I. **Attendance/Call to Order**

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock and Directors Robert Currie; Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Raul Garza; Ada Mary Gugenheim; Joseph M. Harrington; Mike Koetting; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; and Otis L. Story, Sr. (11)

Absent: Vice Chair David Ernesto Munar (1)

Additional attendees and/or presenters were:

- Denise Colletti – Cermak Mental Health Services
- Claudia Fegan, MD – Chief Medical Officer
- Joseph P. Flanagan – Cook County Health Foundation
- Leslie Frain – Associate Chief Quality Officer
- Addie Francher – John H. Stroger, Jr. Hospital of Cook County
- Aaron Galeener – Interim Chief Executive Officer, CountyCare/Health Plan Services
- Andrea Gibson – Interim Chief Business Officer
- Deborah Hinde – Executive Director, Cook County Health Foundation
- Charles Jones – Chief Procurement Officer
- Kiran Joshi, MD – Cook County Department of Public Health
- Jeff McCutchan – General Counsel
- Carrie Pramuk-Volk – Interim Chief Human Resources Officer and Employment Plan Officer
- Jessica Rico – Employee Health Services
- Israel Rocha, Jr. – Chief Executive Officer
- Rachel Rubin, MD – Cook County Department of Public Health
- Deborah Santana – Secretary to the Board

II. **Electronically Submitted Public Speaker Testimony**

There was no public testimony submitted.

III. **Employee Recognition**

The following CCH 2020 ICARE Employees of the Year were recognized at the meeting by Joseph P. Flanagan, Chairman of the Cook County Health Foundation. He presented a gift in appreciation to each on behalf of the Cook County Health Foundation.

(Present at the meeting)

- Integrity: Denise Colletti – Activities Therapist II at Cermak Mental Health Services
- Respect: Addie Francher – Medical Assistant in the Oncology and Dermatology Clinic at Stroger Hospital
- Excellence: Jessica Rico – Medical Assistant with Employee Health Services

(Unable to be present at the meeting)

- Collaboration: Blessing Onuorah – Clinical Nurse I for Cermak Patient Care Services
- Accountability: Thomas Liss – Storekeeper IV in Materials Management

NOTE: action was taken on Agenda Items IV(A), IV(D), IV(E), V(A), V(B) and V(D) in one (1) combined motion.
IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, February 26, 2021

Chair Hammock inquired whether any corrections or revisions to the minutes were needed. Hearing none, he advanced to the next item.

B. Human Resources Committee
   i. Metrics (Attachment #1)

Director Driscoll and Carrie Pramuk-Volk, Interim Chief Human Resources Officer and Employment Plan Officer, provided an overview of the Metrics. The Board reviewed and discussed the information.

C. Managed Care Committee
   i. Metrics (Attachment #2)

Aaron Galeener, Interim Chief Executive Officer of CountyCare/Health Plan Services, provided an overview of the Metrics. The Board reviewed and discussed the information.

D. Quality and Patient Safety Committee Meeting, March 19, 2021
   i. Highly Reliable Organization (HRO) Dashboard (Attachment #3)
   ii. Meeting Minutes, which include the following action items:
       • One (1) Stroger Hospital Division Chair Initial Appointment
       • Stroger Hospital and Provident Hospital Medical Staff Appointments / Reappointments / Changes
       • Proposed Clinical Training Affiliation Agreements

Director Gugenheim and Leslie Frain, Associate Chief Quality Officer, provided an overview of the HRO Dashboard and Meeting Minutes. The Board reviewed and discussed the information.

Ms. Frain stated that The Joint Commission surveyors just completed their triennial survey of Provident Hospital. The administration is waiting to receive the final report, but the results look very good at this point.

E. Finance Committee Meeting, March 19, 2021
   i. January 2021 YTD Financials (Attachment #4)
   ii. Meeting Minutes, which include the following action items:
       • Receive and file CCH requests to accept grant award-related items
       • Contracts and Procurement Items
       • Proposed Transfer of Funds

Director Reiter provided an overview of the Meeting Minutes. Charles Jones, Chief Procurement Officer, provided a brief overview of the proposed Contracts and Procurement Items considered and informational reports received at the Finance Committee Meeting. It was noted that request number 5 was withdrawn at the meeting, and request number 16 is being withdrawn at this time. Four (4) contractual items (request numbers 1, 7, 10 and 13) are pending review by Contract Compliance.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the January 2021 YTD Financials.
V. **Action Items**

A. **Contracts and Procurement Items** (Attachment #5)

Ms. Gibson provided an overview of the request presented directly for the Board’s consideration. It was noted that this request is pending review by Contract Compliance.

During the discussion of the item, Director Driscoll suggested that, once the software is up and running, concrete examples of how this software is being used to achieve favorable results should be shared with the Board.

B. **Proposed appointment of Mildred Williamson to the CORE Foundation Board, submitted by Cook County Board President Toni Preckwinkle for approval by the Cook County Health Board** (Attachment #6)

Chair Hammock provided an overview of the item.

C. **Any items listed under Sections IV, V and VIII**

D. **Proposed Provident Hospital Department Guidelines presented for Board consideration and approval** (Attachment #7):
   - Emergency Department – Triage Guidelines (Guideline ED-01)
   - Emergency Department – Triage Intervention Guidelines (Guideline ED-02)

Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the proposed Provident Hospital Department Guidelines.

   Director Deer, seconded by Director Gugenheim, moved to approve the following:
   - Minutes of the February 26, 2021 Board Meeting,
   - Minutes of the Quality and Patient Safety and Finance Committee Meetings for March, which include the Stroger Hospital Division Chair Initial Appointment, Stroger and Provident Hospital Medical Staff appointments / reappointments / changes, Proposed Clinical Training Affiliation Agreements, CCH requests to accept grant-award related items, Contracts and Procurement Items, with the exception of request numbers 5 and 16, which were withdrawn, and Proposed Transfer of Funds;
   - Board Agenda Item V(A) Contract and Procurement Item;
   - Board Agenda Item V(B) proposed appointment of Mildred Williamson to the CORE Foundation Board; and
   - Board Agenda Item V(D) Provident Hospital Emergency Department Triage Guidelines and Triage Intervention Guidelines.

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

Yeas: Chair Hammock and Directors Currie, Deer, Garza, Gugenheim, Harrington, Koetting, Reiter and Story (9)

Nays: None (0)

Absent: Vice Chair Munar and Directors Driscoll and Prendergast (3)

THE MOTION CARRIED UNANIMOUSLY.
VI. **Report from Chair of the Board**

Chair Hammock noted that a number of the Directors have now been vaccinated, so he would like to have the April Board Meeting held in person. He instructed the Secretary to poll the Board to determine whether they are interested and comfortable with meeting in person for the April Board Meeting.

VII. **Report from Chief Executive Officer** (Attachment #8)

Israel Rocha, Jr., Chief Executive Officer, provided an overview of his Report; detail is included in Attachment #8. Dr. Rachel Rubin and Dr. Kiran Joshi, Senior Medical Officers and Co-Leads, Cook County Department of Public Health (CCDPh), reviewed the portion of the Report regarding CCDPh Vaccine Partnerships.

Director Gugenheim stated for the record that the Board would like to convey its appreciation and thanks to the staff involved in the TJC survey at Provident Hospital, and congratulate them on the positive preliminary findings.

VIII. **Closed Meeting Items**

A. **Claims and Litigation**  
B. **Discussion of personnel matters**

The Board did not recess into a closed meeting.

IX. **Adjourn**

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

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary
ATTACHMENT #1
COVID 19 Response

Contact Tracing
Volunteer/Unpaid Workforce
Contact Tracing – Hiring Snapshot

CCH & Hektoen Positions Hired 290

<table>
<thead>
<tr>
<th>Status</th>
<th>Hektoen</th>
<th>Cook County Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Recruiting</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>To Be Posted</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Currently Posted</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>In Validation</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Awaiting Referral / RePost</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interviews In Process</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Offer Being Extended</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Candidate In Process</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hire Date Set</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Vacancies Filled</td>
<td>0</td>
<td>9</td>
</tr>
</tbody>
</table>

As of 02/28/2021

32% | 137 of 427 Positions in Process

21%

79%
Contact Tracing – Hiring Snapshot

Year to Date Hires - 290

Cook County Health Hires (229)

- Case Investigators (24) - 10%
- Contact Tracers (197) - 86%
- Other (6) - 3%
- Supervisors & Managers (2) - 1%

Hektoen Hires (61)

- Case Investigators (44) - 72%
- Contact Tracers (9) - 15%
- Other (3) - 5%
- Supervisors & Managers (5) - 8%

Thru 02/28/2021
Metrics
Fiscal Year 2021
FY 2021 CCH HR Activity Report

Thru 02/28/2021

FILLED POSITIONS
- 2020 Filled (68) | Externals (46)
- 2021 Filled (232) | Externals (202)

SEPARATIONS
- 2020 Separations (172)
- 2021 Separations (195)

NET
- FY21 External Hire - 202 | 50%
- FY21 Separations - 195 | 50%

Deceased | Discharged | Resignation | Retirement
- FY20 (172) | 4 | 19 | 56 | 93
- FY21 (195) | 3 | 13 | 73 | 106

Does not include Consultants, Registry and House Staff
FY 2021 Cook County Health HR Activity Report – Hiring Snapshot

Thru 02/28/2021

676 Positions in Recruitment

Clinical Positions 393 | 58%
Non-Clinical Positions 283 | 42%

431 (64%) of the positions in process, are in the post-validation phase

202 / 87% Externals

Count of positions

Clinical Positions              393 | 58%
Non-Clinical Positions 283 | 42%

Does not include Consultants, Registry and House Staff
Fy 2021 Cook County Health HR Activity Report Nursing Hiring: CNI, CNII

Thru 02/28/2021

117 Positions in Process

Classification & Compensation

12
2
21
10
1
60

83 (71%) of the positions in process are in the post-validation phase

Count of positions

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

Shared Responsibility
Human Resources
Management
Human Resources
Shared Responsibility

Does not include Consultants, Registry and House Staff
FY 2021 Cook County Health HR Activity Report

Average Time to Fill
(Without Credentialed)

Thru 02/28/2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY14</td>
<td>203</td>
<td></td>
</tr>
<tr>
<td>FY15</td>
<td>140</td>
<td>139</td>
</tr>
<tr>
<td>FY16</td>
<td>110</td>
<td>110</td>
</tr>
<tr>
<td>FY17</td>
<td>95</td>
<td>95.9</td>
</tr>
<tr>
<td>FY18</td>
<td>90</td>
<td>96.4</td>
</tr>
<tr>
<td>FY19</td>
<td>90</td>
<td>100</td>
</tr>
<tr>
<td>FY20</td>
<td>90</td>
<td>91</td>
</tr>
<tr>
<td>FY21</td>
<td>90</td>
<td>115</td>
</tr>
</tbody>
</table>

1Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.
Thank you.
ATTACHMENT #2
CountyCare Update
Prepared for: CCH Board of Directors

Aaron Galeener
Interim Chief Executive Officer, CountyCare
March 26, 2021
Plan Metrics
# Current Membership

Monthly membership as of March 4, 2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Members</th>
<th>ACHN Members</th>
<th>% ACHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHP</td>
<td>246,304</td>
<td>18,791</td>
<td>7.6%</td>
</tr>
<tr>
<td>ACA</td>
<td>102,476</td>
<td>15,556</td>
<td>15.2%</td>
</tr>
<tr>
<td>ICP</td>
<td>30,242</td>
<td>5,468</td>
<td>18.1%</td>
</tr>
<tr>
<td>MLTSS</td>
<td>6,949</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>SNC</td>
<td>6,446</td>
<td>906</td>
<td>14.1%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>392,417</strong></td>
<td><strong>40,721</strong></td>
<td><strong>10.4%</strong></td>
</tr>
</tbody>
</table>

**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  
**ACHN:** CCH Ambulatory and Community Health Network
Managed Medicaid Market

Illinois Department of Healthcare and Family Services January 2021 Data

<table>
<thead>
<tr>
<th>Managed Care Organization</th>
<th>Cook County Enrollment</th>
<th>Cook County Market Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CountyCare</td>
<td>380,287</td>
<td>31.1%</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>316,791</td>
<td>25.9%</td>
</tr>
<tr>
<td>Meridian (a WellCare Co.)</td>
<td>313,357</td>
<td>25.6%</td>
</tr>
<tr>
<td>IlliniCare (Aetna/CVS)</td>
<td>120,302</td>
<td>9.8%</td>
</tr>
<tr>
<td>Molina</td>
<td>91,542</td>
<td>7.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,222,279</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)
CountyCare’s monthly enrollment trend closely follows the overall Managed Care enrollment trend in Cook County.

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
Note: HFS source website did not report August 2020 enrollment
IL Medicaid Managed Care Trend in Cook County
(charts not to scale)

- CountyCare’s enrollment has increased 19.2% over the past 12 months, slightly lagging the Cook County increase of 20.5%
- CountyCare’s enrollment increased 0.6% in January 2021 compared to the prior month

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
Note: HFS source website did not report August 2020 enrollment
FY 21 Budget | Membership

CountyCare Membership

- FY21 Budget Projections
- Actual
## 2020-2021 Operations Metrics: Call Center & Encounter Rate

### Performance Key Metrics

<table>
<thead>
<tr>
<th>Member &amp; Provider Services Call Center Metrics</th>
<th>State Goal</th>
<th>Nov 2020</th>
<th>Dec 2020</th>
<th>Jan 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abandonment Rate</td>
<td>&lt; 5%</td>
<td>1.23%</td>
<td>1.89%</td>
<td>2.39%</td>
</tr>
<tr>
<td>Hold Time (minutes)</td>
<td>1:00</td>
<td>0:08</td>
<td>0:15</td>
<td>0:19</td>
</tr>
<tr>
<td>% Calls Answered &lt; 30 seconds</td>
<td>&gt; 80%</td>
<td>94.71%</td>
<td>88.16%</td>
<td>86.75%</td>
</tr>
</tbody>
</table>

### Quarterly

| Claims/Encounters Acceptance Rate             | 98%        | 97.0%*   |

*Preliminary score
Claims Payment

- Separated bank account structure for CountyCare PMPM
- Prioritizing claims payment invoices for expedited processing

Received but Not Yet Paid Medical Claims

*Assumes average of 15 days to process claims
*Assumes $57.5M 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.
30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions

*Lower readmission rate is favorable
Case Mix Index, Medical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

*Higher case mix index is favorable*
Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

*Higher case mix index is favorable
Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience

*Higher top box score is favorable*
HbA1c <8%

HRO Domain: HEDIS

*Higher percent of patients with HbA1c in control (<8%) is favorable
<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-Day Readmission Rate</td>
<td>• <strong>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</strong>&lt;br&gt;• <strong>Calculation:</strong> Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)&lt;br&gt;• <strong>Population included:</strong> all inpatient discharges from Stroger&lt;br&gt;• <strong>Cohort inclusions:</strong> any payer; any age; alive at discharge&lt;br&gt;• <strong>Cohort exclusions:</strong> Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth&lt;br&gt;• <strong>Reporting timeframe:</strong> reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge&lt;br&gt;• <strong>Data source:</strong> Vizient Clinical Data Base</td>
</tr>
<tr>
<td>Case Mix Index</td>
<td>• <strong>Average relative DRG weight of a hospital’s inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges</strong>&lt;br&gt;• <strong>Population included:</strong> all inpatient discharges from Stroger&lt;br&gt;• <strong>Cohort inclusions:</strong> any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (Surgical: an OR procedure is performed)&lt;br&gt;• <strong>Cohort exclusions:</strong> none&lt;br&gt;• <strong>Reporting timeframe:</strong> reported monthly by most current month available; reported by month of patient discharge&lt;br&gt;• <strong>Data source:</strong> Vizient Clinical Data Base</td>
</tr>
<tr>
<td>Recommend the Hospital</td>
<td>• <strong>Percent of patient responses with “Definitely Yes” (top box response) for Recommend the Hospital item in HCAHPS survey</strong>&lt;br&gt;• <strong>Calculation:</strong> Percent of patient responses with “Definitely Yes” (top box) / total survey responses&lt;br&gt;• <strong>Population included:</strong> Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; &gt;1 overnight stay in hospital as inpatient&lt;br&gt;• <strong>Cohort exclusions:</strong> discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; “no-publicity” patients”; patients who are excluded because of rules and regulates of state in which hospital is located&lt;br&gt;• <strong>Reporting timeframe:</strong> reported monthly by most current month available; reported by month of survey received date&lt;br&gt;• <strong>Data source:</strong> Press Ganey</td>
</tr>
<tr>
<td>HbA1c &lt;8%</td>
<td>• <strong>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is in control (&lt;8.0%)</strong>&lt;br&gt;• <strong>Calculation:</strong> Percent of diabetic patients with HbA1c in control / total diabetic patients&lt;br&gt;• <strong>Population included:</strong> (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) OR (One diabetic Inpatient visit in the current year or previous year) OR (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)&lt;br&gt;• <strong>Cohort exclusions:</strong> none&lt;br&gt;• <strong>Reporting timeframe:</strong> reported monthly by most current month available; reported by month of patient visit&lt;br&gt;• <strong>Data source:</strong> NCQA, HEDIS</td>
</tr>
</tbody>
</table>
ATTACHMENT #4
Executive Summary: Statement of Financial Condition

- Cook County Health (CCH) interim financial results for the period ending January 31, 2021:
  - Cash. The County’s preliminary cash report on revenues and expenses for January 31st show a negative variance of $40.8M. CountyCare PMPM payment impacted the revenue variance and increased claims payments impacted expenses.
  - Accrual. On an accrual basis, interim financials show that CCH is ending January $3.35M ahead of budget
  - Revenue Commentary:
    - Lower than expected volumes for January
    - IGT payment for a portion of the directed payments
  - Expenditures:
    - Additional expenditures paid for CountyCare to reduce claims payable
## Interim Financial Results – January 31, 2021 FYTD

### This Period:
- Lower than expected Net Patient Service Revenue due to lower volumes than expected in January.
- IGT for a portion of the directed payments established.
- Better than expected domestic spend.

### Other Key Activities:
- Implementing rate adjustment rates retroactive to January 1, 2021.
- CARES Act reimbursement for $5M in expenses in December pending.

### Notes:
1. CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense – for CountyCare patients receiving care at Cook County Health.
2. Government Support includes Graduate Medical Education payments.
3. Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

### Dollars in 000s

<table>
<thead>
<tr>
<th>Revenue</th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY20 Actual (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Patient Service Revenue (1)</td>
<td>$79,465</td>
<td>$87,933</td>
<td>($8,469)</td>
<td>-9.63%</td>
<td>$95,936</td>
</tr>
<tr>
<td>Government Support (2)</td>
<td>$63,692</td>
<td>$63,692</td>
<td>$0</td>
<td>0.00%</td>
<td>$65,185</td>
</tr>
<tr>
<td>CountyCare Capitation Revenue</td>
<td>$373,814</td>
<td>$359,500</td>
<td>$14,313</td>
<td>3.98%</td>
<td>$318,431</td>
</tr>
<tr>
<td>Other</td>
<td>$10,901</td>
<td>$2,500</td>
<td>$8,401</td>
<td>336.05%</td>
<td>$620</td>
</tr>
<tr>
<td>CountyCare Elimination (1)</td>
<td>($14,383)</td>
<td>($12,601)</td>
<td>($1,782)</td>
<td>14.14%</td>
<td>($26,160)</td>
</tr>
<tr>
<td>Total Revenue</td>
<td>$513,488</td>
<td>$501,024</td>
<td>$12,464</td>
<td>2.49%</td>
<td>$454,011</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Operating Expenses</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$116,668</td>
<td>$124,142</td>
<td>$7,475</td>
<td>6.02%</td>
<td>$115,001</td>
</tr>
<tr>
<td>Overtime</td>
<td>$8,394</td>
<td>$5,830</td>
<td>($2,565)</td>
<td>-43.99%</td>
<td>$8,609</td>
</tr>
<tr>
<td>Supplies &amp; Pharmaceuticals</td>
<td>$24,299</td>
<td>$22,580</td>
<td>($1,719)</td>
<td>-7.61%</td>
<td>$23,246</td>
</tr>
<tr>
<td>Purchased Services &amp; Other</td>
<td>$52,142</td>
<td>$56,564</td>
<td>$4,422</td>
<td>7.82%</td>
<td>$43,024</td>
</tr>
<tr>
<td>Medical Claims Expense (1)</td>
<td>$354,596</td>
<td>$336,079</td>
<td>($18,516)</td>
<td>-5.51%</td>
<td>$297,114</td>
</tr>
<tr>
<td>Insurance</td>
<td>$5,311</td>
<td>$6,024</td>
<td>$713</td>
<td>11.84%</td>
<td>$5,311</td>
</tr>
<tr>
<td>Utilities</td>
<td>$2,423</td>
<td>$1,715</td>
<td>($708)</td>
<td>-41.29%</td>
<td>$2,141</td>
</tr>
<tr>
<td>CountyCare Elimination (1)</td>
<td>($14,383)</td>
<td>($12,601)</td>
<td>$1,782</td>
<td>-14.14%</td>
<td>($26,160)</td>
</tr>
<tr>
<td>Total Operating Expenses</td>
<td>$549,449</td>
<td>$540,332</td>
<td>($9,116)</td>
<td>-1.69%</td>
<td>$468,285</td>
</tr>
</tbody>
</table>

| Operating Margin              | ($35,961)     | ($39,308)     | $3,348    | 8.52% | ($14,274)     |
| Non-Operating Revenue         | $20,451       | $20,451       | $0        | 0.00% | $13,784        |
| Net Income (Loss) (4)         | ($15,510)     | ($18,857)     | $3,348    | 0.00% | ($490)         |

Source: CCH unaudited financial statements and FY20 budget.
Rate Change Approved by the State

- CCH has been working with the State to finalize Medicaid FFS rates

- The rates approved by the State are better than expected in the budget

- Rates are based on more complete information on volumes, more complete cost information related to pensions, improved methodology on certain calculations

- Base inpatient rates for Stroger increased by 50% and 17% for Provident

- Outpatient rates for Stroger increased by 27% and 49% for Provident
12-Month Savings Accrual

CCH Savings Forecast
12-Month Savings Accrual
As of March 9, 2021 ($ in Millions)

- **Dec-20**: $0.8
- **Jan-21**: $0.8
- **Feb-21**: $4.1
- **Mar-21**: $3.3
- **Apr-21**: $2.0
- **Project To Date**: $11.3

- **In Review**: $1.0
- **In Negotiations**: $1.0
- **Completed Negotiations**: $5.7

---

**Dates and Savings:**
- **Jan-21**: $1.0
- **Feb-21**: $11.3
- **Mar-21**: $2.0

**Legend:**
- In Review
- In Negotiations
- Completed Negotiations
## CCH Health Providers Revenue – January 31, 2021 FYTD

### Revenue Operating Indicators

<table>
<thead>
<tr>
<th>Patient Activity</th>
<th>2021 Actual</th>
<th>2021 Budget</th>
<th>%</th>
<th>2020 Actual</th>
<th>2019 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>1,329</td>
<td>1,282</td>
<td>3.7%</td>
<td>1,570</td>
<td>1,389</td>
</tr>
<tr>
<td>Patient Days</td>
<td>7,018</td>
<td>6,645</td>
<td>5.6%</td>
<td>8,417</td>
<td>7,904</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>226</td>
<td>214</td>
<td>5.6%</td>
<td>272</td>
<td>255</td>
</tr>
<tr>
<td>Adjusted Patient Days</td>
<td><strong>18,079</strong></td>
<td><strong>18,572</strong></td>
<td><strong>-2.7%</strong></td>
<td>23,039</td>
<td>21,952</td>
</tr>
</tbody>
</table>
CCH 12 Month Patient Activity Levels

Admissions – FY 2021

FY2021 Actual: 2,553
FY2021 Budget: 2,364

Average Daily Census – FY 2021

FY2021 Actual: 226
FY2021 Budget: 214
CCH 12 Month Patient Activity Levels

FY2021 Actual: 36,579
FY2021 Budget: 35,367

Adjusted Patient Days - FY 2021

FY2021 Actual: 2,587
FY2021 Budget: 2,364

Discharges - FY 2021
Patient Activity Indicators – FYTD 2021

**Primary Care Visits**

- **FY2021 Actual**: 37,302 (1,322 tele-visits)
- **FY2021 Budget**: 40,417

**FY2021 Actual**: 44,407

**FY2021 Budget**: 48,995

**Specialty Care Visits**

- **FY2021 Actual**: 44,407
- **FY2021 Budget**: 48,995

**FY2021 Actual**: 44,407

**FY2021 Budget**: 48,995
Patient Activity Indicators – FYTD 2021

**ER Visits**

- **FY2021 Actual:** 14,809
- **FY2021 Budget:** 20,554
- **Dec 2021 Budget:**
- **2020 Actual:**
- **Jan 2021 Actual:**

**Surgery**

- **FY2021 Actual:** 2,092
- **FY2021 Budget:** 2,010
- **Dec 2021 Budget:**
- **2020 Actual:**
- **Jan 2021 Actual:**

**Deliveries**

- **FY2021 Actual:** 122
- **FY2021 Budget:** 138
- **Dec 2021 Budget:**
- **2020 Actual:**
- **Jan 2021 Actual:**
Note: CountyCare is a Medicaid managed care program. It is shown separately to provide visibility to CountyCare.
Financial Key Performance Indicators – 2021 FYTD

Accounts Receivable Days

- Actual
- Target < 45 Days
- Value (M)

Discharged Not Final Billed (DNFB) Days

- Actual
- Target 4 - 6 Days
- Value (M)
Denials -- January 31, FYTD 2021

- Hard Denials/Write offs met the benchmark for January.
- More than half of denials relate to prior authorization.
- Focus is on the highest dollar areas (e.g., infusion, radiology, outpatient surgery).

<table>
<thead>
<tr>
<th>Type</th>
<th>Current Month</th>
<th>FY21 YTD</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>Soft Denials*</td>
<td>14%</td>
<td>14,959,527</td>
<td>15%</td>
</tr>
<tr>
<td>Hard Denials**</td>
<td>2%</td>
<td>2,562,068</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Claim is denied soon after submission, but there is an opportunity to mitigate/appeal

**Claim is denied and needs to be written off

### Hard Denial Summary:

<table>
<thead>
<tr>
<th>Area</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prior Authorization</td>
<td>1,933,890</td>
</tr>
<tr>
<td>Non-Covered Services</td>
<td>275,735</td>
</tr>
<tr>
<td>Patient Access</td>
<td>266,797</td>
</tr>
<tr>
<td>Other</td>
<td>85,647</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,562,069</strong></td>
</tr>
</tbody>
</table>
Health Plan Services Financial Results – January 31, 2021

Notes:
(1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

<table>
<thead>
<tr>
<th>Dollars in 000s except PMPM amounts</th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY20 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capitation Revenue</td>
<td>$373,814</td>
<td>$359,500</td>
<td>$14,313</td>
<td>3.98%</td>
<td>$305,534</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical - CCH</td>
<td>$14,383</td>
<td>$12,601</td>
<td>$(1,782)</td>
<td>(14.14%)</td>
<td>$26,160</td>
</tr>
<tr>
<td>Clinical - External</td>
<td>$340,212</td>
<td>$323,478</td>
<td>$(16,735)</td>
<td>(5.17%)</td>
<td>$271,308</td>
</tr>
<tr>
<td>Administrative</td>
<td>$19,023</td>
<td>$24,278</td>
<td>$5,255</td>
<td>21.65%</td>
<td>$15,353</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$373,618</td>
<td>$360,357</td>
<td>$(13,261)</td>
<td>(3.68%)</td>
<td>$312,821</td>
</tr>
<tr>
<td>Operating Gain (Loss)</td>
<td>$195</td>
<td>$(857)</td>
<td>$1,052</td>
<td>122.79%</td>
<td>$(7,287)</td>
</tr>
</tbody>
</table>

Activity Levels

| Member Months                       | 758,651        | 742,261       | 16,390   | 2.21%  | 638,078    |
| CCH CountyCare Member Months        | 77,680         | N/A           | N/A      | N/A    | 68,178     |
| CCH % CountyCare Member Months      | 10.24%         | N/A           | N/A      | N/A    | 10.68%     |

Operating Indicators

| Revenue Per Member Per Month (PMPM)| $492.73        | $484.33       | $8.40    | 1.73%  | $478.84    |
| Clinical Cost PMPM                 | $467.40        | $452.78       | $(14.62) | (3.23%)| $466.19    |
| Medical Loss Ratio (1)             | 92.1%          | 93.42%        | 1.34%    | 1.43%  | 94.60%     |
| Administrative Cost Ratio          | 4.7%           | 6.35%         | 1.61%    | 25.41% | 4.40%      |

Commentary

- Total membership exceeds budget by 16,390 due to increased Medicaid enrollment as a result of the COVID-19 induced growth in unemployment, and no state redetermination of Medicaid eligibility.
- CountyCare expects enrollment to continue to exceed budget as auto-assignment increased to 50% as of February 2021. This change was due to CountyCare’s top quality ranking among Medicaid MCOs.
- CountyCare’s reimbursement to CCH for domestic spend is exceeding budget.
- Operating Gain of $195k consists of $2.1M from CountyCare and a loss of $(1.9)M from Medicare.
- State of Illinois and CCH have agreement in concept to reduce IGT by 50% beginning in January 2021. This change has been reflected in the January results.
Medicare Financial Results – January 31, 2021

<table>
<thead>
<tr>
<th>Dollars in 000s except PMPM amounts</th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capitation Revenue</td>
<td>$1,696</td>
<td>$3,692</td>
<td>($1,995)</td>
<td>(54.05%)</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Expenses</td>
<td>$1,730</td>
<td>$3,692</td>
<td>$1,962</td>
<td>53.14%</td>
</tr>
<tr>
<td>Administrative</td>
<td>$1,945</td>
<td>$1,684</td>
<td>($261)</td>
<td>(15.49%)</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$3,675</td>
<td>$5,376</td>
<td>$1,701</td>
<td>31.64%</td>
</tr>
<tr>
<td>Operating Gain (Loss)</td>
<td>($1,979)</td>
<td>($1,684)</td>
<td>($295)</td>
<td>17.49%</td>
</tr>
<tr>
<td><strong>Activity Levels</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Months</td>
<td>1,112</td>
<td>2,500</td>
<td>(1,388)</td>
<td>(55.52%)</td>
</tr>
<tr>
<td><strong>Operating Indicators</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenue Per Member Per Month (PMPM)</td>
<td>$1,525.54</td>
<td>$1,476.76</td>
<td>$48.78</td>
<td>3.30%</td>
</tr>
<tr>
<td>Clinical Cost PMPM</td>
<td>$1,555.85</td>
<td>$1,476.76</td>
<td>($79.09)</td>
<td>(5.36%)</td>
</tr>
</tbody>
</table>

**Commentary**
- Membership is lower than budget, driving lower than expected revenue. Revenue on a per member per month basis slightly exceeding budgeted PMPM.
- Revenue does not include risk adjustment, which is expected to increase total revenue once risk-adjustment completed by CMS.
- Total operating loss exceeds budgeted operating loss by $(295,000).
THANK YOU
<table>
<thead>
<tr>
<th>Request #</th>
<th>Vendor/Entity</th>
<th>Service or Product</th>
<th>Fiscal impact not to exceed:</th>
<th>Method of acquisition</th>
<th>Total # of bidders/ RFP responses / GPO companies available</th>
<th>Affiliate / System</th>
<th>Begins on Page #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Syntellis Performance Solutions, LLC</td>
<td>Service - healthcare financial planning and analysis software</td>
<td>$953,000.00</td>
<td>RFP</td>
<td>5</td>
<td>System</td>
<td>2</td>
</tr>
</tbody>
</table>
Cook County Health

AS AMENDED
BOARD APPROVAL REQUEST

SPONSOR:
Deldre Watts, Budget Director
Tony Banda, Senior Director of Finance

EXECUTIVE SPONSOR:
Andrea M. Gibson, Interim Chief Business Officer

DATE:
03/18/2021

TYPE OF REQUEST:
Negotiate & Execute Contract

ACCOUNT:
520830

PRODUCT / SERVICE:
Service – Healthcare Financial Planning & Analysis (FP&A) Software

FISCAL IMPACT NOT TO EXCEED:

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY2021</td>
<td>$404,867.00</td>
</tr>
<tr>
<td>FY2022</td>
<td>$235,000.00</td>
</tr>
<tr>
<td>FY2023</td>
<td>$235,000.00</td>
</tr>
<tr>
<td>FY2024</td>
<td>$78,333.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$953,000.00</td>
</tr>
</tbody>
</table>

VENDOR / SUPPLIER:
Syntellis Performance Solutions, LLC, Chicago, IL

GRANT FUNDED / RENEWAL AMOUNT:

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$953,000.00</td>
</tr>
</tbody>
</table>

CONTRACT PERIOD:
04/01/2021 thru 03/31/2024

COMPETITIVE SELECTION METHODOLOGY:
RFP (2021-5)

NON-COMPETITIVE SELECTION METHODOLOGY:

PRIOR CONTRACT HISTORY:
No prior history for this service.

NEW PROPOSAL JUSTIFICATION:
CCH issued a Request for Proposal (RFP) for a healthcare-specific financial planning and analysis tool to support budget decision making. CCH does not currently have a healthcare-specific financial planning and analysis tool. This contract will provide CCH with a contemporary, comprehensive, healthcare specific suite of Financial Planning & Analysis software that will provide tools to support the Capital Budget, Operating Budget, Financial Reporting, Financial Analysis, Forecasting and Productivity processes. This contract will have two (2) one (1) year renewal options.

TERMS OF REQUEST:
This is a request to negotiate and execute contract number H21-25-063 in an amount not to exceed $953,000.00 as needed, for a thirty-six (36) month period from 04/01/2021 thru 03/31/2024

RECOMMENDATION:
Approved

CCH CEO:
Israel Rocha, Jr., Chief Executive Officer

APPROVED
MAR 26 2021

BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM

* Ambulatory & Community Health Network * Cermak Health Services * Department of Public Health *
* John H. Stroger, Jr. Hospital of Cook County * Oak Forest Health Center * Provident Hospital * Ruth M. Rothstein CORE Center *

We Bring Health CARE to Your Community

Revised 03/01/2021
March 16, 2021

Chairman & Members of the Cook County Health Board of Directors
1950 W. Polk Street, Room 9106
Chicago, Illinois 60612

Ladies and Gentlemen:

Please be advised that I hereby appoint Mildred Williamson to the CORE Foundation Board for a term to begin immediately and to expire on December 31, 2023.

I submit this communication for your approval.

Sincerely,

Toni Preckwinkle
President
Cook County Board of Commissioners

APPROVED
MAR 26 2021

BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM
To: M. Hill Hammock, Chair of the CCH Board of Directors
    and Members of the CCH Board of Directors

From: Marlon Kirby, MD

President of the Medical Executive Committee of Provident Hospital of Cook County

Date: March 23, 2021

Re: March 26, 2021 Board Agenda Item V(D) – consideration of two (2) Provident Hospital Emergency Department Guidelines

Pursuant to Article 11.3 Department Procedures of the Bylaws of the Medical Staff of Provident Hospital of Cook County, the following matters were approved by the Provident Hospital Medical Executive Committee on March 19, 2021, and are presented to the Board of Directors of the Cook County Health and Hospitals System for consideration at the March 26, 2021 Board Meeting, under Agenda Item V(D):

- Provident Hospital Emergency Department – Triage Guidelines (Guideline ED-01)
- Provident Hospital Emergency Department – Triage Intervention Guidelines (Guideline #ED-02)

Should you have any questions or need additional information, please do not hesitate to contact me.
**Purpose:** To provide the guidelines for the triage process for incoming patients in the Provident Hospital Emergency Department (ED).

**Areas Affected:** Emergency Department

**Procedure:**

1. **Initial Triage Assessment:**

   a. ED nurse identifies immediately patients with life-threatening conditions or injuries who need immediate assessment prior to formal triage process. (ESI 1- Is the patient dying?)

   b. Assess ABCD’s
      i. Initiate BLS and ACLS if necessary

   c. Screen for Covid-19
      i. If positive move patient to private room for further screening.

   d. Obtain chief complaint
      i. Identify if patient can wait for triage assessment

   e. Initiate EKG order to meet door to EKG <10 min.
      EKG order for following complaints:
      i. Chest pain
      ii. Numbness
      iii. Hypertension
      iv. Dizziness
      v. Shortness of breath
      vi. Abdominal pain- epigastric
      vii. Any other complaint nurse deems necessary

2. **Triage Nurse Assessment Phase 1**

The triage nurse performs a brief, focused assessment and assigns the patient a triage acuity level, which is a proxy measure of how long an individual patient can safely wait for a medical screening examination and treatment.

   a. ABCD’s
   b. Obtain Chief complaint
   c. Obtain vital signs
      i. Blood pressure
      ii. Heart rate
      iii. Respiration
      iv. Temperature
v. Pulse oximetry
vi. Glucose (when necessary)
vii. Peak flow reading (when necessary)

d. Triage using Emergency Severity Index (ESI) a five-level emergency department (ED) triage algorithm

i. ESI 1: Patient requires life saving measures

1. Patient is unresponsive, apneic, intubated, pulseless or has a time sensitive emergency. Patient requires immediate airway, medication, or other hemodynamic intervention.

ii. ESI 2: Patient is high risk

1. Patient is confused, lethargic, disoriented, severe pain, and/or distress.

iii. ESI 3: Patient requires two or more different resources (lab, ECG, imaging, intravenous fluids, intravenous/intramuscular/nebulized medications, specialty consultation)

1. Consider danger zone vital signs (refer to appendix A)

iv. ESI 4: Patient requires one resource

v. ESI 5: Patient requires no resources

vi. Special Considerations (refer to appendix A)

1. Abnormal vital signs of an infant or a child may indicate that the patient should be upgraded to another category.
2. Any patient over the age of 80 years old with complaints of abdominal pain will have their triage category elevated one level from the initially assigned category.
3. A patient’s triage category may be upgraded at the request of the triage nurse or physician.
4. Resources include: labs (blood, urine), EKG, x-rays, CT, MRI, ultrasound, IV fluids, IV or IM medications, specialty consultation, simple procures (laceration repair, Foley Cath) or complex procedures which counts as 2 resources (conscious sedation).
e. Complete Triage form
   i. Fall risk assessment
   ii. Stroke assessment (if necessary)
   iii. Behavioral risk assessment
   iv. Respiratory screening

f. Order laboratory tests based on patient’s chief complaint utilizing standing orders, if appropriate

3. Triage Nurse Phase 2 (occurs as a secondary process when patient is roomed)
   a. Medication reconciliation
   b. Abuse screening
   c. Fall risk assessment

CROSS REFERENCES:

RELEVANT REGULATORY OR OTHER REFERENCES: Emergency Medical Treatment and Labor Act (EMTALA) System-wide Policy # 03.00.07

Guidelines updated: As needed
POLICY LEAD: Imelda Allen, RN, BSN
Nurse Clinician

Mary Frances McNally, RN, MS, MBA, CCRN, CEN, NEA-BC
Associate Nurse Executive, Provident

REVIEWERS: Arnold Turner, MD
Chief Medical Officer, Provident

Mark Loafman, MD
Interim Chief Medical Officer, Provident

Paul Allegretti, DO
Director, Emergency Department, Provident

Trevor Lewis, MD
Chair Emergency Medicine, CCH
Tapan Bhatt, MD
Chair, Pharmacy & Therapeutics Committee, Provident

Date of Origin: 03/04/2021

Appendix A:
Emergency Severity Index (ESI): A Triage Tool for Emergency Departments
Appendix B. ESI Triage Algorithm, v.4
requires immediate life-saving intervention? 

no 

high risk situation? or confused/lethargic/disoriented? or severe pain/distress? 

how many different resources are needed? 

none one many 

5 4 

danger zone vitals? 

<table>
<thead>
<tr>
<th></th>
<th>&lt;3 m</th>
<th>&gt;3 m-3y</th>
<th>&gt;3-8 y</th>
<th>&gt;8 y</th>
</tr>
</thead>
<tbody>
<tr>
<td>HR</td>
<td>&gt;180</td>
<td>&gt;160</td>
<td>&gt;140</td>
<td>&gt;100</td>
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<tr>
<td>RR</td>
<td>&gt;50</td>
<td>&gt;40</td>
<td>&gt;30</td>
<td>&gt;20</td>
</tr>
<tr>
<td>SaO2</td>
<td>&gt;90</td>
<td>&gt;90</td>
<td>&gt;90</td>
<td>&gt;90</td>
</tr>
</tbody>
</table>

consider 

no 

3 

© ESI Triage Research Team, 2004
© ESI Triage Research Team, 2004

<table>
<thead>
<tr>
<th>Resources</th>
<th>Not Resources</th>
</tr>
</thead>
</table>
| - Labs (blood, urine).  
  - ECG, X-rays.  
  - CT-MRI-ultrasound-angiography. | - History & physical (including pelvic).  
  - Point-of-care testing. |
| - IV fluids (hydration). | - Saline or heplock. |
| - IV or IM or nebulized medications. | - PO medications.  
  - Tetanus immunization.  
  - Prescription refills. |
| - Specialty consultation. | - Phone call to PCP. |
| - Simple procedure =1  
  (lacer repair, Foley Cath).  
  - Complex procedure =2  
  (conscious sedation). | - Simple wound care  
  (dressings, recheck).  
  - Crutches, splints, slings. |

D. **Danger Zone Vital Signs.** Consider up triage to ESI 2 if any vital sign criterion is exceeded.

**Pediatric Fever Considerations:**
1. 1 to 28 days of age: assign at least ESI 2 if temp >38.0 C (100.4F).
2. 1-3 months of age: consider assigning ESI 2 if temp >38.0 C (100.4F).
3. 3 months to 3 yrs. of age: consider assigning ESI 3 if: temp >39.0 C (102.2 F), or incomplete immunizations, or no obvious source
I. ACLS Guidelines

In emergencies, when a physician cannot be immediately present to meet the demands of the situation, registered professional nurses working in the ED unit who have received the adequate training and demonstrated competency may perform the following special procedures:

A. Emergency defibrillation for ventricular fibrillation or pulseless ventricular tachycardia. Administer Amiodarone (150mg) IV push for ventricular tachycardia accompanied by significant drop in blood pressure or change of sensorium.

B. Administer Atropine 0.5-1mg IV push for sudden marked bradycardia (heart rate less than 40) accompanied by significant drop in blood pressure and changes in sensorium.

C. In addition to the above procedures, the RN, after adequate training and demonstrated competency may perform the following in non-emergency situations in accordance with established Emergency Room guidelines:

   1. Arterial puncture for arterial blood gas sampling.
   2. Venipuncture using scalp vein needles, around the needle catheters and intracath for starting intravenous infusion.
   3. Venipuncture to obtain blood for laboratory analysis.

Emergency Room Guidelines

Purpose:

Guidelines have been developed for the sole purpose of providing quick, efficient emergency nursing intervention for patient presenting to the Emergency Department with a variety of conditions.

I. Guidelines

A. In the Emergency Department, an RN may initiate the following guidelines in the presence of the specific symptomatology and/or situation listed. These guidelines may be initiated after an assessment is made by the RN without written or verbal consent of the Emergency Department physician.

B. The Emergency Department physician at any time may continue or discontinue
C. A brief explanation of the order should be given to the patient prior to the initiation of that particular order of possible. Should a coherent, alert and oriented patient refuse the order being implemented, the patient’s request will be honored.

D. Guideline orders have been developed for the sole purpose of providing quick, efficient emergency nursing intervention for patients presenting to the Emergency Department with a variety of conditions.

II. Procedure

A. Tetanus Toxoid injections

An RN may give 0.5mls of Tetanus Toxoid IM to patients with open wounds who have not had a Tetanus Toxoid injection within the last 5 years. Do not give if the patient is allergic to tetanus toxoid.

B. Treatment of Fevers

1. RN may give acetaminophen 1 gram (orally or rectally) for temperature of 101F or greater for adults. The patient should not be allergic to acetaminophen and should not have received acetaminophen within the last two hours.

2. RN may give acetaminophen as listed below to pediatric patients with temperatures of 101F or greater who are not allergic to acetaminophen. The patient should not have received acetaminophen within the last two hours.
   a. Give acetaminophen (Tempra, Tylenol) every four hours. We do not recommend aspirin for children.

<table>
<thead>
<tr>
<th>Age</th>
<th>Form</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-6 months</td>
<td>Infant drops (0.8mg-0.8ml)</td>
<td>0.4ml ½ dropperful</td>
</tr>
<tr>
<td>6-months – 1 year</td>
<td>Infant drops</td>
<td>0.8ml 1 dropperful</td>
</tr>
<tr>
<td>1-2 years</td>
<td>Liquid (160mg/5ml)</td>
<td>Teaspoon (5ml)</td>
</tr>
<tr>
<td>2-4 years</td>
<td>Liquid</td>
<td>1 ½ teaspoon</td>
</tr>
<tr>
<td>4-6 years</td>
<td>Liquid</td>
<td>2 teaspoons</td>
</tr>
<tr>
<td>6-10 years</td>
<td>Adult tablet (325mg tablet)</td>
<td>1 tablet</td>
</tr>
<tr>
<td>Above 10 years</td>
<td>Adult tablet</td>
<td>2 tablets</td>
</tr>
</tbody>
</table>
C. Urine Pregnancy Tests

An RN may obtain a urine sample and perform a urine pregnancy test on any female patient of childbearing age presenting with abdominal pain, vaginal bleeding and low back pain.

D. X-Rays

An RN may obtain x-rays of the affected limb that has an obvious fracture in consultation with treating provider per guidelines

E. IV Infusion Initiation or Heplock

1. An RN may initiate an intravenous infusion of 0.9NS at TKO rate or initiate a heplock on any patient presenting with any of the following conditions (awaiting further IV fluid management orders from the physician.
   a. Cardiac and/or pulmonary arrest
   b. Unconsciousness
   c. Ominous blood loss (use 0.9NS or LR)
   d. Cardiac related chest pain
   e. Major trauma
   f. Seizures
   g. Severe Wheezing
   h. Drug overdose
   i. Ventricular dysrhythmia
   j. Respiratory distress
   k. Any patient who, according to the RN’s judgement, looks sick, seems sick, acts sick.

2. After the Emergency Department has examined the patient and found a need to discontinue the IV infusion or heplock, the Emergency Department physician will simply indicate on the patient’s chart that the IV infusion or heplock should be discontinued.

F. O2 Use

An RN may administer O2/NC at 2-4 liter per minute to any patient presenting with signs and symptoms of respiratory and/or cardiac compromise.
G. Chest Pain

An RN may initiate the following interventions for patients with the following signs and symptoms: recent onset of chest pain, increase or changes in intensity of chest pain, with radiation to the jaw, shoulders and/or arms, diaphoretic, complaints of nausea and vomiting, vertigo, and/or epigastric discomfort.

1. Complete a stat 12 lead EKG  5 minutes upon arrival
2. Place on an EKG monitor
3. Heparin Lock
4. Draw blood for cardiac enzymes, CBC and other chemical work-up, plus an extra tube for fibrinogen, etc. anticipating possible thrombolysis
5. Portable chest x-ray
6. Oxygen administration
7. Place patient on pulse oxygen machine
8. Administer 325 mgs Aspirin.

H. Major Trauma

An RN may initiate the following orders in the presence of major trauma:

1. Initiate BLS and ACLS protocols (if applicable)
2. Notify the Emergency Department physician immediately
3. Start large bore IV’s and infuse 0.9NS at wide open rate
4. Administer oxygen at 10L/mask.
5. Draw pre- labs – Type and Crossmatch
6. Obtain stat arterial blood gas

I. Asthma

An RN may initiate the following interventions for patients, presenting with complaints of wheezing, history of asthma and has audible wheezing:

1. Place in high fowlers position
2. Support the airway
3. Start stat respiratory treatment
4. For adults: Albuterol nebulizer treatment 0.5ml x2
   For Children: Albuterol nebulizer treatment 0.5ml x2
**J. Ordering Urinalysis**

An RN may obtain a urine sample and order a urinalysis on any patient presenting with complaint of abdominal pain, dysuria, fever and chills.

**K. Blood Glucose Monitoring**

An RN may obtain a blood sample and perform a blood glucose test via dextistix on any patient presenting with altered mental status and/or a history of diabetes mellitus.

**GUIDELINE UPDATE:** Guidelines will be reviewed every 3 years or as changes occur.

**POLICY LEAD:**

Imelda Allen, RN, BSN
Nurse Clinician

Mary Frances McNally, RN, MS, MBA, CCRN, CEN, NEA-BC
Associate Nurse Executive, Provident

**REVIEWERS:**

Arnold Turner, MD
Chief Medical Officer, Provident

Mark Loafman, MD
Interim Chief Medical Officer, Provident

Paul Allegritti, DO
Director, Emergency Department, Provident

Trevor Lewis, MD
Chair Emergency Medicine, CCH

Tapan Bhatt, MD
Chair, Pharmacy & Therapeutics Committee, Provident
ATTACHMENT #8
COVID-19 Update

CCH Patient COVID Testing
# CCH COVID Testing

## All CCH Testing* as of 3/22/21

<table>
<thead>
<tr>
<th>Test Result</th>
<th>Test Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>109,636</td>
<td>92%</td>
</tr>
<tr>
<td>Positive</td>
<td>8,350</td>
<td>8%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>1,251</td>
<td>1%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>119,237</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

*This slide represents all tests conducted at CCH. If a patient was tested multiple times, each test is counted.
## Patient Testing

**All CCH Testing as of 3/22/21**

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>33%</td>
</tr>
<tr>
<td>Male</td>
<td>67%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>10%</td>
</tr>
<tr>
<td>21-40</td>
<td>42%</td>
</tr>
<tr>
<td>41-64</td>
<td>38%</td>
</tr>
<tr>
<td>65+</td>
<td>10%</td>
</tr>
</tbody>
</table>

## Positives Only

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>35%</td>
</tr>
<tr>
<td>Male</td>
<td>65%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>8%</td>
</tr>
<tr>
<td>21-40</td>
<td>36%</td>
</tr>
<tr>
<td>41-64</td>
<td>46%</td>
</tr>
<tr>
<td>65+</td>
<td>10%</td>
</tr>
</tbody>
</table>

Due to rounding, totals may not equal 100.
# Patient Testing

## All CCH Testing as of 3/22/21

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African/American</td>
<td>58%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Other/Multiple/Unknown</td>
<td>9%</td>
</tr>
<tr>
<td>White</td>
<td>30%</td>
</tr>
</tbody>
</table>

## Positives Only

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African/American</td>
<td>44%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>5%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Other/Multiple/Unknown</td>
<td>14%</td>
</tr>
<tr>
<td>White</td>
<td>35%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino/Spanish Origin</td>
<td>21%</td>
</tr>
<tr>
<td>Non-Hispanic/Latino/Spanish Origin</td>
<td>79%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino/Spanish Origin</td>
<td>40%</td>
</tr>
<tr>
<td>Non-Hispanic/Latino/Spanish Origin</td>
<td>60%</td>
</tr>
</tbody>
</table>

Due to rounding, totals may not equal 100.
This graph illustrates the impact of testing availability. As was true in the community, our initial testing was constrained exclusively to symptomatic patients. The availability expanded eventually to include patients without overt signs of infection and then to surveillance. Testing continues to inform care and housing and plays a critical role in focused interventions and ongoing containment.

Cermak Health Services Patient Testing Positivity Volume & Rate

Rolling 7 Day Positivity Rate as of 3/24/21 = 0.4%
Cermak Update

- Cermak remains our highest priority.

- Population continues to rise compressing space to accommodate social distancing. There are approximately 600 detainees awaiting transfer to the Illinois Department of Corrections. The state has limited prison transfers and requires all transfers to be fully vaccinated.

- Lower census allowed for single celling, distancing and other mitigation strategies that have led to containment.

Source: https://www.cookcountysheriff.org/data/
## Department of Corrections & JTDC Vaccines
as of March 19, 2021

<table>
<thead>
<tr>
<th></th>
<th>Total Doses (first &amp; second)</th>
<th>Unique Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. of Corrections and JTDC</td>
<td>4,434</td>
<td>2,292</td>
</tr>
<tr>
<td>Employees &amp; Contractors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cermak Health Services Patients</td>
<td>2,600</td>
<td>1,553</td>
</tr>
</tbody>
</table>
COVID-19 Vaccination

CCH Staff
COVID-19 CCH Vaccination Reporting

CCH Staff Vaccination Summary

- **5,319** CCH Staff vaccinated ~74%
- **3,517** CCH Employees vaccinated ~58%

As of 02/28/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated by Race/Ethnicity

As of 02/28/2021

- Black or African-American: 1194|2,864
  - Vaccinated: 41.7%
  - Not Vaccinated: 58.3%

- Two or More Races: 33|63
  - Vaccinated: 52.4%
  - Not Vaccinated: 47.6%

- Hispanic or Latino: 453|732
  - Vaccinated: 61.9%
  - Not Vaccinated: 38.1%

- White: 870|1195
  - Vaccinated: 72.8%
  - Not Vaccinated: 27.2%

- Asian: 901|1,165
  - Vaccinated: 77.3%
  - Not Vaccinated: 22.7%

- American Indian/Alaskan Native: 15|19
  - Vaccinated: 78.9%
  - Not Vaccinated: 21.1%

- Unknown: 51|54
  - Vaccinated: 94.4%
  - Not Vaccinated: 5.6%

As of 02/28/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vaccinated</th>
<th>Not Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;21 Years</td>
<td>25.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>21-30 Years</td>
<td>66.5%</td>
<td>33.5%</td>
</tr>
<tr>
<td>31-40 Years</td>
<td>54.5%</td>
<td>45.5%</td>
</tr>
<tr>
<td>41-50 Years</td>
<td>55.4%</td>
<td>44.6%</td>
</tr>
<tr>
<td>51-60 Years</td>
<td>57.8%</td>
<td>42.2%</td>
</tr>
<tr>
<td>61-70 Years</td>
<td>59.8%</td>
<td>40.2%</td>
</tr>
<tr>
<td>71-80 Years</td>
<td>50.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>&gt; 80 Years</td>
<td>83.3%</td>
<td>16.7%</td>
</tr>
<tr>
<td>Unknown</td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

As of 02/28/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Job Category

As of 02/28/2021

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Vaccinated</th>
<th>Not Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management/Administrative Support/Clerical</td>
<td>31.0%</td>
<td>69.0%</td>
</tr>
<tr>
<td>Clinical Support</td>
<td>37.9%</td>
<td>62.1%</td>
</tr>
<tr>
<td>Service and Maintenance</td>
<td>38.7%</td>
<td>61.3%</td>
</tr>
<tr>
<td>Public Health Professionals</td>
<td>42.1%</td>
<td>57.9%</td>
</tr>
<tr>
<td>Technicians and Technologists</td>
<td>51.1%</td>
<td>48.9%</td>
</tr>
<tr>
<td>Nursing</td>
<td>56.3%</td>
<td>43.7%</td>
</tr>
<tr>
<td>Hospital Police/Security</td>
<td>61.1%</td>
<td>38.9%</td>
</tr>
<tr>
<td>Trades</td>
<td>61.4%</td>
<td>38.6%</td>
</tr>
<tr>
<td>Healthcare Professionals</td>
<td>66.3%</td>
<td>33.7%</td>
</tr>
<tr>
<td>Pharmacists</td>
<td>67.7%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Doctors</td>
<td>84.6%</td>
<td>15.4%</td>
</tr>
<tr>
<td>Unknown</td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Public Health</td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Pharmacy</td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Non-Clinical Leadership</td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Administrative/Clerical Support</td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

Vaccinated (58%)  Not Vaccinated (42%)
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Union vs. Non-Union

As of 02/28/2021

**UNION**
- Vaccinated (2859) 55%
- Not-Vaccinated (2337) 45%

**NON-UNION**
- Vaccinated (658) 73%
- Not-Vaccinated (238) 27%

Union (5196) 85%
Non-Union (896) 15%

As of 02/28/2021
COVID-19 Vaccination
Patient & Community Points of Distribution (PODs)
Important Updates

- Cook County moved into Phase 1b+ on March 22, 2021 and as state-supported sites expanded access to its mass sites to eligible Illinoisans.
- We opened our 5th mega site in Forest Park on March 25, 2021. This site has the capacity to do 3,000 - 5,000 vaccines per day.
- We have booked more than 17,000 appointments at the United Center for individuals in our targeted communities.
- CCH has started transitioning the community vaccine services currently at our health centers to either a mass site or to mobile efforts that are hyper-focused on priority populations. This will allow CCH to return to pre-COVID clinical volumes for CCH patients.
Vaccine Registration & Scheduling
As of 3/19/21

• Microsite Stats
  • vaccine.cookcountyil.gov
    o 1,282,217 unique registrants since January 25th launch
    o Last week, the site averaged 1.4M hits each day from 678,000 unique IP addresses.
    o CCH continues to monitor the user experience and make improvements to the site.
    o March 19th had the highest number of hits since the site launched with 4.6 million page views from 1.3M unique IP addresses which is more than four times larger than the previous number.

• Call Center Stats
  • 1-833-308-1988 Monday-Friday, 7:00AM – 7:00PM
    o Over the past week
      ▪ 56,019 calls received
    o The call center has responded to more than 419,000 inquiries since January 25, 2021.
CCH Vaccine Strategy

CCH has a multi-pronged approach to vaccine administration to expand current capacity, ensure an equitable distribution of vaccine in vulnerable communities and to help safely restore critical public services to the community. As vaccine supply increases, additional Points of Distribution (PODs) may be considered. **All sites require an appointment.**

<table>
<thead>
<tr>
<th>POD Type</th>
<th>Definitions</th>
<th>Location(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CCH Mega PODs</strong></td>
<td>Open to the general public who meet current eligibility criteria.</td>
<td>Tinley Park Convention Center</td>
</tr>
<tr>
<td></td>
<td>Appointments required.</td>
<td>Triton College – River Grove</td>
</tr>
<tr>
<td></td>
<td>Scheduling: vaccine.cookcountyil.gov or 1-833-308-1988 M-F 7AM – 7PM</td>
<td>South Sub. College – South Holland</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Des Plaines</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Forest Park</td>
</tr>
<tr>
<td><strong>Targeted PODs</strong></td>
<td>Open initially to a specific eligible population (i.e. educators, police, etc) within a geographic region. May have capacity to expand to other priority populations or eligible community members in same geographic area. Appointments required. Scheduling handled by local facility.</td>
<td>Thornton Fractional South – Lansing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Morton East High School – Cicero</td>
</tr>
<tr>
<td><strong>CCH PODs</strong></td>
<td>Open to CCH patients and the general public who meet current eligibility.</td>
<td>Chicago Locations:</td>
</tr>
<tr>
<td></td>
<td>Appointments required.</td>
<td>- Austin Health Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Dr. Jorge Prieto Health Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Englewood Health Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Logan Square Health Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Provident Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Ruth M. Rothstein CORE Center</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Stroger Hospital</td>
</tr>
<tr>
<td><strong>Partner PODs</strong></td>
<td>CCDPH has distributed vaccine* to more than 145 partner locations consisting of Jewel-Osco, Walgreens, Mariano's, FQHCs, hospitals. Scheduling is done by each partner organization. *Since December, 2021. Distribution can be one-time events or ongoing</td>
<td>New Trier High School – Northfield Jewel-Osco (20 locations)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Walgreens (40 locations)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mariano’s (15 locations)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>FQHCs (14 locations)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospitals (18)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Others (25)</td>
</tr>
<tr>
<td><strong>Pop-Up PODs/Mobile Efforts</strong></td>
<td>Short-term, hyper-targeted efforts to reach vulnerable communities.</td>
<td>Pop-ups to date: 98 (includes group homes, senior centers, long term care facilities, homeless shelters, workplaces)</td>
</tr>
</tbody>
</table>
### Doses Distributed at CCH PODs

**as of 3.19.21**

<table>
<thead>
<tr>
<th>CCH Chicago PODs*</th>
<th>Total</th>
<th>CCH Suburban PODs**</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin Health Center</td>
<td>2,506</td>
<td>Arlington Heights Health Center</td>
<td>16,025</td>
</tr>
<tr>
<td>Dr. Jorge Prieto Health Center</td>
<td>2,161</td>
<td>Blue Island Health Center</td>
<td>9,420</td>
</tr>
<tr>
<td>Englewood Health Center</td>
<td>2,743</td>
<td>Cottage Grove Health Center</td>
<td>7,470</td>
</tr>
<tr>
<td>Logan Square Health Center</td>
<td>2,123</td>
<td>North Riverside Health Center</td>
<td>12,934</td>
</tr>
<tr>
<td>Sengstackete Health Center</td>
<td>6,534</td>
<td>Robbins Health Center</td>
<td>7,725</td>
</tr>
<tr>
<td>Ruth M. Rothstein CORE Center</td>
<td>5,409</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroger Hospital</td>
<td>5,975</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>27,451</td>
<td><strong>TOTAL</strong></td>
<td>53,574</td>
</tr>
</tbody>
</table>

*Vaccine Distributed to CCH by the Chicago Department of Public Health. City sites began later than suburban sites thus the lag in shots administered.

**Vaccine Distributed to CCH by the Cook County Department of Public Health
## Doses Distributed at Mega and Targeted PODs

**As of 3/19/21**

<table>
<thead>
<tr>
<th>Mega PODs</th>
<th>Total</th>
<th>Targeted PODs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinley Park Convention Center</td>
<td>75,399</td>
<td>Thornton Fractional South HS</td>
<td>8,151</td>
</tr>
<tr>
<td>Triton College</td>
<td>25,909</td>
<td>Morton East Health Center*</td>
<td>5,634</td>
</tr>
<tr>
<td>South Suburban College</td>
<td>23,269</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Des Plaines</td>
<td>24,795</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>149,372</td>
<td><strong>TOTAL</strong></td>
<td>13,785</td>
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</table>

* Morton East transitioned to a targeted POD on March 1st focusing on school personnel and other priority populations in the area.
Public Education
Education & Engagement

• Tours of vaccine sites with Community Based Organizations
• Townhall Meetings
• Public Service Partnership with CBS
• Video introducing Johnson & Johnson vaccine
• My Shot Public Education Campaign

Learning About the Johnson & Johnson Vaccine - YouTube
My Shot Public Awareness Campaign

Phase 1

• Launched on March 15th
• Features residents of Cook County sharing their reasons to be vaccinated
• Billboards, bus shelters, transit, digital, social media and radio
• Website with toolkits, ads, fact sheets and videos for public engagement myshotcookcounty.com
• Working with Community Based Organizations to spread the word particularly in communities most impacted by COVID.
• Phase 2 of the campaign is in development and will hyper focus on vaccine hesitancy among 18-34 year olds as research shows, these individuals are the least likely to be vaccinated. Phase 2 will launch later this month as vaccine supply increases and eligibility expands.
My Shot Participants

Phase 1

LA VACUNA CONTRA EL COVID-19 ES MI OPORTUNIDAD para verlos más felices

THE COVID-19 VACCINE IS MY SHOT to get back on track

THE COVID-19 VACCINE IS MY SHOT to support my community

THE COVID-19 VACCINE IS OUR SHOT to help our neighbors
My Shot Participants

Phase 1

- To become a mom
- To hold my grandchild
- To keep doing God’s work
- To go back to church

COOK COUNTY HEALTH
Vaccination Data
CCDPH Suburban Cook County Jurisdiction

As of March 24, 2021:
COVID-19 Vaccines Administered to Suburban Cook County Residents By All Vaccine Providers

547,305
People with at least one vaccine dose

24.1%
Percent of population with at least one vaccine dose

278,725
People with complete vaccine series

12.2%
Percent of population with complete vaccine series
Mobile Vaccination Strategy

- Equitable vaccine distribution - bringing vaccine to vulnerable and high-risk populations
  - and 65+, low-income, congregate setting, undocumented, unhoused, homebound, limited or non-English speaking
- Mobile vaccination teams staffed by CCH/CCDPH/National Guard Teams & approved vaccine providers
- Current vaccine providers supporting mobile & homebound
  - Arlington Heights Health Department, Cimpar, Jewel Osco, Oak Street Health, Prime Care
- Exploring additional partnerships
  - MABAS/EMS, Prism Health
- Organizations can request an onsite vaccination clinic at vaccine.cookcounty.il.org
  - Sites identified by microsite requests (prioritized by equity data) and CBOs such as AgeOptions and The Worker Centers who can identify vulnerable groups/sites
Mobile Vaccination Activities

- 4,500 (approx.) individuals vaccinated by CCDPH partnership with Jewel-Osco
  - Phase 1a/1b LTCF, CILAs, group homes

- 2,039 individuals fully vaccinated by CCDPH partnership with Cimpar
  - at behavioral health hospitals, homeless shelters, senior centers, and factories

- 95 individuals vaccinated by CCH/CCDPH Mobile Vaccination Team Pilot
  - at HUD-subsidized senior housing complex in Maywood on 3/11/21 vaccinated
  - Senior residents, caregivers & onsite facility staff

- Approx 1,000 to date in partnership with AgeOptions to host vaccination clinics for high-risk seniors
Vaccine Equity Strategy

Guiding Principles

- Focus on areas of suburban Cook County with significant needs & limited resources
- Prioritize support for Cook County’s most vulnerable populations by using an equity lens
- Coordinate efforts with other units of government and strategically leverage shared resources
Priority Communities

- Communities were prioritized based on having
  - High CCVI score (≥ 0.6) among CCDPH jurisdictional municipalities
  - High SVI score (top 15 ZIP codes) among CCDPH jurisdictional municipalities

- In addition to the 32 prioritized communities chosen, CCDPH will also focus on low wage workers, and undocumented, non-English speaking, unhoused and disabled individuals throughout suburban Cook County.
CCDPH Response Activities

- 309+ cases or close contacts related to schools investigated
- 200+ congregate settings provided with ongoing technical assistance & support
- 550+ food establishment and workplace complaints responded to
- 285 order violation investigations completed
- 120,000+ rapid antigen tests distributed
- 21,000+ inquiries from the public responded to

Data as of 3/12/21
CCDIPH Contact Tracing Initiative
CCDPH Contact Tracing Initiative Update

• **Staffing**
  - The Contact Tracing Initiative (CTI) includes more than 180 contact tracers and 60 case investigators
  - CTI includes more than 50 bilingual staff

  - ~9,400 actionable COVID positive cases in suburban Cook County in February
    - Of those cases, 92% were called & 65.4% were interviewed

• **Close Contact Outreach (2/1 – 2/28, 2021)**
  - 91.2% of close contacts were called & 76% were reached & interviewed

• **Resource Coordination**
  - Total cases referred to Complex Care Coordination team in February: 176
    - 32% requested food resources; 28% income assistance; 11% medical assistance, 11% cleaning supplies
Accomplishments

*Family Christian Health Center* (FCHC) was selected to participate in a *pilot program* to receive the COVID-19 vaccine directly from the Federal Government to increase access to the vaccine in underserved areas.

*Sisters Working It Out* provided *3,500+ PPE bags* to residents of South Suburban Cook County.

*Sisters Working It Out* also co-hosted a COVID-19 Vaccine Event & PPE Giveaway with Walgreens at New Faith Baptist Church in Matteson. *1000+ people were vaccinated*, and 1000 PPE bags were distributed.

On March 13, 2021 *Barbara Westbrook Smith Family Life Center, Centro de Trabajadores Unidos, and TCA Health* are collaborating on testing and education for *Community Day*. 

Governor JB Pritzker visited grantee FCHC to give a COVID-19 update and announce the vaccination pilot program.
CCDPH Contact Tracing Initiative
Worker Protection Program

CCDPH partnership with worker centers & the Temporary Worker Union Alliance

• Promotes and protects the health and safety of workers through bi-directional, worker-centered systems for education, reporting and compliance

Recent Accomplishments

• Worker centers conducted "Know-Your-Rights" and COVID-19 safety trainings, collectively reaching 2,291 Latinx, Polish, and undocumented workers.

• Worker centers distributed masks and PPE collectively reaching 10,076 Black/African American, Hispanic/Latinx, and undocumented workers.
Questions?
Monthly Media Report
Recent Cook County Health COVID-19 Media Coverage

1,574 Media Hits on COVID-19 since February 2020

CNN answers your questions at a mass Covid-19 vaccination site in Chicago

CNN

Centro masivo de vacunación en Des Plaines ya está operando: así ha transcurrido la jornada

Univision Chicago

Cook County launches mobile vax program

Politico

Cook County launches ‘My Shot’ public awareness campaign to encourage vaccinations

WBEZ Chicago

Column: She couldn’t save her father from COVID-19, but this Chicago nurse hopes to save others

Chicago Tribune

Chicago Doctor Shares Experience Getting Vaccinated Against COVID-19 While Pregnant

Fox Chicago News

Cook County Health Involved in AstraZeneca Study

Telemundo Chicago

Illinois amplía elegibilidad para las vacunas: lo que sabemos y lo que no

Cook County Health
Media Dashboard: February 23 – March 22, 2021

Total Number of Media Hits: 194

**Top 5 Local Media Outlets**
1. NBC-5
2. Chicago Tribune
3. ABC-7
4. CBS-2
5. Daily Herald

**Top 5 National Media Outlets**
1. Yahoo! News
2. MSN
3. USA Today
4. CNN
5. Politico

**Most Common Topics**
1. Des Plaines opens as COVID-19 mass vaccination site
2. Cook County launches COVID-19 vaccine campaign
3. United Center opens as COVID-19 mass vaccination site
4. Forest Park opens as COVID-19 mass vaccination site
5. Cook County releases 20,000 suburban vaccine appointments
Social Media Insights

As of March 22

Twitter (28-Day Summary)
- Impressions: 45.6K
- Profile visits: 4,287
- Mentions: 141
- Followers: 3,898 (up 202)

LinkedIn (30-Day Summary)
- Impressions: 22.7K
- Unique visitors: 590 (up 23%)
- Followers: 6,402 (up 141)

Facebook (28-Day Summary)
- Post reach: 360.5K (up 934%)
- Post engagement: 15.0K (up 141%)
- Page views: 4,116 (up 96%)
- Page likes: 5,218 (up 195)
- Page followers: 6,200 (up 233)

Instagram (30-Day Summary)
- Impressions: 13,908
- Reach: 1,524
- Profile visits: 600
- Followers: 2,344 (up 59)
Recognition

Cook County Health established the ICARE Awards two years ago to recognize employees who demonstrate the characteristics of Integrity, Collaboration, Accountability, Respect and Excellence. CCH announced the 2020 Employees of the Year in January. The Cook County Health Foundation will honor the CCH 2020 ICARE Employees of the Year at today’s board meeting.

**INTEGRITY:** Cook County Health defines integrity as being trustworthy, dependable, and reliable when called upon to deliver a service. This includes fulfilling assigned tasks, communicating openly and honestly, and acting in ways that reflect positively on Cook County Health.

Denise Colletti is an Activities Therapist II at Cermak Mental Health Services. She has been with Cook County Health since 1994. In their nominations, Ms. Colletti’s colleagues cited her “relentless dedication to patients and colleagues” and her willingness to “go above and beyond to help”. In addition to performing her duties as Activities Therapist, Ms. Colletti has helped patients create murals with positive messages and used her own funds to sew over 2000 face masks with filters and instructions for cleaning. Her colleagues went on to say, “She has done so not for the recognition, but because she truly cares for the well-being of others.”

**COLLABORATION:** Cook County Health defines collaboration as always interacting with coworkers and other departments in a respectful manner and valuing their contributions. This includes cooperating with coworkers and assisting them when help is needed.

Blessing Onuorah is a Clinical Nurse I for Cermak Patient Care Services. She has been with Cook County Health since 2014. In their nominations, Ms. Onuorah’s colleagues described her “respectful manner” and her willingness to “take into account the safety of the staff and inmates right from the start.” Exemplifying collaboration, Ms. Onuorah’s colleagues described her as a teacher, an advocate for safety, and a “critical thinker who is able to help her team swing into action in an emergency.” Ms. Onuorah “asks important questions that help improve patient care. She is flexible and willing to help other nurses when the need arises.”

**ACCOUNTABILITY:** Cook County Health defines Accountability as taking ownership over your actions – good or bad. This includes recognizing that you have a role to play in the success of Cook County Health and ensuring that your actions align to the improvement of the patient experience, employee experience, and the attainment of our strategic priorities.

Thomas Liss is a Storekeeper IV in Material Management. He has been with Cook County Health since 2015. In their nominations, Mr. Liss’s colleagues described him as “a pleasant person willing to do any work beyond his duties to make smooth work environments.” His colleagues stated that Mr. Liss, “not only brings supplies for nurses, he also brings smiles. He is the sunshine on our unit!” Mr. Liss exemplifies accountability with his willingness to help those he serves even when it is difficult. “Nurses don’t have to look for rare items. He will run to his department and will find it and provide it if it is available. He is organized, friendly, and will go above and beyond his job all the time.”
**Respect:** Cook County Health defines respect as being friendly and polite with gracious consideration toward others. It is recognizing that our actions can directly impact ourselves, our colleagues, our department, the patient experience, and Cook County Health as a whole.

**Addie Francher** is a Medical Assistant in the Oncology and Dermatology Clinic at Stroger Hospital. She has been with Cook County Health since 2016. In their nominations, Ms. Francher’s colleagues described her as someone who “has always been honest and flexible, with strong moral principles.” They stated that she values “providing care with respect and dignity to patients without compromising her personal integrity.” Ms. Francher exemplifies respect in the way she is able to work with even the most challenging patients. Her colleagues told a heartwarming story of a time Ms. Francher was able to calm an upset patient with empathy and consideration, ultimately gaining the trust of the patient.

**Excellence:** Cook County Health defines excellence as aspiring to provide exceptional patient care and customer service through job excellence, professionalism, and a positive attitude. This includes being flexible, willing to accept new tasks, ask questions, and use time wisely.

**Jessica Rico** is a Medical Assistant with Employee Health Services. She has been with Cook County Health since 2016. In their nominations, Ms. Rico’s colleagues described her as “a team player who goes above and beyond with a positive attitude.” They stated that Ms. Rico “is an integral part of our efforts to run the COVID testing tent, never missing a day of work.” Ms. Rico’s colleagues told an inspiring story of her ability to work tirelessly across several departments to ensure that the testing process would be a smooth experience for patients while also pausing to take the time to speak with each patient to answer questions and ease their experience.

**Activities and Announcements**

**COVID-19**

- Cook County Health has administered more than 290,000 doses of COVID vaccine since January 25, 2021.

- In addition to the five mass sites, an equity strategy to reach vulnerable populations has been implemented. The Cook County Department of Public Health has identified 32 municipalities that have been most impacted by COVID to hyper-focus vaccination efforts in. CCDPH is working with community-based organizations to increase vaccination rates in these communities.

- Cook County, Cook County Health and Cook County Department of Public Health launched phase 1 of a vaccine public education campaign on March 15th. The multi-media, multi-lingual campaign, “My Shot”, features residents of Cook County and highlights their reasons for taking the COVID ‘shot’. (See sample images) The $1.2M campaign (reimbursable from the federal government) built on market research includes digital, bus shelters, billboards, transit and radio advertising, website, social media and toolkits that will be provided to commissioners, community-based organizations and other partners to educate the public about the importance of vaccinations.

While the campaign will be disseminated across Cook County, vulnerable communities have been prioritized. The campaign includes a new website, myshotcookcounty.com, where a digital toolkit can be found that includes videos featuring the participants in the ad campaign, social media posts, ads, fact sheets and more. Additional collateral materials are in development.

Phase 2 of the campaign is in development and will hyper focus on vaccine hesitancy among 18-34 year-olds, as research shows these individuals are the least likely to be vaccinated. Phase 2 will launch closer to vaccinations being available to all populations.
Return to Work

- Cook County Health intends to return to full clinical operations effective April 1, 2021. With lower infection rates, our employee vaccination program and continued safety protocols, including ample PPE, we are confident employees can safely return to work. We have notified staff that individuals with clinical duties are required to return to ensure that we are meeting the needs of our patients. We are exploring telework options for non-clinical staff moving forward.

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. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.

Through March 18, CCH’s Fresh Truck partnership with the GCFD resulted in 313 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, North Riverside, Provident/Sengstakke, 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 an estimated 37,950 individuals, representing 125,697 household members, totaling more than 810,500 pounds of food. 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 1 – **Austin Health Center** – 4800 W. Chicago Avenue, Chicago, IL 60651
April 6 – **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside, IL 60546
April 13 – **Cottage Grove Health Center** – 1645 Cottage Grove Avenue, Ford Heights, IL 60411
April 15 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621
April 20 – **Robbins Health Center** – 13450 S. Kedzie Avenue, Robbins, IL 60472

- CCH began hosting Top Box pickups at Provident Hospital in December 2020. These events will continue through the first half of 2021 while we monitor participation. Additional CCH pickup sites may be added, depending on interest from staff and community members.

Top Box pickups at Provident Hospital are scheduled for the following Fridays from 3pm-4pm: March 26, April 23, May 21, and June 25.

A variety of pre-packed boxes of fruits, vegetables, and various proteins are available for pre-order. Top Box Foods accepts debit and credit card payments, as well as SNAP, making it an option for community members who may be resource limited. Visit the Top Box Foods website at [https://www.topboxfoods.com/cook-county-chicago/home](https://www.topboxfoods.com/cook-county-chicago/home) for more information and to place an order.

Top Box Foods is a Chicago-based nonprofit organization that seeks to make great, healthy, affordable food accessible to all. Top Box Foods offers fresh produce, frozen meats, and other essentials and believes that filling your plate and feeding your community doesn’t mean having to empty your wallet.

**IMPACT 2023 Objective 5.1C**

- 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 centers’ 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.

**Provident Hospital/Sengstacke Health Center**: 10:00 AM – April 14, July 14, October 13
**Cottage Grove**: 1:00 PM – April 27, July 27, October 26
**Robbins**: 1:00 PM – May 18, August 17, November 16
**Arlington Heights**: 1:00 PM – May 25, August 24, November 23
**North Riverside**: 1:00 PM – June 16, September 15, December 15
**Englewood**: 1:00 PM – June 17, September 16, December 16

**IMPACT 2023 Focus Area 5**

*Media, social media reports and other documents attached.*
Legislative Update

Local

- On March 16th, the Cook County Health & Hospitals Committee held a meeting. The agenda included a COVID-19 Vaccine and Contact Tracing Update from CCH CEO Israel Rocha and CCDPH Co-Leads Dr. Kiran Joshi and Dr. Rachel Rubin. The agenda also included the CCDPH Quarterly Report, which was presented by Dr. Rubin. The next meeting of the Cook County Health & Hospitals Committee is scheduled for April 13. CCH will provide a COVID-19 Vaccine and Contact Tracing Update to the committee every month through the end of calendar year 2021.

State

- HB3232 (Rep. Camille Lilly) and SB1840 (Sen. Mattie Hunter) serve as the legislative vehicles for the joint effort between Cook County and Cook County Health to improve health equity and access to care.

HB3232 seeks to increase transparency and public access to hospital data, including what hospitals are doing when it comes to provision of care to uninsured patients, what services uninsured patients are using, and demographics of these patients, as well as other data related to what hospitals are doing to advance health equity and reduce health disparities. The legislation also seeks to improve the process by which patients are screened for and connected to Medicaid and hospital financial assistance programs.

This effort will help lay the groundwork for future changes and system improvements for more equitable access to care by insured and uninsured patients across all hospitals.

CCH is working with various stakeholders on the bill and expects to file an amendment that reflects conversations and negotiations.

- Earlier this month, Governor Pritzker signed SB1510, also referred to as healthcare transformation, legislation passed during the January 2021 session that authorizes up to $150M in annual funds to improve health outcomes, reduce disparities, and realign resources by improving access to primary and specialty care and addressing social determinants of health in high-need communities throughout Illinois.

- The Illinois Department of Healthcare and Family Services (HFS) also posted a provider notice and hosted a webinar to share more details about the healthcare transformation program application process. Proposals must include collaborative approaches; the first round of applications are due April 9, and a second round of applications will be due September 1.

- The Senate and House continue to hold virtual committee hearings. The Senate returned to Springfield for several days this month, and the House returned for in-person session on March 18.

- CCH CEO Israel Rocha, Jr. shared updates on Cook County’s COVID-19 vaccination efforts at a Senate Health Committee subject matter-only virtual hearing on COVID-19 vaccinations on Monday, March 15. Other panelists included Dr. Ngozi Ezike, Director of the Illinois Department of Public Health, representatives from a local health department and FQHCs, and pharmacies.

- While in Springfield, the House passed HB158, the health and human services omnibus legislation championed by the Illinois Legislative Black Caucus, by a vote of 72-41-0. HB158 includes language from the omnibus that passed the Senate in the January session, which reflects agreed provisions from hospitals, Medicaid MCOs, and other stakeholders. The bill also includes new requirements for implicit bias training.
for health care workers, authorizes Medicaid coverage of doulas, perinatal home visiting, and community health workers. CCH supports HB158. The bill now heads to the Senate.

Federal

- In March, Congress debated and passed the American Rescue Plan Act using the Budget Reconciliation process to bypass the Senate filibuster and relying only on Democratic votes. The House moved on to other priorities, including voting rights and gun safety, while the Senate continued to confirm key Biden Administration nominees.

- **Biden “American Rescue Plan”** – President Biden signed the H.R. 1319, American Rescue Plan Act of 2021 into law on March 11. The measure contains a number of provisions sought by the County and of interest to CCH.

State and Local Fiscal Recovery Funds

The bill provides $350 billion in fiscal relief for states, territories, tribes, cities and counties. County governments will receive $65.1 billion, disbursed directly by the U.S. Department of the Treasury to every county government.

  - Cook County is estimated to receive $998.86 million, half within 60 days of enactment, half one year later.
  - Funds may be used to cover costs incurred by Dec. 31, 2024, to:
    - Respond to the Covid-19 emergency and address its economic effects, including through aid to households, small businesses, nonprofits, and industries such as tourism and hospitality.
    - Provide premium pay to essential employees or grants to their employers. Premium pay may not exceed $13 per hour or $25,000 per worker.
    - Provide government services affected by a revenue reduction during the pandemic. (Measured by comparing the reduction in revenue due to the public health emergency to revenue received in the most recent full fiscal year.)
    - Make investments in water, sewer, and broadband infrastructure.
  - Funds may be transferred to private nonprofit organizations, public benefit corporations involved in passenger or cargo transportation, and special-purpose units of state or local governments.
  - Funds may not be deposited into a pension fund.

Medicaid Changes

- **Medicaid DSH Allocation Adjustment**
  The bill modifies Medicaid allotments to states for disproportionate share (DSH) hospitals, which treat a large number of low-income or uninsured patients. The provision would require the U.S. Department of Health and Human Services to adjust state DSH allotments to align with the 6.2 percent increase to states’ federal medical assistance percentage (FMAP) under the Families First Coronavirus Response Act. This would correct an unintended reduction in CCH DSH funding and allow CCH to benefit from the FMAP increase. The change is retroactive to the beginning of the public health emergency. [This was a Cook County advocacy priority.]

- **Medicaid Covid-19 Coverage**
  - Covid-19 vaccines and treatments will be covered until a year after the pandemic ends at no cost to beneficiaries under Medicaid and the Children’s Health Insurance Program.
  - The federal medical assistance percentage (FMAP) would be increased to 100 percent for vaccine administration costs during that period.
  - Vaccines and treatment would also be covered for the uninsured. Outpatient drugs used for COVID-19 treatment would be included in the Medicaid Drug Rebate Program.
- **Medicaid Coverage Expansions**
  - In addition to creating incentives for states that have not yet expanded Medicaid under the ACA, the bill would also allow states, for five years, to provide full Medicaid benefits to eligible pregnant women for a year after giving birth.

- **Increase FMAP for Various Services**
  - Provide an 85 percent FMAP for the first three years that a state covers mobile crisis intervention services for mental health or substance use disorders, which would expire after five years.

- **Other U.S. Department of Health and Human Services Funding**
  - $47.8 billion for testing and tracing activities.
  - $8.5 billion for vaccine activities at the Centers for Disease Control and Prevention (CDC).
  - $7.66 billion to expand the public health workforce, including grants to state, local, and territorial health departments.
  - $6.05 billion to support manufacturing and purchasing vaccines and therapeutics
  - $3 billion for Substance Abuse and Mental Health Services Administration (HRSA) block grants.

- **Biden Administration Health Leadership** – On March 18, the Senate confirmed Xavier Becerra of California to be Secretary of the U.S. Department of Health and Human Services. The vote was 50-49, with Sen. Susan Collins (R-Me.) as the only Republican voting to confirm. Becerra is expected to emphasize health access and health equity for communities of color. He will also step into a leadership role in implementing core provisions of the American Rescue Plan Act and caring for the record numbers of unaccompanied migrant children crossing the southwest boarder. Becerra will also continue the process of reviewing and rolling back Trump Administration policies, like the recent decision to rescind the states of Arkansas’ and New Hampshire’s Medicaid Section 1115 waivers which imposed work requirements on Medicaid beneficiaries.
Community Affairs

COVID Vaccination Site Tours & Educational Presentations

In collaboration with the Cook County Department of Public Health Office of Community Mobilization, Cook County Health is sponsoring community tours of the vaccination sites to community organizations and leaders. The tours will help the organizations talk to their constituents about the Covid-19 vaccine and the vaccination process, dispel rumors and encourage people from the community to get vaccinated. So far, participants have found the tours to be extremely informative. They have also shared suggestions and improvements to the process.

Completed Tours
- February 3 – Triton College – T Building, 2000 5th Ave, River Grove, IL 60171
- February 5 – Triton College – T Building, 2000 5th Ave, River Grove, IL 60171
- February 9 – Robbins Health Center – 13450 S Kedzie Ave, Robbins, IL 60472
- February 10 – Cottage Grove Health Center – 1645 Cottage Grove Ave, Ford Heights, IL 60411
- February 11 – North Riverside Health Center – 1800 S Harlem Ave, North Riverside, IL 60546
- March 10 – South Suburban College – 15800 State St, South Holland, IL 60473

Upcoming Tours in March & April
- Des Plaines Site – 1155 E Oakton St, Des Plaines, IL 60018
- Forest Park Site – 7630 Roosevelt Rd, Forest Park, IL 60130

In addition to the vaccination site tours, CCH has developed educational presentations in English and Spanish that are being presented at the Advisory Council meetings and other community meetings. The presentation provides information on the vaccine, the vaccination registration process, the vaccination sites and encourages a dialogue on vaccine facts and myths. The CountyCare team is developing a schedule to conduct these presentations to their members.

Racial Healing Circles

As an effort to become an anti-racist organization, Cook County Health will be hosting racial healing circles at Provident Hospital and on the South Side, funded by Chicago Community Trust and Illinois Department of Human Services. The plan consists of having circles with Provident Hospital employees, Community Advisory Council members, and members with the Cook County Department of Public Health Learning and Action Network. Each healing circle will take approximately three hours, and some will be broken into two 90-minute sessions.

The current Healing Circles schedule is as follows:
- March 26 – West Suburbs Partners and Advisory Council members from the North Riverside Health Center
- March 29 – Spanish Language Partners and Advisory Council members
- March 30 – Provident Hospital Staff
- March 31 – Provident Hospital Staff

Outreach Events

The Cook County Health outreach team continues to work with partners and community organizations to promote CCH’s ambulatory sites and programs and enrollment in the CountyCare Medicaid Plan. Flyers and giveaways are provided to partners, who in turn hand them out at socially distanced events that they host. In addition to handing out informational “goodie bags”, the CCH team also participates in virtual outreach meetings. Below are highlights of some events in which the outreach team participated this past month:
• March 24 – Hazel Crest Village Hall Food Distribution – 3801 W. 183rd Street, Hazel Crest, IL 60430
• March 25 – Presentation to Family Focus Englewood on Maternal Child Programs, the Englewood Health Center and Covid Vaccinations – 6727 S. Western, Chicago, IL 60636
• March 27 – Representative Edgar Gonzalez and Commissioner Alma Anaya’s “Menstrual Fair” – Kelly High School Parking Lot, 4136 S. California, Chicago, IL 60632
• March 27 – Family Service & Mental Health Center of Cicero - Vida Nueva Event – 5341 W Cermak Road, Cicero, IL 60804
• April 7 – Mujeres Latinas en Accion’s Café con Conchas Event – 2124 W 21st Place, Chicago, IL 60608
• April 13 – Illinois Action for Children Parent Presentation in English and Spanish – 17926 South Halsted, Homewood, IL 60430
• April 21 – Schaumburg Township Minds Matter Virtual Presentation – 1 Illinois Blvd, Hoffman Estates, IL 60169
• April TBD – Apostolic Church of God – 6320 S. Dorchester Ave., Chicago, IL 60637