I. Attendance/Call to Order

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; Layla P. Suleiman Gonzalez, PhD, JD; and Sidney A. Thomas, MSW (9)

Telephonically Present: Vice Chair Richardson-Lowry and Director David Ernesto Munar (2)

Absent: None (0)

Director Gugenheim, seconded by Director Thomas, moved to allow Vice Chair Richardson-Lowry to telephonically participate in this meeting as a voting member. THE MOTION CARRIED UNANIMOUSLY.

Director Gugenheim, seconded by Director Reiter, moved to allow Director Munar to telephonically participate in this meeting as a voting member. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Ekerete Akpan – Chief Financial Officer
Debra D. Carey – Interim Chief Executive Officer
Letty Close – Executive Director, Government Affairs
Lindsey Hochman – Heinrich & Struggles
Charles Jones – Chief Procurement Officer
James Kiamos – Chief Executive Officer, CountyCare
Michael Loiacano – Heinrich & Struggles
Terry Mason, MD – Cook County Department of Public Health

Jeff McCutchan – General Counsel
John O’Brien, MD – Chief, Department of Professional Education
Barbara Pryor – Chief Human Resources Officer
Rachel Rubin, MD – Cook County Department of Public Health
Deborah Santana – Secretary to the Board
Sharon Welbel, MD – System Director of Hospital Epidemiology and Infection Control and Prevention

II. Employee Recognition

Debra D. Carey, Interim Chief Executive Officer, recognized employees for outstanding achievements. Details and further information are included in Attachment #6 - Report from the Interim Chief Executive Officer.

III. Public Speakers

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

The Secretary responded that there were none present.
IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, December 20, 2019

Director Gugenheim, seconded by Director Driscoll, moved the approval of the Minutes of the Board of Directors Meeting of December 20, 2019. THE MOTION CARRIED UNANIMOUSLY.

B. Human Resources Committee Meeting, January 24, 2020

i. Metrics (Attachment #1)
ii. Meeting Minutes

Director Thomas and Barbara Pryor, Chief Human Resources Officer, provided an overview of the Metrics and Meeting Minutes.

Director Driscoll, seconded by Vice Chair Richardson-Lowry, moved the approval of the Minutes of the Human Resources Committee Meeting of January 24, 2020. THE MOTION CARRIED UNANIMOUSLY.

C. Managed Care Committee

i. Metrics (Attachment #2)

Director Thomas and James Kiamos, Chief Executive Officer of CountyCare, provided an overview of the Metrics. The Board reviewed and discussed the information.

D. Quality and Patient Safety Committee Meeting, January 23, 2020

i. Metrics (Attachment #3)
ii. Meeting Minutes, which included the following action items and report:
   • Medical Staff Appointments/Reappointments/Changes
   • Quality Plan for Ambulatory Services

Director Gugenheim and Dr. John O’Brien, Chair of the Department of Professional Education, provided an overview of the Metrics and Meeting Minutes. The Board reviewed and discussed the information.

Director Gugenheim, seconded by Director Prendergast, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of January 23, 2020. THE MOTION CARRIED UNANIMOUSLY.

E. Finance Committee Meeting, January 24, 2020

i. Metrics (Attachment #4)
ii. Meeting Minutes, which include the following action items and report:
   • Contracts and Procurement Items (detail was provided as an attachment to this Agenda)
IV. **Board and Committee Reports (continued)**

E. **Finance Committee Meeting, January 24, 2020 (continued)**

Director Reiter presented the Meeting Minutes for the Board’s consideration. Ekerete Akpan, Chief Financial Officer, reviewed the Metrics, and Charles Jones, Chief Procurement Officer, provided a brief overview of the contractual requests considered at the Finance Committee Meeting. Additionally, Mr. Jones briefly reviewed the report on Minority and Women-Owned Business Enterprise (M/WBE) participation. It was noted that there are four (4) requests pending review by Contract Compliance (request numbers 13, 14, 15 and 16 contained within the Finance Committee Meeting Minutes).

With regard to request number 22 (increase leasing contract agreement with Banc of America Leasing & Capital, LLC), it was noted that additional information was provided on the lease schedules in response to a request from Director Koetting. Director Koetting indicated that the information was not exactly what he was looking for, but it was received.

During the discussion of the Metrics, Chair Hammock stated that, when the books are closed, the Board will receive a deep dive review on how CCH did last year, reflecting where the weaknesses and strengths are. There has been much discussion about the $500,000,000 hole that is shown in the Metrics. CCH appropriately reports all of its financial statements on an accrual basis. The County reports their financial statements on a modified cash basis, which is standard for municipalities. In this case, some $200,000,000 that was earned in 2018 was not paid by the State until 2019. That means that the financial statement just looks different - CCH did not lose $200,000,000, the funds were received, but it looks different between the County statements and CCH statements. That is part of the $500,000,000 difference. The organization did underperform in CountyCare enrollment, and that was a meaningful hit to the budget, and revenue was undershot for Stroger Hospital, so the expenses were higher than budgeted. These are problems that the Board needs to continue to look at going forward. The charity care and self-pay does not look to be decreasing; rather, it is increasing, and that is going to be the challenge faced all year.

Director Driscoll inquired whether an analysis of the uncompensated care and self-pay is available. Mr. Akpan stated that the Board has previously received a study on uncompensated care; he will work on refreshing that study.

Directors Driscoll, Koetting and Prendergast indicated that they would need to recuse themselves with regard to request number 10 (request to extend and increase a contract with UI Health for the provision of services from two (2) clinical pharmacists) contained within the Minutes.

**Director Reiter, seconded by Director Suleiman Gonzalez, moved the approval of the Minutes of the Meeting of the Finance Committee of January 23, 2020.** A roll call vote was taken on the motion, the votes of yeas and nays being as follows:

**Yeas:** Chair Hammock, Vice Chair Richardson-Lowry and Directors Deer, Gugenheim, Reiter, Suleiman Gonzalez and Thomas (7)

**Nays:** None (0)

**Present:** Directors Driscoll, Koetting and Prendergast (3)

**Absent:** Director Munar (1)

**THE MOTION CARRIED.**
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. **Quarterly report from the Cook County Department of Public Health (CCDPH)** (Attachment #5)

- **2019 Quality Initiatives**

Dr. Terry Mason, Chief Operating Officer of CCDPH, and Dr. Rachel Rubin, Senior Public Health Medical Officer, reviewed the presentation on the Quality Initiatives 2019 Update, which included information on the following subjects:

- CCDPH Quality Program
- Quality Improvement Projects
- Outline of Project Process
- 2019 CCDPH Quality Projects
- Example
- Next Steps

VII. **Report from Interim Chief Executive Officer** (Attachment #6)

Ms. Carey provided an update on several subjects; detail is included in Attachment #6 (includes Strategic Planning Update, which was presented but not reviewed).

Dr. Mason, Dr. Rubin and Dr. Sharon Welbel, System Director of Hospital Epidemiology and Infection Control and Prevention, provided an update on the Novel Coronavirus (2019-nCoV) (Attachment #7), which included information on the following subjects:

- Description of coronaviruses
- Symptoms
- Transmission
- Prevention
- Novel Coronavirus: What is it?
- Current Situation
- CCH Response
- Patient-Facing Signage
VIII. Report from Chair of the Board

Chair Hammock stated that the Board will recess into a closed meeting regarding recruitment of a permanent Chief Executive Officer; the discussion will focus on the Board sharing with the search firm its feelings on the qualities and qualifications for the next CEO. Three (3) public sessions have been held, which were specifically aimed at giving County Commissioners the opportunity for their input.

A. Discussion of proposed changes to the Cook County Health Enabling Ordinance (Attachment #8)

Chair Hammock stated that the County Board has introduced proposed changes to the Cook County Health Enabling Ordinance; those changes were referred to their Health & Hospitals Committee and are expected to be considered at their meeting in late February. This Board has not yet had a chance to discuss these and to give feedback, so today the Board has an opportunity to have an open and clear discussion about those changes, and discuss how the Board might recommend further changes.

Director Reiter expressed concerns with proposed changes to the nomination and appointment process, and appointment of Chair of the Board. He stated that he has a very good personal and professional relationship with President Preckwinkle, and his concern is not about President Preckwinkle, but rather regarding who the next County Board President and slate of Commissioners are, because these changes give a lot of power to them. This is not a reaction to Toni Preckwinkle having a presence on the Board, what he’s reacting to is the ability of this Board to operate as a governance board that is a check on other parts of government, and being able to fulfill the mission and manage a CEO, versus what was the case before this independent Board was created. He referenced briefings being held by the President’s Office and Commissioners that members of this Board attended; he stated that there is a lot of information that should be shared on what this Board believes is the current status of the System and how it views the changes to the Ordinance, so he will be offering a motion that this Board hold its own briefings with stakeholders, including the Commissioners, President, staff, and the organizations that make up the Nominating Committee. This would allow for another channel of communication and education that would provide valuable feedback on the proposed changes.

Director Reiter, seconded by Director Thomas, moved that the Board hold their own briefings on the proposed changes to the Enabling Ordinance.

Clarification was provided on who would be included in briefings, and how they would be conducted. Questions were raised regarding the level of input that this Board could provide at the County Board’s Health & Hospitals Committee Meeting in February.

On the motion, a roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock, Vice Chair Richardson-Lowry and Directors Deer, Driscoll, Koetting, Munar, Prendergast, Reiter, Suleiman Gonzalez and Thomas (10)

Nays: None (0)

Present: Director Gugenheim (1)

Absent: None (0)

THE MOTION CARRIED.
VIII. Report from Chair of the Board

A. Discussion of proposed changes to the Cook County Health Enabling Ordinance (continued)

Director Thomas expressed concerns regarding the changes pertaining to human resources functions. He suggested that an alternative proposal be crafted to retain the ability to hire and train CCH staff. Directors Driscoll Koetting and Reiter agreed, and indicated that labor functions should be included.

Director Suleiman Gonzalez stated that there is a lot that can be done to improve communication, coordination and collaboration, but these proposed changes are not necessary to improve communications between CCH and the County. Additionally, this seems to begin to shift this body from being a governance body to an advisory body. Vice Chair Richardson-Lowry agreed.

Director Munar stated that he has been weighing his understanding of the proposal, and wondering if the solutions proposed are the right remedy for the problem. From the Board of Commissioners’ jurisdiction around fiscal and budgetary matters, he can understand their concern, and it is an important concern for this Board, as well. He just wants to make sure that everyone is thinking about the evolution of the System and the interest of the patients, and make sure these proposals will not hinder this Board’s ability to be nimble and innovate, and evolve the System, which is this Board’s purpose.

Chair Hammock stated that he has submitted his feedback to the President on the proposed changes (Attachment #9); most importantly, he believes that the Chair should be elected by this Board, and an employee of the County should not be the Chair of this Board. These changes will limit this Board’s ability to recruit a Chief Executive Officer, and will limit the ability to recruit Board Members in the future. It also does not address the fundamental problem, which is the increase in uncompensated care.

IX. Closed Meeting Items

A. Claims and Litigation
B. Discussion of personnel matters
C. Discussion of Recruitment of Permanent Chief Executive Officer for the Cook County Health and Hospitals System

Director Reiter, seconded by Director Gugenheim, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk
IX. **Closed Meeting Items (continued)**

management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

- **Yeas:** Chair Hammock, Vice Chair Richardson-Lowry and Directors Deer, Driscoll, Gugenheim, Koetting, Munar, Reiter, Suleiman Gonzalez and Thomas (10)
- **Nays:** None (0)
- **Absent:** Director Prendergast (1)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

X. **Adjourn**

As the agenda was exhausted, Chair Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,

Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary
Requests/Follow-up:

Follow-up: The study on uncompensated care from July 2019 will be refreshed and presented at a future Board Meeting. Page 3
Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
January 31, 2020

ATTACHMENT #1
Human Resources Metrics
CCH Board of Directors

Barbara Pryor
Chief Human Resources Officer

January 31, 2020
Metrics
Position Control Committee (PCC)
PCC decide if Requests to Hire (RTHs) is a priority for their areas:
- Interim Chief Executive Officer
- Chief Financial Officer
- Chief Human Resources Officer
- Chief Medical Officer
- Chief Nursing Officer
- Director of Project Mgmt & Operational Excellence
- Senior Director of Finance
- Position Control Manager

Criteria
1. Meet patient safety and quality standards,
2. Regulatory requirements,
3. Revenue generating, or
4. Expense reduction

PCC Approve RTHs
PCC decided the RTHs meet the criteria and the position is essential.

PCC send approved mission critical RTHs to Budget for funding.
1. Position Control Manager coordinates with Department of Budget and Management Services to secure:
   • Funding
   • Approval
2. Submit funded RTHs to Human Resources.

Vacancy
Vacancy exist due to voluntary or involuntary separations.

Human Resources Recruitment
Funded RTHs received in the Recruitment division of Human Resources for processing.
1. RTHs reviewed by Class & Compensation to determine if Job Description is most current.
2. Recruiter receives Request to Hire
3. Position is posted on Taleo
4. Validate applicants eligibility
5. Refer for interview
6. Process selection
7. Candidate onboarded

Vacant Positions
Hiring Manager Submit Request to Hire Packet for approval
1. Request to Hire Form
2. Position Justification Form
   • Quantitative
   • Industry Benchmark
3. Provide supporting information
4. Submit both forms to: requesttohire@cookcountyhhs.org

Departments were encouraged to submit justifications by September 27, 2019
CCH Open Vacancies

Important Performance Data

CCH has approximately 526 vacancies with 308 in process:
1. CCH vacancies are rolling; not budgeted placeholders.
2. Currently 308 of those vacancies are in the hiring process
3. 68% (209) of the 308 positions in process, are in the post-validation phase:
   • (33%) 81 are interviewing
   • (42%) 157 vacancies have a candidate selected
   • (25%) 92 have start dates set

<table>
<thead>
<tr>
<th>FY 2020 Vacancy</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiscal Year 2020 Approved Positions:</td>
<td>526</td>
</tr>
<tr>
<td>Current Vacancy Number:</td>
<td>526</td>
</tr>
<tr>
<td># of Positions in Process:</td>
<td>308</td>
</tr>
</tbody>
</table>

Thru 12/31/2019

Does not include Consultants, Registry and House Staff
FY 2020 CCH HR Activity Report
Thru 12/31/2019

FILLED POSITIONS
- 2019 Filled (75) | Externals (47)
- 2020 Filled (13) | Externals (10)

SEPARATIONS
- 2019 Separations (98)
- 2020 Separations (103)

NET
- 9%
- 91%

Does not include Consultants, Registry and House Staff
CCH HR Activity Report – Turnover

Head Count 6,404

- FY 2020 CCH Turnover
- FY 2019 CCH Turnover
- U.S. IL Health & Hospital Assoc.
- U.S. Dept. of Labor

Include Consultants, Registry and House Staff
FY19 data is through 12/31/2019
Cook County Health HR Activity Report – Hiring Snapshot

Thru 12/31/2019

Clinical Positions 214 | 69%
Non-Clinical Positions 94 | 31%

308 Positions in Recruitment

209 (68%) of the positions in process, are in the post-validation phase

Shared Responsibility
Human Resources
Management
Finance / Human Resources
Shared Responsibility

Count of positions

Pre-Recruiting To be posted Currently posted In validation Awaiting referral/repost Interviews in Process Offer being extended Candidate in process Hire date set Vacancies Filled

0 50 100 150 200 250 300 350

Clinical Positions
Non-Clinical Positions

10 / 77% Externals
Thank you.
**Cook County Health HR Activity Report Nursing Hiring: CNI, CNII**

**Thru 12/31/2019**

- **58 Positions in process**
  - **2** Classification & Compensation
  - **3** To be posted
  - **7** Currently posted
  - **1** In validation
  - **20** Interviews in process
  - **1** Offer being extended
  - **20** Candidate in process
  - **4** Hire date set
  - **6** Vacancies Filled

- **45 (78%) of the positions in process are in the post-validation phase**

- **Shared Responsibility**
  - Human Resources
  - Management
  - Human Resources
  - Shared Responsibility
Cook County Health HR Activity Report – Revenue Cycle

Thru 12/31/2019
8 Positions in process

Count of positions

Shared Responsibility  Human Resources  Management  Human Resources  Shared Responsibility
ATTACHMENT #2
CountyCare Update
Prepared for: CCH Board of Directors

James Kiamos
CEO, Health Plan Services
January 31, 2020
## Current Membership

### Monthly membership as of January 2, 2020

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Members</th>
<th>ACHN Members</th>
<th>% ACHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHP</td>
<td>210,349</td>
<td>15,845</td>
<td>7.5%</td>
</tr>
<tr>
<td>ACA</td>
<td>72,119</td>
<td>12,121</td>
<td>16.8%</td>
</tr>
<tr>
<td>ICP</td>
<td>29,842</td>
<td>5,779</td>
<td>19.4%</td>
</tr>
<tr>
<td>MLTSS</td>
<td>5,996</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>318,276</strong></td>
<td><strong>33,745</strong></td>
<td><strong>10.6%</strong></td>
</tr>
</tbody>
</table>

**ACN: Affordable Care Act**  
**FHP: Family Health Plan**  
**ICP: Integrated Care Program**  
**MLTSS: Managed Long-Term Service and Support (Dual Eligible)**

Source: CCH Health Plan Services Analytics
## Managed Medicaid Market

### Illinois Department of Healthcare and Family Services November 2019 Data

<table>
<thead>
<tr>
<th>Managed Care Organization</th>
<th>Cook County Enrollment</th>
<th>Cook County Market Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CountyCare</td>
<td>318,904</td>
<td>31.5%</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>241,427</td>
<td>23.9%</td>
</tr>
<tr>
<td>Meridian (a WellCare Co.)</td>
<td>223,846</td>
<td>22.1%</td>
</tr>
<tr>
<td>IlliniCare (a Centene Co.)</td>
<td>106,125</td>
<td>10.5%</td>
</tr>
<tr>
<td>Molina</td>
<td>64,823</td>
<td>6.4%</td>
</tr>
<tr>
<td>*Next Level (sold to Molina)</td>
<td>55,845</td>
<td>5.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,010,970</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)
CVS/Aeta purchasing IlliniCare legacy Medicaid

Source: [https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx](https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx)
IL Medicaid Managed Care Trend in Cook County (charts not to scale)

- CountyCare’s monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
IL Medicaid Managed Care Trend in Cook County

- CountyCare’s monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
## Operations Metrics: Overall Care Management Performance

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>Market %</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed HRS/HRA (all populations)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Performance</td>
<td>40%</td>
<td>67.0%</td>
<td>67.4%</td>
<td>67.5%</td>
</tr>
<tr>
<td>Completed Care Plans on High Risk Members</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Performance</td>
<td>65%</td>
<td>62.0%</td>
<td>63.2%</td>
<td>64.0%</td>
</tr>
</tbody>
</table>

CountyCare’s high-risk percentage exceeds the State’s requirement of 2% for Family Health Plan and 5% for Integrated Care Program.
# Operations Metrics: Claims Payment

## Key Metrics

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>State Goal</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims Payment Turnaround Time</td>
<td>90%</td>
<td>94.0%</td>
<td>95.9%</td>
<td>93.1%</td>
</tr>
<tr>
<td>% of Clean Claims Adjudicated &lt; 30 days</td>
<td>90%</td>
<td>24.5%</td>
<td>34.2%</td>
<td>30.6%</td>
</tr>
<tr>
<td>% of Claims Paid &lt; 30 days</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
<td>90%</td>
</tr>
</tbody>
</table>
ATTACHMENT #3
QPS Quality Dashboard

January 23, 2020
HEDIS – Diabetes Management: HbA1c < 8%

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

Goal: 100%

% Compliant

Source: Quality Dept.
30 Day Readmission Rate

Source: Business Intelligence
Hospital Acquired Conditions

Source: Business Intelligence
Goal: 0

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.

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</thead>
<tbody>
<tr>
<td>CAUTI</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>2*</td>
<td>1</td>
<td>2*</td>
<td>5</td>
<td>6</td>
<td>2</td>
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<tr>
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<td>6</td>
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<td>9</td>
<td>5</td>
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<td>5</td>
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<tr>
<td>CLABSI</td>
<td>2</td>
<td>1</td>
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<td>2*</td>
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<td>3</td>
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<td>MRSA</td>
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<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
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</tbody>
</table>

*Amended
ACHN – Overall Clinic Assessment

Top Box Score


ACHN Top Box Score

Press Ganey Top Box Mean

90th %tile, 82%

58.4%

69.2%

Source: Press Ganey
Provident – Willingness to Recommend the Hospital

90th %tile: 84%

Jan 18 - Dec 18
Feb 18 - Jan 19
Mar 18 - Feb 19
Apr 18 - Mar 19
May 18 - Apr 19
Jun 18 - May 19
Jul 18 - Jun 19
Aug 18 - Jul 19
Sep 18 - Aug 19
Oct 18 - Sep 19
Nov 18 - Oct 19
Dec 18 - Nov 19

Provident Top Box Score
Press Ganey Top Box Mean

Source: Press Ganey
Stroger – Willingness to Recommend the Hospital

Top Box Score

<table>
<thead>
<tr>
<th>Period</th>
<th>Stroger Top Box Score</th>
<th>Press Ganey Top Box Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jan18-Dec18</td>
<td>71.6%</td>
<td>72.0%</td>
</tr>
<tr>
<td>Feb18-Jan19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mar18-Feb19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Apr18-Mar19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May18-Apr19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jun18-May19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jul18-Jun19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aug18-Jul19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sep18-Aug19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oct18-Sep19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nov18-Oct19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dec18-Nov19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

90th %tile, 84%

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>Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: The day of or the day after hospital admission The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission Denominator: All patients</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 #4
FY 2020 - Systems-wide Charity Care and Self-Pay vs DSH / BIPA and Revenue Cycle Metrics
FY 2020 - Charity Care & Self Pay Cost vs. DSH/BIPA funding as of end Dec-2019 - Actual trending higher than FY2019/FY 2020 budget

- Charity Care Cost
- Self Pay

FY 2020 YTD: $40M
FY 2019 YTD: $30M
FY 2020 Target: $24M

DSH/BIPA $24M

FY 2019

- Charity Care Cost: $11M
- Self Pay: $19M

Gap $6M

FY 2020

- Charity Care Cost: $20M
- Self Pay: $20M

Gap $16M

Source: Unaudited Financials Charge Reports, FY2020 Cook County /CCH Budget Book
DSH: Disproportionate Share Hospital Payments-$156.7M/Year
BIPA: Benefits Improvement and Protection Act Payments-$132.3M/Year
## FY2020 - Revenue Cycle Metrics as of end Dec-2019

<table>
<thead>
<tr>
<th>Metric</th>
<th>Average FYTD 2019</th>
<th>Average FYTD 2020</th>
<th>Dec-19</th>
<th>CCH Benchmark/Targets</th>
<th>Some Industry Targets</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Days in Accounts Receivable <em>&lt;lower is better&gt;**&lt;lower is better&gt;</em></td>
<td>97</td>
<td>88</td>
<td>88</td>
<td>45.85 – 54.9*</td>
<td>47.8**</td>
</tr>
<tr>
<td>Discharged Not Finally Billed Days <em>&lt;lower is better&gt;</em></td>
<td>11</td>
<td>8</td>
<td>8</td>
<td>7</td>
<td>5*</td>
</tr>
<tr>
<td>Claims Initial Denials Percentage <em>&lt;lower is better&gt;</em></td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
<td>20%5-10%***</td>
<td></td>
</tr>
</tbody>
</table>

Definitions:
- Average Days in Accounts Receivable: Total accounts receivable over average daily revenue
- Discharged Not Finally Billed Days: Total charges of discharge not finally billed over average daily revenue
- Claims Initial Denials Percentage: Percentage of claims denied initially compared to total claims submitted.
  - * Source HFMA Key Hospital Statistics and Ratio Margins – Posted 2014
  - ** (Best Practice Target): Source HFMA Key Hospital Statistics and Ratio Medians, December 2018 47.8 days
  - *** (Best Practice Target): American Academy of Family Physicians, 5-10% industry average
FY 2019 - Systems-wide Budget / “Modified Cash-Basis” Preliminary Report
### FY 2019 - Preliminary - “Modified Cash-Basis” Report

**CCHHS FY 2019 Cash Deficit vs Budget – Major items**

**Revenue Deficit Total** - Actual $2.44B vs $2.6B budgeted Negative 167M /6%

1. 25K less Countycare membership over $100M less Revenue and late state payments $66M

**Expense Deficit Total** - Actual $3B vs $2.7B budgeted Negative ~ 317M /12%

1. Lower than anticipated internal capture of CountyCare thus increased External Claims payout ~$100M
2. FY2018 Payments in FY2019 appropriation ~$200M
3. One-time strategic decision to payout Cash PMPM receipts to reduced CountyCare “Days in Payable” to under 90 days but with a negative impact on FY2019 modified cash basis results

---

**CCHHS - Draft FY2019 Budget vs Actual (on the Modified Cash basis) in Millions**

<table>
<thead>
<tr>
<th></th>
<th>Budget</th>
<th>Actuals</th>
<th>$Variance</th>
<th>%Variance</th>
<th>Encumb</th>
<th>Totals $Variance</th>
<th>%Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenues</td>
<td>$2,690.40</td>
<td>$2,523.60</td>
<td>$(166.80)</td>
<td>-6.20%</td>
<td>$2,523.60</td>
<td>(166.80)</td>
<td>-6.20%</td>
</tr>
<tr>
<td>Expenses</td>
<td>$2,689.40</td>
<td>$3,007.10</td>
<td>$(317.70)</td>
<td>-11.80%</td>
<td>29.5</td>
<td>3,036.60</td>
<td>-347.2</td>
</tr>
<tr>
<td></td>
<td>$1.00</td>
<td>$(483.50)</td>
<td>$(484.50)</td>
<td></td>
<td>$29.5</td>
<td>(513.00)</td>
<td>(514.00)</td>
</tr>
</tbody>
</table>

Source: FY2019 Unaudited financials, Cook County Preliminary Revenue and Expenses Report
FY 2019 - Systems-wide Preliminary Reports and Statistics
## FY 2019 - Preliminary Results - Gross Charges (in millions)

<table>
<thead>
<tr>
<th>Service</th>
<th>2018</th>
<th>2019</th>
<th>2019v2018</th>
<th>2019v2018 %tage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commercial</td>
<td>$84.18</td>
<td>$100.18</td>
<td>$16.00</td>
<td>19.0%</td>
</tr>
<tr>
<td>CountyCare</td>
<td>$236.42</td>
<td>$244.38</td>
<td>$7.96</td>
<td>3.4%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>$241.67</td>
<td>$204.84</td>
<td>$(36.84)</td>
<td>-15.2%</td>
</tr>
<tr>
<td>Medicaid Mgd Care</td>
<td>$227.04</td>
<td>$215.95</td>
<td>$(11.09)</td>
<td>-4.9%</td>
</tr>
<tr>
<td>Medicare</td>
<td>$196.57</td>
<td>$190.83</td>
<td>$(5.75)</td>
<td>-2.9%</td>
</tr>
<tr>
<td>Medicare Mgd Care</td>
<td>$65.74</td>
<td>$77.09</td>
<td>$11.34</td>
<td>17.3%</td>
</tr>
<tr>
<td>Self-Pay</td>
<td>$238.85</td>
<td>$287.98</td>
<td>$49.12</td>
<td>20.6%</td>
</tr>
<tr>
<td>CharityCare</td>
<td>$399.49</td>
<td>$417.21</td>
<td>$17.72</td>
<td>4.4%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>$1,689.97</td>
<td>$1,738.45</td>
<td>$48.47</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

### Aggregate View

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2019v2018</th>
<th>2019v2018 %tage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charges with Reimb.</td>
<td>$1,051.63</td>
<td>$1,033.26</td>
<td>$(18.37)</td>
<td>-1.7%</td>
</tr>
<tr>
<td>Potential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charges with No /Low Reimb. Potential</td>
<td>$638.34</td>
<td>$705.18</td>
<td>$66.84</td>
<td>10.5%</td>
</tr>
<tr>
<td>Total</td>
<td>$1,689.97</td>
<td>$1,738.45</td>
<td>$48.47</td>
<td>2.9%</td>
</tr>
</tbody>
</table>

Source: FY2019 Preliminary Unaudited Financials Charge Report
FY 2019 Preliminary Results - Gross Charges (in millions)

Gross Charge FY2018 vs 2019

- Commercial: $84 vs $100
- CountyCare: $236 vs $244
- Medicaid/Mgd Care: $469 vs $421
- Medicare/Mgd Care: $262 vs $268
- Self-Pay: $239 vs $288
- CharityCare: $399 vs $417

Source: FY2019 Preliminary Unaudited Financials Charge Report
System Payor Mix By Visit as of November 2019

Uncompensated Care = 45%

- Charity Care
- Carelink
- Self Pay
- Commercially Insured
- Medicaid
- Medicaid Managed Care
- County Care
- Medicare

All Medicaid = 34%

All Medicare

County Care

Self Pay

Source: Tableau Dashboards & Business Intelligence
## FY 2019 Preliminary Results - Cash Collections (in millions)

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Amount</th>
<th>Growth</th>
<th>Growth%tage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>$363.28</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>$382.51</td>
<td>$19.24</td>
<td>5.3%</td>
</tr>
<tr>
<td>2019</td>
<td>$409.21</td>
<td>$26.70</td>
<td>7.0%</td>
</tr>
</tbody>
</table>

Source: FY2019 Preliminary Unaudited Revenue Cycle Management Reports
Clinical Activity Observations

- Primary Care visits are up by 10% versus FY18, and up 5% versus FY19 target
- Specialty Care visits are up by 9% versus FY18 up 3% versus FY19 target
- Surgical Cases are down by 4% versus FY18, and down 9% versus FY19 target
- Inpatient Discharges are down 1% versus FY18
- Length of Stay is up 1% versus FY18, and up 1% versus FY19 target
- Emergency Department visits are down 2% versus FY18
- Deliveries are up by 6% versus FY18, and down 5% versus FY19 target
- Case Mix Index is up by 6% versus FY2018

Source: CCH Tableau Dashboards
Questions?
ATTACHMENT #5
CCDPH Quality Program

- CCDPH Quality Committee meets monthly, chaired by Dr. Rachel Rubin
- Representatives from all units and programs and senior administration (20-25 members)
- Expectation is one QI project per unit/program per year
- Project storyboards are presented yearly at all-staff meeting
- On-going periodic training of all staff and working to incorporate more staff into QI projects
- CCDPH QI Plan is updated periodically as is required by Public Health accreditation Board (PHAB)
Quality Improvement Projects
Methodology—PDSA Cycle

PLAN-DO-STUDY-ACT: Cycle of Continuous Improvement and Learning
Increased Frequency and Number of Cycles Results in Continuous Improvement and Greater Learning

Continuous Improvement

LEARNING

COOK COUNTY HEALTH
Cook County Public Health
PDSA: The Improvement Cycle

P is for PLAN: the first phase of the cycle, usually the longest and the most important!

• During PLAN, the goal is to understand and analyze the problem.
• There are four steps to effective PLANNING:
  • Step 1 - Set a goal
  • Step 2 - Pick appropriate measures to monitor progress
  • Step 3 - Collect information and data about the current situation
  • Step 4 - Analyze and identify potential solutions
**PDSEA: The Improvement Cycle:**

**D is for DO**

- This is the *testing* phase
- During this phase, the potential solution(s) discovered during the planning phase are pilot tested.
PDSA The Improvement Cycle:

**S** is for **STUDY**

- This is the evaluation phase.

- During this phase, you **analyze** the results of your pilot test. **Evaluate** whether the solution you tested in **DO** truly **addresses your problem** and helps you **reach your goal**.
The Improvement Cycle:

The final phase in PDSA is ACT

- During this phase, you implement the new process that you’ve been testing. It becomes a part of your everyday workflow.

- Remember to continuously monitor your measures and begin a new improvement cycle to address any new or recurring issues.

- It is all about continuous quality improvement!
Outline of Project Process

- Identify team members
- Identify and describe the problem, issue, or opportunity to be addressed
- Develop a goal statement
- Set a timeline for completing the stages of the PDSA cycle
- Set measures of success and identify as efficiency, outcome or output metrics
- Determine the internal and external stakeholders
- Develop a storyboard using the template provided
- Communicate progress to the CCDPH Quality Committee at least quarterly
- Communicate results and measures to stakeholders as appropriate
- Other QI methodologies and techniques may be employed and are encouraged as appropriate to the project
2019 CCDPH Quality Projects

8 projects completed

- Investigation of Food-borne Diseases and Outbreaks
- Promotion of Smoke-Free Multi-Unit Housing
- Improving Tuberculosis Direct Observation Therapy
- Annual School Health Conference Check-Out Process
- Improving Access to Services in the Illinois Breast and Cervical Cancer Program (IBCCP)
- Environmental Health Services (EHS) Digitization: Forms
- Improving Perinatal Hepatitis B (PHB) Post Exposure Prophylaxis
- Adverse Pregnancy Outcomes Reporting System (APORS) Program Face-to Face Contacts
Investigation of Food-borne Diseases and Outbreaks

**GOAL STATEMENT**
To reduce the time it takes to collect the necessary information to conduct enteric case investigations for the benefit of the community we serve by standardizing and expediting the investigation process so that we can reduce the transmission of enteric diseases and potential outbreaks in suburban Cook County.

**METRICS TO MEASURE SUCCESS**
- 1 day from case report (INEDSS, phone call, email) is received until investigation is initiated
- 5 days between case is received until investigation is completed
- 3 days between case report is received until CD staff sends food-borne illness (FBI) form to environmental health for inspection
- 30 days max from time case report is received and investigation is closed
Promotion of Smoke-Free Multi-Unit Housing

GOAL STATEMENT
To examine and improve our outreach strategies and ensure educational messages were reaching our target audience that would result in an increase in the number of units with smoke-free protections, and in turn protecting SCC residents from exposure to the negative health effects of second and third-hand smoke.

METRICS TO MEASURE SUCCESS
- Measure visits to CCDPH’s Healthy HotSpot website during peak times of digital message dissemination.

- Increase in the number of suburban Cook County units that implement smoke-free protections by 5,312 over a three-year period.
Improving Tuberculosis Direct Observation Therapy

GOAL STATEMENT
The use of Video Directly Observed Therapy (vDOT) will improve our ability to provide DOT to more cases of TB without a decrease in patient compliance, patient satisfaction or an increase in cost.

METRICS TO MEASURE SUCCESS
• Percent of TB cases who receive direct observation therapy: Goal 80%
• Patients receiving video direct observation therapy are compliant with VDOT: Goal 90%
• Patients will rate their satisfaction with VDOT as a “satisfied” or “very satisfied”: Goal 80%
Annual School Health Conference Check-Out Process

GOAL STATEMENT
Impact Objective: By 2020, reduce the number of negative comments made on the evaluation regarding the check-out process.

Process Objective: By April 2019, revise and implement a new check-out process.

METRICS TO MEASURE SUCCESS
• Include questions on evaluation measuring satisfaction with the check-in check-out process. These responses will allow measuring improvement in check-out process.
• Fewer negative comments on future evaluations.
Improving Access to Services in the Illinois Breast and Cervical Cancer Program (IBCCP)

GOAL STATEMENT
By November 1st, 2020, 80% of activated IBCCP clients will be scheduled for their first IBCCP service within three business days.

METRICS TO MEASURE SUCCESS
Data will be obtained monthly, from the 1st through the last business day of each month for all eligible activated clients.

Data to be collected:
• Date of activation
• Date the first payable service is scheduled
• Time from the date of activation to the date the first payable service is scheduled measured in business days
• Total clients scheduled within 3 business days
• Percentage of clients scheduled - obtained by taking the total clients scheduled within 3 business days divided by the total number of activated clients.
EHS Digitization: Forms

GOAL STATEMENT
1. Create forms that reduce the total number of forms needed.
2. Create forms that capture data we currently need and/or have real public health value.
3. Create forms with the intent of having them used digitally.

METRICS TO MEASURE SUCCESS
Output – Eliminate forms and sections within forms that are no longer needed.
  Reduce number of forms used by 10%

Outcome – Have forms capture current required data and public requests.
  Scoring a 4 or better on the reviewer’s survey.
Improving Perinatal Hepatitis B (PHB) Post Exposure Prophylaxis

GOAL STATEMENT
By October 2020, the percentage of infants who complete the recommended PHB post-exposure prophylaxis will increase to 70%.

METRICS TO MEASURE SUCCESS
• 70 % of infants born to HBsAG+ mothers will complete the Hepatitis B vaccine series by 6 months of age
• 70 % of infants born to HBsAG+ mothers will complete post-vaccine serology testing (PVST) 1-2 months after their last dose of Hep B vaccine and between the ages of 9-12 months
Adverse Pregnancy Outcomes Reporting System (APORS) Program Face-to Face Contacts

GOAL STATEMENT
FY20: Improve number of APORS children 0-24 months face-to-face contacts within specific intervals.

METRICS TO MEASURE SUCCESS
FY20: Ensure 90% of APORS children 0-24 months of age have completed six face-to-face contacts within specific intervals.
2018 CCDPH Quality Improvement Initiative
Extensively Drug Resistant Organisms (XDRO)
Olufemi Jegede, Mabel Frias, Demian Christiansen

BACKGROUND
In the US there is growing concern around XDRO and the public health threat they represent due to the emergence of Carbapenem-resistant Enterobacteriaceae (CRE) and Candida auris, both pathogens resistant to various antimicrobial therapies leaving few therapeutic options of treatment. XDRO spread rapidly in healthcare settings, especially in long term care facilities (LTCFs) through contact with infected or colonized people. XDRO have high mortality rate associated with invasive infection. There are at least 200 LTCFs in suburban Cook County. Despite severe under-reporting, around 500 XDRO cases are reported every year to the XDRO registry.

GOAL STATEMENT
Our ultimate goal is to reduce the transmission of XDRO in healthcare settings with focus in LTCFs. To better characterize the problem and achieve control of transmission our phase one goals are to increase awareness of XDRO, improve Infection Control (IC) practices and increase compliance in XDRO registry utilisation.

METRICS TO MEASURE SUCCESS
- 75% of SNFs with active account in the XDRO registry
- 100% of LTCFs with active account in the XDRO registry
- 75% of LTCFs querying the XDRO registry for admissions
- 100% of patients admitted to LTCFs with XDRO infection or colonization in contact precautions

ROOT CAUSE ANALYSIS - THE 5 “WHYS”

Lack of awareness of XDRO: XDRO are emergent organisms , deficient understanding of mode of transmission difficult to identify with standard lab methods lack of training opportunities
Access to XDRO registry : Lack of awareness Portal PRA agreement Account deactivated for inactivity account for specific individual staff turnover
Gaps in IC practices: Asymptomatic carriage cases are not recognized availability of private rooms inefficient hand hygiene monitoring challenges implementing contact precautions deficient environmental cleaning and disinfection

PILOT PROJECT TO TEST A SOLUTION
Survey designed to collect information about XDRO awareness, XDRO registry utilization and Infection Control practices delivered to LTCFs (Long Term Acute Care Hospitals LTACHs, Ventilator Skilled Nursing Facilities vSNFL, Skilled Nursing Facilities SNFs).
Data collected in survey analyzed to characterize magnitude of the XDRO awareness, XDRO registry utilization and IC practices.
Data extracted from the XDRO registry analyzed and summarized to create Surveillance reports to monitor facilities with higher burden. Periodic site visits for capacity building and quality improvement to prioritized facilities.
Training opportunities offered in strategic locations through our jurisdiction to LTCFs staff.

CONCLUSION: SUCCESSES & NEXT STEPS

WASTES/OPPORTUNITIES
- XDRO registry running since 2013
- Testing sponsored by CDC and/or IDPH
- In service availability as needed

LEAST FREQUENT
Most
Impact
No staff devoted to Infection control (IC)
Lack of communication between facilities
Delayed report (lab, hospital, LTACH)
XDRO registry utilization (querying)
Dedicated implementation efforts among LHD

IDPH is creating a new module in INEDSS to report and investigate Extensively Drug Resistant Organism. CSTE position statement to make C. auris a reportable condition in US is being developed.
GOAL STATEMENT

To reduce the transmission of Extensively Drug Resistant Organisms (XDRO) in healthcare settings with focus in Long-term Care Facilities (LTCFs).

To better characterize the problem and achieve control of transmission our phase one goals are:
• Increase awareness of XDRO
• Improve Infection Control (IC) practices and
• Increase compliance in XDRO registry utilization.

METRICS TO MEASURE SUCCESS

• 75% of Skilled Nursing Facilities (SNFs) with active account in the XDRO registry
• 100% of Ventilator SNFs (vSNFs) with active account in the XDRO registry
• 100% of Long-term Acute Care Hospitals (LTACHs) with active account in the XDRO registry
• 75% of LTCFs querying the XDRO registry for admissions
• 75% of LTCFs aware of XDRO
• 75% of patients admitted to LTCFs with XDRO infection or colonization in transmission-based precautions
WASTE ANALYSIS

Wastes/Opportunities
- XDRO registry running since 2013
- Testing sponsored by CDC and/or IDPH
- In service availability as needed

<table>
<thead>
<tr>
<th>Least frequent</th>
<th>Most frequent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most Impact</td>
<td>Most frequent</td>
</tr>
<tr>
<td>Rapid turnover of staff</td>
<td>Access to XDRO registry</td>
</tr>
<tr>
<td>No staff devoted to Infection control (IC)</td>
<td>Lack of awareness of XDRO</td>
</tr>
<tr>
<td>Lack of communication between facilities</td>
<td>Gaps IC practices (hand washing, Contact precautions)</td>
</tr>
<tr>
<td>Least Impact</td>
<td>Least Impact</td>
</tr>
<tr>
<td>Delayed report (lab, hospital, LTACH)</td>
<td>Delayed point prevalence surveys (PPS)</td>
</tr>
<tr>
<td>No XDRO registry utilization (querying)</td>
<td>Delayed contact tracing</td>
</tr>
<tr>
<td>Duplication of investigation efforts among LHD</td>
<td></td>
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<tr>
<td>Why</td>
<td>Why</td>
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</tr>
<tr>
<td><strong>Lack of awareness of XDRO:</strong> XDRO are emergent organisms → deficient understanding of mode of transmission → difficult to identify with standard lab methods → lack of training opportunities</td>
<td></td>
</tr>
<tr>
<td><strong>Access to XDRO registry:</strong> Lack of awareness → Portal PRA agreement → account deactivated for inactivity → account for specific individual → staff turnover</td>
<td></td>
</tr>
<tr>
<td><strong>Gaps in IC practices:</strong> Asymptomatic carriage → cases are not recognized → availability of private rooms → inefficient hand hygiene monitoring → challenges implementing contact precautions → deficient environmental cleaning and disinfection</td>
<td></td>
</tr>
</tbody>
</table>
SOLUTIONS IDENTIFIED

1. Creation and periodic update of a Listserv of Directors of Nursing (DONs)/Infection Preventionists (IPs) for all LTCFs in our jurisdiction.

2. Encourage LTCFs to create an XDRO account and utilize the registry to check status of new admissions.

3. Prioritized PPS in facilities with higher burden.

4. Survey to determine baseline information about XDRO awareness, XDRO registry utilization and IP practices.

5. Generation of surveillance reports to monitor transmission and success of IC in facilities with higher burden of XDRO.

6. Training for DONs and IPs in Infection Prevention best practices with focus in hand hygiene, transmission-based precautions and environmental cleaning and disinfection.
PILOT PROJECT TO TEST A SOLUTION

• Design survey to collect information about XDRO awareness, XDRO registry utilization and Infection Control practices delivered to LTCFs (Long Term Acute Care Hospitals (LTACHs), ventilator Skilled Nursing Facilities (vSNFs), Skilled Nursing Facilities (SNFs)).

• Data collected in survey to be analyzed to characterize magnitude of the XDRO awareness, XDRO registry utilization and IC practices.

• Data to be extracted from the XDRO registry analyzed and summarized to create surveillance reports to monitor facilities with higher burden.

• Plan periodic site visits for capacity building and quality improvement to prioritized facilities.

• Offer training opportunities in strategic locations throughout our jurisdiction to LTCFs staff.
ANALYSIS OF PILOT

87 (72%) out of our 121 SNF responded to our survey by February 2018

76 (87%) facilities that responded do not have a devoted Infection Preventionist

49 (57%) facilities do not even know what the XDRO registry is, only 12

12 (14%) facilities use the XDRO as intended

20 (23%) facilities do not have measures in place to prevent spread of XDROs among patients and staff
CONCLUSION: SUCCESSES & NEXT STEPS

- Surveillance reports with data extracted from the XDRO registry are now created every six months to monitor 12 facilities with the highest burden.

- Site visits for capacity building and quality improvement are conducted with 12 prioritized facilities, frequency of visits depends in transmission, team capability and resources.

- Round table meetings under Public Health leadership are organized every quarter with experienced presenters and moderators. Attendance varies from 20 to 50 attendees.

- Infection Prevention and Control 101 training modules were developed in partnership with other LHDs and IDPH, this training is offered at corporate offices with mandatory attendance of member facilities. Thus far only 3 of such events have been held with around 30 attendees each.
Employee Recognition

As the principal investigator on the original research project, “The Scales of Recovery: Balancing Post-Traumatic Stress and Resilience in the Violently Injured” Andrew Wheeler, Patient and Family Support Coordinator for Cook County Health’s Trauma and Burn Unit, was invited to present at the most recent Eastern Association for the Surgery of Trauma Annual Scientific Assembly. The presentation gave an overview of data and results in which violently injured patients were surveyed for post-traumatic stress disorder, resilience, post-traumatic growth and community violence exposure. The manuscript for this study has been accepted for publication in the Journal of Trauma and Acute Care Surgery.

Dr. Sybil Hosek, a psychologist at CCH, and Dr. Lisa Henry-Reid, a retired CCH physician, recently had their manuscript, "PrEP and Adolescents: The Role of Providers in Ending the AIDS Epidemic," published in the January 2020 edition of Pediatrics®, the official journal of the American Academy of Pediatrics. This state-of-the-art review article provides background information on pre-exposure prophylaxis, current guidelines and recommendations for use, and strategies to introduce and implement this valuable HIV prevention method in clinical practice with adolescents and young adults.

Congratulations to Dr. Leah Tatebe, an attending trauma surgeon at John H. Stroger, Jr. Hospital, for winning the Cox-Templeton Injury Prevention Paper Competition for her work as principal investigator on the manuscript, “Heroes in Crisis: Trauma Centers Should Be Screening For and Intervening On Post-Traumatic Stress In Our Emergency Responders.” The manuscript has been accepted for publication later this year in the Journal of Trauma and Acute Care Surgery and details the feasibility of an urban trauma center screening for post-traumatic stress among emergency responders and providing mental health services. Congratulations are also in order to the manuscript’s coauthors Dr. Faran Bokhari, Chair of the Trauma and Burn Unit, Dr. Andrew Dennis, an attending trauma surgeon, Carol Reese, Violence Prevention Coordinator and Chaplain, and Andrew Wheeler, Patient and Family Support Coordinator.

Activities and Announcements

- The Centers for Disease Control and Prevention (CDC) is closely monitoring an outbreak caused by a novel coronavirus first identified in Wuhan, Hubei Province, China. The virus is known as 2019-nCoV. As of January 28, 2020, more than 4,500 cases have been identified throughout the world – in Asia, Australia, Europe and North America, with the majority of cases in China. According to the Cook County Department of Public Health, as of January 29, there were 165 Persons Under Investigation (PUIs) in 26 states, including six confirmed cases. Two of these confirmed cases are in Chicago. The second case is a household contact of the first case. This is an emerging, rapidly evolving situation. The CDC is providing regular updates.

The CDC clinical criteria for 2019-nCoV PUIs have been developed based on what is known about MERS-CoV and SARS-CoV and are subject to changes as additional information becomes available. Screenings are being conducted at major U.S. airports, including Chicago O’Hare, to identify people exhibiting symptoms. CCH has also begun screening for coronavirus. At present, risk to the general public is considered low; although, the numbers of PUIs and positive cases are expected to increase.

- On January 27, 2020, CCH officially began caring for patients at its new North Riverside Health Center. An official grand opening will be held on April 6, 2020.
Equity by Addressing Social Needs. The summit will feature a variety of experts committed to understanding the social determinants of health and working toward health equity. Panels will focus on food and housing insecurity, medical-legal partnerships and workforce development. The event will include the following speakers:

**Toni Preckwinkle**, President, Cook County Board of Commissioners

**Honorable Dr. Dennis Deer**, Cook County Health Board of Directors; Chair, Cook County Board of Commissioners Health & Hospitals Committee; Commissioner, Cook County Board 2nd District

**Dr. Aletha Maybank**, Chief Health Equity Officer, American Medical Association

**Dr. Layla P. Suleiman Gonzalez**, Director of Human Services, Loyola University Chicago

**Debra Carey**, Interim CEO, Cook County Health

**IMPACT 2023 Objective 5.2A**

- Cook County is committed to ensuring a complete count with the 2020 Census. As part of the County’s **Complete Count Census Commission**, CCH is working to raise awareness and encourage participation in the Census.

The 2020 Census will determine congressional representation and the allocation of billions of dollars in federal funding for education, public health, infrastructure and countless other programs that our residents depend on. A recent George Washington Institute of Public Policy report cited more than $34 billion tied to Census figures are distributed to Illinois through federal programs. Congressional districts and the boundaries of Cook County commissioner districts as well as city wards are determined by Census data. With nearly 40 percent of the state’s population residing in Cook County, the impact and stakes could not be greater if our residents are not counted accurately. The County is home to many “hard to count” communities, including people of color, children under the age of five, immigrants, non-native English speakers, renters, students and LGBTQ individuals; therefore, County-led initiatives are critical for working toward the accurate enumeration of our residents.

In order to raise awareness about the 2020 Census, CCH is installing posters and distributing flyers at all of facilities, creating a list of local resources for each of our locations, sharing Census information on our website, community newsletters and staff email signatures, inviting Census representatives to speak at Advisory Council meetings and more.

**IMPACT 2023 Objective 5.2C**

- Through January 3, **CCH’s Fresh Truck partnership** with the Greater Chicago Food Depository (GCFD) resulted in 233 visits to 13 CCH health centers – Arlington Heights, Austin, Cicero, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, Oak Forest, Provident/Sengstacke, Prieto, Robbins, and Woodlawn.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables to 31,030 individuals, representing 103,584 household members, totaling more than 620,000 pounds of fresh produce. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The Fresh Food Truck visits for the month of January include the following ACHN Health Centers.

- February 4 – **Cicero Health Center** – 5912 W. Cermak Road, Cicero, IL 60804
- February 6 – **Austin Health Center** – 4800 W. Chicago Avenue, Chicago, IL 60651
- February 11 – **Cottage Grove Health Center** – 1645 Cottage Grove Avenue, Ford Heights, IL 60411
- February 18 – **Robbins Health Center** – 13450 S. Kedzie Avenue, Robbins, IL 60472
- February 20 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621
- February 20 – **Near South Health Center** – 3525 S. Michigan, Chicago, IL 60653

**IMPACT 2023 Objective 5.1C**
• In an effort to improve the patient experience, CCH is piloting a quiet campaign on 6East to remind staff, visitors and patients that our hospital is a healing environment. Noise in the inpatient unit gives rise to patient complaints and contributes to patient experience scores. The campaign has distributed cell phones in the unit to avoid delivering communications through the overhead PA system. People are encouraged to turn the volume down on electronic devices and equipment when possible. The CCH visitor policy will be enforced to help improve patients' opportunity to rest after 8:00 PM. Signage has been posted in multiple languages throughout the unit to remind both visitors and staff to be aware of noise levels. Staff members will use a "peer checking" system to remind their colleagues to promote quietness. Additionally, a "Yacker Tracker" will measure the intensity of sounds and signal when noise levels go above a set limit.

IMPACT 2023 Objective 1.2C

• CCH is in the window for Joint Commission recertification surveys system-wide. The Provident and Sengstacke survey window opened in April 2019, while the Stroger and community health centers window opens in February 2020. These surveys ensure compliance with regulatory standards and quality of care provided.

• 2020 marks the end of IMPACT 2020 and the beginning of IMPACT 2023. IMPACT 2020 contained 147 initiatives over the three year strategic plan (2016-19). During that period, CCH completed 76 initiatives. The remaining initiatives are almost complete or ongoing initiatives that are reflected in IMPACT 2023. A detailed presentation is attached to this report that also includes the implementation strategy for IMPACT 2023. We will provide updates on IMPACT 2023 to the board in March, June, September and December.

Select newsletters and media clips are attached.

Legislative Update

Local

• The Cook County Board’s Health & Hospitals Committee held a meeting on January 15 to consider two resolutions introduced at the December 19 Cook County Board meeting.

The first resolution was sponsored by Commissioner Donna Miller and called for a hearing of the Cook County Health & Hospitals Committee to discuss Cook County Health’s Formulary Program. The committee voted to receive and file the resolution and Dr. CaTanya Norwood, Senior Director of Pharmacy Services appeared and presented on the process and management of the Pharmaceutical Formulary Program.

The second resolution was sponsored by President Preckwinkle and Commissioners Arroyo, Britton, Daley, Deer, Johnson, Lowry, Moore, Silvestri, Suffredin and Tobolski and called for a hearing of the Cook County Health & Hospitals Committee to solicit input from the President and the Board of Commissioners as well as the public-at-large regarding the responsibilities, background and attributes necessary to consider when recruiting a new CEO.

Public hearings were held on January 22, 27 and 29 in response to the resolution. CCH Board Chairman Hill Hammock outlined the timeline for selection of a new CEO. Representatives from Heidrick and Struggles, the firm engaged by the System Board to conduct the search were present and spoke to the process for the search.
The resolution also called upon the Cook County Auditor, with the assistance of a professional auditing firm(s)

a. types and number of management positions, including but not limited to the direct appointment positions
   by the CEO, compared with other large public urban hospitals;

b. a review the allocation of personnel and reporting structure at CCH compared with other large urban
   public hospitals;

c. a review of CCH procurement policies; and

d. a review the process for determining capital improvement projects.

The resolution requires the Cook County Auditor to complete its review and issue a report to the President, the County Board and the System Board on or before July 1, 2020 so any recommendations may be considered by the new CEO for the 2021 fiscal year budget. Per the resolution, the audit shall make recommendations to the System Board regarding CCH practices and operations, including organizational structure, types of positions, allocation of personnel, compliance with procurement policies and methods for determining capital projects.

The resolution was approved.

- At the January 16 Cook County Board meeting President Preckwinkle and Commissioners Daley, Deer, Lowry and Suffredin introduced a proposed amendment to the Cook County Health and Hospitals System Ordinance. A number of sections of the ordinance are amended including sections pertaining to the composition of the System Board, the selection of the Board Chairman as well as the selection of the CEO, human resource process and collaboration with County agencies.

Commissioners Suffredin and Degnen also introduced a proposed ordinance amendment to the General Powers of the System Board section of the Cook County Health and Hospitals System Ordinance. This amendment requires that compensation be consistent the Government Severance Pay Act and that any contracts with CCH executive staff that contain a severance provision be submitted to the Cook County Board of Commissioners for ratification prior to taking effect. The amendment also clarifies that the delegation of authority to the Cook County Health and Hospitals System Board from the Cook County Board of Commissioner shall not be considered a grant of home rule authority.

State

- Don Harmon was elected to serve as the new Senate President, succeeding former Senate President John
   Cullerton who recently retired. Senate leadership positions have yet to be announced.

- The Illinois General Assembly is scheduled to return to Springfield for the first day of the Spring 2020 legislative
   session on January 28. The regular session runs through May 31, with the state fiscal year starting on July 1.

- The Governor is scheduled to deliver his state of the state address on January 29 and his budget address on
   February 19.

- Mandatory enrollment of the 16,000 current youth-in-care with the Illinois Department of Children and Family
   Services (DCFS) into Medicaid managed care will be delayed until April 1, 2020, and possibly later. These youth
   were originally scheduled to move to IlliniCare effective February 1, 2020.
   o DCFS former youth-in-care and children with special health needs are still scheduled to move to
     mandatory Medicaid managed care effective February 1, 2020. These families will have a traditional
     managed care choice period among the plans available in their region.
• The Illinois Department of Healthcare and Family Services (HFS) submitted an 1115 Medicaid waiver to federal CMS, focused on administrative simplifications and improving continuity of care. The waiver seeks to extend postpartum coverage to 12 months (from 60 days) for US citizen women as well as Legal Permanent Resident women with less than five years of residency with income up to 213% of the Federal Poverty Level; allow for reinstatement to a members’ MCO if Medicaid is restored within 90 days of initial cancellation (currently only 60 days); and waiving the requirement to implement Hospital Presumptive Eligibility (HPE).

The federal public comment period is open through February 13, 2020. The waiver does not include extended post-partum coverage for undocumented women, as this population is ineligible for federal matching funds.

Federal

• While Congress returned from a two-week holiday break on January 6, the beginning of the impeachment process in the Senate will demand the upper chamber’s attention for the next few weeks, at least. The House plans to pursue a robust oversight and legislative agenda, though little that it passes will be taken up by the Senate. Meanwhile the federal courts continue to hear cases with potential impacts on CCH.

Surprise billing, prescription drug pricing and Medicaid DSH cut delay – The end of the year FY2020 domestic appropriations bill extended a package of expiring health care programs, including a delay of the Medicaid DSH cuts, through May 22. This is intended to create a health care “fiscal cliff” as an incentive for bipartisan, bicameral agreement on surprise billing and possibly prescription drug pricing. House leadership are publicly confident that the committees of jurisdiction, including the committees on Energy and Commerce and on Ways and Means, can bridge their differences and bring legislation to end surprise billing to the floor before Memorial Day.

Texas, et al. v. U.S. – On December 18, the New Orleans based U.S. Court of Appeals for the 5th Circuit upheld the U.S. District Court for the Northern District of Texas ruling that the ACA individual mandate to purchase health insurance is unconstitutional since the Tax Cuts and Jobs Act of 2017 reduced the tax penalty for noncompliance to zero. The Appeals Court did not rule on severability, that is, whether the other provisions of the ACA fall with the mandate or are “severable.” The Appeals Court remanded those questions back to the District Court for further ruling.

The intervener states, led by California and including Illinois, petitioned the Supreme Court to take up the case directly, arguing that the delay and resultant uncertainty was an undue burden on the states and the overall health care system. On January 21 the Supreme Court declined to expedite proceedings. This means that the case will not be resolved before the 2020 elections.

While the Administration has indicated plans to release a replacement health care plan, top officials including the Secretary of Health and Human Services and the CMS Administrator, have indicated that there is no reason to release any plans until the case works its way through the courts.

• Public Charge – On January 8, the U.S. Court of Appeals for the 2nd Circuit in New York City ruled that the nationwide injunction blocking the administration from implementing its public charge rule will remain while litigation runs its course.

The Department of Homeland Security public charge rule permits immigration officials to deny green cards or visa renewals to otherwise legal immigrants who receive public assistance they are otherwise eligible for, including Medicaid.

While two other federal appeals courts had sided with the administration and lifted injunctions imposed by district courts in California, Washington and Maryland, the 2nd Circuit decision allows the nationwide New York injunction
to remain in effect. On January 13, the Trump Administration filed an emergency request with the Supreme Court

On January 27, the Supreme Court ruled 5-4 along party lines to allow the Trump Administration to administer the rule. The Illinois injunction remains in place.

Protection of Medicaid remains a key priority for CCH at both the State and Federal level.

Community Outreach

February 1  CCH and CountyCare promotion at the Kelly Hall YMCA’s Community Health and Resource Fair which will take place at the YMCA located at 824 N. Hamlin Avenue in Chicago. The event is co-sponsored by Northwestern Medicine and Our Lady of the Angels Church.

February 4  CCH and CountyCare promotion at the Olive-Harvey College Service Days, which is hosted by the Wellness Center of Olive Harvey College at the school, located at 10001 S. Woodlawn Avenue in Chicago. This event for the students and community will provide services such as health insurance enrollment, counseling, mental health support services and nutrition education.

February 5  CCH and CountyCare promotion at the South Chicago Learning Center Service Days, which is hosted by the Wellness Center of Olive Harvey College/South Chicago Learning Center at the satellite school, located at 3055 E. 92nd Street in Chicago. This event for the students and community will provide services such as health insurance enrollment, counseling, mental health support services and nutrition education.

February 5  CCH and CountyCare promotion at the Malcolm X College Service Days, which is hosted by the Wellness Center of Malcolm X College at the school, located at 1900 W. Jackson Boulevard in Chicago. This event for the students and community will provide services such as health insurance enrollment, counseling, mental health support services and nutrition education, to name a few. The Core Center CCHIP team will do HIV testing at the event.

February 7  CountyCare promotion at the Friend Health Go Red Day which is sponsored by Friend Health and takes place at their health center located at 800 E. 55th Street in Chicago.

February 19  CCH and CountyCare promotion at the Cicero Health Department "Healthy Fair" which is hosted by Cicero President Larry Dominick and the Cicero Health Department Clinic and will take place at the Cicero Community Center located at 2250 S. 49th Avenue in Cicero.

February 28  Cook County Health and CountyCare promotion at the Palatine High School Health & Safety Fair which is hosted by Palatine Township and the School District and which will take place at the Palatine Township Offices located at 721 S. Quentin Road in Palatine.
Cook County Health Strategic Plan

IMPACT 2020 Update

IMPACT 2023 Implementation

January 31, 2020
IMPACT 2020 Status

Strategic Plan Progress

- Complete: 76
- Almost Complete/Shift to IMPACT 2023: 36
- Ongoing/Shift to IMPACT 2023: 35
- Total: 147

Total Number
Significant Accomplishments

Deliver High Quality Care

• The Joint Commission accreditation for Stroger, Provident and their associated ambulatory services, Primary Care Medical Home certification for our Community Health Centers

• U.S. News & World Report recognition for excellence in cardiology, neurology and neurosurgery, and gastroenterology services

• Accreditation of the Cook County Department of Public Health by the Public Health Accreditation Board making CCDPH one of less than 250 local health departments in the nation to earn this certification

• Health Information and Management Systems Society (HIMSS) Level 7 designation for maturity and operability of our health information technology platform

• National Commission on Correctional Health Care certification for the Juvenile Temporary Detention Center

• National Committee for Quality Assurance accreditation for CountyCare. CountyCare was also one of the top-rated Medicaid plans in Illinois in the NCQA's 2019-20 Health Insurance Plan Ratings

• The creation of a national model for correctional health that has led to better outcomes for our patients and the dissolution of a ten-year consent decree at the jail
Significant Accomplishments

Deliver High Quality Care: Service Enhancements/Improvements

- Established an ophthalmology center and new digital mammography, radiology and nuclear medicine technology at Provident Hospital.
- Developed multidisciplinary care through the establishment of a Women’s and Children’s center in Stroger Hospital.
- Integrated behavioral health into primary care and Naloxone distribution at the jail as part of an overarching strategy of Medication Assisted Treatment for individuals with Opioid Use Disorders.
- We invested in a care coordination program to provide health risk and social determinant screening and connection to community-based support services and a patient transportation system that is improving our show rates and caring for individuals for whom transportation is a significant social determinant of health.
- Opening of the new Professional Building, a new expanded health center in Arlington Heights.
- Opening new health centers in North Riverside and Blue Island to replace inadequate clinical spaces in Cicero and Oak Forest and begin construction on a new facility in Chicago’s Belmont-Cragin neighborhood; Received state approval to build a new, eight-story, $240 million inpatient and outpatient facility on the campus of Provident Hospital of Cook County.
Significant Accomplishments from IMPACT 2020

Grow to Serve and Compete/Foster Fiscal Stewardship

• CCH is now generating more than 97% of our operating revenues, minimizing the local taxpayer burden.

• CCH is now generating 60% more bills than just a few years ago and have increased patient fee revenue every year. Additionally, we secured $77 million in new resources for Graduate Medical Education by demonstrating the critical role Cook County Health plays in educating the next generation of doctors.

• Launched MoreCare for Medicare patients.

• Increased CountyCare members, patient volume and reimbursements from Managed Care Organizations.

• Optimized grant revenue.

• Transitioned Family Health Network and Aetna members to CountyCare.
Significant Accomplishments

Invest in Resources/Leverage Valuable Assets

• Achieved substantial compliance with the Employment Plan.
• Completed capital equipment assessment and replacement plan.
• Implemented Cerner HealtheIntent for population health.
• Leveraged the Collaborative Research Unit for analyses projects.
Significant Accomplishments

Impact Social Determinants of Health/Advocate for Patients

• Advocated at every level of government to protect the Affordable Care Act and expand access to populations it has left behind.

• Attacked the opioid crisis and continue to address food and housing insecurity as social determinants of health and supported the creation of Community Triage Centers for individuals with urgent behavioral health needs in Roseland and West Garfield Park. We have done much of our work in Social Determinants with extramural funds over the past several years.

• Established community advisory boards.

• Successfully advocated for influenza vaccine requirement for healthcare workers.

• Expanded WIC services at more health centers.

• Obtained grants for housing, food, and opioid programs.

• Established Direct Access Plan
Impact 2023

Implementation
Implementing IMPACT 2023

- Once the Strategic Plan passed both the CCH Board and the Cook County Board, several steps were taken to begin implementation.
  - The Strategic Plan was loaded into a SharePoint site
  - Individuals were identified to work on each strategy.
  - Strategy leads were asked to complete the updates to the SharePoint in January to add milestones and due dates as well as to confirm baseline data.
- Going forward, we plan on providing a report to the CCH Board on progress in March, June, September and December.
Appendix
Completion by Strategy
Deliver High Quality Care

Complete

• **Access to Care**: standardize outpatient staffing models, Integrate and expand services, Recruit bilingual staff, Improve maternal and child health services, Implement patient safety huddles, Strengthen pediatric partnerships, Establish high quality CountyCare network

• **Behavioral Health Strategy**: Outpatient mental health clinic in Roseland, Mental health screening in Bond Court, Medication Assisted Treatment expansion, Resume psychiatric consulting services in the ER

• **Facility Modernization**: Central Campus Health Center; CON for hemodialysis at Provident; Replacement health centers for Cicero, Logan, and Vista; Implement lab automation in Stroger, Relocate Oak Forest

• **Care Coordination**: Enhance care coordination for CountyCare and the system, Screened 70% CountyCare population using care management techniques, Implemented transportation service for patients, National Committee for Quality Assurance certification for CountyCare

• **Cermak Health Services**: Obtained Department of Justice substantial compliance, Established naltrexone and naloxone programs
Deliver High Quality Care

Almost Complete/Shift to IMPACT 2023

- Train staff and leadership in safety culture
- Initiate employee service excellence program.
- Reduce diagnostic wait times
- Implement Cerner connectivity HUB
- Increase use of operating rooms
- Strengthen the Primary Care Medical Home
- Decrease ambulatory dwell time
Deliver High Quality Care

Ongoing/Shift to IMPACT 2023

• Develop professional practice model and pursue Magnet Status
• Open replacement Cicero Health Center
• Enroll detainees in Medicaid
• Train employees in cultural competency
• Open replacement Provident regional outpatient center by 2020
• Open replacement Logan Square Health Center
• Increase volume of Medicare patients
• Implement extended hours at all health centers
• Conduct analysis of gaps in care
Foster Fiscal Stewardship

Complete

- Conduct educational sessions for legislators
- Implement Cook County Time and Attendance
- Move Finance to 1340 S Damen Ave
- Set up remote hosting for IT systems
- Increase patient and member volume
- CountyCare and Health System Marketing Campaigns
- Increase reimbursements from Managed Care Organizations/private insurance
Foster Fiscal Stewardship

Almost Complete/Shift to IMPACT 2023

- Optimize grant revenue
- Improve billing reconciliation
- Increase number of births at Stroger
- Relocate CCDPH
- Increase MCO revenue further
- Foster patient safety programs
- Conduct event review for litigation
- Secure local government support for unfunded mandates
- Minimize denials due to wrong insurance selections
Foster Fiscal Stewardship

Ongoing/Shift to IMPACT 2023

• Provide coding support to providers
• Relocate Oak Forest Administration
• Establish ER Utilization Reduction Plan
• Implement full billing for oral and behavioral health
• Streamline administrative processes
• Maintain high quality, appropriate network for CountyCare
Grow to Serve and Compete

Complete

• Streamline transition process for justice-involved populations
• Expand services at outpatient health centers
• Improve retention and recruitment of CountyCare members
• Identify two new Centers of Excellence
• Transition Family Health Network to CountyCare
• Leverage CountyCare data to provide value-added benefits

Ongoing/Shift to IMPACT 2023

• Raise awareness of centers of excellence to increase volumes year-over-year.
• Identify services for which advanced accreditation is appropriate and pursue additional accreditations
Impact Social Determinants

Complete

- Provide greater access to services at CCHHS for uninsured
- Expand the use of population and epidemiologic data
- Pilot a project to connect high-utilizers of CCHHS services with housing and employment
- Establish program to address Adverse Childhood Experiences
- Expand WIC services at health centers
- Explore grant opportunities related to housing, food, and opioid program
- Explore violence prevention partnerships and programs.
- Expand “Food as Medicine” to additional community centers
- Establish West Side Community Triage Center
- Establish Direct Access Plan
- Leverage the Collaborative Research Unit to conduct research on gun violence
Impact Social Determinants

Almost Complete/Shift to IMPACT 2023

• Pilot providing housing to CountyCare members
• Utilize CCDPH data and experience to address health inequities

Ongoing/Shift to IMPACT 2023

• Psychiatry for City of Chicago clinics
• Ensure consistent capture of demographic information and SE data into the Electronic Medical Record (EMR).
• Achieve NCQA accreditation for care management.
Invest in Resources

Complete

• Achieve substantial compliance with the Employment Plan
• Strengthen leadership and management training
• Increase safety event reporting
• Complete capital equipment assessment and replacement plan

Almost Complete/Shift to IMPACT 2023

• Improve employee engagement through survey, focus groups, and campaign
• Enter patient falls in national database and decrease falls
• Recruit, hire, and retain high quality clinical faculty
Invest in Resources

Ongoing/Shift to IMPACT 2023

• Perform annual performance evaluations
• Pursue academic partnership with one college of nursing to foster and grow nursing research at CCHHS.
• Analyze span of control for managers
• Analyze graduate education programs for cost/benefit
• Conduct an analysis of bench strength by area to determine future areas of risk
Leverage Valuable Assets

**Complete**

- Implement Cerner HealtheIntent for population health
- Complete one advanced analysis project by the Collaborative Research Unit
- Establish innovation center
- Expand use of population and epidemiologic data to identify upstream drivers of chronic diseases
- Align CCDPH community health improvement plan with We PLAN 2020
- Leverage CCDPH in the focus on opioid epidemic
- Strengthen clinical impact of research
- Create process to evaluate implementation of initiatives
Leverage Valuable Assets

Almost Complete/Shift to IMPACT 2023

• Improve nursing performance using National Database of Nursing Quality Indicators
• Establish nursing leadership academy for direct care managers

Ongoing/Shift to IMPACT 2023

• Establish practice plan structure
• Identify areas for formalized interdisciplinary services for three clinical areas
• Establish Clinical Effort Agreements
• Establish medical staff clinical effort agreements and mature Relative Value Unit model (RVU)
• Develop public health collaborations through Health Impact Collaborative
• Develop specialty-specific Clinical, Administrative, Research and Teaching (CART) inventory
• Develop a training-to-employee pipeline through graduate medical education
Advocate for Patients

**Complete**
- Establish two community advisory boards
- Advocate for influenza vaccine requirement for healthcare workers
- Advocate for behavioral health funding and legislation
- Develop plan to support Healthy Hotspot Sustainability

**Almost Complete/Shift to IMPACT 2023**
- Determine explicit approach for continuity of care for justice-involved populations
- CCDPH review of lead intervention policy

**Ongoing/Shift to IMPACT 2023**
- Advocate for National Health Service Corps Repayment Program to allow participation by local governments
Thank You
ATTACHMENT #7
Novel Coronavirus (2019-nCoV)
January 31, 2020
Coronaviruses

Coronaviruses are a large family of viruses, some causing illness in people, and others that circulate among animal, including camels, cats, and bats. Rarely animal coronaviruses can evolve and infect people and then spread between people. Human coronaviruses are common throughout the world and commonly cause mild to moderate illness in people worldwide. However, the emergence of novel (new) coronaviruses, such as SARS and MERS, have been associated with more severe respiratory illness.

Symptoms

Common human coronaviruses usually cause mild to moderate upper-respiratory tract illnesses, like the common cold. These illnesses usually only last for a short amount of time. Symptoms may include:

- Fever
- Cough
- Shortness of breath
- Human coronaviruses can sometimes cause lower-respiratory tract illnesses, such as pneumonia or bronchitis.
Coronaviruses

Transmission

Human coronaviruses most commonly spread from an infected person to others through the air by coughing and sneezing; close personal contact, such as touching or shaking hands; touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands; rarely, fecal contamination.

Prevention

The following can help prevent the spread of coronaviruses and protect you from becoming infected.

• wash your hands often with soap and water for at least 20 seconds
• avoid touching your eyes, nose, or mouth with unwashed hands
• avoid close contact with people who are sick

There are currently no vaccines to protect against human coronavirus infection.
Novel Coronavirus: What is it?

• 2019-nCoV is a VIRUS
• One of 7 coronaviruses that infect humans (MERS-CoV, SARS, 229E, NL63, OC43, and HKU1)
• Probably zoonotic at the outset, now confirmed person-to-person spread
Current Situation

- Six confirmed cases in four states (Washington, California, Arizona, Illinois)
- Illinois Confirmed Cases
  - First case is a woman in her 60’s who travelled to Wuhan City and became symptomatic after her return to Chicago.
  - Second case is the spouse of the first case.
  - This represents the first confirmed person-to-person transmission in US.
- 165 Persons Under Investigation (PUIs); 21 in Illinois

The situation is rapidly changing. CCH is monitoring the situation closely and working with local, state and federal officials.
CCH Response

Public Health Response

- Disseminate information to appropriate audiences
- Work with local, state and federal partners on any cases/contacts in suburban Cook County
- Contact tracing is a labor-intensive process that requires multiple interviews with confirmed cases and frequent and ongoing monitoring of close contacts.
CCH Response

Department of Hospital Epidemiology and Infection Control and Prevention

• Healthcare workers continue to be trained. 24-7 resources in place.
• Inpatient and outpatient protocols in place for patient placement.
• We are screening all patients coming into CCH with an electronic triage screening tool.
• Signage has been disseminated providing direction to patients who may be symptomatic.
• A PowerPoint educational tool as well as other resources are available on the Infection Control intranet site
• Isolation rooms have been identified for potential patients.
• Monitoring of negative pressure rooms is ongoing per regular protocol.
Patient-Facing Signage

ATTENTION
ALL PATIENTS

If you have:

- **Traveled outside of the United States** or
- Had close contact with someone who recently traveled outside of the United States and was **SICK**

And now **you** have:

- Fever
- Cough
- Trouble Breathing

PLEASE TELL HEALTH CARE STAFF IMMEDIATELY!

注意
全部病人

如若你曾：

- 在美国以外旅行或
- 与最近在美国以外旅行并且病得很重的人有密切联系

並且現在你有以下徵狀：

- 发烧
- 咳嗽
- 呼吸困难

请立刻告诉医务人员!
# Clinical Guidance: PUI (current definition)

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>&amp;</th>
<th>Epidemiologic Risk</th>
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| Fever and symptoms of lower respiratory illness (e.g., cough, difficulty breathing) | and | In the last 14 days before symptom onset:  
   - a history of travel from Wuhan City, China  
   - or-close contact\(^2\) with a person who is under investigation for 2019-nCoV while that person was ill. |
| Fever or symptoms of lower respiratory illness (e.g., cough, difficulty breathing) | and | In the last 14 days before symptom onset:  
   - close contact\(^2\) with an ill laboratory-confirmed 2019-nCoV patient |

\(^2\)Close contact is defined by being within 6 feet (12 meters), or within the room or care area, of a novel coronavirus case for a prolonged period of time while not wearing recommended PPE (e.g. gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection)
Questions?
PROPOSED ORDINANCE AMENDMENT

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

BE IT ORDAINED, by the Cook County Board of Commissioners, that CHAPTER 28. HEALTH AND HUMAN SERVICES, ARTICLE V. COOK COUNTY HEALTH AND HOSPITALS SYSTEM, SECTION 38-70 - 38-94 of the Cook County Code is hereby amended as follows:

CHAPTER 38. HEALTH AND HUMAN SERVICES

ARTICLE V. - COOK COUNTY HEALTH AND HOSPITALS SYSTEM

Sec. 38-70. - Short title.

This Ordinance shall be known and may be cited as the "Ordinance Establishing the Cook County Health and Hospitals System."

Sec. 38-71. - Declaration.

(a) The County Board hereby establishes the Cook County Health and Hospitals System ("CCHHS or System") which shall be an agency of and funded by Cook County. All personnel, facilities, equipment and supplies within the formerly constituted Cook County Bureau of Health Services are now established within the CCHHS. Pursuant to the provisions contained herein, the CCHHS and all personnel, facilities, equipment and supplies within the CCHHS shall be governed by a Board of Directors ("System Board") as provided herein. The System Board shall be accountable to and shall be funded by the County Board and shall obtain County Board approval as required herein. The County Board hereby finds and declares that the CCHHS shall:

1. Provide integrated health services with dignity and respect, regardless of a patient's ability to pay;
2. Provide access to quality preventive, acute, and chronic health care for all the People of Cook County, Illinois (the "County");
3. Provide quality emergency medical services to all the People of the County;
4. Provide health education for patients, and participate in the education of future generations of health care professionals;
5. Engage in research which enhances its ability to meet the healthcare needs of the People of the County; and,
6. Perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code of Illinois, 20 ILCS 2310/2310-1 et seq.; and as further detailed in regulations.
promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.110 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County.

(b) This article recognizes the essential nature of the Mission of the CCHHS as set forth in Section 38-74, and the need for sufficient and sustainable public funding of the CCHHS in order to fulfill its mission of universal access to quality health care.

(c) CCHHS shall cooperate with the Office of the Cook County Board President and its various Bureau Chiefs on operational matters, uncompensated care policies, determining appropriate benchmarking and reporting (including but not limited to revenue and finance enhancements, operational and quality improvements and expenditure authority), strategic plans and the legislative policy agenda for CCHHS to ensure efficiency across County operations.

Sec. 38-72. - Definitions.

For purposes of this article, the following words or terms shall have the meaning or construction ascribed to them in this section:

Chairperson means the chairperson of the System Board.

Cook County Code means the Code of Ordinances of Cook County, Illinois.

Cook County Health and Hospitals System also referred to as ”CCHHS”, means the public health system comprised of the facilities at, and the services provided by or through, the Ambulatory and Community Health Network, Cermak Health Services of Cook County, Cook County Department of Public Health, Oak Forest Hospital of Cook County, Provident Hospital of Cook County, Ruth M. Rothstein CORE Center, and John H. Stroger, Jr. Hospital of Cook County, (collectively, the “CCHHS Facilities”).

County means the County of Cook, a body politic and corporate of Illinois.

County Board means the Board of Commissioners of Cook County, Illinois.

Director means a member of the System Board.

Fiscal Year means the fiscal year of the County.

Ordinance means the Ordinance Establishing the Cook County Health and Hospitals System, as amended.

President means the President of the Cook County Board of Commissioners.

System Board means the 11-member board of directors charged with governing the CCHHS.

Sec. 38-73. - Establishment of the Cook County Health and Hospitals System Board of Directors (“System Board”).

(a) The System Board is hereby created and established. The System Board shall consist of 11 members called Directors. The County Board delegates governance of the CCHHS to the System Board. The System Board shall, upon the appointment of its Directors as provided
herein, assume responsibility for the governance of the CCHHS. Effective February 15, 2020, the System Board shall consist of 12 members.

(b) Notwithstanding any provision of this article, the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code of Ordinances, and other provisions of the Cook County Code of Ordinances conferring authority and imposing duties and responsibilities upon the Board of Health and the Cook County Department of Public Health, shall remain in full force and effect.

Sec. 38-74. - Mission of the CCHHS.

(a) The System Board shall have the responsibility to carry out and fulfill the mission of the CCHHS by:

1. Continuing to provide integrated health services with dignity and respect, regardless of a patient's ability to pay and working with the Office of the President to determine and establish uncompensated care policies, appropriate benchmarking and reporting (including but not limited to revenue and finance enhancements, operational and quality improvements and expenditure authority), strategic plans and the legislative policy agenda for CCHHS; and

2. Continuing to provide access to quality primary, preventive, acute, and chronic health care for all the People of the County;

3. Continuing to provide high quality emergency medical services to all the People of the County;

4. Continuing to provide health education for patients, and continuing to participate in the education of future generations of health care professionals;

5. Continuing to engage in research which enhances the CCHHS' ability to meet the healthcare needs of the People of the County;

6. Ensuring efficiency in service delivery and sound fiscal management of all aspects of the CCHHS, including the collection of all revenues from governmental and private third-party payers and other sources and working the Office of the Cook County Board President, and the Cook County Bureau of Finance to ensure sound fiscal management and financial reporting;

7. Except where otherwise permitted herein, ensuring that all operations of the CCHHS, especially contractual and personnel matters, are conducted free from any political interference and in accordance with the provisions of the Supplemental Relief Order and Consent Decree established in the federal civil litigation filed in the Northern District of Illinois under Case No. 69 C 2145 and titled Shakman, et al. v. Democratic Organization, et al. and all applicable laws; and

8. Perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code
of Illinois, 20 ILCS 2310/2310-1 et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.110 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County.

(b) The System Board shall be responsible to the People of the County for the proper use of all funds appropriated to the CCHHS by the County Board.

Sec. 38-75. - Nomination and appointment of directors.

(a) Upon confirming that a vacancy in the office of Director has occurred or will occur, a Nominating Committee of 13 persons including a Chair shall be appointed by the President and convene to prepare a list of nominees consisting of a total of three nominees per vacancy except the President’s designated appointment. This list shall be provided within 45 days of the President's request. If the number of nominees accepted by the President is fewer than the number of vacancies, the Nominating Committee will submit replacement nominees until the President has accepted that number of nominees that corresponds to the number of vacancies.

(b) Nominating Committee.

(1) The Nominating Committee shall consist of one representative from the following organizations:

   a. Civic Federation of Chicago;
   b. Civic Committee of the Commercial Club of Chicago;
   c. Chicago Urban League;
   d. Healthcare Financial Management Association;
   e. Suburban Primary Healthcare Council;
   f. Illinois Public Health Association;
   g. Metropolitan Chicago Healthcare Council;
   h. Health and Medicine Policy Research Group;
   i. Chicago Department of Public Health;
   j. Cook County Physicians Association;
   k. Chicago Federation of Labor;
   l. Chicago Medical Society;
   m. Association of Community Safety Net Hospitals; and
   n. Midwest Latino Health Research Center.

(2) All decisions of the Nominating Committee shall be by majority vote of the membership.

(c) The President shall submit the nominees he/she selects to the County Board for approval of appointment. The President shall exercise good faith in transmitting the nomination(s) to the County Board.
(d) Appointment of Directors. Except for the President’s direct appointment, the County Board shall approve or reject each of the nominees submitted by the President within 14 days from the date the President submitted the nominees, or at the next regular meeting of the County Board held subsequent to the 14-day period. Where the County Board rejects the President's selection of any nominee for the office of Director, the President shall within seven days select a replacement nominee from the remaining nominees on the list received from the Nominating Committee. There is no limit on the number of nominees the County Board may reject. The County Board shall exercise good faith in approving the appointment of Directors as soon as reasonably practicable. In the event the nominees initially submitted to the President by the Nominating Committee are exhausted before the county Board approves the number of nominees required to fill all vacancies, the President shall direct the nominating Committee to reconvene and to select and submit an additional three nominees for each Director still to be appointed.

Sec. 38-76. - Members of the System Board.

(a) General. Except for the President’s direct appointment, the appointed Directors are not employees of the County and shall receive no compensation for their service, but may be reimbursed for actual and necessary expenses while serving on the System Board. Directors shall have a fiduciary duty to the CCHHS and the County; and Directors shall keep confidential information received in close sessions of Board and Board Committee meetings and information received through otherwise privileged and confidential communications.

(b) Number of Directors. There shall be 11 Directors of the System Board. Effective February 15, 2020 there shall be 12 Directors.

(c) Ex Officio Director. One of the Directors shall be the Chairperson of the Health and Hospitals Committee of the County Board who shall serve as an ex-officio member with voting rights. This Director shall serve as a liaison between the County Board and the System Board.

(d) President Appointment. Effective February 15, 2020, one of the 12 Directors shall be a direct appointment of the President; said direct appointment may also be an employee of the County.

(d) (e) Terms of Directors.

(1) Ex Officio Director. Upon appointment or election of a successor as Chairperson of the Health and Hospitals Committee of the County Board, the successor shall immediately and automatically replace the prior Director as ex officio Director with voting rights.

(2) The Remaining Directors. The remaining ten Directors of the System Board shall serve terms as follows. For purposes of this section, Initial Directors means the Directors who were appointed to serve on the System Board when it was first established. Effective February 15, 2020 there shall be a total of 12 Directors.

a. For the initial Directors,
1. Three of the Initial Directors serving at the time this amendment is enacted, other than the ex officio Directors, shall serve terms that expire June 30, 2012.

2. Three of the Initial Directors serving at the time this amendment is enacted, other than the ex officio Directors, shall serve terms that expire June 30, 2013.

3. Four of the Initial Directors serving at the time this amendment is enacted, other than the ex officio Directors, shall serve terms that expire June 30, 2014.

4. The System Board shall vote upon and submit the list of names of the Directors whose terms shall expire June 30, 2012, the list of names of the Directors whose terms shall expire June 30, 2013, and the list of names of Directors whose terms shall expire June 30, 2014, to the President for approval and subsequent recommendation to the County Board for its approval.

b. Thereafter: Except for the President’s direct appointment, Directors appointed shall serve four-year terms.

1. Each appointed Director, whether Initial or subsequent, shall hold office until a successor is appointed.

2. Any appointed Director who is appointed to fill a vacancy, other than a vacancy caused by the expiration of the predecessor's term, shall serve until the expiration of his or her predecessor's term.

(e) (f) **Vacancy**. A vacancy shall occur upon the:

(1) Expiration of Director’s Term,

(2) Resignation,

(3) Death,

(4) Conviction of a felony, or

(5) Removal from the office of an appointed Director as set forth in paragraph (fg) of this section.

(f) (g) **Removal of Directors**. Except for the President’s direct appointment, any appointed Director may be removed for incompetence, malfeasance, neglect of duty, or any cause which renders the Director unfit for the position. The President or one-third of the members of the County Board shall provide written notice to that Director of the proposed removal of that Director from office; which notice shall state the specific grounds which constitute cause for removal. The Director, in receipt of such notice, may request to appear before the County Board and present reasons in support of his or her retention. Thereafter, the County Board shall vote upon whether there are sufficient grounds to remove that Director from office. The President shall notify the subject Director of the final action of the County Board. The President may remove and replace his or her direct appointment at any time.

**Sec. 38-77. - Qualifications of appointed directors**.

(a) **Except for the President’s direct appointment**, the appointed Directors shall include persons with the requisite expertise and experience in areas pertinent to the governance and
operation of a large and complex healthcare system. Such areas shall include, but not be limited to, finance, legal and regulatory affairs, healthcare management, employee relations, public administration, clinical medicine, community public health, public health policy, healthcare insurance management, managed care administration, labor affairs, patient experience, civil or minority rights advocacy and community representation.

(b) Criteria to be considered in nominating or appointing individuals to serve as Directors shall include:

1. Background and skills needed on the Board;
2. Resident of Cook County, Illinois;
3. Available and willing to attend a minimum of nine monthly Board meetings per year, and actively participate on at least one Board committee; and
4. Willingness to acquire the knowledge and skills required to oversee a complex healthcare organization.

The Nominating Committee, the President and the County Board shall take this section into account in undertaking their respective responsibilities in the recommendation, selection and appointment of Directors.

(c) Duties of individual Directors include, but are not necessarily limited to, the following:

1. Regularly attend Board meetings including a minimum of nine meetings per year;
2. Actively participate on and attend meetings of committee(s) to which the Director is assigned;
3. Promptly relate community input to the Board;
4. Represent the CCHHS in a positive and effective manner;
5. Learn sufficient details about CCHHS management and patient care services in order to effectively evaluate proposed actions and reports; and
6. Accept and fulfill reasonable assignments from the Chair of the Board.

Sec. 38-78. - Chairperson/officers of the System Board.

(a) The Directors shall select the initial Chairperson of the System Board from among the initial Directors. The Chairperson shall serve a one-year term and, thereafter, the President shall appoint one member of the System Board to serve as the Chairperson annually from among the Directors. The Directors shall annually elect a chairperson from among the Directors.

1. The Chairperson shall preside at meetings of the System Board, and is entitled to vote on all matters before the System Board.
2. A Director may be elected to serve successive terms as Chairperson.

(b) The Directors may establish such additional offices committees and appoint such additional officers for the System Board as they may deem appropriate; however, at a minimum, the
Directors shall establish standing finance, human resources, audit and compliance, quality and patient safety, and managed care committees; said committees shall meet monthly.

Sec. 38-79. - Meetings of the System Board.

(a) The President shall call the first meeting of the System Board. Thereafter, the Directors shall prescribe the times and places for their meetings and the manner in which regular and special meetings may be called.

(b) Meetings shall be held at the call of the Chairperson, however, no less than 12 meetings shall be held annually; standing committee meetings shall be called by the various committee chairs and shall be held at least every six weeks unless otherwise approved by a vote of the System Board.

(c) A majority of the voting Directors shall constitute a quorum. Actions of the System Board shall require the affirmative vote of a majority of the voting members of the System Board present and voting at the meeting at which the action is taken.

(d) To the extent feasible, the System Board shall provide for and encourage participation by the public in the development and review of financial and health care policy. The System Board may hold public hearings as it deems appropriate to the performance of any of its responsibilities.

(e) The System Board shall comply in all respects with "An Act in relation to meetings," as now or hereafter amended, and found at 5 ILCS 120/1, et seq.

(f) The System Board shall be an Agency to which the Local Records Act, as now or hereafter amended, and found at 50 ILCS 205/1, et seq. applies.

Sec. 38-80. - General powers of the System Board.

Subject to the Mission of the CCHHS and consistent with this article, the System Board shall have the following powers and responsibilities:

(a) To appoint the Chief Executive Officer of the CCHHS ("CEO") or interim CEO, if necessary, as set forth in Section 38-81 hereinafter, to hire such employees and to contract with such agents, and professional and business advisers as may from time to time be necessary in the System Board's judgment to accomplish the CCHHS' Mission and the purpose and intent of this article; to fix recommend the compensation of such CEO, employees, agents, and advisers as appropriated by the County Board; and, to establish the powers and duties of all such agents, employees, and other persons contracting with the System Board; the appointment of the CEO or interim CEO shall be subject to the advice and consent of the Cook County Board of Commissioners;

(b) To exercise oversight of the CEO and require the CEO to meet with the President or his/her designee on a monthly basis to address various operations, including but not limited to, human resource and labor issues, financial performance, strategic goals, capital
planning initiatives, operational initiatives, determine benchmarking, set uncompensated
care policies and determine the CCHHS legislative agenda;

c) To develop measures to evaluate the CEO's performance as approved by the County Board
of Commissioners and to report to the President and the County Board at six-month
intervals regarding the CEO's performance;

d) To authorize the CEO to enter into contracts, execute all instruments, and do all things
necessary or convenient in the exercise of the System Board's powers and responsibilities;

(e) To determine the scope and distribution of clinical services; provided, however, if the
System Board determines that it is in the best interest of the CCHHS to close entirely one
of the two CCHHS hospitals, such closure will require County Board approval; provided
further, however, that if the System Board determines it is in the best interest of the
CCHHS to purchase additional hospitals, or to add or reduce healthcare-licensed, risk-
bearing entities in CountyCare, the CCHHS shall, 15 calendar days before final approval,
provide notice to the President and the Cook County Board of Commissioners, informing
such persons as to the basic nature of any such transaction and shall offer to meet with
such persons to brief them in more detail on specifics relating to such a transaction;

(f) To provide for the organization and management of the CCHHS, including, but not limited
to, the System Board's rights and powers to approve review all personnel policies,
consistent with existing state laws, collective bargaining agreements, and court orders;
however, collective bargaining agreements shall be negotiated by the Cook County
Bureau of Human Resources with input from the System Board and the CEO, subject to
the President’s direction;

(g) To submit budgets for the CCHHS operations and capital planning and development,
which promote sound financial management and assure the continued operation of the
CCHHS, subject to approval by the County Board and provide the budget
recommendation to the Cook County Chief Financial Officer and Budget Director at a
minimum two weeks in advance of the presentation the System Board;

(h) To accept any gifts, grants, property, or any other aid in any form from the federal
government, the state, any state agency, or any other source, or any combination thereof,
and to comply with the terms and conditions thereof;

(i) To purchase, lease, trade, exchange, or otherwise acquire, maintain, hold, improve, repair,
sell, and dispose of personal property, whether tangible or intangible, and any interest
therein;

(j) In the name of the County, to purchase, lease, trade, exchange, or otherwise acquire, real
property or any interest therein, and to maintain, hold, improve, repair, mortgage, lease,
and otherwise transfer such real property, so long as such transactions do not interfere
with the Mission of the CCHHS; provided, however, that transactions involving real
property valued at $100,000.00 $150,000.00 or greater shall require express approval
from the County Board any such transaction valued under $150,000.00 shall be reported
to the Bureau of Asset Management on a quarterly basis;

(k) To acquire space, equipment, supplies, and services, including, but not limited to, services
of consultants for rendering professional and technical assistance and advice on matters
within the System Board's powers;
(l) To make rules and regulations governing the use of property and facilities within the CCHHS, subject to agreements with or for the benefit of holders of the County Board's obligations; said rules and regulations shall be shared with the Bureau of Asset Management for advice and feedback prior to implementation and the final rules and regulations governing such use shall be filed with the Bureau of Asset Management upon approval by CCHHS;

(m) To adopt, and from time to time amend or repeal bylaws and rules and regulations consistent with the provisions of this article;

(n) To encourage the formation of a not-for-profit corporation to raise funds to assist in carrying out the Mission of the CCHHS;

(o) To engage in joint ventures, or to participate in alliances, purchasing consortia, or other cooperative arrangements, with any public or private entity, consistent with state law;

(p) To have and exercise all rights and powers necessary, convenient, incidental to, or implied from the specific powers granted in this article, which specific powers shall not be considered as a limitation upon any power necessary or appropriate to carry out the CCHHS' Mission and the purposes and intent of this article;

(q) To perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code of Illinois, 20 ILCS 2310/2310-1 et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.110 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County; and

(r) To be the governing body of the licensed hospitals or other licensed entities within the CCHHS.

(s) The delegation of authority to the System Board from the Cook County Board of Commissioners shall not be considered a grant of home rule authority.

Sec. 38-81. - Chief executive officer.

(a) Subject to the advice and consent of the Cook County Board of Commissioner, the System Board shall appoint a Chief Executive Officer of the CCHHS ("CEO") or an interim CEO as necessary.

(b) The System Board shall conduct a nationwide search for a CEO which shall be concluded with a goal of no later than 180 days from the date of the County Board's approval of the appointment of the initial System Board or from the date the position of CEO becomes vacant. The County Board shall approve the job description of the CEO in advance of recruitment as well as approve the performance measures utilized by the System Board to evaluate the CEO’s performance. The recommended salary, termination, term, severance and any contract bonus provisions negotiated by the System Board for the CEO shall be subject to the review and approval of the County Board.
The CEO shall have the responsibility for:

1. Full operational and managerial authority of the CCHHS, consistent with existing federal and state laws, court orders and the provisions of this article; however the CEO shall work with the Office or the President and his or her designees to collaborate on various operational initiatives that impact County policy and appropriations, including but not limited to, human resource and labor issues, financial matters, operational initiatives, address capital needs, determine benchmarking, set uncompensated care policies and determine the CCHHS legislative agenda.

2. Preparing and submitting to the System Board the Budgets and Strategic and Financial Plans required by this article;

3. Operating and managing the CCHHS consistent with the Budgets and Financial Plans approved by the County Board;

4. Overseeing expenditures of the CCHHS;

5. Subject to Subsection 38-74(a)(7) of this article, hiring and discipline of personnel in conformity with the provisions of this article, all state laws, court orders, and collective bargaining agreements;

6. Assisting the President in negotiating collective bargaining agreements as set forth in Section 38-84(c);

7. Carrying out any responsibility which the System Board may delegate; however, said delegation shall not relieve the System Board of its responsibilities as set forth in this article.

The CEO shall report to the System Board and shall also report monthly to the Cook County Board President and his/her designees regarding CCHHS operations and shall collaborate with the Office of the President and his/her Bureau Chiefs on various operational initiatives that impact County policy and appropriations, including but not limited to, human resource and labor issues, financial matters, operational issues, informational technology issues, address capital needs, determine benchmarking, set uncompensated care policies and determine the CCHHS legislative.

In addition to the above noted reporting to the President, the CEO shall provide, through the System Board, quarterly reports to the County Board concerning the status of operations and finances of the CCHHS and issue other reports as may be required by the County Board or the President.

Sec. 38-82. - Strategic and financial plans.

(a) As soon as practicable following the establishment of the System Board, the President shall provide to the System Board copies of the audited financial statements and of the books and records of account of the Bureau of Health Services for the preceding five Fiscal Years of the County.

(b) The System Board shall recommend and submit to the President and the County Board Strategic and Financial Plans as required by this section.
(c) Each Strategic and Financial Plan for each Fiscal Year, or part thereof to which it relates, shall contain:

1. A description of revenues and expenditures, provision for debt service, cash resources and uses, and capital improvements, each in such manner and detail as the County's Budget Director shall prescribe;

2. A description of the strategy by which the anticipated revenues and expenses for the Fiscal Years covered by the Strategic and Financial Plan will be brought into balance;

3. Such other matters that the County Board or the President, in its discretion, requires; provided, however, that the System Board shall be provided with a description of such matters in sufficient time for incorporation into the Strategic and Financial Plan.

(d) Strategic and Financial Plans shall not have force or effect without the approval of the County Board and shall be recommended, approved and monitored in accordance with the following:

1. The System Board shall recommend and submit to the President and the County Board, on or before 180 days subsequent to the date of the appointment of the initial Directors or as soon as practicable thereafter, an initial Strategic and Financial Plan with respect to the remaining portion of the Fiscal Year ending in 2008 and for Fiscal Years 2009 and 2010. The Board shall approve, reject or amend this initial Strategic and Financial Plan within 45 days of its receipt from the System Board.

2. The System Board shall develop a Strategic and Financial Plan covering a period of three Fiscal Years a representative of the County Board President and the Cook County Chief Financial Officer or his/her designee shall assist the System Board in developing the Strategic and Financial Plan.

3. The System Board shall include in each Strategic and Financial Plan estimates of revenues during the period for which the Strategic and Financial Plan applies. In the event the System Board fails, for any reason, to include estimates of revenues and expenditures as required, the County Board may prepare such estimates. In such event, the Strategic and Financial Plan submitted by the System Board shall be based upon the revenue estimates approved by the County Board.

4. The County Board shall approve each Strategic and Financial Plan if, in its judgment, the Strategic and Financial Plan is complete, is reasonably capable of being achieved, and meets the requirements set forth in this section. After the System Board submits a Strategic and Financial Plan to the President and the County Board, the County Board shall approve or reject such Strategic and Financial Plan within 45 days or such Strategic and Financial Plan is deemed approved.

5. The System Board shall report to the President and the County Board, at such times and in such manner as the County Board may direct, concerning the System Board's compliance with the Strategic and Financial Plan. The President and the County Board may review the System Board's operations, obtain budgetary data and financial statements, require the System Board to produce reports, and have access to any other information in the possession of the System Board that the President and the County Board deem relevant. The County Board may issue recommendations or directives within its powers to the System Board to assure compliance with the Strategic and Financial
Plan. The System Board shall produce such budgetary data, financial statements, reports and other information and comply with such directives.

(6) For each Strategic and Financial Plan applicable to a Fiscal Year subsequent to the current Fiscal Year, the System Board shall regularly reexamine the revenue and expenditure estimates on which it was based and revise them as necessary. The System Board shall promptly notify the President and the County Board of any material change in the revenue or expenditure estimates in that Strategic and Financial Plan. The System Board may submit to the President and the County Board, or the County Board may require the System Board to submit, modified Strategic and Financial Plans based upon revised revenue or expenditure estimates or for any other good reason. The County Board shall approve or reject each modified Strategic and Financial Plan pursuant to paragraph (d)(4) of this section.

Sec. 38-83. - Preliminary CCHHS budget and annual appropriation ordinance.

(a) The System Board shall not make expenditures unless such expenditures are consistent with the County's Annual Appropriation Bill ("Annual Appropriation Ordinance") as provided in 55 ILCS 5/6-24001 et seq.

(b) The System Board may, if necessary, recommend and submit to the President and the County Board, for approval by the County Board, a request for intra-fund transfers within the Public Health Fund to accommodate any proposed revisions by the System Board to the line items set forth for the Bureau of Health Services in the existing Fiscal Year 2008 Annual Appropriation Ordinance.

(c) For Fiscal Year 2009 and each Fiscal Year thereafter, the System Board shall recommend and submit a balanced Preliminary Budget for the CCHHS to the President and the County Board, for approval by the County Board, not later than 45 days prior to the first date for submission of budget requests set by the County's Budget Director.

(d) Each Preliminary Budget shall be recommended and submitted in accordance with the following procedures:

(1) Each Preliminary Budget submitted by the System Board shall be based upon revenue estimates contained in the approved Strategic and Financial Plan applicable to that budget year.

(2) Each Preliminary Budget shall contain such information and detail as may be prescribed by the County's Budget Director. Any applicable fund deficit for the Fiscal Year ending in 2008 and for any Fiscal Year thereafter shall be included as an expense item in the succeeding Fiscal Year's Budget.

(3) Each Preliminary Budget submitted by the System Board shall be balanced with expenditures matching the revenue estimates for the fiscal year.

(e) The County Board shall approve each Preliminary Budget if, in its judgment, the Budget is complete, is reasonably capable of being achieved, and will be consistent with the Strategic and Financial Plan in effect for that Fiscal Year. The Board shall approve or reject each
Preliminary Budget within 45 days of submission to the County Board or such Preliminary Budget is deemed approved. Such Preliminary Budget shall be included in the President's Executive Budget Recommendation.

(f) The CCHHS's Annual Appropriation shall be monitored as follows:

(1) The County Board may establish and enforce such monitoring and control measures as the County Board deems necessary to assure that the revenues, commitments, obligations, expenditures, and cash disbursements of the System Board continue to conform on an ongoing basis with the Annual Appropriation Ordinance. If, in the discretion of the County Board, and notwithstanding the approved Annual Appropriation Ordinance, the County Board imposes an expenditure limitation on the System Board, the System Board shall not have the authority, directly or by delegation, to enter into any commitment, contract, or other obligation that would result in the expenditure limitation being exceeded. Any such commitment, contract or other obligation entered into by the System Board in derogation of this section shall be voidable by the County Board. An expenditure limitation established by the County Board shall remain in effect for that Fiscal Year or unless revoked earlier by the County Board.

(2) The System Board shall report to the President and the County Board at such times and in such manner as the County Board may direct, concerning the System Board's compliance with each Annual Appropriation Ordinance. The President and the County Board may review the System Board's operations, obtain budgetary data and financial statements, require the System Board to produce reports, and have access to any other information in the possession of the System Board which the President and the County Board deem relevant. The County Board may issue recommendations or directives within its powers to the System Board to assure compliance with the Annual Appropriation Ordinance. The System Board shall produce such financial data, financial statements, reports and other information and comply with such directives.

(3) After approval of each Annual Appropriation Ordinance, the System Board shall promptly notify the President and the County Board of any material change in the revenues or expenditures set forth in the Annual Appropriation Ordinance. In Fiscal Year 2009 and thereafter, the System Board has the authority to make intra-fund transfers within the Public Health Fund, if necessary, to accommodate any proposed revisions by the System Board to the line items set forth in the Annual Appropriation Ordinance. Such transfers shall be reported by the CEO in the quarterly reports required in Subsection 38-81(e) of this article.

(4) The County Comptroller is hereby authorized to process invoices and make payments against line items set forth in the Annual Appropriation Ordinance at the direction of the System Board or, if authorized by the System Board, at the direction of the CEO. The System Board shall provide the Comptroller with all documentation necessary for the Comptroller to perform this accounts payable function and to perform the budget control function. The Comptroller shall also issue payroll checks for employees within the CCHHS.

Sec. 38-84. - Human resources.
(a) Notwithstanding the provisions of the Cook County Code, including, but not limited to, provisions pertaining to Personnel Policies, the System Board shall have authority over all human resource functions currently performed by the Cook County Bureau of Human Resources with regard to all employees, including physicians and dentists, within the CCHHS, including, but not limited to, position classification, compensation, recruitment, selection, hiring, discipline, termination, grievance, affirmative action, performance management, probationary periods, training, promotion and maintenance of records. The System Board shall adopt written rules, regulations and procedures with regard to these functions. Until such time as the System Board adopts its own rules, regulations or procedures with regard to these functions, the existing Personnel Rules, regulations and procedures of the County shall apply. The System Board may exercise the authority granted in this section, in whole or in part, pursuant to its discretion and consistent with existing collective bargaining agreements and obligations.

The System Board and the CCHHS human resources department shall collaborate monthly with the Cook County Bureau of Human Resources to ensure efficiency and uniformity to the extent practicable in human resource functions and policies. Except as otherwise limited herein, the System Board shall have authority over the following human resource functions with regard to employees, including physicians and dentists, within the CCHHS: position classification, compensation, recruitment, selection, hiring, discipline, termination, affirmative action, performance management, probationary periods, training, promotion and maintenance of records. The System Board shall adopt written rules, regulations and procedures with regard to these functions subject to the approval of the Chief of the Bureau of Human Resources for Cook County. The System Board or the System Board’s designee shall collaborate with the Cook County Bureau of Human Resources to ensure position classification and compensation are in accordance with the annual appropriation. The recommended salary, termination, term, severance and any contract bonus provisions or compensation policies negotiated by the System Board for the CEO or other Direct Appointments of the System Board or CEO shall be subject to the review and approval of the County Board. The System Board may exercise the authority granted in this section, in whole or in part, pursuant to its discretion and consistent with existing collective bargaining agreements and obligations.

(b) Except where otherwise permitted herein, employees within the CCHHS are employees of the County, and as such, shall be free from any political interference in accordance with the Supplemental Relief Order and Consent Decree established in the federal civil litigation filed in the Northern District of Illinois under Case No. 69 C 2145 and titled "Shakman, et al. v. Democratic Organization, et al."

(c) Collective bargaining agreements shall be negotiated by the Cook County Bureau of Human Resources with input from the System Board and the CEO subject to the President’s direction. The CEO or designee shall participate cooperate with the County in negotiating collective bargaining agreements covering CCHHS employees. All such collective bargaining agreements must be approved by the System Board and the County Board.

(d) With respect to CCHHS bargaining unit employees, the Chief of the Bureau of Human Resources for Cook County shall be granted the authority to settle contract or disciplinary employment-related grievances, arbitrations and mediations without approval of the System Board at the same settlement authority level as the Cook County State’s Attorney’s Office has
in litigation matters. Where a collective bargaining agreement provides for grievances to be presented to Human Resources, the Chief of the Bureau of Human Resources for Cook County shall have sole authority to respond to and adjust said grievance. CCHHS shall implement any resolutions or settlements reached by the Chief of the Bureau of Human Resources for Cook County regarding a CCHHS employee within 30 days of receipt of the resolution and/or settlement. Any extensions of time to implement a resolution or settlement must be approved by the Chief of the Bureau of Human Resources for Cook County. The Chief of the Bureau of Human Resources for Cook County shall have the authority to implement any resolutions or settlements where CCHHS has failed to implement within 30 days.

(e) With respect to CCHHS employees, the Chief of the Bureau of Human Resources for Cook County has been granted the authority over all labor relations matters regarding the unionized employees of CCHHS. Labor Relations matters include but are not limited to collective bargaining (successor agreements), impact bargaining (bargaining with union representatives regarding policy and work rule changes and terms and conditions of employment), and mid-term bargaining; interpretation of collective bargaining agreements; and implementation of collective bargaining agreements. CCHHS shall not engage the union officials (President, Delegates, Business agents, or any non-County employee without consulting with the Bureau of Human Resources Labor Relations Division. CCHHS shall comply with all lawful directives from the Director of Labor and/or the Bureau Chief of Human Resources for Cook County concerning labor matters and/or compliance with the collective bargaining agreements within an established timeframe. If there is an opposing view on the interpretation of the collective bargaining agreements and/or any policy or rule governing a unionized employee, the interpretation of the Bureau of Human Resources Labor Relations Division will govern.

(f) Where the Director of Labor and/or Chief of the Bureau of Human Resources for Cook County determines that training is needed concerning a collective bargaining agreement or other labor relations matter, CCHHS shall schedule the training within the timeframe directed by the Chief of the Bureau of Human Resources and cooperate with the Bureau of Human Resources in scheduling and ensuring that appropriate staff are trained within the established timeframe and with consideration of clinical and operational schedules.

(g) The System Board or the CEO shall not hire or appoint any person in any position in the CCHHS unless it is consistent with the Annual Appropriation Ordinance in effect at the time of hire or appointment. The System Board shall have the authority to recommend the appropriate compensation for employees hired to work within CCHHS subject to the approval of the Chief of the Bureau of Human Resources for Cook County and the Director of the Department of Budget and Management Services and consistent with any applicable collective bargaining agreements.

(h) Nothing herein shall diminish the rights of Cook County employees who are covered by a collective bargaining agreement and who, pursuant to this article, are placed under the jurisdiction of the System Board, nor diminish the historical representation rights of said employees' exclusive bargaining representatives, nor shall anything herein change the designation of "Employer" pursuant to the Illinois Public Labor Relations Act. The System Board shall honor all existing collective bargaining agreements, between Cook County and
exclusive bargaining representatives, which cover employees under the jurisdiction of the System Board.

(i) CCHHS shall implement any decisions of the Employee Appeals Board within 30 days after receipt of the decision from the Chief of the Bureau of Human Resources for Cook County. Any extension of time to implement a decision of the Employee Appeals Board must be approved by the Chief of the Bureau of Human Resources for Cook County. CCHHS shall have no right to appeal any decision of the Employee Appeals Board without the approval of the Chief of the Bureau of Human Resources. The Chief of the Bureau of Human Resources for Cook County shall have the authority to implement any decision of the Employee Appeals Board where CCHHS has failed to implement the decision within 30 days without an approved extension or approved appeal by the Chief of the Bureau of Human Resources.

(j) Any person who willfully takes any official action without authority as provided in this section including but not limited to: collective bargaining, failing to implement grievance resolutions and settlements, failing to implement directives of the Bureau Chief of Human Resources of Cook County as to labor matters and failing to implement decisions of the Employee Appeals Board may be subject to discipline up to and including termination of employment. The Chief of the Bureau of Human Resources for Cook County shall have the authority to investigate violations of this section. If the Bureau Chief of Human Resources of Cook County recommends discipline of any employee pursuant to this section, the System Board shall within 30 days implement the recommendation and conduct a pre-disciplinary hearing where applicable or provide a written explanation to the Chief of the Bureau of Human Resources for Cook County explaining why the discipline was reduced or not initiated.

Sec. 38-85. - Procurement and contracts.

(a) The System Board shall have authority over all procurement and contracts for the CCHHS. The System Board shall adopt written rules, regulations and procedures with regard to these functions, which must be consistent with the provisions set forth in the Cook County Code on Procurement and Contracts; provided, however, that approval of the County Board or County Purchasing Agent required under the Cook County Code on Procurement and Contracts is not required for procurement and contracts within the CCHHS. The System Board shall act in place of the County Board in any contract, bylaws or agreement with the County which requires the approval or other action of the County Board unless expressly prohibited otherwise in this article or unless the contract expressly provides that the System Board shall not have such authority. Until such time as the System Board adopts its own rules, regulations or procedures with regard to Procurement and Contracts, the existing provisions of the Cook County Code pertaining to Procurement and Contracts shall apply. The System Board may exercise the authority granted in this section, in whole or in part, pursuant to its discretion.

(b) No contract or other obligation shall be entered into by the System Board unless it is consistent with the Annual Appropriation Ordinance in effect.
(c) Any multiyear contracts entered into by the System Board must contain a provision stating that the contract is subject to County Board approval of appropriations for the purpose of the subject contract; and that in the event funds are not appropriated by the County Board, the contract shall be cancelled without penalty to, or further payment being required by, the System Board or the County. The System Board shall give the vendor notice of failure of funding as soon as practicable after the System Board becomes aware of the failure of funding. Multiyear contracts shall also contain provisions that the System Board's or County's obligation to perform shall cease immediately upon receipt of notice to the vendor of lack of appropriated funds; and that the System Board's or County's obligation under the contract shall also be subject to immediate termination or cancellation at any time when there are not sufficient authorized funds lawfully available to the System Board to meet such obligation.

**Sec. 38-86. - Disclosure of interests required.**

(a) Any Director, officer, agent, or professional or business adviser of the System Board, or the CEO who has direct or indirect interest in any contract or transaction with the CCHHS, shall disclose this interest in writing to the System Board which shall, in turn, notify the President and the County Board of such interest.

(b) This interest shall be set forth in the minutes of the System Board and the Director, agent, or professional or business advisor or CEO having such interest shall not participate on behalf of the CCHHS in any way with regard to such contract or transaction unless the System Board or County Board waives the conflict.

(c) The Cook County Board of Ethics shall have jurisdiction over the investigation and enforcement of this section and over the sanctions for violations as set forth in Sections 2-601 and 2-602 of the Cook County Code of Ethical Conduct.

(d) Employees of CCHHS shall be bound by the Cook County Code of Ethical Conduct set forth in the Cook County Code, Article VII, Ethics.

**Sec. 38-87. - Annual report of the System Board.**

(a) The System Board shall submit to the President and the County Board, within six months after the end of each Fiscal Year, a report which shall set forth a complete and detailed operating and financial statement of the CCHHS during such Fiscal Year.

(b) Included in the report shall be any recommendations for additional legislation or other action which may be necessary to carry out the mission, purpose and intent of the System Board.

**Sec. 38-88. - Managerial and financial oversight.**

(a) The County Board may conduct financial and managerial audits of the System Board and the CCHHS.
(1) The County Board may examine the business records and audit the accounts of the System Board or CCHHS or require that the System Board examine such business records and audit such accounts at such time and in such manner as the County Board may prescribe. The System Board shall appoint a certified public accountant annually, approved by the County Board, to audit the CCHHS' financial statements.

(2) The County Board may initiate and direct financial and managerial assessments and similar analyses of the operations of the System Board and CCHHS, as may be necessary in the judgment of the County Board, to assure sound and efficient financial management of the System Board and the CCHHS.

(3) The County Board shall initiate and direct a management audit of the CCHHS at least once every year. The audit shall review the personnel, organization, contracts, leases, and physical properties of the CCHHS to determine whether the System Board is managing and utilizing its resources in an economical and efficient manner. The audit shall determine the causes of any inefficiencies or uneconomical practices, including inadequacies in internal and administrative procedures, organizational structure, types of positions, uses of resources, utilization of real property, allocation of personnel, allocation of salary, purchasing policies and equipment.

(4) The County Board may direct the System Board to reorganize the financial accounts and management and budgetary systems of the System Board or CCHHS in a manner that the County Board deems appropriate to achieve greater financial responsibility and to reduce financial inefficiency.

(5) The County Board may direct in consultation with CCHHS management or the System Board to implement management related changes based upon the recommendations of any management audit initiated by the County Board.

(b) The System Board and the CCHHS shall be subject to audit in the manner now or hereafter provided by statute or ordinance for the audit of County funds and accounts. A copy of the audit report shall be submitted to the President, the Chairperson of the Finance Committee of the County Board, the Chairperson of the Health and Hospitals Committee, and the Director of the County Office of the Auditor.

Sec. 38-89. - Indemnification.

(a) The County shall defend and indemnify patient care personnel and public health practitioners, including, but not limited to, physicians, dentists, podiatrists, fellows, residents, medical students, nurses, certified nurse assistants, nurses' aides, physicians' assistants, therapists and technicians (collectively "practitioners") acting pursuant to employment, volunteer activity or contract, if provided for therein, with the County with respect to all negligence or malpractice actions, claims or judgments arising out of patient care or public health activities performed on behalf of the CCHHS. The County shall also defend and indemnify such practitioners against liability arising out of the preparation or submission of a bill seeking payment for services provided by such practitioners for the CCHHS, to the extent such liability arises out of the negligent or intentional acts or omissions of a person or persons, other than the practitioner, acting on behalf of the CCHHS. The County shall also defend and indemnify the
members of the Nominating Committee and the System Board with respect to all claims or judgments arising out of their activities as members thereof which defense and indemnification shall be subject to the same provisions which apply to the defense and indemnification of practitioners as set forth below.

(b) The County shall not be obligated to indemnify a practitioner for:

1. Punitive damages or liability arising out of conduct which is not connected with the rendering of professional services or is based on the practitioner's willful or wanton conduct.

2. Professional conduct for which a license is required but the practitioner does not hold a license.

3. Conduct which is outside of the scope of the practitioner's professional duties.

4. Conduct for which the practitioner does not have clinical privileges, unless rendering emergency care while acting on behalf of the CCHHS.

5. Any settlement or judgment in which the County did not participate.

6. The defense of any criminal or disciplinary proceeding.

(c) To be eligible for defense and indemnification, the practitioner shall be obligated to:

1. Notify, within five days of receipt, the Cook County Department of Risk Management and the Civil Actions Bureau of the Cook County State's Attorney's Office of any claim made against the practitioner and deliver all written demands, complaints and other legal papers, received by the practitioner with respect to such claim to the Department of Risk Management.

2. Cooperate with the State's Attorney's Office in the investigation and defense of any claim against the County or any practitioner, including, but not limited to, preparing for and attending depositions, hearings and trials and otherwise assisting in securing and giving evidence.

3. Promptly notify the Cook County Department of Risk Management and the Civil Actions Bureau of the Cook County State's Attorney's Office of any change in the practitioner's address or telephone number.

(d) All actions shall be defended [by] the Cook County State's Attorney. Decisions to settle indemnified claims shall be made by the County or the State's Attorney's Office, as delegated by the County, and shall not require the consent of the indemnified practitioner. If a practitioner declines representation by the State's Attorney's Office, the County shall have no obligation to defend or indemnify the practitioner.

Sec. 38-90. - Applicability of the Cook County Code.

Except as otherwise provided herein, provisions of the Cook County Code shall apply to the System Board and the CCHHS and their Directors, officers, employees and agents. To the extent there is a conflict between the provisions of this article and any other provision in the Cook County Code, the provisions in this article shall control.
Sec. 38-91. - Transition.

(a) The County Board recognizes that there will be a necessary transition period between the adoption of this article and the point at which the System Board is capable of assuming all of its powers and responsibilities as set forth in this article. The Office of the President shall cooperate with the System Board during this transition to enable the System Board to assume fully its authority and responsibilities in as timely a manner as practicable. Such cooperation shall include accommodating requests from the System Board to provide adequate staffing at the CCHHS through the transfer or reassignment of personnel to the CCHHS, including, but not limited to, personnel to perform human resource and procurement/contracting functions.

(b) In order to avoid unnecessary duplication of services, the System Board, on behalf of the CCHHS, may, at its discretion, continue to utilize various ancillary services provided through the Office of the President, including, but not limited to, those services provided by the Office of Capital Planning and Policy, the Bureau of Information Technology, the Department of Risk Management, the Department of Facilities Management, the Department of Real Estate Management, the Office of the Comptroller, and the Office of the County Auditor.

(c) Any contracts entered into by the County on behalf of the Bureau of Health prior to the adoption of this article shall remain in effect; provided, however, that the System Board shall act in place of the County Board in any contract, bylaws or agreement with the County which requires the approval or other action of the County Board unless expressly prohibited otherwise in this article.

Sec. 38-92. - Severability.

Any provision of this article declared to be unconstitutional or otherwise invalid shall not impair the remaining provisions of this article.

Sec. 38-93. - Making CCHHS permanent.

The Cook County Health and Hospitals System and this article shall continue, unless the Cook County Board of Commissioners acts to revoke its powers and responsibilities.

Sec. 38-94. - Quarterly reporting.

(a) The Health and Hospitals System shall report to the Board of Commissioners quarterly on the cost that the office incurs due to processing medical cases involving firearms.

Secs. 34-95-34-108. - Reserved.

* * * *

BE IT FURTHER ORDAINED, by the Cook County Board of Commissioners, that CHAPTER 28. HEALTH AND HUMAN SERVICES, ARTICLE VII. COOK COUNTY DIRECT ACCESS PROGRAM, SECTION 38-159 of the Cook County Code is hereby amended as follows:

ARTICLE VII. - COOK COUNTY DIRECT ACCESS PROGRAM
Sec. 38-159. - Establishing a direct access program.

In consultation with the Cook County Board President or his/her designee, the Chief Executive Officer of the Cook County Health and Hospitals System (herein referred to as CEO), or his/her designee, is hereby authorized and empowered subject to the policy approval of the Cook County Board President to establish a direct access program to ensure uninsured residents of Cook County have access to quality health care:

1. Leveraging CCHHS' existing charity care program.
2. Building on the infrastructure and operations systems of the CountyCare Health Plan to ensure proper care coordination, provider relations, and data analytics.
3. Maximizing the community partnerships and linkages established over the past 180 years of service to the residents of Cook County.

Effective date: This ordinance shall be in effect immediately upon adoption.
ATTACHMENT #9
Hammock Comments on Proposed Ordinance Changes

1. Sec. 38-76: The Direct Appointee of the President should be approved by the County Board as are all the other System Directors.
2. In considering the qualifications of the Direct Appointee, he or she should have “the requisite expertise and experience in areas pertinent to the governance and operation of a large and complex healthcare system.” The same expectations as Current Directors.
3. A term for the Direct Appointee should be specified.
4. The Direct Appointee could be removed based upon the same standards as other Directors, i.e. “incompetence, malfeasance, neglect of duty, or any cause which renders the Director unfit for the position.” The procedure for removal should be the same as other directors or by direct removal by the President.
5. Sec. 38-78: The President shall appoint one member of the System Board to serve as the Chairperson. The person chosen as Chairperson cannot be an employee of the County.
6. Sec. 38-79: The frequency of Committee meetings should be determined by the System Board. However, the Finance and Quality Committees should meet at least monthly. Other committees should meet not less frequently than quarterly. The monthly metrics of all committees should be reviewed monthly at the System full Board meeting.
7. Sec. 38-84: Negotiations involving collective bargaining agreements shall include recommendations from the System HR Dept for the inclusion of appropriate and necessary work rules.
8. Notwithstanding any of the HR Guidelines herein, the System Management may and is encouraged to hold regular Labor and Management meetings to discuss common issues and difficulties. A member of the County HR Bureau Team should be invited to attend such meetings.
9. Sec. 38-88: The County Board may initiate and direct a management audit of CCHHS as deemed advisable, not necessarily “at least every year.”
10. Any reorganization of the System financial accounts by the County Board will be in keeping with Best Practices adopted by the Professional Financial Accounting Standards Board.
11. I am concerned that some of these actions may effectively create the appearance of political involvement in hiring some System staff and be interpreted as violating the System Employment Plan approved in the Shakman litigation.

January 25, 2020