

Axel & Associates, Inc.

MANAGEMENT CONSULTANTS

E-003-10

January 7, 2011

RECEIVED

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HEALTH FACILITIES &
SERVICES REVIEW BOARD

Mr. Michael Constantino
c/o Illinois Health Facilities
and Services Review Board
525 West Jefferson
Springfield, IL 62761

RE: *Certificate of Exemption application*
addressing the "Change of Ownership" of
Central DuPage Hospital and
Delnor-Community Hospital

Dear Mr. Constantino:

This letter responds to your email of January 3, 2011 requesting additional information concerning the above-referenced Certificate of Exemption application.

Benefits to the Community

The proposed merger will enhance the efficiency and effectiveness of service delivery by both hospitals. As a consequence, the patients that are currently served by the two hospitals will realize improved access to care. At the same time that access to care will be improved for patients, their families and caregivers, community focus – which has been the proud tradition of both hospitals – will be maintained. By combining, these two hospitals will be better equipped to support future growth and will be able to support the formation of a broad network of integrated services. Importantly, these objectives will be achieved while maintaining or improving the quality of care that is delivered

Cost Savings

The applicants anticipate that the proposed merger will result in some level of cost savings to the community, and certainly non-monetary benefits as discussed in the application and in other parts of this document. That said, it is not possible for the applicants to predict with specificity the cost savings that will be realized.

Quality Control

The applicants take pride in the quality of services that each has traditionally provided, and both hospitals have been recognized for their quality of services. The applicants are committed to continuing to provide high quality services by the implementation of a standardized set of clinical protocols and practices, the development of performance metrics designed to achieve top decile performance for all inpatient and outpatient sites, investment in the training and development of employees and staff, and through maintaining state-of-the art facilities and equipment. The medical staffs of the two hospitals will remain independent, but will share information for the purpose of establishing a continuum of care, and safer and more efficient outcomes for patients. A "Medical Staff Integration Team" consisting of management and medical staff representatives from both hospitals will be established, with one of the responsibilities of the Team being the evaluation of "best practices" as currently practiced by each of the medical staffs/hospitals for implementation at the other hospital.

Organizational Structure/Selection of Board

Article 3 of the Agreement of Merger details the organizational structure. In summary, upon closing the assets and liabilities of Delnor-Community Health System and Central DuPage Health will be co-mingled, and a new "parent entity" will be created, CDH-Delnor Health System. The "Parent Board" will initially be comprised of equal representation from CDH and Delnor, including two medical staff and eight "at large" representatives from each of the hospitals, appointed by the Boards of each of the hospitals. Subsequent appointments to the Parent Board will be made by the Parent Board. (Article 3.3 and 3.4)

CDH-Delnor Health System will have a Chief Executive Officer selected by CDH-Delnor Health System ("the System"), and the System will have a committee structure similar to that of many other health systems, including an executive committee, a finance committee, an audit committee, and others. (Article 3.6)

Proposed Changes to the Hospitals' Scope of Services

No changes to any IDPH-designated category of service at either Central DuPage Hospital or Delnor-Community Hospital are anticipated over the 24 months following the merger; nor are any changes to the level of care, other than the quality-based improvements discussed above anticipated as a result of the merger.

Exhibits to Transaction Document

Eleven exhibits are referenced in the Agreement of Merger. Exhibits A, B, H, I, and J are considered complete by the parties, and therefore unlikely to change

prior to consummation of the transaction outlined in the merger agreement.

Exhibits C, D, E, F, G and K are, by the explicit terms of the Agreement of Merger, each subject to development between execution of the Agreement of Merger and consummation of the transaction. As such, each also represents a condition precedent to such a consummation. Notably, these documents will unlikely be completed and attached until on or very near the closing date.

Impact Statement

As noted above, no changes to the IDPH-designated categories of service or number of beds provided by either Central DuPage Hospital or Delnor-Community Hospital are anticipated to result from the proposed merger for a minimum of two years following the merger. The operating entities/licenses of the two hospitals will not change.

The primary reasons for the proposed merger is to more efficiently, seamlessly and effectively serve the hospitals' existing patients. We also believe that the combined financial strength of the two entities will support future growth, and will improve the manner in which services are provided to area residents.

While some reductions in non-patient care staff could result from the consolidation of certain administrative and support services, no reductions in patient care positions are anticipated during the two years following the merger, other than those routinely experienced through the normal operations of a hospital.

Cost/Benefit

The applicants estimate that approximately \$375,000 in capitalized costs may be incurred related to the merger process. These costs generally include the development of the Agreement of Merger, as well as all government reviews, including those of the Federal Trade Commission and the Illinois Attorney General's office. There will be no cost to the community. The benefits to be realized from the merger include the benefits to the community discussed above, including improved access, the ability to support future growth, etc. The benefits to be realized by the applicants include efficiencies in operation, the ability to consolidate selected non-clinical services (administrative functions), and other benefits associated with economies of scale, that have yet to be quantified.

In summary, it is anticipated that any costs to be incurred by the applicants will be more than offset by the benefits to both the community and the applicants to be derived from the proposed merger.

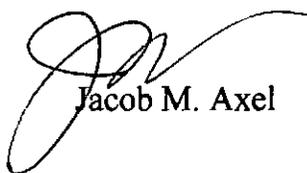
Access

The proposed merger will not limit area residents' access to any of the services provided by either hospital.

Both of the hospitals are anticipated to continue operating under the admissions policies and charity care/discounted charges policies currently in place. Copies of the current policies are attached, as are letters from the CEO's attesting to the fact that admissions will not become more restrictive as a result of the proposed merger. It is the applicants' expectation and anticipation that if any of the admissions-related policies at either hospital change, none of those changes will result in more restrictive practices.

Thank you for the opportunity to address these issues. Should any additional information be required, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Axel', written over the printed name 'Jacob M. Axel'.

Jacob M. Axel

enclosures

cc M. Holzhueter (Central DuPage)
J. Hubbe (Delnor)
M. Skinner

**ILLINOIS HEALTH FACILITIES PLANNING BOARD
APPLICATION FOR EXEMPTION FOR THE
CHANGE OF OWNERSHIP FOR AN EXISTING HEALTH CARE FACILITY**

1. INFORMATION FOR EXISTING FACILITY

Current Facility Name Central DuPage Hospital
Address 25 North Winfield Road
City Winfield Zip Code 60190 County Dupage
Name of current licensed entity for the facility Central DuPage Hospital
Does the current licensee: own this facility no OR lease this facility _____ (if leased, check if sublease)
Type of ownership of the current licensed entity (check one of the following:) _____ Sole Proprietorship
 Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental
_____ Limited Liability Company _____ Other, specify _____
Illinois State Senator for the district where the facility is located: Randall M. Hultgren
State Senate District Number 48 Mailing address of the State Senator _____
1725 S. Naperville Road Suite 200 Wheaton, IL 60189
Illinois State Representative for the district where the facility is located: Rep. Mike Fortner
State Representative District Number 95 Mailing address of the State Representative: _____
135 Fremont Street West Chicago, IL 60185

2. **OUTSTANDING PERMITS.** Does the facility have any projects for which the State Board issued a permit that will not be completed (refer to 1130.140 "Completion or Project Completion" for a definition of project completion) by the time of the proposed ownership change? Yes No . If yes, refer to Section 1130.520(f), and indicate the projects by Project # CDH: 07-59 (bed tower), 07-147 (proton), 08-159 (cancer center), and 09-007 (ED), Delnor: none
3. **FACILITY'S BED OR DIALYSIS STATION CAPACITY BY CATEGORY OF SERVICE** (Complete "APPENDIX A" attached to this application)
4. **FACILITY'S OTHER CATEGORIES OF SERVICE AS DEFINED IN 77 IAC 1100** (Complete "APPENDIX A" attached to this application)
5. **NAME OF APPLICANT** (complete this information for each co-applicant and insert after this page).
Exact Legal Name of Applicant Central DuPage Hospital Association
Address 25 Winfield Road
City, State & Zip Code Winfield, IL 60190
Type of ownership of the current licensed entity (check one of the following:) _____ Sole Proprietorship
 Not-for-Profit Corporation _____ For Profit Corporation _____ Partnership _____ Governmental
_____ Limited Liability Company _____ Other, specify _____
6. **NAME OF LEGAL ENTITY THAT WILL BE THE LICENSEE/OPERATING ENTITY OF THE FACILITY NAMED IN THE APPLICATION AS A RESULT OF THIS TRANSACTION.**
Exact Legal Name of Entity to be Licensed _____ please see following page _____
Address _____
City, State & Zip Code _____
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7. **BUILDING/SITE OWNERSHIP. NAME OF LEGAL ENTITY THAT WILL OWN THE "BRICKS AND MORTAR" (BUILDING) OF THE FACILITY NAMED IN THIS APPLICATION IF DIFFERENT FROM THE OPERATING/LICENSED ENTITY**
Exact Legal Name of Entity That Will Own the Site _____ please see following page _____
Address _____
City, State & Zip Code _____
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1725 S. Naperville Road Suite 200 Wheaton, IL 60189
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135 Fremont Street West Chicago, IL 60185

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Exact Legal Name of Applicant Central DuPage Health
Address 25 Winfield Road
City, State & Zip Code Winfield, IL 60190
Type of ownership of the current licensed entity (check one of the following:) _____ Sole Proprietorship
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**ILLINOIS HEALTH FACILITIES PLANNING BOARD
APPLICATION FOR EXEMPTION FOR THE
CHANGE OF OWNERSHIP FOR AN EXISTING HEALTH CARE FACILITY**

1. INFORMATION FOR EXISTING FACILITY

Current Facility Name Delnor-Community Hospital
Address 300 Randall Road
City Geneva Zip Code 60134 County Kane
Name of current licensed entity for the facility Delnor-Community Hospital
Does the current licensee: own this facility no OR lease this facility _____ (if leased, check if sublease)
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Address 300 Randall Road
City, State & Zip Code Geneva, IL 60134
Type of ownership of the current licensed entity (check one of the following:) _____ Sole Proprietorship
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A MAGNET
NURSING HOSPITAL



January 7, 2011

**DELNOR
HOSPITAL**

300 Randall Road
Geneva, Illinois 60134
Tel 630/208.3000

Illinois Health Facilities
and Services Review Board
Springfield, Illinois

To Whom It May Concern:

Please be advised that the proposed merger between Delnor-Community Health System and Central DuPage Health will not result in the adopting of more restrictive admissions policies at Delnor-Community Hospital.

Sincerely,

A handwritten signature in cursive script that reads "Thomas L. Wright".

Thomas L. Wright
President and CEO



January 7, 2011

Illinois Health Facilities
and Services Review Board
525 West Jefferson Street
Springfield, Illinois 62761

To Whom It May Concern:

Please be advised that the proposed merger between Central DuPage Health and Delnor-Community Health System will not result in the adopting of more restrictive admissions policies at Central DuPage Hospital.

Sincerely,

A handwritten signature in black ink, appearing to read 'Luq' with a stylized flourish.

Luke McGuinness
President and CEO

EXHIBIT A

CDH AFFILIATES

Exhibit A
CDH Affiliates

1. Central DuPage Physician Group
2. Central DuPage Special Health Association
3. Community Nursing Service of DuPage County
4. DuPage Health Services, Inc.
5. PAHCS II

EXHIBIT B
DELNOR AFFILIATES

Exhibit B

Delnor Affiliates

1. Delnor-Community Residential Living, Inc.
2. DelCom Corporation
3. Valley Healthcare Associates, Inc.
4. Living Well Cancer Resource Center

EXHIBIT H

ORGANIZATIONAL CHART

EXHIBIT I

CDH JOINT VENTURES

Exhibit J

CDH Joint Ventures

	Joint Venture	Business or Operations Conducted	CDH Entity and Percentage Membership held by CDH Entity	Other Members and Percentage Membership	Classes of Membership
1.	Northern Illinois Surgery Center, Inc.	Acts as general partner to the Northern Illinois Surgery Center, L.P.	DuPage Health Services, Inc., 1/3 interest	Naperville Health Ventures, 1/3 interest DuPage Doctors, L.P., 1/3 interest	NA
2.	Northern Illinois Surgery Center, LP, d/b/a The Center for Surgery	Ambulatory surgery center	Central DuPage Health, 33% LP interest	Northern Illinois Surgery Center, Inc., 1% GP interest Naperville Health Ventures, 33% LP interest DuPage Doctors, L.P., 33% LP interest	General partner and limited partner interests
3.	HealthTrack Sports and Wellness, LLC	Acts as general partner to HealthTrack Sports and Wellness, LP; provides management and administrative services to facilities owned by the LP	DuPage Health Services, Inc., 50%	Wheaton-Oaks Sport Center, Inc., 50%	NA
4.	HealthTrack Sports and Wellness, LP	Develop, own and operated facilities which offer sports and fitness activities and all ancillary services thereto.	Central DuPage Health, 49.5% interest	HealthTrack Sports and Wellness, LLC, 1% GP Wheaton-Oaks Sport Center, Inc., 49.5% interest	NA
5.	Bloomington Life Time Fitness Center, LLC	Develop and operate facilities that offer sports and fitness activities, along with all ancillary purposes thereto.	Central DuPage Health, 1/3 interest	Lifetime Fitness, Inc., d/b/a Lifetime, 1/3 interest Fitness of Illinois, 1/3 interest	NA

	Joint Venture	Business or Operations Conducted	CDH Entity and Percentage Membership held by CDH Entity	Other Members and Percentage Membership	Classes of Membership
6.	Procure Illinois Holdings, LLC	Central DuPage Health is a 15% owner in Procure Illinois Holdings, LLC. Procure Illinois Holdings, LLC is a 70% owner of Procure Chicago Management, LLC which is constructing a Proton Therapy center.	Central DuPage Health, 15% interest	Procure Chicago Holdings, 85%	NA
7.	Procure Chicago Management, LLC	Central DuPage Health is a 15% owner in Procure Illinois Holdings, LLC. Procure Illinois Holdings, LLC is a 70% owner of Procure Chicago Management, LLC which is constructing a Proton Therapy center.	Procure Illinois Holdings, LLC, 70%	Radiation Oncologists, 30%	
8.	Community Alliance Home Health	Joint venture provides home health services	Community Partner Services, LLC, 50%	Access Home Health (Rush Copley Medical Center), 50%	NA

EXHIBIT J

DELNOR JOINT VENTURES

Exhibit J

Delnor Joint Ventures

	Joint Venture	Business or Operations Conducted	Delnor Entity and Percentage Membership held by Delnor Entity	Other Members and Percentage Membership	Classes of Membership
1.	Tri-Cities Immediate Care, LLC	Purposes is to provide immediate care services and to establish, own and operate the facilities in which such services are provided.	DelCom, 50%	Valley Express Care, LLC, 50%	NA
2.	Tri-Cities Dialysis, L.L.C.	Provides dialysis services	DelCom, 49%	F.V.D. II, LLC, 51%	NA
3.	Tri-Cities Cancer Center, L.L.C.	Provides cancer services	DelCom, 50%	Nuclear Oncology, S.C., 50%	NA
4.	Tri-Cities Surgery Center, LLC.	Primary purpose is to build, own and operate a building on Delnor Hospital's campus in which an ambulatory surgery center will be housed	DelCom, 50%	TriCity's Physician Group, LLC, 50%	NA

DELNOR-COMMUNITY HOSPITAL

ADMISSIONS POLICIES

**DELNOR-COMMUNITY HOSPITAL
POLICY AND PROCEDURE**

SUBJECT: Admissions	EFFECTIVE DATE: 09/01/74
INDEX NUMBER: NUR0095	DATE REVISED: 06/01/10
SUBJECT MATTER RESOURCE: Cheryl Lorenzin & Deb Dyrek	DATE REVIEWED:

I. PURPOSE:

- A. To provide guidelines for inpatient bed placement based on patient needs, patient acuity and availability of beds.
- B. To provide guidelines for obtaining baseline information, initiating plan of care, ensuring that patient needs are identified, and for orienting the patient and family to the hospital to their surroundings and plan of care.

II. POLICY:

- A. The Inpatient Placement Coordinator/Nursing Shift Supervisor should be informed of all admissions/transfers (except NewLife Maternity Admission - See NLMC Admit P&P).
 - 1. Individuals are screened at first point of contact within the hospital for appropriate bed placement.
 - 2. Criteria to match individuals' identified needs with bed placement are: special physiological/psychological needs, diagnosis, age, history, treatment plan, proper care setting, necessary services available and bed availability.
 - a. 3 South: Telemetry, general medical/surgical.
 - b. 3600: Surgical, Renal, Dialysis.
 - c. 2600: Orthopedics, Oncology, Neurology, Gynecology.
 - d. Pediatrics: Infants to 17 years old.
 - e. Intensive Care South and West: Monitored and intermediate or critical care status.
 - f. The following guidelines are used to determine levels of care. **A physician's order is required for any change in level of care. **

Intensity of Services	Critical Care Continuous hardwired cardiac monitoring	Intermediate Care Patients requiring continuous hardwire cardiac monitoring or telemetry	Med-Surg Telemetry or no cardiac monitoring
Locations	ICU South or West	ICU South or West	2600, 3600, 3S
Assessments/interventions	Complex, every hour or more often	Complex, every 2 to 4 hours	Basic, every 4 to 8 hours
Treatments	Pentabarb Coma, total paralysis		Basic
Monitoring types	Pulmonary artery pressure, arterial line, central venous pressure, blood sugar, ICP, CPP, ABG	A-line, CVP, Blood sugars, Blood pressure, heart rate & rhythm, respiratory status	Vitals every 4 to 8 hours Telemetry available
Therapies	Ventilator assistance, Balloon pump, Temporary pacemaker, Electrical cardioversion, Thrombolytic therapy, Cardiac output calculation, Fluid replacement greater than 6 liters/24 hours, Blood > 4 units/24 hours	Non invasive positive pressure ventilation assistance. Mechanical ventilation with respiratory interventions every 4 hours or greater. Home trach with vent or BiPAP at night. Supplemental O2 >40%. Temporary pacemaker.	All basic BiPAP at night
IV Meds	As a continuous drip Antiarrhythmics, vasopressors, vasodilators, thrombolytics agents. Beta blockers, calcium channel blockers, antiplatelet agents. Anticonvulsants, insulin, solumedrol, pentabarb, sedatives, opioids, paralytics	Continuous infusion Antiarrhythmics, vasopressors, vasodilators. Beta blockers, calcium channel blockers, antiplatelet agents, insulin	Maintenance fluids, blood 3 to 4 units in 24 hours. Intermittent IV (IV Push) vasoactive meds if patient on medication PO prior to admission.

Intensity of Services	Critical Care Continuous hardwired cardiac monitoring	Intermediate Care Patients requiring continuous hardwire cardiac monitoring or telemetry	Med-Surg Telemetry or no cardiac monitoring
IV Med rates	Titrated (rate changed) based on complex assessments/monitoring every 5" to 15"	Rates adjusted every 2 to 4 hours based on complex assessments/monitoring.	

- B. "General Consent for Treatment and Release of Information" form is signed by the patient according to the General Consent policy

III. POINTS OF EMPHASIS:

- A. Delnor-Community Hospital is committed to providing the highest quality of service and meeting customers' needs with the utmost care and courtesy.

IV. PERSONNEL:

- A. RNs.
B. PCTs/UCs.

V. EQUIPMENT/FORM(S):

- A. General Hospital Consent.
B. Downtime Admission History Form (as needed).

VI. PROCEDURE:

- A. Bed control and monitoring:
1. All admissions and transfers will be coordinated by the Inpatient Placement Coordinator/Nursing Supervisor.
 2. All discharges/transfers and status of bed cleaning will be communicated to Inpatient Admission Coordinator.
 3. Daily bed briefings will be held on each shift by the Inpatient Placement Coordinator. Attendees to include PCC/Leader from all inpatient nursing units (except NLMC), ED, SDS, and Nursing Supervisor. Briefings will be for communicating:
 - a. Actual and potential discharges, transfers and interdepartmental transfers for today and next day.
 - b. Surgical admissions for today and next surgery day.
 - c. Current and potential ED admissions.
 - d. Patients requiring a sitter.
 - e. Barriers to discharging patients.
 - f. Prioritizing room cleaning to facilitate rapid turnover for environmental services.
- B. Patient placement:
1. A bed will be assigned by the Inpatient Placement Coordinator/Nursing Supervisor within 10 minutes of request or as soon as a clean bed is available.
 2. Transferring department to inform Inpatient Placement Coordinator/Nursing Supervisor of approximate time patients will be ready for transfer.
 3. Inpatient Placement Coordinator/Nursing Supervisor will notify Admit RN if available and PCC on receiving unit of admission.
 4. Clean gynecologic patients will be admitted to the New Life Maternity Center when feasible and with the approval of the Nursing Director/designee, while assuring appropriate bed availability for obstetric admissions.
 5. If ED patients are awaiting surgery within the next hour, the patient will go directly to SDS, if open or surgery from the ED. Should there be a delay in the surgery and patient's clinical condition warrants, the patient will be admitted to an inpatient bed.
 6. Interdepartmental transfers will occur within 15 minutes of bed assignment unless mutual agreement on another time.
 7. When approaching full capacity census refer to Capacity Placement Policy.

- C. Transporting Patient (refer to Transfer Policy in addition):
 - 1. A non-critical care patient may be transported to the nursing department by a hospital volunteer, transporter, registration staff, or nursing personnel.
 - 2. A Critical Care patient will be accompanied by an RN and monitored during transportation.
 - 3. The receiving staff should be notified prior to the patient's arrival on the unit.
 - 4. The patient's admission forms and stickers should be left at the nurses' station.
 - 5. If patient being transferred, sending departments RN will provide a patient report on admission to receiving RN.
- D. Patient Admission:
 - 1. A patient identification band is placed on the patient at the time of admission. Verify the name and spelling is correct. Notify registration for any corrections.
 - 2. Place appropriate "alert" bands on patient: Allergy = yellow, Fall Alert = blue, Modified Care = Green, and DNR = orange.
 - 3. Nursing admission history will be completed by an RN. Immediately print out a copy and place in Medical Record. An RN will also complete assessment upon admission, develop a Plan of Care and make appropriate referrals as identified.
 - 4. The RN will notify the physician when patient has been admitted to receive orders as needed.
 - 5. Special needs of the patient should be identified and appropriate referrals made to accommodate their care, i.e. hearing impaired, blindness, etc.
- E. The patient and family will be oriented to use of the telephone, television, bed controls, the environment and visiting guidelines.
- F. If the patient does not speak English, contact an appropriate resource to secure an Interpreter or utilize the AT&T interpreter services.
- G. Valuables should be placed in hospital safe according to "Patient Valuables" procedure.
- H. The use of the patient's own medication is discouraged. Return patient's medications to a family member/significant other to take home or send to Pharmacy to store until discharge.
- I. If Registration is bypassed or unavailable, a family member and/or significant other will be asked to go to Patient Registration to provide information, or a representative from Patient Registration will come to the patient's room for signature on required forms.
- J. If pre-admission testing is done on elective surgical patients, results should be placed on patient's chart.
- K. Daily staffing plans will include nursing resource staff available to open ADC to care for inpatients beyond admission process if needed.

VII. EDUCATION:

- A. Patient will be screened for Educational needs and these needs will be addressed and documented in electronic medical record.

VIII. DOCUMENTATION:

- A. Complete Nursing Admission History within eight hours of arrival and nursing assessment upon arrival to nursing department.

IX. APPROVALS:

VP & Chief Nurse Officer

Chair, Patient Care Policy & Procedures Committee

P = Primary S = Secondary C = Capacity Placement

	3600	3S	2600	Peds	ICU	2W	ADC	NLMC	SDS	Cath Lab	IRAD	PACU
Cancer/Chemo	S											
Cardiac Cath: Drip		P			S	S				C		
Stent/Sheath in					S	P				C		
Chest pain		P			S	S				C		
Critical Care					P	P				Cath peds		Surgical cals
Diabetic	P	S					S					
Diabetic Ketoacidosis		S			P	P						
Dialysis - Hemo or Peritoneal	P	S										
Drips: Cardizem, Reopro, Integrilin		Stable			S	Unstable						
Drips: Natreacor	Renal	S			S	P						
IRAD Stent/sheath					P	P					C	
Insulin Drip					Unstable	Unstable						
Intermediate Care	S	S			P	P						
Neuro					S							
Neuro Surgery:					P							C
Craniotomies												
Laminectomies, Diskectomies					S							
Ortho												
Pediatrics 0-8 yrs												
8-13 yrs					P							
14-17 yrs	S	S			P							
Renal	P	S										
Surgical - Abdominal or General	P											C
Gyne												
Clean	P											
Vascular												
Thoracic					P	P						
Telemetry					P	P						
Trauma - General	S	P			S							C
Cardiac					P	P						C
	3600	3S	2600	Peds	ICU	2W	ADC	NLMC	SDS	Cath Lab	IRAD	PACU
Clean, female surgicals												
Ischemic Strokes Critical					S		S					
Ischemic Strokes medical		P										
Hemorrhagic Strokes Critical					P							
Hemorrhagic Strokes medical												



**DELNOR HOSPITAL
POLICY AND PROCEDURE**

SUBJECT: Uninsured Patient Financial Assistance	EFFECTIVE DATE: 04/01/09
INDEX NUMBER: PATACT 0024	REVISION DATE: 02/09
SUBJECT MATTER RESOURCE: Director, Patient Financial Services	REVIEW DATE:

I. PURPOSE:

Delnor Hospital recognizes that individuals in the community that it serves have varying abilities to pay for the services they receive. To that end, Delnor will provide financial assistance for those individuals who are uninsured and meet certain financial criteria.

II. POLICY/STANDARD(S) OF CARE:

Financial assistance will be provided to those individuals who are uninsured and meet specified financial criteria up to 100% of the patient's bill. Eligibility is determined based upon the poverty guidelines established by the U.S. Department of Health and Human Services and the adjusted Medicare wage index. Eligibility for uninsured discount and subsequent financial assistance qualification may be determined prior to or after services have been rendered.

III. PERSONNEL:

- Financial Counselors
- Patient Financial Services Representatives
- Patient Access staff: Registration, Scheduling, Insurance Verification

IV. EQUIPMENT/FORM(S):

Financial Assistance Application

V. PROCEDURE:

A. Eligibility:

1. Patients who are uninsured Illinois Residents who have an income at or below 600% of FPL will receive a 61% discount based upon income eligibility requirements.
2. Patients who qualify for the uninsured discount may also qualify for additional financial assistance on remaining balance. This includes partial write off and possibility for extended payment arrangements.

B. Guidelines

1. Financial assistance will be available to all Delnor patients incurring emergent, urgent or scheduled medically necessary care, where charges exceed \$300 in any one encounter.
2. For those patients that qualify for a partial discount, the balance due will not exceed 25% of the patient's gross income
3. Patients failing to comply with the financial assistance application process shall not be considered a candidate for financial assistance.
4. Delnor financial assistance is based upon the Federal Poverty Guidelines with a sliding scale adjustment as per attachment schedule.
5. Uninsured patients who receive financial assistance according to this policy are also eligible to receive additional financial assistance per Delnor's "Financial Assistance" policy for the remaining balance.
6. Extended payment arrangements on outstanding self-pay balances after both discounts may be granted in accordance with Delnor's Payment Arrangement Policy as follows:

Balances < \$ 600	3 months	Rep has authority to extend additional 3 months.
Balances < \$1,200	6 months	Rep has authority to extend additional 3 months.
Balances \$1,200 -	12 months	Rep has authority to extend

\$2,500		additional 3 months.
Balances > \$2,500	Not to exceed 36 months.	Minimum of \$100 per month
Arrangements outside of these guidelines require Leader's approval.		

7. Approval levels for financial assistance are based upon the dollar amount of the adjustment as follows:

Account Rep / Financial Counselor	< \$ 1,000
Coordinators	< \$ 5,000
Director/Executive Director	< \$ 30,000
CFO & COO	Unlimited

8. In order to ensure timely processing of all financial assistance applications, the following guidelines will be followed:

- A. Either through guarantor request or by Delnor staff determination that a financial assistance application is warranted, a cover letter (*Attachment 1 to this policy*) accompanied by a Financial Assistance Application (*Attachment 2 to this policy*) will be mailed to the guarantor. The guarantor may apply for the discount up to 60 days after service.
- B. Guarantor will be given 10 business days in which to return the completed application with all required documentation.
- C. Upon receipt of the application, Delnor staff will review to ensure all requirements are met. In the event the guarantor has not met the application requirements, a cover letter (*Attachment 3 to this policy*) will be mailed to the guarantor requesting the missing information in which the guarantor must furnish within 10 business days.
- D. Delnor staff will process the application using the guidelines in this Uninsured Patient Assistance Policy to assess the guarantor's eligibility for financial assistance.
 - If the guarantor is eligible for assistance, all appropriate signatures are obtained and the account balances are adjusted according to Delnor's Sliding Scale Financial Assistance Guidelines.
 - Secondly, the remaining balance may qualify for additional financial assistance discount.
 - Financial Programs staff will send a letter to the guarantor (*Attachment 4 to this policy*) to provide notification that the guarantor qualified for financial assistance.
 - In the event that the guarantor is eligible for partial assistance, a letter will be sent indicating that partial assistance was granted (*Attachment 5 to this policy*) and that the guarantor will be contacted to make arrangements for payment of the balance that will remain his/her responsibility.
 - For those patients that qualify for a partial discount, the balance remaining will not exceed 25% of their gross income.
If the guarantor does not qualify for financial assistance on any level, a letter will be sent informing him/her of this determination (*Attachment 6 to this policy*) and notifying him/her that the Delnor representative will be in contact to make arrangements for payment of the balance due.
 - The guarantor will receive final determination on the application for financial assistance within 10 days of receipt.
- E. In the event the guarantor fails to comply with any of their responsibilities in the application process, a letter (*Attachment 7 to this policy*) will be sent stating that his/her financial assistance file has been closed due to lack of required documentation. Additionally, if any self pay balance is transferred to a bad debt account, the guarantor will not be eligible to apply for financial assistance at that time.

9. Approved financial assistance adjustments are effective on a case-by-case basis. A financial assistance application can be used for a continuing period of care lasting up to six (6) months with re-

verification of financial status (i.e. copies of current check stubs, bank statements and current year's Federal Income Tax Return, if applicable, must be supplied.)

10. Delnor will categorize financial write offs for uninsured patients as "Charity". Uninsured write off transactions codes will be identified separately from transaction codes related to the general "Financial Assistance" policy

10. This Uninsured Patient Assistance Policy will be reviewed annually for effectiveness and appropriateness upon publication of the new Federal Poverty Guidelines by the U.S. Department of Health and Human Services.

VI. DOCUMENTATION:

- A. Signage shall be posted in registration areas of the hospital as notice to patients that they may be eligible for financial assistance under the terms and conditions the hospital offers to qualified patients.
- B. Delnor's website shall prominently post notice that financial assistance is available, as well as a description of the financial assistance application process and a copy of the financial assistance application.
- C. Delnor will make available information regarding the financial assistance program, in the form of a brochure, in registration areas.

VII. REFERENCES:

Hospital Uninsured Patient Discount Act, Public Act 95-0965

VIII. ATTACHMENTS:

- A. Uninsured Discount Income Guideline Grid

IX. APPROVALS:



Director, Patient Financial Services



Executive Director, Revenue Cycle



Vice President & Chief Financial Officer

DELNOR 2009 UNINSURED DISCOUNT GUIDELINES - 04/01/2009

FAMILY SIZE	% of FPG	ANNUAL HOUSHOLD INCOME	UNINSURED WRITE-OFF
1	600%	\$66,767	61%
2	600%	\$89,824	61%
3	600%	\$112,881	61%
4	600%	\$135,938	61%
5	600%	\$158,995	61%
6	600%	\$182,052	61%
7	600%	\$205,110	61%
8	600%	\$228,167	61%
9	600%	\$251,224	61%
10	600%	\$274,281	61%
11	600%	\$297,338	61%
12	600%	\$320,395	61%
13	600%	\$343,452	61%
14	600%	\$366,509	61%

**DELNOR-COMMUNITY HOSPITAL
POLICY AND PROCEDURE**

SUBJECT: Financial Assistance	EFFECTIVE DATE: 2/1/09
INDEX NUMBER:	REVISION DATE: 2/1/10
SUBJECT MATTER RESOURCE: Director, Patient Financial Services, Chief Financial Officer	REVIEW DATE: 2/1/11

I. PURPOSE:

Delnor Hospital recognizes that individuals in the community that it serves have varying abilities to pay for the services they receive. To that end, Delnor will provide financial assistance or discounts for those individuals who meet certain financial criteria.

II. POLICY/STANDARD(S) OF CARE:

Financial assistance will be provided to those individuals who meet specified financial criteria, up to 100% of the patient's bill. Eligibility is based on income eligibility requirements, and may be determined prior to or before services have been rendered

III. PERSONNEL:

Financial Counselors
Patient Financial Services Representatives

IV. EQUIPMENT/FORM(S):

Financial Assistance Application

V. PROCEDURE:

A. Eligibility: Patients who are insured and have a high patient responsibility portion are eligible for a discount on remaining balances after insurance payments.

B. Determination of eligibility and level of discount is based upon percentage of Federal Poverty level, family size and annual household income threshold

C. Guidelines:

1. Financial assistance will be available to all Delnor patients incurring emergent, urgent or scheduled medically necessary care. Delnor will follow the poverty guidelines published in the Federal Register in the first quarter of every calendar year.
2. Any patient receiving assistance from Illinois Department of Public Aid shall automatically qualify for this discount, as the state has already determined the patient to be indigent.
3. Patients failing to comply with the financial assistance application process shall not be considered a candidate for financial assistance
4. Delnor financial assistance is based upon the Federal Poverty Guidelines with a sliding scale adjustment as per the attached schedule.
5. Extended payment arrangements may be granted in accordance with Delnor's Payment Arrangement policy as follows:

Balances < \$600	3 months	Rep has authority to extend additional 3 months
Balances < \$1,200	6 months	Rep has authority to extend additional 3 months
Balances \$1,200-\$2,500	12 months	Rep has authority to extend additional 3 months
Balances > \$2,500	Not to exceed 36 months	Minimum payment of \$100 per month
Arrangements outside of these guidelines require Leader's approval		

6. Approvals for Financial Assistance are based upon the dollar amount of the financial assistance adjustment as follows:

Account Rep/Financial Counselor	< \$1,000
Coordinators	< \$5,000
Director	< \$30,000
CFO & COO	Unlimited

7. In order to ensure timely processing of all financial assistance applications, the following guidelines will be followed:

- a. Either through guarantor request or by Delnor staff determination that a financial assistance application is warranted, a cover letter (attachment 1 to this policy) accompanied by a Financial assistance application (attachment 2 to this policy) will be mailed to the guarantor.
 - b. Guarantor will be given 10 days in which to return the completed application with all required documentation.
 - c. Upon receipt of the application, Delnor staff will review to ensure all requirements are met. In the event the guarantor has not met the application requirements, a cover letter (attachment 3 to this policy) will be mailed to the guarantor, requesting the missing information in which the guarantor must furnish within 10 business days.
 - d. Delnor staff will process the application using the guidelines in this Financial Assistance policy to assess the guarantor's eligibility for financial assistance. If the guarantor is eligible for assistance, all appropriate signatures are obtained and the balances will be adjusted to meet the sliding scale guidelines.
 - e. The staff will send a letter to the guarantor (attachment 4 to this policy) to provide notification that the guarantor is qualified for financial assistance, and the guarantor will be contacted to make arrangements for the payment of the balance, if indicated.
 - f. If the guarantor does not qualify for financial assistance on any level, a letter will be sent informing him/her of this determination, and notifying him/her that the Delnor representative will be in contact to make arrangements for the payment of the balance due.
 - g. The guarantor will receive final determination on the application for financial assistance within 10 days of receipt.
8. In the event the guarantor fails to comply with any of their responsibilities in the application process, a letter will be sent stating that his/her financial assistance file has been closed due to lack of required documentation.
 9. Approved Financial assistance adjustments are effective on a case-by-case basis. A financial assistance application can be used for a continuing period of care, lasting up to six (6) months with re-verification of financial status (i.e. copies of current check stubs, bank statements, and current year's federal income tax return, if applicable, must be supplied)
 10. This financial assistance policy will be reviewed annually for effectiveness and appropriateness upon publication of the new Federal Poverty Guidelines by the U.S. Department of Health and Human Services

EDUCATION:

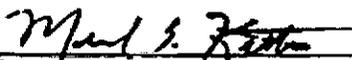
DOCUMENTATION:

VI. REFERENCES:

VII. ATTACHMENTS:

1. Determination Cover Letter
2. Financial Assistance Application
3. Request for Additional Documentation Cover Letter
4. Notification of Qualification Cover Letter
5. Notification on Ineligibility for Financial Assistance Cover Letter
6. Notification of Closed Financial Assistance File Cover Letter

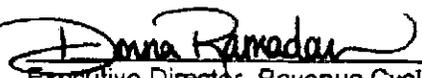
VIII. APPROVALS:



Chief Financial Officer



Director, Patient Financial Services



Executive Director, Revenue Cycle

DELNOR 2010 FINANCIAL ASSISTANCE GUIDELINES - 10/01/2009

Medicare Wage Index Adjusted = 1.0372

FAMILY SIZE	% of FPG	ANNUAL HOUSEHOLD INCOME			CHARITY WRITE-OFF
1	≤ 200%	\$0	≤	\$22,466	100%
1	201 - 300%	\$22,467	-	\$33,699	80%
1	301 - 400%	\$33,700	-	\$44,932	60%
1	401 - 500%	\$44,933	-	\$56,164	40%
1	501 - 600%	\$56,165	-	\$67,397	20%
2	≤ 200%	\$0	≤	\$30,224	100%
2	201 - 300%	\$30,225	-	\$45,336	80%
2	301 - 400%	\$45,337	-	\$60,448	60%
2	401 - 500%	\$60,449	-	\$75,560	40%
2	501 - 600%	\$75,561	-	\$90,672	20%
3	≤ 200%	\$0	≤	\$37,982	100%
3	201 - 300%	\$37,983	-	\$56,973	80%
3	301 - 400%	\$56,974	-	\$75,965	60%
3	401 - 500%	\$75,966	-	\$94,956	40%
3	501 - 600%	\$94,957	-	\$113,947	20%
4	≤ 200%	\$0	≤	\$45,741	100%
4	201 - 300%	\$45,742	-	\$68,611	80%
4	301 - 400%	\$68,612	-	\$91,481	60%
4	401 - 500%	\$91,482	-	\$114,351	40%
4	501 - 600%	\$114,352	-	\$137,222	20%
5	≤ 200%	\$0	≤	\$53,499	100%
5	201 - 300%	\$53,500	-	\$80,248	80%
5	301 - 400%	\$80,249	-	\$106,998	60%
5	401 - 500%	\$106,999	-	\$133,747	40%
5	501 - 600%	\$133,748	-	\$160,496	20%
6	≤ 200%	\$0	≤	\$61,257	100%
6	201 - 300%	\$61,258	-	\$91,886	80%
6	301 - 400%	\$91,887	-	\$122,514	60%
6	401 - 500%	\$122,515	-	\$153,143	40%
6	501 - 600%	\$153,144	-	\$183,771	20%
7	≤ 200%	\$0	≤	\$69,015	100%
7	201 - 300%	\$69,016	-	\$103,523	80%
7	301 - 400%	\$103,524	-	\$138,031	60%
7	401 - 500%	\$138,032	-	\$172,538	40%
7	501 - 600%	\$172,539	-	\$207,046	20%
8	≤ 200%	\$0	≤	\$76,774	100%
8	201 - 300%	\$76,775	-	\$115,160	80%
8	301 - 400%	\$115,161	-	\$153,547	60%
8	401 - 500%	\$153,548	-	\$191,934	40%
8	501 - 600%	\$191,935	-	\$230,321	20%

For families with more than eight (8) members, add \$3,740 for each additional person. Multiply the base times 2 for 100% reduction, times 3 for 80% reduction, times 4 for 60%, 5.0 for 40% reduction, 6 for 20% reduction

APPLICATION FOR FINANCIAL ASSISTANCE

Delnor-Community Hospital recognizes that individuals in the community which it serves have varying abilities to pay for the services they receive. The purpose of this form is to collect information that will help us make an appropriate and fair determination of each individual's financial needs. To that end, Delnor-Community Hospital will provide financial assistance for those individuals who meet certain financial criteria.

Hospital Patient Number(s):

1. _____	5. _____
2. _____	6. _____
3. _____	7. _____
4. _____	8. _____

Patient's Name:	Telephone
_____	(____) _____

Street Address	City	State	Zip Code
_____	_____	_____	_____

Marital Status - check (x) one

() Married () Separated () Divorced () Single/Widowed

Date of Birth	Social Security #	Driver's License #	State
_____	_____	_____	_____

List all Dependents	Age	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

EMPLOYMENT:

Employer:	Telephone:
_____	(____) _____

Street Address	City	State	Zip Code
_____	_____	_____	_____

Length of Employment	Position	Weekly Salary (before deduction)
_____	_____	_____

Spouse's Employer (if married)	Telephone
_____	(____) _____

Street Address	City	State	Zip Code
_____	_____	_____	_____

Length of Employment	Position	Weekly Salary (before deduction)
_____	_____	_____



LIST ALL INCOME:

Definition of "income" includes: income before taxes, wages, salaries, receipts for self employment, welfare payments, social security payments, strike benefits, unemployment benefits, worker's compensation, child support, alimony, dividends, interest support from parents, if parents claim the child on taxes, veteran's benefits, training stipend, military allotments, regular support from family members not living in the household, government pensions, private pensions, insurance and annuity payments, income from rents, royalties, estates and trusts.

Before determination will be made, the items on the following list are required to be able to determine whether a financial assistance allowance is applicable toward your account(s). Please do not send the original documents.

Return all information and this application in the enclosed envelope by:

Verification:

As a non-profit organization, we are responsible for providing care to the community. We must also maintain documentation to justify aid provided to members of the community. Please provide documentation related to financial details by including your most current 1040 Income Tax Return and / or W-2s, including all applicable schedules. Also, submit the following:

1. Last (6) pay stubs
2. Copy of current checking account(s) balance(s)
3. Copies of additional medical/hospital bill(s) owed to other providers of care.

Please describe any other financial hardship or extenuating circumstances that may not be reflected with these documents, but you feel are pertinent for consideration as part of this application.

Please contact your account representative: Rosie Rodriguez at (630) 208-4433 Option #2

I hereby certify that the information given is true and correct to the best of my knowledge. I recognize Delnor-Community Hospital reserves the right to verify all information.

Signature of Applicant

Date



**DELNOR-COMMUNITY HOSPITAL
POLICY AND PROCEDURE**

SUBJECT: Patient Status, Admission	EFFECTIVE DATE: 3/01/06
INDEX NUMBER: PTACCESS0040	DATE REVISED: 12/15/08
SUBJECT MATTER EXPERT: Donna Ramadan, Executive Director, Revenue Cycle	DATE REVIEWED:

I. PURPOSE:

- A. Delnor Hospital strives to provide quality care to the patients we serve. In order to ensure accurate registration of patient status, the following policy has been developed

II. POLICY:

- A. Patients will be registered and assigned the appropriate status based on the admission order from the admitting physician. Clinical staff who request patients to be admitted or for a status to be changed in the Meditech system are to provide accurate information based on the telephone or written order from the admitting or attending physician. Outpatients do not need an "order to admit."

III. POINTS OF EMPHASIS:

- A. Patient status is to be a component of the admission orders. Patients are to be admitted to the appropriate status for the level of care they are to receive. There are three levels of patient status that are available to be applied to an account. These are Inpatient, Observation and Outpatient.

IV. DEFINITIONS:

- A. ADM (Admissions Module of Meditech): Hospital Information System in which patient demographics are entered and stored for later use.
1. Inpatient: A patient that is to be admitted in the hospital for care and is expected to stay for more than one day.
 2. Observation: A patient that is to be monitored until a decision to admit as inpatient or discharge is made.
 3. Outpatient: A patient that is to receive care at a medical facility but who is not admitted to the facility overnight, or for 24 hours or less. These include Surgical Day Care, Reference/Client, Clinical and Recurring patients.

V. PERSONNEL:

- A. Patient Access Staff, Staff with Meditech access to register patients

VI. EQUIPMENT/FORM(S):

- A. Meditech HIS, Iatriscan, Admission Intake Form (Registration)

VII. PROCEDURE:

- A. For Clinical, Surgical Day Care, Reference/Client and Recurring patients, patient status will be entered upon registration.
- B. If a patient is to be placed in an inpatient unit or the Admission/Discharge Center, Registration will be notified of bed placement. Patient status will be provided (inpatient, observation or outpatient in a bed) and will be based upon the admission order from the admitting physician.
- C. Patient status will be assigned either during the registration process (Direct Admits) or will be changed in the current patient account. In the event of a status change, the effective time will be communicated to the registration team and documented in the Admissions Module of Meditech. All status changes will be completed as a result of a documented order from the admitting or attending physician.

VIII. EDUCATION:

- A. Patient Access staff will be instructed on entering the appropriate patient status upon hire and as necessary.

IX. DOCUMENTATION:

- A. Any admission forms that are used to collect information on bed placement or status will be scanned in Iatriscan, using the document type "ADMORD."

XI. ATTACHMENTS:

- Admission Intake Form (Registration)

XII. APPROVALS:

Director, Patient Access

Team Leader, Patient Access Registration

Coordinator, Patient Access Registration

**DELNOR-COMMUNITY HOSPITAL
POLICY AND PROCEDURE**

SUBJECT: PATIENT TYPE, ADMISSIONS	EFFECTIVE DATE: 3/01/06
INDEX NUMBER: PTACCESS0041	REVISION DATE:
SUBJECT MATTER EXPERT: DIRECTOR, PATIENT ACCESS SERVICES	REVIEW DATE: 11/4/06

I. PURPOSE:

- A. Delnor-Community Hospital strives to provide quality care to the patients we serve. In order to ensure accurate registration of patient type, the following policy has been developed.

II. POLICY/STANDARD(S) OF CARE:

- A. Patients will be registered and assigned the appropriate type based on the services they are to receive. Clinical staff who request patients to be admitted or for a patient type to be changed in the Meditech system are to provide accurate information based on the telephone or written order from the admitting or attending physician.

III. POINTS OF EMPHASIS:

- A. Patient type is to a component of the services in which patients are to receive within Delnor-Community Health System. The available patient types are: Inpatient (IP), Observation (OBV), Emergency Room (ER), Surgical Day Care (SDC), Recurring (RCR), Reference (REF) and Clinical (CLI).

IV. DEFINITIONS:

- A. ADM (Admissions Module of Meditech): Health Information System in which registration data is entered and stored for later use
 B. Inpatient: A patient that is to be admitted in the hospital for care and is expected to stay for more than one day
 C. Observation: A patient that is to be monitored until a decision to admit as inpatient or discharge is made
 D. Emergency Room: A patient that presents to the Emergency Department for services
 E. Surgical Day Care: A patient that receives services within the Same Day Surgery, Cardiac Catheterization or Interventional Radiology Departments
 F. Recurring: A patient that receives ongoing services for treatment and is billed intermittently for their care using one account
 G. Clinical: A patient that receives outpatient care within one date of service

V. PERSONNEL:

- A. Patient Access Staff
 B. Staff with access to register patients

VI. EQUIPMENT/FORM(S):

- A. Meditech HIS
 B. Iatriscan
 C. Admission Intake Form (Registration)

VII. PROCEDURE:

- A. For Clinical, Surgical Day Care, Reference/Client and Recurring patients, patient status will be entered upon registration.
 B. If a patient is to be placed in an inpatient unit or the Admission/Discharge Center, Registration will be notified of bed placement. Patient type will be provided (inpatient, observation, clinical, surgical day care) and will be based upon the admission order from the admitting physician.

- C. Patient type will be assigned either during the registration process or will be changed in the current patient account. In the event of a type change (i.e.: ER to SDC, CLI to IP) the effective time will be communicated to the registration team and documented in the Admissions Module of Meditech. All patient type changes will be completed as a result of a documented order from the admitting or attending physician.

VIII. EDUCATION:

- A. Patient Access staff will be instructed on entering the appropriate patient type upon hire and as necessary.

IX. DOCUMENTATION:

- A. Any admission forms that are used to collect information on bed placement or status will be scanned in Iatriscan, using the document type "ADMORD."

X. ATTACHMENTS:

- A. Admission Intake Form (Registration)

XI. APPROVALS:

Director, Patient Access

Team Leader, Patient Registration

**DELNOR-COMMUNITY HOSPITAL
 POLICY AND PROCEDURE**

TITLE: Acute Care Transfer/Emergency Transfer (EMTALA)	EFFECTIVE DATE: 06/01/98
INDEX NUMBER: NUR0018	REVISION DATE: 10/16/08
SUBJECT MATTER RESOURCE: Pat Rogers & Irv Ester	REVIEW DATE

I. PURPOSE:

- A. To provide guidelines for the appropriate transfer of patients to other acute care facilities in order to comply with Emergency Medical Treatment and Active Labor Act (EMTALA). This includes appropriate evaluation, stabilization, communication and preparation of documents.

II. POLICY:

- A. All emergency patients shall be evaluated and stabilized within the capability of this facility prior to transfer.
- B. A patient's ability or inability to pay will not influence the decision to transfer the patient.
- C. Patients may be transferred as a result of the following:
 1. Transfer to a facility with a higher level of care or specialized resources.
 2. Patient preference/request.
 3. Procedure or level of care this facility is unable to provide.

III. POINTS OF EMPHASIS:

Delnor-Community Hospital will stabilize the patient within the capabilities of the facility prior to transfer. However, unstable patients may require emergency transfers when the benefits outweigh the risks. Consent of patient or immediate family or MD certification to transfer is necessary. When a patient is in labor, patient consent and MD certification is required.

- A. Appropriate medical screening examination within hospital capability will be completed prior to transfer.
- B. If patient and/or representative refuses to consent to transfer, documentation by the physician will include:
 1. Risks and benefits of transfer and refusal disclosed to the patient.
 2. Date, time and reason for refusal.
 3. Signature of patient and/or representative refusing transfer.

IV. PERSONNEL:

- A. RNs.

V. EQUIPMENT/FORM(S):

- A. EMTALA Transfer Form.

VI. PROCEDURE:

- A. Communication:
 1. Communication and consent between the transferring physician and receiving physician in order to promote continuity of care. In the event of a psychiatric transfer, communication may be completed via a CIS worker (Crisis Intervention Social Worker) and/or qualified personnel.
 2. Communication and physician order for appropriate transfer mode. Accepting facility may provide ground and/or air transport services. (See Procedure Section B - Transfer Mode.)
 3. Explanation of the benefits/risks of transfer to patient, and/or representative. Documentation of this must be provided on the transfer form.
 4. Document name of contact at receiving facility accepting transfer (usually, nursing supervisor or registration staff).
 5. Complete nursing report shall be called to accepting facility nursing staff.
 6. Family will be notified of all events of transfer when able.

- B. Transfer Mode:
 - 1. If the accepting facility is unable to provide ground and/or air services, the Emergency room physician shall order the appropriate level of ambulance services and additional medical personnel required for transfer.
 - 2. An oral report will be given to the medical transporter, along with appropriate paperwork.
- C. Patient Preparation:
 - 1. Appropriate patient identification.
 - 2. Airway adjunct as indicated.
 - 3. Circulatory access as indicated.
 - 4. Cervical spine immobilization as indicated.
 - 5. Gastric decompression as indicated.
 - 6. Splinting/immobilization as indicated.

VII. DOCUMENTATION:

- A. Completed appropriate parts of medical record with clear documentation of assessments, interventions and evaluation. This includes copies of patient's medical record, diagnostic results, x-rays, face sheet, history and physical, transfer form and consents shall accompany the patient. Any additional relevant patient information will be forwarded, called, or faxed to receiving facility when available.
- B. Physician's dictation of patient assessment, treatment and evaluation.
- C. Signed consent by patient and/or representative for transfer, with benefits and risks stated.
- D. Completed standardized DCH transfer form in triplicate. The yellow copy stays with the patient's chart for medical records, white copy goes to receiving hospital, and pink copy is sent to the Nursing Director of Delnor ER.
- E. As appropriate, complete psychiatric admittance forms.
- F. Time of calls, contact persons and/or services, the patient's condition, ambulance arrival/departure and signature of nurse transferring patient.

VIII. REFERENCES:

- A. cms.hhs.gov/EMTALA

IX. APPROVALS:

Executive Director of Patient Care Services

Medical Director, Emergency Department

Chief Nurse Officer

Risk Management

Chairman, Medical Executive Committee

Chair, Patient Care Policy & Procedures Committee

**DELNOR-COMMUNITY HOSPITAL
POLICY AND PROCEDURE**

SUBJECT: Emergency Department Services	EFFECTIVE DATE: 01/01/81
INDEX NUMBER: ER0053	REVISION DATE: 06/01/04
SUBJECT MATTER RESOURCE: Darcy Egging	REVIEW DATE: 01/11/08

I. PURPOSE:

- A. Our Level II Emergency Department offers services to the people of the Fox Valley area. The service is offered without regard to age, race, creed, nationality, and/or ability to pay. It is organized for the immediate treatment of emergency conditions on a 24-hour basis in accordance with the Delnor-Community Hospital Emergency Department Patient Care Standards.

II. POLICY/STANDARD(S) OF CARE:

- A. The Emergency Department (ED) is open 24 hours a day, every day of the year.
- B. The disposition of the patients seen will be made by the ED medical staff which consists of Board Certified Emergency Physicians, Family Practice MDs and Nurse Practitioners. Patients may be transferred to another acute care facility, if necessary, by appropriate means and by appropriate personnel, following EMTALA regulations.
- C. Ambulances that transport patients to our facility can contract the ED for orders by telemetry and/or MERCI radios. Patients transported that are direct admits may be housed in the ED until their bed is available on the floor if necessary.
- D. The Emergency Medicine Committee will meet every other month. The Committee is composed of representatives from the Medical Staff, Administrative Staff, the Medical and Nursing Director of the Emergency Department, Chief Nursing Officer, Director of Quality Assurance/Risk Management, and other support service departments as deemed necessary. The Committee's responsibilities is to monitor and evaluate the quality and effectiveness of patient care delivered in the ED. Additionally, the Committee will also serve as the Multidisciplinary Committee to review Pediatric Issues.

III. PERSONNEL:

- A. All ER personnel.

IV. PROCEDURE:

- A. A medical record is required for all patients receiving emergency care in the ED
- B. Consent for Treatment will be obtained on all patients coming to the ED for care. (See policies on Consent for Treatment.) Patients that present unconscious shall be treated immediately. The ED staff will presume Implied Consent and proceed as necessary.
- C. Staff lists should be maintained in the ED as follows:
 - 1. Special medical on-call lists. A listing of physicians on call for the day will be posted.
 - 2. Emergency Department Staffing Schedule for Nursing and Physicians.
- D. The hospital disaster plan will be available in the ED at all times.
- E. Medical Staff Responsibilities:
 - 1. The Medical Staff is responsible for emergency medical coverage in the ED. This shall be in accordance with the hospital's basic plan for the delivery of such services, including the delineation of clinical privileges for all physicians.
 - 2. All patients presenting to the ED will be examined by a physician/NP prior to discharge. If the patient refuses treatment a "Refusal of Examination and/or Treatment" form should be completed.
 - 3. Follow up visits should be carried out in private physician offices. All patients will receive a name of a physician on staff for follow up care upon discharge.
 - 4. The Emergency Physician on duty is responsible for instituting and continuing resuscitative measures as deemed medically appropriate until care can be turned over to another physician such as is done with a Category 1 Trauma patient or the primary care physician arrives and assumes care of the patient.
 - 5. The Emergency Physicians are encouraged to utilize the Medical Staff in any manner that would benefit the patient.
 - 6. Emergency Physician coverage is 24 hours per day every day.

V. APPROVALS:

Medical Director, Emergency Services

Team Leader, Emergency Services

Chief Nurse Officer

SUBJECT: Admission Criteria for Critical Care Patients	EFFECTIVE DATE: 02/01/98
INDEX NUMBER: ICU0002	REVISION DATE: 10/07/08
SUBJECT MATTER RESOURCE: Kim Thomas, RN, BSN/Susan Whildin, RN, BSN	REVIEW DATE: 12/08/08

I. PURPOSE:

- A. To provide guidelines for the appropriate admission of patients to the Critical Care units and to assure the appropriate utilization of Critical Care resources.

II. POLICY:

- A. Suggested admission criteria for critical care will be based upon severity of illness and/or intensity of service. ICU and 2 West are general units and these criteria will address patients requiring medical/surgical intensive care, cardiac care, or pediatric intensive care.
- B. The guidelines for admission are provided as a framework but not limited to those listed below.
- C. Admission to critical care requires a physician order.
- D. The attending physician has the primary responsibility for the management of his/her patient.
- E. Patients may be admitted directly to critical care but it is recommended that the primary physician or appropriate consult assess the patient within 90 minutes. If problems arise and the ICU/2 West staff is unable to reach the attending physician, the Physician's Alternate, Chairman of the Intensive Care Committee or in his absence, his designee, should be contacted.
- F. The 90-minute assessment recommendation would not apply to patients who have been determined to be medically stable and are admitted for close observation such as suicide precautions or MS overflow.

III. POINTS OF EMPHASIS:

- A. If any problems arise over the decision to admit a patient to critical care, it is to be referred to the Chairman of the intensive Care Committee who has the overall responsibility for the operation of the units.
- B. In the event that all Intensive Care beds are filled and there are no patients appropriate to transfer to the floor, alternate monitored sites will be utilized and staffed with appropriately credentialed staff.

IV. DEFINITIONS: See attached chart.

V. PERSONNEL: ICU/2 WEST/ED RN, Nursing Supervisor.

VI. PROCEDURE:

GUIDELINES FOR THE ADMISSION OF CARDIAC PATIENTS:

- A. Patients with one or more of the following severity of illness criteria may require admission.
1. Clinical findings:
 - a. Acute MI:
 - Confirmed by ECG
 - CPK-MB > 0.5
 - MB%
 - Positive Troponin I
 - b. Unstable Angina.
 - c. Cardiac Arrest.
 - d. Cardiac Tamponade.
 - e. Chest pain/rule out MI:
 - CPK >2 times above normal range
 - Ischemia by ECG
 - Pain unresolved after 20 minutes of treatment
 - Systolic BP < 90mmHg
 - f. Chest trauma:
 - CPK-MB elevated
 - Enlarged cardiac silhouette
 - New murmur

- g. Dyspnea:
 - Aortic stenosis
 - Bilateral rales
 - Change in mental status
 - Heart rate > 120/bpm
 - O₂ sat <89% Arterial PO₂ <56 mmHg
 - Requiring IV medications titrated
 - Requiring mechanical ventilation
 - Systolic BP <90 mmHg
- h. Hypertensive crisis:
 - Systolic BP > 250 mmHg, Diastolic BP > 120 mmHg
 - Renal insufficiency
 - CHF
 - CVA
- g. Shock.
- 2. ECG findings:
 - a. A fib/flutter > 100 bpm unresponsive to treatment and needing urgent cardioversion.
 - b. Bradycardia <60 bpm:
 - Syncope/presyncope
 - 3rd degree AV block
 - Sustained accelerated idioventricular rhythm
 - Systolic BP <90 mmHg and 2nd degree heart block, documented pause > 3 sec., sustained heart rate <40 bpm, or junctional escape rhythm
 - Pacemaker malfunction
 - Junctional escape rhythm and digitalis toxicity
 - c. SVT > 120 bpm unresponsive to treatment and needing urgent cardioversion.
 - d. V tach/V fib/ Torsades de pointes, sustained > 30 sec. and/or systolic BP < 90.
 - e. Wide complex Tachycardia:
 - Requiring IV medications
 - Systolic BP < 90 mmHg
 - Syncope/presyncope
- 3. Imaging findings:
 - a. Cardiomyopathy.
 - b. Pulmonary edema.
 - c. Congestive heart failure.
 - d. Ventricular aneurysm.
- 4. Chemistry (acute/sudden onset):
 - a. CPK 2 times above normal range or an increase of MB traction.
 - b. Diagnostic troponin.
 - c. Serum K <3.0 mEq/L and significant ectopy.
 - d. Serum K > 6.0 mEq/L and widening QRS / peaked T waves.
 - e. Mg <1.5 mg/dL and ventricular arrhythmia.

B. Patients requiring continuous hardwire cardiac monitoring and at least two of the following intensity of service criteria may require critical care admission.

- 1. Monitoring (at least hourly):
 - a. Blood pressure.
 - b. Pulmonary artery pressure.
 - c. Arterial line.
 - e. Central venous pressure.
 - d. Pulse oximetry.
- 2. Treatment/Therapy:
 - a. Ventilator assistance.
 - b. Balloon pump.
 - c. Temporary pacemaker.
 - d. Electrical cardioversion.
 - e. Thrombolytic therapy.
 - f. Cardiac output calculation.
- 3. Medication/Medication therapy (at least daily, IV route):
 - a. Antiarrhythmics.
 - b. Vasopressors.

- c. Vasodilators.
- d. Anticoagulation (initial).
- e. Thrombolytic agents.
- f. Beta blockers.
- g. Calcium channel blockers.
- h. Diuretics.
- i. Cardiac glycosides.
- j. Antiplatelet agents.

GUIDELINES FOR THE ADMISSION OF MEDICAL PATIENTS:

A. Patients with one or more of the following severity of illness criteria may require critical care admission.

1. Clinical findings:
 - a. Asthma, status asthmaticus.
 - b. Bleeding:
 - Coagulopathy
 - Heart rate >120 bpm
 - Systolic BP < 90 mmHg
 - c. Coma/stupor/obtunded.
 - d. Corrosive/toxic ingestion.
 - e. Dyspnea and SaO₂ <89% /arterial PO₂ <56 mmHg and
 - Arterial PCO₂ >55 mmHg and pH <7.25
 - Requiring mechanical ventilation/intubation
 - Smoke inhalation
 - f. Oliguria, urine output <25 cc/hr and BUN > 45 mg/dL, creatinine > 3 mg/dL:
 - Change in mental status
 - K >6 mEq/L
 - Myoglobinuria/ Hemoglobinuria
 - Seizures
 - Urine Na > 40 mEq/L
 - g. Pancreatitis, >3 of the following:
 - AST > 250 U/L
 - Blood sugar >200
 - Ca <8 mg/dL
 - Hct <25%
 - LDH >350
 - SaO₂ <89% /arterial PO₂ <56 mmHg
 - Systolic BP < 90 mmHg
 - h. Pulmonary embolus and thrombotics.
 - i. Respiratory arrest.
 - j. Seizures/status epilepticus.
 - k. Sepsis, severe > 2 of the following:
 - Arterial pH <7.30
 - Change in mental status
 - Systolic BP < 90 mmHg
 - l. Shock.
 - m. Hyper/hypothermia:
 - Temperature >106° F
 - Age > 65 and temperature > 105° F
 - Temperature < 91° F
2. Imaging findings:
 - a. Cerebral edema.
 - b. Dissecting aneurysm.
 - c. Intracerebral / subarachnoid bleeding.
 - d. Pancreatic necrosis / hemorrhage.
3. Lab findings:
 - a. Blood sugar > 400 mg/dL.
 - b. Ca < 5 or > 15 mg/dL.
 - c. Carboxyhemoglobin > 30%.
 - d. K > 6 mEq/L and neuromuscular deficits.
 - e. Mg < 1 mg/dL.
 - f. Na < 110 or > 160 mEq/L and mental status changes.

- g. $PO_4 < 1$ mg/dL.
- B. Patients requiring continuous hardwire cardiac monitoring and at least two of the following intensity of service criteria may require critical care admission.
1. Monitoring (at least hourly):
 - a. Blood sugar.
 - b. Invasive hemodynamic.
 - c. ICP, CCP.
 - d. Blood gases.
 - e. Pulse oximetry.
 2. Treatment/therapy:
 - a. Fluid replacement greater than 6 liters/24 hours.
 - b. Ventilation assistance.
 - c. Balloon pump.
 - d. Warming/cooling mattress.
 - e. Balloon tamponade for esophageal varices.
 - f. Blood > 4 units/24 hours.
 3. Medications (IV, daily or titrated):
 - a. Antiarrhythmics.
 - b. Antihypertensives.
 - c. Anticonvulsants.
 - d. Insulin.
 - e. 3% NaCl.
 - f. Ca channel / Beta blockers.
 - g. Diuretics.
 - h. Vasoactive agents.

GUIDELINES FOR THE ADMISSION OF SURGICAL/TRAUMA PATIENTS:

- A. Patients with one or more of the following severity of illness criteria may require critical care admission:
1. Clinical findings:
 - a. Active bleeding:
 - Change in mental status
 - Coagulopathy
 - Heart rate > 120 bpm
 - Systolic BP < 90 mmHg
 - b. Necrotizing fasciitis.
 - c. Planned admission post-op:
 - Chronic CO_2 retention
 - NYHA class III/IV / ejection fraction <40%
 - Major procedure
 - d. Surgical complications:
 - Angina/ ischemia/ acute MI
 - Arrest
 - Excessive blood loss
 - DIC
 - Unable to extubate
 - e. Trauma:
 - Amputation
 - Cardiac, lung contusion
 - Cerebrospinal fluid leak from ear/nose
 - Cervical spine fracture
 - Coma / stupor / combative/ delirium
 - Depressed/ open skull fracture
 - Flail chest
 - Hemothorax/ pneumothorax
 - Penetrating wound
 - Spinal cord injury
 2. Imaging findings:
 - a. Dissecting/ leaking aneurysm.
 - b. Esophageal rupture/ tear.
 - c. Intracerebral/ subarachnoid bleeding.
 - d. Mediastinal shift.
 - e. Occlusion/ dissection of peripheral artery.

- f. Ruptured organ/ free air.
- B. Patients requiring continuous hardwire cardiac monitoring and at least two of the following intensity of service criteria may require critical care admission:
1. Monitoring (at least hourly):
 - a. Blood sugar.
 - b. Invasive hemodynamic measuring.
 - c. ICP, CCP
 - d. Blood gases.
 - e. Pulse oximetry.
 2. Treatment/Therapy:
 - a. Fluid replacement greater than 6 liters/24 hours.
 - b. Ventilation assistance.
 - c. Balloon pump.
 - d. Warming/cooling mattress.
 - e. Balloon tamponade for esophageal varices.
 - f. Blood > 4 units/24 hours.
 - g. Chest tubes.
 3. Medications (IV, daily or titrated):
 - a. Antiarrhythmics.
 - b. Antihypertensives.
 - c. Anticonvulsants.
 - d. Insulin.
 - e. Diuretics.
 - f. Vasoactive agents.

GUIDELINES FOR THE ADMISSION OF THE PEDIATRIC PATIENT TO INTENSIVE CARE:

- A. Children/adolescents with one or more of the following severity of illness criteria may be admitted to critical care:
1. Clinical findings:
 - a. Near drowning.
 - b. Multi system trauma, category II.
 - c. Hemorrhage (estimated blood loss > 10 ml/kg).
 - d. Dehydration > 10%.
 - e. Poisoning.
 - f. Coma.
 2. Chemistry:
 - a. Ketoacidosis.
- B. Children/adolescents requiring cardiac monitoring, physician monitoring > 2 times/24 hours and any of the following intensity of service criteria may require critical care admission:
1. Monitoring.
 2. Temp > 6 times/24 hours.
 3. Neuro vital signs > 3 times/24 hours.
 4. Continuous pulse oximetry.
 5. Serum/urine levels of toxic substance > 1 time/24 hours.
 6. Serum electrolytes/BUN/Creatinine > 1 time/24 hours.
 7. Serum glucose/osmolarity > 1 time/24 hours.
 8. Portable chest x-ray > 1 time/24 hours.
 9. Treatments/medications:
 - a. Multiple blood transfusions over 24 hours.
 - b. Fluid replacement 2 times maintenance/day.
 - c. Aerosolized bronchodilator > 12 times/24 hours.
- C. Children age 12 and under with the following severity of illness and intensity of service needs should be considered for transfer to a specialized facility. An acutely ill child who meets the guidelines for transfer will receive emergency medical or surgical treatment and may be temporarily admitted to critical care until that transfer can take place. Any problems that arise with Pediatric admissions will be resolved between the Chairpersons of the Intensive Care and Pediatric Committees and the admitting physician.
1. Clinical findings:
 - a. Unconsciousness/rapidly decreasing level of consciousness.
 - b. Unequal pupils or inability to move a body part on a neuro exam.
 - c. 2nd or 3rd degree burns covering > 10% body surface or involving face/genitalia/hands.
 - d. Anuria.

- e. Airway obstruction requiring intubation.
- f. Cyanosis (new onset).
- 2. ECG:
 - a. Myocardial infarction/ischemia/contusion.
 - b. Refractory SVT.
 - c. Ventricular tachycardia, fibrillation > 6 PVCs/min.
 - d. 2nd or 3rd degree heart block.
- 3. Monitoring:
 - a. Pulmonary artery pressures.
 - b. Arterial pressures.
 - c. Intracranial pressures.
 - d. Central venous pressure.
- 4. Treatments/medications:
 - a. Intra-aortic balloon.
 - b. Peritoneal/hemodialysis (initial).
 - c. Atrial/ventricular pacing.
 - d. IV vasopressors, vasodilators, Antiarrhythmics.
 - e. Mechanical ventilation.

VII. STAFF/PATIENT/FAMILY TEACHING: Criteria for admission covered during orientation.

VIII. REFERENCES:

- A. Intensity of Service, Severity of Illness, Discharge Screens. Adult, Acute Care: pp.15-38. InterQual, Inc. 1999 Marlborough, MA.
- B. Intensity of Service, Severity of Illness, Discharge Screens. Pediatric Criteria: pp.40-43. InterQual, Inc. 1999 Marlborough, MA.
- C. Society of Critical Care Medicine, Guidelines for ICU Admission, Discharge, and Triage. Critical Care Medicine. 1999. Mar; 27(3):633-638
- D. Society of Critical Care Medicine, Guidelines for the Admission of Pediatric patients to an ICU.
- E. Jaimovich, D.G. and the Committee on Hospital Care and Section on Critical Care. Admission and discharge guidelines for the pediatric patient requiring intermediate care. Critical Care Medicine. 2004. 32(5):1215-1218.

IX. ATTACHMENTS:

Intensity of Services	Critical Care Continuous hardwired cardiac monitoring	Intermediate Care or Stepdown Patients requiring continuous hardwire cardiac monitoring or telemetry	Med-Surg Telemetry or no cardiac monitoring
Assessments/interventions	Complex, every hour or more often	Complex, every 2 to 4 hours	Basic, every 4- 8 hours
Treatments	Pentobarb Coma, total paralysis		Basic
Monitoring types	Pulmonary artery pressure, arterial line, central venous pressure, blood sugar, ICP, CPP, ABG	A-line, CVP, Blood sugars, Blood pressure, heart rate & rhythm, respiratory status	Vitals every 4 to 8 hours Telemetry available
Therapies	Ventilator assistance, Balloon pump, Temporary pacemaker, Electrical cardioversion, Thrombolytic therapy, Cardiac output calculation, Fluid replacement greater than 6 liters/24 hours, Blood > 4 units/24 hours	Non-invasive positive pressure ventilation assistance. Mechanical ventilation with respiratory interventions every 4 hours or greater. Home trach with vent or BiPAP at night. Supplemental O2 >40%. Temporary pacemaker.	All basic BiPAP at night

IV Meds	As a continuous drip Antiarrhythmics, vasopressors, vasodilators, <i>thrombolytics agents.</i> Beta blockers, calcium channel blockers, antiplatelet agents. Anticonvulsants, insulin, solumedrol, pentabarb, sedatives, opioids, paralytics	Continuous infusion Antiarrhythmics, vasopressors, vasodilators. Beta blockers, calcium channel blockers, antiplatelet agents, insulin	Maintenance fluids, blood 3 to 4 units in 24 hours. Intermittent IV vasoactive meds if patient on medication PO prior to admission.
IV Med rates	Titrated (rate changed) based on complex assessments/monitoring every 5" to 15"	Rates adjusted every 2 to 4 hours based on complex assessments/monitoring.	
Staffing ratios	2 patients to 1RN or 1:1 may be necessary for frequent assessment/interventions	4 patients to 1RN	Per DCII staffing policies
Locations	ICU, 2West, ADC, ED	ICU, 2West, ADC, ED	

X. APPROVALS:

Dr. LaBarre, Chairman, Intensive Care Committee

Dr. Mehta, Chair of Pediatric Committee

Pat Rogers, Executive Director Patient Care Services

Kim Thomas, Team Leader 2 West

Susan Whildin, Team Leader ICU

**DELNOR-COMMUNITY HOSPITAL
 POLICY AND PROCEDURE**

SUBJECT: Admission and Routine Care of a Labor Patient	EFFECTIVE DATE: 12-17-84
INDEX NUMBER: NLMC 0003	REVISION DATE: 09-01-09
SUBJECT MATTER EXPERT: Alpa Thaker, RNC, MSN	REVIEW DATE: 09-01-09

I. PURPOSE:

- A. To admit a labor patient, acquire a pertinent, complete nursing assessment, and provide optimal care.

II. POINT OF EMPHASIS:

- A. Review medical, obstetric and laboratory data on prenatal.
 B. Notify nursery personnel if patient is Hepatitis B surface antigen-positive, has had no prenatal care, a current history of drug abuse, positive group B strep, meconium stained fluid or has other medical conditions complicating the pregnancy.

III. PERSONNEL:

- A. RNs.

IV. EQUIPMENT/FORM(S):

- A. ID band; maternal and significant other.
 B. Specimen pan.
 C. Sterile gloves and lubricant.
 D. Fetal Monitor.
 E. Thermometer.
 F. Stethoscope.

V. PROCEDURE:

A. Admission:

1. Review the prenatal record for significant findings, call office for updates if last entry greater than 30 days. If no prenatal, obtain from office.
2. If no prenatal care; obtain the appropriate lab work.
3. Obtain admission history (OB+medical), chief complaints, and date/time of arrival.
4. Obtain baseline vital signs and 20-30 minute electronic fetal monitoring strip.
5. Assess for fetal movement.
6. Assess status of bag of water; if ROM – assess color, odor, and time/date of rupture.
7. Assess for vaginal bleeding.
8. Assess uterine contractions (frequency, duration, palpate strength, onset time/date).
9. Perform vaginal exam if patient is not bleeding.
 Document dilatation, effacement, station, consistency, location of cervix and presentation..
10. Notify doctor with admission status.
11. Review unit paperwork and have patient sign any necessary consents.
12. Apply I.D. band, allergy band and blood bank band.
13. Explain plan of care and labor support options.

B. Care During Labor:

1. Obtain blood pressure, pulse, and respiration approximately every hour in early labor and approximately every 30 minutes in active labor.
2. Obtain temps approximately every 4 hours with intact bag of waters, approximately every (2) hours if bag of waters is ruptured and every hour if temp is elevated.
3. Patient may have diet per admission orders.
4. Monitor and record i&O every shift on every active labor patient.

5. Assess apical heart rate, lung sounds, bowel sounds and DTRs on admission and then Q 8 hours and PRN.
6. Assess and document FHT and uterine contraction pattern and intensity according to graph below:

a.

WHEN	LOW RISK	HIGH RISK
Latent Phase (1 st stage)	Q 60 min	Q 15 min
Active Phase (1 st stage)	Q 30 min	Q 15 min
2 nd Stage/Pushing	Q 15 min	Q 5 min
For patients on Pitocin	See P&P on Pitocin Induction	

b. High Risk Factors

- i) Induction or augmentation of labor
- ii) Meconium stained fluid
- iii) Preterm fetus (<37 weeks)
- iv) PIH/Chronic hypertension
- v) Post dates pregnancy (>42 weeks)
- vi) VBAC
- vii) Diabetes (gestational and pre-gestational)
- viii) Multiple gestation
- ix) MgSO₄ administration
- x) Maternal cardiac disease

7. For patients who would like to ambulate, monitor per physician order. Choose one of the following:

- a. Intermittent: Patient may be off the EFM for 30 minutes after a 20 minute reactive strip is ascertained. Then patient may be on for 30 minutes and off for 30 minutes, based on fetal well being until CEFM required per patient condition or MD order.
- b. Telemetry: Patient may ambulate with telemetry unit to provide CEFM

C. Intermittent Auscultation/EFM or doppler in case of power loss or unavailability of electronic monitor.

1. Perform Leopold's Maneuvers to palpate fetal position (upon admission).
2. Place Doppler over fetal back or area of maximum intensity of FHR.
3. Place a finger on maternal pulse to differentiate from FHR.
4. Palpate uterine contraction during auscultation to clarify relationship to HR pattern.
5. Count FHR during uterine contraction and 30 seconds after to identify fetal response to the contraction.
6. Count FHR between uterine contractions for 30-60 seconds to identify baseline rate.
7. Count FHR for multiple brief periods to identify accelerations and decelerations.
8. Manual palpation of uterine contractions for frequency, duration, quality or strength (mild, moderate, strong) and resting tone.
9. Document FHR and uterine contractions per time indications in diagram above.

VI. DOCUMENTATION:

- A. Document assessment, intervention, evaluation, education of care in QS system and plan on the appropriate forms.

VII. REFERENCE:

- A. ACOG Guidelines for Perinatal Care, 5th Edition, 2002, pg 126-135.
- B. AWHONN, High Risk and Critical Care Intrapartum Nursing, 2ND Edition, 1999, pp. 410-412.
- C. Gilbert, 'E., (2007). Manual of High Risk Pregnancy and Delivery, 4th Edition.
- D. AWHONN, (2009). Cervical Ripening and Induction and Augmentation of Labor, 3rd Edition

VIII. APPROVALS:

Director, NLMC & Peds

Chairman, OB/GYNE Department



DELNOR-COMMUNITY HOSPITAL
POLICY AND PROCEDURE

SUBJECT: Admission Policy for Pediatric/Adolescent Unit	EFFECTIVE DATE: 09/91
INDEX NUMBER: PEDS0001	DATE REVISED: 09/06
SUBJECT MATTER RESOURCE: K. Barker, RN, MSN, CMSRN, CPN	DATE REVIEWED: 12/10

I. PURPOSE:

- A. The Pediatric/Adolescent Unit provides family centered and age appropriate care to the infant through adolescent population.

II. POLICY:

- A. Any minor requiring acute care hospitalization will be admitted to the Pediatric/Adolescent unit. Based on census and bed availability, the Pediatric/Adolescent Unit will take uncomplicated diagnoses up to age 19. Exceptions to this may include emancipated minors or persons who require continuous observation due to previous standing security reasons prior to hospitalization. Any other exceptions will be discussed with the Pediatric Unit Manager and/or administrative representative prior to exception being made. Any minor age 12 and under, requiring acute care hospitalization who does not have a primary physician or pediatrician, will have a pediatrician assigned to their care.

III. POINTS OF EMPHASIS:

- A. Individuals aged 0-17 years shall be admitted to the Pediatric/Adolescent Unit. Based on census and bed availability, the Pediatric/Adolescent Unit will take uncomplicated diagnoses up to age 19. Possible exceptions may include emancipated minors, individuals with pre-existing continual security observations, or patients requiring continuous ICU care.
- B. Diagnoses appropriate (but not inclusive of) for admission to the Pediatric/Adolescent Unit may include:
 - 1. Alterations in neurological status (head injury, seizures, meningitis, etc.).
 - 2. Alterations in respiratory status (pneumonia, apnea, bronchiolitis, asthma, RSV, etc.).
 - 3. Alterations in skin integrity (cellulitis, lacerations, burns, etc.).
 - 4. Alterations in gastrointestinal status (gastroenteritis, gastritis, pyloric stenosis, rotavirus, etc.).
 - 5. Fractures, fractures requiring traction.
 - 6. Suicidal gestures.
 - 7. Alterations in nutritional status (vomiting, dehydrations, failure to thrive, etc.).
 - 8. Hyperbilirubinemia.
 - 9. Surgical interventions (appendectomy, splenectomy, orthopedic repairs, plastic surgery repairs).
 - 10. Alterations in hematologic status (I.T.P., HIV, polycythemia, sepsis, etc.).
- C. Infection Control policies and procedures will be adhered to and enforced when applicable.
- D. No minor will be discriminated against in regards to race, sex, or diagnosis.
- E. The Pediatric/Adolescent staff is skilled in Pediatric Advanced Life Support, knowledgeable in adolescent concerns/issues and age appropriate growth and development interventions that may be required due to hospitalization.
- F. The Pediatric/Adolescent Unit provides a means for patient socialization/interaction which is of great importance to the adolescent psyche.
- G. Any possible exceptions regarding appropriate admission to the Pediatric/Adolescent Unit must be discussed with the Manager, and/or administrative representative before the decision of where to admit the patient is made.

IV. DEFINITIONS:

- A. Minor: A male or female UNDER eighteen years of age.
- B. Emancipated minor: A male or female who is physically or mentally able to care for themselves, has voluntarily left home and is responsible for their own financial affairs. This includes any married or pregnant minor or minor parent, regardless of age.
- C. Family Centered Care: Inclusion of the parents and/or significant other in all aspects of the patient's care, with respect given to patient confidentiality.

V. PERSONNEL:

- A. Nursing Supervisor.
- B. Patient Registration Representatives.
- C. Pediatric/Adolescent Unit Staff.
- D. Pediatric/Adolescent Manager.

VI. EQUIPMENT/FORM(S): N/A

VII. PROCEDURE:

- A. Once notification of a patient admission is received by the nursing supervisor, he/she shall notify Pediatric/Adolescent unit staff of impending admission.
- B. Appropriate room assignment will be selected by Pediatric/Adolescent unit staff.
- C. Patient room will then be prepared, age appropriate and diagnosis for the incoming patient and parent(s).
- D. Patient Registrations, Emergency Room or SDS will notify Pediatric/Adolescent unit that patient is ready to be admitted/transferred to his/her assigned room.
- E. Patient and parent(s) will be escorted by hospital personnel to the unit and shown to assigned room.
- F. Pediatric/Adolescent Unit staff will proceed with the admitting process. (Refer to policy: Admitting the Pediatric Adolescent Patient.)
- G. Exceptions to this policy will be reviewed with the manager of the Pediatric/Adolescent unit and will include:
 - 1. reason why minor was not admitted to the unit
 - 2. person(s) consulted in the decision making, i.e. PCC, physician
 - 3. continued exceptions to this policy will be forwarded to the Director of Maternal Child Services for review

VIII. EDUCATION: N/A

IX. DOCUMENTATION: N/A

X. ATTACHMENTS: N/A

XI. APPROVALS:

Director of Maternal Child Services

CENTRAL DuPAGE HOSPITAL

ADMISSIONS POLICIES

PLEDGE

Central DuPage Hospital ("CDH") is a community of caregivers committed to providing excellent and compassionate patient care each and every time. We strive to provide care that is safe, effective, patient-centered, timely, efficient and equitable.

Policy Number	
Department	ADMIN
Author(s)	Manager, EMSS/Trauma Services
Effective Date	07/28/2010
Last Approved Date	07/28/2010
Approved By	VP / CNO
Due for Next Review	07/28/2011

TITLE: Patient Transfer and Emergency Medical Treatment & Active Labor Act (EMTALA)

SCOPE:

Central DuPage Hospital	<input checked="" type="checkbox"/>	Central DuPage Business Health	<input type="checkbox"/>
Central DuPage Health (Corporate)	<input type="checkbox"/>	Central DuPage Health Foundation	<input type="checkbox"/>
Convenient Care	<input type="checkbox"/>	CNS Home Health & Hospice	<input type="checkbox"/>
Central DuPage Physicians Group (CDPG)	<input type="checkbox"/>		<input type="checkbox"/>

APPLICABLE DEPARTMENT(S):

Hospital campus

APPLICABLE STANDARD(S)/REGULATION(S):

42 U.S.C. § 1395dd
42 CFR 489.24

PURPOSE:

- A. To identify guidelines for providing the appropriate setting (department) for conducting medical screening;
- B. To identify requirements for the emergency medical screening;
- C. To identify providers eligible to perform the emergency medical screening; and
- D. To ensure that all persons presenting to Central DuPage Hospital (CDH) dedicated emergency department or elsewhere at the hospital requesting examination and treatment for an emergency condition shall receive an appropriate medical screening examination and stabilizing treatment, as required by Emergency Medical Treatment & Active Labor Act (EMTALA), 42 U.S.C. § 1395 and subsequent federal interpretive guidelines and Illinois state regulations

POLICY STATEMENT(S):

- A. Any person who presents to a hospital emergency department or elsewhere requesting examination and treatment for a potential emergency medical condition/emergency services will receive a medical screening performed by a qualified provider to determine whether an emergency medical condition exists.

- B. Persons with emergency conditions will be treated and their condition stabilized without regard of gender, race, color, national origin, religion, age, disability, sexual orientation, marital status, family medical leave status, veteran status, or any other personal characteristics.

DEPARTMENTS/LOCATIONS THAT CONDUCT MEDICAL SCREENING:

- A. CDH Emergency Department – triages patients (per written criteria and severity of chief complaint) to the most appropriate area within the Department for medical screening or based on medical/age based criteria to another department for the medical screening
- B. Labor & Delivery Triage, Family Birthplace at CDH – an evaluation and screening area for determination of active labor

DEFINITION(S):

- A. Capability means that an organization provides the requested medical service.
- B. Capacity means that the organization has available space and resources to provide the medically necessary emergency care.
- C. Comes to Hospital refers to any individual requesting emergent examination and treatment arriving on any hospital property or premises. This includes sidewalks, driveways, parking lots and parking garages for the main hospital campus.
- D. Continuous means any area within the hospital or on land that touches Central DuPage Hospital main campus.
- E. Emergency which requires a medical screening is defined as a condition which the “lay person” requesting emergency treatment defines as an emergency.
- F. Emergency Medical Condition as defined by the qualified medical personnel after conducting the medical screening is defined as a medical condition manifesting itself by acute symptoms or sufficient severity (including severe pain, psychiatric disturbances and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in:
 - 1. Placing the health of the individual (or, with respect to a pregnant women, the health of the woman or her unborn child) in serious jeopardy;
 - 2. Serious impairment to bodily functions; or
 - 3. Serious dysfunction of any bodily organ or part; or With respect to a pregnant woman who is having contractions:
 - 4. that there is inadequate time to effect a safe transfer to another hospital before delivery; or
 - 5. That transfer may pose a threat to the health or safety of the woman or the unborn child.
- G. Emergency Medical Treatment and Active Labor Act (EMTALA) refers to Sections 1866 and 1867 of the Social Security Act, 42 U.S.C. § 1395dd, which obligates hospitals to provide medical screening, treatment and transfer of individuals with emergency medical conditions or women in labor. It is also referred to as the “antidumping” statute and COBRA (Consolidated, Omnibus Budget & Reconciliation Act).
- H. Hospital includes CDH main campus.
- I. Labor means the process of childbirth beginning with the latent or early phase of labor and continuing through the delivery of the placenta. A woman is in true labor unless a physician or qualified medical

personnel certifies that, after a reasonable time of observation, the woman is in false labor.

- J. "Medical Screening Examination" is the process required to reach with reasonable clinical confidence, the point at which it can be determined whether or not an emergency medical condition exists or a woman is in labor. Such screening must be done within the facility's capabilities and available personnel, including on-call physicians. The medical screening examination is an ongoing process and the medical records must reflect continued monitoring based on the patient's needs and continue until the patient is either stabilized or appropriately transferred.
- K. Screening within the off-campus locations shall be within the location's capabilities and available personnel. If the patient's condition is outside the scope of services available, the off-campus location shall arrange patient transportation utilizing the mechanism [Emergency Medical Service (EMS), or private ambulance] that is most appropriate based upon the patient's condition. Patients shall be routinely transferred to CDH. In the event that the patient's condition is unstable, they will be transferred to the closest, appropriate medical facility with transfer documents completed. In the event that EMS is operating in an overload situation, local EMS transportation guidelines will take precedence.
- L. Stable for Transfer: A patient is stable for transfer if the treating physician attending to the patient has determined, within reasonable clinical probability, that the patient is expected to leave the hospital and be received at the second facility, with no material deterioration in his/her medical condition; and the treating physician reasonably believes the receiving facility has the capability to manage the patient's medical condition and any reasonably foreseeable complication of that condition.
- M. Stabilize refers to providing medical treatment of the patient's condition necessary to assure, within reasonable medical probability, that no material deterioration of the condition is likely to result from or occur during a transfer of the individual from a facility or in the case of a woman in labor, that the woman has delivered the child and the placenta.
- N. Triage is a sorting process to determine the order in which patients will be provided a medical screening examination by a qualified medical person. Triage is not the equivalent of a medical screening examination and does not determine the presence or absence of an emergency medical condition.
- O. Transfer means the movement of a living patient to another facility at the direction of any person employed by the clinic or hospital, but does not include such a movement of an individual who has been declared dead or who leaves the facility against medical advice (AMA) or without being seen (LWBS).
- P. EMERGENCY MEDICAL CARE LOG

The Emergency Medical Care Log is a record maintained of all individuals who come to a department seeking emergency care. The log shall be kept for five years and shall contain specific patient information including:

1. Patient identification
2. Medical record and encounter number
3. Patient type (emergency or express care)
4. Presentation time
5. Triage time
6. Medical screening examination time
7. Discharge time
8. Disposition categorized as:
 - a. Treated and released
 - b. Admitted
 - c. Stabilized and transferred
 - d. Discharged or

e. Refusal of treatment

The purpose of the log is to track the care provided to each individual who comes to CDH seeking emergency medical care. If a patient presents for emergency medical treatment and does not have a scheduled appointment he/she is entered onto the log or electronic patient medical record

Patients who present in labor will be transferred to the Labor and Delivery Department for medical screening. The OB Medical Care Log will contain:

1. Patient identification
2. Patient room/location
3. Physician name
4. Reason for presentation
5. Presentation time
6. Medical screening examination time
7. Disposition
8. Discharge time

WHEN IS A MEDICAL SCREENING EXAMINATION REQUIRED

- A. A medical screening examination is required when an individual:
1. Seeks care at the hospital Emergency Department
 2. Arrives anywhere on the hospital premises and states that he or she has an emergency
 3. When a patient arrives at an off-campus facility and requests emergency care

WHERE CAN THE MEDICAL SCREENING EXAMINATION OCCUR

- A. Medical Screening examination may be performed in locations other than the Emergency Department. For example, a pregnant woman may be moved to the Labor and Delivery Triage for the medical screening. The screening may also be performed in other outpatient or inpatient departments. The qualifying factors for medical screening to be conducted in a department other than the emergency department are:
1. All patients with the same chief complaint are moved to this location regardless of their ability to pay;
 2. There is a medical or age related reason for the patient to be seen in another location;
 3. As the patient's condition warrants, qualified medical personnel accompany the patient to the area; and
 4. An equivalent, appropriate (for the patient's chief complaint) medical screening is performed in all locations.

WHAT ARE THE REQUIREMENTS OF A MEDICAL SCREENING

- A. The medical screening consists of an assessment and any ancillary tests or focused assessment based on the patient's chief complaint necessary to determine the presence or absence of an emergency medical condition. This may be a brief history and physical examination or may require complex ancillary studies and procedures such as (but not limited to) lab tests, fetal monitoring, EKG or radiology procedures.
- B. The medical screening examination is the process a provider must use to reach with reasonable clinical confidence whether a medical emergency does or does not exist.
- C. The medical screening must provide evaluation and stabilizing treatment within the scope of the hospital or facilities abilities and not be delayed to consider a patient's ability to pay.

- D. A medical screening examination is the process required to reach, with reasonable clinical confidence, the point at which it can be determined whether a medical emergency does or does not exist. The Hospital must apply in a non-discriminatory manner (i.e., a different level of care must not exist based on payment status, race, national origin, etc.) a screening process that is reasonably calculated to determine whether an emergency medical condition exists.
- E. A medical screening examination is not an isolated event. It is an on-going process. The record must reflect continued monitoring according to the patient's needs and must continue until he/she is stabilized or appropriately transferred. There should be evidence of this evaluation prior to discharge or transfer.

The medical screening examination must be the same medical screening examination that the hospital would perform on any individual coming to the hospital's Emergency Department with those signs and symptoms, regardless of the individual's ability to pay for medical care. **If the medical screening examination is appropriate, and does not reveal an emergency medical condition, the hospital has no further obligations under EMTALA or this policy.**

WHO MAY PERFORM THE MEDICAL SCREENING

The Medical Screening must be performed by:

Physicians, physician assistants, nurse practitioners and obstetrical RN's, as defined in the Definition section of this policy. These professionals will function within the scope of their license and certification with approval by the Medical Staff. Non-physician qualified personnel who perform the Medical Screening utilize protocols approved by the Medical Staff.

WHAT IS REQUIRED FOR DOCUMENTATION OF THE MEDICAL SCREENING

- A. The medical record shall reflect the findings of the medical screening including results of any tests performed and analysis including the determination that a medical emergency does or does not exist.
- B. Disposition of the patient shall be documented with any patient education provided and a follow-up plan of care if discharge is appropriate.
- C. The Emergency Department and Labor and Delivery Department where medical screening occurs shall maintain an Emergency Medical Care Log, which includes the items listed under "Definitions", letter "G". This log is not to contain patients seeking elective outpatient care.
- D. The Emergency Medical Care log(s) shall be maintained for five years and will be monitored quarterly by the respective department where medical screening occurs.

WHAT EMTALA SIGNAGE IS REQUIRED

- A. Each department that provides emergency services, such as Emergency Department, Women & Children Services shall post a sign (English and Spanish) in a place or places likely to be noticed by all individuals entering the department that includes:
 - 1. A statement that Central DuPage Hospital participates in Medicaid;
 - 2. The rights of patients with emergency conditions and women in labor.

B. The sign shall state:

If You Have an Emergency or are in labor

You have the right to receive, within the capabilities of this hospital's staff and facilities:

- An appropriate medical screening examination
- Necessary stabilizing treatment (including treatment of an unborn child)
- An appropriate transfer to another facility, even if you cannot pay or do not have medical insurance or you are not entitled to Medicare or Medicaid.

This hospital participates in the Medicaid Program

WHEN CAN ROUTINE EMERGENCY DEPARTMENT REGISTRATION TAKE PLACE

A. The Medical Screening of a patient seeking emergency care cannot be delayed for financial inquiry including managed care authorization. However, routine registration should take place to facilitate the patient flow through the department. Registration information should be taken to expedite patient flow through the department.

B. The guidelines to observe while registering the patient are:

1. Do not interfere with the timeliness of the medical screen;
2. Do not call the managed care organization for permission to do a medical screen;
3. Do not say or imply anything to the patient that might discourage them from seeking the medical screen; and
4. Do not give the patient any information about advance beneficiary notice prior to the medical screen.

WHEN A PATIENT SEEKING EMERGENCY CARE DECIDES TO LEAVE (AMA/LWBS)

A. If a patient waiting for medical screening decides to leave without examination the following steps should be taken if at all possible:

1. Explain to the patient it is important to have the medical screening to rule out whether or not they have a medical condition that needs treatment;
2. Use an interpreter if the patient has limited English proficiency, or use an alternate means of communication;
3. Inform the patient of the risks of not having the medical screening;
4. Ask the patient to sign the AMA form acknowledging they understand the risks of leaving without the medical screening;

5. Document on the medical record the above information and if they refuse to sign the AMA, document that on the record as well.
6. CDH AMA Policy and Form

MONITORING OF EMTALA COMPLIANCE

A. Suspected Violations by Another Facility:

1. If the Hospital medical staff, employees or agents have reason to believe that the Hospital has received an individual transferred in an unstable emergency condition in violation of EMTALA transfer requirements, or if a transfer to a higher level of care has been refused in violation of EMTALA there is a duty for the hospital administration to report this to the authorities. Contact the Risk Management Department. Risk management will investigate and work with legal affairs to report as appropriate.

B. Suspected Violations by Hospital:

1. Suspected violations of EMTALA by Medical Staff, employees, or agents must be immediately reported to the risk management. Risk management, in consultation with legal counsel and Administration, will evaluate the suspected violation and notify the authorities as appropriate within the required time frames.

QUALITY OF CARE REVIEW

- A. The CDH Trauma and Emergency Center Performance Improvement Committee will review appropriate records of patients transferred to and from the hospital. A quarterly report of ER transfers to include volume, transfer reasons and transfer denials is communicated to the Quality and Patient Safety Committee.
- B. The Woman and Children Center at CDH will review appropriate records of patients transferred to and from the unit. When requested Quality Improvement reports will be communicated to the Continuum of Care Committee.

SEE RELATED DOCUMENT(S):

ADMIN: Against Medical Advice (policy)

<http://cdh.ellucid.com/admin/popup.php?act=document&id=113>

ADMIN: Against Medical Advice (form)

<http://infolder/FormViewer.aspx?formGuid=DE342BA94FC645B09736B8B066991788>

Circumstances may arise in which we find it necessary to take other steps not specifically designated here. We reserve the right to use professional judgment to do so at our discretion.

CENTRAL DUPAGE HOSPITAL

Policy Title: Charity Care and Financial Assistance			
Primary Sponsor/Source: Patient Financial Services			
Original Date: 02/01/91	Approved By: Vice President Finance and Controller		
Revision Dates: 03/03/97, 04/05/99, 01/01/04, 03/01/04, 03/01/05, 06/02/05, 01/26/06, 06/22/06, 10/01/06, 01/26/07, 10/31/07, 11/15/07, 04/25/08, 04/01/09, 8/26/09, 12/7/09, 02/01/10, 06/28/10, 12/1/10			
Review Dates: Annual review to add new poverty guidelines			
Scope: Please indicate all to which this Policy applies:			
CDHealth (Corporate) CENTRA	<input checked="" type="checkbox"/> CDHospital CDBH	CD Pharmacy Wynscape	CNS Westbridge/Wyndemere

I. PURPOSE AND POLICY STATEMENTS:

The purpose of this document is to establish the policy and procedure for providing charity care, the hospital uninsured patient discount and financial assistance to those patients whose financial status makes it impractical or impossible to pay for medical services.

II. SCOPE:

Central DuPage Hospital shall render services to all members of the community who are in need of medical care regardless of the patient's ability to pay for such services. The determination of full or partial charity care will be based on the patient's ability to pay and will not be abridged on the basis of age, sex, race, creed, disability, sexual orientation, religion or national origin. All available health care services rendered at Central DuPage Hospital, inpatient, emergency, or outpatient, shall be available to all individuals under this policy.

III. DEFINITIONS:

- A. *Charity care* means inpatient, emergency, and outpatient medical treatment and diagnostic services for uninsured or underinsured patients who cannot afford to pay for care according to the established hospital guidelines. Charity care does not include bad debt or contractual

shortfalls from government programs, but may include insurance co-payments or deductibles, or both.

- B. Charity care adjustment is defined as the write-off on the self-pay balance for which the patient is not able to pay as determined by the criteria defined within this policy.
- C. Bad Debt is defined as expenses resulting from treatment for services provided to a patient who, having the financial resources to pay for healthcare services, has demonstrated by his/her actions an unwillingness to comply with the hospital's guidelines to resolve a bill.
- D. Medical indigency is defined as patients whose ability to pay has been negatively impacted due to the occurrence of a catastrophic medical event, for which full payment for these medical expenses would result in their inability to meet basic living expenses.
- E. The patient is defined as the person receiving medical care. The guarantor is defined as the person who is financially responsible for payment for the medical care received. For the purpose of simplification in this policy, patient and guarantor are used synonymously throughout the policy.
- F. The *hospital uninsured patient discount act* means Illinois hospitals will provide discounts for medically necessary services to uninsured patients who meet certain income and residency criteria. *Uninsured patient* means an Illinois resident who is a patient of a hospital and is not covered under a policy of health insurance and is not a beneficiary under a public or private health insurance, health benefit, or other health coverage program, including high deductible health insurance plans, worker's compensation, accident liability insurance or other third party liability.

IV. POLICY:

DETERMINATION OF ELIGIBILITY

- A. All efforts will be made to determine charity care before providing services for scheduled admissions and outpatient services. If complete information on the patient's insurance or financial situation is unavailable at the time of service, or if the patient's financial condition changes, the designation of charity care may be made after rendering services.
- B. Before charity assistance or the hospital uninsured patient discount can be considered, all means of third-party payment must be exhausted. Central DuPage Hospital will work with the patient to identify alternative methods of coverage and will assist the patient in applying for Public Aid if applicable. Patient will be disqualified from Central DuPage's financial assistance program if he/she is uncooperative in providing the necessary assistance and/or documentation to the State of Illinois for Medicaid coverage.

CONFIDENTIALITY

The need for charity care may be a sensitive and deeply personal issue for recipients. Confidentiality of information and respect for individual dignity shall be maintained for all who seek charitable services. Orientation of staff and the selection of personnel who will implement this policy and procedure should be guided by these values. The information obtained in the patient's Financial Assistance application will be kept confidential.

STAFF INFORMATION AND TRAINING

All hospital employees in Patient Financial Services, Patient Access, Registration Services, and the Emergency Department will be fully versed in the hospital's charity care and financial assistance policy, have access to the application forms, can provide patients with printed material explaining the charity care program and are able to direct questions to the appropriate hospital representatives.

APPLICATION PROCESS

- A. An application will be used by patients to apply for **charity care** or a reduction of charges under the **hospital uninsured patient discount act** (Appendix A). Patients who do not have insurance may qualify for charity care based on their annual income and their family size. Patients having insurance may also be eligible for charity care for the portion of their bill that is not covered by insurance, including deductibles and coinsurance amounts. The patient may be required to provide documentation to verify their financial status.
- B. The hospital's financial counselors will provide application assistance to patients. Translation services and assistance will be offered to all patients.
- C. The hospital shall send anyone who requests information on the hospital's charity care program or the hospital uninsured patient discount act a letter and financial assistance application form (Appendices A & B).
- D. Charity care requests may be proposed by sources other than the patient, such as the patient's physician, family members, community or religious groups or by hospital personnel. The patient shall be informed of such a request. This type of request shall be processed like any other.
- E. All attempts should be made by the hospital to have the patient fill out a financial assistance application at or before the time services are rendered but if that is not feasible, the application should be completed and returned within 30 days of service.

- F. Requests for the hospital uninsured patient discount act need to be made within 60 days of the date of discharge or date of service. The hospital's obligation under this act shall cease if the patient fails to provide the hospital with the financial assistance application and required documents within 30 days of the receipt of the letter and application.

APPLICATION REVIEW PROCESS

Central DuPage Hospital Financial Assistance Program

- A. Upon review of the patient's financial and employment situation as completed in the financial assistance application, the hospital will determine whether the patient qualifies for charity care. To qualify for charity care the patient's monthly or annual income must be at 300% or less of the federal poverty guidelines for complete assistance or up to 400% of the federal poverty guidelines for partial assistance (Appendix C). For non-residents who have incomes above this level and have no ability to obtain insurance from an employer or a government program, a 25% discount will be offered.
- B. In addition, to protect patients from experiencing medical indigency, Central DuPage Hospital will limit repayment of medical expenses to 25% of annual income.
- C. Supporting documentation is required to verify the patient's financial situation. The documentation may include:
 - 1. If employed within the last 12 months include a copy of:
 - a. The last 3 recent payroll check stubs from each company.
(Indicate whether paid weekly or BI-weekly)
 - b. Income tax return- for the most recent year
 - c. W-2 tax statement (s)
 - 2. If self-employed: complete documentation of revenue and business related expenses for the last six months. Please include a profit/loss statement.
 - 3. Proof of other income: i.e. social security, disability, pensions, unemployment and/or child support for the last three months.
 - 4. Bank Statements for the last three months:
 - a. Checking
 - b. Savings
 - c. CDs
 - d. Money Market
 - 5. Mutual funds/Stocks/Bonds- current statements

6. If unemployed or experiencing a significantly low income for the past year, a written statement from the person or persons helping to support the patient is required.
- D. Patient Financial Services personnel may use discretion on balances less than \$1,000 when taking a personal financial statement and verifying income sources over the phone.
- E. The financial assistance applications shall be considered on a case-by-case basis. The review process will take into consideration the family income and size as well as the assets of the guarantor. If the guarantor's annual gross family income is within the financial assistance guidelines, and there are no substantial liquid assets, the account will be considered for a charity adjustment.
- F. When evaluating a patient for charity, the following criteria can be considered to determine the extent of the need:
- 1) The number of people in the family
 - 2) Ages of the household members
 - 3) The number of dependents being supported (the dependents should meet the IRS support regulations).
 - 4) The illness or medical condition results in the patient's inability to work
 - 5) The number of household members working and their earnings over the last twelve months or current earnings projected for the coming twelve months.
 - 6) Alimony payments
 - 7) Family assets including checking, savings, stocks, bonds, property or other liquid assets.
 - 8) If the patient/guarantor recently filed for bankruptcy protection
 - 9) If the patient/guarantor has recently become unemployed
 - 10) Other medical and financial problems in the household
- G. In some circumstances, discretion may be used when evaluating the poverty income guidelines against the patient's income. The Patient Accounts Supervisor or Manager may request special consideration when a patient's medical expenses outweigh the ability to pay constituting a medical hardship (Appendix D). The discretion would occur within the dollar limits established in this policy (see L below), but will require the approval from the Director of PFS on all account balances.
- H. Patients who fail to return the application or provide the required documentation will be subject to normal collection procedures which may include being referred to a collection service. At the point in time that the patient provides the necessary information, the account balance will be re-considered for charity care regardless of the account status at that time.

- I. Accounts returned by the collection services due to the patient's lack of income or assets will qualify for charity status due to their inability to pay. In addition, patients for whom we receive confirmation of bankruptcy through a Federal Bankruptcy Court will also qualify for charity care.
- J. Once charity assistance has been approved for the patient it remains in effect for a period of six months. If the patient requires ongoing medical care, the patient's financial situation must be re-evaluated at that time.
- K. The following programs have been pre-approved by Hospital Administration for charity care and do not require account specific approval:
 - 1) Access DuPage-Adjustment code 997-9182
 - 2) DuPage Community Clinic/Peoples' Resource Center
 - 3) PADS
 - 4) DuPage Physicians Medical Assistance Program (DPMAP)
 - 5) Why Wait-Adjustment code 997-0065
 - 6) Section 1011 Undocumented Alien Program- Adj code 997-0107
 - 7) Illinois Healthy Women- Adjustment code 997-0065
- L. All other charity adjustment must receive the proper authorization according to the following dollar limit guidelines. The dollar limits are established to provide adequate accounting checks and balances and to avoid improper adjustments to the account receivable.

\$1 - \$5,000	Financial Counselor, Customer Service Rep, PFS Rep
\$5,000 - \$20,000	Collection Supervisor, A/R Supervisor or Patient Accts. Manager
\$20,000 - \$100,000	Patient Financial Services Director
\$100,000 - \$250,000	Vice President, Finance & Controller
\$250,000 and above	Executive Vice President & Chief Financial Officer (CFO)

- M. The management team in PFS (supervisors, managers and director) review adjustments utilizing the Daily Adjustments Report (BPBD02). Adjustments > \$100k must be entered into the system by the Management staff only. Charity adjustments are reflected on this report and the management team reviews these adjustments for appropriateness and adherence to the charity policy.

APPROVAL OR DENIAL NOTIFICATION

The patient shall be notified in writing within 30 business days after the receipt of the Financial Assistance application and supporting documentation as to whether the patient qualifies for the charity care program. If the patient is approved, the patient shall receive a letter.(Appendix E). If the patient is denied, all reasons for the denial shall be provided (Appendix F).

AGENCY

If the patient is approved for financial aid the Financial Counselor will apply the adjustment to the account for full or partial Financial Aid. The Agency will receive an adjustment on the electronic payment and adjustment file sent daily and will either close if the code 997-0069 or 997-9982 is received (100% financial aid approved) or will continue billing the guarantor with a new balance if code 997-0065 is received. (Partial financial assistance)

The Agency will close the account as FIN if the code 997-0069 or 997-9982 is received for 100% financial aid.

APPLICATION REVIEW PROCESS

The Hospital Uninsured Patient Discount Act

- A. Upon review of the patient's insurance, financial and employment situation as completed in the financial assistance application, the hospital will determine whether the patient qualifies for the hospital uninsured patient discount. To qualify for the hospital uninsured patient discount the patient's family annual income and cash benefits from all sources before taxes, less payments made for child support, must be at 600% or less of the federal poverty guidelines for all medically necessary health care services exceeding \$300.00 in any one inpatient admission or outpatient encounter (Appendix C). Uninsured discount factor is 1.0 less the product of the hospitals' cost to charge ratio multiplied by 1.35. Cost to charge ratio is from the most recently filed Medicare cost report.
- B. The maximum amount collected in a 12 month period for health care services provided by the hospital for an eligible patient is 25% of the patient's family annual gross income and is subject to the patient's continued eligibility under this Act. The time period begins as of the first date of service that qualifies to be eligible for the discount. For any subsequent services to be eligible for the hospital uninsured patient discount, the patient must inform the hospital of the services in order to be eligible for the discount.
- C. Supporting documentation is required to verify the patient's financial situation. The documentation may include:
 1. If employed within the last 12 months include a copy of:
 - a. The last 3 recent payroll check stubs from each company.
(Indicate whether paid weekly or BI-weekly)
 - b. Income tax return- for the most recent year
 - c. W-2 tax statement (s)
 2. If self-employed: complete documentation of revenue and business related expenses for the last six months. Please include a profit/loss statement.

3. Proof of other income: i.e. social security, disability, pensions, unemployment and/or child support for the last three months.
 4. Bank Statements for the last three months:
 - a. Checking
 - b. Savings
 - c. CDs
 - d. Money Market
 5. Mutual funds/Stocks/Bonds- current statements
 6. If unemployed or experiencing a significantly low income for the past year, a written statement from the person or persons helping to support the patient is required.
 7. Copy of an electric bill-proof of residency for the hospital uninsured patient discount Act.
- D. Patient Financial Services personnel will assess for Central DuPage Hospital services financial assistance on balances \$1,000.00 or less.
- E. When evaluating a patient for the hospital uninsured patient discount the following criteria should be considered:
- 1) Confirm the patient is a resident of the State of Illinois. Acceptable verification of Illinois residency can include valid state-issued ID card, utility bill, vehicle registration card, voter registration card or statement from a family member of the uninsured patient who resides at the same address and presents verification of residency.
 - 2) Request to apply for the hospital uninsured patient discount must be made within 60 days of discharge or date of service.
 - 3) Application with supportive documentation must be returned to the hospital within 30 days of receipt of the application.
 - 4) Confirm that services provided are medically necessary. Medically necessary means any inpatient or outpatient hospital service, including pharmaceuticals or supplies provided by the hospital to a patient, covered under Title XVIII of the federal Social Security Act for beneficiaries with the same clinical presentation as the uninsured patient.
 - 5) Family assets may not exceed in value of 600% of the federal poverty guidelines. This excludes the patient's primary residence, personal property exempt from judgment or any amounts held in a pension or retirement plan.

- F. Patients who fail to return the application or provide the required documentation will be subject to normal collection procedures which may include being referred to a collection service.
- G. All hospital insured patient discounts must receive the proper authorization according to the following dollar limit guidelines. The dollar limits are established to provide adequate accounting checks and balances and to avoid improper adjustments to the account receivable.

\$1 - \$5,000	Financial Counselor, Customer Service Rep, PFS Rep
\$5,000 - \$20,000	Collection Supervisor, A/R Supervisor or Patient Accts. Manager
\$20,000 - \$100,000	Patient Financial Services Director
\$100,000 - \$250,000	Vice President, Finance & Controller
\$250,000 and above	Executive Vice President & Chief Financial Officer (CFO)

- H. The management team in PFS (supervisors, managers and director) review adjustments utilizing the Daily Adjustments Report (BPBD02). Charity adjustments are reflected on this report and the management team reviews these adjustments for appropriateness and adherence to the charity policy.
- I. CDH will file Worksheet C Part 1, PPS Inpatient ratios, from its most recently filed Medicare Cost Report with the Attorney General within 30 days of filing its Medicare Cost Report with the hospital's fiscal intermediary.

APPROVAL OR DENIAL NOTIFICATION

The patient shall be notified in writing within 30 business days after the receipt of the Financial Assistance application and supporting documentation as to whether the patient qualifies for the hospital uninsured patient discount act. If the patient is approved, the patient shall receive a letter (Appendix G). If the patient is denied, all reasons for the denial shall be provided (Appendix H).

AGENCY

If the patient is approved for financial aid the Financial Counselor will apply the adjustment to the account for full or partial Financial Aid.

The Agency will receive an adjustment on the electronic payment and adjustment file sent daily and will either close if the code 997-0069 or 997-9982 is received (100% financial aid approved) or will continue billing the guarantor with a new balance if code 997-0065 is received. (Partial financial assistance)

The Agency will close the account as FIN if the code 997-0069 or 997-9982 is received for 100% financial aid.

Central DuPage Hospital Charity Care and Financial Assistance Policy

Table of Appendices

Financial Assistance Application FormA

Letter to the Patient Regarding Charity Care Availability.....B

Charity Discount-Federal Poverty guidelineC

Medical Hardship CriteriaD

Notification Letter for Patients Eligible for Charity CareE

Charity Care Denial Letter.....F

Notification Letter for Patients Eligible for the Hospital Uninsured Patient Discount.....G

Denial Letter for the Hospital Uninsured Patient Discount.....H



Dear Patient,

Central DuPage Hospital (CDH) has a variety of financial assistance programs designed to ensure that medically necessary care is available to everyone, regardless of insurance status or ability to pay. To determine if you are eligible to receive financial assistance, please complete, sign and return the enclosed application, along with the documents listed on page 2 of the application.

CDH has financial counselors available to provide application assistance. To reach a counselor, call 630.933.4066 between the hours of 8:00 a.m. to 5:00 p.m. - Monday through Friday. TTY for the hearing impaired 630.933.4833.

You may mail or personally return the application and all supporting documents to:

MAIL

Central DuPage Hospital
Patient Financial Services
371 S. Schmale Road
Carol Stream, IL 60188

HAND DELIVER

Central DuPage Hospital
Cashier's Department (Entrance 1)
25 N. Winfield Road
Winfield, IL 60190

IMPORTANT: To ensure timely processing, we request the completed application and related documents be returned to us promptly. Failure to return completed documents within 60 days may result in ineligibility.

Sincerely,

CDH Financial Services Team

Central DuPage Hospital Financial Assistance Application

25 North Winfield Road, Winfield, IL 60190



Patient Name _____

Account # _____

Patient Name		Date of Birth
Applicant's Name	SS #	Date of Birth
Spouse's Name	SS #	Date of Birth
Home Address		
City	State	Zip
Home Phone Number	Cell Number	

Applicant's Marital Status Married Single Separated Divorced Widow

Employment Status - Applicant

Employer's Name _____ Phone Number _____

Date of hire _____ Hours worked per week _____

Unemployed - Last date worked _____ Self Employed Retired Disabled

Health Insurance Status

Eligible for health insurance provided by employer Yes No

Name of health plan provided by employer _____

Applicant's Gross Income Last Year	Applicant's Gross Income Last Three Months
------------------------------------	--

Employment Status - Spouse

Employer's Name _____ Phone Number _____

Date of hire _____ Hours worked per week _____

Unemployed - Last date worked _____ Self Employed Retired Disabled

Health Insurance Status

Eligible for health insurance provided by employer Yes No

Name of health plan provided by employer _____

Spouse's Gross Income Last Year	Spouse's Gross Income Last Three Months
---------------------------------	---

Additional Income From Other Sources

Alimony _____ Child Support _____ Social Security _____ Pensions _____

Unemployment _____ Workers Compensation _____ Welfare _____ Interest _____

Dividends _____

Central DuPage Hospital Financial Assistance Application

25 North Winfield Road, Winfield, IL 60190



Patient Name _____

Account # _____

Please list the dependents you are responsible for supporting. This number should agree with the number of dependents listed on your Income Tax Return.

Names of Dependents	Date of Birth	Relationship

Monthly Obligations

Mortgage/Rent	\$	Car Maintenance	\$
Food	\$	Prescriptions	\$
Clothing	\$	Medical bills	\$
Phone	\$	Union Dues	\$
Cell Phone	\$	Child Care	\$
Electric	\$	Life Insurance	\$
Water	\$	Auto Insurance	\$
Other	\$	Total Expenses	\$

Please attach copies of the following documents

- If employed within the last 12 months, include a copy of:
 - Three (3) most recent pay stubs (applicant and spouse) from all employers (indicate if paid weekly or bi-weekly)
 - Most recent year's income tax return, including W-2 tax statement(s)
- If self-employed, include:
 - Complete documentation of revenue and business-related expenses for the last six months (including a profit/loss statement)
 - Most recent year's income tax return (including Schedule C)
- Proof of other income: i.e. social security, disability, pensions, unemployment and/or child support for the last three months
- Bank statements for the last three months, including checking, savings, CDs, money market
- Current mutual funds/stocks/bonds statements
- If you have been unemployed or have earned little income over the past year, a written statement from the person or persons providing financial support to you is required
- Copy of your electric bill for proof of Illinois residency

Central DuPage Hospital Financial Assistance Application

25 North Winfield Road, Winfield, IL 60190



Patient Name _____

Account # _____

I understand that the information, which I submit, is subject to verification by Central DuPage Hospital. I certify that the above information is true and correct.

Signature of Applicant _____ Date _____

Return application and supportive documents to:

MAIL

Central DuPage Hospital
Patient Financial Services
371 S. Schmale Road
Carol Stream, IL 60188

HAND DELIVER

Central DuPage Hospital
Cashier's Department (Entrance 1)
25 N. Winfield Road
Winfield, IL 60190

2010 Poverty Guidelines

Family Unit	CDH Free Care Program for Uninsured		CDH Discounted Care Program for Uninsured	
	Up to 300 Percent of Poverty		301-600 Percent of Poverty	
1	Up to: \$32,490		\$32,491 - \$64,980	
2	\$43,710		\$43,711 - \$87,420	
3	\$54,930		\$54,931 - \$109,860	
4	\$66,150		\$66,151 - \$132,300	
5	\$77,370		\$77,371 - \$154,740	
6	\$88,590		\$88,591 - \$177,180	
7	\$99,810		\$99,811 - \$199,620	
8	\$111,030		\$111,031 - \$222,060	

This document is intended to be a guide in the eligibility process only. Specific eligibility requirements do vary by program. For family units with more than 8 members, add up to \$11,220 for each additional person at 300% poverty and up to \$22,440 for each additional person at 600% of poverty.

This chart adapted from the 2009/2010 U.S. Department of Health and Human Services Poverty Guidelines.

Appendix D
Medical Hardship Criteria

Central DuPage Hospital Charity Care Policy

Medical Hardship Criteria

In some instances there may be extenuating circumstances that arise requiring special consideration in approving charity care for patients who do not meet the established financial criteria for charity care but qualify for "medical hardship" depending on financial and medical circumstances. While it is not possible to provide a complete list of all extenuating circumstances that may arise, some important factors to consider include:

- The amount owed by the patient in relation to his/her total means.
- The medical status of the patient or of his/her family's provider.
- The employment potential of the patient in light of his/her medical condition and/or skills in the job market.
- The likely emotional and medical impact of financial indebtedness upon the patient and family.
- Whether the patient lives on a fixed income.
- Existing liabilities such as a mortgage, school tuition, or automobile or college loan.
- The effect of a catastrophic illness has on the ability of the patient to work.

Appendix E
Notification Letter for Patients Eligible for Charity Care

CENTRAL
DUPAGE
HOSPITAL

Date

Patient Name:

Account Number(s):

Date of Service(s):

Dear

Upon Receipt, Central DuPage Hospital reviews applications for uncompensated care from individuals who feel they are unable to pay for service rendered.

Your application has been approved for the amount of \$ _____. **Please note this approval applies to the account number(s) listed above for services rendered at Central DuPage Hospital, Convenient Care Centers and Behavioral Health Services locations only.**

Your sincere concern and cooperation in fulfilling your financial obligation to the hospital is appreciated. Perhaps at some future date, it may be possible for you to favor this institution with the funds to be used toward bettering the health services Central DuPage Hospital provides for the community.

Please retain this letter for your records.

Thank you.

Sincerely,

Appendix F
Denial Letter

CENTRAL DUTACHE
HOSPITAL

Dear Patient:

Your financial assistance application has been denied because:

If your financial circumstances change, you may be eligible for Financial Assistance. Please re-apply if your income or expenses change.

You may be eligible for a payment plan. Contact our Customer Service Unit at (630) 933-4066 to discuss this.

Please note that in the case of an emergency, you can always access the services in our Emergency Department. No one is denied emergency treatment based on their insurance coverage or ability to pay.

Sincerely,

Financial Counselor Name
Telephone Number

CENTRAL DUPAGE HOSPITAL

Uninsured Approval Appendix G

Date

Patient name:
Account number(s)

Dear

Upon receipt, Central DuPage Hospital reviews applications for uncompensated care from individuals who feel they are unable to pay for service rendered.

Your application has been approved under the *Hospital Uninsured Patient Discount Act*

Total hospital charges	_____	(A)
Total hospital discount (60%)	(_____)	(B)
Balance after hospital discount	_____	(C)
Total Household Income	_____	(D)
Maximum patient liability per year	_____	(E)
<i>Based on 25% of TL annual income</i>	_____	(E)
Total Balance due from patient	_____	(F)
<i>Lesser of line C or E</i>		

Hospital Uninsured Patient Discount approved for the period of _____ to _____ based on the applicant's continued eligibility under this act. Program only covers medically necessary services exceeding \$300 per visit. In order to qualify, applicant must notify our Customer Service department of any subsequent services within the time period stated above.

Please note this approval applies to the account number(s) listed above for services rendered at Central DuPage Hospital, Convenient Care Centers and Behavioral Health Services locations only.

Please retain this letter for your records.

Sincerely,

Geni Jordan
Financial Counselor
630-933-6221

CENTRAL DUPAGE HOSPITAL

Uninsured Denial Appendix H

Date

Patient Name:
Account number(s)

Dear

Upon receipt, Central Dupage Hospital reviews applications for uncompensated care from individuals who feel they are unable to pay for services rendered. Occasionally, the hospital must deny these requests.

Your application has denied under the *Hospital Uninsured Patient Discount Act* for the following reason:

- Application was required to be filed within 60 days of date of service or discharge date. Failure to apply within guidelines.
- Required documentation not provided.
- Applicant is not a resident of the State of Illinois.
- Income and/or assets exceed 600% of the Federal Poverty Guideline.

Please contact the Patient Accounts department at 630-933-6221 within 14 working days to arrange payment or if you have any questions concerning the disposition of your application. Your prompt attention to this matter is greatly appreciated.

Please retain this letter for your records.

Sincerely,

Geni Jordan
Financial Service Representative