

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 Thursday, September 17, 2020 at the hour of 10:30 A.M. This meeting was held by remote means only, in compliance with Illinois Public Act 101-0640.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH; Mike Koetting (Substitute Member); and Layla P. Suleiman Gonzalez, PhD, JD (3)

Patricia Merryweather (Non-Director Member)

Absent: Directors Heather M. Prendergast, MD, MS, MPH and Otis L. Story, Sr. (2)

Additional attendees and/or presenters were:

Debra D. Carey – Interim Chief Executive Officer
Claudia Fegan, MD – Chief Medical Officer
Trevor Lewis, MD – John H. Stroger, Jr. Hospital
of Cook County
Mark Loafman, MD – Chair, Family and
Community Medicine
Jeff McCutchan – General Counsel
Kathleen Pavkov – Associate Nurse Executive,
Ambulatory Services

Krzysztof Pierko, MD – John H. Stroger, Jr.
Hospital of Cook County
Deborah Santana – Secretary to the Board
Elizabeth Vaclavic – Associate Nurse Executive,
Ambulatory Services
Sonya Watkins, System Director, Regulatory
Affairs and Accreditation

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

II. Electronically Submitted Public Speaker Testimony

There were no public testimonies submitted.

III. Report on Quality and Patient Safety Matters

A. High Reliability Organization (HRO) Dashboard (Attachment #1)

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

B. Regulatory and Accreditation Updates (Attachment #2)

Sonya Watkins, System Director of Regulatory Affairs and Accreditation, provided an overview of the Regulatory and Accreditation Update. The Committee reviewed and discussed the information.

III. Report on Quality and Patient Safety Matters (continued)

C. Update from the HRO HEDIS Workgroup (Attachment #3)

The following individuals provided an overview of the Update from the HRO HEDIS Workgroup: Dr. Mark Loafman, Chair, Family and Community Medicine; and Kathleen Pavkov, Associate Nurse Executive, Ambulatory Services. The Committee reviewed and discussed the information.

The Update included information on the following subjects:

- Our Patients – All, In and Out of Care
- Major Accomplishments
- Diabetes QI Initiatives 2019 Summary
- HEDIS Adult Diabetes Measures
- Diabetes Measures Jan 2019-July 2020
- HEDIS Childhood Immunizations < 2 years old and by 2 years old
- Moving Forward: Opportunities and Lessons Learned

IV. Action Items

NOTE: action was taken on Agenda Items IV(A), IV(B) and IV(C) in one (1) combined motion.

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #4)

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

Name	Department/Appt Term	Title
Trevor Lewis, MD	Emergency Medicine 09/17/2020 - 06/28/2022	Emergency Medicine Chair

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 #5)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented the proposed Medical Staff Appointments/Reappointments/Changes for the Committee's consideration. Additionally, he stated that, at the recent EMS meeting, they received reports from the Department of Psychiatry and the Finance Department.

In response to a request from Chair Gugenheim, Dr. Fegan stated that a presentation will be provided by Medical Staff Services at the next Committee meeting regarding the process and categories for medical staff credentialing.

Dr. Marlon Kirby, President of the EMS of Provident Hospital of Cook County, was unable to attend the meeting.

IV. Action Items (continued)

C. Minutes of the Quality and Patient Safety Committee Meeting, August 20, 2020

Chair Gugenheim inquired whether any corrections needed to be made to the minutes.

D. Any items listed under Sections IV and V

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the following: Item IV(A) one (1) Stroger Hospital Department Chair Initial Appointment; Item IV(B) Stroger Hospital Medical Staff Appointments, Reappointments and Changes; Item IV(B) Provident Hospital Medical Staff Appointments, Reappointments and Changes; and Item IV(C) acceptance of the August 20, 2020 Quality and Patient Safety Committee Meeting Minutes.

On the motion, a roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Gugenheim and Directors Driscoll and Suleiman Gonzalez (3)

Nays: None (0)

Absent: Directors Prendergast and Story (2)

THE MOTION CARRIED UNANIMOUSLY.

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**

Director Driscoll, seconded by Director Suleiman Gonzalez, 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

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXX

Deborah Santana, Secretary

Requests/follow-up:

Follow-up: A presentation will be provided by Medical Staff Services at the next Committee meeting regarding the process and categories for medical staff credentialing. Page 2

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ATTACHMENT #1

COOK COUNTY
HEALTH



HRO Dashboard

Quality and Patient Safety Committee

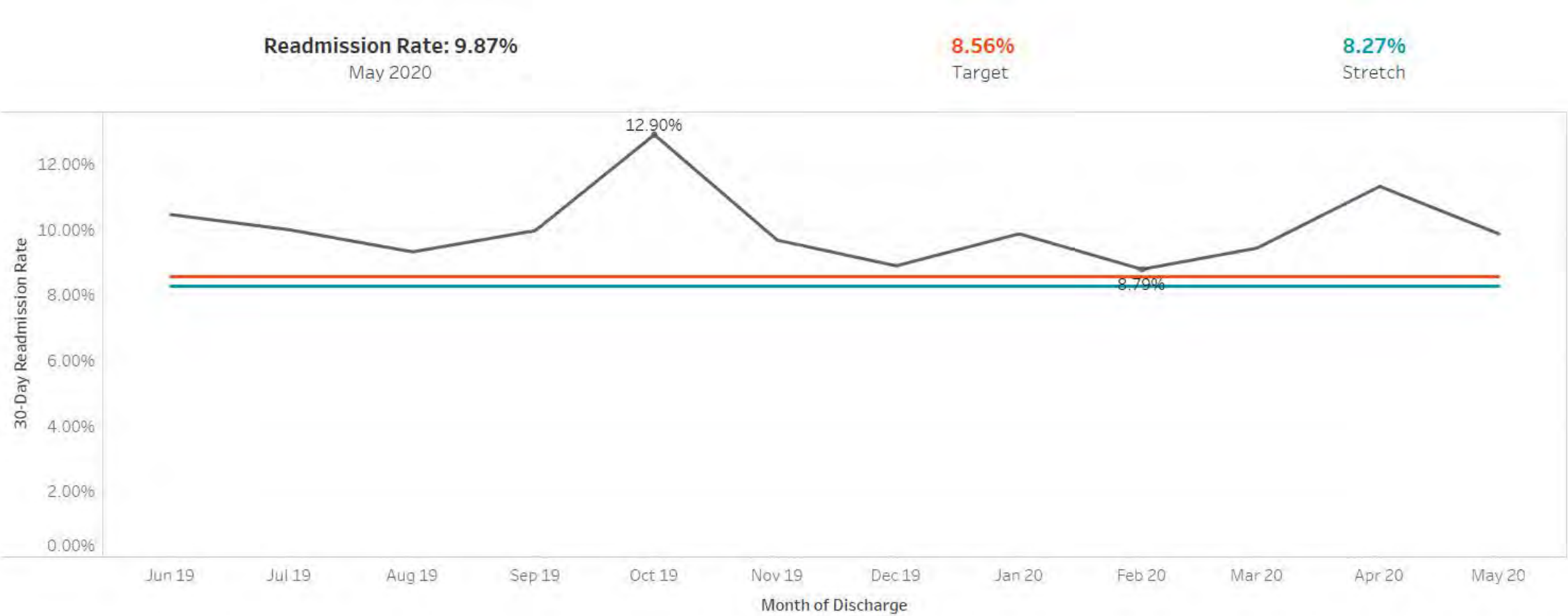
September 2020



COOK COUNTY
HEALTH

30-Day Readmission Rate (Stroger Hospital)

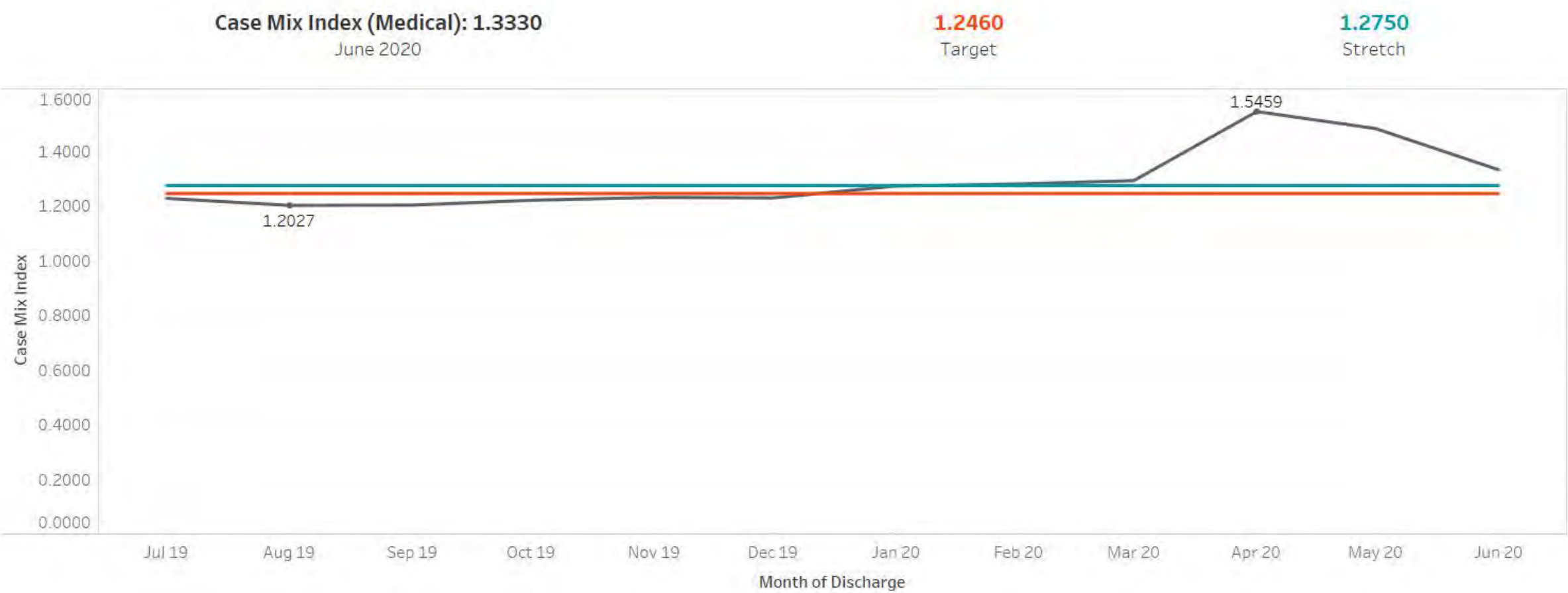
HRO Domain: Readmissions



*Lower readmission rate is favorable

Case Mix Index, Medical MS-DRG (Stroger Hospital)

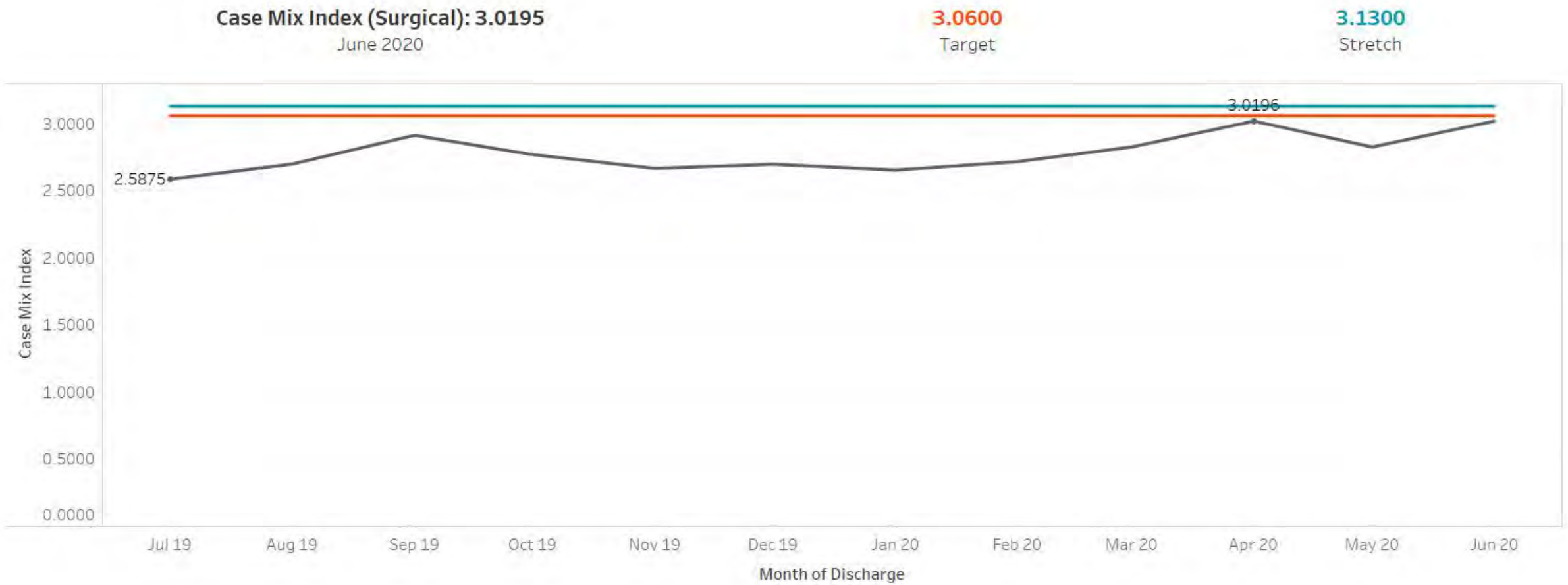
HRO Domain: Clinical Documentation



*Higher case mix index is favorable

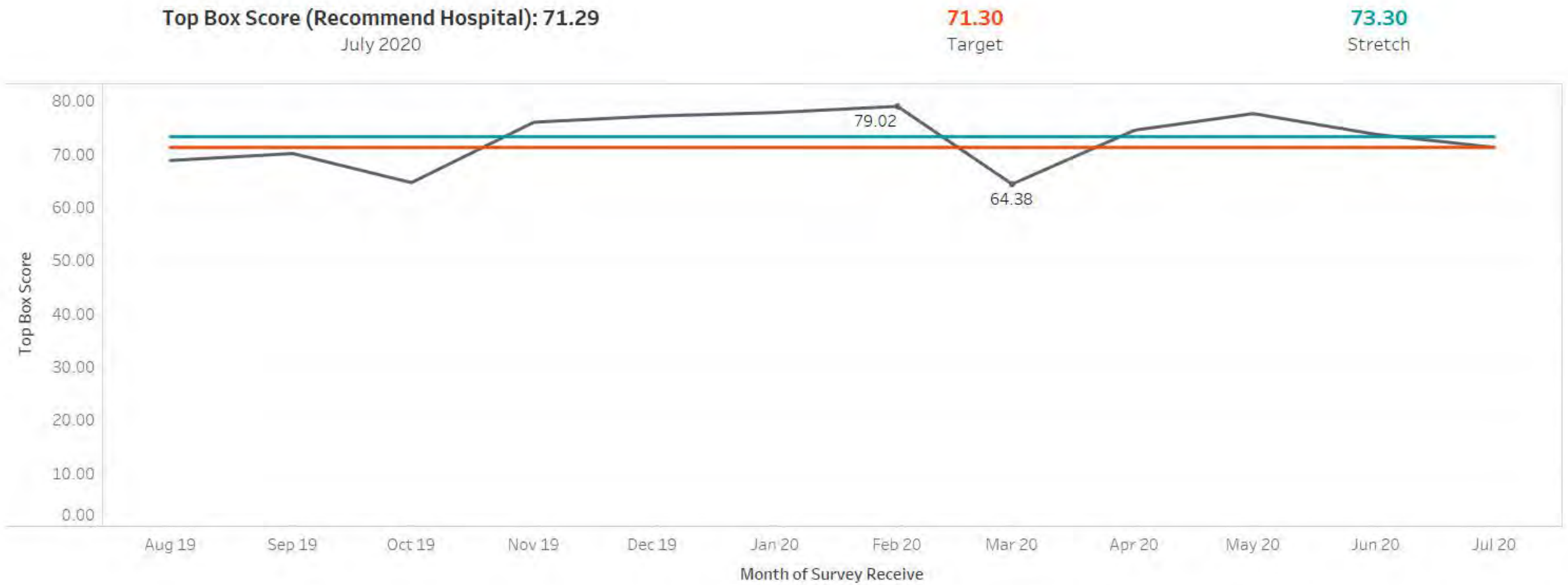
Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation



Top Box Score, Recommend the Hospital (Stroger Hospital)

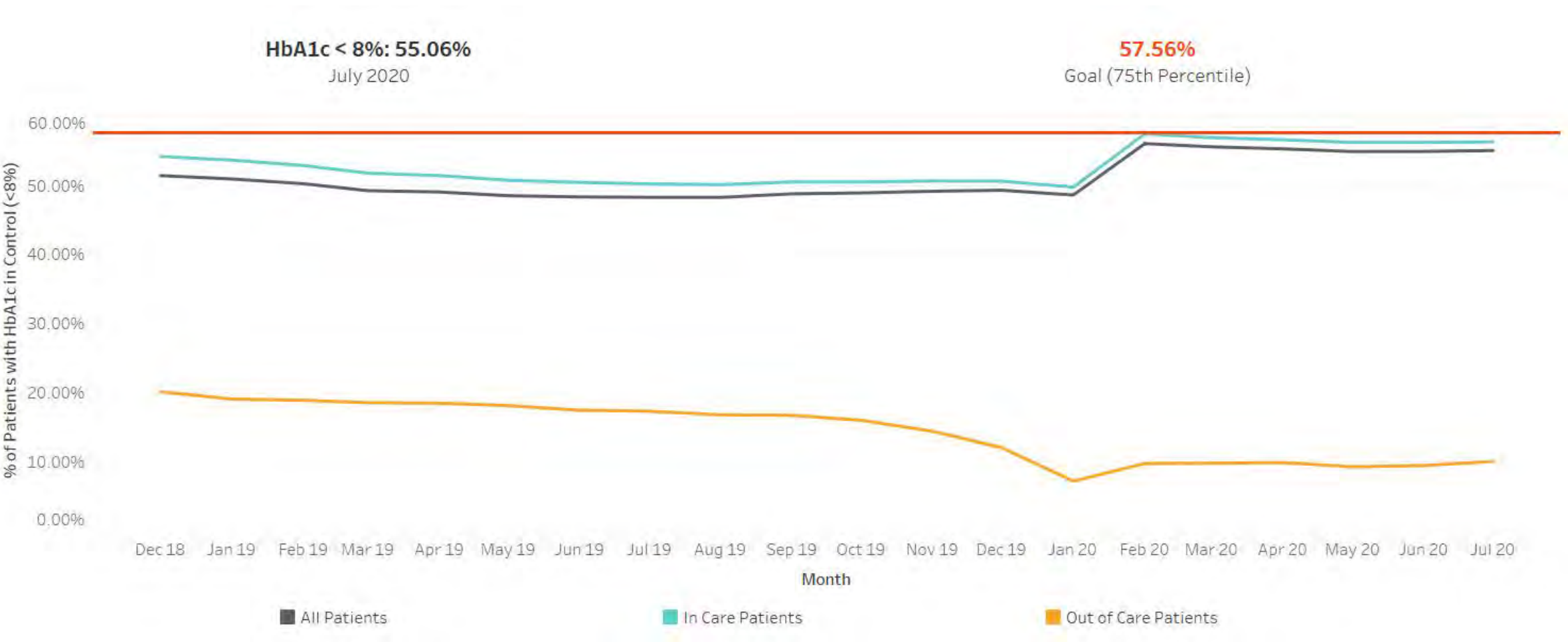
HRO Domain: Patient Experience



*Higher top box score is favorable

HbA1c <8%

HRO Domain: HEDIS



*Higher percent of patients with HbA1c in control (<8%) is favorable

Metric	Definition
30-Day Readmission Rate	<ul style="list-style-type: none"> • <i>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</i> • Calculation: Raw unplanned readmission rate (# of readmissions / total # of eligible discharges) • Population included: all inpatient discharges from <u>Stroger</u> • Cohort inclusions: any payer; any age; alive at discharge • Cohort exclusions: Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth • Reporting timeframe: reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge • Data source: Vizient Clinical Data Base
Case Mix Index	<ul style="list-style-type: none"> • <i>Average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges</i> • Population included: all inpatient discharges from <u>Stroger</u> • Cohort inclusions: any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (<i>Surgical: an OR procedure is performed</i>) • Cohort exclusions: none • Reporting timeframe: reported monthly by most current month available; reported by month of patient discharge • Data source: Vizient Clinical Data Base
Recommend the Hospital	<ul style="list-style-type: none"> • <i>Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey</i> • Calculation: Percent of patient responses with "Definitely Yes" (top box) / total survey responses • Population included: Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient • Cohort exclusions: discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located • Reporting timeframe: reported monthly by most current month available; reported by month of survey received date • Data source: Press Ganey
HbA1c <8%	<ul style="list-style-type: none"> • <i>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is in control (<8.0%)</i> • Calculation: Percent of diabetic patients with HbA1c in control / total diabetic patients • Population included: (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 anti-hyperglycemics in the current year or previous year) • Cohort exclusions: none • Reporting timeframe: reported monthly by most current month available; reported by month of patient visit • Data source: NCQA, HEDIS

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ATTACHMENT #2

Quality and Patient Safety Board Regulatory Update



Sonya Watkins, CPHQ, MBA, MT (ASCP)
System Director, Regulatory Affairs and Accreditation

September 17, 2020



COOK COUNTY
HEALTH

Provident Hospital Mock Survey

Organizational Strengths

- Medical Staff involvement in mock survey process
- Infection Prevention Program and early COVID recognition
- Emergency Management collaboration with multiple locations for COVID response
- Excellent population-based study and improvement activities related to hypertension
- Antimicrobial stewardship
- Anticoagulation management
- Safety huddles
- Immediate use sterilization rates

Provident Hospital Mock Survey Cont'd

Priority Themes for Improvement

- Medication Storage and Security
- Condition of Equipment and Fixtures
- Fall Risk Process
- Outpatient Clinic Assessments
- Building Infrastructure
- Staff Engagement

Next steps

- Develop and Implement Corrective Actions for all citations
- Identify ongoing monitoring strategies
- Continue survey readiness activities in all departments



Thank you. 



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
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ATTACHMENT #3

Cook County Health:

QPS HEDIS Update & Plans Adult Diabetes and Pediatric Immunization

Mark Loafman, MD

Kathleen Pavkov, RN

9-17-20



COOK COUNTY
HEALTH

Our Patients – All, In and Out of Care

3 different Patient Populations



Patients **"All"**

- Includes "All" of our patients



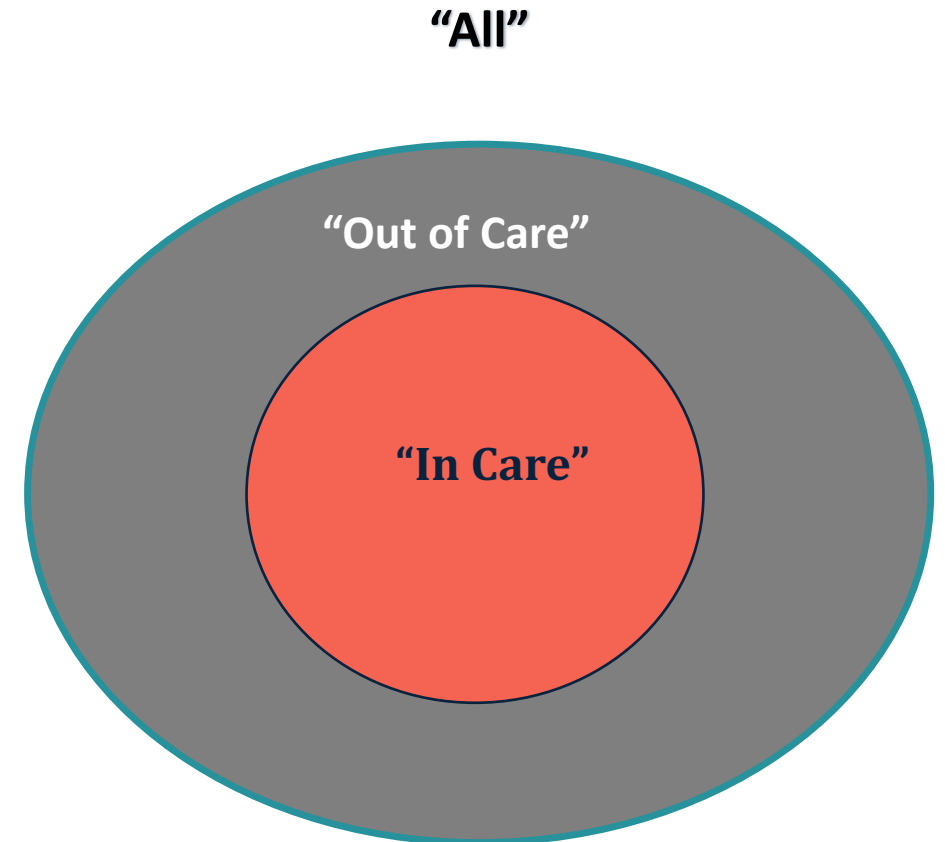
Patients **"In Care"**

- Patients who have had 2 visits in past 2 years



Patients **"Out of Care"**

- Managed care patients assigned to our primary care clinics who do not meet criteria for "in care" or have not been to a CCH health center
- Patients with private insurance, Carelink and others who have not been seen at CCH Health Center



Major Accomplishments

Telehealth Capability

- March 2020, ACHN developed new appointment processes, workflows, billing and scripts
- Staff and Patients educated on new processes
- Continue improving on Telehealth appointments to include best practices

Identification and outreach of High Risk Populations: (Adult & Pediatric)

- Pediatric patients 0-2 years old / School Age well child visits and immunizations to stay up to date
- Diabetes patients without contact in 3 months (prioritize high Hga1cs, hospital discharge and ED visits)

Targeted Interventions For High Risk Patient Populations:

- Encourage in-person visits for patients
- Telephone visit followed by brief In Person visit for immunizations or lab tests
- Partnership with CCH Care Coordination for Community Health Workers to perform home visits

Diabetes QI Initiatives 2019 Summary

Primary Focus – Patients “ In Care”

Diabetes Care Bundle: Interventions at 4 pilot sites from June 2019-Nov 2019

- Pre visit planning
- Self management goals
- HgA1c testing annually
- Nephropathy testing annually
- Retinal exam annually
- Retinal Camera implementation
 - Training completed at 3 sites and 11 cameras delivered to sites
 - Ophthalmology providers unable to support volume, project stalled.
- Additional Projects:
 - Patient outreach to fill Managed Care Organization Care Gaps
 - Enhancement of nursing Care Management visits to include Diabetes Bundle
 - Pilot Point of Care testing for HgA1c at Arlington Heights
 - Documentation changes for foot exams

HEDIS Adult Diabetes Measures

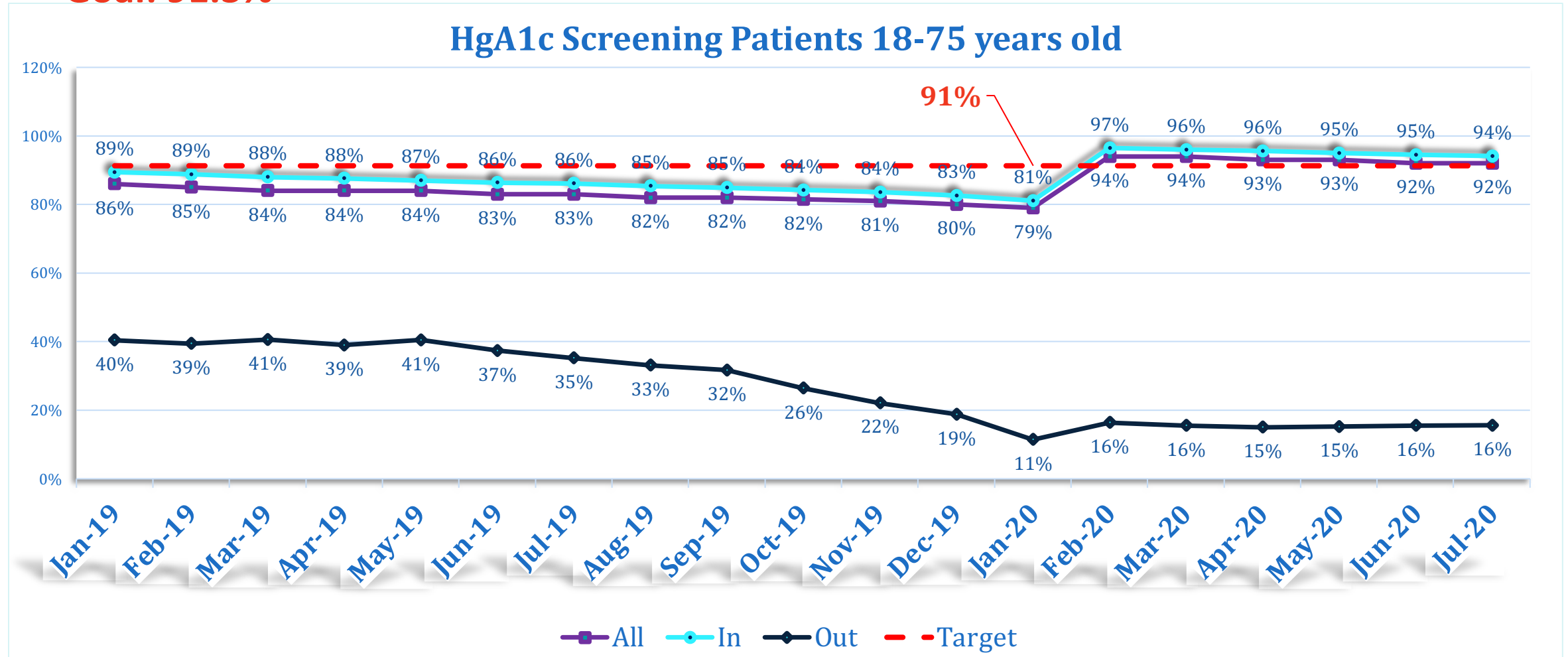
Summary: Annual Compliance for 2018 vs 2019

	Goal %*	Annual Compliance 2018			Annual Compliance 2019			Comments
		All	In Care	Out of Care	All	In Care	Out of Care	
Diabetes: Annual HgA1c Testing*	91.3	86	90	41	80	83	19	7% decrease. Hedis DM team working on outreach and HgA1c testing
Diabetes: Annual Retinal Exam*	66.3	47	48	25	50	51	27	3% increase
Diabetes: Annual Nephropathy Exam*	92.4	89	90	76	84	84	73	5% decrease. Hedis DM team working on outreach and screening during visit
Diabetes Control % with HgA1c <8*	57.6	51	54	20	49	51	12	Slight decrease. Hedis DM team working on education, nurse care management visits and self-management goals
Diabetic Blood Pressure Control* (<140/90)	73.4	46	47	23	43	44	14	Slight decrease. BP Improvement Program (Dr. Irons) implementing AMA guidelines for Initial BP measurements, patient preparation and positioning, confirmation and re-checks, staff training/competencies and self home monitoring.
* HEDIS measure goals set at 80 th percentile								



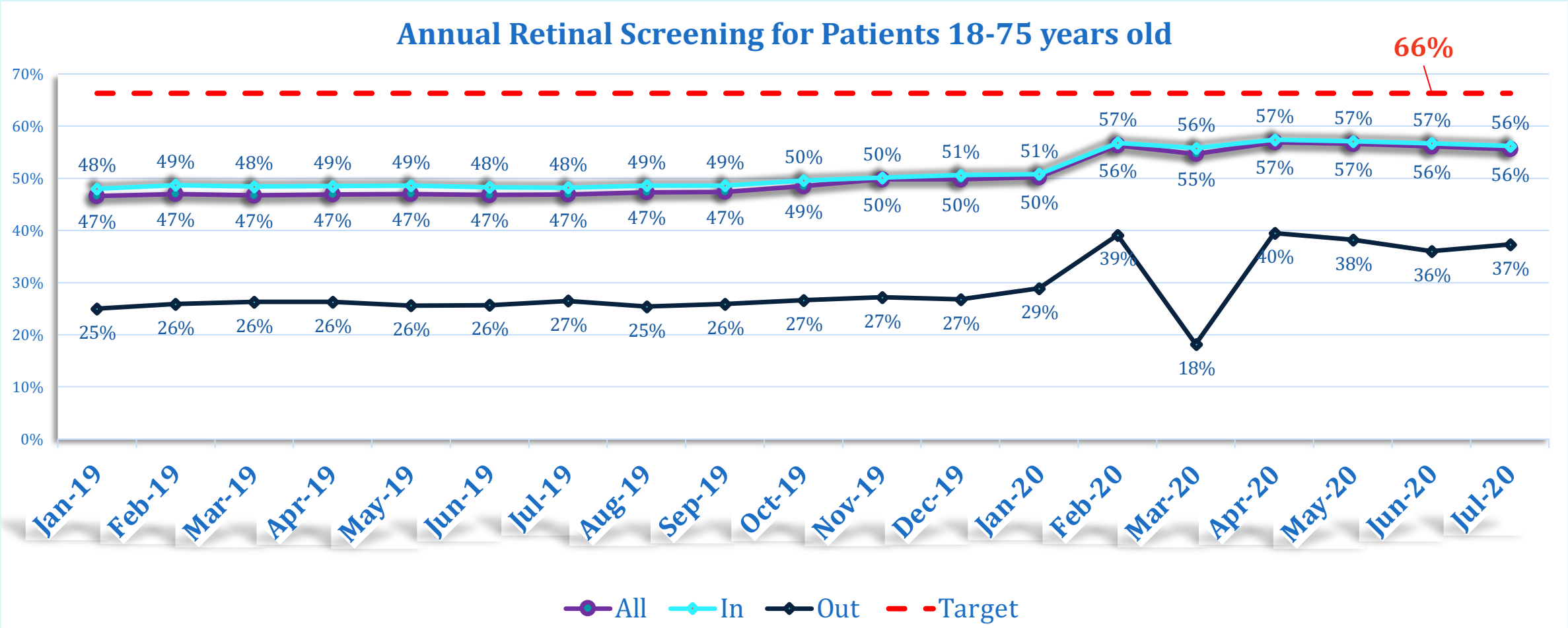
Diabetes Measures Jan 2019-July 2020

Goal: 91.3%



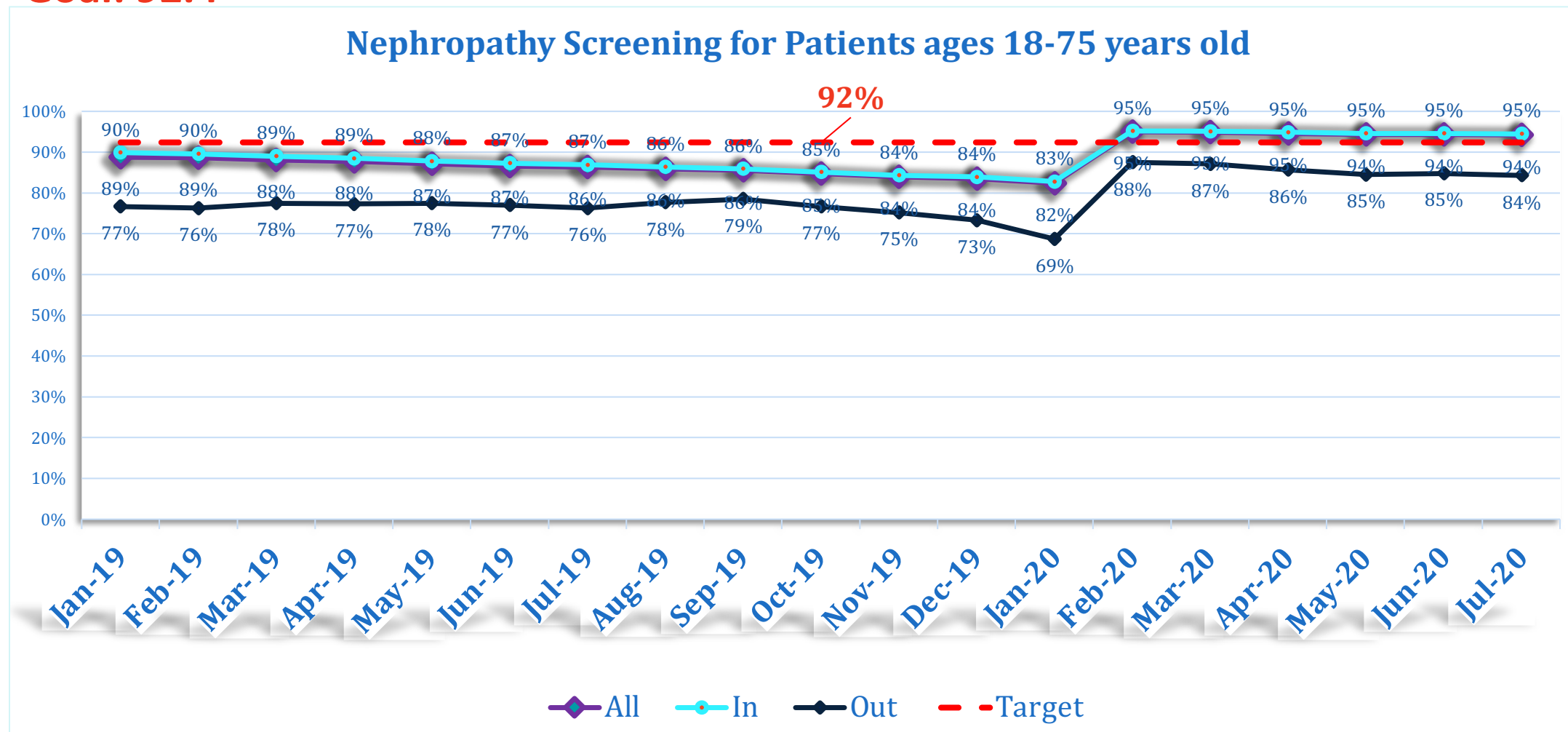
Diabetes Measures Jan 2019-July 2020

Goal: 66.3%



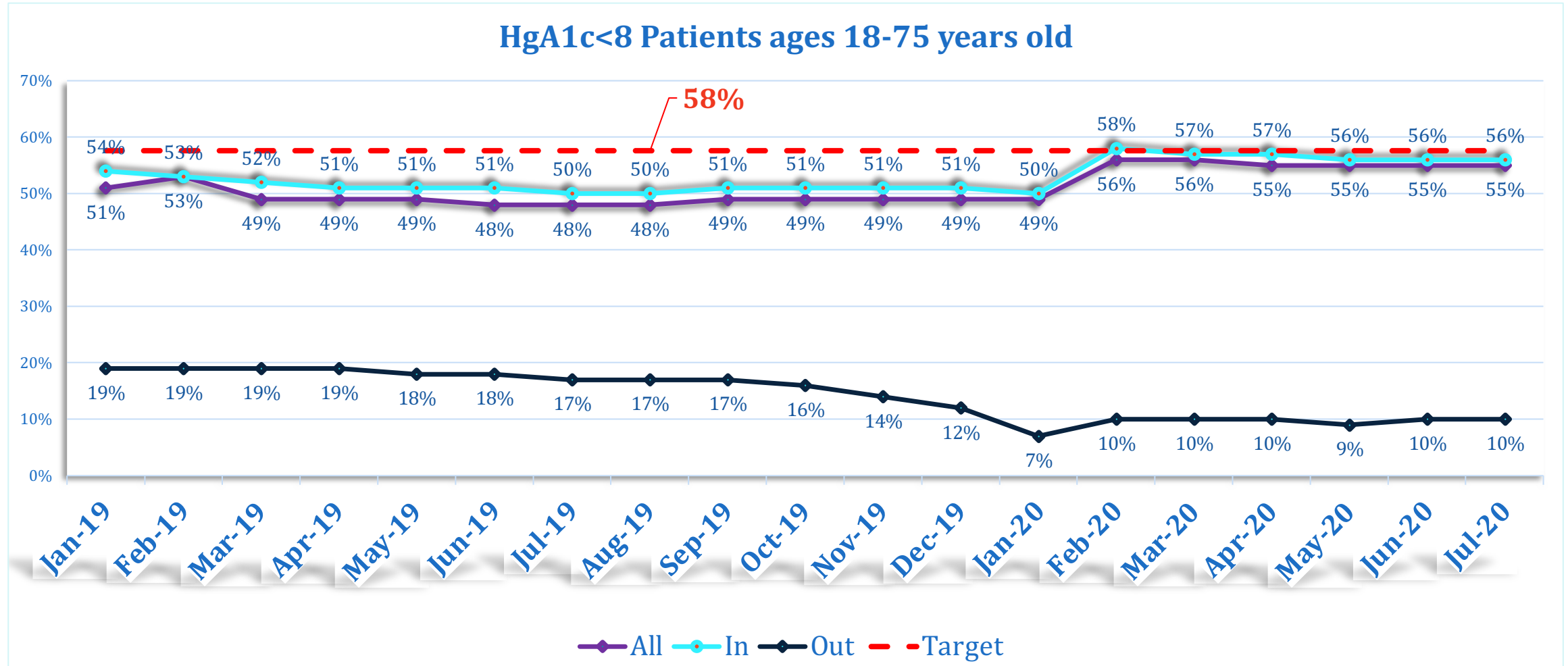
Diabetes Measures Jan 2019-July 2020

Goal: 92.4



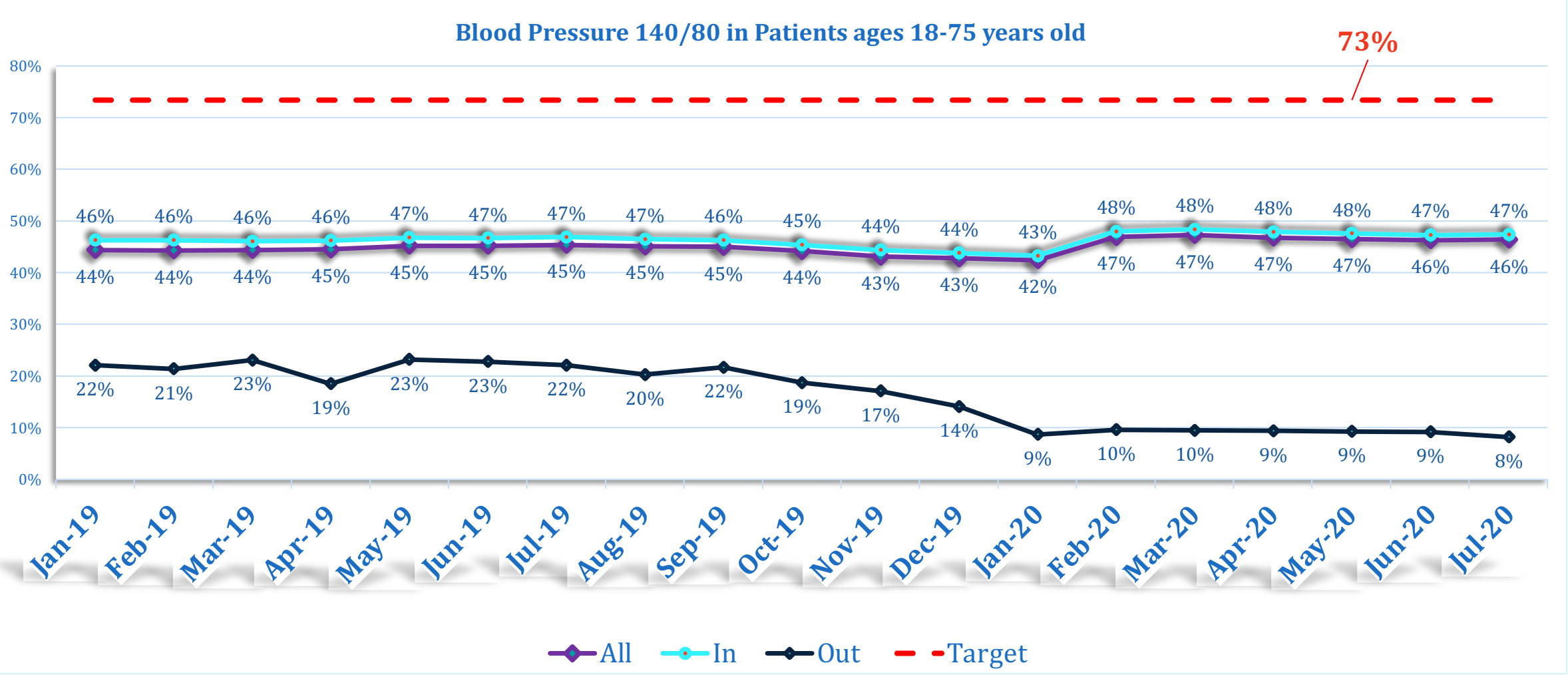
Diabetes Measures Jan 2019- July 2020

Goal: 57.6%



Diabetes Measures Jan 2019- July 2020

Goal: 73.4%



HEDIS Childhood Immunizations <2 years old

PDSA Process Measure Training

July 2019: Rolled out to Englewood and Near South

January 2020: Rolled out to Austin and Logan Square

- *Optimize each patient visit*
 - Pre-Visit Planning
 - Day of Care Huddles
 - Staff training on computer systems
 - Reports to show compliance pre/ post visit with drill down
 - Follow up on No shows
- *Outreach*
 - Systematic process to identify patients
 - Focus on current patients and new CountyCare members

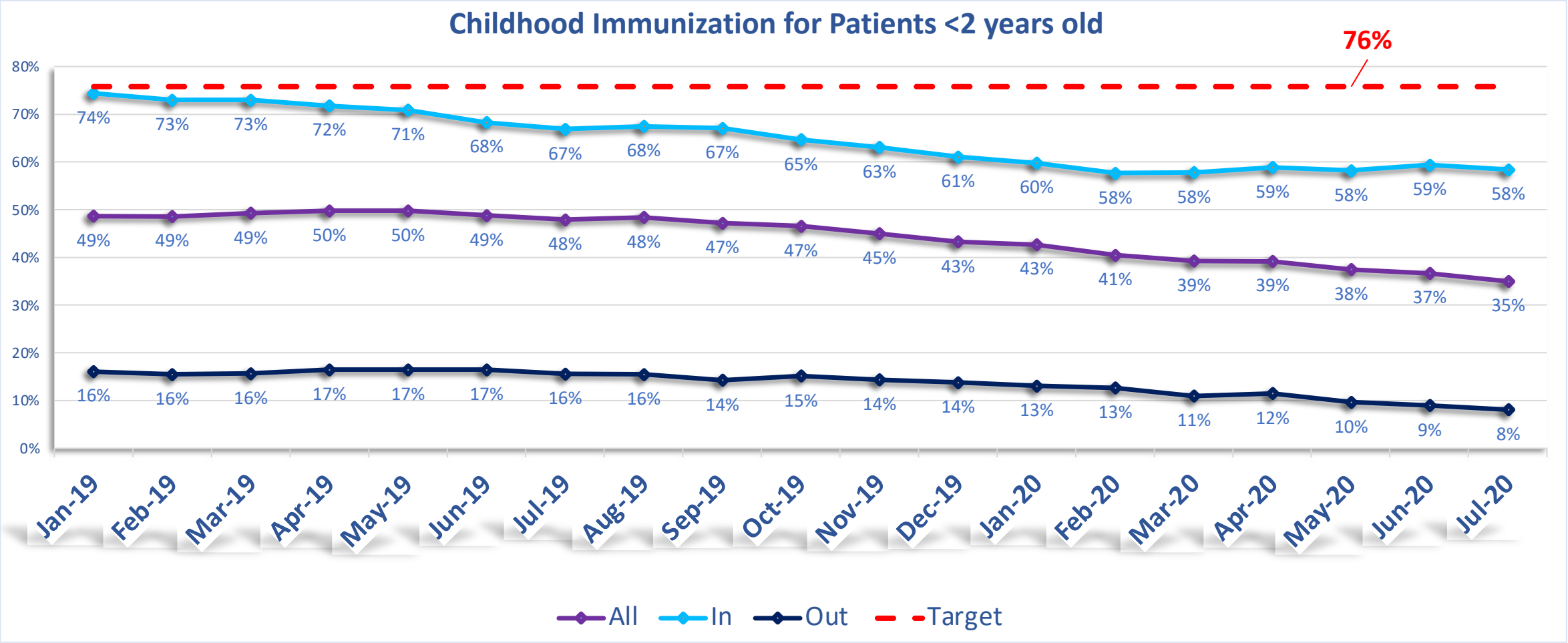
HEDIS Childhood Immunizations by 2 years old

Summary: Annual Compliance for 2018 vs 2019

Key Quality Indicator	Benchmark for 2019 75.8%	Annual Compliance Average 2018	Annual Compliance Average 2019	Comments:
Childhood Immunization status Up to date at 24 months	All 75.8% In 75.8% Out 75.8%	All 49.2% In 75.7% Out 15.8%	All 43.3% In 61.1% Out 13.8%	15% decrease. Created Immunization Focus Group to concentrate on implementation of pre-visit planning, daily team huddles, ICARE data, tracking & rescheduling no-shows, outreach, observation audits and patient portal.

HEDIS Childhood Immunizations

Goal: 75.8%



HEDIS Childhood Immunizations

ACHN Primary Care:

- Ended December 2019 with 61.1% compliance for patients In Care and are currently at 58.4% compliance for patients In Care.
- Created new multidisciplinary workgroup which includes Quality Improvement Nurse, Physician Champions, Health Center Managers, Nurse Clinicians and Business Intelligence.
- Updated Project Charter with specific process measures
- Creating new roles and responsibilities for Physician Champions and clinic staff at each health center to focus on PI initiatives.
- Focus on implementation, coaching, monitoring and accountability.

Moving Forward:

Opportunities and Lessons Learned



Opportunities

COVID-19:

- Focus on Staying Healthy and Improving Health of those most vulnerable
- Model Infection Control Principles
- Optimize every patient encounter to meet the patient's needs

Diabetes

- Relaunch Retinal Camera project with gradual ramp up July 2020
- Flu Vaccine Promotion/ combine with other testing
- Pilot: Arlington Heights- Nurse contacts in between provider visits for A1c >9:
 - Assessment of potential problem areas (meds, self monitoring, activity, diet)
 - Self management interventions/ goals (SMART Goals)
 - Use of Point of Care Testing
- Focus on Med Adherence and make changes as needed
- Synergy with MAP BP Improvement Project (**M**easure Accurately, **A**ct Rapidly, **P**artner with patients)

Pediatrics

- Site by Site Audits with Champions to identify issues and reasons
- Power-orders for immunizations
- Establish Catch Up schedules / Promotion of Flu Vaccine

Lessons Learned

Creating a Culture of Care

- Prioritize quality and patient safety in each practice
- Nurture Leaders to Cultivate their employees
- Provide Compassionate Care for Each Other/ Our Patients
- Utilize AIDET and ICARE Principles – Integrity, Collaboration, Accountability, Respect, Excellence
 - When we make progress – highlight and recognize
 - When we falter- learn from the experience and move forward
- Keep it Simple- PDSA
- Coach and Empower Staff



Thank you.



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
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ATTACHMENT #4

Meeting of the Cook County Health and Hospitals System

September 17, 2020

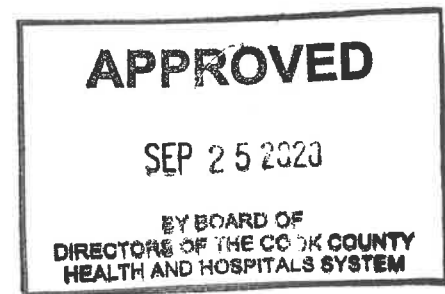
Back-Up Material for Item No. ,

Appointment of John H. Stroger Hospital Department Chair

Respectfully requesting approval of the following:

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

Name	Department/Appt Term	Title
Trevor Lewis, MD	Emergency Medicine 09/17/2020 - 06/28/2022	Emergency Medicine Chair



Cook County Health and Hospitals System
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ATTACHMENT #5



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

September 11, 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, approved the attached list of medical staff action items 09/08/2020, 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 September 17, 2020 Subject to Approval by the Cook County Health and Hospitals Systems Board.

Name	Category	Department / Division	Appointment Term
Cosby, Karen S., MD	Voluntary	Emergency Medicine	September 17, 2020 thru September 16, 2022
Collins, Sarah MD	Active	Ob/Gyn	September 17, 2020 thru September 16, 2022
Dobbs, Ryan Whitney, MD	Active	Surgery/Urology	September 17, 2020 thru September 16, 2022
Mohan, Geetika, MD	Active	Medicine/Hospital Medicine	September 17, 2020 thru September 16, 2022
Rojnica, Marko, MD	Voluntary	Surgery/Pediatric Surgery	September 17, 2020 thru September 16, 2022

Reappointment Applications Physicians:

Department of Anesthesiology

Name	Category	Division	Reappointment Term
Akintorin, Abayomi MD	Active	Anesthesiology	October 5, 2020 thru October 4, 2022

Department of Correctional Health

Name	Category	Division	Reappointment Term
McNeal, Jenea MD	Active	Correctional Health/Psychiatry	November 15, 2020 thru November 14, 2022

Department of Emergency Medicine

Name	Category	Division	Reappointment Term
Aks, Steven DO	Active		October 21, 2020 thru October 20, 2022
Bryant, Sean MD	Active	Toxicology	October 20, 2020 thru October 19, 2022
Chun, Laura MD	Voluntary		October 19, 2020 thru October 18, 2022
Moskoff, Jordan MD	Active		October 18, 2020 thru October 17, 2022

CCHHS

APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON SEPTEMBER 17, 2020

Department of Family Medicine

Name	Category	Division	Reappointment Term
Azmat, Awais MD	Affiliate		October 16, 2020 thru October 15, 2022
Edoigawerie, Charles MD	Active		November 16, 2020 thru November 15, 2022
Munoz-Medina, Lucy MD	Active		October 18, 2020 thru October 17, 2022

Department of Medicine

Name	Category	Division	Reappointment Term
Attar, Bashar, MD	Active	Gastroenterology	December 09, 2020 thru December 08, 2022
Case, John, MD	Active	Rheumatology	October 20, 2020 thru October 19, 2022
Conover, Craig, MD	Voluntary	Infectious Disease	October 16, 2020 thru October 15, 2022
Doukky, Rami, MD	Active	Cardiology	October 16, 2020 thru October 15, 2022
Golzar, Yasmeen, MD	Active	Cardiology	October 16, 2020 thru October 15, 2022
Mba, Benjamin, MD	Active	Hospital Medicine	December 13, 2020 thru December 12, 2022
Mariam Mafee, MD	Voluntary	Dermatology	October 19, 2020 thru October 18, 2022
Reid, David, MD	Active	Dermatology	September 23, 2020 thru September 22, 2022
Singleton, Lafayette, MD	Active	Neurology	December 18, 2020 thru December 17, 2022
Williams, Brett, MD	Voluntary	Infectious Disease	October 28, 2020 thru October 21, 2022

Department of Oral Health

Name	Category	Division	Reappointment Term
King, Kahina, DMD	Active		October 18, 2020 thru October 17, 2022

Department of Pathology

Name	Category	Division	Reappointment Term
Manosca, Frances MD	Active		October 28, 2020 thru October 27, 2022

Department of Pediatrics

Name	Category	Division	Reappointment Term
Akintorin, Mopelola MD	Active		November 25, 2020 thru November 24, 2022
Arcia-Diaz, Rosibell MD	Active		November 13, 2020 thru November 12, 2022
Tobin, Mary MD	Voluntary		September 20, 2020 thru September 19, 2022

CCHHS

APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
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Department of Psychiatry

Name	Category	Division	Reappointment Term
Kumari, Sonali	Active	Psychiatry	October 19, 2020 thru October 18, 2022

Department of Radiology

Name	Category	Division	Reappointment Term
Apushkin, Michael MD	Active		October 18, 2020 thru August 14, 2022
Ree, Alexander	Active		October 28, 2020 thru October 27, 2022
Rezai, Pedram MD	Active		October 18, 2020 thru October 17, 2022

Department of Surgery

Name	Category	Division	Reappointment Term
Bruce, Benjamin G., MD	Active	Orthopedic Surgery	September 23, 2020 thru September 22, 2022
Keen, Richard R., MD	Active	Vascular Surgery	December 15, 2020 thru December 14, 2022

Medical Staff Request for Additional Privileges

Name	Department/ Division	Additional Privileges
Gauto Mariotti, Esefania, MD	Medicine/Hospital Medicine	U S Guidance, Central Venous Catheter Placement
Lanka, Lavanya, MD	Medicine/Hospital Medicine	U S Guidance, Central Venous Catheter Placement
Patel, Axi, MD	Medicine/Hospital Medicine	U S Guidance, Central Venous Catheter Placement
Tarbutton, Morgan, MD	Medicine/Hospital Medicine	U S Guidance, Central Venous Catheter Placement
Pyslar, Nataliya, MD	Medicine/Cardiology	Cardiac Computed Tomography

CCHHS

APPROVED**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON SEPTEMBER 17, 2020**

Stroger NPP INITIAL Application

Name	Department	Supervisor/Collab	Terms
Birton, Anita RDH	Oral Health	N/A	September 17, 2020 thru September 16, 2022
Pan, Vivian Genetic Counselor	Pediatrics	N/A	September 17, 2020 thru September 16, 2022
Shah, Chandrika H., PA-C	Surgery	Neha Sheng, MD	September 17, 2020 thru September 16, 2022
Snyder, Stephanie CNP	Pediatrics	Lubov Romantseva, MD	September 17, 2020 thru September 16, 2022

Stroger NPP REAPPLICATION

Name	Department	Supervisor/Collab	Terms
Greiner, Andrew PA-C	Correctional Health/Med Surg	David Kelner, MD	December 5, 2020 thru December 4, 2022
Fullilove, Constance PhD	Psychiatry	N/A	October 27, 2020 thru October 26, 2022
Freeman, Bethann, PA-C	Emergency Medicine	Jordan B. Moskoff, MD	December 14, 2020 thru December 13, 2022
Joseph, Elsy CNP	Psychiatry	Hugo Solari MD Sean Conrin, MD	December 8, 2020 thru December 7, 2022
McGee, Natalia CNP	Medicine	Sharon Irons, MD	October 18, 2020 thru October 17, 2022
Novak, Mary Frances CRNA	Anesthesiology	N/A	December 9, 2020 thru December 8, 2022
Rogowski, Wendy, PA-C	Medicine/ Hematology/Oncology	Thomas Lad, MD Michael Mullane, MD	September 15, 2020 thru September 14, 2022

Stroger AGREEMENTS CHANGES/ADDITIONAL Privileges:

Name	Department	Supervisor/Collab	Discussion
Simmons, Zina, NP	Medicine/General Medicine	Vesna Sefer, MD	Collaboration Change

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APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON SEPTEMBER 17, 2020



COOK COUNTY HEALTH

Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Debra D. Carey
Interim CEO
Cook County Health

Board of Directors

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Sidney A. Thomas, MSW

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

September 4, 2020

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on September 4, 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 September 4, 2020

Medical Staff Appointments/Reappointments Effective September 17, 2020 Subject to Approval by the CCH Quality and Patient Safety Committee

New Business: Initial Applications

Initial Physician Appointment Applications:

Name	Department/Specialty	Category	Appointment Term
Benya, Ellen, MD	Radiology	Consultant	September 17, 2020 thru September 16, 2022
Collins, Sarah, MD	OB/GYN	Affiliate	September 17, 2020 thru September 16, 2022
Fegan, Claudia, MD	Internal Medicine	Affiliate	September 17, 2020 thru September 16, 2022
Liao, Hung I., MD	Internal Medicine/Hospital Medicine	Affiliate	September 17, 2020 thru September 16, 2022
Mohan, Geetika, MD	Internal Medicine/Hospital Medicine	Affiliate	September 17, 2020 thru September 16, 2022
Tarbutton, Morgan, MD	Internal Medicine/Hospital Medicine	Voluntary	September 17, 2020 thru September 16, 2022

Initial Applications for Non-Medical Staff:

Name	Department	Supervisor/Collab	Appointment Term
Cartwright, Mark Allen, CRNA	Anesthesiology	N/A	September 17, 2020 thru September 16, 2022
Nwabudike, sinchieze, PA-C	OB/GYN	Valerie Hansbrough, MD	September 17, 2020 thru September 16, 2022

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**New Business
Reappointment Applications Physicians:**

Department of Anesthesiology:			
Name	Category	Department/Specialty	Appointment Term
Hosseinian, Mohammad, MD	Active	Anesthesiology	October 19, 2020 thru October 18, 2022

Department of Emergency Medicine:			
Name	Category	Department/Specialty	Appointment Term
Allegretti, Paul, DO	Active	Emergency Medicine	October 19, 2020 thru October 18, 2022

Department of Family Medicine:			
Name	Category	Department/Specialty	Appointment Term
Azmat, Awais, MD	Active	Family Medicine	October 15, 2020 thru October 14, 2022

Department of Radiology:			
Name	Category	Department/Specialty	Appointment Term
Ree, Alexander, MD	Affiliate	Radiology	October 27, 2020 thru October 26, 2022
Rezai, Pedram, MD	Affiliate	Radiology	October 18, 2020 thru October 17, 2022

Department of Surgery:			
Name	Category	Department/Specialty	Appointment Term
Godsel, Mark E., DPM	Affiliate	Surgery	October 28, 2020 thru October 27, 2021

Reapplications For Non-Medical Staff:			
Name	Department	Supervisor/Collaborator	Appointment Term
Joseph, Elsy, CNP	Psychiatry	Hugo Solari, MD Sean Conrin, MD	December 8, 2020 thru December 7, 2022

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**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON SEPTEMBER 17, 2020**


Medical Staff Category and/or Department Addition/Change With No Change In Privileges:			
Name	Department	From	To
Mylvaganam, Hari N., MD	Surgery/Ophthalmology	Affiliate	Voluntary

Medical Staff Appointment Provisional To Full:

Name	Category	Department/Specialty
Awafi, Neha, MD	Affiliate	Internal Medicine
Emuchay, Ngozi, MD	Affiliate	Internal Medicine
Vinokur, Olga, MD	Affiliate	Radiology
Wilkins, Nancy, MD	Affiliate	Radiology

Other Business:

- The NPP Committee approved the OPPE for Social Workers at the meeting held on August 17, 2020.
- Provident Hospital of Cook County Medical Executive Committee approved the revised OPPE for Social Workers at the MEC Meeting held on September 4, 2020.


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APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON SEPTEMBER 17, 2020