I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

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

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

Telephonically

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

Absent: None (0)

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

Additional attendees and/or presenters were:

Debra D. Carey – Interim Chief Executive Officer
Trevor Lewis, MD – John H. Stroger, Jr. Hospital of Cook County
Jeff McCutchan – General Counsel
Iliana Mora – Chief Operating Officer, Ambulatory Services
John O’Brien, MD – Chair, Department of Professional Education
LaMorris Perry, MD – Medical Director, Ambulatory Services
Deborah Santana – Secretary to the Board

II. Public Speakers

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

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

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

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

A. Regulatory and Accreditation Updates (continued)

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

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

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

B. Metrics (Attachment #1)

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

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

IV. Action Items

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

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

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

A. Approve Quality Plan for Ambulatory Services

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

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

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

There were none presented for consideration.

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

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

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

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

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

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

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

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

E. Any items listed under Sections IV and V

V. Closed Meeting Items

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

The Committee did not recess into a closed meeting.

VI. Adjourn

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

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

XXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

Follow-up: A request was made for updates to be provided regarding the IDPH site visit to Stroger Hospital relating to the EMTALA complaint. Page 2
ATTACHMENT #1
HEDIS – Diabetes Management: HbA1c < 8%

% Compliant

HEDIS 75th %tile: 55%

Source: Business Intelligence
Core Measure – Venous Thromboembolism (VTE) Prevention

- **Goal:** 100%
- **Compliance:**
  - **Core Measure:** Venous Thromboembolism (VTE) Prevention
  - **Source:** Quality Dept.

Source: Quality Dept.


<table>
<thead>
<tr>
<th>Month</th>
<th>Stroger</th>
<th>Provident</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan-19</td>
<td>88.2%</td>
<td>86.4%</td>
</tr>
<tr>
<td>Feb-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May-19</td>
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<td></td>
</tr>
<tr>
<td>Jun-19</td>
<td></td>
<td></td>
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<tr>
<td>Jul-19</td>
<td></td>
<td></td>
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<tr>
<td>Aug-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec-19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
30 Day Readmission Rate

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

Source: Infection Control Dept.
ACHN – Overall Clinic Assessment

Top Box Score


ACHN Top Box Score
Press Ganey Top Box Mean

90th %tile, 82%

Source: Press Ganey
Provident – Willingness to Recommend the Hospital

90th %tile: 84%

Source: Press Ganey
Stroger – Willingness to Recommend the Hospital

90th %tile, 84%

72.0%

71.6%

Source: Press Ganey
<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Measure Definition</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Management HbA1c &lt;8%</td>
<td>Adults ages 18-75 with diabetes (type 1 or type 2) where HbA1c is in control (&lt;8.0%). Qualifying patients: - Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year OR - One diabetic Inpatient visit in the current year or previous year OR - Prescribed insulin or hypoglycemic or antihyperglycemics in the current year or previous year</td>
<td>NCQA, HEDIS</td>
</tr>
<tr>
<td>Core Measure-Venous Thromboembolism (VTE) Prevention</td>
<td><strong>Numerator:</strong> Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: The day of or the day after hospital admission The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission  <strong>Denominator:</strong> All patients</td>
<td>CMS</td>
</tr>
<tr>
<td>Readmission Rate</td>
<td>The readmission measures are estimates of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.</td>
<td>CMS</td>
</tr>
<tr>
<td>Hospital Acquired Pressure Injuries</td>
<td>A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. Full thickness pressure injuries involve the epidermis and dermis, but also extend into deeper tissues (fat, fascia, muscle, bone, tendon, etc.)</td>
<td>CMS, AHRQ</td>
</tr>
<tr>
<td>Falls with Injury</td>
<td>A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with injury to the patient.</td>
<td>TJC, NDNQI</td>
</tr>
<tr>
<td>Hospital Acquired Infections - CAUTI</td>
<td>Catheter-associated urinary tract infections</td>
<td>NHSN</td>
</tr>
<tr>
<td>Hospital Acquired Infections - CDI</td>
<td>Clostridium difficile intestinal infections</td>
<td>NHSN</td>
</tr>
<tr>
<td>Hospital Acquired Infections - CLABSI</td>
<td>Central line-associated bloodstream infections</td>
<td>NHSN</td>
</tr>
<tr>
<td>Hospital Acquired Infections - MRSA</td>
<td>Methicillin-resistant Staphylococcus Aureus blood infections</td>
<td>NHSN</td>
</tr>
<tr>
<td>Press Ganey Patient Satisfaction Top Box Score</td>
<td>The percentage of responses in the highest possible category for a question, section, or survey (e.g. percentage of ‘Very Good,’ or ‘Always’ responses).</td>
<td>Press Ganey</td>
</tr>
<tr>
<td>Press Ganey Patient Satisfaction Percentile Rank</td>
<td>A percentile rank tells you where your score falls in relationship to other scores. Percentile rank for any given metric in any peer group is determined by ordering all facilities’ scores from highest to lowest, then each score receives a percentile rank by determining the proportion of the database that falls below that score. For example, if your percentile rank is 30, you are scoring the same as or better than 30% of the organizations you are compared to.</td>
<td>Press Ganey</td>
</tr>
<tr>
<td>ACHN Patient Satisfaction-Overall Assessment</td>
<td>Includes two questions: 1. How well the staff worked together to care for you. 2. Likelihood of your recommending our practice to others.</td>
<td>Press Ganey</td>
</tr>
<tr>
<td>Hospital Patient Satisfaction-Willingness to Recommend Hospital</td>
<td>The likelihood that a patient will recommend a hospital to family members and friends.</td>
<td>Press Ganey</td>
</tr>
</tbody>
</table>
ATTACHMENT #2
January 23, 2020

Medical Director, Ambulatory Services
LaMorris Perry, MD

2019-2021 Quality Plan
Ambulatory
Cook County Health (CCH)
Ambulatory complies with the CCH mission to deliver integrated health services with dignity and respect, regardless of a patient’s ability to pay; to foster partnerships with other health providers and communities in order to enhance the health of the public; and to advocate for policies which promote and protect the physical, mental and social wellbeing of the people of Cook County.
CCH-Ambulatory Outpatient Sites

* Denotes Primary Care Medical Home

- Arlington Heights Health Center*
- Austin Health Center*
- Children’s Advocacy Center
- Cicero Health Center*
- Cottage Grove Health Center*
- Ruth Rothstein CORE Center
- Englewood Health Center*
- General Medicine Primary Care*
- Logan Square Health Center*
- Morton East Adolescent Health Center
- Near South Health Center*
- Oak Forest Health Center*
- Prieto Health Center*
- Robbins Health Center*
- Stroger Central Campus Specialty Care Clinics
- Sengstacke Health Center*
- Woodlawn Health Center*
Quality Plan Overview
Ambulatory – Goals of the Quality Plan

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

- Outline the governance structure for ACHN quality
- Utilize the (STEEEP Model) STEEEP stands for Safe, Timely, Effective, Efficient, Equitable and Patient-centered care and is used to prioritize the six critical aims of health care.
- Maintain compliance with Joint Commission Primary Care Medical Home certification requirements.
- Define key performance metrics which measure the quality of ambulatory care across the system
- Describe and align with reporting requirements for Meaningful Use
- Diabetes
- Hypertension
- Childhood Immunization
- Patient Experience

**STEEEP is an acronym coined by Baylor Scott & White Health, and trademarked by Baylor Health Care System in 2001.**
*Ambulatory Quality is integrated into Stroger and Provident Hospitals’ Quality & Patient Safety Committees
<table>
<thead>
<tr>
<th>Regulatory Compliance</th>
<th>Patient Safety</th>
<th>Performance Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Accreditation / PCMH</td>
<td>- Medication Safety</td>
<td>- HEDIS</td>
</tr>
<tr>
<td>- Laboratory / CLIA</td>
<td>- Falls</td>
<td>- Meaningful Use</td>
</tr>
<tr>
<td></td>
<td>- Infection Control</td>
<td>- MIPS</td>
</tr>
</tbody>
</table>

Ambulatory Leadership

<table>
<thead>
<tr>
<th>Environment of Care</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Hazardous Waste</td>
<td>- Facilities</td>
</tr>
<tr>
<td>- Fire Safety</td>
<td>- Clinical Engineering</td>
</tr>
</tbody>
</table>

Ambulatory Quality & Patient Safety Partners
- Staff Workgroups
- Chief Quality Officer
- Quality & Patient Safety Department
- Chief Operating Officer, Ambulatory Services
- Chief Operating Officer, Stroger Hospital & Central Campus
- Operating Officer, Provident Hospital
- Ambulatory Medical Director
- Associate Medical Director, Pediatrics, Ambulatory Services
- Associate Nurse Executive, Ambulatory Services
- ACHN Facilities Manager
- Regional Operations Directors Northwest Cluster, South Cluster, South Suburban Cluster
- Care Management Specialist
- Clinic Decision Support Analysts
- CountyCare Quality Administration
- Business Intelligence Director
- Business Intelligence Analyst
- Clinical Informatics Director
- Clinical Informatics Analyst
- Chief Medical Information Officer
- Meaningful Use Coordinator
- Director of Life Safety
- Health Information Systems
- Director of Patient Relations
- Director of Public Safety & Security

(4) Community Advisory Boards, Arlington Heights, Cottage Grove, Englewood and Robbins Health Centers
Patient Safety Adverse Events: Reporting & Review

Safety Event Hierarchy

Patient Adverse Event or Near Miss Event

Adverse Event
Attending Physician Notified

Sentinel Event
Significant Risk

Notify Risk Management Immediately

Leadership Notification: COO, Medical Director

Notify Chief Quality Officer

Notify Department Chair & Chief Quality Officer

Near Miss Event: No Patient Harm

Not Sentitled Event
No Critical Factors per Attending Physician

Enter into On-Line Event Reporting System

Notified by Attending Physician

Notify Supervisor

Disclosure to Patient and/or Representative

Disclosure to Patient and/or Representative

Review of eMERS Reported Events

Timeline

Review

< 48 Hours

Event Submitted in e-MERS

Initial Manager(s) Review

< 14 Days

Consultant Review (if applicable)

< 30 Days

Quality/Risk (Q/R) Manager(s) Review

Submission to PSO

Q/R Managers can:
• Unsubmit a report
• Reject/Delete a report
• Document Harm Score
• Close a report
• Submit reports to the PSO

Managers can:
• View and edit the event report
• Read and audit other manager reviews
• Consult with managers
• Enter and ‘submit’ their own reviews commenting on contributing factors and corrective actions
• Attach documents

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

### OPERATIONAL CHARACTERISTICS & REQUIREMENTS

| Coordinated Care | Care is coordinated across the broader health care system. Transitions of care between care sites emphasize discharges from hospitals and ED.  
|                  | • Use of internal and external resources to meet patients’ needs  
|                  | • Responsible for care coordination |
| Comprehensive Care | Team-based health care  
|                    | • Provide acute, preventive, comprehensive care  
|                    | • Use of external and internal resources to meet patients’ needs  
|                    | • Care addressing phases of lifespan, including end of life care  
|                    | • Disease management |
| Human Touch: Patient Centered Care | Relationship-based care  
|                                   | • Patient selects Primary Care Provider (PCP)  
|                                   | • Consider patient’s preferences, cultural, linguistic & education needs  
|                                   | • Patient is involved in establishing the treatment plan & self management plans |
| Hours of Operation: Superb Access | Services are accessible with short waiting times. Enhanced hours, around the clock telephone access.  
|                                    | • Enhanced access –timely responses to patients needs  
|                                    | • 24/7 availability |
| System-based approach to quality and safety | Use evidence based medicine and clinical decision support tools. Use data to manage population health, chronic disease and performance improvement.  
|                                             | • Population based care  
|                                             | • Use of Health IT |
What is HEDIS?

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

6 Domains of Care:

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

**https://www.ncqa.org/hedis**
Descriptions of our Populations

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

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

• In Care
  +
• Out of Care

Leads to Large Population Denominator
<table>
<thead>
<tr>
<th></th>
<th>Goal</th>
<th>All Patients</th>
<th>In Care</th>
<th>Out of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>HBA1C &gt; 9</td>
<td>&lt; 34.7%</td>
<td>41.9%</td>
<td>39.9%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Eye Exam</td>
<td>63.7%</td>
<td>34.0%</td>
<td>34.5%</td>
<td>21.3%</td>
</tr>
<tr>
<td>Immunizations (2 yrs)</td>
<td>76.5%</td>
<td>40.9%</td>
<td>59.9%</td>
<td>15.8%</td>
</tr>
<tr>
<td>Mammography</td>
<td>66%</td>
<td>62.6%</td>
<td>64.8%</td>
<td>21.5%</td>
</tr>
</tbody>
</table>

# Not in Care Patients: 29,254
ACHN Quality Initiatives

- Comprehensive Diabetes Care HbA1c Testing
- Comprehensive Diabetes Care HbA1c Control (<8%)
- Comprehensive Diabetes Care Eye Exam
- Comprehensive Diabetes Care Nephropathy Screening
- Blood Pressure Control (<140/90 mm Hg)

- Childhood Immunizations
- Well-Child Visits
- Breast Cancer Screening (BCS)
- Cervical Cancer Screening
- Prenatal / Postnatal Care
- Behavioral Health Integration
- MAT
- Influenza Vaccination Rates
- Patient Experience (The Compassion Journey)
- Leadership Development
- Clinical Workflows
## Ambulatory 2019-2021 Key Performance Indicators

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

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

- show **Ourselves** compassion
- show **One Another** compassion
- show **Our Patients** compassion

Through Acts of

- Empathy
- Kindness
- Courtesy

- toward **Ourselves**
- toward **One Another**
- toward **Our Patients**

*Compassion In Our Health Centers...*
What is Compassion and why does it matter?

Compassion

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

Perez-Bret E¹, Altisent R², Rocafort J³.

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

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

**Compassion**

- Empathy
- Kindness
- Courtesy

**Oneself** ➔ **One Another** ➔ **Our Patient**

- Team Trust, Team Communication, and Team Cohesion

**Collaborative Team Caring for Our Patients**

- Employee Engagement
- Patient Experience
Compassion In Our Health Centers...

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

The Journey Begins with Each of Us...
How Can I Show Our Patients Empathy, Kindness &Courtesy?

Fuel Our Patients Gas Tanks

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<table>
<thead>
<tr>
<th>2019</th>
<th>IN CARE</th>
<th>VS</th>
<th>OUT OF CARE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HgA1c &lt;8 (Diabetic Control)</td>
<td>50%</td>
<td></td>
<td>44%</td>
</tr>
<tr>
<td>Pediatric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Immunization Status (2 years old)</td>
<td>62%</td>
<td></td>
<td>17%</td>
</tr>
</tbody>
</table>

**Diabetes Goal 55%**

**Immunization Goal 75%**
Englewood HC
May 2019 through October 2019
Pediatric Childhood Immunizations UTD by 2 years old for patients
with a scheduled appointment “Missing Opportunities” Snapshot table

Goal 75%

Immunization Compliance % (Total Pts. Scheduled/ Total Pts. Seen and UTD after visit)

BI data captured on 11.8.2019
Near South HC

May 2019 through October 2019

Pediatric Childhood Immunizations UTD by 2 years old for patients with a scheduled appointment “Missing Opportunities” Snapshot table

Goal 75%

Immunization Compliance % (Total Pts. Scheduled/ Total Pts. Seen and UTD after visit)

BI data captured on 11.8.2019
The Centers for Medicare & Medicaid Services (CMS)
Meaningful Use

Certified EHR Technology used in a Meaningful Way

**http://www.cms.gov**
Meaningful Use & Physician Quality Reporting System

### 2019-20 MU Measures

<table>
<thead>
<tr>
<th>Cook County Health &amp; Hospitals System</th>
<th>2019 Thresholds</th>
<th>Tentative 2020 Thresholds</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPOE of Med Orders</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>CPOE of Lab Orders</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>CPOE of Rad Orders</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>ePrescribe</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>ePatient Specific Education</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>VDT 1- Offer Access</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>

**2 out of 3 Must be Met**

| VDT 2- Patient Access               | 15%             | 15%                       |
| Secure Messaging                     | 10%             | 10%                       |
| Patient Generated Information        | 5%              | 5%                        |

**2 out of 3 Must be Met**

| Electronic Transition of Care       | 50%             | 50%                       |
| Incorporate Available Data          | 40%             | 40%                       |

**These measure count as 1**

| Clinical Rec of Meds                | 80%             | 80%                       |
| Clinical Rec of Problems            | 80%             | 80%                       |
| Clinical Rec of Allergies           | 80%             | 80%                       |

*EMR interoperability measures submitted for all Eligible Clinicians

### PQRS Measures

<table>
<thead>
<tr>
<th>2019 PQR/ MIPS Measures</th>
<th>MEASURE_DOMAIN</th>
<th>Decile</th>
</tr>
</thead>
<tbody>
<tr>
<td>NG5-0018/CMS-105v6 = Controlling High Blood Pressure</td>
<td>Effective Clinical Care</td>
<td>3</td>
</tr>
<tr>
<td>NG5-0022.1/CMS-106v6 = Drugs to be Avoided in the Elderly</td>
<td>Patient Safety</td>
<td>4</td>
</tr>
<tr>
<td>NG5-0022.2/CMS-106v6 = Drugs to be Avoided in the Elderly</td>
<td>Patient Safety</td>
<td>N/A</td>
</tr>
<tr>
<td>NG5-0032/CMS-124v6 = Cervical Cancer Screening</td>
<td>Effective Clinical Care</td>
<td>6</td>
</tr>
<tr>
<td>NG5-0034/CMS-110v6 = Colorectal Cancer Screening</td>
<td>Effective Clinical Care</td>
<td>5</td>
</tr>
<tr>
<td>NG5-0058/CMS-111v6 = Childhood Immunization Status</td>
<td>Community/Population Health</td>
<td>5</td>
</tr>
<tr>
<td>NG5-0043/CMS-19v6 = Flu Influenza Immunization</td>
<td>Community/Population Health</td>
<td>5</td>
</tr>
<tr>
<td>NG5-0059/CMS-125v6 = Diabetes, Hemoglobin A1c (HbA1c) Poor Control (&gt; 9%)</td>
<td>Effective Clinical Care</td>
<td>6</td>
</tr>
<tr>
<td>NG5-0068/CMS-164v6 = Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antipla</td>
<td>Effective Clinical Care</td>
<td>8</td>
</tr>
<tr>
<td>NG5-0069/CMS-154v6 = Appropriate Treatment for Children with Upper Respiratory Infection</td>
<td>Efficiency and Cost Reduction</td>
<td>7</td>
</tr>
<tr>
<td>NG5-0070.1/CMS-125v6 = Coronary Artery Disease (CAD): Beta-Blocker Therapy, Prior Myocardial Infarction</td>
<td>Effective Clinical Care</td>
<td>5</td>
</tr>
<tr>
<td>NG5-0070.2/CMS-145v6 = Coronary Artery Disease (CAD): Beta-Blocker Therapy, Prior Myocardial Infarction</td>
<td>Effective Clinical Care</td>
<td>N/A</td>
</tr>
<tr>
<td>NG5-0083/CMS-135v6 = Heart Failure (HF): ACE Inhibitor or ARB Therapy for LVSD</td>
<td>Effective Clinical Care</td>
<td>3</td>
</tr>
<tr>
<td>NG5-0083/CMS-144v6 = Heart Failure (HF): Beta-Blocker Therapy for LVSD</td>
<td>Effective Clinical Care</td>
<td>7</td>
</tr>
<tr>
<td>NG5-2372/CMS-125v6 = Breast Cancer Screening</td>
<td>Effective Clinical Care</td>
<td>5</td>
</tr>
<tr>
<td>CMS-454v6 = Hypertension: Improvement in blood pressure</td>
<td>Effective Clinical Care</td>
<td>3</td>
</tr>
<tr>
<td>CMS-136v6 = Appropriate Testing for Children with Pharyngitis</td>
<td>Efficiency and Cost Reduction</td>
<td>3</td>
</tr>
<tr>
<td>CMS-137v6 = Pneumococcal Vaccination Status for Older Adults</td>
<td>Community/Population Health</td>
<td>7</td>
</tr>
<tr>
<td>NG5-0421/CMS-69v6 = Body Mass Index (BMI) Screening and Follow-Up</td>
<td>Community/Population Health</td>
<td>3</td>
</tr>
<tr>
<td>NG5-0419/CMS-86v7 = Documentation of Current Medications in Medical Record</td>
<td>Patient Safety</td>
<td>3</td>
</tr>
</tbody>
</table>

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

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

25
CCH - FINAL MEANINGFUL USE (CMS) COMPOSITE SCORE

2018 Final Score

COOK COUNTY's Performance Score

The details below are your performance scores in each category.

Performance Category Scores

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

MIPS Adjustment(s)

- Payment Adjustment: 0.31%
- Exceptional Performance Adjustment: 1.37%

Total: +1.68%

Payment Adjustment Date:
January 1, 2020

Learn More

* 2019 Final score pending

**The Centers for Medicare & Medicaid Services (CMS)
Continuous Quality Improvement (CQI)

OVERSIGHT:

**Senior Leadership**
Claudia Fegan MD – Chief Medical Officer, Cook County Health
Iliana Mora – Chief Operations Officer, Ambulatory Services
Lamorris Perry MD – Medical Director, Ambulatory Services

**Dyad High Reliability Group**
Mark Loafman MD – Chair of the Department of Family and Community Medicine
Kathy Pavkov RN – Associate Nurse Executive, Ambulatory Services

**Ambulatory Provider Champion - Childhood Immunizations for Patients < or = 2 Years Old**
Denise Cunill MD – Associate Medical Director – Pediatrics, Ambulatory Services

**Ambulatory Provider Champion Diabetes**
Yolanda Escalona MD – Lead Physician – Arlington Heights Health Center

**Quality Improvement**
Marilisa ‘Mari’ Ferrer – Director of Quality Improvement, Ambulatory
Continuous Quality Improvement (CQI)

“Inspect What You Expect”

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

**Immunization**
- Accountability
- Clear goals and responsibilities
- Pre-visit planning
- Create Immunizations Taskforce
- Print I - Care Immunization record forms for every clinic visit
- Educate staff on the Protocols / Guidelines of Childhood Immunizations
Thank You...
ATTACHMENT #3
Deb Santana  
Secretary to the Board  
Cook County Health

January 21, 2020

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

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

Respectfully Submitted,

Trevor Lewis, MD  
President, EMS
TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

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

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

Initial Physician Appointments

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Department / Division</th>
<th>Appointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vila, Peter M. MD</td>
<td>Voluntary</td>
<td>Surgery/Otolaryngology</td>
<td>January 23, 2020 thru January 22, 2022</td>
</tr>
</tbody>
</table>

Physician Reappointment Applications

Department of Anesthesiology:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alkhudari, Azzam MD</td>
<td>Active</td>
<td>Anesthesiology</td>
<td>April 17, 2020 thru April 16, 2022</td>
</tr>
</tbody>
</table>

Department of Correctional Health:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paschos, Steve MD</td>
<td>Active</td>
<td>Psychiatry</td>
<td>January 28, 2020 thru January 27, 2021</td>
</tr>
</tbody>
</table>

Department of Emergency Medicine:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Schabowski, Shari L., MD</td>
<td>Active</td>
<td>Emergency Medicine</td>
<td>March 15, 2020 thru March 14, 2022</td>
</tr>
<tr>
<td>Wahl, Michael MD</td>
<td>Voluntary</td>
<td>Emergency Medicine</td>
<td>February 21, 2020 thru February 20, 2022</td>
</tr>
</tbody>
</table>

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

REVISED
### Department of Family Medicine:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patel, Jalpabahen MD</td>
<td>Active</td>
<td>Family Medicine</td>
<td>March 23, 2020 thru March 22, 2022</td>
</tr>
<tr>
<td>Rodriguez, Vimarie MD</td>
<td>Active</td>
<td></td>
<td>April 24, 2020 thru April 23, 2022</td>
</tr>
</tbody>
</table>

### Department of Medicine

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

### Department of Pathology:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utset, Manuel F., MD</td>
<td>Consulting</td>
<td>Pathology</td>
<td>March 14, 2020 thru March 13, 2022</td>
</tr>
<tr>
<td>Valyi-Nagy, Tibor G., MD</td>
<td>Voluntary</td>
<td>Pathology</td>
<td>March 20, 2020 thru March 19, 2022</td>
</tr>
</tbody>
</table>

### Department of Pediatrics:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kagalwalla, Amir F., MD</td>
<td>Active</td>
<td>Pediatrics</td>
<td>April 18, 2020 thru April 17, 2022</td>
</tr>
</tbody>
</table>

### Department of Psychiatry:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahmed, Fazal MD</td>
<td>Active</td>
<td>Psychiatry</td>
<td>February 21, 2020 thru February 20, 2022</td>
</tr>
<tr>
<td>Matek, Deborah MD</td>
<td>Active</td>
<td>Psychiatry</td>
<td>March 19, 2020 thru March 18, 2022</td>
</tr>
</tbody>
</table>

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

**REVISED**
Department of Radiology:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bugeag, Ionut C., MD</td>
<td>Active</td>
<td>Radiology</td>
<td>April 19, 2020 thru April 18, 2022</td>
</tr>
<tr>
<td>Kay, Daniel MD</td>
<td>Active</td>
<td>Radiology</td>
<td>January 23, 2020 thru January 22, 2022</td>
</tr>
<tr>
<td>Mullarkey, Paul MD</td>
<td>Active</td>
<td>Radiology</td>
<td>January 23, 2020 thru January 22, 2022</td>
</tr>
</tbody>
</table>

Department of Surgery:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Division</th>
<th>Reappointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>Williams, Joel C., MD</td>
<td>Voluntary</td>
<td>Orthopaedic</td>
<td>April 19, 2020 thru April 18, 2022</td>
</tr>
</tbody>
</table>

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

Medical Staff Request for Additional Privileges:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/ Division</th>
<th>Additional Privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demetria, Melchor, MD</td>
<td>Medicine/Gastroenterology</td>
<td>Endoscopic retrograde cholangio pancreatography</td>
</tr>
<tr>
<td>Go, Benjamin, MD</td>
<td>Medicine/Gastroenterology</td>
<td>Endoscopic retrograde cholangio pancreatography</td>
</tr>
<tr>
<td>Mercon, Monica T.B Almeida MD</td>
<td>Medicine/Infectious Disease</td>
<td>Infectious Disease</td>
</tr>
<tr>
<td>Oscar, Rivas Chicas, MD</td>
<td>Medicine/Gastroenterology</td>
<td>Endoscopic retrograde cholangio pancreatography</td>
</tr>
<tr>
<td>Oyedele, Temitope MD</td>
<td>Medicine/Infectious Diseases</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Riles, Williams, MD</td>
<td>Medicine/Gastroenterology</td>
<td>Endoscopic retrograde cholangio pancreatography</td>
</tr>
</tbody>
</table>
## Initial Application for Non-Medical Staff:

<table>
<thead>
<tr>
<th>Name</th>
<th>Category</th>
<th>Department/ Division</th>
<th>Appointment Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>John, Smitha, CNP</td>
<td>Nurse Practitioner</td>
<td>Medicine/Endocrinology</td>
<td>January 23, 2020 thru January 22, 2022</td>
</tr>
</tbody>
</table>

## Renewal of Privileges for Non-Medical Staff:

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

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

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

CCHHS

**APPROVED**

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

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

January 10, 2020

Dear Members of the Quality and Patient Safety Committee:

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

Respectfully,

[Signature]

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

TO: Quality and Patient Safety Committee  

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

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

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

New Business 
Reappointment Application Physician:

<table>
<thead>
<tr>
<th>Department of Internal Medicine:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td>Pitts, Thomas L., MD</td>
</tr>
</tbody>
</table>

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