

Minutes of the Annual Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, June 26, 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 David Ernesto Munar and Directors Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Ada Mary Gugenheim; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; Mary Richardson-Lowry; Otis L. Story, Sr.; Layla P. Suleiman Gonzalez, PhD, JD; and Sidney A. Thomas, MSW (11)

Absent: Director Mike Koetting (1)

Additional attendees and/or presenters were:

Cathy Bodnar - Chief Corporate Compliance and Privacy Officer
Ryan Caldwell - RSM
Debra D. Carey – Interim Chief Executive Officer
Robert Clarke - Consultant
Claudia Fegan, MD – Chief Medical Officer
Andrea Gibson – Director of Project Management and Operational Excellence
Aseel Hanna, MD – Woodlawn Health Center
Tim Hoppa – Operations Counsel

Charles Jones – Chief Procurement Officer
Kiran Joshi, MD – Cook County Department of Public Health
James Kiamos – Chief Executive Officer, CountyCare
Pat Kitchen - RSM
Jeff McCutchan –General Counsel
Beena Peters, DNP, RN, FACHE – Chief Nursing Officer
Barbara Pryor – Chief Human Resources Officer
Deborah Santana – Secretary to the Board

II. Employee Recognition

Debra D. Carey, Interim Chief Executive Officer, and Dr. Claudia Fegan, Chief Medical Officer, recognized Dr. Aseel Hanna, who was selected as CCH Doctor of the Year.

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

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

1. Johnnie Dossie Health Advocate, Stroger Hospital
2. Johnny Hill Employee, Cook County Health
3. Thomas Price Food Service Worker, Stroger Hospital
4. Mike Newman Deputy Director, AFSCME Council 31
5. Steve Maynard Concerned Citizen
6. Sylvia Kizer Building Service Worker, Stroger Hospital and member, SEIU Local 73
7. Thiesha Tiggs Health Advocate, Stroger Hospital and member, SEIU Local 73
8. Denise Mercherson Medical Social Worker, Stroger Hospital and member, SEIU Local 73

IV. Annual Meeting Business

A. Election of Chair of CCH Board of Directors

Chair Hammock opened the floor for nominations. Director Driscoll nominated M. Hill Hammock as Chair of the CCH Board of Directors.

Director Driscoll, seconded by Director Deer, moved to elect M. Hill Hammock as Chair of the CCH Board of Directors. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Vice Chair Richardson-Lowry and Directors Deer, Driscoll, Gugenheim, Munar, Prendergast, Reiter, Suleiman Gonzalez and Thomas (9)

Nays: None (0)

Abstain: Chair Hammock (1)

Absent: Directors Koetting and Story (2)

THE MOTION CARRIED.

B. Election of Vice Chair of CCH Board of Directors

Chair Hammock opened the floor for nominations. Director Richardson-Lowry nominated David Ernesto Munar as Vice Chair of the CCH Board of Directors.

Vice Chair Richardson-Lowry, seconded by Director Driscoll, moved to elect David Ernesto Munar as Vice Chair of the CCH Board of Directors. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock, Vice Chair Richardson-Lowry and Directors Deer, Driscoll, Gugenheim, Prendergast, Reiter, Suleiman Gonzalez and Thomas (9)

Nays: None (0)

Abstain: Director Munar (1)

Absent: Directors Koetting and Story (2)

THE MOTION CARRIED.

V. Board and Committee Reports

NOTE: action was taken on Agenda Items V(B), V(D), V(E), V(F) and VI(A) in a total of three (3) motions.

V. Board and Committee Reports (continued)

A. Minutes of the Board of Directors Meeting, May 29, 2020

Director Richardson-Lowry, seconded by Director Gugenheim, moved the approval of the Minutes of the Board of Directors Meeting of May 29, 2020. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock, Vice Chair Munar and Directors Deer, Driscoll, Gugenheim, Prendergast, Reiter, Richardson-Lowry, Suleiman Gonzalez and Thomas (9)

Nays: None (0)

Absent: Directors Koetting and Story (2)

THE MOTION CARRIED UNANIMOUSLY.

B. Human Resources Committee Meeting, June 19, 2020

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

Director Richardson-Lowry and Barbara Pryor, Chief Human Resources Officer, provided an overview of the Metrics and Meeting Minutes. The Board reviewed and discussed the information.

C. Managed Care Committee

- i. Metrics (Attachment #3)

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

D. Audit and Compliance Committee Meeting, June 19, 2020

- i. Metrics (Attachment #4)
- ii. Meeting Minutes, which include the following action items:
 - Proposed CountyCare Compliance Plan
 - Proposed Internal Audit Charter

Cathy Bodnar, Chief Corporate Compliance and Privacy Officer, provided an overview of the metrics. The Board reviewed and discussed the information.

E. Quality and Patient Safety Committee Meeting, June 22, 2020

- i. Metrics (Attachment #5)
- ii. Meeting Minutes, which include the following action items:
 - Medical Staff Appointments/Reappointments/Changes

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.

V. Board and Committee Reports (continued)

F. Finance Committee Meeting, June 22, 2020

- i. Metrics/FY2020 Finance Update and Year End Forecast (Attachment #6)
- ii. Meeting Minutes, which include the following action items:
 - Contracts and Procurement Items
 - Proposed Resolutions authorizing signatory updates for bank accounts held at JP Morgan Chase Bank

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 4, 7 and 13 under the Contracts and Procurement Items remain pending review by Contract Compliance.

During the discussion of the Contracts and Procurement Items, Mr. Jones noted that the fiscal impact for request number 6 has been reduced to \$1.1 million.

The Board held a lengthy discussion regarding request number 2, which was a request to execute a grant-funded contract with Hektoen Institute for Medical Research in the amount of \$33,469,577.00 for staffing and grant management, hiring and fiscal agent services. Some of the concerns discussed included those relating to the outsourcing of staffing to Hektoen, labor impact and urgency in getting contract tracing activities up and running. It was determined that a meeting will be set up within the next several days between the County's Bureau of Human Resources, CCH Administration/Human Resources and labor representatives to discuss the subject further. This request will be separated from the Finance Committee Minutes and a separate motion will be made to delegate final approval authority to the Finance Committee, in the event that an improved solution can be negotiated and presented for approval at a special Finance Committee meeting held before the next Board Meeting.

Mr. Jones provided information relating to public testimony presented to the Finance Committee regarding the contract with Morrison Healthcare. He stated that the contract with Morrison Healthcare expires on September 30, 2020.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the presentation on the FY2020 April Finance Update. Additionally, she reviewed a presentation regarding the Year End Forecast. The Board reviewed and discussed the information.

VI. Action Items

A. Contracts and Procurement Items (Attachment #7)

Mr. Jones provided an overview of the request.

B. Any items listed under Sections IV, V, VI and IX

VI. Action Items (continued)

Director Reiter, seconded by Director Thomas, moved to approve the minutes of the Human Resources, Audit and Compliance, Quality and Patient Safety, and Finance Committee Meetings for June, which include the CountyCare Compliance Plan, the Internal Audit Charter, Medical Staff appointments/reappointments/and changes, Contracts and Procurement Items, and banking signatory resolutions, with the exception of Contract request Number 2 with Hektoen Institute for Medical Research, which shall be considered separately. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock, Vice Chair Munar and Directors Deer, Driscoll, Gugenheim, Prendergast, Reiter, Suleiman Gonzalez and Thomas (9)

Nays: None (0)

Absent: Directors Koetting, Richardson-Lowry and Story (3)

THE MOTION CARRIED UNANIMOUSLY.

Director Reiter, seconded by Director Prendergast, moved to approve authority to negotiate Contract Request Number 2 with Hektoen Institute for Medical Research, but to delegate authority to give final approval to execute a contract with Hektoen Institute for Medical Research for contract tracing to the Finance Committee of this Board of Directors at a special meeting to be called prior to the July Board Meeting. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock, Vice Chair Munar and Directors Deer, Driscoll, Gugenheim, Prendergast, Reiter, Suleiman Gonzalez and Thomas (9)

Nays: None (0)

Absent: Directors Koetting, Richardson-Lowry and Story (3)

THE MOTION CARRIED UNANIMOUSLY.

Director Reiter, seconded by Director Thomas, moved to approve request number 1 under Board Agenda Item VI(A) Contracts and Procurement Items. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock, Vice Chair Munar and Directors Deer, Driscoll, Gugenheim, Prendergast, Reiter, Suleiman Gonzalez and Thomas (9)

Nays: None (0)

Absent: Directors Koetting, Richardson-Lowry and Story (3)

THE MOTION CARRIED UNANIMOUSLY.

VI. Action Items (continued)

C. Proposed Resolution in Affirmation of Cook County Health's Work Towards Health Equity (Attachment #8)

Chair Hammock provided an introduction to the item and invited Directors to comment and provide any further input for the proposed Resolution.

Director Thomas suggested that, in the first Whereas paragraph, "sexual orientation" should be included after immigration status. Chair Hammock noted that it will be added by common consent.

Director Prendergast stated that she agrees with the proposed Resolution. There needs to be visibility behind CCH's actions – with this, the policies need to follow. Director Driscoll agreed; she stated that there needs to be a discussion on how CCH can do more and play a stronger role.

Director Deer stated that he will discuss CCH's goals with the County's Chief Equity Officer. Director Suleiman Gonzalez suggested that, once goals have been set, the Center for Health Equity should come back to the Board with a set of metrics to regularly report; these can perhaps be embedded within one of the Standing Committees.

Director Suleiman Gonzalez, seconded by Director Thomas, moved the approval of the proposed Resolution, as amended. A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock, Vice Chair Munar and Directors Deer, Driscoll, Gugenheim, Prendergast, Reiter, Suleiman Gonzalez and Thomas (9)

Nays: None (0)

Absent: Directors Koetting, Richardson-Lowry and Story (3)

THE MOTION CARRIED UNANIMOUSLY.

VII. Report from Chair of the Board

Chair Hammock utilized the time for his report for the Board's discussion and consideration of Agenda Item VI(C), the proposed Resolution in Affirmation of Cook County Health's Work Towards Health Equity.

VIII. Report from Interim Chief Executive Officer (Attachment #9)

Ms. Carey provided an overview of her Report; detail is included in Attachment #9.

Ms. Carey provided an update on leader transitions. She noted that Ms. Pryor will be leaving the organization on July 6th; Carrie Pramuk-Volk will serve as Interim Chief Human Resources Officer until a successor is selected. Linda Kampe will serve as Interim Chief Operating Officer of Correctional Health Services, as Linda Follenweider recently resigned. Additionally, as Samuel Williams' last day was last Friday, Ken Munroe, Interim Director of Plant Operations, and Lezah Brown-Ellington, Director of Life Safety, will co-lead the facilities team.

IX. Closed Meeting Items

- A. Claims and Litigation**
- B. Discussion of personnel matters**
- C. Audit and Compliance Committee Meeting Minutes, June 19, 2020**
 - **Discussion of report relating to the audit of FY2019 CCH Financial Statements and Required Communications with External Auditors**
- D. Recruitment of Permanent Chief Executive Officer for the Cook County Health and Hospitals System**

Director Gugenheim, seconded by Vice Chair Munar, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body,” and 5 ILCS 120/2(c)(29), regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

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

Yeas: Chair Hammock, Vice Chair Munar and Directors Deer, Driscoll, Gugenheim, Reiter, Suleiman Gonzalez and Thomas (8)

Nays: None (0)

Absent: Directors Koetting, Prendergast, Richardson-Lowry and Story (4)

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

Chair Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
June 26, 2020

ATTACHMENT #1

Electronic Testimonial Submission

No Reply - Cook County Health <WP-Notifications@cookcountyhealth.org>

Thu 6/25/2020 10:22 AM

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

Type of Message

Message

Message

"Hello, I'm Johnnie Dossie, a Health Advocate at Stroger Hospital. I'm no stranger to the COVID-19 pandemic. In fact, I was one of the first SEIU Local 73 members confirmed with the virus. Unfortunately, Cook County was not proactive in protecting us. There was a lot of confusion regarding how to navigate pay, time off, and more. Cook County also didn't take into account the amount of time it requires to recover. I only received 10 days of pay during my recovery. That is not nearly enough. People are losing their lives, and each day we come into work we are putting our families at risk. Luckily, I've recovered from the virus. But what the experience taught me and my coworkers is that Cook County needs to do more to show that they care about us. We are not just numbers in a payroll sheet. We are human beings with families and friends. Even to this day, there are still concerns about the lack of PPE and exposure risk that we face on a daily basis. I have immunocompromised family members who could have easily contracted the virus from me. I consider myself extremely lucky that this didn't occur and that I am still alive today. But that hasn't healed the emotional scars from my experience with COVID, and there's so much more that Cook County needs to do. We are understaffed, under-protected, and underpaid. As we fight for our lives during a global pandemic, we are also fighting for a new contract. How are we to trust management in the future if we don't trust them now?"

Name

Johnnie Dossie

Address

4419 West Van Buren
Chicago, Illinois 60624
United States
[Map It](#)

Phone

(773) 844-0367

Phone Type

Mobile

Email

ladycee1@yahoo.com

Santana, Debbie

From: No Reply - Cook County Health <WP-Notifications@cookcountyhealth.org>
Sent: Thursday, June 25, 2020 11:48 AM
To: Santana, Debbie
Subject: Electronic Testimonial Submission

Type of Message

Message

Message

This pandemic has hit close to home. My wife and I have had family members who have succumbed to the coronavirus. Each day that I go into work, I not put myself at risk, but my family as well. My wife is currently fighting cancer, and a disease like COVID-19 has serious implications for her. I want to know that Cook County Health will do all it to protect not only us workers, but our loved ones as well. We need more improvements to PPE access. We are in this mess because Cook County Health was simply not prepared. Moreover, our unit and others have been hit hard by understaffing. For example, only two of us will get sent to clean a 5-story garage. That is not right. We need better protection, better staffing, and of course, hazard pay. We are still in the midst of a pandemic, and with an inevitable second wave in the coming months, it's more important than ever for Cook County Health to stand up and support us. That means being more proactive. A committee must come together to properly collect and allocate resources, set up proper pandemic protocol, and create a framework that supports their workers on the frontline. or protocol set up that creates framework for this.

Name

Johnny Hill

Address

2247 W. 120th Place
Blue Island, Illinois 60406
United States
[Map It](#)

Phone

(708) 259-9112

Phone Type

Mobile

Email

johnny.hill@cookcountyil.gov

Electronic Testimonial Submission

No Reply - Cook County Health <WP-Notifications@cookcountyhealth.org>

Thu 6/25/2020 12:28 PM

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

Type of Message

Message

Message

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.

Name

Thomas Price

Address

6042 S. Vernon
Chicago, Illinois 60637
United States
[Map It](#)

Phone

(773) 319-6994

Phone Type

Mobile

Email

tprice36495@gmail.com



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Roberta Lynch

Executive Vice Presidents

Ralph Portwood

John Rayburn

Yolanda Woods

Secretary

Dave Delrose

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Melanie Hoyle

Kathy Lane

Matthew Lukow

Lloyd Marshall

Chris Milton

Stephen Mittons

Thomas Opolony

Cary Quick

Kobie Robinson

Yurvette Simmons

Crosby Smith

Miguel Vazquez

Trudy Williams

Tim Worker

Retiree President

Larry Brown

Trustees

Tom Brown

Jeff Reighter

Tamara Rietman

June 25, 2020

Cook County Health Board of Directors

1950 W. Polk Street, Room 9106

Chicago, IL 60612

Dear Board Member,

As I'm sure you are aware, contact tracing is considered a critical element of the public health strategy to contain the spread of the coronavirus. We write now to express our concerns regarding Cook County's ill-advised plan to entrust this vital function entirely to Hektoen Institute, an entity dedicated to medical research, learning and education. While Hektoen has frequently served as a fiscal agent, it is not a public health agency and it is not the appropriate agent to develop and carry out a massive community health initiative on an unprecedented scale; to identify and oversee potential subcontractors, or to screen, hire, train and employ a small army of contact tracers.

In fact, as the accompanying document indicates, the Cook County Department of Public Health had initially planned to manage the implementation of the County's COVID-19 contact tracing program-- and clearly is best suited to do so. The department already has experience in contact tracing (related to other public health threats) and knowledgeable professional staff.

Many of those CCDPH employees are represented by our union. Yet Cook County put forth its plan to outsource this work without informing our union and without having made any effort to discuss other possible alternatives with us, or to even comply with its obligations under our collective bargaining agreement. I can assure you that we are keenly aware of the urgency of the moment and are prepared to meet promptly and to do all we can to ensure a fair, efficient and expeditious hiring process.

It is not too late to reverse—or at least revise-- course. There is still time to build upon the contact tracing program currently in place in CCDPH by expanding the county's own capacity and by designating CCDPH as the administrator of the program. We urge the Cook County Health and Hospitals System Board to recognize the hazards inherent in the course the County is pursuing and to assert its role in assuring the highest level of transparency and accountability as the contact tracing program moves forward.

Sincerely,

Mike Newman
Deputy Director

Enclosure: Contact Tracing Plan FAQ Batch Three

cc: Velisha Haddox, Bureau Chief of Human Resources

LaShon DeFell, Deputy Bureau Chief of Human Resources

Dr. Kiran Joshi, Interim Director, Department of Public Health

Dr. Rachel Rubin, Interim Director, Department of Public Health

American Federation of State, County and Municipal Employees, Council 31

TEL (312) 641-6060 FAX (312) 861-0979 WEB www.afscme31.org 205 North Michigan Avenue, Suite 2100 Chicago, Illinois 60601

CCDPH Contact Tracing Plan FAQ Batch Three – for June 12, 2020

General Plan Questions

How much money did CCDPH receive?

CCDPH received \$40 million in COVID-19 relief funding from the Illinois Department of Public Health (IDPH) via the FEMA Disaster Relief Act and the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

What are CCDPH's plans?

CCDPH currently has 25 contact tracers for the 2.5 million people who live in suburban Cook County. Suburban Cook County excludes Chicago, Evanston, Skokie, Oak Park, and Stickney Townships, which have their own state-certified health departments.

CCDPH will stand up a program of 400 people. The expanded contact tracing program will have the capacity to reach 90% of contacts of persons who test COVID-19 positive within 24 hours.

How will you ensure that the contact tracing program addresses inequities?

CCDPH will fund local community-based organizations (CBOs) to conduct public health education and outreach efforts to underserved communities. CBOs will also provide enhanced COVID-19 case management and referrals to resources. This case management will address the social and economic impacts of the virus that are being borne disproportionately by low income communities, such as housing instability and lack of food.

What does the contact tracing process look like?

Contact tracing limits the spread of infectious diseases by identifying who may have been exposed to a person with the illness and asking them to isolate themselves from others.

There's a four-step process: First, COVID-19 tests that are positive are reported by the laboratory and ordering physician or hospital into an IDPH state-wide tracking system. Second, CCDPH staff access this database to identify new cases that live in CCDPH's jurisdiction.

Third, a case investigator speaks to the positive case to collect details such as current symptoms, exposure history, work history, and household contacts, and their current health status. Fourth, the case investigator will reach out to contacts of the individual that tested positive for COVID-19. Each investigator makes multiple attempts to reach the case or family or hospital staff. It usually takes a few days to a few weeks to identify close contacts of a confirmed case.

Tracers and other staff stay in regular contact with exposed individuals — normally using phone calls, text messages and emails — to ensure any contacts with symptoms

are identified as quickly as possible so appropriate public health action can be taken immediately.

Hiring Process

When will jobs be posted?

We anticipate starting our first group of contact tracers by early August. Contact tracers will be brought on in groups of 50-100, and we'll have a full team by the fall.

Where can I go to apply for jobs?

To express interest in contact tracing jobs, please fill out the IDPH Contract Tracing Interest Form. We will receive information from the state about your interest. Please note that this is not a job application:

<https://redcap.dph.illinois.gov/surveys/?s=KWKJL93TM7>

What is the step by step process to become a contact tracer?

How long will the process take to become a contact tracer?

We are still finalizing our hiring process. If you'd like to express interest in contact tracing jobs, please fill out the IDPH Contract Tracing Interest Form:

<https://redcap.dph.illinois.gov/surveys/?s=KWKJL93TM7>

We will receive information the state about your interest. Please note that this is a not job application.

What is a phone number that people can call about the jobs?

We do not have a phone number for people to call about jobs. General questions can be directed to CCDPH's hotline: 708-633-3319.

Contact Tracing Positions

How much will the positions pay?

We will pay a living, competitive wage and provide benefits such as paid sick leave and health insurance.

How long with the positions last for?

Are these permanent or temporary positions?

These will be grant-funded positions that will be about one-year based on the terms of the grant. We hope there will be additional funding to continue the program. These are full-time jobs with benefits.

What kind of positions will you be hiring for?

CCDPH plans to hire 300 Contact Tracers, 50 Case Investigators, and 50 Care Resource Coordinators, along with other program staff including supervisors, administrative and data management staff.

Where will the new staff work?

Most contact tracers and their supervisors will work from home. Small teams of people may do home or workplace visits. A handful of leadership positions will be embedded at CCDPH offices.

What if I don't have a computer at home?

We will supply a laptop and phone.

Will preference be given to those that live in the suburban Cook?

Yes. Contact tracing staff will be recruited based on their familiarity with the cultures and communities in suburban Cook County that have been predominately impacted by COVID-19; and have a demonstrated commitment to supporting communities who have experienced systemic oppression and bias.

How many contact tracers will be hired from the following: Chicago, south suburbs, west suburbs?

We have not established specific hiring goals yet, but we are committed to disproportionally hiring from communities most impacted by COVID-19. Contact tracing staff will be recruited based on their familiarity with the cultures and communities in suburban Cook County that have been predominately impacted by COVID-19; and have a demonstrated commitment to supporting communities who have experienced systemic oppression and bias. Our health department serves suburban Cook County, which does not include the City of Chicago.

What is the difference between working as a tracer from the state, the city, and the county?

We do not know the details of the Chicago Department of Public Health's contact tracing program. The Illinois Department of Public Health is not conducting the contact tracing themselves, that is something that local health departments are responsible for. The state is providing the web-based contact tracing surveillance system.

In general, the contact tracing process will probably be similar to other places. Like CCDPH, the Chicago Department of Public Health is also working with community-based organizations and will hire a combination of contact tracers, supervisors, and referral coordinators. The City is using CBOs to hire and manage and run contact tracing under a fiscal agent management consortium. All of our hiring will be conducted through a fiscal agent.

Skills, Experience and Training

What kind of skills and experience is necessary for the contact tracing positions?

Contact tracers need a variety of skills; some of the most important skills are the ability to connect with people and to be empathetic and build trust. Contact tracers need to be able to ask people who may be very sick about their movements in the past few weeks, listen carefully and take notes, and talk with people about following medical and public health guidance.

Contact tracing staff will be recruited based on their familiarity with the cultures and communities in suburban Cook County that have been predominately impacted by COVID-19; and have a demonstrated commitment to supporting communities who have experienced systemic oppression and bias (e.g. people of color, LGBTQ+ people, immigrants, justice involved persons, etc.).

What are the education requirements to be a contact tracer?

Contact tracers will be required to have a high school diploma or GED as well as data entry skills.

What kind of training is necessary for contact tracer positions?

Do you have to get training before I can apply?

Where do I get training?

You do not need contact tracer training to apply for or be eligible for a contact tracer job.

CCDPH will provide on-the-job training for people hired for contact tracer positions. We will provide our own training because we need to train on our own jurisdiction and processes, including our computer system and workflows. It's okay to get additional training, but it will not substitute for all of the training that we will provide.

Will there be a cost for the training?

If someone is hired to be a contact tracer for CCDPH, they will not be charged for training needed for the position. They will also be paid for the time they spend in training for the position for CCDPH position.

Will/can these jobs lead to something else?

CCDPH will help suburban Cook County communities experiencing inequities by working with partners to create a workforce development program that cultivates a pathway for new healthcare jobs/careers and ensures populations and communities most affected by COVID-19 will benefit. For example, the plan is that contact tracers will have ½ day per week to receive training on public health and/or healthcare careers.

What's the difference between a case investigator and a contact tracer?

A case investigator conducts the initial interview with a person that test positive for COVID-19, and determines that contacts that need to be interviewed. A contact tracer keeps in touch with those contacts to provide education about quarantine for up to 14 days.

What kind of skills and experience will be required for the other positions?

We are still finalizing requirements for most of the positions, including case investigators, care resource coordinators, supervisors, administrative, and data management staff.

Can current CCDPH staff become contact tracers?

CCDPH staff are welcome to apply for the contact tracer positions, but please note that the positions are grant-based positions, and that the grant is funded for one year. CCDPH staff will not be able to do their current job with the health department and also be a contact tracer.

Can CCDPH staff do contact tracing and their current position?

There are 25 CCDPH staff working on contact tracing now. We do not plan to use additional CCDPH staff for contact tracing.

Privacy/Trust

How will my health information be used?

Contact tracing helps prevent outbreaks of COVID-19 by limiting the spread of the virus. Your information will be used to help save lives. We will also use the information we collect to track how the pandemic is evolving and to monitor inequities, which helps us know where and for whom help is needed.

How can I be sure that my health information is secure?

We will keep information strictly confidential, and develop a secure way for callers to know whether the health department is calling.

Will the health department share information with others?

IDPH manages the database that stores the information about people who are contacted in contact tracing investigations in Illinois. Our health department will not share personal information with any other health departments or any other government or private entities. We will share more general information, such as changes in the number of people who are sick or and racial and other inequities, with the public and our partners.

How do I know that the person calling is from the health department?

We will develop a secure way for callers to know whether the health department is calling. Contact tracers won't ask you for money or information like your Social Security number, bank account, or credit card number.

Referrals/Supports

What options or opportunities are there for isolation for those who are unable to self-isolate at home?

We will establish referrals to alternate housing for people that are unable to safely isolate at home or do not have secure housing.

What financial assistance is available for people who are asked to stay home but can't telework or don't have sick leave?

CCDPH will fund local community-based organizations (CBOs) to conduct effective public health education and outreach efforts to underserved communities. CBOs will

also provide enhanced COVID-19 case management and referrals to resources. This case management will address other social and economic impacts of the virus that are being borne disproportionately by low income communities, such as housing instability and lack of food.

Contact Tracing Courses

Is CCDPH only promoting the no cost trainings? Is this just a CCDPH thing or throughout the County system?

We will no longer be promoting free or at-cost trainings because they are not required for the positions. We are not aware of other County agencies sharing information about trainings.

The Congressional Black Caucus is asking why the community colleges are charging for the contact tracing classes? The Caucus gave monies for scholarships for minority students in suburban Cook County.

Thank you for raising this to our awareness. Any concerns about how community colleges have used scholarship money should be directed to the community colleges.

BD Alaris Recall Protest

Steve Maynard <Steve.Maynard@icumed.com>

Thu 6/25/2020 2:30 PM

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

 8 attachments (19 MB)

ATT00001.htm; AlarisSystem9.x_CustomerRecallPackage (3).pdf; ATT00002.htm;
AlarisSystem12.1.0_CustomerRecallPackage (1).pdf; ATT00003.htm; BD earning call slides may 2020.pdf;
ATT00004.htm; image001.png;

Debbie,

Please read the following protest at the Board Meeting this Friday, June 22. 2020.

At the May 2020 County meeting, Beena Peters suggested CCHHS does not have any pumps affected by the FDA recall. Not true

At the June 22, 2020 County Meeting, Beena Peters suggested they are using FDA recalled pumps, but they are taking "safety measures".

The suggested tip sheets and videos listed on the BD website, necessary to use the recalled pumps safely and effectively, are likely an overwhelming burden on the cognitive load of nurses.

At the June 22, 2020 County meeting, Beena Peters suggested the public speaker works for the company that lost the bid. Not true

I work for ICU Medical and we have never been involved in an RFP or bid process for Cook County. The bid for a 5-year contract was awarded to BD in 2011 and infusion pumps have not been to bid since. That's almost 5 years of renewing the contract based on relationship.

And bids and RFPs have nothing to do with using a pump that is on FDA recall and will need to go through the FDA 510K process before any remediation is possible. According to the FDA Maude Report website, there are consistently more than 400 reported incidences per month involving the Alaris pump, some involving injury and death. At the recent BD shareholders meeting in May, 2020, it was stated the filing for 510K approval would not take place until after Q4. For your due diligence, the BD customer letters and the shareholder's meeting minutes are attached but readily available on the BD website.

I have been persistent with these protests because I've sent more than a dozen emails to CCHHS clinical stakeholders over the past few months to discuss the BD recall, 2020 ISMP Guidelines (Institute of Safe Medication Practices), and the evolution of pump technology and the market over the past decade...no responses.

In the post COVID world, where every hospital is looking to reduce costs, we're confident our pump savings will be in the millions.

Thanks,
Steve

Electronic Testimonial Submission

No Reply - Cook County Health <WP-Notifications@cookcountyhealth.org>

Thu 6/25/2020 2:31 PM

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

Type of Message

Message

Message

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.

Name

Sylvia Kizer

Address

PO Box 51384
Chicago, Illinois 60651
United States
[Map It](#)

Phone

(773) 499-0201

Phone Type

Mobile

Email

sparkle750@yahoo.com

Electronic Testimonial Submission

No Reply - Cook County Health <WP-Notifications@cookcountyhealth.org>

Thu 6/25/2020 3:15 PM

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

Type of Message

Message

Message

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.

Name

Thiesha Tiggs

Address

10100 S Everhart
Chicago, Illinois 60628
United States
[Map It](#)

Phone

(773) 469-6676

Phone Type

Mobile

Email

ttiggs@cookcountyhhs.org

Electronic Testimonial Submission

No Reply - Cook County Health <WP-Notifications@cookcountyhealth.org>

Thu 6/25/2020 3:49 PM

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

Type of Message

Message

Message

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.

Name

Denise Mercherson

Address

11400 S St. Lawrence
Chicago, Illinois 60628
United States
[Map It](#)

Phone

(312) 402-5656

Phone Type

Mobile

Email

dmercherson@gmail.com

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
June 26, 2020

ATTACHMENT #2

Human Resources Metrics CCH Board of Directors

Barbara Pryor
Chief Human Resources Officer

June 26 2020



COOK COUNTY
HEALTH

Metrics



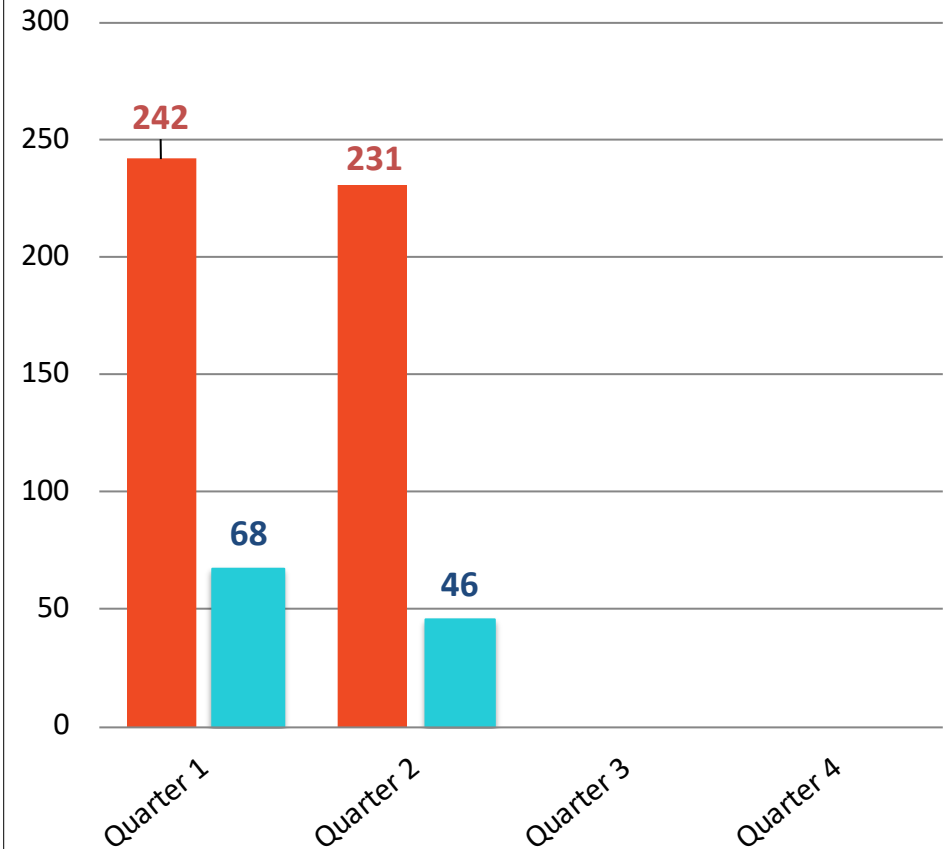
COOK COUNTY
HEALTH

FY 2020 CCH HR Activity Report

Thru 05/31/2020

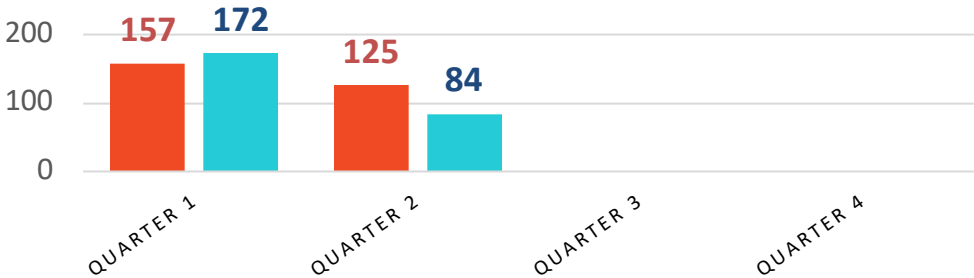
FILLED POSITIONS

■ 2019 Filled (473) | Externals (319)
■ 2020 Filled (114) | Externals (83)

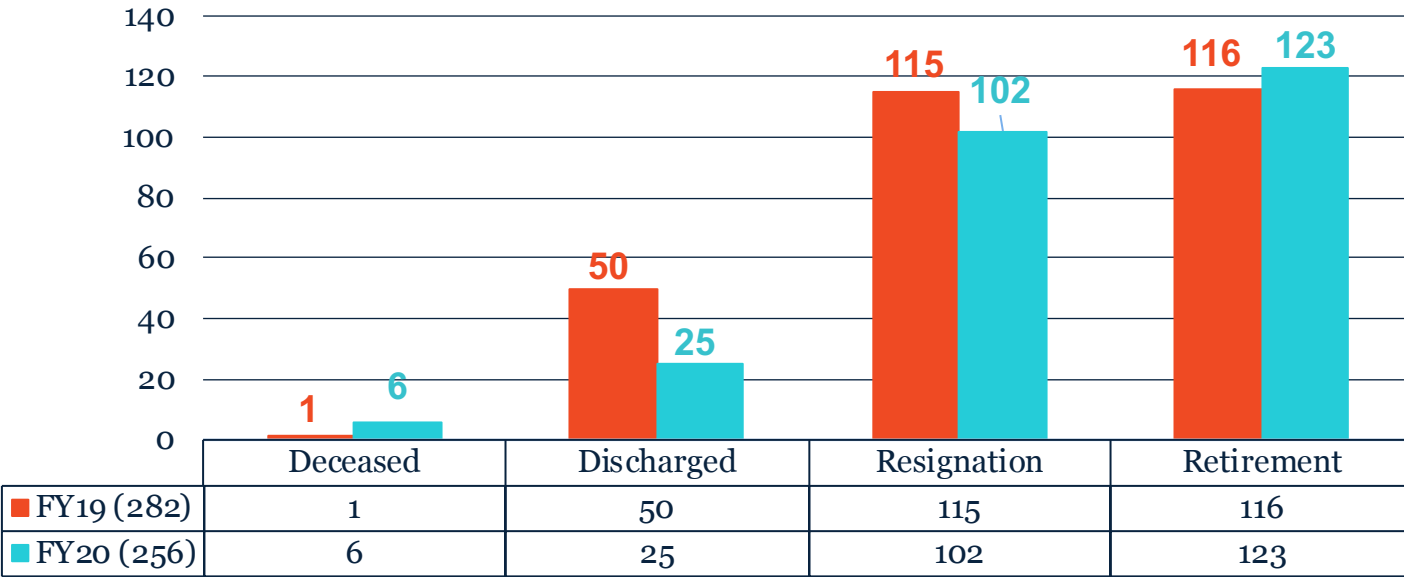
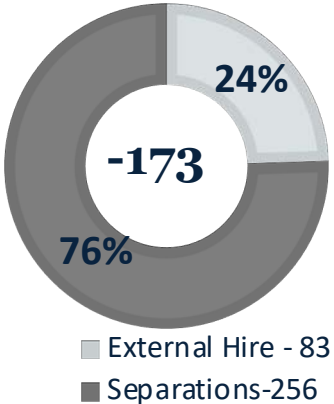


SEPARATIONS

■ 2019 Separations (282) ■ 2020 Separations (256)



NET

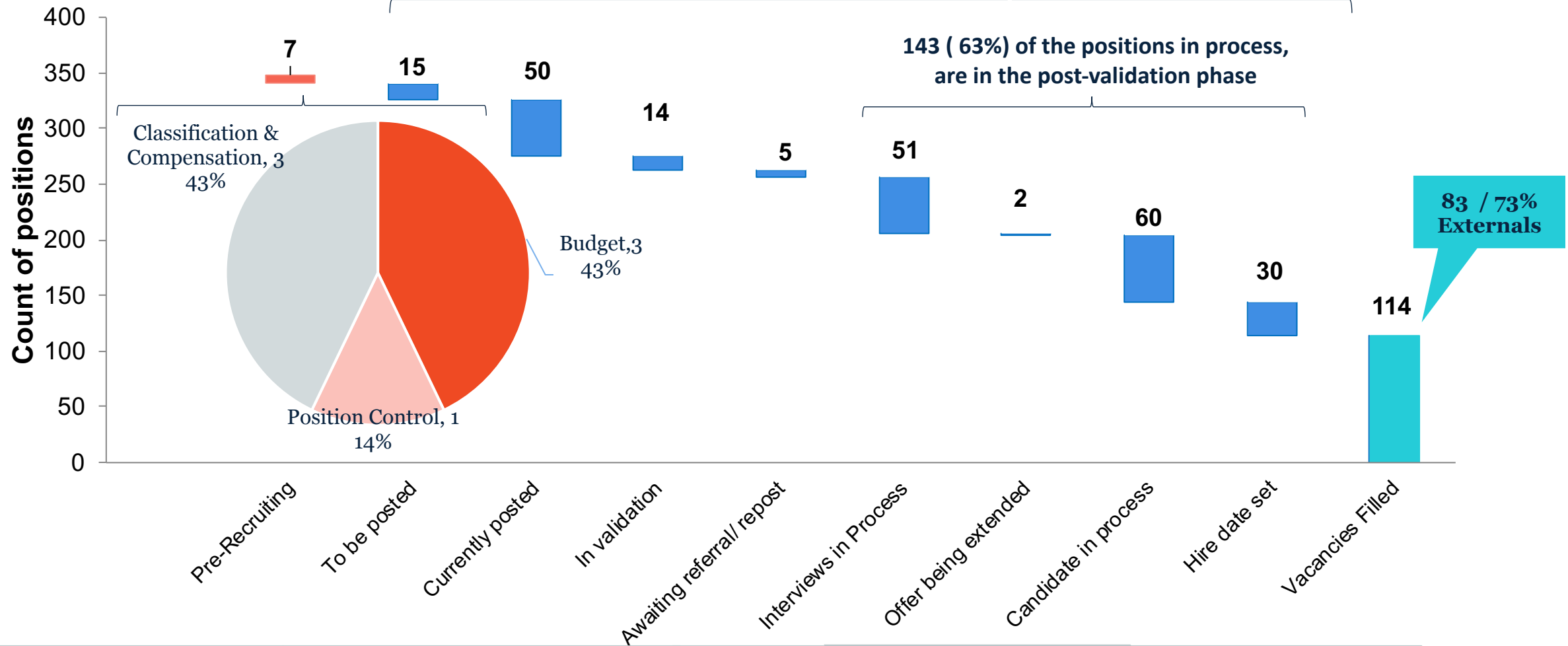


Cook County Health HR Activity Report – Hiring Snapshot

Thru 05/31/2020

Clinical Positions	157	69%
Non-Clinical Positions	70	31%

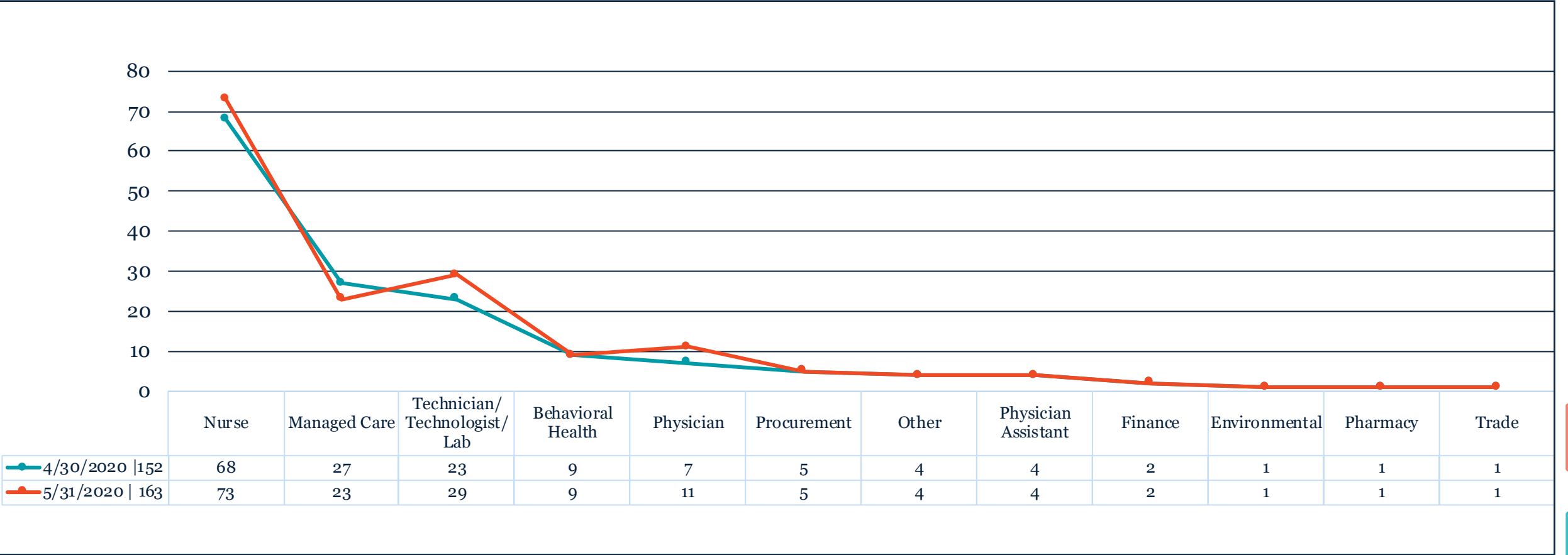
227 Positions in Recruitment



**COOK COUNTY
HEALTH**

Hiring Plan

Of the 227 positions in Human Resources, 163 were approved by the Department of Budget & Management Services:

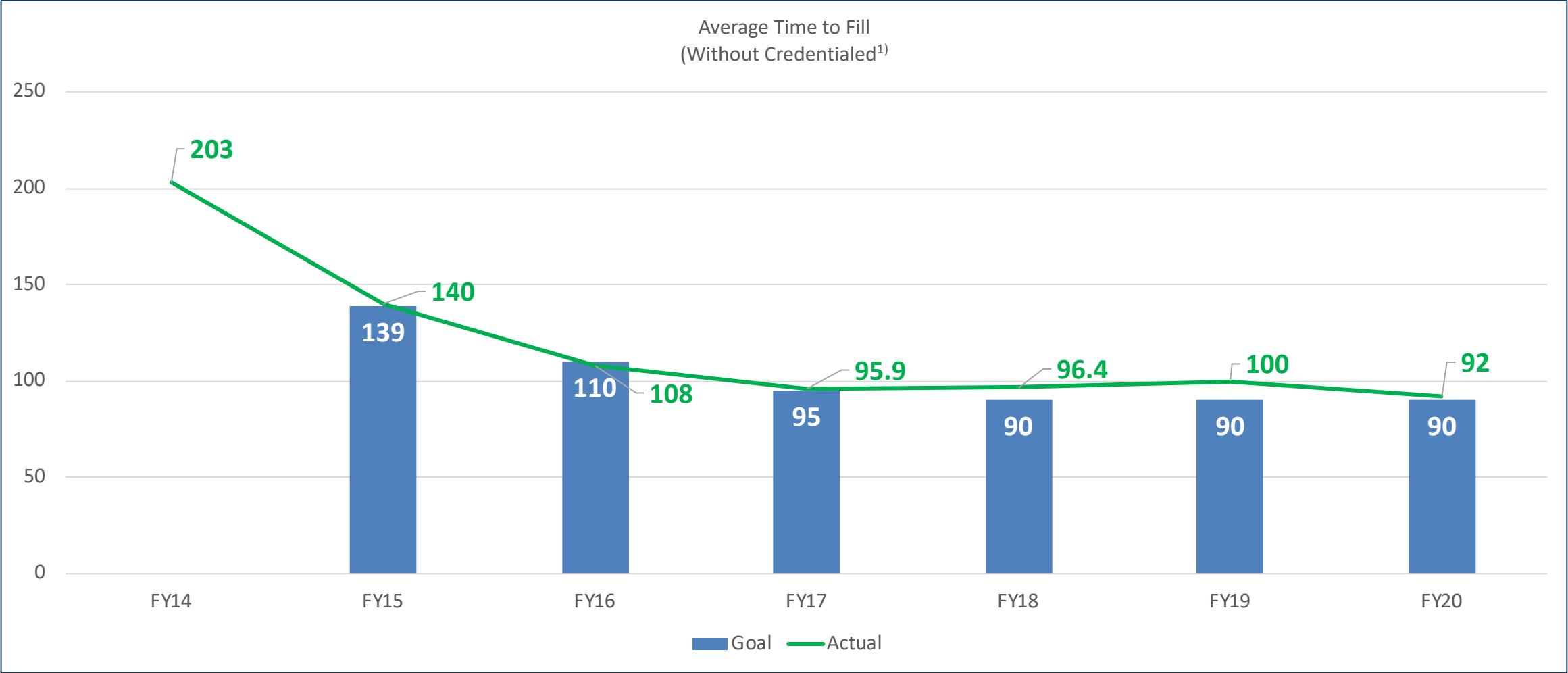


Nursing Positions Note:

- **22 RTHs - Shift Bid/Lateral Transfers**
- **73 RTHs - In Recruitment Cycle**
- **10 RTHs - Filled**
- 105 RTHs Approved**

Cook County Health HR Activity Report

Improve/Reduce Average Time to Hire*



¹Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

Thank you.



COOK COUNTY
HEALTH

Appendix

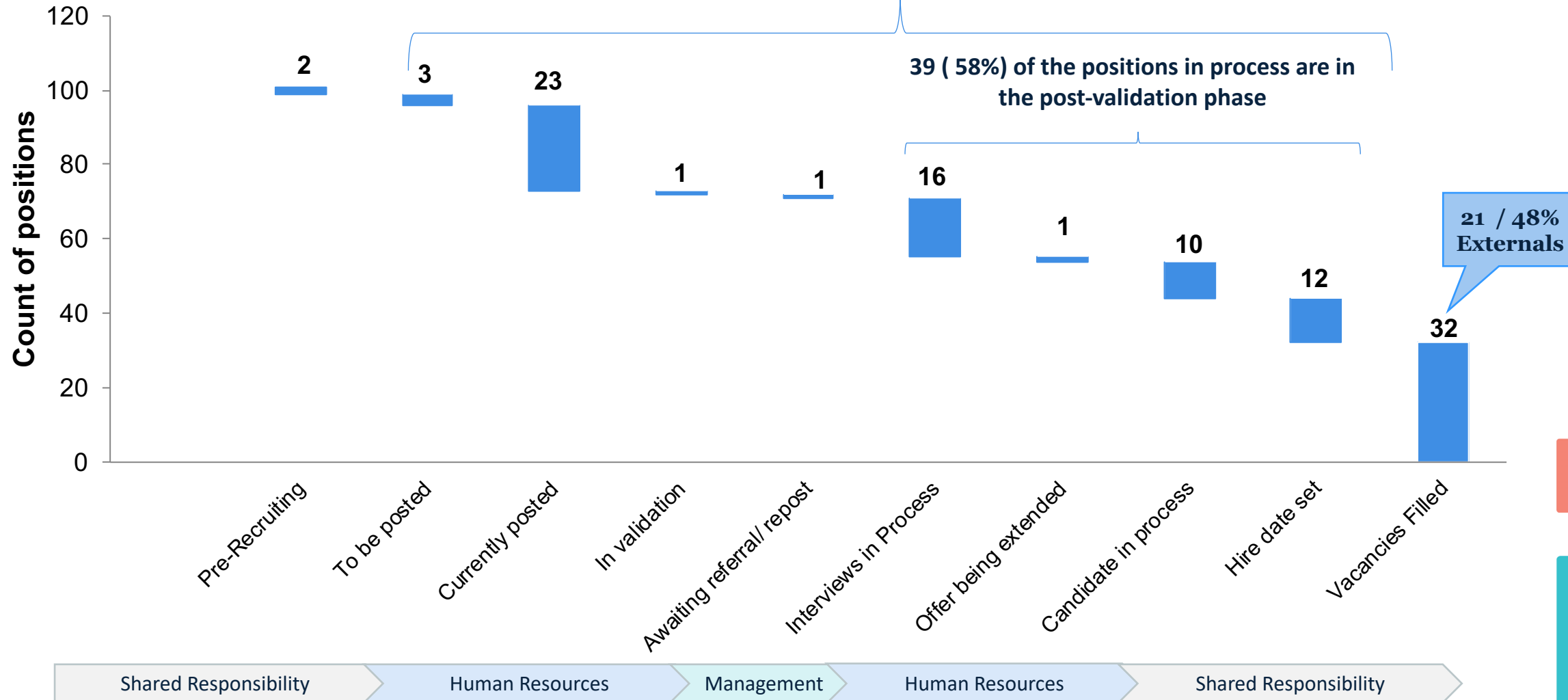


COOK COUNTY
HEALTH

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

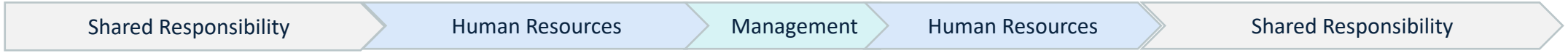
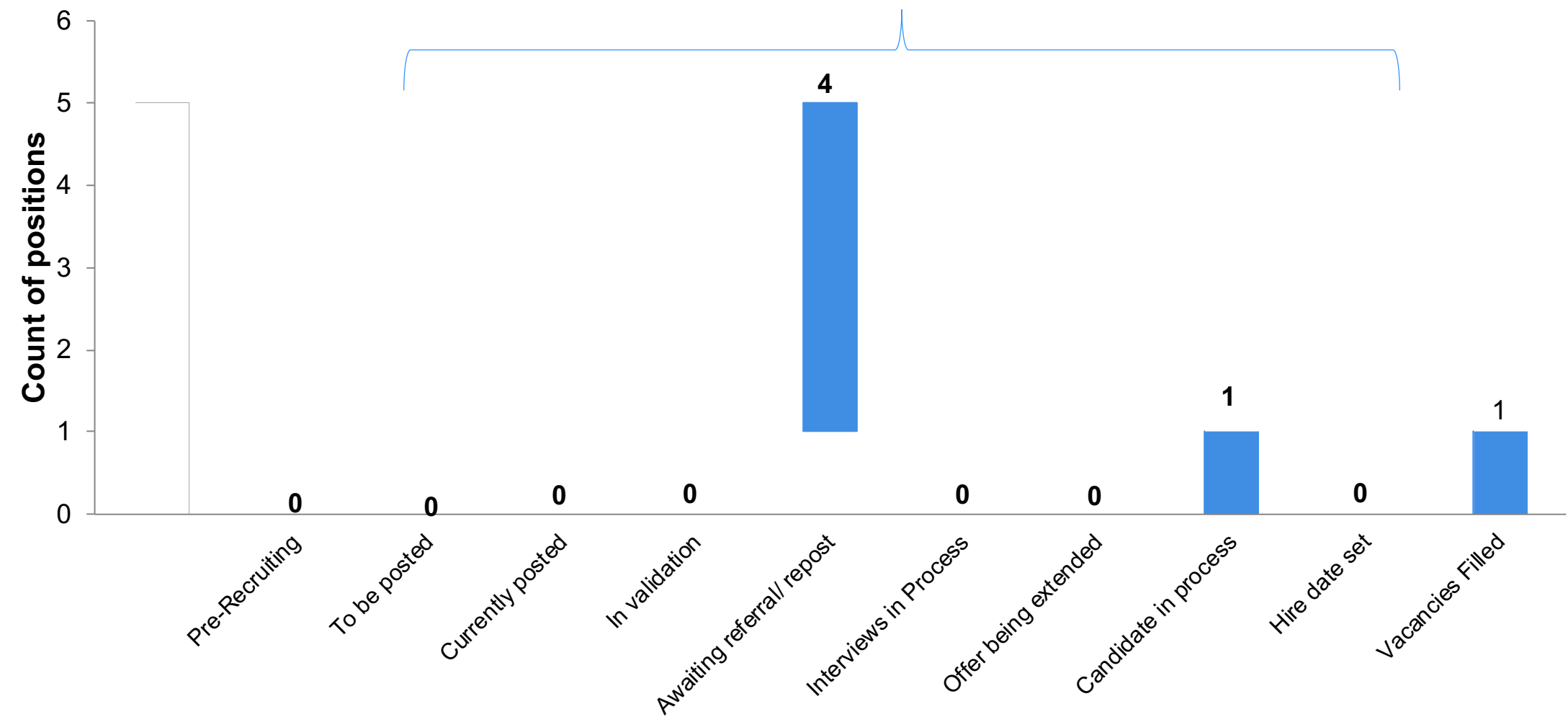
Thru 05/31/2020

67 Positions in Process



Cook County Health HR Activity Report – Revenue Cycle

Thru 05/31/2020
5 Positions in process



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
June 26, 2020

ATTACHMENT #3

CountyCare Update

Prepared for: CCH Board of Directors

James Kiamos

CEO, Health Plan Services

June 26, 2020



Current Membership

Monthly membership as of June 3, 2020

Category	Total Members	ACHN Members	% ACHN
FHP	218,133	16,170	7.4%
ACA	80,521	12,858	16.0%
ICP	30,095	5,726	19.0%
MLTSS	6,051	0	N/A
SNC	7,396	1,247	16.9%
Total	342,196	36,001	10.5%

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



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/Aetna purchasing IlliniCare legacy Medicaid

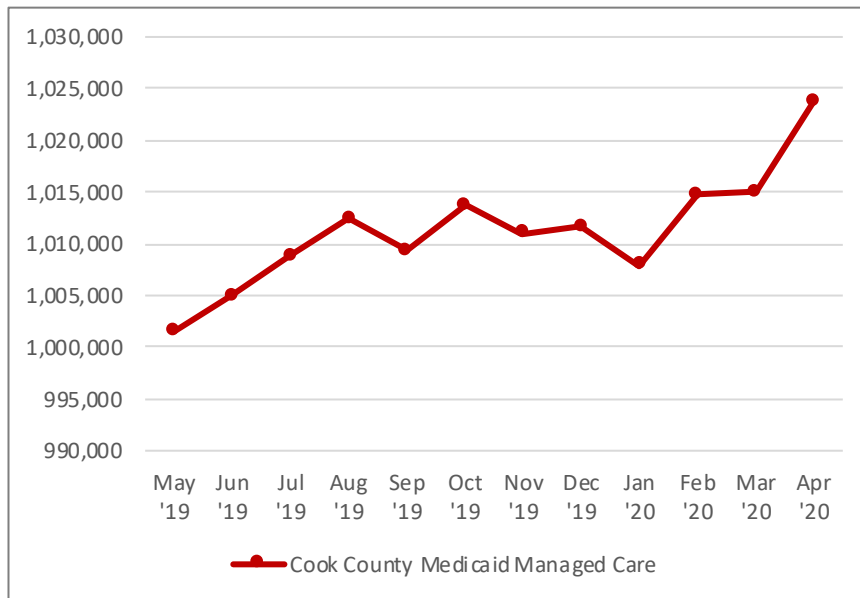
Source: <https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx>



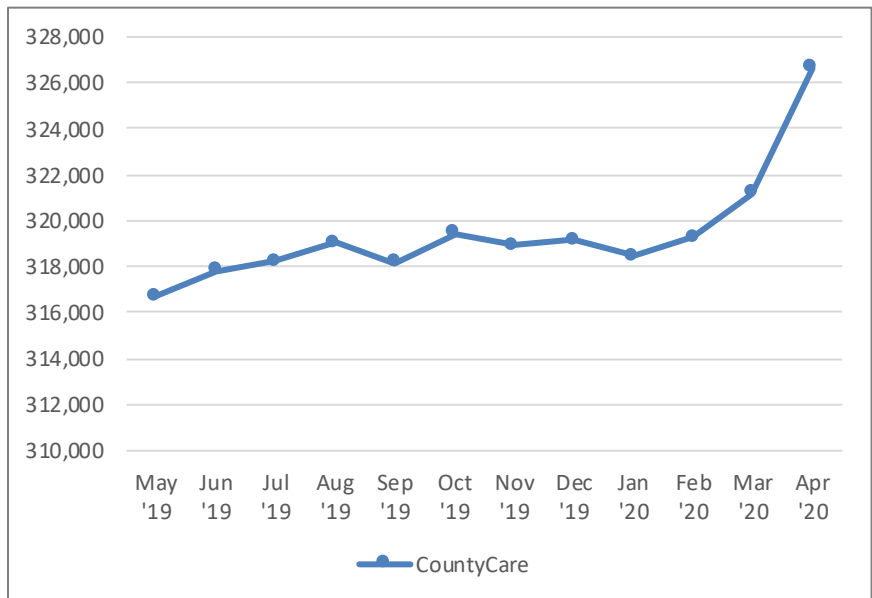
IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

Cook County Medicaid Managed Care



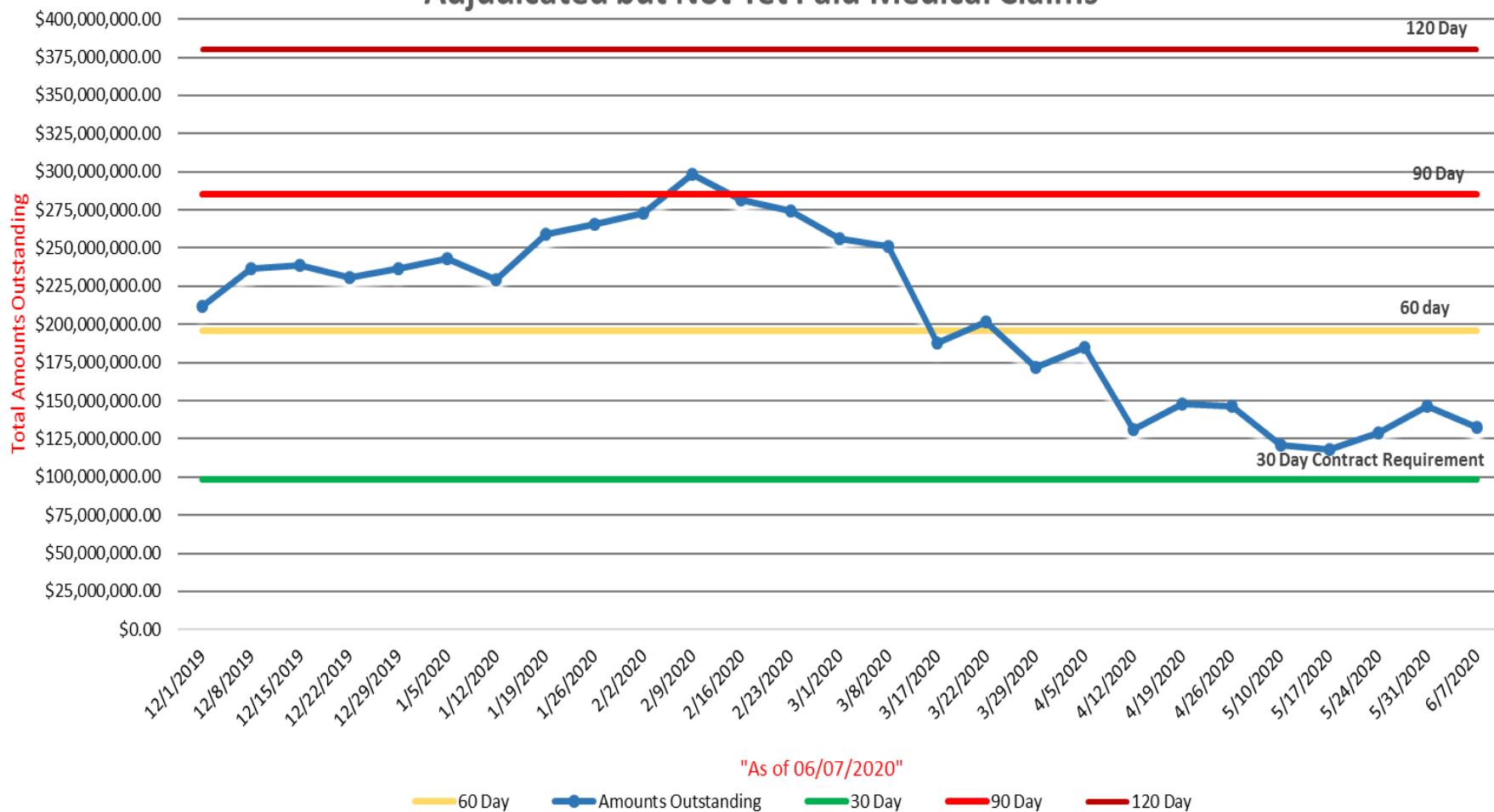
CountyCare



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

Claims Payment

Adjudicated but Not Yet Paid Medical Claims

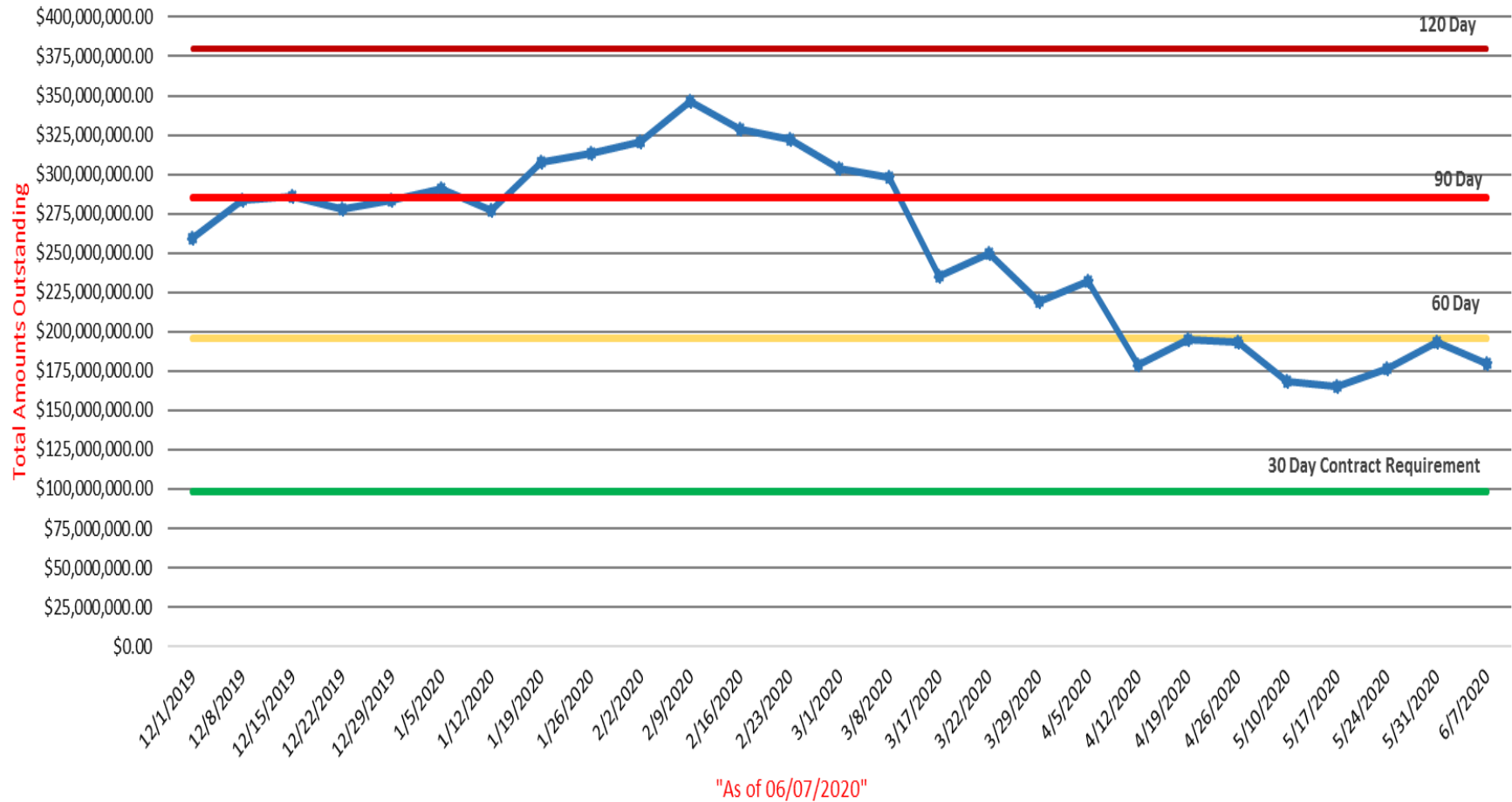


*Medical claims only-does not include pharmacy, dental, vision or transportation claims

Source: CCH Health Plan Services Analytics

Claims Payment

Received but Not Yet Paid Medical Claims



*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

60 Day Amounts Outstanding 30 Day 90 Day 120 Day

Source: CCH Health Plan Services Analytics

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
June 26, 2020

ATTACHMENT #4

Corporate Compliance Report

CCH Board of Directors

June 26, 2020



COOK COUNTY
HEALTH

Meeting Objectives

Review

Volume Indicators

- F-YTD 2020 Metrics
 - Cook County Health as a Provider of Health Care Services
 - CountyCare Medicaid Health Plan

Volume Indicators



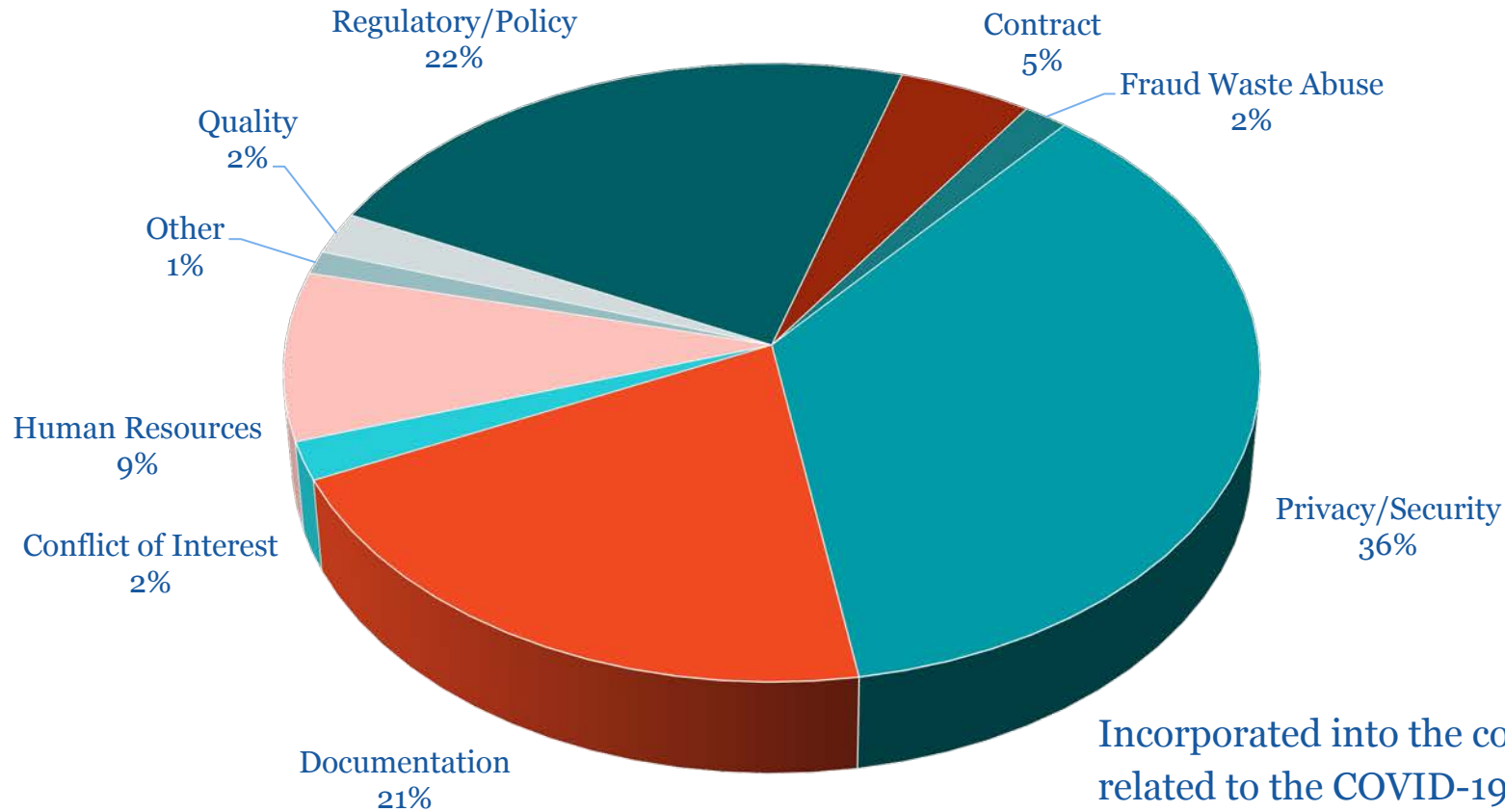
Metrics



COOK COUNTY
HEALTH

F-YTD 2020 Contacts by Category

CCH as a Provider of Care – Dec 1, 2019 through May 31, 2020



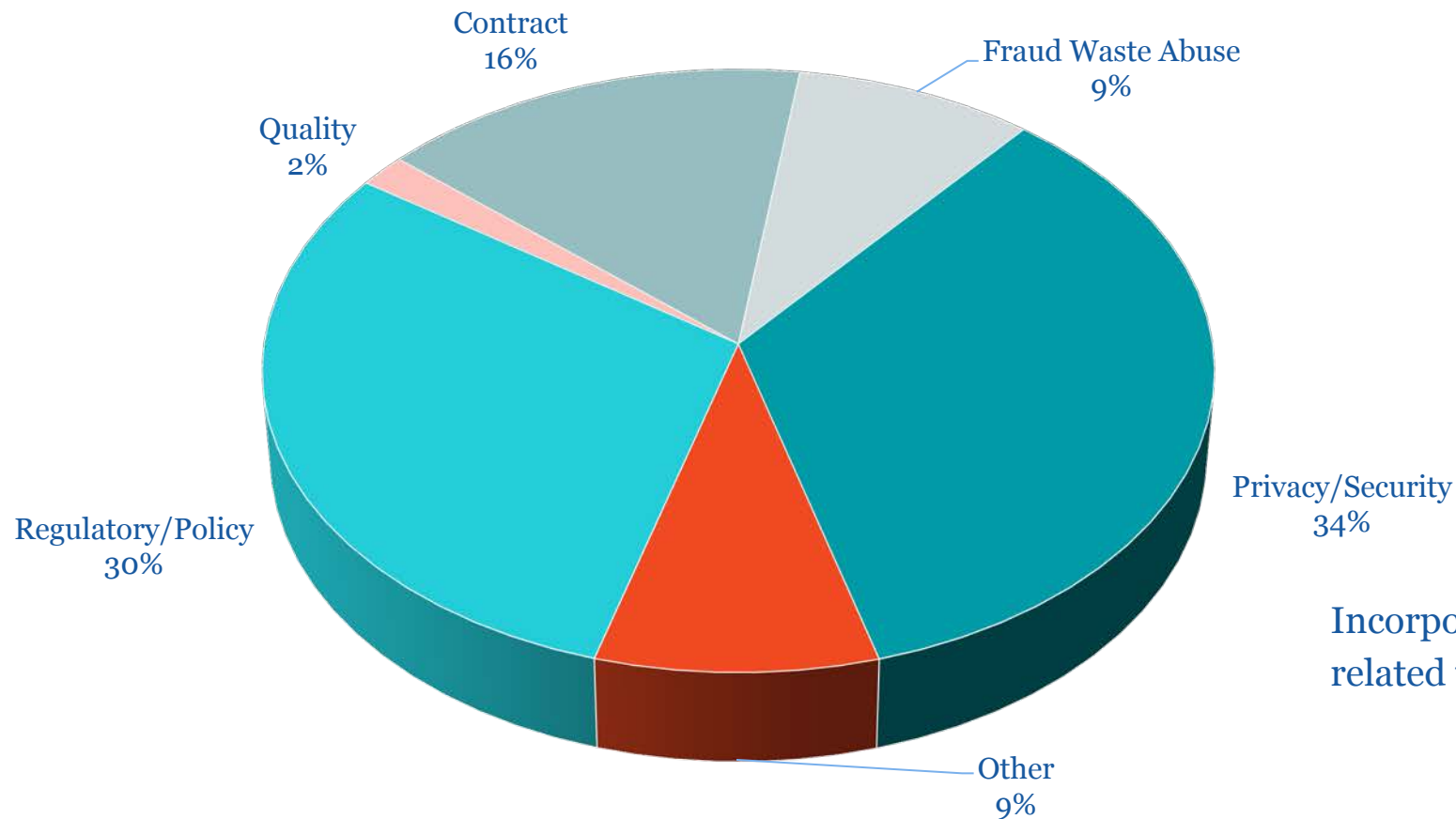
Categories	
Privacy/Security (HIPAA)	181
Regulatory/Policy	112
Documentation	103
Human Resources	44
Contracts	24
Quality	11
Conflict of Interest	10
Fraud Waste & Abuse	8
Other	6
499	

Incorporated into the counts above are **105** issues related to the COVID-19 Public Health Emergency



F-YTD 2020 Contacts by Category

CountyCare Health Plan – Dec 1, 2019 through May 31, 2020



Categories	
Privacy/Security (HIPAA)	39
Regulatory/Policy	34
Contracts	18
Fraud Waste & Abuse	10
Quality	2
Other	10
113	

Incorporated into the counts above are 6 issues related to the COVID-19 Public Health Emergency

CountyCare Program Integrity Activity

State Fiscal Year 2020 Q1-2-3 (July 1, 2019 – March 30, 2020)

Number of Tips ¹	Number of New SIU Investigations ²	Number of Audits ³	Amount of Overpayments Collected ⁴
48	34	2,585	\$ 1,629,520.96
48	6	5,096	\$ 775,043.54
57	12	1,521	\$ 1,392,335.59
Total Collected			\$ 3,796,900.09
<i>For comparison S-FY2019</i>			<i>\$ 1,986,699.41</i>

- ¹ Tips Allegations of suspected Fraud, Waste, Abuse, mismanagement or misconduct by a provider or member; not vetted
- ² Investigations Any tip that has exposure; provider or member specific
- ³ Audits Claim lines implicated by data mining or algorithms;
Data mining/algorithms are trend specific, not provider specific
- ⁴ Overpayments Collected Money actually recouped and in the bank; small amount may be paid back to the provider on a corrected claim

Questions?



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
June 26, 2020

ATTACHMENT #5

QPS Quality Dashboard



June 22, 2020



COOK COUNTY
HEALTH

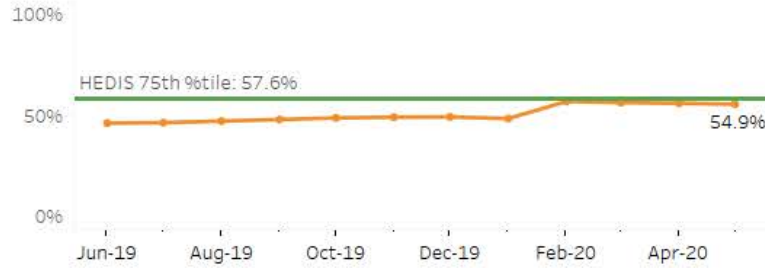


COOK COUNTY HEALTH

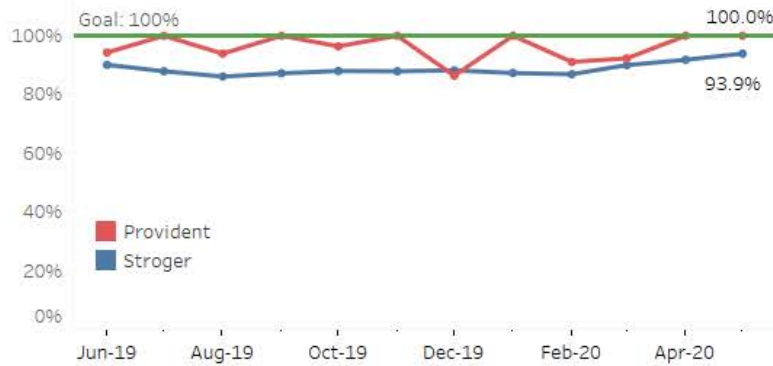
Quality Dashboard
June 22, 2020

Health Outcomes

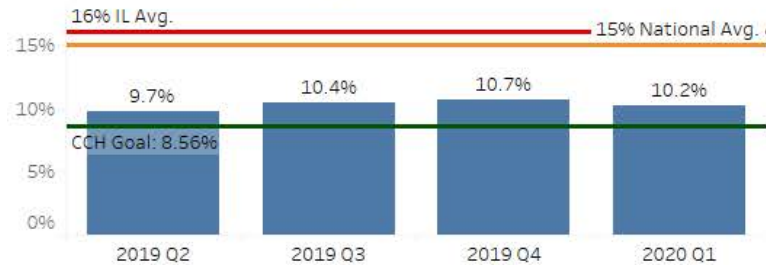
HEDIS - Diabetes Management: HbA1c < 8%



Core Measure - Venous Thromboembolism (VTE) Prevention

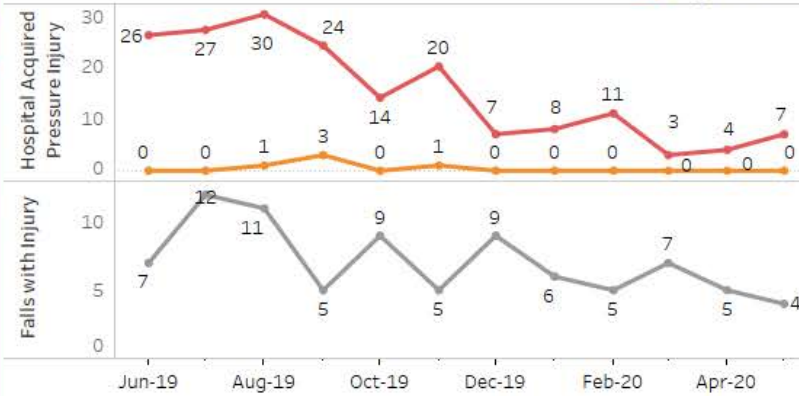


30 Day Readmission Rate

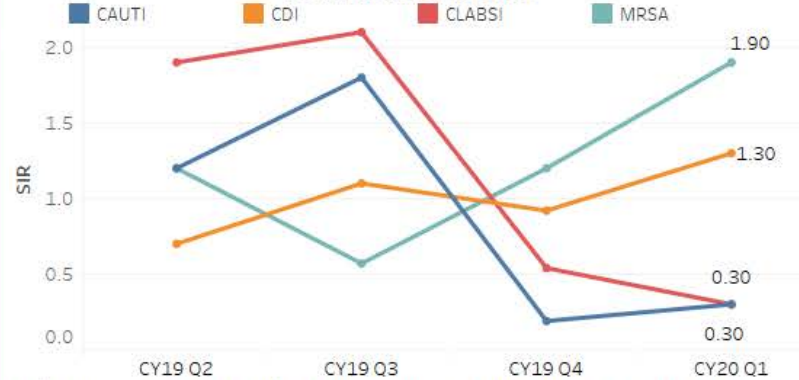


Patient Safety

Hospital Acquired Conditions



Hospital Acquired Infections

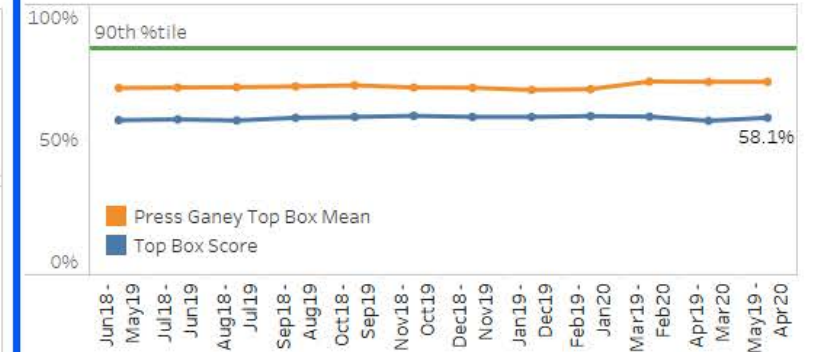


SIR (Standardized Infection Ratio) is a summary measure which compares the actual number of Healthcare Associated Infections (HAI) in a facility with the baseline data for standard population. SIR > 1.0 indicates more HAIs were observed than predicted, conversely SIR of < 1.0 indicates that fewer HAIs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

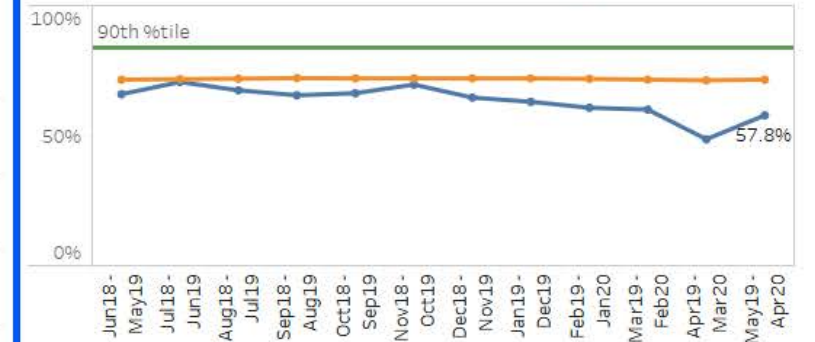
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
CAUTI	2	5	6	2	3	0	1	0	0	0	2	0
CDI	4	4	9	5	7	7	5	3	5	10	6	1
CLABSI	2	3	2	4	1	1	1	0	0	1	0	1
MRSA	0	2	0	0	1	1	0	1	2	0	1	0

Utilization

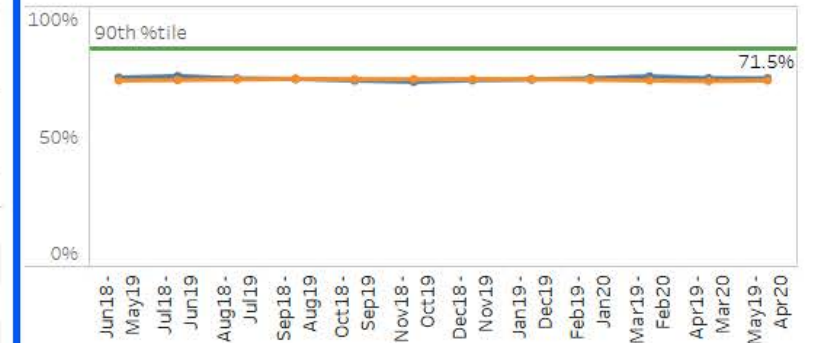
ACHN--Overall Clinic Assessment



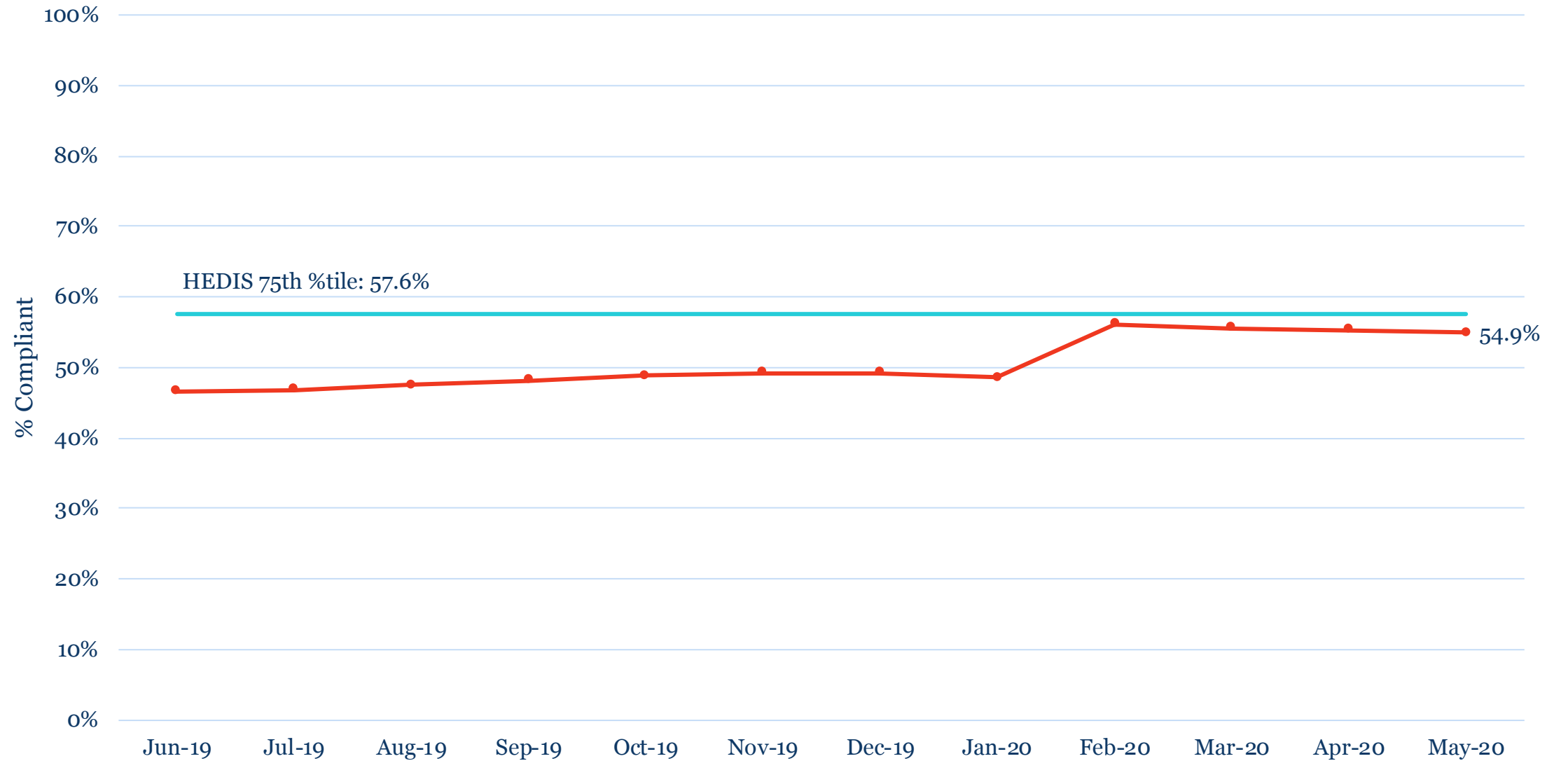
Provident--Willingness to Recommend Hospital



Stroger--Willingness to Recommend Hospital

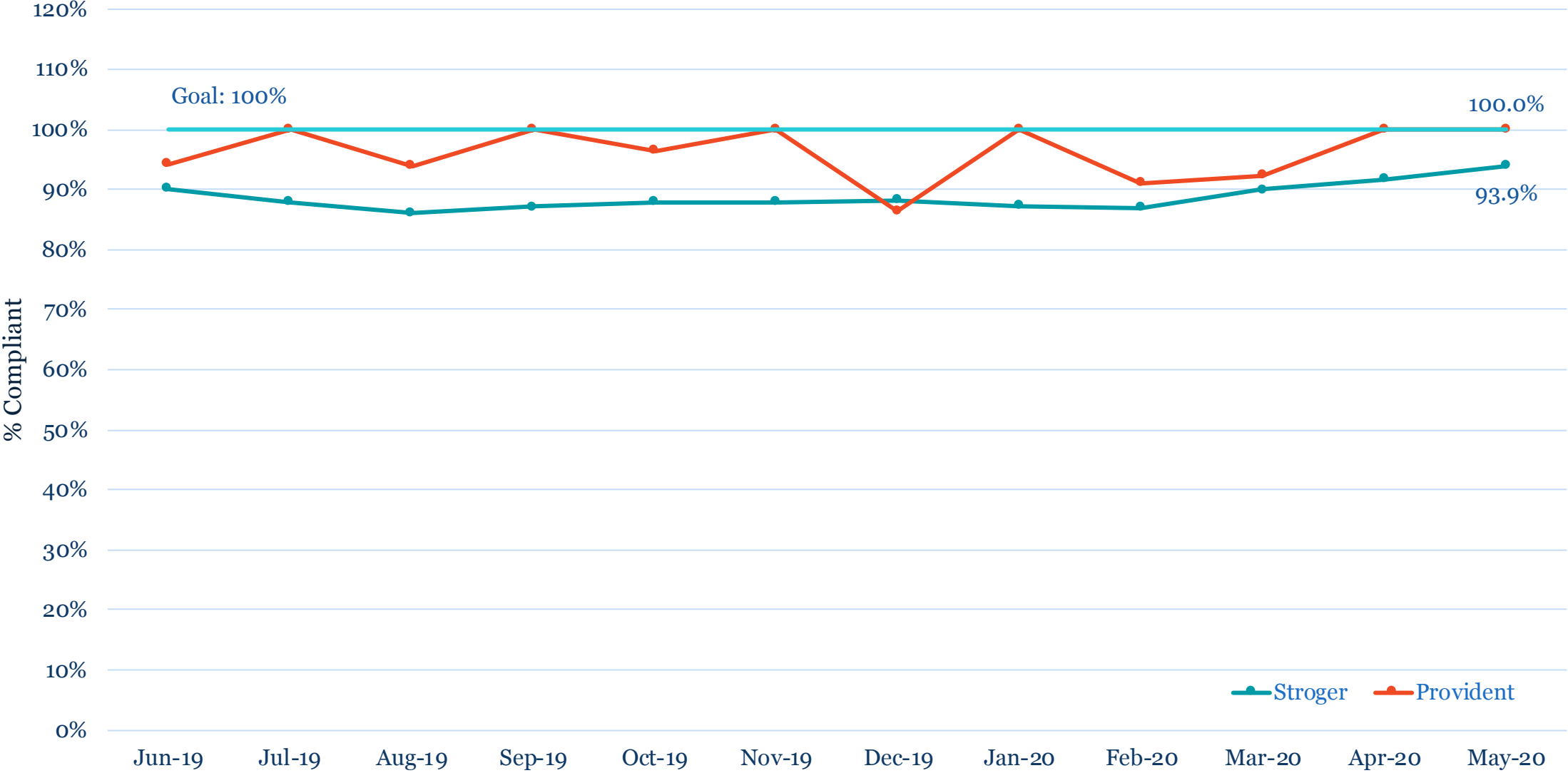


HEDIS – Diabetes Management: HbA1c < 8%



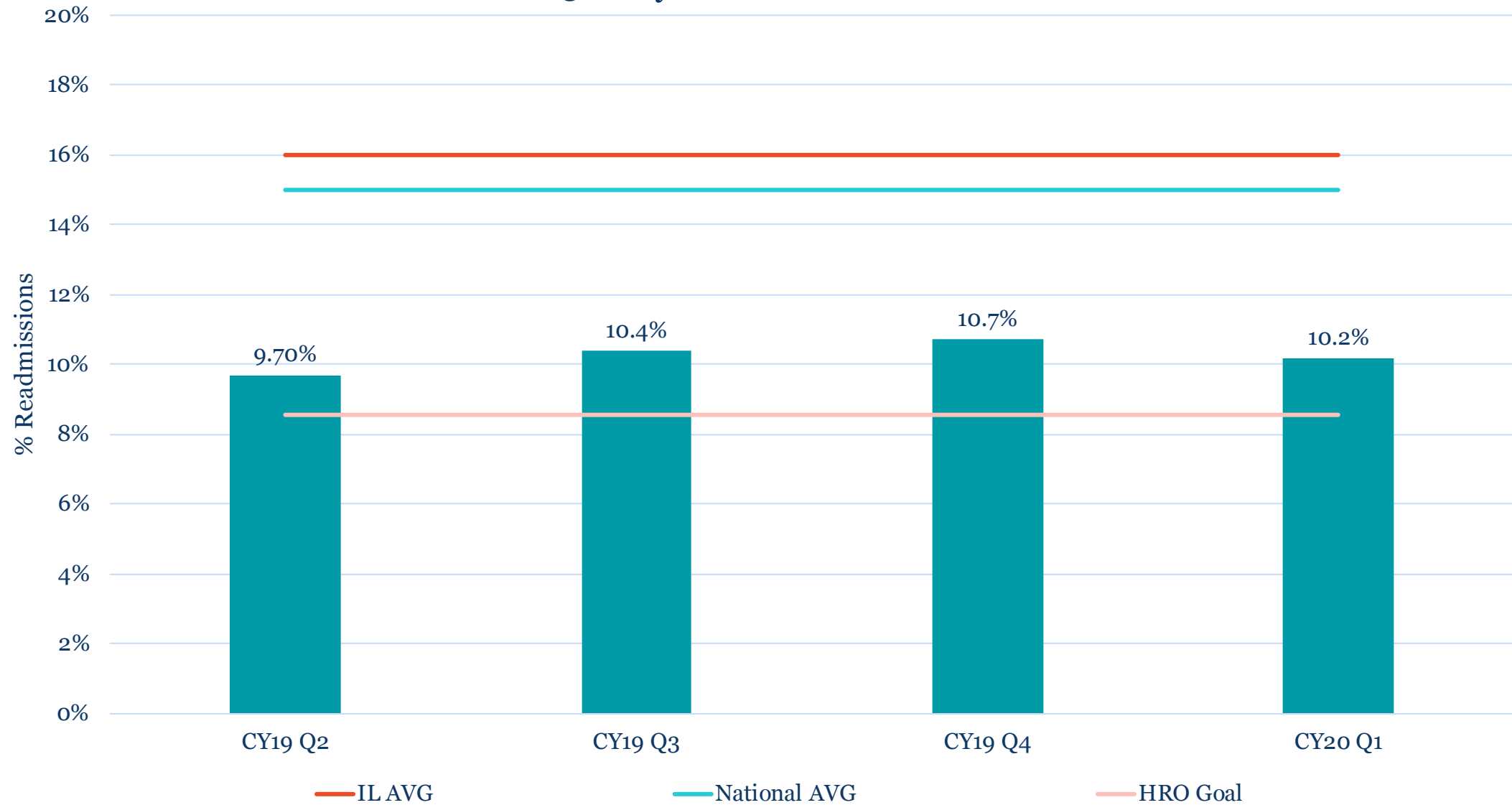
Source: Business Intelligence

Core Measure – Venous Thromboembolism (VTE) Prevention



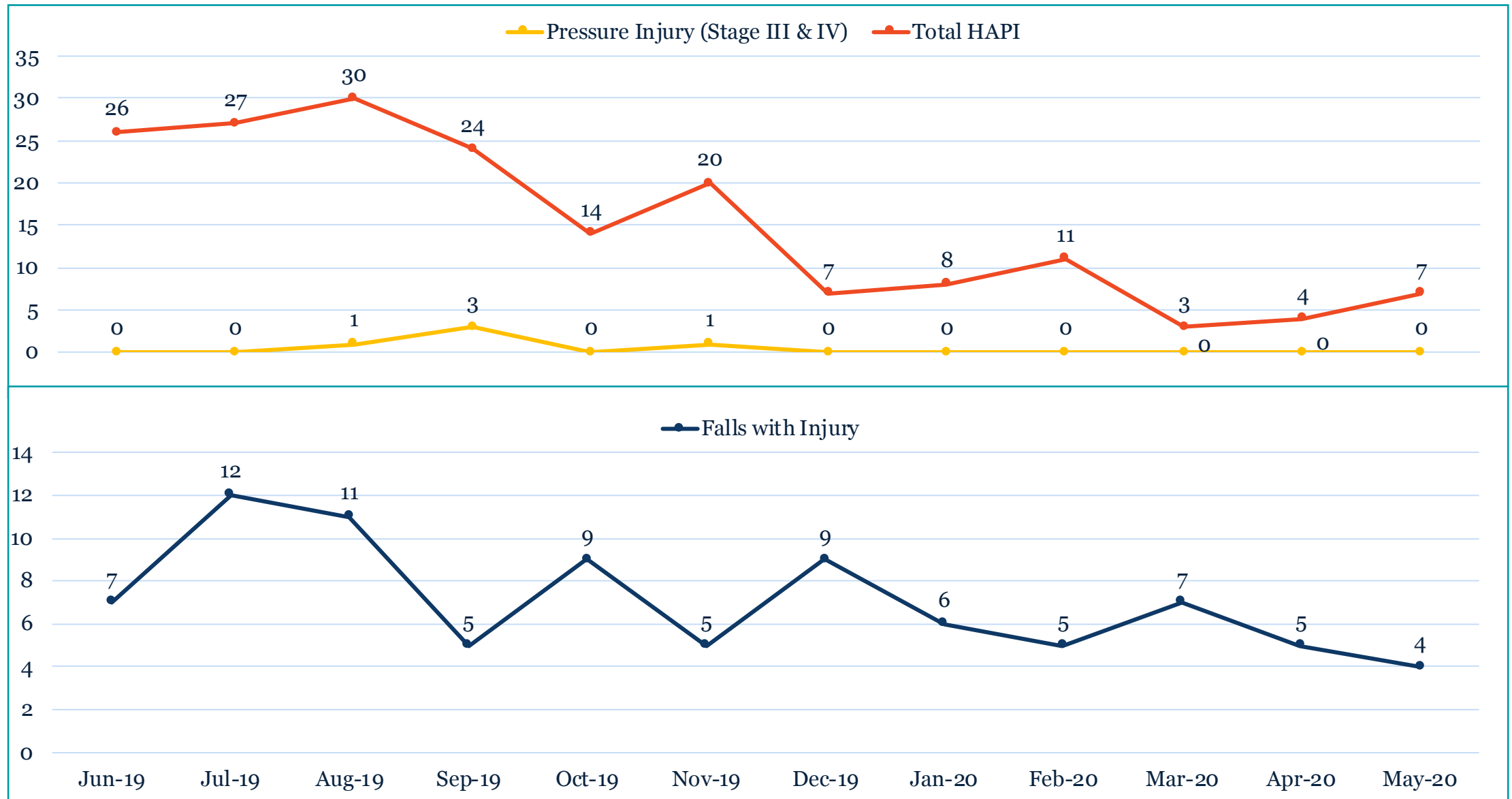
Source: Quality Dept.

30 Day Readmission Rate

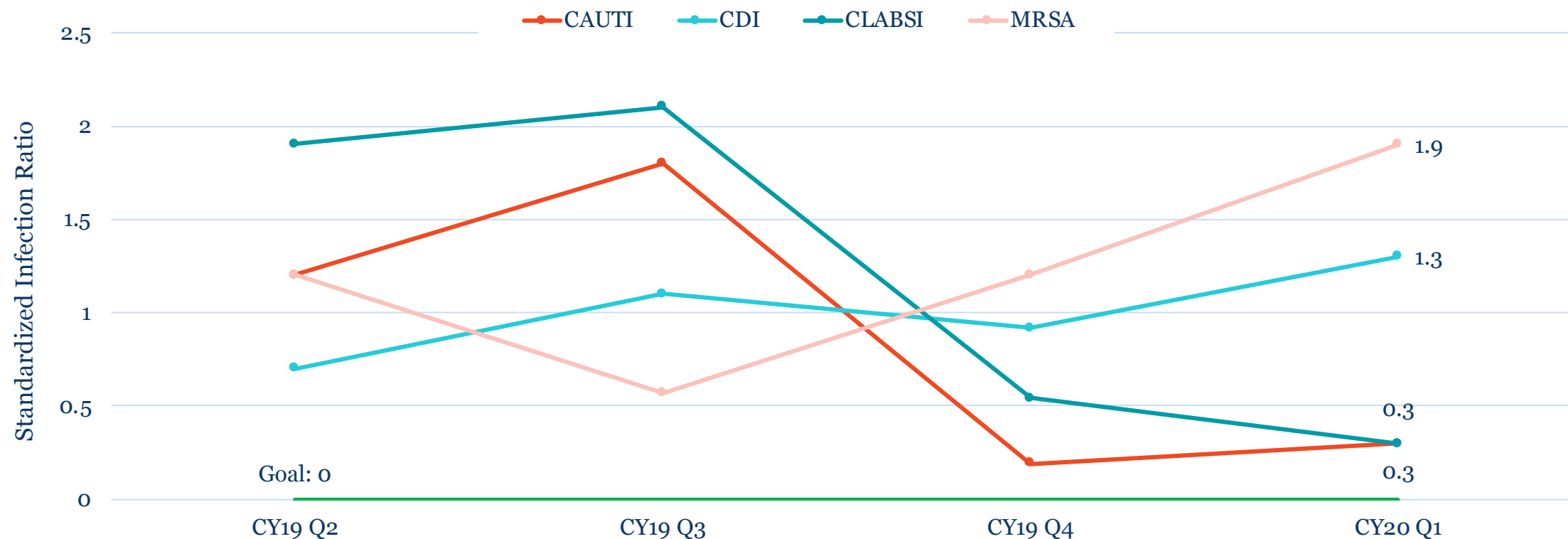


Source: Business Intelligence

Hospital Acquired Conditions



Hospital Acquired Infections



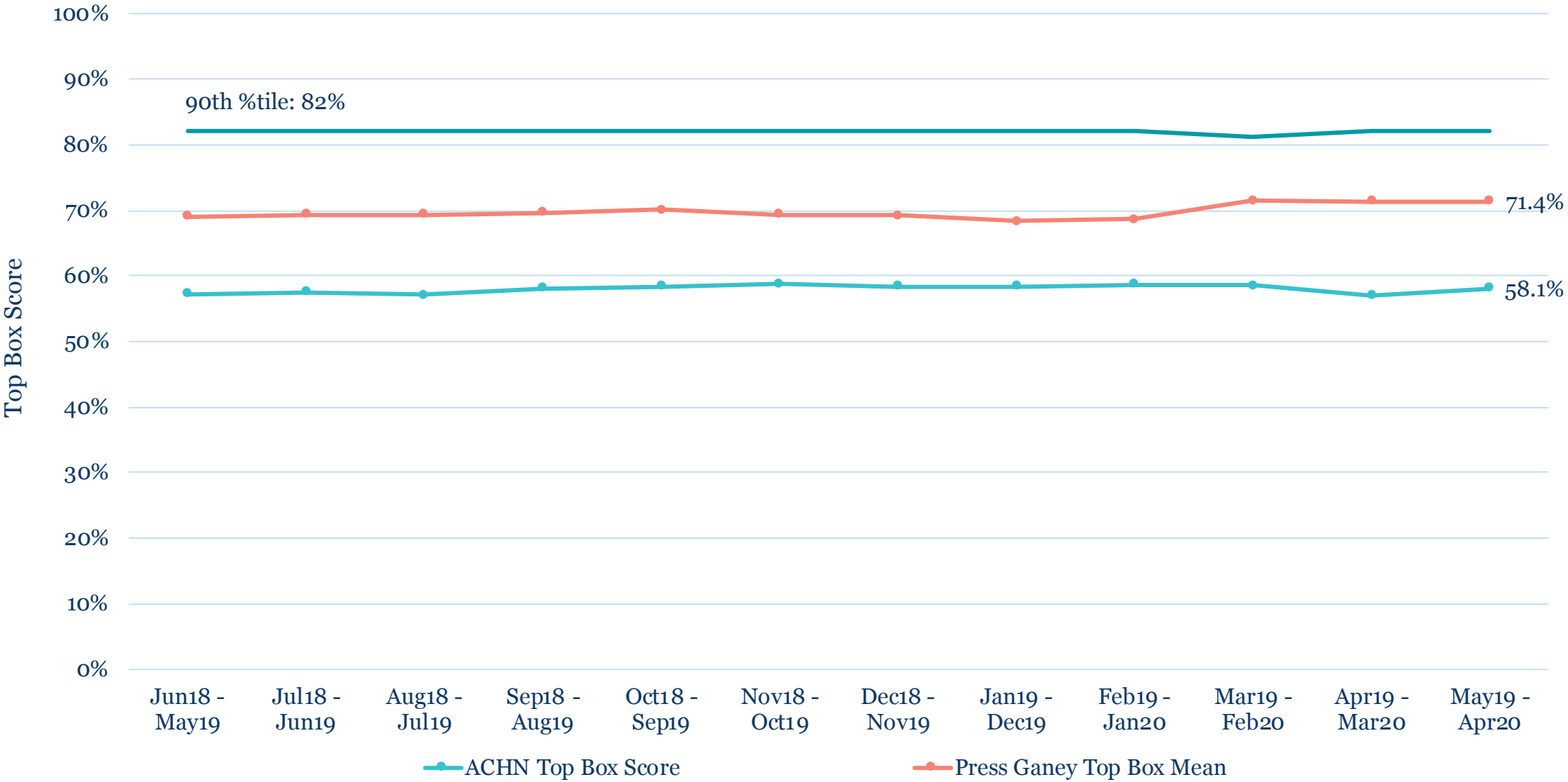
	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
CAUTI	2*	5	6	2	3	0	1	0	0	0	2	0
CDI	4	4	9	5	7	7	5	3	5	10	6	1
CLABSI	2	3	2	4	1	1	1	0	0	1	0	1
MRSA	0	2	0	0	1	1	0	1	2*	0	1	0

*Amended

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

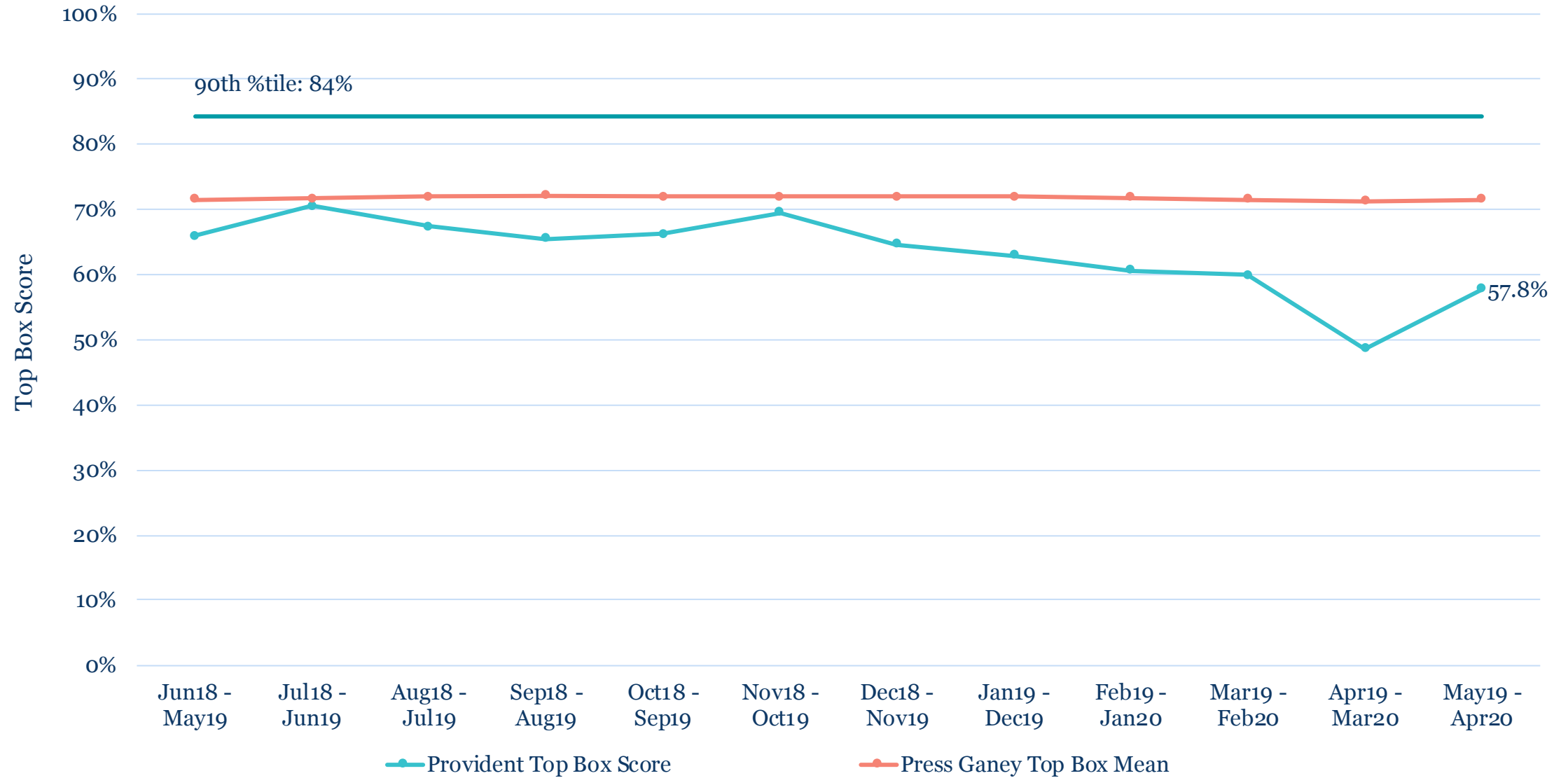
Source: Infection Control Dept.

ACHN – Overall Clinic Assessment

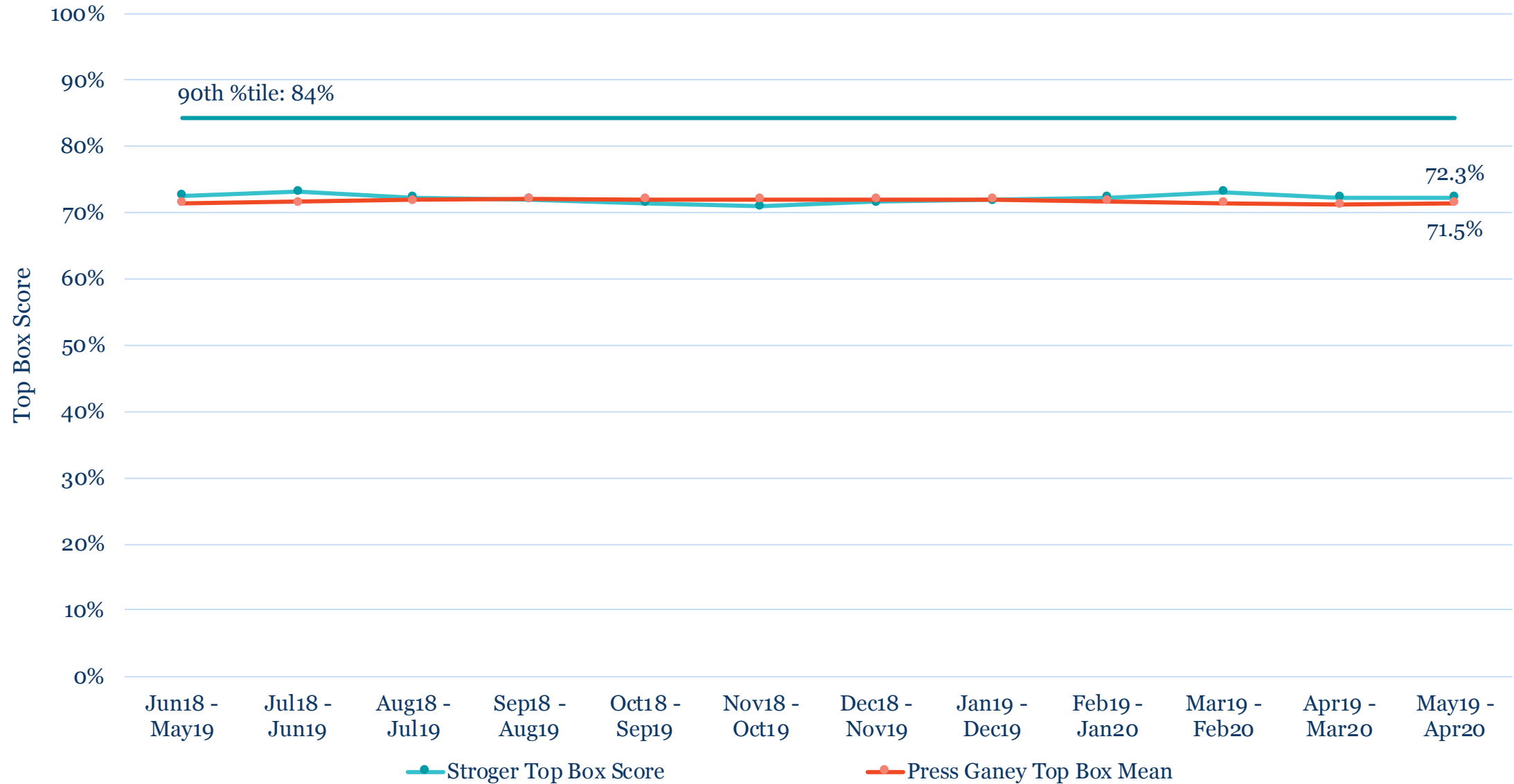


Source: Press Ganey

Provident – Willingness to Recommend the Hospital



Stroger – Willingness to Recommend the Hospital



Source: Press Ganey

Measure Name	Measure Definition	Source
Diabetes Management HbA1c <8%	Adults ages 18-75 with diabetes (type 1 or type 2) where HbA1c is in control (<8.0%). Qualifying patients: - Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year OR -One diabetic Inpatient visit in the current year or previous year OR -Prescribed insulin or hypoglycemic or antihyperglycemics in the current year or previous year	NCQA, HEDIS
Core Measure-Venous Thromboembolism (VTE) Prevention	Numerator: Patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: The day of or the day after hospital admission The day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission Denominator: All patients	CMS
Readmission Rate	The readmission measures are estimates of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.	CMS
Hospital Acquired Pressure Injuries	A pressure injury is localized damage to the skin and underlying soft tissue usually over a bony prominence or related to a medical or other device. Full thickness pressure injuries involve the epidermis and dermis, but also extend into deeper tissues (fat, fascia, muscle, bone, tendon, etc.)	CMS, AHRQ
Falls with Injury	A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with injury to the patient.	TJC, NDNQI
Hospital Acquired Infections - CAUTI	Catheter-associated urinary tract infections	NHSN
Hospital Acquired Infections - CDI	Clostridium difficile intestinal infections	NHSN
Hospital Acquired Infections - CLABSI	Central line-associated bloodstream infections	NHSN
Hospital Acquired Infections - MRSA	Methicillin-resistant Staphylococcus Aureus blood infections	NHSN
Press Ganey Patient Satisfaction Top Box Score	The percentage of responses in the highest possible category for a question, section, or survey (e.g. percentage of 'Very Good,' or 'Always' responses).	Press Ganey
Press Ganey Patient Satisfaction Percentile Rank	A percentile rank tells you where your score falls in relationship to other scores. Percentile rank for any given metric in any peer group is determined by ordering all facilities' scores from highest to lowest, then each score receives a percentile rank by determining the proportion of the database that falls below that score. For example, if your percentile rank is 30, you are scoring the same as or better than 30% of the organizations you are compared to.	Press Ganey
ACHN Patient Satisfaction-Overall Assessment	Includes two questions: 1. How well the staff worked together to care for you. 2. Likelihood of your recommending our practice to others.	Press Ganey
Hospital Patient Satisfaction-Willingness to Recommend Hospital	The likelihood that a patient will recommend a hospital to family members and friends.	Press Ganey



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
June 26, 2020

ATTACHMENT #6

CCH Financial Update – April 30, 2020 FYTD



Andrea Gibson

Interim Chief Business Officer

June 2020



**COOK COUNTY
HEALTH**

Executive Summary

- Cook County Health (CCH) financial results for the five months ended April 30, 2020 are behind budget by \$30.2M
 - Primary issues are expenses, COVID-19 pandemic response costs, and loss of revenue due to reduced charges from fewer non-emergency surgeries and routine appointments
 - Government support payments have supplemented the loss of “reimbursable” patient activity – \$18.2M year to date from the CARES Act
 - Patient activity began to decline in March, and charges continue to be 40% lower than normal
- Key Finance accomplishments since our last meeting include:
 - Completion of RSM financial statement audit
 - Accessing Federal and State financial support for the COVID-19 pandemic
- Key current Finance initiatives include:
 - Forecasting and planning in anticipation of FY21 budget submission
 - Implementation of revenue cycle operational improvements

Financial Results – April 30, 2020 FYTD

(Dollars in 000s)	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual
Revenue					
Net Patient Service Revenue (1)	\$196,167	\$244,914	(\$48,747)	(19.9%)	\$199,363
Government Support (2)	\$202,543	\$163,207	\$39,336	24.1%	\$143,555
CountyCare Capitation Revenue	\$767,371	\$728,846	\$38,525	52.9%	\$734,610
Other	\$2,442	\$5,208	(\$2,766)	(53.1%)	\$2,057
CountyCare Elimination (1)	(\$76,045)	(\$71,993)	(\$4,052)	(5.6%)	(\$77,089)
Total Revenue	\$1,092,478	\$1,066,130	\$22,296	2.1%	\$1,002,497
Operating Expenses					
Salaries & Benefits	\$281,389	\$274,045	(\$7,344)	(2.7%)	\$275,072
Overtime	\$20,365	\$12,705	(\$7,660)	(60.3%)	\$19,197
Pension / OPEB	\$46,376	\$45,803	(\$573)	(1.3%)	\$45,803
Supplies & Pharmaceuticals	\$61,196	\$54,613	(\$6,583)	(12.6%)	\$46,160
Purchased Services & Other	\$129,274	\$111,548	(\$17,726)	(15.9%)	\$103,489
Medical Claims Expense (1)	\$720,837	\$702,884	(\$17,953)	(2.5%)	\$697,820
Insurance	\$13,277	\$15,325	\$2,048	13.4%	\$11,118
Depreciation & Amortization	\$14,233	\$14,460	\$227	1.6%	\$14,460
Utilities	\$5,355	\$5,545	\$190	3.4%	\$8,614
CountyCare Elimination (1)	(\$76,045)	(\$71,993)	\$4,052	5.6%	(\$77,089)
Total Expenses	\$1,216,257	\$1,164,935	(\$51,322)	(4.4%)	\$1,144,644
Operating Margin	(\$123,779)	(\$94,753)	(\$29,026)	(30.6%)	(\$142,147)
Non-Operating Revenue	\$80,944	\$82,094	(\$1,150)	(1.4%)	\$82,529
Net Income (Loss)	(\$42,835)	(\$12,659)	(\$30,176)	(138.4%)	(\$59,618)

Commentary

- Net Patient Service Revenue is below budget as “reimbursable patient activity” is below budget due primarily to the slowdown in patient activity caused by the COVID-19 pandemic
- FY20 Government Support Revenue includes \$18.2M in Coronavirus Aid, Relief & Economic Security Act support received in April to help compensate for the decline in patient activity
- Expense management, particularly considering the falling patient volumes due to the COVID-19 pandemic, is a critical priority
 - RFP recently released around strategic cost reduction for non-labor services to address Purchased Services & Other expense budget variance
- Several key initiatives underway at CountyCare to contribute to performance

Notes:

- (1) CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense – for CountyCare patients receiving care at Cook County Health
- (2) Government Support includes \$32.2M of Graduate Medical Education payments that were budgeted in Patient Service Revenue
- (3) Source: CCH unaudited April 30, 2020 and 2019 financial statements and FY20 budget



Operating Results – April 30, 2020 FYTD

(Dollars in 000s)	FY20 Actual (3)	FY19 Actual (3)	Variance	%
CCH Health Providers & Bureau of Health (1)	(\$43,618)	(\$52,540)	\$8,922	17.0%
Public Health Department	(\$4,886)	(\$3,703)	(\$1,183)	(31.9%)
Correctional Health (2)	(\$34,055)	(\$36,376)	\$2,321	6.4%
CountyCare	\$5,157	(\$3,725)	\$8,882	238.4%

Notes:

- (1) CCH Health Providers include Stroger, Provident, Ambulatory & Community Health Network, Oak Forest Health Center and CORE
- (2) Correctional Health includes Cermak Health and the Juvenile Temporary Detention Center
- (3) Operating results exclude Pension and OPEB
- (4) Source: CCH unaudited April 30, 2020 and 2019 financial statements

Commentary

- Operating results substantially consistent with prior year except for CCH Health Providers and CountyCare
- Despite the onset of the COVID-19 pandemic, CCH Health Providers and Bureau of Health's FY20 operating performance has improved over FY19 operating performance primarily as a result of increased government funding (DSH and CARES Stimulus Revenue of \$28.6M). In addition no GME had been recorded in FY19 as of April.
- Despite CountyCare enrollment being behind budget, operating results are above budget as enrollment has been in higher rate groups than anticipated



CCH Health Providers Revenue – April 30, 2020 FYTD

Revenue Composition

(Dollars in 000s)	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual
Net Patient Service Revenue	\$196,167	\$244,914	(\$48,747)	(19.9%)	\$199,363
Government Support (Recurring):					
Graduate Medical Education (1)	\$32,206	\$0	\$32,206	N/A	\$0
Disproportionate Share Payments (“DSH”)	\$73,760	\$65,292	\$8,468	13.0%	\$65,292
Benefits Improvement and Protection Act Payments (“BIPA”)	\$55,125	\$55,125	\$0	0.0%	\$55,141
Provident Access Payments	\$21,382	\$42,790	(\$21,408)	(50.0%)	\$23,122
Recurring Government Support	\$182,473	\$163,207	\$19,266	11.8%	\$143,555
Government Support (Non-Recurring):					
CARES Stimulus Revenue	\$18,200	\$0	\$18,200	N/A	\$0
Enhanced FMAP DSH	\$1,870	\$0	\$1,870	N/A	\$0
Non-Recurring Government Support	\$20,070	\$0	\$20,070	N/A	\$0
Other Revenue	\$2,003	\$3,260	(\$1,257)	(38.5%)	\$1,521
Total Revenue	\$400,713	\$411,381	(\$10,668)	(2.6%)	\$344,439

Notes:

- (1) Graduate Medical Education (“GME”) presented separately from Net Patient Revenue as the State of Illinois now pays GME separately from Medicaid Patient Service Revenue. GME and Net Patient Service Revenue should be combined for the purpose of comparison to budget.
- (2) Source: CCH unaudited April 30, 2020 and 2019 financial statements and FY20 budget

Commentary

- Net Patient Service Revenue is below budget as patient charges have declined from a high of \$150.4M in January to \$79.3M in April as a result of reduced patient activity caused by the COVID-19 pandemic
- DSH will be above budget in FY20 as CCH was awarded \$24.8M of supplemental DSH and CCH is receiving enhanced FMAP
- \$18.2M in CARES Stimulus Revenue received through April
- Provident Access Revenue is below plan because of the State’s delay in implementation of their new payment approach



CCH Health Providers & Bureau Expenses – April 30, 2020 FYTD

(Dollars in 000s)	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual
Salaries & Benefits	\$239,268	\$214,434	(\$24,834)	(11.6%)	\$239,118
Overtime	\$17,395	\$10,295	(\$7,100)	(69.0%)	\$16,285
Supplies & Pharmaceuticals	\$57,745	\$50,150	(\$7,595)	(15.1%)	\$43,205
Purchased Services & Other	\$90,704	\$70,172	(\$20,532)	(29.3%)	\$68,271
Insurance	\$13,277	\$15,325	\$2,048	13.4%	\$10,936
Depreciation	\$10,330	\$9,504	(\$826)	(8.7%)	\$10,551
Utilities	\$5,338	\$5,459	\$121	2.2%	\$8,614
Total Expenses (1)	\$434,057	\$375,339	(\$58,718)	(15.6%)	\$396,980

Commentary

- FY20 operating expenses are above budget due to patient volumes being higher than budget plus the spending required to respond to the COVID-19 pandemic
- Operating expenses have increased 9.3% over FY19 while volumes are essentially consistent with last year
- COVID-19 pandemic spending has primarily impacted Overtime and Purchased Services & Other

Note:

- (1) Operating expenses exclude Pension & OPEB as they are not allocated to the CCH entities
- (2) Source: CCH unaudited April 30, 2020 and 2019 financial statements and FY20 budget

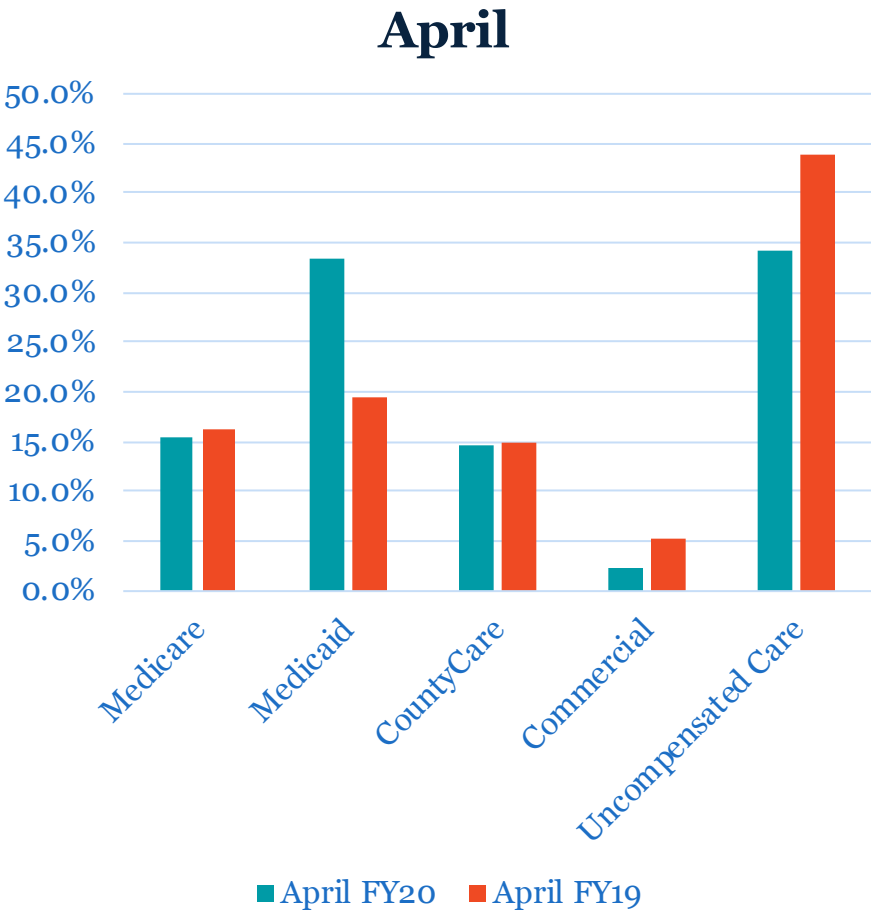
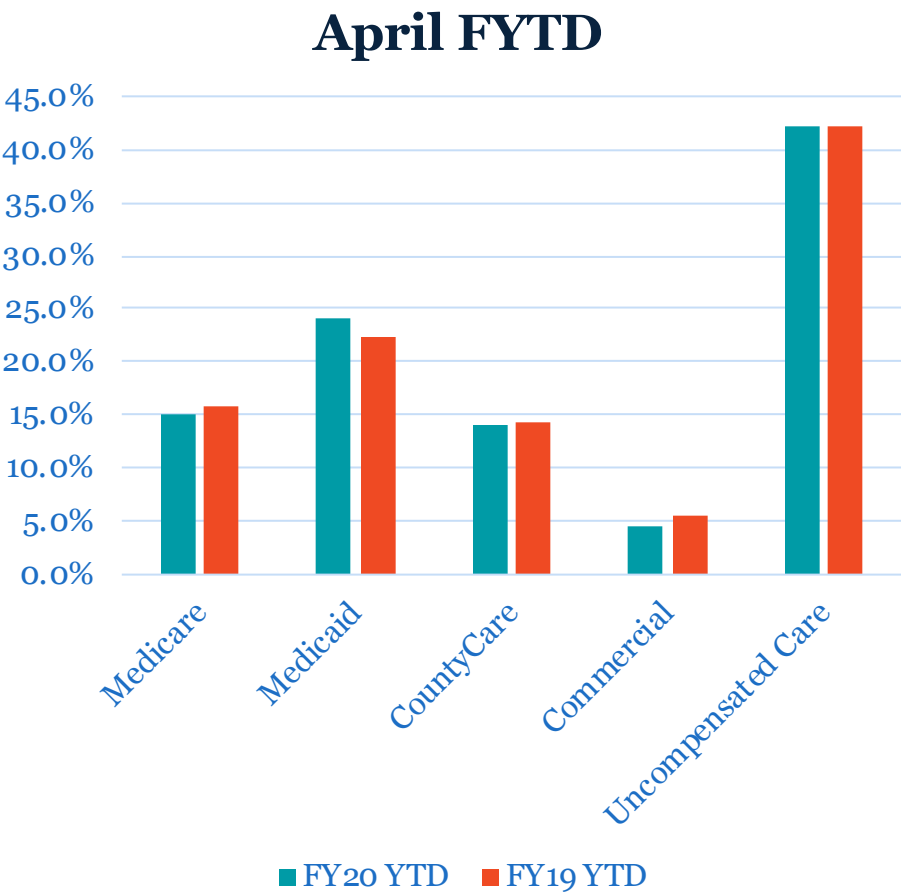


CCH Key Financial Initiatives

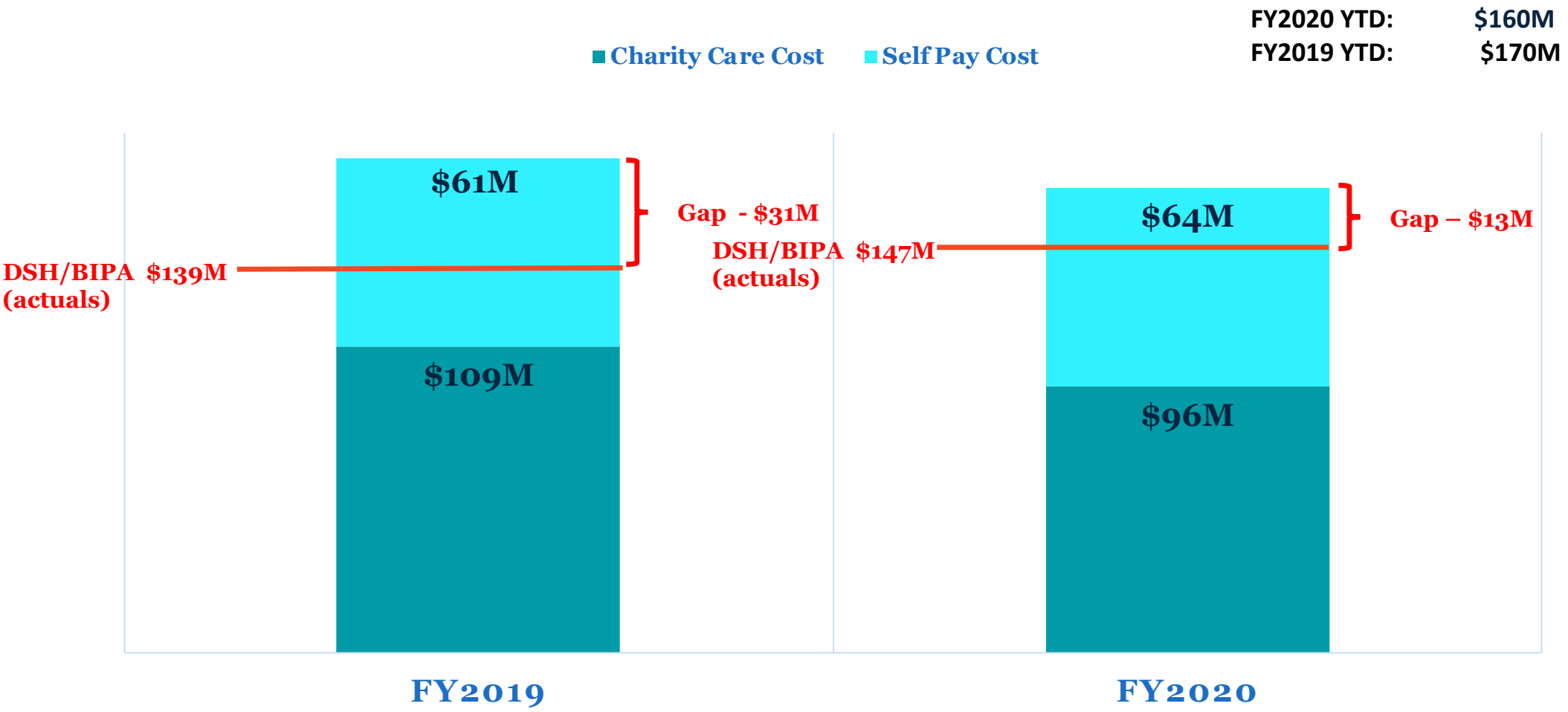
- Key CCH initiatives to strengthen financial performance include the following
 - Re-starting domestic spend initiatives
 - Single-source surgeries
 - Pharmacy/internal prescribing
 - Denial review
 - Revenue initiatives
 - Maximizing Federal Revenue loss reimbursement
 - Artificial Intelligence
 - Expense initiatives
 - Contract adjustments/renegotiations
 - Reimbursement for COVID-19 related expenses
 - Managing vacancies – hiring has slowed

CCH Health Providers Revenue – April 30, 2020 FYTD

Payer Mix Analysis



FYTD April 2020 – Uncompensated Care Cost vs. Funding



CCH Health Providers Revenue – April 30, 2020 FYTD

Revenue Operating Indicators

Revenue Cycle Metrics	Average FYTD 2020	April 2020	CCH Target	Industry Target *	Average FYTD 2019
Average Days in Accounts Receivable	91	96	60-65	40	98
Discharged Not Final Billed Days	9	9	5	7	10
Claims Initial Denials Percentage	20%	19%	10%	3%	22%

Definitions:

Average Days in Accounts Receivable: Total accounts receivable divided by average daily revenue

Discharged Not Final Billed Days: Average number of days after discharge before claim is submitted

Claims Initial Denials Percentage: Percentage of claims denied initially compared to total claims submitted

* **Source:** HFMA Key Hospital Statistics and Ratio Margins from Cerner

CountyCare Financial Results – April 30, 2020 FYTD

(Dollars in 000s except PMPM amounts)	FY20 Actual	FY20 Budget	Variance	%	FY19 Actual
Capitation Revenue	\$767,371	\$728,846	\$38,525	52.9%	\$734,610
Operating Expenses					
Clinical - CCH	\$76,045	\$71,993	(\$4,025)	(5.6%)	\$77,089
Clinical - External	\$644,792	\$630,891	(\$13,901)	(2.2%)	\$625,946
Administrative	\$41,377	\$28,572	(\$12,805)	(144.8%)	\$35,300
Total Expenses	\$762,214	\$731,456	(\$30,758)	(42.0%)	\$738,335
Operating Gain (Loss)	\$5,157	(\$2,610)	\$7,767	297.5%	(\$3,725)
Activity Levels					
Member Months	1,605,524	1,630,170	(24,646)	(1.5%)	1,609,155
CCH CountyCare Member Months	171,712	N/A	N/A	N/A	224,342
CCH % of CountyCare Member Months	10.7%	N/A	N/A	N/A	13.9%
Operating Indicators					
Revenue Per Member Per Month (PMPM)	\$478	\$447	\$31	6.9%	\$457
Clinical Cost PMPM	\$449	\$431	(\$18)	(4.2%)	\$437
Medical Loss Ratio (1)	93.9%	96.4%	2.5%	(2.6%)	95.7%
Administrative Cost Ratio (2)	5.3%	3.9%	(1.4%)	(35.9%)	4.3%

Notes:

- (1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims
- (2) Excludes amortization related to intangible asset that was recorded in connection with the acquisition of the Family Health Network membership

Commentary

- FY20 Capitation Revenue is above budget due to HFS eligibility retro adjustments and the addition of the Special Needs Children population
- While total member months are under budget, there has been an increase in membership for the month of April and membership is expected to continue to increase due to increasing Medicaid enrollment as a result of the COVID-19 induced growth in unemployment
- CountyCare's reimbursement to CCH is budgeted at \$72.0M and is currently above budget at \$76.0M.
- Operating expenses are currently above budget, reflecting the addition of the Special Needs Children population and higher than expected claims costs. However, a decline in claims volume due to COVID-19 is anticipated through May

CountyCare Financial Initiatives

- Key CountyCare initiatives to strengthen financial performance include the following
 - Domestic spend initiatives
 - Single-source surgeries strategy to be resumed as CCH re-opens surgical services
 - Pharmacy/internal prescribing
 - Revenue initiatives
 - On-going discussions with HFS regarding revenue reconciliation and 2020 rates
 - SSI/SSDI initiatives to move members to higher paying rate cells
 - Expense initiatives
 - Provider contract adjustments
 - Pharmacy quantity limits and pharmacy coordination of benefits
 - Additional shared risk agreements
 - Reductions to care management costs
 - Absorbing additional members due to COVID-19 impact

Covid-19 Financial Impact through May, 2020

- Altered operations and service offering began on March 16

- Significant volume/patient revenue decline:

- Charges Per Calendar Day:

	<u>Dec 1 - Mar 15</u>	<u>Mar 16 - May 31</u>	<u>Change</u>	<u>% Change</u>
Charges/Day	4,811,082	3,284,904	(1,526,178)	-32%

- Net Patient Revenue Loss:

	<u>March</u>	<u>April</u>	<u>May</u>	<u>Cummulative</u>
Net Patient Service Revenue	31,000,509	19,524,573	23,354,890	73,879,973
Net patient Service Revenue - Budget	45,485,312	49,649,192	45,485,312	140,619,816
Impact	(14,484,803)	(30,124,619)	(22,130,422)	(66,739,843)

- Increased costs – Projected \$18 to \$32M in supplies/equipment and premium labor costs
- County Care utilization has also dropped significantly
 - Reduction in claims/costs, Future implications of deferred care and rate adjustments

- Additional funding:

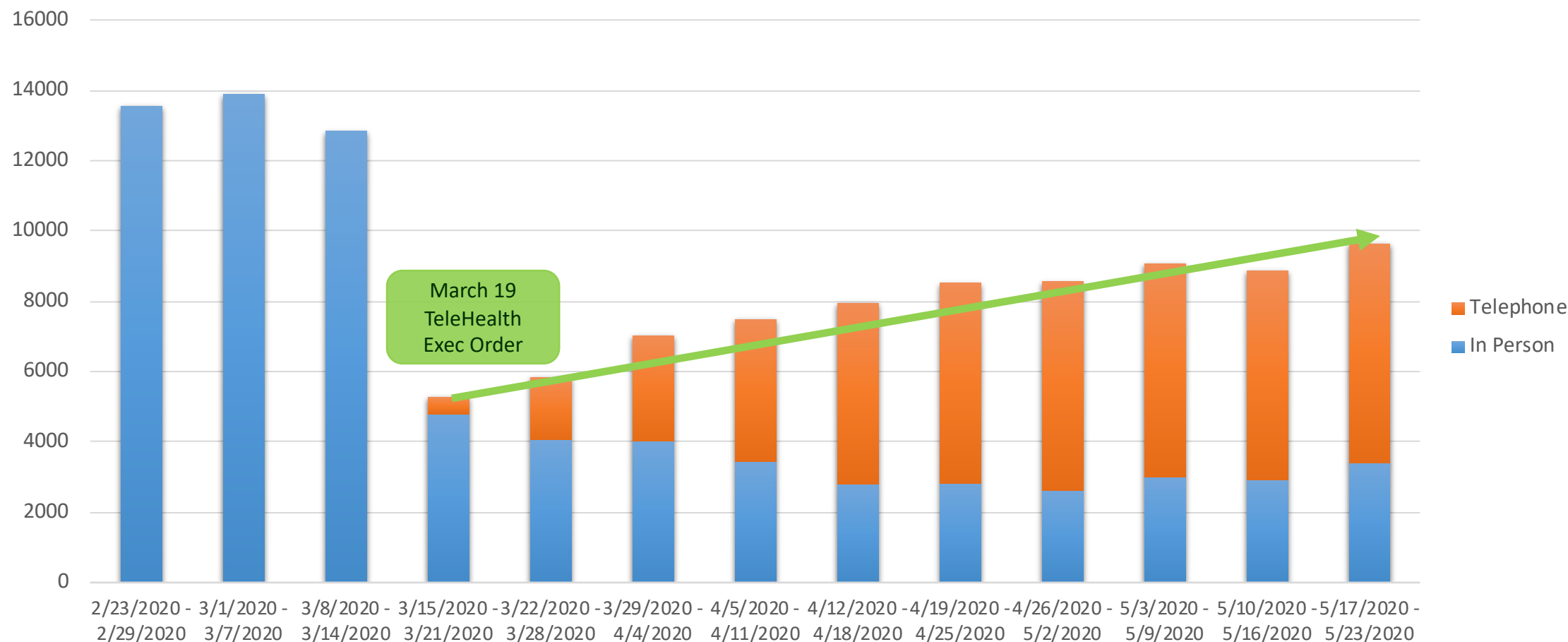
- CARES Target Funding - \$59M
- CARES General Funding - \$18M
- CARES Medicare Advance - \$28M

- DSH/BIPA Enhanced FMAP – \$34.8M
- Crisis Grant – \$.09M
- Contact Tracing Grant – \$40.8M
- CARES Safety Net Distribution - \$44M (rcv'd June)

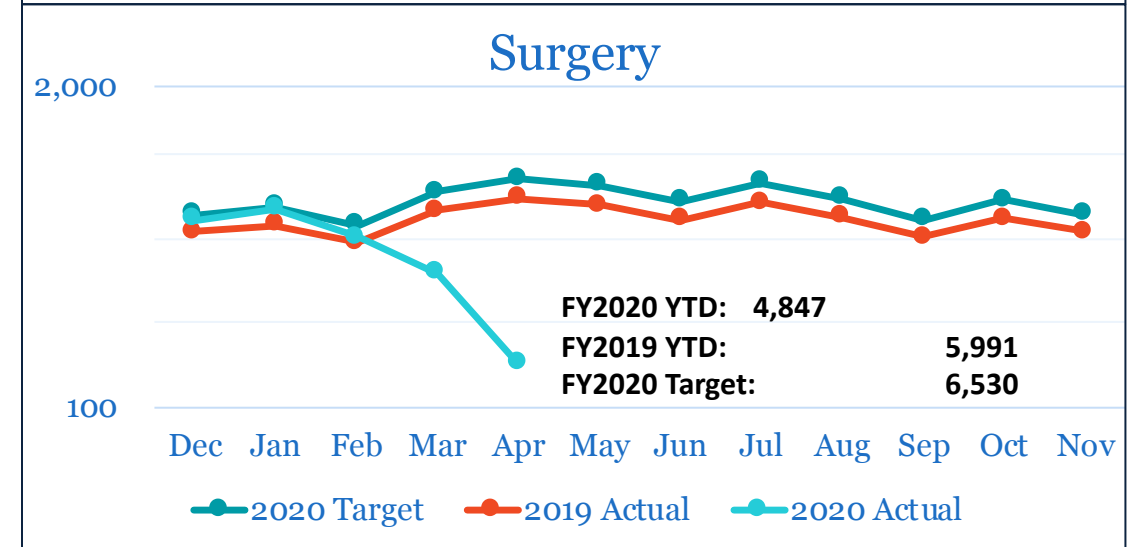
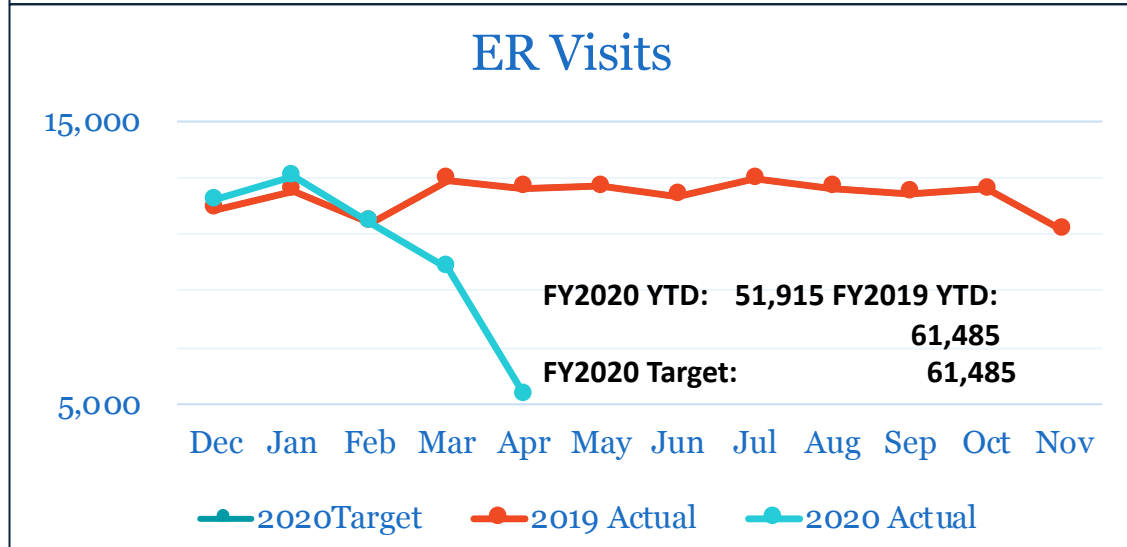
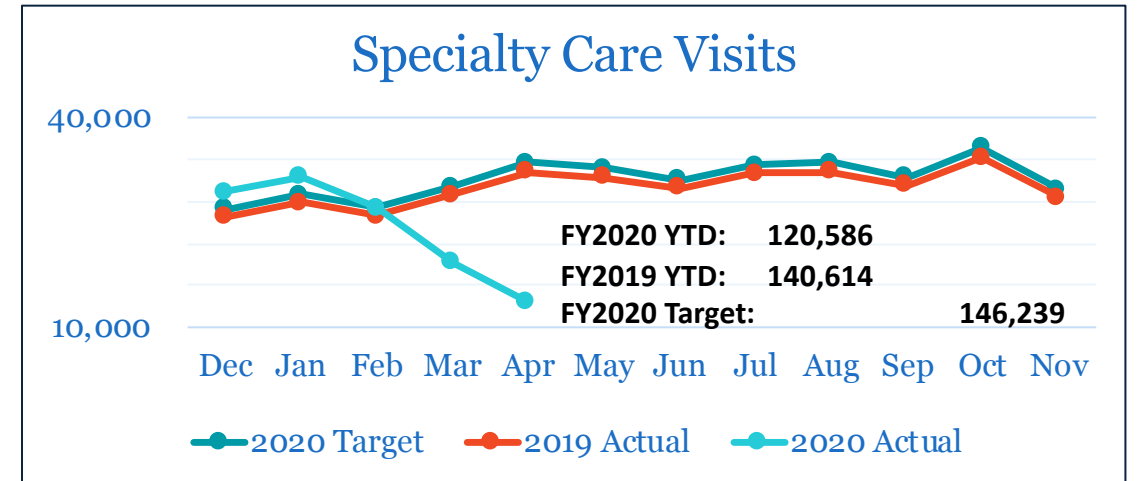
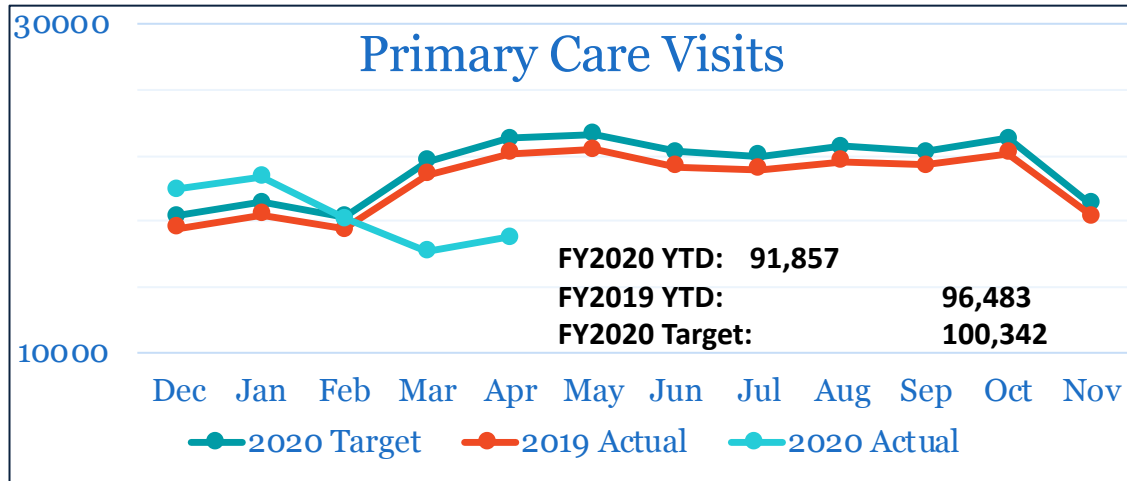


COVID-19 Telehealth Implementation

44,335 telephone visits have been completed through ACHN



Patient Activity Indicators – April 2020



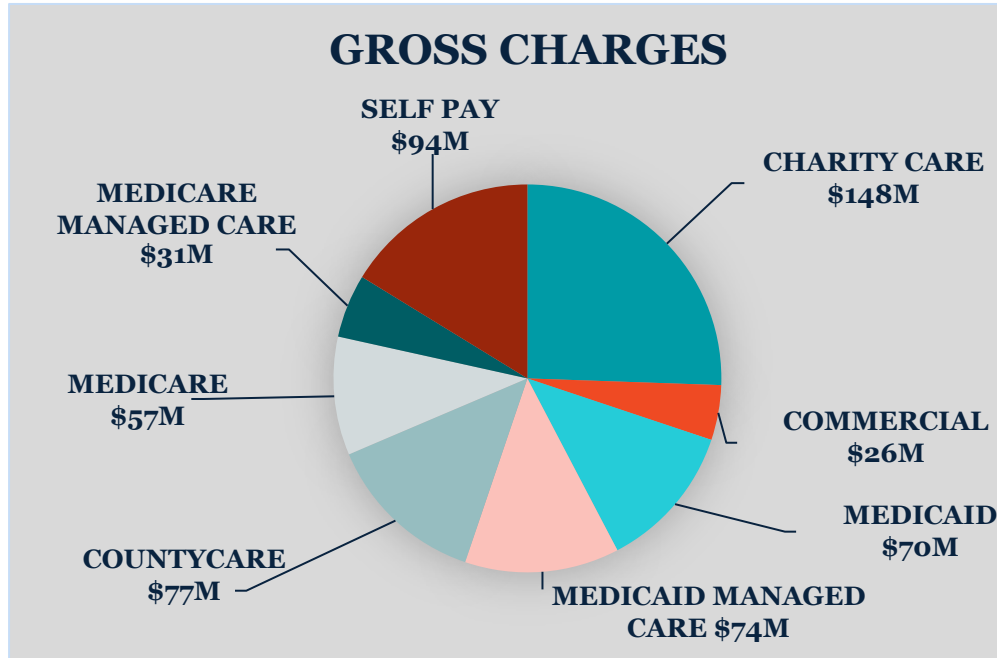


Appendix



COOK COUNTY
HEALTH

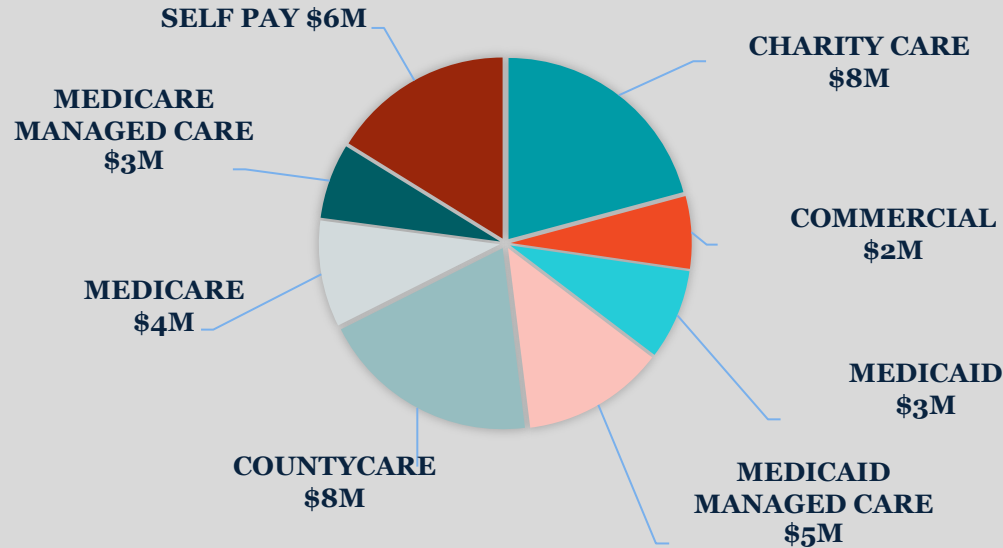
Stroger Operations Overview – Five Months Ended April 30, 2020



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	---

Provident Operations Overview – Five Months Ended April 30, 2020

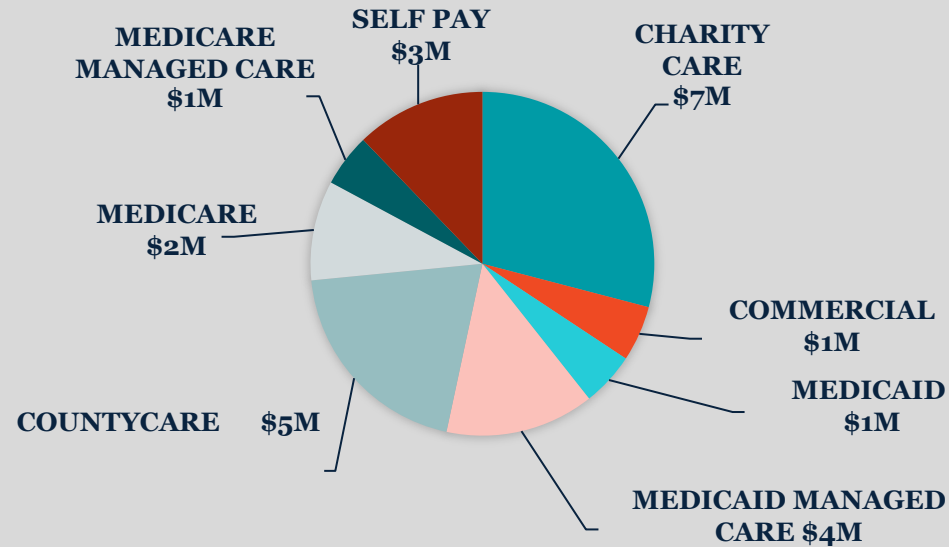
GROSS CHARGES



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 & Observation)	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	---

ACHN Operations Overview – Five Months Ended April 30, 2020

GROSS CHARGES



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%
Aurora (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%
Lagan 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%
Prieta (PH)	5,446	4265	5,826	27.7%
Rabbin (RH)	3,985	3480	3,412	14.5%
Straker 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
Aurora (AH) Behavioral Health	1,618	1,861	1,630	-13.0%
Aurora (AH) OBGYN	165	153	133	7.8%
North Riverside (NR) Fam Plan (Grant)(F	93	104	102	-10.3%
North Riverside (NR) OB Gyn (NR)	123	179	165	-31.4%
Care Specialty	2,709	3,300	3,012	-17.9%
Lagan 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%
Straker Pedr Specialty	3,932	4,755	4,331	-17.3%
Total Specialty Care Provider	25,923	30,010	25,967	-13.6%
Procedures & Ancillary Services- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
OFHCPT/OT Volume	2,338	---	2,678	---
Partnerships- FYTD				
Measure	FY2020	FYTD Target	FY2019	Percent From Target
CDPH	5,937	4,440	---	33.7%
Single Health Center (CCHHS)	118	142	154	-16.9%

CCH YE Financial Projection

Andrea Gibson

Interim Chief Business Officer

June 2020



**COOK COUNTY
HEALTH**

FY2020 Projected Year End Expenditure Variances

Contract Expense	Projected Year End Variance (millions)
Contracted Expenses	(\$44)
Payroll Projections	(\$40)
Overtime Projection	(\$28.4)
FY2019 Bills (paid and unpaid)	(\$19)
Capital Lease/New Capital Equipment	(\$16)
Agency Staffing	(\$7.63)
Supplemental Medical Consultation	(\$7.34)
Total	(\$162.4)

Actions Already Taken to Reduce Expenses

Actions Taken	Value (millions)
Information Technology Contract Renegotiation	\$12.7
Other Contract Holdbacks/Reductions	\$36.6
Delay CIP Projects to pay for Urgent Capital	\$16
Hiring Timing	\$9
CountyCare Net Projection	\$15
Overtime Savings	\$13
Total	\$102.3
Remaining Expenditure Deficit	(\$60)

Mid-Year Expense Reductions

Category	Value (millions)
Non-Union Position Reductions	\$5
Contractor Reductions	\$15
Contract Re-negotiations	\$15
Other Reductions	\$25
Total	\$60

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
June 26, 2020

ATTACHMENT #7

COOK COUNTY HEALTH AND HOSPITALS SYSTEM

ITEM VI(A)

JUNE 26, 2020 FINANCE COMMITTEE MEETING

CONTRACT AND PROCUREMENT ITEM

Request #	Vendor/Entity	Service or Product	Fiscal impact not to exceed:	Method of acquisition	Total # of bidders/ RFP responses / GPO companies available	Affiliate / System	Begins on Page #
Accept Grant Award							
1	Illinois Department of Human Services	Product - supplies / medications	Grant award amount: \$116,001.00	n/a	n/a	ACHN	2

Cook County Health

BOARD APPROVAL REQUEST

SPONSOR: Leticia Reyes-Nash, Director of Programmatic Services		EXECUTIVE SPONSOR: Claudia Fegan, M.D., Chief Medical Officer	
DATE: 06/22/2020		PRODUCT / SERVICE: Product: Supplies/Medications	
TYPE OF REQUEST: Accept Grant Award		VENDOR / SUPPLIER: Illinois Department of Human Services, Springfield, IL.	
ACCOUNT:		FISCAL IMPACT NOT TO EXCEED:	GRANT FUNDED / RENEWAL AMOUNT: \$116,001.00
CONTRACT PERIOD 07/01/2019 thru 06/30/2020			CONTRACT NUMBER: N/A
COMPETITIVE SELECTION METHODOLOGY: N/A			
NON-COMPETITIVE SELECTION METHODOLOGY: N/A			

PRIOR CONTRACT HISTORY:

N/A

NEW PROPOSAL JUSTIFICATION:

This is a request to accept a grant award from the Illinois Department of Human Services to purchase Narcan for the Ambulatory Community Health Network (ACHN) Health Centers. The award notification was received on 06/19/2020. NOTE: All funds must be expended prior to 06/30/2020.

TERMS OF REQUEST: This is a request to accept grant award in an amount not to exceed \$116,001.00 for a twelve (12) month period from 07/01/2019 thru 06/30/2020.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: N/A

CCH INTERIM DEPUTY CEO: 
Robert L. Sumter, PhD., Interim Deputy Chief Executive Officer, Operations

CCH INTERIM CEO: 
Debra D. Carey, Interim Chief Executive Officer

Request
#1

APPROVED

JUN 26 2020

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

• Ambulatory & Community Health Network • Cermak Health Services • Department of Public Health •
• John H. Stroger, Jr. Hospital of Cook County • Oak Forest Health Center • Provident Hospital • Ruth M.
Rothstein CORE Center •

We Bring Health CARE to Your Community

Revised 03/01/2011

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
June 26, 2020

ATTACHMENT #8

IN AFFIRMATION OF COOK COUNTY HEALTH'S WORK TOWARDS HEALTH EQUITY

WHEREAS, Cook County Health has a more than 180 year history of providing health care to everyone, regardless of race, ethnicity, immigration status, sexual orientation, or ability to pay; and

WHEREAS, in addition to providing direct clinical care, Cook County Health also works to identify and address social needs, including but not limited to food insecurity, housing instability, and justice-involvement; and

WHEREAS, the majority of CCH's patients are under-served minority groups and those with health insurance rely on public insurance as their primary payor;

WHEREAS, CCH continues to provide the majority of uncompensated care in Cook County, including to individuals ineligible for public health insurance coverage options;

WHEREAS, the COVID-19 pandemic has amplified the dramatic, persistent, and historic racial and social inequities that exist in communities of color in Cook County; and

WHEREAS, the recent killings of George Floyd, Rayshard Brooks, Breonna Taylor, and Ahmaud Arbery have further awakened more people to the structural and systemic racism against African Americans in our society; and

WHEREAS, Cook County Health remains proudly and deeply committed to values of diversity, justice, inclusion, compassion, hope, and equity; and

WHEREAS, Cook County Health endeavors to address structural and systemic racism and take an inclusive approach in our work; and

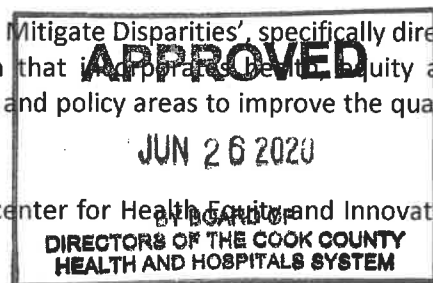
WHEREAS, in CCH's most recent strategic plan, IMPACT 2023, Focus Area 5, "Impact Social Determinants of Health and Advocate for Patients" contemplates a number of initiatives that CCH will undertake to address continued inequities that lead to poor health outcomes for vulnerable communities; and

WHEREAS, objective 5.2, 'Elevate Organizational Contributions to Mitigate Disparities', specifically directs CCH staff to advance a Health in All Policies (HiAP) approach that incorporates health equity and sustainability considerations into decision-making across sectors and policy areas to improve the quality of life to its residents; and

WHEREAS, objective 5.2, specifically directed the creation of a center for Health Equity and Innovation with CCH; and

WHEREAS, the Center for Health Equity and Innovation was established in the FY2020 budget to foster a learning health system, provide ideation of initiatives to support strategic priorities through programmatic, data, and technological innovations, and develop ground-breaking partnerships to achieve health equity; and

WHEREAS, Cook County Health's Center for Health Equity and Innovation will promote justice and equity, convene experts in data and analytics, as well as community leaders, and align resources to develop effective, sustainable long-standing gains towards achieving equity; and



R-20-09

WHEREAS, Cook County Health recognizes that we are at a defining moment in our history as a nation, a county and a health system.

NOW, THEREFORE, BE IT RESOLVED, that the independent governing board of directors of Cook County Health affirms our continued commitment to eliminating structural and systemic racism by promoting health equity and advocating for equity in healthcare, education, employment, public safety; and

BE IT FURTHER RESOLVED THAT Cook County Health will convene planning for racial equity summit to be held in 2020 to listen, engage, convene, partner, advocate and identify actions in order to advance real solutions that result in meaningful change for our patients and the communities we serve; and

BE IT FURTHER RESOLVED THAT, CCH will use the Center for Health Equity and Innovation to identify and advance strategies, initiatives and programs that advance equity throughout Cook County; and

BE IT FURTHER RESOLVED THAT, CCH will proudly continue to provide care to all without regard to income, insurance or immigration status and without regard for race, ethnicity, age or sexual orientation.

Approved by the Cook County Health and Hospitals System Board of Directors on June 26, 2020.

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
June 26, 2020

ATTACHMENT #9



CEO Report

Debra D. Carey, Interim CEO

June 26, 2020



COOK COUNTY
HEALTH

Latest Case Numbers

June 22, 2020

	Confirmed Cases	Deaths
Cook County	87,177	4,404
Illinois (IDPH link)	137,224	6,671
U.S. (CDC link)	2,275,645	119,923
World (WHO link)	8,860,331	465,740



CCH COVID Data

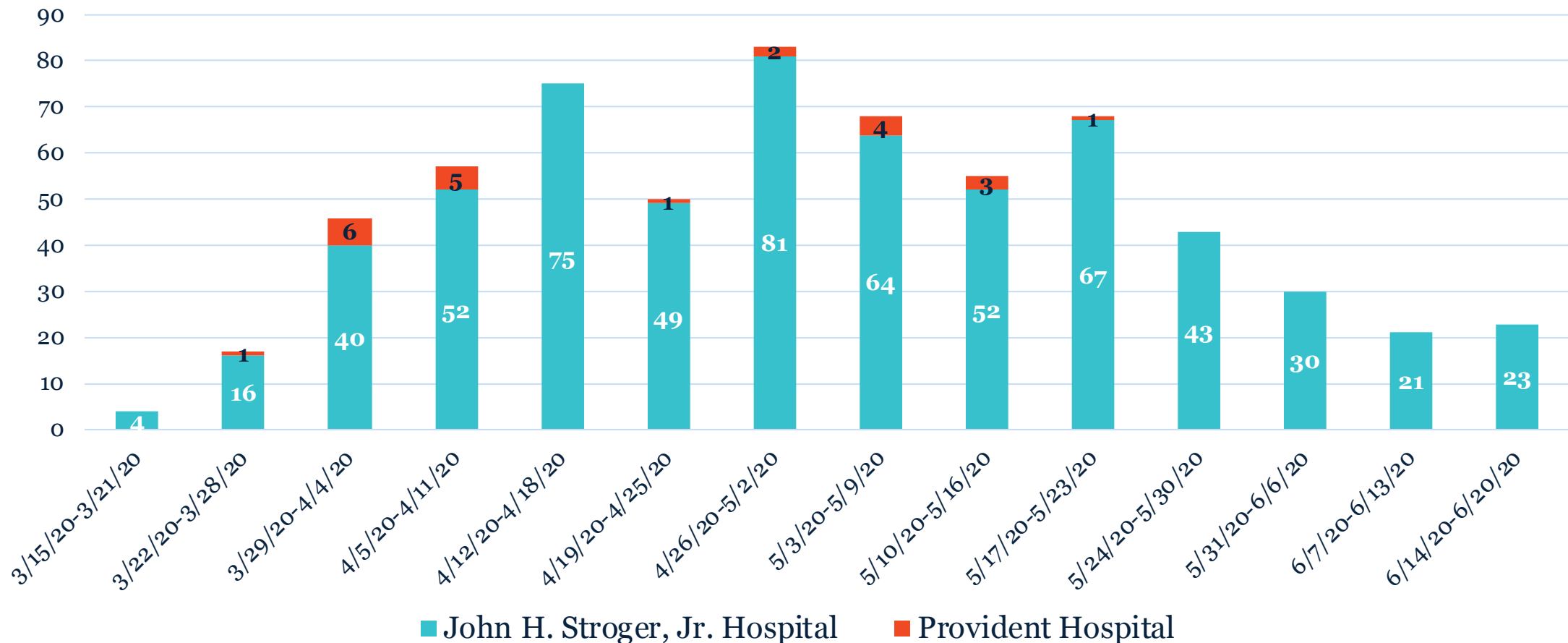
All CCH Testing as of 6/15/20

Test Result	Patient Count	Percent
Negative	8,341	74%
Positive	2,371	21%
PUI	60	1%
Undetermined	465	4%
Grand Total	11,237	100%

COVID-19 Positive Patients Discharged from CCH

640 patients have been admitted as COVID-19 Positive, recovered, and been discharged home from CCH inpatient units

COVID Positive Inpatient Discharges



Cermak Update

The Importance of Testing

- With enhanced testing that now includes symptomatic, asymptomatic, intake and surveillance testing at the jail, the positivity rate has gone from more than 90% in March to less than 1% today, lower than the positivity rate in 49 of 51 states according to the [Johns Hopkins Coronavirus Resource Center](#).
- Between May 8, 2020 and June 20, 2020, 57 of the 66 newly confirmed cases were identified during the intake process indicating that the virus is coming into the jail from the community. Cermak tests all new detainees during the intake process. All new detainees are placed in separated housing for 14 days, tested again and if negative, moved to general population.
- As is the normal trend, warmer weather results in increased census. In the last four weeks, the census has increased by nearly 14% to 4,579 (as of June 22, 2020) requiring additional space to be opened to provide as much social distancing as possible.
- Both the Sheriff's Office and Cermak Health Services pledge to remain vigilant in preventing the spread of COVID-19 in the jail yet fully expect more cases as the walls of the jail are porous and public health concerns in the community pose an enhanced risk within the walls of any congregate setting.

“Testing has been a game changer.”

Dr. Connie Mennella to CNN's Omar Jimenez, June 17, 2020

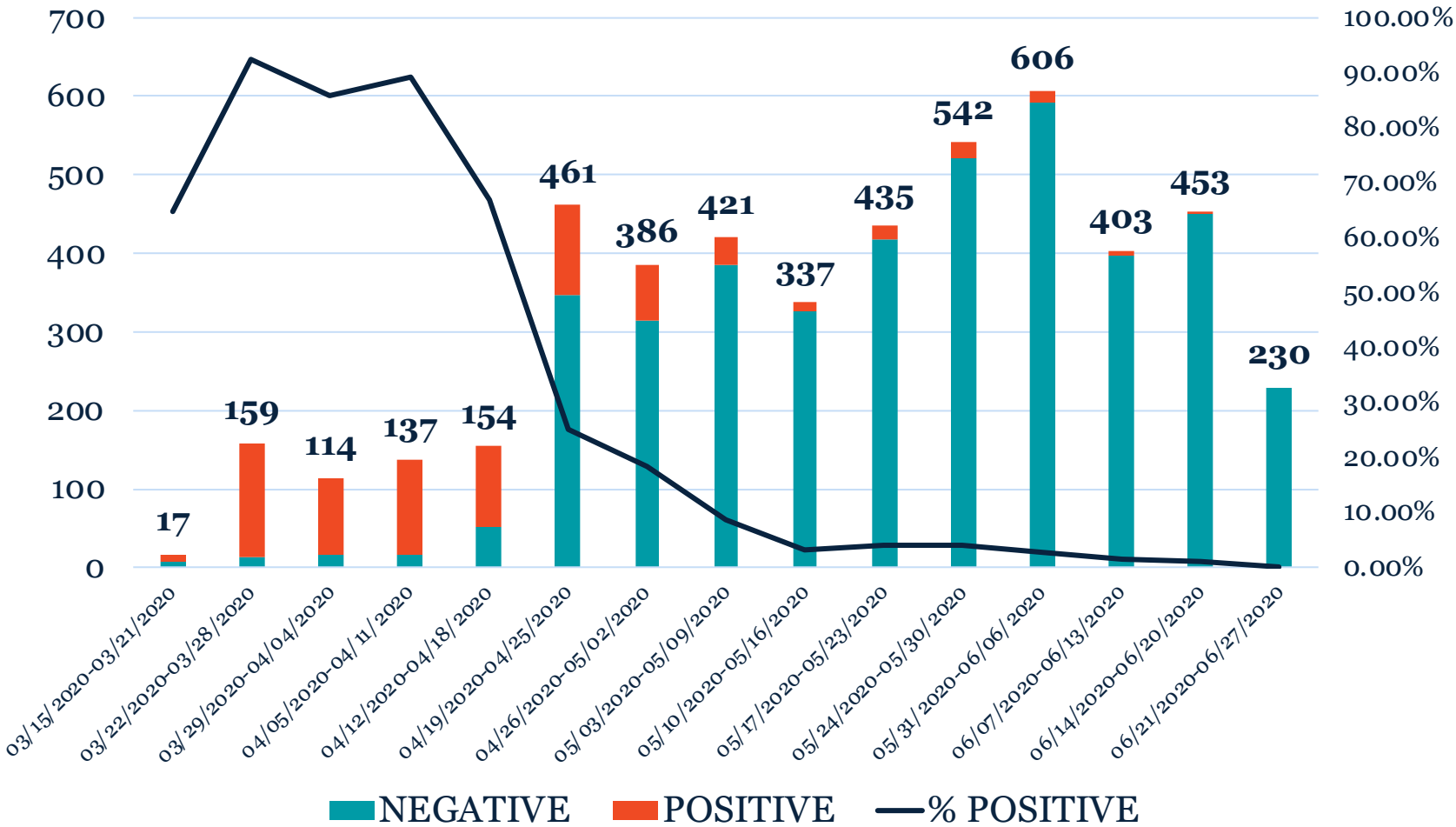
CNN story expected to air next week

Cermak Update

The Importance of Testing

This graph illustrates the impact of testing availability. As was true in the community, our initial testing was constrained exclusively to symptomatic patients. The availability expanded eventually to include patients without overt signs of infection and then to surveillance. Testing continues to inform care and housing and plays a critical role in focused interventions.

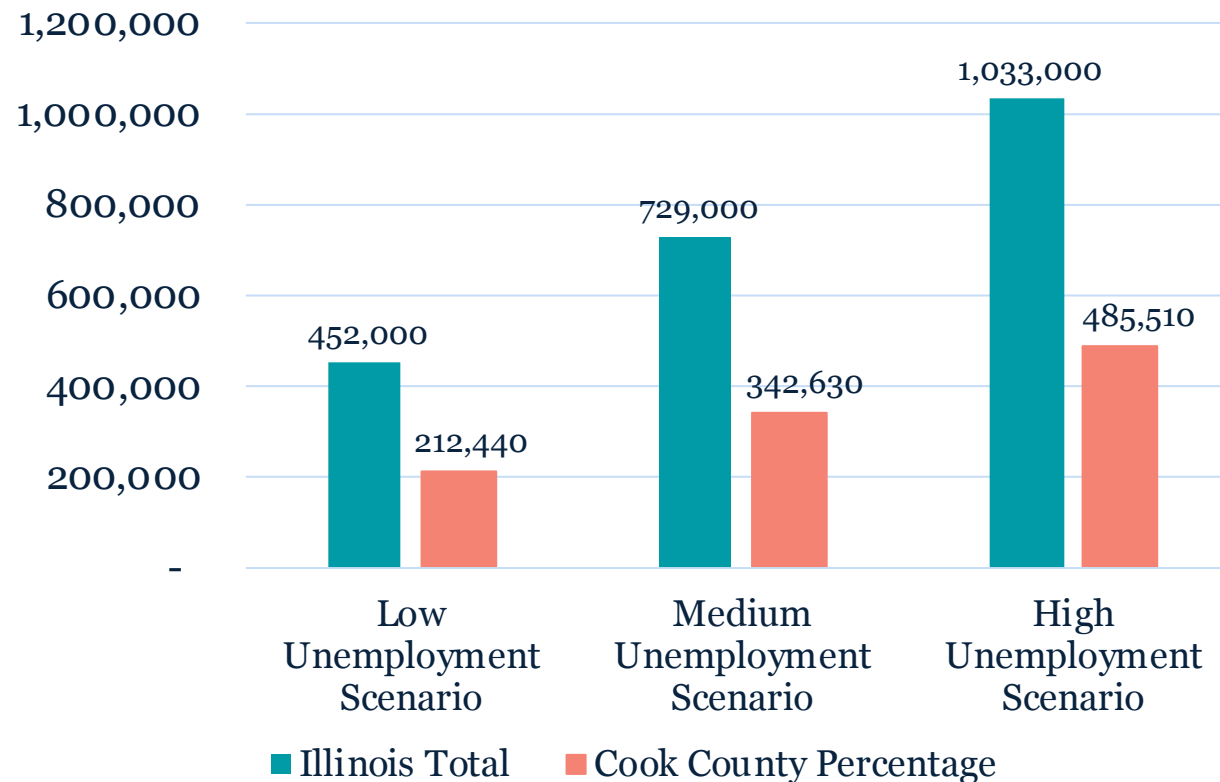
Total Patients Tested By Week



Impact of COVID on Medicaid

As a Result of Economic Climate

**Estimated Change in Insurance Coverage from
COVID-Related Economic Downturn - Illinois**



Scenario	Unemployment Rate
Pre-COVID	3%
Low	10%
Medium	17.5%
High	25%

Enrollment	Total Enrolled	% of IL
Cook County	1,007,849	47%
Illinois Statewide	2,143,788	100%

Impact of COVID on CountyCare

CountyCare Impact (3 Growth Scenarios)

Conservative...12/20 membership = 348,876

Middle Ground...12/20 membership = 369,126

High...12/20 membership = 384,759

July 1, 2020 Actual Membership = 366,000

COVID-19 Financial Impact through May, 2020

➤ Altered operations and service offering began on March 16

➤ Significant volume/patient revenue decline:

➤ Charges Per Calendar Day:

	<u>Dec 1 - Mar 15</u>	<u>Mar 16 - May 31</u>	<u>Change</u>	<u>% Change</u>
Charges/Day	4,811,082	3,284,904	(1,526,178)	-32%

➤ Net Patient Revenue Loss:

	<u>March</u>	<u>April</u>	<u>May</u>	<u>Cummulative</u>
Net Patient Service Revenue	31,000,509	19,524,573	23,354,890	73,879,973
Net patient Service Revenue - Budget	45,485,312	49,649,192	45,485,312	140,619,816
Impact	(14,484,803)	(30,124,619)	(22,130,422)	(66,739,843)

➤ Increased costs – Projected \$18 to \$32M in supplies/equipment and premium labor costs

➤ County Care utilization has also dropped significantly

➤ Reduction in claims/costs, Future implications of deferred care and rate adjustments

➤ Additional funding:

- CARES Target Funding - \$59M
- CARES General Funding - \$18M
- CARES Safety Net Distribution - \$44M
- DSH/BIPA Enhanced FMAP – \$34.8M
- Crisis Grant – \$.09M
- Contact Tracing Grant – \$40.8M
- CARES Medicare Advance - \$28M

COVID's Impact on Healthcare



[Busy, yet struggling: Illinois hospitals lose \\$1.4 billion a month as coronavirus cancels surgeries](#)

BECKER'S
HOSPITAL REVIEW

[266 hospitals furloughing workers in response to COVID-19](#)

including the following Chicago-area hospitals: University of Chicago Medical Center, Sinai Health System, Gottlieb Memorial Hospital, MacNeal Hospital, Ann & Robert H. Lurie Children's Hospital, Loyola Medicine

Business
Insider

[1 in 5 doctors has been furloughed or taken a pay cut as the coronavirus pandemic hits hospitals. Some say they're considering new jobs.](#)



[Hospitals Struggle to Restart Lucrative Elective Care After Coronavirus Shutdowns](#)

What's Next: The New Normal

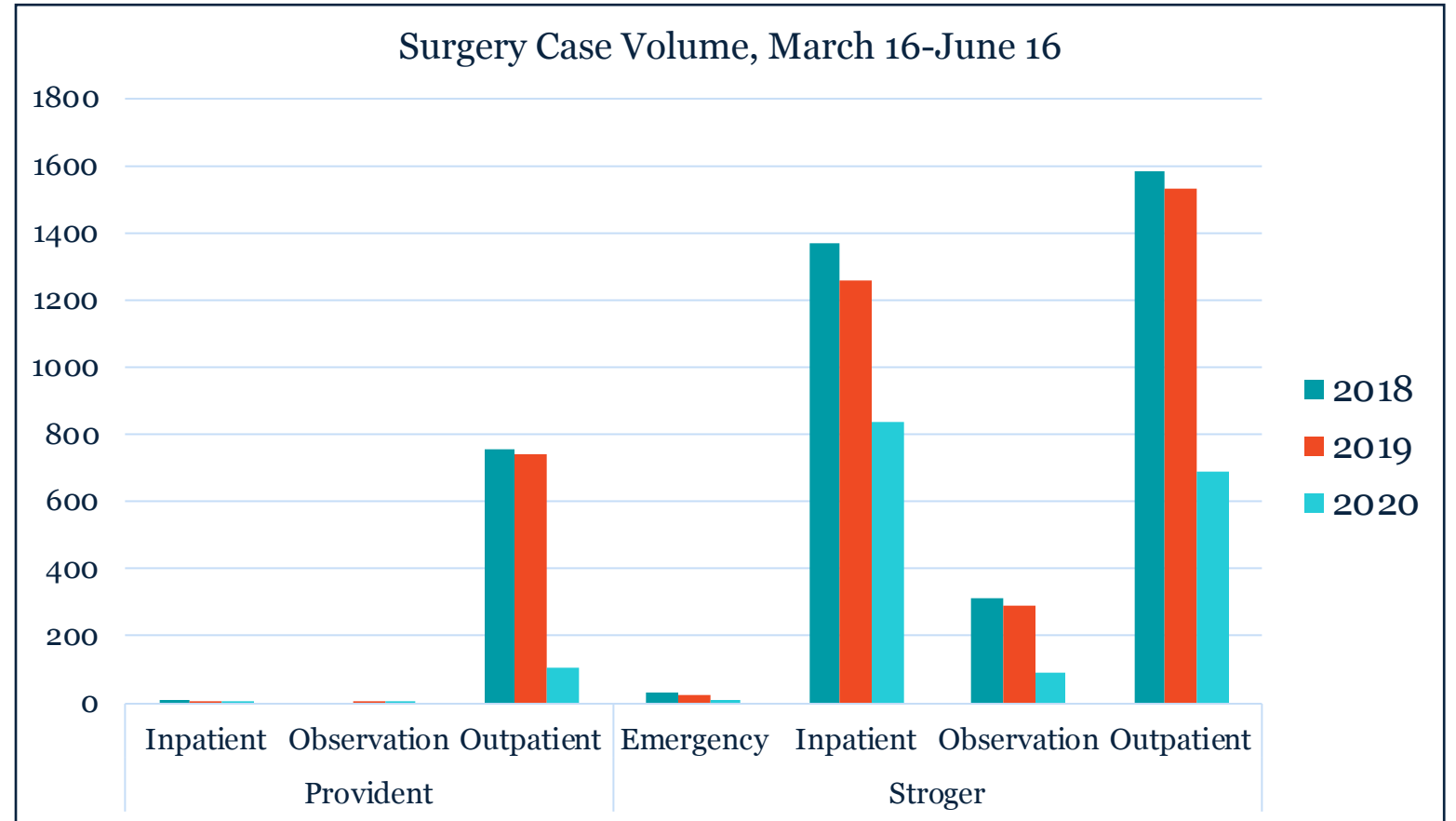
- Cermak remains our highest priority
 - Increased staffing/supplies continue as new areas are opened to accommodate increased census and social distancing.
- Stroger has seen a decrease in COVID inpatient census and has reduced the number of COVID-designated units to three
- Return to Work guidance has been issued for staff
- CCDPH Contact Tracing Efforts
- CCH will remain in readiness mode for a potential resurgence
 - CCH will conduct analysis to identifying lessons learned
 - Continue to maintain appropriate PPE levels to meet demand of resurgence
 - Continue to mature telehealth, telework practices and policies
- Addressing Inequities
 - CCH will develop workgroups to ensure our work in addressing inequities is effective.

What's Next: Rebuilding and Growing Clinical Volumes

- Most service lines have been restarted with proper social distancing, etc.
- Prioritizing face-to-face visits/procedures for patients with more acute needs
- Educating patients and staff about safety precautions
- Reestablishing OR schedule/capacity
- Maturing telehealth practices

Surgery Volumes

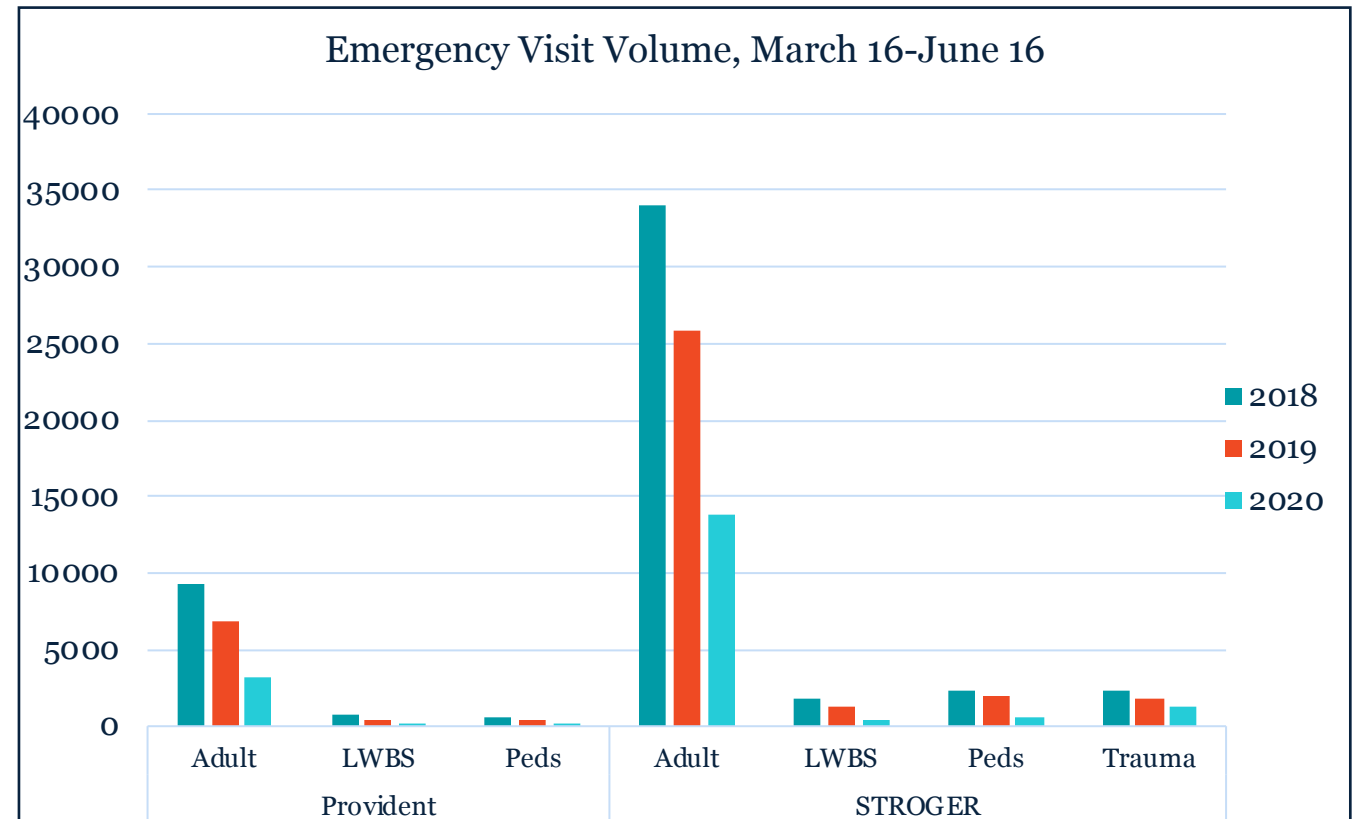
	2018	2019	2020
Provident	773	746	112
Inpatient	13	4	1
Observation*		2	3
Outpatient	760	740	108
Stroger	3303	3114	1634
Emergency	30	27	12
Inpatient	1371	1261	835
Observation*	315	290	93
Outpatient	1587	1536	694
Grand Total	4076	3860	1746



*Observation values reflect patients who have been admitted before or after their surgeries for observation

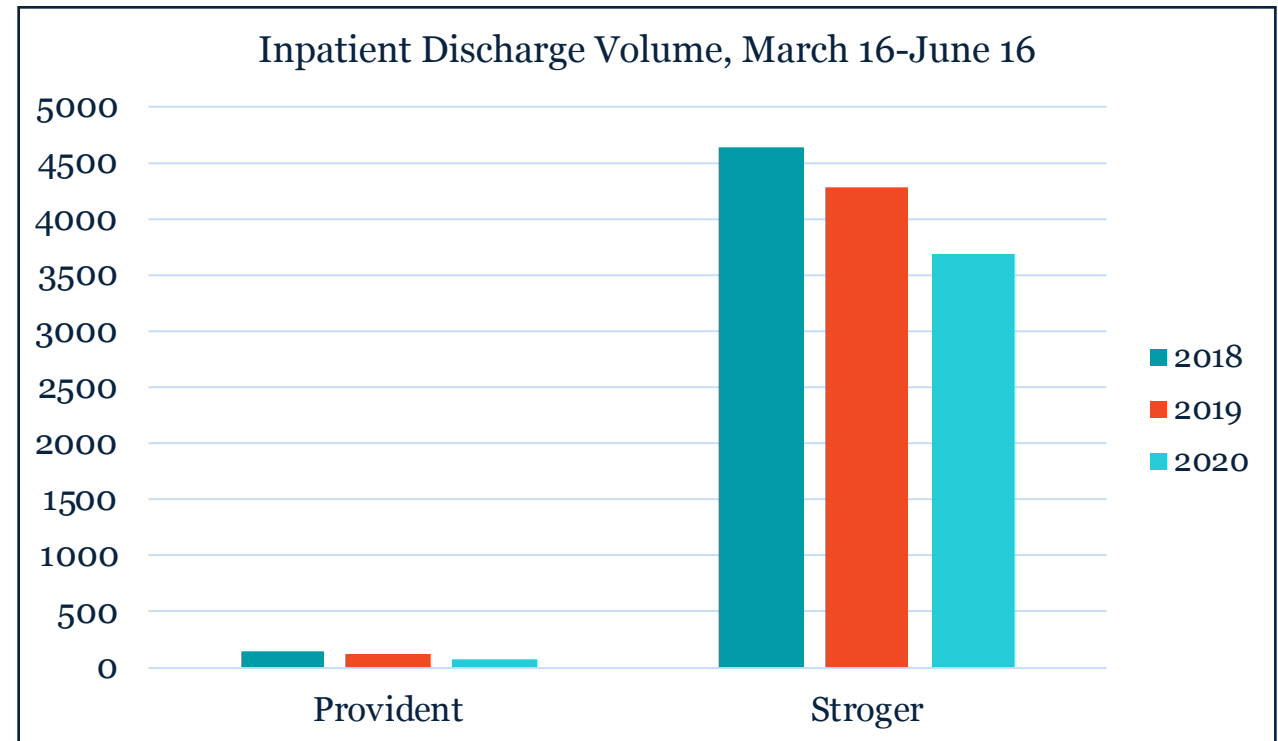
Emergency Volumes

	2018	2019	2020*
Provident	10664	7731	3507
Adult	9293	6849	3256
LWBS	765	474	141
Peds	606	408	110
STROGER	40566	30873	15997
Adult	34096	25892	13847
LWBS	1835	1271	376
Peds	2348	1891	496
Trauma	2287	1819	1278
Grand Total	51,230	38,604	19,504



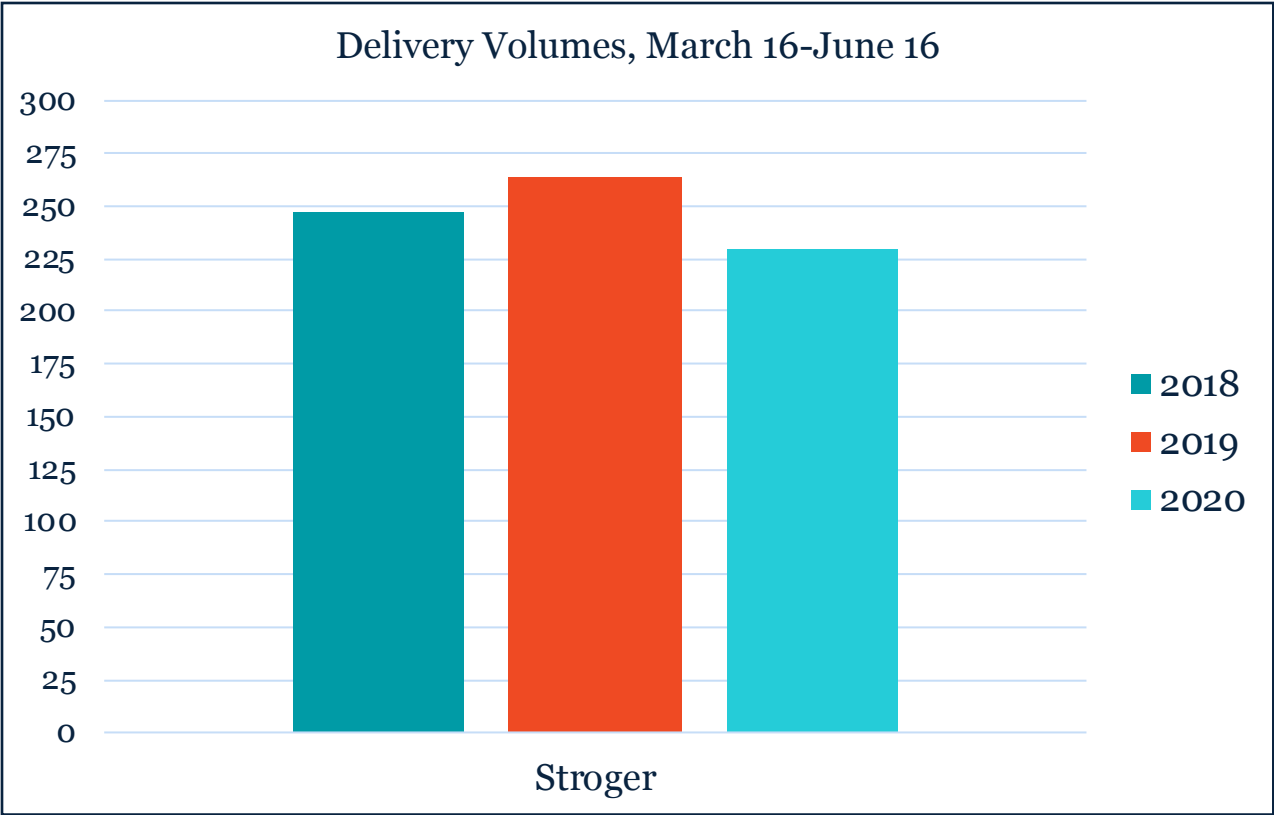
Inpatient Discharge Volumes

	2018	2019	2020
Provident	158	129	80
Stroger	4645	4290	3680
Grand Total	4803	4419	3760



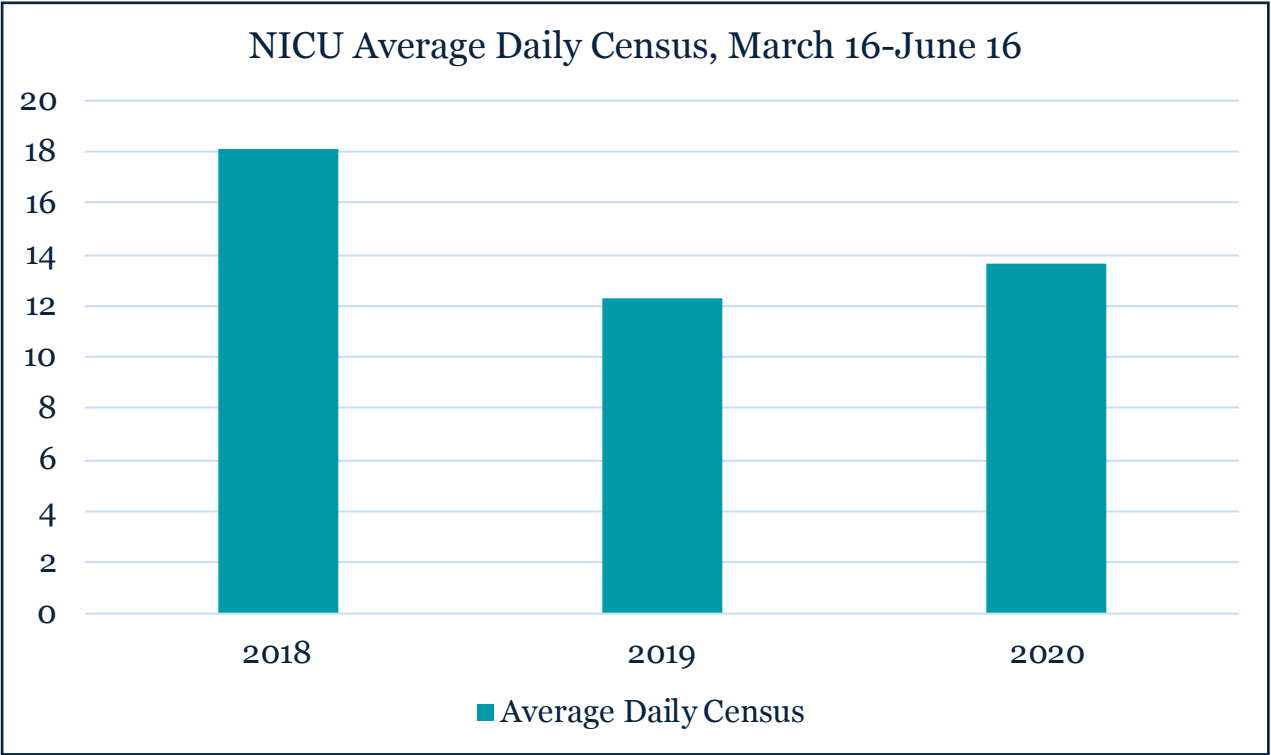
Delivery Volumes

	2018	2019	2020
Stroger	248	264	230

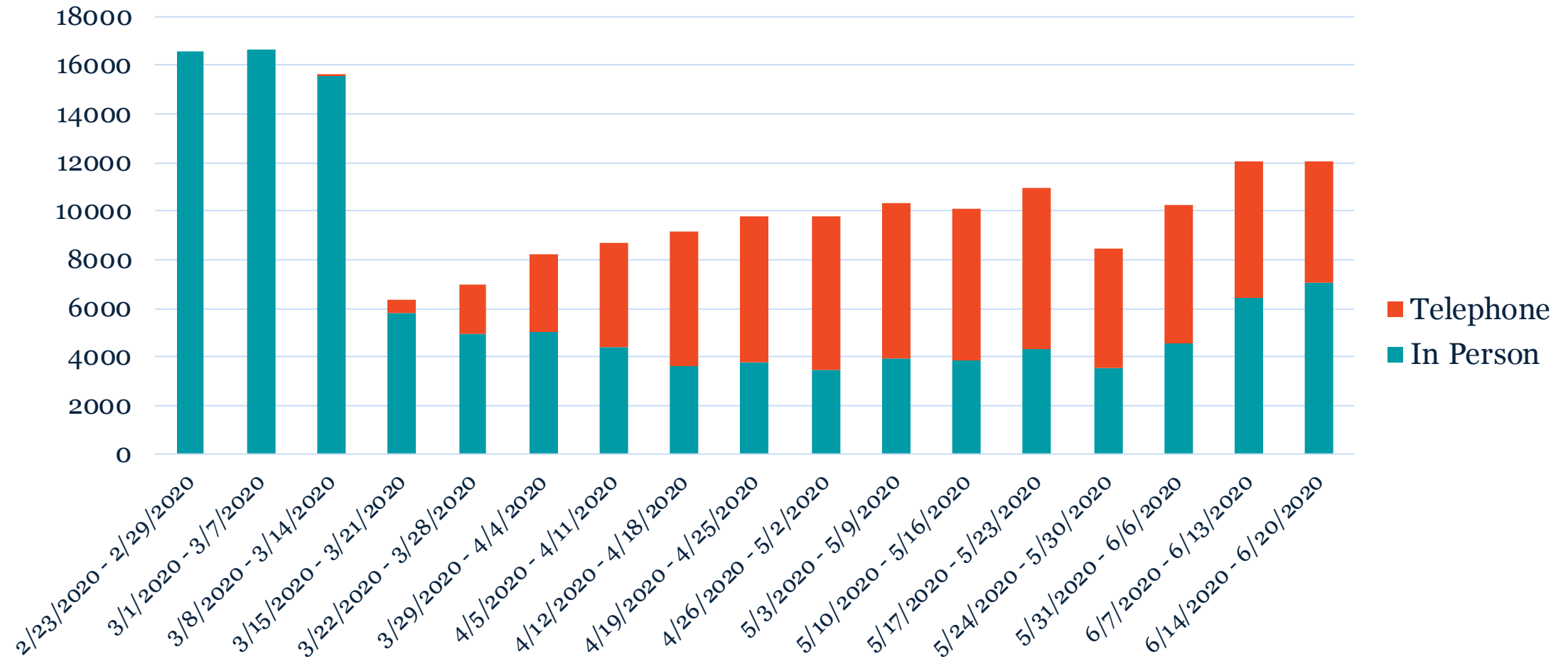


Neonatal ICU and Average Daily Census

	2018	2019	2020
Average Daily Census	18.1	12.3	13.6



Telehealth Utilization



Facilities Update



The Phased Approach to Providing Modern Facilities for Patients and Staff



COOK COUNTY
HEALTH

Oak Forest Relocations

- Clinical Services relocated to new Blue Island Facility in June
- Call Center and Revenue Cycle staff relocated to new Matteson facility
- Public Health and Mail Order Pharmacy remain at Oak Forest until adequate space can be identified.
- These changes have allowed for the deployment of many staff to other locations. Appropriate EVS, trades and security remain at Oak Forest.

North Riverside

- Fully operational and accepting new patients

Coming Soon: Harrison Square (old Cook County Hospital)

- Planned Department Moves

Employee Health

Integrated Care

Information Technology

Outpatient Physical Therapy