

Lake County Illinois

*Lake County Health Department and Community Health Center
3010 Grand Avenue
Waukegan, Illinois 60085
Conference Room #3112*



Meeting Minutes - Draft

Tuesday, March 10, 2020

5:30 PM

3010 Grand Ave., Waukegan, IL 60085

**Lake County Community Health Center Governing
Council**

1. Call to Order

Acting Chair Fornero called the meeting to order at 5:35 p.m.

Present 7 - Vice Chair Fornero, Member Brown, Member Tarter, Member Bejster, Member Cunningham, Secretary Smith and Member Argueta

Absent 3 - Chair Withem-Voss, Member Washington and Member Vargas

2. Pledge of Allegiance

3. Approval of Minutes

3.1

February 11, 2020 Meeting Minutes

Attachments: [GC Minutes 2.11.20 - DRAFT](#)

Member Brown commented that he appreciated all of the additional information provided and questions answered by Mark Pfister during his Executive Director's report in regard to Coronavirus, Legionella, and EtO some of the Council members asked him to provide an update on.

A motion was made by Member Bejster, seconded by Member Brown, that the minutes be approved. Motion carried unanimously.

Aye: 7 - Vice Chair Fornero, Member Brown, Member Tarter, Member Bejster, Member Cunningham, Secretary Smith and Member Argueta

Absent: 3 - Chair Withem-Voss, Member Washington and Member Vargas

4. Public Comment to the Council

None

5. Executive Director's Report

None

6. Action items

6.1

Governing Council Member Reappointment - Kroeger

Attachments: [Miriam Smith Reappt Ltr - Signed](#)
[Cynthia Vargas Reappt Ltr - Signed](#)

A motion was made by Member Tarter, seconded by Member Cunningham, that this item be approved. Motion carried unanimously.

Aye: 7 - Vice Chair Fornero, Member Brown, Member Tarter, Member Bejster, Member Cunningham, Secretary Smith and Member Argueta

Absent: 3 - Chair Withem-Voss, Member Washington and Member Vargas

6.2

Provider Credentialing and Privileging - Dr. Zun

Personnel Committee Chair Bejster informed the Council that the credentialing information for the providers noted in the agenda packet was reviewed in the Personnel Committee meeting which took place just prior to this regular meeting and the Committee recommends approval.

A motion was made by Member Cunningham, seconded by Member Bejster, that this item be approved. Motion carried unanimously.

Aye: 7 - Vice Chair Fornero, Member Brown, Member Tarter, Member Bejster, Member Cunningham, Secretary Smith and Member Argueta

Absent: 3 - Chair Withem-Voss, Member Washington and Member Vargas

6.3

Professional Staff Reappointments - Dr. Zun

Personnel Committee Chair Bejster informed the Council that the professional staff reappointments were also reviewed in the Personnel Committee meeting and the Committee recommends approval.

A motion was made by Member Bejster, seconded by Member Cunningham, that this item be approved. Motion carried unanimously.

Aye: 7 - Vice Chair Fornero, Member Brown, Member Tarter, Member Bejster, Member Cunningham, Secretary Smith and Member Argueta

Absent: 3 - Chair Withem-Voss, Member Washington and Member Vargas

6.4

Susan G. Komen Foundation Grant - \$15,150 - Dr. Zun

Attachments: [IBCCP \\$15K](#)

Dr. Les Zun, Medical Director, reviewed this item as provided in the agenda packet.

A motion was made by Member Tarter, seconded by Member Cunningham, that this item be approved. Motion carried unanimously.

Aye: 7 - Vice Chair Fornero, Member Brown, Member Tarter, Member Bejster, Member Cunningham, Secretary Smith and Member Argueta

Absent: 3 - Chair Withem-Voss, Member Washington and Member Vargas

6.5

Sliding Fee Schedule of Discounts - Riley

Attachments: [Sliding Fee Schedules March 2020](#)

Pam Riley, Director of Finance, reviewed this item as provided in the agenda packet. Member Tarter asked if the agenda item attachments reflect the reduction in the amount of categories. Pam stated they do. Member Bejster noted that some services are a flat fee while some are a percentage and asked if a patient having several tests or exams done is

made aware of that beforehand. Pam stated that they are and also that staff have been trained and that all of the information is in the system.

A motion was made by Member Tarter, seconded by Member Bejster, that this item be approved. Motion carried unanimously.

Aye: 7 - Vice Chair Fornero, Member Brown, Member Tarter, Member Bejster, Member Cunningham, Secretary Smith and Member Argueta

Absent: 3 - Chair Withem-Voss, Member Washington and Member Vargas

6.6

Council Member Expense Reimbursement - Kroeger

A motion was made by Member Brown, seconded by Member Cunningham, that this item be approved. Motion carried unanimously.

Aye: 7 - Vice Chair Fornero, Member Brown, Member Tarter, Member Bejster, Member Cunningham, Secretary Smith and Member Argueta

Absent: 3 - Chair Withem-Voss, Member Washington and Member Vargas

7. Presentations

None

8. Discussion Items

8.1

CQI Update - Hayes

Attachments: [UDS Clinical Quality Indicators](#)

Jefferson McMillan-Wilhoit, Director of Health Informatics and Technology, presented this item in the absence of Christina Hayes, Continuous Quality Improvement Coordinator. Jefferson noted that this month's update contains the newly revised dashboard and explained how to interpret it. The measures shown are year-to-date, so every month the data will change based on how the Health Department is doing since January. That is also how they are reported to HRSA. Member Fornero referred to the HIV Linkage to Care indicator and asked if it means there has only been one patient since January 1, 2020. Jefferson explained that it indicates there is one newly diagnosed LCHD HIV patient since January 1, 2020, and that patient has entered treatment within 90 days of diagnosis. Member Fornero asked if that number seems low. Jefferson stated that the 2019 UDS report contained only four and that while the Health Department is currently treating a lot, newly diagnosed cases are declining. Member Cunningham added that it could also be because potential cases are not coming in to be tested. Member Brown stated that the declining numbers are due to PrEP and that Illinois' goal to be undetectable by 2030 is right on track. Member Tarter asked if the previously reported National Quality Leaders (NQLs) are part of the new dashboard. Jefferson explained that the HRSA targets are the NQL indicators and that NQL calculations for what was reported in 2019 won't be available until April 2020 but once they are received, the targets on the dashboard will be updated.

He further explained that all reporting entities across the nation get ranked against these indicators so the NQL rankings are based on that and those who were NQLs last year are included in the target. Member Tarter stated that he thought there were 16 additional measures. Jefferson explained that the revised dashboard contains every measure for clinical quality the Health Department reports on. Member Tarter then noted that only five of the 16 categories shown meet the HRSA criteria for success and he feels that is cause for concern as he knows they are also tied to the provider incentives Dr. Zun is working on implementing. Dr. Zun stated that the question of "how do we do better with our quality indicators" is being addressed in two ways, getting the providers focused on the UDS measures, and the nursing support, as well. He further explained that a team incentive plan, rather than just a provider incentive plan, is being considered and discussed and would include the provider, the nurse, the medical assistant, and the registrar. Member Fornero asked why the Low Birth Weights is at zero with a population of 15. Jefferson explained that since January 1, 2020, 15 babies were born to LCHD patients and all of them had a birth weight at or above normal, which is a very good thing. He also explained that the asterisk next to it, and next to uncontrolled diabetes, indicates that the measure is negative, meaning it is a percentage lower than the HRSA target. Member Fornero then referenced the Tobacco Screening and Cessation measure and asked if 918 is the number of patients using tobacco. Jefferson explained that 918 is the number of patients at least 18 years of age when seen by a LCHD provider. The number 742 are those of the 918 screened for tobacco cessation and, if a smoker, started on some level of cessation counseling. Member Smith referenced the Asthma Medication Use, Childhood Immunization Status, and Diabetes Uncontrolled, and asked if those three groups were being more closely monitored due to COVID-19. Jefferson stated that the question will be addressed in the next agenda item, UDS Data Review, and during the Medical Director's Report. Dr. Zun added that he is concerned about the immunization status as well as the diabetic control and that there are committees working on how we can increase compliance, because he knows we can do better. He also noted that the asthma measure is coming off the list and Jefferson added that he will explain further during the UDS Data Review item. Member Bejster thanked Jefferson and his staff for the improved dashboard as it makes interpretation and understanding much easier.

This matter was presented

8.2

Review of 2019 UDS Submission to Health Resources and Services Administration (HRSA) - Gajauskas

Attachments: [2019 UDS Review](#)

[UDS Data Sources and Annual Comparison 2019](#)

Jefferson McMillan-Wilhoit, Director of Health Informatics and Technology, presented this item in the absence of Greg Gajauskas, Healthcare Analytics Manager. He informed the Council that every year LCHD has to report on its quality measures, along with a lot of other data, to HRSA in the Uniform Data Service (UDS). HRSA uses the information to

ensure LCHD is meeting the requirements of HRSA's compliance manual, is on track to meet it's goals, as well as to obtain a picture of how health centers are providing service to the underinsured and uninsured nationwide. The attachments provided in the agenda packet provide a more detailed explanation of the measures shown in agenda item 8.1 and of what was officially reported to HRSA for 2019. To answer Member Smith's earlier question, Persistent Asthma regressed because while providers are prescribing appropriate treatment medications, those medications are not on HRSA's approved list of medications and, therefore, are not being captured. This measure will no longer be captured beginning in 2020. Statin therapy is a new measure and replaces the coronary artery disease lipid therapy measure. Member Tarter asked about UDS versus NQL. Jefferson explained that the UDS is what all the data is entered in to and the NQL are the top one percent of community health centers across the country. The HRSA target numbers are based on whoever the NQL was in that particular measure. Member Smith asked how is the Council going to know how many patients are being seen and treated for asthma with the measure going away and data no longer being captured. Jefferson stated that LCHD can continue to report on that measure if the Council wants it to continue but to keep in mind that the UDS is not going to require reporting of that measure so there will not be an NQL target for it. Member Smith stated she feels its important to keep receiving that information. Member Brown concurred and stated that just because there won't be an NQL for it doesn't mean it shouldn't be measured. Dr. Zun suggested LCHD follow good clinical guidelines and appropriate treatment, and look at the number of patients with asthma as a primary diagnosis ensuring they are treated with an appropriate medication rather than following the approved list of medications. He would be happy to initiate it in the clinics and have them do that type of auditing. Jefferson suggested that he will work with his team and clinical staff over the next month to come up with a good asthma measure and present it at the next Council meeting for their input.

This matter was presented

8.3

2019 Environment of Care Plan Annual Review - Nordstrom

Attachments: [2019 LCHD Environment of Care Annual Review-FINAL](#)

Jerry Nordstrom, Director of Business Operations, presented and reviewed this item. He noted that work on the plan is done throughout the year and coordinated and monitored by the Environmental Health and Safety (EHS) Committee. The document demonstrates the active work done in regard to the Joint Commission areas listed. Member Tarter asked how it's known if things are improving as this is a point-in-time report. Jerry stated that issues are addressed and rectified as they occur. If an issue resurfaces the reason why is determined and the appropriate steps taken to rectify it. We can make sure fire drills are being done as often as they should be, and that certain activities are being observed on a periodic basis, but it's more about looking at all of the different plans and making sure there aren't any gaps as opposed to hitting specific measurable targets. Member Tarter asked if this plan is a Joint Commission requirement, to which Jerry stated it is for the

areas listed. Member Tarter then asked if the Compliance Plan is also a Joint Commission requirement and Jerry explained that it's HRSA. Member Bejster stated she understands some things are dealt with in the moment and are not going to be reported on, but feels that the annually reported pieces, such as monthly safety inspections and staff OSHA training, should be tracked for comparison year-to-year. Jerry stated that continued monitoring and progress can be reported regularly and that he would have his staff look in to it. Member Fornero noted a housekeeping item at the bottom of page 3, stating that "Percentage of spot checks...." should be "Number of spot checks....," and asked what it means. Jerry explained that the security guards utilize a mobile device to input codes at various spots around the campus, that data is captured in the security company's system, which LCHD Materials Management has access to so that they can see whether or not the guards are doing the regular daily rounds they're supposed to be doing. Member Brown asked what measures are being taken to protect LCHD staff from the COVID-19 virus. Dr. Zun stated that a COVID-19 update will be given during the Medical Director's report and that preparedness is a part of it.

This matter was presented

8.4

Annual Compliance Work Plan Review - Nordstrom

Attachments: [Compliance Work Plan 2019 - Annual SUMMARY BOH](#)
[Compliance Work Plan 2020 - FINAL for BOH](#)

Jerry Nordstrom, Director of Business Operations, presented and reviewed this item. He stated that this is the fourth summary report presented to the Council. It was well received by the Board of Health at their February 26, 2020 meeting.

This matter was presented

8.5

2019 Annual Report - Nordstrom

Attachments: [2019 Annual Report](#)

Jerry Nordstrom, Director of Business Operations, presented and reviewed this item. He stated that the report is complete and praised Communications staff, along with various other LCHD staff, on the excellent job they did. The report contains a variety of stories on how some of LCHD's services positively impacted the community. Next year's report will probably have a somewhat different look to align with the new strategic plan.

This matter was presented

9. Medical Director's Report

9.1

Medical Director's Report - Dr. Zun

Dr. Les Zun, Medical Director, asked if there any questions on his report as provided in the agenda packet. There were none. He then turned the floor over to Tim Sashko, Board of

Health President, and Lisa Kritz, Director of Prevention, for an update on coronavirus (COVID-19). Tim provided the following:

- Daily huddles comprised of key staff take place at 8:30 a.m.
- Lake County Board and other Lake County Officials have been contacted
- A presentation was given at the Lake County Municipal League meeting on Wednesday, March 4, 2020, in Round Lake by Lisa Kritz, Director of Prevention, Dr. Sana Ahmed, Medical Epidemiologist, Patti Corn, Emergency Response Coordinator, and Brian Louie, Communications Specialist
- Those same key staff have been working on a communication plan as well as navigating what's been coming out of the State and national messaging
- A weekly newsletter providing active updates is now available for people to receive digitally, and Governor Pritzker is now holding daily press conferences
- There are 800 national cases and 29 deaths, and as of yesterday Illinois had 11 cases but that has now increased to 19, with no deaths, none yet in Lake County
- Overall, LCHD staff has been working on: communicable disease, communication, patient confidentiality, community providers, emergency operations, public funding policy, housing, coordinating with EMS, hospitals, shelters, law enforcement, long-term care facilities, schools, daycares, businesses, coroner's office, state's attorney's office
- Isolation = you have been affected, you are symptomatic; Quarantine = you were in an area of potential exposure
- A doctor in a foreign country stated the incubation period could be up to 24 days to which the World Health Organization (WHO) responded by stating that is incorrect, it is 14 days
- On Friday, March 6, 2020, he and Lisa Kritz did a presentation at the Lake County Board's Committee of the Whole (COW) meeting
- LCHD currently has only a few test kits, the kits promised from the Federal cache have yet to arrive, staff will continue to monitor the situation
- For comparison, influenza has a Ro value of 1.3 meaning one person can give the virus to 1.3 other people; measles has a Ro value of 18; coronavirus has a Ro value of 1.2
- New cases in China have slowed down, a good sign
- There is still the hope that coronavirus will go away as seasonal flu has a tendency to do with the arrival of warm weather
- On Thursday, March 12, 2020, the Board of Health Executive Committee, along with members of the County Administrator's office and Jefferson McMillan-Wilhoit, will be meeting to review and discuss the Health Department's Continuity of Operations Plan (COOP)
- The Health Department website has a COVID-19 page with information for the general public, businesses, daycares and schools, and links to the CDC and IDPH. There is also a link to sign up to receive a newsletter and he will have Lisa Kroeger send that link to the Council members.
- He encouraged everyone present to take the flyers provided and distribute them

President Sashko then turned it over to Dr. Zun who reported on the following:

- The importance of sanitary stations, masks for patients, personal protective equipment (PPE) for staff, and frequent handwashing has been reinforced with all clinic staff*
- Clinic staff have been put through certain scenarios, such as testing and reduction in staff, so that workflow and patient care is maintained*
- An extensive plan has been developed and continues to evolve where there would be three service lines; one would be drive-thru testing for patients who are asymptomatic; one would be one or two clinics designated for those patients showing symptoms; and one would be a regular clinic for those patients needing prescriptions filled or needing to be seen for diabetes, etc.*
- He has been working closely with behavioral health, dentistry, and women's health to figure out what services will look like should the virus continue to spread and staff be reduced*

Member Brown asked about the clients and patients in ATP and the Group Home and how they are going to be quarantined since those facilities are located on the Health Department campus, and how they are going to be treated. Dr. Zun explained that as much care as possible is being transitioned to telehealth. Restricting access to care sites is also being discussed, as well as expanded and intense cleaning. We are also working collaboratively as one agency to address how to get those clients tested, where to isolate them, etc. Lisa Kritz added that some things will need to be addressed on a situation-by-situation basis. The Continuity of Operations Plan (COOP) also addresses the discontinuation of accepting those patients when the current circumstances reach a certain level.

Member Fornero noted that at the February 11, 2020 meeting the number of annual deaths due to influenza was discussed, and asked how the current virus differentiates from influenza and whether there is the potential for more infections. Lisa Kritz explained that the numbers for coronavirus are unknown at this time because all of the cases are still an unknown, but it will not be the numbers we had with SARS, MERS, or Ebola. Dr. Zun estimated we are looking at a mortality higher than the seasonal flu but only on a magnitude of 2%, where the seasonal flu is 1%, so it all has to be kept in perspective. He added that for most people infected with COVID-19, it will be mild to moderate and that those with underlying medical conditions, compromised immunity, and age 60+ have the highest risk.

Member Brown asked if those with mild symptoms or are asymptomatic need to be treated. Dr. Zun explained that currently there is no treatment for it or immunization against it, therefore, it would be like any other illness in that the sick need to stay home until they are over it and well. Lisa Kritz added that those being hospitalized are suffering severe respiratory complications and in need of additional support and oxygen. President Sashko

added that 80% of China's cases were mild.

Member Bejster asked if HRSA has issued any direction regarding the Governing Council meetings should the current situation continue to progress as HRSA is strict about monthly meeting requirements and how that affects funding. OMA does not allow for meetings and voting via conference call or online. Lisa Kritz explained that all public health entities are aware of the current situation and the resulting limitations, so she does not see that it is going to be an issue. President Sashko added that when it comes to things of this nature, we have to prioritize and do what is needed in order to accomplish the business that is in the best interest of the public health.

Member Smith asked if steps are being taken with the Health Department's non-immunized, under-immunized, asthmatic and diabetic patients by informing them to take extra care of themselves. Lisa Kritz stated she is not aware of any extra steps being taken but it appears that young children are less affected by this than by the flu. She will take Member Smith's suggestion to Communications for possible addition to the Health Department website. Kim Burke, Director of Healthcare Operations, added that 1-2 times a month a list of the children behind in their immunizations is run and their parents contacted to get those children scheduled for an appointment. Also, in the last couple of days there have been a number of well care appointment cancellations, so it seems that patients are heeding the instruction to stay at home and only go out if it is essential. Those cancelled appointments are therefore opening up the schedule to sick patients and immunizations.

This matter was presented

10. Director of Finance's Report

10.1

Director of Finance's Report - Riley

Attachments: [Finance Report](#)

Pam Riley, Director of Finance, reviewed this item as provided in the agenda packet. She informed the Council that the audit just starting is a little behind schedule. Immunizations will be part of it and the guidance was received from the auditors today. The biggest deadline is April 30, 2020, because that's when the Medicare cost report has to be filed and if it's not, our payments get suspended. The auditors are well aware of that so we should have a draft report by that time. The next deadline after that is the May 31, 2020 Medicaid cost report. An extension may have to be filed for that because Medicaid requires a full audit for that report, they do not allow for a draft.

Member Tarter asked about the pie chart report he requested at the February 11, 2020 meeting. Pam explained that she is going to do it based on the annual as other adjustments have been made since the last meeting.

Member Tarter asked if the State is making revenue streams available to reimburse expenses related to COVID-19. Pam stated that at this point in time she doesn't know but that all Health Department expenses related to COVID-19 are being tracked using the model from H1N1.

This matter was presented

11. Added to Agenda

None

12. Old Business

None

13. New Business

None

14. Executive Session

None

15. Adjournment

A motion was made by Member Cunningham, seconded by Member Brown, that this meeting be adjourned. Motion carried unanimously. Meeting adjourned at 7:01 p.m.

Aye: 7 - Vice Chair Fornero, Member Brown, Member Tarter, Member Bejster, Member Cunningham, Secretary Smith and Member Argueta

Absent: 3 - Chair Withem-Voss, Member Washington and Member Vargas