

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 Monday, June 22, 2020 at the hour of 10:30 A.M. This meeting was held by remote means only, in compliance with the Governor's Executive Orders 2020-7 and 2020-39, and the Governor's Disaster Proclamation issued on May 29, 2020

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; Otis L. Story, Sr.; and Layla P. Suleiman Gonzalez, PhD, JD (5)

Board Chair M. Hill Hammock (ex-officio) and Patricia Merryweather (Non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Debra D. Carey – Interim Chief Executive Officer
Claudia Fegan, MD – Chief Medical Officer
Jafar Hasan, MD, MBA - John H. Stroger, Jr.
Hospital of Cook County
Trevor Lewis, MD – John H. Stroger, Jr. Hospital
of Cook County
Suja Mathew, MD – Chair, Department of
Medicine
Jeff McCutchan –General Counsel

Radhamani Nair, RN – John H. Stroger, Jr.
Hospital of Cook County
John O'Brien, MD – Chair, Department of
Professional Education
Beena Peters, DNP, RN, FACHE – Chief Nursing
Officer
Kathryn Radigan, MD - John H. Stroger, Jr.
Hospital of Cook County
Deborah Santana – Secretary to the Board

The next regular meeting of the Quality and Patient Safety Committee is scheduled for Thursday, July 23, 2020 at 10:30 A.M.

II. Electronically Submitted Public Speaker Testimony (Attachment #1)

The Secretary read the public speaker testimony submitted from the following individual into the record:

1. Steve Maynard Concerned Citizen

Following discussion of the testimony provided, Dr. Beena Peters, Chief Nursing Officer, stated that she will provide a report by Friday's Board Meeting addressing the concerns stated in the testimony regarding the use of infusion pumps being used at Stroger Hospital.

III. Report on Quality and Patient Safety Matters

A. Metrics (Attachment #2)

Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the metrics. The Committee reviewed and discussed the information.

During the discussion of the metrics regarding Venous Thromboembolism (VTE) Prevention, Dr. Fegan stated that she will provide additional information on VTE events that have occurred over the last year, in response to a question from Director Story.

B. Regulatory and Accreditation Updates

Dr. Fegan provided a regulatory and accreditation update. She stated that Provident Hospital is within the window of expecting surveyors from The Joint Commission (TJC). TJC has recently announced that they will resume survey activities, and will be taking a different approach, such as doing in-person surveys with smaller groups. It is expected that the TJC survey at Provident Hospital will take place before the end of this year.

C. Report from HRO Workgroup on Patient Experience (Attachment #3)

Dr. John O'Brien, Chair of the Department of Professional Education, provided an overview of the Report from the HRO Workgroup on Patient Experience. The Committee reviewed and discussed the information.

The Report included information on the following subjects:

- Summary
- Basic Communications
- Patient Centered Communication / Rounding
- Data on Press Ganey Patient Survey Results
- Patient Discharges – Understanding Care When Leaving
- Quiet Place of Healing – Noise Campaign Pilot 6E
- Making the Changes Durable / Accountability

During the discussion of the information, Director Story inquired whether discussions with union leadership took place before the changes indicated within the Report were implemented, or whether the union leadership has been kept abreast of the work being done. Dr. Peters responded affirmatively; when she started at CCH, she shared goals regarding patient safety, patient experience and staff engagement with union leadership. She meets with representatives from the National Nurses Organizing Committee (NNOC) on a monthly basis. At those meetings, she shares nursing-specific data on quality and patient experience, and also shares information on the initiatives relating to those subjects.

IV. Action Items

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

There were none presented for consideration.

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, presented his report. At the recent EMS meeting, they received reports from the Cancer Committee and the HRO Workgroups on Patient Experience and Mortality. They are planning to hold their next meeting in person on July 14th.

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.

Dr. Marlon Kirby, President of the EMS of Provident Hospital of Cook County, was unable to attend due to work-related conflicts.

Director Driscoll, seconded by Director Prendergast, 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, May 22, 2020

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of May 22, 2020. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and V

V. Closed Meeting Items

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

V. Closed Meeting Items (continued)

Director Prendergast, seconded by Director Driscoll, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

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

Yeas: Chair Gugenheim and Directors Driscoll, Prendergast and Suleiman Gonzalez (4)

Nays: None (0)

Absent: Director Story (1)

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

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

VI. Adjourn

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

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

- Follow-up: Dr. Peters will provide a report by Friday's Board Meeting addressing concerns stated in public testimony regarding the use of infusion pumps being used at Stroger Hospital. Page 1
- Follow-up: Regarding VTE Prevention metrics, Dr. Fegan will provide additional information on VTE events that have occurred over the last year, in response to a question from Director Story. Page 2

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ATTACHMENT #1

Fwd: BD Alaris Infusion Devices FDA Recall

Steve Maynard <s.maynard1966@gmail.com>

Tue 6/2/2020 11:04 AM

To: Santana, Debbie <dsantana@cookcountyhhs.org>

 3 attachments (16 MB)

AlarisSystem12.1.0_CustomerRecallPackage (1).pdf; AlarisSystem9.x_CustomerRecallPackage (3).pdf; RAW TRANSCRIPT_ Becton Dickinson Co.(BDX-US) Q1 2020 Earnings Call 6-February-2020 8_00 AM ET.pdf;

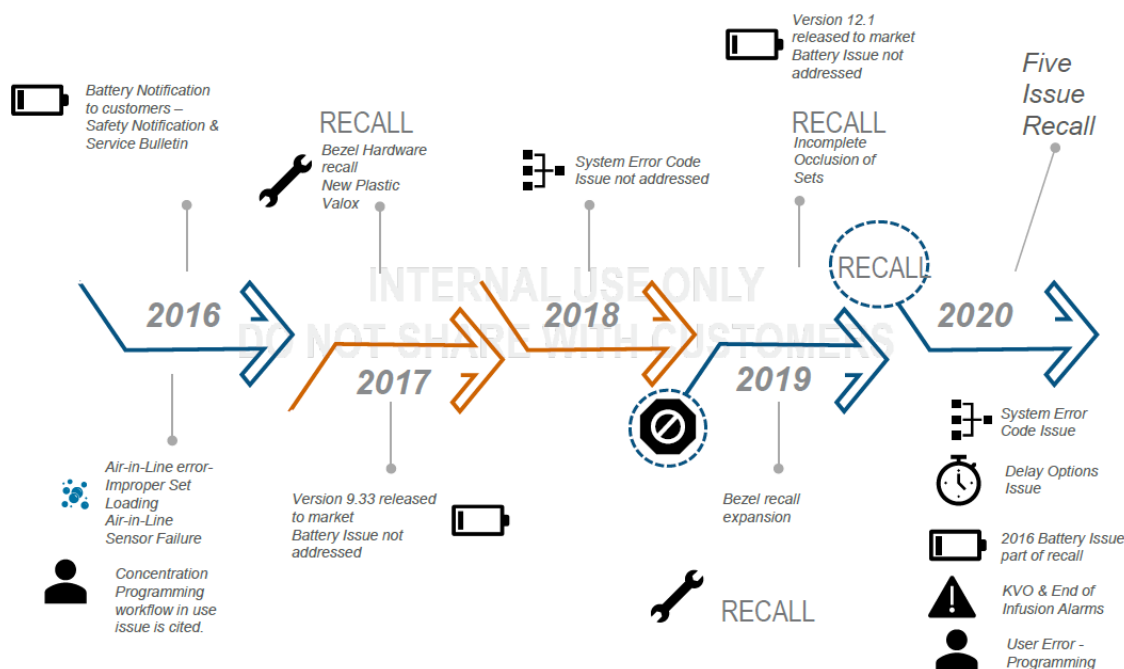
Please read at the next Cook County Health Finance Meeting - June 22, 2020

Dear Directors,

Over the past few weeks it was brought to your attention the infusion pumps being used at Cook County Hospital were on FDA recall and ship hold pending 510K approval, yet still being used throughout the network. At the 5/29/20 board meeting, there was a spirited discussion concerning these pumps and an agreement for due diligence and to revisit the topic at the next financial meeting. The following summary and excerpts from the meeting include rebuttals and third party documents backing up the rebuttals. The third party documents are attached and are summarized below.

Summary

- Since April 2019, there have been 3 Alaris FDA recalls and recall expansions involving 81 reported incidents of patient harm and 1 death
- The Feb 2020 FDA recall resulted in a ship hold until FDA approval. That still has not happened and during the May 7, 2020 BD shareholder's meeting, it was suggested the ship hold would likely not happen until after Q4, 2020
- The technology is currently FDA restricted from being sold in the U.S. without a formal Medical Necessity request approved by the FDA



5/29/20 Board Meeting Recap

- Charles Jones stated, "one of a few particular pump vendors"
 - Alaris is the ONLY large volume pump used at Cook County Hospital. While there are other specialty pumps such as epidural and PCA (patient controlled Analgesia), at least 80% of the pumps in circulation are large volume pumps and they are all Alaris pumps.
- Charles Jones stated, "as far as \$10,000,000 in savings over time, we do not spend nearly that much"
 - In 2011, 1400 Alaris pumps were purchased for \$4,200,000 plus modules, accessories, disposables, and renewable contracts amounting totaling more than \$11.3M to date.

Alaris pumps – 1400 pumps	8/5/2011
\$4,200,000	
PCA and Syringe Modules	10/21/11
\$103,000	
Services to Alaris	8/5/2011
\$115,000	
Add on Syringe	9/12/2011
\$160,980	
Add on PCA and ETCO2	9/11/2013
\$115,200	
Add on PCA	6/21/2012
\$160,380	
Add on Software	10/29/2012
\$11,715	
Disposables minimum per year	\$569,700 x 8years totals

\$4,557,600

SMS agreement (approximation) 2016-2020

\$52,500 per month to total \$630,000 per year x 3 years \$1,890,000

- Total spend of more than \$11.3M since 2011

- Dr. Beena Paters stated, "the recalled pumps are not what we are using"
 - Director Hammock (difficult to confirm name from audio) asked, "did you say the pumps that had been recalled were a different version than what we use"
 - Dr Beena Peters answered, "yes, the company sent us an email on the recalled pumps"
 - The following is an except from the FDA website (link below)...***all models and rev levels 12.1 and 9.5 and prior of the Alaris pumps are recalled***
 - Also attached, 2 customer recall letters from BD

Affected Products

- BD Alaris™ System PC Unit Model 8000, software versions 9.5 and prior
 - BD Alaris™ System PC Unit Model 8015, software versions 12.1.0 and prior
 - BD Alaris™ Pump Module Model 8100, software versions 12.1.0 and prior
 - Alaris™ Syringe Module Model 8110, software versions 12.1.0 and prior
 - Alaris™ PCA Module Model 8120, software versions 12.1.0 and prior
- <https://www.fda.gov/safety/recalls-market-withdrawals-safety-alerts/bd-provides-update-feb-4-2020-voluntary-recall-bd-alarism-system-pc-units-and-modules>
- Dr. Beena Peters stated, "we are monitoring quality and safety since the recall and we have zero events within our system". "We have turned off the features that are affected by the recall."
 - Turn off features? That doesn't seem like an appropriate remediation effort
 - There are numerous pages of tip sheets on how to use the pumps safely and effectively that may be a cognitive overload for even the most skilled and experienced nurse.
- Director Richardson-Lowry (difficult to confirm name from audio) suggested, "we need something more than an email from the company that's been recalled...this is an issue of great interest".
 - Something more than an email from the vendor has been attached to this email: 2 BD customer recall letters and the February, 2020 BD Shareholder's Transcript

Thank you to all for your time and attention,

Steve

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ATTACHMENT #2

QPS Quality Dashboard



June 22, 2020



COOK COUNTY
HEALTH



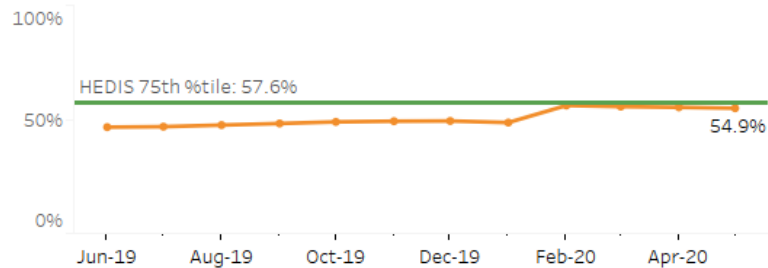
COOK COUNTY HEALTH

Quality Dashboard

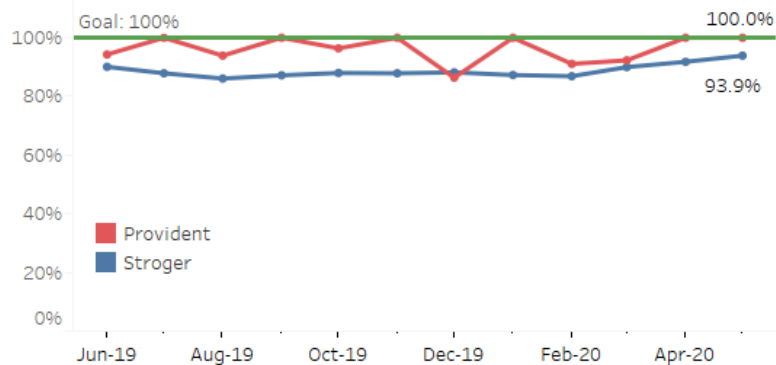
June 22, 2020

Health Outcomes

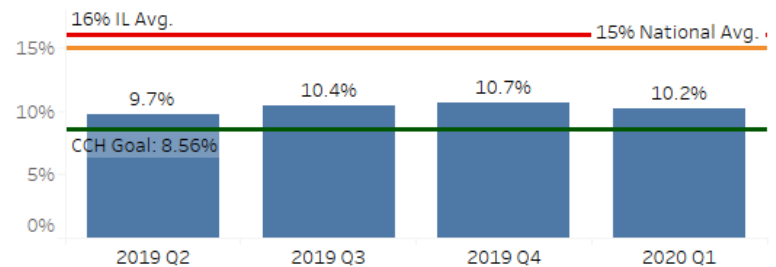
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

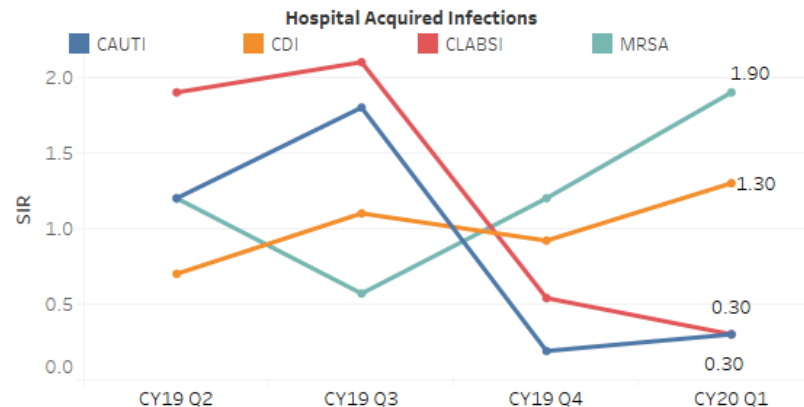
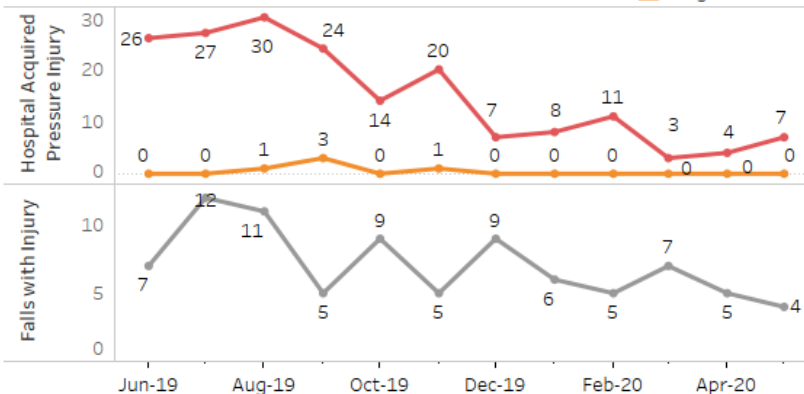


30 Day Readmission Rate



Patient Safety

Hospital Acquired Conditions

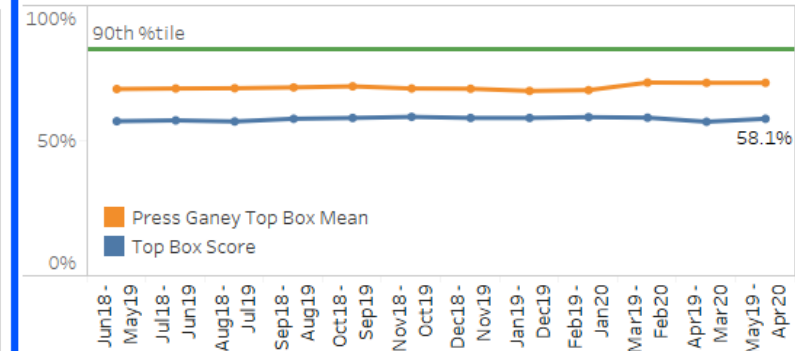


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs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

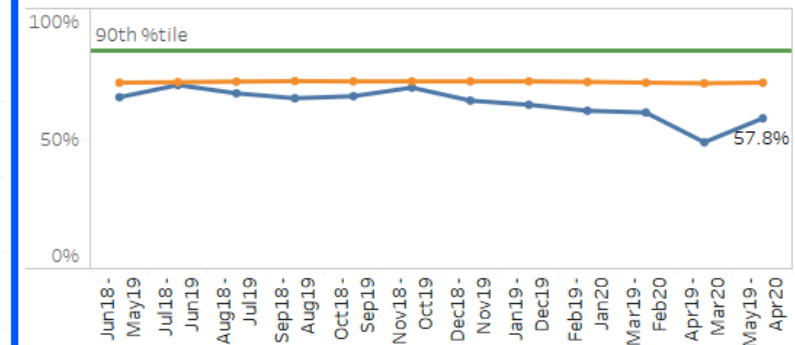
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
CAUTI	2	5	6	2	3	0	1	0	0	0	2	0
CDI	4	4	9	5	7	7	5	3	5	10	6	1
CLABSI	2	3	2	4	1	1	1	0	0	1	0	1
MRSA	0	2	0	0	1	1	0	1	2	0	1	0

Utilization

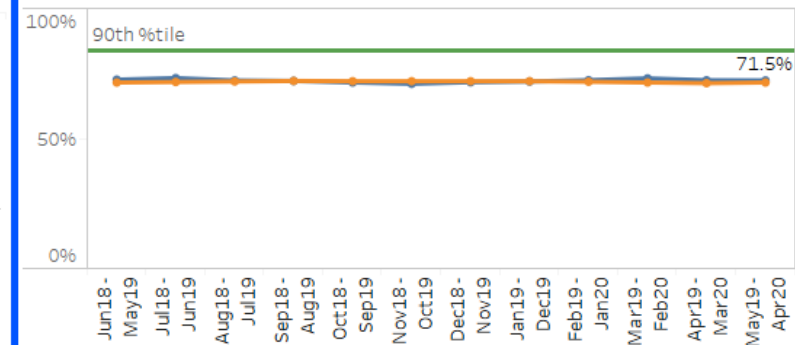
ACHN--Overall Clinic Assessment



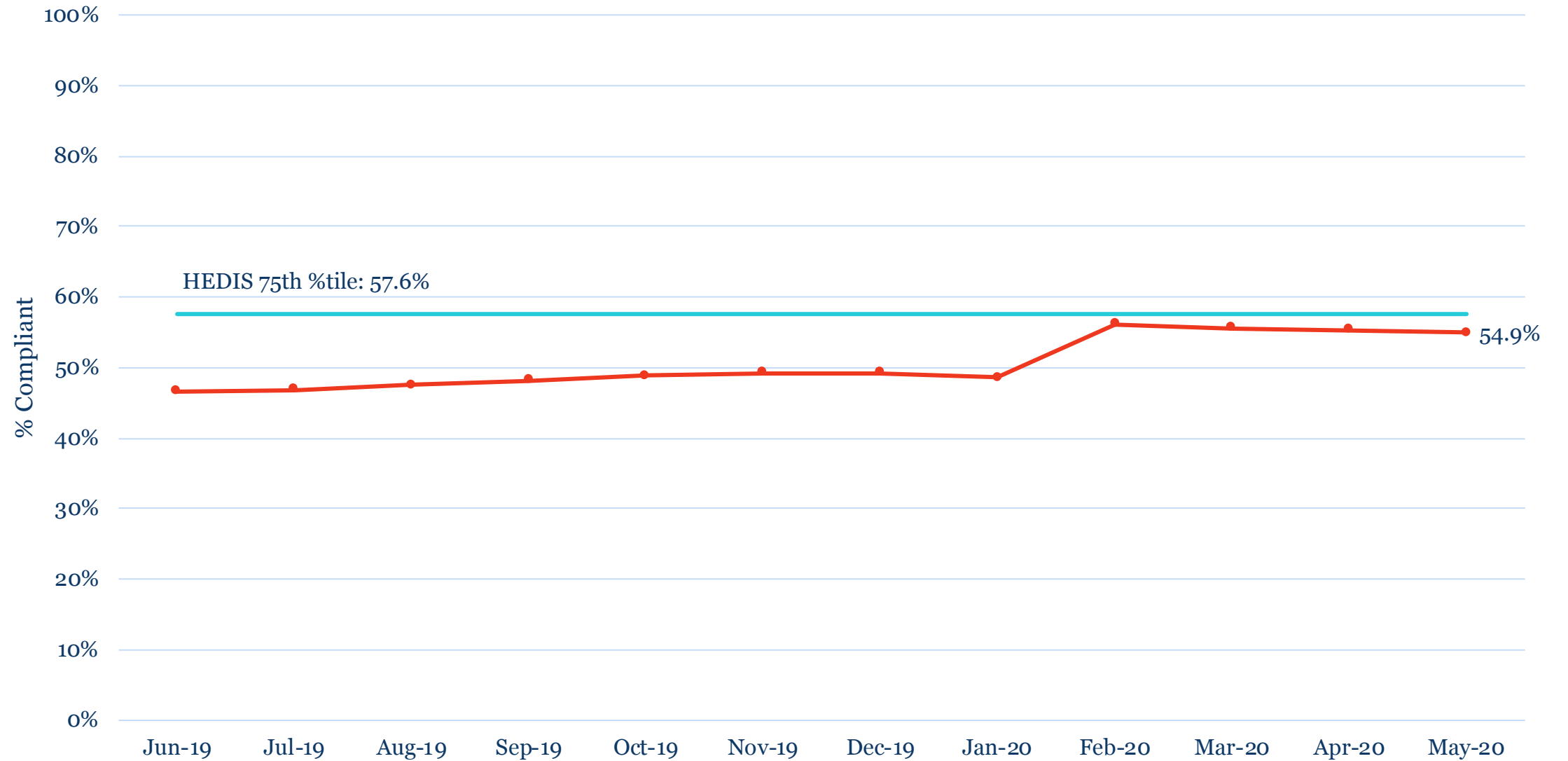
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

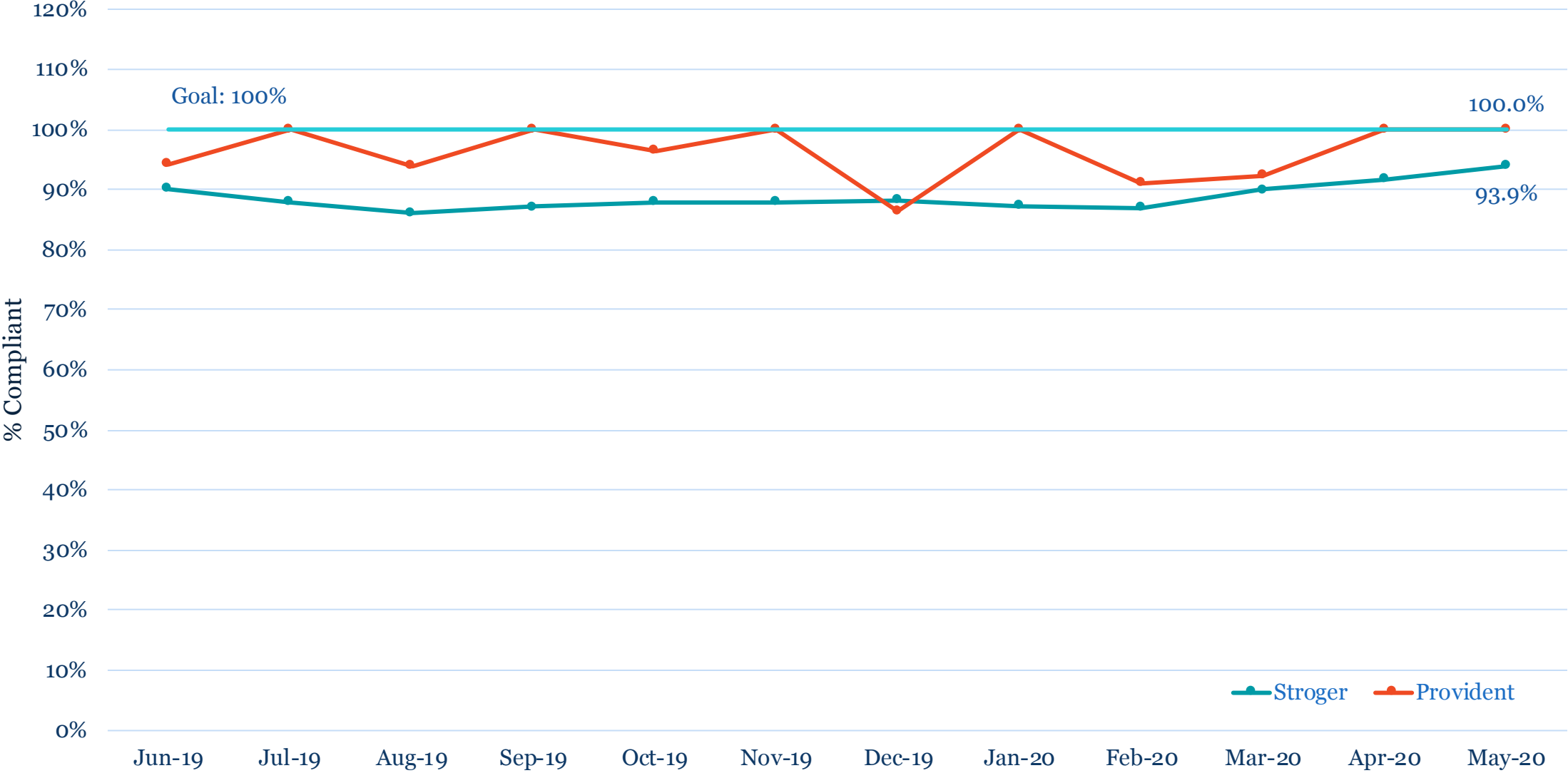


HEDIS – Diabetes Management: HbA1c < 8%



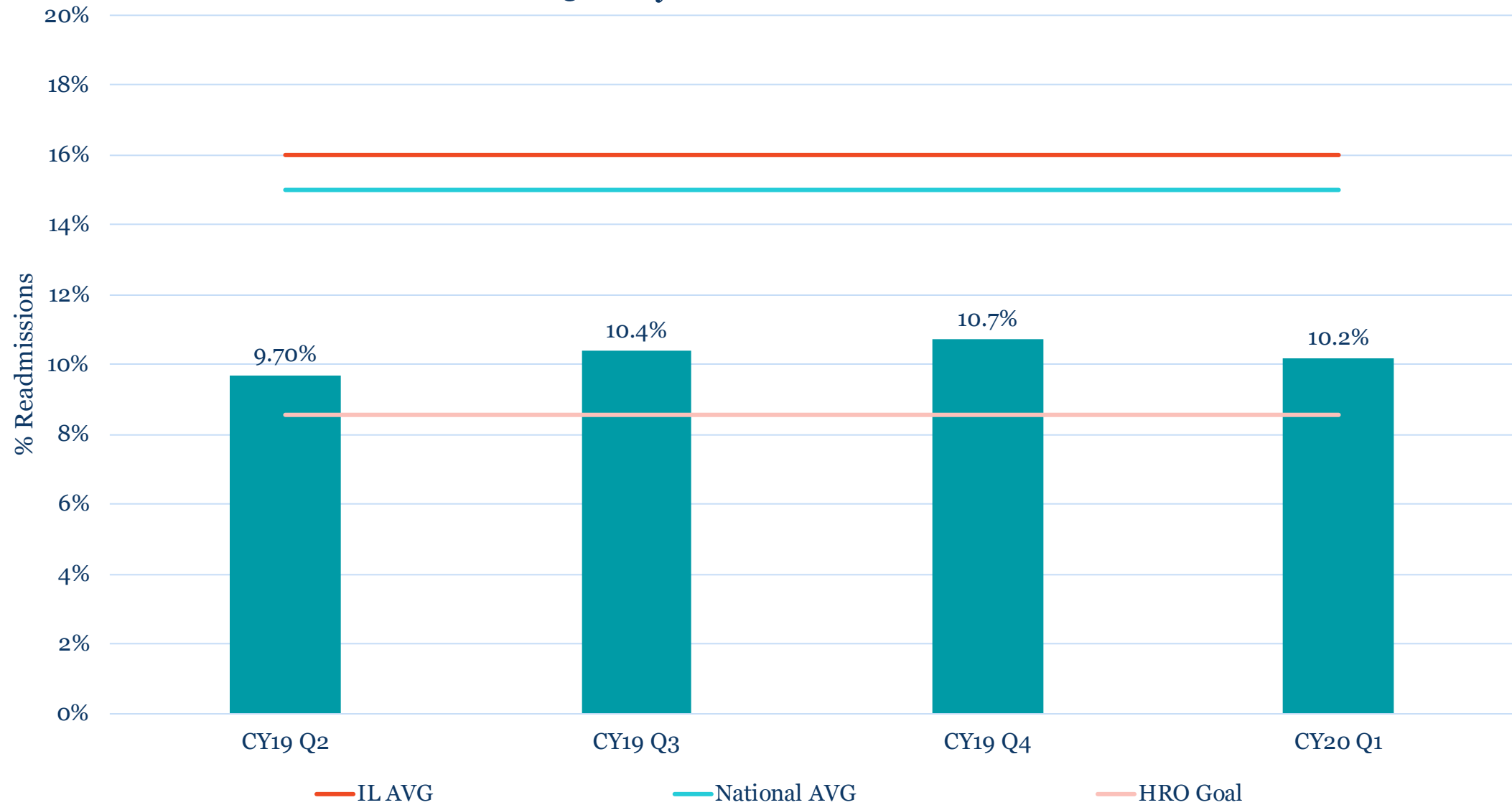
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



Source: Quality Dept.

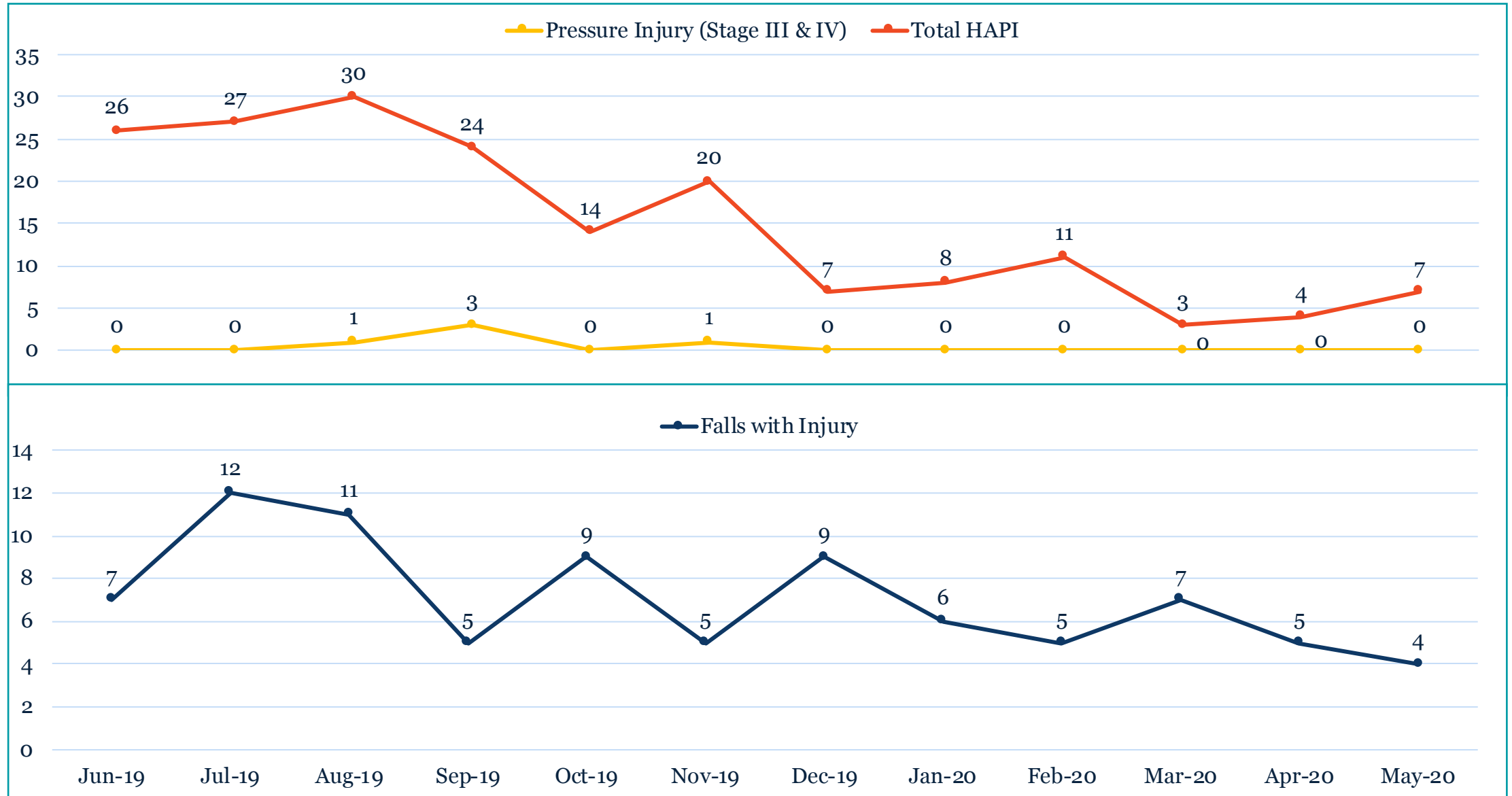
30 Day Readmission Rate



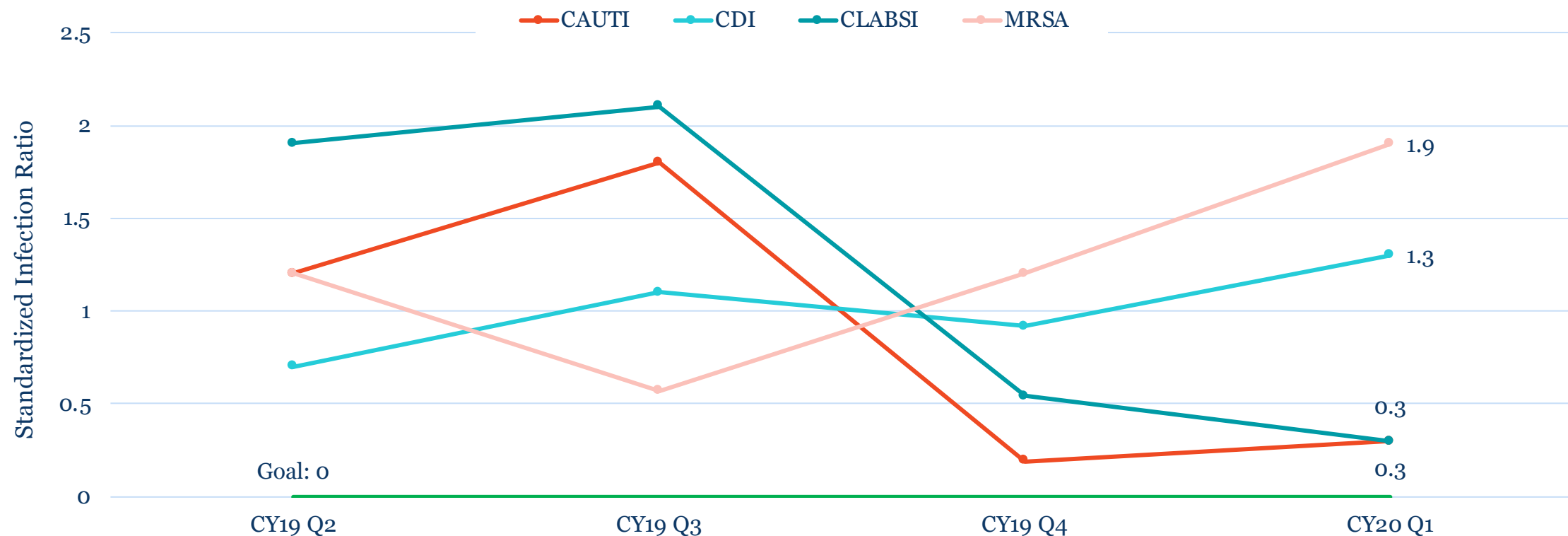
Source: Business Intelligence



Hospital Acquired Conditions



Hospital Acquired Infections



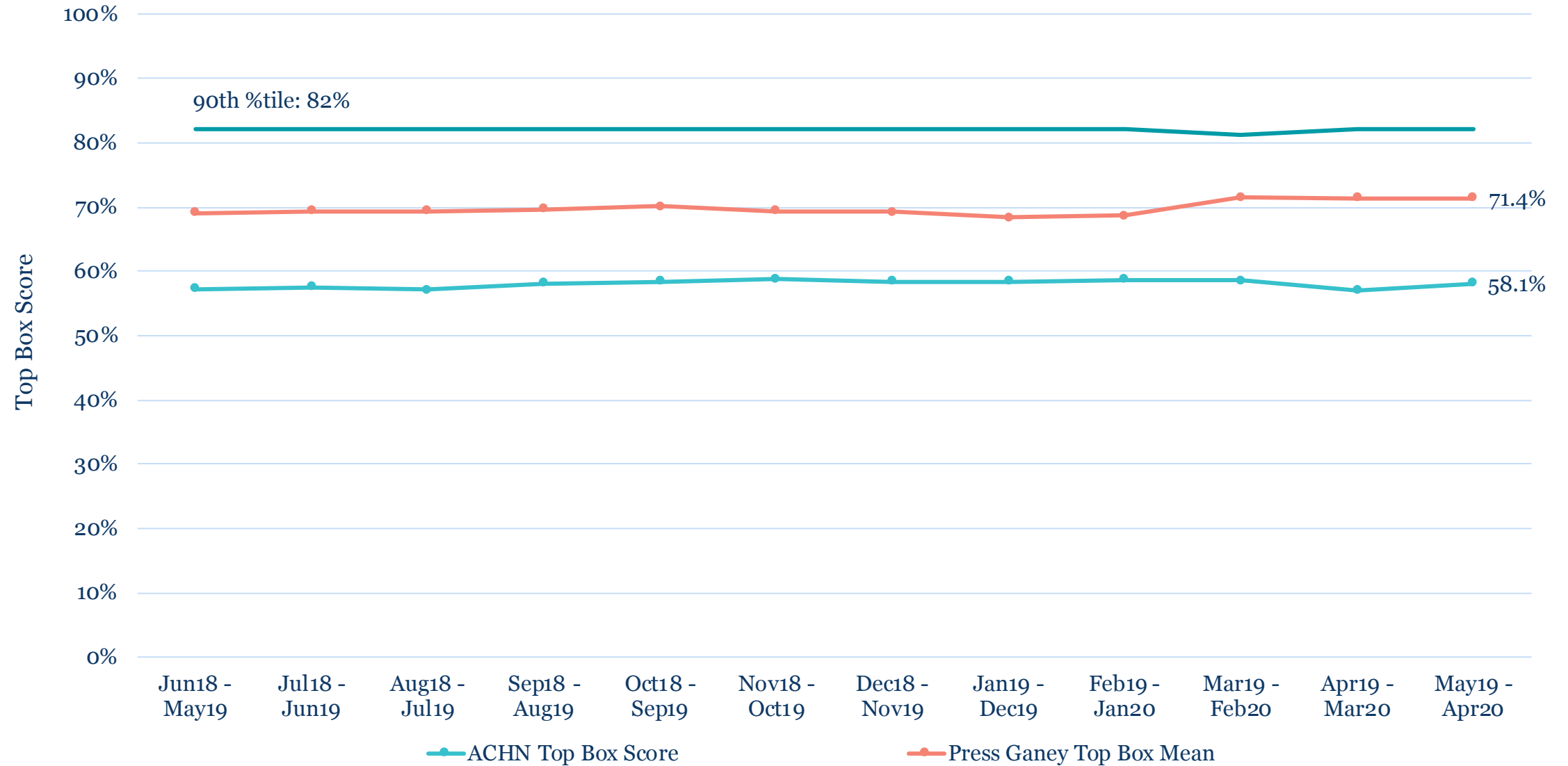
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
CAUTI	2*	5	6	2	3	0	1	0	0	0	2	0
CDI	4	4	9	5	7	7	5	3	5	10	6	1
CLABSI	2	3	2	4	1	1	1	0	0	1	0	1
MRSA	0	2	0	0	1	1	0	1	2*	0	1	0

*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.

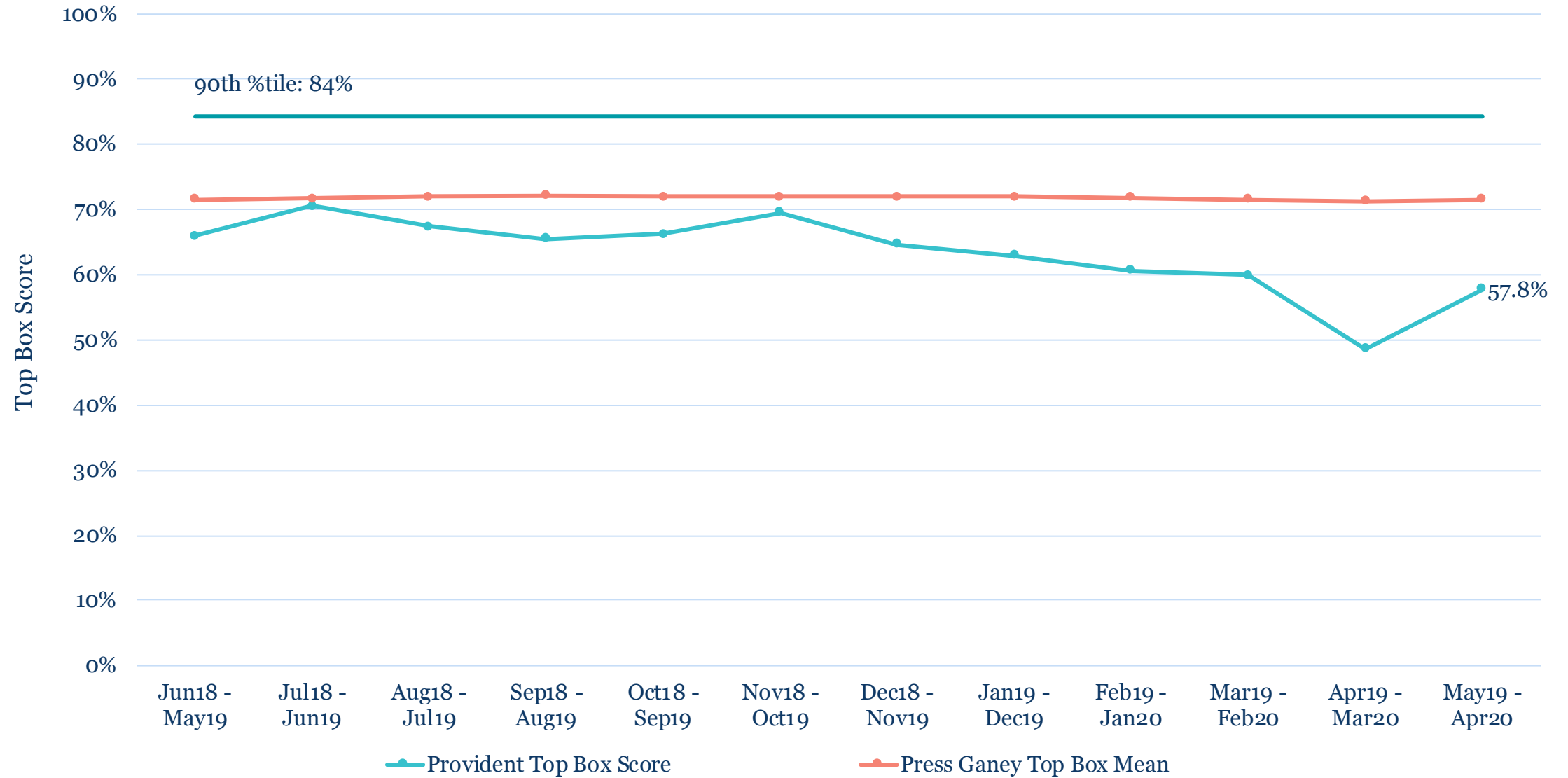
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment

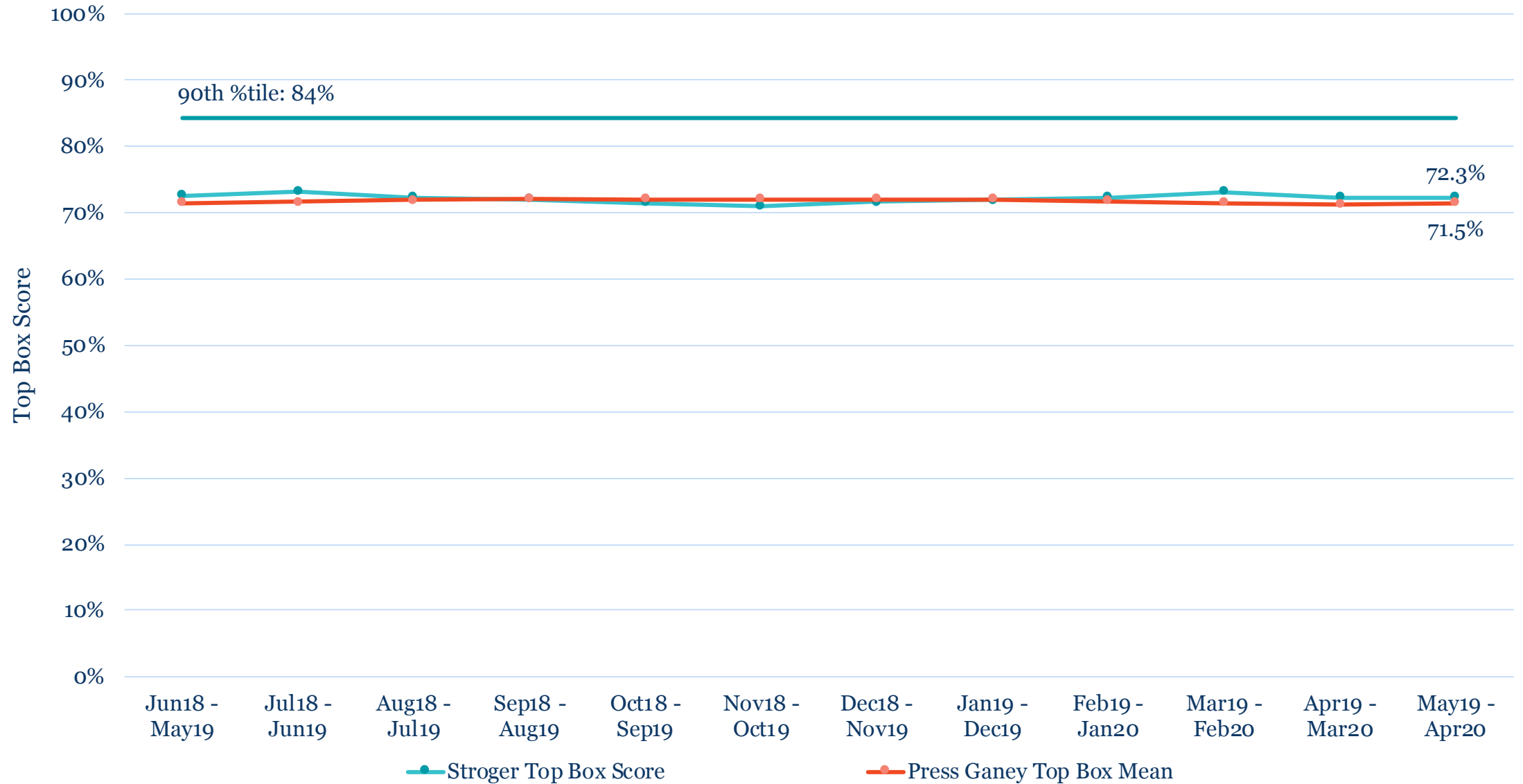


Source: Press Ganey

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	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).	Press Ganey
Press Ganey Patient Satisfaction Percentile Rank	A percentile rank tells you where your score falls in relationship to other scores. Percentile rank for any given metric in any peer group is determined by ordering all facilities' scores from highest to lowest, then each score receives a percentile rank by determining the proportion of the database that falls below that score. For example, if your percentile rank is 30, you are scoring the same as or better than 30% of the organizations you are compared to.	Press Ganey
ACHN Patient Satisfaction-Overall Assessment	Includes two questions: 1. How well the staff worked together to care for you. 2. Likelihood of your recommending our practice to others.	Press Ganey
Hospital Patient Satisfaction-Willingness to Recommend Hospital	The likelihood that a patient will recommend a hospital to family members and friends.	Press Ganey



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ATTACHMENT #3

HRO Workgroup: Patient Experience

John O'Brien, MD., Assoc Medical Director Medical Education

June 22, 2020



COOK COUNTY
HEALTH

Summary

- Poor HCAHPS Scores
 - Implications with CMS/Leapfrog
 - Changes must be system-wide and durable
 - Results will not be immediate
- Patient Experience means being a Place of Caring
 - Relational vs Transactional
 - Focus areas included *Communication, Responsiveness and Quietness*

Basic Communications

AI²DET – Rollout

- Training/Monitoring: Departments' AI²DET plan turned in and approved in December
- Training
 - Introduce AI²DET to all staff members with meeting, huddles, suggested language
 - Train managers on how to be AI²DET observers
- Start enforcing AI²DET across department with observation and coaching
 - Use High Reliability Tools: SBAR, 5:1 Feedback, and Rounding to Influence techniques
 - Track progress with AI²DET coaching form and through LMS System
 - Supervisors sent reports of their employees who have not completed AI²DET training
 - Created AI²DET learning module through Learnsoft.
 - Holding people accountable for both actions and results (not punitive)
 - If someone consistently fails, counsel them

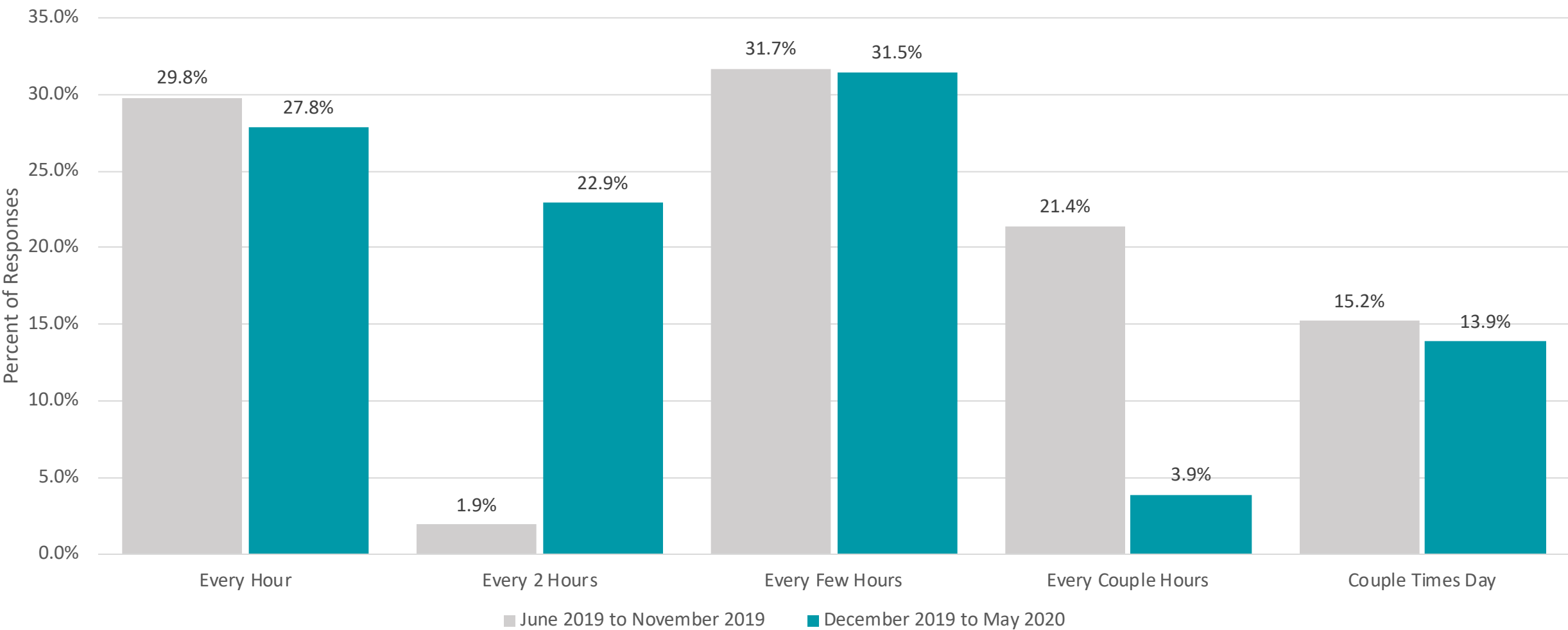
Patient Centered Communication / Rounding

Hourly Rounding

- Hourly Rounding
 - Foundation tactics in place
 - Benefits of hourly rounding communicated
 - Competency checklist specific behaviors necessary to master hourly rounding
 - Develop monitoring process
 - Hourly Rounding Dashboard Report to measure unit's return on investment
 - Fall rate, Pressure Ulcers, Call light volumes, **Patient Experience**

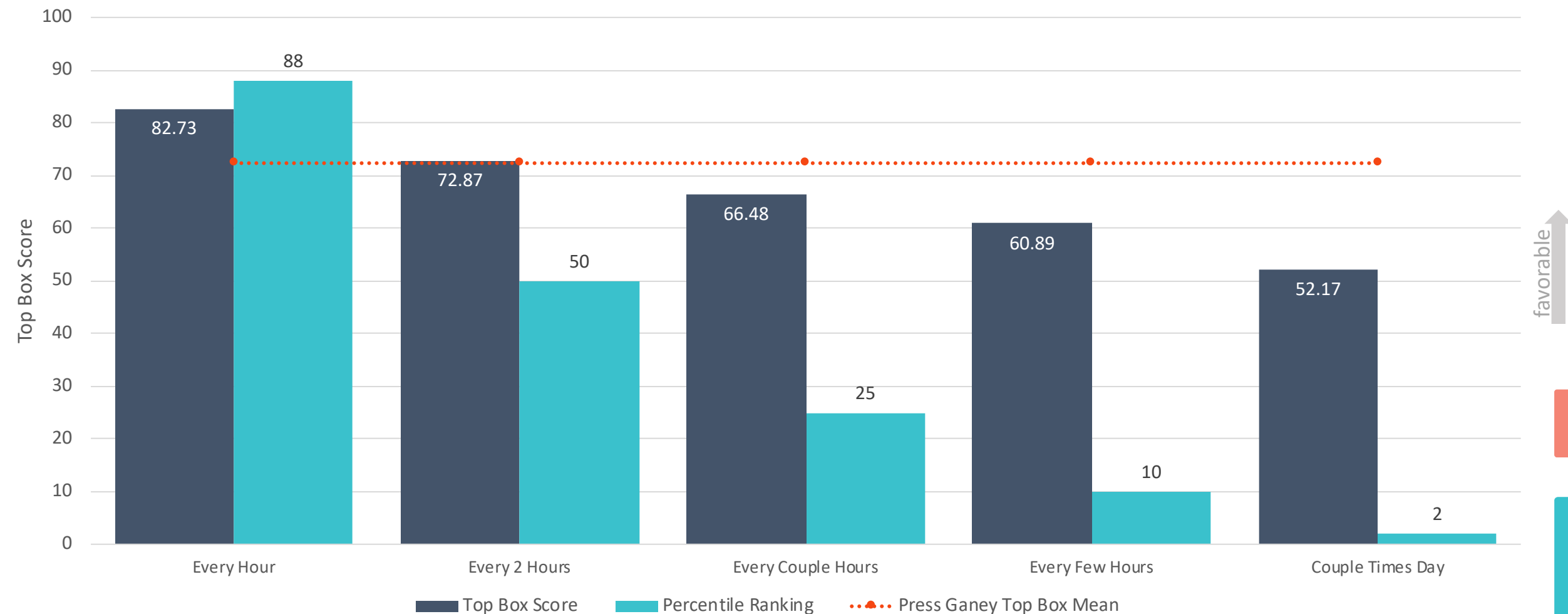
“Nursing Staff Check on You During Day”

Patient Reporting of How Often Nurse Rounded



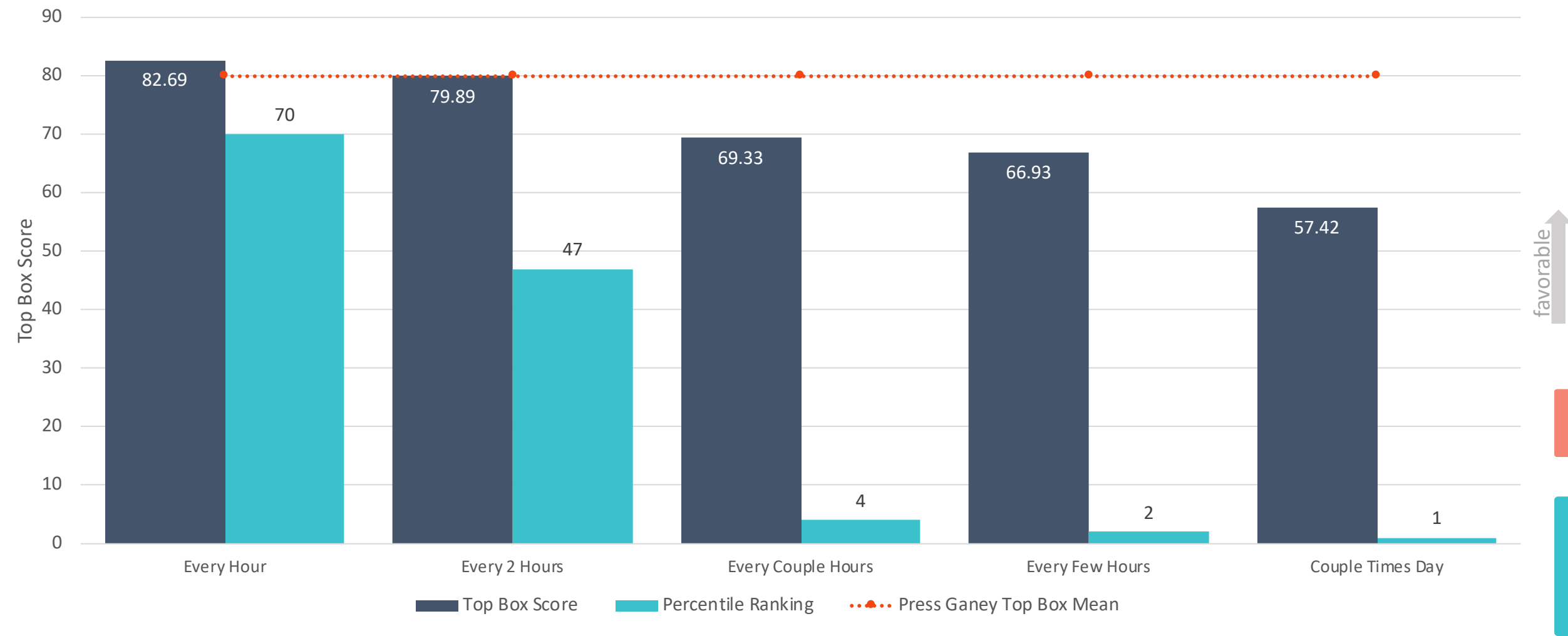
Rate the Hospital

June 2019 to May 2020 Discharges



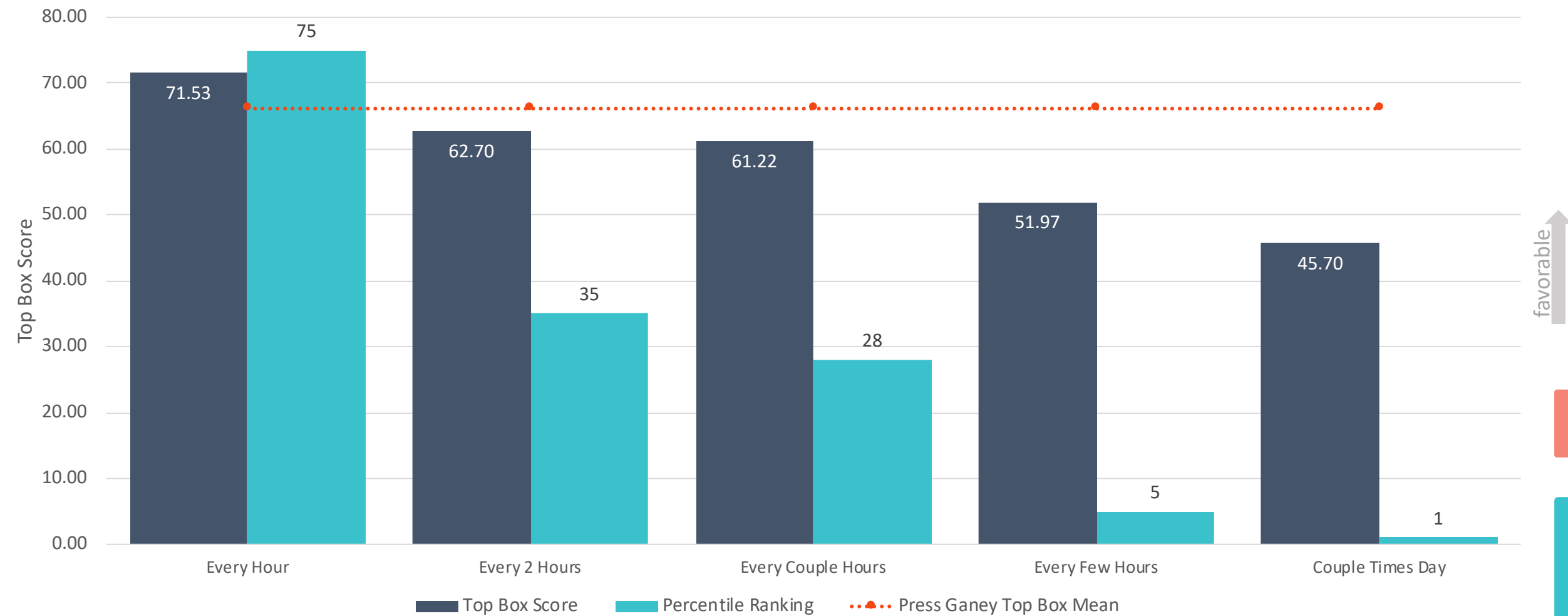
Communication with Nurses (Overall Score)

June 2019 to May 2020 Discharges



Response of Hospital Staff (Overall Score)

June 2019 to May 2020 Discharges



Patient Discharges – Understanding Care When Leaving

DC Sub workgroup

- One of the focus areas for our group is around the HCAPS metric "Patient strongly agree they understood their care when they left the hospital".
- Rather than duplicate or have redundancy in our efforts, we have begun collaborating with the readmissions workgroup.
 - Created a d/c workgroup to review education and d/c process
 - Improve timeliness of d/c Rx's and standardization of how meds are picked up/delivered
 - Planned pilot d/c team of Nurse + resident to review d/c in person with patient (then COVID hit)

Quiet Place of Healing

Noise Campaign Pilot 6E

- Use mobile phones to avoid delivering communications through the overhead PA system
- Turn the volume down on electronic devices and equipment where possible
- Using Yacker Tracker to monitor noise levels on the unit
- Fixing the automatically closing doors to close softly
- Installation of quiet campaign posters/elevator wraps



Quiet Place of Healing

Noise Campaign Pilot 6E (Continued)


- (Coming) ear plugs an offering for patients which reinforces CCHs commitment to quietness
- Move the routine administration time of enoxaparin that is given for VTE prophylaxis from 1 A.M. to 11 P.M.
- Pre-COVID...
 - Collaboration with front desk and ED to help reinforce the visitor policy/8 PM Cut-off
 - Overhead announcement recorded in English and Spanish notifying visitors, visiting hours has ended. *“Good Evening Visitors, the time is 8 o’clock and visiting hours are now over. Visiting hours will resume tomorrow at 11AM. On behalf of the staff at Cook County Health, we wish you a pleasant evening. Thank You.”*


Is It Working?


Providing In-house Surveys About Quietness

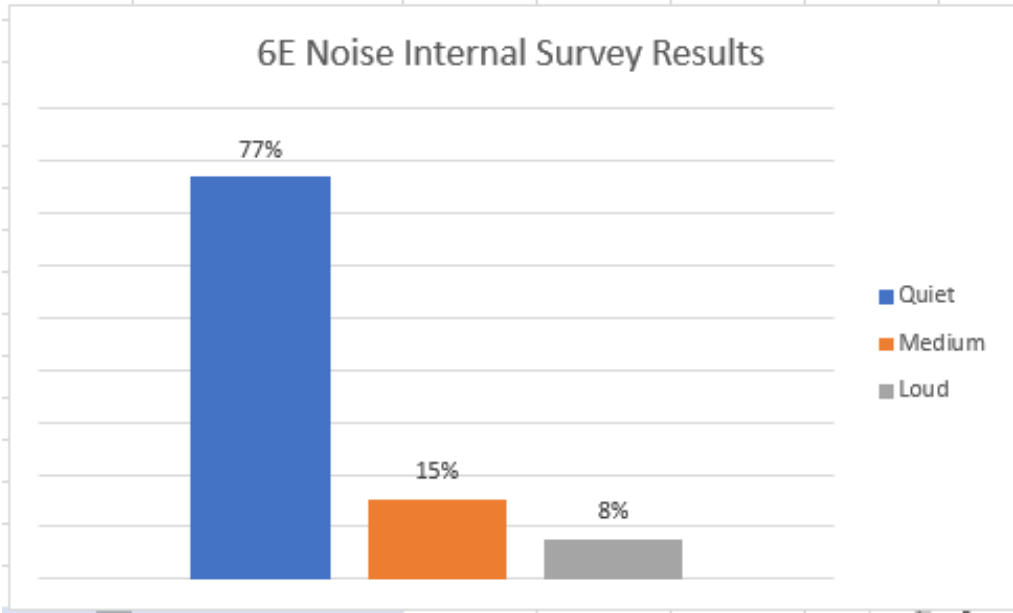
CCH 6E Patient Noise-O-Meter

What has the noise level been like for you in the last 24 hours?


Quiet

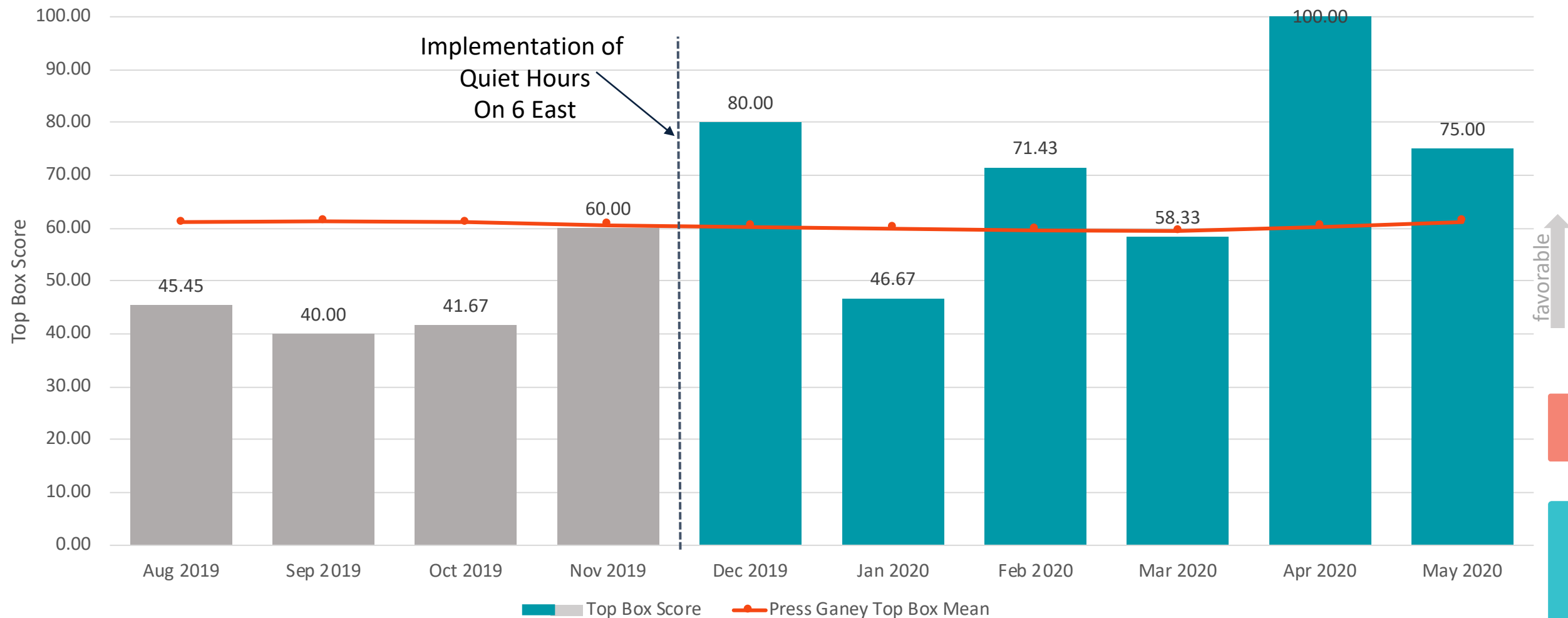

Getting a little loud
(please circle one)


Loud



Quietness of Hospital Environment (HCAHPS)

6 East by Patient Discharge Date



Making the Changes Durable /Accountability

Hardwiring

- Regular Meetings with Managers
 - Providing Tools
 - Sharing Experiences
 - Logging Hourly Rounding
 - Feedback regarding metrics
- Stress Patience With Press Ganey Numbers

(Thank You)



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ATTACHMENT #4



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Debra D. Carey
Interim CEO
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.
Otis L. Story, Sr.
Layla P. Suleiman Gonzalez, PhD, JD
Sidney A. Thomas, MSW

Deb Santana
Secretary to the Board
Cook County Health

June 15, 2020

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, electronically approved the attached list of medical staff action items 06-08-2020, 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 June 22, 2020 Subject to Approval by the Cook County Health QPS Board.

NEW BUSINESS

Name	Category	Department / Division	Appointment Term
Chaudhary, Shweta V., MD	Active	Surgery/Ophthalmology	June 22, 2020 thru June 21, 2022
Collins, Yvonne, MD	Active	OB/Gyn	June 22, 2020 thru June 21, 2022
Hernandez Guarin, Laura, MD	Voluntary	Infectious Disease/Medicine	June 22, 2020 thru June 21, 2022
Gauto, Estefania, MD	Voluntary	Hospital Medicine	July 1, 2020 thru June 30, 2021
Gobbi, Elizabeth, MD	Active	General Medicine/Medicine	June 22, 2020 thru June 21, 2022
Hamedani, Matthew S., DDS	Voluntary	Surgery/Oral & Maxillofacial	June 22, 2020 thru June 21, 2022
Hamid, Albaraa MD	Active	Anesthesiology	June 22, 2020 thru June 21, 2022
Kolkailah, Ahmed	Voluntary	Hospital Medicine	July 1, 2020 thru June 30, 2021
Lanka, Lavanya, MD	Voluntary	Hospital Medicine	July 1, 2020 thru June 30, 2021
Mahdavinia, Mahboobeh MD	Voluntary	Pediatrics/Allergy Immunology	June 22, 2020 thru June 21, 2022
Patel, Axi, MD	Voluntary	Hospital Medicine	July 1, 2020 thru June 30, 2021
Pilati, Stamatoula, MD	Active	Radiology	June 22, 2020 thru June 21, 2022
Prempeh, Avril, MD	Active	Hospital Medicine	June 22, 2020 thru June 21, 2022
Schneider, Alexander Louis, MD	Consulting	Surgery/Otolaryngology	June 22, 2020 thru June 21, 2022
Tweet, Marit S., MD	Active	Emergency Medicine	June 22, 2020 thru June 21, 2022

Reappointment Applications Physicians:

Department of Emergency Medicine:

Name	Category	Division	Reappointment Term
Folk, Jessica MD	Consulting		July 1, 2020 thru June 30, 2022

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JUNE 22, 2020

Department of Family Medicine:

Name	Category	Division	Reappointment Term
Billingslea, Camille, MD	Active		July 13, 2020 thru July 12, 2022
Donelson, Debbie, MD	Active		June 22, 2020 thru June 21, 2022
McPherson, Julita, MD	Active		July 07, 2020 thru July 06, 2022
Rosenblatt, Jeffrey DO	Active		July 20, 2020 thru July 19, 2022

Department of Medicine:

Name	Category	Division	Reappointment Term
Aziz, Mariam, MD	Voluntary	Infectious Disease	August 26, 2020 thru August 25, 2022
Garg, Deeshikha, MD	Active	Hospital Medicine	June 22, 2020 thru June 21, 2022
Ilie, Ionut, MD	Active	General Medicine	August 26, 2020 thru August 25, 2022
Kumapley, Rudolf, MD	Active	Hospital Medicine	June 22, 2020 thru June 21, 2022
Lash, James, MD	Voluntary	Nephro/Hypertension	June 24, 2020 thru June 23, 2022
Meier, Garnet, MD	Active	Endocrinology	July 20, 2020 thru July 19, 2022
Paintsil, Isaac, MD	Active	Hospital Medicine	July 13, 2020 thru July 12, 2022
Pelaez, Victor M., MD	Active	Cardiology	July 11, 2020 thru July 10, 2022
Pierre-Louis, Serge J.C., MD	Active	Neurology	August 09, 2020 thru August 08, 2022
Sanati, Maryam, MD	Active	Hospital Medicine	June 29, 2020 thru June 28, 2022
Simms, Andrew, MD	Voluntary	Infectious Disease	August 24, 2020 thru August 23, 2022
Smith, Patricia, MD	Active	General Medicine	July, 13, 2020 thru July 12, 2022
Tottleben, Jonathan, MD	Active	Cardiology	July 20, 2020 thru July 19, 2022
Zawitz, Chad, MD	Active	Infectious Disease	August 09, 2020 thru August 08, 2022

Department of Oral Health:

Name	Category	Division	Reappointment Term
Balla, Leszek DDS	Active		August 14, 2020 thru August 13, 2022
Couch, Clarissa DDS	Active		August 14, 2020 thru August 13, 2022
Lightfoot, Lori DDS	Active		August 14, 2020 thru August 13, 2022

Department of Pediatrics:

Name	Category	Division	Reappointment Term
Buhrfiend, Colleen, MD	Voluntary	Neurology	June 22, 2020 thru June 21, 2022
Huang, Shirley, MD	Active	Neonatology	July 20, 2020 thru July 19, 2022
Logan, Latania MD	Voluntary	Infectious Diseases	June 28, 2020 thru June 27, 2022
Naheed, Zahra MD	Active	Cardiology	June 29, 2020 thru June 28, 2022

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 ON JUNE 22, 2020

Department of Psychiatry:

Name	Category	Division	Reappointment Term
Hall-Ngorima, Regina, MD	Psychiatry		June 22, 2020 thru June 21, 2022
Oskin, Yana MD	Psychiatry		June 22, 2020 thru June 21, 2022

Department of Surgery:

Name	Category	Division	Reappointment Term
Mylvaganam, Hari N., MD	Active	Ophthalmology	July 1, 2020 thru June 21, 2022
Galang, Maria Therese S., DMD	Consulting	Oral & Maxillofacial	July 22, 2020 thru July 21, 2022

Initial Applications for Non-Medical Staff:**NEW BUSINESS****Stroger INITIAL Application**

Name	Department	Supervisor/Collab	Terms
Buchanan, Latoya LCSW	Psychiatry	N/A	June 22, 2020 thru June 21, 2022
Green, Barbara, RDH	Oral Health	N/A	June 22, 2020 thru June 21, 2022
Hansberry Thomas, LCSW	Psychiatry	N/A	June 22, 2020 thru June 21, 2022
Hollister, Anne LCSW	Psychiatry	N/A	June 22, 2020 thru June 21, 2022
Riddle, Carrah, LCSW	Psychiatry	N/A	June 22, 2020 thru June 21, 2022

Renewal Applications for Non-Medical Staff:**Stroger REAPPLICATION**

Name	Department	Supervisor/Collab	Terms
Choi, Sophia, PA-C	Medicine/Infectious Disease	Katayoun Rezai, MD	July 21, 2020 thru July 20, 2022
Ciennik, Elizabeth, PA-C	Emergency Medicine	Trevor Lewis, MD	July 20, 2020 thru July 19, 2022
Mason, Allison PsyD	Psychiatry	N/A	July 22, 2020 thru July 21, 2022
Melvin, Amy, CNP	Medicine/PCCM	Shirin Muzaffar, MD	August 16, 2020 thru August 15, 2022
Panarese, Mark CRNA	Anesthesiology	N/A	August 22, 2020 thru August 21, 2022
Philips, Anitha, CNP	Medicine/Nephro/Hypertension	Peter Hart, MD	July 22, 2020 thru July 21, 2022
Roman, Latoya E. CNP	Medicine/Infectious Disease	Ronald Lubelchek, MD	August 16, 2020 thru August 15, 2022
Stadnicki, Christopher PA-C	Correctional Health/Med Surg	Andrew DeFuniak, MD	August 16, 2020 thru August 15, 2022

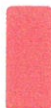


Stroger AGREEMENTS CHANGES/ADDITIONAL Privileges:

Name	Department	Supervisor/Collab	Discussion
Smith, Megan PA-C	Correctional Health	Patrick Ennis, MD Marghoob Khan, MD	Prescriptive Authority

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ON JUNE 22, 2020





COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Debra D. Carey
Interim CEO
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.
Otis L. Story, Sr.
Layla P. Suleiman Gonzalez, PhD, JD
Sidney A. Thomas, MSW

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

June 5, 2020

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on June 5, 2020 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Marlon Kirby, MD
Provident Hospital of Cook County
President, Medical Staff
Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Safety Committee

FROM: Marlon Kirby, MD
President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on June 5, 2020

Medical Staff Appointments/Reappointments Effective June 22, 2020 Subject to Approval by the CCH Quality and Patient Safety Committee

New Business: Initial Applications

Initial Application for Non-Medical Staff:			
Name	Department/Specialty	Category	Appointment Term
Chaudhary, Shweta, MD	Surgery/Ophthalmology	Affiliate	June 22, 2020 thru June 21, 2022
Hamedani, Matthew, DDS	Surgery/Oral Maxillofacial	Volunatry	June 22, 2020 thru June 21, 2022
Prempeh, Avril, MD	Internal Medicine/Hospital Medicine	Affiliate	June 22, 2020 thru June 21, 2022

New Business Reappointment Applications Physicians:

Department of Family Medicine:			
Name	Category	Department/Specialty	Appointment Term
McPherson, Julita, MD	Active	Family Medicine	July 13, 2020 thru July 12, 2022

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JUNE 22, 2020

A handwritten signature in black ink, appearing to be "JD", is written over the bottom right of the approval stamp.

Department of Internal Medicine:			
Name	Category	Department/Specialty	Appointment Term
Alonso, Vanessa, MD	Affiliate	Internal Medicine	July 20, 2020 thru July 19, 2022
Garg, Deepshikha, MD	Affiliate	Hospital Medicine	June 22, 2020 thru June 21, 2022
Gueret, Renaud, MD	Affiliate	PCCM	October 27, 2020 thru June 29, 2022
Macias-Huerta, Carmen P., MD	Affiliate	PCCM	Septmeber 28, 2020 thru September 27, 2022
Nauman, Ahmad, MD	Affiliate	Hospital Medicine	August 24, 2020 thru June 21, 2022
Paintsil, Isaac, MD	Affiliate	Hospital Medicine	August 16, 2020 thru August 15, 2022
Pelaez, Victor, MD	Active	Cardiology	October 20, 2020 thru October 19, 2022
Tottleben, Jonathan, MD	Affiliate	Cardiology	July 20, 2020 thru July 19, 2022

Department of Pediatrics:			
Name	Category	Department/Specialty	Appointment Term
Naheed, Zahra, MD	Affiliate	Pediatrics	July 20, 2020 thru July 19, 2022

Department of Radiology:			
Name	Category	Department/Specialty	Appointment Term
Barron, Anastasia, MD	Affiliate	Radiology	July 20, 2020 thru July 19, 2022
Keen, John, MD	Affiliate	Radiology	July 21, 2020 thru July 20, 2022

Initial Application for Non-Mediclnal Staff:			
Name	Department	Category	Appointment Term
Buchanan, Latoya, LCSW	Psychiatry	Social Worker	June 22, 2020 thru June 21, 2022
Hansberry, Thomas, LCSW	Psychiatry	Social Worker	June 22, 2020 thru June 21, 2022
Paranese, Mark, CRNA	Anesthesiology	Nurse Anesthetist	June 22, 2020 thru June 21, 2022

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ON JUNE 22, 2020



Riddle, Carrah, LCSW	Psychiatry	Social Worker	June 22, 2020 thru June 21, 2022
Weiland, Sandra, CRNA	Anesthesiology	Nurse Anesthetist	June 22, 2020 thru June 21, 2022

Reapplication for Non-Medical Staff:

Name	Department	Supervisor/Collab	Appointment Term
Melvin, Amy, CNP	Internal Medicine	Muzaffar, Shirin, MD	August 16, 2020 thru August 15, 2022

Medical Staff Appointment Provisional To Full/Status Change:

Name	Category	Department/Speciality
Garg, Deepshikha, MD	Affiliate	Internal Medicine/Hospital Medicine

Provident Agreements Changes/Additional:

Name	Department	Supervisor/Collaborator	Terms
El, Katherine, PA-C	Emergency Medicine	Pierre Wakim, DO	Change of collaborator

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APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON JUNE 22, 2020

