

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, October 23, 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 and Otis L. Story, Sr. (3)

Board Chair M. Hill Hammock (ex-officio) and Directors Robert Currie, Joseph M. Harrington and Mike Koetting

Patricia Merryweather (Non-Director Member)

Absent: Directors Raul Garza and Heather M. Prendergast, MD, MS, MPH (2)

Additional attendees and/or presenters were:

Debra D. Carey – Interim Chief Executive Officer  
Claudia Fegan, MD – Chief Medical Officer  
Umair Jabbar, MD - Stroger Hospital Division of  
Hospital Medicine  
Trevor Lewis, MD – John H. Stroger, Jr. Hospital  
of Cook County  
Angelica Macias – Medical Staff Credentialing  
Manager  
Jeff McCutchan –General Counsel

Arnold Turner, MD – Provident Hospital of Cook  
County  
Deborah Santana – Secretary to the Board  
Cassandra Wadlington - Manager of Transitional  
Care  
Sonya Watkins, System Director, Regulatory  
Affairs and Accreditation

The next regular meeting of the Quality and Patient Safety Committee is scheduled for Monday, November 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. She noted that the Clinical Documentation team is expected to present a report to the Committee in November.

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

#### **B. Regulatory and Accreditation Updates**

Sonya Watkins, System Director of Regulatory Affairs and Accreditation, provided a Regulatory and Accreditation Update. With regard to the September 24<sup>th</sup> onsite visit from representatives of the Illinois Department of Public Health pertaining to an Emergency Medical Treatment and Labor Act (EMTALA) complaint, confirmation was received from the Centers for Medicare and Medicaid Services (CMS) that there were no findings during that survey; the organization is compliant with all EMTALA regulations and requirements. Regarding the organization's Joint Commission survey preparation activities, staff continue to work on items cited in the mock survey, and they are conducting internal surveys, as well.

#### **C. Update from the HRO Readmissions Workgroup (Attachment #2)**

The following individuals provided an overview of the Update from the HRO Readmissions Workgroup: Dr. Umair Jabbar, from the Stroger Hospital Division of Hospital Medicine; and Cassandra Wadlington, Manager of Transitional Care. The Committee reviewed and discussed the information.

The Update included information on the following subjects:

- 30-Day Readmissions
- Key Strategies to Reduce Readmissions
  - Patient Education and Self-Management
  - Post-Discharge Support
  - Early Follow-up

### **IV. Recommendations, Discussion/Information Items**

#### **A. Overview of Credentialing Process (Attachment #3)**

Angelica Macias, Medical Staff Credentialing Manager, provided an overview of the presentation on the Credentialing Process. The Committee reviewed and discussed the information.

The presentation included information on the following subjects:

- Initial Appointment and Reappointment (Every 2 years)
- Credentialing Application Process
- Credentialing File Approval Process
- Closing of QPS Approved Files
- Breakdown of Credentialed Practitioners

During the discussion of the information provided on the processes used to ensure that these practitioners adhere to practice standards, a question was raised on the same subject regarding nurses. Chair Gugenheim suggested that Beena Peters, Chief Nursing Officer, provide an update to the Committee on the subject at a future meeting.

**V. Action Items**

**NOTE: action was taken on Agenda Items V(A), V(B), V(C) and V(E) 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:

<b>Name</b>	<b>Department/Appt Term</b>	<b>Title</b>
Joyce Miller, MD	Psychiatry 08/21/2020 - 08/21/2022	Department of Psychiatry

**B. Executive Medical Staff (EMS) of Stroger Hospital and Medical Executive Committee (MEC) of Provident Hospital**

- i. Receive report from EMS President  
Approve Stroger Hospital Medical Staff Appointments/Reappointments/Changes (Attachment #5)
- ii. Receive report from MEC President  
Approve Provident Hospital 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 Oral Health and the HRO Readmissions Workgroup. They also discussed the election process planned for the annual meeting in January.

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

**C. Minutes of the Quality and Patient Safety Committee Meeting, September 17, 2020**

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

**D. Any items listed under Sections V and VI**

**E. Proposed Provident Hospital Department of Internal Medicine Rules and Regulations (Attachment #6)**

Dr. Arnold Turner, Medical Director of Provident Hospital of Cook County, provided an overview of the item presented for consideration.



Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXX  
Deborah Santana, Secretary

Requests/follow-up:

Follow-up: Request for information to be provided at future meeting regarding the processes used to ensure that nurses adhere to practice standards. Page 2

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ATTACHMENT #1

COOK COUNTY  
HEALTH



# HRO Dashboard

## Quality and Patient Safety Committee

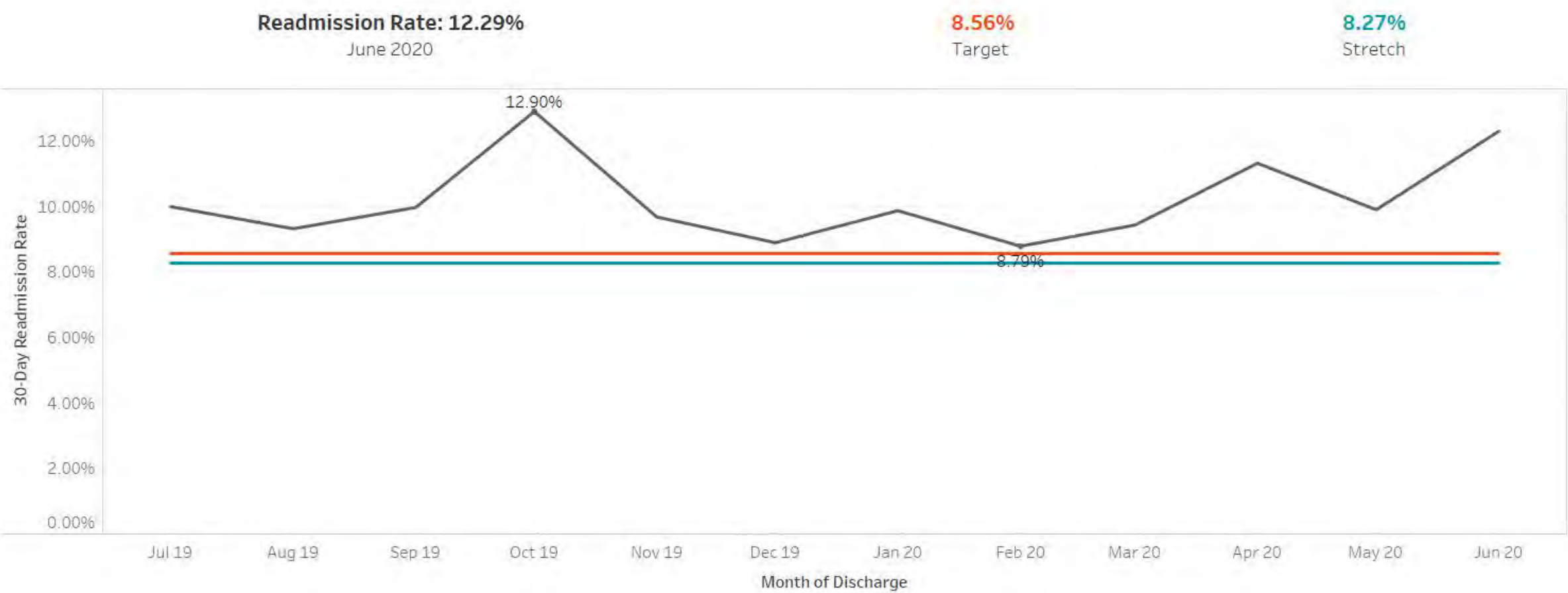
October 2020



COOK COUNTY  
HEALTH

# 30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions

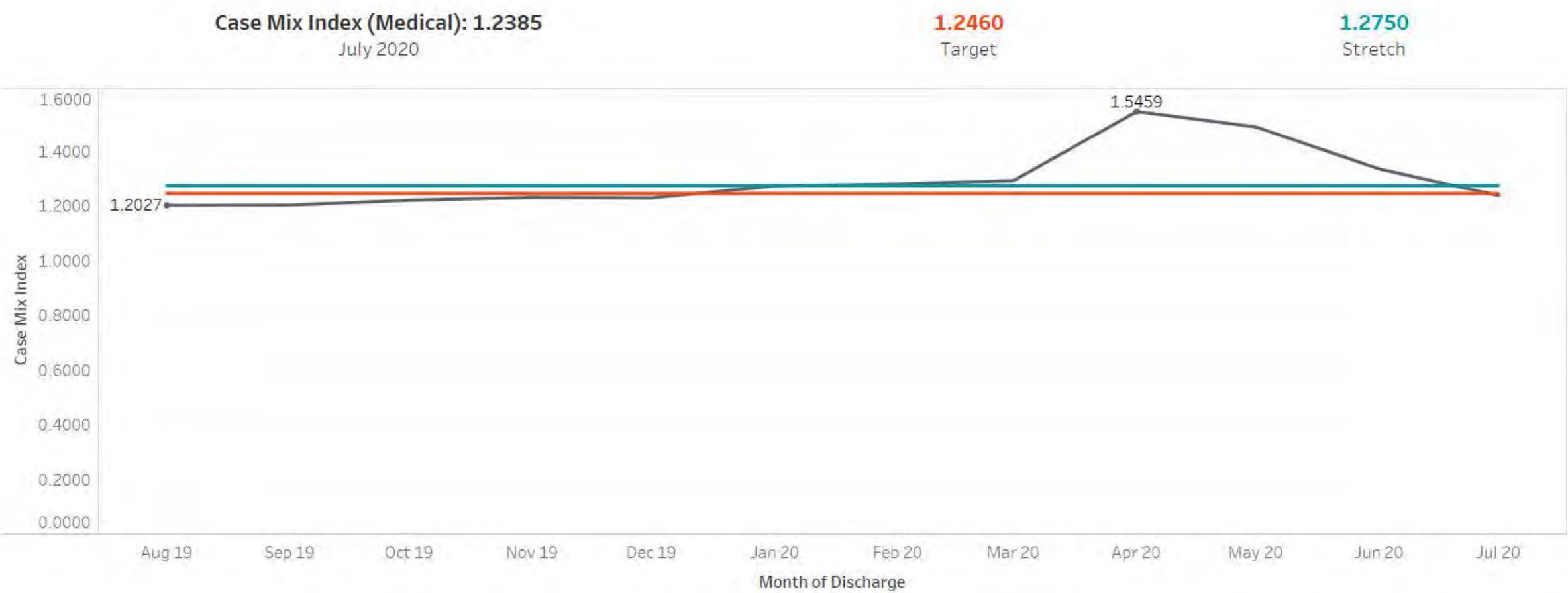


\*Lower readmission rate is favorable



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

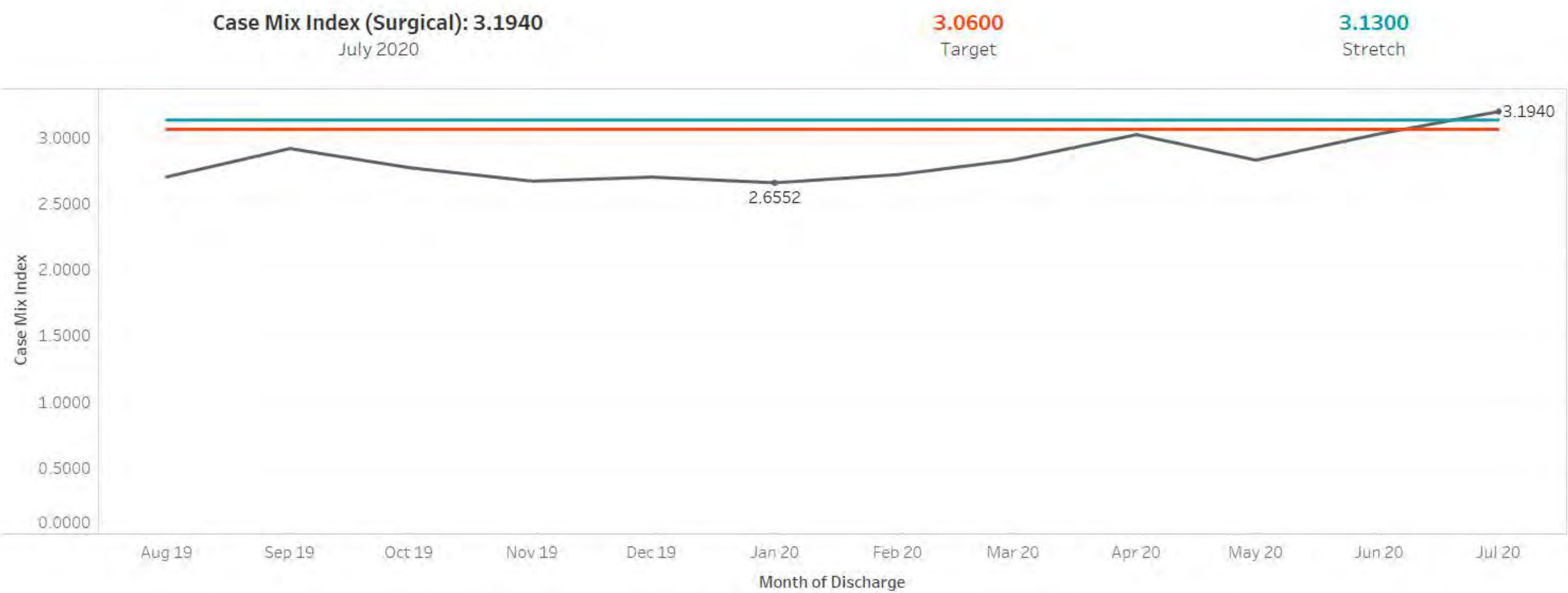
HRO Domain: Clinical Documentation



\*Higher case mix index is favorable

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

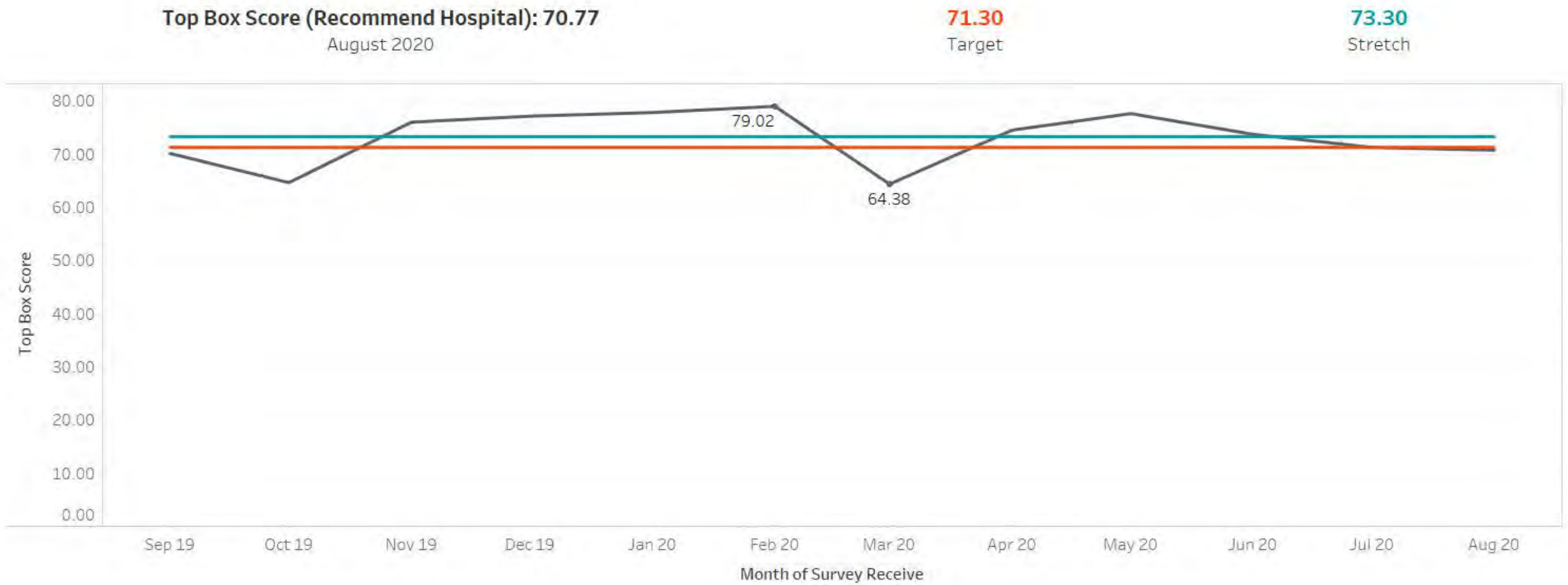
HRO Domain: Clinical Documentation



\*Higher case mix index is favorable

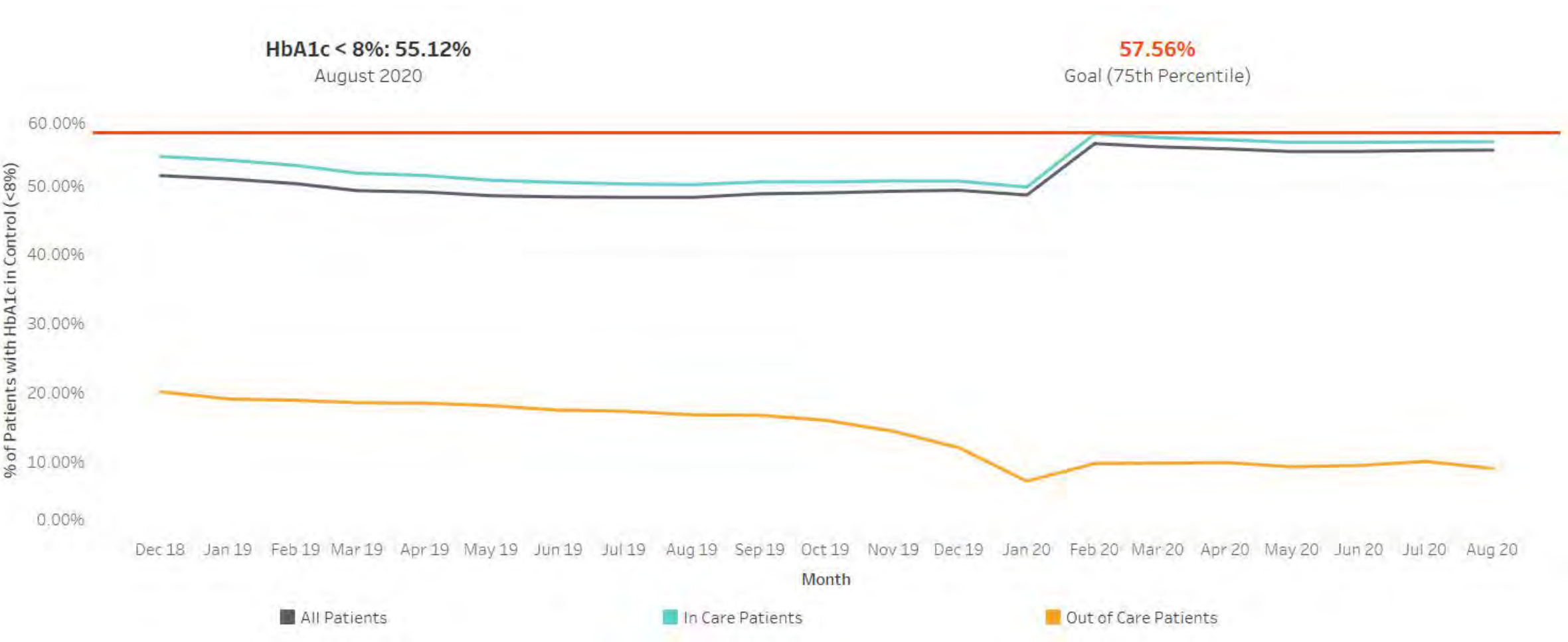
# Top Box Score, Recommend the Hospital (Stroger Hospital)

HRO Domain: Patient Experience



# 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"> <li>• <i>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</i></li> <li>• <b>Calculation:</b> Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)</li> <li>• <b>Population included:</b> all inpatient discharges from <u>Stroger</u></li> <li>• <b>Cohort inclusions:</b> any payer; any age; alive at discharge</li> <li>• <b>Cohort exclusions:</b> Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth</li> <li>• <b>Reporting timeframe:</b> reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge</li> <li>• <b>Data source:</b> Vizient Clinical Data Base</li> </ul>
Case Mix Index	<ul style="list-style-type: none"> <li>• <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></li> <li>• <b>Population included:</b> all inpatient discharges from <u>Stroger</u></li> <li>• <b>Cohort inclusions:</b> any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (<i>Surgical: an OR procedure is performed</i>)</li> <li>• <b>Cohort exclusions:</b> none</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of patient discharge</li> <li>• <b>Data source:</b> Vizient Clinical Data Base</li> </ul>
Recommend the Hospital	<ul style="list-style-type: none"> <li>• <i>Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey</i></li> <li>• <b>Calculation:</b> Percent of patient responses with "Definitely Yes" (top box) / total survey responses</li> <li>• <b>Population included:</b> Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; &gt;1 overnight stay in hospital as inpatient</li> <li>• <b>Cohort exclusions:</b> 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</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of survey received date</li> <li>• <b>Data source:</b> Press Ganey</li> </ul>
HbA1c <8%	<ul style="list-style-type: none"> <li>• <i>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is in control (&lt;8.0%)</i></li> <li>• <b>Calculation:</b> Percent of diabetic patients with HbA1c in control / total diabetic patients</li> <li>• <b>Population included:</b> (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) <i>OR</i> (One diabetic Inpatient visit in the current year or previous year) <i>OR</i> (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)</li> <li>• <b>Cohort exclusions:</b> none</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of patient visit</li> <li>• <b>Data source:</b> NCQA, HEDIS</li> </ul>

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ATTACHMENT #2



# Readmissions Workgroup QPS Meeting

October 23, 2020



Cassandra Wadlington, RN

Umar Jabbar, MD

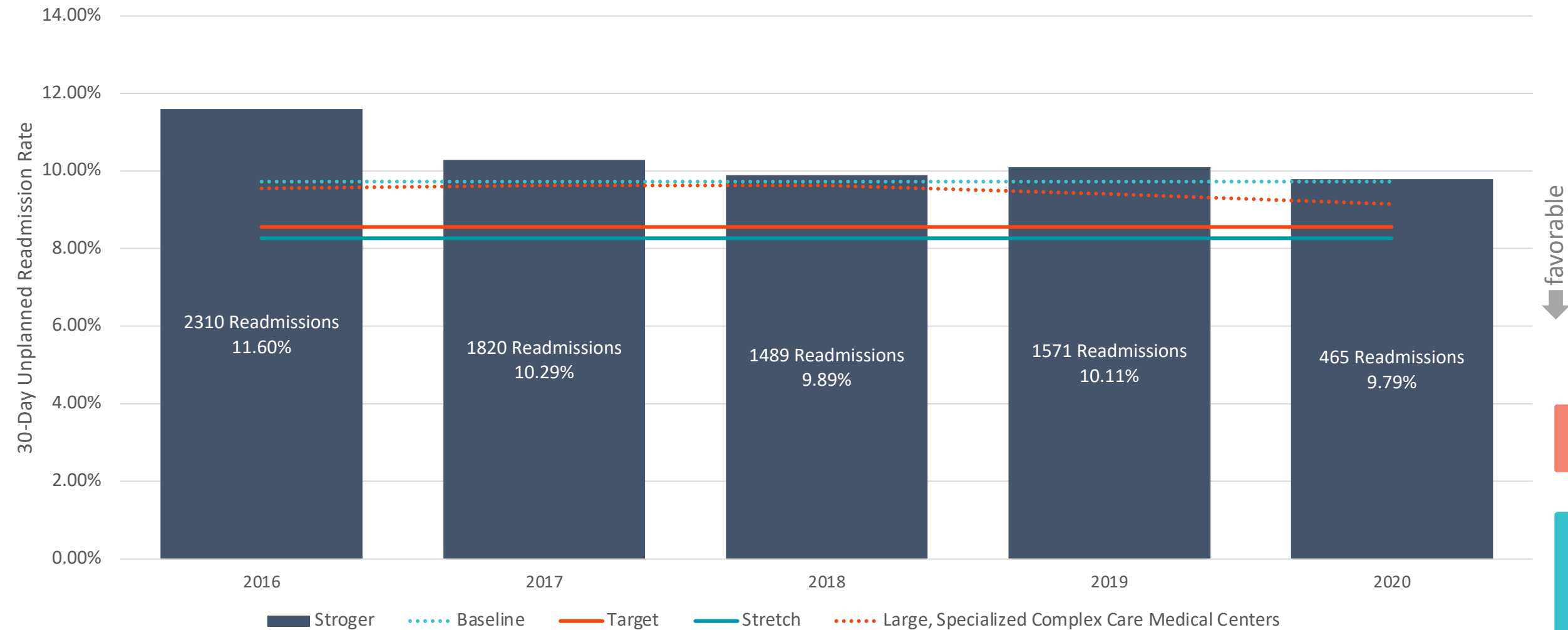
Workgroup Leaders



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**HEALTH**

# 30-Day Readmissions

## Unplanned, Hospital-Wide, All-Cause





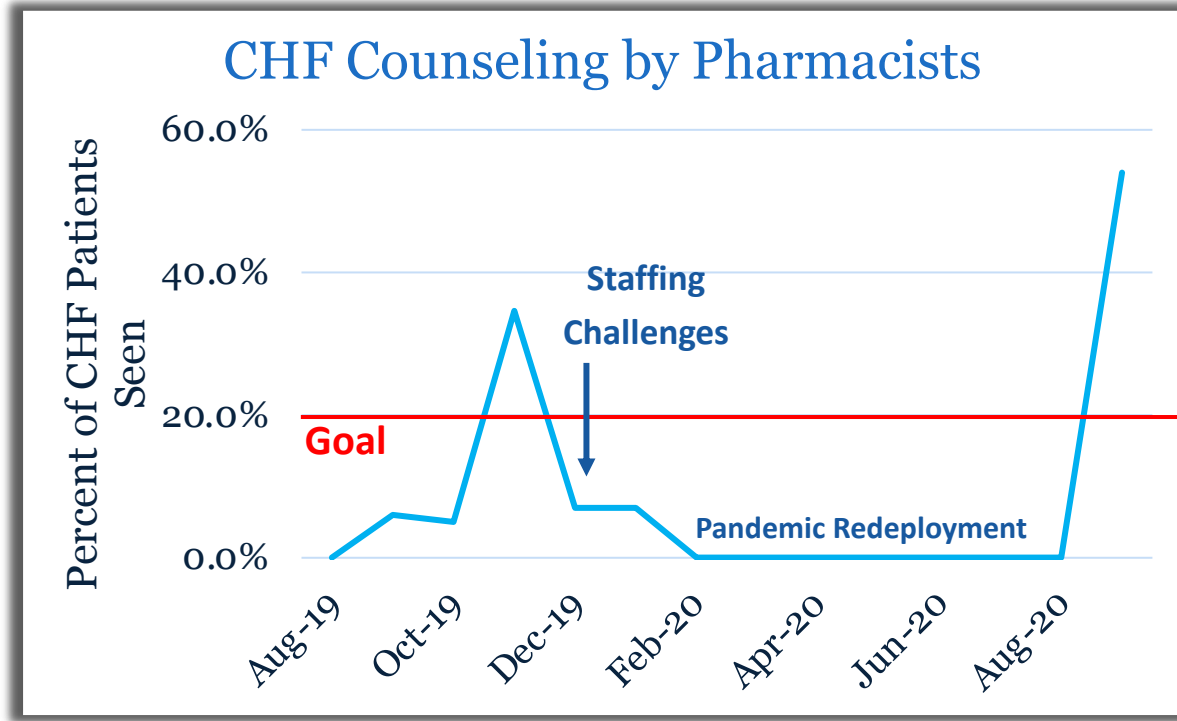
# Key Strategies to Reduce Readmissions

1. Patient Education and Self-management
2. Post-discharge Support
3. Early Follow-up

# Patient Education and Self-management

## Plan:

Pharmacist-led medication reconciliation and counseling of patients with CHF



Pharmacist +  
Student (s)  
Assessment

### Medication-related education

- Audio/visual aids
- AHA Materials

### Consultation recs

- Guideline-adherent care
- Compliance improvement

### Assist medical teams

- Formulary verification
- Obtaining medications

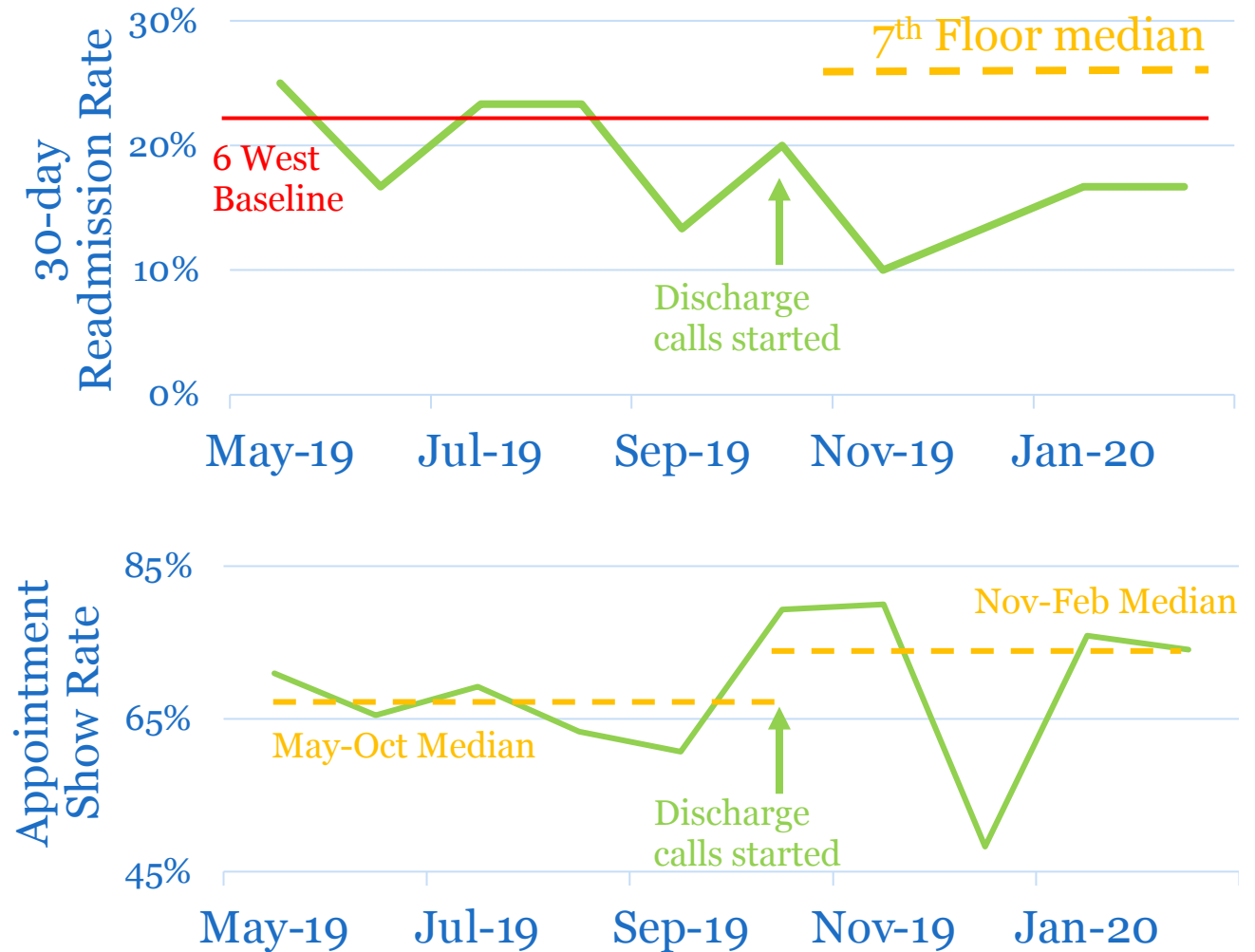
# Post-Discharge Support

## Plan:

Reinforce discharge plan through telephonic assistance



Effect of Post-discharge Calls on 6 West



# Post-Discharge Support

## Plan:

Reinforce discharge plan through a transition of care team

Designate specific  
TOC nurses to engage  
CHF patients

Receive daily CHF census report

Contact patients while in-patient

- Assess post discharge need and understanding of diagnosis
- Contact patients at least twice while in-patient
- Proactively address perceived gaps and barriers to follow up that may occur post-discharge

Post-Discharge

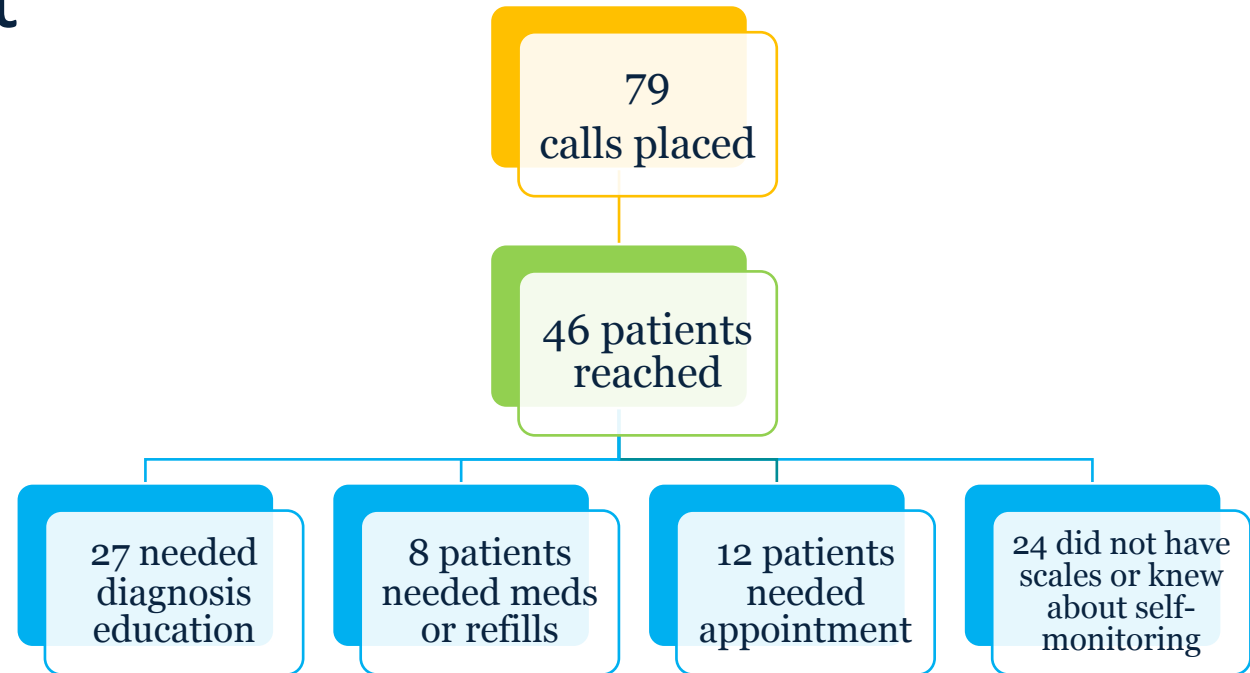
Contact patient at 2, 7 and 14 days

- Ensure understanding
- Reinforce discharge instructions
- Answer questions
- Continue support past 14 days as needed

# Post-Discharge Support

## Plan:

Reinforce discharge plan through a transition of care team



## Random audit of CHF admissions

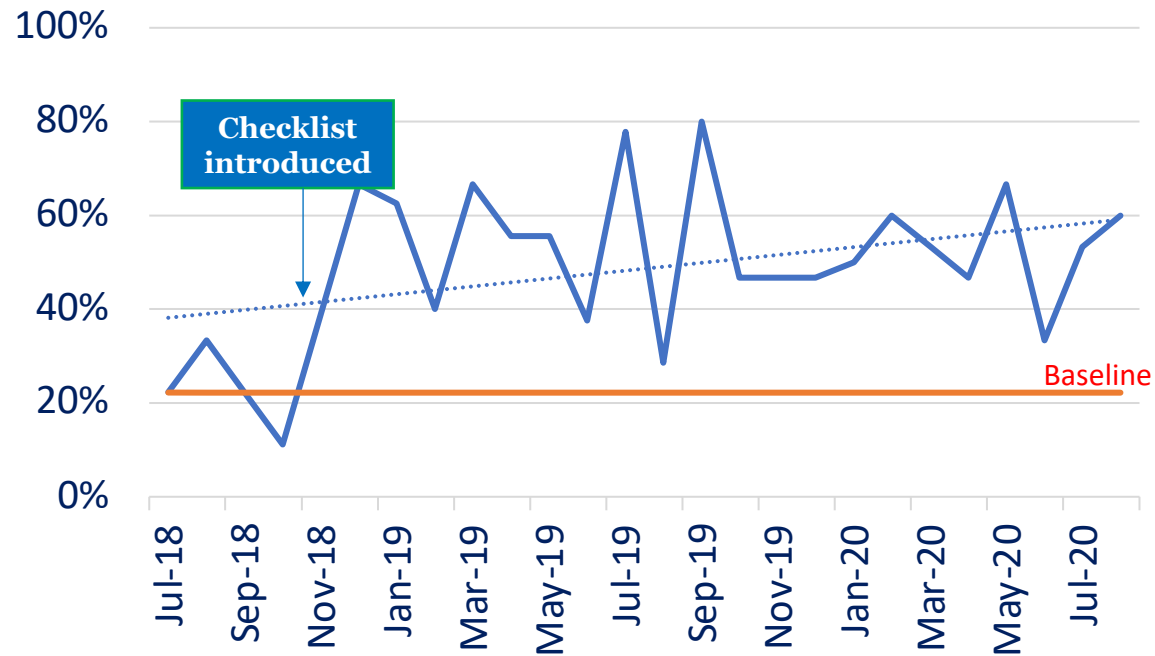
Patients leaving with follow up appointment	90%
Patients leaving with medications or refills	100%
Patients being discharged with understanding of diagnosis	100%
Patients with scales	85%
Readmission within 30 days	0%

# Early Follow-Up: Primary Care

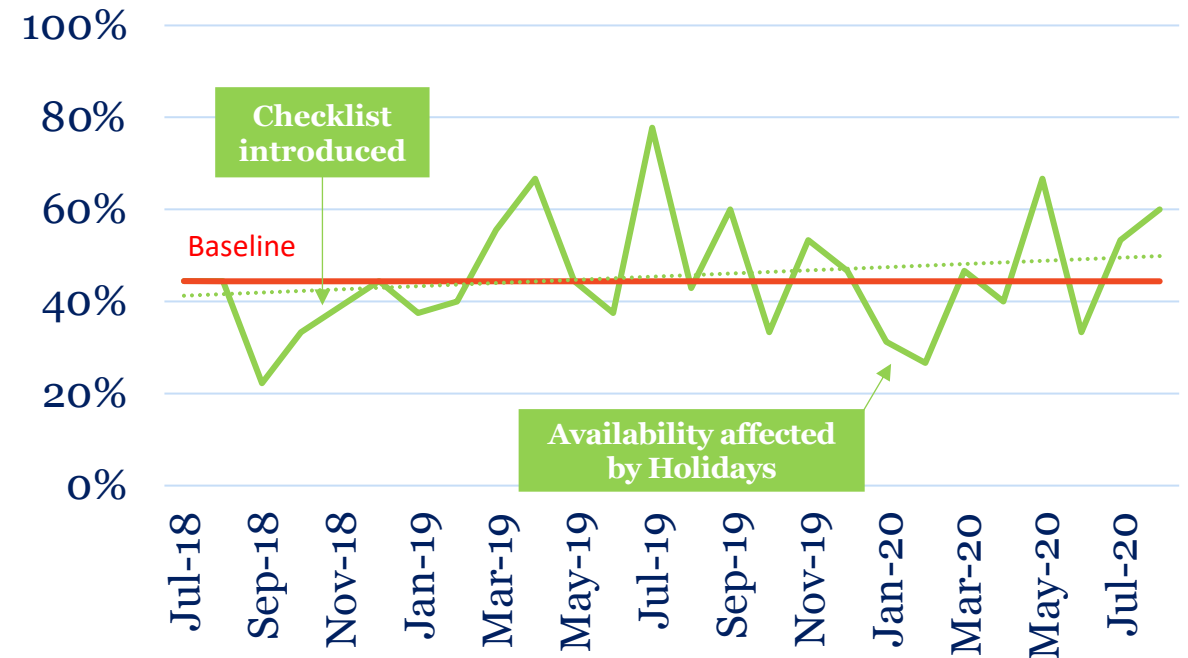
## Plan:

Request and arrange appointments prior to discharge

Appointment Requested Before Discharge  
(Internal Medicine)



Post-Hospital Appointment Scheduled By  
Discharge on Internal Medicine

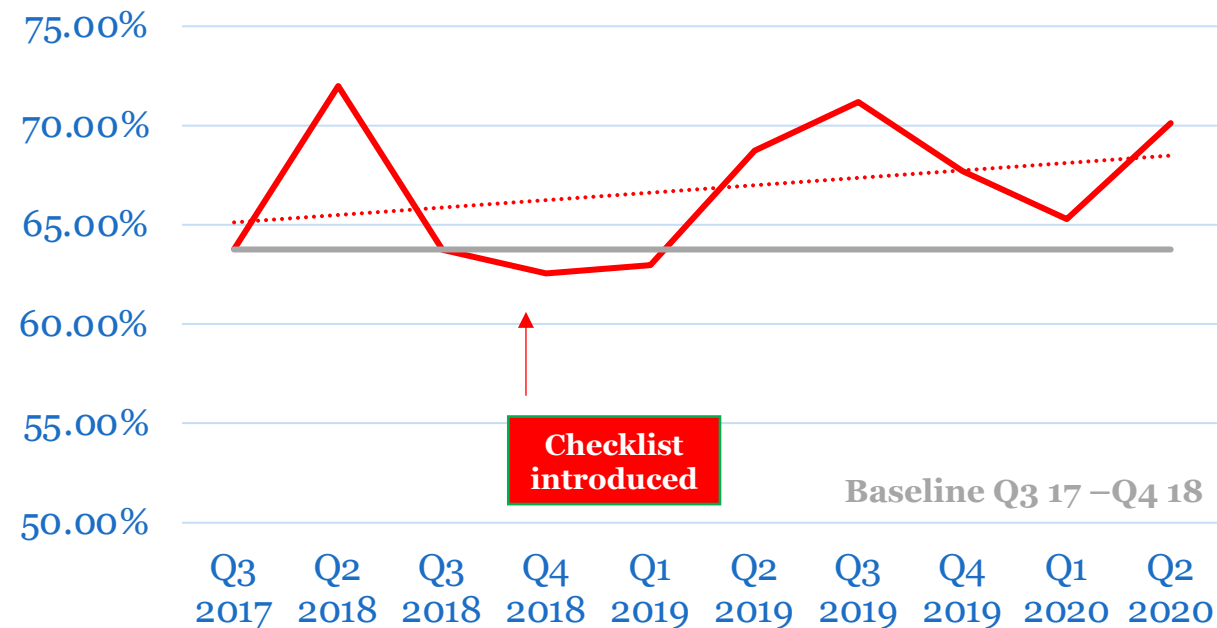


# Early Follow-Up: Primary Care

## Plan:

Arrange appointments prior to discharge

Show Rate of Medicine Patients  
to 14 day Follow-up



# Early Follow-Up: Specialty

## Plan:

Arrange appointments prior to discharge

### Early Recognition of Need

Make discussion of follow-up a consistent part of the consult process using template

### Early Request Placement

#### **Subspecialty Outpatient Follow Up plan:**

Follow-up Needed? (yes/no/TBD)  
If so, when? (exact date or range)  
Tests needed prior to follow-up:

### Timely Scheduling

Standardize scheduling process

## Clinic F Pilot GI and Pulmonology

- Standardized request format
- Clearly defined expectations of specialists and clinic staff
- Closed loop communication



# Key Strategies to Reduce Readmissions

1. Patient Education and Self-management
2. Post-discharge Support
3. Early Follow-up

# Questions/Comments?



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Thank you 



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ATTACHMENT #3



# Credentialing Process

Medical Staff Services Department

October 23, 2020



COOK COUNTY  
**HEALTH**

# Initial Appointment and Reappointment (Every 2 years)

## Medical Staff Bylaws/Joint Commission/National Commission of Quality Assurance (NCQA)

- Initial Appointment – Candidate accepts employment offer:
- Clinical Department Chair submits a Release of Application form to MSSD for processing (Initial Appointment only)
  - Applicant/Reapplicant submits application including CCH credentialing supplemental forms:
    - Mandated State of IL Credentialing/Recredentialing Application (signature of attestation statement indicates all information on the State of Illinois form is correct with full disclosure of adverse actions)
    - Consent and Release Form
    - Supplemental Form (additional demographic information and disclosures)
    - Clinical Privilege Form (specialty of clinical patient care)
      - APRNs and PAs (Collaborating Physician is required)
    - Government Photo ID (initial applicant)

# Credentialing Application Process

## Data Collection and Primary Source Verification (PSV)

- Morrissey Software On the Web (MSOW credentialing Software) –Data Entry from Application
  - Primary Source Verification (PSV) is queried directly from the organization (Red Flags identified):
    - State of IL License/Controlled Substance
    - Federal/State OIG
    - Opt Out (Medicare)
    - AMA/AOA Profile
    - Malpractice Insurance/Claims History
    - SAM (Federal Sanctions)
    - Peer References
    - Social Security Death Masterfile
    - Education/Training (Medical School/Residency/Fellowship/Initial Applicants)
      - Reappointment (other Residency or Fellowship)
    - Hospital Affiliations (present and past)
    - DEA Certificate
    - Board Certification
    - National Practitioner Data Bank
    - NPI

# Credentialing File Approval Process

Complete file includes all PSV and Required Application & Supplemental Forms

- ✓ Department Chair Review/Approval
- ✓ Non-Physician Provider Committee for Recommendation (PAs, APNs, LCSW...)
- ✓ Credentials Committee for Recommendation
- ✓ Credentials Committee Recommendations to Executive Medical Staff (EMS)/Medical Executive Committee (MEC)
- ✓ EMS/MEC presentation of Recommendation to Quality and Patient Safety Board (QPS)

**QPS is final approval of clinical privileges.**

The practitioner receives letter of QPS Board approval from MSSD and this triggers Human Resources Onboarding.



# Closing of QPS Approved Files

## Process

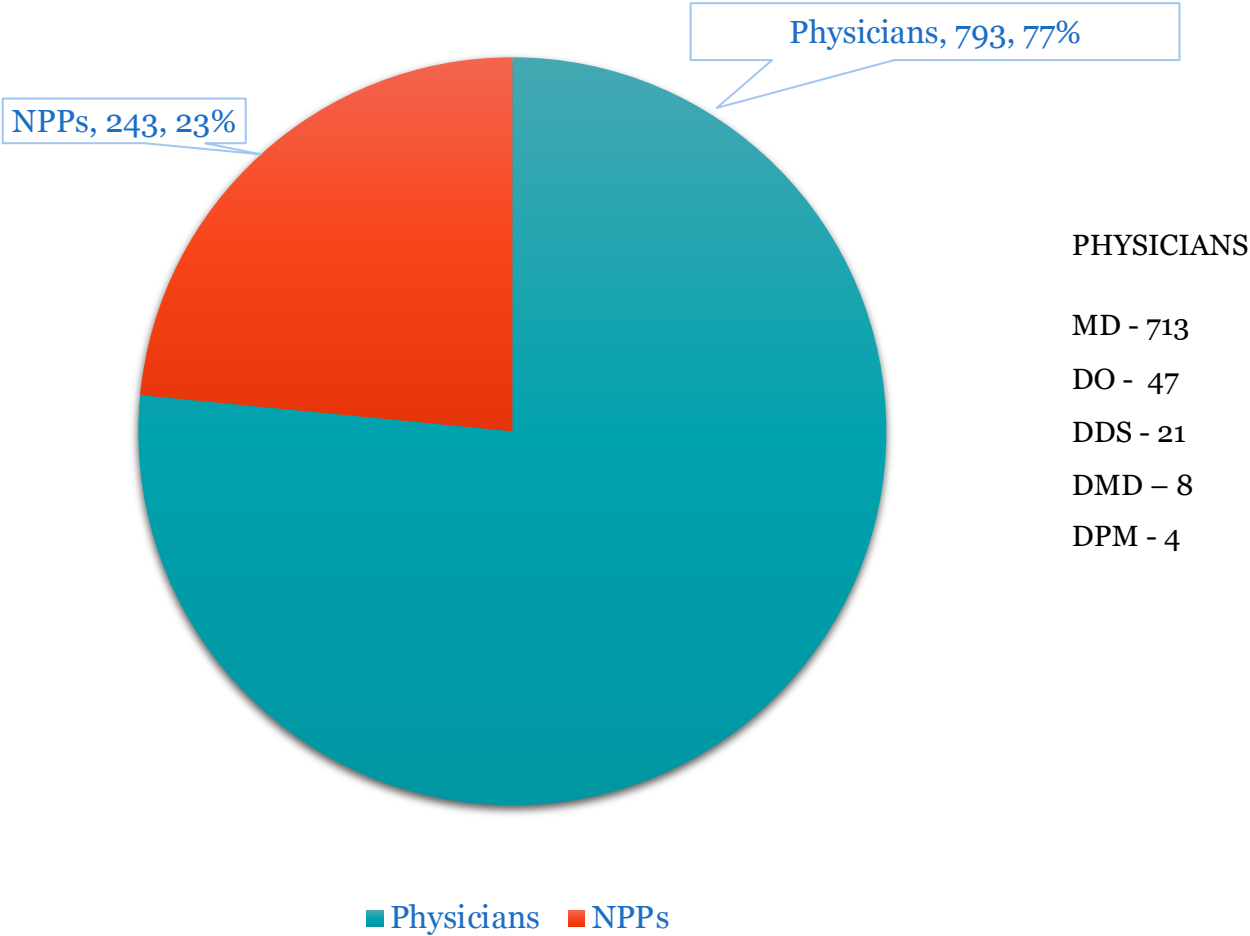
Completed file:

MSOW software updated with approval dates (Initial Appointment/Reappointment)

- ✓ Credentials Committee Approval Date
- ✓ QPS Approval Date
- ✓ All documentation with required approval signatures
- ✓ All PSV
- ✓ Board Approval Letter
- ✓ Completed file scanned into MSOW

# Breakdown of Credentialed Practitioners

## Credentialed Practitioners



- NPPs
- PA-C - 78
  - APRN - 69
  - Clinical Psychologists - 32
  - Social Worker - 29
  - Certified Registered Nurse
  - Anesthetists - 13
  - Perfusionists - 8
  - Dental Hygienists - 6
  - Optometrists - 4
  - Genetic Counselor - 1

- PHYSICIANS
- MD - 713
  - DO - 47
  - DDS - 21
  - DMD - 8
  - DPM - 4

Thank you. 



COOK COUNTY  
**HEALTH**

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ATTACHMENT #4

Meeting of the Cook County Health and Hospitals System

October 23, 2020

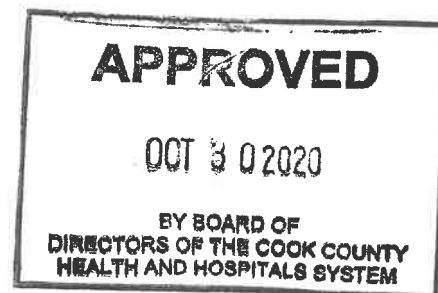
Back-Up Material for Item No. ,

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
Joyce Miller, MD	Psychiatry 08/21/2020 - 08/21/2022	Department of Psychiatry



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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

David Ernesto Munar  
Vice Chair of the Board

Robert Currie  
Hon. Dr. Dennis Deer, LCPC, CCFC  
Mary Driscoll, RN, MPH

Raul Garza  
Ada Mary Gugenheim

Mike Koetting  
Heather M. Prendergast, MD, MS, MPH  
Robert G. Reiter, Jr.  
Mary B. Richardson-Lowry  
Otis L. Story, Sr.

Deb Santana  
Secretary to the Board  
Cook County Health

October 16, 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 10/13/2020, 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 October 23, 2020 Subject to Approval by the Cook County Health and Hospitals Systems Board.

## Initial Physician Appointments

Name	Category	Department / Division	Appointment Term
Andrade, Ambar MD	Voluntary	Medicine/Cardiology	October 23, 2020 thru October 22, 2022
Birch, Noah, MD	Active	Medicine/Hematology/Oncology	October 23, 2020 thru October 22, 2022
Cotts, William, MD	Voluntary	Medicine/Cardiology	October 23, 2020 thru October 22, 2022
Gonzalez, Hemil, MD	Voluntary	Medicine/Infectious Disease	October 23, 2020 thru October 22, 2022
Joshi, Anjali MD	Voluntary	Medicine/Cardiology	October 23, 2020 thru October 22, 2022
Korpics, Jacqueline MD	Active	Pediatrics	October 23, 2020 thru October 22, 2022
Pillarella, Jessica Jean, MD	Voluntary	Medicine/Cardiology	October 23, 2020 thru October 22, 2022
Sciamanna, Christopher, MD	Voluntary	Medicine/Cardiology	October 23, 2020 thru October 22, 2022

CCHHS

**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON OCTOBER 23, 2020



**Reappointment Applications Physicians:**

**Department of Correctional Health**

Name	Category	Division	Reappointment Term
Kelner, David MD	Active	Correctional Health/Psychiatry	November 16, 2020 thru November 15, 2022

**Department of Emergency Medicine**

Name	Category	Division	Reappointment Term
Fernandez, Rosaura MD	Active	Emergency Medicine	October 28, 2020 thru October 27, 2022
Gussow, Leon MD	Voluntary	Toxicology	December 16, 2020 thru December 15, 2022

**Department of Medicine**

Name	Category	Division	Reappointment Term
Alvi, Saad MD	Active	General Medicine	December 6, 2020 thru December 5, 2022
Hassan, Sobia, MD	Voluntary	Rheumatology	December 6, 2020 thru December 5, 2022
Rogers, Susan, MD	Voluntary	General Medicine	November 19, 2020 thru November 18, 2022
Uday, Shreeyala, MD	Active	Hospital Medicine	December 14, 2020 thru December 13, 2022

**Department of Pathology**

Name	Category	Division	Reappointment Term
Baniecki, Marylee MD	Consulting	Pathology	December 9, 2020 thru December 8, 2022

**Department of Pediatrics**

Name	Category	Division	Reappointment Term
Khan, Salman MD	Active	Pediatrics	December 11, 2020 thru December 10, 2022
McConnie, Randolph MD	Voluntary	Pediatrics	December 18, 2020 thru December 17, 2022
Mydam, Janardhan MD	Consulting	Pediatrics	December 6, 2020 thru December 5, 2022

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**Department of Psychiatry**

Name	Category	Division	Reappointment Term
Watts, Jeffrey MD	Active	Psychiatry	December 28, 2020 thru December 27, 2022

**Department of Radiology**

Name	Category	Division	Reappointment Term
Luka, Lance MD	Active	Radiology	December 6, 2020 thru December 5, 2022
Tailor, Kallolini	Active	Radiology	December 31, 2020 thru May 16, 2022

**Department of Surgery**

Name	Category	Division	Reappointment Term
Abcarian, Herand, MD	Voluntary	Colon/Rectal	January 20, 2021 thru January 19, 2023
Byrne, Richard W., MD	Consulting	Neurosurgery	January 20, 2021 thru January 19, 2023
Chan, Edie Y., MD	Voluntary	General Surgery	January 23, 2021 thru January 22, 2023
Chaudhry, Vivek, MD	Active	Colon/Rectal	February 19, 2021 thru February 18, 2023
Jones, Anngell, MD	Active	General Surgery	February 22, 2021 thru February 21, 2023
Ukoha, Ozuru Ochu, MD	Active	Cardiothoracic	October 28, 2020 thru October 27, 2021
Traynelis, Vincent C., MD	Consulting	Neurosurgery	January 20, 2021 thru January 19, 2023

**Department of Trauma**

Name	Category	Division	Reappointment Term
Kaminsky, Matthew MD	Active	Trauma/ Burn Unit	December 9, 2020 thru December 8, 2022

  
**CCHHS**  
**APPROVED**  
**BY THE QUALITY AND PATIENT SAFETY COMMITTEE**  
**ON OCTOBER 23, 2020**

**Stroger NPP INITIAL Application**

Name	Department	Supervisor/Collab	Terms
Conners, Ariel CNP	Pediatrics	Lubov Romantseva, MD	October 23, 2020 thru October 22, 2022
Shari T. Newman, PA-C	Surgery/Orthopaedic and Plastic Surgery	Mark A. Grevious, MD and Paul Lamberti, MD	October 23, 2020 thru October 22, 2022

**Stroger NPP REAPPLICATION**

Name	Department	Supervisor/Collab	Terms
Barnes, Brenda PA-C	Emergency Medicine	Rosaura Fernandez, MD	December 09, 2020 thru December 08, 2022
Brooks, Cicely PA-C	Correctional Health/Psychiatry	Kenneth Soyemi, MD	January 19, 2021 thru January 18, 2023
Burgess, Phyllis CNS	Pediatrics	Shou-Yien Wu, MD	December 06, 2020 thru December 05, 2022
Cahillane, Martin PA-C	Correctional Health/Med Surg	Yan Yu, MD	November 16, 2020 thru November 15, 2022
Francis, Regeena NP	Medicine/Cardiology	Yasmeen Golzar, MD	January 20, 2021 thru January 19, 2023
Galvez, Edgardo CNP	General Medicine/Medicine	Vesna Sefer, MD	December 09, 2020 thru December 08, 2022
Gallagher, Maureen, A., NP	Medicine/Infectious Disease	Sheila Badri, MD	December 09, 2020 thru December 8, 2022
George, Reena CNP	Family Medicine	Yolanda Escalona, DO Stephen Cambalik, MD	October 28, 2020 thru October 27, 2022
Kaniuk, Gary PsyD	Correctional Health/Psychiatry	N/A	January 22, 2021 thru January 21, 2023
Knowles, Patricia A., CNP	Surgery/Colon-Rectal	Vivek Chaudhry, MD	January 20, 2021 thru January 19, 2023
Jackson, Rachel, CNP	Pediatrics	Temitope Oyedele, MD	December 09, 2020 thru December 08, 2022
Nwawueze, Josephine CNP	Family Medicine	Abha Sharma, MD	December 05, 2020 thru December 04, 2022
Pena, Marilou L., CNP	Surgery/Neurosurgery	Patricia B. Raksin, MD	January 20, 2021 thru January 19, 2023
Tapia, Karla, PA-C	Family Medicine	Daniel W. Vittum, MD	December 06, 2020 thru December 05, 2022
Wolen, Deborah, NP	Medicine/Infectious Disease	Ronald Lubelchek, MD	January 20, 2021 thru January 19, 2023

CCHHS

**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON OCTOBER 23, 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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**David Ernesto Munar**  
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Otis L. Story, Sr.

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

October 9, 2020

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on October 9, 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 October 9, 2020

Medical Staff Appointments/Reappointments Effective October 23, 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
Jiang, Jinxiang, MD	Pathology	Affiliate	October 23, 2020 thru October 22, 2022
Mian, Iqra, MD	Internal Medicine	Affiliate	October 23, 2020 thru October 22, 2022

### Initial Applications for Non-Medical Staff:

Name	Department	Supervisor/Collab	Appointment Term
Kanumury, Ratna, PA-C	Internal Medicine	Swati Datta, MD	October 23, 2020 thru October 22, 2022

## New Business Reappointment Applications Physicians:

### Department of Emergency Medicine:

Name	Category	Department/Specialty	Appointment Term
Simeakis, Sophia, DO	Active	Emergency Medicine	October 20, 2020 thru October 19, 2022

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**Department of Internal Medicine:**

Name	Category	Department/Specialty	Appointment Term
Turbay, Rafael F., MD	Affiliate	Hospital Medicine	December 9, 2020 thru December 8, 2022
Yadav, Neha, MD	Affiliate	Cardiology	January 20, 2021 thru January 19, 2023

**Department of Pediatrics:**

Name	Category	Department/Specialty	Appointment Term
Akintorin, Mopelola, MD	Active	Pediatrics	November 25, 2020 thru November 24, 2022

**Department of Radiology:**

Name	Category	Department/Specialty	Appointment Term
Luka, Lance, MD	Affiliate	Radiology	December 6, 2020 thru December 5, 2022

**Department of Surgery:**

Name	Category	Department/Specialty	Appointment Term
Keen, Richard R., MD	Active	General Surgery	January 20, 2021 thru December 15, 2022

**Medical Staff Appointment Provisional To Full:**

Name	Category	Department/Specialty
Gans, Rhonda, MD	Active	Family Medicine
Loafman, Mark, MD	Active	Family Medicine
Martin, Jonathan, MD	Affiliate	Internal Medicine/Infectious Disease

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**APPROVED**

BY THE QUALITY AND PATIENT SAFETY COMMITTEE  
ON OCTOBER 23, 2020

Cook County Health and Hospitals System  
Minutes of the Quality and Patient Safety Committee Meeting  
October 23, 2020

ATTACHMENT #6

**DEPARTMENT OF INTERNAL MEDICINE**

**RULES AND REGULATIONS**

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- I. Introduction
- II. Mission Statement
- III. Value Statement
- IV. Scope of Services
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  - C. Divisions
- VII. Departmental Membership
- VII. Orientation for New Department Members
- IX. Clinical Privileges
- X. Continuing Medical Education
- XI. Re-certification
- XII. Patient Care Policies
- XIII. Departmental Meetings
- XIV. Other Meetings

**APPROVED**

**OCT 30 2020**

**BY BOARD OF  
DIRECTORS OF THE COOK COUNTY  
HEALTH AND HOSPITALS SYSTEM**

**Dated:**



## **I. INTRODUCTION**

The Department of Internal Medicine of Provident Hospital of Cook County (PHCC) is organized in compliance with the Bylaws of the Medical Staff of Provident Hospital of Cook County (Bylaws) and the rules and regulations of the Medical Staff at PHCC. The following rules and regulations serve to clarify areas not specified in the Bylaws and the medical staff rules and regulations provide additional guidelines for governance and function of the Department.

The Department rules and regulations as set forth serve to promote quality patient care at Provident Hospital of Cook County. The authority, responsibility and jurisdiction of the Department are subordinate to the Bylaws of the Medical Staff.

All defined terms used in this document shall have the same meaning as in the Bylaws.

## **II. MISSION STATEMENT**

The mission of the Department of Internal Medicine of Provident Hospital of Cook County is to provide care of adult patients in concert with the overall Mission of Provident Hospital of Cook County as delineated in the hospital-wide Mission Statement.

## **III. VALUE STATEMENT**

The Department of Internal Medicine of Provident Hospital of Cook County adheres to the hospital-wide value statement.

## **IV. SCOPE OF SERVICES**

The Department of Internal Medicine provides hospital care in the area of general internal medicine and recognized internal medicine subspecialties, neurology and dermatology to patients aged 18 years and above.

Comprehensive general internal medicine is provided by physicians with clinical privileges in the Department of Internal Medicine. Consultations in the following specialties and subspecialties of internal medicine are available on site or through referral to John H. Stroger, Jr. Hospital of Cook County:

Cardiology	Nephrology
Dermatology	Neurology
Endocrinology	Oncology
Gastroenterology	Pulmonology
Hematology	Rheumatology
Infectious Diseases	

In general, routine inpatient consultations are expected to be completed within 24 hours of the request. Emergent inpatient consultations are to be completed within 4 hours.

## **V. COMPENSATION FOR SERVICES RENDERED**

Physicians rendering patient care services in the Department of Internal Medicine shall be financially compensated through salary through Cook County Health or in accordance with contractual arrangements. Physicians rendering patient care in the Department of Internal Medicine shall not bill patients or third-party payers directly for services rendered at Provident Hospital of Cook County unless specified under special contractual arrangement.

## **VI. DEPARTMENTAL STRUCTURE**

### **A. CHAIRPERSON**

The Chairperson of the Department shall be selected in accordance with the Bylaws and shall have the responsibilities set forth in the Bylaws. The Chairperson shall be a full-time, Active member of the Medical Staff of Provident Hospital of Cook County who participates in ongoing administrative or patient care activities at the Hospital and/or its clinic(s).

The responsibilities of the Chairperson are as outlined in the Bylaws.

### **B. ASSOCIATE/VICE CHAIRPERSON**

An Associate/Vice Chairperson may be selected and appointed by the Department Chairperson to assist him/her in administrative, staffing and quality improvement activities of the Department. The Associate Chairperson shall be a Senior Physician in the department who is a member of the medical staff of Provident Hospital of Cook County. The Associate Chairperson shall assume the responsibilities of the Chairperson in his/her absence.

### **C. DIVISIONS**

Within the Department of Internal Medicine, divisions shall be formed in accordance with the Bylaws. The Chairperson may request departmental input and make recommendation regarding division formation to the Medical Executive Committee

Each existing division shall have a Division Chair/Divisional Director in accordance with the Bylaws.

Existing divisions within the Department of Internal Medicine as of September 1, 2020 are:

Pulmonary                      Infectious Diseases  
Cardiology

## **VII. DEPARTMENTAL MEMBERSHIP**

Membership in the Department of Medicine may be granted to physicians and non-physician providers. Physician members of the Department must receive an appointment to the Medical Staff at Provident Hospital of Cook County in accordance with the Bylaws. Upon recommendation of the Credentials Committee and following approval by the CCH Board of Directors, physicians and non-physician providers will be assigned membership in the Department of Medicine, subject to the following guidelines.

Membership in the Department shall be restricted to 1) physicians who have completed formal training in internal medicine, dermatology, or neurology and, within 5 years of completion of training are Board Certified by the American Board of Internal Medicine, American Board of Psychiatry and Neurology or American Board of Dermatology; 2) non-physician providers who have completed formal training through an accredited Physician Assistant (PA), Nurse Practitioner (NP), or Licensed Independent Practitioner (LIP) Program and are eligible or certified as a PA, NP or LIP.

Membership in the Department of Internal Medicine shall be limited to physicians and non-physician providers whose practice is predominantly internal medicine and/or one of the recognized subspecialties of internal medicine, neurology, and dermatology.

All members of the Department of Medicine must have clinical privileges in internal medicine, dermatology or neurology. The granting of clinical privileges in internal medicine, however, is not restricted exclusively to members of the Department (See Section IX).

Responsibilities of full time Provisional and Active Physician members of the Department of Internal Medicine are as follows:

- Report to the Chairperson of Medicine in all clinical and administrative matters;
- Attend at least 50% of the regularly scheduled departmental meetings per year unless excused by the Chairperson of Medicine;
- Attend at least 50% of the quarterly medical staff meetings per year;
- Attend all mandatory departmental meetings;
- Attend at least 75% of all designated educational activities;
- Participate in the department quality improvement activities at the direction of the Chairperson;
- Participate in the departmental on-call schedule at the direction of the Chairperson; and
- Accomplish all necessary activities and documentation to maintain clinical privileges in the Department.

Non-physician providers are subject to the same responsibilities with the exception of attendance at quarterly Medical Staff meetings and participation in the Call Schedule.

Part time, affiliate, consultant, or ancillary members of the Department of Internal Medicine are subject to the same responsibilities except their attendance at departmental and Medical Staff meetings and grand rounds is encouraged and is not subject to the 50% rule.

Those physicians who have not yet achieved or who have achieved and then lost board certification status due to failure to re-certify or failure to meet other criteria for certification (see Section XI of these Rules and Regulations) must make every effort to achieve certification status and must meet the following guidelines to retain membership within the Department:

1. Documentation of clinical competence by a) maintenance of an unchallenged, unrestricted license to practice medicine in the United States; b) current certification in advanced cardiopulmonary resuscitation; c) provision of high quality medical care and demonstration of satisfactory clinical judgment, medical knowledge, clinical skills, humanistic qualities, professionalism, and moral and ethical behavior in the clinical setting as judged by peer review.
2. Documentation of a minimum of 50 hours of category 1 CME credits annually.
3. Documentation of ongoing efforts to regain board eligible or certification status.
4. Participate in departmental grand rounds, M&M and case conferences.

Physicians who are more than 3 years from completion of training must have board certification or are subject to loss of membership in the Department of Internal Medicine.

Physicians who do not regain certification within two years following certification loss will be subject to loss of membership in the Department of Internal Medicine.

Physicians who maintain board certification in an internal medicine subspecialty need not recertify in General Internal Medicine.

Advancement from provisional to active membership in the Department shall be reviewed at six months.

## **VIII. ORIENTATION FOR NEW DEPARTMENT MEMBERS**

In addition to completing organizational orientation, each new member to the Department of Internal

Medicine will be oriented as follows:

Receipt of copy of departmental rules and regulations, general rules and regulations of the Medical Staff, and Bylaws of Provident Hospital Medical Staff.

New department members must provide documentation of review of the aforementioned.

A new member to the Department of Internal Medicine should address any questions or concerns regarding the aforementioned to the Chair.

#### **IX. CLINICAL PRIVILEGES**

Clinical privileges in the Department of Internal Medicine to admit, treat and direct the course of treatment for patients are granted to members of the Medical Staff of Provident Hospital of Cook County by the Credentials Committee of the Medical Staff upon the recommendation of the Chairperson of the Department of Internal Medicine.

Clinical privileges in the Department of Internal Medicine are granted after review of general criteria, including membership factors, risk management factors, verification of training, competency verification and other credentialing verification. Verification of competencies will be required at appointment and re-appointment based on the requested core privileges. Each core privilege is described on the privilege request form, and the criteria for initial appointment and re-appointment are outlined for each core privilege.

#### **X. CONTINUING MEDICAL EDUCATION**

Each member of the Department of Internal Medicine shall provide documentation of ongoing CME activities upon request. CME activity must meet all state requirements.

#### **XI. RECERTIFICATION**

The American Board of Internal Medicine requires recertification of physicians certified in Internal Medicine in or after 1990. Re-certification should occur every 10 years. Physician members of Internal Medicine, once certified, must adhere to the ABIM's guidelines for re-certification. Physician members of Neurology and Dermatology must adhere to their respective board's guidelines for re-certification.

All Physician Assistants in the Department of Internal Medicine must adhere to guidelines by the NCCPA for re-certification.

#### **XII. PATIENT CARE POLICIES**

Each physician shall provide continuous care for patients admitted to the hospital under his/her care during the assigned period. Any transfer of responsibility should be according to established schedule or clearly documented in the chart.

Patients recommended for admission from the Emergency Department to an inpatient bed must be discussed in consultation with the Department of Internal Medicine attending. The Department of Internal Medicine attending may authorize admission based on the consultation. A Department of Medicine attending may refuse admission only if he/she or his designee personally evaluates the patient. In this case, patient may be discharged or transferred from the Emergency Department.

The admitting attending is responsible for providing a signed History and Physical on the chart for each patient within 24 hours of admission. The attending is responsible for participating in coordinated

discharge planning and completing a Discharge Summary within 30 days of discharge. The attending is responsible for documenting an appropriate source of post-discharge follow-up care.

Physicians may provide care and perform procedures only for which they are privileged by the Provident Hospital Medical Staff, in accordance with the Provident Medical Staff bylaws.

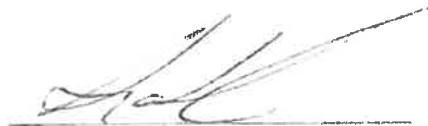
### **XIII. DEPARTMENTAL MEETINGS**

Regular departmental meetings shall be held at least quarterly. Minutes of each meeting shall be taken and distributed to all active members of the department. The meetings shall proceed in the following orders:

- I. Call to Order
- II. Approval of Minutes from Previous Meeting
- III. Quality Performance Improvement Review
- IV. General Business
  - A. Old Business
  - B. New Business
  - C. Other Business
  - D. Announcements
- VI. Adjournment

### **XIV. OTHER MEETINGS**

Other meetings, including divisional and section meetings as well as quality and performance improvement meetings will be held as appropriate in accordance with the Bylaws.



Suja Mathew, MD, FACP  
Chair  
Department of Internal Medicine



Arnold Turner, MD  
Medical Director

Approved: 10/8/2020