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February 2, 2018

Dr. John Jay Shannon
Chief Executive Officer
Cook County Health & Hospitals System
1900 W. Polk Street, Suite 220
Chicago, Illinois 60612

Mr. Patrick M. Blanchard
Independent Inspector General
69 W. Washington
Suite 1160
Chicago, Illinois 60602

Ms. Mary T. Robinson
Cook County Compliance Administrator
69 W. Washington
Chicago, Illinois 60602

7TH SEMI-ANNUAL REPORT February 2018

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

This is my seventh 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 July 16, 2017, through January 15, 2018.

TRAINING

Interviewers & Leadership

In July, my office rolled out the first online re-training course for Interviewers/Management. This training course joins the first installment of online Employment Plan training which all staff take during annual education as well as when new employees start at Cook County Health & Hospitals System (CCHHS). The Interviewer/Management training course is provided to management and non-union employees who are authorized to participate in the hiring processes at CCHHS. Initially, this course is conducted in person due to the complexities of the different hiring processes. However, the Plan requires that this training occur annually, so now authorized employees obtain it during annual training. All employees required to participate successfully completed the course by November 2017.

Supplemental Policies & Procedures

As indicated in my last report, after extensive audits conducted by my office and the County's Compliance Administrator's Office (CA), it was determined that managers and supervisors would benefit from a classroom training course to complete their annual training on the Supplemental Policies & Procedures (Supplemental Policies). This began at the end of August, and

after conducting 59 training sessions (three of which were dedicated to Human Resources (HR) staff), all managers and supervisors completed the annual requirement. There was significant positive feedback about the training, in part because management had almost one year of exposure to the various Supplemental Policies and were able to fully relate to the training. This was particularly true with the two policies most often used by management – Training Opportunities and Discipline.

In total, my office conducted fewer trainings in 2017 than in years past. Overall, we conducted the following classroom trainings in 2017:

Training Session	Number of Sessions
HR	5
Interviewer/Manager	21
Supplemental Policies	64

I anticipate, based on the anecdotal outcome of the trainings and the identified improvements in utilization of the Discipline policy (discussed later in the report), the number of classroom trainings will significantly decrease in 2018. My office will begin to work on making the Supplemental Policies training an online course for managers and supervisors to complete during Annual Education. Nonetheless, all newly hired or promoted management and leadership will continue to receive classroom training related to the Plan and Supplemental Policies within their first 90 days of employment. This includes our Board of Directors, who were trained in January 2018.

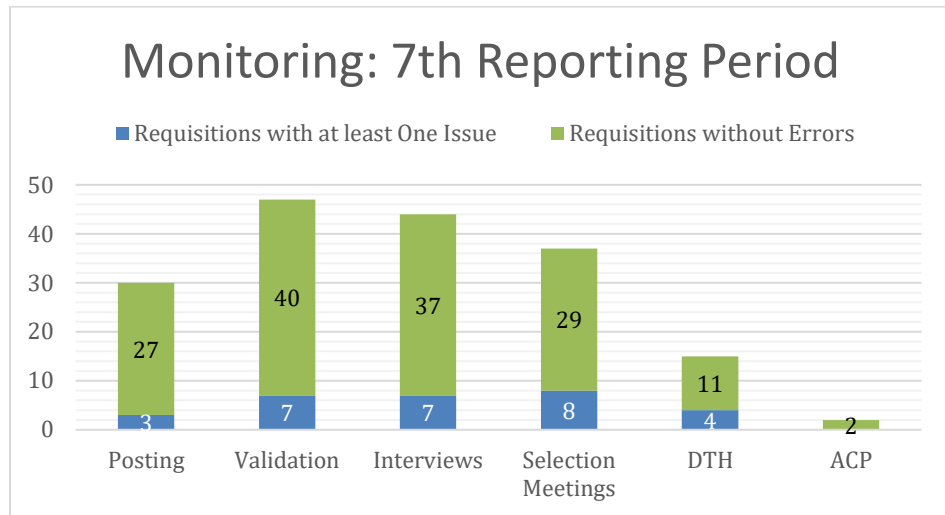
MONITORING

Hiring

Implementing the Plan hiring processes have been the largest and most significant undertaking since the approval (October 2014) and implementation (April 2015) of the Plan. In my last report, I not only detailed that period's monitoring efforts, but also outlined the newly implemented Plan provisions as well as gave an overview of monitoring these processes since Plan approval in 2014. Below I have outlined my monitoring during the current reporting period, as well as will provided an update to that life-span overview.

Since my last report, CCHHS has not implemented any new hiring provisions or made any updates to the Plan exhibits which impact our hiring processes. In addition, much of this last reporting period was spent conducting extensive audits of the Discipline Policy. As such, we did not monitor as many hiring

processes. The graph, below, represents the monitoring activity done this period and the number of violations or errors noted by my office.¹



Posting

My office reviewed 30 Posting processes over the course of the last six months, and issues were only identified with three (3) of the requisitions. In each case, the error related to the pre-screening questions that each applicant is required to answer when completing the application. In two instances, the pre-screening questions did not match the job descriptions exactly. Despite the errors, HR was able to correct for this during the screening process with no impact to the actual or potential applicant pool.

The pre-screening questions were correctly drafted for the other incorrect posting; however, the designation assigned to one question was incorrect. This incorrect designation allowed applicants that self-identified as not meeting the minimum qualifications to proceed to validation. None the less, HR was able to correct for this with no impact to the applicant pool. HR was made aware of these issues and will correct for them if the positions are posted in the future.

Validation

We reviewed 47 validation (or screening) processes, identifying seven (7) requisitions that had errors. A random selection of requisitions to review increased in November and December; however, there was still much targeted monitoring based on information received by the CA's monitoring

¹ As noted in previous reports, at no time did an error or violation result in an improper offer to a candidate. All errors were caught prior to that phase of the process due to the safeguards outlined in the Plan as well as set up by HR.

efforts. Even with the targeted monitoring, there was a decrease in percentage of errors identified at this stage of hiring. The most common error was an inaccurate evaluation of the applications (five (5) of the seven (7) noted issues), and the other two (2) requisitions did not have issues with the determination about the applicants, but merely how those determinations were captured in TALEO.² It is important to note that of the five (5) requisitions with noted applicant evaluation errors, four (4) were due to a shifting areas of responsibility in HR. A few of the Recruitment & Selection Analysts (RSA) were assigned to work with new departments which had positions not previously evaluated by those RSAs. Continued monitoring demonstrated that the RSAs did not make those same mistakes again.

For each of the above concerns, when they were presented to the RSA or to HR leadership, there was agreement that an error had occurred and it was immediately corrected.

Interviews & Selection Meetings³

At the beginning of this reporting period, in July, I activated the first online training course for Interviewers and Managers as a part of their annual Plan education process. For many in management, this was the first time in over two years they had received comprehensive training on our various hiring processes. I expected to find that monitoring over this and the next reporting period would show that the refresher course eliminated many of the common issues previously identified in these Interview and Selection meeting processes. I am happy to report, this did in fact occur.

We monitored 44 distinct interview processes (relating to 41 requisitions) and 37 distinct selection meetings (relating to 33 requisitions). Seven (7) requisitions had violations associated with the interviewing process, and eight (8) requisitions had violations associated with the selection meeting process. These two processes are almost exclusively controlled by the Hiring Managers and personnel outside of the HR department (unless it is an HR vacancy).

For the interviewing violations observed, we noted that in many of these cases it was a newly hired manager that made the error. In those cases, we were able to monitor the new manager again during this reporting period and identified that the manager had adjusted to the process according to direction and training. Additional violations were not identified when monitoring them again. However, in two (2) of the problematic processes, more veteran

² TALEO is CCHHS' applicant tracking system.

³ Please note, that although the graphs refer to distinct requisition numbers, for the Interviews and Selection Meeting processes, I did incorporate duplicate requisition numbers if we monitored multiple, but distinct, processes for the same requisition.

Hiring Managers were responsible for the violations. In one case, the Hiring Manager instructed the candidate to reach out to the panel for any follow-up information; and in the other, the Hiring Manager required the candidates to bring in materials not identified on the Notice of Job Opportunity (i.e. Posting). We have not identified a recurrence of these two issues since that time, and will continue to monitor for them.

Unlike the interview violations, the selection meeting violations were committed by more veteran employees. Of the eight (8) requisitions with issues, the errors noted were: failing to hold the selection meeting in a timely manner, failing to score the applicants after the interview concluded, and failing to provide notice to HR and my office of scheduled meetings. One instance of this is explained more fully in the Violations section, below, because there was a 3 month delay from when the interviews took place and the panel met to discuss the candidates.

Regardless, we have seen a decrease in the number of violations associated with both of these processes. It is expected that new managers may struggle a bit with structure imposed on these processes. But, management has shown that they are able to learn from their mistakes once they are reminded of the correct procedure by HR or my office. There is one exception to that, as outlined below, in the Violations section.

Decision to Hire (DTH)

My staff did not monitor very many DTH packets this reporting period. Of the 15 reviewed, only four (4) had issues that required corrections to be made by HR. Three (3) of those issues related to managers and panelists failing to document properly, and one (1) stemmed from a failure by the candidate to provide her official transcripts at the time she was interviewed. Each of the violations was easily corrected and the DTH packet was updated accordingly. There is one error worth specifically noting – the failure of a panelist to explain the scores given to the candidate. This used to be a very common error noted by my office. However, with the vigilance of the RSAs, these errors are caught (as they should be), in HR before proceeding through the process. Only identifying one requisition that had this error is a marked improvement in this stage of the hiring process.

Advance Clinical Position (ACP)

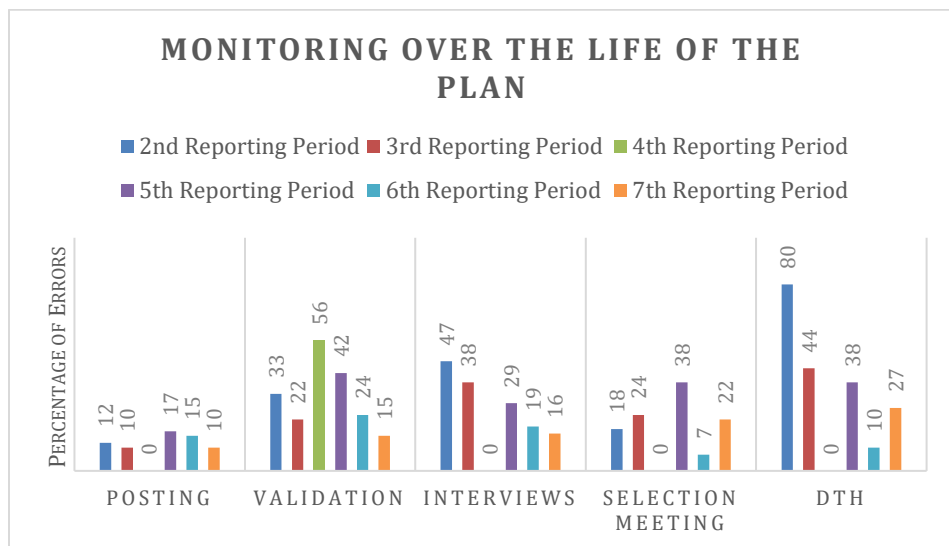
We only monitored two (2) ACP processes this reporting period. There were no significant issues noted, other than one minor posting error which had no impact on the actual or potential applicant pool. Overall, it appears this process has been well received, and management is taking great care to carry out the process accurately.

Direct Appointments

Since July of 2017, there have been seven (7) submissions pursuant to the Direct Appointment process and two submissions pursuant to the Department, Division and Section Chairs of the Medical Departments of the Medical Staff process (which closely mirrors the Direct Appointment process). There were no issues identified with any of these submissions.

Furthermore, the Chief of HR requested an amendment to seven Direct Appointment job descriptions all related to nurse leadership. The change was minor and was accepted by my office and the Office of the Independent Inspector General (OIIG) as required by the Plan.

Overall Monitoring



A few notes about this graph. This graph reflects the percentage of errors identified through my monitoring efforts across the reporting periods. As you may recall from my last report, my 4th Report did not focus on any particular monitoring process, except for validation. Therefore, validation is the only section identified on the chart for that period.

As you can see, there has been significant progress. There appears to be an increase in issues in the Selection Meeting and DTH stages; however, it is important to note that much of our monitoring was targeted toward processes where we knew of existing issues or suspected issues may occur. Another reason for the uptick in issues from the last reporting period goes to the number of processes monitored. We monitored fewer Selection Meetings and DTHs compared to last period, because of the focus on discipline. Taking these two factors into account, we can see that over the last year, there was a decrease in the percentage of Plan violations.

Supplemental Policies

With the first year of implementation behind us, I can now report on each of these policies. However, some of our Supplemental Policies do not provide opportunity for significant monitoring efforts; these include: Demotion, Transfers, Interim Assignment, Layoffs & Recall, and Third Party Vendors. This is because these particular policies are rarely utilized by management.

As indicted in my last report, three of the policies were audited by my office and the CA. These audits demonstrated that in the first six months of implementation, there was significant room for improvement. Follow-up audits were conducted in August, September, and October to determine whether improvements occurred after significant communication from my office and Senior Leadership. In this section, I will not only identify our monitoring efforts, but also our autumn audit results for the Overtime, Training Opportunities, and Discipline policies.

Reclassification (#02.01.11)

The Reclassification Policy allows Department Heads to reclassify a position, series of positions, or group of positions when the principal job duties substantially change (whether increased or diminished) as long as he or she abides by any applicable Collective Bargaining Agreement (CBA) as well. However, even if the policies can be utilized, the Chief of HR must approve the request. If the request is preliminarily approved, a desk audit is performed. To date, there has been one official request for reclassification using this policy, but it was denied. The request was for a non-union, management level position. The Chief of HR denied the request, because she determined that the appropriate way to handle the reorganization in that department was to utilize the hiring process. I had no concerns with the execution of this request or denial.

Transfers (#02.01.12)

The Transfer Policy establishes a process for Department Heads to notify HR and my office when an employee is moving work locations but remaining within the same department as long as any applicable CBA provision is also followed. In the last year, there have been four official transfer notifications sent, but for two of those, HR had to counsel the departments that the transfers could not take place due to CBA provisions. I had no concerns with the execution of the policy in each of these instances.

The other two requests came in from the same department, identifying that two supervisors would be transferred to the CCHHS locations during the day to assist in operations at those locations. Although a few revisions were

needed on the forms, the policy was followed. No significant concerns were identified.

Of note, as will be noted in the Investigation section, below, a complaint has been filed relating to this policy which is currently under review.

Interim Assignment (#02.01.16)

The Interim Assignment policy and process is used to fill vacant, non-unionized positions on a short term basis. The request is made by the Department Head, and the Chief of HR must review and approve/deny the request after assessing that the request meets all of the policy requirements. The most important of the requirements is that the employee who is proposed to fill the assignment meets the minimum qualifications for the position.

During this reporting period, I have not received notification of any Interim Assignment requests. However, as will be noted in the Investigation section, below, a complaint has been filed relating to this policy which is currently under review.

Layoff/Recall (#02.01.17)

During this past reporting period, two layoff processes have occurred, one in August and another in January. In this section, I will focus on the non-union employee layoffs, as HR is still gathering the information related to the union employee layoffs and displacements. I will comment on the union layoffs in my next report after review of those materials.

In August, four non-union employees were laid off, and in January, an additional three non-union employees were laid off. The proper layoff request was provided by the Senior Leader, as required by the policy, and when submitted, HR also included the HR NPCC form as well. There were no concerns with how the employees selected for layoff were chosen.

Third Party Providers (#02.01.18) & Demotions (#02.01.20)

The Third Party Vendor policy establishes a process for using vendors or contractors to perform HR-related functions. There were no requests submitted regarding the Third Party Vendor or Demotion policies.

Overtime (02.01.14)

The CCHHS Overtime policy covers our non-union employees that are eligible for overtime pay. CCHHS has approximately 58 employees that fall into this category. The CA's office conducted two audits of this policy in 2017. The

results from the 1st audit demonstrated that most of the departments with such employees were not in compliance. The single biggest issue was demonstrating the selection process for eligible employees with supporting documentation. Based on those results, which were communicated to CCHHS in June 2017, HR leadership and I discussed putting together a spreadsheet for management to use in order to track this information. In addition, I updated the Supplemental Policies training to include the new materials as well as more detailed information on how to execute this policy.

Over the summer, updates were sent out to management via email and during a leadership meeting about the change in the process for tracking use of the policy. At this same time, my office kicked off annual, classroom training on this and the other Supplemental Policies. In August of 2017, the CA conducted another audit of this policy with the same departments. The CA reported to CCHHS (and the Court) that there was significant improvement and substantial compliance with the implementation of this policy. My office will conduct future audits of this policy to ensure continued compliance.

Training Opportunities (02.01.13)

As outlined in my 6th Semi-Annual Report, this policy was audited by my office and the CA in 2017 on two separate occasions– May and August. That report detailed the results and corrective measures taken by CCHHS leadership in order to improve implementation of this policy. One of the mechanisms that leadership used was to conduct pop-up, internal audits of their departments to ensure they were compliance ready. This was done with the assistance of our Internal Audit department. My staff and I worked closely with Internal Audit when they identified a struggling department in order to clarify the processes, clarify which training opportunities needed to be tracked, and to make sure their records were in order.

In July of 2017, I issued the second round of required No Political Consideration Certificates (NPCC) for the Department Heads and leadership to sign as required by the policy.⁴ The information gathered from this NPCC distribution provided what we needed to conduct our second audit at the end of August. 30 departments reported trainings through the NPCC and were subsequently audited; 22 of those departments had training opportunities that required compliance with the policy (the other eight reported mandatory trainings which are not covered by this policy).

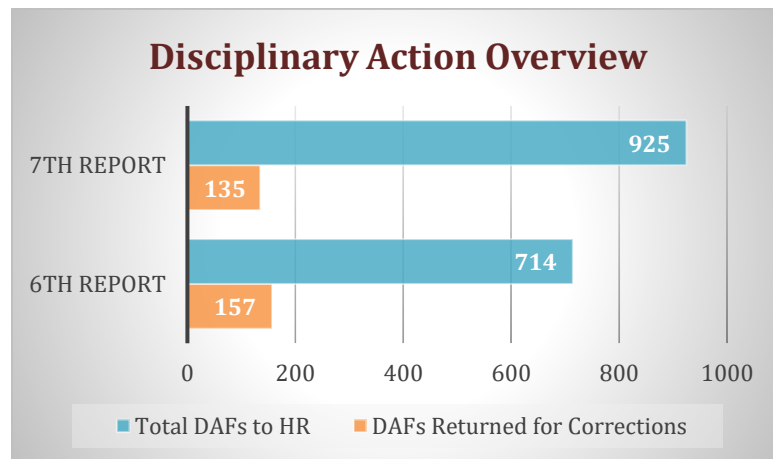
The results showed there was much improvement in execution of the policy among the departments. 45% of the departments (10 of 22) had 100%

⁴ The policy requires that every June and December the Department Heads sign an NPCC identifying that no political reasons or factors were utilized in executing this policy during the last six months.

compliance with the policy, while only two departments significantly struggled with implementation. The other 10 departments that were not 100% compliant demonstrated significant effort to comply with the policy. With the implementation of the new tracking log and the second round of training conducted with management, I am confident that the errors found during the audit will be corrected. I met with the two departments which had significant issues and we worked through how to correct for those failings moving forward. Subsequent follow up with both of those departments demonstrated that both kept better records and utilized the new tracking log.

Discipline (02.01.15)

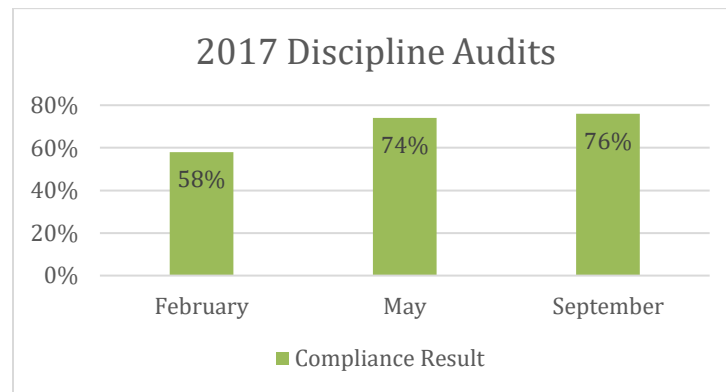
The Discipline Policy is one of the most widely used policy across CCHHS. During this six month reporting period, 925 Disciplinary Action Forms (DAFs) were sent to HR, and of those 925, approximately 135 were sent back to the department for corrections. In contrast, my last report identified that 714 DAFs were sent to HR for that reporting period with HR and/or my office returning 157 to management for corrections. As you can see, there is a positive trend of increased reporting with decreased errors identified once the DAFs make it to HR. As noted in the last report (and as evidenced during the audits) the most common errors are missing signatures and incorrect prior discipline listed on the forms.



Audit

In my last report, I outlined the results of the discipline audit that was conducted by me and the CA in June 2017. At that time, we noted that out of 19 audited departments issuing discipline there were nine (9) departments 100% in compliance with the policy. Overall, CCHHS was 74% compliant with the policy. Although a significant improvement from the CA's initial February audit (58% compliance), there was still work to be done.

After extensive messaging over the summer by my office, HR and Senior Leadership, the CA and I audited this policy again in September. This time, 27 departments were selected for the audit.⁵ And although, when using the same calculations as used during the previous audits, there was some improvement, it was not substantial. Overall, CCHHS was found to be 76% compliant.⁶



Fifteen (15) of the departments achieved 80-100% compliance (10 of which had 100%). What really brought the compliance percentage down was the fact that three departments had 0% compliance and three previously audited departments continued to hover at 50-60% compliance. Each department received a summary report which included any identified issues which needed to be corrected. I then met with the departments that did not achieve 100% compliance to walk through all identified problems and work out how corrections would be completed. All required corrections have been completed and the respective HR file updated.

After extensive analysis of the data, the CA and I identified 4 departments that had significant, wide-spread issues carried over from the previous audits. Each was provided extensive instruction on what to do to bring the department into compliance. In October, the CA and I conducted another audit of these four departments. The extra assistance and focus paid off; all of them achieved 98-100% compliance by the end of October.

Although the numbers did not show dramatic improvement between May and September, I did notice that the most significant error this time around was failing to accurately list prior discipline as required. In the prior audits, the most common issues were failing to provide the documents to HR and failing

⁵ Actually, 22 departments were selected, but 3 of those departments had sub-departments at our different campuses, so those sub-departments were treated separately during the audit.

⁶ The 76% compliance was calculated using only two variables – forms sent to HR and providing files during the audit.

to provide the files to auditors during the discipline audit. These problems still persisted in the September audit, but the occurrences were far fewer than observed during the prior audits.

It is worth noting that my office took a deeper look at the audit data and results during the September audits than was previously done in May. We looked at not only failure to send the documents to HR or provide them during the audit, but also whether the forms were accurate and complete, the department file matched HR's file, Protected Health Information (PHI) was redacted, and rescinded actions were no longer a part of the file (both department and HR files). This was done in an effort not only to ensure CCHHS compliance with the policy, but also that CCHHS records were accurate in accordance with expected practices described during training and the repeated correspondence provided. Taking all of this into account, my office found CCHHS to be 69% in compliance with the policy.

Corrective Action

As described above, for the departments that were audited, an audit summary report was provided to each Department Head and relevant manager outlining the data provided, issues identified, and required corrections. However, the audit was only of a sampling of departments. To ensure that CCHHS as a whole appropriately executes the discipline policy, classroom training was provided on the Supplemental Policies again this autumn. Although all of the policies were discussed, the focus was on Discipline and Training Opportunities. Another discipline audit will be conducted by my office in 2018 to gauge compliance after some time has passed.

Additional training and support by HR and my office were not the only corrective actions taken in response to the audit results. Our Senior Leadership, with the assistance of our CEO, disciplined the Department Heads and managers that showed a failure to improve compliance in their departments. As a result, several leaders in the organization identified a person or small group of people within their departments to become experts on these policies. Many set up meetings and attended additional training sessions in order to ensure proper execution of these policies and procedures.

VIOLATIONS

As outlined in my 3rd Semi-Annual Report issued March 2016, there are several ways in which my office communicates with employees and management when there are violations of the Plan. One way is by issuance of an Incident Report that is associated with an Investigation. Those will be discussed in the Investigation section. However, when technical violations occur and an extensive investigation is not necessary, my office issues a

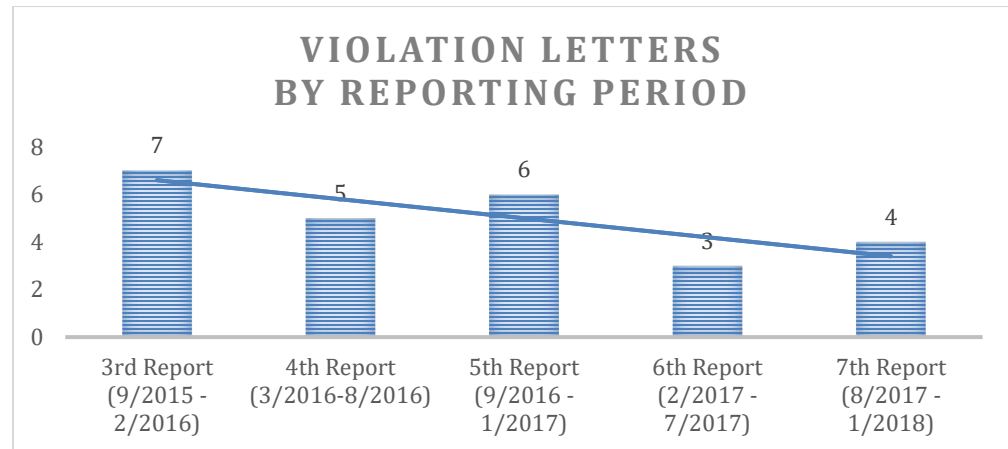
Violation Letter to the manager and Department Head. During this last reporting period, I issued four (4) such letters.

In two of the instances, the Hiring Manager neglected to send my office and HR advance notice of interviews as required by the Plan. This used to be a more common issue across CCHHS; but, over time, this has become an infrequent occurrence, especially with veteran managers.

The 3rd letter sent this reporting period covered several sub-departments that had numerous technical violations between August and December of 2017. Early in 2017, both HR and my office conducted follow up training for this department, because several managers (many of them new to CCHHS) were struggling with the hiring processes. In August, HR began notifying me that these Hiring Managers continued to struggle with the process, despite repeated efforts by the Recruitment Team to assist them. The letter issued to the Department Head and Deputy COO of Operations outlined the numerous, repeated errors committed by these managers (eight (8) types of violations spanning 16 position requisitions and nine (9) managers). I recommended that if these same issues continued, that the authorization for the relevant manager to participate in hiring be revoked for a period of six month after which the manager could attend Interviewer Training again. As a result, each of the managers reached out to my office to seek clarification during various hiring processes following the issuance of the letter to strengthen their understanding of the process before proceeding. As such, to date, we have not seen a recurrence of these violations, but we continue to monitor them.

The final letter issued was sent to a Hiring Manager that failed to conduct a selection meeting within the required three business days of the last interview. After two months of HR attempting to follow up with the department regarding the requisition, I was notified and subsequently issued a violation letter instructing the Hiring Manager to schedule the overdue meeting. As a result, the selection meeting occurred three months after the last interview for that position. The entire interview panel was counseled on the proper procedure and will be monitored very closely for the foreseeable future to ensure continued compliance with the Plan.

A summary of letters issued by reporting period is provided in the graph below:



INVESTIGATIONS

During this reporting period, we received 17 new complaints and issued 1 incident report. Of the 17 complaints filed, nine (9) were closed with minimal or no investigation, including four (4) which were forwarded to other departments for handling. In all, 19 files were closed (including the nine (9) new complaints); summaries provided below.

New Complaints

EPO2017-22: Complainant is an employee alleging that factors outside of seniority and qualifications were used to select the desired candidate for a Pharmacy Department vacancy. My office audited the hiring process in question and did not identify any apparent violations of the Plan. However, Complainant also filed a union grievance for this same issue. Therefore, my office will await the outcome of the grievance process before determining if there are any remaining issues for my office to investigate. *Pending.*

EPO2017-23/ 17-012: Complainant alleged “discrimination” in the adjustment of her salary when she moved from a union position into a non-union position in August of 2017. This complaint has been moved to an investigation status. *Pending.*

EPO2017-24: This complaint was sent to my office, HR, and Corporate Compliance. The allegations alleged that an operation incident occurred and was improperly handled. This complaint was closed by my office, left to Corporate Compliance to determine which leaders in the organization should handle the issue(s). Corporate Compliance forwarded the issue(s) to the

Chief Quality Officer and the Deputy CEO of Operations for investigation and handling. *Closed.*

EPO2017-25: Complainant alleged that the salary offered to her was inaccurate based on the posted Notice of Job Opportunity to which she applied, and she felt pressured to accept the wrong salary or risk losing the position. A preliminary look at this situation found that HR was working with the Complainant to make the appropriate pay adjustments. Our review is complete; however we are working on obtaining the final paperwork before closing this file. *Pending.*

EPO2017-26: Complainant is a former employee who alleged improper termination in violation of the Plan as well as the CBA. Complainant indicated at intake that a grievance was also filed. This file will remain pending the outcome of the grievance process at which point a determination will be made if there is any outstanding matter for this office to investigate. *Pending.*

EPO2017-27: Complainant alleged harassment and work place violence against her on duty supervisor. I forwarded this complaint to the CCHHS EEO Director who handles such allegations. *Closed.*

EPO2017-28: Complainant, an applicant, alleged that the Hiring Manager accused her of lying on her application and resume, and failed to let her know what certifications and documents she needed to bring to the interview. After speaking with the Complainant about the incident and her qualifications, the Complainant admitted to not having one of the minimum requirements, and that she may have misinterpreted what the Hiring Manager said to her on the day of her interview regarding her qualifications. No investigation necessary. *Closed.*

EPO2017-29: An anonymous complaint alleged that the Emergency Medicine Department inappropriately placed an employee into an "assistant position" and that this employee was posting education classes for nursing employees despite not having a nursing license or degree. In addition, the Complainant alleged that a Hiring Manager was taking away jobs from nurses to hire "one of her favorites." After a review of the job position in question, it was determined that neither higher education nor a nursing license was required for the position, thus the Hiring Manager was not "taking away" jobs from nurses. In addition, the employee alleged to be acting as an "assistant" was performing duties associated with the position job description. No potential violation of the Plan was identified to warrant an investigation. *Closed.*

EPO2017-30/ 17-010: HR forwarded information to my office that an applicant may have falsified his application for a posted job vacancy. An investigation was started when, upon cursory review, it appeared there were many irregularities associated with not only the applicant's resume, but

potentially how the department was creating positions and hiring employees.
Pending.

EPO2017-31: Complainant, an employee and applicant, alleged that he was improperly disqualified from a hiring process. Upon review of the screening process, it was determined that there was no deviation from the Plan or current practices of HR, and the Complainant was appropriately disqualified based on the information provided in the application. Further investigation was not necessary. *Closed.*

EPO2017-32: Complainant alleged that he was working outside of his job description, that his direct supervisor was not qualified to do her job (and therefore, required that he complete her job duties), and that he was “retaliated against” in the form of unwarranted discipline. The Complainant identified that a grievance related to these matters has also been filed, so my office is awaiting the completion of the grievance process before proceeding with any remaining issues associated with the Plan or Supplemental Policies.
Pending.

EPO2017-33: Complainant alleged that her direct supervisor harassed her and subjected her to work place violence. I forwarded this complaint to the CCHHS EEO Director who handles such allegations. *Closed.*

EPO2018-1: This complaint was filed anonymously through the Corporate Compliance Hotline. The allegations were vague: a Director informed staff that she hired someone she knew and mentored into a position, but an employee with 15 years of service was denied the opportunity to apply. There was no indication who was selected, which hiring process was at issue, or which employee was not permitted to apply to the vacancy. Without additional information, my office could not proceed with looking into this complaint. *Closed.*

EPO2018-2: A department Supervisor alleged that a work place violence incident occurred. The Director of EEO was included in the correspondence, so I informed the Complainant that I would defer this issue to his office.
Closed.

EPO2018-3: Complainant originally filed the complaint with the OIIG, which then referred the complaint to my office. Complainant alleged an improper demotion and improper discipline going back as far as 2013. After getting further clarification about the allegations from the Complainant, there was no issue to investigate. The Complainant admitted the demotion was the result of a layoff process, she was not disciplined for the incident which led to the demotion, and she does not meet the minimum requirements for the positions to which she has applied over the last few years. *Closed.*

EPO2018-4/ 18-001: A department Supervisor alleged that she was improperly transferred and is working outside of her job classification. An investigation has been opened. *Pending.*

EPO2018-5: Complainant alleged that while he was disqualified from position to which he applied recently, other applicants whom also do not meet the minimum qualifications have been selected for interview. This is an ongoing, active hiring process which my office is monitoring. *Pending.*

Reports Issued

In September, I issued one incident report, sustaining the allegations in part. I made three recommendations based on this investigation. To date, HR has not provided its Section IV.L.5. required Response Report, even after an extension was granted pursuant to the Plan.

16-010: Between January and August of 2017, four employees (two have since resigned or retired) filed a complaint with my office alleging that CCHHS, in particular HR, violated Personnel Rule 6.02(c)3 – Vacation Leave (Rule). This Rule identified an exception to the general vacation accrual rule which provides all new employees three (3) weeks of vacation during the first year of employment unless a CBA requires otherwise. In particular, the Rule states that “certain designated classifications (Grade 24 and K12 employees) receive five (5) weeks’ vacation from the first year.” Each of the Complainants was a Grade 24 employee at the time the complaints were filed. After extensive review of payroll records and many interviews, I found that the Rule was applied using discretion as to which Grade 24 employees received the 5 weeks of vacation in violation of the Rule. This violation applied to Complainants 2 and 3, but not Complainants 1 and 4, because Complainants 1 and 4 were already receiving the 5 weeks of vacation based on longevity with CCHHS pursuant to a different Personnel Rule.

I recommended the following: (1) CCHHS apply the Rule in accordance with my findings to all new and current employees (i.e. that all Grade 24 employees should receive 5 weeks of vacation from their start date); (2) an analysis of which Grade 24 and K12 employees are impacted by this incident report to determine who would need their vacation accrual adjusted; and (3) if CCHHS disagrees with my findings, that the Personnel Rules undergo an amendment to clearly reflect which employees are to receive 5 weeks of vacation from their start date.

HR Response: As indicated above, to date, HR has not provided a response to my Incident Report. The Response should have been provided in October, but an extension was granted pursuant to the Plan, which allows for a 30 day extension. In November, HR requested an additional extension, this time for 60 days based on everything going on with the budget and layoffs affecting

CCHHS including her Labor team; this would take the response period out to the end of January 2018.

Other Closed Files

13-012: In 2013, while looking into a hiring process, I identified that the selection and hiring of a Supervisor may have been done in violation of the policy to only hire candidates who meet minimum qualifications (this issue pre-dated the Employment Plan). After comparing all of the work done by the HR team in place at the time the Supervisor was hired (none of whom were employees by 2013), and interviewing the Department Head (now retired), it was determined that the Supervisor did meet the minimum qualifications as evidenced by the evaluation notes taken by the interview panel. The investigation was completed by a staff member no longer employed at CCHHS, so the closing of this file escaped my notice during prior reports. *Closed.*

13-013: This complaint was initially filed with the County's Director of Compliance (DOC), who forwarded it to me because the Complainant was a CCHHS employee complaining about vague hiring processes and "oppression." After meeting with the complainant, she identified several issues: (1) failure to get a different job within Cook County; (2) harassment by the "lead" in her department; and (3) inequitable treatment regarding her pay (the other employee in her department with her same title getting paid a higher salary). After an initial look, it was recognized that the positions to which she applied were in another agency within Cook County; she was referred to that DOC. We discussed the harassment issue, and she was advised to update my office if any employment action was taken against her relating to the perceived harassment by her lead. And finally, after a review of pay records, no anomalies were identified. Her counterpart with the same job title did get paid more, but that employee was more senior and the pay discrepancy could be accounted for by the step increases associated with that pay schedule. No additional information was ever provided to our office, so the file has been closed. *Closed.*

14-012: Complainant was an applicant who applied for a Hospital Officer position at CCHHS. After getting through most of the rigorous application process, he failed to pass the Power Test issued by the City of Chicago which was required to get the position. The applicant wanted to be considered for a future position without having to go through the complete hiring process again. After meeting with the HR recruiters overseeing the hiring process and meeting with the complainant, it was explained to the complainant that CCHHS was following its hiring policies and could not simply move him into the next hiring process, but he could re-apply. This file was completed in 2015, but was inadvertently missed when reviewing files for prior semi-annual reports. *Closed.*

EPO2016-12/ 16-011: Complainant was a former employee who alleged that her job description in her personnel file did not match the job description for which she was hired. During the investigation, Complainant resigned. After reviewing her file, there did not appear to be any issues with her job title, job description or hiring process. Complainant never responded to a request to provide further information, so the investigation was closed for failure of the Complainant to cooperate in the investigation. *Closed.*

EPO2016-24: Complainant is an employee who applied for various positions over the last few years but only received two interviews. He alleged that he was inappropriately not selected for interviews as well as not selected for a position for which he did interview. After meeting with the Complainant, my office selected a handful of positions to audit to identify if there were any violations regarding the Complainant's status for those positions. We were not able to identify that there were any issues to investigate. *Closed.*

EPO2017-1: Complainant, an employee, alleged that a pre-selected candidate for a manager position did not meet the minimum requirements for the job. After a review of the processes for the position and further information provided by the Complainant, this file was closed. The "pre-selected" candidate did not meet the minimum qualifications for the position, and this was identified early on during the screening process. This individual was never officially considered for the position. *Closed.*

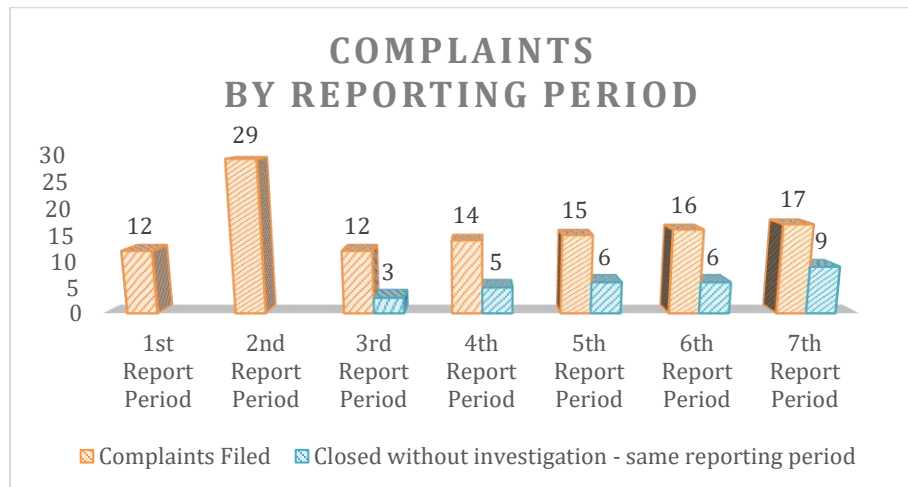
EPO2017-9: Complainant, an applicant, alleged that an unqualified individual was hired into a position. After a review of that employee's application and interview materials, it was clear the employee met the minimum qualifications. My office explained to the Complainant that she misinterpreted the minimum qualification. *Closed.*

EPO2017-16: Complainant, an employee, alleged that her parking privileges had been revoked without cause. After getting additional information from the Complainant, which took time to arrange, it was clear that Complainant was seeking a special accommodation and that no policy had been violated. The Complainant was directed to speak with HR about any special accommodations she may need and that we would close our file. *Closed.*

EPO2017-21: Complainant, an employee, alleged harassment and work place violence against management for an incident that occurred on her unit. After getting further clarification from the Complainant, it was determined that the complaint belonged with our EEO department; therefore, I forwarded this complaint to the CCHHS EEO Director who handles such allegations. *Closed.*

Investigation Summary

The graph below provides a representation of the number of complaints filed by reporting period alongside the number of new complaints closed during that same reporting period. Overall, the number of complaints filed has been increasing since the 3rd reporting period which began in September 2015. The average number of complaints filed each year since the completion of staff training in 2015 (3rd reporting period), hovers around 30. In contrast, closing a file after an initial review and without extensive investigation has also increased. In part, that is due to employees or former employees filing complaints based on a misunderstanding of the policies and associated processes, anonymous complaints not providing sufficient evidence to start an investigation, and filing complaints in the wrong venue.



SUMMARY

Overall, there has been significant improvement implementing not only the hiring processes which have been in place for a few years now, but also the Supplemental Policies which are just over 1 year old. Management has adapted well to the new procedures, and through continued monitoring by HR and my office, we are able to ensure refresher information is provided when needed to any manager that is struggling with a Plan provision or policy.

As we work through our remaining outstanding issue with the parties in the Shakman litigation, I am confident that CCHHS is doing its part to get the County into substantial compliance. Some corrections may take time, but they are always implemented, demonstrating that the checks and balances outlined in the Plan and Supplemental Policies are working. Although there is always room for improvement, I have not identified any area or issue that would prevent CCHHS from achieving its goal substantial of compliance.

Sincerely,

A handwritten signature in black ink, appearing to read "Carrie L. Pramuk-Volk". The signature is fluid and cursive, with the first name "Carrie" being the most prominent.

Carrie L. Pramuk-Volk

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