
IMPACT

CHANGE

EQUITY

**COOK COUNTY HEALTH
STRATEGIC PLAN 2023-2025**



**COOK COUNTY
HEALTH**

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Note to the reader: IMPACT-CHANGE-EQUITY provides strategic concepts and initiatives to guide CCH through the next three years recognizing that the System is operating in an extremely dynamic local, state and federal environment that may result in adjustments and reprioritizations to ensure success for the organization. The organization of the plan should not be seen as a prioritization of initiatives and objectives; rather, it is intended to describe how CCH will adapt and respond to the healthcare landscape.

Once adopted, progress toward attainment of the objectives in IMPACT-CHANGE-EQUITY will be monitored by the CCH Board of Directors. Tactics, measurements and milestones will be incorporated into the budget approval process over the next three years.

For more information, please visit www.cookcountyhealth.org.

ABOUT

About Cook County Health

Cook County Health (CCH) is one of the largest public health systems in the United States, providing a range of health services to its patients, health plan members and the larger community. Through the health system and the health plan, CCH serves more than 600,000 unique individuals annually.

The System operates:

- John H. Stroger, Jr. Hospital of Cook County, a 450-bed tertiary, acute care hospital in the Illinois Medical District;
- Provident Hospital of Cook County, 79-bed community acute care hospital on the South Side of Chicago;
- More than a dozen community health centers throughout Cook County offering primary and specialty care, along with diagnostic services;
- The Ruth M. Rothstein CORE Center, a comprehensive care center for patients with HIV and other infectious diseases. The CORE Center is the largest provider of HIV care in the Midwest and one of the largest in the nation;
- Cook County Department of Public Health, a state and nationally certified public health department serving suburban Cook County;
- Correctional Health Services providing health care services to the detainees at the Cook County Jail and residents of the Juvenile Temporary Detention Center; and
- CountyCare, the largest Medicaid managed care plan in Cook County.

The System's hospitals and ambulatory network, including its Primary Care Medical Home model, are Joint Commission accredited. Stroger Hospital also holds certifications and recognitions in stroke, burn, cardiac, perinatal and oncology care and was recently named the most racially inclusive hospital in Illinois by the Lown Institute.

The Cook County Department of Public Health (CCDPH) is the nationally accredited, state-certified public health

authority that serves the public health needs of nearly 2.3 million suburban residents in 125 municipalities by focusing on health promotion and prevention, while advocating for and assuring the natural, environmental, and social conditions necessary to advance physical, mental, and social well-being. CCDPH's approach brings residents, partners, and resources together to optimize health and achieve health equity for all people living in suburban Cook County. The department is responsible for the prevention of the spread of nearly 70 reportable communicable diseases and the enforcement of Cook County and Illinois public health laws, rules, and regulations, as well as providing numerous services and programs to promote health and mitigate disease. CCDPH continues to play a critical role throughout the pandemic from public education and distribution of personal protective equipment to implementation of local initiatives to increase access to vaccines for communities most impacted by COVID-19.

Despite competing with national brands, CountyCare stands as the largest Medicaid managed care plan in Cook County and has earned top-quality ratings. CountyCare is also accredited by the National Committee on Quality Assurance. CountyCare receives a capitated per-member per-month payment and pays for services rendered to members within its vast network which includes all CCH facilities, Federally Qualified Health Centers throughout Cook County, community mental health centers and drug treatment centers as well as 4,500 primary care providers, 20,000 specialists and more than 70 hospitals. CountyCare also covers approved home- and community-based services, vision, and dental services, and provides prescriptions through a broad network of pharmacies, including CCH in-person and mail order pharmacy services.

LETTER FROM THE CEO

Letter from the CEO



I am immensely proud to serve as the Chief Executive Officer of Cook County Health and fully understand my responsibility to maintain its nearly 200-year-old mission while adapting to the myriad changes in the healthcare industry – the latest being the COVID-19 global pandemic that illuminated inequities and placed new responsibilities on every healthcare system.

And while Cook County Health has been in the business of health equity for nearly two centuries, the COVID-19 pandemic demonstrated that even we could do more to impact the inequities that continue to contribute to higher morbidity and mortality in vulnerable communities. Our role moving forward has to be to keep the conversations - as uncomfortable as they can be - front and center BUT also to demand the development of policies, programs and services to ensure every resident of Cook County has access to world class care.

The pandemic has forever changed our world. The healthcare system must adapt accordingly to improve both individual and community health or the millions who suffered or died from COVID-19 will have done so in vain. Cook County Health is well positioned to be at the forefront of this change. Over the past few years, we have demonstrated a nimbleness that few other health systems could, and we are committed to remaining flexible and responsive to the needs of the individuals and communities we serve.

Impact-Change-Equity provides a framework for our work for the next three years and beyond. The plan stays true to our historic mission but also envisions our future in a post-pandemic world. It recognizes where we have significant opportunity from strengthening our public health infrastructure to leading the way in developing and delivering equitable care continuums. The plan contemplates Cook County Health being both an employer and provider of choice delivering the highest quality healthcare while maintaining our important role in education, discovery, and innovation across the entire healthcare industry. This plan organizes our work into seven pillars and provides the necessary flexibility to adapt to current and emerging changes. In that sense, it is a living document that will provide us with direction as we navigate existing and new opportunities to improve the health of Cook County.

In the end, our collective aspiration is to build on the important legacy of this historic organization while positioning it for great success in the years to come. We will provide periodic reports on our progress and look forward to continued engagement with our patients, our employees, and the community we are so proud to serve.

Sincerely,

Israel Rocha
Chief Executive Officer

Mission, Vision & Values

Cook County Health has a nearly 200-year mission of caring for all regardless of their ability to pay. That mission will not change but our future work must include ensuring both coverage AND quality, timely and equal access to health services for all. This is a natural evolution of our historic mission as coverage without access will only create further inequities.

We are fortunate that in Illinois, children, regardless of immigration status, are covered by Medicaid. The Affordable Care Act provided expanded coverage to millions of individuals through both Medicaid and marketplace insurance plans. Illinois is the first state in the nation that has further expanded coverage to the undocumented ages 55 and older and, starting

in 2023, to those undocumented individuals 42 and older. Despite these strides, we must remember that coverage does not equal access.

We have not solved for the shortage of providers, nurses and even facilities across the country – particularly as our population continues to age. These shortages are exacerbated in vulnerable communities and for those covered by Medicaid.

If we are serious about achieving health equity, we must achieve equal access to high quality care for everyone. We must advocate for policies and funding and we must encourage the healthcare industry to work together to address these challenges.

MISSION

Establish universal access to the world’s best care and health services for all Cook County residents, regardless of the ability to pay, so all may live their healthiest life.

VISION

To ensure health as a human right.

VALUES

ICARE

- Innovation
- Compassion
- Accountability
- Respect
- Excellence & Education

Strategic Pillars



PATIENT SAFETY, CLINICAL EXCELLENCE & QUALITY

Ensure the highest quality service and best clinical outcomes by providing patients the right care, at the right time, and in the right place.



HEALTH EQUITY, COMMUNITY HEALTH & INTEGRATION

Create just spaces where our patients’ and community’s comprehensive health needs are fully met and guide our development.



WORKFORCE: TALENT & TEAMS

Serve as the employer of choice by supporting and investing in our workforce, recruiting the best talent, and fostering robust teamwork.



FISCAL RESILIENCE

Ensure CCH finances enable the expansion of our mission.



PATIENT EXPERIENCE

Develop systems of care and education that provide for an empowered patient experience.



OPTIMIZATION, SYSTEMIZATION & PERFORMANCE IMPROVEMENT

Optimize our systems to ensure they are accessible, reliable, appropriate, effective, standardized, and resilient.



GROWTH, INNOVATION & TRANSFORMATION

Lead the journey to effective care and better health outcomes through sound infrastructure and transformative access to care resources.

Patient Safety, Clinical Excellence & Quality

Patient Safety, Clinical Excellence & Quality

Ensure the highest quality service and best clinical outcomes by providing patients the right care, at the right time, and in the right place.

Objectives

Key Results

Right Care: Provide safe, consistent high-quality care.

- Targeted patient care, quality and safety outcomes are at or exceed national and state benchmarks.
- Patients have the information they need to make the best decisions about their health.
- Secure Center of Excellence designations for critical services lines by delivering the best practices in care.
- Patient care coordination is robust, multidisciplinary, and fully accessible.
- The spectrum of comprehensive care services offered at Cook County Health is expanded.
- A leading center in trauma-informed programs and services.
- Progress toward becoming a model for shock trauma service.

Right Place: Ensure access to care for all patients in need in the right setting.

- Invest in key services and specialty care access (Behavioral Health, Cardiovascular, Neurosciences, Oncology, Endocrinology, etc.).
- Acute care facilities are recognized as Pathway to Excellence Centers by Magnet® Hospital program.
- Our educational training programs are nationally recognized.
- Increase annual primary care visits for Managed Care empaneled members.
- Create pathways for continued care for justice-involved patients.
- Create a one-stop universal care access hotline for care services at Cook County Health.

Right Time: Provide timely access to the appropriate clinical intervention.

- Patients have timely and reliable access to care through a combination of enhanced efficiency and additional physical and telehealth capacity.
- By ensuring all employees are working at the top of their licenses, patient wait times are decreased.
- Mitigate variations in life expectancy throughout the county by providing timely and universal access to advanced care services.
- Launch aggressive public health, community and health outreach campaigns to reach patients where they live and work.

Initiatives Completed or Underway

- ✓ Improved patient outcomes (ulcers/falls, Central Line-Associate Bloodstream Infection (CLABSI), Catheter Associated Urinary Tract Infection (CAUTI)).
- ✓ Established nursing quality metrics for Stroger; Implementing metrics for Provident and Ambulatory services.
- ✓ More than 91% of CCH employees are up to date with their vaccinations against COVID-19.
- ✓ Ongoing protocols to mitigate spread of COVID-19 at Cook County Jail.
- ✓ Various initiatives underway to improve metrics on handwashing, Left Without Being Seen in the Emergency Department, and Sepsis.

Health Equity, Community Health & Integration



Health Equity, Community Health & Integration

Create just spaces where our patients' and community's comprehensive health needs are fully met and guide our development.

Objectives

Key Results

Create just spaces.

- The physical locations of our clinics, hospitals and programs serve communities with the greatest need and resolve gaps in access to care.
- Patients feel comfortable and at home when receiving care at CCH.
- Patients receive healthcare information in the language of their choice.
- CCH is recognized as a Leader in LGBTQ Healthcare Equality by the Human Rights Campaign.
- CCH actively pursues MBE/WBE participation in procurement opportunities.
- Make programs and services accessible to people with disabilities.

The comprehensive health needs of our patients and communities are fully met.

- The Change Institute of CCH implements key strategies to help reduce the gaps in life expectancy across Cook County.
- The CCH 25 Campaign helps mitigate the top 25 conditions that lead to premature death across Cook County.
- CCH operates patient support programs to mitigate the impact of social risk factors such as food or housing insecurity.
- All patients receive access to the world's best treatments and advancements in medical care.
- CCH/CCDPH leverage data and experience to address health inequities by implementing robust interventions to improve population health.

Initiatives Completed or Underway

- ✓ Established an Office of Equity and Inclusion.
- ✓ Administered 1 million COVID-19 vaccines.
- ✓ Conducted hyper-local campaign for COVID-19 vaccines led by CCDPH.
- ✓ Established Community Advisory Councils.

Patient Experience



Patient Experience

Develop systems of care and education that provide for an empowered patient experience.

Objectives

Partner with patients, families, and caregivers to optimize patient outcomes and the patient experience.

Ensure that the organization always listens to the voice of the patients and that we are fulfilling their key needs and requirements.

Empower patients to be involved in decision making and proactive about their care.

Key Results

- Improve patient satisfaction scores (Hospital Consumer Assessment of Healthcare Providers and Systems - HCAHPS).
- Improve patient education and engagement.
- Create an intuitive and seamless process to improve patient navigation across the continuum of care.

- Increase response rates on Press Ganey surveys.
- Fortify patient family advisory councils.
- Patients receive healthcare information in the language of their choice.

- Partner with patients in their care journey to ensure both parties are meeting obligations.
- Increase the adoption of the patient portal.
- Implement self-service scheduling for patients.
- Decrease emergency room visits.
- Establish patient health literacy trainings.

Initiatives Completed or Underway

- ✓ Implemented patient navigator program.
- ✓ Implemented leadership rounding.
- ✓ Launched patient family advisory councils at Stroger Hospital.
- ✓ Improved patient satisfaction scores from 51 to 67 percent.
- ✓ Implementing a wayfinding initiative.
- ✓ Improving communication with the patient through the “whiteboard initiative”.

Workforce: Talent & Teams



Workforce: Talent & Teams

Serve as the employer of choice by supporting and investing in our workforce, recruiting the best talent, and fostering robust teamwork.

Objectives

Key Results

Support and invest in our workforce.

- The Cook County Health University & Training Program helps employees achieve lifelong learning goals and required competencies.
- Professional development and career pathway opportunities are available for all employees.
- Resource and succession planning allows for increased employee mobility and opportunity.
- Staff turnover and vacancies are reduced.
- Employee engagement is increased.
- Strong relationships and innovative programs with our union partners leads to employee retention and satisfaction.
- Create performance-based incentives.
- CCH continually utilizes pay parity studies to close race, ethnic, and gender gaps.

Recruit the best talent.

- The CCH recruitment team utilizes the best technology and recruitment resources to source exceptional candidates across all markets.
- CCH offers candidates timely and competitive employment offers to help launch careers at CCH.
- CCH offers approaches to employment that allows for flexibility and innovation.
- CCH offers residency, scholarships, and other pipeline programs to help build our future employee workforce.
- Our workforce reflects the diversity and experience of our patients.

Foster robust teamwork.

- Employee wellness programs are extensive and well-utilized.
- Employee-led projects are fully supported and help transform system practices.
- Project teams include representation from all levels of care and services.
- Performance improvement programs are based on just culture methods.
- Employee recognition programs are robust.

Initiatives Completed or Underway

- ✓ Launched process improvement project on the hiring process.
- ✓ Implemented hiring fairs.
- ✓ Established system-wide CCH Trauma-Informed Task Force and developed report with recommendations.

Fiscal Resilience




Fiscal Resilience

Ensure CCH finances enable the expansion of our mission.

Objectives

Key Results

Maintain financial strength.

- Develop a 3-year sustainable financial plan that is aligned with the strategic plan.
- Maintain a positive operating margin.
- Increase the CountyCare reserve to industry standards.
- Continue to increase CountyCare member utilization of CCH services.

Optimize funding sources.

- Optimize third party payor reimbursements while minimizing barriers to care for patients.
- Secure external funding to support key initiatives.
- Continue to leverage the County tax allocation to support correctional and public health.

Control costs and maximize efficiencies.

- Establish annual targets based on industry benchmarks for overall staffing, including overtime and agency staffing that align with volumes and clinical complexity.
- Conduct annual contract reviews and renegotiations to align expenses to reflect market improvements/savings.
- Leverage value analysis process to reduce costs.

Initiatives Completed or Underway

- ✓ Managed FY21 budget with positive results.
- ✓ Established a revenue cycle turnaround plan.
- ✓ Achieved over \$14M savings from contract renegotiations.
- ✓ Awarded over \$150M in funding from the County's American Rescue Plan Act (ARPA).

Optimization, Systemization & Performance Improvement



Optimization, Systemization & Performance Improvement

Optimize our systems to ensure they are accessible, reliable, appropriate, effective, standardized, and resilient.

Objectives

Key Results

Standardize tools, processes and procedures across the system.

- Geographic localization is used in acute care setting to improve health outcomes and standardize care programs.
- System integration with external providers and partners make seamless referrals and care processes (Direct Scheduling, Cerner HUB, etc.).
- Electronic ticketing and monitoring programs ensure life safety systems and equipment continually operate at optimal conditions.
- New contract and policy management system make standardization and systemization easy for CCH employees.
- System-wide implementation of Objectives and Key Results Performance tracking system.

Implement performance and process improvement initiatives in both clinical and non-clinical areas.

- Patient length of stay in our acute care centers meets national benchmarks.
- Clinical Documentation Initiative helps providers across all CCH divisions.
- CCH call centers make patient access simple and available.
- 5- And 10-Year Space Utilization Plan helps keep pace with infrastructure needs and ensures plant modernization.
- Time to hire and procure is reduced.
- Ongoing process improvement work helps establish enhanced Standard Operating Procedures.
- Agency and overtime utilization is reduced.

Create and sustain a culture of high reliability and transparency.

- Maintain high reliability workgroups that achieve the aims of the strategic plan.
- Achieve and hardwire objectives identified in high reliability goals.
- CCDPH implements a Cook County Sustainable Health Goals program that aims to improve community health outcomes in the selected areas by 2035.
- Office of Life Sciences ensures equitable access to needed programs and research.
- Compliance programs use latest technology to ensure comprehensive adherence and adoption.

Initiatives Completed or Underway

- ✓ Established a community vaccine information portal and one of the largest vaccine call center in the State of Illinois, helping over 1 million users register for the vaccine.
- ✓ Restructured the CountyCare managed care contracting template to follow industry best practices.
- ✓ Created and successfully implemented a CountyCare financial performance improvement plan, inclusive of cash flow stress testing programs.
- ✓ Reinstated fire marshal program at CCH.
- ✓ Launched and systemized a hand hygiene monitoring program across CCH clinical areas.

Growth, Innovation & Transformation

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Growth, Innovation & Transformation

Lead the journey to effective care and better health outcomes through sound infrastructure and transformative access to care resources.

Objectives

Key Results

Sound infrastructure and transformative access to care resources.

- Execute timely on all projects and enhancements in system and long-term facilities master plan.
- Facilities are right-sized to ensure maximum efficiency, access and patient throughput.
- Comprehensive bed board and patient transfer center is established (Including capacity for direct admissions from affiliated providers).
- Surgical capacity expansion for both inpatient and outpatient services.
- Care capacity at Provident Hospital, Stroger Hospitals and ACHN sites is expanded.
- Community health needs assessment is conducted to ensure facilities and care access are available in underserved communities.

Use innovative products, services, processes, and technology to lead the journey to effective care and better health outcomes.

- Create new care delivery programs by testing transformative concepts (i.e., Mental Health Urgent Care Centers, Retail Clinics, etc.).
- Establish a mental health initiative.
- Develop a comprehensive Cook County Health Care Network with and for safety net providers.
- Develop a multi-product strategy to serve members throughout their lifecycle (i.e., Medicaid, Exchange Products, Private Insurance, Medicare, PACE, etc.).
- Create a learning collaborative with community-based organizations to ensure responsiveness to patient needs and foster new support programs.
- Modernize technology systems at CCH.

Promote a culture of innovation throughout the organization.

- Establish innovative and sustainable solutions to improve healthcare delivery systems.
- Establish partnerships in care with organizations to jointly build community care capacity.
- Secure external funding for innovation that aligns with strategic objectives.
- Establish new patient safety and quality protocols.
- Pioneer new discoveries in care.
- Launch new clinical education, training and research programs.
- Develop new strategies for justice involved patients.
- Create new public health programs that increase engagement and expanded data sharing.

Initiatives Completed or Underway

- ✓ Opened new health centers in Arlington Heights, North Riverside, and Belmont Cragin.
- ✓ Invested in imaging, dialysis, and other modernization at Provident Hospital.
- ✓ Built out telehealth capabilities.
- ✓ Established community COVID-19 vaccine program and information portal.
- ✓ Initiated the process to conduct a facilities master plan.
- ✓ Established new collaborations with other hospitals.

A Case for Change

Over the course of the COVID-19 pandemic, the healthcare industry rallied with a sense of urgency in a way we have not experienced in recent decades. In addition to caring for more than 2,000 hospitalized COVID patients, providing more than 300,000 COVID-19 tests and developing an award winning, multi-million-dollar public education campaign, CCH built one of the largest mass vaccination efforts in the US administering one million doses to date. While our efforts were broad in reach, we hyper-focused on communities hardest hit by the pandemic. We conducted more than 1,300 hyperlocal vaccination events providing over 45,000 in additional community vaccinations. As part of our strategic plan, CCH will leverage a similar multi-pronged response to address other disease states that disproportionately impact the CCH patient population.

Why should CCH take this on?

Cancer



- Black men have the highest rate of prostate cancer deaths, more than twice as high as any other group.¹
- Hispanic men and women are almost twice as likely to have, and to die from, liver cancer.²
- Hispanic women are 40 percent more likely to be diagnosed with preventable cervical cancer, and 30 percent are more likely to die, compared to non-Hispanic women.³
- Black women are more 40% more likely to die of breast cancer than white women.⁴

Diabetes



- In 2017, black men and women were nearly two and a half times more likely to be hospitalized for lower limb amputations related to diabetes compared to non-Hispanic whites.⁵



If CCH approaches other diseases with the same urgency and innovation used in our approach to COVID-19, we can make a major difference in health outcomes now and in the future.

To focus this work, CCH announced the creation of The Change Institute in March, 2022. The Change Institute will focus work on four of the most prevalent causes of premature death in Cook County – cancer, diabetes, heart disease and stroke. By addressing the stages of care for each disease, we will identify actionable steps that deliver immediate impact and improve health outcomes for generations to come. This is a bold initiative that will centralize and integrate much of our existing work and address: prevention, primary care and acute care, as well as social risk factors to fill in gaps to ensure a robust approach to preventing disease and premature death.

Heart Disease/Stroke



- In 2018, African Americans were 30 percent more likely to die from heart disease than non-Hispanic whites.⁶
- African American women are nearly 60 percent more likely to have high blood pressure compared to non-Hispanic white women.⁷
- Of African American women ages 20 and older, 49 percent have heart disease.⁸
- Black men are 70 percent more likely to die from a stroke compared to non-Hispanic whites.⁹

More information on The Change Institute can be found at www.cicch.org.

APPENDIX

Appendix

¹ <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/>
² <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=61>
³ <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=61>
⁴ Why Black women are more at risk of dying from breast cancer | Health News | stlamerican.com
⁵ <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18#:~:text=In%202017%2C%20non%2DHispanic%20blacks,compared%20to%20non%2DHispanic%20whites>
⁶ <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19>
⁷ <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19>
⁸ <https://www.goredforwomen.org/en/about-heart-disease-in-women/facts/heart-disease-in-african-american-women>
⁹ <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=28>

Community Town Hall Meetings & Survey Summary

As part of the community input process, Cook County Health (CCH) hosted four virtual Strategic Planning Town Halls. CCH sent out more than 23,000 Town Hall email invites through a community email distribution list on three separate occasions. In addition, Community Affairs staff contacted partner organizations to ensure that they would disseminate the schedule to their constituencies and to encourage their participation at these meetings.

The times and dates of the meetings were as follows:

March 1, 2022 – Tuesday, 6 PM – 7 PM (Spanish)

March 2, 2022 – Wednesday, 6 PM – 7 PM

March 3, 2022 – Thursday, 8 AM – 9 AM

March 3, 2022 – Thursday, 12 PM – 1 PM (Advisory Councils)

Spanish Language community town hall (March 1, 2022 6PM)

- 38 people registered, and 33 people attended this town hall.
- This town hall sought input from residents who identify as Latino/Hispanic.
- Representatives from Mujeres Latinas en Acción and Enlace Chicago spoke about issues with the CareLink program and access to medical services by the uninsured.
- Participants also encouraged CCH to provide more materials in Spanish, including more marketing in the Spanish language media.
- Some participants also expressed that staff should be reminded to have more empathy with patients, especially those who do not speak the language.

Evening Community town hall (March 2, 2022 6PM)

- 55 people registered, and 30 people attended this town hall.
- The Proyecto Acción de los Suburbios del Oeste (PASO) Executive Director thanked CCH/CCDPH for the Covid-19 vaccination clinic and spoke about the expansion of mental health services in the community.
- The League of Women Voters mentioned that CCH has impressive new facilities and commented that high charity care and low reimbursements is a threat.
- Health Connect One mentioned that expansion of maternal programs is an opportunity.
- A representative of the Collaborative for Health Equity of Cook County mentioned that an ARPA initiative should be to abolish medical debt and expand financial assistance programs.

The virtual town halls brought a mixture of community members, partner organizations and representatives from different health care entities and medical insurance plans. At each town hall, CEO Rocha provided a general welcome on the Strategic Planning process and explained the focus on receiving feedback on CCH's Strengths, Weaknesses, Opportunities and Threats (SWOT). The Chief Strategy Officer guided participants through the SWOT analysis.

All participants were encouraged to fill out surveys to provide general feedback.

Morning community town hall (March 3, 2022 8AM)

- 88 registered and 69 people attended this town hall.
- The Health & Medicine Policy Research Group provided feedback which included suggestions to expand maternal child programs, increase the use of community health workers in initiatives and increase behavioral health and public health funding.
- Several participants spoke on the need to expand behavioral and mental health services and added that wraparound services such as housing and food security should be included to medical action plans.
- The hiring process and the constant change of providers is a threat mentioned by some participants.
- Participants indicated that dealing with health disparities and the social determinants of health should be a focus area.

CCH Community Advisory Councils' community town hall (March 3, 2022 12 PM)

- About half of the 110 advisory council members representing the Arlington Heights, Blue Island, Cottage Grove, Englewood, North Riverside, Provident Hospital, and Robbins Advisory Councils attended the presentation.
- Expansion of community programs including health screenings was recommended as an action item.
- Kudos for the creation of the Health Equity Office and the COVID-19 vaccination initiatives.
- Behavioral health is an issue that needs more resources.

Community Survey Results

CCH received over 100 responses to the survey. Respondents identified CCH's commitment to serve everyone, provide high-quality medical care, and engage with community as strengths. Weaknesses identified include administrative processes, customer service, gaining access to specialty services and staffing. Opportunities highlighted include expansion

of partnerships, adding mental health services, and addressing housing and food insecurity. Threats that were noted include availability of financial resources, healthcare recruiting, and the pace to implement non-traditional care settings (e.g., telehealth, in home care, etc.).

Employee Town Hall Meetings & Survey Summary

To receive employee input during the strategic planning process, Cook County Health (CCH) hosted two virtual Employee Town Hall meetings in advance of drafting of the Strategic Plan and conducted an employee survey to obtain valuable feedback. CCH emailed employees and advised them of the opportunity to participate in the town halls. In total, more than 450 individuals attended the employee Town Hall meetings which took place on:

March 1, 2022 – Tuesday, 12 PM – 1 PM

March 2, 2022 – Wednesday, 7 PM – 8 PM

The virtual employee town halls brought representatives from all operational areas including the community health centers and the CountyCare health plan. At each town hall, CEO Rocha provided a general welcome on the Strategic Planning process and explained the focus on receiving feedback on CCH's Strengths, Weaknesses, Opportunities and Threats (SWOT). He also mentioned that these meetings were the first step to obtain information and general feedback on CCH. The Chief Strategy Officer guided participants through the SWOT analysis.

Employee Survey

CCH received nearly 400 responses to the survey. Strengths that were noted included CCH's commitment to the underserved, the quality of care/clinical expertise, and the ability to mobilize for new circumstances (e.g., mass vaccine sites). Weaknesses identified include patient experience, lack of flexibility in internal processes, staffing – retention recruitment, and role definition

Some comments from the town halls include the following:

- One person commented that CCH has great physicians and staff that care for patients.
- The expansion and promotion of telehealth services to take care of patients as a tangible opportunity by several employees.
- Several people mentioned that workforce development, including retention, and the hiring process possess challenges to the health system. They suggested the hiring of more clerks and support staff that can help in the most basic level.
- Using the equity lens (language, race, gender, ethnicity and SOGI data) would help as we deal with patient issues. The expansion of language services is an opportunity to an apparent threat.
- Identify grant opportunities related to improving chronic health conditions such as HTN, DM, COPD, CHF, HCV that name is an opportunity. In addition, expand behavioral health programs.

and accountability. Opportunities highlighted included leveraging federal dollars for investments, service line development for specialty services, and capital planning and investment in facilities/equipment. Threats that were noted included future pandemic surges, antiquated processes, and patient choice.

Cook County Health Timeline

2017

- Cook County tax allocation supporting operations decreases to \$102M representing less than 5% of CCH operating revenues.
- Cook County Health expands CareLink program to provide emphasis on care-coordinated primary care.
- Cook County Health provides 53% of all charity care in Cook County.
- State of Illinois issues Medicaid Managed Care Organization Request for Proposals and subsequently, awards seven four-year contracts for Medicaid Managed Care services in Cook County effective January 1, 2018.
- CountyCare acquires Medicaid members of Family Health Network.

2019

- Cook County tax allocation supporting operations remains flat at \$102M representing less than 3% of CCH operating revenues.
- Repeal of the Affordable Care Act's Individual Mandate takes effect January 1, 2019.
- Medicaid enrollment in Cook County declines to fewer than one million. Media reports indicate that initial eligibility and redetermination application backlogs at state contributing to decline.
- More than 30,000 individuals enrolled in expanded CareLink program.
- CCH opens new community health center in Arlington Heights and new professional building on its central campus.
- State of Illinois approves Certificate of Need for new Provident Hospital.
- Pipeline Health purchases Westlake, Weiss Memorial and West Suburban from Tenet Healthcare for \$70 million. Subsequently, Westlake Hospital was closed.
- MetroSouth Medical Center in Blue Island closes.
- COVID-19 first identified in Wuhan, China in November. Worldwide concern begins to mount, and healthcare systems begin to prepare.

2021

- CCH charity care continues to decline but at a slower pace.
- Cook County tax allocation increases to \$122.7 in effort to cover costs of public health, correctional health, and a portion of charity care. Allocation represents approximately 4% of CCH operating revenues.
- FDA approves Emergency Use Authorization for various COVID-19 vaccines.
- CCH opens mass vaccination sites, develops hyper local strategy to address equity and public education and awareness campaign. CCH administered more than 930,000 doses of vaccine in 2021.
- CountyCare average monthly membership (399,514) trending above budget (356,343) in part due to continued public health emergency, continued emergency Medicaid, suspension of redetermination, and increased auto-assignment percentage to 50%.
- State expands Medicaid to undocumented Cook County residents 65+ which moved approximately 3,500 CCH patients into covered status allowing CCH to collect more than \$19M that likely would have qualified for charity care.
- Mercy Hospital in Chicago closes. Mercy was subsequently sold to Michigan-based Insight Chicago and has not announced final plans for the facility.
- CCH opens new community health center in Belmont-Cragin neighborhood and new outpatient dialysis center at Provident Hospital.
- CCH creates a Center for Equity & Inclusion and hires its first Chief Equity & Inclusion Officer.
- CCH announces collaboration with University of Illinois Health for specialty pediatric care.

2018

- Cook County tax allocation supporting operations remains flat at \$102M representing less than 3% of CCH operating revenues.
- CountyCare acquires Medicaid members of Aetna Better.
- CountyCare's monthly average membership (335,968) was below the budgeted monthly membership (377,316).
- More than 31,000 individuals enrolled in expanded CareLink program. 2018 is the first full year of the expanded program.
- JB Pritzker sworn in as Illinois Governor.

2020

- 1st confirmed case of COVID-19 in Cook County in February 2020.
- COVID-19 declared a pandemic. Federal, state and county emergencies are declared. State pauses Medicaid redetermination and expands emergency Medicaid.
- Pandemic responses include expansion of inpatient services, transition to telehealth services, engagement in clinical trials, and testing and mitigation protocols for patients, staff, and members of the community.
- Centene acquired WellCare/Meridian reducing the number of Medicaid plans operating in Cook County to five, down from seven when the state awarded contracts in 2017.
- CountyCare membership trending above budget in part due to state suspending redetermination. Monthly membership averaged 344,389, above the budget of 326,034.
- CCH charity care declines due to emergency Medicaid, suspension of redetermination and decreased volumes – all pandemic related factors.
- CCH opens new community health centers in Blue Island and North Riverside replacing outdated facilities in Oak Forest and Cicero.
- New Chief Executive Officer joins CCH.

2022

- Cook County tax allocation increases to \$137.7 in effort to cover costs of public health, correctional health, and a portion of charity care. Allocation represents approximately 3.6% of CCH operating revenues.
- State expands Medicaid to undocumented Cook County residents ages 55-64. CCH estimates more than 5,500 charity care or self-pay patients will be eligible for this expansion further reducing CCH charity care expenses.
- CountyCare membership continues above budget; however, CCH's 2022 budget projections contemplate lower membership in anticipation that redetermination is reinstated and emergency Medicaid suspended as the pandemic begins to subside.
- CCH announces the creation of The Change Institute of Cook County Health to develop innovative, cohesive strategies to bridge gaps in treatment and prevention for the most common causes of death in Cook County.
- CCH administered nearly one million vaccines since vaccines were first approved in 2020.
- Media reports indicate that California-based Pipeline Health will sell West Suburban Medical Center in Oak Park and Weiss Memorial Hospital in Uptown to Michigan-based Resilience Healthcare.

Cook County Health: By The Numbers

Provider on inpatient and outpatient care

 **200,000+**
Number of unique patients

 **1,000,000**
Annual outpatient visits

 **3,200,000**
Annual inpatient prescription doses

 **1,000,000**
Annual outpatient prescriptions

 **100,000+**
Emergency/Trauma visits annually

 **50,000**
Visits to Ruth Rothstein CORE Center

 **30,000**
Annual intake screenings at the jail

 **3,000,000**
Doses of medication distributed at the jail annually

 **1,000,000**
Doses of vaccine administered since start of pandemic

 **300,000**
COVID-19 tests administered since start of pandemic

Health Plan Services

 **430,000**
Number of CountyCare members

 **#1**
CountyCare market share ranking

 **#1**
Quality rating for CountyCare

 **\$75M**
CountyCare reserve funding

 **50%**
PCP Engagement Rate

 **50%**
Percent of Members in Value-Based Care

Cook County Department of Public Health

 **3,700**
Inspections Completed Annually (Restaurants, pools, tattoo parlors, tanning salons, wells/septic, lead assessments, other) (FY2021)

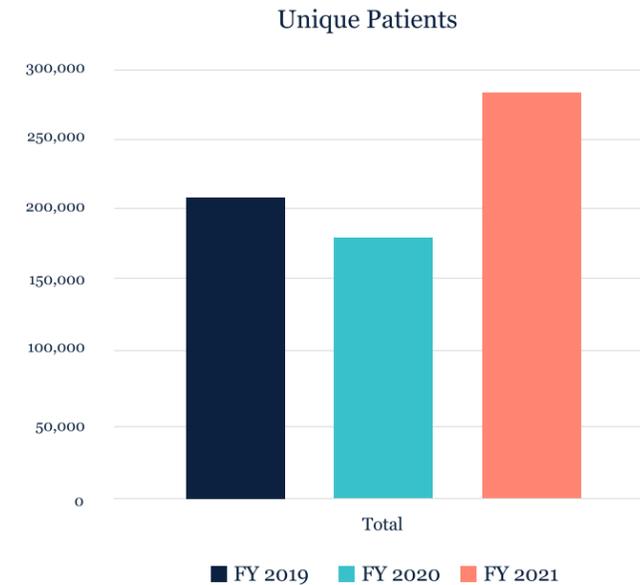
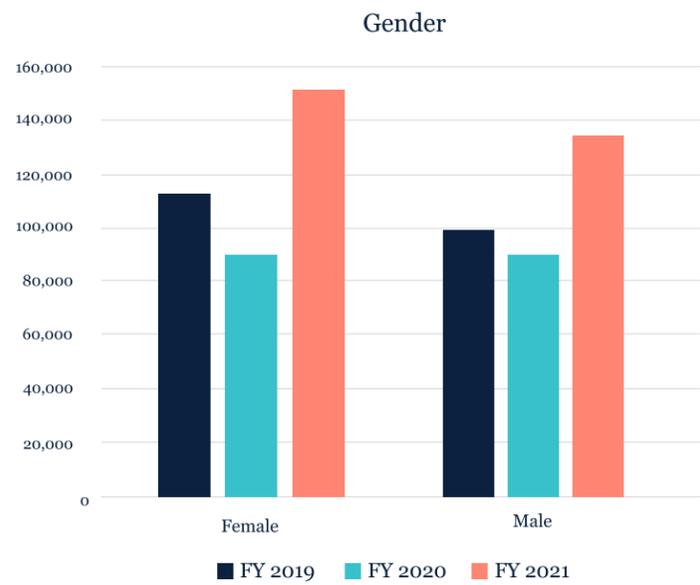
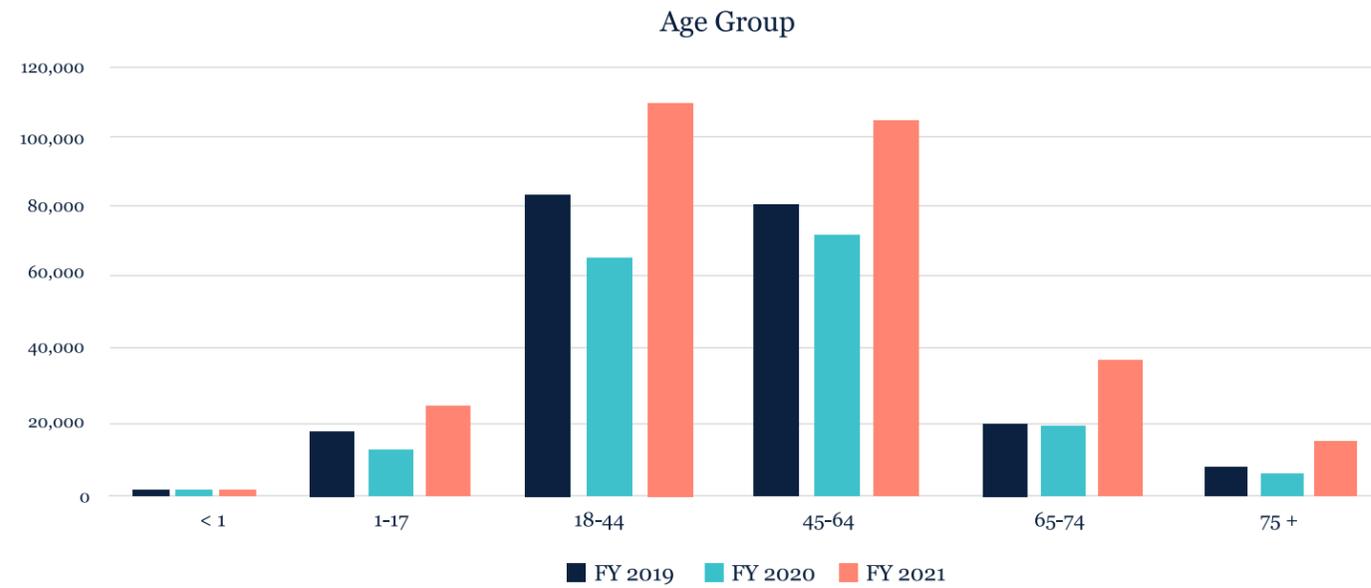
 **2,700**
Tuberculosis patient visits annually (FY2021)

 **17,000**
Annual Communicable Disease Cases Reported (FY2021)

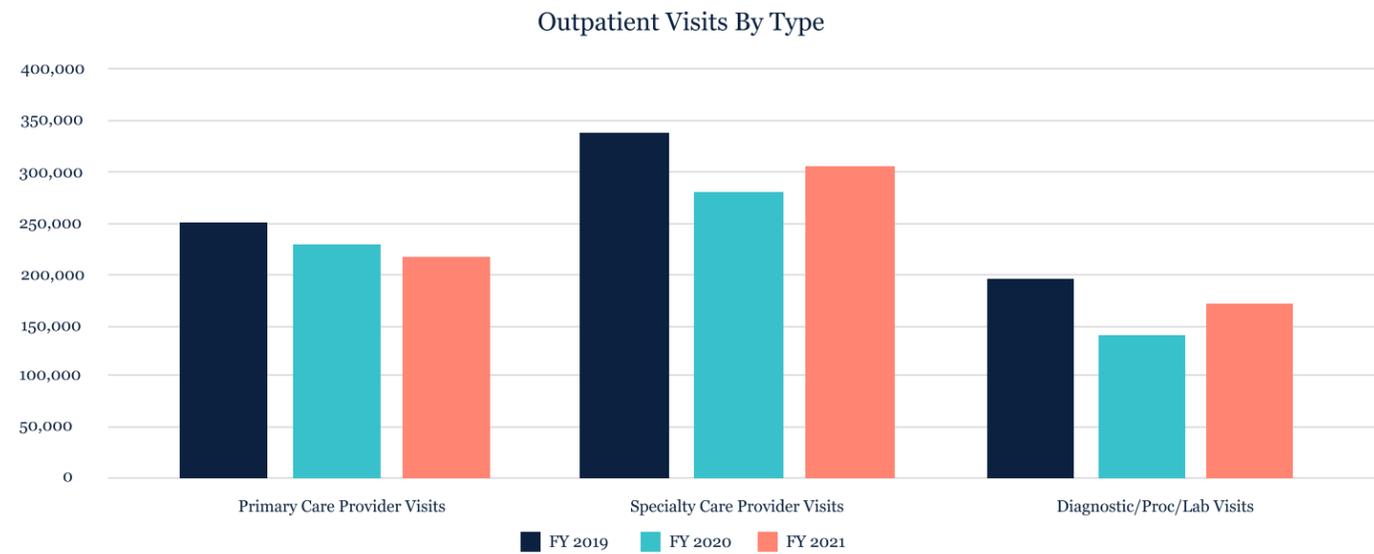
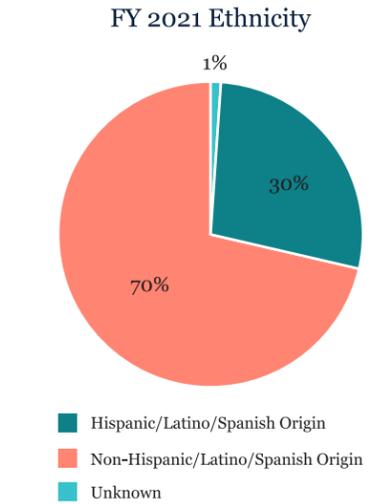
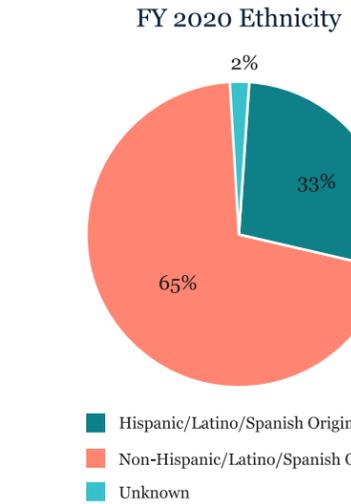
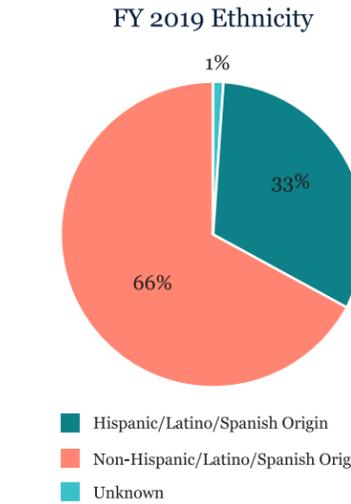
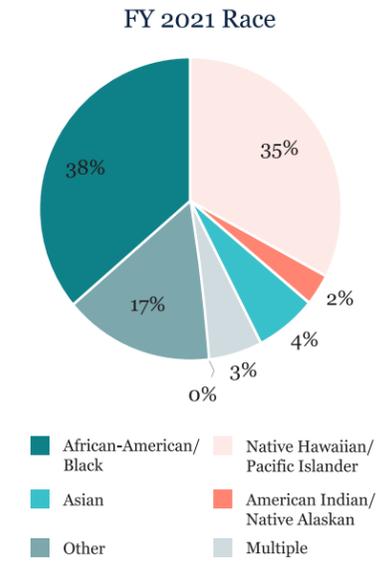
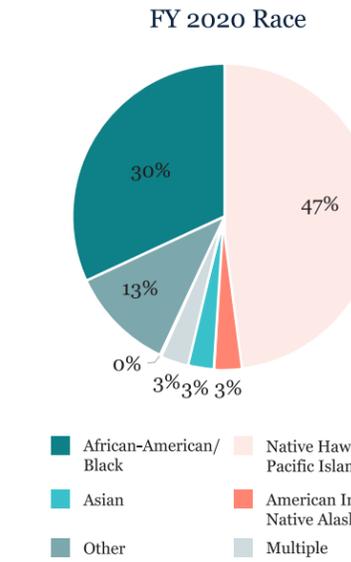
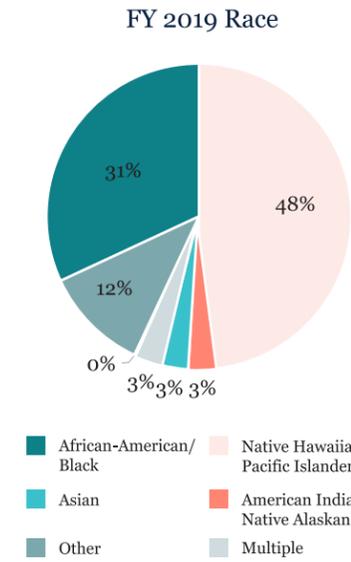
 **1,100**
COVID-19 Hyper Local sites/Vaccines

Demographics, Utilization and Membership Data

CCH Patient Demographics



CCH Patient Demographics

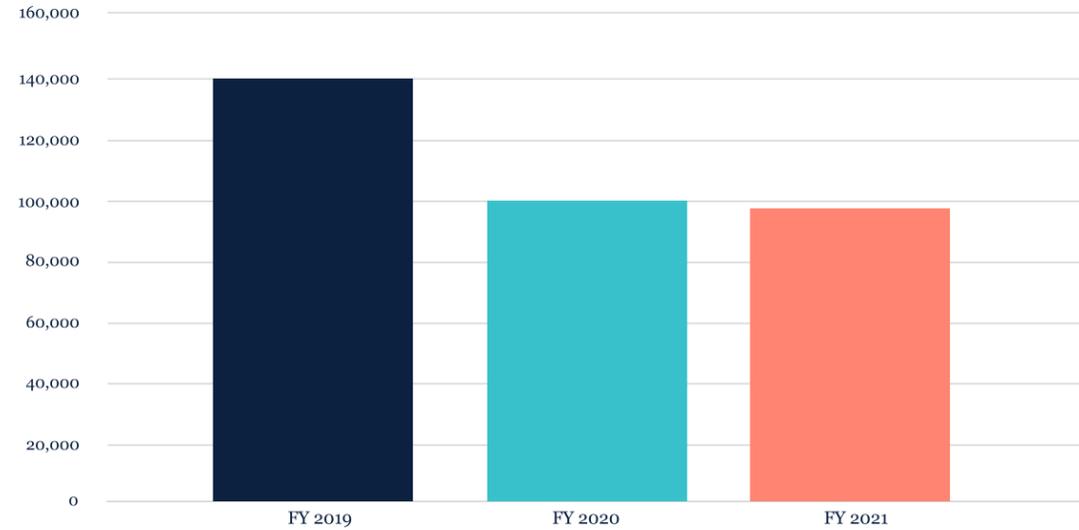


Note: Patient data inclusive of community usage of permanent ACHN sites for COVID-19 vaccines in 2021.

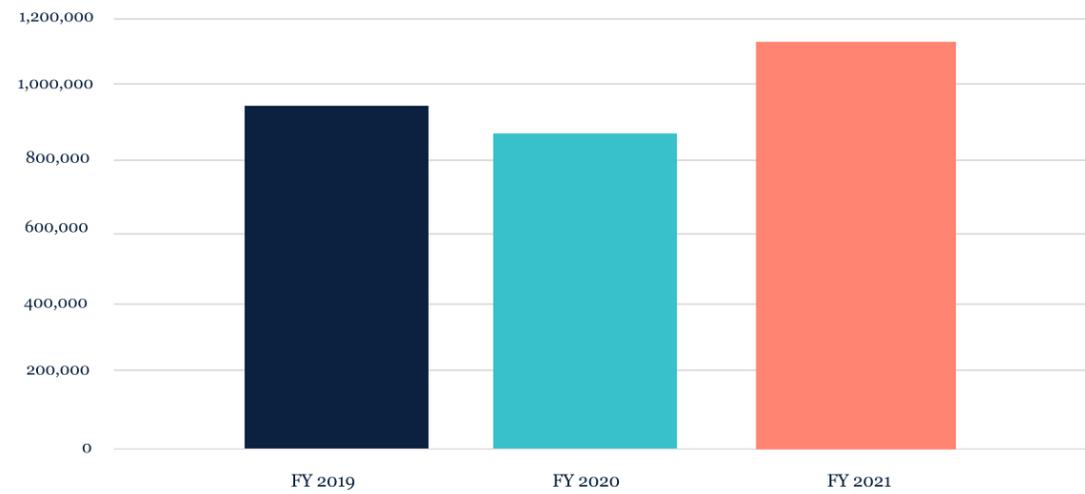
Note: Patient data inclusive of community usage of permanent ACHN sites for COVID-19 vaccines in 2021.

CCH Visits By Type

Emergency Services Visits



Outpatient Visits



Inpatient And Observation Admissions



Note: Patient data inclusive of community usage of permanent ACHN sites for COVID-19 vaccines in 2021.

IMPACT 2023 Accomplishments

Initiatives Completed or Underway

- ✓ Improved CMS Star Rating and Leapfrog Hospital Safety Grade.
- ✓ Achieved national recognition for Cardiology/Stroke programs.
- ✓ Improved patient outcomes for ulcers and falls.
- ✓ Implemented maternal health navigator program.
- ✓ Met or exceeded benchmarks for HEDIS and Pay for Performance.
- ✓ Open new health facilities at Belmont Cragin, North Riverside, Blue Island and Harrison Square.
- ✓ CountyCare received top quality ranking.

Grow to Serve and Compete

- ✓ Amended collective bargaining agreements to create a “domestic tier” to incentivize Cook County employees to use CCH facilities.
- ✓ Began implementation of more comprehensive service lines for cardiovascular, neurosciences and oncology.
- ✓ Increased CountyCare member utilization of CCH services.
- ✓ Renewed CountyCare MCO contract with the State.
- ✓ Increased the State auto-assignment percentage for CountyCare members due to achieving the highest quality levels.
- ✓ Invested in imaging, dialysis, and other modernization at Provident.

Foster Fiscal Stewardship

- ✓ CountyCare reduced claims payment timing from 120 days to under 45 days.
- ✓ Cook County increased the tax allocation to cover annual costs at correctional and public health.
- ✓ Implemented revenue cycle improvements, hired a Chief Revenue Officer and developed a revenue cycle turnaround plan.
- ✓ Established a CountyCare reserve.

Leverage and Invest in Assets

- ✓ Established employee recognition/awards program.
- ✓ Increased patients with Medicaid managed care.

Impact Social Determinants and Advocate for Patients

- ✓ Implemented value-added benefits for CountyCare members.
- ✓ Established an Equity and Inclusion Office.
- ✓ Increased MBE/WBE participation.
- ✓ CountyCare increased BEP participation to meet State goals.
- ✓ CountyCare invested \$5M in the Flexible Housing Pool to provide housing to CountyCare members.
- ✓ Community Advisory Councils established at all Cook County Health Centers.

ARTICLE V. COOK COUNTY HEALTH AND HOSPITALS SYSTEM¹⁰

Sec. 38-70. - Short title.

This article shall be known and may be cited as the “Ordinance Establishing the Cook County Health and Hospitals System.” ¹¹

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-71. - Declaration.

(a) The County Board hereby establishes the Cook County Health and Hospitals System (“CCHHS or System”) which shall be an agency of and funded by Cook County. All personnel, facilities, equipment and supplies within the formerly constituted Cook County Bureau of Health Services are now established within the CCHHS. Pursuant to the provisions contained herein, the CCHHS and all personnel, facilities, equipment and supplies within the CCHHS shall be governed by a Board of Directors (“System Board”) as provided herein. The System Board shall be accountable to and shall be funded by the County Board and shall obtain County Board approval as required herein. The County Board hereby finds and declares that the CCHHS shall:

- (1) Provide integrated health services with dignity and respect, regardless of a patient’s ability to pay;
- (2) Provide access to quality preventive, acute, and chronic health care for all the People of Cook County, Illinois (the “County”);
- (3) Provide quality emergency medical services to all the People of the County;
- (4) Provide health education for patients, and participate in the education of future generations of health care professionals;
- (5) Engage in research which enhances its ability to meet the healthcare needs of the People of the County; and,
- (6) Perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil

[1] Editor’s note— Ord. No. 08-O-35, adopted May 20, 2008, set out provisions intended for use as Art. IV, §§ 38-70—38-93. Inasmuch as this article so numbered already exists, to avoid duplication and at the editor’s discretion, these provisions have been included as Art. V, §§ 38-70—38-93.

Administrative Code of Illinois, 20 ILCS 5/5-1et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.100 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County.

(b) This article recognizes the essential nature of the Mission of the CCHHS as set forth in Section 38-74, and the need for sufficient and sustainable public funding of the CCHHS in order to fulfill its mission of universal access to quality health care.

(c) CCHHS shall cooperate with the Cook County Board of Commissioners and the Office of the Cook County Board President and the President’s various Bureau Chiefs on operational matters, uncompensated care policies, determining appropriate benchmarking and reporting (including, but not limited to, revenue and finance enhancements, operational and quality improvements and expenditure authority), strategic plans and the legislative policy agenda for CCHHS to ensure efficiency across County operations.

(d) The System Board can best fulfill its mission by consistently and regularly consulting with the Cook County Board, in its official capacity and as the Board of Public Health and the Office of the President in the development of policies, procedures, and operational decisions. However, no reference herein to CCHHS working with, collaborating with, cooperating with, or otherwise interacting with the County Board or the Office of the President is intended to revoke or diminish the System Board’s authority to act independently on the matters under consideration except where otherwise provided in this Article.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-72. - Definitions.

For purposes of this article, the following words or terms shall have the meaning or construction ascribed to them in this section:

Chairperson means the chairperson of the System Board.

Cook County Code means the Code of Ordinances of Cook County, Illinois.

Cook County Health and Hospitals System also referred to as “CCHHS”, means the public health system comprised of the facilities at, and the services provided by or through, the Ambulatory and Community Health Network, Correctional

Health Services of Cook County, Cook County Department of Public Health, Oak Forest Health Center of Cook County, Provident Hospital of Cook County, Ruth M. Rothstein CORE Center, and John H. Stroger, Jr. Hospital of Cook County, (collectively, the “CCHHS Facilities”).

County means the County of Cook, a body politic and corporate of Illinois.

County Board means the Board of Commissioners of Cook County, Illinois.

Director means a member of the System Board.

Fiscal Year means the fiscal year of the County.

Ordinance means the Ordinance Establishing the Cook County Health and Hospitals System, as amended.

President means the President of the Cook County Board of Commissioners.

System Board means the board of directors charged with governing the CCHHS.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-73. - Establishment of the Cook County Health and Hospitals System Board of Directors (“System Board”).

(a) The System Board is hereby created and established. The System Board shall consist of 11 members called Directors. The County Board delegates governance of the CCHHS to the System Board. The System Board shall, upon the appointment of its Directors as provided herein, assume responsibility for the governance of the CCHHS. Effective February 27, 2020, the System Board shall consist of 12 members.

(b) Notwithstanding any provision of this article, the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code of Ordinances, and other provisions of the Cook County Code of Ordinances conferring authority and imposing duties and responsibilities upon the Board of Health and the Cook County Department of Public Health, shall remain in full force and effect.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-74. - Mission of the CCHHS.

(a) The System Board shall have the responsibility to carry out and fulfill the mission of the CCHHS by:

- (1) Continuing to provide integrated health services with dignity and respect, regardless of a patient’s ability to pay and working with the Office of the President to determine

and establish uncompensated care policies; and

(2) Continuing to provide access to quality primary, preventive, acute, and chronic health care for all the People of the County;

(3) Continuing to provide high quality emergency medical services to all the People of the County;

(4) Continuing to provide health education for patients, and continuing to participate in the education of future generations of health care professionals;

(5) Continuing to engage in research which enhances the CCHHS’ ability to meet the healthcare needs of the People of the County;

(6) Ensuring efficiency in service delivery and sound fiscal management of all aspects of the CCHHS, including the collection of all revenues from governmental and private third-party payers and other sources and working with the Office of the Cook County Board President, and the Cook County Bureau of Finance to ensure sound fiscal management and financial reporting;

(7) Except where otherwise permitted herein, ensuring that all operations of the CCHHS, especially contractual and personnel matters, are conducted free from any political interference and in accordance with the provisions of the CCHHS Employment Plan and Supplemental Policies established in the federal civil litigation filed in the Northern District of Illinois under Case No. 69 C 2145 and titled Shakman, et al. v. Democratic Organization, et al. that may be modified from time to time and all applicable laws; and

(8) Perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code of Illinois, 20 ILCS 5/5-1 et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.100 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County; and

9) Work with the Office of the President to determine and establish, appropriate benchmarking and reporting (including, but not limited to, revenue and finance enhancements, operational and quality improvements and expenditure authority), strategic plans and the legislative policy agenda for CCHHS.

(b) The System Board shall be responsible to the People of the County for the proper use of all funds appropriated to the CCHHS by the County Board.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-75. - Nomination and appointment of directors.

(a) Upon confirming that a vacancy in the office of Director has occurred or will occur, a Nominating Committee of 13 persons including a Chair shall be appointed by the President and convene to prepare a list of nominees consisting of a total of three nominees per vacancy except the President's designated appointment. This list shall be provided within 45 days of the President's request. If the number of nominees accepted by the President is fewer than the number of vacancies, the Nominating Committee will submit replacement nominees until the President has accepted that number of nominees that corresponds to the number of vacancies.

(b) Nominating Committee.

(1) The Nominating Committee shall consist of one representative from the following organizations:

- a. Civic Federation of Chicago;
- b. Civic Committee of the Commercial Club of Chicago;
- c. Chicago Urban League;
- d. Healthcare Financial Management Association;
- e. [Reserved].
- f. Illinois Public Health Association;
- g. Illinois Health and Hospital Association;
- h. Health and Medicine Policy Research Group;
- i. Chicago Department of Public Health;
- j. Cook County Physicians Association;
- k. Chicago Federation of Labor;
- l. Chicago Medical Society;
- m. Association of Community Safety Net Hospitals; and
- n. Midwest Latino Health Research Center.

(2) All decisions of the Nominating Committee shall be by majority vote of the membership.

(c) The President shall submit the nominees he/she selects to the County Board for approval of appointment. The President shall exercise good faith in transmitting the nomination(s) to the County Board.

(d) Appointment of Directors. The County Board shall approve or reject each of the nominees submitted by the President, as well as the President's direct appointment, within 14 days from the date the President submitted the nominees, or at the next regular meeting of the County Board held subsequent to the 14-day period. Where the County Board rejects the President's selection of any nominee for the office of Director, the President shall within seven days select a replacement nominee from the remaining nominees on the list received from the Nominating Committee. There is no limit on the number of nominees the County Board may reject. The County Board shall exercise good faith in approving the appointment of Directors as soon as reasonably practicable. In the event the nominees initially submitted to the President by the Nominating Committee are exhausted before the County Board approves the number of nominees required to fill all vacancies, the President shall direct the nominating Committee to reconvene and to select and submit an additional three nominees for each Director still to be appointed.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-76. - Members of the System Board.

(a) General. Except for the President's direct appointment, the appointed Directors are not employees of the County and shall receive no compensation for their service, but may be reimbursed for actual and necessary expenses while serving on the System Board. Directors shall have a fiduciary duty to the CCHHS and the County; and Directors shall keep confidential information received in close sessions of Board and Board Committee meetings and information received through otherwise privileged and confidential communications.

(b) Number of Directors. There shall be 11 Directors of the System Board. Effective February 27, 2020, there shall be 12 Directors.

(c) Ex Officio Director. One of the Directors shall be the Chairperson of the Health and Hospitals Committee of the County Board who shall serve as an ex officio member with voting rights. This Director shall serve as a liaison between the County Board and the System Board. The Ex Officio member of the System Board shall not serve as the Chairperson.

(d) President Appointment. Effective February 27, 2020, one of the 12 Directors shall be a direct appointment of the President; said direct appointment may also be an employee of the County. The direct appointment member shall not serve as the Chairperson.

(e) Terms of Directors.

(1) Ex Officio Director. Upon appointment or election of a successor as Chairperson of the Health and Hospitals Committee of the County Board, the successor shall immediately and automatically replace the prior Director as ex officio Director with voting rights.

(2) President's Direct Appointment. Effective February 27, 2020, the President shall be permitted to have one direct appointment on the System Board. The President's direct appointment shall be subject to the advice and consent of the County Board. The President's direct appointment shall have the same rights as any other Director and shall be subject to the same four-year term and background qualifications as the Directors.

(3) The Remaining Directors. The remaining ten Directors of the System Board shall serve terms as follows. For purposes of this section, Initial Directors means the Directors who were appointed to serve on the System Board when it was first established.

a. For the initial Directors,

- 1. Three of the Initial Directors serving at the time this amendment is enacted, other than the ex officio Directors, shall serve terms that expire June 30, 2012.
- 2. Three of the Initial Directors serving at the time this amendment is enacted, other than the ex officio Directors, shall serve terms that expire June 30, 2013.
- 3. Four of the Initial Directors serving at the time this amendment is enacted, other than the ex officio Directors, shall serve terms that expire June 30, 2014.
- 4. The System Board shall vote upon and submit the list of names of the Directors whose terms shall expire June 30, 2012, the list of names of the Directors whose terms shall expire June 30, 2013, and the list of names of Directors whose terms shall expire June 30, 2014, to the President for approval and subsequent recommendation to the County Board for its approval.

b. Thereafter Directors appointed shall serve four-year terms.

1. Each appointed Director, whether Initial or subsequent, shall hold office until a successor is appointed.

2. Any appointed Director who is appointed to fill a vacancy, other than a vacancy caused by the expiration of the predecessor's term, shall serve until the expiration of his or her predecessor's term.

(f) Vacancy. A vacancy shall occur upon the:

- (1) Expiration of Director's Term,
- (2) Resignation,
- (3) Death,
- (4) Conviction of a felony, or
- (5) Removal from the office of an appointed Director as set forth in paragraph (g) of this section.

(g) Removal of Directors. Any appointed Director may be removed for incompetence, malfeasance, neglect of duty, or any cause which renders the Director unfit for the position. The President or one-third of the members of the County Board shall provide written notice to that Director of the proposed removal of that Director from office; which notice shall state the specific grounds which constitute cause for removal. The Director, in receipt of such notice, may request to appear before the County Board and present reasons in support of his or her retention. Thereafter, the County Board shall vote upon whether there are sufficient grounds to remove that Director from office. The President shall notify the subject Director of the final action of the County Board. The President may remove and replace his or her direct appointment at any time.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-77. - Qualifications of appointed directors.

(a) The appointed Directors shall include persons with the requisite expertise and experience in areas pertinent to the governance and operation of a large and complex healthcare system. Such areas shall include, but not be limited to, finance, legal and regulatory affairs, healthcare management, employee relations, public administration, clinical medicine, community public health, public health policy, healthcare insurance management, managed care administration, labor affairs, patient experience, civil or minority rights advocacy and community representation.

(b) Criteria to be considered in nominating or appointing individuals to serve as Directors shall include:

- (1) Background and skills needed on the Board;
- (2) Resident of Cook County, Illinois;
- (3) Available and willing to attend a minimum of nine monthly Board meetings per year, and actively participate on at least one Board committee; and
- (4) Willingness to acquire the knowledge and skills required to oversee a complex healthcare organization.

The Nominating Committee, the President and the County Board shall take this section into account in undertaking their respective responsibilities in the recommendation, selection and appointment of Directors.

(c) Duties of individual Directors include, but are not necessarily limited to, the following:

- (1) Regularly attend Board meetings including a minimum of nine meetings per year;
- (2) Actively participate on and attend meetings of committee(s) to which the Director is assigned;
- (3) Promptly relate community input to the Board;
- (4) Represent the CCHHS in a positive and effective manner;
- (5) Learn sufficient details about CCHHS management and patient care services in order to effectively evaluate proposed actions and reports; and
- (6) Accept and fulfill reasonable assignments from the Chair of the Board.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-78. - Chairperson/officers of the System Board.

(a) The Directors shall select the initial Chairperson of the System Board from among the initial Directors. The Chairperson shall serve a one-year term and, thereafter, the System Board shall annually elect a chairperson from among the Directors.

- (1) The Chairperson shall preside at meetings of the System Board and is entitled to vote on all matters before the System Board.
- (2) A Director may be elected to serve successive terms as Chairperson.

(b) The Directors may establish such additional committees and appoint such additional officers for the System Board

as they may deem appropriate; however, at a minimum, the Directors shall establish standing finance, human resources, audit and compliance, quality and patient safety, and managed care committees.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-79. - Meetings of the System Board.

(a) The President shall call the first meeting of the System Board. Thereafter, the Directors shall prescribe the times and places for their meetings and the manner in which regular and special meetings may be called.

(b) Meetings shall be held at the call of the Chairperson, however, no less than 12 meetings shall be held annually; standing committee meetings shall be called by the various committee chairs and the frequency of said meetings shall be established by the System Board.

(c) A majority of the voting Directors shall constitute a quorum. Actions of the System Board shall require the affirmative vote of a majority of the voting members of the System Board present and voting at the meeting at which the action is taken.

(d) To the extent feasible, the System Board shall provide for and encourage participation by the public in the development and review of financial and health care policy. The System Board may hold public hearings as it deems appropriate to the performance of any of its responsibilities.

(e) The System Board shall comply in all respects with the Illinois Open Meetings Act as now or hereafter amended, and found at 5 ILCS 120/1, et seq.

(f) The System Board shall be an Agency to which the Local Records Act, as now or hereafter amended, and found at 50 ILCS 205/1, et seq. applies.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-80. - General powers of the System Board.

Subject to the Mission of the CCHHS and consistent with this article, the System Board shall have the following powers and responsibilities:

(a) To appoint the Chief Executive Officer of the CCHHS (“CEO”) or interim CEO, if necessary, as set forth in Section 38-81 hereinafter, to hire such employees and to contract with such agents, and professional and business advisers as may from time to time be necessary in the System Board’s

judgment to accomplish the CCHHS’ Mission and the purpose and intent of this article; to recommend the compensation of such CEO, employees, agents, and advisers as appropriated by the County Board; and, to establish the powers and duties of all such agents, employees, and other persons contracting with the System Board; the appointment of the CEO or interim CEO shall be subject to the advice and consent of the Cook County Board of Commissioners;

(b) To exercise oversight of the CEO and require the CEO to meet with the President or his/her designee on a monthly basis to address various operations, including, but not limited to, human resource and labor issues, financial performance, strategic goals, capital planning initiatives, operational initiatives, determine benchmarking, set uncompensated care policies and determine the CCHHS legislative agenda;

(c) To develop measures to evaluate the CEO’s performance and to report to the President and the County Board through the Health and Hospitals Committee at six-month intervals regarding the CEO’s performance;

(d) To authorize the CEO to enter into contracts, execute all instruments, and do all things necessary or convenient in the exercise of the System Board’s powers and responsibilities;

(e) To determine the scope and distribution of clinical services; provided, however, if the System Board determines that it is in the best interest of the CCHHS to close entirely one of the two CCHHS hospitals, such closure will require County Board approval; provided further, however, that if the System Board determines it is in the best interest of the CCHHS to purchase additional hospitals, or to add or reduce healthcare-licensed, risk-bearing entities in CountyCare, the CCHHS shall, 15 calendar days before final approval, provide notice to the President and the Cook County Board of Commissioners, informing such persons as to the basic nature of any such transaction and shall offer to meet with such persons to brief them in more detail on specifics relating to such a transaction;

(f) To provide for the organization and management of the CCHHS, including, but not limited to, the System Board’s rights and powers to review all personnel policies, consistent with existing state laws, collective bargaining agreements, and court orders; however, collective bargaining agreements shall be negotiated by the Cook County Bureau of Human Resources with input from the System Board and the CEO, regarding management rights;

(g) To submit budgets for the CCHHS operations and capital planning and development, which promote sound financial management and assure the continued operation of the CCHHS, subject to approval by the County Board and provide the budget recommendation to the Cook County Chief Financial Officer and Budget Director at a minimum two weeks in advance of the presentation the System Board;

(h) To accept any gifts, grants, property, or any other aid in any form from the federal government, the state, any state agency, or any other source, or any combination thereof, and to comply with the terms and conditions thereof;

(i) To purchase, lease, trade, exchange, or otherwise acquire, maintain, hold, improve, repair, sell, and dispose of personal property, whether tangible or intangible, and any interest therein;

(j) In the name of the County, to purchase, lease, trade, exchange, or otherwise acquire, real property or any interest therein, and to maintain, hold, improve, repair, mortgage, lease, and otherwise transfer such real property, so long as such transactions do not interfere with the Mission of the CCHHS; provided, however, that transactions involving real property valued at \$150,000.00 or greater shall require express approval from the County Board any such transactions valued under \$150,000.00 but greater than \$5,000.00 shall be reported to the Bureau of Asset Management on a quarterly basis;

(k) To acquire space, equipment, supplies, and services, including, but not limited to, services of consultants for rendering professional and technical assistance and advice on matters within the System Board’s powers;

(l) To make rules and regulations governing the use of property and facilities within the CCHHS, subject to agreements with or for the benefit of holders of the County Board’s obligations; said rules and regulations shall be shared with the Bureau of Asset Management for advice and feedback prior to implementation and the final rules and regulations governing such use shall be filed with the Bureau of Asset Management upon approval by CCHHS;

(m) To adopt, and from time to time amend or repeal by laws and rules and regulations consistent with the provisions | of this article;

(n) To encourage the formation of a not-for-profit corporation to raise funds to assist in carrying out the Mission of the CCHHS;

(o) To engage in joint ventures, or to participate in alliances, purchasing consortia, or other cooperative arrangements, with any public or private entity, consistent with state law;

(p) To have and exercise all rights and powers necessary, convenient, incidental to, or implied from the specific powers granted in this article, which specific powers shall not be considered as a limitation upon any power necessary or appropriate to carry out the CCHHS' Mission and the purposes and intent of this article;

(q) To perform, through the Cook County Department of Public Health, essential services of a local public health authority as provided in the Cook County Board of Health Ordinance, Sections 38-26 through 38-40 of the Cook County Code, other Cook County Ordinances imposing duties upon the Cook County Department of Public Health, and the regulations of the Cook County Department of Public Health promulgated thereunder; the Department of Public Health Act, 20 ILCS 2305/1 et seq.; the Civil Administrative Code of Illinois, 20 ILCS 5/5-1 et seq.; and as further detailed in regulations promulgated by the Illinois Department of Public Health under the Certified Local Health Department Code, 77 Ill. Adm. Code 600.100 et seq.; provided, however, that the County Board shall continue to serve as the Board of Health of Cook County;

(r) To be the governing body of the licensed hospitals or other licensed entities within the CCHHS; and

(s) The delegation of authority to the System Board from the Cook County Board of Commissioners shall not be considered a grant of home rule authority.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-81. - Chief executive officer.

(a) Subject to the advice and consent of the Cook County Board of Commissioners, the System Board shall appoint a Chief Executive Officer of the CCHHS ("CEO") or an interim CEO as necessary.

(b) The System Board shall conduct a nationwide search for a CEO which shall be concluded with a goal of no later than 180 days from the date of the County Board's approval of the appointment of the initial System Board or from the date the position of CEO becomes vacant. The System Board shall

provide the County Board with a copy of the job description for the CEO in advance of recruitment as well as the performance measures used by the System Board to evaluate the CEO's performance. The recommended salary, termination, term, severance and any contract bonus provisions negotiated by the System Board for the CEO shall be subject to the review and approval of the County Board. If the appointment is not approved, a new search shall be conducted by the System Board. If the compensation package is not approved by the County Board, the System Board must renegotiate the compensation package and if unsuccessful, a new search shall be conducted by the System Board.

(c) The CEO shall have the responsibility for:

(1) Full operational and managerial authority of the CCHHS, consistent with existing federal and state laws, court orders and the provisions of this article; however the CEO shall work with the Office of the President and his or her designees to collaborate on various operational initiatives that impact County policies and appropriations, including, but not limited to, human resource and labor issues, financial matters, operational initiatives, address capital needs, determine benchmarking, set uncompensated care policies and determine the CCHHS legislative agenda.

(2) Preparing and submitting to the System Board the Budgets and Strategic and Financial Plans required by this article;

(3) Operating and managing the CCHHS consistent with the Budgets and Financial Plans approved by the County Board;

(4) Overseeing expenditures of the CCHHS;

(5) Subject to Subsection 38-74(a)(7) of this article, hiring and discipline of personnel in conformity with the provisions of this article, all state laws, court orders, and collective bargaining agreements;

(6) Participating in negotiations with the Cook County Bureau of Human Resources regarding management rights and providing input to the Cook County Bureau of Human Resources in negotiation of management rights for CCHHS in various collective bargaining agreements as set forth in Section 38-84(c); and

(7) Carrying out any responsibility which the System Board may delegate; however, said delegation shall not relieve the System Board of its responsibilities as set forth in this article.

(d) The CEO shall report to the System Board and shall also meet monthly with the Cook County Board President and his/her designees regarding CCHHS operations and shall collaborate with the Office of the President and his/her Bureau Chiefs on various operational initiatives that impact County policy and appropriations, including, but not limited to, human resource and labor issues, financial matters, operational issues, informational technology issues, address capital needs, determine benchmarking, set uncompensated care policies and determine the CCHHS legislative.

(e) The CEO shall provide, through the System Board, quarterly reports to the President and County Board concerning the status of operations and finances of the CCHHS and issue other reports as may be required by the County Board or the President.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-82. - Strategic and financial plans.

(a) As soon as practicable following the establishment of the System Board, the President shall provide to the System Board copies of the audited financial statements and of the books and records of account of the Bureau of Health Services for the preceding five Fiscal Years of the County.

(b) The System Board shall recommend and submit to the President and the County Board Strategic and Financial Plans as required by this section.

(c) Each Strategic and Financial Plan for each Fiscal Year, or part thereof to which it relates, shall contain:

(1) A description of revenues and expenditures, provision for debt service, cash resources and uses, and capital improvements, each in such manner and detail as the County's Budget Director shall prescribe;

(2) A description of the strategy by which the anticipated revenues and expenses for the Fiscal Years covered by the Strategic and Financial Plan will be brought into balance;

(3) Such other matters that the County Board or the President, in its discretion, requires; provided, however, that the System Board shall be provided with a description of such matters in sufficient time for incorporation into the Strategic and Financial Plan.

(d) Strategic and Financial Plans shall not have force or effect without the approval of the County Board and shall be recommended, approved and monitored in accordance with the following:

(1) The System Board shall recommend and submit to the President and the County Board, on or before 180 days subsequent to the date of the appointment of the initial Directors or as soon as practicable thereafter, an initial Strategic and Financial Plan with respect to the remaining portion of the Fiscal Year ending in 2008 and for Fiscal Years 2009 and 2010. The Board shall approve, reject or amend this initial Strategic and Financial Plan within 45 days of its receipt from the System Board.

(2) The System Board shall develop a Strategic and Financial Plan covering a period of three Fiscal Years and a representative of the County Board President and the Cook County Chief Financial Officer or his/her designee shall assist the System Board in developing the Strategic and Financial Plan.

(3) The System Board shall include in each Strategic and Financial Plan estimates of revenues during the period for which the Strategic and Financial Plan applies. In the event the System Board fails, for any reason, to include estimates of revenues and expenditures as required, the County Board may prepare such estimates. In such event, the Strategic and Financial Plan submitted by the System Board shall be based upon the revenue estimates approved by the County Board.

(4) The County Board shall approve each Strategic and Financial Plan if, in its judgment, the Strategic and Financial Plan is complete, is reasonably capable of being achieved, and meets the requirements set forth in this section. After the System Board submits a Strategic and Financial Plan to the President and the County Board, the County Board shall approve or reject such Strategic and Financial Plan within 45 days or such Strategic and Financial Plan is deemed approved.

(5) The System Board shall report to the President and the County Board, at such times and in such manner as the County Board may direct, concerning the System Board's compliance with the Strategic and Financial Plan. The President and the County Board may review the System Board's operations, obtain budgetary data and financial statements, require the System Board to produce reports, and have access to any other information in the possession of the System Board that the President and the County Board deem relevant. The County Board may issue recommendations or directives within its powers to the System Board to assure compliance with the Strategic and Financial Plan. The System Board shall produce such budgetary data, financial statements, reports and other information and comply with such directives.

(6) For each Strategic and Financial Plan applicable to a Fiscal Year subsequent to the current Fiscal Year, the System Board shall regularly reexamine the revenue and expenditure estimates on which it was based and revise them as necessary. The System Board shall promptly notify the President and the County Board of any material change in the revenue or expenditure estimates in that Strategic and Financial Plan. The System Board may submit to the President and the County Board, or the County Board may require the System Board to submit, modified Strategic and Financial Plans based upon revised revenue or expenditure estimates or for any other good reason. The County Board shall approve or reject each modified Strategic and Financial Plan pursuant to paragraph (d)(4) of this section.

(Ord. No. 08-O-35, 5-20-2008.)

Sec. 38-83. - Preliminary CCHHS budget and annual appropriation ordinance.

(a) The System Board shall not make expenditures unless such expenditures are consistent with the County's Annual Appropriation Bill ("Annual Appropriation Ordinance") as provided in 55 ILCS 5/6-24001 et seq.

(b) The System Board may, if necessary, recommend and submit to the President and the County Board, for approval by the County Board, a request for intra-fund transfers within the Public Health Fund to accommodate any proposed revisions by the System Board to the line items set forth for the Bureau of Health Services in the existing Fiscal Year 2008 Annual Appropriation Ordinance.

(c) For Fiscal Year 2009 and each Fiscal Year thereafter, the System Board shall recommend and submit a balanced Preliminary Budget for the CCHHS to the President and the County Board, for approval by the County Board, not later than 45 days prior to the first date for submission of budget requests set by the County's Budget Director.

(d) Each Preliminary Budget shall be recommended and submitted in accordance with the following procedures:

(1) Each Preliminary Budget submitted by the System Board shall be based upon revenue estimates contained in the approved Strategic and Financial Plan applicable to that budget year.

(2) Each Preliminary Budget shall contain such information and detail as may be prescribed by the County's Budget Director. Any applicable fund deficit for the Fiscal Year ending in 2008 and for any Fiscal Year thereafter shall be included as an expense item in the succeeding Fiscal Year's Budget.

(3) Each Preliminary Budget submitted by the System Board shall be balanced with expenditures matching the revenue estimates for the fiscal year. Such revenue estimates may include requested appropriations from the County Board which will be subject to County Board approval.

(e) The County Board shall approve each Preliminary Budget if, in its judgment, the Budget is complete, is reasonably capable of being achieved, and will be consistent with the Strategic and Financial Plan in effect for that Fiscal Year. The Board shall approve or reject each Preliminary Budget within 45 days of submission to the County Board or such Preliminary Budget is deemed approved. Such Preliminary Budget shall be included in the President's Executive Budget Recommendation.

(f) The CCHHS's Annual Appropriation shall be monitored as follows:

(1) The County Board may establish and enforce such monitoring and control measures as the County Board deems necessary to assure that the revenues, commitments, obligations, expenditures, and cash disbursements of the System Board continue to conform on an ongoing basis with the Annual Appropriation Ordinance. If, in the discretion of the County Board, and notwithstanding the approved Annual Appropriation Ordinance, the County Board imposes an expenditure limitation on the System Board,

the System Board shall not have the authority, directly or by delegation, to enter into any commitment, contract, or other obligation that would result in the expenditure limitation being exceeded. Any such commitment, contract or other obligation entered into by the System Board in derogation of this section shall be voidable by the County Board. An expenditure limitation established by the County Board shall remain in effect for that Fiscal Year or unless revoked earlier by the County Board.

(2) The System Board shall report to the President and the County Board at such times and in such manner as the County Board may direct, concerning the System Board's compliance with each Annual Appropriation Ordinance. The President and the County Board may review the System Board's operations, obtain budgetary data and financial statements, require the System Board to produce reports, and have access to any other information in the possession of the System Board which the President and the County Board deem relevant. The County Board may issue recommendations or directives within its powers to the System Board to assure compliance with the Annual Appropriation Ordinance. The System Board shall produce such financial data, financial statements, reports and other information and comply with such directives.

(3) After approval of each Annual Appropriation Ordinance, the System Board shall promptly notify the President and the County Board of any material change in the revenues or expenditures set forth in the Annual Appropriation Ordinance. In Fiscal Year 2009 and thereafter, the System Board has the authority to make intra-fund transfers within the Public Health Fund, if necessary, to accommodate any proposed revisions by the System Board to the line items set forth in the Annual Appropriation Ordinance. Such transfers shall be reported by the CEO in the quarterly reports required in Subsection 38-81(e) of this article.

(4) The County Comptroller is hereby authorized to process invoices and make payments against line items set forth in the Annual Appropriation Ordinance at the direction of the System Board or, if authorized by the System Board, at the direction of the CEO. The System Board shall provide the Comptroller with all documentation necessary for the Comptroller to perform this accounts payable function and to perform the budget control function. The Comptroller shall also issue payroll checks for employees within the CCHHS.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-84. - Human resources.

(a) The System Board and the CCHHS Human Resources Department shall collaborate monthly with the Cook County Bureau of Human Resources to ensure efficiency and uniformity to the extent practicable in human resource functions and policies. Except as otherwise limited herein, the System Board shall have authority over the following human resource functions with regard to employees, including physicians and dentists, within the CCHHS: position classification, compensation, recruitment, selection, hiring, discipline, termination, affirmative action, performance management, probationary periods, training, promotion and maintenance of records. The System Board shall adopt written rules, regulations and procedures with regard to these functions subject to the approval of the Chief of the Bureau of Human Resources for Cook County. The System Board or the System Board's designee shall collaborate with the Cook County Bureau of Human Resources to ensure position classification and compensation are in accordance with the annual appropriation. The recommended salary, termination, term, severance and any contract bonus provisions or compensation policies negotiated by the System Board for the CEO or other Direct Appointments of the System Board or CEO shall be subject to the review and approval of the County Board. The System Board may exercise the authority granted in this section, in whole or in part, pursuant to its discretion and consistent with existing collective bargaining agreements and obligations.

(b) Employees within the CCHHS are employees of the County, and except where otherwise permitted herein, shall be free from any political interference in accordance with the CCHHS Employment Plan and Supplemental Policies established in the federal civil litigation filed in the Northern District of Illinois under Case No. 69 C 2145 and titled "Shakman, et al. v. Democratic Organization, et al." which may be amended from time to time.

(c) Collective bargaining agreements shall be negotiated by the Cook County Bureau of Human Resources with input from the System Board and the CEO subject to the President's direction. The CEO or designee shall cooperate with the County in negotiating collective bargaining agreements covering CCHHS employees and CCHHS may participate in negotiations with the Cook County Bureau of Human Resources in regard to negotiating management rights and work rules. All such collective bargaining agreements must be approved by the System Board and the County Board.

(d) With respect to CCHHS bargaining unit employees, the Chief of the Bureau of Human Resources for Cook County shall be granted the authority to settle contract or disciplinary employment-related grievances, arbitrations and mediations without approval of the System Board at the same settlement authority level as the Cook County State's Attorney's Office has in litigation matters. At the level where a collective bargaining agreement provides for grievances to be presented to Human Resources, the Chief of the Bureau of Human Resources for Cook County shall have sole authority to respond to and adjust said grievance. When exercising this authority, the Chief of the Bureau of Human Resources or designee, will at a minimum discuss the implications of the decisions with CCHHS Human Resources. CCHHS shall implement any resolutions or settlements reached by the Chief of the Bureau of Human Resources for Cook County regarding a CCHHS employee within 30 days of receipt of the resolution and/or settlement. Any extensions of time to implement a resolution or settlement must be approved by the Chief of the Bureau of Human Resources for Cook County. The Chief of the Bureau of Human Resources for Cook County shall have the authority to implement any resolutions or settlements where CCHHS has failed to implement within 30 days.

(e) With respect to CCHHS employees, the Chief of the Bureau of Human Resources for Cook County has been granted the authority over all labor relations matters regarding the unionized employees of CCHHS. Labor Relations matters include, but are not limited to, collective bargaining (successor agreements), impact bargaining (bargaining with union representatives regarding policy and work rule changes and terms and conditions of employment), and mid-term bargaining; interpretation of collective bargaining agreements; and implementation of collective bargaining agreements. CCHHS shall not enter into agreements with unions, verbal or written that amend or modify the terms of existing collective bargaining agreements and/or practices without consulting the Bureau of Human Resources Labor Relations Division. CCHHS shall comply with all lawful directives from the Director of Labor and/or the Bureau Chief of Human Resources for Cook County concerning labor matters and/or compliance with the collective bargaining agreements within an established timeframe. If there is an opposing view on the interpretation of the collective bargaining agreements and/or any policy or rule governing a unionized employee, the interpretation of the Bureau of Human Resources Labor Relations Division will govern.

(f) Where the Director of Labor and/or Chief of the Bureau of Human Resources for Cook County determines that training is needed concerning a collective bargaining agreement or other labor relations matter, CCHHS shall schedule the training within the timeframe directed by the Chief of the Bureau of Human Resources and cooperate with the Bureau of Human Resources in scheduling and ensuring that appropriate staff are trained within the established timeframe and with consideration of clinical and operational schedules. The training programs implemented by the Bureau of Human Resources will be reviewed with CCHHS Human Resources Department prior to implementing said training.

(g) The System Board or the CEO shall not hire or appoint any person in any position in the CCHHS unless it is consistent with the Annual Appropriation Ordinance in effect at the time of hire or appointment. The System Board shall have the authority to recommend the appropriate compensation for employees hired to work within CCHHS subject to the approval of the Chief of the Bureau of Human Resources for Cook County and the Director of the Department of Budget and Management Services and consistent with any applicable collective bargaining agreements.

(h) Nothing herein shall diminish the rights of Cook County employees who are covered by a collective bargaining agreement and who, pursuant to this article, are placed under the jurisdiction of the System Board, nor diminish the historical representation rights of said employees' exclusive bargaining representatives, nor shall anything herein change the designation of "Employer" pursuant to the Illinois Public Labor Relations Act. This ordinance is subject to all existing collective bargaining agreements between Cook County and exclusive bargaining representatives, which cover employees under the jurisdiction of the System Board.

(i) CCHHS shall implement any decisions of the Employee Appeals Board within 30 days after receipt of the decision from the Chief of the Bureau of Human Resources for Cook County unless a decision to appeal has been approved by the Chief of the Bureau of Human Resources. Any extension of time to implement a decision of the Employee Appeals Board must be approved by the Chief of the Bureau of Human Resources for Cook County. CCHHS shall have no right to appeal any decision of the Employee Appeals Board without the approval of the Chief of the Bureau of Human Resources. The Chief of the Bureau of Human Resources for Cook County shall have the authority to implement any decision of the Employee

Appeals Board where CCHHS has failed to implement the decision within 30 days without an approved extension or approved appeal by the Chief of the Bureau of Human Resources.

(j) Any person who willfully takes any official action without authority as provided in this section including, but not limited to: collective bargaining, failing to implement grievance resolutions and settlements, failing to implement directives of the Bureau Chief of Human Resources of Cook County as to labor matters and failing to implement decisions of the Employee Appeals Board may be subject to discipline up to and including termination of employment. The Chief of the Bureau of Human Resources for Cook County shall have the authority to investigate violations of this section. If the Bureau Chief of Human Resources of Cook County recommends discipline of any employee pursuant to this section, the CCHHS shall within 30 days implement the recommendation and conduct a pre-disciplinary hearing where applicable or provide a written explanation to the Chief of the Bureau of Human Resources for Cook County explaining why the discipline was reduced or not initiated.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-85. - Procurement and contracts.

(a) The System Board shall have authority over all procurement and contracts for the CCHHS. The System Board shall adopt written rules, regulations and procedures with regard to these functions, which must be consistent with the provisions set forth in the Cook County Code on Procurement and Contracts; provided, however, that approval of the County Board or County Purchasing Agent required under the Cook County Code on Procurement and Contracts is not required for procurement and contracts within the CCHHS. The System Board shall act in place of the County Board in any contract, bylaws or agreement with the County which requires the approval or other action of the County Board unless expressly prohibited otherwise in this article or unless the contract expressly provides that the System Board shall not have such authority. Until such time as the System Board adopts its own rules, regulations or procedures with regard to Procurement and Contracts, the existing provisions of the Cook County Code pertaining to Procurement and Contracts shall apply. The System Board may exercise the authority granted in this section, in whole or in part, pursuant to its discretion.

(b) No contract or other obligation shall be entered into by the System Board unless it is consistent with the Annual Appropriation Ordinance in effect.

(c) Any multiyear contracts entered into by the System Board must contain a provision stating that the contract is subject to County Board approval of appropriations for the purpose of the subject contract; and that in the event funds are not appropriated by the County Board, the contract shall be cancelled without penalty to, or further payment being required by, the System Board or the County. The System Board shall give the vendor notice of failure of funding as soon as practicable after the System Board becomes aware of the failure of funding. Multiyear contracts shall also contain provisions that the System Board's or County's obligation to perform shall cease immediately upon receipt of notice to the vendor of lack of appropriated funds; and that the System Board's or County's obligation under the contract shall also be subject to immediate termination or cancellation at any time when there are not sufficient authorized funds lawfully available to the System Board to meet such obligation.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-86. - Disclosure of interests required.

(a) Any Director, officer, agent, or professional or business adviser of the System Board, or the CEO who has direct or indirect interest in any contract or transaction with the CCHHS, shall disclose this interest in writing to the System Board which shall, in turn, notify the President and the County Board of such interest.

(b) This interest shall be set forth in the minutes of the System Board and the Director, agent, or professional or business advisor or CEO having such interest shall not participate on behalf of the CCHHS in any way with regard to such contract or transaction unless the System Board or County Board waives the conflict.

(c) The Cook County Board of Ethics shall have jurisdiction over the investigation and enforcement of this section and over the sanctions for violations as set forth in Sections 2-601 and 2-602 of the Cook County Code of Ethical Conduct.

(d) Employees of CCHHS shall be bound by the Cook County Code of Ethical Conduct set forth in the Cook County Code, Chapter 2. Article VII, Ethics.

(Ord. No. 08-O-35, 5-20-2008.)

Sec. 38-87. - Annual report of the System Board.

(a) The System Board shall submit to the President and the County Board, within six months after the end of each Fiscal Year, a report which shall set forth a complete and detailed operating and financial statement of the CCHHS during such Fiscal Year.

(b) Included in the report shall be any recommendations for additional legislation or other action which may be necessary to carry out the mission, purpose and intent of the System Board.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-88. - Managerial and financial oversight.

(a) The County Board may conduct financial and managerial audits of the System Board and the CCHHS.

(1) The County Board may examine the business records and audit the accounts of the System Board or CCHHS or require that the System Board examine such business records and audit such accounts at such time and in such manner as the County Board may prescribe. The System Board shall appoint a certified public accountant annually, approved by the County Board, to audit the CCHHS’ financial statements.

(2) The County Board may initiate and direct financial and managerial assessments and similar analyses of the operations of the System Board and CCHHS, as may be necessary in the judgment of the County Board, to assure sound and efficient financial management of the System Board and the CCHHS.

(3) The County Board shall initiate and direct a management audit of the CCHHS as deemed advisable and approved by the County Board. The audit shall review the personnel, organization, contracts, leases, and physical properties of the CCHHS to determine whether the System Board is managing and utilizing its resources in an economical and efficient manner. The audit shall determine the causes of any inefficiencies or uneconomical practices, including inadequacies in internal and administrative procedures, organizational structure, types of positions, uses of resources, utilization of real property, allocation of personnel, allocation of salary, purchasing policies and equipment.

(4) The County Board may direct the System Board to reorganize the financial accounts and management and budgetary systems of the System Board or CCHHS in a manner that the County Board deems appropriate to

achieve greater financial responsibility and to reduce financial inefficiency. Any such reorganization shall be in keeping with best practices adopted by the Professional Financial Accounting Standards Board.

(4) The County Board may direct the System Board to reorganize the financial accounts and management and budgetary systems of the System Board or CCHHS in a manner that the County Board deems appropriate to achieve greater financial responsibility and to reduce financial inefficiency. Any such reorganization shall be in keeping with best practices adopted by the Professional Financial Accounting Standards Board.

(5) The County Board may consult directly with CCHHS management or the System Board to recommend management related changes based upon the recommendations of any management audit initiated by the County Board. If the System Board or CCHHS does not accept the recommended changes, then a public hearing of the County Board shall be held at which the Chairperson of the System Board and the CEO of the CCHHS must explain why the changes were not accepted.

(b) The System Board and the CCHHS shall be subject to audit in the manner now or hereafter provided by statute or ordinance for the audit of County funds and accounts. A copy of the audit report shall be submitted to the President, the Chairperson of the Finance Committee of the County Board, the Chairperson of the Health and Hospitals Committee, and the Director of the County Office of the Auditor.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-89. - Indemnification.

(a) The County shall defend and indemnify patient care personnel and public health practitioners, including, but not limited to, physicians, dentists, podiatrists, fellows, residents, medical students, nurses, certified nurse assistants, nurses’ aides, physicians’ assistants, therapists and technicians (collectively “practitioners”) acting pursuant to employment, volunteer activity or contract, if provided for therein, with the County with respect to all negligence or malpractice actions, claims or judgments arising out of patient care or public health activities performed on behalf of the CCHHS. The County shall also defend and indemnify such practitioners against liability arising out of the preparation or submission of a bill seeking payment for services provided by such practitioners for the CCHHS, to the extent such liability arises out of the negligent or intentional acts or omissions of a person or persons, other than the practitioner, acting on behalf of the CCHHS. The

County shall also defend and indemnify the members of the Nominating Committee and the System Board with respect to all claims or judgments arising out of their activities as members thereof which defense and indemnification shall be subject to the same provisions which apply to the defense and indemnification of practitioners as set forth below. County shall also defend and indemnify the members of the Nominating Committee and the System Board with respect to all claims or judgments arising out of their activities as members thereof which defense and indemnification shall be subject to the same provisions which apply to the defense and indemnification of practitioners as set forth below.

(b) The County shall not be obligated to indemnify a practitioner for:

(1) Punitive damages or liability arising out of conduct which is not connected with the rendering of professional services or is based on the practitioner’s willful or wanton conduct.

(2) Professional conduct for which a license is required but the practitioner does not hold a license.

(3) Conduct which is outside of the scope of the practitioner’s professional duties.

(4) Conduct for which the practitioner does not have clinical privileges, unless rendering emergency care while acting on behalf of the CCHHS.

(5) Any settlement or judgment in which the County did not participate.

(6) The defense of any criminal or disciplinary proceeding.

(c) To be eligible for defense and indemnification, the practitioner shall be obligated to:

(1) Notify, within five days of receipt, the Cook County Department of Risk Management and the Civil Actions Bureau of the Cook County State’s Attorney’s Office of any claim made against the practitioner and deliver all written demands, complaints and other legal papers, received by the practitioner with respect to such claim to the Department of Risk Management.

(2) Cooperate with the State’s Attorney’s Office in the investigation and defense of any claim against the County or any practitioner, including, but not limited to, preparing for and attending depositions, hearings and trials and otherwise assisting in securing and giving evidence.

(3) Promptly notify the Cook County Department of Risk Management and the Civil Actions Bureau of the Cook County State’s Attorney’s Office of any change in the practitioner’s address or telephone number.

(d) All actions shall be defended [by] the Cook County State’s Attorney. Decisions to settle indemnified claims shall be made by the County or the State’s Attorney’s Office, as delegated by the County, and shall not require the consent of the indemnified practitioner. If a practitioner declines representation by the State’s Attorney’s Office, the County shall have no obligation to defend or indemnify the practitioner.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-90. - Applicability of the Cook County Code.

Except as otherwise provided herein, provisions of the Cook County Code shall apply to the System Board and the CCHHS and their Directors, officers, employees and agents. To the extent there is a conflict between the provisions of this article and any other provision in the Cook County Code, the provisions in this article shall control.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-91. - Transition.

(a) The County Board recognizes that there will be a necessary transition period between the adoption of this article and the point at which the System Board is capable of assuming all of its powers and responsibilities as set forth in this article. The Office of the President shall cooperate with the System Board during this transition to enable the System Board to assume fully its authority and responsibilities in as timely a manner as practicable. Such cooperation shall include accommodating requests from the System Board to provide adequate staffing at the CCHHS through the transfer or reassignment of personnel to the CCHHS, including, but not limited to, personnel to perform human resource and procurement/contracting functions.

(b) In order to avoid unnecessary duplication of services, the System Board, on behalf of the CCHHS, may, at its discretion, continue to utilize various ancillary services provided through the Office of the President, including, but not limited to, those services provided by the Office of Capital Planning and Policy, the Bureau of Information Technology, the Department of Risk Management, the Department of Facilities Management, the Department of Real Estate Management, the Office of the Comptroller, and the Office of the County Auditor.

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(c) Any contracts entered into by the County on behalf of the Bureau of Health prior to the adoption of this article shall remain in effect; provided, however, that the System Board shall act in place of the County Board in any contract, bylaws or agreement with the County which requires the approval or other action of the County Board unless expressly prohibited otherwise in this article.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-92. - Severability.

Any provision of this article declared to be unconstitutional or otherwise invalid shall not impair the remaining provisions of this article.

(Ord. No. 20-1118, 2-27-2020.)

Sec. 38-93. - Making CCHHS permanent.

The Cook County Health and Hospitals System and this article shall continue, unless the Cook County Board of Commissioners acts to revoke its powers and responsibilities.

(Ord. No. 20-1118, 2-27-2020 .)

Sec. 38-94. - Quarterly reporting.

(a) The Health and Hospitals System shall report to the Board of Commissioners quarterly on the cost that the office incurs due to processing medical cases involving firearms.

(Ord. No. 20-1118, 2-27-2020.)

Secs. 34-95—34-108. - Reserved.

The three-year financial forecast is being developed in concert with the FY2023 budget which will be presented to the CCH board.

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