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, March 16, 2010 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

Chairman Ansell called the meeting to order.

Present: Chairman David Ansell, MD, MPH and Director Luis Muñoz, MD, MPH (2)
Mary Driscoll and Pat Merryweather (Non-Director Members)

Absent: Director Hon Jerry Butler (1)

Additional attendees and/or presenters were:

Richard Blackwell
George Blakemore
Johnny Brown
Leslie Curtis
Patrick T. Driscoll, Jr.
David Goldberg, MD
Avery Hart, MD
Helen Haynes
Anwer Hussain, DO, FAAEM
Randolph Johnston
Doris Kelly
Charlene Luchsinger
Terry Mason, MD
Michael Puisis, MD
Elizabeth Reidy
Deborah Santana
Anthony J. Tedeschi, MD, MPH, MBA
Sidney Thomas
Pierre Wakim, MD
Antoinette Williams

II. Public Speakers

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

The Secretary called upon the following registered speakers:

1. George Blakemore Concerned Citizen
2. Leslie Curtis Midwest Director, National Nurses Organizing Committee
3. Jim Safraitis Nurse, Critical Care Unit, John H. Stroger, Jr. Hospital of Cook County
4. Regina Ellis Nurse, Neonatal Intensive Care Unit, John H. Stroger, Jr. Hospital of Cook County

After testimony was presented, Chairman Ansell noted that there is an expectation that people in the organization will speak up on issues that are of concern; there is a similar expectation that there will be follow-up on issues raised. Furthermore, he stated that the Committee should discuss the possibility of receiving periodic nursing reports, which would include updates on staffing, quality and safety issues, etc.

III. Report from System Chief Medical Officer

A. Presentation on implementation framework for the 2010 System Quality Plan

Dr. Terry Mason, Chief Medical Officer for the Cook County Health and Hospitals System, provided a presentation on the implementation framework for the 2010 System Quality Plan (Attachment #1). He noted that the Committee and Board approved a Quality Plan and Structure in late 2009. In his presentation, he provided an overview of changes proposed to that structure; these changes include and maintain all of the elements contained in the original structure approved by the Committee and Board.

Dr. Mason stated that the plan for the next Committee meeting is to try to put together a meeting schedule across all of the areas, to populate all of the committees under the Quality structure, and to work on creating System-wide electronic quality reporting. He plans to provide regular updates on this progress at the Quality and Patient Safety Committee meetings.
IV. Committee Report

A. Minutes of the Quality and Patient Safety Committee Meeting, February 16, 2010

Director Muñoz, seconded by Chairman Ansell, moved to accept the minutes of the Quality and Patient Safety Committee Meeting of February 16, 2010. THE MOTION CARRIED UNANIMOUSLY.

V. Recommendations, Discussion/Information Items

A. Quarterly quality report from Cermak Health Services of Cook County

Dr. Avery Hart, Chief Medical Officer, and Richard Blackwell, Process Engineer, of Cermak Health Services of Cook County, presented their quarterly quality report (Attachment #2). The Committee reviewed and discussed the information, which related to process improvement projects and process change management.

During the presentation on medications administration mistake-proofing, discussion took place on implementation of the process re-design and factors that have posed problems in the past. Nurse staffing issues were discussed. Ms. Leslie Curtis, Midwest Director for the National Nurses Organizing Committee, presented information on nurse staffing shortages at Cermak. Mr. Blackwell noted that processes will not be created that will be impossible to carry out. He added that when Cermak goes live with Cerner (towards the end of Summer), the paper part of this process disappears. Dr. Michael Puisis, Chief Operating Officer of Cermak Health Services of Cook County, provided information on problems experienced with the hiring process for nursing positions. He noted that this project is a pilot for two areas and is not expected to be implemented facility-wide at this time. Sufficient staffing has been budgeted for this year to roll it out facility-wide; as they bring in the staff they need, they will roll it out progressively as they feel that it is working well, division by division.

Chairman Ansell stated that at a future meeting, he would like to discuss a nursing quality structure. Additionally, further discussion should take place on the subjects of who is on the Quality Structure committees, where line-staff is engaged, and whether or not to include a community representative on the overall Quality and Patient Safety Committee.

VI. Action Items

A. Any items listed under Sections IV, V, VI and VII

B. Proposed Cooperative Agreement between CCHHS and Citi College (deferred on February 16, 2010) (Attachment #3)

Director Muñoz, seconded by Chairman Ansell, moved to approve the proposed Cooperative Agreement between the Cook County Health and Hospitals System and Citi College. THE MOTION CARRIED UNANIMOUSLY.
VII. **Closed Session Discussion/Information Items**

A. Update on status of preparations for Cermak re-accreditation

B. U.S. Department of Justice Report for Cermak Health Services of Cook County

C. 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

D. Medical Staff Appointments/Re-appointments/Changes

E. Reports on the following:
   i. Sentinel events or near misses
   ii. Patient grievance reports
   iii. “Never” events
   iv. Recent regulatory visits

Chairman Ansell, seconded by Director Muñoz, moved to recess the regular session and convene into closed session, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(17), which permits closed meetings for consideration of “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals for a hospital, or other institution providing medical care, that is operated by the public body,” and 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting.” THE MOTION CARRIED UNANIMOUSLY.

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

Director Muñoz, seconded by Chairman Ansell, moved to accept the medical staff reports presented in closed session. THE MOTION CARRIED UNANIMOUSLY.

Director Muñoz, seconded by Chairman Ansell, moved to accept the U.S. Department of Justice Report on Cermak Health Services of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Director Muñoz, seconded by Chairman Ansell, moved to approve the Medical Staff Appointments/Re-appointments/Changes (Attachment #4). THE MOTION CARRIED UNANIMOUSLY.

VIII. **Adjourn**

Director Muñoz, seconded by Chairman Ansell, moved to adjourn. THE MOTION CARRIED UNANIMOUSLY and the meeting adjourned.
Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

Attest:

Deborah Santana, Secretary
ATTACHMENT #1
Quality

Implementation Plan Meeting

“EVERYTHING IS QUALITY & EVERYONE IS RESPONSIBLE”

Terry Mason, M.D., FACS, Chief Medical Officer
Cook County Health & Hospital Systems
Quality

- Review previous System Wide Quality meeting (2/5/2010) information (Power Pt).

- Discuss/critique the structure of the current “Reporting Model” versus the proposed “Reporting Model.”

- Discuss/critique the framework needed for the implementation of the CCHHS Quality Plan 2010.

- Reach a consensus on the Implementation Strategies, Goals, and Bench Marks for the plan.

- MATRIX – (Commonality Goals/Objectives between Systems & Affiliates.)
Quality

System Wide Quality Meeting (2/5/2010) Review

What does it mean?

What are the Components?

Does it differ by location?

What do we need to do it?

How do we implement it?

How do we measure it?

Refer to your handouts............
Quality

ONE COUNTY..........ONE FAMILY!!
Quality

Current Reporting Quality Structure

COOK COUNTY HEALTH & HOSPITALS SYSTEM
System Quality Structure

CCHHS
Quality Patient Safety Committee

MEMBERS:
- COO
- Hospital & AGH-N Quality Directors
- CMOs/CAO
- CMCO
- Chief DI
- IT Analyst
- Med CMO
- Safety/Quality
- Co-Chair

Annual Quality Initiatives/Planning Council
Receives Recommendations of Sec Sub-Committees, Selects Limiting 1 of New System Quality Initiatives

Ambulatory Quality Initiatives Sub-Council
Identifies New Sys Ambulatory Quality Initiatives

Inpatient Quality Initiatives Sub-Council
Identifies New Sys Hospital Quality Initiatives

CCHHS Quality Council
Assesses/Analyzes Quality Reviews/MEC Data, Summarizes, Reviews affiliate & Common reports & summary of data. Requests feedback from CCHHS Quality Council of hospital, physician/specialties, safety Indicators, etc., from system Indicators

Departmental Quality Reports Presented to GQC Only After Presentation to MECHS or Nursing Council

CORE
ACOHH
CCDPH
CHS

MEC/EMS

System Nursing Quality Council

SHCC
OIFHCC
PHCC

System Chair Quality Reports Presented to Hospital QA Committee Where Chair is Based. Reports Forwarded to Quality Council and Focused Presentations of MEC/EMS Projects Made to Quality Council
Quality

- How is data collected and reported now?
- Can it be streamlined?
- What do we need?
- What role will they play?
Proposed Reporting Quality Structure

BQPS

HSBQC

EMS

IN-Pt. OUT-Pt. Shared Serv.

Peer Review/
Medical Staff committees
Quality

• Issues for Structure
  – Eliminate duplication of functions
  – Effective use of time
  – Management of information and data flow
  – Role of current staff – Leadership and others
Quality

Committee Structure

- **Who should be on the committees?** (In-pt./Out-Pt./Shared Services)

- **How often should we meet?** (Once a month/bi-weekly/quarter).

- Where should we meet?

- **Types of issues to address?**

- **How should we communicate?** (Shared Point, e-mail, phone conferences). 
Quality

• Elements (page 4/28)
  – Process Redesign
  – Medication Management
  – Information Management
  – Patient Rights and Ethics
  – Environment of Care
  – Medical Staff PI reports and Utilization
Quality

Elements (cont’d)
  Regulatory Compliance
  Patient Safety
  Survey Readiness
  Core Measures
  AHRQ
  Press-Gainey
Quality

• MATRIX – (Commonality Goals/Objectives) between Systems & Affiliates.
## Quality

### Commonality Infrastructure Goals between Systems and Affiliates

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<th>System Goals</th>
<th>John H. Stroger of Cook County Hospital</th>
<th>Oak Forest Hospital of Cook County</th>
<th>Provident Hospital of Cook County</th>
<th>Ruth M. Rothstein CORE Center</th>
<th>Cermak Health Services</th>
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Page 19 of 47
### Quality

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<tr>
<th>Section</th>
<th>AMI</th>
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<td>Reorganization of QI efforts along multidisciplinary rather than departmental lines</td>
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<td>Introduction of the process mapping as the first step to process improvement.</td>
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<td>Incorporation of self-monitoring into all core processes</td>
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<td>Allocation of resources to hire CCL programmers to automate the self-monitoring of key metrics</td>
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</table>
## Quality

| Addition of an industrial engineer to process improvement efforts | - | - | - | - | X | - |
| Involvement of all clinical providers as peers mentors and process mentors for chronic disease management | - | - | - | - | X | - |
| Hypertension | - | - | - | - | X | - |
| Hyperlipidemia | - | - | - | - | X | - |
| Heart Failure | - | X | - | - | X | - |
| HIV Infection | - | X | - | - | X | - |
| Asthma | - | - | - | - | X | - |
| Seizure disorder | - | - | - | - | X | - |
| Tuberculosis | - | X | - | - | X | - |
| Heroin addition | - | - | - | - | X | - |
| Alcohol addition | - | - | - | - | X | - |

17
# Quality

<table>
<thead>
<tr>
<th>System Goals</th>
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<td>To ensure that High Quality Detainee Care is delivered in a safe and appropriate manner.</td>
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<td>To ensure compliance with recognized community standards of care and accreditation standards.</td>
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<td>To provide care in a cost effective manner and to reduce waste in the system of care delivery</td>
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<td>To provide ongoing, systemic evaluation of both processes of detainee care and clinical or professional performance.</td>
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</table>
| Quality | Improve processes in Diabetes care. | Develop safe anticoagulation therapy. | Improve Patient Satisfaction Survey | Telephone Access | Patient Safety (Ambulatory Care) | Ambulatory accreditation | Rehab Discharge Delays | Discharge Instructions | Increase communication with Providers | Medication Reconciliation | DVT Prophylaxis |}

|          | X | X | X | - | X | X | X | - | - | - | - | - | - | 19 |
### Quality

<table>
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<tr>
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<td>Focused patient satisfaction surveys</td>
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<td>Pharmacy Cost Control Initiative</td>
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<td>Improvement in Core Measures Outcomes (AMI, HF, Surg. Care)</td>
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<td>Utilization of Direct Observation in sitters in the hospital</td>
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<td>Improve Processes Involving Hybrid Medical Records</td>
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Quality

• Changes to current Plan
  – Page 8/28
Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
March 16, 2010

ATTACHMENT #2
Cermak Health Services - Process Improvement Status

Richard Blackwell
Cermak Health Services
February, 2010
Agenda

- Medications Administration Mistake-Proofing
- Sick Call Pilot Project
- Process Change Management
Goals

• Formalize prescriptive practices to prevent misinterpretation of orders
• One authoritative source (NDC) for current patient medication profile
  – Generate new MARs and MAR labels
  – Eliminate manual MAR edits
  – Prevent MAR errors
• All Rx changes verified by Pharmacy & MAR reconciled before any administration occurs
The Big Rules

• New/changed Orders
  – All urgent orders are faxed to Pharmacy for verification prior to administration
  – Non-urgent orders picked up by scheduled courier to minimize turnaround time

• Committed daily schedule for delivery of meds, labels, and MARs

• MAR maintenance
  – Printed labels or faxed verification from Pharmacy required prior to MAR edits for all new/changed Rx
  – Labels requiring MAR edits will be separated in an envelope
  – MAR must be edited using printed labels prior to administration
  – ANY questions clarified w/ Pharmacy/Medicine prior to administration

• Providers use specified methods and terminology for new/changed orders (e.g. d/c)
Current Status of Meds Mistake Proofing Effort

• Pharmacy is providing sorted labels and printed MARs to nursing divisions to eliminate parallel path
• Nursing has stepped up MAR audits
• Next steps –
  – Resource and implement delivery model
  – Formalize audit process & measure results
  – Develop standard Rx procedures and train providers
Motivation for Sick Call Pilot

• Sick Call process resulted in key DOJ requirements in Consent Decree
  – Confidential process to collect, log, and track written requests to completion
  – Requests received and triaged within 24 hours of submission
  – Face to face encounter within clinical setting with Qualified Medical Staff when warranted by triage
Why Division I?

• This one Division generates almost half of all Cermak grievances
  – Detainees submitting 100+ requests per day
    • Many requests and grievances are repetitive attempts to make something happen
  – Request collection boxes missing
  – Requests picked up sporadically, often by Social Workers trying to help sick detainees

• Dispensary staffing inadequate
  – Assessment and routine treatment by medics in living units
Pilot Process Started March 1

• Commitment from Division Superintendent
  – Provide facilities for Request collection
  – Timely movement of detainees key to timely access to treatment

• New Staffing
  – Supervision by Nurse Manager and F/T RN
  – Treatment by 1 Physician, 1 P/A, 1 CMT
  – 2 additional CMTs for meds delivery to population
  – Admin Assistant for scheduling
Results to Date

• Temporary collection boxes in place
• Medics are assigned to pick up forms daily
  – Spot audits being performed to assess performance and correct
• Cerner scheduling implemented for Dispensary appointments
• Dispensary team training “on the job”
  – Supervision and accountability a challenge
    • RN is new transfer from OB in Stroger, and has a steep learning curve
  – MD, P/A, and CMT are very experienced
  – Triaging is a key issue
  – Request logging & tracking can’t happen until the team “gels”
• Weekly meetings planned to coach team for as long as necessary
Process Change Management Committee at Cermak

• Goals
  – Identify all requirements for process change
    • DOJ Consent Decree
    • Responses to pending Class actions
    • Cerner requirements
    • ...
  – Maintain a comprehensive plan and schedule to formalize accountability and avoid resource issues
  – Track progress
  – Identify obstacles so we can respond in time
How It Will Work

• Committee meets every other week for 1 hour
  – Membership
    • Dr Puisis
    • Department heads with operating responsibility and/or a role in implementation of new processes
    • ACS project managers (to link to Cerner scope & roll-out)
  – Agenda published prior to meeting
  – Minutes & action items recorded and published

• Planning and tracking by CHS Process Manager
  – Strategy and schedule approved by Committee
  – Action item register with links to schedule
  – Meeting minutes and action item status
ATTACHMENT #3
**BOARD APPROVAL REQUEST**

<table>
<thead>
<tr>
<th>DATE:</th>
<th>PRODUCT/SERVICE:</th>
<th>VENDOR/SUPPLIER:</th>
<th>SELECTION METHODOLOGY:</th>
<th>BID/RFP/PURCHASING CONSORTIA/COMPARABLE GOVERNMENT BID</th>
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<tr>
<td>January 11, 2010</td>
<td>CEMA with Citi College of Allied Health</td>
<td>Citi College of Allied Health</td>
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<td>N/A</td>
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**JUSTIFICATION:** THIS ITEM HAS BEEN REVIEWED AND APPROVED BY DIRECTOR LYNE

CCHHS to provide clinical sites training for Citi College of Allied Health students at any of its clinical affiliates and only at the requests of the using department's leadership. The affiliation with allow for CCHHS to recruit the best and brightest of the graduating class to fill vacancies as they occur. Citi College of Allied Health will also provide financial resources for the clinical training of existing CCHHS staff. Participation in this program will enhance the educational environment of existing CCHHS facilities and possibly assist in retaining quality staff.

**TERMS OF REQUEST:** Annual review

**HAS THIS BEEN REVIEWED BY CONTRACT COMPLIANCE?** N/A

**WHAT PERCENTAGE OF THIS CONTRACT IS MBE/WBE?** N/A

**ATTACHMENTS**

- **BID TABULATIONS:** N/A
- **CONTRACT COMPLIANCE MEMO:** N/A

**CCHHS COO:**

Anthony Tedeschi, Chief Operating Officer

**CCHHS CFO:**

Michael Ayres, Chief Financial Officer

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We Bring Health CARE to Your Community

(Citi College CEMA Transmittal)

Item VI(B)
QPS Committee Meeting of 2/16/10
### INITIAL APPOINTMENT APPLICATIONS

<table>
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<tr>
<th>Name</th>
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<td>Feldman, Elizabeth, MD</td>
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<td>Price, Mitchell R., MD</td>
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### NON-MEDICAL STAFF ACTIONS FOR INITIAL PRIVILEGES

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<tr>
<td>Chavez, Ariel O., PA-C</td>
<td>Medicine/Hematology/Oncology</td>
<td>Physician Assistant</td>
</tr>
<tr>
<td>Price, Mitchell R., MD</td>
<td>Medicine/General Medicine</td>
<td>Nurse Practitioner</td>
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<tr>
<td>Salina, Doreen PhD</td>
<td>Correctional Health Services</td>
<td>Clinical Psychologist</td>
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<td>Yapondjian, Maria, PsyD</td>
<td>Correctional Health Services</td>
<td>Clinical Psychologist</td>
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### REAPPOINTMENT APPLICATIONS

#### Department of Correctional Health Services

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Townsend, Ronald, DDS</td>
<td>Dentistry/Correctional Health Services</td>
<td>Active Dentist</td>
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#### Department of Ob/Gyne

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Godfrey, Emily, MD</td>
<td>Gynecology/ACHN</td>
<td>Voluntary Physician</td>
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</table>

#### Department of Medicine

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<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>DeMarais, Patricia L., MD</td>
<td>Infectious Disease</td>
<td>Active Physician</td>
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<tr>
<td>Fegan, Claudia M., MD</td>
<td>General Medicine</td>
<td>Active Physician</td>
</tr>
<tr>
<td>Hussein, Lily P., MD</td>
<td>Medical Oncology</td>
<td>Active Physician</td>
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<tr>
<td>Kavinsky, Clifford J., MD</td>
<td>Adult Cardiology</td>
<td>Voluntary Physician</td>
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Item VII(D) – QPS Committee Meeting of 3/16/10

Page 1 of 4

APPROVED

BY THE QUALITY AND PATIENT SAFETY COMMITTEE

ON MARCH 16, 2010

Page 44 of 47
<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
<th>Position</th>
<th>Reappointment Dates</th>
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<tbody>
<tr>
<td>Kowalski, John A., MD</td>
<td>Infectious Disease</td>
<td>Active Physician</td>
<td>March 22, 2010 through March 21, 2012</td>
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<tr>
<td>O’Brien, John M., MD</td>
<td>General Medicine</td>
<td>Active Physician</td>
<td>March 22, 2010 through March 21, 2012</td>
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<td>Saleem, Mohammed A., MD</td>
<td>Occupational Medicine/EHS</td>
<td>Active Physician</td>
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<td>Sefer, Vesna, MD</td>
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<td>Active Physician</td>
<td>March 22, 2010 through March 21, 2012</td>
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<td>Segreti, John, MD</td>
<td>Infectious Disease</td>
<td>Voluntary Physician</td>
<td>April 18, 2010 through April 17, 2012</td>
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<tr>
<td>Buhrfiend, Colleen, MD</td>
<td>Pediatrics</td>
<td>Voluntary Physician</td>
<td>March 18, 2010 through March 17, 2012</td>
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<tr>
<td>Kagalwalla, Amir, MD</td>
<td>Gastroenterology</td>
<td>Active Physician</td>
<td>April 18, 2010 through April 17, 2012</td>
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<tr>
<td>Kamat, Medha, MD</td>
<td>Neonatology</td>
<td>Active Physician</td>
<td>March 20, 2010 through March 19, 2012</td>
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<tr>
<td>Mandelbaum, Stuart, MD</td>
<td>Ambulatory Psychiatry</td>
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<td>March 18, 2010 through March 17, 2012</td>
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<td>Bugeag, Ionut, MD</td>
<td>Breast Imaging</td>
<td>Active Physician</td>
<td>April 19, 2010 through April 18, 2012</td>
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<td>Langer, Bradley, MD</td>
<td>General Radiology</td>
<td>Active Physician</td>
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<td>Cintron, Jose, R., MD</td>
<td>Colon/Rectal</td>
<td>Active Physician</td>
<td>March 23, 2010 through March 22, 2012</td>
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<td>Lonchyna, Vassyl, MD</td>
<td>Surgical Critical Care</td>
<td>Voluntary Physician</td>
<td>March 18, 2010 through March 17, 2012</td>
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<tr>
<td>Marecik, Slawomir, MD</td>
<td>Colon/Rectal</td>
<td>Voluntary Physician</td>
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<tr>
<td>Orsay, Charles, MD</td>
<td>Colon/Rectal</td>
<td>Active Physician</td>
<td>March 22, 2010 through March 21, 2012</td>
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</tbody>
</table>
NON-MEDICAL STAFF ACTION FOR REAPPOINTMENT APPLICATIONS

Cafferty, Breedge M., CRNA  Anesthesiology  Nurse Anesthetist
Reappointment Effective:  May 20, 2010 through May 19, 2012

Revised Collaborative Agreement with Prescriptive Authority

Shah, Palak K., PA-C  Surgery  Physician Assistant
With Richter, Harry, MD
Alternate Komar, Thomas M., MD
# Provident Hospital of Cook County

**Medical Staff Appointment/Reappointments Effective March 16, 2010 Subject to Approval by the CCHHS Quality and Patient Safety Committee**

## INITIAL APPLICATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Specialty</th>
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<tbody>
<tr>
<td>Deamant, Catherine D., MD</td>
<td>Internal Medicine</td>
<td>Affiliate Physician</td>
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<tr>
<td>Appointment Effective:</td>
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## REAPPOINTMENT APPLICATIONS

### Department of Emergency Medicine

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Jackson, Ralph, DO</td>
<td>Emergency Medicine</td>
<td>Active Physician</td>
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<td>Reappointment Effective:</td>
<td>April 15, 2010 through April 14, 2012</td>
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### Department of Critical Care Medicine

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<tr>
<td>Hong, Dennis, MD</td>
<td>Critical Care</td>
<td>Ancillary Physician</td>
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### Department of Family Medicine

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<tr>
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<tr>
<td>Donelson, Debbie, MD</td>
<td>Family Medicine</td>
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### Department of Internal Medicine

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<tbody>
<tr>
<td>Cooke, Edwin J., DO</td>
<td>Internal Medicine</td>
<td>Consulting Physician</td>
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<tr>
<td>Fegan, Claudia M., MD</td>
<td>Internal Medicine</td>
<td>Affiliate Physician</td>
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<tr>
<td>Fisher Sr., Thomas L., MD</td>
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<tr>
<td>Gandhi, Prafull C., MD</td>
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<td>Khan, Abdul K., MD</td>
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**CCHHS APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE ON MARCH 16, 2010**