



**Board of Commissioners of Cook County
Minutes of the Health & Hospitals Committee**

1:30 PM

Wednesday, November 20, 2024

**Cook County Building, Board Room,
118 North Clark Street, Chicago, Illinois**

ATTENDANCE

Present: Lowry, Anaya, Britton, Daley, Degnen, Gordon, Miller, Moore, Morita, K. Morrison, S. Morrison, Quezada, Scott, Stamps and Trevor (15)

Absent: Aguilar and Gainer (2) excused

A motion was made by Vice Chairwoman Anaya, seconded by Commissioner Degnen, to allow for remote participation in meeting. The motion carried by the following vote:

Ayes: Lowry, Anaya, Britton, Daley, Degnen, Gordon, K. Morrison, S. Morrison, Quezada, Scott and Trevor (11)

Present: Miller, Moore and Morita (3)

Absent: Aguilar, Gainer and Stamps (3)

PUBLIC TESTIMONY

Chairman Lowry asked the Secretary to the Board to call upon the registered public speakers, in accordance with Cook County Code.

1. Ericka White - SEIU Local 73
2. Roy Chavadiyil - SEIU Local 73
3. Thiesha Tiggs - SEIU Local 73
4. Lizzy Bortoto - SEIU Local 73
5. Adrienne Alexander - SEIU Local 73
6. George Blakemore

24-6406

COMMITTEE MINUTES

Approval of the minutes from the meeting of 10/22/2024

A motion was made by Vice Chairwoman Anaya, seconded by Commissioner Daley, to approve 24-6406. The motion carried by the following vote:

Ayes: Lowry, Anaya, Britton, Daley, Degnen, Gordon, Miller, Moore, Morita, K. Morrison, S. Morrison, Quezada, Scott, Stamps and Trevor (15)

Absent: Aguilar and Gainer (2)

24-5841

Sponsored by: BRIDGET DEGNEN, ALMA E. ANAYA, ANTHONY J. QUEZADA, BRIDGET GAINER, DONNA MILLER, STANLEY MOORE, SEAN M. MORRISON, TARA S. STAMPS and MAGGIE TREVOR, Cook County Board Of Commissioners

PROPOSED RESOLUTION

RESOLUTION TO REDUCE THE COOK COUNTY HEALTH SYSTEM'S RELIANCE ON TEMPORARY STAFFING AGENCIES WHILE PRIORITIZING PERMANENT EMPLOYEES

WHEREAS, Nationwide, the U.S. population is increasing, including those aged 65 years and older who are known to visit healthcare providers more frequently; and

WHEREAS, healthcare systems face a shortage of healthcare workers, including nurses and specialized doctors, which may jeopardize access to high quality, equitable care; and

WHEREAS, according to the American Hospital Association, the United States boasts over 6,000 hospitals, including rural, urban, and government community hospitals, servicing over 900,000 beds throughout the country; and

WHEREAS, many hospitals, clinics, and medical centers face a variety of job vacancies, including nurses, respiratory therapists and mental health clinicians; and

WHEREAS, the COVID-19 pandemic left a profound toll on the mental and physical well-being of healthcare workers, with many suffering from burnout, stress, and mental health challenges; and

WHEREAS, demand for healthcare services is expected to significantly increase; and

WHEREAS, to address the shortages of medical professionals, many health systems have resorted to the use of staffing agencies to provide temporary personnel to fill vacancies; and

WHEREAS, agency use has a place in healthcare to bridge unpredictable staffing gaps and in large health systems with staffing challenges, but should not be used to maintain a core workforce; and

WHEREAS, staffing agencies providing temporary employees can be a costly alternative to hiring permanent employees, where agency personnel make double or triple-fold the salary of permanent employees; and

WHEREAS, permanent employees often note the burden of onboarding and training new agency personnel unfairly falls to them, negatively affecting relationships between permanent and agency staff and reducing overall workplace morale; and

WHEREAS, the reduction in workplace morale may have a significant impact on productivity, employee retention and engagement, and results in increased conflict; and

WHEREAS, permanent employees are demonstrably better for workplace morale, long term hospital operations, and quality of care than temporary agency hires; and

WHEREAS, staffing with permanent employees improves the system's institutional knowledge and is generally less expensive to the overall Cook County Health System; and

WHEREAS, in March of 2024, this body passed Resolution 24-1808, titled a "Proposed Resolution on Strengthening And Sustaining The Healthcare Workforce In The United States,"; and

WHEREAS, Resolution 24-1808 highlighted the themes of this resolution, while providing action items for the federal government to work in collaboration with state and local government to grow the healthcare worker pipeline; and

WHEREAS, Cook County Health uses significant agency personnel in positions, including but not limited to, hospital security, respiratory therapy, transportation, food service workers, environmental services, lab workers, and nursing; and

WHEREAS, Cook County Health's agency-hired personnel range from 50% to over 200% of budgeted FTEs for multiple job positions, including MRI Technician (50%), Building Service Worker (51%), Food Service Worker (64%), Transporter (109%), Phlebotomist III (118%), Hospital Cook (144%), and Medical Technologist (202%); and

NOW, THEREFORE, BE IT RESOLVED, Cook County Health's agency-hired personnel should not exceed 20% of the budgeted Full Time Equivalents (FTE) personnel for each job classification approved in the annual budget by the Cook County Board of Commissioners; and

BE IT FURTHER RESOLVED, Cook County Health shall provide bi-annual reports to the Board of Commissioners and the Board of Directors of the Cook County Health & Hospital System. Moreover, CCH shall work with the Health and Hospitals Committee Chair to schedule an annual hearing to provide an update to the Board of Commissioners and the public on how the system has reduced agency hiring, and on the progress made to hire permanent employees. These bi-annual reports should include agency level staffing for all positions and include the specific efforts to reduce the reliance on agency staffing in the Cook County Health system.

Effective Date: This resolution shall be in effect immediately upon adoption.

A motion was made by Vice Chairwoman Anaya, seconded by Commissioner Degnen, to accept as substituted 24-5841. The motion carried by the following vote:

Ayes: Lowry, Anaya, Britton, Daley, Degnen, Gordon, Miller, Morita, K. Morrison, S. Morrison, Quezada, Scott, Stamps and Trevor (14)

Present: Moore (1)

Absent: Aguilar and Gainer (2)

24-5841

Sponsored by: BRIDGET DEGNEN, ALMA E. ANAYA, ANTHONY J. QUEZADA, BRIDGET GAINER, DONNA MILLER, STANLEY MOORE, SEAN M. MORRISON, TARA S. STAMPS and MAGGIE TREVOR, Cook County Board Of Commissioners

PROPOSED AMENDMENT TO FILE 24-5841

PROPOSED RESOLUTION

RESOLUTION TO REDUCE THE COOK COUNTY HEALTH SYSTEM'S RELIANCE ON TEMPORARY STAFFING AGENCIES WHILE PRIORITIZING PERMANENT EMPLOYEES

WHEREAS, Nationwide, the U.S. population is increasing, including those aged 65 years and older who are known to visit healthcare providers more frequently; and

WHEREAS, healthcare systems face a shortage of healthcare workers, including nurses and specialized doctors, which may jeopardize access to high quality, equitable care; and

WHEREAS, according to the American Hospital Association, the United States boasts over 6,000 hospitals, including rural, urban, and government community hospitals, servicing over 900,000 beds throughout the country; and

WHEREAS, many hospitals, clinics, and medical centers face a variety of job vacancies, including nurses, respiratory therapists and mental health clinicians; and

WHEREAS, the COVID-19 pandemic left a profound toll on the mental and physical well-being of healthcare workers, with many suffering from burnout, stress, and mental health challenges; and

WHEREAS, demand for healthcare services is expected to significantly increase; and

WHEREAS, to address the shortages of medical professionals, many health systems have resorted to the use of staffing agencies to provide temporary personnel to fill vacancies; and

WHEREAS, agency use has a place in healthcare to bridge unpredictable staffing gaps and in large health systems with staffing challenges, but should not be used to maintain a core workforce; and

WHEREAS, staffing agencies providing temporary employees can be a costly alternative to hiring permanent employees, where agency personnel make double or triple-fold the salary of permanent employees; and

WHEREAS, permanent employees often note the burden of onboarding and training new agency personnel unfairly falls to them, negatively affecting relationships between permanent and agency staff and reducing overall workplace morale; and

WHEREAS, the reduction in workplace morale may have a significant impact on productivity, employee retention and engagement, and results in increased conflict; and

WHEREAS, permanent employees are demonstrably better for workplace morale, long term hospital operations, and quality of care than temporary agency hires; and

WHEREAS, staffing with permanent employees improves the system's institutional knowledge and is generally less expensive to the overall Cook County Health System; and

WHEREAS, in March of 2024, this body passed Resolution 24-1808, titled a "Proposed Resolution on Strengthening And Sustaining The Healthcare Workforce In The United States,"; and

WHEREAS, Resolution 24-1808 highlighted the themes of this resolution, while providing action items for the federal government to work in collaboration with state and local government to grow the healthcare worker pipeline; and

WHEREAS, Cook County Health uses significant agency personnel in positions, including but not limited to, hospital security, respiratory therapy, transportation, food service workers, environmental services, lab workers, and nursing; and

WHEREAS, Cook County Health's agency-hired personnel range from 50% to over 200% of budgeted FTEs for multiple job positions, including MRI Technician (50%), Building Service Worker (51%), Food Service Worker (64%), Transporter (109%), Phlebotomist III (118%), Hospital Cook (144%), and Medical Technologist (202%); and

NOW, THEREFORE, BE IT RESOLVED, Cook County Health’s agency-hired personnel should not exceed 20% of the budgeted Full Time Equivalents (FTE) personnel for each job classification approved in the annual budget by the Cook County Board of Commissioners. Once CCH meets the 20% goal, it will no longer provide the bi-annual reports or annual hearings detailed below; and

BE IT FURTHER RESOLVED, Cook County Health shall provide bi-annual reports to the Board of Commissioners and the Board of Directors of the Cook County Health & Hospital System and work with the Health and Hospitals Committee Chair to schedule an annual hearing to provide an update to the Board of Commissioners and the public on the system reduction in agency hiring, and its progress in hiring permanent employees. Bi-annual reports should include total budgeted FTE’s, total vacancies, total agency level staffing for each position. CCH should report specific efforts to reduce reliance on agency staffing in the Cook County Health system. If CCH agency staffing exceeds the 20% goal, the bi-annual reports and annual hearings shall recommence. This resolution will sunset five years after adoption.

Effective Date: This resolution shall be in effect immediately upon adoption.

A motion was made by Vice Chairwoman Anaya, seconded by Commissioner Degnen, to recommend for approval as substituted 24-5841. The motion carried by the following vote:

Ayes: Lowry, Anaya, Britton, Daley, Degnen, Gordon, Miller, Morita, K. Morrison, S. Morrison, Quezada, Scott, Stamps and Trevor (14)
Present: Moore (1)
Absent: Aguilar and Gainer (2)

23-3815

Sponsored by: DONNA MILLER, DENNIS DEER, JOHN P. DALEY and ALMA E. ANAYA, Cook County Board Of Commissioners

PROPOSED RESOLUTION

REQUESTING A MEETING OF THE COOK COUNTY HEALTH AND HOSPITALS COMMITTEE TO RECEIVE AN UPDATE FROM COOK COUNTY HEALTH AND THE COOK COUNTY DEPARTMENT OF PUBLIC HEALTH ON THEIR COVID-19 AND OTHER DISEASES OF CONCERN IMMUNIZATION and MITIGATION PLANS IN SUBURBAN COOK COUNTY

WHEREAS, on January 27, 2020, the United States Secretary of Health and Human Services declared that COVID-19, a respiratory illness spread by close contact through respiratory droplets, presents a public health emergency, and the World Health Organization characterized the COVID-19 outbreak as a pandemic on March 11, 2020; and

WHEREAS, despite advances in treatment protocols and the availability of vaccines, COVID-19 continues to be a serious disease across the U.S. and Cook County, and;

WHEREAS, as of November 30, 2022, there have been 655,646 confirmed cases of SARS-CoV-2 in Suburban Cook County under the jurisdiction of the Cook County Department of Public Health with 7,309 reported deaths; and

WHEREAS, on August 31, 2022, the FDA amended the emergency use authorizations (EUAs) of the Moderna COVID-19 Vaccine and the Pfizer-BioNTech COVID-19 Vaccine to authorize bivalent formulations of the vaccines (in individuals in individuals 18 years of age and older for Moderna and 12 years of age and older for Pfizer-BioNTech) for use as a single booster dose at least two months following primary OR at least two months following monovalent booster vaccination; and

WHEREAS, the FDA has also revised the EUA of the Moderna COVID-19 Vaccine and the Pfizer-BioNTech COVID-19 Vaccine to remove the use of the monovalent Moderna and Pfizer-BioNTech COVID-19 vaccines for booster administration for individuals 18 years of age and older and 12 years of age and older, respectively; however, they continue to be authorized for use for administration of a primary series for individuals 6 months of age and; and

WHEREAS, the Novavax COVID-19 vaccine is currently approved for individuals 12 and up; and

WHEREAS, the ever-changing nature of this virus has necessitated routine updates for the benefit of Commissioners and the public to stay abreast of the latest mitigation and vaccine protocols, proving essential to combatting the pandemic and to building back better; and

WHEREAS, the Cook County Department of Public Health (CCDPH) is the Illinois certified local health department for suburban Cook County, Illinois, with the exception of Evanston, Skokie, Oak Park, and Stickney Township, serving 127 municipalities; and

WHEREAS, the Cook County Department of Public Health (CCDPH) working alongside the Cook County Department of Emergency Management and Regional Security is charged with making the COVID-19 vaccines available to people in CCDPH's jurisdiction of suburban Cook County; and

WHEREAS, CCDPH is continuing to work with partners at all levels, including hospitals, health care providers and community leaders, to develop flexible and responsive COVID-19 vaccination programs that can accommodate different vaccines and increase uptake of boosters by informing the public and advertising about the vaccines importance with the Boost Up Cook County COVID and flu vaccination campaign, which is particularly important due to the possibility of a ‘Triplememic’ of COVID, Flu and RSV this winter; and

WHEREAS, equally important has been to ensure the vaccines are distributed in an equitable fashion, prioritizing those areas and residents of the county that have been most impacted by COVID-19 as a result of longstanding disparities in healthcare system access and delivery; and

WHEREAS, as of November 30, 2022, CCH and CCDPH have administered 1,625,108 million complete vaccine series to suburban residents or 71% of the total population; however, only 14.8% of the population is up to date on recommended vaccines to include boosters.

NOW THEREFORE, BE IT RESOLVED, that the Cook County Health and Hospitals Committee convene a meeting to discuss the Cook County Department of Public Health’s COVID-19 mitigation and vaccination efforts for Suburban Cook County; and

BE IT FURTHER RESOLVED, that the Cook County Department of Public Health and any other identified Cook County entity involved in Cook County’s COVID-19 response will provide quarterly COVID-19 updates to the Cook County Health and Hospitals Committee starting in September of 2023. This will include but not be limited to their COVID-19 vaccine plans, contract tracing and mitigation plans and any other pertinent information regarding COVID-19 or any other infectious diseases of concern for Suburban Cook County including analyses of the latest data on age, geographic, racial, and other pertinent category impacts.

A motion was made by Commissioner Miller, seconded by Vice Chairwoman Anaya, to defer 23-3815. The motion carried by the following vote:

Ayes: Lowry, Anaya, Britton, Daley, Degnen, Gordon, Miller, Moore, Morita, K.Morrison, S. Morrison, Quezada, Scott, Stamps and Trevor (15)

Absent: Aguilar and Gainer (2)


ADJOURNMENT

A motion was made by Vice Chairwoman Anaya, seconded by Commissioner Morita, to adjourn the meeting. The motion carried by the following vote:

Ayes: Lowry, Anaya, Britton, Daley, Degnen, Gordon, Miller, Moore, Morita, K. Morrison, S. Morrison, Quezada, Scott, Stamps and Trevor (15)

Absent: Aguilar and Gainer (2)

Respectfully submitted,

Bill 

Chairman



Secretary

A complete record of this meeting is available at <https://cook-county.legistar.com>.