Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, May 28, 2021 at the hour of 9:00 A.M. This meeting was held by remote means only, as permitted by the Illinois Open Meetings Act.

I. Attendance/Call to Order

Acting Chair Munar called the meeting to order.

Present: Acting Chair David Ernesto Munar and Directors Robert Currie; Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Raul Garza; Ada Mary Gugenheim; Joseph M. Harrington; Mike Koetting; and Otis L. Story, Sr. (9)

Absent: Chair M. Hill Hammock and Directors Heather M. Prendergast, MD, MS, MPH and Robert G. Reiter, Jr. (3)

Additional attendees and/or presenters were:

Cathy Bodnar – Chief Corporate Compliance and Privacy Officer
Leslie Frain – Associate Chief Quality Officer
Aaron Galeener – Interim Chief Executive Officer, CountyCare/Health Plan Services
Andrea M. Gibson – Interim Chief Business Officer
Charles Jones – Chief Procurement Officer
Kiran Joshi, MD – Cook County Department of Public Health
Jeff McCutchan –General Counsel
Iliana Mora - Chief Operating Officer for Ambulatory Services
Beena Peters, DNP, RN, FACHE – Chief Nursing Officer
Carrie Pramuk-Volk – Interim Chief Human Resources Officer and Employment Plan Officer
Israel Rocha, Jr. –Chief Executive Officer
Rachel Rubin, MD – Cook County Department of Public Health
Deborah Santana – Secretary to the Board
Robert L. Sumter, PhD - Chief Information Officer and Interim Chief Operating Officer, Stroger Hospital and Central Campus

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

Testimony submitted from the following individuals were read into the record:

1. Joyce Klein - Social Work Care Coordinator
2. Eugenia Harris - Ward Clerk
3. Martese Chism – RN Case Manager and Member of the Board of CNA/NNOC
4. Pauline Ude – CN1 Cermak
5. Akilah Muhammad – Union Representative for Public Health
6. Elizabeth Lalasz – RN and Steward, Medical Surgical Department at Stroger Hospital
7. Tasha Mosley-Brown, CN1; Kecia Johnson, CN1; and Rafael Medrano, CN1 – Perioperative Division, Stroger Hospital
8. Angela Walker; Barb O'Brien, RN; Racheal Earl, RN – Integrated Care
9. Consuelo Vargas – Emergency Department, Stroger Hospital

III. Employee Recognition

A number of employees were recognized for their outstanding work; further details are included in the Report from the Chief Executive Officer (included in Attachment #9).

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

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, April 30, 2021

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

B. Human Resources Committee Meeting, May 21, 2021

i. Metrics (Attachment #2)
ii. Meeting Minutes, which include the following action item:
- Receive and file the Revised CCH Personnel Rules

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

C. Managed Care Committee Meeting, May 21, 2021

i. Metrics (Attachment #3)
ii. Meeting Minutes

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

D. Audit and Compliance Committee Meeting, May 21, 2021

i. Report from Chief Corporate Compliance and Privacy Officer (Attachment #4)
ii. Meeting Minutes, which include the following action items
- Receive and File CCH External Compliance Program Evaluation Report
- Approve CountyCare Compliance Plan

Director Koetting and Cathy Bodnar, Chief Corporate Compliance and Privacy Officer, provided an overview of the Report and Meeting Minutes. The Board reviewed and discussed the information. Audit and Compliance Committee Metrics will be presented in June.

E. Quality and Patient Safety Committee Meeting, May 20, 2021

i. Highly Reliable Organization (HRO) Dashboard (Attachment #5)
ii. Meeting Minutes, which include the following action items:
- Stroger Hospital and Provident Hospital Medical Staff Appointments / Reappointments / Changes

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.

IV. Board and Committee Reports (continued)

F. Finance Committee Special Meeting, May 17, 2021

i. Meeting Minutes

Director Deer provided an overview of the Special Meeting Minutes.

G. Finance Committee Meeting, May 20, 2021

i. March 2021 YTD Financials (Attachment #6)
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 Deer 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. There are no contractual items that are pending review by Contract Compliance.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the March 2021 YTD Financials and proposed Transfer of Funds.

V. Action Items

A. Contracts and Procurement Items

There were no contracts and procurement items presented directly for the Board's consideration.

B. Any items listed under Sections IV, V and IX

Director Story, seconded by Director Driscoll, moved to approve the following:

- Minutes of the April 30, 2021 Board Meeting;
- Minutes of the May 17, 2021 Special Finance Committee Meeting; and
- Minutes of the regular Human Resources, Managed Care, Audit and Compliance, Quality and Patient Safety and Finance Committee Meetings for May, which include the Revised CCH Personnel Rules, CCH External Compliance Program Evaluation Report, CountyCare Compliance Plan, Stroger and Provident Hospital Medical Staff appointments / reappointments / changes, CCH request to accept a grant-award related item, Contracts and Procurement Items, and Proposed Transfer of Funds.

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

Yeas: Acting Chair Munar and Directors Currie, Deer, Driscoll, Garza, Gugenheim, Harrington, Koetting, and Story (9)

Nays: None (0)

Absent: Chair Hammock and Directors Prendergast and Reiter (3)

THE MOTION CARRIED UNANIMOUSLY.

VI. Recommendations, Discussion/Information Items

A. 2nd Quarter FY2021 Report from the Cook County Department of Public Health (CCDPH): Opioid Use in Suburban Cook County (Attachment #7)

The following individuals from CCDPH provided an overview of the report presented: Dr. Kiran Joshi, Senior Medical Officer and Co-Lead; and Dr. Rachel Rubin, Senior Public Health Medical Officer and Co-Lead. The Board reviewed and discussed the information.

B. Report on Nursing Services (Attachment #8)

Dr. Beena Peters, Chief Nursing Officer, provided an overview of the Report. The Board reviewed and discussed the information.

VII. Report from Chair of the Board

Acting Chair Munar indicated that there was no report to be made at this time.

VIII. Report from Chief Executive Officer (Attachment #9)

Israel Rocha, Jr., Chief Executive Officer, provided an overview of his Report; detail is included in Attachment #9. The following individuals reviewed portions of the report: Dr. Rubin; Dr. Robert L. Sumter, Chief Information Officer and Interim Chief Operating Officer, Stroger Hospital and Central Campus; and Iliana Mora, Chief Operating Officer for Ambulatory Services.

IX. Closed Meeting Items

A. Claims and Litigation
B. Discussion of personnel matters
C. May 21, 2021 Audit and Compliance Committee Meeting Minutes

Director Harrington, seconded by Director Koetting, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(**1**), regarding "the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity," 5 ILCS 120/2(c)(**2**), regarding "collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,"5 ILCS 120/2(c)(**11**), regarding "litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting," 5 ILCS 120/2(c)(**12**), regarding "the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced,

IX. Closed Meeting Items (continued)

or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member," 5 ILCS 120/2(c)(**17**), regarding "the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body," and 5 ILCS 120/2(c)(**29**), regarding "meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America."

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

Yeas: Acting Chair Munar and Directors Currie, Driscoll, Garza, Gugenheim, Harrington, Koetting and Story (8)

Nays: None (0)

Absent: Chair Hammock and Directors Deer, Prendergast and Reiter (4)

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

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

IX. Adjourn

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

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

XXXXXXXXXXXXXXXXXXXXXXX
David Ernesto Munar, Acting Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Cook County Health and Hospitals System
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ATTACHMENT #1

Testimony of Joyce Klein, Social Work Care Coordinator, Cook County Health

Chairman Hammock and distinguished members of the Cook County Health Board of Directors,

I am here to provide an update on the state of SEIU's contract negotiations with Cook County Health's management team. I have worked for Cook County Health as a Community Based Social Worker for the last three and a half years, and I am on the SEIU local 73 Bargaining Committee. I came into this experience very naive expecting to encounter a management team ready to work with us to make CCH an employer and provider of choice. My colleagues and I are disillusioned and heartbroken by a management team that has failed to negotiate or propose any economic proposals that will help with the recruitment and retention of staff.

Instead, the County in negotiations this week, stated emphatically that subcontracted workers will receive more protections from layoffs than the CCH employees working in the same department, doing the same job.

This statement has shown how little the County values us and our work. We continue to feel undervalued and disrespected. Throughout the pandemic staff have stepped up while management used mandatory overtime, floating, and on-call time to ensure adequate staffing. The problem is these are not appropriate solutions to the staffing shortage at CCH. They are expensive and hurt patient care as they push workers to the brink of exhaustion. And yet, the County shows no willingness to work together to solve the staffing problem. Continually disrespecting us and devaluing our work only pushes CCH further from becoming an employer of choice.

Cook County Health's SEIU members deserve a contract that begins to address the systemic issues, and treats us with dignity and respect.

Testimony of Eugenia Harris, Ward Clerk, Cook County Health

Chairman Hammock and distinguished members of the Cook County Health Board of Directors,

Our union has been in negotiations for more than eight months. During that time, the County has failed to provide any economic proposals that would help recruit and retain much needed staff. This blatant refusal to work with us as a Union and as frontline workers as partners to address the structural staffing crisis across Cook County Health is a serious problem.

The overwhelming feeling I get is that the County is not interested in seeing CCH become an employer of choice. This hurts me, as someone who is part of a team and union that gives their all to the County.

Now, the County is insisting that subcontracted workers will have more protection in a layoff than a direct CCH employee in the same job and department. The County is clearly more interested in protecting its right to overuse subcontracting work to private agencies than work with us to solve staffing issues by making CCH a place where people want to work.

On-call time, mandatory overtime, and floating are not sustainable staffing models. Relying on these tactics provide no long-term solutions, are highly expensive, bad for patient care, and demoralize us as frontline essential healthcare workers.

In the midst of a pandemic that has taken the lives of nearly 600,000 people, we showed up and did what was needed to be done. Now, we want the dignity we heroes deserve. Cook County Health, we want you to come to the table with a mindset of actually working with us, and not against us. Work with us to make CCH an employer and provider of choice. No one has the County's patients' best interests in mind more than us, the workers.

"My name is Martese Chism and I am an RN Case Manager for Cook County Health and an elected member of the Board of CNA/NNOC. I am sure that the board is aware of our current contract negotiations and you are likely aware that we had a historic election with massive turnout where 98.6% of the nurses at Cook County voted to authorize a strike if necessary. The board should not be surprised at this result. Nurses are fed up with the quality of care our patients receive. We are fed up with the fact that hundreds of nursing vacancies go unfilled for months and even years. We are fed up with managements inability to retain those it does hire and that it takes at least 90 days for them to extend an offer letter to an applicant. We are fed up with the abuse, harassment, and inability of management to protect us during the worst pandemic in a century. I have worked at Cook County as an RN since 1992. I believe in the mission of our hospital system that serves everyone. We treat all patients that come through our doors regardless of pay source and immigration status. Our communities rely on the healthcare services our system provides and it is a well known fact that we provide nearly half of the charity care within Cook County. We just went through one of the most difficult years ever to be a nurse and do not expect the nurses who keep Cook County Health running to be complicit in more austerity agendas. Of doing more with less. We demand of Cook County significant and real investment within our communities. We demand bold action to address the long, neglected wounds of systemic racism. To achieve this higher level of patient care, management needs to hire nurses. Lots of them and fast. No one has done more than RNs in this pandemic and the intensity of the work is not sustainable. As the volume of patients increases, our staffing is not keeping pace. Even before the pandemic, our surveys indicated that staffing was our members' greatest concern by a landslide.

The situation has only deteriorated further and a good contract with enforceable staffing standards is the way we begin to address the crisis. Nurses will flock to a hospital that puts patient care and safe staffing as its first priority. With a good contract we can recruit and retain the nursing staff we so desperately need. We are demanding a system that serves our patients with the same quality of care as Northwestern, University of Chicago, Rush, or any other hospital within the City of Chicago. Members of the board, you are presented with a historic opportunity. The Federal government is providing unprecedented levels of support to hospital systems like ours. With these resources, we are asking that you use them to implement our proposals that we know will allow us nurses to practice at the top of license and improve patient outcomes."

Good Morning my name is Pauline Ude. Right now, 98 percent of nurses have authorized a strike. It is important the board understands why so that they can help prevent it. At Cermak our largest concern is staffing.

As nurses who care for the inmate population our jobs can be very dangerous. A jail is not a place where you should cheap out on staffing. We expect for management to care more about nurses. And when you look at staffing levels it is apparent that they do not.

RTU4 is a division within Cermak that has 320 inmates housed there and it is split into 8 tiers. One of the nurses I represent, Blessing Onuorah, works on RTU4. She works alone almost every weekend. During the week only two nurses are staffed to work RTU4. One and two nurses for 320 inmates, is completely unacceptable. It is dangerous for the inmates. When you have that many inmates, without enough nurses, medication errors happen more frequently. Mistakes in general are likely to happen when we are understaffed this way.

This is the case in almost all the divisions at Cermak. This is what most nurses are facing here. We have brought our concern to management and our concerns fall on deaf ears.

When you add this to the proposed increased insurance premiums you have recipe for disaster.
Nurses at Cermak do not want to strike. I know these nurses. However, at this point Cook County is not leaving us with a choice. And I know Cermak nurses will do whatever it takes to get the contract we deserve. That includes going on strike.

-Pauline Ude, CN1 Cermak

My name is Akilah Muhammad and Inam the union rep for public health.

Public health nurses helps to keep the public safe in areas of breast and cervical cancer, lead, TB and Adverse Pregnancy Outcomes. Public health nurses are challenged in the following areas:

Staffing shortages
Poor communication to clearly define roles and expectations
Lack of leadership

Nurses voice and cries for help go unheard and places the public's health at risk.

"My name is Elizabeth Lalasz and I am an RN and steward working in the Medical Surgical department at Stroger Hospital for over ten years. In my tenure at Cook County, I have never seen conditions as bad as this. The conditions in the Medsurg department have deteriorated to the point where my fellow RNs and I have no other option but to strike. We feel unheard and that management does not care about the conditions of our patients.

I don't have enough time to give you every story where we failed to meet our patients needs because of lack of staff and resources, [redacted] hey needed the full attention of staff, but honestly we did not have the resources to provide a safe standard of care.

We were told by management to do more with less instead of being provided with a sitter to be present and watch the patient. We were forced to compromise our patient care standards due to lack of staff. It was so clear to me that management is crafting standards to meet our budget and not our patients' needs. Nearly all of our Medsurg units are dangerously short, needing on average 10 RNs for each unit just to meet our staffing plans and policies.

Management fails to acknowledge how serious these staffing vacancies are when it comes to doing our job of patient care. They have also failed to address the abusive and ineffectual managers who chase away our new hires and even some of our agency nurses. We have had a dangerous staffing hole on 8 South for almost three years because of a problem manager who on one holds to account. We need a plan to bring in more staff and a good contract is the way to do it. Please consider adopting our staffing proposals for the sake of our patients."

-Elizabeth Lalasz, CNI

The Perioperative division at Stroger Hospital has been pushed to the point where we believe we may have to strike for our patients. We have suffered from an extremely ***high*** turnover rate, losing more than 15+ nurses over the last three years, resulting in extreme staff shortages. The Lack of leadership in our department has led to these vacancies going unfilled with predictable results. Due to staff shortages, RNs have been asked to abandon ongoing cases to attend to more emergent trauma cases. We also unable to run our division without overtime requiring nurses to work an incredible number of overtime hours to finish our daily caseloads. RNs are burning out because the staff to be relieved for lunch break to the last hour of their shift, requiring us to work 6 + hours without a rest period. The division is also forced to cancel cases on a regular basis, because we have no staff available. This is unacceptable and undermining the very viability of the entire system. We demand that management listen to our proposals and support us in our fight for a good contract with enforceable staffing standards."

-Tasha Mosley-Brown CN1

-Kecia Johnson CN1

-Rafael Medrano CN1

"Care Coordination Nurses are outraged with leadership's failure to ensure a healthy and safe work environment as we return from remote work. Since we have had to report to the office, we have 5 COVID positive cases. All we have asked for is that the nurses who were exposed to temporarily continue working from home while they quarantine and protect fellow staff from infection. Instead we are forced to report back to the office and expose our colleagues to a deadly virus.

We are field based employees who infrequently report to the office and it is very easy to accommodate us to work remotely. By some metrics our productivity increased while the staff worked remotely and our audit results improved. It's clear to our team that management's pride is of greater importance than our health and safety. This has lead to the overwhelming majority of our staff voting to authorize a strike of necessary. We are demanding that the board seriously consider our health and safety proposals given the clear failure of management's current practices."

-Angela Walker Integrated Care

-Barb O'brien RN Integrated

Racheal Earl RN Integrated Care

Good morning my name is Consuelo Vargas and I work in the Emergency Department at Stroger Hospital. As the chief nurse rep I wanted to bring to your attention two problems related to staffing - retention and recruitment. The failure of administration to recruit and retain staff can be observed throughout the system. Because of the inability to recognize and resolve these issues administration gets a grade of F.

We have an influx of agency RNs that came when the number of COVID patients was on a downward trajectory. While we welcome the help, it is still not enough especially when some of them have little to no experience or utilize their time here to do their homework. We do not have time to train them. These nurses do not understand the culture of the health system or our patients. They are temporary and not here for the long term. They are a bandaid on an amputated limb. Where were the agency nurses at the start of the pandemic?

Systemwide, nurses had to bear the brunt of the past year and are exhausted. To add a grain of salt to our shoulders would feel like a mountain and we can no longer sustain the current conditions. If the situation does not improve more nurses will leave departments where the acuity is higher like ER/Critical Care or leave the system completely. Recently my department lost over a century's worth of nursing experience in an approximate time span of six weeks. A nurse is not just a nurse. It takes years to hone skills in any area of nursing.

Our patients are sicker because they have not gotten care during the pandemic. In the ER there are many days when stations are closed because there is not enough staff. A co-worker reported to me that patients had a wait time of 15 hours earlier this week. The floors are just as busy with very sick patients and not enough staff to properly care for them.

There are steps management can take to remedy retention and recruitment. We should be recognized for our knowledge and expertise in the field of nursing. The strategy for the future of the health system has to be patient focused and the value that nurses bring to the system has to be recognized. We need to be appropriately compensated for the work we do. We are not interested in treats or healthcare hero banners of any sort. We need the hiring of nurses that reflects our patient population. Consider allowing nursing schools to do their final semester clinicals in an area the student is interested in throughout the system. This should include nursing students in both Associate's Degree and Bachelor's Degree programs. As nurses COVID taught us that when we lean on each other we can get through anything and are united like never before to ensure the future of the Cook County Health and Hospital System that so many lives depend on.

Cook County Health and Hospitals System
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ATTACHMENT #2

Human Resources Metrics
Cook County Health
HR Committee

Carrie Pramuk-Volk

Interim Chief Human Resources Officer

May 21, 2021

COOK COUNTY HEALTH

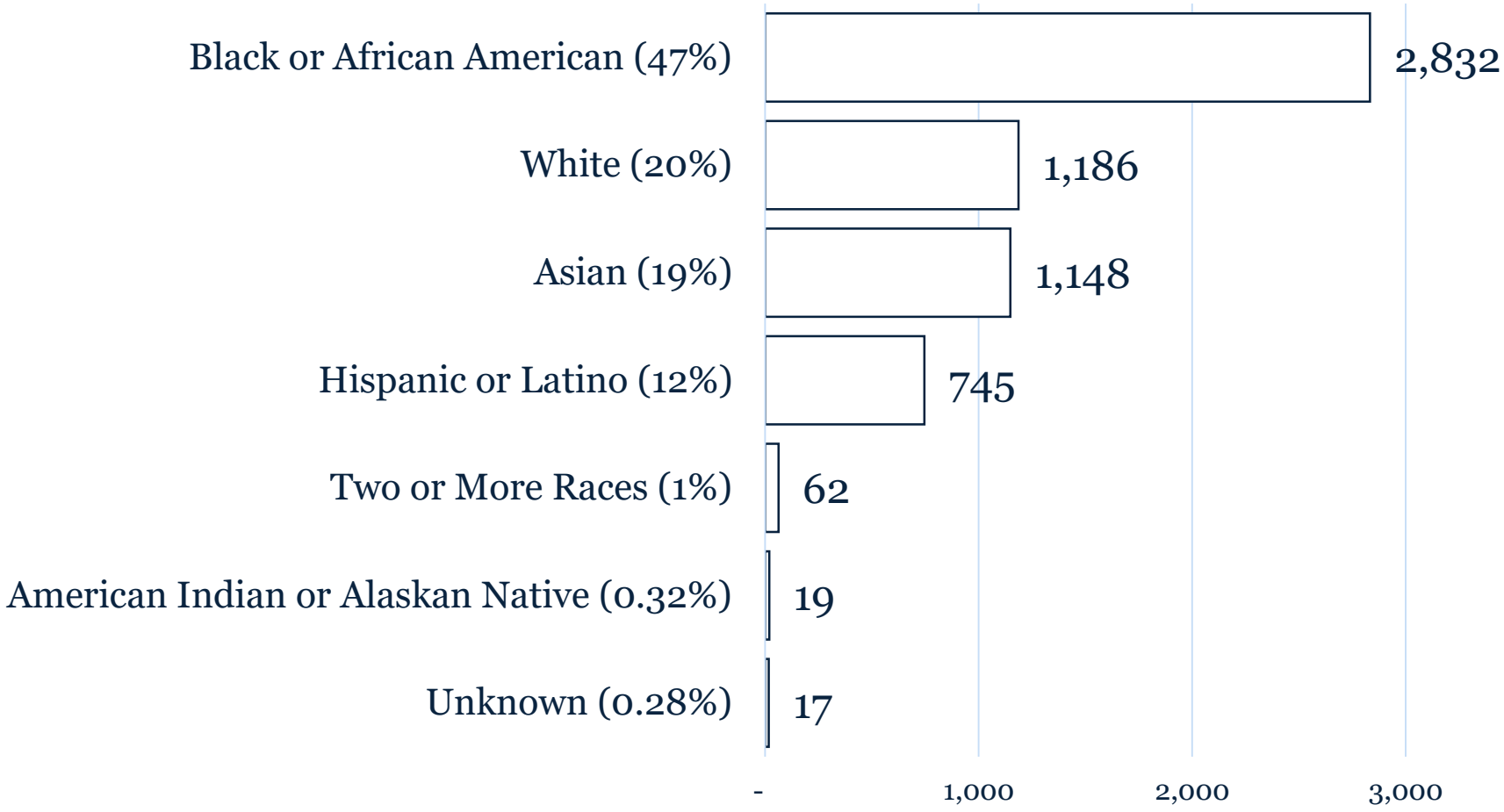
Equal Employment Opportunity (EEO)

EEO and Employment Relations

COOK COUNTY HEALTH

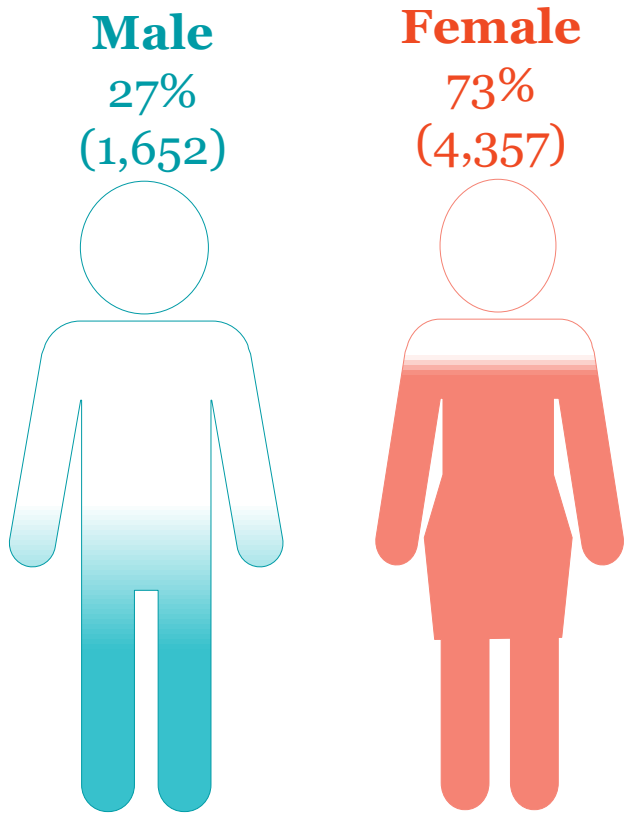
Cook County Health (CCH) Demographics

EEO - CCH Employee Population 6,009 – Race & Ethnicity[1]



The largest Cook County Health racial/ethnic group is Black (47%), followed by White (20%) and Asian (19%).

GENDER



COOK COUNTY HEALTH

Data as of 04/30/21

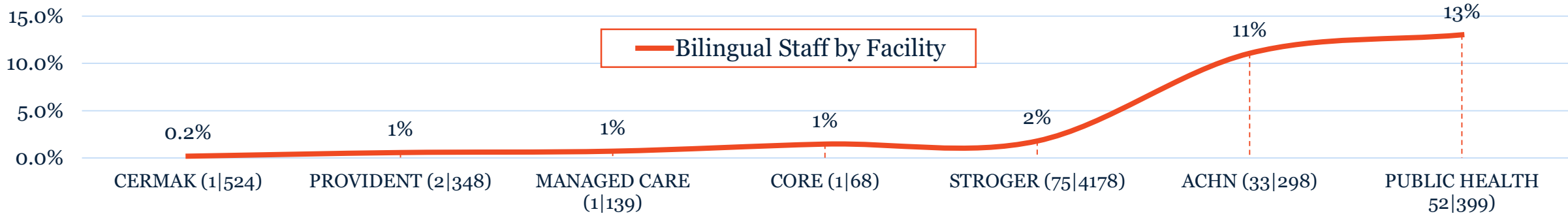
[1]Reflects reporting terminology and category as established by the federal government.

[2]Self identification of Race/Ethnicity is voluntary in accordance with the provisions of applicable federal laws, executive orders, and regulations. 1% of staff do not self identify

CCH Demographics

Bilingual Workforce

HR Team collaborate with Hiring Managers to ensure well qualified candidates are hired to ensure patients receive Culturally and Linguistically Appropriate Services (CLAS):



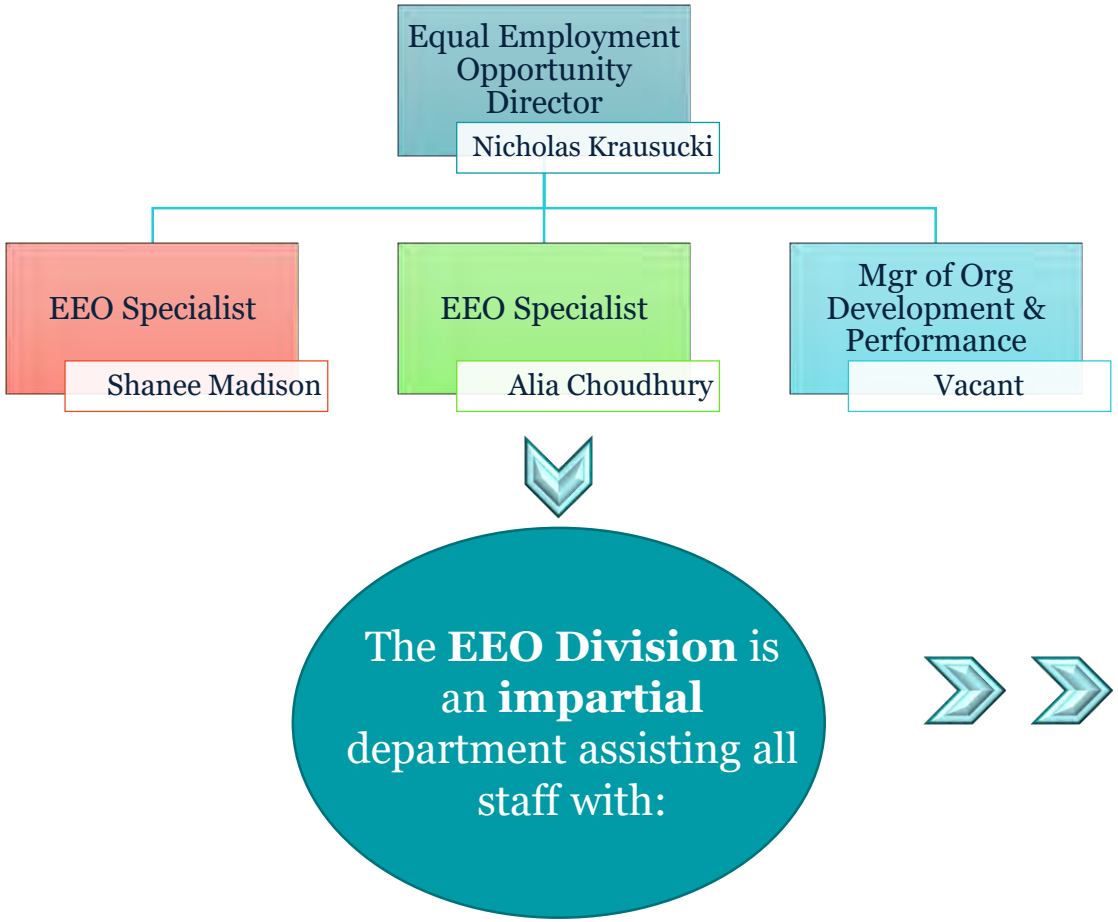
Job Title	# of Bilingual Employees [165]
Clerk V	47
COVID-19 Contact Tracer	34
Caseworker Mang Unit	13
Medical Assistant	13
Call Center Cust Service Rep	10
Clerk IV	10
Patient Care Navigator	6
Community Health Worker	5
Interpreter	4
Clinical Nurse I	2
Customer Serv and Self Pay Rep	2
Dental Assistant	2
Nutritionist I	2

By Classification

Job Title	# of Bilingual Employees [165]
Patient Service Coordinator	2
Pre-Registration Specialist	2
Admin Assistant II	1
Building Service Worker- Provident	1
Epidemiologist I	1
Epidemiologist II	1
Lung Health Educator	1
Medical Social Worker III	1
Pat Access Supervisor Financial Counselor	1
Patient Care Navigator I	1
Pharmacy Tech	1
Sanitarian I	1
Ward Clerk	1

CCH Equal Employment Opportunity (EEO)

Overview of Department



COOK COUNTY HEALTH

Managing Equal Employment Opportunity

CCH EEOC Investigation Process

The EEO Team investigates allegations of harassment, discrimination, and workplace violence

The Employee Reporting Process

Employee promptly notify Department Manager.

If for any reason it is uncomfortable for the employee to notify the immediate Manager, the employee must notify the Equal Employment Opportunity Division in writing.

The Manager Reporting Process

Managers must promptly report the matter to CCH EEO Division.

All allegations must be submitted in writing.

CCH EEO Investigations

EEO investigate whether reasonable cause to believe discrimination occurred.

May include a variety of fact-finding methods such as interviews, a conference, or requests for information.

Managing Equal Employment Opportunity

CCH EEO Investigate Allegations

Represent CCH in cases filed with external agencies (EEOC, IDHR)

Type	2019	2020	2021 YTD
EEOC*	22	6	3
IDHR**	22	4	15
Internal	72	15	11
Total Cases:	**116**	**25**	**29**

- 2020 had limited EEO cases: employees teleworking, increased social distancing, and a focus on the pandemic appear to have reduced interpersonal conflicts between employees
- 2021 has already exceeded 2020 and is on track to align with 2019 statistics
- There is a significant drop in actual EEO based complaints, in contrast a significant rise in generalized “harassment” and “bullying” complaints in 2021

COOK COUNTY HEALTH

*Equal Employment Opportunity Commission
**Illinois Department of Human Rights

Managing Equal Employment Opportunity

Internal Cases

A "case" is a concern affecting or relating to a particular situation which requires a response, follow up and/or investigation.

- Employees commonly file charges claiming multiple types of discrimination
- Percentages represent the number of cases where the individual category was cited

Race	Sex	Workplace Violence	Retaliation	Disability	Religion	Age	National Origin
34%	45%	21%	52%	28%	10%	14%	10%

Creating Employee Relations: Preventing Violations and Managing Risk

- EEO will be tracking complaints that are part of broader "Employee Relations" concerns, in addition to workplace violence or legally protected EEO categories
- Employees will be informed:
  - Who will investigate and/or address complaint
  - To return to the EEO division if the complaint is not addressed within the timeline outlined

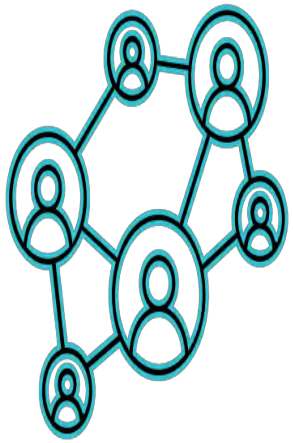
COOK COUNTY HEALTH

Managing Equal Employment Opportunity

EEO COVID-19 Response

FY 2020

COVID-19 presented new challenges for accommodating employees with disabilities that may have put them at higher risk for fatal COVID-19 complications



Combinations of telework, telemedicine, and essential on-site work enabled us to get through the first and second waves of the pandemic with minimized staffing disruptions

FY 2021

With the widespread availability of vaccinations, we have been able to virtually eliminate the need to consider work from home accommodations for high-risk individuals.

Personnel Rules Addendum

Personnel Policy

COOK COUNTY HEALTH

Cook County Health Personnel Rules

Updates

- **In 2010**, CCH adopted the CCH Personnel Rules (Rules)
- **In 2018**, amended the Rules
  - Revised Rule 6.03(c) – paid leave for Grade 24/K12 clarified
  - Updated Appendices A & B to clarify list of positions exempt from Rules
- **In 2021**, additional amendments to the Rules
  - Add Juneteenth as a holiday
  - Eliminate Shakman substantial compliance terms
  - Incorporate Employment Plan Supplemental Policies requirements
  - Eliminate listed positions in Appendix A (*replace with definition*)
  - Eliminate Appendix B
  - Move toward gender-neutral pronouns
  - Eliminate references to System Labor Director

Additional edits…
to be continued…

COOK COUNTY HEALTH

COVID-19 Vaccination

CCH Staff Program

COOK COUNTY HEALTH

COVID-19 CCH Vaccination Reporting

CCH Staff Vaccination Summary

- 5,909

CCH Staff vaccinated
~68%

- 3,851

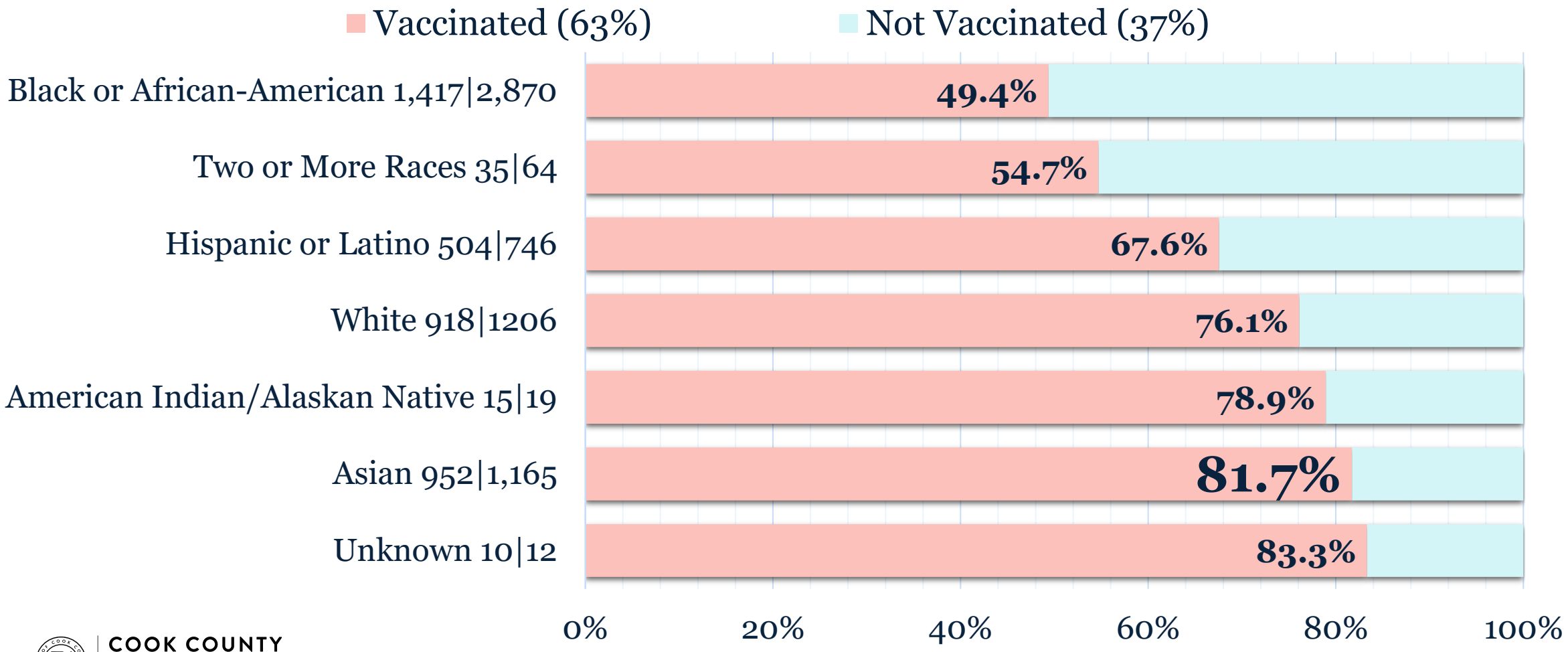
CCH Employees vaccinated ~63%

COOK COUNTY HEALTH

As of 04/30/2021

COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated by Race/Ethnicity

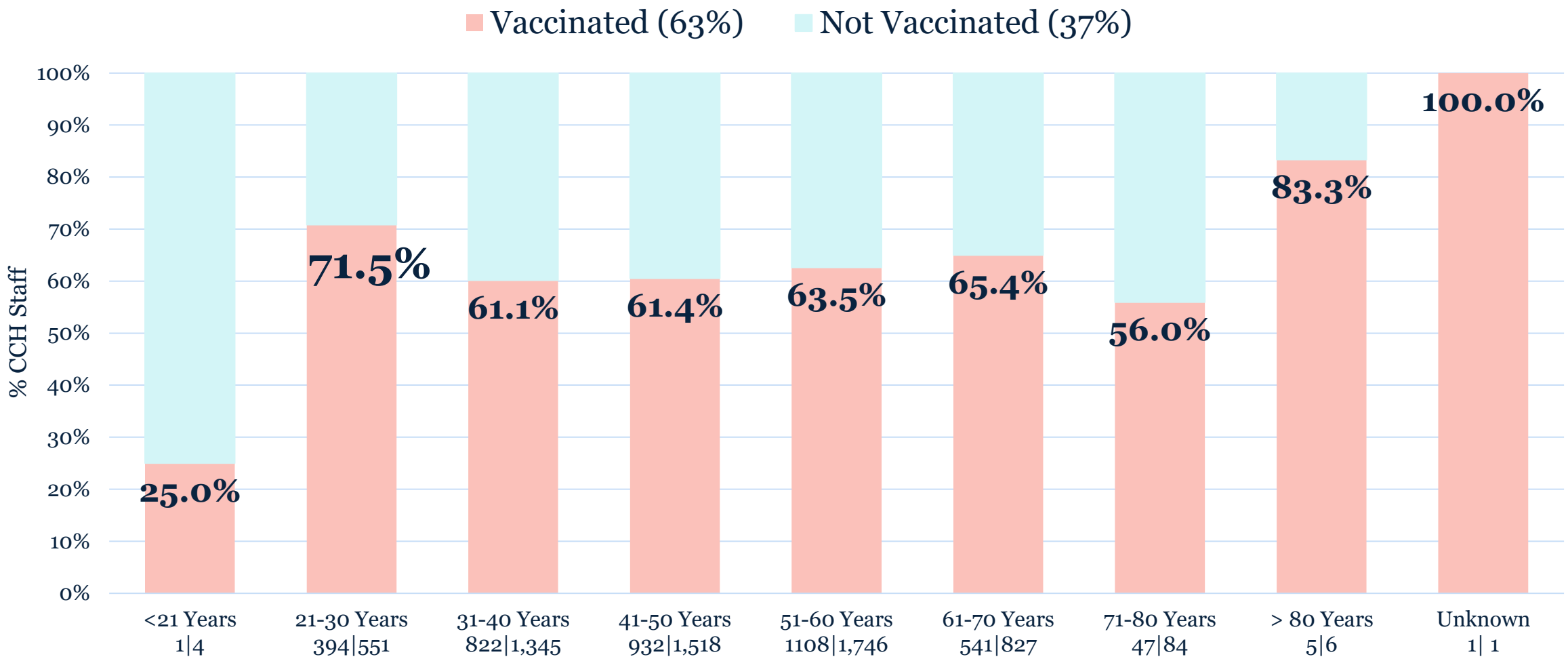


COOK COUNTY HEALTH

As of 04/30/2021

COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Age

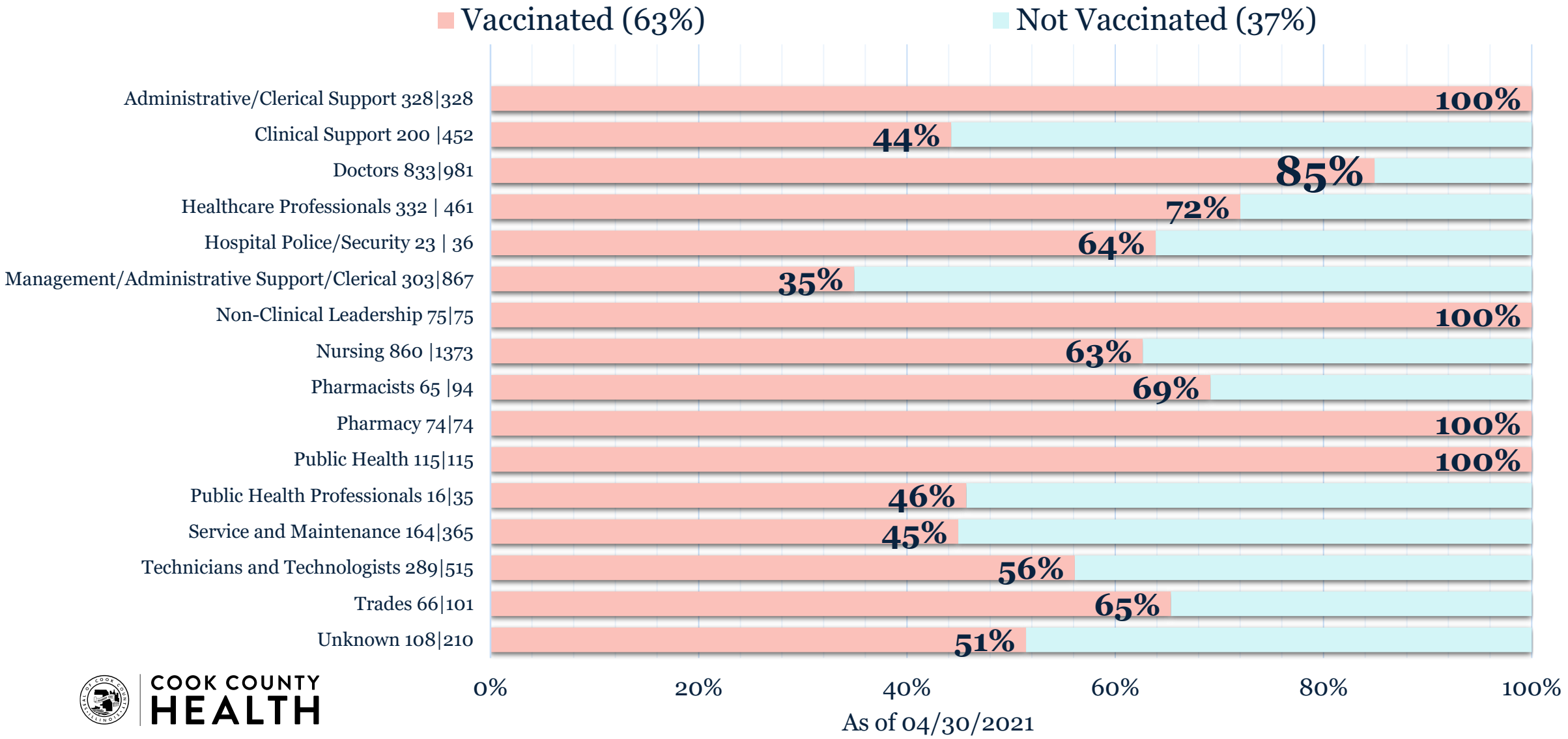


COOK COUNTY HEALTH

As of 04/30/2021

COVID-19 CCH Vaccination Reporting

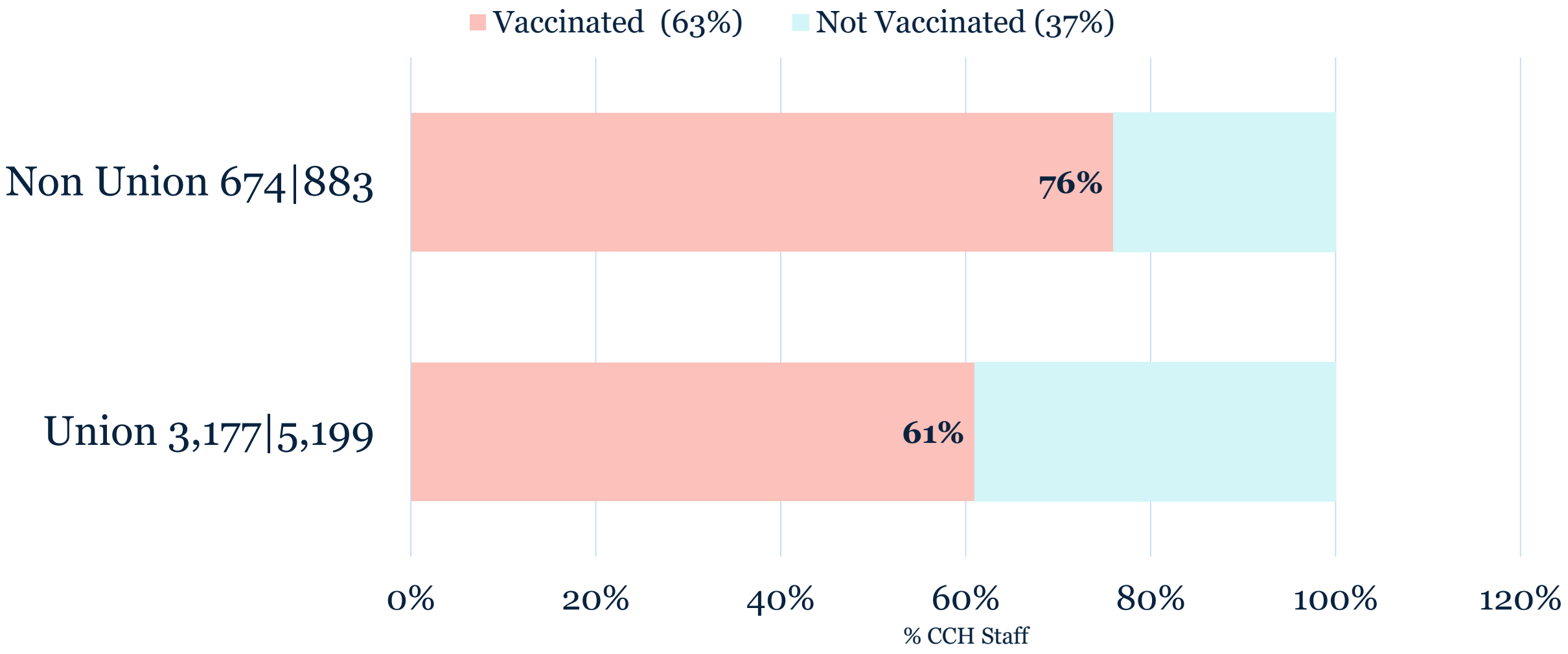
CCH Employees Vaccinated By Job Category



COOK COUNTY HEALTH

COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Union & Non-Union



As of 04/30/2021

COOK COUNTY HEALTH

Metrics

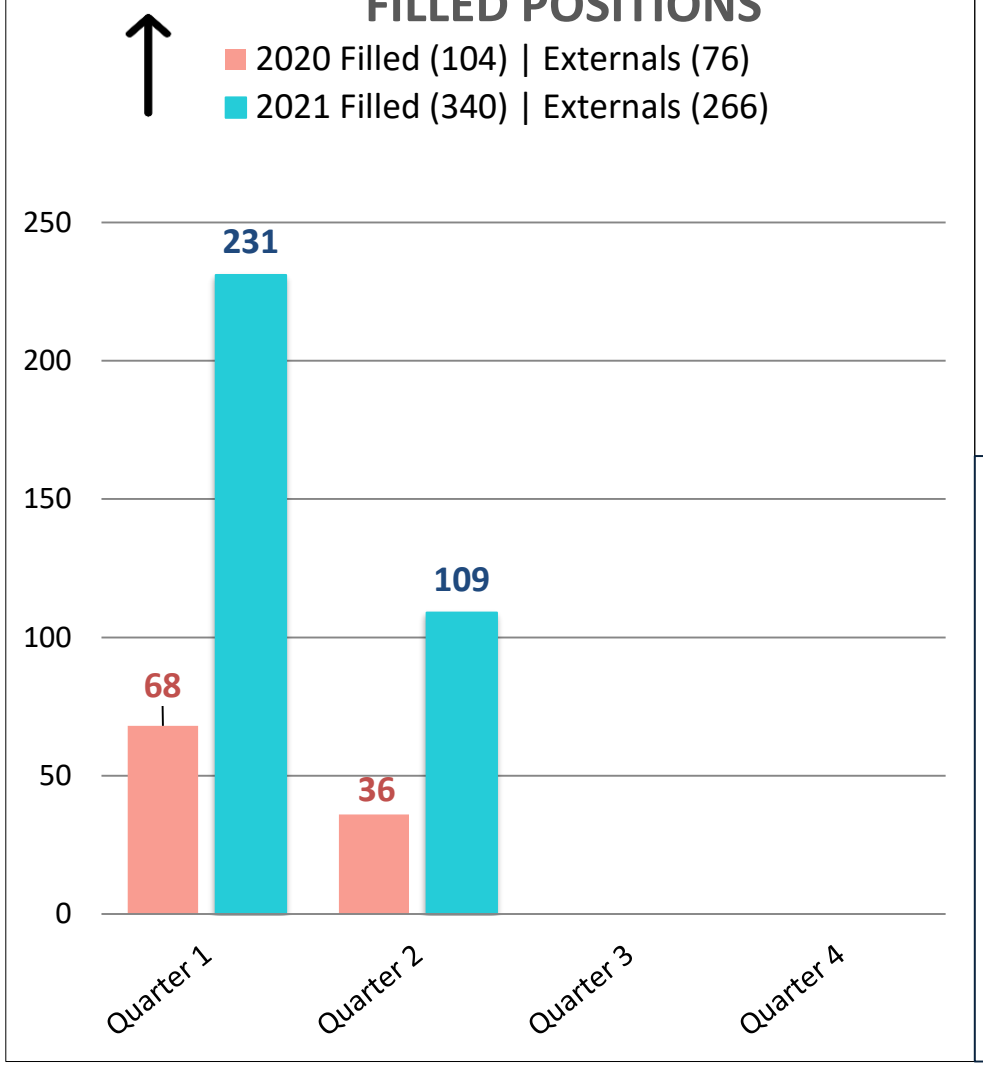
Fiscal Year 2021

COOK COUNTY HEALTH

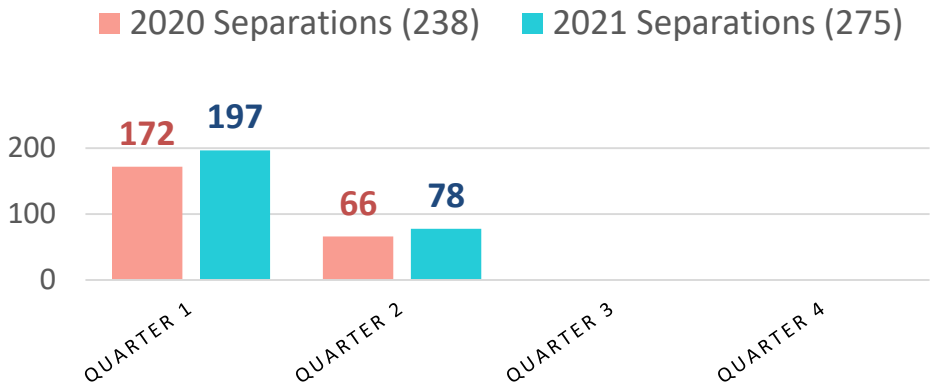
FY 2021 CCH HR Activity Report

Thru 04/30/2021

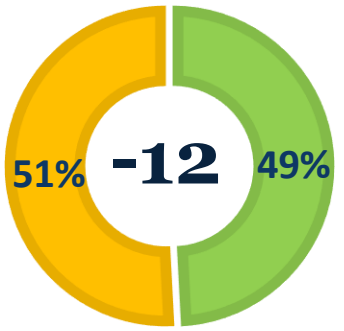
FILLED POSITIONS



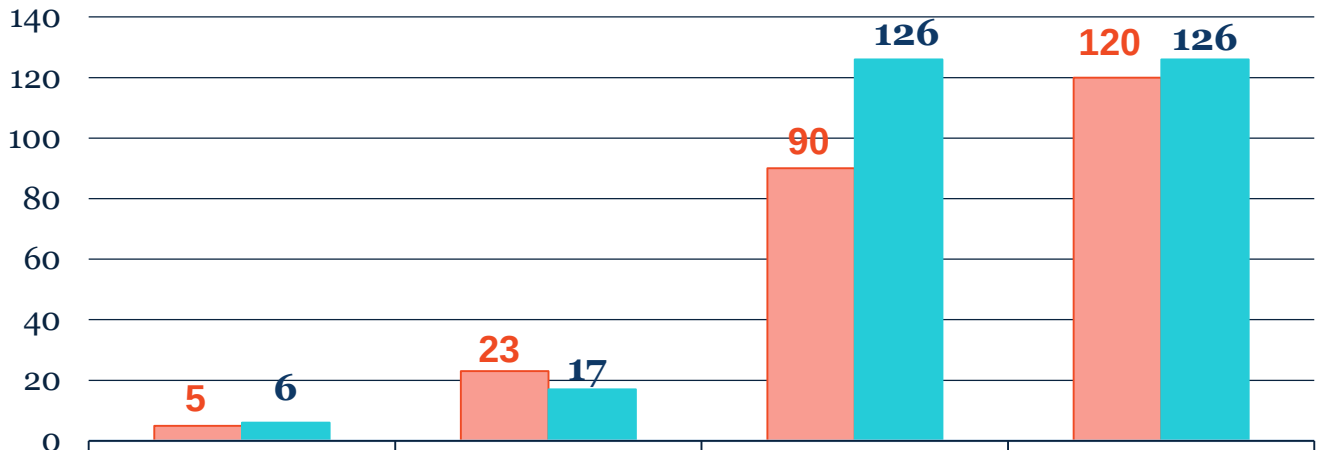
SEPARATIONS



NET



FY21 External Hire - 266 | 49%
FY21 Separations -275 | 51%



	Deceased	Discharged	Resignation	Retirement
FY20 (238)	5	23	90	120
FY21 (275)	6	17	126	126

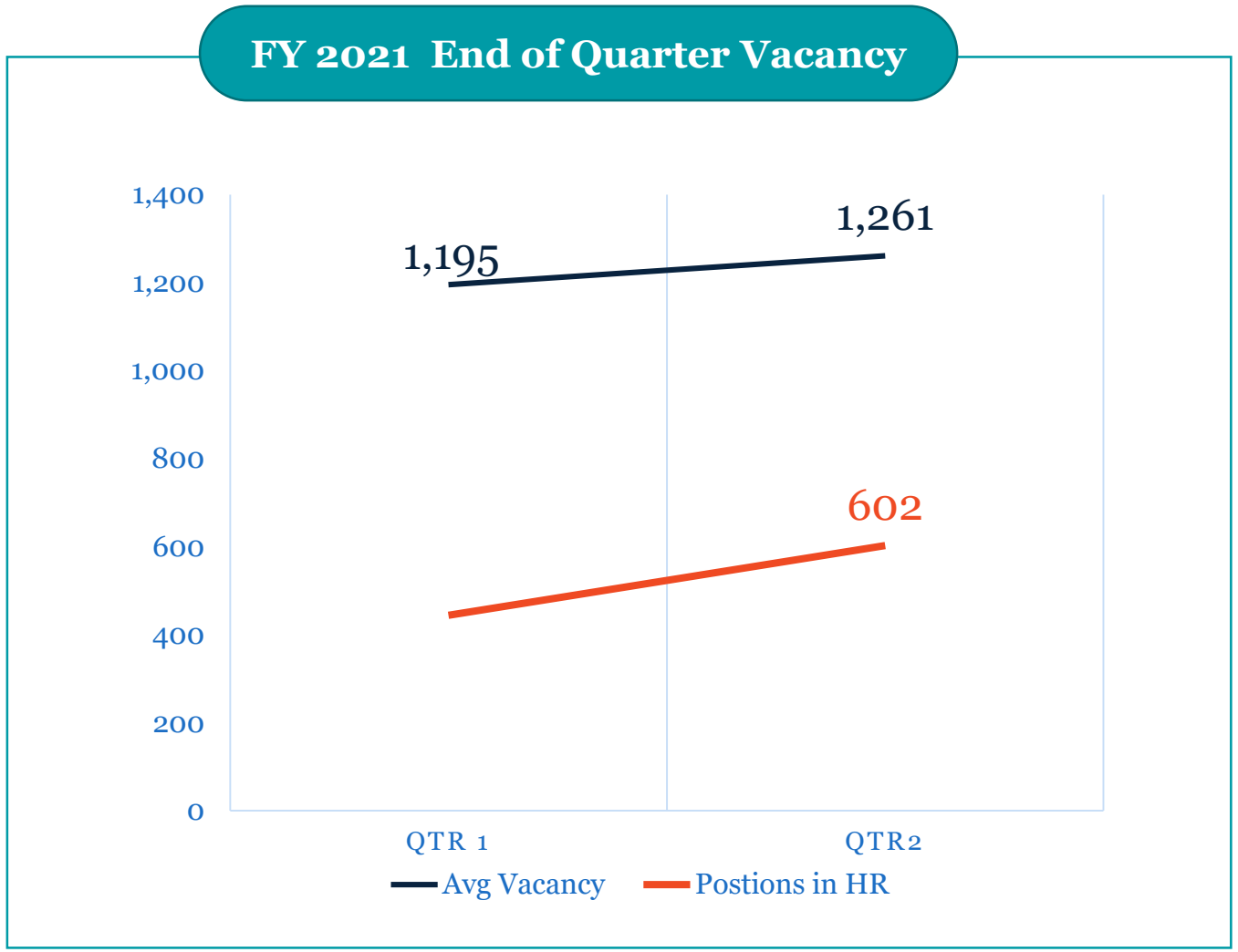
COOK COUNTY HEALTH

Does not include Consultants, Registry and House Staff

CCH HR Activity Report – Vacancy : 1,261

As of 05/2/2021

- Cook County Health started FY 2021 with 1,117 vacancies



In Process

BUDGET — 1%

- Awaiting Funding
- Increase Funding
- Pending approval by Department of Budget Management Services (DBMS)

HUMAN RESOURCES — 48%

- Position Control Analyst
- Classification & Compensation
- Recruitment – In Process
- In Credentialing
- Direct Appointments

HIRING DEPARTMENT — 50%

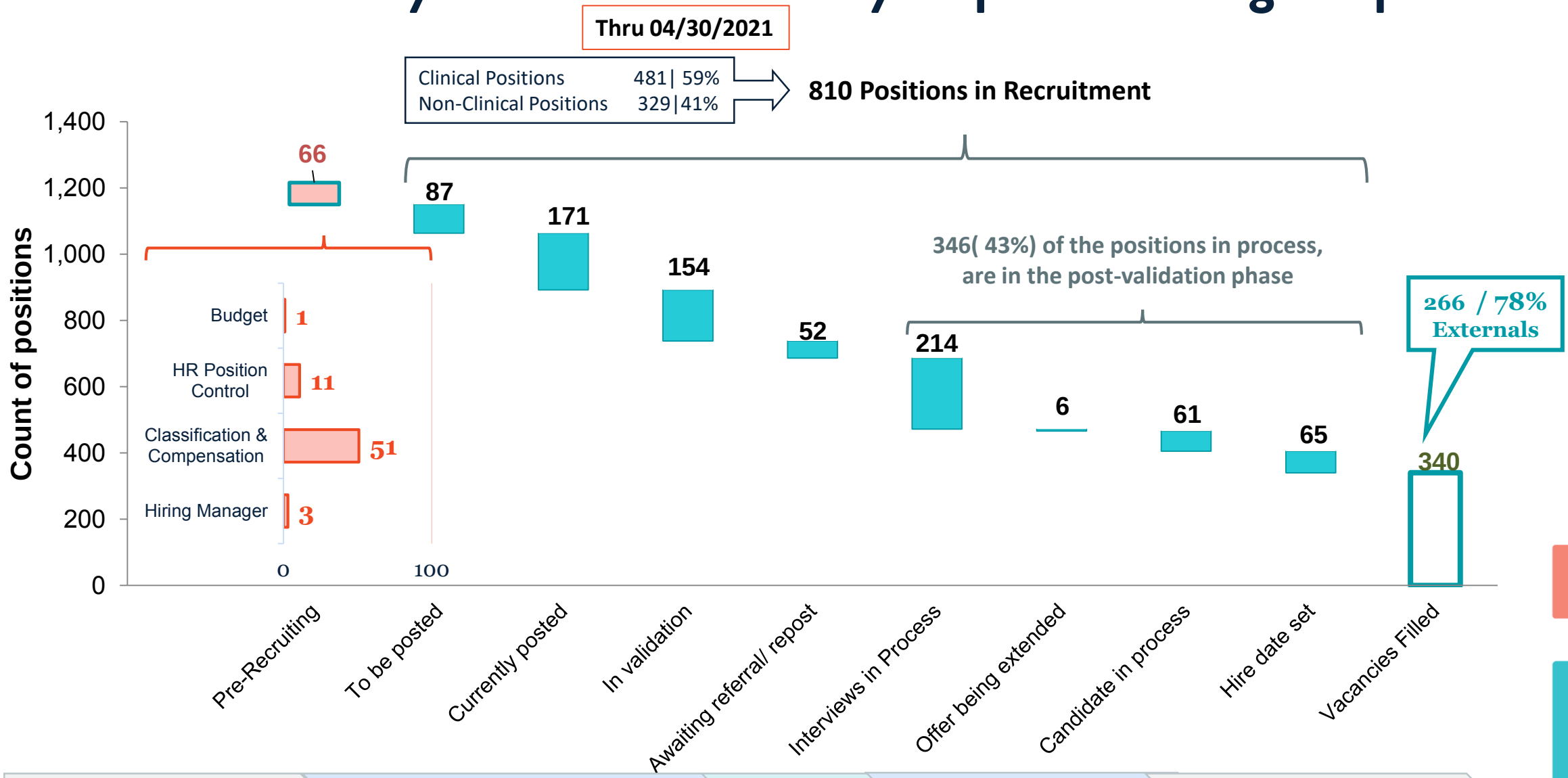
- No Request to Hire submitted for posting
- Actively Recruited Position
- Interview in Process
- Incomplete Request to Hire
- Position on Hold

LABOR — 1%

- On Hold

COOK COUNTY HEALTH

FY 2021 Cook County Health HR Activity Report – Hiring Snapshot

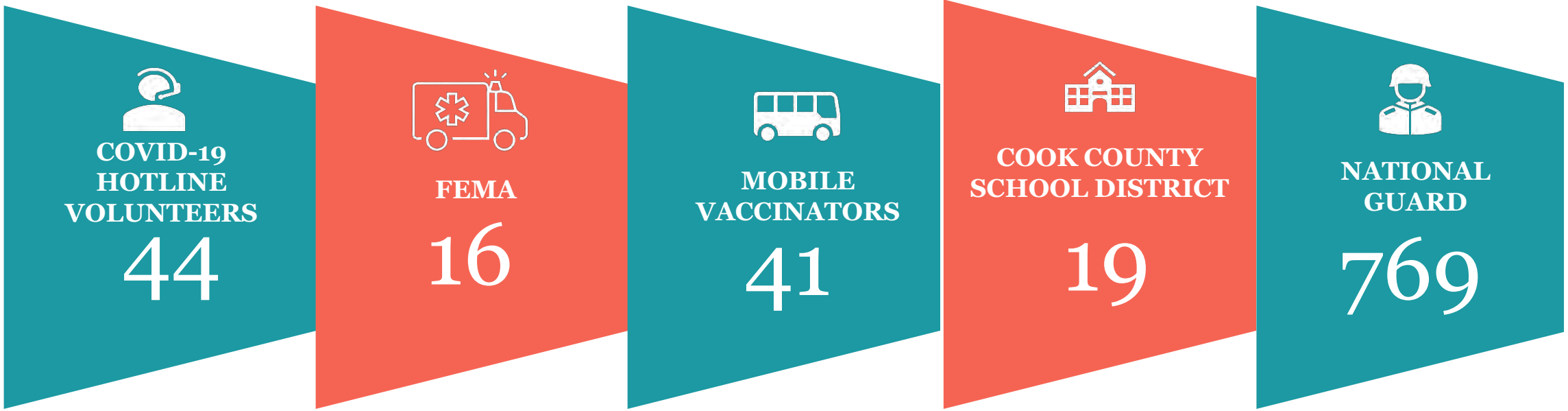


COOK COUNTY HEALTH

Does not include Consultants, Registry and House Staff

Vaccination – Hiring & Volunteer Snapshot

CCH Unpaid Workforce - 889



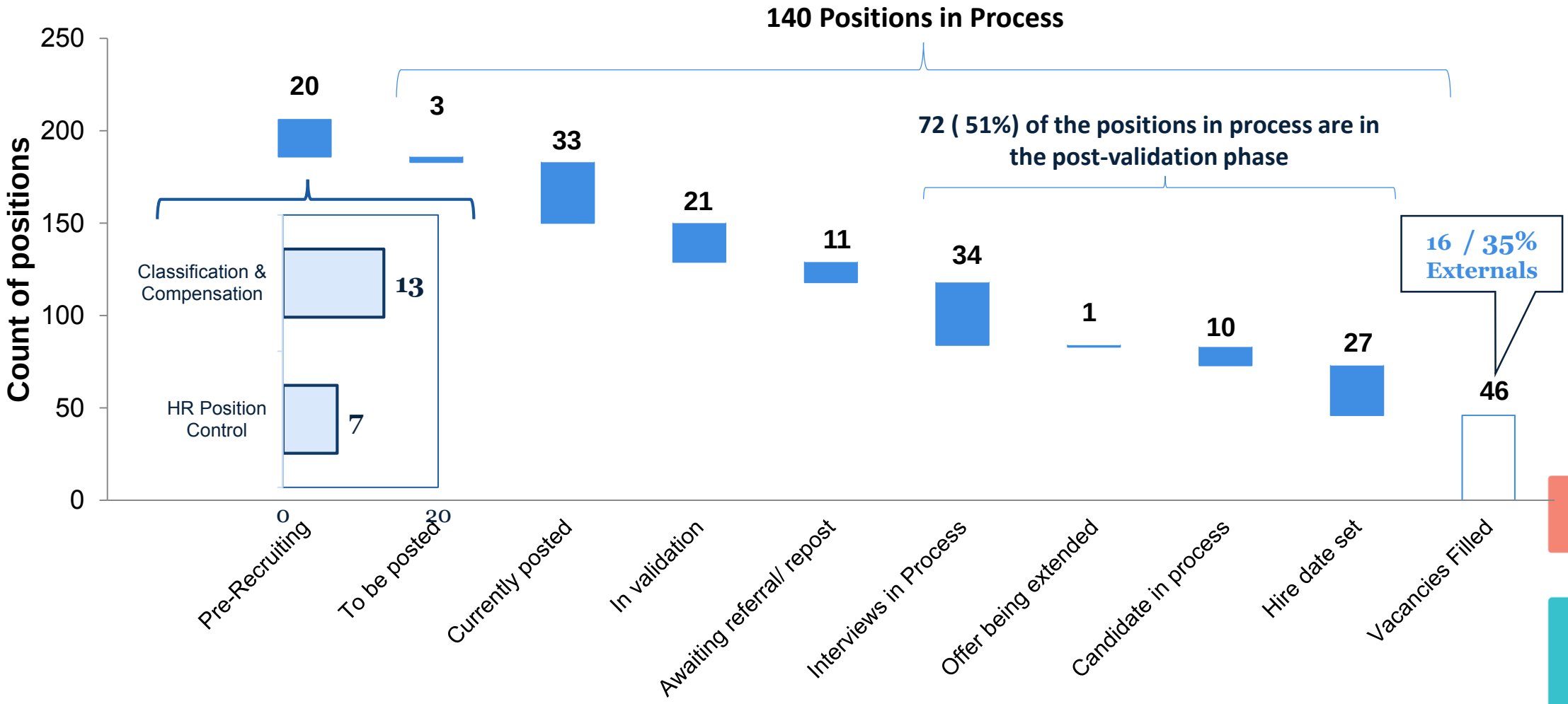
CCH & Hektoen Positions Hired - 310

- Cook County Health Hired – **249** | 79%
- Hektoen Hired – **61** | 21%

COOK COUNTY HEALTH

FY 2021 Cook County Health HR Activity Report Nursing Hiring: CNI, CNII

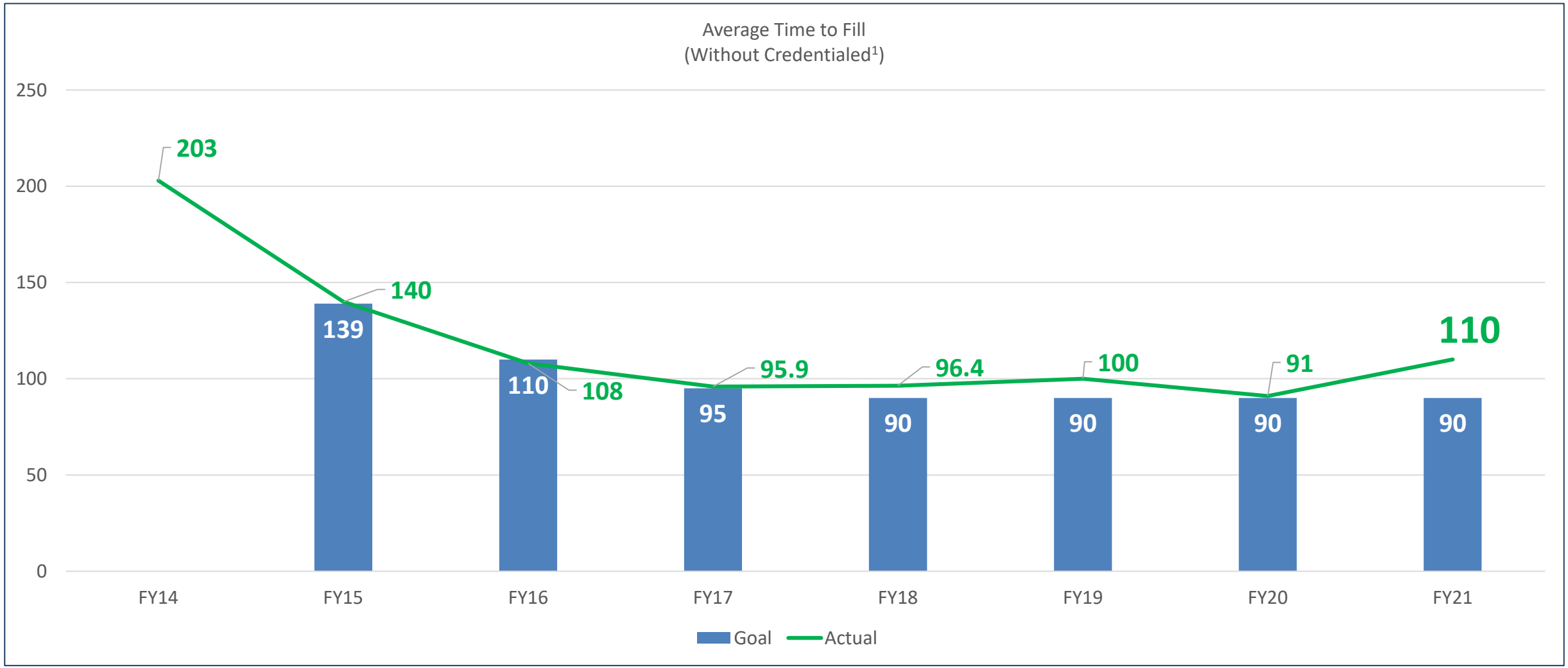
Thru 04/30/2021



Does not include Consultants, Registry and House Staff

FY 2021 Cook County Health HR Activity Report

Thru 04/30/2021



[1]*Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.*

Thank you.

COOK COUNTY HEALTH

ATTACHMENT #3

CountyCare Update

Prepared for: CCH Board of Directors

Aaron Galeener

Interim Chief Executive Officer, CountyCare

May 28, 2021

CountyCare HEALTH PLAN

Metrics

Current Membership

Monthly membership as of May 3, 2021

Category	Total Members	ACHN Members	% ACHN
FHP	247,307	19,011	7.7%
ACA	106,008	16,306	15.4%
ICP	30,205	5,410	17.9%
MLTSS	7,213	0	N/A
SNC	7,801	1,012	13.0%
Total	**398,534**	**41,739**	**10.5%**

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

CountyCare HEALTH PLAN

Managed Medicaid Market

Illinois Department of Healthcare and Family Services March 2021 Data

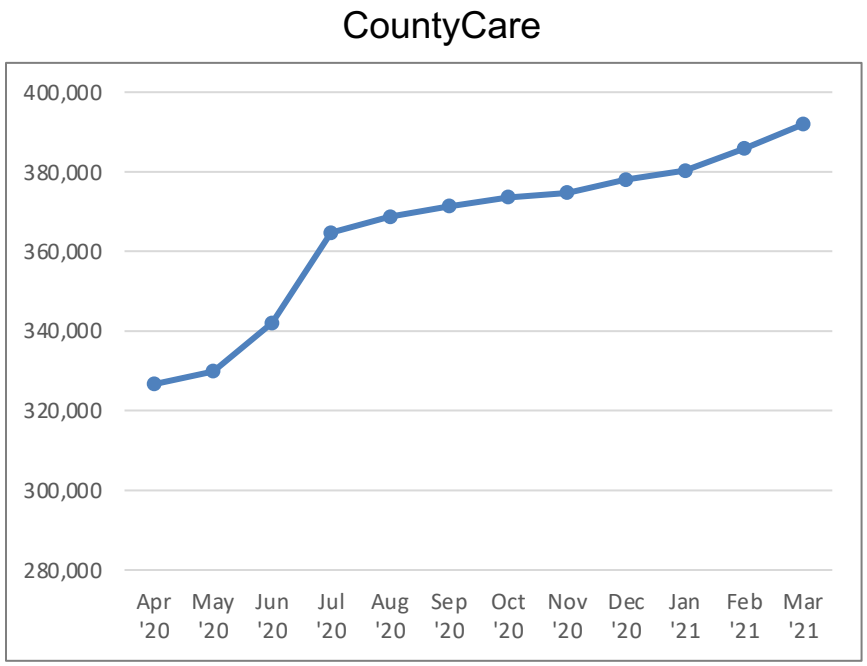
Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	391,901	31.4%
Blue Cross Blue Shield	320,753	25.7%
Meridian (a WellCare Co.)	315,015	25.2%
IlliniCare (Aetna/CVS)	121,566	9.7%
Molina	92,624	7.4%
YouthCare	5,946	0.5%
Total	**1,247,805**	**100.0%**

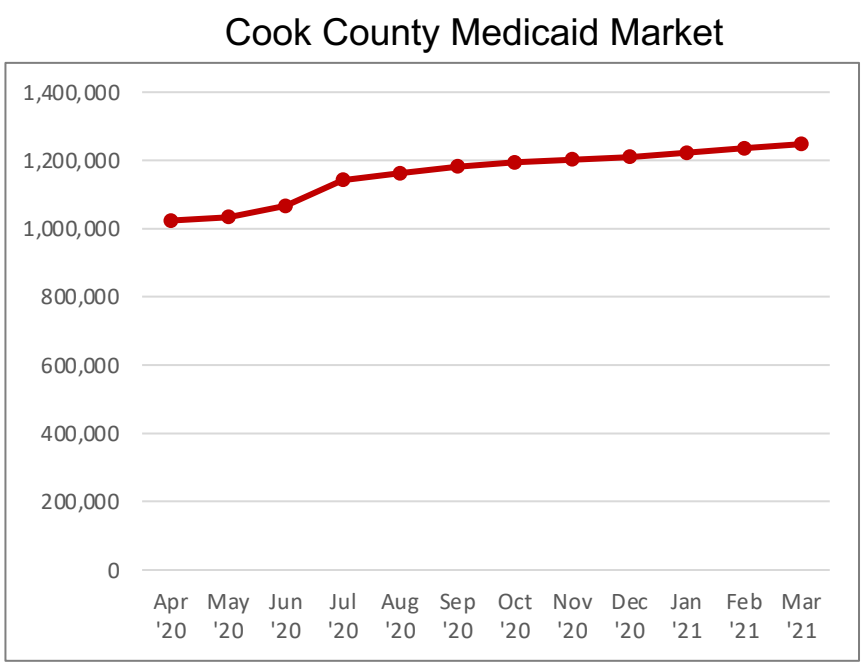
* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)

CountyCare HEALTH PLAN

IL Medicaid Managed Care Trend in Cook County
(charts not to scale)

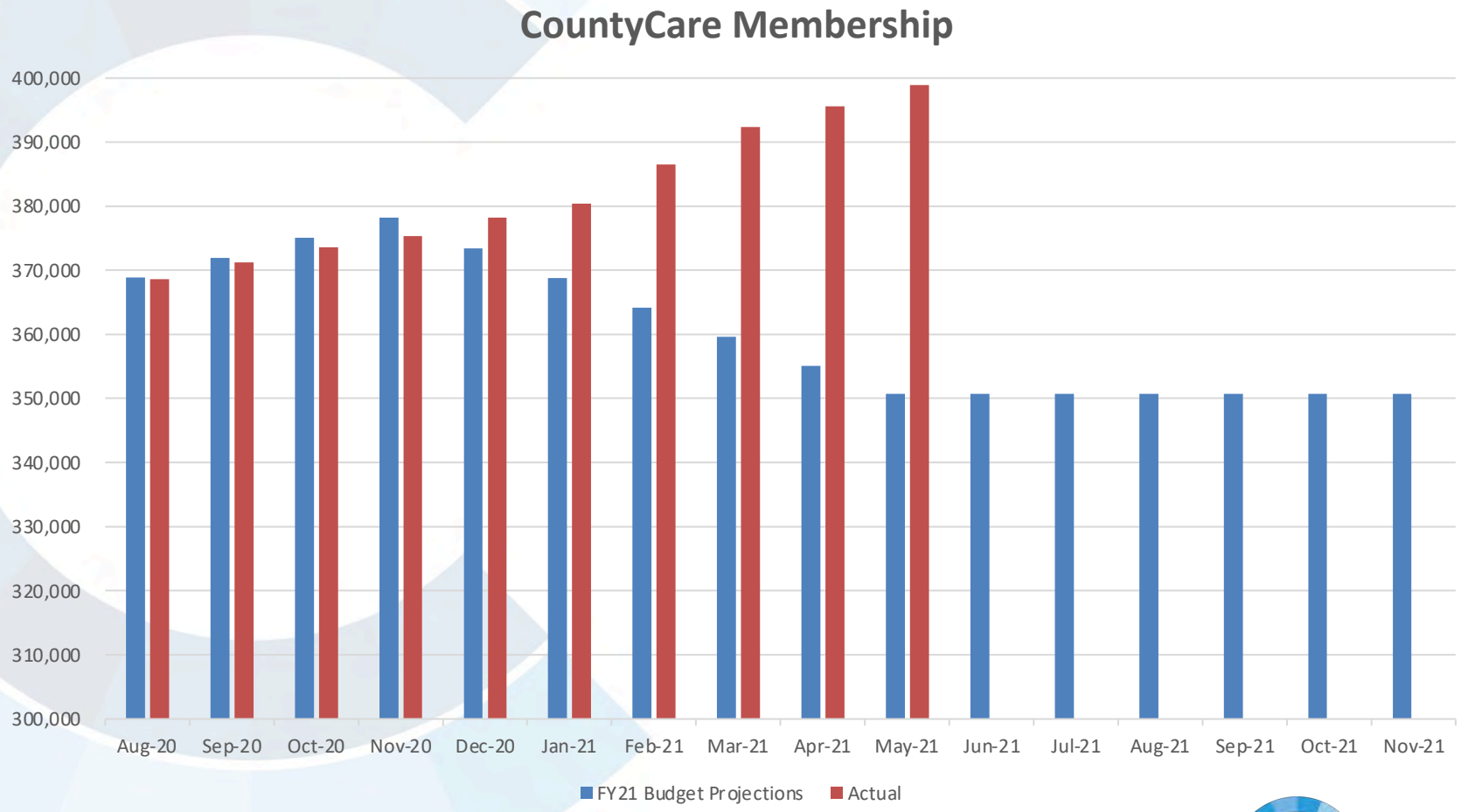




- CountyCare's enrollment has increased 20.0% over the past 12 months, slightly lagging the Cook County increase of 21.9%
- CountyCare's enrollment increased 1.6% in March 2021 compared to the prior month

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



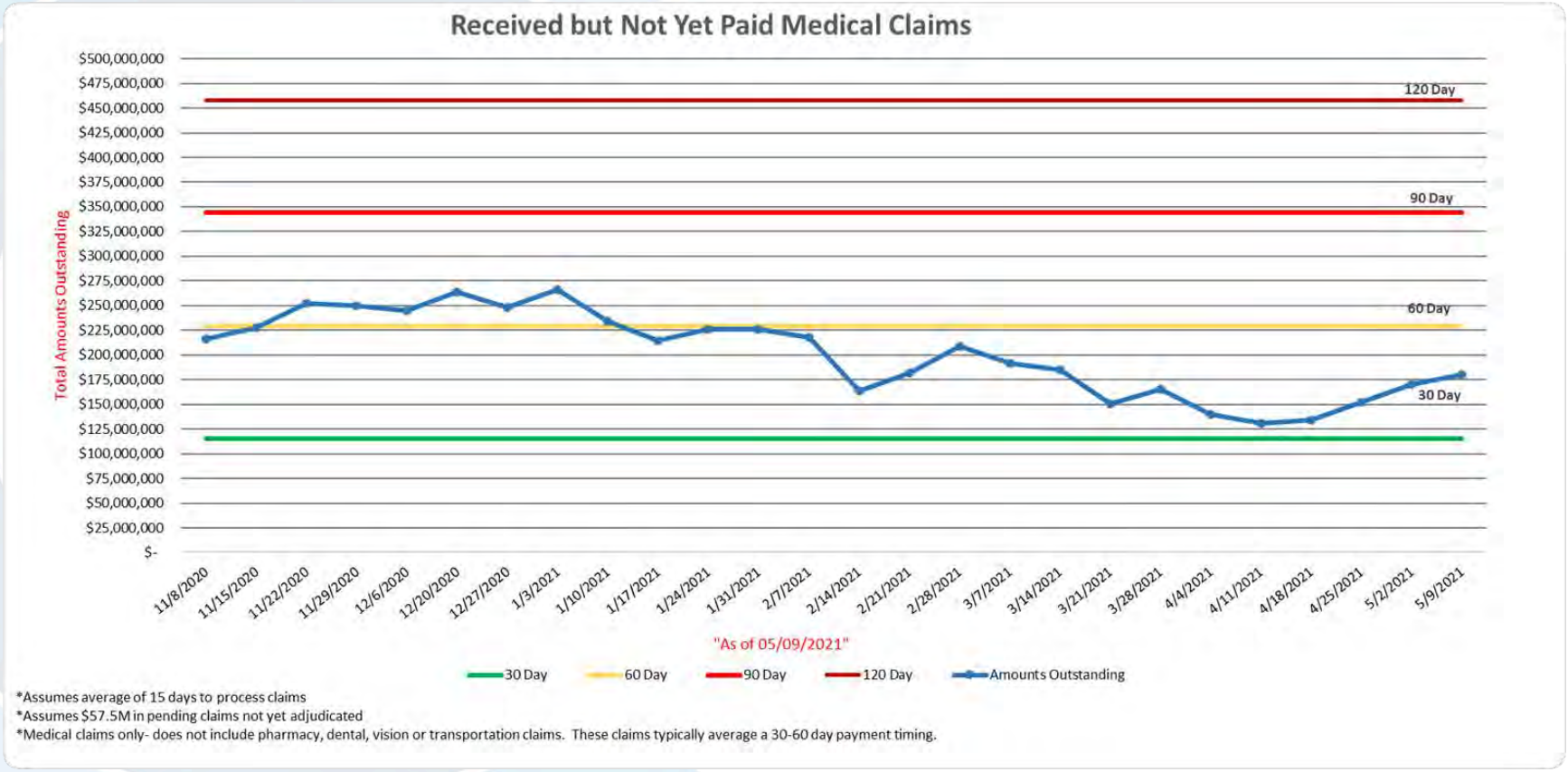
CountyCare HEALTH PLAN

Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	**State Goal**	**Jan 2021**	**Feb 2021**	**Mar 2021**
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	2.39%	2.55%	2.62%
Hold Time (minutes)	1:00	0:19	0:20	0:18
% Calls Answered < 30 seconds	> 80%	86.75%	85.53%	85.18%
		Quarterly		
Claims/Encounters Acceptance Rate	98%	98.0%		

CountyCare HEALTH PLAN

Claims Payments



*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.

CountyCare HEALTH PLAN

Claims Payments

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	$ 109,814,352	$ 53,445,721	$ 46,955,452	$ 9,290,569	$ 219,506,093
Q2 2020	$ 116,483,514	$ 41,306,116	$ 27,968,899	$ 18,701,664	$ 204,460,193
Q3 2020	$ 118,379,552	$ 59,681,973	$ 26,222,464	$ 71,735	$ 204,355,723
Q4 2020	$ 111,807,287	$ 73,687,608	$ 61,649,515	$ 1,374,660	$ 248,519,070
Q1 2021	$ 111,325,661	$ 49,497,185	$ 4,766,955	$ 37,362	$ 165,627,162
Week of 5/9/2021	$ 105,513,227	$ 60,796,423	$ 13,331,195	$ 112,774	$ 179,753,619

***0-30 days is increased for an estimated $57.5M of received but not adjudicated claims**
***Medical claims only-does not include pharmacy, dental, vision or transportation claims**
***The amounts in the table are clean claims**

CountyCare HEALTH PLAN

ATTACHMENT #4

Corporate Compliance Report

CCH Board of Directors

May 28, 2021

COOK COUNTY HEALTH

Meeting Objectives

- Discuss External Compliance Program Evaluation
- Review CountyCare Compliance Plan
  - Request for Approval

Evaluation of Compliance

Independent External Review

COOK COUNTY HEALTH

Why Conduct a Compliance Program Evaluation?

- CCH Compliance continually evolves, especially with changes in regulations and emerging risks
- Internal Compliance Program reviews occur regularly to address the landscape *but*, the federal government recommends periodic reviews by external experts
  - The U.S. Department of Health and Human Services Office of the Inspector General (OIG) recommends that compliance programs periodically undergo an independent review to verify that program operations are running as effectively as possible
- An independent evaluation,
  - determines if the program is effective
  - identifies opportunities for improvements
  - reinforces Board, CEO and executive management oversight obligations
- Effective programs are an essential component of leniency in the sentencing of organizations under U.S. Sentencing Guidelines (USSC)

Why Strategic Management Services?

- Evaluated 5-vendors through the CCH RFP process, selected Strategic Management
- Established in 1992 by former HHS Inspector General, Richard Kusserow
- Focused health care consulting firm that concentrates on corporate compliance
- Well-known nationally as an industry leader
- Partnered with more than 3,000 healthcare organizations, including CCH

How was independence and objectivity maintained?

- Evaluation was performed by individuals who have never provided services to CCH
- Reviewers were firewalled from others who did provide services
- Received an attestation from the CEO confirming the review was conducted in accordance with Generally Accepted Government Audit Standards (GAGAS)

How are Compliance Programs Evaluated?

Through the following,

- Examination of Compliance Program design and structure
- Review of compliance documentation, policies and procedures
- Validation testing of processes
- Assessments of training
- Observations of oversight meetings
- Interviews with CCH leadership and staff for a 360° review of the program

How To Measure Compliance Program Effectiveness?

Review Focus Areas

- Is the Compliance Program Well Designed?
- Is the Compliance Program Implemented Effectively?
- Does the Compliance Program Actually Work in Practice?

Sources:

US Department of Health and Human Services, Office of Inspector General. Compliance Program Guidance for Hospitals.

US Department of Justice, Criminal Division. Evaluation of Corporate Compliance Programs.

Focus on the Fundamentals of the Compliance Programs

Seven (7) Essential Elements

1. Written policies, procedures and standards of conduct
2. Compliance Program oversight
3. Regular education and training programs
4. Open lines of communication
5. Internal auditing and monitoring of compliance risk areas
6. Consistent discipline
7. Corrective actions

Is the Compliance Program Well Designed?

- **Policies and procedures** – Is there a Code of Ethics that calls for commitment to full compliance with federal and state laws? Are Compliance Program policies and procedures comprehensive and accessible in order to prevent misconduct?
- **Training and communication** – Are Compliance Program policies and procedures incorporated into the organization through periodic training and certification by relevant employees, directors, and officers?
- **Confidential reporting structure and investigation process** – Does the complaint process encourage reporting issues without fear of retaliation? Does the process for conducting investigations of complaints ensure timely completion with appropriate follow-up and disciplining?
- **Risk assessments** – Is the Compliance Program appropriately designed to detect misconduct most likely to occur for the organization's line of business and complex regulatory environment? Is there a focus on quality related issues and compliance high-risk areas?
- **Third-party management** – Does the organization have comprehensive understanding of third-party partners qualifications and associations and their reputations? Is proper scrutiny given to third-party partners and the organization's ability to enforce its internal controls?

Is the Compliance Program Implemented Effectively?

- **Commitment by senior and middle management** – Have senior and middle management clearly articulated and demonstrated commitment to ethical standards and compliance? Is management enforcing the program or tacitly encouraging or pressuring employees to engage in misconduct?
- **Autonomy and resources** – Is the Compliance Program structured with:
  - Appropriate personnel with sufficient seniority and authority to effectively manage the program;
  - Resources to be able to conduct training and complete audits, documentation, and analysis of compliance risks;
  - Direct access to the board.
- **Issue reporting** – What happens with reports of violations?
- **Incentives and disciplinary measures** – Are there clear disciplinary procedures in place for compliance violations? Are disciplinary measure enforced consistently? Do disciplinary procedures match the violations?
- **Program evolution** – Why did the organization choose to set up the Compliance Program the way that it has, and why and/or how has the Compliance Program evolved over time? Is the organization less vulnerable to compliance liabilities?
- **Looking for overall evidence that it is not just a paper program.**

Does the Compliance Program Work Effectively in Practice?

At the time of a specific concern or issue

- How was the incident detected (if at all)?
- Did adequate resources exist to investigate suspected incident?
- Were the organization's remedial efforts thorough?
- Did the organization undertake an adequate and honest root-cause analysis to understand what contributed to the incident and degree of remediation needed to prevent similar events in the future?

How did the Compliance Program evolve to address the existing/changing compliance risks?

Review Findings

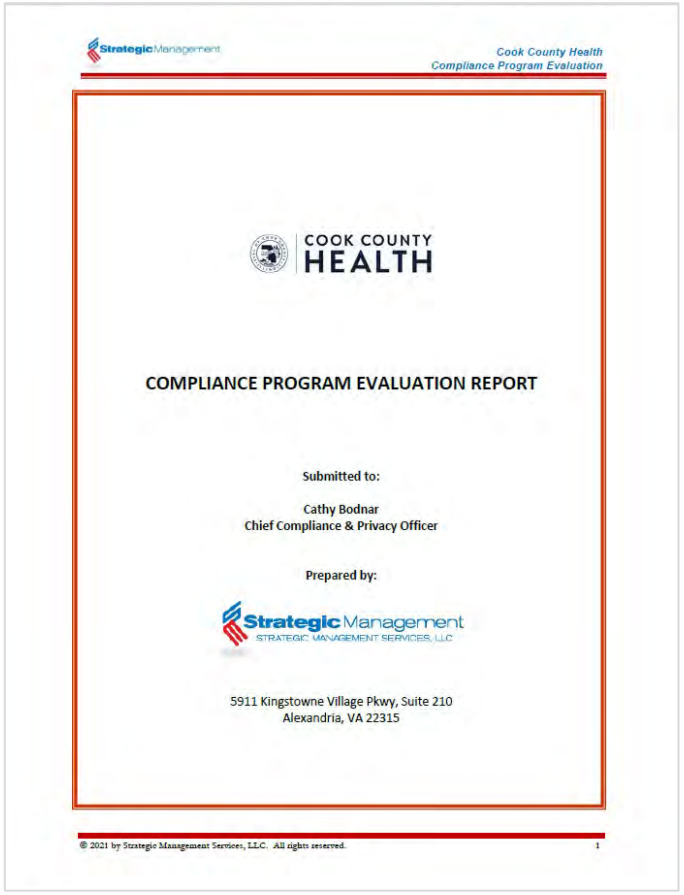
- Dedicated Chief Compliance & Privacy Officer and Compliance Office staff
- Compliance Program staff is knowledgeable, well-regarded, accessible and responsive
- Broad CCH Leadership and Board support for Compliance Program
- Detailed Compliance policies and procedures on wide range of compliance matters
- Compliance training is delivered on hire and annually
- Multiple effective channels for reporting issues to Compliance
- Tools are used to track and report on Compliance issues and auditing/monitoring activity
- Exclusion screening checks performed for employees and vendors upon hire/contract and monthly

Review Recommendations

- Strengthen Oversight
- Update Compliance Committee Charters
- Increase Staffing
- Modify Code of Ethics with a CEO Introduction and Add Policies
- Improve Training and Education
- Re-initiate Formal Risk Assessments, Partner with Internal Audit
- Partner with Operations on Monitoring to Improve Processes or Ameliorate Deficiencies
- Communicate Reporting Responsibilities

Next Steps

- Develop a Thoughtful Action Plan



CountyCare HEALTH PLAN

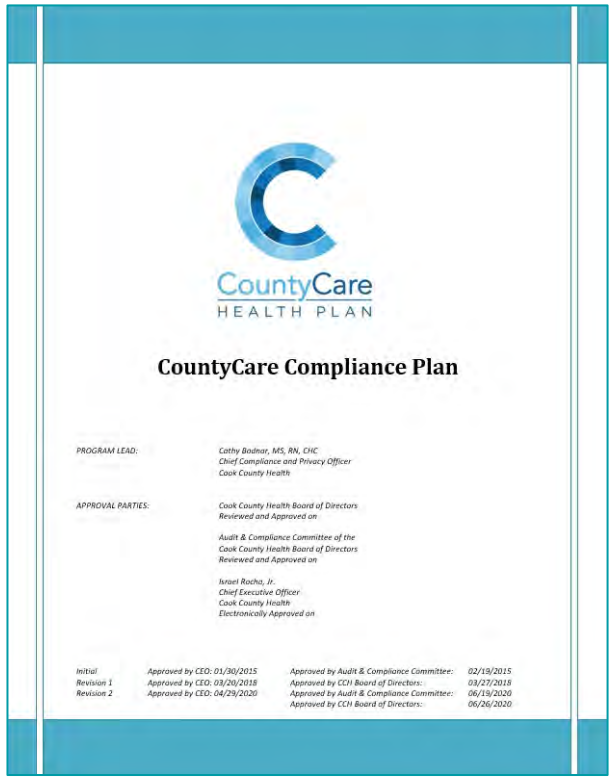
Compliance Plan

Request for Approval

COOK COUNTY HEALTH

Annual Review of the CountyCare Compliance Plan

Continues to follow the 7 elements of an effective compliance program


CountyCare
HEALTH PLAN

CountyCare Compliance Plan

PROGRAM LEAD: Cathy Bodnar, MS, RN, CHC
Chief Compliance and Privacy Officer
Cook County Health

APPROVAL PARTIES: Cook County Health Board of Directors
Reviewed and Approved on

Audit & Compliance Committee of the
Cook County Health Board of Directors
Reviewed and Approved on

Israel Rocha, Jr.
Chief Executive Officer
Cook County Health
Electronically Approved on

Initial	Approved by CEO: 01/30/2015	Approved by Audit & Compliance Committee:	02/19/2015
Revision 1	Approved by CEO: 03/20/2018	Approved by CCH Board of Directors:	03/27/2018
Revision 2	Approved by CEO: 04/29/2020	Approved by Audit & Compliance Committee:	06/19/2020
		Approved by CCH Board of Directors:	06/26/2020

1. Follows requirements found in the MCCN and amendments;
2. Holds all partners accountable for compliance;
3. Commits to maintain confidentiality and protections for whistleblowers;
4. Strengthens fraud and abuse procedures; and
    a. Integrates the FWA Plan.

Request for approval

CountyCare
HEALTH PLAN

Fraud, Waste and Abuse Plan

COOK COUNTY HEALTH

Questions?

COOK COUNTY HEALTH

ATTACHMENT #5

HRO Dashboard

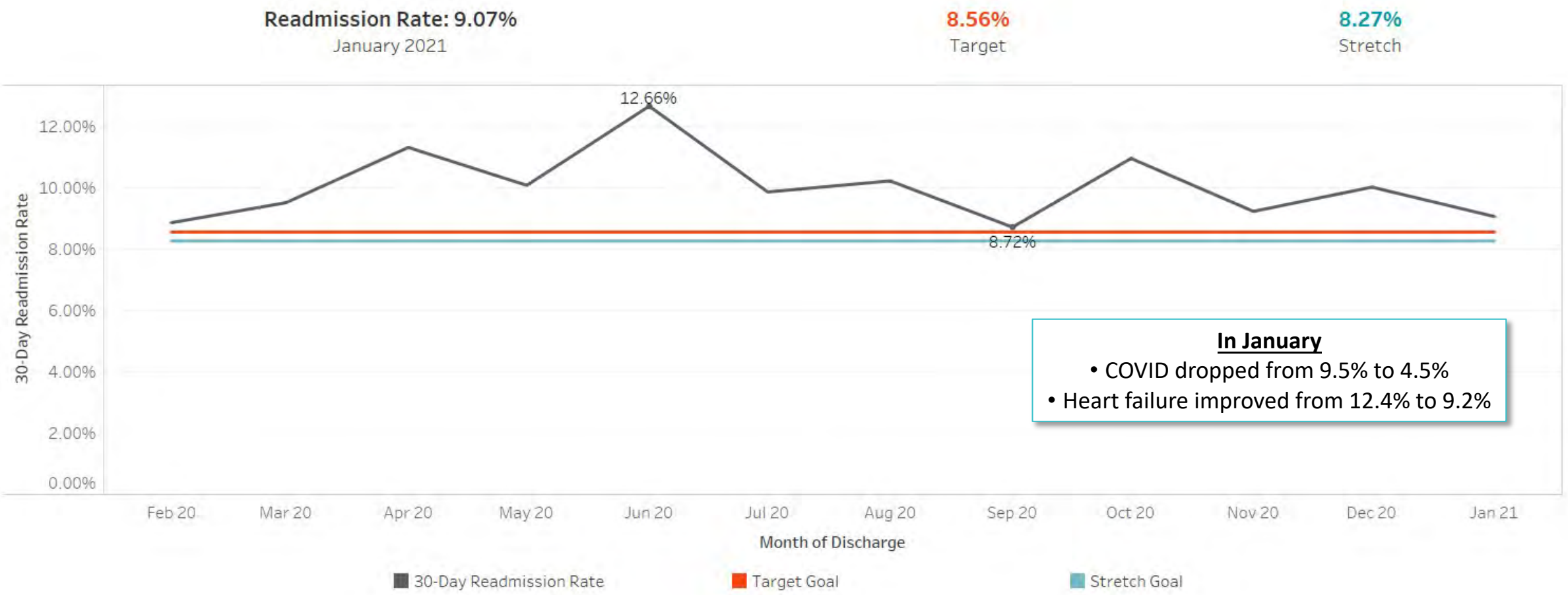
Quality and Patient Safety Committee

May 2021

COOK COUNTY HEALTH

30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions



In January

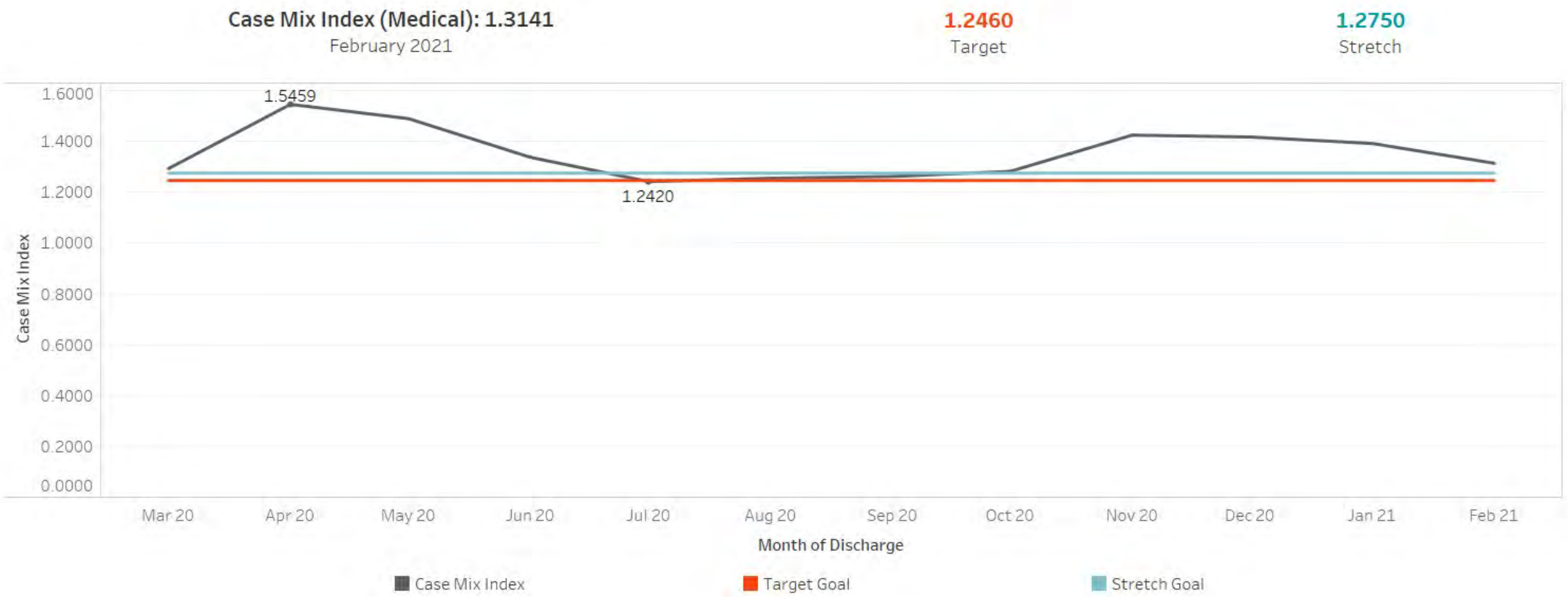
- COVID dropped from 9.5% to 4.5%
- Heart failure improved from 12.4% to 9.2%

COOK COUNTY HEALTH

*Lower readmission rate is favorable

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

HRO Domain: Clinical Documentation

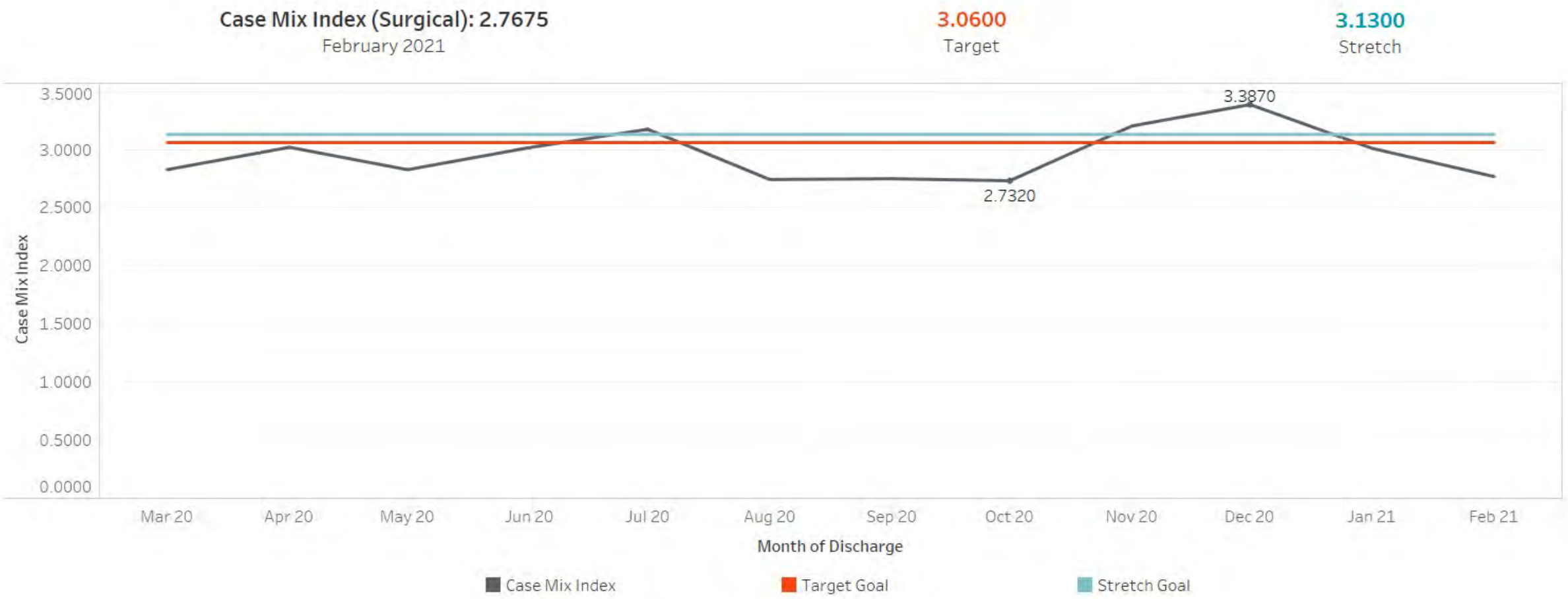


COOK COUNTY HEALTH

*Higher case mix index is favorable

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

HRO Domain: Clinical Documentation

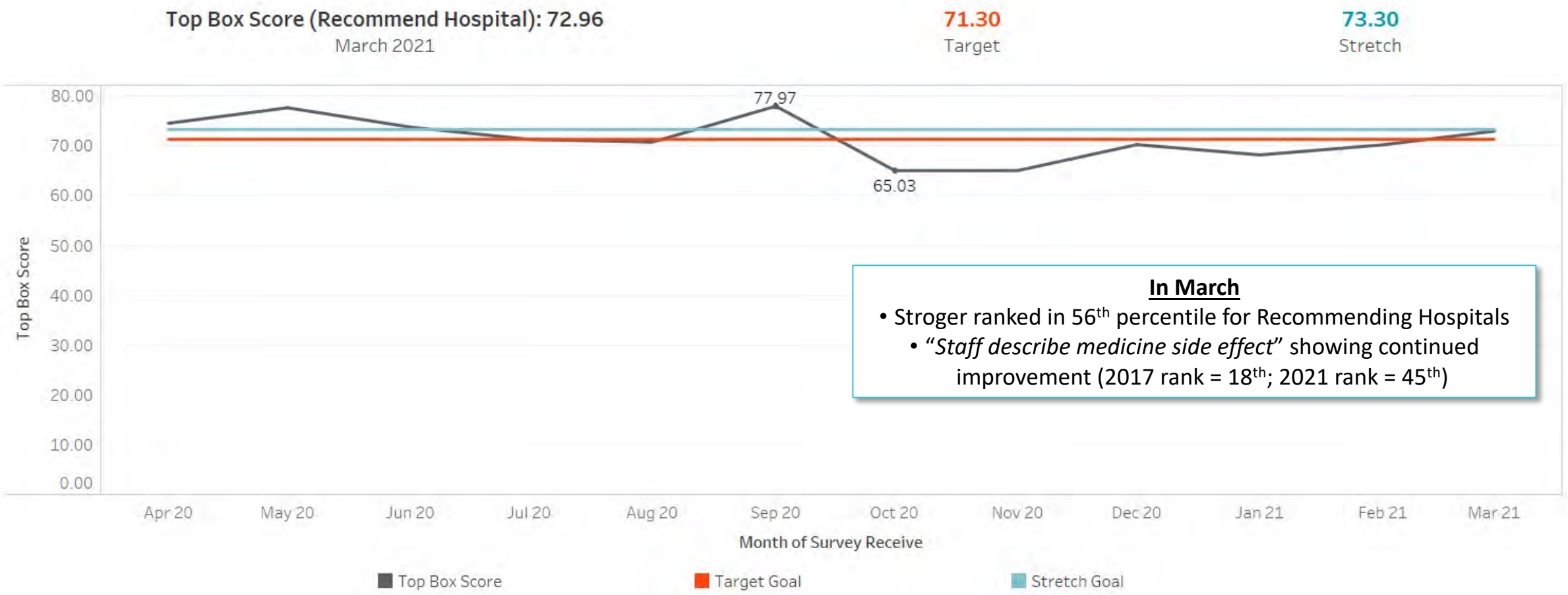


COOK COUNTY HEALTH

*Higher case mix index is favorable

Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience



In March

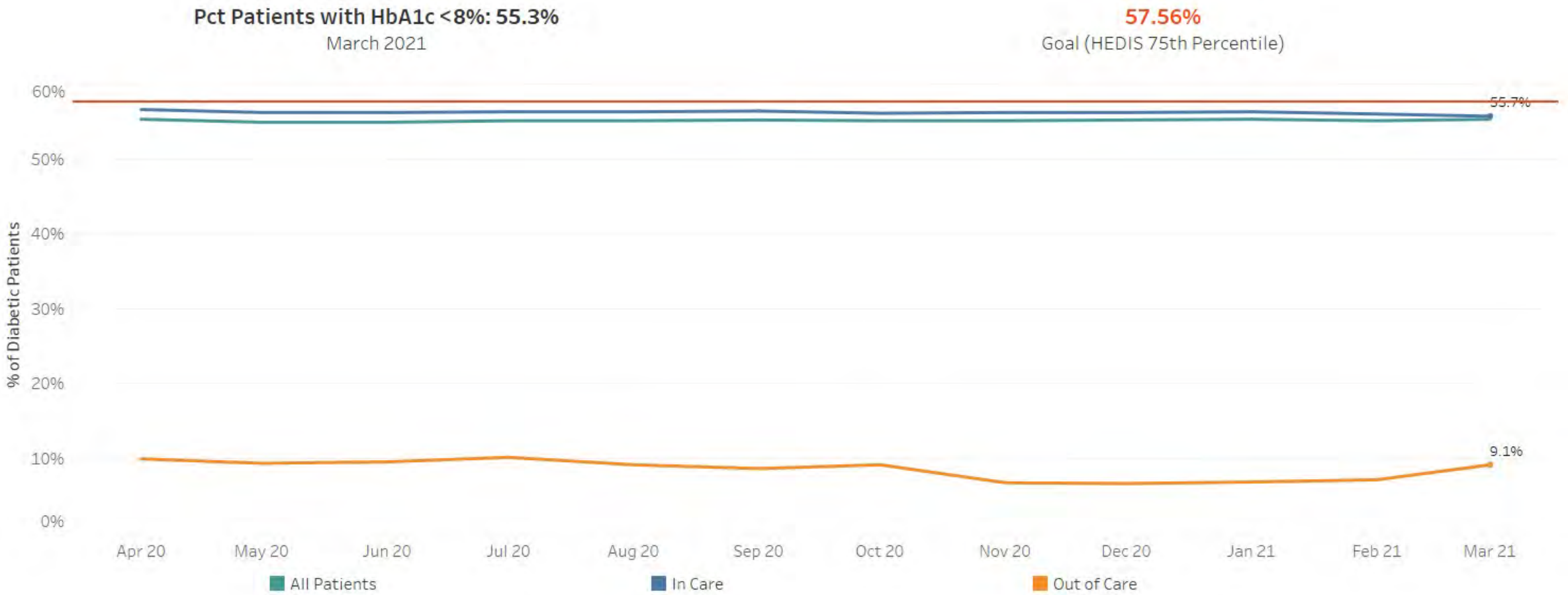
- Stroger ranked in 56th percentile for Recommending Hospitals
- "*Staff describe medicine side effect*" showing continued improvement (2017 rank = 18th; 2021 rank = 45th)

COOK COUNTY HEALTH

*Higher top box score is favorable

HbA1c <8%

HRO Domain: HEDIS

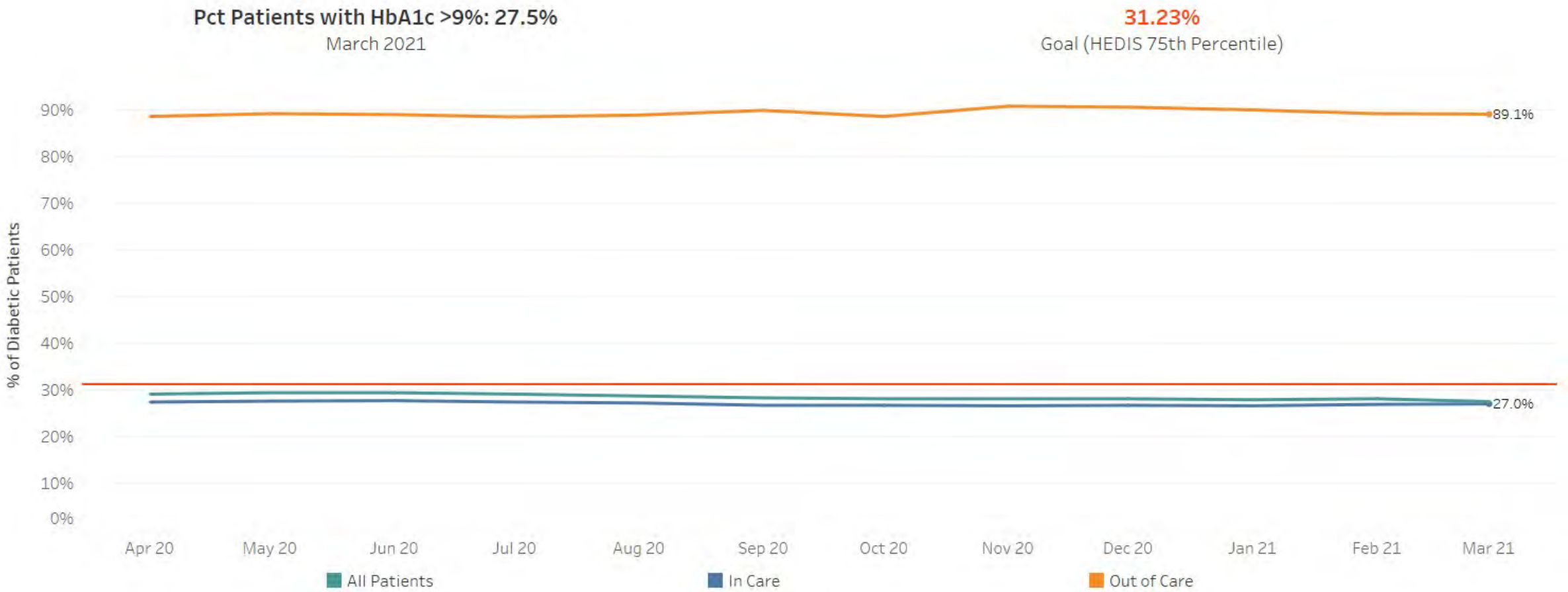


COOK COUNTY HEALTH

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

HbA1c >9%

HRO Domain: HEDIS



COOK COUNTY HEALTH

*__Lower__ percent of diabetics patients (>9%) is favorable

Metric	Definition
30-Day Readmission Rate	• *Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger* • **Calculation:** Raw unplanned readmission rate (# of readmissions / total # of eligible discharges) • **Population included:** all inpatient discharges from Stroger • **Cohort inclusions:** any payer; any age; alive at discharge • **Cohort exclusions:** Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth • **Reporting timeframe:** reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge • **Data source:** Vizient Clinical Data Base
Case Mix Index	• *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* • **Population included:** all inpatient discharges from Stroger • **Cohort inclusions:** any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (*Surgical: an OR procedure is performed*) • **Cohort exclusions**: none • **Reporting timeframe:** reported monthly by most current month available; reported by month of patient discharge • **Data source:** Vizient Clinical Data Base
Recommend the Hospital	• *Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey* • **Calculation:** Percent of patient responses with "Definitely Yes" (*top box*) / total survey responses • **Population included:** Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient • **Cohort exclusions:** discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located • **Reporting timeframe:** reported monthly by most current month available; reported by month of survey received date • **Data source:** Press Ganey
HbA1c >9%	• *Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (>9.0%)* • **Calculation:** Percent of diabetic patients with HbA1c not in control / total diabetic patients • **Population included:** (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) *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) • **Cohort exclusions**: none • **Reporting timeframe:** reported monthly by most current month available; reported by month of patient visit • **Data source:** NCQA, HEDIS

ATTACHMENT #6

CCH YTD Financial Update – March 31, 2021 FYTD

Andrea Gibson

Interim Chief Business Officer

May, 2021

COOK COUNTY HEALTH

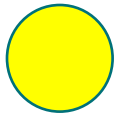
Executive Summary: Statement of Financial Condition

- Cook County Health (CCH) interim financial results for the period ending March 31, 2021:
  - Cash. The County's preliminary cash report on revenues and expenses ending March 31, show a negative variance of $171M. 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 March $10.7M ahead of budget.
  - Revenue Commentary:
    - Net patient service revenue in line with expectation
      - Lower than budgeted volumes year to date are offset by better rate and payer mix
    - CountyCare capitation significantly higher than expected
  - Expenditures:
    - CountyCare claims expense higher than budget
    - Better than expected domestic spend
    - Pending reimbursements related to COVID related expenses ($7M)
  - Revenue Cycle Indicators:

COOK COUNTY HEALTH

Accounts Receivable

Discharged Not Final Billed



Denials

Interim Financial Results – March 31, 2021 FYTD

Dollars in 000s	FY2021 Actual	FY2021 Budget	Variance	%	FY20 Actual (3)
Revenue					
Net Patient Service Revenue (1)	$180,849	$181,612	($763)	-0.42%	$167,744
Government Support (2)	$127,384	$127,384	$0	0.00%	$130,369
CountyCare Capitation Revenue	$778,323	$711,389	$66,934	9.41%	$642,272
Other	$13,253	$5,000	$8,253	165.05%	$1,425
CountyCare Elimination (1)	($38,776)	($25,153)	($13,622)	54.16%	($51,390)
Total Revenue	**$1,061,032**	**$1,000,232**	**$60,801**	**6.08%**	**$890,421**
Operating Expenses					
Salaries & Benefits	$223,637	$248,285	$24,648	9.93%	$225,801
Overtime	$15,657	$11,659	($3,998)	-34.29%	$17,302
Supplies & Pharmaceuticals	$48,579	$45,160	($3,419)	-7.57%	$48,519
Purchased Services & Other	$124,003	$113,127	($10,876)	-9.61%	$102,076
Medical Claims Expense (1)	$735,136	$665,128	($70,008)	-10.53%	$596,278
Insurance	$10,621	$12,048	$1,426	11.84%	$10,621
Utilities	$4,878	$3,430	($1,447)	-42.20%	$4,230
CountyCare Elimination (1)	($38,776)	($25,153)	$13,622	-54.16%	($51,390)
Total Operating Expenses	**$1,123,736**	**$1,073,684**	**($50,051)**	**-4.66%**	**$953,438**
Operating Margin	**($62,703)**	**($73,453)**	**$10,749**	**14.63%**	**($63,016)**
Non-Operating Revenue	**$40,902**	**$40,902**	**$0**	**0.00%**	**$27,568**
Net Income (Loss) (3)	**($21,802)**	**($32,551)**	**$10,749**	**0.00%**	**($35,448)**

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.

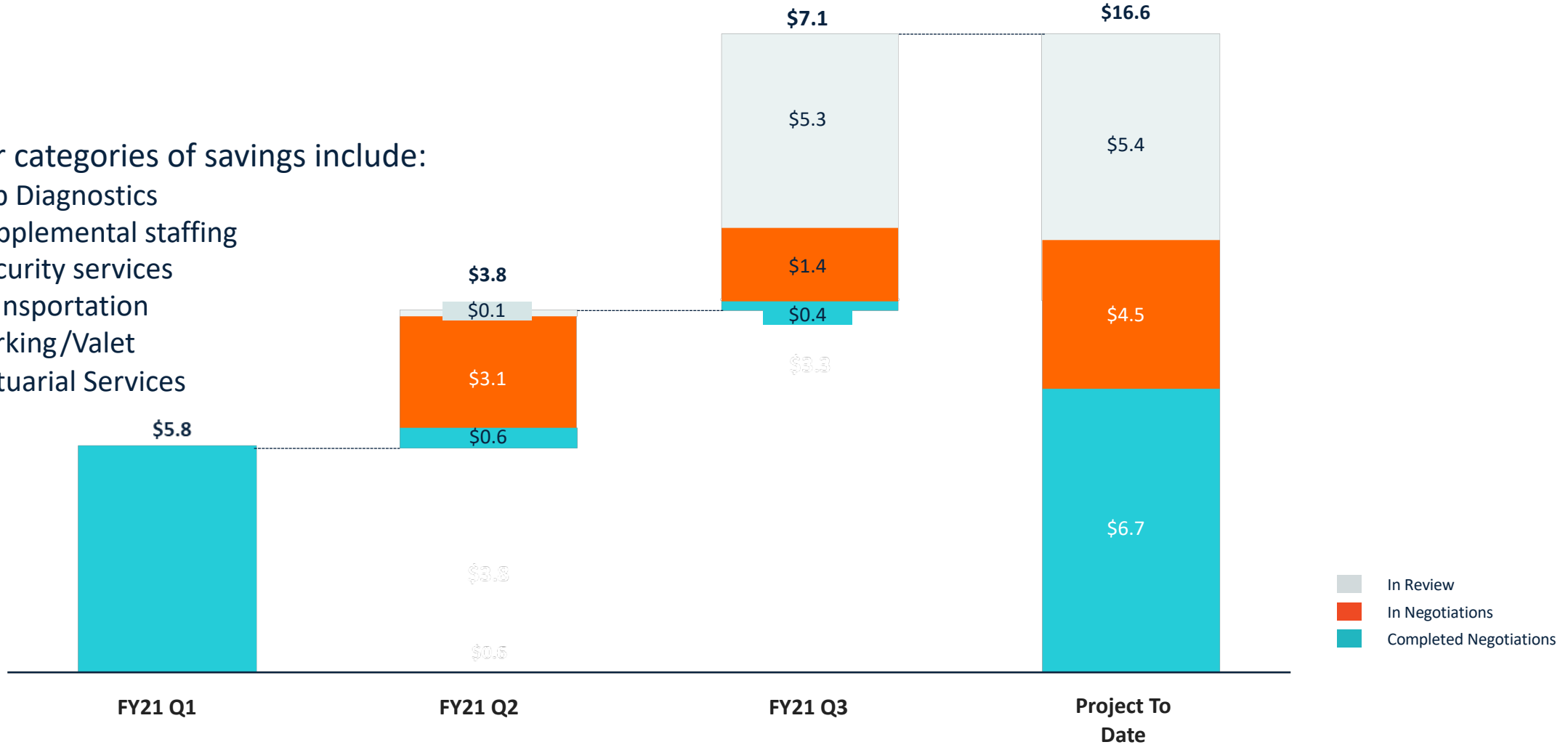
Source: CCH unaudited financial statements and FY20 budget.

COOK COUNTY HEALTH

CCH Savings Forecast

Major categories of savings include:

- Lab Diagnostics
- Supplemental staffing
- Security services
- Transportation
- Parking/Valet
- Actuarial Services



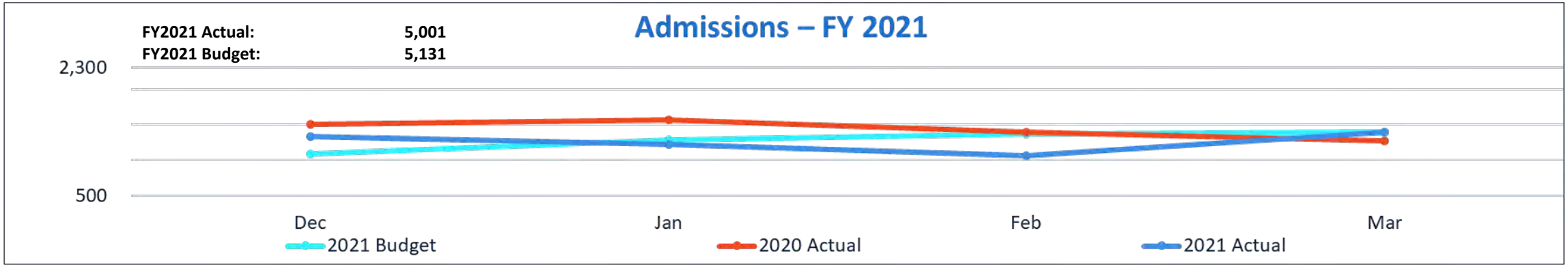
COOK COUNTY HEALTH

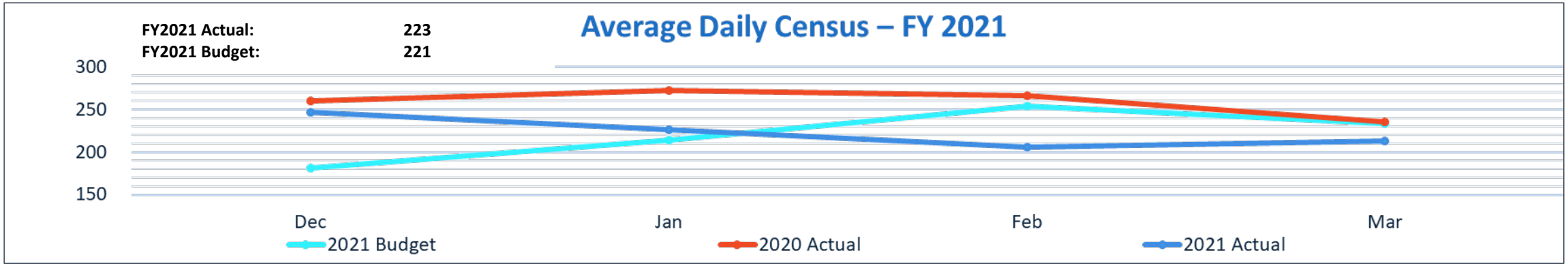
CCH Health Providers Revenue – March 31`, 2021

Revenue Operating Indicators

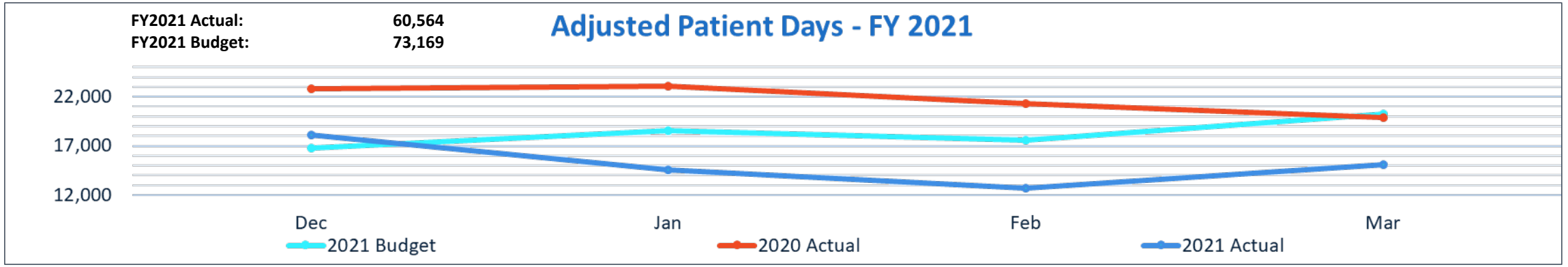
Patient Activity	YTD 2021 Actual	YTD 2021 Budget	%	Mar 2021 Actual	Mar 2020 Actual	Mar 2019 Actual	2020 YTD Actual	2019 YTD Actual
Admissions	5,001	5,131	-2.5%	1,388	1,276	1,443	5,744	5,340
Patient Days	27,054	26,591	1.7%	6,606	7,326	7,655	31,514	29,943
Average. Daily Census	223	221	0.9%	213	236	247	259	248
Adjust Patient Days	60,564	73,169	-17.2%	15,137	19,886	20,385	87,013	80,775

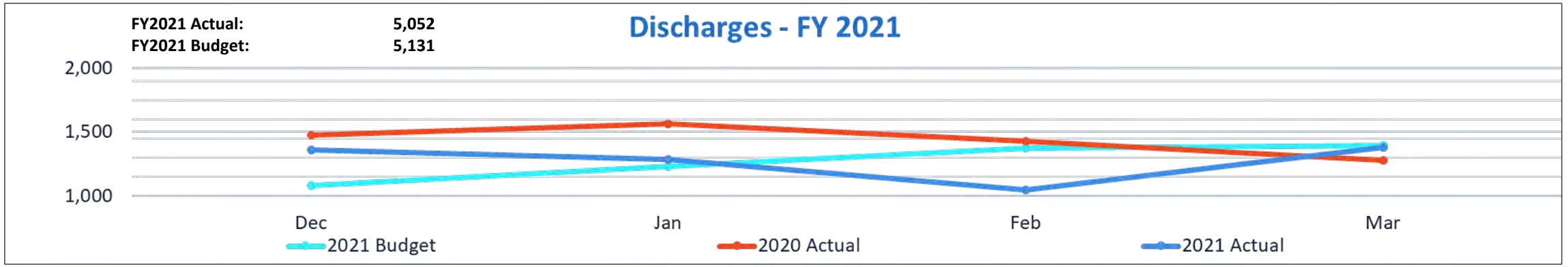
CCH 12 Month Patient Activity Levels



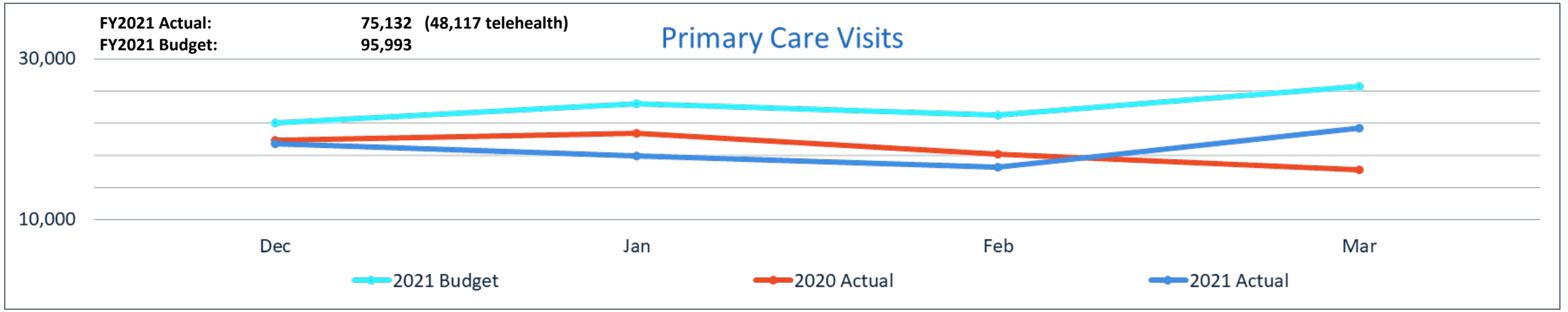


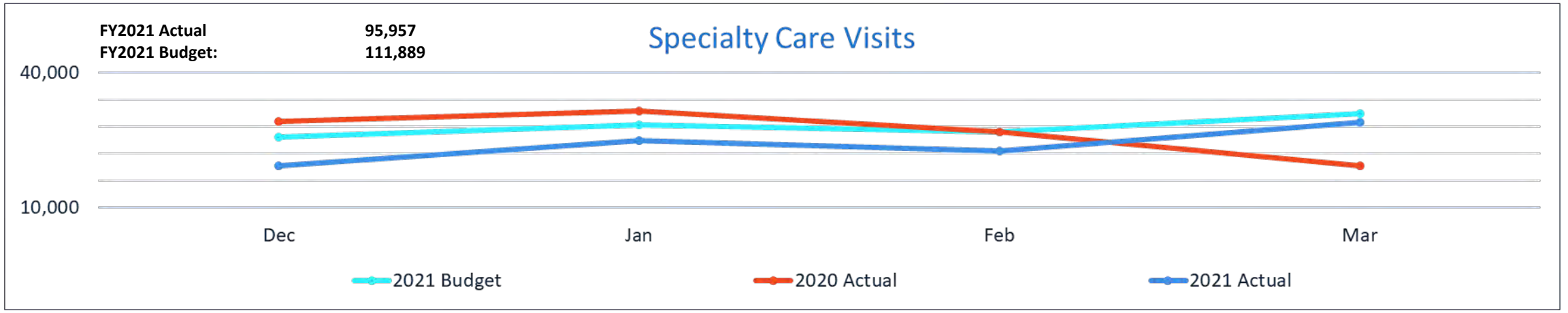
CCH 12 Month Patient Activity Levels



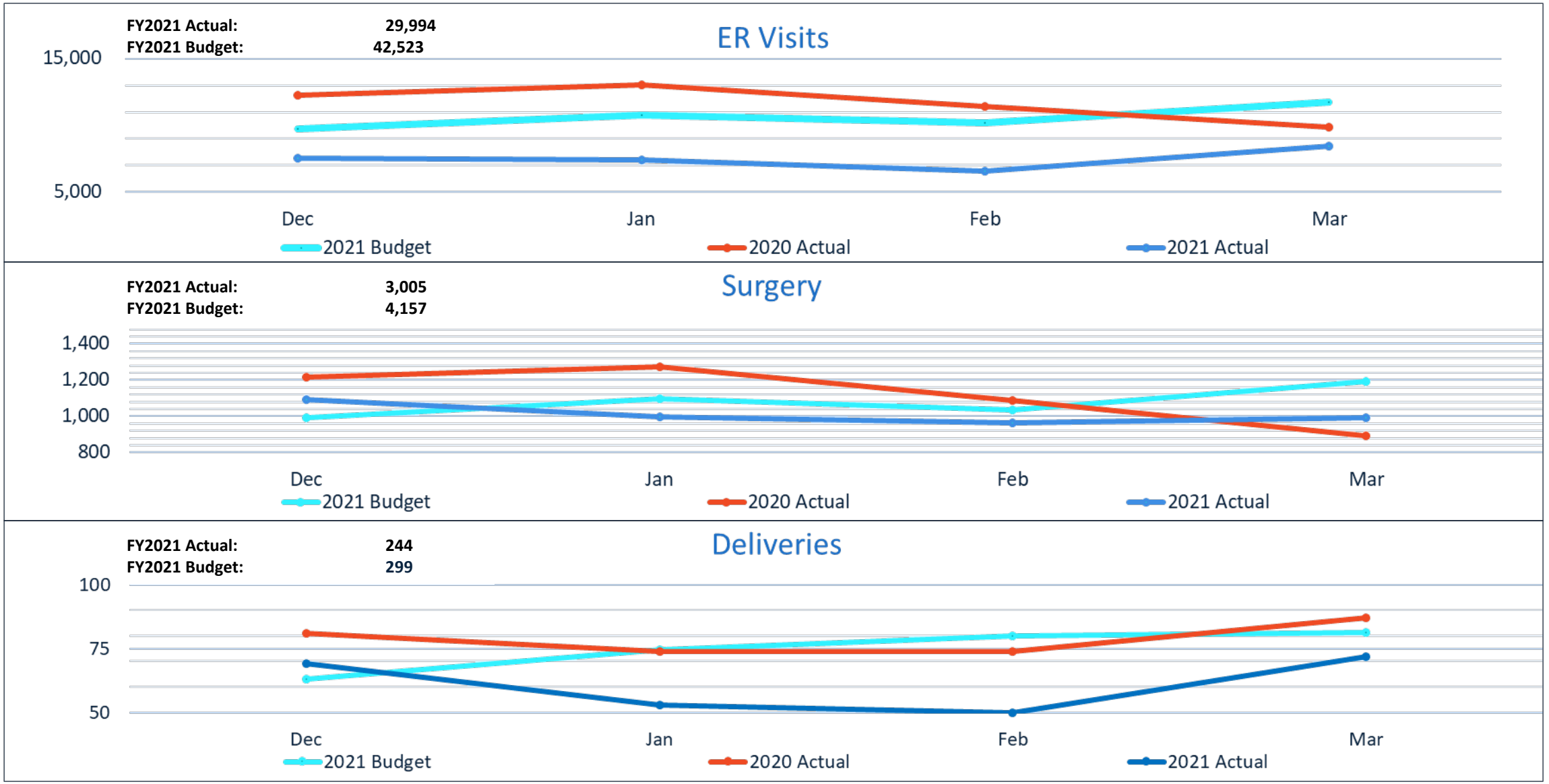


Patient Activity Indicators – FYTD 2021



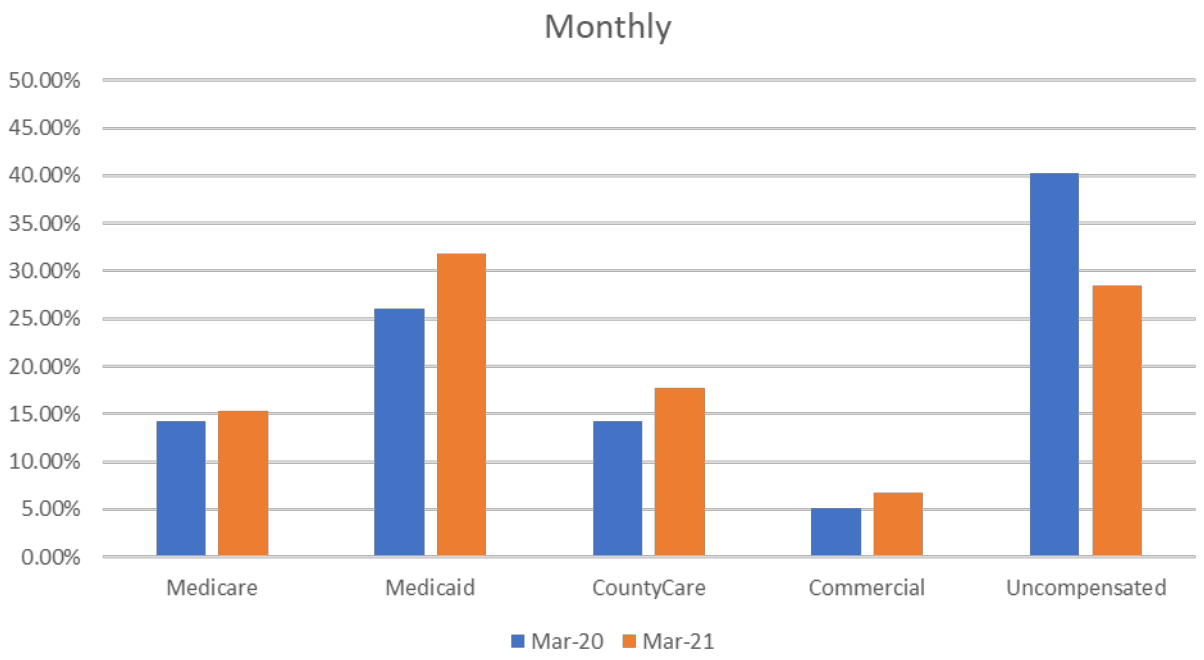


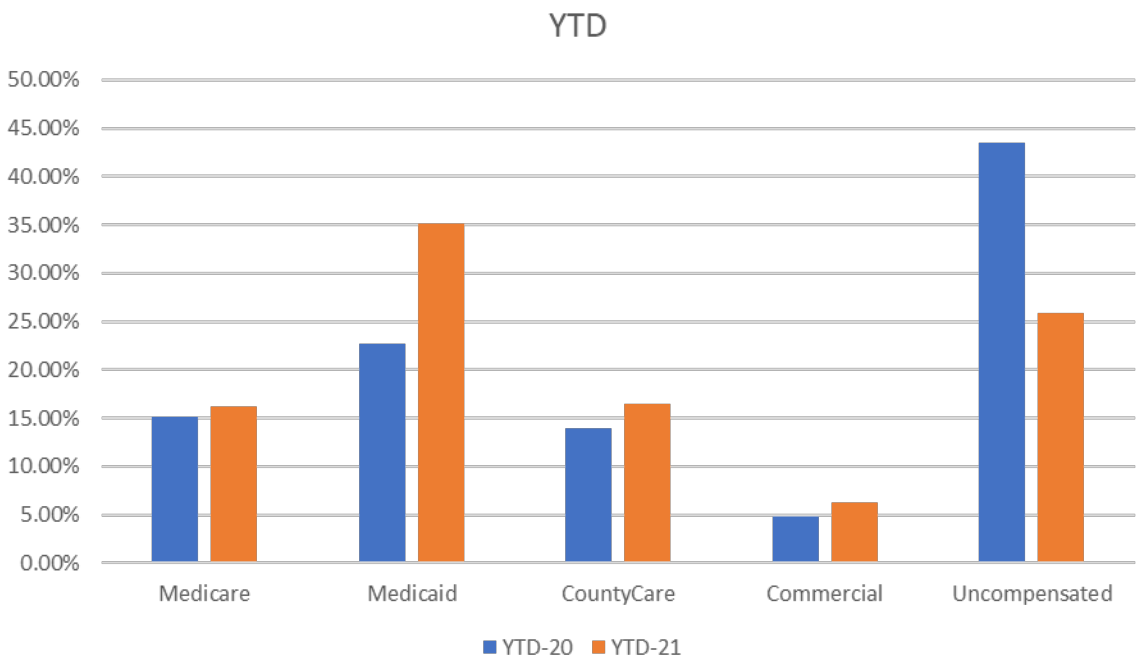
Patient Activity Indicators – FYTD 2021



CCH Health Providers Revenue – March 31, 2021 FYTD

Payer Mix Analysis (by Charges)

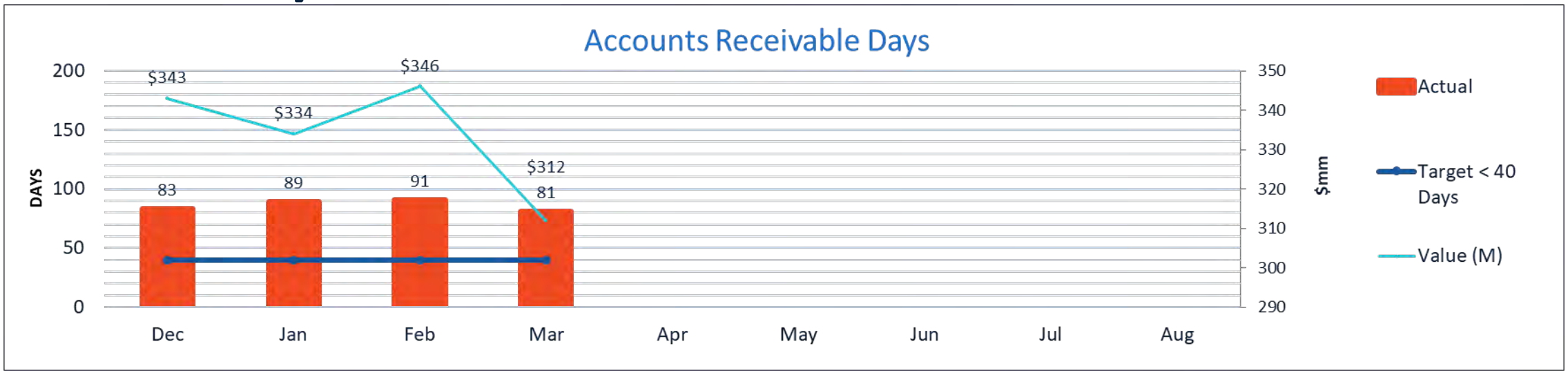


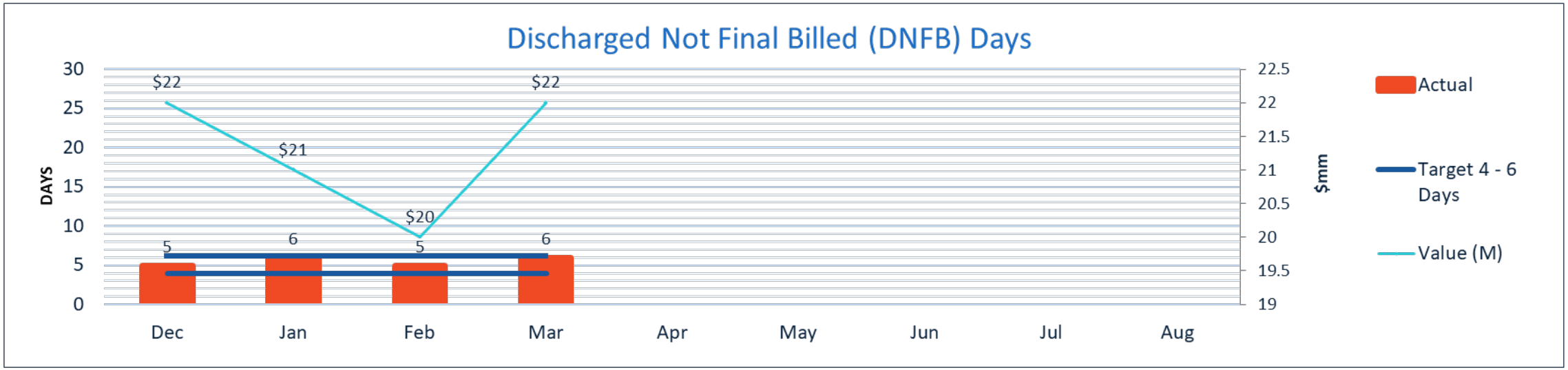


COOK COUNTY HEALTH

Note:
CountyCare is a Medicaid managed care program. It is shown separately to provide visibility to CountyCare.

Financial Key Performance Indicators – 2021 FYTD





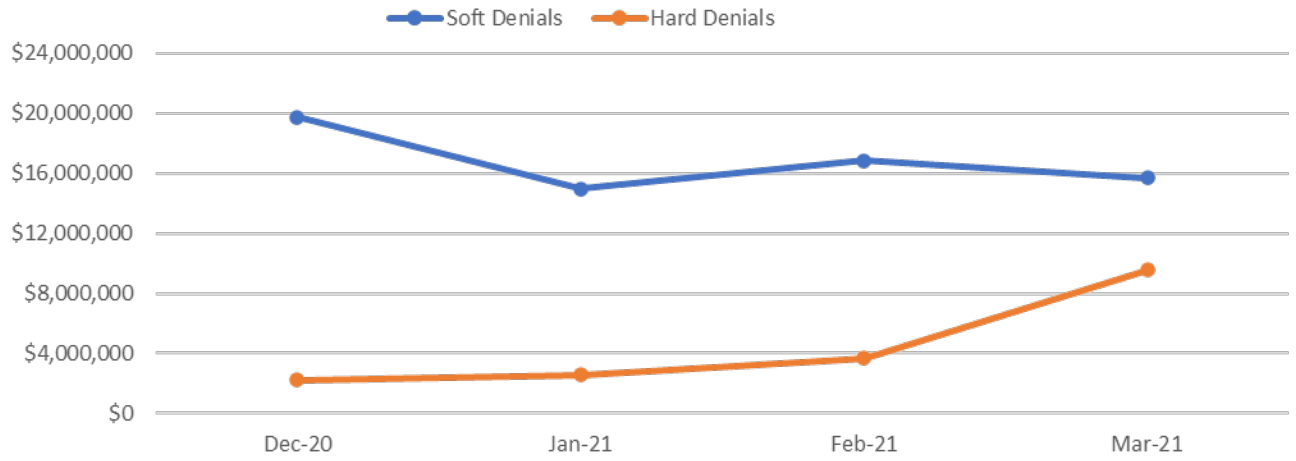
COOK COUNTY HEALTH

Denials -- March 31, FYTD 2021

Type	Current Month		FY21 YTD		Benchmark
	%	$	%	$	$
Soft Denials*	14%	15,681,386	15%	67,208,202	5%
Hard Denials**	8%	9,548,965	4%	18,014,510	2%

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

*** Claim is denied and needs to be written off*

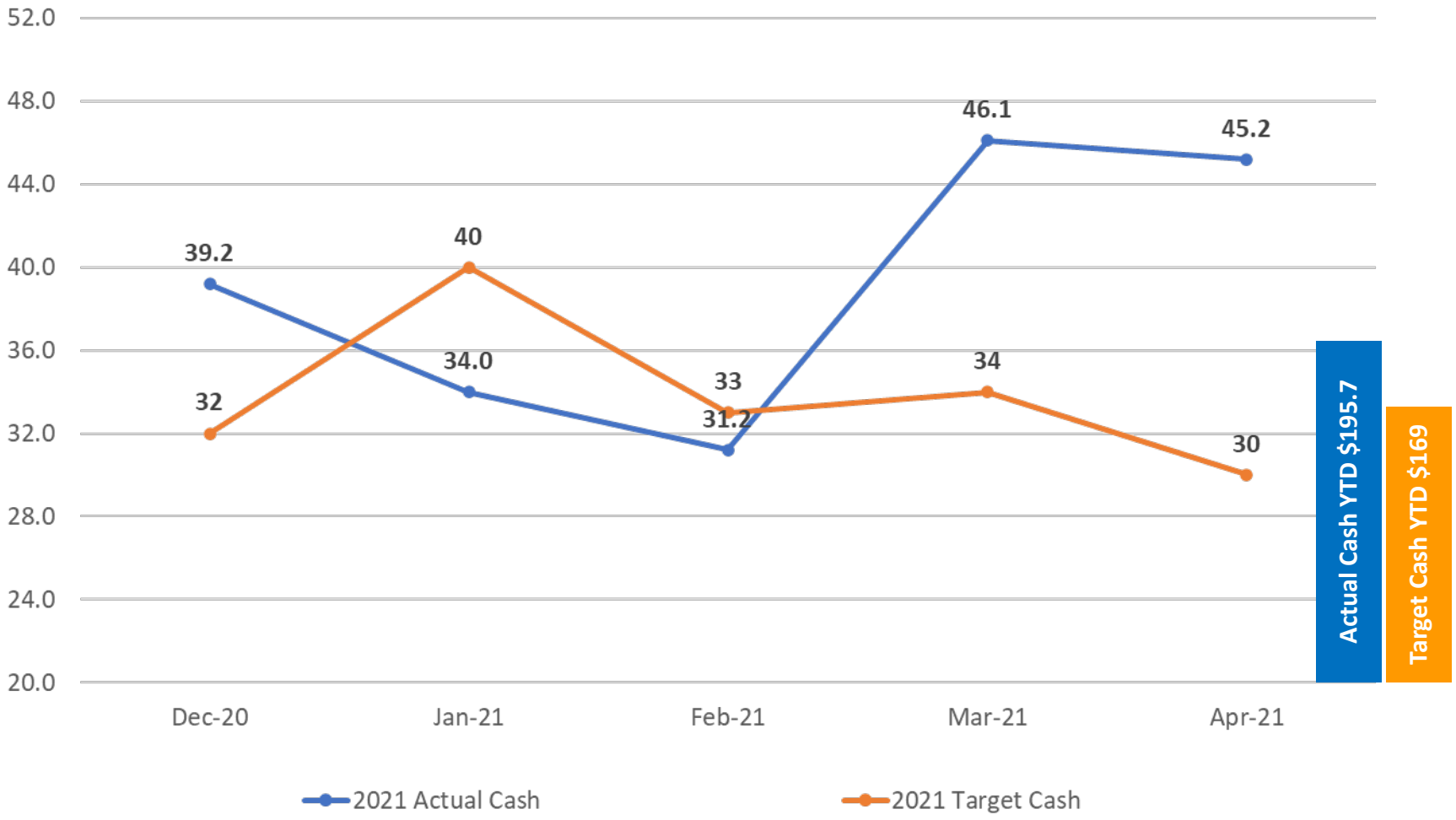


Hard Denial Summary:

Area	Amount
Timely Filing	$7,458,655
Prior Authorization	$1,055,101
Non-Covered Services	$577,933
Case Management	$374,855
Coding	$50,203
Patient Access	$19,465
Other	$12,753
Total	**$9,548,965**

COOK COUNTY HEALTH

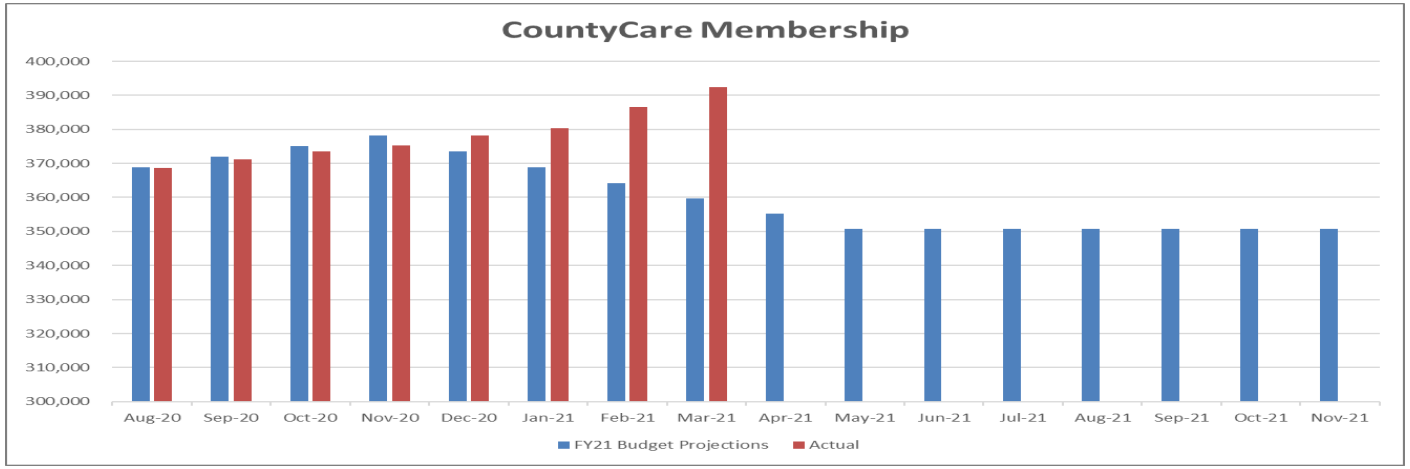
CCH Cash YTD Target vs. Actual – April 30, 2021



COOK COUNTY HEALTH

Health Plan Services Financial Results – March 31, 2021

Dollars in 000s except PMPM amounts	FY2021 Actual	FY2021 Budget	Variance	%	FY20 Actual
Capitation Revenue	$778,323	$711,389	$66,934	9.41%	$619,472
Operating Expenses					
Clinical - CCH	$38,776	$25,153	($13,622)	-54.16%	$35,398
Clinical - External	$696,360	$639,975	($56,385)	-8.81%	$560,880
Administrative	$38,938	$47,994	$9,057	18.87%	$33,161
Total Expenses	$774,074	$713,123	($60,951)	-8.55%	$629,439
Operating Gain (Loss)	$4,249	($1,734)	$5,983	-345.05%	($9,967)
Activity Levels					
Member Months	1,537,559	1,466,081	71,478	4.88%	1,279,646
CCH CountyCare Member Months	158,294	N/A	N/A	N/A	136,874
CCH % CountyCare Member Months	10.30%	N/A	N/A	N/A	10.70%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	$506.21	$485.23	$20.98	4.32%	$484.10
Clinical Cost PMPM	$478.12	$453.68	($24.44)	-5.39%	$465.97
Medical Loss Ratio (1)	92.30%	90.62%	-1.65%	-1.82%	92.88%
Administrative Cost Ratio	4.50%	6.16%	1.61%	26.18%	4.75%



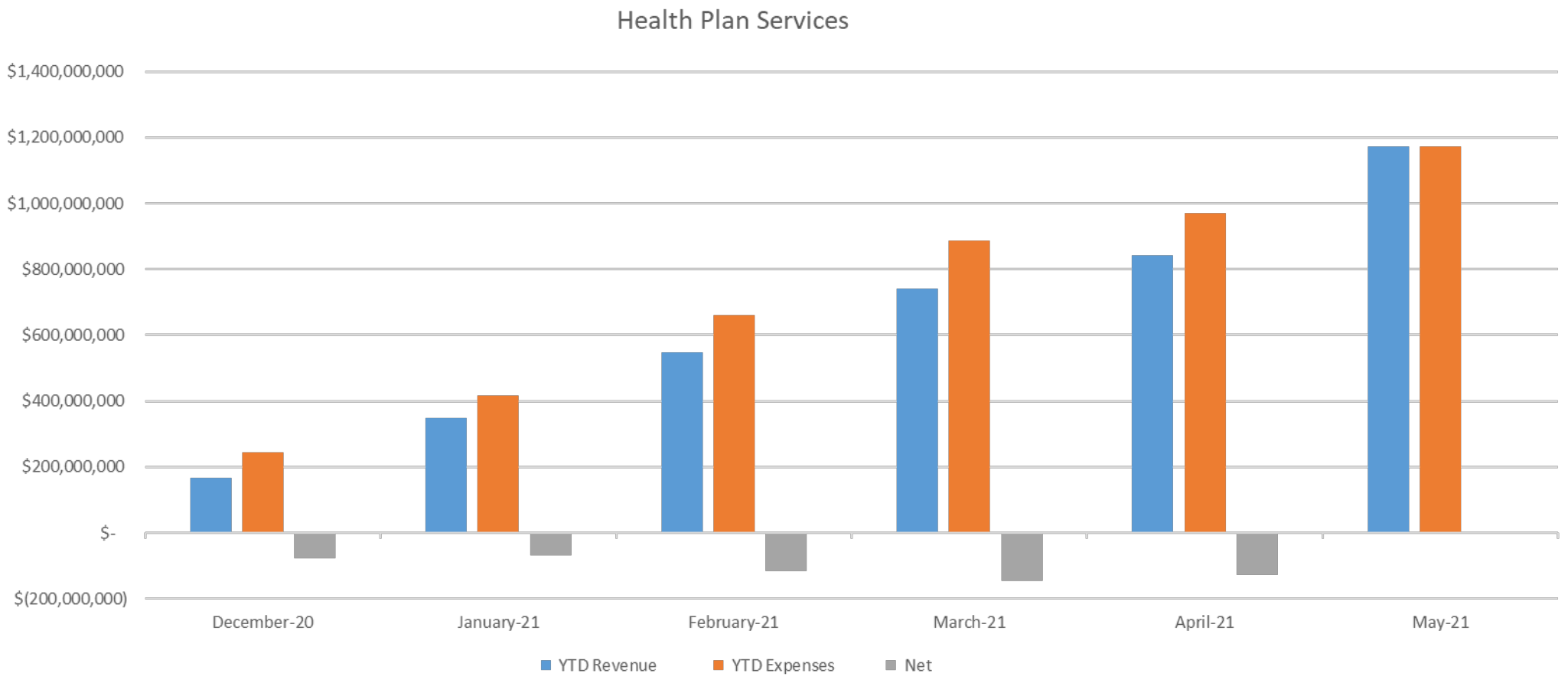
Commentary

- Total membership exceeds budget by 71,478 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 $4.2M consists of $7.7M from CountyCare and a loss of $(3.5)M from Medicare.
- Agreement executed with State of Illinois and CCH to reduce IGT by 50% beginning in January 2021. This change has been reflected in the results.

Notes:

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

Health Plan Services – Cash Flow Forecast



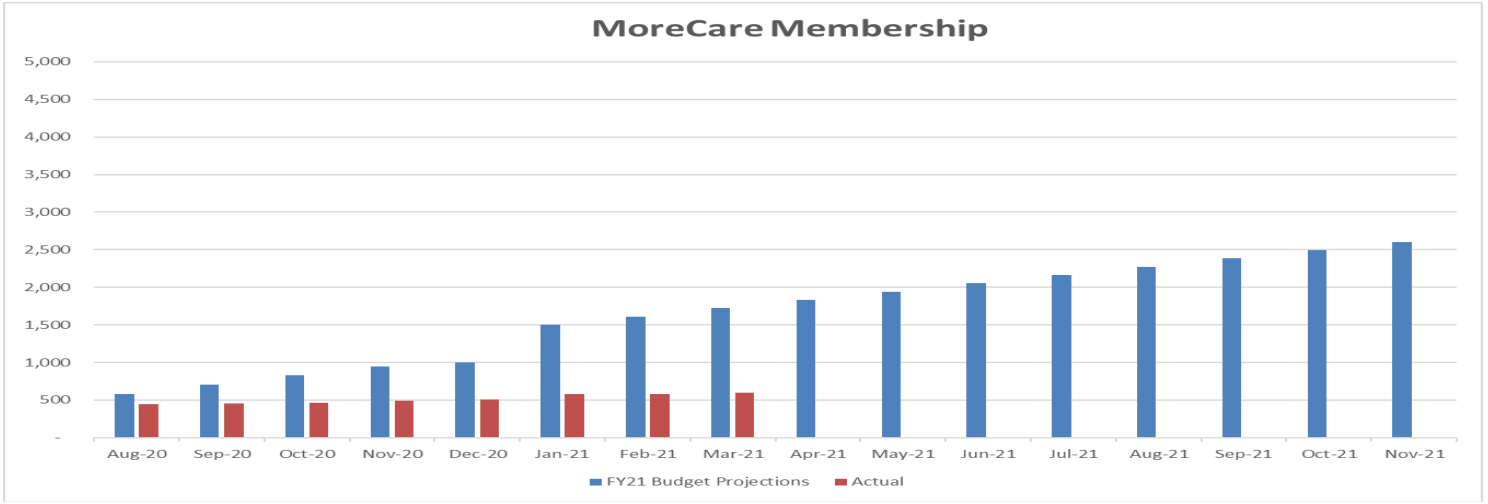
COOK COUNTY HEALTH

Medicare Financial Results – March 31, 2021

Dollars in 000s except PMPM amounts	FY2021 Actual	FY2021 Budget	Variance	%
Capitation Revenue (Total dollar amount)	$4,196	$8,612	($4,415)	-51.27%
Operating Expenses				
Clinical Expenses	$3,694	$8,612	$4,918	57.11%
Administrative	$4,059	$3,369	($691)	-20.51%
Total Expenses	$7,753	$11,980	$4,227	35.29%
Operating Gain (Loss)	($3,557)	($3,369)	($188)	5.58%
Activity Levels				
Member Months	2,266	5,832	-3,566	-61.14%
Operating Indicators				
Revenue Per Member Per Month (PMPM)	$1,851.92	$1,476.76	$375.16	25.40%
Clinical Cost PMPM	$1,630.08	$1,476.76	($153.33)	-10.38%

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 $(188,000).

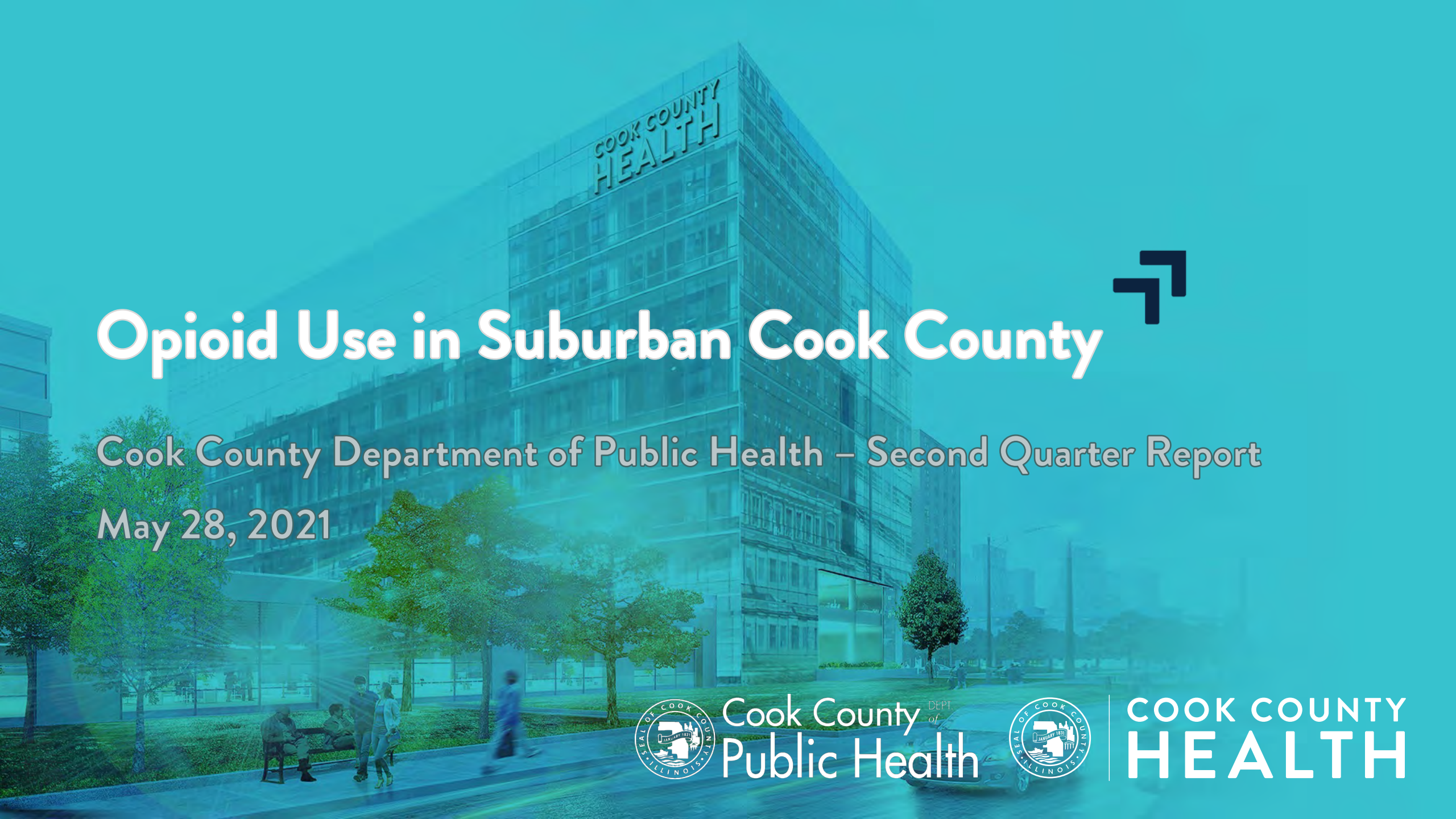


COOK COUNTY HEALTH

THANK YOU

COOK COUNTY
HEALTH

ATTACHMENT #7



Opioid Use in Suburban Cook County

Cook County Department of Public Health – Second Quarter Report

May 28, 2021

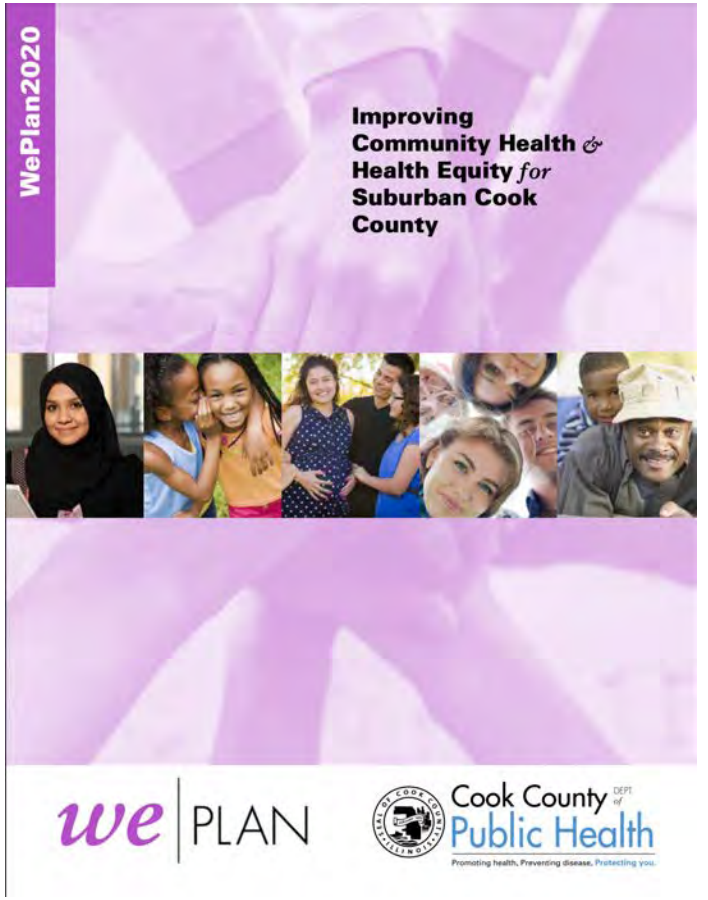
Cook County DEPT. of Public Health

COOK COUNTY HEALTH

CCDPH Behavioral Health

Past

- 2016: Behavioral health identified as a priority in WePlan 2020
- 2017: 1 FTE hired and program created
- 2019: Secured $4.7 million in opioid overdose prevention grants
- 2019: Launched CCH Trauma-Informed Task Force



COOK COUNTY HEALTH

Cook County DEPT. of Public Health
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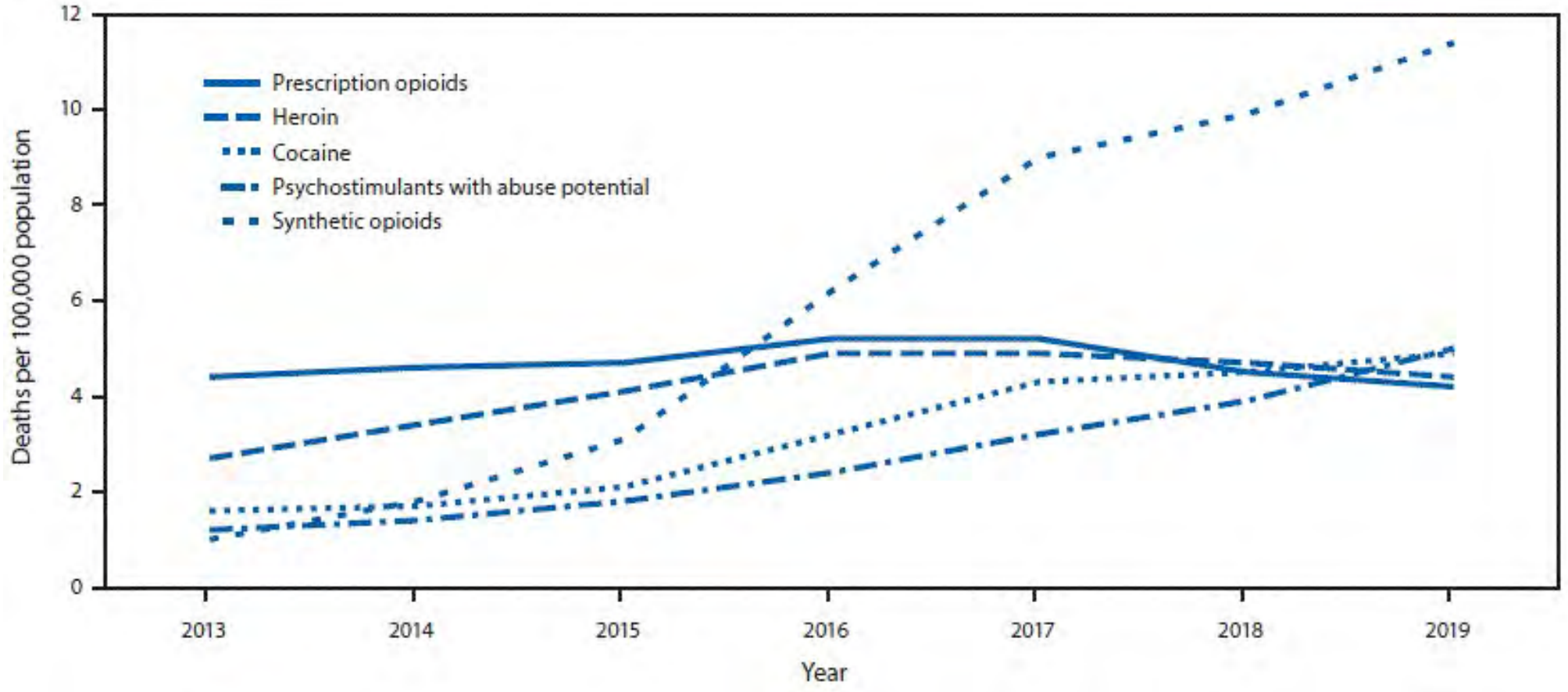
CCDPH Behavioral Health

Present

- Grown to 3 FTE program staff, 1 FTE opioid epidemiologist
- Executing four grants related to opioid overdose prevention
- Convening suburban Cook County Opioid and Substance Use Advisory Council
- Convening CCH Trauma-Informed Care Task Force
  - About 300 CCH staff trained on Trauma-Informed Care

The Opioid Overdose Epidemic

Deaths due to overdoses involving opioids have increased six-fold since 1999, and risen sharply over the past decade



COOK COUNTY HEALTH

Cook County DEPT. of Public Health
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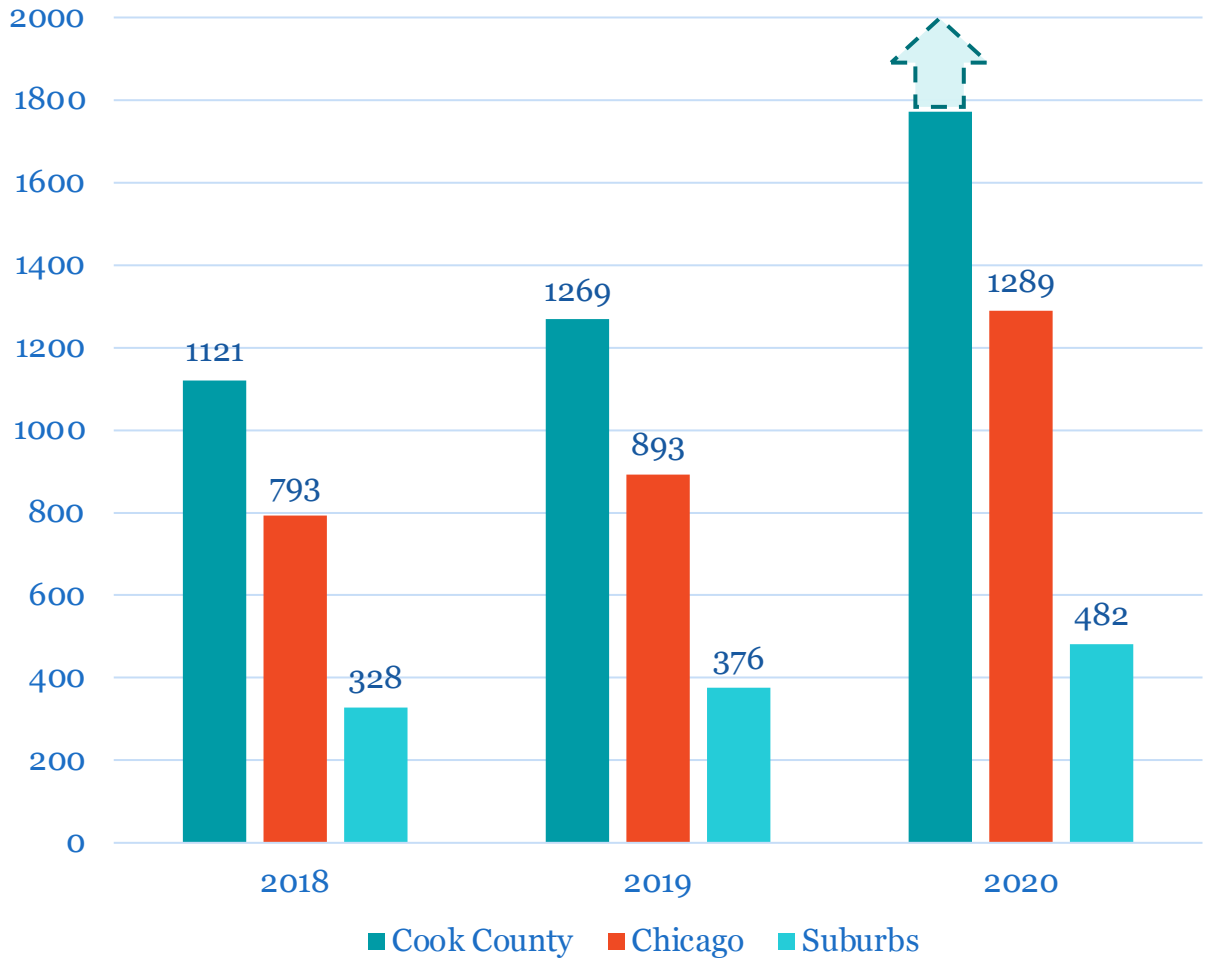
Mattson CL, Tanz LJ, Quinn K, Kariisa M, Patel P, Davis NL. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. MMWR Morb Mortal Wkly Rep 2021;70:202–207. DOI: http://dx.doi.org/10.15585/mmwr.mm7006a4

Opioid-Related Deaths in Cook County

- In 2018 Cook County saw 1,121 opioid-related overdose deaths
- In 2019 Cook County saw 1,227 opioid overdose deaths
- As of December 2020, Cook County has seen 1,771 overdose deaths in 2020
  - This number will increase once all overdose death reports are finalized



COOK COUNTY HEALTH

Cook County DEPT. of Public Health
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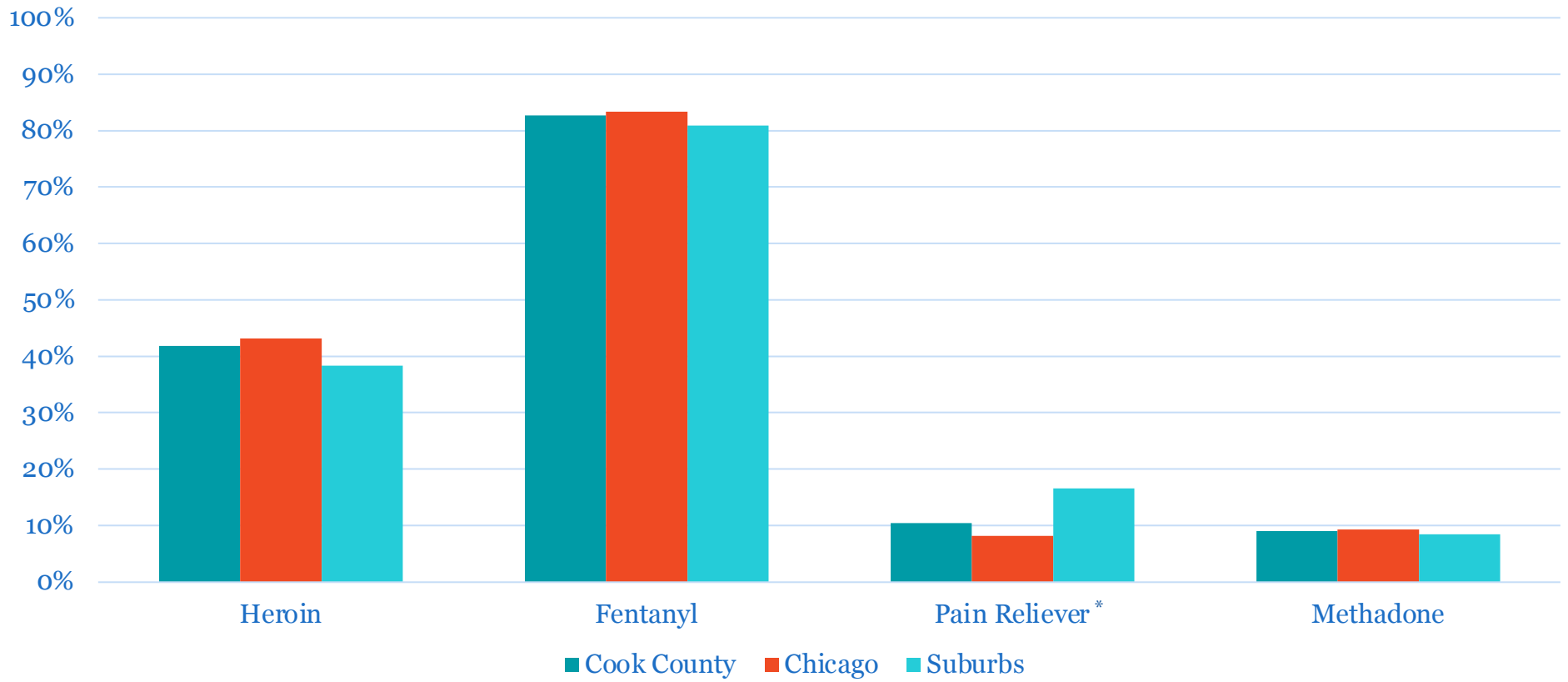
Overdose Deaths by Type of Opioid Involved, Chicago and Cook County, 2020



* Opioid pain relievers include: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, and tramadol.

COOK COUNTY HEALTH

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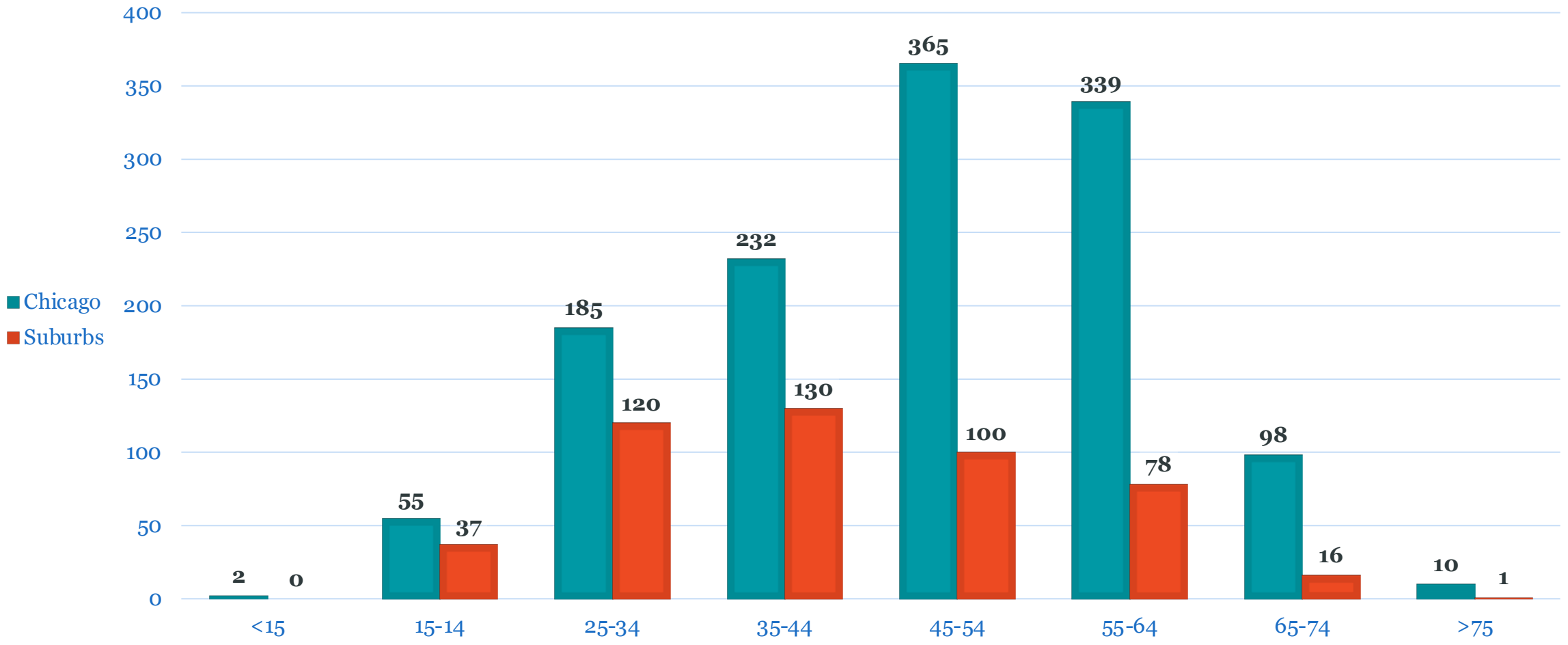
Breakdown of Cook County Opioid Overdose Deaths in 2020, by age group



COOK COUNTY HEALTH

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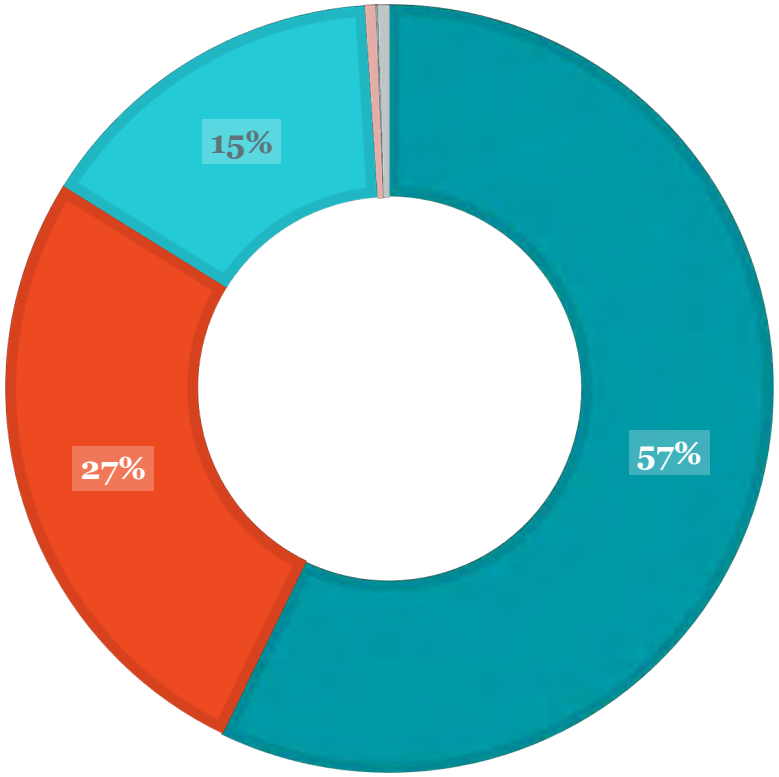
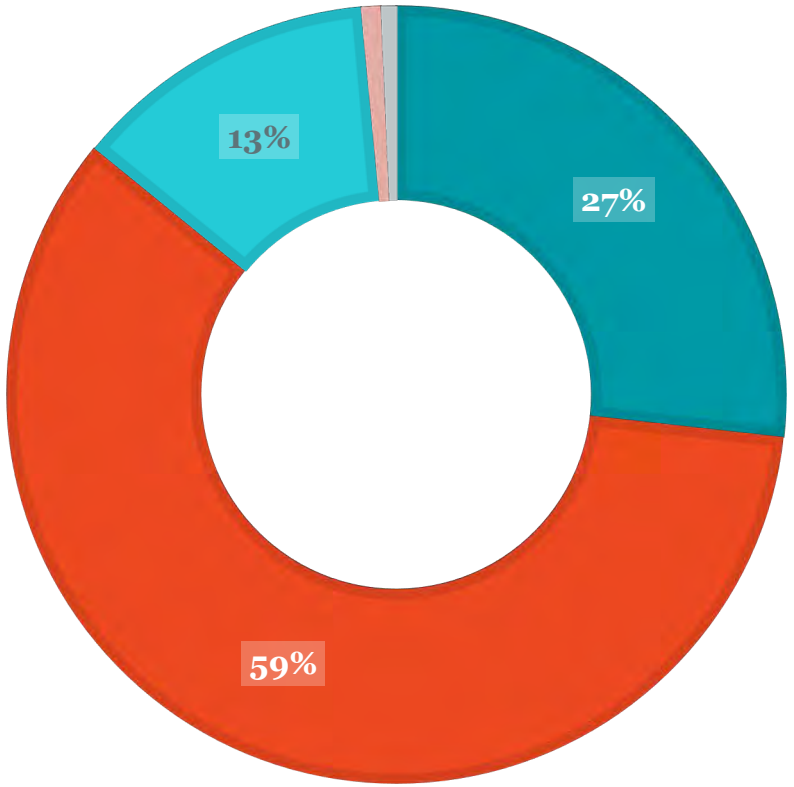
Breakdown of Cook County Opioid Overdose Deaths in 2020, by race and ethnicity

Chicago



Suburban Cook County



- Non-Hispanic Black/African-American
- Non-Hispanic White/Caucasian
- Hispanic
- Non-Hispanic Asian/Pacific Islander
- Non-Hispanic American Indian
- Non-Hispanic Other

COOK COUNTY HEALTH

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Emerging Trends in Suburban Cook County

Race and Ethnicity

NH Black/African-American residents of Suburban Cook County have the highest **rates** of:

- Emergency department admission for an opioid overdose
- Hospital inpatient admission for an opioid overdose
- Death due to an opioid overdose

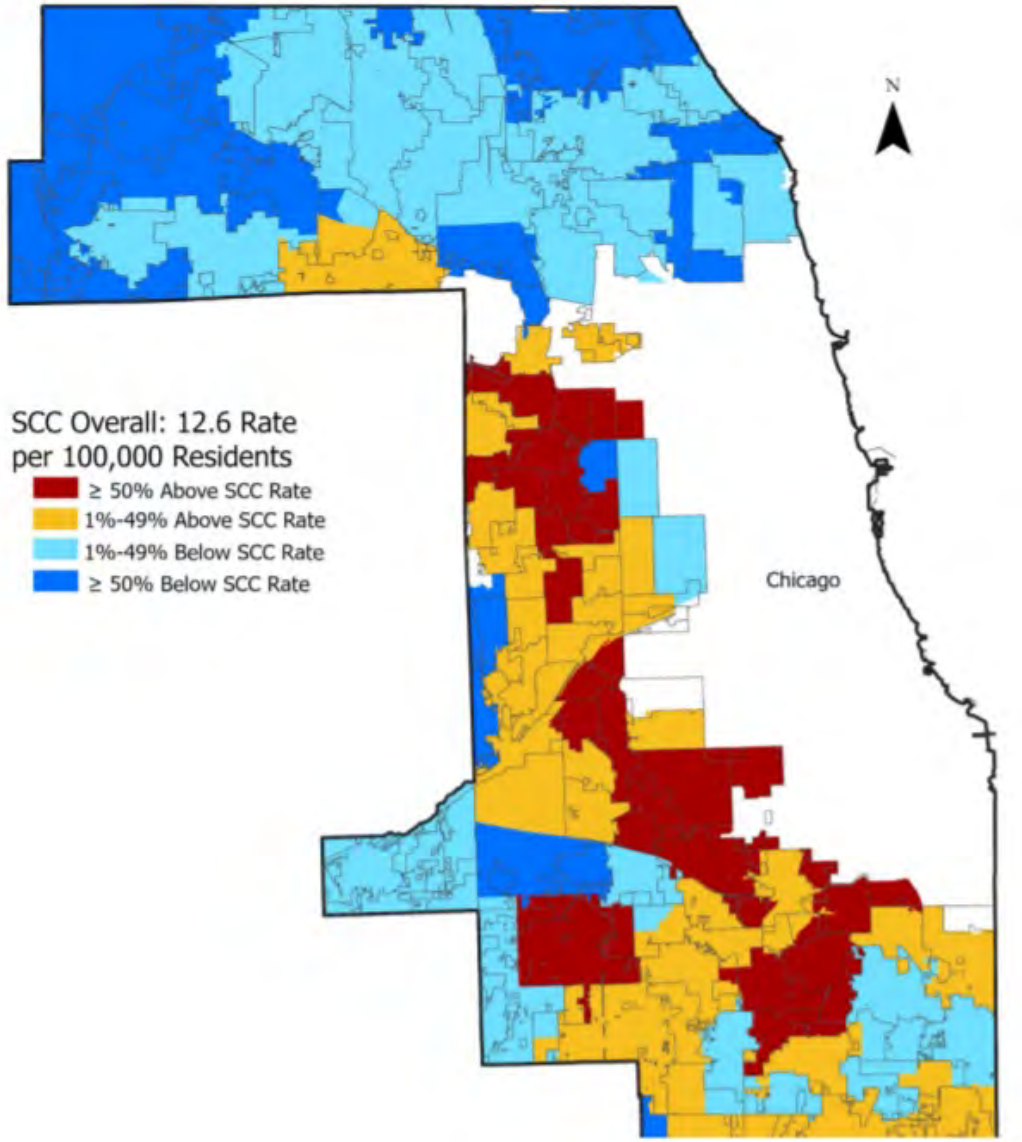
Hispanic residents of Suburban Cook County are much less likely to be admitted to the emergency department or hospital inpatient for an opioid overdose

Gender

Women of any race/ethnicity are 3 times *less* likely to die of an opioid overdose than men.

Geographic Disparities for Opioid Overdose

- Between 2016 through June 2020, the areas with the highest rates are in the west and southwest areas of suburban Cook
- These areas are adjacent to areas with very high mortality rates on Chicago's' west side
- CCDPH's analysis indicates that the ZIP codes hit hardest by the opioid epidemic have **lower median household incomes** ($56,430 vs. $79,313) and correspondingly **higher poverty rates** (12.7% vs 7.8%).



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Cook County DEPT. of Public Health
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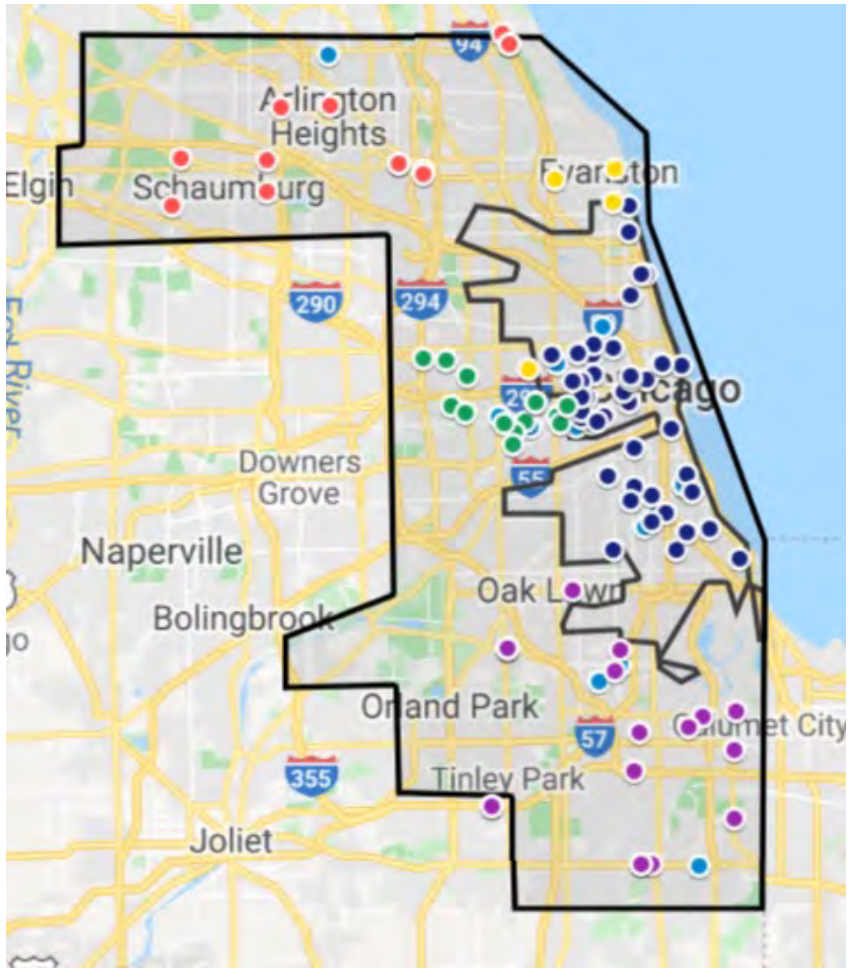
Access to OUD Treatment in Cook County



Map link:
https://www.google.com/maps/d/u/2/edit?mid=13xvHiJAeisJ1wUoRHBWSAbmhZmuKahSG&usp=sharing

CCDPH Opioid Response

- CCDPH secured **$4.7 million in grant funding to prevent opioid overdose deaths** and increase access to and use of evidence-based substance use treatment programs.
- CCDPH's opioid overdose prevention initiative has four major components:
  1. Training on opioid overdose and naloxone use for community-based organizations and law enforcement agencies
  2. Distribution of naloxone to community-based organizations and priority law enforcement agencies
  3. Technical assistance to establish deflection protocols and programs
  4. Quantitative and qualitative data collection on opioid use, opioid use disorder, and opioid overdose to help inform public health efforts.

Naloxone Distribution: Law Enforcement Agencies

- Naloxone is a safe medication that rapidly reverses an opioid overdose, although multiple doses may be required
- Naloxone is available as an intramuscular injection and a nasal spray
- In partnership with TASC, CCDPH has trained **345 law enforcement officers** on the safety and use of nasal naloxone spray
- CCDPH has distributed **319 nasal naloxone kits** to suburban police departments to date

Law enforcement partners picking up Narcan kits

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Naloxone Distribution: Community Based Organizations

CCDPH will distribute naloxone to community partners this summer.

Community based organizations will be prioritized based on service area, community need, and recent rise in overdose cases in the population served.

Priority programs for 2020 will provide services in one or more of the following areas:

- Domestic Violence services
- Syringe Access programs
- Substance Use Disorder (SUD) Treatment providers, including Medication Assisted Treatment (MAT)

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Deflection to Treatment

Law enforcement officers in Harvey watching the naloxone training video

- CCDPH, through TASC, will work with at least **10 suburban law enforcement** agencies to establish deflection protocols.
- Deflection (aka diversion) refers people who are at risk for overdose or who have already overdosed to **community-based treatment** as an alternative to incarceration or the emergency room.
- Harvey's police department has completed its action planning and has begun implementation. As of April 30, 2021:
  - **15 people** have been referred to the deflection program
  - **Two people** expressed willingness to start substance use treatment and have been referred
- Two additional agencies have started action planning.

Deflection to Treatment: Community Linkages

Deflection technical assistance establishes linkages between law enforcement agencies and community-based treatment and social service providers.

In Harvey, CCDPH, and TASC have connected:

- Harvey's police department
- YWCA South Suburban Center
- CCH Blue Island Center – MAT team
- Chicago Recovery Alliance – Harvey outreach staff

Deflection to Treatment: Monitoring for Inequities

The following indicators will be tracked for clients who are referred to the deflection program.

- # of initial encounters
- # of referrals to case management (by race/ethnicity, sex, and age)
- Length of time from first meeting with deflection specialist to intake (by race/ethnicity, gender, and age)
- Treatment engagement at 30 days (by race/ethnicity, sex, and age)
- Treatment engagement at 60 days (by race/ethnicity, sex, and age)
- Treatment completion (by race/ethnicity, sex, and age)

For more data, reports, or to request naloxone

Cookcountypublichealth.org/behavioral-health/opioids/

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CCDPH Behavioral Health

Future

- Expand opioid and trauma-informed care initiatives
- Work with partners to identify needs post-COVID
  - **47% of adults** continue to report negative mental health impacts related to worry or stress from the pandemic
  - **1 in 4 adults** who did not get mental health care said that the main reason was that **they could not find a provider**
  - *Source: April 2021, Kaiser Family Foundation*
- Work with internal and external partners to secure additional resources

ATTACHMENT #8

Nursing Services Update

Beena Peters, DNP, RN, FACHE

Chief Nursing Officer

May 28, 2021

COOK COUNTY HEALTH

Department of Nursing Guiding Principles

Within CCH Department of Nursing, our guiding principles reflect our foundational & essential values as professional RNs & nursing support staff. The principles establish a framework for our behavior & decision-making. They incorporate & embrace the vision, mission, & core values of the organization & the Nursing department, as well as the integral & irreplaceable value of each member of the Department of Nursing within Cook County Health system.

Department of Nursing Guiding Principles

- Patient Centered Care
- Shared governance structure to promote the professional practice of nursing
- A culture of clinical excellence
- Culture of accountability
- Just culture
- Teamwork
- Collaboration with our Healthcare partners
- Improve efficiency
- Evidence based best practice
- Commitment to life-long learning

Nursing Priorities

Nursing Focus Areas for FY19- FY 23

Provide high quality & safe patient care /Zero Harm Initiatives

- Reduce the incidence of:
  - Falls with injury
  - HAPIs, CLABSIs, and CAUTIs
- Decrease ER left without seen
- OR, Ambulatory, Correctional Health, Public Health Metrics

Efficient and Effective Nursing Care Delivery Model

- Reduce overtime and agency usage
- Expand Provident Hospital's capabilities
- Establish Nursing staffing and productivity Model with benchmarks
- Decrease Nursing labor cost per discharge

Workforce Planning and Development

- Decrease nursing vacancies by expediting the RN hiring process
- Implement a Nurse Residency Program
- Establish partnerships with Nursing educational institutions
- Implement a Shared Practice Governance Structure
- Initiate Magnet Recognition program

Improve Patient Experience

- Improve patient experience in the areas of nurse communication, discharge, medication communication, and responsiveness of staff

Improve Staff Engagement

- Implement an action plan at the unit level based on employee engagement survey results
- Implement unit quality committees
- Implement staff recognition programs

FY 21 Staffing and Vacancy update

Nursing Budgets: RN & Other

RN	As of	Projected	Filled	Vacant	Vacancy Rate
FY 21	Feb'21	1201.1	934.4	266.7	22%

Other	As of	Projected	Filled	Vacant	Vacancy Rate
FY 21	Feb'21	731.0	436.0	295.0	40%

RN Titles: Include

- CNO
- ANE
- Nursing Director
- Nurse Manager
- House Administrator
- Clinical Nurse
- Public Health Nurse
- Registered Nurse
- Electrophysiology Nurse
- Nursing Educator
- Nurse Clinician
- Others

Other Titles: Include

- Licensed Practical Nurse
- Emergency Room Tech
- Telemetry Monitor Tech
- Operating Room Tech
- Sterile Processing Tech
- Endoscopy Tech
- Dialysis Tech
- Inventory Control Tech
- Correctional Med Tech
- Emergency Response Tech
- Health Advocate
- Patient Care Attendant
- Medical Assistant
- Clerk
- Administrative Support
- Others

COOK COUNTY HEALTH

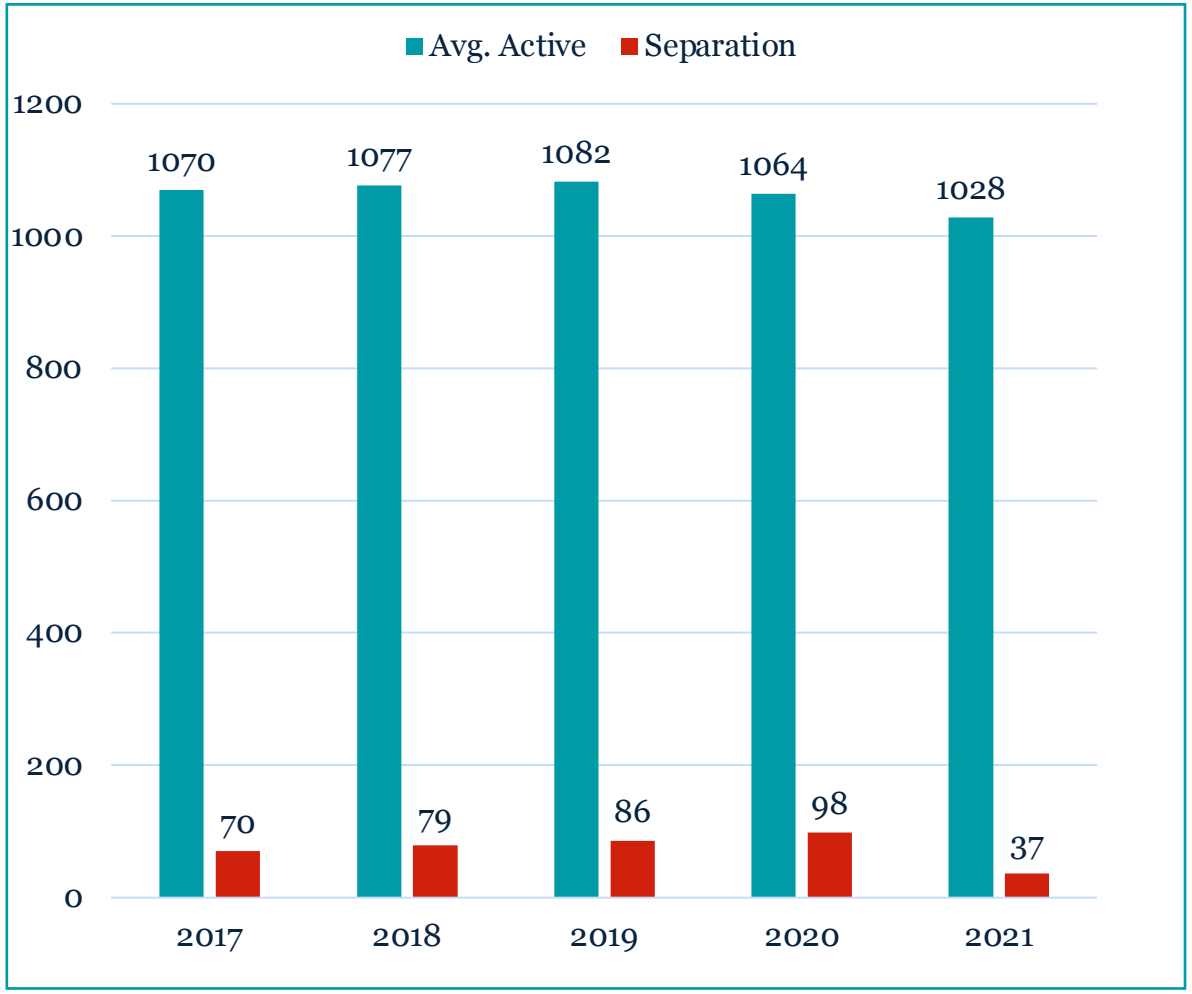
Source: Nursing Manual Tracking

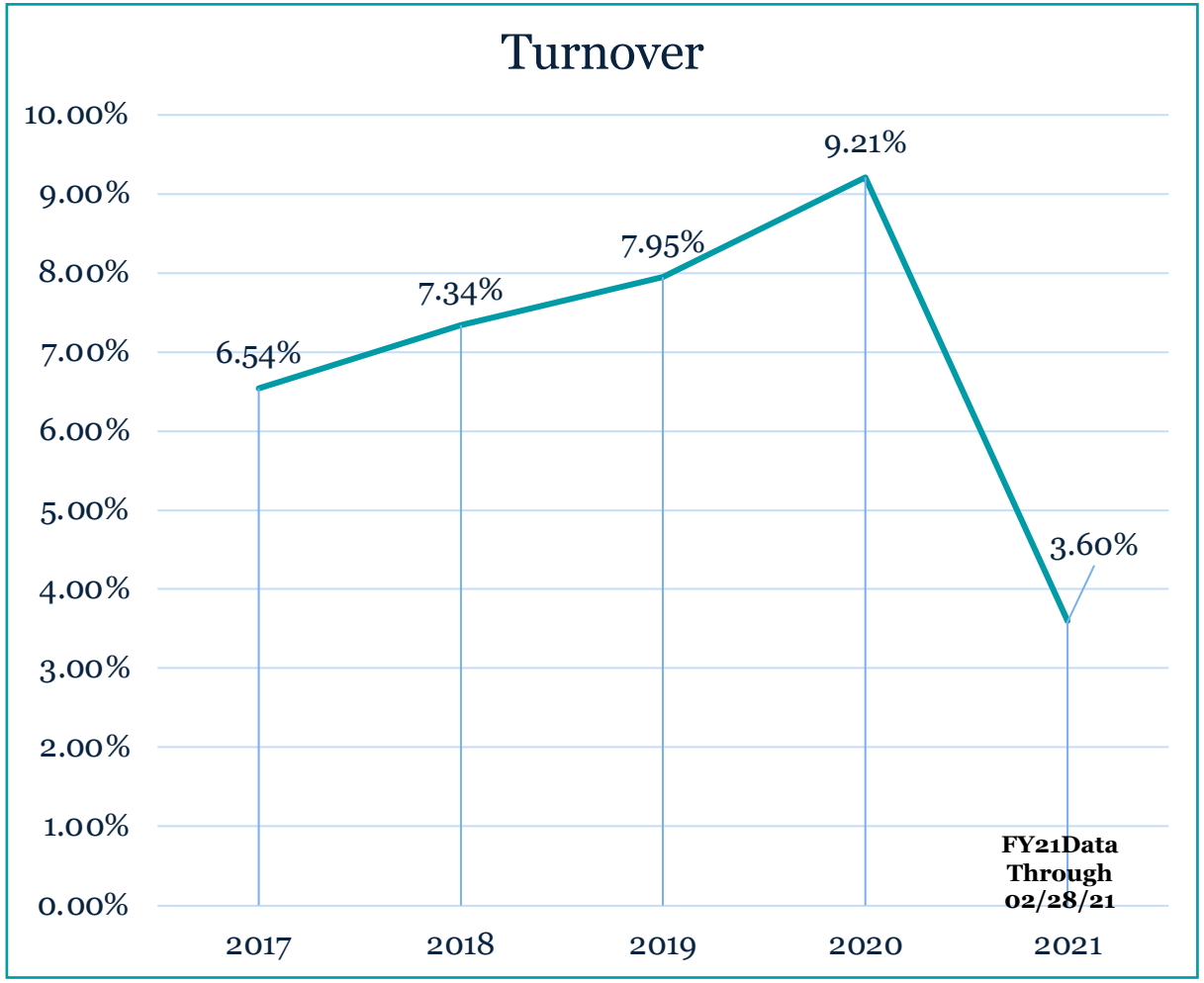
Workforce Data

CCH RN Year over Year Turnover

According to IL Hospital Report Card a turnover rate of **less than 12%** among hospital staff is most optimal.

- According to the U.S. Bureau of Statistics, the average turnover rate in the U.S. is about 12% to 15% annually.



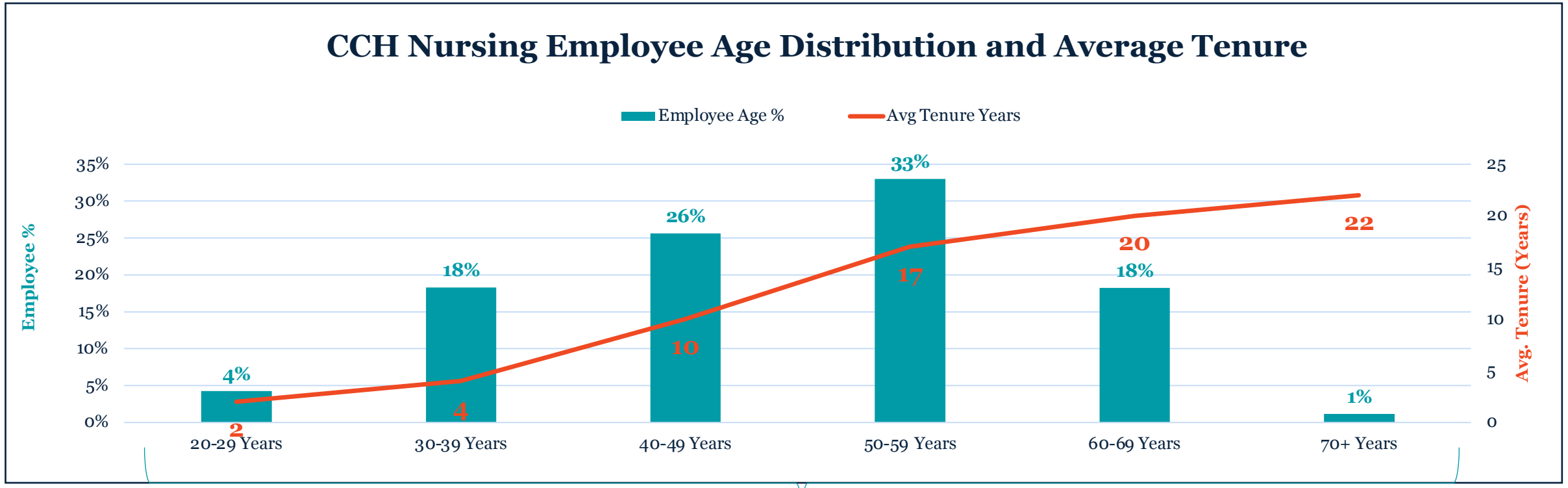


Workforce data

Age and Tenure

Period Ending 2/28/2021

- Retirement Age
  - ❑ Age 60 with 10 or more years of service.
    - ✓ 169 RNs that are ages 60-74, with 11-45 years of service.
      - Average Age - 63
      - Average Years of Service - 22
  - ❑ Minimum age 50 with 30 years or more of service.
    - ✓ 23 RNs that are ages 51-71, with 30 – 45 years of service.
      - Average Age – 61
      - Average Years of Service -33

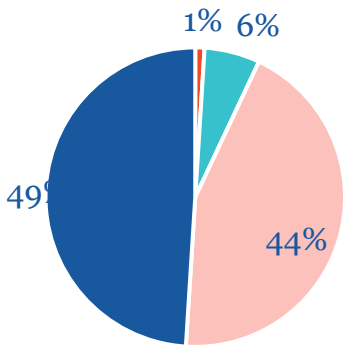


Overall Nursing Population Average Age is 49

Workforce Data

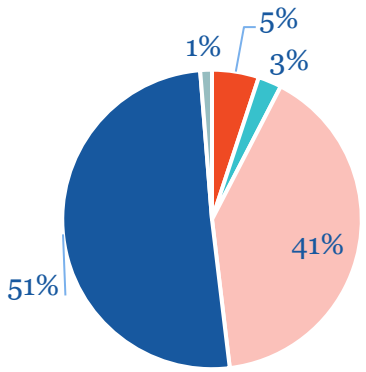
CCH Nurse Separations

2017 - 37



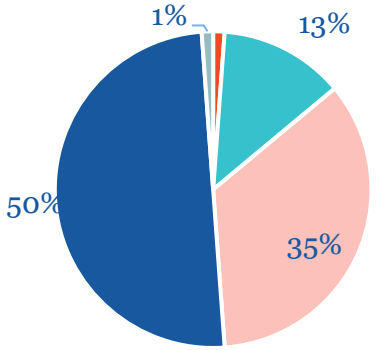
- Deceased - 1
- Discharged - 4
- Resignation - 31
- Retirement - 34

2018 - 79



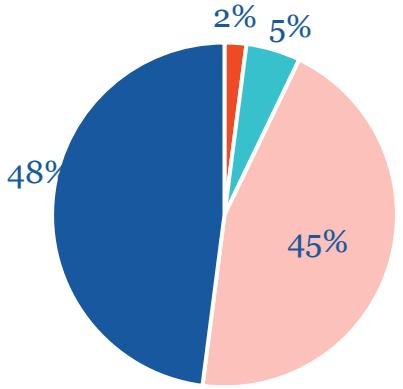
- Deceased - 4
- Discharged - 2
- Resignation - 32
- Retirement - 40
- Unknown - 1

2019 - 86



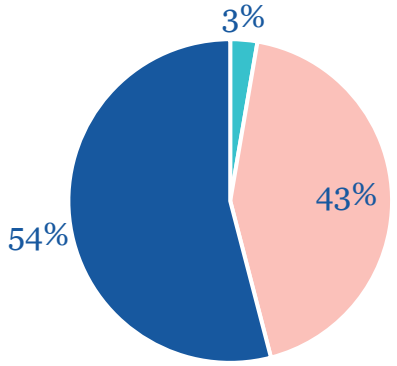
- Deceased - 1
- Discharged - 11
- Resignation - 30
- Retirement - 43
- Unknown - 1

2020 - 98



- Deceased - 2
- Discharged - 5
- Resignation - 44
- Retirement - 47

2021 - 37

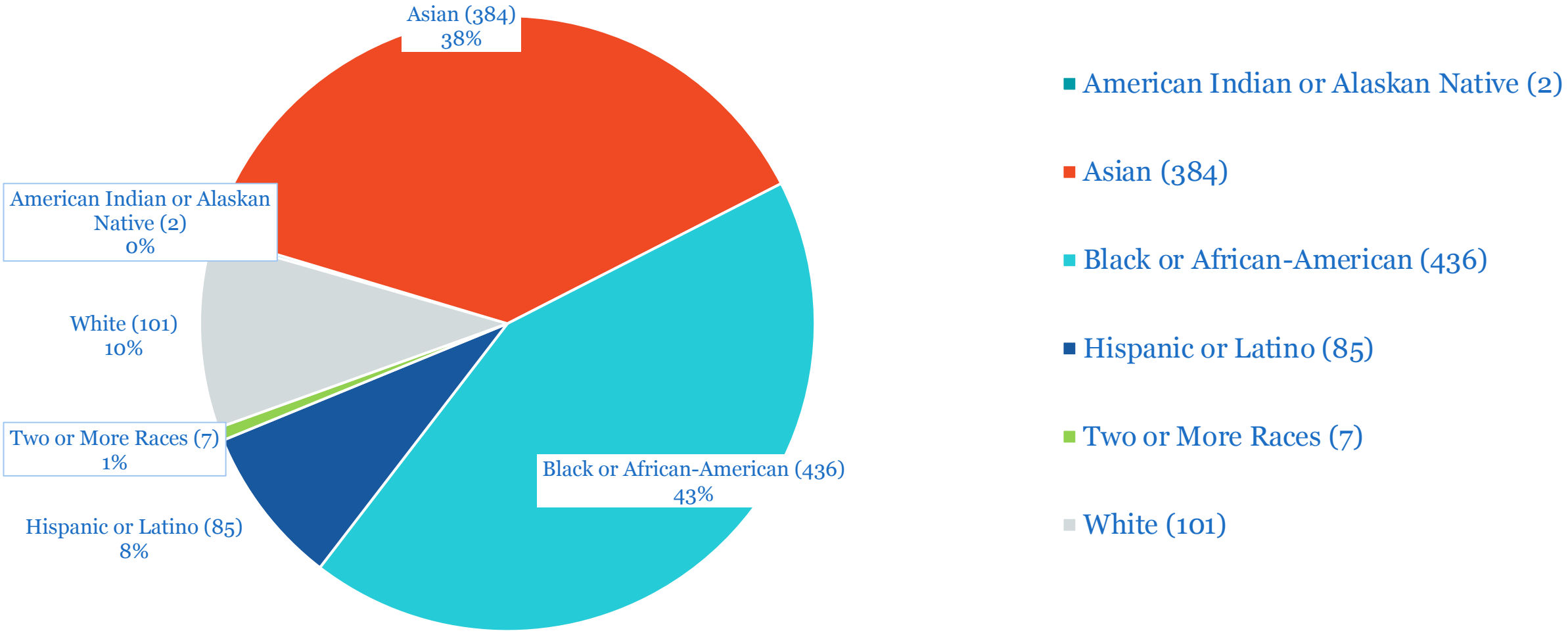


- Discharged - 1
- Resignation - 16
- Retirement - 20

Workforce Data

12/1/2020 to 2/28/2021

CCH Nursing Staff – Race and Ethnicity Distribution - 1,015



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Ethnicity data on our staff is self-reported, and voluntary collected.

Accomplishments

2019 January - 2021 March

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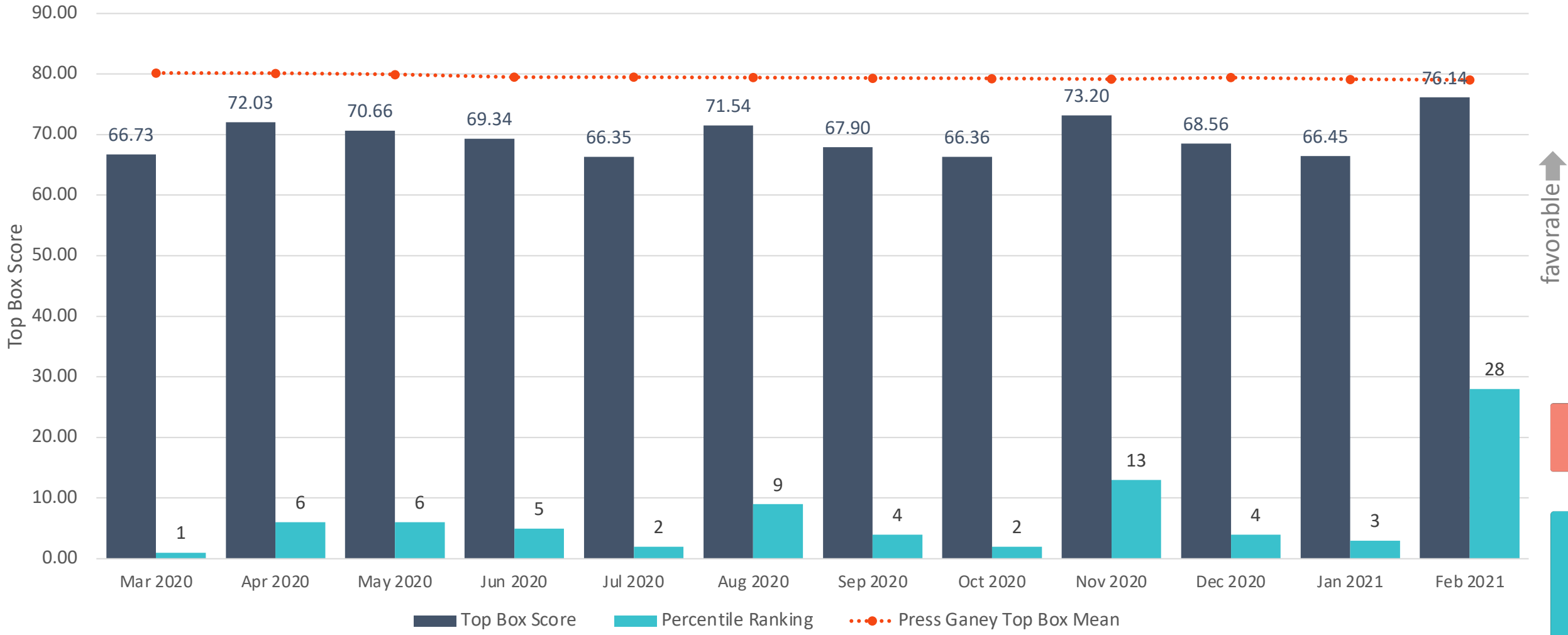
Nurse Communication (HCAHPS)

Percent Top Box Responses and Percentile Ranking



Data Source: Press Ganey
Benchmark: All Press Ganey Hospitals
Monthly values, by Received Date

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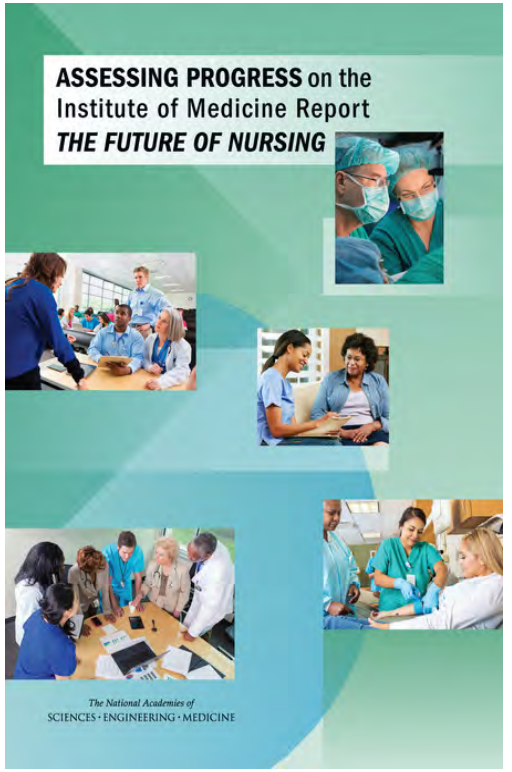
Nursing at CCH
Leading Change, Advancing Health



- Nurses are leading quality, compliance & clinical excellence at CCH!

- 94% reduction in HAPI since 2019 Nurses week
- 71 % reduction is falls since may 2019

Accomplishments

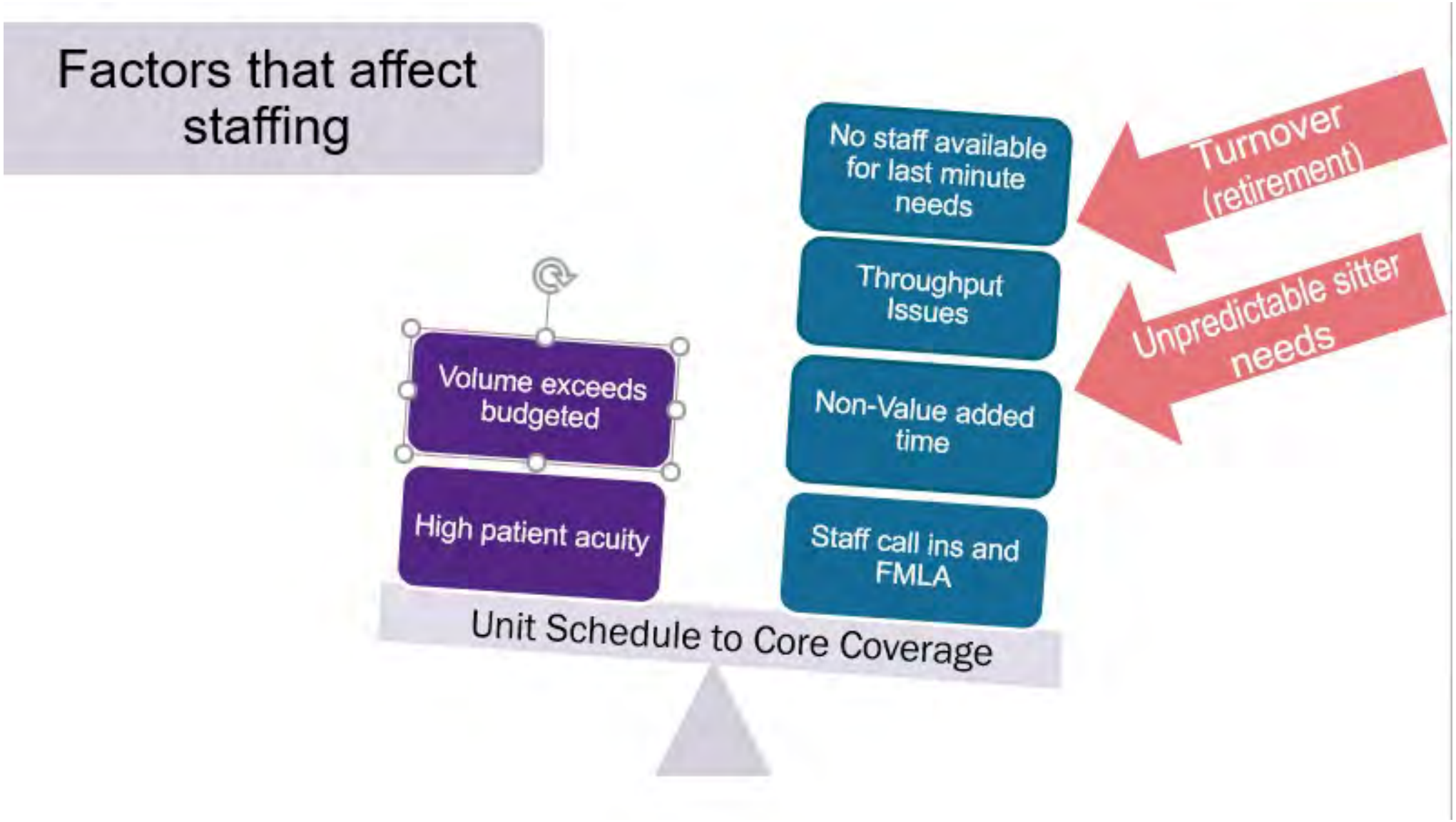
Workforce Planning and Development

- Initiated the Nursing Workforce Optimization Committee (NWOC)
- Streamlined Nurse Hiring Process
- Received a **$2.1M** grant for Nurse Practitioner Workforce Development
- Received a **$1M** Sexual Assault Nurse Examiner (SANE) grant for the ED
- Established ongoing meetings with NNOC Union and Staff to improve working relationships and address the issues
  - Assignment-despite-objection (ADO) automation
- Built Nursing Leadership Team Structure
- Just Culture pilot
- Process improvement (PDSA) Nursing leadership training

Initiatives

COOK COUNTY HEALTH

STAFFING


Factors that affect staffing
Volume exceeds budgeted
High patient acuity
No staff available for last minute needs
Throughput Issues
Non-Value added time
Staff call ins and FMLA
Turnover (retirement)
Unpredictable sitter needs
Unit Schedule to Core Coverage

Workforce

Staff Manager

Provides a single staffing viewpoint in real-time; offers anytime, anywhere access for self-scheduling, time off requests, trades, and picking up extra shifts

Shift Alert

Leverages text messaging, automated phone calls, or email so staff can respond to critical, time-sensitive staffing needs remotely without having to log into an internet-enabled device

Workload

Demand Manager

Compares the available staff (Supply) to the inpatient care workload (Demand) derived from clinical condition, volume, patient movement, budgeted HPPD and projected length of stay

Outcomes Driven Acuity

For inpatient units, uses nurse charting to measure a patient's clinical condition, leveraging your existing nursing practice and documentation to focus on each patient's achievement of desired clinical outcomes.

Patient Progress Manager

Assists in managing length of stay and patient throughput by monitoring a patient's progress against established benchmarks to determine how well patients are tracking to discharge

Assignment Manager

Ensures the right caregiver is assigned to the right patient *for the right care* and assists with a more balanced workload for staff; sends assignment data to a variety of other Cerner solutions including CareCompass

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Flexible Staffing Pool for CCH

- FY'21 Flexible Staffing Pool
  - Total Full-Time RN FTEs Budgeted = 29
  - Total In-house Registry RN Positions = 7
  - Support Strategic initiatives - Workforce Development

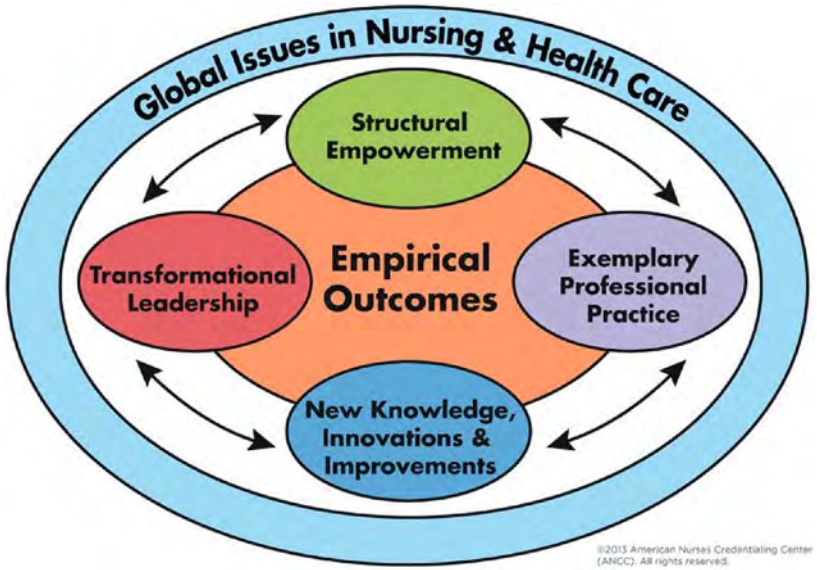
IMPLEMENT NURSE RESIDENCY PROGRAMS

- Build new graduate competencies
- Promote professional involvement and Evidenced Based Practice
- Create an emotional support network
- Broaden the understanding of healthcare
- Decrease turnover rate
- Increase staff satisfaction

Our Journey To Magnet

The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence and exemplary professional nursing practices.
The Magnet Recognition Program® provides a roadmap to advance nursing excellence with frontline nurses at its core

- Addresses issues in Nursing practice and healthcare
- Focuses on Structural empowerment, transformational leadership, Exemplary professional practice and generation of new knowledge, innovations and improvement
- Results in empirical outcomes relative to Nursing practice, interdisciplinary collaboration, patient care and clinical outcomes



COOK COUNTY HEALTH

Magnet Designation Benefits

System/Staff	• Lower nurse dissatisfaction and nurse burnout • Higher nurse job satisfaction • Lower registered nurse (RN) turnover • Business Growth and financial success
Patients	• Higher adoption of NDNQI safe practices • Lower overall missed nursing care • Higher nurse-perceived quality of care • Higher patient ratings of their hospital experience
Quality Outcome	• Lower mortality rates • Lower patient fall rates • Lower nosocomial infections • Lower hospital-acquired pressure ulcer rates • Lower central line-associated bloodstream infection rates

Magnet Model Components

Model Component	Forces of Magnetism
Transformational leadership	• Quality of Nursing Leadership • Management Style (Use of Emotional Intelligence)
Structural Empowerment	• Organizational Structure • Image of Nursing • Professional Development • Community and Organizational involvement
Exemplary Professional Practice	• Professional model of Care • Interdisciplinary collaboration • Autonomy • Consultation and resources • Nurse as teacher
New Knowledge, Innovation and Improvements	• Quality Improvement
Empirical Quality Results	• Quality of care

High Level: The Journey to Magnet Designation

- **Conduct a Gap Analysis**
  - Compare our organization's performance with the elements of each source of evidence.
  - Develop action plans to meet or exceed performance expectations.
  - Implement action plans.
- **Begin the Cultural Transformation**
  - Gain top leadership support and involvement.
  - Shared Governance practice model
  - Create infrastructure to support programs such as shared governance, evidence based practice, and nursing research
  - Educate staff about the Magnet Model and the evidence needed to show how they are embraced by our organization.
  - Engage Nurses to use infrastructure to advance the professional practice of nursing practice.
  - Acknowledge achievements and continually evaluate and improve.

Next Steps

1. Obtain Board Support for the initiation of this transition
2. Share the vision with all Stakeholders
3. This is not a “Nursing endeavor” it is a system-wide change. Discuss and set expectations in system-wide forums
4. Funding to support an organizational move to shared governance
5. System-wide support to challenge the “status quo” and “the way things have always been” in favor of a “new norm”.
6. Develop health system values (we have a mission and vision but no established values)
7. Develop a Nursing professional practice model for CCH
8. Develop the structure/model of shared governance for CCH
9. Magnet readiness assessment, action plan, and timeline

Timeline

2021

- Structure- staffing and efficiency
- Data and KPI
- Education and training
- Teambuilding
- Shared leadership structure
- Frontline staff engagement
- Leadership Development

2022

- Decrease the vacancy
- Hardwire excellence
- Optimize cost of care and quality outcome
- Change culture
- Top of the license Practice
- Inter-professional Practice Model

2023 & 2024

- Continue Magnet efforts
- Achieve excellence in quality of care frontline staff engagement
- Nursing Research Center
- Magnet Application Process

A Pathway to Nursing Excellence

Staff Engagement
Interprofessional Collaboration
Individualized Culturally Competent care

COOK COUNTY HEALTH

Thank You!

COOK COUNTY HEALTH

Appendix

COOK COUNTY HEALTH

Department of Nursing Guiding Principles

As members of the Department of Nursing @ CCH, we individually & collectively affirm & uphold the following principles:

- *We understand & embrace that our patients & families, as well as their perceptions, are at the center of the **patient experience.***
- *We commit to providing **culturally competent care** to every patient in an environment that is respectful & committed to zero harm.*
- *We hold in the highest regard a **culture of clinical excellence, quality, safety, & compliance** & will leverage our **shared governance structure to empower staff nurses** to play an integral role in quality improvement efforts.*
- *With the utmost respect & collegiality, we hold ourselves & our colleagues **accountable for the mission, vision, & values of the organization, optimal patient care, compliance & quality, & an environment of care & safety.***
- *We support **shared governance to promote the professional practice of nursing** & patient care, collegial decision making, & accountability.*
- *We embrace a **just culture & teamwork**, understand our interrelatedness & work together to create consistency based on the framework of population health & levels-of-care*
- *We utilize **evidence to implement best practice** changes & we develop & lead research efforts to create new evidence within the professional practice of nursing & patient care.*
- *We **collaborate with our Healthcare partner**s using a systems approach to achieve desired outcomes based on strategic initiatives.*
- *We **commit to life-long learning**, mentorship of colleagues, old & new, while continually assessing & improving our processes & performance.*
- *On an ongoing basis, we **decrease waste & improve efficiency**.*

COOK COUNTY HEALTH

ATTACHMENT #9

CEO Report

Israel Rocha, Jr., CEO

May 28, 2021

COOK COUNTY HEALTH

Recognition

COOK COUNTY HEALTH

Nursing Clinical Excellence Awards

Earlier this month, Cook County Health celebrated Nurses Week by recognizing outstanding nurses and patient care staff at its annual Clinical Excellence Award Ceremony. Their hard work and commitment to caring for patients across the health system is a testament to the mission of CCH. Congratulations to:

- **Shiny James, RN**, Correctional Health
- **Binu Jomon, RN**, Wound Management
- **Linda Magee, RN**, Cook County Department of Public Health
- **Maria Martinez, CMA**, Ambulatory Care
- **Kevin Murray, RN**, Critical Care
- **Barbara O'Brien, RN**, Care Coordination Services
- **Kierra Patterson, RN**, Med/Surg
- **Joann Wilson, RN**, CountyCare
- **Criselda Yulo, RN**, Critical Care

Graduate Medical Education Institutional Research Day and COVID-19 Consortium

2021 Institutional Research Day Award Winners:

- **Dr. Addul Wahab Arif**, Resident, Internal Medicine
- **Dr. Asma Hashim**, Resident, Emergency Medicine
- **Dr. Lin Li**, Resident, Internal Medicine
- **Dr. Alexander Robin**, Resident, Ophthalmology
- **Dr. Mahwash Siddiqi**, Research Fellow, Trauma
- **Dr. Lauren Uichanco**, Resident, Family Medicine
- **Dr. Sujitha Velagapudi**, Resident, Internal Medicine
- **Dr. Chen Wang**, Fellow, Preventive Medicine

And congratulations and thank you

GMEC Research Subcmte and COVID-19 Research Consortium:

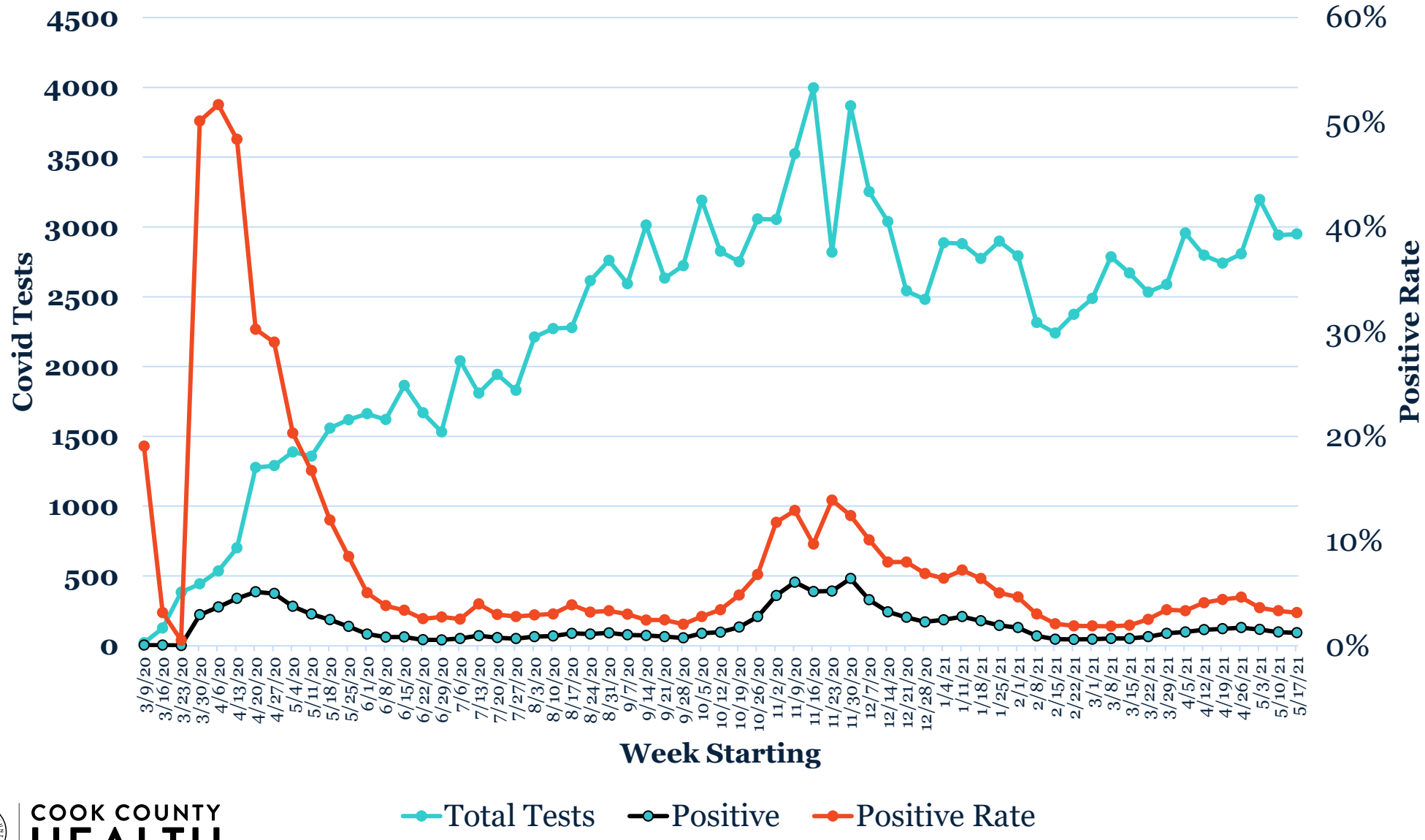
- **Dr. Steve Aks**, Chair, Emergency Medicine and Toxicology
- **Dr. Vivek Chaudry**, Chair, Colon and Rectal Services
- **Dr. Errick Christian**, Research Associate
- **Dr. Mohamed Elkhouly**, Chief Resident, Internal Medicine
- **Dr. Elena Gonzalez**, Resident, Internal Medicine
- **Dr. Michael Hoffman**, Attending, Hospital Medicine
- **Estelle Hu**, Librarian
- **Dr. Ahmed Kolkailah**, Chief Resident, Internal Medicine
- **Dr. Juleigh Nowinski-Konchak**, Attending, Preventive Medicine
- **Dr. Katayoun Rezai**, Attending, Infectious Disease
- **Dr. William Trick**, Attending, Collaborative Research Unit

COVID-19 Update

CCH Patient COVID Testing

COOK COUNTY HEALTH

CCH COVID Testing and Positivity Rate



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CCH COVID Testing

All CCH Testing* as of 5/24/21

Test Result	Test Count	Percent
Negative	134,114	93%
Positive	9,276	6%
Undetermined	1,381	1%
Grand Total	**132,879**	**100%**

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

COOK COUNTY HEALTH

Patient Testing

All CCH Testing as of 5/24/21

Gender	%
Female	33%
Male	67%

Age Group	%
0-20	10%
21-40	42%
41-64	38%
65 +	10%

Positives Only

Gender	%
Female	33%
Male	67%

Age Group	%
0-20	10%
21-40	42%
41-64	38%
65 +	10%

Due to rounding, totals may not equal 100.

Patient Testing

All CCH Testing as of 5/24/21

Race	%
African/American	57%
American Indian/Alaska Native	2%
Asian	2%
Other/Multiple/Unknown	9%
White	30%

Ethnicity	%
Hispanic/Latino/Spanish Origin	22%
Non-Hispanic/Latino/Spanish Origin	78%

Positives Only

Race	%
African/American	46%
American Indian/Alaska Native	5%
Asian	2%
Other/Multiple/Unknown	13%
White	34%

Ethnicity	%
Hispanic/Latino/Spanish Origin	38%
Non-Hispanic/Latino/Spanish Origin	62%

COOK COUNTY HEALTH

Due to rounding, totals may not equal 100.

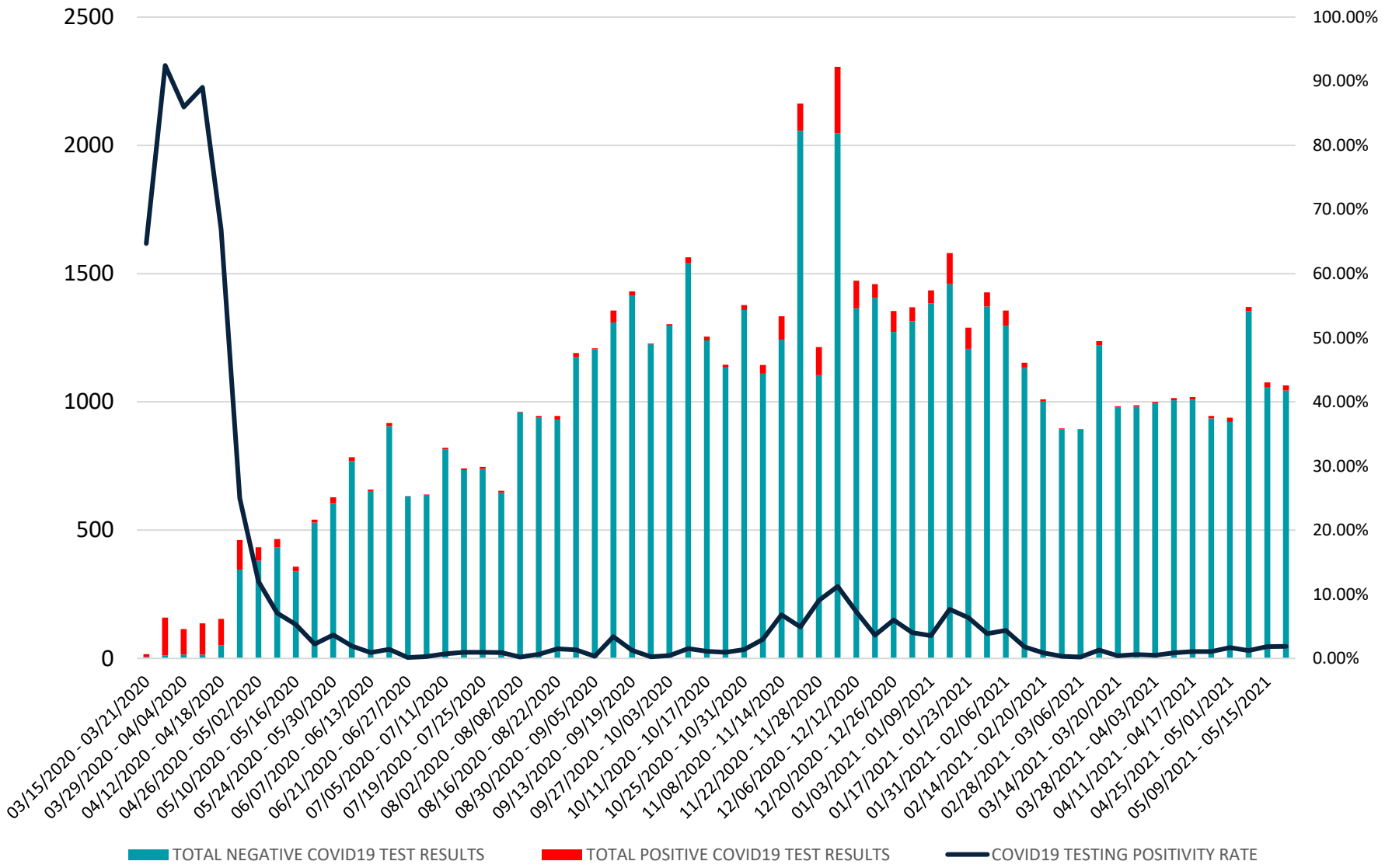
Cermak Update

COOK COUNTY HEALTH

Cermak Update

The Importance of Testing

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.



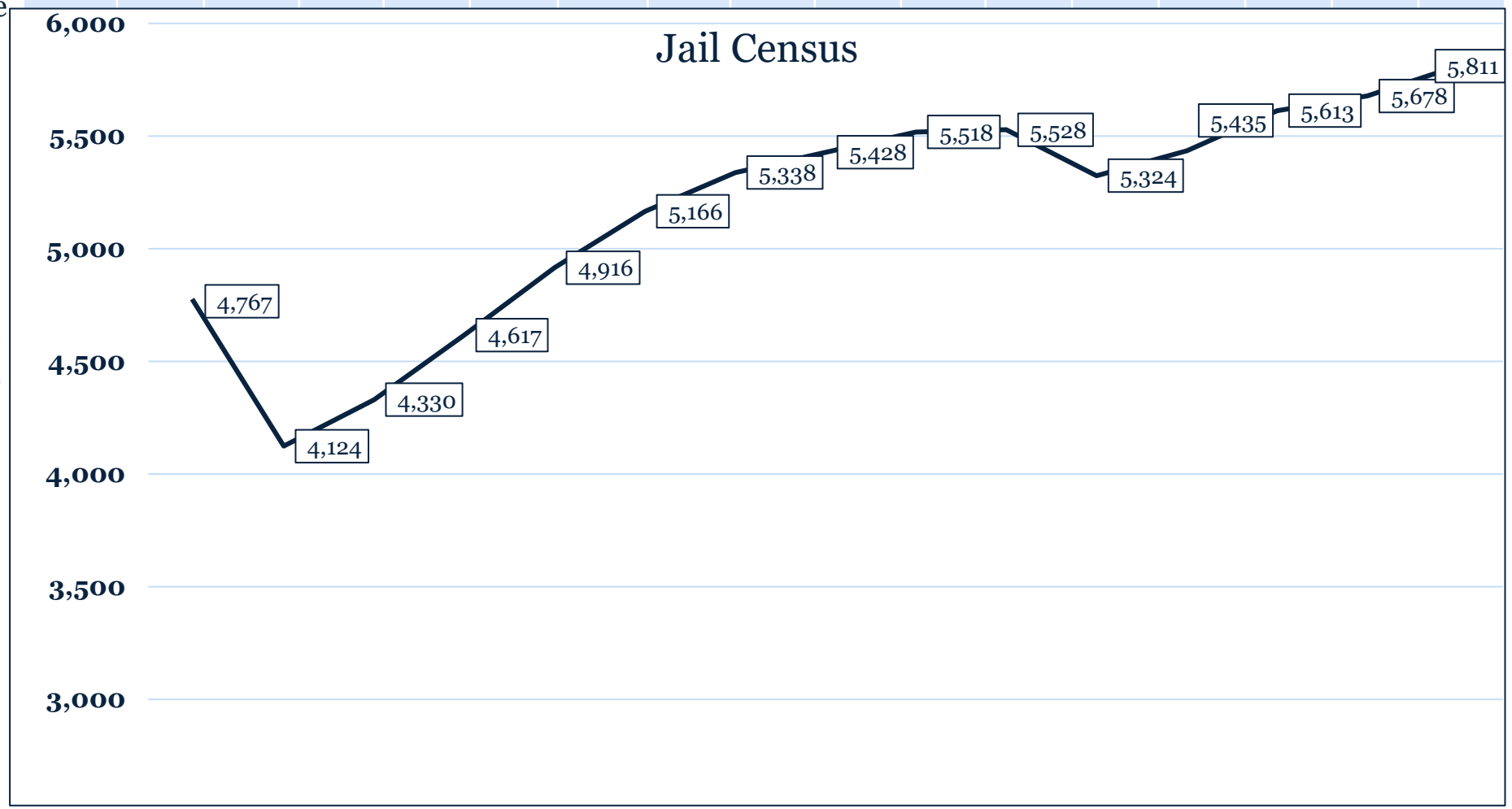
COOK COUNTY HEALTH

Rolling 7 Day Positivity Rate as of 5/25/21 = 1.5%

Cermak Update

- Cermak remains our highest priority.
- Population continues to rise compressing space to accommodate social distancing. There are approximately 725 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.

	Feb 29	March 31	April 29	May 31	June 30	July 27	Aug 27	Sept 22	Oct 27	Nov 17	Dec 1	Jan 27	Feb 22	Mar 24	April 27	May 25
Census	5,555	4,767	4,124	4,330	4,617	4,916	5,166	5,338	5,428	5,518	5,528	5,324	5,435	5,613	5,678	5,811



COOK COUNTY HEALTH

Source: https://www.cookcountysheriff.org/data/

Department of Corrections & JTDC Vaccines

as of 5/24/2021

	Total Doses (first & second)	Unique Individuals
Dept. of Corrections and JTDC Employees & Contractors	4,472	2,310
Cermak Health Services Patients	5,985	3,579

COVID-19 Vaccination

Patient & Community Points of Distribution (PODs)

COOK COUNTY HEALTH

Important Updates

- CCH began offering the Pfizer vaccine to individuals age 12+ on Wednesday, May 12, following the CDC's approval of the expanded Emergency Use Authorization (EUA). Among the first adolescents to be vaccinated at one of CCH's mass vaccination sites was Benjamin Kagan, the 15-year-old founder of Chicago Vaccine Angels and Chicago Vaccine Hunters.
- On Tuesday, May 25th, CCH/CCDPH opened a fourth Priority Vaccine Site at Thornton Township High School in Harvey for that city and surrounding communities in the 32 Priority Municipalities.
- Cook County Health administered its 800,000th dose of vaccine on May 24th.
- CCH gave away Great America tickets to those who received their vaccine at a CCH location on May 26.
- On Thursday, May 27, CCH consolidated its mass vaccination efforts in Tinley Park, South Holland and River Grove into Matteson, Forest Park and Des Plaines. This comes as CCH, like other providers across the country, has seen a plateau in demand for vaccinations at its mass sites. Additional resources will be added to our hyper-local strategy to reach individuals who remain unvaccinated.
- Cook County has partnered with the Chicago White Sox to do a pop-up vaccine event at Guaranteed Rate Field during the team's games against the Baltimore Orioles on Friday, May 28 and Saturday, May 29. The White Sox will be offering $25 gift cards to every ticketed fan who gets vaccinated during the games. This is part of a larger partnership with the White Sox to promote vaccine awareness and uptake.

Doses Distributed at CCH PODs

As of 5/24/2021

CCH Chicago PODs*	Total	CCH Suburban PODs**	Total
Austin Health Center	4,553	Arlington Heights Health Center	32,791
Dr. Jorge Prieto Health Center	3,616	Blue Island Health Center	12,701
Englewood Health Center	4,561	Cottage Grove Health Center	9,137
Logan Square Health Center	4,469	North Riverside Health Center	27,760
Sengstacke Health Center	12,714	Robbins Health Center	9,589
Ruth M. Rothstein CORE Center	9,276		
Stroger Hospital	14,398		
TOTAL	**53,587**	**TOTAL**	**91,978**

*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

COOK COUNTY HEALTH

Doses Distributed at Mega and Targeted PODs

As of 5/24/2021

Mega PODs	Total	Targeted PODs	Total
Tinley Park Convention Center	134,937	Thornton Fractional South HS	22,872
Triton College	60,116	Morton East Health Center*	19,558
South Suburban College	71,049	Summit Priority POD	7,449
Des Plaines	163,060	West Leyden Priority POD	2,895
Forest Park	122,623		
Matteson	21,867		
TOTAL	**428,328**	**TOTAL**	**52,774**

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

COOK COUNTY HEALTH

CCDPH COVID Update

Kiran Joshi, MD, MPH, Senior Medical Officer & Co-Lead

Rachel Rubin, MD, MPH, Senior Medical Officer & Co-Lead

COOK COUNTY HEALTH

Vaccination Data:

CCDPH Suburban Cook County Jurisdiction

As of May 25, 2021:

COVID-19 Vaccines Administered to Suburban Cook County Residents

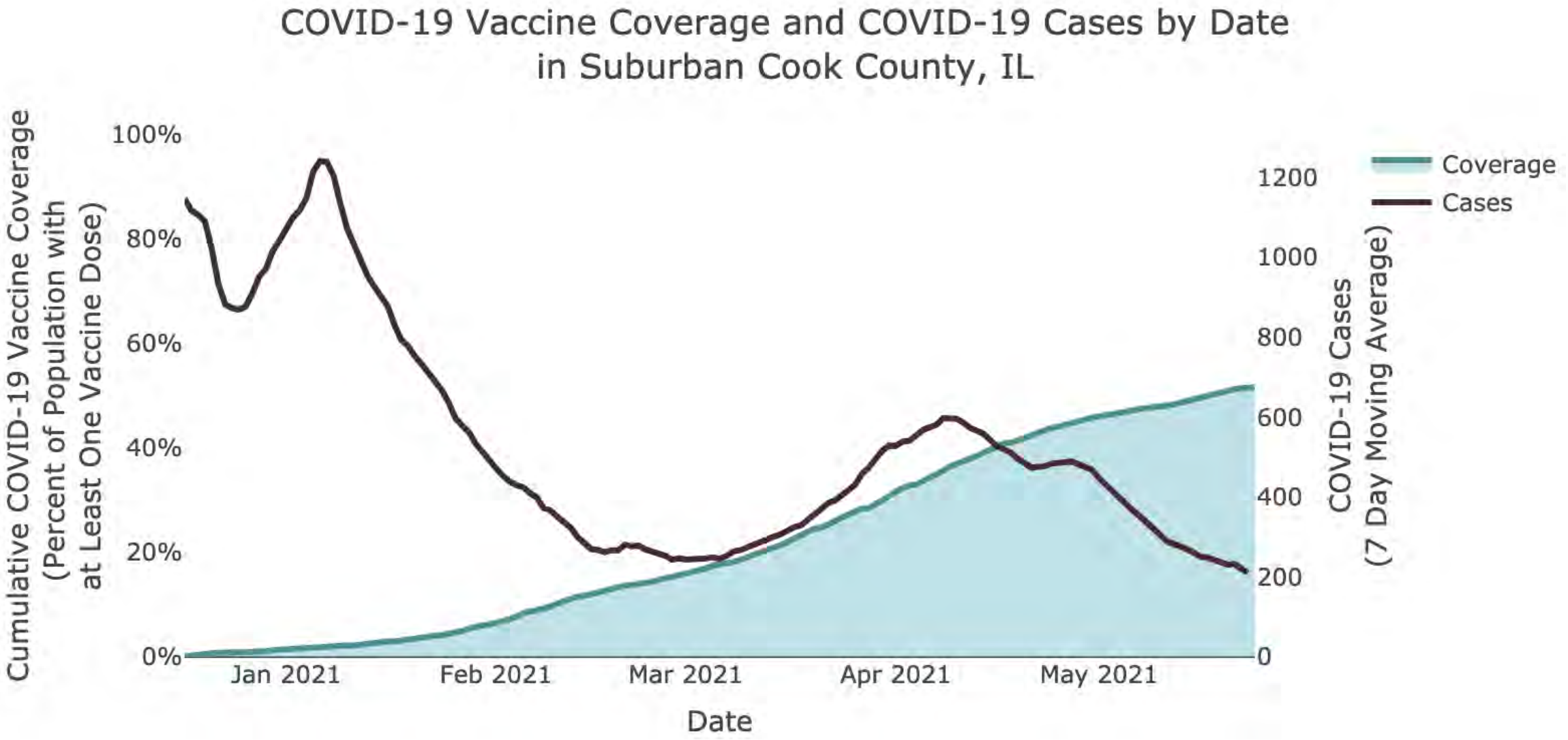
1,177,310
People with at least one vaccine dose

920,758
People with complete vaccine series

51.7%
Percent of population with at least one vaccine dose

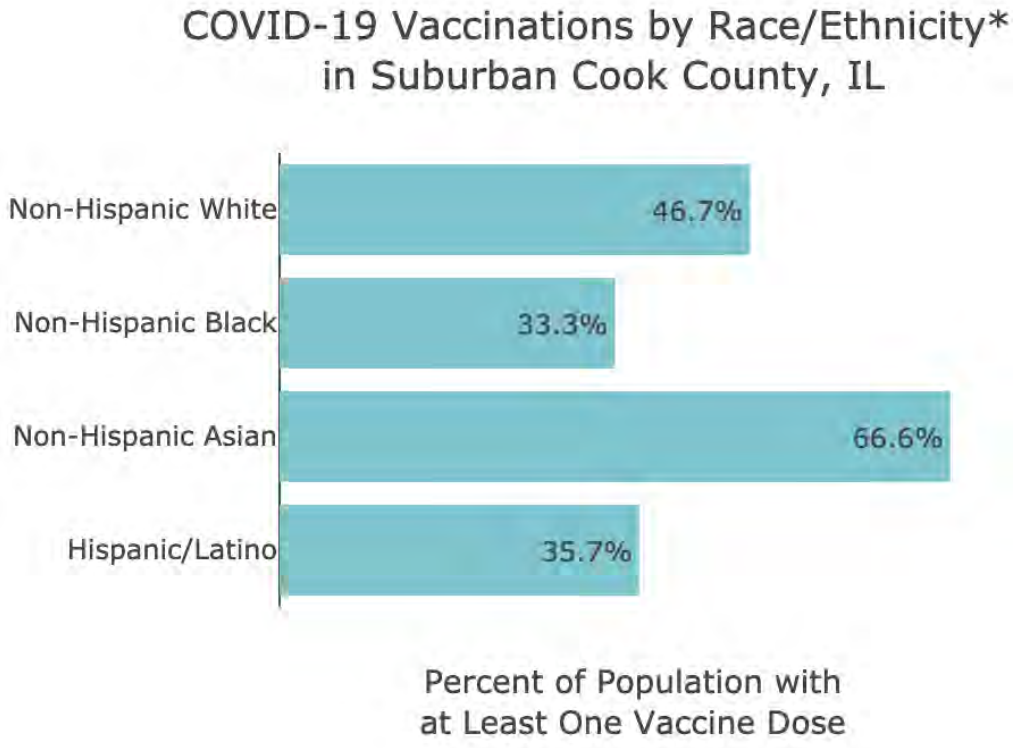
40.5%
Percent of population with complete vaccine series

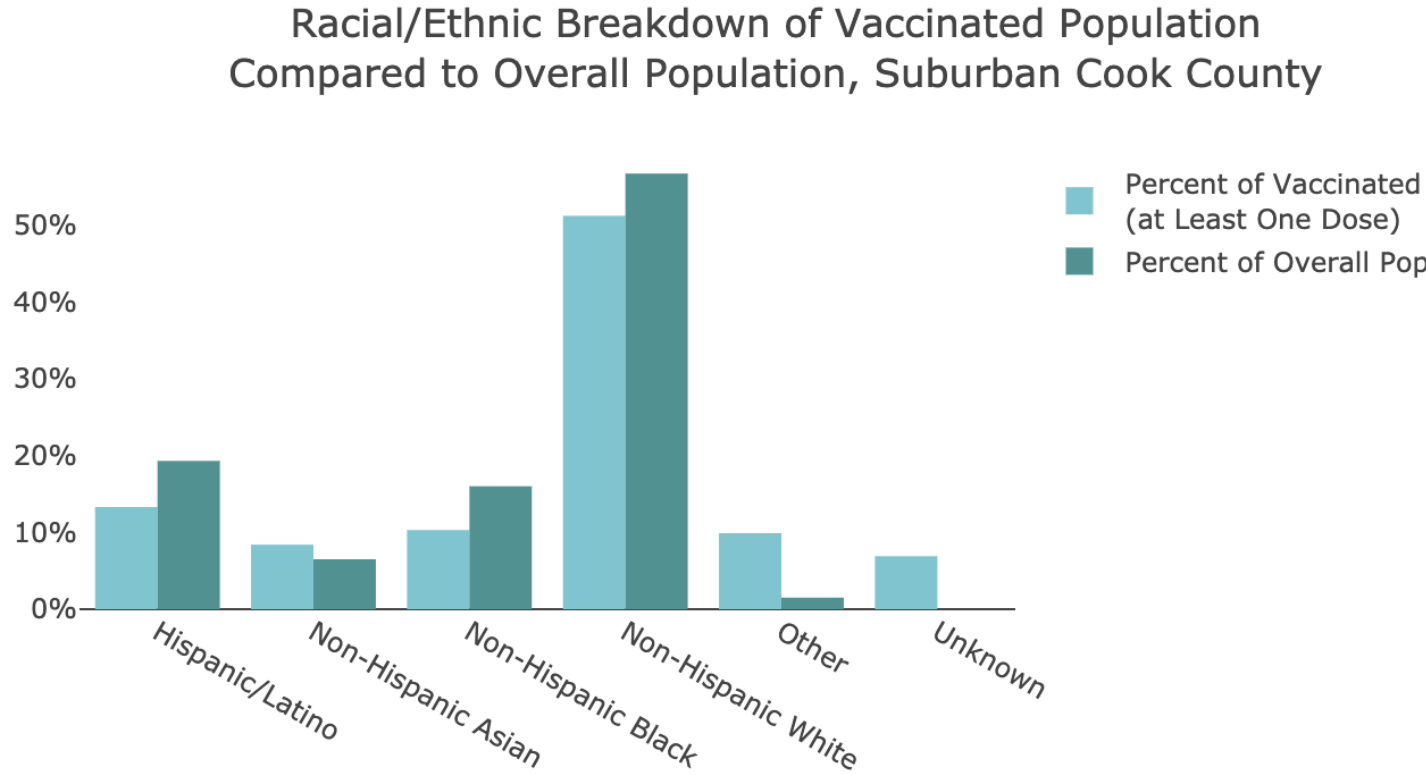
COOK COUNTY HEALTH



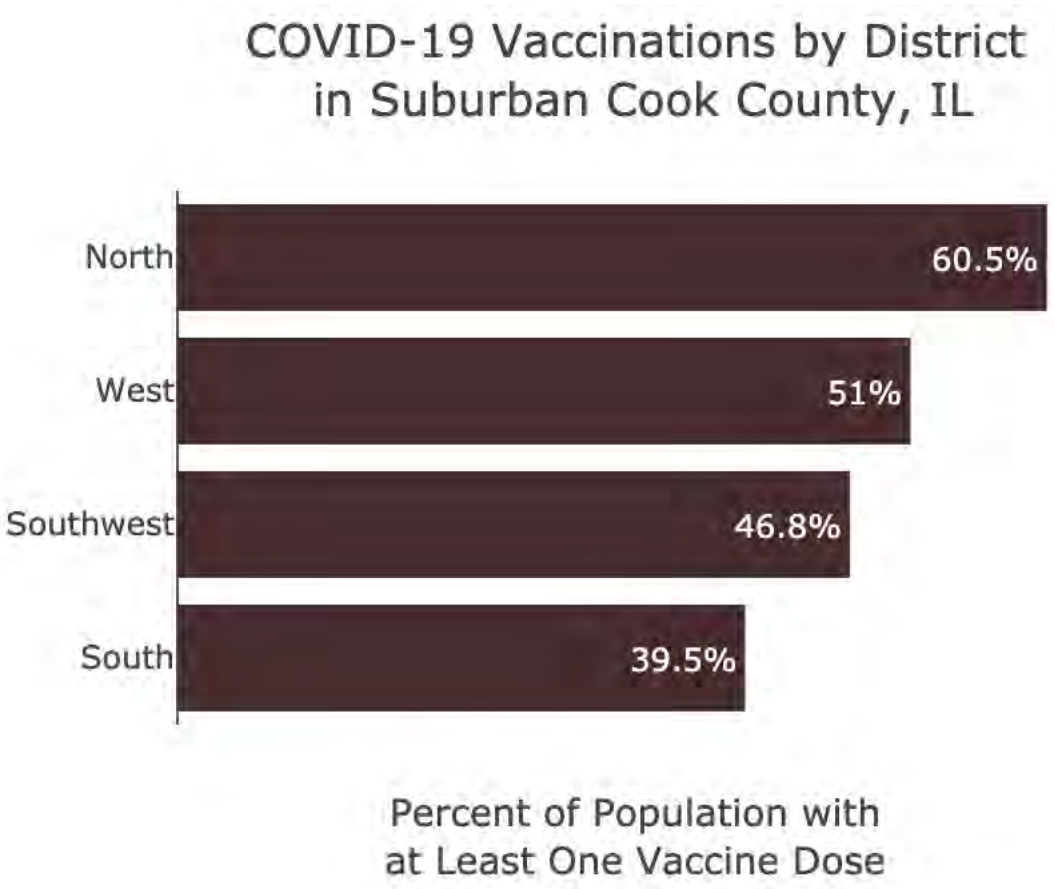
COOK COUNTY HEALTH

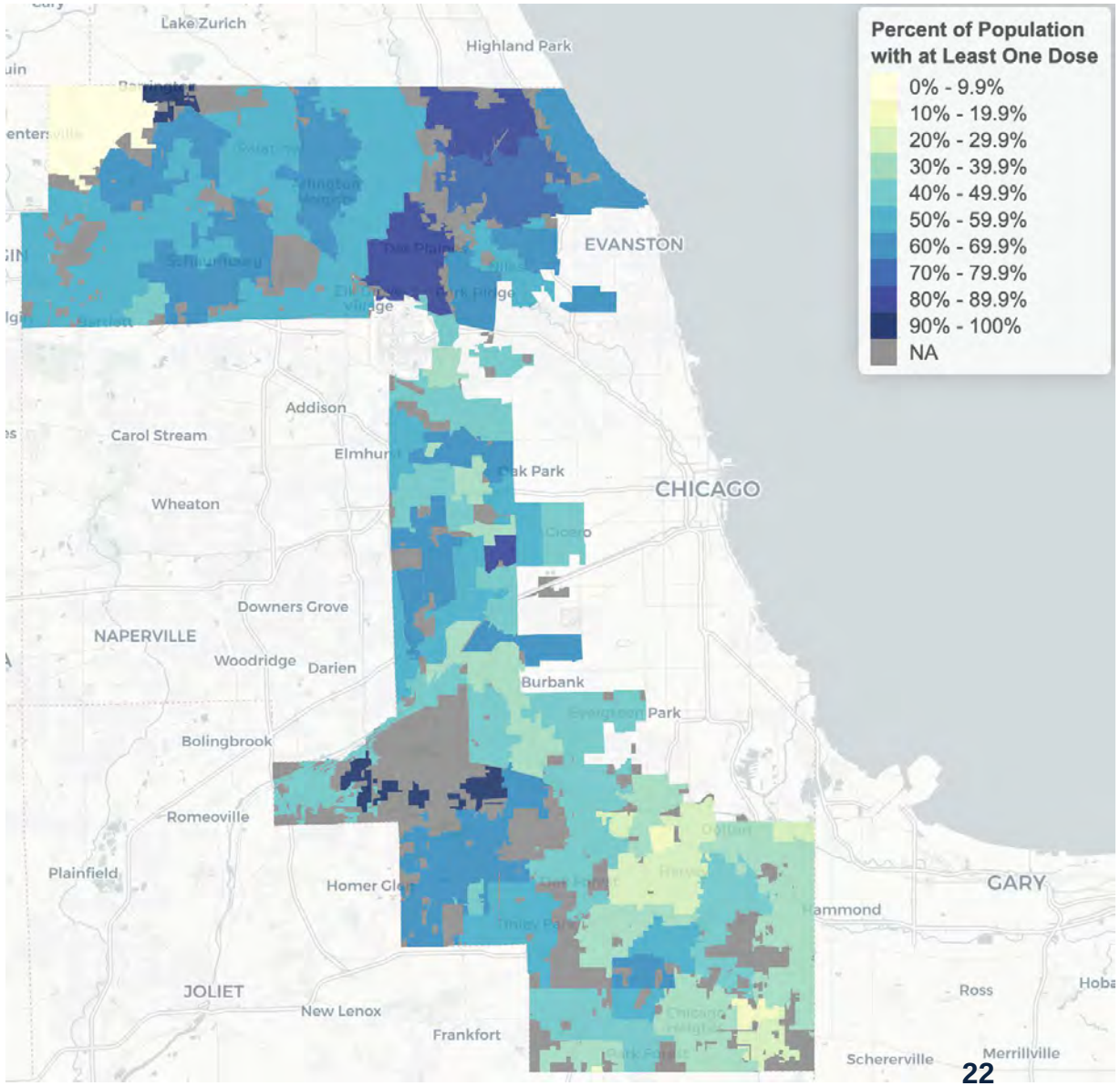
Vaccination Data by Race/Ethnicity





Vaccination Data by Region





COOK COUNTY HEALTH

Vaccination Data by Municipality

City	Total Population	Number Initiating Vaccine	Number with Complete Vaccine	% with at Least One Dose	% Complete
Barrington Hills	2168	9	6	0.4%	0.3%
Dixmoor	3644	498	368	13.7%	10.1%
University Park	273	41	25	15%	9.2%
Ford Heights	2763	444	297	16.1%	10.7%
Riverdale	13549	2972	2165	21.9%	16%
Sauk Village	10506	2496	1808	23.8%	17.2%
Burnham	4206	1020	765	24.3%	18.2%
Harvey	25282	6488	4704	25.7%	18.6%
Phoenix	1964	571	439	29.1%	22.4%
Markham	12508	3804	2801	30.4%	22.4%
Robbins	5337	1633	1256	30.6%	23.5%

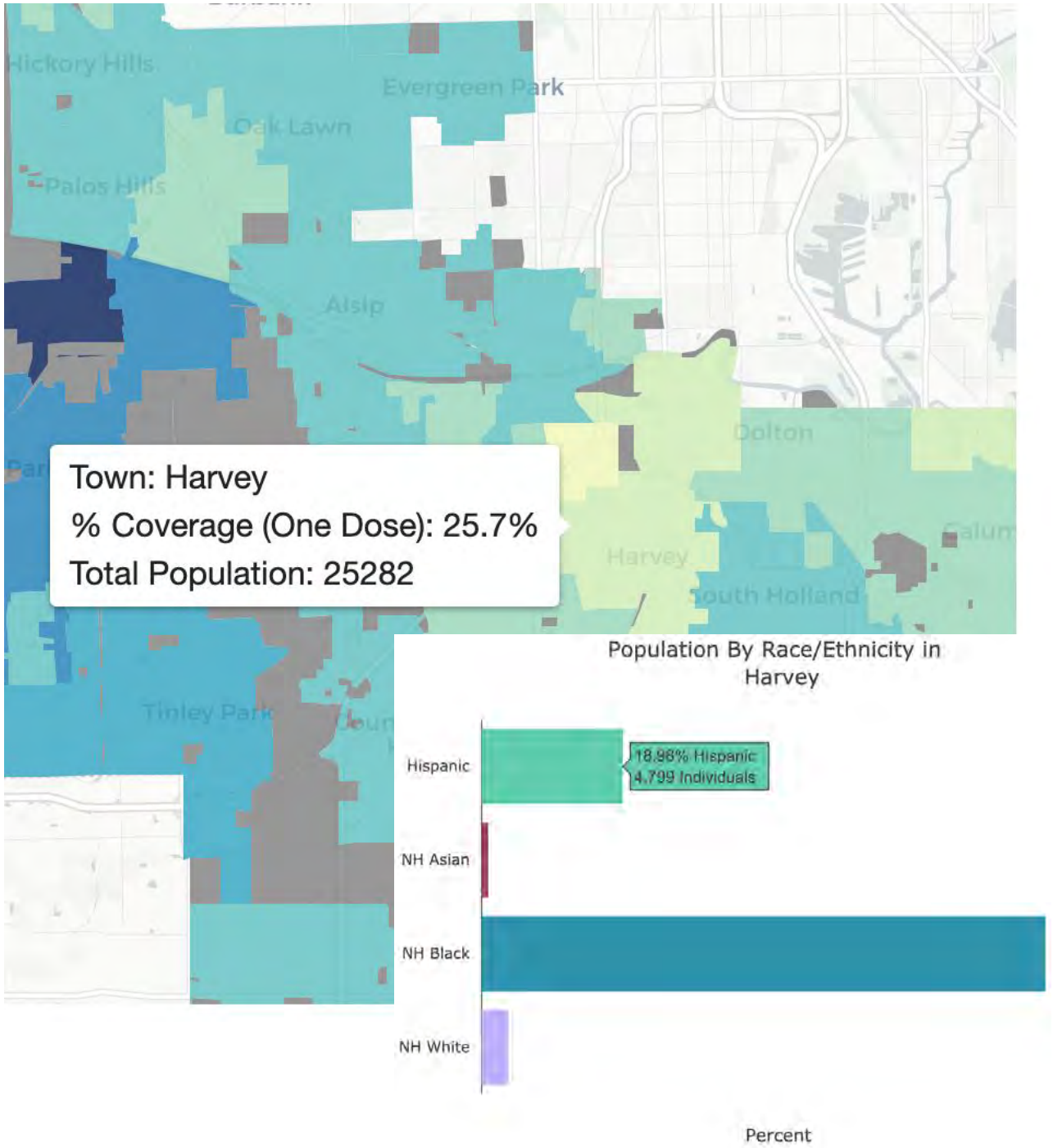
Strategy

Continue hyperlocal strategy

- Mobile/pop-up events hosted by local organizations
- Encourage referrals to existing community providers
- Priority/Equity PODs if requested by community

Focus outreach efforts on municipalities with lowest vaccination rates

Continue to focus communications efforts on vulnerable groups



COOK COUNTY HEALTH

Strategy - Harvey

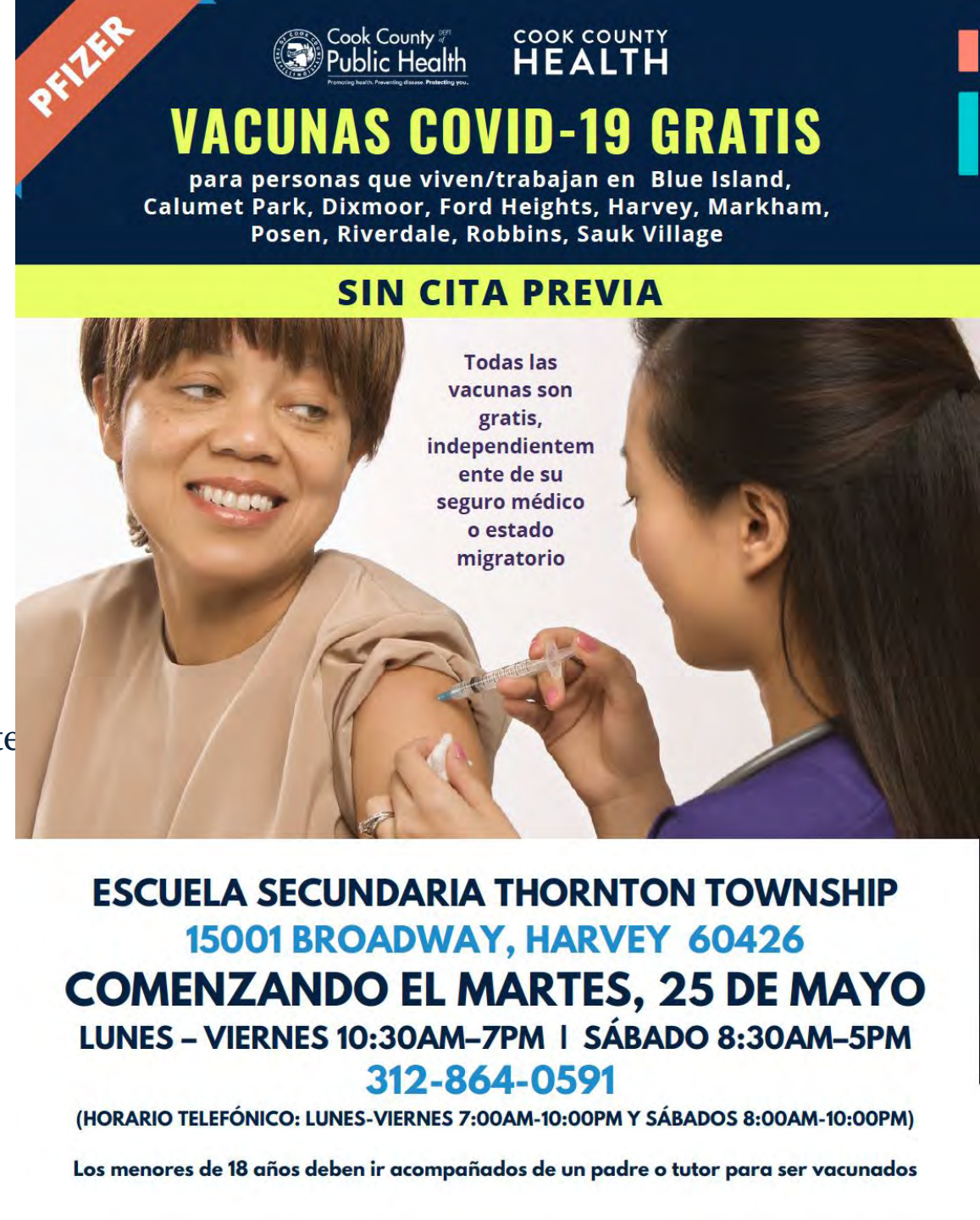
Priority POD started 5/25

Focused outreach

- Ongoing stakeholder meetings with CBOs
- Education sector
- FBOs via local coalitions
- Local elected officials and governments
- Door knocking with Chicago Medical Society, FEMA volunte

Communications

- Robocalls to local community residents
- Social media
- Media campaign



COOK COUNTY HEALTH

Facilities & Operations Update

Robert Sumter, Chief Information Officer and Interim COO

COOK COUNTY HEALTH

Operational Updates

- Valet Parking available at Stroger Entrance 1 and Professional Building
- Mail Order Pharmacy
- Belmont Cragin
- ED Harrison Square
- Admin Building Department Relocation

ACHN Update

Iliana Mora, COO, Ambulatory Services

COOK COUNTY HEALTH

Patient Homecoming

COOK COUNTY HEALTH

Patient Homecoming

Community Sites

Vaccination Program

Vaccination Program

Open for In-Person Care

Telephone Triage Center

Compassionate Journey

Patient Homecoming

Specialty Clinics

Nurse and Medical Assistant Staffing

Direct Scheduling Appointment Making

Surgical Navigation Program

Cleanliness

Compassionate Care in ACHN

COOK COUNTY HEALTH

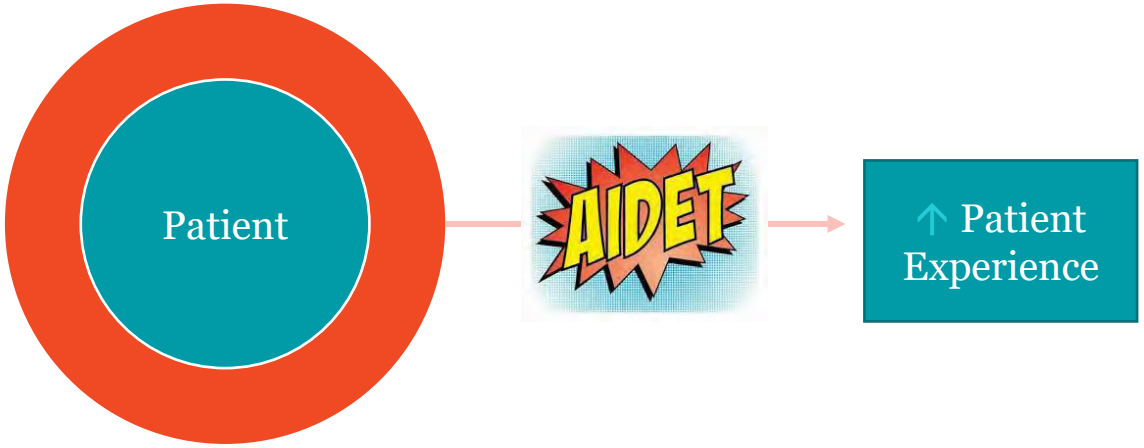
Our Problem Statement

Patient Experience

Patient experience scores are below the national averages

3 Key Drivers impacting "likelihood to Recommend"

- Courtesy of Registration Staff
- Our Sensitivity to Patient's Needs
- Our Concern for Patient's Privacy



Our Problem Statement

Employee Engagement

Employee engagement results are below the national averages

Team Communication and Trust

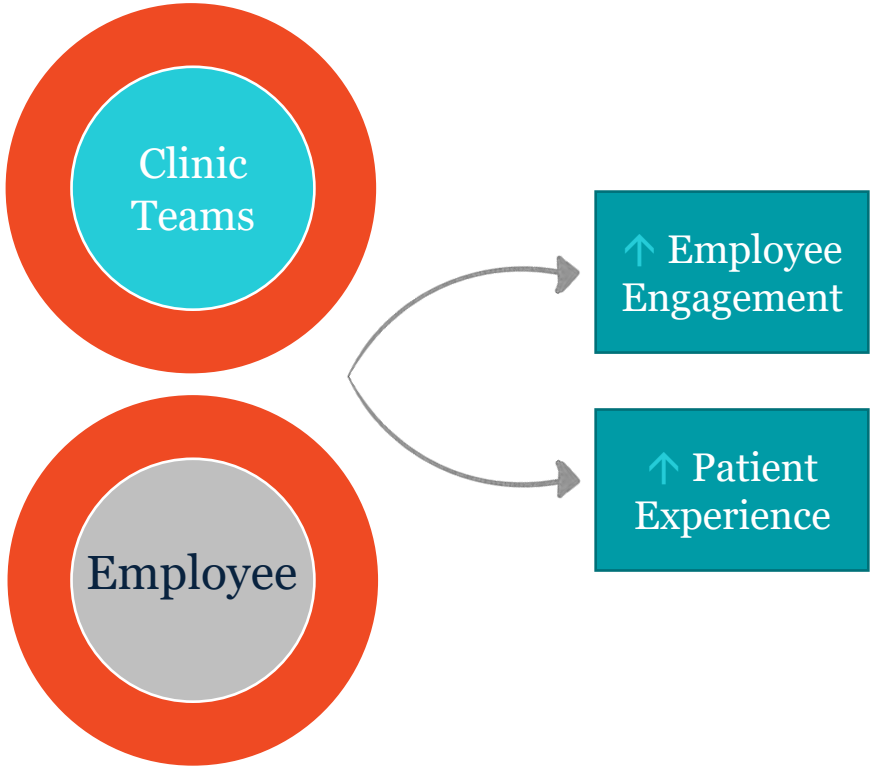
- Opportunity to improve Feeling Respected, Appreciated, and Engaged

Working in health care today is hard

- Demands on efficiency, processes and workflows
- Many barriers faced by our patients

Living in today's society is hard

- Challenges outside of work: managing work and family; paying bills; exposure to violence; unexpected challenges

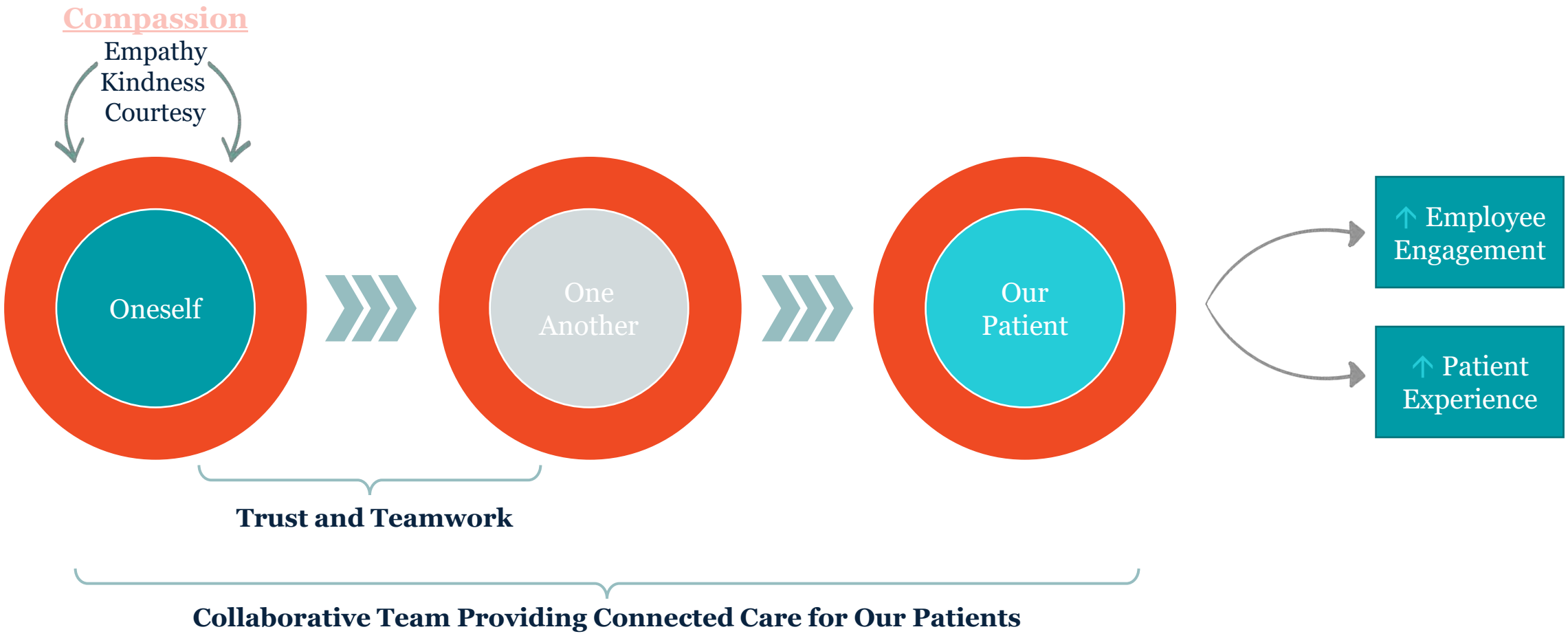


Our Response:

Renewing Compassion in Our Health Centers

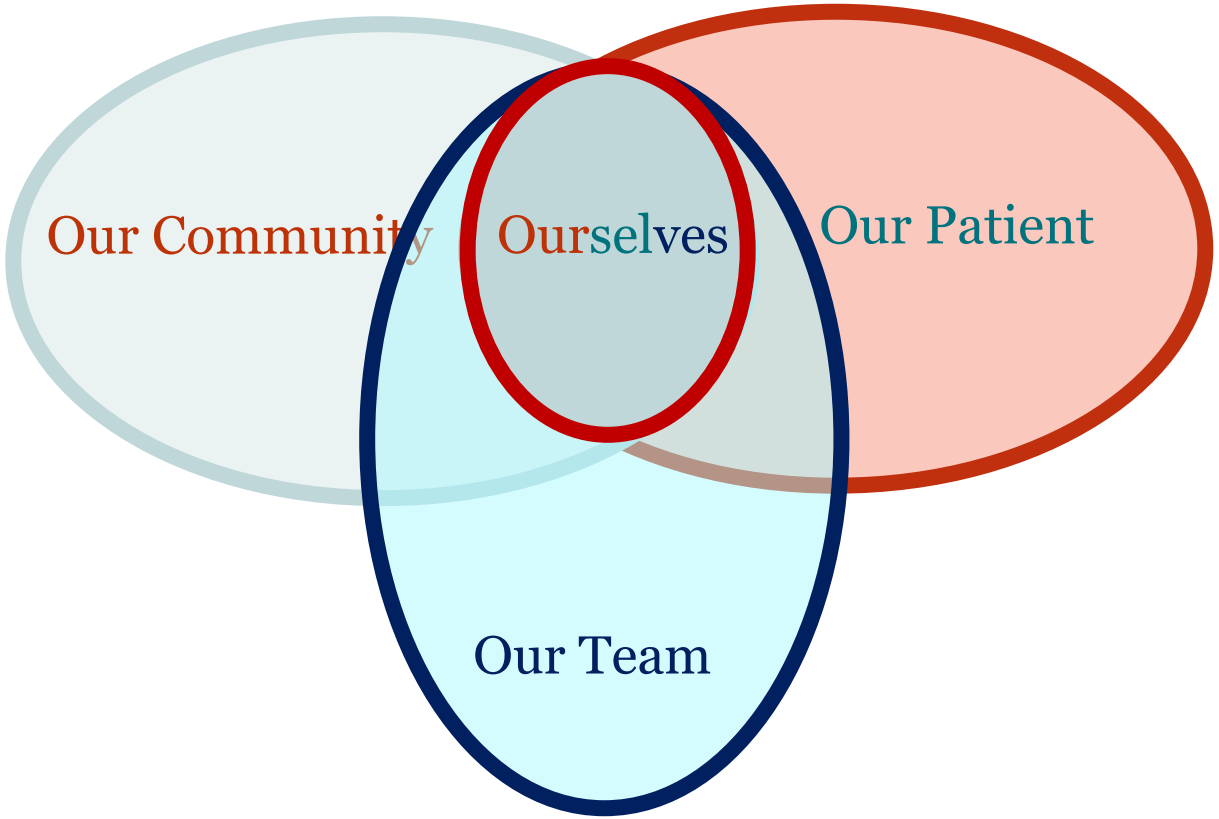
Our Project Strategy

Our Compassionate Journey



Compassion In Our Health Centers

Our Culture of Compassion… through Empathy, Kindness and Courtesy



The Journey Begins with Each of Us…

Our Results: Our Employee Engagement Survey

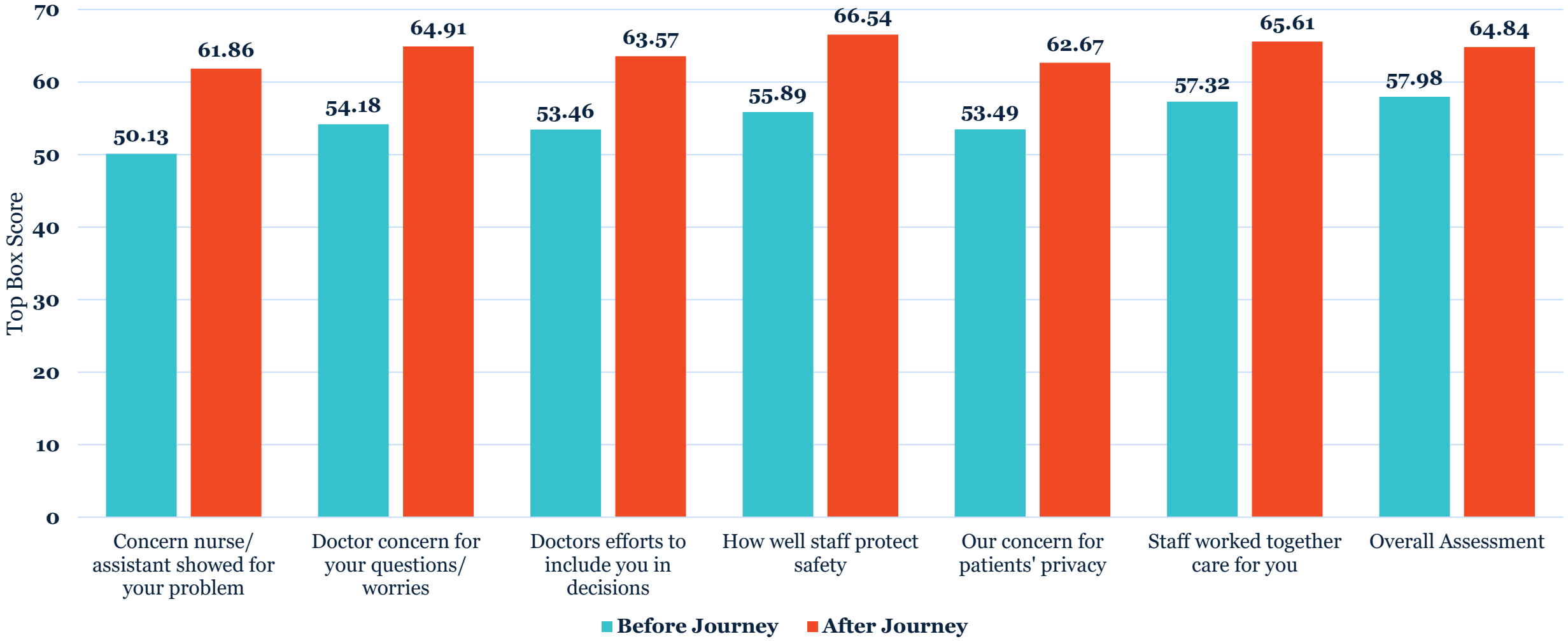
Change in Employee Engagement Scores in ACHN from 2018 to 2020

COOK COUNTY HEALTH

Data Source: Press Ganey Employee Engagement and Culture of Safety Survey
Comparison Group: Safety Net Organizations

Our Results: Our Patient Experience

Change in Patient Experiences Top Box Scores in ACHN

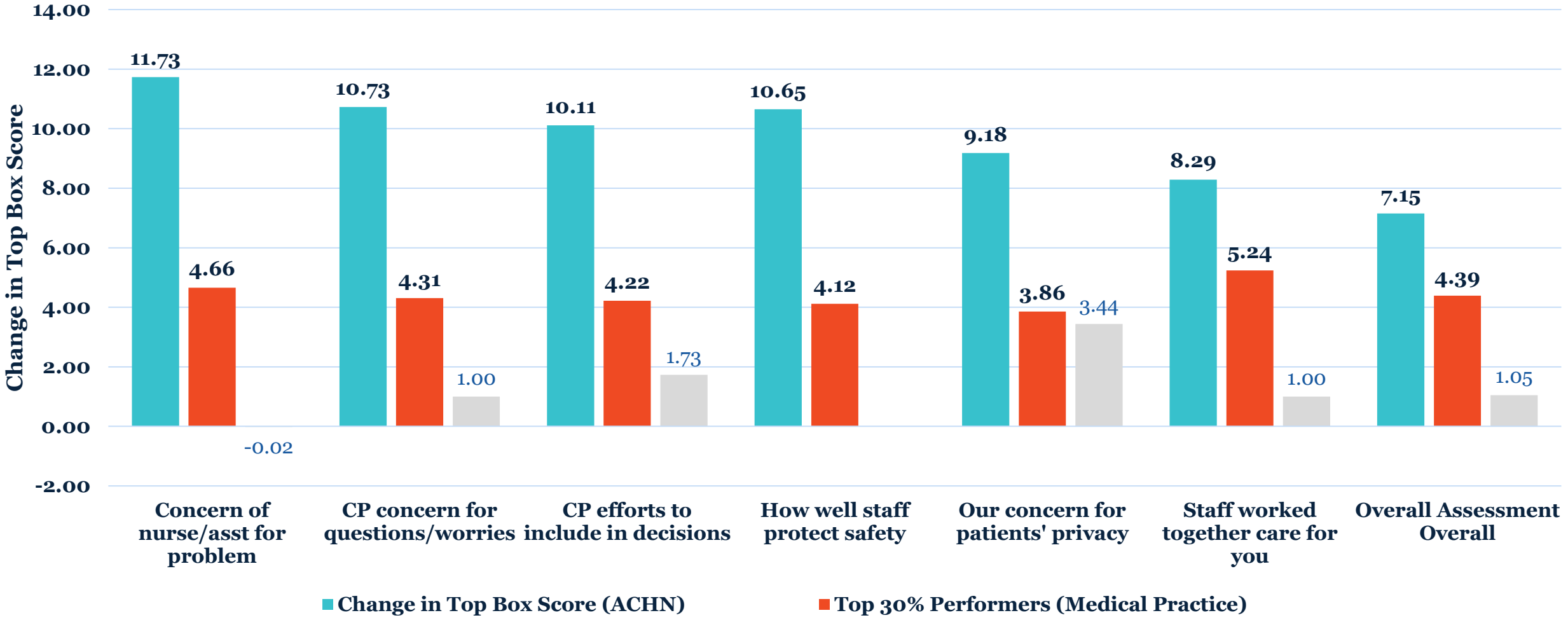


Data Source: Press Ganey Patient Experience Survey
Comparison Group: All Medical Practices
Before Journey: January 2018 to September 2019
After Journey: October 2019 to April 2020

COOK COUNTY HEALTH

Our Results: Our Patient Experience

Change in Patient Experiences Top Box Scores - Comparison



Data Source: Press Ganey Patient Experience Survey
Comparison Group: All Medical Practices
Before Journey: January 2018 to September 2019
After Journey: October 2019 to April 2020

COOK COUNTY HEALTH

Questions?

COOK COUNTY HEALTH

Addendum

COOK COUNTY HEALTH

My Shot Campaign

COOK COUNTY HEALTH

MyShotCookCounty.com

- From the launch on March 15 to April 30, over **24K** new users visited the site.
  - Majority of website visitors are coming from digital ads.
- To date, there are more than **12.6K** clicks on the find an appointment/location button
- Spread the word campaign assets have been downloaded more than **400** times
- The most viewed bio pages are Emily, Bishop Porter and Diana.

Time Period: March 15, 2021 – April 30, 2021

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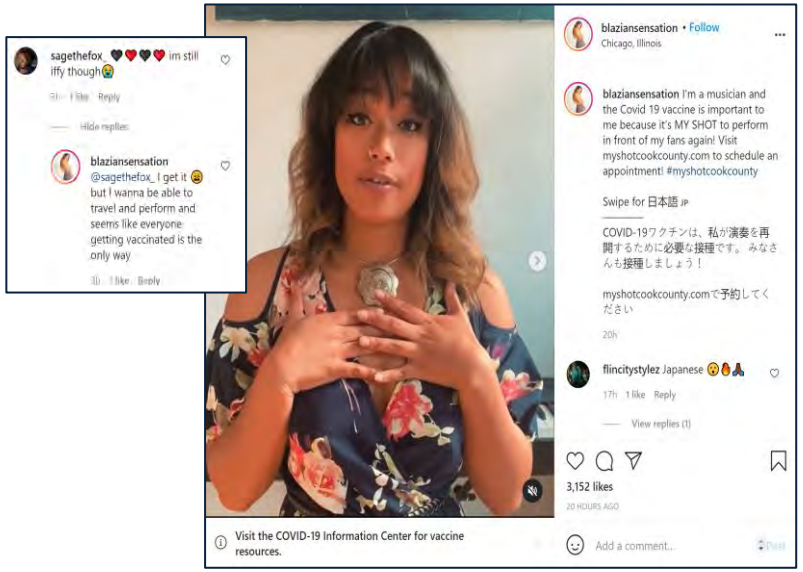
My Shot Campaign Highlights

Metrics March 15 – April 30, 2021

- **Digital: 17.4M** impressions and **50.3K** clicks
- **Out of Home: 30.9M** total impressions
- **Influencer Activation: 361K** reach and **17** total posts



1

Highest clicks English (2,561)
Impressions (835,593)

1

Highest clicks Spanish (901)
Impressions (323,839)

COOK COUNTY HEALTH

Phase 2: Influencer Activation April 15 – May 3

Instagram, TikTok & Facebook

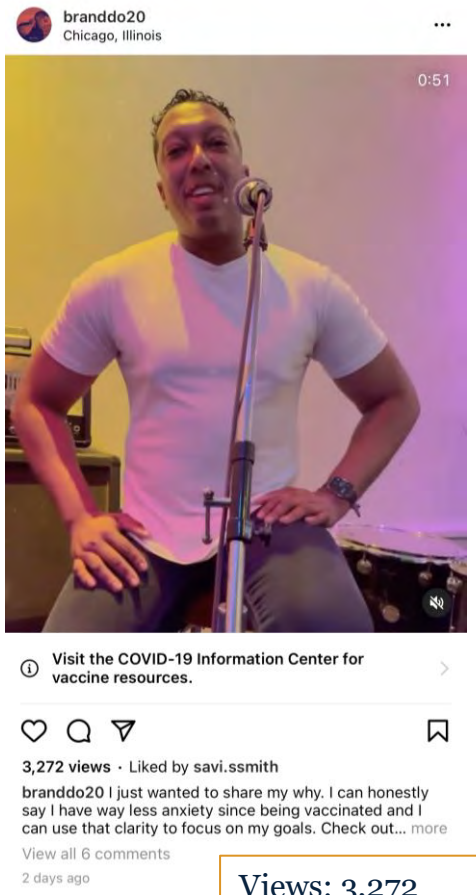
17
Posts

361K
Reach*

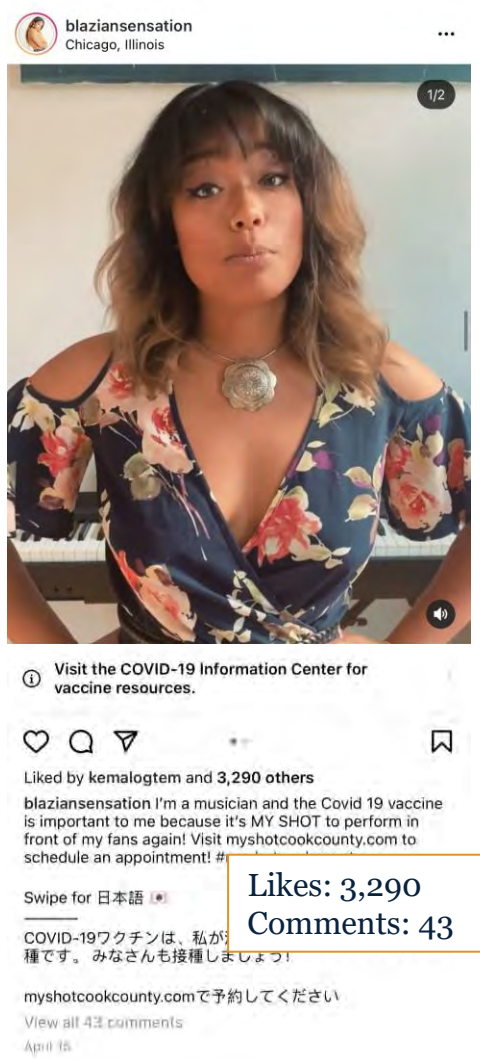
6,060
Interactions*

5,845
Likes*

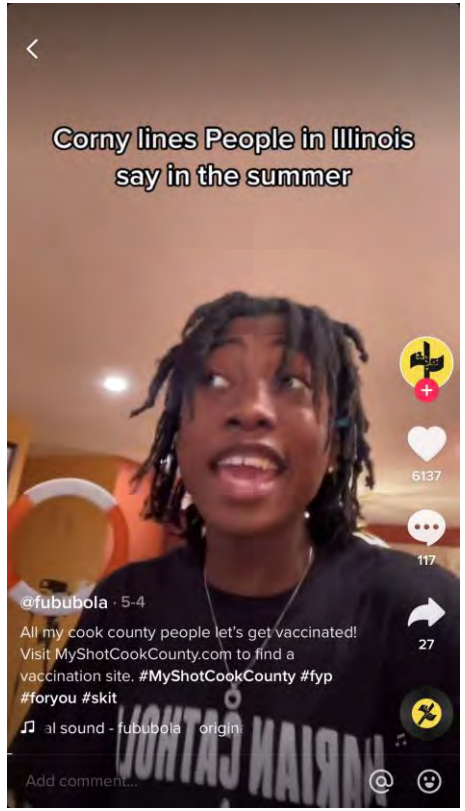
Phase 2 Top Performing Posts



Views: 3,272
Comments: 6



Likes: 3,290
Comments: 43



Views: 28.1K
Likes: 6,137
Comments: 117

Time Period: April 15, 2021 – May 3, 2021

COOK COUNTY HEALTH | COOK COUNTY GOVERNMENT | Cook County Public Health

New/Ongoing Activities

College Days

(Columbia College, DePaul University, Moraine Valley Community College, Harper College)

Great America Ticket Giveaways

White Sox Partnership

Participation in My Shot Campaign

On-site Vaccination Memorial Day weekend

COOK COUNTY HEALTH

Monthly Media Report

COOK COUNTY HEALTH

Recent Cook County Health COVID-19 Media Coverage

1,981 Media Hits on COVID-19 since February 2020

ABC 7 CHICAGO

IL was like 'Wild West' in early days of COVID pandemic, but PPE stockpile has recovered

Chicago Tribune

Cook County doctors say vaccine pause should create confidence; walk-in appointments start Monday

CHICAGO DEFENDER

OP-ED: Don’t Miss Your Shot: Get Vaccinated Against COVID-19.

Daily Herald

Get vaccinated for your mom this Sunday, health officials suggest

NBC 5 CHICAGO

Inside Look: Mass Vaccination Sites in Cook County

UNIVISION CHICAGO

Residentes del condado de Cook pueden vacunarse sin cita previa en los seis centros de vacunación masiva

USA TODAY

Teen: 'I feel safer' after school vaccination

CHICAGO'S VERY OWN WGN 9

Teen who helped Chicagoans get COVID-19 vaccine appointment receives first dose

WLS 890 AM

Cook County pushes to get more restaurant workers vaccinated

COOK COUNTY HEALTH

Media Dashboard: April 24 – May 21, 2021

Total Number of Media Hits: 148

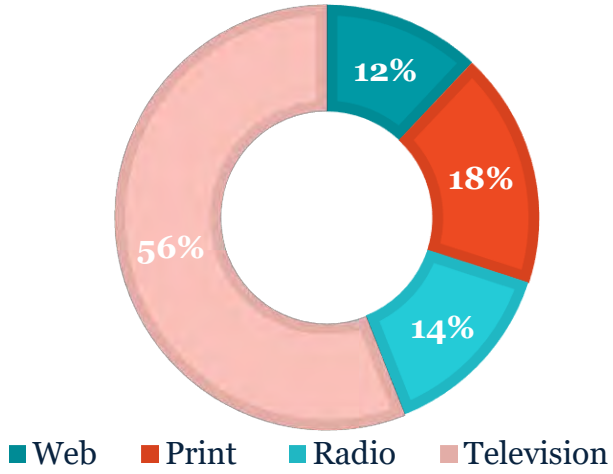
Top 5 Local Media Outlets

1. *NBC-5*
2. *ABC-7*
3. *FOX-32*
4. *CBS-2*
5. *Chicago Tribune*

Top 5 National Media Outlets

1. *Yahoo! News*
2. *MSN*
3. *Fox Business News*
4. *AP*
5. *USA Today*

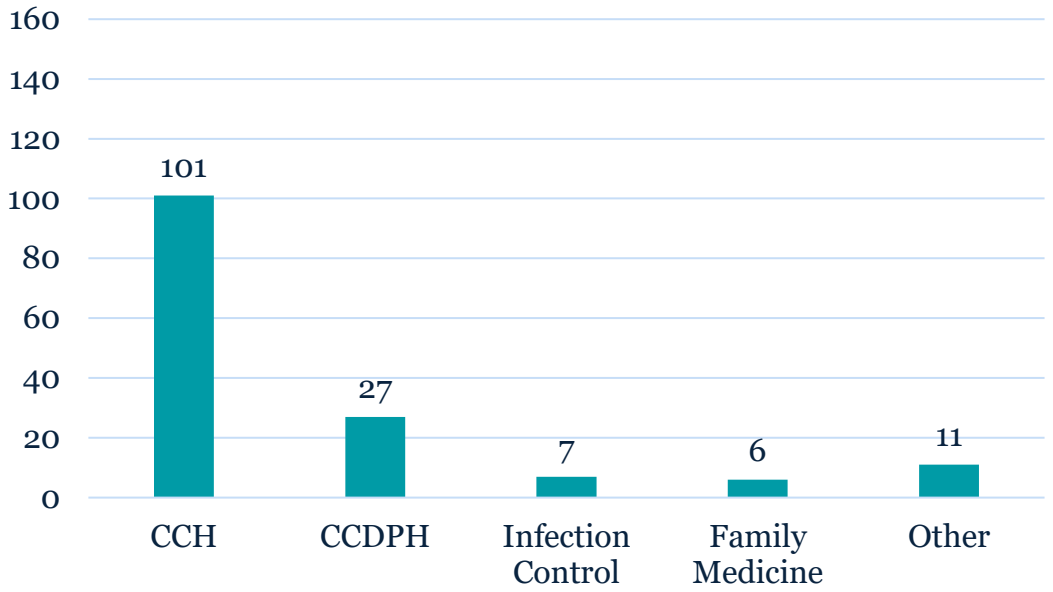
Media Outlet Type



Most Common Topics

1. Preparing for 12+ vaccinations
2. Now accepting walk-in COVID-19 vaccine appointments
3. Encouraging 12+ to get vaccinated
4. Restaurant worker day
5. Johnson & Johnson vaccine

Media Mentions by Department



COOK COUNTY HEALTH

Social Media Insights

As of May 21

Twitter (28-Day Summary)

- Impressions: **89.1** (up **6.8%**)
- Profile visits: **3,056**
- Mentions: **83**
- Followers: **4,028** (up **23**)

Facebook (28-Day Summary)

- Post reach: **867K** (up **30%**)
- Post engagement: **24.2K** (up **122%**)
- Page views: **55.7K** (up **183%**)
- Page likes: **5,576** (up **272**)
- Page followers: **7,234** (up **294**)

LinkedIn (30-Day Summary)

- Impressions: **15.8K**
- Unique visitors: **540** (up **12%**)
- Followers: **6,615** (up **93**)

Instagram (30-Day Summary)

- Impressions: **19.3K** (up **64.7%**)
- Reach: **1,686** (up **11.6%**)
- Profile visits: **601** (up **6.5%**)
- Followers: **2,395** (up **16**)

ISRAEL ROCHA, JR.
CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS (Addendum to slide deck)
May 28, 2021

Recognition

Earlier this month, Cook County Health celebrated Nurses Week by recognizing outstanding nurses and patient care staff at its annual Clinical Excellence Award Ceremony. Their hard work and commitment to caring for patients across the health system is a testament to the mission of CCH. Congratulations to:

- **Shiny James, RN**, Correctional Health
- **Binu Jomon, RN**, Wound Management
- **Linda Magee, RN**, Cook County Department of Public Health
- **Maria Martinez, CMA**, Ambulatory Care
- **Kevin Murray, RN**, Critical Care
- **Barbara O'Brien, RN**, Care Coordination Services
- **Kierra Patterson, RN**, Med/Surg
- **Joann Wilson, RN**, CountyCare
- **Criselda Yulo, RN**, Critical Care

On April 22, the Graduate Medical Education Committee Research Subcommittee hosted its second annual Institutional Research Day. This year, it was combined with the COVID-19 Research Consortium and was a huge success. This event provided the opportunity for physicians in training and health care professionals at Cook County Health to share their research projects, case series or case reports with an emphasis on COVID-19 research. A panel discussion featured some of CCH's leading researchers focused on improving patient outcomes during the pandemic. Each training program was encouraged to make submissions to highlight the diversity of all academic projects. Institutional Research Day highlights the scholarly work that is advancing CCH's mission of excellence and dedication to care for our communities.

GMEC Research Subcommittee and COVID-19 Research Consortium:

- **Dr. Steve Aks**, Chair, Emergency Medicine and Toxicology
- **Dr. Vivek Chaudry**, Chair, Colon and Rectal Services
- **Dr. Errick Christian**, Research Associate
- **Dr. Mohamed Elkhouly**, Chief Resident, Internal Medicine
- **Dr. Elena Gonzalez**, Resident, Internal Medicine
- **Dr. Michael Hoffman**, Attending, Hospital Medicine
- **Estelle Hu**, Librarian
- **Dr. Ahmed Kolkailah**, Chief Resident, Internal Medicine
- **Dr. Juleigh Nowinski-Konchak**, Attending, Preventive Medicine
- **Dr. Katayoun Rezai**, Attending, Infectious Disease
- **Dr. William Trick**, Attending, Collaborative Research Unit

2021 Institutional Research Day Award Winners:

- **Dr. Addul Wahab Arif**, Resident, Internal Medicine
- **Dr. Asma Hashim**, Resident, Emergency Medicine
- **Dr. Lin Li**, Resident, Internal Medicine
- **Dr. Alexander Robin**, Resident, Ophthalmology

- **Dr. Mahwash Siddiqi**, Research Fellow, Trauma
- **Dr. Lauren Uichanco**, Resident, Family Medicine
- **Dr. Sujitha Velagapudi**, Resident, Internal Medicine
- **Dr. Chen Wang**, Fellow, Preventive Medicine

Activities and Announcements

- COVID-19 – See CEO Report Presentation Deck

- On May 3rd, CCH held a press conference to discuss its vaccine equity strategy and released its Vaccine Equity Report.

- On May 4th, Israel Rocha, CEO, participated in a press conference releasing the 2nd year report from Illinois health systems and U.S. Senator Richard J. Durbin on strengthening neighborhood engagement to reduce violence and improve health. The report can be found here.

- On May 14th, CCH held a press conference to announce the expansion of vaccine availability to 12+.

Food As Medicine Update

- 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 May 15, CCH's Fresh Truck partnership with the GCFD resulted in 324 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, North Riverside, Provident/Sengstacke, Prieto, and Robbins.

  Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 38,642 individuals, representing 127,941 household members, totaling more than 843,000 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 June include the following ACHN Health Centers.
  June 1 – **North Riverside Health Center –** 1800 S. Harlem Avenue, North Riverside, IL 60546
  June 3 – **Austin Health Center –** 4800 W. Chicago Avenue, Chicago, IL 60651
  June 8 – **Cottage Grove Health Center –** 1645 Cottage Grove Avenue, Ford Heights, IL 60411
  June 15 – **Robbins Health Center –** 13450 S. Kedzie Avenue, Robbins, IL 60472
  June 17 – **Englewood Health Center –** 1135 W. 69th Street, Chicago, IL 60621

- CCH began hosting Top Box pickups at Provident Hospital in December 2020 – these 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. Friday, June 25 from 3-4pm is the last scheduled Top Box pickup at Provident Hospital.

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 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 have to mean emptying 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.

  Upcoming CAC meeting dates:

  North Riverside: Wednesdays at 1:00 PM: June 16, September 15, December 15
  Englewood: Thursdays at 1:00 PM: June 17, September 16, December 16
  Provident Hospital/Sengstacke Health Center: Wednesdays at 10:00 AM: July 14, October 13
  Cottage Grove: Tuesdays at 1:00 PM: July 27, October 26
  Robbins: Tuesdays at 1:00 PM: August 17, November 16
  Arlington Heights: Tuesdays at 1:00 PM: August 24, November 23

  IMPACT 2023 Focus Area 5

- In collaboration with the Cook County Department of Public Health Office of Community Mobilization, Cook County Health is helping promote vaccination at the Mass Vaccination sites and Priority sites. In the past months, initiatives have been engaged to promote vaccination at the following events and places:
  Summit Priority Pod – 5700 S Archer Rd, Summit, IL 60501
  Thornton Fractional Priority Pod – 18500 Burnham Ave, Lansing, IL 60438
  West Leyden High School Priority Pod – 1000 N Wolf Rd, Northlake, IL 60164
  Thornton Township Priority Pod – 15001 Broadway Ave, Harvey, IL 60426
  PLCCA Vaccination event – 411 Madison St, Maywood, IL 60153
  Harper College Vaccination event – 1200 W Algonquin Rd, Palatine, IL 60067

Upcoming Events

Friday, June 4th at 2:00PM – Ribbon Cutting for the Blue Island Health Center
Thursday, June 10th at 11:30AM – Ribbon Cutting for the Provident Dialysis Center

Media, social media reports and other documents attached.

Legislative Update

Local

- On May 11, the Cook County Health & Hospitals Committee held their monthly 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 consideration of a Resolution Declaring Gun Violence a Public Health Crisis. Carol Reese, CCH's Violence Prevention Coordinator and the Co-Director of Healing Hurt People Chicago, spoke to the Gun Violence Resolution and provided Commissioners information on the Healing Hurt People program. Among the specific activities the Resolution directed the County to work with community organizations to "…actively work towards reducing the 30-40 million dollars spent each year at Cook County Health on trauma from gun violence by creating a budget line item specifically used for gun violence prevention and intervention…"

  The next meeting of the Cook County Health & Hospitals Committee is scheduled for June 22. At that meeting CCDPH will present their *Second Annual Quarterly Report.* CCH will also make a presentation on our Jail Mitigation and Respite Housing efforts for which CCH will receive an award from the National Association of Counties Organization (NACo) at their July 2021 Annual Conference.

  CCH will continue to provide a *COVID-19 Vaccine and Contact Tracing Update* to the committee every month through the end of calendar year 2021.

- The terms of CCH Board Directors Driscoll, Hammock and Reiter expire in June 2021. The Cook County Board of Commissioners consented to President Preckwinkle's re-appointment of Director Bob Reiter to the Cook County Health Board at the May 13 Cook County Board Meeting. At the same meeting President Preckwinkle's appointment of Lyndon Taylor to the Cook County Health Board was referred to the County Board's Legislation and Intergovernmental Affairs Committee for consideration. The next meeting of the Legislation Committee is scheduled for Wednesday, June 23.

State

- The Illinois General Assembly is scheduled to adjourn May 31. Legislation approved before May 31 requires a simple majority; after May 31, a supermajority is required for approval. The state fiscal year begins July 1.

  A number of outstanding issues related to Medicaid may be included in a Medicaid omnibus bill, including the addition of new benefits and covered providers, extension and expansion of Medicaid eligibility as allowed by the federal Public Health Emergency, provider rate increases, and technical clean-up language.

  The Budget Implementation Bill (BIMP) passed in the spring 2020 legislative session included a Medicaid-like expansion for older adult immigrants. Similar expansions and other Medicaid provisions could be included in the 2021 BIMP.

- The combination of federal dollars from COVID-19 relief legislation and better than expected state revenues has resulted in a significant decrease in Illinois' unpaid bill backlog. As of May 24, the backlog stood at $3.4B; at its peak, Illinois had $16B in unpaid bills. Illinois is now paying most vendors in 30 days or less, a significant improvement from payment cycles over the last several years.

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

  SB1840 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.

Over the past several months, meetings have taken place with numerous stakeholders, including the Illinois Attorney General's Office and the Illinois Health and Hospital Association (IHA), as well as with the Illinois Coalition for Immigrant and Refugee Rights, Health & Medicine Policy Research Group, Legal Council for Health Justice, and labor partners including National Nurses Organizing Committee, SEIU, Doctors Council, and Teamsters. These discussions and negotiation sessions have resulted in an agreed amendment that removes opposition from the bill while keeping the original goals of the legislation intact.

SB1840, as amended, passed unanimously out of the Senate on April 21. The House Executive Committee passed it 15-0-0 with 94 proponents filing a slip in support; there was no opposition. The bill passed the House unanimously 110-0-0 and awaits a concurrence vote in the Senate.

- The Illinois Department of Public Health (IDPH) published their Maternal and Morbidity and Mortality Report, which reviewed maternal deaths that occurred in Illinois from 2016-2017. A summary of the report's findings can be found on the IDPH website.

  The report highlighted the persistent disparities in maternal mortality among Black women, who were shown to be three times more likely to die from a pregnancy-related condition compared to White women. Recommendations for hospitals, health care providers, public and private insurance, state agencies, community-based organizations, and individuals were also outlined. Several recommendations, including extended postpartum coverage, implicit bias training for providers, greater use of home visiting, doulas, and telehealth services, have been or are in the process of being addressed through the recent approval of the 1115 Medicaid waiver, enactment of HB158, and pending state legislation.

- Last month, the Governor signed HB158/PA 102-0004, the health and human services omnibus legislation championed by the Illinois Legislative Black Caucus. HB158 took effect upon signature, on April 27, 2021.

  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. Many provisions, including those that concern new Medicaid services and providers, are subject to appropriations.

  CCH supports HB158.

Federal

- **FY 2022 Budget and Appropriations –** President Biden is expected to submit a more fully detailed FY 2022 budget request to Congress on May 28. Meanwhile, the Appropriations process has proceeded with subcommittee hearings. Speaker Pelosi has said she wants to have the 12 bills on the House floor before the August recess.

  House Member offices also processed constituent requests for Community Project Funding, aka "earmarks", for the first time since they were banned over a decade ago. Additionally, the Senate decided to permit Congressionally Directed Spending, opening the door for earmarks in the upper chamber as well.

Both House and Senate approaches are limited and highly circumscribed, described by leadership as a trial run to see if the process can be transparent and inspire public confidence.

- **Biden Administration –** On May 25, the Senate confirmed Chiquita Brooks-LaSure's nomination for Administrator of the Centers for Medicare and Medicaid Services (CMS). Senator Cornyn (R-Texas) encouraged Republican colleagues to oppose her nomination in protest of the Biden Administration rescinding Texas' new ten-year Medicaid section 1115 waiver granted in the last days of the Trump Administration.

  Other Administration actions of interest to CCH include:
  - **Inpatient PPS proposed rule FY22** – On April 27, CMS issued its hospital inpatient prospective payment system (PPS) and long-term care hospital (LTCH) PPS proposed rule for FY 2022. The rule applies to inpatient PPS hospitals, critical access hospitals (CAHs), LTCHs and PPS-exempt cancer hospitals. Comments on the proposed rule are due June 28. The final rule will be published around the beginning of August and take effect on October 1. The proposed rule says hospitals would no longer have to report the median payer-specific negotiated charge with MA insurers on its Medicare cost reports retroactive to Jan. 1, 2021. This change is estimated to eliminate more than 63,000 burden hours for providers. CMS also plans to increase Medicare fee-for-service payments for acute care inpatient hospitals and long-term care hospitals by about $2.5 billion. This would include funding for new medical residency positions, which Congress included in its omnibus appropriations bill enacted at the end of last year. CMS also proposes to extend add-on payments for new COVID-19 treatments until the end of the fiscal year during which the PHE concludes. CMS proposed several changes to the Hospital Readmissions Reduction Program, Hospital-Acquired Condition Program and Hospital Value-Based Purchasing Program to help mitigate the impact of COVID-19 on these performance-based programs.
  - **COVID-19 Coverage Assistance Fund** – On May 3, HHS announced that HRSA will pay providers to administer COVID-19 vaccines to underinsured patients. Under the program, HRSA will reimburse providers at Medicare rates. Providers can submit claims dating back to Dec. 14, 2020.
  - **340B** – On May 17, HRSA sent letters to six pharmaceutical companies, warning them that they could be subject to fines of up to $5,000 per overcharge if they do not allow 340B discounts in 340B providers contract pharmacies. Letters were sent to AstraZeneca, Lilly USA, Novartis, Novo Nordisk, Sanofi and United Therapeutics.

- **Biden "American Jobs Plan" and "American Families Plan" –** Throughout May, the White House engaged in high-level negotiations with Senate Republicans over the contents and cost of the President's Jobs Plan/Infrastructure bill. At the time of writing, observers are not optimistic that a breakthrough is imminent, given that the sides remain very far apart.

  America's Essential Hospitals continues to advocate that the infrastructure package should include funding for safety net hospitals including, hospital capital investments (e.g., a renewed Hill-Burton program as envisioned by House Energy and Commerce Democrats), digital infrastructure, emergency preparedness and workforce development.

  On April 28, the White House rolled out high-level details of the President's American Families Plan a $1.8 trillion spending proposal to expand childcare, paid family and medical leave, tuition-free community college, nutrition programs and other initiatives. Ultimately the White House did not include proposals to address prescription drug prices. Speaker Pelosi and House Democrats have vowed to continue to press forward with a reintroduced version of H.R. 3. The American Families Plan faces difficult odds in Congress.