

Leadership

Cook County Health

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# EMPLOYMENT PLAN OFFICE 20TH SEMI-ANNUAL REPORT

Dear Dr. Mikaitis and Inspector General Paxton:

### INTRODUCTION

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

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

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

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

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

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

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

### EMPLOYMENT PLAN AMENDMENTS

# • Updates to Exhibits

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

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

### • Procedural Amendments

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

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

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

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

#### Documentation

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

### **INVESTIGATIONS**

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

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

#### • Pending Investigations

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

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

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

# • New Investigations

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

# • Closed Investigations

Our Incident Report findings and recommendations are summarized below.

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

# • Incident Report Recommendations Outstanding From Past Reporting Periods

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

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

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

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

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

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

### **TRAINING**

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

The information below pertains to each type of training conducted:

### • Employment Plan Training

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

# • Employment Plan Interviewer Training

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

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

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

# • Supplemental Policies and Procedures (Policies) Training

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

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

# • HR Staff Training

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

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

### **HIRING & EMPLOYMENT ACTIONS**

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

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

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

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

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

#### HIRING

### Revised Hiring Process

### o Posting Reviews

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

### Randomization

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

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

# o Application Review Panel Packets

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

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

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

### Interview & Selection Meeting Monitoring

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

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

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

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

#### Notable EPO Observations & Guidance

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

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

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

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

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

### • Advanced Clinical Positions

#### Decision to Hire Packet Reviews

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

### o Other

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

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

### Revised Hiring Fair Process

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

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

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

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

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

### • Accelerated Hiring

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

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

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

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

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

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

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

# • Emergency Hiring Process

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

### • Direct Appointments

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

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

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

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

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

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

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

# • Medical Staff Appointments

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

# Executive Assistant Appointments

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

### • Letters of Recommendation

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

# OTHER EMPLOYMENT ACTIONS (SUPPLEMENTAL POLICIES)

### • **Demotion** (#02.01.20).

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

### • <u>Discipline (#02.15.15)</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### • Layoff/Recall (#02.01.17)

There were no layoffs or recalls during the reporting period.

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

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

# • Third-Party Providers (02.01.18).

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

# • Training Opportunities (02.01.13) & Overtime (02.01.14).

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

### o NPCCs

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

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

### o Tracking

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

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

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

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

### • Transfers (#02.01.12)

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

### **INELIGIBLE FOR HIRE LIST**

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

The CHRO reviewed terminations and resignations/retirements made in lieu of termination several times during the applicable period to evaluate whether inclusion on the List was warranted. This resulted in five (5) list <sup>16</sup>[60].

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

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

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

### **CCH WEBSITE**

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

#### Current Employment Plan

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

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

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

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

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

### Human Resources Content

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

### Quarterly Reports.

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

### Current Job Descriptions.

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

#### **NEW & UPCOMING**

# • New Associate Chief Human Resources Officer, Talent Management

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

# • New Executive Recruitment Specialist

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

### Taleo Updates.

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

### Employment Plan Updates.

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

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

### Policy Updates.

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

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

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

## • Training.

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

#### **CONCLUSION**

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

I will report further progress in the next report.

Sincerely,

Kimberly Craft

EMPLOYMENT PLAN OFFICER

cc: CCH Board of Directors via Deborah Santana, Secretary of the Board

Jeffrey McCutchan, General Counsel

Carrie Pramuk-Volk, Interim Chief Human Resources Officer

LaShunda Cooperwood, Office of the Independent Inspector General