

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, December 13, 2019 at the hour of 10:30 A.M. at 1950 W. Polk Street, in Conference Room 5301, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH; Heather M. Prendergast, MD, MS, MPH; and Layla P. Suleiman Gonzalez, PhD, JD (4)

Board Chair Hammock (ex-officio) and Directors Mike Koetting and Mary B. Richardson-Lowry

Patricia Merryweather (Non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Umair Jabbar, MD – Stroger Hospital Division of Hospital Medicine

Rudi Kumapley, MD – Medical Director, Stroger Hospital

Jeff McCutchan –General Counsel

Iliana Mora – Chief Operating Officer, Ambulatory Services

John O’Brien, MD – Chair, Department of Professional Education

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief Executive Officer

Cassandra Wadlington – Manager of Transitional Care

Sonya Watkins – System Director of Regulatory Affairs and Accreditation

II. Public Speakers

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

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates

Sonya Watkins, System Director of Regulatory Affairs and Accreditation, provided updates on regulatory and accreditation matters. There was a site visit from representatives from the American College of Surgeons’ Commission on Cancer; this visit occurs every two (2) years. There was also a visit from representatives from the College of American Pathologists at Provident Hospital for laboratory services. The survey at Provident Hospital went extremely well, with minimal recommendations; staff are in the process of submitting a corrective action plan for the minor recommendations they received. With regard to the Commission on Cancer, it was a successful survey. Dr. John Jay Shannon, Chief Executive Officer, noted that, for both of these visits, they have only had the verbal exit conference with the surveying entities; he anticipates receiving formal written responses for both visits in the near future.

III. Report from Chief Quality Officer (continued)**B. Metrics (Attachment #1)**

Dr. Shannon stated that Dr. John O'Brien, Chair of the Department of Professional Education, will be reviewing the metrics; Dr. Rudi Kumapley, Medical Director of Stroger Hospital, is available to address any questions posed regarding the hospital-based services that will be covered.

Dr. O'Brien provided an overview of the metrics. The Committee reviewed and discussed the information.

During the discussion of the metrics regarding the Ambulatory and Community Health Network of Cook County (ACHN), Dr. Shannon noted that the Committee will be having a deep detailed review and conversation on the subject in the coming months.

C. Report on Readmissions High Reliability Organization (HRO) Workgroup (Attachment #2)

Dr. Umair Jabbar, from the Stroger Hospital Division of Hospital Medicine, and Cassandra Wadlington, Manager of Transitional Care, provided an overview of the Report on Readmissions HRO Workgroup, which included information on the following subjects:

- Aim Statement
- Data
- Conceptual Model: Project Re-Engineered Discharge
- Major Driver: Discharge Education and Support
- Major Driver: Follow-up
- Major Driver: Complex Needs

IV. Action Items**A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #3)**

Dr. O'Brien presented the following proposed Stroger Hospital Department Chair Initial Appointment for the Committee's consideration.

Initial appointment of the following individual as Department Chair of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Mopelola Akintorin, MD	Pediatrics 12/13/2019 – 12/12/2020	Department Chair of Pediatrics

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the proposed Stroger Hospital Department Chair Initial Appointment.
THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

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

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

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, and Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, were not present for the meeting.

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

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

C. Minutes of the Quality and Patient Safety Committee Meeting, November 15, 2019

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of November 15, 2019. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and V

V. Closed Meeting Items

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

The Committee did not recess into a closed meeting.

VI. Adjourn

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

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

Follow-up: The Committee will be having a deep detailed review and conversation on ACHN metrics in the coming months. Page 2

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
December 13, 2019

ATTACHMENT #1

QPS Quality Dashboard



December 13, 2019



COOK COUNTY
HEALTH

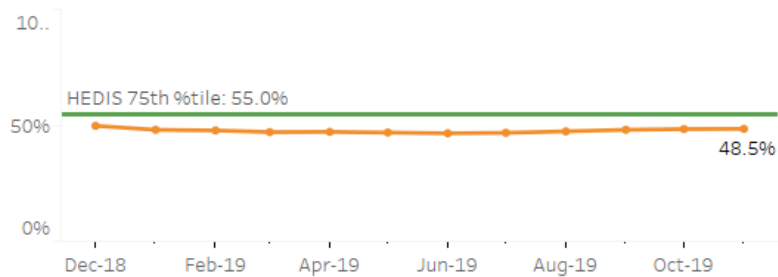


COOK COUNTY HEALTH

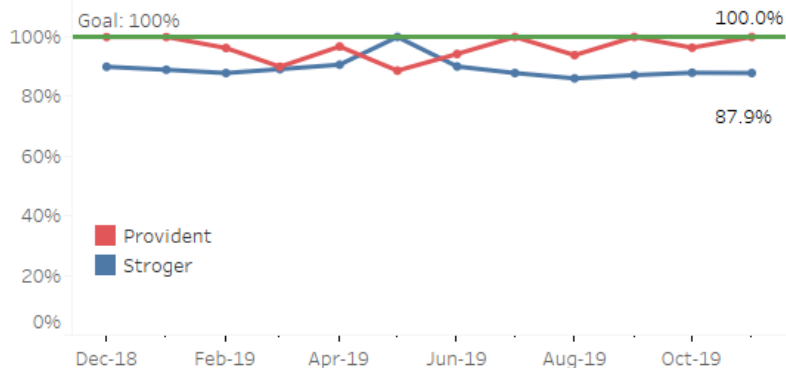
Quality Dashboard
December 13, 2019

Health Outcomes

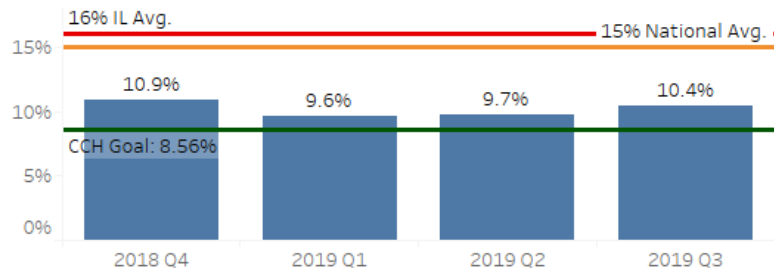
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

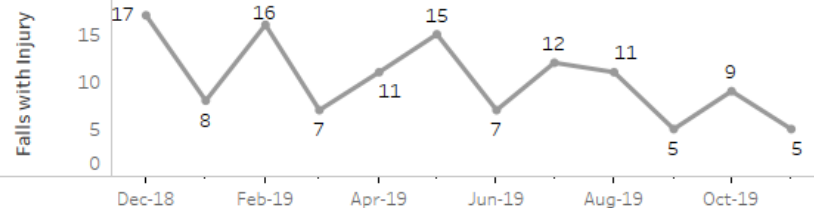
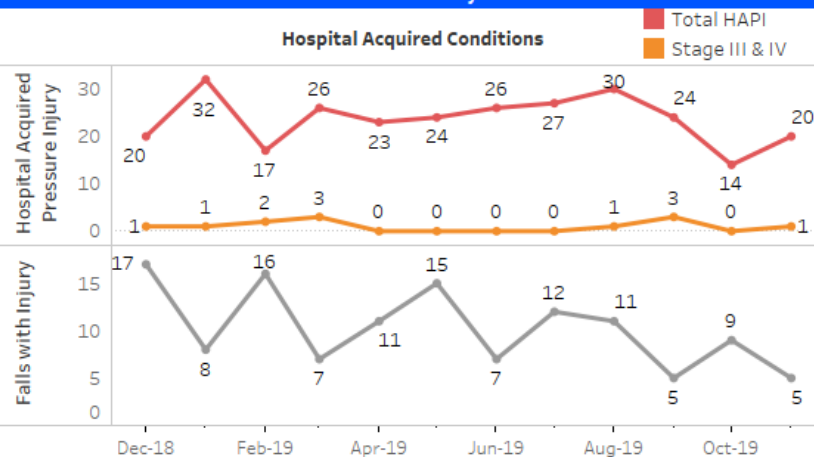


30 Day Readmission Rate

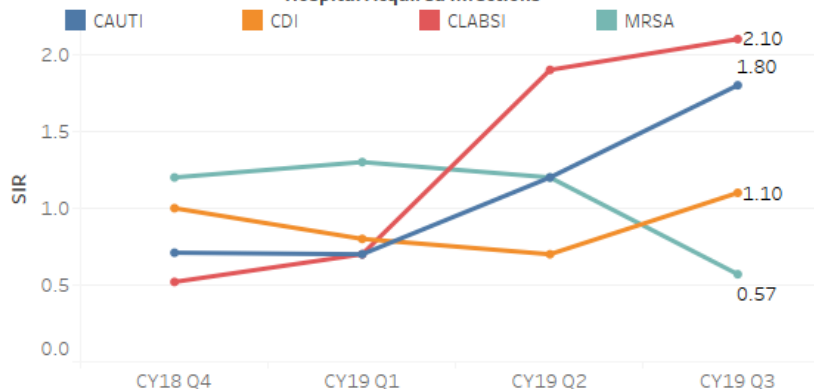


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

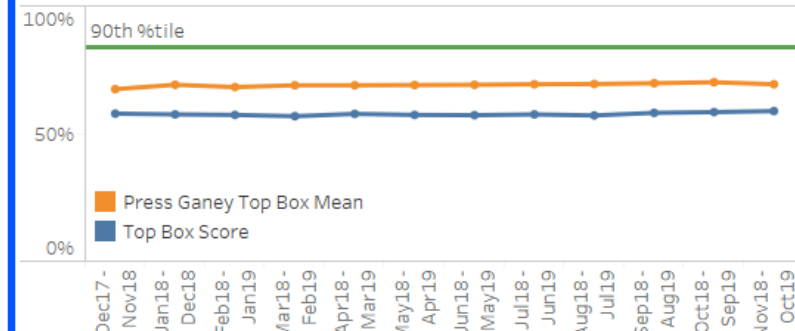


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs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

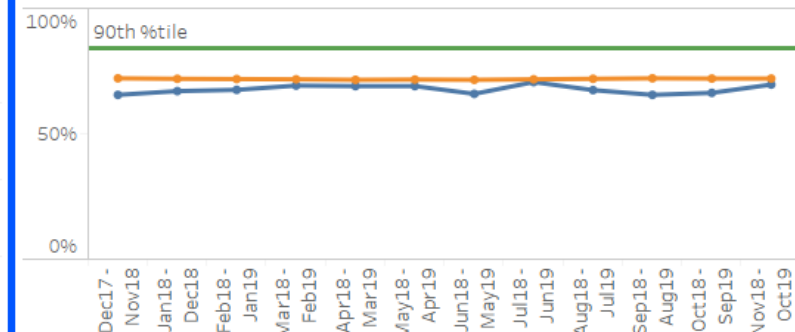
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
CAUTI	1	3	1	1	2	1	2	5	6	2	3	0
CDI	4	4	6	2	6	5	4	4	9	5	7	7
CLABSI	0	2	1	0	2	2	2	3	2	4	1	1
MRSA	1	0	1	0	1	0	0	2	0	0	1	1

Utilization

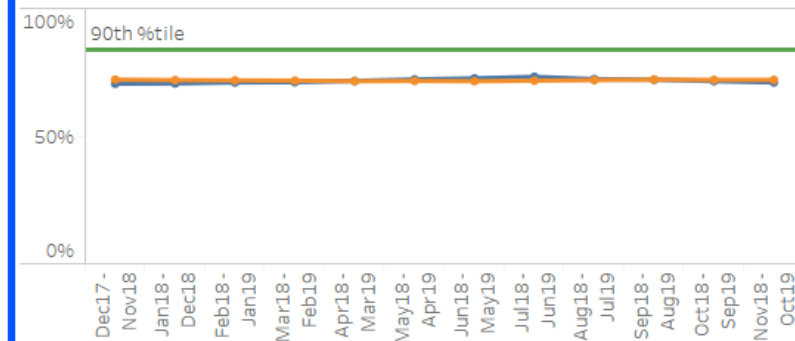
ACHN--Overall Clinic Assessment



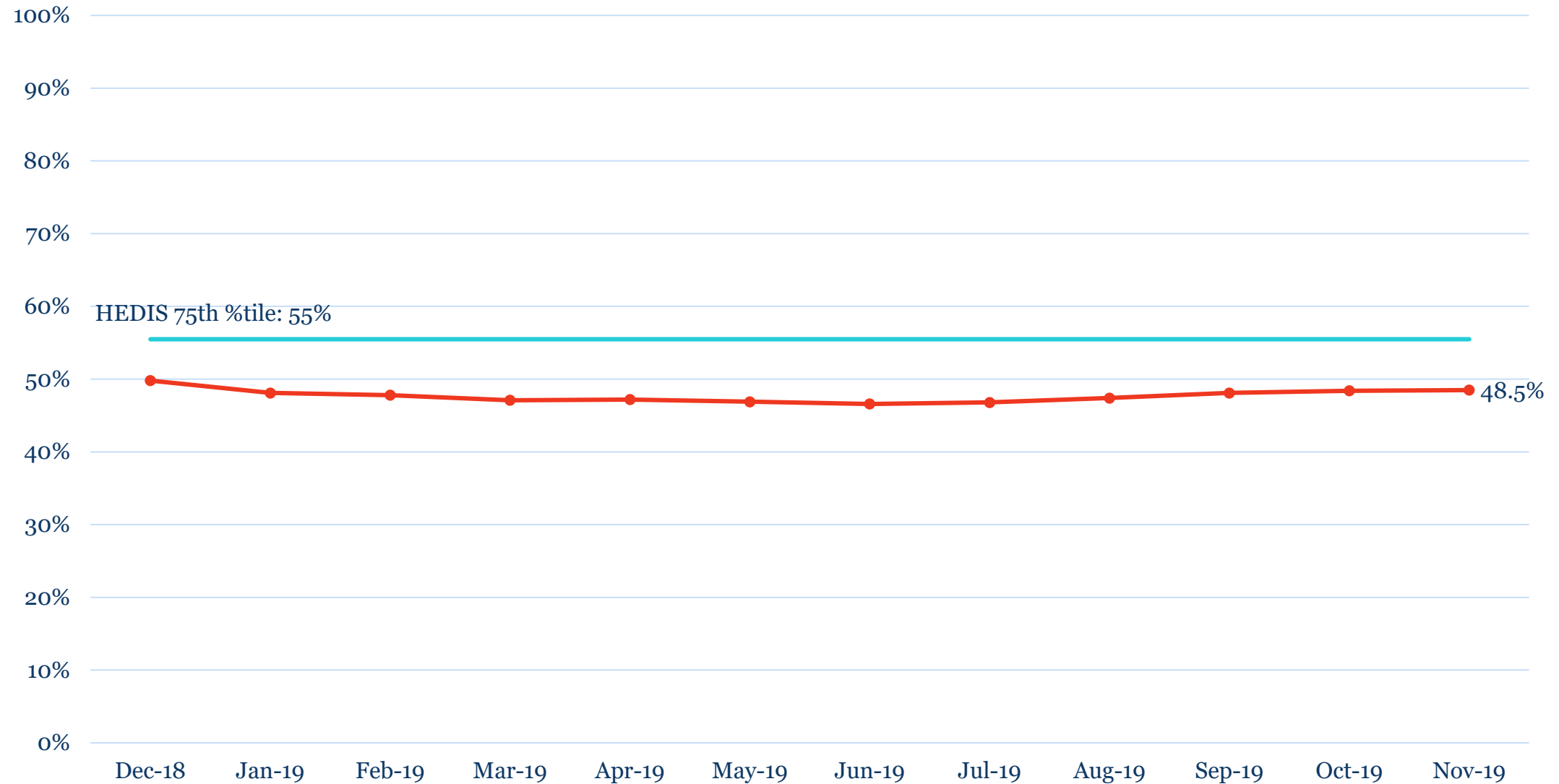
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

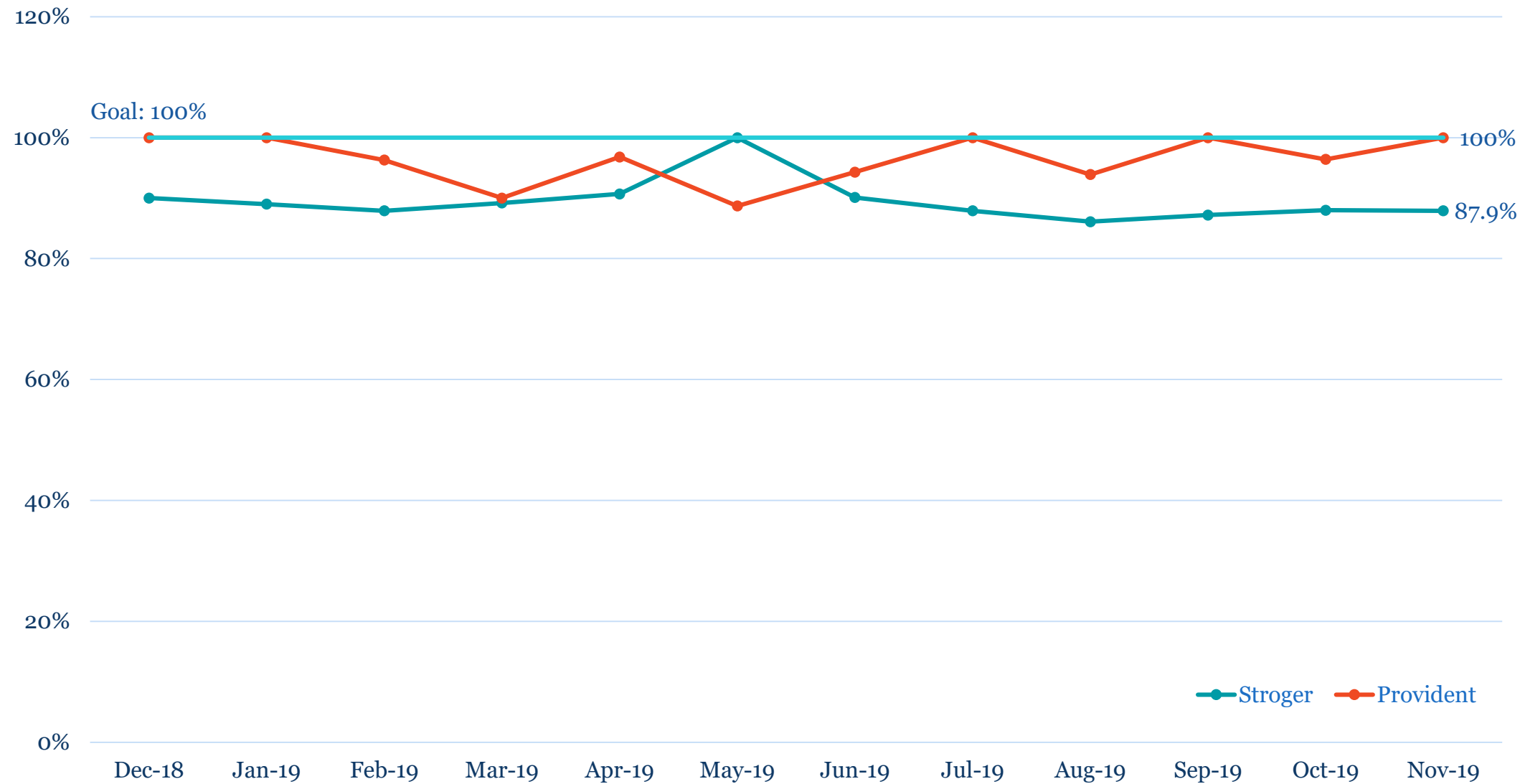


HEDIS – Diabetes Management: HbA1c < 8%



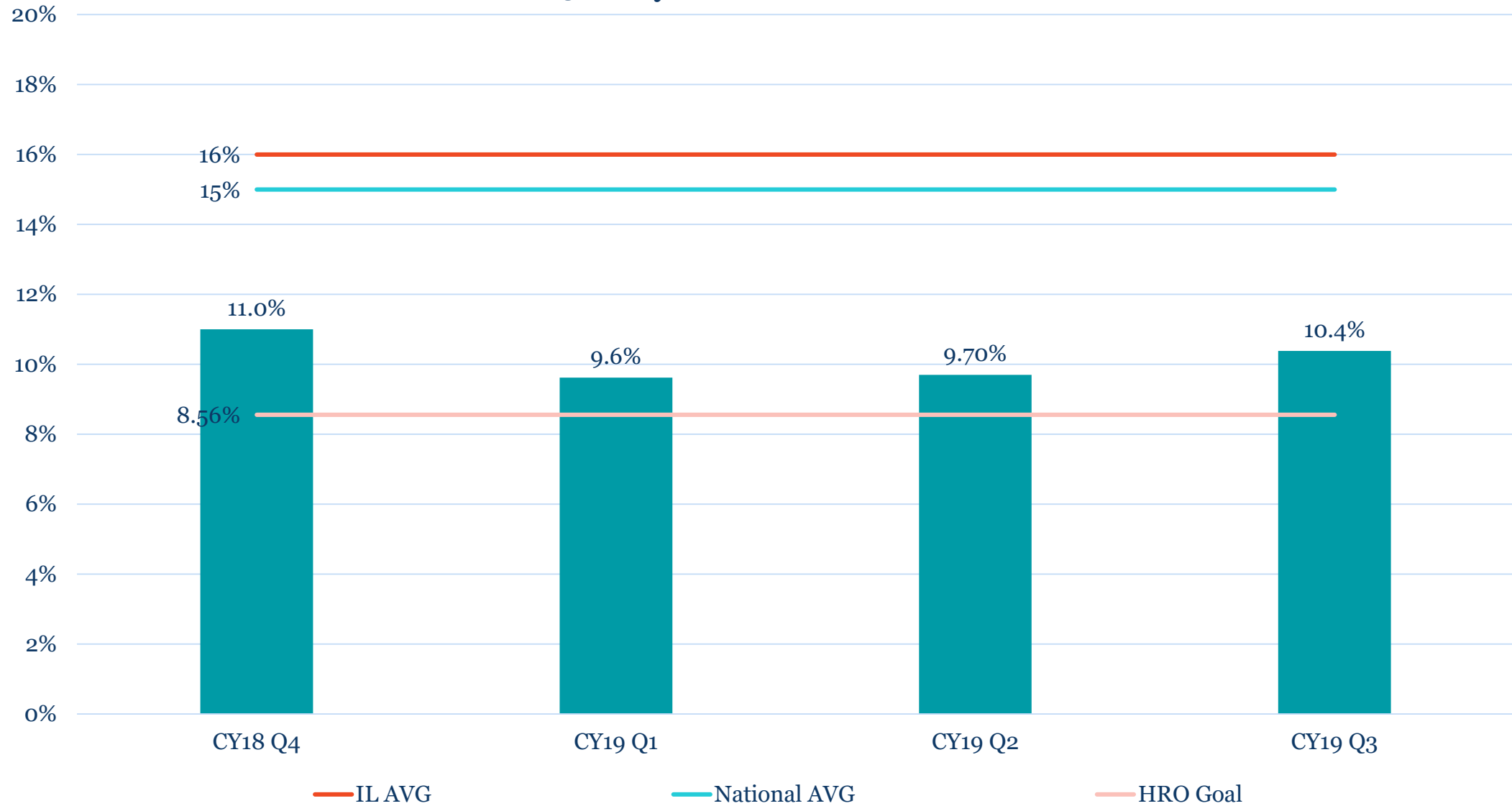
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



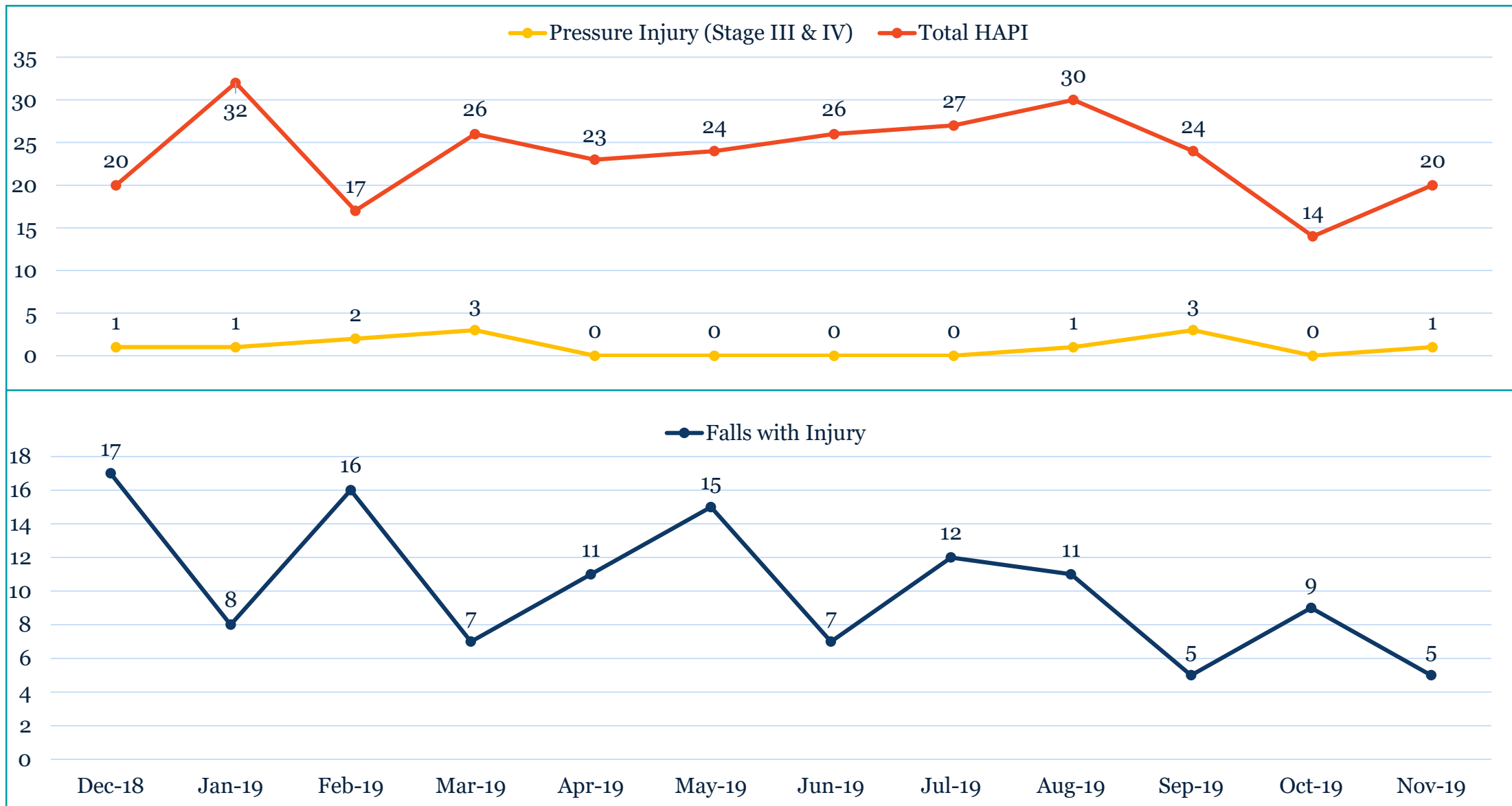
Source: Quality Dept.

30 Day Readmission Rate

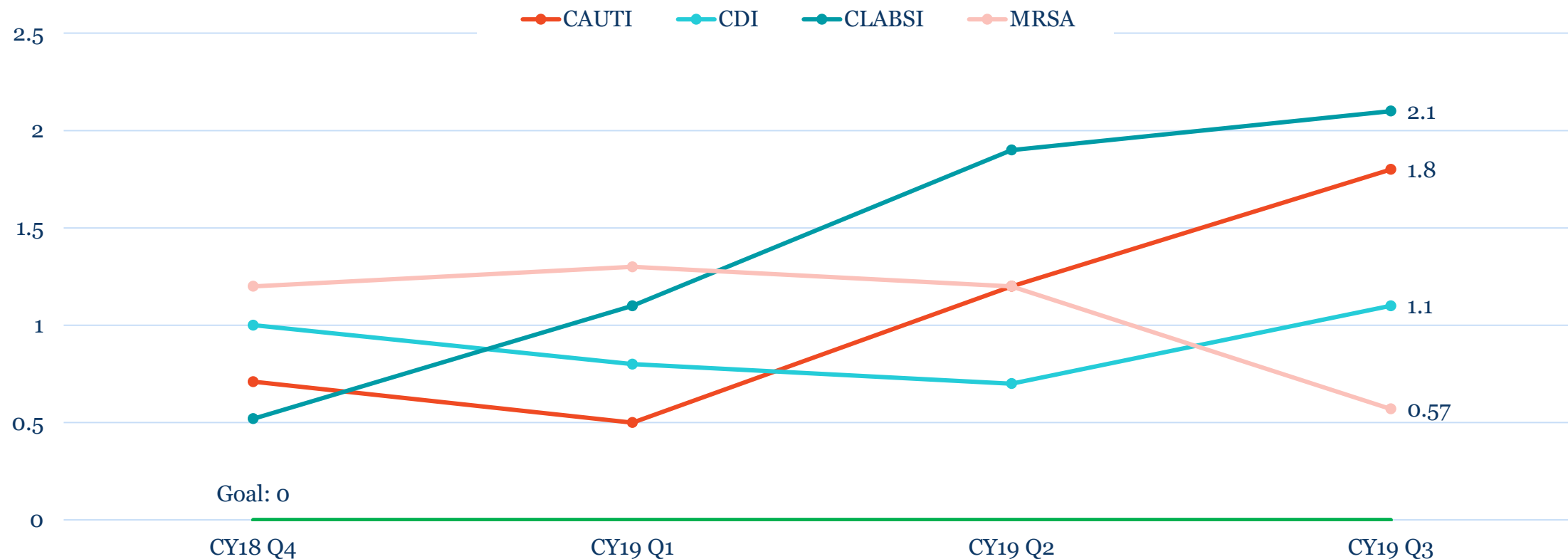


Source: Business Intelligence

Hospital Acquired Conditions



Hospital Acquired Infections



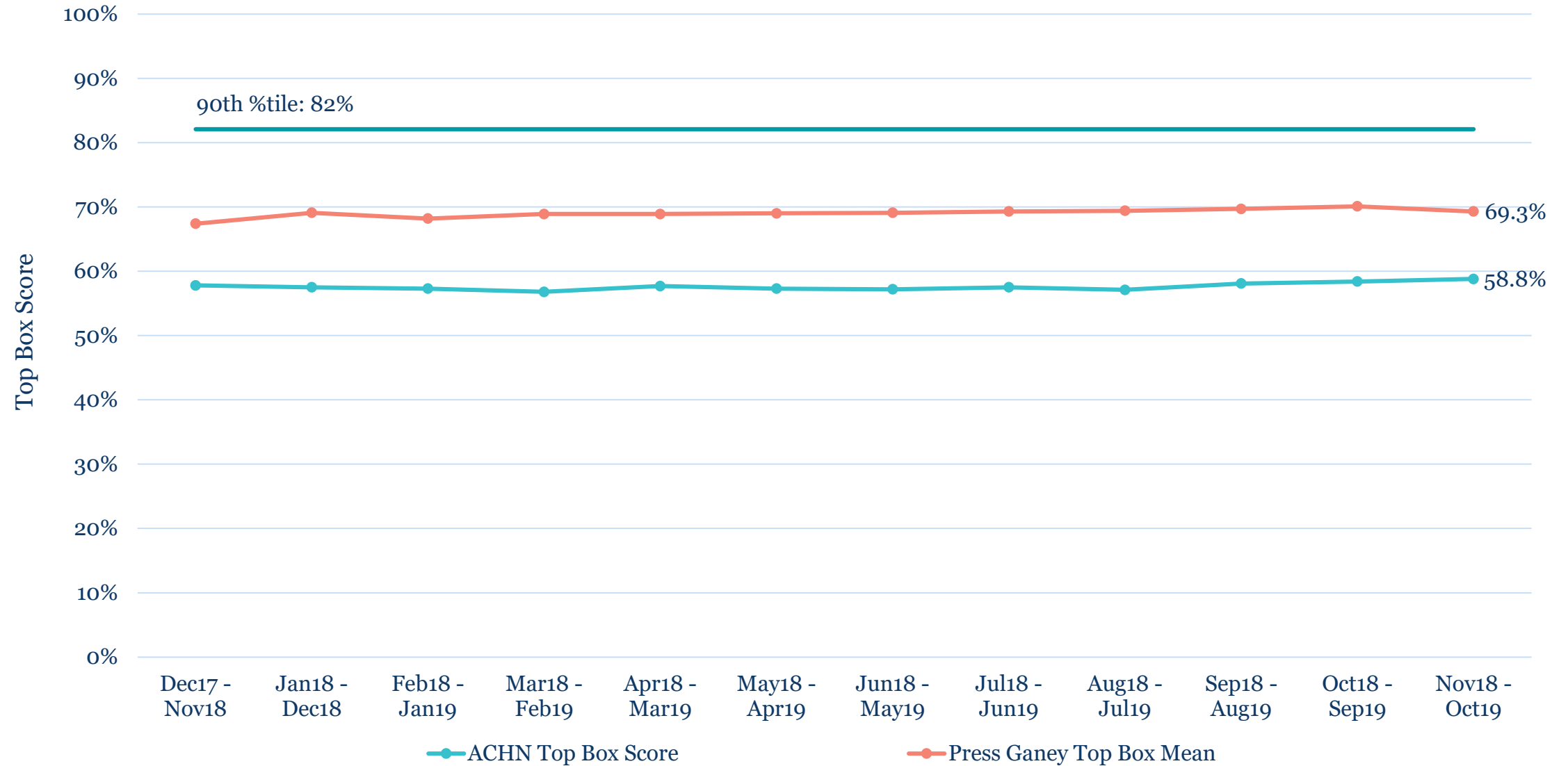
	CY18 Q4				CY19 Q1							
	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
CAUTI	1	3	1	1	2*	1	2*	5	6	2	3	0
CDI	4	4	6	2	6	5	4	4	9	5	7	7
CLABSI	0	2	1	0	2*	2	2	3	2	4	1	1
MRSA	1	0	1	0	1	0	0	2	0	0	1	1

*Amended

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

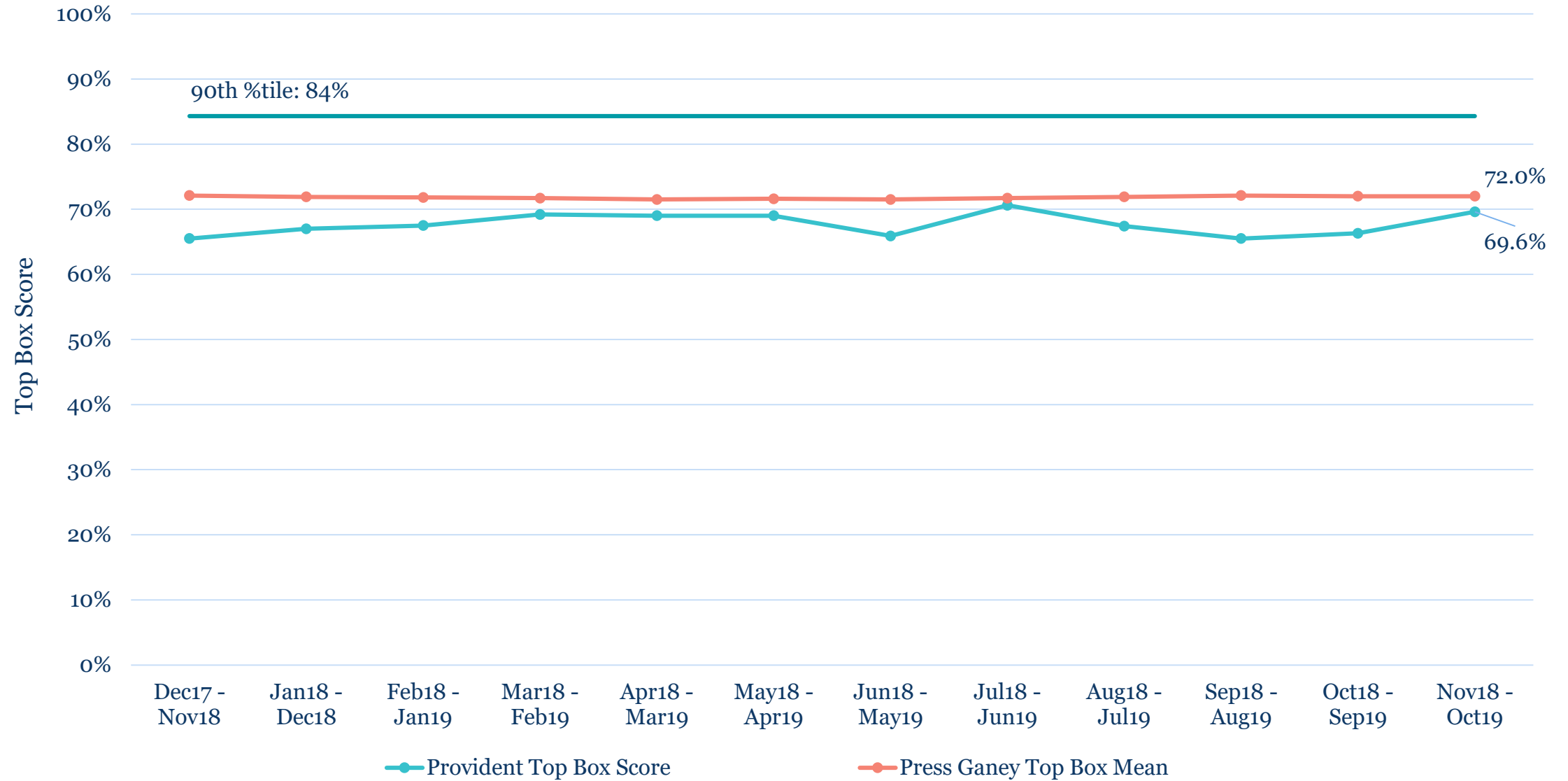
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment

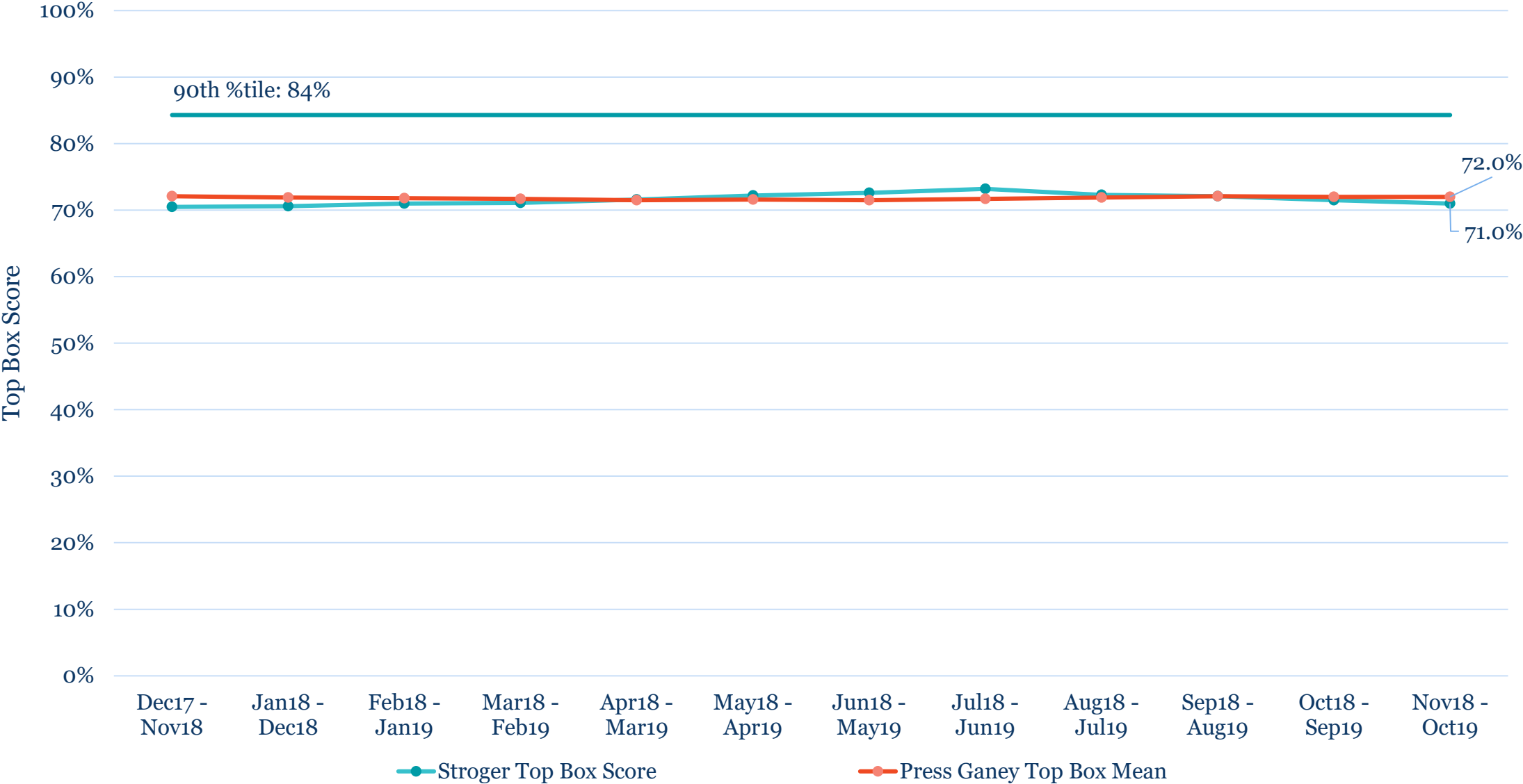


Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

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



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
December 13, 2019

ATTACHMENT #2

Readmissions Workgroup

QPS Meeting

December 13, 2019



Cassandra Wadlington, RN

Umar Jabbar, MD

Workgroup Leaders



**COOK COUNTY
HEALTH**

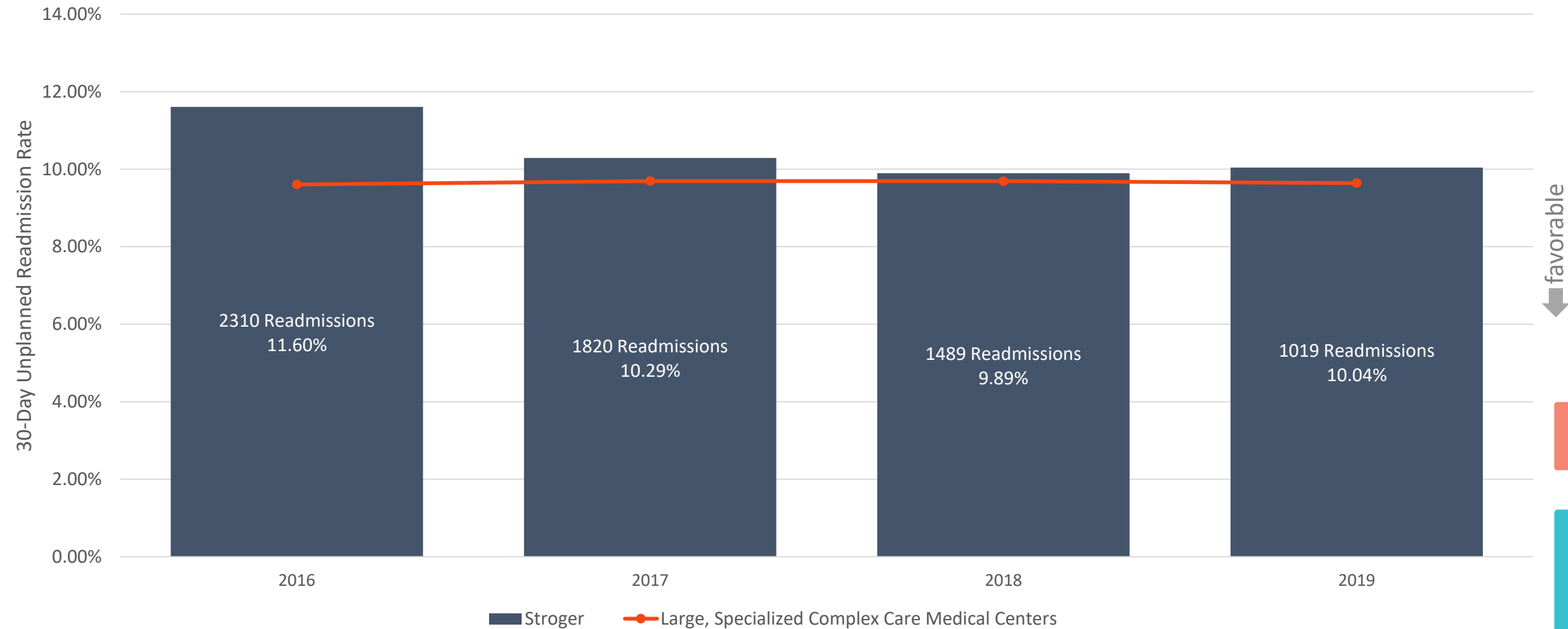
What are we trying to accomplish?

Aim Statement

Reduce the hospital-wide all-cause 30-day readmissions rate by 12% by April 2021

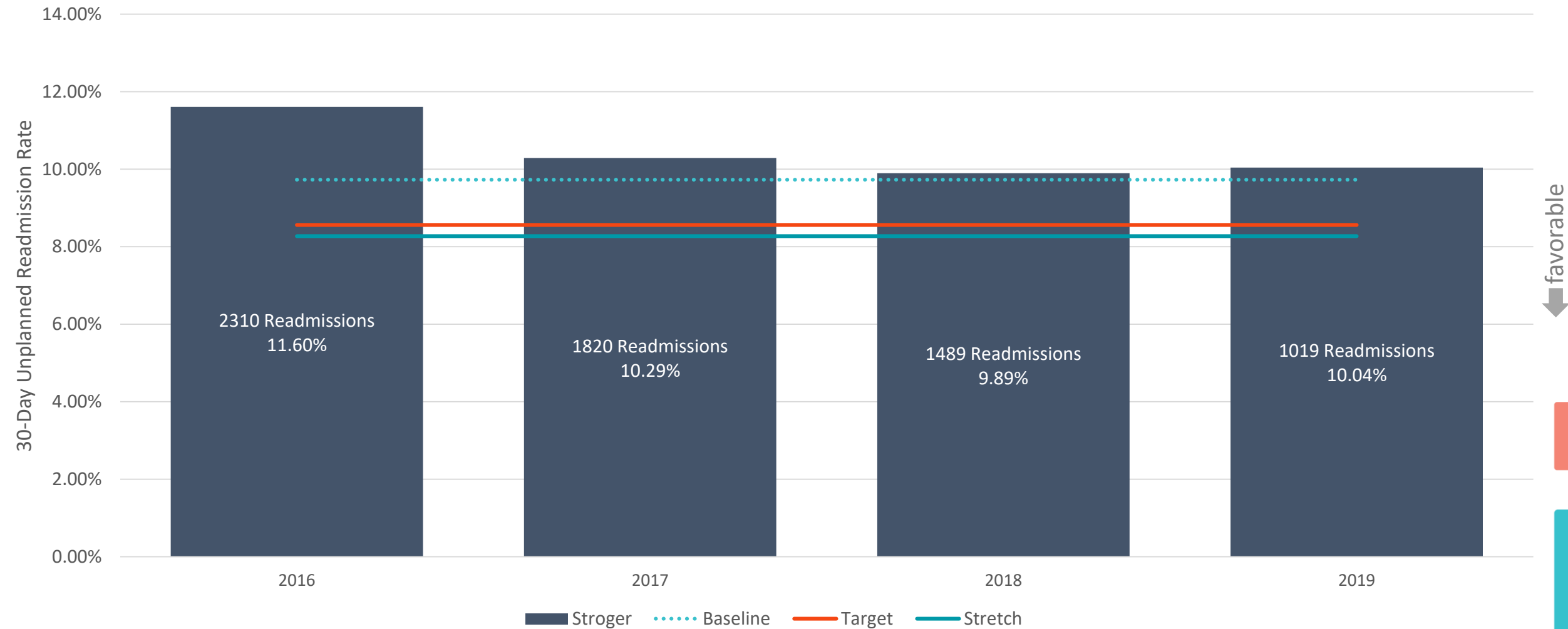
30-Day Readmissions

Unplanned, Hospital-Wide, All-Cause



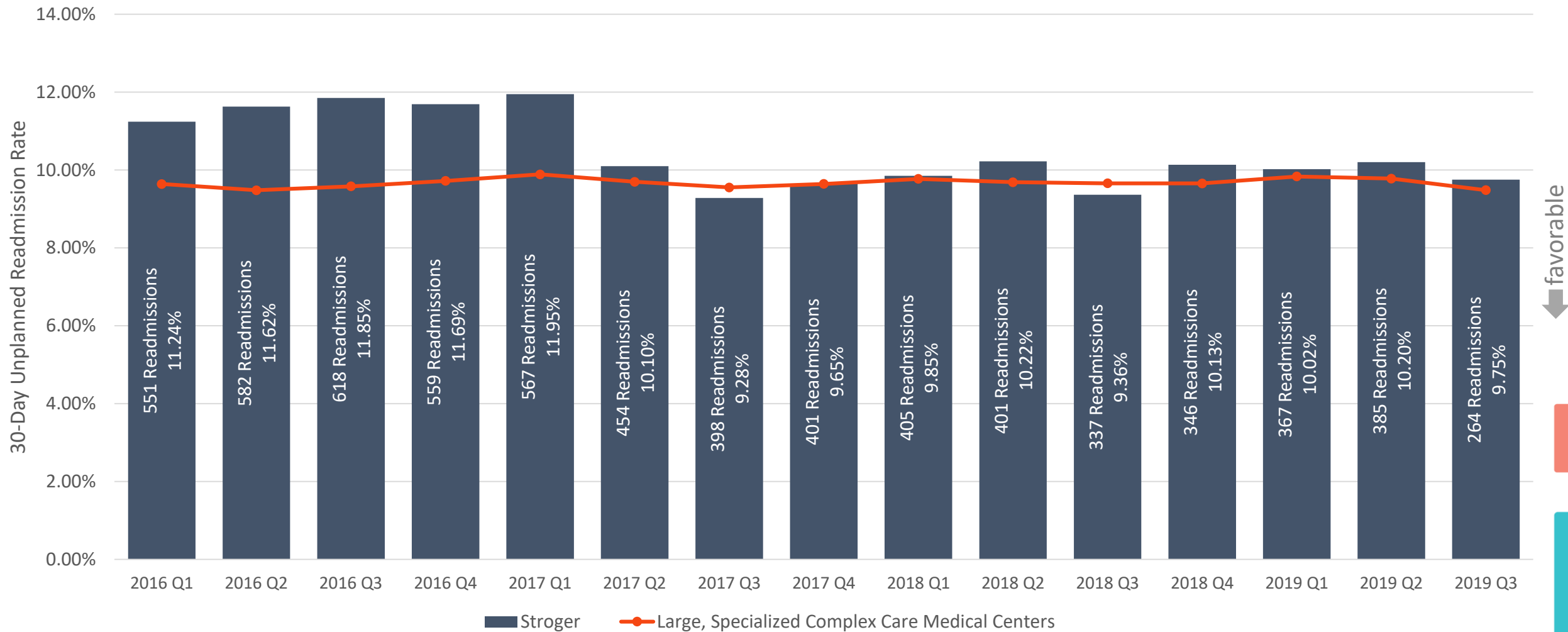
30-Day Readmissions

Unplanned, Hospital-Wide, All-Cause



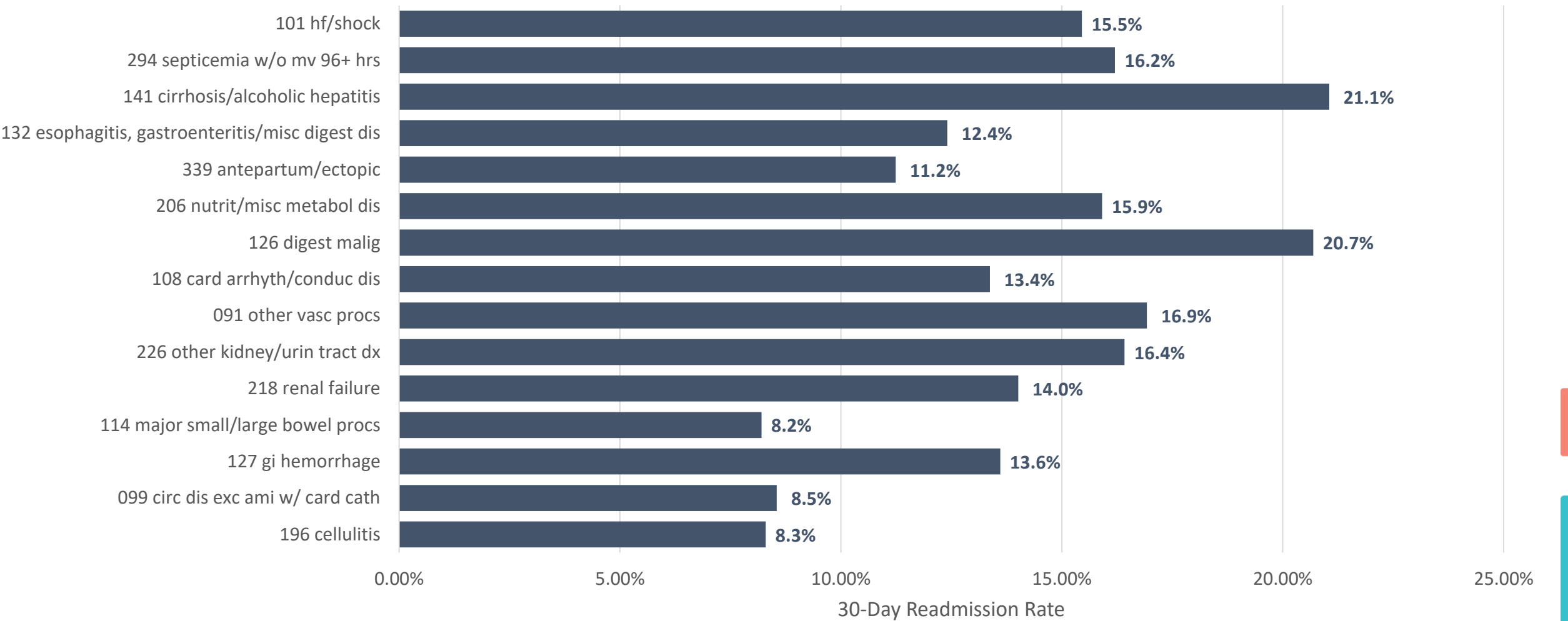
30-Day Readmissions

Unplanned, Hospital-Wide, All-Cause



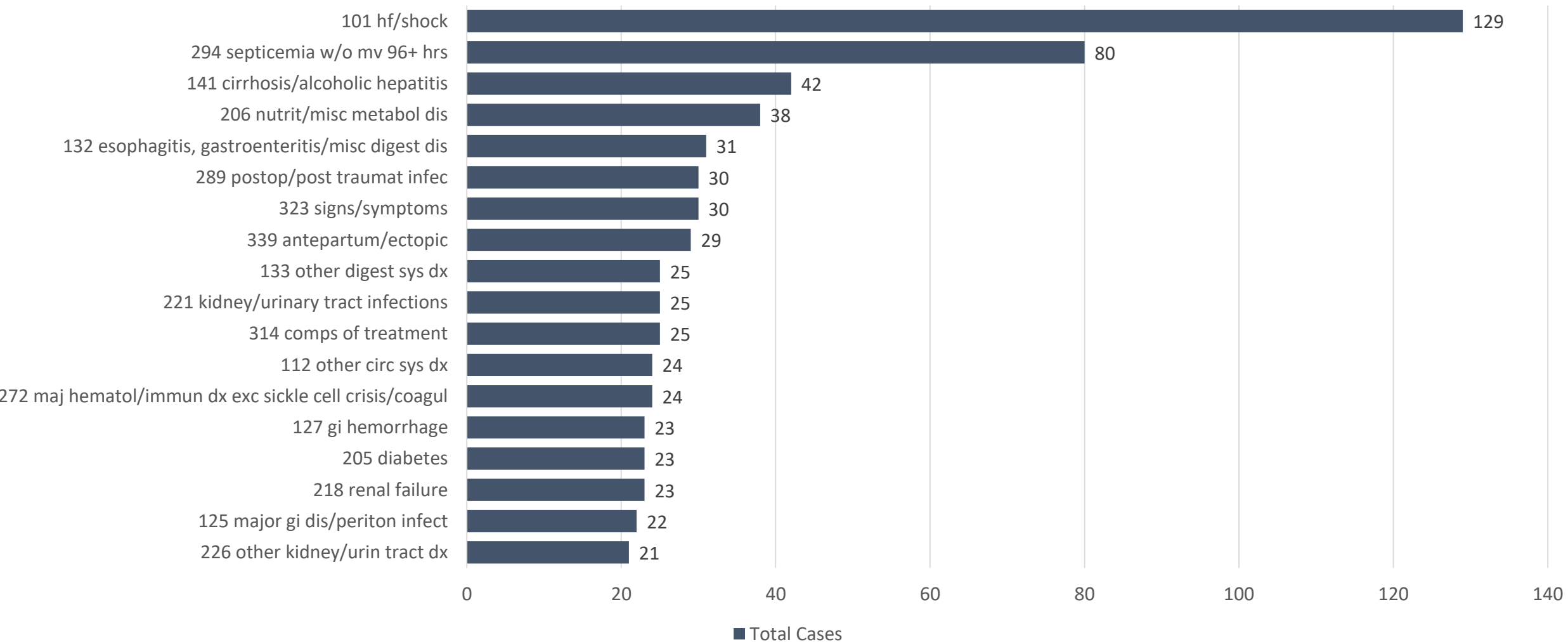
30-Day All-Cause Unplanned Readmission Rate (2018)

Base MS-DRGs with Highest Readmission Rate, by Readmission Cases (≥25 Cases)



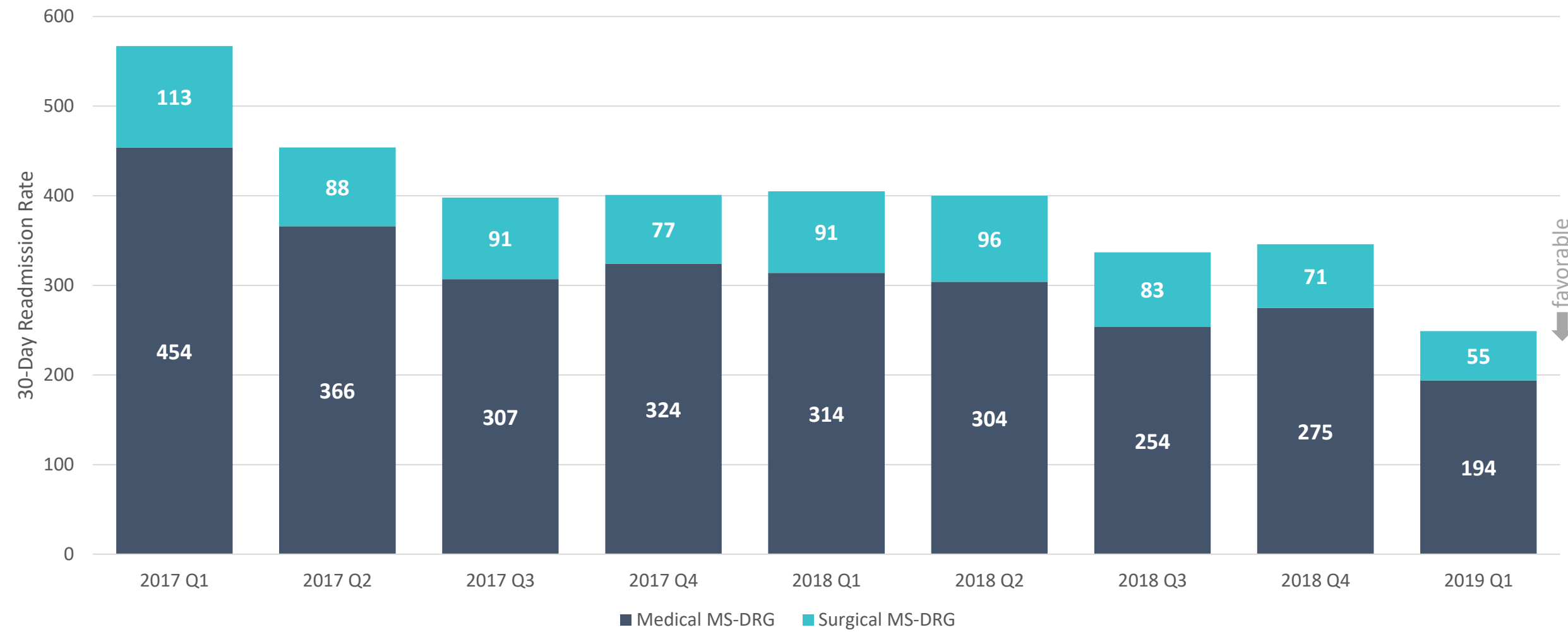
Reason for Readmission (2018)

Base MS-DRG of Readmission Visit (≥20 Cases)

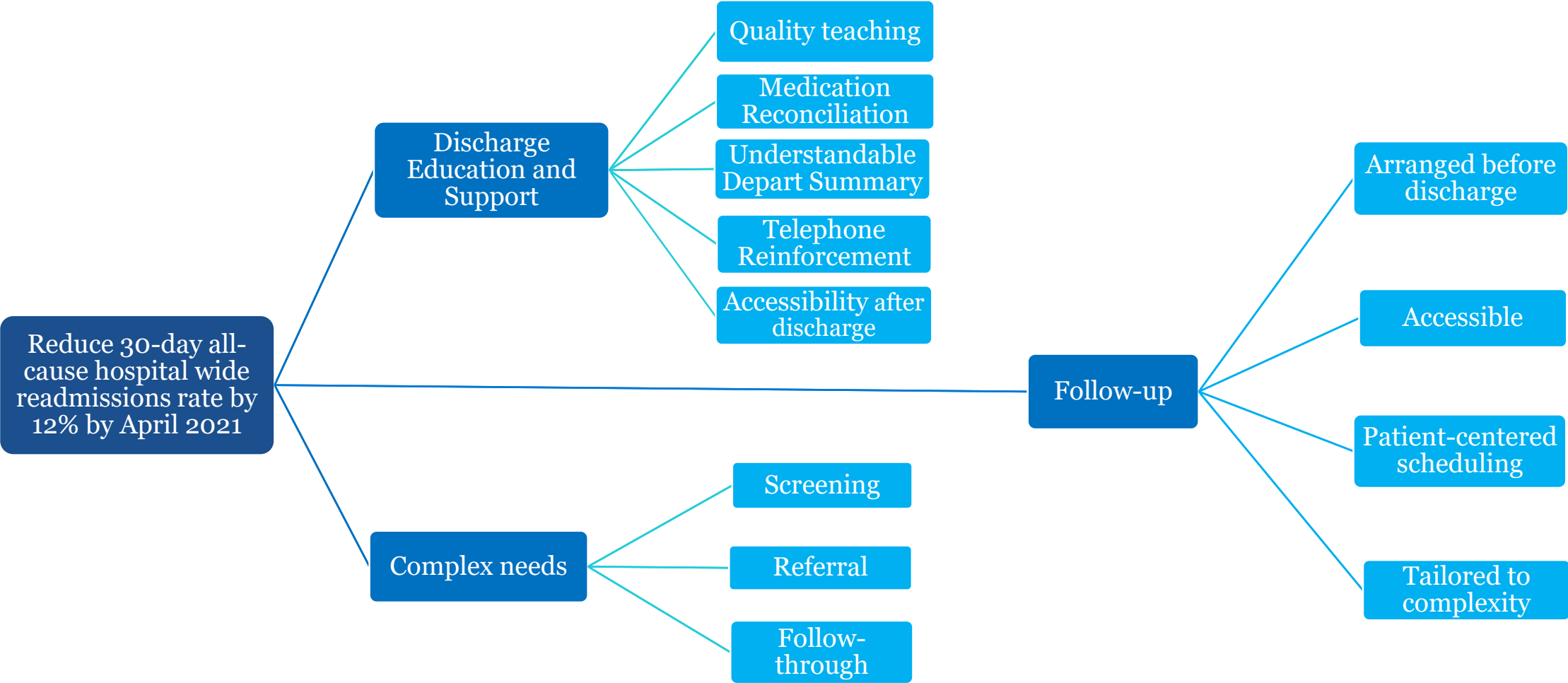


30-Day All-Cause Unplanned Readmission Rate

Stroger Hospital, Medical vs Surgical MS-DRGs (Index Visit)

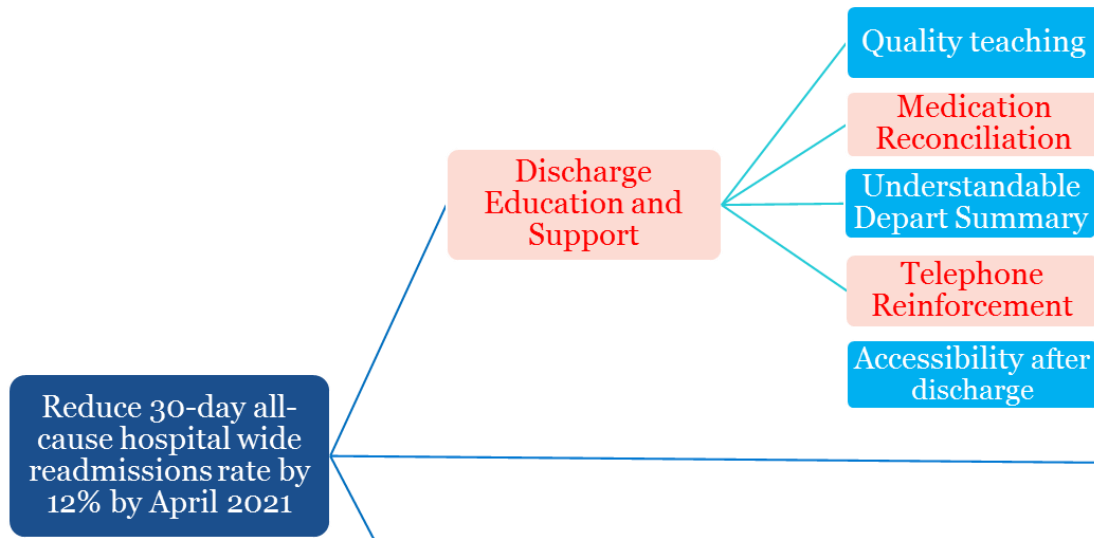


Conceptual Model: Project Re-Engineered Discharge (RED)



Major Driver: Discharge Education and Support

Current Gaps and Focus Areas



- Discharge counseling informed by health literacy
- Accurate medication reconciliation
- Complex depart summary
- Limited phone support after discharge
- Limited accessibility to inpatient providers once discharged

Major Driver: Discharge Education and Support

Addressing Gaps: Focus Areas

- Accurate Medication Reconciliation
- Telephone reinforcement
- Quality discharge education
- Complex depart summary
- Accessibility of hospital once discharged

Plan:

Pharmacist-led medication reconciliation and counseling of patients at risk for readmission

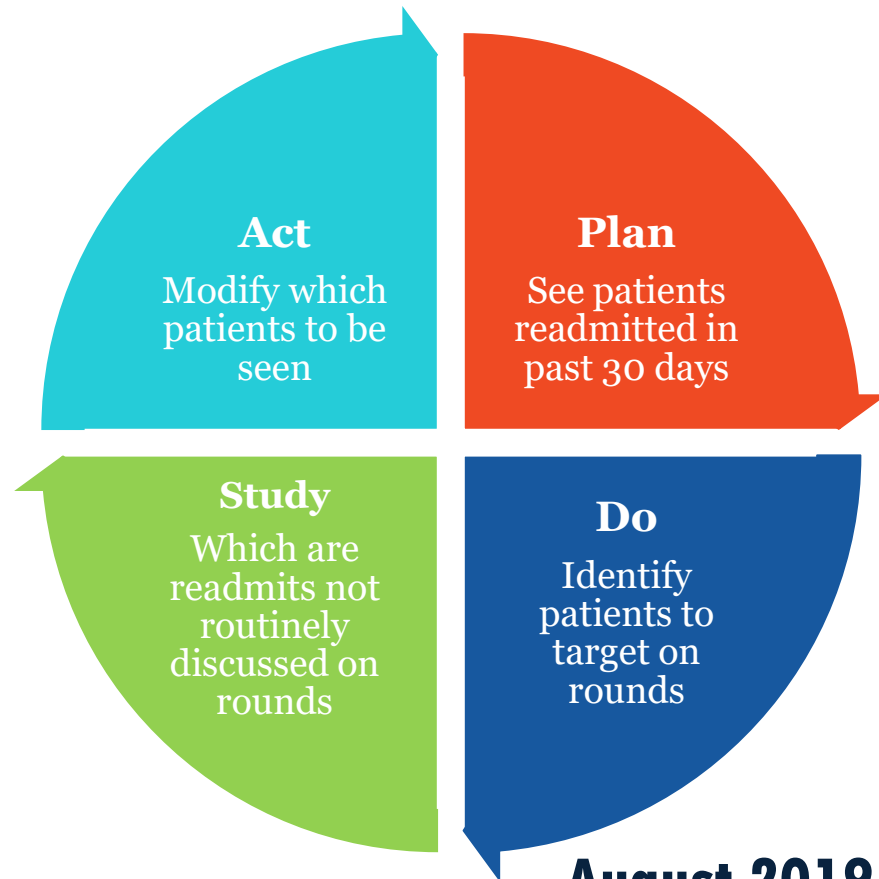
Pharmacist Medication Reconciliation Recommendations

Recommended interventions in regards to below discrepancies:

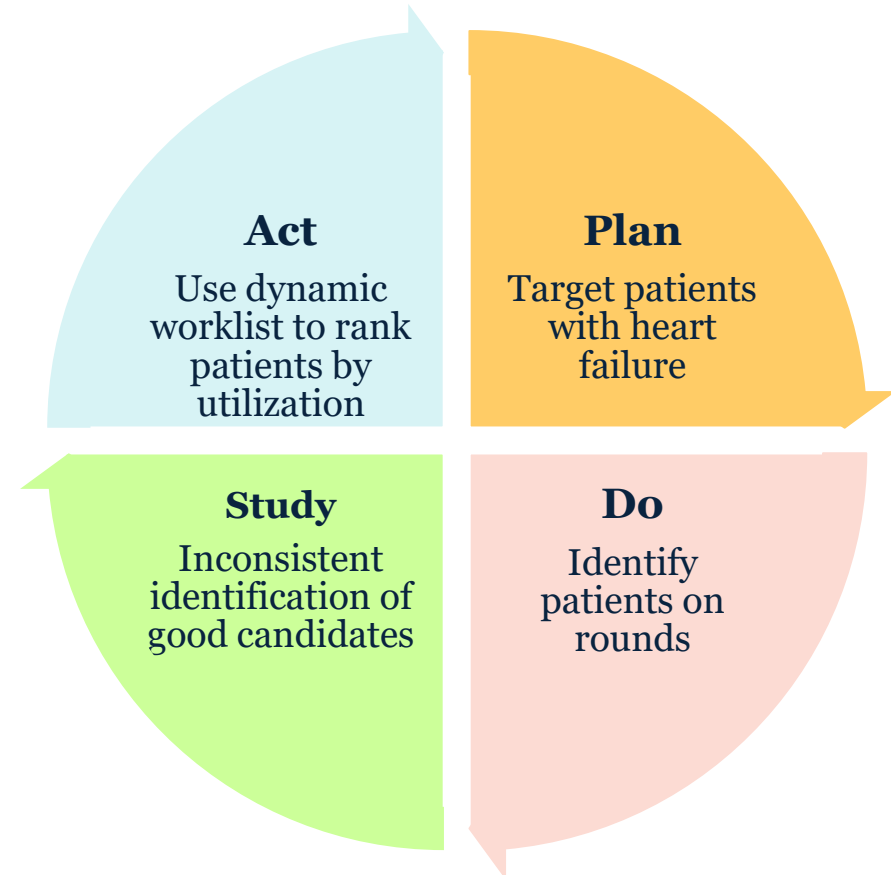
1. Tell patient to discard all old medications bottles that he keeps in his back pack and going forward restart with new bottles we discharge him with from this admission. Some bottles are unreadable, duplicates, different strengths, and unreadable.
2. Of particular patient has bottle of amlodipine 2.5mg daily, furosemide 40mg and 80mg in the same pill bottle (patient aware different strengths), torsemide 20mg daily, acetaminophen 500mg PRN, aspirin 81mg daily, **naproxen, and ibuprofen**.
3. Inform patient should take lidocaine patch and acetaminophen for hip pain, NOT the NSAIDs that patient advised to discard.
4. Patient states he takes his water pill only once a day, recommend twice a day as directed
5. A big barrier for patient taking his water pill is urinary incontinence. Regarding first furosemide dose for the day: patient outside all day and finds it very difficult to locate places to urinate after he takes water pill. He says when he has to go he cannot hold it. Has urinated on himself a number of times. Discuss strategies regarding taking morning medication prior to being outside for the day.
6. Regarding second dose informed patient to take the water pill in the afternoon when he comes home, rather than at night before bedtime.
7. Patient has aspirin 81mg tabs which he states he does not take really. Recommend reassess if patient really needs. If he does not then I would have patient discard.
8. Patient doesn't take lactulose, recommend to discontinue medication.

Discharge Education/Support

Focus: Medication Counseling



August 2019

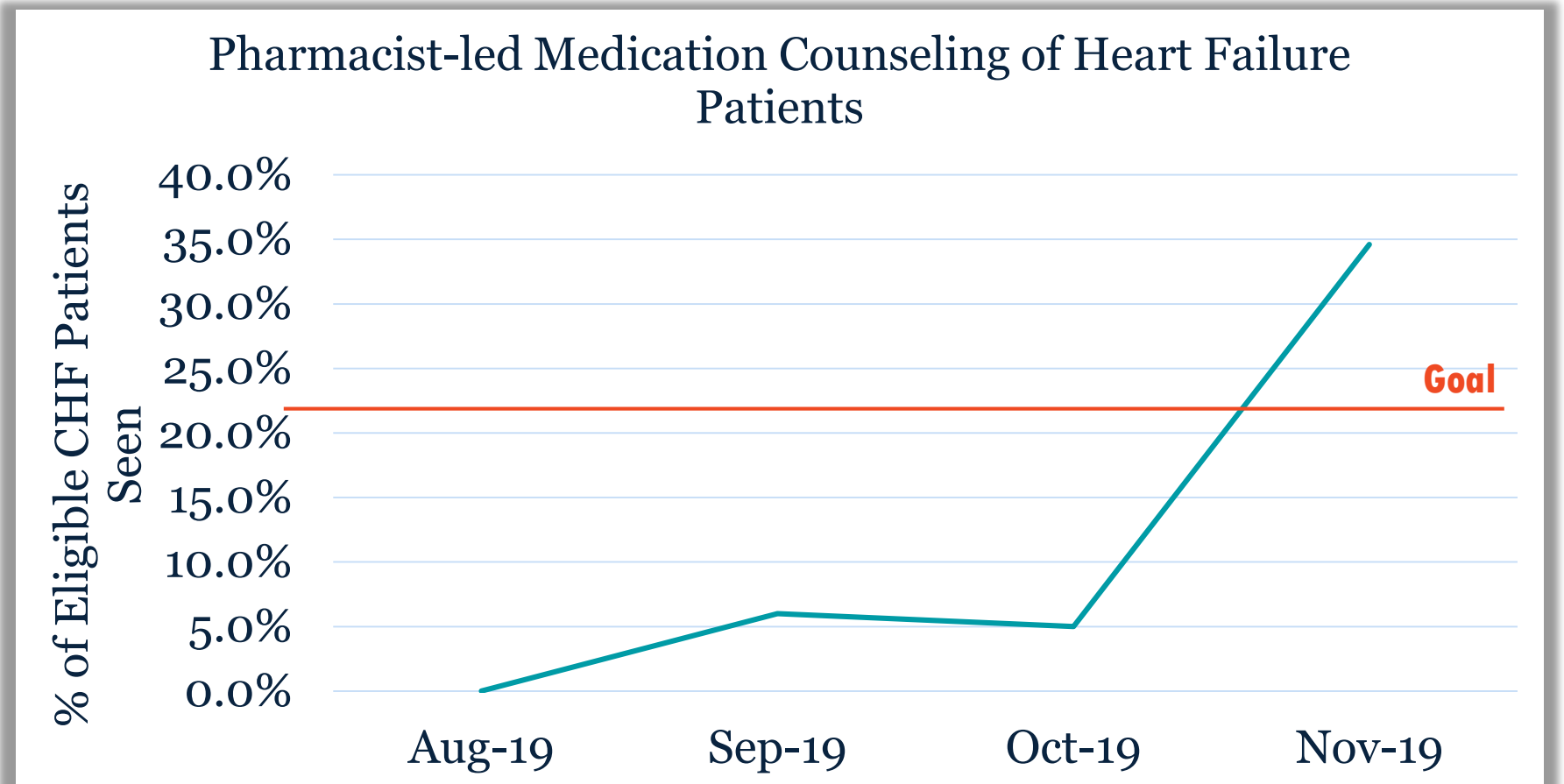


September 2019

Discharge Education/Support

Focus: Medication Counseling

Eligibility: Admitted with primary diagnosis of CHF to floors 6-8



Major Driver: Discharge Education and Support

Addressing Gaps: Focus Areas

- Accurate Medication Reconciliation
- Telephone Reinforcement
- Quality discharge education
- Complex depart summary
- Accessibility of hospital once discharged

Plan:

Post-discharge telephonic support provided by a nurse navigator

Stroger Post-discharge Phone Script

CALLER: Hello Mr./Ms. _____. I am _____ [name], a nurse from Stroger Hospital. I am calling to see how you are doing. Is this a good time to talk? It will probably take about 15 to 20 minutes.

If "YES": Continue.

If "NO": Is there a better time that I can call you back?

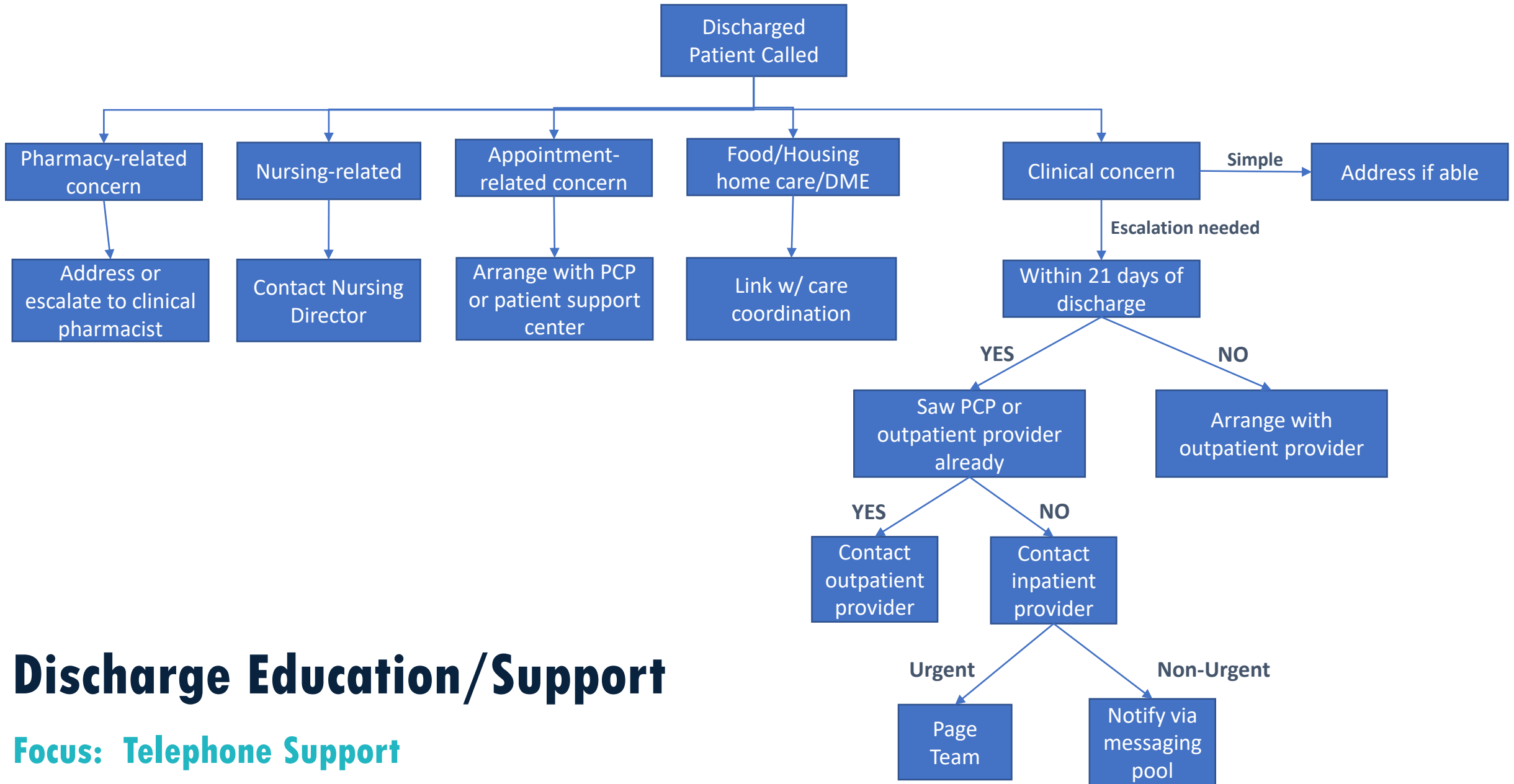
B. Health Assessment

CALLER: We'd like to see how we did explaining your diagnosis to you. In your own words, can you explain to me what your main diagnosis was during this hospital stay?

If diagnosis correct: Ask questions to assess deeper understanding.

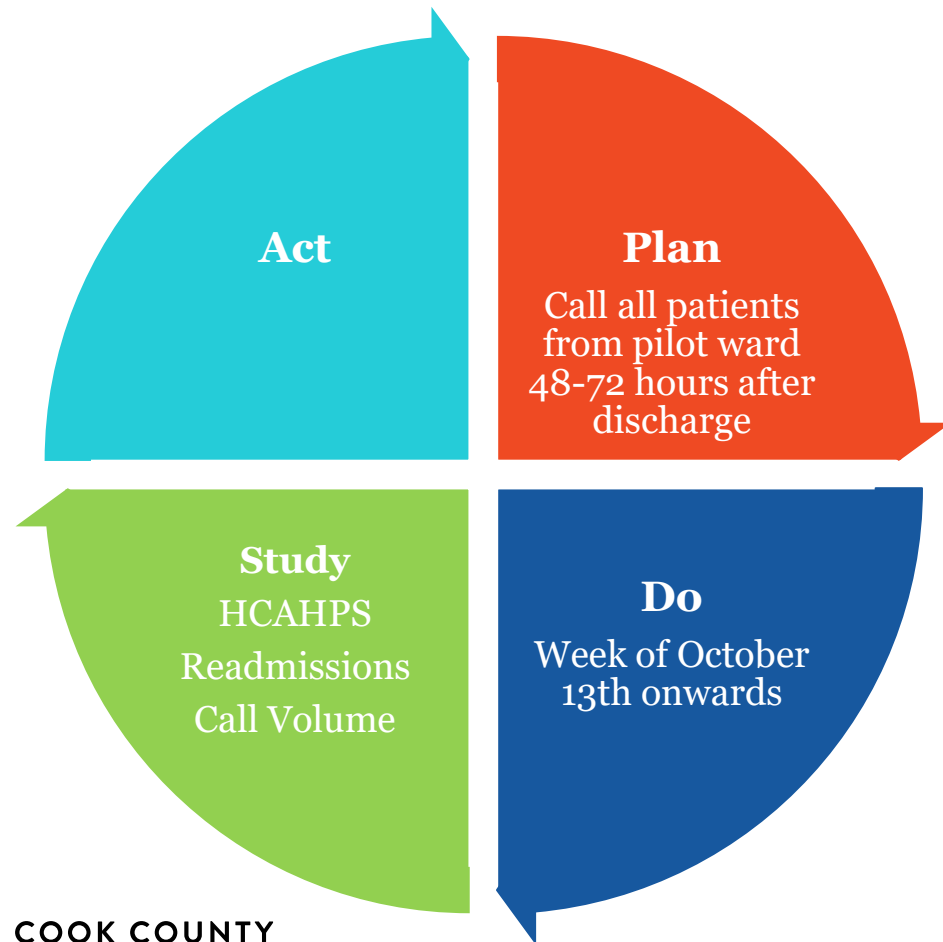
If diagnosis incorrect: Use teach back to provide education and confirm understanding





Discharge Education/Support

Focus: Post-Discharge Support



Process Measure:

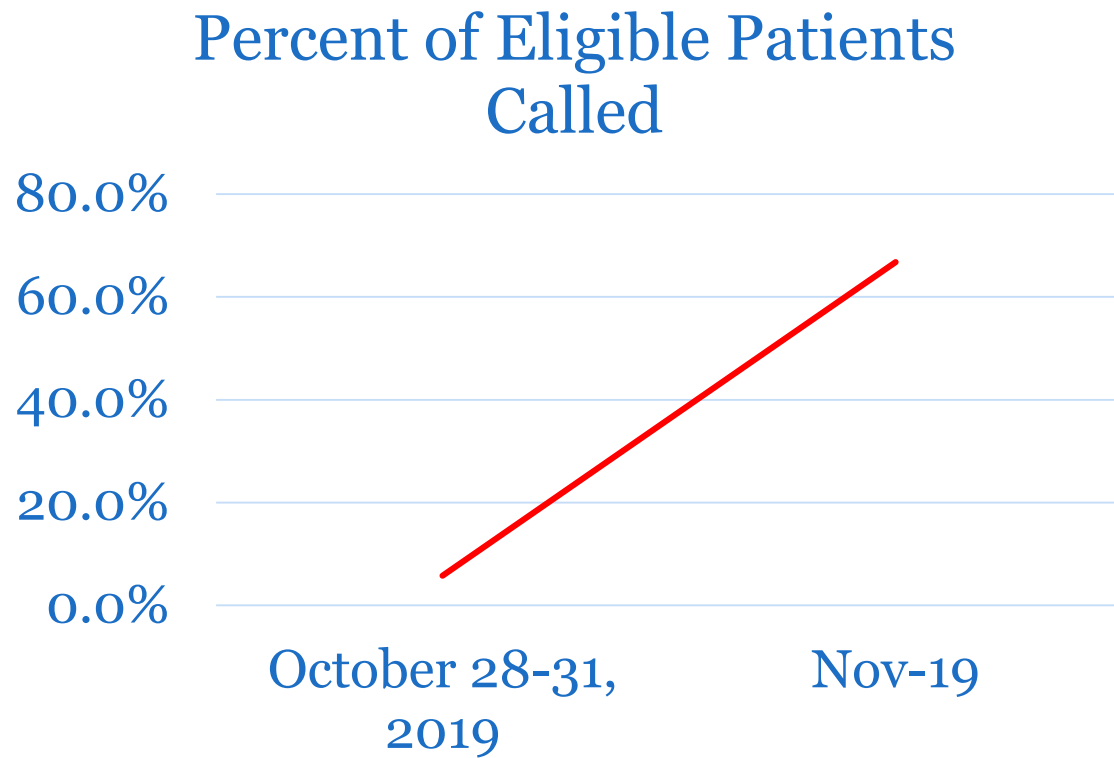
- Percent of discharged patients called

Outcome Measures (ward-specific):

- Readmissions Rate
- HCAHPS- % top box for Care Transition
- HCAHPS- % top box for Discharge Information

Discharge Education/Support

Focus: Post-Discharge Support



Process Measure:

- Percent of discharged patients called

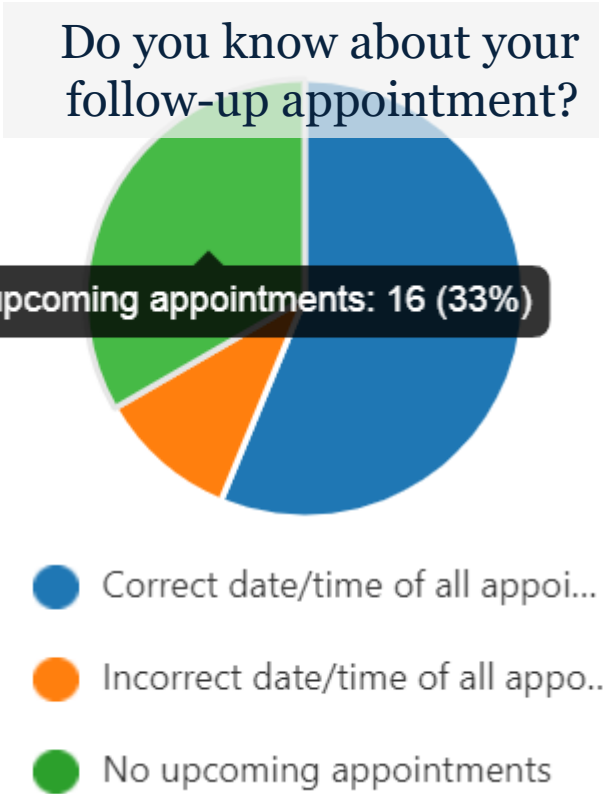
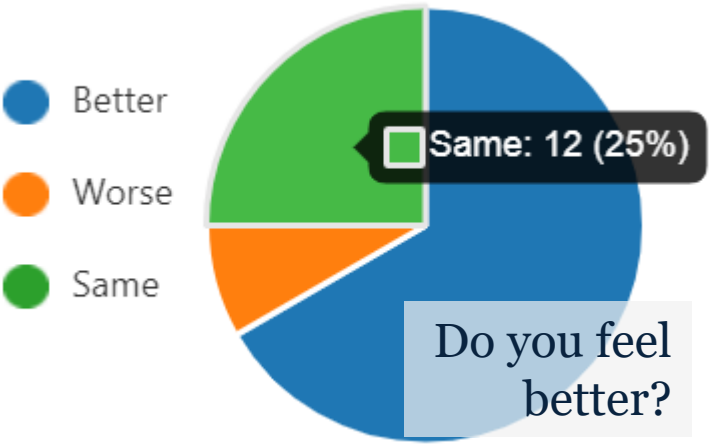
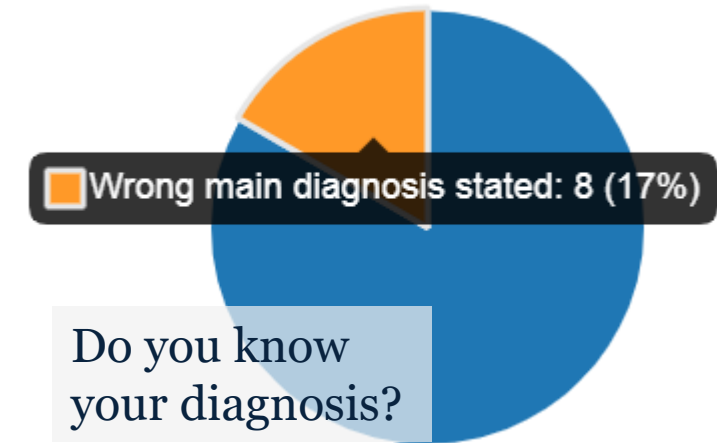
Outcome Measures (ward-specific):

- Readmissions Rate
- HCAHPS- % top box for Care Transition
- HCAHPS- % top box for Discharge Information



Discharge Education/Support

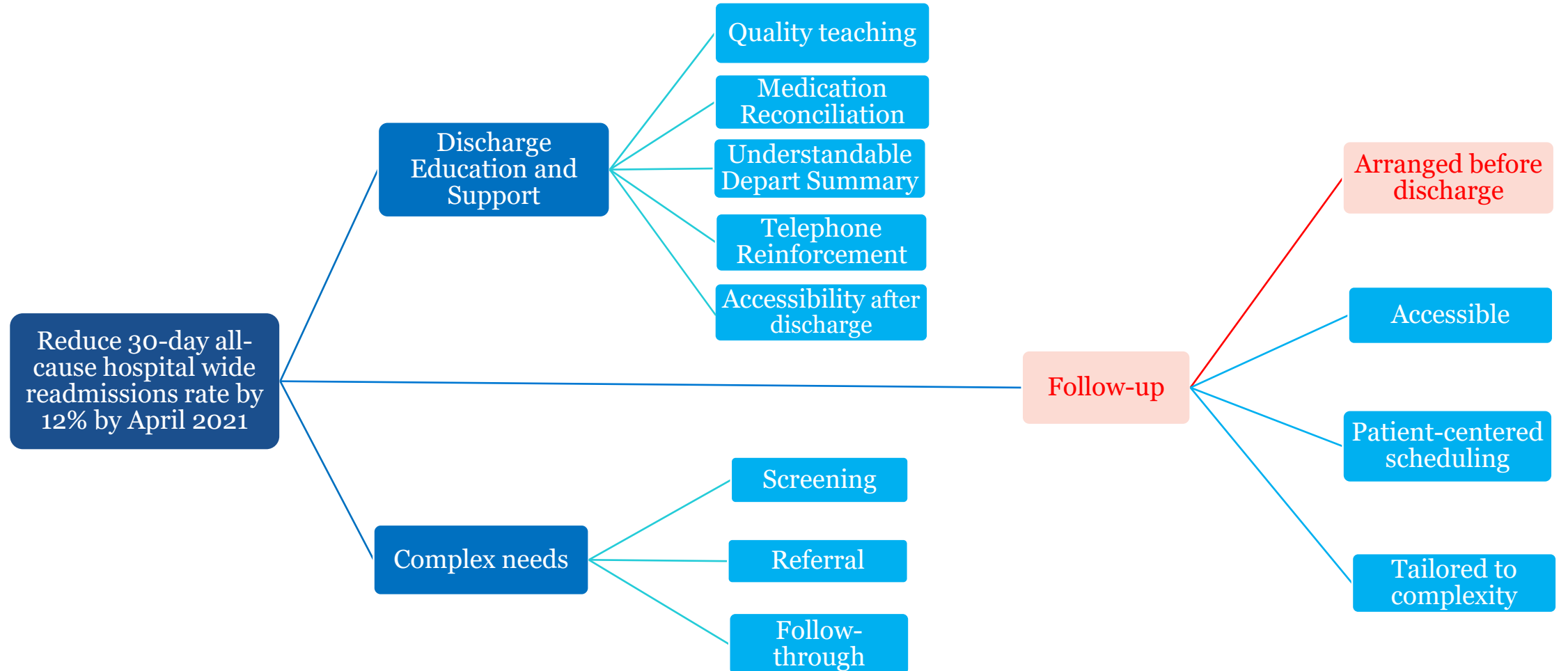
Focus: Post-Discharge Support



Escalations made on Patients' Behalf

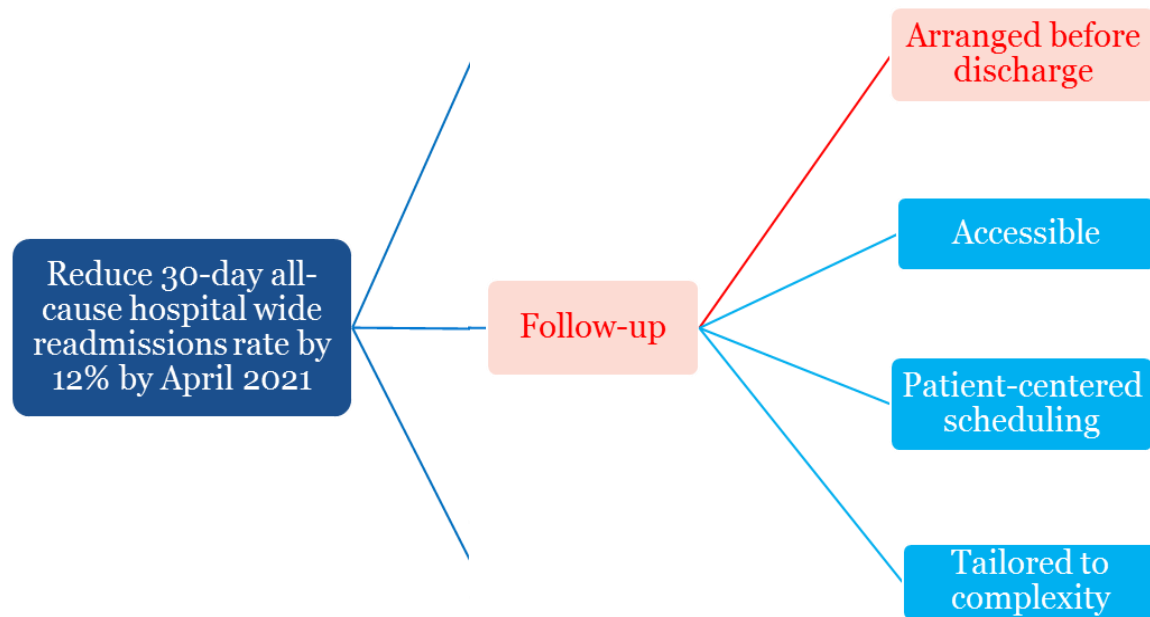
Inpatient team	22
CCH PCP or other outpatient ...	5
Pharmacy	9
Nursing	23
Patient Support Center	35
Social work/care coordinator	5
Non-CCH provider or clinic	0
Non-CCH care coordinator	0
No escalation needed	3

Driver Diagram



Major Driver: Follow-up

Current Gaps and Focus Areas



- Follow-up often arranged after discharge
- Discharge follow-up concentrated to central campus
- Provider-focused scheduling
- Limited coordination of appointments

Major Driver: Follow-up

Addressing Gaps

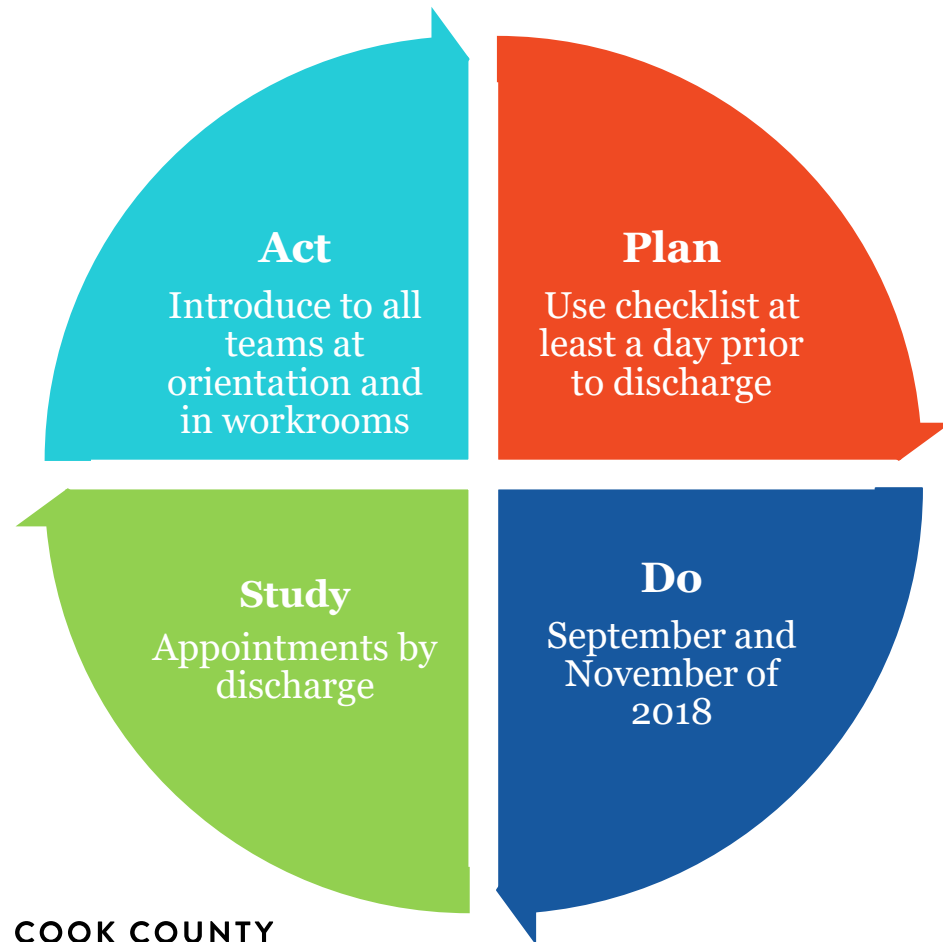
- Appointments by discharge
- Patient-preferred scheduling
- Accessibility
- Tailored to complexity

Plan:

Arrange follow-up at least a day prior to planned discharge

Follow-up

Focus: Arrange before discharge



Trial:

- 5 intervention teams on Medicine
- 10 control teams on Medicine
- N = 127 patients

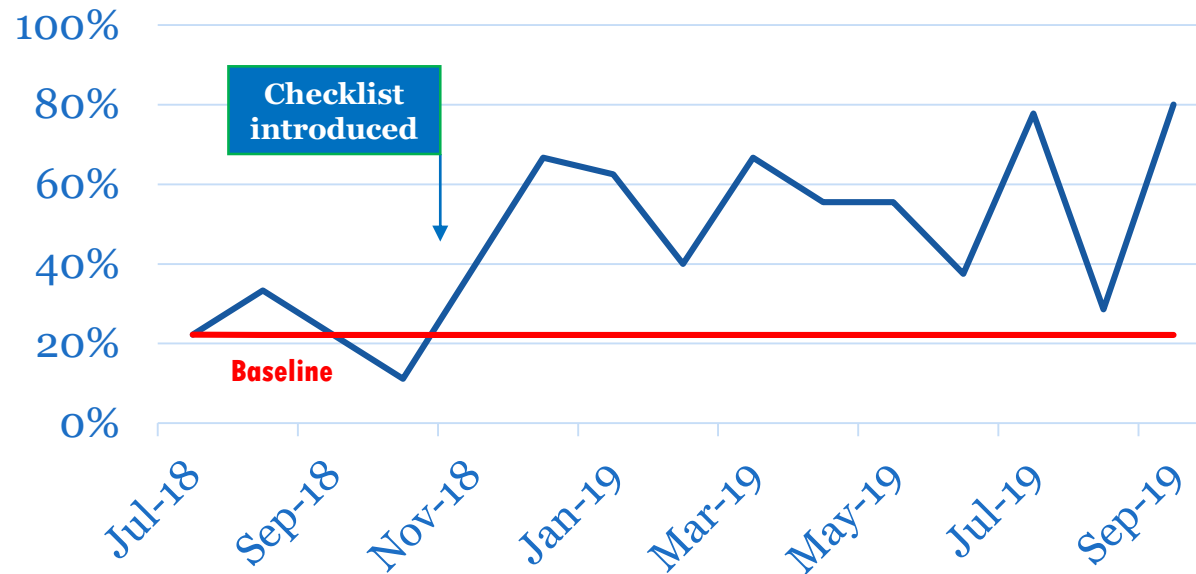
Results:

- 50% increase in being discharged with an appointment
- 27% higher show rate to follow-up
- 5% lower readmissions rate

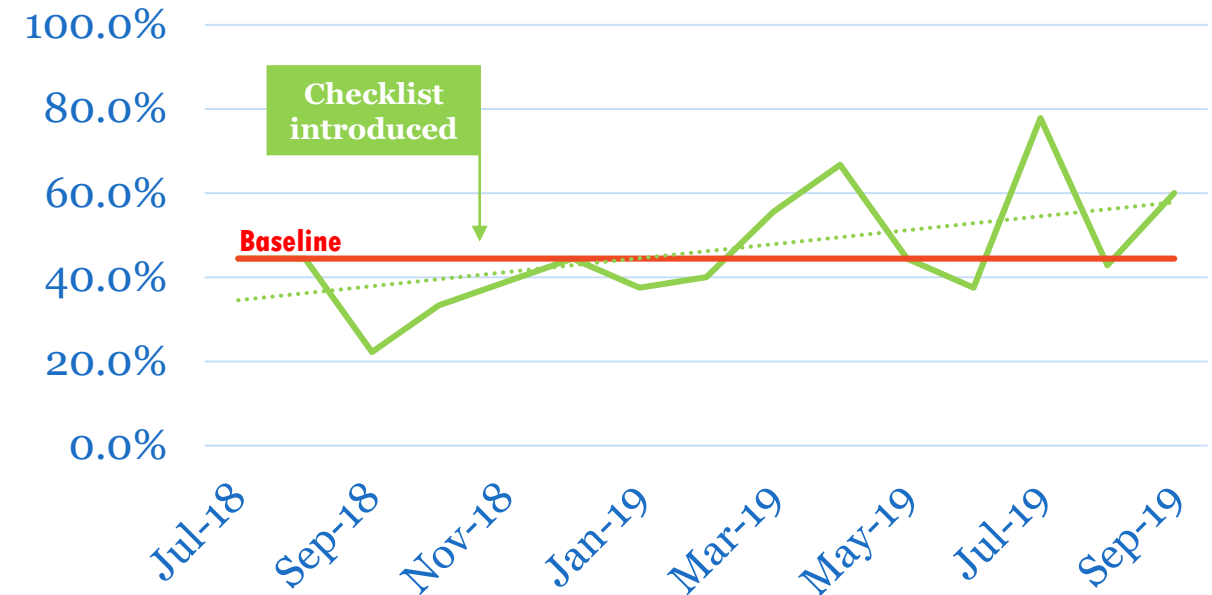
Follow-up

Focus: Arrange before discharge

Appointment Request Placed Before Discharge on Medicine Service



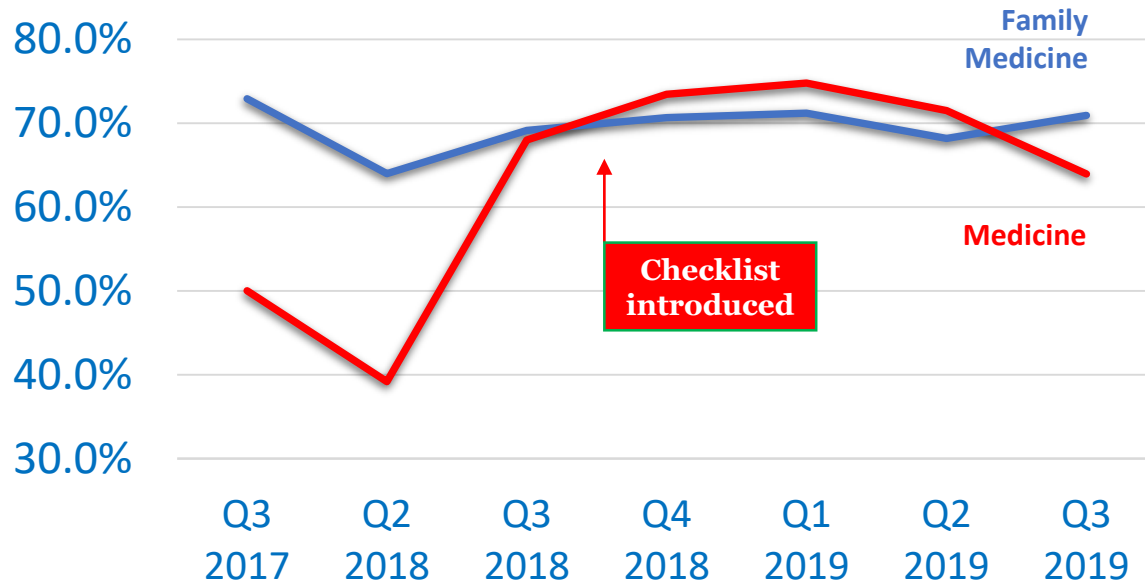
Appointment Scheduled by Discharge on Medicine Service



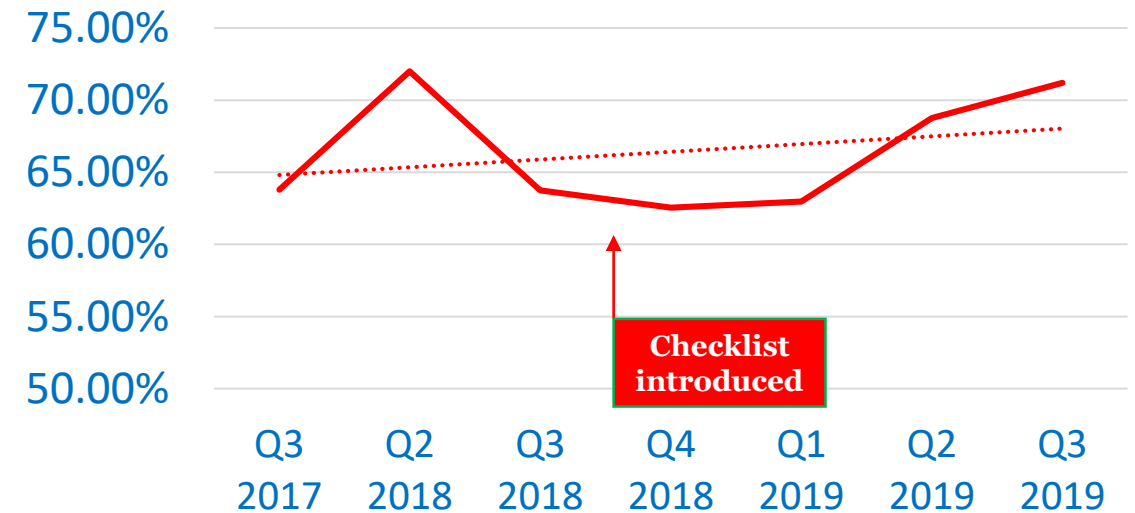
Follow-up

Focus: Arrange before discharge

14 Day Follow-up Scheduling Rate

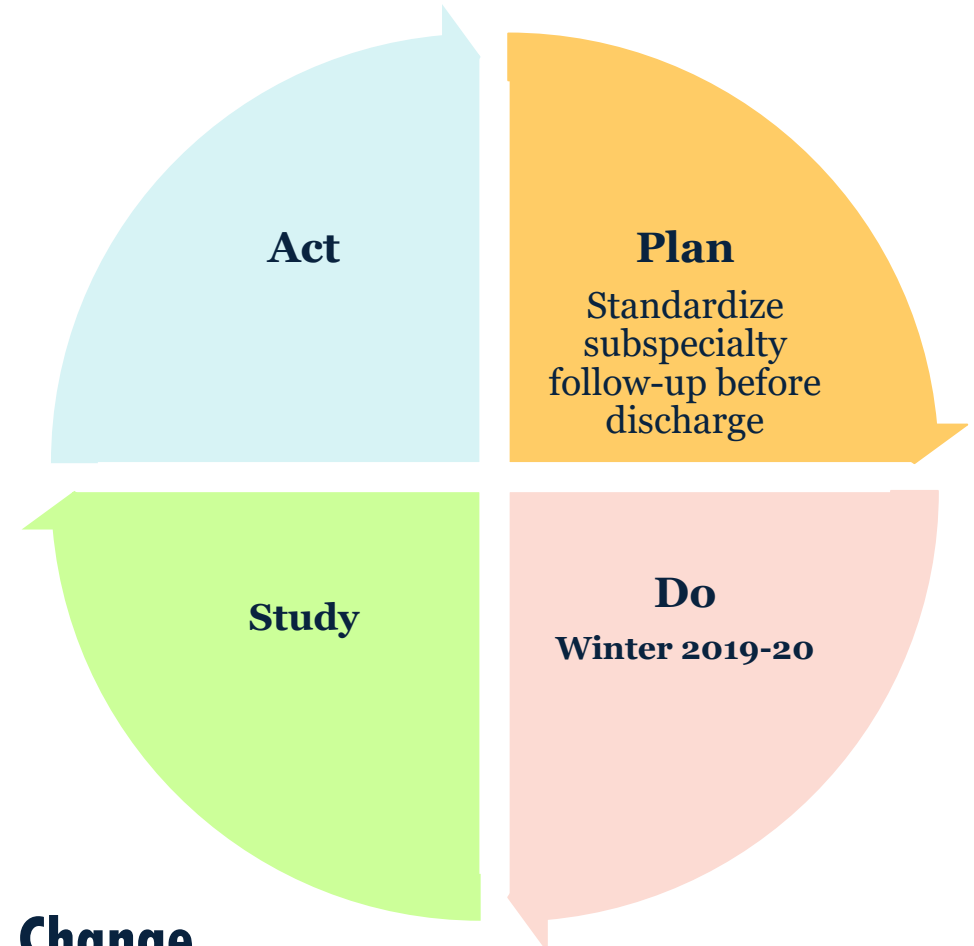
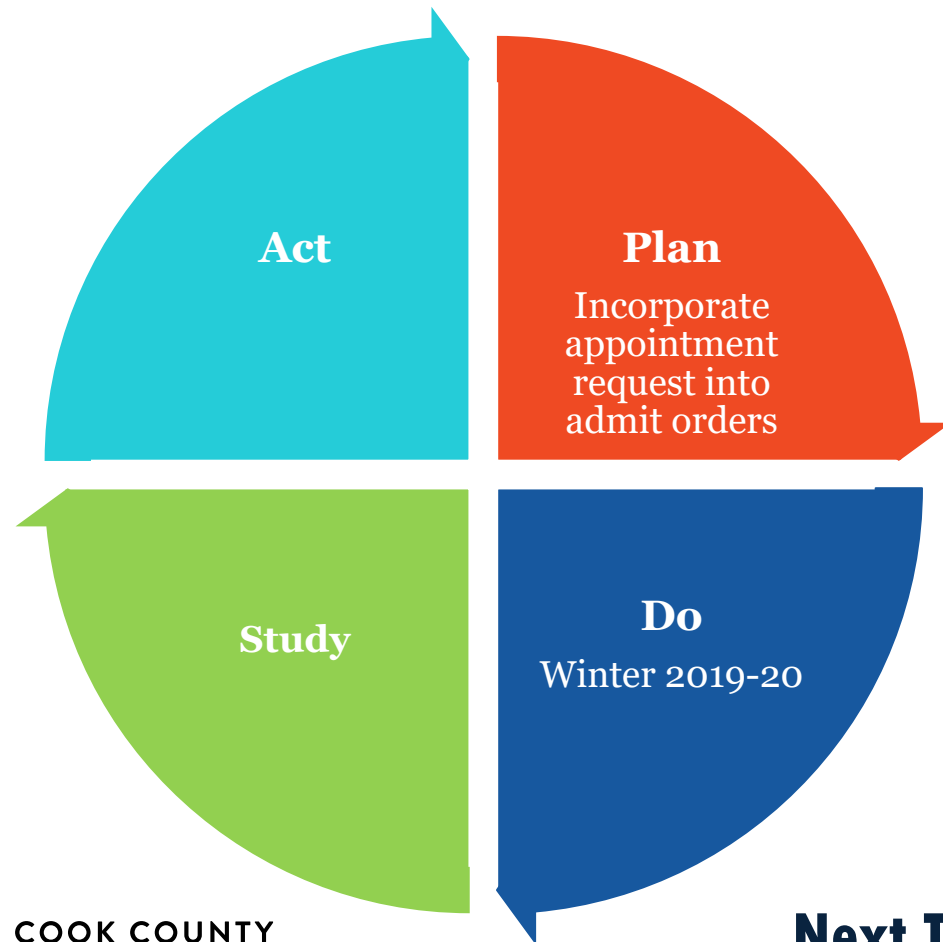


Show Rate of Medicine Patients to 14d Follow-up



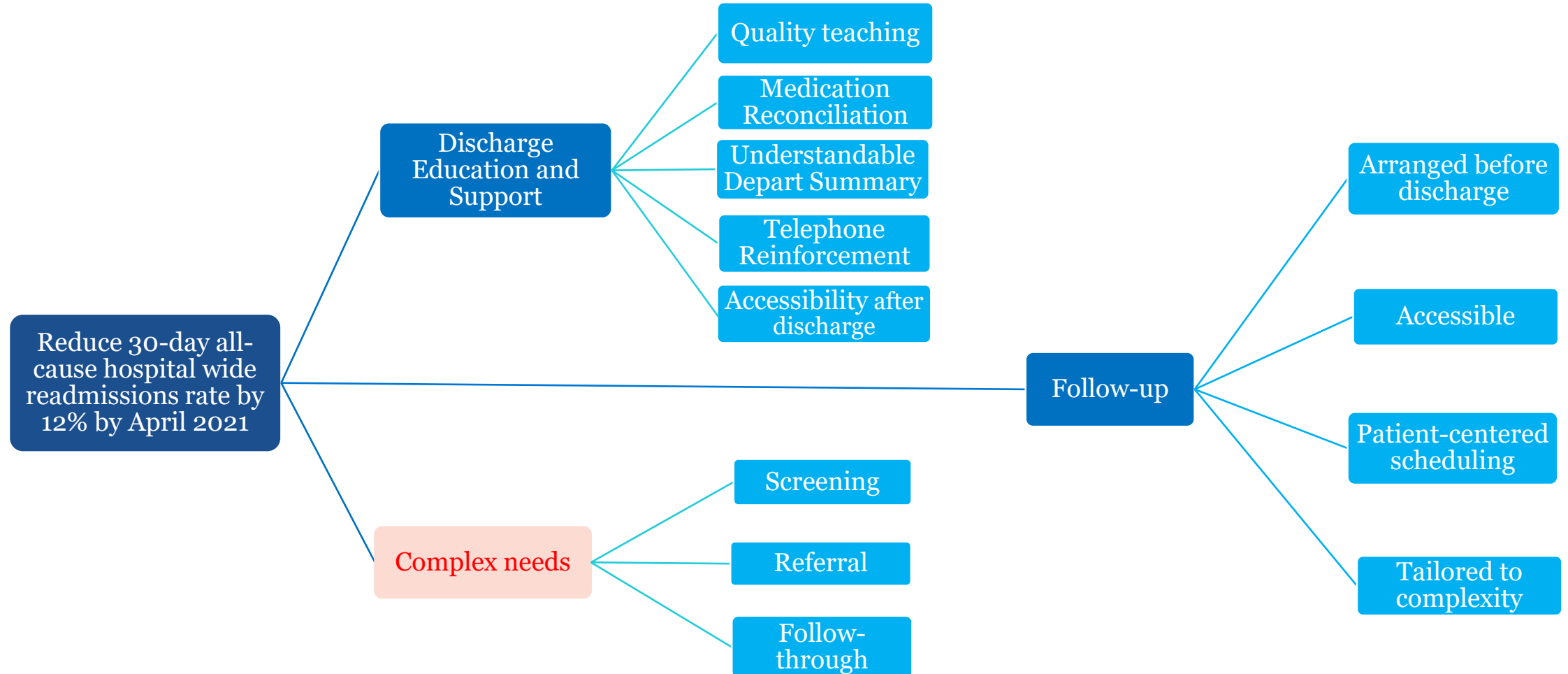
Follow-up

Focus: Arrange before discharge



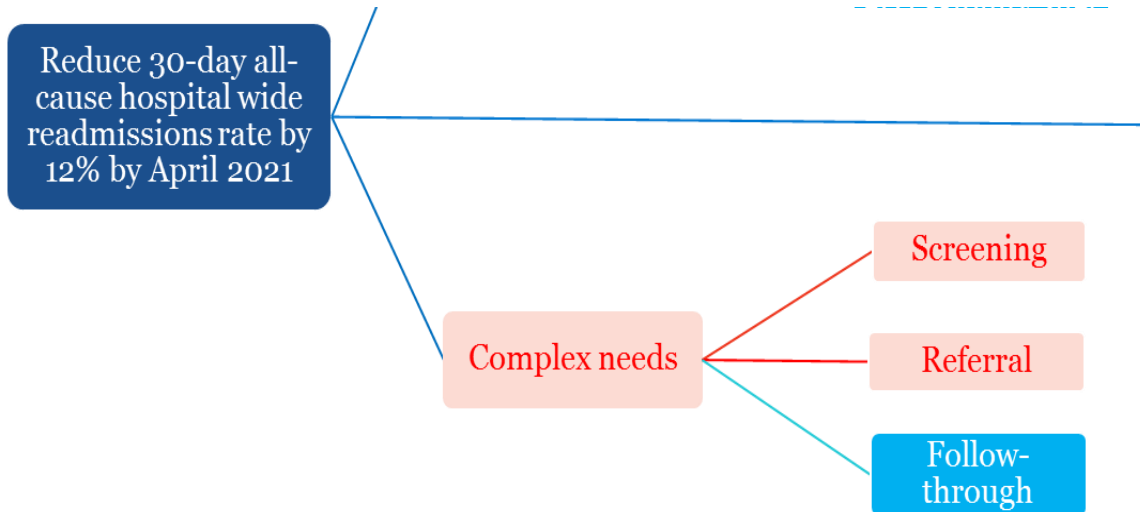
Next Tests of Change

Driver Diagram



Major Driver: Complex Needs

Current Gaps and Focus Areas



- Inconsistent contact with ER social workers at visit
- Missed referrals to Transition of Care (TOC) team
- Early notification of TOC team
- Communication between inpatient providers and TOC

Major Driver: Complex Needs

Addressing Gaps: Focus Areas

- Inconsistent ER SW Contact
- Missed TOC Referrals
- Early TOC Notification
- Communication with TOC

The Current State:

75% of patients eligible for care coordination missed for screening and referral while in the ER

Plan:

ER social workers to prioritize screening patients being discharged straight from ER

Warm handoff between ER and inpatient social workers of unscreened patients being admitted

Major Driver: Complex Needs

Addressing Gaps: Focus Areas

- Inconsistent ER SW Contact
- Missed TOC Referrals
- Early TOC Notification
- Communication with TOC

The Current State:

Referrals lost in transit from social workers to Transition of Care team

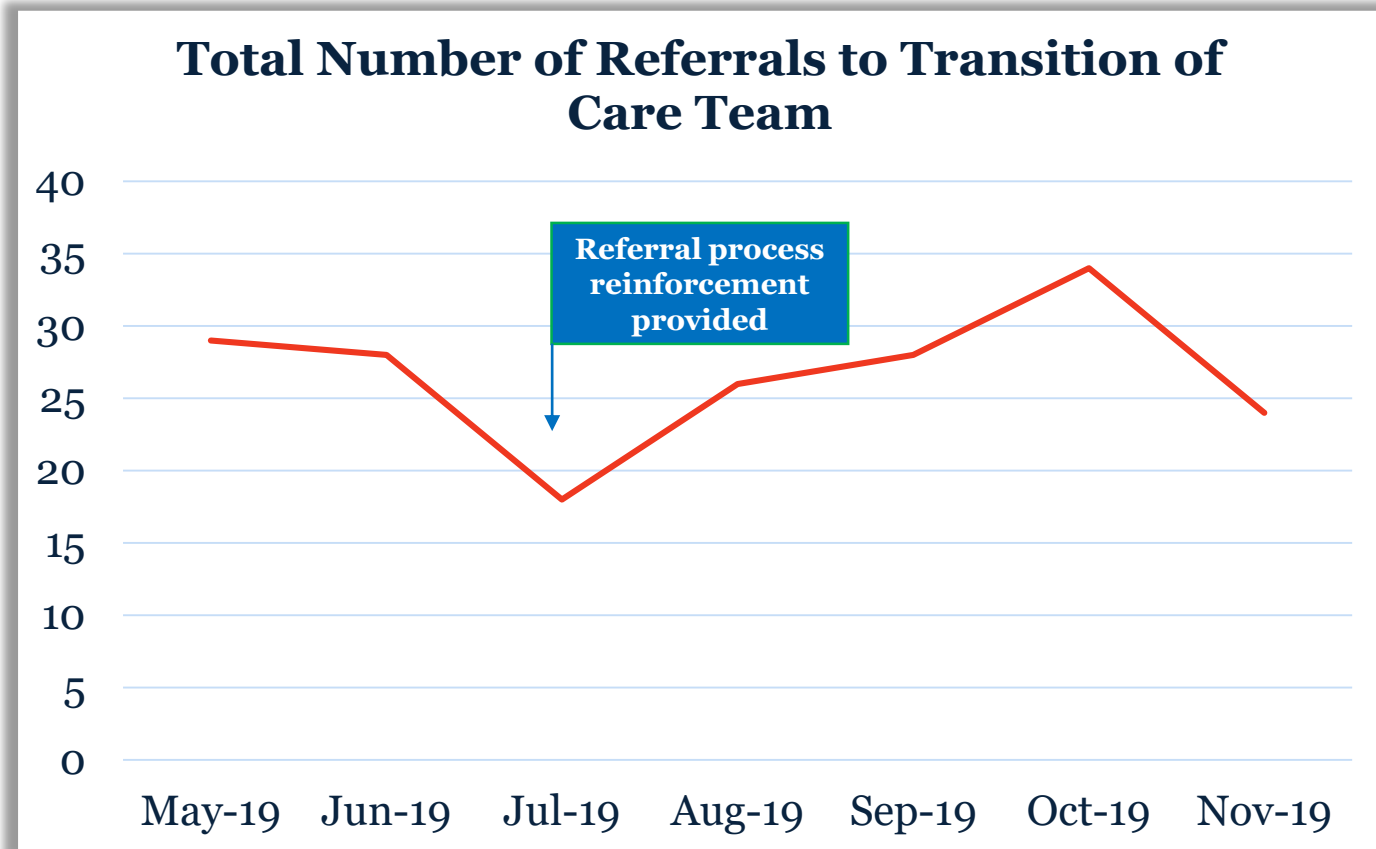
Plan:

Stakeholder meeting held to help align disparate team processes

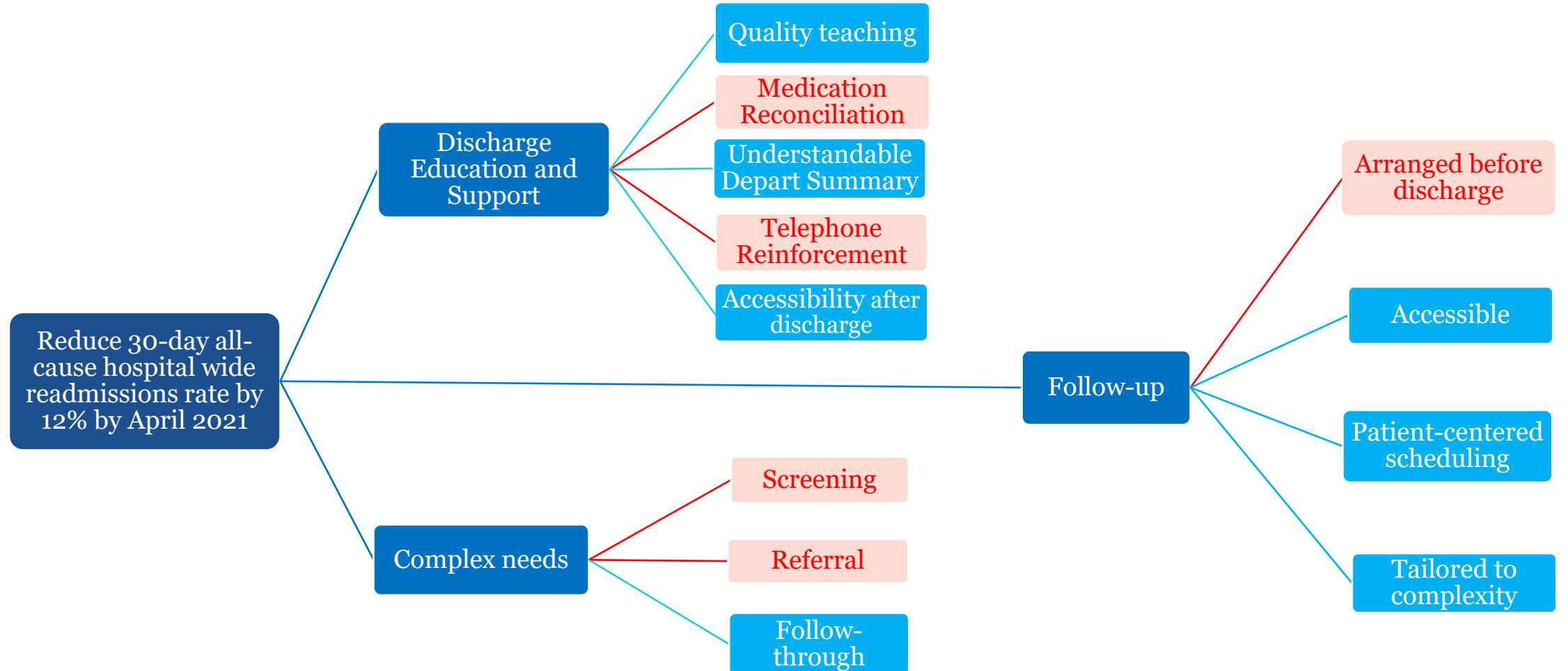
Regular process monitoring meetings planned

Major Driver: Complex Needs

Addressing Gaps: Focus Areas



Driver Diagram



Questions/Comments?



COOK COUNTY
HEALTH

Thank you



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
December 13, 2019

ATTACHMENT #3

Meeting of the Cook County Health and Hospitals System

December 13, 2019

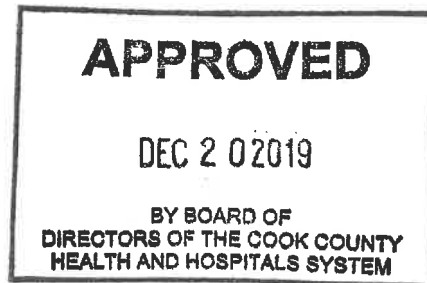
Back-Up Material for Item No. ,

Appointment of John H. Stroger Hospital Department Chair

Respectfully requesting approval of the following:

Initial appointment of the following individuals as Department Chair of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Mopelola Akintorin, MD	Pediatrics 12/13/2019 – 12/12/2020	Department Chair of Pediatrics



Cook County Health and Hospitals System
Quality and Patient Safety Committee Meeting
December 13, 2019

ATTACHMENT #4



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer
Cook County Health

Board of Directors

M. Hill Hammock
Chair of the Board

Mary B. Richardson-Lowry
Vice Chair of the Board

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

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

Deb Santana
Secretary to the Board
Cook County Health

December 12, 2019

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

Please be advised that the Executive Medical Staff Committee of John H. Stroger Jr., Hospital of Cook County, approved the attached list of medical staff action items at its monthly meeting held 12/10/2019, for your consideration.
Thank you kindly.

Respectfully Submitted,

Trevor Lewis, MD
President, EMS

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

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

Medical Staff Appointments/Reappointments Effective December 13, 2019
Subject to Approval by the CCH Quality and Patient Safety Committee

Initial Physician Appointment Applications

Name	Category	Department / Division	Appointment Term
Dvorak, Justin E., MD	Voluntary	Trauma	December 13, 2019 thru December 12, 2021
Lester, Erica L., MD	Voluntary	Trauma	December 13, 2019 thru December 12, 2021
Malusco, Patrick J., MD	Voluntary	Trauma	December 13, 2019 thru December 12, 2021
Mangla, Ashvarya	Voluntary	Cardiology	December 13, 2019 thru December 12, 2021

Reappointment Applications Physicians

Department of Emergency Medicine:

Name	Category	Division	Reappointment Term
Jung, Christine F., MD	Active	Emergency Medicine	March 23, 2020 thru March 22, 2022

Department of Medicine:

Name	Category	Division	Reappointment Term
Krishnan, Kousik, MD	Voluntary	Cardiology	January 21, 2020 thru January 20, 2022

Department of Pathology:

Name	Category	Division	Reappointment Term
Jiang, Jinxing MD	Active	Pathology	February 21, 2020 thru February 20, 2022
Simples, Patricia MD	Active	Pathology	February 20, 2020 thru February 19, 2022

Department of Pediatrics:

Name	Category	Division	Reappointment Term
Dibas, Basema MD	Voluntary	Pediatrics	January 19, 2020 thru January 18, 2022

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APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE

ON DECEMBER 13, 2019

Department of Surgery:

Name	Category	Division	Reappointment Term
Larsen, Brian P., MD	Consulting	Ophthalmology	March 25, 2020 thru March 24, 2022
Sierens, Diane K., MD	Active	Neurosurgery	February 20, 2020 thru February 19, 2022

Initial Application for Non-Medical Staff

Name	Category	Department/ Division	Appointment Term
McCauley, Tyler, PA-C	Physician Assistant	Family Medicine	December 13, 2019 thru December 12, 2021
Patel, Vishalee PA-C	Physician Assistant	Ob/Gyn	December 13, 2019 thru December 12, 2021
Velazquez, Gabriela, PA-C	Physician Assistant	Family Medicine	December 13, 2019 thru December 12, 2021

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Erdman, Nathaniel M., OD	Optometrist	Surgery/Ophthalmology	March 15, 2020 thru March 14, 2022
Gates, Valeria, CNP	Nurse Practitioner	Medicine/General Medicine	December 13, 2019 thru December 12, 2021
Skrivan, Paul PA-C	Physician Assistant	Correctional Health/Med Surg	February 21, 2020 thru February 20, 2022
Utomi, Helen N., CNP	Nurse Practitioner	Medicine/Nephrology	January 28, 2020 thru January 27, 2022

Non-Medical Staff Request for Agreement Changes/Additional Privileges:

Name	Department/ Division	Additional Privileges
Jones, Brittany M., PA-C	Surgery/Neurosurgery	Prescriptive Authority
Miles, Alexis PA-C	Pediatrics	Prescriptive Authority
Tapia, Karla PA-C	Family Medicine	Prescriptive Authority

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APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON DECEMBER 13, 2019



**COOK COUNTY
HEALTH**

Toni Preckwinkle
President, Cook County Board of Commissioners

John Jay Shannon, MD
Chief Executive Officer, Cook County Health

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

December 6, 2019

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on December 6, 2019 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

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

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Valerie Hansbrough, MD
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee**
on 12/6/2019

Medical Staff Appointments/Reappointments Effective December 13, 2019 Subject to Approval by the CCH Quality and Patient Safety Committee.

New Business

Initial Physician Appointment Application:			
Name	Category	Department / Specialty	Appointment Term
Mangla, Ashvarya A., MD	Voluntary	Internal Medicine/Cardiology	December 13, 2019 thru December 12, 2021
Perry, LaMorris L., MD	Affiliate	Pediatrics	December 13, 2019 thru December 12, 2021
Sinha, Sunil P., DDS	Voluntary	Surgery/Oral & Maxillofacial	December 13, 2019 thru December 12, 2021

Initial Application for Non-Medical Staff:

Name	Category	Department/Specialty	Appointment Term
Veliyathumalil, Jasseena, NP	Nurse Practitioner	Internal Medicine	December 13, 2019 thru December 12, 2021
Fung, Sharon C., NP	Nurse Practitioner	Internal Medicine	December 13, 2019 thru December 12, 2021

New Business

Reappointment Applications Physicians:

Department of Pathology:

Name	Category	Department/Specialty	Appointment Term
Sekosan, Marin, MD	Active	Clinical Laboratory	February 25, 2020 thru February 24, 2022

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APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON DECEMBER 13, 2019

Reapplication for Non-Medical Staff:

Name	Category	Department/Specialty	Appointment Term
Onwueme, Bundo E., PA-C	Physician Assistant	Surgery/General Surgery/Urology	April 24, 2020 thru April 23, 2022

Medical Staff Additional Privileges

Name	Category	Department / Division	Discussion	Recommendation
Imran, Muhammed, MD	Affiliate	Internal Medicine/Internal Medicine	Form reviewed and presented with no issues identified.	Recommendation for appointment made, seconded, and passed.

Revision of Privilege Form:

Department	Privileges Requesting	Discussion	Recommendation
Radiology Privileges	Core Teleradiology (for contracted services only) - limited to remote interpretation of diagnostic imaging examinations which may include x-rays/plain films, CT, US and MRI as well as appropriate and prompt communication of results.	Form reviewed and presented with no issues identified.	Recommendation for appointment made, seconded, and passed.

CCHHS

APPROVED

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON DECEMBER 13, 2019**