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VIA EMAIL AND OVERNIGHT MAIL

March 23, 2022

Mike Constantino
Senior Project Manager
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RE: #E-025-22 - West Suburban Medical Center, #E-026-22 – West Suburban Medical Center [Real Estate Only], #E-27-22 – Louis Weiss Memorial Hospital, #E-028-22 – Louis Weiss Memorial Hospital [Real Estate Only]

Dear Mr. Constantino:

This correspondence, and the various attachments, responds to a series of questions posed by the Health Facilities and Services Review Board (HFSRB) in the attached March 17 communication directed to me, as counsel for Pipeline Health System, LLC and certain affiliated applicant entities ("Seller") and to Juan Morado and Mark Silberman at Benesch, as counsel for AUM Global Healthcare, LLC and certain other applicant entities ("Buyer").

Our consolidated response to these questions is attached. Please note the following:

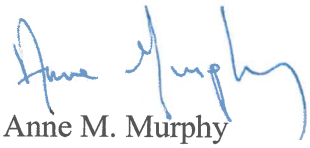
1. Seller took primary responsibility for developing the responses to questions 2, 3, 5, 9, 10, 11, 12 and 15. Note that we have included as attachments, and in response to questions 10, 11 and 12, copies of the current hospital charity care policies and quality improvement plans, and the current hospital governing boards. West Suburban Medical Center has already developed its annual 2022 quality improvement plan (provided); Weiss is operating under the 2021 quality improvement plan (provided) while the 2022 plan is being developed.

2. Buyer took primary responsibility for developing the responses to questions 1, 4, 6, 7, 8,13 and 14.

We hope this fully addresses HFSRB's request for additional information. Should you have any additional questions, or need more information, please do not hesitate to reach out to me at anne.murphy@afslaw.com or (847) 757-0041. We ask that you include both Seller and Buyer counsel in any follow up you may have as to this response or to any separate response from Seller or Buyer.

Thank you very much.

Very truly yours,



Anne M. Murphy

CC: April Simmons, General Counsel, HFSRB
Juan Morado and Mark Silberman, Benesch

March 23, 2022

COMBINED APPLICANT RESPONSES TO 3/17/2022 HFSRB STAFF QUESTIONS (ATTACHED)

1. At the conclusion of this change of ownership will Pipeline Health System, LLC or any of the entities owned and/or controlled by Pipeline Health System, LLC have any interest in the following entities:

- ***Ramco Healthcare Holdings, LLC***
- ***Resilience Healthcare-West Suburban Medical Center, LLC (Proposed Licensee)***
- ***AUM Global Healthcare Management, LLC d/b/a Resilience Healthcare***
- ***Resilience Healthcare- Weiss Memorial Hospital, LLC (Proposed Licensee)***
- ***WestLaw Management, LLC***

At the conclusion of this transaction neither Pipeline Health System, LLC nor any entities controlled by Pipeline Health System, LLC will have any interested in the following entities:

- Ramco Healthcare Holdings, LLC
- Resilience Healthcare-West Suburban Medical Center, LLC (Proposed Licensee)
- AUM Global Healthcare Management, LLC d/b/a Resilience Healthcare
- Resilience Healthcare- Weiss Memorial Hospital, LLC (Proposed Licensee)
- WestLaw Management, LLC.

Ramco Healthcare Holdings, LLC and AUM Global Healthcare Management Group d/b/a Resilience Healthcare will be acquiring all Pipeline assets in the Chicagoland area.

2. Pipeline has owned these two hospitals for approximately two years. What is the reason for these changes of ownership?

Pipeline-controlled entities acquired the two hospitals from Tenet Health System in late January 2019, over 3 years ago. An internal Pipeline corporate restructuring caused Pipeline to seek and receive CHOW approval from the Board in 2020 through the Certificate of Exemption process.

Pipeline was initially approached by the proposed buyer over a year ago with the idea of a change of ownership. Through extensive and thoughtful discussions that have ensued over many months, Pipeline representatives have come to appreciate buyer's commitment to acquiring and operating these two hospitals and to the local communities served by each hospital.

Like the owners that preceded it, Pipeline has not been able to achieve positive operating margins at either Weiss or West Suburban. Instead, each hospital has consistently operated at a loss, month over month and year over year. Pipeline, which operates safety net hospitals in other states, believes low Medicaid reimbursement in Illinois has contributed to these sustained operating deficits. However, the COVID pandemic has escalated these challenges in ways Pipeline could not have predicted when it acquired the hospitals in early 2019, by dramatically increasing staffing costs and reducing elective admissions, surgeries and procedures.

The proposed buyer believes it has a viable strategy for achieving sustainable operations at both hospitals, through what Pipeline understands to be a combined debt restructuring, revenue enhancement and operational turnaround approach. After careful consideration, Pipeline believes it is in the best interest of all parties, and the communities served by the hospitals, to have an orderly and thoughtful transition of ownership to a party demonstrating this level of commitment.

3. The Application lists the purchase price. We need to know the methodology used to determine those values.

As indicated in the applications, the purchase price is apportioned as follows:

"The total purchase price related to the Transaction is $92 million for the real estate, which includes all Pipeline assets in the greater Chicago area. No part of the purchase price is being attributed to West Suburban OpCo, West Suburban OpCo or any other operating entity that is part of the Transaction.

Of this $92 million total purchase price, seller is providing to buyer at closing a $12 million credit in immediately available funds, to be used toward improvements and repair of the transferred assets (including Weiss and West Suburban). Of this $12 million credit, $8 million will be used by buyer for improvements and repair at Weiss, in order to honor seller's prior commitment to the community in connection with the sale of the Weiss Surface Lot.

As a result, the net purchase price associated with the Transaction is $80 million, apportioned as follows:

West Suburban PropCo $28,282,438.27
Weiss Hospital PropCo $11,040,757.61
Weiss MOB PropCo $20,784,224.71
River Forest PropCo $19,892,579.41

The above apportionment has been made only for the purpose of meeting COE requirements and should be used only for this purpose. This apportionment is based on a combination of appraisal and previous purchase price information."

As indicated above, the total purchase price for the proposed transaction is $92 million. The net purchase price, after Pipeline provides buyer with the $12 million credit described above, is $80 million. This purchase price, and the apportionment of the purchase price between the OpCo's and PropCo's, was negotiated by the parties at arms-length and in a commercially reasonable manner.

The purchase price is attributed entirely to the assets controlled by the various PropCo entities identified in the applications. As described above in our response to question 2 and below in our response to question 5, the OpCo entities have had sustained significant operating losses over the entirety of Pipeline's ownership, month over month and year over year. As a result, the parties

have determined that the present fair market value of these OpCo's is de minimus . Accordingly, the purchase price for the combined OpCos' membership interests has been set at $1. That fair market value may change in the future under buyer's ownership and control, but it is what the parties agree is the current valuation of the OpCo's.

The parties apportioned the net purchase price of $80 million among assets held by the PropCo's based on a combination of: (1) a January 2019 appraisal commissioned by Pipeline for real estate assets held by West Suburban PropCo, Weiss PropCo and River Forest PropCo ("January 2019 Appraisal"); and (2) the actual purchase price for the assets held by the Weiss MOB PropCo, which were acquired by Pipeline in March 2019 (these assets were not part of the January 2019 Appraisal)(the "2019 Weiss MOB Purchase Price").

4. We need to know how the purchase price is going to be funded and the amount of each funding mechanism.

As previously mentioned, the value attributable to PropCo portion of this transaction is $92 million. The transaction will be funded through a combination of cash and debt financing. Reddy Rathnaker Patlola will be providing cash financing in the amount of approximately $32 million and will be financing $60 million through loan from Provizia Capital, LTD. The value attributable to the OpCo portion of this transaction will be funded with cash.

5. You are valuing the operating entity for these Hospitals (licensee) at $1 each. Please explain the methodology used to determine that value, since the operating entities (licensee) will be the entities generating the revenue.

Please see our responses above to questions 2 and 3. The parties negotiated the aggregate and net aggregate purchase price, and the apportionments of purchase price between the OpCo's and the PropCo's at arms-length and in a commercially reasonable manner.

The purchase price is attributed entirely to the assets controlled by the various PropCo entities identified in the applications. As described above in our response to question 2 and 3, the OpCo entities have had sustained significant operating losses over the entirety of Pipeline's ownership, month over month and year over year. As a result, the parties have determined that the present fair market value of these OpCo's is. Accordingly, the purchase price for the combined OpCos' membership interests has been set at $1. That fair market value may change in the future under buyer's ownership and control, but it is what the parties agree is the current valuation of the OpCo's.

6. Please provide the names of all the members of AUM Global Healthcare Management, LLC d/b/a Resilience Health and their percentage of ownership.

Manoj Prasad and Reddy Rathnaker Patlola are the only members of AUM Global Healthcare Management Group d/b/a Resilience Healthcare. Dr. Prasad holds 60% of the ownership units in Resilience Healthcare and Mr. Patlola holds 40% of the ownership units.

7. Please provide the names of all the members of WestLaw Management, LLC and their percentage of ownership.

AUM Global Healthcare Management Group, LLC d/b/a Resilience Healthcare is sole member of WestLaw Management, LLC. Please see the answer to question 6 regarding the ownership allocation of AUM Global Management Group, LLC d/b/a Resilience Healthcare.

8. Please provide the names of all the members of Ramco Healthcare Holdings, LLC and their percentage of ownership.

Reddy Rathnaker Patlola is the sole member of Ramco Healthcare Holdings, LLC. He holds 100% of the ownership units in Ramco Healthcare Holdings, LLC.

9. It is stated in the Applications that Pipeline has spent $60 Million at Weiss Memorial Hospital and West Suburban Medical Center. We need a list of those projects and the amount of money spent on each.

The itemized listing of the approximate expenditures for these projects, which total $58 million, is as follows:

IT System Replacement and Upgrade (Weiss and West Suburban): $15 million
Weiss Parking Garage Repairs and Upgrade: $13 million
Acquisition of Weiss MOB in March 2019: $23 million
Weiss Orthopedic Unit Renovations and Robots: $5 million
Acquisition of Weiss Telemetry Monitors: $2 million

Note that the Weiss Parking Garage, which is not associated with the Weiss Surface Lot, is part of the assets owned by Weiss PropCo and is used by hospital staff, patients and visitors. Also note that the acquisition by Pipeline of the Weiss MOB occurred subsequent to the acquisition of the hospitals, and from a buyer other than Tenet Health System. As you know, the Weiss MOB is being treated as part of the COE applications for Weiss OpCo and Weiss PropCo, and therefore is considered part of the hospital for the purpose of this COE process.

10. Please provide a copy of the charity care policy that is to remain in effect for each hospital.

Please see the attached charity care policies.

11. We need a copy of the quality improvement plan that is in place at each hospital.

Please see the attached quality improvement plans.

12. We need a list of the individuals on the facilities governing board at each hospital.

Please see the attached list of governing board members for each hospital.

13. We need information on the background of Mr. Reddy Rathnakar Patlola.

Reddy Rathnaker Patlola is a self-made business executive overseeing a vast organization with business holdings in the energy, hospitality, and retail sectors. Mr. Patlola immigrated to the United States as a student and attend the Central Michigan University, earning a master's degree in Computer Science. After school he relocated to New York and embarked on career in information technology working for JP Morgan Chase, Columbia University and other Wall Street financial firms. His career as an entrepreneur began with single lease and has grown substantially since then to include multiple locations. One of his companies, Ramoco Fuels, is based out of New Jersey and is a large energy distributor on the East Coast operating in New Jersey, Pennsylvania, and Delaware. The company also operates a fleet of short and long-haul trucking vehicles. His success in the energy industry fueled further investments in the retail, real estate, financial services, and hospitality industries. Mr. Patlola is currently developing two Woodspring Suites Hotels in New York State. Based upon his hard work, dedication, and business acumen he has been able to succeed in multiple industries and this is, in no small part, based upon is successful ability to identify the right partners. Mr. Patlola believes that healthcare is a human right and is excited at the opportunity to work with Dr. Prasad to ensure continuity of services in the community.

14. Please provide a list of hospitals that Dr. Prasad has "turned around."

Manoj Prasad has been a healthcare professional for over 30 years. A physician by training, a healthcare technology architect and healthcare business optimizer by passion who has maintained a successful career as a healthcare executive in Michigan, Texas, Florida, and even as far as India and Panama. Dr. Prasad is a servant leader whose skills and experience have been earned during a career resuscitating struggling healthcare organizations of all sizes, types and locations.

His career in hospital administration began in the early nineties in Michigan where he turned around several struggling physician group practices including First Care Medical Centers, Family Medical Group, Pointe Medical Centers (1995-1998) and American Medical Centers (1991-1995) where he served as Chief Executive Officer. He also set up several managed care practices when managed care was introduced in the healthcare industry. He has also served as a Consultant to the Medical Staff at multiple facilities where he worked with Medical Staff to develop plans to save the facilities from closure or convert the facilities to alternate models to allow for their continued operation.

Prasad's next challenge involved serving as President and CEO of Kern Hospital and Medical Center. Established in 1973, the facility had recently exited from bankruptcy re-organization and was days away from filing for Chapter 7 liquidation when Prasad took over and led the hospital to profitability for three consecutive years and converted it from a single specialty facility to a full-service hospital, recruiting over 200 physicians to staff. Prasad left Kern in 2000 upon its sale.

From there Prasad joined a health system where he served as Executive Director of a 378-bed tertiary teaching hospital located in Flint, Michigan. He went on to be promoted to President of the physician practice group for the health system where he managed 180 physicians in 12 counties with over 100 locations. Prasad was then recruited to rescue a Hospital System in India that had been declared unviable by large international health systems operators who evaluated it for potential acquisition. He served as its Chief Executive Officer for three years before returning to the United States to oversee a Consultancy Group for the Americas as its Country Head for Healthcare, focusing on blending healthcare administration and technology.

He then launched Xpertease Consultants which saw him work and take on leadership roles with a number of organizations over the next decade including serving as either Chief Executive Officer or in other high level executive positions focused on operations.

Specifically, his hospital turnaround work involved managing financially distressed facilities to turn around their finances and increase service line offerings. Dr. Prasad's has also been brought into organizations facing substantial compliance issues with regulators, and he has worked to turnaround those facilities and bring them back into compliance with federal and state regulations. Finally, Dr. Prasad's consulting work also involved working with organizations to either prevent closure of those facilities or re-purposing them.

15. To date what has been the outreach to the community? Please provide a list of individuals and community organizations that have been contacted.

Excerpted below are key elements of the community outreach plan, as of March 18, 2022:

COMMUNICATION TO EMPLOYEES AND PHYSICIANS (Starting March 10)

• Both hospital CEOs sent memos to their employees and physicians to let them know of the planned change of ownership and invited them to meetings to learn more.

o FOR WEISS MEMORIAL HOSPITAL

§ Thursday, March 10
• 3 p.m. Governing Board meeting – 10 attendees

§ Friday, March 11
• 7 a.m. Dept. of Surgery – 20 attendees
• Leadership group – 30 attendees
• Meeting with Internal Medicine residents – 45 residents

§ Monday, March 14, 2022
• 7:30 a.m. – 20 attendees
• 3 p.m. – 75 employees
• 6:30 p.m. – 20 attendees

§ Tuesday, March 15, 2022
• 7:30 a.m. – 30 attendees
• 3 p.m. – 30 attendees
• 5:30 p.m. – quarterly medical staff meeting – 30 physicians

§ Thursday, March 17, 2022
• 8 a.m. – Dept of Medicine meeting – 15 physicians

o FOR WEST SUBURBAN MEDICAL CENTER

§ Monday, March 14, 2022
• 7:30 a.m. – 49 employees
• 10 a.m. – 40 employees

§ Tuesday, March 15, 2022
• 7 a.m. – 8 orthopedic surgeons
• 8 a.m. – 15 physician leaders
• 2 p.m. – 59 employees

§ Wednesday, March 16, 2022
• 2 p.m. – 55 employees
• 6 p.m. – 15 employees
§ Thursday, March 17, 2022
• 7 a.m. – 16 physician leaders
• 12 p.m. – River Forest– 30 employees

MEDIA OUTREACH – began March 10

• Began Chicago media outreach to ensure transparency to the public. Media contacts:
o Crain's Chicago Business – story posted March 10
o Chicago Sun-Times – story posted March 10
o Health News Illinois – story posted online March 11
o Chicago Tribune – story pending

• Began outreach to community media around both hospitals. Media contacts:

o FOR WEISS COMMUNITY
§ Chicago Health magazine/Caregiving
§ Block Club Chicago—story posted March 10
§ News Star – story posted March 16
§ Windy City Times
§ Uptown United/Uptown Chamber published a supportive commentary
§ ALSO: Alderman Cappleman published a supportive commentary in his newsletter March 10.

o FOR WEST SUBURBAN COMMUNITY

§ Journal papers – story posted March 10
§ Austin Weekly News – story posted March 10
§ Austin Voice
§ Austin Talks

COMMUNITY OUTREACH AND ENGAGEMENT – Began March 10

• FOR WEISS – as of March 17

• Reached out to 20 groups via telephone to inform them of the planned change of ownership and assure them of ongoing hospital operations
• Engaged in conversation with 12 of those, left messages for others.
• NOTE: Average length of each call is 10-30 minutes.
• Additional CEO outreach to community leaders/groups
• Spoke with Uptown United Executive Director.
• Discussed with the CEO of the Admiral On The Lake – March 17.
• Small group meetings for community organizations and CEO – scheduling in progress for March.
• Hospital Governing Board Meeting with Buyer – scheduling in progress for March

• Community forum (open to the public) for hospital updates and introduction of the buyer, discussion – scheduling in progress for April 7.

• FOR WEST SUBURBAN – as of March 17

• Reached out to 73 groups via telephone to inform them of the planned change of ownership and assure them of ongoing hospital operations.
• Engaged in conversation with 42 of those, left messages for others.
• Meeting with Cathy Adduci, president, River Forest, March 10.
• Held community event March 10 to celebrate opening of the Outpatient Behavioral Health program, attended by 85 commuinty leaders including U.S. Rep. Danny K. Davis and Oak Park Mayor Vickie Scaman.
• CEO meeting with Oak Park/River Forest Chamber of Commerce March 18.
• CEO set meeting with Austin-West Side Coalition March 22.
• Small group meetings for community organizations and CEO – scheduling in progress for March.
• Additional small group meetings for community organizations and CEO – scheduling in progress for March.
• Hospital Governing Board Meeting with Buyer – scheduling in progress for
• Meeting with Housing Forward March 31.
• Community forum (open to the public) for hospital updates and introduction of the buyer, discussion – scheduling in progress for noon on April 7.

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516• FAX: 217) 785-4111

TRANSMITTED ELECTRONICALLY

March 17, 2022

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RE: #E-025-22 - West Suburban Medical Center, #E-026-22 – West Suburban Medical Center [Real Estate Only], #E-27-22 – Louis Weiss Memorial Hospital, #E-028-22 – Louis Weiss Memorial Hospital [Real Estate Only]

Counsels:

We have some additional clarifying questions regarding these four changes of ownership.

1. At the conclusion of this change of ownership will Pipeline Health System, LLC or any of the entities owned and/or controlled by Pipeline Health System, LLC have any interest in the following entities:

    - Ramco Healthcare Holdings, LLC
    - Resilience Healthcare-West Suburban Medical Center, LLC (Proposed Licensee)
    - AUM Global Healthcare Management, LLC d/b/a Resilience Healthcare
    - Resilience Healthcare- Weiss Memorial Hospital, LLC (Proposed Licensee)
    - WestLaw Management, LLC

2. Pipeline has owned these two hospitals for approximately two years. What is the reason for these changes of ownership?

3. The Application lists the purchase price. We need to know the methodology used to determine those values.

4. We need to know how the purchase price is going to be funded and the amount of each funding mechanism.

5. You are valuing the operating entity for these Hospitals (licensee) at $1 each. Please explain the methodology used to determine that value, since the operating entities (licensee) will be the entities generating the revenue.

6. Please provide the names of all the members of AUM Global Healthcare Management, LLC d/b/a Resilience Health and their percentage of ownership.

7. Please provide the names of all the members of WestLaw Management, LLC and their percentage of ownership.

8. Please provide the names of all the members of Ramco Healthcare Holdings, LLC and their percentage of ownership.

9. It is stated in the Applications that Pipeline has spent $60 Million at Weiss Memorial Hospital and West Suburban Medical Center. We need a list of those projects and the amount of money spent on each.

10. Please provide a copy of the charity care policy that is to remain in effect for each hospital.

11. We need a copy of the quality improvement plan that is in place at each hospital.

12. We need a list of the individuals on the facilities governing board at each hospital.

13. We need information on the background of Mr. Reddy Rathnakar Patlola.

14. Please provide a list of hospitals that Dr. Prasad has "turned around."

15. To date what has been the outreach to the community? Please provide a list of individuals and community organizations that have been contacted.

POLICY NAME - Financial Assistance

POLICY#

POLICY APPROVAL DATE -

POLICY APPROVED BY:

POLICY REVISED/REVIWED DATE -

FACILITY-West Suburban Medical Center

Scope

This policy applies to Pipeline West Suburban Medical Center

Purpose

The policy provides direction and processes for Pipeline West Suburban Medical Center to identify uninsured patients who qualify for financial assistance, which includes full or partial discounts for emergency or medically necessary services under WSMC Financial Assistance policy.

Definitions

A. **"Financial Assistance Discount"** means the discount afforded to an individual determined to be Financially Indigent in accordance with this provision of this policy.

B. **"Elective Services"** means scheduled services and certain non-emergent "walk-up" services (e.g., lab services) that are approved for a discount under the guidelines set forth in this policy.

C. **"Emergent Services"** means any service which is rendered to a patient: (1) presenting to the Emergency Department and determined to have a medical condition that without immediate medical attention would result in serious harm to the patient, whether or not the patient is admitted to the Pipeline West Suburban Medical Center or treated and released, or (2) presenting as a direct admission with a medical condition that without immediate medical attention would result in serious harm to the patient.

D. "**Medically Necessary Services**" means healthcare services that are needed to diagnose or treat an illness, injury, condition, disease or its symptoms.
"Federal health care program" means any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government, including but not limited to: Medicare, Medicaid, Managed Medicare/Medicaid, TriCare/VA/CSCHIP, Indian Health Services, Health Services for Peace Corp Volunteers, Federal Employees Health Benefit Plan, Railroad Retirement Benefits, Black Lung Program, Services Provided to Federal Prisoners and Pre-Existing Condition Plans (PCIP).

E. **"Gross Charge"** means the list price on a Pipeline West Suburban Medical Center Charge Description Master, and represents the amount the Uninsured Patient is obligated to pay prior to any discount contemplated under this policy or the policies incorporated into this policy by reference.

F. **"Financially Indigent"** means an uninsured patient with an annual income below 200% of the Federal Poverty Level.

G. **"Health Insurance Policy"** means any Federal health care program, personal or group health policy or plan, whether fully insured or self-funded, which has as its primary purpose the reimbursement, in whole or in part, of medical services provided to a covered patient.

H. **"Income"** means the sum of the total yearly gross income.

I. **"Non-Covered Services"** means those services not covered by a patient's Health Insurance Policy. This definition includes services not covered (i) as a result of a pre-existing condition exclusion; (ii) because a

patient has exhausted his or her benefits; (iii) because they are denied through a Health Insurance Policy's pre- authorization process; and (iv) services for which the patient has elected to opt out of his or her Health Insurance Policy coverage and to pay out of pocket. For purposes of a Federal health care program beneficiary, "Non-Covered Services" means only those services that are statutorily excluded from coverage. Patient co- pays and deductibles are not considered "Non-Covered Services."

J. **"Uninsured Patient"** means a patient at Pipeline West Suburban Medical Center who has no health insurance policy in force at any time during which the patient receives treatment at Pipeline West Suburban Medical Center.

Policy

All uninsured patients receiving care at Pipeline West Suburban Medical Center will be treated with respect and in a professional manner before, during and after receiving care. Pipeline West Suburban Medical Center will provide uninsured patients with financial counseling, including assistance applying for state and federal health care programs such as Medicare and Medicaid, and for available coverage under the Affordable Care Act.

Uninsured patients who do not qualify for any state or federal health care program, and who qualify as financially indigent in accordance with the processes set forth below, will receive financial assistance discounts.

Uninsured patients who do not qualify for any state or federal health care program, and who do not quality for financial assistance discounts, may still be eligible for financial assistance. In these situations, WSMC will review all available information and make a determination on the patient's eligibility for financial assistance.

This policy applies to Pipeline West Suburban Medical Center except to the extent it is inconsistent with any applicable state law, in which case such state law controls. State-specific procedures, including but not limited to procedures for identifying financial assistance discounts to report to appropriate agencies under applicable federal or state health care program requirements, will be documented in job aids, addenda to this policy or in separate policies. To the extent this policy is inconsistent with any applicable purchase, management, joint venture or other affiliation agreement, such agreement controls and the hospital-specific procedures will be documented in job aids, addenda to this policy, or in separate policies.

Any state-specific or facility-specific addendum to this Policy which establishes procedures or requirements that vary from those described in this Policy must be reviewed by the Pipeline West Suburban Medical Center Legal Department and approved in writing by the Pipeline West Suburban Medical Center Chief Financial Officer for the affected facilities, or their designee.

Procedure

A. Financial Counseling

Pipeline West Suburban Medical Center will provide uninsured patients with financial counseling, including assistance applying for state and federal health care programs such as Medicare and Medicaid, and for available coverage under the Affordable Care Act. If uninsured patients are not eligible for governmental assistance or other coverage, the Financial Counselors will inform the patients about this policy and assist with the application process. The Financial Counselors must never indicate or suggest to uninsured patients that they will be relieved of all or a portion of the debt through financial assistance until the determination has been made that the patient is eligible for such assistance.

B. Financial Assistance Application Process

1. Presumptive Charity

   The following is a listing of types of accounts where financial assistance is considered to be automatic and may be approved for financial assistance without a financial assistance application or documentation of Income:

a. Homelessness
b. Deceased with no estate
c. Mental incapacitation with on one to act on patient's behalf
d. Medicaid eligibility, but not on service date or for non-covered services

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

e. Women, Infants and Children Nutritional Program (WIC)
f. Supplemental Nutritional Assistance Program (SNAP)
g. Illinois Free Lunch and Breakfast Program
h. Low Income Home Energy Assistance Program (LHEAP)
i. Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria
j. Receipt of grant assistance for medical services

In addition to the presumptive Financial Assistance criteria listed above, Pipeline West Suburban Medical Center recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional Financial Assistance application process. If the required information is not provided by the patient, West Suburban Medical Center utilizes an automated predictive scoring tool to qualify patients for Financial Assistance. The tool calculates the percentage of federal poverty based on the U.S. federal poverty guidelines. These guidelines are updated and published periodically in the Federal Register. The tool provides estimates of the patient's likely socio-economic standing, as well as, the patient's household income and size.

2. Application

Uninsured Patients who do not qualify for a presumptive charity determination must complete an application and document financial need. (Attachment B – Financial Assistance Application)

Patients requesting Financial Assistance must verify the number of people in the patient's household.

i. Adult Patients

In calculating the number of people in an adult patient's household, include the patient, the patient's spouse and any dependents of the patient or the patient's spouse.

ii. Minor Patients

In calculating the number of people in a minor patient's household, include the patient, the patient's mother, dependents of the patient's mother, the patient's father, and dependents of the patient's father. Patients requesting Financial Assistance must verify their income and provide the documentation requested as set forth in the Assistance Application.

i. Adult Patients

For adult patients, determine the Income of the patient and other adult members of the patient's household. If and to the extent required by law, the hospital may consider other financial assets of the patient and the patient's family and the patient's or the patient's family's ability to pay, as reflected in the applicable state-specific job aid, addendum or procedure.

ii. Minor Patients

For minor patients, determine the Income from the patient and the patient's legal guardians or other individuals financially responsible for the patient's care. If and to the extent required by law, the facility may consider other financial assets of the

patient and the patient's or the patient's family's ability to pay, as reflected in the applicable state-specific job aid, addendum or procedure.

iii. Homeless Patients:
Homeless (defined as patients who do not have a primary residence or reside with family or friends) are deemed to have no Income for purposes of the hospital's calculation of income. Documentation of Income is not required for homeless patients. To the extent that family members or others have been identified as financially responsible for the patient's care, income verification is required for such individuals in accordance with this policy in order to determine that individual's eligibility for financial assistance.

iv. Incarcerated Patients:
Incarcerated patients (Hospital personnel should attempt to verify incarceration) may be deemed to have no income for purposes of the Hospital's calculation of Income, but only if their medical expenses are not covered by the governmental entity incarcerating them (i.e., the Federal Government, the State or a County is responsible for the care) since in such event they are not uninsured patients. Income verification is still required for any other family members.

v. Expired Patients:
Expired patients' accounts may be reviewed for probate or other responsible parties before being considered for presumptive financial assistance. Following such review, expired patients may be deemed to have no Income for purposes of the Pipeline West Suburban Medical Center calculation of Income. Pipeline West Suburban Medical Center will review the patient's financial status at the time of death to ensure that a Financial Assistance adjustment is appropriate (e.g., no other guarantor appears on the patient account).

a. Documentation and Gross Monthly Family Income Verification
Income and other information may be verified through any of the following documents:
Wages, self-employment, unemployment compensation
Social Security, Social Security Disability
Veterans Pension, Veteran's Disability, Private Disability, Workers Compensation
Temporary Assistance for Needy Families (TANF)
Retirement income
Child support, alimony or other spousal support
Other income
Documentation of family income from paycheck stubs, benefit statements, award letters, court orders, federal tax returns or other documentation provided by patient

In cases where the patient is unable to provide documentation verifying income, Pipeline West Suburban Medical Center may at its sole discretion verify the patient's income in one of the following three ways:

i. The patient's written certification that the income information is true and accurate;
ii. The written certification of the hospital personnel completing the assistance application that the patient orally verified Hospital's calculation of Income Information as true and accurate, where allowed by state law; or
iii. Credit Bureau Report (including the lack thereof).

b. If the Pipeline West Suburban Medical Center is unable to verify and document income as described in sections (b) and (c) above, other information to demonstrate financial need including, but not limited to, the Pipeline West Suburban Medical Center may consider the following:

i. The patient's employment status, credit status, and capacity for future earnings
   1) Patients who are unemployed and do not qualify for a government program
   2) Patients who have no credit established and no Bad Debt collection accounts
   3) Patients with a lack of revolving credit account(s) information
   4) Patients with a lack of revolving bank accounts(s) information
   5) Patients with delinquencies reported on open trade line accounts

ii. The previous exhaustion of all other available resources.

iii. Catastrophic illness.

iv. Consultation with third-party sources to review a patient's information using predictive models that are recognized by the healthcare industry and based on public record databases, which models evaluate a patient's propensity to pay and permit the Hospital to assess whether a patient has relevant characteristics similar to patients who have historically qualified for financial assistance discounts through the formal application process.

c. Request for Additional Information
If the patient does not provide adequate documents, or the information in the provided documents is conflicting or unclear, the Pipeline West Suburban Medical Center will contact the patient and request additional information. Except to the extent otherwise required by law, the patient's failure to provide requested information within 14 calendar days from the date of the request will result in a denial of the patient's application for financial assistance. Hospital personnel must enter a note into the Hospital computer system and any and all paperwork that was completed will be filed according to the date of the denial note. The Hospital personnel will take no further actions on the assistance application. If requested documentation is obtained prior to six months after the initial denial, all filed documentation will be retrieved and the patient will be reconsidered for Financial Assistance. If requested documentation is obtained after six months from the initial denial, the Pipeline West Suburban Medical Center will re-verify the information provided in the initial application.

d. Classification Pending Income Verification
Except as otherwise required by applicable law, during the income verification process, while the Pipeline West Suburban Medical Center collecting the information necessary to determine a patient's eligibility for Financial Assistance, the patient will be treated as a self-pay patient in accordance with Pipeline West Suburban Medical Center policies.

e. Information Falsification
Falsification of information will result in denial of the Financial Assistance Application. If, after a patient is granted financial assistance as Financially Indigent, Pipeline West Suburban Medical Center finds material provision(s) of the Financial Assistance Application to be untrue, the financial assistance will be withdrawn and the patient's account will follow the normal collection processes.

f. Approval Process and Limits
Pipeline West Suburban Medical Center CFO or designee must approve all Financial Assistance discounts in writing or electronically. If an application is approved, the approval applies to balances eligible for financial assistance for all dates of service within twelve months prior to the approval and for additional services provided within six months after the date of approval. The following services are excluded from Financial Assistance: any cosmetic procedures or services, patient non-compliance with payer requirements (COB/Motor Vehicle/Workers Compensation information) and other patient non-compliance determined by Pipeline West Suburban Medical Center. Also excluded are physician bills.

g. Denial of Financial Assistance
If Pipeline West Suburban Medical Center determines that a patient does not qualify for Financial Assistance under this policy, Pipeline West Suburban Medical Center must notify the patient of this decision in writing.

C. Applying the Discounts

1. After evaluation of a uninsured patient's application, patients who qualify as financially indigent will be afforded Financial Assistance discounts in accordance with Attachment A (Financial Assistance Sliding Scale).

2. Billing and Collection Processes

1. Financial Assistance Notices
West Suburban Medical Center will notify Patients and or Guarantors about the Financial Assistance Program generally by the following: Pipeline West Suburban Medical Center will post notices regarding the availability of financial assistance to uninsured patients. These notices will be posted in visible locations throughout the Pipeline West Suburban Medical Center such as admitting/registration, billing office and emergency department. The notices will include a contact telephone number that a patient or family member can call for more information. The following specific language complies with the notice requirements: YOU MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE TERMS AND CONDITIONS THE HOSPITAL OFFERS TO QUALIFIED PATIENTS. "For help with your Hospital bill or Financial Assistance, please call or ask to see our Financial Counselor or call 1-800-404-6627. Financial Assistance applications will also be available in the admitting/registration and billing areas. In addition, the Financial Assistance policy or Plain Language Summary and application is available on the hospitals website.

2. Liens on Primary Residences
Pipeline West Suburban Medical Center will not, in dealing with patients who quality for Financial Assistance under this policy, place or foreclose liens on primary residences as a means of collecting unpaid hospital bills.

3. Interest Free, Extended Payment Plans.
Pipeline West Suburban Medical Center will offer Uninsured Patients extended payment plans to assist in settling past due outstanding hospital bills. In addition, Pipeline West Suburban Medical Center will not charge uninsured patients any interest under such extended payment plans.

4. Body Attachments
   Pipeline West Suburban Medical Center will not use body attachment to require that its Uninsured Patients or responsible party appear in court.

3. Reservation of Rights
   1. Non-Covered Services
      Pipeline West Suburban Medical Center reserves the right to designate certain services as not subject to financial assistance under the Financial Assistance Policy.

   2. No Effect on Other Pipeline West Suburban Medical Center Policies
      This policy shall not alter or modify other Pipeline West Suburban Medical Center policies regarding efforts to obtain payments from third-party payers, patient transfers, emergency care, state-specific regulations, and state-specific requirements for statutory financial assistance classification or programs for uncompensated care.

4. All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

I. References

HHS, Office of Inspector General, Guidance dated February 2, 2004, entitled "Hospital Discounts Offered to Patients Who Cannot Afford to Pay Their Hospital Bills".

Letter dated February 19, 2004, from Tommy G. Thompson, HHS Secretary, to Richard J. Davidson, President, American Hospital Association, including Questions and Answers attached thereto entitled "Questions on Charges for the Uninsured".

Federal Poverty Guidelines published by US Department of Health and Human Services from time to time.

Standards of Conduct

Quality, Compliance and Ethics Program Charter

Job Aids for State-Specific Requirements

Illinois Fair Patient Billing Act (210 ILCS 88/27)

POLICY NAME - Financial Assistance

POLICY#

POLICY APPROVAL DATE -

POLICY APPROVED BY:

POLICY REVISED/REVIWED DATE -

FACILITY-Weiss Memorial Hospital

Scope

This policy applies to Pipeline Weiss Memorial Hospital

Purpose

The policy provides direction and processes for Pipeline Weiss Memorial Hospital to identify uninsured patients who qualify for financial assistance, which includes full or partial discounts for emergency or medically necessary services under WMH Financial Assistance policy.

Definitions

A. **"Financial Assistance Discount"** means the discount afforded to an individual determined to be Financially Indigent in accordance with this provision of this policy.

B. **"Elective Services"** means scheduled services and certain non-emergent "walk-up" services (e.g., lab services) that are approved for a discount under the guidelines set forth in this policy.

C. **"Emergent Services"** means any service which is rendered to a patient: (1) presenting to the Emergency Department and determined to have a medical condition that without immediate medical attention would result in serious harm to the patient, whether or not the patient is admitted to the Pipeline Weiss Memorial Hospital or treated and released, or (2) presenting as a direct admission with a medical condition that without immediate medical attention would result in serious harm to the patient.

D. "**Medically Necessary Services**" means healthcare services that are needed to diagnose or treat an illness, Injury, condition, disease or its symptoms.
"Federal health care program" means any plan or program that provides health benefits, whether directly, through insurance, or otherwise, which is funded directly, in whole or in part, by the United States Government, including but not limited to: Medicare, Medicaid, Managed Medicare/Medicaid, TriCare/VA/CSCHIP, Indian Health Services, Health Services for Peace Corp Volunteers, Federal Employees Health Benefit Plan, Railroad Retirement Benefits, Black Lung Program, Services Provided to Federal Prisoners and Pre-Existing Condition Plans (PCIP).

E. **"Gross Charge"** means the list price on a Pipeline Weiss Memorial Hospital Charge Description Master, and represents the amount the Uninsured Patient is obligated to pay prior to any discount contemplated under this policy or the policies incorporated into this policy by reference.

F. **"Financially Indigent"** means a uninsured patient with an annual income below 200% of the Federal Poverty Level.

G. **"Health Insurance Policy"** means any Federal health care program, personal or group health policy or plan, whether fully insured or self-funded, which has as its primary purpose the reimbursement, in whole or in part, of medical services provided to a covered patient.

H. **"Income"** means the sum of the total yearly gross income.

I. **"Non-Covered Services"** means those services not covered by a patient's Health Insurance Policy. This definition includes services not covered (i) as a result of a pre-existing condition exclusion; (ii) because a

patient has exhausted his or her benefits; (iii) because they are denied through a Health Insurance Policy's pre- authorization process; and (iv) services for which the patient has elected to opt out of his or her Health Insurance Policy coverage and to pay out of pocket. For purposes of a Federal health care program beneficiary, "Non-Covered Services" means only those services that are statutorily excluded from coverage. Patient co- pays and deductibles are not considered "Non-Covered Services."

J. **"Uninsured Patient"** means a patient at Pipeline Weiss Memorial Hospital who has no health insurance policy in force at any time during which the patient receives treatment at Pipeline Weiss Memorial Hospital.

Policy

All uninsured patients receiving care at Pipeline Weiss Memorial Hospital will be treated with respect and in a professional manner before, during and after receiving care. Pipeline Weiss Memorial Hospital will provide uninsured patients with financial counseling, including assistance applying for state and federal health care programs such as Medicare and Medicaid, and for available coverage under the Affordable Care Act.

Uninsured patients who do not qualify for any state or federal health care program, and who qualify as financially indigent in accordance with the processes set forth below, will receive financial assistance discounts.

Uninsured patients who do not qualify for any state or federal health care program, and who do not quality for financial assistance discounts, may still be eligible for financial assistance. In these situations, WSMC will review all available information and make a determination on the patient's eligibility for financial assistance.

This policy applies to Pipeline Weiss Memorial Hospital except to the extent it is inconsistent with any applicable state law, in which case such state law controls. State-specific procedures, including but not limited to procedures for identifying financial assistance discounts to report to appropriate agencies under applicable federal or state health care program requirements, will be documented in job aids, addenda to this policy or in separate policies. To the extent this policy is inconsistent with any applicable purchase, management, joint venture or other affiliation agreement, such agreement controls and the hospital-specific procedures will be documented in job aids, addenda to this policy, or in separate policies.

Any state-specific or facility-specific addendum to this Policy which establishes procedures or requirements that vary from those described in this Policy must be reviewed by the Pipeline Weiss Memorial Hospital Legal Department and approved in writing by the Pipeline Weiss Memorial Hospital Chief Financial Officer for the affected facilities, or their designee.

Procedure

A. Financial Counseling

Pipeline Weiss Memorial Hospital will provide uninsured patients with financial counseling, including assistance applying for state and federal health care programs such as Medicare and Medicaid, and for available coverage under the Affordable Care Act. If uninsured patients are not eligible for governmental assistance or other coverage, the Financial Counselors will inform the patients about this policy and assist with the application process. The Financial Counselors must never indicate or suggest to uninsured patients that they will be relieved of all or a portion of the debt through financial assistance until the determination has been made that the patient is eligible for such assistance.

B. Financial Assistance Application Process

1. Presumptive Charity

   The following is a listing of types of accounts where financial assistance is considered to be automatic and may be approved for financial assistance without a financial assistance application or documentation of Income:

   a. Homelessness

b. Deceased with no estate
c. Mental incapacitation with on one to act on patient's behalf
d. Medicaid eligibility, but not on service date or for non-covered services

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

e. Women, Infants and Children Nutritional Program (WIC)
f. Supplemental Nutritional Assistance Program (SNAP)
g. Illinois Free Lunch and Breakfast Program
h. Low Income Home Energy Assistance Program (LHEAP)
i. Enrollment in an organized community-based program providing access to medical care that assesses and documents limited low-income financial status as criteria
j. Receipt of grant assistance for medical services

In addition to the presumptive Financial Assistance criteria listed above, Pipeline Weiss Memorial Hospital recognizes that a portion of the uninsured or underinsured patient population may not engage in the traditional Financial Assistance application process. If the required information is not provided by the patient, Weiss Memorial Hospital utilizes an automated predictive scoring tool to qualify patients for Financial Assistance. The tool calculates the percentage of federal poverty based on the U.S. federal poverty guidelines. These guidelines are updated and published periodically in the Federal Register. The tool provides estimates of the patient's likely socio-economic standing, as well as, the patient's household income and size.

2. Application
Uninsured Patients who do not qualify for a presumptive charity determination must complete an application and document financial need. (Attachment B – Financial Assistance Application)

Patients requesting Financial Assistance must verify the number of people in the patient's household.

i. Adult Patients
In calculating the number of people in an adult patient's household, include the patient, the patient's spouse and any dependents of the patient or the patient's spouse.

ii. Minor Patients
In calculating the number of people in a minor patient's household, include the patient, the patient's mother, dependents of the patient's mother, the patient's father, and dependents of the patient's father.
Patients requesting Financial Assistance must verify their income and provide the documentation requested as set forth in the Assistance Application.

i. Adult Patients
For adult patients, determine the Income of the patient and other adult members of the patient's household. If and to the extent required by law, the hospital may consider other financial assets of the patient and the patient's family and the patient's or the patient's family's ability to pay, as reflected in the applicable state-specific job aid, addendum or procedure.

ii. Minor Patients
For minor patients, determine the Income from the patient and the patient's legal guardians or other individuals financially responsible for the patient's care. If and to the extent required by law, the facility may consider other financial assets of the

patient and the patient's family and the patient's or the patient's family's ability to pay, as reflected in the applicable state-specific job aid, addendum or procedure.

iii. Homeless Patients:
Homeless (defined as patients who do not have a primary residence or reside with family or friends) are deemed to have no Income for purposes of the hospital's calculation of income. Documentation of Income is not required for homeless patients. To the extent that family members or others have been identified as financially responsible for the patient's care, income verification is required for such individuals in accordance with this policy in order to determine that individual's eligibility for financial assistance.

iv. Incarcerated Patients:
Incarcerated patients (Hospital personnel should attempt to verify incarceration) may be deemed to have no income for purposes of the Hospital's calculation of Income, but only if their medical expenses are not covered by the governmental entity incarcerating them (i.e., the Federal Government, the State or a County is responsible for the care) since in such event they are not uninsured patients. Income verification is still required for any other family members.

v. Expired Patients:
Expired patients' accounts may be reviewed for probate or other responsible parties before being considered for presumptive financial assistance. Following such review, expired patients may be deemed to have no Income for purposes of the Pipeline Weiss Memorial Hospital calculation of Income. Pipeline Weiss Memorial Hospital will review the patient's financial status at the time of death to ensure that a Financial Assistance adjustment is appropriate (e.g., no other guarantor appears on the patient account).

a. Documentation and Gross Monthly Family Income Verification
Income and other information may be verified through any of the following documents:
Wages, self-employment, unemployment compensation
Social Security, Social Security Disability
Veterans Pension, Veteran's Disability, Private Disability, Workers Compensation
Temporary Assistance for Needy Families (TANF)
Retirement income
Child support, alimony or other spousal support
Other income
Documentation of family income from paycheck stubs, benefit statements, award letters, court orders, federal tax returns or other documentation provided by patient

In cases where the patient is unable to provide documentation verifying income, Pipeline Weiss Memorial Hospital may at its sole discretion verify the patient's income in one of the following three ways:

i. The patient's written certification that the income information is true and accurate;
ii. The written certification of the hospital personnel completing the assistance application that the patient orally verified Hospital's calculation of Income Information as true and accurate, where allowed by state law; or
iii. Credit Bureau Report (including the lack thereof).

b. If the Pipeline Weiss Memorial Hospital is unable to verify and document income as described in sections (b) and (c) above, other information to demonstrate financial need including, but not limited to, the Pipeline Weiss Memorial Hospital may consider the following:

i. The patient's employment status, credit status, and capacity for future earnings
   1) Patients who are unemployed and do not qualify for a government program
   2) Patients who have no credit established and no Bad Debt collection accounts
   3) Patients with a lack of revolving credit account(s) information
   4) Patients with a lack of revolving bank accounts(s) information
   5) Patients with delinquencies reported on open trade line accounts

ii. The previous exhaustion of all other available resources.

iii. Catastrophic illness.

iv. Consultation with third-party sources to review a patient's information using predictive models that are recognized by the healthcare industry and based on public record databases, which models evaluate a patient's propensity to pay and permit the Hospital to assess whether a patient has relevant characteristics similar to patients who have historically qualified for financial assistance discounts through the formal application process.

c. Request for Additional Information
If the patient does not provide adequate documents, or the information in the provided documents is conflicting or unclear, the Pipeline Weiss Memorial Hospital will contact the patient and request additional information. Except to the extent otherwise required by law, the patient's failure to provide requested information within 14 calendar days from the date of the request will result in a denial of the patient's application for financial assistance. Hospital personnel must enter a note into the Hospital computer system and any and all paperwork that was completed will be filed according to the date of the denial note. The Hospital personnel will take no further actions on the assistance application. If requested documentation is obtained prior to six months after the initial denial, all filed documentation will be retrieved and the patient will be reconsidered for Financial Assistance. If requested documentation is obtained after six months from the initial denial, the Pipeline Weiss Memorial Hospital will re-verify the information provided in the initial application.

d. Classification Pending Income Verification
Except as otherwise required by applicable law, during the income verification process, while the Pipeline Weiss Memorial Hospital collecting the information necessary to determine a patient's eligibility for Financial Assistance, the patient will be treated as a self-pay patient in accordance with Pipeline Weiss Memorial Hospital policies.

e. Information Falsification
Falsification of information will result in denial of the Financial Assistance Application. If, after a patient is granted financial assistance as Financially Indigent, Pipeline Weiss Memorial Hospital finds material provision(s) of the Financial Assistance Application to be untrue, the financial assistance will be withdrawn and the patient's account will follow the normal collection processes.

f. Approval Process Limits and Exclusions
Pipeline Weiss Memorial Hospital CFO or designee must approve all Financial Assistance discounts in writing or electronically. If an application is approved, the approval applies to balances eligible for financial assistance for all dates of service within twelve months prior to the approval and for additional services provided within six months after the date of approval. The following services are excluded from Financial Assistance: any cosmetic procedures or services, patient non-compliance with payer requirements (COB/Motor Vehicle/Workers Compensation information) and other patient non-compliance determined by Pipeline Weiss Memorial Hospital .Also excluded are physician bills.

g. Denial of Financial Assistance
If Pipeline Weiss Memorial Hospital determines that a patient does not qualify for Financial Assistance under this policy, Pipeline Weiss Memorial Hospital must notify the patient of this decision in writing.

C. Applying the Discounts

1. After evaluation of an uninsured patient's application, patients who qualify as financially indigent will be afforded Financial Assistance discounts in accordance with Attachment A (Financial Assistance Sliding Scale).

2. Billing and Collection Processes

1. Financial Assistance Notices
Weiss Memorial Hospital will notify Patients and or Guarantors about the Financial Assistance Program generally by the following: Pipeline Weiss Memorial Hospital will post notices regarding the availability of financial assistance to uninsured patients. These notices will be posted in visible locations throughout the Pipeline Weiss Memorial Hospital such as admitting/registration, billing office and emergency department. The notices will include a contact telephone number that a patient or family member can call for more information. The following specific language complies with the notice requirements: YOU MAY BE ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER THE TERMS AND CONDITIONS THE HOSPITAL OFFERS TO QUALIFIED PATIENTS. "For help with your Hospital bill or Financial Assistance, please call or ask to see our Financial Counselor or call 1-800-404-6627. Financial Assistance applications will also be available in the admitting/registration and billing areas. In addition, the Financial Assistance policy or Plain Language Summary and application is available on the hospitals website.

2. Liens on Primary Residences
Pipeline Weiss Memorial Hospital will not, in dealing with patients who quality for Financial Assistance under this policy, place or foreclose liens on primary residences as a means of collecting unpaid hospital bills.

3. Interest Free, Extended Payment Plans.
Pipeline Weiss Memorial Hospital will offer Uninsured Patients extended payment plans to assist in settling past due outstanding hospital bills. In addition, Pipeline Weiss Memorial Hospital will not charge uninsured patients any interest under such extended payment plans.

4. Body Attachments

Pipeline Weiss Memorial Hospital will not use body attachment to require that its Uninsured Patients or responsible party appear in court.

3. Reservation of Rights
   1. Non-Covered Services
      Pipeline Weiss Memorial Hospital reserves the right to designate certain services as not subject to financial assistance under the Financial Assistance Policy.

   2. No Effect on Other Pipeline Weiss Memorial Hospital Policies
      This policy shall not alter or modify other Pipeline Weiss Memorial Hospital policies regarding efforts to obtain payments from third-party payers, patient transfers, emergency care, state-specific regulations, and state-specific requirements for statutory financial assistance classification or programs for uncompensated care.

4. All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

I. References

HHS, Office of Inspector General, Guidance dated February 2, 2004, entitled "Hospital Discounts Offered to Patients Who Cannot Afford to Pay Their Hospital Bills".

Letter dated February 19, 2004, from Tommy G. Thompson, HHS Secretary, to Richard J. Davidson, President, American Hospital Association, including Questions and Answers attached thereto entitled "Questions on Charges for the Uninsured".

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WEST SUBURBAN MEDICAL CENTER
PERFORMANCE IMPROVEMENT AND QUALITY PROGRAM PLAN
2021

PURPOSE

The purpose of the West Suburban Medical Center (WSMC) Performance Improvement and Quality Program Plan is to provide a framework for monitoring patient care data and a coordinated hospital wide approach to improve organizational performance. The Performance Improvement and Quality Plan is implemented by the Quality Department under the direction of the Performance Distinction Council pursuant to the Illinois Medical Studies Act (735 ILCS 5/8-2101, et.seq.) the Illinois Hospital Licensing Act, and the Patient Safety and Quality Improvement Act of 2005. The plan provides guidance regarding organizational priorities and promotes quality assurance and improvement of patient care processes in a manner that embraces the organization's mission.

PIPELINE MISSION/VISION/VALUES

A. ***Mission:*** To provide world-class care where you are.

B. ***Vision:*** To be the most trusted community-based healthcare network.

C. ***Values:*** Commitment to Caring and Community

a. **Passion**: Passion fuels everything we do
- We love what we do.
- We believe in healthcare that elevates people and communities.
- We seek to move healthcare from stress and burnout to passion and vibrancy.

b. **Compassion**: We care about the health and wellbeing of all our stake holders
- We believe that we can make a positive impact in people's lives, whether they are patients, families, our staff or physicians.
- Our desire to alleviate disease touches everything we do.
- We are committed to the needs of our communities.

c. **Innovation**: We work together to come up with innovative solutions
- We believe that collaboration and cross-pollination allow for innovation that others can't match.
- We are all students of healthcare and learn from each other.
- We seek to solve the toughest problems in new ways.

d. **Integrity**: We work hard because the stakes are too high not to
- We strive to be the best we can be to serve our communities' unique needs.
- We make decisions based on good data, open dialogue, and thoughtful planning.
- We have a sense of urgency and are able to adjust quickly.

e. **Resilience**: We embrace the challenges that come from serving our communities
- We believe in making bold decisions for the good of our patients and our community.
- We believe in learning from our mistakes and coming back stronger.
- We celebrate our people and the courage they bring to their work every day.

OBJECTIVES

- Provide safe, effective, patient centered, timely, efficient, and equitable care.
- Establish and maintain an ongoing, comprehensive and objective mechanism to improve performance, clinical outcomes, and patient safety.
- Identify known, suspected or potential problems or hazards in patient care delivery, as well as opportunities for further improvement in currently acceptable care.
- Establish priorities/goals for the investigation and resolution of concerns and problems by focusing on those with the greatest potential impact on patient care outcome, patient safety, and patient satisfaction.
- Define corrective action and document resolution of known and potential problems and evidence of patient care improvement.
- Ensure coordination and integration of performance improvement activities by maintaining a Performance Improvement Committee as the focal point through which Performance Improvement and Patient Safety information will be exchanged and monitored.
- Communicate performance activities and findings to all pertinent Hospital and Administrative Staff, Medical Staff, and the Governing Board, as appropriate.
- Identify continuing education needs of clinical, administrative, and support personnel relative to Quality and Patient Safety.
- Coordinate Performance Improvement activities and findings with those of the facility's Management of the Environment, Surveillance, Prevention and Control of Infection, Information Management, Management of Human Resources, Ethics/Rights/Responsibilities, Provision of Care, Medication Management, and Leadership functions to the extent possible.
- Monitor and comply with policies, standards, regulations and laws set by the Governing Board, Medical Staff, Joint Commission, State and Federal governments and other regulating accrediting bodies.
- Enhance uniform performance of patient care processes throughout the organization.
- Provide a mechanism for integration of performance improvement activities throughout the hospital for colleagues, medical staff, leadership, volunteers and governance.

ACCOUNTABILITY FOR PERFORMANCE IMPROVEMENT

Governing Board

As described in the Governing Board Rules and Regulations, the Governing Board of West Suburban Medical Center bears ultimate responsibility for the performance and safety of patient care services provided by its medical, other professional and support staff. The Governing Board shall ensure an ongoing, comprehensive and objective mechanism is in place to monitor and evaluate performance, to identify and resolve documented or potential problems/hazards, and to identify further opportunities to improve patient care and safety. As appropriate, the Board shall delegate responsibility for implementing the Performance Improvement Plan to the medical staff, the CEO and hospital administration.

The Governing Board shall require, consider, and if necessary, act upon Medical Staff reports of medical care evaluation, utilization review, and other matters relating to the quality of care rendered in the Hospital.

The Governing Board shall direct that all reasonable and necessary steps be taken by the Medical Staff and Hospital Administration for meeting the Joint Commission accreditation standards and complying with applicable laws and regulations.

Other specific responsibilities with regard to performance improvement, patient care, and risk management are delineated in the Governing Board Rules and Regulations, which shall be reviewed and approved by the Governing Board.

Medical Executive Committee (MEC)

According to the Bylaws of the Medical Staff, the Medical Executive Committee is responsible for the quality and efficiency of patient care rendered by members of the Medical Staff and for the medical-administrative obligations of the medical staff.

The functions of the MEC with respect to quality include, but are not limited, to the following:

- Take reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of staff members, including initiating or conducting investigations and initiating and pursuing corrective action when warranted; and
- Assure active participation and involvement of the medical staff in organization-wide quality and patient safety initiatives and activities
- Receive and act on reports and recommendations from Departments, committees, and officers of the medical staff concerning the functions of evaluation and monitoring of the quality and appropriateness of care and treatment and recommend specific programs and systems to implement these functions.

Clinical Departments

It shall be the responsibility of the chair of the clinical Departments and specialty services, working through Departmental committees, and with the assistance of the appropriate standing committees, to design and implement effective programs: (1) to monitor and assess the quality of professional performance in each Department and service; (2) to promote quality practice in each Department and service by (a) providing education and counseling; (b) issuing letters of instruction, admonition, warning, or censure, as necessary; and (c) requiring routine monitoring when deemed appropriate by the Department or service. Other specific responsibilities with regard to performance improvement are delineated in the Medical Staff Bylaws. Refer to the Medical Staff Peer Review Policy for specific departmental responsibilities regarding focused and ongoing professional practice evaluation.

Leadership & Support

The leaders have the responsibility to create an environment that promotes performance improvement through the safe delivery of patient care, quality outcomes and high customer satisfaction. The leaders promote a patient safety culture of internal and external transparency, and support the Hospital's Patient Safety Program, which seeks to create a culture that values safety, disclosure of errors, and provides for a non-punitive process. Refer to the Hospital Patient Safety Program Plan for a more detailed view of the safety program. The leaders perform the following key functions:

- Adopt an approach to performance improvement, set expectations, plan, and manage processes to measure, assess, and improve the hospital's governance, management, clinical, and support activities
- Ensure that new or modified services or processes are designed well, measured, assessed, and improved systematically throughout the organization
- Establish priorities for performance improvement and safety giving priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and reprioritize performance improvement activities in response to changes in the internal and external environment
- Participate in interdisciplinary and interdepartmental performance improvement and safety improvement activities in collaboration with the medical staff
- Allocate adequate resources (i.e., staff, time, and information systems) for measuring, assessing, and improving the hospital's performance and improving patient safety; and assess the adequacy of resources allocated to support these improvement activities
- Assure that staff is trained in performance improvement and safety improvement approaches and methods and receives education that focuses on safety and quality
- Continuously measure and assess the effectiveness of performance improvement and safety improvement activities, and implement improvements for these activities

Medical Staff, Employees, and Contracted Services

- Medical staff members, hospital employees and contracted services employees maintain active participation and involvement in organization-wide quality and patient safety initiatives and activities to include participating in identifying opportunities for improvement and data collection efforts, serving on multidisciplinary teams, and implementing actions to sustain improvements.

Performance Distinction and Quality Council

The Performance Distinction Council coordinate and monitor the overall Performance Improvement and Quality Program, to include clinical support and hospital-wide activities. The Performance Distinction Council shall:

- Request, receive and review Performance Improvement and Safety data, pertinent minutes, reports and results from relevant services, department/section or committee
- Summarize Performance Improvement findings for presentation to the Medical Executive Committee and the Governing Board through the President, Chief of Staff or designee, at least quarterly
- Refer appropriate information to individual services department/section or committee for discussion and action
- Assure active participation and involvement of appropriate interdisciplinary team members in organization-wide quality and patient safety initiatives and activities
- Assist in identifying and investigating problems or opportunities for patient safety & patient care improvement
- Assist in setting priorities for follow-up and determining appropriate corrective actions
- Monitor progress in resolving identified or potential problems/hazards & improving currently acceptable care
- Identify areas in need of further study and recommend appropriate study methods or procedures
- Oversee the annual appraisal of the Performance Improvement Program and written plan
- Review highlights of the annual appraisal of the Risk Management, Patient Safety, Infection Control, Utilization Review and Environment of Care written plans (as it relates to performance improvement and patient safety)

Quality Management Department

The primary responsibility of the Quality Management Department is to coordinate and facilitate quality management and performance improvement throughout the hospital. While implementation and evaluation of quality improvement activities resides in each department program, the Quality Management staff serves as an internal resource for the development and evaluation of performance improvement activities. The Quality Management Department also serves as a resource for data collection, statistical analysis, and reporting functions.

SCOPE AND ORGANIZATION

Planning

Improving performance, clinical outcomes, and patient safety is systematic and involves a collaborative approach focused on patient and organizational functions. All services with a direct or indirect impact on patient care quality shall be reviewed under the Performance Improvement Plan. Plans for improvement should be in keeping with priorities established by hospital and medical staff leadership.

Priorities are based on the organization's mission, care, services provided and populations served. Additionally, priorities are based on the following:

- Meeting the needs of the patients, staff and others
- Resources required and/or available
- Results of performance improvement, patient safety and risk reduction activities
- Identified high risk, problem prone areas
- Information from within the organization and from other organizations about potential/actual risks to patients. (e.g., Institute for Safe Medication Practices, Joint Commission Sentinel Event Alerts)
- Accreditation and/or regulatory requirements of the Joint Commission and State

Staff input into opportunities to improve performance or patient safety will be utilized in identifying department and organization wide goals. Annually, Directors of Hospital Services will evaluate past performance and identify goals for the coming year. These goals will be prioritized by the Performance Distinction Council and submitted to the Board for approval as part of the Performance Improvement Plan.

Exchange of Information Related to Performance

The findings of quality review activities, the corrective actions taken and the results of those actions shall be forwarded to the appropriate committee on a timely basis, according to a set schedule.

The Performance Distinction Council shall submit a summary of the major findings of the Performance Improvement Program to the Medical Executive Committee and the Governing Board at least quarterly.

The Chief Executive Officer, President of the Medical Staff, or their designee shall keep the Governing Board informed on the status of quality review activities and trends in patient care quality and safety on a quarterly basis.

Information from improvement, monitoring and evaluation activities which pertain to more than one clinical service, department/section or committee will be shared with the affected services, departments/sections or committees, as appropriate.

All medical staff members and hospital employees shall be informed of the results of the quality review and improvement activities as it pertains to their services, department/section or committee. Results of medical staff peer review will remain within the medical staff structure and reported during a closed session of the Medical Staff Quality Committee and/or other appropriate medical staff committees.

Pertinent information from monitoring and evaluation activities or special studies shall be used in the credentialing of the medical staff, in the performance assessment of other licensed professional staff and, in the planning and procurement of appropriate continuing education offerings.

The Performance Excellence Committee shall seek to identify opportunities to coordinate patient care data collection, analysis and reporting with the organization's function of Leadership, Performance Improvement, Infection Control, Safety, Human Resources and Management of Information.

Key Success Factors

The following components are critical to the success of any quality and safety initiative:

- Involvement of medical, nursing and administrative leaders
- Prioritization and resource allocation by senior clinical and administrative leaders
- Education and participation of frontline service providers early in a project's development and throughout the decision making process
- Staff involvement to assist in the evaluation of objective baseline data, the establishment of measurable targets, and regular monitoring of results against those targets
- Regular updates during the process to all participants
- Recognition of individual and group achievement

PERFORMANCE PROCESSES

Methodology

West Suburban Medical Center participates in system-wide interdisciplinary monitoring of important functions. The foundation of performance improvement activities involve the use of data, design, planning, communication, implementation and ongoing monitoring of the effectiveness of improvement activities. The process to improve performance through the organization involves four steps, PDSA:

P PLAN – process of identifying projects to be worked on
D DO – analytic phase when specific elements of the problem are defined and implemented
S STUDY – evaluation of the effect of the changes made
A ACT – actions taken as a result of the evaluation of change

Measurement

The hospital collects data to monitor performance. Sources of data for quality review shall include, but will not be limited to, the following: medical records; monitoring activities of the medical staff and hospital departments or committees; occurrence reports and other pertinent risk management findings; Sentinel and Adverse Events; Sentinel Event Alerts ; claims, financial data; utilization review findings; patient surveys or complaints; log books (such as ER, OR); data from third-party payers, QIO, fiscal intermediaries or private agencies; committee and department minutes; and special studies.

Performance measures are structured to follow the Joint Commission dimensions of performance and are based on current evidenced-based information and clinical experience. Processes, functions, or services are designed/ redesigned well and are consistent with sound business practices. They are:

1. Consistent with the organization's mission, vision, goals, objectives, and plans;
2. Meeting the needs of individuals served, staff and others;
3. Clinically sound and current;
4. Incorporating information from within the organization and from other organizations about potential/ actual risks to patients;
5. Analyzed and pilot tested to determine that the proposed design/redesign is an improvement;
6. Incorporated into the results of performance improvement activities.

Data collection includes process, outcome, and control measures as well as improvement initiatives. Data shall be collected and reported to appropriate committees in accordance with established reporting schedules. The processes measured on an ongoing basis are based on our mission, scope of care and service provided accreditation and licensure requirements, and priorities established by leadership. Annual review of performance indicators will be documented as part of the annual evaluation. Data collection is systematic and is used to:

1. Establish a performance baseline;
2. Describe process performance or stability;
3. Describe the dimensions of performance relevant to functions, processes, and outcomes;
4. Identify areas for more focused data collection to achieve and sustain improvement.

Analysis

Data shall be analyzed on an ongoing basis to identify performance improvement opportunities. The assessment process compares data over time, in keeping with up to date sources (practice guidelines) and to reference databases, both internal and external to the hospital system.

When findings relevant to an individual's performance are identified, Medical Staff Leaders and Hospital Management/Administration are responsible for determining the use of the findings in the peer review process. This is accomplished in accordance with the Medical Staff Bylaws. Department/Service Directors shall act in accordance with the "Performance Evaluations" and "Education, Training and Competency of Employees" under the Human Resources policies.

West Suburban Medical Center requires an intense analysis of undesirable patterns or trends in performance when the following is identified, which includes, but is not limited to:

1. Performance varies significantly and undesirably from that of other organizations;
2. Performance varies significantly and undesirably from recognized standards;
3. When a sentinel event occurs;
4. Blood Utilization to include confirmed transfusion reactions;
5. Significant adverse drug reactions;

6. Significant medication errors, close calls, and hazardous conditions;
7. Significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses;
8. Significant adverse events related to using moderate or deep sedation or anesthesia;
9. Hazardous conditions;
10. Staffing effectiveness issues; and
11. ORYX core measure data that, over three or more consecutive quarters for the same measure, identify the hospital as a negative outlier.

Improvement Model and Methodology

Once a decision has been made to implement an improvement strategy, the organization systematically improves its performance using the Plan-Do-Study-Act (PDSA) methodology. Organization-wide Performance Improvement (PI) Teams are developed and use the PDSA model to make improvements in a specific process. Unit based PI Teams and other PDSA Teams are utilized and can form on their own to address unit-specific needs.

Decisions to act upon opportunities for improvement in care or patient safety and/or investigate concerns shall be based on opportunities identified, factors involved in measurement, required resources, and the overall mission and priorities for the organization.

Consideration is given to the expected impact or improvement on the dimension of Quality or Patient Safety. Performance expectations are set by those involved in the process. Indicators are developed and all individuals, professions, and departments involved in the process are included.

PROACTIVE RISK ASSESSMENT

At lease every 36 months, the system selects one high-risk process and conducts a proactive risk assessment. The processes that have the most potential for affecting patient safety and reducing the risk of medical errors should be part of the criteria for selection. Once the potential process failure points are identified and analyzed, processes are redesigned to minimize the risk of harm. Newly redesigned processes are tested and implemented and monitored on an ongoing basis to ensure effectiveness.

EDUCATION

Safety and Performance Improvement education is provided during orientation and on an ongoing basis throughout the organization. Presentations are provided to teams, committees, medical staff, individuals and leadership. Guidance is provided for proactive risk assessments Intense Analysis and Root Cause Analysis (RCA) either by training or facilitation. Just-in-time training is provided as needed.

COMMITMENT TO COMMUNITY

West Suburban Medical Center is committed to the care of the individuals in the communities it serves. In an effort to provide the highest quality care, WSMC has initiated a number of avenues to seek and act on input from the community. The Governing Board is a major contributor of input on community perception of the hospital and its programs. The membership of the board is diverse and includes representation from local businesses, educational institutions and social organizations within the primary service area.

The hospital is also actively involved with wellness, screening, and prevention programs through the community including schools, local businesses, civic and other community organizations, utilizing them and their locales to provide health assessments and health education. Through other partnerships with local health care programs, we are able to gain feedback on services and how it might assist the various ethnic groups in the community.

It is the combination of the above programs that continuously provide us with input for improvement and community education opportunities.

ALLOCATION OF RESOURCES

The CEO and President shall provide sufficient qualified staff, time, training, and information systems to assist the Performance Distinction & Patient Safety Committees, Medical Staff, Nursing, and Clinical Support Services in designing, implementing and maintaining effective Performance Improvement activities. The Directors/Managers of the organization shall allocate staff time to participate in performance improvement activities. Both external and internal education determined to be reflective of organizational priorities shall be supported through monies allocated for education. Budgetary planning shall include resources for effective information systems, when appropriate.

CONFIDENTIALITY

The Performance Improvement and Quality Program of West Suburban Medical Center has been designed to comply with all applicable confidentiality and privacy laws. All data, reports, and minutes are confidential and shall be respected as such by all participants in the Performance Improvement and Quality Program. Confidential information may include, but is not limited to, the meeting minutes, electronic data gathering and reporting sentinel event and untoward event reporting, and clinical profiling. Information shall be presented so as to not identify specific Medical Staff members, patients, or other health care practitioners.

Data, reports, and minutes of the Performance Improvement program are the property of West Suburban Medical Center. This information is maintained in locked offices of the Quality Management Department and in departmental or administrative offices, as appropriate. Quality review data, reports and minutes shall be accessible only to those participating in the program. All other requests for information from the program shall be in writing stating the purpose and intent of the request, and shall be addressed to the Quality Management Department or Administration.

WEST SUBURBAN MEDICAL CENTER
PERFORMANCE IMPROVEMENT AND QUALITY PROGRAM PLAN
2021

Approved by:

Chief Quality Officer, Quality Management Date

Chief Executive Officer Date

Chair, Board of Trustees Date

**All information in this document and the compilation of any and all data for Performance Improvement activities at West Suburban Medical Center, in furtherance of the Medical Staff Quality Improvement Program and the initiatives of the hospital is privileged and confidential, to be used solely in the course of internal quality control, for the purpose of reducing morbidity and mortality and improving the quality of patient care at West Suburban Medical Center as provided in the Medical Studies Act, Illinois revised Statutes, Ch. 51, 8-2101, et seq.*

WEST SUBURBAN MEDICAL CENTER
PERFORMANCE IMPROVEMENT AND QUALITY PROGRAM PLAN
2022

PURPOSE

The purpose of the West Suburban Medical Center (WSMC) Performance Improvement and Quality Program Plan is to provide a framework for monitoring patient care data and a coordinated hospital wide approach to improve organizational performance, create a culture of safety and quality, support safe decision making, and identify and respond to changes. The Performance Improvement and Quality Plan is implemented by the Quality Department under the direction of the Performance Distinction Council pursuant to the Illinois Medical Studies Act (735 ILCS 5/8-2101, et.seq.) the Illinois Hospital Licensing Act, and the Patient Safety and Quality Improvement Act of 2005. The plan provides guidance regarding organizational priorities and promotes quality assurance and improvement of patient care processes in a manner that embraces the organization's mission.

PIPELINE MISSION/VISION/VALUES

A. ***Mission:*** To provide world-class care where you are.

B. ***Vision:*** To be the most trusted community-based healthcare network.

C. ***Values:*** Commitment to Caring and Community

a. **Passion**: Passion fuels everything we do
- We love what we do.
- We believe in healthcare that elevates people and communities.
- We seek to move healthcare from stress and burnout to passion and vibrancy.

b. **Compassion**: We care about the health and wellbeing of all our stake holders
- We believe that we can make a positive impact in people's lives, whether they are patients, families, our staff or physicians.
- Our desire to alleviate disease touches everything we do.
- We are committed to the needs of our communities.

c. **Innovation**: We work together to come up with innovative solutions
- We believe that collaboration and cross-pollination allow for innovation that others can't match.
- We are all students of healthcare and learn from each other.
- We seek to solve the toughest problems in new ways.

d. **Integrity**: We work hard because the stakes are too high not to
- We strive to be the best we can be to serve our communities' unique needs.
- We make decisions based on good data, open dialogue, and thoughtful planning.
- We have a sense of urgency and are able to adjust quickly.

e. **Resilience**: We embrace the challenges that come from serving our communities
- We believe in making bold decisions for the good of our patients and our community.
- We believe in learning from our mistakes and coming back stronger.
- We celebrate our people and the courage they bring to their work every day.

DEFINITIONS

Performance improvement – The systematic process of detecting and analyzing performance problems, designing and developing interventions to address the problems, implementing the interventions, evaluating the results, and sustaining improvement.
Sentinel event – A patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in death, permanent harm, or severe temporary harm. Sentinel events are a subcategory of adverse events.
Significant adverse drug reaction (ADR) – An adverse medication reaction experienced by an individual that required intervention to preclude or mitigate harm or that requires monitoring to confirm that it resulted in no harm to the individual.
Significant medication error – A medication error that reached an individual that required intervention to preclude or mitigate harm and/or that required monitoring to confirm that it resulted in no harm to the individual.

OBJECTIVES

- To develop and implement data collection processes that support performance improvement.
- To develop and implement data analysis processes that support performance improvement.
- Establish and maintain an ongoing, comprehensive and objective mechanism to improve performance, clinical outcomes, and patient safety.
- Identify known, suspected or potential problems or hazards in patient care delivery, as well as opportunities for further improvement in currently acceptable care.
- Establish priorities/goals for the investigation and resolution of concerns and problems by focusing on those with the greatest potential impact on patient care outcome, patient safety, and patient satisfaction.
- Define corrective action and document resolution of known and potential problems and evidence of patient care improvement.
- Ensure coordination and integration of performance improvement activities by maintaining a Performance Improvement Committee (WSMC Performance Distinction Council) as the focal point through which Performance Improvement and Patient Safety information will be exchanged and monitored.
- Communicate performance activities and findings to all pertinent Hospital and Administrative Staff, Medical Staff, and the Governing Board, as appropriate.
- Identify continuing education needs of clinical, administrative, and support personnel relative to Quality and Patient Safety.
- Coordinate Performance Improvement activities and findings with those of the facility's Management of the Environment, Surveillance, Prevention and Control of Infection, Information Management, Management of Human Resources, Ethics/Rights/Responsibilities, Provision of Care, Medication Management, and Leadership functions to the extent possible.
- Monitor and comply with policies, standards, regulations and laws set by the Governing Board, Medical Staff, Joint Commission, State and Federal governments and other regulating accrediting bodies.
- Enhance uniform performance of patient care processes throughout the organization.
- Provide a mechanism for integration of performance improvement activities throughout the hospital for colleagues, medical staff, leadership, volunteers and governance.

ACCOUNTABILITY FOR PERFORMANCE IMPROVEMENT

Governing Board

As described in the Governing Board Rules and Regulations, the Governing Board of West Suburban Medical Center bears ultimate responsibility for the performance and safety of patient care services provided by its medical, other professional and support staff. The Governing Board shall ensure an ongoing, comprehensive and objective mechanism is in place to monitor and evaluate performance, to identify and resolve documented or potential problems/hazards, and to identify further opportunities to improve patient care and safety. As appropriate, the Board shall delegate responsibility for implementing the Performance Improvement Plan to the medical staff, the CEO and hospital administration.

The Governing Board shall require, consider, and if necessary, act upon Medical Staff reports of medical care evaluation, utilization review, and other matters relating to the quality of care rendered in the Hospital.

The Governing Board shall direct that all reasonable and necessary steps be taken by the Medical Staff and Hospital Administration for meeting the Joint Commission accreditation standards and complying with applicable laws and regulations.

Other specific responsibilities with regard to performance improvement, patient care, and risk management are delineated in the Governing Board Rules and Regulations, which shall be reviewed and approved by the Governing Board.

Medical Executive Committee (MEC)

According to the Bylaws of the Medical Staff, the Medical Executive Committee is responsible for the quality and efficiency of patient care rendered by members of the Medical Staff and for the medical-administrative obligations of the medical staff.

The functions of the MEC with respect to quality include, but are not limited, to the following:

- Take reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of staff members, including initiating or conducting investigations and initiating and pursuing corrective action when warranted; and
- Assure active participation and involvement of the medical staff in organization-wide quality and patient safety initiatives and activities
- Receive and act on reports and recommendations from Departments, committees, and officers of the medical staff concerning the functions of evaluation and monitoring of the quality and appropriateness of care and treatment and recommend specific programs and systems to implement these functions.

Clinical Departments

It shall be the responsibility of the chair of the clinical Departments and specialty services, working through Departmental committees, and with the assistance of the appropriate standing committees, to design and implement effective programs: (1) to monitor and assess the quality of professional performance in each Department and service; (2) to promote quality practice in each Department and service by (a) providing education and counseling; (b) issuing letters of instruction, admonition, warning, or censure, as necessary; and (c) requiring routine monitoring when deemed appropriate by the Department or service. Other specific responsibilities with regard to performance improvement are delineated in the Medical Staff Bylaws. Refer to the Medical Staff Peer Review Policy for specific departmental responsibilities regarding focused and ongoing professional practice evaluation.

Leadership & Support

The leaders have the responsibility to create an environment that promotes performance improvement through the safe delivery of patient care, quality outcomes and high customer satisfaction. The leaders promote a patient safety culture of internal and external transparency, and support the Hospital's Patient Safety Program, which seeks to create a culture that values safety, disclosure of errors, and provides for a non-punitive process. Refer to the Hospital Patient Safety Program Plan for a more detailed view of the safety program. The leaders perform the following key functions:

- Adopt an approach to performance improvement, set expectations, plan, and manage processes to measure, assess, and improve the hospital's governance, management, clinical, and support activities
- Ensure that new or modified services or processes are designed well, measured, assessed, and improved systematically throughout the organization
- Establish priorities for performance improvement and safety giving priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and reprioritize performance improvement activities in response to changes in the internal and external environment

- Participate in interdisciplinary and interdepartmental performance improvement and safety improvement activities in collaboration with the medical staff
- Allocate adequate resources (i.e., staff, time, and information systems) for measuring, assessing, and improving the hospital's performance and improving patient safety; and assess the adequacy of resources allocated to support these improvement activities
- Assure that staff is trained in performance improvement and safety improvement approaches and methods and receives education that focuses on safety and quality
- Continuously measure and assess the effectiveness of performance improvement and safety improvement activities, and implement improvements for these activities

Medical Staff, Employees, and Contracted Services

- Medical staff members, hospital employees and contracted services employees maintain active participation and involvement in organization-wide quality and patient safety initiatives and activities to include participating in identifying opportunities for improvement and data collection efforts, serving on multidisciplinary teams, and implementing actions to sustain improvements.

Performance Distinction and Quality Council

The Performance Distinction Council coordinate and monitor the overall Performance Improvement and Quality Program, to include clinical support and hospital-wide activities. The Performance Distinction Council shall:

- Request, receive and review Performance Improvement and Safety data, pertinent minutes, reports and results from relevant services, department/section or committee
- Summarize Performance Improvement findings for presentation to the Medical Executive Committee and the Governing Board through the President, Chief of Staff or designee, at least quarterly
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SCOPE AND ORGANIZATION

Planning

Improving performance, clinical outcomes, and patient safety is systematic and involves a collaborative approach focused on patient and organizational functions. All services with a direct or indirect impact on patient care quality shall be reviewed under the Performance Improvement Plan. The plan applies to all policies, procedures and processes in the hospital. Plans for improvement should be in keeping with priorities established by hospital and medical staff leadership.

Priorities are based on the organization's mission, care, services provided and populations served. Additionally, priorities are based on the following:

- Meeting the needs of the patients, staff and others
- Resources required and/or available
- Results of performance improvement, patient safety and risk reduction activities
- Identified high risk, problem prone areas
- Information from within the organization and from other organizations about potential/actual risks to patients. (e.g., Institute for Safe Medication Practices, Joint Commission Sentinel Event Alerts)
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The Performance Distinction Council shall submit a summary of the major findings of the Performance Improvement Program to the Medical Executive Committee and the Governing Board at least quarterly.

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Information from improvement, monitoring and evaluation activities which pertain to more than one clinical service, department/section or committee will be shared with the affected services, departments/sections or committees, as appropriate.

All medical staff members and hospital employees shall be informed of the results of the quality review and improvement activities as it pertains to their services, department/section or committee. Results of medical staff peer review will remain within the medical staff structure and reported during a closed session of the Medical Staff Quality Committee and/or other appropriate medical staff committees.

Pertinent information from monitoring and evaluation activities or special studies shall be used in the credentialing of the medical staff, in the performance assessment of other licensed professional staff and, in the planning and procurement of appropriate continuing education offerings.

The Performance Excellence Committee shall seek to identify opportunities to coordinate patient care data collection, analysis and reporting with the organization's function of Leadership, Performance Improvement, Infection Control, Safety, Human Resources and Management of Information.

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The following components are critical to the success of any quality and safety initiative:

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D DO – analytic phase when specific elements of the problem are defined and implemented
S STUDY – evaluation of the effect of the changes made
A ACT – actions taken as a result of the evaluation of change

Measurement

The hospital collects data to monitor performance. Sources of data for quality review shall include, but will not be limited to, the following: electronic health records, laboratory system records, radiology system records, operating room logs, infection surveillance systems, incident reports, minutes from committee meetings, patient and staff satisfaction surveys, performance measure data, reports on mortality and autopsy data, The Joint Commission Sentinel Event Alerts, monitoring activities of the medical staff and hospital departments or committees, utilization review findings, QIO, fiscal intermediaries or private agencies, committee and department minutes; and special studies.

Performance measures are structured to follow the Joint Commission dimensions of performance and are based on current evidenced-based information and clinical experience. Processes, functions, or services are designed/ redesigned well and are consistent with sound business practices. They are:

1. Consistent with the organization's mission, vision, goals, objectives, and plans.
2. Meeting the needs of individuals served, staff and others.
3. Clinically sound and current.
4. Incorporating information from within the organization and from other organizations about potential/ actual risks to patients.
5. Analyzed and pilot tested to determine that the proposed design/redesign is an improvement.
6. Incorporated into the results of performance improvement activities.

Data Reliability and Validity

Collected data need to be accurate, complete, and reliable. The Performance Distinction Council has established the following expectations for any data used to monitor or improve hospital performance:

- Data samples will undergo auditing.
- Data sources will be regularly checked using established procedures.
- Re-abstraction will occur on a data sample.

The Performance Distinction Council collaborates with department managers to collect data on topics in the following areas:

- Environment of care
- Infection prevention and control
- Medication management system
- Patient safety issues (for example, falls, self-harm)
- Organ procurement program, including but not limited to the organ procurement rate
- Incidents related to overexposure to radiation during diagnostic computed tomography examinations and, if applicable, provision of fluoroscopic services
- Adequacy of staffing, including nurse staffing, in relation to undesirable patterns, trends, or variations in performance

The Performance Distinction Council uses internal and external data sources to collect data. These sources are appropriate to the issue being evaluated and are defined as acceptable by this plan. PDC includes the following information when recording data:

- Data source
- Collection frequency
- Reporting frequency
- Report audience
- Responsible department(s)
- Indicators for intervention

Analysis

Data shall be analyzed on an ongoing basis to identify performance improvement opportunities. The assessment process compares data over time, in keeping with up-to-date sources (practice guidelines) and to reference databases, both internal and external to the hospital system.

The Performance Distinction Council does the following:

1. Uses statistical tools and techniques to analyze and display data.
2. Compares internal data over time to identify the following:
    - Levels of performance
    - Patterns or trends in performance
    - Variations in performance
3. Identifies the types of data displays preferred by the governing body and other audiences.
4. Engages the assistance of relevant departmental management and/or staff to collect and analyze data.
5. Analyzes data using methods that are appropriate to the type of data and the desired metrics, which include but are not limited to the following:
    - Comparisons
    - Benchmarks, both internal and external
    - Thresholds
6. Reports and presents data using preferred display types.
7. Reports, in writing, to leadership on issues and interventions related to adequacy of staffing, including nurse staffing. This occurs at least once a year.

Data collection includes process, outcome, and control measures as well as improvement initiatives. Data shall be collected and reported to appropriate committees in accordance with established reporting schedules. The processes measured on an ongoing basis are based on our mission, scope of care and service provided accreditation and licensure requirements, and priorities established by leadership. Annual review of performance indicators will be documented as part of the annual evaluation. Data collection is systematic and is used to:

1. Establish a performance baseline.
2. Describe process performance or stability.
3. Describe the dimensions of performance relevant to functions, processes, and outcomes;
4. Identify areas for more focused data collection to achieve and sustain improvement.

When findings relevant to an individual's performance are identified, Medical Staff Leaders and Hospital Management/Administration are responsible for determining the use of the findings in the peer review process. This is accomplished in accordance with the Medical Staff Bylaws. Department/Service Directors shall act in accordance with the "Performance Evaluations" and "Education, Training and Competency of Employees" under the Human Resources policies.

West Suburban Medical Center requires an intense analysis or root cause analysis of undesirable patterns or trends in performance when the following is identified, which includes, but is not limited to:

1. Performance varies significantly and undesirably from that of other organizations;
2. Performance varies significantly and undesirably from recognized standards;

3. When a sentinel event occurs;
4. Blood Utilization to include confirmed transfusion reactions;
5. Significant adverse drug reactions;
6. Significant medication errors, close calls, and hazardous conditions;
7. Significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses;
8. Significant adverse events related to using moderate or deep sedation or anesthesia;
9. Hazardous conditions;
10. Staffing effectiveness issues; and
11. ORYX core measure data that, over three or more consecutive quarters for the same measure, identify the hospital as a negative outlier.

Improvement and Reporting

The Performance Distinction Council does the following:

1. Collaborates with department managers, staff, and others to create and implement corrective actions to address identified areas for improvement.
2. Monitors effects of all corrective actions through additional data collection and analysis activities.
3. Identifies corrective actions that do not result in expected or sustained improvement.
4. Continues the cycle of creating, implementing, monitoring, and evaluating corrective actions.
5. Reports to leadership on the implementation and results of performance improvement activities. This occurs at least quarterly.
6. Reports incidence data on MDRO, CLABSI, and SSI to key stakeholders, including but not limited to the following:
    - Leaders
    - Licensed independent practitioners
    - Nursing staff
    - Other clinicians

Leadership does the following:

1. Reviews this plan at least annually.
2. Updates this plan to reflect any changes, including but not limited to changes in the following:
    - Strategic priorities
    - Internal or external environment (such as patient population, community health metrics, and so on)

Improvement Model and Methodology

Once a decision has been made to implement an improvement strategy, the organization systematically improves its performance using the Plan-Do-Study-Act (PDSA) methodology. Organization-wide Performance Improvement (PI) Teams are developed and use the PDSA model to make improvements in a specific process. Unit based PI Teams and other PDSA Teams are utilized and can form on their own to address unit-specific needs.

Decisions to act upon opportunities for improvement in care or patient safety and/or investigate concerns shall be based on opportunities identified, factors involved in measurement, required resources, and the overall mission and priorities for the organization.

Consideration is given to the expected impact or improvement on the dimension of Quality or Patient Safety. Performance expectations are set by those involved in the process. Indicators are developed and all individuals, professions, and departments involved in the process are included.

PROACTIVE RISK ASSESSMENT

At lease every 36 months, the system selects one high-risk process and conducts a proactive risk assessment. The processes that have the most potential for affecting patient safety and reducing the risk of medical errors should be part of the criteria for selection. Once the potential process failure points are identified and analyzed, processes are

redesigned to minimize the risk of harm. Newly redesigned processes are tested and implemented and monitored on an ongoing basis to ensure effectiveness.

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COMMITMENT TO COMMUNITY

West Suburban Medical Center is committed to the care of the individuals in the communities it serves. In an effort to provide the highest quality care, WSMC has initiated a number of avenues to seek and act on input from the community. The Governing Board is a major contributor of input on community perception of the hospital and its programs. The membership of the board is diverse and includes representation from local businesses, educational institutions and social organizations within the primary service area.

The hospital is also actively involved with wellness, screening, and prevention programs through the community including schools, local businesses, civic and other community organizations, utilizing them and their locales to provide health assessments and health education. Through other partnerships with local health care programs, we are able to gain feedback on services and how it might assist the various ethnic groups in the community.

It is the combination of the above programs that continuously provide us with input for improvement and community education opportunities.

ALLOCATION OF RESOURCES

The CEO and President shall provide sufficient qualified staff, time, training, and information systems to assist the Performance Distinction & Patient Safety Committees, Medical Staff, Nursing, and Clinical Support Services in designing, implementing and maintaining effective Performance Improvement activities. The Directors/Managers of the organization shall allocate staff time to participate in performance improvement activities. Both external and internal education determined to be reflective of organizational priorities shall be supported through monies allocated for education. Budgetary planning shall include resources for effective information systems, when appropriate.

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WEST SUBURBAN MEDICAL CENTER
PERFORMANCE IMPROVEMENT AND QUALITY PROGRAM PLAN
2022

Approved by:

Chief Quality Officer, Quality Management Date

Chief Executive Officer Date

Chair, Board of Trustees Date

**All information in this document and the compilation of any and all data for Performance Improvement activities at West Suburban Medical Center, in furtherance of the Medical Staff Quality Improvement Program and the initiatives of the hospital is privileged and confidential, to be used solely in the course of internal quality control, for the purpose of reducing morbidity and mortality and improving the quality of patient care at West Suburban Medical Center as provided in the Medical Studies Act, Illinois revised Statutes, Ch. 51, 8-2101, et seq.*

PERFORMANCE IMPROVEMENT PROGRAM PLAN

WEISS MEMORIAL HOSPITAL
PERFORMANCE IMPROVEMENT PLAN
2021

ORGANIZATION OVERVIEW

Weiss Memorial Hospital is a Joint Commission accredited acute care facility that serves Chicago's North Side and its surrounding communities. Weiss is a 236 bed facility comprised of approximately 450 physicians and allied health providers representing 42 specialties who provide a full range of inpatient and outpatient health care services (excluding obstetrics and inpatient pediatrics) to meet the needs of this diverse community. The hospital employs over 800 staff members and has a significant number of dedicated volunteers. Weiss Hospital also has a very active community outreach program.

PURPOSE

The purpose of the Performance Improvement Plan is to facilitate the improvement of patient care processes, improve patient safety, and support organization wide functions necessary and consistent with the mission and values of Weiss Memorial Hospital.

PIPELINE MISSION/VISION/VALUES

A. ***Mission:*** To provide world-class care where you are.

B. ***Vision:*** To be the most trusted community-based healthcare network.

C. ***Values:*** Commitment to Caring and Community

a. **Passion**: Passion fuels everything we do
- We love what we do.
- We believe in healthcare that elevates people and communities.
- We seek to move healthcare from stress and burnout to passion and vibrancy.

b. **Compassion**: We care about the health and wellbeing of all our stake holders
- We believe that we can make a positive impact in people's lives, whether they are patients, families, our staff or physicians.
- Our desire to alleviate disease touches everything we do.
- We are committed to the needs of our communities.

c. **Innovation**: WE work together to come up with innovative solutions
- We believe that collaboration and cross-pollination allows for innovation that others can't match.
- We are all students of healthcare and learn from each other.
- We seek to solve the toughest problems in new ways.

d. **Integrity**: We work hard because the stakes are too high not to
- We strive to be the best we can be to serve our communities' unique needs.
- We make decisions based on good data, open dialogue, and thoughtful planning.
- We have a sense of urgency and are able to adjust quickly.

e. **Resilience**: We embrace the challenges that come from serving our communities
- We believe in making bold decisions for the good of our patients and our community.
- We believe in learning from our mistakes and coming back stronger.
- We celebrate our people and the courage they bring to their work every day.

OBJECTIVES

- Provide safe, effective, patient centered, timely, efficient, and equitable care.
- Establish and maintain an ongoing, comprehensive and objective mechanism to improve performance, clinical outcomes, and patient safety.
- Identify known, suspected or potential problems or hazards in patient care delivery, as well as opportunities for further improvement in currently acceptable care.
- Establish priorities/goals for the investigation and resolution of concerns and problems by focusing on those with the greatest potential impact on patient care outcome, patient safety, and patient satisfaction.
- Define corrective action and document resolution of known and potential problems and evidence of patient care improvement.
- Ensure coordination and integration of performance improvement activities by maintaining a Performance Improvement Committee as the focal point through which Performance Improvement and Patient Safety information will be exchanged and monitored.
- Communicate performance activities and findings to all pertinent Hospital and Administrative Staff, Medical Staff, and the Governing Board, as appropriate.
- Identify continuing education needs of clinical, administrative, and support personnel relative to Quality and Patient Safety.
- Coordinate Performance Improvement activities and findings with those of the facility's Management of the Environment, Surveillance, Prevention and Control of Infection, Information Management, Management of Human Resources, Ethics/Rights/Responsibilities, Provision of Care, Medication Management, and Leadership functions to the extent possible.
- Monitor and comply with policies, standards, regulations and laws set by the Governing Board, Medical Staff, Joint Commission, State and Federal governments and other regulating accrediting bodies.
- Enhance uniform performance of patient care processes throughout the organization.
- Provide a mechanism for integration of performance improvement activities throughout the hospital for colleagues, medical staff, leadership, volunteers and governance.

ACCOUNTABILITY FOR PERFORMANCE IMPROVEMENT

Governing Board

As described in the Governing Board Rules and Regulations, the Governing Board of Weiss Memorial Hospital bears ultimate responsibility for the performance and safety of patient care services provided by its medical, other professional and support staff. The Governing Board shall ensure an ongoing, comprehensive and objective mechanism is in place to monitor and evaluate performance, to identify and resolve documented or potential problems/hazards, and to identify further opportunities to improve patient care and safety. As appropriate, the Board shall delegate responsibility for implementing the Performance Improvement Plan to the medical staff, the CEO and hospital administration.

The Governing Board shall require, consider, and if necessary, act upon Medical Staff reports of medical care evaluation, utilization review, and other matters relating to the quality of care rendered in the Hospital.

The Governing Board shall direct that all reasonable and necessary steps be taken by the Medical Staff and Hospital Administration for meeting the Joint Commission accreditation standards and complying with applicable laws and regulations.

Other specific responsibilities with regard to performance improvement, patient care, and risk management are delineated in the Governing Board Rules and Regulations, which shall be reviewed and approved by the Governing Board.

Medical Executive Committee (MEC)

According to the Bylaws of the Medical Staff, the Medical Executive Committee is responsible for the quality and efficiency of patient care rendered by members of the Medical Staff and for the medical-administrative obligations of the medical staff.

The functions of the MEC with respect to quality include, but are not limited, to the following:

- Take reasonable steps to ensure professionally ethical conduct and competent clinical performance on the part of staff members, including initiating or conducting investigations and initiating and pursuing corrective action when warranted; and
- Assure active participation and involvement of the medical staff in organization-wide quality and patient safety initiatives and activities
- Receive and act on reports and recommendations from Departments, committees, and officers of the medical staff concerning the functions of evaluation and monitoring of the quality and appropriateness of care and treatment and recommend specific programs and systems to implement these functions.

Clinical Departments

It shall be the responsibility of the chair of the clinical Departments and specialty services, working through Departmental committees, and with the assistance of the appropriate standing committees, to design and implement effective programs: (1) to monitor and assess the quality of professional performance in each Department and service; (2) to promote quality practice in each Department and service by (a) providing education and counseling; (b) issuing letters of instruction, admonition, warning, or censure, as necessary; and (c) requiring routine monitoring when deemed appropriate by the Department or service. Other specific responsibilities with regard to performance improvement are delineated in the Medical Staff Bylaws. Refer to the Medical Staff Peer Review Policy for specific departmental responsibilities regarding focused and ongoing professional practice evaluation.

Leadership & Support

The leaders have the responsibility to create an environment that promotes performance improvement through the safe delivery of patient care, quality outcomes and high customer satisfaction. The leaders promote a patient safety culture of internal and external transparency, and support the Hospital's Patient Safety Program, which seeks to create a culture that values safety, disclosure of errors, and provides for a non-punitive process. Refer to the Hospital Patient Safety Program Plan for a more detailed view of the safety program. The leaders perform the following key functions:

- Adopt an approach to performance improvement, set expectations, plan, and manage processes to measure, assess, and improve the hospital's governance, management, clinical, and support activities
- Ensure that new or modified services or processes are designed well, measured, assessed, and improved systematically throughout the organization
- Establish priorities for performance improvement and safety giving priority to high-volume, high-risk, or problem-prone processes for performance improvement activities and reprioritize performance improvement activities in response to changes in the internal and external environment
- Participate in interdisciplinary and interdepartmental performance improvement and safety improvement activities in collaboration with the medical staff
- Allocate adequate resources (i.e., staff, time, and information systems) for measuring, assessing, and improving the hospital's performance and improving patient safety; and assess the adequacy of resources allocated to support these improvement activities
- Assure that staff is trained in performance improvement and safety improvement approaches and methods and receives education that focuses on safety and quality
- Continuously measure and assess the effectiveness of performance improvement and safety improvement activities, and implement improvements for these activities

Medical Staff, Employees, and Contracted Services

- Medical staff members, hospital employees and contracted services employees maintain active participation and involvement in organization-wide quality and patient safety initiatives and activities to include participating in identifying opportunities for improvement and data collection efforts, serving on multidisciplinary teams, and implementing actions to sustain improvements.

Performance Excellence and Patient Safety Committees

The Performance Excellence and Patient Safety Committees coordinate and monitor the overall Performance Improvement and Patient Safety Program, to include clinical support and hospital-wide activities. The Performance Excellence Committee shall:

- Request, receive and review Performance Improvement and Safety data, pertinent minutes, reports and results from relevant services, department/section or committee
- Summarize Performance Improvement findings for presentation to the Medical Executive Committee and the Governing Board through the President, Chief of Staff or designee, at least quarterly
- Refer appropriate information to individual services department/section or committee for discussion and action
- Assure active participation and involvement of appropriate interdisciplinary team members in organization-wide quality and patient safety initiatives and activities
- Assist in identifying and investigating problems or opportunities for patient safety & patient care improvement
- Assist in setting priorities for follow-up and determining appropriate corrective actions
- Monitor progress in resolving identified or potential problems/hazards & improving currently acceptable care
- Identify areas in need of further study and recommend appropriate study methods or procedures
- Oversee the annual appraisal of the Performance Improvement Program and written plan
- Review highlights of the annual appraisal of the Risk Management, Patient Safety, Infection Control, Utilization Review and Environment of Care written plans (as it relates to performance improvement and patient safety)

Quality Management Department

The primary responsibility of the Quality Management Department is to coordinate and facilitate quality management and performance improvement throughout the hospital. While implementation and evaluation of quality improvement activities resides in each department program, the Quality Management staff serves as an internal resource for the development and evaluation of performance improvement activities. The Quality Management Department also serves as a resource for data collection, statistical analysis, and reporting functions.

SCOPE AND ORGANIZATION

Planning

Improving performance, clinical outcomes, and patient safety is systematic and involves a collaborative approach focused on patient and organizational functions. All services with a direct or indirect impact on patient care quality shall be reviewed under the Performance Improvement Plan. Plans for improvement should be in keeping with priorities established by hospital and medical staff leadership.

Priorities are based on the organization's mission, care, services provided and populations served. Additionally, priorities are based on the following:

- Meeting the needs of the patients, staff and others
- Resources required and/or available
- Results of performance improvement, patient safety and risk reduction activities
- Identified high risk, problem prone areas
- Information from within the organization and from other organizations about potential/actual risks to patients. (e.g., Institute for Safe Medication Practices, Joint Commission Sentinel Event Alerts)
- Accreditation and/or regulatory requirements of the Joint Commission and State

Staff input into opportunities to improve performance or patient safety will be utilized in identifying department and organization wide goals. Annually, Directors of Hospital Services will evaluate past performance and identify goals for the coming year. These goals will be prioritized by the Performance Excellence Committee and submitted to the Board for approval as part of the Performance Improvement Plan.

Exchange of Information Related to Performance

The findings of quality review activities, the corrective actions taken and the results of those actions shall be forwarded to the appropriate committee on a timely basis, according to a set schedule.

The Performance Excellence Committee shall submit a summary of the major findings of the Performance Improvement Program to the Medical Executive Committee and the Governing Board at least quarterly.

The Chief Executive Officer, President of the Medical Staff, or their designee shall keep the Governing Board informed on the status of quality review activities and trends in patient care quality and safety on a quarterly basis.

Information from improvement, monitoring and evaluation activities which pertain to more than one clinical service, department/section or committee will be shared with the affected services, departments/sections or committees, as appropriate.

All medical staff members and hospital employees shall be informed of the results of the quality review and improvement activities as it pertains to their services, department/section or committee. Results of medical staff peer review will remain within the medical staff structure and reported during a closed session of the Medical Staff Quality Committee and/or other appropriate medical staff committees.

Pertinent information from monitoring and evaluation activities or special studies shall be used in the credentialing of the medical staff, in the performance assessment of other licensed professional staff and, in the planning and procurement of appropriate continuing education offerings.

The Performance Excellence Committee shall seek to identify opportunities to coordinate patient care data collection, analysis and reporting with the organization's function of Leadership, Performance Improvement, Infection Control, Safety, Human Resources and Management of Information.

Key Success Factors

The following components are critical to the success of any quality and safety initiative:

- Involvement of medical, nursing and administrative leaders
- Prioritization and resource allocation by senior clinical and administrative leaders
- Education and participation of frontline service providers early in a project's development and throughout the decision making process
- Staff involvement to assist in the evaluation of objective baseline data, the establishment of measurable targets, and regular monitoring of results against those targets
- Regular updates during the process to all participants
- Recognition of individual and group achievement

PERFORMANCE PROCESSES

Methodology

Weiss Hospital participates in system-wide interdisciplinary monitoring of important functions. The foundation of performance improvement activities involve the use of data, design, planning, communication, implementation and ongoing monitoring of the effectiveness of improvement activities. The process to improve performance through the organization involves four steps, PDSA:

P PLAN – process of identifying projects to be worked on
D DO – analytic phase when specific elements of the problem are defined and implemented
S STUDY – evaluation of the effect of the changes made
A ACT – actions taken as a result of the evaluation of change

Measurement

The hospital collects data to monitor performance. Sources of data for quality review shall include, but will not be limited to, the following: medical records; monitoring activities of the medical staff and hospital departments or committees; occurrence reports and other pertinent risk management findings; Sentinel and Adverse Events; Sentinel Event Alerts ; claims, financial data; utilization review findings; patient surveys or complaints; log books (such as ER, OR); data from third-party payers, QIO, fiscal intermediaries or private agencies; committee and department minutes; and special studies.

Performance measures are structured to follow the Joint Commission dimensions of performance and are based on current evidenced-based information and clinical experience. Processes, functions, or services are designed/ redesigned well and are consistent with sound business practices. They are:

1. Consistent with the organization's mission, vision, goals, objectives, and plans;
2. Meeting the needs of individuals served, staff and others;
3. Clinically sound and current;
4. Incorporating information from within the organization and from other organizations about potential/ actual risks to patients;
5. Analyzed and pilot tested to determine that the proposed design/redesign is an improvement;
6. Incorporated into the results of performance improvement activities.

Data collection includes process, outcome, and control measures as well as improvement initiatives. Data shall be collected and reported to appropriate committees in accordance with established reporting schedules. The processes measured on an ongoing basis are based on our mission, scope of care and service provided accreditation and licensure requirements, and priorities established by leadership. Annual review of performance indicators will be documented as part of the annual evaluation. Data collection is systematic and is used to:

1. Establish a performance baseline;
2. Describe process performance or stability;
3. Describe the dimensions of performance relevant to functions, processes, and outcomes;
4. Identify areas for more focused data collection to achieve and sustain improvement.

Analysis

Data shall be analyzed on an ongoing basis to identify performance improvement opportunities. The assessment process compares data over time, in keeping with up to date sources (practice guidelines) and to reference databases, both internal and external to the hospital system.

When findings relevant to an individual's performance are identified, Medical Staff Leaders and Hospital Management/Administration are responsible for determining the use of the findings in the peer review process. This is accomplished in accordance with the Medical Staff Bylaws. Department/Service Directors shall act in accordance with the "Performance Evaluations" and "Education, Training and Competency of Employees" under the Human Resources policies.

Weiss Memorial Hospital requires an intense analysis of undesirable patterns or trends in performance when the following is identified, which includes, but is not limited to:

1. Performance varies significantly and undesirably from that of other organizations;
2. Performance varies significantly and undesirably from recognized standards;
3. When a sentinel event occurs;
4. Blood Utilization to include confirmed transfusion reactions;
5. Significant adverse drug reactions;

6. Significant medication errors, close calls, and hazardous conditions;
7. Significant discrepancies between preoperative and postoperative diagnoses, including pathologic diagnoses;
8. Significant adverse events related to using moderate or deep sedation or anesthesia;
9. Hazardous conditions;
10. Staffing effectiveness issues; and
11. ORYX core measure data that, over three or more consecutive quarters for the same measure, identify the hospital as a negative outlier.

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PERFORMANCE IMPROVEMENT PROGRAM PLAN

WEISS MEMORIAL HOSPITAL
PERFORMANCE IMPROVEMENT PLAN
2021

Approved by:

Director, Quality Management — Date: 3-11-2021

Chief Executive Officer — Date: 3-11-2021

Chair, Board of Trustees — Date: 04/20/2021

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2021 - 2022

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(Update: 10/06/21)

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