

Minutes of the Meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, March 19, 2021 at the hour of 10:30 A.M. This meeting was held by remote means only, in compliance with the Illinois Open Meetings Act.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH; Raul Garza; Heather M. Prendergast, MD, MS, MPH; and Otis L. Story, Sr. (5)

Board Chair M. Hill Hammock (ex-officio) and Directors Robert Currie, Joseph M. Harrington and Mike Koetting

Patricia Merryweather (Non-Director Member)

Absent: None (2)

Additional attendees and/or presenters were:

Abayome Akintorin, MD – John H. Stroger, Jr.
Hospital of Cook County

Claudia Fegan, MD – Chief Medical Officer

Leslie Frain – Associate Chief Quality Officer

Anita Giuntoli – Director of Patient Safety

Jeff McCutchan – General Counsel

John O'Brien, MD - Associate Medical Director,
Medical Education

Beena Peters, DNP, RN, FACHE – Chief Nursing
Officer

Israel Rocha, Jr. – Chief Executive Officer

Tara Ruhlen – Director of Planning and Analysis

Deborah Santana – Secretary to the Board

The next regular meeting of the Quality and Patient Safety Committee is scheduled for Thursday, April 22, 2021 at 10:30 A.M.

II. Electronically Submitted Public Speaker Testimony (Attachment #1)

The Secretary read the public speaker testimony submitted from the following individual into the record:

1. Nanette Silva – Program Director, Community Memorial Foundation

III. Report on Quality and Patient Safety Matters

A. High Reliability Organization (HRO) Dashboard (Attachment #2)

Leslie Frain, Associate Chief Quality Officer, provided an overview of the HRO Dashboard. The Committee reviewed and discussed the information.

In response to a question from Director Driscoll regarding metrics on hospital acquired infections, Ms. Frain noted that those metrics are presented to the Committee as part of a closed meeting report on a quarterly basis; they are expected to be presented again in May. Ms. Merryweather noted that the data is publicly reported, so she is not sure why it is not presented in a public format; she added that it would be ideal to separate out the Medicare-related events, as those are subject to penalties. Ms. Frain and Dr. Claudia Fegan, Chief Medical Officer, indicated that it can be further discussed. Dr. Fegan noted that the data for all hospital acquired infections is presented in a closed meeting; Medicare is a small percentage of the total number of patients, so presenting data only relating to the Medicare patients may not be reflective of the total patient population.

III. Report on Quality and Patient Safety Matters (continued)**B. Regulatory and Accreditation Updates**

Ms. Frain provided a verbal update on regulatory and accreditation matters. Staff continue with ongoing survey preparedness activities at Provident Hospital as they await the survey by The Joint Commission (TJC), which could come at any time. She added that Stroger Hospital has now entered the TJC survey window, too.

C. Report on Employee Engagement and Culture of Safety Survey (Attachment #3)

The following individuals provided an overview of the Report: Tara Ruhlen, Director of Planning and Analysis; Anita Giuntoli, Director of Patient Safety; and Leslie Frain, Associate Chief Quality Officer. The Committee reviewed and discussed the information.

IV. Action Items

NOTE: action was taken on Agenda Items IV(A), IV(B), IV(C) and IV(D) in one (1) combined motion.

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #4)

Dr. Claudia Fegan, Chief Medical Officer, presented the following Stroger Hospital Division Chair Initial Appointment for the Committee's consideration:

Initial appointment of the following individual as Division Chair of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Jennifer Suffern, DPM	Surgery 03/19/2021 - 05/17/2023	Chair of the Division of Podiatry

B. Executive Medical Staff (EMS) of Stroger Hospital and Medical Executive Committee (MEC) of Provident Hospital Matters**i. Receive report from EMS President**

- Receive summary of Stroger Hospital-Wide Quality Improvement and Patient Safety Committee (Attachment #5)
- Approve Stroger Hospital Medical Staff Appointments/Reappointments/Changes (Attachment #6)

ii. Receive report from MEC President

- Receive summary of Provident Hospital Quality and Performance Improvement Committee (Attachment #5)
- Approve Provident Hospital Medical Staff Appointments/ Reappointments/Changes (Attachment #6)

Dr. Abayome Akintorin, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented the informational Stroger Hospital-Wide Quality Improvement and Patient Safety Committee summary; he also presented the proposed Stroger Hospital medical staff action items for the Committee's consideration. Dr. Marlon Kirby, President of the MEC of Provident Hospital of Cook County, was unable to attend the meeting due to clinical duties.

IV. Action Items (continued)

C. Overview of Resident/Fellow Training (Attachment #7)

- Approve Proposed Clinical Training Affiliation Agreements

Dr. John O'Brien, Chair of the Department of Professional Education, provided an overview of the information contained in the presentation, and presented the proposed clinical training affiliation agreements (included in the presentation) for the Committee's consideration.

D. Minutes of the Quality and Patient Safety Committee Meeting, February 18, 2021

Chair Gugenheim inquired whether any corrections needed to be made to the minutes.

E. Any items listed under Sections IV and V

Director Prendergast, seconded by Director Driscoll, moved the following:

- Approve Item IV(A) Proposed Stroger Hospital Division Chair Initial Appointment;
- Approve Item IV(B) Stroger Hospital medical staff appointments, reappointments and changes;
- Approve Item IV(B) Provident Hospital medical staff appointments, reappointments and changes;
- Approve Item IV(C) Proposed Clinical Training Affiliation Agreements; and
- Accept Item IV(D) February 18, 2021 Quality and Patient Safety Committee Meeting Minutes

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

Yeas: Chair Gugenheim and Directors Driscoll, Garza, Prendergast and Story (5)

Nays: None (0)

Absent: None (0)

THE MOTION CARRIED UNANIMOUSLY.

V. Closed Meeting Items

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

The Committee did not convene into a closed meeting.

VI. Adjourn

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

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

Follow-up: Follow-up discussion indicated on the subject of reporting metrics for hospital acquired
infections. Page 1

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 19, 2021

ATTACHMENT #1

Electronic Testimonial Submission

No Reply - Cook County Health <WP-Notifications@cookcountyhealth.org>

Mon 3/15/2021 1:23 PM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

Type of Message

Message

Message

Good afternoon, my name is Nanette Silva and I am the Program Director at Community Memorial Foundation which has served the western suburbs of Cook County for 25 years. To date, thousands of west suburban Cook County residents hit hardest with COVID infection and mortality rates lack real access to the vaccine. As noted by CCDPH in our regular conversations with them, there remain clear geographic regions that should be prioritized from a racial equity perspective. Together with our colleagues at Healthy Communities Foundation, we have layered COVID infection maps with underserved areas to assess which suburban Cook communities could benefit from temporary vaccine clinics, and have determined two priority regions that include Berwyn, Bridgeview, Cicero, Justice, Lyons and Summit, among others. Having learned lessons from the City of Chicago vaccine rollout, we as private health foundations stand ready to mobilize our west suburban community CBO partners and catalyze the resources and supports needed for equitable community vaccine distribution, aligning with CCDPH's ability to supply vaccine and help with operational logistics. Working together, we as public and private sector partners can make this happen efficiently.

Date of Meeting or Public Hearing

March 16, 2021

Name

Nanette Silva

Address

[REDACTED]

Phone

[REDACTED]

Phone Type

[REDACTED]

Email

[REDACTED]

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 19, 2021

ATTACHMENT #2

COOK COUNTY
HEALTH



HRO Dashboard

Quality and Patient Safety Committee

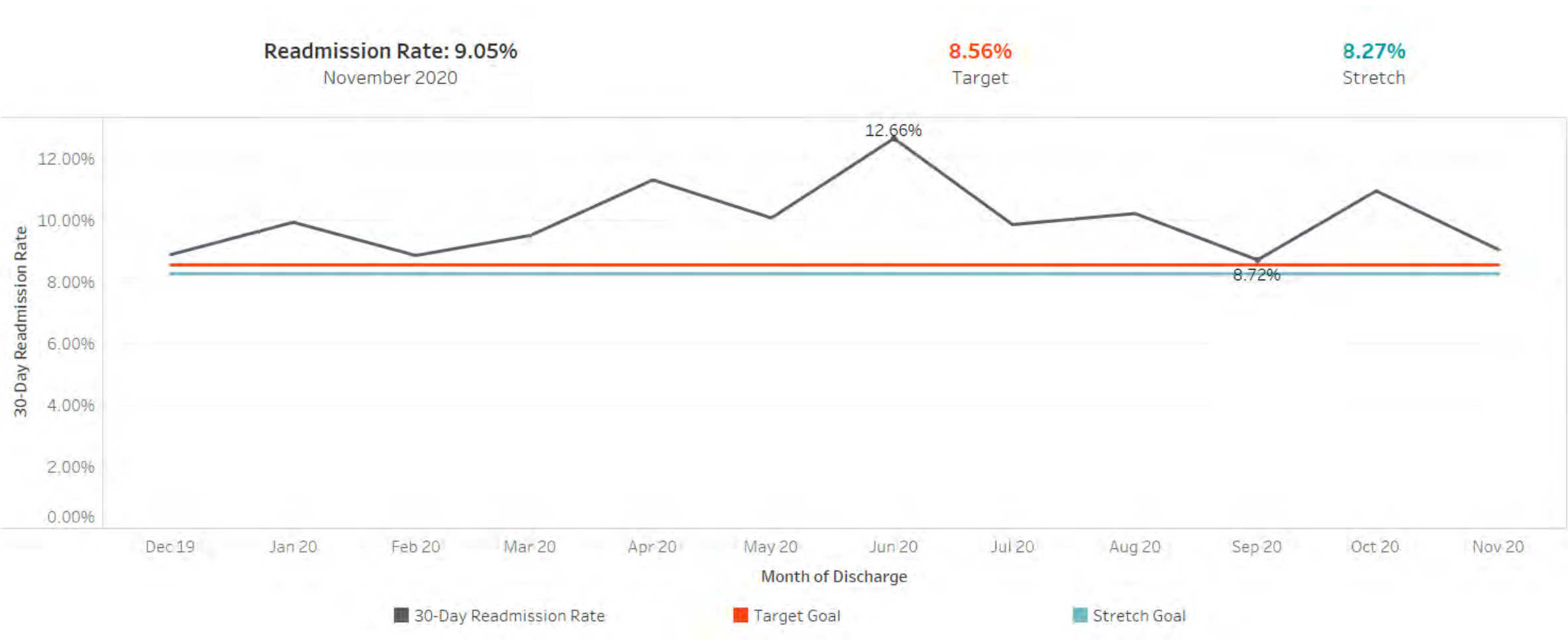
March 2021



COOK COUNTY
HEALTH

30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions



*Lower readmission rate is favorable

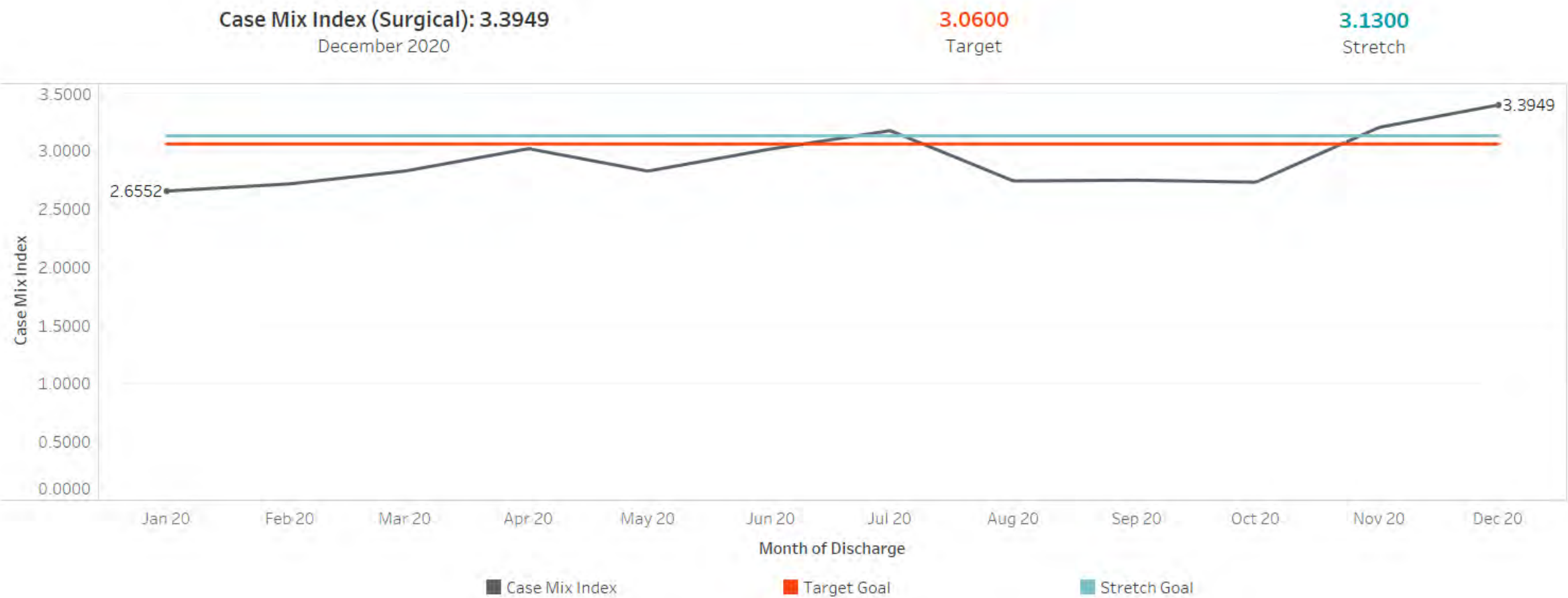
Case Mix Index, Medical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation



Case Mix Index, Surgical MS-DRG (Stroger Hospital)

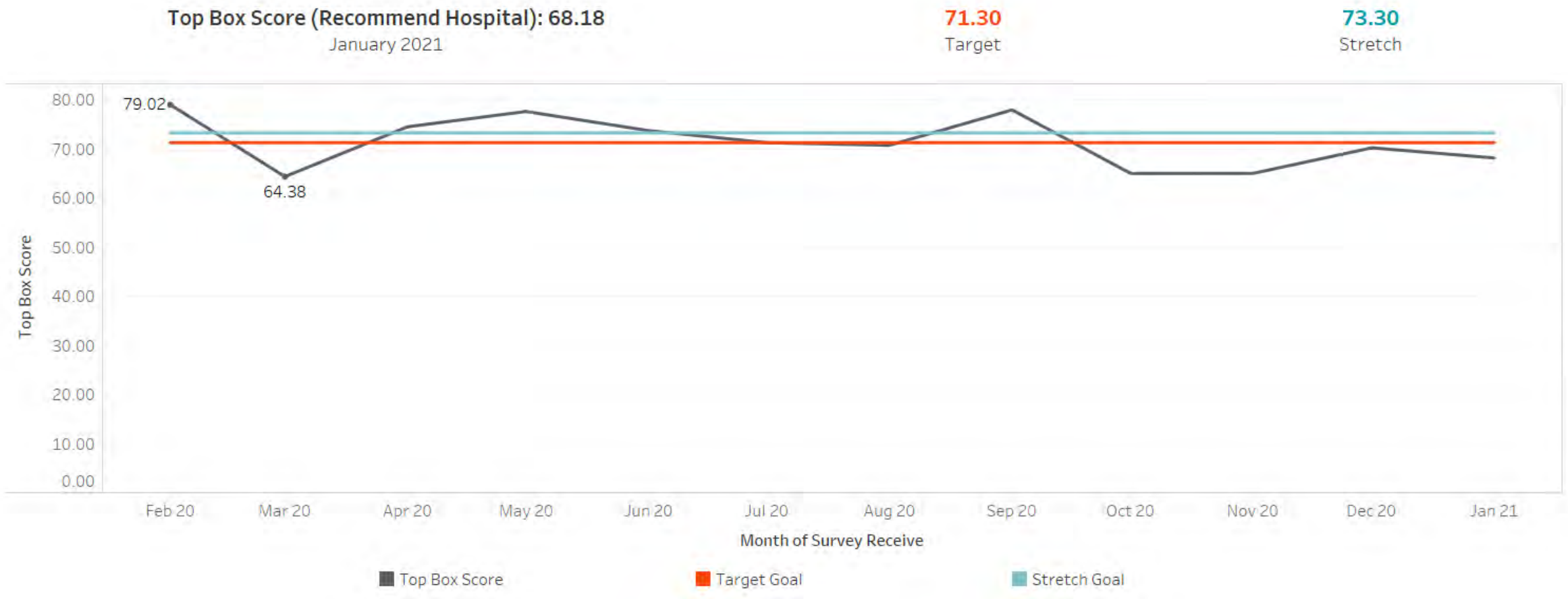
HRO Domain: Clinical Documentation



*Higher case mix index is favorable

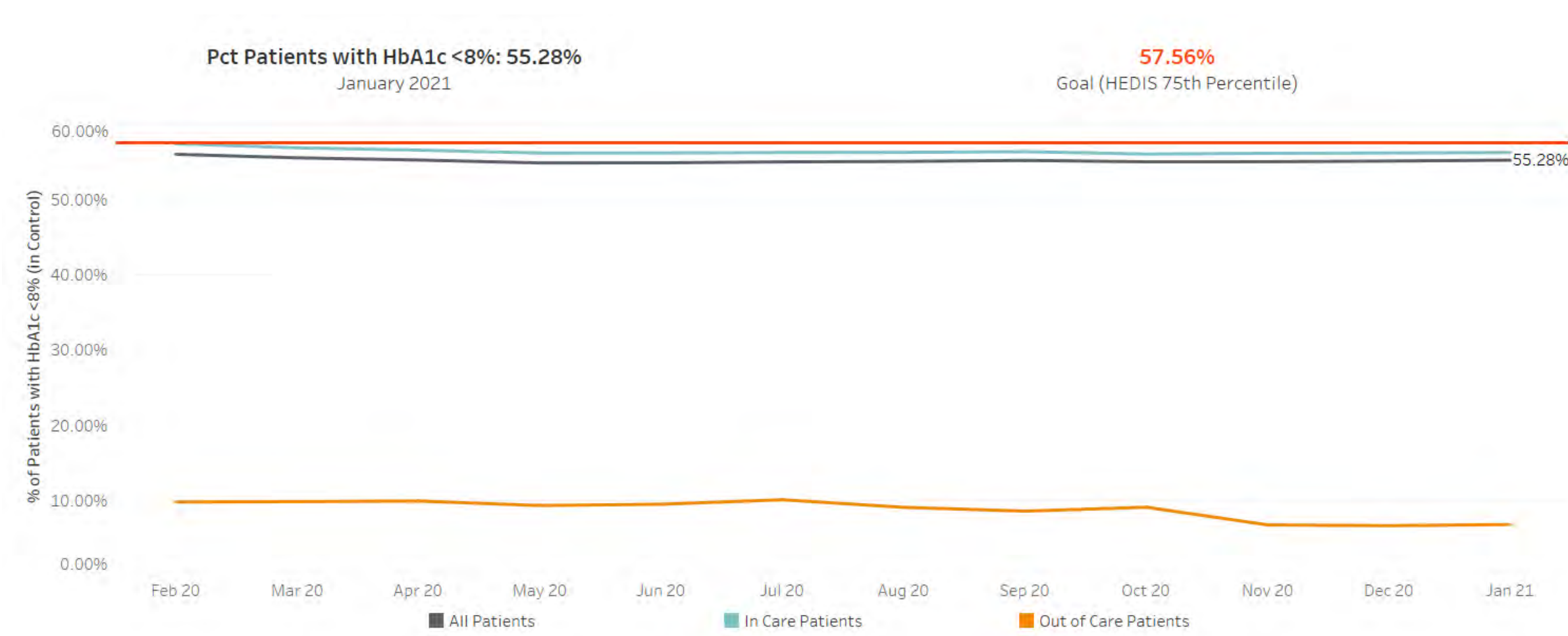
Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience



HbA1c <8%

HRO Domain: HEDIS



*Higher percent of patients with HbA1c in control (<8%) is favorable

Metric	Definition
30-Day Readmission Rate	<ul style="list-style-type: none"> • <i>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</i> • Calculation: Raw unplanned readmission rate (# of readmissions / total # of eligible discharges) • Population included: all inpatient discharges from <u>Stroger</u> • Cohort inclusions: any payer; any age; alive at discharge • Cohort exclusions: Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth • Reporting timeframe: reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge • Data source: Vizient Clinical Data Base
Case Mix Index	<ul style="list-style-type: none"> • <i>Average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges</i> • Population included: all inpatient discharges from <u>Stroger</u> • Cohort inclusions: any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (<i>Surgical: an OR procedure is performed</i>) • Cohort exclusions: none • Reporting timeframe: reported monthly by most current month available; reported by month of patient discharge • Data source: Vizient Clinical Data Base
Recommend the Hospital	<ul style="list-style-type: none"> • <i>Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey</i> • Calculation: Percent of patient responses with "Definitely Yes" (top box) / total survey responses • Population included: Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient • Cohort exclusions: discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located • Reporting timeframe: reported monthly by most current month available; reported by month of survey received date • Data source: Press Ganey
HbA1c <8%	<ul style="list-style-type: none"> • <i>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is in control (<8.0%)</i> • Calculation: Percent of diabetic patients with HbA1c in control / total diabetic patients • Population included: (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) <i>OR</i> (One diabetic Inpatient visit in the current year or previous year) <i>OR</i> (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year) • Cohort exclusions: none • Reporting timeframe: reported monthly by most current month available; reported by month of patient visit • Data source: NCQA, HEDIS

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 19, 2021

ATTACHMENT #3

Employee Engagement and Culture of Safety Survey

QPS Meeting

March 2021

Tara Ruhlen, MPH

Director, Planning and Analysis

Anita Giuntoli, MJ, BSN, RN, CPPS, CPHQ

Director, Patient Safety

Leslie Frain, MSN, RN, CPPS, CPHQ

Associate Chief Quality Officer



COOK COUNTY
HEALTH

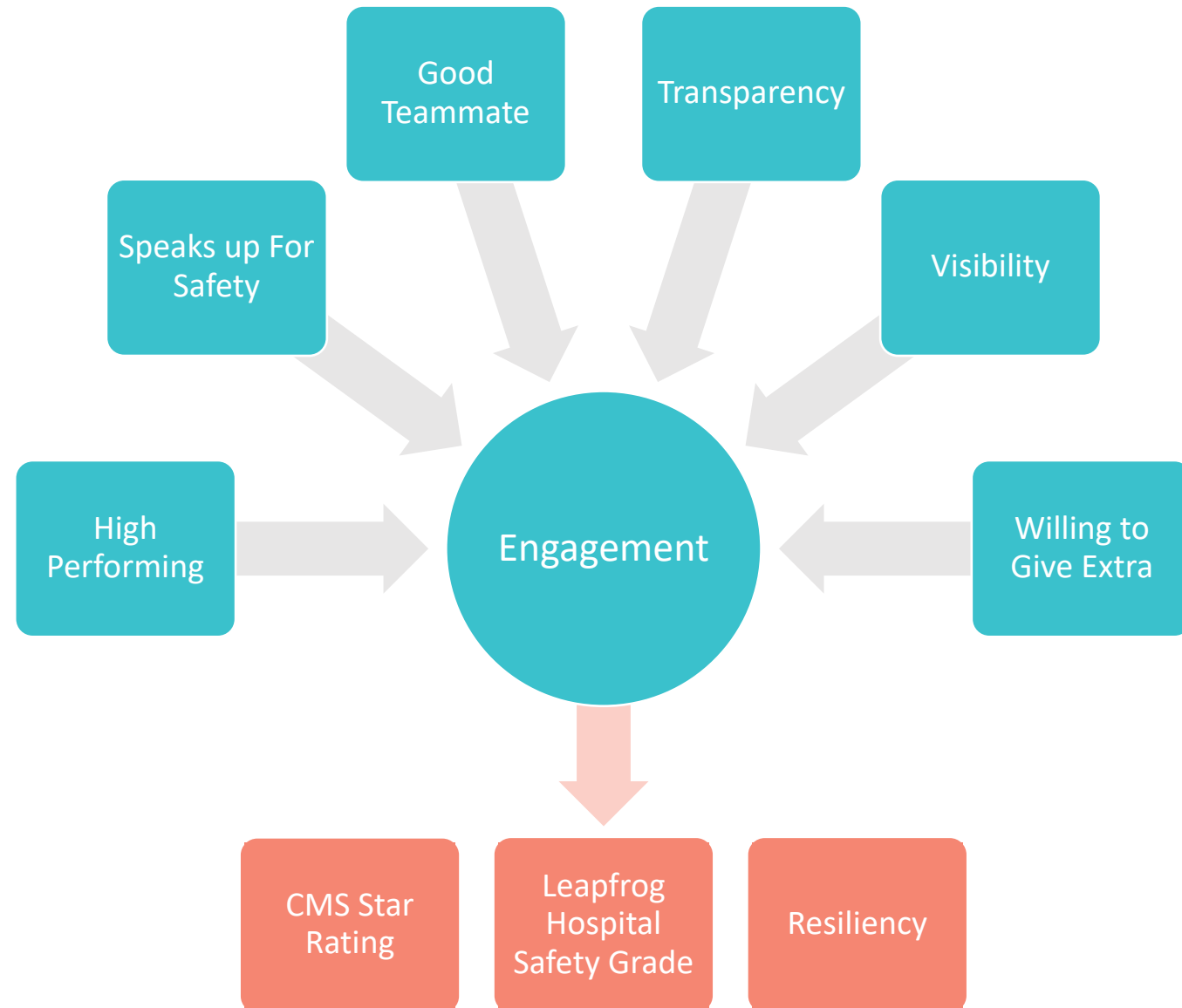
What is Engagement?

Employee Engagement

Connection team members feel
to their jobs

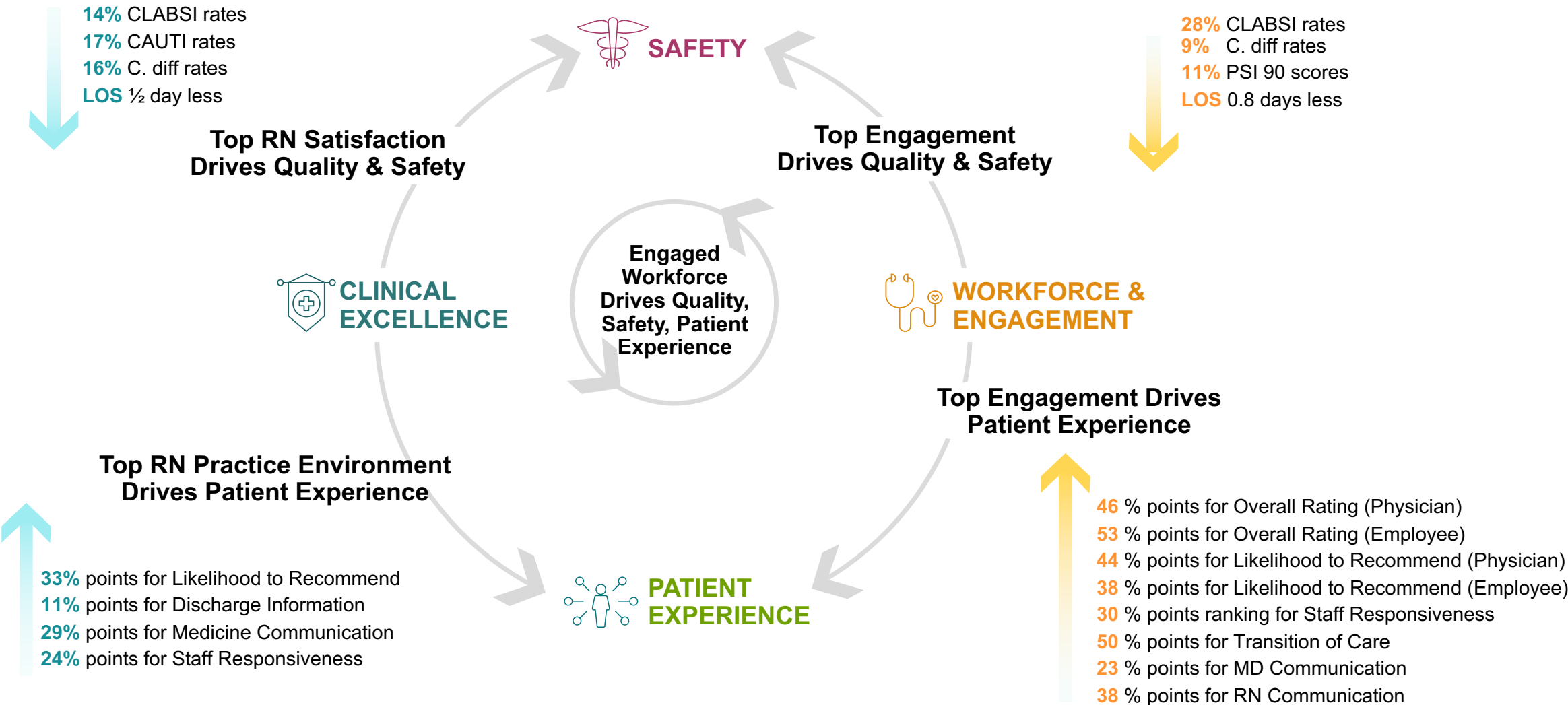
Reflects how invested and
connected team members
are in the success of their
teams and organization

What Does an Engaged Leader and Team Look Like?



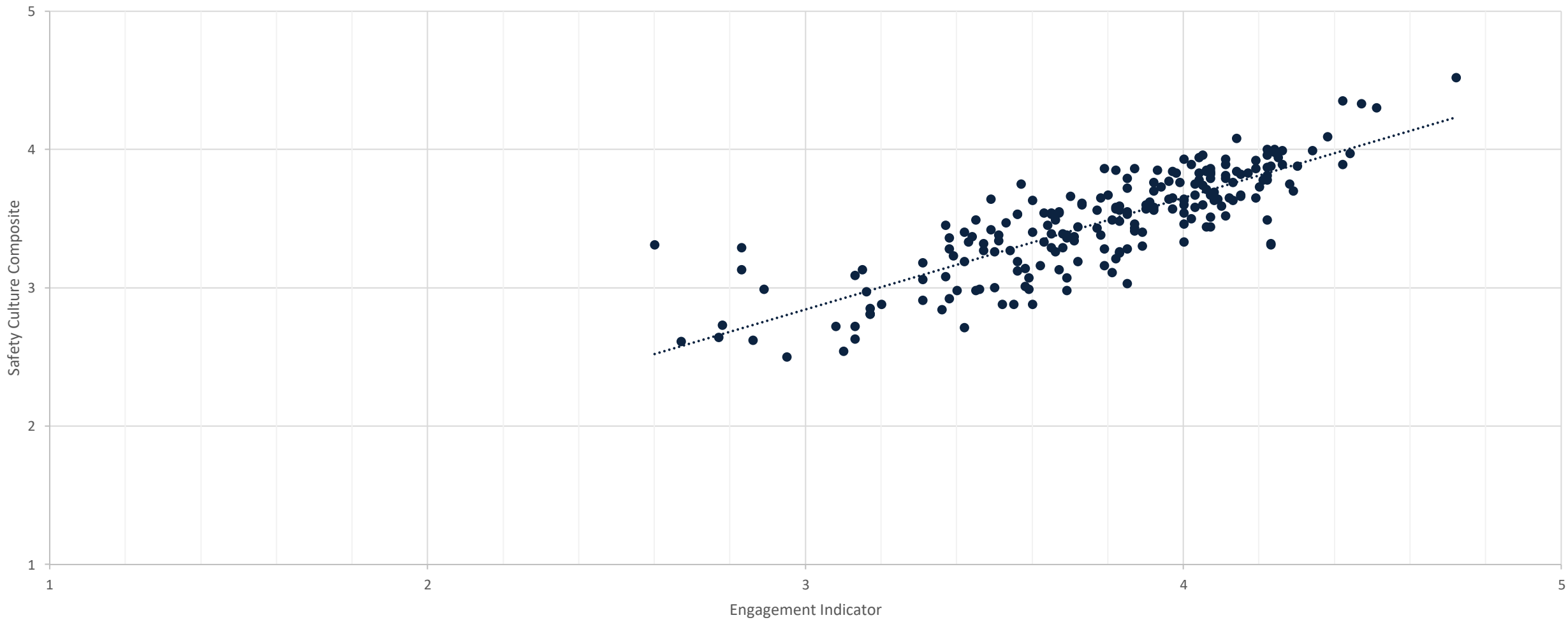
“Virtuous Cycle”

Intersection of Safety, Quality and Experience



CCH 2020 Safety Culture & Engagement Correlation

Correlation Coefficient: $r = +0.83$ very strong positive association

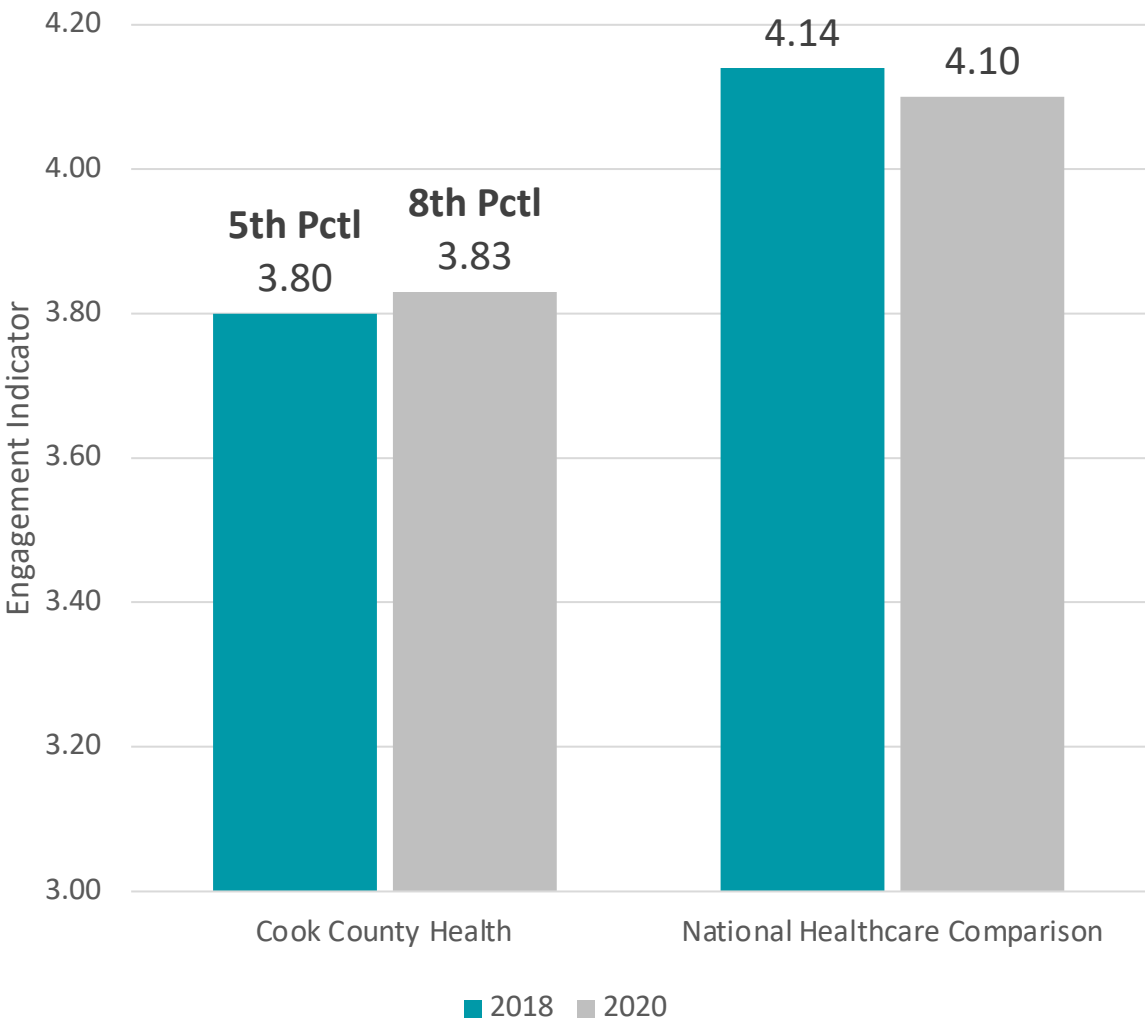
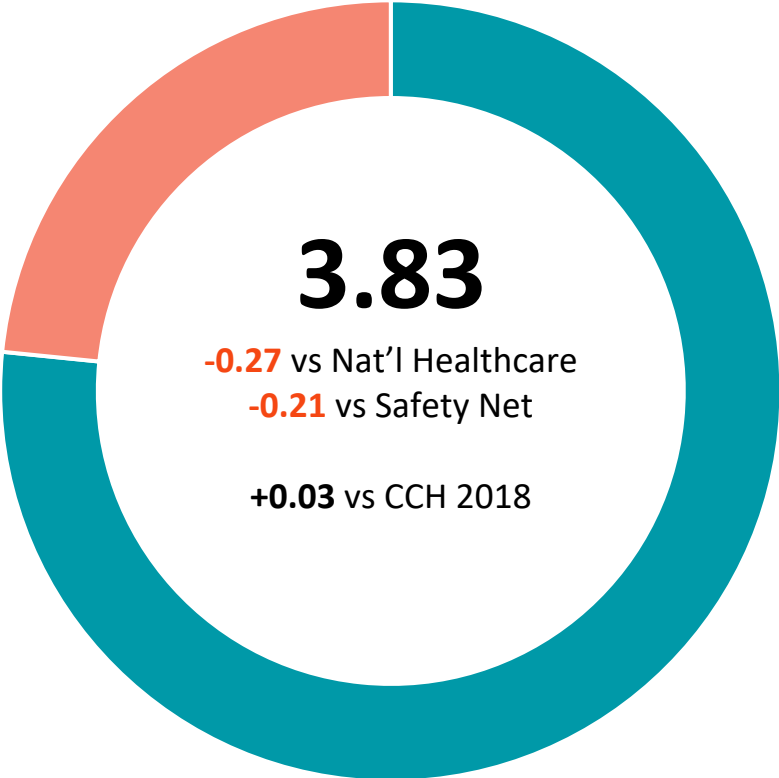


Employee Engagement Results

Cook County Health 2020

Survey Admin: September – October 2020
Response Rate: 56% (n=3,300)

Engagement
Employees' emotional attachment
and commitment to organization



Key Drivers of Engagement

Cook County Health 2020

Key Drivers (in order of influence)	2018 CCH	2020 CCH	% Unfavorable	Difference from:	
				Nat'l Healthcare Avg	Nat'l Safety Net Avg
I feel like I belong at CCH	3.85	3.94*	7%	-0.15	-0.10
CCH provides high quality care and service	3.78	3.74	8%	-0.45	-0.37
CCH makes every effort to deliver safe, error-free care to patients	3.83	3.82	8%	-0.42	-0.31
I have confidence in senior management's leadership	3.36	3.27	25%	-0.49	-0.41
My work gives me a feeling of accomplishment	3.99	4.06*	6%	-0.15	-0.12

Leader Index



Leader Index Items
The person I report to treats me with respect
I respect the abilities of the person to whom I report
The person I report to encourages teamwork
The person I report to care about my job satisfaction
The person I report to is a good communicator
I am involved in decisions that affect my work



High Readiness	Moderately High Readiness	Moderate Readiness	Moderately Low Readiness	Low Readiness
≥90	80-89	70-79	60-69	<60
Group is ready to have discussions for improvement with manager		Group may be ready for discussions; manager may benefit from guidance	Build relationships between managers and employees prior to discussions	



Employee Engagement and Culture of Safety Results

Cook County Health 2020

Survey Admin: September – October 2020

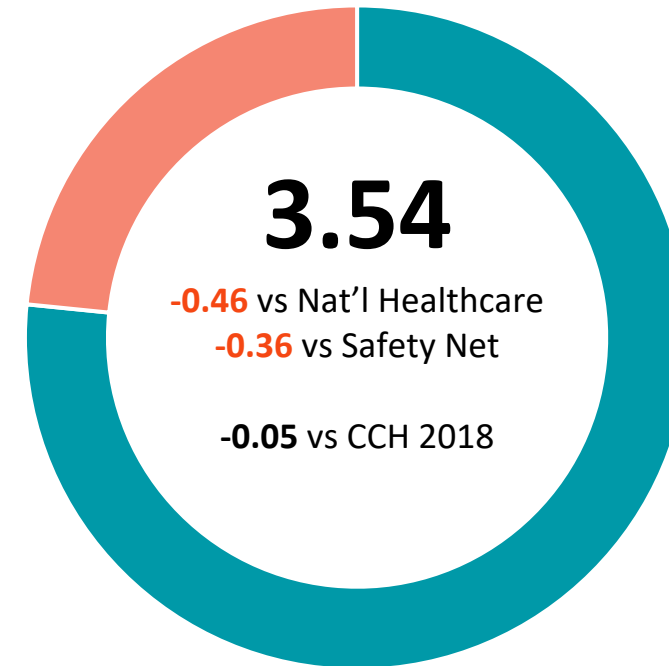
Response Rate: 56% (n=3,300)

What is Culture of Safety?

- Organizations that are highly reliable maintain a **commitment to safety** at all levels, from frontline providers to managers and executives.
- Safety is viewed as a **core value** across all sites and services.

Safety Culture

Evaluation of attitudes and behaviors impacting patient and workplace safety



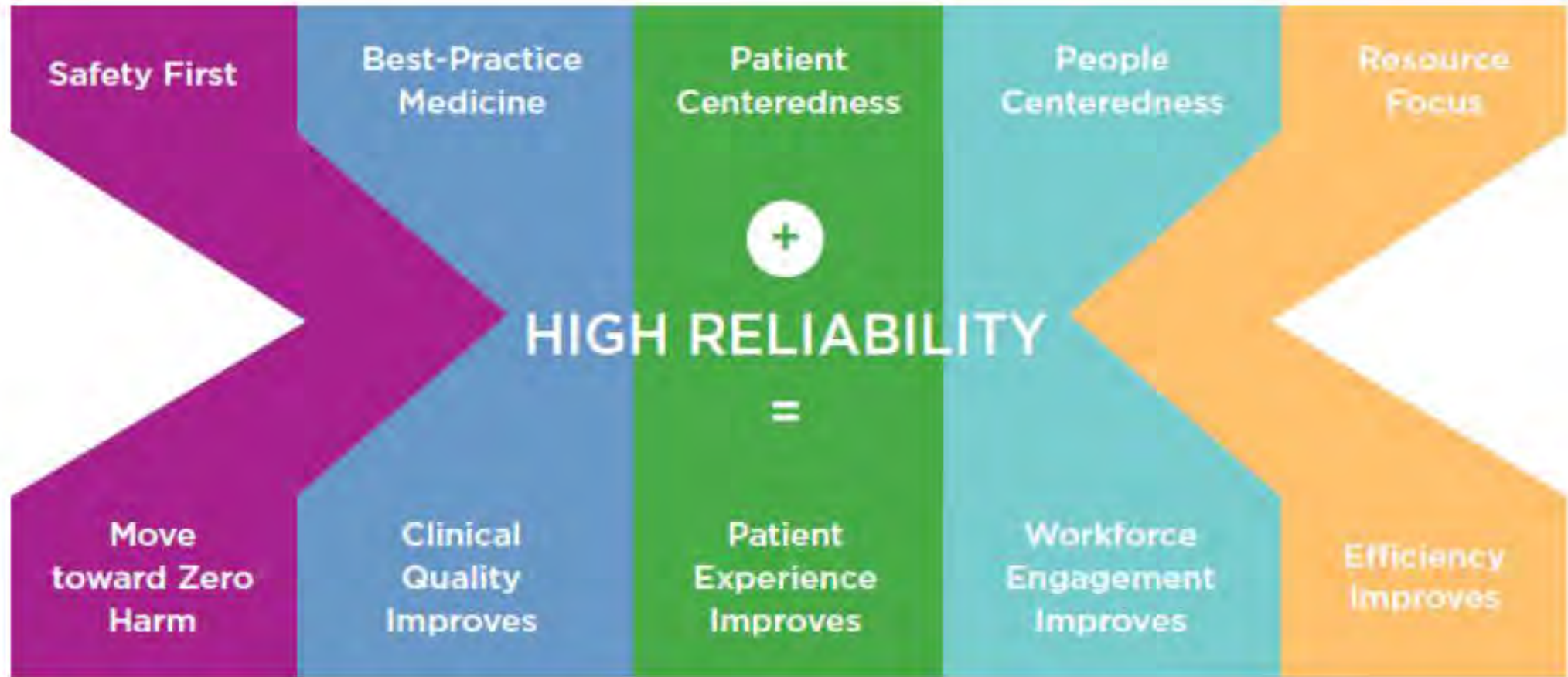
Key Features of a Culture of Safety:

- Organizational commitment of **resources** to address safety concerns.
- Blame-free environment where individuals are able to report errors or near misses **without fear** of reprimand or punishment.
- Takes into account that individuals are **human**, fallible and capable of mistakes, and that they work in systems which are sometimes flawed.
- **Uses data** proactively and in response to events.
- Encourages **collaboration** across ranks and disciplines to seek solutions to patient safety problems.

Why Safety Culture Matters

- Improving the culture of safety within health care is an **essential** component of preventing or reducing errors and improving overall health care quality.
- Safety culture influences the **effectiveness** of other safety and quality interventions.
 - Can enhance or inhibit effects of other interventions
- Safety culture **can change** through intervention.
 - Leadership commitment
 - Staff engagement

Reliability as the Operating System that Ties it all Together



Culture of Safety Items

Highest Performing Items Compared to National Healthcare Average

Item	2020 Score	% Unfavorable	Difference from	
			Nat'l Healthcare Average	Nat'l Safety Net Hospital Average
In my department, we discuss ways to prevent errors from happening again.	3.90	11%	-0.37	-0.27
We are actively doing things to improve patient safety.	3.90	7%	-0.37	-0.29
I can report patient safety mistakes without fear of punishment.	3.84	11%	-0.38	-0.27
Employees will freely speak up if they see something that may negatively affect patient care.	3.81	11%	-0.38	-0.27
The amount of job stress I feel is reasonable.	3.09	32%	-0.40	-0.31
Mistakes have led to positive changes here.	3.66	11%	-0.41	-0.33
I feel free to raise workplace safety concerns.	3.80	11%	-0.41	-0.30

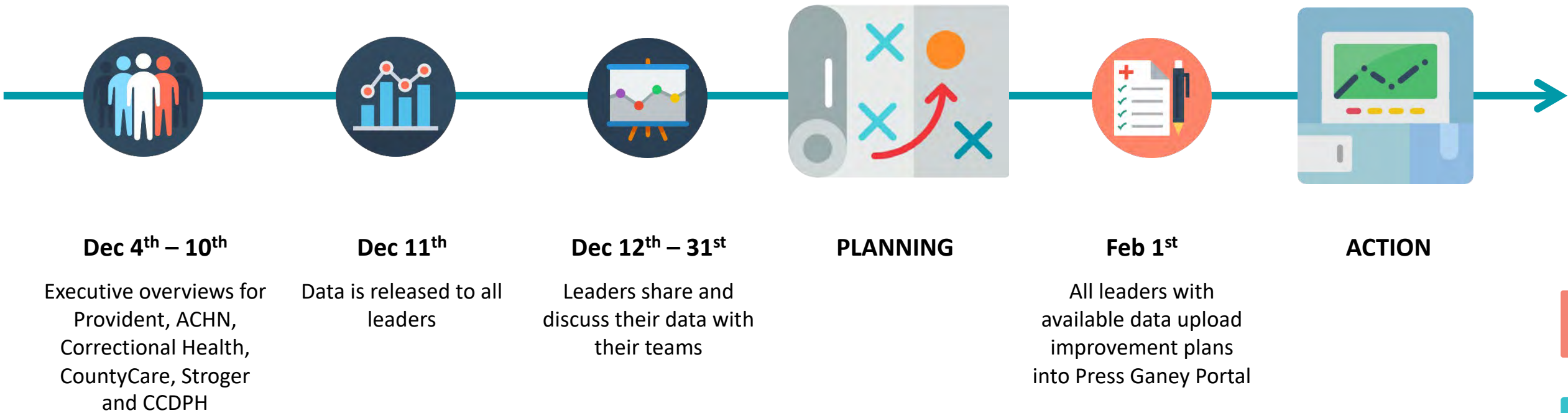
Culture of Safety Items

Lowest Performing Items Compared to National Healthcare Average

Item	2020 Score	% Unfavorable	Difference from	
			Nat'l Healthcare Average	Nat'l Safety Net Hospital Average
Senior management provides a work climate that promotes patient safety.	3.57	60%	-0.48	-0.36
When a mistake is reported, it feels like the focus is on solving the problem, not writing up the person.	3.42	54%	-0.49	-0.39
Where I work, employees and management work together to ensure the safest possible working conditions.	3.56	60%	-0.52	-0.40
My department works well together.	3.65	63%	-0.53	-0.46
I would recommend Cook County Health (CCH) to family and friends who need care.	3.65	63%	-0.57	-0.47
Communication between departments is effective at Cook County Health (CCH).	3.03	36%	-0.59	-0.47
My department is adequately staffed.	2.66	30%	-0.61	-0.51

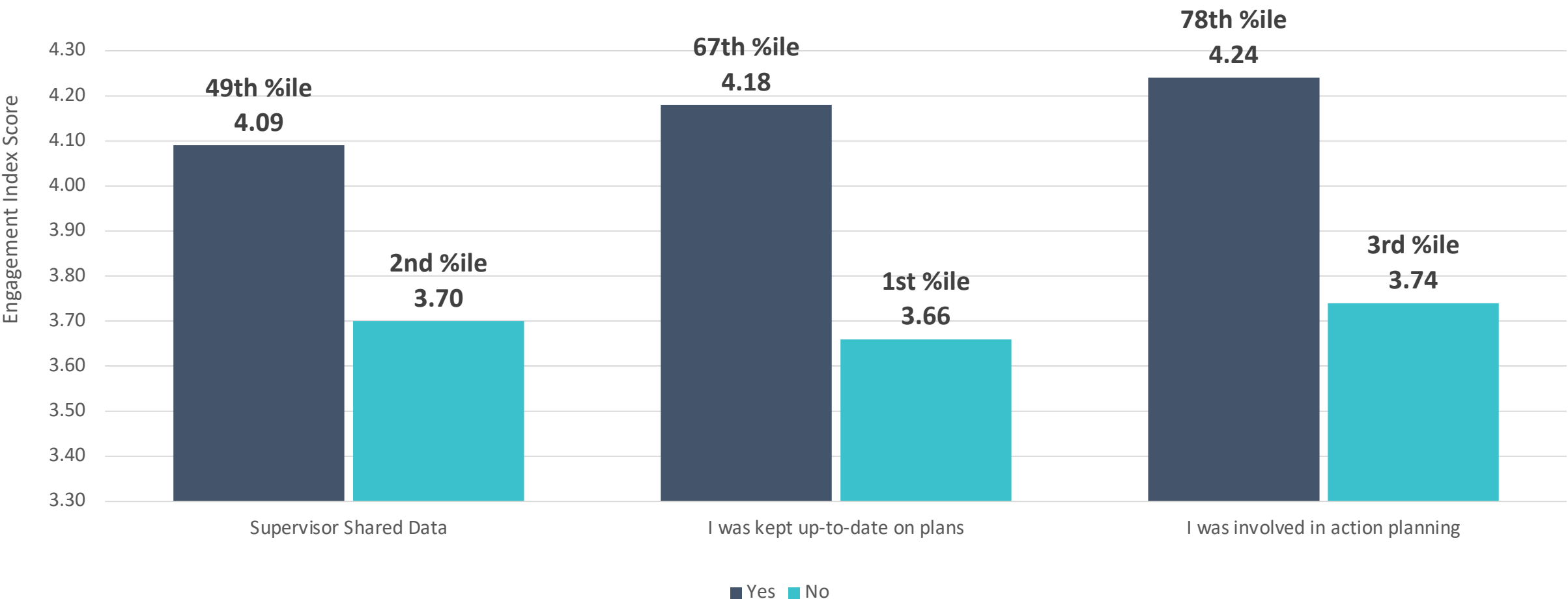
Timeline for Employee Engagement

Next Steps



Impact of Sharing, Communication & Involvement on Engagement

Cook County Health, 2020 Pulse Survey in March



Improvement Plans

Due February 1st

- Leaders were required to create improvement plans on the following:
 - Leader index item
 - Culture of safety item
 - Work unit/department specific item

**templates for each measured item available in the Press Ganey Portal*

- Improvement plans were due into the Press Ganey Portal on February 1st

Improvement Plans

Press Ganey Portal

Examples of Plans Submitted:

- “Culture of mutual respect”
- “Employee communication styles”
- “Encourage error reporting”
- “Focus on problem, not person”
- “Identification of communication strategies”
- “Improve access to career development activities”
- “Involve staff in decision making”
- “Promotion of CCH”
- “Reducing job stress”
- “Refer CCH for care”
- “Reputation transformation”
- “Staff inclusion and engagement”
- “Why my work matters!”

Press Ganey Template for Improvement Planning

Title* <input type="text"/>	30. Cook County Health (CCH) cares about quality improvement. <input type="button" value="Save All Changes"/>
Status* <input checked="" type="radio"/> Draft <input type="radio"/> On Hold <input type="radio"/> In Progress <input type="radio"/> Completed <input type="radio"/> Canceled	Tip <input type="button" value="Delete"/>
Due Date* <input type="text"/>	Define Goal : <input type="text"/>
Report Group: Cook County Health Created By:	Define Issue: <input type="text"/>
<input type="button" value="Save All Changes"/>	Define Success Measure: <input type="text"/>
	Progress Updates: <input type="text"/>
	Define Task: <input type="text"/> <input type="button" value="Add Task"/>

Action Phase: Ongoing Follow-Up

Tips for Leaders

- Regularly review the Improvement Plan with your leader and your direct team members
- Action planning should be a standing item on your team meeting agenda
- Ask team members assigned to action tasks to regularly report-out on progress
- Continue to modify, add tasks, and update the Improvement Plan as it evolves
- Communicate and celebrate successes and progress as steps are completed
- Continue to discuss improvement plans with your manager and teams – provide updates throughout the year
- Complete the High Reliability training – and practice the tools, use the knowledge gained

Questions



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 19, 2021

ATTACHMENT #4

Meeting of the Cook County Health and Hospitals System

March 19, 2021

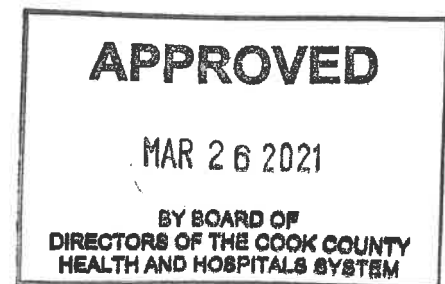
Back-Up Material for Item No. IV(A)

Appointment of John H. Stroger Hospital Division Chair

Respectfully requesting approval of the following:

Initial appointment of the following individual as Division Chair of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Jennifer Suffern, DPM	Surgery 03/19/2021 - 05/17/2023	Chair of the Division of Podiatry



Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 19, 2021

ATTACHMENT #5

**Stroger Hospital Quality Improvement & Patient Safety (HQuIPS) Committee
Summary Report to the Executive Medical Staff (EMS) Committee and Quality and
Patient Safety (QPS) Committee
March 2021**

Chair: Dr. Pierko

Meeting Date: January 26, 2021, 12-1:30PM via WebEx

Regular or Special Meeting: Regular

Minutes/Attendance: Attached for review for EMS, summary only for QPS

October Reports:

- >Quality/HRO Dashboard
- >Leapfrog Update
- >Patient Safety Dashboard
- >EOC
- >Radiology
- >Patient Relations
- >HRO Dyad: Patient Experience

Summary: Majority of indicators favorable to goal. Topics of discussion/follow-up included:

- >Leapfrog Update: Most recent grade from December 2020 was “F”. Projected score for May release is a “D”.
- >Patient Safety: There has been a decrease in reported safety events compared to the past 2 years; Covid considered a contributing factor. Total # of SSE’s is decreasing which is favorable.
- >Radiology: Stroke MRI turn around times improved. Continued focus on two patient identifiers and causes when errors occur.
- >Patient Relations: There was a 13% increase in grievances in 2020 compared to 2019. Top three reasons: patient rights, patient care, and billing issues.

There are no action items for the EMS Committee.

There are no actions for the QPS Committee.

**Provident Quality & Performance Improvement (QPI) Committee
Summary Report to the Medical Executive Committee (MEC) and Quality and Patient
Safety (QPS) Committee
March 2021**

Chair: Dr. Turner/Dr. Loafman-Presiding Chair

Co-Chair:

Meeting Date (s): January 28, 2021 via WebEx

Regular or Special Meeting: Regular

Minutes/Attendance: Attached for review for MEC, summary only for QPS

January Reports:

- >Transportation
- >Pharmacy
- >Patient Access
- >In-Patient Care Coordination
- >Behavioral Health
- >Clinical Analytical Lab

Summary: Majority of indicators favorable to goal. Topics of discussion/follow-up included:

- >Transportation: New indicator to improve throughput. Goal of 20 minutes from time of transporter notification to arrival to the ED.
- >In-patient Care Coordination: Monitoring indicator that RN Case Manager will verify insurance on all patients admitted to Provident within a 48-hour timeframe excluding weekends/holidays. Compliance 74% for December.
- >Behavioral Health: Monitoring that Clinicians will complete 95% of their billing. 2020 averaged 94.9%.
- >Lab: Monitoring STAT turn around times, critical value reporting, blood contamination rates, ED type and screen completed within 20 minutes, and transfusion reactions.

There are no action items for the Medical Executive Committee

There are no action items for the QPS Committee

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 19, 2021

ATTACHMENT #6



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Israel Rocha, Jr.
Chief Executive Officer
Cook County Health

Board of Directors

M. Hill Hammock
Chair of the Board

David Ernesto Munar
Vice Chair of the Board

Robert Currie
Hon. Dr. Dennis Deer, LCPC, CCFC
Mary Driscoll, RN, MPH
Raul Garza
Ada Mary Gugenheim

Joseph M. Harrington
Mike Koetting
Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Otis L. Story, Sr.

Deb Santana
Secretary to the Board
Cook County Health

March 11, 2021

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

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County approved the attached list of medical staff action items on 03/09/2021, for your consideration.

Thank you kindly.

Respectfully Submitted,

Abayomi E. Akintorin, MD
President, EMS

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Abayomi E. Akintorin, MD
EMS President

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

Medical Staff Appointments/Reappointments Effective March 19, 2021 Subject to Approval by the CCH Quality and Patient Safety Committee Board.

Initial Physician Appointment Applications:

Name	Category	Department / Division	Appointment Term
Kronic, Aleksander, MD	Consulting	Medicine/Dermatology	March 19, 2021 thru March 18, 2023
Sweet, Fred Arthur MD	Honorary	Trauma/Burn Unit	March 19, 2021 thru March 18, 2023

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 19, 2021

A handwritten signature in black ink, appearing to be "AB", is written over the word "COMMITTEE" in the approval stamp.

Reappointment Applications Physicians:

Department of Correctional Health:

Name	Category	Division	Reappointment Term
Canelas, Elizabeth W., MD	Active	Psychiatry	May 18, 2021 thru May 17, 2023
Garbharran, Sharad MD	Active	Psychiatry	May 18, 2021 thru May 17, 2023
Harris, Rebecca MD	Active	Med/ Surg	May 24, 2021 thru May 23, 2023
Ward, Andrea N., MD	Active	Psychiatry	May 25, 2021 thru May 24, 2023


Department of Family Medicine:

Name	Category	Division	Reappointment Term
Shah. Chiragi, MD	Active	Family Medicine	April 22, 2021 thru April 21, 2023

Department of Medicine

Name	Category	Division	Reappointment Term
Andablo, Araceli, MD	Active	Medicine/General Medicine	April 11, 2021 thru April 10, 2023
Bangayan, Lorraine MD	Active	Medicine/Adult Cardiology	May 17, 2021 thru May 16, 2023
Black, Stephanie MD	Voluntary	Medicine/Infectious Disease	April 17, 2021 thru April 16, 2023
Shah, Sejal, MD	Active	Medicine/General Medicine	May 19, 2021 thru May 18, 2023
Martin, Jonathan W., DO	Active	Medicine/Infectious Disease	May 24, 2021 thru May 23, 2023
Piette, Warren W., MD	Voluntary	Dermatology	April 28, 2021 thru April 27, 2023
Santhiraj, Yaveen, MD	Active	Hospital Medicine	July 22, 2021 thru July 21, 2023

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 BY THE QUALITY AND PATIENT SAFETY COMMITTEE
 ON MARCH 19, 2021



Department of Oral Health:

Name	Category	Division	Reappointment Term
Coelho, Giselle DMD	Active	Oral Health	May 17, 2021 thru May 16, 2023

Department of Pediatrics

Name	Category	Division	Reappointment Term
Heydemann, Peter T., MD	Voluntary	Peds Neurology	May 26, 2021 thru May 25, 2023

Department of Psychiatry

Name	Category	Division	Reappointment Term
Kleinman, Amanda S., MD	Consulting	Psychiatry	April 13, 2021 thru April 12, 2023


Department of Radiology

Name	Category	Division	Reappointment Term
Basu, Anupam, MD	Active	Diagnostic Radiology	June 17, 2021 thru June 16, 2023
Trepashko, Donald W., MD	Active	Nuclear Radiology	May 14, 2021 thru May 13, 2023

Department of Surgery:

Name	Category	Division	Reappointment Term
Munich, Stephan A., MD	Voluntary	Neurosurgery/Radiology	May 24, 2021 thru May 23, 2023

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Initial Application for Non-Medical Staff:


Name	Department	Supervisor/Collab	Terms
Assian, Sarah PA-C	Medicine/Infectious Diseases	Audrey French, MD	March 19, 2021 thru March 18, 2023
Lott, Sandra CRNA	Anesthesiology	N/A	March 19, 2021 thru March 18, 2023
Slowikowski, Rosemarie, CRNA	Anesthesiology	N/A	March 19, 2021 thru March 18, 2023

Renewal of Privileges for Non-Medical Staff:

Name	Department	Supervisor/Collab	Terms
Bozylinsky, Katherine, PA-C	Medicine/Infectious Disease	Katayoun Rezai, MD	May 22, 2021 thru May 21, 2023
Han, Yong LAc	Anesthesiology/Pain Management	N/A	June 21, 2021 thru June 20, 2023
Kane-Towles, Megan R., PA-C	Family Medicine	Jalpabahen A. Patel, MD	May 19, 2021 thru May 18, 2023
Kurn, Maria Del Carmen P., CNP	Medicine/Pulmonary & Critical Care	Nancy M. Quesada, MD	May 12, 2021 thru May 11, 2023
Veliyahumalil, Jasseena CNP	Medicine	Ambika Amblee, MD	May 19, 2021 thru May 18, 2023

Name	Department	Supervisor/Collab
McGee, Natalia, CNP	Medicine/Infectious Disease	Monica Mercon, MD and Temitope Oyedele, MD

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 19, 2021





COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Israel Rocha, Jr.
Chief Executive Officer
Cook County Health

Board of Directors

M. Hill Hammock
Chair of the Board

David Ernesto Munar
Vice Chair of the Board

Robert Currie
Hon. Dr. Dennis Deer, LCPC, CCFC
Mary Driscoll, RN, MPH
Raul Garza
Ada Mary Gugenheim

Joseph M. Harrington
Mike Koetting
Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Otis L. Story, Sr.

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

March 5, 2021

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on March 5, 2021 the Medical Executive Committee recommended the actions on the enclosed documents. It is being presented to you for your consideration.

Respectfully,

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

Provident Hospital of Cook County



TO: Quality and Safety Committee

FROM: Marlon Kirby, MD
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on March 5, 2021

Medical Staff Appointments/Reappointments Effective March 19, 2021 Subject to Approval by the CCH Quality and Patient Safety Committee

New Business Reappointment Applications Physicians:

Department of Internal Medicine:			
Name	Category	Department/Specialty	Appointment Term
Dorman, James, MD	Affiliate	Neurology	May 20, 2021 thru May 19, 2023
Lenhardt, Richard, MD	Affiliate	Medicine/Pulmonary	May 19, 2021 thru May 18, 2023
Martin, Jonathon, DO	Affiliate	Infectious Diseases	May 24, 2021 thru May 23, 2023

Department of Radiology:			
Name	Category	Department/Specialty	Appointment Term
Trepashko, Donald, MD	Affiliate	Radiology	May 14, 2021 thru May 13, 2023

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APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 19, 2021

A handwritten signature in black ink, appearing to be "R. Kirby", is written over the bottom right of the approval text.

Medical Staff Appointment Provisional To Full:

Name	Category	Department/Specialty
Pilati, Stamatoula, MD	Provisional	Radiology/Nuclear Medicine

Medical Staff Category and/or Department Addition/Change With No Change In Privileges:

Name	Department	From	To
Grennan, Dara, MD	Medicine/Infectious Disease	Consulting	Affiliate

Non-Medical Staff Provisional to Full:

Name	Department	Supervisor/Collaborator
Fullilove, Constance, Ph.D.	Psychiatry	N/A

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APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON MARCH 19, 2021



Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 19, 2021

ATTACHMENT #7



PROFESSIONAL EDUCATION

John M. O'Brien, M.D.

Overview of Resident/Fellow Training

March 19, 2021



COOK COUNTY
HEALTH

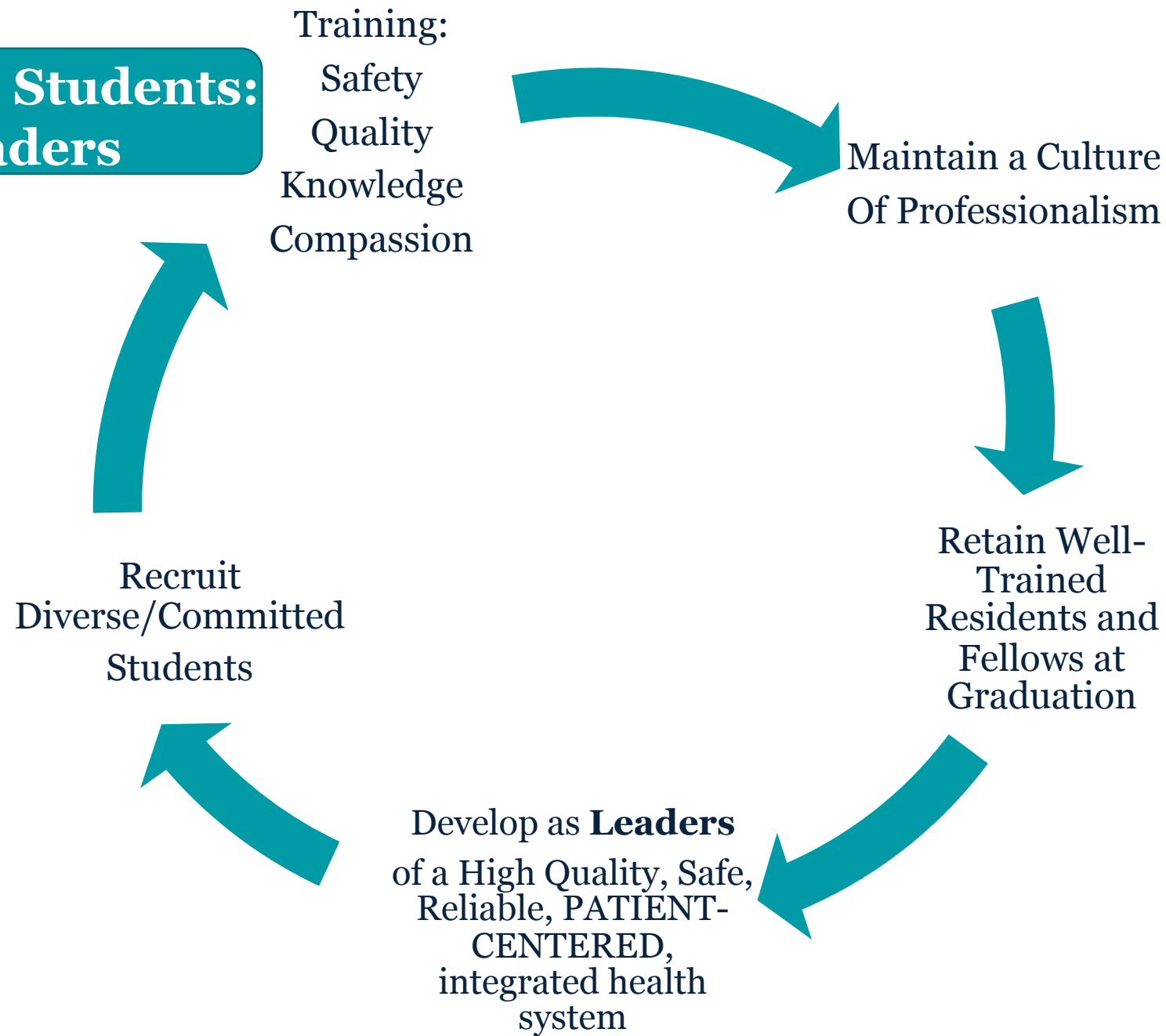
The Role of Medical Education In the Care of Our Patients

Mission Alignment



COOK COUNTY
HEALTH

Today's Medical Students: Tomorrow's Leaders



Generally Accepted Benefits of Residencies/Fellowships

- Facilitate a Cost-Effective Model of 24/7 Care of Acutely Ill Patients
- Help Attract Attending Physicians
- Provide Valuable Feedback That Can Improve Hospital Performance
- Improved Hiring Decisions When Familiar With Graduate's Work Product

Can Be Used to Drive Information
“Upward”

Metrics

What Can Be Easily Measured?

- Quality of Training → Accreditation
- Quality of Care → eMERS
- Retention of Trainees → Percentage of Graduates Hired



COOK COUNTY
HEALTH

Quality of Training

Accreditation



COOK COUNTY
HEALTH

Accreditation – 23 Programs (1 Citation)

Accreditation Council for Graduate Medical Education (ACGME)

- 20 Programs
 - All accredited: 19/20 without citations
 - IM with one citation- excessive non-clinical tasks/ Work Hours concerns

Radiology and Dermatology
pending

Commission on Dental Accreditation (CODA)

- Oral and Maxillofacial Surgery
 - “Accreditation without Reporting Requirements”
 - Next Review is in 2021

American Osteopathic Association (AOA)

- Neurosurgery Accredited through 2021 (Sunsetting)

American Society of Health-System Pharmacists (ASHP)

- Pharmacy Residency Accredited through 2023

Clinical Learning Environment (C.L.E.R.) Visit 2021



Emphasis is on the QUALITY and SAFETY of the Environment for learning and patient care

- Learning Environment has durable effect on long-term practice habits

Visits are every 18 months (our 4th visit)

One Day Visit Done Remotely (This Time)

- Must start and end with a meeting that includes the CEO and the DIO
- Interview Residents and Program Directors using Audience Response System
- Required to maintain accreditation

2021 Findings:

- **40% Participated in an RCA (up from 26%)**
- **17% Aware of Results of Pt Safety Analyses**
- **Early stages of syst. Approach to Health Care Disparities**
- **10% of Res/Fell received training in “Teaming”**



Quality of Care

Recognizing Quality and Safety Issues



COOK COUNTY
HEALTH

Leveraging Trainees To Improve Quality and Safety

- Education – Four Hour Training Session During Orientation
- Reporting – eMERS (Trainees Generate ~8% of all reports)
- Quality Improvement -100% participation
- Leadership - COVID Vaccination rate = 90%

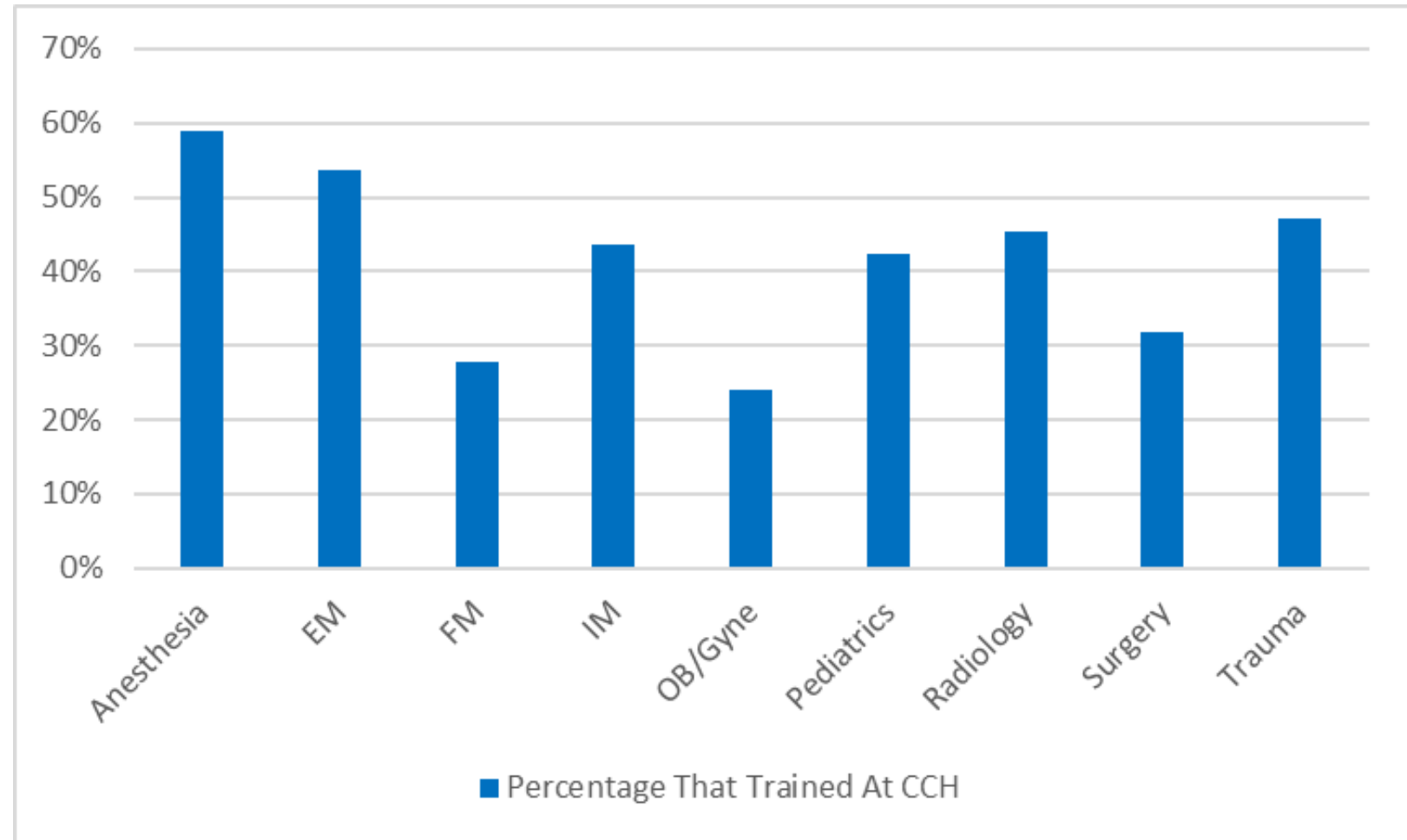
Retention of Trainees



COOK COUNTY
HEALTH

Percentage of Staff That Trained at CCH

March 2021



Training Residents Employed By Others (Rotators)

Provide Extended Coverage for our Patients

Attract Quality Faculty

Develop a Pool of Physicians for Recruiting (Retention)



COOK COUNTY
HEALTH

Rotator Programs

() = FTE Trainees/year

Integrated

Allergy (1)

Cardio Thoracic
Surgery (1)

General Surgery (24)

Endocrinology (3)

Infectious Disease (5)

Neurology (2)

OB/GYN (15)

Rheumatology (2)

Neurosurgery (4.0)

Not Integrated

Orthopedics (7.8)

ENT (7)

Pathology (3)

Nephrology (2)



Summary of Agreements for 2021 Presented For Approval March 19, 2021

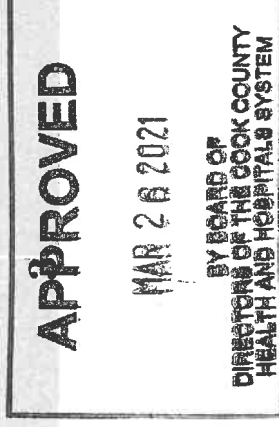
Program	FTE residents	Contract Length-Yrs	Max. Annual Reimbursed
NORTHWESTERN/MCGAW			
OB/GYNE	15	5	\$1,385,784
Otolaryngology	4	5	\$383,853
Orthopedics	4	5	\$378,199
Trauma	2	5	\$190,597
Urology	1	5	\$99,802
FRANCISCAN ST. JAMES			
Orthopedics	2	3	\$191,378
Univ. of Illinois-Chicago	3	1	\$276,269
Pathology	2		\$175,138



APPROVED
MAR 26 2021
BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Summary of Agreements for 2021 Presented For Approval March 19 , 2021

Program	FTE residents	Contract Length-Yrs	Max. Annual Reimbursed
RUSH			
Allergy/Immunology	1	3	\$97,496
CT Surgery	1	3	\$110,0277
Endocrinology	3	3	\$299,367
Infectious Disease	5	3	\$498,946
Neurology	2	3	\$182,880
Neurosurgery	4	1	\$343,303
Orthopedics	1.83	3	\$153,346
Rheumatology	2	3	\$199,578
Surgery	24.5	3	\$2,163,534
Trauma	6		\$544,172



Questions? ↗



COOK COUNTY
HEALTH

Thank you. 



COOK COUNTY
HEALTH