



Leadership

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August 12, 2021

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14TH EPO SEMI-ANNUAL REPORT

Dear Mr. Rocha and Inspector General Blanchard:

This is our office’s 14th semi-annual report issued pursuant to Section IV.C.2 of the Cook County Health (CCH) Employment Plan (Plan). This report covers amendments made to Employment Plan and Personnel Rules, our training, monitoring, auditing, and investigative activities between January 1, 2021 and June 30, 2021, and our goals and new initiatives for July 1, 2021 through December 21, 2021.

EMPLOYMENT PLAN AMENDMENTS

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

- Actively Recruited Position List: This list was updated three (3) times during the reporting period. Seventeen new positions were added to the list.
- Direct Appointment Position List: This list was updated six (6) times during the reporting period. Ten (10) new positions were added to the list. Nine (9) of the list’s existing positions were modified.
- ACP Position List: This list was updated once during the reporting period. One position was added.

PERSONNEL RULE AMENDMENTS

Israel Rocha, our Chief Executive Officer (CEO), approved an update to the CCH Personnel Rules in May. The changes, among other things, eliminated terminology utilized prior to our dismissal from the *Shakman* litigation and incorporated the *Shakman* supplemental policy

requirements. There were no substantive changes to the procedural rules. Employees received a copy via their CCH email accounts. The rules are also accessible on the Intranet.

TRAINING

Previous semi-annual reports have outlined the multiple Plan training sessions that our office conducts in conjunction with Human Resources (HR): Employment Plan Training [overview for all staff]; Employment Plan Interviewer Training [for management and leadership]; Supplemental Policies & Procedures Training [for management and leadership]; and HR Annual Plan Training [for HR personnel].

The information below pertains to each type of training conducted during this reporting period:

- Employment Plan Training: This training is required of all staff, and is offered via our online learning management system. We transitioned to a new learning management system during this reporting period and the existing content could not be transferred due to compatibility issues. New content is in development and will be implemented this fall for completion by all employees who were hired since the transition. It will also be circulated with the upcoming annual education.
- Employment Plan Interviewer Training: Though this four-hour training is typically offered only once per month, we offered a total of ten (10) sessions¹ during this reporting period. Additional sessions were offered to accommodate new leadership and those who urgently required training prior to the next scheduled session in order to participate in a scheduled hiring process. In total, forty-five employees were trained. This number includes our CEO and Chief Human Resources Officer (CHRO).

Individuals who receive this in-person training are thereafter eligible to participate in the hiring process. In order to maintain that eligibility, they are required to complete an annual refresher via the online learning management system. As with the Employment Plan Training, the online module for this training was not compatible with the new learning management system. New content is in development and will be circulated with upcoming annual education.

- Supplemental Policies and Procedures Training: We offered a total of five (5) sessions of this two-hour training during the reporting period and trained a total of twenty employees. This number includes our CEO and CHRO.
 - We additionally offered one refresher training session specific to the Disciplinary Action Policy (one of the policies addressed in Supplemental Policies & Procedures Training). We provided this training to a department's leaders, in conjunction with a member of the Operations Counsel team, at the department's request.
- HR Annual Plan Training: This training, which is overdue due to various challenges such as the pandemic, HR staffing shortages and heavy periods of union activity, was scheduled to take place in June but was not ultimately completed during the reporting period. The decision to reschedule was based upon the fact that Human Resources

¹ This includes two 1/1 sessions.

leadership was heavily engaged in union activity throughout the month of June (and beyond). We are working with HR leadership in developing the content for this training. I anticipate that this training will take place no later than October.

We previously reported on the development of a Just Culture² policy and the plan to pilot its implementation in several departments throughout the organization before a full roll out. The incorporation of this policy is meant to provide management with the tools and education on engaging all staff in creating a safe environment and culture to foster patient and employee satisfaction within CCH. Three departments were trained on the policy in December 2019 and have been participating in the pilot since that time. A fourth department was trained and included in the pilot in December 2020. Though we had intended to achieve a full CCH roll out by this point, we have been unable to meet that goal. Two factors impeded achievement of this goal: (1) there was a focus during the reporting period on the COVID-19 vaccine effort and (2) the Manager of Development, who would have been heavily involved in conducting necessary trainings and overseeing implementation, separated from CCH. The position remains vacant despite efforts to fill it. Currently, there is only one person on the training team in HR. The plan is to prioritize this training once the Organizational Development team is equipped to handle the task. Once that happens, Disciplinary Action Policy training will be severed from the Supplemental Policies training and integrated with training on Just Culture & Accountability.

MONITORING

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

Although there were occasions where mistakes were made and errors needed corrected in the implementation of our hiring processes and policies, I am happy to report that there was no observed pattern of intentional noncompliance. Where process gaps or weaknesses in implementation have been identified, we have begun and will continue to work on solutions to strengthen our processes and facilitate compliance with the letter and spirit of the Employment Plan. These are addressed in the *Goals & New Initiatives* section at the conclusion of this report.

Hiring

During this reporting period, HR posted approximately 500 requisitions. These requisitions, as well as those that carried over from the prior reporting period, were in various stages of

² See Marx D. *Patient Safety and the Just Culture: A Primer for Health Care Executives*. New York, NY: Trustees of Columbia University; 2001.

the hiring process during this reporting period. Our office monitored (in various and often multiple stages) approximately eighty-five requisitions.

- **General and Actively Recruited Positions**

This reporting period, our office audited and/or monitored approximately seventy-five General and Actively Recruited requisitions at various stages in the hiring processes. We monitored or audited sixteen validation (screening) processes, thirty interview processes³, twenty-six selection meetings, thirty-five Decision to Hire (DTH) packets⁴, and ten postings. Our observations are summarized below.

- Validations:

We reviewed the results of a total of sixteen validation processes, comprised of a combination of HR screenings conducted for General Hiring Process positions and hiring department screenings conducted for Actively Recruited positions.

We identified the following issues:

- One validation error resulted from an applicant tracking system (Taleo) filtering error. The error was corrected and the applicant who should have been disqualified was disqualified.
- One validation error was discovered in the course of monitoring an interview sequence. We revisited a candidate's application materials when his answers to interview questions led us to question whether he possessed one or more of the minimum qualifications. Upon review, the candidate did not meet the minimum qualifications (MQs) and disqualification was necessary.
- We identified a concern with the results of an Application Review Panel (ARP) relative to the panel's documentation regarding the individuals they had recommended for interview for two requisitions. There were a large number of applicants to both requisitions. The applicants chosen for interview were recommended for the interview lists or alternate lists⁵ without adequate documentation to explain why they were placed on their respective lists. Notations were critical given that many individuals who met the exact same preferred qualifications (according to the boxes checked off on the ARP form⁶) were assigned to different lists. Transparency in this process is required. We

³ This number reflects the number of requisitions for which at least one interview was monitored.

⁴ These numbers do not capture instances in which HR personnel have identified issues and sought our guidance to prevent violations or instances in which we have identified and addressed notice deficiencies before the noticed employment action has taken place.

⁵ Alternate interview lists are utilized if the vacancy or vacancies are not filled following interviews of the interviewees identified for the initial interview list.

⁶ The ARP form is a spreadsheet utilized by the panel in their review of applications. They check boxes for each candidate for their possession (or lack thereof) of the minimum qualifications and preferred qualifications. There is also space to provide narrative commentary when necessary to explain a determination or list recommendation.

required the meetings to be repeated and attended the repeat meetings to monitor and provide the guidance necessary to facilitate compliance.

The other notable observation we had during this reporting period relative to validations is that HR does not always validate all MQs for a given requisition. Certain MQs are validated by the hiring departments in the interview process. This practice is not concerning as there are valid circumstances under which it makes sense for the department to validate a MQ (e.g., MQs are so basic that almost no applicants address them in their application materials or MQs are extremely technical). We discussed the process that is utilized with HR recruitment leadership to ensure that our office and the hiring departments (interview panels) are aware when the interview panel is responsible for validating a MQ. We learned that these MQs are validated via HR-approved interview questions and that the panelists are apprised of the fact that they are validating a MQ via advisory language incorporated on the face of the Interview Evaluation Form⁷ (IEF).

In light of the significant impact of any breakdowns in this process, we determined the need to observe the process to verify that it is being implemented consistently and effectively. We identified three (3) instances in which this process was not utilized. Interview questions were not incorporated to address MQs HR had not screened. One example is described in the DTH section below. Two additional examples were found in a quick spot check⁸ of other DTH packets from the reporting period.

I have addressed our observations with HR leadership, and several measures described more fully in the *Goals & New Initiatives* section at the conclusion of this report will be taken to prevent recurrence. This process will be addressed with HR staff in the upcoming HR Annual Training and with leaders in Employment Plan Interviewer Training (including any refreshers). It will also be incorporated into interview panel instructions that will be reviewed panels prior to the commencement of each sequence of interviews.

- Interviews:

For the most part, we observed the same types of violations noted in past semi-annual reports. The most common violation is when a panelist clarifies, explains or rephrases a question. It is our practice in those instances to address the issue with the panelists to prevent recurrence. We also continued to identify and provide guidance on proper completion of Interview Evaluation Forms⁹ (IEFs) in the course of our monitoring. We also continued to observe panels experiencing difficulty with the validation of required

⁷ The IEF is the form utilized by the interview panel during the interview process. Each panelist completes an IEF for each candidate interviewed. The form contains the approved interview questions, space to take notes, and space to score the candidate's response to each interview question.

⁸ In the instance contained in the DTH packet, the recruiter believed one of the interview questions could arguably address the MQ. We provided guidance such questions must be very specific to the MQ. Also, assuming the question was intended to screen a MQ, there was no advisory language to the panel contained on the face of the IEF.

⁹ The IEF is the form utilized by the interview panel during the interview process. Each panelist completes an IEF for each candidate interviewed. The form contains the approved interview questions, space to take notes, and space to score the candidate's response to each interview question.

documents produced at the time of interview. The most common scenario we have seen in the past are instances in which a panel collects insufficient documents (e.g., wrong degree, foreign degree without demonstrated U.S. equivalency, unofficial transcripts, etc.) without taking the necessary next steps. In this reporting period, there were two instances in which a panel misunderstood what was required and would have disqualified/refused to interview candidates who actually met the requirements¹⁰.

Another issue identified in our monitoring activities relates to the interview panel validation process described above. There seems to be some misunderstanding amongst those who serve as panelists regarding the scope of the interview panel's role with the screening of candidates. They learn in Employment Plan Interviewer Training that screening of candidates occurs at all levels of the hiring process and does not end once the interview list has been generated. Interview panels are required to collect and review original documents at the time of the interview as required by the Notice of Job Opportunity to verify the candidates' possession of specified MQs. They are also responsible for validating any MQs HR did not screen via interview questions and taking the necessary next steps when a candidate's response fails to demonstrate possession of a MQ. Aside from asking questions specifically designed to validate a MQ, the panel is responsible for being cognizant of all MQs, recognizing when a candidate response to *any* question demonstrates their failure to possess a MQ, and taking the appropriate next steps. Two examples include¹¹:

- An interview panel that conducted the interviews for the requisition addressed in the *Validation* section of this report did not catch the fact that a candidate they interviewed did not possess the MQs for the position. Though he did not overtly admit during the interview to not possessing the MQs, his responses raised a red flag to us and we verified upon review of his application materials that he did not meet the MQs. The panel missed two opportunities to recognize the issue: when they received the candidate's application materials with the interview packet¹² and when the candidate's responses to interview questions suggested that he did not possess one or more of the MQs.

¹⁰ In one instance, a candidate produced college transcripts when the MQ called for only a high school diploma. Production of documents that demonstrate a higher level of education are an acceptable alternative. In another instance, a panel misinterpreted MQ language regarding what was required at the time of interview versus what could be obtained up to two weeks prior to start date (if hired).

¹¹ This is also clearly demonstrated in the Investigations section below. One of the Incident Reports issued involves interview panel screening deficiencies.

¹² Panelists are provided all candidates' application materials in advance of the interviews and are expected to review them. To the extent that a candidate does not meet the MQs for the position, panelists should identify that and bring it to HR's attention before the interview.

The interview panel did not catch the fact that a candidate admitted to not possessing one of the MQs for the position. In fact, one of the panelists scored the candidate a 5 for that question, the highest possible score to be given¹³.

Notably, one of the candidates was ranked and submitted for hire before being disqualified at our direction and the second candidate would have been ranked first for the position but for our guidance and direction at the selection meeting.

There are two other interview sequences I would like to highlight as problematic during this reporting period:

- The interview panel conducted interviews without providing advance notice to our office as required. Upon review of the documentation to evaluate whether the process would have to be repeated, we discovered several problems: (1) the panel utilized interview questions that had not been approved by HR; (2) the interview questions did not address/sufficiently address two of the MQs that the department was responsible for screening; (3) the questions were weighted in such a way that certain candidates were prejudiced¹⁴; and (4) the panel chose not to rank some candidates for failure to have experience that was not required of the position. We required the interviews and selection meeting to be repeated utilizing approved questions that addressed the MQs that HR had not screened, made sure the panel understood the issue raised by their initial ranking of candidates, and monitored the repeat interviews and selection meeting to provide guidance. The repeat interviews were substantially compliant. We provided guidance/training to the panelists for rephrasing and explaining questions.
- One member of the interview panel required significant EPO intervention, training and guidance throughout an interview sequence. The issues observed included Plan requirements as well as HR rules that are addressed in Employment Plan Interviewer Training. Some examples of the issues identified included rephrasing or explaining questions, expressing a level of interest in a candidate during the interview coming just shy of making an offer, engaging a candidate in questions regarding salary expectations and implying that he had authority in setting the salary for the position, requesting permission from a candidate to contact the candidate's immediate supervisor (whom the panelist knew professionally) for a reference, and inadequately completing IEFs. At our request, this panelist was removed from eligibility to participate in the hiring process pending re-training.

- *Selection Meetings:*

It is not unusual for our office to identify and require correction of inaccurate calculation of scores or to require other corrections to the IEFs prior to the commencement of a panel's

¹³ Several other errors and violations were observed throughout this interview sequence and will be described in further detail below. We intervened and provided additional guidance and training as necessary throughout the process to correct the violations and prevent recurrence.

¹⁴ For this requisition, there were two avenues to eligibility and many of the questions focused on only one avenue.

discussion. This reporting period was no exception. Beyond that, there are few observations I would like to highlight:

- In this reporting period, there were two instances in which the interview panel presented to the meeting already armed with prepared selection meeting notes. That does not comport with the Plan's requirements. The panel is required to meet at the time designated in the notice to discuss their impressions of the candidates and to determine whether and how to rank them for hire. Notes are generated at that time. The panels were educated on the requirements and were required to engage in discussion in the monitors' presence. In one instance, it took additional guidance and training to reinforce the need for all panelists to actively participate in the discussion. To prevent recurrence, these requirements will be addressed in the interview panel instructions described in the *Goals & New Initiatives* section at the conclusion of this report.
- One panel conducted a selection meeting and generated selection meeting notes despite the fact that the one and only candidate who interviewed did not receive an interview score qualifying him for consideration in a selection meeting. There was no prejudice by preparing the notes. We simply addressed the violation with the panel and asked the recruiter to remove the notes from the DTH packet.
 - *Decision to Hire (DTH) packets:*

The DTH packet contains all of the documentation produced by the interviewed candidates (Taleo application, resume, transcripts, licenses or certifications, *Shakman* Certifications (NPCCs) letters of recommendation) and everything generated by the interview panel and hiring manager in the course of the hiring process. These packets are submitted to our office's email account for final review after the HR recruitment staff has reviewed the packets for accuracy and compliance with the Plan. In addition to providing guidance to the recruitment staff as questions arise during their review of the packets, we randomly select these packets for review and evaluation.

There were two (2) instances in which we identified minor correctable errors such as missing justifications for scores of 1 or 5 or a missing interview summary that were easily correctable. There were also a couple of packets that were produced without including the pre-employment test results necessary to verify the ranked candidates' possession of the MQs. This was also easily corrected after bringing the issue to the recruiter's attention.

The following are our most notable observations:

- Selection meeting notes (described briefly above) were generated for a candidate that scored below 3.00 and was ineligible for discussion at a selection meeting. We advised the recruiter that the notes should not have been included in the DTH packet and asked her to remove them from the packet.
- The candidate (described briefly above) who we determined did not meet the MQs was included in the packet as the number one ranked (selected) candidate with a completed Decision to Hire Form. We brought the oversight to HR's attention and the candidate was disqualified.

- One packet contained selection meeting notes that did not explain the order of final ranking where two candidates received tie scores. This was addressed with the recruiter so that she could facilitate the necessary correction.
- One packet contained IEFs by a panelist who had completed her scoring using an electronic copy of the form. She marked scores by utilizing a different color ink. These scores did not show up on the black and white copy of the packet we received. This was addressed with the recruiter so that she could facilitate a correction. More significantly, we also observed that a MQ that was meant for validation by the interview panel was not clearly addressed in an interview question. Because there was only one candidate interviewed, the solution we came to was verification of possession of the MQ via an email that could be included in the packet. We advised the recruiter that interview questions validating a MQ must specifically address the MQ going forward. Content and notice requirements related to interview questions designed to validate MQs will be addressed in the upcoming HR Annual Training.
- One packet in which the panel chose not to rank any of the candidates with qualifying scores was not submitted to HR until approximately five months after the interviews and selection meeting had been completed. We noted insufficiencies in the documentation and addressed them with HR, but the decision was ultimately made to re-post the position given the amount of time that had already passed. To prevent recurrence, we ensured that the interview panel was advised of the issues.

There was another instance in which a hiring department submitted a DTH packet to HR approximately five months after the interviews had concluded. We were consulted to provide guidance on how to address deficiencies with the documentation. Though the Plan does not contain a deadline by which a hiring department must present its completed DTH packet to HR, delays of this nature should not happen. I advised HR leadership of these delays so that they may assess how frequently this is occurring and whether they wish to implement any related rules or procedures.

- Postings:

Though verification of posting accuracy is incorporated into the DTH packet review after the hiring process has concluded, we additionally reviewed ten (10) postings at the beginning of the hiring process to evaluate whether all required information was accurately included on the posting and in the applicant tracking system. We found no errors.

- **Advanced Clinical Positions (ACP)**

This is the process utilized to hire physicians, psychologists, and advanced practice providers. We monitored various stages of the hiring processes of seven (7) ACP positions during this reporting period and did not note anything of concern.

- **Direct Appointments & Medical Staff Appointments**

We review Requests to Hire (RTH) packets submitted pursuant to Plan Section VIII.G.3 in connection with the CEO's request to appoint an individual to a Direct Appointment Position. This reporting period, Mr. Rocha submitted nineteen RTHs. This number is consistent with

his efforts to create a leadership structure consistent with his strategic vision. All of the packets complied with Plan requirements. To the extent that I had concerns, they were quick administrative fixes (e.g., attachment of the wrong or an unsigned Job Description, a typographical error in a Job Description, or the packet's failure to include a foreign degree equivalency report).

A similar process is used when the CEO and the CCH Board of Directors appoint someone to a department, division or section chair of the medical departments of the medical staff (Plan Section VII.B). HR submitted four (4) RTHs this reporting period. They all complied with Plan requirements.

- **Executive Assistants**

One Executive Assistant was hired pursuant to Plan Section X in this reporting period. This hiring process is very similar to that utilized for direct appointments. I was not concerned with the qualifications for the individual hired into this position. However, I expressed concern with the fact that the Direct Appointment form was used to document the process rather than a form specific to the Executive Assistant Hiring Process. Though the Direct Appointment form captures most of the information required by the Plan for Executive Assistant hires, it does not capture all required information. We ensured that the additional information and NPCC was secured and have recommended development of a form specific to the Executive Assistant Hiring Process prior to the next Executive Assistant hire.

- **Emergency Hires**

In a previous reporting period, Debra Carey (then Interim CEO) certified an emergency situation and invoked the Emergencies and Temporary Positions exception to the General Hiring Process pursuant to Plan Section VII.E to quickly hire temporary staff necessary for the implementation of the Contract Tracing Initiative. At that time, Ms. Carey also asked for an up-front extension of 60 days to be granted in light of the amount of training involved and anticipated COVID-19 related challenges. That request was approved. In this reporting period, Mr. Rocha secured an additional 60-day extension in light of extension of the grant, anticipation of a COVID-19 surge, and the difficulties involved in recruiting and training new staff in and for a limited timeframe.

- **Hiring Fair**

In June, the CHRO and I approved a request to conduct a hiring fair in an effort to efficiently and expeditiously address the significant number of vacancies for our front line nursing positions. This was the first hiring fair held since the Employment Plan was updated to include a Hiring Fair process. The interviews and selections for the covered positions, including Medical Surgical and Perioperative (Operating Room) nurses, were completed in July. Since those actions occurred after the period covered by this report, they will be detailed in our 15th semi-annual report. It is my expectation that additional hiring fairs will take place in the next reporting period given the large number of remaining vacancies.

Supplemental Policies

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

We received two reclassification notifications in this reporting period but they were withdrawn as incomplete prior to our review. Completed drafts were not produced during the reporting period. We also await the results of a desk audit that was conducted in the last reporting period. Our review of the documents will be addressed in our 15th semi-annual report.

- **Transfers (#02.01.12)**

No transfer notifications were provided during the reporting period.

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

Every six months on December 15 and June 15, the Department Heads are to submit NPCCs related to the Training Opportunities and Overtime policies. This is completed electronically and sent out by the Employment Plan Office. Due to the COVID-19 resurgence and the union job action that took place in December 2020, CCH received advance approval from the OIIG to delay the collection of the NPCCs to extend implementation of this requirement to January 15, 2021. The next semi-annual submission was due on June 15, 2021, also within this reporting period.

The NPCCs were provided to those required to complete NPCCs via an electronic survey. The current status of the responses to both surveys is provided below:

- January 15, 2021

The response for this reporting period is substantially complete. Responses from only ten of the one hundred sixty-five individuals who received the survey and are currently employed by CCH remain fully or partially incomplete. We intend to continue our efforts to achieve full compliance.

- June 15, 2021

The response for this reporting period is nearing completion. Responses from twenty-six of the one hundred sixty-nine individuals who received the survey and are currently employed by CCH remain fully or partially incomplete. We intend to continue our efforts to achieve full compliance.

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

During this reporting period, HR submitted twenty-one approvals for Interim Assignments and corresponding Interim Pay. There were a few packets with some administrative deficiencies that were easily corrected.

Thirteen of the submissions extended previously approved Interim Assignments. I noted that there were six (6) assignments that exceeded the nine-month period set forth in the policy¹⁵. Though the policy permits additional extensions in three month increments with

¹⁵ One Interim Assignment that concluded in the reporting period lasted more than two years. Another Interim Assignment extended during the reporting period and currently set to conclude in the present reporting period will be at nearly the two year mark at the time the assignment concludes.

Senior Leader sign off, the policy does not specifically address the conditions under which such extensions are permissible.

In the interest of transparency, I would like to see updates to the policy and corresponding form to require an explanation and justification specific to extension sign offs (e.g., incumbent on an extended leave or hiring process to fill the vacancy is pending, etc.). The other desired updates I addressed in our 13th semi-annual report are in progress. The process is taking longer than anticipated as the updates are being addressed as a part of a broader policy update initiative. Policy and form updates are a priority for our office and HR, and I anticipate that the process will be completed during the next reporting period.

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

Ten (10) employees were laid off in December 2020, which falls during the previous reporting period. They followed processes set forth in the applicable Collection Bargaining Agreements (CBAs). The Layoff Notifications and Certifications with NPCCs¹⁶ were submitted in January 2021, which falls in this reporting period. I found the information provided in the “Basis for Selection” section of the form insufficient in that it did not always include all factors relevant to a decision. I was able to obtain additional relevant information upon inquiry to HR, but would like to see an update to the form that provides more specific guidance to leaders about the type of information that is required by the policy (e.g., only person in the position). The need for specificity will also be addressed in future Supplemental Policies & Procedures Training sessions.

One of the employee who was laid off during the most recent prior reporting period was recalled during this reporting period. No Plan violations were identified.

- **Demotion (#02.01.20)**

We did not receive any demotion notifications during this reporting period.

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

Human Resources is required to perform a market study to determine the salary for Grade 24 positions when they are new, vacant, or subject to a request for an adjustment. Policy 02.01.21 requires that the CHRO approve all salary determinations and submit the CHRO determination and approval to our office and the Office of the Independent Inspector General (OIIG). This reporting period, twenty-two new Salary Determination forms were submitted. In most instances, they came attached to RTH packets for Direct Appointments and Medical Appointments. We did not identify any concerns with the documentation.

During this reporting period, there was only one Salary Adjustment Request. We did not identify any concerns with the documentation.

In our 13th semi-annual report, I noted an issue with the wording of the policy in terms of what information must be included on the Salary Adjustment Request Form to support the request. This was addressed with the HR and, as with the other policies discuss, is in process.

¹⁶ Required by the Plan.

As previously stated, updating the policies and their corresponding policies is a priority and will be addressed during the next reporting period.

- **Discipline (02.01.15)**

Our office monitored compliance with the Disciplinary Action Policy by auditing approximately one hundred fifteen of approximately one hundred fifty Discipline Action Forms (DAFs) issued to CCH employees. This number included twenty terminations. Consistent with past reporting periods, time & attendance infractions were the most commonly cited.

As violations or issues of concern were discovered, we discussed them with an HR team member who followed up with the issuing supervisors as necessary to ensure compliance. Where appropriate, and to prevent recurrence, we also issued non-compliance notices (NCNs) to advise the issuing supervisors and their department heads of the violations and the policy's requirements.

In addition to approximately thirty-five administrative errors or omissions (e.g., missing tracking data or witness signatures) across all of the DAFs reviewed, we also noted thirty-six violations or substantive errors (e.g., late or absent approvals, inclusion of protected health information (PHI) in DAF materials, incorrect or insufficient use of sections of the DAF, failure to provide required related documents such as hearing officer decisions, or late submission of the DAF packet to the HR Discipline Account). We also noted seven failures to submit a NICE¹⁷ form, where applicable.

It is worth noting that, late in the most recent prior reporting period, we began to see the emergence of a pattern of non-compliance with an HR administrative requirement in the issuance of terminations. The issues typically arose when the terminated employee either did not attend the meeting at which the termination was to be issued (job abandonment) or attended the meeting virtually. The employee's signature on the DAF at the issuance meeting is required to demonstrate that the DAF was issued to the employee. In ordinary circumstances, when the employee is present and refuses to sign, a non-union witness is asked to sign as a witness to the fact that the DAF was issued. In the circumstances mentioned above, at least ten (10) DAFs were submitted with no employee signature, no notation to explain the absence of their signature, and no witness signature to evidence that the DAF was issued to the employee.

Additionally, under these circumstances, we noted several instances in which the DAF packets of terminated employees were not submitted to the HR Discipline Account for processing and tracking within the time period required by the policy. This occurred in at least eight (8) instances. In some of these instances, the documents were not submitted until a member of Operations Counsel made a specific request to the issuing supervisor. What we discovered in follow up is that some leaders mistakenly believed that HR is responsible for submitting the packet to the HR Discipline Account. That is not the case. The fact that the member of the HR Operations team offers to mail the DAF packet to an employee who was

¹⁷ The NICE form is associated with the Just Culture initiative. Our monitoring of compliance with the Just Culture initiative was limited to verification of completion of NICE forms by those participating in the pilot.

not physically present¹⁸ for issuance in no way impacts the issuing department's responsibility to submit the paperwork.

In an effort to address the issue with the processing and reporting of terminations, the Operations Counsel team began incorporating guidance on post-termination requirements in the same correspondence in which they advise supervisors that they are authorized to proceed with termination. To facilitate a higher level of compliance with the Disciplinary Action Policy overall, we have developed an optional refresher training that will be offered in collaboration with the Operations Counsel team on a monthly basis starting this fall. More detail is provided in the *Goals & New Initiatives* section at the conclusion of this report.

INELIGIBLE FOR HIRE LIST

The Interim CHRO, HR staff and the Interim Employment Plan Officer (EPO) met several times over the course of the reporting period to review the involuntary separations and determine whether the bases for the separations warranted inclusion on the Ineligible for Hire List pursuant to Plan Section IV.P. Fifteen individuals were added to the list.

When an individual is added to the list, the HR provides notice to those added to the list of their inclusion on the list and the bases upon which they were included. Individuals (except those exempt from Career Service) may appeal the decision in writing to the CHRO within 30 days of the date the notice was sent. Unless the CHRO reverses the determination, the individual remains on the list for a period of five (5) years. The Associate CHRO (then Interim CHRO) received three (3) appeals this reporting period, one of which was submitted by an individual added to the list in 2019. All of the appeals were denied.

I noted that this group of appeal determinations appeared to be handled informally through email correspondence. In the spirit of transparency, I recommend the use of a template letter or determination form that documents the CHRO's determination of an appeal (including the bases upon which the appeal was granted or denied).

A total of five (5) individuals were removed over the course of the reporting period. Most were removed when their time on the list expired. One was removed in connection with a grievance and another was removed in connection with an arbitration.

LETTERS OF RECOMMENDATION

Plan Section V.C requires my office to review all letters of recommendation (LORs) and forward any containing a Political Contact to the OIIG with a Political Contact Log. Hiring departments are trained to forward LORs to us upon receipt (as opposed to after the hiring process) so that a determination may be made as to whether the recommendation may be considered by the interview panel and hiring manager. My team was not provided with any LORs during this reporting period.

Though LORs are generally less common than in years past, and it is possible that none of the candidates in the reporting period submitted LORs, I would like to build in an additional safeguard to ensure that the recruitment staff and hiring departments are well aware of the

¹⁸ HR Operations staff often offers to mail the packets under these circumstances since they are required to mail certain Human Resources forms (e.g., COBRA) that must be provided to those who have been terminated.

requirements. One possibility would be for the recruiters to include a reminder regarding the requirement on the Hiring Checklist, a checklist of requirements attached with every interview packet. Panelists will also be reminded of the requirement via interview panel instructions that will be implemented in the near future to facilitate compliance in the interview and selection processes. These instructions are described in more detail in the *Goals & New Initiatives* section at the conclusion of this report.

NON-COMPLIANCE NOTICES

When we observe or otherwise learn of a technical violation of the Plan or Supplemental Policies and an extensive investigation is unnecessary, our practice is to issue a Non-Compliance Notice (NCN) to the manager and department head to alert them of the issue, what the Plan or applicable policy requires, and provide guidance or direction on how to correct the violation (if the violation is of a nature that may be corrected).

During this reporting period, we issued twenty-seven NCNs. Fifteen of the notices were sent for violations of the Disciplinary Action Policy¹⁹. In one instance, Protected Health Information (PHI) was found in the files sent to HR. We notified both Corporate Compliance and HR, and provided guidance as directed by Corporate Compliance to remedy the Health Insurance Portability & Accountability Act (HIPAA) violation. Copies of the documents containing PHI were retrieved so that the PHI could be redacted. In the remaining instances, there were issues with the presence or timeliness of required signatures, or the discipline was sent to HR past the required deadline²⁰.

The other twelve notices were related to violations of a CCH hiring process. In several instances, the violations were related to late, non-existent or otherwise improper notice of ARP meetings, interviews or selection meetings sent to this office or to the OIIG. In those instances, we evaluated whether the employment action had to be repeated. When a repeat was not required, it was our practice to re-educate the department on the notice requirements by providing a copy of the Scheduling Guide, a step-by-step guide on the applicable notice requirements. There were also some more substantive violations such as the use of unapproved interview questions or improper documentation of the interview and/or selection process. Again, it was our process to evaluate whether processes needed to be repeated, to provide direction regarding other remedies, and to ensure those involved were apprised of the requirements to prevent recurrence

INVESTIGATIONS

During this reporting period, we received twenty-three new complaints and issued three (3) Incident Reports. Of the new complaints filed, ten (10) were closed during this reporting period. In all, eleven cases were closed.

¹⁹ Some late Policy violations had not been addressed via Non-Compliance Notices issued during this reporting period given the date the violations were discovered. Follow-up will be addressed in our next report.

²⁰ The Policy requires the department to submit issued discipline to HR within 5 days.

- **New Complaints**

Several of the complaints received during the reporting period contained contain allegations falling within more than one category. As demonstrated by the summaries below, the most common type of allegation included retaliation, harassment, bullying, workplace violence and/or hostile work environment. We deferred these in whole or in part to the CCH Equal Employment Opportunity (EEO) Department. Another common category included allegations of discrimination, disparate treatment or favoritism.

The following employment actions are specified in the complaints: hiring or the qualifications of existing staff [4]; layoffs and/or recall [4]; discipline-processing of paperwork [2], discipline-decision making [3]; assignment of duties outside of the scope [1]; training [1]; and overtime [1].

- EPO2021-1: An employee alleged that a co-worker had engaged in workplace violence and that her supervisor was favoring that co-worker. We referred the workplace violence allegations to the CCH Equal Employment Opportunity (EEO) Department. *Pending*
- EPO2021-2: An employee alleged harassment and bullying by her supervisor. This matter was referred to the EEO Department. *Closed*
- EPO2021-3: In the course of our routine monitoring/auditing of discipline, we identified that a DAF had not been completed in connection with the termination of a registry employee. The employee advised us that she believed that DAFs are not completed when registry staff is disciplined. We provided guidance on the requirements and a compliant DAF was generated. Though opened as an investigation, the investigation was minimal and I have determined that closure via a NCN is appropriate. This investigation is closed and an NCN will be issued. *Closed*
- EPO2021-4: An employee alleged that by being asked to periodically float to another area that she is being required to work outside of the scope of her position. We are following a pending grievance. *Pending*
- EPO2021-5: An employee who was disciplined alleged unfair implementation of the disciplinary action process along with disparate treatment. The complainant also filed a complaint with the EEO Department. *Pending*
- EPO2021-6: An employee alleged inadequate staffing and unfair distribution of mandatory overtime. *Pending*
- EPO2021-7: We received notice of a complaint made to IDHR by an employee complained of workplace violence by a co-worker and an inappropriate investigation conducted by her manager. The notice was simultaneously submitted to the EEO Department. Given the nature of the allegations, we deferred to the EEO Department. *Closed*
- EPO2021-8: We initiated an investigation upon discovering, in the course of one of our routine DTH packet reviews, that a former employee had been selected for a position despite not possessing the MQs of the position at the time of application as required. Of further concern was that the packet was not submitted for our review

until months after the hiring decision had been made and only one day after the required degree had been conferred. We looked at where within the process violation(s) that resulted in this ranking and whether there was any intent by CCH staff or the candidate to manipulate the hiring process. *Closed - Incident Report issued*

- EPO2021-9: We received notice of a complaint made to IDHR by an employee complaining of harassment and discrimination leading up to her layoff. She also alleged that she was laid off in retaliation for an earlier IDHR complaint against department leadership. The notice was simultaneously submitted to the EEO Department. We deferred to the EEO Department to investigate the underlying harassment and discrimination allegations. We are looking at whether the Lay-off policy was followed. *Pending*.
- EPO2021-10: An employee complained that she has not been hired into any of the many positions she has applied for at CCH despite continuing her education since her employment. We met with the employee to explain the hiring process and are investigating. *Pending*
- EPO2021-11: In the course of our routine monitoring/auditing of discipline, we identified three termination DAFs issued by one supervisor with no employee or witness signature and with other factors which made them difficult to assess. This is an example of the pattern discussed above in the *Discipline* section. Though opened as an investigation, the investigation was minimal and I have determined that closure via a NCN is appropriate. This investigation is closed and an NCN will be issued. *Closed*
- EPO2021-12: An anonymous complainant made allegations consistent with those contained in EPO2021-1. The complaints are being investigated together. *Pending*
- EPO2021-13: We received notice of a complaint made to IDHR by an employee complaining of harassment and discrimination, and well as retaliation in the form of discipline for filing an earlier IDHR complaint. The notice was simultaneously submitted to the EEO Department. We deferred to the EEO Department to investigate the harassment and discrimination allegations. We are looking at whether the Disciplinary Action policy was followed. *Pending*
- EPO2021-14: We received notice of a complaint made to IDHR by an employee complaining that she was laid off for discriminatory reasons. The notice was simultaneously submitted to the EEO Department. We deferred to the EEO Department to investigate. *Closed*
- EPO2021-15: We received notice of a complaint made to IDHR by an employee complaining that her layoff was based upon discriminatory factors. The notice was simultaneously submitted to the EEO Department. We deferred to the EEO Department to investigate. *Closed*
- EPO2021-16: We received notice of a complaint made to IDHR by an employee complaining of harassment and discrimination, and well as retaliation in the form of discipline for filing an earlier IDHR complaint. The notice was simultaneously submitted to the EEO Department. We deferred to the EEO Department to investigate

the harassment and discrimination allegations. We are looking at whether the Disciplinary Action policy was followed. *Pending*

- EPO2021-17: We received notice of a complaint made to IDHR by a former employee complaining of discrimination, harassment and hostile work environment. Additional allegations related to his lay-off and the failure to recall him, a 2018 hiring process he participated in, and allegations previously investigated and addressed via an EPO Incident Report. The notice was simultaneously submitted to the EEO Department. We deferred investigation of a portion of the complaint to the EEO Department. *Pending*
- EPO2021-18: We received notice of a complaint made to IDHR by an employee complaining of discrimination that resulted in increased scrutiny. The notice was simultaneously submitted to the EEO Department. This complaint is related to EPO2021-5. We will defer this portion of the complaint to the EEO Department. *Closed*
- EPO2021-19: Corporate Compliance forwarded a complaint submitted to its hotline anonymously by a group of employees designated by their common job title rather than their individual names. This complaint was forwarded to senior management for investigation and management at the same time it was forwarded to us. Many of the allegations, including favoritism by management and unqualified staff, are duplicative of other pending complaints. This complaint additionally appears to allege that staff are being identified for positions and then provided with the training necessary to qualify them for the position. We are following management's handling of the complaint as well as conducting our own investigation. *Pending*
- EPO2021-20: An employee submitted a straightforward complaint of hostile work environment simultaneously to Corporate Compliance, EEO, HR leadership, a medical leader and our department. EEO indicated that it would handle the investigation. We deferred to EEO for investigation. *Closed*
- EPO2021-21: A Veteran complained that he had not been hired despite his Veteran status and the fact that he interviewed well. He also reported that he was offered an interview for only one of two positions he had applied for which were exactly the same except for the shift. The question was whether the Veteran's preference was properly applied, as Veterans who meet the minimum qualifications for a position are entitled to receive an interview regardless of the number of qualified applicants. *Closed – Incident Report issued*
- EPO2021-22: An employee submitted a straightforward bullying and hostile work environment complaint. We referred the complaint to EEO for investigation. *Closed*
- EPOI2021-23: The OIIG referred a complaint involving a customer service matter. We referred the complaint to the appropriate senior management for investigation and management. *Closed*

- **Reports Issued**

Our office issued three (3) Incident Reports this reporting period. Two (2) were fully or partially sustained.

Below is a summary of each Incident Report:

- EPO2019-51: An employee reported that she was working outside of the scope of her job description, the duties of which were tied to a specific patient population, when she was assigned to serve another patient population. After her hire, the department experienced rapid growth and developed a more generic job description (not tied to a specific patient population) which those with duties equivalent to the complainant's were hired into. We sustained the complaint and recommended that HR evaluate whether a reclassification would be appropriate. HR requested an extension for the required response to our recommendations and the response is pending.
- EPO2021-8: We initiated an investigation upon discovering in the course of a routine DTH packet review that a former employee had been ranked first for a position despite the fact that she did not meet the minimum educational qualification at the time of application. There was a significant delay between the hiring process and our receipt of the DTH packet. An additional flag was raised upon discovering that the minimally required degree was conferred months after the hiring decision and only one day prior to our receipt of the DTH packet. While it was clear that the Plan had been violated, it was not immediately clear at which level(s) errors/violations occurred and if there was an intention on the part of either the candidate or the hiring department to circumvent the hiring process in the candidate's favor. Our investigation revealed errors at the Human Resources, interview panel, and administrative support level. We did not find intentional manipulation by any CCH personnel or the candidate. The errors were the result of miscommunication, oversight, and misunderstanding of the interview panel's role relative to the screening of candidates at the time of interview. We partially sustained the allegations and recommended several measures aimed at preventing future violations of the nature observed. HR requested an extension for the required response to our recommendations and the response is pending.
- EPO2021-21: A Veteran complained that he had not been hired into a position despite his Veteran status and the fact that he had interviewed well. He also reported that he was offered an interview for one of only two positions he had applied for which were exactly the same except for the shift. The question was whether the Veteran's preference was properly applied, as Veterans who meet the minimum qualifications for a position are entitled to receive an interview regardless of the number of qualified applicants. In the course of the interview, we discovered that the candidate had not followed the procedure required to be afforded the Veteran's preference. Rather than uploading his DD214 or a *valid* driver's license with Veteran Status identified at the time of application, he uploaded an expired license. Human Resources explained that it is their practice not to accept expired documents. The fact that the candidate was interviewed for one of the two positions was due to the fact

that he was high enough on the randomized list for that position²¹. The fact that he interviewed well did not guarantee an offer as the Veteran's Preference does not extend past creation of the interview list. We did not sustain the complaint, but made recommendations including training of recruitment staff on the acceptability of valid Veteran's driver's licenses as an alternative to the DD214²² and regarding further review of a possible error unrelated to the complainant's issue that we found in the hiring packet during our investigation. HR requested an extension for the required response to our recommendations and the response is pending.

- **Additional Cases Closed**

We closed ten (10) additional investigations. I would like to have closed more investigations, but our department is currently very small²³ and our investigative activities had to be balanced against increased monitoring, training and guidance needs. We have a significant number of investigations submitted during the reporting period that remain pending, as well as a number of others that have carried over from previous reporting periods. We completed twenty-five investigative interviews in the reporting period and made significant progress toward the completion of several investigations. Many are in the final evaluation, report drafting, or final report editing phase. It is a high priority to close investigations in the current reporting period.

GOALS & NEW INITIATIVES

- **Training**

As described above, training will be a large focus over the next few months. In collaboration with HR, our plans include:

- Updating learning management system content for circulation to new employees and with annual education.
- Conducting HR Annual Training. Among other things, this training will address violations and other vulnerabilities addressed in this report.
- Conducting Employment Plan Interviewer Training for all leaders who have not attended an in-person session in FY2021. It has been many years since many of the veteran leaders have received in-person interviewer training, and it is our expectation that the opportunity to engage with them and answer their questions will support future compliance.
- Launching a "Lunch and Learn" program. Starting with the Disciplinary Action Policy (and later expanding to parts of the hiring process and other Supplemental Policies), we

²¹ In the General Hiring Process, non-Veteran applicants are subject to screening and consideration based upon computer generated sorting when there are more preliminarily eligible candidates than interview slots available.

²² The recruiter indicated that she was not immediately aware that a valid driver's license with a Veteran's designation is an acceptable alternative to the DD214.

²³ The department is comprised of three employees: an analyst, an information coordinator and myself.

will offer a non-mandatory refresher training via video teleconference once per month during the lunch hour. Based upon the amount of disciplinary guidance often requested, we believe that the training will be well received. The training deck, which was developed to be shared electronically with attendees as a resource guide, has been developed. We expect to implement the program in the fall.

- Developing and implementing a training tailored to administrative staff who provide administrative support to interview panels and hiring managers during the hiring process. Based upon our general observations, our findings in an investigation completed in this reporting period, and the fact that leaders have requested interviewer training for their administrative staff, we believe that such training is necessary and will be well received.

- **Tools**

As briefly addressed above, we have worked with HR to develop interview panel instructions for both interviews and selection meetings that will be provided with each interview packet. The expectation is that the lead interview panelist will go over the applicable instructions with the panel before the first interview of each interview sequence and before each selection meeting. The instructions are nearly ready for implementation.

- **Process Improvement**

Based upon our monitoring observations and communication with the recruitment staff, the manual nature of the General Hiring and Actively Recruited hiring processes (which together comprise the majority of CCH hiring) permits errors/Plan non-compliance that is identified by HR after hiring decisions have been made. These errors (e.g., incorrect calculation of scores, failure to complete a required section of the Interview Evaluation Form, or illegible writing) require correction, and the back and forth with the hiring departments delays hiring processes.

To address this issue, Mr. Rocha approved an initiative to automate key components of the process. For the past several months, our office, HR and the Health Information Systems Department have worked together cooperatively toward this goal. Significant progress has been made. I am cautiously optimistic that this process will be completed and ready for implementation by the end of the next reporting period.

- **Employment Plan and Policy Updates**

As touched upon above, there are several Supplemental Policy updates planned or already in progress. Additionally, I would like to take the opportunity to make some edits to the Plan when time permits. Some minor changes and administrative clean-up is necessary. Beyond that, it is my understanding that HR intends to begin routinely utilizing a hiring blitz process to efficiently fill positions with numerous vacancies. I have discussed this process with HR and am confident that it is compliant with the spirit of the Plan. I have documented the process as described to me, and it is my expectation that we will take the steps necessary to include the process in the Plan.

- **Investigations**

As above, completing pending investigations is a priority in the current reporting period. I hope to be able to hire additional staff to assist with the process.

Sincerely,

Kimberly Craft

Kimberly Craft

INTERIM EMPLOYMENT PLAN OFFICER

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