Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, February 15, 2011 at the hour of 12:00 P.M. at John H. Stroger, Jr. Hospital of Cook County, 1901 W. Harrison Street, in the fifth floor conference room, Chicago, Illinois.

I. Attendance/Call to Order

Acting Chairman Muñoz called the meeting to order at approximately 12:10 P.M.; however a quorum was not reached. The Committee continued to receive information until approximately 1:00 P.M.; at this time, a quorum was reached, Chairman Ansell resumed the Chair, and the Committee began to consider the items presented.

Present: Chairman David Ansell, MD, MPH and Director Luis Muñoz, MD, MPH (2)

Mary Driscoll (Non-Director Member)

Absent: Director Hon. Jerry Butler (1)

Additional attendees and/or presenters were:

- Robert Cohen, MD – System Chair of the Department of Pulmonary and Critical Care Medicine
- Ellen Costello – Oak Forest Hospital of Cook County
- Barbara Farrell – System Director of Quality and Patient Safety
- David Goldberg, MD – John H. Stroger, Jr. Hospital of Cook County
- Aaron Hamb, MD – Provident Hospital of Cook County
- Robert Hamilton – Provident Hospital of Cook County
- Martina Harrison – Provident Hospital of Cook County
- Avery Hart, MD – Cermak Health Services of Cook County
- Helen Haynes – Office of the General Counsel
- Anwer Hussain, DO – Oak Forest Hospital of Cook County
- Roz Lennon – System Chief Clinical Officer
- Terry Mason, MD – System Chief Medical Officer
- Linda Rae Murray, MD – Cook County Department of Public Health
- John O'Brien, MD – John H. Stroger, Jr. Hospital of Cook County
- Deborah Santana – Secretary to the Board
- Jeffrey Schauder, MD – System Chair of the Department of Emergency Medicine
- Anthony J. Tedeschi, MD, MPH, MBA – System Chief Operating Officer
- Pierre Wakim, MD – Provident Hospital of Cook County
- Antoinette Williams – John H. Stroger, Jr. Hospital of Cook County

II. Public Speakers

Acting Chairman Muñoz asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speakers:

1. George Blakemore Concerned Citizen
2. Emilie Junge Regional Coordinator, Doctors Council SEIU (written testimony also provided – Attachment #1)

III. Report from System Chief Medical Officer

A. Update on Transfers and Capacity (Attachment #2)

Dr. Terry Mason, System Chief Medical Officer, introduced Dr. Jeffrey Schauder, System Chair of the Department of Emergency Medicine, and Dr. Robert Cohen, System Director of the Department of Pulmonary and Critical Care Medicine, who provided an update regarding transfers and System capacity. The Committee reviewed and discussed the information.
IV. **Report from System Chief Clinical Officer**

Roz Lennon, System Chief Clinical Officer, provided an update on the following issues.

Ms. Lennon stated that the laboratory services at Oak Forest Hospital were recently evaluated by the Joint Commission; they were cited on two minor deficiencies, but did pass the survey. She added that the deficiencies have been addressed.

Ms. Lennon provided an update on a follow-up issue regarding housekeeping needs at Stroger Hospital; the review of this issue followed a complaint by some staff members relating to cleanliness of patient care areas. Ms. Lennon stated that a ninety-day plan is being put together with Environmental Services to address the issue; this plan is expected to be reviewed and finalized by next week. In the meantime, supervisory staff are making rounds on patient care units on a daily basis, and they have re-assigned staff to the patient care units so that additional staff is available to maintain the cleaning in the areas; she added that David Sibery of the Sibery Group is assisting with the issue.

Antoinette Williams, Chief Nursing Officer of John H. Stroger, Jr. Hospital of Cook County, provided an update on nurse staffing (Attachment #3). The Committee reviewed and discussed the information.

A. **Safe Patient Handling** (Attachment #4)

Ellen Costello, Associate Director of Nursing at Oak Forest Hospital of Cook County, provided an update on Safe Patient Handling. The Committee reviewed and discussed the information.

V. **Report from System Director of Quality and Patient Safety**

Barbara Farrell, System Director of Quality and Patient Safety, provided an update on an upcoming quality strategy meeting on February 18th. The purpose of the meeting will be to discuss and review strategies for the development of the quality program. Those who will be attending the meeting include quality management staff, front-line staff and quality leadership.

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

A. **Snowstorm Emergency Preparedness Update**

Dr. Mason, Ms. Lennon and Dr. Anthony Tedeschi, System Chief Operating Officer, provided an update on the activities related to the snowstorm emergency preparedness that took place during the recent blizzard that took place at the beginning of February. It was particularly noted that there was a tremendous amount of work done by all parties throughout the System in managing this difficult operation.

Dr. Mason stated that on Tuesday, February 1st at 10:30 A.M., Incident Command was activated at the System. The major issues identified were related to the provision of care, staffing, food service, transportation and continuity of operations. Incident Command was staffed with two shifts; the first shift consisted of Dr. Tedeschi and Ms. Lennon, and the second shift consisted of Dr. Mason and William T. Foley, Chief Executive Officer of the Cook County Health and Hospitals System.
VI. **Recommendations, Discussion/Information Items**

A. **Snowstorm Emergency Preparedness Update (continued)**

The major challenges related to staffing. With regard to nurse staffing, Dr. Mason noted that there were particular challenges in picking up and dropping off staff in a timely manner, due to the weather conditions. An after-action report is now underway, to review the issues and activities that took place.

Ms. Lennon added that on the first night of the blizzard (February 1st), there were approximately fifty homeless individuals that were cared for in the lobby area of Stroger Hospital.

Dr. Tedeschi stated that this was coordinated as a System initiative. He added that each of the facilities will individually de-brief; an overall System de-briefing on the activities will take place at a meeting next week.

B. **Follow-up on January Board Meeting Quality Issues**

The review and discussion of these issues took place earlier in the meeting, during the Reports from the Chief Medical Officer and the Chief Clinical Officer.

C. **Quarterly quality report from Provident Hospital of Cook County** (Attachment #5)

Dr. Aaron Hamb, Chief Medical Officer, and Martina Harrison, Chief Nursing Officer of Provident Hospital of Cook County, presented the quarterly quality report from Provident Hospital. The Committee reviewed and discussed the information.

Director Muñoz, seconded by Chairman Ansell, moved to receive and file the quarterly quality report from Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

D. **Quarterly quality report from Ambulatory and Community Health Network of Cook County**

This item was deferred.

E. **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. Anwer Hussain, President of the Executive Medical Staff of Oak Forest Hospital of Cook County, presented a report from the Medical Executive Staff Committee of Oak Forest Hospital. He referenced the earlier comments regarding the Joint Commission evaluation of laboratory services at Oak Forest Hospital. Additionally, with regard to implementation plans for Oak Forest Hospital that are expected to take place in May, he stated that he had a meeting with the Illinois Department of Public Health’s Emergency Medical Services (EMS) Director for Sector 7 to discuss the subject; follow-up meetings on this are expected to be held.
VI. **Recommendations, Discussion/Information Items**

**E. Reports from the Medical Staff Executive Committees (continued)**

Dr. Pierre Wakim, President of the Executive Medical Staff of Provident Hospital of Cook County, presented a report from the Medical Executive Staff Committee of Provident Hospital. He referenced the earlier presentation on transfers and bed capacity. He stated that the ambulance runs to Provident Hospital were suspended, effective today; he provided additional information on the discussions held on the subject with the surrounding hospitals in the area. With regard to the Medical Staff Bylaws, he stated that efforts are underway to ensure that they are updated to conform to the changes taking place at Provident Hospital.

With regard to the subject of the cessation of ambulance runs to Provident Hospital, Dr. Mason provided additional comments. He stated that he recently testified on the subject at a City Council Health Committee hearing, and it was the subject of a recent radio show in which he participated; he noted that there are a lot of misconceptions surrounding the subject. Robert Hamilton, Interim Chief Operating Officer, stated that part of the strategy with the implementation plan is to identify issues and get feedback from Provident’s community advisory group. He added that there is a meeting scheduled with all of the elected officials from that area and the advisory group; this meeting will provide a detailed review of the activities and plan, and will review the short and long-term intentions.

Dr. David Goldberg, President of the Executive Medical Staff of John H. Stroger, Jr. Hospital of Cook County, presented a report from the Medical Executive Staff Committee of Stroger Hospital. He stated that the annual Medical Staff Meeting was held recently; he noted that President Toni Preckwinkle, Chairman Ansell and Mr. Foley also attended. He outlined the reports that were provided at the January meeting, including those relating to the Trauma Department and the Cancer Committee.

VII. **Action Items**

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

B. Proposed Academic Affiliation Agreements (Attachment #6)

Note: this item was taken out of order.

Dr. John O’Brien, Chairman of the Department of Planning, Education and Research at John H. Stroger, Jr. Hospital of Cook County, presented information on the two proposed Academic Affiliation Agreements.

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

VIII. **Closed Session Discussion/Information Items**

A. 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

B. Medical Staff Appointments/Re-appointments/Changes (Attachment #7)
VIII. Closed Session Discussion/Information Items (continued)

Note: the Committee did not convene into closed session.

Director Muñoz, 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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Luis Muñoz, MD, MPH, Acting Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary
ATTACHMENT #1
February 10, 2011

Dear Commissioner Suffredin:

We are delegates from Doctors Council SEIU, representing the attending physicians and other doctors in the Cook County Health and Hospitals System.

As you know, the health system is bearing the largest proportional share of the cuts to the County budget, and we want you to understand that this will have serious consequences for our patients and the communities we serve. As our report, “Cut to the Bone” points out, the system is already a “bare bones” operation. In particular, the combination of the system Strategic Plan (“Vision 2015”) cuts to Oak Forest and Provident hospitals, with the additional cuts to the budget proposed by the 2011 Budget, is making the work of doctors and nurses difficult and unsafe. There continue to be long waits in the Emergency Room at Stroger, and doctors in the ACHN clinics are at maximum capacity, even as the population of uninsured continues to grow.

In addition, we urge you to consider the following:

CLOSURE OF SERVICES WITHOUT ADEQUATE PLANNING

1. The lack of resources to ensure an adequate transition at Provident Hospital has resulted in a chaotic situation not only in critical care but also in the rest of the hospital system. The reason for the rapid closure in critical care services was because 2 of the 3 remaining intensive care attending physicians at Provident resigned their post. In anticipation of their positions being omitted, these doctors preemptively sought and found employment outside resulting in a premature closing of critical care services at Provident despite continued ambulance runs.

Since there is still no clear commitment by neighboring hospitals to take these patients, patients are being transferred to Stroger, which lacks capacity, and they are in turn being sent to Rush. This is costly, ineffective, and dangerous. Moreover, the loss of significant programs such as Family Medicine, Employee Health Services, and the OB/GYN department have laid the foundation for the complete loss of Provident as a community resource, even with the planned 25 beds, which in turn seriously undermines future revenue that we expected to capture from patients who come to Provident.

LAYOFFS AND PATIENT SERVICES

2. The impending layoffs of dozens of doctors at both Provident and Oak Forest hospitals has caused many doctors to resign or begin looking for another job, rather than transition to the promised urgent care service. The HR department refuses to re-deploy these doctors to other parts of the system where they are needed, or work with the Union to transition even some of them to urgent care, instead creating a gap between their layoff and the startup of other services. As a result, the doctors who are left at Oak
Forest are now doing many extra shifts and worry for patient safety. Other doctors are told they cannot move into vacancies elsewhere in the system regardless of their experience and qualifications. Inquiries to HR go unanswered, and efforts to work out solutions are ignored.

UNDERSTAFFING AT STROGER

3. While doctors are being laid off without a plan to re-deploy them, the understaffing at Stroger Hospital in some departments – illustrated by the long waits in the Emergency Room – continue to undermine the ability of the CCHHS to create the conditions for attracting and retaining patients who will eventually be insured. The lack of critical care capacity at Stroger and the transfer of patients to Rush is indicative of putting the “cart before the horse” in terms of planning and needs to be addressed.

CLINIC CLOSURES OR CONSOLIDATION

4. There is continuing discussion of saving money by closing “underperforming” clinics and turning the work over to FQHCs. The reality is that for many patients, transfer to a clinic further away is not a safe or effective solution. Every clinic is busy, handling the ever-increasing patient loads that are an inevitable result of the recession. Even though the clinics are operating at capacity and lack sufficient ancillary support such as adequate nurse staffing or clerical personnel, the doctors are being held to private sector standards of productivity. Doctors spend enormous amounts of time on the phone and doing paperwork for referrals, prescriptions, and other matters that could be handled by other staff. Yet doctors are expected to spend only 15-20 minutes per patient, including new patients who present with numerous problems. Further cuts in this situation would be untenable.

We urge you to look closely at the consequences of these deep cuts to the system. In order for the CCHHS system to adequately compete and capture the coming newly-insured patients under the Affordable Care Act, we need to immediately strengthen, not hobble, the County system. Rather than cutting essential services and staff, the County should review the drastically increased administrative costs of the health system, including the addition of six-figure HR persons at each facility while claiming to consolidate and streamline administrative costs.

We have repeatedly offered to work with CCHHS leadership to identify new revenue streams, improve patient satisfaction, and to find other ways to stabilize the system for the future. We continue to make that offer, and hope you can urge the CCHHS system to take us up on it.

We look forward to working with you on these challenges.

Sincerely,

Alfred Martin, MD
Doctors Council SEIU VP and Del.
Fahmeeda Begum, MD
Doctors Council SEIU Delegate
Ravi Shah, MD
Doctors Council SEIU Delegate
Simon Piller, MD
Doctors Council SEIU Delegate
Anupam Verma, MD
Doctors Council SEIU Delegate
Jesse Jiang, MD
Doctors Council SEIU Delegate

Susan Rogers, MD
Stroger Hospital
Jaime Martinez, MD
Stroger Hospital
Richard David, MD, Stroger Hospital

Page 8 of 87
QPS Outline
February 15, 2011

• Bed Capacity
• Safety of Transfers
• Flu
SH Med/Surg Midnight Census

January Inpatient Census is often higher – Flu / Transfers from OFH/PH / ED with high census

Medsurg Capacity – 240

DOES NOT INCLUDE PATIENTS WAITING IN ED FOR BED AT MIDNIGHT
SH ICU Occupancy after PH ICU Closure
% of Total Beds (not staffed beds)

Source – SH DCR–Dorothy Richardson
Capacity Issues

• High ADC at SH in January – almost 90%
  – High flu season
  – Transfers from PH / OFH
  – Highest SH ED volume since 2005

• Significant inpatient bed waits
SH Bed Assignment after Request
% Waiting > 6 hrs
PH Bed Assignment after Request

% Waiting > 6 hrs
January, 2011

SH ED-# Patients waiting for Admission

Source – ODA Surge Report
There is an inpatient med-surg flow and capacity issue
Vision 2015
Impact on bed capacity

• OFH
  – Average Med/Surg census
  – Current daily admissions = 8
  – Estimated daily transfers post conversion = 4 / day

• Provident
  – EMS runs stopping 2/15/11
  – Reduced inpatient beds from 45 to 25
PH ED Census Projections

• Past 12 months – 40,534
  – CFD Runs – 4899

• Expected 2011 Census with loss of CFD runs
  – 10% reduction
  – 36,000

• In January, 30% of admissions (349) at Provident came via EMS
PH Med/Surg Midnight Census

Assuming 30% reduction in census without EMS

80% ADC

Source: Aaron Hamb
PH Vision 2015 Bed Calculations
Census Reduction / No EMS

- 33/96 PH to SH transfers came in via EMS
  - 1 less transfer per day
- # additional PH to SH Transfers due to PH bed reduction
  - 1 more transfer per day (12.5% of estimated daily admissions)
- > 95% of the PH admissions in January would be able to be admitted to the 25 bed unit (Clark/Wakim analysis)
  - 1 more transfer every 2-3 days (0.5 increase)
## Balance

<table>
<thead>
<tr>
<th></th>
<th># Transfers/Day</th>
<th>Ave LOS</th>
<th># SH Additional Med Surg Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>OFH</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PH</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td>5</td>
<td>2-3</td>
<td>10-15</td>
</tr>
</tbody>
</table>

*Does not include future increase in outpatient capacity that may lead to either less or more inpatient needs.*
Solutions

• Initiated Patient Throughput Steering Committee
  – More rapid inpatient/outpatient diagnostic testing/f/u
  – Rework Discharge process  (Bed huddles, DC lounge/prescription writer/new pharmacy)
  – Weekly meetings to identify barriers / opportunities
• Implementing case management – ED / Inpatient
• Started bed placement flexibility
  – ICU overflow, tele to CCU, trauma OBS
• Increase OBS unit availability
  – Opened ED OBS unit West on Weekends
• Increase number of SH Med/Surg Beds
  – Utilize unstaffed 7 bed burn step down unit
  – Possibly convert 4th floor underutilized beds (12 beds)
  – Moving Family Medicine to SH to staff additional beds
SH - % Occupancy 4th Floor OB/Peds

Source DCR – Dorothy Richardson
Provident Transfers
January, 2011
One complication
• ED to MICU transfer hypotensive due to propol drip
• Hypotension resolved after stopping drip

<table>
<thead>
<tr>
<th>PH Arrival Mode</th>
<th>Total</th>
<th>ICU</th>
<th>MED</th>
<th>Home</th>
<th>Trauma</th>
<th>PEDS</th>
<th>Surg</th>
<th>L+D</th>
<th>Outside</th>
<th>ED OBS</th>
<th>Average LOS</th>
</tr>
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<tbody>
<tr>
<td>CFD</td>
<td>33</td>
<td>14 (42%)</td>
<td>11 (33%)</td>
<td>5 (15%)</td>
<td>1 (3%)</td>
<td>1 (3%)</td>
<td>1 (3%)</td>
<td>7 days</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walk-ins</td>
<td>63</td>
<td>15 (23%)</td>
<td>22 (35%)</td>
<td>7 (11%)</td>
<td>1 (1%)</td>
<td>5 (8%)</td>
<td>5 (8%)</td>
<td>4 (6%)</td>
<td>1 (1%)</td>
<td>3 (5%)</td>
<td>5 days</td>
</tr>
</tbody>
</table>

PH Transfer Summary
Number PH-SH Transfers
January, 2011

Average = 3/day
Flu Update
Update on PHCC
Critical Care
Background

- Admissions suspended 12/27/10
- Critical Care Physician On Duty 24/7 providing critical care services
- Patients in ED and Floors seen in consult and recommendations made.
- Appropriate patients are transferred to SHCC ICU, CCU, or in some cases ED for further evaluation
Critical Care
Current Data as of 2/14/11 (50 days)

- **111 Critical Care Consults** – 2.2/day
  - 80% of Consults to critical care were from ED
  - 20% were from the floors

- **46 Patients transferred by CC service to SHCC**
  - 0.94/day
  - 34 Patient transferred to MICU
  - 7 Patients transferred to CCU
  - 5 Patients transferred to SHCC ED

- **1 Patient transferred to U of C MICU**
Patients Transferred by Critical Care to SHCC N=46

- 28 (61%) Arrived at PHCC by EMS
- 18 (49%) Arrived at PHCC on their own
- 37/46 (83%) of patients transferred to SHCC by critical care came from ED
- 9/46 (17%) of patients transferred came from floors
Outcome Data on Transferred Patients
N=41

- 34/41 (83%) Improved
- 1/41 Discharged AMA
- 6/41 (15%) Died
  - 4/6 Died after family/service withdrew support
  - 2/6 had end stage disease
Outcome Data on Transferred Patients
N=41

- 2/6 Died within 24 hours of transfer
  - 63 y/o with end stage COPD and sepsis – 6 hours
  - 82 y/o with metastatic lung cancer and sepsis – 14 hours
- No deaths or complications related to the transfer
Monitoring Transfer Process

- Average of 9 minutes between time called and time accepted
  - Range 0 to 40 minutes

- Time to Transfer (time called to time leaving PHCC)
  - 2:23 (Range 1:05 to 5:00)
Moving Forward

- 60% of transfers came from EMS runs
- Number of Critical Care transfers should be reduced at least by half.
  - One every other day
- Critical Care consults should be reduced similarly – one per day
Mortality Data MICU

MICU Mortality

<table>
<thead>
<tr>
<th>Month</th>
<th>Admissions</th>
<th>Mortality</th>
<th>% Mortality</th>
<th>Unexpected</th>
<th>% Unexpected</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>132</td>
<td>12</td>
<td>9</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>May</td>
<td>110</td>
<td>11</td>
<td>10</td>
<td>1</td>
<td>9</td>
</tr>
<tr>
<td>June</td>
<td>105</td>
<td>16</td>
<td>15</td>
<td>3</td>
<td>19</td>
</tr>
<tr>
<td>July</td>
<td>89</td>
<td>17</td>
<td>19</td>
<td>3</td>
<td>3</td>
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<tr>
<td>August</td>
<td>104</td>
<td>23</td>
<td>22</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Sept</td>
<td>90</td>
<td>8</td>
<td>9</td>
<td>0</td>
<td>21</td>
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<tr>
<td>Oct</td>
<td>67</td>
<td>14</td>
<td>2</td>
<td>1</td>
<td>7</td>
</tr>
</tbody>
</table>
ATTACHMENT #3
John H. Stroger Hospital
Department of Nursing

2011 Staffing Report

Presented by: Antoinette Williams, CNO, Stroger Hospital
# Inpatient Nursing Units

<table>
<thead>
<tr>
<th>Area</th>
<th>Bed Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Med / Surg</td>
<td>240</td>
</tr>
<tr>
<td>Critical Care</td>
<td>76</td>
</tr>
<tr>
<td>Maternal Child</td>
<td>130</td>
</tr>
</tbody>
</table>
Determination of staffing needs

• Currently the Department uses a combination of acuity and ratio

• PWC and Nursing are developing tools to monitor staffing in compliance with Illinois Statute - The Staffing by Acuity Law

• Worked hours/patient day data is being collected and reviewed/compared with benchmark data from comparable organizations.
Challenges With Staffing

• Numerous vacancies on the Medical / Surgical units
• Most recent clinical staff hired in July 2009
• 3 displacements in 2010; delaying attempts to hire externally
• Significant numbers of FMLA and LOA in Medical/Surgical and Adult Emergency Service Departments
Plan of Action

2010

• Nursing open house held in May 2010 with over 300 attending.
• System Nurse recruiter hired.
• Plan for advertising in Nursing Journals (HR)
• Implementation of Taleo “easier application process”

2011

• Review and analysis of current and future staffing mix and staffing levels for all areas of Nursing. In Process
• Current displacement process (due to downsizing at Oak Forest Hospital and Provident Hospital) to be completed by February 28 2011.
• Plan for all positions not filled by the displacement process to be on Taleo by March 31st 2011
• Recruitment process to continue as needed for key positions On Going
ATTACHMENT #4
Safe Patient Handling
• Safe Patient Handling Teams members:

Dorothy Ahmad, RN, ICU, JSH
Nancy Angel, Director, Physical Therapy, Oak Forest /Provident Hospital
Kevin Barrett, NP, Core Center
Visita Cobb, CN1, EHS, JSH
Ellen Costello, RN, NSIV, Oak Forest Hospital
Kathy Dunn, RN, CCDPH
Melinda Intoy, NP, EHS, JSH
Pat Kelleher, MD, EHS, CCHHS
Thelma Lim, RN, Operating Room, JSH
Wendy Jackson, RN, Nurse Educator, Provident Hospital
Mindy Malecki, JD, Risk Manager, CCHHS
Karen Parham, RN, Emergency Department, JSH
Rebecca Peyton, RN, Nurse Educator, Oak Forest Hospital
Kathleen Statler, RN, NS1, Operating Room, Oak Forest Hospital
• Patient handling-related injuries and illnesses in healthcare institutions are a serious and costly problem.

• On August 13, 2009, Illinois House Bill 2285; Public Act 96-0389, was approved by the governor requiring hospitals to implement a safe patient handling program.
Why was the law enacted?

- Impact of Manual Patient handling
- Incidence of patient injury
- Incidence of musculoskeletal injuries among nurses and other health care workers
- To improve the safety of healthcare employees and patients
- Cost of worker's compensation claims
What does the Act Require?

“A facility/hospital must adopt and ensure implementation of a policy to identify, assess and develop strategies to control risk of injury to residents and nurses and other health care workers associated with the lifting, transferring, repositioning or movement of a patient”
What must be included in the policy?

- Analysis of the risk of injury to workers and patients
- Education of the healthcare workers
- Evaluation of alternative methods of reducing risk
- Restriction of manual patient handling
- Procedures for the refusal to perform handling
- Development of strategies to control risk of injury
- Consideration of patient handling equipment in construction or remodeling projects
- Collaboration with an annual report to the nurse staffing committee
- Submission of an annual report to a designated governing body
Who is Covered by the Act?

• **Nursing Homes**
  Nursing Home Care ACT (NHCA)

• **Hospitals**
  Hospital Licensing Act (HLA)

• **Mental Health and Developmental Centers**
  Mental Health and developmental Disabilities Administrative Act (MHDDAA)
How Will the Law be Enforced?

Protect Licensure under the HLA

Department of Public Health (IDPH) may inspect hospitals for compliance with standards, rules and regulations set forth under the act.
Direct and indirect costs associated with back injuries in the health care industry, adjusted for inflation, are estimated to be $7.4 billion annually in 2008 dollars. Additionally, nursing aides and orderlies suffer the highest prevalence (18.8%) and report the most annual cases (269,000) of work-related back pain among female workers in the United States. In 2000, 10,983 registered nurses (RNs) suffered lost-time work injuries due to lifting patients. It has been reported that 12% of nurses who planned to leave the profession cited back injuries as a contributing factor.
# Ranking of Activities Causing Strain/Sprain Injuries to Hospital Workers

<table>
<thead>
<tr>
<th>Activity</th>
<th>Reported Injuries</th>
<th>Percentage</th>
<th>Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>Repositioning Patient (Includes turning and lifting patient up in bed)</td>
<td>153</td>
<td>17.9</td>
<td>1</td>
</tr>
<tr>
<td>Lifting Object</td>
<td>109</td>
<td>12.7</td>
<td>2</td>
</tr>
<tr>
<td>Lifting Patient (not further specified)</td>
<td>102</td>
<td>11.9</td>
<td>3</td>
</tr>
<tr>
<td>Transfer Bed/Chair</td>
<td>97</td>
<td>11.3</td>
<td>4</td>
</tr>
<tr>
<td>Transporting Patient (wheelchair/stretcher/bed)</td>
<td>94</td>
<td>11.0</td>
<td>5</td>
</tr>
<tr>
<td>Push/Pull Object</td>
<td>89</td>
<td>10.4</td>
<td>6</td>
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<tr>
<td>Aggressive Patient</td>
<td>70</td>
<td>8.2</td>
<td>7</td>
</tr>
<tr>
<td>Lateral Patient Transfer</td>
<td>49</td>
<td>5.7</td>
<td>8</td>
</tr>
</tbody>
</table>
Why US Healthcare is moving to Safe Patient Handling:

• Aging workforce
• Nurse Shortage
• Sicker Patients
• Heavier Patients
• Higher Workmen's Compensation and Medical Costs
• Requirements of Illinois House Bill 2285
• National Law pending
• Illinois Licensing Act
• **A Safe Patient Handling Program**

If you reduce or eliminate manual lifting

The risk of injury is reduced or eliminated

**STAFF SAFETY OUTCOMES**
- Staff Injury
- Workers Compensation Costs
- Restricted Days
- Lost work Days

**PATIENT SAFETY OUTCOMES**
- Reduce Falls
- Mobilize Patients earlier, safely
- Reduce facility acquired pressure ulcers
- Increase Patient Satisfaction
COST BENEFIT INDEX

• Cost of the equipment compared to the costs related to the number of; workers compensation dollars, lost work days, restricted work day cost, staff turnover cost, Fall and Pressure ulcers; which will affect CMS reimbursement.

• Initial investment in both lifting equipment and employee training can be recovered in 2 to 3 years through reductions in workers’ compensation costs.

Collins et al., 2004; Tiesman et al., 2003; Nelson et al., 2003; Garg, 1999.
January 1, 2010
Illinois Safe Patient Handling Bill 2285 is passed.

October-November, 2010
Plan vendors for equipment trial and evaluation

March, 2010
CCHHS group is formed with ongoing meetings trial

January, 2011
Site visits to JSH with vendors to review equipment needed for

May, 2010
CCHHS Draft Policy is completed

February, 2011
Budget for 2011 approved

June-July, 2010
Review of GPO to determine
Safe Patient Handling (SPH) equipment available
Presentations from vendors on GPO
Educational support and plan for by-in discussed

March 2011
Equipment evaluations complete and vendor chosen

July-Present
Site visits to review equipment and educational support
(Rush University, Jesse Brown VA,)

April-May, 2011
Education to all healthcare workers

August 2010
Request for approximately $540,000. via “place card”
for Capital Equipment in order to implement SPH program

June, 2011
Policy finalized
SPH program imitated
Ongoing assessment of program
Determine additional needs as program is expanded
Make recommendations via 2012 budget for additional needs
FIRST – FOURTH QUARTER 2010
SUMMARY OF QUALITY AND PERFORMANCE IMPROVEMENT ACTIVITIES
INTRODUCTION

• The enclosed report reflects outcomes for the time frame of First – Fourth Quarter 2010 for the following:
  - Intra/Interdepartmental Process Improvement Team Projects achieving significant improvements;
  - Ancillary and Support Services Departmental Quality and Operational Metrics;
  - Medical Staff Indicators/Metrics.
2010 PROCESS IMPROVEMENT
TEAM PROJECTS

Significant Improvements:

• Timeliness of 6AM Blood Draws
• Referrals by Nursing for Nutritional Screens
• Hand-off between Staff Nurses to Dialysis Staff
• Initiation and Updating of Care Plans
• Pre-operative Readiness
• Reduction of Heart Failure Readmission Rate
DEPARTMENT: Clinical Laboratory
PROJECT: Improve Timeliness of 6 AM Blood Draws
TYPE: Intra-departmental with participation by front-line staff.
GOAL: 100%

6 AM BLOOD DRAWS

<table>
<thead>
<tr>
<th>Month</th>
<th>Percentage</th>
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</thead>
<tbody>
<tr>
<td>JAN</td>
<td>87</td>
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<tr>
<td>FEB</td>
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<tr>
<td>MAR</td>
<td>93</td>
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<td>APR</td>
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<td>JUNE</td>
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<td>JULY</td>
<td>98</td>
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<tr>
<td>AUGUST</td>
<td>100</td>
</tr>
<tr>
<td>SEPT.</td>
<td>100</td>
</tr>
<tr>
<td>OCT.</td>
<td>100</td>
</tr>
<tr>
<td>NOV.</td>
<td>100</td>
</tr>
<tr>
<td>DEC.</td>
<td>100</td>
</tr>
</tbody>
</table>
DEPARTMENT: Clinical Dietary
PROJECT: Improve Identification of Patients Requiring Nutritional Screens after Initial Nursing Assessment
TYPE: Multi-disciplinary (Nursing and Dieticians)
GOAL: 100%

NURSING REFERRALS FOR NUTRITIONAL SCREENS

- January: 76%
- February: 80%
- March: 72%
- April: 81%
- May: 80%
- June: 50%
- July: 80%
- August: 78%
- September: 79%
- October: 84%
- November: 67%
- December: 93%

Chart shows percentage of nursing referrals for nutritional screens from January to December.
DEPARTMENT: Nursing  
PROJECT: Ensure that communication occurs between staff nurses and contracted personnel performing dialysis treatments.  
TYPE: Multi-disciplinary  
GOAL: 100%
DEPARTMENT: Nursing
PROJECT: Ensure that individualized care plans are initiated and updated each shift.
TYPE: Intra-departmental involving staff nurses.
GOAL: 100%

![Initiation and Updating of Nursing Care Plans Graph]

- Percentage of completion from January to December:
  - January: 57%
  - February: 75%
  - March: 83%
  - April: 72%
  - May: 85%
  - June: 87%
  - July: 88%
  - August: 92%
  - September: 91%
  - October: 90%
  - November: 91%
  - December: 93%
DEPARTMENT: Nursing
PROJECT: Ensure that patients coming to surgery are appropriately prepped with appropriate documentation to avoid cancellations of scheduled surgeries.
TYPE: Inter-departmental involving staff nurses.
GOAL: 100%

PERIOPERATIVE READINESS

<table>
<thead>
<tr>
<th>PERCENTAGE</th>
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<tbody>
<tr>
<td>100</td>
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<td>100</td>
</tr>
<tr>
<td>98</td>
</tr>
<tr>
<td>100</td>
</tr>
</tbody>
</table>

FEB.  MAR.  APR.  MAY  JUN.  JUL.  AUG.  SEPT.  OCT.  NOV.  DEC.
DEPARTMENT: Internal Medicine and Family Medicine
PROJECT: Reduce the readmission rate for Heart Failure Patients
TYPE: Inter-departmental
GOAL: Readmission rate of 9%

Despite excellent core measure compliance, readmission rates for heart failure exceeded the national recognized benchmark of 9.76% in 2007.

Data analysis utilizing quality tools identified root causes:
- Patient non-compliance
- Clinic Appointment availability
- Patient and family education
- No dedicated provider
HEART FAILURE READMISSION RATES 2007-2010

Initiated HF Program

Clinic & Educational Classes

Percentage

Qtr. 1'07  Qtr. 2'07  Qtr. 3'07  Qtr. 4'07  Qtr. 1'08  Qtr. 2'08  Qtr. 3'08  Qtr. 4'08  Qtr. 1'09  Qtr. 2'09  Qtr. 3'09  Qtr. 4'09  Qtr. 1'10  Qtr. 2'10  Qtr. 3'10  Qtr. 4'10

14.1  13.1  16.3  10.3  11.4  12.1  10  10.6  8.74  8.42  9.09  10  6  6.85

Qtr. 1'07  Qtr. 2'07  Qtr. 3'07  Qtr. 4'07  Qtr. 1'08  Qtr. 2'08  Qtr. 3'08  Qtr. 4'08  Qtr. 1'09  Qtr. 2'09  Qtr. 3'09  Qtr. 4'09  Qtr. 1'10  Qtr. 2'10  Qtr. 3'10  Qtr. 4'10
• 2007 initiated departmental goal: Reduce heart failure readmission rates to 10% or less. Goal for 2010: 9% or less.
• Effective September 2010, discharged patients are receiving a follow-up call from the Heart Failure Educator as reminder to keep clinic and Heart Failure Class appointments. The analysis of data is in progress to determine the effectiveness of this intervention.
ANCILLARY AND SUPPORT SERVICES
DEPARTMENTAL INDICATORS

QUALITY AND OPERATIONAL
Key:  Green: Targeted goal/benchmark (90-100) is met.
Yellow: Targeted goal/benchmark is not met; outcomes are 80-89%
Red: Targeted goal/benchmark is not met; outcomes are 70-79% or not at the national benchmarks.

**Cardiac Diagnostic**

Inpt. Diagnostic Tests are performed within 48hrs of receipt of orders.
Goal: 100%

Timely Interpretation of Echocardiograms.
Goal 100%

**Clinical Lab**

Turn-around time of Autopsy Reports
Goal: 100%

Blood Crossmatched to Infused Ratio
Goal: 1.5:1

STAT Lab Turnaround Time (within 60 mins.) Goal 100%

% of Reported Transfusion Reactions
Goal: 1-5%

% Transfusion Forms Returned to Blood Bank
Goal: 100%

% of Transfusion Forms Returned to Blood Bank
Goal 100%

Proficiency Test Scores
Goal: 100%

Removal of Bodies from the Morgue within 72 hrs.
Goal: 100%
EXPLANATION OF VARIANCES AND INTERVENTIONS

• Clinical Laboratory-Stat-turn-around time: Goal not achieved.
• Will continue addressing issue in 2011.
• Managers will monitor Pending Log Report during each shift.
• Turn-around time for each technologist will be trended.

• Blood Bank- Benchmark is 1-5%.
• <1% is being reported.
• Will conduct retrospective review of medical records and analyze outcomes.
**Pharmacy**

**Indication for Appropriate Anticoagulation Therapy**

**Goal 100%**

- **Enoxaparin**
  
  ![Green block]

- **Heparin**
  
  ![Red block]

- **Warfarin**
  
  ![Red block]

*Outcomes are Post Concurrent Intervention*

**Failure Mode Effect Analysis in progress.**

**Key:**
- **Green:** Targeted goal/benchmark is met (90-100%)
- **Yellow:** Targeted goal/benchmark is not met; outcomes are 80-89%.
- **Red:** Targeted goal/benchmark is not met; outcomes are 70-79%.

---

**Radiology**

**Film Reject Rate:**

**Goal 10%**

**Drug Appropriateness Review Prior to IV Contrast Media**

**Goal: 100%**

**Inventory of Lead Aprons**

**Goal: 100%**
**Provident Hospital of Cook County**
**Division of Nursing Services Quality Indicators – First-Fourth Quarter 2010**

**8 East**
- Assessment & Pain Management Goal: 100%
  - Yellow: 7.6%
- Patient Education Goal: 100%
  - Green: 100%

**8 West**
- Assessment and Pain Management Goal: 100%
  - Green: 100%
- Hand-off Endorsement for Dialysis Patients Goal: 100%
  - Red: 15%
- Hand-off Endorsement for Dialysis Patients Goal: 100%
  - Yellow: 7.6%

**Critical Care**
- Assessment and Pain Management Goal: 100%
  - Green: 100%
- Pressure Ulcer Rate in CCU Goal: 9.2%
  - Green: 9.2%

**Emergency Department**
- Appropriateness of Restraint Orders and Assessments Goal: 100%
  - Green: 100%
- Appropriate Triage Assessment Goal: 100%
  - Green: 100%

**Peri-operative & Sterile Processing**
- Appropriate Cleaning of Scopes Goal: 100%
  - Green: 100%
- Assessment & Pain Management Goal: 100%
  - Green: 100%
- IV Site Documentation Goal: 100%
  - Green: 100%

**Key:**
- Green: Targeted goal/benchmark is met (90-100%).
- Yellow: Targeted goal/benchmark is not met; outcome is 80-89%
- Red: Targeted goal/benchmark is not met; outcome is 70-79%.
PROVIDENT HOSPITAL OF COOK COUNTY
DIVISION OF NURSING SERVICES QUALITY INDICATORS – FIRST-FOURTH QUARTER 2010

Transportation

Turn-around Time of Patient Transport for ED to Xray and Units to Surgery within 20 mins.
Goal: 100%

Nursing Resources

Reduction in Hospital-wide Falls
Goal: 3.6%

Individualized Nursing Care Plans
Goal: 100%

Key: Green: Targeted goal/benchmark is met (90-100%).
Yellow: Targeted goal/benchmark is not met; outcomes are 80-89%
Red: Targeted goal/benchmark is not met; outcomes are 70-79%.
Health & Information Records

Delinquent Medical Records
Goal: <50% of average monthly discharge

Social Services

Timeliness of Intervention
Goal: 100%

Key: Green: Targeted goal/benchmark is met (90-100%).
Yellow: Targeted goal/benchmark is not met; outcomes are 80-89%.
Red: Targeted goal/benchmark is not met; outcomes are 70-79%.
<table>
<thead>
<tr>
<th>Service</th>
<th>Indicators</th>
</tr>
</thead>
</table>
| **Anesthesiology**           | - Airway Complications
                                |   Goal: 0%  
                                | - Ventilator Associated Pneumonia
                                |   Goal: 0%  
| **Anatomical Laboratory**    | - Diagnostic Accuracy in Surgical Pathology
                                |   Goal: 85%  
                                | - Diagnostic Accuracy in Cytology
                                |   Goal: 85%  
| **Critical Care**            | - Readmission to Critical Care
                                |   Goal: 0%  
                                | - Central Line Infections
                                |   Goal: 0%  
| **Emergency Medicine**       | - X-ray Discrepancies
                                |   Goal: 0.2%  
                                | - Unscheduled Return to ED Within 72 Hours
                                |   Goal: 2-3%  
| **Family Medicine**          | - Readmissions within 31 days
                                |   Goal: 4-5%  
| **General Surgery**          | - Unscheduled Returns to OR
                                |   Goal: 0%  
| **Internal Medicine**        | - Readmission within 31 Days with Heart Failure
                                |   Goal: <9%  

**Key:**
- **Green:** Exceeds expected benchmark/goal
- **Yellow:** Meets expected benchmark/goal
- **Red:** Does not meet expected benchmark/goal

*Fourth Quarter analysis is in progress.*
### JSH Agreements For Review at the Quality and Patients Safety Committee Meeting -02/15/11

<table>
<thead>
<tr>
<th>Hosp Dept/Div</th>
<th>Partner</th>
<th>Reason</th>
<th>Total Dollars</th>
<th>Ann. Dollars</th>
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<tbody>
<tr>
<td>Pediatrics</td>
<td>St. Anthony's Hospital</td>
<td>Renewal of Program Addendum to continue to allow Pediatric residents to rotate on Saint Anthony's inpatient unit</td>
<td>($367,516)</td>
<td>($122,505)</td>
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<tr>
<td>Surgery</td>
<td>Northshore University</td>
<td>New Program Addendum to allow the Fellow in Endocrine Surgery to rotate on the endocrine-surgical service.</td>
<td>$113,607.60</td>
<td>$37,873</td>
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</table>
### INITIAL APPOINTMENT APPLICATIONS

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Service</th>
<th>Effective Dates</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anoina, Dorothy, MD</td>
<td>Ob/Gyne/ACHN</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Consulting Physician</td>
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<tr>
<td>Borders, Ann, MD</td>
<td>Ob/Gyne/Maternal Fetal Med</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Voluntary Physician</td>
</tr>
<tr>
<td>Daniels, Alice F., MD</td>
<td>Family Medicine</td>
<td>February 15, 2011 thru November 25, 2012</td>
<td>Affiliate Physician</td>
</tr>
<tr>
<td>Dawalibi, Salim, J., MD</td>
<td>Family Medicine</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Affiliate Physician</td>
</tr>
<tr>
<td>Floyd, Gail, MD</td>
<td>Family Medicine</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Affiliate Physician</td>
</tr>
<tr>
<td>Harris, Kirk, MD</td>
<td>Psychiatry/Adult Psychiatry</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Service Physician</td>
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<tr>
<td>Jewison, David, MD</td>
<td>Correctional Health Service</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Active Physician</td>
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<tr>
<td>Julien, Svena, MD</td>
<td>Ob/Gyne/Maternal Fetal Med</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Voluntary Physician</td>
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<td>Kotwal, Vikram S., MD</td>
<td>Medicine/ACHN</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Voluntary Physician</td>
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<tr>
<td>Mahisekar, Usha, MD</td>
<td>Anesthesiology</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Affiliate Physician</td>
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<tr>
<td>Menhennett, Steven, MD</td>
<td>Family Medicine</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Affiliate Physician</td>
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<tr>
<td>Paul, Reena, MD</td>
<td>Family Medicine</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Affiliate Physician</td>
</tr>
<tr>
<td>Polavarapu, Kiran, N., MD</td>
<td>Surgery/Plastics</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Active Physician</td>
</tr>
<tr>
<td>Raizada, Bharti, MD</td>
<td>Anesthesiology</td>
<td>February 15, 2011 thru February 14, 2013</td>
<td>Voluntary Physician</td>
</tr>
</tbody>
</table>
John H. Stroger, Jr. Hospital of Cook County
Initial Appointment Applications (continued)

Rajan, Pryia, MD Obstetrics/Gynecology Voluntary Physician
Appointment Effective: February 15, 2011 thru February 14, 2013

Riley, Lori, MD Family Medicine Affiliate Physician
Appointment Effective: February 15, 2011 thru February 14, 2013

Vazquez, Alicia, MD Family Medicine Affiliate Physician
Appointment Effective: February 15, 2011 thru February 14, 2013

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology
Tymouch, Jaroslav, MD Anesthesiology Active Physician
Reappointment Effective: March 18, 2011 thru March 17, 2013

Department of Correctional Health Services
Bundy-Smith, Shandra, DDS Dentistry Active Dentist
Reappointment Effective: March 18, 2011 thru March 17, 2013

Department of Family Medicine
Ayala, Jose, MD Family Medicine Active Physician
w/ additional Correctional Health privileges
Reappointment Effective: February 15, 2011 thru February 14, 2013

Smith, Nora, MD Family Medicine Active Physician

Department of Medicine
Clapp, William D., MD Pulmonary & Critical Care Active Physician
Reappointment Effective: March 18, 2011 thru March 17, 2013

Das, Krishnakali, MD General Medicine Active Physician
Reappointment Effective: February 24, 2011 thru February 23, 2013

Kelly, Russell F., MD Adult Cardiology Active Physician
Reappointment Effective: February 24, 2011 thru February 23, 2013

Krantz, Anne J., MD General Medicine Active Physician
Reappointment Effective: March 18, 2011 thru March 17, 2013

Liu, Elaine, MD General Medicine Active Physician
Reappointment Effective: March 18, 2011 thru March 17, 2013

Riles, William L., MD Gastroenterology Active Physician
Reappointment Effective: March 19, 2011 thru March 18, 2013

Siwy, Grazyna J., MD General Medicine Active Physician
Reappointment Effective: March 18, 2011 thru March 17, 2013

Tulaimat, Aiman, MD Pulmonary & Critical Care Active Physician
Reappointment Effective: March 19, 2011 thru March 18, 2013

QPS Committee Meeting
2/15/2011
Page 2 of 5

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON FEBRUARY 15, 2011
Page 84 of 87
Department of Pediatrics
Arora, Subash, MD Neomatogy Service Physician
Reappointment Effective: February 24, 2011 thru February 23, 2013

Department of Surgery
Chaudhry, Vivek, MD Colon/Rectal Active Physician
Reappointment Effective: February 20, 2011 thru February 19, 2013

Smego, Douglas, MD Cardiothoracic Active Physician
Reappointment Effective: February 25, 2011 thru February 24, 2013

Department of Trauma
Dysico, Gerard, MD Physical Medicine & Rehabilitation Active Physician
Reappointment Effective: February 24, 2011 thru February 23, 2013

Lazo-Greiff, Marika, MD Physical Medicine & Rehabilitation Affiliate Physician
Reappointment Effective: February 24, 2011 thru February 23, 2013

Pacheco, Marilyn, MD Physical Medicine & Rehabilitation Affiliate Physician
Reappointment Effective: February 24, 2011 thru February 23, 2013

Non-Medical Staff Renewal of Privileges:
Shah, Palak K., PA-C
With Richter, Harry Mortimer, MD Alternate Komar, Thomas, MD Surgery Physician Assistant
Reappointment Effective:

MEDICAL STAFF CHANGE WITH NO CHANGE IN CLINICAL PRIVILEGES
Kern, Kevin, MD From Voluntary Physician To Consulting Physician Emergency Medicine

Medical Staff Additional Clinical Privileges: Family Medicine Adult Inpatient including Admitting privileges:
Barberousse, Lionel, Jr., MD McIntyre, Jessica, MD
Bradley, Juliet, MD McPherson, Julita, MD
Edoigiawerie, Charles, MD Shah, Ravi, MD
Love, Abigail, MD Smith, Stephanie, MD
Martin, Alfred, MD
Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items
Subject to Approval by the CCHHS Quality and Patient Safety Committee

<table>
<thead>
<tr>
<th>INITIAL APPLICATIONS</th>
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<tbody>
<tr>
<td><strong>Telemedicine Privilege Requests</strong></td>
</tr>
<tr>
<td>Jain, Shelly, MD</td>
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<tr>
<td>Privileges Effective: February 15, 2011 thru February 14, 2013</td>
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<tr>
<td>Montella, Marc, MD</td>
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<tr>
<td>Privileges Effective: February 15, 2011 thru February 14, 2013</td>
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</table>

<table>
<thead>
<tr>
<th>REAPPOINTMENT APPLICATIONS</th>
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<tbody>
<tr>
<td><strong>Department of Family Medicine</strong></td>
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<tr>
<td>Riley, Lori, MD</td>
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<tr>
<td>Reappointment Effective: February 24, 2011 thru February 23, 2013</td>
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<tr>
<td>Sweder, Thomas, MD</td>
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<tr>
<td>Reappointment Effective: March 18, 2011 thru March 17, 2013</td>
</tr>
<tr>
<td><strong>Department of Internal Medicine</strong></td>
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<tr>
<td>Clapp, William D., MD</td>
</tr>
<tr>
<td>Reappointment Effective: March 18, 2011 thru March 17, 2013</td>
</tr>
<tr>
<td>Dorman, James R., MD</td>
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<tr>
<td>Edosomwan, Magnus E., MD</td>
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<tr>
<td>Reappointment Effective: March 15, 2011 thru March 14, 2013</td>
</tr>
<tr>
<td>Patel, Aiyub, MD</td>
</tr>
</tbody>
</table>
# Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

## Initial Appointment Applications

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Montella, Marc, MD</td>
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<td>Privileges Effective:</td>
<td>February 15, 2011 thru February 14, 2013</td>
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</table>

## Reappointment Applications

<table>
<thead>
<tr>
<th>Department of Medicine</th>
<th>Bangayan, Lorraine, M.D.</th>
<th>Reappointment Effective:</th>
<th>Medicine/Cardiology</th>
<th>Active Physician</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Clapp, William, M.D.</td>
<td>Reappointment Effective:</td>
<td>Medicine/Pulmonary &amp; Critical Care</td>
<td>Affiliate Physician</td>
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<tr>
<td></td>
<td>Makar, Emil, M.D.</td>
<td>Reappointment Effective:</td>
<td>Medicine/Long Term Care</td>
<td>Active Physician</td>
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<tr>
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<td>Patel, Aiyub, M.D.</td>
<td>Reappointment Effective:</td>
<td>Medicine/Pulmonary &amp; Critical Care</td>
<td>Affiliate Physician</td>
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<tr>
<td></td>
<td>Hong, Dennis, M.D.</td>
<td>Reappointment Effective:</td>
<td>Medicine/Pulmonary &amp; Critical Care</td>
<td>Visiting Consultant</td>
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<table>
<thead>
<tr>
<th>Department of Radiology</th>
<th>Dave, Nivedita, M.D.</th>
<th>Reappointment Effective:</th>
<th>Radiology</th>
<th>Active Physician</th>
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</thead>
</table>

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QPS Committee Meeting
2/13/2011

Page 5 of 5

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ON FEBRUARY 15, 2011

Page 87 of 87