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July 31, 2017

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**6<sup>TH</sup> SEMI-ANNUAL REPORT  
August 2017**

Dear Dr. Shannon, Inspector General Blanchard, and Ms. Robinson:

This is my sixth semi-annual report issued pursuant to Section IV.C.2 of the CCHHS Employment Plan (Plan). This report covers my office's training, monitoring, auditing, and investigative activities from January 16, 2017, through July 15, 2017.

**AMENDMENT**

On March 3, 2017, the Plan was amended to officially incorporate the new Advance Clinical Positions (ACP) hiring process along with various minor modifications to other hiring provisions and exhibits of the Plan. An amendment process is embedded in the Plan to ensure that we can continue to grow and change as an organization when necessary or warranted. We have previously amended Exhibits 1 and 5 of the Plan to include or remove positions in order to meet operating needs. However, this amendment was more comprehensive and included clarifications as well as substantive changes.

Substantive changes were made to the following provisions: Section IV.P. Ineligible for Hire/Rehire List and Section V.B.3. Internal Candidate Preference. The process for an individual to appeal placement on the CCHHS Ineligible for Hire/Rehire list was modified to provide final review to the CCHHS Chief of Human Resources (Chief of HR) instead of the Cook County Employee Appeals Board. This change is consistent with Cook County's Employment Plan provision for its Ineligible for Rehire List. The Internal Candidate Preference provision was modified to provide further clarification on the factors considered by the Chief of HR in approving or denying a request to use that process. With these changes, CCHHS began implementation of these provisions in mid-March (Internal Candidate Preference) and May (Ineligible for Hire/Rehire List).

In addition to the substantive changes described above, several Plan exhibits were modified or added. Updates and changes were made to Exhibit 1 – Actively Recruited Position List and Exhibit 5 – Direct Appointment Position List. Two new exhibits were also added to the Plan: Exhibit 13 – Advanced Clinical Positions List and Exhibit A – CCHHS Department List.

Exhibit 13 identifies the positions at CCHHS that can utilize the ACP hiring process and must meet the definition provided in the Definitions section of the Plan.

Exhibit A is the Department List used for purposes of the Plan provisions and Supplemental Policies & Procedures Manual (Manual). In particular, Exhibit A was developed to provide guidance to Department Heads and HR when using the Internal Candidate Preference hiring process and the policies in the Manual.

## **TRAINING**

Training remains an important component of successful implementation of the Plan and Manual. The Plan requires annual training for all staff regarding the Plan in general, but also various groups need to receive specialized, more extensive training, based on the role he or she has within the organization. In 2016 we were able to roll out an online general Plan training to all staff using our Learning Management System (LMS). This will continue each year during annual education which occurs approximately August through October of each year.

Management and supervisors are required to attend additional training: Interviewer Training and Supplemental Policies & Procedures Training. The Plan not only requires that training occur within the first 90 days of employment for those that will participate in the hiring process, but also requires that training occur annually. In mid-July, we rolled out the annual component to the Interviewer Training module via the LMS. This is the first year we were able to roll out the annual component of that training. Mid-July was chosen in order to allow employees the appropriate amount of time to complete this course ahead of CCHHS Annual Training. Those who do not timely complete the training course will be removed from the list which identifies who is eligible to participate in the hiring process. Initial training on the hiring processes is still completed in a classroom setting instead of online, because the processes and nuances are intricate and necessitate more personal instruction at the outset.

The Supplemental Policies and Procedures Training (Supplemental Policies) is also required within the first 90 days of employment for all management and supervisors as well as annually, and it covers the non-hiring employment processes such as discipline, transfers, overtime, and layoffs as outlined in the Manual. I began training on the Manual July 2016, and my office will begin the annual Supplemental Policies Training at the end of August 2017. This annual training will be completed in person in order to ensure that these newer policies are

properly understood and consistently applied. They were first implemented November 1, 2016, but most of the policies are not used with any frequency or regularity. In addition, the Cook County Compliance Administrator (CA) in conjunction with my office conducted several audits of the most prevalently used policies: Discipline, Training Opportunities, and Overtime. I will discuss those audits later in this report, but I note here that the audit results informed our decision to conduct in person training on the Manual again this year. The audits also helped us to modify the training in order to address those areas that may have initially been confusing.

By next year, we will use an online course in the LMS to complete annual Supplemental Training. Therefore, by 2018, all of the annual training modules related to the Plan will be completed by staff online through the LMS courses during Annual Training. In person, classroom trainings will be available every month for new hires and any authorized employee who wishes to receive the in person training.

## **MONITORING**

### Hiring Processes

#### *Recently Implemented Processes*

When the Plan was first implemented, several of the hiring provisions remained dormant because of the lack of resources or infrastructure to complete the implementation. Those areas were identified in my last report: Ineligible for Hire/Rehire list, Internal Candidate Preference Process, and Employment Verification and Reference Checks. During this reporting period, HR has implemented each of these processes, completing enactment of the entire Plan. However, because of the limited time frame to audit these processes, a more robust update will be in my next report.

Ineligible for Hire/Rehire List. After extensive file review by my office and collaboration with HR management, the Recruitment Team began using the Ineligible for Hire/Rehire list in May. There was a significant delay in implementing this provision of the Plan, because of the way former employees and terminations are tracked. In addition, an amendment to this provision (Section IV.P) was under review but not approved until March 2017. The Ineligible for Hire/Rehire List process was modified to incorporate the amendment in April. There has been one candidate that was removed from a hiring process since May, and both I and the Chief of HR approved the removal as the policy requires. I will continue to monitor the use of this list and its updates for continued compliance.

Internal Candidate Process. CCHHS delayed implementation of this provision due to difficulty in concretely identifying the term “Department” for purposes of the policy. After collaboration with several of the Senior Leaders, Exhibit A was

finally created and added to the Plan. In addition, as procedures were developed to implement this provision, revisions to the policy were suggested by the CA and OIIG, and modified further by HR leadership.

This process has been active since mid-March, but has only been approved for use twice. In each instance, the Department Head followed the process by making a detailed request to the Chief of HR when submitting the Request to Hire packet. Once the Chief of HR approved the process after consideration of the factors outlined in the Plan, the Chief of HR forwarded that approval to the Hiring Manager, the Recruitment Team, my office, the CA and the OIIG as required. To date, I have not identified any concerns with this process.

#### Reference Checks and Employment Verification.

In March of 2017, CCHHS began utilization of its contract with a Third Party Vendor to conduct all employment verifications and reference checks for our external applicants offered positions. The Plan requires that HR conduct at least one employment verification or reference check for all external candidates who accepted offers of employment. Not to limit itself to one, HR requires that the vendor conduct three employment verifications and two reference checks on each external candidate who has accepted an offer. As explained in the Supplemental Policy section later in the report, my office has access to the vendor's site to monitor its work.

After the first 6 weeks of implementation, my office began to randomly review the work provided by the vendor. At that time, we did not notice any issues or concerns, and it appeared that HR was forwarding all external applicants for review as required. Identifying no issues, I determined a more extensive audit of the process would be more beneficial after several months' worth of data was available. Therefore, a more extensive analysis of this provision will commence during the next reporting period.<sup>1</sup>

#### *Progress since the 5<sup>th</sup> Report*

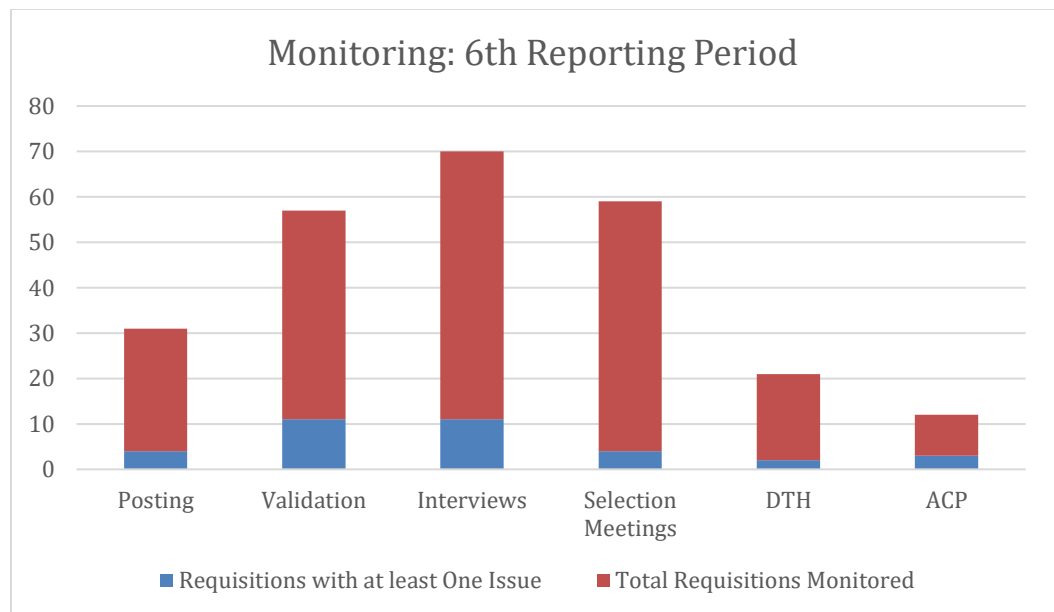
For this reporting period, the following graph represents our activity verses the number of problems identified. Keep in mind that we only monitor a fraction of the HR processes taking place at any given time, and our review may not be a representative sample as we do not randomly audit the hiring processes yet; we continue to focus more heavily on positions and processes that may need extra assistance or have proven more complicated in the past. For perspective, HR

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<sup>1</sup> I would like to note that the CA brought to my attention that there may have been two reference checks conducted of candidates for which the CA did not receive Decision to Hire (DTH) paperwork. In each case, both the CA and I had the original DTH paperwork that showed the candidates had been ranked. However, a subsequent follow up by HR of the DTH form when the top ranked candidate rejected the offer failed to occur. This omission was simply an error which HR quickly remedied.

posted approximately 521 requisitions, but my office only monitored or reviewed 86 of those requisitions. Using the number of requisitions helps us to make comparisons, but it does not capture the full reality of the work done by HR or the monitoring done by my office. Any given requisition may be reposted multiple times in any given reporting period increasing the number of identical hiring processes to potentially monitor. In addition, a requisition may be cancelled, only to be reposted under a new requisition number later in that same reporting period, and certain processes associated with the requisition may be repeated several times (for instance, validation) when other parts of the process are not completed or never take place (for instance, second interviews may take place in one reporting period, but the Decision To Hire (DTH) is not completed until the next reporting period).

Over the last six (6) months, my office has monitored the following number of requisitions per section of the hiring process: 27 Postings were reviewed, four (4) of which had identified issues; 46 Validations were reviewed, 12 of which had identified issues; 59 requisitions were monitored, 11 of which had identified issues; 55 Selection Meetings were monitored, four (4) of which had identified issues; and 19 DTHs were reviewed, 2 of which had identified issues.



Posting Process. We reviewed 27 different requisitions posted during this reporting period. Issues were identified in four, two of which involved issues with how the screening questions were set up in TALEO.<sup>2</sup> In one, the minimum qualifications for the position were not appropriately reflected on TALEO when compared with the job description and an additional preferred qualification was listed that did not exist on the job description. However, this position was an ACP

<sup>2</sup> TALEO is the applicant tracking system used to post all positions and track candidates at CCHHS.

position, so there was a minimal to no impact. All resumes and/or applications are reviewed against the job description. In the other, a preferred qualification was designated as a requirement, which initially screened out eligible applicants. HR was able to quickly correct this and move forward with all eligible applicants.

The other two issues related to HR making a change to the job description without notification to my office or the CA prior to moving forward with the changes and the expiration of a requisition. HR provided the job description materials when requested; there were no concerns with the changes made, only that my office was notified as required by the Plan. As for the expired requisition, applicant lists are only good for one (1) year from the time the initial posting period for that requisition has ended. In the requisition at issue, the requisition was reposted after that timeframe, thus preventing prior applicants from re-applying. After bringing this to the attention of HR, the process was completed for the applicants already interviewed. If that position is reposted for additional vacancies, a new requisition number will be generated.

Validation Process. HR has almost exclusive control over the screening (Validation Process) of applicants. HR reviews the applicants to send for interview in the General Hiring Process, confirms and/or corrects the screening performed by the departments in the Actively Recruited Process, and screens the selected candidate(s) in the ACP Process. Two (2) out of the 11 issues identified during this reporting period were attributed to the Hiring Department. In each case, the Application Review Panel (ARP) selected a candidate to interview that did not meet the minimum qualifications. In one instance, HR caught the mistake and notified the department that the candidate would not be interviewed. In the other, the ARP selected an applicant for interview that did not meet minimum qualifications. HR disqualified the applicant, but allowed two other applicants to proceed that had identical issues. This was corrected after it was pointed out by my office after our review.

The other nine (9) issues identified occurred during the General Hiring Process and usually involved inconsistent application of the screening criteria. In each instance, whether the issue was identified initially by my office or the CA, HR made the appropriate corrections before moving forward in the process and properly noting the changes in TALEO. An example of this was a position in which two requisitions had the same minimum qualifications and an applicant applied to both. In one requisition, the candidate was disqualified, in the other, s/he was designated as eligible to proceed to interview. The same HR Recruiter screened both requisitions, so it was difficult to account for the anomaly. After extensive discussions with HR and an evaluation of the candidates by the HR supervisor, the candidate was properly disqualified for both requisitions.

As the chart below illustrates, there was a significant decrease in the percentage of validation issues from the last two reports. The spike noted in the 4<sup>th</sup> Semi-Annual Report was attributed to the increased use of the Actively Recruited process which



caused a little confusion at first. In addition, there was new staff added to the HR Recruitment team. Over the last two reporting periods, HR Recruitment leadership and my office have been meeting bi-weekly to ensure that all of the recruitment teams and my office are on the same page regarding the hiring processes, particularly the Validation processes. As you numbers show, these meetings along with increased vigilance by HR staff have decreased the error rate by almost half. Again, I would like to note that our numbers are slightly skewed in that we don't randomly audit this process yet. In addition, much of the monitoring of this process we conduct stems from an alert from the CA that there are questions or concerns. So although that does not negate the fact there were issues or errors, it definitely impacts the percentage of errors noted, increasing the likelihood that an error will be found in a monitored position.

Interviews & Selection Processes. The Interview Process is exclusively controlled by the department's Hiring Manager. I continue to see improvement with this aspect of the Plan each reporting period, though it is worth noting that much of our monitoring of the interview processes related to areas that have historically had issues or are monitored pursuant to findings outlined in an EPO Incident Report at the conclusion of an investigation. There used to be confusion surrounding the new forms and process requirements of the Panel. However, during this reporting period we observed that there was essentially one issue that was most prevalent: notification to my office of the interview and/or selection meeting schedule. Seven (7) out of the 11 issues identified stemmed from failure to provide notice or failure to update HR and/or my office with schedule changes. The other four (4) issues, though important, were one time issues noted this period such as interviewing a candidate that had expired certifications, failing to complete the interview evaluation forms at the required time, and beginning discussion about the candidates prior to the selection meeting. During each instance, the panel was counselled by the monitor from my office on the appropriate procedure and practice. We will conduct follow up monitoring with those panels in the future to ensure the same concerns do not arise.

As for the Selection Meeting Process, there were fewer issues identified in the monitored requisitions, significantly decreasing the error rate compared to prior reports as noted in the chart below. The two overriding issues noted when monitoring this process are failure to complete the ranking form prior to discussing the eligibility of the candidates and failing to discuss all eligible applicants. Prior to discussing the candidates and deciding whether to select any, all or none, the lead panelist is required to calculate weighted scores and complete a form which identifies which candidates are eligible for consideration. Often, the panel will simply begin discussing the merits of each candidate before determining whether the candidate(s) may be selected. Only candidates with an average weighted score of 3.0 (out of a 5.0 scale) may be considered by the panel. When the panel fails to complete the forms ahead of time, it can lead to prematurely eliminating candidates for discussion, or lead to selection of candidate that HR will disqualify later in the process. The panels that had these issues were reminded of the process

by my office which worked with the panels to ensure no additional delay would result from the failure to follow the Plan.

The issues identified in this report were the result of observations after the panels had already taken action. Many times, if the panel is unsure of how to proceed or appears that they will deviate from the process, the monitor (whether HR or my office) in attendance will steer them back on course to avoid Plan violations.

Decision To Hire (DTH). A comprehensive way to audit a hiring process is to review the DTH packet. The packet includes everything from the job description and Notice of Posting to the decision form and all other documents created and collected throughout. We reviewed 20 requisitions' DTHs, noting two requisitions with issues. Those issues were the same each time: the required selection meeting notes were insufficient and needed to be corrected before HR could proceed with the offers. It is unclear why the issue was not addressed by the Recruitment Team prior to forwarding the DTH to my office; however, after discussing the issue with Recruitment leadership, there appears to be more consistency in reviewing the DTHs before sending them out to me and the CA. It is this push that resulted in a significant decrease in the amount of DTH errors noted. The 5<sup>th</sup> report identified a 38% error rate, whereas there was only a 10% error rate this reporting period.

Advance Clinical Position Process (ACP). We track the ACP process separate from the other processes, because the procedures are significantly different. During the last reporting period, we attempted to track ACP throughout the various reported processes (Posting, Validation, etc...); however, the only two processes where that was easily done are Posting and DTH. Based on the nature of those two processes, it is easy to correlate what happens during an ACP process versus other hiring process such as General or Actively Recruited. Therefore, if an issue was noted during the ACP review for either a DTH or Posting process, those issues were reported in the respective processes above.

The remainder of the ACP process for interviewing, selection of candidates, and applicant screening are so different that it is difficult to correlate the concerns with those in the other hiring processes. That is why there is a separate column in the chart above for ACP. It captures the overall issues, including those reported in Postings and DTHs. Of the nine (9) requisitions monitored, three (3) had noted problems (one of which was a Posting concern, reported in the Posting section). Two (2) of those issues involved confusion around the interview process.

In one, the department failed to provide notice of interviews conducted. This was identified after a review of the Activity Log that must be kept throughout the recruitment and selection process. The other issue was poor documentation. The Activity Log information did not match the Interview Notes provided by the Hiring Manager and even indicated that potentially unauthorized employees were involved in the process. After seeking clarification from the department, it was determined that nothing improper occurred during the hiring process except for

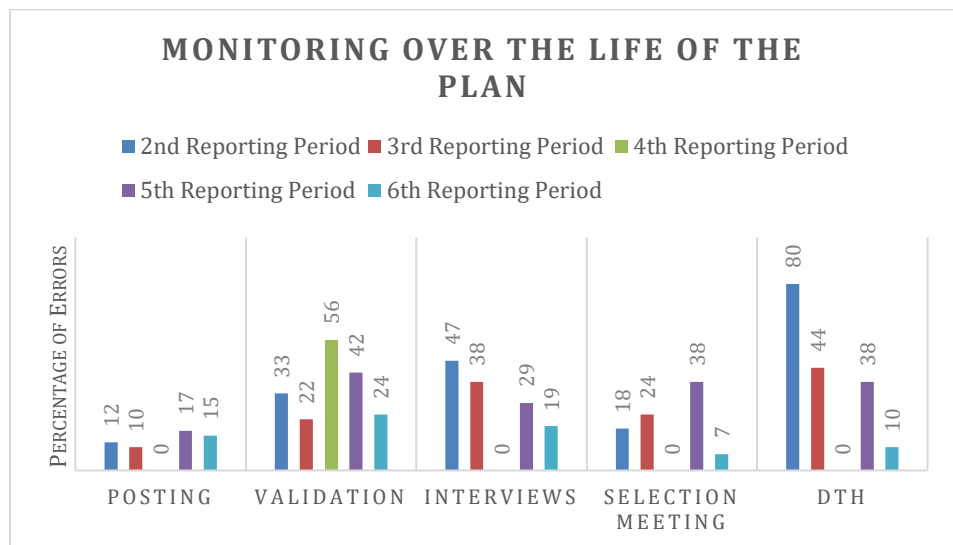


poorly worded documentation of the process. Once the documentation was corrected, HR proceeded with processing the packet and making offers without further concern.

*Long Term Overview of Hiring Processes*

This next chart shows the progression of issues identified during the hiring process starting with the Second Semi-Annual reporting period (March 1, 2015) through the present. As you can see, there is a distinct improvement trend for each of the processes except Posting which has stayed relatively flat. This is likely due to the fact that Postings are usually monitored due to an identified issue in another area of the hiring process and we must review that part of the process, or they are reviewed during the DTH stage as a consequence of the complete audit of that particular hiring process. It is noteworthy that for this particular reporting period, as in the last, there were only one to two issues identified with the Postings during a DTH review. The other issues were noted and reviewed because information was provided by the CA about a concern. In this reporting period, out of the over 500 requisitions posted, issues were only identified with four (4) though only 27 were reviewed by my office.

*Note:* In my 4<sup>th</sup> Semi-Annual Report, I focused on the numbers for Validation but not the other processes. Therefore, the other parts of the hiring process have a void where the 4<sup>th</sup> report would be. I included the numbers from the 4<sup>th</sup> Report to demonstrate the continued improvement in screening the applicants demonstrated by CCHHS. It is also noteworthy to point out there was no monitoring data for my 1<sup>st</sup> Semi-Annual Report, because CCHHS had not implemented the Plan provisions officially until management had been trained on the Plan.



The reporting periods referenced in the chart above are as follows:

<b>Report Period</b>	<b>Dates</b>
<b>1<sup>st</sup></b>	October 21, 2014 – February 28, 2015
<b>2<sup>nd</sup></b>	March 1, 2015 – August 31, 2015
<b>3<sup>rd</sup></b>	September 1, 2015 – February 29, 2016
<b>4<sup>th</sup></b>	March 1, 2016 – August 31, 2016
<b>5<sup>th</sup></b>	September 1, 2016 – January 15, 2017
<b>6<sup>th</sup></b>	January 16, 2017 – July 15, 2017

The largest improvements can be seen where HR is in control of the process – Posting, Validation and DTH. For Validation, HR conducts most of the screening processes, or if management screens the applicants (as in the Actively Recruited Process or Advance Clinical Position Process), HR verifies the screening of the applicants and candidates. As for the DTH stage, HR reviews and puts this packet together before sending it for review to my office and the CA. As a consequence, HR has the opportunity to make sure that the packet, and any work completed by HR or the Department, is all in order before sending the completed packet.

In general, the graph above demonstrates significant improvement in application of the Plan provisions over the last 2 years. There was significantly more non-compliance with the Plan during the last reporting period when compared to this reporting period. I believe this is attributable to the experience of management with these processes and no new changes to the Hiring Process which would significantly alter how management handles their portion of the process. As for the HR improvements, HR leadership has put in place significant changes to the internal processes in addition to the increased communication between my office and all of the Recruitment Teams (not just the one that has an issue at any given time). The success of those efforts can be seen in the dramatic improvements made between the last reporting period and this one; there was an increase in the compliance rate of monitored activity from 67% average compliance to 85% this reporting period.

Supplemental Policies:

On November 1, 2016, CCHHS implemented the Supplemental Policies & Procedures Manual (Manual). Many of the policies in the Manual are infrequently used, such as Interim Assignments, Reclassifications, and Third Party Vendors. As of today, we have not conducted any reclassifications pursuant to this policy. The Reclassification policy, along with Demotions, Desk Audits, Recalls and Transfers will be monitored when utilized. On the other hand, we have had activity regarding the other policies in the Manual. Discipline is the most widely used policy across CCHHS, and will be discussed at length below. However, I also had an opportunity to monitor a few of the other policies: Training Opportunities, Overtime, Interim Assignments, and Third Party Vendors.

### *Discipline*

Discipline is the most widely used of the Supplemental Policies. Although the policy does not guide managers on how or when to discipline employees, the policy outlines how discipline is documented and sent to HR. Since implementation of the policy in November, HR has received approximately 807 Disciplinary Action Forms (DAFs) through the discipline email account that is used as a repository for all DAFs. During this reporting period, HR received approximately 714 DAFs, and of those 714, approximately 157 were returned to the departments for corrections and changes. The corrections and changes most commonly needed were (1) adding signatures of the Department Head and/or Supervisor, (2) including prior discipline on the form to demonstrate progressive discipline was warranted, and (3) attaching supporting documents. The request for changes can come from my office, but most commonly it is the HR Labor Team that works with the departments and managers to ensure corrections are made. HR actively works with management on the DAFs sent, working to get corrections and revisions completed as quickly as possible.

As the volume was significant, and this is the most commonly used policy by all departments, the CA sought to audit early on in order to determine the success of the roll out of the new policy. The CA conducted an audit in February and provided her findings to CCHHS. These findings highlighted that further education on the policy was needed. The CA audited 17 departments and only reviewed whether the discipline found in the department files had been sent to HR. Approximately 40% of the departments reporting any discipline sent the DAFs to HR less than 50% of the time.

Once the CA shared these results, HR and I undertook conducting individual training sessions with the departments audited that struggled with compliance. Additionally, we sent out communications and reminders to the Department Heads and management about the policy and its requirements. Immediately we saw an increase in DAFs emailed to HR as well as fewer issues with the submitted DAFs.

In order to determine if the efforts made after the CA's February audit were successful, the CA and I conducted another audit at the end of May and beginning of June. Those results will be discussed in the Audit section, below.

### *Interim Assignments*

A total of three Interim Assignment approvals have been forwarded to my office per the Interim Assignment Policy, two of which were received during this reporting period. The policy requires that the Department Head send in the request to HR to approve an employee work in a different position on an interim basis. The Department Head provides HR with the request as well as the resume of the selected employee, because it is necessary to demonstrate the employee meets the minimum qualifications for the position. After review of the notifications and

approvals, I did not identify any concerns. To date, CCHHS is fully in compliance with this policy.

### *Third Party Vendors*

Although HR has been using this policy since implementation of the Plan in October 2014, it was officially incorporated in to the Manual on November 1, 2016. This policy has been used twice during this reporting period. The policy requires that any Third Party Vendor retained by HR perform its work in compliance with the Plan and Manual, and execute No Political Consideration Certificates (NPCCs) upon the request of the Chief of HR or the Employment Plan Officer (EPO). It also allows the EPO to monitor any work by the vendor to ensure compliance.

The vendor currently retained by HR to complete a classification and compensation study has met these requirements. The NPCC is part of the contract with the vendor, and each of the employees working for the vendor at CCHHS has met with me for training on the Plan and Manual. Furthermore, CHHS requires the vendor to complete additional online training courses, including the Employment Plan course that is completed by all staff annually.

HR utilized the policy again when it retained a vendor to conduct its employment verification and reference checks as required by the Plan. Although this vendor has not received the type of classroom or online training the classification and compensation vendor completed, it was required to sign an NPCC in accordance with this policy. The EPO has also been provided access to the vendor's tracking site in order to monitor and audit the work performed by this vendor. To date, CCHHS has been in compliance with the Third Party Vendor policy.

### **AUDITS**

As mentioned above, the CA conducted a Discipline audit in February of this year. However, the CA, in an effort to ensure that the policies are executed as intended, decided to conduct a follow up audit of discipline during the spring, as well as review two additional policies: Training Opportunities and Overtime. The Overtime Policy audit was conducted solely by the CA and was discussed in her most recent report to the Court (CA's 18<sup>th</sup> Report). However, my office worked with the CA to conduct the Training Opportunities Policy audit as well as the follow up Discipline Policy audit. Below is a summary of the audit activity and findings.

#### Discipline

The Discipline Policy audit was a significant undertaking by the CA and me. The policy was only rolled out six (6) to seven (7) months prior to conducting the audit at the end of May and early June, thus problems were bound to be identified.

However, identifying the trouble spots and issues early on is beneficial to ensuring long-term success of the policy and the ability to correct problematic trends in implementation.

The audit consisted of reviewing the department discipline files and comparing them to the discipline tracking log kept by my office. The tracking log captures all discipline sent to HR pursuant to the Discipline Policy. We audited 21 departments which ranged in size, complexity and location. Some of the departments were larger in size and covered multiple CCHHS locations, while others only had a few staff members isolated to a clinic or one CCHHS campus location. Overall, the results showed that there was improvement from when the CA audited CCHHS in February. Nonetheless, the audit did identify weaknesses to improve.

Out of the 21 departments audited, only 19 departments disciplined employees between November 1, 2016, and the date of the audit. Just over half (9 departments) fully complied with the policy; approximately one third (6 departments) complied with the policy at least half of the time; and two departments complied less than thirty percent of the time. Generally, the departments fully in compliance were smaller in size or had smaller numbers of employees disciplined. Only one of the fully compliant departments was considered a large department. However, of the four (4) departments that struggled the most, three of them were large departments. Overall, CCHHS was 74% compliant with the policy based on the sampling of departments audited.

The CA calculated her numbers a little different, resulting in an 81% compliance rate. Our calculations differed based on what was taken into account. The CA counted as compliance when a department sent the DAF to HR but failed to provide the department file for review during the audit, where as I did not. Several departments (8) did not present all of the files of employees disciplined during our audit. For two of those departments, the number of files not presented for review exceeded 10.

#### *Corrective Action*

The calculated compliance during the CA's initial audit was 58%. Therefore, there was significant improvement by the second audit (74%). However, CCHHS needs to improve its compliance with this policy much closer to 100% in order to demonstrate it has sufficiently absorbed the new policy into its daily operations. To improve our compliance, HR and I met with the CA to discuss the strategies we would employ to accomplish a higher compliance rate.

There has been a constant barrage of communication with the departments about the Discipline Policy and its requirements since the beginning of July. First, the Chief Executive Officer (CEO) met with each of the leaders of the departments identified as struggling in order convey the importance of complying with the

policy requirements, encourage random/pop-up audits within their departments to identify problem areas and work with struggling managers and supervisors, and to attend additional training with my office. He also communicated the same during Senior Leadership meetings.

Next, I modified my training module for the Supplemental Policies to hone in on those trouble areas as well as provide more concrete examples of what needs to be done (and what should not be done). These changes have been incorporated into all of the trainings since June, including the training session geared toward Department Leadership. This modified training will continue to be used as we roll out the annual training of the Supplemental Policies. To that end, it was also determined by HR and me that classroom training on this policy should be done to meet the annual obligation in the Plan instead of transitioning to the online course. Starting at the end of August, as noted in the Training Section above, the annual Supplemental Policies training will commence.

Finally, repeated written correspondence regarding the audit results, audit tips, and policy reminders have been sent to all managers and leaders who have already received training. The correspondence included reminders, Dos and Don'ts, and specific guidelines about the files the departments need to keep. They will also get weekly reminders through our CCHHS weekly emails about the policy. This, in conjunction with management's pop-up audits, should reinforce the policies well enough for improved results during the next audit which will take place in September.

### Training Opportunities

The Training Opportunities Policy (Training Policy) requires Department Heads to make reasonable efforts to equitably distribute non-mandatory, not department-wide training to its employees. In addition to equitable distribution, the Department Heads must keep files related to the use of this policy as well as sign an NPCC twice a year. At the end of January, I issued the first NPCC survey to Department Heads and other select leaders in order to capture the required NPCC signatures and identify which Departments had trainings that fell within the parameters of the policy. The list generated through the survey provided the information necessary to conduct the audit.

The NPCC survey identified 16 departments that offered or tracked training as required by the Training Policy.<sup>3</sup> Each of these departments was contacted and a meeting was scheduled to review their training files. The CA and I expected to find the following during the audit: (1) the types and names of the trainings offered; (2) how the employees were notified of the training opportunities; (3) how employees were selected to attend; and (4) employee attendance. At the outset of

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<sup>3</sup> Seventeen (17) employees reported trainings on the NPCC survey. However, one (1) department had two leaders required to complete the NPCC survey. The information provided by each was identical.



the audit, we knew there would be issues due to the amount of confusion about the files requested during the audit.

Eight (8) of the 16 departments audited did not actually have trainings covered by the Training Policy. Instead, the information reported on the survey was mandatory or department-wide training which is not covered. Of the eight (8) remaining departments, only three (3) fully complied with the policy. The remaining five partially complied with the policy. Many of them kept records of who attended particular trainings, but often, the files were missing how the trainings were offered, how employees were selected, and attendance sheets.

A few of the departments acknowledged they did not track this information or keep records outside of certifications or reimbursement vouchers. They asked for more concrete assistance in the form of a tracking log that would assist them in complying with the policy. I modified the tracking log I used for my office and sent it to those managers. However, after the audit results were reviewed and shared with HR, we determined that it would be best to provide this tracking log for all managers and Department Heads to assist them with the policy.

This more robust tracking log was distributed to the Department Heads and managers in July along with detailed information about how to successfully follow the policy. Furthermore, Senior Leaders/designees will be conducting pop-up audits of their departments (particularly those departments that struggled during the last audit) to ensure their Departments are accurately following the requirements of the policy. A new audit will be conducted with the CA at the end of August to assess the success of the new tracking tool and additional information provided to management in July.

## **INVESTIGATIONS**

The March 3<sup>rd</sup> amendment included a change to Section IV.L.1. It now requires my office to conclude investigations within 180-days. If an investigation cannot be concluded within 180 days, then a notice must be sent to the complainant explaining the delay. In an effort to enforce this provision of the Plan, all new complaints are undergoing investigation simultaneous to the pending investigations filed prior to approval of the Plan amendment.

My goal of closing many of our investigations and issuing most of our outstanding reports was unable to be met this reporting period. One month into this reporting period, one of my staff transferred to another agency. Shortly thereafter, two more of my staff resigned to pursue different areas of the law, leaving me with one analyst finalize the files for those who resigned.

Closing files and issuing reports was delayed in large part due to the staff shortage in my office, but also due to the conducting the Discipline Policy audit while simultaneously creating and finalizing the annual training modules recently rolled

out. With those major undertakings behind us, and a full staff anticipated before fall, we expect to reach our goal of closing all 2015 and 2016 files by 2018.

As for this reporting period, we received 16 new complaints and issued five (5) incident reports. Of those 16, we opened five (5) new investigations and incorporated two (2) of the new complaints into a pending investigation from 2016. Six (6) of the new complaints were closed out with minimal or no investigation; three (3) of the six (6) were forwarded to other departments or agencies for investigation. Each new complaint will be described more fully, below.

### ***New Complaints***

EPO2017-6 & 7/ **16-010**: Complainants filed within one month of each other making identical complaints about potential violations of the personnel rules by HR. These complaints closely resemble, and involve the same potential rule violation, as a 2016 complaint. These were consolidated with the 2016 complaint. The investigation is complete; a report is *pending*.

EPO2017-8: Information provided by Corporate Compliance about a potential violation to the Plan's Intern provision. Upon initial inquiry and review of the relevant documents, it was determined there was no violation and further investigation was unnecessary. *Closed*.

EPO2017-9: Complaint from current CCHHS contractor about unfair hiring practices was forwarded by HR. After review of the complaint, the allegations indicated racial and/or ethnic discrimination, so this complaint was forwarded to the CCHHS EEO Director for further investigation. *Closed*.

EPO2017-10: Complaint that Employee's Manager "slandered" her, was sabotaging her career, and falsified documentation related to her work. After a preliminary inquiry, the information was forwarded to Corporate Compliance and the EEO Director. *Closed*.

EPO2017-11: HR sent a request for an opinion on a hiring process/applicant screening matter. After discussion and determination on how to proceed with the immediate matter, I opened an inquiry into whether there was sufficient information to warrant a full investigation for placing the applicant on the Ineligible for Hire/Rehire list. After a review of the available information, it was determined that further investigation was not warranted, and the file was closed. *Closed*.

EPO2017-12/ **17-010**: EPO initiated inquiry into final screening of selected candidate during a hiring process monitored by my office. After discussion with HR and the Department it was determined that one of the minimum qualifications was not initially screened by the Interview Panel prior to interview. HR stopped

the hiring process from proceeding. However, EPO transitioning this into an audit to determine if the Department's failure to screen for the qualification led to hiring any candidates in the past that do not in fact meet the minimum qualification. *Pending.*

EPO2017-13: Complaint that a Department Head was showing favoritism to certain employees, that a current employee had been preselected for an open vacancy currently in the hiring process, and potentially promised promotion to a current supervisor to a manager position. This three-part complaint remains pending because the hiring processes are still active. My office is currently monitoring them and will move this investigation forward or close it, accordingly, once the hiring processes have been completed. *Pending.*

EPO2017-14/ **17-002**: Information forwarded by HR that an applicant may have falsified education experience. *Pending.*

EPO2017-15/ **17-006**: Allegation of a conflict of interest that was not reported during the hiring process which led to the hiring of a candidate without objective consideration given to the other candidates. Additional allegation that Complainant has applied to dozens of vacancies but never gets called for an interview. *Pending.*

EPO2017-16: Complaint that parking benefits were improperly rescinded. *Pending.*

EPO2017-17/ **17-007**: Complaint forwarded by Department Head about potentially biased hiring process and an Interview Panelist violating the Plan by speaking with a candidate outside of the hiring process. *Pending.*

EPO2017-18: Complaint forwarded by Corporate Compliance based on anonymous hotline complaint. Allegation was that an employee was escaping discipline due to political contacts. Corporate Compliance and the EPO forwarded to the Office of the Independent Inspector General (OIIG) per Plan Section IV. *Closed.*

EPO2017-19/ **17-009**: Complaint that Interview Panel had unauthorized contact with other employees outside of the hiring process about active candidates. *Pending.*

EPO2017-20/ **17-008**: Complaint of an unjust hiring process by appointment of an inappropriate Interview Panel with potential conflicts of interest in addition to unauthorized contact with other employees about the candidates outside of the interview process. *Pending.*

EPO2017-21: Anonymous complaint filed through the Corporate Compliance hotline alleging that an unqualified candidate was selected for an unnamed

position. Insufficient information to start an inquiry or investigation and unable to contact complainant for further information. *Closed.*

### ***Reports Issued***

This reporting period I issued six (6) incident reports at the conclusion of an investigation of a complaint. In three (3) of those cases, I sustained (or sustained in part) the allegations, and HR provided a response for each as required by the Plan. In addition, HR provided three (3) responses to incident reports I discussed in the February 2017 report. Each is detailed as follows:

15-024 HR Response: In a report issued on December 4, 2016, I did not sustain the allegations, but I did make recommendations regarding an undocumented policy and process. In the Complaint, Complainant alleged that HR improperly rescinded her offer and denied her the opportunity to be selected when another job position was available at that same clinic. The rescinded job offer was due to a dated Cook County policy still in practice that employees on a leave of absence were not eligible to apply to job vacancies. Based on the long standing practice and current Plan, there was no violation of the Plan or Personnel Rules. However, as stated in my last report, I recommended the following (1) that HR should reviewed its current Leave of Absence practice and draft a policy or Personnel Rule amendment to memorialize that policy, and (2) that rescission letters should be sent to candidates in lieu of just a verbal rescission.

HR provided its response pursuant to the Plan on February 27<sup>th</sup>, 2017 explaining that it agreed with all of the recommendations. For the first, recommendation, HR identified the need to hire an individual who can assist in reviewing all of the current Leave policies and make recommended changes and ensure implementation in accordance with all of the laws related to Leave. For the second, HR agreed that written rescission letters should be issued and the same was communicated to the HR teams responsible for such. However, HR determined that a separate policy was not necessary to accomplish that.

I have no concerns with HR's response to this incident report.

15-035 HR Response: HR issued its response (Response) to this incident report on January 18, 2017, which was discussed in my last report issued in February. However, at that time, I determined that although the statements in the Response were accurate, the Response did not address the lack of a policy required by the Personnel Rules. In an effort to meet its obligation, HR provided an additional Response on March 1, 2017, more fully explaining that HR was in the process of updating its information on the positions affected and creating a policy. After several meetings with the CA, Class Counsel representing the *Shakman* plaintiffs, the OIIG, and EPO, HR has drafted policies to meet the recommendations in incident report 15-035 and is drafting changes to the Personnel Rules to ensure

this does not happen again. An update will be provided once the policies are finalized and the Personnel Rules amendment is approved.

16-013 HR Response: In the February report, I described the incident report issued for investigation file 16-013 on December 27, 2016. The Complaint came through HR, when a Hiring Manager purported to make a decision in the hiring process which differed from the documentation provided at a later date. I sustained the allegations, finding the Hiring Manager violated Plan Sections V.M 3-4 and O.1; the following recommendations were made: (1) the Hiring Manager and her team receive re-training on the hiring processes; (2) the Hiring Manager meet with her Supervisor to go over the importance of following the Plan; and (3) that HR or the EPO monitor all hiring processes for this department following the retraining of Hiring Manager and her team.

HR provided its response (Response) on February 28, 2017. HR agreed with each of the recommendations and they have since been implemented.

**14-002**: On February 16, 2017, I issued the incident report sustaining in part the allegations of this Complaint. The Complaint was sent to the HR Labor Team (which was then forwarded to me) by a Director alleging that the Department Chair wanted information about why a particular employee had not been selected for a promotional position. The Department Chair conveyed that the Manager wrote the job description specifically for that employee and that the employee needed to be selected. I found that the job description had not been written specifically for that employee. The job description followed the same pattern as other supervisor positions for that department and that the employee had been appropriately disqualified for failing to meet the minimum qualifications during that hiring process. However, I did find that Department Chair violated the Plan when Department Chair inserted him/herself into the process and told the Director to select the employee for the position when Department Chair was not authorized to make such a demand. I did not make any recommendations, because Department Chair had been trained on the Plan by the time this report was issued, and the same concerns have not occurred since that training. A Response by HR was not necessary. *Sustained in part.*

**15-013**: On February 22, 2017, I issued an incident report explaining the allegations were not sustained. Complainant alleged that she was improperly withdrawn from the hiring process to which she applied and that she should have received an offer for the position. After a thorough investigation, I found that through some errors, Complainant was temporarily withdrawn from the process. However, the errors were recognized and corrected by HR prior to filling the vacancy. Despite the withdrawal error, Complainant was not harmed, because she was not the top ranked candidate for the position. The top ranked candidate did accept the offer of employment. The Complaint was not sustained and no recommendations were made, thus an HR Response was not necessary. *Not Sustained.*

**15-020:** On April 4, 2017, I issued the incident report for this investigation and did not sustain the allegations. However, recommendations were made, as described below. Complainant alleged that she was promised a new position within her department by the Director, although she was told she would still need to go through the process. Further, the job description for this position and others similar to it, were changed so that a specific employee who did not meet the original minimum qualifications could be selected. Complainant maintained that this selected employee did not meet the qualifications for the position. After a thorough investigation, it was determined there was insufficient evidence to sustain the specific allegations by the Complainant. However, there had been changes made to the job descriptions of several manager positions by the prior HR administration and there was no documentation as to why they were modified or why some of the selected candidates were placed in the chosen salary grade. Thus, I recommended that: (1) HR conduct a review and study of these Financial Manager positions in order to determine that the minimum qualifications are accurate, customary and consistent; (2) if changes are necessary, a determination be made about the incumbents and whether they meet the job description requirements; and (3) that the job description changes, if necessary, and review of the incumbents take place according to the Plan and Manual. *Not Sustained.*

HR Response: On June 7, 2017, HR provided its Response. HR agreed with each of the recommendations and noted that HR will review those job descriptions accordingly.

**15-021:** On February 15, 2017, I issued the incident report regarding this complaint and sustained the findings. HR forwarded information that a Hiring Manager may have made offers to a few candidates in violation of the Plan which requires that all offers come from HR exclusively. During a thorough investigation, Hiring Manager admitted to telling three internal candidates that they had received the positions for which they interviewed and began working them on the unit weeks prior to HR issuing official offers. I sustained the allegations and recommended to the Executive Director that the Hiring Manager receive additional training on the Plan prior to conducting any further hiring processes for the department. Because Hiring Manager attended the training, had no further occurrences, and was ultimately terminated from CCHHS for other reasons shortly thereafter, no further recommendations were issued. An HR Response was unnecessary. *Sustained.*

**15-038:** On February 28, 2017, I issued my incident report sustaining in part the allegations in this Complaint. This investigation comprised two separate complaints – one from an applicant, and another from the CA’s office. Both alleged that CCHHS was using a Do Not Rehire list in violation of the Plan; Complainant Applicant also alleged she was improperly placed on this list and was prevented from working at CCHHS because of her placement on the list. After a thorough investigation, it was determined that HR had a Do Not Rehire list that



was not in compliance with the Plan; however, despite having the list, it was not utilized once the Plan was approved and implemented. In addition, Complainant Applicant's name is no longer on the list because the circumstances did not qualify under Plan Section IV.P. By the time the investigation was underway, HR and my office was actively collaborating to revise the Do Not Rehire list to bring it into compliance with Section IV.P. As such, despite sustaining the allegations, in part, the only recommendation made was for HR and my office to continue to work together to create, revise and implement an Ineligible for Hire/Rehire list that complied with the Plan. *Sustained in part.*

HR Response: On April 6, 2017, HR provided its Response to the recommendations made in at the conclusion of this investigation. HR agreed with the recommendation and has, in fact, worked in collaboration with my office to successfully implement the CCHHS Ineligible for Hire/Rehire list.

**16-008:** On February 14, 2017, I issued my incident report explaining the allegations were not sustained. The complaint was forwarded from HR; the Complainant was upset when she was told she could not be selected for the position to which she applied and interviewed, because she failed to provide the required education documentation on time. The Notice of Posting (the job advertisement) indicated that candidates must bring his/her official transcripts as well as the listed certifications on the Notice. Complainant alleged she provided the documents the day following her interview; the Interview Panel and staff told HR that she had not provided it within 48 hours of her interview. After a thorough investigation, my office was unable to find supporting evidence that the documents were provided to the Interview Panel within 48 hours after the interview. As such, the candidate was properly disqualified. *Not Sustained.*

### ***Other Closed Files***

In addition to the new files that were closed without moving into the investigation phase, the following were also closed during this reporting period:

EPO2016-8/ **16-006:** Complainant alleged improper screening practices in HR which effectively eliminated her from approximately 40 or more positions to which Complainant applied. After review of a sampling of the applications submitted and discussion with HR, it was determined that the information provided by HR to the Complainant was correct. The Complainant, and employee, was reminded of the screening process and that meeting all of the minimum qualifications was necessary to proceed. It was noted at the time the file was closed that Complainant interviewed and was selected for a new position to which she applied. *Closed.*

EPO2016-12/ **16-011:** Complainant alleged that HR did not have her current job description in her file and did not place her in the correct title when she was selected for her position. The job description in her personnel file did not

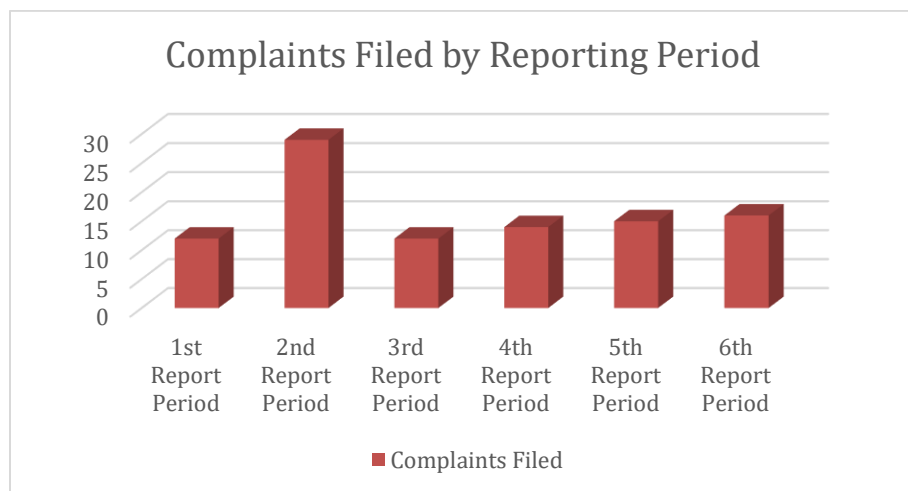
incorporate any of her current job duties. After looking into this complaint, my office was unable to contact the Complainant for further follow up and information. Finding not violation of the Plan or other policies upon review of the documents, and unable to contact Complainant for further information, this file was closed. *Closed.*

EPO2016-18: Anonymous complaint received through the hot line alleged that two employees were promoted into positions during the displacement process without meeting minimum qualifications. Upon reviewing the displacement list and information in TALEO and HR, it was determined that the named employee did meet minimum qualifications allowing for placement in the stated position during the displacement process. The other employee was not named, so further investigation could not proceed. *Closed.*

EPO2016-30: Complaint alleged that HR improperly rescinded a job offer because HR claimed Complainant falsified employment documentation. After review of the candidate's records and documentation, it was determined there was no policy violation and further investigation was not warranted; this was explained to the Complainant. *Closed.*

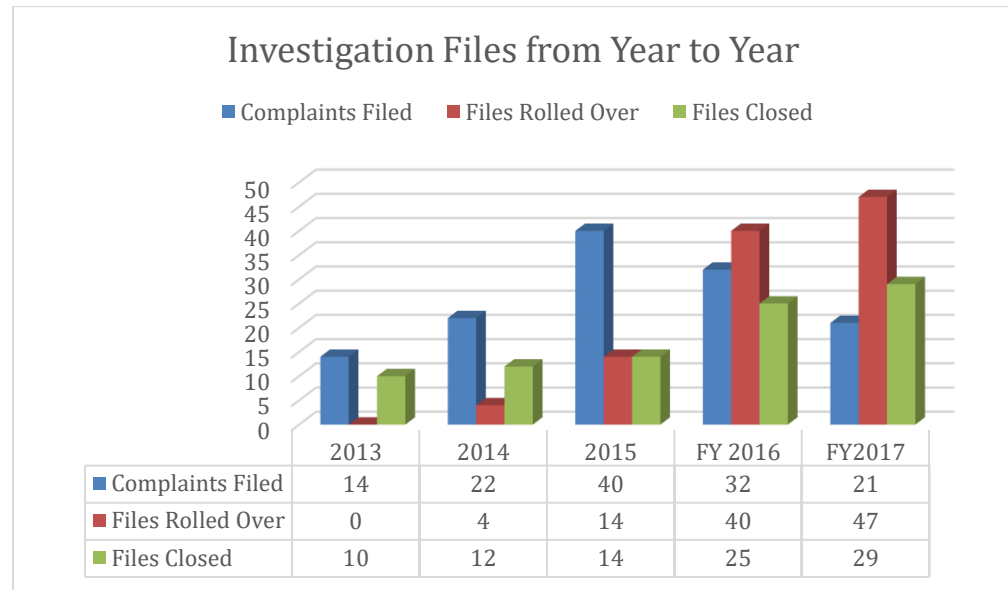
### Investigation Summary

Since finalization and implementation of the Plan, the number of complaints my office receives each reporting period hovers between 10 -15 (see chart below). There was a spike in the number of complaints filed in the 2<sup>nd</sup> reporting period which I attribute to the then recently implemented provisions the Plan along with training all employees on the Plan that summer. After training occurred, there was a sharp decrease in the number of complaints for the next reporting period (from 29 to 12) and it has remained in the same range since that time.



This next graph represents the volume of work surrounding complaints and investigations we have from one year to the next. We had an initial rollover from

before the first reporting period began (March 2015 report), and then each year thereafter. As you can see, we started tracking by fiscal year (FY) starting in 2016. Prior to that, we tracked by calendar year.



During the next reporting period, a more extensive report of the number of sustained verses not sustained investigations, as well as an analysis of the topics, will be provided.

**SUMMARY**

Since the Plan was implemented, I have been monitoring, auditing, and/or investigating various provisions of the Plan, Manual and Personnel Rules. Although errors and issues have been identified, it is clear to me that most often the issues are just that – errors. Frequently, those errors are unintentional and swiftly corrected before an employee or processes is significantly impacted.

This holds true with the investigation of Complaints, as well. Even when I have sustained a Complaint, more often than not those findings do not show a malicious intent or blatant disregard for the Plan (although occasionally there are such findings). Each time a finding has been made illustrating a violation of the Plan or other CCHHS policy (intentional or not), CCHHS Administration has been receptive to my recommendations and worked to implement them as quickly as possible.

Change is slow in an organization of this size with such an extensive history of conducting employment business differently. With each passing reporting period, I have seen tremendous improvements with Plan execution, and I expect that will continue as the new processes become second nature to our management staff and HR. Furthermore, I believe CCHHS has made a tremendous effort to quickly

implement the new Supplemental Policies quickly and effectively, which will hopefully be illustrated by the next round of audits taking place soon.

Overall, CCHHS has made, and continues to make, progress toward achieving full compliance with the Plan, Manual and Personnel Rules. With diligent monitoring and swift intervention by HR, CCHHS can successfully achieve that compliance.

Sincerely,

A handwritten signature in cursive script, appearing to read "Carrie L. Pramuk-Volk".

Carrie L. Pramuk-Volk

cc: Jeffrey McCutchan, Interim General Counsel for CCHHS  
Doug Elwell, Deputy Chief Executive Officer for CCHHS  
Gladys Lopez, Chief of Human Resources for CCHHS  
Barbara Pryor, Deputy Chief of Human Resources for CCHHS  
Matthew Pryor, Office of the Compliance Administrator  
Andrew Jester, Office of the Independent Inspector General