Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, May 29, 2020 at the hour of 9:00 A.M. This meeting was held by remote means only, in compliance with the Governor's Executive Orders 2020-7, 2020-10, and 2020-18.

I. Attendance/Call to Order

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock, Vice Chair Mary Richardson-Lowry and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Mike Koetting; David Ernesto Munar; Robert G. Reiter, Jr.; Otis L. Story, Sr.; Layla P. Suleiman Gonzalez, PhD, JD; and Sidney A. Thomas, MSW (11)

Absent: Director Heather M. Prendergast, MD, MS, MPH (1)

Additional attendees and/or presenters were:

Debra D. Carey – Interim Chief Executive Officer
Claudia Fegan, MD – Chief Medical Officer
Linda Follenweider - Chief Operating Officer, Correctional Health
Andrea Gibson – Director of Project Management and Operational Excellence
Anita Giuntoli - Director of Patient Safety
Tim Hoppa – Operations Counsel
Charles Jones – Chief Procurement Officer
Kiran Joshi, MD – Cook County Department of Public Health
James Kiamos – Chief Executive Officer, CountyCare
Jeff McCutchan –General Counsel
Barbara Pryor – Chief Human Resources Officer
Deborah Santana – Secretary to the Board

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

The Secretary read the following electronically submitted public speaker testimonies into the record:

1. Steve Maynard — Concerned Citizen
2. Denise Mercherson — Medical Social Worker, Stroger Hospital and member, SEIU Local 73
3. Thiesha Tiggs — Health Advocate, Stroger Hospital and member, SEIU Local 73
4. Amber Morgan — Sterile Processing Technician, Stroger Hospital and member, SEIU Local 73
5. Thomas Price — Food Service Worker, Stroger Hospital and member, SEIU Local 73
6. Sylvia Kizer — Building Service Worker, Stroger Hospital and member, SEIU Local 73

III. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, April 30, 2020

Director Thomas, seconded by Director Reiter, moved the approval of the Minutes of the Board of Directors Meeting of April 30, 2020. THE MOTION CARRIED UNANIMOUSLY.

III. Board and Committee Reports (continued)

B. Human Resources Committee Special Meeting, May 27, 2020

i. Metrics (Attachment #2)
ii. Meeting Minutes

Vice Chair Richardson-Lowry and Barbara Pryor, Chief Human Resources Officer, provided an overview of the Metrics and Meeting Minutes.

The Board discussed the issues raised in the public testimonies submitted by members of SEIU Local 73. Following discussion, Director Reiter suggested that further discussions be held regarding those issues with representatives of SEIU Local 73. Tim Hoppa, Operations Counsel, indicated that he will reach out to the County's Bureau of Human Resources. The conversation would need to be led by BHR, but CCH would have appropriate representation in the conversation.

> Director Driscoll, seconded by Director Munar, moved the approval of the Minutes of the Human Resources Special Meeting of May 27, 2020. THE MOTION CARRIED UNANIMOUSLY.

C. Managed Care Committee Special Meeting, May 27, 2020

i. Metrics (Attachment #3)
ii. Meeting Minutes

Director Thomas and James Kiamos, Chief Executive Officer of CountyCare, provided an overview of the Metrics and Meeting Minutes. The Board reviewed and discussed the information.

It was noted that the next meeting of the Committee, currently scheduled for June 19, 2020, is expected to be moved to July.

> Director Koetting, seconded by Director Deer, moved the approval of the Minutes of the Managed Care Special Meeting of May 27, 2020. THE MOTION CARRIED UNANIMOUSLY.

D. Quality and Patient Safety Committee Meeting, May 22, 2020

i. Metrics (Attachment #4)
ii. Meeting Minutes, which include the following action items:

- Medical Staff Appointments/Reappointments/Changes
- Proposed Clinical Training Affiliation Agreements

Director Gugenheim and Dr. Claudia Fegan, Chief Medical Officer, provided an overview of the Metrics and Meeting Minutes. The Board reviewed and discussed the information.

> Director Gugenheim, seconded by Director Driscoll, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of May 22, 2020. THE MOTION CARRIED UNANIMOUSLY.

III. Board and Committee Reports (continued)

E. Finance Committee Meeting, May 22, 2020

i. Metrics/FY2020 Finance Update (Attachment #5)
ii. Meeting Minutes, which include the following action items:
- Contracts and Procurement Items
- Proposed Transfer of Funds

Director Reiter provided an overview of the Meeting Minutes. Charles Jones, Chief Procurement Officer, provided a brief overview of the proposed Contracts and Procurement Items considered and informational reports received at the Finance Committee Meeting. It was noted that request numbers 1-6 under the Contracts and Procurement Items remain pending review by Contract Compliance.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the presentation on the FY2020 April Finance Update. The Board reviewed and discussed the information.

> Director Reiter, seconded by Vice Chair Richardson-Lowry, moved the approval of the Minutes of the Finance Committee Meeting of May 22, 2020. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items

A. Contracts and Procurement Items

There were no items presented directly to the Board for consideration.

B. Any items listed under Sections III, IV and VII

V. Report from Chair of the Board

Chair Hammock provided an update on the Board's search for a permanent Chief Executive Officer (CEO). Of the 150+ referrals, those were narrowed down to 12 individuals, and of the 12, the Board interviewed 6 individuals. The process will continue, and the Board is on track with its goal to find a permanent CEO within 6 months.

VI. Report from Interim Chief Executive Officer (Attachment #6)

Ms. Carey provided an overview of her Report; detail is included in Attachment #6.

During the discussion of the information regarding telehealth visits, Director Thomas requested information on the proportion of phone visits versus virtual visits. Ms. Carey responded that she will provide that information.

VII. Closed Meeting Items

A. Claims and Litigation
B. Discussion of personnel matters
C. Recruitment of Permanent Chief Executive Officer for the Cook County Health and Hospitals System

The Board did not recess into a closed meeting.

VIII. Adjourn

As the agenda was exhausted, Chair Hammock declared that the meeting was ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

Follow-up: Follow-up indicated regarding holding a future discussion with representatives from SEIU Local 73 pertaining to the issues referenced in the public testimony. Page 2

Follow-up: Request for information on the proportion of telehealth phone visits versus virtual visits. Page 3

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
May 29, 2020

ATTACHMENT #1

Please Read As Public Testimony - County Meeting

Steve Maynard <[redacted]>

Thu 5/28/2020 10:22 AM

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

Good morning Debbie,

Thank you for getting my email concerning the BD Alaris Infusion devices at Cook County Hospital on the agenda at the last county meeting. I understand there is another meeting tomorrow and I wanted to see if you've done any research in the interim. There is an excellent FDA website (attached) you can reference that shows all the reported Alaris incidences of which there more than 500 in the U.S. for the month of March 2020. It shows the incidents frequently involve patient injury and occasional death. In the search box, you can use Carefusion Alaris to trigger the search.

https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMAUDE/textResults.cfm

https://www.fda.gov/medical-devices/medical-device-recalls/carefusion-recalls-alaris-pump-module-due-alarm-error-which-may-cause-interruption-therapy

Also, since the last meeting, there was a recent BD shareholder's meeting in May which suggested any remediation and submission to the FDA would be delayed until after Q4 which means the County continues to use infusion pumps on patients that are not FDA approved and could not even be purchased today without a medical necessity letter. I have also attached the BD shareholder presentation for your review.

Thanks,
Steve

ORIGINAL MESSAGE

I would like to bring to the boards attention the use of FDA recalled IV pumps within the Cook County Health System. This issue was brought to the boards attention in 2019 and seemed to be ignored.

Cook County Hospital and Health System currently utilizes BD Alaris IV pumps that are on FDA recall and ship hold. The reason for the recall as described is the result of patient harm and death. Please refer to the FDA recall and Maude report link below;

https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfMAUDE/results.cfm

- 456 Issues with Alaris pumps in the month of March, 2020

https://www.fda.gov/medical-devices/medical-device-recalls/carefusion-recalls-alaris-pump-module-due-alarm-error-which-may-cause-interruption-therapy

The Alaris pumps are likely the most expensive pumps in the marketplace. Cook County has not evaluated or asked for a bid on IV pumps since 2012. Can Cook County afford to utilize a pump that is on FDA recall while paying a premium?

I believe it is your responsibility as leaders of this county to address patient safety and cost issues, especially in the wake of millions of dollars being spent on COVID relief. Decisions around patient safety and cost should be initiated and discussed from the top down. Please agree to two things – you will step in, investigate, and provide a product that is safe for infusions, and challenge the status quo for infusion pumps. The cost savings over 5 years is likely more than 10 million dollars.

Thank you,

Concerned Citizen

Denise Mercherson

I am Denise Mercherson, a Medical Social Worker at Stroger Hospital and proud SEIU Local 73 member. This pandemic has shone a light on the failures of our system. We as workers have seen first-hand the missteps CCH has taken throughout the COVID crisis. We do not have faith in CCH creating appropriate solutions; it is up to us as workers and union members to make the right choices. We have raised our concerns about reintroducing elective surgeries and procedures, the state of outpatient care, visitor policy and more. We know a surge is coming and we must prepare for it. PPE, appropriate workload, proper social distancing, universal screening and testing must all be taken into account before moving toward re-opening an already vulnerable county hospital system.

Thiesha Tiggs

I am Thiesha Tiggs, SEIU Local 73 member and Health Advocate at Stroger Hospital, and I've worked at CCH for 17 years. What has this pandemic taught me? That workers in CCH who are deemed as essential are not treated as such. It is simply shameful that the county isn't treating us respectfully as workers, and apparently barely considers us as human beings. Not only do we have to jump through so many hurdles just to get basic PPE like masks and gowns, but also to get access to testing. I'm a single parent. My sister has a compromised immune system. I have a life and family outside of my job at Stroger hospital; the careless decisions CCH makes during this crisis have implications that extended beyond these four walls. I made a commitment to serving our patients at CCH, but I did not sign up for a global pandemic. I especially did not sign up to fight in a global pandemic where my own safety is jeopardized. CCH's decision to limit the time for COVID-related absences is short-sighted and leaves frontline workers choosing between our health and financial stability. I also want to address the board on CCH's refusal to give us hazard pay. Has CCH determined that COVID-19 isn't hazardous enough to myself or my family? It's one thing for our 45th president to not take COVID-19 seriously, but I expected Cook County Health to respond differently. The board needs to seriously re-evaluate the short-sighted decisions CCH is making in this crisis, and start treating our frontline workers with dignity and respect.

Amber Morgan

I am Amber Morgan, Sterile Processing Technician and SEIU Local 73 member at Stroger Hospital, and I've worked at CCH for 4 years. This pandemic has exposed a wealth of issues throughout the Cook County Hospital system, and we need to move away from half-measures and convenience. CCH is throwing our limited resources at subcontracting management and agencies like Steris instead of investing in quality patient care. Steris management is not held accountable for their own managerial and clinical missteps, and instead puts the blame on CCH employees. Agency staff do not have the same level of experience, knowledge, or commitment to quality patient care that our full-time CCH employees have. This health system is circling the drain if they continue to rely on short-term, financially unstable solutions like subcontracting. As a

public health institution, we believe that the highest level of patient care for our community should drive our work, and not profits. Unfortunately, companies like Steris are more fixated on their bottom-line than investing in what it will take to strengthen our health system. It would do a disservice to our community if the CCH board moved to execute the contract with Steris Inc.

Thomas Price

I'm Thomas Price, a Food Service Worker at Stroger, and I've worked at CCH for 27 years. It's not time to be complacent or wasteful. Currently, the Cook County Hospital system is throwing money away that could be used in better places. Subcontracting with Morrison and hiring agency is not the answer to effective management or short-staffing issues at Stroger. Our department is in complete disarray. In the midst of a global pandemic, Morrison management continues to create instability and hostility by making unnecessary and unilateral changes to our schedules, shift times, and assignments. Morrison management is privileging agency workers over employees, refusing to acknowledge our seniority, and letting their own managerial incompetence impede normal operations of our department. CCH claims they don't have enough money to hire more full-time employees in the Dietary department, and then spend just as much, if not more, on Morrison and agency. If CCH wants to invest in workers, quality patient care, and a dignified work environment, I strongly urge the CCH board to NOT renew the contract with Morrison.

Sylvia Kizer

I am Sylvia Kizer, SEIU Local 73 member and Building Service Worker at Stroger Hospital, and I've worked at CCH for 27 years. The Building Service Workers who are sanitizing and disinfecting across the health system are some of the most vulnerable workers. We face several hurdles in our safety, including a lack of proper ventilation in the basement of Stroger, lack of PPE, or even clear practices on how to social distance. Each day we sterilize so that patients and health professionals are safe; we are essential workers in this pandemic, and CCH should start providing the proper PPE to reflect our essential role in this fight. As more employees return to work across the health system, our already-short PPE will be stretched thin even further. Having to re-use the same PPE is not best practice, and for those with breathing complications like me, is a direct threat to my personal safety. Without access to PPE, it is becoming impossible for us to feel safe in this ongoing crisis. Moreover, CCH refuses to implement universal testing measures – so how am I to know if my coworkers are asymptomatic and spreading COVID-19 to us, other care providers, and patients? My last issue of concern is around the mental and emotional health of our members who are on the frontlines, and the importance of using benefit time for our own self-care. The stress of being on the frontlines is real and taxing, so we urge the Board to stop this practice of denying previously approved requests and any future vacation requests.

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
May 29, 2020

ATTACHMENT #2

Human Resources Metrics Cook County Health HR Committee

Barbara Pryor
Chief Human Resources Officer

May 27, 2020

COOK COUNTY HEALTH

Cook County Health

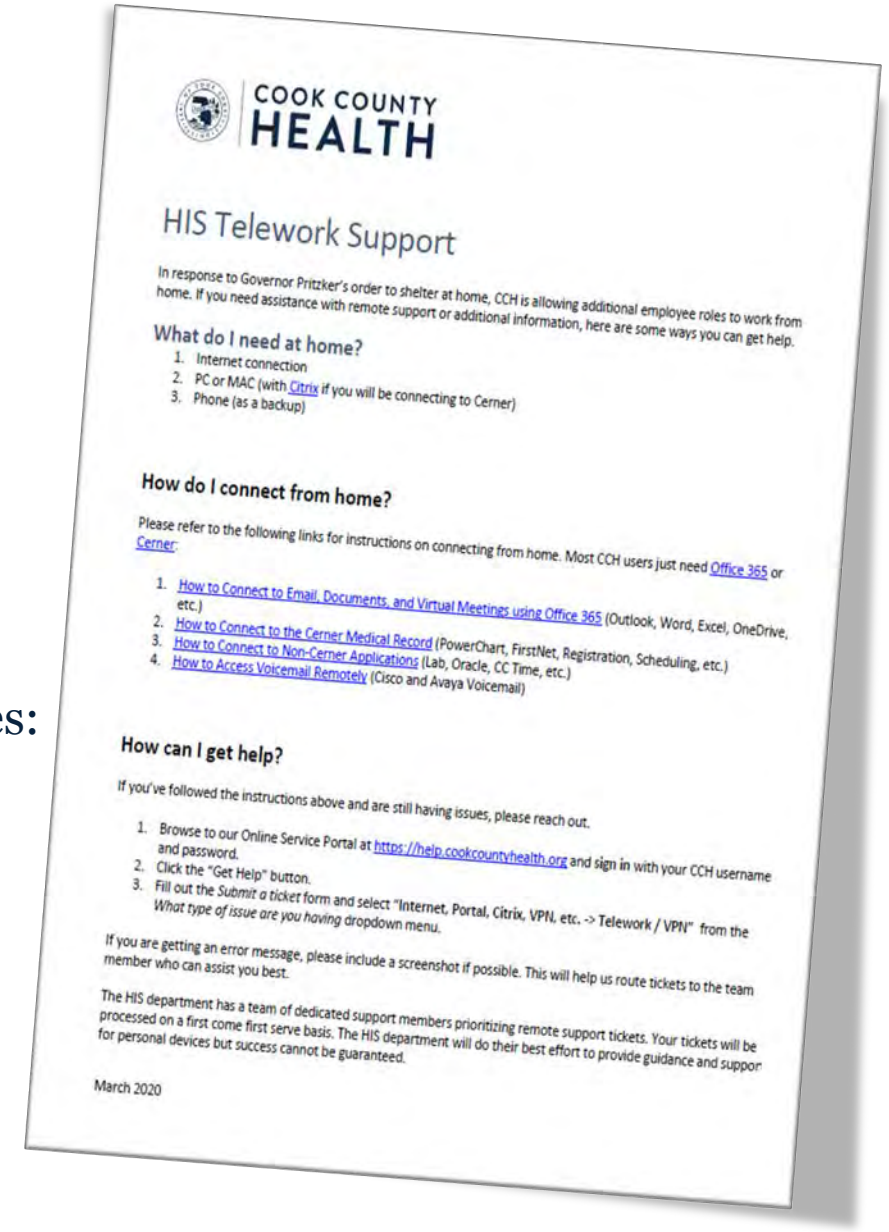
COVID-19 Response

COOK COUNTY HEALTH

Employees Telework to COVID-19 Response

Governor Pritzker's Stay at Home Order

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



COOK COUNTY HEALTH

HIS Telework Support

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

What do I need at home?

1. Internet connection
2. PC or MAC (with Citrix if you will be connecting to Cerner)
3. Phone (as a backup)

How do I connect from home?

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

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

How can I get help?

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

1. Browse to our Online Service Portal at https://help.cookcountyhealth.org and sign in with your CCH username and password.
2. Click the "Get Help" button.
3. Fill out the *Submit a ticket* form and select "Internet, Portal, Citrix, VPN, etc. -> Telework / VPN" from the *What type of issue are you having* dropdown menu.

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

The HIS department has a team of dedicated support members prioritizing remote support tickets. Your tickets will be processed on a first come first serve basis. The HIS department will do their best effort to provide guidance and suppor for personal devices but success cannot be guaranteed.

March 2020

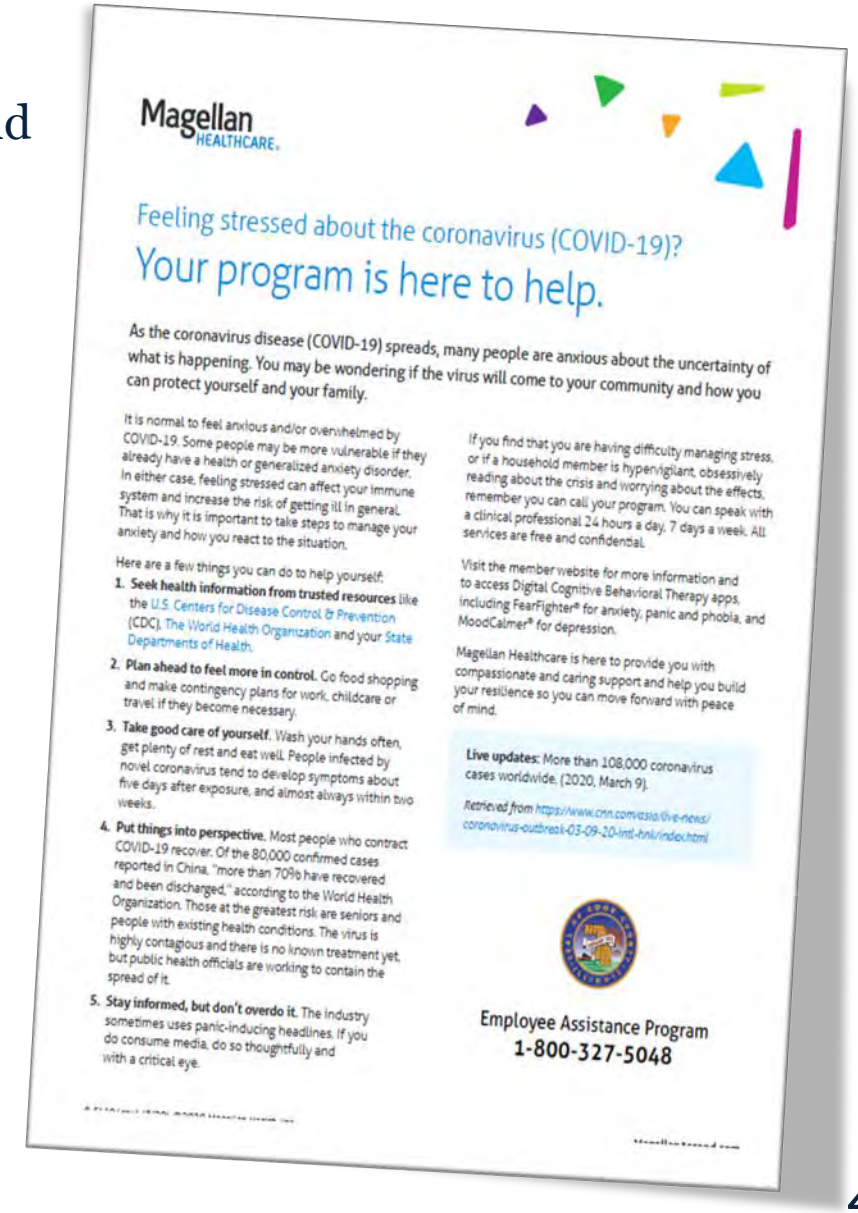
COOK COUNTY HEALTH

Employee Assistance Program

Employee Assistance Program (EAP)

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

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



Magellan HEALTHCARE

Feeling stressed about the coronavirus (COVID-19)?

Your program is here to help.

As the coronavirus disease (COVID-19) spreads, many people are anxious about the uncertainty of what is happening. You may be wondering if the virus will come to your community and how you can protect yourself and your family.

It is normal to feel anxious and/or overwhelmed by COVID-19. Some people may be more vulnerable if they already have a health or generalized anxiety disorder. In either case, feeling stressed can affect your immune system and increase the risk of getting ill in general. That is why it is important to take steps to manage your anxiety and how you react to the situation.

Here are a few things you can do to help yourself:

1. **Seek health information from trusted resources** like the U.S. Centers for Disease Control & Prevention (CDC), The World Health Organization and your State Departments of Health.
2. **Plan ahead to feel more in control.** Go food shopping and make contingency plans for work, childcare or travel if they become necessary.
3. **Take good care of yourself.** Wash your hands often, get plenty of rest and eat well. People infected by novel coronavirus tend to develop symptoms about five days after exposure, and almost always within two weeks.
4. **Put things into perspective.** Most people who contract COVID-19 recover. Of the 80,000 confirmed cases reported in China, "more than 70% have recovered and been discharged," according to the World Health Organization. Those at the greatest risk are seniors and people with existing health conditions. The virus is highly contagious and there is no known treatment yet, but public health officials are working to contain the spread of it.
5. **Stay informed, but don't overdo it.** The industry sometimes uses panic-inducing headlines. If you do consume media, do so thoughtfully and with a critical eye.

If you find that you are having difficulty managing stress, or if a household member is hypervigilant, obsessively reading about the crisis and worrying about the effects, remember you can call your program. You can speak with a clinical professional 24 hours a day, 7 days a week. All services are free and confidential.

Visit the member website for more information and to access Digital Cognitive Behavioral Therapy apps, including FearFighter® for anxiety, panic and phobia, and MoodCalmer® for depression.

Magellan Healthcare is here to provide you with compassionate and caring support and help you build your resilience so you can move forward with peace of mind.

Live updates: More than 108,000 coronavirus cases worldwide. (2020, March 9).

Retrieved from https://www.cnn.com/asia/live-news/coronavirus-outbreak-03-09-20-intl-hnk/index.html

Employee Assistance Program
1-800-327-5048

COOK COUNTY HEALTH

1-800-327-5048
MagellanAscend.com

Employee Assistance Program

CCH COVID 19 Internal Assistance

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

Mental Health

Resources

COOK COUNTY HEALTH

COOK COUNTY HEALTH

Staff Support Hotline

Phone Number: 312-864-5544

Hours: Monday-Friday 7am-6pm

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

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

Personnel Policy Related to COVID-19 Response

Additional Benefit Time

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

Revised COVID 19 Personnel Rule Addendum

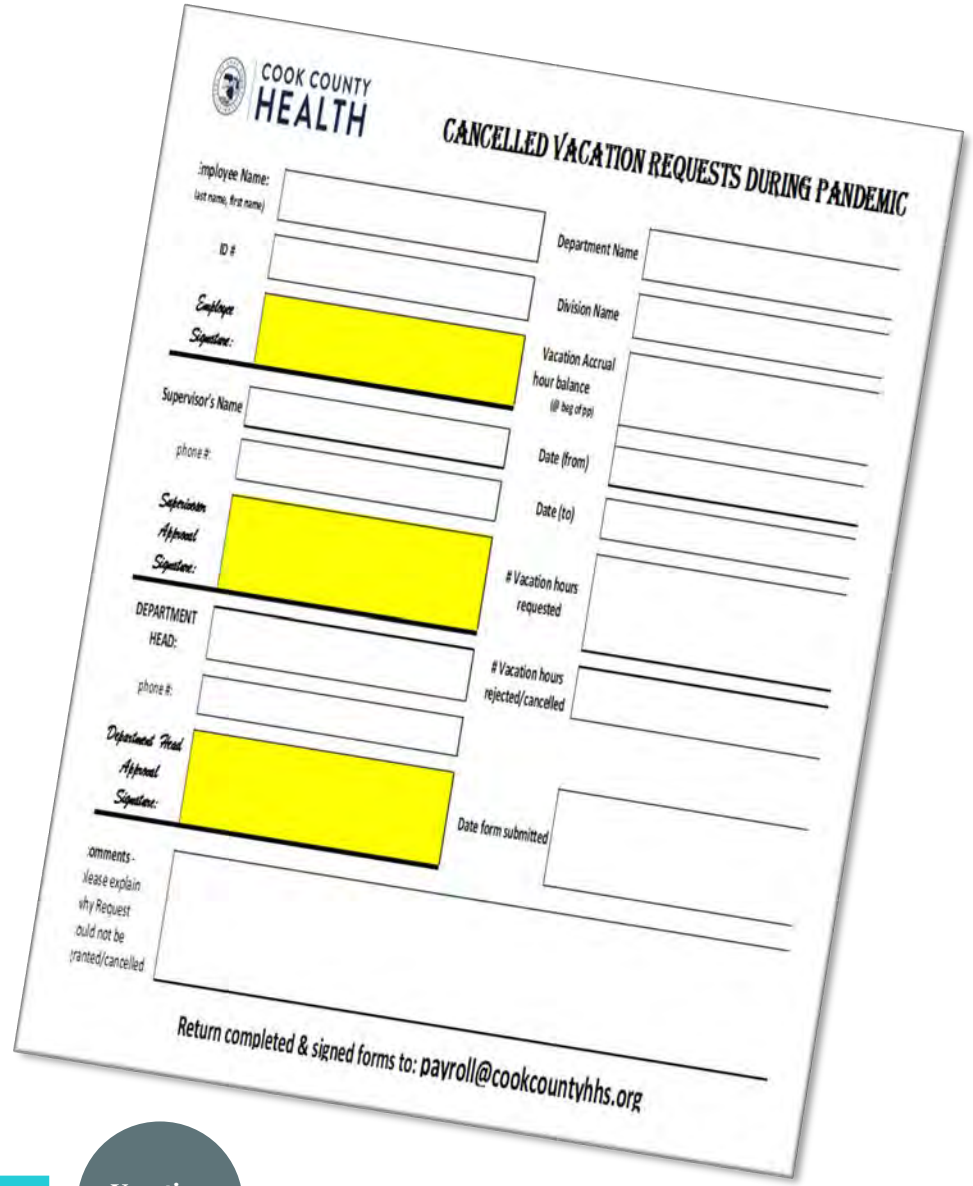
Paid Time Off - Vacation

- Based on operational need management has the discretion to:
  - Cancel previously approved vacation requests and,
  - Deny future vacation requests

- Employees who reach the **maximum** allowed number of accrued vacation hours and whose vacation requests are denied will be:
  - Paid wages at their regular rate of pay in lieu of vacation hours.

- Vacation Accruals:

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


COOK COUNTY HEALTH

CANCELLED VACATION REQUESTS DURING PANDEMIC

Employee Name: (last name, first name)

ID #

Department Name

Division Name

Employee Signature:

Vacation Accrual hour balance (@ beg of ppd)

Supervisor's Name

phone #:

Date (from)

Date (to)

Supervisor Approval Signature:

Vacation hours requested

DEPARTMENT HEAD:

phone #:

Vacation hours rejected/cancelled

Department Head Approval Signature:

Date form submitted

Comments - Please explain why Request could not be granted/cancelled

Return completed & signed forms to: payroll@cookcountyhhs.org

COOK COUNTY HEALTH

Employee Engagement

Benefits available to Healthcare workers

Cook County Government
www.cookcountyil.gov
Board of Commissioners

FOOD

CAR

FOX VALLEY BUICK • GMC ST. CHARLES

LODGING

Cook County Health Foundation

Metra

DIVVY

airbnb

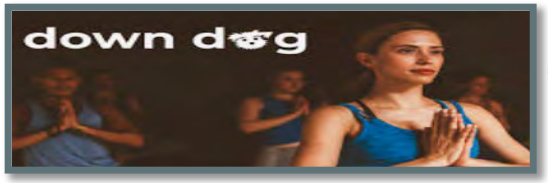
Hilton

Lou Malnati's PIZZERIA

Health Care Employee Discounts, Benefits and Donations

Care.com There for you

ULTA BEAUTY



EMOTIONAL SUPPORT

Sittercity

CHILD ELDER CARE

IDHS Illinois Child Care Assistance Program (CCAP)

This is not a comprehensive list

CCH "Croc Rock" Contest



Contest for Clinical Staff

- Approx. 1,700 pairs of Crocs donated to CCH
- Lead by Nurse Leaders - Lisa Adamczyk, DNP, RN & Beth Vaclavik DNP, RN

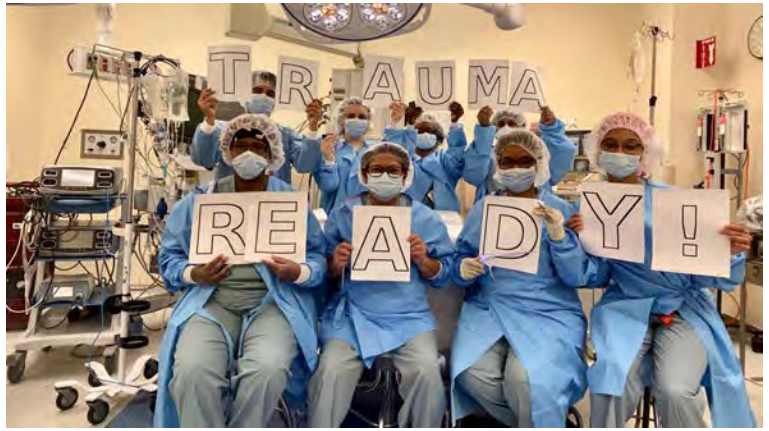
- Rules;
  - Complete the team sign. The team sign must be professional, positive and appropriate to receive shoes.
  - Take a photo or yourself or convene a group photo WITH the SIGN VISIBLE IN THE PHOTO
  - Send the team photo to: CCHClinicalStaffCroc@cookcountyhhs.org
  - Include in your email the names of everyone in the photo and their shoe size (complete and paste graph below into your submission email).

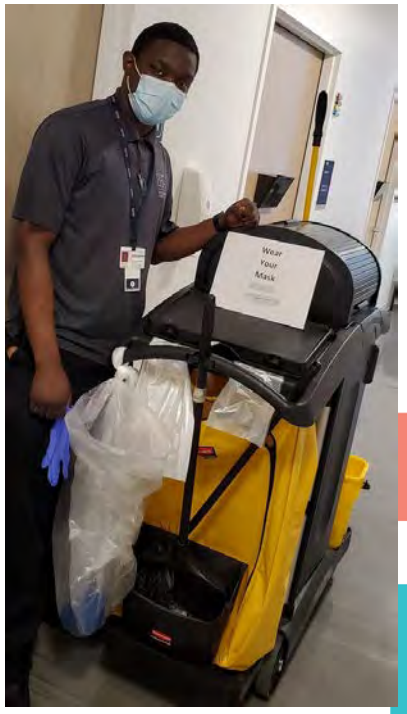
COOK COUNTY HEALTH

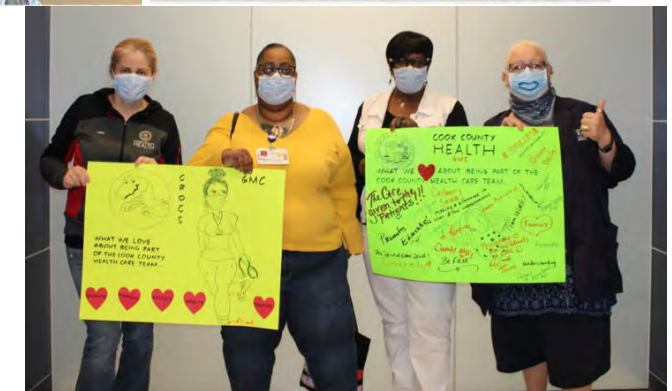
COOK COUNTY HEALTH

What I/We ♥ About Being Part of the Cook County Health Care Team ...

OUR ADVOCACY GOES ABOVE AND BEYOND HEALTHCARE.







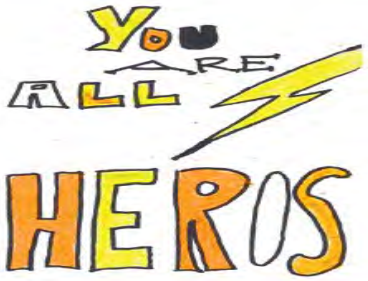
COOK COUNTY HEALTH

Employee Engagement

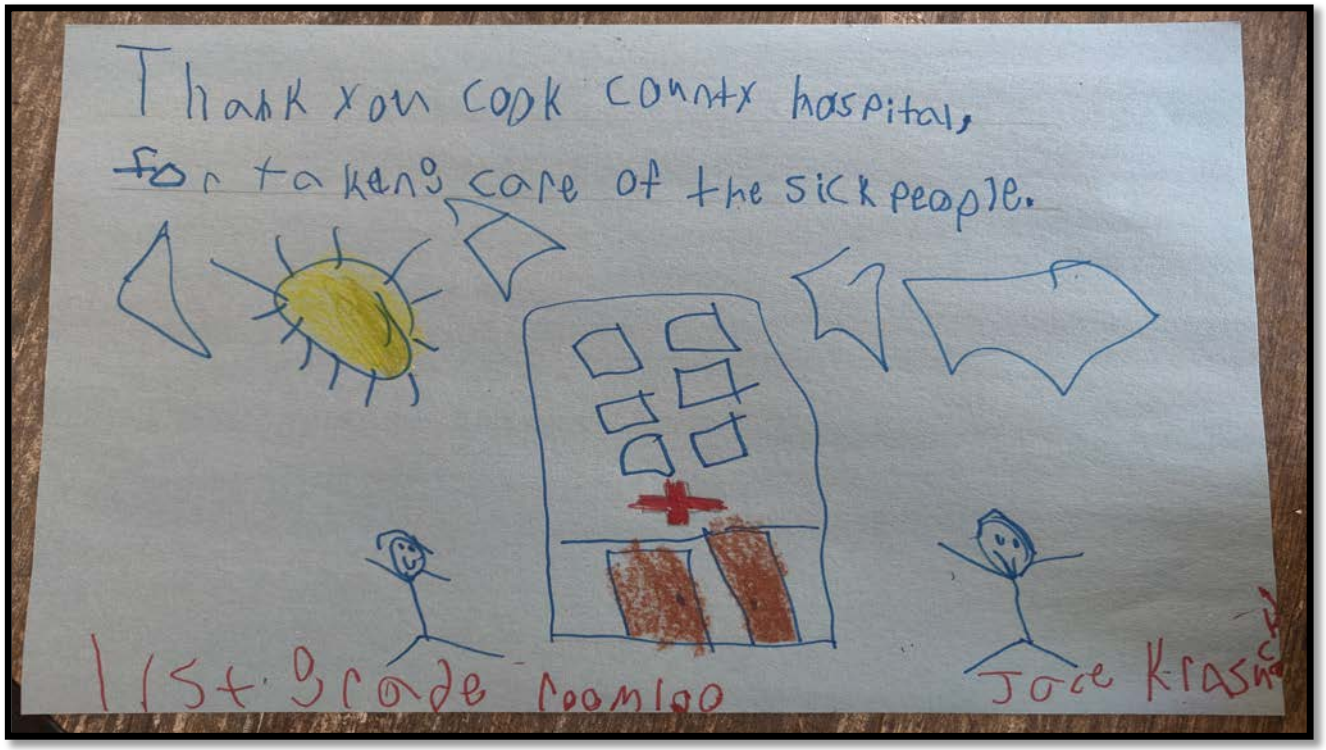
Healthcare Heroes!

COOK COUNTY HEALTH

Department of Human Resources
1950 West Polk Street
Chicago, IL 60612



Artwork created by a young fan of Cook County Health



We are proud to recognize each and every Health Care Hero working diligently to provide exceptional service at Cook County Health. Without your relentless dedication, we would not be able to achieve our mission to provide service with dignity and respect during this pandemic.

Please extend our appreciation to your family for their support and the sacrifices they make to support our Health Care Heroes.

We offer our sincere gratitude for all that you do and continue to do.

Thank you for being a Health Care Hero!

Debra S. Carey

Debra Carey, Interim CEO

COOK COUNTY HEALTH

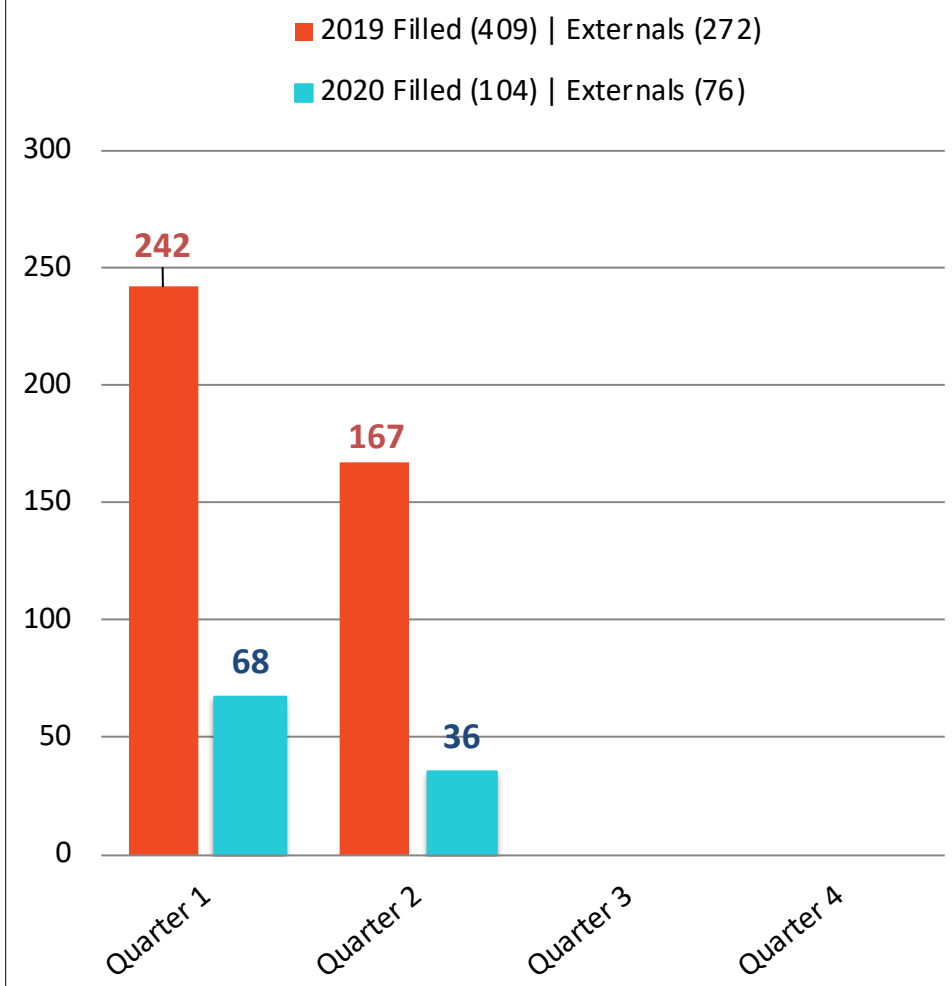
Metrics

COOK COUNTY HEALTH

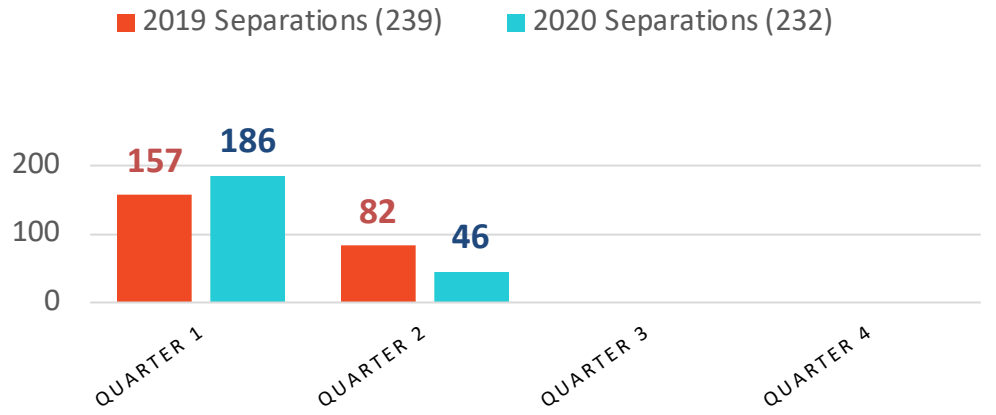
FY 2020 CCH HR Activity Report

Thru 04/30/2020

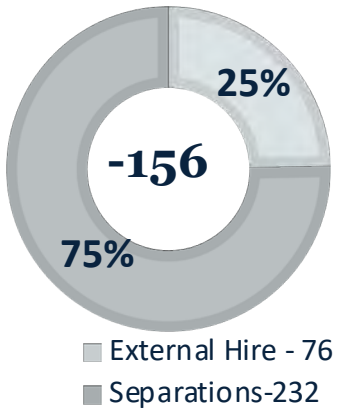
FILLED POSITIONS

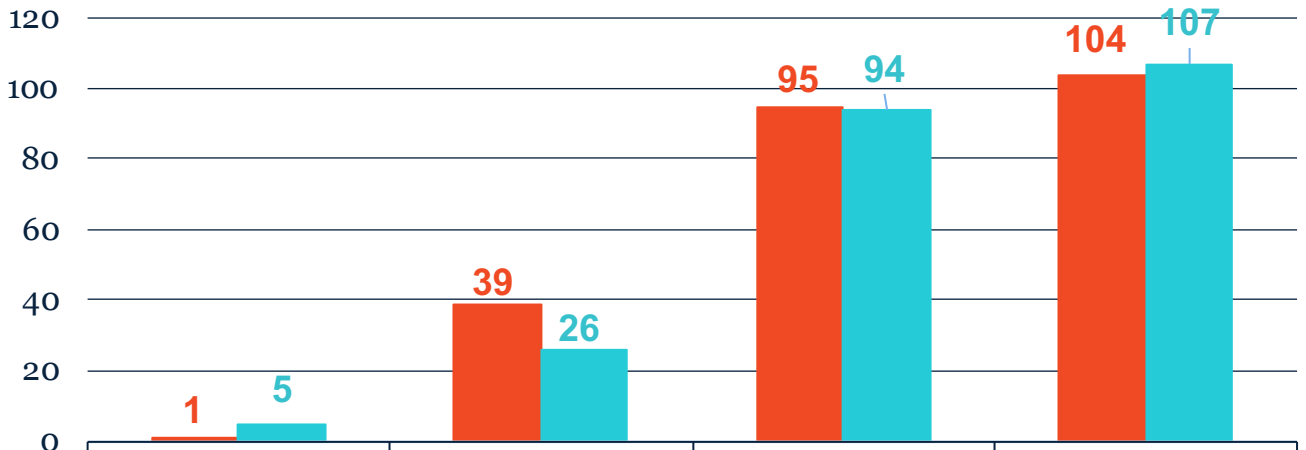


SEPARATIONS



NET





	Deceased	Discharged	Resignation	Retirement
FY19 (239)	1	39	95	104
FY20 (232)	5	26	94	107

COOK COUNTY HEALTH

Does not include Consultants, Registry and House Staff

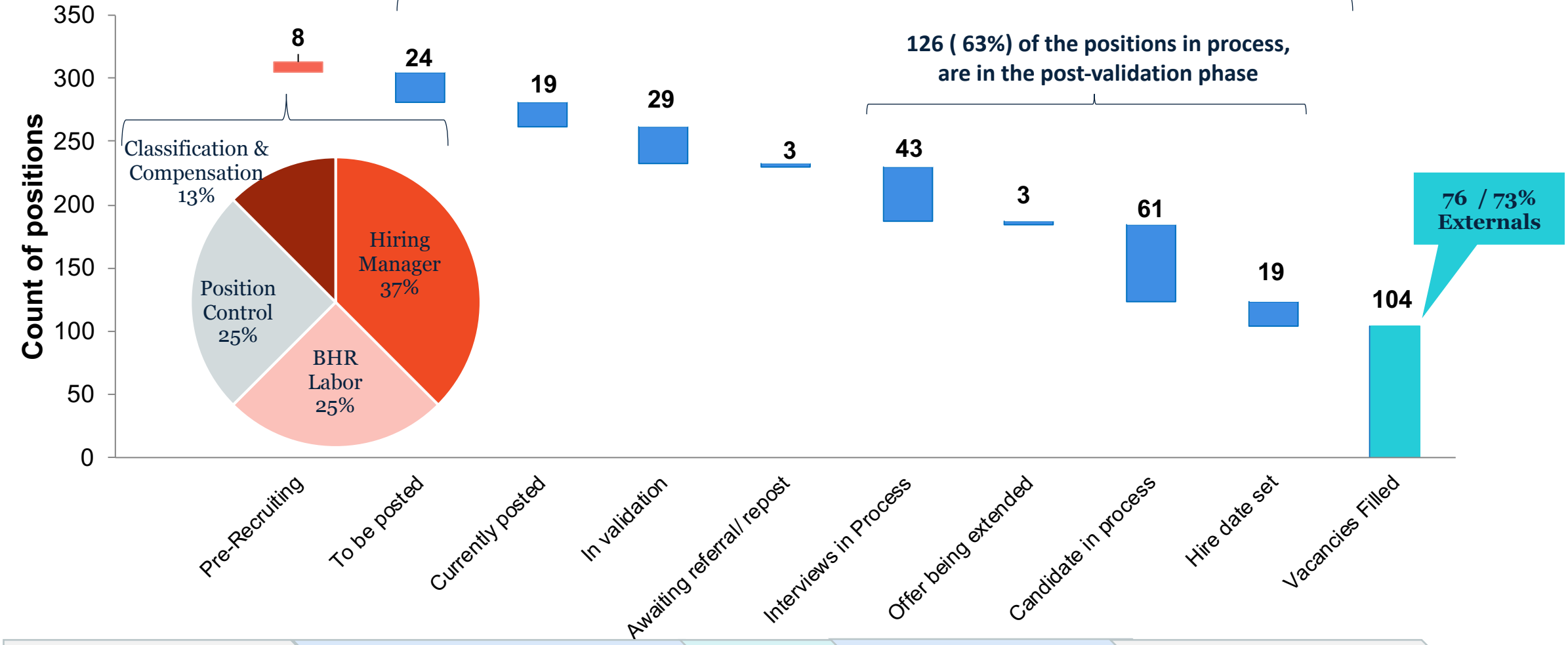
Cook County Health HR Activity Report – Hiring Snapshot

Thru 04/30/2020

Clinical Positions	137	68%
Non-Clinical Positions	64	32%

201 Positions in Recruitment

126 (63%) of the positions in process, are in the post-validation phase

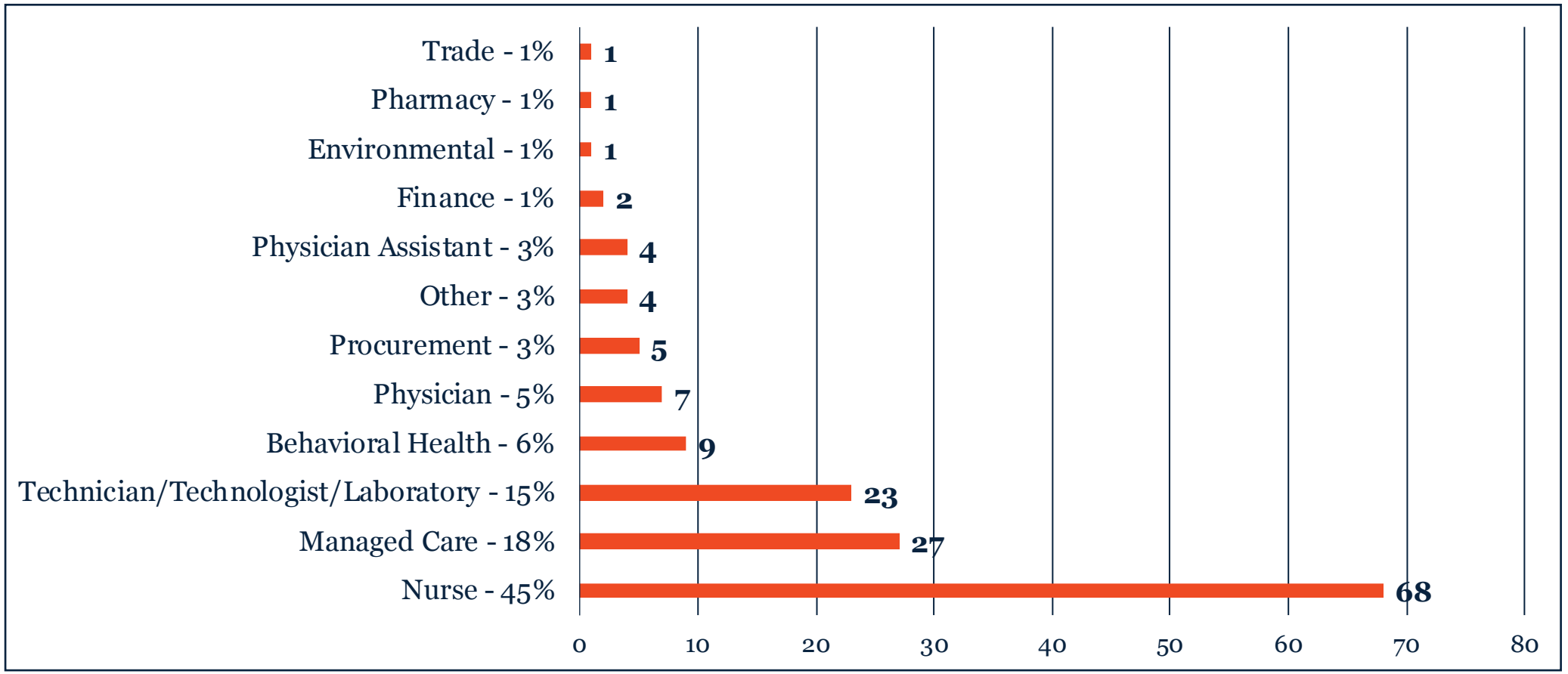


Shared Responsibility	Human Resources	Management	Finance / Human Resources	Shared Responsibility

COOK COUNTY HEALTH

Hiring Plan

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



Nursing Positions Note:

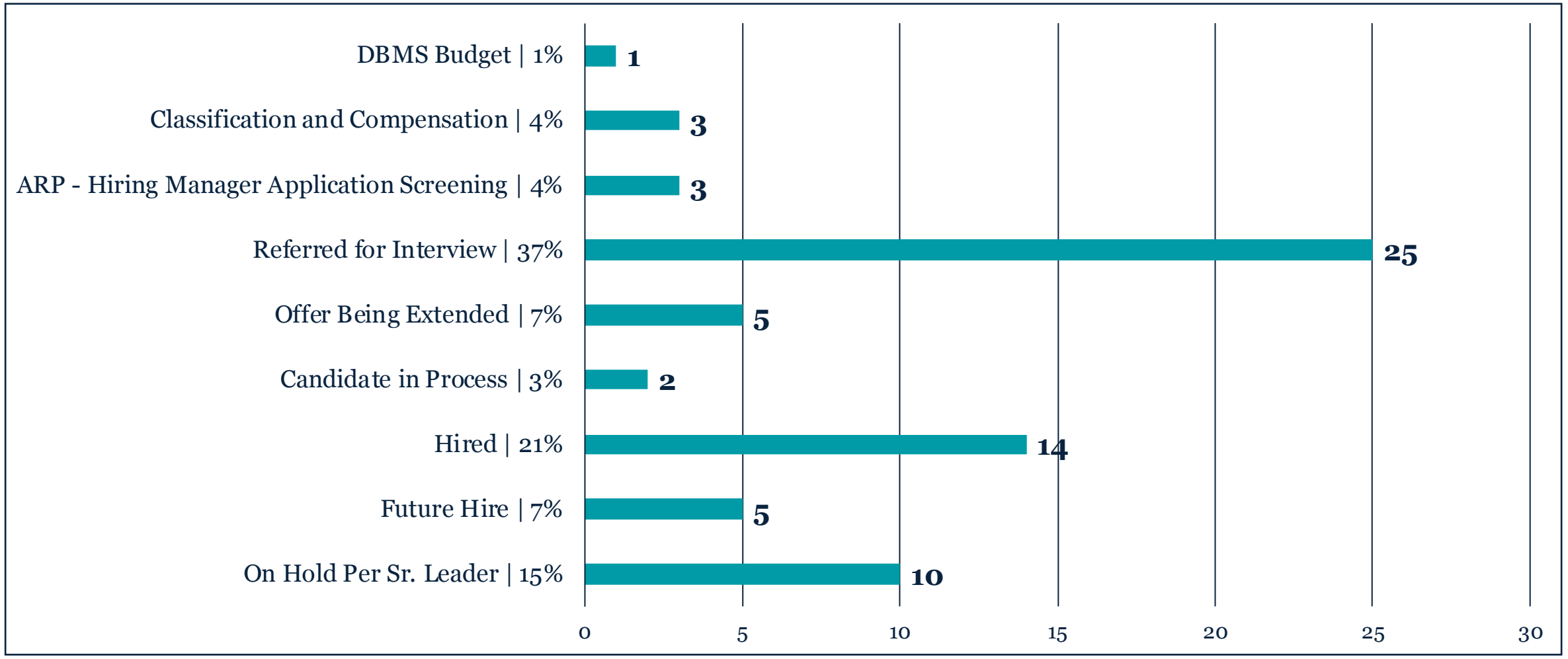
- **30 RTHs - Shift Bid/Lateral Transfers**
- **68 RTHs - In Recruitment Cycle**
- **3 RTHs - Filled**

101 RTHs Approved

COOK COUNTY HEALTH

Nursing Hiring Plan

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



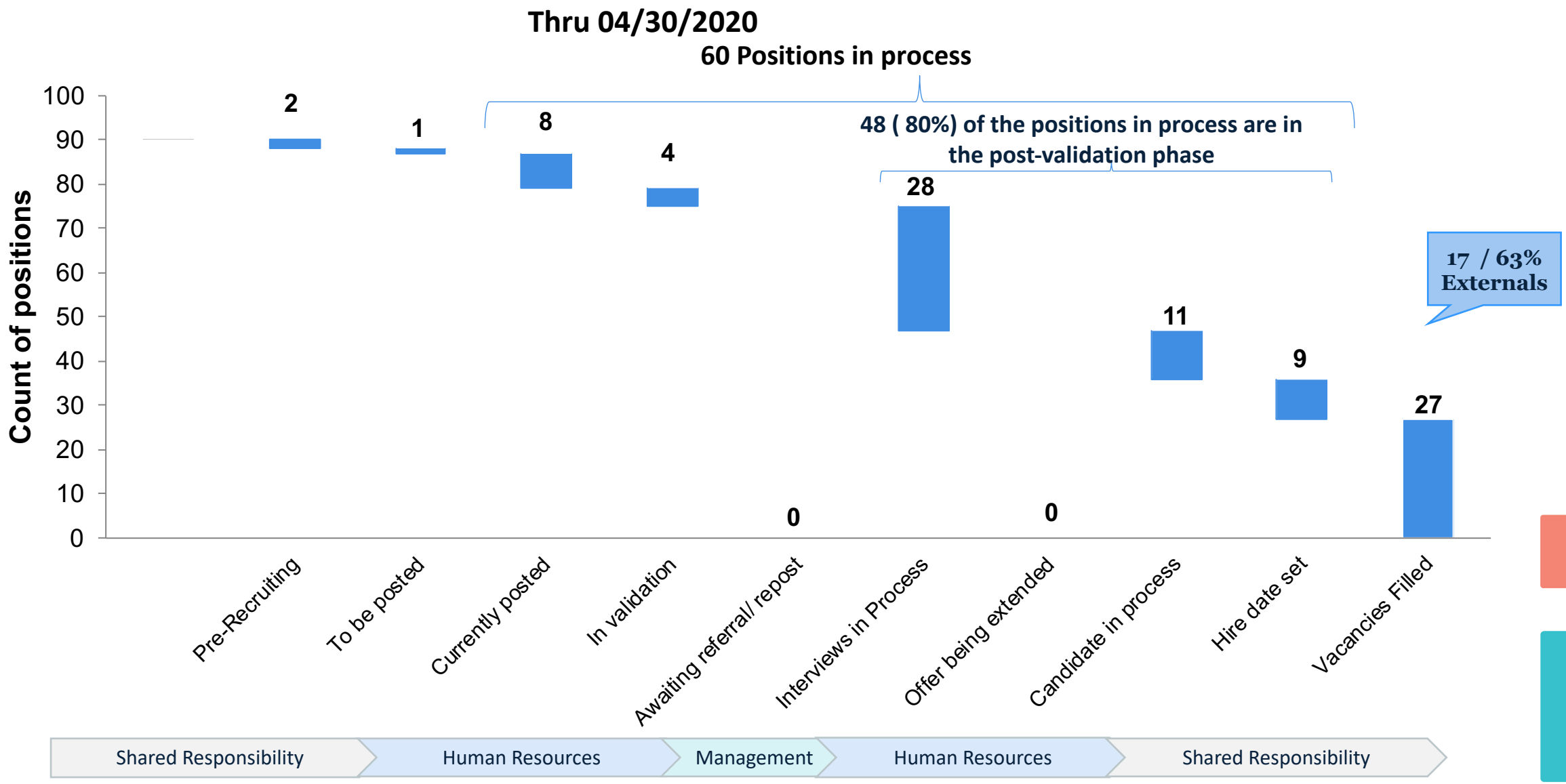
Thank you.

COOK COUNTY HEALTH

Appendix

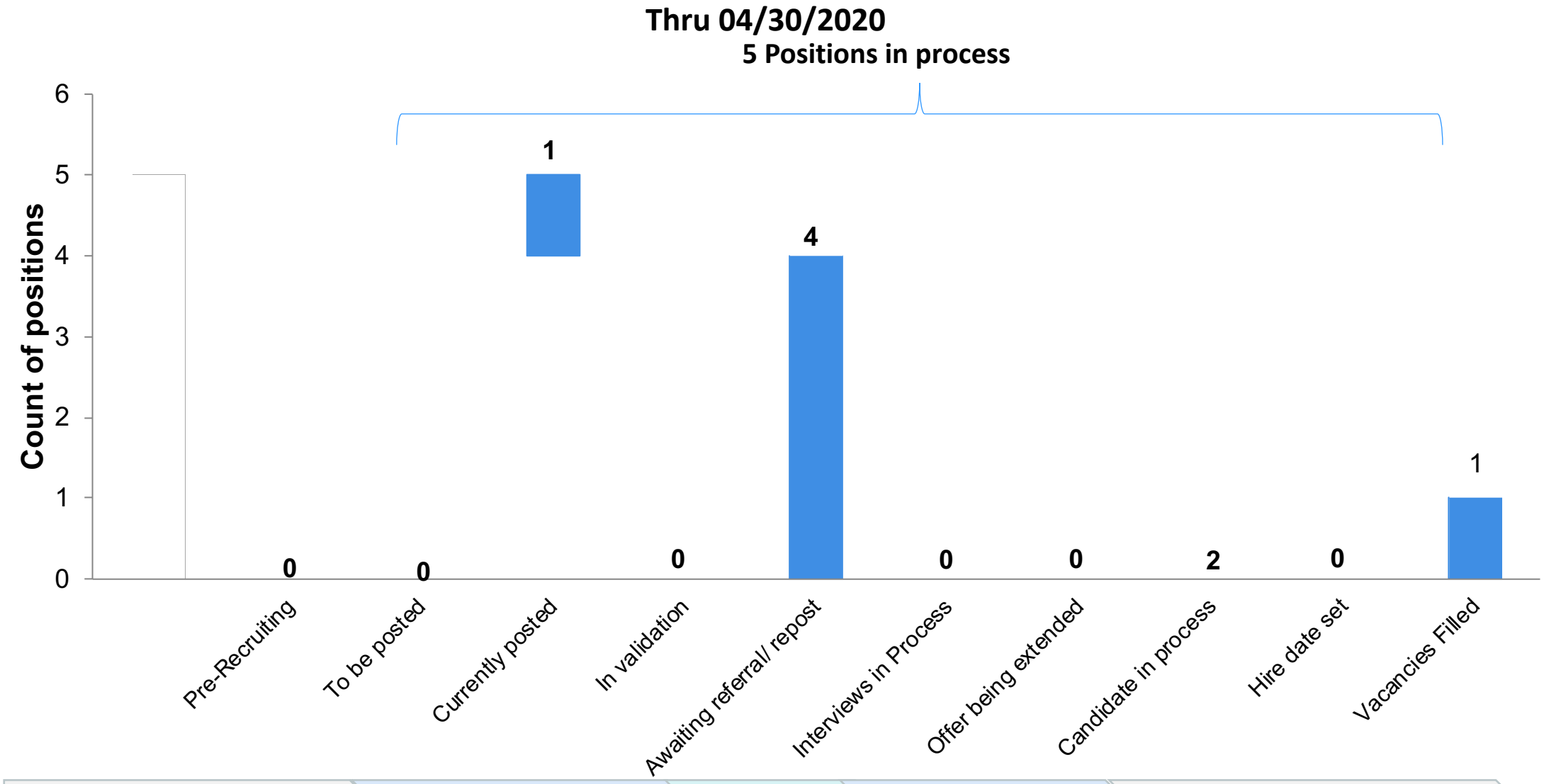
COOK COUNTY HEALTH

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



COOK COUNTY HEALTH

Cook County Health HR Activity Report – Revenue Cycle



Shared Responsibility | Human Resources | Management | Human Resources | Shared Responsibility

COOK COUNTY HEALTH

ATTACHMENT #3

CountyCare Update

Prepared for: CCH Board of Directors

James Kiamos

CEO, Health Plan Services

May 29, 2020

CountyCare HEALTH PLAN

Current Membership

Monthly membership as of May 5, 2020

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

ACA: Affordable Care Act
FHP: Family Health Plan
ICP: Integrated Care Program
MLTSS: Managed Long-Term Service and Support (Dual Eligible)
SNC: Special Needs Children

Source: CCH Health Plan Services Analytics

CountyCare HEALTH PLAN

Managed Medicaid Market

Illinois Department of Healthcare and Family Services April 2020 Data

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

* Only Operating in Cook County

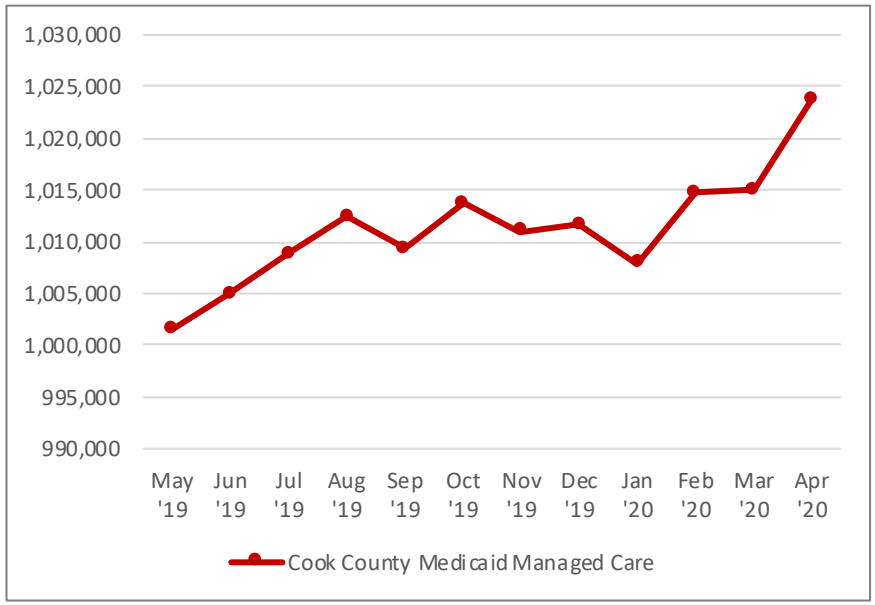
Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)
CVS/Aeta purchasing IlliniCare legacy Medicaid

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx

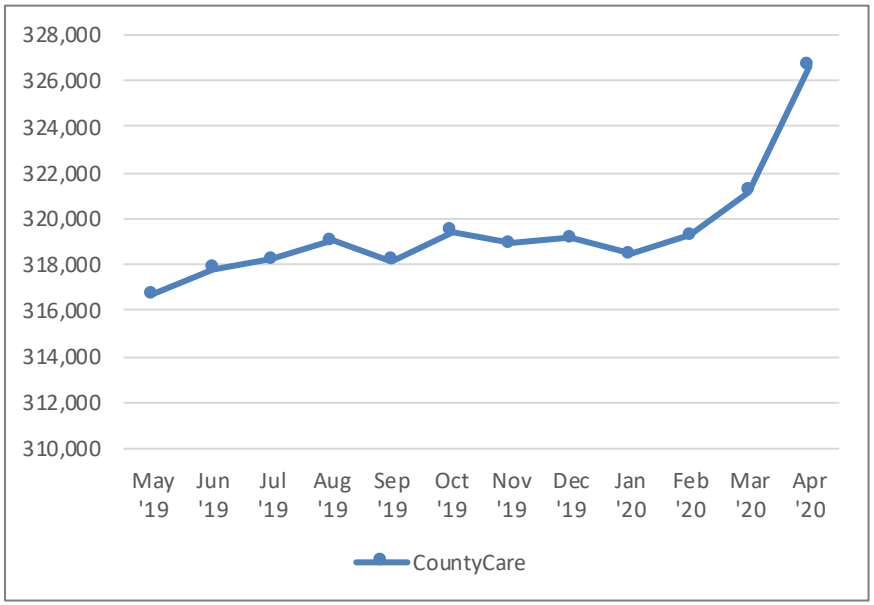
CountyCare HEALTH PLAN

IL Medicaid Managed Care Trend in Cook County
(charts not to scale)

Cook County Medicaid Managed Care



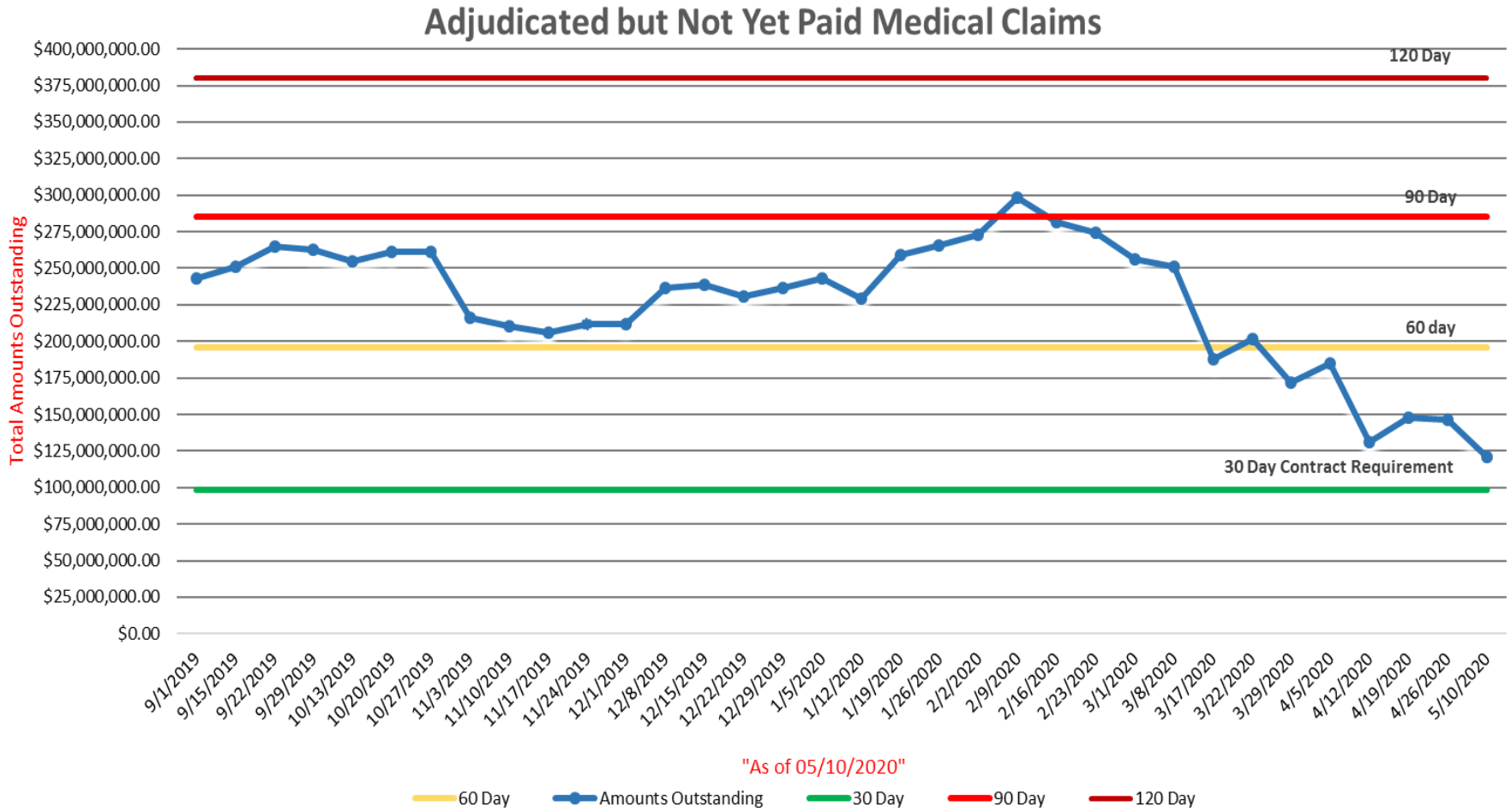
CountyCare



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

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx

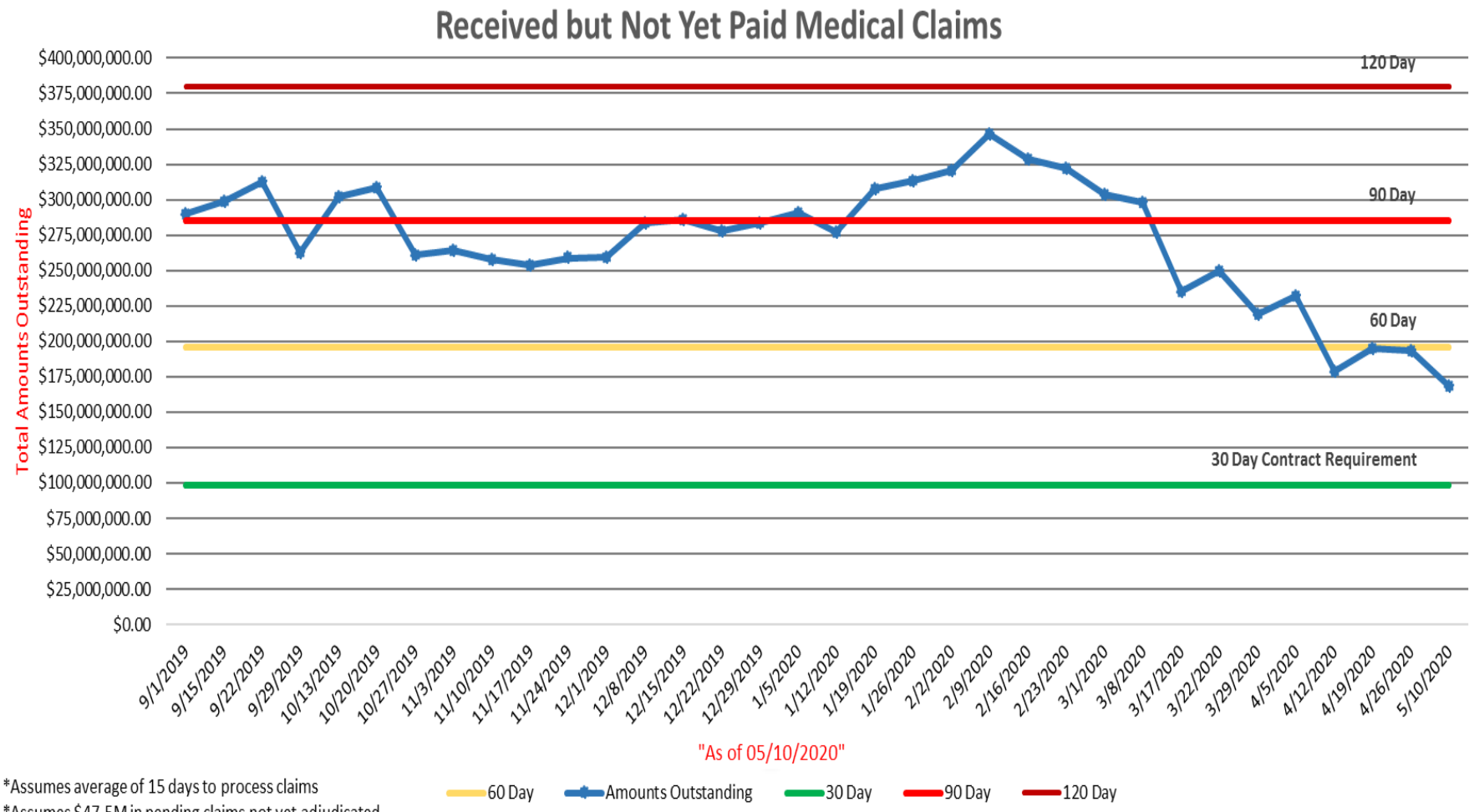
Claims Payment



*Medical claims only-does not include pharmacy, dental, vision or transportation claims

Source: CCH Health Plan Services Analytics

Claims Payment



*Assumes average of 15 days to process claims
*Assumes $47.5M in pending claims not yet adjudicated
*Medical claims only- does not include pharmacy, dental, vision or transportation claims

Source: CCH Health Plan Services Analytics

ATTACHMENT #4

QPS Quality Dashboard

May 22, 2020

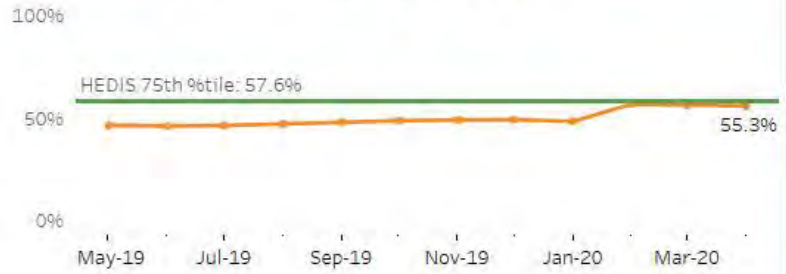
COOK COUNTY
HEALTH

COOK COUNTY HEALTH Quality Dashboard

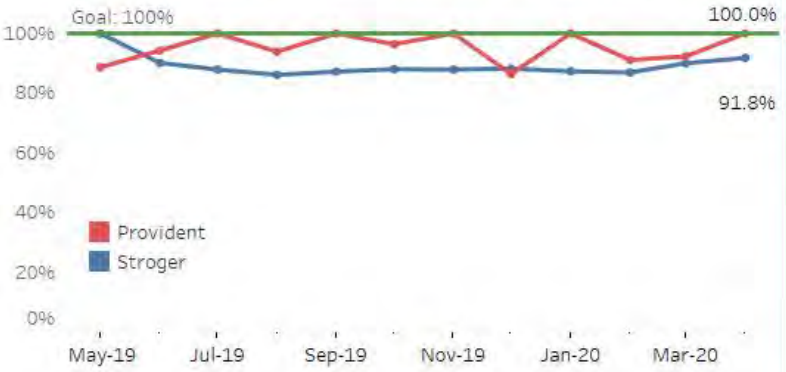
May 22, 2020

Health Outcomes

HEDIS - Diabetes Management: HbA1c < 8%



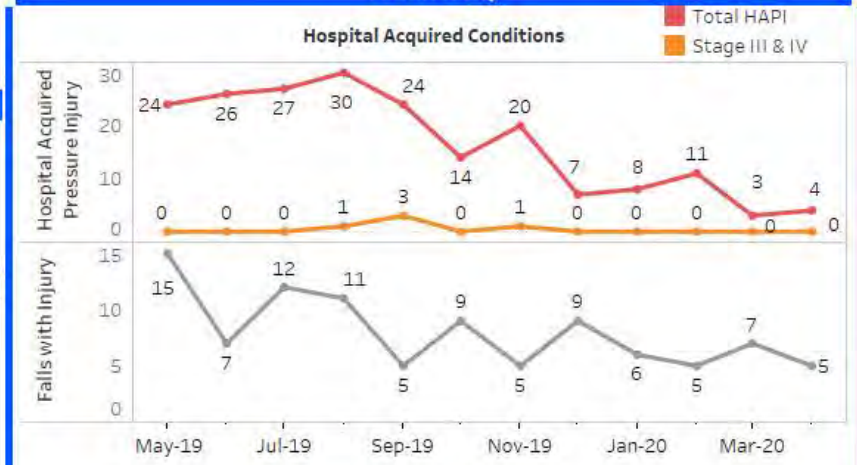
Core Measure - Venous Thromboembolism (VTE) Prevention



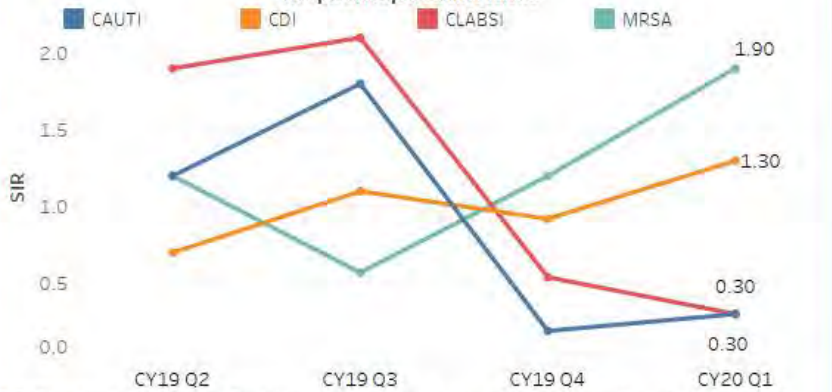
30 Day Readmission Rate

Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

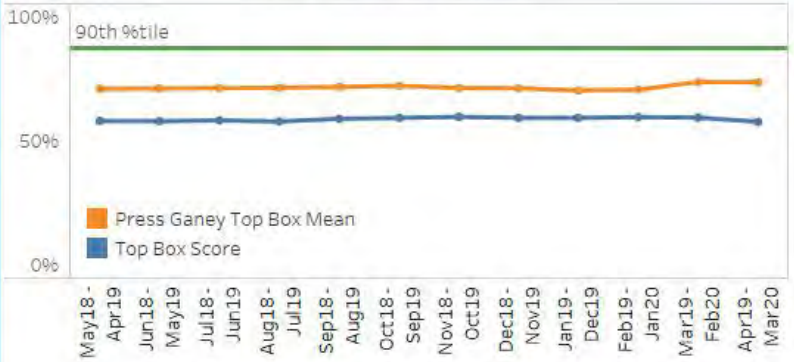


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs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

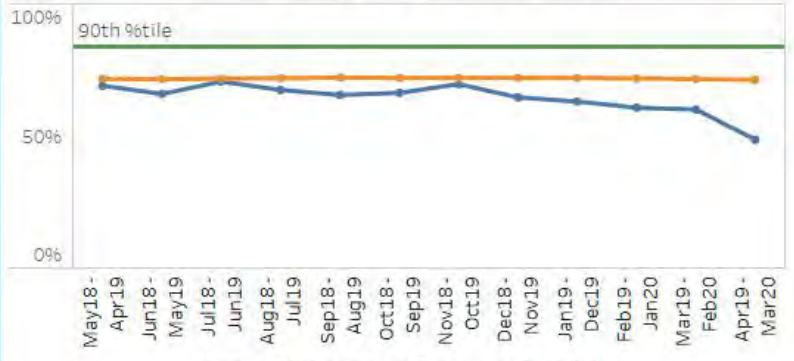
	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
CAUTI	1	2	5	6	2	3	0	1	0	0	0	2
CDI	5	4	4	9	5	7	7	5	3	5	10	6
CLABSI	2	2	3	2	4	1	1	1	0	0	1	0
MRSA	0	0	2	0	0	1	1	0	1	2	0	1

Utilization

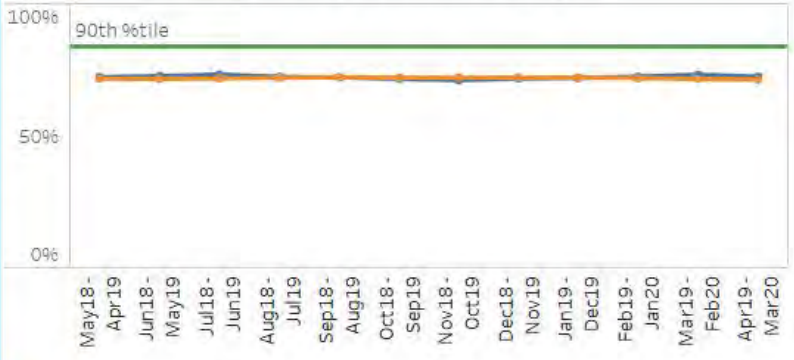
ACHN--Overall Clinic Assessment



Provident--Willingness to Recommend Hospital

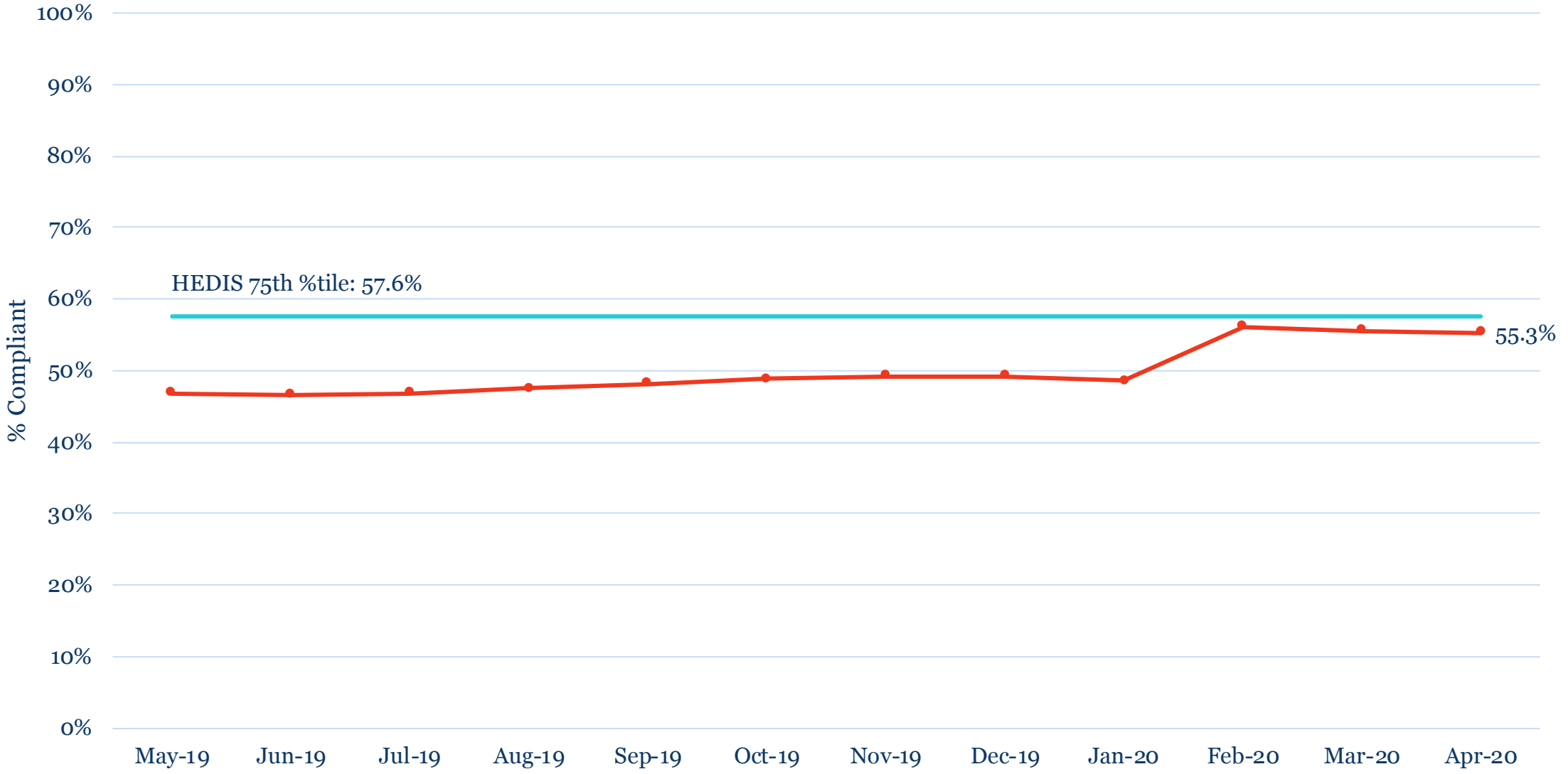


Stroger--Willingness to Recommend Hospital



COOK COUNTY HEALTH

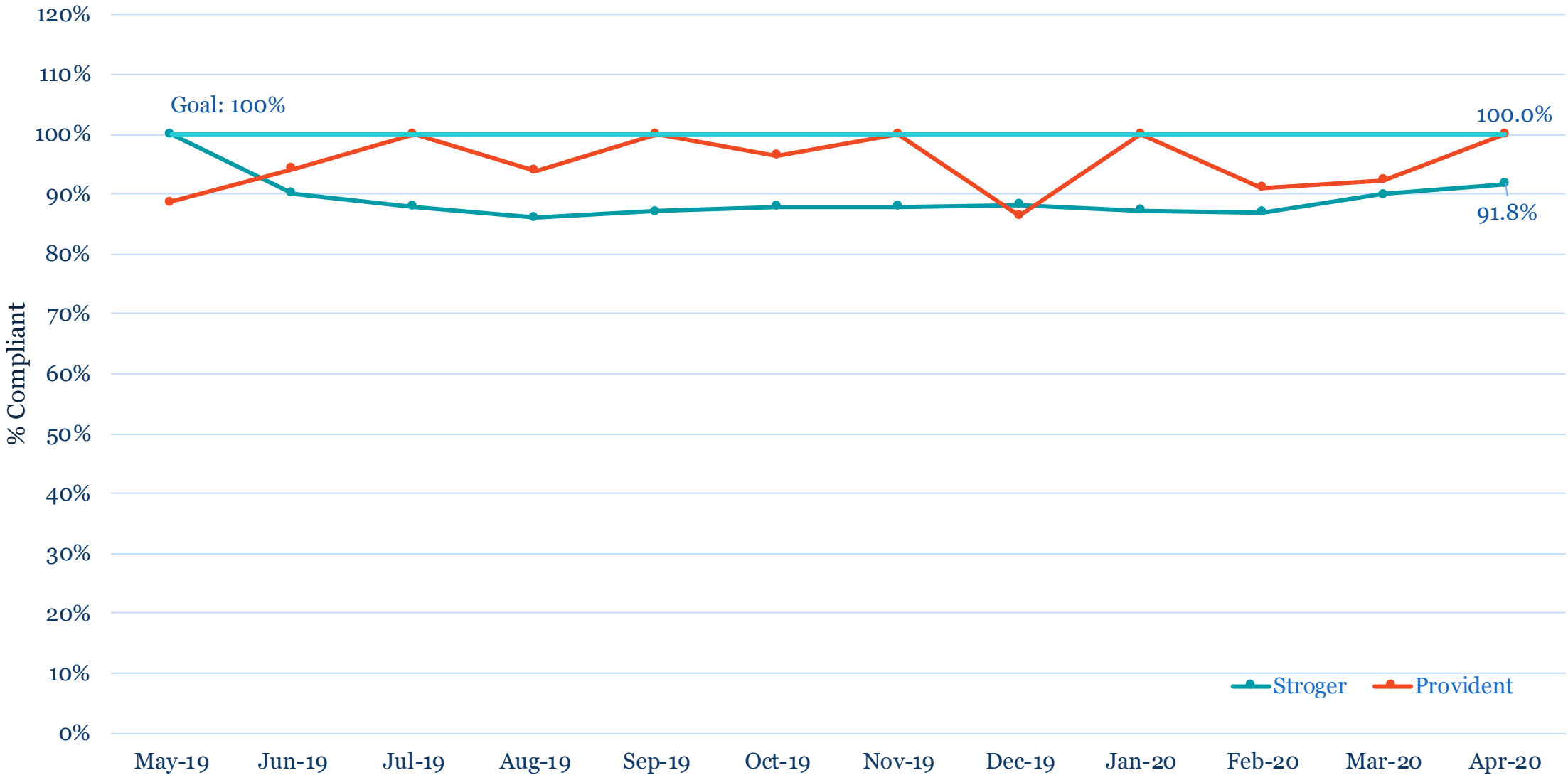
HEDIS – Diabetes Management: HbA1c < 8%



Source: Business Intelligence

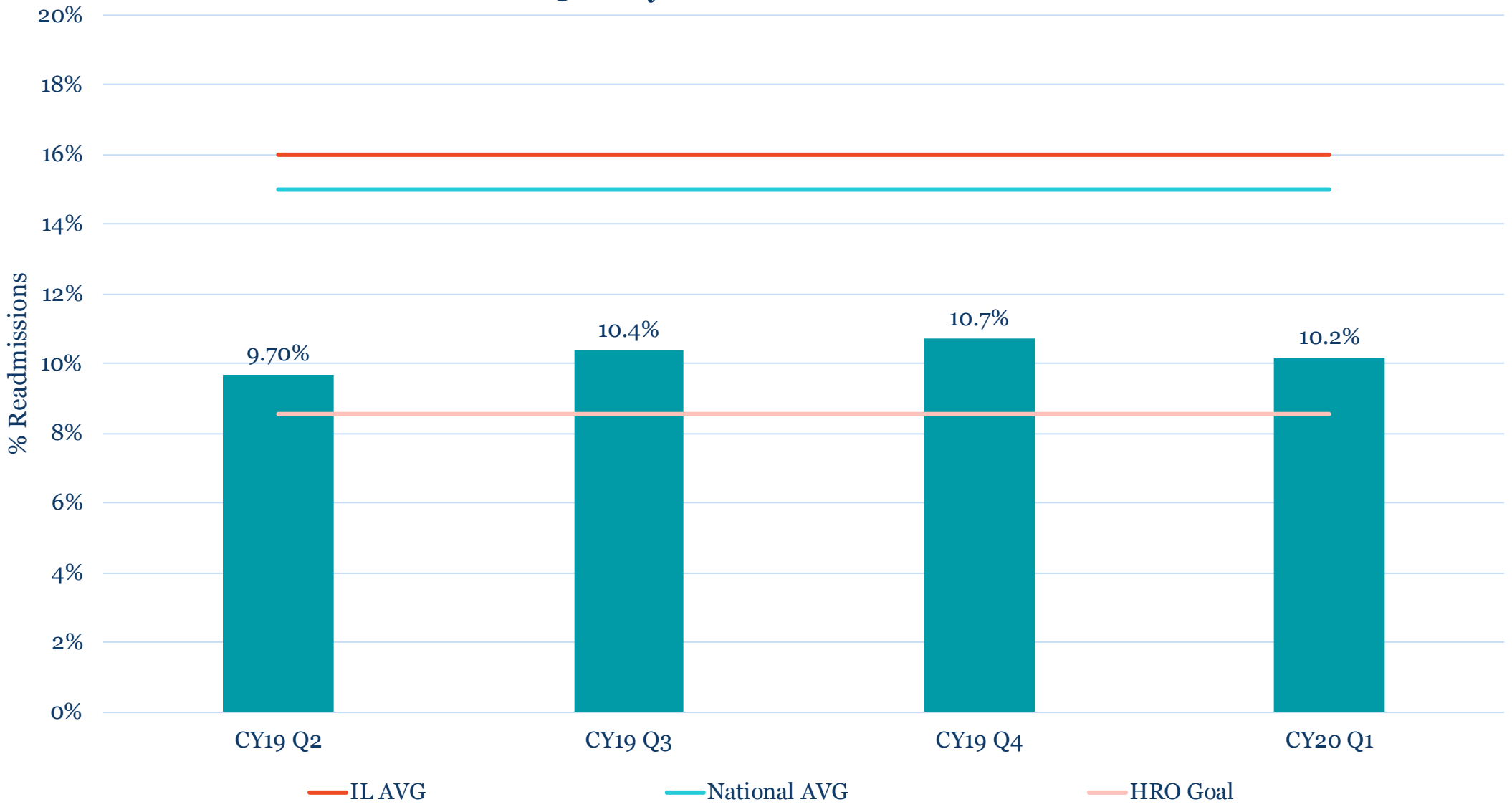
COOK COUNTY HEALTH

Core Measure – Venous Thromboembolism (VTE) Prevention



Source: Quality Dept.

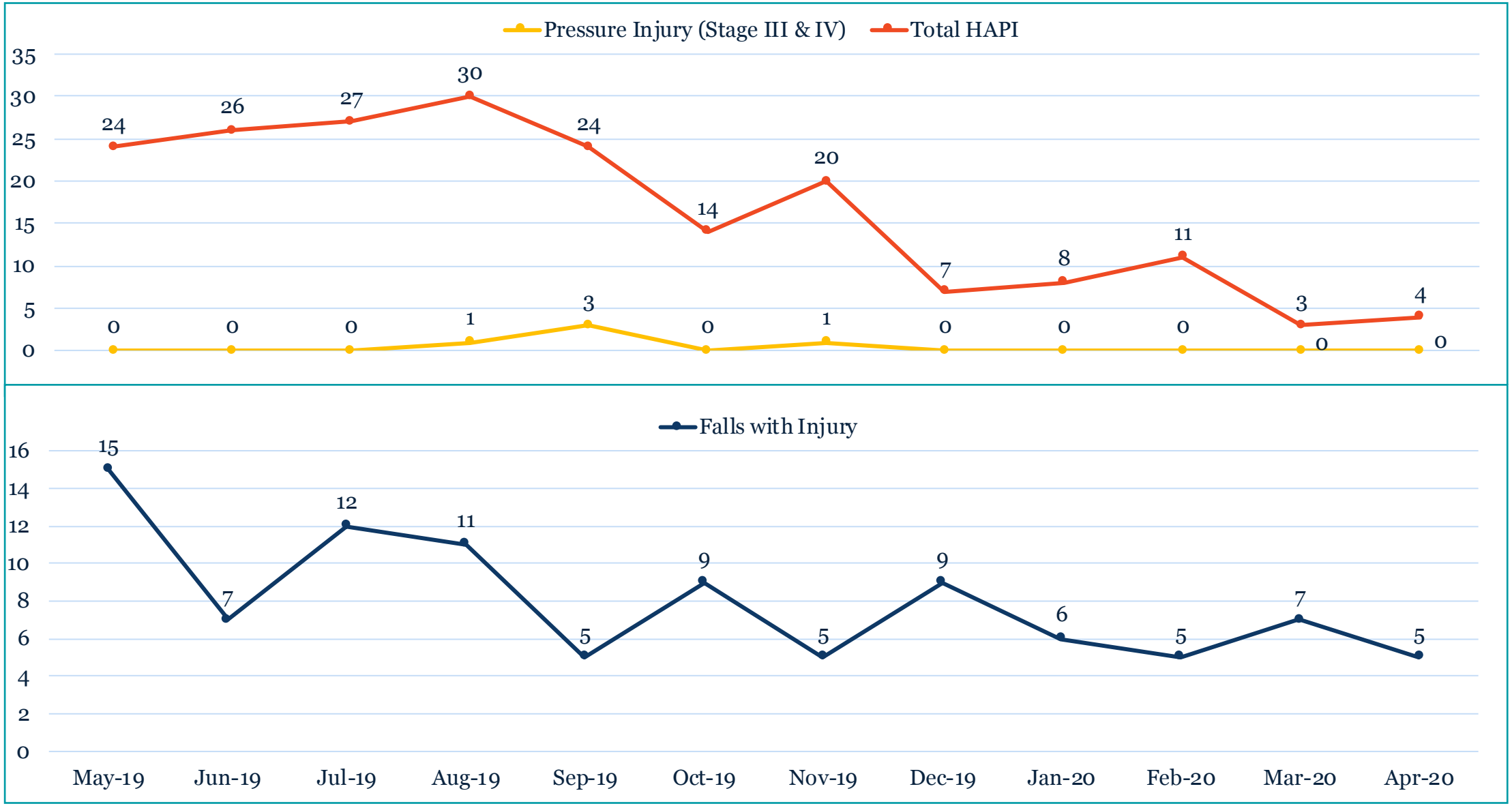
30 Day Readmission Rate



Source: Business Intelligence

COOK COUNTY HEALTH

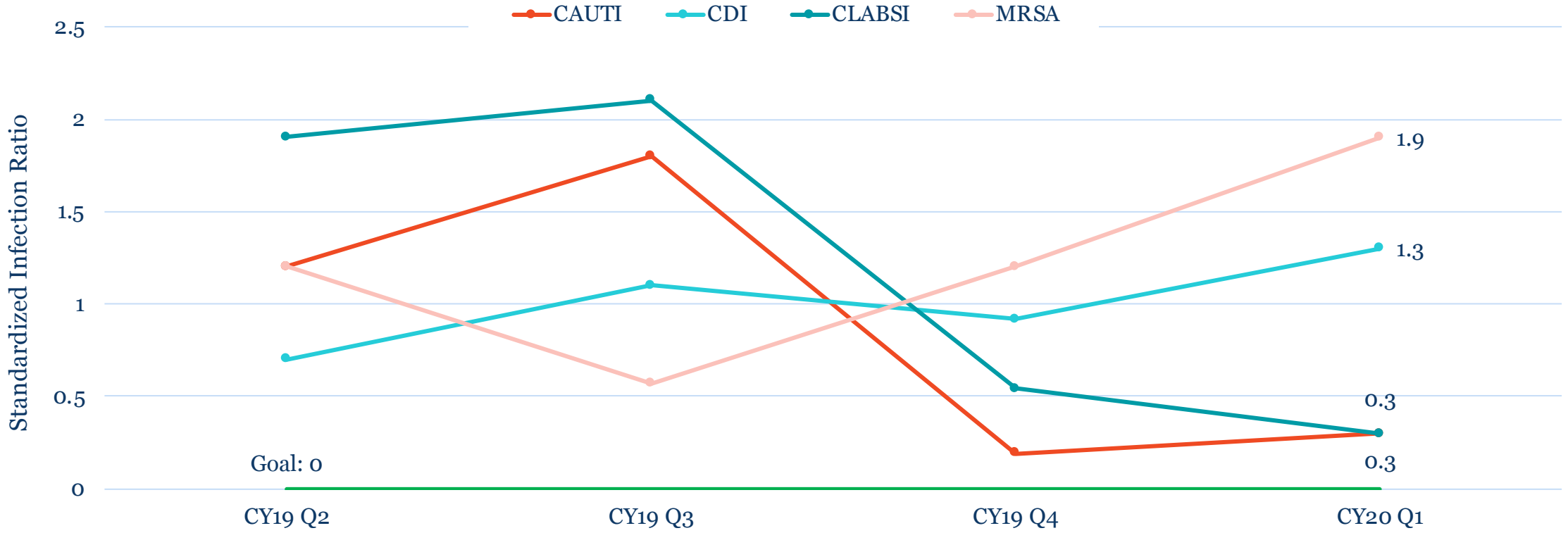
Hospital Acquired Conditions



COOK COUNTY HEALTH

Source: Business Intelligence

Hospital Acquired Infections



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

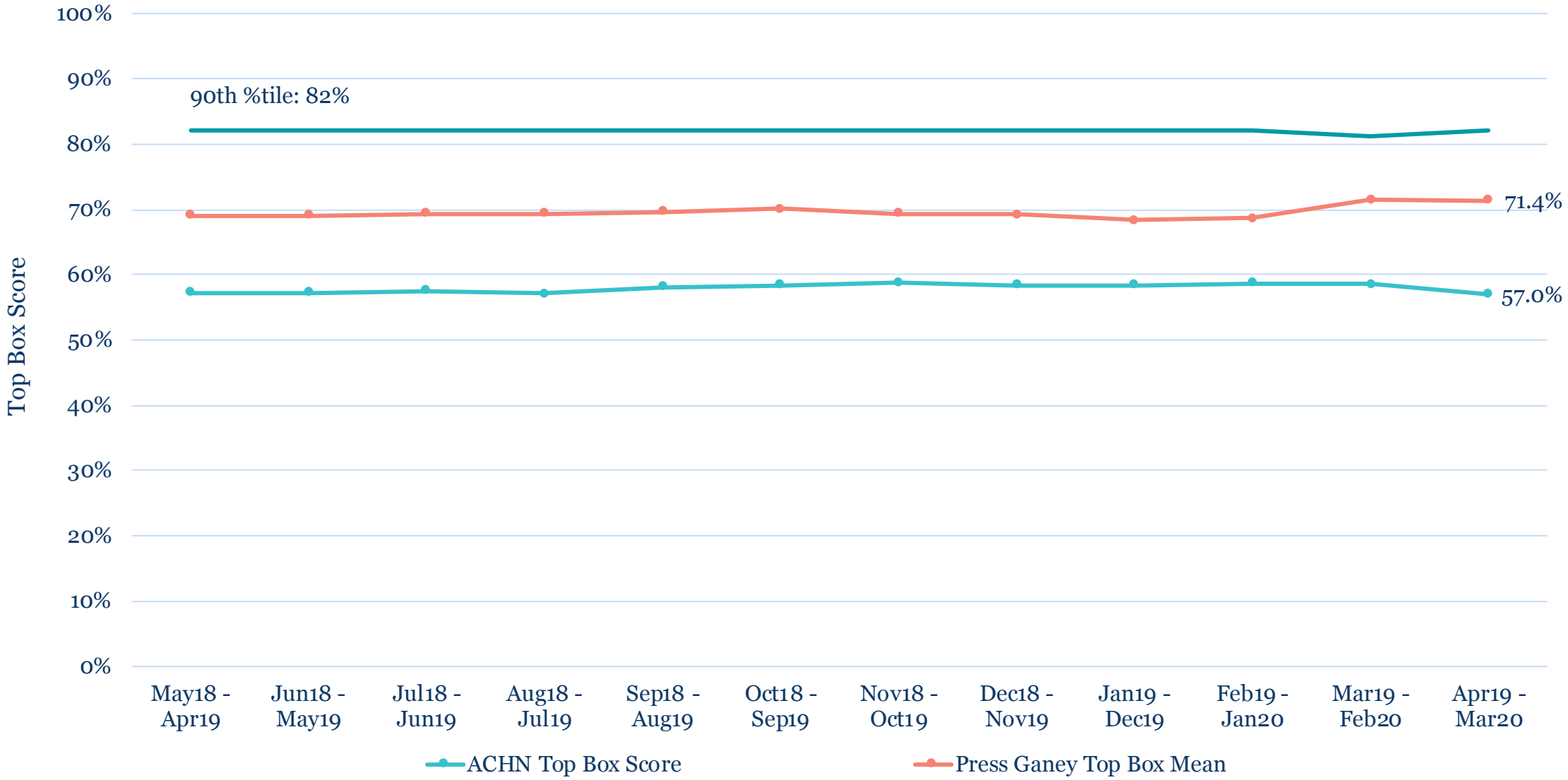
*Amended

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.

COOK COUNTY HEALTH

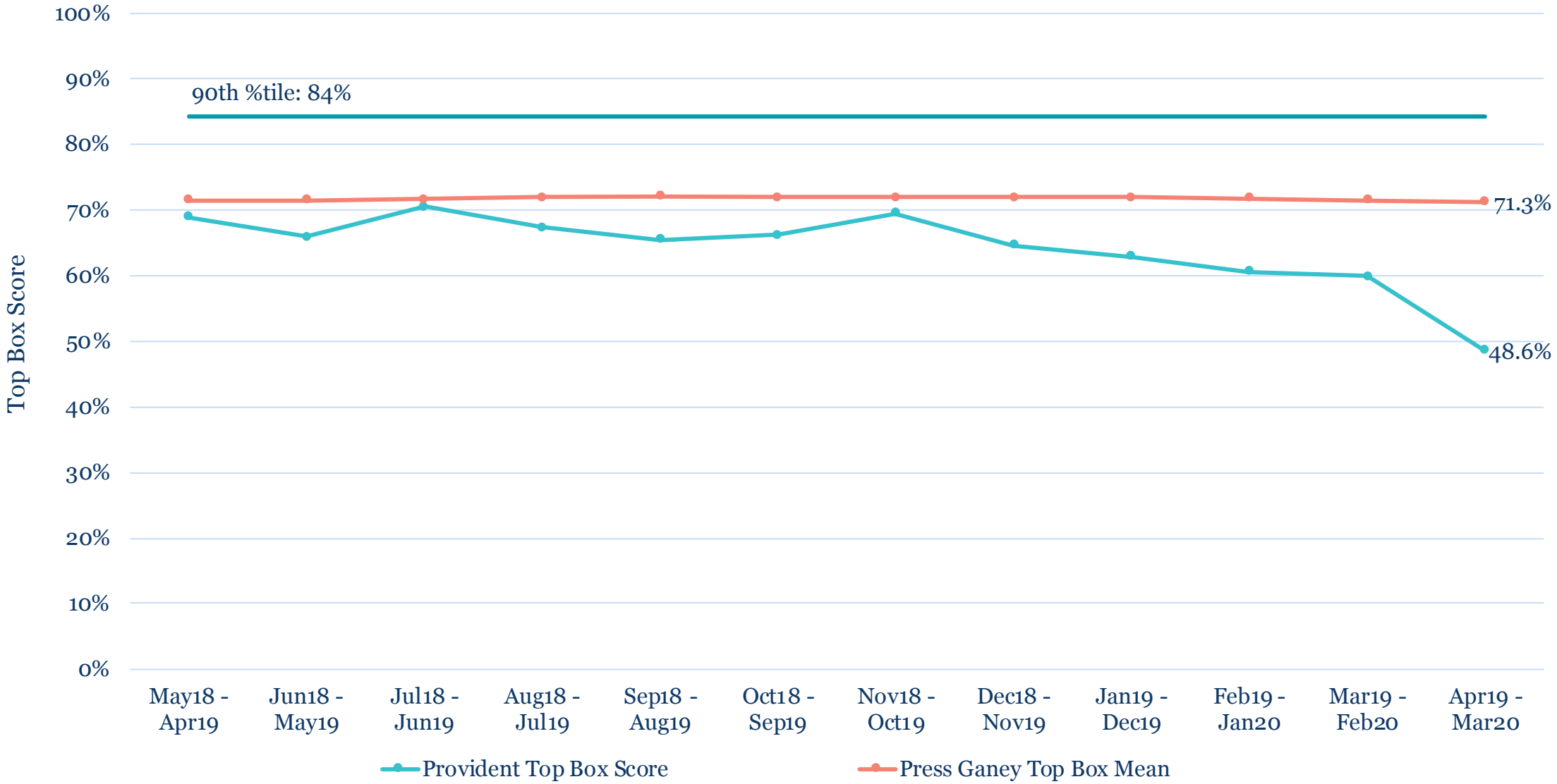
ACHN – Overall Clinic Assessment



Source: Press Ganey

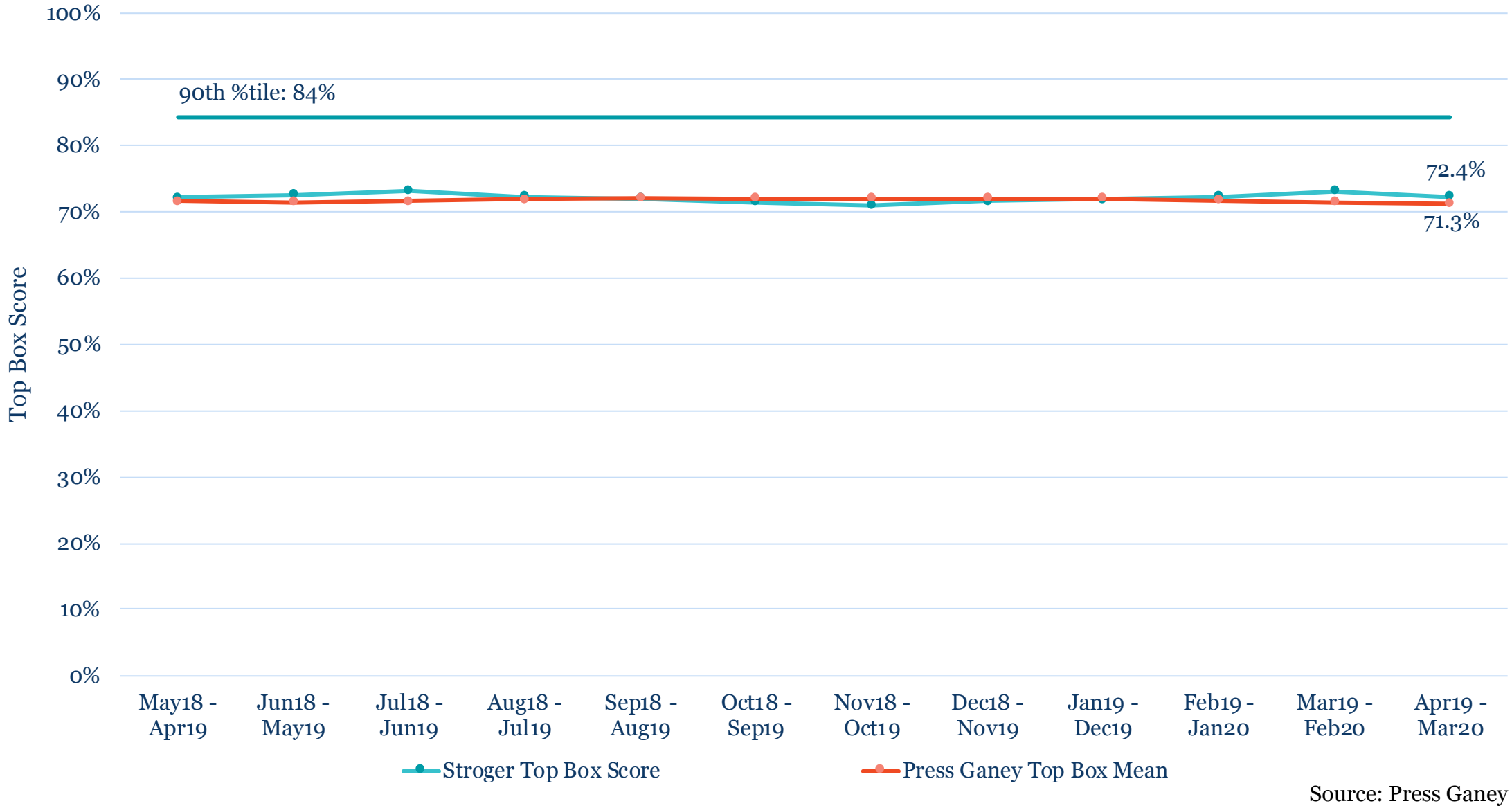
COOK COUNTY HEALTH

Provident – Willingness to Recommend the Hospital



Source: Press Ganey

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

ATTACHMENT #5

CCH Financial Update through March 31, 2020

Andrea Gibson

Interim Chief Business Officer

May, 2020

COOK COUNTY HEALTH

Executive Summary

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

FY20 System Accrual Basis Income Statement
For the Four Months Ended March 31, 2020

COOK COUNTY HEALTH

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

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

Notes:

(1) GME presented separately from Net Patient Revenue as the State of Illinois has carved GME from Medicaid Patient Service Revenue. GME and Net Patient Service Revenue should be combined for the purpose of comparison to budget.

(2) DSH will be above budget in FY20 as CCH was awarded $24.8M of supplemental DSH

(3) CCH CountyCare revenue included in capitation revenue but is eliminated for purposes of consolidation.

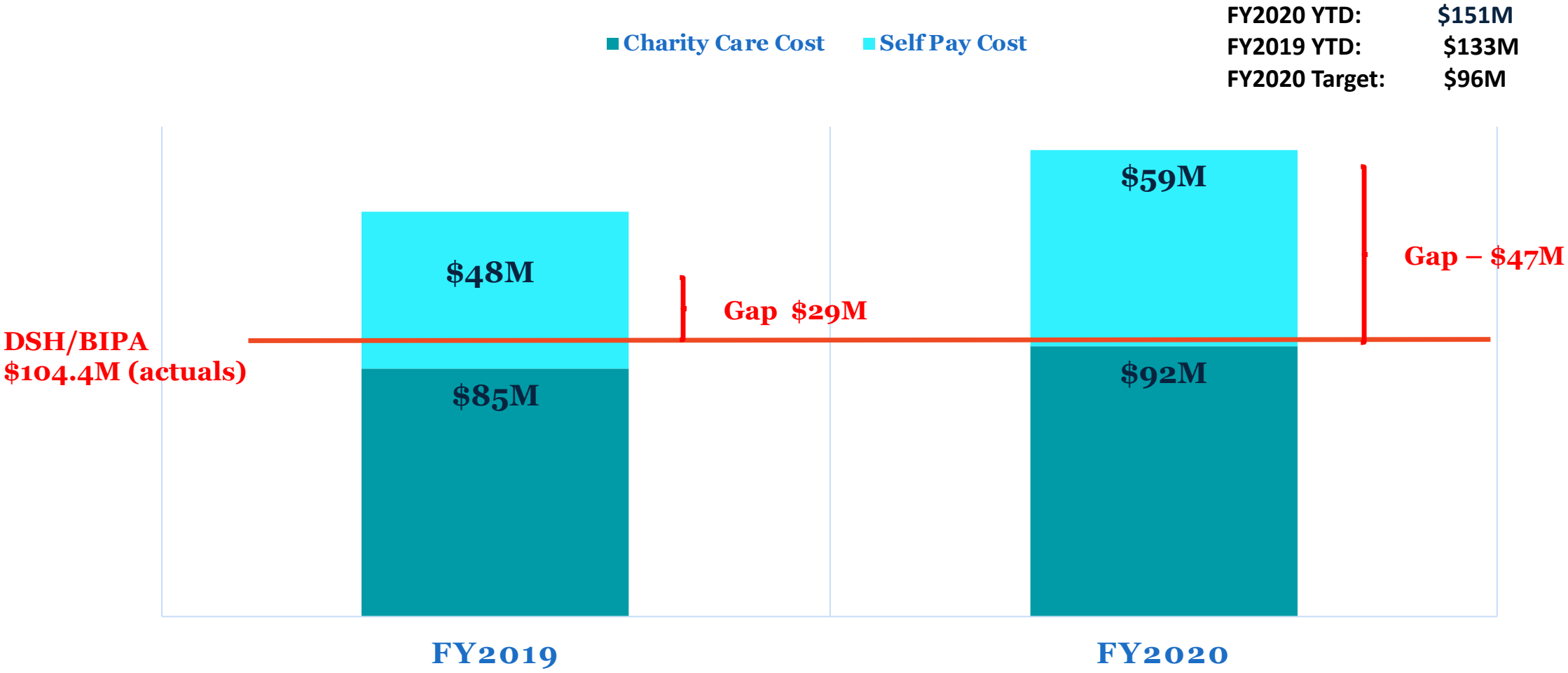
System Accrual Basis Income Statement (Unaudited)
For the Four Months Ended March 31, 2020 (in thousands)

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

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

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

FYTD 2020 - Charity Care & Self Pay Cost vs. DSH/BIPA funding as of end Mar.-2020



Source: Unaudited Financials Charge Reports , FY2020 Cook County /CCH Budget Book
DSH: Disproportionate Share Hospital Payments-**$156.7M/Year**
BIPA: Benefits Improvement and Protection Act Payments-**$132.3M/Year**

COOK COUNTY HEALTH

FY 20 - Revenue Cycle Metrics

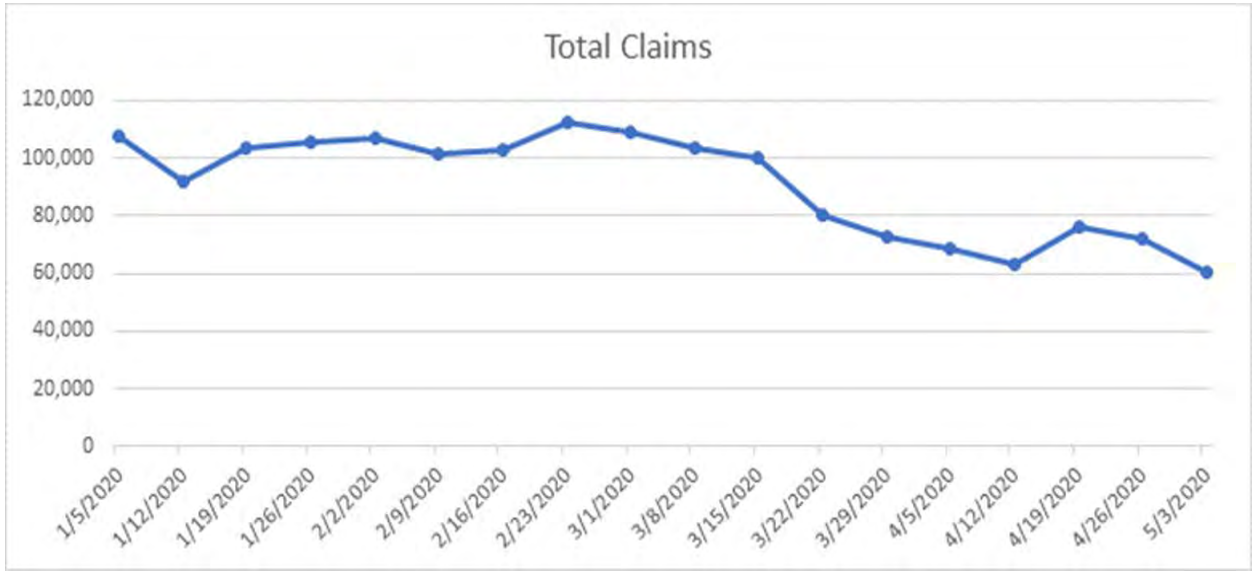
Metric	Average FYTD 2019	Average FYTD 2020	Mar-20	CCH Benchmark / Targets	Industry Targets *
Average Days in Accounts Receivable *(lower is better)*	100	90	92	60-65	40
Discharged Not Finally Billed Days *(lower is better)*	11	9	9	5	7
Claims Initial Denials Percentage *(lower is better)*	22%	20%	21%	10%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

Definitions:
Average Days in Accounts Receivable: Total accounts receivable over average daily revenue
Discharged Not Finally Billed Days: Total charges of discharge not finally billed over average daily revenue
Claims Initial Denials Percentage: Percentage of claims denied initially compared to total claims submitted.
*Source HFMA Key Hospital Statistics and Ratio Margins from Cerner

COVID 19 Potential Impact on Patient Fees

- Since March 15, 2020, gross revenues (charges) have declined by 40%; charges related to uninsured patients have declined by 50%.

- CountyCare has experienced a 35% decline in claims.



COVID 19 Potential Impact

Revenue and Expense COVID 19 Impact Projected through June

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

COOK COUNTY HEALTH

*These estimates are based on the best information available as of mid-May, 2020 and are subject to change

COVID 19 Potential Impact

Financial Assistance Received in April/May*:

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

COOK COUNTY HEALTH

*Not reflected in the March Financial Statements.

COVID 19 Potential Impact

Financial Assistance In Progress

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

*Estimates are based on the best information available as of mid-May, 2020 and are subject to change

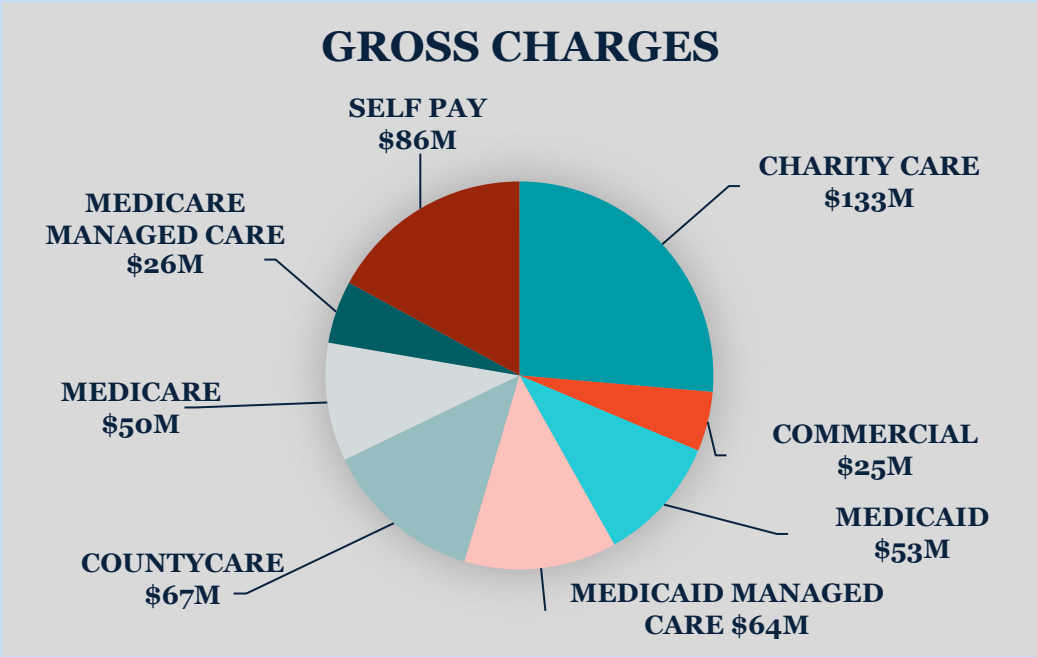
Appendix

COOK COUNTY HEALTH

CountyCare Accrual Basis Income Statement (unaudited) For the Four Months Ended March 31, 2020 (in thousands)

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

Stroger Operations Overview For the Four Months Ended March 30, 2020

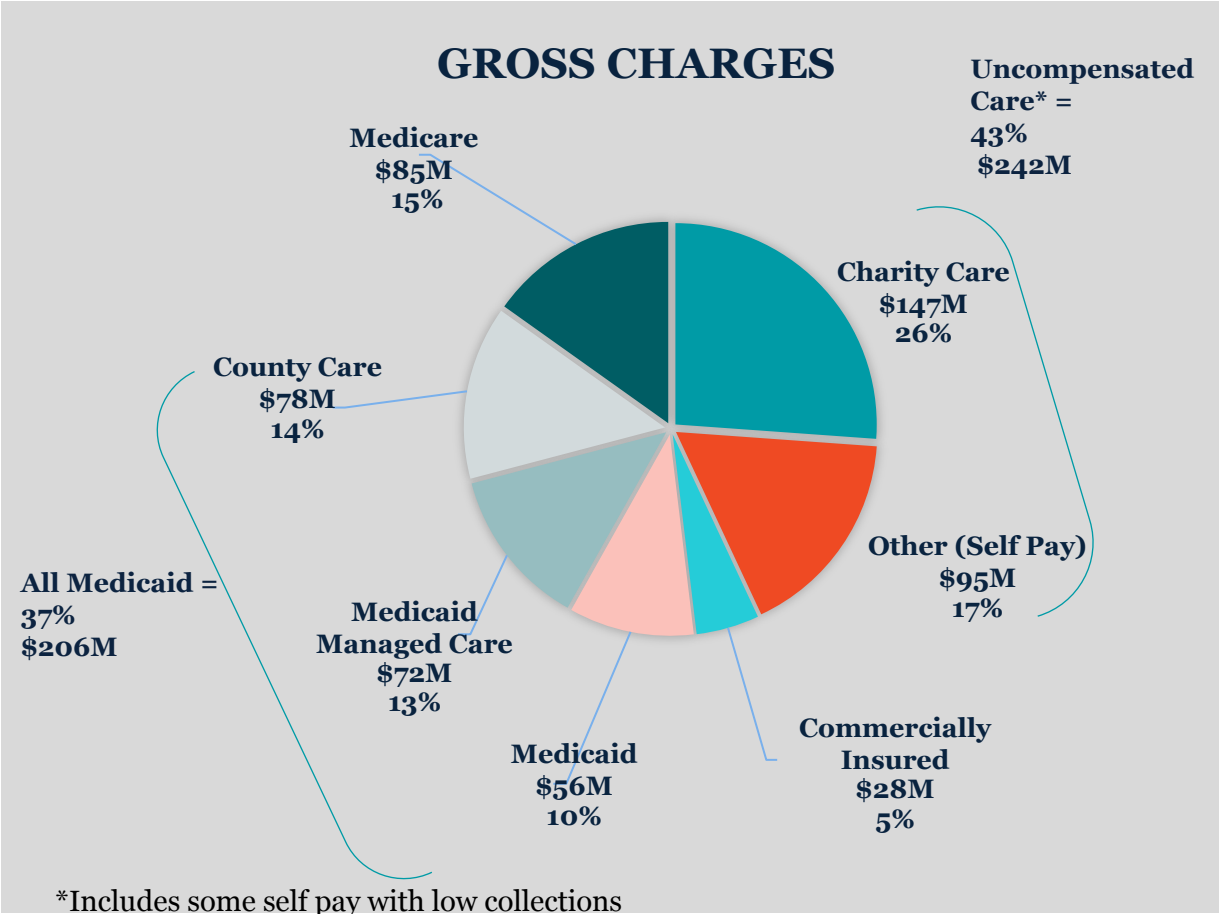


Inpatient/Observation-FYTD				
Measure	**FY2020**	**FYTD Target**	**FY2019**	**Percent from Target**
Inpatient Discharges	5,806	5,864	5,459	-1%
- Long Stay Admissions	1,239	1,188	1,173	4%
- One Day Admissions	336	332	317	1%
Inpatient Days	29,662	28,784	28,950	3%
Observation Discharges	2,902	3,428	3,479	-15%
Observation Days (Observation Discharge)	5,650	6,264	6,848	-10%
Avg LOS (Inpatient Discharge)	5.7	---	5.9	---
Average Daily Census (Inpatient & Observation)	289.4	295	295.9	-2%
Surgical Cases (all patient types)	3,800	4,332	3,731	-12%
Endoscopy Cases (all patient types)	---	---	---	---
Radiology Tests	13,621	---	14,215	---
Deliveries	316	360	324	-12%
Emergency- FYTD				
Measure	**FY2020**	**FYTD Target**	**FY2019**	**Percent from Target**
Emergency Visits (includes LWBS & Trauma)	36,914	39,525	39,106	-7%
Adult Emergency Visits	30,324	33,420	32,526	-9%
Peds Emergency Visits	2,538	2,288	2,342	11%
Trauma Visits	1,831	2,237	2,060	-18%
LWBS	2,221	1,580	2,178	41%
Radiology Tests	31,182	---	14,215	---
Outpatient Clinic- FYTD				
Measure	**FY2020**	**FYTD Target**	**FY2019**	**Percent from Target**
Total Provider Visits	93,452	100,716	104,233	-7%
Specialty/Diagnostic/Procedure Provider Visits				
Hospital - Based	5,653	6,248	6,778	-10%
Specialty Care	40,169	43,647	40,945	-8%
Oral Health	1,979	---	n/a	---
Professional Building	29,280	32,431	40,945	-10%
Total	**77,081**	**82,327**	**88,668**	-6%
Primary Care Provider Visits				
GMC	16,371	18,389	15,565	-11%
Total	**16,371**	**18,389**	**15,565**	-11%
Procedures & Ancillary Services- FYTD				
Measure	**FY2020**	**FYTD Target**	**FY2019**	**Percent from Target**
Endoscopy Cases (all patient types)	2,503	---	2,833	---
Dialysis Treatments (all patient types)	1,877	---	2,177	---
Infusion Center Visits	5,303	---	4,310	---
Minor Procedure (Clinic F) Visits	1,033	---	1,035	---
PT/OT Volume (all patient types)	20,144	---	17,618	---

Source: Charge Report & Business Intelligence

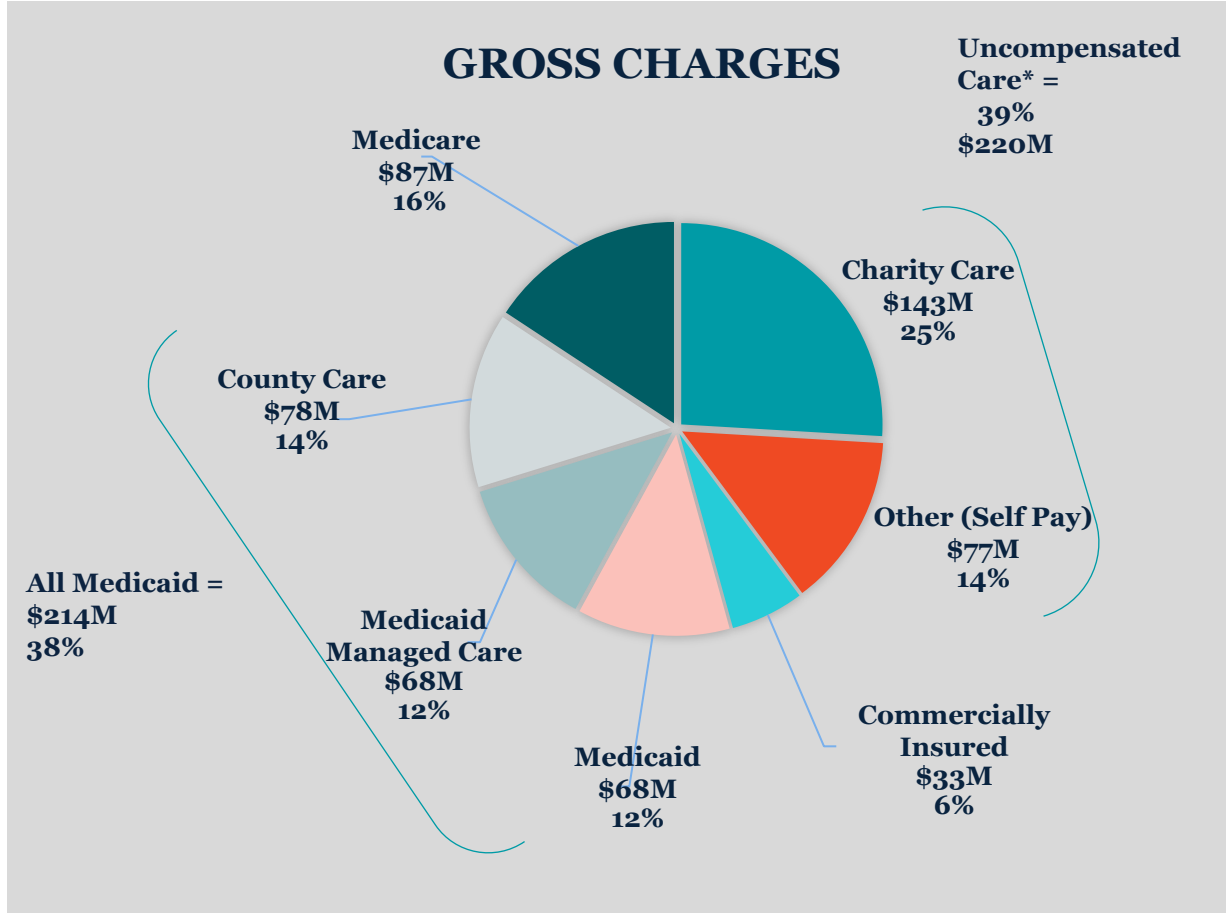
System Payor Mix For the Four Months Ended March

2020



*Includes some self pay with low collections

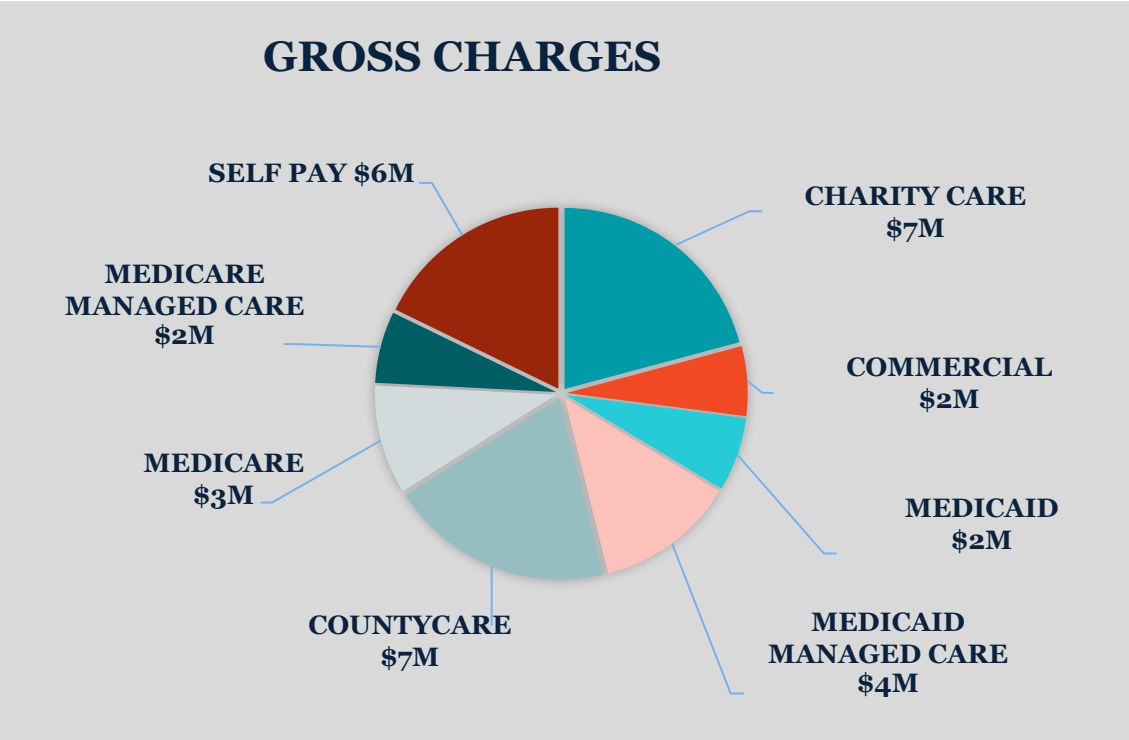
2019



COOK COUNTY HEALTH

Note: Payer Mix based on gross charges

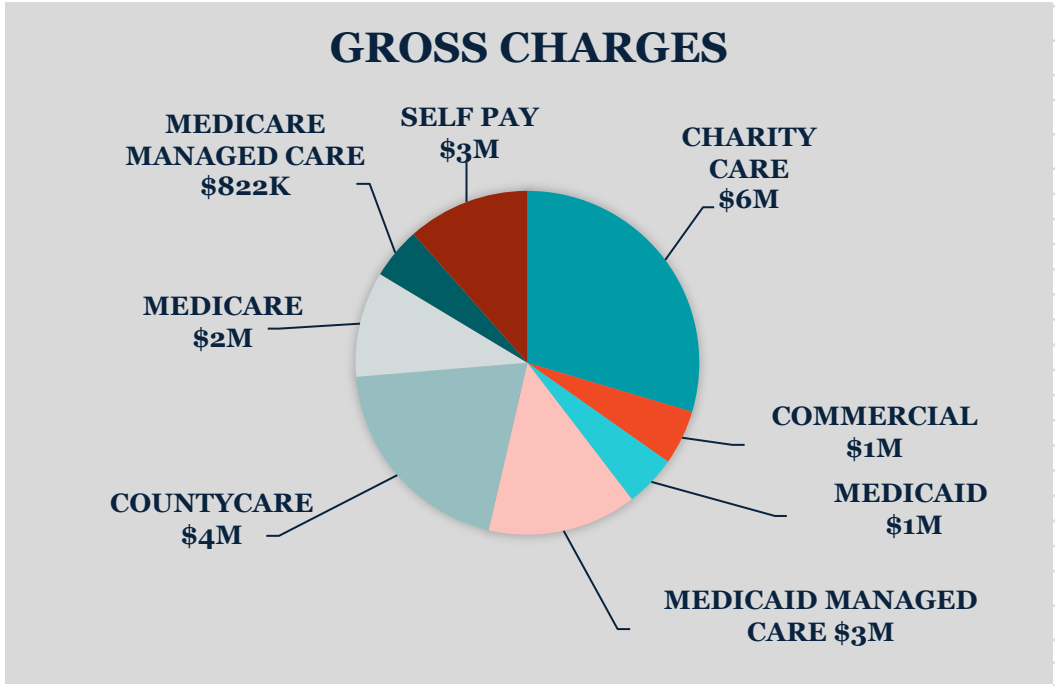
Provident Operations Overview For the Four Months Ended March 30, 2020



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

Source: Charge Report & Business Intelligence

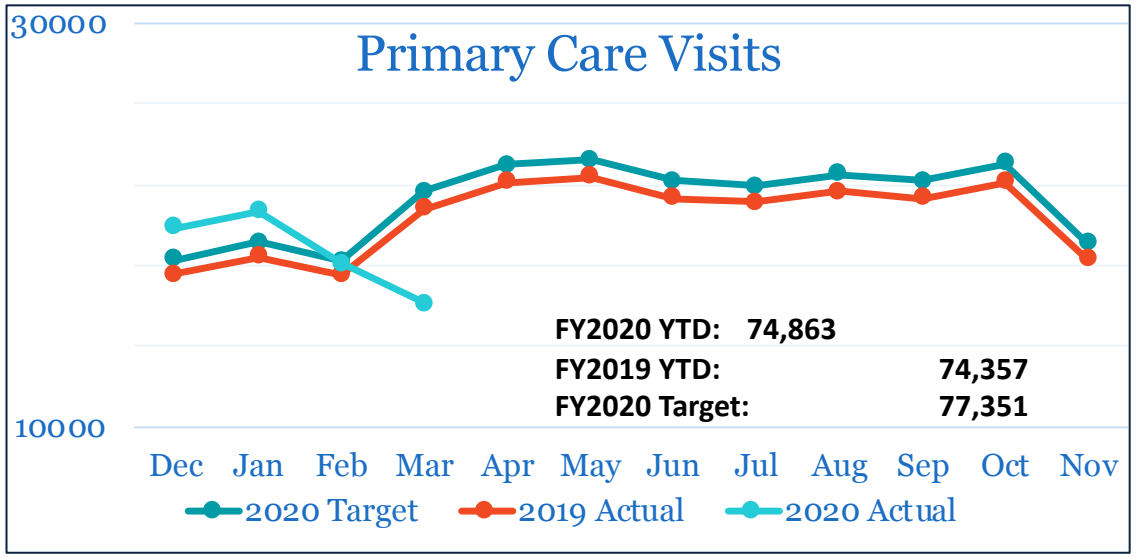
ACHN Operations Overview For the Four Months Ended March 30, 2020

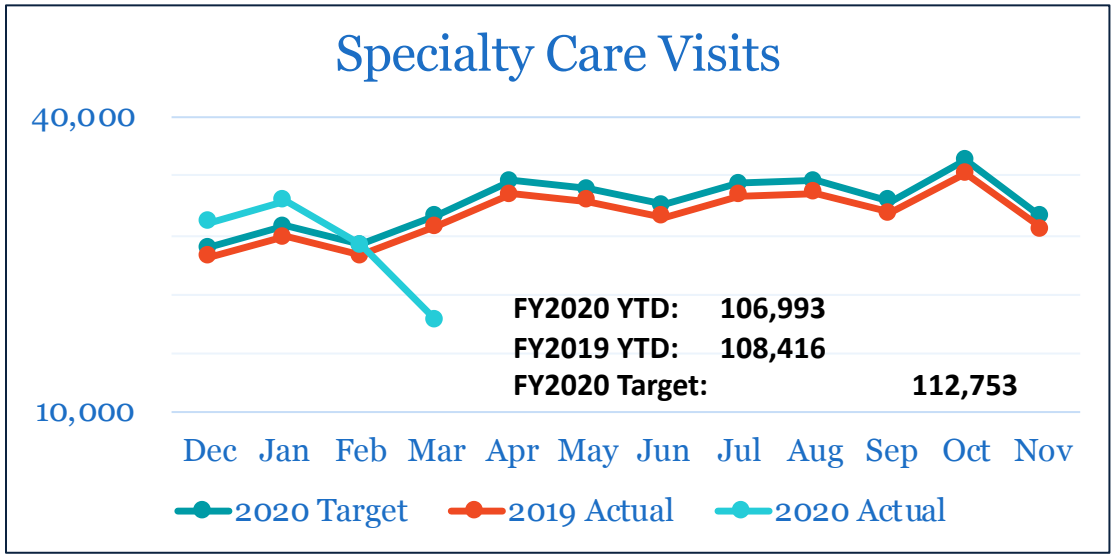


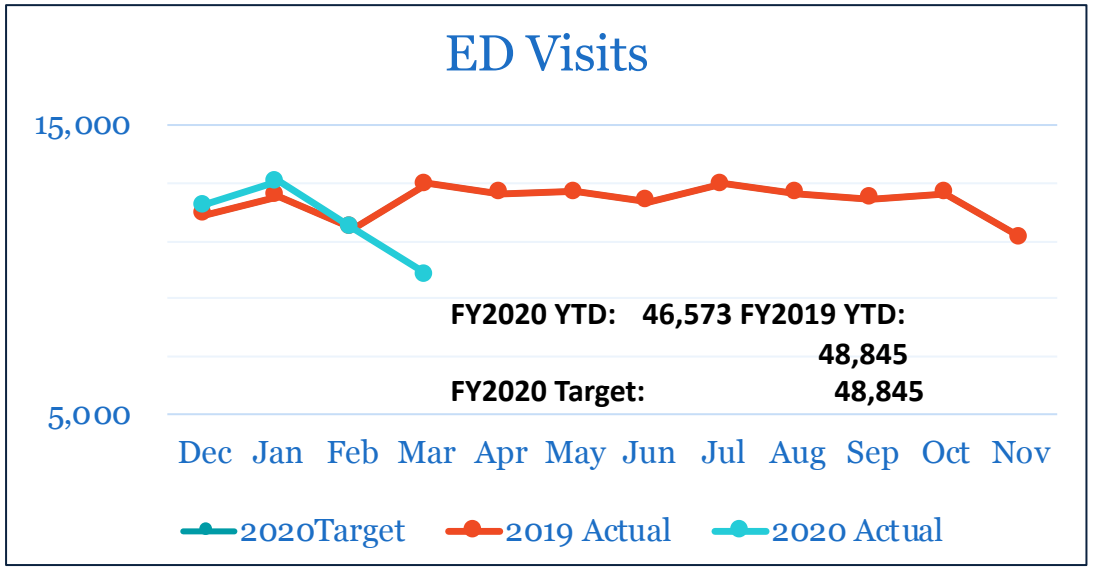
Summary- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Total Provider Visits	78,478	82,598	77,974	-5.0%
Primary Provider Visits- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Arlington Heights (AR)/Vista (VH)	4,264	4069	3,844	4.8%
Austin (AH)	4,769	4521	3,797	5.5%
Child Advocacy	94	176	192	-46.6%
Care	4,623	5565	4,331	-16.9%
Cottage Grove (CG)	3,228	3139	3,132	2.8%
Englewood (EH)	4,067	4203	4,593	-3.2%
Logan Square (LS)	4,346	4130	4,665	5.2%
Morton East (ME)	348	347	308	0.3%
Near South (NS)	4,487	4704	4,715	-4.6%
North Riverside (NR) / Cicero (CH)	4,001	4308	3,475	-7.1%
OFHC (OF)	3,652	4985	4,782	-26.7%
Prieto (PH)	5,446	4265	5,826	27.7%
Robbins (RH)	3,985	3480	3,412	14.5%
Stroger Pedr	1,420	1480	1,409	-4.1%
Woodlawn (WH)	3,825	3216	3,526	18.9%
Total Primary Care Provider Vi	**52,555**	**52,588**	**52,007**	**-0.1%**
Specialty/Diagnostic/Procedure Provider Visits- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
Austin (AH) Behavioral Health	1,618	1,861	1,630	-13.0%
Austin (AH) OBGYN	165	153	133	7.8%
North Riverside (NR) Fam Plan (Grant)(I	93	104	102	-10.3%
North Riverside (NR) OB Gyne (NR)	123	179	165	-31.4%
Care Specialty	2,709	3,300	3,012	-17.9%
Logan Square (LS) OBGYN	161	220	270	-26.8%
Morton East (ME) OBGYN	2	16	26	-87.9%
Morton East (ME) Psych	18	24	24	-24.0%
OFHC (OF)	8,769	10,181	9,075	-13.9%
Oral Health (OH)	2,924	2,778	1,617	5.3%
Specialty Care (SC) OBGYN / RHS	5,409	6,439	5,582	-16.0%
Stroger Pedr Specialty	3,932	4,755	4,331	-17.3%
Total Specialty Care Provider ' 25,923		**30,810**	**25,967**	**-13.6%**
Procedures & Ancillary Services- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
OFHC PT/OT Volume	2,338	---	2,678	---
Partnerships- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
CDPH	5,937	4,440	---	33.7%
Sieglo Health Center (CCHHS	118	142	154	-16.9%

Source: Charge Report & Business Intelligence

Volume Indicators







COOK COUNTY HEALTH

ATTACHMENT #6

CEO Report

Debra D. Carey, Interim CEO

May 29, 2020

COOK COUNTY HEALTH

Overview

COOK COUNTY HEALTH

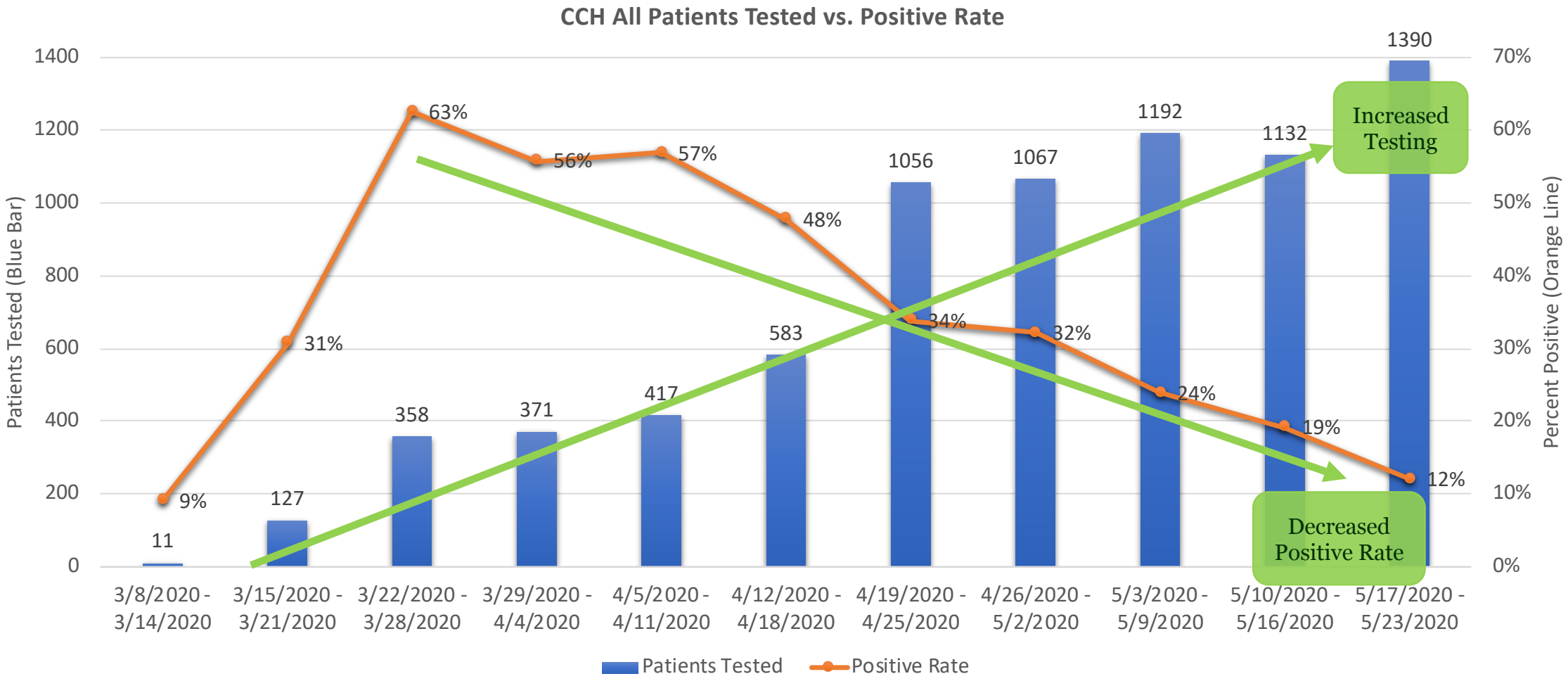
Latest Case Numbers

May 26, 2020

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

COVID-19 Patient Testing Conducted across all CCH locations

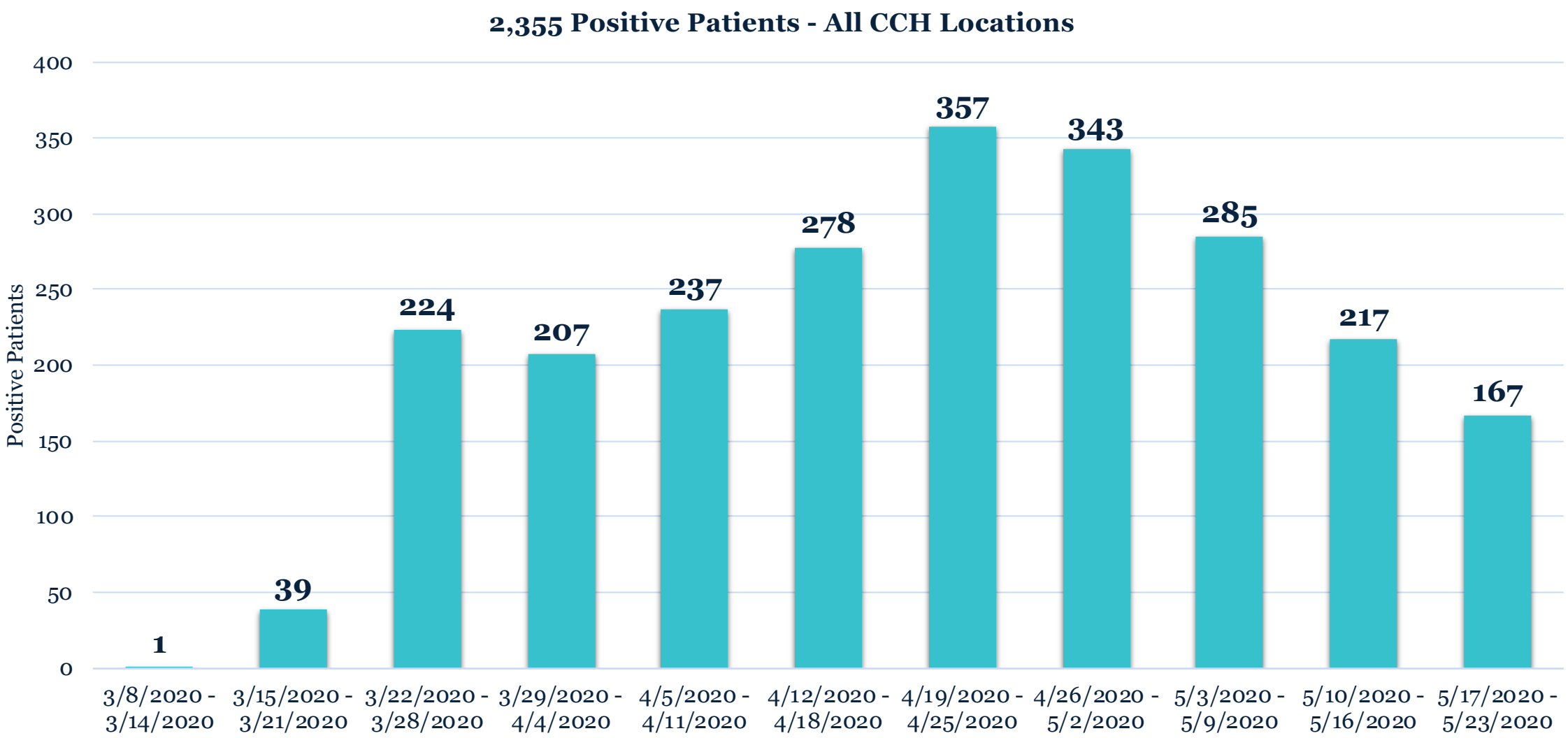
7,704 patients have have been tested for COVID-19 through CCH



COOK COUNTY HEALTH

*Source: Cerner COVID-19 Orders Mar 1,2020-May 23, 2020

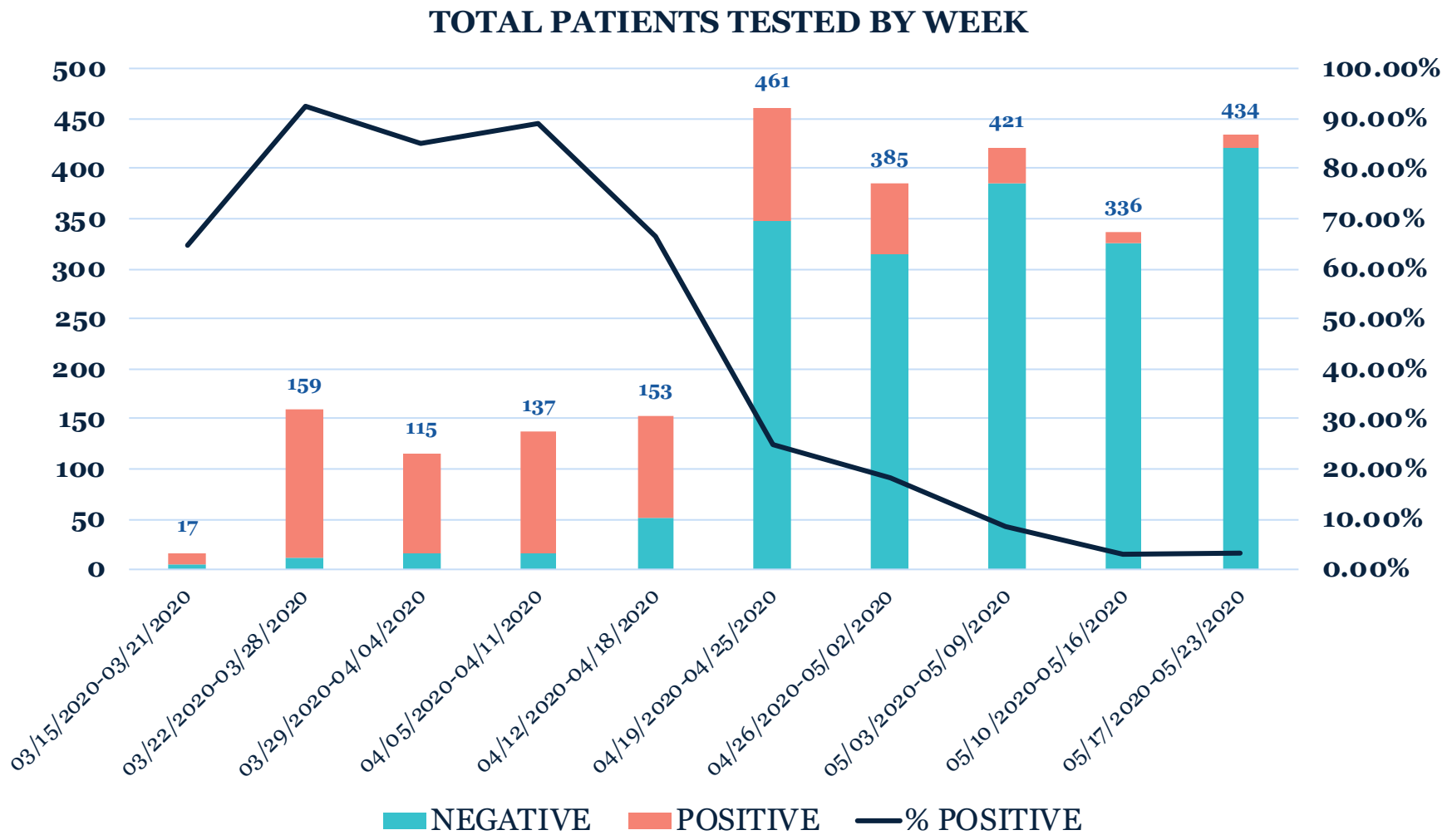
COVID-19 Positive Patients across all CCH Locations



COOK COUNTY HEALTH

*Source: Cerner COVID-19 Orders Mar 1,2020-May 23, 2020

Cermak Testing



COOK COUNTY HEALTH

Correctional Health: Containment Requires Ongoing Vigilance and Resources

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

Facility	April 29 Census	May 26 Census	Change
Cook County Jail	4,124	4,260	↑ 136
Juvenile Temporary Detention Center	170	199	↑ 29

- Leadership intends to keep measures in place for the foreseeable future. These strategies will continue to require additional, unbudgeted resources.

COOK COUNTY HEALTH

Chicago Tribune

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

By Annie Sweeney
Chicago Tribune | May 26, 2020

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

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

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

Staffing and Services at the Jail

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

Personal Protective Equipment (PPE)

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

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

*All types

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

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

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

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

What's Next

COOK COUNTY HEALTH

What's Next: The New Normal

For Patients and Staff

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

What's Next: Ambulatory Services Availability

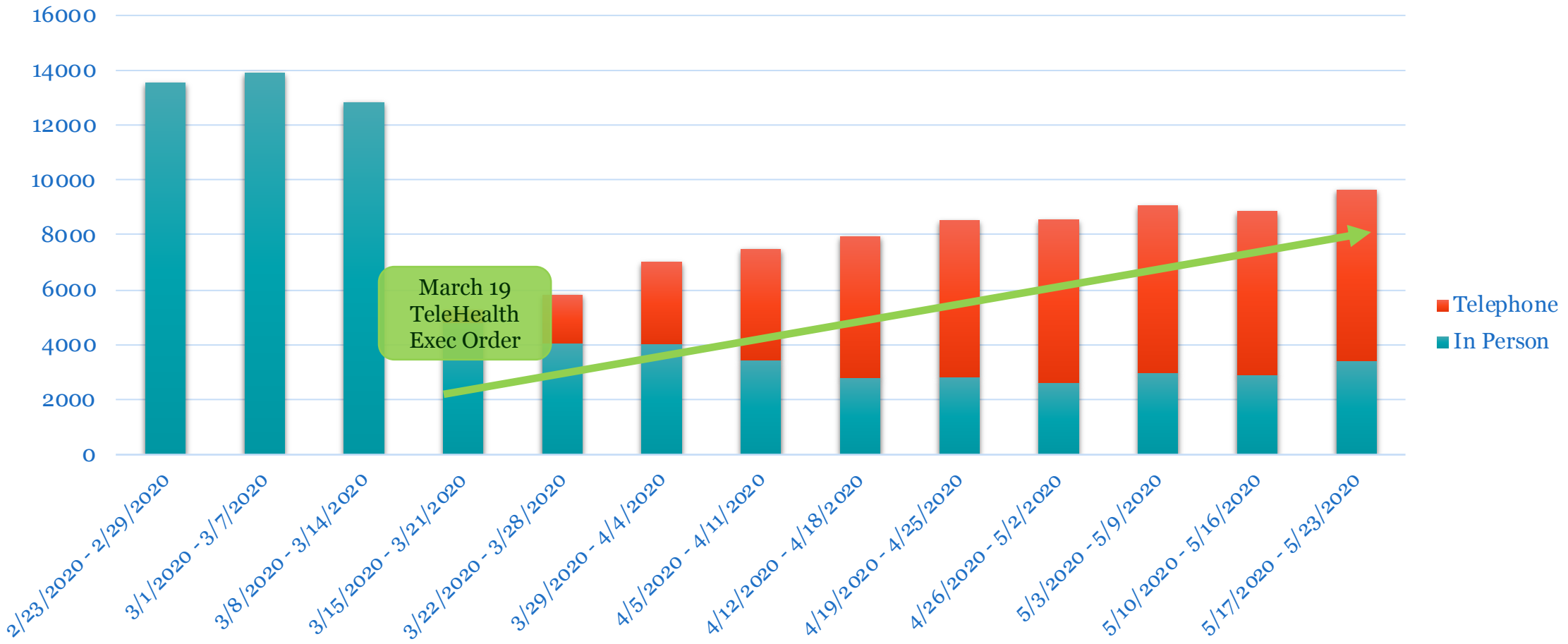
March 16, 2020 – Present:	Telehealth visits In-person clinic visits provided for urgent services or other medically necessary services
May 11, 2020:	Surgical procedures resumed Pre-operative clinical visits resumed
June:	Non-surgical procedures resumed Specialty in-person visits resumed, with social distancing parameters in place Primary care –in-person visits resumed for high risk patients Telehealth continues
June:	All primary care resumed, with social distancing parameters in place

What's Next: Preparations for Resuming Ambulatory Services

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

What's Next: Leverage Telehealth Success

44,335 telephone visits have been completed through ACHN



COOK COUNTY HEALTH

*Source: Cerner COVID-19 Orders Mar 1,2020-May 23, 2020

What's Next: Contact Tracing

Centers for Disease Control and Prevention

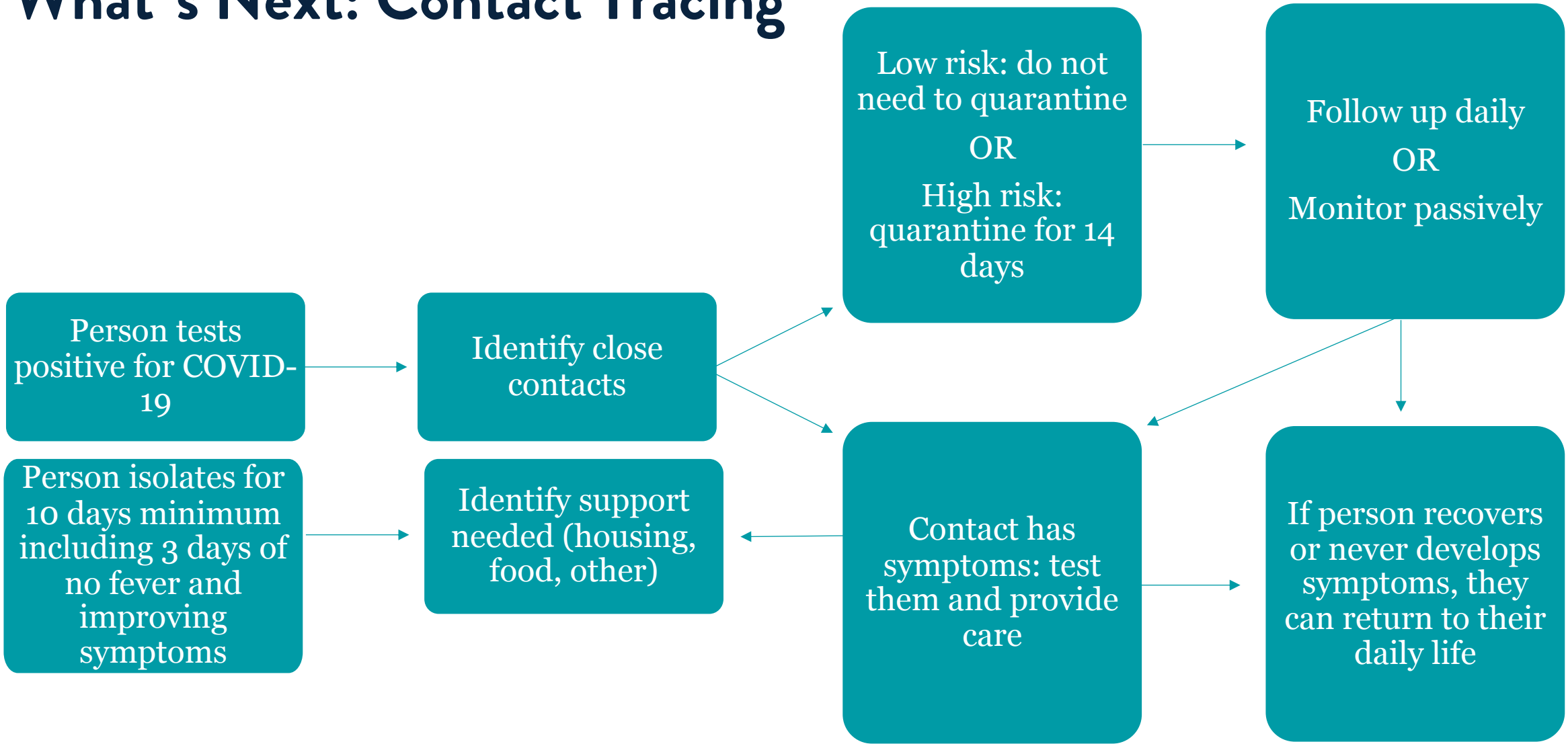
Contact tracing, a core disease control measure employed by local and state health department personnel for decades, is a key strategy for preventing further spread of COVID-19. **Communities must scale up and train a large contact tracer workforce and work collaboratively across public and private agencies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

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

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

Source: https://www.cdc.gov/coronavirus/2019-ncov/

What's Next: Contact Tracing



What's Next: Contact Tracing

Time is of the essence.

Cook County Department of Public Health (CCDPH)

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

Cook County Health

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

Current Statistics

COOK COUNTY HEALTH

COVID-19 Comparisons

May 26, 2020

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

Latest Case Numbers

May 26, 2020

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

COVID-19 at CCH

COOK COUNTY HEALTH

COVID-19 Patient Testing Conducted across all CCH locations

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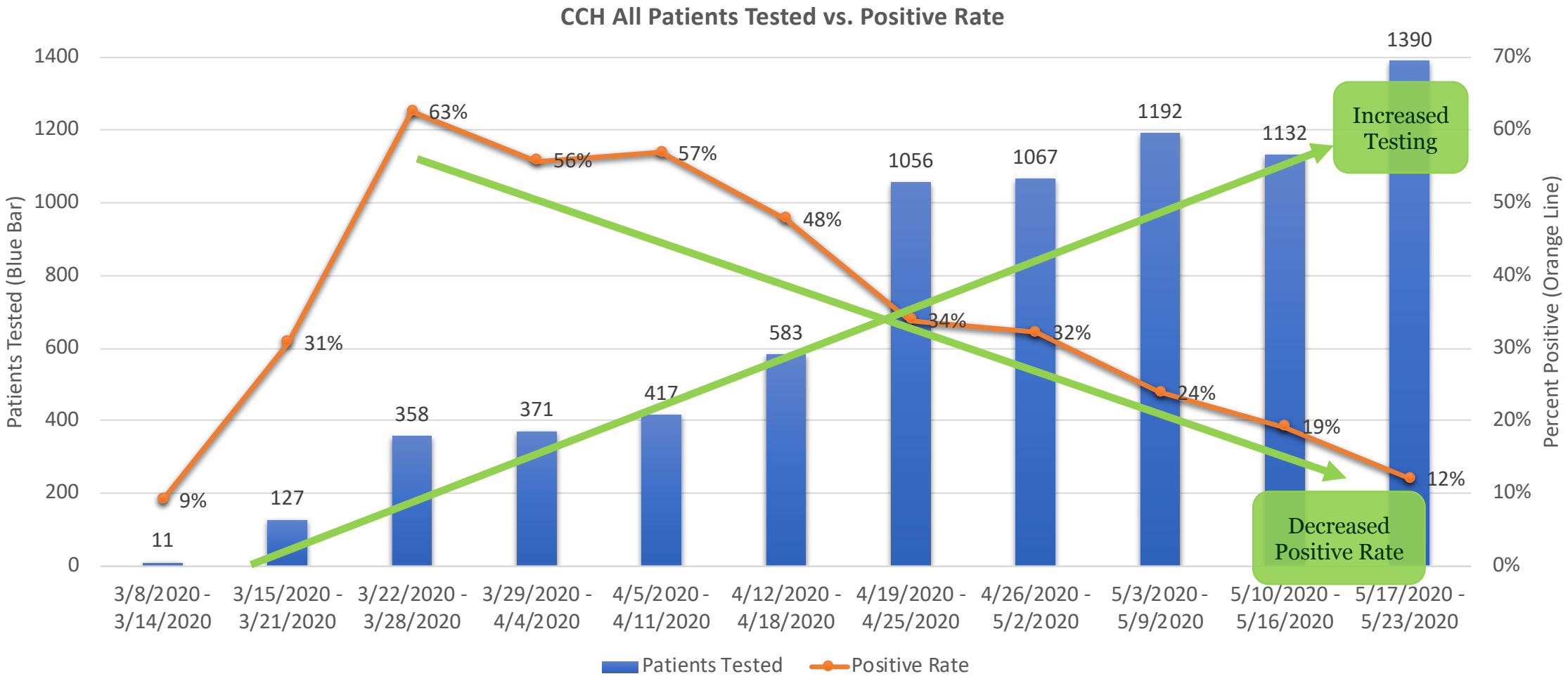
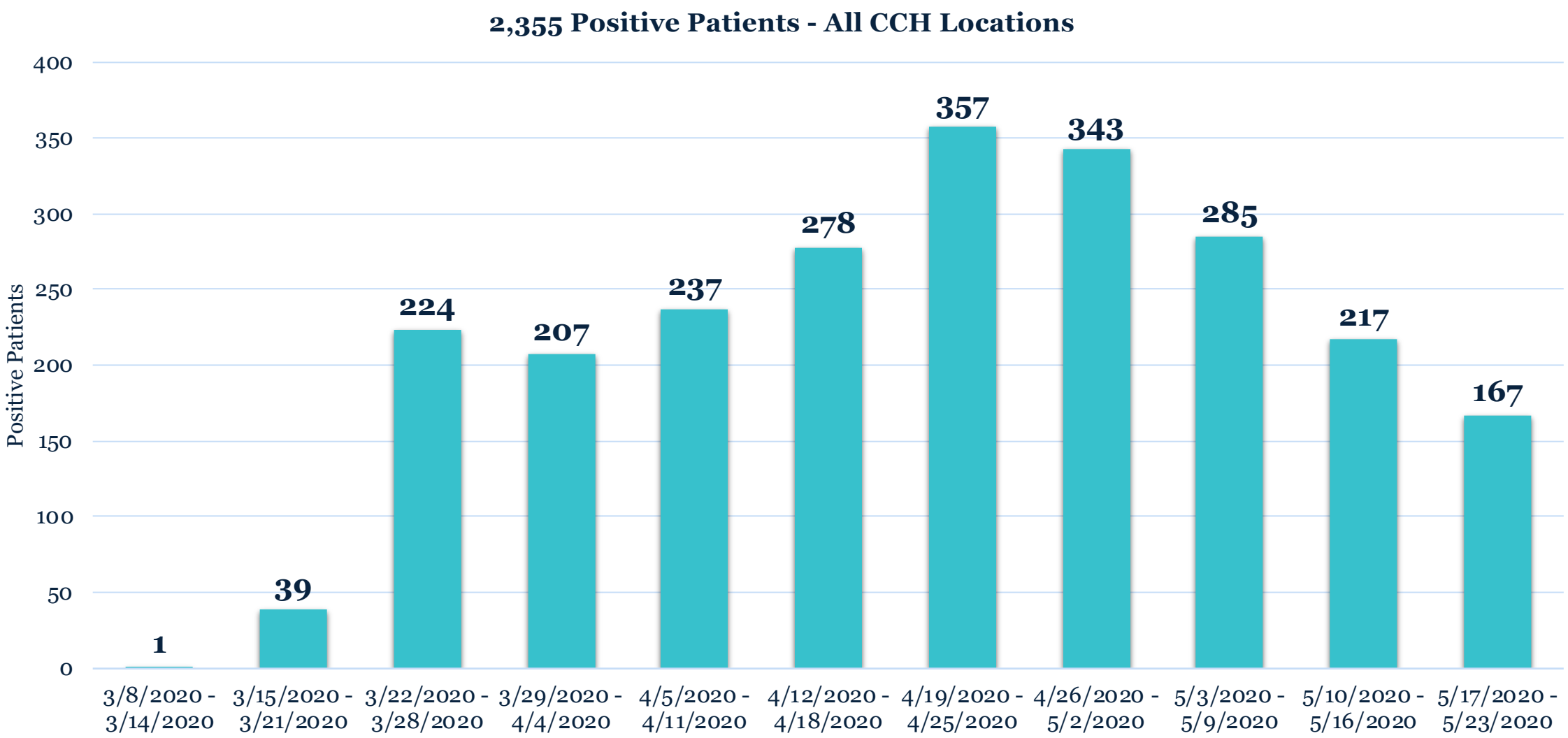


COOK COUNTY HEALTH

*Source: Cerner COVID-19 Orders Mar 1,2020-May 23, 2020

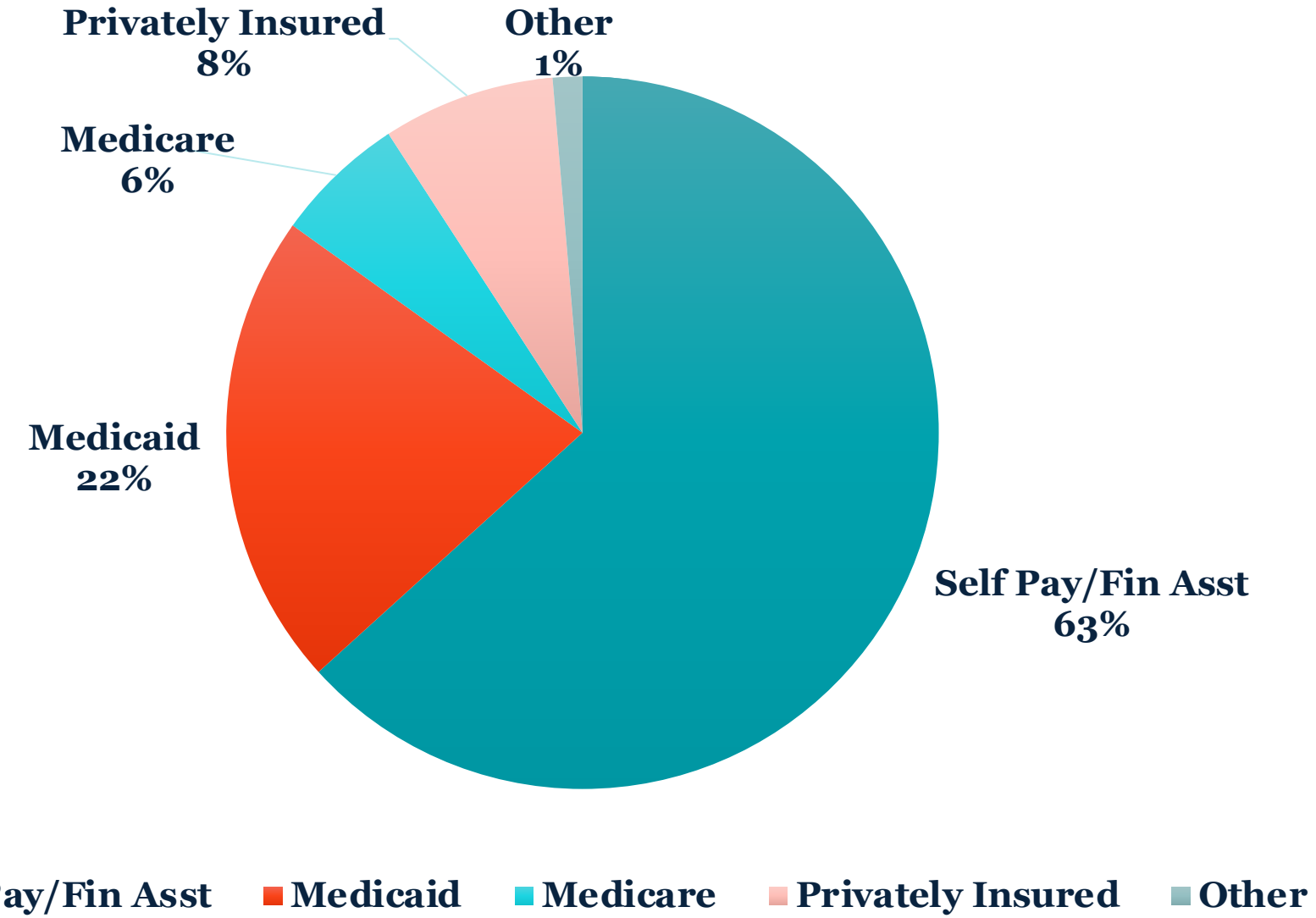
COVID-19 Positive Patients across all CCH Locations



COOK COUNTY HEALTH

*Source: Cerner COVID-19 Orders Mar 1,2020-May 23, 2020

COVID-19 Positive Payor Mix



COOK COUNTY HEALTH

*Source: Cerner COVID-19 Orders Mar 1,2020-May 23, 2020

Patient Testing

All Testing Thru 5/26/20

Gender	%
Female	33%
Male	67%

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

Positives Only

Gender	%
Female	34%
Male	66%

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

COOK COUNTY HEALTH

Source: CCH Business Intelligence

Patient Testing

All Testing Thru 5/26/20

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

Positives Only

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

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

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

COOK COUNTY HEALTH

Due to rounding, totals may not equal 100.

Source: CCH Business Intelligence

Deaths

Thru 5/26/20

Gender	%
Female	33%
Male	67%

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

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

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

COOK COUNTY HEALTH

Source: CCH Business Intelligence

COVID-19 Clinical Trials and Studies at CCH

Convalescent Plasma Therapy to Treat COVID-19 Patients

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

Post COVID-19 Study

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

COVID-19 Clinical Trials and Studies at CCH

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

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

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

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

COVID-19 Clinical Trials and Studies at CCH

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

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

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

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

CCH Partners and Guidance

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

CCH Planning and Service Changes

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

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

Testing at CCH

Thru March 31:	Initial testing done through the state lab and based on state guidance
March 20:	CCH engaged external lab to process tests
March 26:	CCH began employee drive thru testing at Stroger
March 30:	CCH began employee drive thru testing at Provident
March 31:	CCH instituted in-house testing with 24 hour turn-around
April 13:	Drive thru testing available at Provident for CCH patients with CCH physician order
April 20:	Drive thru testing available at Stroger for CCH patients with CCH physician order

Cermak Health Services

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

COOK COUNTY HEALTH

Correctional Health: Containment Requires Ongoing Vigilance and Resources

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

Facility	April 29 Census	May 26 Census	Change
Cook County Jail	4,124	4,260	↑ 136
Juvenile Temporary Detention Center	170	199	↑ 29

- Leadership intends to keep measures in place for the foreseeable future. These strategies will continue to require additional, unbudgeted resources.

COOK COUNTY HEALTH

Chicago Tribune

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

By Annie Sweeney
Chicago Tribune | May 26, 2020

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

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

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

Containment Requires Ongoing Vigilance

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

BOX. COVID-19 guidance for correctional and detention facilities

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

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

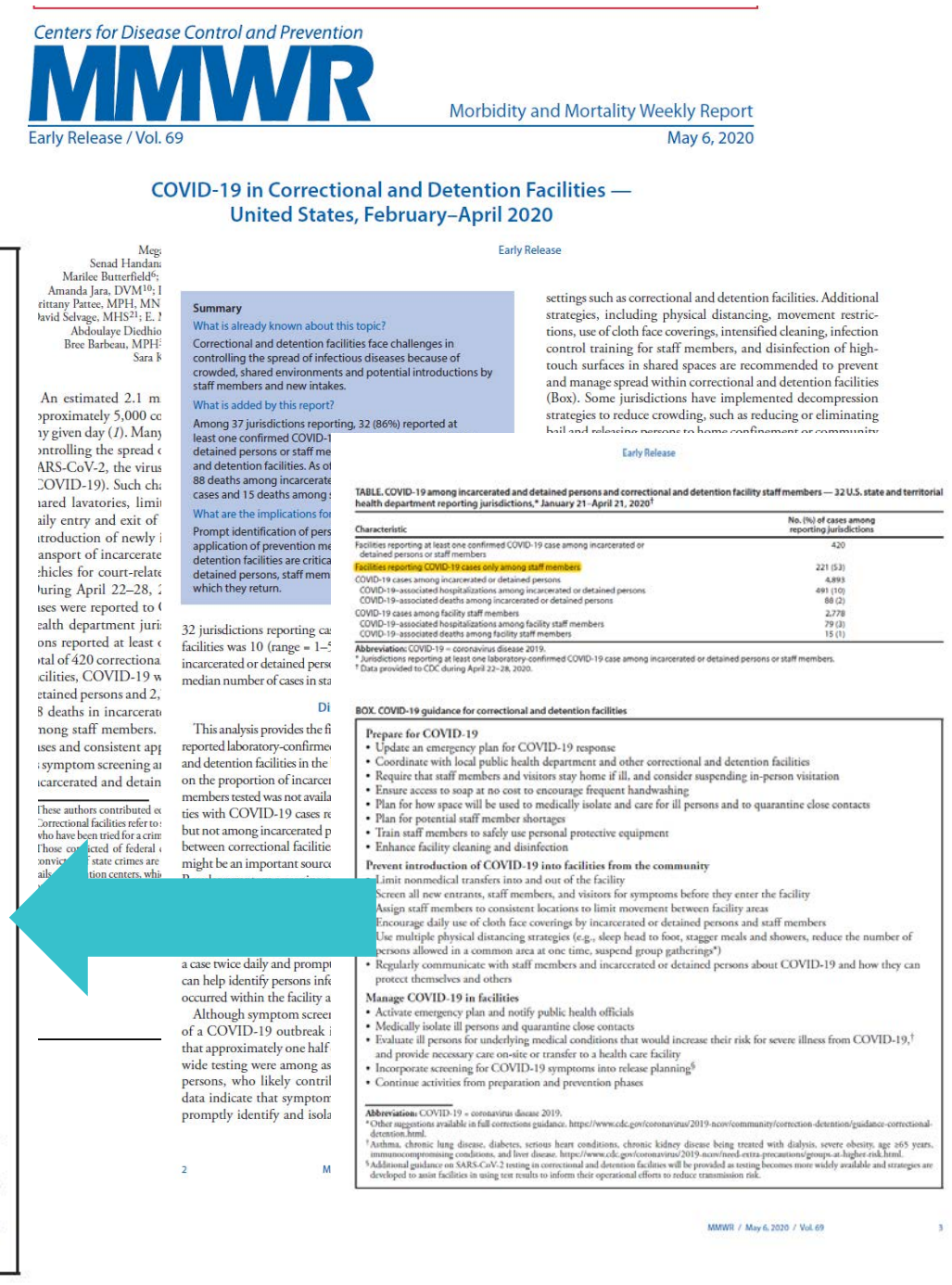
Manage COVID-19 in facilities
- Activate emergency plan and notify public health officials
- Medically isolate ill persons and quarantine close contacts
- Evaluate ill persons for underlying medical conditions that would increase their risk for severe illness from COVID-19,† and provide necessary care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

Abbreviation: COVID-19 = coronavirus disease 2019.

* Other suggestions available in full corrections guidance. https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

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

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



Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Early Release / Vol. 69
May 6, 2020

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

Early Release

Summary
What is already known about this topic?
Correctional and detention facilities face challenges in controlling the spread of infectious diseases because of crowded, shared environments and potential introductions by staff members and new intakes.
What is added by this report?
Among 37 jurisdictions reporting, 32 (86%) reported at
What are the implications for
Prompt identification of pers
application of prevention me
detention facilities are critica
detained persons, staff mem
which they return.

settings such as correctional and detention facilities. Additional strategies, including physical distancing, movement restrictions, use of cloth face coverings, intensified cleaning, infection control training for staff members, and disinfection of high-touch surfaces in shared spaces are recommended to prevent and manage spread within correctional and detention facilities (Box). Some jurisdictions have implemented decompression strategies to reduce crowding, such as reducing or eliminating

Early Release

TABLE. COVID-19 among incarcerated and detained persons and correctional and detention facility staff members — 32 U.S. state and territorial health department reporting jurisdictions,* January 21–April 21, 2020†

Characteristic	No. (%) of cases among reporting jurisdictions
Facilities reporting at least one confirmed COVID-19 case among incarcerated or detained persons or staff members	420
Facilities reporting COVID-19 cases only among staff members	221 (53)
COVID-19 cases among incarcerated or detained persons	4,893
COVID-19–associated hospitalizations among incarcerated or detained persons	491 (10)
COVID-19–associated deaths among incarcerated or detained persons	88 (2)
COVID-19 cases among facility staff members	2,778
COVID-19–associated hospitalizations among facility staff members	79 (3)
COVID-19–associated deaths among facility staff members	15 (1)

Abbreviation: COVID-19 = coronavirus disease 2019.
* Jurisdictions reporting at least one laboratory-confirmed COVID-19 case among incarcerated or detained persons or staff members.
† Data provided to CDC during April 22–28, 2020.

BOX. COVID-19 guidance for correctional and detention facilities

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- Plan for potential staff member shortages
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Prevent introduction of COVID-19 into facilities from the community
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- Incorporate screening for COVID-19 symptoms into release planning§
- Continue activities from preparation and prevention phases

Abbreviation: COVID-19 = coronavirus disease 2019.
* Other suggestions available in full corrections guidance. https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.
† Asthma, chronic lung disease, diabetes, serious heart conditions, chronic kidney disease being treated with dialysis, severe obesity, age ≥65 years, immunocompromising conditions, and liver disease. https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-at-higher-risk.html.
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MMWR / May 6, 2020 / Vol. 69 3

Cermak Strategies

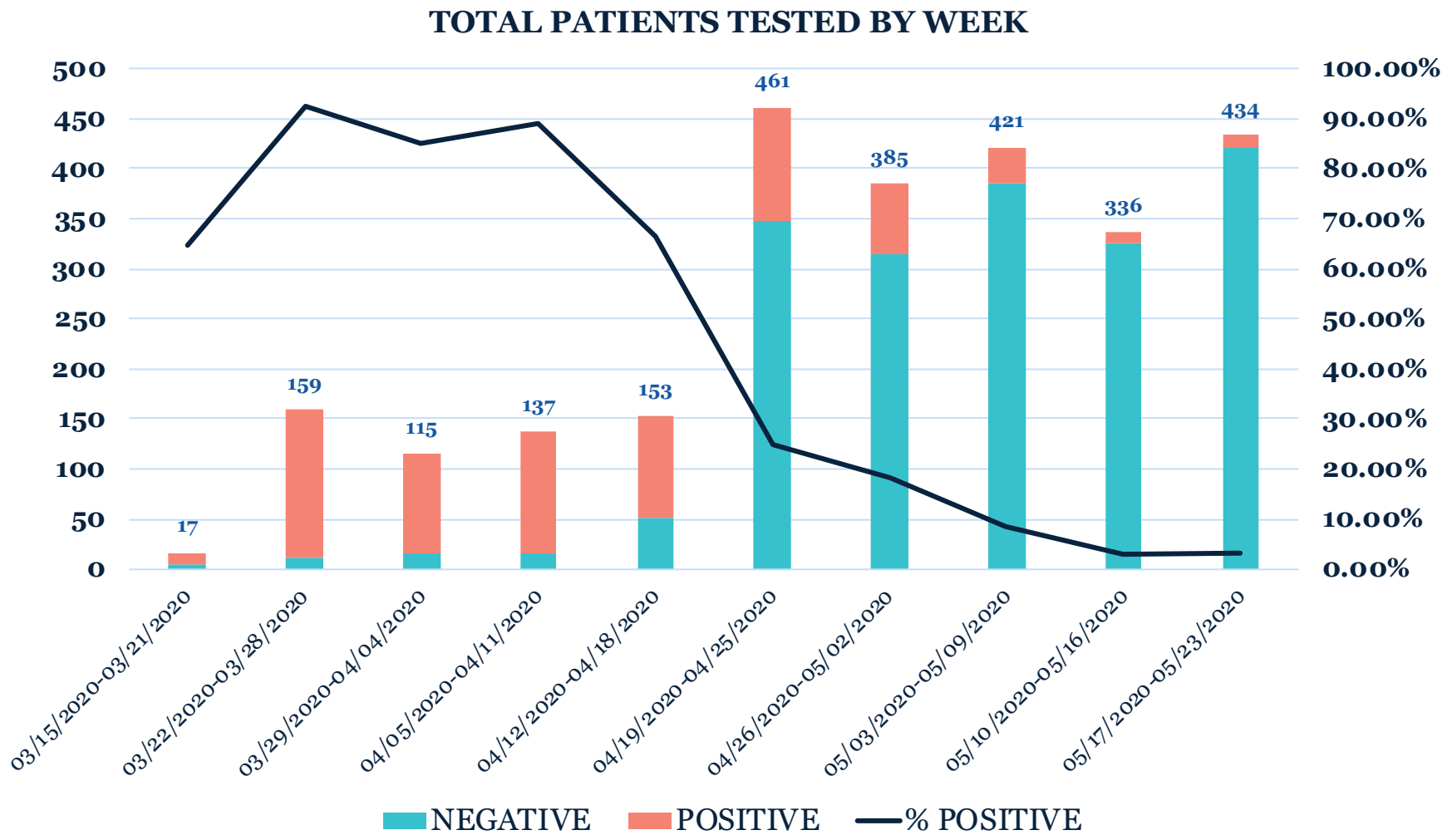
Congregate Settings Pose Unique Challenges

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

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

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

Cermak Testing



COOK COUNTY HEALTH

Staffing and Services at the Jail

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

Cook County Department of Public Health

COOK COUNTY HEALTH

Current status of COVID-19

Numbers as of 5/25/20

- 30,130 cases / 1,369 deaths Suburban Cook County
- 42,967 cases /1,955 deaths Chicago
- 112,017 cases /4,884 deaths Illinois
- 159 congregate settings in suburban Cook County, such as long term care facilities, reporting one or more confirmed cases

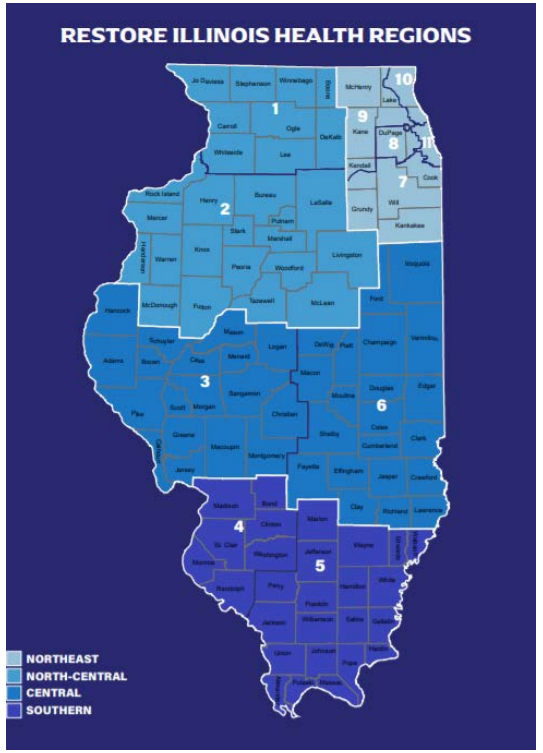
Restore Illinois

4 Regions, 5 Phases – Currently in Phase 2

Phase 1 Rapid Spread	Phase 2 Flattening	Phase 3 Recovery	Phase 4 Revitalization	Phase 5 Illinois Restored

www.dph.illinois.gov/

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



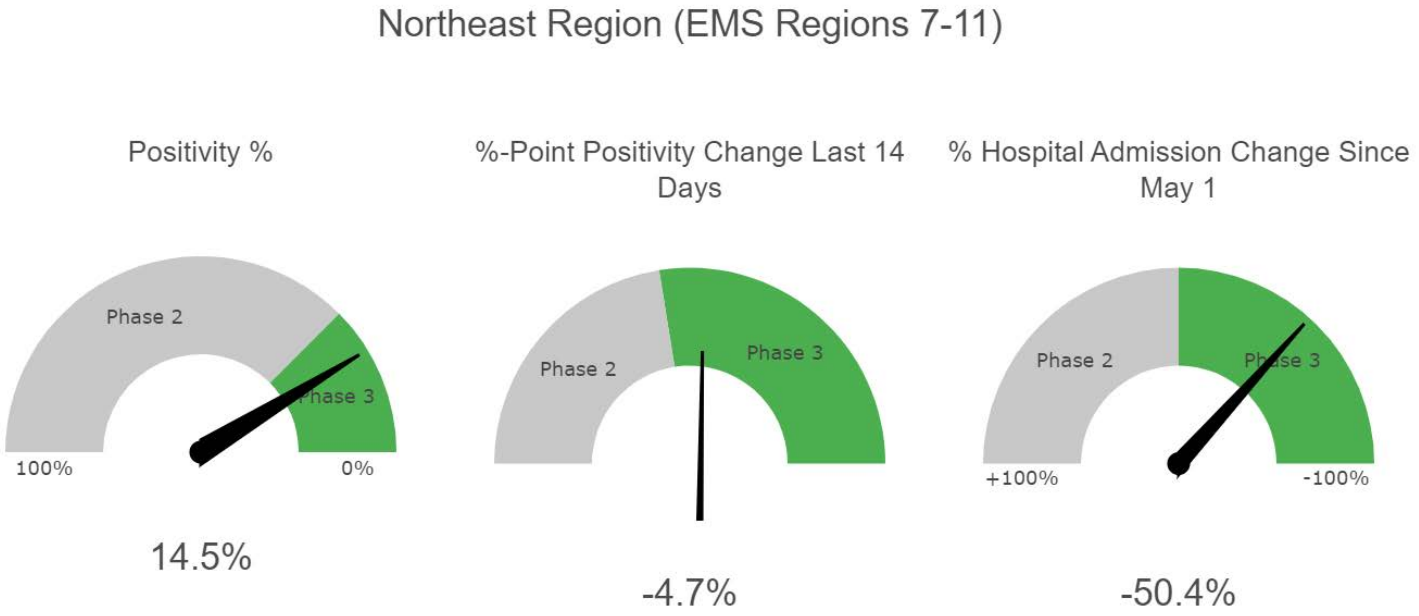
COOK COUNTY HEALTH

Cook County Public Health

Restore IL metrics

What are we monitoring?

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



CCDPH response activities

Project Hope

- Partnership among CCDPH, Chicago Department of Health, the Illinois Department of Public Health, and Project Hope.

- Project Hope is an international non-profit development and relief organization concentrated on health support.

- Technical mentorship program - provides intensive on-site infection prevention and control.
  - Review of cleaning protocols,
  - Guidance on the proper use and disposal of personal protective equipment,
  - on-site supervision and monitoring;
  - the development and implementation of risk mitigation and improvement plans; and
  - follow-up visits to help facilities adjust plans as needed, to ensure they continue to address and reduce COVID-19 infection among residents and staff.

- 20 long-term care facilities in suburbs and 20 in Chicago with high burden of infection, and in underserved communities.

CCDPH response activities

Contact Tracing plans

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

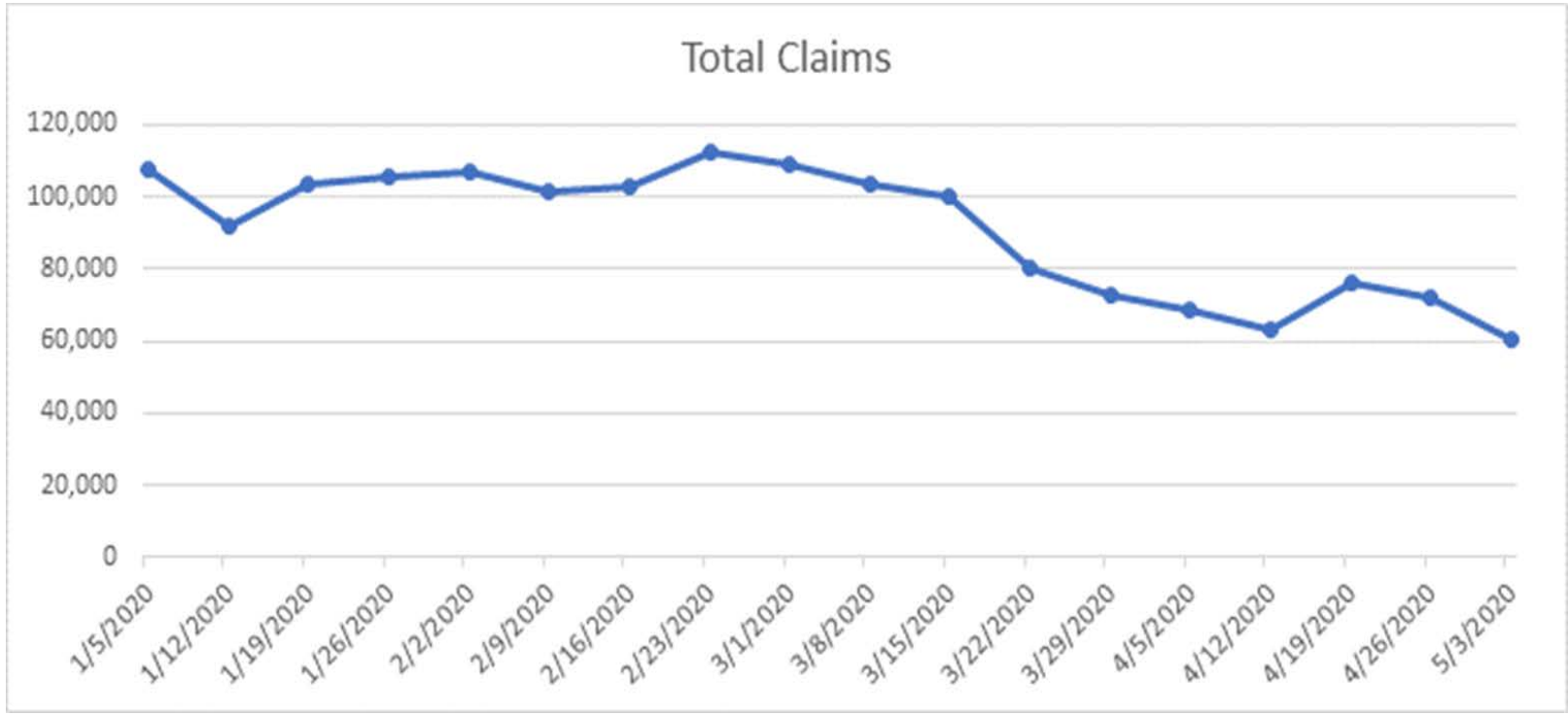
Financial Impact of COVID

COOK COUNTY HEALTH

COVID 19 Potential Impact on Patient Fees

- Since March 15, 2020, gross revenues (charges) have declined by 40%; charges related to uninsured patients have declined by 50%.

- CountyCare has experienced a 35% decline in claims.



COOK COUNTY HEALTH

COVID 19 Potential Impact

Revenue and Expense COVID 19 Impact Projected through June

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

COOK COUNTY HEALTH

*These estimates are based on the best information available as of mid-May, 2020 and are subject to change

COVID 19 Potential Impact

Financial Assistance Received in April/May*:

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

COOK COUNTY HEALTH

*Not reflected in the March Financial Statements.

COVID 19 Potential Impact

Financial Assistance In Progress

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

*Estimates are based on the best information available as of mid-May, 2020 and are subject to change

CountyCare

COOK COUNTY HEALTH

Member Outreach

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

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

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

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

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

Clinical Efforts

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

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

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

Provider Support

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

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

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

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

Forward Thinking

Wellness Kits: Working to build out “Wellness” Kits for high-risk members to send directly to members’ homes.

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

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

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

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

Addressing Inequities

COOK COUNTY HEALTH

Alternate Care System Challenge

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

Solution: Activating the SouthSide Y for CCH Patients

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

Volumes to date

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

Partners

Cross Sector Collaboration

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

Program Overview

Medical Services

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

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

MH/SUD services

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

Robust use of telehealth

Care Coordination

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

Additional Initiatives to Address Inequities

Community Focus

Planning Activities- Westside Workgroup

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

Initial response

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

Additional Initiatives to Address Inequities

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

Additional Initiatives to Address Inequities

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

CCDPH Support

Leveraging CCH Infrastructure

Alternate Housing Program

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

COVID-19 Media

COOK COUNTY HEALTH

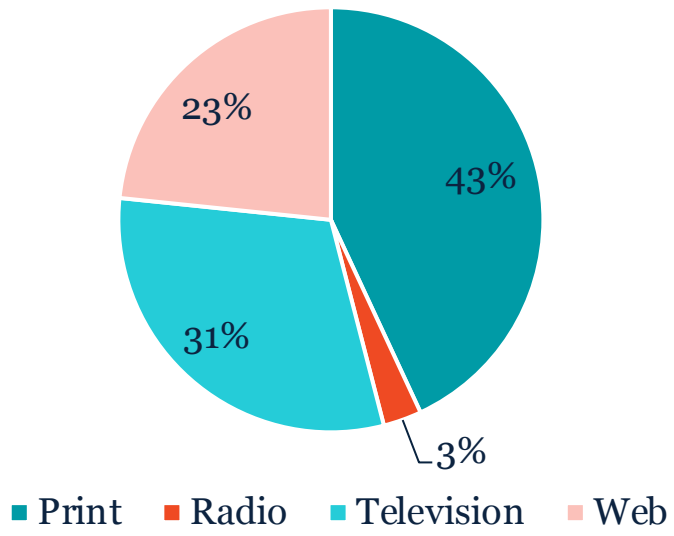
Media Dashboard: April 29 – May 27, 2020

Total Number of Media Hits: 136

Common Topics:

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

Media Outlet Type



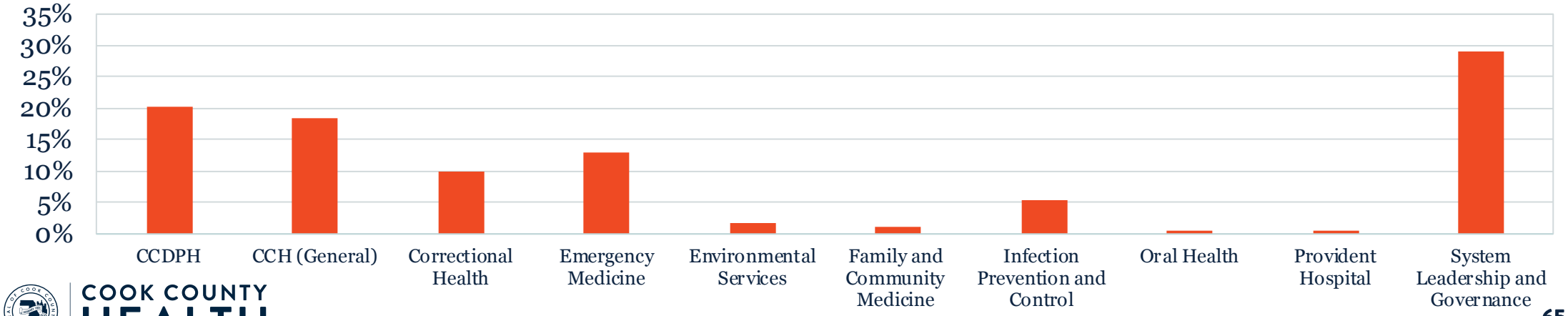
Top 5 Local Media Outlets:

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

Select National and International Media Outlets:

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

Media Mentions by Department



COOK COUNTY HEALTH

Timeline

COOK COUNTY HEALTH

COVID-19 Timeline

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

COVID-19 Timeline

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

COVID-19 Timeline

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