

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

**JUNE 4, 2009**

**ATTENDANCE**

**Present:** Chairman Warren L. Batts and Directors David A. Ansell, MD, MPH; Hon. Jerry Butler; David Carvalho; Quin R. Golden; Benn Greenspan, PhD, MPH, FACHE; Sister Sheila Lyne, RSM; Luis Muñoz, MD, MPH; Heather E. O'Donnell, JD, LLM and Andrea Zopp (10)

**Absent:** Vice Chairman Ramirez (1)

**Also Present:** Pitt Calkin – Interim Chief Financial Officer, Cook County Health and Hospitals System; Matthew B. DeLeon – Secretary to the Board of Commissioners of Cook County; Patrick T. Driscoll, Jr. – Deputy State's Attorney, Chief, Civil Actions Bureau, Office of the State's Attorney; William T. Foley – Chief Executive Officer, Cook County Health and Hospitals System; Maurice Lemon, MD, MPH – Chief Medical Officer, John H. Stroger, Jr. Hospital of Cook County; Jeff McCutchan – Supervisor, Transactions and Health Law Division, Office of the State's Attorney; Elizabeth Reidy – Deputy Chief, Civil Actions Bureau, Office of the State's Attorney; David R. Small – Chief Operating Officer, Cook County Health and Hospitals System; Sidney Thomas – Chief Operating Officer, Provident Hospital of Cook County; Steve Zeelau – Chief Information Officer, Cook County Health and Hospitals System

Ladies and Gentlemen:

Your Board of Directors of the Cook County Health and Hospitals System met pursuant to notice on Thursday, June 4, 2009 at the hour of 7:30 A.M. at Stroger Hospital, 1901 W. Harrison Street, in the fifth floor conference room, in Chicago, Illinois.

Your Board of Directors has considered the following items and upon adoption of this report, the recommendations follow.

Matthew B. DeLeon, Secretary to the Board of Commissioners of Cook County, called the roll of members and it was determined that a quorum was present.

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**PUBLIC COMMENTS**

Chairman Batts asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speaker:

1. George Blakemore      Concerned Citizen
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APPROVAL OF THE MINUTES OF THE MEETING OF THE COOK COUNTY HEALTH  
AND HOSPITALS SYSTEM BOARD OF DIRECTORS OF FRIDAY, MAY 22, 2009

**Director Butler, seconded by Director Lyne, moved to approve the minutes of the meeting of the Cook County Health and Hospitals System Board of Directors of Friday, May 22, 2009. THE MOTION CARRIED UNANIMOUSLY.**

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REPORT FROM SYSTEM BOARD CHAIRMAN WARREN L. BATTS

Chairman Batts reported on the following subjects:

*Meeting with Cook County Board President Todd H. Stroger*

Chairman Batts stated that he and William Foley, Chief Executive Officer of the Cook County Health and Hospitals System, recently met with President Stroger. Topics discussed included those relating to the System Board's recent decision regarding group purchasing organization purchasing; the System's position on the proposed unionization of Stroger Hospital physicians; and the System's efforts to recruit "C-Suite" executives.

*Efforts on policy review work*

Chairman Batts referenced the ongoing work on the review of policies. He noted Director O'Donnell's efforts on the patient care financial policies; these policies will soon be presented to the full Board for their review. Additionally, he stated that he has met with Directors Zopp and Lyne to review the first draft of the human resources policies. The Board is well on its way to meeting the objective of wrapping up the policy review work on or before the end of the first year.

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REPORT FROM THE SYSTEM  
CHIEF EXECUTIVE OFFICER WILLIAM T. FOLEY

Mr. Foley presented the following (Attachment #1):

*Letter to County Commissioners regarding proposed unionization of physicians at John H. Stroger, Jr. Hospital of Cook County*

Mr. Foley stated that a letter was sent to the County Commissioners, signed by Chairman Batts, Human Resource Chairman Zopp and himself, which presents the position of the System relative to the union issue at John H. Stroger, Jr. Hospital of Cook County.

*Revised Chief Executive Officer's 90 Day – 6 Month – 1 Year Plan for the Cook County Health and Hospitals System*

Mr. Foley presented his revised plan. He provided information on the status of recruiting efforts for the positions of Director of Human Resources, Chief Compliance Officer, and the Director of Public Relations. He stated that the search for a Chief Nursing Officer for Stroger Hospital has been modified; the search is now to fill the position for a System-wide Chief Nursing Officer. He added that December 1<sup>st</sup> is the target date to complete the searches for the positions of System Chief Information Officer, System Chief Financial Officer, and System Chief Medical Officer.

*Update on Strategic Planning efforts*

Mr. Foley presented an update on strategic planning efforts. He has had regular meetings with Director Greenspan, Director Golden, and the strategic planning group. They are planning the initial series of six town hall meetings across the County to gather community input, starting in late July. They are working with various groups and organizations, including the Health Care Consortium of Illinois, to plan those meetings. After the initial town hall meetings, and once a draft vision of strategies is completed, another series of town hall meetings will be held to get input before the strategic plan is finalized. There will also be a series of internal meetings with various other groups such as leadership, physician groups, employees, etc.

*Update on information technology and introduction of new Chief Information Officer, Steve Zeelau*

Mr. Foley introduced Steve Zeelau, Chief Information Officer for the Cook County Health and Hospitals System.

Mr. Zeelau presented an update on Information Systems (Attachment #2).

Mr. Zeelau provided information on the Cerner upgrade. He emphasized that the System is the first health system in the world to go live with this upgrade. This is a major accomplishment; once Provident Hospital goes live, all major clinical systems will be on the same platform. Standardization and delivery of care will be increasingly universal throughout the System using these information technology initiatives.

Questions were raised regarding the information systems' remaining gaps. Director Carvalho inquired whether Mr. Zeelau could provide examples of such gaps. Mr. Zeelau responded that they do not have all information which is electronic in nature in the emergency rooms, such as clinical results.

The Board discussed whether the System was doing computerized physician order entry (CPOE) across its sites, and whether the System may qualify for stimulus dollars. Mr. Zeelau responded that they were looking into the subject of stimulus dollars. Further discussion took place on current and potential interfaces between Cerner, the Siemens system (which is currently used for billing) and the IRIS system.

Director Carvalho provided additional information on stimulus dollars. He stated that there are add-on payments that will be available to those implementing meaningful use of electronic health records. Apart from that, there will be up-front money that may be available for the costs of implementing electronic health records. However, none of the guidance on that subject has been provided by the federal government; the System may or may not qualify for that funding. He mentioned that it was probably the add-on payments alluded to earlier in the conversation.

Discussion took place on the subject of Cermak's issue with regard to access to medical records. Mr. Zeelau provided an update on the status of the project. Mr. Foley stated that an update on the subject will be provided at the next meeting of the Quality and Patient Safety Committee.

In response to Director Muñoz' question regarding the status of the clinics in the Ambulatory and Community Health Network, Mr. Zeelau responded that they are not yet fully integrated. Director Muñoz requested that a timeline be provided for the Cerner rollout.

Mr. Zeelau provided information on the progress of the efforts to create the System's website, which is due to go live by August 1<sup>st</sup>. The Information Technology Steering Committee determined that the creation of the website was the best way to address the needs of the human resources requirements and the interest from the public. Marcel Bright, Acting Director of Public Affairs for the Cook County Health and Hospitals System, is Chairman of the subcommittee responsible for these activities. He is also responsible for determining the content of the website.

The Board discussed the website. Chairman Batts stated that it was important that agendas for meetings of the Board and its Committees be available on the website. Additionally, he suggested that a blog session space be created for patients to provide input.

Director Carvalho mentioned other components that would need to be incorporated into the System's website, including an online check register, and bidding/purchasing information as required by the System's procurement policy. Additionally, he referred to the Illinois Open Meetings Act, and its requirement that meeting notices and agendas of public bodies be electronically posted on its website. Although this requirement may currently be met by the posting of such notices and agendas on the County's website, he stated that the System's website must be capable of this function. Matthew B. DeLeon, Secretary to the Board of Commissioners, confirmed that such notice requirements are currently being met through electronic posting to the County's website.

Director Greenspan asked Mr. Zeelau to think about and return to the Board for follow-up discussions on the following subjects: 1) clinical connectivity to the financial system, how charges are captured at the time of encounter, and how equipment use and supply disposition is captured at the time of use; 2) commitment to maintain the content of the System's website; and 3) the ability of information systems to automatically generate accurate daily/monthly dashboard data.

*Update on various activities involving performance assessments and benchmarking*

Mr. Foley stated that the performance assessment by Navigant has been kicked-off. This will be a three month process in order to complete the assessment.

With regard to the work currently being done by Solucient on the full-time equivalent employee benchmarking study, Mr. Foley stated that the work will be completed soon. The System will then need to move forward on the first phase of the reduction-in-force, to meet the goal of September 1<sup>st</sup>.

*Update on the status of nurse staffing at Provident Hospital of Cook County*

Director Ansell asked for an update on the issue of nurse staffing at Provident Hospital of Cook County. Sidney Thomas, Chief Operating Officer of Provident Hospital of Cook County, provided an update on the subject, which involves position vacancies and nurse registry services. The Board discussed the information; it was determined that Mr. Foley would further investigate the issue and report back to the Finance Committee.

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REPORT FROM THE SYSTEM INTERIM  
CHIEF MEDICAL OFFICER JOHN RABA, MD

Dr. Raba was unable to attend the meeting. His report will be provided at an upcoming meeting of the Board.

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COMMITTEE REPORT

Quality and Patient Safety Committee.....Meeting of 5-26-09\*

\* note: Medical Staff Appointments/Re-appointments/Changes were approved by the Quality and Patient Safety Committee at this meeting.

During the discussion of the report, Chairman Batts requested that in the future, the Board should regularly receive (in closed session) an update of the Committee's closed session discussion. Additionally, he requested that the Board receive a report on Cermak's efforts towards accreditation, possibly at their meeting in July.

With regard to the information provided within the report on the surgical consolidation project, Director Zopp requested that the Human Resources Committee receive an update on any labor and employment issues that may need to be addressed.

**Director Muñoz, seconded by Director Butler, moved to approve the Report of the Quality and Patient Safety Committee for the meeting of May 26, 2009. THE MOTION CARRIED UNANIMOUSLY.**

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COMMITTEE REPORT

Human Resources Committee.....Meeting of 5-28-09\*

\* note: an executive/manager hiring policy was ~~approved~~ discussed by the Human Resources Committee at this meeting.

Director Zopp noted that she would present an update to the Board in closed session on an item discussed in closed session at the Human Resources Committee meeting.

**Director Zopp, seconded by Director Ansell, moved to approve the Report of the Human Resources Committee for the meeting of May 28, 2009. THE MOTION CARRIED UNANIMOUSLY.**

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COMMITTEE REPORT

Finance Committee.....Meeting of 5-29-09\*

\* note: the following were approved by the Finance Committee at this meeting: Contracts and Procurement Items, as amended; and two requests for authorization to enter into contracts relating to the group purchasing organization.

For future meetings, Director Greenspan requested that the Chief Financial Officer present an abbreviated form of the financials to the full Board, after those financials are reviewed in the Finance Committee.

**Director Muñoz, seconded by Director Greenspan, moved to approve the Report of the Finance Committee for the meeting of May 29, 2009. THE MOTION CARRIED UNANIMOUSLY.**

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REQUEST TO AMEND  
PREVIOUSLY APPROVED REQUEST TO ENTER INTO AND EXECUTE CONTRACT  
WITH QUICK, LEONARD, KIEFFER, INTERNATIONAL, INC.  
FOR EXECUTIVE SEARCH FIRM SERVICES

(Attachment #3)

The request to enter into and execute a contract with Quick, Leonard, Kieffer, International, Inc. was originally approved by the System Board on April 24, 2009.

**Director Zopp, seconded by Director Muñoz, moved to approve the request to amend the contract with Quick, Leonard, Kieffer, International, Inc. for executive search firm services. THE MOTION CARRIED UNANIMOUSLY.**

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REQUEST TO AMEND  
PREVIOUSLY APPROVED REQUEST TO ENTER INTO AND EXECUTE CONTRACT  
WITH DAVID GOMEZ & ASSOCIATES  
FOR EXECUTIVE SEARCH FIRM SERVICES

(Originally approved by the System Board on April 24, 2009)

(Attachment #4)

The request to enter into and execute a contract with David Gomez & Associates was originally approved by the System Board on April 24, 2009.

**Director Zopp, seconded by Director Muñoz, moved to approve the request to amend the contract with David Gomez & Associates for executive search firm services. THE MOTION CARRIED UNANIMOUSLY.**

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REPORT FROM CCHHS AD HOC WORKING GROUP  
ON MEDICAL SCHOOL RELATIONSHIPS

Pitt Calkin, Interim Chief Financial Officer of the Cook County Health and Hospitals System, stated that the Board will have a full report on the subject by the end of September. He distributed a timeline (Attachment #5) provided by Public Consulting Group, who was hired to do a complete review of the GME program.

Dr. Maurice Lemon, Chief Medical Officer of John H. Stroger, Jr. Hospital of Cook County, presented a report on the subject (Attachment #6), on behalf of Director Lyne.

The Board reviewed and discussed the information provided.

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UPDATE FROM AD HOC STRATEGIC PLANNING COMMITTEE

Director Golden added to the information provided by Mr. Foley during his report to the Board. She stated that they are engaging several groups in the strategic planning process. They are working with Margie Schaps, from the Health and Medicine Policy Research Group; they have discussed adding Aida Giachello, who was one of the members of the nominating group for this Board.

Director Greenspan added that it was important to note that the town hall meetings will be held County-wide.

Director O'Donnell inquired whether a schedule for the town hall meetings was available. Director Golden stated that the target date for the meetings is the end of July. Mr. Foley noted that the Board will receive the schedule and agenda when the details are confirmed and the meetings are set.

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DISCUSSION OF PERSONNEL MATTERS  
DISCUSSION OF LABOR NEGOTIATIONS  
DISCUSSION OF LITIGATION MATTERS

**Director Zopp, seconded by Director Muñoz, moved to recess the regular session and convene into closed session, pursuant to an exception to the Open Meetings Act, 5 ILCS 120/2(c)(2), et seq., which permits closed meetings for consideration of “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” pursuant to an exception to the Open Meetings Act, 5 ILCS 120/2(c)(1), which permits closed meetings for consideration of “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,” and pursuant to an exception to the Open Meetings Act, 5 ILCS 120/2(c)(11), which permits closed meetings for consideration of “litigation, when an action against, affecting or on behalf of the particular public 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.” THE MOTION CARRIED UNANIMOUSLY.**

**Director Zopp, seconded by Director Muñoz, moved to adjourn the closed session and convene into regular session. THE MOTION CARRIED UNANIMOUSLY.**

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MISCELLANEOUS

Director Carvalho provided information on current state legislative activities in Springfield. He stated that in the absence of a budget as of May 30<sup>th</sup>, they are now in overtime; a three-fifths vote is required to adopt anything that takes effect immediately (including the budget). One issue that could affect the System directly is a proposal to restructure Medicaid into a mandatory HMO structure. If this proposal passes, it has the potential to disrupt use patterns for the System. More importantly, under this proposal, if there is no mechanism in place for dealing with patients within this structure whose medical home is outside the System, there would be no reimbursement for such care.

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ADJOURNMENT

**Director Butler, seconded by Director Golden, moved to adjourn. THE MOTION CARRIED UNANIMOUSLY AND THE MEETING ADJOURNED.**

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

  
Warren L. Batts, Chairman

Attest:

  
Matthew B. DeLeon, Secretary

Cook County Health and Hospitals System  
Report of the Meeting of the Board of Directors  
June 4, 2009

ATTACHMENT #1

# Cook County Health & Hospitals System

**Todd H. Stroger** • President  
 Cook County Board of Commissioners

**Warren L. Batts** • Chairman  
 Cook County Health & Hospitals System

**Jorge Ramirez** • Vice-Chairman  
 Cook County Health & Hospitals System

**William T. Foley** • CEO  
 Cook County Health & Hospitals System



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**Health & Hospitals System Board Members**

Dr. David A. Ansell  
 Commissioner Jerry Butler  
 David N. Carvalho  
 Quin R. Golden  
 Benn Greenspan  
 Sr. Sheila Lyne  
 Dr. Luis R. Muñoz  
 Heather E. O'Donnell  
 Andrea L. Zopp

May 31, 2009

Honorable Earlean Collins  
 Commissioner, 1<sup>st</sup> District  
 Cook County Board of Commissioners  
 118 N. Clark Street  
 Chicago, Illinois 60602

Re: Stroger Hospital Physicians

Dear Commissioner Collins:

It has come to the attention of the Cook County Health and Hospitals System Board (System Board) that the County Board may be considering whether to voluntarily recognize a union of Stroger Hospital attending physicians.

It is the position of the System Board that voluntary recognition of such a union would further complicate the challenges we face in rapidly effectuating significant change in the Health System. In keeping with the spirit of the Health System Ordinance which charges the System Board with performing human resources functions within the Health System, we respectfully request that you allow the System Board to determine when and if it is appropriate to recognize a collective bargaining unit within the Health System. Enclosed is a summary of the System Board's position in this matter.

Thank you for your support and consideration.

Sincerely,

Warren Batts  
 Chairman, Cook County Health and Hospitals System Board

Andrea Zopp  
 Chair, Human Resources Committee  
 Cook County Health and Hospitals System Board

William Foley  
 Chief Executive Officer  
 Cook County Health and Hospitals System

Encl.

**POSITION OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM BOARD ON  
VOLUNTARY RECOGNITION OF A STROGER HOSPITAL PHYSICIANS' UNION**

The Cook County Board of Commissioners is considering whether to vote to voluntarily recognize that physicians at Stroger Hospital of Cook County may unionize. The System Board, as the putative joint employer of the Stroger physicians, opposes such an action because it would:

- Result in immediate unionization of a critical group of highly compensated supervisory professionals, impairing the flexibility and speed with which the System Board can act to meet its charge.
- Be detrimental to patient care by creating a conflict of interest for Stroger physicians, who should have an undivided loyalty to the Hospital as they supervise unionized Stroger resident physicians in carrying out the hospital's core function, clinical patient care.
- Be detrimental to patient care by creating a conflict of interest between the obligation of Stroger physicians to perform their delegated responsibility to assure patient safety and their loyalty to fellow union members whose medical care they are supposed to self-police.
- Undermine existing managerial processes by unionizing a group of highly compensated, highly educated professionals who are already extensively involved in Hospital decisions through their departmental and medical staff structures, committees and leadership.
- Abandon the position the County has successfully taken in litigation on this very issue for a number of years: that under the law, Stroger physicians are supervisory employees who are not entitled to unionize.
- Reduce the role of the System Board in carrying out its delegated human resources functions.

When it established the Health System, the County Board delegated governance of the System, including authority over human resources functions, to an independent Board made up of individuals with substantial expertise in the healthcare arena. While it is committed to maintaining a constructive relationship with the collective bargaining units that exist within the System, the System Board urges the County Board to allow it to apply its expertise and authority in determining when and if it is appropriate to recognize a collective bargaining unit within the System.

The System Board has a short window of time within which to implement major reforms to achieve substantial improvements in the operation and financial viability of the Health System and must act within severe budgetary constraints. The County Board and the System Board have taken enormous strides and are on the cusp of implementing major improvements.

Stroger Hospital is the flagship of the Health System and will lead much of the change that is to come. Stroger physicians are vital to the process of change. The System Board is committed to a strong partnership with physicians, to improved effectiveness of Medical Staff structures, and to revising physician compensation to achieve parity across the Health System. Physician support will be imperative as new service lines are established and some existing service lines are reorganized or discontinued. The System Board expects its highly accomplished and professional physician partners to be at the forefront of needed change, while at all times keeping the ultimate constituent group – the patients who have nowhere else to turn - firmly in view in front of all other groups.

**Background:** Stroger physicians have repeatedly been held to be ineligible to form a union. The law provides that supervisory employees have no right to be represented by a union because it recognizes that the employer has a right to expect the undivided loyalty of its supervisory and management team. Supervisors who are represented by a union are placed in a conflict of interest position particularly if they supervise other unionized employees. The County has for many years considered it imprudent for attending physicians, who supervise the unionized residents in performing the core patient care activities conducted at the Hospital, to be unionized. The efforts of County Hospital physicians to unionize extend back to the 1980s. At that time, the

Labor Relations Board<sup>1</sup> determined that these physicians were supervisory employees and therefore were not entitled to unionize. The unionization effort re-surfaced in the late 1990s, resulting in another determination by the Labor Relations Board, subsequently affirmed by the Illinois Appellate Court, that County Hospital physicians were supervisory employees and therefore were not entitled to unionize.<sup>2</sup> Two to three years ago, the Service Employees International Union (SEIU) filed a majority interest petition seeking to represent County-employed physicians working within several facilities, including parts of the ambulatory clinic system and Stroger Hospital. The County's position was again that the Stroger physicians were not appropriately included in the proposed bargaining unit because they were supervisory employees. The County and the Union reached a settlement agreement whereby the attending physicians working in the clinics were permitted to unionize but, since the Stroger physicians were supervisory employees, that portion of the petition seeking their inclusion in the bargaining unit was withdrawn. On July 30, 2007, in furtherance of this agreed resolution, the union submitted a letter to the Labor Relations Board stipulating that there had been no change in the facts underlying the prior rulings finding Stroger physicians to be supervisors who were not entitled to unionize. However, fewer than two years after reaching this settlement, the SEIU has now filed yet another petition seeking to unionize Stroger physicians and is facing an imminent deadline for dismissal of its petition because it has not provided evidence of new facts to support its current petition.

**Background: Stroger physicians direct the hospital's core function: patient care.** As the only profession licensed to practice medicine, physicians represent the very characteristics that are typically excluded from unions: they are highly compensated, highly educated licensed professionals who decide what health services will be provided to patients and direct the other members of the health care team in delivering these services – the very reason the hospital exists. In addition to directing the entire health care team in delivering patient care, physicians play a major role in the complex departmental and medical staff structures that manage the overall delivery of health care services and through these structures they oversee the quality of medical care provided in the hospital including peer review of the care provided by other physicians. All of this is true at Stroger Hospital, but Stroger physicians fulfill another role that is relevant to unionization. Stroger Hospital is home to the historic Cook County Hospital residency programs known for their contributions to the field of medicine and for training physicians across the country and around the world. Stroger physicians run these programs and supervise unionized resident physicians who provide direct patient care.

**Conclusion: Flexibility and momentum are needed to meet the challenge of change.** The current environment for planning and implementing changes in the Health System is formidable. Cumbersome financial, human resources and purchasing structures need to be tailored to the modern health care industry. Costs mount as the budget shrinks. Working with these challenges, the System Board is charged with identifying changes in the range of services the Health System should provide, where they should be provided, which health professionals should provide them, and how they should be provided. It needs to streamline operations, cut costs, eliminate unnecessary duplication, improve productivity and pursue all available avenues of financial reimbursement. The System must have the flexibility to make maximum use of its most talented and productive staff while pursuing new billing and compensation strategies. It needs to move quickly to improve the Health System's finances.

Stroger Hospital will be at the forefront of Health System reform. Stroger Physicians lead the medical care provided at Stroger Hospital. The System Board must engage Stroger physicians as partners in change, putting the interests of the Health System and its patients first. In order to do so, it must exercise the full authority granted by the spirit and letter of the Cook County Health and Hospitals System Ordinance and be given the latitude it needs to promote partnership while opposing unionization of Stroger physicians.

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<sup>1</sup> Illinois Local Labor Relations Board, Docket No. L-RC-85-10, October 15, 1987.

<sup>2</sup> 295 Ill. App. 3d 1012; 692 N.E.2d 1253; 230 Ill. Dec. 87 (1<sup>st</sup> Dist. App. 1998)

**WILLIAM T. FOLEY  
CCHHS CEO  
90 DAY—6 MONTH—1 YEAR PLAN  
REVISED – JUNE 2, 2009**

**9/1/09:**

- Complete Navigant Consulting Performance Improvement Assessment.
- Initiate ERP installation.
- Revise MedAssets agreement.
- Establish Office of Performance Improvement and hire a Director as an interim, full-time position for a period of no longer than 1 year.
- Hire Director of Human Resources.
- Hire Director of Public Relations/Communications.
- Hire Chief Compliance Officer
- Hire Chief Nursing Officer
- Hire General Counsel
- Complete Solucient FTE benchmarking study and implement Phase 1 reduction-in-force.
- Select Group Purchasing Organization (GPO) and finalize agreement.

**12/1/09:**

- Complete Phase 1 of performance improvement project with focus on revenue cycle management, labor productivity, non-labor productivity, and physician services.
- Complete Phase 1 of ERP installation: financial reporting/general ledger.
- Implement Phase 2 reduction-in-force.
- Hire CCHHS CFO.
- Hire CCHHS CMO.
- Hire CCHHS CIO.
- Finalize and approve CCHHS Strategic Plan.
- Finalize and approve CCHHS 3-Year Financial Plan.

**6/1/10:**

- Complete Phase 2 (final phase) of performance improvement project including staff education and training.
- Complete Phase 2 of ERP installation: human resources, payroll, productivity, supply chain.
- Implement Phase 1 strategic plan strategies.

Cook County Health and Hospitals System  
Report of the Meeting of the Board of Directors  
June 4, 2009

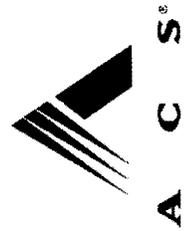
ATTACHMENT #2



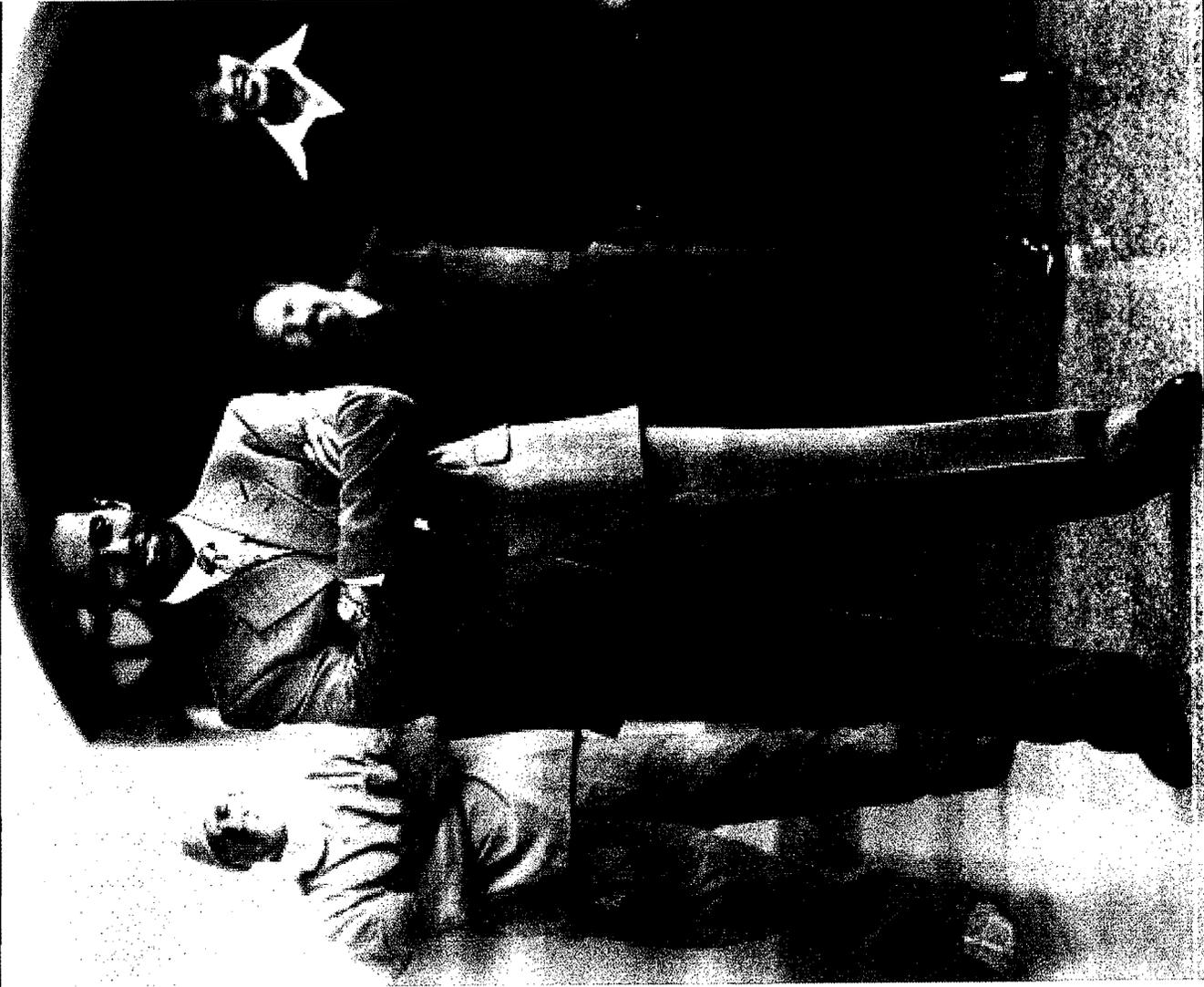
# Cook County Health And Hospitals System

## Information Systems Update

June 04, 2009



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# Agenda

- Introductions
- Cerner 2007.18 Upgrade
  - Stroger, Oak Forest & Cermak
  - Provident
- CCHHS Web Site
  - Short Term and Long Term Goals
- Questions & Answers

# Cerner 2007.18 Upgrade May 17

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# Preparations for Cerner 2007.18 Upgrade

- Upgraded database and hardware platforms
- Planning, build preparation and implementation took approximately 1 year
- Analysts spent six weeks thoroughly validating/testing the applications under the Cerner 2007 code
- Weekend Go Live allowed for problem solving during non critical time system down time.
- Full support from ACS ITO management and staff
- Cerner support was disappointing in preparation for the 2007.18 upgrade of the application code

# Benefits of Cerner 2007.17 Upgrade

- Provides the groundwork for **enhanced functionality** surrounding clinical workflows
- Foundation for **improved documentation** functionality, allowing for streamlined billing practices
- Current release from Cerner will **improve quality** of support from vendors
- **First Healthcare system** to have implemented the Cerner 2007.18 upgrade
- System performance **will improve** for our key users



# Cerner Upgrade at Provident June 21

expertise in action™



## New Methodology at Provident

- Developed in partnership with MedAssets and Cerner **new training materials** to train 60 registration clerks
- Users **competence testing** before given access to system
- Held a “**Day in the Life of a Patient**” Wednesday evening May 27<sup>th</sup> for the clinicians and management at Provident
- The implementation at Provident Hospital allows the **standardization of functionality/processes** across the Health & Hospitals System and brings the System closer to a fully integrated EMR (Electronic Medical Record)

# CCHHS New Web Site

expertise in action™



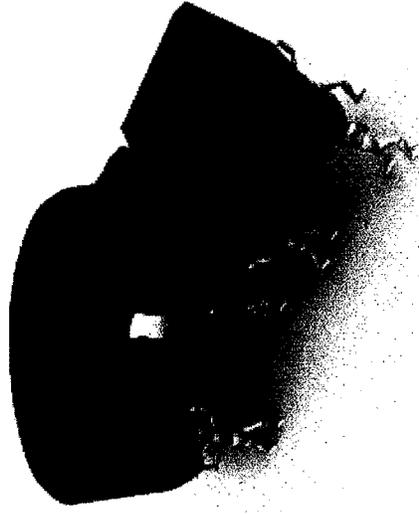
# Short Term Goals

- Phase I – Addresses HR Needs and Public information
  - Banner Page - General information meant for public viewing
  - Employment Opportunities – Initial application by position
  - Contract Lookup - What is open for County bid process and status thereof, including award status and an area to post an RFP
  - Physician Lookup - By specialty, contact information
  - Drop down menu that indentifies services by facility
  - News releases area
  - FAQ section
  - Area post upcoming events – health fair (public events etc)
  - Includes Links to other County & CCHHS Web Sites

## Long Term Goals

- Blog section for nurses/physicians
- Photos of newborns - Registered guests only
- Employee Portal – Customized to provide ability to include such things as weather updates, traffic alerts etc
- Appointment Scheduling – Clinic appointments to confirm or to check appointments

# Questions and Answers



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**In Progress Projects**  
**CCHHS Information Systems FY08 Plan**

26  
6/3/2009

Group	Status Code	Project Title	Project Description	Sponsor	Project Status Description	Start Date	End Date
<b>Compliance</b>							
QM	○	<b>IHA Data Reporting requirements (Compdata)</b>	We are required to capture race, ethnicity, baby weight, G code surgical procedures and DNR for monthly Compdata transmission.( IS notified mid Dec)	QM	MedAssets has requested that Baby Weigh be captured via Softmed, DNR - still to be completed Special Projects committee identifying solutions for errors	12/14/2007	ongoing
IS	○	<b>Bureau-wide IS Security policies and procedures</b>	A comprehensive security policy and procedure with specific focus on HIPAA will be finalized and fully implemented across the Bureau (Audit Recommendation)	IS	Policy is complete. Single sign-on software has not made it through the purchasing process	5/1/2008	n/a
<b>Finance - MedAssets Priority Projects</b>							
MedAssets Clinic Operations	○	<b>Mult-visit</b>	Outpatient claims denied due to multiple visits charges appearing on one bill for disparate services. Allow separate bills to be generated for multiple visits in one day when there are different facility provider numbers.	Registration/Pat. Acctg	Recommendations submitted to Revenue Cycle	1/20/09	tbd
MedAssets Clinic Operations	○	<b>Powerform Hemodialysis</b>	Create a powerform in Cerner PowerChart Office to capture dialysis patient data: height, weight, hemoglobin and hematocrit to be interfaced in Siemens Patient Accounting to facilitate compliant billing details required by Medicare and other third party payors.	S. Izzano (Bill Kittridge)	Creating and testing the interface scripts which pulls the Patient height, pre-treatment, post-treatment weight, hemoglobin and hematocrit reading pulled from lab results from Cerner into Siemens. IT creating test scripts for application functionality testing.	1/30/2009	tbd
MedAssets Clinic Ops	○	<b>Dialysis Clinic (Therapeutic Clinic) (formerly CDM Group 1)</b>	Dialysis Billing	S. Ellis	A program (Ollie script) to combine historical accounts for recurring billing is completed. This is an ongoing process for all dialysis accounts until the powerform is implemented. Recommend entire charge capture process be reviewed. - Dialysis should not bill through Superbill.	11/1/2007 9/3/08 (on hold)	tbd
MedAssets Pt. Access	●	<b>Redesign Pre-registration process and system</b>	Redesigning pre-registration rules and screens; will include no show pre-reg surgery process, allow PM functionality within Preregistration process	J. Kieltyka	Deliver to train by 4/17/09 and ready for production upon approval from MedAssets	01/15/08	4/2/09

**In Progress Projects  
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Group	Status Code	Project Title	Project Description	Sponsor	Project Status Description	Start Date	End Date
MedAssets Pt. Access	●	<b>Registration System Redesign - streamline registration conversations</b>	Simplify and standardize the registration screens across the Bureau. Goal is to reduce the number of registration conversations from 49 conversations to 24; included in this is medicare secondary payer (MSP) redesign and recode; new design of the search screens; auditing, rewriting and standardizing all PM rules and standardizing insurance plan codes	J. Kielyka	This project is on hold until after Provident Corner Go Live. It is one of the six projects that MedAssets have identified	01/15/08	06/30/09
MedAssets Pt. Access	●	<b>Streamline Patient Management Functionality</b>	The registration staff enters and exits numerous functions requiring many keystrokes and time; this can be completely streamlined minimizing registration errors;	J. Kielyka	Met with MedAssets and reviewed the design specifications on December 3. Signed off by Victor on 12/8/09. All conversation rules being analyzed.	01/15/08	06/30/09
MedAssets Pt. Access	●	<b>Develop a manageable bureau-wide Bed Reconciliation procedure</b>	Bed reconciliation is mostly manual across the Bureau. Use the Corner system to support a new bed reconciliation process	V. Zamora	Met with MedAssets and reviewed the design specifications on December 3. Signed off by Victor on 12/8/09.	01/15/08	5/4/09
<b>Clinical Projects - eQualCare</b>							
Clinical Doc Std	○	<b>Cermak FirstNet</b>	Implement the FirstNet tracking board (including physician order entry, result viewing and documentation) at the Cermak facility.	Dr. Avery Hart	Waiting on Cermak. Clinicians need to be trained. On hold until after Provident go-live.	6/1/08	7/1/09
Clinical Doc Std	●	<b>eQualCare Security Build</b>	All Provident user security will be built.	Henry O'Neal	In Progress. Clean up underway	6/1/08	5/4/09-6/1/09
Clinical Doc Std	●	<b>eQualCare Phase 1 (Inpatient)</b>	Revise functionality of existing build to streamline application. Provide the following new functionality: create new regulatory rules, nine care sets, four nursing documentation assessments/summaries; three specialty flow sheets; two additional tabs and ancillary clinical notes tab. Rollout changes/new build to SHCC & OFH. All existing, revised and new functionality will be implemented at PHCC.	Bureau-wide ISSC	<b>On schedule</b> <b>Short term plan (2005 code): Medicine Admission Careset rolled out 1/13/09:</b> vital signs and specialty flowsheets in Production by 3/31/09, and nursing assessment in early April <b>Intermediate plan (2007 code):</b> May - June/09 - all functionality at Provident and new orders design across the health system. <b>On schedule</b> <b>Longterm</b> - Roll-out additional 2007 functionality	6/9/08	5/17/09-6/21/09

**In Progress Projects  
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Group	Status Code	Project Title	Project Description	Sponsor	Project Status Description	Start Date	End Date
Clinical Doc Std	●	eQualCare Phase 1 (Ambulatory)	Revise functionality of existing build to streamline application. Provide the following new functionality: create new regulatory rules, three care sets, four nursing documentation assessments/summaries; three specialty flow sheets; two additional tabs and ancillary clinical notes tab. Rollout changes/new build to SHCC & OFH. All existing, revised and new functionality will be implemented at PHCC.	Bureau-wide ISSC	<b>Short term plan:</b> Will likely have all outpatient implemented in the spring with the inpatient and ER areas. <b>Intermediate</b> - Go live for all outpatient areas.	6/9/08	5/17/09-6/21/09
Clinical Doc Std	●	eQualCare FirstNet Phase 1	Implement FirstNet Emergency Department system at Provident	Dr. Tapan Bhatt	On target	4/1/08	6/21/09
Clinical Decision Support	●	eQualCare PowerInsight	Implementation of Cerner Data Warehouse, allowing users to query the system for statistical reporting.	Dr. Hota	First phase of training complete. Second phase to occur the week of 3/30/09.	9/22/08	Ongoing
<b>Clinical Projects - Maintenance/High Priority Tactical Projects</b>							
Clinical Advisory	●	EasyScript	Online ordering (prescriptions) of discharge medications for our patients	Dr. Das	Currently being piloted by Dr. Das & Team.	9/8/08	6/1/09
Clinical Advisory	○	Pyxis Profiling	The medication patient profile from Pharmnet currently live at Provident needs to be sent to their Pyxis stations	Marty Grant	All Pharmnet orders to Pyxis are being tested by Provident Pharmacy. Orderables are still being reviewed. Hardware currently being tested.	6/16/08	8/1/09
Clinical Doc Std	●	Simplify Physical Therapy/Occupational Therapy Orderable	When entering an order for the Therapy departments, the clinician is prompted to complete many required fields. These fields should not be required. The clinicians are also requesting that the information flow to a printout without having to re-enter the information.	Muehl Torsten	New orderable ready in the Cert (testing) environment. Dr. Das will review simplified orderable with PT/OT.	9/4/08	6/1/09
Clinical Doc Std	●	Skin Integrity Documentation	Nursing QA has requested that online documentation be designed to prevent and improve tracking of decubitus ulcers. This project includes the creation of documentation and order caresets.	QA	QA working with Nursing to identify high risk patients and to define how to communicate and document. Estimated timeframe = 3 months	9/4/08	5/17/09
Clinical Doc Std	●	Positive Micro Cultures	All microbiology cultures /tests resulting as POSITIVE will be displayed in RED within PowerChart for prompt attention like any other critical values displayed for lab results.	Dr. Beavis	SCC will pay for the change. Dependent upon SCC upgrade. Will place On Hold.	9/15/2008	7/1/2010

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Group	Status Code	Project Title	Project Description	Sponsor	Project Status Description	Start Date	End Date
Clinical Decision Support	○	<b>Clinical Rules</b>	The Clinical Decision Support committee identifies and implements rules that trigger a clinical event based on a patient's clinical indicators.	Dr. Hota (C. Caquelin)	TDAP vaccination is offered if a Post Partum patient is within a certain age range, has oxytocin ordered and patient has not been vaccinated within 2 years - Complete; Future rules - Enoxaparin Rule, Heparin Rule, HIV Rule	1/1/08	ongoing
<b>Decision Support</b>							
IS	●	<b>Red Flag Reports Standardize Reports/Reporting Process</b>	Utilize Business Objects database as our decision support system to develop online access to standardized monthly bureau financial reports and quarterly Quality Assurance reports	David Small	Phase 2 has begun to include operational metrics and clinical metrics from Cerner PowerInsight.	4/8/08	ongoing
IS	●	<b>Executive Dashboard</b>	Utilize Business Objects to design an Executive dashboard including Financial, Human Resources, Operations, Quality of Care and Core Measure sections	David Small	An executive dashboard developed in excel for the short term is complete. Beginning 4/20 we will begin to migrate this data to the data warehouse.	5/15/08	ongoing
<b>Technical Services - Operations and Infrastructure</b>							
IS Tech Svc	○	<b>Cermak Wiring</b>	Wiring required to support additional care areas	Cermak Medical Dir	Structured wiring is complete. Waiting on network hardware which is pending 2008 capital bond issue.	12/1/07	12/31/09
IS Tech Svc	○	<b>Selection and deployment of devices for bedside charting</b>	Process for the nursing departments across the bureau to choose the appropriate devices for bedside charting across the bureau	Nursing Directors	Devices have been delivered to Provident with Oak Forest and Stroger deliveries schedule for the week ending 5/22/09. Staff are already configuring devices at Provident in preparation of the go live in June.	8/1/08	8/1/09
IS Tech Svc	●	<b>Technical Services Support Plan</b>	Increase technical support and cost savings by consolidating data center activities wherever possible across Bureau IT facilities	IS	Cross training has started with the Desktop team as they prepare for the Cerner implementation at Provident. Server team has staff and utilities in place to support the sites within CCHHS.	5/1/08	12/30/09

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Group	Status Code	Project Title	Project Description	Sponsor	Project Status Description	Start Date	End Date
IS Tech Svc	●	<b>Develop Device Management Plan</b>	Plan to standardize equipment; replace outdated and unsupported P/C, Wyse and printer devices at CCHHS Enterprise.	CCHHS ISSC	Plan has been completed. As hardware is delivered based on budget approval devices are first deployed to Oak Forest, Provident and Stroger based on IT needs then deployed to end user departments based on clinical locations, age of devices and frequent of breakdowns.	5/1/2008	12/31/2009
IS Server Svc	○	<b>Implement Bureau Wide Email Migration</b>	Migrate and combine multiple email systems under the CCHHS.ORG domain. Budget approved 2008	CCHHS ISSC	Hardware requisition is part of the ACS CCD and has been delivered. Enterprise exchange licensing for 3000 users is pending. Project plan is being developed to implement..	8/1/2008	12/15/2009
IS Tech Svc	●	<b>Consolidate Servers: Retire Old Servers</b>	Relocation and consolidation of server hardware at the distributed locations to the JHS Data Center. Budget approved 2008.	CCHHS ISSC	Capital Requisition has been signed and submitted to Capital Planning. Pending the results of 5/18/09 vote and meeting.	6/1/2008	12/31/2009
IS Server Svc	●	<b>Upgrade Microsoft Software Environment</b>	Prerequisite to the CCHHS email consolidation. Required to update OS of servers, desktop and application software systems. Budget approved 2008.	CCHHS ISSC	MS software needs have been determined. Software requisition was approved but due to budget constraints only 100 end user licenses were delivered. Project will continue and progress as additional licensees become available.	7/1/2008	10/1/2009
IS Network Svc	○	<b>Cisco Works Network Management Software upgrade</b>	This upgrade will provide Bureau wide support and management of the data network infrastructure. Budget approved 2008	CCHHS ISSC	Capital Requisition has been signed and approved by Bruce Washington in Capital Planning. Project deliverable is estimated to take 3 days to complete. Pending the results of 5/18/09 vote and meeting with Mr. Hylton to move forward.	8/1/2008	12/31/2009
IS Network Svc	○	<b>Network switch replacement (CCHHS)</b>	This H/W upgrade will replace the Nortel legacy network equipment with the BITA approved Cisco network equipment. Budget approved 2008	CCHHS ISSC	Capital Requisition has been signed and approved by Bruce Washington in Capital Planning. Project deliverable is estimated to take 30 days to complete. Pending the results of 5/18/09 vote and meeting with Mr. Hylton to move forward.	8/1/2008	12/31/2009

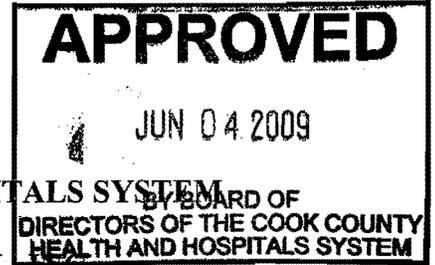
**In Progress Projects  
CCHHS Information Systems FY08 Plan**

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6/3/2009

Group	Status Code	Project Title	Project Description	Sponsor	Project Status Description	Start Date	End Date
IS Network Svc	○	<b>Extend the use of wireless access in Administration, Hektoen and locations within the JHS campus.</b>	This H/W upgrade will add additional and replace outdated Cisco wireless access points to support wireless access to the JHS campus. Budget approved 2008	CCHHS ISSC	Capital Requisition has been signed and approved by Bruce Washington in Capital Planning. Project deliverable is estimated to take 90 days to complete. Pending the results of 5/18/09 vote and meeting with Mr. Hylton to move forward.	8/1/2008	12/31/2009
IS Server Svc	●	<b>Blade Server and SAN implementation</b>	This implementation will enhance the consolidation of the Provident, Oak Forest and Cermak server hardware to reduce maintenance costs and centralize support for BOH. Budget approved 2008	CCHHS ISSC	Capital Requisition has been signed and submitted to Capital Planning. Pending the results of 5/18/09 vote and meeting.	5/15/2008	12/31/2009

Cook County Health and Hospitals System  
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ATTACHMENT #3



AGREEMENT TO AMEND  
THE CONTRACT FOR SERVICES  
BETWEEN  
COOK COUNTY/COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
AND  
QUICK LEONARD KIEFFER INTERNATIONAL, INC.

This Agreement is made to amend the Contract entered into by and between the County of Cook, Illinois, a body politic and corporate ("County"), through its Cook County Health and Hospitals System ("System") and Quick Leonard Kieffer International, Inc. ("Contractor") and approved by the Cook County Health and Hospital System Board ("System Board") on April 24, 2009, as follows:

1. PART I, SECTION III, COMPENSATION AND PAYMENT. This Section shall include the following sentence:

"The total amount made payable by the County to the Contractor shall not exceed Four Hundred Thousand Dollars (\$400,000.00) over the term of this Contract. This total amount may be allocated to individual search projects conducted by Contractor during the term of this Contract, the scope of work of which will be agreed upon in separate Search Project Addenda, as long as the aggregate amount of funds allocated to such projects does not exceed the total amount allowable under this Contract. Additionally, Search Position Addenda do not require further approval by the System Board and may be reviewed and executed by the Chief Executive Officer, or by the designee of the Chief Executive Officer, on behalf of the System."

**IN WITNESS WHEREOF, the parties hereby execute this Agreement to Amend and Extend:**

**QUICK LEONARD KIEFFER INTERNATIONAL, INC.**

\_\_\_\_\_  
Roger A. Quick  
President  
Quick Leonard Kieffer International, Inc.

Date: \_\_\_\_\_

ATTEST:

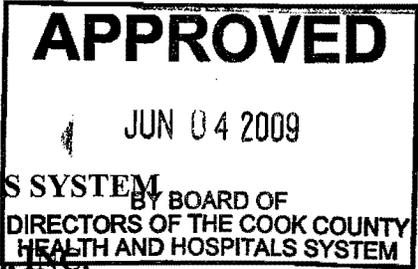
\_\_\_\_\_  
Quick Leonard Kieffer International, Inc.

Date: \_\_\_\_\_



Cook County Health and Hospitals System  
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ATTACHMENT #4



**AGREEMENT TO AMEND  
THE CONTRACT FOR SERVICES  
BETWEEN  
COOK COUNTY/COOK COUNTY HEALTH AND HOSPITALS SYSTEM  
AND  
DAVID GOMEZ & ASSOCIATES INTERNATIONAL CO., INC.**

This Agreement is made to amend the Contract entered into by and between the County of Cook, Illinois, a body politic and corporate ("County"), through its Cook County Health and Hospitals System ("System") and David Gomez & Associates International Co., Inc. ("Contractor") and approved by the Cook County Health and Hospital System Board ("System Board") on April 24, 2009, as follows:

**1. PART I, SECTION III, COMPENSATION AND PAYMENT.** This Section shall include the following sentence:

"The total amount made payable by the County to the Contractor shall not exceed One Hundred and Fifty Thousand Dollars (\$150,000.00) over the term of this Contract. This total amount may be allocated to individual search projects conducted by Contractor during the term of this Contract, the scope of work of which will be agreed upon in separate Search Project Addenda, as long as the aggregate amount of funds allocated to such projects does not exceed the total amount allowable under this Contract. Additionally, Search Position Addenda do not require further approval by the System Board and may be reviewed and executed by the Chief Executive Officer, or by the designee of the Chief Executive Officer, on behalf of the System."

**IN WITNESS WHEREOF, the parties hereby execute this Agreement to Amend and Extend:**

**FOR DAVID GOMEZ & ASSOCIATES INTERNATIONAL CO., INC.**

\_\_\_\_\_ Date: \_\_\_\_\_  
 David Gomez  
 President  
 David Gomez & Associates International Co., Inc.

ATTEST:  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 David Gomez & Associates International Co., Inc.



Cook County Health and Hospitals System  
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ATTACHMENT #5

Task	Activity	Start Date	End Date	Deliverables
<b>I. PROJECT KICK-OFF</b>				
<i>Task 1: Kick-Off Meeting</i>				
	101 Conduct project kick-off meeting	5/5/2009	6/12/2009	Initial Data Request, Detailed Project Workplan and Timelines
	102 Submit initial data request			
	103 Review work plan and revise as necessary			
	104 Review project timeline of deliverables and revise as necessary			
<b>II. GME AND IME REVIEW</b>				
<i>Task 2: Review Medicare Cost Reports</i>				
	201 Review GME and IME data on Worksheets E-3 Part IV, E-3 Part VI, E Part A, and E Part B	5/5/2009	8/31/2009	
	202 Review GME expenses and cost reclassifications on Worksheets A, A-6, and A-8			
	203 Review GME allocation statistics and overhead costs on Worksheets B Part I and B-1			
	204 Review Audit Reports received from Medicare Fiscal Intermediary (FI)			
	205 Complete a review of I&R base year data including GME and IME FTE counts and Per Resident Amounts			
	206 Meet with relevant Cook County staff responsible for cost reporting			
<i>Task 3: Review IRIS Diskette</i>				
	301 Review the IRIS Diskette submitted to the Medicare FI (FY2005 - FY 2008)	5/5/2009	8/31/2009	
	302 Review IRIS Crossover Reports received from Medicare FI (FY 2005 - FY 2008)			
	303 Meet with relevant Cook County staff responsible for the preparation of the IRIS diskette			
<i>Task 4: Interns and Resident Rotation Schedules Review</i>				
	401 Review I&R rotation schedules and supporting documentation	5/5/2009	8/31/2009	
	402 Review I&R Time Measurement Detail including CMS one workday threshold, direct patient and non-patient care services, non-provider setting work, and resident duty or work hours			
	403 Meet with relevant Cook County staff responsible for completing and maintaining I&R Rotation Schedules			
<i>Task 5: Interns and Resident Profile Review</i>				
	501 Review I&R profile data for compliance	5/5/2009	8/31/2009	
	502 Review I&R prior year work experience			
	503 Review I&R education background			
	504 Review foreign medical school I&R data			
	505 Review I&R profile for initial residency period data			
	506 Meet with relevant Cook County staff responsible for maintaining I&R profile data			
<i>Task 6: Review Affiliation Agreements</i>				
	601 Review Master Affiliation Agreements	5/5/2009	8/31/2009	Revised Affiliation Agreement Template
	602 Review Program Specific Sub-agreements			
	603 Review any additional Affiliation documentation			
	604 Meet with relevant Cook County staff responsible for developing and maintaining Affiliation Agreements			
	605 Develop a master template for all Affiliation Agreements			
<b>III. PRESENT FINDINGS AND RECOMMENDATIONS</b>				
<i>Task 7: Present Findings to Cook County BHS Staff</i>				
	701 Identify potential issues in the cost report and IRIS diskette filings	9/1/2009	9/30/2009	Final Report containing findings, recommendations, and potential opportunities
	702 Identify strengths and weaknesses of supporting documentation for cost reports and IRIS diskette			
	703 Provide recommendations for improving cost report and IRIS diskette filings and supporting documentation			
	704 Identify and provide estimates of potential revenue opportunities for GME and IME			
	705 Provide recommendations for improving Affiliation Agreements and Sub-agreements			
	706 Submit report to Cook County outlining PCG's review, findings, and recommendations			
<b>IV. PROJECT MANAGEMENT</b>				
<i>Task 8: Attend Meetings &amp; Provide Reports</i>				
	801 Attend bi-weekly status meetings with relevant Cook County staff	5/5/2009	TBD	
	802 Attend Cook County Board meetings when requested			

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ATTACHMENT #6

## REPORT TO CCHHS BOARD ON AFFILIATIONS

Affiliation agreements with local academic medical centers have provided Attending and Resident Physicians, clinical patient care services or other resources when Stroger Hospital of Cook County (SHCC) has not been able to meet patient care needs with SHCC staff. Updated affiliation agreements with local academic medical centers are in the process of being brought to the CCHHS Board for the 2009-10 academic year. Previously, affiliation agreements were typically for three years. In academic year 2008-09, all affiliation agreements with academic medical centers were made for just one year. The one year agreement span was made in view of the changing financial landscape and the need for a strategic plan to better define our future relationships. In the process of preparing for the 2009-2010 academic year, direction was given to again make all agreements one year in anticipation of a CCHHS strategic plan in the next 6-9 months to help guide future agreements.

The steps in preparing the affiliation agreements for the 2009-10 academic year have been:

1. Individual SHCC clinical departments have reviewed the 2008-09 agreements and invoices to verify that services were provided as promised.
2. Internal department needs were revisited to determine contract needs for 2009-10.
3. SHCC clinical department heads have submitted information to the CMO assessing clinical productivity of contracted physicians and summarized other benefits or issues with the relationship.
4. This information was reviewed with the CCHHS Ad Hoc Working Group on Medical School Relationships to address the following questions:
  - a. Are we paying appropriate costs for physician services?
  - b. Are contracted physicians carrying an appropriate workload?
  - c. Do these contracts meet a critical need for the HHS?

Although information obtained could answer (a) fairly adequately, data for (b) was less complete because of a shortage of reliable data from some clinical areas. Although (c) was addressed by each department with respect to patient care demand, the role of each agreement in the overall strategic plan for CCHHS remains undefined.

5. Clinical departments worked with the Department of Planning, Education and Research and the States Attorney's Office to finalize new agreements for the 2009-10 year.
6. Discussions were held between SHCC and SAO staff and their counterparts at the medical centers to resolve differences and reach final contract language
7. The dollar amount in each of the proposed new academic year contracts was reviewed with the CCHHS Ad Hoc Working Group on Medical School Affiliations
8. Contracts with a July 1 renewal date were submitted to the Purchasing department for placement on the June 12 CCHHS Finance Committee agenda.
9. Finance committee-approved agreements will be placed on the June 26 CCHHS Board agenda

*A review of the proposed contracts for 2009-10 provided the following summary data:*

Total affiliation agreement costs for the 2009-10 year should be about \$11,067,000. The current academic year total contracted costs are \$11,368,618. Proposed agreements for 2009-10 show a 2.6% decrease in contracted costs for the next academic year.

Actual invoiced expenses have always been less than total contracted costs for a given year. Based on past experience, about 80% of overall contracted costs are actually spent. This is due to several reasons. Staffing may change during the year and result in contracted personnel not being needed at SHCC or not being available at the contracting medical center. Departments also contract using conservative estimates and the actual contract costs are often less than the "worst-case" scenario. Based on data from our Finance department, for the current 2008-9 contract year, we continue to anticipate that total costs will be significantly less than the full contract amount.

Rush University Medical Center, our master affiliate partner, accounts for about 84% of all these contracted dollars. Of the dollars to Rush, 56% are in Department of Medicine, 34% in the Department of Surgery and 10% in the Department of Pediatrics. This remains about the same from the previous year.

For agreements with the Rush Department of Medicine, over half the total amount provides for direct patient care services that are not related to educational programs. The largest single contract (over 2 million dollars) is for Clinical Electrophysiology patient care services for patients with critical heart rhythm problems that cannot be managed at SHCC.

The University of Illinois accounts for about 9% of total contracted dollars. Northwestern accounts for about 12%. In both cases, the majority of these dollars fund surgical subspecialty physicians.

A major change for 2009-10 contracts resulted from UIC's decision to pull Orthopedics residents from SHCC. An increase in the Rush and Northwestern Orthopedics agreements helped to offset that loss.

A net of about 60 resident physician FTEs are contracted for from our academic affiliates. The vast majority of these contracted residents are in the Department of Surgery as SHCC does not currently have its' own General Surgery residency. When added to the 391 residency positions that are SHCC employees, a total of about 450 FTEs of resident physicians staff SHCC at any one time.

A total of 15.2 FTEs of Attending Physician time is to be provided by our academic medical center partners. The Attending Physicians contracted for are almost entirely in difficult-to-recruit subspecialties of Medicine, Pediatrics and Surgery.

Information from the benchmarking studies and from other internal analyses will be used to better assess the relationship between resources and patient care demands in the coming months. It is anticipated that in the next academic year this information will be used to critically reassess both attending physician and resident needs and to suggest appropriate readjustments in staffing. Changes in physician staffing would impact both the physicians that are contractually employed through these agreements as well as those directly employed at SHCC.

## **Agreements for 2009-2010 for the CCHHS**

1. Rush Pediatrics educational agreements (multiple parts)
2. Rush Medicine educational agreements (multiple parts)
3. Rush Medicine Clinical services agreements (3 parts)
4. Rush Medicine Electrophysiology patient services agreement
5. Rush Surgery educational agreements (3 parts)
6. Rush Psychiatry educational agreement
7. UIC Medicine educational agreement
8. UIC Surgery educational agreements (2 parts)
9. UIC Pathology educational Agreement
10. NW Surgery educational agreements (4 parts)
11. NW OBGYN educational agreements (2 parts)
12. Other agreements