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HEALTH FACILITIES &
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11-037

COOK COUNTY HEALTH & HOSPITALS SYSTEM

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August 31, 2012

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 W. Jefferson St.
Springfield, IL 62761

Dear Ms. Avery:

On behalf of the Cook County Health & Hospitals System (CCHHS), please find enclosed a report on the progress of the Oak Forest Health Center. When the Health Facilities and Services Review Board issued a permit for the conversion of Oak Forest Hospital to a regional outpatient center in August, 2011, a request was made for a report after one year on the progress of the transformation at Oak Forest as a major component of the larger CCHHS strategic plan, Vision 2015.

With the guidance of the Oak Forest Advisory Council and the support of the CCHHS Board of Directors, and the President and Board of Commissioners of Cook County, I am pleased to report that implementation of the Oak Forest transformation is proceeding apace. Services have been expanded, consolidation and improvements to the physical plant are underway, collaboration with neighboring hospitals and other community providers continues, and community outreach and education is ongoing.

Just two weeks ago, a public groundbreaking was staged to celebrate the impending renovation of the "E" building that is the core of the outpatient center. Among others, leaders of the Advisory Council, President Preckwinkle, Cook County Commissioners Gorman, Sims, and Murphy, Oak Forest Mayor Kuspa, other community leaders and elected officials came together to publicly detail plans for the first phase of improvements to the E building. The construction will pave the way for more effective, patient-centered services, creating the opportunity for more screenings and tests with new state of the art equipment for diagnostic imaging, expanded cardiology care and urology, and an increase in outpatient psychiatry services. Not only are primary care services expanding, but new radiology equipment including CT and mammography screening equipment are included in the renovation. The project was bid and awarded in July 2012, and construction is anticipated to be complete near the end of this year.

It is my privilege to have become Chief Executive Officer of the Cook County Health & Hospitals in October, 2011, some weeks after the FSRB approved the Oak Forest transformation. Your Board should be applauded for its foresight in its action. Expanding preventative community care and

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• Ambulatory & Community Health Network • Cermak Health Services • Cook County Department of Public Health •
• John H. Stroger, Jr. Hospital • Oak Forest Health Center • Provident Hospital • Ruth M. Rothstein CORE Center •

We Bring HealthCARE to Your Community

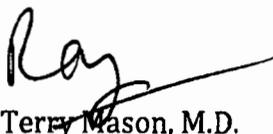
outpatient specialty care is the most effective strategy for improving the public health of the Southland. The plan for Oak Forest constitutes a significant cornerstone the CCHHS Strategic Plan: Vision 2015, which anticipates ongoing reforms in health care delivery in Illinois and nationally as reflected in Illinois Medicaid reform efforts and the Affordable Care Act (ACA). As you and I have discussed, CCHHS and the Illinois Department of Healthcare and Family Services currently have a Medicaid section 1115 waiver proposal before the Centers for Medicare and Medicaid Services that would permit "early enrollment" of ACA "new Medicaid eligibles". The new Oak Forest Health Center creates important additional capacity in the Southland for implementation of the care coordination model required by waiver, and by health reform.

Enclosed you find statistical reports detailing the clinical activity at Oak Forest over the last year, some additional detail on the physical renovations underway, as well as statistics on hospital transfers from Oak Forest, a topic that I understand was a focus of the FRSB deliberations last year.

Please contact me any time with questions, or should you require additional information. I thank you for the cooperation of you and your staff.

Sincerely,

Ram Raju, MD, MBA, FACS, FACHE
Chief Executive Officer, CCHHS



cc: Terry Mason, M.D.
Attachments

Oak Forest Hospital Discontinuation-Executive Summary

Hospital Transition:

On August 16, 2011, the Illinois Health Services Facilities and Review Board approved the closure of inpatient services at Oak Forest Hospital. The remaining patients were discharged to facilities of their choice by August 31, 2011. On September 1, 2011, Oak Forest Hospital completed a successful survey with the Illinois Department of Public Health for final hospital closure. Starting on September 1, 2011, all signage was updated to reflect the change from a hospital to an outpatient center. As a result of the changes on the Campus in the last 11 months, updating signage has been a priority to keep patients informed of the location of services. The existing Emergency Room was changed to a 24/7 Immediate Care Center, effective September 1, 2011. A new updated scope of service was defined for the area (Attachment A). The contracted ambulance provider, ATI, and the Oak Forest Fire Department were briefed about the change in scope and the need to transport patients to other facilities as a result of the change in services. Numerous meetings were held with area providers as a follow up to the IHSFRB approval for the discontinuation of hospital services and the need for patient transfers. Protocols were established for patient transfers and internal reviews continue to be done for appropriateness of transfer (Attachment B). These reports are shared with corporate staff and the Cook County Health and Hospitals System Board of Directors.

Campus Transformation:

In December of 2011, there was a space need's assessment of the Immediate Care Center and it was determined that we would retrofit the 1st floor, south wing, of the E Building to house the Immediate Care Center. In February 2012, the Immediate Care Center was transferred from the H Building to the E Building which houses the primary and specialty care clinics for the Campus. Since a large percentage of the patient population is being serviced in the E Building, phlebotomy services were

established in the Building. Other ancillary services were scaled to meet the new scope of services. As a result of the change in scope of services, job descriptions, training needs, and staffing plans were addressed to assure staff would be effective in their new roles.

Consistent with the CON documents for the establishment of a regional outpatient center, plans were initiated in December 2011 for a major construction project for the E Building, Ground Floor. Prior to drawings, guiding principles were established to focus on the space being "patient centered," to ensure that each space was planned with patient care in mind. All departments collaborated during the planning phase. The final plans will have a state of the art imaging center with PACS capability, CT scanner, mammography, updated general x-ray equipment, and MRI. On July 24, 2012, the construction bid was awarded by the Cook County Board of Commissioners to the Lombard Company in the amount of \$3.17 million dollars (Attachment C). The expected completion date of the construction is the end of 2012.

Update of Service Lines :

Primary & Specialty Care- An increase in primary care is expected to occur with the hiring of 3 additional primary care physicians which have been selected and hiring is pending. The hiring of these additional providers will increase volumes and promote an increased need for specialty care . Additionally, discussions with FQHC partners are ongoing which should result in improved access to primary care services in the South Suburbs and access to specialty services at Oak Forest Health Center.

New Service Lines - A new service line that was requested during the CON proceedings was for pain management. This service line was added to the specialty services in December 2011. Infectious Disease is a service line that has been enhanced with the relocation of the South Suburban HIV AIDS Regional Coalition from Park Forest to the Oak Forest Campus to help support follow up for this patient

population. The Chest/TB Clinic will relocate from Harvey, Illinois on August 30, 2012, to support this patient population on the Oak Forest Campus. Considering the time required to put these initiatives in place, volume totals have lagged behind original projections but ongoing monthly reviews are in place to assess volumes. It is also anticipated that with the construction of the E Building, Ground Floor, our ongoing community outreach with our Southland partners, i.e., Southland Ministerial Alliance and campus events, i.e., open house held on March 15, 2012, the community will have a heightened awareness of services being offered. Additionally, urology is another service line that was to be added with the hiring of a urologist pending at this time.

Volume Statistics:

See Attachment D

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM
STRATEGIC PLAN: VISION 2015 PROGRESS REPORT**

The Cook County Health and Hospitals System (CCHHS) is one of the largest public health systems in the country. Serving a population of over five million residents, the CCHHS encompasses the facilities of John H. Stroger and Provident Hospitals; as well as a geographically distributed Ambulatory and Community Health Network. The Cook County Department of Public Health, Ruth M. Rothstein Core Center, and Cermak Health Services are major components of this System.

The CCHHS serves as a “Safety Net” provider for the medically indigent population of Cook County, and as such faces significant challenges, including:

- A growing demand for healthcare services from an increasing number of uninsured and underinsured residents.
- Absence of stability and predictability of revenues (declining special payment and subsidy revenues).

In response to these challenges, the CCHHS Board initiated and approved a Strategic Plan – Vision 2015 in June 2010.

Action Priorities for 2012/2013 include the following:

- Implement a coordinated, robust primary care delivery model
- Provide access to high quality, low cost services by the CCHHS and its strategic care delivery partners resulting in non-duplicated primary and specialty services to the residents of Cook County.
- Embark on the design/implementation of a medical home model with a fully integrated health plan open to all residents of Cook County.
- Involve patients in their care delivery:



Strategic Plan: VISION 2015

Mission

To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well-being of the people of Cook County.

Core Goals

I. Access to Healthcare Services

- Eliminate System access barriers at all delivery sites.
- Strengthen the ACHN network.
- Develop comprehensive outpatient centers at strategically-located sites.

II. Quality, Service Excellence & Cultural Competence

- Develop an integrated, System-wide approach and supportive infrastructure for patient centered care coordination.
- Implement a program of continuous process improvement: patient care quality, safety, and outcomes.
- Develop a comprehensive program to instill cultural competency.

Strategic Initiatives

Vision 2015

In support of its public health mission, CCHHS will be recognized locally, regionally, and nationally – and by patients and employees – as a progressively evolving model for an accessible, integrated, patient-centered, and fiscally-responsible healthcare system focused on assuring high-quality care and improving the health of the residents of Cook County

III. Service Line Strength

- Develop/strengthen clinical service lines in key disciplines based on patient population needs.
- Pursue mutually beneficial partnerships with community providers.
- Assure the provision of the Ten Essentials of Public Health.

IV. Staff Development

- Implement a full range of initiatives to improve caregiver/employee satisfaction.
- Focus on effective recruiting and retention processes.
- Develop a robust program for in-service education and professional skill building.

V. Leadership and Stewardship

- Foster leadership development and succession planning.
- Develop long-term financial plans and sustaining funding.
- Hold Board and management leadership accountable to agreed-upon performance targets.

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM
STRATEGIC PLAN: VISION 2015 PROGRESS REPORT**

CORE GOAL 1: Access to Healthcare Services

- **1115 Medicaid Waiver**
 - Applied for Medicaid waiver designation which would allow CCHHS to enroll eligible residents who meet the criteria per the “Affordable Care Act”.
 - Δ Applied – January 2012
 - Δ Illinois Agencies/State support CCHHS application
 - Δ Awaiting Federal approval from CMS
 - The CCHHS is actively engaged in developing a Medical Home Model and a supportive infrastructure.

- **OAK FOREST REGIONAL OUTPATIENT CENTER**
 - Completed and filed CON with the Illinois Health Facilities Planning Board to transform the hospital into a regional outpatient care center (08/16/2011).
 - Completed a successful survey with the Illinois Department of Public Health on (09/01/2011) and received final sign-off for the hospital closure.
 - Short/long term plans developed to phase in expanded outpatient services in the E Building.
 - Converted existing Emergency Department to an Intermediate Care Center (09/01/2011) with a new scope of service and transfer agreements. In 02/2012 relocated the Intermediate Care Center to a retro-fitted 1st floor space within the E Building.
 - July 24, 2012 a construction bid was awarded to Lombard Company for the Oak Forest Health Center renovation of the E Building for the Regional Outpatient Center and Urgent Care.
 - Expect increase in access to primary care services with the hiring of 3 FTE Physicians.
 - Pain Management Clinic added to specialty services in December 2011.
 - Infectious Disease program enhanced with the relocation of the South Suburban HIV/AIDS Regional Coalition from Park Forest to the Oak Forest Campus (February) 2012.
 - Chest/TB Clinic will relocate from Harvey, Illinois on August 30, 2012 to the Oak Forest Campus.

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM
STRATEGIC PLAN: VISION 2015 PROGRESS REPORT**

- **PROVIDENT REGIONAL OUTPATIENT CENTER**

- Increased same day surgical procedures by 20% (2011 to 2012); this had impact on system backlogs in Ophthalmology, GI, Podiatry, Orthopedic and General Surgery procedures.
- Increased outpatient access to services in Psychiatry, Podiatry, Infectious Diseases and Neurology.
- Completed first phase of feasibility study to install an MRI at Provident.
- Implemented Dr. Quick in the ED which allows patients to be seen immediately in the waiting area by physicians for simple easy to treat complaints.
- Recruited a Gastroenterologist in collaboration with System Chair; this position will allow for increased access to both inpatient and outpatient GI services.
- Partner with the South Side Healthcare Collaborative

CORE GOAL 2: Quality, Service, Excellence & Cultural Competence

- Completed a System-wide cultural competency assessment December 2010, survey results analyzed and reported to System Leadership, March 2011.
- Developed a Cultural Competency Program for the CCHHS to include ongoing training and communication strategies to increase cultural awareness and linguistic competence.
- Collaborated with Human Resources to develop a bilingual recruitment strategy.
- Web based cultural competency training starts August, 2012.
- Awarded a \$149K grant from Chicago Community Trust, January 2012, to purchase a “Video Support Service” for Interpreter Services.
- Developed a System-wide approach for patient centered care which aligns with the CCHHS Mission and 2015 Strategic Plan (July 2012). Identified five initial focus areas for 2012/2013 budget year(s).
 - Communication
 - Behavior and Attitude
 - Visibility
 - Reward and Recognize
 - Success Measures

**COOK COUNTY HEALTH AND HOSPITALS SYSTEM
STRATEGIC PLAN: VISION 2015 PROGRESS REPORT**

CORE GOAL 3: Service Line Strength

- Pursue mutually beneficial partnerships with community providers:
 - OB partnerships with Circle Family Care and Alivio Health Center
 - Partnered with UHC/Southside Collaborative of FQHC's
 - Established a Provider Relations Department to manage relationships with new partners
 - Quarterly "IRIS" meetings with partners
- Assure the provision of the "Ten Essentials of Public Health":
 - Completed Suburban Cook County Community Health assessment (WE Plan 2015) April 2011. Four health priorities were identified
 - Δ Cardiovascular Disease
 - Δ Sexual Health Status of Youth
 - Δ Violence Prevention
 - Δ Access to Healthcare Services
 - Conducted over 1,525 investigations of reportable communicable diseases including Tuberculosis (TB)
 - Maintain/update a Cook County website with relevant and timely health topics
 - Published "Health Wise" a free, 109 page resource tool for schools and child care providers
 - Provided referrals for breast and cervical cancer screening and case management through the Illinois Breast & Cervical Program to over 1,600 women with incomes at or below 200% of the FPL.
 - Provided vouchers for supplemental nutrition and education to over 20,000 families through our WIC program.

CORE GOAL 4: Staff Development

- Completed an "Employee Engagement" survey with a 41% response or 2,807 respondents in January 2011. This survey has provided the CCHHS with a single metric that can be used System-wide to assess the health of employee relationships with the CCHHS.

Attachment A

Oak Forest Health Center-Immediate Care Center

**SCOPE OF SERVICES
2012**

I. SCOPE OF SERVICES

A. Department Structure & Key Functions

The Ambulatory and Community Health Network (ACHN) oversees the plan for the Immediate Care Center at Oak Forest Health Center based on the community needs and internal capabilities.

The Department provides:

- Daily supervision and coordination of department operations.
- Personnel functions (job descriptions, recruitment, hiring, orientation and ongoing training of staff, supervision of staff, timekeeping/attendance monitoring, performance evaluations, disciplinary actions, handling of grievances, etc.)
- Compliance with all regulatory requirements.
- Participation in committees and task forces.
- Budget preparation and ongoing departmental financial management.
- Collection of all data: productivity, analysis, quality improvement, as well as, preparation of reports as needed.

Hours of operation

The Immediate Care Center at Oak Forest offers office based medical care 24 hours a day, 7 days a week.

Staff Qualifications

The physician must hold a valid license in the State of Illinois, be Board Certified/Eligible in Internal Medicine or Family Practice. The Physician Assistant/Nurse Practitioner must be certified, hold a valid license in the State of Illinois. The registered nurse must be licensed in the State of Illinois. All providers are credentialed according to ACHN policy at either Provident or John Stroger Hospital of Cook County.

B. CHARACTERISTICS OF POPULATION BEING SERVED

Patients Served

Over 99% of the current patients in the Immediate Care Center are 18 years old and over. The Immediate care Center will serve patients 16 years old and up. All 16 year old patients must present with conditions covered under the Emancipated Minor Act, otherwise, patients under 18 years old may be referred to our pediatric clinics in the South Suburban cluster.

Scope and Complexity

The Immediate Care Center will provide office based care to ambulatory patients. Services will cover general internal medical care including diabetes, hypertension, arthritis, HIV and STI screening. Other services will include smoking cessation counseling, age-appropriate immunizations, mental health referrals and patient education. It will also serve as a gateway for entry into the health system by providing referrals to primary care and specialty care clinics within the Cook County Health and Hospital System.

D. METHODS USED TO ASSESS AND MEET THE NEEDS OR SERVICES OF PATIENTS

1. Review of the Immediate Care Center documentation for timeliness of service, accuracy of documentation, appropriateness of medical evaluation and treatment.
2. Regular clinic meetings, discussion of observed problems, solutions, and case review.

E. PERFORMANCE IMPROVEMENT PLAN

1. PERFORMANCE IMPROVEMENT

The ACHN Quality Improvement committee will assure the quality and appropriateness of all services rendered to patients and employees at the Immediate Care Center.

2. PERFORMANCE ASSESSMENT

Substantial compliance is maintained with all applicable Joint Commission and Professional Standards.

3. APPROPRIATENESS, EFFICACY (CLINICAL NECESSITY), & REQUIRED TIMELINESS OF SERVICES PROVIDED

The following clinic indicators are continuously monitored:

- (a) Time intervals from arrival, registration, examination, discharge, including ACHN time flow studies.
- (b) Physician productivity.
- (c) Patient/Family education about use of medication and discharge instructions.
- (d) Pain assessment.
- (e) All adverse outcomes and transfers.
- (f) Patient Satisfaction

4. ANNUAL REVIEW

Performance Improvement for the Immediate Care Center is assessed and measured annually for its effectiveness and consistency within improving the organizational performance framework.

5. PROFESSIONAL GUIDELINES OR PROTOCOLS USED

Substantial compliance is maintained with all applicable Joint Commission and Professional Standards.

6. LIST REGULATORY AGENCIES/ASSOCIATIONS/LICENSURES APPLICABLE TO ACHN

- Joint Commission Standards

Approvals:

Enrique Martinez, MD
CMO and Interim COO, ACHN

Attachment B

AMBULATORY & COMMUNITY HEALTH NETWORK OF COOK COUNTY

Title: PATIENT HAND-OFF/TRANSFER OF CARE	Policy # 5-17
Immediate Care Center-Oak Forest Health Center	Page 1 of 2 Attachments: ACHN Patient Transfer Form NPSG: 02.05.01
Effective: July 28, 2005 Revised/Reviewed: January 14, 2008; June, 2008, 3/2009, 2/2011, 8/2011, 10/2011, 7/2012	

I. PURPOSE: To provide uninterrupted care to patients during transfers (“hand-off”) of care occurring between facilities, providers, and nurses at shift change. Communication of all relevant patient information and medications are relayed to ensure patient safety, continuity of care, and to provide an opportunity for questions from the receiving provider.

II. POLICY STATEMENT:

- Interactive communication of pertinent information is exchanged in the event of a patient transfer from an ACHN facility to a Hospital, Health Center, Skilled Facility or other care or service provider. Communication of up-to-date information of the patient’s condition, medication, treatment, services, recent and anticipated changes, must be reported to the receiving care giver.
- Verification of received information is repeated back using guidelines from the” Verbal / Telephone Read-Back” ACHN policy # 5-12 is used.
- During facility transfers, the destination and reason for transfer is clearly communicated to the patient and family. The CCHHS Patient Transfer Form is recommended for the communication of this information. However, a provider progress note and current medication list is sufficient. **The original Medical Record must never leave the health center premises except when required by court order, subpoena or statute. (See ACHN policy #9-25 “ Release of Information”)**
- Interruptions during hand-offs should be limited to minimize the possibility that information fails to be conveyed or is forgotten.
- Prior to transfer, every patient is **assessed** to determine “acuity”
 Definitions of patient acuity
 1. **“Urgent”** - Discharge to continuing care for non-emergent services, not available at the Health Center, with referral and completed “transfer/hand-off” documentation, as noted above.
 - may be discharged to self, family members or to Medi-car for transport.
 - 2 **“ Emergent”** – patients at risk for loss of life, limb or function (organ failure) and the patient’s acute condition cannot be stabilized within the capability and capacity of the clinic, the patient may be transferred in compliance with state and federal law and as further set forth in the facilities’ policies and procedures relating to the transfer of patients to other licensed healthcare facilities.
 - **Call “911”** or ambulance for patient transport.
 - If patient refuses ambulance or EMS services, “Against Medical Advice” (AMA) documentation is required.

Attachment B

III. RESPONSIBILITIES:

The health care provider initiating the transfer is responsible for assuring that all pertinent information is communicated to the recipient of the transferred patient. He or she signs any applicable transfer forms or provider notes with his/her contact information. The opportunity for questions between the giver and receiver of information is provided at the time of transfer.

IV. PROCEDURE:

1. Interactive communication between transferring and receiving interdisciplinary staff members occur during patient hand-offs via telephone, verbal face to face or written report. When hand off involves a transfer between facilities, the receiving facility is contacted by telephone and informed of the transfer.

2. At time of hand-off/transfer the following is included in the report:

- Patient's name
- Date of birth
- Medical record number (if system facility)
- Reason for hand-off or transfer
- Current medical history, treatments and services rendered prior to hand-off/transfer.
- **Nurse, Provider and/or clinic contact information is given to receiving staff member or Facility/Provider as applicable. An opportunity to verify understanding of information is provided**

Patient information may be communicated verbally, faxed, sent with the EMT driver and/or patient/family member as appropriate. An environment of minimal interruption during the patient hand-off/transfer process is provided.

3. The receiving staff member, facility/provider is given all above relevant patient information along with a copy of the problem list, medication list, list of allergies, relevant recent lab/test results, the most recent progress note (or patient transfer form), and information about special needs (physical, cognitive, language etc.) as applicable.
4. A notation of a facility transfer is documented in the patient record via copy of transfer form or progress note which ever is used to document the transfer activity.
5. The condition of the patient at the time of transfer/discharge is noted (I.e. stable, urgent, or emergent) and to whose care they are released.
6. If a patient refuses ambulance, EMS transport or to seek continued care not available at the Health center, the "Against Medical Advice" (AMA) form of respective hub hospital is completed and signed by the patient.



V.
VI.

Cook County Health & Hospital Systems

PATIENT TRANSFER FORM

TRANSFER
SITE:

Cermak Health Center

Rothstein CORE Center

John H. Stroger Jr.
Hospital

VII. Patient Label (each page)

Attachment B

Oak Forest Health Center Provident Hospital

ACHN Clinic: _____ Address: _____ City: _____

PATIENT INFORMATION: (**If no Label) -

**MR# _____

**Patient Name: _____

Address: _____ City: _____ Phone: _____

**Date of Birth: _____ Social Security#: _____

Insurance: Medicare #: _____ Part B: Public Aid - Case ID: _____

Other: _____ Recipient Number: _____

SECTION II: Completed by Nurse or Provider

Chief Complaint/Diagnosis: _____

PMH: _____

Surgical Procedures: _____

Treatment at time of transfer: _____ **Medication List:** _____

IV Rate / Solution: _____	Medication List: _____ _____ _____
Monitors: _____	
O ₂ Rate/ Route: _____	
Other: _____	

Vital signs: (Time Taken: _____) Temp _____ BP _____ Pulse _____ O ₂ Sat _____ Respirations _____ Pain Level (0-10) _____	Allergies: None Known <input type="checkbox"/> Latex Sensitive <input type="checkbox"/> (Y) <input type="checkbox"/> (N) List: _____ _____ _____	Precautions: Yes No Mask <input type="checkbox"/> <input type="checkbox"/> Gowns <input type="checkbox"/> <input type="checkbox"/> Gloves <input type="checkbox"/> <input type="checkbox"/>	Height: _____
			Weight: _____
			Language: Y N Understands English: <input type="checkbox"/> <input type="checkbox"/> If NO, Language Spoken: _____ Sign Language Required: <input type="checkbox"/> <input type="checkbox"/>

Family/Emergency Contact Notification Name: _____ Time: _____

SECTION III: Transfer Information (Nurse)

Qualified personnel and transportation equipment will transfer the patient, including the use of necessary and medically appropriate life support measures.

- Basic (BLS)
- (BLS) High Risk Infant - (Stroger Campus Only)
- Advanced Life Support (ALS)
- (ALS) Ventilator (Chronic)
- (ALS) Ventilator w/ Respiratory Therapist (Acute)
- Other: _____

Name of Transport Agency: _____

Driver Signature: _____

Vehicle Number: _____ Time: _____ Date: _____

Copy of Medical record is being sent with the patient.

- Lab results Xrays: _____
- EMS Run Sheet EKG Strip / Report
- Other: _____

Receiving Physician: _____

Receiving Facility: _____

Receiving Address: _____

Tel. #: _____ Fax #: _____

Bed #: _____

Nursing Report given to: (RN): _____

By: _____ Time: _____ Date: _____

Family/Emergency Contact Notification Name: _____ Date: _____

AUTHORIZED SIGNATURES ONLY (Attending / Charge Nurse / Psychiatry Team / Social Work (except OFHC) / Administrator):

Print Name	Signature	Date	Time	Phone / Pager
_____	_____	_____	_____	_____

Form#: 1450 Rev: September, 2005 White: Chart Yellow: Receiving Facility / Patient Pink: Driver



VIII. Cook County Health & Hospital Systems

IX.

PATIENT TRANSFER FORM

X. Patient Label (each page)

Attachment B

PATIENT INFORMATION: (**If no Label) -

**MR#

**Patient Name: _____

SECTION IV: MEDICAL CLEARANCE CHECKLIST: Complete for Psychiatric Transfers to State Institutions.			
Patient has:	Yes	No	
1. New psychiatric condition	<input type="checkbox"/>	<input type="checkbox"/>	
2. H/O of active medical illness needing evaluation	<input type="checkbox"/>	<input type="checkbox"/>	
3. Abnormal vital signs prior to transfer	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Temperature >101			
<input type="checkbox"/> Pulse <50bpm / >120bpm			
<input type="checkbox"/> Blood pressure <90 systolic or > 120; >120 diastolic			
<input type="checkbox"/> Respiratory rate > 24 breaths/min			
<i>(For a pediatric patient, VS's outside normal range for age/sex.)</i>			
4. Abnormal physical exam (unclothed).	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Absence of significant part of body, e.g. limb			
<input type="checkbox"/> Acute and chronic trauma (including signs of victimization/abuse)			
<input type="checkbox"/> Breath sounds			
<input type="checkbox"/> Cardiac dysrhythmia, murmur			
<input type="checkbox"/> Skin and vascular signs: diaphoresis, pallor, cyanosis, edema			
<input type="checkbox"/> Abdominal distention, abnormal bowel sounds			
<input type="checkbox"/> Neurological with particular focus on:			
<input type="checkbox"/> i. Ataxia <input type="checkbox"/> ii pupil symmetry, size <input type="checkbox"/> iii nystagmus			
<input type="checkbox"/> iv paralysis <input type="checkbox"/> v. meningeal signs <input type="checkbox"/> vi reflexes			
5. Abnormal mental status indicating medical illness	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Lethargy <input type="checkbox"/> Stuporous <input type="checkbox"/> Comatose			
<input type="checkbox"/> Spontaneously fluctuating mental status			
6. Labs were done.			Yes No
Tests Performed: _____			<input type="checkbox"/> <input type="checkbox"/>
Test Results: _____			
Pregnancy Test Results _____			
7. Xrays were performed			<input type="checkbox"/> <input type="checkbox"/>
What xrays: _____			
Xray results: _____			
8. Medical treatment was needed prior to medical clearance			<input type="checkbox"/> <input type="checkbox"/>
What treatment: _____			
9. Patient has been medically cleared in the ED.			<input type="checkbox"/> <input type="checkbox"/>
10. Any acute medical condition that was adequately treated in the emergency dept. That allows transfer to a state operated psychiatric facility			<input type="checkbox"/> <input type="checkbox"/>
What treatment: _____			
11. Current Medications / Last Administered:			_____
12. Diagnosis(es):			_____
Psychiatry: _____			
Medical: _____			
Substance Abuse: _____			
13. Medical follow-up or treatment required at SOF:			_____

Complete Questions 6-13 as appropriate to patient condition.

SECTION V: Medical Clearance / Consent (Physician)		
Transfer / Provider Certification: <i>(Mark all boxes that apply)</i> <input type="checkbox"/> Patient condition is stable <input type="checkbox"/> Patient condition is unstable <input type="checkbox"/> Patient is not in labor. <input type="checkbox"/> Patient is in labor.	Medical Benefits of Transfer: <input type="checkbox"/> Level of care and/or level of diagnostic or therapeutic service not available at this institution. <input type="checkbox"/> Other: _____	Medical Risks of Transfer: <input type="checkbox"/> Death <input type="checkbox"/> Deterioration of medical condition: _____ <input type="checkbox"/> Additional delay in receiving appropriate treatment <input type="checkbox"/> Other: _____

Requirements to Transfer:

The transferring hospital has provided a medical screening exam and within its capacity, provided medical treatment to minimize risk to the individual's health (and in the case of women in labor, the health of the unborn child). **AND** The receiving facility has agreed to accept the transfer, provide appropriate medical treatment and has available space and qualified personnel for the treatment of the patient.

Transfer Consent

I acknowledge that my medical condition has been evaluated and explained to me by the Emergency Department physician or other qualified medical person and/or my attending physician, who has recommended that I be transferred to another facility. The potential benefits and risks of transfer and the probable risks of not being transferred have been explained to me. I understand the information and consent to be transferred.

Signature of patient _____

Signature/Relationship of legally responsible individual signing on patient's behalf _____

Patient unable to sign, no consenting adult available. _____

Patient unwilling to sign, no consenting adult available. _____

Witness

Attachment C

NEW ITEMS AGENDA

Meeting of the Cook County Board of Commissioners
County Board Room, County Building
Tuesday, July 24, 2012, 10:00 A.M.

BUREAU OF ECONOMIC DEVELOPMENT
OFFICE OF CAPITAL PLANNING AND POLICY

CONTRACT

ITEM #1

Transmitting a Communication, dated July 17, 2012 from

HERMAN BREWER, Chief, Bureau of Economic Development
and
MARIA DE LOURDES COSS, Chief Procurement Officer

requesting authorization for the Chief Procurement Officer to enter into and execute a contract with The Lombard Company, Alsip, Illinois, for the Oak Forest Hospital Renovation of New 'E' Building for ROC-Urgent Care Unit.

Requesting authorization for approval and execution of Cook County Procurement Contract No. 12-18-306 with The Lombard Company, Alsip, Illinois for the Oak Forest Hospital Renovation of New 'E' Building for ROC-Urgent Care Unit. Competitive bidding procedures were followed in accordance with Cook County Procurement Ordinance. The Lombard Company was the lowest responsive and responsible bidder and is recommended for the award. There are no cost savings for this project.

Reason: This project creates space for the relocation of Central Registration, Laboratory, and Diagnostic Imaging functions. Construction is to be completed while maintaining uninterrupted patient services in the Regional Outpatient Clinic located on the upper floors of the facility.

Estimated Fiscal Impact: \$ 3,170,000.00.

33000 Oak Forest Hospital

This item was included in the FY 2012 Capital Improvement Program approved by the Board of Commissioners on November 18, 2011.

Vendor has met the Minority and Women Business Enterprise Ordinance.

In accordance with Cook County Code Section 2-107(z)(1) Amendment or suspension of rules, Commissioner Daley, seconded by Commissioner Silvestri, moved to suspend Section 2-107(h)(1) Prior notice to public; agendas. **The motion carried unanimously.**

Commissioner Murphy, seconded by Commissioner Butler, moved that request of the Chief of the Bureau of Economic Development be approved, as amended and that the Chief Procurement Officer be authorized to enter into the requested contract. **The motion carried unanimously.**

Oak Forest Health Center
Cook County Health and Hospitals System
ATTACHMENT D

OAK FOREST HEALTH CENTER																
Plan of Services:																
*Standby ED services will be transitioned into Immediate Care Services operating on a 24/7 basis																
*Increase outpatient visits in existing service lines of cardiology, neurology, orthopedics, psychiatry, rehab medicine and primary care by over 30,000 visits per year starting September 1, 2011																
*Establish new service lines in pain management and infectious disease effective 9/1																
*Establish a new service line in urology in the first year dependent on the recruitment of a urologist																
*Increase outpatient visits in these three new service lines by 2,100 additional visits in the first year of operations (by September 2012)																
(Source: Testimony of Dr. Terry E Mason, Interim CEO - IHFSRB August 2011)																
Existing-Clinical Outpatient Services	Actual Sep-10 thru Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Sep-11 to Date	Average per Month	Projected Sep-11 thru Aug-12	
Anti Coagulation Clinic	1,977	162	153	239	231	202	232	240	210	366	252	279	2,566	233	2,799	
Cardiology	888	106	94	100	92	131	113	98	125	128	120	95	1,202	109	1,311	
General Surgery	684	61	30	60	67	51	53	57	64	80	33	63	619	56	675	
GI Clinic	940	82	55		66	77	80	90	68	80	67	78	743	68	811	
Rehab Medicine	153	17	6	24	30	18	20	18	22	19	16	33	223	20	243	
Endocrine /DM	301	30	21	28	23	24	15	22	26	27	25	22	263	24	287	
Gynecology	482	57	79	50	69	76	87	130	121	140	89	104	1,002	91	1,093	
Nephrology	504	15	20	13	29	13	32	23	12	19	27	16	219	20	239	
Neurology	892	86	90	78	119	120	105	128	101	129	127	119	1,202	109	1,311	
Oncology	21	2	5	0	1	2	0	4	0	3	8	0	25	2	27	
Ophthalmology	2,533	215	265	224	245	282	230	240	261	246	239	246	2,693	245	2,938	
Optometry	2,662	216	203	169	177	195	184	239	196	247	186	198	2,210	201	2,411	
Orthopedics	1,444	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Musculoskeletal	131	39	58	45	57	75	88	69	101	102	73	94	801	73	874	
Podiatry	6,791	569	474	474	485	508	505	557	533	600	524	561	5,790	526	6,316	
Primary Care (Int Med/Fam Med)	9,124	851	932	932	934	935	1,090	1,267	1,161	1,236	1,155	1,079	11,572	1,052	12,624	
Psychiatry	1,870	227	234	234	153	289	257	352	207	155	314	294	2,716	247	2,963	
Psychology	2,444	160	166	166	156	166	163	190	177	159	132	192	1,827	166	1,993	
Pulmonary	345	38	79	79	30	48	26	37	43	52	23	20	475	43	518	
Surgery	1,068	69	64	64	53	44	16	44	54	36	43	56	543	49	592	
Sleep Clinic	574	46	39	39	26	53	48	59	30	62	67	53	522	47	569	
Emergency Room	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Goal	35,828	3,048	3,067	3,018	3,043	3,309	3,344	3,864	3,512	3,886	3,520	3,602	37,213	3,383	40,596	
															↑30,000	
Immediate Care Center																
First Shift Midnight to 8am		370	333	320	299	216	226	191	220	188	171	177	2,711	246	2,957	
Second Shift 8am-4pm	30,156	1,335	1,255	1,197	1,172	1,266	828	1,113	1,038	1,003	977	1,043	12,227	1,112	13,339	
Third Shift 4pm-Midnight		557	461	449	410	483	479	321	271	239	208	246	4,124	375	4,499	
Total	30,156	2,262	2,049	1,966	1,881	1,965	1,533	1,625	1,529	1,430	1,356	1,466	19,062	1,733	20,795	
New- Outpatient Services																
Denistry																
Infectious Disease	63	9	13	9	14	27	17	14	16	13	22	22	176	16	192	
Pain Clinic					17	21	22	23	24	18	19	25	169	15	184	
Urology																
Total	63	9	13	9	31	48	39	37	40	31	41	47	345	31	376	
Goal															↑2,100	
Existing-Ancillary Outpatient Services																
OT/PT *	Actual Sep-10 thru Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Year to Date	Average per Month	Projected Sep-11 thru Aug-12		
OT/PT *	24,140	2,165	1,818	1,289	1,272	1,416	1,407	1,673	1,845	1,643	1,546	1,367	17,441	1,586	19,027	
Speech/Language Pathology *	2,446	252	232	220	198	213	224	242	262	295	233	165	2,536	231	2,767	
Voc Rehab**	3,874	331	202	460	0	0	0	0	0	0	0	0	993	90	1,083	
Audiology *	2,112	248	148	139	182	159	224	265	250	214	253	178	2,260	205	2,465	
Diagnostic X-ray	17,134	1,003	992	920	931	907	851	689	387	277	253	238	7,448	677	8,125	
CT Scan	6,212	370	359	346	350	363	259	253	60	93	93	66	2,612	237	2,849	
Ultrasound	3,153	220	245	231	177	170	181	169	98	76	86	93	1,746	159	1,905	
Nuclear Medicine	383	8	6	6	6	4	3	4	5	4	5	4	55	5	60	
Holters	111	5	7	9	9	6	6	9	16	8	10	10	95	9	104	
EKG	6,950	417	405	370	357	429	313	254	258	241	214	184	3,442	313	3,755	
ECHO	951	50	34	47	40	50	48	50	40	58	41	43	501	46	547	
STRESS Test	137	8	3	6	8	0	12	3	8	4	9	5	66	6	72	
Laboratory ***	39,295	3,891	3,615	3,348	3,309	3,802	174	990	872	943	842	835	22,621	2,056	24,677	
PFTs	248	24	10	21	20	13	24	25	12	0	0	0	149	14	163	
GI Procedures	446	33	45	43	27	29	25	40	39	32	25	34	372	34	406	
Office Based Surgical Procedures	518	5	2	3	7	5	7	4	4	3	4	7	51	5	56	
Mail Order Pharmacy (entire CCHHS)	137,358			44,872	77,053	76,862	69,837	74,155	75,254	83,706	75,631	73,336	650,706	59,155	709,861	
Outpatient Pharmacy (scripts filled)	213,756	12,516	13,434	13,320	12,750	12,244	11,462	12,088	11,999	12,318	12,157	12,056	136,344	12,395	148,739	
* Numbers reflect quarter units (1/4) per hour																
** Vacant Position																
*** Laboratory-Feb blood draws from 2/27 through 2/29																