

COOK COUNTY
HEALTH



CEO Report

Debra D. Carey, Interim CEO

May 29, 2020



COOK COUNTY
HEALTH

Overview



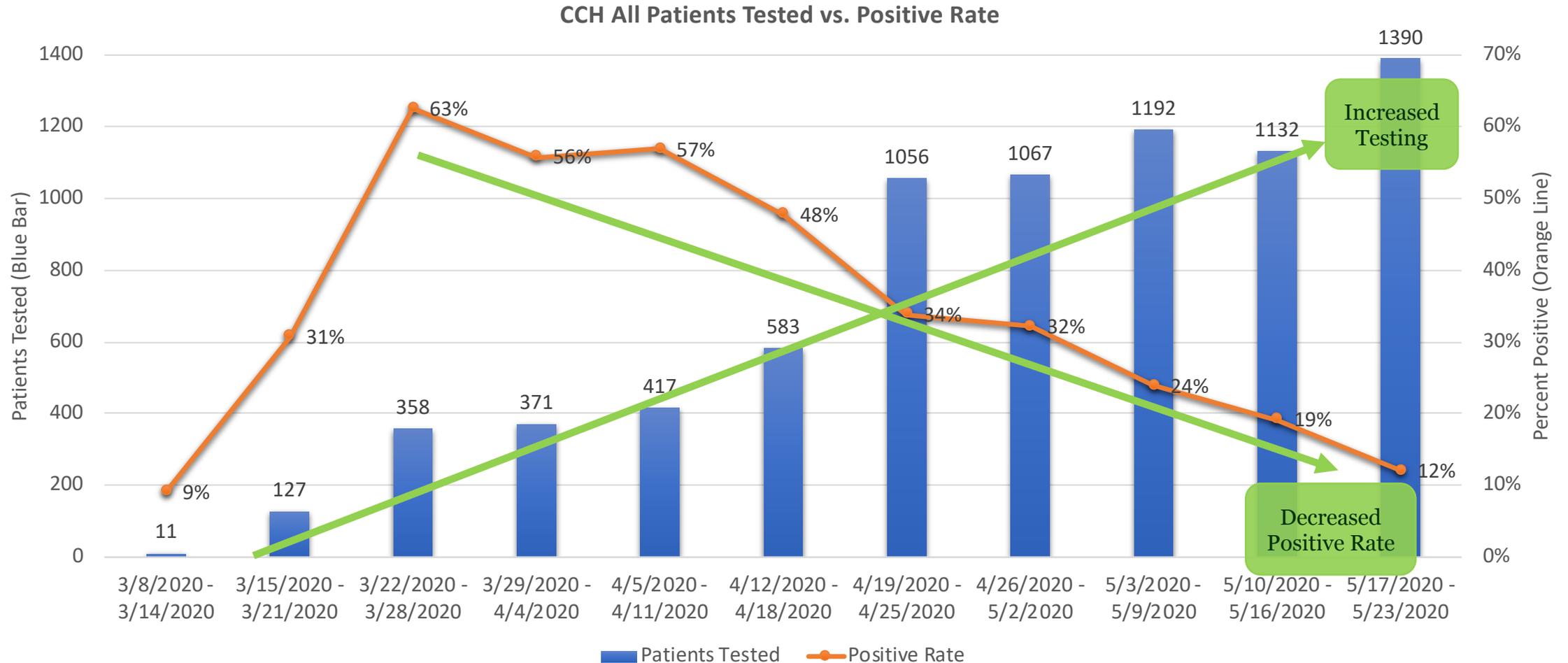
Latest Case Numbers

May 26, 2020

	Cases	Deaths
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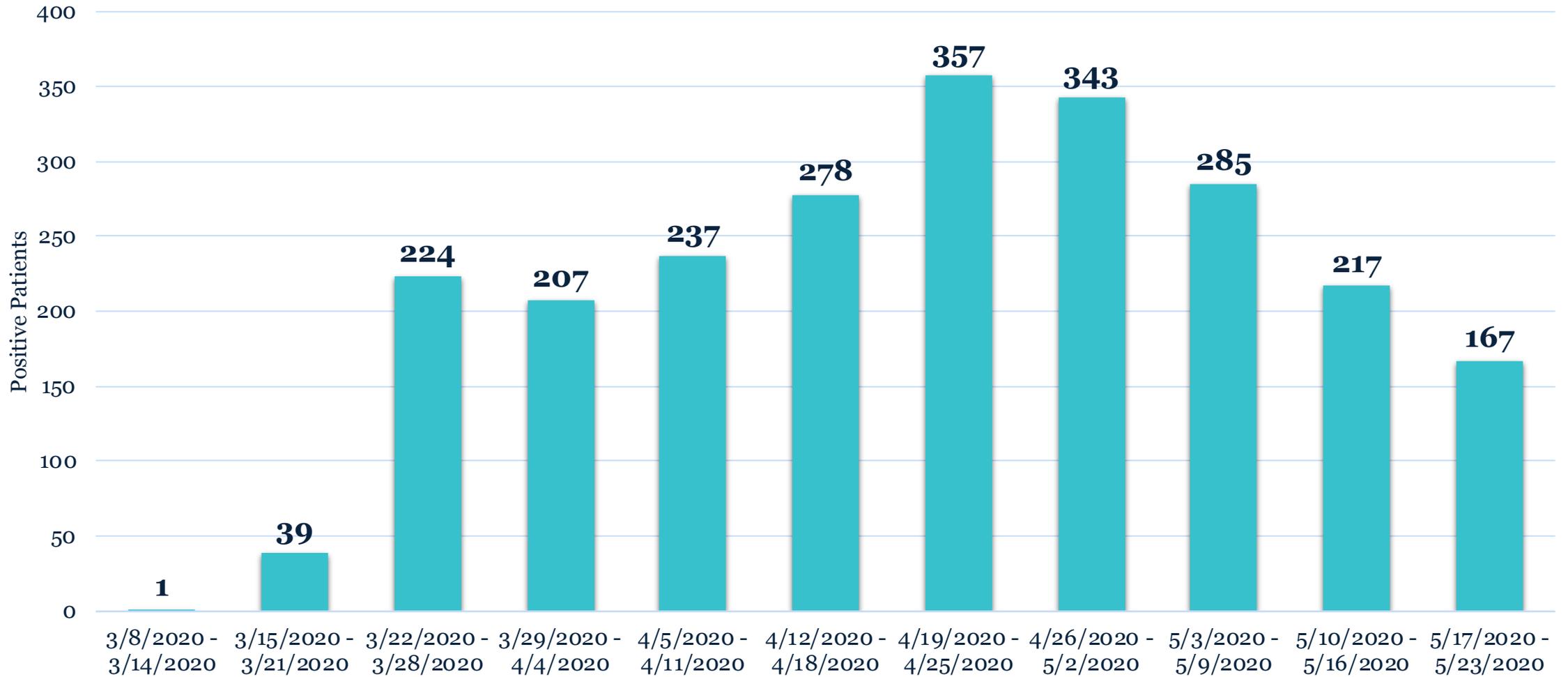
COVID-19 Patient Testing Conducted across all CCH locations

7,704 patients have have been tested for COVID-19 through CCH



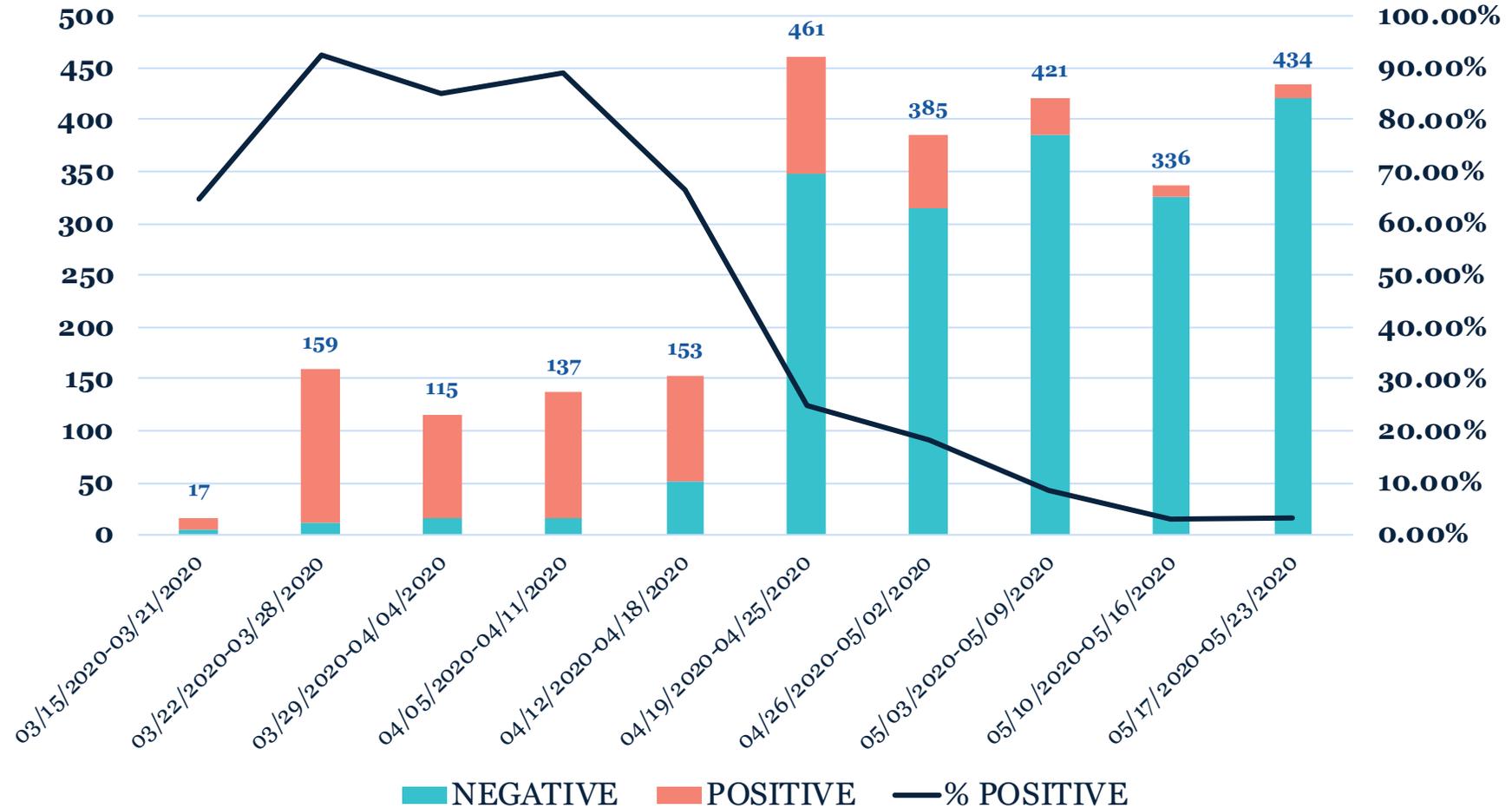
COVID-19 Positive Patients across all CCH Locations

2,355 Positive Patients - All CCH Locations



Cermak Testing

TOTAL PATIENTS TESTED BY WEEK



Correctional Health: Containment Requires Ongoing Vigilance and Resources

- With enhanced testing that now includes symptomatic, asymptomatic, intake and surveillance testing, the positivity rate of those tested has gone from 97% in March to less than 5% today.
- Since May 8, 30 of the 34 new cases of COVID-19 at Cook County Jail were detected during the intake process.
- As the weather gets warmer and the population rises at the jail, we expect to see more cases coming from the community. Additional areas may need to be opened to accommodate intake housing.

Facility	April 29 Census	May 26 Census	Change
Cook County Jail	4,124	4,260	↑ 136
Juvenile Temporary Detention Center	170	199	↑ 29

- Leadership intends to keep measures in place for the foreseeable future. These strategies will continue to require additional, unbudgeted resources.

Chicago Tribune

Officials see signs COVID-19 is contained at Cook County Jail, while experts caution measures need to remain in place

By [Annie Sweeney](#)
Chicago Tribune | May 26, 2020

....As of last week, fewer than 100 of the 4,000 detainees housed at Cook County Jail had tested positive and were in isolation for COVID-19, down from one-day totals of in early April of nearly 300.

Another key metric for jail and county health officials is the facility's test-positivity rate, which they said has fallen to 6% as testing at the jail as expanded to include both symptomatic and asymptomatic detainees....

...“This is a decline in positivity and that is encouraging, and that does tell you that you are not in an expansion mode,” said Dr. Chris Beyrer a professor of epidemiology at the Johns Hopkins Bloomberg School of Public Health, who also specializes in infectious disease inside prisons. **“These close settings are going to remain places where we have to be hyper-vigilant. ... It is fundamental to this virus: Population density is your enemy.”**...

Staffing and Services at the Jail

- Additional buildings and barracks have been opened to house COVID and suspect COVID patients. Pre-COVID, nine areas required CCH staffing. Today that number is 13 with number 14 likely coming online next week. As census at jail increases, so will the footprint of the jail and the demand for CCH staffing and services.
- Measures to isolate, quarantine and provide as much social distancing will continue for the foreseeable future.
- Illinois Emergency Management Agency allowed CCH to access their agency contract from April 11 – May 8. This has provided between 35 and 75 nurses to assist in caring for Cermak patients. The contract was extended through June 8.
- CCH continues to redeploy various staff to Cermak. Nurse staffing remains our biggest challenge on the jail campus.

Personal Protective Equipment (PPE)

PPE usage March 19 - May 19, 2020 (while hospitals functioning at approximately 50% of pre-COVID capacity and community clinics providing urgent care only)

- 510,258 masks* or 8,648 masks per day
- 128,172 gowns* or 2,172 gowns per day
- 35,120 shoe covers or 595 covers/day
- 46,675 bouffant caps or 791 caps/day

*All types

Supply of PPE continues to be a national challenge. CCH team continues to source PPE beyond existing vendors. Prices are also higher than normal. For example:

Item	CCH Contract Price	Open Market Price
Procedure Masks	\$.0461 each	\$.60
Isolation Gowns	\$.36 each	\$2.25 - \$9.00 each
Shoe Covers	\$.0561 each	\$.51 each

Contract price: negotiated price CCH pays to contracted vendors

Open market price: price CCH pays when contracted vendors do not have supply

Like other hospitals, CCH has implemented CDC guidelines for usage and preservation of supplies. Demand will increase as we phase services back in at the same time the supply chain has not caught up. Efforts are ongoing to educate staff about proper use to ensure that there is sufficient supply when needed.

What's Next



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What's Next: The New Normal

For Patients and Staff

- Pre-procedure COVID-19 testing
- Phase in clinical activity with strategies that allow for social distancing
- Further deploy telemedicine
- Prepare 25+ sites to accommodate social distancing both in clinical and administrative space (physical barriers, elevators, signage, PPE stock, restrict entry points, etc)
- Visitor restrictions will remain in effect
- Phase in administrative staff using appropriate strategies to provide for social distancing (staggered days, shifts, etc)
- Mature teleworking processes for future needs



What's Next: Ambulatory Services Availability

March 16, 2020 – Present:

Telehealth visits

In-person clinic visits provided for urgent services or other medically necessary services

May 11, 2020:

Surgical procedures resumed

Pre-operative clinical visits resumed

June:

Non-surgical procedures resumed

Specialty in-person visits resumed, with social distancing parameters in place

Primary care –in-person visits resumed for high risk patients

Telehealth continues

June:

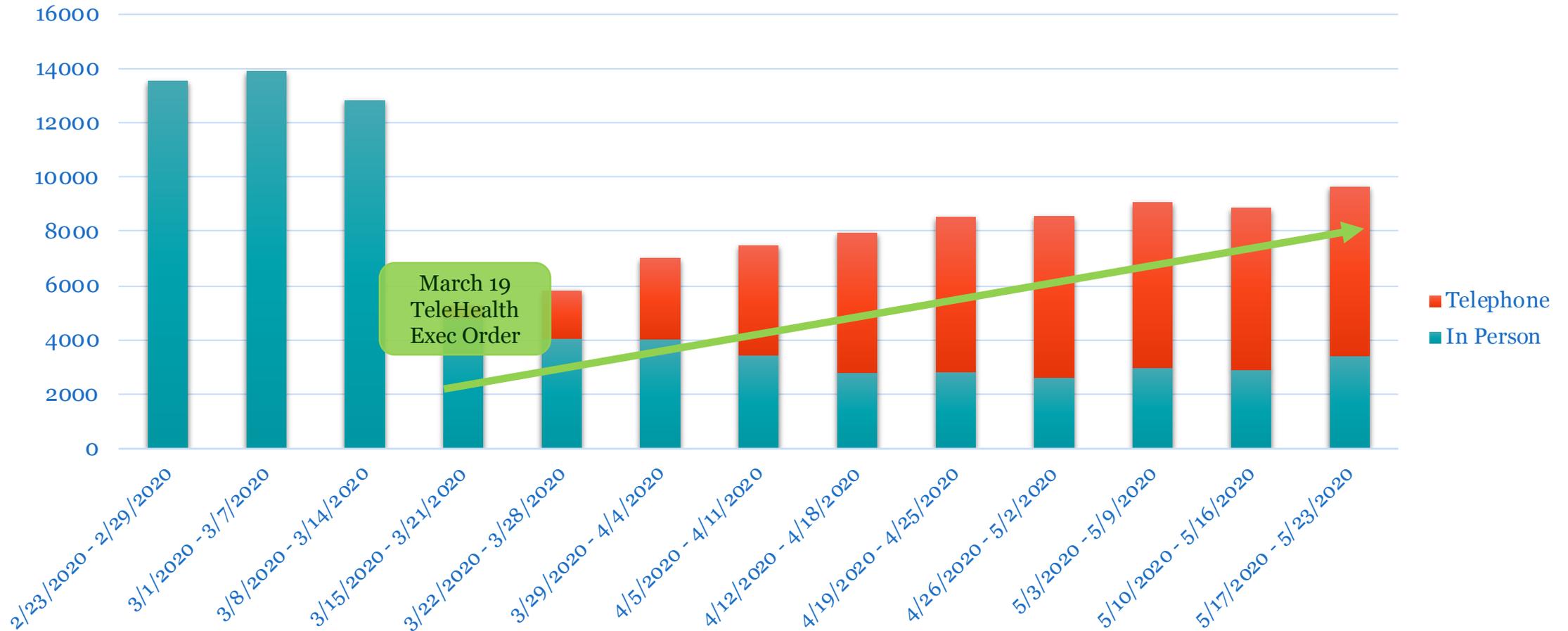
All primary care resumed, with social distancing parameters in place

What's Next: Preparations for Resuming Ambulatory Services

- Creation of modified appointment scheduling template to accommodate for social distancing in staff workspaces and clinic waiting rooms
- Inclusion of telehealth visits in the modified appointment scheduling templates to allow for all patients to continue to access care given that not all can be accommodated in clinic
- Creation of tools to manage PPE par stock and waiting room spaces
- Development of new workflows ranging from pre-visit COVID-19 patient screening and testing to telehealth protocols and checklists
- Development of mass patient communication messages to prepare patients for the new normal

What's Next: Leverage Telehealth Success

44,335 telephone visits have been completed through ACHN



What's Next: Contact Tracing

Centers for Disease Control and Prevention

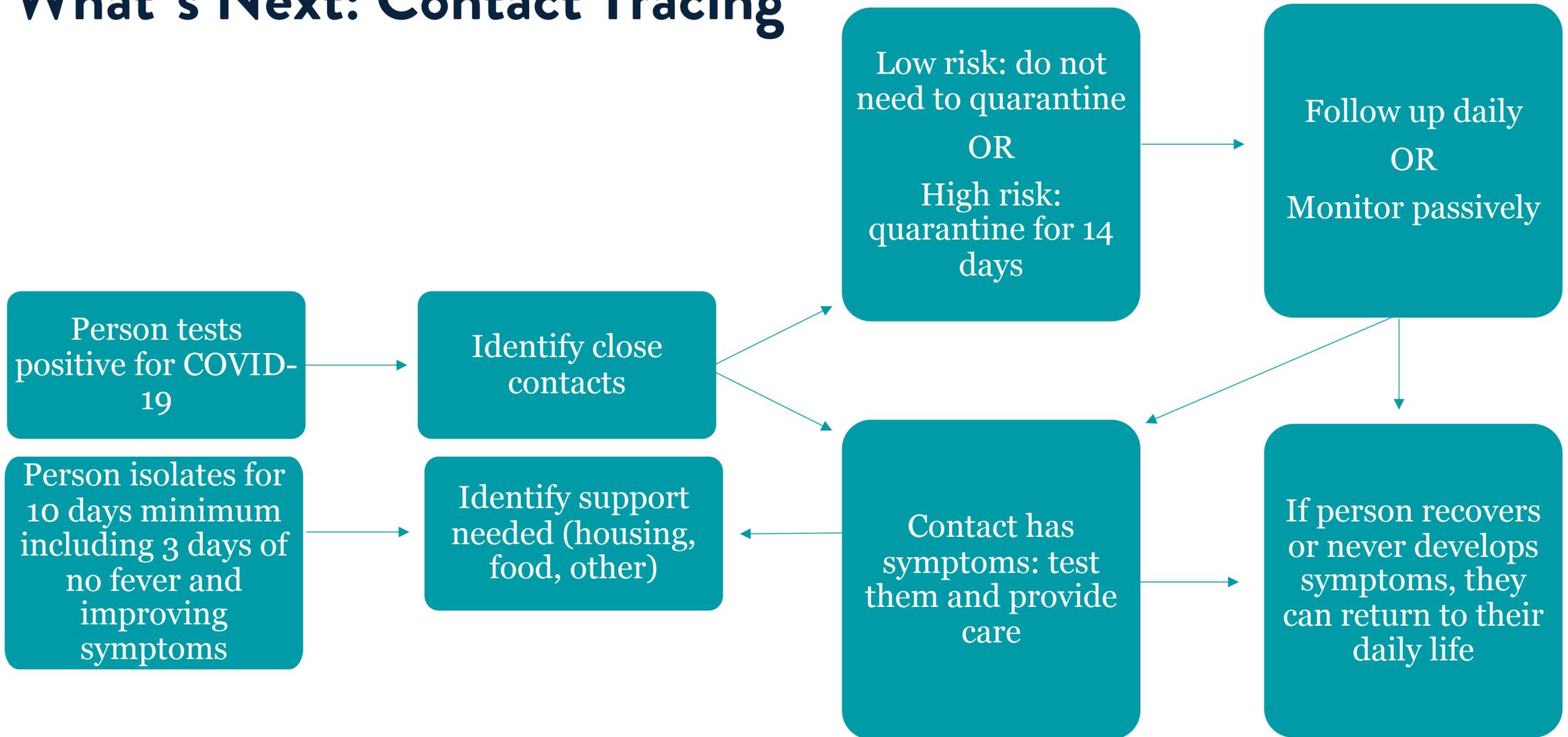
Contact tracing, a core disease control measure employed by local and state health department personnel for decades, is a key strategy for preventing further spread of COVID-19. **Communities must scale up and train a large contact tracer workforce and work collaboratively across public and private agencies to stop the transmission of COVID-19.**

Certain core principles of contact tracing must always be adhered to:

- Contact tracing is part of the process of supporting patients with suspected or confirmed infection.
- In contact tracing, public health staff work with a patient to help them recall everyone with whom they have had close contact during the timeframe while they may have been infectious.
- Public health staff then warn these exposed individuals (contacts) of their potential exposure as rapidly and sensitively as possible.
- To protect patient privacy, contacts are only informed that they may have been exposed to a patient with the infection. They are not told the identity of the patient who may have exposed them.
- Contacts are provided with education, information, and support to understand their risk, what they should do to separate themselves from others who are not exposed, monitor themselves for illness, and the possibility that they could spread the infection to others even if they themselves do not feel ill.
- Contacts are encouraged to stay home and [maintain social distance](#) from others (at least 6 feet) until 14 days after their last exposure, in case they also become ill. They should monitor themselves by checking their temperature twice daily and watching for cough or shortness of breath. To the extent possible, public health staff should check in with contacts to make sure they are self-monitoring and have not developed symptoms.

Source: <https://www.cdc.gov/coronavirus/2019-ncov/>

What's Next: Contact Tracing



What's Next: Contact Tracing

Time is of the essence.

Cook County Department of Public Health (CCDPH)

- CCDPH has been using an existing pool of 30 staff to conduct contact tracing. CCDPH leadership estimates as many as 400 contact tracers will be needed in suburban Cook County.
- \$40M from state has been awarded for contact tracing activities (infrastructure, staffing, housing, etc). These funds will get us started.
- Leadership is working through a plan that will require out-of-the-box thinking to get tracers in place quickly. Our routine hiring process will not work in time to mitigate predicted resurgence.

Cook County Health

- As CCH phases back services, it is expected that new cases will be identified. As required, we will refer to appropriate health department but the circumstances may lead to CCH staff conducting limited and targeted contact tracing to quickly alert/screen immediate household contacts. This will require us to train existing staff.

Current Statistics



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COVID-19 Comparisons

May 26, 2020

- Cook County has the highest number of confirmed COVID-19 cases and the 4th highest number of deaths compared to other counties in the U.S.
- Illinois has the 3rd highest number of confirmed cases and 6th highest number of deaths compared to other states.
- The state is 8th in terms of cases per 100,000 population and 10th in terms of deaths per 100,000 population.
- The fatality rate is 4.55% in Cook County and 4.36% in Illinois.

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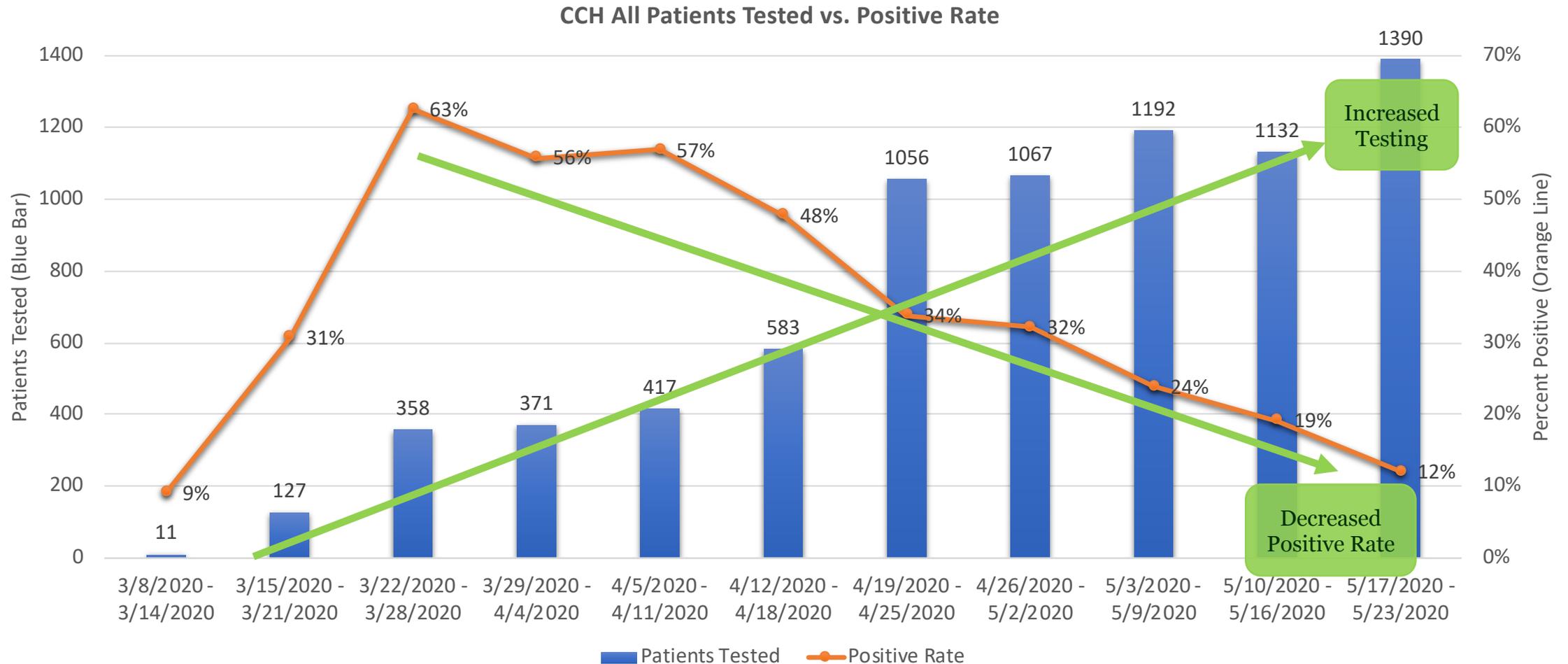
COVID-19 at CCH



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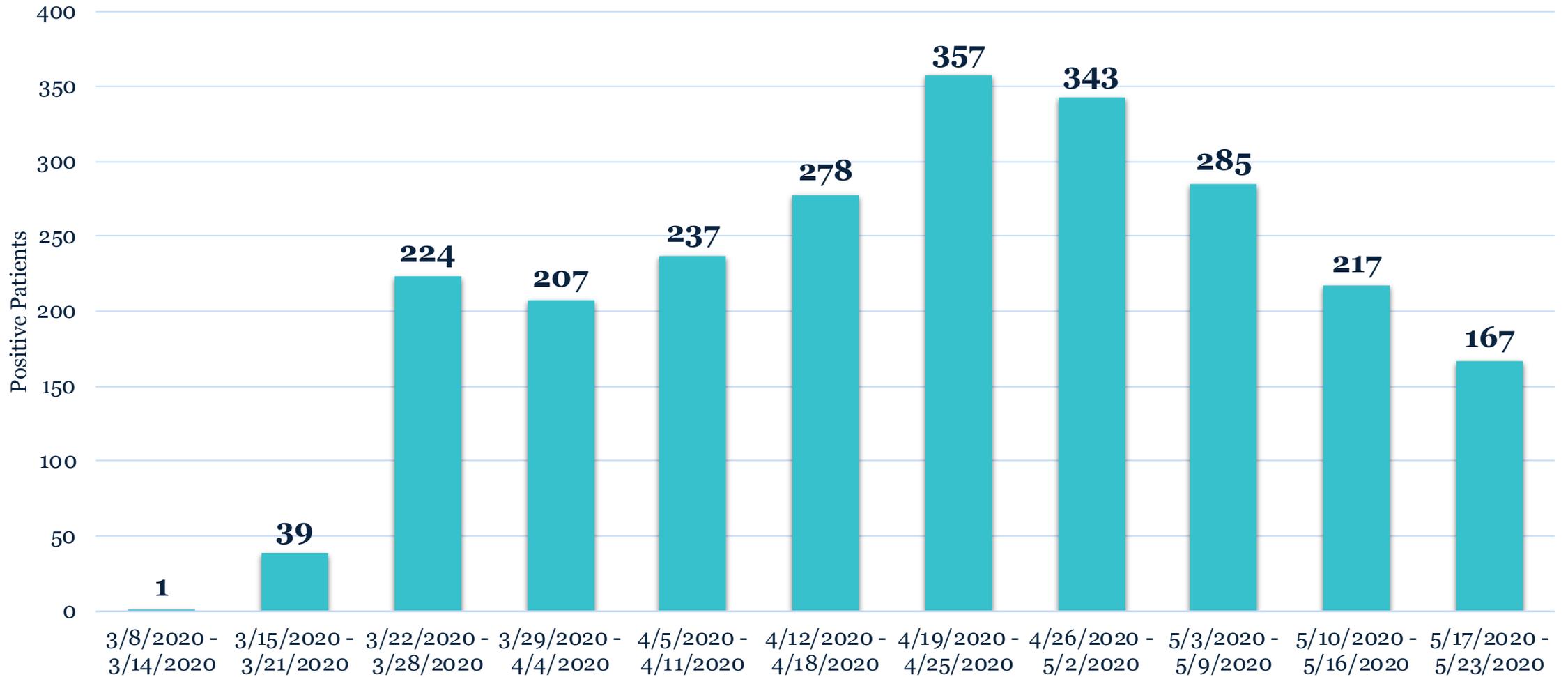
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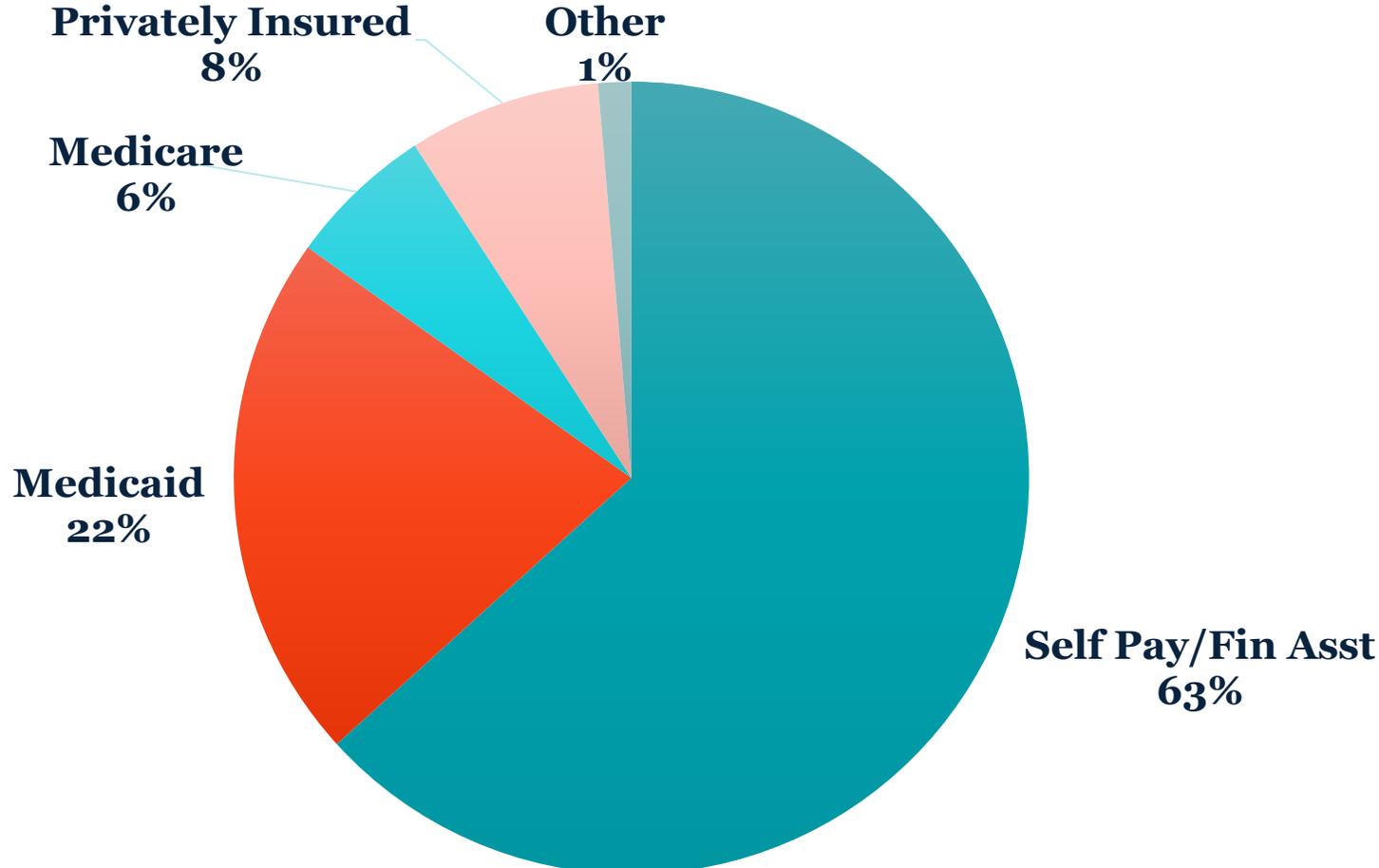


COVID-19 Positive Patients across all CCH Locations

2,355 Positive Patients - All CCH Locations



COVID-19 Positive Payor Mix



■ Self Pay/Fin Asst ■ Medicaid ■ Medicare ■ Privately Insured ■ Other

*Source: Cerner COVID-19 Orders Mar 1,2020-May 23, 2020

Patient Testing

All Testing Thru 5/26/20

Gender	%
Female	33%
Male	67%

Age Group	%
0-20	10%
21-40	38%
41-64	43%
65 +	9%

Positives Only

Gender	%
Female	34%
Male	66%

Age Group	%
0-20	5%
21-40	34%
41-64	51%
65 +	9%

Patient Testing

All Testing Thru 5/26/20

Race	%
African/American	55%
American Indian/Alaska Native	3%
Asian	1%
Other/Multiple/Unknown	11%
White	30%

Ethnicity	%
Hispanic/Latino/Spanish Origin	28%
Non-Hispanic/Latino/Spanish Origin	72%

Positives Only

Race	%
African/American	42%
American Indian/Alaska Native	6%
Asian	1%
Other/Multiple/Unknown	17%
White	35%

Ethnicity	%
Hispanic/Latino/Spanish Origin	35%
Non-Hispanic/Latino/Spanish Origin	65%

Deaths

Thru 5/26/20

Gender	%
Female	33%
Male	67%

Age Group	%
0-20	0%
21-40	6%
41-64	59%
65+	35%

Race	%
African American/Black	35%
Other/Unknown	32%
White	33%

Ethnicity	%
Hispanic/Latino/Spanish Origin	60%
Non-Hispanic/Latino/Spanish Origin	40%

COVID-19 Clinical Trials and Studies at CCH

Convalescent Plasma Therapy to Treat COVID-19 Patients

While no drug treatment for COVID-19 has been approved by the Food and Drug Administration, the U.S. Government is supporting a national Expanded Access Program to provide convalescent plasma to patients in need. Cook County Health began using the therapy in early May. John H. Stroger, Jr. Hospital joins more than 2,000 sites nationwide that are using convalescent plasma on COVID-19 patients. Plasma in recovered COVID-19 patients contains antibodies that may help fight the disease in those currently battling. Transfusing plasma containing these antibodies to severely sick patients could give their immune system additional resources to fight off the infection.

Post COVID-19 Study

Infectious disease experts from the Ruth M. Rothstein CORE Center at Cook County Health has launched a new trial called the ACCELERATED study to try to find new breakthrough therapies for COVID-19 treatment and prevention. Individuals who have recovered from COVID-19 are a vital resource in this effort. Medical experts from Cook County Health are collaborating with an international group of researchers to identify staff who have recovered from COVID-19 to take part in this study, which involves a one-time blood draw and brief online survey done eight to 10 weeks after illness onset.

COVID-19 Clinical Trials and Studies at CCH

CCH Simulation Center Testing Portable, Low-Cost Ventilator to Fight COVID-19

Medical experts from the Simulation Center at Cook County Health has partnered with a team of physicists and engineers from Fermilab to help test a newly developed ventilator, which is in the final stages of emergency FDA approval. Cook County Health is one of only two medical institutions in the U.S. and one of only a handful in the world to help test the technology. The MVM is being tested at CCH utilizing the most advanced technology breathing simulator called the ASL 5000 Lung Solution. The ASL 5000 lung simulator can receive a ventilator in any mode at almost any range and can transmit real life feedback to the ventilator. This allows for accuracy in testing ventilators prior to patient use. The ASL 5000 can simulate almost any type of lung disease and help medical providers with the best ways to treat it.

North American COVID-19 ST-Segment Elevation Myocardial Infarction Registry (NACMI)

Any COVID-19 positive patients or persons under investigation (PUI) with ST-Segment Elevation or new-onset left bundle branch block with a clinical correlate of myocardial ischemia (chest pain, dyspnea, cardiac arrest, hemodynamic instability) will be in enrolled. The data will be compared to an age and gender-matched control population from the existing Midwest STEMI Consortium, which is a large (>15,000), prospective multi-center registry of consecutive STEMI patients. CCH believes this registry has the potential to provide critically important time-sensitive data to inform the management and treatment guidelines applicable to COVID-19 patients.

COVID-19 Clinical Trials and Studies at CCH

Cook County Health First in Illinois and One of Six in the U.S. to Investigate Hydroxychloroquine in Conjunction with and without Azithromycin in Non-Hospitalized Patients

Cook County Health is one of six sites participating in a clinical trial investigating whether hydroxychloroquine, a commonly used antimalarial and autoimmune drug, can prevent disease progression among mildly symptomatic patients with COVID-19. Along with the University of Washington, Boston Medical Center, NYU Langone Health, SUNY Upstate Medical University and Tulane University, Cook County Health infectious disease experts will look at the effectiveness of the widely discussed drug hydroxychloroquine in conjunction with and without azithromycin to prevent hospitalizations in less severe COVID-19 patients, as well as decrease lung infections, in a randomized placebo-controlled trial. The study is funded by the Bill & Melinda Gates Foundation through the University of Washington.

Cook County Health Leads First Studies for COVID-19 Drug Treatment in Illinois

Cook County Health is one of only three medical centers in Chicago and one of 50 major medical centers worldwide leading two different studies. Both are phase III, randomized trials looking at the safety and efficacy of a potential drug treatment for patients diagnosed with either moderate or severe COVID-19. The antiviral drug known as remdesivir has been used to treat patients diagnosed with Ebola, as well as animals with the Middle East respiratory syndrome (MERS) and severe acute respiratory syndrome (SARS) – categorized as other coronaviruses. The moderate COVID-19 study will look at three treatment groups. One treatment group will be given remdesivir for five days and the other will be given the drug for a 10-day period. The third group will serve as a control group. All treatment groups will receive standard of care therapy. The second study focuses on patients with severe COVID-19. Patients will receive remdesivir for a 10-day period, and some may receive a five-day course of the drug. The study is funded by Gilead Sciences Inc., the drugmaker of remdesivir.

CCH Partners and Guidance

- The US Centers for Disease Control & Prevention are the foremost public health authority in the U.S.
- The Illinois Department of Public Health is the state agency that grants CCDPH their authority.
- Stroger, Provident and Cermak sit within the authority of the Chicago Department of Public Health.
- The CCH Infection Control team has taken the internal lead.
- Office of the President, Cook County Government
- Cook County Department of Emergency Management and Regional Security
- Cook County Bureau of Human Resources
- Illinois Emergency Management Agency

CCH Planning and Service Changes

Since January, and following state and federal guidance, CCH has implemented strategies to prepare for COVID-19 impact, reduce spread and preserve health of staff:

- Declared Internal Disaster to initiate Hospital Incident Command Structure (NICS)
- Ongoing training and education of CCH staff
- Built internal testing capacity
- Cancelled elective procedures and surgeries
- Conducting as many ambulatory visits as appropriate telephonically
- Reaching out to patients proactively on health issues, prescription refills, COVID symptoms, etc
- Instituted visitor restrictions
- Instituted work from home protocols, technology tools and procedures for staff
- Redeployed staff to areas of need
- Developed employee testing protocols and procedures
- Modeled and planned for surge across organization (identify units for transition, create COVID specific care teams, staffing considerations, supplies, etc)
- Universal masking for all staff, patients and approved visitors
- Assessing all facilities and implementing strategies for the “new normal”



Testing at CCH

- Thru March 31: Initial testing done through the state lab and based on state guidance
- March 20: CCH engaged external lab to process tests
- March 26: CCH began employee drive thru testing at Stroger
- March 30: CCH began employee drive thru testing at Provident
- March 31: CCH instituted in-house testing with 24 hour turn-around
- April 13: Drive thru testing available at Provident for CCH patients with CCH physician order
- April 20: Drive thru testing available at Stroger for CCH patients with CCH physician order

Cermak Health Services



Cook County Jail and the Juvenile Temporary Detention Center (JTDC)



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Correctional Health: Containment Requires Ongoing Vigilance and Resources

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Containment Requires Ongoing Vigilance

Cermak planning began in January. CDC Guidance issued in May.

BOX. COVID-19 guidance for correctional and detention facilities

Prepare for COVID-19

- Update an emergency plan for COVID-19 response
- Coordinate with local public health department and other correctional and detention facilities
- Require that staff members and visitors stay home if ill, and consider suspending in-person visitation
- Ensure access to soap at no cost to encourage frequent handwashing
- Plan for how space will be used to medically isolate and care for ill persons and to quarantine close contacts
- Plan for potential staff member shortages
- Train staff members to safely use personal protective equipment
- Enhance facility cleaning and disinfection

Prevent introduction of COVID-19 into facilities from the community

- Limit nonmedical transfers into and out of the facility
- Screen all new entrants, staff members, and visitors for symptoms before they enter the facility
- Assign staff members to consistent locations to limit movement between facility areas
- Encourage daily use of cloth face coverings by incarcerated or detained persons and staff members
- Use multiple physical distancing strategies (e.g., sleep head to foot, stagger meals and showers, reduce the number of persons allowed in a common area at one time, suspend group gatherings*)
- Regularly communicate with staff members and incarcerated or detained persons about COVID-19 and how they can protect themselves and others

Manage COVID-19 in facilities

- Activate emergency plan and notify public health officials
- Medically isolate ill persons and quarantine close contacts
- Evaluate ill persons for underlying medical conditions that would increase their risk for severe illness from COVID-19,† and provide necessary care on-site or transfer to a health care facility
- Incorporate screening for COVID-19 symptoms into release planning‡
- Continue activities from preparation and prevention phases

Abbreviation: COVID-19 = coronavirus disease 2019.

* Other suggestions available in full corrections guidance. <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

† Asthma, chronic lung disease, diabetes, serious heart conditions, chronic kidney disease being treated with dialysis, severe obesity, age ≥65 years, immunocompromising conditions, and liver disease. <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html>.

‡ Additional guidance on SARS-CoV-2 testing in correctional and detention facilities will be provided as testing becomes more widely available and strategies are developed to assist facilities in using test results to inform their operational efforts to reduce transmission risk.

COVID-19 in Correctional and Detention Facilities — United States, February–April 2020

Early Release

Summary

What is already known about this topic?

Correctional and detention facilities face challenges in controlling the spread of infectious diseases because of crowded, shared environments and potential introductions by staff members and new intakes.

What is added by this report?

Among 37 jurisdictions reporting, 32 (86%) reported at least one confirmed COVID-19 case among incarcerated persons or staff members in correctional and detention facilities. As of April 28, 2020, there were 88 deaths among incarcerated persons and 15 deaths among staff members.

What are the implications for public health practice?

Prompt identification and isolation of persons with COVID-19 in correctional and detention facilities are critical to preventing further spread of the virus among staff members and detainees.

Keywords: COVID-19, correctional facilities, detention facilities, incarcerated persons, staff members.

An estimated 2.1 million people are incarcerated in the United States, with approximately 5,000 new admissions each day (1). Many correctional and detention facilities are not equipped to handle the spread of SARS-CoV-2, the virus that causes COVID-19. Such challenges include shared lavatories, limited entry and exit of facilities, and the introduction of newly incarcerated persons for court-related activities for court-related activities during April 22–28, 2020. In 32 jurisdictions reporting cases, 32 (86%) reported at least one confirmed COVID-19 case among incarcerated persons or staff members in correctional and detention facilities. As of April 28, 2020, there were 88 deaths among incarcerated persons and 15 deaths among staff members. Prompt identification and isolation of persons with COVID-19 in correctional and detention facilities are critical to preventing further spread of the virus among staff members and detainees.

These authors contributed equally to this work. Correctional facilities refer to state and federal prisons, and detention centers, which are used to house persons awaiting trial or sentencing.

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This analysis provides the first reported laboratory-confirmed COVID-19 cases in correctional and detention facilities in the United States. The proportion of incarcerated persons tested was not available in all jurisdictions, but not among incarcerated persons in correctional facilities might be an important source of infection.

A case twice daily and prompt identification and isolation can help identify persons infected within the facility. Although symptom screening is not sufficient, that approximately one half of COVID-19 cases reported in correctional and detention facilities were among staff members, who likely control data indicate that symptom screening and isolation promptly identify and isolate persons with COVID-19 in correctional and detention facilities.

settings such as correctional and detention facilities. Additional strategies, including physical distancing, movement restrictions, use of cloth face coverings, intensified cleaning, infection control training for staff members, and disinfection of high-touch surfaces in shared spaces are recommended to prevent and manage spread within correctional and detention facilities (Box). Some jurisdictions have implemented decongestion strategies to reduce crowding, such as reducing or eliminating bail and releasing persons to home confinement or community

TABLE. COVID-19 among incarcerated and detained persons and correctional and detention facility staff members—32 U.S. state and territorial health department reporting jurisdictions,* January 21–April 21, 2020†

Characteristic	No. (%) of cases among reporting jurisdictions
Facilities reporting at least one confirmed COVID-19 case among incarcerated or detained persons or staff members	420
Facilities reporting COVID-19 cases only among staff members	221 (53)
COVID-19 cases among incarcerated or detained persons	4,993
COVID-19-associated hospitalizations among incarcerated or detained persons	491 (10)
COVID-19-associated deaths among incarcerated or detained persons	88 (2)
COVID-19 cases among facility staff members	2,778
COVID-19-associated hospitalizations among facility staff members	79 (3)
COVID-19-associated deaths among facility staff members	15 (1)

Abbreviation: COVID-19 = coronavirus disease 2019.
* Jurisdictions reporting at least one laboratory-confirmed COVID-19 case among incarcerated or detained persons or staff members.
† Data provided to CDC during April 22–28, 2020.

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- Continue activities from preparation and prevention phases

Abbreviations: COVID-19 = coronavirus disease 2019.

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Cermak Strategies

Congregate Settings Pose Unique Challenges

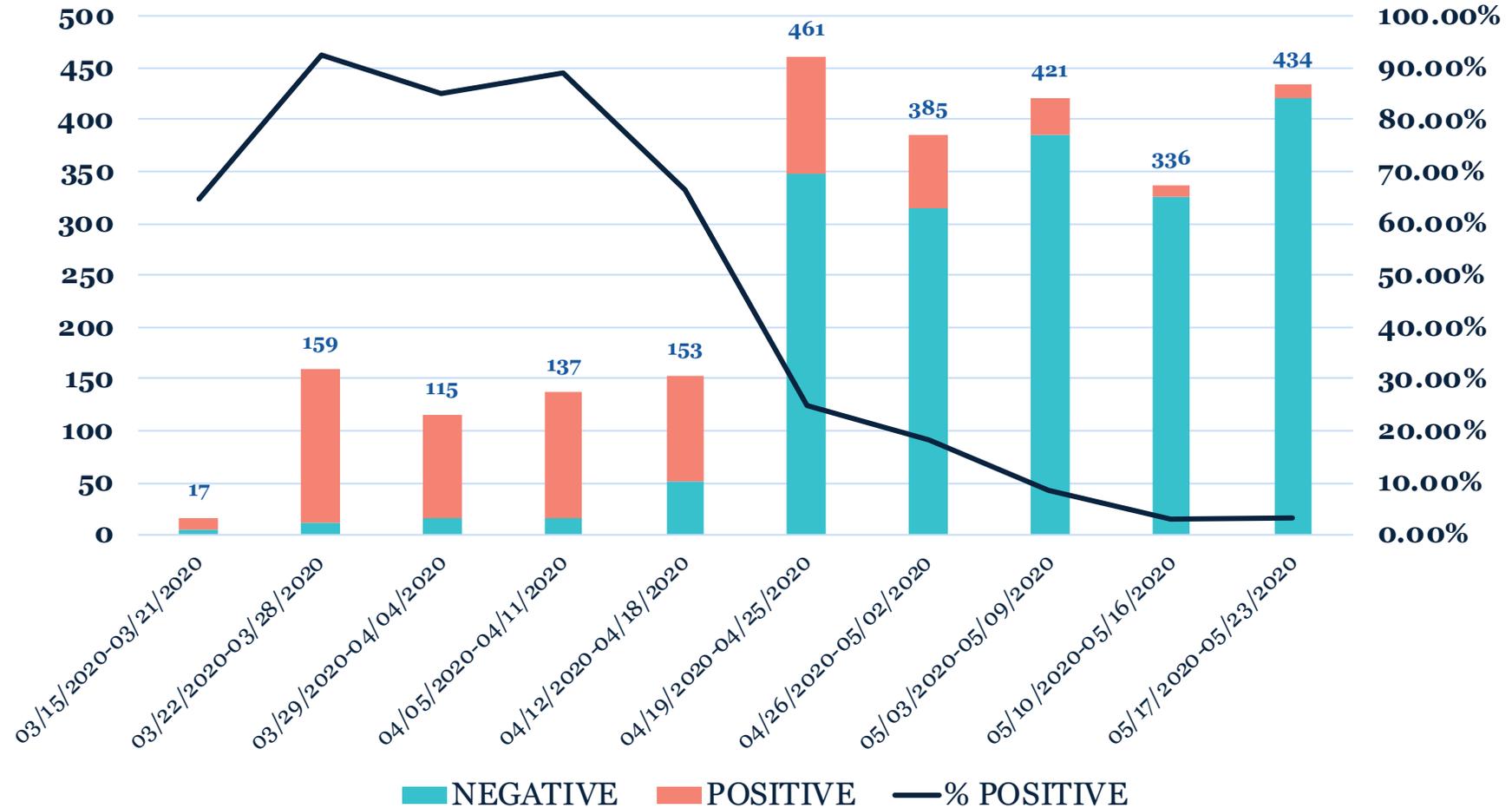
Cermak Health Services began planning for this rapidly evolving pandemic in January. Working under the guidance of the Chicago Department of Public Health and CCH's Infection Control team, and in addition to existing infection control practices, a number of additional measures have been implemented in response to COVID-19 at the jail including:

- Educating employees and detainees at the jail about COVID-19, its symptoms and prevention methods;
- Screening and testing/retesting incoming detainees for symptoms of COVID-19 and separation housing prior to introduction into the general population;
- Quarantining areas where symptomatic patients originated or where exposure may have occurred;
- Providing PPE and PPE training to staff;
- Monitoring patients for early signs of change in condition;
- Isolating and testing patients with Influenza-Like-Illness (ILI) for flu and COVID-19;
- Isolating all COVID-19 confirmed and suspect cases and providing around-the-clock staffing to monitor isolation areas;
- Implementing and adapting as many of non-medical interventions as possible like shelter in place and social distancing which included opening buildings and the barracks to accommodate space needs;
- Surveillance testing;
- Decentralized many services to restrict movement;
- Observed handwashing during medication pass;
- Masking all staff and providing masks to all detainees

Facility	March 16 Census	April 29 Census	May 26 Census
Cook County Jail	5,588	4,124	4,260
Juvenile Temporary Detention Center	210	170	199

Cermak Testing

TOTAL PATIENTS TESTED BY WEEK



Staffing and Services at the Jail

- Additional buildings and barracks have been opened to house COVID and suspect COVID patients. Pre-COVID, nine areas required CCH staffing. Today that number is 13 with 14 likely coming online in next week. As census at jail increases, so will the footprint of the jail and the demand for CCH staffing and services.
- Measures to isolate, quarantine and provide as much social distancing will continue for the foreseeable future.
- Illinois Emergency Management Agency allowed CCH to access their agency contract from April 11 – May 8. This has provided between 35 and 75 nurses to assist in caring for Cermak patients. The contract was extended through June 8.
- CCH continues to redeploy various staff to Cermak. Nurse staffing remains our biggest challenge on the jail campus.



Cook County Department of Public Health

v.29.2020



COOK COUNTY
HEALTH

Current status of COVID-19

Numbers as of 5/25/20

- 30,130 cases / 1,369 deaths Suburban Cook County
- 42,967 cases / 1,955 deaths Chicago
- 112,017 cases / 4,884 deaths Illinois
- 159 congregate settings in suburban Cook County, such as long term care facilities, reporting one or more confirmed cases

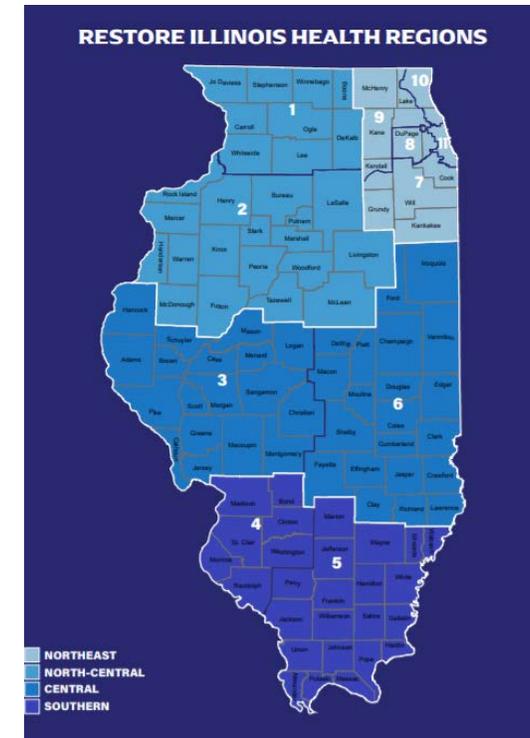
Restore Illinois

4 Regions, 5 Phases – Currently in Phase 2



www.dph.illinois.gov/

- Cook County is in the Northeast Region
- All regions of the state on target to move to Phase 3 at the end of May



COOK COUNTY
HEALTH



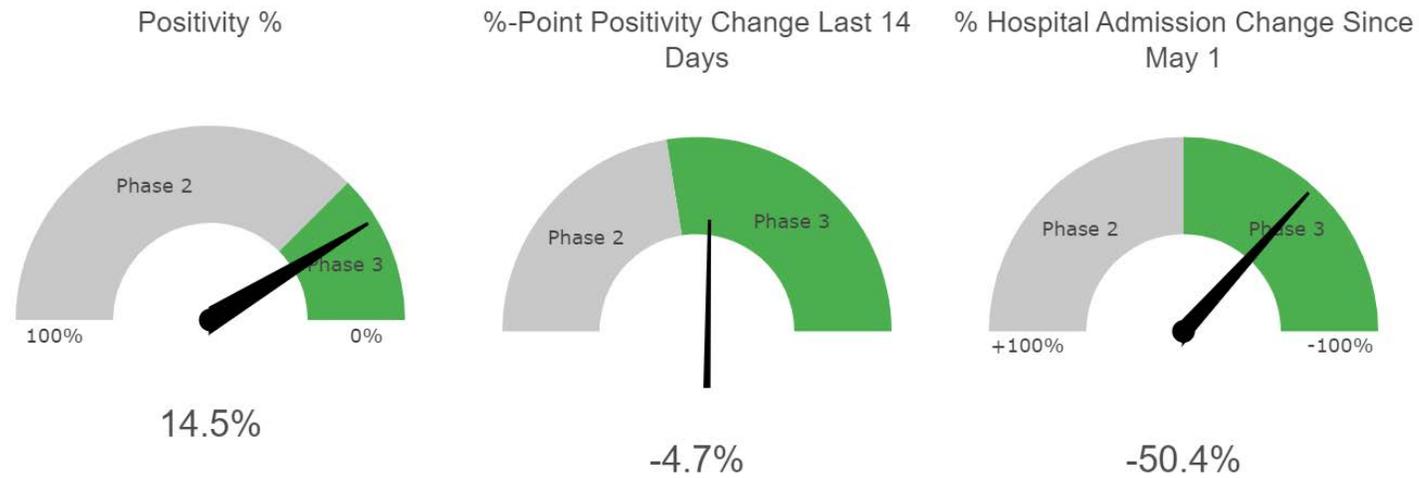
Cook County ^{DPH}
Public Health
Promoting health. Preventing disease. Prioritizing care.

Restore IL metrics

What are we monitoring?

- Positivity rate for the region
- Stability of decrease in COVID-19 hospital admissions
- Hospital resource availability (i.e. ICU beds and ventilators)

Northeast Region (EMS Regions 7-11)



CCDPH response activities

Project Hope

- Partnership among CCDPH, Chicago Department of Health, the Illinois Department of Public Health, and Project Hope.
- Project Hope is an international non-profit development and relief organization concentrated on health support.
- Technical mentorship program - provides intensive on-site infection prevention and control.
 - Review of cleaning protocols,
 - Guidance on the proper use and disposal of personal protective equipment,
 - on-site supervision and monitoring;
 - the development and implementation of risk mitigation and improvement plans; and
 - follow-up visits to help facilities adjust plans as needed, to ensure they continue to address and reduce COVID-19 infection among residents and staff.
- 20 long-term care facilities in suburbs and 20 in Chicago with high burden of infection, and in underserved communities.



CCDPH response activities

Contact Tracing plans

- Funding:
 - IDPH grant of \$40 million
 - CARES Act
 - philanthropy
- Tracing workforce will reflect the communities they serve.
- Leadership: Master's Level, experienced Epidemiologist and Program Coordinator.
 - Disease Investigation Supervisors oversee frontline tracer teams composed of Case Investigators, Contact Tracers, and Care Resource Coordinators



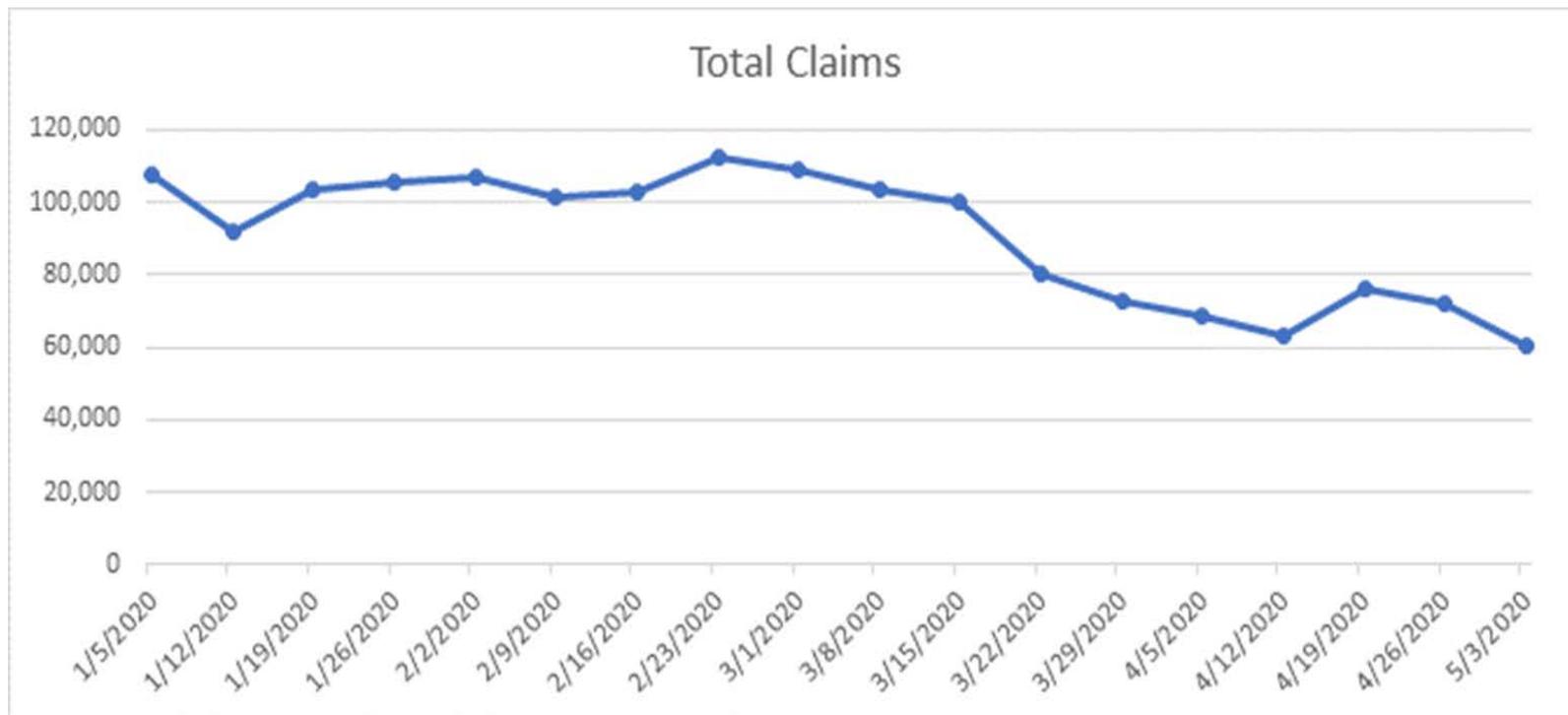
Financial Impact of COVID



COOK COUNTY
HEALTH

COVID 19 Potential Impact on Patient Fees

- Since March 15, 2020, gross revenues (charges) have declined by 40%; charges related to uninsured patients have declined by 50%.
- CountyCare has experienced a 35% decline in claims.



COVID 19 Potential Impact

Revenue and Expense COVID 19 Impact Projected through June

- At least a \$75-\$100 million revenue loss, due to 40% decline in charges
- Estimated \$10 to \$15 million supply/equipment/registry impact projected
- Overtime impact \$8 to \$12 million projected
- Regular time re-directed to COVID 19 activities being calculated

COVID 19 Potential Impact

Financial Assistance Received in April/May*:

- ✓ \$7.1 million earmarked for CCH from Medicare formula
- ✓ \$11.1 million received to help offset revenue loss
- ✓ \$9.35 million monthly DSH FMAP funds received for Jan-May
- ✓ \$900k crisis grant awarded to CCDPH
- ✓ \$59 million distribution for number of COVID 19 positive patients
- ❑ \$28 million in advance Medicare received for cash flow (will pay back)

COVID 19 Potential Impact

Financial Assistance In Progress

- DSH FMAP through June
- Finalizing BIPA FMAP impact with the State
- Applied for \$1M telehealth grant from the FCC
- Direct and indirect expenditure reimbursements
- Additional federal reimbursements for lost revenue
- Federal reimbursement for testing/treating uninsured COVID 19 patients

CountyCare



COOK COUNTY
HEALTH

Member Outreach

Home Delivered Meals: Expanded benefits for members for home delivered meals and partnered with several groups for up to 14 meals per week via care coordinator referral.

Identification & Outreach to High Risk Members: Risk stratification algorithms have been adapted to prioritize members at highest risk of COVID-19 complications for our Care Management Teams outreach.

Increase in Care Management Outreach: Developed partnerships to increase Care Management outreach efforts for the higher risk members.

Education to our Members: Proactively outreaching to members to educate them on symptoms, CDC prevention guidelines, and ensure CPS members have awareness of meal support during school closures.

Value Added Benefits: Ramping up value-added benefit program during this time to ease enrollment into the book club for children and allow for members to use their over-the-counter card online and have key items delivered to members' homes.

Clinical Efforts

Telemonitoring Program & Homemaker Agencies: Partnered with home health providers to support telemonitoring programs and are coordinating with homemaker agencies to assist with wellness checks to provide services.

Specialty Care Assistance: Waiving referral requirements for certain oncology and cardiology services to expedite care, and creating COVID-19 triage clinical pathways for oncology and cardiology to assist the providers managing care for these patients with suppressed immune systems.

Transition of Care Support: Developed a protocol for prompt assistance of transfers and discharges of members via our care coordination team.

Provider Support

Nuanced Billing Support: The Provider Relations Team is virtually connecting with providers to implement coding and billing for COVID-19 as critical changes evolve including authorization and telehealth billing requirements.

Coordination & Referrals: Reaching out to various providers to understand any barriers related to COVID and working through referral processes for CountyCare to route members to essential PPE, remote monitoring services, telehealth capabilities or primary care.

Advanced Payment Options: Advanced hospital payment model being explored to be more broadly applied as best practices across other MCOs. Developed operational processes to support advanced payment options to FQHCs.

Timely Filing / Appeal Extension: Extending timelines for submission of post-service appeals and timely filing.

Forward Thinking

Wellness Kits: Working to build out “Wellness” Kits for high-risk members to send directly to members’ homes.

Offering Enrollment Support: We’ve offered support via our Oak Forrest call center to assist with online enrollment similar to redeterminations (offer currently denied).

Transportation: We are identifying additional providers for safe transportation for members for Non-Emergent transport. We are working on allowing reimbursement for a-typical transportation providers such as Uber or Lyft.

Pharmacy: We are exploring partnership options to create standing orders for over the counter drugs, pre-natal vitamins, and condoms.

Analytical Projections: We continue to develop analytical models for: facility capacity monitoring, membership/enrollment projections, elective procedure cost impact, COVID-19 services tracking, and cost modeling.

Addressing Inequities



COOK COUNTY
HEALTH

Alternate Care System Challenge

Criteria to access alternate care sites is exclusionary by definition. Many of our patients have needs, conditions, etc. that exclude them for current alternate care facilities.

Solution: Activating the SouthSide Y for CCH Patients

- Through partnership create a site of care that delivers services to support hi-risk individuals who are COVID-19 Positive in a congregate setting
- Create a setting that accommodates the needs of patients discharged from the hospital or emergency to support throughput and flow
- Create linkages to services and support post respite care

Volumes to date

- 50 patients (90% CCH patients)
- 100% compliance with isolation
- High marks for patient satisfaction

Partners

Cross Sector Collaboration

- City of Chicago Partners
- DFSS-Shelter Operations
- CDPH-COVID related, Shelter Surveillance, focused clinical staff resources
- Office of Emergency Management-Resources
- YMCA Organization-Facility location and support

Program Overview

Medical Services

Provision of Care for up to 132 people who are COVID positive and don't meet the eligibility criteria for other placement e.g. dialysis, insulin dependent diabetes, etc. AND newly identified COVID + patients from CDPH shelter surveillance

- Physician support from IM, Family Medicine, ID and Emergency Department

MH/SUD services

- Internal and External Behavioral Health Teams provided by BHC, in addition to Trilogy and Thresholds
- SUD services provided by internal CCH team

Robust use of telehealth

Care Coordination

- Nursing Support-35 shifts per week (will flex depending on other resources)
- P-payer eligibility, coordinate entry for housing, linkages to medical homes, respite follow up care

Additional Initiatives to Address Inequities

Community Focus

Planning Activities- Westside Workgroup

- Broad representation from multiple sectors-provider, hospital, shelter, City of Chicago
- Disease burden, social needs and COVID will require different programming
- Increased understanding leads to changes in approach e.g. mask every one at the Shelter
- City of Chicago partnership and engagement

Initial response

- Post-acute care for vulnerable patients was traumatized by the COVID-19 outbreak
 - Shelter system-not consistently available, conflicting information
 - Mental health/Substance Use Disorder (SUD) providers have severely restricted flow
- COVID-specific resources have narrow inclusion criteria-no dialysis, no insulin dependent diabetics etc.
 - City Hotels very restrictive < 5 patients placed since disaster declared
 - Safe Haven, a little broader, but still unable to place patients. Approximately 3 in last 10 days
 - Intake/referral process unable to keep pace with demand which leads to

Additional Initiatives to Address Inequities

- CCH ambulatory teams are reaching out to patients particularly at risk of COVID-19 infection due to certain health conditions. Through data that comes from emergency departments around the area, we have been able to pull a list of more than 2,000 patients who are at risk. Our team is reaching out to them to ensure they have the resources they need and, if required, offering virtual appointments for them.
- We are texting our patients educating them about symptoms of coronavirus and providing them with guidance and resources if needed.
- We are providing testing at both hospitals and all CCH community health centers for CCH patients with appropriate physician order.
- We continue to hold our FRESH trucks at our clinics, providing fruits and vegetables to patients who are food insecure and those in the community who are in need.
- We are communicating with our patients about the resources available to help them, including a mental health hotline and information about SNAP and unemployment.
- Virtual Community Advisory Council meetings to be held in May

Additional Initiatives to Address Inequities

- Collaborating with GCFD to provide and deliver supply of weekly meals to identified members/patients
- Intense follow-up of COVID+ members identified by team or via referral
- Collaborating with CDPH on triaging inpatient discharges for housing referrals
- Developed COVID wellness check/assessment and outreaching to members for identification, COVID education (based on CDC guidelines and IDPH for testing sites, etc.)
- Conducting telehealth visits
- Collaborating with CPS on IEP's or behavioral health needs for our Special Needs Children population
- Increasing referrals to Legal Aid Foundation to assist with legal issues associated with SSI, evictions, etc.
- Responding to questions/assistance related to stimulus checks and all other federal or state initiatives
- Delivering water, food, formula/diapers, masks, and other identified needs to porches and even delivered to recent homeless who are living in cars.

CCDPH Support

Leveraging CCH Infrastructure

Alternate Housing Program

- CCDPH-hotel accommodations with criteria for participation in line with CDPH
- Hotels located in suburbs-total of 400 beds
- Patient Support Center supporting referral telephone bank
- Transportation provided by CCH fleet (using excess capacity) for those without transportation



COVID-19 Media



COOK COUNTY
HEALTH

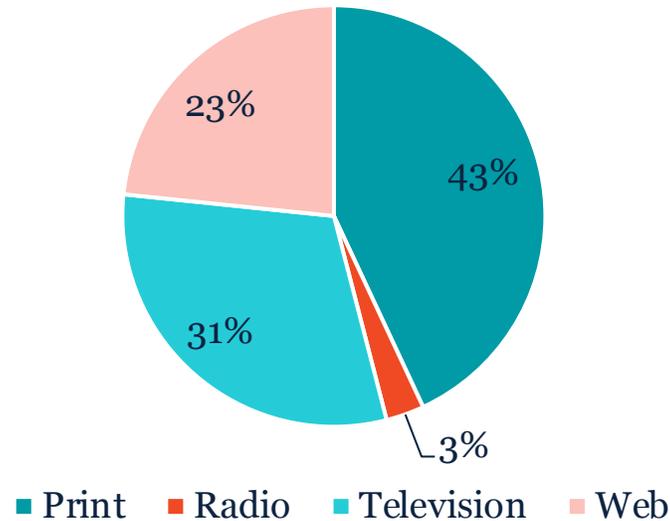
Media Dashboard: April 29 – May 27, 2020

Total Number of Media Hits: **136**

Common Topics:

- Cook County Health staff experiences on the front lines
- Containing the COVID-19 outbreak at Cook County Jail
- Cook County Health Simulation Center training for COVID-19
- Sen. Dick Durbin touring CCH's COVID-19 testing facilities

Media Outlet Type



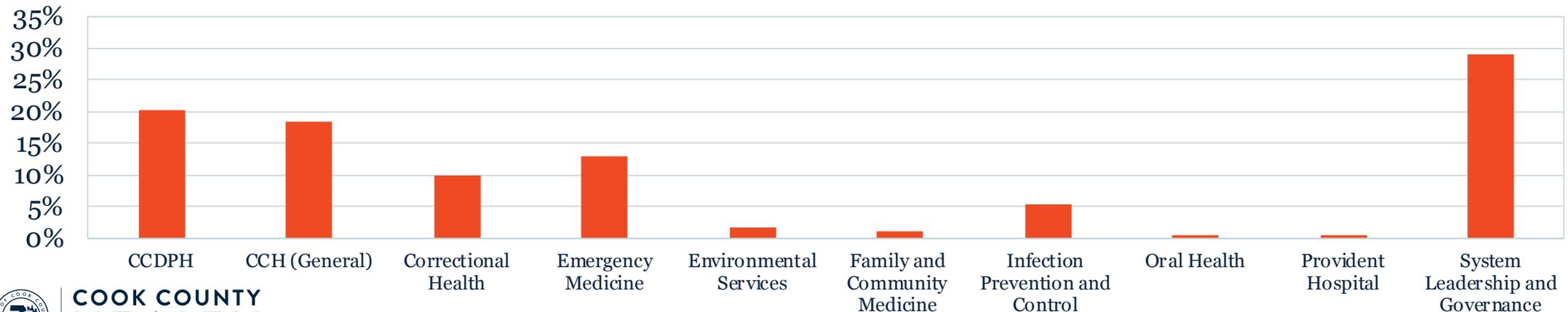
Top 5 Local Media Outlets:

1. *Chicago Tribune*
2. *Chicago Sun-Times*
3. *ABC 7 Chicago*
4. *WGN 9 Chicago*
5. *Crain's Chicago Business*

Select National and International Media Outlets:

- *Fox News*
- *The Guardian*
- *MSN*
- *PBS*
- *ProPublica*
- *Reuters*
- *Yahoo News*

Media Mentions by Department



Timeline ↗



COOK COUNTY
HEALTH

COVID-19 Timeline

- | | |
|-----------------------|---|
| Dec. 31, 2019 | <ul style="list-style-type: none">• China reported a cluster of cases of pneumonia of an unknown cause in Wuhan, Hubei Province. |
| Jan. 7, 2020 | <ul style="list-style-type: none">• The cause of the outbreak in Wuhan was identified as a novel coronavirus. |
| Jan. 13, 2020 | <ul style="list-style-type: none">• Thailand reported the first case outside China. |
| Jan. 21, 2020 | <ul style="list-style-type: none">• The U.S. reported its first case: a Washington state man in his 30s. |
| Jan. 24, 2020 | <ul style="list-style-type: none">• Illinois reported its first case: a Cook County woman in her 60s, who had traveled to Wuhan. |
| Jan. 30, 2020 | <ul style="list-style-type: none">• The first recorded person-to-person transmission of the novel coronavirus in the U.S. occurred between the Cook County woman and her husband.• The WHO declared the coronavirus outbreak was a Public Health Emergency of International Concern. |
| Feb. 11, 2020 | <ul style="list-style-type: none">• Illinois became the first state to develop and conduct its own coronavirus tests. |
| Feb. 29, 2020 | <ul style="list-style-type: none">• Illinois reports its third case: a Cook County man in his 70s. His wife, also in her 70s, became the state's fourth case, which was announced on March 2. |
| March 12, 2020 | <ul style="list-style-type: none">• Gov. J.B. Pritzker announced that all events with more than 1000 people would be cancelled and that all K-12 schools would be closed for educational purposes. Schools could continue being used for the provision of food, as polling places and for other non-educational purposes. |
| March 13, 2020 | <ul style="list-style-type: none">• The White House declared that the COVID-19 pandemic was a national emergency. |



COVID-19 Timeline

March 15, 2020	<ul style="list-style-type: none">• Cook County Health declared internal disaster, activating Hospital Incident Command Structure (HICS).
March 16, 2020	<ul style="list-style-type: none">• Gov. Pritzker announced a ban on gatherings of 50 or more people.
March 17, 2020	<ul style="list-style-type: none">• Illinois reported its first COVID-19 related death: a Chicago woman in her 60s.• Illinois had 160 confirmed cases in 15 counties, among people aged 9 to 91.
March 20, 2020	<ul style="list-style-type: none">• Gov. Pritzker issued a stay-at-home order, effective March 21 through April 7.
March 23, 2020	<ul style="list-style-type: none">• The first two confirmed cases of COVID-19 among detainees at Cook County Jail were announced.
March 26, 2020	<ul style="list-style-type: none">• The number of COVID-19 cases in the U.S. surpassed the number in China. The U.S. reported 82,474 cases, while China reported 81,961.
March 31, 2020	<ul style="list-style-type: none">• Gov. Pritzker extended the stay-at-home order through April 30.• Illinois had 5,994 cases and 99 deaths.
April 4, 2020	<ul style="list-style-type: none">• CountyCare membership was 327,251 slightly above the budgeted membership of 326,034.
April 11, 2020	<ul style="list-style-type: none">• The U.S. surpassed Italy in the number of COVID-19 deaths, becoming the worst-hit country in the world. The U.S. reported 18,860 deaths, while Italy reported 18,849.
May 1, 2020	<ul style="list-style-type: none">• FDA granted emergency use authorization for remdesivir.

COVID-19 Timeline

- | | |
|---------------------|---|
| May 4, 2020 | <ul style="list-style-type: none">• The case definition for Multisystem Inflammatory Syndrome in Children (MIS-C), an inflammatory disorder in children likely linked to COVID-19, was announced. |
| May 5, 2020 | <ul style="list-style-type: none">• Gov. Pritzker announced a 5 phase plan to reopen Illinois.• Illinois had 65,962 confirmed cases and 2,838 deaths. |
| May 10, 2020 | <ul style="list-style-type: none">• Global confirmed cases surpassed 4 million and deaths reached 280,000.• Deaths in the U.S. surpassed 80,000. |
| May 14, 2020 | <ul style="list-style-type: none">• CDC released reopening guidance.• A COVID-19 vaccine developed by Oxford University seemed to prevent COVID-19 in monkeys. |
| May 16, 2020 | <ul style="list-style-type: none">• Cook County Jail saw a steady decrease in COVID-19 cases. Since March, the rate of positive COVID-19 tests at the jail decreased from 97% to below 10%. |
| May 18, 2020 | <ul style="list-style-type: none">• A COVID-19 vaccine developed by Moderna was shown to prompt an immune response in humans. |
| May 20, 2020 | <ul style="list-style-type: none">• All 50 states had begun lifting some lockdown measures.• Over 100,000 COVID-19 cases were reported to the WHO in 24 hours; global cases surpassed 5 million. |
| May 21, 2020 | <ul style="list-style-type: none">• Nearly 40 million people had filed for unemployment benefits in the U.S. |
| May 26, 2020 | <ul style="list-style-type: none">• The northeast region of Illinois, which includes Cook County, was on track to move to phase 3 of reopening. |

