Our Mission at Riverside Medical Center

Life is a remarkable journey.
Health impacts every step – how we connect with others, how we express our potential, how we pursue our dreams.

At Riverside, our mission is to provide healthcare experiences that are just as remarkable.

We do this for each and every person, regardless of their personal or economic circumstances.

We offer our highest thinking, our kindest touch, and our strongest commitment to excellence.

Core Values:

- **Integrity**
  We respect human dignity and consistently promote fairness and honesty.

- **Excellence**
  We strive for clinical, operational and service excellence by fostering professional development, accountability, teamwork and commitment to high value.

- **Partnership**
  We work in cooperation with other care providers, guided by open communication, trust and shared decision-making.

- **Stewardship**
  We advocate prudence in the use of our financial and human resources for the advantage of the communities we serve.

Riverside Medical Center process that truly progressive medicine is being delivered in Chicago’s southwest suburbs and East Central Illinois. Welcome to a team that is not only concerned with providing the best care possible, but also with offering a work environment of advancement and growth.

Riverside is a place that embraces a culture where opinions count, dedication is respected, and where superior performance is recognized.
Expectations

We look forward to working with you in the delivery of high-quality patient care. At Riverside, we recognize that this professional relationship largely depends on our ability to communicate well, collaborate effectively, and work as a team to monitor and optimize outcomes. We would like to highlight the following items from our Medical Staff Bylaws as well as some general expectations that will provide the foundation of a successful relationship.

GOOD STANDING

Ensure good standing as a member of the Medical Staff by:

a. Maintenance of current licensure, malpractice coverage, board certification, as well as ongoing continuing medical education in accordance with the Illinois State Medical Society and licensing board’s CME requirements. Failure to remain current in these areas will result in the suspension of medical staff privileges until the updated documentation is received and verified by the Medical Staff Office.

b. Timely and complete submission of all required documentation at the time of reappointment. Failure to submit this documentation within 30 days will result in monetary penalties.

c. Practicing within your approved delineation of privileges and regularly assessing your privileges to ensure they reflect your practice. You can request or relinquish privileges at any time during your appointment.

d. Participation in the peer review process by responding completely and promptly to peer review inquiries.

e. Timely payment of yearly Medical Staff Dues. Dues are due no later than January 1st of each year and are used to support CME activities, leadership activities, and memorials. Failure to pay dues will result in the suspension of Medical Staff privileges until the payment is received.

f. Adherence to HIPPA guidelines in maintaining confidentiality of patient and other sensitive information. Any HIPPA related questions can be directed to Riverside Medical Center’s Chief Privacy Officer, Karen Block.

g. Attending Medical Staff meetings as outlined in the Medical Staff Bylaws.

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) & ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)

An FPPE period is the period of observation and evaluation by your assigned sponsor and division chairperson. All practitioners are placed on an FPPE period upon appointment to the Medical Staff, when granted new privileges at any time during their appointment, or if performance issues are identified. It is your responsibility to contact your sponsor, introduce yourself, and establish a professional relationship. Case numbers required on the privilege form are to be obtained during this time. It is your responsibility to contact your sponsor when performing procedures requiring case numbers to ensure the sponsor observes or reviews your performance for quality issues and signs off accordingly. Methods used to evaluate your performance may include direct observation, chart reviews, or evaluations from other physicians and/or support staff.

OPPE is conducted at least every six (6) months. OPPE is obtained by compiling inpatient and utilization data, evaluations performed by physicians who regularly observe your work, or any other means requested by Physician Services to support your competency. The chairperson of your respective division then reviews the OPPE data and makes a recommendation.

CONTACT INFORMATION CHANGES

Illinois law requires the completion of the Health Care Professional Update Gathering Form whenever there is a change to the information included on your application (i.e. adverse actions, cases brought against you, sanctions or investigations against your license, etc.). This form is to be submitted to the Medical Staff Office within 5 days of your notification.

PARKING

Physicians joining the Riverside Medical Group will be placed on the hospital disaster call roster. Physicians belonging to the Presence Medical Group will not be placed on the Riverside roster. Independent physicians holding privileges at both Riverside and St. Mary’s will be placed on the roster based on staff status and specialty. Non-Physician Providers will be placed on the roster based on the assignment of their collaborating physician.

PARKING

Physicians have designated areas for parking near the hospital as well as the north and pavilion parking garages. Physician spaces located in the south lot should be utilized by practitioners rounding at the hospital, or by the specialties indicated on the space’s signage. If physician spaces are full, please utilize row C and back in the pavilion lot. Penalties for failure to comply with parking policies include a warning, notification of the appropriate Vice President, and vehicle immobilization via a wheel boot device which carries a $50 removal fee. Placards and vehicle registration are required to park in practitioner spaces.
MEDICAL STAFF COMMUNICATION

Medical Staff members will be kept abreast of important clinical and administrative issues via their mailboxes, facsimile, cellular calls/texts, and email. This includes information regarding downtimes, go-lives, update on clinical services, meetings, agendas, call schedule, infection control, administrative memos, medical staff newsletters, residency program, Kankakee County Medical Society, medical staff surveys, consultations between physicians. Non-Physician Providers will be given the opportunity to provide contact information for dissemination to their peers (APNs and PAs).

BYLAWS

It is your responsibility to review and understand the Medical Staff Bylaws that were sent to you upon your initial application to the Medical Staff here at Riverside. If you have questions or wish to obtain another copy of the bylaws, please contact the Medical Staff Office.

DISASTER CALL ROSTER

Physicians joining the Riverside Medical Group will automatically be added to the hospital disaster call roster. Physicians bellowing to the Presence Medical Group who hold privileges at Riverside will not be placed on the Riverside roster. Independent physicians holding privileges at both Riverside and St. Mary’s will be placed on the roster based upon staff status and specialty. Non-physician providers are placed on the roster based on the assignment of their collaborating physician.

BADGE AND SECURITY ACCESS WAFERS (AWIDS)

A badge and security access wafer will be issued, as appropriate, Badges should be worn at all times while on Riverside campuses. Staff with badges issued by their contracted groups may wear their company issued badges, though wafers will still be required to access restricted areas of the hospital. Lost or stolen badges should be immediately reported to Security. A $4 fee, payable in the cashier’s office, will apply for all replacement badges and wafers. The receipt must be presented to Human Resources and/or Security for the replacement badge or wafer.

N-95 AND FIT TESTING

Employed practitioners will be notified by the Riverside Employee Health Department to inform them when fit testing will be offered each year. This testing is at no cost to the employed practitioner. Non-employed practitioners may present to Workforce Health upon their initial appointment to the medical staff to complete the testing and will be informed in January of each year when annual testing will be held. This notification will be sent by memo and via the physician newsletter. Non-employed providers are responsible for the cost of the fit testing should they utilize this service. Workforce Health can be reached at (815)935-7532 to schedule an appointment to have the fit testing completed. This testing takes approximately 30 minutes.

EMERGENCY ROOM CALL SCHEDULE

All active hospital staff members must take their turn on the backup call roster and must accept and attend the Emergency Department. Medical Staff specialties with one or more active hospital staff members will be included on the backup call schedule. Specialties with one or more active hospital staff members will be included on the backup call schedule. Specialties with less than four (4) active hospital medical staff members shall have a mandatory eight (8) days on call per physician per month, which includes one weekend, a Friday, Saturday, and Sunday. Holiday coverage of specialties/ departments with less than four (4) active hospital members includes at least one holiday per physician per year. Medical staff designated holidays are:

- New Year’s Day
- Easter
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas Eve
- Christmas Day
- New Year’s Eve

Alternate coverage for absences occurring on an “on call” day(s) is to be arranged by the “on call” physician. If two (2) physicians agree to changes in their assigned days on call, the changes to the schedule may be made once the schedule is published by sending an email to oncallcoverage@riversidehealthcare.net or sending a fax to (815)936-7234. Any incident in which a member of the medical staff required to take back up call fails to take his/her turn on the backup call roster without finding another member of the medical staff with similar privileges to cover or without switching dates will be presented in writing to the applicable member’s division chairman for investigation and appropriate action. The chairman will then send his/her findings to the Medical Executive Committee. Corrective action may include a letter of reprimand, suspension, or termination of clinical privileges and medical staff membership.
Riverside Healthcare: Bringing Well Within Reach.

Riverside Healthcare is a fully integrated healthcare system serving the needs of patients throughout the counties of Kankakee, Iroquois, Will, Grundy and beyond. Riverside Healthcare brings several services to the region to ensure that wellness is in reach for all our patients.

- Health Fitness Center
- Ambulatory Surgery Center
- Audiology
- Behavioral Health
- Cancer Institute
- Diabetes
- Endocrinology
- Emergency Care
- FastCare®
- Geriatrics
- Heart & Vascular Institute
- Home Health Care
- Immediate Care
- Interventional Radiology
- Laboratory
- Lung Nodule Clinic
- Outpatient Infusion Center
- Radiology
- Rheumatology
- Rehabilitation Services
- Robotic Surgery
- Sleep Disorder Institute
- Stroke Center
- Memory Center
- Minimally Invasive Surgery
- Neurosciences Institute
- Orthopedics
- Women's Services
- WorkForce Health
- Wound Center

For additional information regarding any of our services, please visit www.riversidehealthcare.org
“Ensuring those who live in our communities have what they need to be at their best for themselves and their families”

A Message from Our President

One of the things that makes me most proud of my role as president and CEO of Riverside Healthcare is what we as an organization do for the community. From Kenilworth, where Riverside is established, to all the communities and locations throughout five counties where Riverside has now grown, we are always seeking new and better ways to meet the healthcare needs of the people who live here.

Riverside has a rich history of collaboration to serve the common good. We partner with a variety of agencies and organizations throughout our service area to make sure we are nurturing the well-being and bringing value to the lives of those we serve.

This report details the efforts we make to ensure that everyone, regardless of socioeconomic standing, can get the healthcare they need and deserve. Also in this annual report, you will learn more about how we are working with individuals and community alliances to address some of the most pressing health concerns in our region, including access to care, chronic disease, education and employment, mental health and substance abuse.

The statistics you’ll find here range from how many and what type of patients we cared for in 2016 to the total amount of community benefit Riverside provided last year, which was over $50 million. The information and numbers contained in this report highlight a remarkable story of the extraordinary efforts of many men and women committed to making better lives for those who live here. This devotion to ensuring all who reside in our communities have what they need to be at their best for themselves and their families is not only evident on the pages of this report but also in living Riverside’s mission every day.

Riverside is proud of the work we do on behalf of the communities we serve, and thank you for taking time to learn more about that work.

Phillip Kamholz, President and CEO
Communities Served

Riverside serves the Illinois counties of Kankakee, Will, Iroquois, Livingston, Grundy and beyond. Riverside’s primary service area, Kankakee County has a population of 112,221 and includes the communities of Bradley, Bourbonnais, Kankakee and Marseo. The racial makeup of the county is 81.9 percent White, 16.3 percent Black or African American, 9.6 percent Hispanic or Latino and 0.7 percent Native American.7 The median household income is $52,110 and 16.1 percent of the population lives below the poverty line.

More than 33.6 percent of individuals living in Kankakee are below poverty level, which exceeds the State of Illinois average of 9.1 percent.7 The racial makeup of the county is 56.2 percent White, 30.9 percent Black or African American, 18.7 percent Hispanic or Latino and 1.0 percent Native American.7 The median household income is $52,402, well below the Illinois average of $57,574.

The 2016 County Well-Being Index8 continues to place Kankakee County on its Poverty Warning List report published from the U.S. Census Bureau’s American Community Survey and Social IMPACT Research Center, a program of Heartland Alliance. Kankakee County is one of nine Illinois counties that has reached the “Warning” Status. Four key indicators of well-being are assessed in each of Illinois’ 102 counties: high school graduation rates, unemployment rates, teen birth rates and poverty rates.

Kankakee’s Poverty Warning List placement elevates the county from its previous Watch status to a level requiring corrective action initiatives.

68.1 percent of Riverside’s services are provided to the elderly and the poor—some of the area’s most vulnerable citizens.

In 2016, Riverside treated 96,213 Medicaid patients, many for highly complex diagnoses requiring care at significant cost. Medicare and Medicaid do not cover the full costs of services provided. The shortfall is made up by Riverside through operating funds.

The income, employment and insurance status of residents of Kankakee County result in Riverside caring for a large number of patients who are uninsured or underinsured, or for whom public program reimbursement is inadequate to cover the costs of care.

A core element of Riverside’s community service is the care of this population. Charity care occurs many times through the Emergency Department.

Riverside also provides follow-up care as needed.

Demographic Data Resources:
1 American Community Survey (2011–2015)
2 2018 County Well-Being Index: Social IMPACT Research Center, a program of Heartland Alliance (2010) and U.S. Census Bureau’s Income, Poverty and Health Insurance Coverage in the United States (2009)

68.1% of Riverside’s services are provided to the elderly and the poor—some of the area’s most vulnerable citizens.
### Statistical Information for Primary and Secondary Service Areas

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<tbody>
<tr>
<td>Kankakee</td>
<td>112,221</td>
<td>$52,110</td>
<td>16.1%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Ford</td>
<td>13,835</td>
<td>$49,947</td>
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<tr>
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<tr>
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<td>6.3%</td>
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<tr>
<td>Will</td>
<td>683,995</td>
<td>$76,101</td>
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<td>7.8%</td>
</tr>
<tr>
<td>State of Illinois</td>
<td>12,813,761</td>
<td>$57,574</td>
<td>9.1%</td>
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*Data Source: American Community Survey 2011-2015

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<tbody>
<tr>
<td>Kankakee County</td>
<td>81.9%</td>
<td>16.3%</td>
<td>9.0%</td>
<td>0.7%</td>
<td>$52,110</td>
<td>16.1%</td>
</tr>
<tr>
<td>City of Kankakee</td>
<td>56.2%</td>
<td>39.9%</td>
<td>18.7%</td>
<td>1.0%</td>
<td>$32,402</td>
<td>33.6%</td>
</tr>
</tbody>
</table>

60% of Riveraledo service was provided to elderly/poor. In 2016, Riveraledo treated 96,213 Medicaid cases.
Patients and Visitors –

Patient rooms should be accessed using the A Elevators.

Patient rooms prefixed with E: Access these rooms by taking the A Elevator to the 3rd floor. Follow signs to ICU or Ortho/Neuro.

Patient rooms prefixed with A: Access these rooms by taking the A Elevator to the appropriate floor and follow signs.
World Class Health Care, Close to Home....

Riverside Healthcare’s programs, services, and affiliated physicians are conveniently located throughout the south suburbs of Chicago. Our 312-bed hospital occupies 500,000 square feet and has more than 200 physicians that provide a full scope of inpatient and outpatient care. The Riverside Healthcare Bourbonnais Campus is a state-of-the-art medical complex offering technology that rivals some of the nation’s most prestigious hospitals. At our Community Health Centers, physicians provide exemplary primary and specialty care. By providing services at locations where our patients work and live, we bring well within reach.
Awards and Recognition: Our Most Recent Achievements

Riverside has been named one of the 150 Great Places to Work in Healthcare by Becker’s Hospital Review since 2012. In 2015-2016, Riverside received accolades for employee health and wellness. Riverside was selected from more than 5,000 employers throughout the nation as America’s Healthiest Employer in 2015. The America’s Healthiest Employer Award is earned through evaluation across six key categories: Vision, Culture/Engagement, Learning, Expertise, Metrics and Technology. Riverside was also named as Illinois’ Healthiest Employers by Springbuk Inc. in association with Crain’s Custom Media. Riverside’s employee wellness initiatives through the Riverside Employee Wellness program, REACH (Riverside Employees Actively Choosing Health) helped to earn these distinctions. REACH provides access to numerous health and wellness opportunities, education, and interventional programs. Through REACH, employees can make and maintain real lifestyle changes to improve health, integrate work and life and achieve a higher quality in their daily lives.

Truven Health 50 Top Cardiovascular Hospitals

Riverside Medical Center has been named a Top 50 Cardiovascular Hospital again for 2017. The Truven Health 50 Top Cardiovascular Hospitals study singled out hospitals that achieved superior clinical outcomes in this critical area of hospital care. The Truven study evaluates performance in key areas and assures patients and their families that the cardiovascular care they receive at Riverside is among the best in the nation.

Truven Health 100 Top Hospitals

Eight-Time Recipient! Riverside Medical Center is one of the Truven Health 100 Top Hospitals 2017 award winners and ranks among the best in the country on overall performance, as determined by independent and objective public data. Being identified as a 100 Top Hospitals award winner establishes Riverside as a high-performing healthcare resource providing exceptional value to our community. It means that our leadership team, medical staff, and employees have achieved national benchmarks for balanced performance in patient care, operational efficiency, and financial stability.

Riverside is Designated as a MAGNET Hospital

The American Nurses Credentialing Center’s (ANCC) Magnet® Recognition Program unanimously voted to credential Riverside Medical Center as a Magnet® Credentialed Organization. The Magnet designation is one of the highest honors a hospital can earn with respect to the standard of nursing care provided. With this designation, Riverside ranks in a select group of only about 7% of healthcare organizations in the United States for nursing excellence. Riverside first achieved the prestigious designation in 2011 and has recently received their first re-designation in 2016.
Riverside’s Recent HealthGrades Awards

Riverside Medical Center has demonstrated a longstanding commitment to clinical excellence, quality improvement and compassionate care as demonstrated by its outstanding patient outcomes across a variety of service areas including orthopedic surgery, joint replacement, valve surgery, stroke care, prostatectomy, cholecystectomy, and treatment of respiratory failure.

Consistently ranked among the top hospitals in the nation, Riverside Medical Center recently received the 2017 Distinguished Hospital Award for Clinical Excellence™ for the fourth year in a row. The distinction makes Riverside one of the top five percent of more than 4,500 hospitals nationwide for its clinical performance as measured by Healthgrades, the leading online resource for comprehensive information about physicians and hospitals. In 2017, Riverside received the Healthgrades Outstanding Patient Experience Award. As the only hospital in Illinois to receive both of these awards - Riverside’s commitment to remarkable patient experiences and excellent care is well-recognized.

Riverside was also named one of Healthgrades America’s 100 Best Hospitals for Cardiac Care and is the only hospital in Illinois to receive 5-star ratings in Heart Attack, Heart Failure, Coronary Intervention, Defibrillator Procedures and Valve Surgery in 2017.

Riverside has received the following Healthgrades distinctions:

**Distinguished Hospital for Clinical Excellence™**

**Outstanding Patient Experience Award™**
- Among the Top 15 percent of hospitals nationwide for patient experience (2017)

**Riverside Medical Center is the only hospital in Illinois to receive both Distinguished Hospital for Clinical Excellence and Outstanding Patient Experience Awards in 2017.**

**Cardiac**
- Healthgrades America’s 100 Best Hospitals for Cardiac Care™ (2017)
- Healthgrades Cardiac Care Excellence Award™ (2017)
- Five-star recipient for Treatment of Heart Failure for 4 years in a row (2014–2017)
- Five-star recipient for Treatment of Heart Attack (2017)
- Five-star recipient for Coronary Intervention Procedures (2017)
- Five-star recipient for Valve Surgery (2017)

**Critical Care**
- Five-star recipient for Treatment of Sepsis for 5 years in a row (2013–2017)

**Gastrointestinal**
- Five-star recipient for Colorectal Surgeries for 4 years in a row (2014–2017)
- Five-star recipient for Treatment of Pancreatitis (2017)

**Neurosciences**

**Pulmonary**

**Orthopedic**
- Five-star recipient for Total Knee Replacement for 10 years in a row (2008–2017)
- Five-star recipient for Hip Fracture Treatment for 6 years in a row (2012–2017)
In many ways, the world is very different today than in 1964 when Riverside Hospital opened in response to a need for another facility within a growing community. Technology has advanced by light years, laws regulating healthcare have changed dramatically, and today’s updated facility bears little resemblance to the original structure.

What has endured throughout Riverside’s more than 50 years is our commitment to delivering excellent service to promote health and lead the way in providing this community with a superior, comprehensive healthcare system that operates in a caring, highly-efficient and competitive manner. Now and in the future, Riverside HealthCare maintains excellence through the efforts of a talented team of dedicated professionals and support staff whose actions exemplify excellence. You and your family can count on us to uphold our mission of providing quality, caring service that improves the health status of the communities that we serve.

Neighbors Caring for Neighbors

The history of Riverside HealthCare drapes across the years like a tapestry, rich with the vibrant colors and inescapable warmth of the many people who have contributed to its success over 50 years.

The threads of the tapestry have been woven in by individuals too numerous to name in these few pages. It starts with the original founders and contributors, neighbors caring enough about their neighbors to act on their dreams and convictions. The tapestry embraces every physician, nurse, technician, support staff member and volunteer who has helped a patient, directly or indirectly, over the years. It also encircles all who have given the cloth its strength by serving on the Hospital Board of Directors, Riverside Medical Center Foundation and Riverside Auxiliary over the years.

What binds the tapestry together is a mission of delivering healthcare services on a regional basis that are focused on improving the health status of the communities that we serve in a meaningful and caring manner. Riverside Medical Center stands today as an organization much more complex than the one opened in 1964, yet steadfast in its commitment to excellence.

FACT: Riverside Hospital opened in 1964 with 136 beds, 125 employees, and 69 physicians

The Tapestry Begins

The first fibers of tapestry came together in 1956. At that time, Dwight D. Eisenhower was President of the U.S., the first open-heart surgery had been successfully performed in Philadelphia only a few years earlier and, in the wake of a polio epidemic, a new vaccine was being administered to youngsters across the nation.

Close to home, the only area hospital was overcrowded and inadequate to serve the growing need of the region for quality healthcare. It was evident that the rapidly growing population in Kankakee and its surrounding communities needed another hospital. Fortunately, a group of determined individuals persevered in their concerns.

In December 1958, a Chamber of Commerce subcommittee, chaired by James G. Schneider recommended that a private non-profit foundation known as the Stewards Foundation be invited to build a 150-bed hospital in Kankakee. After unfilled promises and delays, the committee severed ties with the Stewards Foundation to build a 136-bed hospital funded by the community with aid from federal grants. The Hospital Committee continued under the leadership of James Schneider and it purchased seven acres of scenic land at Riverside’s present site from Burrell and Len Small who donated an additional three acres. A new campaign was brought to the community, 3 which embraced it with continued pledges. A Hill-Burton grant of $666,000 was a major gift.

After appealing to the community to submit name suggestions for the new facility, Kankakee County Hospital became Riverside Hospital in 1961. Construction began in May 1962 and Robert G.Miller was named Chief Executive Officer in January 1963.

Even before Riverside Hospital opened its doors, it was accepted into the Illinois Hospital Association and American Hospital Association.
In 1961, before the groundbreaking, 20 people attended the first organizational meeting of the Hospital Auxiliary. Mrs. Edgar Shipley served as first Auxiliary President and the organization boasted 575 auxiliaries by the time the hospital opened.

The 136-bed Riverside Hospital was dedicated January 12, 1964. An open house on January 11 drew 3,000 visitors, despite a Chicago-style blizzard. The doors officially opened on January 22 with 125 employees and 69 physicians. Within a month, there were 186 full-time employees and 40 working part-time.

FACT: The original X-ray equipment, bought from Westinghouse and Picker, totaled $48,000.

Riverside Expands Quickly
The United States ventured into outer space during the tenure of John F. Kennedy and Riverside had plans for expansion underway before its first anniversary. A specific plan facilitated organized growth, enabling patient services to go upward while ancillary services expanded outward.

In May 1965, Riverside purchased another 8.8 acres from the Small Family, and by year’s end, construction began on a three-story addition that not only expanded the Labor and Delivery area but also tripled the laundry capacity and doubled the X-ray department. With a newer, larger front entrance and lobby, the hospital also added 74 beds for a total of 210.

While growing its physical size, Riverside also led the way in excellence for patient care. In 1966, the hospital received its first accreditation from the Joint Commission on the Accreditation of Hospitals (since renamed the Joint Commission), a mark of excellence it has always maintained. A new eight-bed Intensive Care Unit opened with electronic patient monitoring and the Board approved a recommendation to develop a 30-bed Psychiatric Unit. A new Pediatric Unit, designed exclusively for children, opened in 1968.

During the late 1960s, Riverside Hospital collaborated with Olivet Nazarene University to provide the clinical training for a four-year nursing degree program and with Kankakee Community College to establish a two-year Associate Degree Nursing Program. Riverside Foundation was established in 1967 with Vernon Butz as President “to generate philanthropic support to enhance the availability and quality of the healthcare services provided by” the hospital. Since then, generous companies, and organizations that have given annual gifts, bequests, insurance, real estate, stocks and cash donations, have supported the Foundation.

The Tapestry Evolves
While students wearing bell-bottoms and love beads promoted revolution in the 1970s, the emphasis at Riverside was evolution—developing facilities and services.

In 1971, William Brandenburg donated 65 acres of farmland on the south side of the river, adjacent to Kankakee Airport, designated for the Riverside Foundation.

In 1970, Riverside started construction of a $1 million addition, the first phase of a master plan. It was completed in 1971 with the opening of a new surgery suite and central sterile supply area and relocation of the Emergency Room. A year later, phase II of the plan brought a new coronary care unit to a now completed fifth floor as well as more room for diagnostic and ancillary services: new clinical lab, radiology suite, medical records, medical library, physical therapy unit and an enlarged maintenance and engineering plant.

Construction didn’t stop there. In 1974, a continuing education area was completed on the lower level and the OB delivery-maternity wing was remodeled. And in 1976, a new development plan called for building a new mental health unit, day surgery facilities and a new intensive care unit. Remodeling began on respiratory care, dietary, materials management and cardiac testing areas. The intensive care unit opened in 1978, along with a new outpatient clinic.

During this time frame, Riverside received approval for a 50-bed Mental Health Unit and began its Psychiatric Day Hospital Program. Since 1972, Riverside’s Behavioral Health Services has been improving and ensuring the mental health and well being of children and adults an extensive complement of care. Programs include inpatient and outpatient, short-term and long-term counseling, alcohol and chemical dependency treatment, crisis intervention and aftercare to help prepare patients for their return into the community after hospitalization. Today, Behavioral Health offers programs in many locations in the communities of Kankakee, Will, Grundy, Livingston, Iroquois and Southern Cook Counties.

Riverside and the Kankakee Rotary participated in the Meals on Wheels program providing 125 meals a day to area residents who needed temporary or long-term assistance to live independently. The Rotary provided the containers while churches and auxiliaries provided volunteers to deliver the meals.

On Riverside’s 15th anniversary in 1979, the hospital was renamed Riverside Medical Center to reflect Riverside’s growth from an inpatient facility to a comprehensive, multiple-service health organization for the community with 315 beds and 1,000 employees.

The Tapestry Unfurls Even Further
As the 1980s dawned, some of us stood in line to see the movie “Flashdance” while others mourned TVs last episode of “Mash.” At Riverside Medical Center, commitment to steady growth continued.

Riverside opened its first community center – Pembroke Community Health Center in Hopkins Park – with a focus on patient satisfaction in 1981. Additional Community Health Centers followed soon after in Momence. Today there are 15 freestanding centers, making primary care physicians, specialists and services including lab, physical therapy and X-ray, readily available close to home for more area residents.
The Medical Center adopted a new Mission Statement in the 1980s:

**Riverside Medical Center and its medical staff exist to promote health and provide the community with a superior, comprehensive health care system that operates in a caring, highly efficient and competitive manner. Our health care system shall maintain excellence through the efforts of a talented team of dedicated professionals whose actions exemplify a “Caring at its best” attitude. Riverside is committed to serving as a Medical Leader …a center of caring.**

In line with its new mission, Riverside invested in additional cutting-edge technology to analyze pediatric blood chemistry and toxicology. Investments were also made in radiographic equipment including the full body CT scanners and the linear accelerators.

Riverside also implemented its Home Health Care service, quickly receiving Medicare licensure, and established the Riverside Health Equipment Store to supply area residents everything they need for comfortable and safe home care. Today the store is the largest service of its kind in the Region, offering extensive home health products, wheelchairs and lifts, respiratory care items, all with the kind of customer service only local owners can deliver for sale, rental and service.

Riverside’s Emergency Department was designated a Level II Trauma Center by the Illinois Department of Public Health in 1988. This designation guarantees the immediate availability of specialized surgeons, anesthesiologists, trauma nurse specialists and emergency medicine physicians with advanced trauma training 24 hours a day. The Emergency Department also holds EDAP (Emergency Department Approved for Pediatrics) designation. That means it has the skilled staff and age-appropriate equipment to treat children of all ages.

The Riverside Senior Living Center Corporation was established in 1989 and a 10-acre parcel was approved for development of an independent living center for senior adults.

In 1988, Riverside set up its Sleep Laboratory. Sleep studies and services, previously provided only at university medical centers, were now available in the Kankakee community. Sleep studies identify the cause of a patient’s sleep disorder and help specialists determine the most effective means of treatment.

This era culminated in Riverside’s 25th anniversary and a rededication in 1989.

### Riverside Weaves New Dreams

**Robert G. Miller greets staff members at his retirement party – 1993. From left to right: Returning Chairman Charles Smith; New Chairman Connie Ashline; Mr. and Mrs. Robert G. Miller.**

While the old Millennium was winding down, Riverside took a running leap, not just into a new Century but a new Millennium. During the 1990s, plans unfolded for new services for seniors and more advanced care for those with cancer, heart disease and other problems. Under the leadership of Board Chairman, Connie Ashline, the hospital entered the 1990s. One of her first responsibilities was to facilitate the transfer from retiring long-time CEO Robert G. Miller to a new CEO. The search committee selected Dennis C. Millirons, who assumed the responsibilities of President and CEO of all Riverside affiliates on January 1, 1994.

Recognizing the need for a relationship with a Chicago-based healthcare delivery system, Riverside began the process of evaluating its options. In 1996, the affiliation with Rush-Presbyterian-St. Luke’s Medical Center (now Rush University Medical Center) became a reality. Through strong strategic and clinical ties, the Rush-Riverside relationship has produced lasting value for the people of the Kankakee Region.

Living options for seniors opened up with the construction of 90 senior independent living apartments at Westwood Oaks, 48 senior assisted living apartments at Butterfield Court and the opening of Miller Center, a 120-bed skilled nursing facility.

Riverside purchased the former Alco Discount Store in Bradley as a satellite location to house health equipment, ambulance, wellness services, outpatient rehabilitation and occupational health services, naming it “Riverside Atrium.”

It now serves as a medical mall with offices for physicians, a single-specialty orthopedic surgery center, an occupational medicine clinic, physical rehabilitation facilities and the ambulance headquarters for Riverside Ambulance.

To make the benefits of health and wellness available to more area residents, Riverside built a state-of-the-art Health Fitness Center in 1997, with training equipment, an indoor track, swimming and exercise pools, climbing wall and much more. As a hospital-based center, the staff is especially sensitive to the needs of those who are not in the best of health. The facilities are easily accessible for people with wheelchairs or walkers and there are programs geared toward those with chronic problems, such as arthritis, fibromyalgia, heart disease or back pain. The 70,000 sq. ft. facility in Bourbonnais includes child care, professional fitness consultations, whirlpool, massage and numerous other amenities. Riverside Health Fitness Center also houses certain outpatient services for convenience, including sports medicine and rehabilitative medicine.
In 1999, the Riverside Heart Center became a reality. A defining decision regarding Riverside’s future was to pursue the development of open-heart surgery. After five years of preparation and planning by Riverside leadership, the Illinois Health Facilities Planning Board approved Riverside Medical Center’s request to do open-heart surgery in early 1999. The first procedure was performed in October 1999 and today, the program continues to grow with over 2,500 procedures annually in the Heart Catheterization Laboratory, and over 250 open-heart surgeries each year. The Riverside HealthCare Foundation committed $1 million toward the expense of the program start-up.

Disaster Tests Emergency Responsiveness

Emergency personnel survey crash scene.

The memory is still vivid for many in this community. On March 15, 1999, at a railroad crossing in Bourbonnais, Amtrak’s City of New Orleans passenger train from Chicago collided with a truck transporting 22 tons of steel. The crash derailed 11 of the train’s 14 cars, plus two locomotives. One locomotive split, leaking diesel fuel that ignited the front three cars. Within minutes, 35 ambulances and scores of police and firefighters arrived on the scene to help the train’s 214 passengers and 14 crew members; eleven died t the scene.

Riverside activated its Disaster Plan as soon as it got word of the crash. When the first ambulance arrived at Riverside’s Level II Trauma Center, physicians and nurses were at the door, ready with their gurneys and emergency medical supplies. Riverside accepted 52 patients, nine with life-threatening injuries, 18 with serious injuries and 21 non-urgent injuries; two patients required surgery.

In addition to rallying medical personnel and supplies, a thorough disaster plan covers almost all allied services. Most departments must be prepared to provide services to many people in a very short amount of time. For instance, Security must handle a barrage of people descending on the premises; Public Relations to handle the probes of the media; Pastoral Care and Behavioral Health to help victims and their families deal with tragedy; Admitting and Medical Records to process many patients; Pharmacy to fill both inpatient and outpatient prescriptions; Radiology and Laboratory Services to help physicians quickly diagnose the extent of injuries.

FACT: Riverside’s EMS System was the first in the area to offer EMT-AD (Emergency Medical Technician – Ambulation Defibrillator) programs.

“Most hospitals never actually have the experience of being involved in an actual disaster,” notes Trauma/Disaster Coordinator Sherry Mayes, RN. “Although all hospitals are required to conduct a minimum of two disaster drills per year, when you are involved in a real disaster, the plan that looks good on paper may not cover all of the unknown glitches that may occur. Our preparedness passed the test but we also learned some things and made several changes to our Disaster Plan.” Mayes has shared Riverside’s experience with many other hospitals in Illinois, making presentations that help them to be better prepared.

Since terrorists struck the World Trade Center in New York City on September 11, 2001, the job of preparing a medical center for disaster has almost become a full-time position, according to Mayes. “The government has allotted each hospital in Illinois with the funds to prepare for biological and chemical attacks. That has meant writing new disaster plans, purchasing new equipment such as Hazardous Material suits and supplied respirators, then educating people on the plan and training them in the use of new equipment.”

Of course, everyone hopes the new plans will never have to be activated, but residents of the Kankakee Region can rest assured that Riverside is ready with a plan for the unexpected.

A New Millennium Dawns

The new Riverside Pavilion opened in November 2003.

Although the new Millennium has hardly begun, advancements are evident throughout the entire...
health system, with new facilities, expanded programs, added service lines and prestigious awards. In addition to the many “Firsts”, Riverside HealthCare is meeting the changing healthcare needs of those we serve with the following upgrades since 2000:

The new Riverside Pavilion makes comprehensive services more convenient and accessible than ever, adding more than 600 parking spaces and a new main entrance linked to Riverside Medical Center. The 115,000 sq. ft., 6-story facility is home to the Schneider Outpatient Center, Women’s Health Center, Riverside Cancer Institute and physicians’ offices. A temperature-controlled pedestrian walkway provides safe crossing over Wall Street in front of the Medical Center.

Renovated Family Birth Suites increased the number of labor-delivery-recovery suites to five, making plenty of room for the more than 1,400 babies born at Riverside each year. The Suites contain an Infant Care Center so newborns can be cleaned and weighed right there and kept cozy in a warming cabinet. A Special Care Nursery (Level II) is nearby to stabilize infants who are very sick or need surgery.

**FACT:** The Chicago Bears set up its summer Training Camp at Olivet Nazarene University in Bourbonnais in 2001, and handpicked Riverside to be on standby for injuries.

In June 2003, Riverside broke ground for the Betty Burch Bridgewater Center for Radiation Therapy. Dedicated to the memory of Mrs. Bridgewater, the Center was funded in part by a gift from the Bridgewater family and is part of the Riverside Cancer Institute, which delivers advanced cancer care and research to those impacted by cancer. The Riverside HealthCare Foundation also committed $3.5 million to the construction of the new Cancer Center and the volunteer Auxiliary committed $250,000 for a Cancer Education Center. The Center is a highly advanced facility that brings the latest cancer care technology to this area.

**FACT:** Riverside Medical Center is nationally recognized for its specialty areas in heart care, obstetrics, trauma, oncology, rehabilitation, geriatrics, occupational health, treatment of alcohol and chemical dependency, and psychiatric services. The Emergency Department is designated as a Level II Trauma Center and a Resource Hospital by the Illinois Department of Public Health.

While there’s no cure for diabetes, patients can learn to manage the disease to live a full, healthy life. Riverside’s Diabetes Self-Management Education Program received a Certificate of Recognition from the American Diabetes Association for meeting national standards in 2003. Certification has only been given to 23 programs in the entire State of Illinois.

Riverside HealthCare continuously strives to meet the changing healthcare needs of the people who live in this Region, delivering quality services, the best patient satisfaction and the greatest convenience possible, coupled with the latest technology that enables our patients to receive excellent and comprehensive medical care. Riverside Spiritual Healing Garden completed in 2003.
Riverside HealthCare “Firsts”

Pictured with Dr. Alexander (far right) is the Riverside Aortic Dissection Heart Team.

As part of its mission to deliver quality, caring services that improve the health status of the communities we serve, Riverside is often the First in the Kankakee Region to use advanced care that benefits patients. Here are some of the most recent “Firsts” in procedures, equipment and services:

- **Endovascular stent-graft (2003) for Abdominal Aortic Aneurysms (AAAs),** a new minimally-invasive procedure that saves lives by repairing a bulge or weak spot in the major artery that feeds blood vessels supplying the brain, arms, legs and intestines.
- **Cardiac drug-eluting stents (2003)** slowly release a drug over a long period of time that prevents cleared blood vessels from closing up after angioplasty due to scar tissue. It’s a medical advancement that is revolutionizing angioplasty and cardiac care.
- **Ambulatory Infusion Center (2002)** enables those who need regular IV therapy, injections or related services to receive their treatments in a comfortable setting where they can watch TV, read or socialize.
- **Aortic Dissection (2003).** Just six weeks after actor John Ritter died from an aortic dissection (a leak in a main heart artery), Riverside Heart Center experts successfully repaired the dissection of Robert Gassman, sending him home a few days later to rest. Gassman benefited from the proven record of exceptional care our specialists deliver in a full spectrum of cardiac services that includes open-heart surgery.
- **Toshiba 16-slice CT Scanner (2003),** the cutting-edge of scanning technology, delivers not only speed but also a resolution so improved that CT scans are being used to find cancers previously too small or to examine small arteries or the organs of small children.
- **Mammotone System®, Second LookTM System (2003),** a computer-aided diagnostic system that greatly strengthens a radiologist’s ability to diagnose breast cancer in its early stages, aids in ultrasound guided breast biopsy and much more.
- **Riverside Heart Center Women’s Heart Health Program (2004),** focuses solely on women’s heart health.
- **Bariatric Surgery (2003)** is a multi-disciplinary program that provides several types of weight loss (or gastrointestinal) surgery for qualified candidates 80 to 100 pounds overweight whose obesity poses serious physical or health problems.
- **Affiliation with the Rehabilitation Institute of Chicago, (2004)** the number one rehabilitative hospital in the U.S., dramatically strengthens rehab services for area residents and greatly expands their access to care.

Facing Forward - What Lies Ahead?

This 40-year history portrays more than a sentimental walk through time. It tells an American success story – an ambitious dream, years of hard work and neighbors caring about neighbors have made Riverside into a stronghold of the community.

Riverside HealthCare is prepared to further its mission of providing quality, caring services that improves the health status of the communities it serves.

How will the rest of the tapestry unfold? Our history creates a rich background – the present and future is in our hands.

Dedication

In consideration of the 40th Anniversary of Riverside HealthCare, this history was prepared with the assistance of Sharon Corzine Sills. She and Chief Executive Officer, Robert G. Miller, were the first employees of the hospital. This history is dedicated to their service and the service of those who have followed. To heal always, and to cure as often as possible, this legacy of the caring organization that was created so many years ago, lives on today.

“Our fingerprints don’t fade from the lives we touch.”

– Judy Blume
Meet the Leadership at Riverside Medical Center

“GOOD LEADERSHIP ISN’T ABOUT ADVANCING YOURSELF. IT’S ABOUT ADVANCING YOUR TEAM”

- JOHN C. MAXWELL

Phillip M. Kambic
PRESIDENT AND CEO, RIVERSIDE HEALTHCARE

Phillip Kambic began serving as Riverside Healthcare’s President and CEO in January 2006. Mr. Kambic has held various leadership roles including Senior Vice President and Chief Operating Officer at Riverside since 1985. Mr. Kambic received a Bachelor of Science degree from Eastern Illinois University and a Master of Business Administration degree from Governors State University.

Under Mr. Kambic’s leadership, Riverside Medical Center initiated medical residency and fellowship programs, earned Magnet designation and re-designation, received multiple Truven Analytics 100 Top Hospital Awards, 50 Top Cardiovascular Hospital Awards, the Everest Award, HealthGrades Patient Safety awards, Distinguished Hospital for Clinical Excellence Awards, 100 Top Orthopedic Hospital Awards and Stroke Hospital Awards, as well as numerous HealthGrades excellence awards year over year. Riverside has expanded its physical presence and geographic footprint now serving 5 counties and doubling its net asset size, as well. Mr. Kambic serves on professional boards including: Illinois Hospital Association, Illinois Provider Trust, and various Illinois Hospital Association committees and is a Fellow of the American College of Healthcare Executives. He is an active community member, serving on the board of directors for many organizations and is past chair of the Kankakee County Economic Alliance. Mr. Kambic received the Bradley Bourbonnais Chamber of Commerce 2006 Business Person of the Year, the Kankakee Daily Journal 2006 Citizen of the Year and is a past president of the Kankakee Area YMCA and two-time past chair of the United Way of Kankakee County’s annual campaign.

Bill W. Douglas
SENIOR VICE PRESIDENT, CHIEF FINANCIAL OFFICER AND TREASURER

Bill W. Douglas is the Senior Vice President, Chief Financial Officer and Treasurer of Riverside Healthcare and has served in this position since 2006. Throughout his career with Riverside, he has served in financial, operations and planning positions including Vice President of Finance, Chief Financial Officer, Director of Planning and Operations and Treasurer. Mr. Douglas received a Bachelor of Science in Accounting from Illinois State University and a Master of Business Administration from Olivet Nazarene University. He holds a CPA certificate (Illinois), is also a member of American Institute of Certified Public Accountants (AICPA), Healthcare Financial Management Association and the American College of Healthcare Executives.

Paula Jacobi
SENIOR VICE PRESIDENT, GENERAL COUNSEL

Paula Jacobi was appointed to her current position in 2014. Ms. Jacobi brings over 30 years of healthcare leadership experience to Riverside. She is a Partner in the law firm Barmann, Bohlen & Jacobi, PC of Kankakee, IL. She remains in a part-time role with that firm. In her private practice, Ms. Jacobi focuses on health law, commercial law, estate planning, real estate and related civil litigation. She earned her law degree at the John Marshall Law School and her Master of Science degree in Health Administration from Governors State University. Ms. Jacobi is a member of the Illinois State Bar Association and the Kankakee County Bar Association. She currently serves on the Board of Directors of the Kankakee Area YMCA, Peoples Bank of Kankakee County and the Kankakee Valley Airport Authority.

Michael D. Mutterer
SENIOR VICE PRESIDENT, CHIEF NURSING OFFICER

Michael Mutterer joined Riverside in 2011 bringing over 17 years of experience in healthcare and nursing leadership in management of hospital, long-term care, community mental health, and hospice care facilities to the position. He received Bachelor’s Degrees in Applied Sciences in Nursing from the University of Louisiana, in Psychology from Edgewood College in Madison, WI and a Master of Arts in Psychology from The Adler School of Professional Psychology in Chicago. Mr. Mutterer is as a Registered Nurse (R.N.), a Licensed Clinical Professional Counselor (LCPC), and is a Licensed Nursing Home Administrator (LNHA) and he holds certifications as a Certified Alcohol and Drug Abuse Counselor (CADC), a Mentally Ill Substance Abuse Counselor (MISA II), and a National/Board Certified Counselor (NCC/BCPC). He serves on the Board of Directors for the Chicago End-of-Life Care Coalition and for Leading Age Illinois and is a member of the American Psychological Association, the Illinois Nursing Home Administrator Association, American Nurses Association, and the American Psychiatric Nurses Association.

Kyle E. Benoit
VICE PRESIDENT OF OPERATIONS

Kyle Benoit was appointed to his current position in 2017. Mr. Benoit joined Riverside Medical Center as Vice President of Surgical and Interventional services in 2014 to oversee the strategies for delivery and growth of the surgical and procedural programs. He is also responsible for strategy,
operational execution and growth of facilities development, maintenance, construction, ambulance, emergency, cardiovascular, surgical imaging, neurosciences and laboratory services. Mr. Benoit previously directed the perioperative services for a Chicago area university hospital and health sciences system. He is a Kankakee native and received his Bachelor's degree in Biological Sciences and Master's degree in Healthcare Administration from the University of Illinois at Chicago graduating Cum Laude. Mr. Benoit serves on numerous community boards including Bishop McNamara and the United Way of Kankakee and Iroquois Counties. He was selected as Kankakee County’s 40 under 40 in 2014 and is an actively volunteers to serve a variety of organizations. Mr. Benoit is a member of the American College of Healthcare Executives.

Rebecca K. Hinrichs
VICE PRESIDENT OF HUMAN RESOURCES

Rebecca K. Hinrichs is Vice President of Human Resources and was named to this position in 2007. Ms. Hinrichs previously held various leadership roles in Human Resources including Director of Human Resources, Corporate Director of HR, and Senior HR Officer over her past 28 years of service. Before joining Riverside, she worked in Human Resources at Diamond Star Motors. Ms. Hinrichs received a Bachelor of Arts degree in both International Business and German and a Masters of Business Administration from Illinois State University. Certified as a Senior Professional in Human Resources (SPHR), a Senior Certified Professional (SHRM-SCP), a Certified Compensation Professional (CCP), and a Human Capital (HCS), Ms. Hinrichs also serves on the Workforce Investment Board, on the Personnel Committee of Hospice of Kankakee County, and is a member of The Leader Board of healthcare HR executives.

Matthew McBurnie
VICE PRESIDENT OF INSTITUTIONAL ADVANCEMENT

Matt McBurnie was appointed to his current position in 2015. Mr. McBurnie joined Riverside in 2007 as the Executive Director of the Riverside Healthcare Foundation. He received his Bachelor of Arts degree from Olivet Nazarene University and his Master of Business Administration from University of Illinois Chicago. Mr. McBurnie serves as Membership Committee Chair on the Board for the Kankakee County Chamber of Commerce after having completed two years as Board Chairman. His community involvement includes having served on the boards of Kiwanis Club of Kankakee, Olivet Nazarene University’s Social Work, IRB, and 75th Anniversary Committee, Coalition for Hope and Excellence in Education (CHEE), and GatheringPoint Church of the Nazarene. He was chosen Kankakee County’s “Young Citizen of the Year” for 2006. In 2014, Mr. McBurnie became a Fellow in Charitable Estate Planning and is a member of the American College of Healthcare Executives.

Keith A. Moss, MD
MA FACP

Dr. Keith Moss was appointed to his current position in 2015. In 2013, he was appointed Vice President and Chief Medical Information Officer. After spending time in academia, Dr. Moss received his medical degree from the University of Illinois College of Medicine in 1999. He completed his residency at Rush University Medical Center in 2002. Prior to his current positions, he served Riverside as Chief Medical Advisor for Information Technology. In 2016, he was named one of the “33 CMIOs to Know” by Becker’s Hospital Review. Dr. Moss continues to practice as a general internist in Bourbonnais, Illinois, and is a Fellow of the American College of Physicians.

Patricia K. Vilt
VICE PRESIDENT OF FINANCE

Patricia (Patt) Vilt has been Vice President of Finance since 2010. Ms. Vilt began her career at Riverside in 1995 and has worked in the areas of finance including reimbursement, budget, internal audit and revenue cycle for both the hospital and physician network. Ms. Vilt holds a CPA certificate (Illinois) and is a member of the AICPA, American College of Healthcare Executives and the Health Care Compliance Association (HCCA). She is a member of Healthcare Financial Management Association (HFMA) and is past president of the First Illinois Chapter. She serves on the national board of 340B Health and is a member of the board’s Executive Committee and is the chair of the Finance Committee. She also serves on the Finance Committee and Board of Directors for Hospice of Kankakee Valley and on the Foundational Board for Kankakee Community College. Ms. Vilt earned her Bachelor of Science in Business Administration from Indiana University, her Master of Business Administration in Finance from Lewis University and her Master of Jurisprudence in Health Law at Loyola University School of Law.

Dawn Willbarger
VICE PRESIDENT OF RIVERSIDE MEDICAL GROUP

Dawn Willbarger was appointed to her position in 2016. Ms. Willbarger began her career at Riverside in 1992. Throughout her career, Ms. Willbarger has served as Director of Patient Access, Director of Revenue Cycle and most recently, Director of Revenue Cycle – Riverside Medical Group. Ms. Willbarger received her Bachelor of Science in Business Administration from Governors State University and Master of Business Administration from Olivet Nazarene University. She is very active in volunteering for local organizations.
Medical Staff Officers, Division Chairmen, and Service Line Chiefs 2018

Officers:

President – Thomas Betlej, MD
   – BC Anatomic Pathology & Clinical Pathology
President-Elect – Saroja Yalamanchili, MD
   – BC Obstetrics & Gynecology
Secretary-Treasurer – Naina Batish, MD
   - BC Pediatrics
Past President – Paul Rowland, MD
   – BC General Surgery

Division Chairmen:

Division of Medicine
   Chairman - Nadeem Ansari, MD-BC Internal Medicine
   Vice Chairman -Ryan Meiners, MD - BC Diagnostic Radiology
   Vice Chairman -David Sutherland, DO - BC Gastroenterology
   Vice Chairman -Simon Wu, MD - BC Family Practice

Division of Surgery
   Chairman - Juan Jimenez, MD-BC Neurological Sciences
   Vice Chairman -Eric Varboncouer, MD - BC Orthopedic Surgery
   Vice Chairman -S. David Lang, MD - BC General Surgery
   Vice Chairman - Oleg Korolev, MD - BC Anesthesiology

Committee Chairmen:

Bylaws/Nominating Committee
   Paul Rowland, MD
Graduate Medical Education Committee
   Naresh Chandan, DO
IRB Committee
   Mehmet Sipahi, MD
Medical Executive Committee
   Thomas Betlej, MD
Medical Staff Quality and Peer Review Committee
   Naresh Chandan, DO
Pharmacy and Therapeutics Committee
   TBD
Practitioner Health Committee
   Stonewall McCuiston, MD
Practitioner Workplace Interaction Committee
   Paul Rowland, MD
Quality Assurance and Joint Conference Committee
   Thomas Betlej, MD

Service Line Chiefs:

Ambulatory Service Line
   Asima Hussaini, MD

Behavioral Health Service Line
   Mary Belford, MD

Cancer Service Line
   Mehmet Sipahi, MD

Cardiovascular Service Line
   Brad Suprenant, DO

Inpatient Critical Care Service Line
   Raju Abraham, MD

Neuro/Ortho Service Line
   Bruce Dodt, MD

OB/Neonatal Service Line
   Lizi Andrews, MD

Renal Service Line
   Nashib Hashmi, MD

Trauma Service Line
   S. David Lang, MD
Physicians on the Active Hospital or Active Community Staff at Riverside Medical Center are required to attend 50% of Division meetings and 50% of Full Staff meetings. The failure to meet the 50% meeting requirement will result in a $100.00 fine being billed with a physician’s yearly medical staff dues. Service Line meeting attendance is not required but is strongly encouraged. The option to call into the meetings is available. Members of the Consulting Staff do not have meeting requirements. Non-Physician Providers are invited to both Division and Service Line meetings but also do not have a meeting requirement. Reminders are sent to your email for each meeting and will contain the date, time, and location for each meeting as well as the credentials to log into the BoardEffect platform and the conference call information. The BoardEffect platform is where all meeting materials are made available to you for review prior to the meeting. Utilizing the BoardEffect platform allows information to be reviewed ahead of time so less time is spent reviewing information during meeting, instead allowing for more discussion.

Divisions meet bi-monthly and are led by one chairman and three vice-chairs. These physicians are required to review all credentialing, privileging, and permission to practice for their respective division, as well as Ongoing Professional Practice Evaluation (OPPE) data. Division chairmen sit on the Medical Executive Committee. The function of the division is to ensure the patient care is the highest priority, with a focus on maximizing quality, safety, service, and value. Divisions are responsible for establishing credentialing and privileging criteria.

Service lines meeting monthly, bi-monthly, or quarterly and are led by the service line chief. These physicians lead the service line meetings and also sit on the Medical Executive Committee. The function of service lines are to plan continuing education activities, discuss policies, conduct utilization review and quality improvement, participate in the development of privilege criteria (when requested by a division chair), discuss a specific issues at the request of a division chair or the Medical Executive Committee. The full medical staff meeting calendar is available on Rivernet and upon request.
The following referenced Policies and Medical Staff Bylaws provide guidance for addressing reported breaches of the Code of Behavior Policy

- Anti-harassment and Sexual Harassment Policy # HC-HR942-01-0151 for definition of "Zero tolerance."
- Employee Conduct and Work Rules Policy # RHC-HR942-01-0129
- Investigation of Reported Breaches of the Riverside Code of Behavior Policy # RHC-HR942-01-0165
- Professional Standards of Behavior Policy # RHC-HR942-01-0154.

Purpose of Our Code of Behavior

Our Code of Behavior has been developed to provide every person who works for, or provides services to, Riverside HealthCare, including medical staff members, administrators, employees, students, and volunteers, with professional standards of behavior. We will have 'zero tolerance' for abusive and insubordinate behavior in the workplace. As an organization, we are committed to the best professional service and patient safety and satisfaction possible. We recognize that employee safety and satisfaction equals patient safety and satisfaction and high quality care. We agree to practice this code of behavior.

Our Mission and Values Guide and Encourage Us To:

• Treat others with professionalism, courtesy and respect. We recognize that we each have areas of expertise.
• Show consideration. We will be sensitive to others’ inconvenience and consider another’s priorities in addition to our own when making last minute requests.
• Demonstrate tolerance. We recognize that conflicts may exist among co-workers, and professional courtesy is expected. We understand our priority is to tend to the needs of the patient and provide for patient safety.
• Provide support for co-workers. We will offer help when possible and cooperate in the workplace.
• Maintain reliability to co-workers, patients and the Riverside Healthcare organization.
• Welcome new co-workers. We will be supportive by offering help and setting an example of cooperation in the workplace, and serve as mentor or coach for others when needed.
• Maintain honesty in interactions with others.
• Respecting the privacy of customers.
• Maintain accountability. We will take full ownership of our actions and will avoid assigning blame or making excuses, either verbally or in the medical record.

For Riverside employees, all other policies apply with regard to behavioral expectations and guidelines.

Examples of abusive and insubordinate behavior include:

• Retaliation against those who raise concerns.
• Threatening verbal comments.
• Hanging up abruptly in a phone conversation that may impact patient safety.
• Using ridicule or other verbal comments (including the use of profanity) to abuse, insult or humiliate others.
• This list is to be used as examples and is not an exhaustive list. The goal of this policy is to promote the positive behaviors as described in the "Our Mission and Values Guide Us" section of this policy.
Unusual Occurrence/Incident Reporting

Policy:

Definition:
An unusual occurrence is an event that represents an actual or potential risks of harm to a patient, visitor, employee or to the healthcare system itself. Most unusual occurrences result from process-related issues and are not the result of individual error or fault. The definition is to be broadly interpreted to include such situations as an accident or near miss; variance from established policies, omission of routine procedures, and omission or unintended commission during treatment. It includes any event not consistent with accepted practices of quality patient care. These unusual occurrences may represent opportunities for improvement in the delivery of care to patients, improvement in the safety of the Riverside Healthcare environment or ways of reducing other risks for the patients, visitors, employees and others utilizing the Riverside HealthCare System. Unusual occurrences should be reported to the Quality Improvement Committee designee electronically via the Peminc Incident Management program by the electronic incident reporting system This program is available via Rivernet under the heading "Applications" homepage. Paper forms may be used in downtime and are available in Policy Stat under forms. The Director of Risk Services or designee is authorized, on behalf of the Quality Improvement Committee to gather, analyze, investigate and report findings from Unusual Occurrence Reports to the Quality Improvement Committee. The quality improvement process begins with the notification of an adverse event to the Director of Risk Services by electronic incident reporting system or by phone prior to the report being completed.

Everyone is to be alert to recognizing reportable occurrences and follow the reporting procedures. If there is any doubt about reporting an occurrence, a report is to be completed.

Reportable events include, but are not limited to, the following:

1. Visitor Occurrence – whenever a visitor sustains an actual or possible injury at any point on healthcare system property a Code First Aid is called (main campus) or 911 is called (off campus) to obtain help for the visitor.
2. Patient Occurrence – Complete a report whenever an actual or suspected event occurs in any healthcare system department. Good catches are encouraged to be reported as part of the quality improvement process. Reports are to be completed prior to the end of a shift or prior to leaving the hospital.
3. Employee Occurrence – All employee injuries must be reported in compliance with the Post-Accident and Work Related Injuries and Illness Policy. If work place violence or threats are made by an employee, patient or visitor please notify Risk Management immediately.

The following referenced Policies and Medical Staff Bylaws provide guidance for addressing reported breaches of the Code of Behavior Policy

- Unusual Occurrence/Incident Reporting Policy #RHC-ADM950-01-0048-V10
At Riverside, we are committed to the delivery of safe, effective, compassionate, and satisfying patient care. While numerous measures are in place to ensure the successful execution of this commitment, patient safety measures are paramount in our continued success.

Our Patient Safety policy outlines several procedures used to ensure the safety of our patients. Using two identifiers prior to medication administration, treatment, diagnostic procedure, or surgery ensure the proper patients are receiving the proper interventions and treatments. Educating staff and visitors regarding specific precautions, such as isolation techniques, by displaying signage in prominent areas of the unit or patient’s room ensures everyone understands how to keep our patients safe. Communication is paramount in our patient safety efforts. We encourage communication with both patients and families. Examples of key opportunities for communication include explaining the use of the call and emergency lights to both patient and family upon admission, outlining procedures and daily routines carefully and encouraging questions, identifying and conveying a patient’s fall risk to everyone involved in the patient’s care. Explaining activity restrictions ordered by a physician can provide clear instructions to patients and care givers. Outlining activity limitations imposed by treatments, such as traction or IVs and encouraging calls for assistance as necessary is another example of communication improving patient safety.

Pain management is another way we deliver our best patient care. As outlined in the “Pain Management” policy, all patients will receive timely pain management with the goal to alleviate pain or reduce pain to a level of comfort that is acceptable to the patient and is demonstrated by a decrease in the patient’s pain scale rating and improve physical, cognitive, behavioral, and/or psychosocial functioning. Ensuring a pain assessment is included in the patient’s initial assessment, is completed on each shift as well as prior to, during, and after any known pain-producing event, and after pain intervention will allow proper documentation and treatment of pain. Practitioners are to choose pain control options that are appropriate for the patient and the care setting. Consideration should be given in regard to therapies, treatments, and procedures and proactive intervention should be taken for pain.

Patient Care Services has created a policy outlining the expectations when using restraints and/or seclusion. Riverside is committed to the patient right to be free from restraint or seclusion that is not medically necessary. Riverside staff will not restrain patients as a means of coercion, discipline, convenience, or retaliation. The safety, respect, and dignity of the patient is to be preserved at all times. The “Restraint/Seclusion” policy outlines the process and procedures for the following: physical restraints, chemical restraints, death restraint reports to CMS, order restraint for seclusion, assessment and monitoring for restrained or secluded patients, documentation in the electronic medical record, quality monitoring, staff training, technique for restraining or seclusion for behavioral reasons, and application and removal procedures.

The following policies, referenced above, and their corresponding policy numbers can be found in PolicyStat.

- Patient Safety Policy # RHC-PCS600-01-0207-V05
- Pain Management Policy
- Restraint/Seclusion – Patient Care Services Policy #RHC-PCS600-01-0277-V100151
Infection Control
1. Universal Precautions/Standard Precautions state if there is any possibility that you could come in contact with blood or body fluids, you should follow procedures established by the Center for Disease Control.
2. Universal biohazard symbol with term biohazard, red bags, red containers are all ways to warn employees of potential hazards.
3. Personal protective equipment is defined as: specialized clothing or equipment worn by an employee for protection against a hazard.
4. Signs and symptoms of TB include cough with blood, weight loss, night sweats, fatigue, and positive AFB smear of the sputum.
5. TB is transmitted by droplet nuclei. These droplet nuclei travel in air currents, which are release from an infected person by coughing, sneezing and speaking or singing.
6. Special types of masks are required for these people who care for patients suspected of having TB.
7. Broken glass must be removed using an engineering control.
8. An engineering control is an item that is supplied by the hospital to the employee and is readily accessible to eliminate or minimize exposures.
9. Hand washing is the single most important thing you can do to protect your health and the health of those you care for.
10. The following items are considered to be regulated/infectious waste: items saturated with blood, used needles or sharps, and items covered with dried blood.
11. Riverside Medical Center offers respirator training and free fit testing. Please contact risk services with questions regarding this service.

Hazard Communication in the Health Care Setting: Your Right to Know
1. The “Employee Right to Know” law states that you have the right to know the hazards of any chemical you work with.
2. Training on the hazards of chemicals must be conducted when employees are introduced into a new work area.
3. Labels are needed to identify any chemical that will be used by a person.
4. Material Safety Data Sheets (MSDS) should be available to anyone at anytime in a centrally located area.
5. Three of the elements that must be included on an MSDS are first aid information, exposure limits, and emergency procedures.
6. It is important for you to know the priorities and incompatibilities of the chemical you work with.
7. Institutions should have a labeling system when handling any chemicals.
8. A chemical product can be used unlabeled only if it never leaves your possession and the remainder to the original container of disposed of properly.
9. You should use appropriate personal protective equipment such as goggles or respirators when using hazardous chemicals to reduce your risk of exposure to hazardous substances.
10. Your body can be exposed to chemical hazards by ingestions or injection.
11. Your supervisor should provide you with a written hazard communication program.
12. Safe handling practice means knowing the proper steps to follow in the event of a chemical spill.
Electrical Safety in the Healthcare Setting

1. Materials that are conductors include metals like copper, aluminum, and steel.
2. Materials such as rubber, cloth, plastic, paper, and wood are insulators.
3. Amps or amperage is not the term used to describe the amount of power causing electrons to move.
4. Equipment repair with adhesive tape like a fraying cord may not be used temporarily until the cord can be repaired.
5. Two pronged plugs are not grounded – they are not acceptable in a patient care setting, however they are acceptable in an office setting.
6. Macroshock happens with a strong electrical current passes through the skin to body tissues.
7. Macroshock occurs most often when wet skin acts as a conductor of electricity.
8. Jelly or paste used with electrodes does not help to reduce the change of electrical shock to a patient.
9. A person’s body may create electrical connection that can result in macroshock if he or she touches a patient with exposed pacemaker leads or catheter fluid along with faulty, ungrounded equipment.
10. A patient’s perspiration makes them more susceptible to getting an electrical shock.
11. All equipment should be inspected by Bio-Med before use in the healthcare setting.

Protecting Your Back

1. The 24 segments of your back are called vertebrae.
2. Poor posture, improper body mechanics and lack of exercise are the 3 major reasons for why 8 out of 10 people suffer from back problems.
3. Good posture means keeping your back straight.
4. Body mechanics are important. You should use your back correctly when trying to lift or move patients or objects.
5. Lifting is the most common reason for back problems among healthcare workers.
6. Keep loads close to your body and bend your hips and knees, not your waist. These are two rules to remember when lifting.
7. Sitting is twice as hard on your back than standing.
8. If your work requires that you stand for long periods of time you should place one foot on a low stool and change positions often.
9. You can move twice as much if you push instead of pull.
10. Exercise is the single most important thing you can do for your back.
The Operating Room has a policy specifically outlining procedures for a fire in a surgical suite. This policy provides perioperative personnel guidance in preventing fires during surgical and other invasive procedures as well as appropriate responses if a fire occurs. The expected outcome is that the patient will be free from signs and symptoms of injury related to thermal sources. All perioperative team members are responsible for preventing fires and participating in departmental fire safety training. Department specific fire drills occur quarterly during each shift the perioperative department is operational. On a quarterly basis, each member of the perioperative team shall be able to demonstrate fire-extinguishing techniques, identify department evaluation routes for each room, as well as identify fire extinguisher locations, locate and demonstrate the operation of the medical gas and electrical panels. The policy also provides information regarding performing fire risk assessments, interventions for prevention of fires in or on equipment, as well as identifying and intervening when a fire involves a patient.

The following policy, referenced above, and the corresponding policy number can be found in PolicyStat.

- Fire Safety in Perioperative Setting
  Policy # RMC-OR660-03-0135-V01
## Riverside Medical Center Emergency Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code 00</td>
<td>Internal telephone failure</td>
</tr>
<tr>
<td>Code 33 – (Area)</td>
<td>A person in cardiac distress and/or respiratory failure. Assigned team responds</td>
</tr>
<tr>
<td>Code 66 – (Area)</td>
<td>Evacuate designated areas</td>
</tr>
<tr>
<td>Code 99 – (Area)</td>
<td>A person has become agitated or unmanageable, and assistance is needed</td>
</tr>
<tr>
<td>Code 100</td>
<td>Suspicious object (bomb) threat procedure is activated</td>
</tr>
<tr>
<td>Code 200</td>
<td>HVAC alert (heating, ventilation, and air conditioning)</td>
</tr>
<tr>
<td>Code Affinity</td>
<td>Affinity computer system is down. Follow/refer to Downtime Policy</td>
</tr>
<tr>
<td>Code D – Phase I</td>
<td>Command Center activated. Designated staff on duty are relocated to the ED</td>
</tr>
<tr>
<td>Code D – Phase II</td>
<td>Command Center activated. All departments activate phone trees. Report to Manpower Pool</td>
</tr>
<tr>
<td>Code D - Chemical</td>
<td>Command Center activated. Hazmat Team activated. Identify chemical and appropriate treatment</td>
</tr>
<tr>
<td>Code D – Radiation</td>
<td>Command Center activated. Hazmat Team activated. Radiation Safety Officer, Security, Maintenance, and Environmental Services respond to the Emergency Department to prepare for victim arrival</td>
</tr>
<tr>
<td>Code Hazmat</td>
<td>Internal chemical spill</td>
</tr>
<tr>
<td>Code Lock-down</td>
<td>Entrances and exits controlled and maintained</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Arrival of patients with biological exposure</td>
</tr>
<tr>
<td>Code Red – (Area)</td>
<td>Fire alarm system has been activated</td>
</tr>
<tr>
<td>Code RRT</td>
<td>Patient clinical condition significantly deteriorates</td>
</tr>
<tr>
<td>Code SSS Phase I</td>
<td>Severe snowstorm. Director/Managers make assessment of staffing for the next 24 hours and ability of staff to come to work</td>
</tr>
<tr>
<td>Code SSS Phase II</td>
<td>Severe snowstorm. Staff have begun calling off due to inability to drive to work. Command center activated.</td>
</tr>
<tr>
<td>Code Stork/Amber</td>
<td>Infant/child abduction</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Large influx of visitors or media to the hospital</td>
</tr>
<tr>
<td>Code Green</td>
<td>Missing person age 18 and over</td>
</tr>
<tr>
<td>Tornado Warning</td>
<td>Conditions favorable for a tornado</td>
</tr>
<tr>
<td>Tornado Sighted</td>
<td>A funnel cloud has been sighted</td>
</tr>
<tr>
<td>Trauma Alert</td>
<td>Trauma Center patient arrival</td>
</tr>
<tr>
<td>Code Silver</td>
<td>Situation in which a person is brandishing a weapon, involved in an act of violence or hostage situation</td>
</tr>
<tr>
<td>Code STEMI</td>
<td>Notification of critical team to respond to the ED to assist with a patient who has an EKG positive for a diagnosis of ST elevation myocardial infarction</td>
</tr>
<tr>
<td>Code CVA</td>
<td>Notification of clinical team to respond to the ED or inpatient unit to treat a patient who has stroke symptoms</td>
</tr>
<tr>
<td>Code All Clear</td>
<td>Return to normal operations</td>
</tr>
</tbody>
</table>
Physician’s Orders and Order Clarification

Policy:
Physician orders are entered in the hospital computer system. The licensed or certified professional has the right and obligation to clarify and/or question a physician’s order that is in conflict with usual clinical practice. Unsafe abbreviations should not be used when writing medication related documentation.

Procedure:
Verbal orders and telephone orders:
A. These orders are to be entered into the electronic medical record (EMR) with the designation of telephone or verbal order and ordering physician name.
B. The person entering the telephone or verbal order will read the order back to the physician.
C. These orders are to be reviewed and electronically signed by the physician.

The following personnel may take NON-MEDICATION verbal and telephone orders in their field of expertise and/or scope of license and training:
- Medical Laboratory Technologist
- Registered X-Ray Technologist
- Registered Nuclear Medicine Technologist
- Registered Ultrasound Technologist
- Activity Therapist
- Speech Therapist
- Occupational Therapist/Physical Therapist
- Registered Social Worker
- Respiratory Therapist
- Certified Respiratory Technician
- Registered Dieticians
- Electroencephalogram Technician
- Certified Occupational Therapy Assistant
- Physical Therapy Assistant
- Physician Assistant
- Registered Nurse
- Pharmacist
- Licensed Clinical Professional Counselor
- Certified Addictions Therapist
- Psychologist
- Medical Assistant
- LPN
- Scheduler
- Patient Care Technicians
- Advanced Practice nurse
- Physician Residents

MEDICATION VERBAL ORDERS AND TELEPHONE ORDERS may be accepted from the physician by the following personnel within the scope of their license and training as applicable:
- Registered Nurse
- Registered Pharmacists
- Licensed Practical Nurses
- Respiratory Therapists
- Physician Assistants
- Nuclear Medicine Technologists
- Registered Dietician
- Radiology Technologists

NOTE: If a physician gives a verbal order, the physician will be asked to enter the order. STAT orders to ancillary departments should also be accompanied by a phone call. Blanket medication orders are unacceptable. New medication orders are required to be written to meet the patient’s needs.

The following policy, referenced above, and the corresponding policy number can be found in PolicyStat.
- Physician’s Orders and Order Clarification
  Policy # RHC-PCS600-01-0253-V06
GUIDELINES FOR UNSAFE MEDICAL ABBREVIATIONS

Policy:
Riverside Medical Center uses the abbreviations/definitions on the website www.medilexicon.com as guidelines for an abbreviations list.

Procedure:
Abbreviation Usage Guidelines
- A link on Rivernet to the website is accessible to all users in multiple locations.
- Where multiple definitions exist for one abbreviation, the interpretation will be context-specific. For example: “BE” would refer to “barium enema” in Radiology and to “base excess” when resulting/discussing arterial blood gases. When the context meaning isn’t clear, the abbreviation should not be used.

Unacceptable Medical Abbreviations:
- Medical abbreviations are inappropriate and will not be used for either verbal or written communication with patients or families.
- Some common abbreviations have been determined to be open to misinterpretation and thus unsafe for use.

The following “Official ‘Do Not Use’ List” is posted on Rivernet

<table>
<thead>
<tr>
<th>Official “Do Not Use” List</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do Not Use</td>
</tr>
<tr>
<td>U (unit)</td>
</tr>
<tr>
<td>IU (International Unit)</td>
</tr>
<tr>
<td>Q.D., QD, q.d., qd (daily)</td>
</tr>
<tr>
<td>Q.O.D., QOD, q.o.d, qod</td>
</tr>
<tr>
<td>MS</td>
</tr>
<tr>
<td>MSO4</td>
</tr>
<tr>
<td>MgSO4</td>
</tr>
<tr>
<td>Trailing zero (X.0 mg)*</td>
</tr>
<tr>
<td>Lack of leading zero (.X mg)</td>
</tr>
</tbody>
</table>

*Exception: A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

This policy and the corresponding policy number can be found in PolicyStat.
- Guidelines for Medical Abbreviations Policy # RHC-PCS600-01-0419-V01
The Impaired Medical Professional

What do you mean by “impaired”?

Impaired is defined as the inability to care for patients with reasonable skill or safety because of:

- The misuse or abuse of alcohol or other drugs
- Mental or emotional illness
- Dementia or the effects of aging
- An infectious disease
- Physical abuse
- Inappropriate sexual behavior
- Burnout
- Poor general health

Impairment and the medical professional

10-15% of medical professionals experience problems with alcohol, other drugs, or mental illness at some point in their lives. Studies among U.S. physicians have concluded that impairment of functioning due to chemical dependence alone affects 8-12% of physicians.

Difficulties of identifying the substance abusing medical professional

Identifying an impaired professional can be difficult as a result of the following:

- Self-deception and personal denial by the impaired
- Conspiracy of silence by professionals, family, and others
- Disconnect with stereotypical concept of the addict
- Ability to develop concealment strategies

When considering the possibility of impairment, it is imperative to distinguish between a pattern of problems and an isolated event. There are usually multiple warning signs with true impairment. On the other hand, when isolated incidents or disruptive behaviors occur you should always consider the possibility that the person is impaired.

Clues to recognition

Inconsistent work patterns

- Coming to work on days off
- Volunteering for overtime
- Making rounds at unusual times
- Coming to work while on vacation
- Repeatedly late to work after day(s) off
- Unexplained absences

Fluctuations in quality performance

- Failure to return phone calls and cancelling appointments
- Staff and/or patient complaints
- Giving inappropriate orders
- Failure to carry out orders timely and accurately
- Ordering excessive consultations
- Missed deadlines
- Mistakes to negligence or poor judgement

Personal and social difficulties

- Mood swings or other inappropriate behavior
- Isolation
- Impatience and hyper-criticism
- Heavy drinking at staff functions
- Social isolation or peer avoidance
- Changes in dress, attitude, professional demeanor
- Financial difficulties

Other Clues

- Tremors
- Alcohol on breath
- Long sleeves
- Broken beeper syndrome
- Slurred speech
- Bloodshot eyes
The patient or patient’s representative (as allowed under state and federal law) has the following rights:

1. To be given access to treatments and facilities regardless of race, religion, color, language, sex, sexual orientation, ethnic origin or ancestry, age, marital status, veteran status, ability to understand, physical or mental handicap/disability, or any other classification protected by any applicable law. If Riverside cannot provide the care needed, staff will inform you of your needs and the alternatives to care.

2. To accommodate any special needs or disabilities including provision of interpretive assistance or assistive devices.

3. To be respected as an individual deserving competent, private and compassionate care.

4. To know the names of you physicians and your healthcare team members.

5. To receive pastoral care and/or spiritual guidance.

6. To receive care and treatment consistent with sound nursing and medical practices in a safe setting free of abuse, neglect or harassment of any kind.

7. To access protective and advocacy services.

8. To be free from seclusion and restraints of any kind that is not medically necessary.

9. To be informed of his/her health status, condition and proposed treatment, to be involved in care planning and treatment, and to make informed decisions regarding his/her care.

10. To be informed about the outcomes of care, treatment and services including unanticipated outcomes.

11. To participate in the development and implementation of his/her plan of care.

12. To privacy (visual and auditory), and that consultations involving your care will be discreet.

13. To respect for your spiritual, cultural, psychosocial needs, beliefs and values.

14. To an environment that preserves dignity and a positive self-image.

15. To obtain information regarding the relationship of Riverside, your physician and other organizations as it relates to your care.

16. To collaborate with your healthcare staff to make informed decisions.

17. To refuse to talk to or see anyone not officially connected with Riverside or your physician’s office.

18. To a reasonable response to your request for services.

19. To formulate Advance Directives including appointing a surrogate to make healthcare decisions on your behalf.

20. To review clinical criteria used in utilization activities in the event you are notified that your stay is non-certified.

21. To pain management.

22. To require or refuse treatment to the extent permitted by law. The patient does not have the right to services deemed medically unnecessary or inappropriate.

23. To request a consultation or second opinion from another physician as well as to change physicians, hospitals or outpatient centers.

24. To have a family member or representative and the patient’s physician notified of admission.

25. To participate in research studies after receiving an explanation of the nature and possible consequences of the research before it is conducted and after giving informed consent.

26. To consent to, or refuse to consent to, being filmed or recorded without such a decision affecting the healthcare received.

27. To request and participate in an ethics consultation.

28. To know the approximate cost of hospital or outpatient services or whether a service is covered by Medicare or other insurer, before admission or treatment, and to examine and receive a reasonable explanation of the patient’s bill for services rendered by his/her physician or healthcare provider, including the itemized charges for specific services rendered.
29. To have their end-of-life wishes honored by their caregivers, including the right to withhold resuscitative services or withdraw life-sustaining services.
30. To have their organ donation wishes honored by their caregivers
31. To personal privacy and to the confidentiality of his/her medical and information (to the extent provided by law)
32. To inspect, copy and to request amendments to the patient’s medical information and to have access to his/her medical record in the presence of a physician while hospitalized. After discharge, the patient may request a copy of his/her medical record.
33. To request restrictions or limitations on the medical information that RMC discloses about the patient.
34. To receive confidential communication (i.e. that RMC only contact the patient in a certain manner or at a certain location) from RMC.
35. To an accounting of disclosures required by the Health Insurance Portability and Accountability Act’s Privacy Rule.
36. To receive a copy of RMC’s Notice of Privacy Practices upon the patient’s first visit to RMC.
37. To know the identity and the role of the individuals involved in your care. Because this is a teaching hospital, there are many members of the health care team participating in your care and treatment. You may request that an individual not be assigned to your care and may expect that this request will be honored whenever this is possible without jeopardizing access to medical or psychiatric attention.
38. To receive visitors or a support person of your choice while preserving patient safety and clinical needs. You can withdraw or deny visitation consent at any time.

**Patient’s or Family Member’s Responsibilities**
The patient or the patient’s representative has the following responsibilities:
1. To provide an accurate and complete information about your health to the best of your knowledge.
2. To provide the information necessary for insurance processing and to provide timely payment for services provided.
3. To ask questions if information is not fully understood.
4. To follow the treatment plan and inform your physician or healthcare staff member of any changes in your condition.
5. To let us know if you do not understand the treatment plan or decisions about your care
6. For the outcomes if you do not follow the care, treatment and service plans provided by the staff.
7. To follow the rules and regulations of Riverside Medical Center.
8. To treat other patients, RMC staff and your physicians with consideration and respect, including their property.
9. To inform the staff or your physician if you are dissatisfied with your care
10. To tell us if you have a Living Will, Durable Power of Attorney for Healthcare, Legal Guardianship for the patient or are an organ donor.

**Complaint Process**
A patient grievance is a formal or informal, written or verbal complaint by a patient, or a patient’s representative, regarding the patient’s care or issues related to the hospital’s compliance with Medicare rules or complaint related to billing.

For any concerns you have while a patient with Riverside, please contact our Patient Liaison by phone at 815-933-1671, extension 4739; or through e-mail at www.RiversideHealthcare.org and selecting Contact Riverside; or through writing addressed to Patient Liaison, Riverside Medical Center, 350 North Wall Street, Kankakee, IL 60901.

Most grievances will be investigated and written response will be sent from Administration, the Patient Liaison or other designee from the hospital within 7 working days of the complaint if the complaint cannot be resolved quickly by someone present. This resolution will include the name of the hospital contact person, steps taken on your behalf to investigate the complaint, results of the process and date of completion of the complaint process. If it takes longer than 7 days to complete an investigation, a written response will be sent to the complainant informing them that hospital is still working to resolve the complaint and the hospital will send a written response within 30 days of the complaint. Anonymous complaints will be investigated although written response will not occur.

You may also contact the Illinois Department of Public Health (IDPH) without first filing a grievance with the hospital. The address and phone number of IDPH is Illinois Department of Public Health, 525 West Jefferson, Springfield, Illinois, 62761, or phone 1-800-252-8903, 1-800-447-6404 (TTY), or Hotline 1-800-252-4343.

You may also contact the DNV (Det Norske Veritas) Healthcare Norske directly at (866) 523-6842 or at hospitalcomplaint@dnv.com without first filing a grievance with the hospital. Written correspondence can be sent to DNV Healthcare Corporate Office, Attn: Hospital Complaint DNV Healthcare Inc., 400 Techne Center Drive, Suite 100, Milford, OH 45150-2792.

The patient has the right to file a grievance with the hospital’s Quality Improvement Organization (QIO) regarding a quality of care issue or premature discharge. The Medicare Consumer Rights Toll Free Help Line is 1-800-647-8089 and TTY is 1-877-486-2048.
To: Medical Staff, Physician Services, Nursing Council, Nursing Leadership, Unit Secretaries, Riverside Coordination Center & Ms. Sandy Kambic

From: Keith Moss, MD, CMO/CMIO

Date: March 29, 2018

Re: AMION Physician Scheduling

One of the major concerns we have found among physicians and nursing/support staff is that there often seems to be confusion as to who is on call. We intend to improve this and other issues with communication this year.

AMION Physician Scheduling is an application that blends sophisticated physician scheduling with secure messaging into one convenient and simple-to-use platform for the entire healthcare system. By making the software readily available, we hope to reduce missed pages and make it easier for nurses and clinical staff to determine who is on call.

AMION includes an iPhone and Android compatible App as well as accessibility via their website amion.com.

The April call schedule was posted on AMION March 20th. AMION software is installed on all Riverside computers.

Currently, physician offices send their initial consultant call schedules to Lindsey Nichols in the Physician Services office by the 18th of each month. We do not expect this to change; the major difference is that Physician Services will load the schedule into AMION.

Once the call schedule is published by the 20th the month prior, revisions can be made by completing the attached template and sending to the hospital operators at Riverside’s Coordination Center via email at oncallcoverage@riversidehealthcare.net or via fax to (815) 936-7234. Please note again that the Emergency Room does not and will not manage revisions — it will be the Coordination Center.

Note that this does not include the call schedules for individual physician groups.

AMION ACCESS INSTRUCTIONS:
Download OnCall, AMION’s Desktop Scheduler onto your computer: https://www.amion.com/cgi-bin/ocs?page=Help;137


**Once you get into the app you will need the AMION login which is: H0spit@l7256**
Amion Mobile App

- Since 2012, over 130,000 users on iPhone and Android
- Schedules integrated with Doximity data and messaging
Amion + Doximity

- Schedules create naturally formed messaging groups
- Text style communication
- Secure texts and profile photos powered by Doximity
Signing in

Tap Register if you don’t have a Doximity account. If you have one, tap Sign in.

If you’re not a physician (MD, DO, NP, PA, or medical student), tap “Nurse” or “Other” to begin registration.

Getting Started

Download iPhone app

Download Android app
Setting up your schedule

Enter your Amion login: [enter amion login]

Get started by entering your Amion staff password here (ex. schedule123)

Select your name from the list. This allows you to be messaged from the amion.com website.

If you’re interested in seeing other people’s schedules, select them here. Then tap done to finish set up. Be sure to accept the permission request after this to allow the app to send you notifications.

Viewing your schedule

Your next shifts will show at top of the Home tab

Single day schedules by group are viewed from the Who’s On tab. Add your photo from the Me tab to have it appear on the schedule.

Monthly schedules will show up on the Calendar’s tab. Your schedule and anyone you’ve opted to follow will show here.
**Messaging your colleagues**

All texts sent and received are secure. Add multiple recipients to start a group message.

You can see when someone reads your message by looking below your message or by tapping and pressing on a message for Message details. See when someone is online or typing by looking at the top beneath their name.

**Watch App (iOS only)**

See glances for when your next shift is as well as the number of new messages.

Tap on glances to show a list of your upcoming shifts.

Main menu allows you to select from Who’s On, My Shifts, and Messages views.
Watch App (iOS only)

Who’s On shows a list of shifts in your group today.

Push notifications will let you know of new messages coming in.

Voice dictate directly from the Apple Watch to send new messages.

Have the app already?
Common questions about getting started

Q: How do I get the green bubble to show up next to my name on amion.com?

A: You’ll need to claim your schedule from the mobile app. Go to the Amion app and tap the Calendars tab. If you see your name in black font, you added this as if it weren't your schedule. If you don’t see your name, tap Add a schedule, select your name, and select “I am [name].”

First, delete your name by tapping edit and delete the name. Then tap “Add a schedule”, select your name, and select “I am [name]”. You should see your name show up in green on the list now.

Your bubble on the amion.com website will now show as green and you will be able to receive messages from the website.
Have the app already?
Common questions about getting started

Q: I’m not receiving notifications for new messages. How do I turn on notifications?

A: When you first installed the Amion app, it asked if you would like to receive notifications. If you indicated yes, turning notifications back on is easy. Simply go to Settings -> Notifications -> Amion and Allow Notifications.

If you indicated no, the process is a little more difficult. If you go to Settings -> Notifications and don’t see Amion listed here, this is your case. Follow these steps:

1. Delete your app from the device.
2. Turn the device off completely and turn it back on.
3. Go to Settings > General > Date & Time and set the date ahead a day or more.
4. Turn the device off completely again and turn it back on.
5. Download the Amion app, accept push notifications this time at the end of the Onboarding. Then you can change the date back to today.
City Call Schedule Revision Form

*Personal practice coverage is to be routed through your answering service only to streamline communication.

<table>
<thead>
<tr>
<th>Original Physician on Schedule</th>
<th>Physician Accepting Coverage</th>
<th>Physician Specialty</th>
<th>Date for the Change</th>
<th>Time Frame of Change (If Applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Dr. A</td>
<td>Dr. B</td>
<td>Orthopedic Surgery</td>
<td>1.1.2018</td>
<td>12a – 12a</td>
</tr>
<tr>
<td>Example: Dr. C</td>
<td>Dr. D</td>
<td>STEMI</td>
<td>1.2.2018 – 1.3.2018</td>
<td>7p – 7a</td>
</tr>
</tbody>
</table>

Reminder: All revisions made after the 20th of the month prior to the requested change must be sent to fax number (815) 936-7234 or emailed to oncallcoverage@riversidehealthcare.net. Revisions to any schedule will only be made if received using the contact information above. Please do not contact the Emergency Department with revisions.

Revision(s) submitted by (please print): ____________________________________________

Contact phone number for questions regarding the revision(s): __________________________
Expectations

We look forward to working with you in the delivery of high-quality patient care. At Riverside, we recognize that this professional relationship largely depends on our ability to communicate well, collaborate effectively, and work as a team to monitor and optimize outcomes. We would like to highlight the following items from our Medical Staff Bylaws as well as some general expectations that will provide the foundation of a successful relationship.

GOOD STANDING

Ensure good standing as a member of the Medical Staff by:

a. Maintenance of current licensure, malpractice coverage, board certification, as well as ongoing continuing medical education in accordance with the Illinois State Medical Society and licensing board’s CME requirements. Failure to remain current in these areas will result in the suspension of medical staff privileges until the updated documentation is received and verified by the Medical Staff Office.

b. Timely and complete submission of all required documentation at the time of reappointment. Failure to submit this documentation within 30 days will result in monetary penalties.

c. Practicing within your approved delineation of privileges and regularly assessing your privileges to ensure they reflect your practice. You can request or relinquish privileges at any time during your appointment.

d. Participation in the peer review process by responding completely and promptly to peer review inquiries.

e. Timely payment of yearly Medical Staff Dues. Dues are due no later than January 1st of each year and are used to support CME activities, leadership activities, and memorials. Failure to pay dues will result in the suspension of Medical Staff privileges until the payment is received.

f. Adherence to HIPPA guidelines in maintaining confidentiality of patient and other sensitive information. Any HIPPA related questions can be directed to Riverside Medical Center’s Chief Privacy Officer, Karen Block.

g. Attending Medical Staff meetings as outlined in the Medical Staff Bylaws.

FOCUSED PROFESSIONAL PRACTICE EVALUATION (FPPE) & ONGOING PROFESSIONAL PRACTICE EVALUATION (OPPE)

An FPPE period is the period of observation and evaluation by your assigned sponsor and division chairperson. All practitioners are placed on an FPPE period upon appointment to the Medical Staff, when granted new privileges at any time during their appointment, or if performance issues are identified. It is your responsibility to contact your sponsor, introduce yourself, and establish a professional relationship. Case numbers required on the privilege form are to be obtained during this time. It is your responsibility to contact your sponsor when performing procedures requiring case numbers to ensure the sponsor observes or reviews your performance for quality issues and signs off accordingly. Methods used to evaluate your performance may include direct observation, chart reviews, or evaluations from other physicians and/or support staff.

OPPE is conducted at least every six (6) months. OPPE is obtained by compiling inpatient and utilization data, evaluations performed by physicians who regularly observe your work, or any other means requested by Physician Services to support your competency. The chairperson of your respective division then reviews the OPPE data and makes a recommendation.

CONTACT INFORMATION CHANGES

Illinois law requires the completion of the Health Care Professional Update Gathering Form whenever there is a change to the information included on your application (i.e. adverse actions, cases brought against you, sanctions or investigations against your license, etc.). This form is to be submitted to the Medical Staff Office within 5 days of your notification.

PARKING

Physicians joining the Riverside Medical Group will be placed on the hospital disaster call roster. Physicians belonging to the Presence Medical Group will not be placed on the Riverside roster. Independent physicians holding privileges at both Riverside and St. Mary’s will be placed on the roster based on staff status and specialty. Non-Physician Providers will be placed on the roster based on the assignment of their collaborating physician.

PARKING

Practitioners have designated areas for parking near the hospital as well as the north and pavilion parking garages. Physician spaces located in the south lot should be utilized by practitioners rounding at the hospital, or by the specialties indicated on the space’s signage. If physician spaces are full, please utilize row C and back in the pavilion lot. Penalties for failure to comply with parking policies include a warning, notification of the appropriate Vice President, and vehicle immobilization via a wheel boot device which carries a $50 removal fee. Placards and vehicle registration are required to park in practitioner spaces.
MEDICAL STAFF COMMUNICATION

Medical Staff members will be kept abreast of important clinical and administrative issues via their mailboxes, facsimile, cellular calls/texts, and email. This includes information regarding downtimes, go-lives, update on clinical services, meetings, agendas, call schedule, infection control, administrative memos, medical staff newsletters, residency program, Kankakee County Medical Society, medical staff surveys, consultations between physicians. Non-Physician Providers will be given the opportunity to provide contact information for dissemination to their peers (APNs and PAs).

BYLAWS

It is your responsibility to review and understand the Medical Staff Bylaws that were sent to you upon your initial application to the Medical Staff here at Riverside. If you have questions or wish to obtain another copy of the bylaws, please contact the Medical Staff Office.

DISASTER CALL ROSTER

Physicians joining the Riverside Medical Group will automatically be added to the hospital disaster call roster. Physicians belonging to the Presence Medical Group who hold privileges at Riverside will not be placed on the Riverside roster. Independent physicians holding privileges at both Riverside and St. Mary’s will be placed on the roster based upon staff status and specialty. Non-physician providers are placed on the roster based on the assignment of their collaborating physician.

BADGE AND SECURITY ACCESS WAVERS (AWIDS)

A badge and security access wafer will be issued, as appropriate. Badges should be worn at all times while on Riverside campuses. Staff with badges issued by their contracted groups may wear their company issued badges, though wafers will still be required to access restricted areas of the hospital. Lost or stolen badges should be immediately reported to Security. A $4 fee, payable in the cashier’s office, will apply for all replacement badges and wafers. The receipt must be presented to Human Resources and/or Security for the replacement badge or wafer.

N-95 AND FIT TESTING

Employed practitioners will be notified by the Riverside Employee Health Department to inform them when fit testing will be offered each year. This testing is at no cost to the employed practitioner. Non-employed practitioners may present to Workforce Health upon their initial appointment to the medical staff to complete the testing and will be informed in January of each year when annual testing will be held. This notification will be sent by memo and via the physician newsletter. Non-employed providers are responsible for the cost of the fit testing should they utilize this service. Workforce Health can be reached at (815) 935-7532 to schedule an appointment to have the fit testing completed. This testing takes approximately 30 minutes.

EMERGENCY ROOM CALL SCHEDULE

All active hospital staff members must take their turn on the backup call roster and must accept and attend the Emergency Department. Medical Staff specialties with one or more active hospital staff members will be included on the backup call schedule. Specialties with one or more active hospital staff members will be included on the backup call schedule. Specialties with less than four (4) active hospital medical staff members shall have a mandatory eight (8) days on call per physician per month, which includes one weekend, a Friday, Saturday, and Sunday. Holiday coverage of specialties/departments with less than four (4) active hospital members includes at least one holiday per physician per year. Medical staff designated holidays are:

- New Year’s Day
- Easter
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving
- Christmas Eve
- Christmas Day
- New Year’s Eve

Alternate coverage for absences occurring on an “on call” day(s) is to be arranged by the “on call” physician. If two (2) physicians agree to changes in their assigned days on call, the changes to the schedule may be made once the schedule is published by sending an email to oncallcoverage@riversidehealthcare.net or sending a fax to (815) 936-7234. Any incident in which a member of the medical staff required to take back up call fails to take his/her turn on the backup call roster without finding another member of the medical staff with similar privileges to cover or without switching dates will be published in writing to the applicable member’s division chairman for investigation and appropriate action. The chairman will then send his/her findings to the Medical Executive Committee. Corrective action may include a letter of reprimand, suspension, or termination of clinical privileges and medical staff membership.

Practitioner Attestation:

I have reviewed, understand, and will adhere to the expectations as outlined in this document.

Signature: __________________________________________

Printed Name: __________________________________________

Date: ___________________________
**PRACTITIONER VEHICLE REGISTRATION FORM**

**PLEASE RETURN THIS FORM TO THE SECURITY OFFICE OR PHYSICIAN SERVICES**

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One placard per practitioner will be issued. There is a $5.00 fee payable to the security office for replacement placards.

If you choose to have the placard mailed to you, please list the address to which you would like it sent:

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**if an unregistered vehicle is parked in a physician-designated space and a physician placard is not visible, your vehicle will be subject to citation and a vehicle immobilization device.**

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**ADMINISTRATIVE USE**

PLACARD NUMBER:________________________________________________________

DATE ISSUED:____________________________________________________________

ISSUED BY:______________________________________________________________
Medical Staff Orientation

I recognize that orientation to a new facility is the first step to achieving high quality patient care.

I certify that I have received and reviewed the Medical Staff Orientation Manual, which includes the following information:

- Riverside Medical Center’s Core Values
- Riverside Medical Center’s Mission Statement
- Riverside Medical Center’s Expectations
- Riverside Medical Center’s Services
- Riverside Medical Center Campus Map
- Riverside Medical Center’s Market Area Map
- Riverside Medical Center’s Awards and Recognition
- Riverside Medical Center’s History
- Leadership at Riverside Medical Center
- Medical Staff Officers
- Divisions and Service Lines
- Riverside Code of Behavior
- AMION Call Schedule, Application, and Revision Process
- N-95 and Fit Testing
- Patient Safety
- Pain Management
- Restraint/Seclusion
- Additional Safety Policies
- RACE/PASS
- Fire Safety in the Perioperative Setting
- Emergency Codes
- Physician Orders and Clarification
- Unsafe Abbreviations
- The Impaired Medical Professional
- Patient Rights and Responsibilities
- Unusual Occurrence and Incident Reporting
- Riverside Medical Center Parking

If I have any further questions, I will contact the Physician Services Department at (815) 935-7256 for clarification:

Practitioner Attestation:

Signature: ____________________________________________

Printed Name: _____________________________________ Date: ______________________

Please update the following if you have moved or obtained a new cell phone number since submitting your application:

New Home Address: ____________________________________________

New Cell Phone: ______________________________
Riverside Medical Center Environment of Care Requirements

I ___________________________ have been provided education materials and Riverside Medical Center’s policy and procedure; “Fire Safety in Perioperative Setting”, RMC–OR660-03–0135–V01.

This is in accordance with Centers of Medicare and Medicaid Services standards, (CMS), which requires each individual associates with the operating room to be able to know how to prevent surgical fires, and how to respond in case of a fire in the operating room.

If I have any further questions, I will contact the Perioperative Services Department at extension 3700 and/or Department Chairman and ask for clarification.

______________________________________________________________
Name (print)

______________________________________________________________
Signature

______________________________________________________________
Date

______________________________________________________________
Department
The Operating Room has a policy specifically outlining procedures for a fire in a surgical suite. This policy provides perioperative personnel guidance in preventing fires during surgical and other invasive procedures as well as appropriate responses if a fire occurs. The expected outcome is that the patient will be free from signs and symptoms of injury related to thermal sources. All perioperative team members are responsible for preventing fires and participating in departmental fire safety training. Department specific fire drills occur quarterly during each shift the perioperative department is operational. On a quarterly basis, each members of the perioperative team shall be able to demonstrate fire-extinguishing techniques, identify department evaluation routes for each room, as well as identify fire extinguisher locations, locate and demonstrate the operation of the medical gas and electrical panels. The policy also provides information regarding performing fire risk assessments, interventions for prevention of fires in or on equipment, as well as identifying and intervening when a fire involves a patient.

The following policy, referenced above, and the corresponding policy number can be found in PolicyStat.

- Fire Safety in Perioperative Setting Policy # RMC-OR660-03-0135-V01
NON-PHYSICIAN PROVIDER SHARING CONTACT INFORMATION
*This only needs to be completed by Allied Health Professionals*

Name:___________________________________________________   Date:________________________________

Department/Specialty:_____________________________________   Degree:______________________________

☐ I wish to keep my contact information private.

☐ I wish to share my contact information with other Allied Health Professionals. The information I wish to share is listed below:

Email:___________________________________________________________________________________

Cell Phone:_______________________________________________________________________________