Minutes of the Annual Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held Friday, July 31, 2015 at the hour of 9:00 A.M. at 1900 West Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. **Attendance/Call to Order**

Chairman Hammock called the meeting to order.

Present: Chairman M. Hill Hammock, Vice Chairman Hon. Jerry Butler and Directors Lewis M. Collens; Ric Estrada; Ada Mary Gugenheim; Emilie N. Junge; Wayne M. Lerner, DPH, LFACHE; Erica E. Marsh, MD, MSCI; Carmen Velasquez; and Dorene P. Wiese (10)

Absent: None (0)

Additional attendees and/or presenters were:

- Cathy Bodnar – Chief Corporate Compliance and Privacy Officer
- Krishna Das, MD - Chief Quality Officer
- Douglas Elwell – Deputy CEO of Finance and Strategy
- Claudia Fegan, MD – Executive Medical Director/Medical Director-Stroger
- Steven Glass – Executive Director of Managed Care
- Randolph Johnston – Associate General Counsel
- Pat Kitchen – McGladrey LLP
- Barbara Pryor – Deputy Chief of Human Resources
- Elizabeth Reidy – System General Counsel
- Deborah Santana – Secretary to the Board
- John Jay Shannon, MD – Chief Executive Officer

II. **Public Speakers**

Chairman Hammock asked the Secretary to call upon the registered public speakers.

The Secretary called upon the following registered public speakers:

1. Dr. Richard David  Physician, John H. Stroger, Jr. Hospital of Cook County
2. Dr. Shrutti Mittal  Resident, John H. Stroger, Jr. Hospital of Cook County
3. Dr. Annamarie Arias  Physician, John H. Stroger, Jr. Hospital of Cook County
4. Dr. Demetra Soter  Physician, John H. Stroger, Jr. Hospital of Cook County
5. Dr. Margo Bell  Physician, John H. Stroger, Jr. Hospital of Cook County
6. Linda Jackson  Parent of Pediatrics patient
7. Dr. Marjorie Fujara  Physician, John H. Stroger, Jr. Hospital of Cook County
8. Pastor Elizabeth Adkins  Pastor, Zaba Enamor Love and Worship Ministry
9. Katrina Ortega  Representative, United Methodist Women
10. Josefina Tercero  Mother, Community Member
11. George Blakemore  Concerned Citizen

Several of the speakers provided testimony in response to a recent news story that reported that the CCHHS administration is considering phasing out its inpatient pediatric unit at Stroger Hospital. Dr. John Jay Shannon, Chief Executive Officer, provided general comments relating to that subject.

Following are Dr. Shannon’s verbatim comments.

*I appreciate the perspective of everyone who has come this morning. I’ll point out a distinction to our last speaker - the mission statement of the organization is to care for the communities that we serve, regardless of their ability to pay; that says nothing about citizenship. Another point is that our organization continues to change; it has been around for more than 180 years, in one way, shape or form, and a lot of things have pleasantly changed in those 180 years. We have improved the circumstances for the communities we serve. As we’re going to continue to discuss in Board Meetings today and to follow, we’ve got to change with that environment.*
I’m a person who trained under Dr. Ron Anderson for 9 years, and I know Dr. Anderson, who died last year, and who was a personal hero of mine, I think of very well. One of the things that Dr. Anderson knew is that you had to get ahead of the curve, and as one of our speakers said, “be the change you wish to see.” We as an organization have a long, proud history as an acute care hospital, running and performing what Dr. Anderson would refer to as “resurrection medicine.” That is the medicine of the past; what we want to be doing in the future is using all the resources—the buildings, revenue support and employees that we have to improve in the best way possible for all of the communities we serve, and for all the ages and distributions of illnesses that we see, in the best way that we can. Increasingly that future is an ambulatory future. It is a future that is aligning the resources we have as a provider of health care. As the managers of a growing Medicaid health plan, we have the ability to touch more, not fewer, people than we have historically ever done. It is a correctional health system that allows us to interdict early with people who have problems with behavioral health and substance abuse, and it is in the community, not based on the “mother ship” strategy.

I am a pulmonary critical care doctor and an intensivist. And I appreciate and I know the critical nature of highly specialized acute care services—I’ve done them all my life. But I also know that the future of our health system is in the community, and it is linking evidence-based practices to improve the public health, reduce the likelihood that a person gets pregnant when she doesn’t want to be, to reduce the likelihood that the woman doesn’t carry to term, and thus to reduce the likelihood that she delivers a small, critically ill child. That is where we’re going to be putting the resources of this organization going forward. I want to emphasize that, contrary to what has been published, the organization has made no recommendation to this Board about Pediatric services, and it has made no decisions about Pediatric services. So as we go forward, as we must—we’re going to be responsible fiscal stewards and responsible proponents of the communities of residents of the County that we serve.

III. Employee Recognition
This item was taken out of order and was considered prior to the presentation of public testimony.

Dr. Shannon recognized employees for outstanding achievements. Details and additional information is included in Attachment #8 - Report from the Chief Executive Officer.

IV. Annual Meeting Business
A. Election of Chairman of the CCHHS Board of Directors

Chairman Hammock opened the floor for nominations for Chairman of the CCHHS Board of Directors.

Vice Chairman Butler, seconded by Director Collens, moved to nominate M. Hill Hammock as Chairman of the Board. As there were no further nominations, the floor was closed. A voice vote was taken to approve the election of M. Hill Hammock as Chairman and the MOTION CARRIED UNANIMOUSLY.
IV. Annual Meeting Business (continued)

B. Election of Vice-Chairman of the CCHHS Board of Directors

Chairman Hammock opened the floor for nominations for Vice Chairman of the CCHHS Board of Directors.

Director Junge, seconded by Director Lerner, moved to nominate Jerry Butler as Vice Chairman of the Board. As there were no further nominations, the floor was closed. A voice vote was taken to approve the election of Jerry Butler as Vice Chairman and the MOTION CARRIED UNANIMOUSLY.

V. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, June 26, 2015

Director Lerner, seconded by Director Estrada, moved the approval of the Minutes of the Board of Directors Meeting of June 26, 2015. THE MOTION CARRIED UNANIMOUSLY.

B. Quality and Patient Safety Committee Meeting, July 21, 2015

i. Metrics (Attachment #1)

ii. Meeting Minutes
   - Medical Staff Appointments/Reappointments/Changes

Director Gugenheim presented the Meeting Minutes and reviewed the Metrics with Dr. Krishna Das, Chief Quality Officer. The Board reviewed and discussed the information.

Director Gugenheim, seconded by Director Lerner, moved the approval of the Minutes of the Quality and Patient Safety Committee Meeting of July 21, 2015. THE MOTION CARRIED UNANIMOUSLY.

C. Managed Care Committee Meeting, July 23, 2015

i. Metrics (Attachment #2)

ii. Meeting Minutes

Director Lerner presented the Meeting Minutes and reviewed the Metrics with Steven Glass, Executive Director of Managed Care. The Board reviewed and discussed the information.

Director Wiese inquired whether metrics can be provided relating to the average number of days to appointment. Mr. Glass stated that that might be a better metric to track on the operations side, rather than on the Health Plan side; however, he noted that there are some Medicaid requirements relating to accessibility that could provide that type of data for the Health Plan. He stated that he and staff will look further into that subject.

Director Lerner, seconded by Vice Chairman Butler, moved the approval of the Minutes of the Managed Care Committee Meeting of July 23, 2015. THE MOTION CARRIED UNANIMOUSLY.
V. Board and Committee Reports (continued)

D. Audit and Compliance Committee Meeting, July 23, 2015
   i. Metrics (Attachment #3)
   ii. Meeting Minutes
      - CCHHS Audited Financial Statements, for the year ended November 30, 2014
      - Cook County Single Audit Report on Federal Awards, for the fiscal year ended November 30, 2014

Director Velasquez presented the Meeting Minutes and reviewed the Metrics with Cathy Bodnar, Chief Corporate Compliance and Privacy Officer. The Board reviewed and discussed the information.

Ms. Bodnar noted that later today each Board Member will receive notice and instructions for the Accounting of Disclosures filing that will need to be completed before the end of August.

Director Marsh, seconded by Director Junge, moved the approval of the Minutes of the Audit and Compliance Committee Meeting of July 23, 2015. THE MOTION CARRIED UNANIMOUSLY.

E. Human Resources Committee Meeting, July 24, 2015
   i. Metrics (Attachment #4)
   ii. Meeting Minutes
      - Approval of negotiated wages and healthcare changes for:
        - American Federation of State, County and Municipal Employees (AFSCME), representing employees in the Cook County Health Facilities
        - House Staff Association of Cook County, representing post-graduate level house staff physicians, dentists, residents, interns and fellows
        - National Nurses Organizing Committee, representing registered nurses in the Cook County Health Facilities, Juvenile Temporary Detention Center (JTDC) and the Department of Public Health
        - Service Employees International Union, Local 20 CTW/CLC (SEIU Local 20 Doctors Council), representing physicians, psychologists and dentists in the Cook County Health Facilities

Director Wiese presented the Meeting Minutes and reviewed the Metrics with Barbara Pryor, Deputy Chief of Human Resources. The Board reviewed and discussed the information. It was noted that the four (4) Collective Bargaining Agreement-related matters would be discussed in the Board’s closed meeting; any action on those items will take place following the adjournment of the closed meeting.

Director Wiese, seconded by Director Junge, moved the approval of the Minutes of the Human Resources Committee Meeting of July 24, 2015, with the exception of the four (4) collective bargaining agreement-related matters included in the Minutes, which will be considered following the adjournment of the closed meeting. THE MOTION CARRIED UNANIMOUSLY.
V. Board and Committee Reports

E. Human Resources Committee Meeting, July 24, 2015 (continued)

Following the adjournment of the closed meeting, the following motion was made.

Director Wiese, seconded by Director Marsh, moved to approve the negotiated wages and healthcare changes for the American Federation of State, County and Municipal Employees (AFSCME), representing employees in the Cook County Health Facilities; the House Staff Association of Cook County, representing post-graduate level house staff physicians, dentists, residents, interns and fellows; the National Nurses Organizing Committee, representing registered nurses in the Cook County Health Facilities, Juvenile Temporary Detention Center (JTDC) and the Department of Public Health; and the Service Employees International Union, Local 20 CTW/CLC (SEIU Local 20 Doctors Council), representing physicians, psychologists and dentists in the Cook County Health Facilities. THE MOTION CARRIED UNANIMOUSLY.

F. Finance Committee Meeting, July 24, 2015
i. Metrics (2nd Quarter FY2015 Financials) (Attachment #5)
   ii. Meeting Minutes
     • Contracts and Procurement Items (detail was provided as an attachment to the Board Agenda)

Director Collens presented the Meeting Minutes and reviewed the metrics with Douglas Elwell, Deputy Chief Executive Officer of Finance and Strategy. The Board reviewed and discussed the information.

Director Collens, seconded by Director Wiese, moved the approval of the Contracts and Procurement Items contained within the Minutes of the Finance Committee Meeting of July 24, 2015. THE MOTION CARRIED UNANIMOUSLY.

During the discussion of the Metrics, Director Wiese inquired regarding the number of employees that CCHHS has under contract; she noted that this is an additional personnel cost that is not reflected in the expenses under salaries and wages.

Director Marsh requested that the Board receive an overview of the Cook County Department of Public Health grant infrastructure at a future meeting; the overview should include information on the grants that they have historically received and what they are currently working on obtaining, so the Board can understand what their needs are.

Director Marsh, seconded by Director Estrada, moved the approval of the Minutes of the Finance Committee Meeting of July 24, 2015. THE MOTION CARRIED UNANIMOUSLY.
VI. **Action Items**

A. **Appointment / Reappointment of Stroger Hospital Department Chairs** (Attachment #6)

Dr. Claudia Fegan, Executive Medical Director/Medical Director-Stroger, provided an overview of the item presented for the Board’s consideration. The Bylaws of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County require that Stroger Hospital Department Chair appointments and reappointments be approved by the Board; reappointments are to be approved every two (2) years. Going forward, when these Chairs are reappointed for their membership to the Medical Staff, included in that process will be their reappointment for their titles as Department Chair.

Director Lerner, seconded by Director Estrada, moved the approval of the proposed appointments and reappointments of Stroger Hospital Department Chairs. THE MOTION CARRIED UNANIMOUSLY.

B. **Contracts and Procurement Items**

There were no contracts and procurement items presented directly to the Board for its consideration.

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

VII. **Report from Chairman of the Board**

A. **Quarterly report - 2015 Board and Committee Topics Calendar (August through October 2015)** (Attachment #7)

Chairman Hammock indicated that the quarterly report of the 2015 Board and Committee Topics Calendar for the period of August through October 2015 is included in the meeting materials.

VIII. **Report from Chief Executive Officer** (Attachment #8)

Dr. Shannon provided an update on several subjects; detail is included in Attachment #8.

A. **Strategic Plan Update**

Dr. Shannon and Mr. Elwell provided an update on Strategic Planning, regarding initial plans to enhance the services provided and improve CCHHS’ competitive position on the south side of Chicago. Details on the update are included in Attachment #9.
IX. **Closed Meeting Items**

A. **Claims and Litigation**

B. **Discussion of personnel matters**

C. **Minutes of the Quality and Patient Safety Committee Meeting, July 21, 2015**

D. **Minutes of the Audit and Compliance Committee Meeting, July 23, 2015**
   - CCHHS Audited Financial Statements, for the year ended November 30, 2014

E. **Minutes of the Human Resources Committee Meeting, July 24, 2015**

F. **Appointment / Reappointment of Stroger Hospital Department Chairs**

Director Collens, seconded by Director Butler, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act:

- **5 ILCS 120/2(c)(1)**, regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,”
- **5 ILCS 120/2(c)(2)**, regarding “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,”
- **5 ILCS 120/2(c)(11)**, regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,”
- **5 ILCS 120/2(c)(12)**, regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,”
- **5 ILCS 120/2(c)(17)**, regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body,”
- **5 ILCS 120/2(c)(29)**, regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

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

- **Yeas:** Chairman Hammock, Vice Chairman Butler and Directors Collens, Estrada, Gugenheim, Junge, Marsh, Velasquez and Wiese (9)
- **Nays:** None (0)
- **Absent:** Director Lerner (1)

**THE MOTION CARRIED UNANIMOUSLY.**

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

The Board took action on the four (4) Collective Bargaining Agreement-related matters under Agenda Item V(E) following the adjournment of the closed meeting.
IX. **Adjourn**

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

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

XXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary
ATTACHMENT #1
## Board Quality Dashboard

### CCHHS QPS Committee Dashboard

**Data as of 07/13/2015**

<table>
<thead>
<tr>
<th>PERFORMANCE MEASURES</th>
<th>CY 2014</th>
<th>CY 2015</th>
<th>TARGET</th>
<th>VARIANCE*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2Q14</td>
<td>3Q14</td>
<td>4Q14</td>
<td>1Q15</td>
</tr>
</tbody>
</table>

### Stronger

**Core Measures**

- Venous Thromboembolism (VTE) Prevention (%)
  - Monthly Composite
  - CY 2014: 80%
  - CY 2015: 83%
  - 2Q15: 84%
  - VARIANCE: -8%

**Efficiency - Operating Room**

- Surgery Begins at the Scheduled Time (%)
  - Monthly %
  - CY 2014: 44%
  - CY 2015: 46%
  - 2Q15: 56%
  - VARIANCE: -28%

### Safety

**Total # of Events**

- Events: Ulcers, Falls, CLABSI and CAUTI
  - CY 2014: 29
  - CY 2015: 22
  - 2Q15: 6
  - VARIANCE: -14%

### Provident

**Core Measures**

- Venous Thromboembolism (VTE) Prevention (%)
  - CY 2014: 90%
  - CY 2015: 98%
  - 2Q15: 95%
  - VARIANCE: -8%

**Efficiency - Operating Room**

- Surgery Begins at the Scheduled Time (%)
  - Monthly %
  - CY 2014: 44.3%
  - CY 2015: 45.7%
  - 2Q15: 70%
  - VARIANCE: -10%

### Patient Experience

**Willing to Recommend Hosp (% top box)**

- CY 2014: 62%
- CY 2015: 66%
- 2Q15: 71%
- VARIANCE: -14%

### ACHN

**Diabetes Control % with Hgb A1C < 9%**

- CY 2014: 73%
- CY 2015: 73%
- 2Q15: 74%
- VARIANCE: -4%

**Patient Experience: Moving Through Visit**

- CY 2014: 68%
- CY 2015: 68%
- 2Q15: 68%
- VARIANCE: -16%

**Patient Experience: Telephone Access**

- CY 2014: 60%
- CY 2015: 62%
- 2Q15: 64%
- VARIANCE: -18%

**Legend**

- CLABSI: Central line-associated blood stream infections
- CAUTI: Catheter-associated urinary tract infections
- VARIANCE: Target to recent full quarter
ATTACHMENT #2
CountyCare Report

Prepared for: CCHHS BOD of Directors Metrics Report

**Revised**

Steven Glass, Executive Director, Managed Care

July 31, 2015
### Key Measures

<table>
<thead>
<tr>
<th>Monthly Membership</th>
<th>Apr'15</th>
<th>May'15</th>
<th>Jun'15</th>
<th>Jul'15</th>
<th>Change From Prior Month</th>
<th>Trend</th>
<th>FYTD'15 Budget or Goal</th>
<th>% to Budget/Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA</td>
<td>179,393</td>
<td>183,415</td>
<td>176,570</td>
<td>172,873</td>
<td>-2.1%</td>
<td>↓</td>
<td>156,070</td>
<td>110.8%</td>
</tr>
<tr>
<td>FHP</td>
<td>92,270</td>
<td>90,491</td>
<td>88,508</td>
<td>82,058</td>
<td>-3.7%</td>
<td>↓</td>
<td>76,619</td>
<td>107.1%</td>
</tr>
<tr>
<td>SPD</td>
<td>84,324</td>
<td>90,140</td>
<td>87,949</td>
<td>82,058</td>
<td>-0.6%</td>
<td>↓</td>
<td>74,506</td>
<td>118.0%</td>
</tr>
<tr>
<td>Change</td>
<td>2,799</td>
<td>2,784</td>
<td>2,816</td>
<td>2,866</td>
<td>1.8%</td>
<td>↑</td>
<td>4,945</td>
<td>58.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FYTD Member Months</th>
<th>Apr'15</th>
<th>May'15</th>
<th>Jun'15</th>
<th>Jul'15</th>
<th>Change From Prior Month</th>
<th>Trend</th>
<th>FYTD'15 Budget or Goal</th>
<th>% to Budget/Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACA</td>
<td>643,490</td>
<td>826,905</td>
<td>1,003,475</td>
<td>1,176,348</td>
<td>-4.1%</td>
<td>↓</td>
<td>1,158,563</td>
<td>101.5%</td>
</tr>
<tr>
<td>FHP</td>
<td>415,493</td>
<td>505,984</td>
<td>591,230</td>
<td>673,288</td>
<td>10.8%</td>
<td>↑</td>
<td>642,478</td>
<td>104.8%</td>
</tr>
<tr>
<td>SPD</td>
<td>217,417</td>
<td>307,557</td>
<td>396,065</td>
<td>484,014</td>
<td>10.8%</td>
<td>↑</td>
<td>482,530</td>
<td>100.3%</td>
</tr>
<tr>
<td>Change</td>
<td>10,580</td>
<td>13,364</td>
<td>16,180</td>
<td>19,046</td>
<td>10.8%</td>
<td>↑</td>
<td>33,556</td>
<td>58.0%</td>
</tr>
</tbody>
</table>

### Risk Management

**Pharmacy**

- # Scripts filled: 177,742 (11,161)
- % Utilizing Members: 29% (0.0%)
- # Scripts/Utilizer: 3.40 (0.12)
- % Generic dispensing: 83% (0.8%)
- % Brand Single Source: 16% (1.5%)
- % Formulary: 98% (4.7%)
- % CCHHS HIV pt meds @ CCHHS pharmacy: 36.7% (8.4%)
- % Maintenance Rx on Extended Supply (>84 days): 18.0% (0.0%)

### Care Management

**PCMH Assignment**

- % Members Assigned to PCMH: 96.7% (0.2%)
- % Members Unassigned: 3.3% (0.2%)

**ACA Utilization Management (rolling 12 month)**

- Admits/1,000 member months: 167 (3)
- Bed Days/1,000 member months: 740 (16)
- ALOS: 4.4 (4.4)
- ED Visits/1,000 member months: 967 (9)
- % 30-day Readmissions: 21% (1%)

### ACA CCHHS Utilization (since 7/1/2014)

<table>
<thead>
<tr>
<th>FY'15 Q1* (N=308,765)</th>
<th>FY'15 Q2* (N=319,221)</th>
<th>FY'14 Q4 Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room</td>
<td>17.1%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Hospital Inpatient</td>
<td>9.8%</td>
<td>10.9%</td>
</tr>
<tr>
<td>Hospital Outpatient</td>
<td>27.8%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Other Medical</td>
<td>0.7%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Primary Care</td>
<td>36.6%</td>
<td>39.8%</td>
</tr>
<tr>
<td>Specialist</td>
<td>10.7%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Total</td>
<td>18.0%</td>
<td>19.1%</td>
</tr>
</tbody>
</table>

### Operations

**Call Center**

- Abandonment rate: 1.4% (0.5%)
- Hold time: 00:00:27 (00:00:04)
- Average speed to answer: 00:00:14 (00:00:10)

**Key Measures:**

- Data incomplete pending claims run-out.

**Key:**

- >= Goal
- Within 1% of Goal
- Within 5% of Goal
- < 5% of Goal
- Yes
- No
BOARD OF DIRECTORS
METRICS REPORT

Corporate Compliance
July 31, 2015
Reactive Corporate Compliance Issues
Comparison of First 6 Months F-YTD to F-YTD
(December 1, 2014 – May 31, 2015)

371^1 Reactive Corporate Compliance Issues raised in the first 6 months of FY 2015

Category Count^1
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIPAA</td>
<td>161</td>
</tr>
<tr>
<td>Human Resources</td>
<td>44</td>
</tr>
<tr>
<td>Regulatory/Policy</td>
<td>32</td>
</tr>
<tr>
<td>Accurate Books</td>
<td>28</td>
</tr>
<tr>
<td>False Claims</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>56</td>
</tr>
<tr>
<td>Conflict of Interest</td>
<td>25</td>
</tr>
<tr>
<td>Research</td>
<td>3</td>
</tr>
<tr>
<td>HC Fraud</td>
<td>14</td>
</tr>
<tr>
<td>False Claims</td>
<td>2%</td>
</tr>
<tr>
<td>Regulatory/Policy</td>
<td>9%</td>
</tr>
<tr>
<td>Other</td>
<td>15%</td>
</tr>
<tr>
<td>Human Resources</td>
<td>12%</td>
</tr>
<tr>
<td>Accurate Books</td>
<td>7%</td>
</tr>
<tr>
<td>HIPAA</td>
<td>43%</td>
</tr>
</tbody>
</table>

^1 This is a total count of new issues raised to Corporate Compliance. Not all issues are validated/substantiated.
Detailed Review of Recent HIPAA Issues

F-YTD 43% or 161 Issues Attributed to HIPAA

Of the 161 HIPAA Issues, 15% or 24 incidents were validated privacy breaches (7% of the total corporate compliance issues)

- **Privacy**:
  - Incidents: 18
  - Individuals: 20

- **Security**:
  - Incidents: 6
  - Individuals: 11

- **Other Privacy Issues**: 6

December 2014 – May 31, 2015
Breach Reporting Process

- Breach Validated
- Corrective Actions
- Notification
- Follow Up

External

- To affected individual(s)
- To the Secretary of the Department of Health & Human Services

Internal

- Breach Reporting Process
- Validated
- Corrective Actions
- Notification
- Follow Up

Operations

- Office for Civil Rights
- Individuals

In certain circumstances,
- Media notification; and
- Posting on our website

To affected individual(s)

To the Secretary of the Department of Health & Human Services
Putting CCHHS in Perspective

US Department of Health & Human Services Breaches Affecting 500 or More Individuals
October 21, 2009 – July 3, 2015

Highest Number of Individuals Affected – All Covered Entities

<table>
<thead>
<tr>
<th>Name of Covered Entity</th>
<th>State</th>
<th>Covered Entity Type</th>
<th>Individuals Affected</th>
<th>Breach Submission Date</th>
<th>Type of Breach</th>
<th>Location of Breached Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anthem, Inc. Affiliated Covered Entity</td>
<td>IN</td>
<td>Health Plan</td>
<td>78,800,000</td>
<td>03/13/2015</td>
<td>Hacking/IT Incident</td>
<td>Network Server</td>
</tr>
<tr>
<td>Premera Blue Cross</td>
<td>WA</td>
<td>Health Plan</td>
<td>11,000,000</td>
<td>03/17/2015</td>
<td>Hacking/IT Incident</td>
<td>Network Server</td>
</tr>
<tr>
<td>Science Applications International Corporation (SA)</td>
<td>VA</td>
<td>Business Associate</td>
<td>4,900,000</td>
<td>11/04/2011</td>
<td>Loss</td>
<td>Other</td>
</tr>
<tr>
<td>Community Health Systems Professional Services Corporation</td>
<td>TN</td>
<td>Business Associate</td>
<td>4,500,000</td>
<td>08/20/2014</td>
<td>Theft</td>
<td>Network Server</td>
</tr>
<tr>
<td>Advocate Health and Hospitals Corporation, d/b/a Advocate Medical Group</td>
<td>IL</td>
<td>Healthcare Provider</td>
<td>4,029,530</td>
<td>08/23/2013</td>
<td>Theft</td>
<td>Desktop Computer</td>
</tr>
</tbody>
</table>

Highest Number of Individuals Affected – Healthcare Providers Only

<table>
<thead>
<tr>
<th>Name of Covered Entity</th>
<th>State</th>
<th>Covered Entity Type</th>
<th>Individuals Affected</th>
<th>Breach Submission Date</th>
<th>Type of Breach</th>
<th>Location of Breached Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate Health and Hospitals Corporation, d/b/a Advocate Medical Group</td>
<td>IL</td>
<td>Healthcare Provider</td>
<td>4,029,530</td>
<td>08/23/2013</td>
<td>Theft</td>
<td>Desktop Computer</td>
</tr>
<tr>
<td>The Nemours Foundation</td>
<td>FL</td>
<td>Healthcare Provider</td>
<td>1,055,489</td>
<td>10/07/2011</td>
<td>Loss</td>
<td>Other</td>
</tr>
<tr>
<td>Sutter Medical Foundation</td>
<td>AL</td>
<td>Healthcare Provider</td>
<td>943,434</td>
<td>11/17/2011</td>
<td>Theft</td>
<td>Desktop Computer</td>
</tr>
<tr>
<td>AHMC Healthcare Inc. and affiliated Hospitals</td>
<td>CA</td>
<td>Healthcare Provider</td>
<td>729,000</td>
<td>10/25/2013</td>
<td>Theft</td>
<td>Laptop</td>
</tr>
<tr>
<td>EISENHOWER MEDICAL CENTER</td>
<td>CA</td>
<td>Healthcare Provider</td>
<td>514,333</td>
<td>03/30/2011</td>
<td>Theft</td>
<td>Desktop Computer</td>
</tr>
</tbody>
</table>

https://ocrportal.hhs.gov/ocr/breach/breach_report.jsf
Questions?
Ethics Obligations - Surveys

Cook County Requirement

Statement of Economic Interest Filing
Expected Roll Out: Soon
Due Date: May 1st

CCHHS Requirement

Accounting of Disclosures Filing
Roll Out: May Now!
Due Date: June August 31, 2015
ATTACHMENT #4
Internal & External Vacancies Filled

<table>
<thead>
<tr>
<th></th>
<th>Dec</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total CCHHS Vacant Positions</td>
<td>1084</td>
<td>1018</td>
<td>1066</td>
<td>1108</td>
<td>1064</td>
<td>1048</td>
<td>1018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total RTHs In HR</td>
<td>913</td>
<td>744</td>
<td>734</td>
<td>830</td>
<td>844</td>
<td>844</td>
<td>753</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Positions in Development</td>
<td>171</td>
<td>274</td>
<td>332</td>
<td>278</td>
<td>220</td>
<td>204</td>
<td>265</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>External Vacancies Filled</td>
<td>48</td>
<td>66</td>
<td>53</td>
<td>34</td>
<td>74</td>
<td>54</td>
<td>114</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(266)
FY15 Separations and Hires

Net New (111)

Separations by Month (332)  FY15 External Hires (443)  FY15 Internal Candidates (266)
## FY15 HR Goal: Improve/Reduce Average Time to Hire

**Budget to Recruiting average of 30 Days**

<table>
<thead>
<tr>
<th>FY15 Goals:</th>
<th>2014 Actual</th>
<th>2015 Target</th>
<th>Dec Actual</th>
<th>Jan Actual</th>
<th>Feb Actual</th>
<th>Mar Actual</th>
<th>Apr Actual</th>
<th>May Actual</th>
<th>June Actual</th>
<th>YTD Avg</th>
<th>YTD Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>a Average # of days from Request to Hire approval to Posting Open</td>
<td>91</td>
<td>30</td>
<td>80</td>
<td>48</td>
<td>73</td>
<td>51</td>
<td>19</td>
<td>9</td>
<td>10</td>
<td>36</td>
<td>20%</td>
</tr>
<tr>
<td>b Average # of posting days</td>
<td>14</td>
<td>14</td>
<td>13</td>
<td>9</td>
<td>12</td>
<td>13</td>
<td>13</td>
<td>12</td>
<td>12</td>
<td>-14%</td>
<td></td>
</tr>
<tr>
<td>c Average # of days from Posting Close to Interview Referral</td>
<td>28</td>
<td>25</td>
<td>33</td>
<td>22</td>
<td>27</td>
<td>30</td>
<td>33</td>
<td>24</td>
<td>27</td>
<td>28</td>
<td>12%</td>
</tr>
<tr>
<td>d Average # of days from Interview Referral to Decision to Hire to HR, (Interview/Selection)</td>
<td>29</td>
<td>40</td>
<td>29</td>
<td>23</td>
<td>32</td>
<td>28</td>
<td>40</td>
<td>27</td>
<td>31</td>
<td>30</td>
<td>-25%</td>
</tr>
<tr>
<td>e Average # of days from decision to hire until actual Hire Date. Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.</td>
<td>41</td>
<td>30</td>
<td>55</td>
<td>49</td>
<td>51</td>
<td>52</td>
<td>46</td>
<td>51</td>
<td>47</td>
<td>49</td>
<td>63%</td>
</tr>
<tr>
<td>f Average # of days from Request to Hire to Hire Date</td>
<td>203</td>
<td>139</td>
<td>209</td>
<td>151</td>
<td>195</td>
<td>168</td>
<td>151</td>
<td>125</td>
<td>127</td>
<td>155</td>
<td>11%</td>
</tr>
</tbody>
</table>

**Posting End**
- **30 Days**
  - "a"- Draft Posting
- **14 Days**
  - "b"- Posting Period
- **25 Days**
  - "c"- Validation
- **40 Days**
  - "d"- Interview Selection
- **30 Days**
  - "e"- External Offer / Onboard

**Candidate List sent to department**

**Decision to hire from department to HR**

**Hire date**

**Goal: Within 10% of target**

**Benchmark: 58**

**Data source:** TLNT The Business of HR

http://www.tln.com/2014/08/14/employers-find-that-time-to-fill-job-rates-are-growing-hit-13-year-high/
ATTACHMENT #5
## Finance Dashboard: July 2015

### Key Measures

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>Change From Prior Period</th>
<th>FYTD’15 Budget or Goal</th>
<th>% to Budget or Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Days in Patient Accounts Receivable (Net)</strong>*</td>
<td>48</td>
<td>37</td>
<td>28</td>
<td>-24.3%↓</td>
<td>49.8</td>
<td>-43.8%</td>
</tr>
<tr>
<td><strong>Days Cash on Hand</strong></td>
<td>50</td>
<td>96</td>
<td>79</td>
<td>-17.7%↓</td>
<td>197.6</td>
<td>-60.0%</td>
</tr>
<tr>
<td><strong>Days Expense in Accounts and Claims Payable</strong></td>
<td>36</td>
<td>42</td>
<td>61</td>
<td>45.2%↑</td>
<td>63.4</td>
<td>-3.8%</td>
</tr>
<tr>
<td><strong>Overtime as Percentage of Gross Salary</strong></td>
<td>8.2%</td>
<td>8.3%</td>
<td>8.3%</td>
<td>0.0% =</td>
<td>5.0%</td>
<td>3.3%</td>
</tr>
<tr>
<td><strong>CareLink/Charity Write-offs (at cost)</strong>**</td>
<td>$ 125,417,828</td>
<td>$ 86,732,811</td>
<td>$ 103,069,656</td>
<td>18.8%↑</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Bad Debt Expense (at cost)</strong></td>
<td>$ 154,421,679</td>
<td>$ 83,982,939</td>
<td>$ 79,736,746</td>
<td>5.1%↓</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Inpatient Days (monthly average)</strong></td>
<td>9,225</td>
<td>8,752</td>
<td>8,200</td>
<td>-6.3%↓</td>
<td>8,315</td>
<td>-1.4%</td>
</tr>
<tr>
<td><strong>Outpatient Clinic Registrations (monthly average)</strong></td>
<td>80,989</td>
<td>78,021</td>
<td>76,411</td>
<td>-2.1%↓</td>
<td>85,824</td>
<td>-11.0%</td>
</tr>
<tr>
<td><strong>Emergency Room Visits (monthly average)</strong></td>
<td>14,261</td>
<td>12,887</td>
<td>12,143</td>
<td>-5.8%↓</td>
<td>12,887</td>
<td>-5.8%</td>
</tr>
<tr>
<td><strong>FTEs per Adjusted Occupied Bed (paid)</strong></td>
<td>---</td>
<td>---</td>
<td>7.5</td>
<td>---</td>
<td>4.6</td>
<td>63.0%</td>
</tr>
</tbody>
</table>

# Data through May 2015

^ This represents direct charity care write-offs to gross accounts receivable

* Data above does not include CountyCare information

** Under review for cost to charge changes between years

Source: CCHHS finance
### CCHHS Revenue Summary
#### FY 2013

#### REVENUE:

<table>
<thead>
<tr>
<th></th>
<th>Stroger Hospital</th>
<th>ACHN (Clinics)</th>
<th>OFHC (Oak Forest)</th>
<th>Provident Hospital</th>
<th>Dept of Public Health</th>
<th>Cermak</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Patient Service Revenue</td>
<td>$363,497,948</td>
<td>$150,939,746</td>
<td>(15,039)</td>
<td>$25,225,834</td>
<td>-</td>
<td>-</td>
<td>$539,648,489</td>
</tr>
<tr>
<td>Grant Revenue</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,427,522</td>
<td>-</td>
<td>1,427,522</td>
</tr>
<tr>
<td>EHR Incentive Program Revenue</td>
<td>6,653,988</td>
<td>-</td>
<td>-</td>
<td>1,624,499</td>
<td>-</td>
<td>-</td>
<td>8,278,487</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>4,475,707</td>
<td>633,276</td>
<td>351,316</td>
<td>379,925</td>
<td>6,727,235</td>
<td>5,763</td>
<td>12,573,221</td>
</tr>
<tr>
<td><strong>Total Revenue:</strong></td>
<td><strong>$374,627,643</strong></td>
<td><strong>$151,573,022</strong></td>
<td><strong>$336,277</strong></td>
<td><strong>$27,230,257</strong></td>
<td><strong>$8,154,757</strong></td>
<td><strong>5,763</strong></td>
<td><strong>$561,927,719</strong></td>
</tr>
</tbody>
</table>

#### OPERATING EXPENSES:

<table>
<thead>
<tr>
<th></th>
<th>Stroger Hospital</th>
<th>ACHN (Clinics)</th>
<th>OFHC (Oak Forest)</th>
<th>Provident Hospital</th>
<th>Dept of Public Health</th>
<th>Cermak</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>$370,581,161</td>
<td>$41,897,405</td>
<td>$6,999,848</td>
<td>$32,615,633</td>
<td>$10,697,701</td>
<td>41,308,934</td>
<td>$504,100,682</td>
</tr>
<tr>
<td>Employee Benefits (incl. Pension)</td>
<td>94,814,430</td>
<td>10,955,227</td>
<td>1,670,285</td>
<td>8,393,490</td>
<td>3,943,283</td>
<td>10,940,824</td>
<td>130,717,539</td>
</tr>
<tr>
<td>Supplies</td>
<td>74,504,980</td>
<td>16,300,443</td>
<td>689,063</td>
<td>3,618,002</td>
<td>388,978</td>
<td>2,714,286</td>
<td>98,215,739</td>
</tr>
<tr>
<td>Purchased Svs, Rental &amp; Other</td>
<td>124,777,739</td>
<td>7,099,457</td>
<td>1,738,988</td>
<td>7,895,337</td>
<td>1,013,630</td>
<td>1,684,027</td>
<td>144,209,177</td>
</tr>
<tr>
<td>Claim Expense</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Insurance Expense</td>
<td>17,923,277</td>
<td>2,007,266</td>
<td>316,245</td>
<td>1,527,921</td>
<td>342,943</td>
<td>2,147,416</td>
<td>24,265,069</td>
</tr>
<tr>
<td>Depreciation</td>
<td>28,628,421</td>
<td>787,322</td>
<td>2,467,448</td>
<td>1,910,940</td>
<td>215,440</td>
<td>240,997</td>
<td>34,250,568</td>
</tr>
<tr>
<td>Utilities</td>
<td>8,710,707</td>
<td>207,654</td>
<td>1,575,752</td>
<td>1,313,809</td>
<td>45,578</td>
<td>66,975</td>
<td>11,920,476</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td><strong>$719,940,715</strong></td>
<td><strong>$79,254,774</strong></td>
<td><strong>$15,457,628</strong></td>
<td><strong>$57,275,132</strong></td>
<td><strong>$16,647,554</strong></td>
<td><strong>$59,103,459</strong></td>
<td><strong>$947,679,263</strong></td>
</tr>
</tbody>
</table>

#### GAIN (LOSS) FROM OPERATIONS

<table>
<thead>
<tr>
<th></th>
<th>Stroger Hospital</th>
<th>ACHN (Clinics)</th>
<th>OFHC (Oak Forest)</th>
<th>Provident Hospital</th>
<th>Dept of Public Health</th>
<th>Cermak</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pension Expense</td>
<td>$40,100,842</td>
<td>4,834,387</td>
<td>706,990</td>
<td>3,731,591</td>
<td>2,254,512</td>
<td>2,138,444</td>
<td>5,018,166</td>
</tr>
<tr>
<td><strong>Adjusted Gain (Loss) From Operations</strong></td>
<td><strong>$305,212,230</strong></td>
<td><strong>$77,152,635</strong></td>
<td><strong>(11,414,362)</strong></td>
<td><strong>$26,313,284</strong></td>
<td><strong>$6,238,285</strong></td>
<td><strong>$54,712,252</strong></td>
<td><strong>$329,737,777</strong></td>
</tr>
</tbody>
</table>
# CCHHS Revenue Summary

**FY 2014**

### Stroger Hospital

<table>
<thead>
<tr>
<th>REVENUE:</th>
<th>ACHN (Clinics)</th>
<th>OFHC (Oak Forest)</th>
<th>Provident Hospital</th>
<th>Dept of Public Health</th>
<th>Cermak</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net Patient Service Revenue</td>
<td>$408,809,346</td>
<td>$149,838,748</td>
<td>$82,033</td>
<td>$14,929,439</td>
<td>-</td>
<td>$573,659,565</td>
</tr>
<tr>
<td>Grant Revenue</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1,205,016</td>
<td>-</td>
</tr>
<tr>
<td>EHR Incentive Program Revenue</td>
<td>4,344,337</td>
<td>-</td>
<td>-</td>
<td>436,425</td>
<td>-</td>
<td>4,780,762</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>5,710,833</td>
<td>542,239</td>
<td>237,183</td>
<td>316,298</td>
<td>9,970,360</td>
<td>2,095</td>
</tr>
<tr>
<td><strong>Total Revenue:</strong></td>
<td>$418,864,516</td>
<td>$150,380,986</td>
<td>$319,215</td>
<td>$11,175,376</td>
<td>$2,095</td>
<td>$596,424,350</td>
</tr>
</tbody>
</table>

### OPERATING EXPENSES:

<table>
<thead>
<tr>
<th>Expenses</th>
<th>Stroger Hospital</th>
<th>ACHN (Clinics)</th>
<th>OFHC (Oak Forest)</th>
<th>Provident Hospital</th>
<th>Dept of Public Health</th>
<th>Cermak</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and Wages</td>
<td>$378,203,458</td>
<td>$50,440,665</td>
<td>$8,263,396</td>
<td>$34,234,734</td>
<td>$11,259,512</td>
<td>$42,591,136</td>
<td>$524,992,901</td>
</tr>
<tr>
<td>Employee Benefits (incl. Pension)</td>
<td>98,812,936</td>
<td>13,709,508</td>
<td>1,732,693</td>
<td>9,519,606</td>
<td>2,988,597</td>
<td>11,717,950</td>
<td>138,481,290</td>
</tr>
<tr>
<td>Supplies</td>
<td>78,155,366</td>
<td>19,827,285</td>
<td>653,218</td>
<td>3,196,775</td>
<td>358,363</td>
<td>1,174,643</td>
<td>103,365,652</td>
</tr>
<tr>
<td>Purchased Svs, Rental &amp; Other</td>
<td>135,818,756</td>
<td>3,829,246</td>
<td>1,076,553</td>
<td>7,367,114</td>
<td>840,715</td>
<td>1,283,422</td>
<td>150,215,806</td>
</tr>
<tr>
<td>Claim Expense</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Insurance Expense</td>
<td>14,181,144</td>
<td>1,829,636</td>
<td>239,678</td>
<td>1,392,117</td>
<td>418,432</td>
<td>1,675,842</td>
<td>19,736,849</td>
</tr>
<tr>
<td>Depreciation</td>
<td>26,049,436</td>
<td>2,168,028</td>
<td>2,268,929</td>
<td>1,743,634</td>
<td>15,946</td>
<td>240,754</td>
<td>32,486,728</td>
</tr>
<tr>
<td>Utilities</td>
<td>9,074,026</td>
<td>174,408</td>
<td>1,934,226</td>
<td>1,534,650</td>
<td>73,100</td>
<td>7,499</td>
<td>12,797,909</td>
</tr>
<tr>
<td><strong>TOTAL OPERATING EXPENSES</strong></td>
<td>$740,295,121</td>
<td>$91,978,777</td>
<td>$16,168,693</td>
<td>$58,988,630</td>
<td>$15,954,666</td>
<td>$58,691,248</td>
<td>$982,077,134</td>
</tr>
</tbody>
</table>

### Gain (Loss) From Operations

| Gain (Loss) From Operations     | $ (321,430,605) | $58,402,209 | $(15,849,477) | $(43,306,469) | $(4,779,290) | $(58,689,152) | $(885,662,784) |
| Pension Expense                 | 42,087,713      | 4,867,836   | 732,899          | 3,868,343         | 1,516,935          | 4,877,536 | 57,951,762 |
## CCHHS Revenue Summary
### Through June-2015

<table>
<thead>
<tr>
<th></th>
<th>Stroger Hospital</th>
<th>ACHN (Clinics)</th>
<th>OFHC (Oak Forest)</th>
<th>Provident Hospital</th>
<th>Dept of Public Health</th>
<th>Cermak</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Patient Service Revenue</td>
<td>$241,739,257</td>
<td>$91,754,057</td>
<td>-</td>
<td>$11,152,021</td>
<td>-</td>
<td>-</td>
<td>$344,645,335</td>
</tr>
<tr>
<td>Grant Revenue</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$646,185</td>
<td>-</td>
<td>$646,185</td>
</tr>
<tr>
<td>EHR Incentive Program Revenue</td>
<td>$4,092,802</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$4,092,802</td>
</tr>
<tr>
<td>Other Revenue</td>
<td>$4,651,532</td>
<td>$206,344</td>
<td>$107,668</td>
<td>$60,580</td>
<td>$293,337</td>
<td>$163</td>
<td>$5,319,624</td>
</tr>
<tr>
<td><strong>Total Revenue:</strong></td>
<td>$250,483,591</td>
<td>$91,960,401</td>
<td>$107,668</td>
<td>$11,212,601</td>
<td>$939,522</td>
<td>$163</td>
<td>$354,703,946</td>
</tr>
</tbody>
</table>

|                     |                  |                |                   |                    |                       |        |             |
| **OPERATING EXPENSES:** |                  |                |                   |                    |                       |        |             |
| Salaries and Wages  | $218,020,067     | $28,813,660    | $4,120,740        | $19,985,578        | $4,904,534            | $26,562,762 | $302,407,341|
| Employee Benefits (incl. Pension) | $58,788,513 | $8,050,434    | $1,015,835        | $5,652,385         | $1,889,427         | $6,971,709  | $82,368,303 |
| Supplies            | $39,749,794      | $12,351,143    | $315,648          | $2,509,105         | $23,922              | $7,229,090  | $62,178,702 |
| Purchased Svs, Rental & Other | $75,482,394 | $1,803,473   | $363,810          | $2,888,488         | $385,659             | $852,647    | $81,776,471 |
| Claim Expense       | $10,500,000      | -              | -                 | -                  | -                    | -        | $10,500,000 |
| Insurance Expense   | $7,283,866       | $950,913       | $124,567          | $723,522           | $217,471             | $870,982    | $10,171,321 |
| Depreciation        | $14,983,403      | $424,490       | $1,249,436        | $1,023,086         | $9,302               | $140,440   | $17,830,157 |
| Utilities           | $3,786,197       | $81,861        | $860,902          | $741,721           | $125,877             | $1,616     | $5,598,174  |
| **TOTAL OPERATING EXPENSES** | $428,594,234 | $52,475,974   | $8,050,938        | $33,523,885        | $7,556,192           | $42,629,246 | $572,830,469 |

|                     |                  |                |                   |                    |                       |        |             |
| **GAIN (LOSS) FROM OPERATIONS** |                  |                |                   |                    |                       |        |             |
| Pension Expense     | $24,551,166      | $2,816,765     | $427,524          | $2,256,534         | $884,879              | $834,530  | $33,781,358 |
| Adjusted Gain (Loss) From Operations | $(153,559,477) | $42,301,192   | $(7,515,746)      | $(20,054,750)      | $(5,731,791)         | $(39,783,853) | $(184,344,425) |

**Page 32 of 44**
ATTACHMENT #6
Meeting of the Cook County Health and Hospitals System  
July 31, 2015  
Back-Up Material for Item No. VI.A, Appointment/Reappointment of Stroger Hospital Department Chairs

Respectfully requesting approval of the following:

Appointment of the following individuals as Department Chairs of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/Appt Term</th>
<th>Title</th>
</tr>
</thead>
</table>
| Alexander, Jorelle, MD | Oral Health  
8/10/2014 - 3/13/2017 | Chair |
| Bokhari, Faran, MD  | Trauma & Burn Services  
7/28/2013 - 6/20/2016 | Chair |
| Loafman, Mark MD   | Family & Community Medicine  
3/9/2015 - 3/17/2017 | Chair |
| Mathew, Suja, MD   | Medicine  
6/28/2015 - 10/17/16 | Chair |
| Mennella, Concetta, MD | Correctional Health  
5/4/2014 - 6/17/2017 | Chair |
| Pisaneschi, Mark, MD | Radiology  
6/16/2013 - 6/17/2017 | Chair |

Re-Appointment of the following individuals as Department Chairs of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department/ReAppt Term</th>
<th>Title</th>
</tr>
</thead>
</table>
| Keen, Richard, MD | Surgery  
12/15/14 – 12/15/2016 | Chair |
| Linn, Edward, MD  | Obstetrics & Gynecology  
05/20/14 – 05/20/2016 | Chair |
| Schaider, Jeff, MD | Emergency Medicine  
02/20/14 – 02/20/21/16 | Chair |
| Voronov, Gennadiy, MD | Anesthesiology & Pain Management  
06/30/15 – 06/30/17 | Chair |

**APPROVED**

Chair  
JUL 31 2015

By Board of Directors of the Cook County Health and Hospitals System

REVISION 44
<table>
<thead>
<tr>
<th>2015 Board and Committee Topics Calendar</th>
<th>Aug-15</th>
<th>Sep-15</th>
<th>Oct-15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HR</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Finance</strong></td>
<td>contract oversight</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>QPS</strong></td>
<td>Environment of Care and Nursing Indicators (OR redesign)</td>
<td>Provident QAPI and Public Health</td>
<td>Stroger QAPI</td>
</tr>
<tr>
<td><strong>Audit &amp; Compliance</strong></td>
<td>CountyCare Compliance Annual Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Managed Care</strong></td>
<td>Report - 1st year CountyCare Fraud/Waste/Abuse; Grievances/Appeals</td>
<td>Innovation</td>
<td></td>
</tr>
<tr>
<td><strong>Board Focus with metrics</strong></td>
<td>Quality and Safety/VBP including readmissions</td>
<td>Managed Care</td>
<td>3rd Qtr. (Fiscal) Financials, Capital Asset Management</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Human Resources</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Audit and Compliance - CountyCare Compliance Annual Report</td>
</tr>
<tr>
<td></td>
<td>Budget FY 2016</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Board education</strong></td>
<td>Medical staff organization and Peer Review (Fegan)</td>
<td>Nursing services (Therady)</td>
<td>IT (Hart)</td>
</tr>
<tr>
<td><strong>Board activity</strong></td>
<td>FY 2016 proposed budget approval</td>
<td>Review results of Accounting of Disclosures Survey</td>
<td>Board - topics calendar distribution</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Board - Meeting Attendance document</td>
</tr>
</tbody>
</table>
Recognition

- As reported last month, CCHHS has graduated its fourth Leadership Development class. Nine individuals representing CCHHS’ next generation of leaders completed 12 weeks of trainings and workshops which concluded with the presentation of their Capstone projects on June 16th. Congratulations to:
  
  - Beverly Alexander, Nurse Coordinator II, Provident Hospital
  - Carmelita Coronel, Nurse Coordinator, CORE Center
  - Monica Horton-Harris, Senior Human Resources Coordinator, Oak Forest Health Center
  - Jillyan Iwinski, Director of respiratory therapy, Stroger Hospital
  - Thankamma Kuriakose, PCMH Coordinator, ACHN
  - Sukhraj Mudahar, Clinical Pharmacy manager, Stroger Hospital
  - Beena Philip, Nurse Coordinator II, Stroger Hospital
  - Tunisia Pinkley, Director of Radiology, Provident Hospital
  - Bincy Poothurail, Nurse Coordinator, Stroger Hospital

- CCHHS Assistant General Counsel, Jessica Pipersburgh, recently completed a fellowship program through the University of Chicago's Civic Leadership Academy. The Civic Leadership Academy is an interdisciplinary leadership development program for emerging high-potential leaders in nonprofit organizations and local government agencies within the City of Chicago and Cook County. Developed by the University's Office of Civic Engagement in partnership with LISC Chicago and the Civic Consulting Alliance, with funding from the Searle Funds at The Chicago Community Trust, the program is designed to develop a pipeline of talented leaders to help nonprofits and government agencies thrive.

Activities and Announcements

- This week marked the 50th Anniversary of the Medicare and Medicaid program, a pivotal milestone in national health policy. From humble roots as programs tied structurally to “welfare” benefits, Medicare and Medicaid have evolved into crucial health coverage for low-income families, persons with disabilities and the elderly and continue to serve a major role in our country.

  Today, approximately 1 in 3 Americans (more than 120 million individuals) receive health coverage through Medicare or Medicaid. In Illinois, 1.9 million individuals are covered by Medicare and 3.1 million are served through Medicaid and CHIP. While the finances of these programs are calculable,
what cannot be measured is the just as real human impact of ensuring access to care for our nation’s most vulnerable populations.

In 1940, only 9 percent of hospital patients had some form of health insurance. By 1968 the number of people with hospital insurance increased to 80 percent. Since the implementation of the Affordable Care Act (ACA), today nearly 90 percent of Americans have insurance. There is no doubt that federal legislation has made great strides in providing access to care for a majority of Americans: access that improves health status, quality of life and the overall health of our communities. From reimbursement structures to disease treatment to safety, Medicare and Medicaid also serve as drivers of our nation’s health care industry, challenging providers to bend the cost curve while providing high-quality, effective care.

At the Cook County Health & Hospitals System, more than 60 percent of our patients have health coverage through Medicare and Medicaid. As a result of Medicaid expansion, the system is caring for more insured patients than uninsured patients for the first time in our history. And without question, the function Medicare and Medicaid have as payors plays a key role in helping us keep our doors open.

- We have completed two management “pilots” of customer service training as part of the system’s Patient Experience Initiative, validating that our training design was complete, clear and even “fun” from the nearly 20 attending.

We have completed two rounds of three sessions each in June and three rounds in July. Using a course evaluation form after every session, the June sessions scored 4.75 on a 5-point scale for tools/techniques offered, effectiveness of facilitators and overall helpfulness/plans to use information learned in the training. Written comments included the following:

- The PEI has helped me become more aware of my behavior and how to improve some of my interactions – thank you!
- Wonderful class experience! Can’t wait to see this in action across the system!
- I enjoyed myself and will be practicing what I learned.
- Thank you for making us proud of our workplace.

July sessions were rated at the same level. A total of approximately 150 staff members from numerous departments and service sites have received training. In July, six new trainers completed the “train-the-trainer” day facilitated by System Manager of Learning and Development for HR, Karen Williams. They have begun their co-facilitation opportunity.

Through the remainder of 2016, thirteen new rounds of training are scheduled. Additionally, Dr. Benjamin Mba will train 143 Internal Medicine residents in early September. By year end, a minimum of 700 staff members will have been trained.

- To recognize National African American Hepatitis C Action Day on July 21, CORE staff provided educational materials and rapid HCV and HIV testing at Stroger Hospital. Persons with a reactive Hepatitis C result were followed up with a linkage program in place for HCV positive clients. Those with reactive HIV tests were referred and linked to CORE Center for care. CORE Center’s Dr. Toyin Adeyemi, a founding member of the Illinois Hepatitis C Task Force task force and staff managed the outreach effort.
Legislative Update

Cook County

- Sean Morrisey was appointed to serve as Cook County Board Commissioner for the 17th District on July 22, 2015. Commissioner Morrison succeeds Elizabeth Doody Gorman who resigned on July 15, 2015.

Commissioner Morrison is the owner of Morrison Security, a private security company located in Alsip, IL. Sean Morrison also serves as the Republican Committeeman of Palos Township. He is a graduate of Brother Rice High School and attended Moraine Valley Community College.

The 17th Cook County Board District includes portions of thirty municipalities running along the western edge of Cook County from Orland Park to Des Plaines.

State

- The State of Illinois has been without an operating budget since the new fiscal year started July 1, 2015. Nearly all of the budget bills passed by the General Assembly were vetoed by the Governor; the only exception was the elementary and secondary education funding bill. The Senate voted to override the Governor’s vetoes on the remaining budget bills, but the House did not take up a vote.

A temporary one-month budget was passed by both chambers earlier this month and was sent to the Governor on July 15, 2015. To date, no action has been taken.

- On July 23, in response to a court filing from the Sargent Shriver National Center on Poverty Law and the AIDS Legal Council of Chicago (ALCC), federal Judge Joan Lefkow ordered the Illinois department of health and Family Services (HFS) to reimburse ALL Medicaid providers that offer services to children in Cook County, even in the absence of a state budget.

The Shriver Center and ALCC based their filing on the Memisovski v. Maram consent decree which the state entered into in 2004 to ensure equal access to providers for children on Medicaid in Cook County. It is CCHHS’ understanding that the ruling applies to payments to managed care entities that provide services to children, which will should allow CCHHS to receive FY16 monthly PMPM payments for children AND adults. As of July 24, 2015 HFS has not appealed this ruling, nor responded to how or when they plan to comply.

- The Illinois House is scheduled to return to Springfield on July 28 and the Illinois Senate is scheduled to return to Springfield August 4.

Federal

- On July 8, 2015 the House Committee on Energy & Commerce Subcommittee on Health held a hearing titled "Medicaid at 50: Strengthening and Sustaining the Program." A number of Congressmen discussed how Medicaid expansion has dramatically reduced the number of uninsured. There was also discussion of the increasing costs of the program, transparency, 1115 waivers, and community health centers. Illinois Congresswoman Jan Schakowsky participated in the hearing and spoke about the role of nursing homes and the need to lessen institutional care.
Managed Care was also discussed. On June 1, 2015 CMS issued new regulations that they hope will clarify myriad managed care issues. CCHHS has provided individual comment to CMS on the proposed regulations and also submitted a joint letter with Los Angeles County Health Services addressing shared concerns. Managed Care Regulations have not been updated in ten (10) years.

Protection of Medicaid remains a key priority for CCHHS at both the State and Federal level.

Upcoming Community Events

August 1  
CCHHS’ Near South Health Center will be doing health screenings at Illinois State Senator Mattie Hunter’s (3rd District) 12th Annual Health, Fun & Fitness Fair which takes place at Illinois Institute of Technology’s Crown Hall located at 33rd Street and State Street in Chicago. In addition to doing health screenings, we will also do CountyCare promotion at the event.

August 1 & 2  
CCHHS and CountyCare promotion at Fiesta del Sol which is hosted by Pilsen Neighbors and takes place at the intersection of Cermack and Loomis Streets in Chicago. Fiesta del Sol is a huge family-friendly, alcohol and tobacco-free festival in which people from the neighborhoods are able to learn and obtain resources from presenting vendors.

August 1 & 2  
CCHHS and CountyCare promotion at the Taste of Latin America which is a street festival hosted in part by 26th Ward Alderman Roberto Maldonado. The festival takes place at 3600 W. Armitage in Chicago.

August 8  
In collaboration with the Prieto Health Center Community Board and the St. Agnes of Bohemia Church, CCHHS’ Prieto Health Center will do health screenings at the Back to School Fair hosted by the participating entities. The event will take place at the St. Agnes of Bohemia Gymnasium located at 647 S. Central Park Avenue in Chicago. In addition to doing health screenings, we will also do CountyCare promotion at the event.

August 8  
CCHHS’ Provident Hospital is one of the main sponsors and supporters of the Bud Billiken Parade which is the second largest parade in the United States and is hosted by the Chicago Defender Charities. CCHHS physicians and nurses provide first aid support along the parade route. In addition, we will be inside Washington Park in a separate tent to promote CCHHS & County Care.

August 10  
CCHHS’ Logan Square Health Center is hosting their Annual Back to School Health Fair at their facility located at 2840 W. Fullerton Street in Chicago. All students will get complete physicals, lab work, dental and eye screening referrals. We will promote CCHHS and CountyCare and also good exercise through a partner (Chicago’s Safe Routes and Bicycling Ambassadors) that teaches children how to ride bicycles properly.

August 11  
CCHHS’ Robbins Health Center is hosting their 2nd Annual Back to School Health Fair at their facility located at 13450 S. Kedzie Avenue in Robbins. All students will get
complete physicals, lab work, dental and eye screening referrals. All students will receive CountyCare book bags, and giveaways. We will promote CCHHS and CountyCare.

August 13  
CCHHS and CountyCare promotion at Senator Iris Y. Martinez and the 20th Legislative District Health Advisory Committee’s Family Wellness/Back to School Fair which takes place at Avondale/Logandale School located at 3212 W. George Street in Chicago.

August 14  
Right in the heart of the Humboldt Park Community, Casa Central offers social services to area residents, one of these being their Annual Health and Back to School Fair in their facility located at 1343 N. California Avenue in Chicago. We will be doing CCHHS and CountyCare promotion at this event.

August 15  
4th Ward Alderman Will Burns hosts his 4th Ward Health & Housing Fair at the school located at 4445 S. Drexel Blvd. in Chicago. CCHHS physicians provide back to school physicals for children, blood pressure and diabetic screenings for seniors and HIV screenings for everyone. More than 300 children attend annually to get their back to school physical and screenings. More than 100 vendors are invited including other health plans and hospitals. More than 500 community residents attend. We will promote CCHHS & County Care at the event.

August 22  
CCHHS and CountyCare promotion at Alderman Milly Santiago’s (31st Ward) Back to School Fair which takes place at Edwin G. Foreman High School located at 3235 N. Leclaire Avenue in Chicago.

August 22  
As in years past, we will participate in the Church of the Holy Family’s Third Annual Open House Health Fair by providing blood pressure screenings to those in attendance. The event takes place on the church grounds located at 102 Marquette Street in Park Forest. In addition to doing health screenings, we will also do CountyCare promotion at the event.

August 27  
CCHHS’ Englewood Health Center is hosting their 4th annual Back to School Health Fair at their facility located at 1135 W. 69th Street in Chicago. All students will get complete physicals, lab work, dental and eye screening referrals. All students will receive CountyCare book bags, and giveaways. We will promote CCHHS and CountyCare.

August 28  
CCHHS and CountyCare promotion at Alderman Ariel Reboyras’ (30th Ward) Back to School Fair which takes place at Riis Park located at 6100 W. Fullerton in Chicago.

August 29  
The Georgia Doty HepC and HIV Community Outreach, Inc. organization is hosting their Urban Health Wellness & Fitness Expo at the South Shore High School located at 1955 E.75th Street in Chicago. We will be doing CCHHS and CountyCare promotion at the event.
Dear CCHHS employees,

At today’s Cook County Health & Hospitals System Board of Directors Meeting, we presented initial plans to enhance the services we provide and improve our competitive position on the south side of Chicago. This is in keeping with our mission to ensure the continued access to quality care for all.

The growth of CountyCare in the Provident catchment area coupled with a solid payor mix at Provident/Sengstacke presents substantial opportunity for CCHHS to deliver increased state-of-the-art healthcare in a community we have long and proudly served.

I am pleased to announce that we intend to pursue construction of a new health and diagnostic center in the Provident community. We envision a regional outpatient center (ROC) focused on primary care and prevention, accessible to our patients and integrated with community services. We plan to build a center that is whole-person and family-centered while delivering evidence-based care in a safe, coordinated and modern environment.

A new ROC will provide primary and specialty care services, laboratory and diagnostic services including a full spectrum of radiology services. We hope to ultimately provide dental, behavioral health, orthopedics and geriatric services. In expanding our same day surgery capabilities, we are thrilled to offer ophthalmology as a center of excellence providing state-of-the-art eye care putting us on the cutting edge of treatment and bringing a much needed service to this community.

We hope to move deliberately through the approval, planning, design and construction phases but it will take some time. This facility will provide expanded services and convenient access for patients who historically travelled to the central campus for some of their care.

From an inpatient perspective, admissions at Provident remain low but as the healthcare environment around us continues to change, there may be additional inpatient opportunities. We will need to right size Provident in the coming budget to more appropriately reflect the current and projected inpatient census. But we are optimistic that the dynamics in the market coupled with the new ROC may increase CCHHS’ share of necessary acute care hospitalizations over time.

As we move ahead with these ambitious plans, we will keep you informed. For now, I hope you share our excitement as we expand services for our patients and improve the working environment for our staff.

Sincerely,

Dr. Jay Shannon
Chief Executive Officer

The insurance status of our patients should serve as a constant reminder that the majority of our patients can now choose their provider. Every interaction we have with them can influence their loyalty. Please do your part to improve the patient experience. And remember that the services we provide to the insured allow us to remain true to our mission to care for the uninsured.