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February 17, 2021

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13TH EPO SEMI-ANNUAL REPORT

Dear Mr. Rocha and Inspector General Blanchard:

This is our office's 13th semi-annual report issued pursuant to Section IV.C.2 of the Cook County Health (CCH) Employment Plan (Plan). This report covers our training, monitoring, auditing, and investigative activities, as well as the amendments made to the Plan's exhibits between July 1, 2020 and December 31, 2020.

TRAINING

Previous reports have extensively outlined the multiple Plan training sessions that our office conducts, in conjunction with Human Resources (HR); they are: (1) Employment Plan Training [overview for all staff]; (2) Employment Plan Interviewer Training [for management and leadership]; (3) Supplemental Policies & Procedures Training [for management and leadership]; and (4) HR Annual Plan Training [only HR personnel]. With the exception of the HR Annual Plan Training, all trainings are provided online annually after all managers have been initially trained in a classroom course.

The following chart outlines the classroom trainings our office conducted during this reporting period:

	Number of Sessions	Employees Trained
Interviewer/Hiring	4	23
Refresher: Interviewer/Hiring	1	10

Supplemental Policies	3	6
CCH Board of Directors	2	5
Just Culture	1	10

We were not able to complete the HR annual training during this reporting period due to the resurgence of COVID-19 and the need to divert resources to address issues related to COVID-19 and the union job action that occurred in December. We expect to complete the training during 2nd quarter, 2021.

We previously reported on the development of a Just Culture¹ policy and the plan to pilot its implementation in several departments throughout the organization before a full roll out. The incorporation of this policy is meant to provide management with the tools and education on engaging all staff in creating a safe environment and culture to foster patient and employee satisfaction within CCH. Three departments have been participating in the pilot since late December 2019, and a fourth department was trained and included in the pilot in December 2020. Though we had anticipated a full CCH roll out by the end of 2nd quarter, 2020, various challenges related to COVID-19 prevented that from occurring. The current expectation is to add another large department into the pilot in 1st quarter, 2021 and to continue adding departments until it has been fully rolled out. Once that happens, Discipline Policy training will be severed from the Supplemental Policies training and integrated with training on Just Culture & Accountability.

MONITORING

When we monitor an employment action, we 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. Our monitoring is not always conducted in real time, and in many instances takes the form of an audit. When an error or non-compliance is identified, we ensure that corrective measures are taken. We also provide guidance when we observe practices that do not technically violate the Plan, but which do not fully conform with best practices. HR continued to support our efforts by alerting us to concerns and violations.

Hiring

During this reporting period, HR worked approximately 270 requisitions. Of those approximately 270 requisitions posted, our office monitored (in various and often multiple stages) 29%² of those.

The COVID-19 pandemic presented some challenges to our ability to monitor. Most interviews and selection meetings moved to a remote/video teleconference format in order

¹ See Marx D. *Patient Safety and the Just Culture: A Primer for Health Care Executives*. New York, NY: Trustees of Columbia University; 2001.

²This number includes the COVID-19 Contract Tracer requisitions.

to facilitate social distancing. Though the hiring departments adapted to the remote format well, the requirement to provide us with information to remotely access the interviews and selection meetings sometimes resulted in confusion regarding compliance with the substantive notice requirements. After noticing an increase in the number of notice violations, our office teamed with HR to create a step-by-step Scheduling Guide. This guide is now addressed in our trainings and included with all interview packets sent to the departments.

General and Actively Recruited Positions

COVID-19 Contract Tracer and Case Investigator Positions

The Cook County Department of Public Health (CCDPH) was awarded a time-limited (1 year) \$40 million grant to assist with combating the COVID-19 pandemic. Before the grant could be implemented, the department created a program outline consisting of an estimated 350-400 positions. Because of the hiring volume and the fact that the grant was time-limited, the Interim CHRO prepared and proposed a modified hiring process as an amendment to the Plan. This was approved (as required by the Plan) by our office and the Office of the Independent Inspector General (OIIG).

Given the grant's time limitations and the department's desire to hire roughly 250 Contract Tracers in a short period of time, the approved amendment to the Plan included several modifications meant to expedite the process:

- One posting period of 7 days (instead of a 14-day internal posting period before posting externally to the public);
- 24 hour advance notice requirement to facilitate monitoring (instead of 48 hours or 2 business days);
- 5 to 7 interview questions (instead of a minimum of five), with each interview lasting 15-20 minutes;
- Selection meetings to be completed by the morning following each panel's final interview (rather than within 3 business days); and
- Collection of required proof of education during the on boarding process with HR.

The CHRO's intention, as previously reported, was that the Contract Tracer hiring process would follow the timelines below:

- 7 day posting period;
- 3 day validation (application screening);
- 15 to 30 days to complete all interviews;
- 7-14 days to make conditional offers; and
- Start date within sixty 60 to 80 days of posting (allowing for staggered start dates/orientations to ensure proper social distancing).

By August, a number of the positions, including the requisitions for the Contract Tracers, were posted³. There were eight (8) requisitions, comprised of monolingual and bilingual positions, and just over 1,500 applicants. Roughly 450 interviews were conducted by 84 two-person panels. Our office devoted considerable resources to monitoring the hiring process for Contact Tracer positions.

Rather than scheduling several consecutive full days of interviews for each panel pairing as our office and HR had anticipated, panels were created on a day-to-day basis upon the panelists' availability. As a result of this, the interviews took longer than anticipated to complete, there was a significantly higher number of panels, and the panels' candidate pool sizes varied⁴.

The eight (8) Case Investigator requisitions were not posted until October, and the volume of hiring was substantially less than for the Contract Tracers. There were only 138 applicants.

Interviews: We monitored 50 of the 84 panels conducting interviews for the Contract Tracer requisitions. Given the large number of panels, it was important for us to be present to ensure consistency in process and selection. During the initial interviews, we noted that a few panels used an unapproved version of the interview questions on the first day. The department was promptly advised of the issue and the process corrected. We did not require the department to repeat the interviews since the questions were not significantly different from the approved version and since all candidates for that day's pools were evaluated and ranked based upon the same questions. Aside from that and a few minor, unintentional and non-substantive deviations, we did not note any other violations of the Plan during the interview process.

We monitored three (3) Case Investigator interview panels and did not note any errors.

Selection Meetings: We monitored 20 Contract Tracer selection meetings. The few errors noted related to scheduling and the required notice of those meetings. Monitoring access was also complicated by the fact that the meetings were conducted remotely, and the department did not initially provide separate links to facilitate our access to the selection meetings. Though we were aware that the meetings were typically conducted immediately following each panel's final interview, we were not always able to monitor the final interviews. One panel changed its selection meeting time without providing proper notice or an access link. Our office required the meeting to be repeated so that we could monitor it. Once that issue was addressed with the department, the department included specific

³ The Emergency Process was utilized, with approval by the OIIG on November 3, 2020, to supplement CCH hiring processes and to fill in gaps quickly. The OIIG also approved an exception to fill additional COVID-19 Contract Tracing positions after the City of Chicago awarded a grant to the CCH Ambulatory Community Health Network (ACHN).

⁴ The variation in pool size was significant from a Plan perspective as each panel received the same number of PIDs.

selection meeting times on the daily schedule/calendar and ensured that we were provided access links to each.

We additionally noted a small number of selection meetings conducted late (beyond the morning following the final interview) as required by the Plan amendment without advance approval from the EPO. The most significant scheduling issue, which was identified and addressed early, occurred when a candidate's interview was rescheduled at the beginning of this process. The department's desired approach was to reschedule the candidate to any panel with availability. However, this created the possibility of forum shopping,⁵ or candidate disadvantage. To avoid this, our office required rescheduled candidates to be interviewed by their originally assigned panel and ranked (if applicable) against the original pool of candidates. In most instances, this issue was caught before a violation occurred.

We monitored only three (3) Case Investigator selection meetings and noted only one (1) error. The error fell within the fact pattern described immediately above; a panel conducted its selection meeting before completing the re-scheduled interview of a candidate that had been assigned to its candidate pool. The selection meeting was repeated after the rescheduled interview was completed.⁶

DTH packets: Rather than audit the Contract Tracer DTH packets after HR's review and processing, we preliminarily reviewed a large number of the interview packets in the condition in which the panels sent them to HR. Given the volume of packets, our focus was limited to verifying the accuracy of the interview scores. The accuracy of the scores was important, because the process included a threshold interview score to remain eligible for consideration. In addition, the panels often relied upon the eligible candidates' scores to determine the ranked order for those selected.

In total, we reviewed 66 packets in progress. There were calculation errors in 33 of the packets, and nine (9) of the packets were missing documentation required to complete a full review. The calculation errors were most often as a result of incorrect data entry into the Scoring Tool. Without having gone through the process of recalculating the scores ourselves, we estimated that as many as seven (7) candidates' scores could change enough to either render them ineligible and disqualify them from their ranking or to bring their scores high enough to require that an interview panel consider them for ranking. Given that many interview panels chose to rank eligible candidates by order of their score, and scores were used to determine candidates' placement on the Consolidated Ranked List, even small calculation errors made an impact.

We brought these errors to the attention of HR, and HR communicated these errors (as well as other errors HR had observed) to the department for correction. Unfortunately, the

⁵ This requirement was aimed to prevent any possibility of forum shopping for a particular panel or one that may have a smaller than average candidate pool.

⁶ It is worth noting that the department was not required to reschedule interviews canceled by the candidates. The department decided this was worth the scheduling delay, and thus, was required to offer all candidates the same courtesy.

turnaround time on the requested corrections did not comply with the spirit of the Plan amendment, which was developed for the sole purpose of expediting the timeframes associated with the Plan's General Hiring Process. When a significant number of packets were reported by HR as uncorrected more than a month after our review (and more than two months after the interviews and selection meetings covered by our review), we facilitated a series of meetings between the department and HR to ensure that the corrections would be promptly addressed.

All Other Hiring

This reporting period, in addition to our extensive monitoring of the hiring processes for the Contract Tracer and Case Investigator positions, our office randomly selected to audit and monitor approximately 63 General and Actively Recruited hiring processes⁷. We monitored 23 postings, 9 validation (screening) processes; 18 interview processes⁸; 23 selection meetings; and 25 Decision to Hire (DTH) packets. Our observations are summarized below.

Postings: We did not note anything of concern in the postings.

Validations: We did not disagree with any of the validation determinations monitored.

Interviews: Aside from some notice issues (addressed above), we noted only one (1) Plan violation; a minor, unintentional and non-substantive deviation from the script for one question. The deviation was brought to the panel's attention with a reminder to read the questions as approved by HR.

Selection Meetings: We continued to observe that panel members struggle to accurately document their discussions and decisions when it comes time to make selections. In one instance, we required that a selection meeting be repeated given what appeared to be inconsistencies between the selection meeting notes and what was documented on the Interviewer Evaluation Forms (IEFs). After completion of that new meeting, we advised that a new panel interview the candidate to ensure a fair process took place. In addition, both panelists were required to attend Employment Plan training again, because when monitored additional concerns surfaced demonstrating a significant gap in understanding the Plan requirements.

DTH packets: We found that four (4) of the 25 monitored packets had issues related to the selection process. In these packets, the following issues were identified: (1) selection meeting notes did not explain why a lower scoring candidate was ranked higher than a higher scoring candidate, (2) the selection meeting notes contained erroneous information, (3) the selection meeting was conducted late without advance approval by the EPO, or (4) the selection meeting notes and Interview Panel Ranking Form (IPRF) did not match substantively. In one instance, the IPRF listed a candidate for ranking with a score of 3.00 (the minimum score required to be eligible for consideration during the selection meeting).

⁷ This number includes several positions covered by the COVID-19 Contract Tracing Initiative.

⁸ This number reflects the number of requisitions for which at least one interview was monitored.

We first noted that there was no documentation that the candidate was discussed during the selection meeting as required. However, the Scoring Tool demonstrated that the candidate had not in fact received a qualifying score and that the 3.00 provided on the IPRF was incorrect. This was brought to the department's attention and the error was corrected.

In the DTH packets, we also observed a small number of cases in which there were deficiencies with either the documentation prepared by the panel or with the documentation the candidates were required to provide. In one instance, an inconsistency in a panel member's method of marking scores was concerning, and in a couple of others the DTH form was incomplete or inaccurate. While there was one instance in which a ranked candidate's required educational documents were not initially included in the packet,⁹ the most concerning error occurred when a panel interviewed and ranked a candidate despite the fact that she did not possess the degree required for the position. The department produced the packet to HR more than a month after the interview and selection process, and only after the candidate had finally earned the requisite degree. The fact that the candidate did not meet the minimum requirements during the hiring process was brought to HR's attention and the candidate was disqualified. Given that this packet was received at the very end of the reporting period, additional follow up will be addressed in our next report.

Advanced Clinical Position (ACP)

We monitored two (2) ACP positions during this reporting period and did not identify any concerns. This is the process utilized to hire physicians, psychologists, and advanced practice providers.

Emergency Hires

By November, Debra Carey (then Interim CEO) determined that, despite use of the Plan amendment approved to facilitate expedited hiring for the COVID-19 Contract Tracing grant positions, CCH was not able to meet the grant's hiring needs as quickly as needed. She certified an emergency situation and invoked the Emergencies and Temporary Positions exception to the General Hiring Process pursuant to Plan Section VII.E. The certification, which was produced to our office and the OIIG as required, identified the need to hire approximately 100 temporary staff for the full 120 days allowable under the Plan. Ms. Carey also asked for an exception to allow the one-time permissible extension of 60 days to be granted on the front end in light of the amount of training involved and anticipated COVID-19 related challenges. That request was approved in November. Approximately 65 positions were filled through this process.

Direct Appointments

We review the Requests to Hire (RTH) packets for Direct Appointment positions pursuant to Plan Section VIII.G.3. This reporting period, the Interim CEO, through HR, submitted five (5) Direct Appointment RTHs. In one packet, we identified that the Interim CEO had not signed

⁹ It had been produced by the candidate and failure to include it was an administrative oversight.

the No Political Consideration Certification (NPCC) and the packet was updated. In another packet, we identified that the candidate did not possess one of the required certifications and the packet was later resubmitted with the proper documentation¹⁰. One packet identified a candidate that rescinded his acceptance of the offer prior to his start date.

A similar process is used when the CEO and Board of Directors appoint someone to a Department, Division or Section Chair of the Medical Departments of the Medical Staff (Plan Section VI.B). HR submitted five (5) Medical Department appointment RTHs this reporting period. All of them complied with the Plan requirements.

Supplemental Policies

Reclassification of Positions (#02.01.11) and Desk Audits (#02.01.19)

No reclassification notifications were provided this reporting period. However, my office monitored one desk audit. The process had not been concluded in the reporting period and will be addressed in our next report.

Transfers (#02.01.12)

No transfer notifications were provided this reporting period.

Training Opportunities (02.01.13) & Overtime (02.01.14)

Due to the COVID-19 resurgence and the union job action that took place in December, and with the advance approval of the OIIG, the deadline to submit NPCCs for the Training Opportunities Policy and the Overtime Policy this reporting period was extended to January 15, 2021. Given that the extension created a deadline beyond this reporting period, the results will be discussed in the next report.

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

During this reporting period, HR submitted 21 approvals for Interim Assignment/Interim Pay. Eighteen of the Interim Assignment approvals were requests from leadership to extend previously approved Interim Assignments.

There were a few packets with some technical deficiencies that were easily corrected, however, it was noted that in a few cases the justification for need to fill the position was missing. These were corrected, and we discussed with the Interim CHRO the need to update the Interim Assignment/Interim Pay Request & Authorization Form to provide space specifically for the required justification. The office was advised the update will be a priority.

The most notable observation our office made during this reporting period is that the form does not provide space for the type of information that should be included with a request

¹⁰ The packet resubmitted at the beginning of the next reporting period.

when an employee takes on an Interim Assignment but does not fully assume an interim position. For example, when the Chief Operation Officer, Integrated Care left, her numerous duties were distributed to several individuals, with a few taking on significant and extensive job junctions not normally a part of their job. This was addressed with the Interim CHRO and it is our expectation that this will also be addressed in the update of the form.

Layoff/Recall (#02.01.17)

Effective December 1, 2020, CCH implemented a layoff of ten (10) employees. Senior Leadership from the two departments impacted by the layoff completed the necessary forms and signed the required NPCC. In the first department, all four (4) layoffs were determined strictly based upon seniority. In the other department, three (3) positions were eliminated that only had one employee in the job classification; and one (1) was based upon seniority. The layoff was compliant with the policy. Additionally, I learned that one recall of a laid off employee is in progress, so that will be addressed in the next report.

Demotion (#02.01.20)

No demotions subsequent to this policy were provided during this reporting period.

Classification of Grade 24 Positions (#02.01.21)

Whenever a new Grade 24 Position is created, HR is required to perform a market study and make a determination of what the salary will be for the newly created Grade 24 Position. Policy 02.01.21 requires that the CHRO approve all salary determinations and submit the CHRO determination and approval to our office and the OIIG. This reporting period, 81 Salary Determination forms were submitted. All but seven (7) had been completed under the previous CHRO but had never been signed and submitted. The Interim CHRO signed and submitted them. We did not identify any concerns with the submitted documentation.

Salary Adjustments for Grade 24 Positions (#02.01.22)

During this reporting period, there were three (3) Salary Adjustment Requests for Grade 24 employees. In one packet, the request form contained a justification that, under the policy, would not be entertained. In addition, supporting documentation was missing. Because the form contained a second, permissible justification to support the request, the approval of the adjustment did not violate the policy. The missing documentation was provided upon request.

In evaluating two of the requests, we noted an issue with the wording of the policy in terms of what information must be included on the Salary Adjustment Request Form to support the request. This was addressed with the Interim CHRO, and it is our office's expectation that this correction will be a priority.

Discipline (02.01.15)

Disciplinary Actions:

Between July and December of 2020, approximately 150 Disciplinary Action Forms (DAFs) were issued to CCH staff. Our office monitored the discipline process by randomly selecting a variety of the DAFs to review for compliance with the Discipline Policy. We monitored 74 DAFs which was approximately 50% of the total DAFs submitted. In addition to several administrative errors or omissions that required correction (e.g., missing information or witness signatures), we noted that 13 DAFs evidenced violations or substantive errors which needed correction (e.g., missing signatures, inclusion of Protected Health Information (PHI), incorrect use of sections of the DAF, failure to attach documents, etc.). Eight (8) violated the policy in that they were submitted late to HR.

We also reviewed 71 of the approximately 100 Counsel Forms (CFs) issued to CCH staff. Though the issuance of a CF is not a disciplinary action, it is a corrective action intended to re-set expectations and prevent the need for disciplinary action. The errors noted were mostly administrative in nature, but there was one in which we noted a possible breach of PHI.

Across both the DAFs and CFs, Time & Attendance infractions were the most commonly cited, accounting for 28% of the corrective actions.

Disciplinary Audit:

We indicated in the 12th EPO Semi-Annual Report that we would include our analysis of the results of a disciplinary audit for one of the large nursing units that we had completed near the end of the reporting period in this report. We did not ultimately formalize our findings during the reporting period, because of the re-direction of resources to the Contract Tracing Initiative. After analysis of the data we were able to obtain, we determined that the department struggled with compliance of the Discipline Policy, and thus decided to include it in the Just Culture pilot¹¹. The department's management team received Just Culture & Accountability training in December and the department is actively participating in the pilot.

We did not conduct any new departmental audits during this reporting period.

NON-COMPLIANCE NOTICES

When we observe or otherwise learn of a technical violation of the Plan or Supplemental Policies and an extensive investigation is unnecessary, we issue a Notice of Non-Compliance to the manager and department head to alert them of the issue and to provide guidance or direction on how to correct or avoid the situation.

¹¹ The most common violation was untimely submission to HR.

During this last reporting period, we issued 24 notices to 17 departments. Thirteen of the notices were sent for violations of the Discipline Policy¹². In four (4) instances, PHI was found in the files sent to HR. We notified both Corporate Compliance and HR, and we directed the department to work with Corporate Compliance to ensure that the potential breaches were properly remedied. In the remaining instances, there were issues with the presence or timeliness of required signatures, or the discipline was sent to HR past the required deadline¹³.

The other 11 notices were related to violations of a CCH hiring process. In several instances, the violations were related to late or otherwise improper notice or no notice sent to this office or OIIG. However, there were some more substantive violations such as the use of unapproved interview questions, improper documentation of the interview and/or selection process, or a selection meeting conducted late without required EPO approval.

INVESTIGATIONS

During this reporting period, we received 11 new complaints and issued five (5) Incident Reports. Of the new complaints filed, eight (8) were closed during this reporting period, including four (4) which were forwarded to other department(s). In all, 16 cases were closed.

New Complaints

As you can see in the table below, the most numerous allegation was harassment. The harassment and workplace violence allegations were forwarded to the Director of Equal Employment Opportunity for his team to investigate.

Category	Number of Cases
Hiring	3
Discipline	1
Harassment	4
Retaliation	3
Discrimination/Favoritism	3
Working out of Classification	1
Workplace Violence	1
Hostile Work Environment	3

EPO2020-30: Corporate Compliance forwarded a complaint alleging a potential conflict of interest between CountyCare and a contractor. These allegations fall outside of the scope of the Employment Plan and are being investigated by another office. *Closed*.

¹² Some late Policy violations had not been addressed via Non-Compliance Notices issued during this reporting period given the date the violations were discovered. Follow-up will be addressed in our next report.

¹³ The Policy requires the department to submit issued discipline to HR within 5 days.

EPO2020-31: An employee filed a complaint alleging harassment by a leader. Complaint simultaneously made to the Equal Employment Opportunity (EEO) Department. Given the nature of the allegations, our office deferred to EEO. *Closed.*

EPO2020-32: An employee filed a complaint alleging that the department's administrative assistant was acting beyond the scope of her authority and performing supervisory functions. The complaint was later withdrawn. *Closed.*

EPO2020-33: An anonymous complainant alleged that a supervisor was hired via nepotism without possessing the qualifications for the position, and she facilitated a negative working environment. Some of the allegations had previously been referred to the OIG and the remainder are being addressed in a pending EPO investigation that pre-dated this complaint. *Closed.*

EPO2020-34: An anonymous employee filed a complaint alleging that an employee had been allowed to violate the Time & Attendance Policy and FMLA without consequence possibly due to his race. Following an investigation, the allegations were not sustained. *Closed.*

EPO2020-35: An employee filed a complaint alleging that she was being retaliated against for filing a complaint with the Illinois Department of Human Rights (IDHR) alleging harassment. The complaint was simultaneously provided to the EEO Department. Given the nature of the allegations, our office deferred to the EEO. *Closed.*

EPO2020-36: Corporate Compliance forwarded a complaint in which an employee alleged that a supervisor was creating a hostile work environment for some employees via harassment based upon their race and gender. The complaint was simultaneously provided to both the EEO Department and department management. We kept our file open to follow the department's handling of the complaint. Given the nature of the allegations, we intend to close our file and defer to EEO regarding any additional investigation. *Pending.*

EPO2020-37: An anonymous employee filed a complaint alleging that an employee falsified qualifications required for hire. *Pending.*

EPO2020-38: An employee filed a complaint alleging that a manager from another department was harassing her and other members of her department, creating a hostile work environment. Given the nature of the allegations, we referred the complaint to the EEO Department. *Closed.*

EPO2020-39: An employee filed a complaint to IDHR that was then forwarded to our office and the EEO Department. The allegations were hostile work environment created based on age, gender, and race discrimination, as well as retaliatory discipline based on age, gender and race factors. The EEO Director advised he would handle this case. *Closed.*

EPO2021-1: An employee filed a complaint alleging that a recently hired co-worker had engaged in workplace violence and created a hostile work environment. The employee further alleged that the department head had a prior outside connection to the co-worker

and was not addressing the co-worker's conduct or violations of the Time & Attendance Policy. We referred the workplace violence/hostile work environment allegations to the EEO Department. Our investigation of the allegations related to a possible conflict of interest, including a review of the hiring process for the co-worker, is pending. *Pending.*

Reports Issued

Our office issued five (5) Incident Reports this reporting period; none of the complaints were sustained. In one case, we made recommendations despite the absence of a clear Plan violation about how departments should proceed in the future to comply with the spirit of the Plan. Given the timing of issuance, the response to our recommendations was not due during this reporting period. We will report on the response and implementation in the next report.

Below is a summary of each Incident Report:

EPO2018-17: A supervisor filed a complaint alleging bullying behavior by another supervisor and alleging that the other supervisor and the department head had improperly allowed an employee to change his shift. We referred the complainant to department leadership regarding the bullying allegations and investigated the shift change. Upon investigation, the employee was a member of a union and the Collective Bargaining Agreement (CBA) did not prohibit the shift change. Though we observed that the process did not violate the letter of the Plan, we made recommendations regarding the use of a transparent process for shift changes in instances in which the applicable CBA does not contain such a process. These recommendations were meant to encourage processes that comply with the spirit of the Plan. *Not sustained with Recommendations.*

EPO2019-1: An employee filed a complaint alleging that his director improperly placed him on a Performance Improvement Plan (PIP) as a form of discipline, improperly transferred him and improperly changed his shift. Upon investigation, it was determined that the PIP was initiated to correct performance deficiencies identified by complainant's physician leader in a Performance Evaluation. The investigation also revealed that the transfer was based upon operational need and properly documented. The shift change was also proper as it facilitated the ability of the department head to monitor the employee's progress under the PIP. *Not Sustained.*

EPO2020-2: An employee filed a complaint alleging that he was improperly denied training in his department as the others with his job title had already received the training. The investigation revealed that the complainant was the only employee assigned to his particular shift, that work assignments were dictated by shift, and that the vast majority of the training the complainant requested was not at all relevant to the work performed on his shift. Training that the supervisor determined was relevant was provided. The employee also complained that his colleagues had received cross-training in other operational areas of the department. The training policy was not violated as the training the complainant was denied was not supported by operational need and the complainant had never requested cross-training. *Not Sustained.*

EPO2020-14: An HR employee reported a contact between a hiring department and a candidate that he believed could have possibly violated the Plan. Upon investigation, a member of the hiring panel communicated with the selected candidate after the interview process. However, the offer had already been extended by HR as required and the panelist simply provided assurances regarding information HR provided in the offer process. *Not Sustained.*

EPO2020-34: An anonymous complainant alleged that an employee had violated both the Time & Attendance Policy and FMLA without facing the same types of consequences as other employees, possibly because of his race. Upon investigation, we discovered that the employee at issue had received progressive discipline for past violations of the Time & Attendance Policy and was ultimately terminated for the most current violation alleged in the complaint. *Not Sustained.*

Additional Cases Closed

EPO2020-11: The complainant reported that he had been harassed after providing notice that he chose not to participate in the optional second year of the fellowship. After discussion with the complainant, the complaint was withdrawn. *Closed.*

EPO2020-13: An employee filed a complaint alleging that her department head asked her to perform duties beyond her qualifications and asked her to sign her name on a form she should not sign. After discussion of the policies with the complainant, the complaint was withdrawn. *Closed.*

EPO2020-15: An employee requested a review of previous applications for which she was not offered an opportunity to interview and challenged the fact that she was not hired to the one position she had interviewed for. A review of the job descriptions, screening and eligibility determinations of a random sampling of several of her many applications demonstrated that she did not meet the minimum qualifications and could not progress in the hiring processes. A review of the documentation for the position she interviewed for demonstrated that she provided answers that led the interview panel to conclude that she did not actually possess one of the minimum qualifications for the position. *Closed.*

EMPLOYMENT PLAN AMENDMENTS

Plan Exhibit Amendments

Our office works with HR on a regular basis to review the different exhibits associated with the Plan. We focus regularly on the following exhibits: Exhibit 1 (Actively Recruited Position List), Exhibit 5 (Direct Appointment Position List); and Exhibit 13 (Advanced Clinical Position Exhibit List). During this reporting period we made the following updates to these lists:

Exhibit 1: Three (3) updates were made to this list - in August, September and October. We added 13 new positions to the list.

Exhibit 5: One (1) update was made to this list – in September. One (1) new position was added during this period.

INELIGIBLE FOR HIRE LIST

A review of the involuntary separations occurs monthly, and a preliminary update of the list is provided to the Interim CHRO. We made nine (9) updates to the List during this reporting period, adding four (4) individuals to the list. When an individual is added to the list, the Interim CHRO reaches out to those who were added pursuant to Plan Section IV.P and then monitors for any appeals that come through HR. The Interim CHRO did not receive any appeals this reporting period. A total of fourteen (14) individuals were removed over the course of the reporting period as their time for inclusion on the List expired.

LETTERS OF RECOMMENDATION

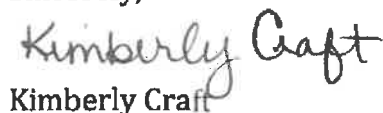
Plan Section V.C requires that my office reviews all letters of recommendation (LORs) for Political Contacts; and if Political Contacts are identified, that those are forward to the OIG with a Political Contact Log. This reporting period, my team reviewed four (4) LORs. None of the LORs were from Political Officials or Contacts.

SUMMARY

Although there were occasions where mistakes were made and errors needed corrected in the implementation of our hiring processes and policies, we are happy to report that there was no observed pattern of intentional noncompliance.

Training will be a large focus over the next few months as we complete HR annual education, update the current trainings to address the errors and mistakes that are commonly observed by our office and HR, and continue to roll out the Just Culture initiative with HR and the Quality team.

Sincerely,



Kimberly Craft

INTERIM EMPLOYMENT PLAN OFFICER

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