



HSHS
St. Elizabeth's
Hospital

RECEIVED

NOV 13 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Via Overnight Mail

November 13, 2014

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson, 2nd Floor
Springfield, Illinois 62761

Re: Project #14-043 and #14-044

Dear Ms. Avery:

In response to your October 21, 2014 correspondence, please be advised as follows:

1. *As part of the approval of permit #13-034 you stated that you would not discontinue AMI services until Touchette Regional Hospital's AMI unit was completed and operating. Should the Board approve project #14-043 and #14-044 please provide assurance that his condition will remain in effect.*

We assure you this condition will remain in effect. Once the Touchette unit is operating it is St. Elizabeth's intent to work with Touchette in transitioning the AMI Service. It will not discontinue its service until that time. The Touchette project is scheduled to be completed by end of year 2015. The replacement hospital project has a completion date of end of year 2017. Thus, even if the Touchette project requires a permit renewal, there is ample time for it to be completed prior to the replacement Hospital project being completed.

2. *The 2013 and 2012 Hospital profile information for St. Elizabeth Hospital reports no utilization for pediatric beds. We consider this a discontinuation of a category of service without a permit. Please explain why patient days were not reported for this service and why this service was not discontinued earlier.*

St. Elizabeth's has seen no pediatric volume as you note for the prior two years. It considered discontinuing the service when it discontinued the AMI service. It did not do so because it still was in the planning process to determine how to best address the current aging building and campus. It was possible that a modernization or new construction project might involve a revitalized pediatric focus. However, the final decision was not to invest in this due to the fact most inpatient pediatric

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Health System

provided in specialty units, which are available in BJC Children's Hospital, SSM Cardinal Glennon and Mercy Children's Hospital, all top rated, in St. Louis, MO. Realistically, St. Elizabeth's did not think it could compete, or that the service was necessary. We regret any appearance that we were trying to avoid HFSRB rules regarding discontinuation. As noted in the application, St. Elizabeth's does maintain an active outpatient pediatric program, and so it was feasible that its future plans might entail a pediatric inpatient unit.

3. *Your 2013 utilization for intensive care beds justifies 24 beds and not the 16 beds you are requesting? Why are you only proposing the 16 ICU beds at the new facility in O'Fallon? Please provide justification for the 16 ICU beds.*

The plan for the replacement hospital includes the allocation of four medical/surgical beds to be used as a step down unit, which will alleviate the need for a higher number of ICU beds. The entire project was designed to be conservative, does not rely on increased market share for volume and was intended not to negatively impact other area providers. Should there be a need for more ICU beds we intend to work within your rules allowing redistribution or addition of beds to address it. However, we again believe a conservative approach makes sense and is consistent with HFSRB planning policies given the excess ICU beds in the service area.

4. *Your medical surgical patient days have decreased over the past 5 years at annual rate of over 5%. On your projections for medical surgical days for 2019 you are projecting an increase of over 10,000 patient days from 2013 levels. Please explain this.*

While the Hospital did experience some decline between 2008-2012, that trend has reversed. It increased for example, from 2012 to 2013 by almost 1,000 patient days. In 2010 the Hospital changed leadership. The Southern Illinois Division of Hospital Sisters Health System was concerned about the Hospital's declining patient numbers and related issues. New leadership began invigorating the Hospital through successful physician recruitment, work with colleagues and quality initiatives. This resulted in a reversal in the decline and in fact an increase in inpatient days despite the national trend toward fewer inpatient days. Also the increase in patient days the Hospital is projecting is 5,234 and not 10,000. The projection is based on various factors including:

- Claritas projected population growth through 2019 in patient population requiring medical/surgical services (see pages 137-139 of the application);
- An increased need for medical surgical patient days due to the significant growth in the population age 65 and over. Per US Census data, those over age 65 grew 15.9% from 2000 to 2010. That percentage increase is expected to be higher from 2010-2020, as the last of the baby boom generation born between 1960-1965 ages. In addition, the elderly are living longer and require more hospital days. As referenced on page 90 of the application, the population by age cohort over 65 is expected to increase from 2013 to 2019 by 8,502.
- An expected focus on admissions for the elderly relating to cardiac care. The Hospital is recognized as one of the top 50 hospitals in the country for cardiac care and expects that as the aging population requires more care in this area, it will be a provider of choice.

- Recruitment to the medical staff as documented in the application over the past two years has caused an increase in admissions, and as these new physicians' practices mature, we expect an even greater number of admissions. The patients they see currently had previously forgone care because it has not been readily available, or have outmigrated to St. Louis.
 - In addition, while the projected increase in patient days may seem substantial, the Hospital can support 87 beds at target utilization based on 2013 admissions. In 2013 its peak census in medical/surgical was 104. In light of these facts, and the above projections, requesting 100 beds, which is required per HFSRB rules for MSAs, is reasonable. The proposed replacement Hospital project reduces the excess beds in the service area by 17%.
5. *You did a separate need analysis for all services being proposed for this project. For our report we would like a short **one paragraph** summarizing these projections.*

The Hospital relied almost exclusively on the same to support the need for all bed categories, categories of services and clinical service areas that have utilization or need targets/standards. It relied on its 2013 utilization need analysis. The only bed categories relying on projections were medical/surgical, and obstetrics.

Medical/Surgical – See response to #4 above.

OB – The modest projections of an additional 386 patient days between 2013 and 2019 is based on Claritas data projecting population growth in women of child bearing age in the service area, and the fact in 2013 three new obstetricians joined the medical staff, which will generate more admissions to the Hospital for deliveries. The Hospital also took into account those factors noted on the bullet points on page 152, (a replacement page is attached for your convenience).

Endoscopy – The Hospital proposes 3 endoscopy suites because its 2013 utilization would result in the operation of two suites at 95%. An increase in the age cohort of residents in the service area age 45 and older (most likely to use endoscopy services) was used to project a modest increase of endoscopy hours of 427 between 2013 and 2019, resulting in the need for 3 rooms.

6. *What is the average age of the buildings on the Belleville campus?*

The current hospital campus has many buildings on it. The attached map of the campus reflects building designation and age. The only buildings with hospital services are the inpatient building, Lincoln Tower and the Cardiac Services building and the average age of these buildings is 55 years. The warehouse and Garfield building will be vacated along with the Lincoln Tower and Hospital building. The Hospital was asked to work with the City or any interested party to re-purpose them. The cardiac building is 15 years old, but relies on the Hospital's central utility plant. The remaining buildings will be used to provide outpatient services, physician office space and administrative space, as described in the application.

7. *How many open houses, public forums have you held informing the public of the move of St. Elizabeth Hospital?*

To seek community engagement, Hospital leadership engaged in a formal "1000 Cups of Coffee" campaign. This campaign did, in fact, engage well over 1000+ individuals through one-on-one visits, roundtable discussions, advisory council meetings and countless speaking engagements where we could speak to and answer questions related to the overall turnaround of the hospital and if asked, a prospective new location on the O'Fallon property. From EMS representatives to mayors to county officials to funeral directors to rotary clubs and deaneries, a very select team of leaders spoke to the changes at St. Elizabeth, and in some cases when asked, discussion ensued around insight, inputs and ideas related to the various scenarios of services.

Local engagement for input on the prospect of a replacement scenario included quarterly standing meetings with standing invites to the Belleville Mayor, Mark Eckert, and many individual meetings with County Board officials, including the St. Clair County Department of Public Health, Planning Commissioner, Terry Beech, St. Clair County Chairman, Madison County Chairman, many leaders in the Southwestern Illinois Development Authority, the Executive Council for the Belleville Chamber of Commerce and miscellaneous meet and greets with the Dean of Southwestern Illinois College, SIUE's Dean for the School of Nursing, SLU's Dean of Nursing, St. Elizabeth's Board Members, the Honorable Bishop Braxton (Archdiocese of Belleville), local and System Franciscan sisters and System leadership in addition to ongoing one-on-one meetings with community key influencers, local chamber members, local school officials, Southern Illinois Healthcare Foundation (SIHF), and key community/social agency groups (ex. Department of Health, Violence Prevention Center).

8. *Have you met with the City of Belleville's leadership? If so, how many times and on what dates? Has the City of Belleville offered you any incentives to stay in the City of Belleville such as tax increment financing?*

Yes, on several occasions. St. Elizabeth's and/or HSHS met with Mayor Eckert on the following dates to discuss its plans, going back to 2010: 2010 on April 29; 2011 on September 8; 2012 on October 5; 2013 on February 5 and October 1; 2014 on February 13 and in August where the Mayor had counsel Mark Silberman present. The Hospital holds quarterly council meetings at which the Mayor has a standing invite. At no time has the City of Belleville offered the Hospital a site in the City limits. The site offered was outside Belleville City limits in St. Clair Township. It was not owned by the City, and the City offered a less detailed proposal for TIF funding than O'Fallon. Further, the location was not accessible and did not address current access problems for the patient population. It was further away from the towns of Centreville, Alorton and East St. Louis than the chosen sites. It was located 3.4 miles away from the current hospital site (the proposed site in O'Fallon is 7 miles, but via Interstate) and while it was close to the MetroLink, the Hospital does not believe that its general patient population uses MetroLink as a means to access hospital care. While the Mayor accuses the Hospital of abandoning downtown Belleville, the site he offered was not in City limits (see the attached proposal from the City of Belleville). Nonetheless the proposal was considered, and rejected mainly due to access issues (it was further from the zip codes currently served by the Hospital, further from communities in need such as Centreville, Alorton and East St. Louis, further from the referral hospitals St. Elizabeth's serves and generally did not meet the needs of the entire region). The attached score sheets reflect the due diligence done by the Hospital in choosing the location that it did.

9. *Please provide an explanation of the tax increment financing and any other incentives the City of O'Fallon is providing for the new hospital and medical office building.*

The process of acquiring this property included negotiating an incentive package from the City of O'Fallon worth approximately \$15,000,000 to HSHS. This incentive package includes \$10,000,000 earmarked for mine remediation and \$5,000,000 for infrastructure improvements on and around the property. The infrastructure improvements will include the widening of local roads, the installation of traffic signals on the property, financial assistance with site preparation, and water and sewer rates guaranteed at the then lowest rates offered by the City for the next 23 years. In addition, the City agreed to modify their Comprehensive Plan for zoning to allocate a large subarea of their plan as the Green Mount Medical Campus. This subarea would surround, include, and buffer the acreage purchased by HSHS in order to ensure that all future development of the area would be made up of conforming use. This incentive package and the commitments from the City were memorialized in an annexation agreement, an amendment to the city's 2006 Comprehensive Plan, and a Tax Increment Financing (TIF) development agreement.

10. *Please provide a copy of your admission policy and charity care policy for the proposed hospital?*

See attached. Our current policies will remain in place at the replacement hospital.

11. *Please provide a schematic drawing for the new hospital and ambulatory care building along with a stacking plan and the layout (where the buildings are going to be situated on the 140 acre site in O'Fallon).*

See attached. (Also, please note the site is 114 acres.)

12. *Are you expecting the same payor mix at the new hospital as the old hospital? Please provide the expected payor mix at the new hospital?*

Yes. The Hospital's response to the St. Clair County Health Department safety net impact comment provides data and analysis on this issue, and is submitted simultaneously with this response correspondence. Based on the zip code origin of patients served by the Hospital, there is no reason to expect any change in payer mix. In fact, the payer mix may be slightly more weighted to a higher percentage of Medicaid and uninsured, as the new location is located closer to a greater number of communities with residents living at or below the poverty level than the current location. Also, Belleville, while it as a City has a lower overall average income per resident than O'Fallon, is not an economically challenged community. Lastly, only 23% of the Hospital's inpatients in 2014 have come from Belleville, and only 26% of its outpatients. The move is not going to change the patient's served by the Hospital. With respect to communities slightly South of Belleville, less than 4% of the Hospital's patients come from these communities, which are primarily commercial pay and Medicare with respect to payer mix. It is anticipated these communities' residents may still come to the replacement hospital, or will seek care from Memorial in Belleville if they choose not to travel the extra few minutes.

13. *Please explain what \$1,841,000 in CON Design Services includes.*

These services included various consulting and legal fees ranging from issues such as how to best place a helipad at the site to minimize noise and disruption to the area, mine mitigation bid proposals and landscape consultants, as examples. Also included were CON consultants and related CON cost estimates.

14. *I cannot read pages 65-70 of Application #14-043. I am going to need clearer pages.*

See attached. The pages are being both emailed and sent regular mail. If they are still difficult to read please let me know.

15. *I am seeing this number (“\$20,429”) in the itemization of project costs. What is this?*

The items with the odd dollar value of \$20,429 are a series of miscellaneous project costs such as artwork, noise studies and traffic studies. In the overall master budgeting and estimate for the project, these line items carry a value of \$25,000 based upon past experiences and professional estimating. However, when some of the hospital services were placed into the ACC/POB, there needed to be a cost allocation between the two buildings. Based upon square footage ratios between the two buildings, the split became 81.72% to the hospital (\$20,429) and 18.28% (\$4,571) to the ACC/POB hospital services.

16. *I cannot determine how you calculated the equivalent patient days. Please provide that calculation.*

See attached.

In addition to the above questions, you asked the applicants to confirm that the “Gifts and Bequests” for the two projects have been collected and restricted on audited financial statements – we are confirming that this is the case. You also asked about the 2013 response to AHQ, which reported 7% “other public” revenue. This is Champus/Tricare (military insurance) revenue. St. Elizabeth’s is the main providers to Scott Air Force Base.

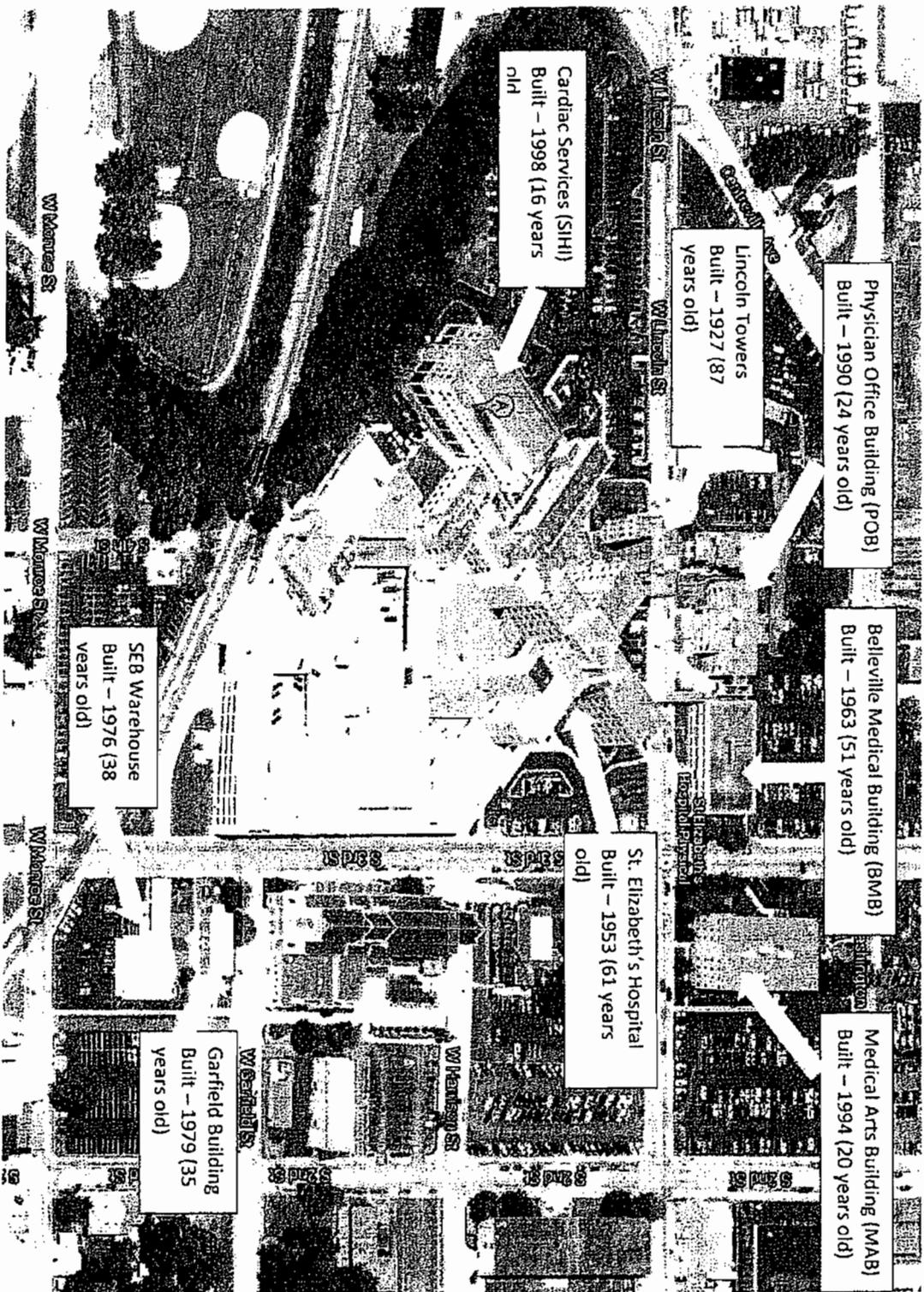
Sincerely,



Susan Beeler

cc: Mike Constantino
Clare Ranalli
Janet Scheuerman
Kathy Olson (via delivery to HFSRB offices)

Attachment
Responsive to Question 6
Building Age



Physician Office Building (POB)
Built - 1990 (24 years old)

Lincoln Towers
Built - 1927 (87 years old)

Cardiac Services (SIHI)
Built - 1998 (16 years old)

Belleville Medical Building (BMB)
Built - 1963 (51 years old)

St. Elizabeth's Hospital
Built - 1953 (61 years old)

Medical Arts Building (MAB)
Built - 1994 (20 years old)

SEB Warehouse
Built - 1976 (38 years old)

Garfield Building
Built - 1979 (35 years old)

Attachments Responsive
to Question 8

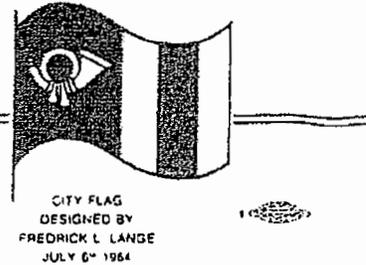
Belleville Site Proposal

Scoring Sheet

CITY OF BELLEVILLE, ILLINOIS

MARK W. ECKERT, MAYOR

101 South Illinois Street
Belleville, IL 62220-2105
Office: (618) 233-6810
Fax: (618) 233-6779



December 17, 2010

Mr. Mark Reifsteck, Southern Illinois Division President
Sister Mary Ann Minor, OSF, Chair
Mr. Larry Schumacher, Interim President, CEO, COO
Hospital Sisters Health System (HSHS)
4936 LaVerna Road
Springfield, Illinois 62707

Dear Mr. Reifsteck, Sister Minor, and Mr. Schumaker:

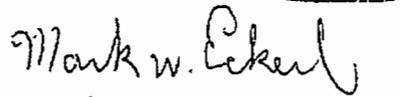
Many kind thanks for the opportunity to present to you the City's response to the Hospital Sisters' request. The City is very interested in continuing, and reinforcing, the ministry of healing and the mutually beneficial relationship that St. Elizabeth's and the City have enjoyed for more than 135 years.

We are very pleased that St. Elizabeth's is considering a site in Belleville for the development program outlined by Mr. Reifsteck and detailed in Mr. Burke's e-mail of December 7, 2010. We believe that such a project, at this location, will be a tremendous complement to the other major public and private investments that have occurred in this portion of our community. The City is willing and able to provide a wide range of support and incentives to assist in the development of St. Elizabeth's vision at this location, and is equally willing and able to work with St. Elizabeth's in maintaining and enriching its presence, and facilities, in downtown Belleville. We see both St. Elizabeth's historic and continuing commitment to downtown, and this new investment, in Belleville, as essential to the continuing revitalization of our community.

The enclosed materials provide you more specific information concerning the City's response to your request. I trust that this information regarding the economic incentives, the physical conditions and setting of the site, as well as the partnerships that we see as attainable at this site, demonstrate that Belleville is the best location for St. Elizabeth's investment. Moreover, I am committed to remaining personally involved

in the City's effort to help St. Elizabeth's create this development in Belleville, and will be pleased to meet with either of you at your convenience to discuss this proposal in further detail.

Sincerely,

A handwritten signature in cursive script that reads "Mark W. Eckert". The signature is written in black ink and is positioned above the printed name.

Mark W. Eckert, Mayor

enclosures

cc: Mr. James Burke, Divisional VP, Business Development & Administration, HSHS
Representative Tom Holbrook, 113th District
Senator James Clayborne, 57th District
Chairman Mark Kern, St. Clair County Board

Development Proposal

Prepared for:

**Hospital Sisters Health System
Southern Division
St. Elizabeth's Hospital**

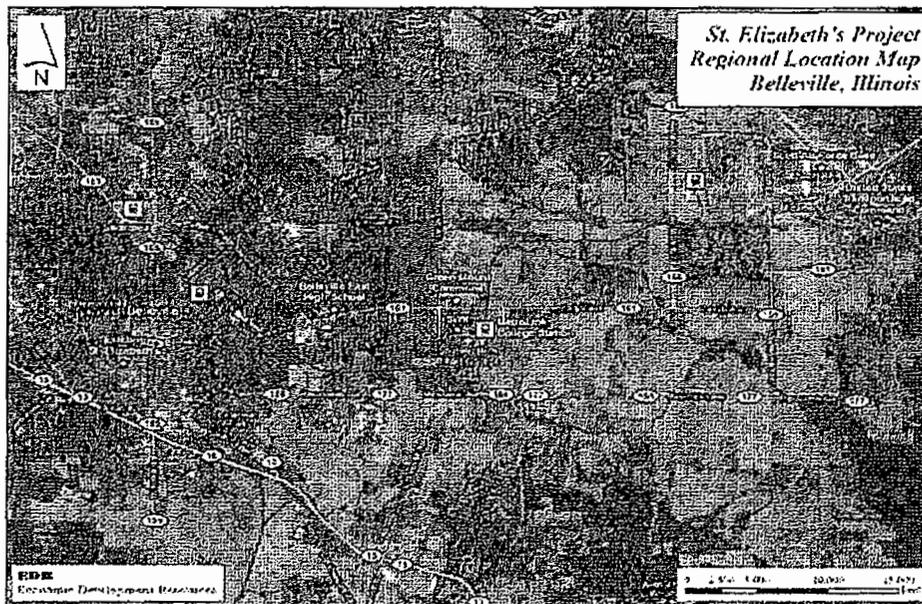
City of Belleville, Illinois

December 17, 2010

Introduction

The City of Belleville is pleased to present to the Hospital Sisters Health System its vision and goals in working together to develop not only a vibrant medical campus directly east of Southwestern Illinois College, but to revitalize the existing St. Elizabeth's facilities located in downtown Belleville. The City of Belleville is very proud of its 135 year partnership with St. Elizabeth's Hospital and the ministry of healing that the Hospital provides the Belleville community. The Hospital, as the citizens of Belleville recognize, has developed a strong partnership in all areas of our community. As you will read, the City can offer many economic incentives for the hospital to take advantage of in the development of the new site. We have described herein the existing conditions of the proposed site, but have also outlined a number of visionary models and examples to consider. The City envisions many ways in which these partnerships will grow not only with the expansion of the medical campus at its new location, but also at the downtown campus.

As shown in the image below, the proposed site is particularly well situated for both the development of a new Hospital, as well as the development of medical offices and related hospital/health care uses envisioned by St. Elizabeth's. The site abuts MetroLink's College station and is served by Carlyle Avenue and Green Mount Road, two important regional arterial roadways. Additionally, the site enjoys proximity to, and easy access from Southwestern Illinois College (SWIC), the East Belleville YMCA, the more than 65 acre Green Mount Commons development and the growing presence and population of Scott AFB and the United States Transportation Command (TRANSCOM).



*See Appendix A for large map.

Economic Incentives

The City of Belleville will take steps necessary to ensure that the benefits of both Tax Increment Financing (TIF) and the Belleville Enterprise Zone will be made available to St. Elizabeth's in the development of its campus on a site adjacent to Southwestern Illinois College and the MetroLink station serving the College. The City will extend its Enterprise Zone to include the site selected by St. Elizabeth's, and will create a TIF District to provide additional assistance to the proposed project. The combination of the TIF District and Enterprise Zone will provide the benefits described below.

The Enterprise Zone will provide a waiver of sales taxes otherwise charged on the purchase of building materials incorporated into the construction of buildings on the campus. Depending on the location of the purchase, for every \$1,000,000 of building materials purchased, the savings will be \$78,500 (assuming such purchases are made in Belleville, where the underlying sales tax rate is 7.85%). As an example, for a 50,000 sq. ft. medical office building, where total building costs is approximately \$125 - \$150 per sq. ft. and 50% of such cost is building materials, the sales tax waiver would be valued between \$245,000 and \$294,000.

The sales tax waiver benefit is available until December 31, 2014. There is legislation pending in the State of Illinois that would extend the Enterprise Zone another 20 years, through the calendar year of 2034. The City of Belleville continues to work with local legislators to see that this measure is approved.

The TIF program will provide annual assistance for a period of up to 23 years, and may be extended to 35 years, depending on cooperation from the taxing districts within the TIF. This public/private partnership will provide property tax revenues, created by the development of taxable property within the TIF area, to be used for projects in the TIF Area. Generally, for every \$1,000,000 of "fair market value" (as determined by the St. Clair County Assessor) over and above the property's current "fair market value", the TIF will generate more than \$23,400 (at current property tax rates) for the project each year. The TIF funds may be used to pay for a variety of activities which directly benefit the project, including site preparation, construction of public infrastructure, demolition of existing site improvements, and the professional services associated with these activities. For example, if a 50,000 sq. ft. office building (and land) has a fair market value of \$5,000,000, and the existing value of the land is \$5,000, the incremental increase in the fair market value upon completion of the office building is \$4,995,000. This increase in value yields annual incremental property taxes of approximately \$116,900. These property taxes can then be used, annually, to pay or repay public or private developers for the activities noted above, or to amortize an obligation (a bond, note, or similar instrument) issued by the City to fund such costs.

The City will also consider entering into an Economic Incentive Agreement (EIA). This partnership program would enable the City to provide to the developer of the project, for use in the project or in order to repay the developer for certain costs associated with the project, a

portion of the 1.0% municipal sales tax that will be generated by the project's retail sales (including prepared food and beverages).

In summary, the payment of many of the costs necessary to assist in the development of the project can be paid for by the components noted above. The use of a Tax Increment Financing District, the Enterprise Zone, and an Economic Incentive Agreement, in addition to the City's other revenues, will prove significant in making not only the proposed development project a reality, but these programs could also be used in a comprehensive redevelopment program of St. Elizabeth's downtown medical campus. As the Hospital Sisters Health System moves forward in the development of their overarching plan and more details become available, the City of Belleville will be able to provide more plan-specific details related to economic incentives.

Site Conditions

The proposed site is currently owned by Southwestern Illinois College and is located in unincorporated St. Clair County. Further, maps produced by the Geological Division of the Illinois Department of Energy and Natural Resources shows that the potential development site has no undermining. If the hospital decides to move forward with this site, the property will require annexation and formal subdivision before the construction of any improvements commences. The City pledges to hold special committee meetings and City Council meetings, as necessary, to accomplish both of these items quickly as possible for the Hospital.

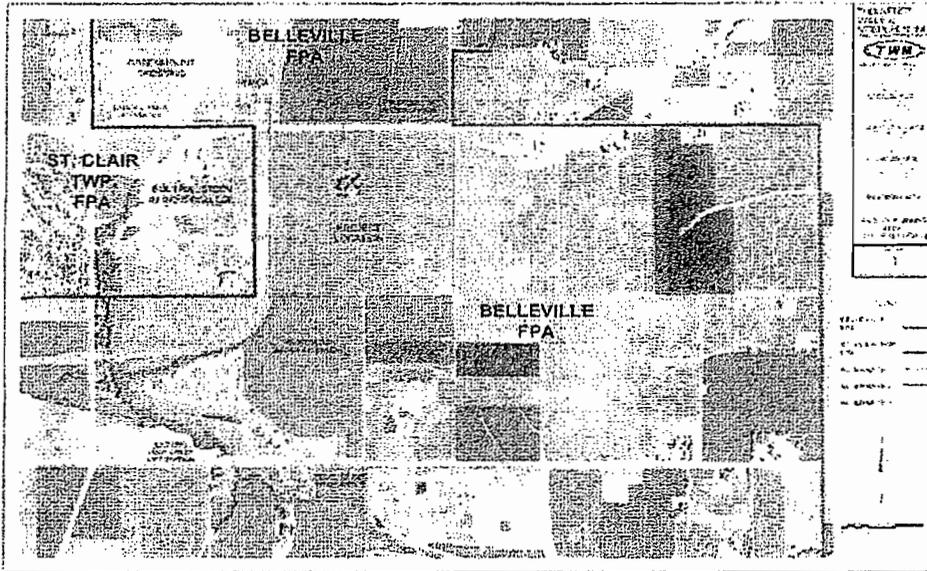
Utilities

In addition to annexation and subdivision, the development of the site requires that utilities be available at the site. The City's research indicates that such utilities include, but may not be limited to: gas, electric, sanitary sewer, potable water, storm water management, and high speed internet. Additionally, due to the nature of the development, these utilities require duplication at the site so as to ensure there is never an interruption of service.

Both electric and gas run adjacent to the project site and have capacity to serve a new hospital facility and its larger medical campus. The City is willing to discuss ways to create a partnership with the Hospital to make sure that electric and gas services are brought to the buildings in an appropriate fashion and at an acceptable rate.

In order to properly manage the wastewater on this site, the City provides three options for the Hospital to consider: extending the interceptor along Route 161 from the YMCA at an estimated cost of \$247,000, extending the sewer line from the north side of Brookhill Estates at an estimated cost of \$155,000, or extending the interceptor along Route 177 and then north to the site, at an estimated cost of \$420,000. Each of these options is depicted below. The City would pay to bring sanitary sewer lines to the site; however, more detailed information is needed to determine the City's level of participation in terms of guaranteeing sewer rates for a certain number of years or discounting the tap-in fees. The City owns and operates its own wastewater treatment system, and therefore has the ability to discuss with the hospital tap-in fees, rates, or

other options that are often negotiated as parts of similar large-scale developments. Additionally, due to the \$80 million plant expansion that is currently underway, the City of Belleville has more than enough capacity to treat wastewater not only from this facility, but also from all future development in this area. Clearly, the City wants to provide the Hospital the best option for managing wastewater, but this issue will need to be more fully discussed in the near future, when more details become available.



*See appendix A for large map.

Further, a 12" water main currently runs parallel to Carlyle Avenue, on the south side of the road. If the hospital requires more flow than what is available in this existing line, a nearby water main can be extended. The determination of the particular main that requires extension and the cost of such extension are dependent upon the flow (in gallons per minute) that the hospital requires. The City is willing to discuss ways to partner with the Hospital to ensure adequate potable water is available on site.

Storm water detention/retention on site is also a component of development. Similar to those other utility costs described above, the City will work with St. Elizabeth's Hospital to make sure that this development component will be handled in a cost-effective manner and that the management of storm water adds value to the site. For example, a well designed retention pond could provide beneficial and attractive open space on site. Further, the storm water management system could be designed in a way that supports sustainability and contributes to the potential for a LEED Certified site.

The City of Belleville, TIF and/or EIA revenues may be available to help fund not only the improvements described above, but similar on-site improvements to prepare the site for development, as well as those off-site which are necessary for the development of the project.

Such improvements may include installing water mains, widening Carlyle Avenue and installing traffic signals at appropriate locations. TIF and/or EIA revenues could also be used to construct access to the campus from the south (Route 177/158) as well as to improve Radio Range Road.

Overall, the City will commit to work with St. Elizabeth's Hospital as well as Illinois American Water and Ameren Illinois to establish long-term rates for water, electric and gas, that are acceptable to both the Hospital and the utility companies. Further, the City intends to partner with St. Clair Township and IDOT to make sure the Hospital has adequate and appropriate ingress/egress from various directions.

Traffic and Roadways

The City of Belleville is prepared to offer a number of incentives concerning access to the site as well as the expansion and improvement of neighboring roadways. Furthermore, the City would like to recognize the existing improvements and access to the proposed site.

As of the date of this proposal, the City has begun preparations to construct a pedestrian bridge over Carlyle Avenue from SWIC and the MetroLink College Station to Green Mount Commons and the East Belleville YMCA. This project provides SWIC students and MetroLink passengers immediate access to the YMCA, as well as retail and restaurant facilities at Green Mount Commons, but it will also play an integral part in connecting employees, visitors, and patients of St. Elizabeth's to those same amenities.

The proposed St. Elizabeth's site abuts a hub of activity in the City of Belleville. With the success in the development of single family residential subdivisions at Green Mount Manor and Brookhill Estates, the City has already begun providing access to the proposed St. Elizabeth's site in all directions. As more commercial, institutional and residential uses begin developing the surrounding areas, more public improvements will be made to accommodate such private investment, and make this area attractive for further development.

Mayor Eckert has had conversations with Mary Lamie, Illinois Department of Transportation's (IDOT) Deputy Director of Highways and Region 5 Engineer, and has stressed the importance of beginning the construction project that will link Route 158 and Route 15. This will ensure easier access from traffic on Interstate 64 as well as traffic on State Route 15. Mayor Eckert continues to push this project as one deserving high priority from IDOT. In addition, Mayor Eckert has paired with St. Clair County Board Chairman Mark Kern and asked Congressman Costello to fund a construction plan that would widen Greenmount Road from Carlyle Avenue to Route 15.

The City of Belleville pledges to work with the IDOT not only to facilitate the aforementioned highway expansion project, but also to commit to public-private partnership programs to ensure that Carlyle Avenue (State Route 161) is appropriately widened and that signals and turn lanes are placed at the appropriate positions, so as to ensure safe and efficient access to the hospital and any other development that may occur on the site. Further, the City will partner with St. Elizabeth's Hospital and commits to pay for, at the appropriate time, a traffic study associated with the Carlyle Road improvements. With development at this site, the City will

prepare for future growth to the east. The long-term vision includes major improvements to Radio Range Road, for which the City will partner with St. Clair Township and St. Clair County at such time as the market and future growth of the area dictates.

The City envisions signalization and access points directly on Carlyle Avenue, as well as from the residential neighborhood to the south, and future development to the east. The City will continue to utilize available economic development tools and incentives to ensure that these uses are compatible with the uses conducted in existing neighboring areas and at the proposed St. Elizabeth' site. Coupled with MetroLink's existing College Station, the above noted roadway improvements will provide a range of access modes and routes that will sustain the project at this site for decades to come.

Long-term Vision

Not only does the City envision the continuation of a rich partnership with St. Elizabeth's Hospital, but the City also foresees the development of a state of the art medical campus that is the center of a larger institutional hub on Belleville's east side stretching all the way to Scott AFB and the United States Transportation Command. This institutional core will both drive and compliment the residential and commercial growth immediately surrounding the project. The City of Belleville looks forward to working with SWIC and Metro to make certain that College Station grows into an appropriate transit hub for both the College and Hospital campuses, including an at-grade or overpass-type crossing that will satisfy the needs of both parties and that will make a safe and inviting connector between the two facilities. The City also recognizes that the creation of St. Elizabeth's medical campus at this location will spur private and public transit-oriented development here, which will reinforce St. Elizabeth's investment. With many of the adjacent parcels already in such uses (notably SWIC, YMCA, Green Mount Commons, Green Mount Manor and Brookhill Estates), the City sees a growing market for educational, service, commercial and residential uses in the area surrounding the project.

The City recognizes that MetroLink provides a critical means of access for employees and visitors to the project site, an attribute that this location in Belleville shares with a number of other projects in the metropolitan area. MetroLink's Sunnen station serves the Sunnen Business Park in Maplewood, while its Central West End station (also known as the "BJC station") serves a major concentration of investment in hospitals, health care and medical offices. Moreover, MetroLink's station in Brentwood was integral in the planning of, and has become an indispensable part of the development of the Meridian, a 500,000 sq. ft. mixed use development which includes BJC's Learning Center, as well as offices for its Managed Care and system-wide computer operations. The City believes that similar growth and investment is possible and should be encouraged at College Station and will prepare for such activity by revising its Comprehensive Plan and Zoning Code to ensure that the potential growth and development in and around the site is compatible with the larger medical campus and future regional institutional hub.

Partnerships

Belleville's long-standing relationship with St. Elizabeth's Hospital as well as its track record of partnership with other agencies such as the Greater Belleville Chamber of Commerce, Belleville Main Street, and Scott Air Force Base prove a strong community spirit, based on cooperation, that works hard to ensure that as a whole, the community's needs are met. As St. Clair County's "home to higher education," Belleville also enjoys strong partnerships with our two higher learning institutions, Lindenwood University and SWIC.

Belleville enjoys an excellent partnership with Scott Air Force Base and its more than 12,000 employees, including more than 35 generals, two of which rank as Four-Star Generals. The United States Transportation Command (TRANSCOM), Air Mobility Command, various other commands, and thousands upon thousands of Army, Navy, Marine and civilian personnel make up this population. The Belle-Scott Committee, the longest-standing military-civilian partnership in the nation, supports a healthy relationship between the City of Belleville and Scott Air Force Base and has helped to sustain the enduring relationship that brings many of those stationed at Scott to our city for medical care, shopping, education and much more.

The MetroLink provides easy access for this large population base to the proposed St. Elizabeth's site. With the opening of Green Mount Commons shopping center, SWIC and the YMCA, more Scott personnel and families are coming to Belleville than ever. With its close proximity to each of Scott's gates, thousands upon thousands of people have discovered Belleville and have taken advantage of the easy access to Green Mount Commons, SWIC, and even the recently revitalized downtown. The large military and civilian population centered at Scott Air Force Base, coupled with the development of a hospital campus at this site, offers many opportunities for the expansion of healthy living programs, educational opportunities, numerous residential living situations, and various shopping and dining opportunities. The parcels that surround the potential development site meet many needs of those living and working at Scott AFB. Scott AFB leadership has told the City of Belleville that easy access to these amenities and low traffic congestion are just two of the many reasons that military personnel frequent this part of Belleville.

Similar in its partnership with the City is the YMCA. Not only has the YMCA proven itself a true partner of the City, but it also has a history of partnerships with local hospitals for healthy living programs. The proximity of the St. Elizabeth's site to the YMCA invites these types of partnerships in the future.

Healthy living initiatives in the Metro East are currently centered in Belleville with the "Get up & Go" campaign, numerous bike trails, a growing number of running and bicycling events, two (2) YMCA facilities, numerous park facilities and recreation programs available.

The proposed St. Elizabeth's site is located along the MetroLink bike trail, which, coupled with the East Belleville Bikeway, makes a six (6) mile bike trail which would be anchored on each end by St. Elizabeth Hospital facilities. The infrastructure for this trail is already in place and is well

used by bicyclists, walkers and runners year round. Nearby Brookhill Estates, located south of the proposed St. Elizabeth's site, will soon be connecting its own bike trail to the MetroLink Bike trail thereby connecting a 200 home subdivision to the new St. Elizabeth's property.

The MetroLink bike trail will soon be extended to the Scott Air Force Base MetroLink station, which will create a direct link between Scott Air Force Base and St. Elizabeth's hospital that supports a healthy lifestyle. As previously discussed, IDOT has committed to and is progressing with plans to build a pedestrian/bikeway overpass over State Route 161 along the MetroLink right-of-way. In addition to its many great trails, Belleville is home to numerous events including the Law Day Run, the Gingerbread Run/Walk, the Tour de Belleville bicycle ride, the Artie Miller Memorial Bike Race and many, many more. The number of these events continues to grow, with at least two new running events added in 2010 alone. Belleville, like no other community in the Metro East, offers a multitude of possibilities to build on Belleville's already strong partnership with St. Elizabeth's Hospital.

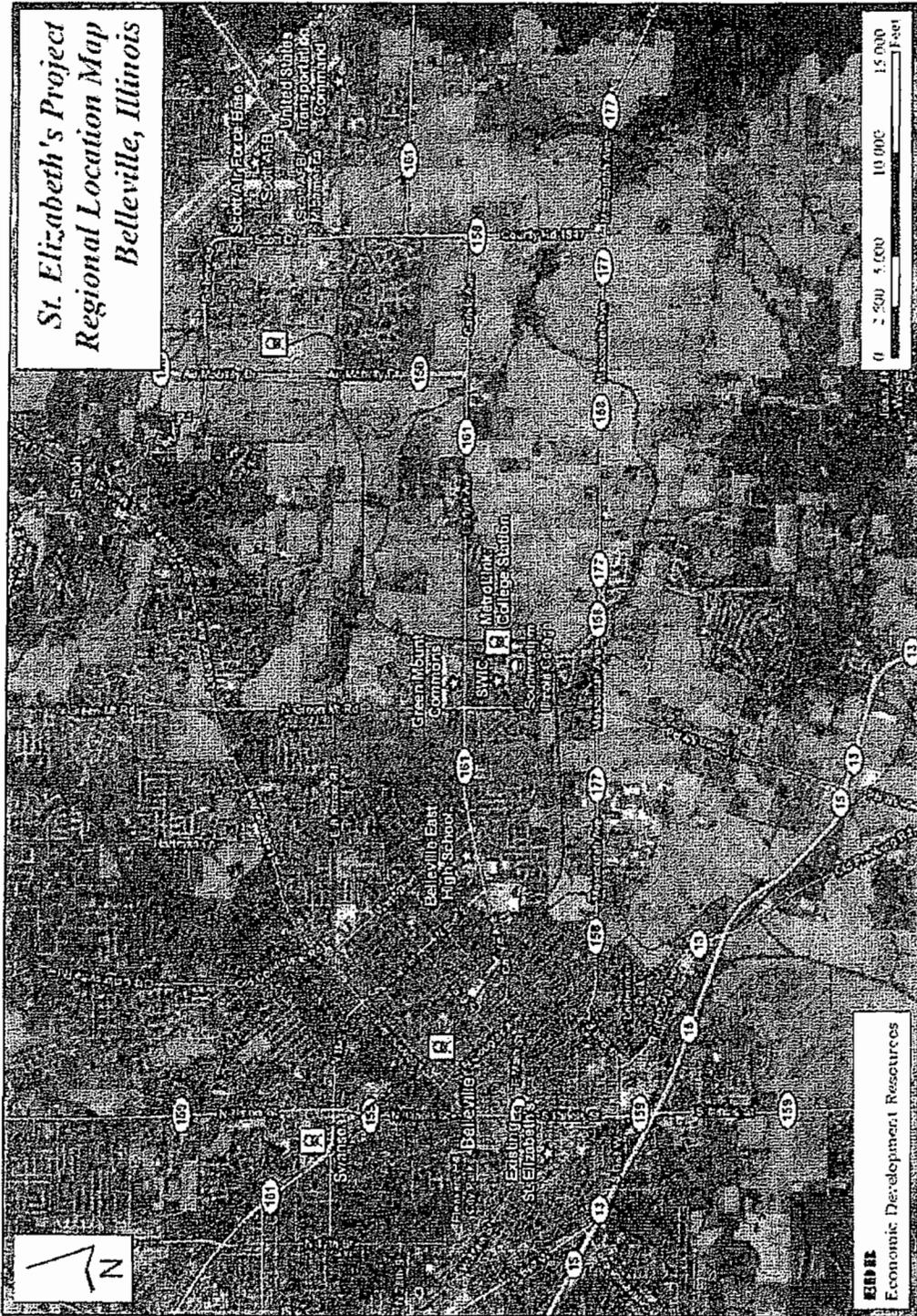
Conclusion

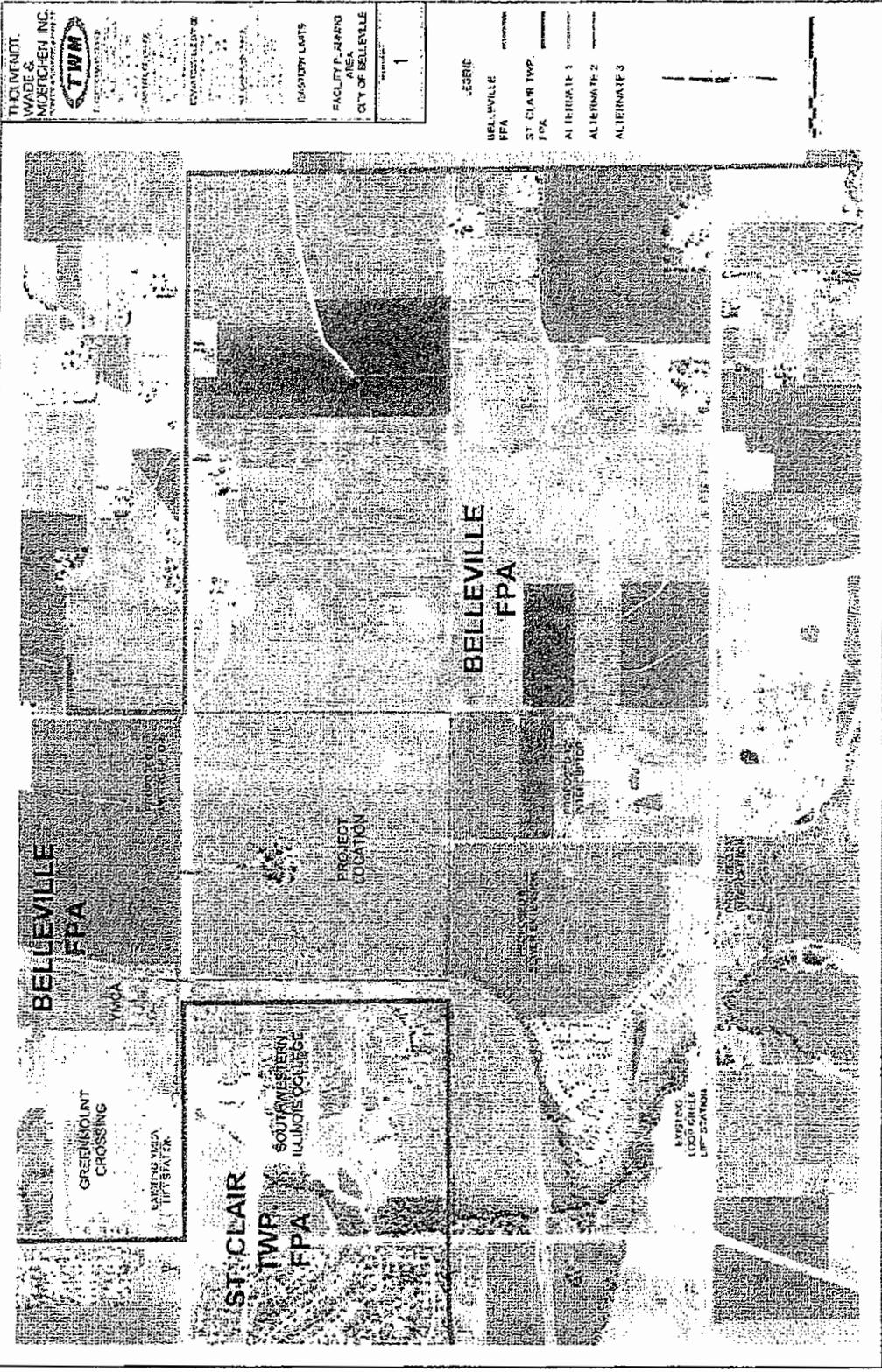
The City of Belleville is committed to working with the Hospital Sisters Health System to create a vibrant, well-connected and easily accessible site for St. Elizabeth's Hospital. The City believes the site will quickly become part of an institutional hub connecting Scott Air Force Base/TRANSCOM, Southwestern Illinois College, and the larger medical campus. This will in turn drive residential and commercial growth in the immediate area.

The site, as it exists, is suitable for the development proposed by the Hospital in the immediate future, and will sustain long term growth and prosperity due to its unique location adjacent to compatible uses, and as the center of what will become a multi-modal transportation oriented development. Utilities are easily accessible and have the capacity, now, to provide for St. Elizabeth's initial development plan; careful planning will enable a partnership to be created which will make certain that such capacity grows as St. Elizabeth's (and other) investment increases. Access to the site is provided by a quality roadway system and MetroLink. Planned improvements to the highways in and around the site will complement these investments as well. Through programs such as TIF, Enterprise Zone, and Economic Incentive Agreements, the City commits to build upon its longstanding relationship with St. Elizabeth's Hospital by providing appropriate financial assistance which will help the Hospital create the quality project it seeks at this location.

We believe this proposal and the information contained herein supports a decision to expand St. Elizabeth's medical campus at the proposed site. As a community, we would enjoy the opportunity to support the Hospital in continuing its ministry of healing not only at the existing location but at the proposed development site. We are committed to supporting St. Elizabeth's mission through continued cooperation and partnership. The City of Belleville looks forward to another great 135 years of partnership with St. Elizabeth's Hospital.

Appendix A







FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Southwest Illinois, 1001 South Illinois Street, Belleville, IL 62220

January 12, 2011

Mayor Mark Eckert
City of Belleville
101 South Illinois Street
Belleville, IL 62220

Dear Mayor Eckert:

Thank you for allowing the YMCA of Southwest Illinois to express our support for the expansion of the campus for St. Elizabeth's Hospital in Belleville.

With St Elizabeth's Hospital being established in 1875 and the YMCA since 1881, throughout our history, we have been privileged to have an ongoing community relationship with St Elizabeth's Hospital. St Elizabeth's Hospital's mission to provide services to the sick and needy and serve the community is a mirrored image of the YMCA's Mission: To provide Christian principles into practice through programs that build healthy spirit, mind and body for all.

St. Elizabeth's Hospital and the YMCA are partnering to provide services to both of our employees. The YMCA provides corporate membership privileges and the Hospital provides health care for any work related injuries. We are very proud of this partnership.

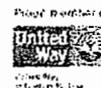
The YMCA of Southwest Illinois wants the City of Belleville to understand that we strongly support and encourage the expansion of the St Elizabeth's Hospital in Belleville.

Mayor Eckert, if the YMCA of Southwest Illinois can assist the City in keeping St Elizabeth's Hospital in Belleville, please let me know.

Sincerely,


Jorge Perez
President/CEO

1001 South Illinois Street, Belleville, IL 62220
618.339.1234
www.ywca.org





512 WEST MAIN STREET • BELLEVILLE, IL 62220
PHONE: 618.239.9428 • FAX: 618.239.9598
WEBSITE: BELLEVILLEMAINSTREET.NET
EMAIL: AMASSEY@BELLEVILLE.NET

December 17, 2010

Mayor Mark Eckert
City of Belleville
101 South Illinois Street
Belleville, IL 62220

Dear Mayor Eckert:

I would like to take this opportunity to express my support for the expansion of the St. Elizabeth's Hospital campus in Belleville.

Throughout its history, St. Elizabeth's Hospital has been a great partner to the City of Belleville. Its mission to, "Provide care for the sick and needy with a spirit of respect, care, competence and joy," has aided countless members of our city, as well as the surrounding communities.

St. Elizabeth's Hospital's positive influence on our community reaches well outside the hospital walls. Members of the hospital staff sit on a variety of local boards and committees, including those of Belleville Main Street. The hospital sponsors countless city events, which bring thousands of people to our community each year.

Additionally, St. Elizabeth's Hospital has been a strong supporter and partner with the business community in downtown Belleville. They truly understand the importance of the "Buy Belleville" campaign and have encouraged their doctors and staff to dine and shop in downtown establishments.

Belleville Main Street firmly supports the City of Belleville's effort to retain St. Elizabeth's Hospital in Belleville. Their tremendous impact on our community cannot be replaced.

If there is a way in which Belleville Main Street can further assist the City in keeping St. Elizabeth's Hospital in Belleville, please let me know.

Respectfully,

Geri E. Boyer
President



December 16, 2010

Mayor Mark Eckert
City of Belleville
101 South Illinois Street
Belleville, IL. 62220

Dear Mayor Eckert:

Thank you for allowing the Greater Belleville Chamber of Commerce to address the issue facing the city with the possible expansion campus of St. Elizabeth's.

Since 1875 St. Elizabeth's Hospital and the Hospital Sisters of the Third Order of St. Francis have played a major role in the history of the City of Belleville. The ministry of healing and the mission of the sisters have long served the many residents and businesses of our great community.

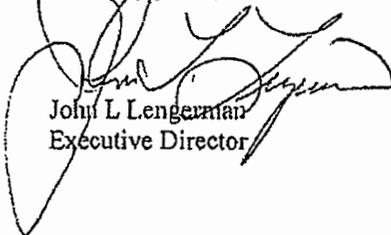
St. Elizabeth's Hospital has been a partner of the chamber in Belleville for many years and continues its support not only financially but by sharing its talented staff members to serve on our board of directors and actively participate in our many committees. The chamber is most appreciative of that commitment.

Just last year the chamber awarded St. Elizabeth's Hospital its Business Excellence Award at its Annual Dinner, a distinction most deserving.

The chamber, with its nearly 600 members, stands squarely behind the City of Belleville in its efforts to support the Hospital Sisters in continuing their healing mission at their downtown location. In addition, the chamber will work side by side with the city to secure a sight in Belleville for the hospital's expansion campus.

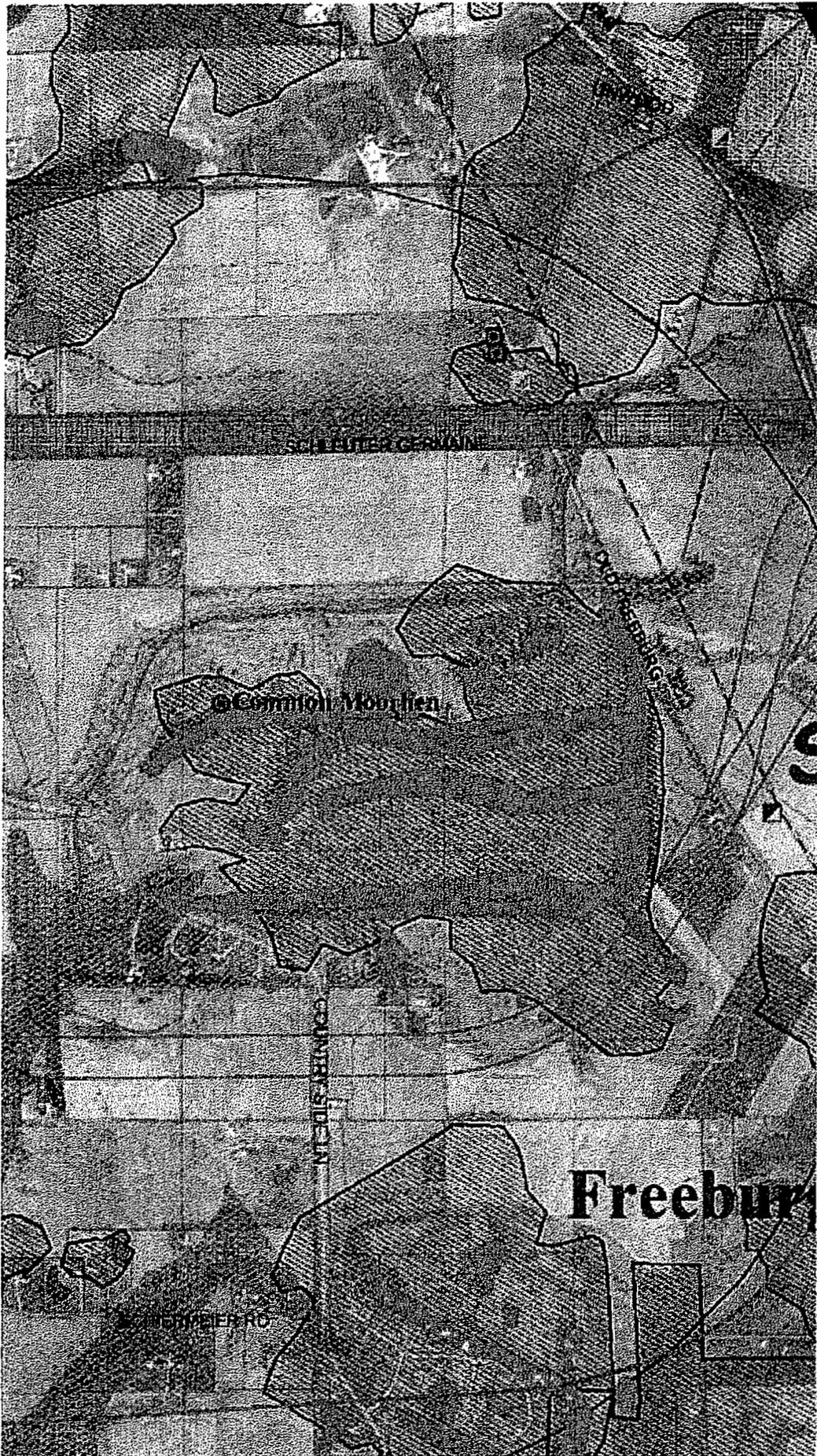
Please let us know when the chamber's support and assistance is needed to fulfill our shared vision of keeping St. Elizabeth's in Belleville.

Sincerely yours,



John L. Lengerman
Executive Director

216 East "A" Street • Belleville, Illinois 62220 • Phone: 618-233-2015 • Fax: 618-233-2077



SCHLEIFER GRABEN

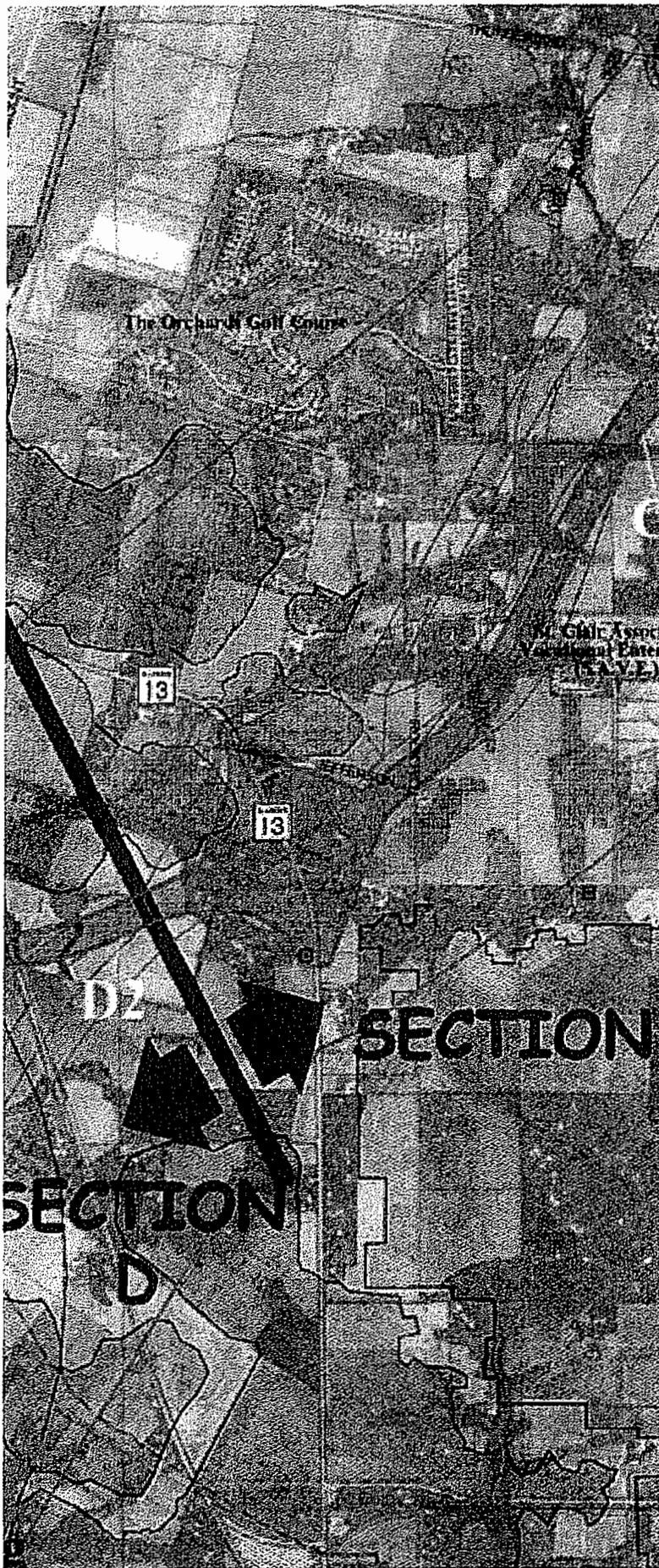
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DROITHEUBURG GRABEN

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The Orchard Golf Course

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Mc Gill's Assoc.
Vocational Enter.
(S.V.E.)

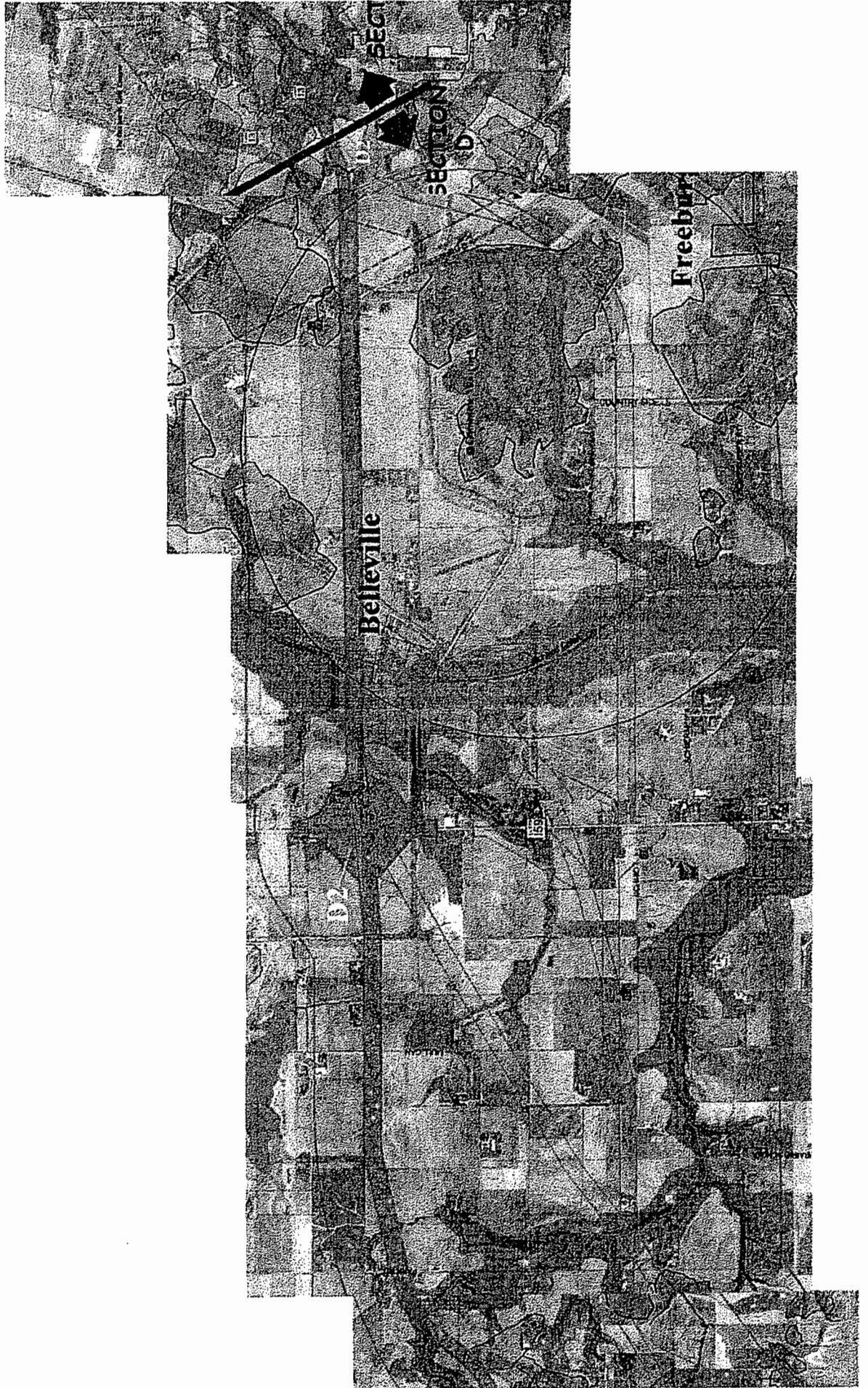
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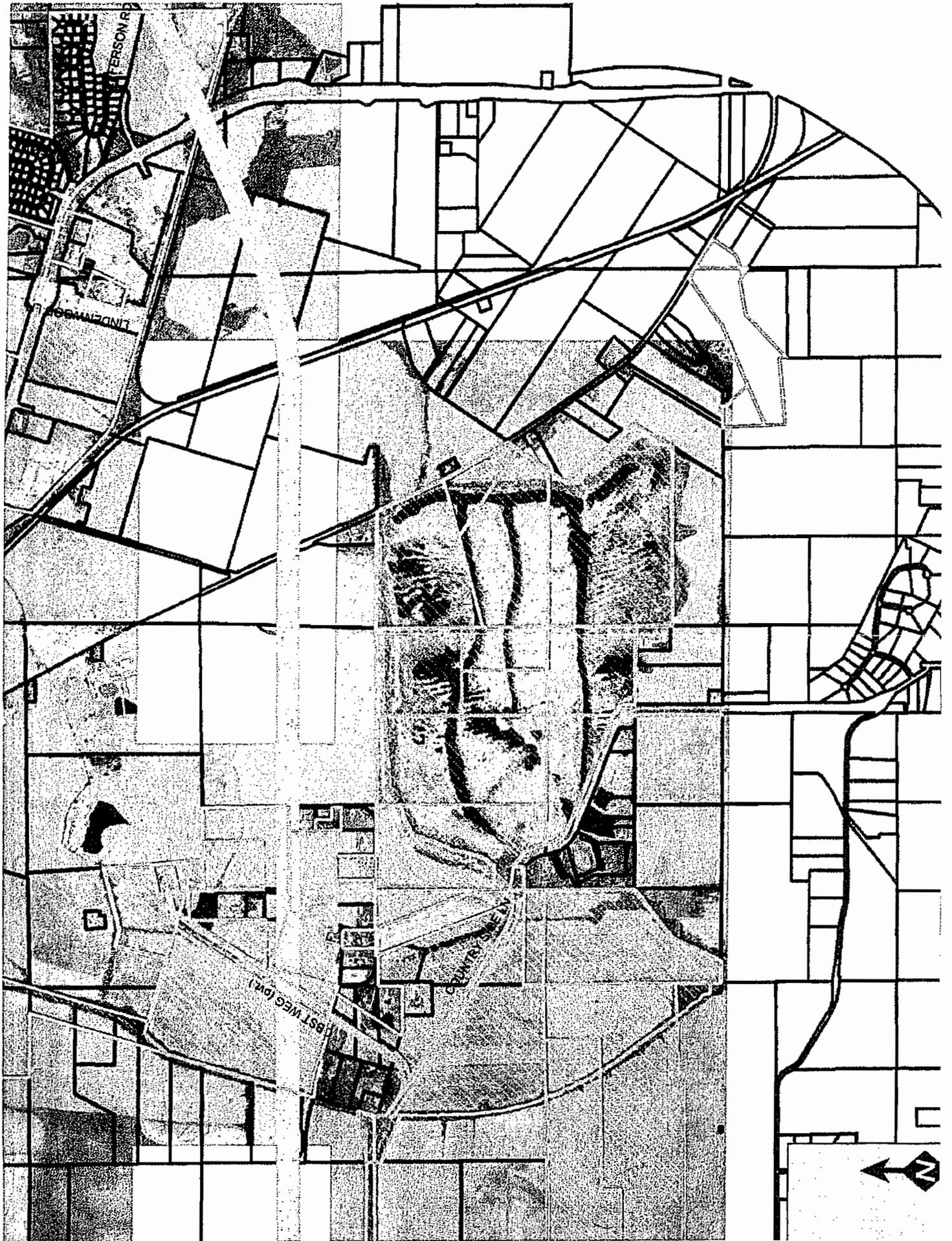
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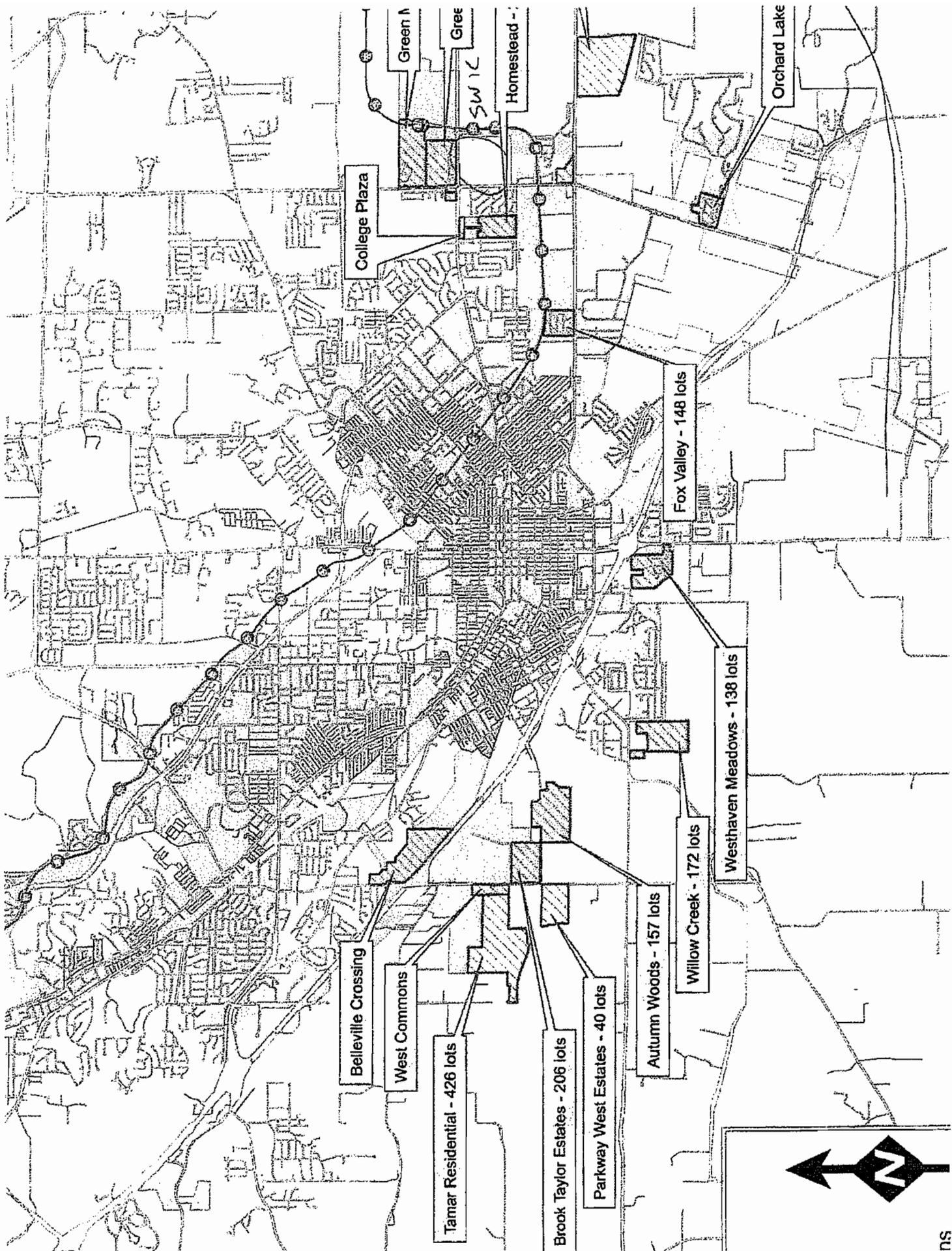
SECTION

D











Site Analysis Criteria
St. Elizabeth's Hospital, Belleville, IL SEB 0925
January 10, 2011

Scoring Criteria				
1.0	PHYSICAL ELEMENTS	Possible Score	New Hospital at Green Mount Road and I-64	New Hospital at Carlyle Avenue (SWIC)
1.1	Sufficient Land Area	1 - 20	18	20
1.2	Zoning and Easements (including FAA)	1 - 10	10	10
1.3	Availability of Utilities	1 - 10	9	7
1.4	Environmental Concerns (wetlands, hazardous materials, property history)	1 - 10	7	9
1.5	Physical Site Characteristics (Topography, Geotechnical, Undermining, etc.)	1 - 10	3	8
PHYSICAL ELEMENTS TOTAL		1 - 60	47	54
2.0	OPERATIONAL ELEMENTS	Possible Score	New Hospital at Green Mount Road and I-64	New Hospital at Carlyle Avenue
2.1	Location (central to primary, secondary service areas, growth areas, consideration for Trauma status?)	1 - 20	20	13
2.2	Accessibility for Patients, Visitors, Physicians, Staff, Suppliers (Direct and Efficient Ingress and Egress, Mass Transportation Access)	1 - 20	20	13
2.3	Identity/Visibility	1 - 10	10	3
2.4	Demographics and Traffic Count (validate is consistent with strategic and business plan)	1 - 10	10	4
2.5	Current/Anticipated Competitors Nearby (Is location a strength or weakness in competitive environment?)	1 - 10	10	2
2.6	Availability of Site	1-10	10	3
2.7	Surrounding Land Use Compatibility	1 - 10	7	9
2.8	Identification of Services to Remain at Existing SEB Campus and/or Adaptive Reuse Plan	1 - 10	7	7
2.9	Relocation of Physicians at Existing SEB Campus to New Campus	1 - 10	10	2
OPERATIONAL ELEMENTS TOTAL		1 - 110	104	56

3.0 FINANCIAL		Possible Score	New Hospital at Green Mount Road and I-64	New Hospital at Carlyle Avenue
3.1	Site Location Impact on Business Plan (demographics, usage, payor mix, physician use)	1 - 30	30	17
3.2	Tax Increment Financing (TIF), Enterprise Zone or Local Incentives	1 - 10	9	6
3.3	Land Purchase Costs/Land Option	1 - 10	8	8
3.4	Extraordinary Site Development Costs (undermining remediation, environmental, utilities)	1 - 10	5	9
FINANCIAL TOTAL		1 - 60	52	40
4.0 REGULATORY ELEMENTS		Possible Score	New Hospital at Green Mount Road and I-64	New Hospital at Carlyle Avenue
4.1	Certificate of Need (competitor opposition, local/political opposition, other)	1 - 15	8	13
4.2	Authorities Having Jurisdiction (City, County, Zoning, Development Approvals, Other)	1 - 10	8	10
REGULATORY ELEMENTS TOTAL		1 - 25	16	23
5.0 OTHER ELEMENTS		Possible Score	New Hospital at Green Mount Road and I-64	New Hospital at Carlyle Avenue
5.1	Supports Franciscan Mission	1 - 30	18	25
5.2	Local Political Support (Mayor, State and Local Legislators, Union, Others)	1 - 20	12	18
5.3	Physician Integration Strategy (Recruitment, Retainment, Plan for Physicians on Existing Campus)	1 - 10	10	2
5.4	Partnership or Joint Venture Opportunities (SIHF, Southwestern Illinois College, Others)	1 - 10	9	9
5.5	Other Site Specific Pros/Cons	1 - 10	N/A	N/A
REGULATORY TOTAL		1 - 80	49	54
NEW SITE TOTAL		1 - 136	101	117
SITE RANKING BY SCORE				
SITE RANKING BY % OF TOTAL AVAILABLE POINTS			30%	68%



Site Analysis Criteria
St. Elizabeth's Hospital, Belleville, IL SEB 0925
January 10, 2011

Scoring Criteria				
1.0	PHYSICAL ELEMENTS	Possible Score	New Hospital at Green Mount Road and I-64	New Hospital at Carlyle Avenue (SWIC)
1.1	Sufficient Land Area	1 - 20	18	20
1.2	Zoning and Easements (including FAA)	1 - 10	10	10
1.3	Availability of Utilities	1 - 10	9	7
1.4	Environmental Concerns (wetlands, hazardous materials, property history)	1 - 10	7	9
1.5	Physical Site Characteristics (Topography, Geotechnical, Undermining, etc.)	1 - 10	3	8
PHYSICAL ELEMENTS TOTAL		1 - 80	47	54
2.0	OPERATIONAL ELEMENTS	Possible Score	New Hospital at Green Mount Road and I-64	New Hospital at Carlyle Avenue
2.1	Location (central to primary, secondary service areas, growth areas, consideration for Trauma status?)	1 - 20	20	13
2.2	Accessibility for Patients, Visitors, Physicians, Staff, Suppliers (Direct and Efficient Ingress and Egress, Mass Transportation Access)	1 - 20	20	13
2.3	Identity/Visibility	1 - 10	10	3
2.4	Demographics and Traffic Count (validate is consistent with strategic and business plan)	1 - 10	10	4
2.5	Current/Anticipated Competitors Nearby (Is location a strength or weakness in competitive environment?)	1 - 10	10	2
2.6	Availability of Site	1 - 10	10	3
2.7	Surrounding Land Use Compatibility	1 - 10	7	9
2.8	Identification of Services to Remain at Existing SEB Campus and/or Adaptive Reuse Plan	1 - 10	7	7
2.9	Relocation of Physicians at Existing SEB Campus to New Campus	1 - 10	10	2
OPERATIONAL ELEMENTS TOTAL		1 - 110	104	56

3.0 FINANCIAL ELEMENTS		Possible Score	New Hospital at Green Mount Road and I-64	New Hospital at Carlyle Avenue
3.1	Site Location Impact on Business Plan (demographics, usage, payor mix, physician use)	1 - 30	30	17
3.2	Tax Increment Financing (TIF), Enterprise Zone or Local Incentives	1 - 10	9	6
3.3	Land Purchase Costs/Land Option	1 - 10	8	8
3.4	Extraordinary Site Development Costs (undermining remediation, environmental, utilities)	1 - 10	5	9
FINANCIAL TOTAL		50	52	40
4.0 REGULATORY ELEMENTS		Possible Score	New Hospital at Green Mount Road and I-64	New Hospital at Carlyle Avenue
4.1	Certificate of Need (competitor opposition, local political opposition, other)	1 - 15	8	13
4.2	Authorities Having Jurisdiction (City, County, Zoning, Development Approvals, Other)	1 - 10	6	10
REGULATORY ELEMENTS TOTAL		25	14	23
5.0 OTHER ELEMENTS		Possible Score	New Hospital at Green Mount Road and I-64	New Hospital at Carlyle Avenue
5.1	Supports Franciscan Mission	1 - 30	18	25
5.2	Local Political Support (Mayor, State and Local Legislators, Union, Others)	1 - 20	12	18
5.3	Physician Integration Strategy (Recruitment, Retainment, Plan for Physicians on Existing Campus)	1 - 10	10	2
5.4	Partnership or Joint Venture Opportunities (SIHF, Southwestern Illinois College, Others)	1 - 10	9	9
5.5	Other Site Specific Pros/Cons	1 - 10	N/A	N/A
REGULATORY TOTAL		60	49	54
NEW SITE TOTAL		110	101	94
SITE RANKING BY SCORE				
SITE RANKING BY % OF TOTAL AVAILABLE POINTS				

Attachment Responsive
to Question 10

Charity Care Policy



HOSPITAL POLICY AND DIRECTIVE MANUAL	No. 1700.9
Category <u>Ethics and Religion</u>	Reference: HSHS Executive Manual
Title <u>Ethical Business Practices</u>	Policy _____
	Directive _____
Approved by:	
Administrator	
Effective Date: 5/12/06	Page <u>1</u> of <u>1</u>

Directive:

St. Elizabeth's Hospital is committed to the provision of quality patient care without regard to race, creed, color, religious affiliation or ability to pay. Business transactions will be conducted in a manner consistent with the Healthcare Financial Management Association's Code of Ethics:

- Practicing honesty and maintaining personal integrity, including an avoidance of conflicts of interest with those of my employer.
- Striving for the objective and fair presentation of financial information.
- Fostering excellence in healthcare financial management by keeping abreast of pertinent issues.
- Maintaining the confidentiality of privileged information.
- Promoting a greater understanding of financial management issues by others in the healthcare field, and seeking increased public understanding through communication about such issues.
- Seeking to maintain a reasonable balance between the quality and cost of healthcare.

Admissions, transfers or discharges will not be made based on a patient's ability or inability to pay. Such actions will be based on the needs of the patient as directed by their physician(s). Collective practices, following provision of patient care, will be established with the dignity of the person in mind. Charity care will be budgeted and provided based on the financial ability of the Hospital.

The Hospital shall not knowingly bill for services not provided. Gains obtained through the mistakes or misunderstandings of payers and vendors shall not be kept but will be returned/repaid as cost effectively as possible.



Hospital Sisters
HEALTH SYSTEM

HSHS Division
SOUTH-CENTRAL

FINANCIAL ASSISTANCE PROGRAM

Income Guidelines

Effective January 22, 2014

Size of Family	Federal Poverty Guideline	Discounts						25% Discount (Automatic)
		100% Discount (200% FPG)	85% Discount (300% FPG)	75% Discount (400% FPG)	65% Discount (500% FPG)	55% Discount (600% FPG)	25% Discount (Automatic)	
1	\$ 11,670	\$ 23,340	\$ 35,010	\$ 46,680	\$ 58,350	\$ 70,020	ALL OTHERS	
2	\$ 15,730	\$ 31,460	\$ 47,190	\$ 62,920	\$ 78,650	\$ 94,380	ALL OTHERS	
3	\$ 19,790	\$ 39,580	\$ 59,370	\$ 79,160	\$ 98,950	\$ 118,740	ALL OTHERS	
4	\$ 23,850	\$ 47,700	\$ 71,550	\$ 95,400	\$ 119,250	\$ 143,100	ALL OTHERS	
5	\$ 27,910	\$ 55,820	\$ 83,730	\$ 111,640	\$ 139,550	\$ 167,460	ALL OTHERS	
6	\$ 31,970	\$ 63,940	\$ 95,910	\$ 127,880	\$ 159,850	\$ 191,820	ALL OTHERS	
7	\$ 36,030	\$ 72,060	\$ 108,090	\$ 144,120	\$ 180,150	\$ 216,180	ALL OTHERS	
8	\$ 40,090	\$ 80,180	\$ 120,270	\$ 160,360	\$ 200,450	\$ 240,540	ALL OTHERS	
Adjustment Code:		XCHRCARF	XCHRCARP	XCHRCARP	XCHRCARP	XCHRCARP	ASP	

- * Patient must provide proof of income and a completed Financial Assistance Program application.
- * Exceptions allowing for special and individual consideration: catastrophic medical debt (greater than 25% of the annual household income).
- * Please see HSHS Policy "Financial Assistance Program" (Fiscal Services #F-11) for additional information.
- * If a charity discount is being applied, the 25% self pay discount should be reversed and the full amount approved for charity applied.



Hospital Sisters
HEALTH SYSTEM

FINANCIAL ASSISTANCE APPLICATION

Belleville, IL
St. Elizabeth's Hospital

Breese, IL
St. Joseph's Hospital

Decatur, IL
St. Mary's Hospital

Effingham, IL
St. Anthony's
Memorial Hospital

Highland, IL
St. Joseph's Hospital

Litchfield, IL
St. Francis Hospital

Springfield, IL
St. John's Hospital

Streator, IL
St. Mary's Hospital

Chippewa Falls, WI
St. Joseph's Hospital

Eau Claire, WI
Sacred Heart Hospital

Green Bay, WI
St. Mary's Hospital
Medical Center
St. Vincent Hospital

Sheboygan, WI
St. Nicholas Hospital

IMPORTANT: YOU MAY BE ABLE TO RECEIVE FREE OR DISCOUNTED CARE

Completing this application will help Hospital Sisters Health System determine if you can receive free or discounted services or other public programs that can help pay for your health care. Please submit this application to the hospital.

IF YOU ARE UNINSURED, A SOCIAL SECURITY NUMBER IS NOT REQUIRED TO QUALIFY FOR FREE OR DISCOUNTED CARE. HOWEVER, a Social Security Number is required for some public programs, including Medicaid. Providing a Social Security Number is not required, but will help the hospital determine whether you qualify for any public programs.

Please complete this form and submit it to the hospital in person, by mail, by electronic mail, or by fax to apply for free or discounted care within 60 days following the date of discharge or receipt of outpatient care.

Patient acknowledges that he or she has made a good faith effort to provide all information requested in the application to assist the hospital in determining whether the patient is eligible for financial assistance.

CERTIFICATION STATEMENT

I certify that the information in this application is true and correct to the best of my knowledge. I will apply for any state, federal or local assistance for which I may be eligible to help pay for this hospital bill. I understand that the information provided in this application may be verified to ensure accuracy. I understand that if I knowingly provide untrue information in this application, I will be ineligible for financial assistance, and financial assistance granted to me may be reversed, and I will be responsible for the payment of the hospital bill.

Patient or
Applicant
Signature: _____

Date: _____

P.O. Box 19456
Springfield, Illinois
62794-9456
P: 217-523-4747
F: 217-523-0542
www.hshs.org

Sponsored by the
Hospital Sisters
of St. Francis

FINANCIAL ASSISTANCE PROGRAM

Please provide copies of the following items:

- W-2 withholding statements
- Most recent federal/state income tax forms
- Paycheck/Unemployment check stubs (past 3 months) or written statement of earnings from your employer (past 3 months).
- Forms approving or denying Unemployment, Workers Compensation or Assistance from the Department of Public Aid
- Statement of annual benefits from Social Security
- Checking/savings account statements (past 3 months)
- Other: letter explaining your situation

Your cooperation with Hospital Sisters Health System (HSBS) is extremely important in determining your eligibility for financial assistance. Failure to provide this information will be cause to deny financial assistance.

Please return completed application along with required documentation to the hospital where you received your medical care:

WISCONSIN

ILLINOIS

<p><u>EASTERN WISCONSIN</u></p> <p>St. Mary's Hospital - Green Bay, WI St. Vincent Hospital - Green Bay, WI St. Nicholas Hospital - Sheboygan, WI</p> <p>All Eastern Wisconsin completed applications along with all attachments should be sent to the following address:</p> <p>Patient Financial Services Attention: Financial Assistance Program PO Box 13508 Green Bay, WI 54307</p> <p>Local - (920) 433-8122 Toll free - (800) 211-2209 Fax - (920) 431-3161</p>	<p><u>CENTRAL ILLINOIS</u></p> <p>St. John's Hospital - Springfield, IL St. Francis' Hospital - Litchfield, IL St. Mary's Hospital - Decatur, IL St. Mary's Hospital - Streator, IL</p> <p>All Central Illinois completed applications along with all attachments should be sent to the following address:</p> <p>Patient Accounts Department Attention: Financial Assistance Program 2343 South MacArthur Blvd. Springfield, Illinois 62704</p> <p>Local - (217) 525-5615 Toll free - (888) 477-4221</p>
<p><u>WESTERN WISCONSIN</u></p> <p>St. Joseph's Hospital - Chippewa Falls, WI Sacred Heart Hospital - Eau Claire, WI</p> <p>All Western Wisconsin completed applications along with all attachments should be sent to the following address:</p> <p>Patient Financial Services Attention: Financial Assistance Program 900 West Clairemont Avenue Eau Claire, WI 54701</p> <p>Local - (715) 717-4141 Toll free - (888) 445-4554 Fax - (715) 717-4032</p>	<p><u>SOUTHERN ILLINOIS</u></p> <p>St. Elizabeth's Hospital - Belleville, IL St. Joseph's Hospital - Highland, IL St. Anthony's Hospital - Effingham, IL St. Joseph's Hospital - Breese, IL</p> <p>All Southern Illinois completed applications along with all attachments should be sent to the following address:</p> <p>Patient Accounts Department Attention: Financial Assistance Program 211 South Third Street Belleville, IL 62220</p> <p>Local - (618) 234-8600</p>

FINANCIAL ASSISTANCE APPLICATION

APPLICANT INFORMATION

NAME: (last, first, middle initial)

BIRTH DATE:	SOCIAL SECURITY NUMBER:	PHONE NUMBER:
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HOME ADDRESS (City, State, Zip): _____

PREVIOUS ADDRESS (City, State Zip): _____

EMPLOYER'S NAME:	EMPLOYER'S ADDRESS (City, State, Zip):
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SALARY (GROSS): \$ _____ WEEK \$ _____ MONTH	HOW LONG: _____ YR _____ MO
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SPOUSE'S NAME:	SOCIAL SECURITY NUMBER:	SPOUSE'S EMPLOYER & ADDRESS (City, State, Zip):
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POSITION:	HOW LONG: _____ YR _____ MO	SALARY (GROSS): \$ _____ WEEK \$ _____ MO
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PRESUMPTIVE ELIGIBILITY CRITERIA:

Does any of the information below apply to you? If YES, check all that apply. Please provide documentation/verification if you check YES to any of the statements below:

- | | |
|--|--|
| <input type="checkbox"/> Homelessness
<input type="checkbox"/> Deceased with no estate
<input type="checkbox"/> Mental incapacitation with no one to act on patient's behalf
<input type="checkbox"/> Medicaid eligibility, but not on date of services or for non-covered service
<input type="checkbox"/> Incarceration in penal institution | <input type="checkbox"/> Enrolled in Temporary Assistance for Needy Families (TANF)
<input type="checkbox"/> Enrolled in Illinois Housing Development Authority's Rental Housing Support Program
<input type="checkbox"/> Enrolled in Wisconsin Department of Health Services Housing Assistance Program |
|--|--|

Enrollment in the following assistance for low-income individuals having eligibility criteria at or below 200% of the federal poverty income guidelines:

- | | |
|---|--|
| <input type="checkbox"/> Woman, Infants and Children Nutrition Program (WIC)
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
<input type="checkbox"/> Illinois Free Lunch and Breakfast Program
<input type="checkbox"/> Wisconsin Free Lunch Program
<input type="checkbox"/> Low Income Home Energy Assistance Program (LIHEAP) | <input type="checkbox"/> Wisconsin Home Energy Assistance Program (WHEAP)
<input type="checkbox"/> Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria
<input type="checkbox"/> Receipt of grant assistance for medical services |
|---|--|

If you checked YES to any of the above, please stop and send this application and supporting documentation to the appropriate address as shown on page 2.

Are you covered or eligible for any health insurance policy, including foreign coverage, Health Insurance Marketplace, Veteran's benefits, Medicaid and/or Medicare? If yes, please provide the following information:

Policy holder: _____

Insurer: _____ Policy number: _____

If you checked YES to any of the above, please stop and send this application and supporting documentation to the appropriate address as shown on page 2.

Were you covered or eligible under a spouse/partner or former spouse/partner's health insurance policy, foreign coverage policy, Health Insurance Marketplace policy, Veteran's benefits, Medicaid and/or Medicare policy for any or all of your medical services?

Former spouse/partner name: _____ Phone number: _____

Former spouse/partner address: _____

If you checked YES to any of the above, please stop and send this application and supporting documentation to the appropriate address as shown on page 2.

Are you seeking financial assistance for treatment related to:

- Workplace injury Accident Crime Cancer

If yes, please provide details: _____

OTHER INCOME: PLEASE EXPLAIN (i.e. RENTAL PROPERTY) Child support does not need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

ASSETS & DEBT INFORMATION	BANK NAME	CHECKING \$	SAVINGS \$
HOME: <input type="checkbox"/> Rent <input type="checkbox"/> Own	NAME AND ADDRESS OF LANDLORD	RENT PMT:	DUE DATE
		\$	\$
		CONTRACT PMT	MORTGAGE PMT
		\$	\$
		PURCHASE PRICE	DATE PURCHASE
		\$	\$
		BALANCE DUE	ESTIMATED VALUE.
		\$	\$
VALUE OF OTHER ASSETS:	IRA/401K \$ _____	STOCKS/BONDS \$ _____	CD'S \$ _____

NAME AND ADDRESS OF CREDITOR	WHAT WAS PURCHASED?	AMOUNT FINANCED	UNPAID BALANCE	MONTHLY PAYMENT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Members of family unit	Name	Birth Date	Relationship	Live at home	
				Yes	No
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

Introduction to St. Elizabeth's Hospital

Hospital Mission and Values

St. Elizabeth's Hospital is a not-for-profit facility, owned and operated by Hospital Sisters Health System (HSBS) which provides selected healthcare services. Our Mission is to reveal and embody Christ's healing love for all people through our high quality Franciscan health care ministry.

Philosophy of Patient Care Services

As a premier provider of community-based, family-oriented healthcare, St. Elizabeth's Hospital believes it can best maintain this level of service through a customer focus, where we continually strive to understand and exceed the expectations of our customers. This focus is enabled through effective communication systems, staff education, team building, process improvement, work redesign and an empowered work force. In collaboration with the community, St. Elizabeth's Hospital will provide customer-focused care and service through:

- A mission statement that serves as a foundation for planning.
- Long-range strategic planning with hospital leadership and system collaboration.
- Establishment of core values of respect, care, competency, and joy which guide colleague behavior. St. Elizabeth's Hospital will support staff relations that foster growth, encourage innovation and support teamwork. The organization recognizes the relationship between positive staff relations and its ability to achieve organizational objectives and the pursuit to strengthen and enhance these endeavors.
- Provision of services that are appropriate to the scope and level required by the patient population to be served.
- Ongoing evaluation of services provided through performance improvement activities and LEAN methodology.
- Integration of services through a variety of mechanisms, lean initiatives, performance improvement teams, staff meetings, administration council, employee education, central leadership council, unit practice council, and council for nursing excellence.
- Priority focus is on the patient experience, needs and expectations.
- Involvement of patients, or a surrogate decision maker as appropriate, in decision making regarding care, treatment and services.
- Recognition of the need to be a responsible member of the community through contribution toward the quality of life through activities, services, and involvement with the community. St. Elizabeth's Hospital is committed to supporting or initiating efforts concerned with the health of the community.
- Goals of the hospital shall be evaluated on an annual basis.

Name of Policy:	 St. Elizabeth's Hospital <small>AN AFFILIATE OF HOSPITAL CARE OF CALIFORNIA HEALTH SYSTEM</small>
Provision of Care	
Primary Approving Body: CNO	Committee Approvals:

Definition of Patient Services, Patient Care and Patient Support

Patient services at St. Elizabeth's Hospital are provided through an organized and systematic process designed to ensure the delivery of safe, effective and timely care and treatment in an atmosphere that promotes respect and caring. The provision of patient care delivery requires specialized knowledge, judgment and skill derived from the principles of physical, biological, behavioral, psychosocial and medical sciences. As such, patient services will be planned, coordinated, and provided, delegated, and supervised by professional healthcare providers. A registered nurse will assess each patient's need for nursing care in all settings in which nursing care is to be provided. Patient care encompasses the recognition of disease and health, patient education and advocacy, recognizing the unique physical, emotional, and spiritual needs of each person. A cohesive unit is formed with organizational administrative leaders, medical staff, nursing staff and other healthcare professionals functioning collaboratively as a multidisciplinary team to achieve positive patient outcomes.

- **Inpatient Care Services:** Limited to those departments that have direct contact with patients
- **Outpatient Care Services:** Provided by those professionals who are also charged with patient assessment and planning, based upon findings from interdisciplinary assessments
- **Patient Support Services:** Provided by a variety of individuals and departments who may not have direct contact with the patients, but who support the individuals providing direct patient care through their collaboration and interaction with direct patient care providers

Patient Care Departments and Services

Inpatient Care Services:

- Behavioral Health Services
- Intensive Care/ Critical Care Unit
- Maternal Child Center
 - Labor and Delivery
 - Newborn Nursery
 - Postpartum
 - Neonatal Intensive Care
- Medical/ Surgical Unit
- Physical Rehabilitation Unit
- Progressive Care Unit

- Cardiac Catheterization/
EP Laboratory
- Cardiac Diagnostics
- Cardiac Rehabilitation
- Cardiovascular Testing Department
- Vascular Laboratory

- Infusion Services
- Pain Management Clinic
- Urgi-care
- Wound Care Center
- Anesthesia

Outpatient Care Services

- Emergency Department
- Surgical Services
 - Surgery
 - PACU (Post Anesthesia Care Unit)
 - Outpatient Ambulatory Surgery
 - GI Endoscopy
 - Prep Clinic
- Cardiac Services

- Respiratory Therapy
- Sleep/ Wake Disorders
- Therapy Services
 - Physical
 - Occupational
 - Speech Pathology & Audiology
 - Recreational

Patient Support Services

- Bio-Medical Engineering Support
- Communications

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Care Coordination
 - Social Service/ Discharge Planning
 - Utilization Management
 - Compliant Documentation Management Program
 - Recovery Audit Contractor/ Appeals/ Denial Management
- People Services
- Clinical Education
- Clinical Laboratory and Pathology
- Diagnostic Imaging
 - Radiology Services Department
 - Nuclear Medicine/ CAT Scans/ MRI Services
- Distribution Department
 - Central Services/ Supply Distribution
 - Sterile Processing
 - Linen Distribution
- Emergency Management
- Environmental Services
- Infection Prevention and Control
- Information Technology (IT)
- Facilities Management
- Food and Nutrition Services
- Marketing
- Materials Management
- Medical Staff
- Pastoral Care
- Revenue Cycle
 - Patient Access
 - Patient Accounts
 - Accounting & Finance
 - Medical Records/ Health Information Management Department
- Pharmacy
- Philanthropy and Development
- Risk Management/ Quality
 - Risk Management
 - Performance Excellence
 - Accreditation Readiness
 - Performance Improvement/ Lean
 - Evidenced Based Medicine
- Safety and Security
- Volunteer Services

Standards of Patient Care

The patients at St. Elizabeth's Hospital can expect to receive the following:

- The right procedures, treatments, interventions and care will be provided according to the established policies, procedures and protocols that have been developed to ensure patient safety. Efficacy and appropriateness of procedures, treatment, interventions and care provided will be demonstrated based upon patient assessments/reassessments, practice, desired outcomes, with respect for patient rights and confidentiality.
- Systems and services for care delivery (assessments, procedures, treatments and interventions) which will be designed, implemented and evaluated consistent with a customer focused philosophy which will be demonstrated through:
 - An attitude of compassion, respect and dignity for each individual without bias
 - A manner that best meets the individualized needs of the patient population
 - Efficiency based upon the individualized needs of our patients

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Coordination through multidisciplinary team collaboration, to ensure continuity and seamless delivery of care to the greatest extent possible
- Involvement of the individual in decisions about his/her care, treatment and services
- Efficient use of the organization's financial and human resources

Scope of Services Provided

The population utilizing healthcare services of St. Elizabeth's Hospital consists of the newborn to the geriatric patient. Community based healthcare is provided in a tertiary setting. Each patient care service department will have a defined scope of care which includes:

- Types (such as most frequent diagnosis) and ages of patients served
- Types of services most frequently provided (such as procedures, services, etc.)
- Goals and/or objectives for optimal delivery of patient care

Staffing Plans

Staffing plans for patient care service departments are developed based upon the level and scope of care that needs to be provided, the frequency of the care to be provided, and a determination of the skill level of staff who can most appropriately provide the type of care needed. Staffing plans are department specific, developed to address the needs of the St. Elizabeth's Hospital patient population and are available in each department.

Patient Care Performance Improvement Activities

All departments will be responsible for participating in the organization's Performance Improvement Program. Components of this program are:

- Performance/ Quality Improvement
- Lean Initiatives

Support Services:

Other hospital services will be available and provided to ensure that direct patient care and services are maintained in an uninterrupted and continuous manner by coordinated, identified organizational functions such as leadership/management, information systems, environmental care, infection prevention and control, performance improvement, and risk management. These services support the comfort and safety of the patient; support the efficiency of services available; and are fully integrated with the patient service departments of the organization.

Integration of Patient Care and Support Services

The importance of a collaborative multidisciplinary team approach, which takes into account the unique knowledge, judgment and skills of a variety of disciplines in achieving desired patient outcomes, serves as a foundation for integration. Open lines of communication exist between all departments providing patient care, patient services and support services within the organization, and as appropriate, with community agencies, to ensure provision of patient care that is effective, efficient and rendered at the same level to the entire patient population.

Name of Policy:

Provision of Care



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Committee Approvals:

St. Elizabeth's Hospital strives to create an open, fair, and just culture by:

- Proactively managing risks and behavioral choices
- Designing safe system
- Responding in a fair and consistent manner to adverse events
- Learning through transparent dialogue and safety expectations

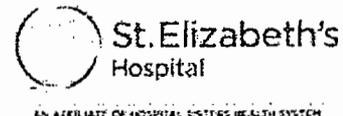
Leadership Responsibilities

Organizational leadership is defined as Chief Executive Officer, senior leaders, management team, and medical staff in appointed or designated leadership positions, and is responsible for:

- Providing a framework for planning healthcare services provided by the organization based upon the organization's mission, and for developing and implementing an effective planning process. The planning process includes an assessment of our customer and community needs, defining a strategic plan, establishing annual operating and capital budgets and ongoing evaluation of each. The planning process minimally addresses both patient care functions and organizational support function.
- Patient Care Functions:
 - Access to care
 - Assessment
 - Care and treatment
 - Discharge planning
 - Medication management
 - Optimal provision of resuscitative measures, when necessary and appropriate
 - Pain management
 - Patient rights
 - Patient safety
 - Patient teaching
 - Appropriate use of restraint and seclusion
- Organizational Support Functions:
 - Colleague development
 - Environment of Care
 - Infection Prevention and Control
 - Information Systems
 - Safety and Emergency Management
 - Performance Improvement Program
 - Utilization and Resource Management
- Ensuring collaboration with both community leaders and organizations to design services to be provided by the organization that are appropriate to the scope and level of care required by the patients served.
- Ensuring communication of the organization's mission, vision, core values and goals across the organization.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Ensuring consistent delivery of patient care services provided throughout the organization.
- Providing appropriate staff development and continuing education opportunities which serve to promote retention of staff and foster excellence in care delivery and support services. Encouraging staff to take an active part in responsibility for their own growth and educational development.
- Ensuring appropriate direction, management and leadership of all services and departments, including contracted services.
- Ensuring an appropriate grievance process is in place in the organization.
 - The Senior Leadership Team is responsible for reviewing and resolving patient grievances, or ensuring an appropriate grievance process by delegating the responsibility for grievance resolution, in writing, to a grievance committee to review and resolve all patient grievances.
- Ensuring that the systems in place promote the integration of services to support the patient's continuum of care needs.
- Ensuring staffing resources are available to appropriately meet the needs of the patients served.
- Ensuring staffing resources and the physical environment fosters the provision of patient safety.
- Appointing appropriate committees, work groups, and other forums to ensure interdepartmental collaboration on issues of mutual concern which would benefit from a multidisciplinary effort.
- Implementing corrective action plans for infection prevention and control in affected problem areas.
- Involving department managers in evaluating, planning and recommending annual expense and capital objectives and expense budgets based upon the expected resource needs of their departments. Managers are held accountable for managing and justifying their budgets and resource utilization. This includes, but is not limited to, identifying, investigating and budgeting for new technologies which can be expected to improve the delivery of patient care and services.
- Ensuring that staff and licensed independent practitioners are involved in the assessment, selection, integration and use of information management systems for the delivery of care, treatment and services.

Patient Care Departments, Patient Services, and Support Services

The following departments are an integral component of the organization and allow for optimal provision of patient care and services. The scope of department services and care, including staff qualifications, hours of operation, staffing plans and additional information is referenced in individual departmental/service manuals.

Patient Care Services (PCS)

Nursing Services is under the direction of the Chief Nursing Officer (CNO) of the organization. Nursing services are provided in all direct patient care nursing units. The CNO and the nursing directors are held

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

responsible for the nursing professional standards of the organization, the responsibility for the standards of care and practice, performance assessment and improvement, policies and procedures, nursing staffing plans, staff competency and nursing licensure within Patient Care Services Department. Collaborative activities have been established to ensure that these responsibilities are addressed in all areas throughout the organization where nursing care is provided. The CNO assumes an active leadership role in the hospital's decision-making structures and process.

SCOPE OF SERVICES:

- The Nurse Executive assures the provision of nursing services, in the hospital, 24 hours a day, seven (7) days per week.
- At least one (1) on-premise registered nurse (RN) supervises nursing services 24 hours a day, seven (7) days per week.
- Nursing care is an organized and systematic process provided by, or under the direction of, a registered nurse. The practice of nursing encompasses providing care to patients and their families that requires specialized knowledge, judgment and skills derived from the principles of biological, physical, behavioral, social and nursing sciences. As a profession, nursing serves as a foundation for health, optimizing/ restoring/maintaining the balance of body, mind and spirit of our patients. As such, nursing includes the recognition of priority healthcare needs, healthcare teaching, managing interdisciplinary patient care, patient advocacy and health teaching.
- Nursing services are provided in an atmosphere of collaboration, both interdependently and independently with other healthcare disciplines to provide a quality, cost-effective, individualized and coordinated healthcare service to all patients throughout the organization.
- Professional nursing practice is facilitated through empowerment, collaboration, and encouragement of innovation, through a performance improvement framework.
- Nursing care is accomplished through the execution of the nursing process, patient teaching, administering, supervising, delegating and evaluating nursing care and practice. This includes implementation of nursing standards of care and practice.

SKILL LEVELS OF PERSONNEL:

- All nursing care is under the direction of registered nurses licensed in the State of Illinois.
- Practical/vocational nurses licensed in the State of Illinois and Nursing Aides, certified in the State of Illinois are directed by the registered nursing staff.
- Unit secretaries must display a thorough knowledge of unit specific as well as organization-wide policies and procedures and be proficient in the computer order entry system.

Name of Policy:

Provision of Care



St. Elizabeth's
Hospital

AN AFFILIATE OF HOSPITALS & HEALTH SYSTEMS

Primary Approving Body: CNO

Committee Approvals:

Inpatient Care Services

Behavioral Health Services

SCOPE OF SERVICES:

- Behavioral Healthcare Services offers an inpatient crises care unit and an outpatient intensive/partial hospitalization program.
- The department treats acute mental illness and those with a dual diagnosis of mental illness and chemical dependency.

SKILL LEVELS OF PERSONNEL:

- The RNs and LPNs hold a current Illinois license and have knowledge of general medical/ surgical nursing with knowledge and experience in mental health nursing.
- They are certified in BLS and complete organizational and department orientation.
- Social workers and recreational therapists hold a minimum of a Bachelor's Degree in their specialty and hold a valid license for their specialty.

STAFFING:

- Staffing levels are determined by nursing assessment, patient acuity, census, nurse: patient ratio and the skill mix of the staff
- Social workers complete assessments within 48 hours of admission.

Intensive Care Unit (ICU)/ Critical Care Unit (CCU)

The CCU provides comprehensive and continuous care for persons who are critically ill, medically unstable, and require intensive monitoring or emergency interventions.

SCOPE OF SERVICES:

- The Critical Care Unit consists of 23 patients beds. The two 8 bed critical care medical/surgical intensive care units provide care for critically ill adult patients. The remaining 7-bed unit is designated as the cardiovascular intensive care unit and is designed for open-heart surgeries and other clean cardiovascular cases of the adult population.
- The medical/surgical CCU is equipped to monitor hemodynamics, cardiac rhythms and oxygenation and has the capability of storing and analyzing information retrieved.
- Significant subgroups include cardiovascular, pulmonary, neurological, surgical, and renal cases as well as patients with additional medical diagnoses.

SKILL LEVELS OF PERSONNEL:

- ICU RNs complete a hospital orientation and a comprehensive unit orientation program that focuses on cardiac rhythm interpretations, ACLS, critical care core curriculum, and advanced monitoring and equipment training.

STAFFING:

Name of Policy:

Provision of Care



**St. Elizabeth's
Hospital**

AN AFFILIATE OF HOSPITAL SYSTEMS HEALTH SYSTEM

Primary Approving Body: CNO

Committee Approvals:

- The Critical Care Nurse Manager with the assistance of the Director is responsible for all units with 24-hour responsibility.
- Staffing is highly variable and is reflective of patient acuity and skill level of staff.
- The Nurse Manager and/or designee, is responsible for patient care assignments and ensures that each patient receives effective and appropriate care. Assignments are reviewed at a minimum of every 4 hours and revised as needed
- Primary care is utilized as the nursing care delivery model

Maternal Child Center

SCOPE OF SERVICES:

- The maternity unit specializes in the primary care of mothers and their newborns. It serves women during pregnancy and delivery, including the antepartum, intra-partum and post-partum periods. It consists of eight (8) LDR rooms, two (2) C-section surgical suites, eighteen (18) postpartum/antepartum beds, two (2) triage beds and a twenty-two (22)-bed nursery. The Special Care Nursery is an eight (8) - bed unit, designated as a Level II nursery per the State of Illinois Perinatal Program, which specializes in the care of neonates requiring an intermediate level of care. The patients admitted to the Special Care Nursery consist of babies with birth weight greater than 1500 grams or gestational age greater than 32 weeks. Each area is equipped to provide ongoing monitoring of the patient.

SKILL LEVELS OF PERSONNEL:

- RN LPNs hold appropriate licensure, complete organization and department orientation to include EMR training, BLS, ACLS for post-partum, L&D, NRP for NICU colleagues.
- L&D RNs must have annual competency validation in fetal monitoring. RNs working in the Special Care nursery must complete the S.T.A.B.L.E. program at a minimum of every two years. RNs working in the Post-Partum area have annual continuing education related to breastfeeding or obstetric issues.
- OB Surgical Techs complete a surgical tech program, hospital and department orientations, EMR training, and BLS.

STAFFING:

- The Maternal Child Center Director is charged with 24-hour responsibility for all maternity units.
- Mother-Baby couplet care is the model of patient care used in Post-Partum and the Well Baby Nursery.
- Primary nursing is the model of patient care delivery used in Labor and Delivery.
- Primary nursing is the model of patient care delivery used in the special care nursery.
- The Nurse Director and/or designee, is responsible for patient care assignments and ensures that each patient receives effective and appropriate care. Assignments are reviewed at a minimum of every 4 hours and revised as needed.
- St Elizabeth's provides on call coverage for patient safety and quality patient outcomes.

Name of Policy:

Provision of Care



St. Elizabeth's
Hospital

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

Primary Approving Body: CNO

Committee Approvals:

- Nursing care within this unit focuses on family-centered care. There is family involvement in the care of the mother and newborn, as well as in the education and support of the mother and family.
- Assignments are determined by:
 - The identified nursing needs of the patient, acuity, and prescribed medical regimen
 - Guidelines published in "Guidelines for Perinatal Care," Seventh Edition
 - AWHONN Staffing Guidelines published September 2010
 - The skill level and qualifications of the RN
 - The skill mix, experience and education of RN staff

Medical/ Surgical Unit

The Medical/ Surgical Unit manages the care of adult patients in a broad range of disease processes and general surgical care.

SCOPE OF SERVICES:

- This acute medical-surgical area gives comprehensive care to adult patients. Significant subgroups of patients include oncology, nephrology including peritoneal dialysis, urological surgeries, thoracic surgeries (with cardiac surgery the exception), vascular surgeries, and general abdominal surgeries. Other Significant subgroups of patients include orthopedic and neurosurgical diagnoses.

SKILL LEVELS OF PERSONNEL:

- Skill levels in M/S Unit hold current appropriate license for their title, RN and LPN complete a comprehensive hospital and unit orientation to include EMR and BLS.

STAFFING:

- The model of nursing care delivered on this unit uses a modified Partnership method of care. In this method, the LPN or nursing assistant works under the direct supervision of a registered nurse caring for the same caseload of patients. There is a nurse manager on the unit who has 24-hour accountability. A designated charge nurse is available on each shift. This nurse acts as a resource person and coordinates assignment of new admissions. The RN may also obtain assistance from the nursing administrative supervisor on duty. Unit Secretary coverage is available on all three shifts. Transport aides are also available during peak hours.
- Staffing levels are determined by nursing assessment, patient acuity, census, nurse-patient ratios and skill mix of assigned staff.

Physical Rehabilitation Unit

The Physical Rehabilitation Unit focuses on management of persons with physical and/or cognitive impairments and disabilities.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

SCOPE OF SERVICES:

- This program specializes in the delivery of a comprehensive and integrated approach to meeting the needs of patients who have a CVA, Hip and Femur Fractures, Amputation, Major Multiple Trauma, Head Injury, Spinal Cord Injury, Neurological Disease and other appropriate conditions including joint replacements if meeting appropriate criteria to meet Medicare Guidelines including the "75% Rule."
- Patients admitted are eighteen years of age or older and verbalize a willingness to participate in the program plan which includes at a minimum, 3 hours of therapy a day.
- All Rehabilitation admissions meet the admission criteria and are reviewed by the Medical Director of Rehabilitation Services.
- The Commission on Accreditation of Rehabilitation Facilities (CARF) has awarded this 40-bed unit accreditation as an Inpatient Rehabilitation Program-Hospital (Adults)

SKILL LEVELS OF PERSONNEL:

- All team members (RN, LPN, PT, OT, SP, and MSW) are licensed in their perspective discipline and complete a comprehensive hospital and department orientation to include FIM training.

STAFFING:

- A dual model of care is utilized on the Rehabilitation unit. To plan & deliver care within this unit, a team approach is utilized by all disciplines. Case management is utilized to provide appropriate services throughout the continuum of care. The Clinical Social Worker and the RN Case Manager provide these services. The Rehab Manager has 24-hour accountability for this unit.
- The RN Case Manager assumes full responsibility for the patients assigned within his/her team module. The RN Case Manager manages the patient's needs through ongoing assessment and prioritization, with input from the person served and/or family (spouse, caregiver, significant other), thereby formulating a plan of care, utilizing the nursing process.
- Within the process of case management, the RN Case Manager and Clinical Social Worker provide a system for interaction between all services provided while preparing for a timely discharge.
- Staffing levels are determined by nursing assessment, patient acuity, census, nurse-patient ratios, and skill mix of assigned staff.

Progressive Care Units (PCU)

Progressive care provides continuous cardiac monitoring for patients with cardiac and pulmonary conditions.

SCOPE OF SERVICES:

- PCU is a 56-bed unit providing care for individuals requiring continuous cardiac monitoring. The unit specializes in care and treatment of individuals with Cardiac diagnoses. The unit divides patients requiring post invasive intervention care including open heart surgery and PTCA on a clean unit area. All units focus on treatment and education for the patient and family on

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

management of cardiac syndromes, i.e. Congestive Heart Failure, CAD and other chronic cardiac condition. These conditions are identified as low, intermediate and high risk ACS and may be admitted for medical treatment and observation prior to invasive intervention. Subgroups of patients, including those with cardiac, pulmonary and vascular diagnosis are also candidates for admission.

SKILL LEVELS OF PERSONNEL:

- RNs maintain a current RN licensure and complete a comprehensive hospital and department orientation. In addition, colleagues are ACLS & BLS certified and complete a critical care core curriculum within 6 months of hire.

STAFFING:

- Staffing levels are determined by nursing assessment, patient acuity, census, nurse-patient ratios, and skill mix of assigned staff.

South PCU

Progressive care provides continuous cardiac monitoring for patients with cardiac and pulmonary conditions.

SCOPE OF SERVICES:

- Three (3) South is a 24-bed progressive care unit (PCU) providing care for individuals requiring continuous cardiac monitoring.
- The unit specializes in care and treatment of individuals with post invasive intervention including: open heart surgery, PTCA.
- The unit provides treatment and education for the patient and family on management of cardiac syndromes, i.e. Congestive Heart Failure, CAD and other chronic cardiac condition. Identified as low, intermediate and high risk ACS may be admitted to South for medical treatment and observation prior to invasive intervention. Subgroups of patients, including those with cardiac, pulmonary and vascular diagnosis are also candidates for admission.

SKILL LEVELS OF PERSONNEL:

- RNs maintain a current RN licensure and complete a comprehensive hospital and department orientation. In addition, colleagues are ACLS & BLS certified and complete a critical care core curriculum within 6 months of hire.

STAFFING:

- Staffing levels are determined by nursing assessment, patient acuity, census, nurse-patient ratios, and skill mix of assigned staff.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

Outpatient Care Services

Diagnostic Imaging

Radiology Services Department

The Imaging Services Department provides services for the study of the anatomical processes of the human body by acquiring diagnostic images. The department consists of Diagnostic Radiology, Interventional Radiology, Nuclear Medicine, CT, MRI, Mammography and Ultrasound services, and is directed by a doctor of radiology.

SCOPE OF SERVICES:

- The Imaging Services Department is a comprehensive service providing sophisticated clinical application of imaging technology.
- Services are provided to the inpatient and outpatient population of all ages, both within the Imaging Services Department and at the patient bedside.
- Patient condition or type of exam may require the procedure be performed outside of the department. This may occur on patient units, in the surgical suite, or any area where emergent imaging is ordered by a physician.
- Radiology diagnostic procedures are performed on patients of all ages, from the neonate to the geriatric patient.

SKILL LEVELS OF PERSONNEL:

- The department director is board certified in Radiology or possesses equivalent experience and competence in the area of comprehensive diagnostic radiology services.
- The departmental staff consists of state licensed radiology technicians and other support staff who possess the skill level that allows for the provision of safe, competent and accurate care.

STAFFING:

- Staffing is a set schedule based on department hours of operation as well as other departments (i.e. Operating Room). The base schedule adjusts based on volume and procedures.
- Radiology services are available 24 hours/day

Nuclear Medicine/ CAT scans/ MRI Services

CAT scan and MRI services provide a study of the physiological and metabolic processes of the human body by acquiring diagnostic images after administering radioisotopes or acquiring diagnostic images using CT or MRI.

SCOPE OF SERVICES:

Nuclear Medicine Cat Scan and MRI Services include:

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Providing cost effective, convenient, efficient and appropriate care for patients in need of radiologic diagnosis, therapy and/or intervention.
- Providing pertinent education for patients and patients' family members as it relates to nuclear medicine
- Maintaining and improving quality of care by performing all quality control tasks, as well as continually evaluating and ameliorating key processes.
- Maintaining safe radiation levels ALARA.
- Correlating standards of nursing practice with those of the nursing department so as to achieve one level of care.
- Services provided to inpatients, outpatients and emergency patients, pediatric, adolescent, adult and geriatric age groups. Patients may be ambulatory or non-ambulatory.

SKILL LEVELS OF PERSONNEL:

- Registered and licensed technologists.

STAFFING:

- Staffing is a set schedule based on department hours of operation as well as other departments (i.e. Operating Room). The base schedule adjusts based on volume and procedures.
- Services are available 24hours/day

Emergency Department

The Emergency Department provides 24 hours/day, 7 days/week care for people seeking treatment for acute illness, or other medical emergencies.

SCOPE OF SERVICES:

- All patients that present to SEB Hospital's premises for a non-scheduled visit and are seeking care shall receive a medical screening exam.
- Licensed Independent Provider (LIP) care includes providing all necessary testing and on-call services within the capability of SEB Hospital to reach a diagnosis.
- Support services including but not limited to clinical laboratory studies and x-rays will be provided to the patient in a timely manner.
- An on-call list of specialty physicians is maintained to assist in stabilizing patients. All necessary definitive treatment will be given to the patient within the hospital's capabilities.
- Emergency Department patients are evaluated for response to treatment and are admitted, transferred for further treatment not provided by the hospital or discharged, with follow-up instructions as appropriate.
- A minimum one (1) Emergency Department physician is on-duty at all times.

Social Services in the Emergency Department

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Social work coverage is provided to the Emergency Department Monday through Sunday and all holidays, 24 hours per day. After normal business hours which are Monday through Friday from 8:00 am to 4:30 pm, the on-call Social Worker is available for consultation via telephone. They may be contacted via the hospital operator. In the event the Social Worker on call does not respond, the Manager of Care Coordination can be contacted to assist with patient/family needs.
- The Social Worker can provide assistance with abuse/neglect reporting for both children and the elderly. While each physician and nurse is a mandated reporter, the Social Worker can provide guidance and suggestions on when, what, and how to make the report/referral.

SKILL LEVELS OF PERSONNEL:

- RNs complete a comprehensive hospital and unit orientation program and hold a valid Illinois nursing license.
- RN nurses in the ER are certified in ACLS, PALS, and BLS.
- ED techs are trained in BLS.

STAFFING:

- Staffing levels are determined by nursing assessment, patient acuity, census, nurse-patient ratios, and skill mix of assigned staff.
- The ED utilizes "Pod" nursing and with efforts coordinated with a group that includes RNs, Techs, and an ED physician

Surgical Services

The Surgical Services Department provides services for operative and other invasive procedures and immediate postoperative care on a 24-hour basis.

Surgery

SCOPE OF SERVICES:

- The Surgical Services Department provides a safe and comfortable environment for both patients and staff in order to provide optimum assistance to the surgeons in meeting the emergency, preventive and restorative health needs of the patients.
- Procedures performed include general, ENT, ophthalmic, oral, neurological, thoracic, vascular, urological, orthopedic, pain management, obstetrical, gynecological operative, and other invasive procedures.
- Patients are continually assessed throughout the peri-operative experience. Modifications to the plan of care are based on reassessment of the patient.
- In the immediate postoperative phase, the patient is under the direct supervision of the anesthesiologist/anesthetist who maintains responsibility for the needs of the patient until the patient has been appropriately discharged from the PACU.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

SKILLS LEVELS OF PERSONNEL:

- The Operating Room is staffed with registered nurses and surgical technologists who are certified in BCLS. Registered nurses supervise LPNs/LVNs and surgical technologists in the OR.
- Surgical Services colleagues complete hospital and unit specific orientation
- The PACU is staffed with registered nurses who are certified in ACLS, PALS and BLS.
- All registered nurses maintain a Basic EKG/Arrhythmia Identification Certification.
- Endo nurses are certified in Basic EKG/Arrhythmia identification and ACLS
- Outpatient Surgery staff are certified in BLS
- All RNs hold a valid Illinois RN license.

STAFFING:

- The Director of Surgical Services Division has 24 hour accountability of maintaining the quality of nursing services within the Division
- Staffing in Surgical Services is determined according to the following guidelines:
 - a. American Society of Peri-Anesthesia Nurses (ASPAN)
 - b. Association of perioperative Registered Nurses (AORN)
 - c. Surgical Services nurse manager provides 24 hour oversight of their designated units
 - d. There is a unit charge nurse, either by position, assignment or designation, at all times for all departments during specific unit hours of operation.
- St Elizabeth's provides on call coverage for patient safety and quality patient outcomes.

Cardiac Services

Heart & Vascular Center

The Heart and Vascular is a comprehensive service providing sophisticated clinical application of cardiac imaging technology

SCOPE OF SERVICES:

- The Heart and Vascular Services Department provides services for the study of the anatomical cardiovascular processes of the human body by acquiring diagnostic images and providing therapeutic treatment
- Cardiovascular diagnostic and therapeutic procedures are performed on adult patients.
- Pregnant patients are assessed for risk, with denial of procedure when a potential for patient harm exists unless the risk from the suspected diagnosis outweighs the risk of radiation to the fetus, as determined by the referring physician and the nuclear medicine physician.

SKILLS LEVELS OF PERSONNEL:

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- The physician director of the cardiac cath and electrophysiology lab must be board certified in Cardiology or possess equivalent experience and competence in the area of comprehensive diagnostic and interventional cardiovascular services.
- The physician director of the endovascular lab must be board certified in vascular disease or possess equivalent experience and competence in the area of comprehensive diagnostic and interventional endovascular services.
- Departmental staff consists of registered nurses, state licensed registered radiology technicians and other support staff who possess the skill level that allows for the provision of safe, competent and accurate care as defined under the scope of care. The Registered Nurses have a cardiac nursing background and/or have Cardiac Cath/EP Lab experience, and hemodynamic monitoring experience. The Radiology Technologists have, preferably, previous Cardiac Cath/EP Lab or special procedures experience and are registered radiology technicians. Both the registered nurses and the radiology technologists are ACLS certified. For new personnel, there is additional proctoring training available - duration of training determined by previous experience and individual progress and varies from six to twelve months.

STAFFING:

- Services are provided during routine business hours.
- St Elizabeth's provides on call coverage for patient safety and quality patient outcomes.

Cardiac Diagnostics Department

The Cardiac Diagnostics Department provides services for the study of the cardiac processes of the human body by acquiring diagnostic images, stress test data or electrocardiograms.

SCOPE OF SERVICES:

- Cardiac Diagnostics performs inpatient echocardiograms, stress test and nuclear stress tests.
- Cardiology diagnostic procedures are performed on patients of all ages, from the neonate to the geriatric patient.

SKILL LEVELS OF PERSONNEL:

- The department director is board certified in cardiology or possesses equivalent experience and competence in the area of comprehensive cardiology services.
- The departmental staff consists of registered cardiac sonographers, registered nurses, EKG techs, transcriptionists and other support staff who possess the skill level that allows for the provision of safe, competent and accurate care.

STAFFING:

- Staffing levels are determined by patient volume, patient acuity, and skill mix of staff.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Echo Techs are available 7 days/week during the day.
- Stress nurses are available weekdays.
- St Elizabeth's provides on call coverage for Echo techs and stress nurses for patient safety and quality patient outcomes.
- EKG Techs are available 7 days/week with variable hours on the weekends

Cardiopulmonary Rehabilitation Department

The Cardiopulmonary Rehabilitation Department is a medically supervised exercise and education program, designed for people who may have already experienced some sort of heart or lung ailment or for those who are at risk for heart or lung disease. The patients are referred by their physician.

SCOPE OF SERVICES:

- The cardiopulmonary Rehabilitation Department offers various multidisciplinary programs. Services are provided to the inpatient and outpatient adult population, both within the Cardiac Rehab Department and at the patient bedside.
- Phase I is designed to provide exercise and education for inpatients.
- Phase II is a 12 week outpatient programs designed for patients who have had a cardiac event to exacerbation of their disease.
- A maintenance phase is offered and is a supervised exercise program. The staff also participates in various wellness and preventative health programs.
- Target Fitness is a nine visit monitored program for patients who the physician or patient feels the need for supervision to start an exercise program.
- Successful hearts and Hospital to Home (H2H) program focuses on the heart failure patient.

SKILL LEVELS OF PERSONNEL:

- Exercise specialists, registered nurses and respiratory therapists who have training in cardiac, pulmonary, and/or exercise physiology primarily staff the department. Dietitians, pharmacists, psychologists, and pastoral care are other disciplines that actively participate in meeting the individualized needs of the populations served.

STAFFING:

- Staffing is determined by patient volume, patient acuity, and skill mix of assigned colleagues.

Cardio nuclear Department

The Cardio nuclear Department is a comprehensive cardiac service providing sophisticated clinical application of cardiac diagnostic technology to an outpatient adult population

SCOPE OF SERVICES:

- The Cardio nuclear department performs outpatient echoes, stress tests and nuclear stress tests
- The department consists of Stress Testing, and Echocardiogram, under the direction of a Board Certified Cardiologist (echo) and a Board Certified Nuclear Cardiologist

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

SKILL LEVELS OF PERSONNEL:

- The departmental staff consists of registered cardiac sonographers, registered nurses, transcriptionists.
- The physician director or the department director is board certified in cardiology or possess equivalent experience and competence in the area of comprehensive cardiology services.
- The department consists of Stress Testing (echo and nuclear), and Echocardiogram, under the direction of a Board Certified Cardiologist

STAFFING:

- The cardio nuclear staff (echo and nuclear) are partially leased from the cardiology practice. The contract determines how many staff members are scheduled each day.
- Services are provided 5 days/week with varying hours of operation.

Vascular Laboratory

The Vascular Laboratory Department is nationally accredited by the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL) to provide sophisticated clinical application of vascular imaging technology. Services are provided to the inpatient and outpatient population.

SCOPE OF SERVICES:

- The Vascular Lab provides non-invasive anatomic and physiologic evaluations of the carotid, peripheral arterial, venous and abdominal vasculature, using B-Mode imaging and spectral analysis technology, color duplex technology and plethysmographic technologies.
- The most prevalent indications for carotid evaluations are hemispheric TIA symptoms and asymptomatic carotid bruits; for venous evaluations the most prevalent indications are extremity edema and pain, suggesting venous thrombosis; the most prevalent indications for arterial evaluations are intermittent claudication and ischemic rest pain and non-healing ulcers

SKILL LEVELS OF PERSONNEL:

- The physician director of the department must be qualified to interpret noninvasive vascular examinations as described in the ICAVL guidelines.
- Vascular technicians hold a certification in their specialty

STAFFING:

- Staffing levels are determined by nursing assessment, patient acuity, census, nurse-patient ratios, and skill mix of assigned staff.
- Vascular lab is open 5 days a week with technicians.
- St Elizabeth's provides on call coverage for patient safety and quality patient outcomes.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

Infusion Services

The delivery of medication and blood products in an outpatient ambulatory setting.

SCOPE OF SERVICES:

- St. Elizabeth's Infusion services department is an outpatient service area offering patients IV medications as ordered by their physician. We do accept non-staff doctor orders. We offer:
 - Blood transfusions, Reclast
 - Tysabri
 - IVIG
 - Remicade
 - Port-A-Cath lab draws and maintenance flushing
 - IV antibiotics
 - Peripherally Inserted Central Catheter (PICC) line insertion and maintenance.

SKILL LEVELS OF PERSONNEL:

- Our nurses are currently licensed Registered Nurses with current certification in ACLS and have special training in PICC line insertion and maintenance.

STAFFING:

- The unit staff includes 1-2 Registered Nurses and 1 clerk, schedule dependent.
- Staff varies based on volume and acuity.
- Hours of operation are Monday-Friday, 8 hours/day.

Pain Management Clinic

Pain management encompasses pharmacologist and non-pharmacological approaches to prevent, reduce, or eliminate pain caused by injuries or disease.

SCOPE OF SERVICES:

- Procedures performed in the clinic include:
 - Epidural steroid injections in the cervical, thoracic, or lumbar spine
 - Sacroiliac joint injections
 - Transforaminal epidural steroid injections
 - Facet block injections
 - Medial branch blocks
 - Selective nerve root blocks
 - Bursa injections
 - Joint injections
 - Trigger point injections
 - Other pain specific injections as determined by the performing physician.
- More complex procedures include:
 - Rhizotomy using radiofrequency ablation

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Discogram with post CT scan, and a dorsal column stimulator trial
 - These procedures typically take longer than an injection and are more involved for the patient.
- The patient population of the pain management clinic is adult to geriatric.

SKILL LEVELS OF PERSONNEL:

- The registered nurses have a varied background from pain management to operating room experience to medical nursing.
- A minimum requirement for nurses is the IL State Registered Nurse License and ACLS certified.
- Radiology Technologists has experience with pain management procedures and is a registered Illinois State Licensed Radiology Technician.
- Technicians have experience as surgical schedulers and as nurse's aides, no certifications or licensed required.
- A newly-hired staff nurse completes comprehensive hospital & department orientation and specialty pain management education within 90 days.

STAFFING:

- Staffing is adjusted to accommodate the procedure caseload and procedure care needs.

Urgi-care

Urgent care is the delivery of ambulatory medical care in a facility outside of a hospital ED on a walk-in basis.

SCOPE OF SERVICES:

- St. Elizabeth's Urgi-Care Center at St. Elizabeth's Medical Park is an eight (8)-room unit caring for adult and pediatric patients presenting with non-acute emergencies. The Center is open from 8:00 AM to 8:00 PM daily, except for holidays.
- Services include limited lab and radiology services.

SKILL LEVELS OF PERSONNEL:

- Basic requirements for Registered Nurse staff include IL license, complete a comprehensive hospital and department orientation. RNs are certified in ACLS and BLS.
- The Clerical Support Staff have communication and computer skills.

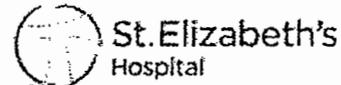
STAFFING:

- The Urgi-Care is supported by a physician and nurse practitioner and nursing staff provide support to providers and triage patients. The nursing director in collaboration with the coordinator provides for nursing coverage during operating hours. Patient Access colleges complete patient registration process.

Wound Care Center

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

The Wound Care Center® is a diagnostic and therapeutic center for acute and chronic problem wounds and late effect radiation injuries (with the addition of Hyperbaric Oxygen HBO). The populations served are adults.

SCOPE OF SERVICES:

- Patients may be referred by a physician, other health care practitioner, or self-referred. A physician will complete a history and physical, order diagnostic tests, if indicated, and determine a plan of care following established clinical practice guidelines. Treatment will focus on the causation of the wound, co-existing conditions that impact wound healing, and topical wound management. Services offered include:
 - Wound consultation/evaluation, diagnostic and ongoing assessments, and treatment
 - Non-invasive vascular studies
 - Specialty wound dressings
 - Bio-engineered skin graft/tissue substitutes
 - Compression therapy
 - Wound cultures, debridement, and biopsies
 - Treatment of wound, skin and bone infections, including antibiotic therapy
 - Patient and family education to improve outcomes and minimize re-occurrences
 - Pressure off-loading devices and footwear
 - Negative pressure wound therapy
 - Hyperbaric oxygen therapy (to open in 2013)
- The Goals of the Wound Care Center® are:
 - To treat all patients with compassion and kindness
 - To systematically and continuously monitor the quality and appropriateness of care, treatment and services
 - To provide cost effective, safe quality care
 - To coordinate the patient's plan of care with referring physicians, primary physician, home health agencies, and/or other health care providers

SKILL LEVELS OF PERSONNEL:

- RNs and LPNs hold IL license and complete hospital and department orientation. All wound care colleagues attend onsite Healogics training to match their role.

STAFFING:

- Staffing is based on volume and patient acuity.
- The department is open 5 days/week

Anesthesia

The Anesthesia Department provides complete anesthesia services, including general, spinal, major regional, moderate and deep sedation and pain management.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

SCOPE OF SERVICES:

- Anesthesia services are available within 30 minutes after anesthesia is determined necessary for all emergency and obstetric cases.
- A pre-anesthesia evaluation is completed and documented by an individual qualified to administer anesthesia within 48 hours prior to surgery or a procedure requiring anesthesia services.
- A post-anesthesia evaluation is completed and documented by an individual qualified to administer anesthesia no later than 48 hours after surgery or a procedure requiring anesthesia services.

SKILL LEVELS OF PERSONNEL:

- The Anesthesia Department is directed by a doctor of medicine or osteopathy who is a board-certified anesthesiologist, and is staffed by qualified physicians and certified registered nurse anesthetists.

STAFFING:

- Anesthesia services are available to all inpatients and outpatients on an emergent, urgent and elective basis.
- Monday through Friday, with on-call coverage after hours and on weekends and holidays.
- Staffing is adjusted based on volume, patient acuity, and skill mix of the colleagues.

Clinical Laboratory and Pathology

Clinical Laboratory

The Clinical Laboratory Department provides comprehensive testing and blood bank services for all patients utilizing the facility. The department is accredited by the American Association of Blood Banks and is registered under the Department of Health Services for CLIA. The department participates in proficiency testing through the College of American Pathologists or other approved proficiency-testing program.

SCOPE OF SERVICES:

- The Clinical Laboratory is open seven (7) days per week, 24 hours per day to inpatient and outpatient patient population.
- Microbiology, Bacteriology, Hematology, Chemistry, Urinalysis, Serology and Blood Bank services are available.
- Relationships with outside reference laboratories allow for completion of any laboratory test in a timely manner via computerized interface. All outside reference laboratories are approved by the medical staff.

SKILL LEVELS OF PERSONNEL:

- The Clinical Laboratory staff includes staff state certified in medical technology and phlebotomy.
- Assignments within the department are based upon the complexity of the testing requirements.

Name of Policy:

Provision of Care



St. Elizabeth's
Hospital

AN AFFILIATE OF HOSPITAL SISTERS HEALTHSYSTEM

Primary Approving Body: CNO

Committee Approvals:

- All staff evidence proficiency with the Clinical Laboratory computer system and all chemistry and laboratory equipment.
- All staff has an understanding and are able to demonstrate knowledge of the laboratory specific safety and infection prevention and control policies and procedures, as well as, the organizational safety management and utilities management programs.
- The physician director of the Clinical Laboratory is board certified in Clinical Pathology.

STAFFING:

- To ensure that the Laboratory has a sufficient number of qualified personnel working in the department to provide excellent customer service around the clock. Staffing is determined by patient volume, number of tests. The staffing level for each area of the Laboratory is determined by the Lab Manager and Director in consultation with the Pathologist Medical Director taking into consideration the following criteria:
 - Patient census and anticipated workload volume, i.e. prescheduled cases/visits
 - Historical workload volume
 - Hospital operation for the day, normal business hours, weekend and holiday services
 - Budgeted resource allocation
 - Skill mix of the staff members on duty
- Staffing levels will be adjusted as needed related to:
 - Volume of critical services required
 - Medical emergencies
 - Patient census
 - Business needs of the organization

Pathology

The Pathology Department provides for examination, diagnosis and description of all human tissue and cytology specimens received in the department.

SCOPE OF SERVICES:

- The Pathology Department provides for examination, diagnosis and description of tissue and other specimens received in the Pathology Laboratory during routine departmental hours.
- The Pathology Laboratory performs autopsies when requested and assists with placement and documentation of all anatomic body parts requiring storage in the hospital morgue.

SKILL LEVELS OF PERSONNEL:

- The Pathology Department operates under the direction of a physician licensed in anatomical and clinical pathology.
- There is a certified histotechnologist, licensed by the American Society of Clinical Pathologists Board of Registry.

STAFFING:

- The Pathology Department is open during routine business hours with on call coverage via an exchange beeper of department staff in an emergency situation.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

Respiratory

The Respiratory Department provides pulmonary diagnostics and respiratory therapy services for the inpatient and outpatient population.

SCOPE OF SERVICES:

- The Respiratory department provides quality, conscious, cost-effective, and competent care with respect for life and dignity at every state of the human experience.
- The patient population served by the Department consists of newborn, pediatric, adolescent, adult, and geriatric patients requiring respiratory treatment to maintain optimum physiological maintenance of the respiratory system. Pulmonary diagnostics completed by the Department consists of adolescents (16 years or older) adults, and the geriatric population.
- Procedures performed by the Department include but are not limited to are ABG's, PFT's, peak flow analysis, bedside spirometry, bronchial challenge testing, metabolic studies, pulmonary exercise testing, capnography, oximetry, therapeutic use of medical gases, CPT, aerosolized medications, pulmonary hygiene, ventilator support and responders to RRT's and cardiopulmonary resuscitations.
- Patient and family education on disease entities, medication, and smoking cessation are provided via verbal communication and brochures.

SKILL LEVELS OF PERSONNEL:

- Therapists have successfully completed NBRC Certification, Registry or acquired RCP status through the IDFPR. All therapists will be certified in BLS and NRP. Therapists are required to maintain a current Respiratory license with the Illinois Department of Financial and Professional Regulations.

STAFFING:

- The director of respiratory is Board Certified in Pulmonary Medicine and provides optimum assistance to nurses and physicians in maintaining preventative and restorative health needs for patients.
- The Respiratory Department is open 24 hours per day, seven days per week.
- Staffing is based on volume of tests required, census, and patient acuity and skill mix of staff

Sleep/ Wake Disorders/ Neurodiagnostics Lab

The Sleep Disorders / Neurodiagnostics Lab provide diagnostics and treatment for sleep and neurological abnormalities for the inpatient and outpatient population with an emphasis on outpatient service.

SCOPE OF SERVICES:

- The Sleep Disorders/ Neurodiagnostics Lab offers specialty care under medical supervision to provide preventative and restorative health needs for our patients.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- The patient population served by the lab consists of adolescents (16 years or older) adult and geriatric patient requiring evaluation of sleep and neurological disorders.
- Procedures performed by the Lab are not limited to Sleep Studies, with or without CPAP Titration, MSLT, Home Sleep Study, EEGs and SSEPs.
- Patient/ Family education on disease entities and treatment are provided through via brochures, written instructions, and verbal communications in addition to Community education.

SKILL LEVELS OF PERSONNEL:

- The EEG technician requires a high school graduate. It is preferred they are a certified EEG technician.
- Technicians who complete sleep studies must be registered in polysomnography by the BRPT. Technician's registry with the BRPT will renew every five years and will require continuing education hours. Clinical staff are BLS certified.

STAFFING:

- The Sleep Disorders/ Neurodiagnostics offers appointments four days a week with sleep studies conducted 4 nights a week.

Therapy Services

Physical Therapy

The Physical Therapy Department provides prescribed therapies/tests for the inpatient and outpatient population at St. Elizabeth's Hospital. The Physical Therapy Department delivers comprehensive services to individuals with physical dysfunction secondary to disability, disease or injury in accordance with professional standards of practice, departmental policies and procedures and organizational standards, so that maximum potential for normal living will be achieved.

SCOPE OF SERVICES:

- Services include comprehensive assessments, development of treatment plans, delivery and documentation of care, consultation, re-evaluation, discharge planning and patient/family education.
- Therapy is performed at the patient bedside, therapy gym or in one of the Therapy Department outpatient clinics.

SKILL LEVELS OF PERSONNEL:

- Physical Therapists must be licensed in the State of Illinois and possess a BS or MS or DPT from an institution that meets accreditation for physical therapy licensure requirements.
- Physical Therapy Assistants must possess an AS degree and licensure in the State of Illinois.
- Physical Therapy Aides employed within the department must exhibit degrees of competency in physical therapy practice.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

STAFFING:

- Staffing for the therapy department is based off the needs for each discipline in the inpatient and outpatient areas. Physical Therapy will adjust their staffing based on the volumes and patient needs, and skill mix of the staff.

Occupational Therapy

The Occupational Therapy Department provides a full range of assessment, treatment, and consultative services to promote health and achieve functional outcomes in the newborn through adult population.

SCOPE OF SERVICES:

- The Occupational Therapy Department provides prescribed therapies/tests for the inpatient and outpatient population at St. Elizabeth Hospital.
- Occupational Therapy is performed at the patient bedside, therapy gym or in one of the Therapy Department outpatient clinics.
- Occupational Therapy services provided include, but may not be limited to the comprehensive assessments; development of treatment plans; delivery and documentation of care, consultation, reevaluation, and discharge planning and patient/family education.
- Interventions directed toward developing or restoring daily living skills, work readiness or work performance; play skills; enhancing educational performance skills; or providing for the development, improvement of sensory-motor, oral-motor, perceptual or neuromuscular functioning, or cognitive or psychosocial components of performance.

SKILL LEVELS OF PERSONNEL:

- Occupational Therapists must be licensed in the State of Illinois and possess a BS or MS from an institution that meets accreditation for occupational therapy licensure requirements.
- Occupational Therapy Assistants must possess an AS degree and licensure in the State of Illinois.
- Occupational Therapy Aides staffed within the department must exhibit appropriate degree of competency in Occupational therapy practice.

STAFFING:

- Staffing for the therapy department is based off the needs for each discipline in the inpatient and outpatient areas. Occupational Therapy will adjust their staffing based on the volumes and patient needs, and skill mix of the staff.

Speech Pathology and Audiology

The Speech Pathology and Audiology Department provides a full range of assessment, treatment, and consultative services for newborns through adults with communicative disorders.

SCOPE OF SERVICES:

- Speech Pathology and Audiology Department provides prescribed therapies/tests for the inpatient and outpatient population at St. Elizabeth Hospital.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Speech Pathology and Audiology is performed at the patient bedside, Rehab Speech Therapy offices or in one of the Therapy Department outpatient clinics.
- Speech/Language services provided include, but may not be limited to screening; evaluating speech, language, cognitive, and oral and pharyngeal sensorimotor competencies; planning, directing, and conducting rehabilitative; rehabilitative and counseling programs to treat disorders of verbal and written language, voice, articulation, fluency, interactive communication, cognition, mastication, deglutition, audition; assessing and providing alternative, computer assisted and/or augmentative devices.
- The Audiology Department services provided include, but may not be limited to audiometric screening; evaluating auditory competencies; performing neonatal auditory brainstem response screening; directing patients to appropriate referral sources for amplification systems.

SKILL LEVELS OF PERSONNEL:

- Speech Language Pathologists must be licensed in the State of Illinois and possess an MS from an institution that meets accreditation for speech language pathology licensure requirements and clinical certification by the American Speech/Language and Hearing Association.
- Audiologists must possess an MS degree and licensure in the State of Illinois and clinical certification by the American Speech/Language and Hearing Association.

STAFFING:

- Staffing for occupational therapy is based off the needs for each discipline in the inpatient and outpatient areas. Speech Pathology and Audiology will adjust their staffing based on the volumes and patient needs, and skill mix of the staff.

Recreational Therapy

Recreational Therapy is based on engagement in recreational activities especially to enhance the functioning, independence, and well-being of individuals or groups affected by a disabling condition.

SCOPE OF SERVICES:

- The goal of Recreational Therapy is to facilitate full and optimal involvement in the community life
- Recreational therapy engages the patients at their current level of functioning and uses activities to assess cognitive and motor abilities.
- Recreational therapists collaborates with team members to develop a comprehensive plan to maximize a patients functional potential.

SKILL LEVELS OF PERSONNEL:

- Recreational Therapists must be licensed in the State of Illinois and possess a BS or MS from an institution that meets accreditation for recreational therapy licensure requirements.

STAFFING:

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Staffing for the therapy department is based off the needs for each discipline in the inpatient and outpatient areas. Recreational Therapy will adjust their staffing based on the volumes and patient needs, and skill mix of the staff.

Patient Support Services

Bio-Medical Engineering

The Clinical Engineering department at St. Elizabeth's Hospital provides for the safe and proper use of medical equipment used in the patient care setting.

SCOPE OF SERVICES:

- Minimizes the clinical and physical risks of equipment through inspection, testing and regular maintenance
- Establishes criteria for identifying, evaluating and inventorying equipment which is included in the program
- Provides education to staff on the capabilities, limitations and special applications of equipment; operating, safety and emergency procedures of equipment; the procedures to follow when reporting equipment management problems, failures and user errors; and the skills and/or information to perform maintenance activities

SKILL LEVELS OF PERSONNEL:

- Associate's degree in electronics or biomedical equipment technology is required. Experience in the repair and maintenance of medical equipment is required. An equivalent combination of education and experience may be substituted.
- The Facility Department Manager is responsible for maintaining the medical equipment management and utility systems management programs throughout the facility.
- The Facility Department Manager must have education and experience in equipment and utility systems management in the healthcare environment.

STAFFING:

- The department is staffed with Engineering Department employees during the day shift.
- St Elizabeth's provides on call coverage for colleague and patient safety.

Communications

The Communications Department manages the organization's communication system.

SCOPE OF SERVICES:

- Responsible for answering all incoming calls in a timely and professional manner and accurately disperse all calls to their final destination.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Responsible for activating the facility's overhead paging system, the internal and external pocket pager system and monitoring all of the organization-wide emergency systems.

SKILL LEVELS OF PERSONNEL:

- Operators demonstrate excellent communication skills and customer service

STAFFING:

- The department is staffed seven (7) days per week, 24 hours per day; more operators are on duty during routine business hours.

Care Coordination

Social Service/ Discharge Planning

Referrals for all Social Service/Discharge Planning Services are accepted from physicians, hospital staff, patients, families, outside agencies and other healthcare professionals as appropriate. Referrals may be made in person, by telephone or written contact. Treatment modalities of psychosocial services are available including crisis intervention, situational counseling, discharge planning and referral to appropriate community agencies. The Social Worker works closely with the interdisciplinary teams to develop a holistic plan of care for the patient. The plan is successfully executed by all team members working together with the patient/family.

SCOPE OF SERVICES:

- The Social Service/Discharge Planning Department provides clinical social work services to inpatients, outpatients and hospital staff.
- Discharge planning assistance is provided for all inpatients with follow-up referrals and assistance provided to outpatients as necessary and requested.
- Routine Social Service/Discharge Planning hours are during routine business hours and on Saturdays. Social Service is available after hours through an on call schedule.
- Discharge planning activities conducted after hours occurs through the nursing staff and administrative leaders with the Social Worker available for consultation and complex discharge planning, as appropriate.
- The Social Service/Discharge Planning Department coordinates coverage to ensure that the continuity of care needs of all patients is met in all service areas.

SKILL LEVELS OF PERSONNEL:

- The Social Service Worker/Discharge planner is MSW graduate from an accredited School of Social Work, licensed in the State of Illinois with oversight by the Manager of Care Coordination who has a Licensed Clinical Social Worker available for consultation.

STAFFING:

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Social Worker coverage is based on unit census, complex discharge needs, and hours of operation.
- St Elizabeth's provides on call coverage for patient safety and quality patient outcomes.

Utilization Management

Utilization management is responsible for promoting appropriate quality patient care and effective utilization of available health resources along the continuum of care from pre-admission through post discharge. The Care Coordination Department has oversight responsibility for the utilization management.

SCOPE OF SERVICES:

- Utilization Management provides services to assure appropriateness and necessity of admission at the most efficient level of care, regardless of payment source.
- Services are provided to assure that the level of continued care is appropriate to the patient need. Identification and analysis of patterns or trends which contribute to unnecessary or ineffective use of resources is performed.
- Communication to the appropriate departments and/or committees of the results of the utilization management findings is performed by the Care Coordination Manager and/or the Chief Medical Officer.

SKILL LEVELS OF PERSONNEL:

- The Case Manager is a registered nurse licensed in the State of Illinois with experience in utilization management, InterQual application, medical necessity determination, discharge planning, and quality management.
- The Utilization Review Specialists is a registered nurse licensed in the State of Illinois or a Registered Health Information Technician with experience in utilization management and InterQual application.
- The comprehensive Utilization Management Program is guided by the Care Coordination Manager, who holds a current license in the State of Illinois as a registered nurse, with clinical experience in multiple levels of care and Case Management, with a Bachelor's degree in healthcare services or BSN preferred.
- The manager also must possess additional certification in case management, utilization management or quality management.

STAFFING:

- Case Managers are assigned based on units, census and acuity of patients.
- Case Managers work 7 days a week, the exception is Holidays when the manager is available for consultation.
- The Utilization Review Specialists covers the Behavioral Health Unit during routine business hours.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Emergency Department Case Managers hours extend into the early evening 7 days a week with the exception of holidays when the manager is available for consultation.

Compliant Documentation Management Program

The compliant documentation program is responsible for promoting accurate physician documentation throughout the patient's stay in the hospital. Acting as a Liaison between the Physician and Coder, the Clinical Documentation Specialist review the medical record for evidence of specific disease processes, correlation of medical exam, laboratory and radiology procedures and assure the documentation concurrently matches with the findings. The Care Coordination Department has oversight responsibility for the Compliant Documentation Management Program.

SCOPE OF SERVICES:

- The Compliant Documentation program provides services to assure appropriateness of the documentation correlates with the results of physician findings.
- Services capture accurate diagnoses, core measure accuracy, complications and co morbid conditions during the patient's stay. Consistency of the documentation throughout the medical record to assure the accurate coding occurs after discharge.
- Communication to the appropriate departments and/or committees of the results of committee findings for consideration and action is coordinated by the Care Coordination Manager and/or the Chief Medical Officer.

SKILL LEVELS OF PERSONNEL:

- The Clinical Documentation Specialist is a registered nurse licensed in the State of Illinois or a Registered Health Information Technician with a strong clinical background.
- The Compliant Documentation Management Program is guided by the Care Coordination Manager, who holds a current license in the State of Illinois as a registered nurse, with clinical experience in multiple levels of care and Case Management, knowledge of the DRG assignments and identification of complications and co morbid conditions, with a Bachelor's degree in healthcare services or BSN preferred.
- The manager also must possess additional certification in case management and recommended certification in the following areas: clinical documentation compliance, utilization management, quality management.

STAFFING:

- Clinical Documentation Specialists are assigned based on units, census and volume of new patient admissions.
- Clinical Documentation Specialists hours are routine business hours Monday through Saturday. The exception is holidays when the manager is available for consultation.

Recovery Audit Contractor/ Appeals/ Denial Management

The Recovery Audit Contractor/Appeals/Denial management is responsible for assuring the response to the RAC (Recovery Audit Contractors), appeals for both the RAC and Insurance provider's denials and

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

the management of the denials from all insurance providers are managed in a timely manner. The Recovery Audit Contractor/Appeals/Denials Program is governed by the RAC Committee and Denial Management Committee with oversight responsibility for ongoing activities provided by the Care Coordination Department.

SCOPE OF SERVICES:

- The RAC/Appeals/Denial program provides services to assure all requests for documentation regarding medical necessity, DRG assignment and authorization have been forwarded to the requesting party.
- RAC audits are monitored and entered into the appropriate software database for review and correlation of data.
- The RAC and Denial Committees assure tracking and trending of data is analyzed
- Management of appeals to the highest level is handled by the RAC/ Appeal/ Denial team.

SKILL LEVELS OF PERSONNEL:

- The RAC/ Appeal/ Denial Coordinator is a registered nurse licensed in the State of Illinois, with Case Management experience, a Bachelor's degree in healthcare services or BSN is preferred.
- The RAC/ Appeal/ Denial Lead is experienced in patient account management, managing insurance provider's request for addition information or denials of services provided.
- The RAC/ Appeal/ Denial program is guided by the Care Coordination Manager, who holds a current license in the State of Illinois as a registered nurse, with clinical experience in multiple levels of care and Case Management, knowledge of the DRG assignments and identification of complications and co morbid conditions, knowledge of the appeal process, with a Bachelor's degree in healthcare services or BSN preferred.
- The manager also must possess additional certification in case management and recommended certification in the following areas: clinical documentation compliance, utilization management, quality management.

STAFFING:

- RAC/ Appeal/ Denial Management hours are routine business hours Monday through Friday, the exception of holidays.

People Services

People Services is responsible for all activities associated with record management of employee information, employee benefits and compensation management, on-going hospital-wide competencies, employment, employee relations and leadership talent development.

SCOPE OF SERVICES:

People Services works with department management to help ensure:

- Qualified, competent and licensed staff are available when and where needed. People Services posts and advertises approved position vacancies, schedules the initial interview, quotes the

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

wage offer and coordinates the scheduling of the pre-employment physical assessment and the essential function test (EFT) for required positions.

- Employee status changes are processed in a timely manner. Department managers are responsible for completing the Employee Status Change Form, and forwarding to People Services for processing by the established deadline. People Services is responsible for processing all changes and making the necessary adjustment to the employee's rate of pay or benefit eligibility according to policy.
- Employee performance appraisals are completed on an annual basis with an established evaluation cycle of 12 months. Newly hired staff or transferred employees are also evaluated on core competencies after 3 months of employment or transfer date. People Services maintains the personnel files and records for all employees and advises managers and administration regarding the need for and status of evaluations due. People Services also works with department management to update job descriptions and performance expectations as required, or they are reviewed by the manager at least annually.
- People Services representatives are available to consult with staff and managers in the handling of routine personnel issues and the Director of People Services is available for consultation in the handling of sensitive and unusual employee related matters. Consults with People Services, as well as the appropriate administrative representative, are expected to be obtained prior to issuing a final warning, suspension or termination. People Services also serves as a resource for management, staff with regard to pay, and benefit questions.
- Management and staff are kept informed of new program developments, as well as the introduction and revision of policies and procedures. People Services develops and assists in the development of new policies, procedures and programs and communicates such to management and staff via written correspondence in the form of memorandums, directives and articles in current employee publications. Electronic mail may also be used to facilitate communication.
- Employees receive a thorough orientation to the organization. People Services organizes and conducts a two day new employee Mission Orientation every other week, unless extenuating circumstances exist. Clinical education conducts a clinical orientation and assessment of competency for nursing colleagues and department-specific orientation is conducted in the employee's work unit and is the responsibility of the department manager. New employees are enrolled in General Orientation CBL's upon hire to assure education on policies and procedures are provided.
- Employees are engaged in an on-going program to assure a core level of competency via a computer-based learning system. All management levels are also involved in a leadership development curriculum facilitated through People Services.

SKILL LEVELS OF PERSONNEL:

- PS colleagues have experience or have been trained in all aspect of human resources.

STAFFING:

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- People Services utilizes a business model approach to provide comprehensive services to management.
- Each manager has a Human Resources Professional and a consultant to assist with all HR tasking related to colleagues.

Clinical Education

Clinical Education provides educational offerings that prepare the clinical staff to deliver care that is consistent with the standards, polices, and procedures. Clinical Education improves the competence of colleagues and creates a culture of safety and quality.

SCOPE OF SERVICES:

- Completes competency validation.
- Provides organization and unit level education and support.
- Manages the electronic education transcript for colleagues.
- Manages computer based learning system for all colleagues.
- Assists with compliance of new process through program development, on the job training, audit analysis
- Policy and procedure development
- Coordinates, teaches, and monitors formal training programs (AHA)

SKILL LEVELS OF PERSONNEL:

- Educators have a minimum of bachelors of nursing with an expertise in documentation, communication skills, and program development. A Master's Degree or certification is preferred.

STAFFING:

- Collaboration with service line directors to support clinical departments.
- Educators provide both house wide orientation and unit specific education

Distribution Department

Central Services/ Supply Distribution

SCOPE OF SERVICES:

- Central Service provides and routinely stocks inpatient units with items, as well as fills requests for non-chargeable and chargeable items and equipment.
- Stocked inpatient supplies are replaced daily using par levels.
- Central Service is responsible for checking dates of sterile supplies maintained in the central locations on each patient care unit. Special items are ordered via computer.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Patient care staff members are responsible for placing reusable dirty supplies in appropriate containers or areas within the dirty utility rooms or on dumbwaiters.
- Crash carts cleaned and restocked by Central Service.

SKILL LEVELS OF PERSONNEL:

- Excellent customer service skills, High school diploma and prior experience.

STAFFING:

- Central Service is directed by the Environment of Care/Distribution Department who assumes oversight responsibility for all Central Service functions.
- Staffing levels is based on volume and hours of operation

Sterile Processing

Sterile Processing is responsible for the assembly of reusable instrument sets, the cleaning, decontaminating and sterilizing of all reusable instruments.

SCOPE OF SERVICES:

- Sterilization occurs through high-vacuum steam, ethylene oxide, and gas plasma. Daily biological, chemical, and mechanical monitoring of all sterilization processing is conducted to assure sterility in accordance with Joint Commission (JC) and Association for the Advancement of Medical Instrumentation (AAMI) standards.

SKILL LEVELS OF PERSONNEL:

- The processing area is staffed by Certified Registered Central Service Technicians and Technician Assistants. Staff is specifically trained to perform the tasks described.

STAFFING:

- Staffing is based on the number of cases (OR, Cath Lab, and OB).

Linen Distribution

Linen distribution ensures all patient care areas have adequate supply of linen.

SCOPE OF SERVICES:

- St. Elizabeth's linen is outsourced to Shared Linen Services in Springfield, IL. Only specialty items are laundered in house. The Linen Distribution Department orders and receives linen from Springfield three times a week.

SKILL LEVELS OF PERSONNEL:

- Excellent customer service skills and a high school diploma

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

STAFFING:

- Linen is supplied and restocked by Laundry personnel at least every 24 hours using exchange carts on patient care and service departments. Soiled linen chutes are emptied by Laundry personnel on a regular basis throughout the day

Emergency Management

The purpose of the Emergency Management Department coordinates the hospital's response to emergency situations, maintaining the safe operation of hospital services, and in support of the community.

SCOPE OF SERVICES:

The Emergency Management Department manages the Emergency Management Plan which provides for some of the following:

- Utilization of the Hospital Incident Command System (HICS) and the National Incident Management System (NIMS)
- "All-Hazards" planning to emergency situations
- The four phases of emergency response (mitigation, preparedness, response, recovery) as they pertain to the 'pillars' of emergency response:
 - Communications
 - Resources and Assets
 - Safety and Security
 - Staff
 - Utilities
 - Patients
 - Disaster Volunteers
- Joint planning and exercises with the community, both local and regional
- The program provides an overview of the hospital's standard operating procedures for responding to both internal and external situations, including available equipment, resources, and agreements with outside agencies.

SKILL LEVELS OF PERSONNEL:

- Members involved in Emergency Management are trained in NIMS (National Incident Management System).

STAFFING:

- The Emergency Management Department is staffed with a manager and coordinator.

Environmental Services

The Environmental Services Department shall continually strive to identify effective and efficient technical procedures to deliver cleaning services throughout the hospital.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

SCOPE OF SERVICES:

- The purpose of the Environmental Services Department is to provide all patients, employees and visitors with a clean and safe environment by providing the following services:
 - Cleaning and disinfecting patient and nonpatient areas according to policy and procedure
 - Removing regular and medical waste
 - Provide routine and emergency housekeeping services
 - Evaluating and monitoring the interior of the hospital for areas or items needing repair (i.e., floor tiles, carpet, paint) and reporting items to the appropriate department for repair

SKILLS LEVELS OF PERSONNEL:

- Colleagues require a high school diploma or equivalent, demonstrate the ability to provide excellent customer service, and have the ability to understand the importance of infection control practices.

STAFFING:

- The EVS Department provides housekeeping services for the hospital seven (7) days a week, twenty four (24) hours per day.

Infection Prevention and Control

The goal of this service is to provide an environment that is safe from person to person transmission of infectious agents between /among patient, visitors, and medical/hospital staff.

SCOPE OF SERVICES:

- Pursuant to the organizational Infection Prevention and Control Program, the Infection Preventionist acts as the advisor and authority to each department in the hospital.
- The scope of services and goals of the Infection Prevention and Control Program are outlined in the Infection Prevention and Control Plan and the Infection Control Performance Improvement Plan.
- The Infection Preventionist under the auspices of the Infection Prevention and Control Committee and Performance Excellence Department maintains accountability for infection prevention and control and surveillance procedures. They, as well as appropriate department managers and physicians, attend meetings and participate on the Infection Prevention and Control Committee, which determines and approves infection prevention and control policies and procedures for the hospital and considers issues affecting infection control and surveillance.

SKILL LEVELS OF PERSONNEL:

- The infection control coordinator is a nurse or qualified professional that is trained in Infection Prevention.

Name of Policy:	 St. Elizabeth's Hospital <small>AN AFFILIATE OF HOSPITAL ENTERPRISE HEALTH SYSTEM</small>
Provision of Care	
Primary Approving Body: CNO	Committee Approvals:

STAFFING:

- The infection control coordinator works in collaboration with the IC committee.

Information Technology/ Information Systems Department

The Information Technology Department is a critical component of the organization-wide information management system. This department supplies, maintains, and supports hardware and software throughout the hospital.

SCOPE OF SERVICES:

- Information Technology Department provides for the software, hardware and support needs of the clinical and non-clinical staff. This support includes, but is not limited to, supporting and maintaining hardware infrastructure, the installation of new software systems, training necessary to utilize such systems, and end-user support. The Information Systems Department is an important part of the decision team used in making selections of appropriate software systems to provide support in short and long-term planning for the patient care information needs of the organization.

SKILL LEVELS OF PERSONNEL:

- There is a variety of roles for Information Technology colleagues. Such roles include Helpdesk support, Functional Analyst, Technical Analyst, System Administrator, Network Administrator, Informaticist, and Management roles. Each role has a defined minimal education level and experience so that the skill level of the colleague is appropriate for the role being filled.

STAFFING:

- The on-site help desk is staffed during business hours. 24-hour Helpdesk support is provided through a centralized helpdesk that can be called after hours.

Facilities Management

SCOPE OF SERVICES:

- Facility Management provides ongoing operation of all utility systems and equipment throughout the institution through repair, maintenance and safety inspections of all equipment and utility systems.
- An ongoing building maintenance program (BMP) has been developed to establish frequencies of inspection, testing and adjustment of the components of life safety.
- The Facility Management identifies, evaluates and inventories equipment and utility systems utilized throughout the institution. The Facility Engineering staff provides education to personnel on the capabilities, limitations and special applications of equipment and utility systems; operating, safety and emergency procedures; the procedures to follow when reporting equipment and utility systems management problems, failures and user errors; and the skills and/or information to perform maintenance activities.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- All mechanical and electrical patient care equipment will be evaluated prior to use, based on function including diagnosis, care, treatment and monitoring; physical risks associated with use, maintenance requirements and history of equipment incidents.
- All new equipment shall be inventoried and inspected prior to use for patient care or any other use. Equipment that fails electrical safety tests shall not be approved for use until the deficiencies have been corrected. There is a current inventory of all equipment included in the medical equipment management program.
- All mechanical and electrical patient care equipment will be evaluated prior to use. Maintenance and safety inspections will be completed on all equipment in the program. The results of inspections and maintenance will be kept in TMS.
- A comprehensive maintenance program, which includes written testing and maintenance programs for all utility systems components shall help to ensure reliability, minimize risks and reduce failures of utility systems. It is the responsibility of the Facility Management to keep the maintenance program accurate and ongoing at the established intervals.
- There are drawings mapping the distribution of utility systems, which indicate the controls for partial or complete shutdown of each utility system. All emergency shut-off controls for the utility systems components are labeled clearly, visibly and permanently throughout the facility.
- All equipment and utility failures and user errors will be investigated and reported. Included in the report will be the error/failure date, location of the equipment, cause or affected area, resolution and follow-up. In the event the equipment problem was caused by user error, the user(s) will be in-service on the operation and use of the utility systems or equipment, by Engineering Department staff.
- The Engineering Department staff will provide training regarding the capabilities, limitations, special applications of equipment and utility systems; basic operating and safety procedures; emergency procedures if failure occurs; maintenance responsibilities, if applicable, and the reporting procedures for equipment and utility systems problems, failures and user errors. All users/maintainers of equipment shall be tested for competency according to the components of their job specifications.
- The following components of the life safety program will be included in the building maintenance program. All items will be properly functioning and properly sealed as appropriate.
 - One-half (1/2) hour Fire Resistance Rated Assembly (FRRR) doors and one (1) hour FRRR doors that include occupancy separation doors, stair doors, horizontal exit doors and hazardous are room doors
 - Linen/trash chute inlet and outlet doors
 - Smoke barrier doors
 - Corridor doors
 - Smoke barrier wall penetrations
 - Corridor wall penetrations
 - Means of egress illumination devices
 - Exit signs
 - Means of egress maintained free of ice and snow

Name of Policy:	
Provision of Care	 St. Elizabeth's Hospital <small>AN AFFILIATE OF HOSPITAL SYSTEMS HEALTH SYSTEM</small>
Primary Approving Body: CNO	Committee Approvals:

- Exhaust hoods, exhaust duct systems and grease removal devices cleaned and maintained
- Standards of Practice:
 - Facility Management utilizes FDA (Safe Medical Device Act), OSHA, NIOSH, ANSI, ASHE, NFPA, state, federal, Joint Commission, NIAHO and regulatory body standards, regulations and legislative rulings in the formulation of departmental policies and procedures and guidelines for practice.

SKILL LEVELS OF PERSONNEL:

- Facility Management staff have experience in either general equipment and utility systems maintenance or specific mechanical or industrial engineering (i.e., an electrician, carpenter, boiler operator). All staff will have knowledge in basic infection control practices and advanced safety practices.
- The Facility Department Manager is responsible for maintaining the medical equipment management and utility systems management programs throughout the facility.
- The Facility Department Manager has education and experience in equipment and utility systems management in the healthcare environment.

STAFFING:

- The department is staffed with Engineering Department employees during the day shift, 1 during the evening shift and 1 during the night shift.
- A member of the Engineering Department staff continually present on the premises has knowledge and expertise in boiler management.
- St Elizabeth's provides on call coverage for patient and colleague safety.

Food and Nutrition Department

Nutrition Services

Nutrition Services provides nutrition care for all patients that reflect the goals and mission of the Hospital.

SCOPE OF SERVICES:

- Nutrition care and intervention is based on level of nutrition risk and involves collaboration and integration with other disciplines such as Physicians, Nursing, Pharmacists, and Speech.
- The nutrition team provides periodic evaluations and updates of the Food and Nutrition Services Department Policies and Procedures, to ensure compliance of nutrition intervention for patient therapy, and quality food service to all customers (patients, employees, and visitors).
- Nutrition care consists of the following processes:
 - Nutrition practice guidelines: Nutrition practice guidelines provide tools for timely and effective nutrition intervention for specific disease entities based on level of nutrition risk

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Assessment and care of patient: Dietitians conduct a comprehensive initial nutrition assessment to develop an intensive care plan for nutrition therapy for patients at high nutritional risk. Patients are reassessed at regular intervals to determine if expected goals and outcomes remain appropriate and/or are being met.
- Patient and family education: The nutrition team assesses patient learning needs, abilities and readiness to learn, cultural and religious practices, barriers to learning, desire and motivation to learn, physical and/or cognitive limitations and language barriers.

SKILL LEVELS OF PERSONNEL:

- Dietitians are registered through the Commission on Dietetic Registration.
- Additionally, the registered dietitians, licensed in the state of Illinois demonstrates competency in areas relating to clinical nutrition, including patient education and diet counseling.

STAFFING:

- Nutrition staffing is based on the Hospital census and number of patients at nutritional risk.

Food Services

The Food Service Department provides nutritionally adequate, attractive, and satisfying meals to patients, employees and visitors, with accurate diet modifications for patients as ordered by the medical staff.

SCOPE OF SERVICES:

- The Nutritional Services Department Director is responsible to ensure that all staff is knowledgeable and competent in infection prevention and control, safety and equipment management as this pertains to the Nutritional Services Department.
- The Food Service Department provides:
 - A safe and sanitary food service environment, according to standards of quality as established by federal, state, and local agencies.
 - Initial and ongoing training and education of Food and Nutrition employees to achieve the standards of quality as established in the Policy and Procedure manual.
 - Ongoing evaluation of the quality of meal service provided to patients, employees and visitors.
 - The "At Your Request" room Service Program is used for patient meals. Meals may be ordered from 6:30 a.m. to 6:30 p.m. 7 days per week.
 - Provision of patient meals on request after regular meal hours.

SKILL LEVELS OF PERSONNEL:

- Food Services staff must possess a thorough understanding of infection prevention and control and safety management policies, procedures and requirements as they pertain to the Nutritional Services Department.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

STAFFING:

- The department provides an adequate number of employees to meet needs based on volume, type of meal and delivery system, and locations of patient and non-patient meal service areas in the Hospital. Employee experience and training is required to serve and fulfill the Standards and Goals of the department.

Marketing

SCOPE OF SERVICES:

- Marketing is responsible for implementation of Hospital marketing programs, including external and internal communications, intranet and internet sites, and advertising.
- The staff ensures a positive image for the hospital through advertising, publicity, promotions, community events and internal communications.

SKILL LEVELS OF PERSONNEL:

- BA or BS in Marketing, Communications, Journalism, or other related fields with five or more years experience.
- Experience with Microsoft Office mandatory, Adobe Creative Suite 5 or above preferred
- Composition and printing knowledge • Excellent verbal and written skills for all audiences
- Ability to interact with both internal and external audiences at all levels required
- High level of problem-solving abilities

STAFFING:

- Marketing personnel are available during routine business hours and coordinate events outside of the facility.

Material Management / Purchasing

The primary role of our Material Management department is to obtain supplies, equipment and services required to provide the highest quality of care to our patients, while maintaining product standardization and achieving effective cost containment.

SCOPE OF SERVICES:

- Purchase orders for operating expense (excluding Food and Nutrition and pharmaceutical wholesaler purchases) and capital orders are processed by Purchasing. GHX is used for electronic requisitioning.
- Purchasing is responsible for vendor management. All sales personnel are to check in at Purchasing before contacting any managers or going to a hospital department. St. Elizabeth's uses RepTrax for vendor credentialing and tracking.
- Purchasing leads a Fiscal Stewardship Committee to identify, implement, and measure opportunities for supply expense reduction and control at the facility level. The committee

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

reviews and oversees all contract action plans as well as new product request forms initiated within the hospital.

- The department is responsible for maintaining continuity of supply following up on back orders or pursuing substitutes where required to meet the needs of our customers.
- The unit also is responsible for resolving any invoice discrepancies that occur between a processed order and the final billing.

SKILL LEVELS OF PERSONNEL:

- Requires a thorough knowledge of purchasing procedures and good business practices; a good working knowledge of hospital products; and good communication, organization and negotiation skills. Colleagues regularly use business systems, spreadsheets, internet queries, etc. in performing their duties.

STAFFING:

- Determined by volume and variety of purchase requests.

Medical Staff Services

All departments providing patient care have established lines of communication with the medical staff. The Nurse Executive, Administrators and other departmental leaders participate as non-voting members of the medical staff committees, including the Medical Executive Committee.

SCOPE OF SERVICES:

- Scope of care and service of each practicing and licensed member of the medical staff is delineated through the clinical privileging process according to the bylaws of the medical staff.
- The Emergency Department physician is onsite 24 hours per day, seven (7) days per week to meet patient care needs.
- Individual service committee scope of services are outlined in the bylaws of the medical staff

SKILL LEVELS OF PERSONNEL:

- Individuals are certified by the National Association of Medical Staff Services or have equivalent experience

STAFFING:

- Medical Staff office is staffed during routine business hours with a clerk and a credentialing specialists

Pastoral Care

The chaplains of the Pastoral Care department, working in collaboration with patient care staff, respond to the spiritual and emotional needs of patients, family, and staff.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

SCOPE OF SERVICES:

- Inpatients are visited by chaplains to assess the need for spiritual care and comfort.
- Chaplains provide care appropriate to patient's preference for denomination and faith tradition, utilizing local community clergy and resources, as needed.
- Pastoral care is available to all patients, family, and staff of the hospital, regardless of religious/spiritual affiliation. Priority is given, however, to patients, family, and staff experiencing trauma, distress, and/or those who request support.
- Sacramental needs are provided by chaplains, Eucharistic ministers or community clergy in relation to patient's religious affiliation.
- Coordinates memorial services throughout the year for patients and staff.
- Chaplains are available to staff for debriefing after critical events.
- Any chaplain may respond to a referral from any floor or department of the hospital.

SKILL LEVELS OF PERSONNEL:

- Chaplains are certified or eligible through the National Association of Catholic Chaplains, the Association of Professional Chaplains, and/or other cognate organizations are preferred. Training in Clinical Pastoral Education is also preferred.
- Chaplains must adhere to the Ethical and Religious Directives and have a basic knowledge of biomedical ethics.
- Chaplains possess strong interpersonal communication skills, demonstrate respect for all patients regardless of religious/spiritual affiliation, and have the ability to work as part of an interdisciplinary healthcare team.

STAFFING:

- Pastoral services are available 12h/day Monday through Friday with limited hours on the weekends and holidays.
- St Elizabeth's provides on call coverage for patient safety and quality patient outcomes.
- Pastoral Care staffing adjusts to patient volumes.

Revenue Cycle

Patient Access

The Patient Access staff is directly responsible for pre-admission, insurance verification, scheduling and registration of all inpatients and outpatients into the organization.

SCOPE OF SERVICES:

- Patient registration occurs in Central Registration, the Emergency Department, or at bedside according to the assessed needs of the patient.
- The responsibilities of the department include preregistration and registration of patients to inpatient, Emergency Department, Outpatient Surgery, outpatient ancillary services.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- The Patient Access Department provides patients with information addressing their right to make decisions regarding their healthcare (according to the PSDA), conditions of admission, patient rights and financial responsibilities which the patient may have.
- Whenever possible and appropriate to the patient condition, signatures required by law or regulation are obtained.

SKILL LEVELS OF PERSONNEL:

- The Patient Access colleagues possess an accurate understanding of applicable state and federal requirements, insurance verification and requirements, organizational policy including patient rights and a thorough knowledge of the computerized registration system.
- Colleagues have competency with computer systems and excellent communication and customer service skills.

STAFFING:

- The department is staffed 24 hours per day.

Patient Accounts

The Patient Accounts department is responsible for management of accounts receivable.

SCOPE OF SERVICES:

The department performs the following functions:

- Billing the insurance carrier
- Follow up on accounts with the insurance carrier for reimbursement
- Posting of payments received from the carrier and the patient
- Statement generation to the patient
- Processing of refunds
- Providing data for Medicare cost reports

SKILL LEVELS OF PERSONNEL:

Colleagues have a high school education, experience with medical terminology, insurance carriers, customer service, type 40 wpm and computer experience.

STAFFING:

Staffing is determined by volume of accounts to bill and resolve for payment. The department is open during routine business hours.

Accounting and Finance

The Accounting and Finance Department is responsible for general accounting, accounts payable, miscellaneous billing and payroll. Financial Operations is responsible for the following functions: accounts receivable, accounts payable, including patient refunds, payroll, financial statements,

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

budgeting, and financial regulatory reporting, including OSHPD and cost reports. This department also provides support to all patient care providers throughout the organization for all data related to the financial operation of specific units and explains how this data interrelates with the organizational mission, vision, values and goals of the hospital.

SCOPE OF SERVICES:

The Accounting and Finance Department is responsible for:

- Managing the month-end close process and preparing timely and accurate financial statements that are in accordance with Generally Accepted Accounting Principles (GAAP).
- Preparing month-end close reports and journal entries; performing account analysis; calculating accruals; and reconciling all balance sheet accounts.
- Maintaining and reconciling the fixed asset system.
- Coordination of all Accounting functions for Friends of St. Elizabeth's Hospital and the Mission integration Committee.
- Managing non-patient billings and ensures its accuracy and timely collections.
- Preparing and/or coordinating the hospital's annual tax return, third party cost reports, financial statement audit, and annual inventory count.

The Accounts Payable function is responsible for:

- Accurate and timely payment of vendor invoices.
- Printing AP checks and preparing them for mailing on a weekly basis, as well as issuing 1099s on an annual basis.

The Payroll function is responsible for:

- Processing bi-weekly payroll for payment of wages. Additionally, we file quarterly payroll taxes and issues annual W-2's.

SKILL LEVELS OF PERSONNEL:

- The Accounting staff has an understating of accounting principles, internal controls and relevant regulatory requirements. The staff must be proficient in accounting systems, spreadsheets and word processing as well as have a keen eye for detail and the ability to meet strict deadlines. A high school diploma or equivalent is required at a minimum to work in the Accounting department. Some positions require a bachelor's degree in accounting.

STAFFING:

- Accounting is staffed based on workload and specific function. Each colleague performs a different function (i.e., Payroll, AP, Fixed Assets, Cash, etc.).
- Staffing is adjusted to meet the needs of the department.

Medical Records/ Health Information Management Department

The Medical Records/Health Information Management Department is responsible for overseeing the timely processing, completeness, and when necessary, the retrieval of all patient medical records.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

SCOPE OF SERVICES:

- The scope of services provided by the Medical Records/Health Information Management Department is based upon a collaboration and information-sharing format to enhance patient care. Medical records services are provided to all areas of the facility, as appropriate to need and security levels. Medical record services include provision of an accurate patient record, with emphasis on the following:
 - Record processing
 - Record abstracting, analysis and coding
 - Transcription of dictation for the medical record
 - Correspondence
 - Record retrieval, filing and storage
- The scope of services also encompasses efforts made to provide:
 - More timely and easier access to complete information throughout the organization
 - Improved data accuracy
 - Demonstrated balance of proper levels of security versus ease of access
 - Use of aggregate data, available through computerized reporting in the Medical Records/Health Information Management Department, to assist all healthcare providers with information that allows for identification of opportunities to improve performance
- Accessibility of the medical record at all times to only those authorized persons with a need to know for patient care (follow HIPAA regulations)
- Transcription service is available to all physicians on a 24 hours per day basis. All documents received will be placed in the chart as soon as possible to ensure timely access to this information

SKILL LEVELS OF PERSONNEL:

- RHIT or Bachelors in Health Information (RHIA) is required. Critical thinking skills, customer service/people skills, problem solving skills, verbal and written communication, and adaptability are qualifications needed for this department.

STAFFING:

- Availability of Medical Records/Health Information Management staff seven (7) days per week during regular business hours. During off hours, staff is available by telephone. The house supervisor has access to the department and all medical records during off hours.

Pharmacy Department

The Pharmacy Department is designed to meet the primary needs of all customers. The customer base is composed of all patients, both inpatients and outpatients, who require medications, medication counseling and/or education. The customer base also includes the physicians prescribing medications and other healthcare providers who administer medications to the patient population.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

SCOPE OF SERVICES:

- The Pharmacy Department's services includes dispensing of pharmaceuticals in accordance with federal and state regulations, appropriate inventory maintenance functions, drug monitoring, patient drug assessment functions, appropriate record keeping, drug information, education services and performance improvement functions.
- The Pharmacy Department is organized to provide services directed at meeting the needs of the patient population. Services are directed toward providing care to patients in all phases of development from newborn to geriatric states.
- Orders are filled in the Pharmacy Department after screening is performed for duplication, interactions and allergies against each patient medication profile.
- The Pharmacy Department also serves in an advisory capacity through the P&T (Pharmacy & Therapeutics) Committee and administrative leaders to ensure the development, coordination and review of all professional standards, procedures, policies and controls relating to procurement, storage, dispensing and safe use of medications.
- Pharmacy receives physician orders via fax, written documentation, or through computer order entry (CPOE)

SKILL LEVELS OF PERSONNEL:

- Pharmacists must be registered and licensed in accordance with the regulations of the State Board of Pharmacy, with training and experience that emphasizes an acute care hospital environment.
- Technician staff must meet the licensing/certification requirements of the State Board of Pharmacy. National certification is preferred.
- Ancillary and support staff must possess basic educational requirements and are trained to assist the professional staff.
- All staff is provided regular continuing education and training to maintain proficiency and competence.
- Technicians and Pharmacists are required to demonstrate active participation in continuing education courses as required by the State Board of Pharmacy by providing documentation of attendance.

STAFFING:

- A pharmacist is available 24 hours a day and staffing is adjusted by patient census, volume of physician orders, and skill mix of staff.

Philanthropy and Development

Development supports the mission of St. Elizabeth's Hospital by developing relationships within the community and within the Hospital thus supporting a culture of philanthropy.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

SCOPE OF SERVICES:

- Development provides information and resources to constituents who are interested in supporting the mission of St. Elizabeth's Hospital with time, talent or treasure in order to further the philanthropic mission of the Hospital Sisters of St. Francis.
- Colleagues facilitate significant special event activities.

SKILL LEVELS OF PERSONNEL:

- Colleagues working in the Development Department have the skills to coordinate and motivate constituents to offer contributions that philanthropically support the mission of St. Elizabeth's Hospital.
- Colleagues have the ability to articulate crucial conversations (both written and oral) in order to enable independent financial contributions to the Foundation.

STAFFING:

- Development is staffed with a director and philanthropy assistant.

Risk Management/ Quality

Risk Management

Risk Management team supports the mission and vision of St. Elizabeth's Hospital as it pertains to clinical risk, compliance, patient safety as well as visitor, third party, volunteer, and employee safety and potential business, operational, and property risks.

SCOPE OF SERVICES:

- Continuously improve patient safety and minimize and/or prevent the occurrence of errors, events, and system breakdowns leading to harm to patients, staff, volunteers, visitors, and others through proactive risk management and patient safety activities.
- The Risk Management program interfaces with many operational departments and services throughout the organization with an emphasis on managing the Hospital's risk and on Patient Safety.
- Develops systems for and overseeing the reporting of adverse events, near misses, and potentially unsafe conditions. Reporting responsibilities may include internal reporting as well as external reporting.
- Analyzes data collected on adverse events, near misses, and potentially unsafe conditions; providing feedback to providers and staff; and using this data to facilitate system improvements to reduce the probability of occurrence of future related events. Root-cause analysis and systems analysis is used to identify causes and contributing factors in the occurrence of such events.
- Responsible for facilitating a culture of safety in the organization that embodies an atmosphere of mutual trust in which all providers and staff members can talk freely about

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

safety problems and potential solutions without fear of retribution. This ordinarily involves performing safety culture surveys and assessments.

- Preventing and minimizing the risk of liability to the organization, and protecting the financial, human, and other tangible and intangible assets of the organization.
- Management supports Risk Management Activities through:
 - Leadership education and direction
 - Identification of problems/concerns
 - Training activities
 - Team participation
 - Referral of appropriate issues to the organizational Patient Safety Committee and the Hospital wide Quality Care Committee.

SKILL LEVELS OF PERSONNEL:

- Bachelor Degree in Nursing Required with Master's Degree preferred.

STAFFING:

- Director, Risk Management Coordinator and Risk Management Data Specialist.

Performance Excellence

Performance Excellence Team coordinates the performance Excellence program, which is designed to establish, support, maintain and document improvement in the process of delivering quality patient care. This Team also oversees the Core Measure and Infection Prevention programs.

SCOPE OF SERVICES:

- The scope of the organizational performance excellence program includes an overall assessment of the efficacy of performance improvement activities with a focus on continually improving care provided and adherence to best practices with Core Measures and Infection Prevention.
- The program consists of these focus components: performance improvement, patient safety, quality assessment/improvement, quality control activities and Infection Prevention activities.
 - Collaborative and specific indicators of both key processes and outcomes of care are designed, measured and assessed by all appropriate departments/services and disciplines of the facility in an effort to improve patient safety and organizational performance. These indicators are objective, measurable, based on current knowledge and experience and are structured to produce statistically valid performance measures of care provided. This mechanism also provides for evaluation of improvements and the stability of the improvement over time.
 - Outcomes are reported on an ongoing basis to the appropriate medical staff committee, the Quality Care Committee and the Infection Prevention Committee.
 - A summary of the significant findings are reported at the Quality Care Committee and to the Infection Prevention Committee, as well as to the Medical Executive Committee and the Governing Body for further review, evaluation and action, if indicated.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- This process includes continuous quality improvement activities, based upon team management of identified issues, quality assurance activities conducted for medical staff and healthcare provider competency and quality improvement/assessment performance.
- Management supports performance improvement activities through:
 - Leadership education and direction
 - Identification of problems/concerns
 - Training activities
 - Team participation
 - Referral of appropriate issues to the organizational Quality team and the Hospital wide Quality Care Committee and/ or the Infection Control Committee.

SKILL LEVELS OF PERSONNEL:

- Bachelor Degree in Nursing Required with Master's Degree preferred.

STAFFING:

- Director, Manager, Process Improvement Coordinators (Core Measure Nurses) and Infection Prevention Coordinator.

Accreditation Readiness

Accreditation Readiness team develops a framework and process for ensuring that St. Elizabeth's Hospital sustains a state of compliance in regard to survey preparedness. The team also identifies non-compliance concerns and delegate's tasks to create a process to address deficiencies. The goal is to maintain the highest level of accreditation with all external regulatory and accrediting agencies, as well as, driving accreditation compliance strategically and organizationally.

SCOPE OF SERVICES:

- The scope of Accreditation Readiness includes assessment of regulatory compliance with a focus on continually improving processes and patient safety practices throughout the hospital.
- Organization Accreditation Readiness programs are planned to increase regulatory knowledge among clinical and non-clinical staff, find process errors, improve, and hold parties accountable for achieving a state of regulatory readiness
- The program consists of these focus components: Performance Improvement Walk around (PIWA), Mock Surveys and Blast Pages.
 - PIWAs are performed each month by organized leadership groups. Findings are collected and submitted to the responsible leader. Plans of Action and completion rate are reported by the responsible leader monthly at the Accreditation Readiness Meetings for accountability.
 - Mock Surveys are conducted monthly. This includes fully activating the regulatory response plan and command center. Findings are collected and reported by responsible parties to the Accreditation Readiness Members for accountability.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Blast Pages engage all colleagues with a weekly regulatory question through the Hospital newsletter. Participation is collected and reported to leadership weekly for accountability.
- Management supports Accreditation Readiness activities through:
 - Through CEO and senior leadership participation in program.
 - Leadership education and direction
 - Identification of problems/concerns
 - Training activities
 - Team participation

SKILL LEVELS OF PERSONNEL:

- Bachelor Degree Required.

STAFFING:

- Accreditation Readiness Coordinator.

Performance Improvement/ Lean

The Performance Improvement/ Lean team at St. Elizabeth's Hospital aligns its goals with the HSHS System's strategic goals of Mission Integration, Quality Care Integration, Developing Our People and Stewardship of Operations and Finance. Projects will be managed with Lean Thinking and the level of project management necessary to allow for risk mitigation and improved quality sustainment. Interventions are driven by objective data, which is the metric used as the Measure of Success.

SCOPE OF SERVICES:

- Lean Thinking and Project Management projects at St. Elizabeth's Hospital are championed by leadership. Quality of Care projects are championed by a physician to ensure alignment with providers, best practice and professional governing bodies.
- Standard Work Processes are created, validated and rolled out starting with a pilot patient care area. This utilizes the PDSA concept with the ultimate goal to implement house-wide once success and lessons learned are revealed.
- Tollgate processes are implemented at each phase of the DMAIC process with Project Owner, Performance Improvement mentor and Executive/Physician Champions to control any variants that may occur during the project life cycle.
- At the implementation phase, many quality projects utilize the Lean Daily Management Boards until the project is hard-wired and ready to close.
- In addition, Division and local leadership meet for 30-90-180 day presentations of each project to support project sharing and continuous feedback.
- Management supports performance improvement/lean activities through:
 - Leadership education and direction
 - Identification of problems/concerns
 - Training activities
 - Team participation

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

SKILL LEVELS OF PERSONNEL:

- Bachelor of Science Degree required, Master's Degree preferred.

STAFFING:

- Chief Performance Improvement Officer, Director, Manager, Performance Improvement Engineers.

Evidenced Based Medicine

Evidence based medicine (EBM) is the conscientious, explicit, judicious and reasonable use of modern, best evidence in making decisions about the care of individual patients. EBM integrates clinical experience and patient values with the best available research information. The EBM Order set Standardization Program is a sustainable infrastructure that provides the mechanism by which standard Evidence-Based content is researched, developed, reviewed and adopted. The program commits to improving clinical quality and patient care using standard Evidence-Based Medicine order sets:

- Standard Evidence-Based Order Sets:
 - Enhance clinical efficiency
 - Improve outcomes of care
 - Reduce variation in practice
- Standard Evidence-based Order Set content vetted through ZynxHealth™ and local SME's supports:
 - TJC regulations
 - Core Measure compliance
 - CPOE adoption

SCOPE OF SERVICES:

- The Evidence-Based Medicine Coordinator (EBMC) is responsible for Local System order set management, development and updates, and their associated performance improvement activities. The EBMC serves as the point of contact and is responsible for communication between Local and Division stakeholders, and Division and HSHS Quality Management, for the EBM Order set Standardization Program. In addition, EBMC is responsible for:
 - Coordination of all local activities for the Evidence Based Medicine (EBM) Program.
 - Management of local environment technical aspects and administrative oversight of ZynxHealth™ application.
 - Builds standard and/or local order sets in ZynxHealth™ following HSHS Style Guide and mapping processes.
 - Facilitation of Core Team and Work Group Team Meetings, including documents and maintains change requests to order sets in accordance with SID I.T. System Change Request (SCR) policy through Service Now tickets
 - Coordinates Local System processes needed to electronically design, build, review, approve and maintain both HSHS EBM as well as Local System Departmental Order Sets using best practice consensus, and as supported by evidence-based literature.

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Monitors and reports on quality management aspects (core measure, patient safety, regulatory) of order sets, as well as program progress through order set utilization metrics.
- Management supports Evidenced Based Medicine through:
 - Leadership education and direction
 - Identification of problems/concerns
 - Training activities
 - Team participation

SKILL LEVELS OF PERSONNEL:

- Bachelor of Science Degree required, Master's Degree preferred.

STAFFING:

- Chief Performance Improvement Officer, Director, Manager and Evidenced Based Medicine Coordinator (EBMC).

Safety and Security

The organizational safety and security program is provided for maintaining a safe and secure environment for patients, visitors and hospital staff.

SCOPE OF SERVICES:

- The program assesses risks through the multidisciplinary Safety/Environment of Care Committee, monitors sensitive areas and serves as a resource for security/safety information, equipment, supplies and training.
- Access control to hospital facilities, motor vehicle parking control, traffic control and direction, response to calls for assistance in assaultive/combative behavior incidents, infant/child security staff and visitor escort and a 24-hour patrol and monitoring function of the campus.
- Serves as a liaison between state and local law enforcement agencies.

SKILL LEVELS OF PERSONNEL:

- Officers have a background in law enforcement and receive training in Crisis Prevention

STAFFING:

- Minimum of 3 officers on duty 24 hours/day.

Volunteer Services

Volunteer Services supports the mission of St. Elizabeth's Hospital by onboarding "Auxiliary Volunteers" who contribute volunteer hours, serve as "ambassadors" in the community, and host fundraisers to benefit the St. Elizabeth's healthcare mission and colleagues.

SCOPE OF SERVICES:

Name of Policy:

Provision of Care



Primary Approving Body: CNO

Committee Approvals:

- Auxiliary Volunteers give of their time freely for public service, religious or humanitarian objectives, and without contemplation or receipt of compensation.
- Auxiliary Volunteers serve on a part-time basis to provide intermittent contributions to benefit the mission of St. Elizabeth's Hospital.

SKILL LEVELS OF PERSONNEL:

- Colleagues working in the Volunteer Department have the skills to coordinate and motivate nonpaid staff to perform voluntary assignments in a healthcare environment as well as facilitate minor special event activities.
- Auxiliary Volunteers complete a Volunteer application, interview with Volunteer Coordinator, background check, physical, two part TB test, urinalysis/drug screening, and self-study orientation packet to ensure matching the Auxiliary Volunteer's skill set with volunteer assignment.

STAFFING:

- Volunteer Coordinator places volunteers in departments based on need, desire of volunteer, skills needed, and organizational fit.

Attachment Responsive
to Question 11

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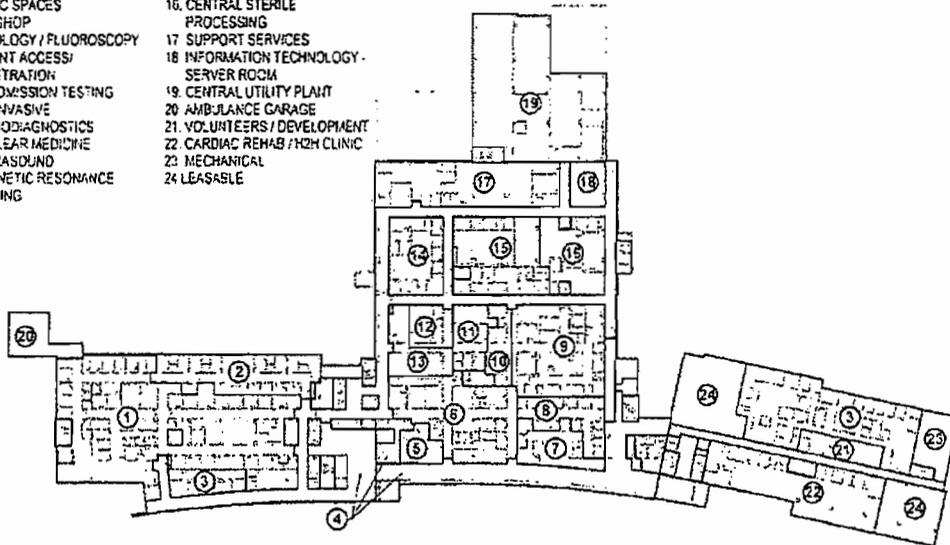
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HSHS ST. ELIZABETH'S REPLACEMENT HOSPITAL

Project No. 213020-00

LEGEND

- | | |
|-----------------------------------|--|
| 1. EMERGENCY SERVICES | 13. COMPUTED TOMOGRAPHY |
| 2. EMERGENCY OBSERVATION UNIT | 14. PHARMACY |
| 3. HOSPITAL ADMINISTRATION | 15. SECURITY/CLINICAL ENG./ PLANT ENG. |
| 4. PUBLIC SPACES | 16. CENTRAL STERILE PROCESSING |
| 5. GIFT SHOP | 17. SUPPORT SERVICES |
| 6. RADIOLOGY / FLUOROSCOPY | 18. INFORMATION TECHNOLOGY - SERVER ROOM |
| 7. PATIENT ACCESS/ REGISTRATION | 19. CENTRAL UTILITY PLANT |
| 8. PREADMISSION TESTING | 20. AMBULANCE GARAGE |
| 9. NON-INVASIVE CARDIODIAGNOSTICS | 21. VOLUNTEERS / DEVELOPMENT |
| 10. NUCLEAR MEDICINE | 22. CARDIAC REHAB / H2H CLINIC |
| 11. U/ TRASOUND | 23. MECHANICAL |
| 12. MAGNETIC RESONANCE IMAGING | 24. LEASABLE |



① FIRST FLOOR PLAN
1" = 100'-0"

Sheet No

1

Kahler Slater

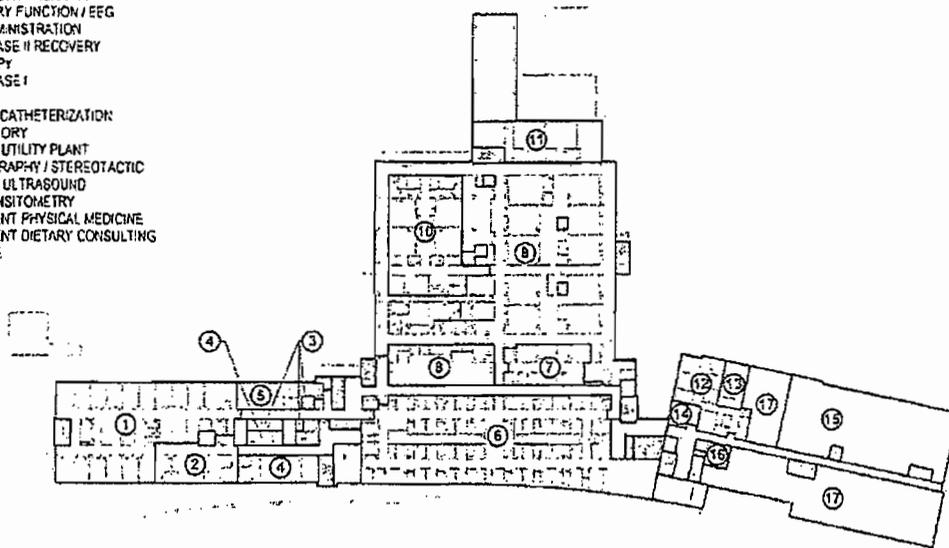
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HSHS ST. ELIZABETH'S REPLACEMENT HOSPITAL

Project No. 213030 00

LEGEND

1. INTENSIVE CARE SERVICE
2. MEDICAL SURGICAL SERVICE
3. ON-CALL ROOMS
4. RESPIRATORY THERAPY /
PULMONARY FUNCTION / EEG
5. STAFF ADMINISTRATION
6. PREP / PHASE II RECOVERY
7. ENDOSCOPY
8. PACU - PHASE I
9. SURGERY
10. CARDIAC CATHETERIZATION
LABORATORY
11. CENTRAL UTILITY PLANT
12. MAMMOGRAPHY / STEREOTACTIC
13. WOMEN'S ULTRASOUND
14. BONE DENSITOMETRY
15. OUTPATIENT PHYSICAL MEDICINE
16. OUTPATIENT DIETARY CONSULTING
17. LEASABLE



① SECOND FLOOR PLAN
1" = 100'-0"

Kahler Slater

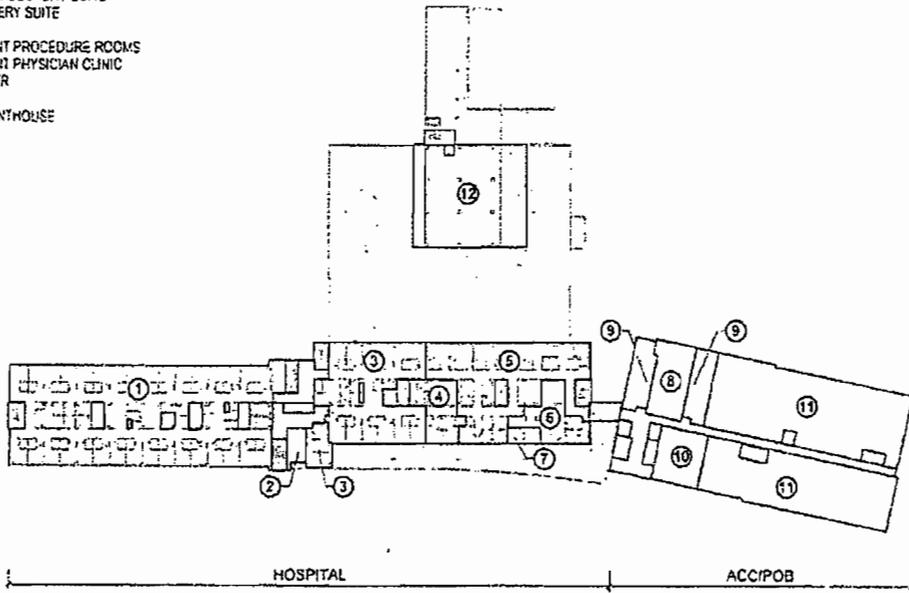
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HSHS ST. ELIZABETH'S REPLACEMENT HOSPITAL

Project No. 213030 00

LEGEND

- 1 MEDICAL SURGICAL SERVICE
- 2 MEDICAL SURGICAL SERVICE WAITING
- 3 POSTPARTUM
- 4 NURSERY
- 5 LABOR/DELIVERY/RECOVERY SUITE
- 6 C-SECTION DELIVERY SUITE
- 7 PACU - PHASE I
- 8 PAIN MANAGEMENT PROCEDURE ROOMS
- 9 PAIN MANAGEMENT PHYSICIAN CLINIC
- 10 INFUSION CENTER
- 11 LEASABLE
- 12 MECHANICAL PENTHOUSE



① THIRD FLOOR PLAN
1" = 100'-0"

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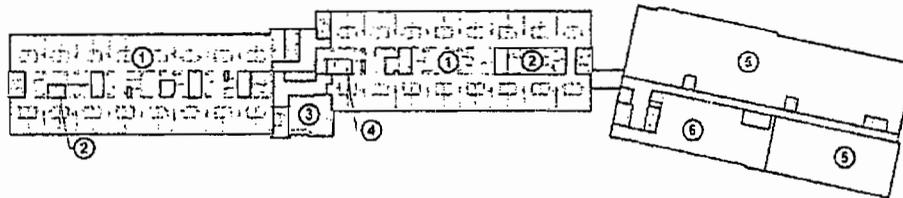
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HSHS ST. ELIZABETH'S REPLACEMENT HOSPITAL

Project No. 213036.00

LEGEND

- 1. MEDICAL SURGICAL SERVICE
- 2. ON-CALL ROOMS
- 3. MEDICAL SURGICAL SERVICE WAITING
- 4. PATIENT ACCESS OFFICE
- 5. SLU RESIDENCY CLINIC
- 6. LEASABLE



① FOURTH FLOOR PLAN
1" = 100'-0"

Sheet No.

4

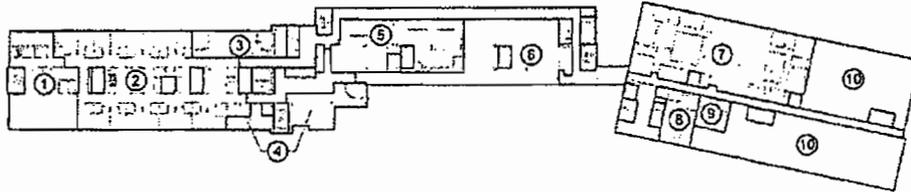
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HSHS ST. ELIZABETH'S REPLACEMENT HOSPITAL

Project No. 213020-02

LEGEND

- 1. INPATIENT PHYSICAL THERAPY/
OCCUPATIONAL THERAPY/
REHABILITATION GYM
- 2. INPATIENT REHABILITATION BEDS
- 3. INPATIENT HEMODIALYSIS
- 4. PASTORAL CARE
- 5. FOOD AND NUTRITIONAL SERVICES
- 5. DINING
- 7. LABORATORY/PATHOLOGY/BLOOD BANK
- 8. INFORMATION TECHNOLOGY OFFICES
- 9. NUTRITION OFFICES
- 10. LEASABLE



① FIFTH FLOOR PLAN
1" = 100'-0"

Sheet No 5

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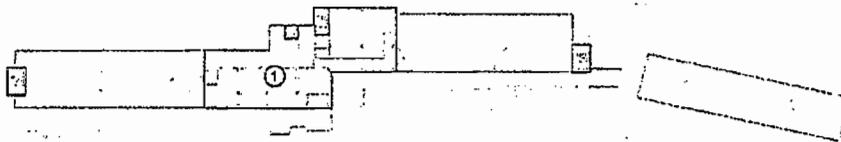
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HSHS ST. ELIZABETH'S REPLACEMENT HOSPITAL

Project No. 213030.00

LEGEND

1 MECHANICAL PENTHOUSE



① PENTHOUSE FLOOR / ROOF PLAN
1" = 100'-0"

Sheet No

6

Attached Pages of
CON Application
(Pages 65-70)

PROJECT COSTS

Items	Cost
Pre-Planning	\$ 1,791,391
Initial Program Management	\$ 92,562
Financial Consulting Services	\$ 272,614
CON Prep Consultant	\$ 296,308
CON Preplanning	\$ 117,548
Planning & Programming Fees	\$ 1,012,254
Site Survey	\$ 148,632
Geotechnical & Surveying Services	\$ 31,737
Natural Resource Consulting	\$ 9,758
Soils Testing and Borings	\$ 107,137
Site Preparation	\$ 6,092,645
Existing Site Demolition	\$ 90,779
Excavation and Backfill	\$ 5,001,865
OFF-Site Work	\$ 4,836,905
Drainage/Utilities roads	\$ 2,531,674
Ameren Gas Line Relocation	\$ 2,008,214
Power Line Relocation	\$ 196,417
New Construction Contracts	\$ 127,330,316
Contingencies	\$ 12,733,032
Architect/Eng Fees	\$ 6,684,842
Consulting and Other Fees	\$ 8,207,196
Program Management	\$ 4,079,408
Signage/Graphic Design	\$ 163,426
Interior Designer and FFE	\$ 453,513
Acoustics and Vibration	\$ 49,657
Models/Presentation Materials	\$ 8,171
Helicopter Pad Consultant	\$ 29,429
Helicopter Noise and Plume Studies	\$ 29,429
Elevator/Conveyance Consultant	\$ 49,657
Radiation Physicist	\$ 29,429
Traffic Engineer	\$ 29,429
Medical Equipment Planner	\$ 529,110
IT Planner - EDI	\$ 325,651
Food Service Planner-Stewart Design	\$ 62,511
Artwork Planner	\$ 29,429
Construction Audit Services	\$ 77,628
Commissioning Services	\$ 204,286
Traffic & Consultant	\$ 29,429
Legal Services	\$ 155,257
Waterproofing Consultant	\$ 29,429
Parking Consultant	\$ 9,806
CON Design Services	\$ 1,541,001
CON Application Fee	\$ 31,714
Moveable/Equipment (not in construction contracts)-HOSP	\$ 34,884,911
Cardiac Diagnostics	\$ 2,532,420
Clinical Decision Unit	\$ 471,629
Clinical Education	\$ 10,419
Development/Volunteers	\$ 3,121
Distribution/Central Supply	\$ 281,239
Emergency/BH Intake	\$ 602,103
Environmental Services & Housekeeping	\$ 14,581
Food & Nutrition Services	\$ 9,404
Gift Shop	\$ 6,387

Hemodialysis	\$	38,056
ICU IP Unit	\$	1,720,799
Imaging, Diagnostic	\$	6,504,564
Invasive Cardiology	\$	4,282,321
Med Surg/Acute Care	\$	3,357,683
Gynecology/Women's IP Unit	\$	1,499,823
On-Call Rooms	\$	363
Patient Care	\$	549
Patient Intake/Placement	\$	2,559
Pharmacy	\$	354,560
Plant/Clinical Engineering	\$	3,344
Public Concourse	\$	24,532
Rehabilitation Care IP Unit	\$	615,753
Respiratory Therapy/PFT	\$	247,445
Safety/Security	\$	6,872
Sterile Processing/Central Sterile	\$	1,135,395
Surgery/Prep/hold/PACU/Endo/Pain	\$	6,882,936
Surgical Home	\$	35,774
Discounts, Salvage Freight	\$	2,036,596
Bond Issuance Expense (project related)	\$	2,611,644
Net Interest Expense During Construction (project related)	\$	15,669,861
Other Costs to be Capitalized	\$	22,221,226
Furniture	\$	1,972,853
Exterior Signage	\$	245,142
Interior Signage	\$	123,571
OFCD/Dispensers (towels, soap, glove box, holders, trash cans, etc.)	\$	490,264
Artwork	\$	20,429
Software Applications & Licenses	\$	1,634,280
Telephone System (VoIP)	\$	642,226
Network Equipment (Wireless, LAN, etc)	\$	735,426
Televisions	\$	186,841
IT - Workstations, Displays, Etc.	\$	1,147,265
AV - Presentations Systems	\$	113,991
Parking Controls	\$	20,429
Personal Communications Systems	\$	114,400
Inside re-Radiating 802.11 & Tracking Ready	\$	553,083
Relocate Emergency Radios	\$	8,171
Time & Attendance Clocks	\$	28,600
IT Relocation	\$	81,714
IT Relocation Costs	\$	81,714
IT Misc	\$	555,014
Site Permit Fees	\$	40,657
FAA Fee	\$	20,429
Temporary Signage	\$	20,429
Temporary Utility Costs - Substantial Completion to Opening	\$	81,714
HSHS Internal Staffing (PM, Facility Manager, Admin, IT, etc)	\$	929,605
HSHS Internal Misc Costs (Security, Shuttle, etc)	\$	559,743
Independent Testing Services -	\$	945,035
Exterior Wall Tests	\$	40,657
Keying System Coordination	\$	4,088
Parking Lot - Pavement, Lighting, Curbs & Gutters	\$	3,478,289
Mine Mitigation - Design	\$	249,988
Mine Mitigation	\$	6,892,465
Other Costs to be Capitalized - Belleville Health Center	\$	6,880,987
Other Costs to be Capitalized - O'Fallon Health Center	\$	3,377,948

Project Status and Completion Schedules

Indicate the stage of the project's architectural drawings:

- None or not applicable
- Preliminary
- Schematics
- Final Working

Anticipated project completion date (refer to Part 1130.140): St. Elizabeth's authorized pediatric beds will be discontinued when this application for permit is approved. The St. Elizabeth's Hospital replacement project will be completed by December 31, 2017.

Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):

- Purchase orders, leases or contracts pertaining to the project have been executed.
- Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies
- Project obligation will occur after permit issuance.

APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

Cost Space Requirements

Provide in the following format, the department/area DGSF or the building/area BGSF and cost. The type of gross square footage either DGSF or BGSF must be identified. The sum of the department costs **MUST** equal the total estimated project costs. Indicate if any space is being reallocated for a different purpose. Include outside wall measurements plus the department's or area's portion of the surrounding circulation space. Explain the use of any vacated space.

Dept. / Area	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing	Proposed	New Const.	Modernized	As Is	Vacated Space
REVIEWABLE							
Medical Surgical							
Intensive Care							
Diagnostic Radiology							
MRI							
Total Clinical							
NON REVIEWABLE							
Administrative							
Parking							
Gift Shop							
Total Non-clinical							
TOTAL							
APPEND DOCUMENTATION AS ATTACHMENT-9, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.							

See attached.

Attachment 9 updated 8 20 2014 cost space 8 20 2014

Department	Project Cost - Space Requirement				Amount of Proposed Total GSF Footprint		
	Project Cost	Existing	Proposed	New Construction	Remodeled	As Is	Wanted Space
Reversible Clinical							
Intensive Care	\$ 8,333,932	10,598	10,122	10,112			10,398
Medical Surgical Service	\$ 45,133,544	69,623	55,425	55,428			66,625
Outpatient Services, Postpartum	\$ 7,914,882	10,304	7,284	7,264			10,304
Newborn Nursery	\$ 1,491,749	2,337	1,832	1,832			2,337
Comprehensive Rehabilitation Care Service	\$ 8,569,413	19,427	10,724	10,724			19,427
Invasive Cardiac Lab	\$ 3,645,614	12,333	6,937	6,937			12,333
Surgery	\$ 21,754,091	22,663	2,330	2,330			22,663
Endoscopy	\$ 2,042,383	3,741	2,507	2,507			3,741
Post Anesthesia Recovery (Phase 2)	\$ 2,350,730	3,013	2,801	2,801			3,013
Prep Recovery Phase II	\$ 14,356,755	8,740	17,454	17,454			8,740
Emergency Services	\$ 14,324,953	12,921	17,666	17,666			12,921
Emergency Department Observation Unit	\$ 3,300,561	0	4,299	4,299			0
General Radiology Fluoroscopy	\$ 2,220,335	6,295	6,399	6,399			6,295
Ultrasound	\$ 1,423,478	470	1,785	1,785			470
Computerized Tomography	\$ 1,888,928	4,616	2,321	2,321			4,616
Magnetic Resonance Imaging	\$ 1,310,166	4,229	1,609	1,609			4,229
Nuclear Medicine	\$ 1,135,911	1,832	1,393	1,393			1,832
ICR Suite	\$ 3,149,463	4,630	6,234	6,234			4,630
C-Section Suite	\$ 2,615,446	1,808	3,212	3,212	0		1,808
Non Invasive Cardiac Diagnostics	\$ 3,107,123	6,345	6,372	6,372			6,345
Respiratory Therapy/Pulmonary	\$ 1,569,105	2,859	1,927	1,927			2,859
Non Invasive Neurodiagnostics	\$ -	0	0	0			0
Imperient Physical Medicine	\$ 3,217,194	0	3,932	3,931			0
Prevalence Testing	\$ 1,957,315	0	2,484	2,484			0
Pharmacy	\$ 2,683,903	3,567	3,309	3,299			3,567
Central Sterile Processing	\$ 2,783,938	3,232	3,383	3,381			3,232
Acute Dialysis Service	\$ 1,474,949	1,014	1,815	1,811			1,014
Total Clinical	\$ 171,447,232	268,677	210,384	210,384	0		268,677

Attachment 9 updated 8/20/2014 cost space 8/20/2014

Department	Project Cost	Project Cost - Space Requirements				Amount of Proposed Total GSF Footprint	At 15'	Vacated Space
		Gross Square Feet		Proposed	New Construction			
		Existing	Remodeled					
Non-Clinical:								
Patient Process Registration	\$ 1,410,563	341		2,415			573	
Special Services Care Coordination ¹	\$ -	1,573	0	0			1,573	
Conference Rooms ²	\$ -	9,315	0	0			9,315	
Education Services - Clinical Education ¹	\$ -	2,246	0	0			2,246	
Food Nutrition Dining	\$ 6,089,244	21,536	10,427	10,427			21,536	
Café Shop	\$ 766,138	718	1,309	1,309			718	
Hospital Administration ¹	\$ 977,173		1,673	1,673			0	
Information Technology Server Room	\$ 697,396	9,336	1,194	1,194			9,336	
On Call Rooms	\$ 1,038,372	0	1,761	1,761			0	
Patient Care	\$ 1,318,862	6,049	2,258	2,258			6,048	
Surgery/Cath Lab/ICU Offices	\$ 531,806	0	1,407	1,407			0	
Plant/Clinical Engineering	\$ -	10,156	0	0			10,156	
Environmental Services	\$ -	1,257	0	0			1,257	
Security/EMSS Switchboard	\$ -	2,292	0	0			2,292	
Central Data Materials Management/Purchasing	\$ -	9,456	0	0			9,456	
Subtotal Support Services	\$ 6,530,643	23,661	11,183	21,181			0	
Lobbies Public Space ³	\$ 1,899,246	0	10,100	10,100			0	
Interdepartmental Circulation	\$ 18,128,729	147,922	31,033	31,033			147,922	
Mechanical Spaces/Equipment ⁴	\$ 33,377,862	0	40,025	40,025			0	
Stairs/Elevators ⁵	\$ 1,469,631	0	12,275	12,275			0	
Exterior Skin ⁶	\$ 7,528,502	0	12,947	12,947			243,471,335	
Ambulance Garage ⁷	\$ 328,815	0	1,419	1,419			0	
Subtotal Other	\$ 61,742,883	147,922	107,722	207,521			147,922	
Total Non-Clinical	\$ 82,324,304	223,266	149,946	140,246			223,266	
Total Project	\$ 225,471,526	206,677	391,130	391,130			431,943	

On nursing units and in Performance Excellence

¹ Decentralized to department

² On nursing units

³ See ACC for waiting square footage

⁴ Included in interdepartmental circulation

Attachment Responsive
to Question 16