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July 10th, 2024

Thomas J. Nasca, MD MACP
President and Chief Executive Officer
Accreditation Council for Graduate Medical Education
Professor of Medicine and Molecular Physiology
Sidney Kimmel Medical College of Thomas Jefferson University
Senior Scholar, Department of Medical Education
University of Illinois at Chicago College of Medicine

Re: Reconsideration of Probationary Accreditation Status for the Cook County Health and Hospitals System Emergency Medicine Program #1101621083

Dr. Nasca,

We sincerely appreciate the efforts of the ACGME, your field representatives and the board of directors in their investigation of the complaints submitted in November of 2023 against the residency program, the subsequent site visits, and the very detailed letter of citations. This last nine months have provided extensive opportunity for introspection and growth and your input has been invaluable in helping us identify our system gaps and plan our process improvements as we continually work to maintain this program at its highest level. We have read through the letter provided very carefully and would like to draw attention to the following developments since the February site visit to support our request for reconsideration of our probationary status. We have been guaranteed the full support of our health system CEO to implement the actions detailed below.

Citation #1: Program and Departmental Leadership

The program has recognized its failure to comply with requirement II.A in reference to the program director holding the appropriate authority and responsibility to ensure compliance with all applicable program requirements and has taken the steps to address this issue.

- 1) At our GMEC meeting on July 9, 2024 we developed an institution-wide procedure to delineate the process for revoking core faculty status for any faculty members whose behavior is felt to jeopardize the safe and successful operations of the program in compliance with ACGME standards (Supplement #1). This procedure will be sent for review as an official institutional policy at the next available GMEC meeting on August 6th. In short, this procedure specifically grants the Program Director, in consultation with the relevant Departmental Chair and DIO but at the final discretion of the PD, the clear authority to immediately revoke core faculty status and the privileges to work with residents and fellows in light of any credible report of unacceptable behavior. In addition, the GMEC has formed a new Due Process Review Committee composed of faculty and resident members of the GMEC and chaired by the DIO to review any and all such actions after the faculty member has been removed from the Clinical Learning Environment. This committee will review all such actions within 14 days of their initiation and make recommendations for the subsequent action plan for the involved faculty member to be overseen by the relevant departmental chair and supervised by the Chief Medical Officer.
- 2) Upon formal adoption, this policy will be presented in writing to all Core Faculty Members by the DIO. In addition, the policy will be specifically addressed with all departmental chairs and program directors by the Chief Medical Officer and DIO respectively to ensure the proper understanding and operationalization.
- 3) The Program Director will participate in all of the core faculty annual evaluations, specifically to both review the results and commentary from the annual faculty evaluations by the residents and to address any professionalism concerns that have been raised. As part of this process, the Program Director will have the authority to initiate either directed coaching as necessary or a formal performance improvement plan for any under-performing faculty which will be executed by the Departmental Chair.

Citation #2: The Learning Environment

The program has recognized its failure to comply with requirement II.A.4.a.7 in reference to providing a learning environment where residents can raise concerns and report mistreatment in a confidential manner without fear of retaliation. In our internal investigation of this item, the primary concern expressed by our residents is whether they can either confidentially or anonymously report an issue. In addition, they expressed that this should be done without fear of retribution from those listed in said complaint. The program has taken the following steps to address this issue.

- 1) Within our department, our focus has been on reinforcing the pathways of trust and communication between residents, our faculty, program leadership, and the GMEC. We have reemphasized our open-door policy to address concerns in a confidential manner and have taken the steps to overhaul our reporting pathway as detailed below. In addition, we recognized that our previous pathway utilizing the chief residents as intermediaries had the untoward effect of weakening the overall confidentiality of the process.
- 2) In collaboration of the GMEC, the DIO has reviewed the current departmental-level reporting methods and is in the final steps of creating an institution-wide tiered anonymous reporting pathway that is standardized across all training programs. This pathway will provide the option to send reports to either the corresponding program director or the DIO in situations where the reporting party feels either that the initial response from the PD has been inadequate or that it would be impossible to maintain anonymity by keeping the report within the training program. The reporting party has the option to request feedback in writing when filing the report, at which point in time the receiving party would be expected to respond to

within 10 days of the initial filing to either solicit more information and/or provide a plan to address. A written record of all communication under this pathway will be kept by the Institutional GMEC. A link to this reporting pathway will be placed on the New Innovations homepage for all housestaff.

- 3) As is the current practice, the DIO will present any of these reports that are generalizable across multiple programs in an anonymous fashion to the GMEC during a regularly scheduled meeting. In addition, these records will be presented and reviewed at a minimum during each program's program evaluation committee meeting(s) and annual program review.
- 4) Upon final adoption of this pathway by the GMEC, it will be presented in writing to all members of the housestaff by the DIO.
- 5) Program directors and program leadership will present this plan to faculty members within their department to describe the pathway and answer corresponding questions.
- 6) Program directors and program leadership will present this plan to all residents within the program at their regularly scheduled conference time.

Citation #3: Professionalism

The program has recognized its failure to comply with requirement IV.B.5 in reference to providing a psychologically safe environment that is professional, equitable, respectful, and civil and free from harassment, discrimination, and mistreatment and has taken the following steps to address this issue:

- 1) The program recognizes that it failed to properly update the Annual Data Submission to reflect the revocation of Core Faculty status for Dr. Moskoff prior to the site visit on February 22nd of 2024 and has updated his status to reflect said action in December of 2023. Furthermore, as of March of 2024, Dr. Moskoff is no longer employed by Cook County Health.
- 2) The institution has secured an outside consulting firm to provide formal faculty development sessions focused on the standard of professionalism in the workplace, specifically as applied to healthcare settings and training sites. The DIO is working with the group to prioritize the specific trainings and the details can be found in supplement #2. The initial sessions have been scheduled to begin in August of 2024 and will be tailored to all Departmental Chairs, Division Directors, and Program Directors.
- 3) Similar topics will be presented to faculty members within the Department of Emergency Medicine beginning in August of 2024 and all core faculty members will be required to complete the sessions by the end of October 2024.
- 4) Faculty Member B has received coaching on professionalism in the workplace from both the program director and departmental chair and there have been no further reports of unprofessional behavior since said interventions in the fall of 2023.

Citation #4: Recruitment and Retention

The program has recognized its failure to demonstrate substantial compliance with program requirement I.C in reference to engaging in practices that focus on the mission driven and systematic recruitment of a diverse and inclusive workforce of residents, faculty, and other members of the academic community. The program recognizes the negative impact that unprofessional faculty behavior will have on our efforts but would like to draw attention to the following initiatives that have been instituted in addition to those previously listed in the last Annual Data Submission.

- 1) The program instituted a pathway for visiting medical students to lodge anonymous concerns and complaints similar to the one we used for our residents in the summer of 2023. Outside of the complaint filed against Faculty Member B in the fall of 2023, nothing further has been reported, and Faculty Member B's privileges to work with visiting fourth year medical students remains revoked as of October of 2023.
- 2) As detailed above, Dr. Moskoff is no longer employed by the institution as of March of 2024.
- 3) The institution hosted its second annual in person DEI day for interested applicants to all sponsored programs in the winter of 2024.
- 4) In conjunction with the GMEC DEI subcommittee, the program sponsored two of its chief residents to attend the SNMA AMEC conference in the spring of 2024, specifically to represent the program at their residency fair and will continue to do so for future recruitment cycles
- 5) The program director and chief residents participated in the annual residency information session for students at Meharry considering a career in emergency medicine in the fall of 2023 and will continue to do so for future recruitment cycles
- 6) The program continues to sponsor three diversity scholarships for visiting fourth year medical students annually.
- 7) The program continues to sponsor monthly informal in person recruitment dinners targeted specifically to visiting URM and female medical students and hosts annual virtual informational sessions specifically for interested URM and female applicants.
- 8) The program continues to host call-back sessions for our interview applicants who identify as URM, female, or LGBTQ+.
- 9) The program continues to promote residents from underrepresented groups into leadership positions, with 3 of the 4 incoming chief residents identifying as female, one as African American, and one as a member of the LGBTQ+ community.
- 10) Of our four faculty hires this year, one identifies as female and one as a non-binary member of the LatinX community.

Citation #5: Coordinator Support

The program has recognized its failure to comply with requirement II.C.2.a in reference to the requisite time and support afforded to our program coordinator for administration of the program and has taken the following steps to resolve this issue:

- 1) The program has hired an Associate Program Coordinator, Ms. Andre'a Wortham-Robinson, to provide an additional 1.0 FTE dedicated to the administration of the residency program. Her employment in this role began on July 2nd, 2024.
- 2) Ms. Estella Bravo will continue to lend 0.25 FTE support to the Program Coordinator, Ms. Ethel Lee, in the administration of the program. Her contributions, along with those of Ms. Sheena Lee, was incorrectly omitted from the most recent Annual Data Submission. This ensures that our program coordinator receives 2.25 FTE of support in compliance with requirement II.C.2.a. Our Annual Data Submission has been updated to reflect this information.

Citation #6: CCC Composition

The program recognizes its error in documentation in the most recent Annual Data Submission regarding the composition of our program's Clinical Competency Committee resulting in an implied violation of requirement V.A.3.a and has taken the following steps to resolve this issue:

- 1) The program's clinical competency committee is chaired by Dr. Scott Sherman (Associate Program Director) and includes the following voting members: Dr. Michael Schindlbeck (Program Director), Dr. Rosaura Fernandez (Assistant Program Director), Dr. Jessica Folk (Assistant Program Director), and Dr. Sean Dyer (Assistant Program Director). While two of our program coordinators, Ms. Ethel Lee and Ms. Sheena Lee, were incorrectly listed as members of this committee on the most recent Annual Data Submission out of respect to their contributions in helping us coordinate the semiannual reviews, they have never served, nor have any non-core faculty members, as voting members of the committee at any point throughout its history. Our annual data submission has been updated to reflect this and their names have been removed from the list of committee members. This ensures that our program meets the requirement for the minimum number of program faculty required to sit on the clinical competency committee (requirement V.A.3.a) and the requirement that all committee members are either faculty members or associated health professionals with extensive contact and experience with the program's residents (requirement V.A.3.a.1)

Citation #7: Curriculum – Critical Care

The program has recognized its failure to comply with requirements IV.C.4.a in reference to the minimum number of rotations dedicated to critical care including the care of patients under the age of 18 and has taken the following steps to resolve this deficiency:

- 1) A dedicated pediatric intensive care unit rotation of four weeks duration (labelled as PICU in the supplemental block schedule) has been added to the PGY-2 curriculum for the 2024-2025 academic year. This guarantees the requisite 4 months of dedicated critical care experiences including the critical care of infants and children (requirement IV.C.4.a) and ensures that a minimum of two of these experiences are at the PGY-2 level or above (requirement IV.C.4.a.1). The breakdown of dedicated critical care rotations for our resident trainees is now as follows (each rotation listed below is 4 weeks in duration).
 - a. PGY-1: Stroger Hospital Medical Intensive Care Unit (MICU); Glenbrook Hospital Medical Intensive Care Unit (MICU)
 - b. PGY-2: Stroger Hospital Pediatric Intensive Care Unit (PICU)
 - c. PGY-3: Stroger Hospital Medical Intensive Care Unit (MICU)

Citation #8: Five Months of Pediatric Training

The program has recognized its failure to comply with requirements IV.C.4.b in reference to the minimum number of rotations focused on the care of patients under the age of 18 and has taken the following steps to resolve this deficiency:

- 1) A dedicated pediatric intensive care unit rotation of four weeks duration (labelled as PICU in the supplemental block schedule) has been added to the PGY-2 curriculum for the 2024-2025 academic year. This guarantees the requisite 5 months of dedicated pediatric training including both the minimum amount of time required for said care in emergency department

settings (requirement IV.C.4.b.1) and an experience dedicated to the care of critically ill infants and children (requirement IV.C.4.b.2). The breakdown of dedicated pediatric rotations for our resident trainees is now as follows in addition to the 0.877 FTE provided by our community sites based on our most recent breakdown of said rotations (each rotation listed below is 4 weeks in duration).

- a. PGY-1: Stroger Hospital Pediatric Emergency Department
- b. PGY-2: Lurie Children's Hospital Pediatric Emergency Department (PEDS-ED); Stroger Hospital Pediatric Intensive Care Unit (PICU)
- c. PGY-3: Comer Children's Hospital Pediatric Emergency Department (PEDS-ED)
- d. PGY-4: Comer Children's Hospital Pediatric Emergency Department (PEDS-ED)

In closing, we take full responsibility for our previous mistakes and hope that this letter demonstrates the efforts we have and will continue to take to comply with ACGME standards. Furthermore, we hope that the steps we have taken to address the listed citations above justifies our appeal to the ACGME Board of Directors to reconsider our status of probationary accreditation.

Sincerely,



Michael Schindlbeck, M.D.
Program Director, Emergency Medicine
Cook County Health



Steven E. Aks, D.O., FACMT, FACEP
Chief Academic Affairs Officer / Designated Institutional Official
Cook County Health

Supplement #1: Due Process Review Committee

Graduate Medical Education Committee: Due Process Review Committee for Faculty (GMEC Due Process Review Committee for Faculty)

Background:

As stated in the ACGME Institutional Requirements, it is essential that the GMEC and DIO working in conjunction with Program Directors have the final review on who can serve as members of the core faculty and supervise the training of Residents and Fellows within the healthcare system. The GMEC has an obligation to support all Program Directors to make this determination in their respective programs. By use of this procedure, Program Directors along with the support of the GMEC will be able to change the status of existing faculty members as to whether they can act in the role of supervising Attending Physicians.

Composition:

The GMEC will elect a GMEC Due Process Review Committee chaired by the DIO and composed of Program Directors, Resident Physicians, and additional interested Core Faculty members. All actions detailed below will be reviewed by a subgroup of this committee composed of a minimum of three program directors and three resident physicians. .

Procedure:

The committee will be convened for the reasons listed below or at any other time when a Program Director requests advice or support in managing a faculty member who is struggling to meet acceptable standards for teaching faculty.

- 1) Faculty removal from resident supervision duties:
 - a. A Program Director may immediately remove a faculty member from resident supervisory duties upon determination that there has been a significant violation of core faculty standards within the Clinical Learning Environment. Such violations include but are not limited to any of the following: lapses in professionalism, inappropriate communication, inadequate resident supervision, and any behavior concerning for bullying, harassment, or discrimination.
 - b. The GMEC Due Process Review Committee (GMEC DPRC) will be convened, and the involved Program Director will present the case for review. Upon weighing all relevant information and documentation, the DPRC will deliberate and formulate recommendations to the Program Director. Potential recommendations include: 1) Full support of irrevocable cancelation of core faculty status, 2) Modified support including potential reinstatement of core faculty status following targeted coaching, counselling, or additional training, or 3) The conclusion such action is not warranted. The findings of the committee will be shared with the Program Director, the Departmental Chair, and the Chief Medical Officer.
 - c. Of note, the GMEC DPRC will not deliberate on actions related to termination of employment or other formal disciplinary actions through human resources as these matters fall under the purview of the Departmental Chairs and Chief Medical Officer. It will act strictly to support the PD's decision of whether the

faculty will be able to continue to work with residents. It will be the responsibility of the Chair to work with the CMO to determine if other discipline pathways should be activated (Disruptive Physician's Committee, Peer Review, or HR process).

2. Consultation with the GMEC DPRC to determine if specific behavior(s) warrants the revocation of core faculty status for a specific faculty member
 - a. In the instance where a Program Director would like the advice and counsel of fellow Program Directors peers, the DIO will convene the GMEC DPRC for the purpose of reviewing a faculty member performance issue(s) and providing subsequent recommendations to the Program Director on the most appropriate intervention including those as outlined above.

Supplement #2: Faculty Development Plan

<p style="text-align: center;">Graduate Medical Education Faculty Development Plan Cook County Health</p>
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The purpose of Cook County Health’s Faculty Development Plan is to educate institutional Leadership, in particular the Department and Division Chairs and Program Directors, on how to create a safe, equitable, and engaging learning environment for our residents, fellows, and medical students. In their role as leaders, they are expected to pursue the highest standards of professionalism, teaching excellence, quality patient care as they foster a climate of innovation and growth for all members of the healthcare system and further the mission of the institution to provide quality healthcare with respect and dignity to all individuals regardless of their ability to pay.

We will also enroll all faculty in the same training as they are also key leaders in directly supervising resident education.

The Faculty Development Plan is scheduled to begin in August of 2024 and remain active until all Clinical Chairs, Division and Department Directors, and Program Directors complete the assigned modules listed below. In addition, all attending physicians within the Department of Emergency Department will be required to complete the same set of modules by October 31st, 2024. Beginning in September of 2024, these modules will be assigned to all Chief Residents across the institution as we aim to train the future leaders within academic medicine. Moving forward, components of the Cook County Health’s Faculty Development Plan will be incorporated into the orientation of any and all newly appointed Clinical Chairs, Division and Department Directors, Program Directors, and Chief Residents. The Faculty Development Plan is outlined into 5 modules as detailed below.

Module 1

Leadership Styles

- Review Leadership Styles
- Identify your Style
- Discuss effective Leadership Styles

Communication and Professionalism

- Tools for Effective Communication
- Active Listening Skills

Module 2

Emotional Intelligence

- Physiological Basis for Emotional Intelligence
- Promoting strong Emotional Intelligence
- Know thyself

Crucial Conversations/Expectations/Escalation Pathway

- Effective ways in managing difficult situations
- Behavior expectations in the GME programs
- Identifying Escalation Pathways

Module 3

Psychological Safety

- Building Trust
- Creating a Culture of Safety
- Why Psychological Safety is essential in the healthcare setting
- How Psychological Safety can help you be successful

Effective Teams

- Success through and with Others
- Short-term and Long-term Teams

Module 4

Coaching/Mentoring

- Essential tools
- The Future of Healthcare is in your Hands

Module 5

Diversity/Equity/Inclusion

- Why it's Important
- Dignity and Respect

Lateral Violence

- What is Lateral Violence
- Mitigation

Supplement #3: 2024-2025 Block Schedule

Cook County Emergency Medicine Residency Program 2024-2025 Block Schedule

PGY-1													
	1	2	3	4	5	6	7	8	9	10	11	12	13
John H. Stroger Jr. Hospital of Cook County	Orientation ED	ED	ED	ED	ED (2 weeks)	ED Ultrasound (2 weeks)	TRAUMA/TICU	PEDS-ED	MICU	BURN-ICU (2 weeks)	MED		VAC
Northwestern Memorial Hospital									L&D (2 weeks)				
Provident Hospital of Cook County											ED		
Glenbrook Hospital												MICU	

PGY-2													
	1	2	3	4	5	6	7	8	9	10	11	12	13
John H. Stroger Jr. Hospital of Cook County	ED	ED	ED	ED	ED (2 weeks)	ED Ultrasound (2 weeks)	TRAUMA/TICU	ED Orthopedics	ANES (2 weeks)	EMS (2 weeks)	PICU		VAC
Community First Medical Center													
Ann & Robert H. Lurie Children's Hospital of Chicago										ED			
Evanston Hospital - Northshore University Health System											PEDS-ED		
												ED	

PGY-3													
	1	2	3	4	5	6	7	8	9	10	11	12	13
John H. Stroger Jr. Hospital of Cook County	ED	ED	ED	ED	ED	ED (1 week)	ED Ultrasound (1 week)	ED	ED	ED	ED		VAC
Glenbrook Hospital													
University of Chicago Comer Children's Hospital													
West Suburban Hospital												ED	

PGY-4													
	1	2	3	4	5	6	7	8	9	10	11	12	13
John H. Stroger Jr. Hospital of Cook County	ED	ED	ED	ED	ED	ED (1 week)	ED Ultrasound (1 week)	ED	ED	ED	ED		VAC
Glenbrook Hospital													
University of Chicago Comer Children's Hospital													
Community First Medical Center													
West Suburban Hospital													