

Minutes of the Meeting of the Cook County Health (CCH) Board of Directors held on Friday, September 27, 2024 at the hour of 9:00 A.M., at 1950 West Polk Street, Room 5301, in Chicago, Illinois.

**I. Attendance/Call to Order**

Chair Taylor called the meeting to order.

Present: Chair Lyndon Taylor and Directors Jay Bhatt, DO, MPH, MPA; Robert Currie; Robert G. Reiter, Jr.; Tanya R. Sorrell, PhD, PMHNP-BC; and Mia Webster Cross, MSN, RN (6)

Remotely Present: Director Joseph M. Harrington (1)

Absent: Directors Raul Garza; Sage J. Kim, PhD; and Sam A Robinson, III, PhD (3)

Director Bhatt, seconded by Director Sorrell, moved to allow Director Harrington to remotely participate as a voting member in this meeting. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Kimberly Craft – Employment Plan Officer  
Claudia Fegan, MD – Chief Medical Officer  
Andrea M. Gibson – Chief Strategy Officer  
Jeff McCutchan – General Counsel  
Erik Mikaitis, MD – Interim Chief Executive Officer  
Alisha Patel – Assistant General Counsel

Beena Peters, DNP – Chief Nursing Executive  
Carrie Pramuk-Volk – Interim Chief Human Resources Officer  
Deborah Santana – Secretary to the Board  
Arnold Turner, MD – Chief Hospital Executive, Provident Hospital

The next regular meeting of the Board of Directors is scheduled for Friday, October 25, 2024 at 9:00 A.M.

**II. Employee Recognition (details included in Attachment #3)**

Dr. Mikaitis recognized a number of employees for their outstanding work.

**III. Public Speaker Testimony**

The following individuals provided public testimony.

1. Dian Palmer President, SEIU Local 73
2. Helen Thornton Representing AFSCME 31
3. Jason Jones Representing RWDSU Local 200

**IV. Annual Meeting Business**

**A. Election of Chair of CCH Board of Directors**

**B. Election of Vice Chair of CCH Board of Directors**

The business under Item IV was deferred.

**V. Board and Committee Reports**

**A. Board of Directors Meeting Minutes, August 23, 2024**

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

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

**B. CEO Search Special Committee Meeting, convened January 18, 2024, recessed and reconvened August 23, 2024**

- i. Meeting Minutes, which include the following action items:
- Approval of appointment of candidate and compensation package for the position of Chief Executive Officer for the Cook County Health and Hospitals System

Director Reiter provided an overview of the Meeting Minutes.

Director Webster Cross, seconded by Director Currie, moved to approve Item V(B) the Minutes of the CEO Search Special Committee Meeting, convened January 18, 2024, recessed and reconvened on August 23, 2024. THE MOTION CARRIED UNANIMOUSLY.

**C. Finance Committee Meeting, September 12, 2024**

- i. Meeting Minutes, which include the following action items:
- Contracts and Procurement Items
  - Receive and file Grant Award-Related Items

Director Reiter provided an overview of the Meeting Minutes. He noted that request numbers 5, 6, 8 and 10 under the Contracts and Procurement Items is pending review by Contract Compliance. The Board reviewed and discussed the information.

Director Webster Cross, seconded by Director Currie, moved to approve Item V(C) the Minutes of the Finance Committee Meeting of September 12, 2024, which include approval of the Contracts and Procurement Items, and receiving and filing of the Grant Award-Related Items. THE MOTION CARRIED UNANIMOUSLY.

**VI. Action Items**

**A. Contracts and Procurement Items**

There were no Contracts and Procurement Items presented directly for the Board's consideration.

**B. Proposed appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #1)**

- Four (4) Division Chair Reappointments

Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the proposed four (4) Stroger Hospital Division Chair Reappointments.

Director Webster Cross, seconded by Director Sorrell, moved to approve the proposed four (4) Stroger Hospital Division Chair Reappointments. THE MOTION CARRIED UNANIMOUSLY.

**VI. Action Items (continued)**

**C. Proposed Stroger Hospital and Provident Hospital Medical Staff Appointments / Reappointments / Changes (Attachment #2)**

Dr. Fegan presented the proposed Stroger Hospital and Provident Hospital Medical Staff Appointments/Reappointments/Changes for the Board's consideration, on behalf of the Stroger Hospital Executive Medical Staff President and Provident Hospital Medical Executive Committee President.

Director Bhatt, seconded by Director Webster Cross, moved to approve the proposed Stroger Hospital and Provident Hospital Medical Staff Appointments/ Reappointments/ Changes. THE MOTION CARRIED UNANIMOUSLY.

**D. Any items listed under Sections IV, V, VI and X**

**VII. Report from Chair of the Board**

Chair Taylor did not have anything additional to report.

**VIII. Report from Interim Chief Executive Officer (Attachment #3)**

Dr. Mikaitis provided an introduction to the report and presenters listed below. Also included for the Board's information were the Divisional Executive Summaries (included in Attachment #3)

- A. Update on Process Improvements at Provident Hospital GI Lab-** reviewed by Dr. Arnold Turner, Chief Hospital Executive, Provident Hospital (included in Attachment #3)
- B. Update on Strategic Initiatives** – reviewed by Andrea M. Gibson, Chief Strategy Officer (Attachment #4)

**IX. Informational Reports**

The following informational reports were reviewed and discussed.

- A. Employment Plan Officer Semi-Annual Report** – reviewed by Kimberly Craft, Employment Plan Officer (Attachment #4)
- B. Human Resources Committee Metrics** – reviewed by Carrie Pramuk-Volk, Interim Chief Human Resources Officer (Attachment #6)
- C. Managed Care Committee Metrics** – reviewed by Aaron Galeener, Chief Administrative Officer, Health Plan Services (Attachment #7)
- D. Operational Excellence (OpEx) Dashboard** – reviewed by Raji Thomas, Interim Chief Quality Officer (Attachment #8)

**X. Closed Meeting Items**

- A. Claims and Litigation**
- B. Discussion of Personnel Matters**
- C. Update on Labor Negotiations**
- D. Approval of compensation package for the position of Chief Executive Officer for the Cook County Health and Hospitals System**

**X. Closed Meeting Items (continued)**

Director Reiter, seconded by Director Currie, 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, 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,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

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

Yeas: Chair Taylor and Directors Bhatt, Currie, Harrington, Reiter, Sorrell and Webster Cross (7)

Nays: None (0)

Absent: Directors Garza, Kim and Robinson (3)

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

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

Director Reiter, seconded by Director Webster Cross, moved to approve, subject to approval by the Cook County Board of Commissioners, the amended compensation package for Candidate A for the appointment to the position of Chief Executive Officer of the Cook County Health and Hospitals System, as discussed in today’s closed meeting. THE MOTION CARRIED UNANIMOUSLY.



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
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ATTACHMENT #1

Meeting of the CCH Quality and Patient Safety Committee

August 27, 2024

Back-Up Material for Item No. ,

Appointment and Re-Appointment of Stroger Hospital Department Chairs and Division Chairs

Respectfully requesting approval of the following:

**Re-appointment** of the following individual Division Chairs of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

<b>Name</b>	<b>Department/Appt Term</b>	<b>Title</b>
Abayomi Akintorin, MD	Anesthesiology Appt Term 09/1/24 – 09/30/26	Chair of the Division of Pediatric & Intensive Care
Rami Doukky, MD	Medicine Appt Term 09/1/24 – 09/30/26	Chair of the Division of Cardiology
Elizabeth Marcus, MD	Surgery Appt Term 09/1/24 – 09/30/26	Chair of the Division of Breast Surgery
Alexander Ree, MD	Radiology Appt Term 09/1/24 – 09/30/26	Chair of the Division of Neuroradiology

<p style="text-align: center;"><b>APPROVED</b></p> <p style="text-align: center;">SEP 27 2024</p> <p style="text-align: center;"><small>BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM</small></p>
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Cook County Health and Hospitals System  
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ATTACHMENT #2





# COOK COUNTY HEALTH

## Leadership

Toni Preckwinkle  
President  
Cook County Board of Commissioners

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

## Board of Directors

Lyndon Taylor  
Chair of the Board

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

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

Sam A Robinson, III, PhD  
Tanya R. Sorrell, PhD, PMHNP-BC  
Otis L. Story, Sr., MA, MHHSA, FACHE  
Mia Webster Cross, MSN, RN

To: Quality and Patient Safety Committee  
From: Executive Medical Staff Committee of John H. Stroger Jr., Hospital  
Date: September 11, 2024  
CC: Cook County Health  
Memo: John H. Stroger Jr., Hospital Medical Staff Action Items

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

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County Health has approved the attached list of medical staff action items on September 10, 2024, for your consideration.

Thank you kindly and respectfully submitted,

Abayomi E. Akintorin, MD  
President, Executive Medical Staff (EMS)



**TO:** Quality, Patient and Safety Committee

**FROM:** Abayomi E. Akintorin, MD  
EMSC President

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

Medical Staff Appointments/Reappointments Effective September 12, 2024, and are subject to Approval by Cook County Health Systems Boards.

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**OLD BUSINESS**

N/A

**PHYSICIAN PROVIDERS**

**NEW BUSINESS**

**Initial(s):**

Abdel Salam, Hossam Hamdi MD/Pediatrics/Peds Neurology/**Recommended**

Al-Qamari, Abbas, MD/Anesthesiology/**Recommended**

**Comments:** *Temps Requested 8/20/2024*

Bhanot, Shelly, D/Radiology/Interventional Radiology/**Recommended**

Checchi Kyle, Douglas MD/Trauma/**Recommended**

Chaudhari, Monika, MD/Pediatrics/Endocrinology/**Recommended**

Crow, John, MD/Radiology/Diagnostic Radiology/**Recommended**

Frederick, Adriana Journee, MD/Family Medicine/**Recommended**

Gill-Wiehl, Genevieve F., MD/Surgery/General Surgery/**Recommended**

Hamache, Yasmine, MD/Hospital Medicine/ **Recommended**

Keele, Kevin L., MD/Radiology/ **Recommended**

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HEALTH AND HOSPITALS SYSTEM

Mousa, Ahmad, MD/Radiology/**Recommended**  
Omoba, Emmanuel A, MD/Radiology/Breast (Mammography) Imaging/**Recommended**  
Oswald Ramos Tuarez, MD/Family Medicine/**Recommended**  
Tsai, Chun-Hui, Ann, MD/Pediatrics/Genetics/**Recommended**  
Uddin, Omar Minhaj MD/Radiology/**Recommended**  
Wang, Timothy Y., MD/Surgery/Neurosurgery/**Recommended**  
Williams Darrow, Anne Margaret Louise, MD/Radiology/**Recommended**

**Reappointment(s):**

Ahmed Mohammed Sohel MD/Neurology/**Recommended**  
Akintorin, Abayomi E., MD/Anesthesiology/Pediatric Anesthesiology/**Recommended**  
Akintorin, Mopelola, S., MD/Pediatrics/Neonatology/**Recommended**  
Anderson-Nelson, Susan J., MD/Surgery/Ophthalmology/**Recommended**  
Arcia-Diaz, Rosibell, D., MD/Pediatrics/Peds Medicine/**Recommended**  
Azmat, Awais, MD/Family Medicine/ **Recommended**  
Case, John P MD/Rheumatology/**Recommended**  
Davis, Carolyn, MD/OBGYN/**Recommended**  
Douglas, Brigham MD/Trauma/**Recommended**  
Doukky, Rami MD/Medicine/Adult Cardiology/**Recommended**  
Gandhi, Seema R MD/ Gastroenterology/**Recommended**  
Hedayati, Tarlan, MD/Emergency Medicine/**Recommended**  
Jani, Jai Sailesh, MD/Anesthesiology/Pain Management/**Recommended**  
Johnson, Kimberly L., MD/Anesthesiology/**Recommended**  
Joshi, Amit, MD/Nephrology/**Recommended**  
Lobo-Chan, Anne-Marie, MD/Surgery/Ophthalmology/**Recommended**  
Korduba, Adrian B., MD/Emergency Medicine/**Recommended**  
Linderer, Rena J., DO/Pediatrics/Neonatology/**Recommended**  
Luka, Lance, MD/Radiology/Diagnostic Radiology/**Recommended**  
Mahapatra, Ena, MD/General Medicine/**Recommended**  
Malaki, Laila, DMD/Surgery/Oral & Maxillofacial/**Recommended**  
Manosca, Frances I MD /Pathology/**Recommended**  
Mydam, Janardhan, MD/Pediatrics/Neonatology/**Recommended**  
Patel, Kevin Hasmukh, MD/ Surgery/Ophthalmology/**Recommended**

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Reyna -Quito, Jannet Manuela MD/Infectious Disease/**Recommended**

Sani, Sepehr, MD/Surgery/ Neurosurgery/**Recommended**

Uday, Shreeyala, MD/Hospital Medicine/**Recommended**

**Change in Clinical Privilege(s) (Additions/Deletions):**

Hardy, Tatia L, MD/Pediatrics/Correctional Health/: Adding General Medicine Privileges/**Recommended**

Kobak, William H, MD/OBGYN/Robotics: Adding Robotics/**Recommended**

Perez, Walter, D., MD/Pediatrics/Peds Medicine: Adding: Circumcision/**Recommended**

**Change in Category also includes “FPPE Initials” noted in MSOW images:**

Biank, Vincent Franco, MD/Pediatrics/Gastroenterology: Provisional to Provisional/**Recommended**

Berman, James H, MD/Pediatrics/Gastroenterology: Provisional to Affiliate/**Recommended**

Ghazi, John Patrick, MD/Surgery/Orthopedic: Provisional to Consulting/ **Recommended**

Ivanova, Diyana V., OD/Surgery/Ophthalmology: Active to Leave of Absence/**Recommended**

Nguyen, Anh Duong Thuy, MD/Medicine/Hospital Medicine: Provisional to Active/**Recommended**

**Revision of Privileges:**

N/A

**Resignations/Retirements:**

Conover, Craig, MD/Medicine/**Recommended**

Ehlers, Paul, MD/Emergency Medicine/**Recommended**

Godsel, Mark, MD/Surgery/**Recommended**

Moskoff, Jordan, MD/Emergency Medicine/**Recommended**

Paschos, Steve, MD/Psychiatry/Correctional Health Services/**Recommended**

Stancu, Mihaela, MD/Medicine/**Recommended**

**Other Business:**

N/A



**NON-PHYSICIAN PROVIDERS (NPP):**

N/A

**OLD BUSINESS**

**NEW BUSINESS**

**Initial(s):**

Acosta Villarreal, Sara Lillian, CGC/Pediatrics/Genetics/**Recommended**  
Biancalana-Marsh, Lisa A, APRN/General Medicine/**Recommended**  
Bouferrache, Karim Hassan PA-C/Medicine/Neurology/**Recommended**  
Chitekwe, Ron Chikhulupiliro PA-C/Medicine/Hospital Medicine/**Recommended**  
Cofie, Audrey, APRN/Family Medicine/**Recommended**  
Cyriac, Anu N. APRN/Medicine/General Medicine/**Recommended**  
Farah, Lena, G, PA-C/Hospital Medicine/**Recommended**  
Fisher-Carter, Alana Ronyea, LCSW/Psychiatry/**Recommended**  
Norris, Ishante APRN/Infectious Disease/**Recommended**

**Reappointment(s):**

Chillis, Nikya Cora PA-C/OB/GYN/**Recommended**  
Grande, Aimee PA-C/Trauma/**Recommended**  
Moore, Angelica APRN/Trauma/**Recommended**  
Nwawueze, Josephine A., APRN/Family Medicine/**Recommended**  
Turner, Marian J., APRN/Family Medicine/**Recommended**

**Change in Collaboration (Addition/Removal):**

N/A

**Change in Clinical Privilege(s) (Additions/Deletions):**

N/A

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DIRECTORS OF THE COOK COUNTY  
HEALTH AND HOSPITALS SYSTEM**

**Change in Category Status:**

Abraham, Johny, APRN/Medicine/Endocrinology: Provisional to APRN/**Recommended**

**Revision of Privileges:**

N/A

**Resignations/Retirements:**

DeSantiago, Cristina, CCP – Surgery/**Recommended**

Ousley, Tyra, APRN – Family Medicine/**Recommended**

Rescober, Teresita, APRN – OB/GYN/**Recommended**

**Other Business**

N/A

**Sanction Screening Reporting –**

IDFPR Disciplinary Action Report for June 2024 reviewed as of 8/15/2024 – No Findings.

CMS OPT OUT Affidavits report reviewed as of 8/15/2024 – No Findings.

CMS Preclusion Report reviewed as of 8/15/2024 – No Findings.

**APPROVED**

**SEP 27 2024**

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



# COOK COUNTY HEALTH

## Leadership

Toni Preckwinkle  
President  
Cook County Board of Commissioners

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

## Board of Directors

Lyndon Taylor  
Chair of the Board

Jay Bhatt, DO, MPH, MPA  
Robert Currie  
Raul Garza  
Joseph M. Harrington  
Sage J. Kim, PhD

Robert G. Reiter, Jr.  
Sam A Robinson, III, PhD  
Tanya R. Sorrell, PhD, PMHNP-BC  
Mia Webster Cross, MSN, RN

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

September 6, 2024

Dear Members of the Quality and Patient Safety Committee:

Please be advised that on September 6, 2024 the Provident Hospital Medical Executive Committee voted to approve the recommended actions on the enclosed document. It is being presented to you for your consideration.

Respectfully,

Paul Allegretti, DO  
Provident Hospital of Cook County  
President, Medical Staff  
Chair, Medical Executive Committee

## Provident Hospital of Cook County

**TO:** Quality and Safety Committee

**FROM:** Paul Allegretti, DO  
President, Medical Executive Committee

**SUBJECT:** Medical Staff Appointments and Other Business Recommended by the  
**Medical Executive Committee** on September 6, 2024

Medical Staff Appointments/Reappointments Effective: 9/12/2024 subject to Approval by the Cook County Health.

### New Business

#### Initial(s):

Bhanot, Shelly, MD/Radiology/Diagnostic Radiology/Recommended  
Frederick, Adriana Journee, MD/Family Medicine/Recommended  
Gill-Wiehl, Genevieve F., MD/Surgery/General Surgery/Recommended  
Iyengar, Ashwin, MD/Anesthesiology/Recommended  
Reddy, Manasa, MD/Hospital Medicine/Critical Care/Recommended  
Watts, Jeffrey, MD/Psychiatry/ Recommended

#### Reappointment(s):

Ahmed, Mohammed Sohel, MD/Neurology/Recommended  
Akintorin, Mopelola Subuola, MD/Pediatrics/Neonatology/Recommended  
Allegretti, Paul J., DO/Emergency Medicine/ Recommended  
Azmat, Awais, MD/Family Medicine – Recommended  
Doukky, Rami MD/Cardiology/ Recommended  
Gandhi, Seema R MD/ Gastroenterology - Recommended  
Johnson, Kimberly L., MD/Anesthesiology/ Recommended  
Luka, Lance, MD/Radiology/Diagnostic Radiology/Recommended  
Davis, Carolyn, MD/ObGyn/ Recommended  
Mahapatra, Ena, MD/General Medicine/ Recommended  
Manosca, Frances I MD/Clinical Laboratory/Recommended  
Patel, Kevin Has Mukh, MD/Surgery/Ophthalmology/Recommended  
Polyakova, Elina, MD/Hospital Medicine – Recommended  
Reyna -Quito, Jannet Manuela MD/Infectious Disease/Recommended

#### Change in Category

Ghazi, John Patrick, MD/Surgery/Orthopedic: Provisional to Consulting - Recommended  
Azmat, Awais, MD/Family Medicine – Active to Affiliate - Recommended  
Polyakova, Elina, MD/Hospital Medicine – Affiliate to Active - Recommended





**Resignation:**

Godsel, Mark, DPM/Surgery/Podiatry-Informational

**New Business**

**NPP Initial(s):**

Fisher-Carter, Alana Ronyea, LCSW/Psychiatry/ Recommended

**NPP Change in Category:**

Abraham, Johny, APRN/Internal Medicine/Endocrinology: Provisional to APRN/Recommended

**Resignation:**

Ousley, Tyra, APRN – Family Medicine-Informational



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ATTACHMENT #3

# CEO Report

Dr. Erik Mikaitis, Interim CEO

September 27, 2024



COOK COUNTY  
**HEALTH**

# New Hires and Promotions



## New Hires

Mari Akre, Associate Chief Nursing Executive of Quality, Professional Development & Excellence

Alan Gloeckle, Compliance Officer, County Care

Assunta McReynolds, Associate Director of Clinical Affairs

Ashley Robinson, Pharmacy Medicaid Program Manager, Health Plan Services

Amanat Ali-Khan, Manager of Imaging Services

Tammye Flowers, Clinical Nurse Leader, Maternal Child Health

Brandi McNally, Clinical Nurse Leader, Nursing Quality

Shanae Harkless, Manager of Operations, Community Health Center, Sengstacke

Crysta Hildebrand, Nurse Coordinator II, Cermak Health Services

# Welcome

## New Hires

Erin Virgo, Grant Administration Manager

Ping Liu, Process Improvement Manager, Quality Assurance

Christina Neris, Clinical Documentation Improvement Manager

Ronny Espinosa, Manager of Operations, Network Diabetes/Endocrinology Program

Carmel Rutaquio, Manager of Transitional Care, Health Plan Services

Elizabeth Wallish, Senior Project Manager

# Congratulations

## Promotions

Chun Feng, Chair of the Department of Radiology

Rami Doukky, Medical Director, Cardiovascular Service Line

Candace Gunby, Community Engagement Manager

Sophia Koslowski, Grants Administration Manager

Jasmin Chavez, Manager of Operations, Surgical Specialty Clinic

Tenisha Brewer, Senior Manager Of Complex Care Coordination

Rahab Kiarie, Senior Manager of Complex Care Coordination

# Recognition



COOK COUNTY  
**HEALTH**



# Illinois Organization of Nurse Leaders

Several CCH nurse leaders were recognized at this year's Illinois Organization of Nurse Leaders (IONL) conference.

**Dr. Jackie Whitten**, Chief Nursing Officer, Stroger Hospital, earned the Innovative Nursing Leadership Award.

**Peter Sesi**, Director of Patient Flow, earned the Rising Star Award.

In addition, an abstract entitled "Decreasing the Discharge Time" by **Josephine Reed**, Nurse Coordinator II and **Sherrie Spencer**, Director of Medical/Surgical Nursing, earned 2<sup>nd</sup> place.

Congratulations to all!



# Thresholds Hero Award Honorees

Congratulations to **Dr. Tom Nutter**, Chief Behavioral Health Officer, and the **Office of Behavioral Health team** for being recognized with the Hero Award at the Thresholds Health's 2024 annual gala!



# Power Hope Award Honoree

Congratulations to **Aaron Galeener**, Chief Administrative Officer, Health Plan Services, for being named a 2024 Power Hope Award Recipient by Care for Friends!



# Women Health System CFOs to Know

Congratulations to **Pamela Cassara**, Cook County Health's Chief Financial Officer, for getting recognized by Becker's Healthcare on their "Women Health System CFOs to Know" list!



Congratulations to **Dr. Juleigh Nowinski-Konchak**,  
Attending Physician- Behavioral Health,  
Department of Family and Community Medicine  
and Center for Health Equity & Innovation, for  
being recognized with the Medicine Award at the  
Health & Medicine Policy Research Group's  
annual gala.

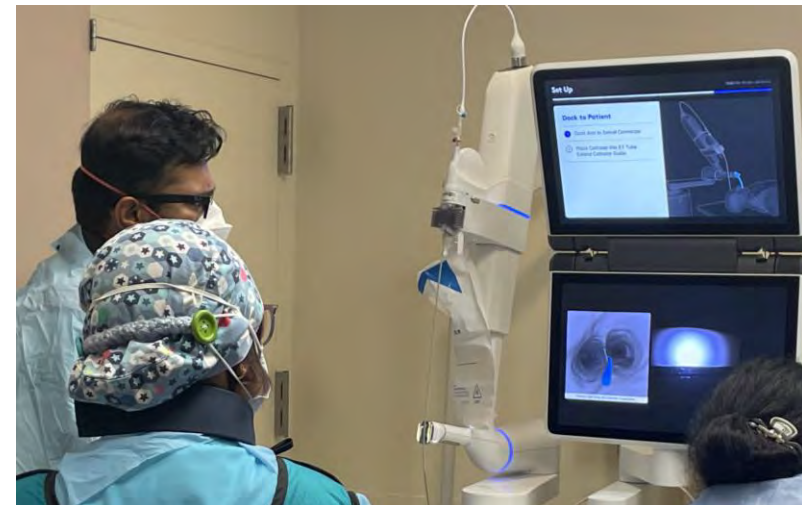


# ION Robotic Bronchoscopy

The first Ion robotic bronchoscopy was performed at CCH on September 24.

The new cutting-edge robotic equipment allows the clinical team to do a minimally invasive biopsy on suspected lung cancer nodules with fewer risks of complications.

Thank you to the multidisciplinary team who supported this launch! A press conference will be held next month to celebrate.



# Press Conference on Vaccinations

On September 20, Cook County Board President Toni Preckwinkle and members of the Cook County Board of Commissioners joined CCH officials to emphasize the importance of getting the latest flu and COVID-19 vaccines.

CCH is now offering updated COVID and flu vaccines to patients and community members via appointment.

Vaccines are free of charge for individuals who are uninsured.



# Community Mural Project

Cook County Health was proud to unveil a new community mural at Englewood Health Center on September 4.

The mural was the fourth and final of this year's installments. The murals are funded in part by the Cook County Health Foundation and are part of our ongoing efforts to beautify clinical spaces and strengthen engagement between our health care sites and the communities we serve.

Artists Lavelle Harris and Damon Reed  
Englewood Health Center



Artists Jeff Sant, Travis Talsma, Patrick Hurley and Angelica Aguilar  
Cottage Grove Health Center



Artist Robert Valadez  
Austin Health Center



Artist Eric Harold  
Cermak Health Services at the Cook County Jail







**Patient Safety, Clinical Excellence & Quality**

## **Scope Project Success**

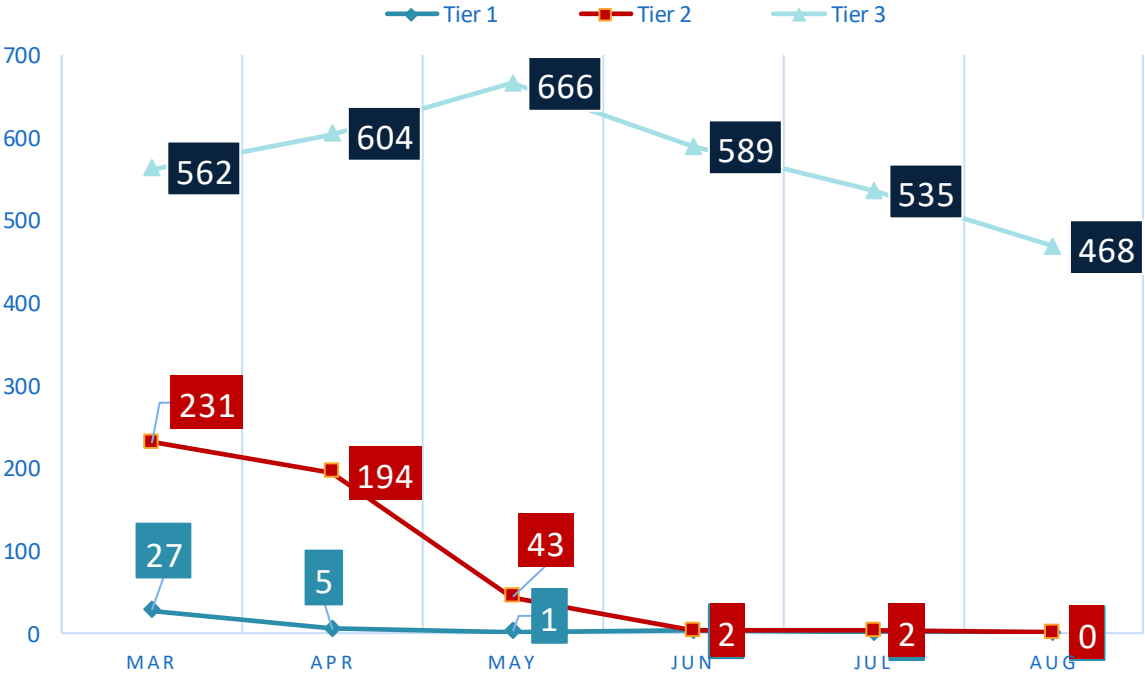
Dr. Arnold Turner

Chief Hospital Executive, Provident Hospital



**COOK COUNTY  
HEALTH**

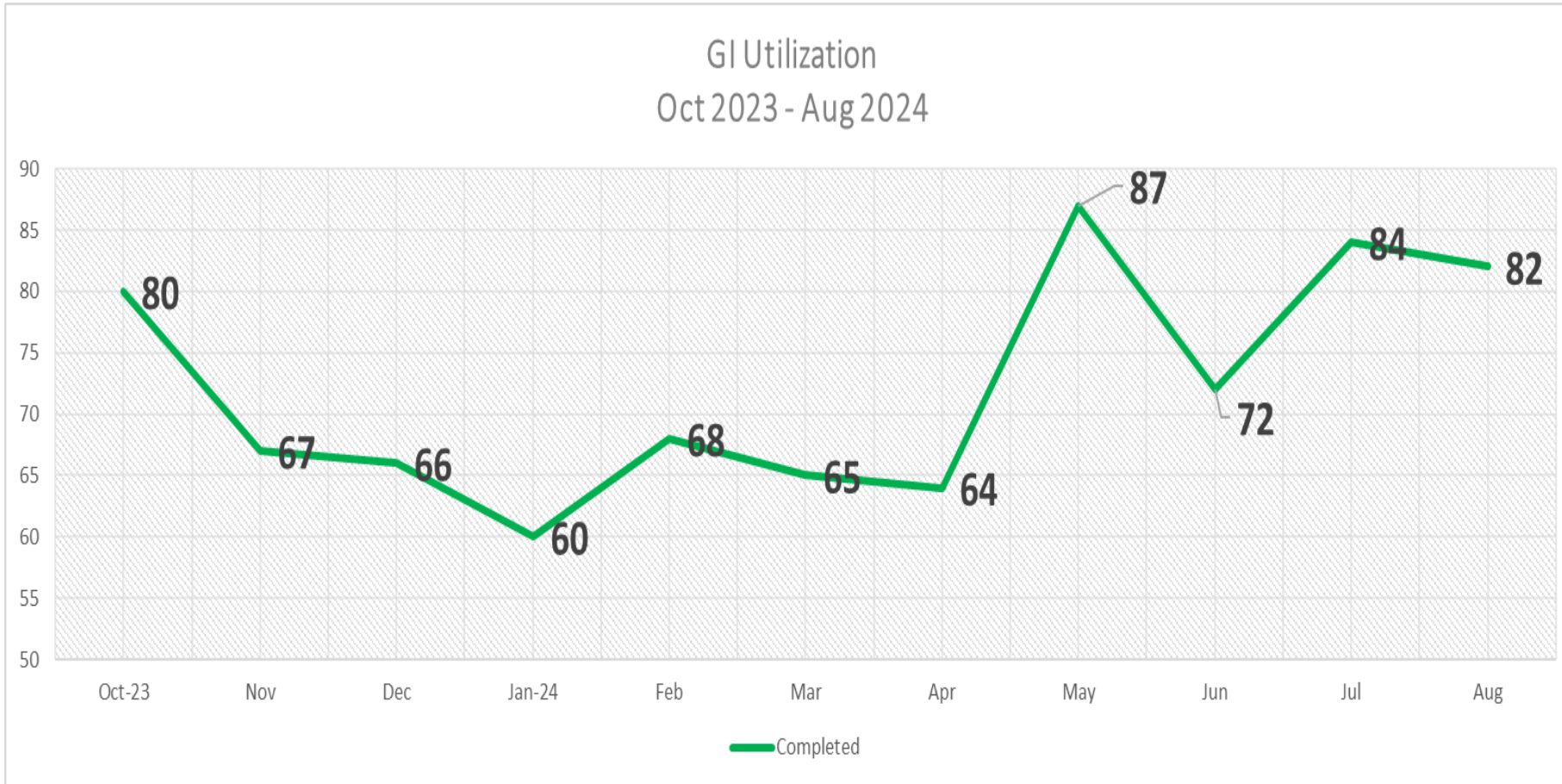
## GI Tiers



## Time to Access

	April <6m/>6m	August <6m/>6m
Overall	391/429	252/216
Tier One	9/18	0/0
Tier Two	107/124	0/0
Tier Three	275/287	252/216

# GI Case Volume



# Actions/Barriers



## Actions

- Began monitoring Queue and reporting weekly.
- Worked w/ Providers to adjust the scheduling parameters – increased from 8 to 10 cases scheduled per day.
- Instructed Schedulers to select patients by Tier and date of order.
- Changed model from assessing/ scheduling to scheduling/assessment by Navigator.

## Barriers

- Cancellation: no consistent data to monitor: BI, manual, Same Day vs Scheduled. Wide variation in results; inconsistent definitions.
- Scheduling decisions re: appropriate location.
- Navigators: changed model to 3wk/1wk/3day call - not having the desired impact on cancellation.
- GI Providers: provider availability to meet demand.

**Thank you!**



**COOK COUNTY  
HEALTH**



# COOK COUNTY HEALTH

**DR. ERIK MIKAITIS**  
**INTERIM CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**September 27, 2024**

## **Employee Recognition**

Several CCH nurse leaders were recognized at this year's Illinois Organization of Nurse Leaders (IONL) conference. **Dr. Jackie Whitten**, Chief Nursing Officer, Stroger Hospital, earned the Innovative Nursing Leadership Award. **Peter Sesi**, Director of Patient Flow, earned the Rising Star Award. In addition, an abstract entitled "Decreasing the Discharge Time" by **Josephine Reed**, Nurse Coordinator II and **Sherrie Spencer**, Director of Medical/Surgical Nursing, earned 2nd place.

Congratulations to **Dr. Tom Nutter**, Chief Behavioral Health Officer, and the **Office of Behavioral Health team** for being recognized with the Hero Award at the Thresholds Health's 2024 annual gala!

Congratulations to **Aaron Galeener**, Chief Administrative Officer, Health Plan Services, for being named a 2024 Power Hope Award Recipient by Care for Friends!

Congratulations to **Pamela Cassara**, Cook County Health's Chief Financial Officer, for getting recognized by Becker's Healthcare on their "Women Health System CFOs to Know" list!

Congratulations to **Dr. Juleigh Nowinski-Konchak**, Attending Physician- Behavioral Health, Department of Family and Community Medicine and Center for Health Equity & Innovation, for being recognized with the Medicine Award at the Health & Medicine Policy Research Group's annual gala.

## **Activities and Announcements**

Cook County Health was proud to unveil a new community mural at Englewood Health Center on September 4. The mural was the fourth and final of this year's installments. The murals are funded in part by the Cook County Health Foundation and are part of our ongoing efforts to beautify clinical spaces and strengthen engagement between our health care sites and the communities we serve.

On September 6, the Military Health System Strategic Partnership of the American College of Surgeons and the US Department of Defense Joint Trauma System MCP Work Group visited Stroger Hospital to learn more about the training partnership between Cook County Health and the U.S. Navy.

On September 20, Cook County Board President Toni Preckwinkle and members of the Cook County Board of Commissioners joined CCH officials to emphasize the importance of getting the latest flu and COVID-19 vaccines. CCH is now offering updated COVID and flu vaccines to patients and community members via appointment. Vaccines are free of charge for individuals who are uninsured.

Dr. Mikaitis was invited by America's Essential Hospitals to participate in an "Expert Panel: How to Work Effectively with your Managed Care Plans" at their 2024 Medicaid Summit in Chicago on September 23. He joined leaders from Boston Medical Center Health System and the Association for Community Affiliated Plans in discussing best practices and strategies to improve provider collaboration with managed care plans to improve health care access and quality.

The first Ion robotic bronchoscopy was performed at CCH on September 24. The new cutting-edge robotic equipment allows the clinical team to do a minimally invasive biopsy on suspected lung cancer nodules with fewer risks of complications. A press conference will be held next month to celebrate.

## Legislative Updates

### Local

- Cook County Health's work to address food insecurity began in 2015 with a two-question food insecurity screening, which was later adopted by all CCH primary care sites and incorporated into the CountyCare health risk screening tool. CCH patients who screened positive received a voucher to access fresh produce from the Greater Chicago Food Depository's Fresh Truck.

Since its inception, CCH's Fresh Truck partnership with GCFD has resulted in more than 500 visits to CCH health centers providing fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to over 50,000 households, representing more than 165,000 individuals.

Over the next several months, CCH and GCFD will be pivoting to a different model to connect patients with fresh and nutritious food. This includes piloting an onsite food pantry at Belmont Cragin Health Center and a medically-tailored meals program based initially at Provident Hospital that will further align the health conditions identified by CCH providers with food-related resources following a provider visit. These efforts are funded by an ARPA award to CCH from Cook County; these funds will also support a full-time Food Security Manager, based in the Office of Diversity, Equity, and Inclusion. We are also exploring other models that work best for our patients and look forward to sharing more when details are available.

- The week of September 16, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.
  - **Audit Committee** – Dr. Kiran Joshi, CCDPH Senior Medical Officer Prevention Services participated in the meeting to respond to questions pertaining to the Cook County Auditor's *ARPA - Hyperlocal and In-Home Vaccination (NT045, NT046) and Vaccination Incentive Program (NT895B) Review*.
  - **Finance Committee** – Pam Cassara, CCH CFO addressed questions related to the *County's Monthly Revenues and Expenses Report* as well as CCH finances. CCH leadership was also available to respond to questions related to *CCH's August 2024 and September 2024 Monthly Reports* which are a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month. Two reports were submitted at this meeting in that the County Board is in recess in August.
  - **Health & Hospitals Committee** – Dr. Claudia Fegan, CCH Chief Medical Officer addressed the Committee on the importance of screenings and early detection in relation to Commissioner Lowry's *Cook County Birthday Health Screening Program Resolution*. Dr. Thomas Nutter, CCH Chief Behavioral Health Officer and Dr. Kiran Joshi, CCDPH Senior medical Officer preventive Services, presented *CCH's Semi-Annual Mental Health Report* to the Committee. Dr. Biran Conant, CCH Juvenile Justice Behavioral Health Director and Dr. Juleigh Nowinski-Konchak, CCH Attending Physician Behavioral Health, Department of Family/Community Medicine & Center for Health Equity & Innovation also participated in the meeting and responded to questions from Commissioners.

- The Cook County Board of Commissioners met on September 19, 2024. The following items were introduced and considered:
  - CCH introduced the *proposed Cook County Health and Hospitals System Preliminary Budget*. CCH Interim CEO, Dr. Erik Mikaitis and Pam Cassara, CCH CFO were present and available to respond to questions. This item was approved.
  - CCH introduced a *grant award acceptance from Kaiser Permanente Center for Gun Violence Research and Education*. This item was approved
  - CCH introduced a *grant award acceptance from Gilead Sciences, Inc. for the Mater FOCUS Agreement Program* which is a public health initiative that enables partners to develop and share best practices in routine blood-borne virus, screening, diagnosis, and linkage to care. This item was approved.
  - CCH introduced a *grant award amendment from the Illinois Department of Human Services to increase the amount of the Illinois State Opioid Response (SOR) grant award*. This item was approved.
  - CCH introduced a *grant award amendment the Illinois Department of Human Services to increase the amount of the Home Visiting Grant Program*. This item was approved.
  - CCDPH introduced a Resolution pertaining to the *ARPA Healthy Communities Program Initiatives to amend a Subrecipient agreement with Big Brothers Big Sisters Chicago* to expand prevention and community-based behavioral health treatment programs in priority communities in suburban Cook County. This item was approved.
  - On behalf of CCH, the Cook County Department of Real Estate introduced a *License Agreement with the Chicago Board of Education for the use of 25 parking spaces adjacent to the Belmont Cragin Health Center*. This item was referred to the Asset Management Committee for consideration.
  - President Preckwinkle introduced the *re-appointments of Raul Garza and Joseph Harrington to the Cook County Health and Hospitals Board of Directors*. These items were approved.
  - President Preckwinkle introduced the *appointment of Inger Burnett-Zeigler, PhD to the Cook County Health and Hospitals Board of Directors*. This item was referred to the Legislation and Intergovernmental Affairs Committee for consideration.
  - Lyndon Taylor, on behalf of the Cook County Health and Hospitals Board of Directors introduced the *Appointment and Compensation of "Candidate A" as Chief Executive Officer of the Cook County Health and Hospitals System*. This item was referred to committee for consideration.
  - Commissioner Stanley Moore introduced a *Resolution calling for Sheriff's Office and Cook County Health to appear before the Criminal Justice Committee to educate the Cook County Board on their various policies and procedures to address the health and safety of detainees at the Cook County Department of Corrections*. This item was referred to the Criminal Justice Committee.

## State

- The Fall 2024 Veto Session is scheduled for November 12-14 and November 19-21. The consecutive weeks of fall session follow the November 5 elections. Legislators may also return to Springfield for "lame duck" session days in early 2025, prior to the swearing in of the members of the 104<sup>th</sup> General Assembly.
- The Illinois Department of Healthcare and Family Services (HFS) has restarted their provider revalidation process, which was paused during the COVID-19 Public Health Emergency. All providers that wish to participate in the Medicaid program and be eligible for reimbursement need to complete



the process to verify their information in the IMPACT system. Providers that do not complete this process will be removed from the Medicaid program and will be unable to bill for services until they have completed the IMPACT verification process.

- HFS is hosting customer and stakeholder listening sessions to inform the upcoming procurement process for the HealthChoice Illinois (HCI) Medicaid managed care program. The HCI procurement is expected to be published Summer 2025, with new Medicaid managed care contracts starting January 2027. Upcoming meetings and registration details are posted on the HFS website; written comments will also be accepted.

## **Federal**

- On September 10-11 President Preckwinkle and Dr. Mikaitis traveled to Washington, DC to meet with Cook County members of Illinois' Congressional Delegation. The purpose of the meetings was to discuss the importance of Disproportionate Share Hospital (DSH) Funding and urging members to continue to work with their leadership and colleagues to repeal or delay the statutory reductions to DSH allotments.

- **FY 2025 Budget and Appropriations Process**

The House is preparing to take up H.R. 9747, the Continuing Appropriations and Extensions Act, 2025, on Wednesday, September 24. The short-term continuing resolution (CR) will fund the federal government through December 20. The move comes just days before the fiscal year ends on September 30, and after spending the first two weeks back from August recess in an unsuccessful effort to advance a six-month CR with the provisions attached to require proof of citizenship for voter registration.

The Senate is expected to take up the bill and send it to the President's desk with little or no drama.

The CR will fund federal agencies at current year levels and set up a lame duck push to enact appropriations for the remainder of FY25 before adjourning for the holidays.

- The anticipated year-end "omnibus" spending package is also a potential legislative vehicle for extending expiring health care programs and could include repealing or delaying the statutory reductions to Medicaid disproportionate share hospital (DSH) allocations. Enacting a Medicaid DSH cut fix before they go into effect in January is a CCH and Cook County legislative priority and was a focus of the September meetings with the County congressional delegation in Washington, DC.
- **Biden-Harris Administration Action**  
On September 17, the Health Resources and Services Administration (HRSA) notified Johnson & Johnson that it could face financial sanctions and be excluded from the 340B drug discount program if it does not withdraw its new policy of offering rebates instead of discounts to disproportionate share hospitals. HRSA previously warned J&J that their new policy for Stelara and Xarelto violated the law, but the drug company has continued to defend the policy, setting the stage for further 340B litigation.

## Redetermination Events

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

- October 1 – **Older Adult Meeting** – 5555 W. Grand Ave, Chicago, IL 60639
- October 2 – **Belmont Cragin Health Center** – 5501 W. Fullerton Ave., Chicago, IL 60639
- October 3 – **Friend Health** – 5635 S. Pulaski, Chicago IL 60629
- October 5 – **Commissioner Anaya at Harrison Park** – 1824 S. Wood St, Chicago, IL 60608
- October 7 – **North Riverside Health Center** – 800 S. Harlem Ave, North Riverside, IL 60546
- October 8 – **Robbins Health Center** – 13450 S. Kedzie Ave Robbins, IL 60472
- October 8 – **Rise** – 211 N Oak Park, Oak Park, IL 60302
- October 9 – **Greater Chicago Food Depository** – 4200 W Ann Laurie Pl, Chicago, IL 60632
- October 9 – **Provident Hospital** – 500 E. 51<sup>st</sup> Street, Chicago, IL 60615
- October 10 – **Alivio Health** – 2021 S Morgan St., Chicago, IL 60608
- October 11 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621
- October 15 – **Cottage Grove Health Center** – 1645 S. Cottage Grove Ave Ford Heights, IL 60411
- October 16 – **Primecare Health Center** – 5635 W. Belmont, Chicago, IL 60634
- October 16 – **Stroger Hospital** – 1969 W. Ogden, Chicago, IL 60612
- October 17 – **Friend Health** – 5635 S. Pulaski, Chicago IL 60629
- October 18 – **Arlington Heights Health Center** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- October 19 – **Friend Health** – 6250 S Cottage Grove Ave, Chicago, IL 60637
- October 19 – **Provident Hospital** – 500 E. 51<sup>st</sup> Street, Chicago, IL 60615
- October 21 – **Esperanza Health Center** – 4700 S. California Ave Chicago, IL 60632
- October 23 – **Provident Hospital** – 500 E. 51<sup>st</sup> Street, Chicago, IL 60615
- October 24 – **Chicago Family Health Center** – 9119 S Exchange Ave Chicago, IL 60617
- October 25 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621
- October 28 – **Blue Island Health Center** – 12757 S. Western Avenue, Blue Island, IL 60406
- October 29 - **Lawndale Christian Health Center** – 3750 W. Ogden Ave., Chicago, IL 60623

## CCH Community Advisory Councils

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

The 2024 Fourth Quarter topic presentations include CCH's 2025 Budget and CountyCare's Open Enrollment and Choice Period. We will also have a presentation from Cook County's Human Resources

Department on the Taleo Employment application system. In addition, the meeting provides updates on Cook County Health, Community Outreach, and each clinic's programs.

Upcoming CAC meeting dates, including the 2024 schedule:

**Provident/Sengstacke:** Wednesday at 9:00 AM: October 9  
500 W. 51st Street, Chicago, IL 60609

**Cottage Grove:** Tuesday at 1:00 PM: October 22  
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

**Blue Island:** Wednesday at 1:00 PM: November 13  
12757 S. Western Ave., Blue Island, IL 60406

**Arlington Heights:** Tuesday at 1:00 PM: November 19  
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

**Prieto:** Tuesday at 1:00 PM: December 3  
2424 S. Pulaski, Chicago, IL 60623

**Robbins:** Tuesday at 1:00 PM: December 10  
13450 S. Kedzie Road, Robbins, IL 60472

**North Riverside:** Wednesday at 1:00 PM: December 11  
1800 S. Harlem Avenue, North Riverside, IL 60546

**Englewood:** Thursday at 1:00 PM - December 12  
1135 W. 69th Street, Chicago, IL 60621

#### **Event Participation in September:**

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

- 1) October 2, 2024 – Participation in the **Chicago Public Schools' Parent University Open House** which will take place at the Dyett High School located at 555 E. 51st Street in Chicago, IL 60615.
- 2) October 2, 2024 – Participation in the **Fall 2024 Resource and Job Fair** which is hosted by State Representative Hoan Huynh, the Illinois Department of Employment Security, Equus Workforce Solutions, and the Chicago Cook Workforce Partnership and which will take place at Truman College located at 1145 W. Wilson Avenue in Chicago, IL 60640.
- 3) October 3, 2024 – Participation in the **Prospect Heights Golden Years Wellness Expo** which will take place at the Prospect Heights Park District located at 110 W. Camp McDonald Road in Prospect Heights, IL 60070.
- 4) October 5, 2024 – Participation in the **NAMI Walk: Join Our Movement to Fight the Stigma!** event which will take place at Jackson Park located at 5700 E. Hayes Drive in Chicago, IL 60637.

- 5) October 5, 2024 – Participation in **West 40's Digital Life Celebration Resource Fair** which will take place at North Park located at 10040 Addison Avenue in Franklin Park, IL 60131.
- 6) October 5, 2024 – Participation in **PASO - West Suburban Action Project's Annual Open House** which will take place at their building located at 3415 W. North Avenue in Melrose Park, IL 60160.
- 7) October 6, 2024 – Participation in **Cook County Commissioner Josina Morita's Nurtured by Nature 2024** which will take place at Harms Woods, Picnic Grove #5 located at 5600 Old Orchard Road in Skokie, IL 60077.
- 8) October 8 2024 – Participation in the **Chicago City Clerk's CityKey Mobile Printing and Resource Day!** which will take place at the King Community Service Center located at 4314 S. Cottage Grove in Chicago, IL 60653.
- 9) October 9, 2024 – Participation in **Family Focus Cicero's Community Baby Shower** which will take place at the Stickney-Forest Ciew Library located at 6800 43rd Street in Stickney, IL 60402.
- 10) October 10, 2024 – Participation in **Triton College's World Mental Health Day** which will take place at the college located at 2000 Fifth Avenue in River Grove, IL 60171.
- 11) October 10, 2024 – Participation in **9th Ward Alderman Anthony A. Beale's Resource Fair** which will take place at the Pullman Community Center located at 10355 S. Woodlawn in Chicago, IL 60628.
- 12) October 11, 2024 – Participation in **Chicago Public Schools' Parent University Day** which will take place at the William Penn Elementary School located at 2001 S. Throop Street in Chicago, IL 60608.
- 13) October 11, 2024 – Participation in the **In His Hands Resource Center Inc.'s Protect our Future - National SUID Awareness Month** which will take place at the Discover Shine Bright Community Center located at 8560 S. Cottage Grove in Chicago, IL 60619.
- 14) October 11, 2024 – Participation in **Chicago Public Schools' Pullman Parent University Open House** which will take place at Gately Park located at 810 E 103rd Street in Chicago, IL 60628.
- 15) October 12, 2024 – Participation in the **Community Presbyterian Church Broadview's Community Health Fair** which will be held at the church located at 2000 W. Roosevelt Road In Broadview, IL 60155.
- 16) October 12, 2024 – Participation in **St. Luke's COGIC's Helping Hands at Your Service Health and Resource Fair** which will take place at the church located at 814 North Orleans Street in Chicago, IL 60610.
- 17) October 12, 2024 – Participation in **Austin Coming Together's Harvest Festival Trunk or Treat** which will take place at the 600 Block of Lorel Block Club located at 600 N. Lorell in Chicago, IL 60644.

- 18) October 13, 2024 – Participation in the **Greater Galilee Baptist Church Annual Health and Resource Fair** which will take place at the church located at 1308 S. Independence Blvd. in Chicago, IL 60623.
- 19) October 17, 2024 – Participation in the **Greater Auburn Gresham Development Corporation (GAGDC) Fall Health Fair on The Block** which will be held at the Healthy Lifestyle Hub located at 839 W. 79th Street in Chicago, IL 60620.
- 20) October 17, 2024 – Participation in the **St. Sabina Employment Resource Center Career & Resource Event** which will take place at Kennedy King College located at 6301 S. Halsted Street in Chicago, IL 60621.
- 21) October 19, 2024 – Participation in **Friend Health's Annual "Think Pink" Breast Cancer Awareness** event which will take place at their health center located at 6250 S. Cottage Grove in Chicago, IL 60637.
- 22) October 19, 2024 – Participation in the **CountyCare's Health Fair for Women** which will take place at Provident Hospital located at 500 E 51st Street in Chicago, IL 60615.
- 23) October 19, 2024 – Participation in **Bremen Township's Women's Wellness Walk** which will take place at their headquarters located at 15350 Oak Park Avenue in Oak Forest, IL 60452.
- 24) October 19, 2024 – Participation in the **Better Sister and Brother Growth Network's Fall Festival** which will be held at their headquarters located at 29 W. 159th Street in Harvey, IL 60426.
- 25) October 25, 2024 – Participation in the **Village of Bridgeview Community Fair** which is hosted by Pathlights and the Village and which will take place at the Bridgeview Community Center located at 7900 S. Oketo Avenue in Bridgeview, IL 60455.
- 26) October 26, 2024 – Participation in the **2024 Chicago Housing Authority's Operation Warm Service Fair** which will take place at the UIC Forum located at 725 W. Roosevelt Road in Chicago, IL 60608.
- 27) October 26, 2024 – Participation in **Congresswoman Robin Kelly and Neighborhood Housing Services' Southland Housing Expo** which will take place at the South Suburban College Main Campus located at 15800 South State in South Holland, IL 60473.
- 28) October 31, 2024 – Participation in the **Hermosa Halloween** which is hosted by Alderman Carlos Ramirez Rosa, Cook County Commissioner Anthony Quezada, State Representative Lillian Jimenez, State Senator Omar Aquino, Congresswoman Delia Ramirez, and the Nixon Elementary School will take place at the school located at 2121 N Keeler Avenue in Chicago, IL 60639.

# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES

**Lead Executive:** Craig Williams, Chief Administrative Officer, Operations and Development  
**Reporting Period:** August, 2024  
**Report Date:** September 20, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

- The Primary and Specialty Care Clinic's Quality team updated the Joint Commission audit tools for Infection Control, Environment of Care, Rights and Responsibilities, Provision of Care, Medication Management, National Patient Safety Goals, Record of Care, and Information Management.
- To ensure compliance and ongoing preparedness, monthly Environment of Care rounding audits and Joint Commission weekly audits will continue in the clinics through December/2024 before all shifting to monthly in January/2025. These audits help maintain compliance across various areas (*Patient Care, Infection Control, Environment of Care, Medication Management, Lab, etc.*).
- The Joint Commission Evidence of Standards Compliance (ESC) report (*details corrective actions for citations*) has been successfully submitted and approved by Joint Commission.
- Monday Breakfast Briefings, designed to enhance system leadership's understanding of the Joint Commission's standards and compliance commenced on August 19, 2024, and will continue for 13-weeks.



#### Health Equity, Community Health & Integration

- In August/2024, the Patient Support Center handled over 55,000 patient calls with an average response time under 60 seconds, and 3,100 Nurse Triage calls with an average response time of 30 seconds.
- The CCH Transportation Survey for August received over 4,000 respondents with an average rating of 3.7/4 (93%). Additionally, 87% of patients reported they would be unable to attend their appointments without CCH transportation assistance.
- HealthViewX, the new referral platform for CCH partners, has achieved a significant milestone with over 17,000 referrals processed and 468 active users. Ophthalmology continues to be the most requested specialty, and Ultrasound remains the top diagnostic request. Phase II of the Cerner Provider Portal is underway and will incorporate Lab, Radiology, and Pathology functionalities.
- Outreach in the Ambassadors Program have been successful: distributing 36 car seats and 8 parking vouchers. Vouchers are given to new mothers or their families upon discharge from Labor and Delivery. In total, 107 patients were served at Stroger, 8 at Belmont-Cragin, and 6 at North Riverside.



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# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES

- Cook County Health vaccinated a total of 441 individuals for COVID-19 in August. All ACHN clinics are equipped to screen, test, and vaccinate community members. The CORE Center administered 41 MPox vaccinations.
- Belmont Cragin New Arrival Health Center reported 31,208 New Arrivals program visits to date.
- Since April 8, 2024, the Mobile Care Coordination team registered 8,238 patients at the Landing zone: 5,620 vaccinated with MMR and 3,166 with varicella. 50% received same-day initial medical screening at the New Arrival Clinic, which started in May for CCH, while 30% were scheduled the next day. The Mobile Care Coordination team remains dedicated to following up on positive lab results for returning patients.
- To enhance support for New Arrivals, the Care Coordination staff have maintained a daily presence at each city shelter while providing services on Sundays at the Landing Zone.
- The operations team continues to meet to strategize on expanding awareness of available care options for patients. Concurrently, mass email announcements about the Virtual Immediate Care program are being sent via the patient portal to increase provider visits.
- The Cancer Center Service Line team is working with Revenue Cycle leadership to enhance patient experience with Financial Counseling services. Additionally, they are collaborating with Health Information Systems and the Prior Authorization team to streamline prior authorization management for the infusion center through the development of a new dashboard. This dashboard will enable the team to monitor the status of requests throughout the process, facilitate efficient scheduling, and boost our revenue stream by ensuring prior authorization is received prior to moving forward with treatment.



### Patient Experience

- This month, ACHN's overall "Likelihood to Recommend" score increased by 0.14% from July, bringing the year-to-date score to 65.89%. ACHN leadership is actively enhancing communication during patient visits to encourage survey completion and gather valuable feedback. Additionally, staff have undergone retraining on the CI-Care model, and managers are incorporating CI-Care presentations into monthly huddles as a continuous engagement strategy to achieve our target of 67.55%. Meanwhile, the Specialty Care task force remains dedicated to improving the clerk experience to drive better outcomes.

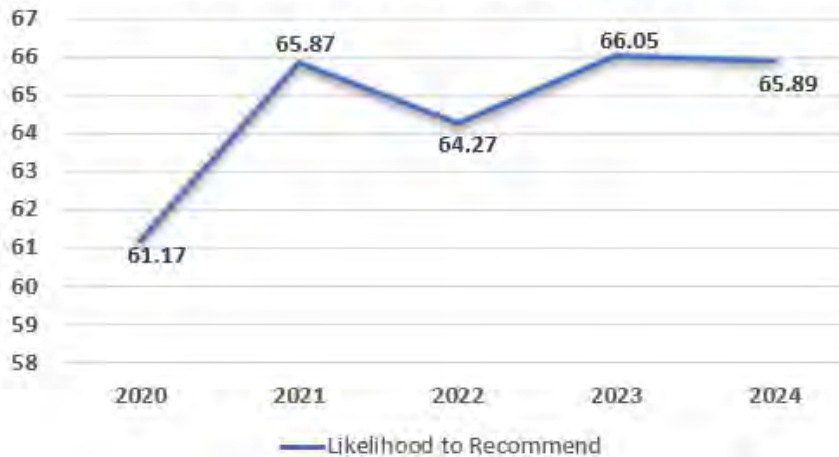


COOK COUNTY  
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# DIVISIONAL EXECUTIVE SUMMARY

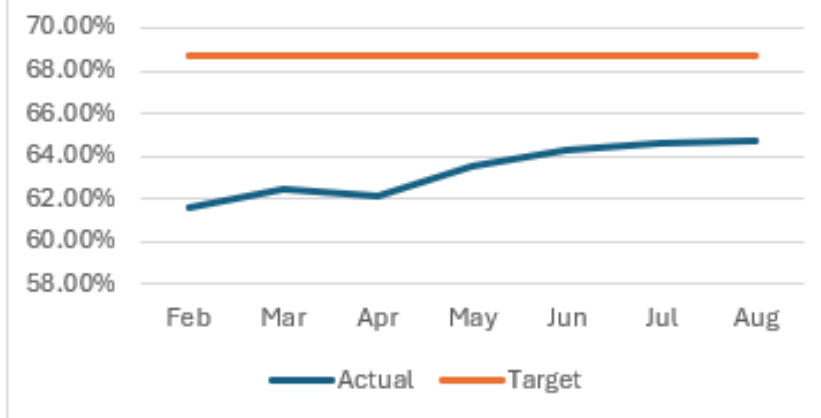
## AMBULATORY SERVICES

### ACHN Patient Experience Score



- Specialty Care’s patient experience metric, "*Likelihood of Recommending*," increased from 65.77% to 66.08% year-to-date resulting in a 31% increase.
- The overall trend for Primary Care’s "*Likelihood of Recommending*" increased from 64.58% to 67.41% year-to-date resulting in a 14% increase with a continued upward trend. The plan is to maintain patient engagement by informing patients from check-in to discharge about completing the feedback survey. This approach has brought us closer to our target, and we look forward to reviewing the September data to assess our progress.

### Primary Care Pt. Experience Trend





# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES



### Growth Innovation & Transformation

- CORE leadership has implemented team-building meetings held to focus on quality improvement, program revitalization, and program growth.
- CORE/Cook County HIV Integrated Programs (CCHIP) Long-Acting Antiretroviral program has expanded to 393 active patients. Options are provided to patients to switch from daily oral medications to an injectable formulation which is given every other month to keep HIV levels undetectable.
- This month 165 individuals in the community received a rapid test through targeted HIV screening. Additionally, we identified 6 newly diagnosed clients through routine & rapid screening and 5 clients were linked to care. A total of 41 patients were re-engaged this month to ambulatory care and social services after being lost over a year.
- The Neurophysiology department received training on conducting evoked potential studies and engaged with leaders from St. Bernard Hospital and Franciscan Health to discuss transfer agreements for providing tele-neurology services.
- The workflow to connect CountyCare patients after psychiatric hospital discharge to behavioral health visits was finalized this month. The staff members were trained and the go live date is set for September 23, 2024.
- Trainings and schedules were coordinated for all behavioral health and psychiatry staff on the new behavioral health oracle module upgrade. The go live date is scheduled for October 17, 2024. This module will assist with clinical documentation to assure we meet with state and federal regulations.



### Optimization, Systemization & Performance Improvement

- The Primary and Specialty Care Clinic's Quality team educated the North Riverside leadership team on performing chart reviews related to self-management goals to enhance their ability to effectively monitor and support patient progress towards these objectives, ensuring better patient outcomes and adherence to care plans.
- Trainings occurred for all Licensed Behavioral Health Therapists in specialty clinics on the Cerner power order referrals. These referral orders went live on August 5, 2024. The power order referrals will improve access and efficiency. The next step is to provide trainings to the clinics and providers to promote usage across specialty.
- The Columbia Suicide Severity Rating Scale (C-SSRs) audits were conducted on positive ambulatory suicidal prevention screenings. Results from the screenings were presented to the Suicide Prevention Committee. Action Plan included implementation of new clinical form for physicians on all parameters that met with joint commission regulations.



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# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES

- Specialty Care saw an increase this quarter in the Registration Quality Assurance (RQA) standard designed to help the clinics reach a goal of 98% final past accuracy when registering patients. Stroger saw an increase of 3.26% along with Sengstacke and Blue Island with a 19.97% increase. This increase is attributed to the Business Services Supervisors providing in person training with all clerical staff to provide hands-on demonstration of the registration process from start to finish.



### Workforce: Talent and Teams

ACHN has 242 vacant positions: 16 Administrative Support Staff, 42 Clinicians/Physicians, 24 Management Positions, and 160 Clinical Support Staff. Of the 242, currently 168 roles are in recruitment (33 posted, 9 pending, 39 validations in progress, 27 interviews underway, 42 decision-to-hire packets under review, 16 offers accepted, and 2 on hold). This fiscal year, we have hired 112 individuals.



### Fiscal Resilience

- Primary Care: ACHN is below budgeted volumes for August by 1,015 visits and 3.3% below budget year-to-date totaling 156,238 visits in FY2024.
- The Primary Care team has new providers that will be starting next month and throughout the end of the year and look to see improvements in show rates, and open notes by increasing timely reminders.
- Specialty Care: ACHN is above budgeted volumes for August by 1,908 visits and 8% above budgeted volumes year-to-date totaling 275,260 visits in FY2024.
- As of August 2024, ACHN is meeting expectations, having used 75% of the budgeted spending projections year-to-date.



COOK COUNTY  
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# DIVISIONAL EXECUTIVE SUMMARY

## AMBULATORY SERVICES

- We have three non-personnel contracts valued at \$500,000 or more. One of these contracts have expired, but amendments are in progress and there are no service gaps.

### Human Resources Recruitment

The Primary Care team has made significant progress in recruiting primary care professionals: 5 Advanced Practice Providers (APPs); 8 full-time physicians: Functional Medicine (FM), Internal Medicine (IM), Internal Medicine-Pediatrics (Med/Peds), Pediatrics (Peds); 2 part-time physicians: Functional Medicine (FM), Internal Medicine (IM) with several candidates already onboarded and others currently in the credentialing process. This achievement reflects our commitment to building a strong team and enhancing our primary care services.

### Budget

Office / Program / Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4893 - Ambulatory & Community Health Network of Cook						
<b>Grand Total</b>	<b>179,227,432</b>	<b>129,288,579</b>	<b>5,666,677</b>	<b>134,955,256</b>	<b>44,272,176</b>	<b>75%</b>

### Procurement

#### Non Agency Contracts

Contract Number	Contract Name	Agreement Amount	Expiration	Notes/Updates
H18-72-030	Anchor Mechanical	\$ 959,634.00	6/30/2024	<ul style="list-style-type: none"> <li>RFP will go out for a 2nd time as there is one proposal for the RFP. The lack of responses will cause a delay in awarding the contract.</li> <li>Amendment in process for six months.</li> <li>There is no anticipation of gaps in service.</li> </ul>
H21-25-012	DaySpring Janitorial Svcs	\$ 2,300,000.00	11/30/2024	<ul style="list-style-type: none"> <li>Contract will be extended for another year as a parallel process to the RFP.</li> <li>Amendment requested to add new clinic at 467 E 31st St. Chicago.</li> </ul>
H17-25-064	Medspeed	\$ 3,843,844.06	11/30/2024	<ul style="list-style-type: none"> <li>Sponser/Labs has initiated the RFP for a new contract.</li> </ul>



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

**Lead Executive:** LaMar Hasbrouck, MD, MPH, MBA, Chief Operating Officer  
**Reporting Period:** August, 2024  
**Report Date:** September 3, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

- Suburban Cook County has had several diagnosed or suspected cases of West Nile Virus, including neuroinvasive disease, raising the risk level to high. No deaths have yet been reported in Suburban Cook County. A messaging campaign is underway to raise awareness about the "3 R's":
  - 1) Use EPA approved insect Repellant;
  - 2) Repair screens; and
  - 3) Remove standing water from around your home.
- The Occupational Safety and Health Administration (OSHA) has fined a stone countertop fabrication establishment \$1 million for poor workplace protections from silica dust resulting in accelerated silicosis, a chronic debilitating lung disease, in two individuals who now require lung transplants. There are over 100 workplaces in Suburban Cook County that may be putting their workers at risk for silicosis. CCDPH is providing information and resources for potentially affected workers on its communication channels.



#### Health Equity, Community Health & Integration

- CCDPH's Policy Team assisted with organizing a site visit from Harris County Texas Public Health to the Cook County Health CORE Center. Harris County requested the visit to inform their planning for improved and expanded HIV clinical services. CORE center staff and CCDPH HIV program staff presented on the work taking place in Cook County to support people living with HIV.
- The co-enforcement program of the Healthy Work Initiative, which trains and implements public health and community reporting of workplace violations to the appropriate enforcement agency, is moving forward. Workgroup meetings have been set up to discuss aspects of the work with Cook County Department of Public Health (CCDPH), Raise the Floor Alliance, UIC School of Public



**COOK COUNTY**  
**HEALTH**



Cook County DEPT. of  
**Public Health**

**BUILDING**  
**HEALTHIER**  
**COMMUNITIES**

# DIVISIONAL EXECUTIVE SUMMARY

## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Health, and the Cook County Department of Human Rights and Ethics. Following the training, sanitarians will incorporate elements that focus on workers' rights and safety to their inspections.

- CCDPH is working with Cook County Health (CCH) to facilitate access to CCH's electronic medical record system for the Evanston Health and Human Services Department. This access will facilitate communicable disease investigations for Evanston residents using CCH for medical care.



### Fiscal Resilience

- The Illinois Department of Public Health (IDPH) has announced their yearly non-competitive Comprehensive Health Protection grant awards. CCDPH will receive \$3,646,215, which is a decrease of approximately \$500,000 from last year. IDPH hopes to restore some or all of this increase later in the year. The grant runs annually from July 1 - June 30.

### Human Resources Recruitment

As of September 3, 2024, CCDPH has - 41 vacant positions to date (actively recruited) - 3 Requests for Hires (RTH) are awaiting budget approval or to be posted/reposted. The remaining positions are being actively recruited (see table below).

#### FY24 metrics Snapshot, as of September 3, 2024

RTHs Submitted MTD/ YTD	Pre- Recruiting	On Hold	Postings Currently	Validation in Progress	Interviews in Progress	e-DTH Underway	Candidate Offers	Vacancies Filled In August	YTD Position Filled
18/69	5	1	4	3	2	7	2	3	17

### Budget

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4895 - DPH Total	21,993,575	11,630,849	694,150	12,324,999	9,668,576	56%

9/3/2024



COOK COUNTY HEALTH



Cook County DEPT. of Public Health

BUILDING HEALTHIER COMMUNITIES

# DIVISIONAL EXECUTIVE SUMMARY

## COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

### Procurement

The following vendors or subgrantee \$500K or more are all active contracts.

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

\*\*\*\*\*Vendor or Subgrantee contract dates have been updated.



**COOK COUNTY**  
**HEALTH**



Cook County DEPT. of  
Public Health

**BUILDING**  
**HEALTHIER**  
**COMMUNITIES**

# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

**Lead Executive:** Manny Estrada, Chief Operating Officer, Correctional Health  
**Reporting Period:** August 2024  
**Report Date:** September 20, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

Preparations took place to host a team of 5 AOIC (Administrative Office of the Illinois Courts) auditors who will be at JTDC in the month of September to conduct a survey based on the 2022 standards developed by the AOIC Probation Services Division, the Illinois Supreme Court Probation Policy Advisory Board, and the Illinois Juvenile Detention Center Superintendents. The medical and mental health leadership teams have been pre-interviewed by the auditors to gain an understanding of the health operations at JTDC.



#### Health Equity, Community Health & Integration

Cermak and the State's Attorney's Office were successful on two cases presented for involuntary medication petitions. Their detailed precision to the procedural process left a lasting impression on the opposing supervising attorney for the Illinois Guardianship and Advocacy Commission. To enhance the petitioning services provided by the States only Maximum-Security Mental Health facility, the supervising attorney for the Illinois Guardianship and Advocacy Commission requested that Dr. Howard in conjunction with Cook County State's Attorney create a formal presentation for involuntary med petitions.

The JTDC Mental Health Department hosted a staff summer wellness event. This event was funded through the Office of Juvenile Justice and Delinquency Prevention (OJJDP) grant, which is focused on the training and wellness of staff. The event included a hot dog stand, ice cream truck, and relaxing chair massages.

The Cermak Leadership Team at the Juvenile Temporary Detention Center attended a 2-day Leadership Training Summit. The theme was 'The Vulnerable Leader who Gets Results' facilitated by internationally recognized expert in child and family welfare, Dr. Sheryl Brissett-Chapman, Senior Advisor of the National Center for Children and Families (NCCF), and Krystal Holland, certified State of Maryland Residential Child Care Program Administrator. Dr. Chapman served NCCF for 32 years where she propelled NCCF from a small local orphanage to a nationally accredited organization with a multimillion-dollar budget.



#### Patient Experience



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

Juvenile Justice Care Coordination (JJCC) was invited by Juvenile Probation to be a participant at their Back-to-School Event for families of justice involved youth. The event had performances from the Southside Drill Team, and the Jesse White Tumblers. Immunizations, physicals and City Key IDs were available for families to utilize. JJCC was able to make connections with other Cook County community resources and also met with several families to talk about care coordination services. Food, prizes, games and bookbags were given away to families who attended the event.



### Growth Innovation & Transformation

Cermak Patient Care Services Nursing leadership is finalizing potential submissions for the Spring NCCHC Conference in 2025. Multiple abstract proposals have been submitted for this week's deadline with the hopes that one will be selected for the National Conference in April 2024.

Chicago Department of Public Health has resumed Wastewater Surveillance for viral pathogens at the Cook County Jail. Surveillance includes COVID, influenza, and RSV. Sampling will be collected weekly, and results shared with Cermak Infection Control and Cook County Sherriff's Office officials.

Cermak Health Information Management Department organized Direct Message training with HIS for Social Workers and MH Providers to learn how to send/receive external documents to/from Jesse Brown VA. Cermak Team will be using Direct Message to communicate continuity of care securely and efficiently with VA.



### Optimization, Systemization & Performance Improvement

Cermak's Department of Pharmacy and Patient Care Services converted the dispensing of approximately 800 patients with 1450 Orders from a 28-day supply of medications, Keep On Person, to a Daily 24-hour supply of medications, Dose By Dose. The conversion from KOP to DBD will result in better management of patient compliance of medication regimen and better patient outcomes.



### Workforce: Talent and Teams

Cermak Mental Health welcomed Psychiatric Advance Nurse Practitioner Ijeoma Ibe. Ms. Ibe earned her BSN from Grand Canyon University and her Master of Science in Nursing from Walden University with a concentration in Psychiatric Mental health Nursing NP. She holds certifications in BLS, ACLS, PALS, NHISS, Crisis Prevention trained and Continuing education certificates in tracheostomy care and respiratory care.



### Fiscal Resilience



**COOK COUNTY**  
**HEALTH**



# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

Cermak Health Services continues to meet with the State of Illinois Department of Healthcare and Family Services (HFS) to discuss the next steps regarding the implementation of the newly approved 1115 Waiver. Five milestones were identified for the successful implementation of the waiver, which will allow Cermak to bill for patients receiving key services 90 days prior to discharge from the Cook County Jail. This program will allow Cermak and Juvenile Detention patients to have improved transitions of care into the community and Cermak is excited to continue these discussions with HFS.





# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

### Human Resources Recruitment

Cermak Health Services

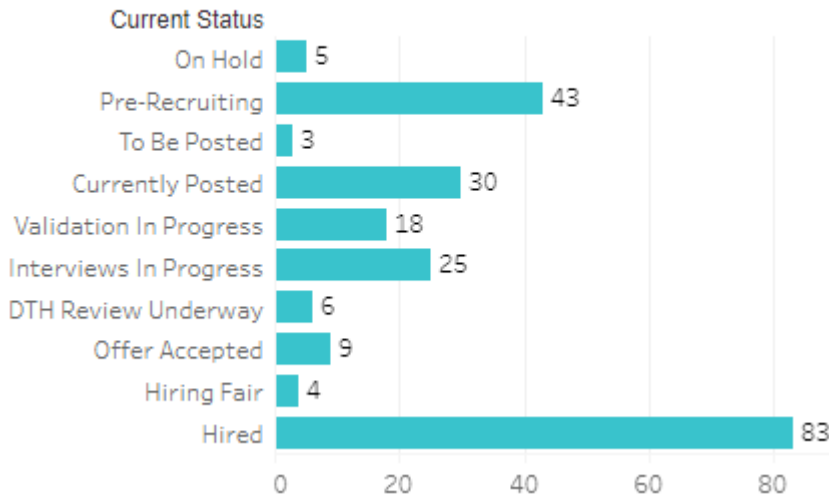
**A Look into HR Recruitment** 

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


Job Title	Job Code	Job Classification	Union	Department	Office #	Business Unit	Hiring Manager	Senior Leader	PID
(All)	(All)	(All)	(All)	(All)	4240	(All)	(All)	(All)	(All)


<b>95</b> Current Requisitions <small>*Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept</small>	<b>83</b> Total Hired	<b>18</b> Validation in Progress	<b>25</b> Interviews in Progress	<b>13</b> Open Interviews Greater than Two Weeks	<b>2</b> Submitted DTHs Older than 5 Days	<b>15</b> New Hires Starting Soon <small>*Offer Accepted/Hired Status</small>
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#### What Stage are my Current Requisitions?



### Juvenile Temporary Detention Center

**A Look into HR Recruitment** 

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

Job Title	Job Code	Job Classification	Union	Department	Office #	Business Unit	Hiring Manager	Senior Leader	PID
(All)	(All)	(All)	(All)	(All)	4241	(All)	(All)	(All)	(All)

<b>9</b> Current Requisitions <small>*Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept</small>	<b>9</b> Total Hired	<b>1</b> Validation in Progress	<b>1</b> Interviews in Progress	<b>0</b> Open Interviews Greater than Two Weeks	<b>0</b> Submitted DTHs Older than 5 Days	<b>4</b> New Hires Starting Soon <small>*Offer Accepted/Hired Status</small>
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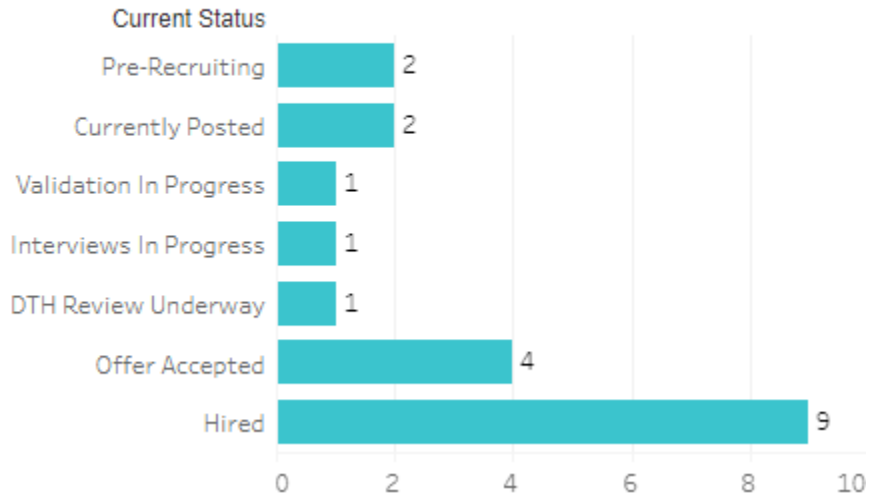


**COOK COUNTY HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

### What Stage are my Current Requisitions?



# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

### Budget

Overall, across all accounts, Cermak and JTDC are on track with budgeted expectation through the end of August 2024.

Office / Program / Account	FY24 Budget	Expense	Obligations (BPA's/PO's)	Funds Available	% Expended
<b>4240 - Cermak Health Services of Cook County</b>					
<b>0 - DEFAULT (41195.4240.0) Total</b>	-	7,806	-	(7,806)	No Budget
10155 - Administration (41195.4240.10155) Total	12,448,221	10,151,575	1,301,037	995,609	92%
10160 - Administration and Clerical (41195.4240.10160) Total	-	568	3,003	(3,571)	No Budget
13500 - Environmental Services (41195.4240.13500) Total	2,762,461	2,086,246	13,417	662,798	76%
13945 - Finance (41195.4240.13945) Total	243,273	186,467	-	56,806	77%
14915 - Human Resources (41195.4240.14915) Total	263,532	132,290	-	131,242	50%
15050 - Information Technology (41195.4240.15050) Total	231,171	198,041	-	33,130	86%
15435 - Laboratory Services (41195.4240.15435) Total	641,650	422,508	18,024	201,118	69%
15805 - Material Management (41195.4240.15805) Total	462,003	260,987	16,248	184,769	60%
15880 - Med/Surg - Administration (41195.4240.15880) Total	-	-	2,810	(2,810)	No Budget
15895 - Medical Administration (41195.4240.15895) Total	10,761,208	7,325,422	84,257	3,351,530	69%
16480 - Nursing - Administration (41195.4240.16480) Total	-	140	143	(283)	No Budget
17015 - Oral Health (41195.4240.17015) Total	2,496,986	1,509,585	-	987,401	60%
17170 - Patient Care Services (41195.4240.17170) Total	46,480,058	27,442,428	222,970	18,814,659	60%
17395 - PCS - Emergency Services (41195.4240.17395) Total	-	1	-	(1)	No Budget
17610 - Pharmacy (41195.4240.17610) Total	9,838,834	6,360,739	(61,279)	3,539,374	64%
18445 - Quality Assurance (41195.4240.18445) Total	776,331	601,048	-	175,283	77%
18485 - Radiology (41195.4240.18485) Total	845,217	616,071	-	229,145	73%
19650 - Storerooms (41195.4240.19650) Total	-	584	(566)	(18)	No Budget
29235 - 240 General Store Inventory (IV) (41195.4240.29235) Total	-	463,357	(262)	(463,095)	No Budget
16005 - Health Information Management (HIM) (41195.4240.16005) Total	422,736	333,161	-	89,575	79%
16125 - Mental Health Services (41195.4240.16125) Total	17,258,018	10,131,273	31,167	7,095,579	59%
19635 - Store Room (41195.4240.19635) Total	-	-	141	(141)	No Budget
20475 - TxbI GO Ser 2009B BABS Bond Fd (41195.4240.20475) Total	-	13,466	-	(13,466)	No Budget
29165 - General Store Inventory (IV) (41195.4240.29165) Total	271,687	249,561	8,170	13,956	95%
15485 - Law Administration (41195.4240.15485) Total	-	-	562	(562)	No Budget
<b>Grand Total</b>	<b>106,203,386</b>	<b>68,493,323</b>	<b>1,639,842</b>	<b>36,070,220</b>	<b>66%</b>



# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

Office / Program / Account	FY24 Budget	Expense	Obligations (BPA's/PO's)	Funds Available	% Expended
4241 - Health Services - JTDC					
10155 - Administration (41197.4241.10155) Total	1,041,815	228,682	694,951	118,182	89%
16015 - Medical Services Administration (41197.4241.16015) Total	731,730	588,164	-	143,567	80%
17015 - Oral Health (41197.4241.17015) Total	309,492	282,910	-	26,582	91%
17170 - Patient Care Services (41197.4241.17170) Total	3,629,502	2,516,306	32,050	1,081,146	70%
19815 - Support Services Administration (41197.4241.19815) Total	-	356	-	(356)	No Budget
10755 - Behavioral Health (41197.4241.10755) Total	3,971,104	2,754,864	1,171	1,215,069	69%
<b>Grand Total</b>	<b>9,683,643</b>	<b>6,371,283</b>	<b>728,172</b>	<b>2,584,188</b>	<b>73%</b>



# DIVISIONAL EXECUTIVE SUMMARY

## CERMAK HEALTH SERVICES

### Procurement

Number	Supplier	PO Description	End Date
H17-25-037	CORPORATE CLEANING SERVICES INC	H17-25-037 - Service, Window Cleaning	5/31/2024
77000032606	SCHECK & SIRESS PROSTHETICS, INC	77000032606 - SERVICE, CUSTOM ORTHOTICS	7/31/2024
H22-25-164	AB Staffing	H22-25-164 SERVICE, PROFESSIONAL RADIOLOGY STAFFING SERVICES	9/25/2024
H19-25-077	ODP Business Solution LLC	H19-25-077 - Supplies and Services, Office Supplies	11/21/2024
H19-25-063	W. W. Grainger	H19-25-063 - Supply, Institutional Supplies for Maintenance, Repair, and Operations	11/30/2024
H19-25-103	ALLIED WASTE TRANSPORTATION, INC.	H19-25-103 - Service, Waste Removal Services Throughout CCH	11/30/2024
H18-25-008	MAXIM HEALTHCARE SERVICES INC	H18-25-008 - Service, Temporary Staffing	11/30/2024
H18-25-114	Kore SAE	H18-25-114 - Service, Temporary Staffing	11/30/2024
H20-25-023	Praxair now Linde Gas and Equipment In	H20-25-023 - SERVICE, MEDICAL GAS	12/8/2024
H21-25-034	Quest Diagnostics	H21-25-034_SERVICE, REFERENCE LABORATORY TESTING	12/31/2024
H22-25-052	Maxim Physician Resources	H22-25-052_Services_Locum Tenens and AP Staffing	2/14/2025
H20-25-063	Stericycle	H20-25-063 - Waste Removal for Medical, Hazardous, Sharps and Pharma Waste	3/31/2025
H16-72-052	Linde Gas	H16-72-052 - Service, Certification, Maintenance, and Repair of Medical Gas Systems	3/31/2025
H22-25-095	Orkin	H22-25-095 Services, System-Wide Pest Contract Services (Orkin)	5/31/2025



# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

**Lead Executive:** Aaron Galeener, Chief Administrative Officer, Health Plan Services  
**Reporting Period:** August, 2024  
**Report Date:** September 20, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

##### **CountyCare rated a four-star health plan by NCQA**

CountyCare is proud to announce that it has been awarded a four-star rating by the National Committee for Quality Assurance (NCQA), **making it one of the highest-quality Medicaid health plans for Cook County residents enrolled in HealthChoice Illinois.** NCQA health plan ratings cover commercial, Medicare, and Medicaid health plans across the country, and incorporate approximately 50 measures of health care quality, patient outcomes, and member experience into its ratings. NCQA ratings can help potential enrollees evaluate their health plan options.

**CountyCare earned four stars both in the rating of plan satisfaction metric and rating of members' health care metric, contributing to the health plan's overall rating.** Nationally, only 20% of all Medicaid plans achieve a four-star rating or higher. In May, CountyCare finalized its measurement year 2023 Healthcare Effectiveness Data and Information Set (HEDIS) quality results and its Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey closed. CountyCare's HEDIS and CAHPS results contribute to the plan comparison quality scores.

CountyCare uses these results throughout the year to make improvements to its programming to improve health outcomes and member experience.

#### NCQA Illinois Medicaid Health Plan Report Card, 2024

Cook County Health & Hospitals System's CountyCare Health Plan	★★★★☆
Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation	★★★★☆
Molina Healthcare of Illinois, Inc.	★★★★☆
Meridian Health Plan of Illinois, Inc.	★★★★☆
Aetna Better Health of Illinois Inc.	★★★★☆



#### Health Equity, Community Health & Integration



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

### ***Preventing lead exposure in children***

A recently published study in the *Journal of the American Medical Association Pediatrics* estimates that two-thirds of young children in Chicago have been exposed to lead through their home drinking water. In order to prevent lead exposure in children, CountyCare has launched a one-time benefit for approximately 89,000 households to provide lead removing water filters to all families with a CountyCare member 12 or under.

- Educational materials that were developed with the Cook County Department of Public Health and the Chicago Department of Public Health and coupons were mailed to over 31,000 families in August.
- As of early September, over 1,700 families have fulfilled the benefit.
- Two additional mailings to over 55,000 households will be sent in September and October.



### **Member Experience**

#### ***Non-emergency medical transportation transition***

On July 17, CountyCare executed a soft launch with its new transportation vendor, ModivCare, allowing for them to begin scheduling non-emergency medical transportation for dates of service after July 31. **On August 1, 2024, CountyCare completed the full transition to the new transportation vendor.**

- CountyCare's new partner, Modivcare, maintains an extensive network of providers that maintain multiple levels of transportation services, including private and public transportation, and mileage reimbursement for caregivers.
- There is no change in the transportation benefit, however CountyCare will have a more extensive network and new modes to request rides.
- In addition to requesting rides by phone, members will be able to use a mobile app or website that will allow for live trip tracking, mileage reimbursement, and the ability to manage and book trips for multiple family members.

During its first month supporting CountyCare, ModivCare met all call center service levels and scheduled over 93,300 trips.



### **Growth Innovation & Transformation**

#### ***Redetermination and CountyCare in the community***



**COOK COUNTY**  
**HEALTH**



# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

Having surpassed the one-year anniversary of the resumption of Medicaid redetermination, CountyCare continues to execute a comprehensive member education and outreach strategy to support members with redetermination, including a communications campaign through mail, text, phone, email, the CountyCare website, social media, and community events.

- CountyCare had over a 90% retention rate in July.
- Between May of 2023 and July 2024, CountyCare hosted 285 Redetermination Events with an attendance of over 12,700 individuals, including over 10,300 CountyCare members.

In September, CountyCare saw a 2% decrease of its membership due to the full Health Benefits for Immigrant Adults and Seniors population going through redetermination simultaneously with an August 15 submission date. CountyCare is doing additional outreach to support these members during the 90-day reinstatement period.

In August, in addition to redetermination events, CountyCare:

- Provided information at over 20 back to school events in partnership with Chicago Public Schools, the CDPH, and local government officials.
- Had a float in the Bud Billiken parade.
- Participated in the Black Women's Expo and several other wellness and health fairs.



In August, in preparation for open enrollment, CountyCare has also launched its 2024-2025 choice enrollment campaign, "CountyCare Rewards You!" This campaign was selected during five focus groups with members and based on strong positive feelings about CountyCare's rewards program.



### Optimization, Systemization & Performance Improvement



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

In alignment with its focus on quality, optimization, and performance improvement, in 2023, CountyCare held a competitive request for proposals for a new HEDIS vendor that would be responsible for prospective quality reporting and the health plan's annual HEDIS submission. CountyCare kicked off the implementation with a new HEDIS partner in early 2024 and went live at the beginning of June. Following the submission of our measurement year 2023 HEDIS submission, between June-August, the CountyCare team completed extensive data validation.

For the next phase of this implementation, CountyCare is establishing a partnership with a technology company to integrate with provider electronic health record systems and capture additional supplemental quality data for 2024.



### Workforce: Talent and Teams

#### **Staff Engagement Committee**

Health Plan Services has an active Staff Engagement Committee that meets throughout the year to plan and implement programming to improve team satisfaction and make Health Plan Services an even better place to work. In 2024, the Staff Engagement Committee introduced new engagement programming, including Professional Headshots, a Field Day, and Midday Mingles (a series of events during the lunch hour that allow staff to connect and unwind). Health Plan Services Staff Townhalls are held four times each year and each month the department hosts a Lunch and Learn on a variety of topics.

In September, the Staff Engagement Committee is hosting a “Spirit Week” event for all Health Plan Services staff in conjunction with Cook County Health’s “Staff Appreciation Week” and Food Truck Social. The Staff Engagement (SEC) will have in-office and virtual activities for staff to participate in starting Monday, September 23rd through Friday, September 27<sup>th</sup>.



### Fiscal Resilience

#### **Risk adjustment strategy**

CountyCare is performing an analysis in 2024 to assess the gaps and inadequacies in coding to focus on opportunities for improvement in the risk scores, thereby capturing additional revenue for providers and CountyCare. Risk adjustment is a process for quantifying an individual's health status into a risk score and



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

is an important element of medical billing which focuses on ensuring that health plans and providers receive appropriate payments for the extent of care they provide to patients.

### In the short term, CountyCare will:

- Identify specific providers to facilitate provider education and clear-cut coding policies through increased collaboration.
- Consistently rebalance priorities, monitoring the data to refocus based on leading and lagging performance indicators.

### In the long term, CountyCare will:

- Link population health management and risk adjustment through better integrated systems to adjust payments for risk and quality of care.
- Implement risk adjustment mechanisms that rely on automated collection from data sources used for care improvement and population health management.
- Execute an evidence-driven strategy for risk adjustment to improve equity by aligning with risk adjustment incentives and models.

### Human Resources Recruitment

Of the 91 FY2024 positions in recruitment, 61 (67%) of requisitions have been hired, 9 positions have interviews in progress, and 9 new hires are on track to start in the coming weeks. Since last month's update, 6 new team members have been hired. Health Plan Services is continuing to prioritize staff recruitment to ensure the continued success of the plan.



### Budget

Health Plan Services' August membership of over 425,100 members was higher than the monthly average budgeted projection of 391,000. The net impact of revenue and expenses remains balanced and within budget. Please see the actual expenditures and budget through August 2024 below:



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## HEALTH PLAN SERVICES

Office & Account	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
<b>4896 - Health Plan Services</b>						
CONTRACTUAL SERVICE Total	2,886,625,971	2,426,308,118	43,866,578	2,470,174,696	416,451,275	86%
OPERATIONS & MAINTENANCE Total	7,748	5,572	-	5,572	2,176	72%
PERSONAL SERVICES Total	46,192,543	30,665,244	-	30,665,244	15,527,299	66%
<b>4896 - Health Plan Services Total</b>	<b>2,932,826,261</b>	<b>2,456,978,934</b>	<b>43,866,578</b>	<b>2,500,845,511</b>	<b>431,980,750</b>	<b>85%</b>
Grand Total	2,932,826,261	2,456,978,934	43,866,578	2,500,845,511	431,980,750	85%

### Procurement

Service	Vendor	Description	Type of contract	Contract end date
Interoperability and Patient Access	1Up Health	In alignment with the Cures Act, Centers for Medicare and Medicaid required interoperability and patient access technology services.	Procurement	02/28/2025



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

**Lead Executive:** Arnold F. Turner, M.D., Chief Hospital Executive Provident Hospital  
**Reporting Period:** August, 2024  
**Report Date:** September 20, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

Staff received training on the new nurse call system began in August.

The 8 West medical surgical unit had zero patient falls for the entire month of August.

The kickoff meeting of the nursing Professional Shared Governance Council was held on 8/28/2024, launching unit based shared governance that is essential to Magnet and Pathway designations.



#### Health Equity, Community Health & Integration

Members of the Provident Medical Staff worked the first aid stations along the Bud Billiken Parade route. In addition, for the first time a Provident employee served as a parade judge.

The Provident Women's Auxiliary donated new jogging suits to the Social Service Department to distribute to patient without clothes to wear when being discharged home.



#### Patient Experience

The elevator modernization project began in August with Public Elevator #1 taken out of service. The cables, brakes, control systems are being replaced with the expected completion of the first car in October. Once certified, the second car will be taken out of service for modernization.

Nineteen sets of bedside tables and recliners were received and distributed to patient rooms in the 8 West med/surg unit.



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

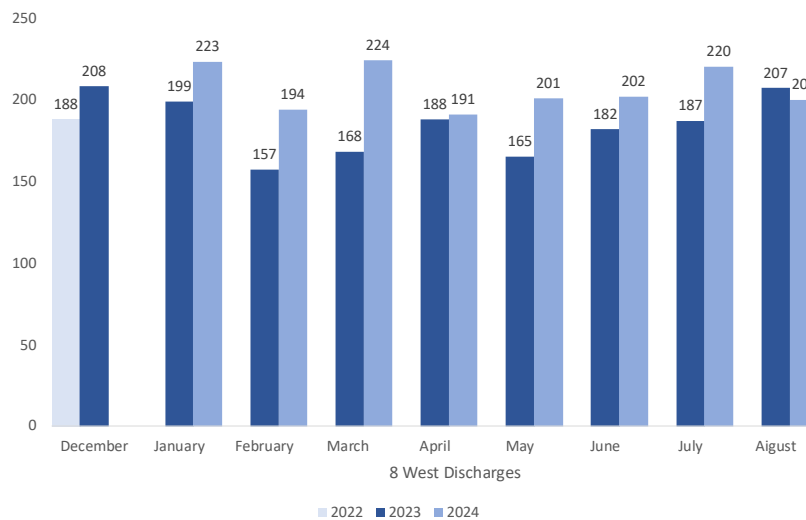


### Growth Innovation & Transformation

The construction of the Crisis Triage and Stabilization Center began in August after the asbestos abatement was completed.

The monthly average discharges from 8 West remain above last year's year to date average.

8 West Discharges



### Optimization, Systemization & Performance Improvement

The colonoscopy initiative to address the backlog of colonoscopy cases resulted in an overall 50% reduction of pending cases in the queue for more than 6 months. The team prioritized scheduling the most critical patients (Tier 1 and Tier 2) and is now working on reducing the backlog for remaining patient population.



**COOK COUNTY**  
**HEALTH**

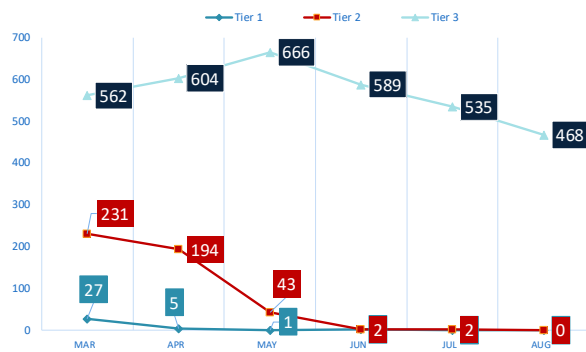
# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

### GI - Queue



#### GI Tiers



#### Time to Access

	April <6m/>6m	August <6m/>6m
Overall	391/429	252/216
Tier One	9/18	0/0
Tier Two	107/124	0/0
Tier Three	275/287	252/216



In August in the ED the Left Without Being Seen (LWBS) rate was 3.79%, exceeding the goal of less than 4%.



#### Workforce: Talent and Teams

The new Materials Management supervisor started in August.



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS



### Fiscal Resilience

July YTD (In \$000)	Actual	Budget	Variance (Favorable/Unfavorable)
Income	\$58.7	\$40.2	\$18.5 (46%) Favorable
Expense	\$75.5	\$76	\$1.4 (2%) Favorable
Labor (Salary & Contract)	\$37.8	\$35.7	\$2.1 (6%) Unfavorable
Gain (Loss)	(\$9.5)	(\$28)	\$18.5 (66%) Favorable



**COOK COUNTY**  
**HEALTH**



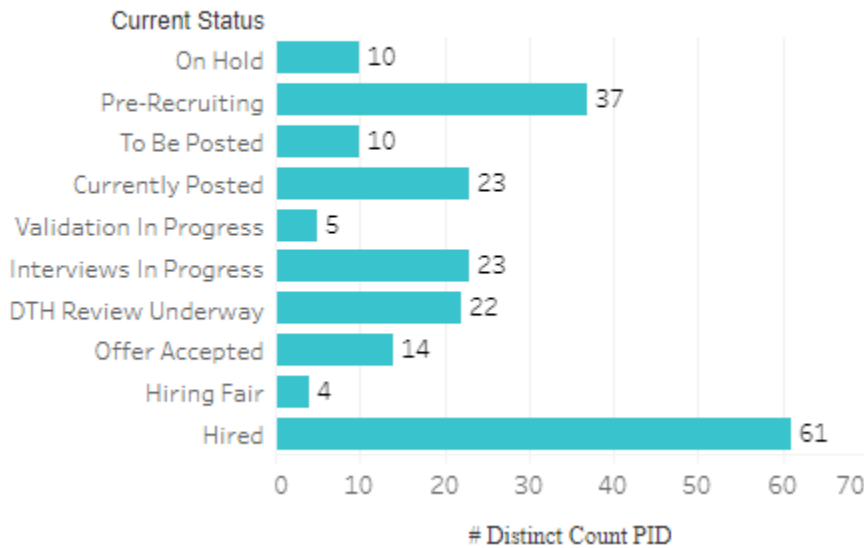
# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

### Human Resources Recruitment

<b>99</b> Current Requisitions <small>*Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept</small>	<b>61</b> Total Hired	<b>5</b> Validation in Progress	<b>23</b> Interviews in Progress	<b>11</b> Open Interviews Greater than Two Weeks	<b>4</b> Submitted DTHs Older than 5 Days	<b>15</b> New Hires Starting Soon <small>*Offer Accepted/Hired Status</small>
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### What Stage are my Current Requisitions?



### Budget

Office	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4891 - Provident Hospital of Cook County						
Non- Personnel	20,543,860	8,943,002	(95,005)	8,847,997	11,695,864	43.07%
Personnel	24,156,520	16,515,905	-	16,515,905	7,640,615	68.37%
4891 - Provident Hospital of Cook County Total	44,700,380	25,458,907	(95,005)	25,363,902	19,336,479	56.74%

The actual spend should not exceed 79.51%.



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## PROVIDENT OPERATIONS

### Procurement

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

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



COOK COUNTY  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS

**Lead Executive:** Donnica Austin-Cathey, Chief Hospital Executive, Stroger Hospital  
**Reporting Period:** August, 2024  
**Report Date:** September 24, 2024

### Strategic Initiatives • OKR Highlights • Status Updates



#### Patient Safety, Clinical Excellence & Quality

- The Stroger fall rate for the month of August was 2.4/1,000 patient days. We remain below state and national average, but we are currently in a rapid improvement cycle to improve further.
- We have also launched a rapid improvement cycle to improve hand hygiene among all staff who interact with patients.
- Staff education continues in the Neuro ICU related to external ventricular drains to continue providing excellent care to our patients.
- The Laboratory has worked with the Dialysis team to improve the process around ensuring proper chain of custody and correct labeling of times on specimens.
- The Mammography Department is implementing the Mag View Mammography tracking system. The system will automate the current manual process for tracking the mammography patients' findings across Cook County Health by categories, generate reminder letters and follow up appointments.
- To provide additional coverage in intubation operations, Respiratory Therapy is exploring an advanced practitioner role to provide an additional layer of safety in airway emergencies.
- The Laboratory went live on August 20<sup>th</sup> with new Blood Culture ID (BCID) panel on the BioFire platform. This new test is a rapid multiplex PCR based assay designed for simultaneous detection of 90% of common bacteria and yeast found in positive blood cultures as well as anti-microbial resistance genes.



#### Health Equity, Community Health & Integration



**COOK COUNTY**  
**HEALTH**

# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS

- The Mammography Department is participating in a Health Fair at CCH health centers by providing screening mammograms.
- The Mammography Department is preparing for Breast Awareness Month in October. The department will provide gifts for patients presenting for mammography services.
- In support of the respiratory profession, Stroger Hospital will be partnering with local programs to contract respiratory students for an exceptional clinical experience.
- A transfer agreement with Resilience Health (West Suburban/Weiss) has been completed that would allow the transfer of adult and adolescent sexual assault transfers to Stroger Hospital for care.



### Patient Experience

- In the nursing domain for Press Ganey, 4S Obstetrics/Labor and Delivery achieved 100% for the months of June, July, and August for patient experience.
- The Imaging Department continues to extend access to the ACHN clerical staff to schedule patient appointments. The intent is to allow the patients to leave the clinic with a scheduled appointment date and time of their choice.



### Growth Innovation & Transformation

- The Labor and Delivery volume is growing and has continued to outpace the budget by 36%. There were one hundred deliveries in August.
- The second mobile MRI unit was delivered and will be operational by Sept. 23<sup>rd</sup>, 2024. We will discontinue outsourcing MRI referrals to Humboldt Park on Sept. 30, 2024.
- Room for the 2<sup>nd</sup> PET CT is currently being prepared. The completion date is targeted for November 2024.
- The Laboratory kicked off laboratory automation refresh project which will not wrap up until late 2025. The first phase of equipment has been delivered. Also, the lab received a refresh of all new chairs in the department.



# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS



### Optimization, Systemization & Performance Improvement

- Obstetrics nursing leadership and physicians have been partnering to expedite the discharge for those patients who have been cleared.
- The Emergency Department has been reinforcing new hand-off report with Tele/Med-Surg Department.
- RN Bed Coordinators have been arranging for the reservation of patient rooms with charge nurses to avoid rooms being blocked for an extended time.
- The Med-Surg Divisions chair alarm committee continue to work together to improve patient safety by installing chair alarms.
- We continue to collaborate with the Medical Records department to standardize the release of information process which will include the release of CD's and legal request which are currently being released by the Imaging PACS team.
- The radiology team has reduced the backlog of reading films by use of a vendor.
- Respiratory has been asked to participate in a workgroup to mitigate 30-day readmissions for COPD patients.
- Phlebotomy AM draws completed by 7 am – 72% for August which remains below the benchmark of 75%.
- The Laboratory also continues ongoing work with Cross County to implement electronic timekeeping.



### Workforce: Talent and Teams

- The Emergency Department has oriented 20 new employees combined between Trauma/ED and the Child Life Speciality employee has been approved.
- Maternal Child Care has recruited a Clinical Operations Supervisor who started July 29<sup>th</sup>, 2024. Also, the Division currently has 34 positions in the recruitment pipeline.
- The 3<sup>rd</sup> RN Bed coordinator for nights has started, currently there is one position open.
- The Imaging Services Manager of Interventional Radiology is actively assessing and revising current workflows.



### Fiscal Resilience



COOK COUNTY  
HEALTH

# DIVISIONAL EXECUTIVE SUMMARY

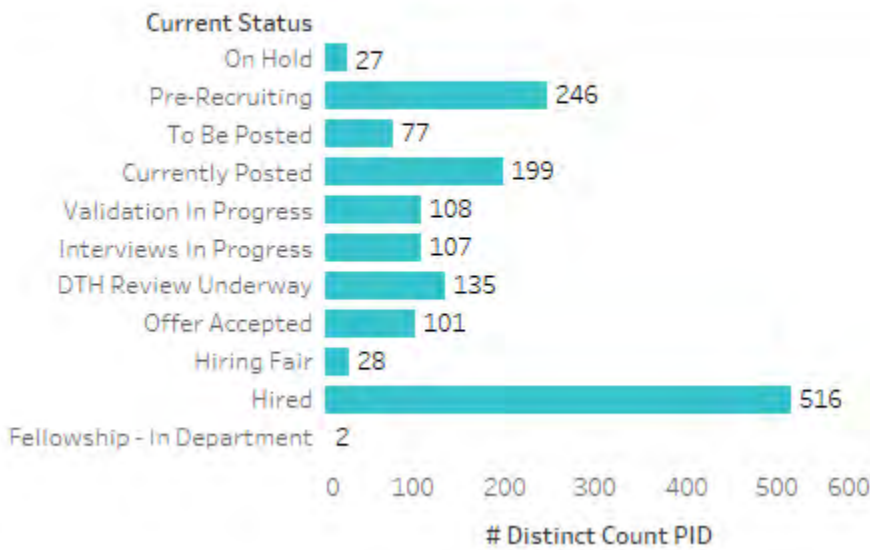
## STROGER OPERATIONS

- The Maternal Child Care Division has been onboarding new staff to eliminate agency costs.
- Med/Surg Division has been over the budgeted census for the past 8 months and are closely monitoring overtime and agency use.
- The Radiology Division continues to collaborate with Revenue Integrity to identify a CCH Resource to assist with the charge capture process in the Radiation Oncology Department.

### Human Resources Recruitment



### What Stage are my Current Requisitions?



# DIVISIONAL EXECUTIVE SUMMARY

## STROGER OPERATIONS

### Budget

Office (Department) & Program Area by Major Account Class	FY24 Budget	Expenses	Obligations (BPA's/PO's)	Expenditures (Expenses + Obligations)	Funds Available	% Expended
4897 - John H. Stroger Jr. Hospital of Cook County Total	1,079,234,000	785,353,916	34,357,426	819,711,342	259,522,658	76%
<b>Grand Total</b>	<b>1,079,234,000</b>	<b>785,353,916</b>	<b>34,357,426</b>	<b>819,711,342</b>	<b>259,522,658</b>	<b>76%</b>



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
September 27, 2024

ATTACHMENT #4



# Strategic Plan Update

Andrea Gibson

Chief Strategy Officer





September 27, 2024








COOK COUNTY  
**HEALTH**

# Strategic Initiatives – Aug/Sept

## Accomplished

-  CountyCare achieved a 4 Star NCQA rating!
- Addressed all outstanding CT scan reads and 73% of pending mammogram reads
- JTDC achieved full compliance with IDJJ standards
- Started an implantable device sensor program to reduce heart failure admissions
- Endocrinology service started at North Riverside Health Center; Pulmonary clinic services began at CORE Center
-  Employee engagement improved from 7th percentile to 21st
-  Provided housing stability services to 281 patients (ARPA)
-  Geo-localization model refinement for more flexible co-horting
- Implemented real-time notifications for critical vital signs in EMR

## Coming Soon

-  Transplant clinic (with UIH) is targeting December go live
- Pain clinic at Provident to start Fall 2024
-  CCDPH to work with CCH Stroger to develop a Good Food action plan
- Nursing strategy retreat planned for end of September
-  Completion of a Stroger Wellness Lounge anticipated to launch September/October
- CCDPH/OBH Stronger Together Workforce Symposium
-  The Ion Surgical Robot set for a for a go-live late September
- Provident received an additional \$275K in surgical equipment to begin orthopedic procedures
- Replacement of e-consult, to allow patient self-scheduling/online payment
-  Denial management project launch underway

# CCH Strategies FY2024



## PATIENT SAFETY, CLINICAL EXCELLENCE & QUALITY

**Continue improvement in quality metrics.** Initiate Leapfrog data submission for Provident; Launch programs to improve Left Without Being Seen (LWBS) in the Emergency Department, surgical site infections and Sepsis; Implement quality dashboards at the department/unit level; Progress in nursing pathway to excellence and Magnet® journey; Expand the National Database of Nursing Quality Indicators (NDNQI®) to Provident and ambulatory nursing; Execute daily Hospital Acquired Conditions compliance programs; Improve efficiency by accelerating throughput. Expedite testing and resulting to facilitate discharges. Provide ongoing clinical documentation education/training.

### Progress Made:

- ✓ Successful Joint Commission survey at Stroger Hospital
- ✓ The American Heart/American Stroke Associations recognized CCH with a Stroke Gold Plus rating/Honor Roll Elite listing
- ✓ Received 13 achievement awards from the National Association of Counties
- ✓ Submitted 2024 Leapfrog survey application for Provident for the first time
- ✓ Significantly improved Operational Excellence measures including LWBS, Sepsis, Hospital Acquired Conditions
- ✓ Progress on the pathway to excellence in the Magnet® journey
- ✓ IDPH commended the infection control team on surveillance practices during National Healthcare Safety Network survey
- ✓ The American Nursing Credentialing Center recognized CCH Nursing as an Accredited Continuing Education provider
- ✓ Expanded the Intermediate Care Unit to include 14 Cardiology beds and 12 General Medicine beds
- ✓ Work underway for improving throughput and clinical documentation
- ✓ Implementing unit level huddles at Stroger where safety and quality metrics are reviewed daily



# CCH Strategies FY2024



## PATIENT SAFETY, CLINICAL EXCELLENCE & QUALITY

**Maintain top quality outcomes for CountyCare members;** Increase quality ratings to 4 stars

### Progress Made:

- ✓ CountyCare achieved a 4-star quality rating from NCQA
- ✓ CountyCare went live with new Healthcare Effectiveness Data and Information Set (HEDIS) vendor
- ✓ State of Illinois Care Plan audit successfully completed review of Health Plan
- ✓ CountyCare transitioned to a new non-emergency transportation vendor

**Invest in grant and research infrastructure** with the goal of building responsive, sustainable and compliant operations within CCH

### Progress Made:

- ✓ Hired several Life Sciences team members
- ✓ Transitioning grants from Hektoen to CCH and taking lead on competitive renewals
- ✓ Initiating new clinical research projects



# CCH Strategies FY2024



## HEALTH EQUITY, COMMUNITY HEALTH & INTEGRATION

### **Increase access and improve outcomes in targeted areas.**

The Change Institute; premature mortality and morbidity; providing timely and universal access to advanced care services; Address gaps in access to behavioral health care; Create more care pathways for justice-involved individuals; improve population health; mitigate social risk factors; Develop and implement birth equity measures and metrics; establish a safe moms maternal/child program

### **Progress Made:**

- ✓ CCH Pediatric Hematology had a successful IDPH compliance audit for a sickle cell grant
- ✓ CCDPH's Environmental Health Unit had a successful IDPH audit
- ✓ Men's health fair hosted 50 participants at Provident
- ✓ Developed a comprehensive resource guide for individuals leaving the Cook County Jail
- ✓ Completed build out of Belmont Cragin food pantry
- ✓ CCDPH completed Naloxone training for 32 new/returning officers at Cook County Department of Corrections



# CCH Strategies FY2024



## HEALTH EQUITY, COMMUNITY HEALTH & INTEGRATION

### Ensure access to healthcare information:

Further expand language access to ensure patients receive healthcare information in the language of their choice; advance mobility programs.

### Progress Made

- ✓ Hired and trained newly created Language Services Representative (Dispatcher)
- ✓ Developed and Implemented Standard Operating Procedures for Staff Interpreters and Dispatcher
- ✓ Presenting at New Colleague Orientation and New Resident Orientation on regulations governing interpreter services.

### Streamline the procurement process and improve MBE/WBE participation

#### Progress Made:

- ✓ Going live with Bonfire contract repository at the end of October; users will be able to register and access SCM contract information
- ✓ Continue to leverage Bonfire sourcing capabilities to post and evaluate solicitations / RFP's offering customer friendly interactivity for vendor community
- ✓ Established a Task Order process to accelerate contracting for specific identified professional services opportunities, with pre-qualified MWBE vendors via Target Market



# CCH Strategies FY2024



## WORKFORCE: TALENT & TEAMS

### **Increase Talent Acquisition**

Job fairs, flexible staffing pool, technology enhancements, hiring process improvements, hiring pipeline projects, employment plan amendment

### **Reduce turnover through retention programs**

### **Advance performance management and learning programs**

### **Progress Made:**

- ✓ Hired 193 net new Health Fund positions since December 1, 2024
- ✓ Awarded 91 Scholarships to Medical (45) and Allied (46) Health Students totaling \$1.37M on June 7 at Provident Scholarship Ceremony
- ✓ Hired nearly 100 ARPA positions by September 3rd deadline
- ✓ Kicked off EMT apprenticeship program in August
- ✓ Reduced staff turnover by nearly 1.5% to 6.5% in 2024, well below 20% national standard



# CCH Strategies FY2024



## HUMAN EXPERIENCE

### Employee Wellness and Engagement Improvements

Wellness programs, employee engagement scores, Press Ganey micro survey

#### Progress Made:

- ✓ Employee Engagement response rate improved from 3.61 to 3.84 out of 5 and engagement improved from 7th percentile to 21st since 2022
- ✓ Opening of employee CCH Wellness Lounge in October 2024
- ✓ Years of Service Recognition doubled from 500+ in 2022 to 1000+ employees in 2023 and 2024

### Patient Satisfaction

Patient navigation, nurse communication, Culture Code implementation, HCAHPS measures

#### Progress Made:

- ✓ 79% of staff trained in C-I-CARE behavior standards
- ✓ We are seeing a positive trend in our rolling 12-months HCAHPS top box score for Rate the Hospital
- ✓ Cermak, Cottage Grove Health Center, Austin and Englewood unveiled Community Murals
- ✓ Appointment scheduling at Sengstacke was moved from the practice to the centralized call center which resulted in 90% reduction in patients requesting a “call back” after holding and a 75% improvement in issues resolved within initial call





# CCH Strategies FY2024



## FISCAL RESILIENCE

Further implementation of **revenue cycle turnaround plan**

**Reduce reliance on agency and overtime**

Drive **productivity to align with industry benchmarks**

Streamline **invoice payment processes**

### **Progress Made:**

- ✓ YTD revenue collection higher than budget reflecting the various workstreams in the revenue cycle turnaround project
- ✓ Finalized the FY2023 audit, with improved net position and no significant deficiencies or material weaknesses
- ✓ Established streamlined employee reimbursement process
- ✓ Improving guidelines and process for provider note completion and accountability



# CCH Strategies FY2024



## OPTIMIZATION, SYSTEMIZATION & PERFORMANCE IMPROVEMENT

- Expand value-based care** and contracting. Improve and increase patient empanelment metrics at primary care clinics
- Modernize infrastructure and equipment** – capital improvements, computer refresh and capital equipment
- Maximize access** through scheduling, patient portal, virtual care, direct booking, provider/plan alignment, new care delivery models
- Increase surgical volumes** at Stroger/Provident through process improvements

### Progress Made:

- ✓ Year to date, we are at 82,400 active empaneled members across ACHN Primary Care
- ✓ Finalizing two additional value-based care agreements
- ✓ PC Refresh project is at 80% and into wave 4 (4517 of 5500+ devices replaced to date)
- ✓ 99% percent of CCH's Capital Equipment budget (\$37.5M) is complete or in process
- ✓ FY24 Capital Improvement Projects underway, including launching design for the new mail order pharmacy facility, upgrading the Professional Building revolving doors, and the build out of Bronzeville Health Center and the Provident Crisis Triage and Stabilization Unit
- ✓ Surgical volumes at Stroger Hospital have increased by 186 (2%) during FY24 v FY23. This is led by increased in Orthopedics, General Surgery and Urology. Provident Surgery volumes have decreased by 366 cases (14%)
- ✓ Reduced Gastroenterology procedure backlog at Provident by 50%



# GROWTH, INNOVATION & TRANSFORMATION



**Further develop a referral network with hospitals and health centers**

**Conduct long-term programmatic facility planning, including new ambulatory facility at Provident**

**Continue ongoing expansion of subspecialty service lines, expand services at Provident**

**Renegotiate and restructure affiliation agreements**

## **Progress Made:**

- ✓ Began providing vascular services at St. Bernard Hospital
- ✓ Entered into an agreement with Resilience Health to provide adolescent and adult SANE care
- ✓ Finalized the data request for the Long-Term Facility Planning process
- ✓ Marketing Tele-Neuroservices to community hospitals
- ✓ Received referrals from Community Partners at Provident for Cardiology, Urology and General Surgery
- ✓ Improved LOS for inpatients by identifying diagnostic imaging that can be performed at St. Bernard and Humboldt Health for outpatient studies

# GROWTH, INNOVATION & TRANSFORMATION



**CountyCare to evaluate various products to support members throughout their lifecycle**

**Execute ARPA-funded projects**

**Develop long-term growth plan for CCDPH**

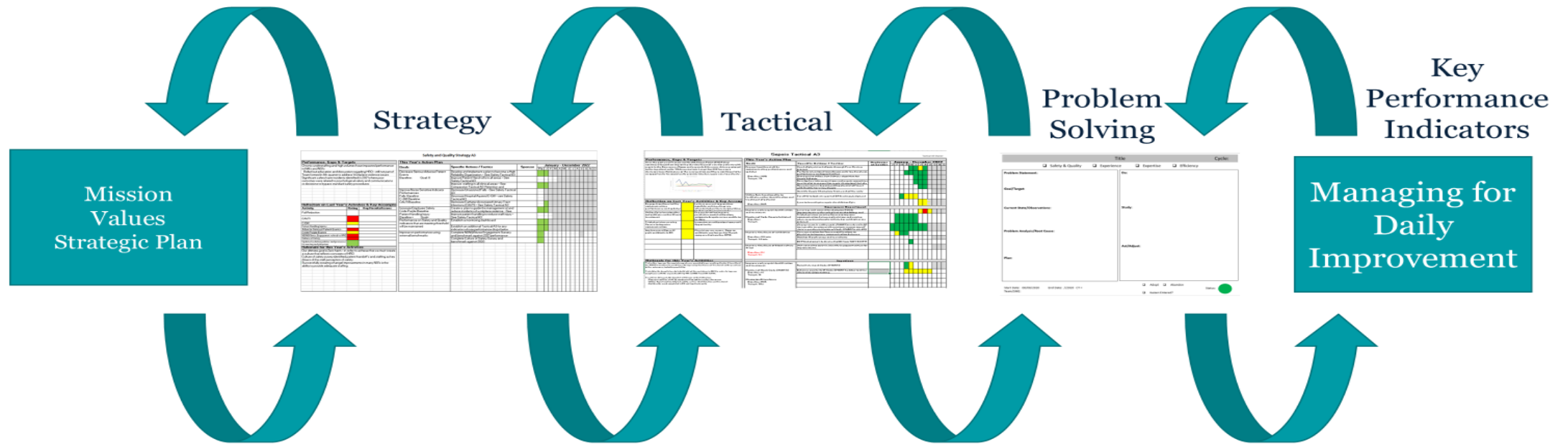
**Conduct 1115 Waiver readiness planning**

## **Progress Made:**

- ✓ CountyCare has launched workgroup to evaluate product opportunities
- ✓ Obligated 68% of the ARPA funds, working toward 100% by December 31, 2024
- ✓ Refined the proposed future staffing model for CCDPH to allow for site selection
- ✓ CCH is participating in 1115 waiver readiness workgroups through HFS for Medical Respite, Re-entry, Food Insecurity and Managed Care



# Operationalizing the Strategic Plan



- Created by Board/System Leadership
- Vision that guides the local strategy

- Created by System Leadership/ Hospital Senior Leadership
- Review quarterly

- Created by Mgt Team and key stakeholders
- Identify Executive Sponsor
- Review barriers monthly

- Created by frontline teams and leaders
- Reviewed weekly by department leadership

- Unit specific KPIs
- Reviewed daily by frontline staff during huddles

# Women and Childrens Service Line

## Growth Pillar- Women and Children's Service Line ^

Objective name	KR name	Actual	Target	Trend chart	Text field
Growth Pillar - Women and Children Service Line	Pediatrics Service Optimization	35%	100%		
	Reproductive Health Enhancement	50%	100%		
	Programmatic Services and Agreement Executions and Managements	70%	100%		
	Optimize Quality/Experience of Care Delivery	65%	100%		
	BI Dashboards Completion	45%	100%		

# CountyCare Product Expansion Plan

Board View List View Calendar Recent Activity 1 Objective Files

Evaluate Dual Eligible Special Nee... 8	Evaluate Basic Health Program op... 3	Evaluate opportunity to increase E... 3	Evaluate Employer Sponsored Hea... 2
<p>Develop contracts with key vendors (TPA, PBM) (required for application) Aaron Galeener May 04, 2024</p>	<p>Present BHP opportunity to HFS to advocate for implementation in the 2026 plan year Cristina Turino May 04, 2024</p>	<p>Decision for inclusion in Product Roadmap (CCH, Cook County) Cristina Turino May 04, 2024</p>	<p>Review product overview with CountyCare and CCH leadership and decision for inclusion in Product Roadmap (CCH, Cook... Aaron Galeener May 04, 2024</p>
<p>Prepare D-SNP application for 2026 plan year (due February of 2025) Aaron Galeener May 04, 2024</p>	<p>Review product overview with CountyCare and CCH leadership and decision for inclusion in Product Roadmap Cristina Turino May 04, 2024</p>	<p>Review product overview with CountyCare and CCH leadership Cristina Turino May 04, 2024</p>	<p>Develop Employee plan product overview (PowerPoint or whitepaper outlining requirements and timeline) and develop... Aaron Galeener May 04, 2024</p>
<p>Submit Notice of Intent to Apply to CMS Aaron Galeener May 04, 2024</p>	<p>Develop BHP product overview (PowerPoint or whitepaper outlining requirements and timeline) and develop financial pro-forma Cristina Turino May 04, 2024</p>	<p>Develop Exchange product overview (PowerPoint or whitepaper outlining requirements and timeline) and develop... Cristina Turino May 04, 2024</p>	
<p>Apply for HMO license (note: no current clear pathway for HMO license eligibility and contingent on Cook County approval) Aaron Galeener May 04, 2024</p>			
<p>Decision for inclusion in Product Roadmap (CCH, Cook County) Aaron Galeener May 04, 2024</p>			
<p>Review product overview with CountyCare and CCH leadership Aaron Galeener May 04, 2024</p>			

# Next Steps

- Routine Review of Strategies
- Establishing FY2025 Workplans
- FY2026-28 Strategic Planning Process



# Thank You



COOK COUNTY  
**HEALTH**



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
September 27, 2024

ATTACHMENT #5

# Cook County Health Board of Directors Meeting

Employment Plan Office 20<sup>th</sup> Semi-Annual Report



COOK COUNTY  
**HEALTH**

# Functions of Employment Plan & Employment Plan Office

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

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

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

- Preparing Plan-related training materials and training employees
- Observing and auditing employment actions to assess compliance
- Developing strategies and procedures to achieve compliance
- Preparing Semi-Annual Reports
- Investigating and reporting on complaints of non-compliance with the Plan's procedures

# What is New?

## Transparency

- ❖ EPO 20<sup>th</sup> Semi-Annual Report
- ❖ Accelerated Hiring Process – process documented & attached to Plan
- ❖ Website
  - HR page updated and more user friendly
  - Current Job Descriptions accessible

## New Resources

- ❖ Associate Chief Human Resources Officer and Executive Recruitment Specialist
- ❖ Discipline Resources tool
- ❖ DTH Pre-Submission Checklist
- ❖ Hiring Manager Checklist (updated)

## Training

- ❖ Annual Training Completed – Interviewers & Supervisors



# EPO Monitoring - **HIRING**

Hiring Process	Issue(s) Identified	Resolutions and/or Recommendations
Revised Hiring Process	Posting, NPCC compliance, screening, interview process errors	<ul style="list-style-type: none"> <li>• Communication with HR to convey concerns and EPO recommendations</li> </ul>
Advanced Clinical Positions	One hire outside of process	<ul style="list-style-type: none"> <li>• Communication with HR to prevent recurrence</li> </ul>
Revised Hiring Fair Process	Consolidated Rank List Record maintenance	<ul style="list-style-type: none"> <li>• Communication with HR to convey concerns and EPO recommendations</li> </ul>
Direct Appointment	Administrative errors Job Descriptions	<ul style="list-style-type: none"> <li>• Errors corrected</li> <li>• Comprehensive JD review in progress</li> <li>• New hiring process aid near completion</li> </ul>
Medical Leader Appointment	NPCC compliance	<ul style="list-style-type: none"> <li>• Compliance achieved</li> </ul>
Executive Assistant	None	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
Accelerated Hiring	Record maintenance	<ul style="list-style-type: none"> <li>• Ongoing collaboration with HR</li> </ul>



# EPO Monitoring – NON-HIRING

Policy	Issue(s) Identified	Resolutions and/or Recommendations
Discipline	Administrative errors, Incomplete submissions to HR, missing signatures	<ul style="list-style-type: none"> <li>Some findings shared with HR for resolution</li> <li>Discipline Resources Tool</li> </ul>
Interim Assignment & Pay	Ongoing - late requests, postdating of interim pay packages and lengthy extensions of assignment absent explanation	<ul style="list-style-type: none"> <li>HR has advised that revisions and improvements are forthcoming</li> </ul>
Reclassification	Documentation	<ul style="list-style-type: none"> <li>Increased collaboration between EPO and HR Classification &amp; Compensation team</li> </ul>
Demotion	Single demotion this period - not based on authorized policy	<ul style="list-style-type: none"> <li>EPO education and training to manager</li> </ul>
Transfer	N/A	
Layoff & Recall	N/A	
Training Opportunities	NPCC non-compliance Tracking errors	<ul style="list-style-type: none"> <li>Noncompliance reported to leadership</li> <li>Continued effort to achieve full compliance</li> </ul>
Overtime	NPCC non-compliance Tracking not reviewed in current period	<ul style="list-style-type: none"> <li>Noncompliance reported to leadership</li> <li>Continued effort to achieve full compliance</li> </ul>



# EPO Investigations

Type	Number
Carry-over	46
New	8
Resolved	42
*Current Open Count	12

\*Reduced from 130 in early 2023





# What is Ahead?

## Transparency

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

## Policy Updates

- ❖ Continued modernization of Employment Plan and related implementational procedures and tools (including Taleo)
- ❖ Updates to Supplemental Policies

## Training

- ❖ Updates to EP training (and job aids) as the Plan and Supplemental Policies are modified
- ❖ Annual Training for HR Personnel



**Thank You!!!**



**COOK COUNTY  
HEALTH**



**Leadership**

Toni Preckwinkle  
President  
Cook County Board of Commissioners

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

**Board of Directors**

Lyndon Taylor  
Chair of the Board

Jay Bhatt, DO, MPH, MPA  
Robert Currie  
Raul Garza  
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Sage J. Kim, PhD

Robert G. Reiter, Jr.  
Sam A Robinson, III, PhD  
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September 13, 2024

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**EMPLOYMENT PLAN OFFICE 20TH SEMI-ANNUAL REPORT**

Dear Dr. Mikaitis and Inspector General Paxton:

**INTRODUCTION**

This is the 20th Semi-Annual Report covering my office's observations and activities between January 1 - June 30, 2024, and goals and new initiatives July 1 – December 31, 2024.

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

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

- Preparing Plan-related training materials and training employees at all levels within the organization,

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

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

Between January and June of this year, we continued to perform the functions detailed above.

#### **EMPLOYMENT PLAN AMENDMENTS**

- **Updates to Exhibits**

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

The Direct Appointment List (Plan Exhibit 5) was updated one (1) time during the period and seven (7) new positions were approved for inclusion. The Actively Recruited List (Plan Exhibit 2), the Advanced Clinical Positions List (Plan Exhibit 13), Certified/Licensed Healthcare Professional Positions List (Plan Exhibit 2) and the Department Division & Section Chair of Medical Department of Medical Staff List (Plan Exhibit 12) were not updated<sup>2</sup>.

- **Procedural Amendments**

The Plan is a living document and may be modified by the CEO as CCH’s needs change. The amendment process requires advance notice of any proposed change to my office and the OIIG so that we can evaluate whether the new or amended procedures are proactive and provide for the level of transparency necessary to demonstrate CCH’s compliance with all applicable legal requirements. There were no procedural amendments during the applicable period.

In March, the Accelerated Hiring Process that was approved as a pilot in August 2023 was re-certified and extended for an additional six months, memorialized, added to the Plan as an addendum, and is viewable on the CCH website. We addressed the approaching (late September)

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<sup>2</sup> We have discussed with HR the need to review Exhibit 2 and Exhibit 12 for accuracy as neither have been updated for quite some time.

expiration with HR leadership to provide an opportunity to evaluate the process and develop a permanent Plan amendment should Dr. Mikaitis wish to do so.

- **Documentation**

The EPO and the OIIG have approved several significant procedural changes over the past three years<sup>3</sup> but the changes have not been timely incorporated into the official Plan posted on the CCH website as required. I have identified this as a transparency concern in past semi-annual reports and have also identified how the absence of formalized documentation of the newer processes has resulted in staff's inconsistent and non-compliant implementation of applicable requirements. HR has acknowledged this requirement and has expressed the intent to become compliant. Except for the memo (referenced above) outlining the pilot Accelerated Hiring Process that was attached to the Plan as an addendum when the pilot extension was approved, no other Plan unification work was completed in the applicable period. We recently re-visited this requirement with HR's leadership team and expect that the remaining updates will be addressed promptly.

### **INVESTIGATIONS**

In recent previous EPO semi-annual report presentations to the Board, I reported that my office carried a large backlog of pending investigations. We carried nearly 130 open investigations at the onset of 2023 resulting from chronic short staffing in the department and the need to prioritize other competing obligations (e.g., assisting in the development of process modifications to reduce the time-to-fill and training HR staff and hiring departments on the new processes). The Board, in early 2023, asked that this office focus on resolving outstanding investigations to reduce and hopefully eliminate the backlog of cases.

We prioritized addressing the backlog and have made significant progress. At the beginning of the reporting period, the EPO had forty-six (46) matters pending. We opened eight (8) new investigations bringing the total number of investigations to fifty-four (54). We resolved forty-two (42) matters during the reporting period,<sup>4</sup> leaving us with twelve (12) pending investigations as of the close of the reporting period.

- **Pending Investigations**

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

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<sup>3</sup> Historically, amendments to the Plan have been handled with HR submitting proposed modifications via redlines to the current Plan, followed by meetings and shared reviews to finalize the amendment. Once approved, modifications were immediately incorporated into the body of the Plan and posted on the website. Given that the historic process can be time consuming, and considering the exigent circumstances presented at that time by the pandemic and Great Resignation, the EPO and OIIG agreed to consider (and approved) procedural modifications that were proposed less formally - with the understanding that the processes would soon thereafter be formalized and inserted into the official Plan document.

<b>Investigation Number</b>	<b>Complaint Date</b>
EPO2022-010	07/27/2022
EPO2022-012	11/28/2022
EPO2022-013	12/05/2022
EPO2023-002	01/10/2023
EPO2023-004	02/03/2023
EPO2023-014	05/25/2023
EPO2023-022	06/26/2023
EPO2023-023	08/07/2023
EPO2023-024	08/25/2023
EPO2024-006	04/26/2024
EPO2024-007	03/13/2024
EPO2024-008	04/05/2024

- **New Investigations**

The newly opened investigations concern various allegations including, but not limited to, attempts to hire pre-selected candidates without regard to the requirements of the hiring processes, placement of newly hired candidates into shifts and locations for which they did not apply, and improper hire of ineligible applicants.

- **Closed Investigations**

Our Incident Report findings and recommendations are summarized below.

- EPO2020-029. In a report issued on June 28, 2024, we did not sustain a former employee’s complaint that her lay-off was retaliatory. However, we did identify that some of the documentation was not completed consistent with all policy requirements and resulted in insufficient transparency. We recommended a modification to the process and form to provide for sufficient transparency and ensure greater fidelity to the policy governing this process. HR’s response, which was due July 29<sup>th</sup>, is pending<sup>4</sup>.

- **Incident Report Recommendations Outstanding From Past Reporting Periods**

- EPO2023-013. In a report issued on October 16, 2023, we concluded that an employee falsified her application for employment in two instances where she used fictitious titles which misrepresented her role in the organization when describing her CCH work history. The EPO recommended significant discipline for the subject employee.

HR issued a response on December 14, 2023, that did not confirm implementation of the recommendation but rather acknowledged agreement with the recommendation and stated

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<sup>4</sup> Under the Plan, HR is required to issue a report within thirty (30) days of the issuance (with the option of one thirty (30) day extension upon request): (a) confirming implementation of the EPO’s recommended action, or (b) explaining why the recommended action was not implemented and describing the alternative action the CEO has elected to take and the specific reasons for such alternative action.

an intent to issue discipline against the subject employee. Although the disciplinary action was initiated prior to close of the reporting period, the process had not concluded as of issuance of this report.

- EPO2023-029. In a report issued on November 28, 2023, we concluded that the HR's modification of the minimum qualifications of a Direct Appointment position prior to submitting the selected candidate's application to this office and the OIIG for pre-hire review violated the Plan<sup>6</sup>. To support completion of the hiring process consistent with the principles contained in the Plan, we recommended that HR and the user department conduct recruitment activity using the new job description (affording the organization the benefit of a larger candidate pool) before making a final hiring decision. To prevent recurrence, we also recommended the development of a standardized operating procedure and a job aid (both subject to review by this office) for use by HR and individuals involved in Direct Appointment hiring.

HR issued a response on December 29, 2023, that did not confirm implementation of the recommendations but rather acknowledged agreement with the recommendations. The first recommendation was implemented. Although the second recommendation has not yet been implemented, HR recently sent draft documents for our review and is currently considering our feedback.

## **TRAINING**

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

The information below pertains to each type of training conducted:

- **Employment Plan Training**

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

- **Employment Plan Interviewer Training**

CCH leaders are required to attend this training before participating in our hiring processes. During the applicable period, there were seven (7) in-person sessions, and seventy-four (74) employees were trained.

Annual training is required thereafter to maintain eligibility. Considerable EPO resources were expended during the applicable period to train those due for annual training. We conducted six (6) sessions of annual Advanced Clinical Positions training and seven (7) sessions of annual Revised Hiring Process training<sup>5</sup>. We offered additional make-up sessions in late August to allow employees who had missed the earlier deadline to complete this required training.

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<sup>5</sup> Two Hundred and forty (240) employees completed their Advanced Clinical Positions training and two hundred and eleven (211) completed their Revised Hiring Process training.

- **Supplemental Policies and Procedures<sup>6</sup> (Policies) Training**

Training on the supplemental policies, like training on our hiring processes, is required of all new employees and annually thereafter. During the applicable period, there were six (6) in-person sessions, and seventy-five (75) employees were trained.

Considerable EPO resources were expended during the applicable period to train those due for annual training. We conducted eight (8) sessions of annual Supplemental Policies training and nine (9) sessions of annual Discipline training<sup>7</sup>. We offered additional make-up sessions in late August to allow employees who had missed the earlier deadline to complete this required training.

- **HR Staff Training**

New HR staff are required to receive comprehensive training on the Plan and Policies. HR staff is also required to receive annual Plan and Policies training and training on any updates to the Plan and/or Policies. During the applicable period, there were two (2) in-person sessions and twenty-six (26) employees and third-party providers<sup>8</sup> were trained.

As with the other types of training, annual HR training is also required. With annual training of interviewers and supervisors now complete, our next step is to conduct trainings for HR staff that focus on HR's role and responsibilities for hiring and other employment actions. Our goal is to complete these trainings by the end of this year.

## **HIRING & EMPLOYMENT ACTIONS**

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

Because the volume of hiring and other employment actions that we oversee is so high, we do not monitor and/or audit every hiring process. Outside of processes we are brought into because of questions or concerns raised, we implement monitoring and document review projects involving sampling designed to allow us to gain insight into where we can enhance trainings and resource materials to support our leaders. These EPO activities are summarized below.

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<sup>6</sup> The Supplemental Policies govern non-hiring employment actions and that must be compliant with the spirit of the Plan by being proactive and providing for transparency. These policies are addressed below, but some examples include discipline, reclassification of positions, demotions, and transfers.

<sup>7</sup> Two Hundred and seventy-eight (278) employees completed their Supplemental Policies training and three hundred and twenty-seven (327) completed their Discipline training. Discipline is one of the supplemental policies and was separated out from the others for annual training due to the complexity and volume of the training content.

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



## HIRING

- **Revised Hiring Process**

- Posting Reviews

We reviewed posting process compliance for fifty-seven (57) requisitions that were posted from March 11th – 15th. Based on our review, we sixteen (16) errors. Eight (8) of the errors involved either the language or the coding of the questions entered in Taleo to test Minimum Qualifications (“MQs”), seven (7) of the errors involved ether the language or coding of the questions entered in Taleo to test Preferred Qualifications (“PQs”), and the final error involved inclusion of erroneous information. These findings were shared with Human Resources.

- Randomization

Randomization is a process utilized for positions for which we receive a high volume of applications to provide HR with an objective and transparent process for identifying candidates to interview. Where there are more preliminarily eligible candidates than the hiring department may interview (interview list metrics are included within the Plan), HR uploads their names into a computer program to be sorted in a random order. HR then screens the candidates in that random order until they have compiled a full pool of candidates to refer to the hiring department for interview. My office receives advance notice when applicants will be randomized and can monitor the process. Documentation is generated and maintained by HR such that the process is auditable.

In the applicable period, we monitored and/or audited sixty (60) randomizations and did not identify anything of concern.

- Application Review Panel Packets

An Application Review Packet is comprised of application materials that are reviewed by a panel within the hiring department to generate its interview list. In this review, the hiring department is required to evaluate all *preliminarily* eligible candidates to evaluate whether they meet the Minimum Qualifications (“MQs”) of the position and to identify which eligible candidates they propose to interview. The packet also includes the Application Review Panel (“ARP”) ARP Form used by the panel to document its findings and its proposed interview list. HR verifies the eligibility of the candidates proposed for interview and identifies the HR-approved interviewees on the ARP Form.

We reviewed nineteen (19) ARP Forms documenting the hiring departments’ reviews and the interviewees approved by HR. Through this project, we identified eight (8) instances of the following types of noncompliance: undated forms (4), missing NPCC signatures (2), a failure by HR to document the basis for rejecting an applicant proposed by the hiring department (1), and the apparent involvement of individuals in one process that were not authorized to participate in the process<sup>9</sup>. We offered coaching to the respective departments and HR related to these observations.

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<sup>9</sup> The ARP Form contained handwritten notations and email communications that demonstrated: (1) deliberative communications involving employees who were not assigned panelists and (2)

o Interview & Selection Meeting Monitoring

During the past reporting period, this office monitored interviews conducted for thirteen (13) requisitions. Our monitoring protocol tests thirty (30) different components of the interview process for comparison against the protocols required by the Plan.

Overall, the rate of compliance in the interview processes monitored was seventy-seven percent (77%). That is, 77% of the interviews observed created no concerns and were completely compliant with the Plan's requirements.

Of the twenty-three percent (23%) of interviews involving some observed noncompliance, most concerns related to the interview panelists' late completion of Interview Evaluation Forms and failure to conduct timely selection meetings, where applicable. When these forms are not completed in the timeline provided in the Plan, accuracy and completeness of required observational assessments and notes become less certain. Additionally, the monitor is unable to observe compliance with the Plan's requirement that Interview Panelists complete their evaluations and scoring independently, without any influence of the other panelists. Delay of selections meetings without notice and approval denies the EPO and OIIG the opportunity to observe, introduces the opportunity for improper influence in the selection process, and violates the very purpose of this process --- to reduce the time to fill.

In one interview, we observed the panel interview a candidate who admittedly did not possess a required license and was therefore ineligible for consideration. The hiring process is ongoing, and we continue to monitor it.

o Notable EPO Observations & Guidance

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

- A Hiring Manager came to us when the approved ARP form from HR (which serves as the Interview List) included an interviewee that the hiring department had not been provided for review in the ARP meeting. The Hiring Manager believed, therefore, that HR had provided a list, in violation of the Plan, containing an individual that had not applied. Our review revealed a minor administrative error by HR, which was easily corrected, rather than a Plan violation.
- It was discovered (after a hiring fair candidate received a contingent offer at the fair), that the candidate had not signed his/her application as required by the Plan. After consulting with HR, we agreed that the omission should have been caught by CCH staff during the fair and corrected prior to offer and that the candidate should not be impacted by it. HR

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discussions regarding impressions of individuals who had not applied for the posting under review. HR attributed these notations to confusion in the hiring department related to simultaneous processing of multiple requisitions. Whatever the cause for the anomalies, hiring process documentation must be reviewed to ensure that it reflects compliant process before approved.

developed a safeguard to prevent recurrence and incorporated it into the training it offers to the CCH employees who administer Hiring Fairs.

- An internal candidate brought to our attention that he/she had been scheduled for pre-employment testing (e.g., typing, computer proficiency, etc.) but that the posting had not mentioned testing for said position. Because the Plan requires potential applicants to be advised of all testing via the posting, we recommended to HR that the position be re-posted. HR agreed.
- We determined that HR has not been reviewing discipline files of applicants with current or recent past employment with Offices Under the President in the validation/validation approval process as required by the Plan. Though we can appreciate the time and effort involved with complying with the provision, compliance is mandatory so long as the provision remains. We advised that CCH consider proposing an amendment to this requirement if leadership determines that external Cook County discipline should not be considered.
- HR disagreed with a hiring department's disqualification of a candidate in its screening process and sought to require the department to interview the candidate. Upon our review, it was developed that there was another previously documented basis that had not been included in the ARP Form that justified the department's disqualification of the candidate and the interview was not required.
- In an earlier Semi-Annual EPO report, we advised that a candidate was hired into a patient-facing role despite failing to meet the MQs for the position. In this reporting period, HR advised us that the same individual (now an employee) has since been found to have engaged in dishonesty in applying for an additional position within CCH. We have been monitoring the situation and can report that he has been subject to a disciplinary process which is pending. We believe this circumstance underscores the gravity of careful screening and validation procedures both within HR and in the user departments.

- **Advanced Clinical Positions**

- Decision to Hire Packet Reviews

We reviewed DTH packets for three (3) positions filled via the Advanced Clinical Positions hiring process approved in the applicable reporting period. As explained above, these packets are compiled at the end of a hiring process to include the job posting, applications, and all documents involved in the interview and selection process and therefore provide for a comprehensive review of a hiring process. We are pleased to report that we did not find anything of concern.

- Other

In the applicable period, we discovered that an employee who had retired from an ACP position in 2023 was rehired into her former position without participating in a competitive hiring process. An inquiry revealed that the employee sought to return to work, her manager held no objection, and HR onboarded the former employee. This hire occurred outside of the Plan's hiring processes

and we are unaware of any recognized superseding authority. We discussed this observation and concern with HR to prevent recurrence.

- **Revised Hiring Fair Process**

During the applicable period, fourteen (14) fairs were conducted.

My office is required to complete a compliance review of the planning documents and approve each fair. We performed this function for all fourteen (14) fairs. Occasionally, we identified concerns which HR was able to quickly rectify. We also made ourselves available to provide guidance or support and to evaluate and approve proposed modifications that arose prior to many of the fairs. Modifications included the removal of PIDs (vacancies) no longer appropriate for the fair, the inclusion of additional PIDs, interview panelist substitutions and the like. We prioritized proposed modifications to respond in real time (same day).

While we are not staffed to comprehensively monitor every hiring fair, we conducted some in-person monitoring on three of the fair days as part of our efforts to gauge overall compliance. In total, we monitored fourteen (14) instances of the registration process, fourteen (14) interviews, fourteen (14) instances of administrative verification, and the issuance of seven (7) contingent offers. The onsite monitoring yielded one (1) significant concern. Documents were completed that reflected that a candidate was selected for a hiring fair position for which she had not interviewed. Fortunately, the candidate received an offer for a position she had interviewed for and was properly selected for. This type of Employment Plan violation, though unintended and, in this case, not harmful, is significant as it can lead to the denial of a position sought by a well-qualified candidate at a fair. This underscores the need for diligence to avoid Plan violations as they can cause real-world harm to prospective candidates even where the violations are unintended.

Following two of the fair dates within the reporting period, we examined a sampling of the files and records to assess compliance with two areas where we have identified concerns in the past: Consolidated Ranked List (CRL)<sup>10</sup> documentation and overall file maintenance.

Following our collaborative efforts with the HR project team earlier this year, we are pleased to report that CRL use has improved dramatically. That said, we continued to observe missing HR and hiring department signatures on the CRL form. This is significant in that it reflects a failure to satisfy their NPCC requirements. We also identified incomplete uploading of documents and failure to maintain records in designated files in some instances. In May, we reviewed twenty-eight (28) requisitions and identified three (3) missing forms. In June, we reviewed twenty-eight requisitions and identified four (4) missing forms and the absence of file materials for nine (9) candidates. Unfortunately, this frustrates our ability to fully assess the process for compliance.

- **Accelerated Hiring**

As you know, this office and the OIIG approved an accelerated hiring process late last summer that was piloted with nursing positions. This process allows CCH to hire candidates permanently on an emergency basis *without conducting interviews* so long as Plan-related safeguards such as

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<sup>10</sup> The CRL is a listing of candidates chosen for hire after all PIDs/vacancies available on the day of the fair have been filled. The Plan contains specific guidelines regarding the order the candidates must be listed on this document, used by HR to make offers later during the life of the requisition as additional PIDs become available.

the posting of vacancies, validation of qualifications, and objective processes for the order of screening/consideration are in place. To reduce the administrative time associated with assembling and producing DTH packets to our office prior to onboarding of each hire under this process, we agreed as part of the process to access and documents to necessary to evaluate compliance within HR's drive.

In our last semi-annual report, after conducting an initial review of process-related documentation, we reported that we were not able to conduct a comprehensive compliance review due to difficulties with identifying and/or locating some of the process documents and data. We recommended that HR develop a consistent document maintenance protocol to support process compliance and our ability to observe and audit this process as anticipated by the Plan. Some specific suggestions, which we further discussed with HR when the pilot extension was approved, included:

- Creating a main folder for each approved CEO certification including a current, complete list of approved job titles, associated requisition numbers, and PIDs.
- Creating a subfolder for each requisition to store candidate folders (containing relevant documents for each candidate selected for hire).
- Creating a list of documents that must be maintained in each candidate folder depending upon the following categories: external/accepted offer, internal (union)/accepted offer, offer not accepted.
- Uploading all hiring process document to the candidate folders on a timely basis

We accessed HR's drive in early July to review the documents and information necessary to evaluate compliance of additional accelerated hiring completed in the reporting period. At that time, we discovered that document maintenance had not yet been standardized and that many of the documents necessary to our review had not been uploaded into HR's drive. We raised this concern with HR leadership, and several relevant hiring process documents were uploaded shortly after. The upload represented an improvement and provided us with the opportunity to evaluate some activity.

We identified one (1) requisition under this process and reviewed the available candidate-specific materials for seventeen (17) candidates identified for hire to assess whether they meet the MQs and whether *all* required candidate-specific documents had been uploaded to HR's drive. We found that all candidates meet the qualifications but noted that certain required documents were missing for five (5) of them. If accelerated hiring is to be included in the Plan via a permanent amendment after expiration of the pilot program later this month, it will be critical to prioritize the development of a document maintenance protocol.

- **Emergency Hiring Process**

In April, we received notice that the CEO would hire a Clinical Research Regulatory Coordinator utilizing the Emergency & Temporary Positions provision of our Employment Plan (section VII.E), which allows for the temporary (up to 120 days) hire of employees without following one of the Plan's hiring processes where the CEO has certified an emergency. That employee was onboarded and is still within the 120 days as of the issuance of this report.

- **Direct Appointments**

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

As with any other hiring process, the job description is approved before candidates may be considered, and a job description may not be modified with the qualifications of an anticipated applicant in mind<sup>11</sup>. Once a candidate has been identified for hire, HR reviews the application materials to verify that the selected candidate is eligible and sends notice of the selected candidate with all required documents (job description, application, resume, NPCC, etc.) to our office and the OIIG. This collection of documents, referred to as the Request to Hire (RTH) packet, provides the opportunity for both offices to evaluate the candidates' qualifications and raise any concerns before the selectee is hired.

Sixteen (16) packets were circulated, and because there is an expectation that the EPO and OIIG will raise any concerns within a short timeframe following receipt (so that the hiring process of eligible candidates may proceed without delay), we prioritize review immediately upon receipt.

We identified the following non-compliance and/or administrative concerns:

- One (1) packet was submitted with paperwork associated with another one of CCH's appointment processes. We brought the concern to HR's attention, and it was quickly corrected.
- One (1) packet sought to appoint a candidate who did not have the specialized Illinois driver's license required as one of the MQs in the job description. We objected to the appointment and raised the issue with HR. Upon researching the origin of the MQ in question, we determined that the specialized driver's license included as a MQ does not exist in Illinois. We helped HR facilitate a modification to the job description to eliminate the residual misplaced qualification.
- The MQs in the job description for one of the positions was vaguely written, which made it difficult to objectively verify through the validation process that the selected candidate met the qualifications. Though this did not result in objection(s) to the hire (and the selected candidate was hired), we recommended a review and update of the job description to ensure clear and objective criteria going forward.
  - It is our understanding that HR has since initiated an ongoing, comprehensive job description review process to ensure that all Direct Appointment job descriptions are reviewed and updated, if necessary, prior to future recruitment activities. This, combined with roll-out of the Direct Appointment standard operating procedures and

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<sup>11</sup> The reason this requirement is built into the Plan is because of historic allegations that a mechanism used to hire unqualified, politically connected candidates was to modify job descriptions to match their qualifications.

job aids for HR and hiring leaders that are near finalization, should prevent the types of non-compliance/concerns included in past EPO semi-annual reports.

- **Medical Staff Appointments**

This hiring process, which is similar to the process used for direct appointments, is used when our CEO and Board of Directors appoint a candidate to lead a department, division or serve as a section chair of the medical departments of the medical staff. Four (4) RTH packets were produced. We reviewed the packets produced and determined that they were all missing required NPCC certifications. We addressed this with HR and received some supplemental documents. We are continuing to seek process clarification to ensure compliance with the Plan's NPCC requirements.

- **Executive Assistant Appointments**

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

- **Letters of Recommendation**

The Plan requires the EPO to review all letters of recommendation ("LORs") submitted by applicants and candidates and forward any that constitute a Political Contact to the OIIG. Hiring departments are trained to forward LORs to us upon receipt (as opposed to after the hiring process) so that a determination may be made as to whether the recommendation is a Political Contact that must be reported to the OIIG. Only valid recommendations may be considered by our hiring teams. No LORs were submitted to our office in the applicable period.

### ***OTHER EMPLOYMENT ACTIONS (SUPPLEMENTAL POLICIES)***

- **Demotion (#02.01.20).**

There as one (1) demotion reported during the reporting period. Under the policy, demotions are based upon an employee's poor performance. Here, the request that was submitted did not provide a performance-related justification. Rather, an employee who had been promoted decided that she wanted to return to her former position. Upon verification by the leader who requested the demotion that performance was not a concern, we re-educated him on the policy's requirements. Given the absence of a performance concern, HR should not have approved this request.

- **Discipline (#02.15.15)**

We reviewed a sampling of sixty-one (61) discipline packets submitted to HR.<sup>12</sup>

We access discipline records exactly as the issuing managers/supervisors have produced them to HR to identify anything inconsistent with the Disciplinary Action Policy, the related personnel rule, and/or HR's implementational procedures. Some of what we identify includes violations that do or could impact validity of the discipline issued, while others are more administrative in nature - meant to support HR's tracking and maintenance of discipline. The ability to implement progressive discipline relies upon adequate recordkeeping.

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<sup>12</sup> According to HR's records, there were a total of 355 in the applicable period.

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

Based upon our review, there were twenty-seven (27) actions that included at least one administrative error and twenty-six (26) that included at least one substantive concern. By far, the most frequent finding of concern was failure to include all required documents in the discipline packet submitted to HR at the conclusion of the process (26). Although the absence of certain documentation can reflect failure to adhere to the file maintenance requirement (which is easily corrected), missing documents can also be indicative of non-compliant process (e.g., failure to conduct a required hearing). In thirteen (13) instances, the discipline was submitted late. Timely production to HR is critical to ensure accurate recordkeeping, but also to support the system's ability to implement progressive discipline and to consider certain discipline (if applicable) in promotional hiring processes. In nine (9) instances, the applicable form did not contain the signature necessary to demonstrate that the discipline was issued to the employee.

It is important to note that while we review the packets submitted to HR to assess compliance as submitted by issuing leaders, a team within HR conducts its own independent review and to follow up (if necessary and as appropriate) to correct non-compliance and provide guidance to prevent recurrence. Because our reviews are not coordinated with HR's and take place at different times, we share our more significant findings with HR as an additional layer of support. Beyond that, we use our findings internally to evaluate whether training modification or additional resources or reference materials are necessary to improve compliance.

The Discipline Resources tool mentioned in previous semi-annual reports is now live and accessible on the EPO page, which gives our issuing leaders quick access to the CCH governing documents, forms, notice templates, resource materials, and CBAs as they implement discipline. We expect that access to this tool, combined with the recent completion of annual discipline training and upcoming resumption of monthly discipline refresher opportunities, will result in improved compliance.

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

The Grade 24 policies govern how the salaries of new and vacant existing Grade 24 positions are set. An array of factors<sup>13</sup> (including review of relevant market data) are considered when setting the salaries for these high-level/highly skilled positions<sup>14</sup>. Based upon consideration of the factors, HR's Classification & Compensation team submits a recommended salary range (via a form)

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<sup>13</sup> Factors include but are not limited to scope of the position, whether it is hard to fill, the level of the position, and the fiscal responsibility of the position.

<sup>14</sup> Grade 24 include those with titles bearing the designation of "Director," Senior Director," System Director," Executive Director," "Officer," or "Chief," etc. and those requiring an advanced degree, professional license and specialized skills.



which must be approved by the CHRO. Approved forms are submitted to my office and the OIIG when they are included in hiring packets.

We review classification determinations routinely in Direct Appointment hiring packets (which also include a separate form identifying the salary for the individual hire) and did not identify any Grade 24 concerns in the packets submitted during the applicable period. No Grade 24 salary adjustments were produced for our review for the applicable reporting period.

In the EPO 19<sup>th</sup> Semi-Annual Report, based upon our review of Grade 24 materials for that report, we recommended policy, procedure and form revisions to ensure that the market analysis process used by Classification & Compensation and the final salary determinations are proactive and transparent. No updates were made in the period covered by this report, but we were advised that HR is working on updates to the classification & compensation provision in the personnel rules. We expect that these updates (and later updates to the Grade 24 policies in the Supplemental Policies Manuel) will provide for adequate transparency. I will provide a status update in the next report.

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

These policies govern the processes by which employees may be assigned to interim roles (or to temporarily perform additional duties), qualify for and earn interim pay, and the duration of same. They have been utilized much more heavily and for longer periods of time in the face of the hiring and staff retention challenges encountered since the onset of the pandemic and the Great Resignation. In several past semi-annual reports, I raised concerns regarding the policies' compatibility, compliance with their requirements, and the level of transparency provided in the submissions. I also provided detailed analysis demonstrating the source of these concerns.

In the applicable period, we received and reviewed fifty (50) Interim Assignment packets which included a mix of new interim assignments and extensions of previous assignments. Consistent with this office's observations in previous reports, several of the requests sought to significantly backdate the onset of interim pay without explanation, and several involved the extension of longstanding assignments (six exceeding 12 months) without providing sufficient transparency relative to justifying the ongoing need (e.g., a delay in the hiring process). While acknowledging that the policy permits three-month extensions beyond the original six-month period, we have advocated that transparency requires some explanation where these appointments long exceed the original period specified in the policy. We also have continued to note instances (four during this period) where departments have announced interim assignees without first submitting the appropriate requests and securing the approval of HR.

In past reports, I have recommended a review of the Interim Assignment and Interim Pay policies (and related forms) so that they may be modified to address the compatibility concerns and to provide greater transparency. HR leadership has reported to us since last year that efforts to revise and improve the policies are underway. HR began submitting draft policy revisions earlier this month, albeit not the policies which are the subject of this section. I will provide an update in the next semi-annual report.

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

There were no layoffs or recalls during the reporting period.

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

There was one reclassification approval reported to us for the applicable reporting period, and, consistent with observations made in recent past reports, the documents were produced piecemeal, months after the reclassification had been approved, and in response to a series of EPO requests to HR (as opposed to via routine production as required by the policy). In coordination with HR leadership, we intend to develop training for the Classification & Compensation team that will ensure proper completion and timely production of all reclassification-related documentation.

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

This policy governs the retention and performance of those contracted to perform recruitment functions. During the applicable period, no new third-party contracts were reported to my office.

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

These policies exist to ensure that overtime and training opportunities are equitably distributed. Department heads are required to track how individuals are notified of opportunities, the criteria for selection, and who received the opportunity or overtime. NPCCs are required but collected differently than for the other supplemental policies.

- NPCCs

Unlike the other supplemental policies, NPCCs are not collected each time overtime or training is offered or assigned. Rather, NPCCs are collected semi-annually in an electronic format.

NPCCs, circulated to 240 department heads systemwide, were due most recently on June 15, 2024. As of the drafting of this report, twenty (20) have not fully complied. Under the Plan, NPCC compliance is strictly enforced, and their leaders were advised of their non-compliance.

- Tracking

Both policies require tracking by our department heads. These requirements were designed to provide transparency and demonstrate compliance with the requirement to assign and offer overtime and training opportunities equitably.

Under the Training Opportunities Policy, department heads are required to upload a tracking document with their signed NPCC. We conducted a review of a sampling of twenty-one (21) of the trackers uploaded and the entries for fourteen (14) of them were non-compliant on their face, showing a clear misunderstanding of the policy. By far, the most common error was for a department head to report training that he or she had personally completed rather than ones he or she had offered and assigned to his/her staff. As annual Supplemental Policies training was still in process when the trackers were uploaded (and since completed), we expect a higher compliance rate in the next reporting period.

We intended to complete another audit to test compliance with the requirement to document the types of training covered by the policy on the tracking forms. We randomly identified one (1) session of one training covered by the policy and intended to determine whether the department heads of those who attended the training had documented offers/assignments/attendance as required by the policy. To conduct the review, it was necessary to first obtain copies of the attendance records for the training session. Unfortunately, HR was not able to provide the records. We randomly identified another training session but had not received the attendance records

necessary to complete the review as of drafting of this report. HR is aware of the issue and has been working on a solution. We will include a review in the next semi-annual report.

- **Transfers (#02.01.12)**

There were no transfers reported to my office during the reporting period.

### **INELIGIBLE FOR HIRE LIST**

The Ineligible for Hire List (List) is a list created, updated, and maintained by HR documenting former employees and contractors who separated from CCH (either through termination or a resignation in lieu of termination) for any of several reasons detailed in the Plan. The List is routinely reviewed by HR in hiring processes as part of validating the eligibility of candidates, and individuals on the list are ineligible to be re-hired at CCH for a period of five (5) years<sup>15</sup>.

The CHRO reviewed terminations and resignations/retirements made in lieu of termination several times during the applicable period to evaluate whether inclusion on the List was warranted. This resulted in five (5) list<sup>16</sup>.

- Thirty-three (33) individuals were added.
- Thirty-eight (38) individuals were removed.

Under the Plan, HR must give notice to individuals identified for inclusion on the List before they are added. For this period, there were seven (7) instances in which these letters were not sent to individuals in advance of their placement on the List<sup>17</sup>.

The Plan allows those added to the List to appeal the determination after receiving notice of their inclusion on the List and the CHRO grants or denies. No appeals were submitted during the applicable period.

### **CCH WEBSITE**

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

- **Current Employment Plan**

As mentioned earlier in this report, the Plan requires the current Employment Plan to be posted. Given that almost none of the permanent and temporary amendments approved over the past three

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<sup>15</sup> It is worth noting that the Plan requires HR to review the Ineligible for Hire Lists of CCH, the Offices Under the President as well as any elected official and any other relevant governmental agency that is publicly available, prior to interviewing any candidate for a position. We determined that the information accessible to the recruitment team for external sources had not been updated in some time and advised HR leadership so that collection of current lists could be prioritized. We offered our assistance in collecting the information, and significant progress has been made as of the drafting of this report.

<sup>16</sup> Updates are circulated to the Bureau of Human Resources, CCH Recruitment, the OIIG, and the EPO.

<sup>17</sup> We addressed this with HR and ensured that letters would be sent.

years have been formally documented, this requirement is not satisfied. We feel strongly that this must be prioritized.

- Human Resources Content

In past semi-annual reports, I have expressed the opinion that the Employment Plan related content on HR's webpage was somewhat hidden, contained outdated information, and could use some revision to be more easily interpreted by the public. The page did not change during the applicable period. However, CCH's entire website was updated just prior to the issuance of this report and is significantly improved.

- Quarterly Reports.

I previously reported that the HR Quarterly Reports the Plan requires to be posted on CCH's website have been consistently non-compliant because the template is not set up to include all required data. In a recent semi-annual report, I advised that HR agreed to update the report template and include all required data with a goal of becoming compliant by the second quarter of 2024. We coordinated and participated in several meetings with HR through the applicable period to identify and discuss solutions to bring the reports into compliance as quickly as possible. It is our understanding that technological improvements were made to support automated reporting of *most* of the required data fields, and we provided guidance on what would be required for one remaining field. As of the issuance of this report, the report for the 2<sup>nd</sup> quarter of 2024 had not been uploaded for review and assessment.

- Current Job Descriptions.

The Plan requires CCH's job descriptions to be posted on the website and available to the public, and I reported ongoing non-compliance with the requirement in several past semi-annual reports. To the best of my understanding, this was the result of technological challenges. Those challenges were resolved during the applicable period, and there was a mass upload of job descriptions to the Intranet in late May followed by a mass upload to our public facing website in July. Because not *all* CCH positions have been posted to-date, we recently recommended to HR that notice of the ongoing migration be included on the Intranet and CCH website where job descriptions are accessed, with guidance on how to request a job description that is not accessible online.

## NEW & UPCOMING

- New Associate Chief Human Resources Officer, Talent Management

In June, HR welcomed RJ Dabney, Associate Chief Human Resources Officer, Talent Management. Mr. Dabney promptly began his Employment Plan training and has actively engaged with our team to discuss an array of matters of significance to both supporting and improving hiring process compliance. We are committed to working collaboratively with Mr. Dabney to support his success with his function of ensuring Employment Plan compliance.

- New Executive Recruitment Specialist

Late last month, HR welcomed Christine Virgen, Executive Recruitment Specialist. This is a new position within CCH, with a function that will support compliant implementation of the Direct Appointment hiring process.

- Taleo Updates.

We learned that an updated and expanded version of Taleo (CCH’s applicant tracking system) will soon be ready for implementation. Based upon the improvements described to me, I expect more automated and efficient process for hiring process that should play a significant role in reducing the time-to-fill.

- Employment Plan Updates.

It is our expectation that the language in the publicly posted Plan will be updated to include all changes approved since the last formal update in early 2020 to provide necessary transparency and to support consistent and compliant implementation of all current requirements.

A multi-faceted and multidisciplinary approach to evaluating current hiring processes, implementational procedures, and the various tools and platforms used in hiring is well underway. The goal is to identify opportunities for improvement that will allow CCH to become more efficient and reduce the time to fill, while still satisfying all legal requirements. This process will ultimately result in proposed permanent amendments to the Plan. I will provide a status update in the next report.

- Policy Updates.

In past semi-annual reports, we have made observations regarding opportunities for improvement of some of the policies contained in the Supplemental Policies Manual. HR has begun a comprehensive review of the policies and submitted proposed updates to two of them (Demotion and Transfer) just prior to issuance of this report. My office and the OIIG will review these and all subsequent policy update proposals consistent with the process detailed in the Plan before they are finalized.

It is my understanding that HR has also been working on updates to Rule 2 of the Personnel Rules, which governs classification and compensation. We look forward to reviewing the update, as it will be directly relevant to the evaluation of future proposed updates to some of the other policies contained in the Supplemental Policies Manual.

I will provide a status on the update of these and any other updated policies in the next report.

- Training.

Development and implementation of updates and enhancements to all existing Plan trainings and related job aids will be prioritized as the Employment Plan and Supplemental Policies are modified.

## CONCLUSION

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

I will report further progress in the next report.

Sincerely,

  
Kimberly Craft  
EMPLOYMENT PLAN OFFICER

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

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
September 27, 2024

ATTACHMENT #6

# Human Resources Metrics Report

Carrie Pramuk-Volk

Interim Chief Human Resources Officer



COOK COUNTY  
**HEALTH**



# FY 2024 Metrics

Hiring Impact



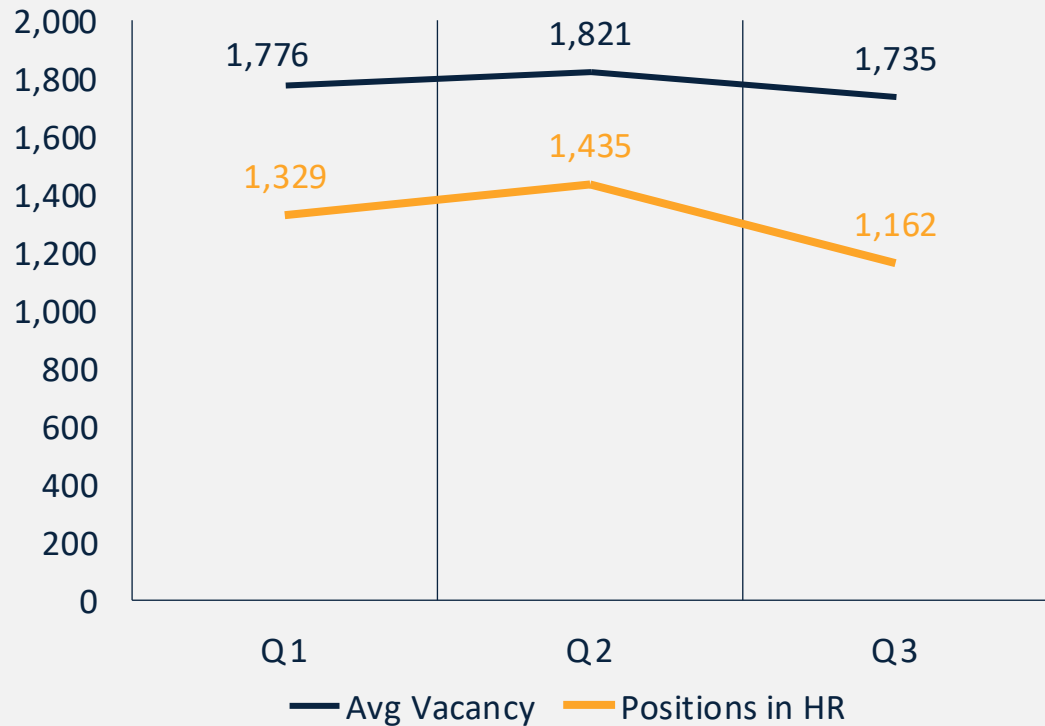
COOK COUNTY  
HEALTH

# CCH HR Activity Report

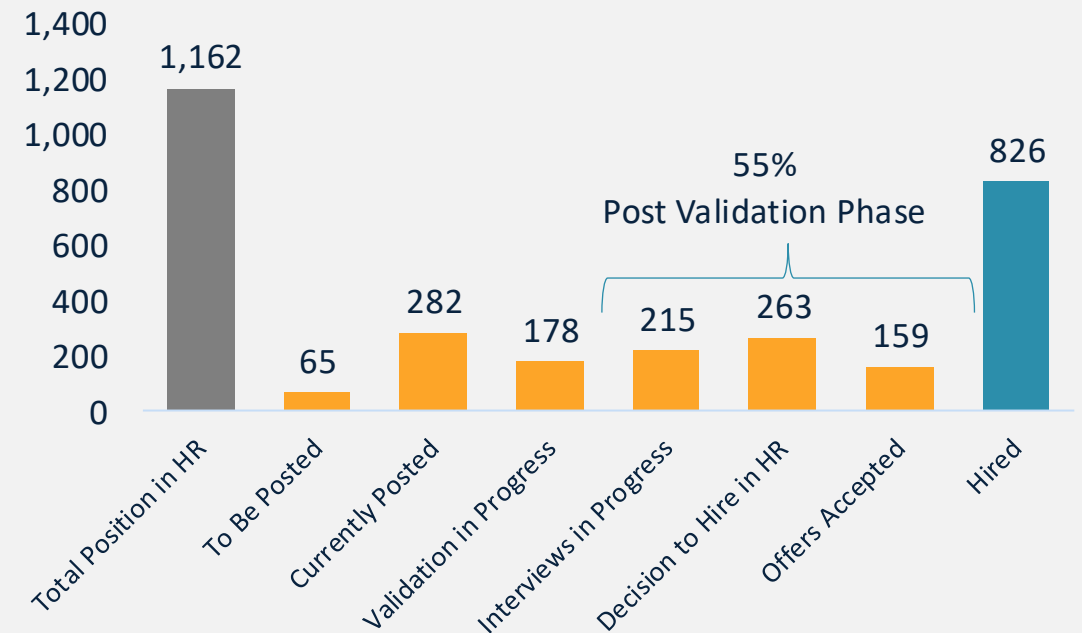
As of 08/31/2024



## Vacant Positions



## Positions in Process



# CCH HR Activity Report—Vacant Positions in HR

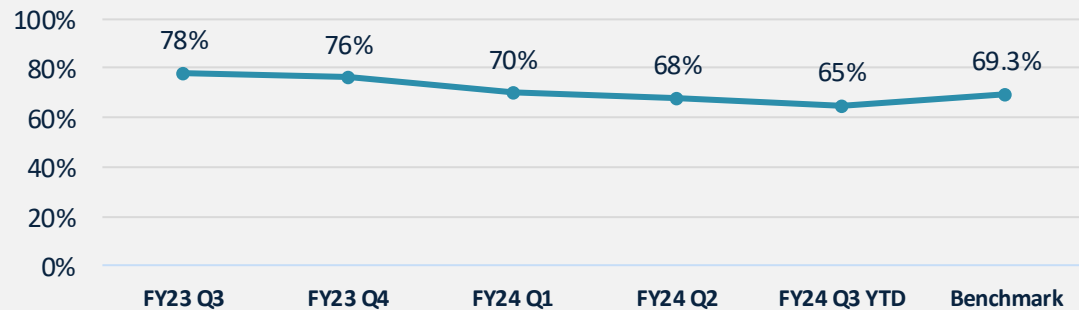


## Filed Positions

826

Total Filled Positions YTD

65% Offer Acceptance Ratio



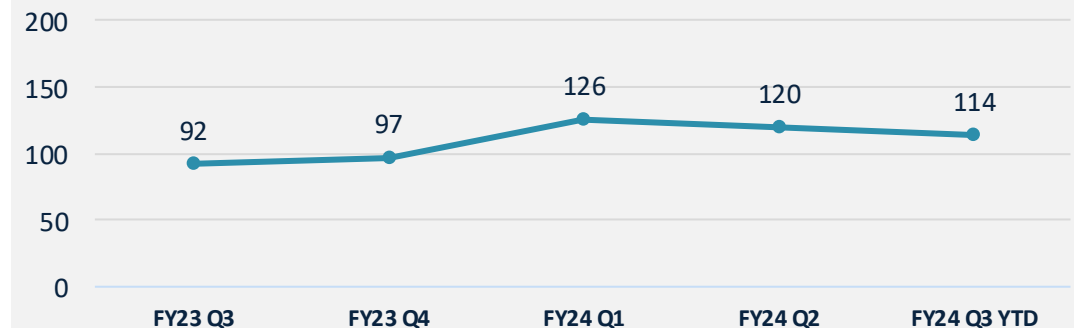
## External Filled Velocity

557

Total External Filled Positions

+193 Net Gain

114 days Time to Fill

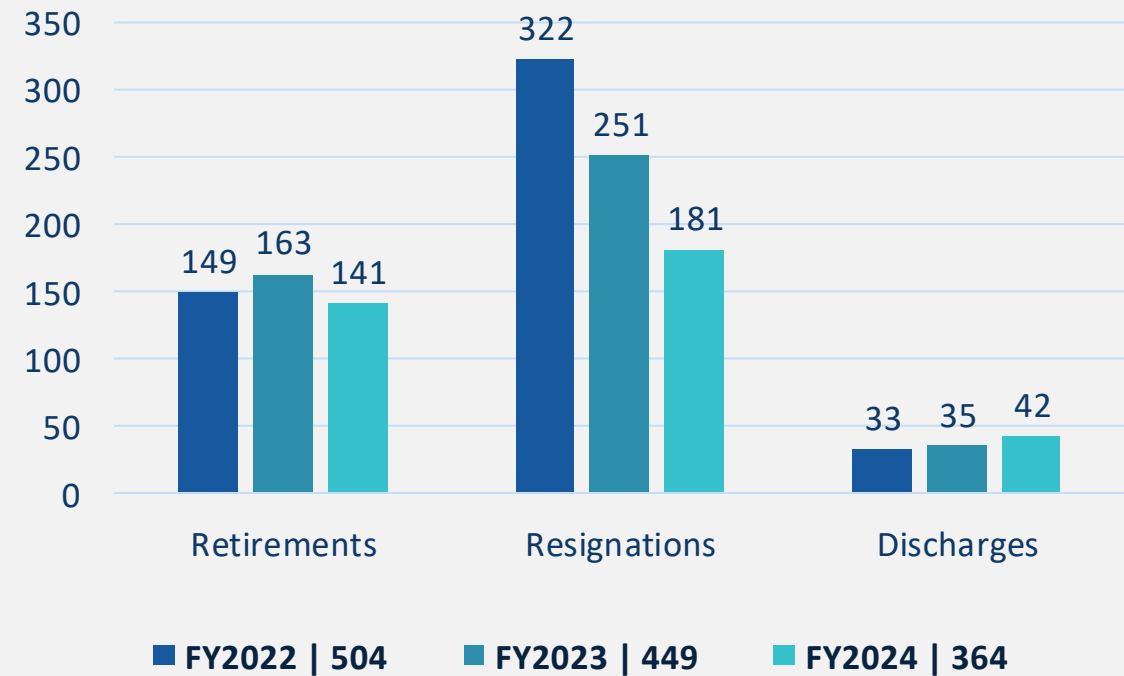
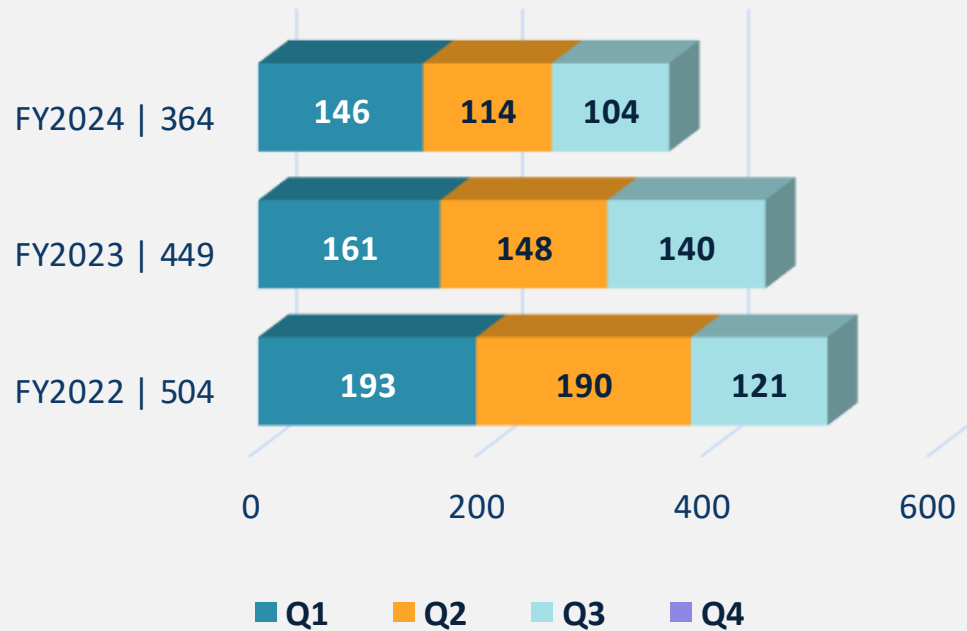


# CCH HR Activity Report



## Separations – Year to Date and Year Over Year

Separations FY24 YTD



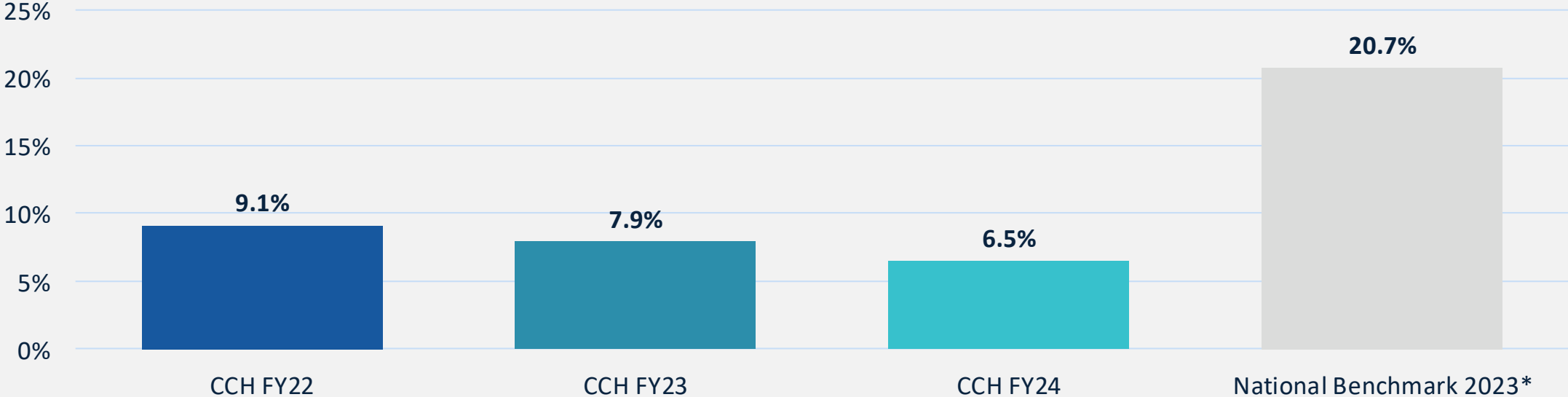
# CCH HR Activity Report



## Turnover

6.5% YTD turnover

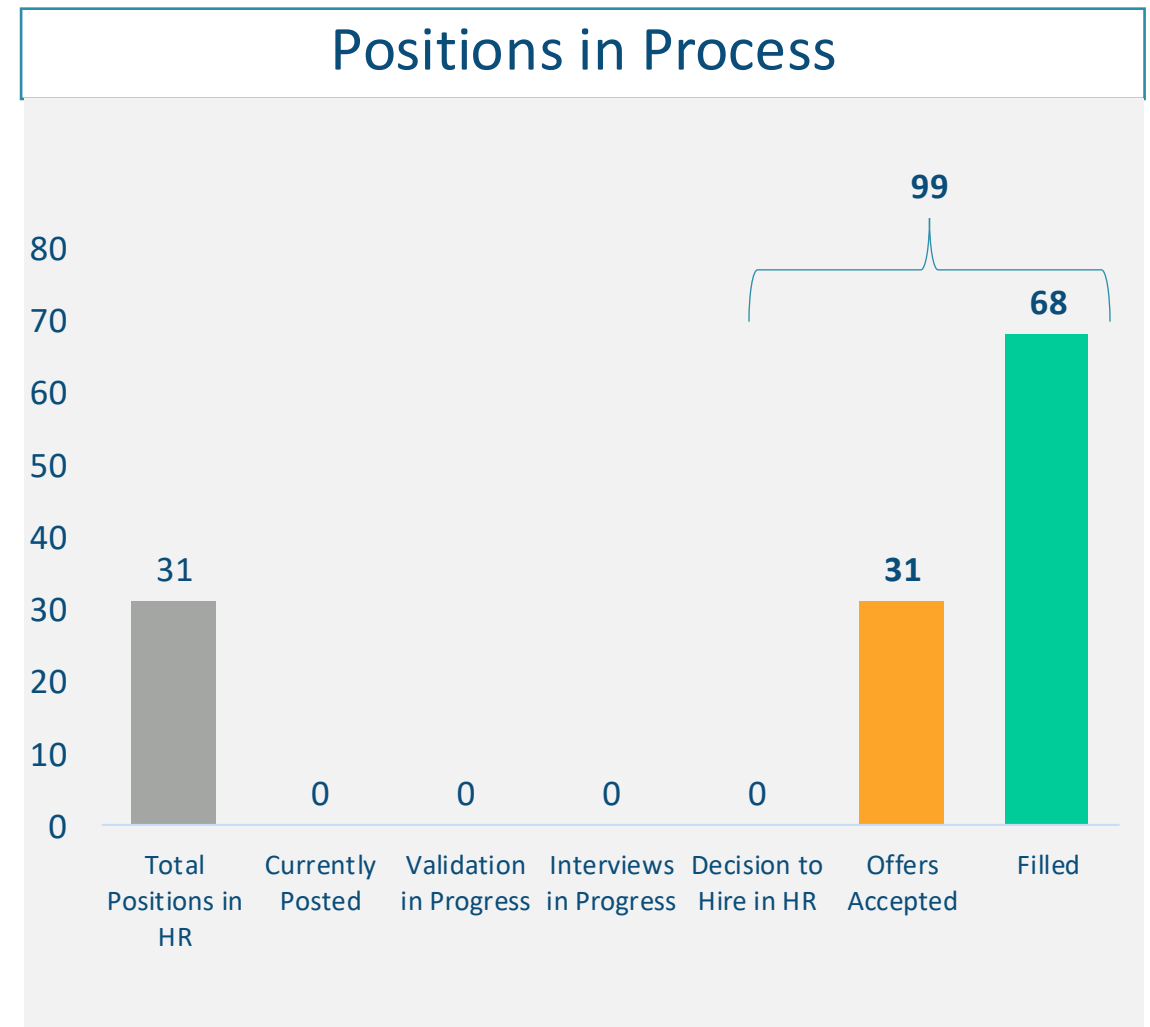
Year – To-Date Turnover Benchmark



# CCH HR Activity Report

## American Rescue Plan Act (ARPA)

Thru 08/30/2024



# Hiring Fair Success

FY 2024 Timeframe: 12/1/2023 – 8/31/2024

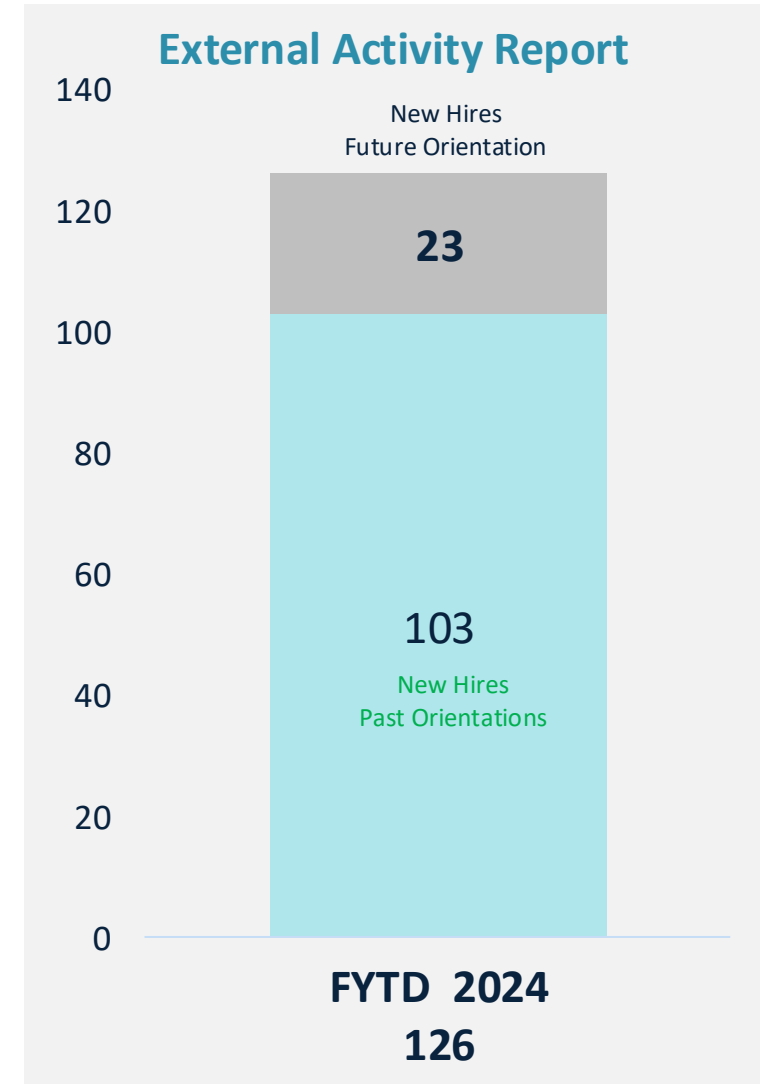


Hiring Fair  
Progress



As of 8/31/24

Thru 08/31/2024



# HR Nurse Recruitment

Year In Review



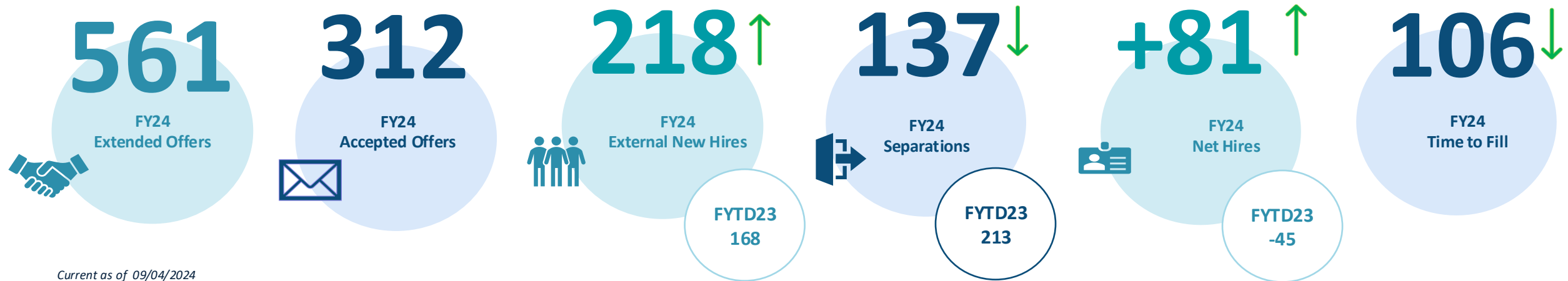
COOK COUNTY  
**HEALTH**



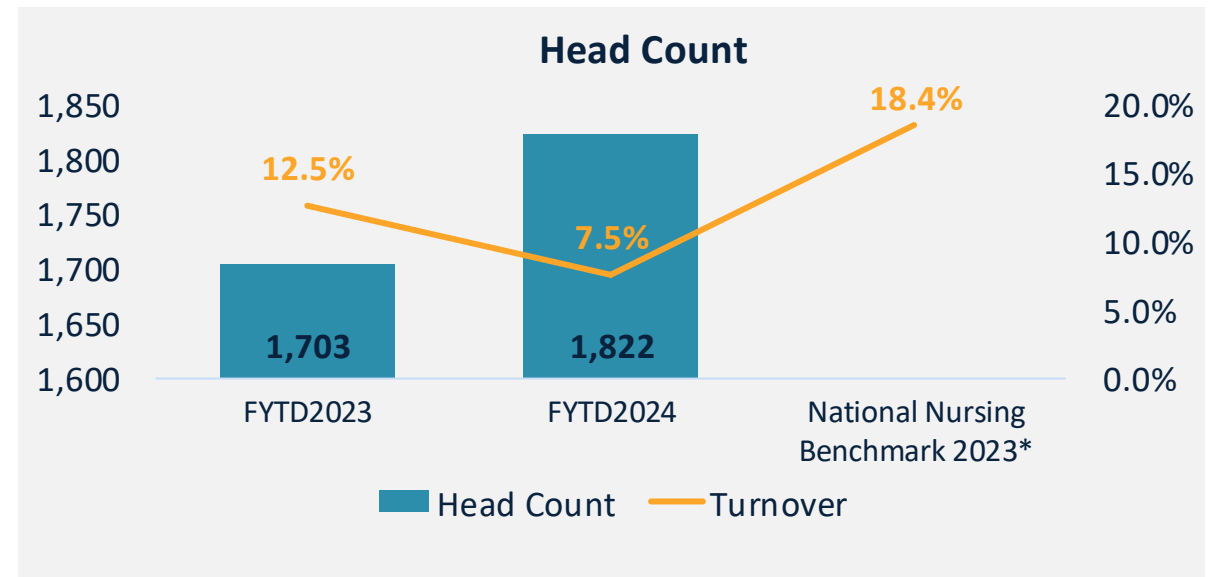
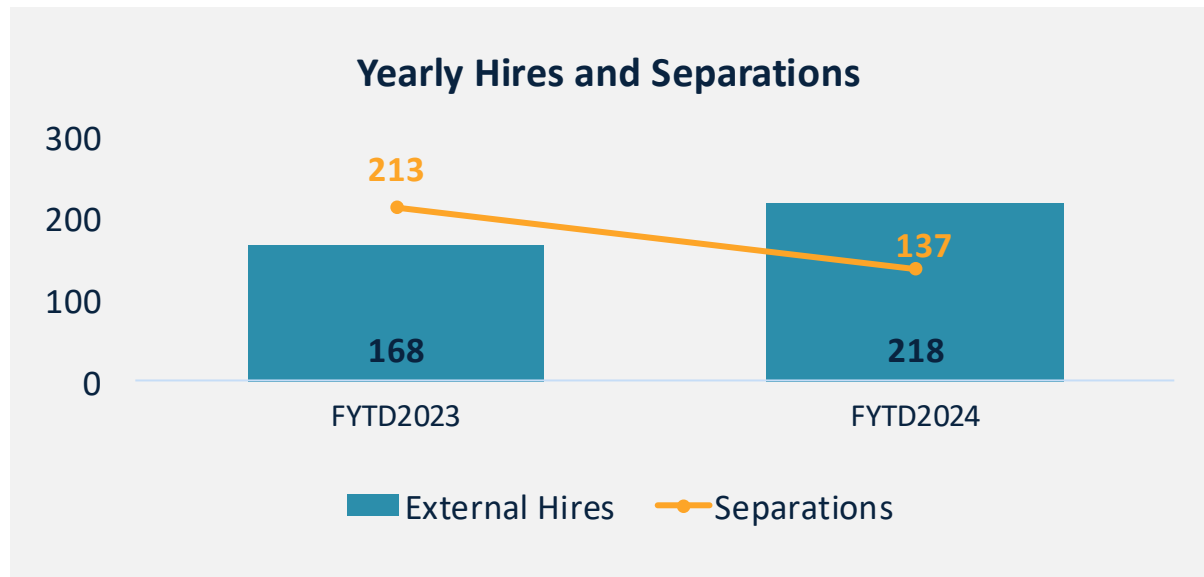
# Nursing Hiring Velocity & Attrition

FY24 thru 08/31/24

Thru 08/31/2024



Current as of 09/04/2024

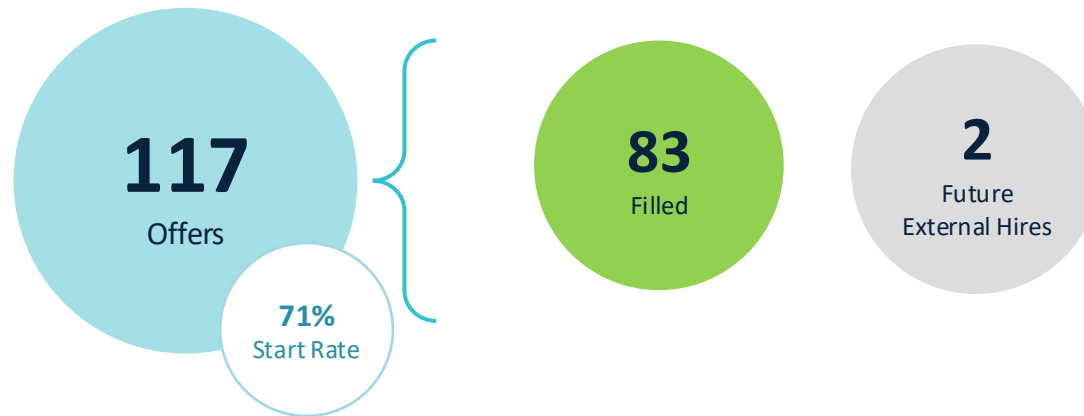


# Accelerated Nursing Hiring

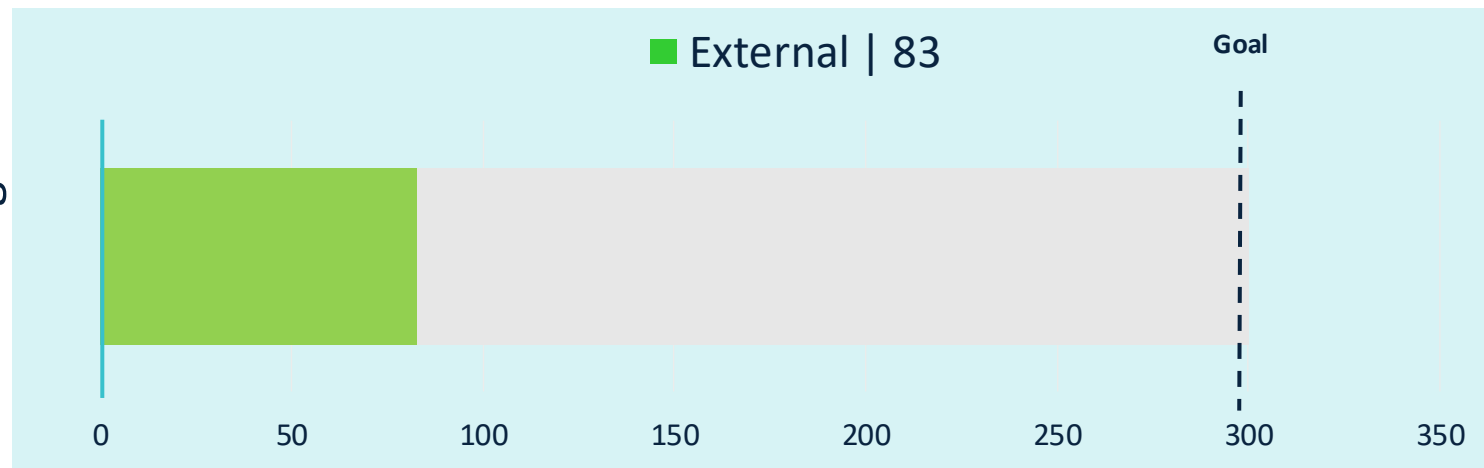
Timeframe: 8/7/2023 – 8/31/2024

## Accelerated Nursing Hiring

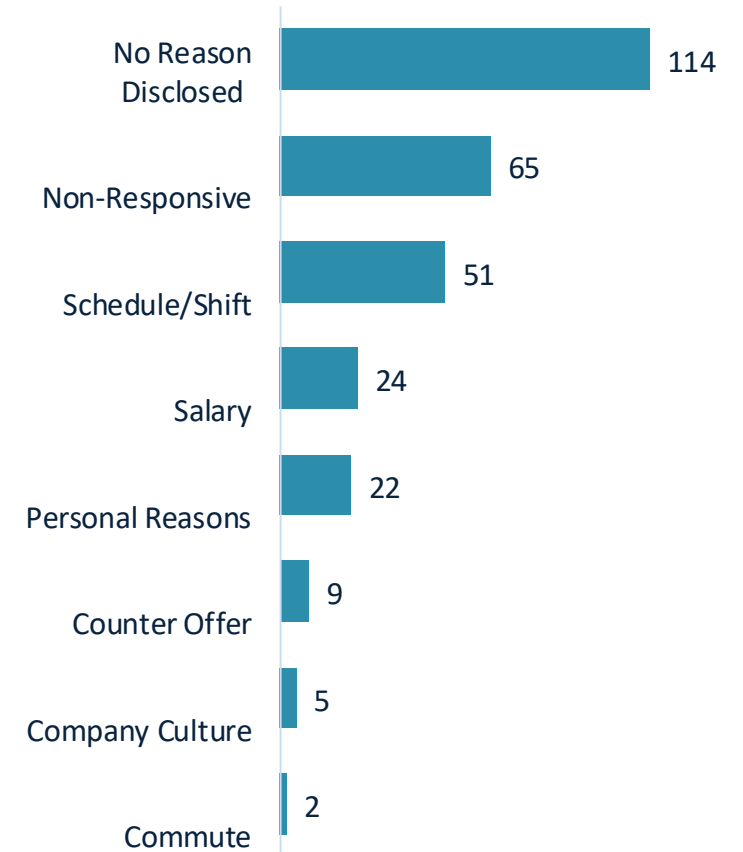
Current as of 09/23/2024



Nurse Hiring Progress



## Declinations

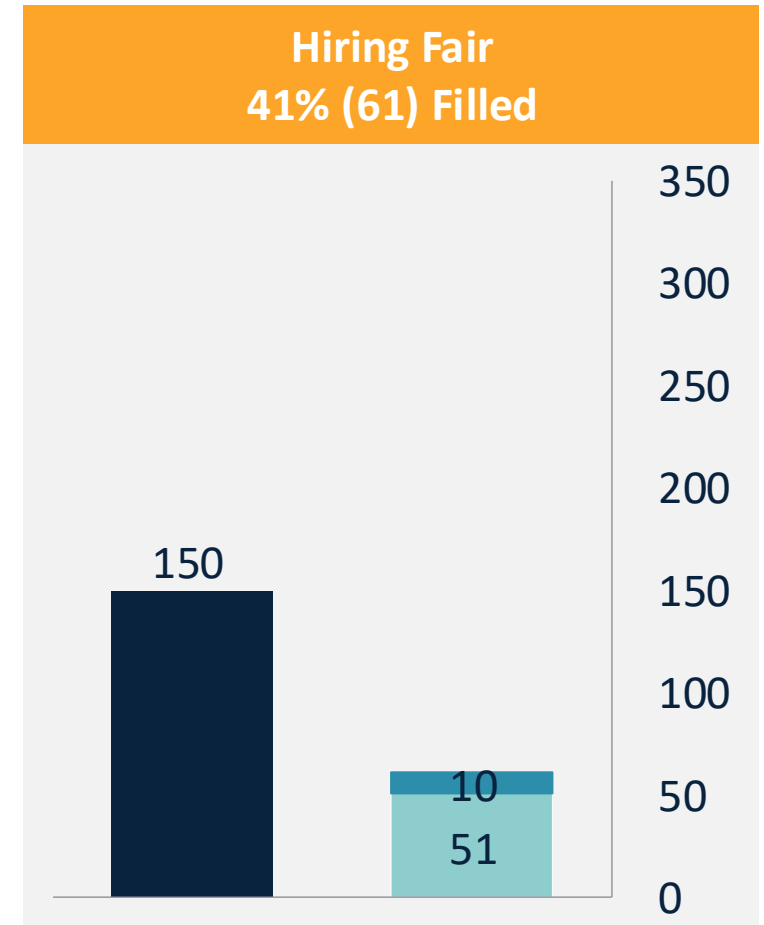
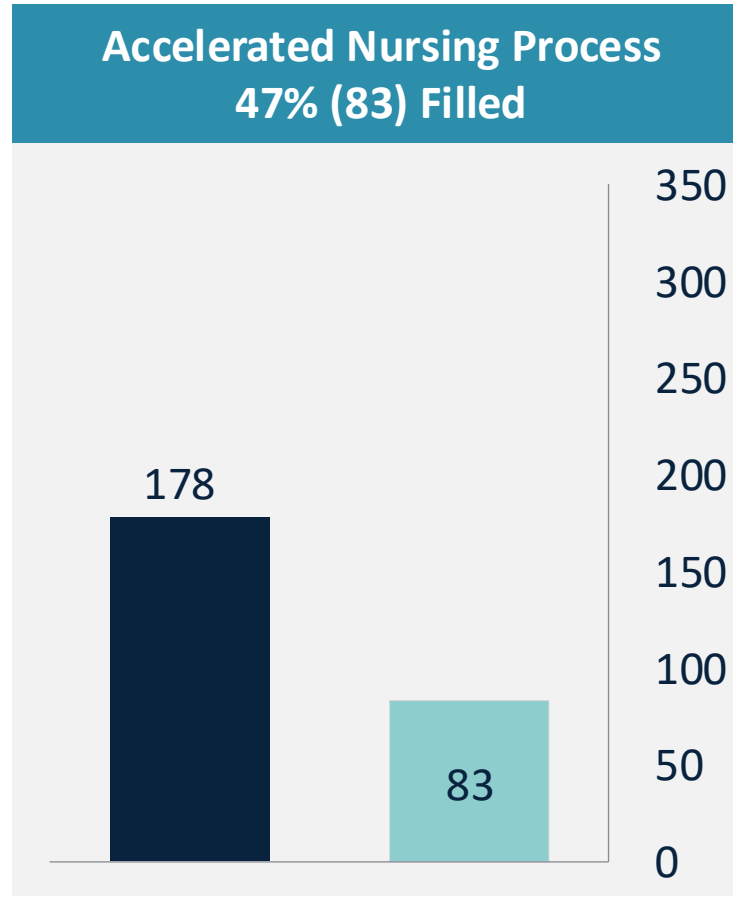
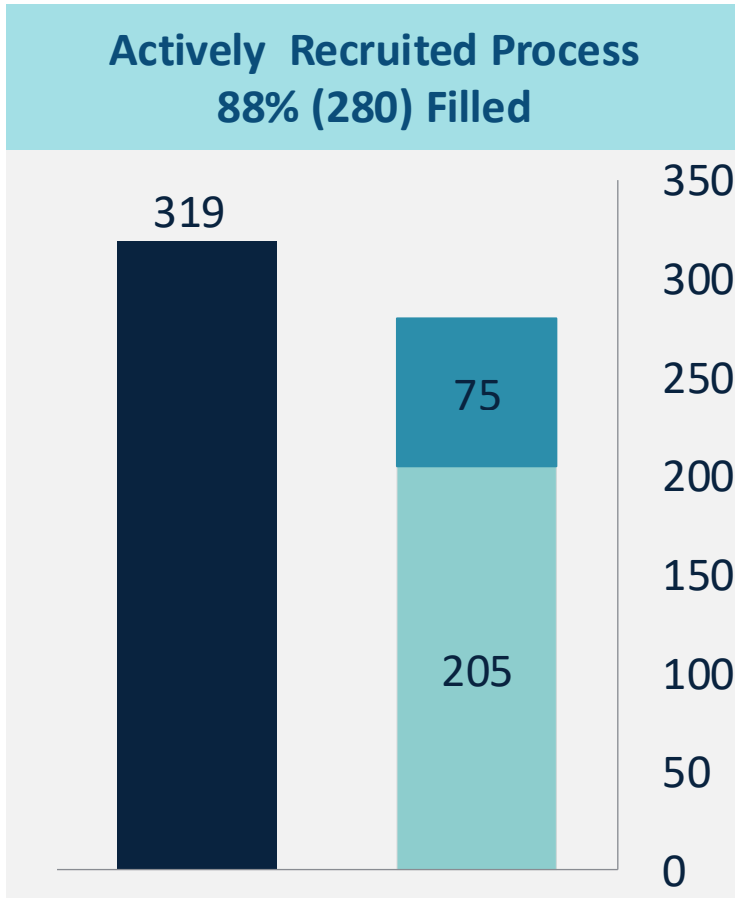


# Clinical Nurse Hiring

08/07/2023 to 08/31/2024

## Vacant vs. Filled By Process

■ Filled External   ■ Filled Internal   ■ Vacant



# Employee Benefits



COOK COUNTY  
**HEALTH**

# Employee Benefits Comparison

Traditional	Cook County Health	Local 1	Local 2	Local 3
• Group Health Insurance	√	√	√	√
• Dental, Vision, Prescription	√	√	√	√
• HSA   Flexible Spending Account   Commuter	√	√	√	√
• Life Insurance	√	√	√	√
• Long & Short-Term Disability	√	√	√	√
• Employee Assistance Program	√	√	√	√
<b>Pension / Retirement</b>				
• Pension Plan	√	√	√	√
• Optional Defined Contribution Plan	457	401(k), 403 (b)	401 (K), 403 (b)	457, 403(b)

# Employee Benefits Comparison

Incentives	Cook County Health	Local 1	Local 2	Local 3
<ul style="list-style-type: none"> <li>• Sign On Bonus – RN Operating Room</li> </ul>	No BSN requires	\$12,000 – 1 <sup>st</sup> Shift Must attain a BSN within 5 years of hire/transfer date.	\$5,000 – 3 <sup>rd</sup> Shift BSN degree required within 3 years of hire date.	
<ul style="list-style-type: none"> <li>• Sign On Bonus – Medical Assistants</li> </ul>		\$2,000		
<ul style="list-style-type: none"> <li>• Employee Referral Bonus – RN</li> </ul>		\$3,000 Six months after hire		
Parental Leave				
<ul style="list-style-type: none"> <li>• Eligibility</li> </ul>	One (1) year (FMLA Eligible)	One (1) year	One (1) year	Upon Hire
-Time Allocated	Twelve (12) Weeks	Four (4) Weeks	Four (4) Weeks	Six (6) Weeks
-Paid Paternal Leave	Yes	No	Yes	Yes

# Employee Benefits Comparison

Paid Time Off (PTO)	Cook County Health	Local 1	Local 2	Local 3
<ul style="list-style-type: none"> <li>Vacation</li> </ul>	15 Days (0-4 years of service) 20 Days (5-9 years of service) 25 Days (10 years of service)	10 Days per year Employees accrue PTO on a pay-period basis	20 PTO Days	12 Days (0-3 years of service) 15 Days (3-6 years of service) 18 Days (6-9 years of service) 21 Days (9-14 years of service) 25 Days (14 years of service)
<ul style="list-style-type: none"> <li>Sick</li> </ul>	12 Days	6 Days	6.5 Days	12 Days
<ul style="list-style-type: none"> <li>Holidays</li> </ul>	12 Days	7 Days	6 Days	12 Days
<ul style="list-style-type: none"> <li>Float Holiday</li> </ul>	1 Day			2 Days
Additional	Cook County Health	Local 1	Local 2	Local 3
<ul style="list-style-type: none"> <li>Pet Health Insurance</li> </ul>		√	√	√
<ul style="list-style-type: none"> <li>Emergency Employee Donated PTO Pool</li> </ul>				√
<ul style="list-style-type: none"> <li>Shuttle bus service to and from train stations</li> </ul>		√	√	
<ul style="list-style-type: none"> <li>Child Care</li> </ul>		√	√	√

# Employee Benefits Comparison

Tuition Assistance	Cook County Health	Local 1	Local 2	Local 3
• Tuition Reimbursement Nurses	100%	Reimbursement for classes up to an annual maximum per calendar year.	\$10,000 per year	√
• Tuition Assistance All Employees	\$1,400.00	Reimbursement for classes up to an annual maximum per calendar year.	\$10,000 per year	√
• Employee Development Funding	\$1,400.00		Up to \$1,000 per fiscal year	<p>\$30,000 is allocated each fiscal year to supplement departmental budgets</p> <p>Employees may receive up to \$2,500 per fiscal year</p> <p>Department must match up to \$1,000 per year</p>



# HR ServiceLink



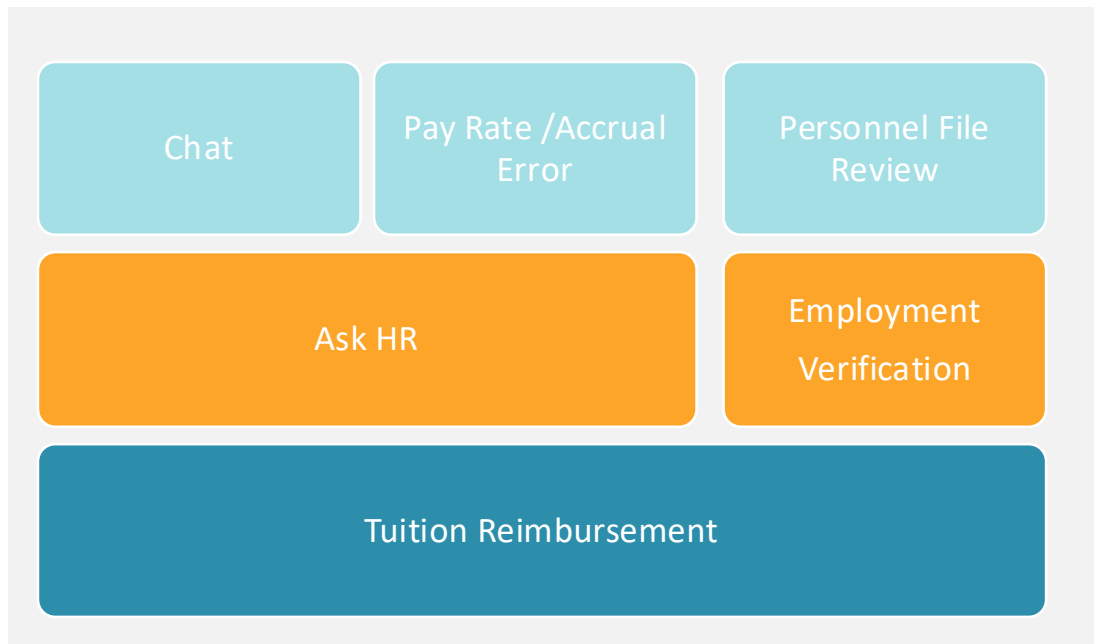
COOK COUNTY  
HEALTH

# HR ServiceLink Solution

Thru 08/31/2024

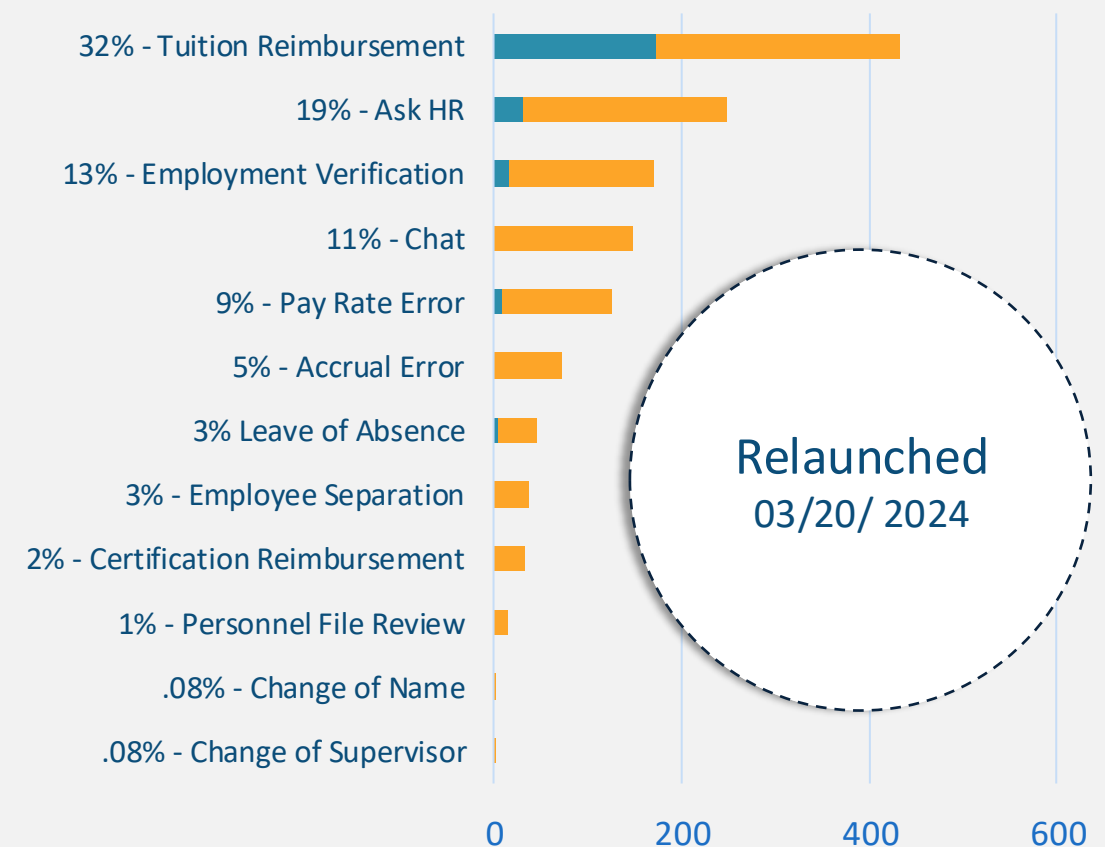
## Employee Self Service Portal

- Promote accountability and best management practices
- Provide transparency and allow for trend analysis
- Through HR Service Link, employees have the capability to submit and report Human Resources cases such as:



## Cases Opened – 1,333

FY 2023 | 237    FY YTD 2024 | 1,096



**Thank You**



**COOK COUNTY  
HEALTH**

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
September 27, 2024

ATTACHMENT #7

# Health Plan Services Update

*Prepared for: CCH Board of Directors*

Aaron Galeener

Chief Administrative Officer, Health Plan Services

September 27<sup>th</sup>, 2024



# 2024 NCQA Health Plan Ratings



- **CountyCare is proud to have achieved a 4-STAR overall plan rating in the 2024 NCQA Health Plan Ratings.**
- Only 20% of Medicaid health plans achieved a 4-STAR rating or higher in rating year 2024.
- CountyCare was one of only two Illinois Medicaid MCOs that received a 4-STAR overall plan rating in 2024.



# Metrics



# Current Membership

Monthly membership as of September 5<sup>th</sup>, 2024

Category	Total Members	ACHN Members	% ACHN
FHP	241,562	11,932	4.90%
ACA	105,203	11,982	11.40%
ICP	31,032	4,604	14.80%
MLTSS	9,537	-	0%
SNC	7,446	327	4.40%
HBIA	17,775	2,111	11.90%
HBIS	4,620	665	14.40%
<b>Total</b>	<b>417,175</b>	<b>31,621</b>	<b>7.60%</b>

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

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





# Managed Medicaid Market

Illinois Department of Healthcare and Family Services June 2024 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	428,653	34.2%
Blue Cross Blue Shield	343,136	27.4%
Meridian (a WellCare Co.)	270,893	21.6%
IlliniCare (Aetna/CVS)	113,664	9.1%
Molina	87,147	7.0%
YouthCare	8,978	0.7%
<b>Total</b>	<b>1,252,471</b>	<b>100.0%</b>

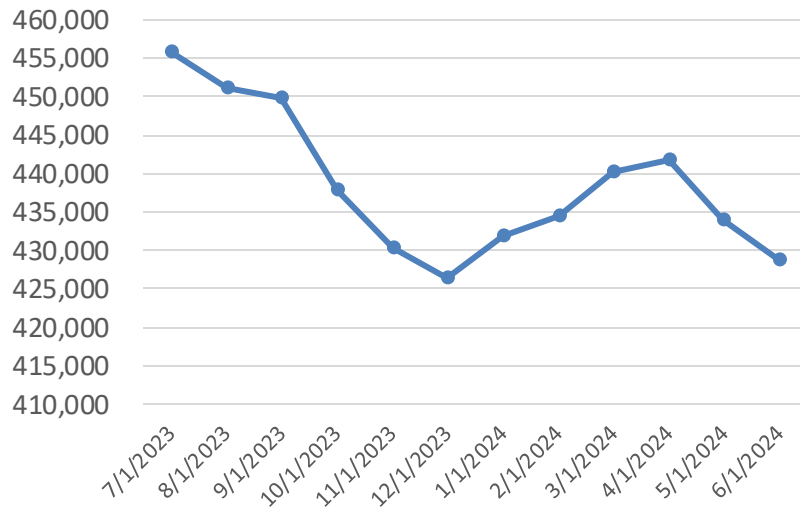
\* Only Operating in Cook County



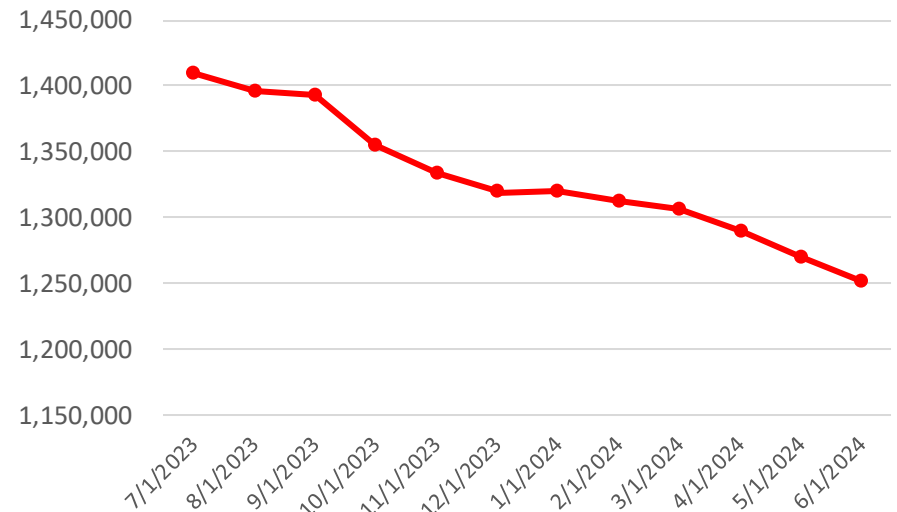
# IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

### CountyCare



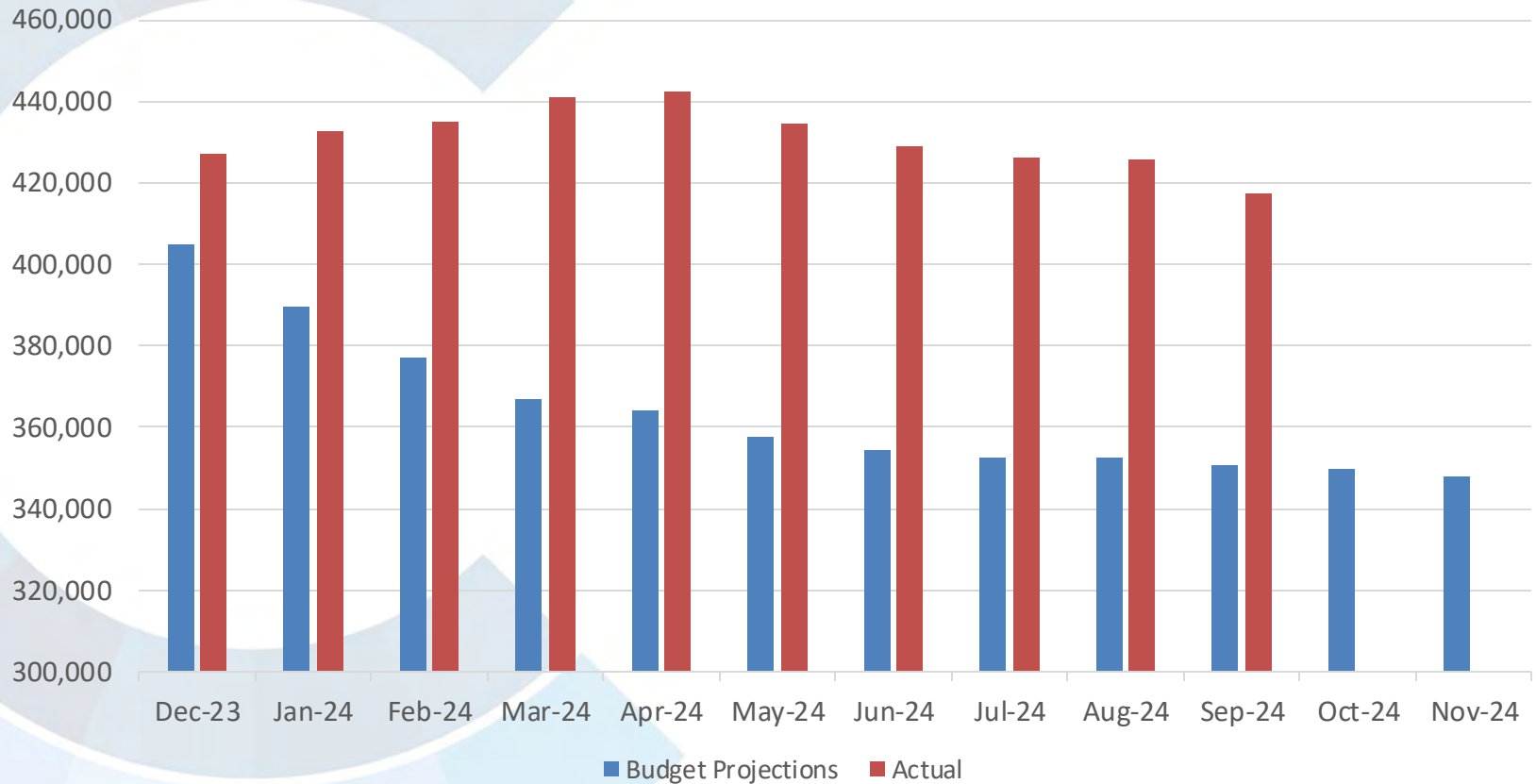
### Cook County Medicaid Managed Care



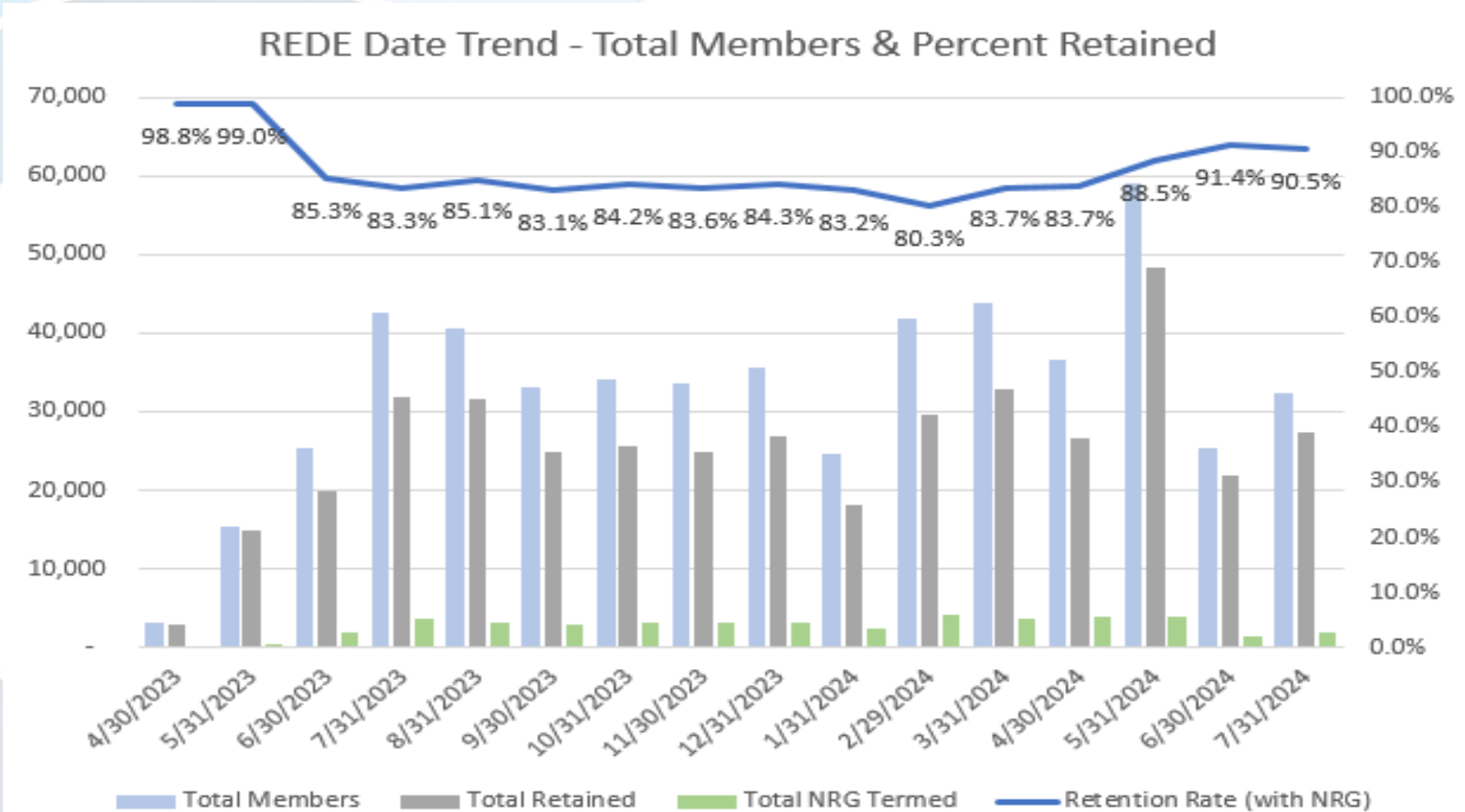
- CountyCare's enrollment **decreased** 1.22% in June 2024 compared to the prior month, and is slightly lower than Cook County's **decrease** of 1.40%

# FY 24 Budget | Membership

## CountyCare Membership



# REDE Retention



- Members with a 7/31/2024 redetermination date had an adjusted retention rate of 90.5% along with a significant decrease in REDE volume when compared to previous cohort

# Monthly membership as of September 5<sup>th</sup>, 2024

Category	Sep 2024 Membership	Aug 2024 Membership	Net Growth %
FHP	241,562	243,407	-0.76%
ACA	105,203	105,282	-0.08%
ICP	31,032	31,056	-0.08%
MLTSS	9,537	9,395	1.51%
SNC	7,446	7,394	0.70%
HBIA	17,775	21,963	-19.07%
HBIS	4,620	6,670	-30.73%
<b>Total</b>	<b>417,175</b>	<b>425,167</b>	<b>-1.88%</b>
HBIA/S	22,395	28,633	-21.79%

- Observed a 21.79% drop in HBI membership for September 2024, which is likely due to HBI membership up for REDE that did not successfully redetermine by the end of the extended grace period since July 2024

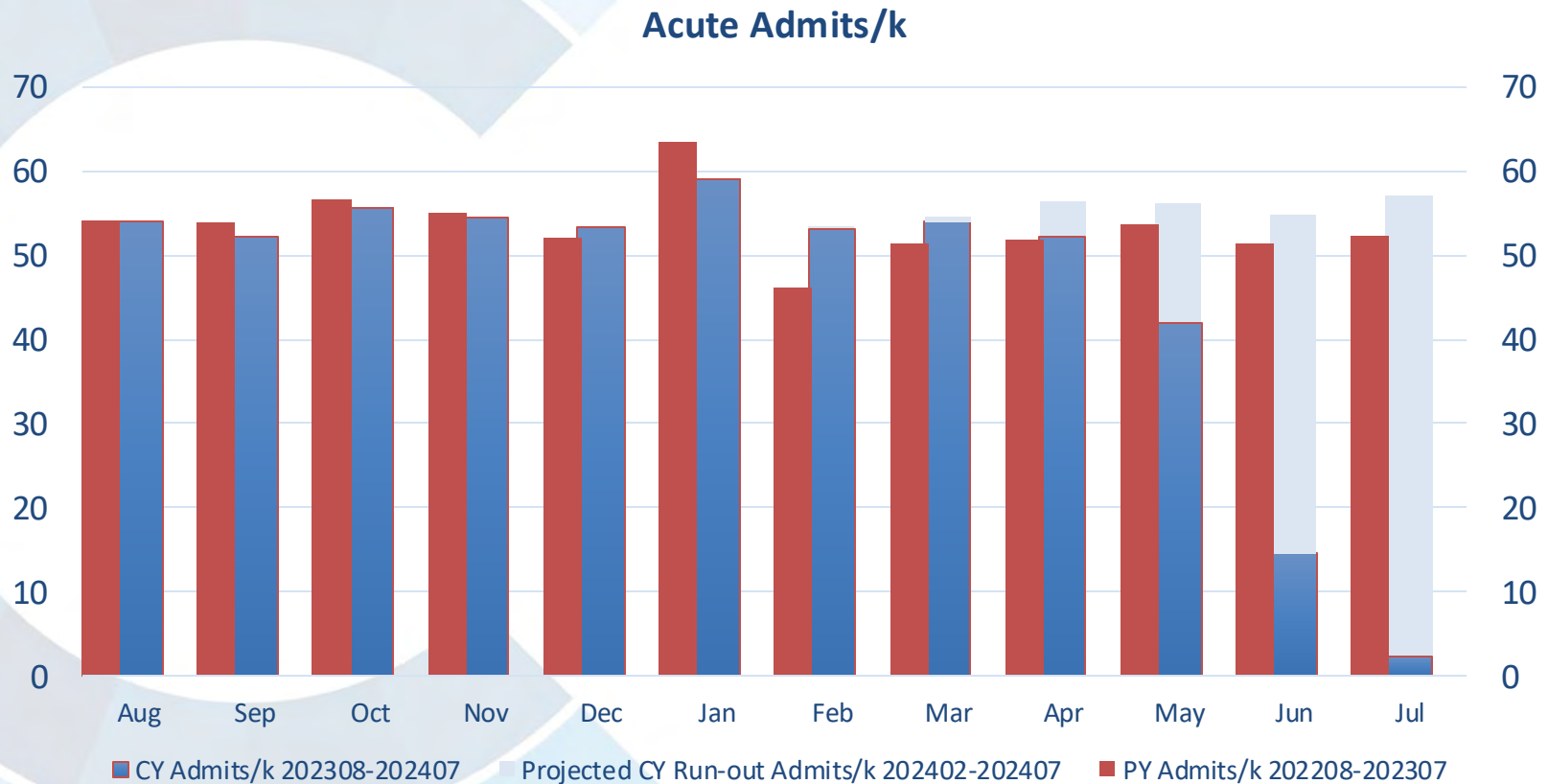


# Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Jun 2024	Jul 2024	Aug 2024
<b>Member &amp; Provider Services Call Center Metrics</b>				
Inbound Call Volume	N/A	48,358	54,599	51,083
Abandonment Rate	< 5%	1.61%	1.28%	1.17%
Average Speed to Answer (minutes)	1:00	0:26	0:23	0:22
% Calls Answered < 30 seconds	> 80%	84.55%	83.21%	84.26%
<b>Quarterly</b>				
Claims/Encounters Acceptance Rate	98%	98%		



# Current v. Prior Year: IP Acute Admits/1000



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



# Claims Payments

## Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	\$ 109,814,352	\$ 53,445,721	\$ 46,955,452	\$ 9,290,569	\$ 219,506,093
Q2 2020	\$ 116,483,514	\$ 41,306,116	\$ 27,968,899	\$ 18,701,664	\$ 204,460,193
Q3 2020	\$ 118,379,552	\$ 59,681,973	\$ 26,222,464	\$ 71,735	\$ 204,355,723
Q4 2020	\$ 111,807,287	\$ 73,687,608	\$ 61,649,515	\$ 1,374,660	\$ 248,519,070
Q1 2021	\$ 111,325,661	\$ 49,497,185	\$ 4,766,955	\$ 37,362	\$ 165,627,162
Q2 2021	\$ 131,867,220	\$ 49,224,709	\$ 566,619	\$ 213,967	\$ 181,872,515
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Q4 2021	\$ 125,581,303	\$ 90,378,328	\$ 112,699	\$ 1,114,644	\$ 217,186,974
Q1 2022	\$ 144,241,915	\$ 12,166,101	\$ 2,958,928	\$ 2,183,828	\$ 161,550,772
Q2 2022	\$ 120,267,520	\$ 735,088	\$ 2,476,393	\$ 4,676,897	\$ 128,155,898
Q3 2022	\$ 105,262,634	\$ 16,617,110	\$ 59,407	\$ 15,171	\$ 121,954,322
Q4 2022	\$ 142,815,499	\$ 62,495,024	\$ 2,403,391	\$ 2,056,097	\$ 209,770,011
Q1 2023	\$ 110,831,299	\$ 7,841,360	\$ 3,067,736	\$ 443,885	\$ 122,184,280
Q2 2023	\$ 149,387,487	\$ 31,299,177	\$ 1,319,945	\$ 346,575	\$ 182,353,184
Q3 2023	\$ 191,389,015	\$ 38,673,162	\$ 743,469	\$ 97,943	\$ 230,903,588
Q4 2023	\$ 181,111,957	\$ 75,730,673	\$ 1,511,954	\$ 20,819	\$ 258,375,403
Q1 2024	\$ 194,081,254	\$ 5,307,661	\$ 33,846,206	\$ 160,417	\$ 233,395,538
Q2 2024	\$ 187,157,359	\$ 89,900,410	\$ 14,514,430	\$ 124,785	\$ 291,696,984
Week of 9/1/2024	\$ 226,528,110	\$ 52,554,742	\$ 31,386,591	\$ 8,830,461	\$ 319,299,905

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

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

\*The amounts in the table are clean claims





**Thank you**

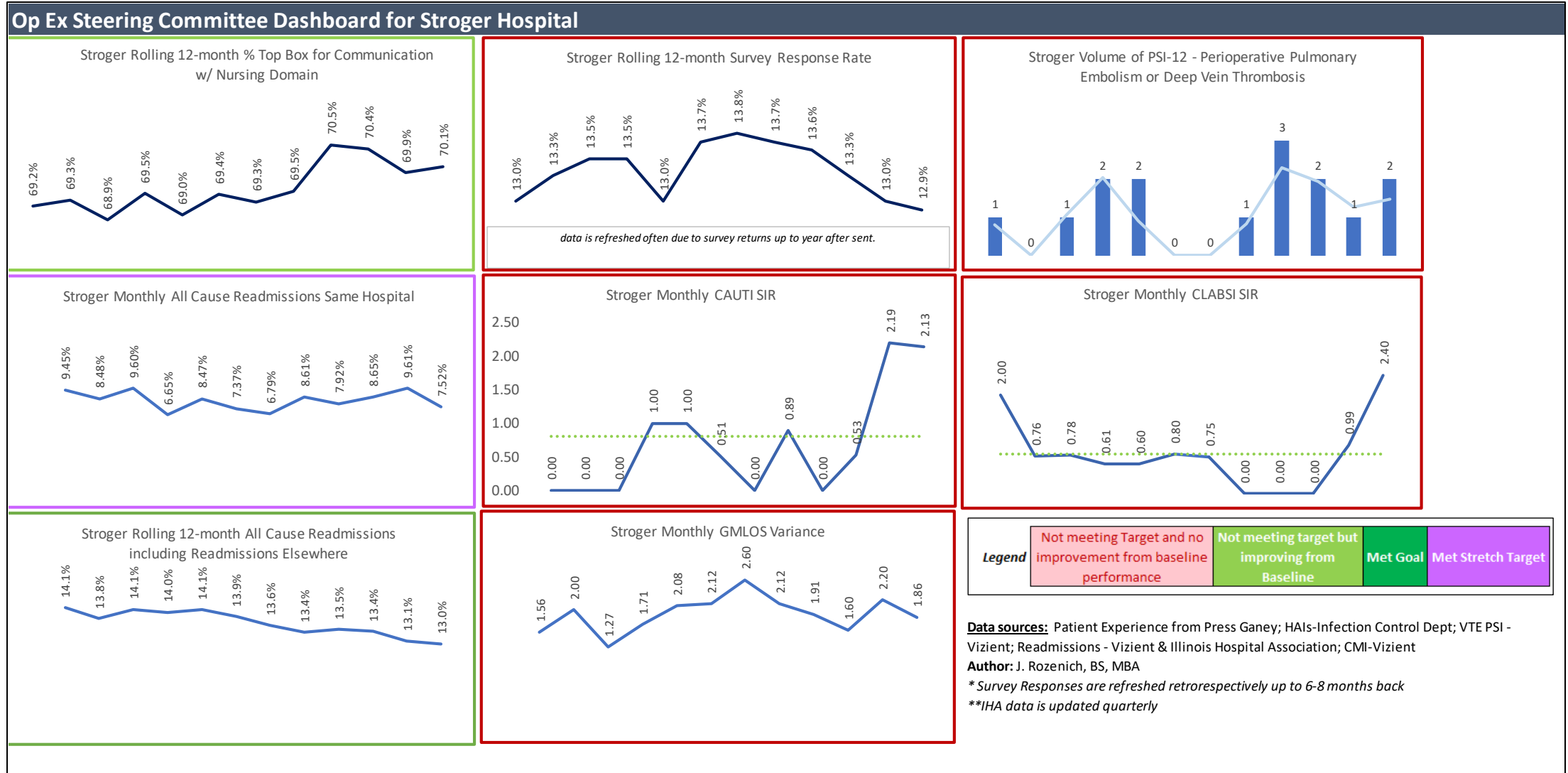
Q&A



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
September 27, 2024

ATTACHMENT #8

# Stroger Op Ex Steering Committee Dashboard



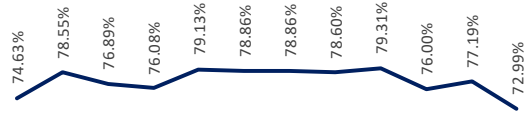
# Stroger Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Stroger Hospital																			
DOMAIN WORKGROUPS	Metrics																		
PATIENT EXPERIENCE	Rolling 12-month % Top Box for Comm. w/ Nursing Domain	Target	Stretch Target	Baseline	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	2023	YTD 2024	% in change
	Monthly % Top Box for Comm. w/ Nursing Domain	73.00%	77.00%	69.30%	69.17%	69.30%	68.86%	69.45%	68.97%	69.43%	69.27%	69.51%	70.53%	70.44%	69.91%	70.05%	69.46%	69.48%	0.03%
PATIENT EXPERIENCE	Rolling 12-month Survey Response Rate*	Target	Stretch Target	Baseline	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	2023	YTD 2024	% in change
	Monthly Survey Response Rate*	15.00%	16.00%	13.60%	13.00%	13.30%	13.50%	13.50%	13.00%	13.70%	13.80%	13.70%	13.60%	13.30%	13.00%	12.90%	13.70%	12.30%	-10.22%
* still updating survey returns *																			
CLINICAL OUTCOMES	Monthly Volume of CLABSI	Target	Stretch Target	2023	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	2023	YTD 2024	% in change
	SIR Rate CLABSI	0.8	n/a	0.76	2.00	0.76	0.78	0.61	0.60	0.80	0.75	0.00	0.00	0.00	0.99	2.40	0.76	0.67	-11.84%
CLINICAL OUTCOMES	Monthly Volume of CAUTI	Target	Stretch Target	2023	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	2023	YTD 2024	% in change
	SIR Rate CAUTI	0.8	n/a	0.47	0.00	0.00	0.00	1.00	1.00	0.51	0.00	0.89	0.00	0.53	2.19	2.13	0.47	0.70	48.94%
CLINICAL OUTCOMES	Monthly Volume of VTE PSI-12	Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	2023	YTD 2024	% in change
	Observed over Expected Ratio PSI-12	<=7	0	14	1	0	1	2	2	0	0	1	3	2	1	2	13	9	
0.94 1.07 13.83%																			
READMISSIONS	Rolling 12-month All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	Target	Stretch Target	Baseline	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	April	May-24	Jun-24	2023	YTD 2024	% in change
	Monthly All Cause, All Payer, All Age - Readmissions Rate - CMS Definition Same Hospital	8.40%	8.00%	9.40%	9.28%	9.19%	9.20%	8.89%	8.91%	8.76%	8.52%	8.55%	8.42%	8.40%	8.33%	8.27%	8.76%	8.20%	-6.39%
READMISSIONS	IHA Rolling 12-Month All Cause All Payer - Readmissions including other hospitals **	Target	Stretch Target	Baseline	4/22-3/23	5/22-4/23	6/22-5/23	7/22-6/23	8/22-7/23	9/22-8/23	10/22-9/23	11/22-10/23	12/22-11/23	1/23-12/23	2/23-1/24	3/23-2/24	2023	YTD 2024	% in change
		13.00%	12.00%	14.00%	14.13%	13.80%	14.09%	14.00%	14.08%	13.86%	13.59%	13.38%	13.47%	13.41%	13.13%	13.03%	13%	11%	-20.58%
THROUGHPUT	Monthly GMLOS Avg Variance in days, excluding patients >30 days LOS	Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	2023	YTD 2024	% in change
		1.23	0.73	1.73	1.56	2.00	1.27	1.71	2.08	2.12	2.60	2.12	1.91	1.60	2.20	1.86	1.59	2.06	29.56%

# Provident Op Ex Steering Committee Dashboard

## Op Ex Steering Committee Dashboard for Provident Hospital

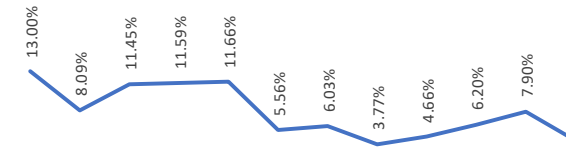
Provident Rolling 12-month % Top Box for Communication w/ Nursing Domain



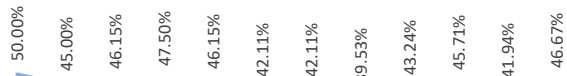
Provident Rolling 12-month Survey Response Rate



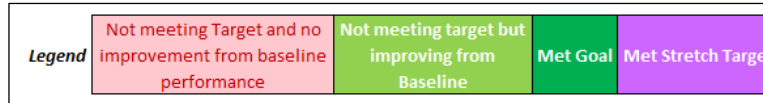
Provident Monthly LWBS Rate



Provident Rolling 12-month SEP-1 Bundle Compliance Rate



Provident Monthly Hand Hygiene Compliance



**Data sources:** Patient Experience from Press Ganey; Sep-1 Bundle chart abstracted CMS measure; Hand Hygiene TST Infection Control observation software; LWBS - BI Tableau

**Author:** J. Rozenich, BS, MBA

\*Survey returns are refreshed historically as data is received

n/a = no cases

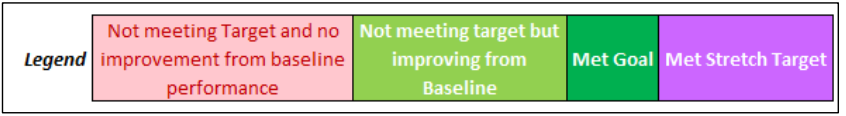
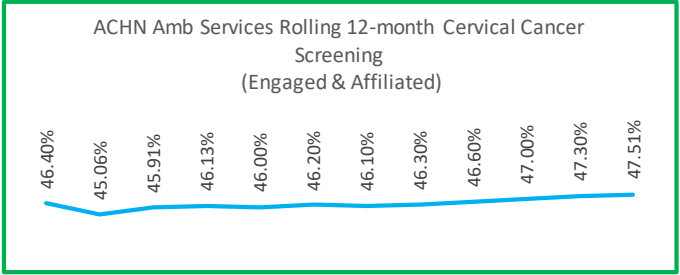
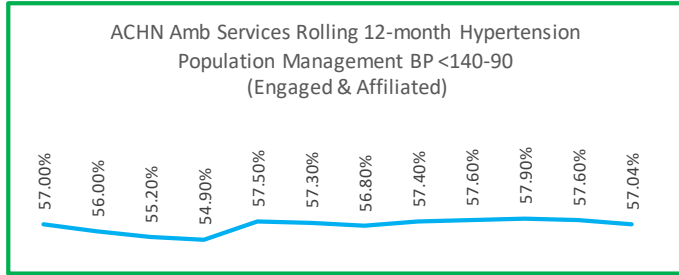
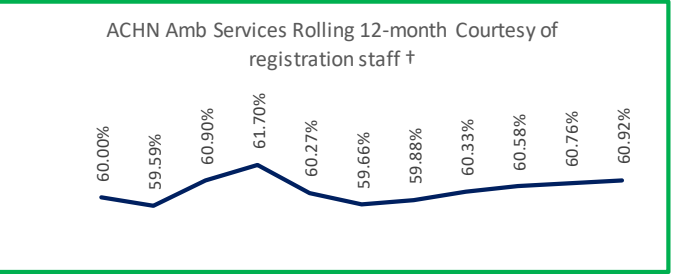
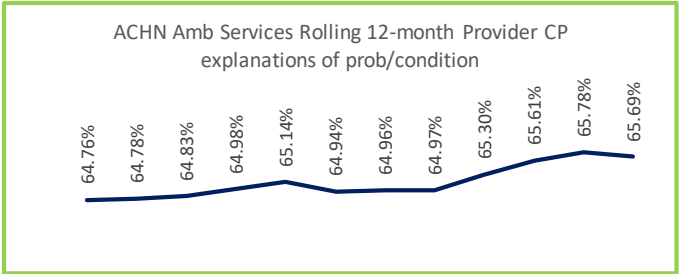
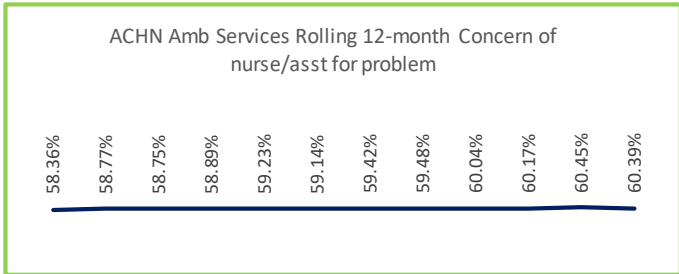


# Provident Op Ex Steering Committee Dashboard

Op Ex Steering Committee Dashboard for Provident Hospital																			
DOMAIN WORKGROUPS	Metrics																		
PATIENT EXPERIENCE		Target	Stretch Target	Baseline	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	2023	YTD 2024	% in change
	Rolling 12-month % Top Box for Comm. w/ Nursing Domain	79.80%	80.00%	74.63%	74.63%	78.55%	76.89%	76.08%	79.13%	78.86%	78.86%	78.60%	79.31%	76.00%	77.19%	72.99%	76.08%	76.93%	1.12%
	Monthly % Top Box for Communication w/ Nursing Domain	79.80%	80.00%	74.63%	66.67%	80.00%	63.64%	55.56%	100.00%	63.89%	85.16%	71.48%	80.00%	60.00%	100.00%	no data			
					Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	2023	YTD 2024	% in change
	Rolling 12-month Survey Response Rate*	18.00%	20.00%	11.80%	12.00%	11.90%	12.30%	12.70%	12.40%	12.70%	12.20%	12.90%	14.20%	14.20%	14.40%	14.00%	12.70%	14.50%	14.17%
	Monthly Survey Response Rate*	18.00%	20.00%	11.80%	14.30%	10.90%	15.40%	15.40%	12.70%	9.80%	10.90%	17.00%	23.50%	4.80%	16.30%	12.10%			
	* still updating survey returns *																		
CLINICAL OUTCOMES		Target	Stretch Target	Baseline	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	2023	YTD 2024	% in change
	Rolling 12 month SEP-1 Bundle Compliance	60.00%	65.00%	50.00%	50.00%	45.00%	46.15%	47.50%	46.15%	42.11%	42.11%	39.53%	43.24%	45.71%	41.94%	46.67%	46.15%	46.67%	1.13%
	Monthly SEP-1 Bundle Compliance	60.00%	65.00%	50.00%	66.67%	25.00%	33.00%	100.00%	0.00%	33.00%	0.00%	33.33%	no data	100.00%	no data	100.00%			
					Target	Stretch Target	Baseline	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	2023	YTD 2024
	Monthly Hand Hygiene Compliance	80.00%	90.00%	75.38%	72.78%	67.86%	65.07%	73.51%	75.12%	77.37%	84.73%	88.06%	83.80%	86.77%	87.75%		70.00%	82.14%	17.34%
THROUGHPUT		Target	Stretch Target	Baseline	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	2023	YTD 2024	% in change
	Rolling 12-month LWBS	4.50%	4.00%	5.50%	5.18%	5.51%	5.93%	6.49%	7.17%	7.40%	6.97%	7.63%	7.63%	7.80%	7.97%	7.84%	6.49%	6.24%	-3.79%
	Monthly LWBS Rate	4.50%	4.00%	5.50%	13.00%	8.09%	11.45%	11.59%	11.66%	5.56%	6.03%	3.77%	4.66%	6.20%	7.90%	4.20%			

# ACHN Op Ex Steering Committee Dashboard

## Op EX Steering Committee Dashboard for ACHN



**Data sources:** Patient Experience from Press Ganey; Sep-1 Bundle chart abstracted CMS measure; Hand Hygiene TST Infection Control observation software; LWBS - BI Tableau

**Author:** J. Rozenich, BS, MBA

# ACHN Op Ex Steering Committee Dashboard

Op EX Steering Committee Dashboard for ACHN																			
WORKGROUPS		Metrics																	
PATIENT EXPERIENCE		Target	Stretch Target	Baseline	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	2023	YTD 2024	% in change
					Rolling 12-month Concern of nurse/asst for problem	61.34%	63.56%	58.77%	58.36%	58.77%	58.75%	58.89%	59.23%	59.14%	59.42%	59.48%	60.04%	60.17%	60.45%
Monthly Concern of nurse/asst for problem	61.34%	63.56%	58.77%	59.18%	60.57%	59.56%	61.37%	62.83%	57.25%	61.18%	59.77%	63.96%	60.00%	61.77%	58.61%				
Rolling 12-month Provider CP explanations of	66.80%	69.84%	64.78%	64.76%	64.78%	64.83%	64.98%	65.14%	64.94%	64.96%	64.97%	65.30%	65.61%	65.78%	65.69%	64.98%	65.72%	1.14%	
Monthly Provider CP explanations of prob/condition	66.80%	69.84%	64.78%	66.18%	64.88%	64.08%	67.58%	67.38%	62.36%	65.28%	64.04%	69.01%	68.04%	66.74%	63.72%				
Rolling 12-month Courtesy of registration staff †	60.00%	65.00%	60.00%		60.00%	59.59%	60.90%	61.70%	60.27%	59.66%	59.88%	60.33%	60.58%	60.76%	60.92%	60.90%	60.92%	0.03%	
Monthly Courtesy of registration staff †	60.00%	65.00%	60.00%		60.00%	59.59%	62.31%	63.55%	58.10%	57.70%	60.96%	62.40%	62.01%	62.20%	62.24%				
HEDIS		Target	Stretch Target	Baseline	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	2023	YTD 2024	% in change
Rolling 12-month Hypertension Population Management BP <140-90 (Engaged & Affiliated)	55.00%	60.00%	50.53%	57.00%	56.00%	55.20%	54.90%	57.50%	57.30%	56.80%	57.40%	57.60%	57.90%	57.60%	57.04%	52.20%	53.40%	2.30%	
Rolling 12-month Cervical Cancer Screening (Engaged & Affiliated)	47.00%	52.00%	42.83%	46.40%	45.06%	45.91%	46.13%	46.00%	46.20%	46.10%	46.30%	46.60%	47.00%	47.30%	47.51%	42.80%	45.40%	6.07%	



Legend	Not meeting Target and no improvement from baseline performance	Not meeting target but improving from Baseline	Met Goal	Met Stretch Target