receives incentive payments for the successful transition of members living in Nursing Facilities and Specialized Mental Health Rehabilitation Facilities (SMHRFs) into the community.
 - CountyCare works in collaboration with the University of Illinois at Chicago College of Nursing (UIC-CON) and the Department of Human Services (DHS).
 - The CountyCare care management team established a community transition team model and workflows to identify qualified members and transition them into community settings.
- **As of August, CountyCare had successfully transitioned 24 members from long-term care settings into the community,** a huge accomplishment and setting the plan on the path to meet its year end goal of transitioning 32 members through the Community Transitions Initiative.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES



Health Equity, Community Health & Integration

Health Benefits for Immigrant Adults and Seniors (HBIA/HBIS)

- Beginning on January 1, 2024, Healthcare and Family Services (HFS) will be transitioning the Health Benefits for Immigrant Adults (HBIA) and Health Benefits for Immigrant Seniors (HBIS) program from fee for service into managed care.
- Additionally, HFS recently announced that members in both programs residing in Cook County will be auto assigned to CountyCare.**
- As of August 2023, almost 45,000 HBIA and HBIS members were residing in Cook County.**
- CountyCare has kicked off a formal implementation to ensure plan readiness to welcome these new members into the plan on January 1.
- CountyCare will also be assembling a community advisory committee to understand 1) the community's experiences as part of the Health Benefits for Immigrant Adults and Seniors (HBIA/HBIS) program, 2) how to best connect and communicate with the HBIA/HBIS population, and 3) if there are any opportunities to address health equity.

Population	Illinois	Cook County
Adults (42-64)	52,132	34,992
Seniors (65+)	15,178	9,950
Total	67,310	44,942



Member Experience

Redetermination strategy

- CountyCare is executing a comprehensive member education and outreach strategy to support members with redetermination, including a communications campaign through mail, text, phone, email, the CountyCare website, social media, and community events.
- Members with a July 31 redetermination date had a preliminary retention rate of 88.6%, which is 10.3 percentage points more than last month's rate of 78.3%.**
- As of August, CountyCare hosted 66 Redetermination Events at clinics and community-based organizations.

Health Plan Response (As of Aug 2023)	
 409,000 Postcards Mailed to Households	
 133,800 Texts with REDE information	
 20,000 Calls from REDE Hotline Call Center	
 562,800 Total Efforts made to Members for REDE	
 1,400 Member Addresses Updated	



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

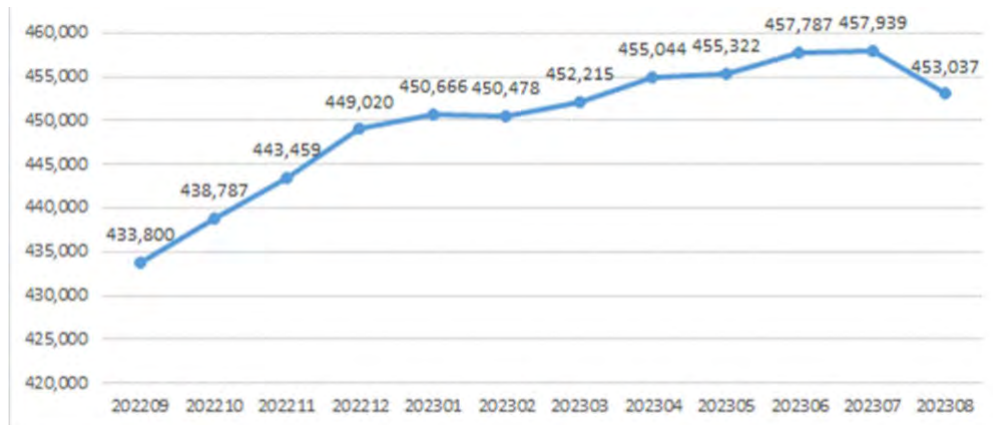
HEALTH PLAN SERVICES



Growth Innovation & Transformation

Current CountyCare membership

- Since the start of the pandemic, CountyCare has experienced significant growth due to the hold on Medicaid redeterminations and the continuation of 50% auto-assignment.
- In August, CountyCare's membership decreased slightly to 453,037 members enrolled due to the resumption of redetermination.



Medicaid Open Enrollment Campaign: “CountyCare, Bring on the Benefits”

- In partnership with the Cook County Health Communications Department, CountyCare is planning for the upcoming Medicaid choice period with its new marketing campaign, “Bring on the Benefits.” The campaign will run from October 2023 through April 2024 and will highlight CountyCare’s extensive benefits and provider network on billboards, television, radio, and social media.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES



Optimization, Systemization & Performance Improvement

Annual Member Rewards Evaluation

CountyCare provides a wide array of supplemental benefits and member rewards to improve member experience, health outcomes, and retention. CountyCare offers Visa gift cards that load with additional dollars each time a member completes a preventive screening or healthy behavior in alignment with HEDIS quality measures. Members can use their reward cards to purchase household items, gas, utilities, or groceries.

- In August, CountyCare completed an evaluation of its member rewards program with the goals of:
 - Learning about whether engagement with the program is associated with improved retention and health outcomes.
 - Understanding whether changes to the types of rewards offered could improve member retention and quality.
- **Through this evaluation, CountyCare learned that members utilizing rewards saw an average inpatient cost per encounter that was 50% lower than non-earning members. Additionally, members who utilized rewards in 2022 contributed to a 15% increase to the overall HEDIS performance, with the greatest contributions to childhood immunizations, breast cancer screenings, and prenatal and postpartum care measures. On average, members utilizing rewards appear to have a longer tenure with the plan when compared to members that did not participate in the member rewards program.**
- As a result of these findings, CountyCare has included additional rewards for childhood vaccinations and care management engagement.
- CountyCare will continue to monitor and evaluate the effect of these changes on member outcomes, member experience, and retention.



Fiscal Resilience

Fraud Waste and Abuse (FWA) and Payment Integrity

On an ongoing basis, CountyCare's Compliance team identifies and recovers overpayments and opportunities for preventive loss savings.

- In State FY2023, CountyCare has recovered:



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

- Over \$500,000 through FWA and clinical audits
- Over 6,300,000 through data mining
- The plan also estimates over \$1,600,000 in proactive preventive loss savings.

Medical Cost Action Plans

Opportunities for cost-savings continue to be an area of focus for plan in 2023.



Workforce: Talent & Teams

Staffing critical positions

- Health Plan Services continues to focus on hiring and effectively training team members to ensure the continued success of the plan. **Last quarter, CountyCare met its goal of reducing vacancies to less than 125.** The Health Plan Services Department currently has a total of 70 vacancies.

Annual Staff Survey

- In August, in partnership with Press Ganey, CountyCare launched its department-wide annual staff survey. The survey results will be shared with the team and improvement plans will be developed based on the results.

Budget to Actual Through August 2023

CountyCare's membership growth to over 453,000 members in August was significantly higher than the monthly average budgeted projection of 391,000. The net impact of revenue and expenses remains balanced and within budget.

Office & Account	FY23 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended	Actual Expenses - % Expended
4896 - Health Plan Services							
CONTRACTUAL SERVICE Total	3,046,531,202	2,501,468,581	4,756,281	2,506,224,863	540,306,339	82%	82%
OPERATIONS & MAINTENANCE Total	4,563	1,814	-	1,814	2,749	40%	40%
PERSONAL SERVICES Total	29,717,438	22,499,261	-	22,499,261	7,218,176	76%	76%
4896 - Health Plan Services Total	3,076,253,203	2,523,969,656	4,756,281	2,528,725,938	547,527,265	82%	82%
Grand Total	3,076,253,203	2,523,969,656	4,756,281	2,528,725,938	547,527,265	82%	82%



COOK COUNTY
HEALTH

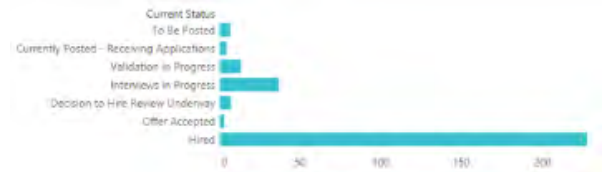
DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

Staffing



Health Plan Services is excited to share that out of its 298 positions in recruitment, 228 have been hired (76%) and 3 new hires to are on track to start in the coming weeks. CountyCare is continuing to prioritize staff recruitment (including partnering with HR to host hiring fairs) to ensure the continued success of the plan.



Procurement

The following contracts for \$500,000 or more and are set to expire in the next 9 months.

Service	Vendor	Description	Type of contract	Contract end date
Non-emergency medical transportation	First Transit	Non-emergency medical transportation to members	Extension	08/31/23
Dental and Vision	Guardian Avesis	Dental and vision benefit management services	Extension	09/30/23



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS

Lead Executive: Arnold F. Turner, MD

Reporting Period: August 2023

Report Date: September 18, 2023

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- A follow-up Joint Commission mock survey was conducted August 1-4, 2023. A workgroup was created for each department to address the findings. The workgroups report out weekly to the oversight committee.
- Cook County Capital Planning and Policy provided funds to modernize the patient elevators.



Health Equity, Community Health & Integration

- Sengstacke Primary Care Leadership met with CountyCare to plan a women's health fair on October 21, 2023. During the fair, women will be able to have a physical exam, chronic disease assessment, age-appropriate screening, including mammograms, pap smears, lab tests, and vaccinations.
- The Provident Medical Staff staffed five first aid stations along the Bud Billiken Parade route on August 12, 2023.
- Provident had a jubilant 30th anniversary celebration of being part of Cook County Health. President Preckwinkle, Commissioner Lowry, Israel Rocha and members of the Sengstacke Family attended this festive event.

Patient Experience



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS



- Provident formed a Nurse Call light Leadership Group to provide high level guidance and oversight to the nurse call system installation project. This group will work to mitigate the impact on hospital and clinical operations and improve communication during the installation.

HCAHPS Measures

Top Box Score for Provident – Response of Hospital Staff Domain

Last 12-months Top Box Score: 9/1/22-8/31/23 – 60.27



8



Growth Innovation & Transformation

- The Provident Dialysis Center patient census increased to 51. In January 2023, the census was 36. The center has a capacity of 66 patients (72 including the isolation room).
- Provident met with Dr. Bonomo and his team to plan to start bariatric surgery at Provident. The discussion included instruments and supplies, protocols, and patient needs.
- In August, 8 West patient discharges surpassed 200 to 214.

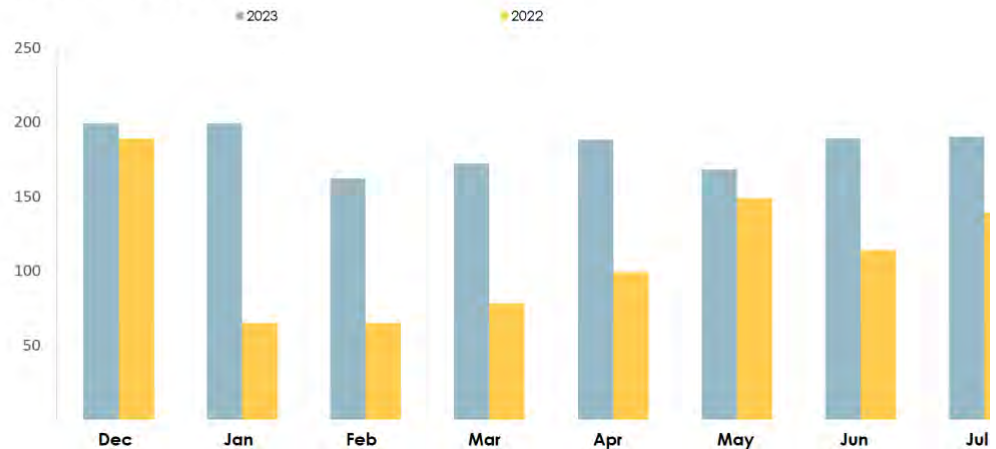


COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS

8 West Discharges



Optimization, Systemization & Performance Improvement

- Provident organized an interdepartmental workgroup to address telephone call optimization for both external and internal calls. This group will evaluate current call routing for accuracy and efficiency. The group will also create an accurate online staff and departmental directory.
- Capital funding was approved to upgrade and redesign Provident Sterile Processing Department (SPD) to address Joint Commission compliance and deficiencies and anticipated growth in surgery at Provident.



Workforce: Talent & Teams

- Provident Nursing Department hired an Administrative Analyst III.
- Physical Therapy services were expanded to Provident including a supervisor for the team.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

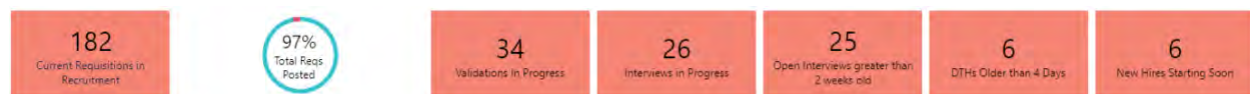
PROVIDENT OPERATIONS

Budget to Actual

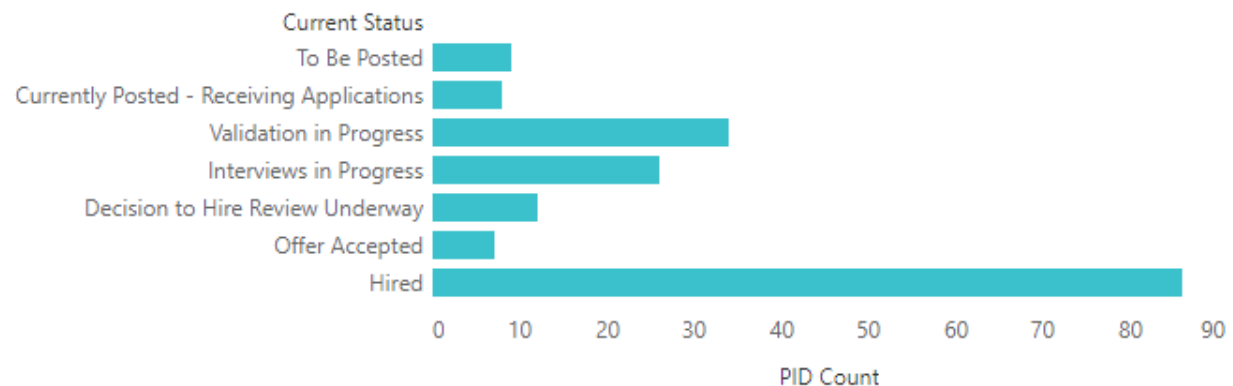
Office	FY23 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended	Actual Expenses- % Expended
4891 - Provident Hospital of Cook County	29,098,849	21,881,175	181,595	22,062,769	7,036,080	75.82%	75%
4893 - Ambulatory & Community Health Network of Cook	3,858,148	2,834,045	9,821	2,843,866	1,014,282	73.71%	73%
Grand Total	32,956,997	24,715,220	191,415	24,906,635	8,050,362	75.57%	75%

- Provident is aligned with the current budget.

Staffing



What Stage are my Current Requisitions?



Procurement

- The following contracts for \$500K or more and are set to expire in the next 9 months.

Contract #	Vendor Name	Expires
H22-25-090	Dialysis Care Center Management, LLC	05/22/2024
H22-25-166	Daniel & Yeager, LLC	08/21/2023
H22-25-187	ADT Commercial, LLC	10/31/2023
H21-25-011	Dialysis Care Center Management, LLC	11/30/2023



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS

Lead Executive: Donnica Austin-Cathey
Reporting Period: August 2023
Report Date: September 18, 2023

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- Stroger Medical Surgical units developing a nursing leader response to Sepsis Alerts.
- The outpatient rehabilitation team received homicidal/suicidal ideation protocol training and we welcomed three newly rotated clinicians to the outpatient area who are now practicing independently.
- The Laboratory implemented critical value reporting for Anti-Factor Xa, which is being used to monitor patients on heparin therapy.
- The Laboratory Critical Value policy was approved as a system wide policy.
- Radiology is currently working on a new workflow for documenting and reporting critical imaging test results.
- The Nursing Division has been leading the Nurse Uniform Standardization committee and are partnering with the Burn team to ensure top of license performance with PICU RNs regarding burn care.



Health Equity, Community Health & Integration

- The rehabilitation department is creating a handout in English and Spanish for devices for the disabled inpatients. The document is currently being reviewed by Interpreter Services.
- We have collaborated with Humboldt Park to assist with decreasing the MR backlog and provide a timely appointment for our patients.
- The Maternal Child Leaders are partnering with ACHN to ensure patients return to their home clinic.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS



Patient Experience

- HCAHPS Likelihood to Recommend Stroger Hospital - The rolling 12-month was slightly down to 71.38 from prior rolling 12 month. The goal is 75.0. The monthly score in August was 70.13 which has increased from 69.33 in July.
- The Outpatient Therapy manager facilitated transportation services for a 7-year-old orthopedic pediatric patient who was missing outpatient appointments due to unreliable transportation.
- The Laboratory worked closely with patient relations this month to resolve one patient grievance concerning the outpatient lab.
- Central scheduling work is in progress in Radiology. The Altos consultants reported their initial findings and next steps for the centralized scheduling operations center which involves the current state workflow, workstream proposals, and feedback from the Radiology team on the proposed action plan.
- The Stroger Nursing Administrative Team went live with the "I Am A Stroger Nurse" campaign this month.



Growth Innovation & Transformation

- Passy-Muir Valve program education undergoing with the respiratory and nursing departments. There has been a delay of obtaining stock of Passy-Muir valves and it is being addressed with supply chain.
- The Laboratory worked with the Trauma department to place a Blood Bank refrigerator in the Trauma Department on August 15th. The refrigerator stores universal donor RBC's, whole blood and plasma in the trauma shock room so patients that require massive transfusion protocol can get the life-saving blood products quickly.
- There are several capital radiology projects underway that include; Fluoroscopy units, PET CT Scanner, Fluoroscopy Units and PACS Storage.
- Maternal Child has seen an increase in delivery volume which appears to be driven by refugee volume in this area. Also, discussions are underway with an FQHC related to additional deliveries to Stroger.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS



Optimization, Systemization & Performance Improvement

- Nursing Mobility program launched with Physical Therapy assisting in the training sessions at both Stroger and Provident.
- The Laboratory Department has been working closely with the hospital throughput committee on phlebotomy AM draws completed by 7 am. The goal is 80% and currently the phlebotomy department has achieved 71%.
- Respiratory Services began transitioning to Tiger Connect for improved communication between the care teams. Respiratory Therapy at Stroger was fully converted, and other areas remain in process with the Health Informatics team.



Workforce: Talent & Teams

- The Rehab Department filled and onboarded 6 new physical therapy staff, two new Speech Language Pathologists and one new clerk in August. There are only 4 vacant positions in the rehabilitation department.
- The Laboratory welcomed Stephanie Murrell, MLS in Microbiology and celebrated one retirement, Indrajeet Mody for 30 years of service.
- The Laboratory leadership has been working closely with Janine Sergay to improve employee experience and create a highly engaged team in Phlebotomy.
- Radiology vacancies continue to be challenging which has resulted in a continuous need for agency support staff.



Fiscal Resilience

- The Maternal Child Divisional leaders are onboarding new staff to replace agency.
- The Laboratory Department has worked with the Oracle Team to initiate corrective action to the unassigned provider issue with lab orders to ensure charge capture.
- The Revenue Integrity Department has collaborated with the Radiology Department to begin mapping the Radiology revenue and associated budgeted expenses to the appropriate cost centers/business units.
- Radiology improvement plan workflow and recommendations currently in process. The number of unassigned providers impacting the DNFB report has decreased for the Radiology service line with the implementation of the reconciliation report.

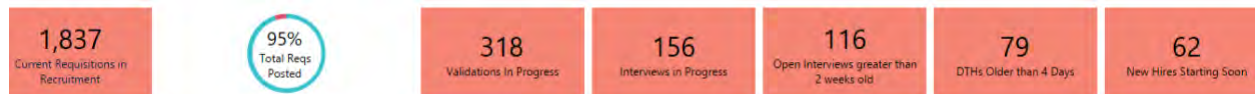


COOK COUNTY
HEALTH

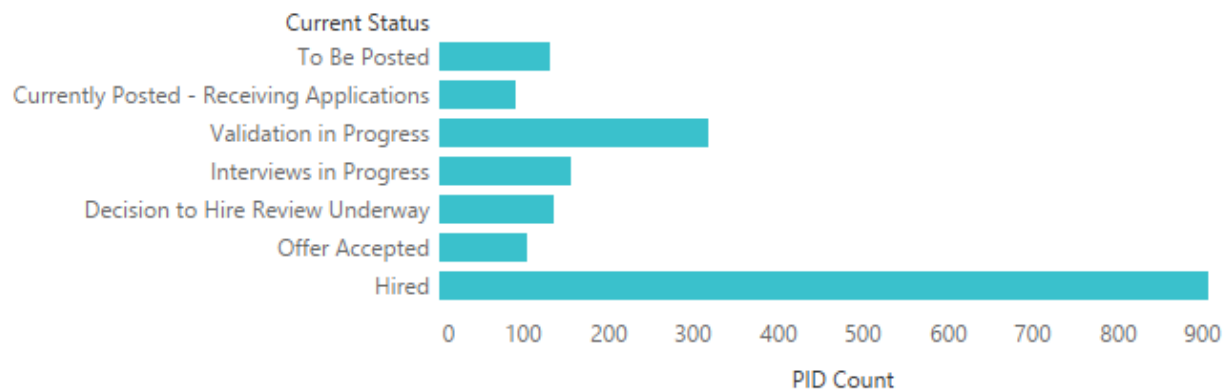
DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS

Office / Program / Account	FY23 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended	Actual Expenses - % Expended
Grand Total	848,704,838	621,836,827	36,994,447	658,831,274	189,873,564	78%	73%



What Stage are my Current Requisitions?



COOK COUNTY
HEALTH