

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, November 15, 2019 at the hour of 10:30 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH and Heather M. Prendergast, MD, MS, MPH (3)

Director Mike Koetting and Karen E. Kim, MD (Non-Director Member)

Absent: Director Layla P. Suleiman Gonzalez, PhD, JD (1)

Additional attendees and/or presenters were:

Debra Carey – Deputy Chief Executive Officer,
Operations
Claudia Fegan, MD – Chief Medical Officer
Anita Giuntoli – Director of Patient Safety
Valerie Hansbrough, MD – Provident Hospital of
Cook County
Jeff McCutchan – General Counsel
Beena Peters, DNP, RN, FACHE – Chief
Nursing Officer

Krzysztof Pierko, MD – John H. Stroger, Jr.
Hospital of Cook County
Deborah Santana – Secretary to the Board
John Jay Shannon, MD – Chief Executive
Officer
Maria Torres, MD – Director of Pain Services
Elizabeth Vaclavic – Associate Nurse Executive,
Ambulatory Services
Ronald Wyatt, MD – Chief Quality Officer

One of the Committee's non-Director members, Patrick T. Driscoll, Jr., recently died. The Committee and Dr. John Jay Shannon, Chief Executive Officer, provided comments recognizing Mr. Driscoll's contributions to Cook County Health, both as the attorney for the hospital system for over fifteen (15) years, and as a non-Director Member of the Quality and Patient Safety Committee for more than five (5) years.

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

There were no regulatory and accreditation updates provided.

III. Report from Chief Quality Officer (continued)

B. Metrics (Attachment #1)

Dr. Ronald Wyatt, Chief Quality Officer, provided an overview of the metrics. The Committee reviewed and discussed the information.

During the discussion of the measure on Overall Patient Satisfaction at Ambulatory and Community Health Network (ACHN) clinics, it was noted that there is not much change in the patient survey results from month to month. A question was raised whether the clinics in the new Professional Building are included in the survey. Dr. Shannon responded affirmatively; he stated that the administration can provide a list of the approximate locations of the clinics for which completed surveys were submitted.

C. Update on Pain Management (Attachment #2)

Dr. Maria Torres, Director of Pain Services, provided an overview of the Update on Pain Management, which included information on the following subjects:

- Multi-Disciplinary Pain Management Center
- Total Patients Seen by Pain Department
- Chronic and Acute Pain
- Inpatient Opioid Use
- Treatment Modalities
- Interventional Pain Management Approach
- Safe Opioid Prescribing Committee
- Accomplishments
- Future Directions

D. Update on Processes of Care Dyad (Attachment #3)

Dr. Krzysztof Pierko, Associate Chair for the Division of Hospital Medicine at John H. Stroger, Jr. Hospital of Cook County, and Elizabeth Vaclavic, Associate Nurse Executive for Ambulatory Services, provided an overview of the Update on Processes of Care Dyad, which included information on the following subjects:

- Process of Care Metrics
- Excess Days of Acute Care
- Left Without Being Seen

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s)

There were none presented for consideration.

IV. Action Items (continued)

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Reappointments/Changes (Attachment #4)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, was not present.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, presented her report. She stated that Provident Hospital is in the timeframe window for a survey visit from The Joint Commission, so staff continue their efforts to prepare for that. Additionally, the medical staff recently received education on pain management.

Director Driscoll, seconded by Director Prendergast, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Director Prendergast, seconded by Director Driscoll, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, October 18, 2019

Director Driscoll, seconded by Director Prendergast, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of October 18, 2019. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and V

V. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes**
- B. Claims, Litigation and Quality and Patient Safety Matters**
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996**
- D. Quality and Patient Safety Report**

Director Driscoll, seconded by Director Prendergast, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for

V. Closed Meeting Items (continued)

the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call was taken, the votes of yeas and nays being as follows:

Yeas: Chair Gugenheim and Directors Driscoll and Prendergast (3)

Nays: None (0)

Absent: Director Suleiman Gonzalez (1)

THE MOTION CARRIED UNANIMOUSLY and the Committee convened into a closed meeting.

Chair Gugenheim declared that the closed meeting was adjourned. The Committee reconvened into the open meeting.

VI. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

Follow-up: The Committee will receive a list of the locations of the ACHN clinics for which patient satisfaction surveys were submitted. Page 2

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ATTACHMENT #1



QPS Quality Dashboard



November 15, 2019

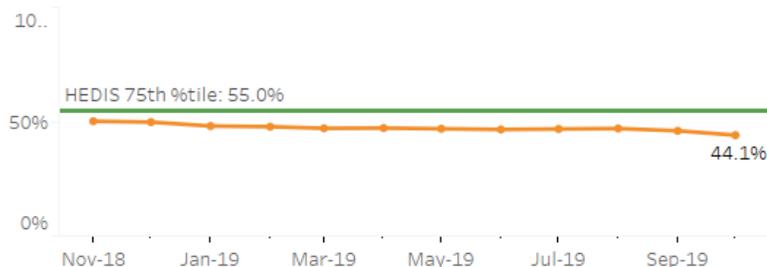


COOK COUNTY
HEALTH

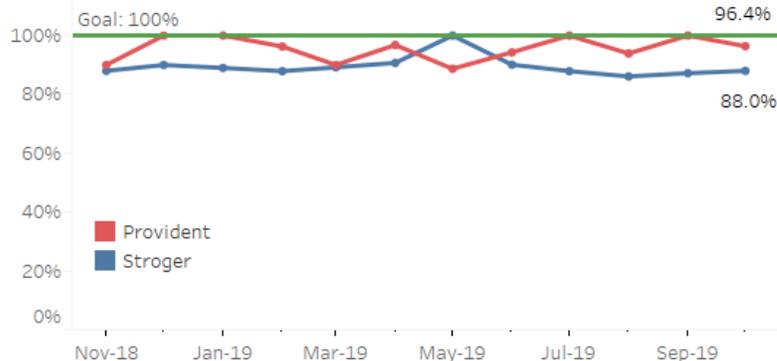


Health Outcomes

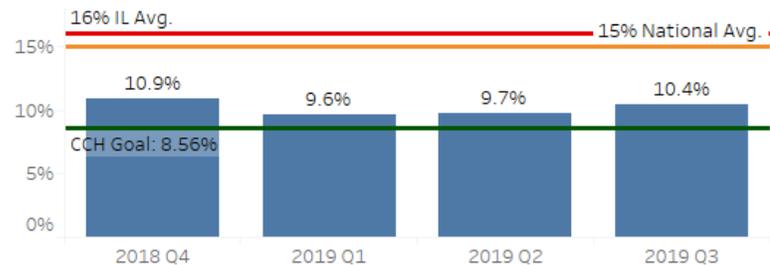
HEDIS - Diabetes Management: HbA1c < 8%



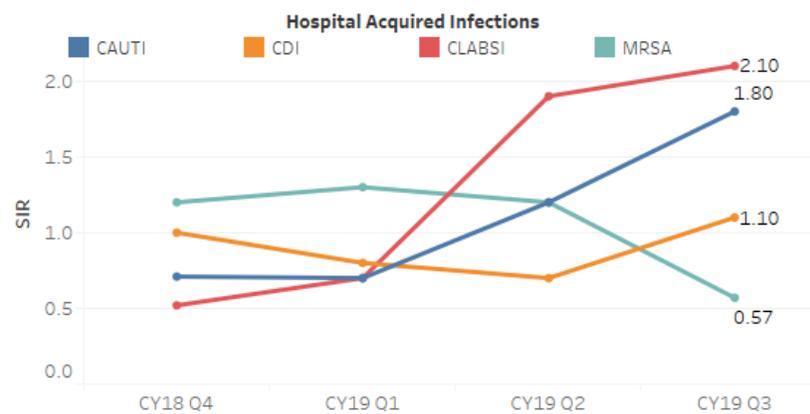
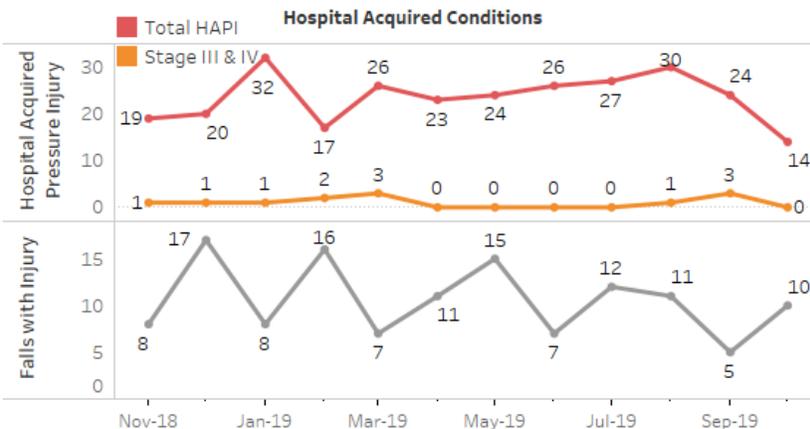
Core Measure - Venous Thromboembolism (VTE) Prevention



30 Day Readmission Rate



Patient Safety

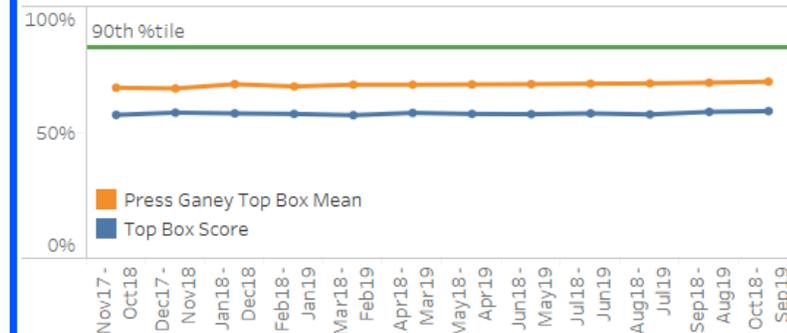


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

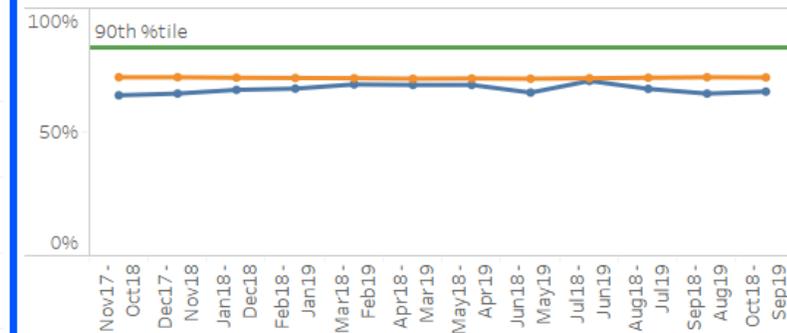
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19
CAUTI	0	1	3	1	1	2	1	2	5	6	2	3
CDI	10	4	4	6	2	6	5	4	4	9	5	7
CLABSI	0	0	2	1	0	2	2	2	3	2	4	1
MRSA	0	1	0	1	0	1	0	0	2	0	0	1

Utilization

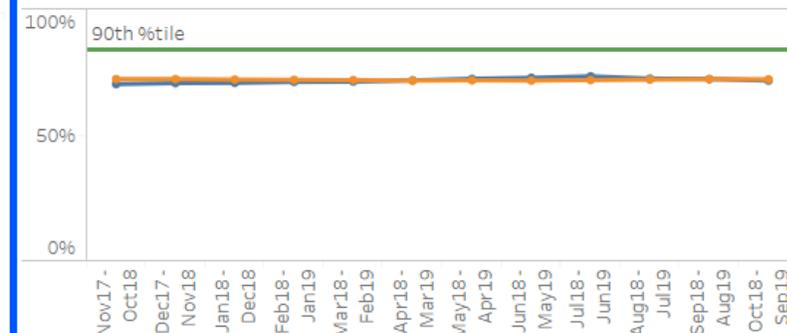
ACHN--Overall Clinic Assessment



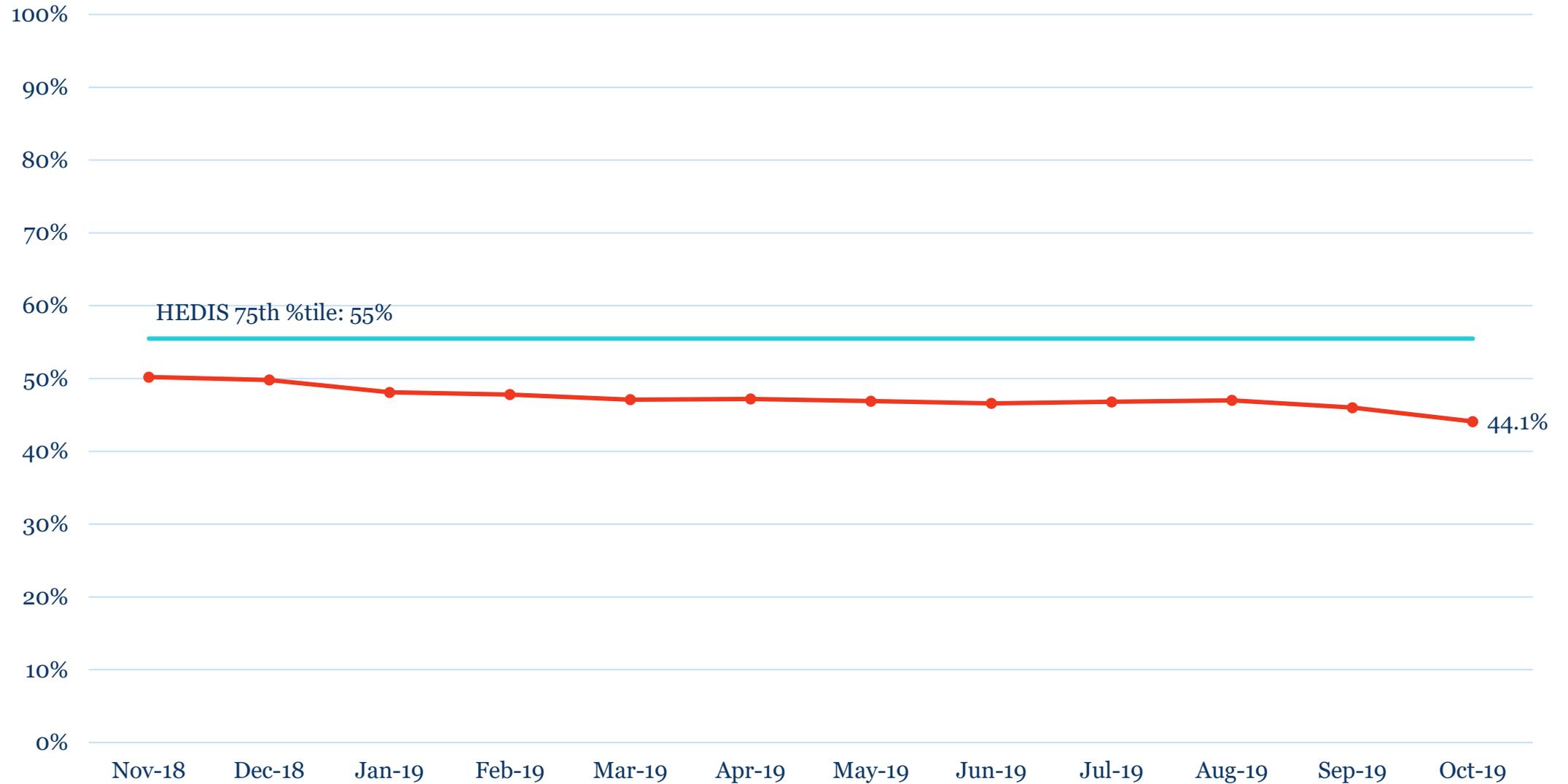
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

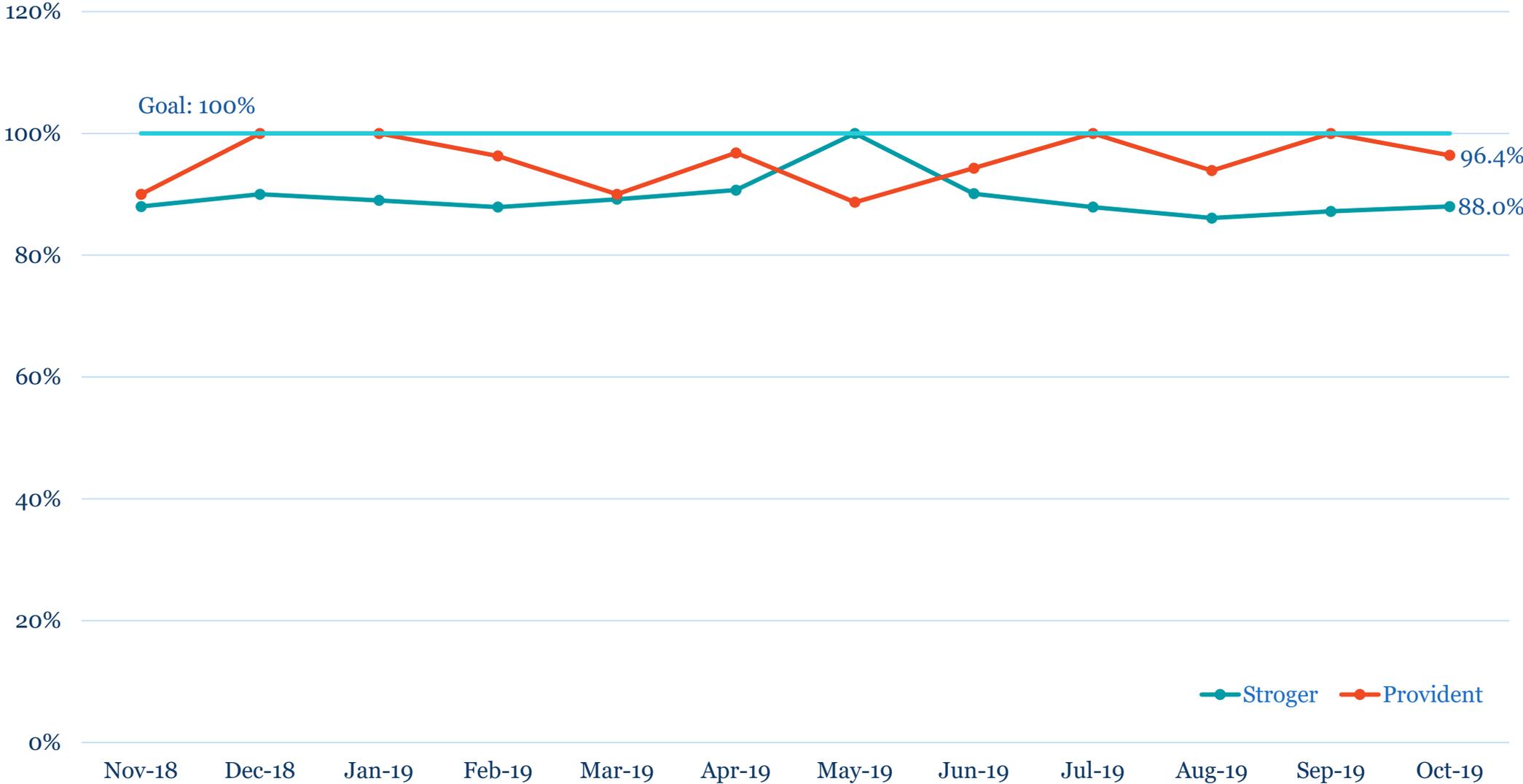


HEDIS – Diabetes Management: HbA1c < 8%



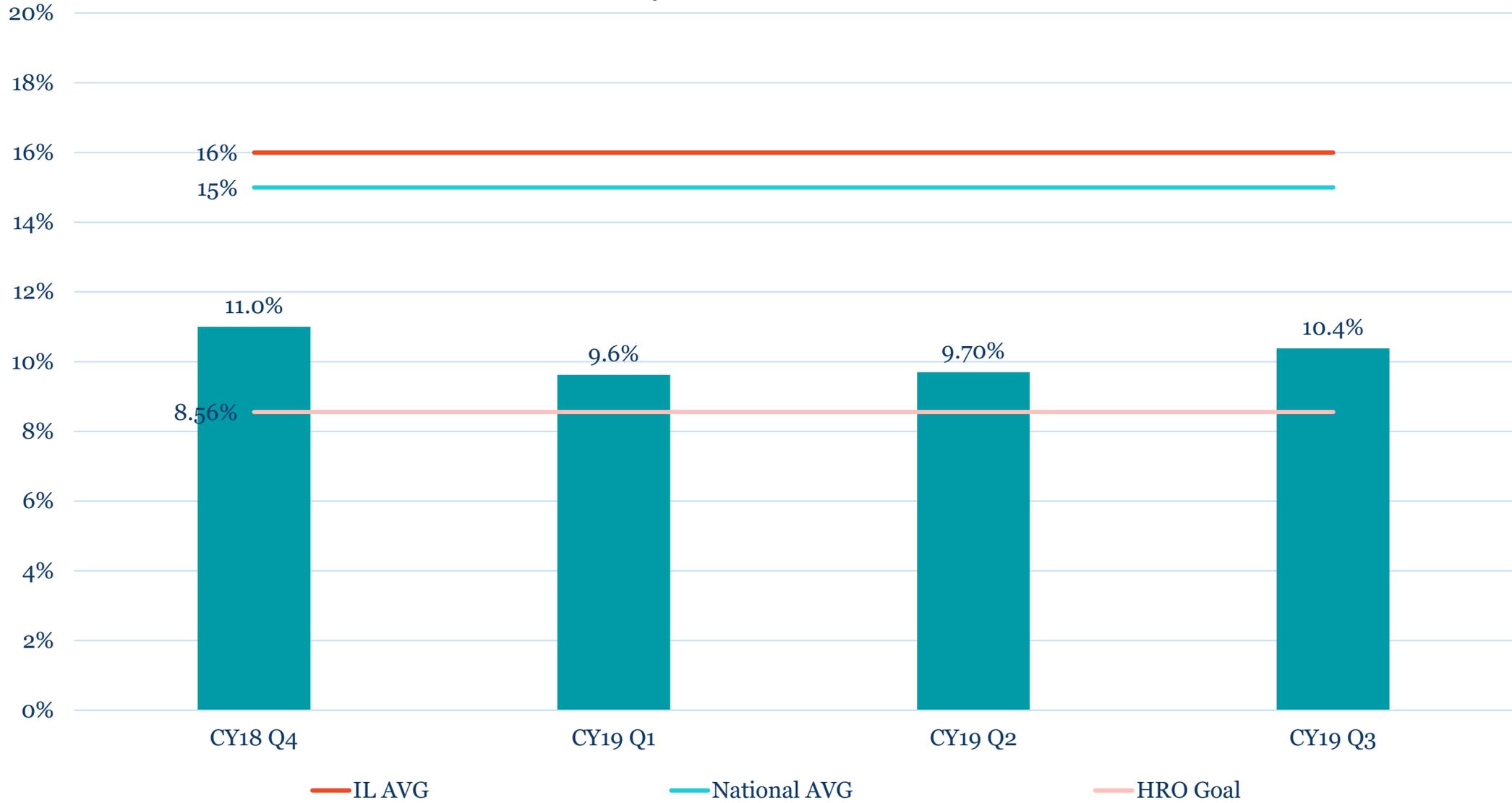
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



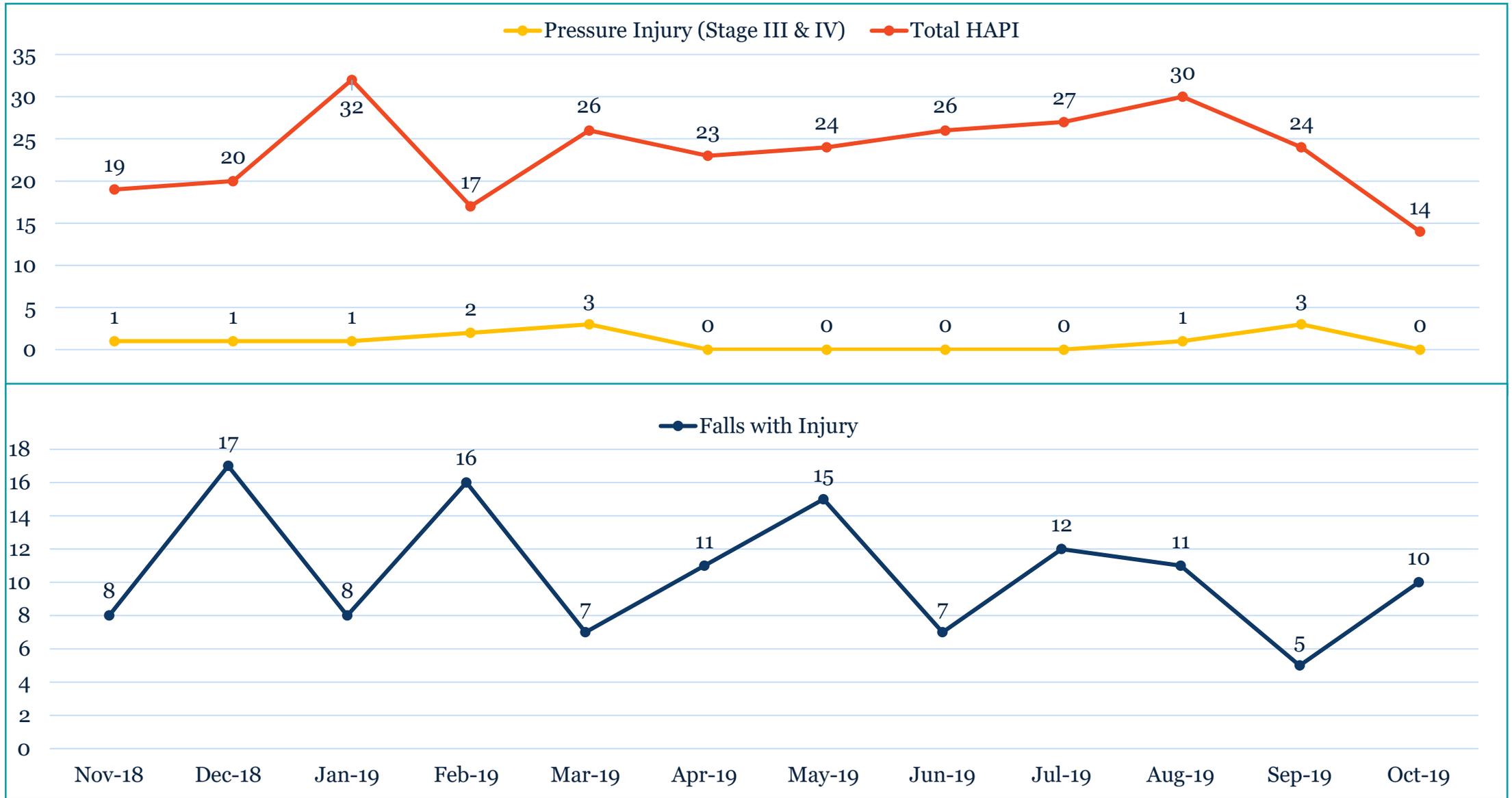
Source: Quality Dept.

30 Day Readmission Rate

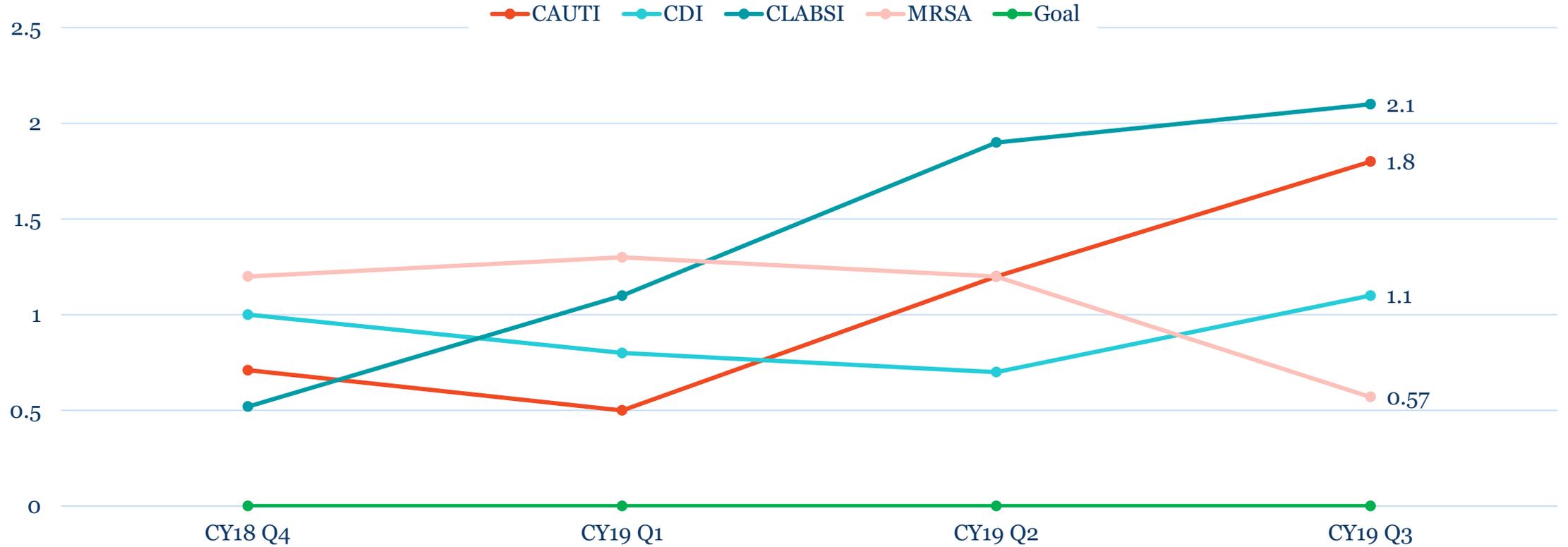


Source: Business Intelligence

Hospital Acquired Conditions



Hospital Acquired Infections



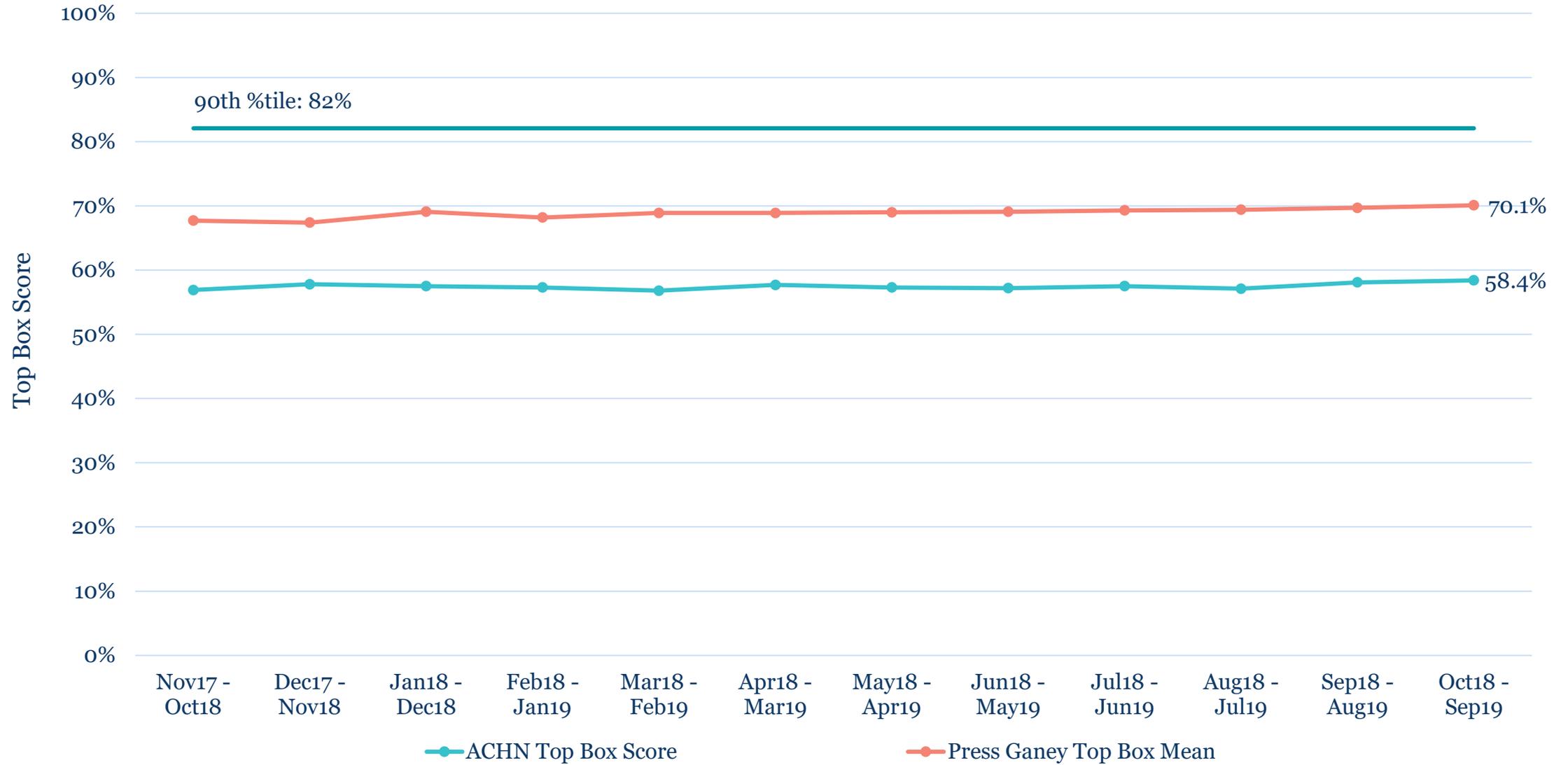
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CAUTI	0	1	3	1	1	2*	1	2*	5	6	2	3
CDI	10	4	4	6	2	6	5	4	4	9	5	7
CLABSI	0	0	2	1	0	2*	2	2	3	2	4	1
MRSA	0	1	0	1	0	1	0	0	2	0	0	1

*Amended

SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs were observed than predicted.

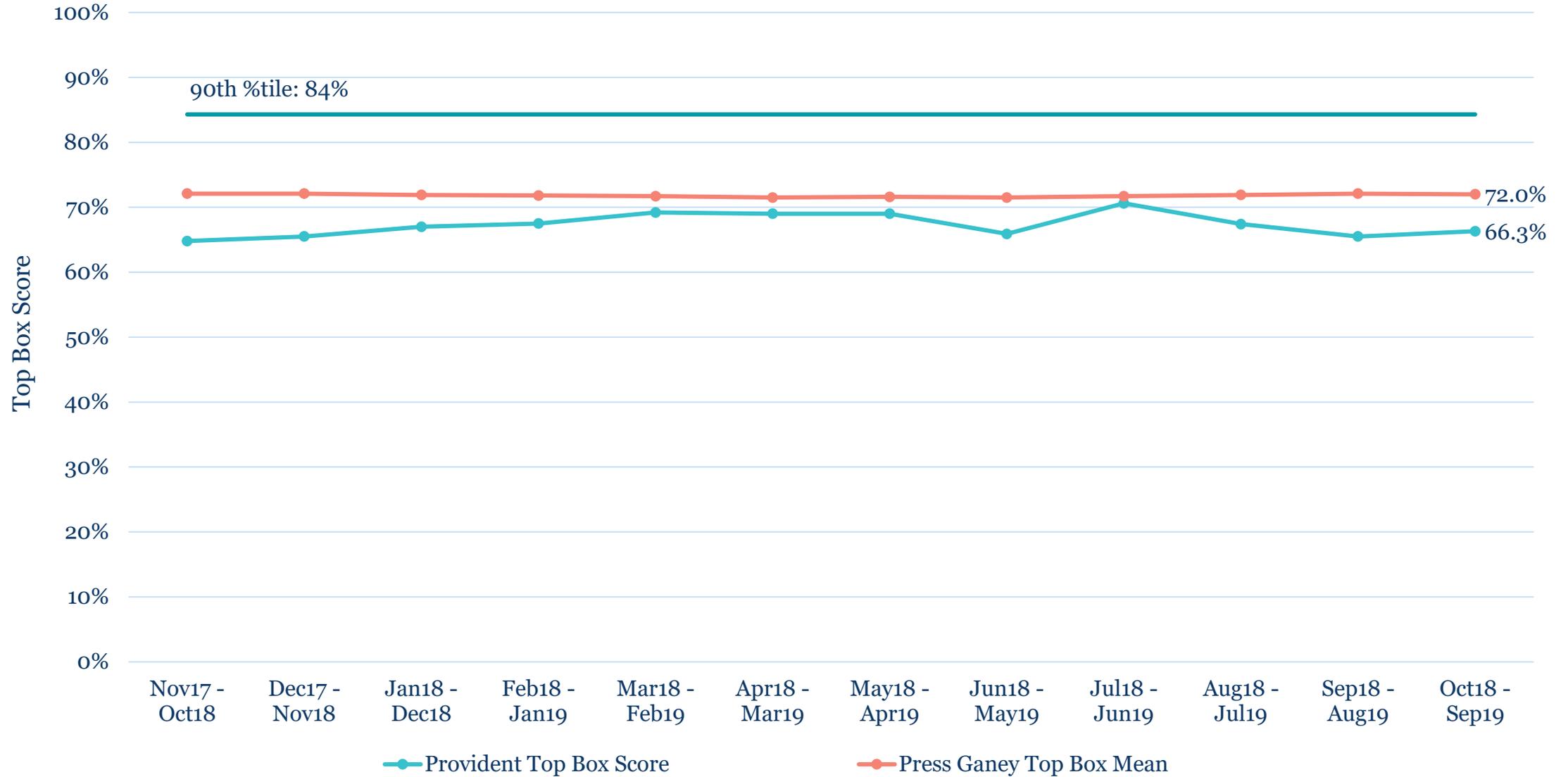
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment



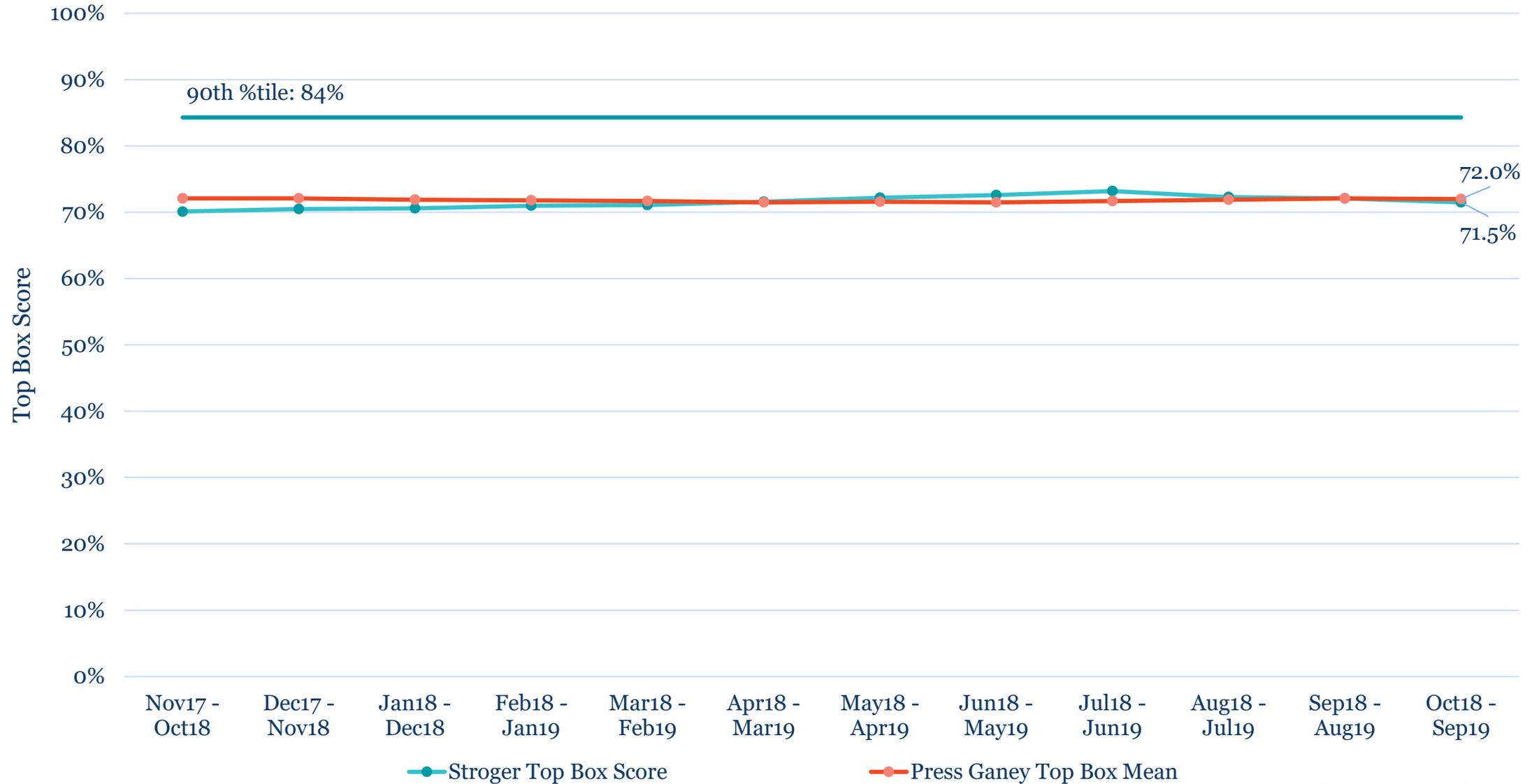
Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Source: Press Ganey

Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

Measure Name	Measure Definition	Source
Diabetes Management HbA1c <8%	Adults ages 18-75 with diabetes (type 1 or type 2) where HbA1c is in control (<8.0%). Qualifying patients: - Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year OR -One diabetic Inpatient visit in the current year or previous year OR -Prescribed insulin or hypoglycemic or antihyperglycemics in the current year or previous year	NCQA, HEDIS
Core Measure-Venous Thromboembolism (VTE) Prevention	Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated, who had an order for Low Molecular Weight Heparin (LMWH), Low- Dose Unfractionated Heparin , adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	CMS
Readmission Rate	The readmission measures are estimates of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.	CMS
Hospital Acquired Pressure Injuries	A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. Full thickness pressure injuries involve the epidermis and dermis, but also extend into deeper tissues (fat, fascia, muscle, bone, tendon, etc.)	CMS, AHRQ
Falls with Injury	A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with injury to the patient.	TJC, NDNQI
Hospital Acquired Infections - CAUTI	Catheter-associated urinary tract infections	NHSN
Hospital Acquired Infections - CDI	Clostridium difficile intestinal infections	NHSN
Hospital Acquired Infections - CLABSI	Central line-associated bloodstream infections	NHSN
Hospital Acquired Infections - MRSA	Methicillin-resistant Staphylococcus Aureus blood infections	NHSN
Press Ganey Patient Satisfaction Top Box Score	The percentage of responses in the highest possible category for a question, section, or survey (e.g. percentage of 'Very Good,' or 'Always' responses).	Press Ganey
Press Ganey Patient Satisfaction Percentile Rank	A percentile rank tells you where your score falls in relationship to other scores. Percentile rank for any given metric in any peer group is determined by ordering all facilities' scores from highest to lowest, then each score receives a percentile rank by determining the proportion of the database that falls below that score. For example, if your percentile rank is 30, you are scoring the same as or better than 30% of the organizations you are compared to.	Press Ganey
ACHN Patient Satisfaction-Overall Assessment	Includes two questions: 1. How well the staff worked together to care for you. 2. Likelihood of your recommending our practice to others.	Press Ganey
Hospital Patient Satisfaction-Willingness to Recommend Hospital	The likelihood that a patient will recommend a hospital to family members and friends.	Press Ganey

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ATTACHMENT #2



Pain Management

Maria L. Torres, M.D.

CCH System Director Pain Services

Program Director Pain Medicine Fellowship

Associate Chair, Department of Anesthesiology and Pain Management

November 15, 2019



**COOK COUNTY
HEALTH**

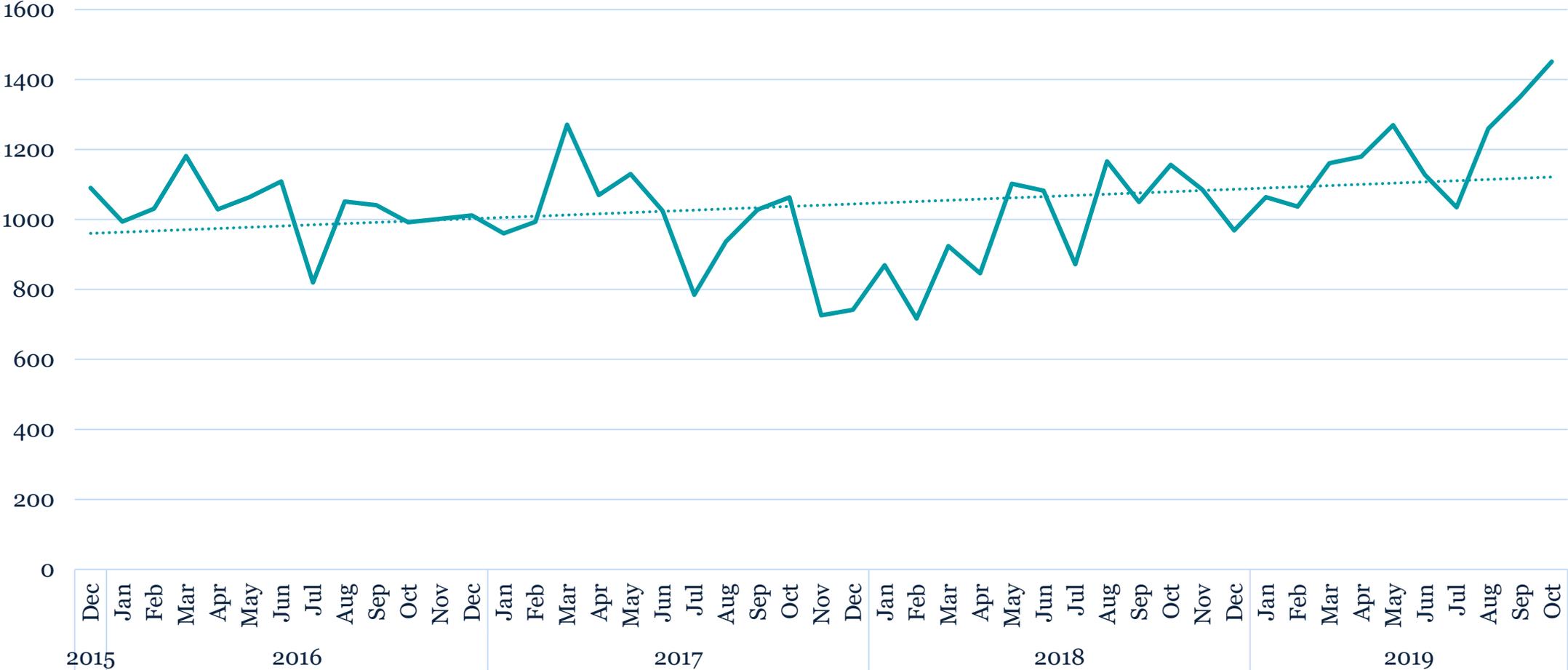
Multi-Disciplinary Pain Management Center

Stroger Hospital

- Historical overview – 1994 to present
- Members and function
 - Anesthesiologist, PM&R, Psychologist, Nursing & Acupuncture
 - ACGME certified pain fellowship program (21 years)
 - Coverage provided to inpatient/outpatient – Stroger/OFH
- Referral source – CCH
 - IM, FM, Neurosurgery, Orthopedics, Oncology, Trauma, EM
 - E-consults
- Approach with patients in pain
 - Multidisciplinary and patient-centered
 - Individualized
 - Evidence-based

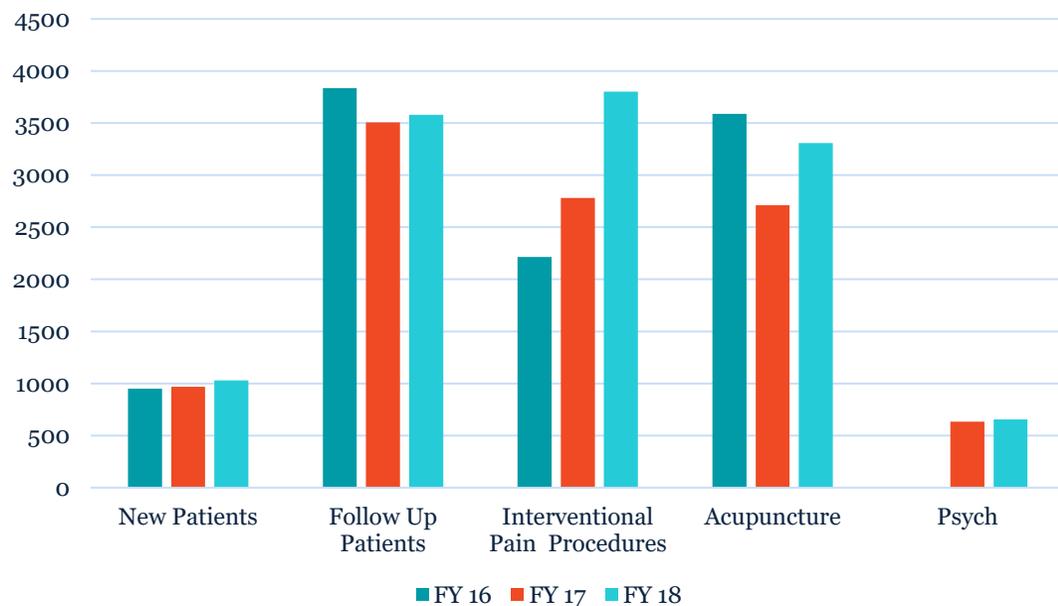


Total Patients Seen by Pain Department

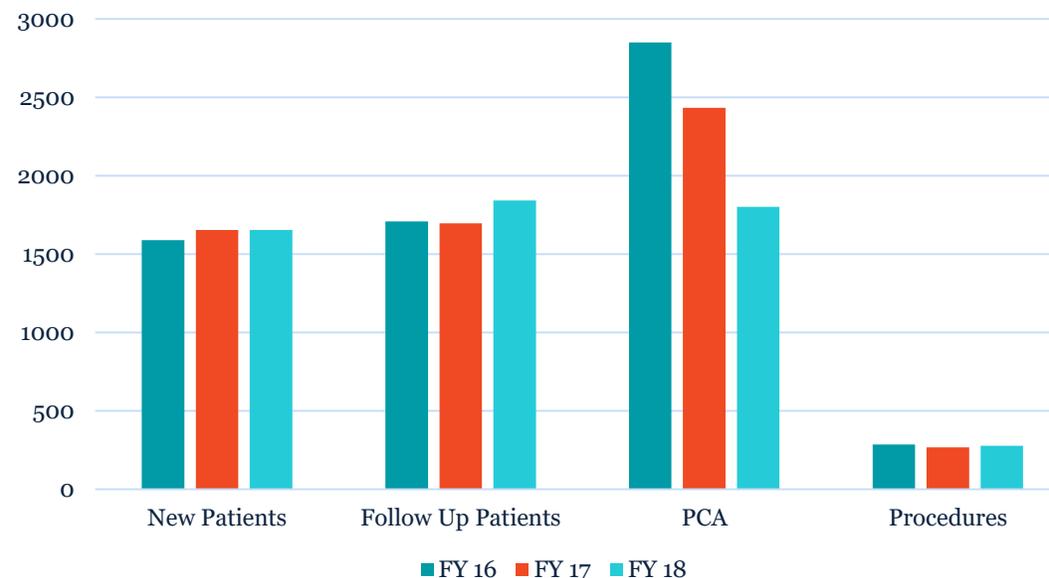


Chronic and Acute Pain

Chronic Pain Service Yearly Census



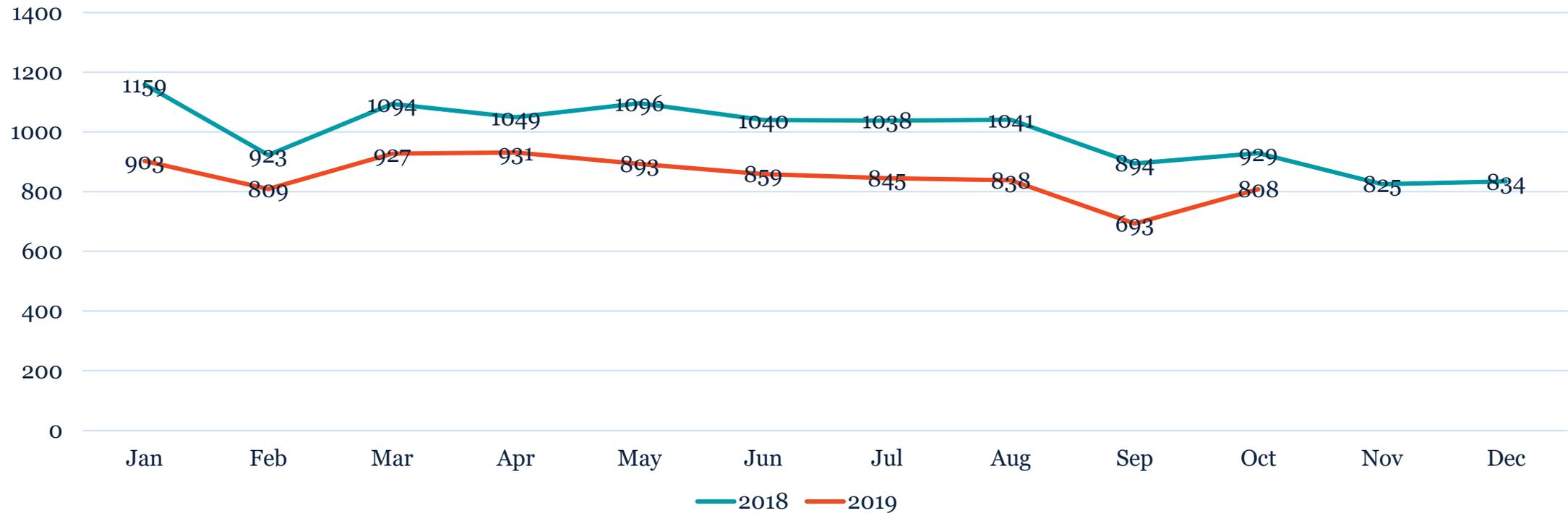
Acute Pain Service Yearly Census



- While the number of new patients has remained fairly stable, the number of interventional procedures continues to increase
- The number of follow up patients has remained fairly stable as has the number of patients receiving psychological interventions
- With the support of the pain service for education of patients and staff, PCA opioid use continues to decline, while the volume of patients stays considerably stable

Inpatient Opioid Use

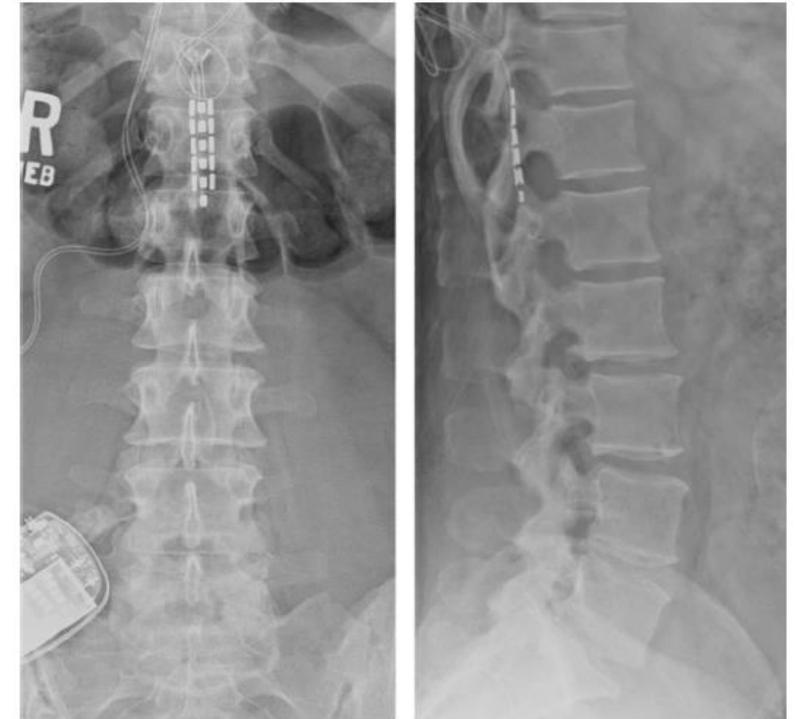
Cook County Health Opioid Dispensing Data



Interventional Pain Management Approach

Inpatient – Acute Pain

Outpatient – Chronic Pain

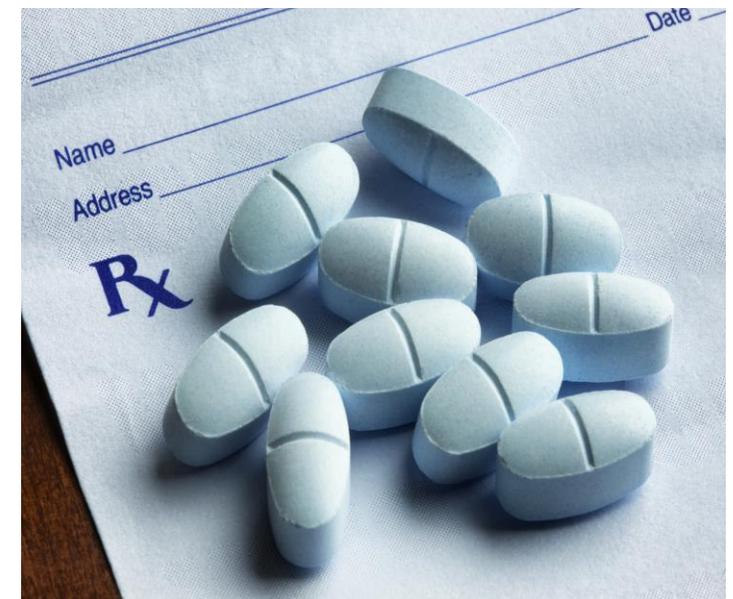


Safe Opioid Prescribing Committee

A Partnership with Patients at CCH

Best practices guidelines by CDC/JC for chronic pain management:

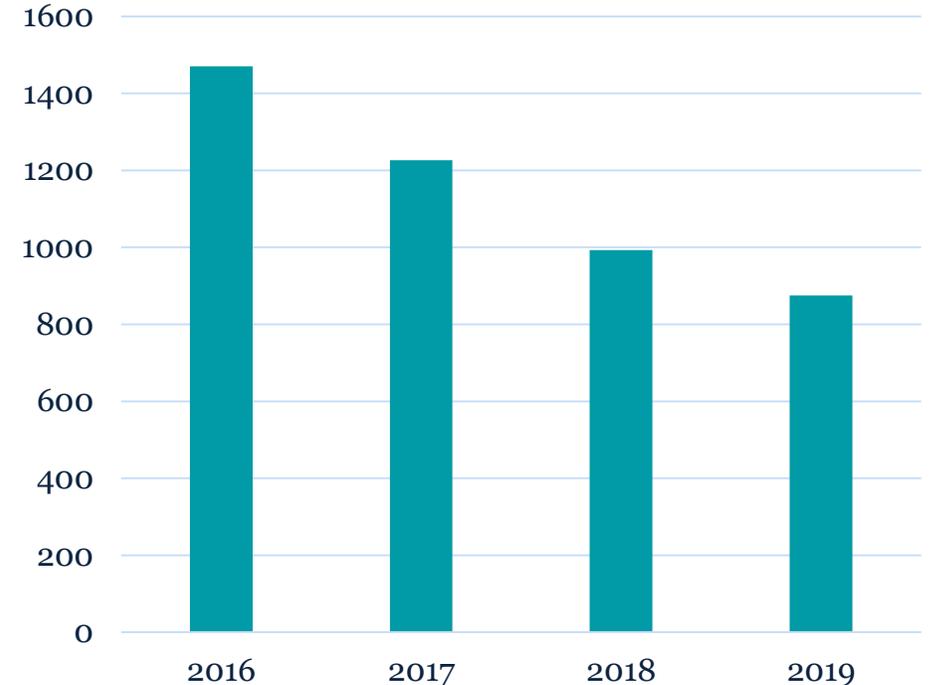
- Standardizing and providing opioid medication agreement to all patients being prescribed
- Verifying and documenting ILPMP website on each visit
- Prescribing small opioid quantities and frequent visits initially
- Obtaining opioids from a single pharmacy
- Performing urine drug testing when needed
- Documenting risk and functional improvement
- Avoiding the combination of sedatives and opioids
- Prescribing Naloxone for opioid prescriptions >50 MME



Accomplishments

- Decreased opioid use across all settings – inpatients and outpatients – as we have introduced other pain management modalities
- Opened a second interventional procedure room to increase the number of procedures
- An approved ACGME academic pain fellowship program – 21 years with 4 fellows in training
- Successful system integration of a multimodal/multidisciplinary approach to pain management
- Successful E-consult service providing education and support to other providers and fast tracking appointments when clinically indicated

Opioid Prescriptions Filled in CCH Pharmacies Per Month



Future Directions

- Support/expansion of our Pain Center at Stroger Hospital
 - Wait time new patient referral – 7 months; procedures – 5 months
 - Seeking an APN provider who will support both in/outpatient clinical services allowing physicians more time for new patients/procedures
- Expansion of our multidisciplinary Pain Management Team at Provident Hospital
 - Specialty trained physicians and nurses
 - Interventional pain procedures
- Opening of acupuncture services for veterans

Questions?



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ATTACHMENT #3



COOK COUNTY
HEALTH



Process of Care

November 15, 2019



COOK COUNTY
HEALTH

HRO Workgroup Dyad

Process of Care

Elizabeth Vaclavik, DNP, RN, OCN, NEA-BC

Krzysztof Pierko, MD, FACP



COOK COUNTY
HEALTH

Process of Care Metrics

Rate of Excess Days

- Heart Failure
- Pneumonia
- Myocardial Infarction

Hospital Acquired Conditions

- C Diff Infection
- CAUTI
- Total Hip/Knee Complications

PSI-90 Composite (Patient Safety Indicator)

- PSI-03 (pressure ulcer)
- PSI-06 (Pneumothorax)
- PSI-09 (Periop hemorrhage)
- PSI-11 (Post op respiratory failure)
- PSI-12 (PE/DVT)
- PSI-13 (Postop sepsis)

ED Left without Being Seen

- Median ED Time (admit)
- Median ED Time (discharge)
- Admit Decision to ED Depart

Excess Days

Poushali Bhattacharjee, MD, MS

Darleen Vlahovic, MBA, BSN, RN



COOK COUNTY
HEALTH

Excess Days of Acute Care

Excess Days per 100 Index Encounters

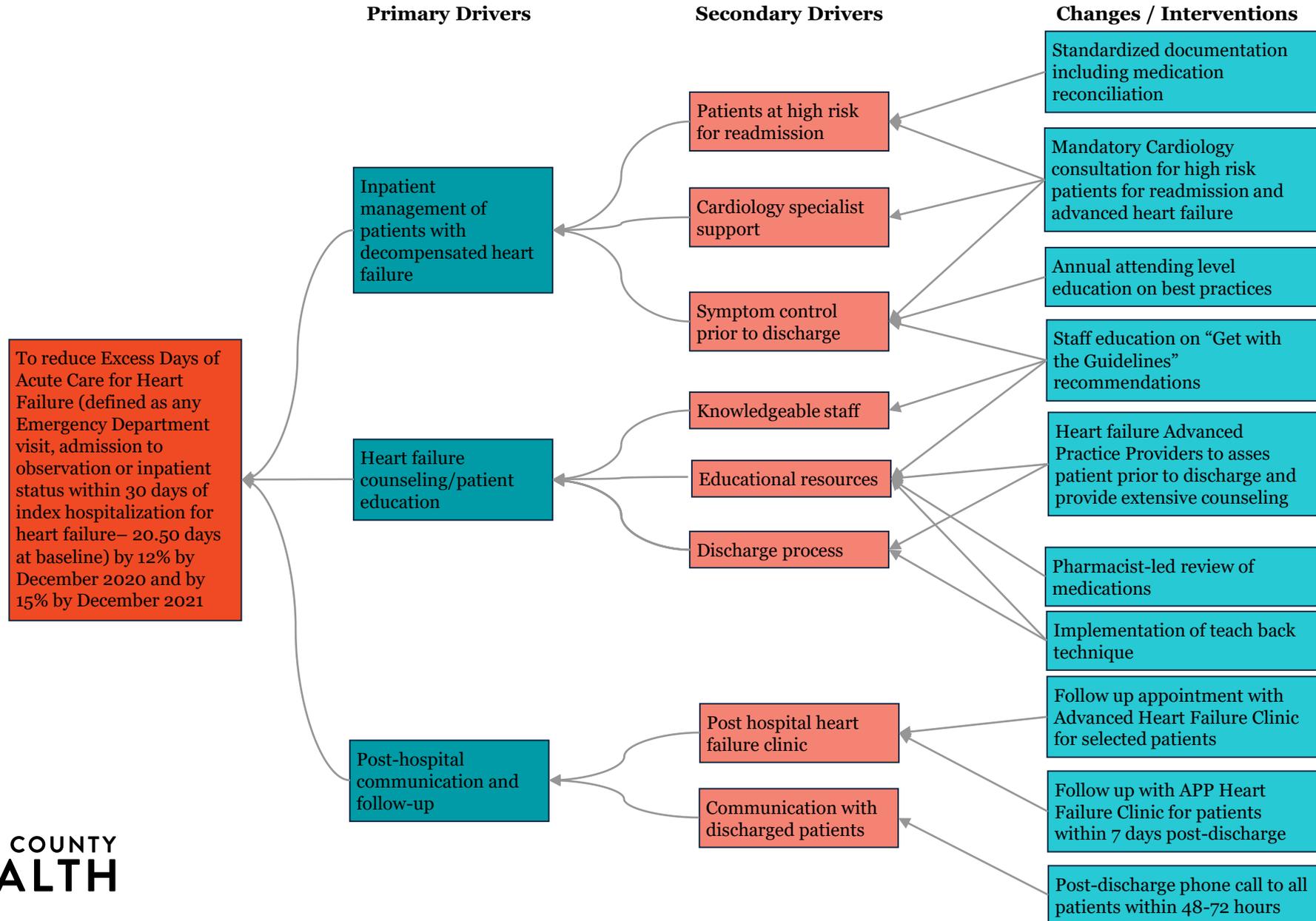


Excess Days of Acute Care: Heart Failure

Excess Days per 100 Index Encounters



Excess Days of Acute Care: Heart Failure Drivers



Excess Days of Acute Care: Heart Failure

Aim

To reduce Excess Days of Acute Care (defined as any Emergency Department visit, admission to observation or inpatient status within 30 days of index hospitalization for heart failure, acute myocardial infarction, and pneumonia – 21.71 days at baseline) by 12% by December 2020 and by 15% by December 2021.

Plan	Do	Study
<ul style="list-style-type: none"> Optimize inpatient management of CHF for index admissions Implement CHF Day of Discharge Counseling Improve Post-Hospital Communication and Follow-Up 	<ul style="list-style-type: none"> Annual attending-level education on best practices and common pitfalls Cardiology consult for patients with advanced heart failure Standardized documentation on admission H&P and progress notes Use AHA-approved materials to improve patient education as well as clear instruction on what to do if symptoms worsen Discharge counseling in 4FLEX and CCU Call all patients with CHF Exacerbation as primary diagnosis within 48-72 hours of discharge to check on symptoms and ensure they have meds and appropriate follow-up scheduled Post hospital APP CHF Clinic Ensure post-hospital appointment listed on paperwork 	<ul style="list-style-type: none"> Sample chart review to assess completeness of discharge med list Number of cardiology consults Compare readmission rates for patients with cardiology involvement and those without Track all nurse discharge counseling notes Balancing measures including patient satisfaction and impact on other nursing functions The AHA Research Coordinator to track all CHF patients discharged from the hospital and records their metrics attendance at PH appointments phone calls number of revisits to ED and readmissions

Left Without Being Seen



Lauren Smith, MD, MBA

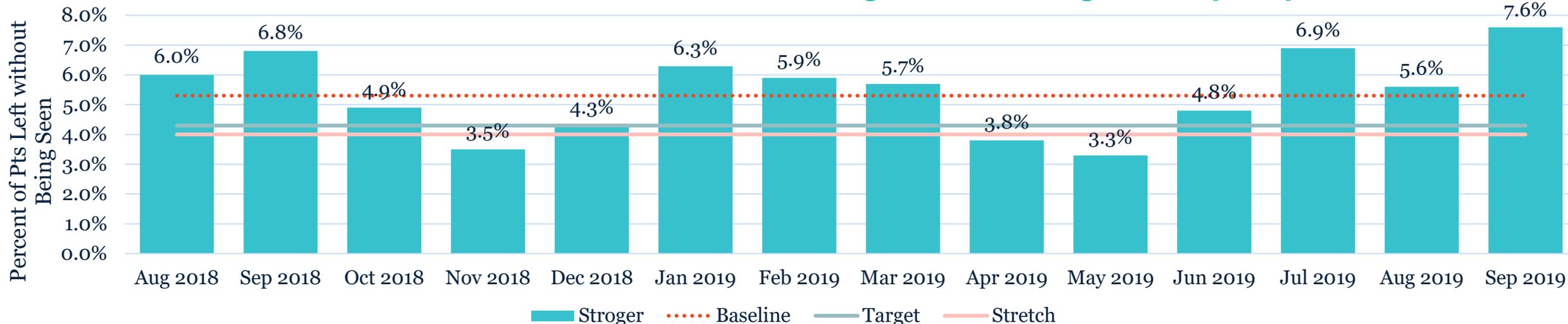
Annmarie McDonagh, DNP, RN



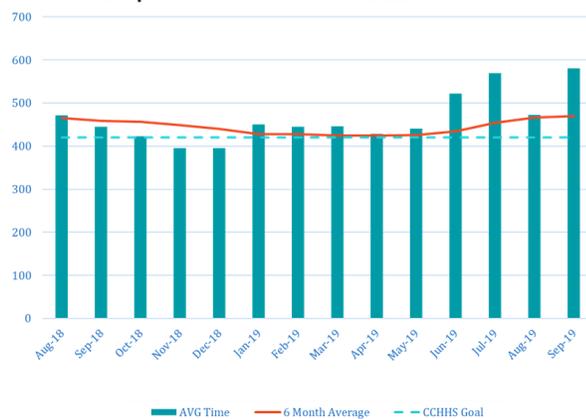
COOK COUNTY
HEALTH

Left without Being Seen

Pt Encounters in ED that Ended with Pt Leaving Before Being Seen by Physician



Emergency: Median Time from ED Arrival to ED Departure for Admitted ED Patients



Emergency: Median Time from ED Arrival to ED Departure for Discharged ED Patients



Left without Being Seen

Aim

To reduce percentage of patients Left Without Being Seen from Stroger Hospital (5.3% at baseline) by 18% (target 4.3%) by December 2020 and by 20% (target 4.0%) by December 2021.

Plan	Do	Study
<ul style="list-style-type: none"> CT Surge Project - Streamline process to move patient to and from ED CT suite Bed Control Huddles - Improve communication between ED, Bed control, ODA, EVS, Transportation 	<ul style="list-style-type: none"> At the time of surge (8 patients waiting for CT in ED) Radiology Supervisor will be activated to triage and control CT patient flow, including opening 2nd floor CT suite Additional Transporter assigned to second shift, to match peak ED volume times Team Members will meet in Bed Assignment Dept. Mon-Fri at 6pm and 10pm Team Members will include, Ed Coordinator/Charge RN, Bed Assignment, EVS Leader, Transportation Leader The Bed Control Huddle will address delays and develop action plans to correct in real time 	<ul style="list-style-type: none"> Frequency of surge activation Turn-around-time for CT in ED Median time from ED arrival to discharge (admitted vs. departure) Balancing measures including impact on TAT for CT on inpatient units Average time for bed acquisition Median time from ED arrival to discharge (admitted vs. departure)

Questions?



Thank you!



COOK COUNTY
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ATTACHMENT #4



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer
Cook County Health

Board of Directors

M. Hill Hammock
Chair of the Board

Mary B. Richardson-Lowry
Vice Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Mary Driscoll, RN, MPH
Ada Mary Gugenheim
Mike Koetting
David Ernesto Munar

Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Layla P. Suleiman Gonzalez, PhD, JD
Sidney A. Thomas, MSW

Deb Santana
Secretary to the Board
Cook County Health

November 13, 2019

Dear Members of the Quality and Patient Safety Committee of the CCH Board:

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County, approved the attached list of medical staff action items at its monthly meeting held 11/12/2019, for your consideration.
Thank you kindly.

Respectfully Submitted,

Trevor Lewis, MD
President, EMS

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the Executive Medical Staff Committee.

Medical Staff Appointments/Reappointments Effective November 12, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee Board.

Initial Physician Appointment Applications

Name	Category	Department / Division	Appointment Term
Farnand, Alex MD	Voluntary	Trauma	November 15, 2019 thru November 14, 2021
Sinha, Sunil P., MD	Voluntary	Surgery/Oral & Maxillofacial	November 15, 2019 thru November 14, 2021

Reappointment Applications Physicians

Department of Emergency Medicine

Name	Category	Division	Reappointment Term
Lee, Moses S., MD	Voluntary	Emergency Medicine	March 15, 2020 thru March 14, 2022
Kagan, Tatyana, MD	Active	Emergency Medicine	December 21, 2019 thru December 20, 2021

Department of Family Medicine

Name	Category	Division	Reappointment Term
Wong, Ka-Hing, MD	Active	Family Medicine	January 28, 2020 thru January 27, 2022

Department of Medicine

Name	Category	Division	Reappointment Term
Lad, Thomas, MD	Active	Hematology/Oncology	January 18, 2020 thru January 17, 2022
Perrin, M. Jane, H. MD	Voluntary	Infectious Disease	January 19, 2020 thru January 18, 2022

Department of Pathology

Name	Category	Division	Reappointment Term
Papari, Mona E., MD	Consulting	Pathology	January 28, 2020 thru January 27, 2022
Sekosan, Marin, MD	Active	Pathology	February 25, 2020 thru February 24, 2022

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 15, 2019

Department of Surgery			
Name	Category	Division	Reappointment Term
Gushchin, Anna G., MD	Active	Ophthalmology	January 19, 2020 thru January 18, 2022
Qaisi, Mohammed K., DMD	Active	Oral & Maxillofacial	January 19, 2020 thru December 08, 2021

Medical Staff Request for Additional Privileges

Name	Department/ Division	Additional Privileges
Gutfikonda, Sameera MD	Psychiatry	Telepsychiatry
Osei, Albert, MD	Medicine/Nephrology	Renal Ultrasound

Initial Application for Non-Medical Staff

Name	Category	Department/ Division	Appointment Term
Richmond, Terri PsyD	Clinical Psychologist	Correctional Health Services/Psychiatry	November 15, 2019 thru November 14, 2021
Semeyn, Marta Z., CNP	Nurse Practitioner	Surgery/Cardiothoracic	November 15, 2019 thru November 14, 2021

Renewal of Privileges for Non-Medical Staff

Name	Category	Department/ Division	Appointment Term
Leibowitz, Zoe PsyD	Clinical Psychologist	Correctional Health/Psychiatry	January 18, 2020 thru January 17, 2022
Stress, Maureen PhD	Clinical Psychologist	Correctional Health/Psychiatry	December 8, 2019 thru December 7, 2021
Walsh, Pauline M., PA-C	Physician Assistant	Emergency Medicine	December 18, 2019, thru December 17, 2021
Weiland, Sandra CRNA	Nurse Anesthetist	Anesthesiology	November 24, 2019 thru November 23, 2021

Non-Medical Staff Request for Agreement Changes/Additional Privileges

Name	Department/ Division	Additional Privileges
Curan, Megan E., PA-C	Surgery/Vascular	Prescriptive Authority
Jaimon, Roshni, CNP	Medicine/PCCM	Prescriptive Authority

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 15, 2019



COOK COUNTY HEALTH

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Sidney A. Thomas, MSW

Deborah Santana
CCH Secretary to the Board
1950 W. Polk Street, Room 9106
Chicago, IL 60612

November 8, 2019

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on November 8, 2019 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Valerie Hansbrough, MD
Provident Hospital of Cook County
President, Medical Staff
Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Valerie Hainsbrough, MD
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee**
on 11/8/2019

Medical Staff Appointments/Reappointments Effective November 15, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.

New Business

Initial Physician Appointment Application:			
Name	Category	Department / Specialty	Appointment Term
Ganesh, Malini, MD	Affiliate	Internal Medicine/Endocrinology	November 15, 2019 thru November 14, 2021
Conrin, Sean, MD	Affiliate	Psychiatry	November 15, 2019 thru November 14, 2021

New Business Reappointment Applications Physicians:

Department of Emergency Medicine:			
Name	Category	Department/Specialty	Appointment Term
Tai, Jahangir, DO	Active	Emergency Medicine	December 11, 2019 thru December 10, 2021

Department of Internal Medicine:			
Name	Category	Department/Specialty	Appointment Term
Adeyemi, Oluwatoyin, M. MD	Affiliate	Infectious Disease	February 15, 2020 thru February 14, 2022
Doukky, Rami, MD	Affiliate	Cardiology	December 8, 2019 thru December 7, 2021
Gomez Valencia, Javier, A., MD	Affiliate	Cardiology	February 15, 2020 thru February 14, 2022
Pyslar, Nataliya, MD	Affiliate	Cardiology	February 15, 2020 thru February 14, 2022

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 15, 2019

Department of Pathology:

Name	Category	Department/Specialty	Appointment Term
Papari, Mona, E., MD	Affiliate	Pathology	January 28, 2020 thru January 27, 2022

Department of Pediatrics:

Name	Category	Department/Specialty	Appointment Term
Sharma, Shipra, DO	Active	Pediatrics	December 8, 2019 thru December 7, 2021

Department of Psychiatry:

Name	Category	Department/Specialty	Appointment Term
Ahmad, Fazal, MD	Affiliate	Psychiatry	December 8, 2019 thru December 7, 2021

Department of Surgery:

Name	Category	Department/Specialty	Appointment Term
Qaisi, Mohammed, K., DMD	Affiliate	Oral & Maxillofacial	December 8, 2019 thru December 7, 2021

Reapplication for Non-Medical Staff:

Name	Category	Department/Specialty	Appointment Term
Shah, Chandrika, H., PA-C	Physician Assistant	Surgery/General Surgery	December 9, 2019 thru December 8, 2021

Medical Staff Appointment Provisional To Full:

Name	Department/ Division	Discussion	Recommendation
Ahmed, Fazal, MD	Psychiatry	File reviewed and presented with no issues identified.	Approved.
Billingslea, Camille, MD	Family Medicine	File reviewed and presented with no issues identified.	Approved.
Dawood, Sherif, F., MD	Surgery/Ophthalmology	File reviewed and presented with no issues identified.	Approved.
Dixie, Dora, MD	Family Medicine	File reviewed and presented with no issues identified.	Approved.

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**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 15, 2019**

Donelson, Debbie, MD	Family Medicine	File reviewed and presented with no issues identified.	Approved.
Harper, Terence, MD	Clinical Laboratory	File reviewed and presented with no issues identified.	Approved.
Leishman, Lisa, L., MD	Surgery/Ophthalmology	File reviewed and presented with no issues identified.	Approved.
Palma, Camille, V., MD	Surgery/Ophthalmology	File reviewed and presented with no issues identified.	Approved.
Shah, Biraj, M., DDS	Surgery/Oral & Maxillofacial	File reviewed and presented with no issues identified.	Approved.


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APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 15, 2019