

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, March 22, 2024 at the hour of 9:00 A.M., at 1950 West Polk Street, Room 5301, in Chicago, Illinois.

I. Attendance/Call to Order

Chair Taylor called the meeting to order.

Present: Chair Lyndon Taylor and Directors Jay Bhatt, DO, MPH, MPA; Robert Currie; Joseph M. Harrington; Robert G. Reiter, Jr.; Sam A Robinson, III, PhD; Tanya R. Sorrell, PhD, PMHNP-BC; (7)

Remotely Present: Directors Raul Garza and Mia Webster Cross, MSN, RN (2)

Absent: Vice Chair Hon. Dr. Dennis Deer, LCPC, CCFC (1)

Director Harrington, seconded by Director Reiter, moved to allow Directors Garza and Webster Cross to remotely participate as voting members in this meeting. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Kimberly Craft – Employment Plan Officer
Julia Dimoff – Assistant General Counsel
James Dorman, MD – Interim Chair, Division of Neurology
Aaron Galeener - Chief Administrative Officer, Health Plan Services
Jeff McCutchan – General Counsel

Erik Mikaitis, MD – Interim Chief Executive Officer
Carrie Pramuk-Volk – Interim Chief Human Resources Officer
Deborah Santana – Secretary to the Board
Craig Williams – Chief Administrative Officer

The next regular meeting of the Board of Directors is scheduled for Friday, April 26, 2024 at 9:00 A.M.

II. Employee Recognition (details included in Attachment #2)

Dr. Erik Mikaitis, Interim Chief Executive Officer, recognized a number of employees for their outstanding work.

III. Public Speaker Testimony

The following individuals presented public testimony.

1. Michelle Gutierrez Vo – President, California Nurses Association/NNOC
2. Tina Montanez - NNOC member
3. Nancy Alverio – RN, NNOC member
4. Brenda Langford – NNOC Board Member, testimony read by Martese Chism (written testimony included as Attachment #1)
5. Genevieve Lewis-Piotrowski – RN, NNOC member
6. Ahmed Ganatra – Owner, MMM Diagnostic Center Inc.

IV. Board and Committee Reports

A. Board of Directors Meeting Minutes, February 23, 2024

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

Director Currie, seconded by Director Bhatt, moved to approve Item IV(A) the Minutes of the Board of Directors Meeting of February 23, 2024. THE MOTION CARRIED UNANIMOUSLY.

B. Quality and Patient Safety Committee Meeting, March 13, 2024

i. Meeting Minutes, which include the following action items:

- Two (2) Stroger Hospital Division Chair Initial Appointments
- Stroger Hospital and Provident Hospital Medical Staff Appointments / Reappointments / Changes

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

Director Sorrell, seconded by Director Bhatt, moved to approve Item IV(B) the Minutes of the Quality and Patient Safety Committee Meeting of March 13, 2024, which include the approval of two (2) Stroger Hospital Division Chair Initial Appointments, and approval of the Stroger and Provident Hospital Medical Staff appointments / reappointments / changes. THE MOTION CARRIED UNANIMOUSLY.

C. Finance Committee Meeting, March 7, 2024

i. Meeting Minutes, which include the following action items:

- Contracts and Procurement Items
- Receive and file Grant Award-Related Items
- Receive and file Transfer of Funds

Director Reiter provided an overview of the Meeting Minutes. He noted that request numbers 4, 5, 10, 12 and 13 under the Contracts and Procurement Items are pending review by Contract Compliance. The Board reviewed and discussed the information.

Director Harrington, seconded by Director Reiter, moved to approve Item IV(C) the Minutes of the Finance Committee Meeting of March 7, 2024, which include approval of the Contracts and Procurement Items, and receiving and filing of the Grant Award-Related Items and Transfer of Funds. THE MOTION CARRIED UNANIMOUSLY.

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. Report from Chair of the Board

Chair Taylor indicated that he did not have anything additional to report.

VII. Report from Chief Executive Officer (Attachment #2)

- A. Update from the Division of Neurology**
- B. Measles Overview**
- C. Measles Update from Operations**

Dr. Erik Mikaitis, Interim Chief Executive Officer, provided an overview of the reports presented. Additionally, he reviewed the Measles Overview, and Craig Williams, Chief Administrative Officer, reviewed the Measles Update from Operations. Dr. James Dorman, Interim Chair of the Division of Neurology, reviewed the Update from the Division of Neurology. The Board reviewed and discussed the information.

Also included for the Board's information were the Divisional Executive Summaries (included in Attachment #2.)

VIII. Informational Reports

The following informational reports were reviewed and discussed.

- A. Employment Plan Officer Semi-Annual Report (Attachment #3) – reviewed by Kimberly Craft, Employment Plan Officer**
- B. Managed Care Committee Metrics (Attachment #4) – reviewed by Aaron Galeener, Chief Administrative Officer, Health Plan Services**
- C. Human Resources Committee Metrics (Attachment #5) – reviewed by Carrie Pramuk-Volk, Interim Chief Human Resources Officer**

IX. Closed Meeting Items

- A. Claims and Litigation**
- B. Discussion of personnel matters**
- C. Update on Labor Negotiations**

Director Reiter, seconded by Director Harrington, 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)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 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

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ATTACHMENT #1

Brenda Langford written statement for March 22, 2024 Board of Directors Meeting

Good afternoon,

I am Brenda Langford, Region 13 Board Member for NNOC, Chief Nurse Rep, and Cook County Health Nurse for 25 years.

I am here again to speak about the lack of efficiencies and standards in the finance and payroll department processes but now also delays and lack of cooperation in working with Cook County Health leadership. It is unconscionable, bad faith and unethical for Cook County HR to negotiate a settlement, but not put processes in place to satisfy the terms of said agreements. Nurses are still waiting for retroactive payments for agreed-upon retention pay which was voted on by Cook County Commissioners. There is also problem in processing charge back pay for nurses that want to volunteer for overtime opportunities. Our nurses are experiencing holes in staff coverage that are not being addressed because leadership has been delaying meeting with the union or provide any information on chargeback processes, orientation process violations or why our nurses are being denied overtime opportunities. These inefficiencies in payroll and in leadership are detrimental and negatively impact Cook county's ability to provide safe staffing levels and are driving nurses away from our health system as well as making it difficult to recruit new hires. We are asking for safe scheduled staffing and for Cook County to stop delaying negotiated pay for our nurses and to stop delaying justice in resolving workplace issues.

Cook County health touts wanting to have shared governance with its nurses to achieve magnet status. How are our nurses expected to trust management if they cannot live up to their responsibilities and agreed upon settlements or responses. Even when nurses are short staffed on the unit, they are still held to responsibility and accountability to patient care and workplace expectations. It is not unreasonable to expect the same out of HR and Cook County leadership. Cook County leadership and management have been delaying meetings and opportunities to resolve staffing and operational conflicts, forcing us to filing grievances instead of collaborating with nurses to improve the workplace environment. This is creating a bottleneck to getting workplace processes resolved and delaying justice for NNOC nurses.

What message is County leadership trying to leave with its employees? Should we not trust our employer? That moving forward we cannot expect integrity from our leadership. Should we not expect future bargaining to be in good faith?

Our union has been attempting to negotiate with CCH for over a year for extra shift bonuses to help mitigate the staffing crisis. Extra Shift Bonuses may encourage more of our own nurses to volunteer for overtime. CCH is still utilizing agency staff for regular hours and for overtime hours instead of offering opportunities to our own staff. NNOC is seeking to meet with CCH management to negotiate for extra shift bonuses. We believe it would offer some relief and flexibility in the staffing crisis at CCH. NNOC is asking CCH to release the negotiated retroactive pay to NNOC nurses and develop the needed processes for chargeback pay and stop denying overtime opportunities. NNOC is asking leadership to engage in open communication and move forward with meeting with our union and nurses in good faith to resolve workplace issues in our health system.

Thank you,

Brenda Langford, NNOC Board Member

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ATTACHMENT #2

CEO Report

Dr. Erik Mikaitis, Interim CEO

March 22, 2024



COOK COUNTY
HEALTH

New Hires and Promotions



COOK COUNTY
HEALTH

Welcome

New Hires

Craig Leonard, Director of Respiratory Safety

Xenia Valdez, RN Coordinator Bed Management

Lashonda Cox, Manager of Clinical Operations, Multispecialty Practice, Heart & Vascular Clinic

Yolanda Barner-Jarard, Manager of Operations, Multispecialty Practice, Sengstacke Specialty Care

Daniel Barcelona, Manager of Vendor Management, Patient Financial Services, Managed Care

Lisa Gugwor, Project Manager - Health Plan Services

Obed Asante-Ofori, Manager of Inventory Control, Public Health Emergency Preparedness and Response

Diana Garcia, Senior Project Manager, Center for Health Equity & Innovation

Anthony D. Beattie, Hospital Security Officer III

Congratulations

Promotions

Christopher Caudill, Chief Medical Information Officer, HIS

Anshu Singh, Chair of the Division of Post Graduate Medicine

Amy O'Rourke, Director of Chronic Disease Prevention

Piotr Al-Jindi, Residency Program Director, Anesthesiology

Carlos Quezada-Gomez, Senior Behavioral Health Officer

Riad Haddad, Informatics Manager, Clinical Services, CountyCare

Dixie Dominguez, Residency Program Manager Post Graduate Medicine

Susy Cherian, Nurse Coordinator II, Critical Care, Medical ICU



Recognition



COOK COUNTY
HEALTH

Behavioral Health Grant Program

On March 6, Cook County Health announced that it will award \$44 million in grants over a 26-month period as part of its **Stronger Together: Building a More Equitable Behavioral Health System in Cook County Initiative**.

The grants will fund programs geared towards addressing behavioral health inequities across the region's system of care through increased systems alignment, enhanced system quality, and the expansion of access to early intervention and prevention, treatment, support, recovery, and crisis assessment and care. Grant funding is made possible by ARPA and allocated by Cook County government.

The open call for proposals will close on April 17 at 5 PM.



First Robotic-Assisted Surgery

Cook County Health's first robotic-assisted surgery was performed on Friday, March 1 at Stroger Hospital.

Two surgical robots were recently installed at Stroger Hospital to provide patients with access to gold-standard surgical services.

Congratulations to the multidisciplinary team involved in bringing this multi-year project to fruition!

A ribbon cutting ceremony will be held to celebrate the new robots next month.



DAISY Award Winner

Brigid Sumo

Congratulations to Brigid Sumo for becoming a DAISY Award honoree! Brigid was nominated for going above and beyond in her care for patients undergoing chemotherapy. She is often praised for having gone the extra mile answering patient and family concerns while coordinating care.



Martia Brown

Congratulations to Martia Brown, who has worked at CCH for over 30 years, for becoming a DAISY Award honoree! Martia received over 18 nominations from patients, patients' families, and her co-workers that highlighted her mentorship, compassion and caring skills.



Blood Pressure Management

Cook County Health's primary care medical homes earned Silver Target BP recognition from the American Medical Association and American Heart Association in recognition for their commitment to improving blood pressure control in adult patients. Congratulations!



Colon Cancer Screening Education Fairs

The Cook County Cancer Screening Steering Committee hosted Colon Cancer Education Fairs at Stroger and Provident Hospitals last week. In total, the team educated 366 people on preventative measures and the importance of screenings.

Congratulations to all who made these events possible and succeeded reaching our communities!



America's Essential Hospital Fellows

Dr. Priscilla Auguston Ware, Dr. Umair Jabbar, and Alexandra Normington completed the America's Essential Hospitals fellowship program this month.

The program's goal is to empower participants with the necessary skills to lead strategically and advocate for policies and resources that promote the health of vulnerable patients.

The group's capstone project focused on improving care coordination for justice-involved patients.



Burroughs Legacy Award

Angela O'Banion has been named a recipient of the Dr. Margaret Burroughs Legacy Award for 2024 by the Women's Board of the DuSable Black History Museum and Education Center.

The award recognizes leaders who advocate for diversity, equity and inclusion. The award presentation will take place during the DuSable Museum's Women's History Month program on March 23.





Strategic Plan Update

Dr. Erik Mikaitis

Interim CEO, Cook County Health













COOK COUNTY
HEALTH

Strategic Initiatives








March 2024



Accomplished

-  Began robotics surgery in early March
-  CountyCare scored 100% compliance during HBIA/S (Immigrant Adults/Seniors) regulatory review
-  Behavioral Health announced "Open Call" for grant proposals
-  Safety Experience week poster registration link opened March 1
-  Project review board approved adding Endocrinology at North Riverside
-  370 people educated at Colon Cancer Screening Fairs across CCH
-  Service Lines and Marketing developed materials to share with partners
-  Provident reached an average daily census of 27 in February
-  Went live with a same day cancellation dashboard for endoscopy
-  Approved new Value Analysis Policy

Coming Soon

-  Magnet consultants visited CCDPH, Provident and Stroger with positive initial assessment
-  Austin Opioid Treatment Program Clinic opening in July
-  Patient Guidebooks are currently being modified
-  CountyCare conducting surveys to measure satisfaction, loyalty and awareness with benefits
-  Rolling out new equipment for language services
-  Compliance is revising the Code of Ethics
-  Stroger Wayfinding Project underway

Measles Overview



Dr. Erik Mikaitis

Interim CEO, Cook County Health



COOK COUNTY
HEALTH

About the Measles

- Incubation 11-12 days
- Prodrome: cough, coryza or conjunctivitis, and a typically high fever, Koplik spots
- Rash typically appears 3-5 days after symptoms begin
- Patients are infectious 4 days before and 4 days after rash appears
- Young children, pregnant persons and immunocompromised persons most at-risk for complications:
 - Diarrhea
 - Ear infection
 - Pneumonia
 - Encephalitis



Measles Cases

United States

2023: 58 cases

2024: 60 cases to date in 17 Jurisdictions

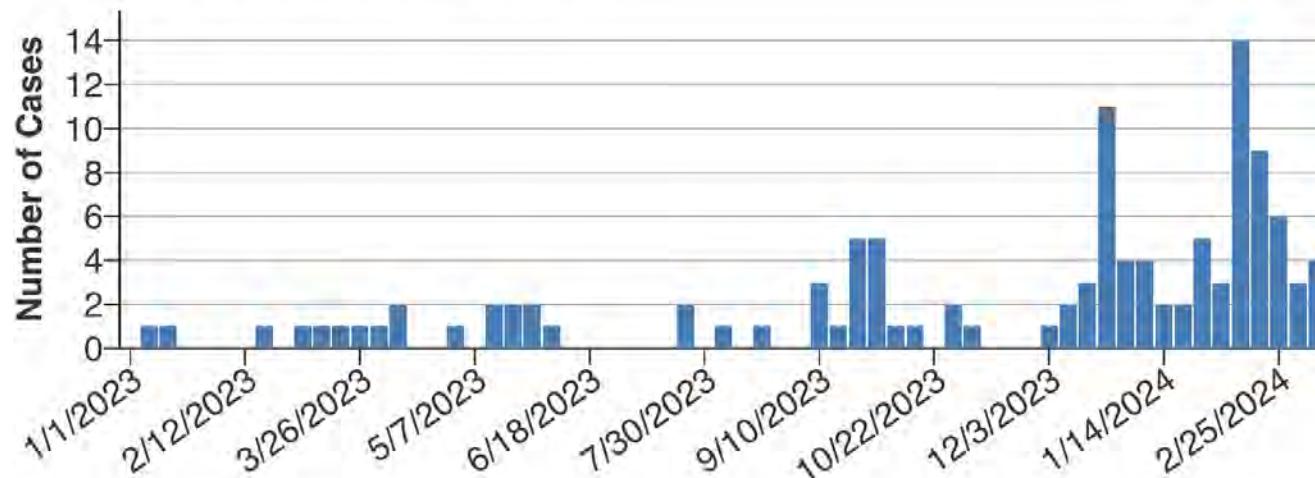
Illinois

2023: 5 cases (in suburban Cook, first in the state since 2019)

2024: 15 cases to date

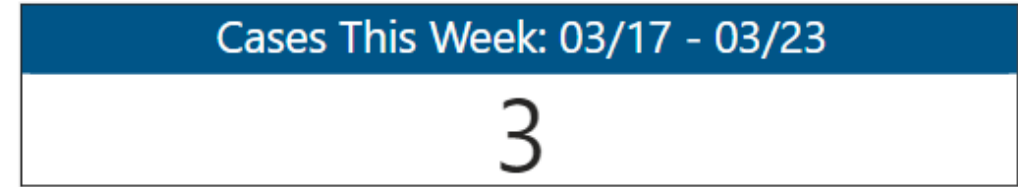
US Measles Cases Reported By Week

2023-2024* (as of March 14, 2024)

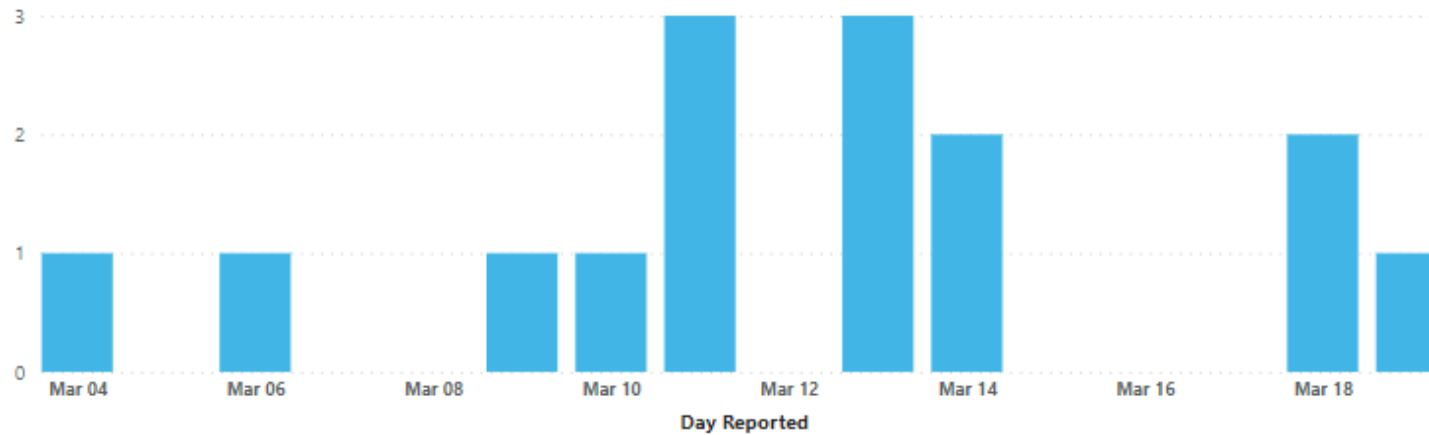


Measles Cases: Chicago

Cases of Measles in 2024 Among Chicagoans



Cases by Day Reported



Cases by Age Group

Age Group	Count	%
0 - 4 years	9	60%
05 - 17 years	0	0%
18 - 49 years	5	33%
50+ years	1	7%

Our Response- Health System

- Supporting case and contact investigations, and mitigation strategies in partnership with CDPH and CCDPH and state/federal public health partners
- Measles vaccination and triage available through the CCH vaccination hotline: 833-308-1988
- Staff resources and updates shared across multiple venues
 - Triage algorithm, isolation/IC/testing guidelines all posted prominently on intranet
- Conducted specialized education for nursing, ED, EVS, peds, transport, PT/OT/, RT, phlebotomy, and dietary
- Confirmed All rooms functioning and distributed HEPA filters in ED and ACHN sites
- Ensured supplies of PPE, MMR vaccine, IVIG, IMIG
- Updated visitor guidelines for patients with measles (1 visitor with N95 for pediatric patients, none for adults)
- Employee Health Services confirming immune status of staff and supporting tracing

Our Response- CCDPH

- No confirmed cases in CCDPH jurisdiction
- Collaborating closely with public health partners at all levels
- Conducting case and contact investigations for three known exposures that occurred in suburban Cook County or impacted residents of Cook County
- Working with suburban ACHN clinics to supply MMR vaccine to patients
- Each ACHN clinic will have 50 doses of MMR vaccine on hand for appointment-only vaccinations in Suburban Cook County
- Disseminating external communications about measles and encouraging vaccination for all eligible individuals

Communications About Measles

Social Media Outreach

THINK MEASLES
Cases of measles have been reported in Chicago

Call your medical provider if you develop:

- Fever
- Cough
- Runny nose
- Red, watery eyes
- Rash

Measles can be serious.

GET VACCINATED!
The vaccine is the safest and most effective way to prevent measles.

For appointments call 833-308-1988

ALERTA SARAMPIÓN
Se han reportado casos de Sarampión en Chicago

Llama a tu doctor si presentas síntomas como:

- Fiebre
- Tos
- Congestión Nasal
- Lagrimeo
- Rombochas

El Sarampión puede ser algo muy serio.

¡VACÚNATE!
Vacunarse es el modo más seguro y eficaz de prevenir el Sarampión.

Para citas llame al 833-308-1988

关注麻疹
芝加哥报告了麻疹病例

如果出现以下症状，请立即致电您的医疗服务提供商：

- 发烧
- 咳嗽
- 流鼻涕
- 眼睛发红、流泪
- 皮疹

麻疹可能很严重。

接种疫苗！
疫苗是预防麻疹最安全有效的方法。

预约电话：833-308-1988

فكر في الحصبة
جرت الإبلاغ عن حالات الحصبة في شيكاغو

إذا ظهر عليك أي من الأعراض التالية، يرجى الاتصال بمقدم الرعاية الصحية فوراً:

- حمى
- سعال
- سيلان الأنف
- عيون حمراء أو مدممة
- طفح الحبوب

يمكن أن تكون الحصبة خطيرة.

تلق التطعيم!
التلقيح هو الطريقة الأكثر أماناً وفعالية لتجنب الحصبة.

للمزيد من المعلومات، اتصل بالخط الساخن: 833-308-1988

Staff Resources & Communications

Cook County Health Measles Update

Check it out from:
CDC Webinar on 8/17/2023 (https://www.cdc.gov/coc/health/2023/cocinfo_881723.asp)
CDC's measles cases and outbreak page (https://www.cdc.gov/media/releases/2023/s0817-measles.html)

COOK COUNTY HEALTH

Measles

Downloadables

- Measles Screening Algorithm
- Measles Overview from CDC (03.14.24)
- CCH Measles Presentation Guide
- IDPH Communicable Diseases Lab Test Requisition

Measles Clinical Features

Measles is an acute viral respiratory illness. It is characterized by a prodrome of fever (as high as 105°F) and malaise, cough, coryza, and conjunctivitis. The three "C"s, a pathognomonic exanthema (Koplik spots) followed by a maculopapular rash.

The rash usually appears about 14 days after a person is exposed. The rash spreads from the head to the trunk to the lower extremities. Patients are considered to be contagious from 4 days before to 4 days after the rash appears. Of note, sometimes immunocompromised patients do not develop the rash.

To protect our health care workers, patients and visitors, it is important to remain alert for the signs and symptoms of measles.

- Consider measles as a diagnosis in anyone with a fever, rash and clinically compatible symptoms (cough, coryza, and/or conjunctivitis) who has been in a congregate setting

CCH Measles Update: March 15, 2024

Cook County Health Announcements

Dear CCH Team,

[Click here](#) to access measles resources for health care providers, including isolation and testing guidance.

Facility Signage

MEASLES ALERT

Measles is very contagious and can cause serious illness. Symptoms include:

- Fever
- Runny nose
- Cough
- Red eyes
- Acnes
- Rash

If you think you have measles, please put on a mask and tell the front desk staff immediately so you can be seen in a separate room. This will stop the infection from spreading to others.

Get vaccinated! The measles vaccine is the best way to prevent infection. The vaccine is safe and very effective.

Ask your doctor about getting vaccinated today or call 833-308-1988 for an appointment.

ALERTA DE SARAMPIÓN

El sarampión es muy contagioso y puede causar enfermedades graves. Los síntomas incluyen:

- Fiebre
- Nariz que corre
- Tos
- Ojos rojos
- Erupción
- Manchas de Koplik

Si cree que tiene sarampión, póngase una máscara e informe al personal de recepción de inmediato para que lo puedan atender en una habitación separada. Esto evitará que la infección se propague a otras personas.

Vacúnate! La vacuna contra el sarampión es la mejor manera de prevenir la infección. La vacuna es segura y muy eficaz.

Hable con su doctor para vacunarse hoy o llame al 833-308-1988 para programar una cita.

COOK COUNTY HEALTH

Press Releases & Media

Chicago Tribune

Public Health | Advertisers brought in to help with city population. Cook County Health — the lead medical provider in Chicago's migrant response — has cared for 27,057 migrants with over 77,900 visits, spokeswoman Alexandra Norrington said Tuesday.

The county hospital system has administered more than 73,400 vaccinations to new arrival patients.

AP

World | U.S. Election 2024 | Politics | Sports | Entertainment | Business | Science | Fact Check

Local Focus on: First day of spring | Unleash job cuts | March

Cook County officials opened a clinic to provide immediate care, vaccinations and an entryway into other public health services in 2022.

Alex Norrington, a spokesperson for Cook County Health, said providers offer all essential vaccinations there and more than 73,000 have been given against measles, influenza, COVID-19 and other viruses.

Providers also rotate through every city shelter and have expanded their hours as the measles cases arose, Norrington said.

5 CHICAGO | Cook County Health warns of potential measles exposure at 2 facilities

Cook County Health is warning patients about potential measles exposures within its facilities.

According to a Monday announcement from Cook County Health, the exposures are related to two of the five confirmed measles cases reported by the Chicago Department of Public Health.

The exposures happened at two different facilities, the announcement said.

Exposure Letters to Patients

COOK COUNTY HEALTH

Dear Cook County Health patient,

This letter is to notify you that a patient in the Stroger Hospital pediatric emergency department was recently diagnosed with measles and you and/or your child and accompanying persons may have been exposed to the case. Measles is a disease that spreads very easily through air and by direct contact. Because measles is so contagious, we want to provide you with information about measles.

Website Headers

Health Alert: Potential Measles Exposure

A patient with measles infection presented to the Stroger Hospital Emergency Department on Tuesday, February 27. The patient was admitted under proper isolation and airborne precautions. Any person who was at the Stroger Hospital Emergency Department on Tuesday, February 27, between 12:00am and

Boosted Posts: Facebook Metrics

- Impressions: 26,258
- Reach: 15,931
- Clicks: 798
- Calls to Vaccine Hotline: 181

Fact Sheets

MEASLES FACT SHEET

Cook County Public Health

Measles is a serious respiratory disease in the lungs and breathing tubes. It causes a rash and fever. It is very contagious. In rare cases, it can be deadly. Measles is so contagious that 90 percent of unvaccinated people will get it, if exposed.

What are the symptoms of measles?

Measles starts with a fever that can get very high. Some of the other symptoms that may occur are:

- Cough, coryza, and red eyes
- Rash of tiny, red spots (starts on head)
- Diarrhea
- Ear infection

Is measles serious?

Measles can be dangerous, especially for babies and young children. For some children, measles can lead to:

- Pneumonia (serious lung infection)
- Lifelong brain damage
- Deafness
- Death

In 5 people will be hospitalized

How does measles spread?

- Measles spreads when a person infected with the measles virus breathes, coughs, or sneezes.
- You can catch measles just by being in a room where a person with measles has been, up to two hours after that person is gone.
- And you can catch measles from an infected person even before they have a measles rash.
- Almost everyone who has not had the MMR shot will get measles if they are exposed to the measles virus.

HOJA INFORMATIVA SOBRE EL SARAMPIÓN

Cook County Public Health

El sarampión es una enfermedad respiratoria grave (de los pulmones y las vías respiratorias). Causa sarpullido y fiebre. Es muy contagioso. En casos poco frecuentes, puede ser mortal.

¿Cuáles son los síntomas del sarampión?

El sarampión empieza con una fiebre que puede ser muy alta. Algunos de los otros síntomas que pueden presentarse son:

- Tos, moqueo o secreción nasal y enrojecimiento de los ojos.
- Sarpullido de diminutas puntitas rojas que empieza en la cabeza y luego se extiende al resto del cuerpo.
- Diarrea.
- Infección de oído.

¿Es grave el sarampión?

El sarampión puede ser peligroso, especialmente para los bebés y los niños pequeños. En algunos niños, el sarampión puede causar lo siguiente:

- Pneumonia (una infección pulmonar grave)
- Deafness permanente
- Sordera
- Muerte

En cada 5 será hospitalizado

¿Cómo se propaga el sarampión?

- El sarampión se propaga cuando una persona infectada con el virus respira, tose o estornuda.
- Es muy contagioso.
- Usted puede contraerlo simplemente al estar en una habitación en la que haya estado alguien con sarampión, incluso 2 horas después de que esa persona se haya ido.
- Usted puede contraer el sarampión de una persona infectada incluso antes de que le aparezca el sarpullido.
- Casi todos los que no han recibido la vacuna MMR contraerán la enfermedad si se exponen al virus del sarampión.

Measles cases are on the rise globally and here in Illinois the number is increasing as well. Vaccines are 97% effective in preventing this highly contagious disease. For more information about measles and the measles vaccine, please view the CCDPH measles fact sheet ([English](#), [Spanish](#)) and [press release](#) and visit the [CDC Website](#).

Measles Update from Operations



Craig Williams

Chief Administrative Officer for Operations & Development



COOK COUNTY
HEALTH

Measles Outbreak

Operational Impact and Support

- Command Center Activated week of 3/11/24 with daily calls and situational updates
- B&G inventoried and checked on system wide isolation rooms
 - 72 negative pressure rooms at Stroger, most across 6,7,8
 - 8 total rooms at Provident
- Respiratory Fit Testing is available daily by the Safety Department.

New Arrival Shelter Support

- Under leadership of Christina Urbina and Claudia Burchinal, the Mobile Care Coordination teams have partners with Chicago Department of Public Health to support the in-shelter vaccination efforts.
- To date, our teams have focused on in-person chart and history reviews as this has been a major “choke” point to vaccination efforts.

ACHN

Measles Management in the Clinics

- SOP created and distributed to all clinical Sites 3/18/2024
- Managers discussing in daily huddles and distributing measles information from CCH intranet site to all staff
- Scheduling and registration workflows updated with two questions added to assess for measles symptoms and measles exposure
- Clinics prepared for immunizing patients and assessing potentially infected patients who present to clinics
- Ample supply of vaccine available in clinics and PPE to protect staff
- Staff with any questions regarding measles immunity directed to EHS



Neurology Update

M. Sohel Ahmed, MD

Interim Medical Director, Neuroscience Service Line

James Dorman, MD

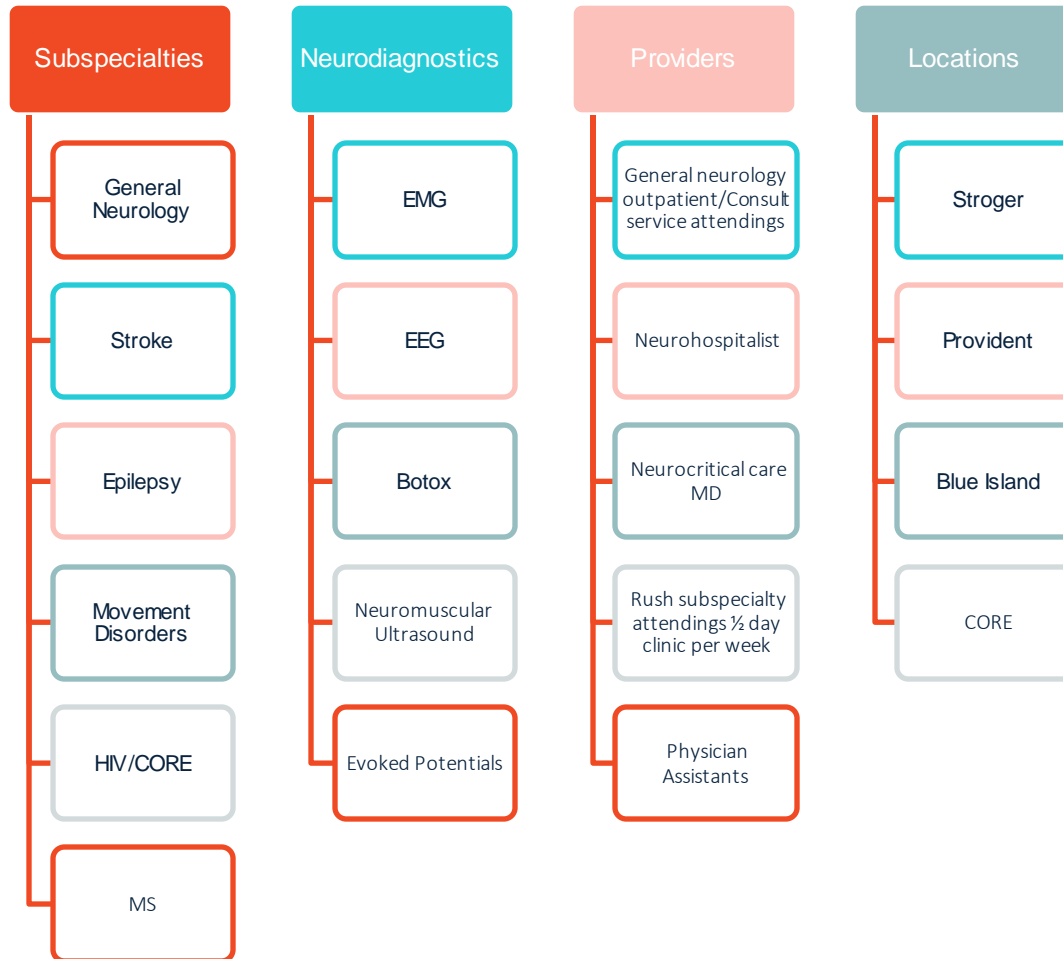
Interim Chair, Division of Neurology



COOK COUNTY
HEALTH

Division of Neurology

Division of Neurosciences



2023 Accomplishments

- Onboarding and training of 10 Physician Assistants (3 Outpatient, 7 Neurocritical Care)
- Maintenance of Primary Stroke Center Certification
- Implementation of Telestroke
- Highest # tpa cases in JSH history, fastest tpa admin times thus far
- 24/7 in-house stroke coverage
- Opening of Neurosciences ICU
- Implementation of Continuous EEG monitoring program(>100 studies done)
- Implementation of Vagus Nerve Stimulator program
- Neuropsychology and Behavioral Neurology program
- Increasing clinic volumes at Provident

Current Focus Areas

Top Focus Areas in next 6 months

- Recruit and retain neurologists and technicians (loss of 50% of attending staff in past year)
- Install and implement CT perfusion scan with AI detection of large vessel occlusion
- Portable MRI scanner for Neuro ICU
- Outpatient telemedicine follow-up visits for Cermak patients
- Continued work on software/connectivity issues with EEG and EMG
- Continued improvement of Press-Ganey scores in outpatient clinic
- Implement pathways for new Alzheimer Disease therapeutics

Future

Goal of becoming best in the nation neuroscience center at a public hospital. Provide outstanding care to neurologic patients across the spectrum of disease, regardless of ability to pay.

- Become destination tertiary referral center through partnership with area hospitals
- Comprehensive Stroke Center Certification
- AANEM EMG lab accreditation
- NAEC Level 3 certification (Epilepsy)
- Establish Neurophysiology Lab at Provident Hospital
- Expand outpatient footprint at both Provident and Blue Island
- Outpatient home infusion service
- Peripheral Nerve surgery clinic

Thank you. 



COOK COUNTY
HEALTH



COOK COUNTY HEALTH

DR. ERIK MIKAITIS
INTERIM CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
March 22, 2024

Employee Recognition

Cook County Health's **first robotic-assisted surgery** was performed on Friday, March 1 at Stroger Hospital. Two surgical robots were recently installed at Stroger Hospital to provide patients with access to gold standard surgical services. Congratulations to the multidisciplinary team involved in bringing this multi-year project to fruition.

The **Cook County Cancer Screening Steering Committee** hosted Colon Cancer Screening Events at Provident Hospital and Stroger Hospital. The team educated more than 360 patients and visitors in multiple languages about the importance of colon health and preventive cancer screenings.

Cook County Health's **primary care medical homes** earned Silver Target BP recognition from the American Medical Association and American Heart Association in recognition for their commitment to improving blood pressure control in adult patients.

Brigid Sumo, RN, BSN, earned a DAISY Award. Brigid was nominated for going above and beyond in her care for patients undergoing chemotherapy. She is often praised for having gone the extra mile answering patient and family concerns while coordinating care.

Martia Brown, RN, BSN, who has worked at CCH for over 30 years, earned a DAISY Award! Martia received over 18 nominations from patients, patients' families, and her co-workers that highlighted her mentorship, compassion and caring skills.

Dr. Priscilla Ware, Chair of Correctional Health, **Dr. Umair Jabbar**, Co-Chair of the CCH Readmissions Committee, and **Alexandra Normington**, Interim Chief Communications and Marketing Officer, completed the America's Essential Hospitals fellowship program. The program's goal is to empower participants with the necessary skills to lead strategically and advocate for policies and resources that promote the health of vulnerable patients. The group's capstone project focused on improving care coordination for justice-involved patients.

Angela O'Banion, Chief Information Officer, has been named a recipient of the Dr. Margaret Burroughs Legacy Award for 2024 by the Women's Board of the DuSable Black History Museum and Education Center. The award recognizes leaders who advocate for diversity, equity and inclusion. The award presentation will take place during the DuSable Museum's Women's History Month program on March 23.

Activities and Announcements

On March 6, Cook County Health announced that it will **award \$44 million in grants over a 26-month period as part of its Stronger Together: Building a More Equitable Behavioral Health System in Cook County Initiative**. The grants will fund programs geared towards addressing behavioral health inequities across the region's system of care through increased systems alignment, enhanced system quality, and the expansion of access to early intervention and prevention, treatment, support, recovery, and crisis assessment and care. Grant funding is made possible by ARPA and allocated by Cook County government. The open call for proposals will close on April 17 at 5 PM. More information is available at <https://cookcountyhealth.org/strongertogether/>

Cook County Health and the Cook County Department of Public Health are collaborating with local, state and federal public health partners to respond to a rise in measles cases in the City of Chicago. CCH has implemented a robust internal response and is also sharing information publicly about measles symptoms and vaccination through a series of multilingual materials. Patients and community members who wish to get vaccinated against the measles are encouraged to **call 833-308-1988 to make a measles appointment at a CCH location**.

Local

- The week of February 26, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.
 - **Health & Hospitals Committee Public Hearing** – CCH Board Director & CEO Search Committee Chair Raul Garza appeared before the committee along with Spencer Stuart executives, Brian Barton & Gregory Vaughan. Spencer Stuart is the executive search firm CCH engaged to conduct a search for the CCH CEO. The purpose of the hearing was to hear from the public and Cook County Commissioners on the attributes they feel are important in the next CCH CEO.
 - **Health & Hospitals Committee** – Dr. Erik Mikaitis and Dr. Rami Doukky, Chief of the Division of Adult Cardiology & Interim Director of the Heart Institute presented to the Committee CCH's Semi-Annual Disparities Report on the Change Institute – Cardiology
 - **Asset Management Committee** – Earl Manning, Cook County Director of Capital Planning appeared before the committee to present on a contract increase with Globetrotters Engineering for work on a tunnel underneath Cermak. Craig Williams, CCH Chief Administrative Officer was available to respond to Commissioner questions.
- The week of March 4, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.
 - **Health & Hospitals Committee** – Dr. LaMar Hasbrouck presented to the committee CCDPH's 1st Quarterly Report – Immunization Awareness Campaign.
 - **Finance Committee** – Pam Cassara, CCH CFO addressed questions related to the County's Monthly Revenues and Expenses Report as well as CCH finances. CCH Interim CEO Erik Mikaitis was also available to respond to questions. There was no CCH Monthly Report to the Cook County Board presented at this meeting due to the timing of the County Board Meetings in February (29th) and March (14th) meetings. The CCH Monthly Report is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month.
 - **Audit Committee** – Dr. LaMar Hasbrouck participated in the meeting to respond to Commissioner questions related to the audit of the Building Healthy Communities ARPA funds grant.

- **Labor Committee** – Carrie Pramuk-Volk, CCH Interim Chief Human Resources Officer to respond to Commissioner questions related to the *Strengthening the Healthcare Workforce Resolution*.

State

- Both chambers of the Illinois General Assembly were in Springfield earlier this month and will return following the primary election on Tuesday, March 19. After this week, the House returns April 2 and the Senate returns April 9.

The Senate deadline to pass substantive bills out of committee was last Friday, March 15 and the House deadline is April 12. The scheduled adjournment date is May 24 and the state fiscal year ends June 30.

- Cook County Health’s 2024 state legislative priorities include:
 - Secure annual appropriations to fund the [Equity and Representation in Health Care Act](#), which provides loan repayment and scholarships to health care providers working at CCH facilities and at FQHCs.
 - Status: \$3M included in Governor’s proposed FY2025 budget for the Illinois Department of Public Health.
 - Protect and strengthen Medicaid.
 - Status: The Governor’s proposed FY2025 budget maintains reimbursement rates, eligibility, and coverage in the Medicaid program. The proposed budget includes \$629M to maintain Medicaid-like coverage for immigrant adults 42+ years; these funds do not allow for the lifting of the enrollment freeze that has been in place since 2023.
 - Support legislation that promotes harm reduction and prioritizes treatment instead of only imposing criminal penalties.
 - Status: [HB2/SB78](#) would authorize an overdose prevention site in Chicago. [SB1830](#) would reclassify low-level possession of narcotics from a felony to a misdemeanor and offer access to treatment for those who need it. These bills each have over a dozen co-sponsors and await assignment to committee.
 - Advocate for increased funding to local health departments.
 - Status: [HB4823](#), HA1 would add \$10M to the local health protection grant line in the Illinois Department of Public Health, above the Governor’s proposed FY2025 budget.
- Governor Pritzker [appointed Morgan Winters](#) as Illinois Health Insurance Marketplace Director. Winters previous served as the Marketplace Director in Minnesota. His appointment requires Senate confirmation.

Illinois is establishing a state-based health insurance marketplace, with the opportunity for Illinois residents to enroll in private insurance plans starting November 1, 2025 for coverage starting in 2026. A state-based marketplace will give Illinois greater autonomy and authority to offer state-sponsored subsidies and products that better serve uninsured residents, as well as allow for real-time sharing of data with Illinois Medicaid.

- The [Illinois Department of Healthcare and Family Services](#) announced upcoming changes for the Health Benefits for Immigrant Adults/Seniors (HBIA/S) program, including:

- Starting April 1, conducting redeterminations for HBIA/S, similar to the process undertaken for those in traditional Medicaid; and
- Referring Legal Permanent Residents (LPRs) who have been in the United States for fewer than five years to the Marketplace, where they can purchase private insurance coverage with premium subsidies and cost-sharing reductions.

In the announcement, HFS said that they would encourage and assist HBIA/S members with enrolling in an ACA Marketplace plan and working with the Illinois Department of Insurance to ensure that Navigators can assist with this effort. Once LPRs reach five years of US residency, they would be eligible to enroll into traditional Medicaid, which would be federally matchable.

New enrollments into HBIA/S for low-income immigrants 42+ remains frozen, per actions that were taken by HFS in July and November of 2023. HFS has not announced details on when HBIA/S new enrollments will re-open.

Federal

- Congress has had a busy late February, early March work period, including the passage of another short-term continuing resolution (CR) on Feb. 29 before a partial government shutdown in March; the enactment of the first six-bill FY 2024 “minibus” appropriations package; and making progress toward the second six-bill minibus, with another deadline looming at midnight March 22. Meanwhile President Biden delivered the State of the Union before a joint session of Congress on March 7, and submitted his FY 2025 budget request to Congress on March 11. Conversations toward advancing emergency supplemental appropriations for national security, including immigration/border reforms, and aid to foreign allies continue, though a path forward is still unclear.
- **FY 2024 Appropriations Process**

On Feb. 29, the House and Senate both passed the fourth FY 2024 CR which extended current spending levels through March 8 for four of the annual appropriations bills, and through March 22 for the remaining eight bills, including the large and controversial Labor-HHS-Education, Defense and Department of Homeland Security bills.

On March 9, President Biden signed the first six bills into law as the Consolidated Appropriations Act, 2024, the House and Senate having passed the bill on March 6 and 8, respectively.

Consolidated Appropriations Act also included a “skinny” package of bipartisan health provisions. This included a provision eliminating the statutory cuts to the Medicaid disproportionate share hospital program (DSH) through the end of calendar year 2024. The cuts were temporarily delayed by the first three CRs and this provision eliminates the \$8 billion cut scheduled to go into effect in FY 2024 and also delays the \$8 billion cut scheduled for FY 2025 through the first quarter. Medicaid DSH advocates, including Cook County/CCH, are aiming to push for additional relief during a post-election lame duck session at the end of the year. ***Relief from the statutory Medicaid DSH cuts has been an advocacy priority of Cook County and Cook County Health.***

In addition to addressing the Medicaid DSH cuts, the health package also extended funding for Community Health Centers, the National Health Service Corps and other public health programs through Dec. 31. The bill would make permanent the Medicaid state plan option to cover short term stays in institutions for mental disease (IMDs) for the treatment of substance use disorder (SUD). Many states are currently testing a similar approach under Section 1115 demonstration waivers, and the option of adopting a longer-term state plan amendment (SPA) for these services may be attractive.

While advocates, including NACo and Cook County/CCH, had called for inclusion of robust Medicaid inmate exclusion reforms which were ultimately not included in this package, the final bill did provide some incremental reforms. In order to streamline reentry, it prohibits states from terminating Medicaid enrollment for incarcerated individuals, while allowing them to suspend coverage. It also authorizes grants for states to improve their capacity to promote continuity of care for Medicaid and CHIP eligible justice-involved individuals and directs HHS to issue guidance on the subject. ***Reforming the statutory Medicaid inmate payment exclusion has been an advocacy priority of Cook County and Cook County Health.***

- **Biden-Harris Administration Action**

On March 11, President Biden released his proposed budget for FY 2025, which lays out his tax, spending and policy priorities for the federal government.

For Medicaid and CHIP, the Administration proposes to bar states from charging CHIP enrollment fees or premiums, to create a new state continuous coverage option for enrollees under 19 years old for three years, and to eliminate Medicaid caps for the U.S. territories.

The budget proposal also reiterates the State of the Union call for Congress to give continuous coverage for children until six years old and provide a Medicaid-like coverage option for people in states that have not taken up the ACA Medicaid expansion.

With the FY 2024 process still incomplete, over five months into the fiscal year, with a closely divided Congress and a general election on the horizon, the most ambitious proposals in the budget are unlikely to become law in the 118th Congress. Having said that, the proposals do indicate the Administration's priorities and suggest what they would try to accomplish in a second term.

Below are some of the budget proposals for CCH priority programs and other items of potential interest in the budget for HHS.

- Ryan White HIV/AIDS Programs and Ending the HIV Epidemic Initiative: requests \$2.581 billion, \$10 million over FY 2023 [N.B. FY 2023 is the most recent enacted comparison for programs within HHS, since Congress has not yet passed the FY 2024 Labor-HHS-Education appropriations bill.]
- Community Mental Health Services Block Grant: requests \$1.043 billion, \$35 million over FY 2023 enacted.
- Substance Use Prevention, Treatment and Recovery Block Grant: requests \$2.008 billion, the same as FY 2023 enacted.
- Public Health Infrastructure: requests \$350 million, the same as FY 2023 enacted.

Food As Medicine

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

Through March 15, CCH's Fresh Truck partnership with GCFD resulted in 497 visits to CCH health centers – Arlington Heights, Austin, Belmont Cragin, Blue Island, the CORE Center, Cottage Grove, Englewood, North Riverside, Provident/Sengstacke, Prieto, and Robbins.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to 49,228 households, representing 162,840 individuals. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

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

- April 2 – **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside, 60546
- April 4 – **Austin Health Center** - 4800 W. Chicago Avenue, Chicago, 60651
- April 9 – **Cottage Grove Health Center** - 1645 Cottage Grove Avenue, Ford Heights, 60411
- April 18 – **Englewood Health Center** - 1135 W. 69th Street, Chicago, 60621
- April 16 – **Robbins Health Center** - 13450 S. Kedzie Avenue, Robbins, 60472
- May 2 – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, 60623
- May 14 – **Provident Hospital/Sengstacke Health Center** – 500 E. 51st St., Chicago, IL 60615
- May 17 – **Core Center** - 2020 W. Harrison St., Chicago, IL 60612
- May 16 – **Arlington Heights Health Center** - 3250 N. Arlington Heights Rd. Arlington Heights, IL 60004
- May 23 – **Blue Island Health Center** - 12757 S. Western Ave., Blue Island, IL 60406

Redetermination Events

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

- April 1 – **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside, IL 60546
- April 3 – **Belmont Cragin Health Center** – 5501 W. Fullerton, Chicago, IL 60639
- April 4 – **Friend Health** – 6250 S. Cottage Grove Avenue, Chicago IL 60637
- April 8 – **Austin Health Center** – 4800 W. Chicago Avenue, Chicago, IL 60651
- April 9 – **Robbins Health Center** – 13450 S. Kedzie Ave Robbins, IL 60472
- April 10 – **Primecare Health Center** – 5635 W. Belmont, Chicago, IL 60634
- April 10 – **Provident Hospital** – 500 E. 51st Street, Chicago, IL 60615
- April 11 – **Alivio Health** - 2021 S Morgan St., Chicago, IL 60608
- April 12 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621
- April 16 – **Cottage Grove Health Center** – 1645 S. Cottage Grove Ave Ford Heights, IL 60411
- April 17 – **Stroger Hospital** – 1969 W. Ogden, Chicago, IL 60612
- April 18 – **Friend Health** – 5635 S. Pulaski, Chicago IL 60629
- April 18 – **Care for Friends** – 5749 N. Kenmore Avenue, Chicago, IL 60660
- April 19 – **Arlington Heights Health Center** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- April 22 – **Blue Island Health Center** – 12757 S. Western Avenue, Blue Island, IL 60406
- April 23 – **Esperanza Health Center** – 4700 S. California Ave Chicago, IL 60632
- April 24 – **Provident Hospital** – 500 E. 51st Street, Chicago, IL 60615

- April 25 – **Chicago Family Health Center** – 9119 S Exchange Ave Chicago, IL 60617
- April 26 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621
- April 30 – **Lawndale Christian Health Center** – 3750 W. Ogden Ave., Chicago, IL 60623

CCH Community Advisory Councils

Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center’s relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.

The 2024 Second Quarter topic presentations include the CCH’s Programs by the Chief Operating Officer and CountyCare’s Health Benefits for Immigrant Adults (HBIA) presentation. In addition, the meeting provides updates on Cook County Health, Community Outreach, and each clinic’s programs.

Upcoming CAC meeting dates, including the 2024 schedule:

- Provident/Sengstacke: Wednesday at 9:00 AM: April 10, July 10, October 9
500 W. 51st Street, Chicago, IL 60609
- Cottage Grove: Tuesday at 1:00 PM: April 23, July 23, October 22
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411
- Blue Island: Wednesday at 1:00 PM: May 15, August 14, November 13
12757 S. Western Ave., Blue Island, IL 60406
- Arlington Heights: Tuesday at 1:00 PM: May 21, August 20, November 19
3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- Prieto: Tuesday at 1:00 PM: June 4, September 3, December 3
2424 S. Pulaski, Chicago, IL 60623
- Robbins: Tuesday at 1:00 PM: June 11, September 19, December 10
13450 S. Kedzie Road, Robbins, IL 60472
- North Riverside: Wednesday at 1:00 PM: June 12, September 11, December 11
1800 S. Harlem Avenue, North Riverside, IL 60546
- Englewood: Thursday at 1:00 PM - June 13, September 12, December 12
1135 W. 69th Street, Chicago, IL 60621

Event Participation in March and April:

Outreach staff will participate in the following events to promote both Cook County Health and CountyCare (especially Redetermination) to attendees.

- 1) March 23, 2024 – Participation in **Commissioner Monica Gordon’s Trauma Training** which will take place at the Roseland Hospital located at 45 W. 155th Street in Chicago, IL 60609. The Healing Hurt People team will participate in the training.
- 2) March 30, 2024 – Participation in **Commissioner Monica Gordon’s Trauma Training** which will take place at Prairie State College located at 202 S. Halsted in Chicago Heights, IL 60411. The Healing Hurt People team will participate in the training.
- 3) April 6, 2024 – Participation in the **Girls Health Matters Summit 2024** which is hosted by M.E.A.N. Girls Empowerment will be held at the Morgan Park Academy located at 2153 W. 111th Street in Chicago, IL 60643. The CCH’s Family Planning and Women and Children’s teams will also attend to promote their programs.
- 4) April 10, 2024 – Participation in the **Annual Mental Health and Wellness Resource Fair at Triton College** which will be held at the college’s cafeteria located at 2000 5th Avenue in River Grove, IL 60171. CCH’s Behavioral Health team will also attend to promote their programs.
- 5) April 11, 2024 – Participation in the **Teamwork Englewood’s Englewood Job Fair and Employment Resource Fair** which will be held at Hamilton Park located at 513 W. 72nd Street in Chicago, IL 60621.
- 6) April 12, 2024 - Participation in **The Latino Family Wellness & Health Equity Fiesta Tour** which is hosted by Imagen Marketing Consultants will take place at the Instituto del Progreso Latino Located at 2520 S. Western Avenue in Chicago, IL 60608.
- 7) April 13, 2024 - Participation in the **Posen-Robbins School District 143.5 Annual Wellness Event** which will take place at the Thomas J. Kellar Middle School located at 14123 Lydia Avenue in Robbins, IL 60472.
- 8) April 14, 2024 - Participation in the **Village of Matteson and Rich Township Mental Health Summit** which will take place at the Victory Apostolic Church located at 20801 Matteson Drive in Matteson, IL 60443.
- 9) April 20, 2024 - Participation in the **United Palatine Coalition’s 2nd Annual Wellness Resource Fair** which will take place at the Buehler YMCA located at 1400 W. Northwest Highway in Palatine, IL 60067. Special promotion of the Arlington Heights Health Center will occur at this event.
- 10) April 25, 2024 – Participation in the **Sterling Site Access Solution Safety and Health Fair** which will take place at their site located at 501 East 151st Street in Phoenix, IL 60426.
- 11) April 25, 2024 - Participation in the **Southland Care Coordination Partners’ Celebrating 10 Years of Service** which will take place at the 2555 Lincoln Highway in Olympia Fields, IL 60461.
- 12) April 27, 2024 - Participation in the **Hanover Park Health & Resource Fair** which will take place at the Hanover Park Park District located at 1752 Maple Avenue in Hanover Park, IL 60133.

DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

Lead Executive: Craig Williams, Chief Administrative Officer, Operations and Development
Reporting Period: February, 2024
Report Date: March 15, 2024

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- Ambulatory medical and operational leadership are working on strategies to accommodate patients from the CCH patient population and the community with health needs related to the ongoing measles situation. In addition, ACHN is actively ensuring that we have vaccination supply and immunoglobulins to meet the potential demand for those who have or report measles exposure. We are partnering with the Cook County Department of Public Health on this effort.
- This month we received the Joint Commission mock survey findings which identified several risk areas to review and address.
- In response to the findings, managers have implemented the following: weekly Environment of Care (EOC) rounds; physician and staff education; monthly audits for compliance, and a policy to escalate any Environmental Services (EVS) or Materials Management delays in service to maintain compliance.



Health Equity, Community Health & Integration

- CORE's Community Advisory Board hosted a National Black HIV/AIDS Awareness Day event on February 7th. Behavioral Health, Case Management, Medical, Nursing, Dental providers, and Linkage to Care Coordinator participated in a panel discussion to empower & educate clients on healthy life choices. A community event was also held in the Bronzeville area where new arrivals are housed. As a result, the King Center agreed for Cook County HIV Integrated Programs (CCHIP) to provide permanent sexual health services onsite every 2nd and 4th Thursday of each month.
- Ryan White Healthcare Access grant fiscal year ended on February 29th. For the fiscal reporting year, we reported: 2,692 community HIV tests; 107 newly diagnosed HIV cases with 83% linked to care; overall 88% viral suppression rate; a total of 515 patients were re-engaged/linked back to care; 950 clients linked to PrEP - Pre-Exposure Prophylaxis therapy to prevent HIV.
- This month 296 individuals in the community received a rapid test through targeted HIV screening.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

- Through the community vaccine program, ACHN continues to provide COVID-19 vaccination to the community and patients. This month, there was a total of 1,520 patients vaccinated. In addition, the CORE Center location is offering the Mpox testing, vaccination, and treatment to patients and the community and a total of 10 patients were vaccinated for Mpox. Cook County Health's COVID-19 testing tents at Stroger and Provident Hospital closed on March 1st and COVID-19 testing was integrated into Cook County Health ACHN clinics for patients and community members, while the Employee Health Department will be used for CCH employees.
- Primary Care is working with the medical leads to institute weekly monitoring to ensure that notes are closed in a timely manner to help improve our target volumes.
- To support patient access to care, the Patient Support Center answered more than 50,000 patient calls with an average answer speed of under 60 seconds. In addition, there were over 3,900 Nurse Triage calls answered this month.
- This month, the HealthviewX referral platform for CCH partners to refer specialty and diagnostic patients hit another milestone. There are 382 active users and over 5,000 referral orders placed by CCH partners. Currently ophthalmology is the most requested specialty and ultrasound is the most requested diagnostic. The Cerner Provider Portal is set to roll-out this month to support partner organizations receiving patient results.
- The Cancer Center Service Line received the 2024 Transportation grant from the American Cancer Society
- As of February 2024, we have seen over 22,000 new arrivals at the Belmont Cragin New Arrival Health Center and 5,325 new arrivals through the Mobile Care Team.
- This month the Mobile Care Team continued to provide care to the New Arrivals in the City Shelters, completing approximately 1,565 patient visits. The patients were assessed for immediate needs and scheduled for follow-up appointments at our Belmont Cragin New Arrival Health Center. They were also offered virtual visits with providers for any appropriate needs, and others were sent for in-person evaluations in the emergency department. Furthermore, The Mobile Care Team also provided follow-up appointments for our established patients and was able to deliver pending lab results from past visits.
- We continue to work closely with the Chicago Department of Family and Support Services and Chicago Department of Public Health to ensure that New Arrivals who recently arrived in Chicago receive a medical comprehensive screening at Belmont Cragin.
- The Primary Stroke Program at Stroger Hospital successfully completed the Intracycle Monitoring (ICM) session virtually with The Joint Commission.

Patient Experience & Employee Engagement



COOK COUNTY
HEALTH

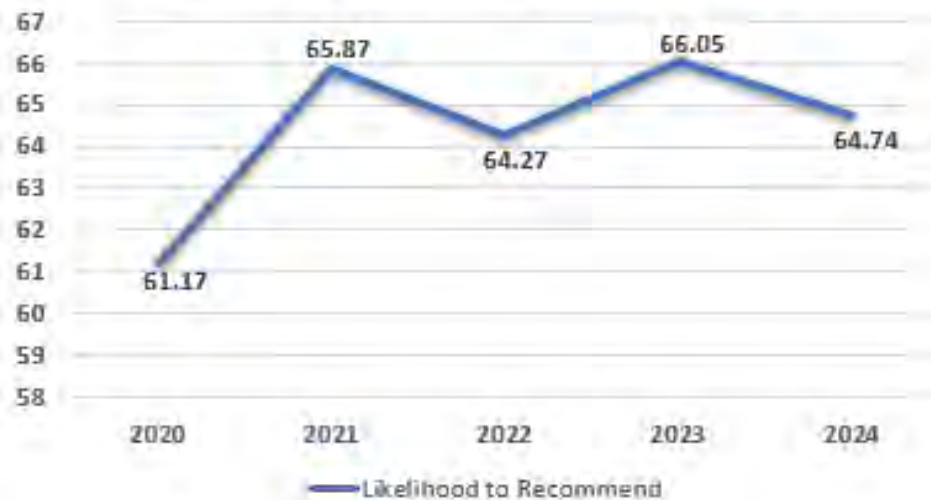
DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES



- This Month, ACHN saw a 50% increase in the number patient experience surveys we received. We attribute this to the data remapping of the clinics. However, we did see our overall “Likelihood to Recommend” score year-to-date decrease by 0.94%.

ACHN Patient Experience Score



- The Specialty Care management team also continues to meet every two weeks to review their Objectives and Key Results (OKRs) metrics to improve access and experience.
- ACHN recognizes Clinic D (Oral Surgery) as a “Clinic on the Rise” for having the highest top box score improvement this month by 20.76%.



Growth Innovation & Transformation

- Primary Care show rates continue to increase month over month since the beginning of the fiscal year.
- The second cohort for the week-long Eye Movement Desensitization and Reprocessing (EMDR) training started for the Licensed Behavior Health Therapists.
- On February 20th, the Mobile Care Team transitioned to expand our Mobile Care Coordination Team. The team consists of a Registered Nurse and a Residential Aid assigned to a shelter to support patients' needs. They are onsite at their assigned locations and are also screening all new arrivals in the shelter. They supported over 200 patients with intake screenings.
- Express Care has now added Registered Nurses (RNs) back into the workflow and the vendor is working to update and test the platform. The tentative go live is set for April 1st. The workgroup continues to meet internally to discuss the timeline for implementing the new workflow and the



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

future state of increased hours. In addition, they are actively working with the communications team to internally market the Express Care program with our existing patients.

- The Immediate Care project team continues to meet to discuss the implementation of services at the Arlington Heights location. Current discussions are underway regarding space within this facility.



Optimization, Systemization & Performance Improvement

- The Behavioral health team implemented power order referral pools for the social service coordinators and trained everyone on how to access them.
- The Neurology and Musculoskeletal (MSK) clinics were all positive to budget this month.
- The Cancer Center Service Line developed a workflow to refer patients to general surgery for port placement in the event Interventional Radiology wait time does not coincide with chemotherapy start dates. In addition, they implemented a new no-show follow-up workflow using Ambulatory Organizer in Cerner.



Workforce: Talent & Teams

- ACHN has a total of 182 requests to hire in recruitment (2 on hold; 24 in pre-recruiting; 45 currently posted; 17 to be posted; 33 validations in progress; 28 interviews in progress; 41 decision-to-hire packets; 15 offers accepted). The remaining are the number of people hired this fiscal year.



Fiscal Resilience

- Primary Care: ACHN is below budgeted volumes for February by 809 visits and 6.1% below budget year-to-date totaling 48,336 visits in FY2024.
- Specialty Care: ACHN is above budgeted volumes for February by 2, 566 visits and 1.5% above budgeted volumes year-to-date totaling 75,188 visits in FY2024.
- As of the end of February 2024, ACHN is on track overall on expenses having expended 23% of the budget.



DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

Office / Program / Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4893 - Ambulatory & Community Health Network of Cook						
Grand Total	102,652,013	20,122,605	3,165,876	23,288,481	79,363,532	23%

- We have four non-personnel contracts for \$500k or more. One contract is expired with an amendment in process and no gaps in service.

Contract Number	Contract Name	Agreement Amount	Expiration	Notes/Updates
H18-72-030	Anchor Mechanical	\$ 959,634.00	6/30/2024	COC approved. RFP will go out for new HVAC contract.
H20-25-033	The Chicago Lighthouse	\$ 4,480,000.00	2/28/2024	Amendment in process. No gaps in service
H21-25-012	DaySpring Janitorial	\$ 2,300,000.00	11/30/2024	RFP will go out for janitorial services
H20-25-0178	Alivio Medical	\$ 788,858.83	4/30/2024	RFP will go out for patient navigator services



DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

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

Reporting Period: February, 2024

Report Date: March 18, 2024

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

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

Cermak Health Services has a permanent exemption to provide dosing of controlled substances to individuals in custody in their housing locations, which are located within the confines of the registered location rather in centralized location in the jail.



Health Equity, Community Health & Integration

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

Cermak will be hosting several sister organizations who are interested in reviews best practice clinical operations of Intake and Opioid Treatment Program.



Growth Innovation & Transformation

Cermak is currently rolling out Phase 2 of the telehealth initiative, which entails access to telehealth in all 10 living units and is scheduled to go live in June 2024.

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



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Cermak is in process of replacing all copier/scanner/fax units on campus. Additionally, needs assessment underway to improve access for interpreter services hardware and tele services across all clinical areas. Expected completion for assessment and replacement end of April 2024.

Optimization, Systemization & Performance Improvement



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

Workforce: Talent & Teams



Cermak continues with hiring initiatives to support patient care activity. To date, there are 41 hires with an additional 13 offers accepted.

Cermak in process of recruitment for Mental Health Clinical and Operational Leadership.

Cermak is in process of conducting departmental needs assessment of the Mental Health Department to include staff insights and input.

Fiscal Resilience



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



DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Budget to Actual –

Overall, across all accounts, Cermak is on track and JTDC is lower than budgeted expectation through the end of FEBRUARY 2024.

Office / Program / Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Funds Available	% Expended
4240 - Cermak Health Services of Cook County					
0 - DEFAULT (41195.4240.0) Total	-	(45)	-	45	No Budget
10155 - Administration (41195.4240.10155) Total	12,449,230	5,746,539	18,125	6,684,566	46%
13500 - Environmental Services (41195.4240.13500) Total	2,762,461	582,838	21,258	2,158,364	22%
13945 - Finance (41195.4240.13945) Total	243,273	52,200	-	191,073	21%
14915 - Human Resources (41195.4240.14915) Total	263,532	52,722	-	210,810	20%
15050 - Information Technology (41195.4240.15050) Total	231,171	51,043	-	180,128	22%
15435 - Laboratory Services (41195.4240.15435) Total	641,650	107,900	21,963	511,786	20%
15805 - Material Management (41195.4240.15805) Total	462,003	64,649	5,929	391,424	15%
15895 - Medical Administration (41195.4240.15895) Total	10,760,199	1,855,951	57,500	8,846,747	18%
17015 - Oral Health (41195.4240.17015) Total	2,496,986	394,516	-	2,102,470	16%
17170 - Patient Care Services (41195.4240.17170) Total	46,480,058	6,869,085	300,846	39,310,126	15%
17395 - PCS - Emergency Services (41195.4240.17395) Total	-	0	-	(0)	No Budget
17610 - Pharmacy (41195.4240.17610) Total	9,838,834	1,393,969	540,672	7,904,193	20%
18445 - Quality Assurance (41195.4240.18445) Total	776,331	166,016	-	610,315	21%
18485 - Radiology (41195.4240.18485) Total	845,217	177,767	-	667,449	21%
29235 - 240 General Store Inventory (IV) (41195.4240.29235) Total	-	129,170	-	(129,170)	No Budget
16005 - Health Information Management (HIM) (41195.4240.16005) Total	422,736	80,310	-	342,426	19%
16125 - Mental Health Services (41195.4240.16125) Total	17,258,018	2,952,414	54,869	14,250,736	17%
29165 - General Store Inventory (IV) (41195.4240.29165) Total	271,687	59,942	66,769	144,976	47%
Grand Total	106,203,386	20,736,988	1,087,932	84,378,465	21%



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Office / Program / Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Funds Available	% Expended
4241 - Health Services - JTDC					
10155 - Administration (41197.4241.10155) Total	1,041,815	76,902	-	964,913	7%
16015 - Medical Services Administration (41197.4241.16015) Total	731,730	150,765	-	580,966	21%
17015 - Oral Health (41197.4241.17015) Total	309,492	68,513	-	240,979	22%
17170 - Patient Care Services (41197.4241.17170) Total	3,629,502	628,021	50,544	2,950,937	19%
10755 - Behavioral Health (41197.4241.10755) Total	3,971,104	680,988	-	3,290,116	17%
Grand Total	9,683,643	1,605,188	50,544	8,027,910	17%



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Staffing

CERMAK STAFFING / VACANCY and HR ACTIVITY STATUS

A Look into HR Recruitment
 Access the dashboard training guide and request new user access through Hiring Central. →

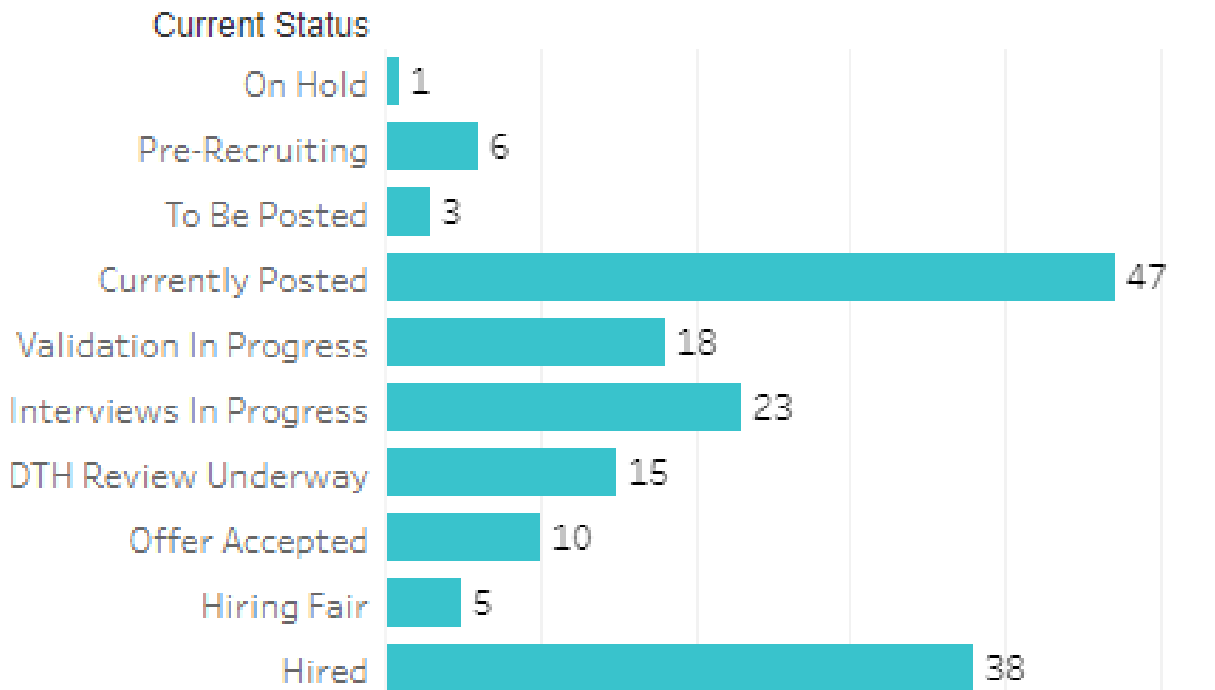
COOK COUNTY HEALTH

Filters: Job Title (All), Job Code (All), Job Classification (All), Union (All), Department (All), Office # (2240), Business Unit (All), Hiring Manager (All), Senior Leader (Multiple values), PID (All)

121 Current Requisitions	38 Total Hired 12/1/2023 - 2/29/2024	18 Validation in Progress	23 Interviews in Progress	2 Open Interviews Greater than Two Weeks	7 Submitted DTHs Older than 5 Days	2 New Hires Starting Soon *Offer Accepted/Hired Status
VIEW DETAILS		VIEW DETAILS	VIEW DETAILS	VIEW DETAILS	VIEW DETAILS	VIEW DETAILS

What Stage are my Current Requisitions?

* Excludes hired



DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

JTDC STAFFING / VACANCY and HR ACTIVITY STATUS

A Look into HR Recruitment

Access the dashboard training guide and request new user access through Hiring Central. [↔](#)

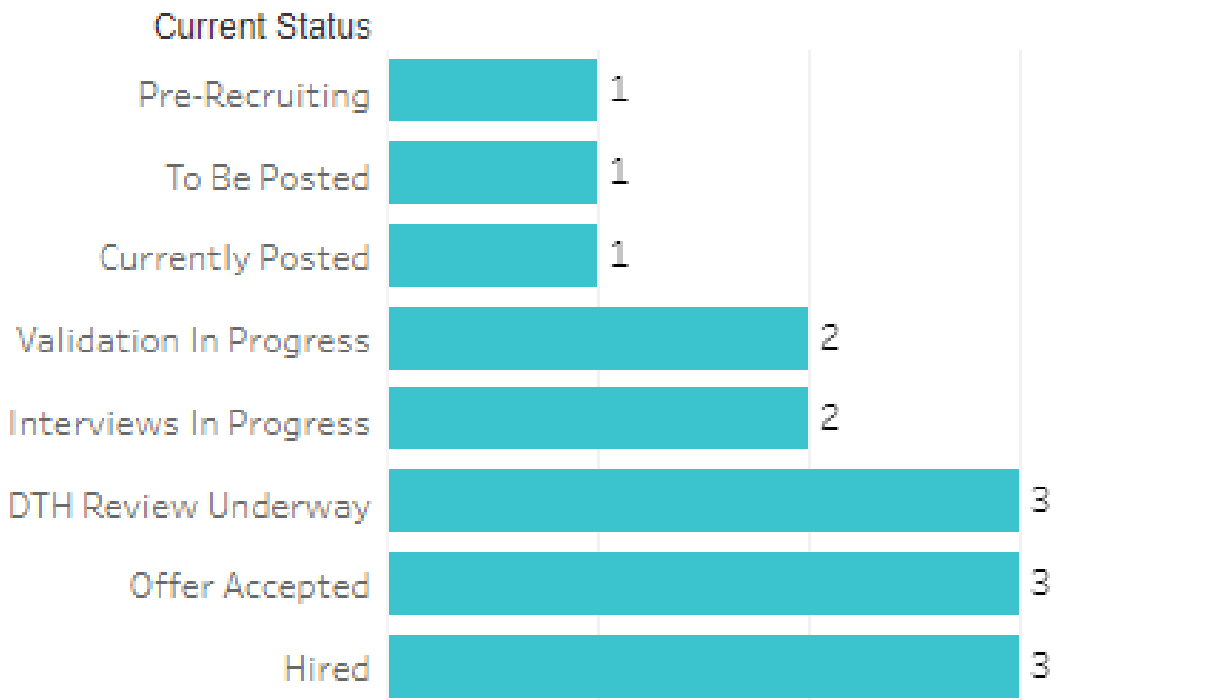


Filters	Job Title	Job Code	Job Classification	Union	Department	Office #	Business Unit	Hiring Manager	Senior Leader	PID
	(All)	(All)	(All)	(All)	(All)	4242	(All)	(All)	(Multiple values)	(All)

12 Current Requisitions	3 Total Hires 12/1/2023 - 2/29/2024	2 Validation in Progress	2 Interviews in Progress	2 Open Interviews Greater than Two Weeks	1 Submitted DTHs Older than 5 Days	1 New Hires Starting Soon *Offer Accepted/Hired Status
VIEW DETAILS		VIEW DETAILS	VIEW DETAILS	VIEW DETAILS	VIEW DETAILS	VIEW DETAILS

What Stage are my Current Requisitions?

* Excludes hired



COOK COUNTY HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Procurement --

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

Number	Supplier	Description	Expires On
77000064455	ODP BUSINESS SOLUTIONS LLC	H19-25-077 - Supplies and Services, Office Supplies	21-Nov-23
H16-72-052	LINDE GAS & EQUIPMENT DIV LINDE NORTH AMERICA,	H16-72-052 - Service, Certification, Maintenance, and Repair of Medical Gas Systems	31-Mar-24
77000075883	STERICYCLE INC	H20-25-063 - Waste Removal for Medical, Hazardous, Sharps and Pharma Waste	31-Mar-24
H18-25-114	KORE SAE, LLC	H18-25-114 - Service, Temporary Staffing	31-May-24
H18-25-008	MAXIM HEALTHCARE SERVICES INC	H18-25-008 - Service, Temporary Staffing	31-May-24
H17-25-037	CORPORATE CLEANING SERVICES INC	H17-25-037 - Service, Window Cleaning	31-May-24
77000054363	LINCOLN PARK DIALYSIS SERVICES INC	H19-25-046 - SERVICES, LINCOLN PARK DIALYSIS SERVICES INC DBA DAVITA INC	30-Jun-24
77000032606	SCHECK & SIRESS PROSTHETICS, INC	77000032606 - SERVICE, CUSTOM ORTHOTICS	31-Jul-24
77000107994	MAXIM HEALTHCARE SERVICES INC	H22-25-052_ Services_Locum Tenens and AP Staffing	14-Aug-24
77000133454	AB STAFFING SOLUTIONS LLC	H22-25-164 SERVICE, PROFESSIONAL RADIOLOGY STAFFING SERVICES	25-Sep-24
77000063015	ALLIED WASTE TRANSPORTATION, INC.	H19-25-103 - Service, Waste Removal Services Throughout CCH	30-Nov-24
77000063013	W W GRAINGER INC	H19-25-063 - Supply, Institutional Supplies for Maintenance, Repair, and Operations	30-Nov-24



DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Lead Executive: LaMar Hasbrouck, MD, MPH, MBA, Chief Operating Officer
Reporting Period: March 4, 2024
Report Date: February, 2024

Strategic Initiatives • OKR Highlights • Status Updates



Health Equity, Community Health & Integration

- CCDPH Tobacco Program and the Environmental Health Unit continued to collaborate on tobacco retailer compliance inspections for unincorporated Cook County. CCDPH issued a citation to one retailer who is not compliant.
- The first naloxone training with the THRIVE program at Cook County Department of Corrections (CCDOC) was completed, with 20 Individuals In Custody (IICs) and 2 staff members trained. Following the training, 22 naloxone kits were given out at the In-Reach program at CCDOC to individuals visiting IICs.



Optimization, Systemization, & Performance Improvement

- CCDPH participated in the Northern Illinois Public Health Consortium (NIPHC) Infectious Disease committee continued to express the need for health departments to have direct access to the electronic health record systems of the hospitals and major medical care providers in our jurisdictions. CCDPH plans to work with the Illinois Department of Public Health and the Illinois Hospital Association about this continued issue.



Patient Safety, Clinical Excellence & Quality

- CCDPH Nursing has completed 10 scheduled events in collaboration with Ambulatory and Community Health Network (ACHN) and CountyCare of Walk-in Flu and COVID-19 vaccine clinics. A total of 649 vaccines were administered.
- CCH and CCDPH Nursing is embarking on a shared journey to obtain Magnet or Pathway to Excellence designation. Achieving the designation of Magnet or Pathway to Excellence enhances the attraction for nurses to seek employment within that health system. Nursing divisions are working with consultants from Creative Healthcare Management to assess readiness and establish a shared governance for nursing across the enterprise.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

- The Communicable Diseases unit is preparing to issue a new Request For Quote to identify a new vendor for mail-in kits for at-home gonorrhea and chlamydia testing. The vendor would supply the kits, arrange for the lab analysis, and treat positive cases.



Fiscal Resilience

- CCDPH Policy Director is working with other local health departments to advocate for a funding increase following the release of the Governor's proposed budget this month, in which \$5M in funding was cut from the Local Health Protection Grant affecting all local health departments in Illinois. The cut would result in our ability to support lead mitigation.
- Continuing to partner with CCH Finance to validate ARPA sustainability planning and encumbrance activities for 2024.

Budget to Actual

Budget to Actual File: FY24 CCH Budget to Actual March 4, 2024

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended	Actual Expenses - % Expended
4895 - DPH Total	21,992,570	3,554,857	118,006	3,672,862	18,319,707	17%	N/A

Staffing

As of February 2024, CCDPH has 58 vacant positions to date (actively recruited). 2 Requests for Hires (RTH) are awaiting budget approval or to be posted/reposted. The remaining positions are being actively recruited (see table below). During February, 2 vacancies were filled.

FY24 metrics Snapshot, as of February 2024

RTHs Submitted MTD YTD	Budget Approved	Posted	Postings Closed	ARP Received	Referred for Interview	Interviews Completed	e-DTH submitted	Candidate Offers	Vacancies Filled 12/1/23-2/29/24
24/67	2	10	6	4	5	1	11	2	5



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Procurement

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

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

**** Month to date (MTD) - Fiscal year to date (YTD-Dec, Jan, Feb)



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

Lead Executive: Aaron Galeener, Chief Administrative Officer

Reporting Period: February 2024

Report Date: March 15, 2024

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

Behavioral Health (BH) Improvement

Behavioral health quality improvement has been a key area of focus for the health plan, especially follow-up after hospitalization and emergency room visits for mental health or substance use disorder (quality measures). As of February 2024, the CountyCare team executed a strategy to make tangible improvements in linking members to care after a behavioral health crisis:

- **Provider partnerships:** CountyCare executed a performance-based agreement with a clinically integrated behavioral health network. The plan also built behavioral health (BH) quality incentives into its existing value-based agreements with providers and established a contract with a BH Telehealth provider to increase BH access.
- **Clinical improvement:** CountyCare established a dedicated team to complete follow-up after hospitalization, developed new transition of care workflows, created an after-visit assessment that counts towards a follow-up numerator, and embedded CountyCare staff within high volume BH hospitals.
- **Admission, discharge, and transfer notification:** CountyCare implemented a new partnership with PointClick Care and integrated admission, discharge, and transfer (ADT) data into its care management systems. The plan also improved ADT segmentation and reporting in alignment with Healthcare Effectiveness Data and Information Set (HEDIS) measures.
- **Provider directory:** CountyCare created a bespoke BH find-a-provider tool on its website, and has plans to launch a new, more member friendly provider directory this summer.
- **Provider education:** The plan developed HEDIS coding toolkits, FAQs, and provider trainings.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

CountyCare will continue to identify opportunities to partner with its provider network to increase access to critical behavioral health services with a focus on quality care.



Health Equity, Community Health, & Integration

CountyCare's investment in housing

Over the past several years, CountyCare has made a significant investment in housing. As of February 2024, CountyCare has 90 members housed in the Flexible Housing Pool, an established public-private partnership that provides permanent supportive housing, tenancy support, and social services to members for three years.

- The Flexible Housing Pool was created to break the cycle of homelessness, improve health outcomes, and reduce costs to the public healthcare system.
- CountyCare's investment in the Flexible Housing Pool was featured by the [Institute for Medicaid Innovation](#) in its compendium, "Medicaid Managed Care's Pandemic Pivot: Addressing Social Determinants of Health to Improve Health Equity."
- In the second quarter, CountyCare is issuing a request for proposals (RFP) to develop a Housing Program. This program will expand CountyCare's capacity to support unhoused members.
- CountyCare will continue to focus its limited housing resources on members with behavioral health diagnoses and those in the maternal and child health population.



Member Experience

Non-Emergency Medical Transportation

Transportation is a Medicaid covered service and a critical way for members to be able to access health services. CountyCare will be transitioning transportation vendors this summer and implementing the benefit with member experience and satisfaction as the focus:

- In the fall of 2023, CountyCare issued a competitive RFP for a non-emergency transportation partner.
- In February 2024, CountyCare kicked off formal implementation with a new partner.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

- CountyCare's new transportation vendor will go-live in August.



Growth, Innovation & Transformation

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

As of March, CountyCare has successfully welcomed over 26,000 members of the HBIA and HBIS programs into a new program called *CountyCare Access*. The state of Illinois' HBIA and HBIS programs provide Medicaid-like coverage for people who are 42 years old or older, meet income guidelines, and are not eligible for traditional Medicaid due to immigration status. There are over 60,000 program members state-wide and over 40,000 in Cook County.

- Members of both programs residing in Cook County are being auto assigned by the Illinois Department of Health & Family Services (HFS) into CountyCare, representing between 35,000-40,000 members that are transitioning into the plan between January and April 2024.
- CountyCare and Cook County Health made the decision to fully waive cost-sharing for CountyCare Access members and was the only health plan to do so.
- New enrollments into HBIA and HBIS are currently on hold in Illinois. HFS has announced that lawful permanent residents less than five years will no longer be eligible for the program.

Due to this new membership joining the plan, CountyCare has seen a slight increase in membership during the first quarter with new enrollments into CountyCare Access outpacing redetermination attrition. As of March, CountyCare has over 440,000 members.



Optimization, Systemization & Performance Improvement

Care management system enhancements in alignment with NCQA requirements

System enhancements were made to CountyCare's care management system, CMIS, to tailor its functionality to National Committee on Quality Assurance (NCQA) requirements. Thanks to the Health Research Solutions Unit and CountyCare's project team, these



**COOK COUNTY
HEALTH**

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

enhancements were completed on January 12. Additionally, to ensure that these changes are fully utilized:

- **Training:** Four training sessions were conducted for care managers.
- **Ongoing chart audits:** Following finalization of updates, member records will be audited to ensure that all new functionality has been fully incorporated into team workflows.



Fiscal Resilience

Medical cost action plans

Neonatal Intensive Care Unit (NICU) Avoidance

CountyCare has established a partnership with a strategic partner, ProgenyHealth, to provide prior authorization management services for infants admitted to CountyCare Neonatal Intensive Care Units (NICUs) or special care nurseries.

- In addition to performing prior authorization, ProgenyHealth's neonatologists, pediatricians, and neonatal nurse care managers will work closely with CountyCare's physicians and care managers to promote healthy outcomes for medically complex newborns.



Workforce: Talent & Teams

All Staff Townhalls and Lunch and Learns

Each month CountyCare hosts a "Lunch and Learn" or All Staff Townhall on a different topic. Usually there are over 200 team members in attendance. The goals of these sessions are to provide the growing CountyCare team with information regarding:

- Medicaid Managed Care topics that will provide them with insight on the activities of each CountyCare department
- Community resources that could benefit our Medicaid members
- Wellness strategies to improve their health and wellbeing

For example, In February NAMI Chicago's CEO led a Lunch and Learn on staff wellness and NAMI's available services. In March, CountyCare will be hosting an All Staff Townhall with a focus on the results of its recent staff survey, successes and improvements made to the



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

department since last survey, and an action plan resulting from staff feedback that will be implemented in 2024.

Budget to Actual Through February 2024

CountyCare's January membership of over 440,000 members was higher than the monthly average budgeted projection of 391,000. The net impact of revenue and expenses remains balanced and within budget.

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4896 - Health Plan Services						
CONTRACTUAL SERVICE Total	2,592,928,150	946,254,945	4,546,104	950,801,049	1,642,127,101	37%
OPERATIONS & MAINTENANCE Total	7,748	5,572	-	5,572	2,176	72%
PERSONAL SERVICES Total	46,192,543	8,691,897	-	8,691,897	37,500,646	19%
4896 - Health Plan Services Total	2,524,770,165	911,861,788	4,546,104	916,407,892	1,608,362,273	36%
Grand Total	2,524,770,165	911,861,788	4,546,104	916,407,892	1,608,362,273	36%

Staffing

Of the **58 positions** FY2024 in recruitment, **26 (45%) of requisitions have been hired**, and **5 new hires are on track to start in the coming weeks**. CountyCare is continuing to prioritize staff recruitment to ensure the continued success of the plan.



Procurement

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

Service	Vendor	Description	Type of contract	Contract end date
Non-emergency medical transportation	Transdev (formerly First Transit)	Provides Medicaid-covered non-emergency medical transportation.	Extension	08/31/2024



DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS

Lead Executive: Donnica Austin-Cathey, Chief Hospital Executive, Stroger Hospital
Reporting Period: February, 2024
Report Date: March 16, 2024

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- The Lab presented a work plan (A3) at the Hospital Quality Improvement & Patient Safety (HQIPS) meeting to discuss the steps taken to improve phlebotomy metrics submitted for Quality Assurance/Performance Improvement (QAPI).
- Meetings are taking place with laboratory section leaders to determine readiness for the upcoming College of American Pathologists (CAP) survey. The team is assessing the corrective actions put into place after the 2021 CAP survey, follow up on the self-inspection and identifying gaps regarding the top 10 most commonly cited deficiencies.
- The Rehab Division has now started Inpatient Video fluoroscopic swallow studies at Provident.
- Audiology calibrations have been completed by a CCH vendor on February 21st and 22nd of 2024.
- The Audiology Department budget officially became part of the ENT clinic budget.
- A Physical Therapy Manager started staff training program for clinicians on vestibular rehabilitation techniques to improve patient care delivery.



Health Equity, Community Health & Integration

- Rehab has been integrated into the High Risk Clinic (HRC). Direct patient care in HRC occurs three (3) days a week.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS



Patient Experience

- The Harrison Square Rehab Department had no findings on the recent Joint Commission Survey.
- The Rehab division reviewed multiple 4th Quarter satisfaction surveys for Blue Island therapists. Patients expressed how hesitant they were in getting therapy initially but after the excellent service and improved health, they would recommend the location again.
- Shoulder education classes resumed this month to improve access to care for chronic shoulder pain patients.
- Nursing celebrated our Stroger patient experience reflection newsletter 30th edition highlighting Stroger Nursing success stories.
- Press Ganey – Likelihood to Recommend OB has been over the 75th each quarter year to date.



Growth Innovation & Transformation

- The Laboratory is beginning evaluation of new vendors to provide coagulation analyzers. Anticipate moving to a new system by 2025.
- Outpatient Pediatric Speech Therapy supplies have been ordered to prepare for reopening.
- The Rehab division is pursuing additional agency staff for Peds Occupational Therapy and Inpatient acute care based on increased demands for services.



Optimization, Systemization & Performance Improvement

- Hospital Throughput Initiative – Phlebotomy morning draws completed by 7 am were 69% for February. The goal is 80%. Individual performance data has been shared with each phlebotomist to identify gaps in productivity.
- Initiated conversations with Health Information Systems (HIS) to create electronic blood product release forms from Cerner. This will eliminate the need for RNs to handwrite patient information on the manual forms for pickup.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS

- The lab is working with Business Intelligence to set up a monthly dashboard to evaluate STAT test turnaround time and phlebotomy metrics for STAT; timed and routine draws.
- Improved resources for video telehealth (VTH) program provided to rehab staff to improve utilization of telehealth which leads to improved access to care for patients.
- Physical Therapy Manager will do daily stroke certification quality tracking for Accessed for Rehab compliance.



Workforce: Talent & Teams

- Nursing welcomed a new Registered Nurse who will be serving In the role of Stroger Hospital Sexual Assault Nurse Examiner (SANE) Coordinator who will be leading our SANE grant, Adult and Pediatric SANE services along with our Forensic contract providing services to the most vulnerable patients.
- Emergency Department, Critical Care, Maternal Child and Med Surg has over 30 new nurses in orientation.
- Laboratory welcomed a new Clinical Laboratory Assistant and a Medical Laboratory Scientists (MLS) in Chemistry.
- Waheeda Khan (Microbiology Supervisor) was selected by the AMT board of Directors and her peers to receive the AMT Distinguished Achievement Award for 2023. She will be recognized at the awards banquet held July 9th as part of the AMT Annual Meeting in St. Louis.
- Continued collaboration with Human Resources on comprehensive review of lab positions, job descriptions, market evaluations and implementation of CBA language regarding upgrading qualified individuals to the Medical Laboratory Scientists (MLS) title.
- In Rehab, There are currently nine (9) departmental vacancies in HR process (2 pending job offers); Licensure renewals for Occupational Therapy Division completed
- The Annual Rehab Business Meeting for all locations occurred at Harrison Square on January 11, 2024. Staff participated in team-building games and activities.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS



Fiscal Resilience

- Rehab has been meeting with Business Intelligence on building reports for billed CPT units.
- System Director of Rehab has been meeting with Revenue Cycle to discuss issues with pre-Authorization time frames for plan of care (POC) for rehab services and insurance companies approving the number visits but not the correct time frame needed to meet. This requires a second pre-authorization for a time extension only for Point of Care (POC) system implemented to ensure we can bill for services rendered and be reimbursed.
- Laboratory collaborating with revenue cycle to determine why professional fees are not billed for the electrophoresis tests. The fees are already built into the Charge Description Master (CDM).

Human Resources Dashboard

68 Current Requisitions	9 Total Hired	10 Validation in Progress	5 Interviews in Progress	Open Interviews Greater than Two Weeks	3 Submitted DTHs Older than 5 Days	3 New Hires Starting Soon *Offer Accepted/Hired Status
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Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4897 - John H. Stroger Jr. Hospital of Cook County Total	1,095,478,228	168,181,034	83,653,529	251,834,563	843,643,664	23%



DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS

Lead Executive: Arnold F. Turner, MD, Chief Hospital Executive for Provident Hospital

Reporting Period: February, 2024

Report Date: March 15, 2024

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- Provident submitted the responses to the findings identified during the triannual Joint Commission survey on February 6, 2024. Weekly meetings continue to monitor the effectiveness of the action plans maintaining compliance with Joint Commission standards.
- The installation of the nurse call system was completed on 8 East and continued on 8 West with coordination of work to limit impact on patient care.



Health Equity, Community Health & Integration

- On February 21, 2024 a Black History Month Celebration and Press Conference was held at Provident. President Toni Preckwinkle, Interim CEO Erik Mikaitis, MD, Commissioner Bill Lowry, and members of the Sengstacke family were among those in attendance.



COOK COUNTY
HEALTH

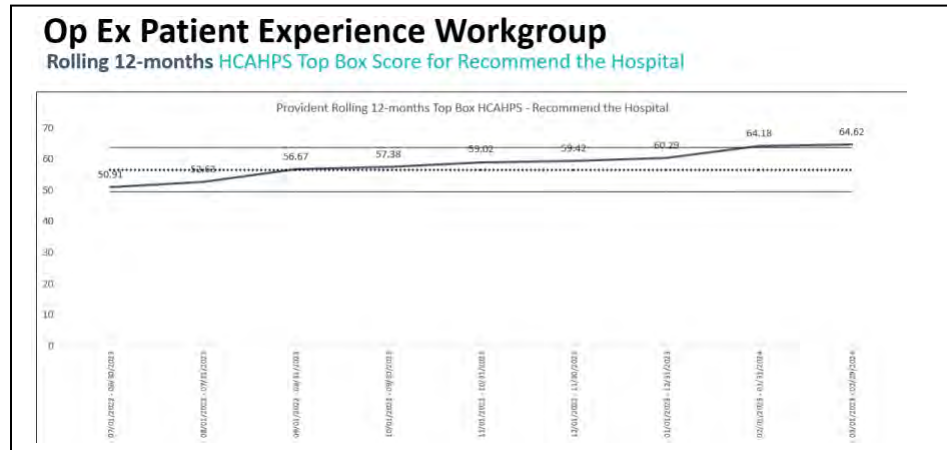
DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS

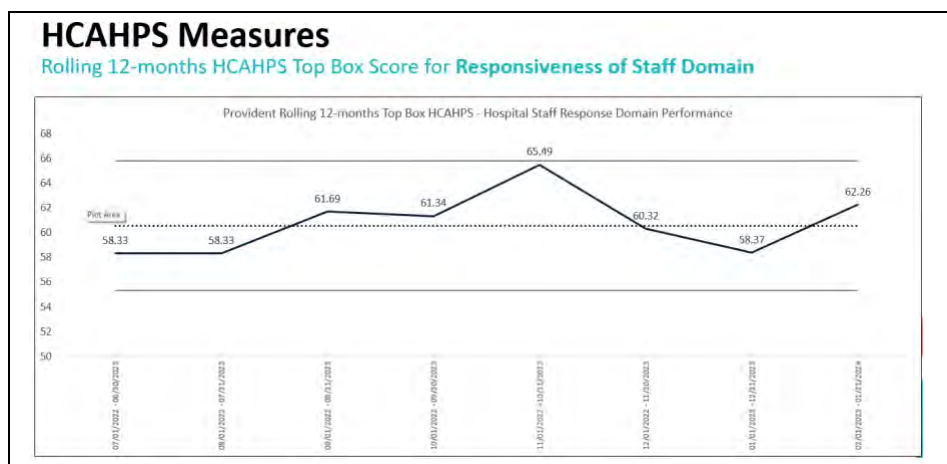


Patient Experience

- The HCAHPS top box score for Recommend the Hospital continues to trend upward. The goal is the 75th percentile.



- The HCAHPS top box score for Responsiveness of Staff Domain surpassed the goal of 54th percentile



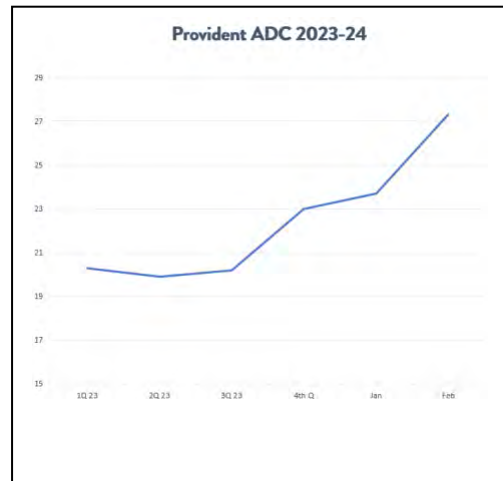
DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS



Growth Innovation & Transformation

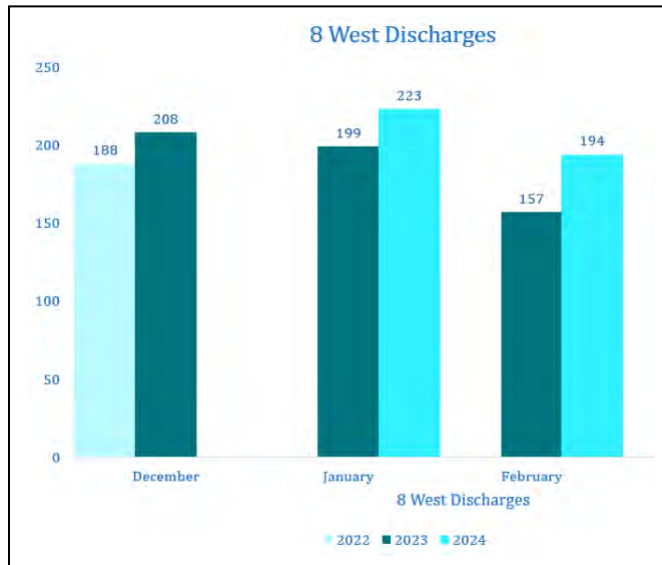
- On February 1, 2024, two patients were admitted to the Provident 8 West med/surg unit from the Stroger ED. Daily morning rounds with the Stroger ED staff and the Provident Hospital staff were established to facilitate transfers from Stroger ED to Provident and transfers to Stroger from the Provident ED and 8 West.
- The average daily census increased to 27.5 in February.



DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS

- 8 West Discharges



Optimization, Systemization & Performance Improvement

- The OR sterile area redesign was implemented to allow easier access to patients in the pre-op area. Surgeons, nurses, and tech can now access patients for pre-op assessments without changing into surgical attire. This should help improve the on-time start metric.



Workforce: Talent & Teams

- The Provident nursing department added a patient care resource nurse and an ICU nurse.



DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS



Fiscal Resilience

- The Provident pharmacy received notification that they passed the 340B audit.

Budget to Actual

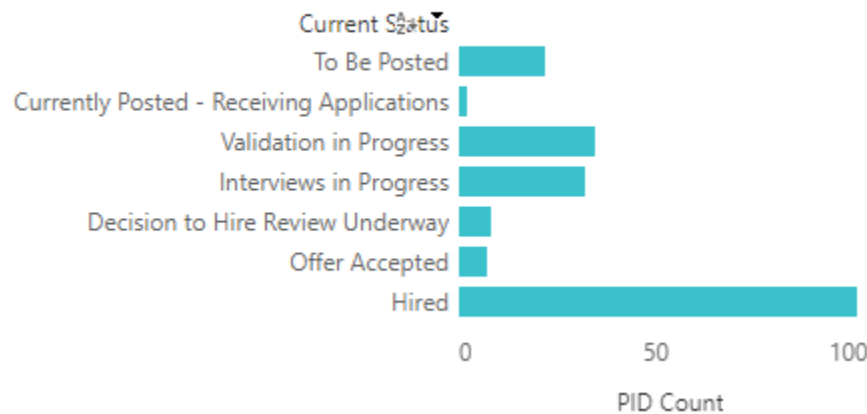
Office	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4891 - Provident Hospital of Cook County						
Non- Personnel	19,669,531	1,645,235	1,051,971	2,697,206	16,972,325	13.71%
Personnel	20,252,670	5,137,174	-	5,137,174	15,115,496	25.37%
4891 - Provident Hospital of Cook County Total	39,922,201	6,782,409	1,051,971	7,834,380	32,087,821	19.62%

The actual spend should not exceed approximately 27.8%

Staffing



What Stage are my Current Requisitions?



DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS

Procurement --

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

<u>Contract #</u>	<u>Vendor Name</u>	<u>Expires</u>
H22-25-090	Dialysis Care Center Management, LLC	05/22/2024
H22-25-187	ADT Commercial, LLC	Ext In progress
H21-25-011	Dialysis Care Center Management, LLC	11/30/2024



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
March 23, 2024

ATTACHMENT #3

COOK COUNTY
HEALTH

EPO Semi-Annual Report

Board of Directors Meeting

March 22, 2024



COOK COUNTY
HEALTH

Employment Plan

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

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

- ❑ Prohibits discrimination
- ❑ Contains proactive processes and procedures (prevent opportunity for discrimination)
- ❑ Contains transparent processes and procedures (demonstrates compliance with applicable requirements, lawful decision-making)
- ❑ Requires collective bargaining agreements to be honored

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

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

What is new?

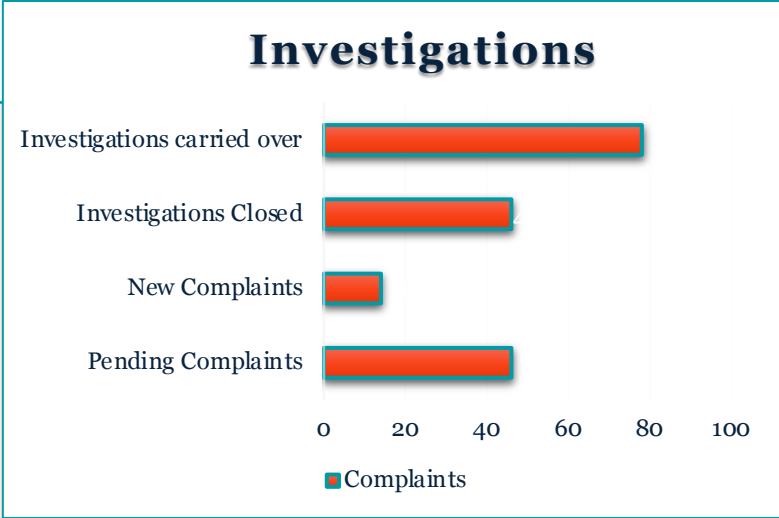
Progress!

- Accelerated Hiring
- Annual Training
- Optimization
 - Salesforce – Investigations
 - HR's Position Status App
- EPO staffing
- New Employment Plan Office page on CCH website

EPO Observations

Investigations

- Carryover: Seventy-eight (78)
- Closed: Forty-six (46)
- New: Fourteen (14)
- Pending: Forty-six (46)



*Two Incident Reports issued with findings and recommendations

EPO Observations

Hiring

Appointed Positions

- **Direct Appointments**
 - Nineteen (19) packets provided
 - Two (2) objections and one (1) Incident Report
- **Medical Staff**
 - Five (5) packets provided
 - No concerns identified
- **Executive Assistants**
 - One (1) packet provided
 - No concerns identified



EPO Observations

Hiring

Non-Appointed Positions

- **Revised (temporary) Hiring Process**

- Thirty-one (31) DTH packets reviewed
- Documentation – ***missing signatures***
- Interviewer Ineligibility - (2)
- Posting errors - (2)

- **Advanced Clinical Positions**

- Fifteen (15) DTH packets reviewed
- Documentation – ***missing signatures***
- Posting errors – (2)

NEW

- **Accelerated Hiring**

- Evaluated structure developed for maintaining documents (auditable?)
- Spot checks of individual DTH folders to evaluate consistency of document maintenance
 - Inconsistent document maintenance
- Spot checks of individual candidate folders to assess for eligibility of selected hires
 - No eligibility concerns
 - DTH forms – ***missing signatures***



EPO Observations

Hiring

Non-Appointed Positions

- **Revised (temporary) Hiring Fairs**
 - Eighteen (18) Hiring Fairs
 - Some in-person monitoring
 - Twenty-three (23) DTH reviews
 - Spot checks of document maintenance
 - Planning process
 - Documentation – *missing signatures*
 - Consolidated Ranked List – *missing signatures, sorting errors, missing data*

EPO Observations

Non-Hiring

- **Interim Assignment/Interim Pay**
 - Forty-five (45) Interim Assignments/Pay reviewed
 - Incompatibility of policies and inadequate documentation
 - Policy updates - ***pending***
- **Discipline**
 - Sixty-three (63) discipline packets reviewed
 - Twenty-three (23) packets with at least one administrative concern
 - Twenty (20) packets with at least one substantive concern
 - Significant findings of non-compliance shared with HR

EPO Observations

Non-Hiring

- **Layoffs**
 - Three (3) – *no concerns*
- **Training Opportunities & Overtime**
 - Department Head NPCC submissions were due 12/15/23
 - Two hundred sixty-eight (268) Department Heads were required to execute
 - Outstanding NPCCs from twelve (12) Department Heads
- **Reclassifications**
 - No determinations issued
 - EPO-Recommended process improvements - *pending*

EPO Observations

Non-Hiring

- **Third Party Provider of HR Services**
 - One (1) new contract
 - EPO verification of contractor personnel and training status - *pending*
 - EPO recommended process improvements - *pending*
- **Grade 24 Salaries**
 - Ten (10) packets for salary adjustments (increases)– *carryover*
 - Two (2) salary determination inconsistencies
 - EPO recommendations for process improvements – *new*



The Future

What is coming?

- **Transparency**

- Formal documentation of temporary and permanent amendments dating back to 2022 (incorporation into Plan)
- Website updates: job descriptions, HR Quarterly Reports

- **Policy Updates**

- Continued modernization of Employment Plan and related implementational processes and tools
- Updates to Supplemental Policies

- **Training**

- Updates to EP training (and job aides) as the Plan and Supplemental Policies are modified



Thank you!



Questions?



COOK COUNTY
HEALTH



Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Erik Mikaitis, MD, MBA
Interim Chief Executive Officer
Cook County Health

Board of Directors

Lyndon Taylor
Chair of the Board

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

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

Robert G. Reiter, Jr.
Sam A. Robinson, III, PhD
Tanya R. Sorrell, PhD, PMHNP-BC
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March 14, 2024

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EMPLOYMENT PLAN OFFICE 19TH SEMI-ANNUAL REPORT

Dear Dr. Mikaitis and Inspector General Cyranoski:

INTRODUCTION

This is the 19th Semi-Annual Report covering my office’s observations and activities between July 1 - December 31, 2023, and goals and new initiatives for January 1 - June 30, 2024.

As you know, the Employment Plan (Plan) and Supplemental Policies are manuals developed by Cook County Health (CCH) over the course of a collaborative process providing for CCH’s dismissal from the *Shakman* litigation¹, that detail system-wide policies, practices and procedures governing CCH hiring and other employment actions. The procedures are (1) proactive, meaning that they are designed to support compliance with laws prohibiting political and other forms of unlawful discrimination (e.g., age, gender, religion, race) and (2) transparent, meaning that our leaders are required to document their processes and the bases for their decisions.

The Employment Plan Office (EPO) is tasked with supporting compliance with the provisions and spirit of the Plan by:

- Preparing Plan-related training materials and training employees at all levels within the organization,
- Observing and auditing employment actions implemented by Human Resources (“HR”) and department leaders to assess compliance,

¹ *Shakman v. Cook County et al.*, 69 CV 2145. The lawsuit, pending for many decades, was brought as a response to the County’s use of political patronage as the litmus test for all decision making re employment actions, e.g., hiring, firing, discipline, transfer, interim assignment, salary determination etc.). The County, including CCH, was released from the lawsuit in 2018 following many years of effort to create and implement the Employment Plan. The Plan, designed to create durable and transparent safeguards against future abuses, was drafted in a collaborative process between CCH, the Court, the County and the Plaintiffs.

- Developing strategies and procedures to achieve compliance (utilizing an understanding of CCH's business, organizational and staffing needs),
- Accepting, investigating, and reporting on complaints of non-compliance with the Plan's procedures and responding to requests from the public for redacted reports,
- Reviewing, commenting on, and raising objections to any proposed amendments to the Plan prior to implementation
- Referring reports of political contacts and/or unlawful political discrimination to the Office of the Independent Inspector General (OIIG),
- Maintaining the Direct Appointment List (list of the positions that may be filled via appointment by the CEO) and reviewing proposed appointments for compliance prior to hire,
- Maintaining a current copy of the Ineligible for Hire List and responding to requests for same from the public, and
- Issuing public reports semi-annually addressing Plan-related activities for the reporting period.

Between July and December of last year, we continued to perform the functions detailed above.

EMPLOYMENT PLAN AMENDMENTS

- **Updates to Exhibits**

The Plan's General Hiring Process is the most structured of all hiring processes and is the default hiring process unless a position is eligible for an alternative hiring process. Some alternative processes involve lists that a job title must be included on to be eligible for the process. For this reason, the lists must be updated. The criteria and process for inclusion varies from list to list.

The Direct Appointment List (Plan Exhibit 5) was updated once during the period and six (6) new positions were approved for inclusion. The Actively Recruited List (Plan Exhibit 2), the Advanced Clinical Positions List (Plan Exhibit 13), Certified/Licensed Healthcare Professional Positions List (Plan Exhibit 2) and the Department Division & Section Chair of Medical Department of Medical Staff List (Plan Exhibit 13) were not updated².

- **Procedural Amendments**

The Plan is a living document and may be modified by the CEO as CCH's needs change. The process requires written notice to my office and the OIIG of any proposed changes to provide an opportunity to review and comment on the proposed amendment prior to implementation. In this review process, the EPO and OIIG are looking to ensure that the new or amended procedures are proactive and provide for the level of transparency necessary demonstrate CCH's compliance with all applicable legal requirements.

An accelerated hiring process, which we presented to former Chief Executive Officer (CEO) Israel Rocha upon his request for EPO guidance regarding development of a hiring process that would

² The need to incorporate updates to the Actively Recruited List is not critical at the present time as both General Hiring and Actively Recruited positions follow the same temporary hiring process. We are evaluating the accuracy/completeness of the other lists that have not had recent updates as of the drafting of this report. I will provide an update in the next report.

allow him to quickly and permanently³ hire employees on an emergent basis, was approved on 8/02/2023 (for initial use as a pilot). Under this process, the CEO certifies an emergency, and Human Resources (HR) thereafter follows a very expedited, yet Plan-compliant process to permanently fill the vacancies identified. Department-level interviews are eliminated, and offers are made to candidates HR has verified to be eligible (via standard screening/validation process) in an objectively determined order until no vacancies remain.

The process was implemented in early August after Mr. Rocha certified an urgent need to fill numerous nursing vacancies. Dr. Erik Mikaitis, the Interim CEO, very recently requested an extension of the pilot period, certified additional vacancies in a broader grouping of positions, and asked for two modifications to the process. This office and the OIIG are working through that request with HR as of this report's drafting, and I do not anticipate problems.

Our observations of compliance with implementation of this process for the vacancies certified in the August request are addressed in the 'Monitoring' section of this report.

- **Documentation**

The EPO and the OIIG have approved several proposed procedural changes over the past two years⁴, but the changes have not been incorporated into the official Plan posted on the CCH website. I have identified this as a transparency concern in past semi-annual reports and have also identified how the absence of formalized documentation of the newer processes has resulted in staff's inconsistent and non-compliant implementation of applicable requirements. HR leadership acknowledged the requirement and included this task among its various competing priorities. It is our understanding that this will be addressed in the very near future.

INVESTIGATIONS

In the last few EPO semi-annual report presentations to the Board, I reported that my office carried a large backlog of pending investigations (nearly 130 investigations were pending at the onset of 2023) the result of chronic short staffing in the department and other competing priorities. The Board, in early 2023, asked that this office focus on resolving outstanding investigations to reduce and hopefully eliminate the backlog of cases.

Though we have made significant process since that time, the EPO still had seventy-eight (78) pending investigations at the beginning of the period covered by this report. Though the reporting

³ The Plan's pre-existing emergency hires process does not provide for permanent hires because it does not require the types of processes necessary to support permanent hiring (e.g. posting the positions to the public).

⁴ Historically, amendments to the Plan have been handled with HR submitting proposed modifications via redlines to the current Plan, followed by meetings and shared reviews to finalize the amendment. Once approved, modifications were immediately incorporated into the body of the Plan and posted on the website. Given that the historic process can be time consuming, and considering the exigent circumstances presented at that time by the pandemic and Great Resignation, the EPO and OIIG agreed to consider (and approved) procedural modifications that were proposed less formally - with the understanding that the processes would soon thereafter be formalized and inserted into the official Plan document.

period, we resolved forty-six (46) existing complaints⁵ and received fourteen (14) new ones. The new complaints concern various allegations of, among others, misuse of ranked lists from hiring fairs, shift and work assignments, forged signatures on hiring forms and payroll adjustments not in compliance with CCH policy. Forty-six (46) matters are currently pending.

The findings and recommendations contained in the two (2) Incident Reports issued are summarized below. Under the Plan, HR is required to issue a report within thirty (30) days of the issuance (with the option of one thirty (30) day extension upon request): (a) confirming implementation of the EPO's recommended action, or (b) explaining why the recommended action was not implemented and describing the alternative action the CEO has elected to take and the specific reasons for such alternative action. HR's responses to the two (2) Incident Reports are summarized beneath the corresponding Incident Report summaries below.

- EPO2023-013. In a report issued on October 16, 2023, we concluded that an employee falsified her application for employment in two instances where she used fictitious titles which misrepresented her role in the organization when describing her CCH work history. The EPO recommended significant discipline for the subject employee.
 - HR issued a response on December 14, 2023, that did not confirm implementation of the recommendation but rather acknowledged agreement with the recommendation and stated an intent to issue discipline against the subject employee. As of the drafting of this report, departmental leadership has not initiated discipline.
- EPO2023-029. In a report issued on November 28, 2023, we concluded that the HR's modification of the minimum qualifications of a Direct Appointment position prior to submitting the candidate's application to this office and the OIIG for pre-hire review violated the Plan⁶. To support completion of the hiring process consistent with the principles contained in the Plan, we recommended that HR and the user department conduct recruitment activity using the new job description (affording the organization the benefit of a larger candidate pool) before making a final hiring decision. We also recommended the development of a standardized operating procedure and a job aide (both subject to review by this office) for use by individuals involved in Direct Appointment hiring to prevent recurrence.
 - HR issued a response on December 29, 2023, that did not confirm implementation of the recommendations but rather acknowledged agreement with the recommendations. The first recommendation was implemented, and, after further consideration, the Interim CEO ultimately chose to hire the candidate who had been previously selected by our former CEO. We did not object to that hire. As of the drafting of this report, we have not been provided with a procedure and job aide for EPO review.

The following table represents the data the Board previously requested for inclusion in this report: a list of outstanding investigations along with their respective dates of inception.

⁵ Complaints are resolved either by formal Incident Report or utilizing the processes in the 2022 amendment to the Plan's EPO investigations provision which grants the EPO authority to administratively resolve matters not suitable for resolution via a formal incident report.

⁶ The job description was modified after learning that the candidate selected and put forward for the position failed to meet the existing minimum qualifications. This hiring process is described in more detail in the applicable section under 'Monitoring' below.

Investigation Number	Complaint Date
EPO2019-050	10/1/2019
EPO2019-015	2/23/2019
EPO2019-017	3/11/2019
EPO2020-029	6/26/2020
EPO2021-011	6/2/2021
EPO2021-011	1/11/2021
EPO2021-012	4/25/2021
EPO2021-014	5/6/2021
EPO2021-015	5/6/2021
EPO2021-016	5/13/2021
EPO2021-017	5/13/2021
EPO2021-018	5/18/2021
EPO2021-019	5/26/2021
EPO2021-020	5/28/2021
EPO2021-022	6/23/2021
EPO2021-023	6/15/2021
EPO2021-024	8/11/2021
EPO2021-025	11/5/2021
EPO2021-027	8/28/2021
EPO2021-028	9/3/2021
EPO2021-029	8/26/2021
EPO2021-030	9/16/2021
EPO2021-031	9/29/2021
EPO2021-032	12/6/2021
EPO2021-034	3/5/2021
EPO2022-001	2/7/2022
EPO2022-002	2/10/2022
EPO2022-004	3/14/2022
EPO2022-007	5/13/2022
EPO2022-008	6/22/2022
EPO2022-010	7/27/2022
EPO2022-011	7/28/2022
EPO2022-012	11/28/2022
EPO2022-013	9/30/2022
EPO2023-024	8/25/2023
EPO2023-025	8/26/2023
EPO2023-002	1/10/2023
EPO2023-003	1/23/2023

EPO2023-004	2/1/2023
EPO2023-014	5/25/2023
EPO2023-022	6/26/2023
EPO2023-023	8/2/2023
EPO2023-026	8/28/2023
EPO2023-027	8/30/2023
EPO2023-028	9/28/2023
EPO2023-030	11/1/2023

Eliminating the backlog of investigations and promptly addressing new complaints remains a priority for us.

TRAINING

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

The information below pertains to each type of training conducted:

- **Employment Plan Training.**

This training, which provides a broad overview of the purpose, function and requirements of the Plan, is offered to new employees and included in annual training. It is up to date.

- **Employment Plan Interviewer Training.**

CCH leaders are required to attend this lengthy in-person training before participating in our hiring processes. During the applicable period, there were eight (8) in-person sessions, and eighty (80) employees were trained. Annual training is required thereafter to maintain eligibility. As of the issuance of this report, annual training is well underway.

- **Supplemental Policies and Procedures⁷ (Policies) Training.**

Training on the supplemental policies, like training on our hiring processes, is required of all new employees and annually thereafter. During the applicable period, there were seven (7) in-person sessions, and sixty-six (66) employees were trained. As of the issuance of this report, annual training is well underway.

- **HR Staff Training.**

New HR staff are required to receive comprehensive training on the Plan and Policies. HR staff is also required to receive annual Plan and Policies training as well as training on any updates to the Plan and/or Policies. During the applicable period, there were six (6) in-person sessions and

⁷ The Supplemental Policies govern non-hiring employment actions and that must be compliant with the spirit of the Plan by being proactive and providing for transparency. These policies are addressed below, but some examples include discipline, reclassification of positions, demotions, and transfers.

eighteen (18) employees and third-party providers⁸ were trained. As with the other types of trainings, annual HR training is also required. HR staff was provided annual training on the Revised Hiring Process, which governs our two most frequently utilized hiring processes. Plans are in development to offer annual training on the Advanced Clinical Positions hiring process, a third frequently used hiring process.

- We conducted a review of our training records and identified some actual and some potential outstanding HR training needs that need to be addressed. We are verifying those through HR's electronic records and working through that with HR as of the drafting of this report.

HIRING & EMPLOYMENT ACTIONS

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

Because the volume of hiring and other employment actions that we oversee is so high, we do not monitor and/or audit every hiring process. Outside of processes we are brought into because of questions or concerns raised, we implement monitoring and document review projects involving sampling designed to allow us to gain insight into the types and rates of non-compliance and opportunities to enhance trainings or develop additional resource materials to support our leaders.

These EPO activities are summarized below.

HIRING

- **Revised Hiring Process.**

We randomly selected October 23rd through October 30th and reviewed all thirty-one (31) Decision to Hire (DTH) packets approved by HR during that time. These packets are compiled at the end of a hiring process to include the job posting, applications, and all documents involved in the interview and selection process and therefore provide for a comprehensive review of a hiring process. Through this project, we identified thirteen (13) instances of hiring process documents missing required signatures (HR staff, Hiring Manager, and/or Department Head), two (2) instances of employees participating in interviews despite not being eligible to do so⁹, two (2)

⁸ Third-Party Providers are individuals contracted by CCH to perform recruitment-related functions. They are required to adhere to the Plan's requirements.

instances where a job posting was significantly flawed,¹⁰ and one (1) instance of a non-compliant method of scoring (that did not ultimately impact the validity of the hiring decision).

We also encountered the following instances of non-compliance (mostly via notice provided by HR upon discovery of the issues) and, where applicable, provided guidance to support resolutions consistent with the spirit of the Plan:

- Hiring Manager violated Plan via a prohibited contact. Human Resources verified that they re-educated the manager on the types of contacts that are prohibited.
- Hiring Manager submitted a candidate for hire that was selected outside of a competitive hiring process for a position not eligible for non-competitive hiring. The selection was not honored and had recruitment via the Revised Hiring Process was required.
- Hiring Manager engaged in a prohibited contact. HR and the EPO agreed that additional formal training was required for the employee and that training was completed.
- Hiring department conducted interviews after the Application Review Panel (ARP) meeting (at which a proposed interview list is generated) but before HR had verified eligibility of those chosen and approved the interview list. We advised HR that it would be allowable to process the interview results of those HR subsequently verified to be eligible.
- Interviews conducted before any screening activities had been completed. No remedial action was recommended as no candidates were selected for hire in the interviews.
- Hiring Manager conducted reference checks on the selected candidate which is not allowed under this hiring process. We requested notes of the reference checks be included in the DTH packet for transparency, and HR re-educated the Hiring Manager on the rules governing reference checks.
- Hiring Department interviewed candidates who had not been validated and who had not taken a required pre-employment test. HR subsequently validated the applicants the department had interviewed and facilitated testing of those who were determined to be eligible.
- Hiring Department conducted interviews without obtaining HR's advance approval of the questions utilized as required. Once HR verified that the questions were appropriate and would have been approved had they been presented in advance, we allowed the hiring recommendation to be processed. HR also re-educated the Hiring Manager on the requirement to submit interview questions for approval.
- Hiring Department sought to hire a previously dispositioned candidate from a requisition that had expired. The hire was not approved.

¹⁰ In both cases, the disqualifying questions entered into Taleo (questions that perform the system's automatic, initial pre-screening of an applicant's qualifications) did not align with the minimum qualifications contained in the job descriptions. When there is an error with the disqualifying questions, applicants who answer "no" to the erroneous questions will be automatically disqualified and never seen by HR or the hiring department.

- **Advanced Clinical Positions.**

We randomly selected and reviewed fifteen (15) DTH packets for positions filled via the Advanced Clinical Positions hiring process that were approved throughout the reporting period. As explained above, these packets are compiled at the end of a hiring process to include the job posting, applications, and all documents involved in the interview and selection process and therefore provide for a comprehensive review of a hiring process. Through this project, we identified seven (7) instances of hiring process documents missing required signatures (HR staff, Hiring Manager, and/or Department Head) and two (2) flawed postings¹¹.

- **Hiring Fairs**

During the applicable period, eighteen (18) fairs were conducted via the Revised Hiring Fair process. Our office reviewed each hiring fair request (to ensure a compliant planning process) before approving each fair. Occasionally, we identified concerns regarding the planned process which HR was able to rectify prior to each fair. Additionally, we made ourselves available to provide guidance or support as issues or questions arose.

We monitored and/or audited implementation of various aspects of the fairs held in October and December.

- In October, we committed staff to in-person monitoring on the day of the fairs for three different departments. Specifically, we intermittently monitored the functions related to (a) registration, (b) interviews, (c) administrative verification and (d) contingent offers. Each of these four areas of a hiring fair involves several administrative processes governed by the Employment Plan and related HR procedures. We are pleased to report that Hiring Fair onsite compliance has significantly improved since the 2022 implementation of the increase in Hiring Fair activity and that no significant violations were observed in-person during our periodic monitoring of these activities at the October fairs.

Following the fair date, we looked at materials in a sampling of fair folders to assess compliance with Consolidated Ranked List (CRL)¹² documentation requirements since that was a concern observed in previous fairs. There was only one requisition for which the department selected more candidates for hire than we had available PIDs to offer (thereby necessitating a ranking of the remaining recommended candidates), and the CRL for that requisition was not properly sorted or signed. Furthermore, none of the other CRL forms that we reviewed for that fair date were signed by HR or the hiring department. We also performed a quick, informal spot check of the Interview Evaluation Forms and found several examples on which required HR signatures are missing.

¹¹ In one instance, a minimum qualification was not addressed in the disqualifying questions, and in the second instance the disqualifying question did not correspond completely with the applicable minimum qualification.

¹² The CRL is a listing of candidates chosen for hire after all PIDs/vacancies available on the day of the fair have been filled. The Plan contains specific guidelines regarding the order the candidates must be listed on this document, used by HR to make offers later during the life of the requisition as additional PIDs become available.

- In December, we did not monitor in-person, but completed a document review of nine (9) randomly selected fair requisitions and twenty-three (23) related DTH packets. Our review revealed inconsistencies in the recordkeeping regarding ranked lists, registration forms, and candidate materials. We met with the Hiring Fair stakeholders in HR to address these observations and the meetings were productive. The HR team was receptive, engaged and committed to improvement in these areas.

- **Accelerated Hiring.**

As detailed above, this office and the OIIG approved an accelerated hiring process late last summer that was piloted with nursing positions. In lieu of the standard mechanism HR utilizes to share approved hiring packets with the EPO, we agreed for the sake of efficiency to access the applicable documents directly (within HR's electronic drive). We reviewed a sampling of the records associated with this new process primarily to assess whether the way the documents are organized and maintained provides for access and auditability:

- The DTH forms are not signed, meaning that they are not formally approved and there is no verification of NPCC compliance.
- Candidate documents were not consistently uploaded. We observed several instances where candidate folders had very limited information (some folders contained no information whatsoever¹³) and failed to designate which PID or requisition number was used to facilitate the recommended hire.
- Candidate folders for internals were not designated as such to distinguish them from outside candidates, and application/applicable union-related forms to request the position were not included.

Based on the foregoing observations, we recommend that HR make slight modifications to its practices surrounding documentation and maintenance of documents for accelerated hiring. Those include:

- DTH forms need to be signed. The form, which is used for most hiring processes, may need to be tailored so that there is a version that is better suited to this hiring process.
- Document a standardized approach for maintaining records for this hiring process. This will ensure that staff understand expectations and that my staff and I know where to look for applicable documents. Some suggestions include:
 - Create a main folder for each approved CEO certification including a current, complete list of approved job titles, associated requisition numbers, and PIDs.
 - Create a subfolder for each requisition to store candidate folders (containing relevant documents for each candidate selected for hire).

¹³ We did a spot check of those and found through other sources some candidates with empty folders had been onboarded.

- Create a list of documents that must be maintained in each candidate folder depending upon the following categories: external/accepted offer, internal (union)/accepted offer, offer not accepted.
- Upload all hiring process document to the candidate folders on a timely basis.

- **Direct Appointments.**

The Direct Appointment hiring process allows our CEO broad discretion in appointing individuals to high level positions within the organization. To create a position eligible for hiring under this process, the prospective job description is presented to the OIIG for approval. In approving these positions, the OIIG looks to verify that the Plan’s criteria for qualifying as a Direct Appointment position is met. Though there is broad discretion to fill these positions and an open competitive process is not required, appointees must meet all minimum qualifications contained in the applicable job description and may not be selected based upon political reasons or factors.

As with any other hiring process, the job description is approved before candidates may be considered, and a job description may not be modified with the qualifications of an anticipated applicant in mind¹⁴. Once a candidate has been identified for hire, HR reviews the application materials to verify that the selected candidate is eligible and sends notice of the selected candidate with all required documents (job description, application, resume, NPCC, etc.) to our office and the OIIG. This collection of documents, referred to as the Request to Hire (RTH) packet, provides the opportunity for both offices to evaluate the candidates’ qualifications and raise any concerns before the selectee is hired.

Nineteen (19) packets were circulated, and because there is an expectation that the EPO and OIIG will raise any concerns within a short timeframe following receipt (so that the hiring process of eligible candidates may proceed without delay), we prioritize review immediately upon receipt. We identified the following non-compliance and/or administrative concerns:

- Two (2) instances of administrative errors in packets regarding identification of the Job Code for the applicable position that were quickly corrected.
- Two (2) instances in which the candidates’ salaries upon hire, according to the paperwork submitted, did not align with HR’s initial market study range as identified on the associated Grade 24 Salary forms. This is addressed further in the ‘Grade 24’ section of this report.
- Two (2) instances in which the EPO and OIIG raised objections to the hire of candidates selected for the positions. Both submissions raised concerns related to the candidates’ eligibility for their respective positions. In both cases, the EPO and OIIG requested meetings with HR and the hiring manager and articulated our concerns about the proposed hires. Although the two were resolved in different ways, the concern identified in both related to problems arising following insufficient review of the applicable job description before initiating recruitment activity.

One instance was the subject of an EPO investigation that resulted in an Incident Report described in the ‘Investigations’ section above. We determined that HR discovered that the

¹⁴ The reason this requirement is built into the Plan is because of historic allegations that a mechanism used to hire unqualified, politically connected candidates was to modify job descriptions to match their qualifications.

selected candidate did not meet the minimum qualifications for the position. Rather than disqualify the candidate and search for a qualified candidate, HR modified the job description in a way that rendered the candidate eligible then sought to hire the candidate. Both the EPO and the OIIG objected to the request to hire the selected candidate because the Plan specifically prohibits making changes to job descriptions with a particular candidate's qualifications in mind. This office made the recommendations described above in the 'Investigations' section that were designed to remedy the violation and prevent recurrence.

We look forward to receiving drafts of the recommended HR standard operating procedure and job aides that will ensure that both HR and the hiring departments are aware of all applicable requirements going forward.

- **Medical Staff Appointments.**

This hiring process, which is in some ways similar to the process used for direct appointments, is used when our CEO and Board of Directors appoint a candidate to lead a department, division or serve as a section chair of the medical departments of the medical staff. Five (5) RTH packets were produced. We reviewed the packets produced and did not identify anything of concern.

- **Executive Assistant Appointments.**

This hiring process is also somewhat similar to that used for direct appointments. A main difference is that the hires are appointed by the executive they are hired to serve rather than our CEO. Another difference is that there is no requirement that the packet be circulated for review prior to completion of the hiring process. One (1) Executive Assistant packet was provided, and we did not identify anything of concern.

- **Letters of Recommendation.**

The Plan requires the EPO to review all letters of recommendation ("LORs") submitted by applicants and candidates and forward any that constitute a Political Contact to the OIIG. Hiring departments are trained to forward LORs to us upon receipt (as opposed to after the hiring process) so that a determination may be made as to whether the recommendation is a Political Contact that must be reported to the OIIG. Only valid recommendations may be considered by our hiring teams. One (1) LOR was submitted in the applicable period, and it was not a Political Contact.

OTHER EMPLOYMENT ACTIONS (SUPPLEMENTAL POLICIES)

- **Demotion (#02.01.20).**

There were no demotions reported during the reporting period.

- **Discipline (02.15.15).**

We reviewed a sampling of sixty-three (63) discipline packets, including all seventeen (17) terminations executed during the applicable period. Repeated tardiness was the most frequently cited infraction, followed closely by employee conduct and failure to follow instructions.

When we review discipline, we identify anything inconsistent with the Disciplinary Action Policy, the related personnel rule, and/or HR's implementational procedures. Some of what we identify includes violations that do or could impact validity of the discipline issued, while others are more administrative in nature - meant to support HR's tracking and maintenance of discipline.

Some of the findings, which we consider more administrative in nature, include failing to complete certain data fields on the applicable form (e.g., the employee's employee identification number). The more significant deviations we sometime see include failing to secure the appropriate approvals (or failing to document that requisite approvals were secured) before issuing to the employee, failing to provide all required documents to HR (e.g., evidentiary statements, Hearing Officer Decision) so that its file is complete and so that compliance may be verified, failing to follow the required progression of discipline, citing an employee for infractions inconsistent with the findings of a Hearing Officer, or including Protected Health Information (PHI) protected by the Health Insurance Portability & Accountability Act (HIPAA).

Based upon our review, there were twenty-three (23) actions that included at least one administrative error and twenty (20) that included at least one substantive concern. The most frequent of the more substantive concerns was the departments' failure to provide HR with documents that should have been but may not have been generated in the process (10). There were also seven (7) instances of failing to secure the employee or a witness' signature at the time of issuance, six (6) instances of concerns with documentation of necessary approvals, and one (1) submission that included PHI. Though a team within HR conducts its own independent review of discipline submissions, these reviews may take place at different times. We shared our more significant findings with HR so that they could follow up with issuing supervisors if necessary and as appropriate to correct non-compliance and provide guidance to support future compliance. We reported the inclusion of PHI directly to Corporate Compliance and the matter was promptly addressed.

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

The Grade 24 policies govern how the salaries of new and vacant existing Grade 24 positions are set. An array of factors¹⁵ (including review of relevant market data) are considered when setting the salaries for these high-level/highly skilled positions¹⁶. Based upon consideration of the factors, HR's Classification & Compensation team submits a recommended salary range (via a form) which must be approved by the CHRO. Approved forms are submitted to my office and the OIIG when they are included in hiring packets. We most frequently see these forms in Direct Appointment hiring packets - which also include a separate form identifying the salary for the individual hire.

In two (2) of the Direct Appointment packets submitted during the applicable period, we identified discrepancies between the two applicable salary-related forms warranting inquiry¹⁷. In both instances, the salaries for the candidates were outside the recommended range that had been approved. One was higher than the range and one was lower. Under the policy, when there is a

¹⁵ Factors include but are not limited to scope of the position, whether it is hard to fill, the level of the position, and the fiscal responsibility of the position.

¹⁶ Grade 24 include those with titles bearing the designation of "Director," Senior Director," System Director," Executive Director," "Officer," or "Chief," etc. and those requiring an advanced degree, professional license and specialized skills.

¹⁷ In the last report, we identified three (3) similar scenarios and therefore determined that a closer review of the documentation for the more recent inconsistencies was warranted.

discrepancy between Classification & Compensation's recommendation and a hire's salary determination, the CHRO is required to document the justification. Here, rather than following that requirement, HR generated *new* salary studies that resulted in recommended ranges that aligned with the salaries that had been assigned.

Market studies should be used to provide an objective footprint within which negotiation can take place between the organization and a candidate. Adopting a process of permitting new market studies to support salaries that have already been determined renders the process vulnerable to abuse. We recommend revision of the policy, implementational procedures and forms to ensure that the market analysis process used by Classification & Compensation and the final salary determination by HR leadership are proactive and transparent. By this, I mean that there should be guardrails around the process used for conducting market analysis, and both recommended ranges and final salary determinations must be supported by access to all source documents and documented analysis justifying/explaining the recommendations and final determinations.

- Adjustments.

The Salary Adjustment policy governs how salaries of these positions may be adjusted. Like the classification process, the process is initiated using a request form and an array of set factors are considered. The CHRO evaluates the request and makes a recommendation to the CEO for review and approval.

Ten (10) Grade 24 salary adjustments for the most recent past reporting period were produced for our review just as we were preparing to issue the last semi-annual report and I advised you that our analysis would be included in this report. We reviewed the information packets associated with each of the salary adjustments¹⁸. The salary adjustments took place regarding employees in three departments broken down as follows: (7), (2) and (1). We identified the following concerns in our review of the supporting materials associated with the adjustments:

- Some job descriptions considered in the process did not appear to be official (unsigned) and, in one case, an incomplete request form (used to record the requestor's identity and the request date) was used.
- While the requests were accompanied by market data and documentation specific to the individual employees for whom adjustments were proposed, there was no documented analysis of the relevant sources to explain how the final salary for each employee was determined.
 - The need for documented analysis became apparent when the salaries of several employees in the same department and title/job code were reviewed and adjusted at the same time utilizing the same market data, but their resulting salaries varied without documented explanation. The lack of transparency became even more pronounced where the same market data was used for another very similar title in the department and yielded a salary substantially beneath the others without explanation.

¹⁸ In addition to complying with this policy and CCH's Personnel Rules, the policy states that adjustments must comply with relevant Cook County ordinances and Budget Resolutions. We have not assessed compliance with these external authorities.

- One of the requests approved contained a Department Head’s justification supported, in part, by observations of the subject employee’s job performance. This policy was designed to provide for adjustments related to factors related to a change in duties, necessary credentials, or external market factors. Job performance is not identified in the policy among the criteria to be evaluated and this policy may not be utilized to facilitate performance related raises. We intend to discuss this interpretation of the policy with HR. To prevent recurrence of even the appearance that performance may have been considered, we recommend that the language of the policy be updated, consistent with the Reclassification Policy (another policy that provides the potential for salary adjustments unrelated to job performance), to specifically prohibit the consideration of performance.

Consistent with our findings regarding the process used to set salaries, we believe that additional transparency is required in the process for adjusting salaries. We recommend that the policy, implementational procedures and form should be revised to ensure proactive and transparent process.

- **Interim Assignment (#02.01.16) and Interim Pay (#02.03.01).**

These policies govern the processes by which employees may be assigned to interim roles (or to temporarily perform additional duties), qualify for and earn interim pay, and the duration of same. They have been utilized much more heavily and for longer periods of time in the face of the hiring and staff retention challenges encountered since the onset of the pandemic and the Great Resignation.

In several past semi-annual reports, I raised concerns regarding the policies’ compatibility, compliance with their requirements, and the level of transparency provided in the submissions. I also provided detailed analysis demonstrating the source of these concerns.

- In the applicable period, we received and reviewed forty-five (45) Interim Assignment packets in which we continued to identify the same types of concerns identified in previous reports (though reflecting a reduction in late requests from user departments). Several of the requests sought to significantly backdate the onset of interim pay without explanation, and several involved the extension of longstanding assignments (exceeding 12 months) without providing sufficient transparency relative to justifying the ongoing need (e.g., a delay in the hiring process). While acknowledging that the policy permits three-month extensions beyond the original six-month period, we have advocated that transparency requires some explanation where these appointments long exceed the original period specified in the policy.

In several past reports, I have recommended a review of the policies (and related forms) so that they may be modified to address the compatibility concerns and to provide greater transparency. In my last report, I shared that HR had agreed with the need to modify the policies but noted that it did not appear that the updates would be made soon (since HR expressed the need to first hire a new Legal employee to manage the process). The policies have not been updated to date, but a recent update HR provided us suggests that current circumstances are such that necessary changes to these policies will soon be addressed.

- **Layoff/Recall (#02.01.17).**

There were no layoffs implemented in the months covered by this report. However, our office received notice during this reporting period of layoffs having taken place in the preceding reporting period. Specifically, three (3) employees in grant funded positions were designated for layoff in June of 2023 due to the expiration of grant funds. We reviewed the documentation associated with each layoff and did not identify anything of concern. We noted that all three (3) employees remained with CCH via lateral movement and, in one case, movement into a previously vacant position.

- **Reclassification of Positions (#02.01.11) & Desk Audits (#02.01.19).**

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

No reclassification determinations were made in the reporting period. In a recent past semi-annual report, we identified the following types of concerns in Reclassification determination submissions:

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

We reported that we had discussed these observations with the Classification and Compensation supervisor and learned that the reclassification process has been identified among the priorities to be addressed by an optimization consultant team. Our wish list for optimization included:

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

This recommendation is pending. I will provide an update in the next report.

- **Third-Party Providers (02.01.18).**

This policy governs the retention and performance of those contracted to perform recruitment functions. During the applicable period, one (1) new third-party contract was executed and implemented. The contract is compliant with the policy's requirement, and we are in the process of working with HR to secure NPCCs and ensure that those serving under the contracts are properly trained for their designated roles.

In the last report, I advised you that our compliance review for that period was limited to evaluating whether the individuals performing recruitment functions under this policy had received all required Plan training. There were nine (9) contractors we were uncertain of as that time and I

committed to providing you an update in this report. HR very recently confirmed that they had not completed all required training. They have since been trained.

In another recent past report, following a review of recent third-party provider contracts and other related documentation, we identified the following concerns:

- There was no central repository for the contracts and other policy-related documents and data.
- Department head requests and CHRO approvals were not always documented.
- Not all contracts contained language specifically requiring the contractors to comply with the Plan, Personnel Rules and this policy and refrain from engaging in any activities based on any political reasons or factors.¹⁹
- Some required NPCCs may not have been executed.
- There was no established process for tracking individuals performing under each contract (to be used for various purposes, including verification of training status, etc.).

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

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

HR's tracking has improved significantly since this issue was identified, but additional work remains. Both my office and HR have had multiple competing priorities but have committed to working together on the remaining improvements as time and resources permit. I will provide an update in the next report.

- **Training Opportunities (02.01.13) & Overtime (02.01.14).**

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

NPCCs, circulated to two hundred sixty-eight (268) department heads systemwide, were due most recently on December 15, 2023. As of the drafting of this report, twelve (12) have not fully complied. We will continue our follow-up efforts.

We did not review the other associated documentation associated with these policies for the applicable reporting period. We will identify one or both for projects to be completed in the current reporting period. I will provide an update in the next semi-annual report.

¹⁹ I advised previously that I had worked with HR and the Legal Department to develop standard language to be used in these contracts going forward.

- **Transfers (#02.01.12)**

In our last semi-annual report, we advised that transfers of union employees are common but had not previously been reported to the EPO as required by the policy. We advised you further that HR had acknowledged its obligation in this regard and had indicated it would begin reporting all transfers to the EPO per the policy²⁰.

HR reported three (3) transfers of union employees reported in the applicable period. Though the policy requires that managers detail the “specific reasons” for each transfer, the documentation provided made identical generalized references to “[v]arious factors, including shifts and current seating assignments.” As a result, management failed to provide adequate transparency into its decision-making concerning which employees it chose to transfer. The documentation additionally failed to contain required NPCCs from employees who were the subject of the transfer.

To prevent recurrence, we intend to emphasize the need for the inclusion of clear and employee-specific selection criteria in upcoming Supplemental Policies training sessions and recommend that HR likewise stress to managers the importance of both documenting specific justifications for transfers and ensuring that all required NPCCs have been executed.

INELIGIBLE FOR HIRE LIST

The Ineligible for Hire List (List) is a list created, updated, and maintained by HR documenting former employees and contractors who separated from CCH (either through termination or a resignation in lieu of termination) for any of several reasons detailed in the Plan. The List is routinely reviewed by HR in hiring processes as part of validating the eligibility of candidates, and individuals on the list are ineligible to be re-hired at CCH for a period of five (5) years.

The CHRO reviewed terminations and resignations/retirements made in lieu of termination to evaluate whether inclusion on the List was warranted several times during the applicable period. This resulted in five (5) updates that were circulated²¹.

- Twenty-three (23) individuals were added.
- Seventeen (17) individuals were removed.

Under the Plan, HR is required to provide advance notice to individuals who have been identified for inclusion on the List. For this period, there were six (6) instances in which these letters were not provided in advance as required²².

The Plan allows those added to the List to appeal the determination after receiving notice of their inclusion on the List and the CHRO grants or denies. Three (3) appeals were submitted for additions made during the applicable period, and all remain pending as of the drafting of this report. I will provide an update in the next report.

²⁰ This decision is consistent with my office’s stated intention to work with leadership to improve transparency across all employment actions involving union employees. The Plan and supplemental policies requirements are mandatory unless an applicable CBA contains a conflicting requirement. Therefore, when HR or a departmental leader deviate from the Plan or applicable supplemental policy to honor a CBA, the superseding CBA provision must be identified in the applicable Plan and policy forms.

²¹ Updates are circulated to the Bureau of Human Resources, CCH Recruitment, the OIIG, and the EPO.

²² We addressed this with HR and ensured that letters would be sent.

WEBSITE

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

- Quarterly Reports.

I previously reported that the reports are missing data required by the Plan. In the last semi-annual report, I advised that HR agreed to update the report template and include all required data starting with the second quarter of 2024.

- While HR is not there yet, a significant amount of effort has been made toward this goal. This is more involved (and therefore more time-consuming than initially anticipated) as system modifications are necessary to provide for automated reporting. This remains a priority and we expect resolution in the coming months. I will provide an update in the next report.

- Current Job Descriptions.

The Plan requires CCH's job descriptions to be posted on the website and available to the public. I previously reported that while some job descriptions were posted on the website, most or all appeared to be outdated. I also previously reported that HR had advised the EPO that contracted support would be leveraged to address this issue.

- The current job descriptions have not been uploaded to-date, but there has been some progress in that the outdated job descriptions have been removed. There is a notice on the website (accessible by utilizing the link to the job descriptions) that we are updating our job descriptions and to check back. Though I understand that HR intends to address this, it appears that this initiative may take some time yet²³. Because the job descriptions need to be accessible to the public, I recommend that the website notice be updated to include guidance on how to request job descriptions until they are available for direct access on the website.

- Human Resources Page.

I previously reported that Employment Plan-related content included on the HR page was not current, user friendly, that the Employment Plan Office did not have a page, and that there was no reference or link to Plan information on the Careers page (accessed by individuals interested in applying for positions). Because the website is an important source of the transparency required by the Plan, I committed to working with HR and other leaders to provide content for an EPO page and to give input on content updates for the HR page.

- Significant website updates have been made, including the addition of a separate, user-friendly page for the Employment Plan Office. The majority of the Employment Plan information on HR's page remains the same. It is my understanding that there are plans to update that page. In the meantime, I recommend adding a link to the EPO page in the section that currently addresses the Employment Plan.

²³ We confirmed that HR's efforts to satisfy this requirement are ongoing, but I am not able to provide an estimated date of completion at this point.

NEW & UPCOMING

- Employment Plan Updates.

The Employment Plan will be updated to include documentation of all process modifications (temporary and permanent) approved since 2022. In addition, a comprehensive Employment Plan review will be completed this year with the goal of developing new and/or modifying existing processes, procedures and systems that will reduce time-to-fill while also honoring the principles of the Plan, applicable CBAs, and all other applicable authorities.

- Supplemental Policies.

Progress will be made on updates to the Supplemental Policies (and related forms), ideally prioritizing Interim Assignments, Interim Pay, and Grade 24 policies.

- Training.

Updates and enhancements to all existing Plan trainings and related job aides will be prioritized as the Plan and Supplemental Policies are modified.

CONCLUSION

We have work ahead of us, but I am confident that we are moving in the right direction. We will continue to work collaboratively with HR and other CCH leaders to support compliance and to formulate creative solutions to reduce the time-to-fill positions.

I will report further progress in September.

Sincerely,

Kimberly Craft

Kimberly Craft

EMPLOYMENT PLAN OFFICER

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

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
March 23, 2024

ATTACHMENT #4

Health Plan Services Update

Prepared for: CCH Board of Directors

Aaron Galeener

Chief Administrative Officer, Health Plan Services

March 22, 2024



Metrics



Current Membership

Monthly membership as of March 5th, 2024

Category	Total Members	ACHN Members	% ACHN
FHP	259,615	14,428	5.6%
ACA	109,401	14,523	13.3%
ICP	30,598	4,746	15.5%
MLTSS	9,349	-	0%
SNC	5,474	266	4.9%
HBIA	20,590	1485	7.2%
HBIS	5,906	431	7.3%
Total	440,933	35,879	8.1%

ACA: Affordable Care Act
FHP: Family Health Plan
ICP: Integrated Care Program

MLTSS: Managed Long-Term Service and Support (Dual Eligible)
SNC: Special Needs Children
HBIA/HBIS: Health Benefit for Immigrant Adults/Seniors



Managed Medicaid Market

Illinois Department of Healthcare and Family Services December 2023 Data

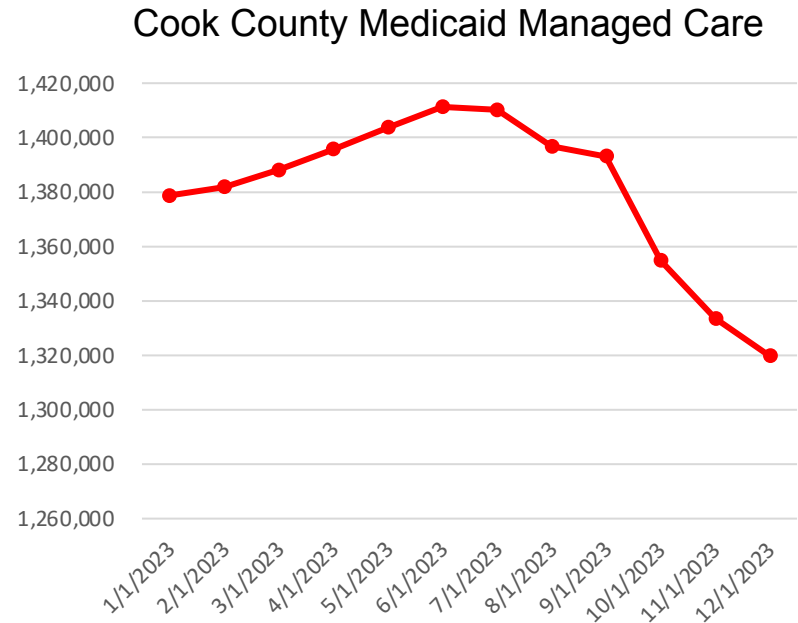
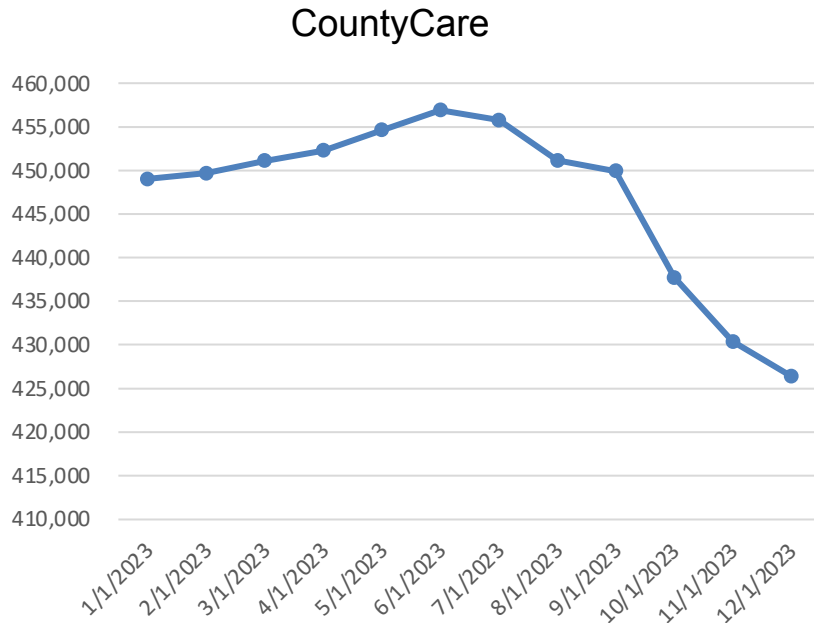
Managed Care Organization	Cook County	Cook Market Share
*CountyCare	426,395	32.3%
Blue Cross Blue Shield	364,207	27.6%
Meridian (a WellCare Co.)	300,909	22.8%
IlliniCare (Aetna/CVS)	122,888	9.3%
Molina	96,116	7.3%
YouthCare	9,171	0.7%
Total	1,319,686	100.0%

* Only Operating in Cook County



IL Medicaid Managed Care Trend in Cook County

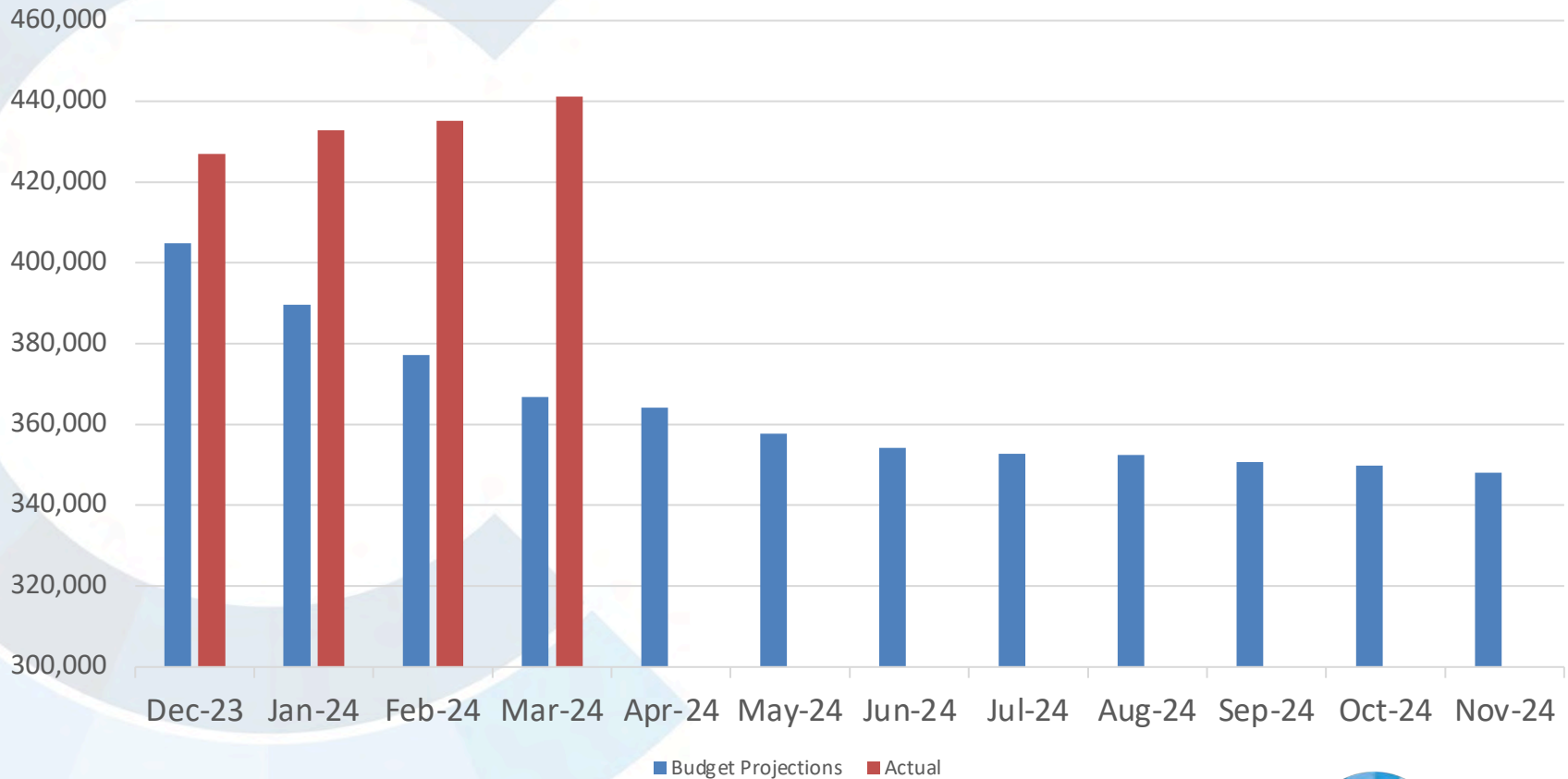
(charts not to scale)



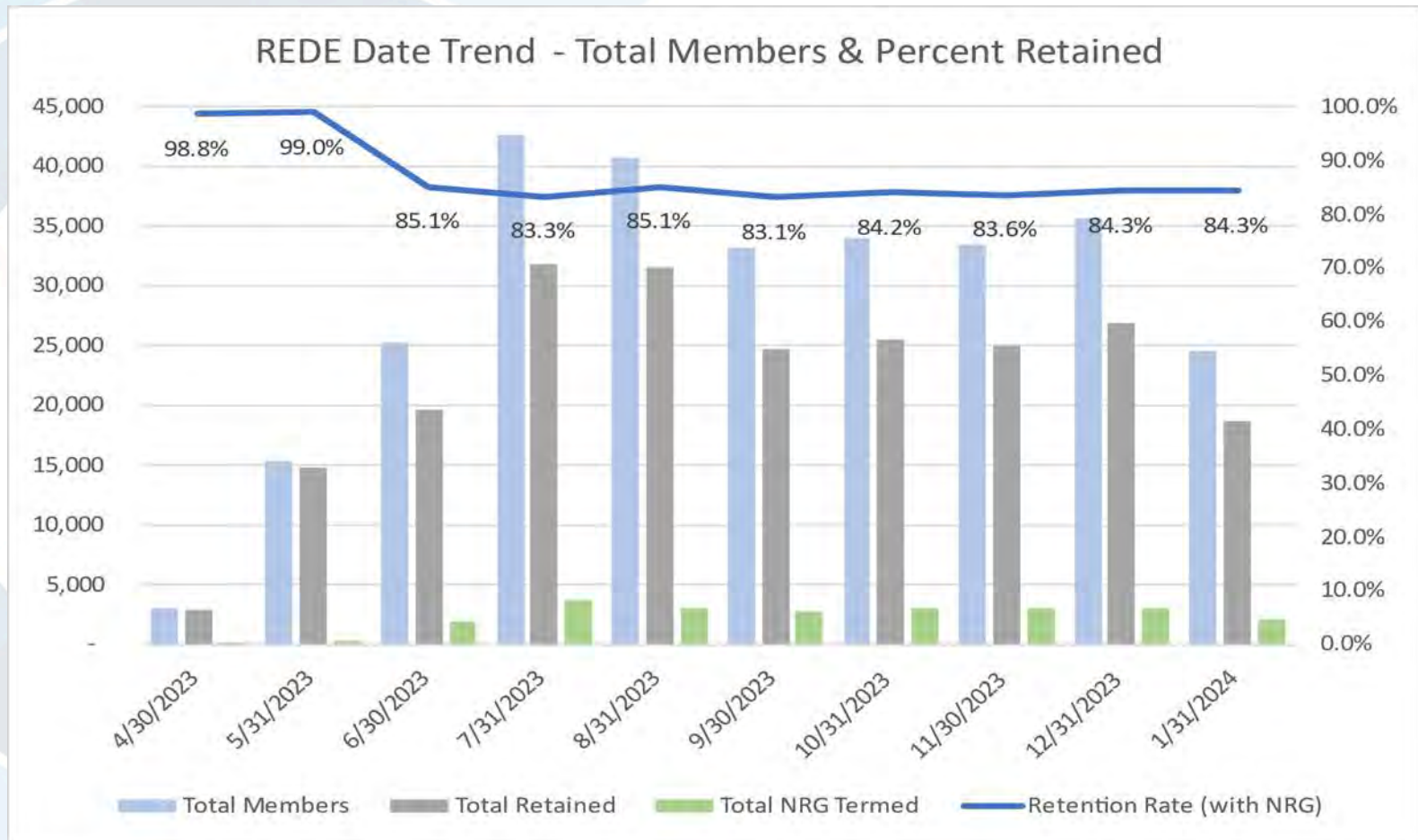
- CountyCare's enrollment decreased 0.92% in December 2023 compared to the prior month, in line with the Cook County decrease of 1.04%

FY 24 Budget | Membership

CountyCare Membership



REDE Retention



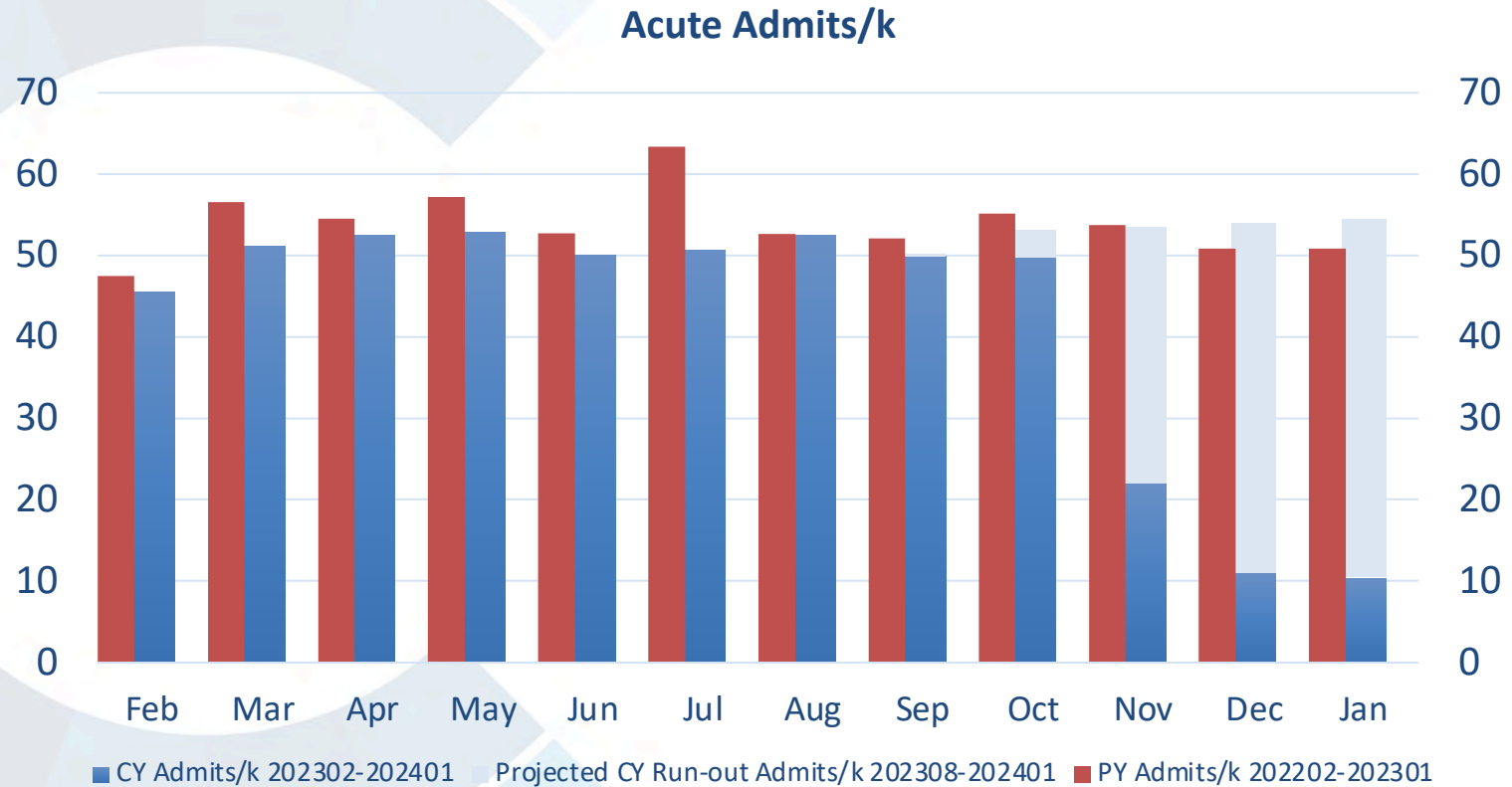
- Members with a 1/31/2024 redetermination date had an adjusted retention rate of 84.3%. This is in line with November's adjusted retention rate of 84.3%.



Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Dec 2023	Jan 2024	Feb 2024
Member & Provider Services Call Center Metrics				
Inbound Call Volume	N/A	41,586	54,936	53,682
Abandonment Rate	< 5%	0.82%	1.74%	1.74%
Average Speed to Answer (minutes)	1:00	0:09	0:23	0:19
% Calls Answered < 30 seconds	> 80%	91.43%	82.55%	85.91%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v. Prior Year: IP Acute Admits/1000

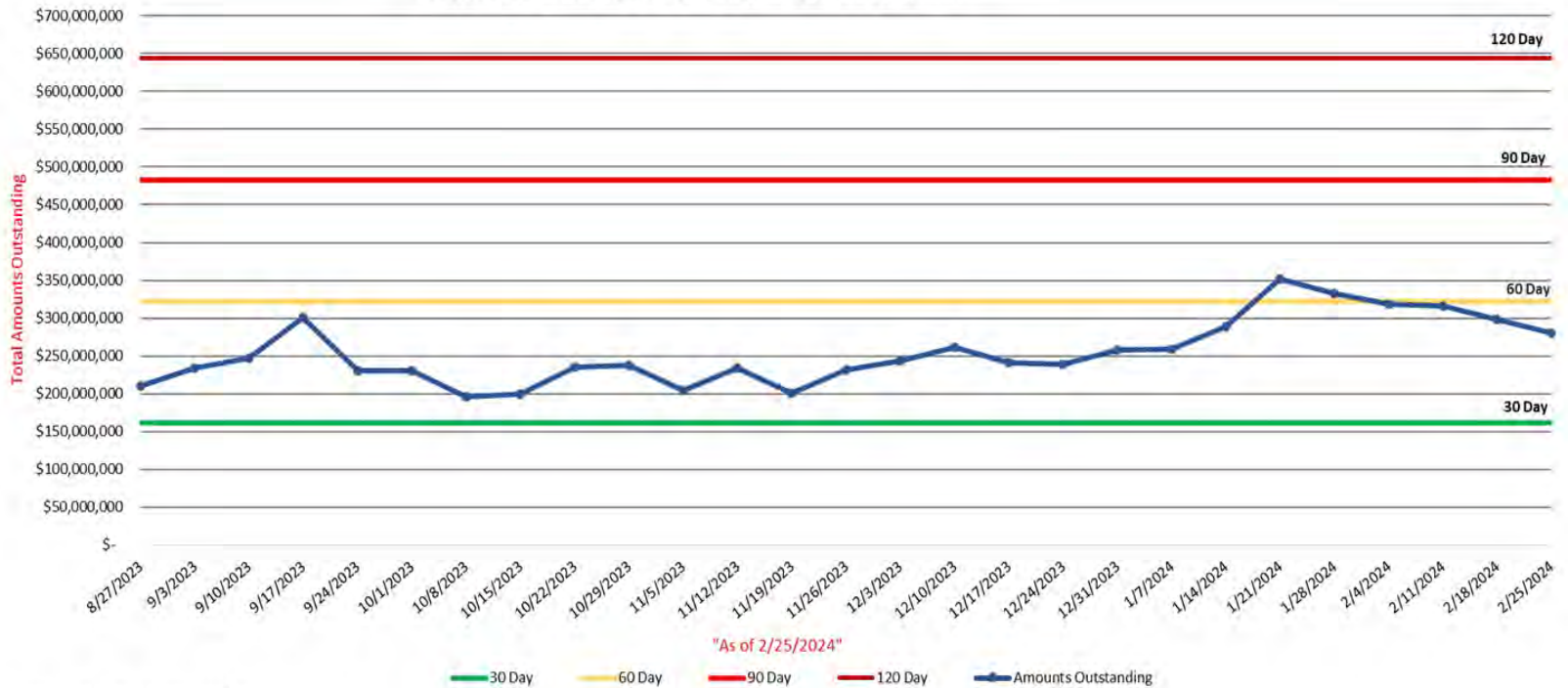


Updated monthly, paid through January 2024
 All acute and surgical cases + approved acute authorizations
 Domestic admissions are not included since they do not require Prior Authorization



Claims Payments

Received but Not Yet Paid Medical Claims



*Assumes average of 15 days to process claims

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

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

Claims Payments

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	\$ 109,814,352	\$ 53,445,721	\$ 46,955,452	\$ 9,290,569	\$ 219,506,093
Q2 2020	\$ 116,483,514	\$ 41,306,116	\$ 27,968,899	\$ 18,701,664	\$ 204,460,193
Q3 2020	\$ 118,379,552	\$ 59,681,973	\$ 26,222,464	\$ 71,735	\$ 204,355,723
Q4 2020	\$ 111,807,287	\$ 73,687,608	\$ 61,649,515	\$ 1,374,660	\$ 248,519,070
Q1 2021	\$ 111,325,661	\$ 49,497,185	\$ 4,766,955	\$ 37,362	\$ 165,627,162
Q2 2021	\$ 131,867,220	\$ 49,224,709	\$ 566,619	\$ 213,967	\$ 181,872,515
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Q4 2021	\$ 125,581,303	\$ 90,378,328	\$ 112,699	\$ 1,114,644	\$ 217,186,974
Q1 2022	\$ 144,241,915	\$ 12,166,101	\$ 2,958,928	\$ 2,183,828	\$ 161,550,772
Q2 2022	\$ 120,267,520	\$ 735,088	\$ 2,476,393	\$ 4,676,897	\$ 128,155,898
Q3 2022	\$ 105,262,634	\$ 16,617,110	\$ 59,407	\$ 15,171	\$ 121,954,322
Q4 2022	\$ 142,815,499	\$ 62,495,024	\$ 2,403,391	\$ 2,056,097	\$ 209,770,011
Q1 2023	\$ 110,831,299	\$ 7,841,360	\$ 3,067,736	\$ 443,885	\$ 122,184,280
Q2 2023	\$ 149,387,487	\$ 31,299,177	\$ 1,319,945	\$ 346,575	\$ 182,353,184
Q3 2023	\$ 191,389,015	\$ 38,673,162	\$ 743,469	\$ 97,943	\$ 230,903,588
Q4 2023	\$ 181,111,957	\$ 75,730,673	\$ 1,511,954	\$ 20,819	\$ 258,375,403
Week of 2/25/2024	\$ 183,870,584	\$ 70,090,094	\$ 24,272,410	\$ 1,811,945	\$ 280,045,033

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

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

*The amounts in the table are clean claims



Thank you

Q&A



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
March 23, 2024

ATTACHMENT #5

Human Resources Metrics Report



Carrie Pramuk - Volk
Interim Chief Human Resources Officer

March 22, 2024



COOK COUNTY
HEALTH

FY 2024 Metrics



COOK COUNTY
HEALTH

FY24 CCH HR Activity Report



Filled Positions

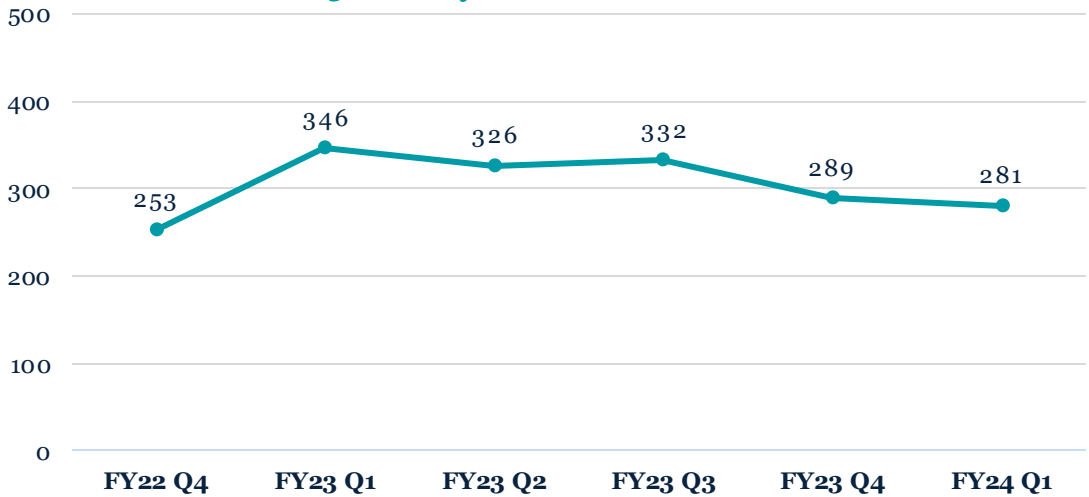
281

Total Filled Positions YTD

57 YTD Net Hires

70% Offer Acceptance Ratio

Quarterly Filled Positions



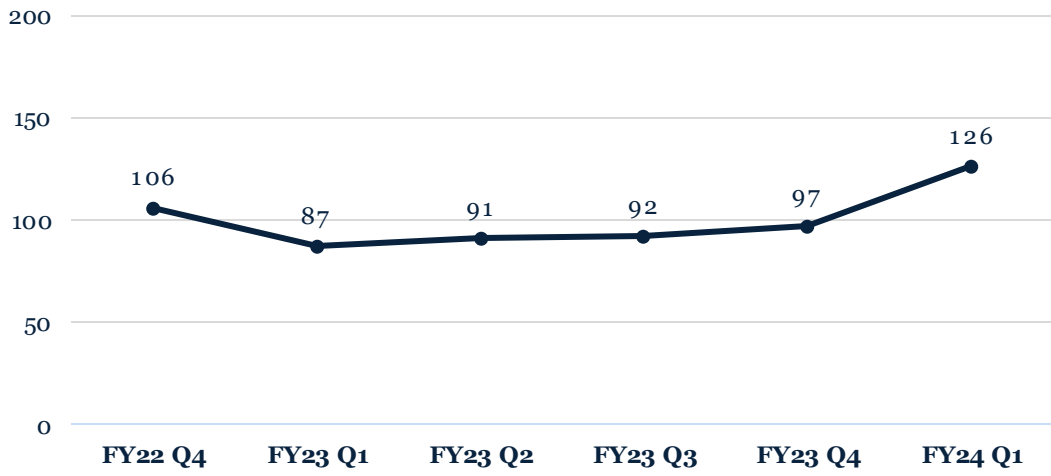
External Filled Velocity

195

Total External Filled Positions

126 days Overall FY24 Time to Fill

Overall Time to Fill Quarterly



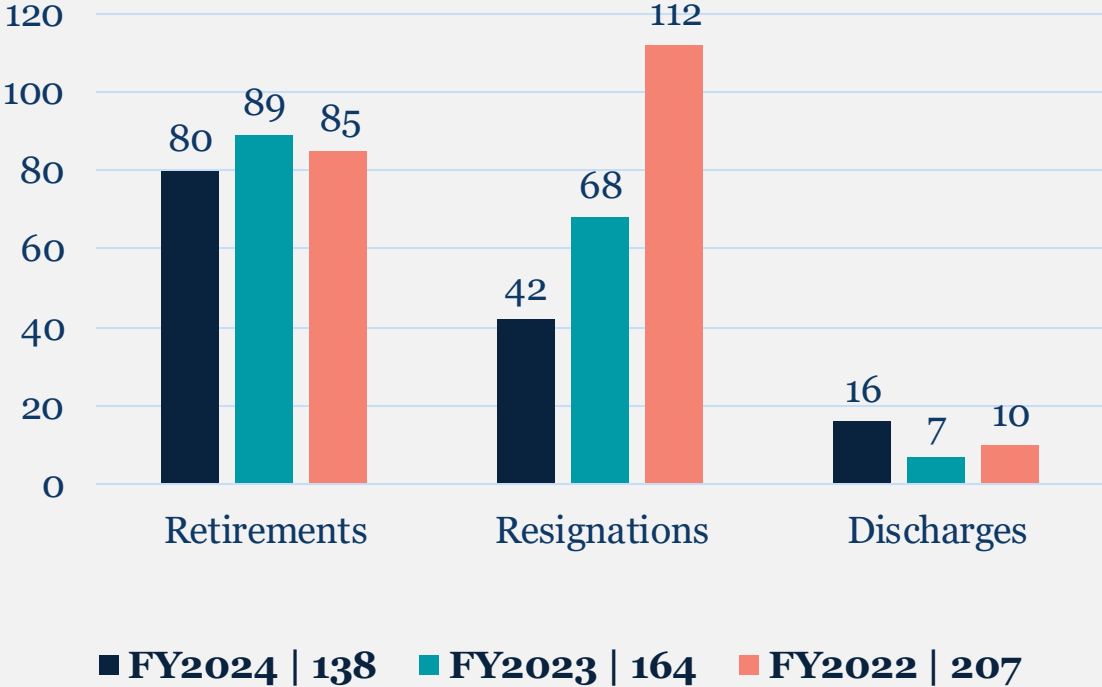
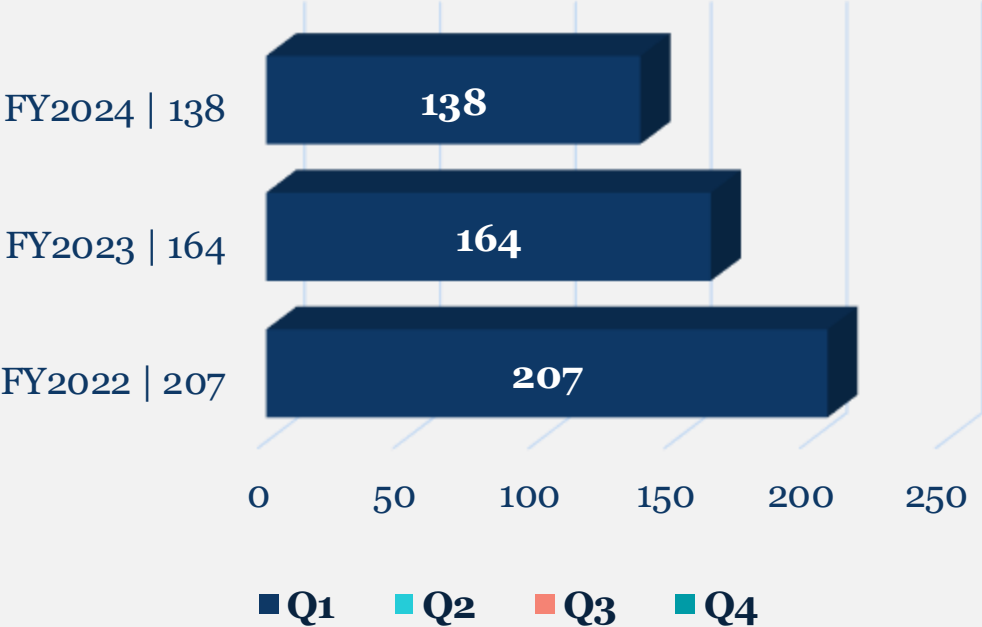
FY24 CCH HR Activity Report

12/01/2023 thru 2/29/2024



Separations – Year to Date and Year Over Year

Separations FY24 YTD



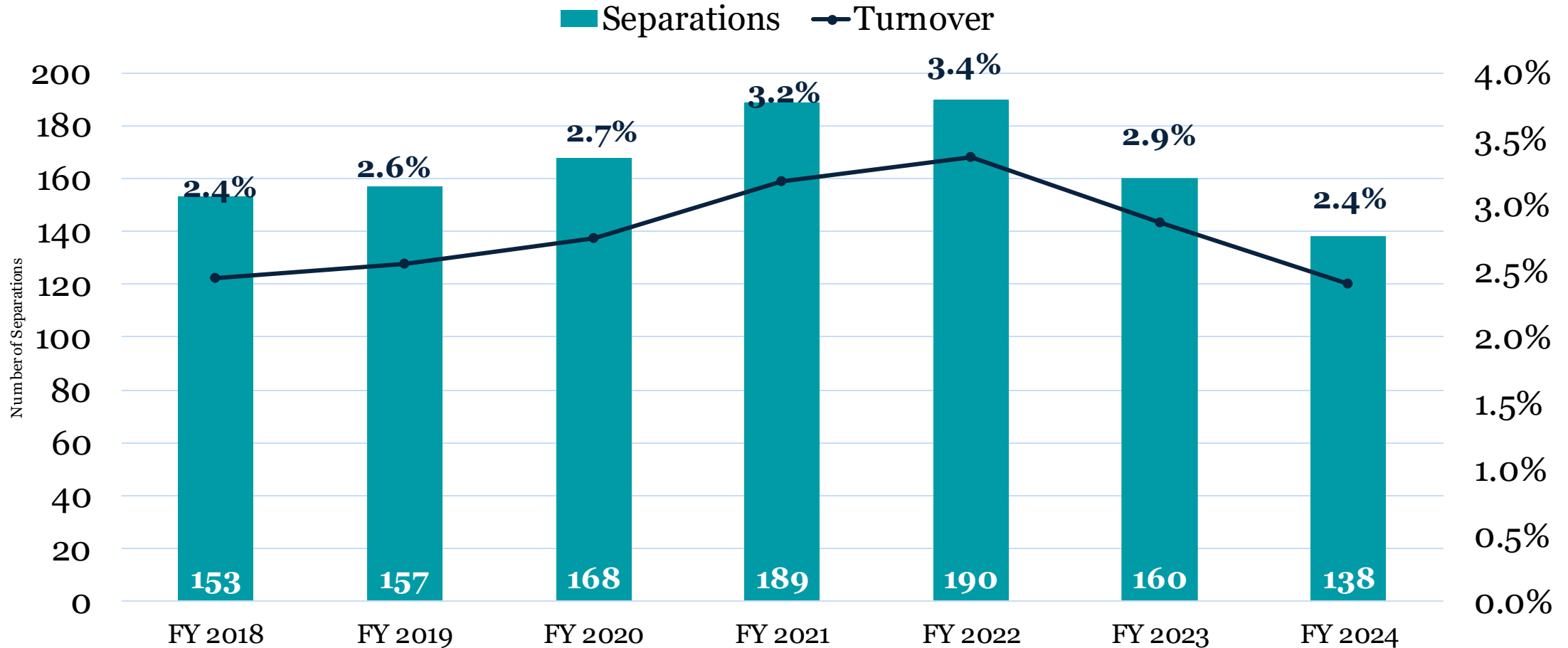
Does not include Consultants, Registry and House Staff

FY23 CCH HR Activity Report

12/01/2023 thru 2/29/2024

Turnover – Pre-Pandemic – Dec through Mar YTD

2.4% YTD turnover

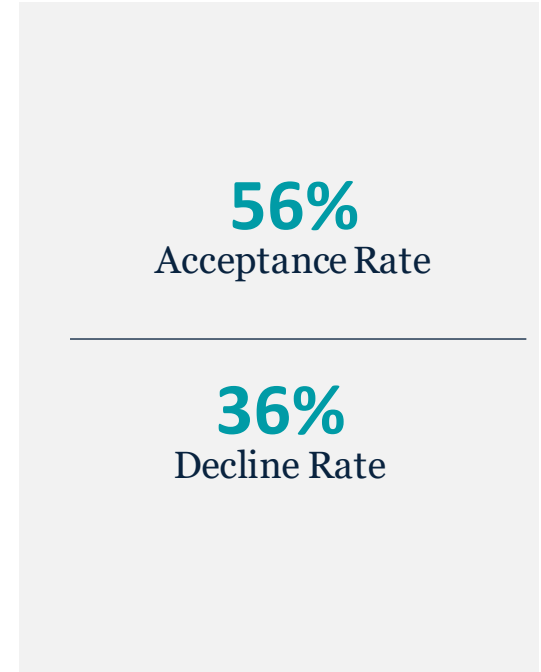
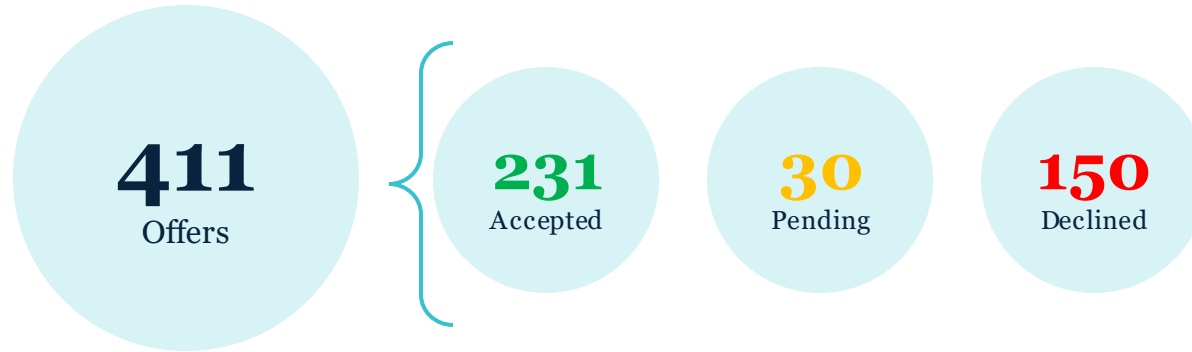


Accelerated Nursing Hiring

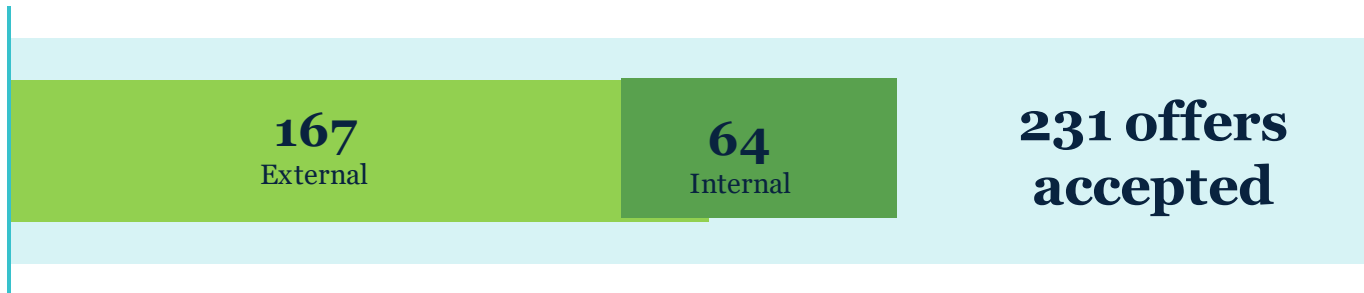
Timeframe: 8/7/2023 - 02/29/2024

Accelerated Nursing Hiring

Current as of 02/29/2024



Nurse Hiring Progress



Initial pilot ends February 6, 2024.

Q&A



COOK COUNTY
HEALTH