I. **Attendance/Call to Order**

Chairman Ansell called the meeting to order at approximately 12:10 P.M.; a quorum was not present, so the Committee began to receive information. At approximately 12:15 P.M., a quorum was reached, and the Committee began to consider the items presented.

Present: Chairman David Ansell, MD, MPH and Director Hon. Jerry Butler (2)

Pat Merryweather (Non-Director Member)

Absent: Director Luis Muñoz, MD, MPH (1)

Additional attendees and/or presenters were:

- David Barker, MD
- Maurice Lemon, MD
- Michael Puisis, MD
- Barbara Farrell
- Roz Lennon
- Elizabeth Reidy
- Judith Frigo, MD
- Charlene Luchsinger
- Deborah Santana
- David Goldberg, MD
- Enrique Martinez, MD
- Pierre Wakim, MD
- Avery Hart, MD
- Terry Mason, MD
- Jeffrey Watts, MD
- Helen Haynes
- Linda Murakami

II. **Public Speakers**

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

The Secretary called upon the following registered speaker:

1. George Blakemore Concerned Citizen

III. **Report from System Chief Medical Officer**

Dr. Terry Mason, System Chief Medical Officer, presented information on the following subjects.

*Assessment of System Quality Structure*

Dr. Mason stated that the assessment by The Sibery Group of the System’s quality structure is being completed; he is planning to meet with them to review the assessment and recommendations within the next ten days.

*Overview of Psychiatric Services* (Attachment #1)

Dr. Mason stated that, due to fiscal issues at the State (Illinois Department of Mental Health), the closure of a number of outpatient mental health units has taken place. As a result, a number of those patients are finding themselves in the Cook County Health and Hospitals System.

Dr. Jeffrey Watts, Chairman of the Department of Psychiatry, presented an overview of Psychiatric services and provided additional information on the issue as described by Dr. Mason. He reviewed the issue as it relates to resources and capacity; he noted that they are seeing a large number of state hospital discharges and private community hospital discharges going straight into the System.
III. Report from System Chief Medical Officer (continued)

Dr. Watts stated that this year, because of the State’s fiscal issues, it has required less of the agencies that have received state funding. An agency that receives funding is no longer responsible for the care of patients who are uninsured. A meeting was held last week with representatives from the State; it was indicated that most of the unfunded patients would likely be coming to the System, which will impact System pharmacy costs, staffing and space issues. However, the State (IDMH) is working with other alternatives for unfunded patients in need of psychiatric services.

Ms. Merryweather noted that the issue of behavioral health is a great concern throughout the State; clinics have been shut down and services are not available. She noted that Chicago is a receiving point for many of these patients from southern Illinois, because there are no services in that area.

Dr. Watts stated that the entry portal for patients is through the Ambulatory Screening Clinic at Fantus or through the emergency room; managing the increased volume will be an issue. In addition, many of these patients are on atypical anti-psychotics; this is the third largest expenditure (in terms of a specific drug class behind antineoplastics and antiretrovirals) from the System pharmacies.

Dr. Mason stated that the System does not have significant outpatient medication management and/or therapeutic services for patients. Dr. Watts stated that, with regard to medication management, in 2008 they were doing 600-700 visits per month; they are now averaging 1,200-1,300 per month at Stroger Hospital. Dr. Mason noted that the System, through Cermak Health Services, is the largest provider of inpatient psychiatric services in the City of Chicago.

IV. Report from System Chief Clinical Officer

Roz Lennon, System Chief Clinical Officer, presented information on the following subjects.

Suspension of Obstetrics Services at Provident Hospital

Ms. Lennon stated that the Obstetrics services at Provident Hospital were suspended last week.

Recent CAP Survey

Ms. Lennon provided an update on the College of American Pathologists (CAP) survey that took place on Friday, September 17th at the laboratories at Stroger Hospital; this was the regulatory inspection for licensure. She provided information on some of the issues; she noted that there is quite a lot of improvement since the last survey. She added that the U.S. Food and Drug Administration (FDA) had re-inspected the Blood Bank; it passed with no recommendations.

In response to comments from Chairman Ansell regarding the previous CAP survey, Ms. Lennon stated that this was a regular survey; it was unscheduled, but expected. She added that CAP will be coming back with their final report on the survey.

Competency Program for Nursing

Ms. Lennon stated that the new Director of Professional Development and Education has developed a new competency program for basic competencies for all nurses; this will be consistent across the System. She added that the System is now a continuing education provider for program approval.
V. **Report from System Director of Quality and Patient Safety** (Attachment #2)

Barbara Farrell, System Director of Quality and Patient Safety, presented information on upcoming reporting requirements, both nationally and at the State level. The Committee reviewed and discussed the information.

During the discussion, Chairman Ansell noted the importance of dashboards. Additionally, he stated that the System needs to be a part of a benchmarking database that looks at System complication rates and mortality rates.

VI. **Recommendations, Discussion/Information Items**

A. **Quarterly quality report from Cermak Health Services of Cook County** (Attachment #3)

Dr. Avery Hart, Chief Medical Officer of Cermak Health Services of Cook County, provided a brief update on several subjects, including those relating to the opening of the new intake area, access to care and medication delivery and administration. Additionally, he introduced Cermak’s new Director of Quality Improvement, Linda Murakami.

Dr. Hart stated that, with regard to the report from the U.S. Department of Justice, the County’s response to the first report of the Monitor is due in early November. Chairman Ansell suggested that this response be reviewed by either the Board or this Committee prior to its submission.

Dr. Hart presented the quarterly quality report. The Committee reviewed and discussed the information.

Director Butler, seconded by Chairman Ansell, moved to receive and file the quarterly quality report from Cermak Health Services of Cook County. THE MOTION CARRIED UNANIMOUSLY.

B. **Reports from the Medical Staff Executive Committees**
   i. Oak Forest Hospital of Cook County
   ii. Provident Hospital of Cook County
   iii. John H. Stroger, Jr. Hospital of Cook County

Dr. Pierre Wakim, President of the Medical Executive Staff at Provident Hospital of Cook County, provided an update to the Committee. He noted that Dr. Anwer Hussain, President of the Medical Executive Staff at Oak Forest Hospital of Cook County, was unable to attend the meeting, as he was working in the clinic at Oak Forest Hospital today. He stated that there have been joint departmental meetings between Provident and Oak Forest Hospitals to discuss operational and quality issues. Additionally, Dr. Wakim stated that there was a Joint Conference Committee Meeting on October 13th; he noted that Commissioners Jerry Butler and Robert Steele attended the meeting. A quarterly medical staff meeting was held on October 12th. He stated that Dr. Mason and William T. Foley, Chief Executive Officer of the Cook County Health and Hospitals System attended, and provided an update on the System’s Strategic Plan and future vision.

Dr. Wakim noted that State Senator Kwame Raoul recently held a health fair in the Hyde Park community; this event was well attended by staff of Provident Hospital. He also provided an update on the suspension of Obstetric services at Provident Hospital. Since the suspension of services, two females in labor did walk in to Provident Hospital; the females were successfully and uneventfully transferred to the Obstetrics Department at Stroger Hospital.
VI. Recommendations, Discussion/Information Items

B. Reports from the Medical Staff Executive Committees (continued)

Dr. Judith Frigo, Chief Medical Officer of Oak Forest Hospital of Cook County, noted that the Medical Executive Committee and senior staff at Oak Forest Hospital are now moving into a focus that they haven’t been in before, which is how to close down a hospital and still give quality care and make sure the primary focus there is safety. They are working with System leadership; she noted that this has been the focus of the Medical Executive Committee.

Dr. David Goldberg, President of the Medical Executive Staff at John H. Stroger Hospital of Cook County, stated that he had nothing to report at this time.

Director Butler, seconded by Chairman Ansell, moved to receive and file the report from the Medical Staff Executive Committee. THE MOTION CARRIED UNANIMOUSLY.

VII. Action Items

A. Proposed Academic Affiliation Agreements (Attachment #4)

Dr. Maurice Lemon, Chief Medical Officer of John H. Stroger, Jr. Hospital of Cook County, provided additional information on the items presented.

Director Butler, seconded by Chairman Ansell, moved to approve the proposed Academic Affiliation Agreements. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections VI, VII and VIII

VIII. Closed Session Discussion/Information Items

A. Update on Cermak activities relating to Consent Decree
B. **Reports from the Medical Staff Executive Committees
   i. Oak Forest Hospital of Cook County
   ii. Provident Hospital of Cook County
   iii. John H. Stroger, Jr. Hospital of Cook County
C. Medical Staff Appointments/Re-appointments/Changes (Attachment #5)
D. **Report from System Director of Quality and Patient Safety

Chairman Ansell, seconded by Director Butler, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(17), which permits closed meetings for consideration of “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body,” and 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.” THE MOTION CARRIED UNANIMOUSLY.
VIII. **Closed Session Discussion/Information Items (continued)**

Chairman Ansell declared that the closed session was adjourned. The Committee reconvened into regular session.

Director Butler, seconded by Chairman Ansell, moved to approve the Medical Staff Appointments/Re-appointments/Changes. **THE MOTION CARRIED UNANIMOUSLY.**

IX. **Adjourn**

As the agenda was exhausted, Chairman Ansell declared the meeting **ADJOURNED.**

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXX
David Ansell, MD, MPH, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary
ATTACHMENT #1
# CCHHS Department of Psychiatry

## October 2010

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- **= CCHHS-funded, current service
- ** = HIV-specific and grant-funded service
- ** = Corrections-specific, contractual service

Jeff Watts, MD
Chairman
Department of Psychiatry
Stroger Campus
Department of Psychiatry Facts

- Increased productivity (15-20%) in FY 2008 and FY2009 despite reductions in clinical staff until October 2009

- All clinical staff have >80% clinical duties.

- Average of 8-10 pts per half-day for MDs in FY2009

- Most consulted service in inpatient and urgent care (about 50 times more in ASC)
Stroger Campus Psychiatry Services
Average Monthly Productivity

CORE Center: 33.3% Increase
Child/ Adolescent: 31.6% Increase
Fantus Adult Clinic: 13.0% Increase
Emergency Consults: 16.8% Increase
Inpatient Consults: 24.4% Increase

Monthly Patient Encounters by Service Location
Fantus Adult Outpt Psychiatry

**New Specialized Services in 2010**

- **OB and Women's Health Psychiatry** (with OB care at Stroger)

- **Monolingual Spanish Clinic** (already at 2-3 month wait, 90% show rate, no full time monolingual staff in AOP)

- **Adult ADHD Clinic** (already 2 month wait)

- **SMI and Injection Clinic** (adding another clinic in Nov 2010)

- **Substance Abuse Clinics** (Haymarket currently and WTC soon)

- **Women's Post Correctional Clinic** (in affiliation with Sheriff's Department and US Department of Justice Grant)
Other CCHHS Sites with Psychiatry

- **Provident Hospital and Sengstacke Clinic**
  - Currently, *Dr. Milton Dougherty* is contracted to provide inpatient consultations and one half-day clinic only
  - Substance Abuse Services
    - SBIRT Mon—Fri
  - At present, **4-6 month wait** with all referrals coming from Provident Hospital or surrounding CCHHS clinics
  - In Nov-Dec 2010, **four additional half-days of clinic** to be added to reduce current long waits for appointments

- **Oak Forest Hospital and Oak Forest Clinic**
  - One full-time MD (*Dr. Samina Khattak*) provides 5 half days of clinics and 5 half days of inpatient consultations*
  - Substance Abuse Services
    - SBIRT (Weekdays 8 am-4 pm)
  - Psychological services with PhDs and Interns in both inpatient and outpatient settings, led by *Dr. Jack Canzona*
  - Three psychologists provide off-hours ER coverage
  - In Nov-Dec 2010, **six additional half-days of clinic** to be added to reduce current three month wait

*185% increase in productivity with a 50% reduction in FY 2010 with OFH Psychiatry*
ATTACHMENT #2
Upcoming Reporting Requirements

Barbara Farrell, RN, MS, MJ
System Director Quality, Safety, Accreditation & Regulatory
Hospital Acquired Conditions

- 10 HAC’s will be included in the CMS payment reductions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
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<tbody>
<tr>
<td>Foreign object retained after surgery</td>
<td>Catheter Associated urinary tract infection</td>
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<tr>
<td>Air embolism</td>
<td>Vascular catheter associated infection</td>
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<tr>
<td>Blood incompatibility</td>
<td>Manifestations of poor glycemic control</td>
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<td>Pressure Ulcers stages III &amp; IV</td>
<td>Surgical Site Infections</td>
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<tr>
<td>Falls &amp; Trauma</td>
<td>Deep vein thrombosis &amp; PE</td>
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- Data included from October 1, 2008 through June 30, 2009 postponed public release for now.
AHRQ Patient Safety & Quality Indicators

- Two new measurements added for Federal Fiscal Year 2012
  - Post Operative Respiratory Failure
  - Post Operative PE or DVT
December 2010 CMS is scheduled to release select AHRQ indicators using Medicare’s claim data base for discharges July 1, 2008 through June 30, 2009.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
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<tr>
<td>Death among surgical patients with serious, treatable complications</td>
<td>Complication/patient safety for selected indicators (composite)</td>
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<td>(“failure to rescue”)</td>
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<td>Iatrogenic pneumothorax</td>
<td>Abdominal aortic aneurysm (AAA) mortality rate</td>
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<td>Postoperative wound dehiscence</td>
<td>Hip fracture mortality rate</td>
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<tr>
<td>Accidental puncture or laceration</td>
<td>Mortality for selected medical conditions (composite)</td>
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Reporting Of CLABSI and SSI

- January 1, 2011 discharges: Hospitals will be required to begin reporting CLABSI measurement data to the CDC’s National Health Safety Network (NHSN)

- January 1, 2012 discharges: Hospitals will be required to begin reporting Surgical Site Infection data to the CDC’s National Health Safety Network (NHSN)
Future Measurements

- Four measurements based on discharges as of January 1, 2012.

- Emergency Department Throughput
  - Median time from admit decision time to time of departure from the emergency department (ED patients admitted to inpatient status)
  - Median time from emergency department arrival to time of departure from the emergency room (ED patients admitted to the facility from the ED department)

- Global Immunization Measurements
  - Immunization for influenza
  - Immunization for pneumonia
Future Measurements

- Medicare Value-Based Purchasing (VBP) Scores
  - CMS proposal for one composite quality score from data reported under current (RHQDAPU) program

- Under the umbrella of three quality domains
  - Process of Care (RHQDAPU)
  - Patients’ Perspectives of Care (HCAHPS Survey)
  - Outcomes (30-day mortality measures for AMI and Heart Failure)

This model focuses only on the RHQDAPU and HCAHPS Indicators at this time.
QUESTIONS
Clinical Quality Measures

Cermak Health Services
Setting objectives

S  Specific
M  Measurable
A  Attainable
R  Relevant (clinically)
T  Time-bound

Time-bound objectives for takeover care: getting underway vs. going forward
Themes to consider

• Discrete data elements and standardized query sentences (CCL) for SMO’s
• Registries: problem list vs. medication list
• Timeliness as a process & outcome metric
• Getting underway vs. moving forward
Jail As a Window of Opportunity: Access to Care, Adherence to Followup

• Early measurements represent baselines, not outcomes
  – Timeliness of test, not result, is variable of interest

• Short average length of stay with wide variation
  – Many patients will not have time to attain all objectives (processes; outcomes)
Jail As a Window of Opportunity: Implications

• Outcome measures
  – Avoid mingling data from getting underway vs. going forward in cross-sectional studies

• Outcome & process measures
  – Objectives depend on anticipated LOS
  – Consider cost-effectiveness and resource utilization
Choosing time targets

• Getting underway
  – Time interval to first observation
  – Percentage achieving objective after time allocated for getting underway

• Going forward after getting underway
  – Time interval since last observation
  – Percentage achieving objective at last observation, after time allocated for getting underway
## Therapeutic Anticoagulation: Getting Underway & Going Forward

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<th>Going forward: After 60 days</th>
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<td>36 hours +</td>
<td>INR measured w/in 36 hours after intake?</td>
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<tr>
<td>30 days +</td>
<td>INR measured &amp; therapeutic w/in 30 days after intake (not baseline)?</td>
<td></td>
</tr>
<tr>
<td>60 days +</td>
<td>INR measured w/in last 6 weeks?</td>
<td></td>
</tr>
<tr>
<td>60 days +</td>
<td>INR measured and therapeutic w/in last 6 weeks?</td>
<td></td>
</tr>
</tbody>
</table>
Therapeutic Anticoagulation
Active Patients at Cermak (N=31)

<table>
<thead>
<tr>
<th>LOS Group</th>
<th>Getting underway: Until 30 days</th>
<th>Going forward: After 60 days</th>
</tr>
</thead>
<tbody>
<tr>
<td>36 hours +</td>
<td>INR measured w/in 36 hours after intake? 13/31 = 42%</td>
<td></td>
</tr>
<tr>
<td>30 days +</td>
<td>INR measured &amp; therapeutic w/in 30 days after intake (not baseline)? 15/31 = 48%</td>
<td></td>
</tr>
<tr>
<td>60 days +</td>
<td>INR measured w/in last 6 weeks? 18/18 = 100%</td>
<td></td>
</tr>
<tr>
<td>60 days +</td>
<td>INR measured and therapeutic w/in last 6 weeks? 10/18 = 55%</td>
<td></td>
</tr>
</tbody>
</table>
Glycemic Control in Diabetes
Getting Underway & Going Forward

<table>
<thead>
<tr>
<th>LOS Group</th>
<th>Getting underway: Until 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Going forward: After 6 months</td>
</tr>
<tr>
<td>6 hours +</td>
<td>Glc measured w/in 6 hours after intake?</td>
</tr>
<tr>
<td>30 days +</td>
<td>Hgb A1c measured w/in 30 days after intake?</td>
</tr>
<tr>
<td>6 months +</td>
<td>Hgb A1c measured w/in past 90 days OR Hgb A1c measured &amp; at goal w/in past 180 days?</td>
</tr>
<tr>
<td>6 months +</td>
<td>Hgb A1c measured &amp; at goal at last measurement w/in past 180 days?</td>
</tr>
</tbody>
</table>
Initial Monitoring

- Anticoagulation: INR
- Diabetes: glycemic control, lipids; BP (later)
- Seizure disorder: AED levels; seizures
- Heart failure: ACEI/ARB use
- HIV/AIDS: subset of CORE Center indicators
<table>
<thead>
<tr>
<th></th>
<th>Hosp Dept/Div</th>
<th>Partner</th>
<th>Reason</th>
<th>Total Dollars</th>
<th>Ann. Dollars</th>
<th>FTE PGY+Other</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Surgery - Plastics</td>
<td>UIC</td>
<td>Program Addendum to allow UIC plastic surgery residents to rotate on JSH burn service</td>
<td>$0</td>
<td>$0</td>
<td>.33</td>
<td>2 residents rotate for 2 months each year to gain burn experience at no cost to JSH</td>
</tr>
<tr>
<td>2</td>
<td>Trauma</td>
<td>McGaw</td>
<td>Renewal of Program Addendum to allow McGaw Emergency Medicine residents to rotate on JSH Trauma service at no cost to JSH</td>
<td>$0</td>
<td>$0</td>
<td>2.0</td>
<td>2 residents rotate monthly to gain the trauma experience required by ACGME.</td>
</tr>
<tr>
<td>3</td>
<td>Toxicology</td>
<td>McGaw</td>
<td>Renewal of Program Addendum to allow McGaw Emergency Medicine residents to rotate on JSH Toxicology service at no cost to JSH</td>
<td>$0</td>
<td>$0</td>
<td>1.0</td>
<td>1 resident rotate monthly to gain the toxicology experience not provided at McGaw</td>
</tr>
<tr>
<td>4</td>
<td>Oral Maxillo Facial Surgery</td>
<td>Provident-Family Practice</td>
<td>Renewal of a Letter of Agreement to send JSH Oral Surgery interns to Provident to rotate on Family Practice inpatient service</td>
<td>$0</td>
<td>$0</td>
<td>0.5</td>
<td>Requirement of the ADA. Exploring future options in anticipation of changes at Provident</td>
</tr>
<tr>
<td>5</td>
<td>Internal Medicine/ Geriatrics</td>
<td>Jackson Square Nursing Home</td>
<td>Agreement to enable Int Med residents to gain experience caring for Nursing Home patients discharged from JSH</td>
<td>$0</td>
<td>$0</td>
<td>.025</td>
<td>Residents no longer being exposed to NH since closure of NH at OFH.</td>
</tr>
<tr>
<td>6</td>
<td>Internal Medicine/ Preventive Medicine</td>
<td>CDPHP</td>
<td>Agreement to allow up to two residents to each spend a month working on a Public Health Project as part of their Preventive Medicine training</td>
<td>$0</td>
<td>$0</td>
<td>.17</td>
<td>Enhances training by exposing residents to the issues/difficulties of implementing public health practices</td>
</tr>
</tbody>
</table>
### INITIAL APPOINTMENT APPLICATIONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherefant, Jovenel, MD</td>
<td>Surgery/General Surgery</td>
<td>Voluntary Physician</td>
</tr>
<tr>
<td>Fernandez, Rosaura, MD</td>
<td>Emergency Medicine</td>
<td>Consulting Physician</td>
</tr>
<tr>
<td>Hosseinian, Mohammad, MD</td>
<td>Anesthesiology</td>
<td>Affiliate Physician</td>
</tr>
<tr>
<td>Hudson-White, Carmen, MD</td>
<td>Obstetrics/Gynecology</td>
<td>Affiliate Physician</td>
</tr>
<tr>
<td>Jackson, Michele, MD</td>
<td>Anesthesiology</td>
<td>Affiliate Physician</td>
</tr>
<tr>
<td>Johnson, Kimberly, MD</td>
<td>Anesthesiology</td>
<td>Affiliate Physician</td>
</tr>
<tr>
<td>Karimi, Afsoon, MD</td>
<td>Pediatrics</td>
<td>Voluntary Physician</td>
</tr>
<tr>
<td>Kirby, Marlon, MD</td>
<td>Anesthesiology</td>
<td>Affiliate Physician</td>
</tr>
<tr>
<td>Meyers, Robert, MD</td>
<td>Otolaryngology</td>
<td>Voluntary Physician</td>
</tr>
<tr>
<td>Peaceman, Alan, MD</td>
<td>Obstetrics/Gynecology/Maternal Fetal</td>
<td>Voluntary Physician</td>
</tr>
<tr>
<td>Rebollo, Michele, MD</td>
<td>Pediatrics</td>
<td>Active Physician</td>
</tr>
<tr>
<td>Swiner, Connie, III, MD</td>
<td>Anesthesiology</td>
<td>Affiliate Physician</td>
</tr>
</tbody>
</table>

### Non-Medical Staff Actions for Initial Privileges:

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialization</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrett, Kevin J., CNP</td>
<td>Medicine</td>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>With Huhn, Gregory D., MD</td>
<td>Surgery/Cardiothoracic</td>
<td>Perfusionist</td>
</tr>
</tbody>
</table>

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REAPPOINTMENT APPLICATIONS

Department of Anesthesiology
Sheth, Darshana, MD
Reappointment Effective: Anesthesiology Affiliate Physician
October 19, 2010 through October 18, 2012

Department of Emergency Medicine
Chai, Austen-Kum, MD
Reappointment Effective: Emergency Medicine Active Physician
November 24, 2010 through November 24, 2012
Hedayati, Tarlan, MD
Reappointment Effective: Emergency Medicine Active Physician
November 24, 2010 through November 24, 2012

Department of Family Medicine
Dolan, Margaret, MD
Reappointment Effective: Family Medicine Voluntary Physician
October 21, 2010 through October 20, 2012

Department of Medicine
Katz, Ariel R., MD
Reappointment Effective: Hospital Medicine Active Physician
November 25, 2010 through November 24, 2012
Lin, Michael Y., MD
Reappointment Effective: Infectious Disease Voluntary Physician
November 25, 2010 through November 24, 2012
Rogers, Susan F., MD
Reappointment Effective: Hospital Medicine Active Physician
November 19, 2010 through November 18, 2012
Smith, Pamela D., MD
Reappointment Effective: General Medicine Active Physician
November 13, 2010 through November 12, 2012

Department of Pediatrics
Barrios, Felipe, MD
Reappointment Effective: Neonatology Service Physician
October 21, 2010 through October 20, 2012
Cattamanchi, Geetha, MD
Reappointment Effective: Neonatology Service Physician
October 21, 2010 through October 20, 2012
Neafsey, Judith, MD
Reappointment Effective: Pediatrics Active Physician
November 25, 2010 through November 24, 2012
Rak, Melanie, MD
Reappointment Effective: Peds Physical Medicine Voluntary Physician
October 21, 2010 through October 20, 2012
Samee, Sabiha, MD
Reappointment Effective: Adolescent Medicine Voluntary Physician
November 13, 2010 through November 12, 2012
Sifferman, Emily, MD
Reappointment Effective: Child Protective Services Voluntary Physician
October 21, 2010 through October 20, 2012

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Department of Surgery
Warren, William, MD
Reappointment Effective: Cardiothoracic Active Physician
November 13, 2010 through November 12, 2012

Department of Trauma
Dennis, Andrew, DO
Reappointment Effective: Trauma Active Physician
November 25, 2010 through November 24, 2012

Non-Medical Staff Renewal of Privileges:
Barnes, Brenda L., PA-C
With Nasr, Isam F., MD
Alternate Bailitz, John M. MD
Reappointment Effective: Emergency Medicine Physician Assistant
October 21, 2010 through October 20, 2012

Benner, Jacqueline M., PA-C
With Schindlbeck, Michael A., MD
Alternate Lewis, Trevor, MD
With Shah, Sejal, MD
Alternate Rodriguez, Sergio H. MD
Reappointment Effective: Medicine
October 21, 2010 through October 20, 2012

Davis, Barbara A., PA-C
With Khan, Marghoob Ahmad, MD
Alternate Richardson, Lendell, MD
Reappointment Effective: Correctional Health Services Physician Assistant
October 21, 2010 through October 20, 2012

Findley, Felipe B., PA-C
With Lubelchek, Ronald J., MD
Alternate Herrera, Patricia, MD
Reappointment Effective: Medicine Physician Assistant
October 17, 2010 through October 18, 2012

Freeman, Bethann, PA-C
With Moskoff, Jordan B., MD
Alternate Schabowski, Shari, MD
Reappointment Effective: Emergency Medicine Physician Assistant
October 21, 2010 through October 20, 2012

Hu, Tzyy-Chyn, CNP
With Martinez, Enrique, MD
Reappointment Effective: Medicine Nurse Practitioner
October 21, 2010 through October 20, 2012

Joseph, Elsy T., CNP
With Watts, Jeffrey D., MD
Reappointment Effective: Psychiatry Nurse Practitioner
October 21, 2010 through October 20, 2012

Joseph, Elsy T., CNP
With Watts, Jeffrey D., MD
Reappointment Effective: Psychiatry Nurse Practitioner
October 21, 2010 through October 20, 2012

McBride, Dianna J., CNP
With Piller, Simon J., MD
Reappointment Effective: Medicine Nurse Practitioner
October 21, 2010 through October 20, 2012
John H. Stroger, Jr. Hospital of Cook County
Non-Medical Staff Renewal of Privileges (continued)

MelzI, Maryann T., CNP
With Cintron, Jose R., MD
Reappointment Effective:

Miller, Barbara J., PA-C
With Yordan, Edgardo, MD
Alternate Sharma, Sameer, MD
Reappointment Effective:

Pena, Marilou, L., CNP
With Cybulski, George R., MD
Reappointment Effective:

Powers, Kathleen E., PA-C
With Madrigrano, Andrea, MD
Alternate Bork, Jeffrey MD
With Marcus, Elizabeth A., MD
Alternate Bork, Jeffrey MD
Reappointment Effective:

Scherr, Lisa K., CNP
With Kendrick, Sabrina R., MD
Reappointment Effective:

Sithichoke-Rattan, Noi, CNP
With Bork Jeffrey, MD
Reappointment Effective:

Smith, Delora A., CNP
With Grevious, Mark A., MD
With Okoha, Ozuru Oche, MD
Reappointment Effective:

Villadolid, Christian E., PA-C
With Raksin, Patricia, MD
Alternate Gandhi, Yogesh, MD
Reappointment Effective:

Williamson, Willa L., CNP
With Hollowell, Courtney M., MD
Reappointment Effective:

Surgery
Nurse Practitioner
October 21, 2010 through October 20, 2012

OB/GYN
Physician Assistant
October 21, 2010 through October 20, 2012

Surgery
Nurse Practitioner
October 21, 2010 through October 20, 2012

Surgery
Physician Assistant
October 21, 2010 through October 20, 2012

Medicine
Nurse Practitioner
October 17, 2010 through October 18, 2012

Surgery
Nurse Practitioner
October 21, 2010 through October 20, 2012

Surgery
Nurse Practitioner
October 21, 2010 through October 20, 2012

Surgery
Physician Assistant
October 21, 2010 through October 20, 2012

Surgery
Nurse Practitioner
October 21, 2010 through October 20, 2012

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INITIAL APPOINTMENT APPLICATION

Rosenberg, Jonathan A., MD  
Appointment Effective: Internal Medicine/Gastroenterology  
October 19, 2010 through October 18, 2012  
Consulting Physician

Non-Medical Staff Action for Initial Privileges:
Matlock, Sharon, CNM  
With Cash, Crystal D., MD  
Appointment Effective: October 19, 2010 through October 18, 2012  
Family Medicine  
Certified Nurse Midwife

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology
Krause, Mark, MD  
Reappointment Effective: November 29, 2010 through November 28, 2012  
Anesthesiology  
Active Physician

Kirby, Marlon, MD  
Reappointment Effective: November 30, 2010 through November 29, 2012  
Anesthesiology  
Active Physician

Hosseinin, Mohammad, MD  
Reappointment Effective: November 25, 2010 through November 24, 2012  
Anesthesiology  
Active Physician

Johnson, Kimberly, MD  
Reappointment Effective: November 30, 2010 through November 29, 2012  
Anesthesiology  
Active Physician

Department of Critical Care Medicine
Ahsan, Shahid M., MD  
Reappointment Effective: November 15, 2010 through November 14, 2012  
Critical Care  
Ancillary Physician

Department of Family Medicine
Daniels, Alice, F., MD  
Reappointment Effective: November 25, 2010 through November 24, 2012  
Family Medicine  
Active Physician

Department of Pediatrics
Chinwuba, Ebele, MD  
Reappointment Effective: November 14, 2010 through November 13, 2012  
Pediatrics  
Ancillary Physician

Turner, Sandra, MD  
Reappointment Effective: November 25, 2010 through November 24, 2012  
Pediatrics  
Ancillary Physician

Medical Staff Changes in Status/Privileges Department of Critical Care Medicine
Friedman, Yaakov, MD  
Verma, Anupam, MD  
From Active to Voluntary Physician  
Additional clinical privileges: Infectious Disease  
Adult Critical Care
**OAK FOREST HOSPITAL OF COOK COUNTY**

Medical Staff Reappointments Subject to approval by the CCHHS Quality and Patient Safety Committee

### MEDICAL STAFF REAPPOINTMENTS

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty/Division</th>
<th>Type</th>
<th>Effective Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pillier, Simon, M.D.</td>
<td>Medicine/ACHN</td>
<td>Affiliate Physician</td>
<td>October 19, 2010 through October 18, 2012</td>
</tr>
<tr>
<td>Mahisekar, Usha, M.D.</td>
<td>Surgery/Anesthesiology</td>
<td>Active Physician</td>
<td>October 19, 2010 through October 18, 2012</td>
</tr>
<tr>
<td>McCarthy, Theresa, D.O.</td>
<td>Rehabilitation Medicine</td>
<td>Active Physician</td>
<td>October 19, 2010 through July 11, 2012</td>
</tr>
<tr>
<td>Nichols, Jeffrey, M.D.</td>
<td>Surgery/Ophthalmology</td>
<td>Affiliate Physician</td>
<td>October 19, 2010 through July 12, 2012</td>
</tr>
<tr>
<td>Ziauddin, Sameena, M.D.</td>
<td>Medicine</td>
<td>Active Physician</td>
<td>October 19, 2010 through October 18, 2012</td>
</tr>
</tbody>
</table>