

# COVID-19 Overview

Presented to the CCH Board on May 29, 2020



#### **Latest Case Numbers**

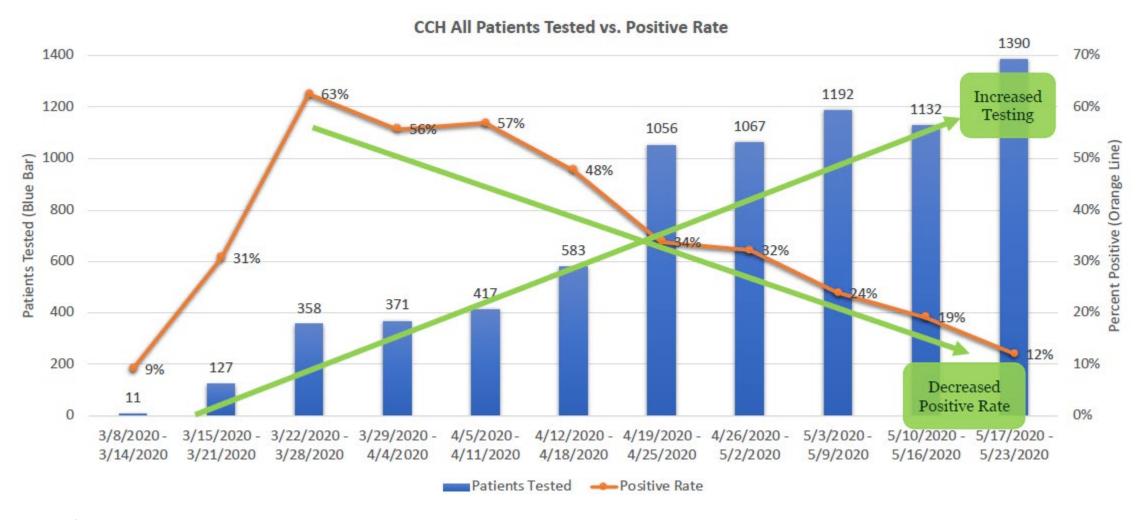
May 26, 2020

	Cases	Deaths
Cook County	73,097	3,324
Illinois ( <u>IDPH link</u> )	112,017	4,884
U.S. (CDC link)	1,637,456	97,669
World (WHO link)	5,370,375	344,454



## COVID-19 Patient Testing Conducted across all CCH locations

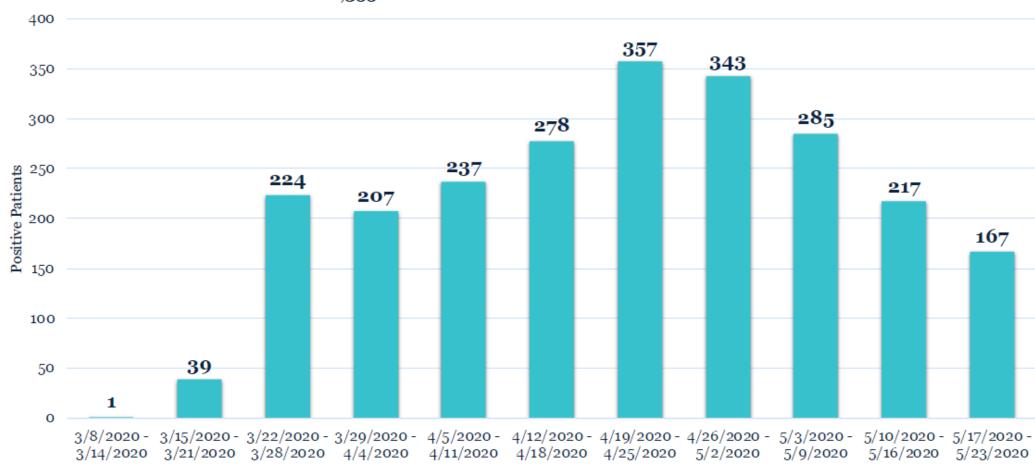
7,704 patients have been tested for COVIID through CCH





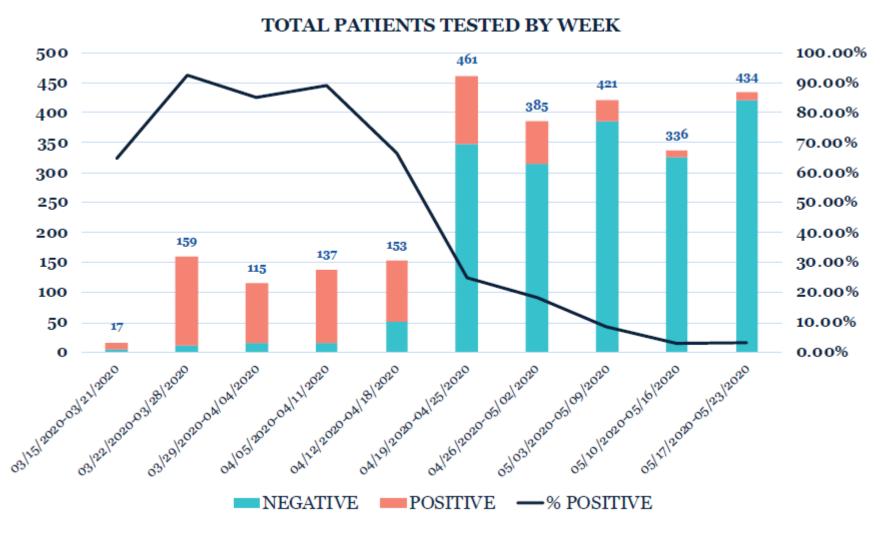
#### COVID-19 Positive Patients across all CCH locations







#### **Cermak Testing**





# Correctional Health: Containment Requires Ongoing Vigilance and Resou

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

Facility	April 29 Census	May 26 Census	Change
Cook County Jail	4,124	4,260	<b>1</b> 36
Juvenile Temporary Detention Center	170	199	<b>1</b> 29

• Leadership intends to keep measures in place for the foreseeable future.

These strategies will continue to require additional, unbudgeted resources.

# Chicago Tribune

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

By Annie Sweeney Chicago Tribune | May 26, 2020

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

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

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



## Staffing and Services at the Jail

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



# Personal Protective Equipment (PPE)

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

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

\*All types

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

normal. For example:

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

Contract price: negotiated price CCH pays to contracted vendors

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

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



#### What's Next: The New Normal

For Patients and Staff

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











# What's Next: Ambulatory Services Availability

March 16, 2020 - Present:

Telehealth visits

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

services

May 11, 2020: Surgical procedures resumed

Pre-operative clinical visits resumed

June: Non-surgical procedures resumed

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

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

Telehealth continues

**June:** All primary care resumed, with social distancing parameters in place



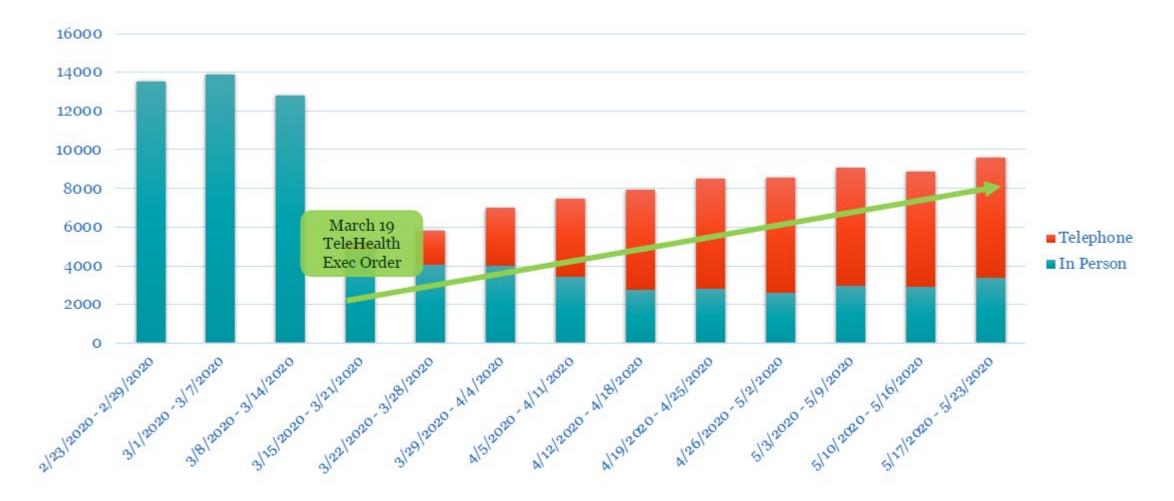
# What's Next: Preparations for Resuming Ambulatory Services

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



#### What's Next: Leverage Telehealth Success

44,335 telephone visits have been completed through ACHN





#### What's Next: Contact Tracing

Centers for Disease Control and Prevention

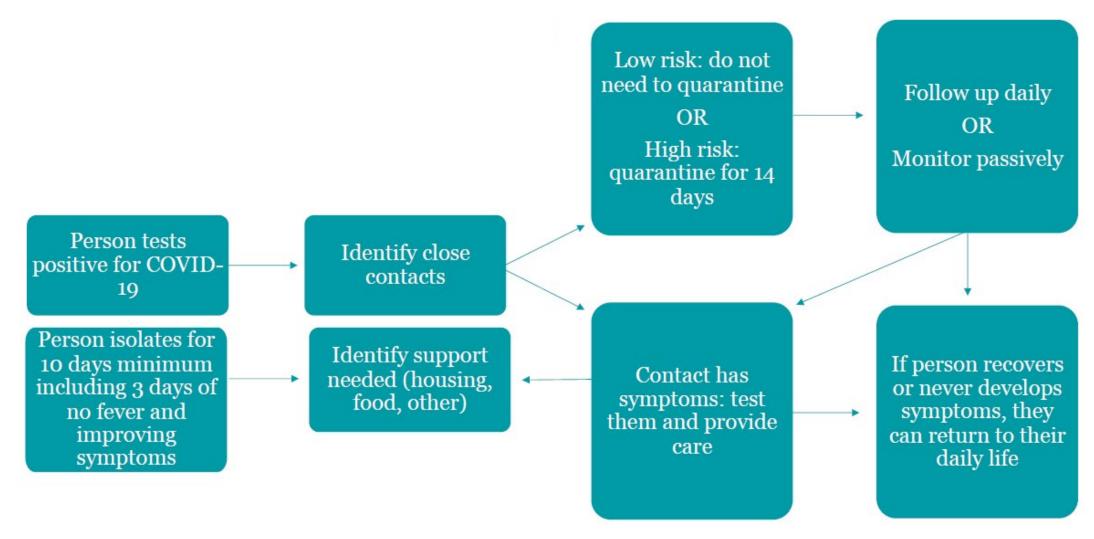
Contact tracing, a core disease control measure employed by local and state health department personnel for decades, is a key strategy for preventing further spread of COVID-19. Communities must scale up and train a large contact tracer workforce and work collaboratively across public and private agencies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

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

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



## What's Next: Contact Tracing





#### What's Next: Contact Tracing

Time is of the essence

#### Cook County Department of Public Health (CCDPH)

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

#### **Cook County Health**

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



#### **COVID-19 Comparisons**

May 26, 2020

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



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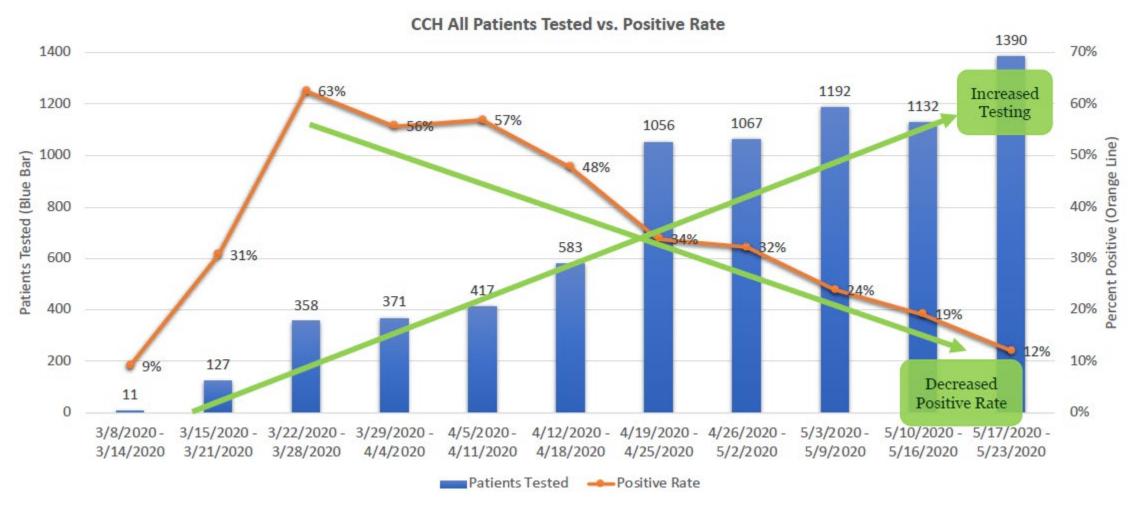


# COVID-19 at CCH



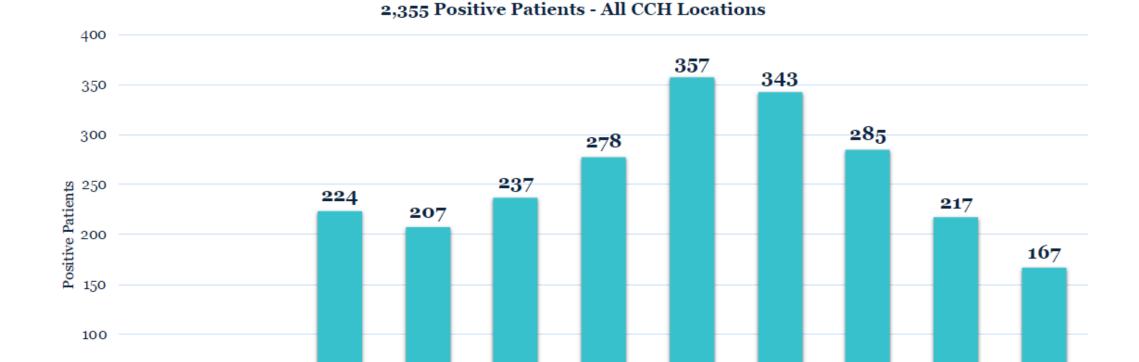
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#### COVID-19 Positive Patients across all CCH locations



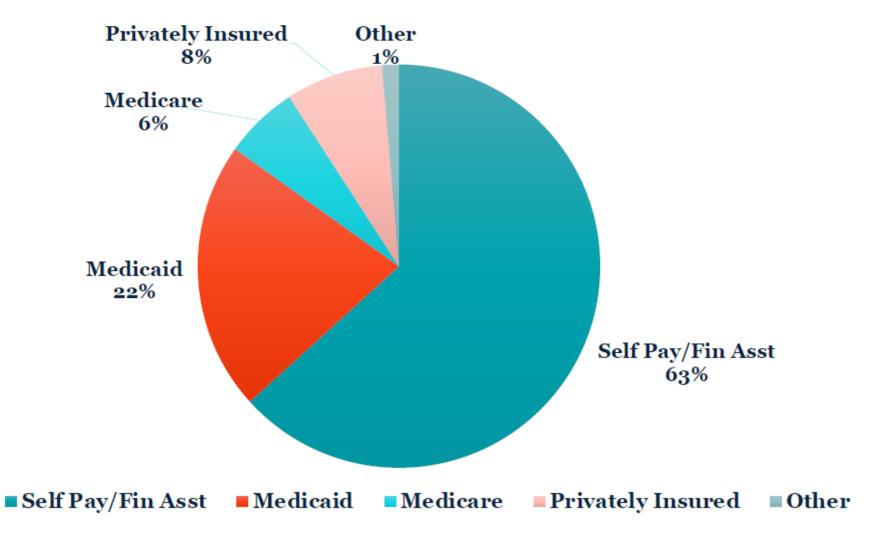
3/8/2020 - 3/15/2020 - 3/22/2020 - 3/29/2020 - 4/5/2020 - 4/12/2020 - 4/19/2020 - 4/26/2020 - 5/3/2020 - 5/10/2020 - 5/17/2020 - 3/14/2020 3/21/2020 3/28/2020 4/4/2020 4/11/2020 4/18/2020 4/25/2020 5/2/2020 5/9/2020 5/16/2020 5/23/2020



50

39

## **COVID-19 Positive Payor Mix**





# **Patient Testing**

#### All Testing Thru 5/26/20

Gender	%
Female	33%
Male	67%

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

#### **Positives Only**

Gender	%
Female	34%
Male	66%

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



# **Patient Testing**

# All Testing Thru 5/26/20

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

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

#### **Positives Only**

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

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

Due to rounding, totals may not equal 100.



## **Deaths**

Thru 5/26/2020

Gender	%
Female	33%
Male	67%

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

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

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



#### COVID-19 Clinical Trials and Studies at CCH

#### Convalescent Plasma Therapy to Treat COVID-19 Patients

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

#### Post COVID-19 Study

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



#### COVID-19 Clinical Trials and Studies at CCH

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

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

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

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



#### COVID-19 Clinical Trials and Studies at CCH

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

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

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

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



#### **CCH Partners and Guidance**

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



# **CCH Planning and Service Changes**

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

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



## Testing at CCH

Thru March 31: Initial testing done through the state lab and based on state guidance

March 20: CCH engaged external lab to process tests

March 26: CCH began employee drive thru testing at Stroger

March 30: CCH began employee drive thru testing at Provident

March 31: CCH instituted in-house testing with 24 hour turn-around

April 13: Drive thru testing available at Provident for CCH patients with CCH physician order

April 20: Drive thru testing available at Stroger for CCH patients with CCH physician order



# COVID-19 at Cermak Health Services

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



# Correctional Health: Containment Requires Ongoing Vigilance and Resou

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

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

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



# Containment Requires Ongoing Vigilance

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

#### BOX. COVID-19 guidance for correctional and detention facilities

#### Prepare for COVID-19

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

#### Prevent introduction of COVID-19 into facilities from the community

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

#### Manage COVID-19 in facilities

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

Abbreviation: COVID-19 = coronavirus disease 2019.

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

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



Morbidity and Mortality Weekly Report

May 6, 2020

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

Senad Hundan Mariec Butterfield\* Amanda Jara, DVM10; 3 timaty Pates, MPH, MN torid Selvige, MH523; E. J. Abdoulage Diechio Bruc Barboua, MPH!

An estimated 2.1 mi sproximately 5,000 co ty given day (f). Many ontrolling the spread of 4R5-CoV-2, the virus OVID-19). Such chi sared lavatories, limit ally entry and exit of production of newly i ansport of incarcerate faicles for court-relate turing April 22-28, 1 sun were reported to ( salth department jurions reported at least c eal of 420 correctional cilities, COVID-19 w rained persons and 2, deaths in incarcerate nong staff members. ses and consistent app symptom screening at carcerated and detain

these authors contributed ec Correctional facilities refer to the have been tried for a crim those and end of federal a

What is already known about this topic?

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

Among 37 jurisdictions reporting, 32 (86%) reported at least one confirmed COVIDI-1

detained persons or staff me and detention facilities. As o 88 deaths among incarcerate cases and 15 deaths among:

What are the implications for

Prompt identification of pen application of prevention my detention facilities are critical detained persons, staff mem which they return.

32 jurisdictions reporting cafacilities was 10 (range = 1-1 incascerated or detained pers median number of cases in sta

This analysis provides the fi reported laboratory-confirme and detention facilities in the on the proportion of incarca members tested was not availb ties with COVID-19 cases n but not among incaccented p

between correctional facilitie

might be an important source

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can help identify persons info occurred within the facility: a

Although symptom screen

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wide testing were among as

persons, who likely contri-

(Box). Some jurisdictions have implemented decompression

strategies to reduce crowding, such as reducing or eliminating Early Belegas

settings such as correctional and detention facilities. Additional

strategies, including physical distancing, movement restric-

tions, use of cloth face coverings, intensified cleaning, infection

control training for staff members, and disinfection of high-

touch surfaces in shared spaces are recommended to prevent

and manage spread within correctional and detention facilities

TABLE, CDMID-19 serving incorporated and detail ved persons and correctly hall and detention facility staff members — 32 U.S. state and terriforial nealth department reporting jurisdictions, \* January 21 - April 21, 2000

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Abbreviation: COVE-19 - corposition disease 2019.

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BCIL CCVID-19 quidance for correctional and detention facilities

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data indicate that symptom promptly identify and isok

187WE / May 5, 2020 / Vol. 49

<sup>\*</sup>Other suggestions available in full corrections guidance, https://www.edc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctionaldetention.html.

#### **Cermak Strategies**

#### Congregate Settings Pose Unique Challenges

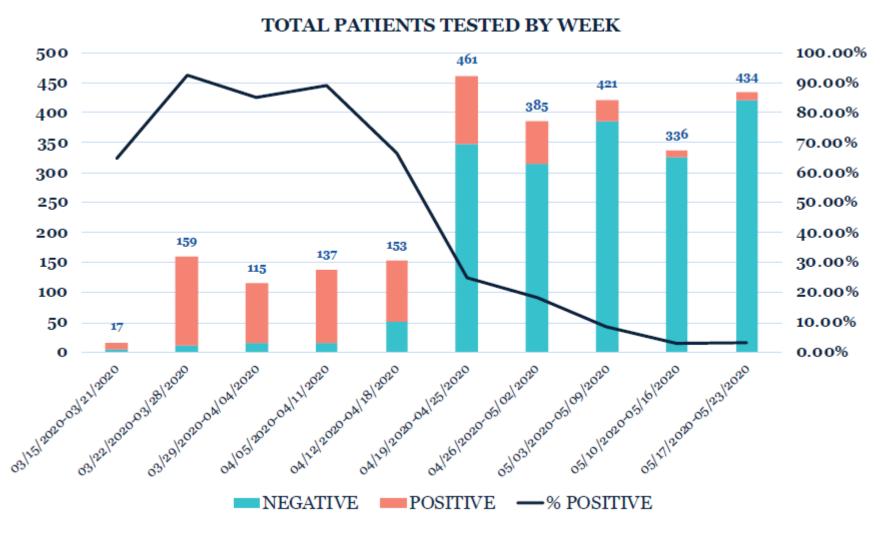
Cermak Health Services began planning for this rapidly evolving pandemic in January. Working under the guidance of the Chicago Department of Public Health and CCH's Infection Control team, and in addition to existing infection control practices, a number of additional measures have been implemented in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

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

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



#### **Cermak Testing**





# Staffing and Services at the Jail

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



# COVID-19 at Cook County Department of Public Health



#### Current status of COVID19

Numbers as of 5/25/2020

30,130 cases / 1,369 deaths
 Suburban Cook County

42,967 cases /1,955 deaths Chicago

• 112,017 cases /4,884 deaths Illinois

 159 congregate settings in suburban Cook County, such as long term care facilities, reporting one or more confirmed cases



#### Restore Illinois

4 Regions, 5 Phase Currently in Phase 2

Phase 1 Rapid Spread

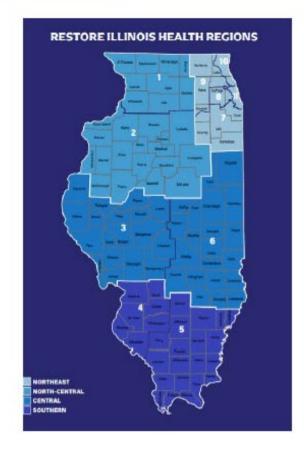
Phase 2 Flattening

Phase 3 Recovery Phase 4
Revitalization

Phase 5
Illinois Restored

# www.dph.illinois.gov/

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







#### Restore IL metrics

#### What are we monitoring?

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

Northeast Region (EMS Regions 7-11)







# **CCDPH** response activities

#### **Project Hope**

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





## **CCDPH** response activities

**Contact Tracing Plans** 

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





# Financial Impact of COVID9



# COVID-19 Potential Impact on Patient Fees

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





# **COVID-19 Potential Impact**

Revenue and Expense COVID 19 Impact Projected through June

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



# **COVID-19 Potential Impact**

Financial Assistance Received in April/May\*:

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



# **COVID-19 Potential Impact**

#### Financial Assistance In Progress

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



# COVID-19 at CountyCare



#### Member Outreach

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

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

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

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

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



#### **Clinical Efforts**

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

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

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



# **Provider Support**

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

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

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

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



# Forward Thinking

**Wellness Kits**: Working to build out "Wellness" Kits for high-risk members to send directly to members' homes.

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

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

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

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



# COVID-19 Addressing Inequities



# Alternate Care System Challenge

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

#### Solution: Activating the SouthSide Y for CCH Patients

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

#### Volumes to date

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



#### **Partners**

#### **Cross Sector Collaboration**

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



# **Program Overview**

**Medical Services** 

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

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

#### MH/SUD services

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

Robust use of telehealth

#### Care Coordination

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



### Additional Initiatives to Address Inequities

#### **Community Focus**

#### Planning Activities- Westside Workgroup

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

#### Initial response

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



## Additional Initiatives to Address Inequities

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



## Additional Initiatives to Address Inequities

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



## **CCDPH Support**

Leveraging CCH Infrastructure

#### Alternate Housing Program

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



# COVID-19 Media

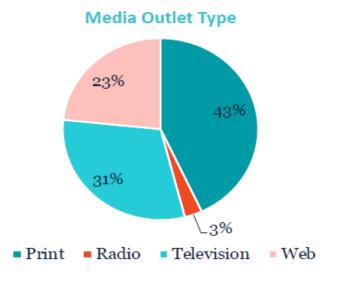


# Media Dashboard: April 29May 27, 2020

#### **Total Number of Media Hits: 136**

#### **Common Topics:**

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



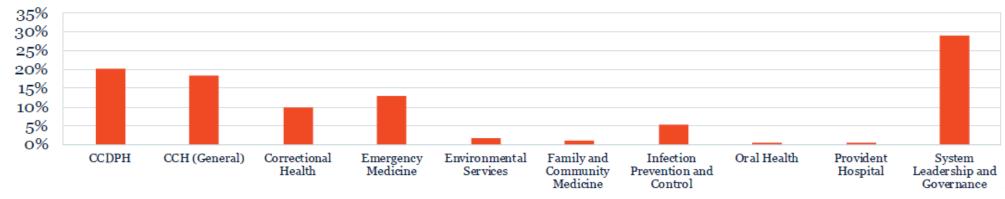
#### **Media Mentions by Department**

#### **Top 5 Local Media Outlets:**

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

# Select National and International Media Outlets:

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







Dec. 31, 2019	China reported a cluster of cases of pneumonia of an unknown cause in Wuhan, Hubei Province.
Jan. 7, 2020	The cause of the outbreak in Wuhan was identified as a novel coronavirus.
Jan. 13, 2020	Thailand reported the first case outside China.
Jan. 21, 2020	The U.S. reported its first case: a Washington state man in his 30s.
Jan. 24, 2020	<ul> <li>Illinois reported its first case: a Cook County woman in her 60s, who had traveled to Wuhan.</li> </ul>
Jan. 30, 2020	<ul> <li>The first recorded person-to-person transmission of the novel coronavirus in the U.S. occurred between the Cook County woman and her husband.</li> <li>The WHO declared the coronavirus outbreak was a Public Health Emergency of International Concern.</li> </ul>
Feb. 11, 2020	<ul> <li>Illinois became the first state to develop and conduct its own coronavirus tests.</li> </ul>
Feb. 29, 2020	<ul> <li>Illinois reports its third case: a Cook County man in his 70s. His wife, also in her 70s, became the state's fourth case, which was announced on March 2.</li> </ul>
March 12, 2020	<ul> <li>Gov. J.B. Pritzker announced that all events with more than 1000 people would be cancelled and that all K-12 schools would be closed for educational purposes. Schools could continue being used for the provision of food, as polling places and for other non-educational purposes.</li> </ul>
March 13, 2020	The White House declared that the COVID-19 pandemic was a national emergency.



March 15, 2020	Cook County Health declared internal disaster, activating Hospital Incident Command Structure (HICS).
March 16, 2020	Gov. Pritzker announced a ban on gatherings of 50 or more people.
March 17, 2020	<ul> <li>Illinois reported its first COVID-19 related death: a Chicago woman in her 60s.</li> <li>Illinois had 160 confirmed cases in 15 counties, among people aged 9 to 91.</li> </ul>
March 20, 2020	• Gov. Pritzker issued a stay-at-home order, effective March 21 through April 7.
March 23, 2020	<ul> <li>The first two confirmed cases of COVID-19 among detainees at Cook County Jail were announced.</li> </ul>
March 26, 2020	<ul> <li>The number of COVID-19 cases in the U.S. surpassed the number in China. The U.S. reported 82,474 cases, while China reported 81,961.</li> </ul>
March 31, 2020	<ul> <li>Gov. Pritzker extended the stay-at-home order through April 30.</li> <li>Illinois had 5,994 cases and 99 deaths.</li> </ul>
April 4, 2020	<ul> <li>CountyCare membership was 327,251 slightly above the budgeted membership of 326,034.</li> </ul>
April 11, 2020	<ul> <li>The U.S. surpassed Italy in the number of COVID-19 deaths, becoming the worst-hit country in the world.</li> <li>The U.S. reported 18,860 deaths, while Italy reported 18,849.</li> </ul>
May 1, 2020	FDA granted emergency use authorization for remdesivir.



May 4, 2020	<ul> <li>The case definition for Multisystem Inflammatory Syndrome in Children (MIS-C), an inflammatory disorder in children likely linked to COVID-19, was announced.</li> </ul>
May 5, 2020	<ul> <li>Gov. Pritzker announced a 5 phase plan to reopen Illinois.</li> <li>Illinois had 65,962 confirmed cases and 2,838 deaths.</li> </ul>
May 10, 2020	<ul> <li>Global confirmed cases surpassed 4 million and deaths reached 280,000.</li> <li>Deaths in the U.S. surpassed 80,000.</li> </ul>
May 14, 2020	<ul> <li>CDC released reopening guidance.</li> <li>A COVID-19 vaccine developed by Oxford University seemed to prevent COVID-19 in monkeys.</li> </ul>
May 16, 2020	<ul> <li>Cook County Jail saw a steady decrease in COVID-19 cases. Since March, the rate of positive COVID-19 tests at the jail decreased from 97% to below 10%.</li> </ul>
May 18, 2020	• A COVID-19 vaccine developed by Moderna was shown to prompt an immune response in humans.
May 20, 2020	<ul> <li>All 50 states had begun lifting some lockdown measures.</li> <li>Over 100,000 COVID-19 cases were reported to the WHO in 24 hours; global cases surpassed 5 million.</li> </ul>
May 21, 2020	<ul> <li>Nearly 40 million people had filed for unemployment benefits in the U.S.</li> </ul>
May 26, 2020	<ul> <li>The northeast region of Illinois, which includes Cook County, was on track to move to phase 3 of reopening.</li> </ul>



# Administrative & Legislative Updates



#### Administrative Updates

#### **Community Advisory Council**

CCH held its first joint virtual Community Advisory Council meeting on May 28th for the representatives on the Cottage Grove and Robbins Councils. Updates on CCH services, facilities and programs were provided including COVID-19. Cook County Board President Toni Preckwinkle 'stopped by' virtually to greet the participants. Approximately 40 individuals participated.

The Englewood Advisory Council will meet on June 18th.

#### **Food as Medicine**

As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.

Through May 19, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 259 visits to 13 CCH health centers – Arlington Heights, Austin, the CORE Center, Cottage Grove, Englewood, Logan Square, Near South, North Riverside, Oak Forest, Provident/Sengstacke, Prieto, Robbins and Woodlawn.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 33,847 individuals, representing 112,381 household members, totaling more than 685,000 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The GCFD has also supplied CCH's Integrated Care Department with shelf stable food boxes for care coordinators to provide to food insecure patients. Patients who received these boxes are also advised to apply for SNAP and provided with information to connect with their local food pantry, school meal distribution site, or other local resources in their community. CCH is grateful for GCFD's partnership and commitment to addressing food insecurity among CCH patients and Cook County residents.

### Legislative Updates

- At the May 21, 2020 Cook County Board meeting Commissioners considered a resolution directing the Cook County Department of Public Health to share addresses where of COVID+ individuals are residing with municipal first responders in suburban Cook County. Despite strong testimony from Dr. Rachel Rubin (CCDPH) and impassioned remarks from President Preckwinkle, both in opposition, the resolution was approved by the County Board with a vote of 9-yea, 7-nay, 1-present.
- On May 26, 2020 President Preckwinkle vetoed the Resolution. In the veto message, President Preckwinkle stated, "Our continued goal should be to support and listen to our public health experts and continue to work with our federal and state partners to utilize universal precautions in order to help protect our first responders and law enforcement partners, I cannot support the release of this information and am wholly disappointed in the decision to dispute the opinions of our health experts."



#### **Legislative Updates**

#### State

- The Illinois General Assembly returned to Springfield for a special session scheduled for May 20-22, but the House and Senate went into overtime session and adjourned May 24. The special session was limited to legislation focused on following issues:
  - COVID-19 pandemic or other disasters
  - State budget and its implementation
  - Economic recovery, infrastructure projects, and funding
  - Explanation, arguments for and against, and the form for constitutional amendments as required under the Illinois Constitutional Amendment Act
  - Laws or authority scheduled to be repealed prior to June 1, 2021
  - 2020 General Election and the State Board of Elections
  - Hospital assessment program

The House and the Senate passed a \$41.5B FY2021 state budget considered to be mostly "flat" when compared to FY2020. The FY2021 budget relies on a \$5B loan from the federal government, as well as additional grants/relief dollars from the future federal COVID-19 legislation; without these funds or absent additional revenue, cuts will be necessary before the end of FY2021.

The FY2021 budget (SB264) does not include any Medicaid provider rate reductions or eligibility cuts. In fact, HB357, also referred to as the Budget Implementation Bill (BIMP), includes language that allows HFS to cover adults 65 years or older, regardless of immigration status, as long as they meet the same eligibility criteria applied to those traditionally eligible for this coverage.

Other notable legislation approved by both chambers include a gaming bill that lowers tax rates on a future Chicago casino (SB516), authorization of a process to automatically send applications to request mail in ballots for the November 2020 to persons who voted by mail in previous elections and makes Election Day a holiday for public schools (SB1863), and codification of the revised hospital assessment program (SB2541).

Legislators did not take action on bills that would have allowed remote voting by members of the Illinois General Assembly, provided authority to the Illinois State Police to cite businesses that refuse to follow the Governor's stay-at-home orders (currently the only enforcement mechanism is for the Illinois Department of Public Health to revoke a business license), or offered temporary financial relief to renters and homeowners.

The Illinois General Assembly is not scheduled to return to Springfield until the Fall Veto Session, currently schedule for November 17-19 and December 1-3.

- Federal CMS approved the emergency State Plan Amendment (SPA) submitted by HFS that implements presumptive eligibility (PE) for most adults (PE for the AABD population is included in the 1115 waiver application), covers COVID-19 testing for the uninsured without regards to income, eliminates asset tests for AABD Medicaid applicants, and increases Medicaid reimbursement rates for some providers. The changes were retroactive to march 1, 2020 and concluded at the end of the federal public health emergency period.
- HFS issued a provider notice announcing a delay in the implementation of Integrated Health Homes (IHHs) to January 1, 2021, which were originally scheduled to start July 1, 2020. IHHs will provide enhanced coordination for persons with behavioral health needs.



#### Legislative Updates

#### State (contd.)

• In response to the COVID-10 pandemic, the Illinois Department of Healthcare and Family Services (HFS) filed a number of waivers and requests to the federal government to seek flexibility and regulatory relief from traditional Medicaid and Medicare rules.

HFS received partial federal approval on march 27 for an 1135 waiver that provides regulatory relief and flexibility during the period of the public health emergency. HFS received approval for their Home and Community Based 1915 Waiver Appendix K submission on May 12. A response is pending for the 1115 waiver filed on March 27.

#### **Federal**

• In late April and May Congress continued to focus on coronavirus relief, including considering new legislation. Meanwhile the Administration ramped up implementation of the first three COVID-19 related bills enacted, including releasing significant funding appropriated in the CARES Act.

#### The Paycheck Protection Program and Health Care Enhancement Act (H.R. 266)

On Apr. 24, 2020, President Trump signed this fourth coronavirus relief bill into law. The relatively narrow "interim" bill replenished funding for the popular Small Business Administration's (SBA's) Paycheck Protection Program (PPP) with \$321 billion. Additionally, the bill appropriated another \$75 billion for the Public Health and Social Services Emergency Fund to be disbursed to health care providers for expenses or lost revenues attributable to the coronavirus. It also provided \$25 billion to develop, purchase, administer, process, and analyze tests for COVID-19. Of this, \$11 billion was set aside for state and local public health departments. The Illinois Department of Public Health will receive \$286,317,362 and they will distribute funds to the local health departments throughout the state.

#### **HHS Allocation of CARES Act Provider Relief Funds**

In April HHS began to distribute CARES Act Provider Relief Funds.

- The first tranche of \$30 billion was distributed proportionate to providers' share of Medicare fee-for-service reimbursements in 2019. The Administration acknowledged that this would disadvantage some providers but said that they adopted this approach to get money out the door as soon as possible.
- The second tranche of \$20 billion went out based on providers' share of net patient revenue.

Targeted distributions were made to rural hospitals and high impact hospitals ("hot spot"). A tranche of \$12 billion was distributed to 336 hospitals that provided inpatient care for 100 or more COVID-19 patients through April 10, 2020. \$10 billion was allocated based on a fixed amount per COVID-19 inpatient admission. The remaining \$2 billion was distributed on a hospital's portion of Medicare Disproportionate Share Hospital (DSH) payments and Medicare Uncompensated Care Payments (UCP).

Cook County has worked with advocates for similarly situated counties, to request that HHS direct subsequent tranches from the Provider Relief Fund to public hospitals and other safety net providers that serve large numbers of Medicaid and uninsured patients, potentially based on Medicaid DSH allocations.

In late April state Medicaid directors met with CMS to make the case that Medicaid providers were being left out. CMS subsequently called for states to submit provider-level Medicaid payment data for 2018 and 2019 by May 7. To date CMS has made no further announcements, but we believe the payment data will inform Provider Relief Fund distributions to support Medicaid providers.



#### Legislative Updates

#### Federal (cntd.)

In late April state Medicaid directors met with CMS to make the case that Medicaid providers were being left out. CMS subsequently called for states to submit provider-level Medicaid payment data for 2018 and 2019 by May 7. To date CMS has made no further announcements, but we believe the payment data will inform Provider Relief Fund distributions to support Medicaid providers.

• The Health and Economic Recovery Omnibus Solutions Act, the "HEROES Act" (H.R. 6800)On May 15 the House of Representatives passed the HEROES Act by a vote of 208-199, largely divided on party lines. The previous four coronavirus response bills all passed with overwhelming bipartisan majorities. While Senate Republicans have said the bill is dead on arrival in the upper chamber, it can be viewed as an opening bid from House Democrats, outlining their priorities. Administration officials have expressed concern that more relief will create disincentives for states and localities to "reopen their economies."

The bill includes a number of CCH priorities as well as items of potential interest. The HEROES Act would increase the state Medicaid federal match, or federal medical assistance percentage (FMAP) by a total of 14 percentage points starting July 1, 2020 through June 30, 2021 and would block HHS from finalizing the Medicaid Fiscal Accountability Regulation (MFAR) until the end of the COVID-19 public health emergency.

The HEROES Act includes other provisions of interest:

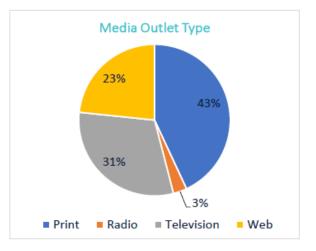
- The bill would provide Medicaid eligibility to incarcerated individuals 30 days prior to their release.
- Health Resources and Services Administration (HRSA) would receive \$7.6 billion to support expanded health care services for underserved populations, including \$10 million to Ryan White HIV/AIDS clinics to support extended operational hours, increased staffing hours, additional equipment, and additional home delivered meals and transportation needs of clients, whose underlying immunosuppression puts them at greater risk for COVID-19 complications.
- The Public Health and Social Services Emergency Fund would receive an additional \$175 billion to reimburse for health care related expenses or lost revenue attributable to the coronavirus, as well as to support testing and contact tracing to effectively monitor and suppress COVID19, including:
  - \$100 billion would go to grants for hospitals and health care providers; and
  - \$75 billion would be allocated for testing, contact tracing, and other activities necessary to effectively monitor and suppress COVID-19.
- The bill would codify the CARES Act health care provider relief fund and provide a methodology for reimbursing eligible health care providers for expenses related to preventing, preparing for, and responding to COVID-19, as well as lost revenues that have resulted from the COVID-19 pandemic.
- The Substance Abuse and Mental Health Services Administration (SAMHSA) would receive \$3 billion to increase mental health support, to support substance abuse treatment, and to offer increased outreach, including:
  - \$1.5 billion for the Substance Abuse Prevention and Treatment Block Grant;
  - \$1 billion for the Community Mental Health Services Block Grant;
  - \$100 million for services to homeless individuals; and
  - \$265 million for emergency response grants to address immediate behavioral health needs as a result of COVID-19;
- The bill would temporarily increase Medicaid disproportionate share hospital (DSH) allotments by 2.5 percent.

Protection of Medicaid remains a key priority for CCH at both the State and Federal level.



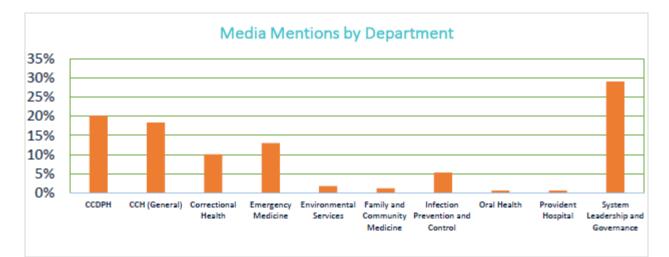
### Cook County Health Media Compilation

April 29 – May 27, 2020 Total Number of Media Hits: 136



#### Common Topics:

- · Cook County Health staff experiences on the front lines
- · Containing the COVID-19 outbreak at Cook County Jail
- Sen. Dick Durbin touring CCH's COVID-19 testing facilities
- · Honoring health care workers for National Hospital Week and National Nurses Week



#### Top 5 Local Media Outlets:

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

#### Select National and International Media Outlets:

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



# Finance Metrics

Presented to the CCH Finance Committee on 05/22/2020 Approved by the CCH Board on 5/29/2020



## **Executive Summary**

- Cook County Health (CCH) financial results for the four months ended March 31, 2020 are behind budget by \$36.6 million, \$14.5 million directly attributable to COVID-19 lost patient fee revenue.
  - Volume growth driving expenses at the beginning of the year
  - Volume declines begin in March, but expenses showing significant variance
  - Covid-19 expenses and lost revenue starting mid-March
  - Managing cash flow and accessing emergency federal funding



## System Accrual Basis Income Statement (Unaudited) for the Four Months Ended March 31, 2020 (in thousands)

	Actual	Budget	Variance	Variance %
Operating Revenue				
Net Patient Service Revenue (1)	\$167,744	\$195,955	(\$28,211)	-14%
GME – Graduate Medical Education Payments (1)	25,765	-	25,765	0%
DSH – Disproportionate Share Hospital Payments (2)	60,504	52,233	8,271	16%
BIPA – Benefits Improvement and Protection Act Payments	44,100	44,100	-	0%
CountyCare Capitation Revenue (3)	621,997	583,077	38,920	7%
Provident Access Payments	20,275	34,232	(13,957)	-41%
Other Revenue	1,425	4,167	(2,741)	-66%
Elimination Entry Domestic Claims	(51,390)	(51,390)	_	0%
Total Operating Revenue	\$890,421	\$862,374	\$28,047	3%

#### Notes:

- (1) GME presented separately from Net Patient Revenue as the State of Illinois has carved GME from Medicaid Patient Service Revenue. GME and Net Patient Service Revenue should be combined for the purpose of comparison to budget.
- (2) DSH will be above budget in FY20 as CCH was awarded \$24.8M of supplemental DSH
- (3) CCH CountyCare revenue included in capitation revenue but is eliminated for purposes of consolidation.



## System Accrual Basis Income Statement (Unaudited) for the Four Months Ended March 31, 2020 (in thousands)

	Actual	Budget	Variance	Variance %
Operating Expenses				
Salaries & Benefits	\$225,801	\$219,236	(\$6,564)	-3%
Overtime	17,302	10,164	(7,138)	-70%
Pension	37,101	36,643	(458)	-1%
Supplies & Materials	23,527	18,988	(4,539)	-24%
Pharmaceutical Supplies	24,992	24,702	(290)	-1%
Purchased Services & Other	102,076	89,238	(12,838)	-14%
Medical Claims Expenses (CountyCare)	596,278	562,308	(33,970)	-6%
Insurance Expense	10,621	12,260	1,638	13%
Amortization	3,092	3,092	-	0%
Depreciation	8,294	8,476	182	2%
Utilities	4,230	4,436	206	5%
Elimination Entry Domestic Claims	(51,390)	(51,390)	-	0%
Total Operating Expense	\$1,001,924	\$938,153	(\$63,772)	-7%

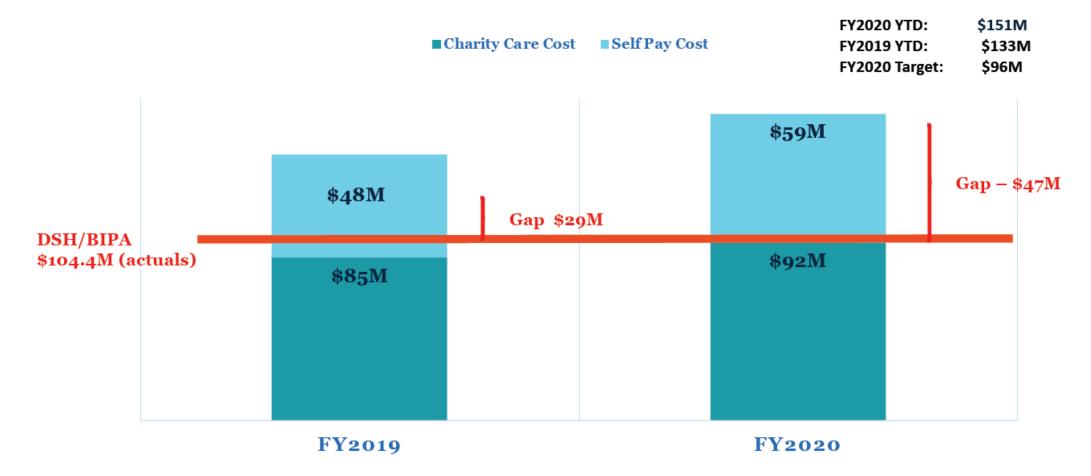


## System Accrual Basis Income Statement (Unaudited) for the Four Months Ended March 31, 2020 (in thousands)

	Actual	Budget	Variance	Variance %
Operating Revenue				
Total Operating Revenue	\$890,421	\$862,374	\$28,047	3%
Operating Expenses				
Total Operating Expense	1,001,924	938,153	(63,772)	-7%
Operating Margin	(111,503)	(75,779)	(35,724)	-47%
Non-Operating Revenue	64,775	65,675	(900)	-1%
Net Income/(Loss)	(\$46,728)	(\$10,104)	(\$36,624)	-362%



## FYTD 2020– Charity Care & Self Pay Cost vs. DSH/BIPA funding as of End Mar. 2020





BIPA: Benefits Improvement and Protection Act Payments-\$132.3M/Year

## FY2020 – Revenue Cycle Metrics

Metric	Average FYTD 2019	Average FYTD 2020	Mar-20	CCH Benchmark / Targets	Industry Targets *
Average Days in Accounts Receivable (lower is better)	100	90	92	60-65	40
Discharged Not Finally Billed Days (lower is better)	11	9	9	5	7
Claims Initial Denials Percentage (lower is better)	22%	20%	21%	10%	3%

#### Definitions:

Average Days in Accounts Receivable: Total accounts receivable over average daily revenue

Discharged Not Finally Billed Days: Total charges of discharge not finally billed over average daily revenue

Claims Initial Denials Percentage: Percentage of claims denied initially compared to total claims submitted.

\*Source HFMA Key Hospital Statistics and Ratio Margins from Cerner



## COVID-19 Potential Impact on Patient Fees

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





## **COVID-19 Potential Impact**

Revenue and Expense COVID 19 Impact Projected through June

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



## **COVID-19 Potential Impact**

### Financial Assistance Received in April/May\*:

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



## **COVID-19 Potential Impact**

### Financial Assistance In Progress

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

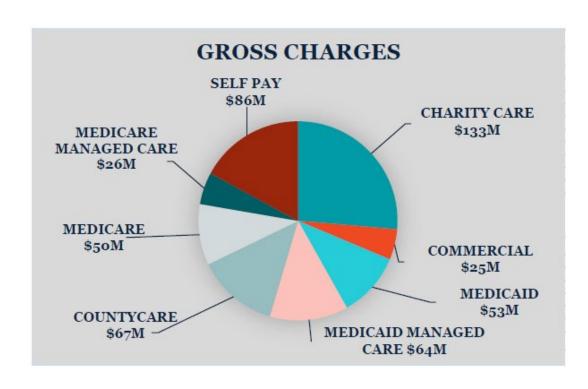


## CountyCare Accrual Basis Income Statement (Unaudited) for the Four Moended March 31, 2020 (in thousands)

	Actual	Budget	Variance	Variance %
Operating Revenue:				
Capitation Revenue	\$651,829	\$597,539	\$54,290	9%
Operating Expenses:				
Total Administrative Expenses	\$30,069	\$24,470	-\$5,599	-23%
Clinical Expense - CCH	\$51,390	\$57,594	\$6,204	11%
Clinical Expense - External	\$555,370	\$500,895	-\$54,475	-11%
Total Clinical Expense	\$606,760	\$558,489	-\$48,271	-9%
Total Operating Expenses	\$636,829	\$582,959	-\$53,870	-9%
IGT	\$15,451	\$13,576	\$1,875	14%
Amortization	\$3,092	\$3,092	<b>\$0</b>	ο%
Medicare Expenses	\$5,510	<b>\$0</b>	\$5,510	ο%
Medicare Revenue	\$1,611	\$o	\$1,611	ο%
CountyCare Net Income After Amortization, IGT, and Medicare	-\$7,442	-\$2,088	-\$5,354	256%
Total CCH Impact	\$43,948	\$55,506	\$11,558	-8%



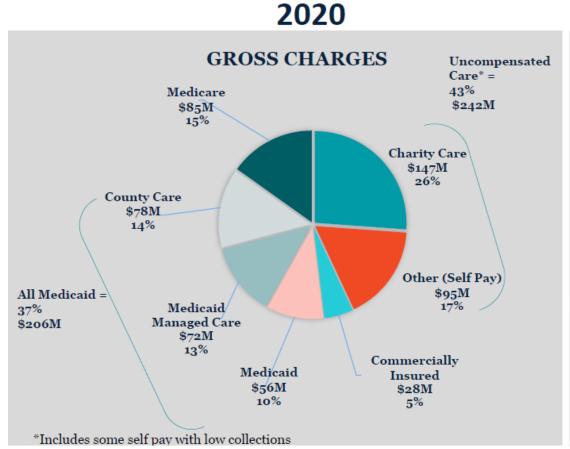
## Stroger Operations Overview for the Four Months ended March 30, 2020



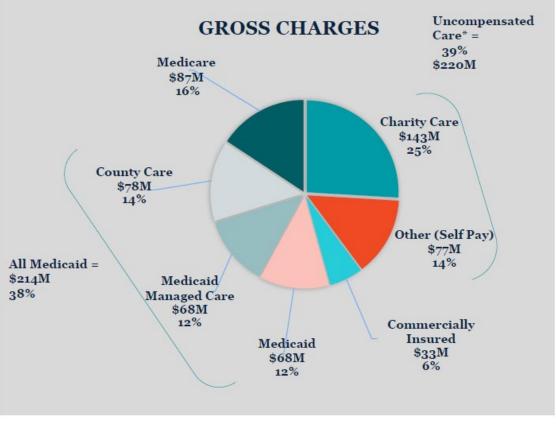
Inp	atient/Obs	ervation-FYTD		·
Measure	FY2020	FYTD Target	FY2019	Percent from Target
Inpatient Discharges	5,806	5,864	5,459	-1%
- Long Stay Admissions	1,239	1,188	1,173	4%
- One Day Admissions	336	332	317	1%
Inpatient Days	29,662	28,784	28,950	3%
Observation Discharges	2,902	3,428	3,479	-15%
Observation Days (Observation Discharge)	5,650	6,264	6,848	-10%
Avg LOS (Inpatient Discharge)	5.7		5.9	
Average Daily Census (Inpatient & Observation)	289.4	295	295.9	-2%
Surgical Cases (all patient types)	3,800	4,332	3,731	-12%
Endoscopy Cases (all patient types)				
Radiology Tests	13,621		14,215	
Deliveries	316	360	324	-12%
	Emerger	ncy- FYTD		
Measure	FY2020	FYTD Target	FY2019	Percent from Target
Emergency Visits (includes LWBS & Trauma)	36,914	39,525	39,106	-7%
Adult Emergency Visits	30,324	33,420	32,526	-9%
Peds Emergency Visits	2,538	2,288	2,342	11%
Trauma Visits	1,831	2,237	2,060	-18%
LVBS	2,221	1,580	2,178	41%
Radiology Tests	31,182		14,215	
(	Outpatient	Clinic- FYTD		
Measure	FY2020	FYTD Target	FY2019	Percent from Target
Total Provider Visits	93,452	100,716	104,233	-7%
Specialty/Diagnostic/Procedure Provid	ler Visits			
Hospital - Based	5,653	6,248	6,778	-10%
Specialty Care	40,169	43,647	40,945	-8%
Oral Health	1,979		nřa	
Professional Building	29,280	32,431	40,945	-10%
Total	77,081	82,327	88,668	-6%
Primary Care Provider Visits		-		
GMC	16,371	18,389	15,565	-11%
Total	16,371	18.389	15,565	-11%
		llary Services- F\		
Measure	FY2020	FYTD Target	FY2019	Percent from Target
Endoscopy Cases (all patient types)	2,503		2,833	
Dialysis Treatments (all patient types)	1,877		2,177	
Infusion Center Visits	5,303		4,310	
	1,033		1,035	
Minor Procedure (Clinic F) Visits	,U33			



## System Payor Mix for the Four Months Ended March

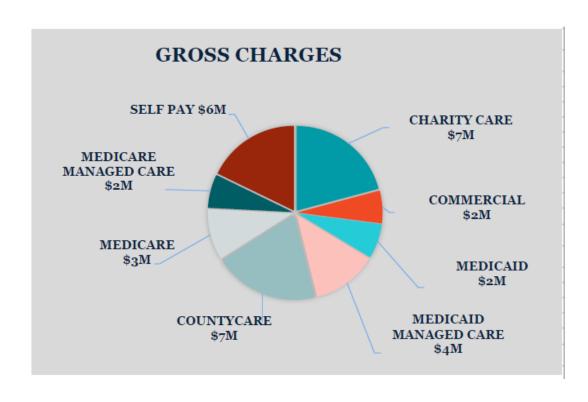








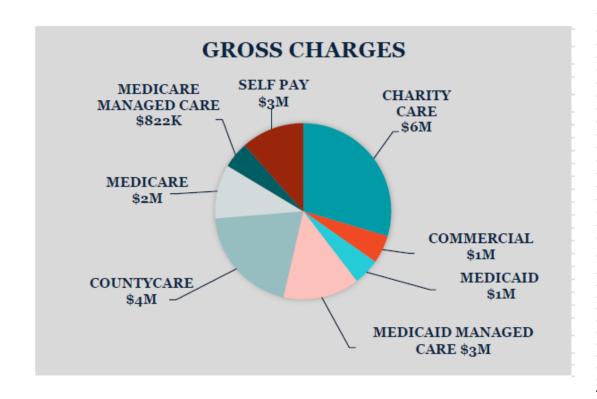
## Provident Operations Overview for the Four Months Ended March 30, 202



In	patient/Ok	servation-FYTD		
Measure	FY2020	FYTD Target	FY2019	Percent from Target
Inpatient Discharges	189	196	185	-4%
- Long Stay Admissions	29	40	28	-28%
- One Day Admissions	7	12	18	-42%
Inpatient Days	1,152	1,000	869	15%
Observation Discharges	235	208	218	13%
Observation Days (Observation Discharge)	614	412	424	49%
Avg LOS (Inpatient Discharge)	8.1	5.5	4.5	47%
Average Daily Census (Inpatient & Observatio	14.5	12	10.7	19%
Surgical Cases	691	796	925	-13%
Radiology Tests	144		107	
	Emerge	ency- FYTD		
Measure	FY2020	FYTD Target	FY2019	Percent from Target
Emergency Visits (including LWBS)	9,659	10,048	9,739	-4%
Adult Emergency Visits	8,226	9,129	8,592	-10%
Peds Emergency Visits	568	507	484	12%
LWBS	865	412	663	110%
Radiology Tests	5,226		5,233	
	Outpatien	t Clinic- FYTD		
Measure	FY2020	FYTD Target	FY2019	Percent from Target
Total Registrations	27,099	30,664	28,635	-12%
Amb of Prov -				-19%
Specialty/Diagnostic/Procedure Provider	447	554	573	
Sengstacke -				-15%
Specialty/Diagnostic/Procedure Provider	10,716	12,571	11,327	
Sengstacke Primary	5,738	5,882	6,015	-2%
Sengstacke Primary Peds	40	305	315	-87%
Radiology Tests	3062		3274	
Proced	ures & An	cillary Services- F	YTD	
Measure	FY2020	FYTD Target	FY2019	Percent from Target
PT/OT Volume (all patient types)	2,521		2,729	



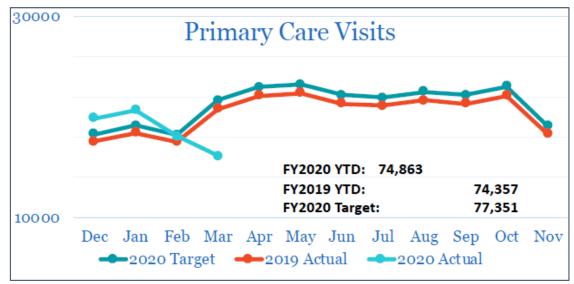
## ACHN Operations Overview for the Four Months Ended March 30, 2020

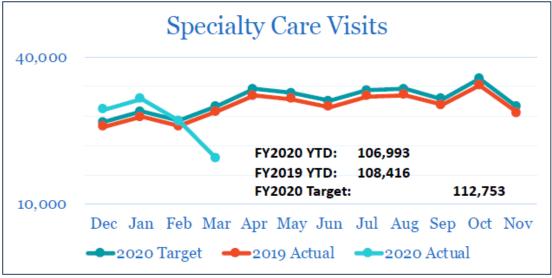


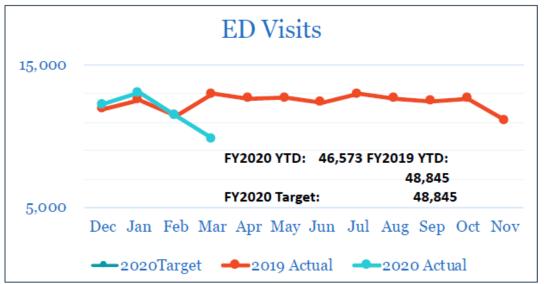
	Sum	mary- FYTD		
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Total Provider Visits	78,478	82,598	77,974	-5.0×
Pri		vider Visits-	FYTD	
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Arlington Heightr (AR)/Virta (VH)	4,264	4069	3,844	4.8%
Awtin (AH)	4,769	4521	3,797	5.5×
Child Advacacy	94	176	192	-46.6%
Core	4,623	5565	4.331	-16.9%
Cattago Gravo (CG)	3,228	3139	3,132	2.8%
Engloward (EH)	4,067	4203	4,593	-3.2%
Lagan Square (LS)	4,346	4130	4.665	5.2×
Morton Eart (ME)	348	347	308	0.3%
Near South (NS)	4,487	4704	4,715	-4.6%
North Riverside (NR) / Cicero (CH)	4,001	4308	3,475	-7.1×
OFHC (OF)	3,652	4985	4,782	-26.7×
Prioto (PH)	5,446	4265	5,826	27.7%
Robbin (RH)	3,985	3480	3,412	14.5%
Stragor Podr	1,420	1480	1,409	-4.1×
Woodlaun (WH)	3,825	3216	3,526	18.9%
Tatal Primary Care Pravider Ti		52.5##	52,007	-0.1×
Specialty/Diagr				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Awtin (AH) Behavioral Health	1,618	1,861	1,630	-13.0%
Awtin (AH) OBGYN	165	153	133	7.8%
North Riverride (NR) Fam Plan (Grant)(1		104	102	-10.3%
North Riverside (NR) OB Gyne (NR)	123	179	165	-31.4%
Care Specialty	2,709	3,300	3,012	-17.9%
Lagan Square (LS) OBGYN Martan Eart (ME) OBGYN	161	220 16	270 26	-26.8% -87.9%
Morton East (ME) Psych	18	24	24	-87.9% -24.0%
OFHC (OF)	8,769	10,181	9,075	-13.9%
Oral Health (OH)	2.924	2,778	1,617	5.3%
Specialty Care (SC) OBGYN / RHS	5,409	6,439	5,582	-16.0%
Strager Pedr Specialty	3,932	4,755	4,331	-17.3%
Total Specialty Care Provider			25,967	-13.6%
		ncillary Servi		)
Measure		FYTD Target		Percent From Target
OFHC PT/OT Valume	2,338	i i i D i aiget	2,678	
OF HOT HOT YBIGMS		erships- FYTD		
				D
Measure				Percent From Target
CDPH	5,937	4,440		33.7%
Siegle Health Center (CCHHS	118	142	154	-16.9%



### **Volume Indicators**









## Human Resources Metrics

Presented to the CCH Human Resources Committee on 05/27/2020 Approved by the CCH Board on 05/29/2020



## Employees Telework to COVID Response

Governor Pritzker Stay at Home Order

- To comply with governmental and public health directives, Cook County Health (CCH) operationalized a work from home process to have appropriate staff to provide clinical services:
- During the classification process, each Director focused on:
  - Patient safety
  - Regulatory requirements and,
  - Quality standards.
- Directors evaluated and classified their staff into three (3) categories:
  - Essential On-Site
  - Essential Work Remote
  - ☐ Non -Essential Stay Home



#### HIS Telework Support

In response to Governor Pritzker's order to shelter at home, CCH is allowing additional employee roles to work from If you need assistance with remote support or additional information, here are some ways you can get help.

#### What do I need at home?

- Internet connection
- 2. PC or MAC (with Citrix if you will be connecting to Cerner)

#### How do I connect from home?

Please refer to the following links for instructions on connecting from home. Most CCH users just need Office 365 or

- How to Connect to Email, Documents, and Virtual Meetings using Office 365 (Outlook, Word, Excel, OneDrive, 2. How to Connect to the Cerner Medical Record (PowerChart, FirstNet, Registration, Scheduling, etc.)
- How to Connect to Non-Cerner Applications (Lab, Oracle, CC Time, etc.) 4. How to Access Voicemail Remotely (Cisco and Avaya Voicemail)

#### How can I get help?

If you've followed the instructions above and are still having issues, please reach out

- Browse to our Online Service Portal at <a href="https://heip.cookcounty/health.org">https://heip.cookcounty/health.org</a> and sign in with your CCH username
- Fill out the Submit a ticker form and select "Internet, Portal, Citrix, VPN, etc. -> Telework / VPN" from the

If you are getting an error message, please include a screenshot if possible. This will help us route tickets to the team

The HIS department has a team of dedicated support members prioritizing remote support tickets. Your tickets will be processed on a first come first serve basis. The HIS department will do their best effort to provide guidance and support

March 2020



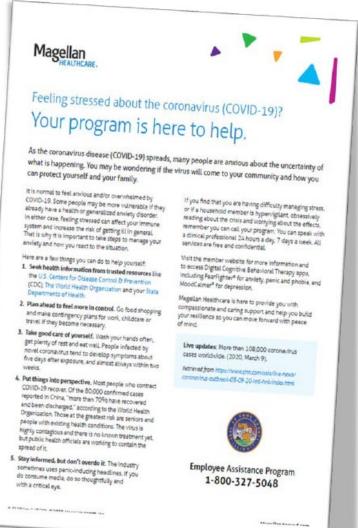
## **Employee Assistance Program**

Employee Assistance Program (EAP)

The **Cook County** EAP is administered by **Magellan** Healthcare, Inc. and is staffed by licensed professionals:

- Counseling
- Coaching
- ☐ Online Programs
- ☐ Employee Assistance Newsletters
  - January Developing Resilience and Grit
  - February Increasing Your Self-control in Challenging Situations
  - March Feeling Stressed About the Coronavirus (COVID-19)?
  - April COVID-19 How to Safeguard Your Mental Health While Quarantined
  - May Financial Webinars







1-800-327-5048 MagellanAscend.com

## **Employee Assistance Program**

CCH COVID-19 Internal Assistance

- CCH Staff Support Hotline
- Confidential
- CCH Volunteers Psychiatrist & Licensed Clinical Social Workers
- Initiative Lead by Dr. Joyce Miller (Psychiatry) & Dr. Diane Washington (Behavioral Health)

Mental Health









#### Staff Support Hotline



Phone Number: 312-864-5544

Hours: Monday-Friday 7am-6pm

The staff support hotline is a FREE and CONFIDENTIAL service that will be staffed by on-call volunteers from the Psychiatry Department, who are available to provide emotional support to all Cook County Health staff.

Please Note: When calling the hotline, staff will be asked to provide their first name and best call back number. The hotline manager will provide this information to the on-call volunteer, who will call back immediately. For afterhours, please leave a voicemail, which will be checked and responded to daily.



## Personnel Policy Related to COVID Response

#### **Additional Benefit Time**

- An employee may be paid an additional 10 days of benefit time
  - Structured to encourage Employees to be tested if not well
  - Employee is placed into a paid leave status for up to ten (10) days.
  - Additional time is available with Interim CEO and or CHRO review if needed.
    - Criteria
      - ✓ Employee provide medical documentation from EHS and/or medical provider indicating positive test results.
      - ✓ Submit a written request for additional paid time off consideration to Operations Counsel Email address.
      - Complete additional COVID testing if required by EHS.
      - ✓ Participate in Telehealth check-ins when requested by EHS, to undergo medical evaluation.



Revised COVID19 Personnel Rule Addendum

#### Paid Time Off Vacation

- Based on operational need management has the discretion to:
  - Cancel previously approved vacation requests and,
  - o Deny future vacation requests
- Employees who reach the maximum allowed number of accrued vacation hours and whose vacation requests are denied will be:
  - Paid wages at their regular rate of pay in lieu of vacation hours.
- Vacation Accruals:

Years of Service	Maximum Accrual Days Per Year	Maximum Accrual Days	Maximum Accrual Hours
1 to 4	15	30	240
5 to 9	20	40	320
10 or more	25	50	400



HEALTH

CANCELLED VACATION REQUESTS DURING PANDEMIC

Division Name
Vacation Accrual





## **Employee Engagement**















**Board of Commissioners** 













Health Care Employee
Discounts, Benefits and
Donations









This is not a comprehensive list



CARE

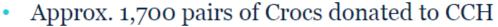






### **CCH** "Croc Rock" Contest

Contest for Clinical Staff



- Lead by Nurse Leaders Lisa Adamczyk, DNP, RN & Beth Vaclavik DNP, RN
- Rules;
  - Complete the team sign. The team sign must be professional, positive and appropriate to receive shoes.
  - Take a photo or yourself or convene a group photo WITH the SIGN VISIBLE IN THE PHOTO
  - Send the team photo to: <u>CCHClinicalStaffCroc@cookcountyhhs.org</u>
  - Include in your email the names of everyone in the photo and their shoe size (complete and paste graph below into your submission email).













## OUR ADVOCACY GOES ABOVE AND BEYOND HEALTHCARE.



















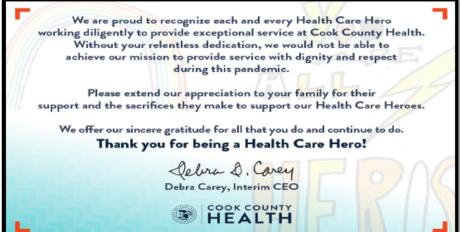




## **Employee Engagement**

Healthcare Heroes!









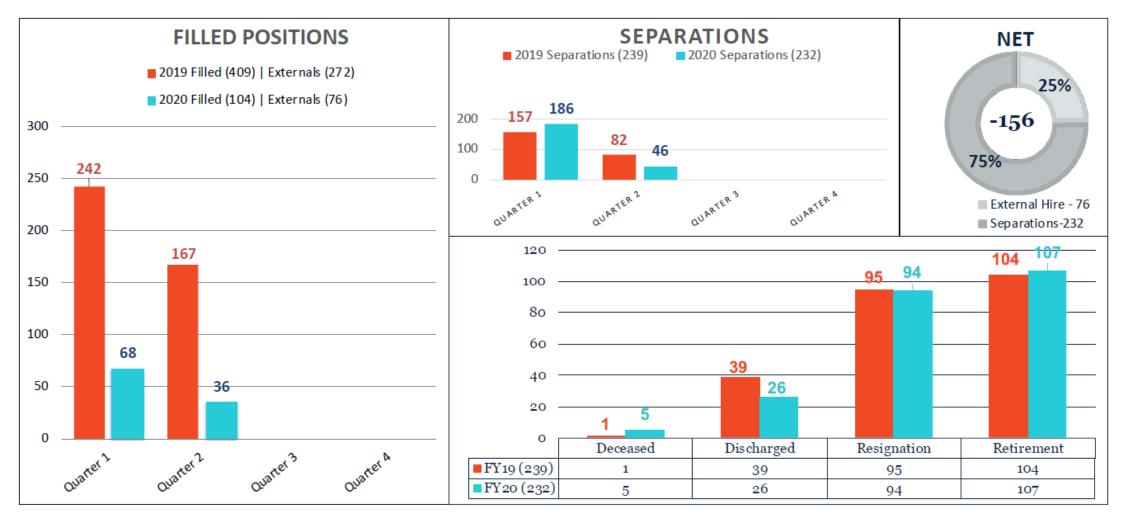






## FY2020 CCH HR Activity Report

Thru 04/30/2020





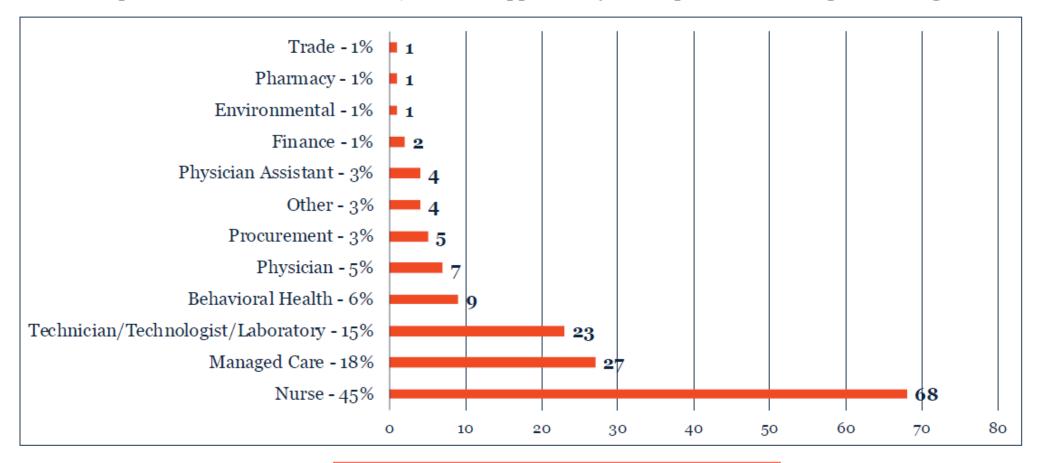
## Cook County Health HR Activity ReportHiring Snapshot

Thru 04/30/2020 **Clinical Positions** 137 | 68% 201 Positions in Recruitment **Non-Clinical Positions** 64 | 32% 350 126 (63%) of the positions in process, 24 are in the post-validation phase 300 19 29 Count of positions 250 Classification & 43 3 Compensation 13% 76 / 73% 200 61 **Externals** Hiring 150 Manager 19 Position 104 Control 100 25% **BHR** Labor 50 25% 0 **Shared Responsibility Human Resources** Finance / Human Resources **Shared Responsibility** Management



## Hiring Plan

Of the 209 positions in Human Resources, 152 were approved by the Department of Budget & Management Services:



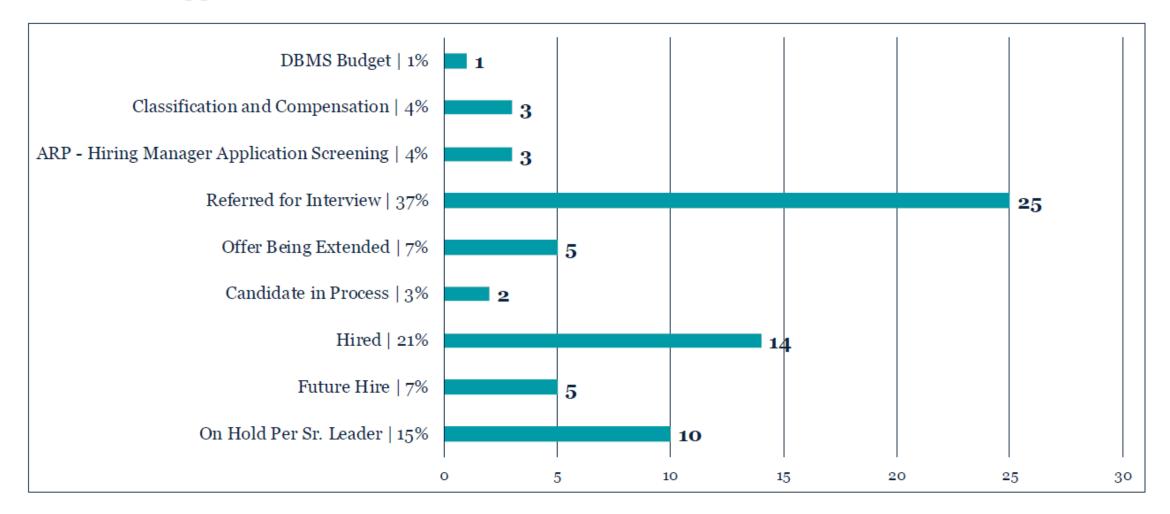
#### **Nursing Positions Note:**

- 30 RTHs Shift Bid/Lateral Transfers
- 68 RTHs In Recruitment Cycle
- 3 RTHs Filled 101 RTHs Approved



## Nursing Hiring Plan

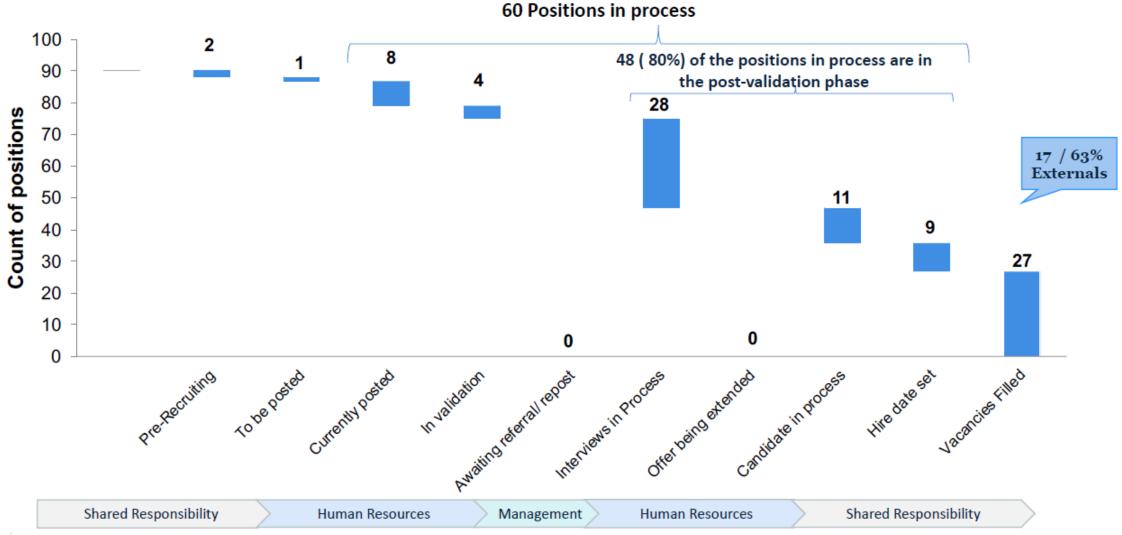
101 were Nursing positions = 68 in Recruitment + 30 shift bids/lateral transfers + 3 filled.





## Cook County Health HR Activity Report Nursing Hiring: CNI, CNII

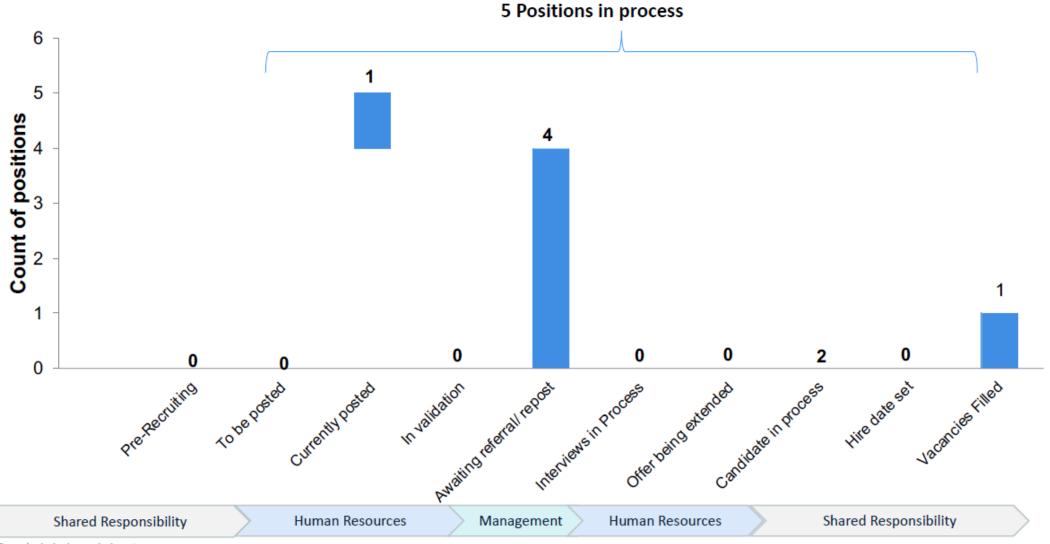
Thru 04/30/2020





## Cook County Health HR Activity ReportRevenue Cycle

Thru 04/30/2020





## Managed Care Metrics

Presented to the CCH Managed Care Committee on 05/27/2020 Approved by the CCH Board on 05/29/2020



### Monthly Membership as of May 5, 2020

Category	Total Members	ACHN Members	% ACHN
FHP	210,781	15,614	7.4%
ACA	75,882	12,316	16.2%
ICP	29,783	5,665	19.0%
MLTSS	5,991	0	N/A
SNC	7,174	1,235	17.2%
Total	329,551	34,830	10.6%

**ACA**: Affordable Care Act

**FHP**: Family Health Plan

**ICP:** Integrated Care Program

MLTSS: Managed Long-Term Service and Support (Dual Eligible)



# Managed Medicaid Market

#### Illinois Department of Healthcare and Family Services April 2020 Data

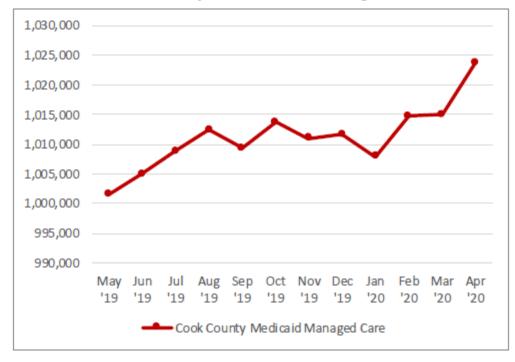
Managed Care Organization	Cook County Enrollment	Cook County Market Share
*CountyCare	326,631	31.9%
Blue Cross Blue Shield	252,951	24.7%
Meridian (a WellCare Co.)	222,670	21.8%
IlliniCare (a Centene Co.)	100,411	9.8%
Molina	64,681	6.3%
*Next Level	56,421	5.5%
Total	1,023,765	100.0%

<sup>\*</sup> Only operating in Cook County

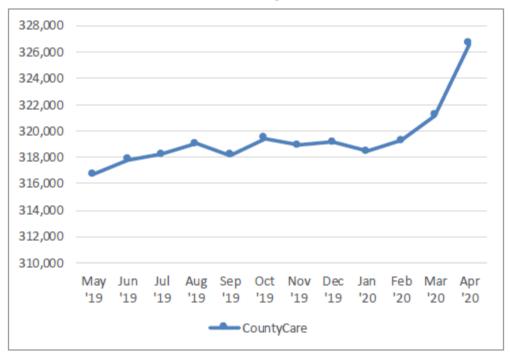


# IL Medicaid Managed Care Trend in Cook Countaints not to scale)





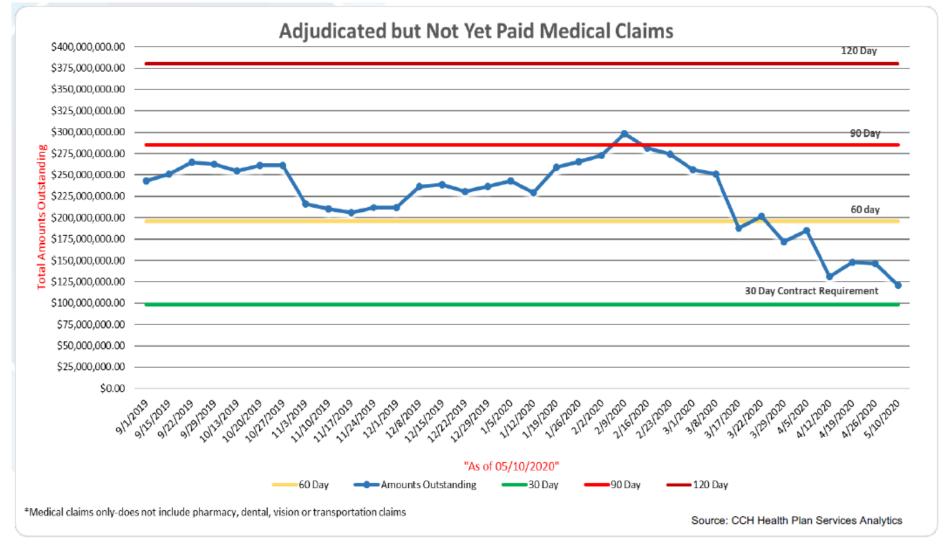
#### CountyCare



CountyCare's enrollment increased almost 2% in April 2020 compared to the prior month

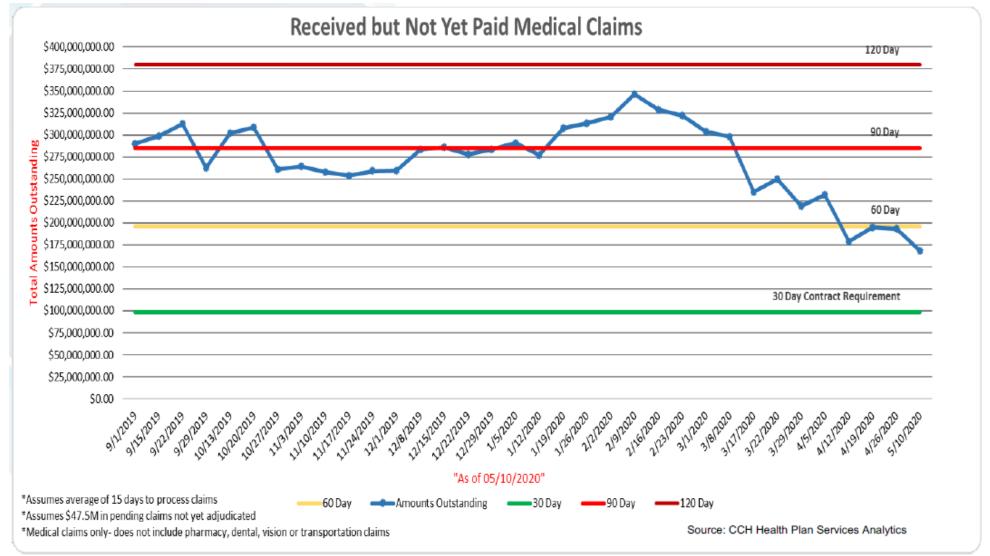


# Claims Payment





# Claims Payment

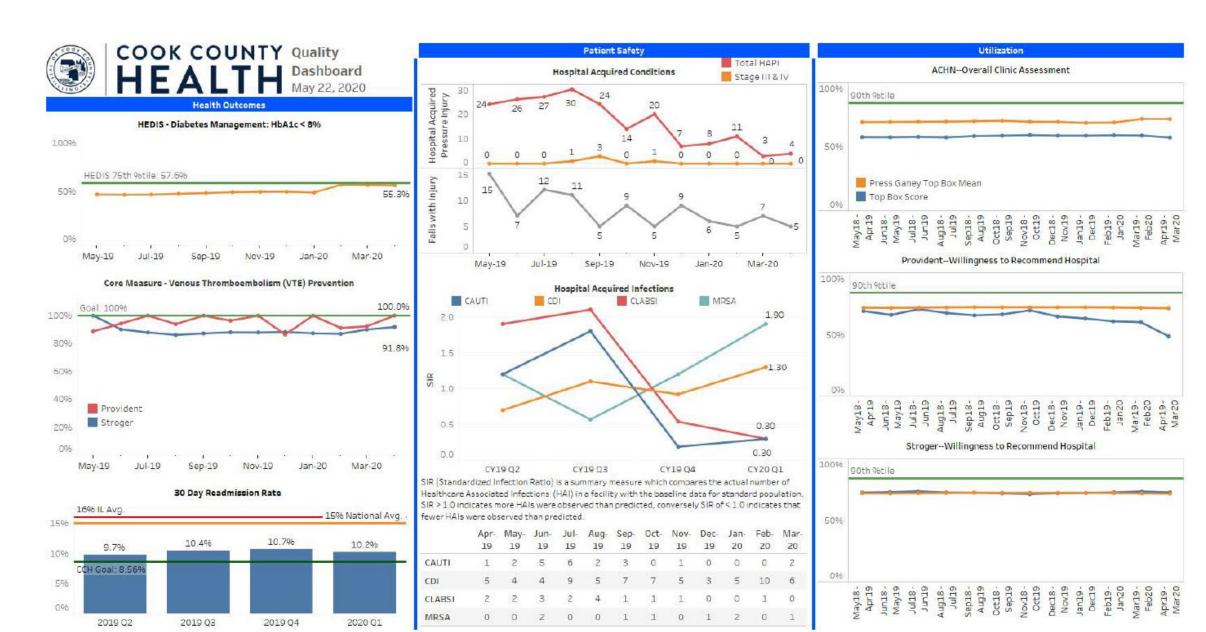




# Quality & Patient Safety Metrics

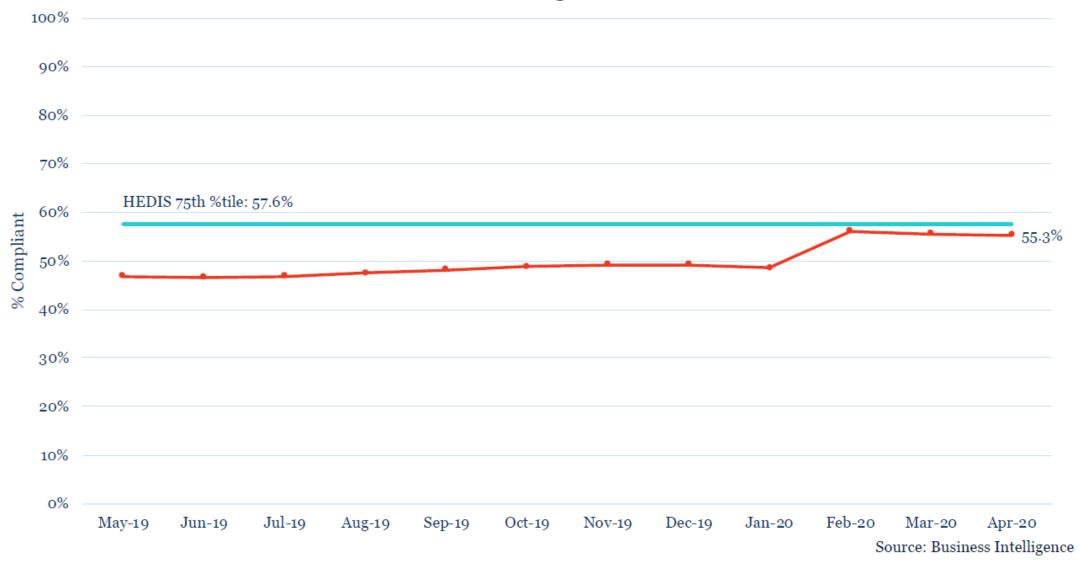
Presented to the CCH QPS Committee on 05/22/2020 Approved by the CCH Board on 05/29/2020





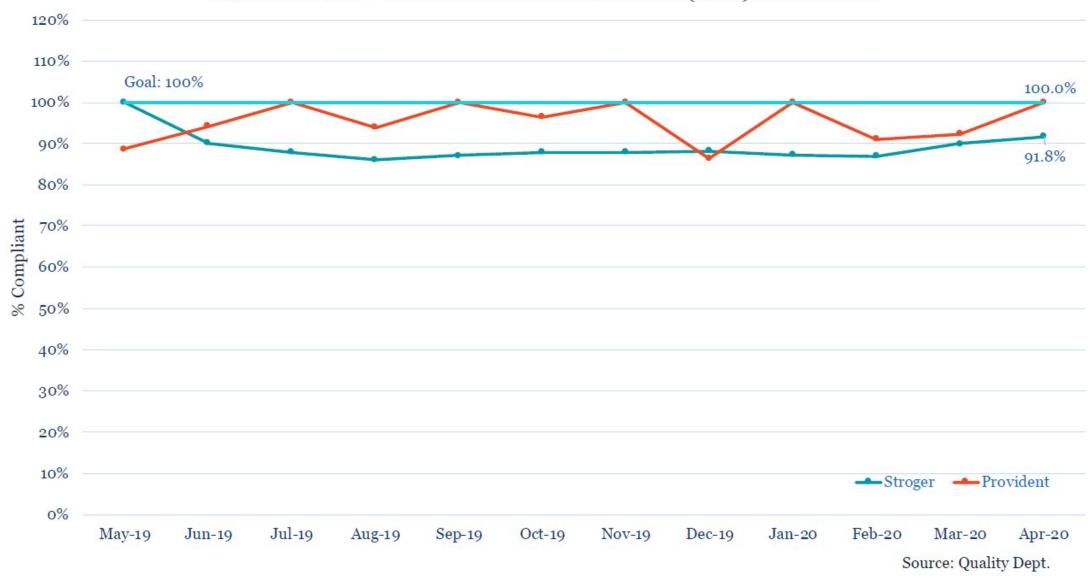


#### HEDIS – Diabetes Management: HbA1c < 8%



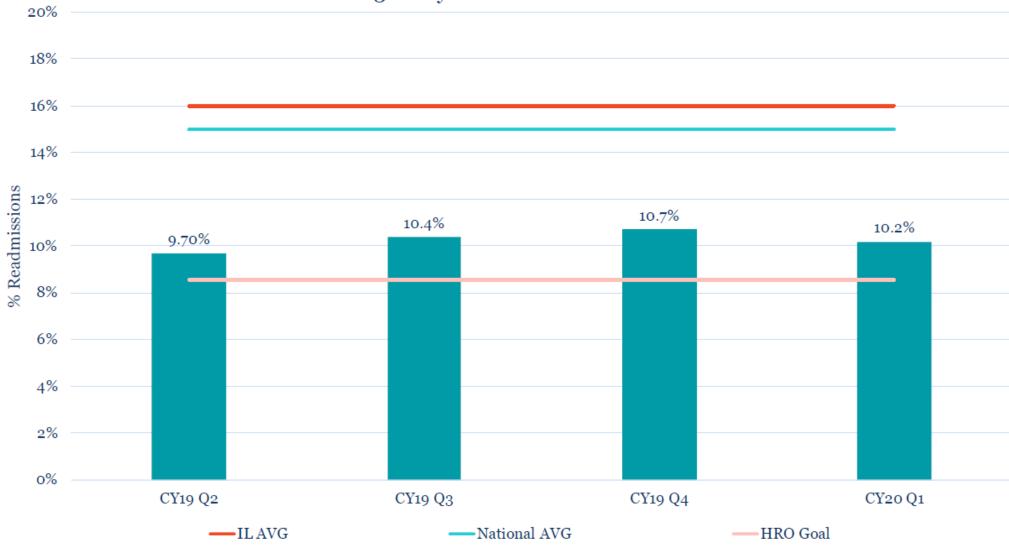


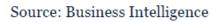
#### Core Measure - Venous Thromboembolism (VTE) Prevention





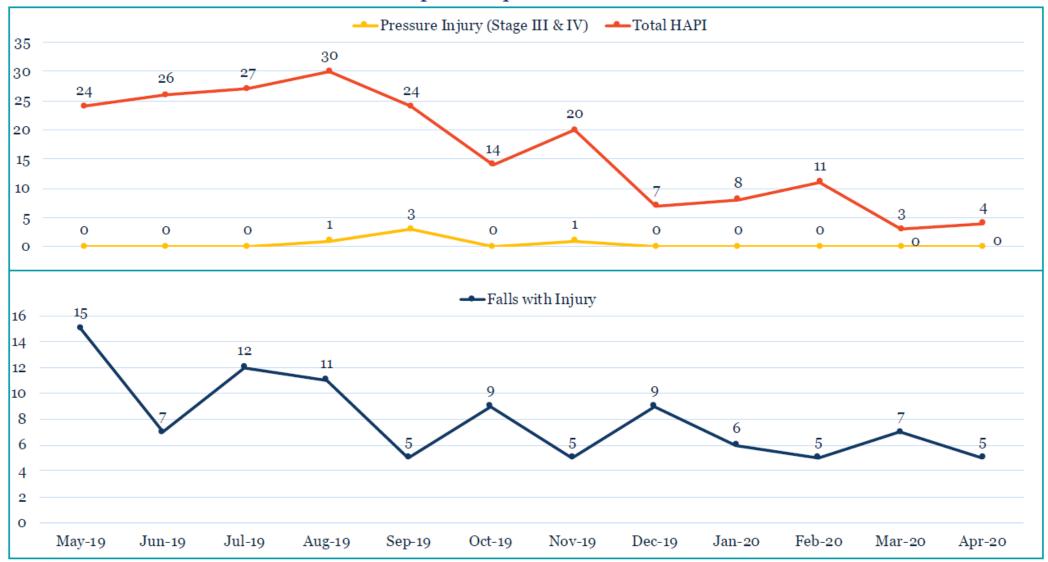
#### 30 Day Readmission Rate





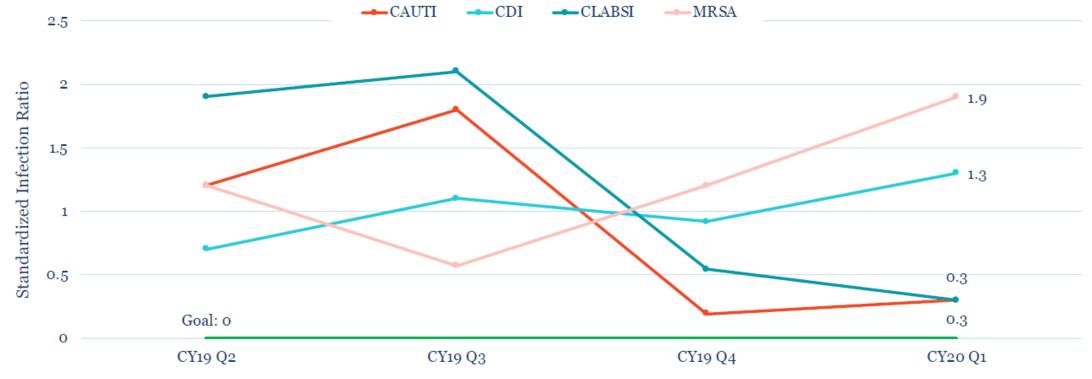


#### **Hospital Acquired Conditions**





#### **Hospital Acquired Infections**



	Apr- 19	May- 19	Jun- 19	Jul- 19	Aug- 19	Sep-	Oct-	Nov- 19	Dec-	Jan- 20	Feb- 20	Mar- 20
CAUTI	1	2*	5	6	2	3	0	1	0	0	0	2
CDI	5	4	4	9	5	7	7	5	3	5	10	6
CLABSI	2	2	3	2	4	1	1	1	0	0	1	0
MRSA	0	0	2	0	0	1	1	0	1	2*	0	1

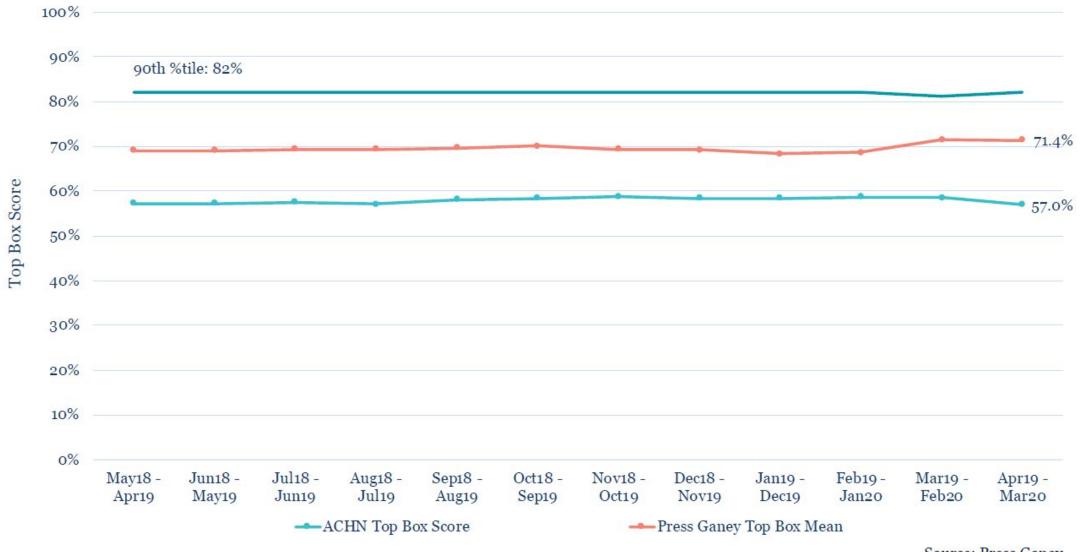
SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs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

\*Amended

Source: Infection Control Dept.



#### ACHN - Overall Clinic Assessment







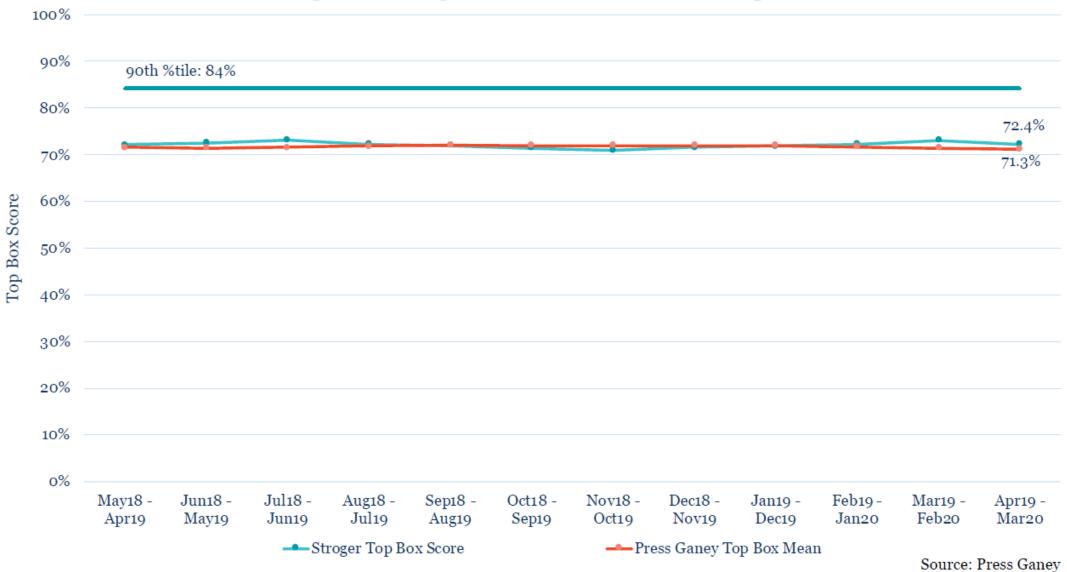
#### Provident - Willingness to Recommend the Hospital





Source: Press Ganey

# Stroger – Willingness to Recommend the Hospital





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	Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: The day of or the day after hospital admission The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission Denominator: All patients	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).	riess Galley
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



# Social Media Report

Approved by the CCH Board on 05/29/2020



# Social Media Insights

As of May 28, 2020

#### Twitter (28 Day Summary)

• Impressions: 54.8K

Profile visits: 685

Mentions: 145

• Followers: 2,835 (up 89)

#### LinkedIn (30 Day Summary)

• Impressions: 21.4K

Unique visitors: 556

Followers: 4,652 (up 291)

#### Facebook (28 Day Summary)

• Post Reach: 108.3K

• Engagement: 17.0K

• Video views: 97.5K

• Page views: 3,338

Page likes: 4,375 (up 180)

• Followers: 5,745 (up 228)

#### **Instagram (7 Day Summary)**

• Impressions: 3,192

• Reach: 674

Profile visits: 231

Followers: 1,499 (up 22)

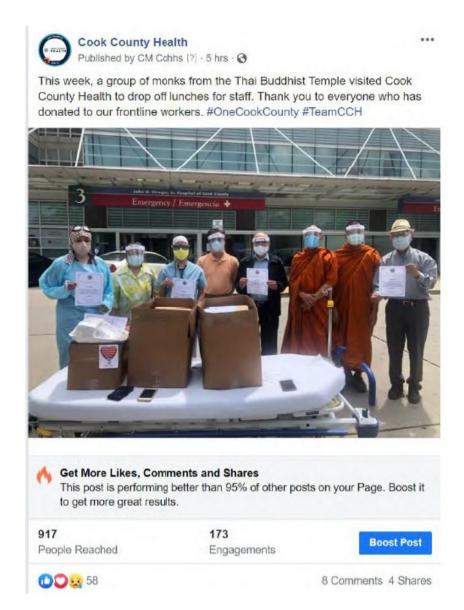


# Facebook

https://www.facebook.com/Cookcountyhhs/



























Cook County Health would like to thank and recognize all the emergency medical personnel on the frontlines caring for our patients and the communities we serve, especially as we fight the COVID-19 pandemic. #EMSWeek #OneCookCounty



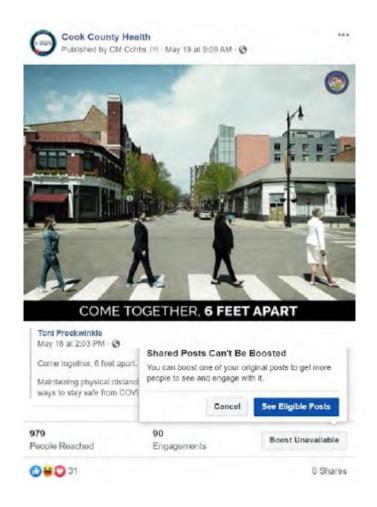


















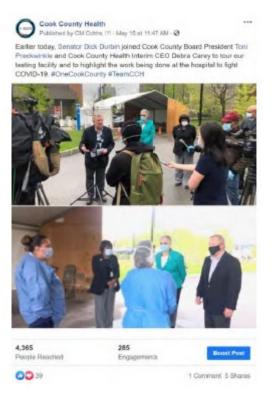








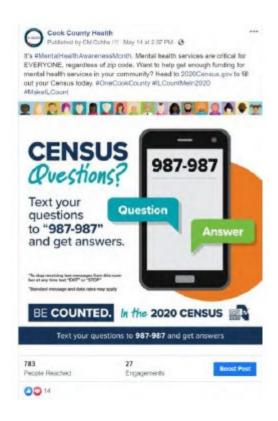








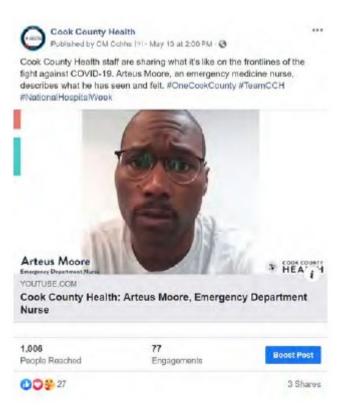




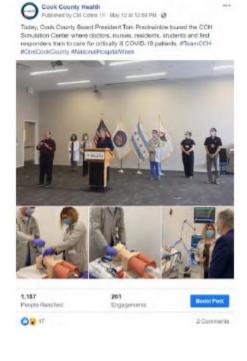
















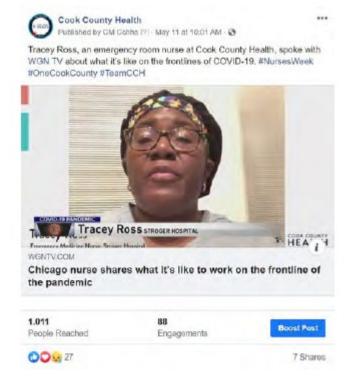




































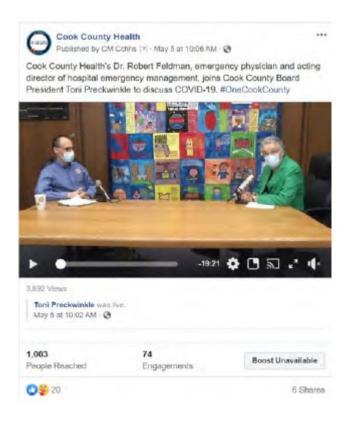




























The COVID-19 crisis serves as yet another reminder of the importance of having access to health care and social programs.

Many of these programs depend on federal funding, the amount of which is determined by the results of the 10-year census.

Check out this video message from Governor Pritzker, Cook County Board President Preckwinkle and Mayor Lightfoot to fill out the Census because YOU matter! #CookCountyCensus #MakelLCount #BeCounted #Census2020 #COVID19 #OneCookCounty









Thank you to Toni Preckwinkle, Commissioner Dennis Deer, Commissioner Kevin Morrison, Commissioner Bill Lowry, Cook County - 3rd District and Senator Robert Peters for providing boxed lunches to the health care workers at Cook County Health today! #TeamCCH #OneCookCounty #COVID19 #HealthcareHerces



1,388 People Reached	397 Engagements	Boost Post
<b>OO</b> 56		4 Comments 3 Shares



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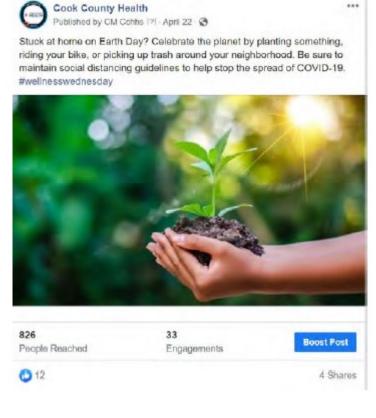






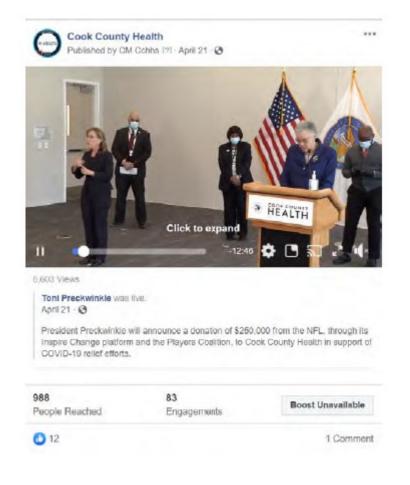














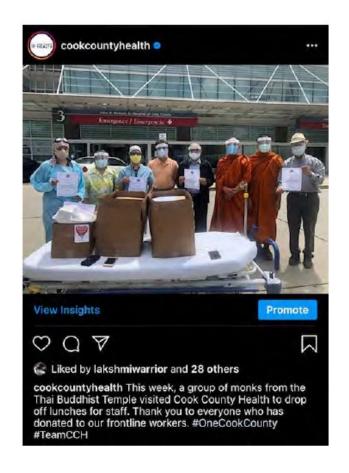




# Instagram Does NOT include story posts

https://www.instagram.com/cookocuntyhealth/



















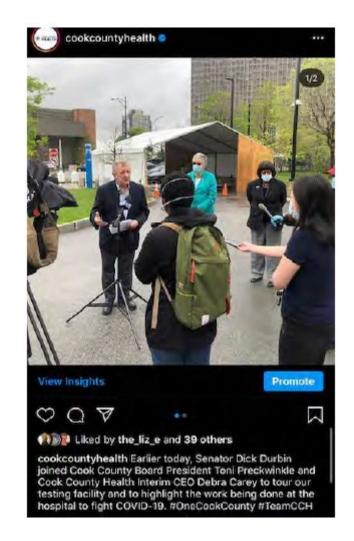








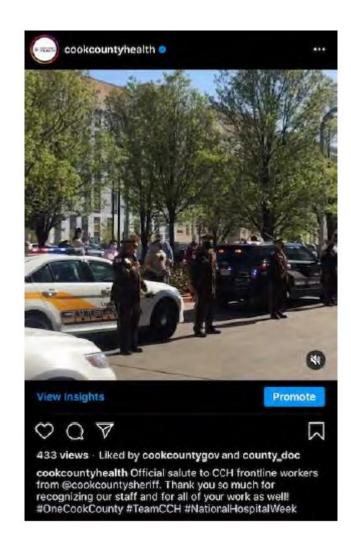






















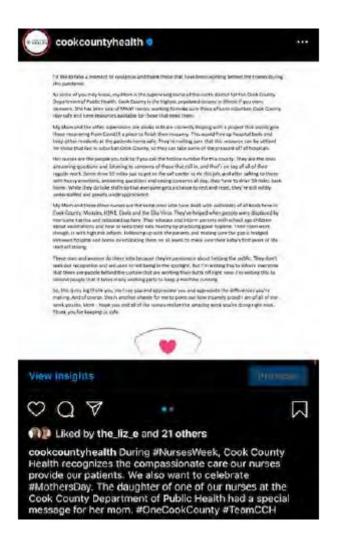


















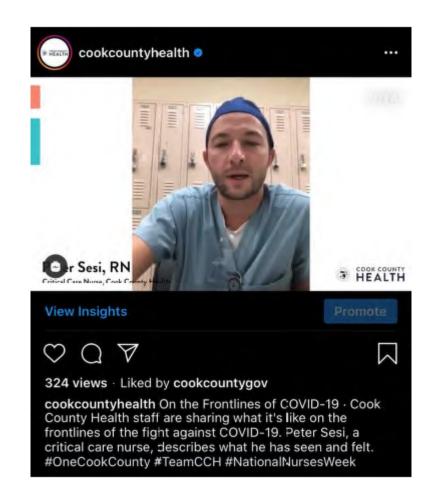






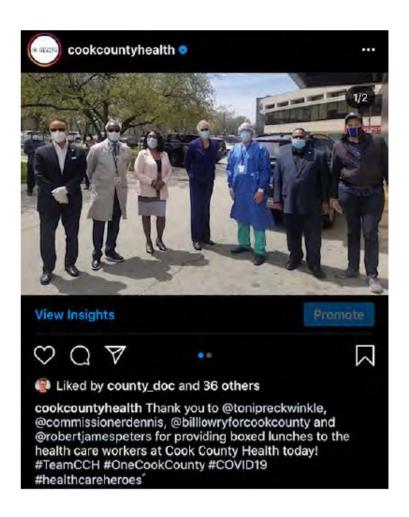








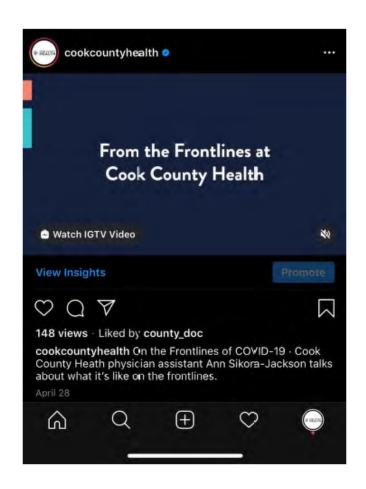


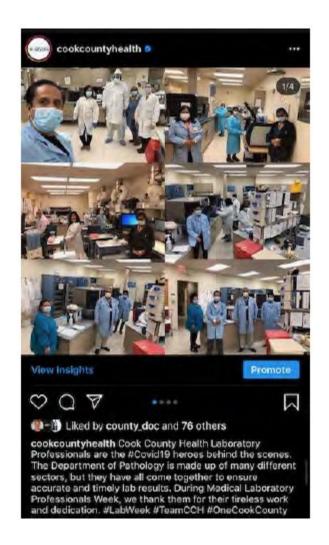






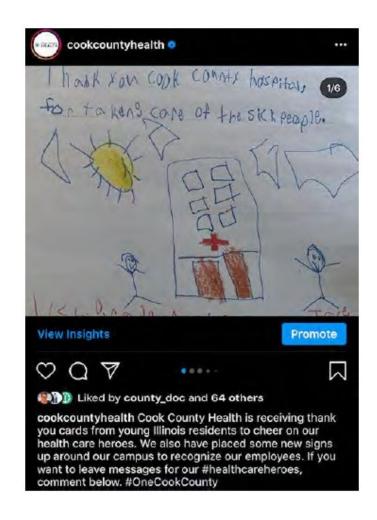
















# Twitter- includes retweets

https://twitter.com/CookCtyHealth



















P HEATYN

#### Cook County Health @CookCtyHealth · May 26

Dr. Paul Rubinstein joined Congressman Danny Davis, Cook County Board Commissioners Dennis Deer and Donna Miller, other hospital leaders and officials from Vitalant to appeal for donations of plasma from recovered COVID-19 patients. To learn more, visit vitalant.org/COVIDFree.











12 You Retweeted
Toni Preckwinkle ② @ToniPreckwinkle · May 22

Please remember, we are in this together – as one Cook County- even when we're physically apart. Now, let's continue to do our part for our health care workers.



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Show this thread

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Cook County Health continues to be grateful for the messages of support and thank you cards we are receiving from the community. #OneCookCounty #TeamCCH







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Cook County Health @CookCtyHealth · May 20

17 3



tl You Retweeted









th You Retweeted





Cook County Health @CookCtyHealth · May 15

Commissioner Bill Lowry recently visited Provident Hospital to thank staff.

Commissioner Lowry is raising funds to deliver meals to First Responders at seven hospitals across the District. Learn more at CommissionerLowry.com/SupportFund.

#### #OneCookCounty #TeamCCH











It's #MentalHealthAwarenessMonth . Mental health services are critical

Cook County Health @CookCtyHealth · May 14











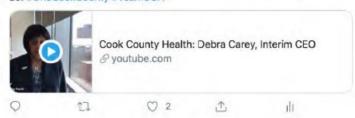


Cook County Health @CookCtyHealth · May 13





During #NationalHospitalWeek, interim CEO Debra Carey has a message for the many people who are working hard to care for and support the care of patients during the #COVID19 pandemic. Thank you for all that you do. #OneCookCounty #TeamCCH





#### Cook County Health @CookCtyHealth · May 12

As we close out #NursesWeek, we would like to wish a Happy Birthday to the late #FlorenceNightingale, founder of modern nursing, who paved the way for the heroic work of nurses today. #OneCookCounty #TeamCCH #NationalNursesWeek































### Cook County Health @CookCtyHealth · May 8

17 4

Thank you former President @BarackObama! We are incredibly proud of Dr. Fakhran and all of our frontline physicians, nurses and staff for their willingness and commitment to protect our community during the #COVID19 pandemic. #OneCookCounty #TeamCCH instagram.com/p/B\_8AoL2FL3/...

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#### Cook County Health @CookCtyHealth · May 7

Cook County Commissioner Donna Miller sent a message of support to the hardworking nurses during this special #NursesWeek. Thank you, Commissioner Miller. #OneCookCounty #TeamCCH #HealthcareHeroes #COVID19



Cook County Health @CookCtyHealth - May 7

Cook County Health staff are sharing what it's like on the frontlines of the fight against COVID-19. Tracey Ross, an emergency medicine nurse, describes what she has seen and felt. youtube.com/watch?v=V8bnHY...

#OneCookCounty #TeamCCH #NationalNursesWeek

Cook County Health: Tracey Ross, Emergency Medicine Nurse

0 1

@youtube.com



#### B HEALTH

#### Cook County Health @CookCtyHealth · May 6

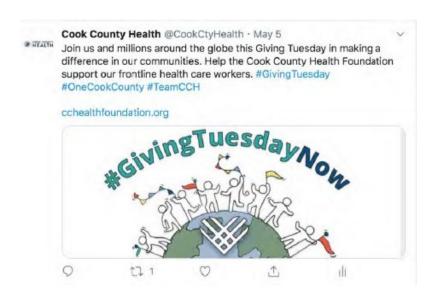
Today, Cook County Health was joined by @ToniPreckwinkle to jump start #NationalNursesWeek and honor nurses for their professionalism, hard work and commitment to excellent, high-quality patient care. #TeamCCH #OneCookCounty #HealthcareHeroes



















director of hospital emergency management, joins Cook County Board President Toni Preckwinkle to discuss COVID-19. #OneCookCounty



Cook County Health @CookCtyHealth · May 4 Cook County Health staff are sharing what it's like on the frontlines of the fight against COVID-19. Peter Sesi, a critical care nurse, describes what he has seen and felt. #OneCookCounty #TeamCCH #NationalNursesWeek Cook County Health: Peter Sesi, Critical Care Nurse Peter Sesi talks about what it's like working on the frontlines of COVID-19 at Cook County Health. @youtube.com 111 0 6 1



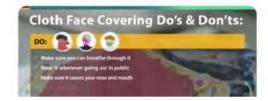




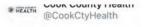
Thank you to @ToniPreckwinkle, @Commdeerdis2, @BillLowryFor3 and @senpetersil for providing boxed lunches to the health care workers at Cook County Health today! #TeamCCH #OneCookCounty #COVID19 #HealthcareHeroes











This week, CCH hosted a medical delegation from the Polish Ministry of Defense. The Polish military's Medical Corps recently treated COVID-19 patients in Poland and Italy. The teams exchanged learned experiences from the frontlines about treating and managing COVID-19.





13 You Retweeted



COVID-19 is causing heightened levels of stress. Reach out and check on your loved ones and community members and share these tips on managing anxiety and stress. ow.ly/ TI2i50z4NUV





Cook County Health staff are sharing what it's like on the frontlines of treating COVID-19. Ann Sikora-Jackson, a physician assistant in the emergency department, describes what she has seen and felt. #OneCookCounty #TeamCCH





Add another Tweet



@CookCtyHealth in Chicago was prepared for a #COVID19 surge early on. Now, ongoing efforts focus on reaching African American and low-income communities. ama-assn.org/delivering-car... (via @AmerMedicalAssn) #healthequity #COVID—19







# #OneCookCounty #TeamCCH

Toxikon Chicago @toxikonchic... · 4/26/20

Join @ERtox Steve Aks on 4/29 @2pm CDT discuss COVID-19 from the front line in Chicago. ACMT webinar series, register to join the event. @acmtmedtox @CookCountyEM @CookCtyHealth #COVID acmt.net/covid19...

7:34 AM · 4/27/20 · Twitter for iPhone

| View Tweet activity











## #OneCookCounty

CCDPH @CookCoHealth - 4/27/20

Aunt Martha's Pediatric Health Center located at 500 Dixie Hwy, in Chicago Heights, now offers drive-thru COVID-19 testing Mon-Tues, Fri 8:30AM-4PM for high-risk patients, by appointment only. If you have COVID-19 symptoms: fever, cough, or shortness of breath call 877-692-8686.



Add another Tweet



Laboratory Professionals are the #Covid19 heroes behind the scenes. They have come together to ensure accurate and timely lab results. During Medical Laboratory Professionals Week, we thank them for their tireless work and dedication. #LabWeek #OneCookCounty #TeamCCH











Today Amy and I packed and delivered @pachasoap basket of #selfcarekits to our frontline workers at @UlHealth, @SwedishChicago Hospital, Stroger Hospital @CookCtyHealth, and Schwab Rehabilitation Hospital @SinaiChicago.







Dr. Michael Schindlbeck, an emergency room physician for Cook County Health, recently spoke to @nbcchicago about his experience on the frontlines of the #COVID19 pandemic.



Doctor From the Front Lines Speaks Out About Coronavirus I... nbcchicago.com

11:46 AM · 4/23/20 · Twitter for iPhone

| View Tweet activity

3 Retweets 9 Likes

Add another Tweet



Stuck at home on Earth Day?
Celebrate the planet by planting something, riding your bike, or picking up trash around your neighborhood. Be sure to maintain social distancing guidelines to help stop the spread of COVID-19.
#WellnessWednesday







Happy #EarthDay (3), Cook County!

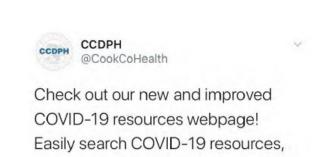
Protect our environment.

Keep yourself and your community
healthy by throwing away PPE and

wipes in the trash.



2 Cook County Dept of Environment and Sustai...



support services, information,

COVID-19 data and more! ow.ly/

vRE150zkkUe





@CookCoHealth will be highlighting Everyday Heroes of the COVID-19 response on our website and social media. Nominate and Everyday Hero today! cookcountypublichealth.org/ communicable-d...





## @Cooкстунеант

Cook County Health is receiving thank you cards from young Illinois residents to cheer on our health care heroes. If you want to leave messages for our #healthcareheroes, comment below. #OneCookCounty





Take preventive steps, wash your hands frequently, avoid touching your face, stay home when you are sick, cover your cough or sneeze with a tissue and throw the tissue in the trash, clean and disinfect frequently touched objects and surfaces.





Today, the @NFL and its Players
Coalition announced a \$250,000
donation to the Cook County Health
Foundation to support the work of
Cook County Health in caring for
communities of color who have been
disproportionately impacted by the
#COVID19 pandemic.





# Thank you.

