

Edward Medical Staff Services

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Medical Staff Officers

PRESIDENT:	OPEN		TBD
PRESIDENT-ELECT:	Adam Schriedel, MD		(630) 527-5000
SECRETARY/TREASURER:	Ankur Singal, MD		(630) 527-5527
IMMEDIATE PAST PRESIDENT:	Linda Anderson, MD		(630) 961-9485

Medical Staff Committees

The following is a list of Edward Hospital's Medical Staff committees and subcommittees. Members and chairs are appointed biannually by the President of the Medical Staff.

- Medical Executive Committee

This committee is comprised of Medical Staff Department Chairs, officers of the Medical Staff and representatives from Administration.

- Medical Staff Credentials Committee

This committee is comprised of department credentialing subcommittee chairs and is chaired by the President-elect of the Medical Staff.

- Medical Staff Quality Committee

This committee is comprised of physician representatives from each department, nurse leadership, chaired by the Secretary/Treasurer of the Medical Staff and supported by members of the Clinical Excellence Department.

- Bylaws Committee
- Cancer Committee
- Infection Control Committee
- Pharmacy & Therapeutics Committee
- Program & Education Committee
(oversees and approves Continuing Medical Education Credited Programs across the system)

Each medical staff department (Family Medicine, Medicine, OB/GYN, Pediatrics, and Surgery) has a credentialing subcommittee. Subcommittee members and chairs are appointed by the respective department chairs.

If interested in further Medical Staff Committee information, please contact the Medical Staff Services Department at 630.527.5805.

Medical Staff Departments

Anesthesiology

Chair: **Dr. Sasha Demos**

Meets every two months as determined by the chairman.
Notification via Call Schedule

Emergency Medicine

Chair: **Dr. Thomas Scaletta**

Meets every month on the third **Thursday** at 8:30 a.m., EMS
Conference Room.

Family Medicine

Chair: **Bob William**

Department meetings are scheduled the **Wednesday**
following the 3rd Monday of every quarter beginning in
January at 7:00 AM in the Education Center.

Medicine

Chair: **Dr. Ravi Nemivant**

Department meetings are scheduled quarterly on the first
Thursday of the month (February, May, August & November) at
12:00 PM, 3rd floor of the Education Center.

OB/GYN

Chair: **Dr. Michelle Carney**

Department meetings are scheduled the second **Monday** of
every month at 7:30 a.m., 3rd floor of the Education Center.

Pathology

Chair: **Dr. Cathryn Goldberg**

Meets every month on the third **Wednesday**, location and time
vary.

Pediatrics

Chair: **Dr. Steve Kovar**

Department meetings are scheduled quarterly on the first
Tuesday of the month (February, May, August and November)
at 7:30 a.m., 3rd floor of the Education Center.

Radiology

Chair: **Dr. Jeffrey Girardot**

Meets every two months as determined by the chairman.
Notification via Call Schedule.

Surgery

Chair: **Dr. Elizabeth Harvey, MD**

Department meetings are scheduled quarterly on the first **Friday**
of the month (March, June, September & December) at 7:00
a.m., 3rd floor of the Education Center.

All members of the medical staff are invited to **Quarterly Medical Staff**, which meets on the
third Thursday (March, June, September &, December) at 11:30 a.m., 3rd floor of the
Education Center.

Edward Hospital Medical Staff Services

Medical Staff Services is responsible for processing all physician and allied health practitioner applications and reappointments. Completed applications are usually ready for Medical Staff review within 60-90 days of receipt in Medical Staff Services (this includes sending for primary source verification as required by JCAHO). As provided for in the Medical Staff Bylaws the burden of responsibility in completing an application rests with the applicant. However, Medical Staff Services assists in facilitating completion as much as possible.

The department is also responsible for maintaining all physician data in the physician and allied health practitioner database; such as Medical Staff status, current licensure/malpractice coverage, current office addresses et al. It is important that you notify Medical Staff Services of all changes, which are then made available to the other Hospital departments. This will assure that patient reports are forwarded to the location of your choice.

Edward Medical Staff Services

Name	Phone	Title/Responsibility
Jackie Smith	jackie.smith@eehealth.org (630) 527-3915	Associate Vice President, Physician Recruitment & Medical Staff Relations
Christina Ewing-Rafferty	Christina.ewing-rafferty@eehealth.org (630) 527-3083	System Manager, Edward-Elmhurst Medical Staff Offices
Jana Mucho	Jana.Mucho@eehealth.org (630) 527-5805	Edward Medical Staff Office Administrative Assistant <ul style="list-style-type: none"> ✓ Medical Staff Dues ✓ Hospital Verification Letters ✓ Maintenance of Provider Expirables (i.e. Licensure, DEA, Board Certification, Malpractice, CPR certification, etc.) ✓ Maintenance of Physician Lounge
Lisa Jarvis	lisa.jarvis@eehealth.org (630) 527-3870	Edward Medical Staff Coordinator <ul style="list-style-type: none"> ✓ Department of Medicine ✓ Medicine Credentialing Subcommittee ✓ Linden Oaks Credentialing Committee ✓ Cardiac Cath Committee/Applicants ✓ Department of OB/GYN ✓ OB/GYN Credentialing Subcommittee ✓ Medical Executive Committee
Karen Drewno	karen.drewno@eehealth.org (630) 527-7471	Edward Medical Staff Coordinator <ul style="list-style-type: none"> ✓ Department of Radiology ✓ Department of Pediatrics ✓ Pediatrics Credentialing Subcommittee ✓ Allied Health Practitioner Council/Applicants ✓ Bi-Annual Allied Health Practitioner Staff Mtg.
Teresa Ebeling	teresa.ebeling@eehealth.org (630) 527-3078	Edward Medical Staff Coordinator <ul style="list-style-type: none"> ✓ Department of Anesthesia ✓ Department of Emergency Medicine ✓ Department of Family Medicine ✓ Family Medicine Credentialing Subcommittee ✓ Department of Pathology ✓ Department of Surgery ✓ Surgery Credentialing Subcommittee ✓ Medical Staff Credentials Committee

Edward-Elmhurst CME, Edward Physician Services & Physician Outreach

Name	Phone	Title/Responsibility
Jackie Smith	jacqueline.smith@eehealth.org (630) 527-3915	System Director Physician Recruitment Medical Staff Services, and CME
Jamie Price	Questions for CME: cmedept@eehcme.org Questions for New Provider Orientation: nporientation@eehcme.org Questions for Physician Services Events EEH-phys.services@eehcme.org Questions for Physician Services Events library@eehcme.org	System Manager, Edward-Elmhurst CME Department & Edward Physician Services <ul style="list-style-type: none"> ✓ EEH Continuing <i>Medical</i> Education Services ✓ EEH Online Library ✓ Select EEH Events/Edward Physician Services Activities ✓ Edward Physician Orientation
Rachel Krusec	cmedept@eehcme.org Phone: (630) 527-5306 @ Edward Phone (331) 221-3243 @ Elmhurst	EEH CME Program Assistant
Sonali Patel	Sonali.patel@eehealth.org (630) 527-3077 (908) 938-0764	Physician Recruiter
Lori Kramer	Lori.Kramer@EEHealth.org (630) 527-5805	Physician Recruiter
Courtney Schrey	courtney.schrey@eehealth.org (630) 646-6114	Manager, Phys Outreach Sales & Bus Dev.
Vicki Wiltshire	vicki.wiltshire@eehealth.org (630) 527-2889	Phys Outreach Sales & Bus Dev. Representative

The Medical Staff Services, CME, Physician Services, & Physician Outreach departments are located on the ground floor of the Education Center. Medical Staff office hours are Monday–Friday from 7:30 am to 4:30 PM. CME & Physician Services/Outreach hours vary.

PARKING

Reserved physician parking is available in both parking structures. The South Parking Deck is accessible from Osler Drive and is adjacent to Outpatient Services. The North Parking Deck is accessible through North Campus Drive. **Hang tags are required for ALL physician parking areas.** A transponder is needed to access the South Parking Deck and is for physicians only. During orientation a hang tag will be assigned to you. If you need replacement transponders or hang tags please contact security at x73399. **All employees are required to pay for parking. Employed Allied Health Practitioners are required to pay for parking.**

Allied Health Practitioners are not allowed to park in the physician parking spaces.

PHYSICIAN LOUNGE

Physicians (MD, DO, DDS, DMD, DPM, or PsyD) have breakfast, lunch and snacks available to them in both the surgical services physician lounge and the main physician lounge in the education center ground floor. The physicians' lounge food and beverage contents is a courtesy to our physicians on staff and are not intended for employees or staff members, allied health professionals or individuals outside of the organization. The food is a significant cost to the organization and we ask that you do not remove the food to bring to other individuals or to take home. Please be respectful to the organization and our other physicians by not bringing in outside individuals into the lounges. This includes staff, allied health professionals, nursing staff, etc.

If you are not an MD, DO, DDS, DMD, DPM, or PsyD please do not consume or remove the food/beverages located in the physician lounges for our medical staff members.

TITLE:**MDSTF_009 PHYSICIAN CONTACT POLICY****APPLICABILITY:**

EDWARD HOSPITAL AND HEALTH SERVICES AND LINDEN OAKS HOSPITAL (“Edward”) ALL MEDICAL STAFF MEMBERS APPOINTED TO EDWARD HOSPITAL AND HEALTH SERVICES AND LINDEN OAKS HOSPITAL.

POLICY STATEMENT:

To provide physicians, nurses and other hospital staff members at Edward Hospital and Health Services with a consistent and reliable physician contact process. The objectives are to:

1. Reduce communication breakdowns which cause delays in care and contribute to sentinel events.
2. Establish a single, standard, hospital-to-physician contact process that is more accurate and reliable while giving physicians more control over how they are reached.
3. Enable the medical staff and clinical and diagnostic department leaders to establish patient care communication process standards and measure their performance against those standards.
4. Provide the medical staff with a tool to enable more convenient and direct physician-to-physician communication of patient care issues.

DEFINITIONS:

Edward: Edward Hospital and Health Services, and Linden Oaks Hospital.

PROCEDURE:

Edward will contact physicians via PerfectServe One-2-One for all patient care issues, this includes, Physicians, and any Edward staff member who needs to contact a physician regarding a patient care issue.

I. PerfectServe One-2-One:

1. All Edward staff members will use PerfectServe One-2-One to contact physicians, for all patient care communications. This includes but is not limited to:
 - a. Admitting/Attending/Consulting physicians.
 - b. Active /Courtesy and Provisional physicians.

II. Physician Contact Methods, Call Types, On-Call Schedules:

1. Contact Methods: Each PerfectServe account is configured according to each user’s personal contact preferences for call and message routing, message delivery, notification and escalation. These preferences can be changed at any time and users may establish different contact methods for different call attributes.
2. The following direct contact options are available to Edward medical staff members:

Contact Method	Description	Failsafe Certified
FollowMe	Communication takes place person-to-person, in real time. Routes calls automatically to predefined phone locations (cell, home, office).	Yes
Voicemail with immediate notification	Callers leave secure voice messages. Recipient receives a phone call or page immediately notifying him or her that a message has been left. Automatic escalation occurs when the recipient does not retrieve a message within a specified time period.	Yes
Voicemail with held notification	Same as above, but notification is delivered on a schedule defined by the recipient - e.g., at the top of each hour, or the	Yes

	next morning.	
Text message	Agent takes message and sends it as text to the recipient's cell phone or pager.	No
Numeric page	Callback number is automatically sent to the recipient's cell phone or pager.	No

3. Hospital-To-Physician Contacts: Every physician is required to employ a direct contact method for all calls originating from Edward.
4. Physician-To-Physician Contacts: It is recommended that every physician employ a failsafe contact method for all calls originating from physician colleagues.
5. All on-call schedules will be maintained by PerfectServe. Physicians or an office staff representative and/or Edward or department liaison are required to provide PerfectServe with current and accurate on-call schedule(s), and to notify PerfectServe of any changes in those schedules.
 - a. Changes to any on-call schedule must be made by contacting PerfectServe directly. Physicians and/or office staff representatives can make on-call schedule changes one of five ways:
 - i. Dial their PerfectServe access number, sign into their account and press "0" from the "Home Page" menu. This will connect the physician to a PerfectServe Client Services representative who can complete a schedule change request.
 - ii. Sign into their PerfectServe account via the web at www.perfectserve.com.
 - iii. Call PerfectServe Client Services at 1-877-844-7727 (or via extension "7000" in the PerfectServe One-2-One system within the hospital).
 - iv. Fax PerfectServe Client Services at 1-877-844-7727 .
 - v. Email PerfectServe Client Services at support@perfectserve.com.
 - b. The Edward switchboard does not have access to the call schedules nor authorization to make on-call schedule changes.
6. Physicians and staff members will not instruct Edward staff to bypass PerfectServe as an alternate means of contact. If a physician needs to change the method by which he or she is contacted – even if for a short term or temporary period, i.e., 1 hour – that change must be communicated directly to PerfectServe Client Services.
7. Edward staff members are not to accept hand written notes or post notes on the units as to alternate means of contacting a physician or staff member configured on the PerfectServe system.

III. Placing Calls:

1. To contact a physician from within Edward:
 - a. Dial extension "888" from any Edward phone.
 - b. Physicians accessing PerfectServe within Edward via extension "888" may press the star "*" key to indicate the call is originating from a physician.
2. To access the PerfectServe system outside the Edward:
 - a. Physician or non-physician users may dial their toll-free number from any telephone, anywhere and press the "*" (star) key to access the PerfectServe directory and contact a colleague. In addition, this same functionality is provided from the user account "Home Page" menu by pressing option 3.
 - b. Those physicians/staff members that do not have a personal account with PerfectServe can call the Edward switchboard and ask to be transferred to extension "888," which will connect the caller directly to PerfectServe.
3. Edward callers must listen and respond to the PerfectServe prompts carefully. As they may vary based on individual physician and/or practice group contact protocols.
4. PerfectServe maintains a comprehensive database of contact devices and locations (pagers, cell phones, home phones, e-mail addresses, etc.) for each physician user. If an emergent call is not returned/answered in a timely manner, the caller should notify PerfectServe Client Services via extension "7000" in the PerfectServe One-2-One system (or by dialing 1-877-844-7727).

IV. Emergency Plan:

In case of a disaster where the PerfectServe system cannot be accessed, the Edward switchboard will serve as the back-up call service for Edward Hospital and Health Services patient care calls.

PerfectServe will provide the switchboard access to current contact information for all physicians and staff members (office phones, home phones, cell phones, beeper numbers, etc.).

V. Non Edward Related Physician Calls:

All non-Edward Hospital and Health Services related calls to physicians (patients, other hospitals, nursing homes, etc.) will be referred to the physician's office.

VI. PerfectServe Tools and Assistance:

1. The most current PerfectServe One-2-One Directory will be provided to all Edward Hospital and Health Services departments and accessible via the intranet. This directory will list individual physician and staff PerfectServe extensions as well as specialty call groups frequently used. The directory will also be provided via PerfectServe's web utility. Access to the web utility will be determined by the Edward Hospital and Health Services.
2. Each PerfectServe physician user will be provided with a PerfectServe user guide with detailed instructions for accessing messages, changing call routing, contacting colleagues and on-call schedule entries.
3. For questions or concerns regarding PerfectServe, or to request additional user guides and education tools for using PerfectServe contact one of the following resources:
 - a. PerfectServe Client Services
 - i. Phone: Via the PerfectServe One-2-One system, enter extension 7000, or dial 1-877-844-7727 .
 - ii. Email: clientservices@perfectserve.com

POLICY #: MDSTF 009

APPROVALS: Edward Hospital Medical Executive Committee: 03/12/2008
Linden Oaks Hospital Medical Executive Committee: 03/28/2008


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Practitioner Mobile

Comprehensive User Guide for iOS

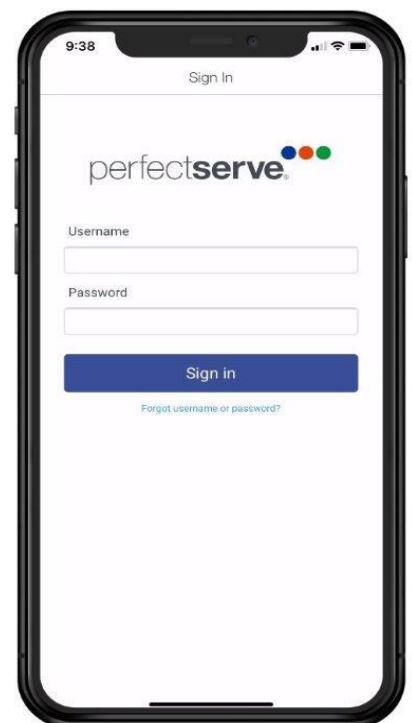
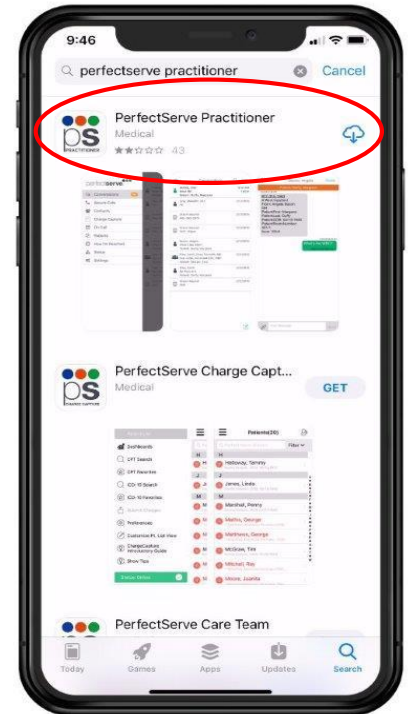
Downloading the PerfectServe Practitioner Mobile App

1. Visit the App Store  and search for **PerfectServe Practitioner**.
2. Select **Get** to begin the installation process.
3. Once installation is complete, tap **OPEN**.
4. To ensure the best possible experience, tap **Allow** when notified that **PerfectServe Would Like to Send You Notifications**.

Login to the PerfectServe Practitioner Mobile App

1. Sign in using your PerfectServe credentials or, if instructed to do so, your hospital-issued credentials.
 - If you are using PerfectServe credentials, you will be instructed to change your password.
 - If you are unsure what to enter, contact the PerfectServe Support Center at (877) 844-7727.
2. Enter a personal e-mail address and tap **Next**.
3. Set a PIN and tap **Next**.
4. Select a secret question and answer, then tap **Next**.
5. Enter your personal mobile number and tap **Save**.

All personal information will remain confidential and secure, neither shared nor sold. View our [privacy policy](http://www.perfectserve.com/privacy-policy) at www.perfectserve.com.



Updated November 2019

Notification Configuration


1. PerfectServe will notify you each time you receive a new message.

The standard notification sequence is as follows:

- Immediate notification of new message.
- Repeat message notification 15 minutes after the message is received.
- Second repeat message notification 30 minutes after the message is received.
- Automated phone call notification 45 minutes after the message is received.

Note: If you check the message at any time during this sequence, subsequent notifications will cease. Users cannot edit notifications in the mobile app and should contact the PerfectServe Support Center at (877) 844-7727 to make edits.

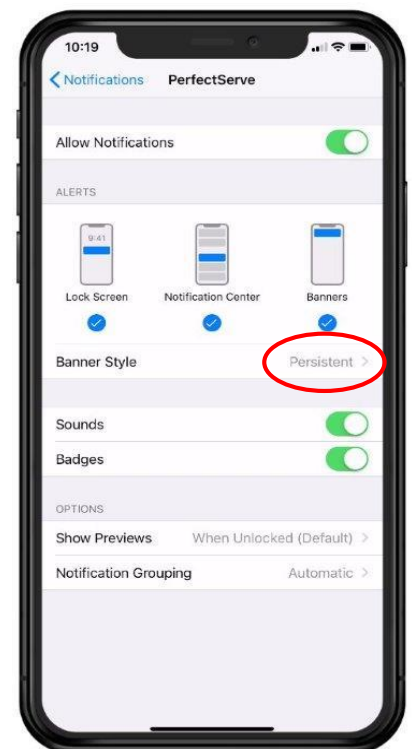
2. For the best experience, consider persistent banner alerts.

- Open your iPhone settings .
- Tap **Notifications**.
- Tap **PerfectServe**.
- Tap **Banner Style**.
- Tap **Persistent**.

3. To change your PerfectServe push notification sound, open the PerfectServe Practitioner app and tap **Settings** in the main menu.

- Tap **Push Notification Sound** and select your preferred sound.
- Tap **Save** in the upper-right corner.

NOTE: This change only affects the push notification. SMS text notifications and call notifications will NOT have this sound and will use the sound designated in the phone's settings.

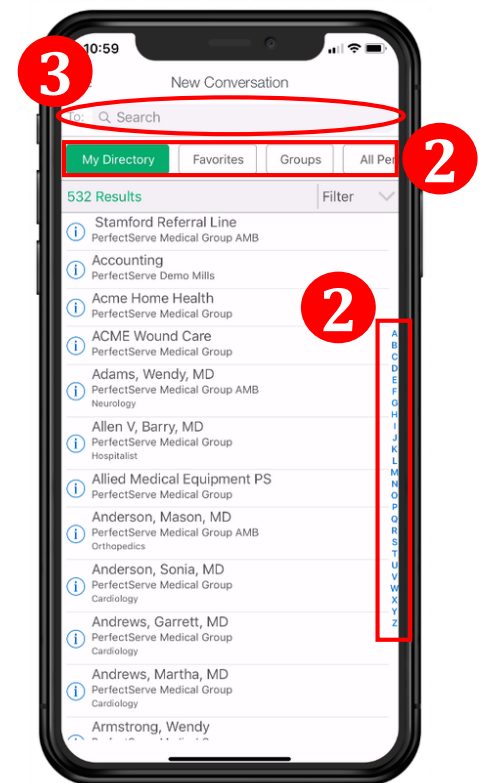
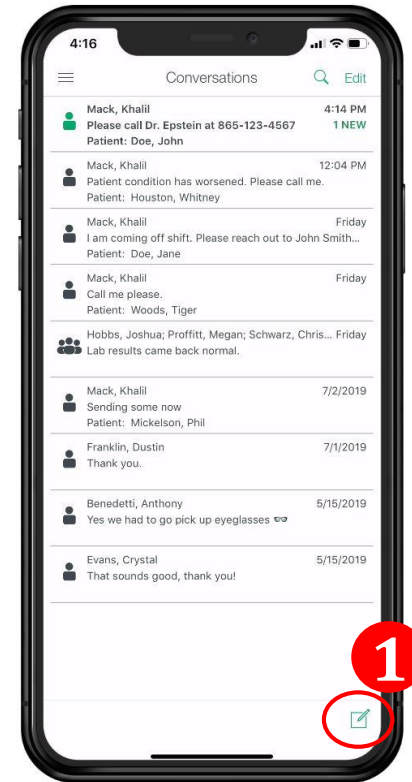


Conversations Inbox

The Conversations Inbox is where all of your messages are accessed.

- Select **Conversations** to see a list of your existing conversations, or to start a new one.
- Along the left side of the **Conversations** Inbox are icons that designate message or sender type:

Icon	Message/Sender Type
	Individual
	Group
	Hospital
	Practice
	Team alert



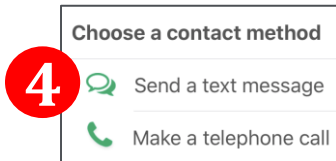
New Conversation


To start a new conversation:

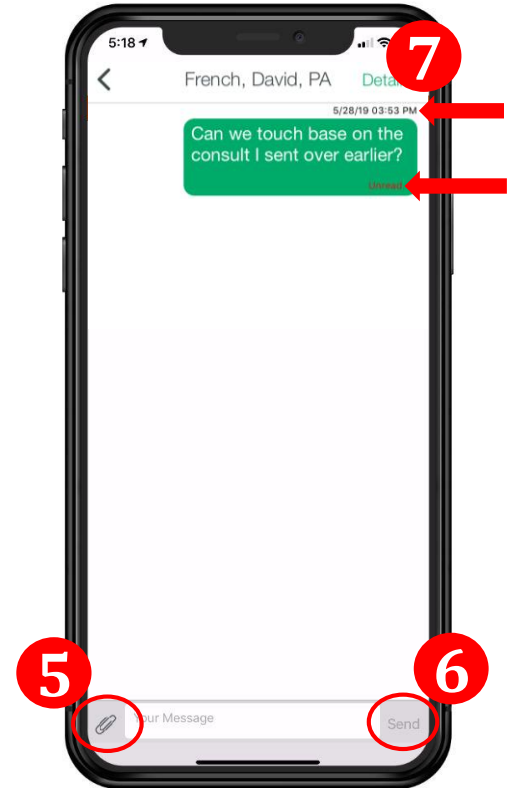
1. Tap the new conversation icon in the lower-right corner.
2. To find the person you wish to reach, you can scroll through **My Directory**. You can also use **Search**, **Favorites**, **Groups**, **Filter**, **All PerfectServe**, and the **A>Z Index** to quickly find your desired recipient.
3. To **Search**, type the name of the person or group you wish to reach in the Search box. You can also search by practice name or specialty. Search results update automatically as you type.

New Conversation *continued*

4. Based on the recipient's preferences, you may have an option for how you would like to reach them.



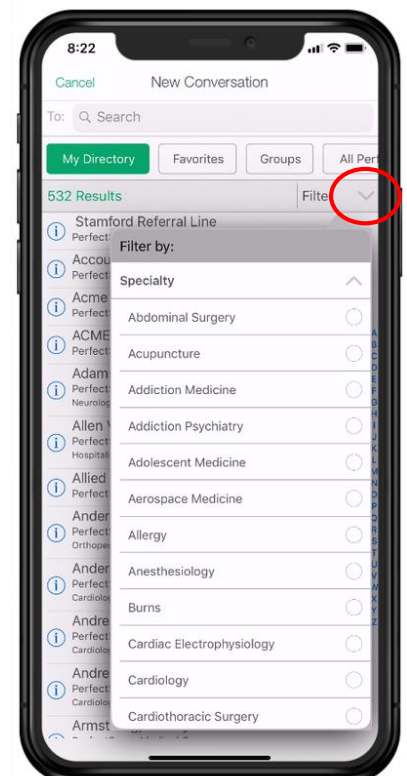
5. Tap the paper clip  to attach photos or voice memos to your text message. Images and audio will not save to the phone and are stored on PerfectServe's secure platform, to ensure HIPAA compliance.
6. When finished, click **Send**.
7. At the top of the message, you will find the date and time you sent the message. At the bottom, you will find the Read/Unread status of your message.



Searching and Filtering Options

Find the person you need quickly and easily with search and filters. You can use any of these features independently, or you can combine them (e.g., select Groups and then search by "cardio" for the Cardiologist On-Call group).

1. The **Favorites** button provides quick access to colleagues you message most often.
2. Select **Groups** to easily view ED/Unassigned On-Call Schedules, resident service lines, and groups you have created.
3. Use the **Filter** list to narrow results by Specialty.
4. The **A>Z Index** loads all contact names beginning with the selected letter.



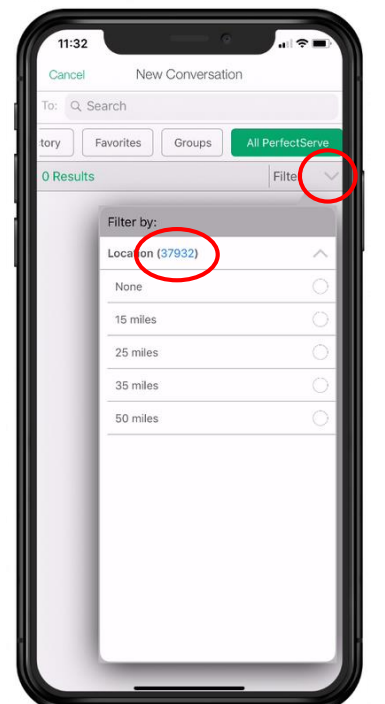
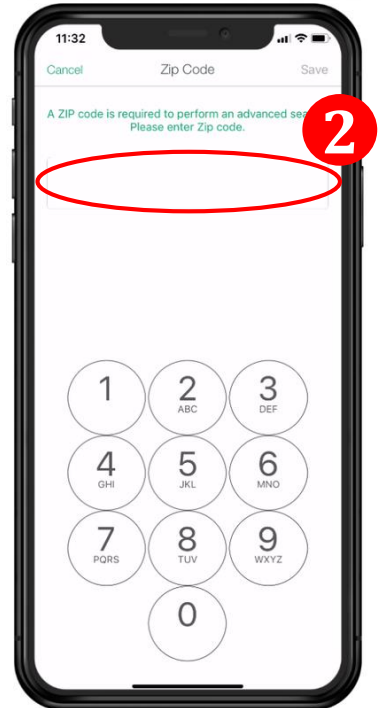
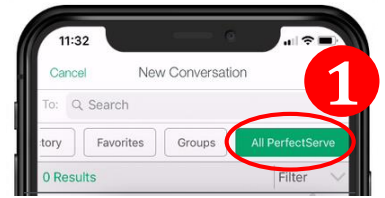
All PerfectServe Search

Search for and contact all practitioners within the PerfectServe customer base, including those outside your organization.



1. Select **All PerfectServe Search**.
2. The first time **All PerfectServe Search** is selected, you will be prompted to enter a zip code. Subsequent searches will use the zip code entered as the default location.
3. When finished, click **Save**.

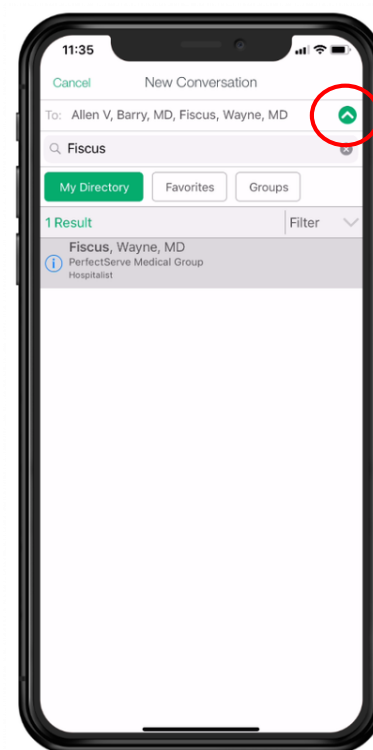
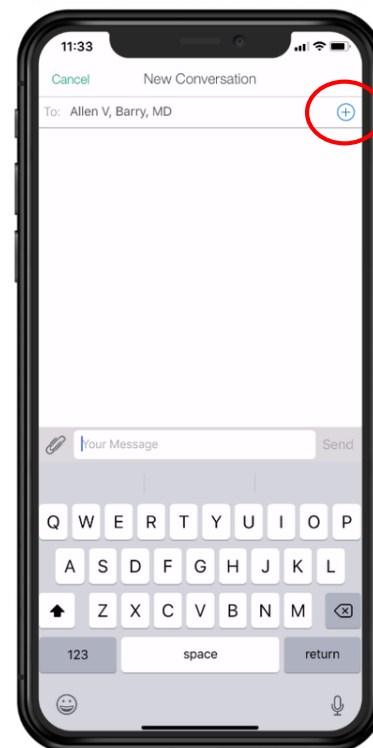
Changing the Default Zip Code for All PerfectServe Search

- Within **All PerfectServe**, select the **Filter** drop down to show the **Location** with the default zip code.
- Tap the zip code in blue font to change the default location.
- When the keypad opens, replace the zip code. Search results are updated to show proximity to the new zip code that is now saved as the default.



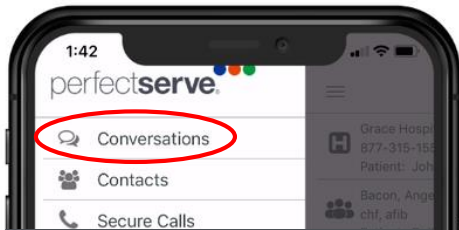
Send a Conversation to Multiple People

1. Within the **Conversations** Inbox, select the new conversation icon in the lower-right corner. 
2. **Search** for the desired recipient as described on pages 3 - 4.
3. Select the **recipient**.
4. Click the **Add** icon  to access the directory search.
5. Search for and **select** each additional recipient.
6. Once all recipients have been added, press the **up arrow** to close the directory search.
7. Type and **send** your message.

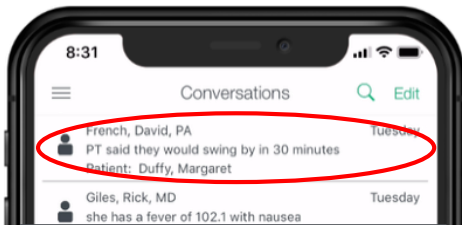


Forwarding a Conversation

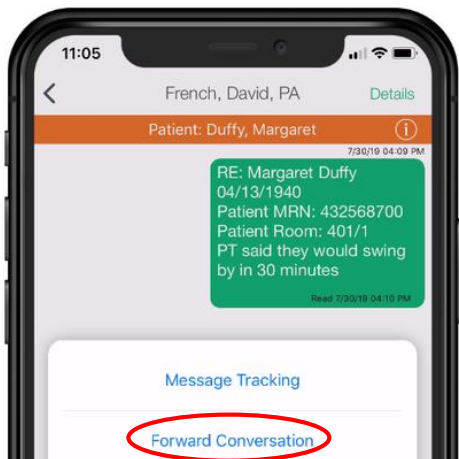
1. Select **Conversations** from the navigation menu.



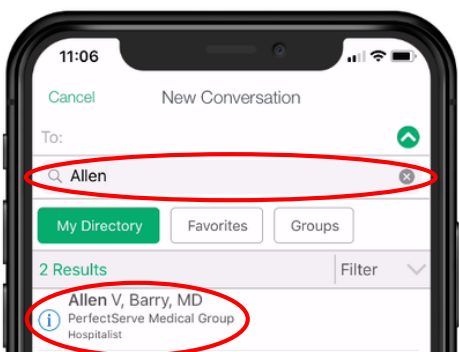
2. Select the message you want to forward.



3. Tap and hold the message down, then select **Forward Conversation**.

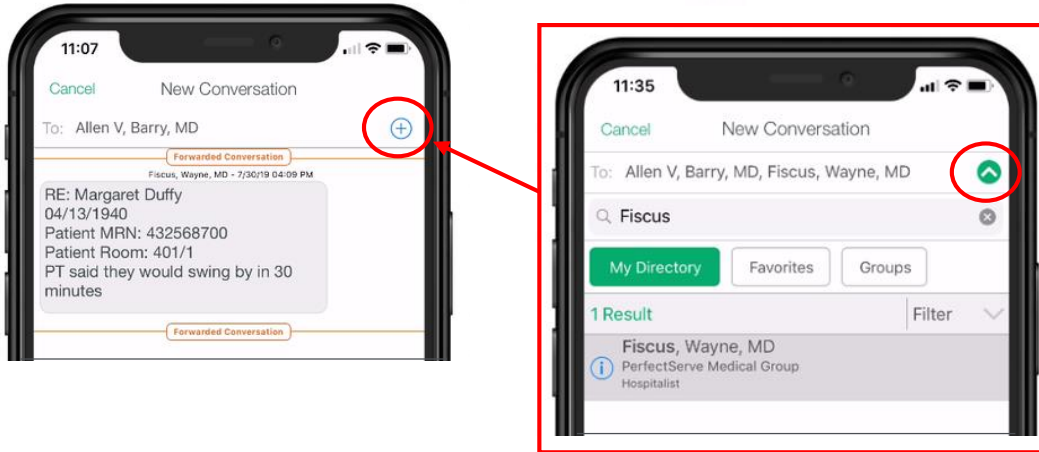


4. Search for the person to send the message to. Then, click on the recipient's name.

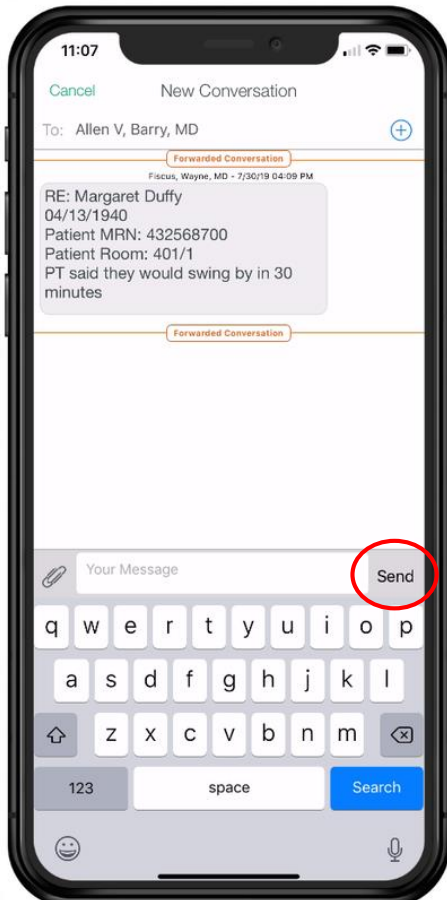


Forwarding a Conversation *continued*

- To add additional recipients, select the **Add** icon (+) and **search** for each additional recipient. After selecting all additional recipients, press the **up arrow** (↑) to close the search window.



- You may add an optional message; when finished, click **Send**.



Responding to Conversations

1. Tap on the conversation you wish to respond to in your **Conversations** Inbox.
2. To reply via text, tap in the **Your Message** field to start typing your message. Once you've completed your response, select **Send**.
3. To reply via a call, hold down the sender's message and then select **Call**.

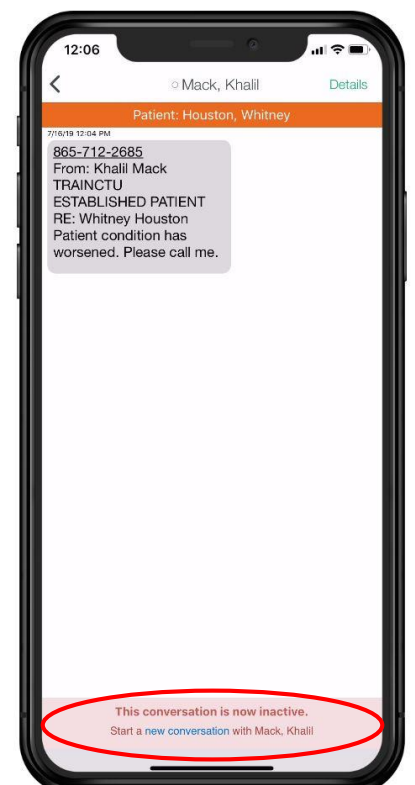
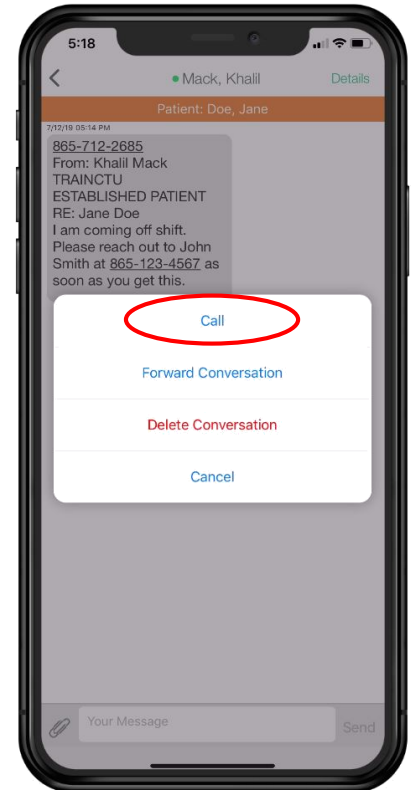
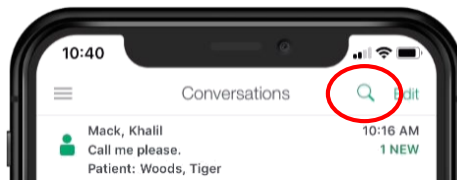
Conversation Inactive Option

Based on your facility's preference, a function can be set alerting others when you are no longer on call or providing coverage.

- When viewing messages in your **Conversations** Inbox, you may see a dialog box stating the conversation is now inactive.
- This occurs when a message is sent while you are actively providing coverage, and have now transitioned to off call or are no longer providing coverage.
- You may forward the message or click **new conversation** to begin a new conversation with the sender.

Searching and Editing Your Inbox

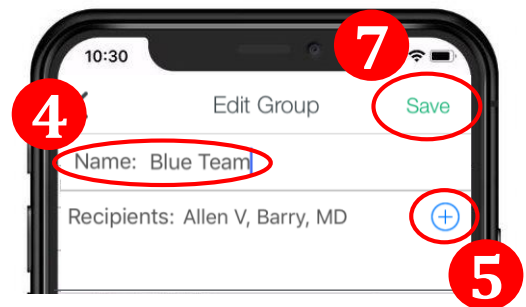
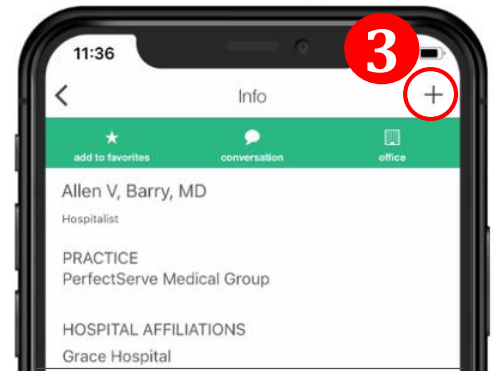
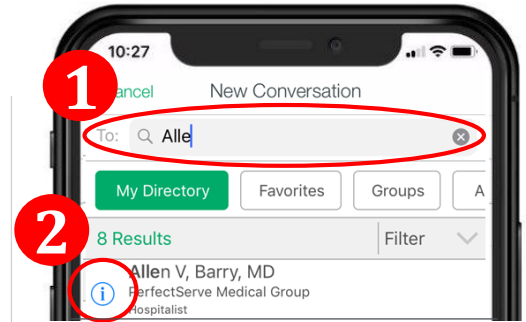
- The **magnifying glass** in the top search bar allows you to search your Conversations Inbox for a specific message by the originator of that message.
- The **Edit** option in the top-right allows you to delete multiple messages at one time.



Creating a Group of Contacts

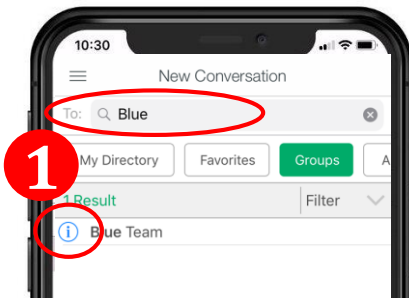
To send a message to a group of contacts, first create a group.

1. To create a Group, click **Contacts** and **search** for the individual you would like to add to a group.
2. Tap the **blue i** ⓘ to the left of their name.
3. Tap the **plus sign** + in the upper-right corner.
4. **Name** your group.
5. To add additional colleagues to the group, click the **Add icon** ⊕ on the right.
6. **Search** for each person individually, and tap their name to add them to the group.
7. When finished, click **Save**.

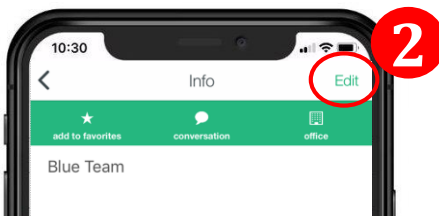


Editing a Saved Group

1. **Search** for the desired Group and tap the **Info** icon.

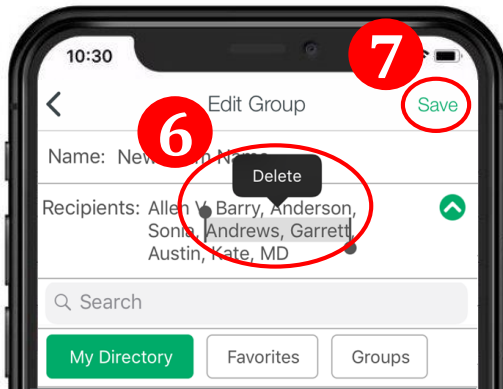
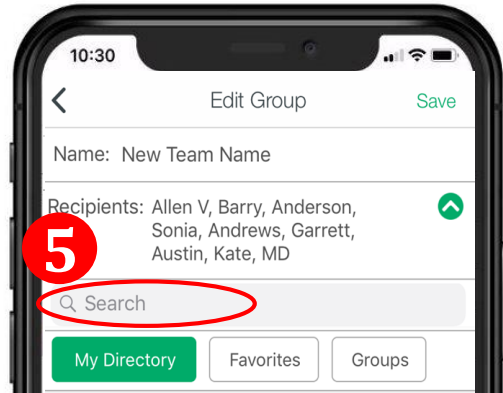
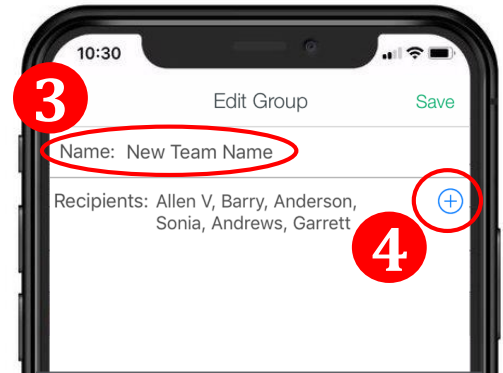


2. Select **Edit** in the upper-right corner.



Editing a Saved Group *continued*

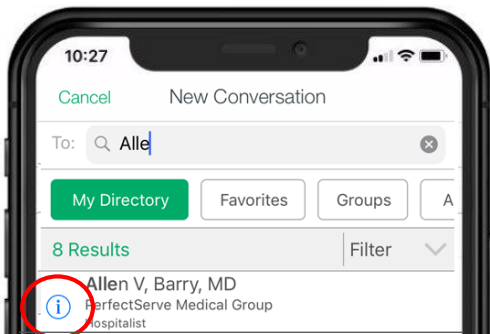
3. To change the name of a group, tap the current name and use the keyboard to edit.
4. To add a new group member, select the **Add** icon.
5. **Search** for and select desired recipients.
6. To remove a group member, tap their name and select **Delete**.
7. When finished, press the **Save** button in the upper-right.



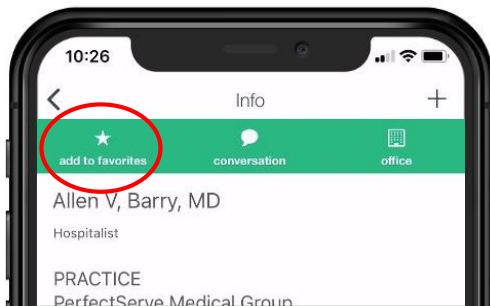
Adding a Favorite

Favorites allows you to create a shorter list of your most frequently contacted practitioners. To add a favorite:

1. Within **Contacts**, search for and select the practitioner.
2. Click the **blue i** to the left of the practitioner's name.



3. Choose **Add to Favorites** in the green bar above the name of the



Secure Calls: Outbound and Inbound

This feature provides a secure method for you to place outbound calls to patients and other providers. There are several folders that allow you to easily navigate within **Secure Calls**.

- **Keypad** – Free form keypad to dial any 10-digit number
- **Recents** – A list of all recently dialed numbers
- **Contacts** – Hospital credentialed practitioners

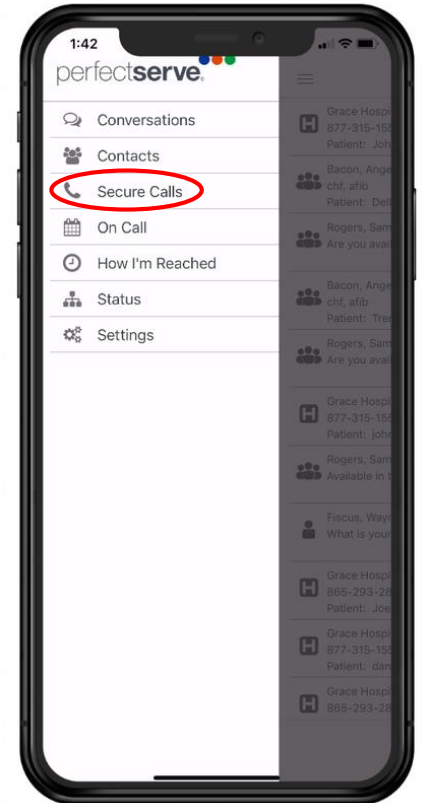
PerfectServe firmly believes in protecting the privacy of the practitioners we serve. Therefore, to activate the caller ID mask functionality, all calls must be routed through the PerfectServe exchange. Whether you use the keypad in **Secure Calls** or choose a practitioner by name, PerfectServe will always display **(855) 299-4500** as the number you are calling. This indicates that the call is routing through the exchange to protect your ID.

NOTE: All calls placed through the PerfectServe Practitioner mobile app protect your caller ID, including responses to text messages.

For all inbound calls, PerfectServe will always display **(877) 844-0550** when a physician or care team member is trying to call you using the PerfectServe care team collaboration platform. PerfectServe recommends that you save **(877) 844-0550** in your phone as **PerfectServe** to avoid confusion.

To answer the call, simply swipe to answer. A prompt will play announcing who is on the line and if you would like to answer the call. Simply respond “yes” or “no.” It is best not to answer the phone by saying “hello” as this can cause the system to think you said “no” and send the caller to voicemail.

If the system does not understand your voice command, you may press 1 for “yes” and press 2 for “no.”



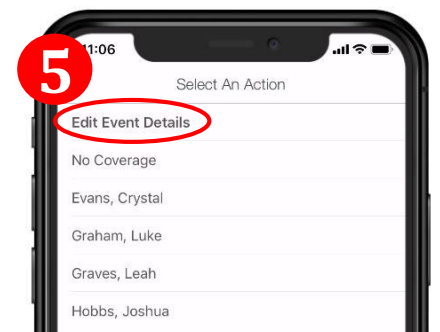
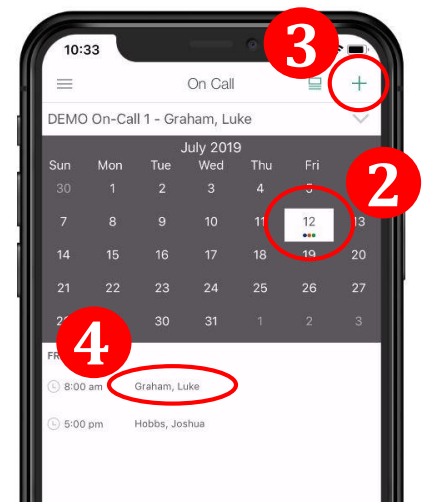
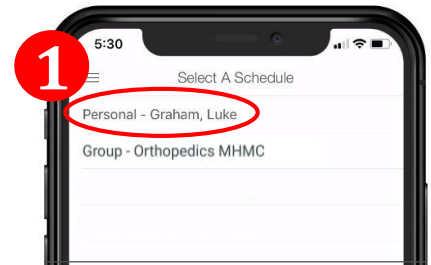
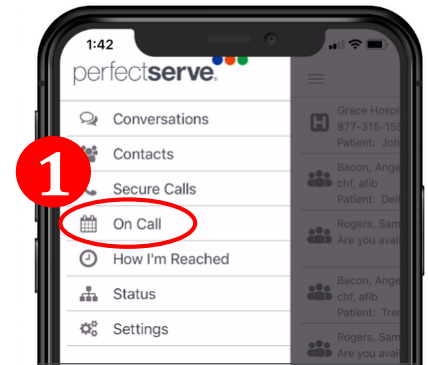
On Call

On Call gives you access to view and change who is covering call. You may have one or many schedules to choose from and all changes are applied immediately.

- **Personal** schedule = controls only your communications.
- **Group** schedule = controls which one provider is covering for an entire group.

Changing the On Call Schedule

1. Tap **On Call** from the navigation menu and select the schedule you wish to modify.
2. Tap on a current or future date that you wish to change.
3. If a practitioner is only providing coverage in the schedule for a few hours, or outside of the regular on-call shifts, you can choose the **Add** icon **+** in the top-right corner and enter who is taking call, the start time, and the end time. When finished, click **Save**.
4. If changing coverage for an entire shift, click on the name listed at the bottom of the schedule.
5. Select a provider name to place on call for the time frame listed; select **Edit Event Details** to adjust the start and end time.



How I'm Reached

1. To change your communication preferences, from the main menu, select **How I'm Reached**.

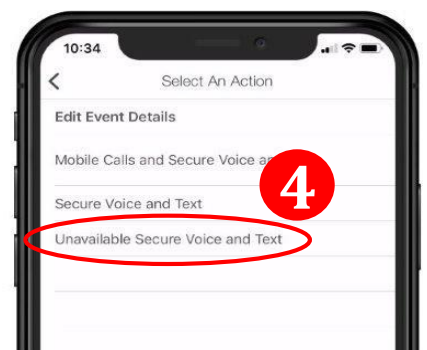
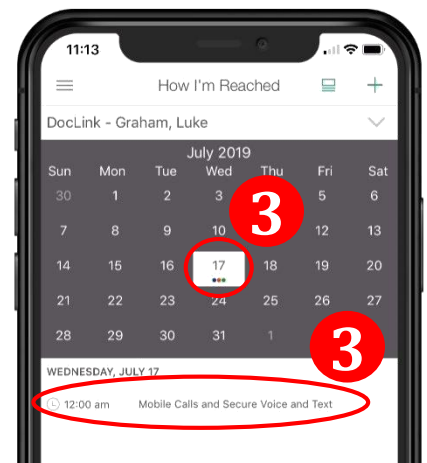
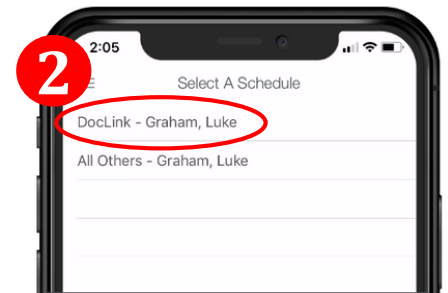
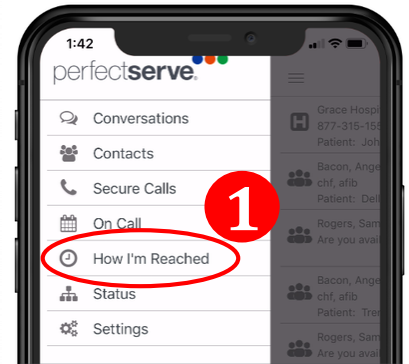
NOTE: When editing How I'm Reached, it is important to understand the difference between the two types of communications.

DocLink = practitioner-to-practitioner communications.

Contact or All Others = care team-to-practitioner communications.

Unavailable Secure Voice and Text is ONLY an option for DocLink communications as care team communications should always route to the covering provider.

2. Tap and choose the schedule you want to modify.
For example, you are planning to be out of town this weekend and do not want to be notified of messages.
 - Tap **DocLink**.
3. Select a current or future date and tap on the current contact preference.
4. Select the new contact preference:
 - **Mobile Calls and Secure Voice and Text** = Allows practitioners to call your mobile phone, leave a secure voicemail in your PerfectServe mobile app, or send a secure text message.
 - **Secure Voice and Text** = Prompts the practitioner to leave a voicemail or send a secure text message.
 - **Unavailable Secure Voice and Text** = Prompts the practitioner that you are currently unavailable for urgent matters. They can leave a routine message but you will not be notified of the message. Not only will you not receive message notifications, anyone sending you a message will be informed that you are currently unavailable.



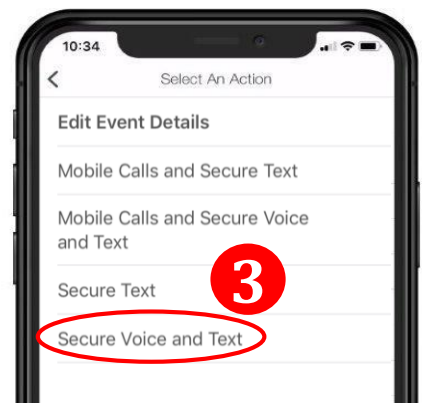
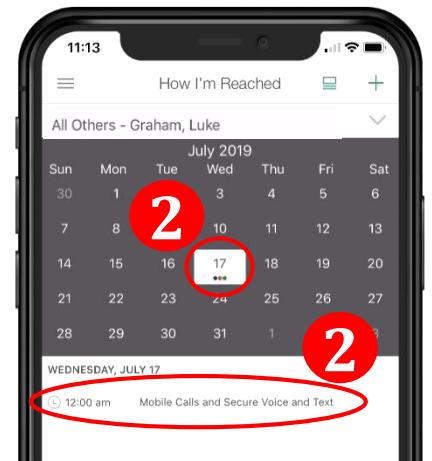
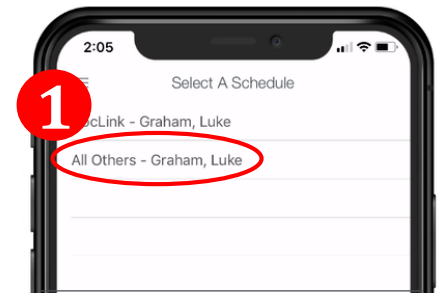
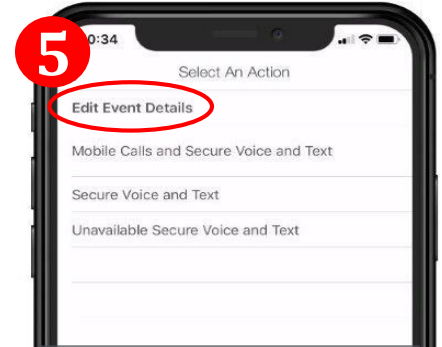
How I'm Reached *continued*

5. Select **Edit Event Details** to select the start and end times.

NOTE: To schedule a contact preference change for a few hours only, click the plus sign **+** in the top-right corner.

To change how you are reached for care team-to-practitioner communication:

1. Select the **All Others** schedule.
2. Select a current or future date and tap on the current contact preference.
3. Choose the new contact preference:
 - **Mobile Calls and Secure Text** = Allows the care team member to call your mobile device or send you a secure text message.
 - **Mobile Calls and Secure Voice and Text** = Allows the care team member to call your mobile device, leave a secure voicemail in your PerfectServe mobile app, or send you a secure text message.
 - **Secure Voice and Text** = Prompts the care team member to leave a voicemail or send a secure text message.
 - **Secure Text** = Allows the care team member to provide a callback number over the phone or send a secure text message.



Status

If available, you are able to automatically trigger a different communication routing process based on your status. Statuses should be changed at the beginning and end of the event to ensure that communications are routed correctly and appropriate and notifications received.

Status: In Procedure Status

PerfectServe has the capability to eliminate distractions when a practitioner is in a procedure. This functionality is called **In Procedure Status**. The practitioner should launch the PerfectServe Practitioner mobile app and utilize the toggle feature to switch himself/herself from **Available** to **In a Procedure**. This will trigger PerfectServe to route communication according to the new contact methods. The best practice is to route the communication as follows:

Prompt: “The physician is currently in a procedure. Is your message Urgent or Routine?”

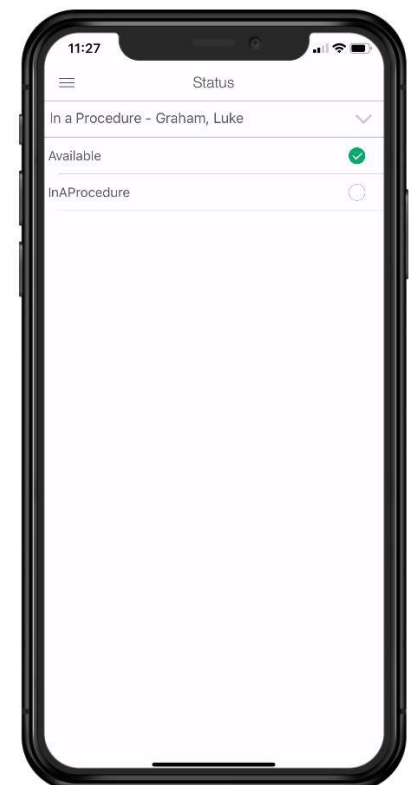
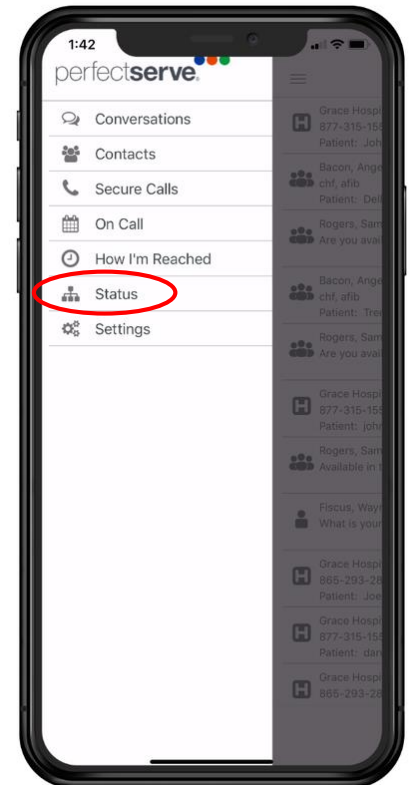
- **Urgent** = Mobile Calls Secure Voice and Secure Text
- **Routine** = Secure Voice and Text, Do not notify.

(The practitioner should check his/her inbox after the procedure and respond to messages accordingly.)

Please keep in mind that this is a manual process that requires the practitioner to change his/her status within the PerfectServe Practitioner mobile app.

Status: In Clinic Status

PerfectServe understands that practitioners can split time between rounding and seeing patients in the clinic. For this purpose, PerfectServe has the functionality for a practitioner to let PerfectServe know when he/she is in clinic and therefore, when we should be routing communications differently. Due to the variability of clinic times, this feature is best utilized as a manual process.



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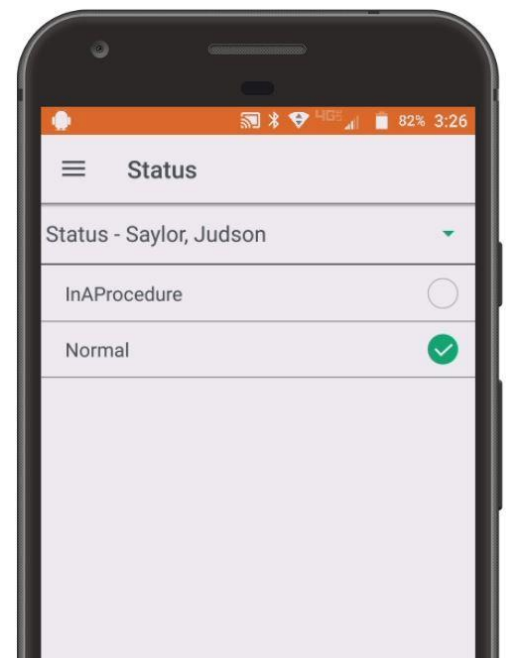
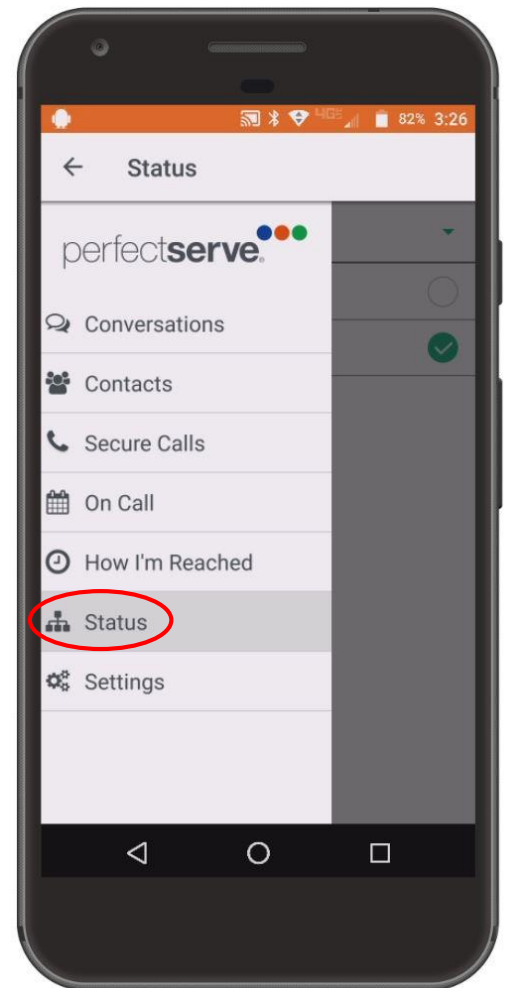
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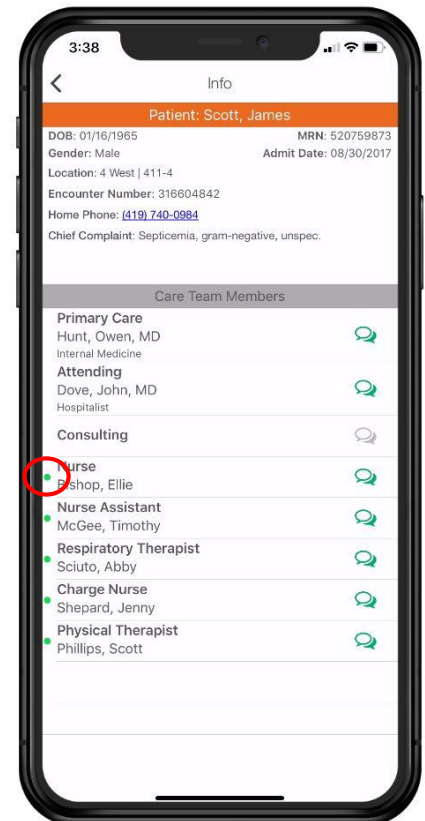
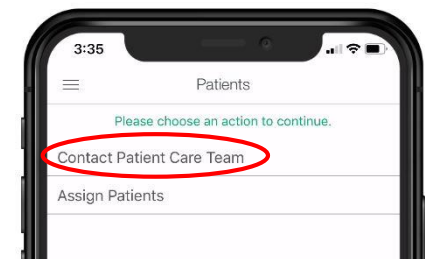
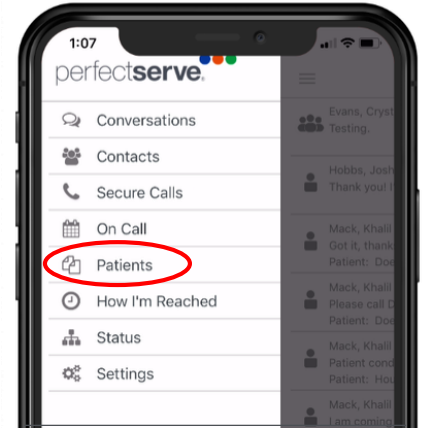
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Patients*

*This option is only available for clients who purchase the add-on module Patient-Centered Care Team Access (PCCTA). Here you can contact members of the care team or assign patients to a care team member just by knowing the name of the patient.

1. Select the **Patients** option from the navigation menu.
2. Select **Contact Patient Care Team** to interact with a specific patient's clinical team.
3. Search for the patient by typing either the last name or room number into the search field.
4. Select the patient from the search results.
5. The patient information will appear with a list of covering Care Team members.
6. Select a Care Team member to initiate a communication:
 - Hospital staff with an active PerfectServe status will be indicated by a green icon to the left of their name. Staff with a non-active PerfectServe status will have a grayed out icon to the left of their name.
 - Practitioner messaging will follow any prompting as determined by each group.



Settings

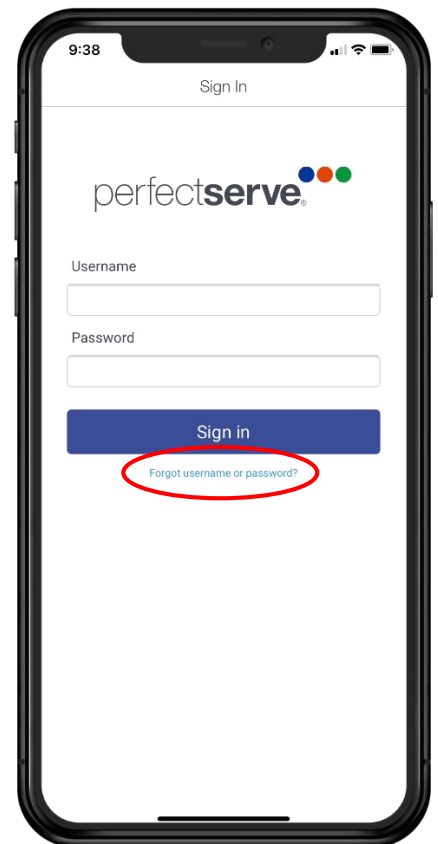
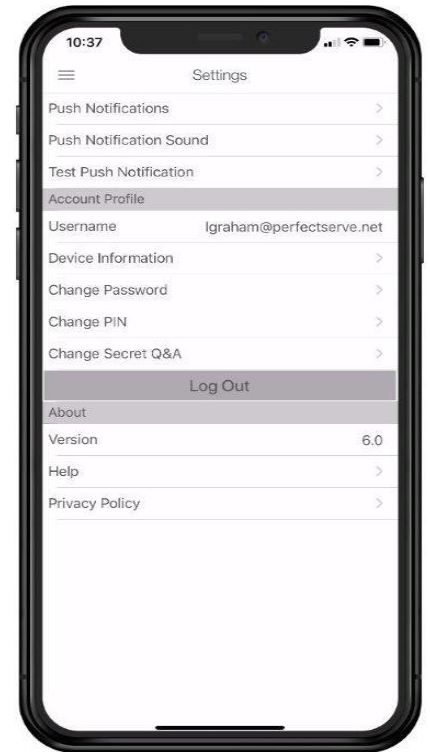
In **Settings**, you can change your push notification sound, review your devices and change your password or PIN.

Password Reset and Username Recovery

If you forget your username or password, don't worry. PerfectServe has made it easy for you to reset your password or recover the correct username.

Simply click the **Forgot username or password?** link on the practitioner mobile app sign-in page, then enter your recovery e-mail address.

PerfectServe will then send you the necessary information to reset your password or recover the correct username.



NOTE: This process will only work for practitioners which have been provided PerfectServe specific credentials. If your facility has integrated its Active Directory with PerfectServe and you are having difficulty signing into the Practitioner mobile app, please see your internal IT Help Desk for assistance.

Help

PerfectServe has a 24/7/365 Support Center that is available to help troubleshoot any issues you may experience or to help answer any questions you may have.

PerfectServe Support Center Contact Information:

- (877) 844-7727
- support@perfectserve.net

Return completed forms to:

Dawn Arteaga, Chris Bolinao and Mary Ellen Pavlik

Dawn.Arteaga@eehealth.org

Christine.Bolinao@EEHealth.org

MaryEllen.Pavlik@eehealth.org

Phone: (630) 527-6907

- Please be sure to fill out the following fields for maximum patient engagement:
 - The entire first page including all demographic information, professional history and educational background
 - Office locations on the second page
 - Philosophy of Care statement on page three
 - Select up to 10 Clinical Interests on the last three pages
- Please be sure to return profiles to the Physician Referral department 3 weeks prior to the physician's start date
- Return the profile back to the Physician Referral department by emailing the saved PDF to [Dawn Arteaga, Chris Bolinao and Mary Ellen Pavlik.](#)
- Any questions, concerns, or updates can be sent [Dawn Arteaga, Chris Bolinao and Mary Ellen Pavlik.](#)

** Please be sure to fill out the forms carefully and thoroughly as this information will be used in a variety of ways including, but not limited to: Call Center referrals, the Edward-Elmhurst Health system website and for profiles on Healthgrades.com**

Physician Information

Date: _____ Completed by: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Degree: MD DO Other Specify _____

Date of Birth: _____ Gender: M F NPI #: _____

Group Name: _____

Street _____ City _____ State _____ Zip _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail: _____ Web: _____

Professional History: *Please specify referral preferences*

Primary Specialty: _____ Board Certified **Accepting Referrals:** Y N

Secondary Specialty: _____ Board Certified **Accepting Referrals:** Y N

Other Specialties: _____ Board Certified **Accepting Referrals:** Y N

Year started practice: _____ Year started at Edward-Elmhurst: _____

Languages Spoken by physician: _____

Medical School: _____ Year Completed: _____

Internship: _____ Year Completed: _____

Residency: _____ Year Completed: _____

Fellowship: _____ Year Completed: _____

Medical Societies/ Professional Activities: _____

Practice Information Solo Group

Accepts children under 18 years old: Yes No

Payment accepted (check all that applies): Cash/Checks Insurance Credit Card

Accepts Medicaid: Yes No Accepts Medicare: Yes No

Office Locations:

Primary Office

Secondary Office

Name of Building: _____

Address: _____

City/Zip: _____

Phone: _____

Fax: _____

E-Mail Address: _____

Office Manager: _____

Office Hours

Primary Office

Secondary Office

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Comments: _____

Care Philosophy

(Include brief statement of patient care philosophy as it should appear on the Edward-Elmhurst Health web site)

Clinical Interests – Please select up to 10

- | | | |
|--|---|---|
| <input type="checkbox"/> Abdominal Surgery | <input type="checkbox"/> Carpal Tunnel Syndrome | <input type="checkbox"/> Drug Abuse |
| <input type="checkbox"/> Abdominal Pain | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Double Vision |
| <input type="checkbox"/> Acne | <input type="checkbox"/> Cardiac Catheterization | <input type="checkbox"/> Endovascular Aortic Grafting |
| <input type="checkbox"/> Adolescent/Teen Medicine | <input type="checkbox"/> Cardiac/Vascular Anesthesia | <input type="checkbox"/> Ear Problems |
| <input type="checkbox"/> Allergy Testing | <input type="checkbox"/> Carotid Disease | <input type="checkbox"/> Eating Disorders |
| <input type="checkbox"/> Allergic Disease | <input type="checkbox"/> Cartilage Implantations | <input type="checkbox"/> Eczema |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Cataract Laser Surgery | <input type="checkbox"/> Echocardiography |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Cataract Surgery | <input type="checkbox"/> Erectile Dysfunction |
| <input type="checkbox"/> Aneurysm | <input type="checkbox"/> Catheter Infections | <input type="checkbox"/> Electroencephalogram |
| <input type="checkbox"/> Angina | <input type="checkbox"/> Chronic Bronchitis | <input type="checkbox"/> Electrophysiology |
| <input type="checkbox"/> Angioplasty | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Electromyogram |
| <input type="checkbox"/> Ankle Sprains | <input type="checkbox"/> Colon Cancer Screening | <input type="checkbox"/> Emphysema |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Chemical Peels | <input type="checkbox"/> Endocarditis |
| <input type="checkbox"/> Appendectomy | <input type="checkbox"/> Childhood Obesity | <input type="checkbox"/> Endoscopy |
| <input type="checkbox"/> Arterial Disease | <input type="checkbox"/> Childbirth (Family Practice) | <input type="checkbox"/> Endodontics |
| <input type="checkbox"/> Arthroscopy | <input type="checkbox"/> Cholesterol Management | <input type="checkbox"/> Endometriosis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Coronary Intervention | <input type="checkbox"/> Endocrinology |
| <input type="checkbox"/> Assisted Reproductive
Techniques | <input type="checkbox"/> Clinical Immunology | <input type="checkbox"/> Endoscopic Surgery |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cholecystectomy | <input type="checkbox"/> Employment Physicals |
| <input type="checkbox"/> Atherectomy | <input type="checkbox"/> Collagen Implantations | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Atopic Dermatitis | <input type="checkbox"/> Colon | <input type="checkbox"/> Esophageal Surgery |
| <input type="checkbox"/> Attention Deficit Disorders | <input type="checkbox"/> Colon Surgery | <input type="checkbox"/> Esophageal Problems |
| <input type="checkbox"/> Autism/PDD | <input type="checkbox"/> Cosmetic Surgery | <input type="checkbox"/> Exercise |
| <input type="checkbox"/> Autologous Grafting | <input type="checkbox"/> Constipation | <input type="checkbox"/> Eyelid Lesions |
| <input type="checkbox"/> Back Pain | <input type="checkbox"/> Connective Tissue Disease | <input type="checkbox"/> Facial Implants |
| <input type="checkbox"/> Bipolar Disease | <input type="checkbox"/> Contraception | <input type="checkbox"/> Facial Pain |
| <input type="checkbox"/> Bone Marrow Aspirate | <input type="checkbox"/> COPD | <input type="checkbox"/> Family Care |
| <input type="checkbox"/> Bone Marrow Biopsy | <input type="checkbox"/> Corneal Transplant | <input type="checkbox"/> Family Counseling |
| <input type="checkbox"/> Botox Injections | <input type="checkbox"/> Coronary Angioplasty | <input type="checkbox"/> Foot/Ankle Surgery |
| <input type="checkbox"/> Breast Abdomen & Body
Contour | <input type="checkbox"/> Cough | <input type="checkbox"/> Facial Peels |
| <input type="checkbox"/> Breast Augmentation | <input type="checkbox"/> Cardiac Surgery | <input type="checkbox"/> Facial Rejuvenation |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Critical Care | <input type="checkbox"/> Foot Ankle Trauma |
| <input type="checkbox"/> Bronchoscopy | <input type="checkbox"/> Cyberknife | <input type="checkbox"/> Fat Transplant |
| <input type="checkbox"/> Breast Reduction | <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Foot Care |
| <input type="checkbox"/> Breast Surgery | <input type="checkbox"/> Cryosurgery | <input type="checkbox"/> Female Urology |
| <input type="checkbox"/> Breast Disease | <input type="checkbox"/> da Vinci Robotics | <input type="checkbox"/> Female Urology/Incontinence |
| <input type="checkbox"/> Brain Tumors | <input type="checkbox"/> Diabetic Eye Disease | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> Bunions | <input type="checkbox"/> Depression | <input type="checkbox"/> Facial Plastic Surgery |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Fractures |
| <input type="checkbox"/> Bypass Surgery | <input type="checkbox"/> Degenerative Diseases of Spine | <input type="checkbox"/> Fungal Infections |
| <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ganglion Cyst |
| <input type="checkbox"/> Cancer/Tumors | <input type="checkbox"/> Diabetic Foot Care | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> Capsule Endoscopy | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Gastroesophageal Reflux |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Digestive Problems | <input type="checkbox"/> Gallbladder Problems |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Disease Prevention | <input type="checkbox"/> Gallbladder Surgery |
| <input type="checkbox"/> Gastrointestinal Disease | <input type="checkbox"/> Drug Abuse | <input type="checkbox"/> Genitourinary Cancer |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Laparoscopy | <input type="checkbox"/> Ocular Disease |
| <input type="checkbox"/> Gout | <input type="checkbox"/> Laser Acne Removal | <input type="checkbox"/> Oncology |
| <input type="checkbox"/> General Ophthalmology | <input type="checkbox"/> Larynx | <input type="checkbox"/> Ophthalmology |
| | <input type="checkbox"/> Laser Surgery | <input type="checkbox"/> Orthodontics |
| | <input type="checkbox"/> Lasik | <input type="checkbox"/> Orthopedics |

- General Surgery
- Growth Disorders
- Gynecology
- Gynecologic Surgery
- Hair Loss
- Hammer Toes
- Hand Surgery
- Hand/Micro Surgery
- Heel/Ankle Pain
- Heart Failure
- Headaches
- Hearing/Tinnitus Evaluation
- Heart Disease
- Heel Spurs
- Hematology
- Hemodialysis
- Hemorrhoids
- Hepatitis
- Herniated Discs
- Hernia Surgery
- High Blood Pressure
- Hip/Knee Replacement
- HIV
- Hives
- Head/Neck Surgery
- Holistic Medicine
- Home Visits
- Hormone Imbalance
- Hormone Replacement Therapy
- Hospice Care/Palliative Medicine
- Hand/Upper Extrimities
- Hydro Thermablation
- Hypertension
- Hysterectomy
- Indigo Laser
- Impotence
- Interventional Cardiology
- Incontinence
- Infertility
- Interventional Radiology
- Intraocular Tumors
- In-Vitro Fertilization
- Jaw Surgery
- Joint Replacements
- Kidney Disease
- Kidney Stones
- Rotator Cuff
- Substance Abuse
- Salvary Gland Problems
- Sarcoid
- Schizophrenia
- Laser Vision
- Laser Vein Removal
- Laser Hair Removal
- Laparoscopic Nephrectmy
- Laparscopic Cholecystectomy
- Laparoscopic Adrenalectomy
- Liposuction
- Liver Disease
- Liposculpture
- Liver Disease
- Lung Disease
- Lung Nodules
- Lung Testing
- Lupus
- Lymphoma
- Macular Degeneration
- Malignancies
- Marital Problems
- Maxillofacial
- Microdiskectomy
- Menopause
- Men's Health
- Menstrual Problems
- Micro Surgery
- Microdermabrasion
- Minor Surgery
- Minimally Invasive Surgery
- Moles
- Multiple Sclerosis
- Musculoskeletal Therapy
- Nail Disorders
- Nasal Problems
- Nasal Cosmetic Surgery
- Neck Pain
- Nephrology
- Norplant Insertion
- Nursing Home Visits
- Nutrition
- Osteoarthritis
- Osteomyelitis
- Osteopathic Manipulation
- Osteopathic Spinal Manipulation
- Obstetrics
- Obesity
- Obstetrics/Gynecology
- Oral Contraceptive/Birth Control
- Thermatrix Therapy
- Tubal Ligation
- Ulcers
- Ultrasound
- Urological Cancer
- Orthotics
- Osteoporosis
- Oral Surgery
- Oximetry
- Open Heart Surgery
- Oral Implants
- Parathyroid Surgery
- Parkinson's Disease
- Pace Maker
- Chronic Pain Management
- Pancreatic Surgery
- Parathyroid Surgery
- Parkinson's Disease
- Primary Care
- Pediatrics
- Pediatric Allergy
- Pediatric ENT
- Peritoneal Dialysis
- Plantar Fasciitis
- Pituitary/Brain Tumors
- Premenstrual Syndrome
- Panic Attacks
- Peripheral Nervous System
- Polycystic Ovarian Syndrome
- Polypectomy
- Prostate Cancer
- Prematurity
- Preventive Medicine
- Prostate Disease
- Psoriatic Arthritis
- Psoriasis
- Physical Therapy
- Puberty Disorders
- Pulmonary Function
- Pulmonary Disease
- Radioactive Seed Therapy
- Radiology
- Rast Tests
- Reconstructive Surgery
- Rectal Problems
- Refractive Surgery
- Renal Failure
- Preproductive Endocrinology
- Respiratory
- Resectoscopy
- Retinal Disease
- Restylane Injections
- Rheumatoid Arthritis

- | | |
|---|--|
| <input type="checkbox"/> Sciatica | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Sclero Therapy | <input type="checkbox"/> Uveitis (eye) |
| <input type="checkbox"/> Scleroderma | <input type="checkbox"/> Vasectomy |
| <input type="checkbox"/> Seizure Disorders | <input type="checkbox"/> Vasectomy Reversal |
| <input type="checkbox"/> Sexual Dysfunction | <input type="checkbox"/> Vascular Access Limb |
| <input type="checkbox"/> Shockwave Therapy-Kidney | <input type="checkbox"/> Savage |
| <input type="checkbox"/> Stones | <input type="checkbox"/> Valve Replacement |
| <input type="checkbox"/> Sigmoidoscopy | <input type="checkbox"/> Vascular Disease |
| <input type="checkbox"/> Sinonasal Disease | <input type="checkbox"/> Venereal Disease |
| <input type="checkbox"/> Sinus Headache | <input type="checkbox"/> Vein Injections |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Varicose Veins |
| <input type="checkbox"/> Skin Cancer | <input type="checkbox"/> Vitreoretinal Disease |
| <input type="checkbox"/> Skin Biopsy | <input type="checkbox"/> Vascular Surgery |
| <input type="checkbox"/> Skin Testing | <input type="checkbox"/> Wart Removals |
| <input type="checkbox"/> Skull Base Neurosurgery | <input type="checkbox"/> Wandering Eyes |
| <input type="checkbox"/> Sleep Disorders | <input type="checkbox"/> Wrist/Hand Injuries |
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Wisdom Teeth Removal |
| <input type="checkbox"/> School Physicals | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Spur, Plantar Fasciitis | <input type="checkbox"/> Women's Health |
| <input type="checkbox"/> Spirometry | <input type="checkbox"/> Wrist Disorders |
| <input type="checkbox"/> Spine Surgery | <input type="checkbox"/> Others _____ |
| <input type="checkbox"/> Sports Medicine | _____ |
| <input type="checkbox"/> Spine Problems | |
| <input type="checkbox"/> Sexually Transmitted Disease | |
| <input type="checkbox"/> Sterilization | |
| <input type="checkbox"/> Shockwave Therapy-Heal | |
| <input type="checkbox"/> Pain | |
| <input type="checkbox"/> Stomach Disease | |
| <input type="checkbox"/> Strabismus/Adult | |
| <input type="checkbox"/> Stress Echocardiogram | |
| <input type="checkbox"/> Stroke | |
| <input type="checkbox"/> Surgical Endocrinology | |
| <input type="checkbox"/> Transesophageal | |
| <input type="checkbox"/> Echocardiogram | |
| <input type="checkbox"/> Tendonitis | |
| <input type="checkbox"/> Thoracic Surgery | |
| <input type="checkbox"/> Hydro Thermablation | |
| <input type="checkbox"/> Thyroid Surgery | |
| <input type="checkbox"/> Thyroid Biopsy | |
| <input type="checkbox"/> Thyroid Disease | |
| <input type="checkbox"/> TMJ | |
| <input type="checkbox"/> Toenail Procedures | |
| <input type="checkbox"/> Tonsillectomy | |
| <input type="checkbox"/> Transthoracic | |
| <input type="checkbox"/> Transesophageal | |
| <input type="checkbox"/> Trauma Surgery | |
| <input type="checkbox"/> Traumatic Spinal Cord Injuries | |
| <input type="checkbox"/> Tropical/Parasitic Disease | |

Which of the following managed care plans are you contracted with? PLEASE CIRCLE THE PRODUCT NAME THAT YOU ACCEPT (HMO, PPO, POS) AND ADD ANY OTHER PRODUCT. CALLERS WILL BE GIVEN YOUR NAME WHEN THEY INDICATE THE FOLLOWING:

INSURANCE	POLICY TYPE	MEDICARE ADVANTAGE PLANS
<input type="checkbox"/> Aetna	HMO PPO POS EPO Open Access	Open Basic & Open Standard
<input type="checkbox"/> Beech Street	HMO PPO POS EPO Open Access	
<input type="checkbox"/> Blue Advantage	HMO PPO POS EPO Open Access	
<input type="checkbox"/> Blue Choice	HMO PPO POS EPO Open Access	
<input type="checkbox"/> BlueCross BlueShield	HMO PPO POS EPO Open Access	Blue Medicare PFFS
<input type="checkbox"/> Cigna	HMO PPO POS EPO Open Access	Cigna Medicare Access
<input type="checkbox"/> Coventry Health / CCN	HMO PPO POS EPO Open Access	Coventry Advanta Freedom
<input type="checkbox"/> Corvel	HMO PPO POS EPO Open Access	
<input type="checkbox"/> Great West (Cigna)	HMO PPO POS EPO Open Access	
<input type="checkbox"/> HFN	HMO PPO POS EPO Open Access	
<input type="checkbox"/> Humana	HMO PPO POS EPO Open Access	Humana Choice PPO Humana Gold Choice PFFS Humana Gold Plus HMO
<input type="checkbox"/> Interplan Health Group	HMO PPO POS EPO Open Access	
<input type="checkbox"/> Multiplan (PHCS)	HMO PPO POS EPO Open Access	
<input type="checkbox"/> Illinois Health Partners	HMO PPO POS EPO Open Access	
<input type="checkbox"/> PPO Next	HMO PPO POS EPO Open Access	
<input type="checkbox"/> Principal Health Plans	HMO PPO POS EPO Open Access	
<input type="checkbox"/> Tricare	HMO PPO POS EPO Open Access	
<input type="checkbox"/> United Healthcare	HMO PPO POS EPO Open Access	United Healthcare AARP Medicare Complete United Healthcare Secure Horizons
<input type="checkbox"/> OTHER		
<input type="checkbox"/> OTHER		
<input type="checkbox"/> OTHER		
<input type="checkbox"/> OTHER		
<input type="checkbox"/> Medicare	YES NO	
<input type="checkbox"/> Medicaid	YES NO	
<input type="checkbox"/> All Kids	YES NO	

PLEASE CALL PHYSICIAN REFERRAL AT (630) 527-6363 IF YOU HAVE ANY QUESTIONS.

CONTRACT

EDWARD-ELMHURST HEALTHCARE PHYSICIAN'S ANSWERING SERVICE

This Agreement is made by and between Edward-Elmhurst Healthcare ("EEH") and the medical professional or practice below ("Subscriber") effective _____, 20____ ("Effective Date").

Subscriber: _____
(If corporation, LLC or other legal entity, please use complete legal name of the entity)

Billing Address: _____

Business Phone: _____

1. **Services.** EEH agrees to provide telephone answering service (the "Service") for Subscriber 24 hours per day, 7 days per week, beginning on the Effective Date listed above.
2. **Term and Termination.** The term of the Agreement shall be one year from the Effective Date. Thereafter this Agreement shall automatically renew for additional one year periods. Either party may terminate this Agreement at any time upon thirty (30) days advance written notice to the other party.
3. **Subscriber's Responsibilities.** Subscriber shall establish call-forwarding service from Subscriber's business phone to EEH's answering service number at Subscriber's expense. The Subscriber agrees to complete and return the Physician Profile and Office Information questionnaire prior to commencement of the Service. The Subscriber or his/her designee is responsible for informing EEH of any changes in the on call schedule or daily routine which would affect the Service.
4. **Pagers:** Subscriber may elect to rent an alpha numeric pager from EEH at a monthly rental rate of Twenty-Two Dollars (\$22.00). If pager rental is selected, Subscriber acknowledges receipt of pager(s) and further acknowledges financial responsibility for the pager(s). Subscriber will pay a replacement fee of seventy-five (\$75.00) dollars per pager for a pager that is lost, stolen, or damaged beyond repair. Subscriber acknowledges that EEH does not guarantee support of non-EEH issued pagers. EEH is not responsible for any technical issues related to a non-EEH issued pager, including, but not limited to, insufficient range, transmission, and other pager provider service issues. Subscriber shall return a malfunctioning pager to EEH for replacement. EEH agrees to provide a replacement pager within four (4) hours of receipt of a malfunctioning pager.
5. **Fees.** Subscriber agrees to pay EEH a monthly fee according to the Fee Schedule attached hereto as Exhibit A. Subscriber will notify EEH of any additions, deletions, or changes to Exhibit A. Fee changes will appear on Subscriber's next monthly bill. EEH will provide Subscriber with sixty (60) days advance written notice of any changes in the Fee Schedule. All fees are due and payable upon receipt of the monthly invoice. A late fee of \$25 will be added to any amount not paid by the 1st day of the month for the prior month's bill. EEH reserves the right to terminate service upon notification for any payment due past ninety (90) days. Subscriber agrees to pay all collection agency fees and commissions and/or the costs of any action instituted, including attorney's fees, to collect moneys due EEH under this Agreement.
6. **Indemnification and Hold Harmless.** The parties agree to assume the risk of liability for and to indemnify and hold each other and their respective officers, agents and employees harmless from and against all claims, causes of action, damages, suits, judgments, liabilities, losses, and expenses, including damages for the death of any person or persons and damages to any property, resulting from the performance of this Agreement and arising out of or in connection with the intentional or negligent acts of their respective employees and agents.

7. No Agency Created. In the provision of Services hereunder, Subscriber and EEH shall at all times remain independent contractors. Neither party shall represent to third parties that it is an employee or agent of the other. EEH staff will not (a) make medical decisions, (b) take diagnostic test results, or (c) call in prescription information.
8. HIPAA Compliance. The parties agree that Business Associate Addendum attached hereto as Exhibit B is incorporated herein by reference as if fully set forth herein.
9. Miscellaneous. The paragraph headings included herein are for reference only and have no legal effect.
 - (a) Governing law shall be interpreted under the laws of the State of Illinois. Sole and exclusive venue for any dispute arising hereunder shall be the Circuit Court of the 18th Judicial Circuit, DuPage County, Illinois;
 - (b) This agreement shall not be assigned by either party;
 - (c) This agreement is the complete agreement of the parties concerning the Services to be provided hereunder.
 - (d) Independent Contractor. The parties shall at all times perform as independent contractors and nothing herein shall be construed to create a partnership, employment or joint venture relationship between the parties
 - (e) Notices. All notices served under this Agreement may be sent to the party's last known address via certified mail, return receipt requested, by overnight courier service, facsimile or in person.
 - (f) Force Majeure. EEH shall not be responsible or liable for any injury or damages caused by a delay or failure which results in disruption of services if such delay or failure is due to a cause beyond its control, including without limitation, fires, strikes, scarcity of materials or fuel, war or acts of war, acts of mobs or rioters, acts of public authorities, delay or defaults caused by public carriers, or storms, floods or other acts of God.
 - (g) Limitation of Liability. Subscriber agrees that EEH's liability to the Subscriber, whether arising out of a breach of this contract, claim for injury to person (including death) or property, claim for tort liability, or otherwise, shall be limited to the return of the monthly fee paid in the previous twelve months by Subscriber. Subscriber acknowledges that the return of its fee shall be Subscriber's sole and exclusive remedy.

10. Services.

EEH SHALL DO THE FOLLOWING:

- (a) Will take messages for appointments, cancellations, calls for office personnel or any call determined by the caller to be non-emergency when instructed by Subscriber, unless specified.
- (b) Will call or page the Subscriber per the Answering Service Profile for all calls determined by the caller to be an emergency/urgent, unless specified.
- (c) Will call Physician at home first before paging, between the hours of 10 p.m. and 7 a.m., unless specified.
- (d) Will provide Subscriber with reasonable notice of any planned service outages and will not be responsible for calls that occur during the service outages.
- (e) Will review the rates for the Answering Service on an annual basis and notify the Subscriber in writing thirty (30) days prior to any rate change. Fees will be adjusted to reflect any additions, deletions and changes to staff or equipment. Adjustments will be made without written notification and as these changes go into effect.

EEH SHALL NOT DO THE FOLLOWING:

- (a) Will not make clinical judgments for incoming calls for the Subscriber.
- (b) Will not take messages regarding any medical, lab results or diagnosis information.

10. Entire Agreement. This Agreement constitutes and incorporates the entire agreement between the parties hereto. There are no promises, terms, conditions, rights or obligations other than those contained herein, and this Agreement shall supersede all previous communications, representations or agreements either verbal or written, between parties hereto.

This Service Agreement constitutes the entire agreement. No modification or amendment of this Agreement shall be effective unless in writing.

In Witness Whereof, the parties hereto have caused this Agreement to be executed by their authorized representatives as of the ____ day of _____, 20 ____.

Subscriber (*if corporation*):

Edward-Elmhurst Healthcare
An Illinois not-for-profit corporation

(Exact name of corporation)

By: _____

By: _____

Its: _____

Mary Lou Mastro
President

Non-Corporation (Individual, Partnership, etc.) Subscriber:

Signature

Printed Name: _____

Title (Owner/Partner/etc.): _____

EXHIBIT A

FEE SCHEDULE

Base Rate – One User:	\$110.00 per month
Additional Users:	\$100.00 per month per user
Cost per call:	\$ 0.20
Pager:	\$22.00 per month per pager
Late Fee	\$25.00
Lost or damaged pager	\$75.00

Additional User means each additional Physician, Physician’s Assistant, Nurse Practitioner, R.N., Office Manager or other office staff for which EEH maintains paging and/or contact information.

Please fill in the number requested:

_____ Number of Additional Users at \$ 100.00 each

_____ Number of Alpha Numeric pagers at \$22.00 per pager per month

TOTAL MONTHLY PAYMENT: _____

EXHIBIT B
BUSINESS ASSOCIATE ADDENDUM

RECITALS

Covered Entity and Business Associate, a health system, which includes Edward-Elmhurst Healthcare and its affiliates, Edward Hospital, Naperville Psychiatric Ventures d/b/a Linden Oaks Hospital, Edward Health Ventures, including Edward Medical Group and Linden Oaks Medical Group, Elmhurst Memorial Healthcare, Elmhurst Memorial Hospital, and Elmhurst Memorial Home Health, (collectively referred to as "Business Associate") have entered into one or more underlying agreements (hereinafter "Underlying Agreement") where Business Associate is to provide services to Covered Entity.

During the course of Business Associate's services to Covered Entity under any underlying agreement(s) (hereinafter "Underlying Agreement"), Business Associate may have access to certain Protected Health Information (PHI), as that term is defined under the Health Insurance Portability and Accountability Act ("HIPAA") at 45 C.F.R. 160.103. Covered Entity is required by 45 C.F.R. 164.502(e) and 45 C.F.R. 164.308(b) to obtain written assurances from Business Associates that the Business Associates will appropriately safeguard the PHI to which they have access.

THEREFORE, the parties agree as follows:

1. DEFINITIONS

- (a) **Covered Entity.** "Covered Entity" has the same meaning as defined in 45 C.F.R. 160.103.
- (b) **Business Associate.** "Business Associate" has the same meaning as defined in 45 C.F.R. 160.103 and has been modified by the HITECH Act and Omnibus.
- (c) **Breach.** "Breach" has the same meaning as defined in 45 C.F.R. 164.402 as modified by Omnibus.
- (d) **Designated Record Set.** "Designated Record Set" has the same meaning as defined in 45 C.F.R. 164.501.
- (e) **Electronic Protected Health Information ("ePHI").** "Electronic Protected Health Information" or "ePHI" has the same meaning as defined in 45 C.F.R. 160.103.
- (f) **HITECH Act.** The "HITECH Act" means Title XIII of the Health Information Technology for Economic and Clinical Health Act included in the American Recovery and Reinvestment Act of 2009.
- (g) **Individual.** "Individual" has the same meaning as defined in 45 C.F.R. 160.103 and will include a person who qualifies as a personal representative in accordance with 45 C.F.R. 164.502(g).
- (h) **Omnibus Final Rule ("Omnibus").** The "Omnibus Final Rule" or "Omnibus" means the Modifications to the HIPAA Privacy, Security, Enforcement, and Breach Notification Rules under the HITECH Act and the Genetic Information Nondiscrimination Act and other Modifications to the HIPAA Rules of 2013.
- (i) **Privacy Rule.** "Privacy Rule" means the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Part 160 and Part 164, Subparts A and E.
- (j) **Protected Health Information ("PHI").** "Protected Health Information" or "PHI" has the same meaning as defined in 45 C.F.R. 160.103.
- (k) **Required By Law.** "Required By Law" has the same meaning as defined in 45 C.F.R. 164.103.
- (l) **Secretary.** "Secretary" means the Secretary of the U.S. Department of Health and Human Services or his or her designee.
- (m) **Security Incident.** "Security Incident" has the same meaning as defined in 45 C.F.R. 164.304.
- (n) **Security Rule.** "Security Rule" means the Standards for Security of Electronic Protected Health Information ("ePHI") at 45 C.F.R. part 164.302 et.seq.
- (o) **Subcontractor.** "Subcontractor" means a person who acts on behalf of a Business Associate, other than in the capacity of a member of the workforce of such business associate as defined in Omnibus.

2. OBLIGATIONS OF BUSINESS ASSOCIATE

2.1 Use and Disclosure of PHI. Business Associate may use, possess, or disclose PHI only as permitted or required by this agreement or as Required by Law. For purposes of such uses and disclosures, Business Associate shall apply the minimum necessary standard of the Privacy Rule. All other uses not authorized by this agreement are prohibited. Except as otherwise provided herein, Business Associate may:

- (a) Make any and all uses and disclosures of the PHI necessary to perform its obligations under the Underlying Agreement;

(b) As required by 45 C.F.R. 164.504(e)(4), Business Associate may disclose the PHI to third parties for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate provided that: (i) the disclosure is required by law; or (ii) Business Associate has obtained from the third party written assurance, which shall be available to Covered Entity upon request, that the PHI will be maintained as confidential and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party and that the third party shall immediately notify Business Associate, in writing, of any instance of which it is aware in which the confidentiality of the PHI has been Breached;

(c) Make any uses or disclosures of the PHI permitted under applicable law, including but not limited to, reporting violations of the law to law enforcement, subject to 45 C.F.R. §164.512;

(d) De-identify the PHI provided that Business Associate satisfies the applicable provisions for de-identification under the HIPAA Regulations and provides Covered Entity with written documentation as required by said provisions and as may be specified by Covered Entity (any such de-identified information shall not constitute PHI and shall not be subject to the terms and conditions of this agreement regarding PHI. Covered Entity shall at all times retain all rights, title, interest, and ownership, including but not limited to any derivative works of any de-identified data for which Business Associate is granted permissions to use under this Agreement); and

Covered entity shall not transfer any PHI to any foreign countries, including people in such foreign countries, without the express written consent of Business Associate

(e) Disclose the PHI: (i) as directed by Covered Entity; and (ii) to its Subcontractors and agents in accordance with Section 2.4 below.

2.2 Safeguards Against Misuse of PHI. Pursuant to HITECH, 42 U.S.C. 201 et seq., the HIPAA Security administrative, physical, and technical safeguards in 45 C.F.R. 164.308, 164.310, and 164.312, and the requirements for policies and procedures and documentation in 45 C.F.R. 164.316, apply to Covered Entity to ensure that the PHI is not used or disclosed in any manner inconsistent with this agreement. As applicable, Business Associate shall implement administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of any ePHI that Business Associate creates, receives, maintains or transmits on behalf of Covered Entity as required by 45 C.F.R. part 164.302 et. seq. Such safeguards shall include, but are not limited to, establishing policies and procedures to ensure that: (i) only employees of

Business Associate who need PHI in order to accomplish an authorized use or disclosure are given access to such information; (ii) that all employees of Covered entity whose services may be used to fulfill obligations under the Underlying Agreement are appropriately informed of the terms of this agreement; (iii) that pursuant to 45 C.F.R. 164.530 and 164.308, such employees receive appropriate formal HIPAA privacy and security training and that records of such training shall be provided to Business Associate upon written request; (iv) that only the minimum PHI necessary to accomplish the intended purpose or use will be disclosed to any agent, Subcontractor or other third party; and (v) shall identify an appropriate security official and privacy official pursuant to 45 C.F.R. 164.308(d)(2) and 45 C.F.R. 164.530 (a)(1) (2).

2.3 Inconsistent Uses or Disclosures of PHI. Business Associate shall perform the following obligations related to inconsistent use or disclosures of PHI.

(a) Subject to any applicable delay under 45 C.F.R. 164.412 regarding law enforcement delay, Business Associate shall promptly report to Covered Entity's privacy officer, in writing, any use and/or disclosure of the PHI in violation of this agreement or of the HIPAA Regulations or any applicable federal or state laws, rules and regulations of which it becomes aware (i.e., Breach). Business Associate shall, following the discovery of a Breach of unsecured PHI, notify Covered Entity of such Breach without unreasonable delay and in no event later than sixty (60) calendar days after Business Associate's discovery of the Breach, including, but not limited to, any discovery of a Breach by an agent or subcontractor of Business Associate, as required under 45 C.F.R. 164.410.

(b) Business Associate shall promptly report to Covered Entity any Security Incident as defined in 45 C.F.R. 164.304, no later than five (5) days from the date it becomes aware of such Security Incident.

(c) Business Associate shall include in such notification, to the extent possible and subsequently as the information becomes available: (i) the identification and contact information of each Individual whose unsecured PHI has been (or is reasonably believed by Business Associate to have been) Breached; (ii) the identification and contact information of the unauthorized individual or entity receiving the PHI; (iii) the nature/cause of the Breach; (iv) the PHI elements Breached; (v) the date or period of time during which the Breach occurred; (vi) the remedial action taken or proposed to be taken with respect to such Breach; and (vii) any other available information that Covered Entity is required to include in its notification to the Individual under 45 C.F.R. 164.404(c).

(d) Business Associate shall take prompt corrective action to cure any such deficiencies and any action pertaining to such unauthorized disclosure required by the HIPAA Regulations and any applicable federal or state laws, rules and regulations.

(e) Business Associate shall mitigate, to the extent practicable, any harmful effect that is known to Business Associate from any use and/or disclosure of PHI by Business Associate in violation of this agreement.

(f) Business Associate shall take appropriate action against any member of its workforce who uses or discloses PHI in violation of this agreement pursuant to 45 C.F.R. 164.308(a)(C).

(g) Business Associate is responsible for any and all costs related to notification of Individuals of any security or privacy Breach reported by Business Associate to Covered Entity.

(h) Parties agree that the Covered Entity may, in its sole discretion and upon written notification, delegate the breach notification responsibility and duty, in part or in full, ("Notification to Individuals") to the Business Associate. The Business Associate agrees: to comply with the HIPAA notification requirements, the delegation of responsibilities and duties assigned to them by the Covered Entity, and shall cooperate with and provide the Covered Entity with regular updates to insure that Notification to Individuals is completed properly. Further, the Business Associate shall provide the Covered Entity with all notification information as required by the BAA, copies of all notifications sent to Individuals, and copies of any and all correspondences including but not limited to any letters, notifications, emails, and all or any other documents sent or received by the Business Associate which are directly or indirectly related to the Notification of Individuals.

2.4 Agents and Subcontractors. If Business Associate retains an agent or Subcontractor to perform services provided for in the Underlying Agreement, Business Associate shall obtain and maintain a written agreement with each agent or Subcontractor that receives, uses, maintains, or has access to PHI from Business Associate on behalf of Covered Entity under this agreement. The agreement will specify that the agent or Subcontractor and its employees, contractors, and agents agree to implement reasonable and appropriate safeguards to protect Covered Entity's PHI and to be bound by the same restrictions and conditions on the use and/or disclosure of PHI that apply to Business Associate pursuant to this agreement.

2.5 Access to Information. Business Associate will not maintain PHI in a Designated Record Set ("DRS") and, thus, 45 C.F.R. section 164.504(e)(2)(ii)(E) and 164.524 regarding providing Individuals access to PHI shall not be applicable. Any request to access PHI made to Business Associate shall

be referred to Covered Entity. Within five (5) business days of a written request by Covered Entity, Business Associate shall allow a person who is the subject of PHI, such as a person's legal representative, or Covered Entity, to have access to and to copy such person's PHI maintained by Business Associate. Business Associate shall provide PHI in the format requested by such person, legal representative, or Covered Entity unless it is not readily producible in such format, in which case it shall be produced in standard hard copy format. Business Associate shall immediately notify Covered Entity, in writing, upon Business Associate's receipt of any such request other than from Covered Entity and shall provide Covered Entity with a copy of any PHI so accessed, unless otherwise directed by Covered Entity.

2.6 Availability of PHI for Amendment. Business Associate shall refer any request to amend PHI that is directed toward Business Associate to Covered Entity. To the extent that Covered Entity grants an amendment to PHI, which it previously provided to Business Associate and upon which Business Associate or its Subcontractor(s) relied in providing services to Covered Entity, then Covered Entity shall provide such amended PHI to Business Associate, and Business Associate shall take such action as may be necessary to satisfy its obligations under the Underlying Agreement.

2.7 Accounting of Disclosures.

(a) Business Associate shall make disclosures of PHI only as provided by this agreement. Business Associate agrees to maintain a record of its disclosures of PHI, including disclosures not made for the purposes of this agreement, pursuant to 45 C.F.R. 164.504(e)(2)(ii)(G) and 164.528 (hereinafter the "Disclosure Record"). The Disclosure Record shall include: (i) the date of the disclosure; (ii) the name and, if known; (iii) the address of the recipient of the PHI; (iv) the name of the Individual who is the subject of the PHI; (v) a brief description of the PHI disclosed; and (vi) the purpose of the disclosure.

(b) Business Associate shall make the Disclosure Record available to an individual who is the subject of such information or to Covered Entity within thirty (30) days of a request. Such disclosure must include Disclosure Records made on or after the date, which is three (3) years prior to the request if the PHI is maintained in an electronic health record or six (6) years prior to the request if the PHI is maintained in a paper health record pursuant to 45 C.F.R. 164.528 and 164.530; HITECH 13405(c).

(c) Notwithstanding the foregoing, any request for an accounting of disclosures by an Individual made to Business Associate regarding PHI disclosures made by Business Associate on behalf of Covered Entity shall be promptly

referred to Covered Entity to permit Covered Entity to respond to the request for an accounting of disclosures in accordance with 45 C.F.R. 164.528 and HITECH 13405(c)/42 U.S.C. 17935(c).

(d) Business Associate shall not be required to maintain a record of disclosures of PHI made: (i) for the purpose of treatment, payment, or health care operations (as those terms are defined under HIPAA).

2.8 Availability of Books and Records.

(a) Business Associate shall make its internal practices, books, and records relating to the use and/or disclosure of PHI received from Covered Entity, or created or received by Business Associate on behalf of Covered Entity, available to the Secretary for purposes of the Secretary's determining Covered Entity's compliance with the Privacy Rule, subject to any applicable legal privileges.

(b) Business Associate agrees to make its books, records, agreements, policies and procedures with respect to its performance hereunder available to Covered Entity, upon prior written request during normal business hours, for the purposes of determining Business Associate's compliance with this agreement.

2.9 PHI has been Used or Disclosed. If PHI has been disclosed, accessed or used between the initial date of the performance of services and the Effective Date of this agreement, the parties acknowledge that the terms of this agreement shall apply and govern such disclosure or Business Associate shall immediately destroy and/or return such PHI to Covered Entity.

2.10 Failure to Perform Obligations. In the event Business Associate fails to perform the obligations under this agreement, Covered Entity may require Business Associate to submit a plan of compliance, including monitoring by Covered Entity and reporting by Business Associate, as Covered Entity, in its sole discretion, determines necessary to maintain compliance with this agreement and applicable law.

3. OBLIGATIONS OF COVERED ENTITY

3.1 Covered Entity shall obtain any consent, authorization or permission (if any) that may be required by the Privacy Rule or any other applicable federal, state, or local laws and regulations prior to furnishing to Business Associate the PHI pertaining to an Individual. Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

3.2 Covered Entity shall timely notify Business Associate, in writing, of any changes in, or revocation of, authorization by Individuals pursuant to 45 C.F.R. 164.508, which may impact the Use and/or Disclosure of that PHI by Business Associate under this agreement.

3.3 Covered Entity will not ask Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by Covered Entity or that is not otherwise permitted by this agreement.

3.4 Covered Entity shall notify Business Associate of any changes in the form of its Notice of Privacy Practices (the "Notice") in accordance with 45 C.F.R. 164.520, to the extent that such limitation may affect Business Associate's use or disclosure of PHI and provide, upon request, Business Associate with a copy of the Notice currently in use.

4. TERM AND TERMINATION

4.1 Term. This agreement begins on the Effective Date and will remain in effect throughout the term of the Underlying Agreement unless otherwise terminated as provided herein.

4.2 Termination.

(a) If either party determines that the other party has violated a material term of this agreement, or upon either party's discovery that of a pattern of activity or practice of the other party constitutes a material breach or violation of the other party's obligations under this agreement, the non-breaching party shall notify the breaching party of the breach without unreasonable delay but in no case later than 30 days after discovery of the breach or violation. The non-breaching party may: (i) immediately terminate this agreement; or (ii) provide the breaching-party thirty (30) days from the date of notice of the breach to cure the breach. If the breaching party fails to cure the breach pursuant to Section 4.2(ii), within the cure period, the non-breaching party may immediately terminate this agreement.

(b) If either party materially breaches this agreement and neither termination nor cure is feasible, the other party may report the violation to the Secretary.

(c) Parties agree that any and all notices provided pursuant to this paragraph 4.2 shall contain a detailed description of the material breach allegedly committed by the breaching party, which sets forth all the specific facts necessary for non-breaching party to evaluate and cure such alleged breach.

4.34.3 Effect of Termination, Return or Destruction of PHI. Upon expiration or termination of this agreement, Business Associate shall return to Covered Entity or destroy, the PHI in its possession and retain no copies of the PHI in any form, including electronic. Covered Entity may request, in writing, that Business Associate destroy all PHI upon termination of the agreement rather than returning the PHI to Covered Entity. Upon destruction of all PHI, Business Associate shall certify in writing to Covered Entity that it destroyed all PHI. Business Associate shall recover and/or destroy any PHI in the possession of its agents or Subcontractors and return or destroy such PHI, as applicable. If the return or destruction of all PHI is not feasible, then Business Associate shall explain in writing to Covered Entity's privacy officer, why such return or destruction is not feasible. If return or destruction is not feasible, Business Associate shall extend its obligations under this agreement to protect any PHI retained after the termination of the agreement and shall limit any further use or disclosure to the purposes which make return or destruction of the PHI infeasible.

5. REGULATIONS AND CHANGE OF LAW

5.1 Final Regulations. The parties acknowledge that the HITECH Act, 42 U.S.C. 201 et seq., found in Title XIII of the American Recovery and Reinvestment Act of 2009, Public Law 111-005, imposes requirements with respect to privacy, security, and breach notification and understand that such requirements shall be implemented by regulations adopted by HHS in the Omnibus Final Rule of 2013. The provisions of the HITECH Act, the Omnibus Final Rule, and their respective Business Associate Provisions are hereby incorporated by reference into this agreement as if set forth in this agreement in their entirety.

5.2 Change of Law. Business Associate and Covered Entity shall negotiate in good faith any modification of this agreement that may be necessary or required to ensure consistency with any amendment to or change in applicable law, including, but not limited to, the HIPAA Regulations. Any such modifications shall be automatically incorporated by reference into this agreement.

5.3 Red Flag Rules. If applicable, Business Associate represents and warrants that, with respect to the performance

of its obligations hereunder and under any other agreement between the parties, and as further described in the Identity Theft Rules promulgated by the Federal Trade Commission (16 C.F.R. Part 681), it shall establish, maintain and update reasonable policies and procedures designed to: (a) detect and prevent identity theft and/or medical identity theft ("Red Flags"); (b) promptly report to Covered Entity the occurrence of any Red Flags; and (c) take appropriate steps to prevent or mitigate identity theft and/or medical identity theft.

6. INSURANCE AND INDEMNITY

6.1 Insurance. Business Associate shall obtain and maintain during the term of the agreement liability insurance covering claims based on a violation of the HIPAA Regulations or any applicable state law or regulation concerning the privacy of patient information and claims based on its obligations pursuant to this agreement in an amount not less than \$1,000,000 per claim and \$3,000,000 annual aggregate. A copy of the policy or certificate evidencing such coverage shall be provided to Covered Entity upon request. Business Associate shall immediately notify Covered Entity of any amendment, modification, renewal, or cancellation of the insurance coverage provided for in this Section.

6.2 Indemnification and Liability Limitation.

(a) Business Associate shall defend, indemnify and hold harmless the Covered Entity, its affiliates, officers, directors, employees and agents, from and against any claims or liabilities, and shall pay all losses, damages, liabilities, claims and actions, and all related expenses (including reasonable attorneys' fees and expenses) based on or arising out of any breach or alleged breach by Business Associate or any agent of Business Associate (including, but not limited to, Subcontractors) of any duty or obligation of the agreement or that pertains in any way, directly or indirectly, to PHI or the protection of confidentiality.

(b) In the event Covered Entity is required, pursuant to the HIPAA Rules, to notify Individuals that their PHI has been impermissibly disclosed due to a breach of this Business Associate Agreement, Business Associate further agrees to indemnify Covered Entity for all reasonable costs, expenses, and fees related to the breach notification.

(c) The indemnification provisions of this Section 6 shall in no event be subject to any limitation of liability or damages set forth in the Underlying Agreement, and no express or implied agreement or arrangement between the Parties shall in any way reduce or limit Business Associate's liability therefore.

7. MISCELLANEOUS

7.1 Ownership. The PHI shall be and remain the property of Covered Entity. Business Associate agrees that it acquires no title or rights to the PHI as a result of this agreement.

7.2 Waiver and Severability. No forbearance or neglect on the part of Covered Entity nor Business Associate to enforce or insist upon any of the applicable provisions of this agreement shall be construed as a waiver of Covered Entity’s or Business Associate’s rights hereunder unless it is in writing and signed by a duly authorized officer of Covered Entity and Business Associate. A waiver with respect to one event shall not be construed as continuing, or as a bar to or a waiver of any right or remedy as to subsequent events. If any provision of this agreement shall be found to be illegal, invalid, or unenforceable, the remaining provisions of this agreement shall not be affected thereby and shall remain in full force and effect.

7.3 Survival. The following sections will survive the expiration or termination of this agreement: (i) the respective rights and obligations of Business Associate and Covered Entity under the provisions of Sections 2 and Section 3 solely with respect to PHI that Business Associate retains in accordance with Section 4 because it is not feasible to return or destroy such PHI; and (iii) any provision of this agreement that, given its purpose, interpretation or context, logically should survive.

7.4 Governing Law and Venue. The terms of this agreement are governed by and construed in accordance with the laws of Illinois, without regard to where the challenge arises and without regard to conflict of law principles. Any suit pertaining to this agreement will be brought in the state or federal courts sitting in DuPage County, Illinois each party to this agreement waiving any claim or defense that such forum is not convenient or proper. Each party further agrees that any such court shall have in personam jurisdiction over it and consents to service of process in any manner authorized by Illinois law.

7.5 Independent Contractors. Unless expressed in the Underlying Agreement, the relationship between the parties

shall at all times be that of independent contractors. No provision of this agreement is intended to or shall be construed to render one party an agent, employee, partner, or servant of the other party. Neither party shall represent to any third party that it is authorized to enter into any contract for or on behalf of the other party.

7.6 Notices. Any notices required to be given under this agreement shall be given in writing and shall be delivered in person, by certified mail with postage prepaid and return receipt requested, or by commercial overnight courier that guarantees next-day delivery and provides a receipt, and such notices shall be addressed as follows:

To Business Associate:
Attn: Privacy Officer
801 South Washington Street
Naperville, Illinois 60540
Phone: 630-527-5861

**With a copy to “General Counsel” at the above addresses.*

To Covered Entity:
Attn: _____
Address: _____

Each party named above may change its address and that of its representative for notice by the giving of notice thereof in the manner provided in this subsection.

7.7 Counterparts; Facsimiles. This agreement may be executed in any number of counterparts, each of which shall be deemed an original. Facsimile copies and electronically signed (i.e., sign, scan and e-mail) shall be deemed to be originals.

7.8 Entire Agreement; Amendment. This agreement supplements, modifies and amends the Underlying Agreement and all written agreements made by or between the parties regarding the disclosure of PHI by Covered Entity to Business Associate, or the creation or receipt of PHI by Business Associate on behalf of Covered Entity

**EDWARD-ELMHURST HEALTH
CREDIT CARD AUTHORIZATION
AUTOMATIC RECURRING PAYMENT**

I hereby authorize EDWARD ELMHURST HEALTH (EEH) to process monthly charges for all answering service charges. I agree to timely advise EEH of any changes to the Payment Account information. This authorization will remain in force until the first to occur of (1) EEH's receipt of 30 days advance written notice of revocation addressed as follows" Manager, Call Center Operations, Edward-Elmhurst Health, 801 S. Washington Street, Naperville, IL 60540; of (2) termination of my Physician's Answering Service account, provided that the account has been paid in full and all rented pagers have been returned in good condition.

Client: _____

Address: _____

Phone number: _____

Credit Card Type: _____
VISA, MC, DISCOVER, AMEX

Credit Card Number: _____

Expiration date: _____

Billing zip code: _____

Authorizing Signature _____

Payments will be processed on the 15th of the month. If it falls on a weekend or holiday, it will be processed on the next business day.

You can return the form back to my attention at Edward-Elmhurst Health, 801 S. Washington Street Naperville, IL 60540, and fax to my attention at 630-548-7632 or return by email: Bethany.Daubach@eehealth.org.

Any questions please contact Bethany Daubach at 630-527-2905.

Edward Physician Answering Service

To transfer the office phones to the Answering Service (must be done nightly):

- 1. Choose an outside line.**
- 2. Type in 72 and the pound sign (72#)**
- 3. Type in 630-646-Office ID (this number will go to the Answering Service and let us know your closing for the night and let us know which Dr. will be taking calls after hours).**

To take office phones off the Answering Service (must be done in the morning):

- 1. Choose an outside line.**
- 2. Type in 73 and the pound sign (73#)**
- 3. Type in 630-646-Office ID (this number will go to the Answering Service and let us know your open for the day).**

PHYSICIAN'S ANSWERING SERVICE
Office Profile

Practice Name _____

Medical Specialty _____

Office Manager _____

Home phone _____ Pager number _____

Office Address _____

Phone Number _____ Private Line _____

Fax number _____

Cross-streets: _____

Office Hours:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Email Address: _____

Office Website: _____

Phone hours (if different from office hours):

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

During Lunch: Take a message _____ Get Dr Requested _____

Get Dr On Call _____ Try office private line _____

Have caller place the call again after lunch _____

On Call: Call begins at _____ ends at _____

Auto-Faxing – Auto-E-Mailing

Faxing? _____

E-Mailing? _____

Time (s) _____

Office Messages _____ Undelivered Messages _____ All Messages _____

Doctors Messages _____ Undelivered Messages _____ All Messages _____

Special Instructions:

Please use another page for additional offices and/or information

PROVIDER PROFILE

Name _____

Home phone _____

2nd Home number _____

Pager number _____

Paging Vendor _____

Cellular phone _____

Misc. # (please identify) _____

Contact Preferences (choose one):

- Page 24/7
- Page _____ to _____, then _____
- Page back to the Service 24/7
- Page back to the Service from _____ to _____, then _____
- Mon-Sat page from _____ to _____, then _____. Sun & Holidays call home 1st.
- Call cell _____ to _____, then _____
- Call cell 24/7
- Call cell _____ to _____, then _____
- Always try home first, then _____

Medication Refills (choose one):

- Okay to contact
- Emergency only
- Never contact, caller must call back when office is open

Test Results (choose one):

- Okay to contact
- Hold for office
- Hold for office unless urgent/critical/abnormal.

Consults (If applicable-choose one):

- Contact Dr immediately, 24/7
- Hold after _____, deliver at _____
- Hold after _____, deliver at _____, unless _____

Newborns (If applicable-choose one):

- Contact Dr immediately, 24/7
- Hold after _____, deliver at _____
- Hold after _____, deliver at _____, unless _____

Any additional information or requests may be listed here:

Edward Hospital and Health System
Policy/Procedure
[*www.eehealth.org*](http://www.eehealth.org)

Policy Title: ***CLIN_234 Medically Necessary Care and Determination and Use of Patient Status/Class***

Manual: ***Edward Health Services Corporation***

Section: ***Clinical***

Reviewer Title: ***Manager, Utilization Review and Clinical Denials***

Review Cycle: ***Annually***

Policies and procedures are guidelines and are not a substitute for the exercise of individual judgment. If you are reading a printed copy of this policy, make sure it is the most current by checking the on line version.

Applicability:

Edward Hospital and Linden Oaks Hospital (collectively, “Edward”)

Purpose / Policy Statement:

Patient Status/Class is ordered and documented in the medical record. Edward follows the Centers for Medicare and Medicaid and all managed care contract regulations related to medically necessary care in determining, monitoring, and billing for hospital care and services.

Definitions:

Inpatient Status/Class: status/class when patient meets the approved screening criteria for medical necessity or has been approved through Provider second level review for Inpatient Status/Class

Outpatient in a Bed Status/Class: status/class used when the patient’s condition requires additional monitoring than that which can be provided in the outpatient setting. The patient does not meet criteria for either Observation or Inpatient Status/Class. This status/class is most commonly associated with patients who present to the hospital for elective procedures.

Outpatient Observation Status/Class: status/class for services, which are furnished on a hospital’s premises, and include the use of a bed and monitoring by a hospital’s nursing or other staff. These services are considered reasonable and necessary to determine the following:

- a. A patient’s diagnostic status/class;
- b. Whether the patient can be released for further diagnostic testing or treatment as an outpatient; or
- c. Whether the patient requires inpatient admission.
- d. Outpatient Observation Status/Class is commonly assigned to patients who present to the emergency department and who require a significant period of treatment or monitoring in order to make a decision concerning their admission or discharge. All necessary diagnostic and/or therapeutic services routinely available to inpatients are available to the Outpatient Observation patient. This status/class is often referred to as “observation” without the word “outpatient” preceding it.

Provider: a licensed practitioner, who is accountable for establishing the patient’s diagnosis and is authorized by the state licensure law as well as Edward’s medical staff bylaws to order patient services.

Status/Class: determines how Edward will be paid for the services provided. Specific criteria are used to determine a patient’s status/class.

Procedure:

I. RESPONSIBILITIES FOR PATIENT STATUS DETERMINATION

- A. All patients must have an appropriate and documented Patient Status/Class for the care received while in the hospital.
- B. The decision to assign a patient's status/class as an Inpatient or Observation Status/Class is an order given for the patient's care by the Provider. The order is signed, dated and timed; specifying either "Inpatient" or "Observation" Status/Class.
- C. Edward Hospital's Utilization Management Plan ("EH UM Plan") serves as a guide to help determine the patient's status/class. The EH UM Plan considers the regulatory factors included in Exhibit A.
- D. Linden Oaks Hospital's Utilization Management Plan serves as a guide to help determine the patient's level of care.
- E. All status orders need to be cosigned by a physician prior to discharge for Medicare/Medicaid payors.

II. STATUS/CLASS DETERMINATION

- A. Emergency Department Patients
 1. When available, ED Case Manager reviews the ED patient record and confers with the ED physician to identify the appropriate patient status/class.
 2. The ED physician writes the appropriate patient status order.
 3. The ED Case Manager contacts the attending physician directly if there is a concern regarding patient status/class that cannot be resolved with the ED physician.
 4. If the attending physician writes a status order which is different from the one written by the ED physician, the attending physician's status order takes precedence when released together
- B. Edward Hospital Patients
 1. Direct admit patients are scheduled by the Provider with the Patient Service Coordinator (PSC / Nursing Supervisor). The intended status/class is obtained by the PSC from the Provider and documented in electronic medical record with a telephone order.
 2. The Case Management Department is contacted for any questions regarding status/class for direct admit patients.
 3. Upon the patient's arrival to a bed on a nursing unit, a status order is obtained as part of the admission orders from the Provider if it has not already been obtained by the PSC/Nursing Supervisor.
 4. If appropriate, patients are given written and verbal notification of their observation status.
- C. Linden Oaks Hospital Patients
 1. All patients are assessed through the Assessment and Referral Center.
 2. The provider is consulted for patient status/class determination.
- D. Scheduled Medically Necessary Patient Procedures
 1. The patient status/class is determined after the procedure by the Provider.
 2. Procedures on the Medicare "Inpatient Only List" are pre-scheduled as inpatient status/class.
- E. Outpatient Interventional Suite Procedures:
 1. All Outpatient Interventional Procedures are scheduled initially in the status/class of "Outpatient in a Bed."
 2. If a patient is not discharged following the procedure, the Interventional Suite staff notifies the Case Management Department with the patient name and bed number in order to assist in determining the status/class of the patient.
 3. The Case Manager:
 - a. reviews the record;
 - b. obtains the appropriate patient status order from the Provider; and
 - c. documents the order in the medical record.

III. POST DISCHARGE COORDINATION OF CHANGES IN PATIENT STATUS/CLASS BETWEEN CASE MANAGEMENT, MEDICAL RECORDS, AND PATIENT ACCOUNTS

- A. Case Management staff reviews the medical record considering regulatory and contract agreements summarized in Exhibit A; Regulatory Factors.
- B. Case Management staff follows department protocols for communicating recommended changes to Medical Records and Patient Account staff by noting agreement with the current Patient Status/Class or recommending and facilitating a change in Patient Status/Class. See Exhibit A for further detail.

EXHIBITS:

EXHIBIT A

Regulatory Factors Related to Patient Status/Class

- A. Outpatient Observation should be considered if any of the following apply:
1. Stabilization and discharge is expected in less than 24 – 48 hours;
 2. Treatment is needed for more than 6 hours;
 3. Clinical diagnosis is unclear and can be determined within 24 – 48 hours;
 4. Extended recovery is needed as a result of a complication following an outpatient procedure.
Examples may include, but are not limited to abnormal postoperative bleeding, poor pain control, intractable vomiting, and delayed recovery from anesthesia.
- B. Outpatient Observation should not be considered for any of the following:
1. As a substitute for Inpatient Status/Class;
 2. For medically stable patients who need diagnostic testing or outpatient procedures;
 3. For patients who need therapeutic procedures (for example, but not limited to: blood transfusions, chemotherapy, dialysis) that are routinely provided in an outpatient setting;
 4. For patients waiting for nursing home placement;
 5. For the convenience to the patient, his or her family, the hospital, or the Attending Physician;
 6. For routine prep or recovery prior to or following diagnostic or surgical services.
- C. Utilization of Observation Beds
1. Observation patients can be placed in any of the patient care units. The use of critical care beds for observation patients is discouraged, but not prohibited. Observation services begin with a physician order and end when the physician either orders an inpatient admission or a “discharge” from observation.
 2. Patients receiving outpatient invasive procedures should complete the usual Phase II Recovery period of 4 –6 hours before an order is written for the patient to remain for observation, and then only if the post-operative complication is an unexpected/ unanticipated development that is not related to the routine post-operative care for the procedure that was done.
 3. The time involved for extended overnight recovery is not sufficient criteria for a patient to be converted from outpatient to Observation Status/Class.
 4. For Managed Care patients Observation may be the preferred status/class for those patients who need to remain overnight following same day surgery.
- D. Medicare
1. Inpatient only procedures must have an inpatient admission order in the record prior to the start of the procedure
 2. Inpatient hospital admission is appropriate when the physician expects the beneficiary to require medically necessary hospital care that spans at least 2 midnights and:
 - a. Documents an inpatient admission order
 - b. Completes a certification statement describing the medical need, anticipated length of stay, and anticipated discharge needs.
 3. Inpatient admission begins at the date and time of the inpatient order. The order can never be backdated
 4. The inpatient admission order in the case of a TORB must be cosigned by the physician within 72 hours or prior to discharge, whichever comes first
- E. Changing Patient Status/Class
1. For Medicare, Medicare Advantage, and Medicaid patients, an inpatient admission status order cannot be converted to Outpatient Observation services after the patient is discharged, even if it is later determined that Inpatient care was not medically necessary.
 2. For Medicare, Medicare Advantage and Medicaid patients, an inpatient admission can be changed to Outpatient Observation while the patient is still in the hospital using Medicare Condition 44.
 - a. If, prior to discharge, and following the recommendation of a Utilization Review Committee Physician Advisor, the attending physician concurs from a clinical perspective that the appropriate status/class is Outpatient Observation and not Inpatient Status/Class, and documents the rationale for this change, the Provider may write an order to change the status/class from Inpatient to Observation. This is referred to as a Condition 44.
 - b. The Case Manager is responsible for contacting the Provider for the order to change the status/class from Inpatient to Observation and documenting note in electronic medical record

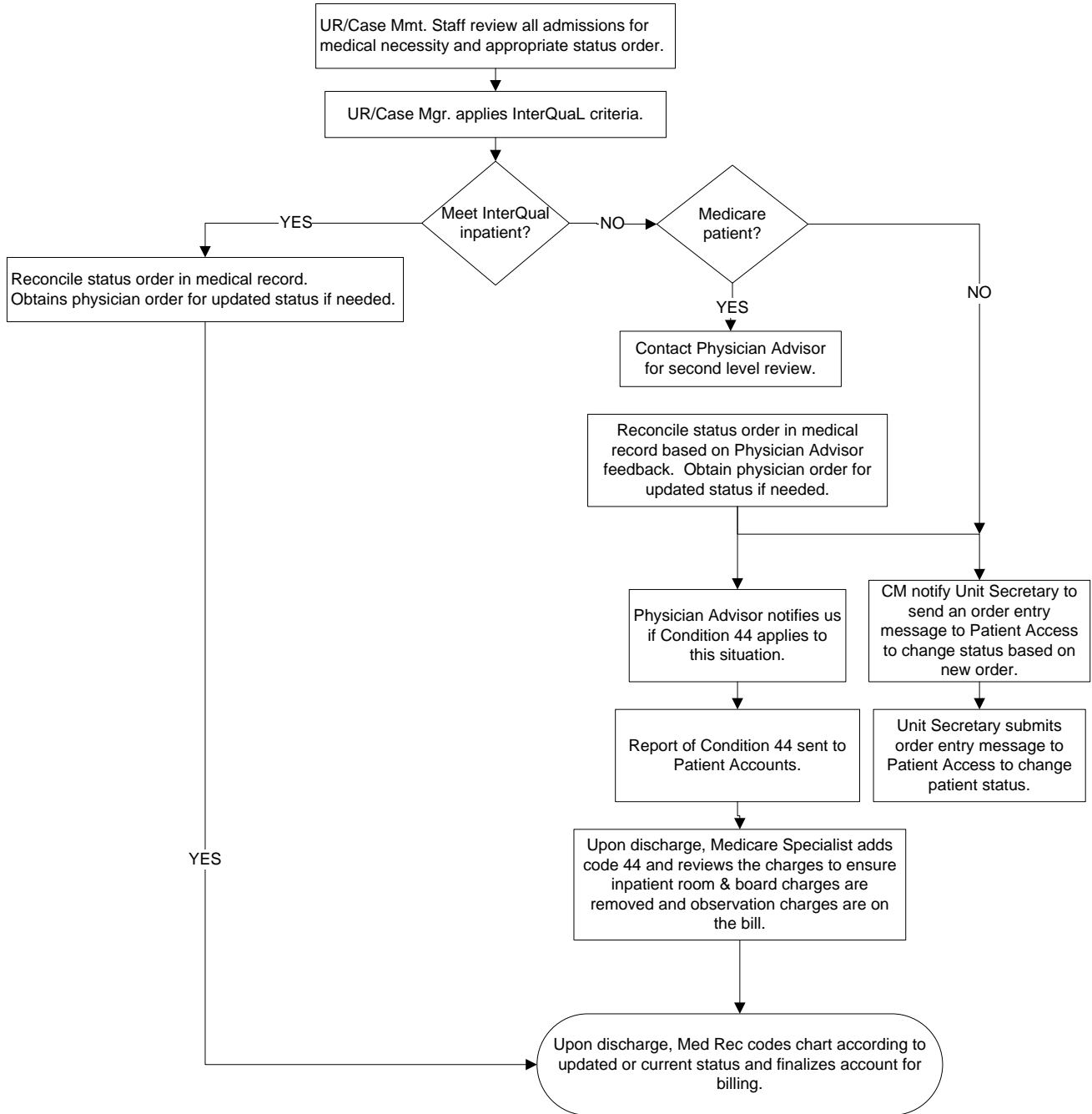
3. For Managed Care and Commercial account patients, there are no current restrictions to changing a status order up to and post discharge. However, before changing a status/class from Outpatient or Observation status/class, Utilization Review staff is to give careful consideration to precertification penalties for lack of timely notification of admission for patients whose status/class is changed from Observation to Inpatient retrospectively.
- F. Outpatient in a bed status/class is used for the following types of situations:
1. Post procedure patients where the standard of care requires extended recovery and the procedure has been performed without complications.
 2. Other treatments that are normally provided in the outpatient setting such as, but not limited to: IV infusions, blood transfusions.
 3. A Provider's order for outpatient in a bed status/class is not required.

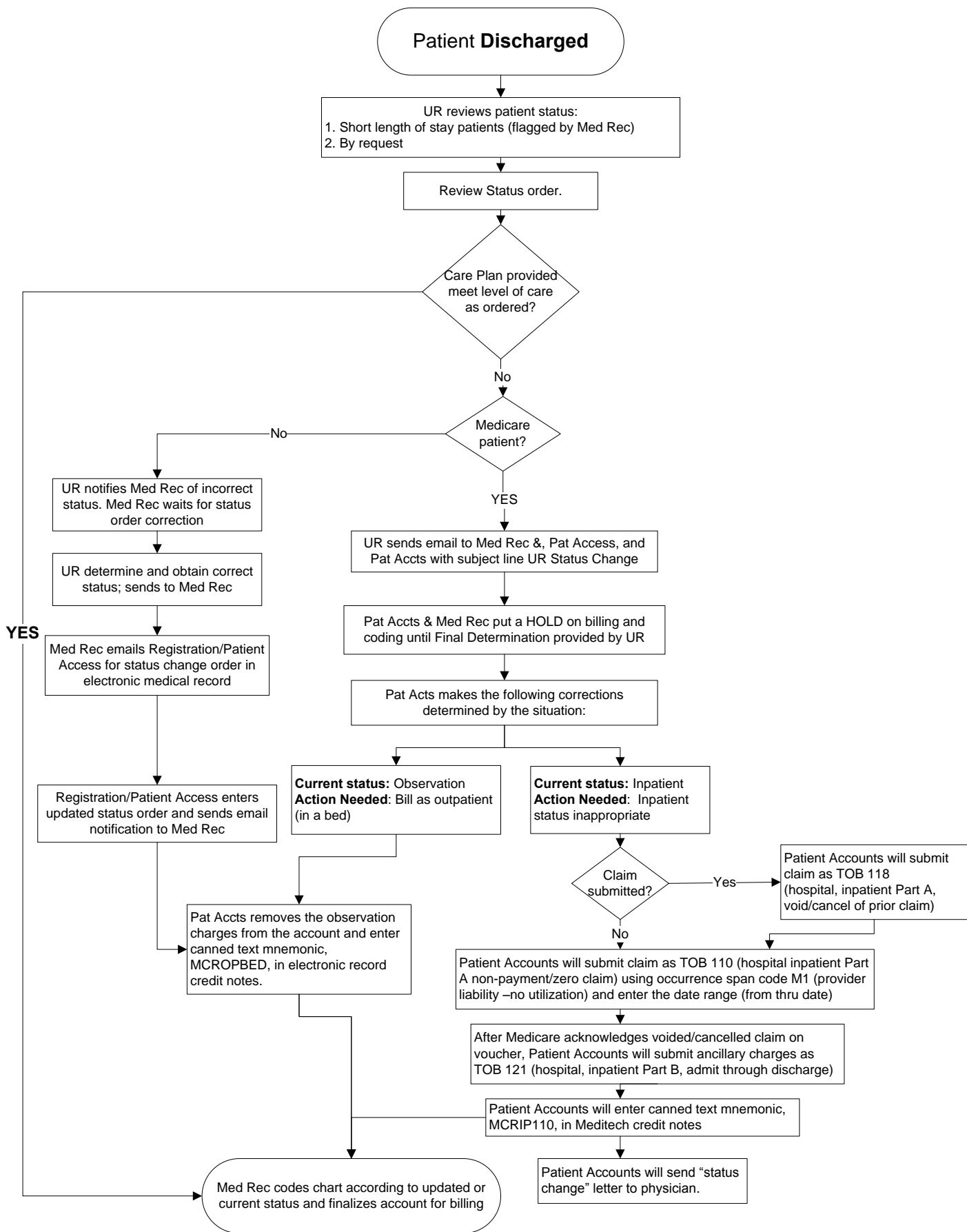
CROSS REFERENCE(S)

COMPL_R001 Accurate Clinical Documentation Coding and Billing
 Edward Hospital Utilization Management Plan
 Linden Oaks Hospital Utilization Management Plan

Policy Number:	CLIN_234
Current Policy Replaces:	N/A
Policy Creation Date:	04/14/2011
Most Recent Effective Date:	10/11/2018
Approved by:	Edward Policy Committee: 04/14/2011; 06/04/2012; 08/08/2013; 09/11/2014; 09/10/2015; 10/03/2016; 10/11/2018

Patient **in hospital**





Edward Hospital and Health System
Policy/Procedure
www.eehealth.org

Policy Title: ***CLIN_121 Organ, Tissue, or Body Donation – Gift of Hope Notification***

Manual: ***Edward Health Services Corporation***

Section: ***CLINICAL***

Reviewer Title: ***Clinical Educator, Critical Care***

Review Cycle: ***Annually***

Policies and procedures are guidelines and are not a substitute for the exercise of individual judgment. If you are reading a printed copy of this policy, make sure it is the most current by checking the on line version.

Applicability:

EDWARD HOSPITAL

Purpose / Policy Statement:

To provide information and define procedures for organ donation and retrieval for patients and/or family who have expressed desire to donate organs.

Definitions:

Brain Death Donation: Organ donation that takes place from a donor who has been declared brain dead according to current standards as documented in Brain Death policy (System Clinical CL_002).

Donation After Cardiac Death (DCD): Organ donation from a ventilated patient without a certification of brain death and with a DNR order, if the decision has been reached by the physician and the family to withdraw life support and that donation does not occur until after the declaration of cardiac death.

Eversight (Eye Bank): the Eye Bank for the State of Illinois.

Gift of Hope: The organ procurement organization for the State of Illinois.

Organ: a human kidney, liver, heart, lung, pancreas or intestine.

Tissue Donation: Donation that occurs after a patient death. Tissue donation may involve skin, bones, tendons, veins, cornea/eye, heart valves, adipose and cartilage.

Procedure:

I. GENERAL INFORMATION

- A. The nurse is responsible for placing the required “Organ & Tissue Referral Tracking Form” (Exhibit B) in the medical record at or near the time of imminent death. This form is completed on all deaths and included in the patient’s chart. The nurse is responsible for notifying Gift of Hope at 1-800-545-4438 (1-800-545-GIFT) at the time of a patient’s death, or when the ventilated patient exhibits one of the following:
1. Within one hour of identifying any ventilator dependent patient with a non-survivable illness or neurological injury
 2. If the patient exhibits any one of the following:
 - a. Fixed and dilated pupils
 - b. No corneal reflex
 - c. No response to painful stimuli

- d. No gag or cough
- e. No spontaneous respirations
- 3. If the removal of life-sustaining therapies(including vasopressor support) is being considered and death is likely to occur
- B. The Gift of Hope representative determines suitability for potential organ donation, including tissue and eye.
- C. If, after consulting with Gift of Hope, it is determined that the patient is a suitable candidate for donation, the Gift of Hope Coordinator is dispatched.
- D. Only designated requesters from Gift of Hope may approach the family regarding organ/tissue donation. However, Gift of Hope staff ideally partner with Edward staff (e.g. physician, nurse, spiritual care chaplain, social worker) to discuss organ donation with family. It is the policy of the Hospital to encourage discretion and sensitivity with respect to the circumstances, views and beliefs of the families of potential donors.
- E. If the patient is a coroner's case, the nursing representative and Gift of Hope will notify the coroner to obtain release after the family consents to donation.
- F. Organ donation takes place at either Edward Hospital or the Gift of Hope facility.
 - 1. If donation occurs at Edward Hospital, the nursing representative contacts the Surgery Charge RN to notify the Operating Room of a potential donor. Surgery Charge RN coordinates operating room availability with nursing representative and Gift of Hope. When scheduling the case for surgery, have the following information available:
 - a) Patient name, date of birth, room/location
 - b) Type of donation: Brain death or DCD
 - c) Anesthesia
 - 1) Brain death donor – anesthesia is required
 - 2) DCD Lung Recovery – anesthesia will be required when lungs are being recovered for transplant purposes as the donor requires re-intubation and inflation of the lungs after death is declared
 - d) Organs or tissues to be donated
 - e) The estimated time the operating room team will be ready to begin the procedure.
 - 2. If the donation is to occur at the Gift of Hope facility, the Gift of Hope Coordinator is responsible for securing consent for transport from the family, coordinating the transport, and notifying Patient Registration that the donor is being transported so the discharge of the Gift of Hope patient can occur. In addition, Gift of Hope coordinates with the Funeral Home for transport from the Itasca facility back to the Funeral Home after release of the body is obtained from family.

II. REFERRAL OF POTENTIAL ORGAN/TISSUE DONORS AFTER BRAIN DEATH

- A. At the appropriate time, (i.e. after confirmatory tests), the physician discusses brain death with the family. The Gift of Hope Coordinator informs the family of their options to donate organs, tissues or eyes or to decline to donate. The decision is documented by the Gift of Hope representative.
- B. The Attending Physician retains responsibility for the patient's care until the patient is pronounced dead.
- C. After declaration of brain death, the Gift of Hope team obtains written consent for donation from the appropriate patient representative(s) and will manage the patient until the time of donation.
- D. After declaration of brain death, all orders entered into Epic by the Gift of Hope team will be entered utilizing the Attending Physician or Hospitalists name.
- E. Before the body is released for organ recovery, the RN assures that the "Release of Body" section is completed on the Report of Death document and that any necessary signature(s) from appropriate patient representative have been obtained.

III. REFERRAL OF POTENTIAL ORGAN/TISSUE DONORS AFTER CARDIAC DEATH

- A. If the patient is ventilated with a DNR order and the decision is reached to withdraw ventilator or vasopressor support, the RN contacts Gift of Hope to determine if criteria for DCD organ donation are met. Upon evaluation, if patient is determined to be a potential DCD organ donor, Gift of Hope dispatches a coordinator to the hospital. The RN coordinates with the Gift of Hope representative a conversation with the family regarding donation prior to implementing a compassionate wean. The Gift of Hope coordinator informs the family of their options to donate organs, tissues, or eyes or to decline to donate. The decision is documented by the Gift of Hope representative.
- B. In the event of a potential DCD donation, Gift of Hope acts as a resource to the physician, but assumes no responsibility for care until the patient is pronounced dead.
- C. When the health care providers and family are ready to progress, the patient is extubated based on physician's order in PACU or OR Holding. A minimum of 5minutes of asystole or pulseless electrical

activity per cardiac monitor is required to pronounce the patient dead. The paper rhythm strip becomes part of the patient's permanent record. Death is pronounced by a physician not affiliated with Gift of Hope, and may be pronounced by the Hospitalist or Advanced Practice Nurse (APN) if a physician attending the patient is not available. The time of pronouncement is included in the medical record.

- D. Organ retrieval will only progress if the patient expires within 90 minutes of extubation.
- E. If the patient does not expire within 90 minutes of extubation, the physician may allow up to an additional (20) minutes in the event that cardiac death is imminent and there is a determination that the options for organ recovery remain viable.
- F. In a DCD donation, the OR team is present in the OR suite at the time of extubation with the requested supplies in the room and prepped to begin procedure immediately upon patient arrival.
- G. If the patient does not expire, the critical care nurse will accompany the patient back to the unit

IV. FOR BOTH BRAIN DEATH AND DCD DONORS

- A. To change the payor to Gift of Hope once a patient is deemed a donor, the RN will need to set the billing flag to Gift of Hope (OPO). Refer to the Gift of Hope – Changing the Payor to Gift of Hope Epic Tip Sheet (Exhibit D) for instructions.
- B. Upon completion of the organ retrieval, the operating room staff makes arrangements to transport the body to the morgue. See Clin_123 Death of a Patient.
- C. The Hospital maintains records of potential donors who have been referred to Gift of Hope/Eversight.
- D. The Hospital works collaboratively with Gift of Hope in educating staff on donation issues, reviewing death records to improve identification of potential donors, and maintaining donors while necessary testing and placement of potential donated organs, tissues and eyes take place. The Hospital also maintains its membership in the Organ Procurement and Transplantation Network.
- E. All disclosures made to various agencies as described in the procedure are tracked as required by HIPAA.
- F. If the Gift of Hope representative determines, during the telephone consultation, that a patient is a candidate for tissue/eye donation, the staff or Spiritual Care provides the Tissue Donation Brochure to the family.

V. TISSUE DONATION

- A. If the patient is determined to be a candidate for tissue donation, provide family with the Tissue Donation information.

VI. WHOLE BODY DONATION (COMPLETE ANATOMICAL GIFT)

- A. The family selects a funeral home to transport the body.
- B. Edward staff member places call to [Anatomical Gift Association of Illinois](#) to inform them of the situation.
- C. Edward staff members provide routine post-mortem care.

EXHIBITS:

EXHIBIT A

[CLICK HERE FOR Overview of the Edward Hospital Organ Donation Process](#)

EXHIBIT B

[CLICK HERE FOR ORGAN AND TISSUE REFERRAL TRACKING FORM](#)

EXHIBIT C

[CLICK HERE FOR REPORT OF DEATH FORM](#)

EXHIBIT D

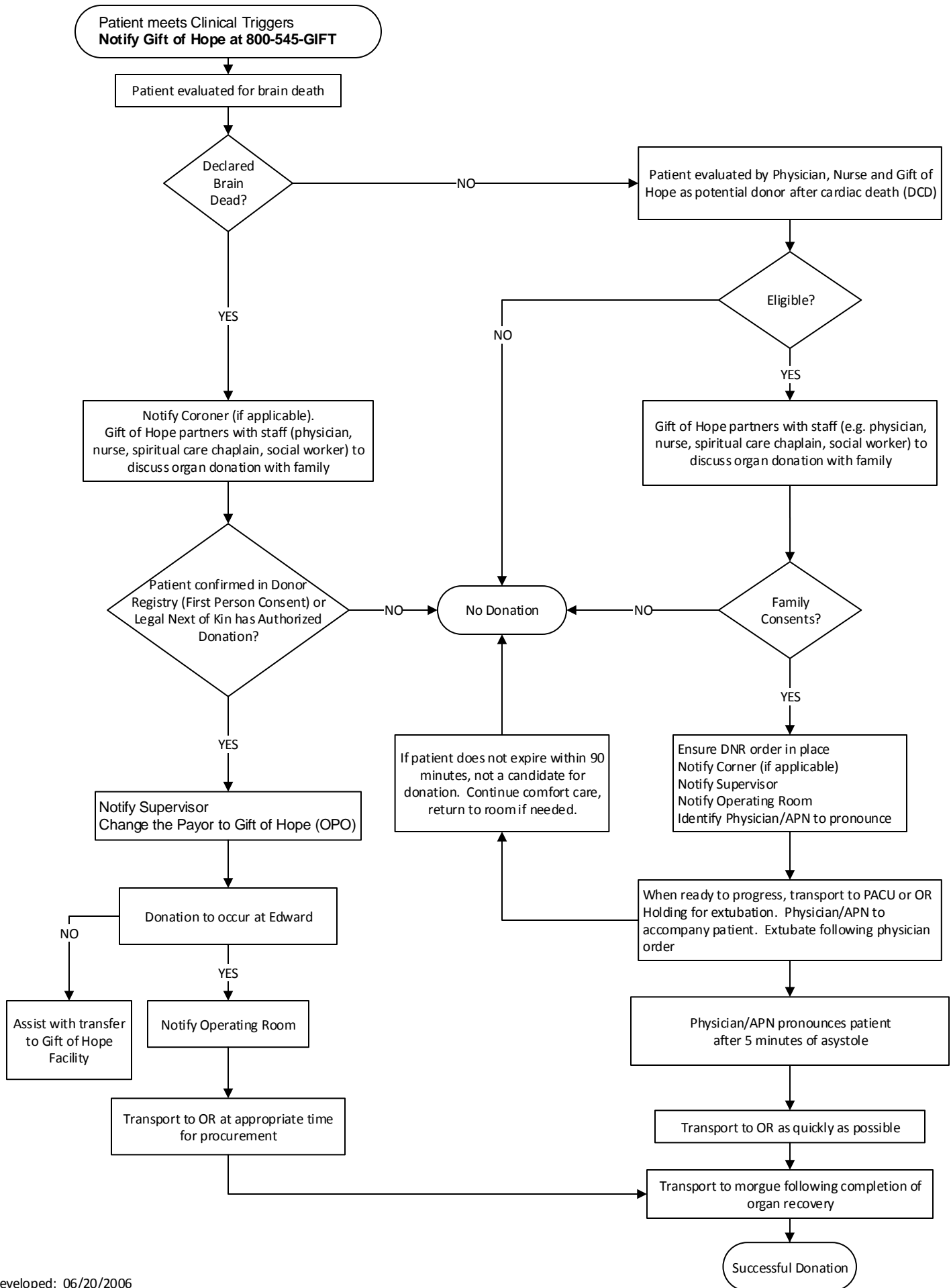
[CLICK HERE FOR GIFT OF HOPE – CHANGING THE PAYOR TO GIFT OF HOPE EPIC TIP SHEET](#)

CROSS REFERENCE(S)

System Clinical Policy CL_002: Brain Death
 CLIN_074: Compassionate Wean
 CLIN_130: Coroner's Cases
 GENL_047: Record of Disclosures of Protected Health Information (PHI)

Policy Number:	CLIN_121
Current Policy Replaces:	100.035; CLIN_122
Policy Creation Date:	07/16/1985
Most Recent Effective Date:	05/10/2018
Approved by:	Medical Executive Committee , 08/11/1999; 12/12/2001; 10/14/2015; 09/27/2018 Edward Policy Committee , 12/15/1998; 07/28/1999; 11/28/2001; 05/08/2003; 03/10/2005, 04/14/2005, 10/20/2008, 03/11/2010; 06/10/2010; 09/09/2010, 11/11/2010; 06/09/2011; 04/12/2012; 04/11/2013; 07/09/2015; 02/09/2017; 05/10/2018

Edward Hospital Organ Donation Process



Organ & Tissue Referral Tracking Form

(To be filled out for every expiration/imminent death)

1-800-545-GIFT

1. Contact Gift of Hope

- a. Within one hour of identifying any ventilator-dependent patient with a non-survivable illness or neurologic injury.
- b. As soon as the patient exhibits any one of the following:
 - i. Fixed and dilated pupils
 - ii. No corneal reflex
 - iii. No response to painful stimuli
 - iv. No gag or cough
 - v. No spontaneous respirations
- c. If the removal of life-sustaining therapies (including vasopressor support) is being considered and death is likely to occur.
- d. With every expiration.

2. Gift of Hope Coordinator and/or Eversight (Eye Bank) has identified:

	Patient <u>IS</u> a candidate	Patient <u>IS NOT</u> a candidate
Gift of Hope Case Number: _____	_____ organ donation _____ tissue donation	_____ organ donation _____ tissue donation
Eversight (Eye Bank)	_____ eye donation	_____ eye donation

3. _____ Family provided with the Tissue Donation information if Gift of Hope has identified the patient is a candidate. Contact Spiritual Care for information or obtain from the Intranet.

RN Signature

Date and Time

(To be placed in every expired patient's chart)

EDWARD

Revised April 2018
Department: Clinical Education

Page 1 of 1



GIFTLIFE

Patient Label

Edward Hospital and Health System
Policy/Procedure
www.eehealth.org

Policy Title: CLIN_012 Restraints and Seclusion

Manual: Edward Health Services Corporation

Section: Clinical

Reviewer Title: Coordinator, Performance Improvement

Review Cycle: Annually

Policies and procedures are guidelines and are not a substitute for the exercise of individual judgment. If you are reading a printed copy of this policy, make sure it is the most current by checking the on line version.

Applicability:

Edward Hospital.

Purpose / Policy Statement:

Restraint and seclusion use is limited to those situations where there is appropriate clinical justification, based on the assessed behavior needs of the patient, to protect the patient from harming himself/herself or others. Seclusion may be used only for the management of violent or self-destructive behavior.

In all cases, the least restrictive method of restraints is used in a safe, appropriate, humane and therapeutic manner to preserve the patient's rights, dignity and physical and emotional well-being.

Definitions:

Restraint: any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely; or a drug or medication when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

Devices, such as orthopedic prescribed devices, surgical dressings or bandages, protective helmets, or other methods that involve the physical holding of a patient for the purpose of conducting routine physical examinations or tests, or to protect the patient from falling out of bed, or to permit the patient to participate in activities without the risk of physical harm (this does not include a physical escort) are not considered restraint.

Positioning or securing devices used to maintain a position, limit mobility or temporarily immobilize during medical, dental, diagnostic, or surgical procedures are not considered restraint.

Using handcuffs or other restrictive devices applied by law enforcement officials for custody, detention, and public safety reasons are not considered restraint because these devices are not involved in the provision of healthcare.

Seclusion: the involuntary confinement of a patient alone in a room or area from which the person is physically prevented from leaving.

Chemical Restraint: a medication used to restrain a patient that is not a standard treatment for the patient's medical or psychiatric condition. Drugs used as restraints are medications used in addition to or in replacement of the patient's regular drug regimen to control extreme behavior during an emergency. The medications that comprise the patient's regular medical regimen are not considered drug restraints, even if their purpose is to control ongoing behavior.

Nonviolent/ Non self-destructive Restraint: the use of restraints in medical and post surgical care when it may be necessary to limit mobility or temporarily immobilize a patient. When restraints must be applied to directly support medical healing; regardless of irrational or uncooperative behavior.

Violent / Self-Destructive / Behavioral Restraint: the use of restraint for emergency behavior management, when a patient's severely aggressive or destructive behavior places the patient or others in immediate danger. Emergency is defined as a situation where the patient's behavior is so violent or aggressive and where the behavior presents an immediate and serious danger to the safety of the patient, other patients, staff, or others. The use of violent / self-destructive / behavioral restraint is to protect the patient against injury to self or others because of an emotional or behavioral disorder.

An Episode: the length of time a patient is in restraints. Once the restraint is removed from the patient, that episode ends. If a restraint needs to be reapplied, based on the patient's assessed needs, a new episode begins.

Licensed Independent Practitioner (LIP): any practitioner permitted by State law and hospital policy to provide care and services without direction or supervision, within the scope of the individual's license and consistent with individually granted clinical privileges.

Advanced Practice Clinician (APC): Includes physician assistant and advanced practice registered nurse.

Calendar Day / Daily: anytime from 00:00 to 23:59 on any given date.

Periodic Training: minimum of every 2 years and more frequent as determined by the department Manager.

Procedure:

A. Use of Restraints

1. The use of restraints is based on the assessed behavior needs of the patient. Restraints are not used as a form of punishment.
2. Restraints are used only after alternative strategies have been attempted or considered and are unsuccessful. Restraints may be used as an initial action when the immediate safety of the patient or others is at risk.
3. The patient and/or the significant other is informed and educated about the need for restraints as appropriate. Alternatives to restraints are explored with the family (i.e. family members at bedside, strategies that have worked in the past) and implemented when possible.
4. If the family refuses the restraint, the attending physician is notified and alternatives, such as family members at bedside, are re-explored.
5. Restraints are only applied and removed by trained personnel. Training is provided and competency is assessed at orientation, before the first use of restraints, and periodically thereafter. Training and competency includes the following:
 - Strategies to identify staff and patient behaviors, events, and environmental factors that may trigger circumstances that require the use of restraint or seclusion
 - Use of nonphysical intervention skills
 - Methods for choosing the least restrictive intervention based on an assessment of the patients medical or behavioral condition
 - Safe application and removal of restraints or seclusion
 - Implementation of seclusion
 - Responding to the patient's physical and psychological distress
 - Criteria to remove restraint or seclusion
 - CPR certification
 - Assessment and observation requirements; completed by physician or nurse
 - Documentation requirements
6. Physicians and Licensed Independent Practitioners (LIPs) are considered competent to assess the needs of their patients by virtue of their medical education and are knowledgeable about the Restraint and Seclusion policy.
7. Items considered potentially harmful are removed (e.g., sharps, lighters, matches, belts, shoes, jewelry, etc.) are removed.

8. The least restrictive type of restraint is implemented to preserve the patient's rights, dignity and physical and emotional well-being.
9. Restraint use is minimized and removed at the earliest possible time when the patient's behavior assessment determines the need for restraint or seclusion is no longer needed or that the patient's needs can be addressed using less restrictive methods.
10. The attending physician is informed of restraints being initiated if ordered by another physician caring for the patient, no later than the following calendar day.
11. As needed or PRN orders for restraint are not accepted. If restraint or seclusion needs to continue beyond the expiration of the time limited order based on an evaluation, obtain a new order from the licensed independent practitioner.
12. If a patient was released from restraint and exhibits behavior that can only be managed through the reapplication of restraint, a new order is required. Staff cannot discontinue a restraint and then re-start restraint under the same order. This would constitute a PRN order. A temporary, directly staff supervised release, however, that occurs for the purpose of caring for the patient's needs (i.e. toileting, feeding, or range of motion exercises) is not considered a discontinuation of the restraint episode. The direct staff supervision is serving the same purpose as the restraint.
13. An LIP or RN can discontinue restraint use, after assessment/reassessment, when criteria for release are met or a less restrictive alternative is effective.
14. Restraint devices are not sent home with a patient or transferred with the patient to an extended care or rehab facility.

B. Nonviolent/ Non self-destructive Restraints Ordering, Monitoring, and Documentation

1. Nonviolent/ Non self-destructive restraints are considered a temporary intervention to a situation. If a Nonviolent/ Non self-destructive restraint is necessary, it may be applied only under the order of a physician, LIP, or APC.
2. If a qualified RN after personal observation and assessment of the patient initiates the Nonviolent/ Non self-destructive restraint, a physician's confirming order is obtained. Physician notification is immediate if restraint is being applied due to a significant change in the patient's condition.
3. Orders for Nonviolent/ Non self-destructive restraints are ordered in the patients' health record, and are effective daily. Under no circumstances will a PRN order be accepted for restraints. Nonviolent/ Non self-destructive restraint orders are renewed daily, if clinically justified.
4. Monitoring and assessment determines whether the restraint has been correctly applied, a less restrictive method may be possible, the patient has changes in their behavioral or clinical condition needed to initiate the removal of restraints, the patient's physical and emotional well being, and the patient's rights, dignity, and safety are maintained.
5. Patients in Nonviolent/ Non self-destructive restraint are assessed by trained staff every 2 hours or more frequently if the patient's condition warrants. The assessment includes:
 - is less restrictive method possible
 - nutrition
 - hydration
 - circulation
 - skin condition
 - opportunity for range of motion
 - elimination
 - physical comfort
 - psychological status
6. Call light is placed within reach.
7. Patients are released from Nonviolent/ Non self-destructive restraint when the criteria to discontinue restraint are achieved. Examples of this criteria are:
 - patient alert, oriented and able to follow instructions
 - patient no longer attempting to disconnect medical equipment
 - patient no longer compromising surgical/wound dressing
 - an effective alternative to restraint is in place
8. If Nonviolent/ Non self-destructive restraints are discontinued, and the clinical justification reoccurs and less restrictive alternatives are not effective, restraints can be reapplied with a new order and is considered a new episode of restraint.

C. Violent / Self-Destructive / Behavioral Restraint Ordering, Monitoring, and Documentation

1. Violent / Self-destructive restraints are considered a temporary intervention to a situation. If a Violent / Self-destructive restraint is necessary, it may be applied only under the order of a physician, LIP, or APC.
2. If the RN initiates the Violent / Self-destructive restraint, a physician's confirming order is obtained within one hour of imposing the restraint. Physician notification is immediate if restraint is being applied due to a significant change in the patient's condition.
3. A physician, LIP or privileged physician assistant or advanced practice nurse sees the patient in person and evaluates the need for behavior restraint within one hour of the restraint being initiated.
 - a. The evaluation is in person – an assessment communicated through nursing staff via telephone is not adequate.
 - b. This assessment includes the following:
 - evaluation of the patient's immediate situation
 - patient's reaction to the intervention
 - patient's medical and behavioral condition
 - need to continue or terminate the restraint or seclusion
4. Orders for violent / self-destructive / behavioral restraint are ordered in the patients' health record. Under no circumstances is a PRN order accepted for restraints.
 - a. Each violent / self-destructive / behavioral restraint order is time limited and may be renewed as telephone order as follows:
 - Adult age 18 + years: 4 hours (maximum)
 - Adolescent age 9 – 17 years: 2 hours (maximum)
 - Child up to age 9: 1 hours (maximum)
 - b. The physician, LIP, or privileged physician assistant or trained advance nurse practitioner must conduct an in-person evaluation of the patient every 24 hours.
5. Monitoring and assessment determines whether the restraint has been correctly applied, a less restrictive method may be possible, the patient has changes in their behavioral or clinical condition needed to initiate the removal of restraints, the patient's physical and emotional well being, and the patient's rights, dignity, and safety are maintained.
 - a. Patients in violent / self-destructive / behavioral restraint are continuously observed in person, except secluded patients.
 - b. Staffing considerations are immediately addressed for the violent / self-destructive / behavioral restraint patient.
6. A patient who is simultaneously restrained and secluded is continually (ongoing without interruption) monitored by trained staff either in person or through the use of both video and audio equipment that is in close proximity to the patient.
7. Patients in violent / self-destructive / behavioral restraint are assessed by trained staff every 15 minutes or more frequently if the patient's condition warrants it. The assessment may include:
 - is less restrictive method possible
 - nutrition
 - hydration
 - circulation
 - skin condition
 - opportunity for range of motion
 - elimination
 - physical comfort
 - psychological status
8. Patients are released from violent / self-destructive / behavioral restraint when the criteria to discontinue restraint are achieved. Examples of this criteria are:
 - patient is calm and cooperative
 - patient is no longer violent/aggressive or putting self or others in danger

D. Documentation for all Restraints

1. Restraint use and assessments are documented on the restraint/seclusion flowsheet in the medical record. Patients are assessed by trained staff. Based on the assessed needs of the patient, the following information is documented:
 - a. justification for the use of restraints
 - b. type of restraint applied
 - c. restraint needs met
 - d. patient's response to the intervention
 - e. communication of criteria for restraint or seclusion release

f. family notification and education

E. Centers for Medicare and Medicaid Services (CMS) Reporting Requirements

1. The hospital reports the following information to CMS regarding deaths related to restraints (this requirement does not apply to deaths related to the use of soft wrist restraints; for more information, refer to section E2).
 - Each death that occurs while a patient is in restraint or seclusion
 - Each death that occurs within 24 hours after the patient has been removed from restraint or seclusion
 - Each death known to the hospital that occurs within one week after restraint or seclusion was used when it is reasonable to assume that the use of the restraint or seclusion contributed directly or indirectly to the patient's death.
 - Reporting is completed no later than the close of the next business day following knowledge of the patient's death.
 - The date and time that the patient's death was reported is documented in the patient's medical record.
2. When no seclusion has been used and when the only restraints used on the patient are wrist restraints composed solely of soft, non-rigid, cloth-like material, the hospital does the following:
 - Records in a log or other system, any death that occurs while a patient is in restraint or any death that occurs within 24 hours after a patient has been removed from such restraints. The information is recorded within seven days of the date of death of the patient.
 - Documents in the log or other system the patient's name, date of birth, date of death, name of attending physician or other licensed independent practitioner responsible for the care of the patient, medical record number, and primary diagnosis(es).
 - The date and time that the patient's death was recorded in the log or other system is documented in the patient's medical record.
 - Makes the information in the log or other system available to CMS, either electronically or in writing, immediately upon request.

F. Performance Improvement

1. Restraint data are collected on restraint episodes and analyzed by the interdisciplinary Restraint Team.
2. Data is evaluated and shared appropriately to monitor restraint utilization rates, monitor compliance with orders and documentation of assessments, compare to benchmark data, monitor unit specific trends, and initiate improvement opportunities.

EXHIBITS:**CROSS REFERENCE(S)**

CLIN_117 Suicide Precautions in the Acute Hospital Non-Psych Setting
 System Policy CL_015 Refusal of Treatment/Discharge Against Medical Advice (AMA)

Policy Number:	CLIN_012
Current Policy Replaces:	100:036
Policy Creation Date:	09/26/2009
Most Recent Effective Date:	06/25/2018
Approved by:	Medical Staff Quality Committee 06/02/99; 04/19/2000; 12/4/2002 Medical Executive Committee; 06/08/1999; 04/12/2000; 09/13/2000; 12/15/2002; 08/13/2008; 03/12/2014; 08/15/2018 Edward Policy Committee; 07/28/1999; 05/24/2000; 09/20/2000; 02/13/2003; 02/12/2004; 04/14/2005; 07/10/2008, 05/14/2009; 09/10/2009; 09/09/2010; 12/09/2010; 09/08/2011; 04/12/2012; 05/10/2012; 06/04/2012; 09/13/2012; 09/12/2013; 09/11/2014; 09/10/2015; 02/11/2016, 09/08/2016; 04/05/2017; 09/14/2017; 06/25/2018

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TITLE

GENL_023 COMPLETION OF MEDICAL RECORDS

APPLICABILITY

EDWARD HOSPITAL, LINDEN OAKS HOSPITAL

POLICY STATEMENT(S)

To ensure timely and accurate completion of medical records by physicians

DEFINITION(S)

EMR – Electronic Medical Record

HIM – Health Information Management Department

Completion of Medical Records – Dictation of reports and all signatures completed by the assigned physician.

PROCEDURE

INCOMPLETE CHARTS

1. Medical Records Department staff will prep, scan and analyze all medical records following the patient's discharge. Charts with deficiencies will be available in the physician's Chart Completion folder in the EMR. Physicians have thirty (30) days from the date of the patient's discharge to complete the medical record. Physicians may call the HIM (Medical Record) Department/ Edward (331-221-5690) or Linden Oaks Hospital (630-305-5023) if the physician has questions in regards to record completion.
 - A. If a physician has not completed a record within fourteen (14) days after the patient has been discharged, a First Incomplete Record Notice will be sent to the physician via his/her inbasket messaging.
 - B. If the records remain incomplete, a Second Incomplete Record Notice will be sent on the 21st day after discharge via his/her inbasket messaging. This is the final reminder the physician will receive.
 - C. The physician will have nine (9) days following the 2nd notice to complete these incomplete records and avoid the delinquent list.
 - D. If these records are not fully completed on the 30th day, the physician will be considered non-compliant and will be placed on the delinquent list.
 - E. In the event of vacation or illness, it is the responsibility of the physician to notify HIM. **All physicians are responsible for charts, prior to their departure or absence.** The extension will apply only to those charts deemed incomplete during the physician's absence.
2. Physicians who are placed on the delinquent list three (3) or more times during a calendar year, or who remain on the delinquent list for three (3) consecutive weeks, will be assessed a fine of \$50 per week regardless of the number of incomplete records (i.e., at the time of the third incidence of delinquent records or at the start of the third consecutive week of delinquency, the delinquent fee will be assessed).
 - A. The delinquent fee will be assessed even if the records are completed during the course of that week.
 - B. The HIM Department will notify each physician at least quarterly, of the total delinquent fee owed. This fee is due upon receipt of the invoice, and should be made payable to "Edward Hospital Medical Staff" or "Linden Oaks Medical Staff" and remitted to the Medical Staff Department at Edward Hospital and the HIM Department at Linden Oaks Hospital.
 - C. All delinquent fees must be paid in full at the time of any physician's reappointment.
3. The physician will complete delinquent charts, in the EMR system. All records must be completed.
 - A. If the physician does not believe the delinquent chart(s) are properly assigned they can decline the deficiency and make a recommendation on which physician they think should complete them. The chart(s) will remain on the physician's delinquent list, appropriate

notifications sent, and monetary fines imposed until assignment and delinquency is complete.

4. The following sanctions or actions are authorized in the event a physician fails to complete medical records in accordance with this policy.
 - A. Appearance before the Medical Executive Committee. The physician will be asked to appear before the Medical Executive Committee when:
 - 1) A physician is delinquent for 13 weeks in a calendar year, or
 - 2) 7 consecutive weeks, in a calendar year. Once a physician appears before the Medical Executive Committee, the physician will have ten (10) business days from the date of that meeting to complete all delinquent medical records. Regardless of the duration or number of delinquencies, the physician's failure to complete medical records is deemed a quality of care issue.
 - B. Suspension and Termination from the Medical Staff.
 - 1) If the physician is delinquent for the second time for 13 weeks or 7 consecutive weeks during the twelve (12) month period beginning ten (10) days after the Medical Executive Committee meeting at which the physician appeared, the physician shall be subject to an action plan to be determined by the MEC at its next scheduled meeting. The action plan may include a requirement to provide hospital volunteer services, and/or a fine, and/or a suspension up to 29 days. All delinquent records must be completed prior to completion of the action plan. If the delinquent records are not completed upon completion of the action plan, the physician shall be suspended from the Medical Staff until the records are completed. If the action plan includes suspension, the suspension will commence within 30 days of approval of the suspension by the Quality Committee of the Board.
 - 2) If the physician is delinquent for 13 weeks or 7 consecutive weeks during the twelve (12) month period following the completion of an action plan, the physician shall be automatically suspended up to 29 days. All delinquent records must be completed prior to reinstatement. If the delinquent records are not completed within the suspension period, the physician shall remain on suspension until the records are completed.
 - C. Resignation from the Medical Staff. At reappointment time, the delinquent medical record history will be reviewed for all physicians.
 - 1) Any physician who has not paid the delinquent fee by the time of reappointment will be deemed to have failed to meet the requirements for reappointment and will be resigned from the Medical Staff, at the expiration of their current appointment.
 - 2) Any physician who has been delinquent for 26 weeks or 100 consecutive days during their appointment period shall be reappointed to the Medical Staff for a 6 month period. If, during that 6 month period, the physician's medical records are well maintained, the remaining 18 month period of the reappointment will be granted.
 - 3) A physician who has been resigned from the Medical Staff due to failure to complete medical records will be required to follow all procedures for initial application to the Medical Staff in order to have his/her admitting privileges reinstated.
 - D. Physician Hardship. At the discretion of the Medical Executive Committee, physicians who demonstrate extenuating circumstances or hardship maybe excused from suspension or resignation from the Medical Staff.
 - E. Action by the Governing Body. Any physician, who fails to complete medical records and fails to appear as requested by the Medical Executive Committee, may be referred to the governing body for action.

CROSS REFERENCE(S)

GENL_018, Medical Record Entries & Authentication

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Policy No:	GENL_023
Previous Policy No.:	300:021
Policy Creation Date	08/06/1993
Most Recent Review/Revised	06/11/2015
Date(s):	
Approved by:	Medical Executive Committee; 03/10/1999; 11/14/2001;

03/12/2003; 01/12/2005; 02/16/2011; 04/07/2011; revised:
04/13/2011; 04/15/2015
Linden Oaks Medical Executive Committee; 04/25/2003;
08/26/2005
Quality Committee of the Board; 01/20/2005; 05/26/2011
Policy Committee; 04/28/1999; 04/10/2003; 06/09/2005;
07/14/2011; 06/11/2015

Edward-Elmhurst Health

Diabetes Services

When you're living with diabetes, it helps to have a healthcare team with specially-trained experts working with you.



At Edward-Elmhurst Health, you'll benefit from comprehensive diabetes services provided by experienced physicians and nurse practitioners, along with Certified Diabetes Educators. We can provide the tools you and your family need to effectively manage your diabetes.

Full-Service Diabetes Care and Education in Naperville

At our location in Naperville, you can benefit from:

- ▶ A comprehensive, extended visit with an internal medicine physician or family nurse practitioner who specializes in diabetes
- ▶ A consultation with a nurse or dietitian with the opportunity for additional counseling and follow-up care
- ▶ On-site lab and point-of-care testing, which our team can evaluate and treat accordingly
- ▶ Ensuring your concerns and needs are addressed, including referrals for eye exams and other health-related diabetes conditions
- ▶ Follow-up care to ensure that medication selections are the most effective, tolerable and financially responsible to meet your needs

Our diabetes management providers include:

- ▶ James Lengemann, MD, MBA
- ▶ Adam Schriedel, MD
- ▶ Stacy Centeno, FNP, CDE

Diabetes Education in Naperville, Plainfield and Yorkville

Our specially-trained Certified Diabetes Educators, who are nurses and dietitians, work closely with your primary care physician to develop a care plan that meets your needs. If your diabetes is already medically managed by your physician or another specialist, we can also provide individualized education to help you better understand and control your condition.

Using a team approach, we will:

- ▶ Teach you about diet and exercise
- ▶ Provide insulin pump training, and personal and continuous glucose monitoring
- ▶ Check your blood pressure and, if your provider wishes, check your hemoglobin A1C on site
- ▶ Provide insulin management with a physician order
- ▶ Coordinate your needs, such as ordering glucose testing supplies and scheduling follow-up appointments

We also offer support groups and additional one-on-one appointments to answer any questions you have along the way. Together, we will help you manage your diabetes and live a healthy life.

OUR LOCATIONS

Naperville

Edward-Elmhurst Health Center
1331 W. 75th Street, Suite 201

To make a doctor's appointment:
(630) 527-5000

To meet with an educator:
(630) 527-3213

Plainfield

Edward-Elmhurst Health Center
16519 S. Route 59, Suite A

To meet with an educator:
(630) 646-5174

Yorkville

Edward Health Center
76 W. Countryside Parkway

To meet with an educator:
(630) 527-3213

[EEHealth.org/services/diabetes](https://www.eehealth.org/services/diabetes)

Primary Care Physicians

Elmhurst Clinic Primary Care

FAMILY MEDICINE

331-221-9001



Maria Ariza, MD



Asma Ayub, MD



Tanja Boskov, MD



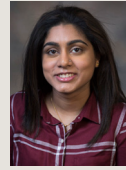
Laura Beth Boyd, MD



David Cespedes, DO



Mary Hutton, MD



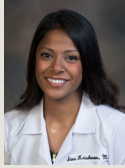
Nabihah Khan, PA



Karen Kinsley, MD



Karen Kowalczyk, NP



Sivakami Krishnan, MD



Katherine Lynch, MD



Ricardo Martinez, MD



Anastasia Munoz, MD



Minh Nguyen, PA



Nathaniel Pae, MD



Forrest Robinson, DO



Vineet Singla, DO



Joanna Rios, APN



Matthew Spiewak, DO



Colleen Weiler, DO

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Westchester
3005 Wolf Road

Hinsdale
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Elmhurst Clinic Primary Care

INTERNAL MEDICINE

331-221-9001



Joseph Abraham, MD



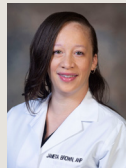
Moni Abraham, MD



Aysha Ahmed, PA



Diana Anton, APN



Janieta Brown, APN



Maggie Chacko, MD



Agron Elezi, MD



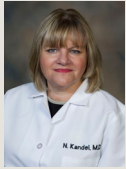
Arlinda Elezi, MD



Amit Gupta, MD



Joseph Kaliski, MD



Ninel Kandel, MD



Emmanuel Linchangco, MD



Michael Nosek, MD



Maelen Pantano, MD



Krunal Patel, MD



Anita Pillai, MD



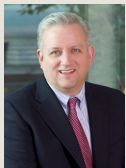
Philip Van Reken, MD



Laura Vetrone, MD



Emela Vukomanovic, MD



Don Williams, MD

PEDIATRICS

331-221-9002



Robert Andersen, MD



Judy Benka, CNP



Michelle Conroy, DO



Therese Gracey, MD



Michael Hoffman, MD



Julie Lopatka, MD



David Matusiak, DO



Uzma Muneer, DO



Darius Radvila, DO



Marianne Senese, MD



Victoria Uribe, MD



Kirsten Zeitler, MD

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Elmhurst Memorial Medical Group

Primary Care

FAMILY MEDICINE



Tiana Carrillo, MD



Leslie Greskowiak, NP



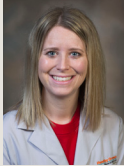
Mary Kelly, DO



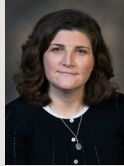
Michael Palash, DO



Jacqueline Ross, MD



Alison Sage, DO



Michelle Sweet-Albores, MD

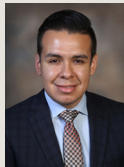
INTERNAL MEDICINE



Yolanda Co, MD



Dorothy Prusek, MD



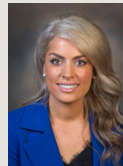
Pablo Quintana, MD

FAMILY MEDICINE & INTEGRATIVE MEDICINE



Julia Afridi, DO

INTERNAL MEDICINE & OBESITY MEDICINE



Mais Trabolsi, MD

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331-221-2900

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331-221-5701

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Suite 301/302
331-221-2550

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Suite 300
331-221-1700

Elmhurst Medical Associates

Primary Care

INTERNAL MEDICINE



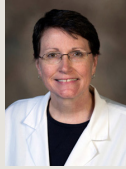
Timothy
Bresnahan, MD



Ronald
Cheff, MD



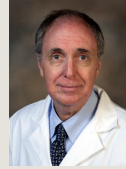
Jeff
D'Amico, DO



Diane
Fabrizius, MD



Michael
Hugar, MD



David
Kraman, MD



Dhara
Naik, DO



William
O'Rourke, MD



Carlo
Prades, MD



Elaine
Spirakes, MD

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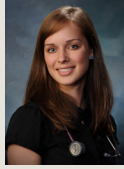
Christi Bartz, PA



Tina Bhargava, MD



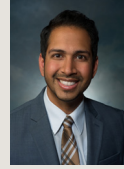
Rohini Bhat, MD



Casey Crackel, PA



Sandy Davis, APN



Amish Doshi, MD



Barbara Emery-Stolzer, MD



Mark Gomez, MD



Ktelyn Hazelett, NP



Sara Horvath, NP



James Lengemann, MD



Francine Long, MD



Nina Lundberg, MD



Lindsey Lynch, PA



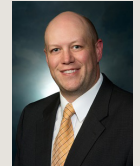
Vinod Motiani, MD



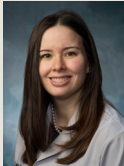
Riddhi Pakrasi, MD



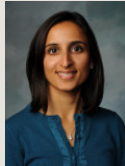
John Saran, MD - MDVIP



Adam Schriedel, MD



Laura Setlur, MD



Kinjal Shah, MD



Douglas Tran, MD



Timothy Tyrrell, MD - MDVIP



Sonal Varma, DO



Constantine Wonais, MD

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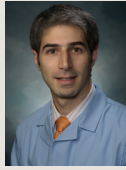
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1331 W 75th St.
Suite 201
630-527-5000

Naperville
1804 N Naper Blvd.
Suite 103
630-646-6200

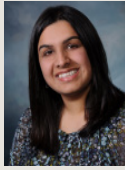
Naperville
120 Spalding Dr.
Suite 303
630-527-5575 (Saran)
630-527-5576 (Tyrrell)

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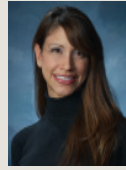
George Aghia, MD



Debarati Bose, MD



Veronica Broton, DO



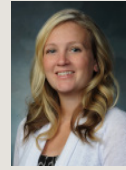
Jennifer Chludzinski, APN



Robert Czepiel, MD



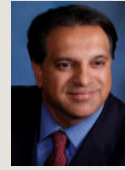
Sharon Christy, MD



Amanda Davenport, PA



Phamela De Guzman, MD



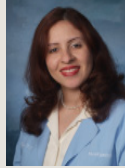
Vinayak Dongre, MD



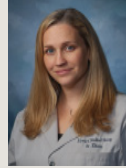
Stephanie Dressler, PA



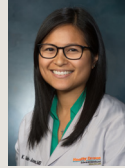
Karen Eisele, DO



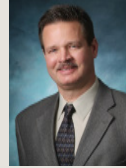
Hiam Eldewek, DO



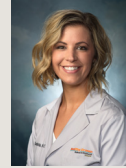
Lara Ellison, DO



Krystle Gadrinab-Jones, MD



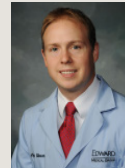
Daniel Gauthier, DO



Gina Gedutis, APN



Fowzia Ghouse, MD



Jonathan Gibson, MD



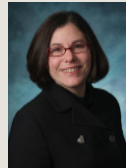
Joseph Giordano, DO



Ronald Glas, MD



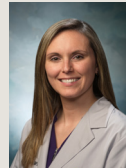
John Gleason, MD



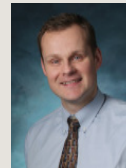
Tess Grant, MD



Michelle Horvath, PA



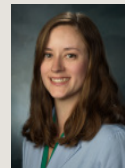
Patricia Jackson, NP



Tomas Jakstys, MD



Eric Janota, DO



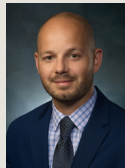
Julie Jones, MD



Kenneth Kavanaugh, DO



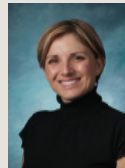
Kaleem Khan, MD



Michael Kimes, MD



Katelyn Kline, NP



Melissa Kwak, MD



Elaine Lawrence, NP



Alison Lennhardt, NP



Nicholas A. Love, DO



Madhavi Manubolu, MD



Monica Martens, MD



Heather Marvin, APN



Sandra Mazur, APN



Kristin Mock, MD



Fayeza Mohammed, DO



Mydhili Moorthie, MD



Ketan Morker, MD



Colleen Noonan, PA



Patrick O'Donnell, MD

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Tayfun Ozgen, MD



Alyssa Papuga, DO



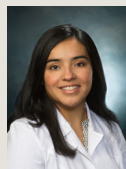
Arpit Patel, MD



Yayati Patel, DO



Elizabeth Pector, MD



Odolina Pope, APN



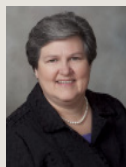
Lilia Protaziuk, MD



Zaineb Qayyum, DO



Kaitlyn Rosales, APN



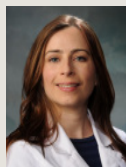
Catherine Ruetten, MD



Timothy Ruetten, MD



LeAnn Rushing, PA



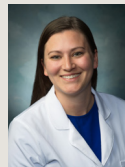
Anne Schneider, DO



Daniel Sikic, DO



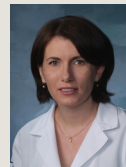
Ausra Simmert, APN



Andrea Smolinski, PA



Cheri Sprietler, NP



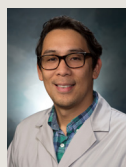
Edyta Straczynski, MD



Dana Sutkus, DO



Michael Thornton, MD



Moses Tomacruz, MD



Jason Vick, NP



Lisa Walinski, DO



Kate Walker, MD



Bob William, MD



Cynthia Yarshen, DO



Mark Yarshen, DO

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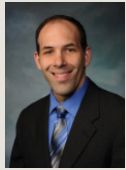
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76 W Countryside
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Specialists at Edward

NEUROSCIENCES

Neurology



Kevin
Bockhold, MD
▲



Henry
Echiverri, MD
▲ ✕



Nicholas
Mathenia, DO
★ ✕



Hurmina
Muqtadar, MD
▶▶★



Cathy
Stachnik, DO
★+



Li
Zhang, MD
★



Michael
Zhang, MD
★●

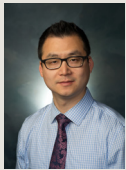


Diane
Blowers, PA-C
▲

Pain Medicine



Mohammad
Khan, MD
★



David
Peng, MD
★

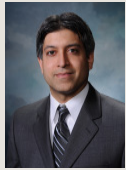


Amy
Batista, APN
★



Teena
Joseph, APN
★

Neurointerventional Surgery



Sameer Ansari,
MD, PhD
★



Michael
Hurley, MD
★



Ali
Shaibani, MD
★

Neurosurgery



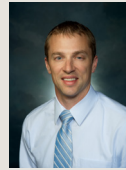
Michael
Caron, MD
★



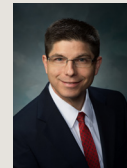
Kevin
Jackson, MD
★



William
Schueler, MD
★



Drew
Spencer, MD
★●



T. Lindley
Pittman, PA-C
★



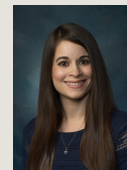
Melissa
Ricks, PA
★



Dan
Sears, PA-C
★●



Brittany
Sheehy, PA-C
★



Ashtyn
Talos, PA-C
★

Physiatry



Henry
Legaspi, DO
★

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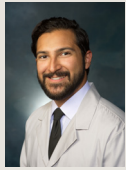
Plainfield

Warrenville

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Vicente Arcos, MD
★



Elizabeth H. Harvey, MD, FACS
★ ■



Beatrice Klade, MD, FACS
★ ■



Richard Mason, DO, FACS
★ + # ✕



Robert R. Payton, MD, FACS
★



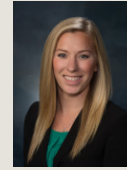
Peter B. Petratos, MD, FACS
★ ■ ▶



David J. Piazza, MD, FACS, FASCRS
★ ■



Melissa Gergel, PA-C
★



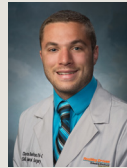
Kristina Halley, PA-C
★



Carla Nutter, PA-C
★



Keri Plica, PA-C
★



Clayton Shelton, PA-C
★

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Hsien-Ta Fang, MD
★



Kevin Pandya, MD
★ ■



David Schlieben, MD
★

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David Aguiar, MD
★ + ■



Kimberly Bannon, MD
★ + ■



Thomas Chen, MD
★ + ■



Basel Imam, MD
★ + ■



Lourdes Juarez, MD
★ + ■



Elizabeth Gansz-Gall, APN
★ + ■



Karen Druzak, MD
▲

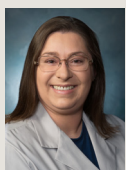
★ **Naperville**
100 Spalding Dr.
(630) 961-9485

▲ **Naperville**
10 W. Martin Ave.
Suite 100
(630) 369-7700

■ **Plainfield**
24600 W. 127th St.
(630) 961-9485

+ **Oswego**
6701 Route 34
(630) 961-9485

▶ **Lisle**
3033 Ogden Ave
Suite 101
(630) 717-5700



Megan Mietelski, MD
▲



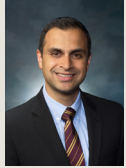
Elena Pirozhnik, DO
▲



Betty Hsia, MD
▶

HEMATOLOGY & ONCOLOGY

Medical Hematology/Oncology



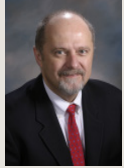
Mohammed
Azeem, MD
★ ●



Mansoina
Baweja, MD
★ ●



William R.
Broderick, MD
★ ●



Alexander
Hantel, MD
★ ● #



Joseph J.
Kash, MD
★ ●



Maria I.A.
Quejada, MD
★ ●

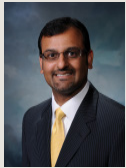


Matthew
Siegel, MD
★ ●

■ Elmhurst
1200 S. York
(630) 646-6020

Elmhurst
177 E. Brush Hill Rd.
(630) 646-2773

★ Naperville
120 Spalding
(630) 646-2773
(630) 646-6020*
*For Surgical Oncology



Samir D.
Undevia, MD
★ ●



Rose
Batiste, APN
★ ●



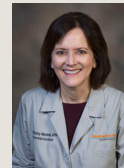
Lindsey
Garnett, APN
★ ●



Kim
Rohan, APN
★ ●



Lauren
Woodard, APN
★ ●



Lisa Stucky-
Marshall, APN
Survivorship Program
Coordinator
★ ● #

● Plainfield
24600 W. 127th St.
(630) 646-6020

▶ Oak Park
932 Lake St
Suite 300
(630) 646-6020

Palliative Care



Dawn
Kunz, APN
★ ●



Neil A. Das
Gupta, MD
★ ● #



Oh-Hoon
Kwon, MD
★ ●



Katarina
Petras, MD
★ ●



Andy
Su, MD
★ #

Radiation Oncology

Surgical Oncology



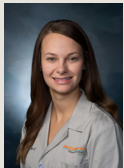
Fadi
Dahdaleh, MD
★ ■ ▶ #



Christine
Gresik, MD
★ #



George
Salti, MD
★ ■



Jessica
Berg, PA
★



Marissa
Marcheski, PA-C
★ #



Kayla
VanderWall, PA-C
★ ■ ▶ #

Specialists at Edward

ORTHOPEDICS

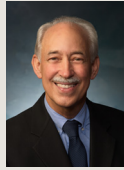
Orthopedic Surgery



Zahab
Ahsan, MD
▲



Kellen
Choi, MD
★



Richard
Erickson, MD
★



Kushal
Patel, MD
▲



Ryan
Sullivan, MD
▲



Shannon
Krippinger, PA-C
★



Steve
Stekanas, APN
▲ +

★ **Naperville**
120 Spalding Dr.
Suite 307
(630) 646-7000

▲ **Naperville**
1331 W 75th St
Suite 101
(630) 646-7000

Sports Medicine (non-surgical)



Michael
Kimes, MD
▲

Podiatry



Jennifer
Felske, DPM
★

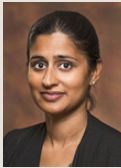
+ **Oswego**
6701 Route 34
(630) 646-7000

Lombard
130 S Main St
Suite 304
(630) 646-7000

PEDIATRIC SURGERY



Mary Beth
Madonna, MD
★ ■



Ami
Shah, MD
★



Elizabeth
Nanney, NP
★ ■



Rona
Tiglao, APN
★

★ **Naperville**
120 Spalding Dr.
Suite 411
(630) 527-2910

■ **Elmhurst**
1200 S York St
Suite 3190
(630) 527-2910

PLASTICS & RECONSTRUCTION



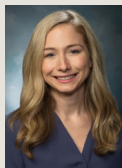
Lucio A.
Pavone, MD,
FACFS
★ ■



Iris A.
Seitz, MD, PhD
★ ■



Lindsey
Gouwens, PA-C
★ ■



Michelle
Purcell, PA-C
★ ■

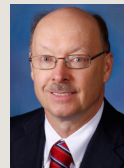
■ **Elmhurst**
1200 S. York
(630) 646-6020

★ **Naperville**
120 Spalding
(630) 646-6020

RHEUMATOLOGY



Nisha
Dsilva, DO
★ ■



Francis
Lichon, MD
★

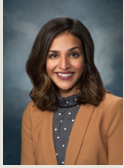
★ **Naperville**
10 W. Martin Ave.
Suite 140
(630) 961-2810

■ **Plainfield**
24600 W 127th St
Suite 215
(630) 961-2810

Specialists at Edward

WEIGHT LOSS

Medical Weight Loss



Neha
Shah, MD



Anne Marie
Fetter, APRN



Kristine
Warnes, APRN

Naperville

1331 W 75th Street, Suite 201
(630) 527-7205

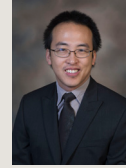
Surgical Weight Loss



Mark
Choh, MD



Ryan
Headley, MD



Wayne
Yang, MD

Elmhurst

1200 S. York, Suite 1240
(331) 221-6140

DIABETES SERVICES



Cheryl
Boss, NP, CDE
★▶



Deanna
Hoole, NP, CDE
★●

★ Naperville

1331 W 75th Street
Suite 201
(630) 527-3213

▶ Bolingbrook

130 N. Weber Rd.
Suite 100
(630) 527-3213

● Plainfield

16519 S Route 59
Suite A
(630) 527-3213

Orthopedics

The orthopedic experts of Edward-Elmhurst Medical Groups offer high quality orthopedic care, including the latest procedures and a variety of surgical options for total joint replacement, plus treatment for a wide array of sports related injuries and podiatry services. Procedures include but are not limited to, hip, knee and shoulder replacement and revision, ACL reconstruction, rotator cuff repair; cartilage and tendon repair; hand, wrist and elbow joint replacement, carpal tunnel treatment, peripheral nerve surgery, musculoskeletal therapy; care for foot, heel and ankle pain/sprains, and ultrasound guided injections.

Zahab Ahsan, MD

Kellen Choi, MD

Richard Erickson, MD

Jennifer Felske, DPM

Michael Kimes, MD

Shannon Krippinger, PA

Kushal Patel, MD

Steven Stakenas, APN

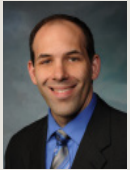
Ryan Sullivan, MD

[LEARN MORE ABOUT
THE TEAM](#) over >

For more information or to make an appointment, call **(630) 646-7000** or schedule online anytime at EEHealth.org/schedule.

Neurosciences at Edward

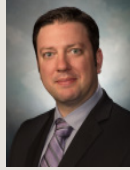
Neurology



Kevin Bockhold, MD



Henry Echiverri, MD



Nicholas Mathenia, DO



Hurmina Muqtadar, MD



Cathy Stachnik, DO



Li Zhang, MD



Michael Zhang, MD



Diane Blowers, PA-C

Neurosurgery



Michael Caron, MD



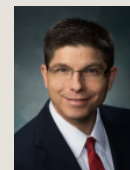
Kevin M. Jackson, MD



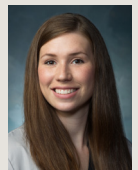
William Schueler, MD



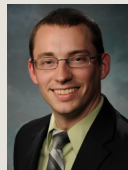
Drew Spencer, MD



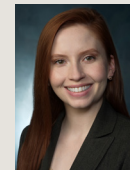
T. Lindley Pittman, PA-C



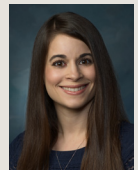
Melissa Ricks, PA



Dan Sears, PA-C



Brittany Sheehy, PA-C



Ashtyn Talos, PA-C

Neurology (Inpatient Care)



Ahmed Hassan, MD



Aasheeta Parikh, PA-C



Abigail Davis, APN



Cheryl Lorenzin, APN



Becky McLaughlin, APN



Megan Overcash, APN

Neurointerventional Surgery



Ali Shaibani, MD



Michael Hurley, MD



Sameer Ansari, MD, PhD

Pain Medicine



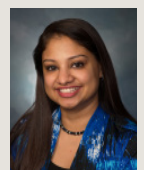
Mohammad Khan, MD



David Peng, MD



Amy Batista, APN



Teena Joseph, APN

For more information on our specialists, call (630) 527-7730.

Surgical Oncology Team



George I. Salti, MD

Director, Surgical Oncology
Co-Medical Director, Oncology Services
Medical Director, International Patient Services

Specialty

Surgical Oncology

Clinical Emphasis

Peritoneal carcinomatosis
Hepatobiliary malignancies
Pancreatic cancer
Neuroendocrine tumors
Sarcoma
Melanoma
Upper GI Malignancies
Appendix Cancers

Medical School

The University of Chicago

Residency

The University of Illinois at Chicago

Fellowship

The University of Illinois at Chicago

Certification

American Board of Surgery



Christine Gresik, MD

Specialty

Breast Surgery

Clinical Emphasis

Breast Surgical Oncology
Breast cancer
Breast cancer risk assessment
Benign breast disease
High risk breast disease
Oncoplastic breast surgery
Nipple sparing mastectomies

Medical School

Loyola Stritch School of Medicine

Residency

Loyola University Medical Center

Fellowship

Northwestern Memorial Hospital

Certification

American Board of Surgery



Fadi Dahdaleh, MD

Specialty

Breast Surgery;
Complex General Surgical Oncology;
General Surgery

Clinical Emphasis

Breast surgery
Benign breast disease
Pancreatic and hepatobiliary malignancies
Stomach and esophagus cancers
Thyroid and parathyroid surgeries
Appendiceal cancers
Neuroendocrine tumors
Soft tissue sarcomas
Melanoma
Cutaneous cancers

Medical School

American University of Beirut, Lebanon

Residency

University of Iowa Hospitals and Clinics

Fellowship

University of Chicago

Certification

American Board of Surgery



Lucio Pavone, MD

Specialty

Reconstructive and Plastic Surgery

Clinical Emphasis

Breast reconstruction
Skin cancer surgery
General Reconstruction
Cosmetic surgery

Medical School

Albany Medical College

Residency

SUNY Upstate Medical University
UCLA

Fellowship

University of Chicago

Certification

American Board of Surgery
American Board of Plastic Surgery



Iris Seitz, MD, PhD

Specialty

Reconstructive and Plastic Surgery

Clinical Emphasis

Aesthetic Facial Reconstruction
Complex Microsurgical Reconstruction
Breast Reconstruction
Melanoma Surgery

Medical School

Freie Universitat Berlin in Germany

Residency

University of Chicago

Certification

American Board of Surgery
American Board of Plastic Surgery

Clinic Locations - To make an appointment, call (630) 646-6020.

■ Edward Cancer Center
120 Spalding
Suites 205 & 207
Naperville

● Elmhurst Cancer Center
177 E. Brush Hill Road
Elmhurst

▲ Center for Health
1200 S. York Road
Suite 3280
Elmhurst

✚ Edward-Elmhurst Health Center
932 Lake Street
Suite 300
Oak Park

Heart Hospital of Edward-Elmhurst Health



Wickii Vigneswaran, MD, MBA Thoracic Surgery

Wickii Vigneswaran, MD, MBA, is System Medical Director of Thoracic Surgery at Edward-Elmhurst Health, and treats patients at both Edward and Elmhurst Hospitals.

A pioneer in the field of thoracic surgery, including minimally invasive thoracic surgery, Dr. Vigneswaran performs a majority of his procedures using robotic- or video-assisted thoracic surgery (VATS) techniques. He was previously Chief of Thoracic Surgery at Loyola University Health System.

Dr. Vigneswaran is an expert in complex thoracic surgery, including the treatment of benign and malignant chest tumors, lung and esophageal cancers, mediastinal tumors, hyperhidrosis, chest wall tumors and deformities, and other conditions. His focus at Edward-Elmhurst is on minimally invasive surgery, particularly robotic surgery.

He received his medical degree from the University of Sri Lanka and completed his internship at Kingston General Hospital and Darlington Memorial Hospital in the United Kingdom (UK) and his surgical residency also in the UK. Dr. Vigneswaran completed several cardiothoracic fellowships in the UK, Canada, and in the US at the University of Colorado-Denver and Mayo Clinic/ Mayo Graduate School of Medicine.

As an advocate of the multidisciplinary team approach to patient care, he works with physicians from many specialty areas including radiation and medical oncology, pulmonology, gastroenterology and critical care, among others.

Dr. Vigneswaran's goal is to provide a personalized approach to each patient and family seeking thoracic surgical services. He believes it's important to maintain open communication between himself, the patient and family, referring physicians, specialists and ancillary support to ensure continuity of care.

Dr. Vigneswaran has authored more than 100 original articles and book chapters, and edited three books in lung transplantation and thoracic surgery. He is the recipient of many honors and awards, and a member of 20 professional societies, including the American College of Surgeons, the Royal College of Surgeons of Edinburgh, Scotland and the Royal College of Physicians and Surgeons in Canada, the American College of Chest Physicians, the Royal Society of Medicine, the International College of Surgeons, the American Medical Association, and the Society of Thoracic Surgeons.

Dr. Vigneswaran is accepting new patients and has offices conveniently located in Naperville and Elmhurst.

Naperville

Edward Heart Hospital
4th Floor
801 S. Washington Street
(630) 416-8500

Elmhurst

Elmhurst Hospital
West Medical Office Building
133 E. Brush Hill Road, Suite 200
(630) 782-1500

Healthy Driven™
Edward-Elmhurst
HEALTH

Walter Payton Liver Center Outreach Clinic at Edward-Elmhurst Healthcare

The Walter Payton Liver Center is a dedicated medical and surgical unit at the University of Illinois Hospital & Health Sciences System, providing quality, innovative, multidisciplinary care to patients with liver disease.

Dr. Koppe is pleased to bring the UI Health Walter Payton Liver Center Outreach Clinic to Edward-Elmhurst, offering convenient consultation services in the Western Suburbs for patients with cirrhosis, complex liver conditions and hepatocellular carcinoma (HCC).



For referral of patients to the clinic, please contact (312) 35-LIVER (312-355-4837.) Dr. Koppe can also be contacted directly by providers at (847) 894-2441 (mobile) or skoppe1@uic.edu.



Sean Koppe, MD

Dr. Koppe is the Director of Hepatology at the University of Illinois Hospital & Health Sciences System. He grew up in northwest suburban Buffalo Grove, received a degree in Chemical Engineering from the University of Illinois and then received his medical degree from the

University of Illinois College of Medicine. He subsequently completed his Internal Medicine Residency and Gastroenterology and Hepatology Fellowship at Northwestern. Dr. Koppe was on faculty at Northwestern for seven years before recently joining the University of Illinois. He is a recipient of the American Gastroenterology Association (AGA) Research Scholar Award for his novel research on the role of trans-fatty acids in Nonalcoholic Fatty Liver Disease (NAFLD) and he has been recognized with several teaching awards from medical students, residents and fellows.

He has diverse clinical interests including care of patients with cirrhosis, post-liver transplant care, hepatocellular carcinoma (HCC), NASH, viral hepatitis and autoimmune hepatitis. He oversees the treatment of a large number of patients with hepatitis C at the Jesse Brown VA as the lead Hepatitis C clinician and also at the University of Illinois. He works closely with Interventional Radiologists, Oncologists and Surgeons in the multidisciplinary management of patients with HCC. He also has a special interest in hepatitis B and has been recognized for his community service in the Chinatown community where he has provided free care for the past few years to underserved patients with hepatitis B. Dr. Koppe is a strong believer in patient-centered care and remaining easily accessible to patients, their families and collaborating providers.

120 Spalding Drive
Suite 205
Naperville

1200 S. York Road
Suite 3280
Elmhurst

Healthy Driven™
Edward-Elmhurst
HEALTH

Edward Multidisciplinary Care



When it comes to cancer, there's nothing simple about it. Multiple office visits to different specialists is the norm. And that can translate into time lost waiting for appointments when treatment should be underway.

Edward Cancer Centers offer four Multidisciplinary Clinics for thoracic cancer (tumors of the lung and chest), neuro-oncology (brain and spinal cord) cancers, genito-urinary (prostate, kidney, bladder) cancers, and breast cancer. These clinics speed up treatment in an effective and convenient way by bringing expert cancer professionals from a variety of specialties together under one roof.

We offer individualized patient care

Our multidisciplinary team of doctors gather to review and discuss each patient case all together in the same location. These experts evaluate the patient's case and develop an individualized treatment plan. As a result, the patient is informed that same day on what their treatment will entail and who will be involved in their care.

In addition to thoroughly educating each patient, our team keeps referring physicians informed of their patients' tests, treatments, and results in order to enhance communication and coordination of care.

We have caring and supportive team members

Our highly specialized team prides themselves on giving patients the time and attention they deserve. Our multidisciplinary team includes medical and radiation oncologists, surgeons, radiologists, advanced practice nurses, financial coordinators, social workers, a dietitian, and more. Each of our experts brings a unique perspective and experience to the table – an invaluable resource to patients.

In addition, each clinic has its own nurse navigator to help guide patients and families with anything and everything – from answering treatment questions to lending a supportive ear.

We actively participate in clinical trials

The Edward Cancer Center has the most active cancer research program in DuPage County – offering the same quality of research found at university hospitals. Our patient enrollment is double the national average in oncology clinical trials.

Why Edward Cancer Center?

The Edward Cancer Center is the region's most preferred center for cancer services, and it is the only center in the area to offer four multidisciplinary clinics for breast, brain and spinal cord tumors. With locations in Naperville and Plainfield, we offer cutting-edge treatments in a place that feels a lot like home.

What we offer

- Comprehensive, coordinated care from multiple specialists
- The most technologically advanced treatment that is expedited rather than waiting weeks at other centers
- Nurse navigators to help guide patients and family from treatment through recovery.
- Dedicated treatment facilities in Naperville and Plainfield
- One of the most active cancer research programs in DuPage County
- Extensive patient and family support

Each clinic has its own dedicated nurse navigator. We invite you to contact them directly.

Neuro-Oncology Multidisciplinary Clinic



Rose Batiste,
ANP-BC, AOCN
(630) 646-6079

Genito-Urinary Clinic



Sue Budds,
ANP-BC, AOCN
(630) 646-6052

Thoracic Oncology Multidisciplinary Clinic



Kim Rohan, ANP-BC, AOCN
(630) 646-6119

Breast Cancer Conference



Jill Wozny, RN,
MSN, CCNS,
CBPN-IC
(630) 527-5365

Edward Cancer Center

120 Spalding Drive
Naperville
(630) 527-3788

Edward Plainfield Cancer Center

24600 W. 127th Street
Plainfield
(630) 527-3788

 www.edward.org/cancer

EDWARD
CANCER CENTERS

Edward-Elmhurst Cancer Centers



Lisa Stucky-Marshall, RN, AOCN, APRN Cancer Survivorship Coordinator

Lisa received her Bachelor of Science in Nursing from Mount Mercy College in Cedar Rapids, Iowa and her Master of Science in Oncology Nursing from Rush University. Lisa has over 30 years of nursing experience in oncology care, ranging from staff and patient education to clinical trials and extensive experience in gastrointestinal oncology.

As the Cancer Survivorship Clinic coordinator, Lisa works with cancer patients to guide them in their transition from active treatment to cancer survivor. She coordinates Cancer Survivorship Clinic visits and meets one-on-one with patients and their families. Lisa has expertise in the issues that survivors face as they complete treatment and return to everyday life.

Lisa creates personalized Cancer Survivorship Care Plans for each patient, and assists them in identifying and addressing the unique physical, social and emotional issues that developed during their cancer experience as well as any late effects of treatment. Her goal is to educate patients and instill confidence as they begin to manage their own care.

Lisa works in conjunction with the oncologists and advanced practice providers of Edward Hematology Oncology and Elmhurst Memorial Hematology Oncology in Elmhurst, Naperville and Plainfield.

Questions about the Cancer Survivorship Clinic? Please contact Lisa at **(331) 221-2161** for more information.

Elmhurst
Nancy W. Knowles
Cancer Center
177 E. Brush Hill Road

Naperville
Edward Cancer Center
120 Spalding Drive

Plainfield
Edward Cancer Center
24600 W. 127th Street

EEHealth.org

Healthy Driven™
Edward-Elmhurst
HEALTH

Cancer Survivorship Clinic

The Cancer Survivorship Clinic at Edward-Elmhurst Health can assist you with the transition from active treatment to cancer survivor.

More cancer survivors than ever before

It is predicted that there will be 18 million cancer survivors by 2022 due to advances in cancer care. Edward-Elmhurst Health has created a Cancer Survivorship Clinic to assist this growing number of individuals with the transition from active treatment to cancer survivor.

While it can be a relief to finish cancer treatment, it may also be a stressful time for many individuals. Survivors have less contact with their doctors and clinical staff, which can be unsettling. They must learn to manage their own follow up care and cope with the physical, emotional and social issues that developed during their cancer experience as well as any late effects of treatment.

Common issues for cancer survivors can include: fatigue, neuropathy, lymphedema, bone loss, sexual changes, heart issues, memory difficulties, fertility concerns, and the risk of future cancer or recurrence.

About the clinic

The Survivorship Clinic provides a one-time visit with an Advanced Practice Registered Nurse (APRN) who has expertise in cancer care and the issues that survivors face as they complete treatment and return to everyday life. Your APRN will partner with your oncologist and your primary care physician to help you prepare for the transition to survivorship.

Your oncology team will let you know when it's time to schedule your visit with the Cancer Survivorship Clinic. A family member or friend may attend the visit with you.

Your Cancer Survivorship Clinic visit is scheduled for:

DATE _____

TIME _____

LOCATION _____

What to expect during your survivorship visit

During this visit, the survivorship APRN will review your personalized Survivorship Care Plan (SCP) with you.

She will:

- ▶ Review details of your diagnosis, a summary of your treatment, and information about common issues or side effects that you may still have from your cancer and/or cancer treatment
- ▶ Provide education on how to manage current issues you may have (physical, social or emotional)
- ▶ Review a schedule for future follow-up visits, tests and lab work to help you stay organized
- ▶ Share ideas for lifestyle and wellness changes to help you live a healthy life
- ▶ Review a take-home folder with resources that could be helpful to you and your loved ones

Your APRN will share your SCP with your primary care physician, along with a letter from your oncologist that provides an overview of the plan and each provider's role to ensure your comprehensive care is maintained in the future.

Insurance & your visit

Your visit to the Survivorship Clinic will be billed to your insurance. Most insurance plans consider this a necessary visit after completing treatment for cancer. If you have an HMO plan, your primary care physician will provide you with a referral to the clinic.

Convenient locations

Your survivorship appointment can take place at any one of our three Cancer Center locations in Elmhurst, Naperville and Plainfield. Choose the location that is most convenient for you.

Have questions about the Cancer Survivorship Clinic?

Please speak with your Oncology team.

To schedule an appointment with the Cancer Survivorship Clinic, please call (331) 221-5900.

Elmhurst	Naperville	Plainfield
Nancy W. Knowles Cancer Center 177 E. Brush Hill Rd.	Edward Cancer Center 120 Spalding Dr.	Edward Cancer Center 24600 W. 127th St.

Hospitalist Program

Rest assured that you are in very good hands while you are receiving care at Edward Hospital. Our hospitalists have partnered with your doctor and are committed to provide you with the highest quality inpatient care.

What is a Hospitalist?

Hospitalists are experts at treating people who are hospitalized – they are specialists with a unique knowledge of in-hospital medicine. Adult Hospitalists are Internal Medicine doctors and Pediatric Hospitalists are Pediatricians – both board-certified/eligible specialists in inpatient care. They spend their time in the hospital and are readily available 24/7. This specialized care means patients benefit from improved care and better outcomes.

Communication is Key

Communication – your inpatient care team relies on it to ensure you receive top-notch, coordinated care. Use of an electronic medical record (EMR) allows for two way communication. It enables your inpatient care team to review your health history, medications and any tests that have been performed prior to being hospitalized. EMR also helps us to communicate with your doctor about your stay.

Your Doctor, Our Partner

Your hospitalist actively communicates with your primary care doctor who is on staff at Edward Hospital. If your doctor is not on staff at Edward Hospital, they are welcome to notify our hospitalist directly to discuss your care plan. Once you are ready to go home, follow-up with your physician and any specialists as recommended. If you do not have a doctor we will be happy to assist you in selecting one.

Transitional Care Clinic

For high risk patients, your Edward Medical Group hospitalist may refer you to the Transitional Care Clinic. This Clinic focuses on treating high risk patients to help prevent readmission to the hospital. After discharge, the Transitional Care Clinic offers longer appointment times to go over all the details of your care and even offers one-on-one with a pharmacist. This appointment is a temporary supplement (not a replacement) to your primary care doctor. Think of it as a bridge back to your primary care doctor after going home from the hospital.

Hospitalists are doctors that are Hospital Specialists.

[Meet the providers >](#)

Edward Medical Group Adult Hospitalists



Faisal Akbari, MD



Nazli Bavani, MD



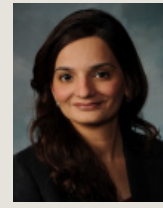
Matthew Dunne, MD



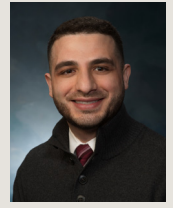
Neal Ghelani, DO



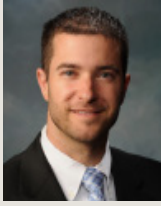
Manju Joseph, MD



Durre Khalil, MD



Rami Martini, DO



John McAnelly, MD



Oana Olaru, MD



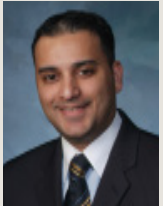
Tanya Pitroda, MD



Arun Ragothaman, MD



Grace Salame, MD



Ankur Singal, MD



Rey Sriaroon, MD



Pranav Tailor, MD



Ronald Zimmermann, DO

Advanced Practice Clinicians

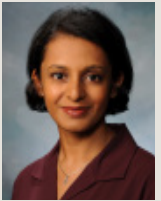


Christie Miller, PA-C



Marie Monhardt, APN

Edward Medical Group Pediatric Hospitalists



Ajitha Antony, MD



Galina Artemyeva, MD



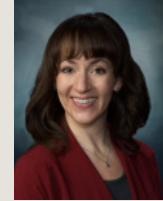
Vija Bublys, MD



Samantha Earley, DO

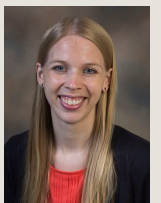


Sana Hoda, DO

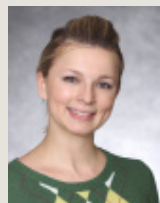


Carly Senescu, MD

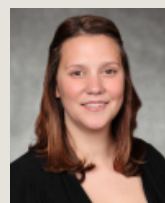
DuPage Medical Group Adult Hospitalists



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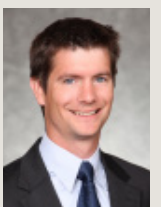
Kelly Mackie, DO



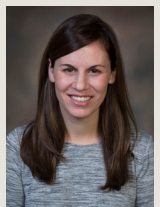
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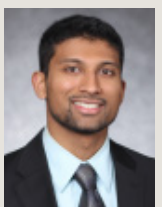
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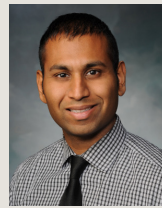
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Nazli Bavani, MD



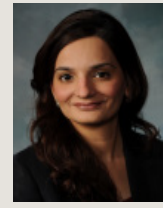
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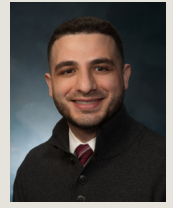
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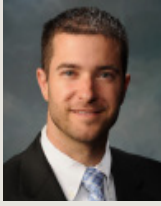
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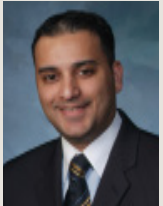
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Advanced Practice Clinicians

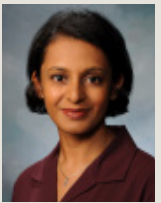


Christie Miller, PA-C

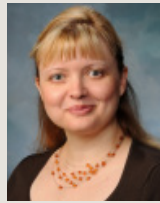


Marie Monhardt, APN

Edward Medical Group Pediatric Hospitalists



Ajitha Antony, MD



Galina Artemyeva, MD



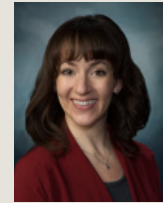
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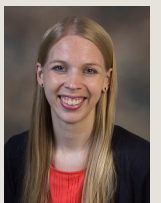


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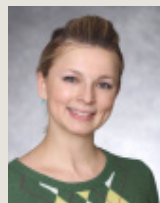


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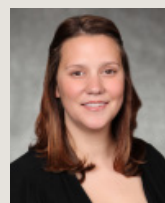
DuPage Medical Group Adult Hospitalists



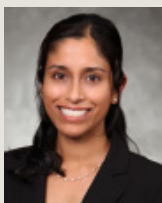
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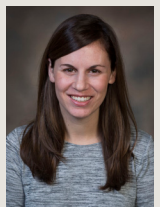
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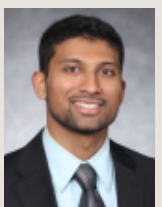
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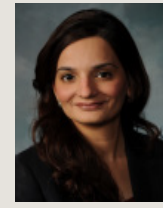
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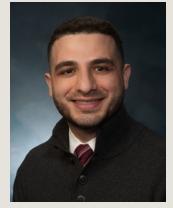
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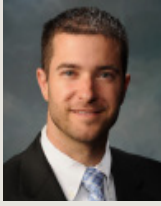
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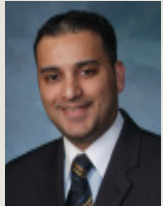
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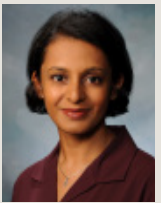


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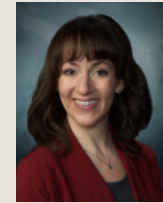
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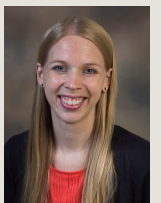


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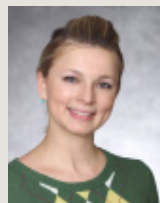


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DuPage Medical Group Adult Hospitalists



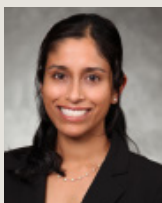
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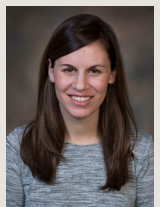
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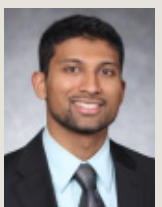
Joseph Sutherland, MD



Kristen Tobin-Vealey, MD



Diane Osmanovic, DO



Charles Yohannan, MD

Edward Rehab and Sports Medicine

Naperville 1331 W. 75th St. Suite 102



Nicole Jeewek, PT



Jeanne Zabel, PT



Jared McCaffrey, PT



Eric Thiel, PT, MBA



Luke Smith, PT



Jen Frederick, PT, CRS



Melissa Fee, PT



Maria Zaborina, PT



Lisa Cavaney, PT



Julie Loos, PT



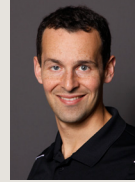
Jessie Tabour, PT, ATC



Vicki Broberg, PT, OCS



Karen Granato, PT, OCS



Eric Martinez, PT



Jennifer Wright, PT



Kathleen Chizewski, PT

N. Plainfield 24600 W. 127th St.



Jenna Saraga, PT



Lisa Furto, PT, MTC, FAAOMPT



Stacey Anderson, PT



Ruth Atto, PT



Dawn Williams, PT



Karin Bertulis, PT



Lucas Greenwell, PT



Premila Martin, PT, MTC

Woodridge (Seven Bridges) 6600 S. Rt. 53



Jocile Barbieri, PT, OCS



Sara McCaffrey, PT, OCS



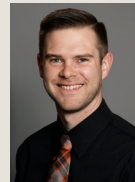
Leslie Petersen, PT



Donna Sauder, PT, OCS



Jim Kornfeind, PT, OCS



Robert Sweet, PT



Scott Sallin, PT



Merce Faustino, PT, OCS

Crest Hill 16151 S. Weber Rd.

S. Naperville 2695 Forge Dr.



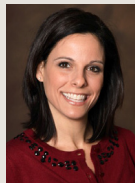
Breanna Choffin, PT



Simki Patel, PT



Janelle Smith, PT, OCS



Natalie Florio, PT



David Maresca, PT



Linnea Omholt, PT



Brad Tracy, PT, OCS

Yorkville 76 W. Countryside Pkwy.

Romeoville 55 Phelps Ave.



Sarah Greenwell, PT



Dawn Williams, PT



Eric Furto, PT, MTC, FAAOMPT



Laura Voruz, PT



Jay Sridhar, PT

S. Plainfield 2200 Rt. 59

Need an Appointment? Call one Number
Ph 630-527-3375 | Fax 630-527-3380

Healthy Driven
Edward-Elmhurst
HEALTH

Edward Rehab and Sports Medicine

Occupational Therapy



Cheryl Losik,
OTR/L CLT-LANA



Susan Santilli,
OTR/L CLT-LANA



Mara Chiocca,
OTR/L



Jen Brunsting,
OTR/L



Ashley McGaughy,
OTR/L



Patrick Eulitz,
OTR/L

Speech Therapy



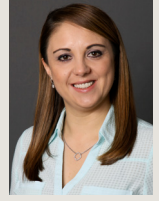
Alyssa Eskra,
CCC-SLP



Tera Davis,
CCC-SLP



Amy Sindelar
CCC-SLP



Margaret Stoch
CCC-SLP



Lindsey Thompson,
CCC-SLP



Asra Yousufuddin,
CCC-SLP



Morgan Holubetz,
CCC-SLP

Disciplines

Speech Therapists

Amy Sindelar, SLP-CCC
Morgan Holubetz, CCC-SLP (Seven Bridges Location)
Tera Davis, CCC-SLP (North Plainfield Location)
Asra Yousufuddin, CCC-SLP
Alyssa Eskra, CCC-SLP
Lindsey Thompson, CCC-SLP (Specializes in NICU follow-up clinic)
Margaret Stoch, CCC-SLP

Occupational Therapy (Adults)

Mara Chiocca, OTR/L (Specializes in Cognitive Deficits)
Cheryl Losik, OTR/L CLT-LANA (Specializes in Lymphedema)
Susan Santilli, OTR/L CLT (Lymphedema and Hand Therapy)
Jen Brunsting, OTR/L (Specializes in Hand Therapy)
Patrick Eulitz, OT/R (Hand and Cognitive deficits)

Occupational Therapy (Pediatrics)

Ashley McGaughy, OTR/L

Physical Therapists (Pediatrics)

Lisa Caveney, PT
Julie Loos, PT
Kristin Maresca, PT (North Plainfield)

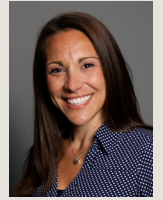
Pediatric Physical Therapists PT



Lisa
Caveney, PT



Julie
Loos, PT



Kristin
Maresca, PT

Pediatric Services by Location

Campus Location: Physical,
Occupational, and Speech Therapy

North Plainfield: Physical,
Occupational, and Speech Therapy

Seven Bridges: Speech Therapy

Need an Appointment? Call one Number
Ph 630-527-3375 | Fax 630-527-3380

Healthy Driven
Edward-Elmhurst
HEALTH

Women's Center for Pelvic Medicine

Meet the Team

We are board-certified, fellowship-trained urogynecologists, who specialize in the treatment of pelvic floor disorders, including bladder and bowel problems, and prolapse of the female organs.

We offer surgical and non-surgical approaches to the management of urinary incontinence, voiding difficulties, uterine and vaginal prolapse, genitourinary fistulas and mesh related complications.

Physicians / Urogynecologists



Michael Moen, MD
Medical Director

Medical School: University of Illinois
Internship & Residency: Loyola University Medical Center
Fellowship: Mayo Clinic



Kelly Jirschele, DO

Medical School: Midwestern University Chicago College of Osteopathic Medicine
Internship & Residency: St. Joseph Healthcare and Hospital, Chicago
Fellowship: University of Chicago/NorthShore University Health System
Languages: Spanish



Roberta Blandon, MD

Medical School & Internship: Universidad De Guadalajara, Mexico
Residency: University of Missouri, Kansas City
Fellowship: Mayo Clinic
Languages: Spanish

LOCATIONS

Naperville

Edward Hospital Campus
Medical Office Building 2
120 Spalding Dr., Suite 401

Elmhurst

Elmhurst Hospital Campus
Center for Health
1200 S. York St., Suite 4250

Hours by appointment

To refer a patient or make an appointment at one of our locations, please call **(630) 527-5120 (Naperville)** or **(331) 221-5720 (Elmhurst)**.

www.EEHealth.org/urogyne

About the Edward-Elmhurst Women's Center for Pelvic Medicine

Aging. Childbirth. Menopause. These are experiences that all women will encounter at one point in their lives or another. And, each of these activities can also contribute to a problem that most women do not want to talk about – urinary incontinence. In fact, one in three women will experience a pelvic floor disorder in her lifetime. While urinary leakage is common among women, it should never be considered normal. The good news is that most cases can be treated and controlled, if not cured, and there are more treatment options available than ever before.

Who We Are

Urinary incontinence is just one of the diagnoses treated through the Edward-Elmhurst Women's Center for Pelvic Medicine. Led by a group of highly skilled urogynecologists and nurse specialists, these services bring together non-surgical and surgical options to treat incontinence, pelvic organ prolapse and other pelvic disorders.

What causes incontinence and pelvic disorders?

Weakness of the pelvic floor muscles or structural defects of the pelvic organs can cause or contribute to incontinence and prolapse. Increased tension in the pelvic floor muscles can cause or contribute to pelvic pain. Life experiences, such as childbirth, menopause, and other health conditions, such as chronic constipation and chronic straining, chronic coughing, obesity and heavy lifting, can also contribute to these issues.

Who is a candidate for urogynecological services?

Candidates include women who suffer from vaginal prolapse, urinary incontinence, or any other pelvic floor disorders.

For more information or to make an appointment for an evaluation,
call the Edward-Elmhurst Women's Center for Pelvic Medicine at
(630) 527-5120 (Naperville) or (331) 221-5720 (Elmhurst)
or visit www.EEHealth.org/urogyne.



Children's Services at Edward-Elmhurst Health

When it comes to the health of our communities, especially our children's health, nothing matters more. At Edward-Elmhurst Health, caring for children is a top priority.

Pediatric Subspecialists

Over 100 pediatric subspecialists from a variety of academic sites practice at Edward-Elmhurst, enabling us to offer amazing access to a wide range of procedures and treatments, while giving parents and physicians a choice within the same specialty area.

Subspecialists offer services at our Pediatric Subspecialty Clinics on-site and at other outpatient locations, as well as providing 24/7 on-call consultative services.

Capabilities

When you partner with Edward-Elmhurst, you'll benefit from our extensive system-wide resources, including a full range of children's services:

- Newborn Intensive Care Unit (NICU) Level III and Special Care Nursery Level IIe
- Newborn Development Multidisciplinary Follow-up Clinic for high-risk infants
- Pediatric Emergency Care staffed by fellowship-trained pediatric emergency physicians
- Pediatric inpatient and Pediatric Intensive Care Unit (PICU)
- Pediatric Special Procedures (SPA) including sedation for diagnostic imaging, specialty infusions and chemotherapy, among others
- Pediatric Rehabilitation including physical, occupational and speech therapy

Pediatric Nurse Navigator—Ease Of Access

Our Pediatric Nurse Navigator acts as a resource to both physicians, who are seeking care for their patients, and for parents, who are seeking both basic and specialized care for their children. The navigator is responsible for coordinating all aspects of patient care. To reach the Pediatric Nurse Navigator, call **630-527-KIDS (5437)**.

Other Benefits

- State-recognized pediatric care
- Expert pediatric inpatient physician and nursing staff, including pediatric hospitalists, intensivists and neonatologists
- One-stop for basic and specialty pediatric care, including comprehensive testing and procedural support
- Closed loop care plan communication with providers
- Child-life specialists to help children feel at ease
- Ronald McDonald Family Room (at Edward)
- Animal-assisted therapy

*For more information on Edward-Elmhurst Health's Children's Services and our Pediatric Subspecialty Clinics, please contact our Pediatric Nurse Navigator at **630-527-KIDS (5437)**.*

Pediatric Subspecialty Care

Pediatric subspecialty care is provided through our Pediatric Subspecialty Clinics at Edward and Elmhurst hospitals, as well as nearby outpatient locations. Each clinical expert is knowledgeable and experienced in using the latest treatment approaches in his or her specialty area.

Pediatric subspecialists are available in a wide array of fields, including:

- Allergy and Immunology
- Anesthesiology
- Cardiology
- Care Center (for sexually abused children)
- Critical Care
- Dentistry
- Dermatology
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Genetics
- Hematology/Oncology
- Hospitalists
- Infectious Disease
- Neonatology
- Nephrology
- Neurology
- Ophthalmology and Retina Specialist
- Orthopedics
- Otolaryngology
- Pediatric Surgery
- Physical Medicine and Rehabilitation
- Plastic Surgery
- Pulmonology
- Radiology
- Rheumatology
- Sleep Medicine
- Sports Medicine
- Urology

*Do you need to make a referral to a pediatric subspecialist, but would like more information? Please contact our Pediatric Nurse Navigator at **630-527-KIDS (5437)**, Monday through Friday, 8 am to 4:30 pm.*

Edward Medical Group

Pediatric Surgery

It can be overwhelming when you learn that your child may need surgery. As board-certified pediatric surgeons, we understand your concerns. We're here to help your child feel better and improve his or her quality of life. During our consultation, we will explain the details of the surgery to you and your child, and answer your questions. Being knowledgeable about the surgery can go a long way to ease your child's fears and make you comfortable as well. In addition, we work collaboratively with other specialists to ensure continuity of care, and provide follow up as needed.

Our Specialties:

- ▶ General pediatric surgery
- ▶ Neonate and infant surgery
- ▶ Pediatric thoracic surgery
- ▶ Pediatric minimally invasive laparoscopic surgery
- ▶ Pediatric surgical oncology
- ▶ Biliary atresia
- ▶ Bowel management
- ▶ Congenital anomalies
- ▶ Inguinal hernias/hydroceles/circumcision
- ▶ Nutritional support/gastrostomy feeding tube

We offer clinic days in Elmhurst and Naperville.
All surgeries are performed at Edward.

For more information or to make an appointment, call **(630) 527-2910**.

Naperville

120 Spalding Drive
Suite 200
Medical Office Building 2
(Edward Hospital Campus)
(630) 527-2910
(630) 527-2915 fax
Hours by appointment

Elmhurst

1200 S. York Street
Suite 3190
Center for Health
(Elmhurst Hospital Campus)
(630) 527-2910
(630) 527-2915 fax
Hours by appointment

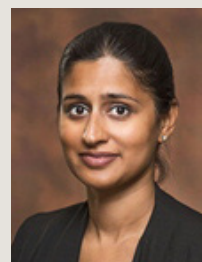
Our Team*:



**Mary Beth
Madonna, MD**



**Elizabeth Nanney,
PNP-BC**



**Ami
Shah, MD**



**Rona Tigalo,
CPNP-BC**

*Physicians are also faculty members at Rush University Medical Center, as well as having surgical privileges at Edward Hospital.

Edward Plainfield

Check out what we offer at our campus

Added to binder 1/14/19

The Edward Plainfield campus offers many services to keep you and your family healthy. All delivered by staff focused on making your experience easier.

Building A / Outpatient

- ▶ **ER 24/7**
- ▶ **Lab & Imaging services** including CT, ultrasound, MRI, digital/3D mammography, dexa scan, and X-ray. Schedule lab appointments online at EEHealth.org/make-an-appointment. Select imaging exams are also available for online scheduling. For all other testing please call (630)527-3200. (Please use entrance marked Emergency Room for all services listed above.)
- ▶ **Edward Cancer Center** Center including medical and radiation oncology (please use entrance marked Cancer Center) (630) 527-3788
- ▶ **Edward Cardiodiagnostics** services including stress testing, Echo, stress echo, nuclear cardiology, Holter/event monitors (815) 731-3280
- ▶ **Edward Occupational Health** Mon, Wed, Fri 8am - 4pm (630) 527-7299 for appts.
- ▶ **Edward Wound Care Services** (630) 527-3002
- ▶ **Edward Rehab & Sports Medicine** (779) 263-9050

Building B

- ▶ **Edward Medical Group Family Medicine**
Suite 100 (815) 731-9000
Vinayak Dongre, MD
Veronica Broton, DO
Monica Martens, MD
Fayeza Mohammed, DO
Moses Tomacruz, MD
Amanda Davenport, PA-C
Zena Goldenberg, MSW, LCSW
- ▶ **Edward Medical Group OB/Gynecology**
Suite 200 (630) 961-9485
Thomas Chen, MD
Thomas Carver, MD
Diana Calero, MD
Linda Anderson, MD
Basel Imam, MD
Lourdes Juarez MD
Elizabeth Gansz-Gall APN
- ▶ **Edward Medical Group General Surgery**
Suite 215 (630) 355-5633
David J. Piazza, MD, FACS, FASCRS
Vicente Arcos, MD, FACS
Elizabeth H. Harvey, MD, FACS
Beatrice Klade, MD, FACS
Peter B. Petratos, MD, FACS
- ▶ **Edward Medical Group Nephrology**
Suite 150 (630) 527-2950
Kevin Pandya, MD
- ▶ **Edward Medical Group Rheumatology**
Suite 215 (630) 961-2810
Nisha Dsilva, DO

Building B

- ▶ **Edward Reference Lab**
Suite 100
- ▶ **Edward Neurosciences Institute**
Suite 205 (815) 731-9120
Y. Michael Zhang, MD
EEG Lab & EMG Lab
Neuromuscular Ultrasound
Headache Clinic
- ▶ **Linden Oaks at Edward**
Suite 300/330 (815) 731-9090
outpatient behavioral health services
- ▶ **Linden Oaks Medical Group**
Suite 325 (815) 731-9100
Kelli Keller, MD
Michael Martin, MD
Justin Jamison MD
Eden Llewellyn, PA
Paul Regan, APN
Stephanie Bonier LCPC
Robin Contreras LCSW
Allison Dulli LCPC
Helen Meil LCPC

Building C

- ▶ **Plainfield Surgery Center**
- for surgeries that do not require an overnight stay. Surgery specialties include gastroenterology, gynecology, ophthalmology, orthopedics, otolaryngology, pain management, plastic, urology and general surgery (815) 436-0911

Please note the list of physicians and services are subject to change as we continue to expand. For the most current list, visit EEHealth.org.

For a complete listing of independent providers who also provide services in Building B

see other side ▶

Edward Plainfield
127TH and Van Dyke
(815) 731-3000

Building B – Independent Providers

- ▶ **Oak Brook Allergists, S.C.**
Suite 110 (815) 609-8286
D.J. Knysak, MD
Raymond Pongonis, MD
Jennifer Catalfio, PA-C
- ▶ **Plainfield Ophthalmology**
Suite 120 (815) 609-6989
Robert A. Oppenheim, MD
- ▶ **DuPage Medical Group
Ear, Nose & Throat**
Suite 130 (630) 420-2323
Scott Kaszuba, MD
Ryan Burgette, MD
Sandra L. Banas, MD
- ▶ **Pediatric Health Associates**
Suite 135 (630) 717-2300
Linda Hamilton, MD
Nithya Sunder, MD
Nancy Thomas, MD
Laura Uselding, MD
Tara Doman, MD, IBCLC
Shelly Flais, MD
Rebecca Smeraglinolo, MD
Jihad Shoshara, MD
Lisa Martin MD
Sofia Shakir MD
Zeba Hasan, MD
Nishat Nasrullah, DO, MPH
Kimberly Gubbins, CPNP-PC,
IBCLC
Erica Jannisch, CPNP-PC
Katie Parker, MSN, CPNP
Josie Dawe, MSN, CPNP
- ▶ **Midwest Heart Specialists**
Suite 150 (630) 527-2730
Mark Duerinck, MD
- ▶ **Suburban Lung**
Suite 150 (630) 355-8776
Therese Zeman, MD
- ▶ **Suburban
Gastroenterology, Ltd.**
Suite 150 (630) 527-6450
Darren Kastin, MD
Shivani Kiriluk, DO
Aditya Dholakia, DO
- ▶ **Women's Center for Health**
Suite 210 (815) 731-9140
Christopher Olson, MD
John Josupait, MD
Linda Duensing, NP
Erin Peters, NP
- ▶ **DuPage Medical Group
Cardiovascular**
Suite 210 (815) 740-1900
Hazem Al Muradi, MD
- ▶ **DuPage Medical Group
Asthma & Allergy**
Suite 225 (630) 545-7833
Thomas J. Van Osdol, MD
- ▶ **DuPage Medical Group
Orthopedics & Sports
Medicine**
Suite 225 (630) 790-1872
John A. Lombardi, MD
Julio C. Gonzalez, MD
Stephen Arndt, MD
Raghu R. Pulluru, MD
Robert Matlock, MD
Michael Cohen, MD
- ▶ **DuPage Medical Group
Gastroenterology**
Suite 225 (630) 717-2600
Alan Wang, MD
William Mourad, MD
Kashyap Katwala, MD
George Morgan, MD
- ▶ **Burt & Will Plastic Surgery**
Suite 240 (815) 267-8830
Tripti Burt, MD
Neena Will, MD
Tushar Dabade, MD
Kim Burke, APN
- ▶ **Midwest Sports Medicine
Institute**
Suite 240 (815) 267-8825
David M. Burt, MD
Stephen H. Treacy, MD
- ▶ **Quest Diagnostics**
Suite 310 (815) 230-4740
- ▶ **Kappelman Dermatology**
Jessica L. Kappelman, MD
Tamara Frederick, PAC
Suite 335 (815) 676-6716
- ▶ **Kids First Pediatrics**
Suite 345 (815) 609-5437
Steven Kovar, MD
Kristine Liberty, MD
Laura McGath, CPNP
Jessica Cizek, MD

Wound Care Services

Added to binder on 3/8/19

Having a wound that won't heal can affect your whole life. A non-healing wound that hasn't responded to conventional treatment within four weeks is a serious medical condition that requires specialized care.

Edward-Elmhurst Health offers in-depth specialty care to treat chronic wounds. You benefit from the collaboration of physicians from a variety of disciplines, certified wound care nurses and other providers – all working together to help you feel better.

We offer personalized, compassionate care to patients with chronic wounds, including: diabetic foot ulcers, leg ulcers, pressure ulcers, bone infections, burns, surgical wounds and damaged tissue, among others.

At Edward-Elmhurst, we also offer advanced wound care treatment for wounds caused by diabetes, hypertension, infection, lymphedema and other conditions. You'll receive an individual care plan, which incorporates the latest advances in wound healing.

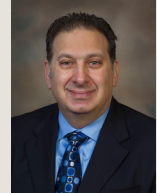
Making an appointment is the first step to feeling better. Call **(630) 527-3002** (Edward) or **(331) 221-6090** (Elmhurst) to schedule your appointment.

To learn more about our advanced treatment options, go to EEHealth.org/services/wound-care.

Our Team



Samer F. Najjar, MD
System Medical Director
Wound Care



Michael Martirano, MD
Elmhurst Hospital
Medical Director
Wound Care

Certified Wound Care Nurses

Naperville & Plainfield



Elizabeth Francis, APN



Sandi Jiongco, APN

Elmhurst



Laura Barnes, APN



Azam Tayyebi, APN

Locations

Wound Healing & Hyperbaric Center

801 S. Washington Street
Naperville
(630) 527-3002

Outpatient Wound Care Center

Center for Health
1200 S. York Road, Suite 1120
Elmhurst

Outpatient Wound Care

Edward Plainfield
24600 W. 127th Street
(2nd floor, Cancer Center)
Plainfield

Endeavor Health® Weight Management

Obesity is the second leading cause of preventable death after cigarette smoking. Virtually every organ system in the body is affected by obesity. The morbidly obese have a 50-100% increased risk of dying prematurely.

We understand that managing your weight can be a daunting experience. Each individual is in a different place in his or her journey, so Endeavor Health Weight Management provides comprehensive non-surgical and surgical weight loss options. The US Preventive Services Task Force recommends screening all adults for obesity.

Who should participate in a weight management program?

- ▶ Anyone with a BMI > 30
- ▶ Anyone with a BMI > 27 with obesity related co-morbidity

We offer an intensive multi-component behavioral and dietary approach for ages 16+.



What constitutes an effective weight loss program?

The gold standard for weight management therapy follows the four-pronged approach to weight loss. It addresses the medical, nutritional, physical and behavioral component of weight management. Our program offers the comprehensive, multidisciplinary approach with the support of a registered dietitian, clinical psychologist and exercise physiologist.

Who is eligible for weight loss surgery?

- ▶ Anyone with a BMI of ≥ 40 without co-morbidities.
- ▶ Anyone with a BMI ≥ 35 with obesity related co-morbidity or
- ▶ Anyone with a BMI ≥ 30 for the Gastric Band with obesity related co-morbidity.

What are weight loss surgery requirements?

Patients may be managed medically before surgical intervention is offered because some insurance companies require 3-6 months of medically supervised weight management and nutrition counseling before consideration for surgery.

What surgical options are available?

- Our surgeons are board certified and members of the American Society of Metabolic and Bariatric Surgeons and provide the following procedures:
- ▶ Laparoscopic Gastric Bypass
 - ▶ Sleeve Gastrectomy
 - ▶ Adjustable Gastric Band

Our Team

MEDICAL WEIGHT LOSS



▲ Omar Shamsi, MD



● Neha Shah, MD



● Anne Marie Fetter, APN



▲ Lisa Murphy, APN



● Kristine Warnes, APN

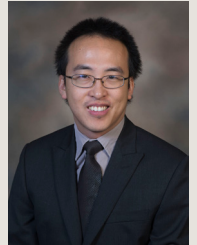
SURGICAL WEIGHT LOSS



▲ Mark Choh, MD



▲ Ryan Headley, MD



▲ Wayne Yang, MD

Locations

- **Naperville**
1331 W. 75th Street, Suite 201
(630) 527-7205
- ▲ **Elmhurst**
1200 S. York Road, Suite 1240
(331) 221-6140
- **Hinsdale**
8 Salt Creek Lane, Suite 302
(331) 221-6140

Linden Oaks Medical Group

Linden Oaks Behavioral Health recognizes the need to provide comprehensive behavioral health services to our community. That's why we established Linden Oaks Medical Group (LOMG)—a team of experienced psychiatrists, psychologists, physician assistants, advanced practice psychiatric nurses and counselors/therapists, who specialize in adolescent and adult behavioral health services.

Our staff specializes in depression/anxiety, substance abuse, eating disorders, mood/personality disorders, schizophrenia and other psychotic disorders.

LOMG offers psychiatric services to support patients on their individual journey to wellness, whether they need medication, group or individual therapy.

SERVICES

- **Medication management**—The psychiatrists of Linden Oaks Medical Group provide medication management in their offices. Typically, patients come to the office once a month to have their medication checked and talk with their psychiatrist about their medication. It's important to understand that the frequency of appointments may vary based on doctor's recommendations. Sessions often last 15 to 30 minutes.
- **Counseling**—The therapists of Linden Oaks Medical Group provide traditional outpatient therapy. Patients usually meet once or twice a week for talk therapy with a counselor. The frequency of your sessions may vary based on your therapist's and/or psychiatrist's recommendations. Sessions last 45 minutes to an hour.

Linden Oaks Medical Group locations:

- **LOMG Naperville (Mill Street)** **MM, C**
1335 N. Mill Street, Suite 100
- **LOMG Naperville (Spalding Drive)** **MM, C**
120 Spalding Dr, Medical Office Building II, Suite 307
- **LOMG Hinsdale** **MM, C**
8 Salt Creek Lane, Edward-Elmhurst Health Center, Hinsdale
- **LOMG Plainfield** **MM, C**
Plainfield Medical Office Building, 24600 W. 127th St., Bldg B, Suite 325
- **LOMG St. Charles** **MM, C**
3805 East Main Street, Suite M
- **LOMG Woodridge** **MM, C**
3540 Seven Bridges, Suite 230
- **LOMG Yorkville** **MM**
110 East Countryside Parkway, Suite C

MM - Medication management services available

C - Counseling services available



Edward-Elmhurst Health Travel Medicine Clinics

Our Travel Medicine experts provide health advice and protection against disease for international travelers. We utilize Centers for Disease Control and Prevention (CDC) guidelines, to help ensure you stay healthy on your journey.

Our Travel Medicine Clinics offer the following services to assist you with your travel needs. Four to six weeks prior to travel is strongly recommended for most vaccinations.

Hepatitis A	Tdap
Hepatitis B	Typhoid
Influenza	Tetanus
Japanese Encephalitis	Rabies
Meningococcal	Yellow Fever (pending supply, please call)
Polio	Varicella

We can help you take proactive steps to stay healthy and make the most of your experience. with two locations in the western suburbs – Hinsdale and Naperville. **Call today to learn more.**



Michelle Sweet-Albores, MD

Hinsdale
8 Salt Creek Lane, Suite 301

(331) 221-2550 by appointment
or schedule online at
EEHealth.org/EMMG



Kathleen M. Kelley, MD

Certified by the International Society of Travel Medicine (ISTM)

Naperville
100 Spalding, Suite 212
Occupational Health

(630) 527-7299 by appointment

Learn more at EEHealth.org/services/travel-medicine

Healthy Driven™
Edward-Elmhurst
HEALTH

Immigration physicals

Fulfill your US immigration medical examination requirement at Edward Occupational Health Services

Healthy Driven

Edward-Elmhurst
HEALTH

Edward Hospital in Naperville now offers the US Immigration Medical examination for those in the immigration process who are seeking to adjust to green card status. Our USCIS certified civil surgeons conduct medical exams that are compliant with USCIS and CDC standards. With immigration physicals done at Edward, any additional services that may arise such as fulfilling your vaccination requirements or follow up chest x-ray on TB testing can be completed at the time of your examination, here in our clinic. Edward takes pride in providing this service to you and your family in a professional and courteous manner. Immigration examination services will be offered to individuals 18 years and older.

Scheduling

Call (630) 527-7299 to schedule your immigration physical. These services will be offered at either of the locations listed below.

- > 801 S. Washington Street
Naperville Illinois
- > 24600 W. 127th Street (Building A)
Plainfield Illinois

Services and Fees

- Basic Physical Examination
- Required Blood work
- Tuberculosis skin testing
- Vaccination status verification
- Copies of your laboratory results
- Certified and Sealed I-693 Form
- The Physical Exam fee is paid at time of the exam

What to bring with you to the immigration physical

- A valid, government issued picture ID such as a driver's license or passport
- Immigration Physical Form I-693.
Please complete this form prior to your appointment
- Proof of prior vaccinations

The Physical Exam

- Basic immigration physical exam
- Tuberculosis Skin Test –
This test requires a return visit to the office within 48-72 hours after administration
- Proof of vaccinations or blood Titer to prove immunity –The physician will review your vaccination history with you to determine whether you have all of the required vaccinations. The cost of additional vaccinations is not included in the price of the basic exam but they are offered in our clinic for an additional fee. Please bring all vaccination records to your scheduled appointment for the immigration physical.

After the Exam

After the immigration physical examination is completed the physician will complete Form I-693, to include the test result of the exam and vaccination history and will place the completed form in a sealed envelope to be presented to the INS. DO NOT OPEN THE SEALED ENVELOPE. Turn in the envelope with your immigration application.

Edward Occupational Health Services

Health Risk Assessment Program

A Comprehensive & Customizable Wellness Program

As an employer, you know that a worksite wellness program not only improves the health and wellbeing of your workforce, it ultimately drives down your organization's insurance costs. Edward Occupational Health Services' (EOHS) Health Risk Assessment Program gives you the ability to assess your group's risks, target and track specific individual and group wellness goals and ultimately allow you to evaluate the overall impact of your organization's wellness efforts.

Program Components:

- ...✦ **Evidenced-based, HIPAA-compliant Health Risk Assessments** – online access to an easy-to-complete questionnaire
- ...✦ **Biometric Screening** – convenient onsite screenings provided by EOHS
- ...✦ **Group Consultation** – informative and insightful discussion of the group's HRA results by an EOHS provider
- ...✦ **Intervention & Motivation**
 - ▶ **Health Activity Tracker** – engage and reward employees in health challenges that keep them motivated
 - ▶ **Lifestyle Intervention Programs** – provide specific easy-to-follow plans to help develop healthy habits
 - ▶ **Online Health & Wellness Resource** – access reliable and evidence-based health information to support employee health and wellness goals

Also Features:

- ...✦ **Personal Reports** – informs participants of their HRA results and overall wellness score; offers next steps; can be downloaded directly by participants
- ...✦ **Risk Factors Summary** – a one-page summary of risk factors for a participant to give to their physician
- ...✦ **Executive Summary** – compares your population's health risks against national norms
- ...✦ **Productivity and Economic Benefit Report (PEBR)** – analyzes potential savings in health claims and absenteeism
- ...✦ **Group Summary** – provides graphical representation for nearly every risk factor, allowing you to easily view the prominent risk factors in your organization
- ...✦ **Trend Report** – illustrates the results of your wellness interventions by showing changes and improvements from previous testing periods

Wellness Within Reach.

Edward Occupational Health Services

Third Party Administrator

A National Substance Abuse Management Program

Stay in compliance with the Department of Transportation with the help of Edward Occupational Health Services. Our specialists provide resources to meet regulations, including drug and alcohol testing. As a nationwide provider, we can help you find a certified testing facility anywhere in the United States, or work with a current medical facility of your choice.

What we offer:

- Identification of nationwide collection sites (includes set-up and management)
- Certified Medical Review Officer
- Monitored testing
 - Post-offer
 - Post-accident
 - Random testing
 - Reasonable suspicion
 - Return to duty
 - Follow-up testing
- Post-Accident Truck Kits
- Assistance with Audits and Policy Writing
- Onsite collection services (Chicagoland)
- Employee training

Selection rates

Selections are closely monitored to ensure compliance with DOT federal guidelines. We also manage a consortium pool that consists of DOT regulated clients.

Record keeping

We take this step very seriously. All information pertaining to the drug and alcohol testing program is maintained in a secure location with controlled access according to DOT guidelines. Negative results are stored for one year and positive findings are stored for five.

→ For more information visit
www.eehealth.org/occhealth

Occupational Health Services Available*

Drug & Alcohol Screening
eScreen
DOT Physicals
Physical Exams (New Employee, Annual, etc.)
Executive Physicals
Immigration Physicals
TB Testing
Immunizations
Respirator Clearance Exams
Respiratory Equipment Screening
Respirator Fit Testing (Qualitative)
Respirator Fit Testing (Quantitative)
Health Risk Assessment Program
Flu Vaccine
Wellness Programs
Travel Medicine Clinic
Workman's Compensation Injuries
Physical Therapy
Occupational Therapy
Injury Prevention Programs
Injury Treatment
Injury Follow up
Lift Tests
Fit for Duty Evaluations
Return to Work Evaluations
TPA- Third Party Administrator
MRO- Medical Review Officer
Drug & Alcohol Consortium
Reasonable Suspicion Training
Off Site Services

*Some Services are not available at all locations and this is not a complete list.
Call for more details or questions. (630) 527-3847

ER, Immediate Care, Walk-In Clinic or Doctor's Office?

Knowing where to seek treatment could save you time, money and even your life. This information will help you decide which option is best for your particular health situation. Remember, there is always a care provider that you can speak with, even when your physician's office is closed.



Call or see your doctor

Preventive Care, Illness Treatment

Services may include:

- Annual physicals and preventive care
- New or existing health conditions
- Lingering aches, pains or other symptoms
- Cold, flu, infections and other illnesses
- Medication management

It's always best to see your primary care physician first, when possible. Your physician also provides recommendations and guidance based on your personal health goals.

Edward-Elmhurst Health has more than 1,700 physicians in its network. Visit EEHealth.org to view contact information for your physician.



Go to a Walk-In Clinic

Quick Care for Minor Issues
(12 months and older)

Symptoms may include:

- Cold, flu, sore throat, cough, mild asthma, insect bites
- Minor injuries or cuts
- Skin conditions
- Immunizations, school/sports physicals, health screenings and vaccinations

Fast care for minor illnesses and injuries, cold and flu symptoms, school and work physicals, and vaccinations.

Care provided by: Physician assistants and nurse practitioners.



Go to Immediate Care

Advanced Care, Same-Day
(All ages)

Symptoms may include:

- Minor breaks, sprains or fractures
- Fever, vomiting and dehydration
- Minor injuries and cuts needing stitches, asthma, allergic reactions, headaches, animal and insect bites
- Sports physicals*

Our team will care for your unexpected urgent medical needs that require advanced care; just walk in.

Care provided by: Physicians, physician assistants, nurse practitioners and nurses.

*Should not replace your child's annual wellness exam with his or her physician.



Go to the ER or call 911

Serious, Life-threatening
Injuries and Illnesses (All ages)

Symptoms may include:

- Chest pain, difficulty breathing
- Head injuries, abdominal pain
- Unusual headache, numbness/weakness/clumsiness, loss of vision
- Uncontrolled or heavy bleeding or bone fracture/dislocation

We offer 24/7 board-certified trauma care and full hospital technology at three locations.

Care provided by: Physicians and nurses.

Questions on where to go? Please call (630) 527-3645.

Find out more about convenient care and check out our Wait Times for ER, Immediate Care and Walk-in Clinics at [EEHealth.org/care](https://www.eehealth.org/care).



Find an Edward-Elmhurst Health Physician

Office visits are cost effective and the best option for non-emergency care.

Edward-Elmhurst Health has more than 1,700 physicians in its network. Visit [EEHealth.org](https://www.eehealth.org) to view our online physician directory.

Schedule an appointment online now!
[EEHealth.org/schedule](https://www.eehealth.org/schedule)



Immediate Care

Edward-Elmhurst Health Centers

Addison
303 W. Lake St.

Bolingbrook
130 N. Weber Rd.

Hinsdale
8 Salt Creek Lane

Lombard
130 S. Main St.

Hours
Mon-Fri: 8 am-8 pm
Sat/Sun/Holidays: 8 am-4 pm

Naperville
1804 N. Naper Blvd.

Oak Park
932 Lake St.

Oswego
6701 US Hwy. 34
(Hwy. 34 & Orchard Rd.)



Walk-In Clinics

Aurora
1222 N. Eola Rd.

Elmhurst
755 N. York

Naperville*
2855 W. 95th St.

Naperville*
127 E. Ogden Ave.

Plainfield
16519 S. Rt 59

Romeoville*
20 S. Weber Rd.

Woodridge*
2317 75th St.

Yorkville
88 W. Countryside Pkwy.

***Jewel-Osco Locations**

Hours

Mon-Fri: 8 am-7:30 pm
Sat/Sun: 9 am-4:30 pm*

*Plainfield opens at 8 am on weekends

We may stop accepting new walk-in patients earlier than clinic closing time due to high patient volume.



Emergency Departments

For life-threatening emergencies, call 911 immediately.

Edward Hospital
801 S. Washington St.
Naperville
(630) 527-3358

Elmhurst Hospital
155 E. Brush Hill Rd.
Elmhurst
(331) 221-0200

Edward Plainfield
24600 W. 127th St.
Plainfield
(815) 731-3000

Hours
Open 24/7,
365 days a year

Questions on where to go? Please call (630) 527-3645.

RADIOLOGY INFORMATION



FOR
NEW PHYSICIAN ORIENTATION
EDWARD HOSPITAL



Jeffrey D. Girardot, M.D.

Jeffrey Girardot, M.D., has been with Naperville Radiologists, S.C. since 1993 and serves as Chair of the Department of Radiology at Edward Hospital & Health Services in Naperville, Illinois. Dr. Girardot specializes in Vascular/ Interventional Radiology. He graduated cum laude from the University of Notre Dame with a Bachelor of Science degree in Pre-Professional Studies and earned his medical degree from Loyola University Stritch School of Medicine. Dr. Girardot completed his residency in Diagnostic radiology at Wayne State University School of Medicine. He then completed his fellowship in cardiovascular and interventional radiology from the University of Michigan. Board certified in radiology by the American Board of Radiology.



Paul N. Backas, M.D.

Dr. Paul N. Backas graduated from The University of Illinois in Urbana-Champaign as a member of Phi Beta Kappa with a degree in Honors Biology. He earned his medical degree at the University of Illinois in Chicago where he also completed his residency in Diagnostic Radiology. Dr. Backas is board certified by the American Board of Radiology and holds a Certificate of Added Qualification in Vascular and Interventional Radiology.



Rakesh Chaudhari, M.D.

Dr. Rakesh Chaudhari graduated from the University of Iowa with degrees in Biomedical Engineering and Biochemistry. Following this he went to Medical school at Rosalind Franklin University of Medicine and Science/The Chicago Medical School. He did his Residency in Diagnostic Radiology at Loyola University and his Neuroradiology fellowship at RUSH University Medical Center. He's board certified in both Diagnostic Radiology and Neuroradiology.



Heidi E. Eklund, M.D.

Heidi Eklund, M.D., graduated from the University of Illinois at Urbana-Champaign as a Bronze Tablet Scholar. After receiving her medical degree from University of Illinois College of Medicine in Chicago, Dr. Eklund completed a residency in Diagnostic Radiology at Mayo Clinic Graduate School of Medicine in Rochester, Minnesota. She completed a fellowship in Women's Imaging at Brigham & Women's Hospital, Harvard Medical School in Boston, Massachusetts. Board certified in radiology by the American Board of Radiology.



Darius Gilvydis, M.D.

Dr. Darius Gilvydis was residency trained at St Joseph Hospital in Michigan and fellowship trained at Yale University School of Medicine, where he focused on Breast Imaging, Body Imaging, and MRI. Dr. Gilvydis is board certified by the American College of Radiology (ACR) and is a member of the Radiological Society of North America (RSNA), American Roentgen Ray Society, and Society of Breast Imaging. Dr. Gilvydis is the Medical Director of Breast Imaging at Edward Hospital.



Allan M. Haggard, M.D.

Dr. Haggard received his medical education from the Wayne State University School of Medicine in Detroit, Michigan, and Residency in Diagnostic Radiology at Henry Ford Hospital where he also served as Chief Resident. He was a Fellow in CT, Ultrasound and MRI at the Hospital of the University of Pennsylvania and formerly Chief of the Division of MRI at Henry Ford Hospital and director of the MRI fellowship program as well as former Assistant Professor of Radiology at the University of Michigan in Ann Arbor. Board certified in radiology by the American Board of Radiology.



Victor Hu, M.D.

After receiving an undergraduate Bachelor of Arts degree in Biology from Johns Hopkins University in Baltimore, Maryland, Dr. Victor Hu earned his medical degree from the Medical College of Wisconsin in Milwaukee. He completed both his residency in Diagnostic Radiology as well as his fellowship in Vascular and Interventional Radiology at Medical College of Wisconsin Affiliated Hospitals. Board certified in radiology by the American Board of Radiology.



Amaar Malik, DO

Dr. Malik graduated from Kalamazoo College with a Bachelor of Arts degree. He then went on to Medical School at Michigan State University and then stayed on at Michigan State University for his residency through Botsford Hospital. He completed a musculoskeletal radiology fellowship at University of California, San Diego Medical School. Dr. Malik is board certified and a member of the American College of Radiology (ACR) and Radiological Society of North America (RSNA).



Eve Mara, M.D.

Dr. Eve Mara received her undergraduate Bachelor of Arts degree in Biological Sciences from the University of Chicago and two years later completed a graduate degree in Biological Sciences from the University of Illinois in Chicago. She earned her medical degree at the University of Illinois College of Medicine where she received the State of Illinois General Assembly Scholarship. Dr. Mara completed transitional residency program at Ravenswood Hospital Medical Center and then another in Diagnostic Radiology Nuclear Medicine at Rush-Presbyterian-St.Luke's Medical Center. She completed her fellowship at Northwestern Memorial in body imaging.



Michael W. Mitchell, M.D.

Dr. Michael W. Mitchell graduated cum laude with a Bachelor of Science degree from the University of Notre Dame. After earning his medical degree from Loyola Stritch School of Medicine he completed his residency in Diagnostic Radiology at University of Illinois Hospital and Affiliates in Chicago, Illinois. Dr. Mitchell completed his fellowship at Henry Ford Medical Center in cross sectional imaging. Board certified in radiology by the American Board of Radiology.



Alan Nazerian, MD

Dr. Alan Nazerian earned his medical degree from Wayne State University, completed an internship at Good Samaritan Medical Center in Phoenix, and residency training in diagnostic radiology at the Medical College of Wisconsin, followed by a pediatric radiology fellowship at Children's Memorial Hospital/Northwestern University Medical Center. Dr. Nazerian is board certified by the American Board of Radiology and National Board of Medical Examiners. Dr. Nazerian has a special interest in Pediatric Radiology and MRI.



Todd B. Singer, M.D.

After receiving an undergraduate degree in Biology from Northwestern University Dr. Singer attended the University of Illinois School of Medicine in Chicago. He completed his residency in Diagnostic Radiology at Massachusetts General Hospital as well as his fellowship in Gastrointestinal/Genitourinary and Interventional Radiology. Dr. Singer also served as Clinical Assistant in Radiology at Harvard Medical School in Boston Massachusetts. Board certified in radiology by the American Board of Radiology.

LeRoy Stromberg, MD



Dr. Stromberg graduated cum laude from Northwestern University with a degree in Biology. He received his medical degree from Washington University School of Medicine in St. Louis, Missouri. Dr. Stromberg completed his residency in Diagnostic Radiology and his fellowship in Neuroradiology at Northwestern Memorial Hospital in Chicago, Illinois. He is board certified by the American Board of Radiology and is a member of the American College of Radiology, the Radiological Society of North America, and the American Society of Neuroradiology.

Ankur Vaghani, MD



Dr. Vaghani graduated Phi Beta Kappa from University of Illinois at Chicago where he majored in Biological Sciences. Dr. Vaghani completed his residency training at Advocate Illinois Masonic Medical Center where he served as Chief Resident. He completed an additional year of fellowship training in Neuroradiology at Northwestern Memorial Hospital. Dr. Vaghani is highly skilled within the many facets of radiology and has a special interest in stroke imaging, neurovascular imaging, spine imaging/interventions, and neuro-oncology. Board certified in radiology by the American Board of Radiology.

Syam Vasireddy, MD



Dr. Vasireddy is a Board Certified Radiologist from the American Board of Radiology with a Certificate of Added Qualification in Vascular and Interventional Radiology. He is currently a member of the American College of Radiology, American Roentgen Ray Society, Illinois Radiological Society, Radiological Society of North America, and Society of Interventional Radiology. Dr. Vasireddy graduated from John Hopkins University with Bachelor of Science in Biomedical Engineering and then a Master of Science in Engineering. He went on to receive Doctor of Medicine from University of Illinois. Dr. Vasireddy fulfilled his residency and was chief resident in Diagnostic Radiology at Southern Illinois University. He completed his fellowship in Vascular and Interventional Radiology at The University of Chicago Medical Center.

Rick Yeh, MD



Dr. Rick Yeh completed his Residency, Fellowship and Internship at Northwestern University with a sub-specialty in Interventional Radiology in 2012. He graduated from Northwestern University with a Doctor of Medicine Degree in 2006. Dr. Yeh is also board certified by the American Board of Radiology. He has received numerous awards, including the Medical Student Teaching Award in 2011, RSNA Educational Exhibit Cum Laude Award in 2009, and the Internal Medicine Resident Teaching Award in 2006 and 2007. Prior to joining Naperville Radiologists, Dr. Yeh worked at Desert Radiology in Las Vegas, Nevada for 5 years as well as a Resource Physician at North Shore University Health System in Evanston. He has also coauthored and assisted as a lead researcher in various articles

RADIOLOGY SECTION HEADS

Medical Director & Chairman – Jeffrey Girardot, M.D.

Interventional Radiology – Victor Hu, M.D.

Musculoskeletal – Amaar Malik, D.O.

Mammography – Darius Gilvydis, M.D.

Neuro – Ankur Vaghani, M.D.

M.R.I. (general non-neuro non-musculoskeletal) – Allan Haggar M.D.

Nuclear Medicine – Todd Singer, M.D.

Ultrasound - Todd Singer, M.D.

Radiation Safety Officer – John Fan, M.D.

Please feel free to contact us if you would like us to add procedures we do not currently offer, if you have comments on reports, or if there is anything we can help you accomplish in your practice.



What to Expect when you Order

If you order a **STAT** – Patient will be done same day. Results will be called to ordering physician’s office within 90 minutes of exam completion.

If you order “**Call Results**”, please specify whether or not you want the patient to wait while results are called to your office.

If you have not received results as outlined above, please call 630-527-3425 to check the status of your patient.

Written orders must contain all of the following elements:

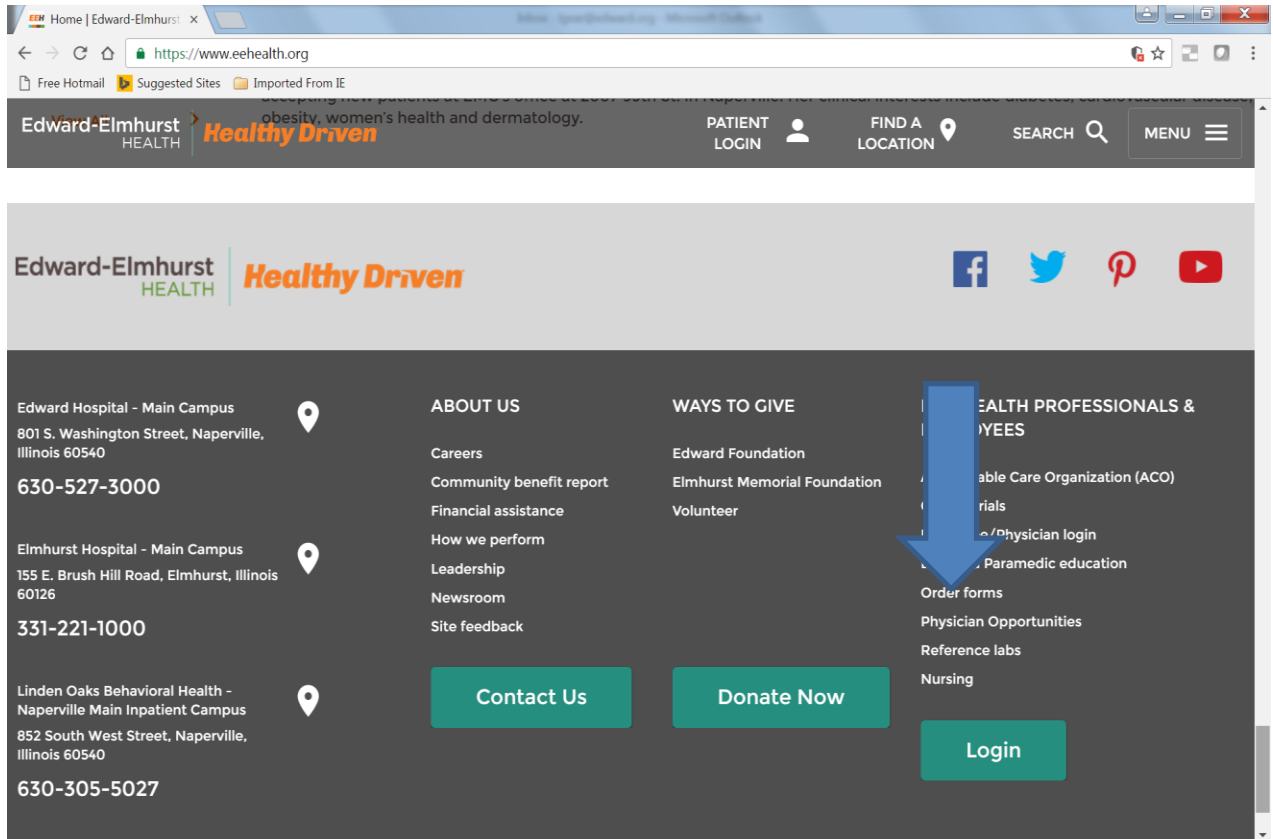
- a) Patient Name
- b) Date Physician Order was created
- c) Reason for ordering test or service (i.e., diagnosis, sign, symptom)
- d) Test or Service Requested
- e) Name of Physician Ordering Test or service
- f) Signature of Physician/APN/PA (Written, Electronic)

Including all items will save your staff unnecessary phone calls to obtain correct orders

(See the following page to view available Order Forms with Instructions for ordering)

Instructions for Ordering Diagnostic Imaging Exam/Procedure Order Forms:

1) www.edward.org



2) User: Edward

3) Password: Edward

Available forms include the following titles:

Ultrasound / Nuclear Med / X-Ray Order Form

CT / MRI Order Form

PET / CT Patient Order Form

Breast Imaging

EdXpress Scheduling

The following 3 pages are guidelines to assist you in determining use of contrast when ordering CT or MRI and determining use of Doppler when ordering Ultrasound



EDWARD MRI Protocol Imaging MRI Common Indications for Gadolinium use in MRI

Brain, Inner Auditory Canals, Pituitary	MRA Neck and Brain	Orbits	Soft tissue neck	Breast [Always Bilateral]	Abdomen Includes Liver, Renal, Adrenal, MRCP	Pelvis	Body [Chest / Abd / Pelvic / Extremities] MR Angiogram	Spine	Musculo skeletal	
Non IV Contrast Study					Non IV Contrast Study					
Without	Atherosclerotic disease			Breast prosthesis and implant (evaluate for implant rupture)	MRCP Only	Fracture		Arthritis	Pain in Joint	
	Cerebral Aneurysm, nonruptured			Chest wall status	Adrenal mass/nodule	Musculoskeletal Pain		Brachial plexus - no cancer	Osteoarthritis	
	Cerebral artery occlusion			Axillary status	Abdominal pain - nonspecific	Trauma		Back Pain	Difficulty walking	
	Occlusion and stenosis of basilar artery				Cholelithiasis	Adnexal mass uterus vs ovary		Degeneration of thoracic or lumbar disc	Fracture/Trauma	
	CVA				R/O Adenomyosis	Disc Disease		Joint derangement		
	Occlusion and stenosis of carotid artery							Pelvic pain NOS	Cervical, thoracic, or lumbar sprain	Rotator cuff injury or degenerative disease
								Upper lumbar radicular syndrome lower limb	Sprains & strains of any joint	
								C,T,L spinal stenosis	Tear of cartilage or meniscus	
								Unspecific disc disorder C,T,L	Osteomyelitis or soft tissue abscess *At Ordering Dr's discretion	
				Fracture C,T,L						
Without and With IV Contrast					Without and With IV Contrast					
With & Without IV Contrast		Ataxia	CVA	Eye pain, cellulitis, abscess	mass, abscess, adenopathy	Abnormal mammo or ultrasound	Abdominal swelling, mass, or lump	Carcinoma in situ of bladder	Aneurysm	Abscess
	Bipolar Disorder	Occlusion and Stenosis of carotid artery	Tumor, diplopia		Abncess	Renal mass	Carcinoma in situ of colon	Aortic dissection	Carcinoma in situ or other and unspecified sites	Lesion/Mass
	CVA altered mental status	CSF Flow Analysis	Demyelination		Carcinoma in situ of breast	Carcinoma in situ of liver and biliary system	Carcinoma in situ of prostate	Atherosclerosis or Arteries of the Extremities with intermittent claudication	Brachial plexus with cancer	
	Dementia		Optic atrophy		Follow-up prior MRI	Cystic kidney disease	Carcinoma in situ of rectum	Atherosclerosis of Renal Artery	History of cancer. If R/O bony mets don't need CT. If R/O dural or spinal needs contrast	Rhrumatoid or inflammatory arthropathy
	Hearing Loss		Optic neuritis		Lump or mass in breast	Liver lesion use Eovist	Malignancy suspected on CT: -Ovarian -Endometrial -known female pelvic malignancy	Hypertensive chronic kidney disease	Lesion	Osteomyelitis or soft tissue abscess *At Ordering Dr's discretion
	pituitary mass / endocrine abnormality / post op sella or craniopharyngioma		MS		Chest wall status	Metastatic disease / pancreatic mass	Metastatic disease	Vasuciar complications of renal artery	Mass	Cyst
	MS				Axillary status	Abdominal pain use standard Gadolinium	Pelvic pain	Vascular complications of mesenteric artery	Osteomyelitis	
	Seizures vertigo	Abdominal Malignancy Surveillance						Venography	Post Laminectomy Syndrome	Palpable lump
	Syncope & Collapse	R/O Abdominal malignancy						Prior spine Surgery		
	Tinnitus							Myelopathy	Septic arthritis	
Transient Ischemic Attack (TIA)	Spondylolysis with myelopathy									
Tumor, metastatic disease		Demyelination lesion of nerve roots, nerve sheath, or L/S plexus								
*Acute Stroke		*As determined by Neuro Team. May include brain with perfusion etc.								
Indications for Arthrogram (intra-articular contrast)										
Indications for Arthrogram (intra-articular contrast):					<ul style="list-style-type: none"> *Shoulder instability *Prior surgery to the joint in question *Osteochondritis dissecans or osteochondral defect *Joint Bodies ("Free Fragments") *Prior equivocal non-contrast exam 					

EDWARD US PROTOCOL IMAGING

COMMON DIAGNOSES/ INDICATIONS FOR DOPPLER USE IN ULTRASOUND

Example: If ordering US Kidney on pt with renal artery stenosis, order Kidney WITH DOPPLER

Using this guideline will reduce calls to your office

	KIDNEY	TESTICULAR	PELVIS	ABDOMEN
WITH DOPPLER	<ul style="list-style-type: none"> RENAL ARTERY STENOSIS FIBROMUSCULAR DYSPLASIA UNCONTROLLED HTN 	<ul style="list-style-type: none"> PAIN SWELLING LUMP FERTILITY TRAUMA 	<ul style="list-style-type: none"> ACUTE ONSET PAIN OVARIAN TORSION OVARIAN MASS with ACUTE PAIN ASCITES 	<ul style="list-style-type: none"> INFLOW/OUTFLOW VESSEL ANALYSIS OF LIVER ABDOMINAL VEIN PATENCY SPLACHNIC VESSEL DISEASE EVALUATION FOR MESENTERIC ISCHEMIA POST TIPPS EVALUATION
WITHOUT DOPPLER	<ul style="list-style-type: none"> HYDRONEPHROSIS ACUTE OR CHRONIC KIDNEY FAILURE UTI MASS CYST STONES PYELONEPHRITIS 		<ul style="list-style-type: none"> POST MENOPAUSAL PATIENTS ABNOMRAL VAGINAL BLEEDING 	<ul style="list-style-type: none"> ALL OTHER INDICATIONS

Reviewed By: Todd Singer, MD

Date: 10/12/13

Diabetes Resources for Edward Hospital Physicians and Advanced Practice Providers

The purpose of this packet is to familiarize you with resources for the management of the patient with diabetes or hyperglycemia.

Edward Hospital is recognized by The Joint Commission for Disease-Specific Certification for Advanced Inpatient Diabetes Care. The standards for this certification require evidence based order sets for the care of the patient with diabetes and have been developed to meet clinical practice guidelines. Some of the frequently used order sets in Epic:

- Hyperglycemia Focused Order Set for Adults – includes:
 - Insulin calculation worksheet for basal/prandial/correction insulin
 - Insulin correction tables (aka sliding scales – dosing based on sensitivity)
 - Steroid and enteral nutrition dosing guidelines
- Antepartum, L & D Diabetes Focused Order Sets; Postpartum Diabetes Order Set
- Pediatric Diabetic Focused Order Set; PICU Diabetic Ketoacidosis Admission Order Set
- Diabetic Ketoacidosis/HHS IV Insulin Focused Order Set For Adults
- Transition from Intravenous Insulin to Subcutaneous Insulin Focused Order Set for Adults
- Diabetes Discharge Order Set. It contains insulin, supplies (glucometers, test strips, lancets, insulin pen needles and syringes). It also includes options for outpatient diabetes education referrals and weight loss clinics.

Other benefits of order sets:

- All order sets contain hypoglycemia orders per protocol (see attached algorithm) based on population guidelines.
- The Joint Commission requires an A1C on all patients with the diagnosis of diabetes on admission or within 24 hours of diagnosis if an A1C within the last 3 months is not in Epic. The order sets automatically checks for this and orders it if needed.

Epic Consults:

- For patient safety, patients admitted with U-500 insulin and insulin pumps are only managed by endocrinologists. There is logic built into Epic to alert consults for endocrinology management.

The hospital provides diabetes survival skills education and discharge support. Patients with new onset diabetes and pre-existing diabetes automatically receive survival skills education by nursing and referrals should be made by the provider to outpatient Diabetes Centers for follow-up diabetes education. If not ordered using the Diabetes Discharge Order Set, Epic will fire a BPA in the Discharge Module to remind the provider to order this if the patient has a diagnosis of diabetes or A1C greater than 8%. Survival skills education consists of:

- Blood glucose monitoring and target goals – Providers will need to order a home glucometer
- Nutrition counseling and benefits of exercise
- How to identify and treat hyperglycemia and hypoglycemia
- Sick Day Management
- Diabetes oral medications and insulin
- Administration of a subcutaneous insulin injection

Inpatient consults for CNS APN are available for complex cases, such as patients with an A1C greater than 10%, DKA/HHS.

Education: CME education on inpatient diabetes management is available through CloudCME with AMA PRA Category Credit 1 and ABIM MOC credit.

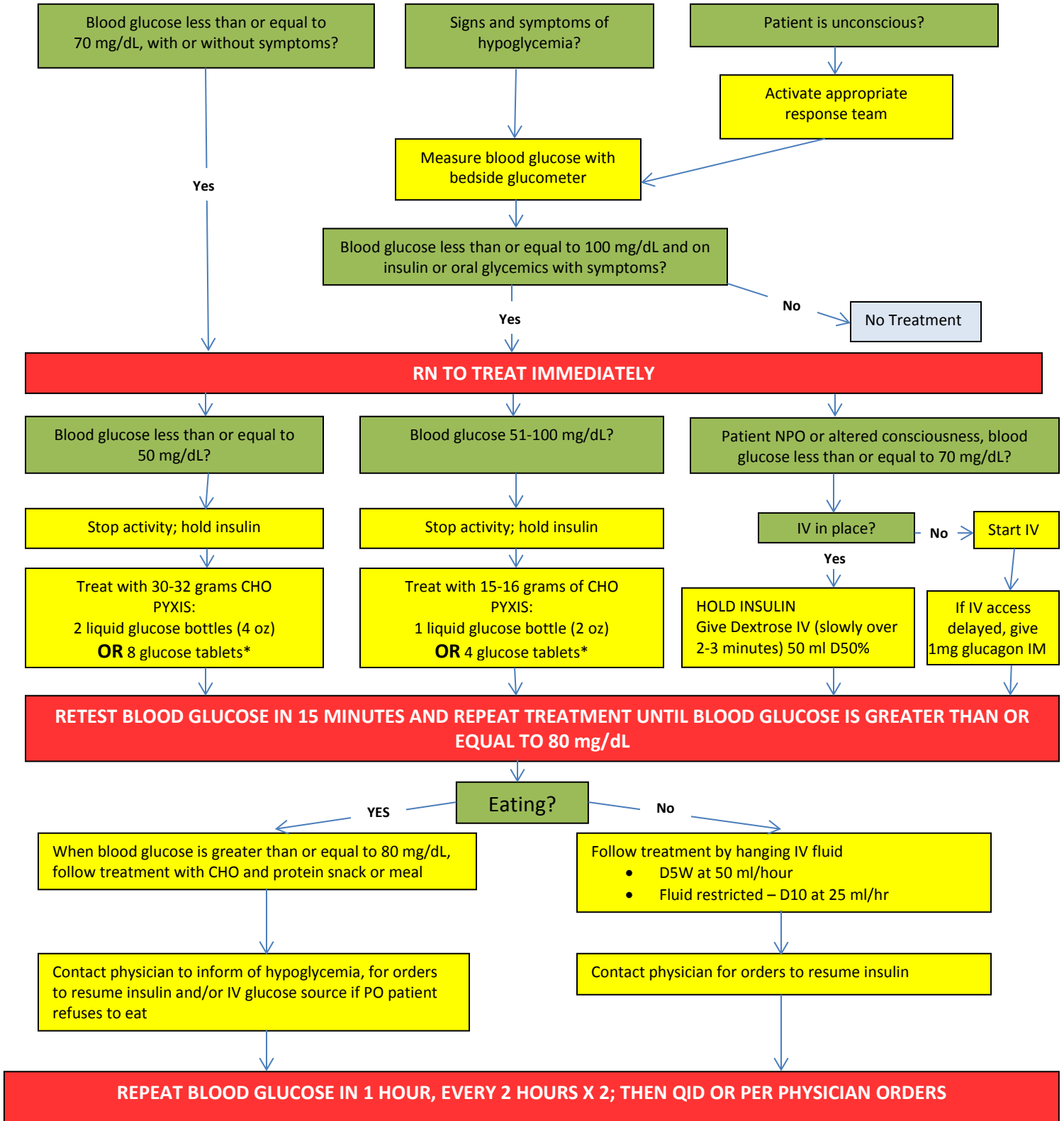
If you have any questions in the interim, please give me a call at (630) 789-4910.

Welcome to Edward Hospital – we look forward to meeting you!

Mary DeHerrera Codo, M.D.

Mary DeHerrera Codo, M.D.
Medical Director, Inpatient Diabetes

Algorithm for Edward Inpatient Hypoglycemia for Adults - Non-Pregnant (Excluding Critically Ill)



*If patient refuses liquid glucose or tablets:
 51-100 mg/dL – (1) 4oz. container of juice
 < or equal to 50 mg/dL – (2) 4 oz. containers of juice

Understanding CME and its Requirements

The Physician's Recognition Award (PRA) & Credit System

The regulations that the Edward-Elmhurst CME program follows are dictated by the AMA (*American Medical Association*) and the ACCME (*Accreditation Council for Continuing Medical Education*)/ISMS (*Illinois State Medical Society*).

Definition

Certified CME is defined by the AMA as:

- Non-promotional learning activities certified and approved for credit prior to the activity by an organization (EEH) authorized by the credit system (ACCME/ISMS).
- CME consists of education activities which serve to maintain, develop, or increase the knowledge, skills and professional performance that physicians use to provide services to patients. The content of CME is the body of knowledge and skills generally recognized and accepted by the profession as being within the basic medical sciences.

What is the difference between Category 1 and Category 2 Credit?

Category 1 Credit is AMA PRA credit which can only be awarded by an accredited CME provider such as Edward-Elmhurst Health. Category 1 Credit can only be awarded to and claimed by "physicians" as defined by the AMA as "individual's who have completed an MD, DO or equivalent medical degree from another country." Non-physician health professionals and other participants may not be awarded *AMA PRA Category 1 Credit™*, however Edward-Elmhurst does provide health professionals with documentation of participation indicating the number of credits awarded to physician participants.

Category 2 Credit is "physician-initiated" credit; that is, the physician is responsible for claiming credit for any educational activity. Accredited CME providers may not designate activities for AMA PRA Category 2 Credit. These must be claimed and documented by the physician learner. For purposes of re-certification, renewal of privileges, etc., individual physicians should check with the appropriate organization to determine what qualifies as Category 2 Credit. Edward-Elmhurst does not offer, track, or support Category 2 credit.

Common Ineligible Activities for AMA PRA Category 1™ Credit

- Clinical experience
- Charity/Mission work
- Mentoring
- Surveying
- Serving on a committee council, task force, or other professional workgroups.
- Passing exams that are not integrated with a certified activity.

What is an AMA Credit Designation Statement?

The AMA Credit Designation Statement indicates to physicians that the activity has been certified by an accredited CME provider who ensures that compliance is maintained. The designation statement for Edward-Elmhurst Health is as follows:

Edward-Elmhurst Health designates this live activity for a maximum of [**# of Credits**] *AMA PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

If this statement is not listed on the activity material, it is not considered approved.

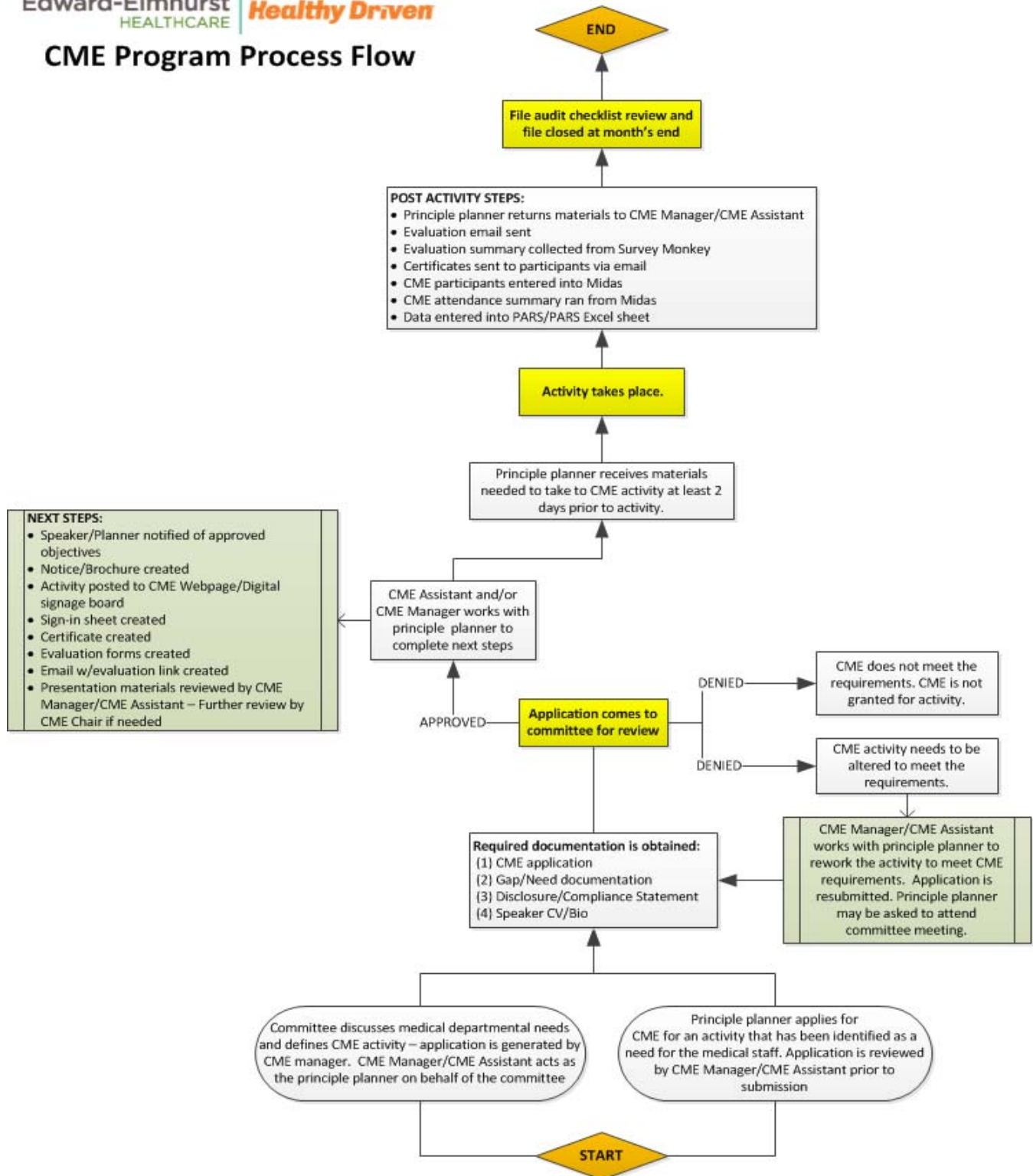
What are the basic requirements for awarding CME to your meeting or conference?

1. Conform to the AMA's definition of CME (as noted above) using the AMA's approved learning format (i.e. live, enduring, or on-line). At this time Edward-Elmhurst only offers live activities.
2. Address an identified education need and present it appropriately in depth and scope for the physician audience.
3. Communicate a clearly identified education purpose which includes objectives in advance of the activity.
4. Planned in accordance with the ACCME Standards for Commercial Support, meaning it is non-promotional in nature.
5. It must be evaluated for effectiveness in achieving its education purpose and/or objectives.
6. Credits (Category 1) claimed by physicians must be documented for a minimum of 6 years by the accredited provider.
7. Must be certified in advance of the activity. Activities cannot be retroactively approved for credit.
8. All materials that reference CME credit must include the AMA Credit Designation Statement. The only exception is "save the date" notices.
9. Credit for each live activity is determined by the time that physicians participate in such activity and can only be awarded in 15 minute increments.

How do I apply for CME for my Meeting or Conference?

Edward-Elmhurst follows an algorithm for processing CME in order to ensure that all mandatory requirements have been met in order to maintain its accreditation with commendation awarded by the Illinois State Medical Society. For more information on how Edward-Elmhurst grants CME for your meeting, please contact the CME department at either location.

CME Program Process Flow



Edward-Elmhurst CME

Edward Elmhurst Health utilizes CloudCME® as a way to register, document and keep track of provider attendance at accredited EEH CME programs. In order to participate, providers will need to set up and register themselves in the system.

What is the advantage of CloudCME®?

- View, print or email your transcripts and certificates.
- View calendar of upcoming events and register for activities offered through Edward-Elmhurst Health.
- Scan or text attendance and complete evaluations online.
- Record your CME from providers other than Edward-Elmhurst Health.
- Submit electronic applications for approval.
- View presentations and handouts from activities.

To access the CloudCME® system, visit:

www.eehcme.org

If you are an Edward-Elmhurst Medical Staff Member or an employee, you will automatically have an account using your EEH email and your EEH network password.

-Or-

If you are a credentialed provider on staff, use the email you have listed in your respective Edward or Elmhurst Medical Staff Office and then click on the "Forgot Password" so you can get a reset link to create a password.

****You must have a finalized profile before you can fulfill any requested actions in CloudCME®. Please be sure you create or confirm your profile before attempting to complete any functions such as registration, evaluations, automated sign-in, etc.**

Welcome to Edward-Elmhurst Health CME

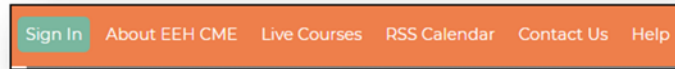
Sign-In/Setting up a CloudCME® Profile Account (For Independent Physicians/Providers)

Profile allows users to set up their CloudCME® account. Use a computer to complete the following tasks. Edward employees and employed physicians, please attempt to **Sign in with your Edward-Elmhurst ID** first. If that does not work, follow the remaining instructions to create a login.

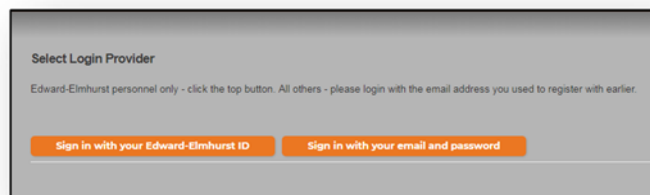
Step 1: Go to the EEH CME Website www.eehcme.org and click on **EEH CME** tab.



Once you are on the CME page, click **Sign In** in the upper left corner of the screen.



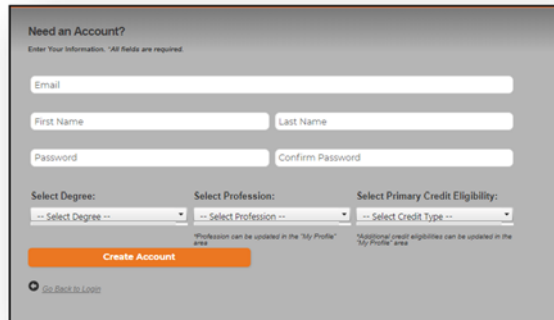
Step 2: Select **Sign in with your Edward-Elmhurst ID** if you are a credentialed provider that has been provided with an **EEH email and network login**. Otherwise you may click on **Sign in with your email and password**.



Step 3: Use your email that is on file in the respective EEH medical staff office and then click on **Forgot Password**, at the bottom left of the screen. A password reset link is emailed to you to complete your account activation. If you are **new** to EEH since July 2018, click the: **Don't have an account?** link at the bottom of the box and complete the setup.

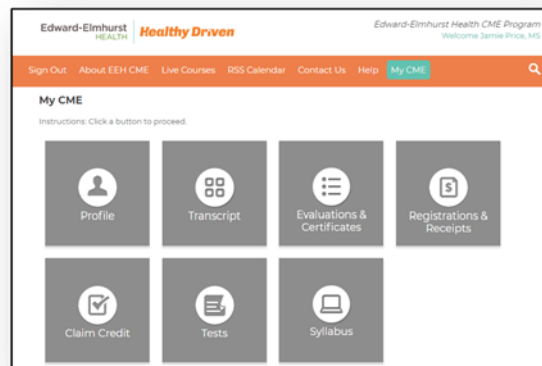


Step 4: A screen will display requiring you to enter your information. When the information has been entered, select **Create Account**



Please note: The email and password that you use when logging in from a computer will be the same that you use when logging into the CloudCME® app.

When setting up profile information, users can select the credit type they wish to receive upon activity completion, enter in their ID number so that they receive MOC credit, opt-out from receiving email communications, enter in administration assistant information and select their specialty. Additionally, users can reset their password from this screen. **Please note, some information may already be populated during the data transfer from our previous system. Please check it for accuracy.**



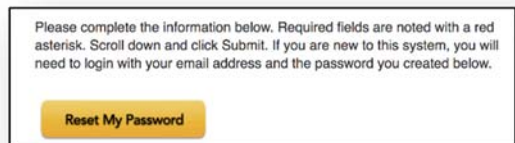
Located at the top of the screen is the **Reset My Password** button. Once clicked, the system will send an email to the user so that they may reset their password. **NOTE: If a user is resetting their password, they must create a new password that is different than the last four passwords they have used.**

Below are the password requirements:

Password fields must match.

Password must contain the following:

- at least 1 UPPER CASE character
- at least 1 numerical character
- at least 1 special character (* + & ^ \$ % !)
- between 8 and 16 characters



Begin creating a CloudCME® account by selecting the credit type a user should receive upon activity completion. In addition, users may also select one of the other specialty board certifications. **NOTE: Users must complete the fields marked with an asterisk in order to create their CloudCME® account.**

I am eligible for the following credit categories

<input checked="" type="checkbox"/> AMA PRA Category 1 Credits™	<input type="checkbox"/> Non-Physician Attendance
<input checked="" type="checkbox"/> AAFP - American Academy of Family Physicians	<input type="checkbox"/> ABP - American Board of Pediatrics (MOC Part 2)
<input type="checkbox"/> ABA - American Board of Anesthesiology (MOCA 2.00)	<input type="checkbox"/> ABPath - American Board of Pathology
<input type="checkbox"/> ABOto - American Board of Otolaryngology	<input type="checkbox"/> ABIM - American Board of Internal Medicine MOC Part II
	<input type="checkbox"/> General Attendance

Next, complete the Basic Information section. **NOTE: The Organization/Company field is required.**

Basic Information

Salutation First MI Last Suffix

Degree Other Degree Profession Other Profession

Organization/Company * Title First Name on Badge

Birth Month Birth Day Spouse Name

The Credentials section is next. Enter an **NPI # and State of Illinois License #**, as well as any specialty #'s for credit claiming purposes. **NOTE: If a user would like to earn MOC points but is unable to remember their Specialty ID number, some lookup links are available. Clicking the links in the blue box will re-direct the user to specialty websites where the user can look up numbers.**

Credentials

NPI ABIM Diplomate ID State of Illinois License ABP Diplomate ID ABPath Diplomate ID ABOto Diplomate ID ABA Diplomate ID

i If you do not know your ABIM Diplomate ID, please [click here to look up your ID #](#).
 If you do not know your ABP Diplomate ID, please [click here to look up your ID #](#).
 If you do not know your ABA ID, please call the ABA Communications Center at (866) 909-7501.

In the Primary Address section of one's profile there are several fields that are required: Address 1, City and Zip Code.


Please Enter Your Primary Address

Address 1 * City *

Address 2 State Zip/City Code *


Address 3 Country

Phone and Fax contains one required field which is the phone number that users must complete.

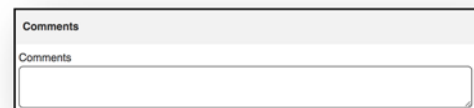


The form titled "Phone and Fax" contains four input fields: "Phone *", "Ext", "Mobile", and "Fax". The "Phone *" field is highlighted with a red border, indicating it is a required field. Each field has a small information icon to its right.

Users may elect to enter in Emergency Contact information into their profile. The Comments field is available for users that may want to include food restrictions/allergies, etc.



The form titled "Emergency Contact Information" contains two input fields: "Emergency Contact Name" and "Emergency Contact Number".



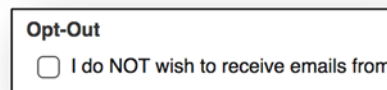
The form titled "Comments" contains a single large text area for entering comments.

Users should enter their preferred email address that is on file in the medical staff office at either Edward or Elmhurst in the e-mail fields. Emails are required in the system. **NOTE: The system will not accept email addresses with more than 10 characters in the domain name.**



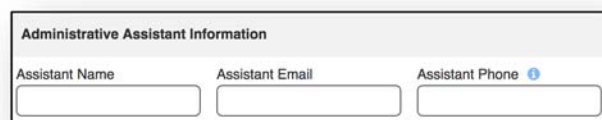
The form titled "Email" contains two input fields: "Email Address" and "Confirm Email Address". Both fields contain the example email address "jdonnelly@multiweb.com".

Users may select to opt-out of emails regarding CME activities.



The form titled "Opt-Out" contains a single checkbox with the text "I do NOT wish to receive emails from".

Users who routinely serve as faculty, planners, or event coordinators may want to enter in their administrative assistant's information in their profile so that their administrative assistant can receive email communications related to tasks and forms that must be completed.



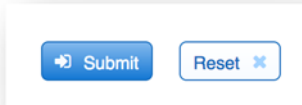
The form titled "Administrative Assistant Information" contains three input fields: "Assistant Name", "Assistant Email", and "Assistant Phone".

Users should select their specialty. Specialties are categorized by Department, this will assist the CME Department in developing Department specific CME and reports accordingly. You can select more than

one specialty. If your specialty is not listed, please email medept@eehcme.org and identify your specialty as a needed addition.



Once all information has been entered, click the Submit button to create the user account. The user is not ready to complete activities and receive credit upon completion.



Welcome to Edward-Elmhurst Health CME

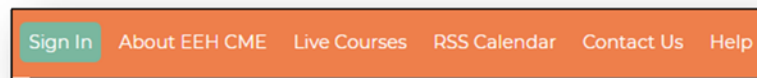
Signing In to CloudCME® as an Edward-Elmhurst Employed Provider

Profiles allows users to access their CloudCME® account using the “single-sign on” option. This means, as long as you are logged on to an Edward-Elmhurst computer using your own network username and password, you will not need to enter any additional login information. Use an Edward-Elmhurst computer to complete the following tasks to complete your profile and sign-in to CloudCME® for the first time.

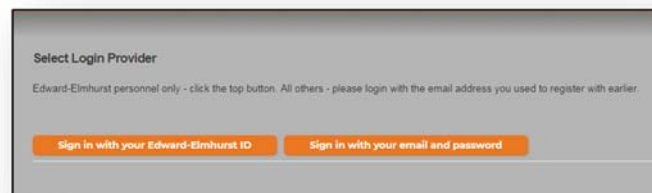
Step 1: Go to the EEH CME Website www.eehcme.org and click on **EEH CME** tab.



Once you are on the CME page, click **Sign In** in the upper left corner of the screen.



Step 2: Select **Sign in with your Edward-Elmhurst ID** if you are an employee or a physician that has been provided with an EEH login account.



The system may first ask for any missing information from the profile account if there is required information that was not provided at the time of set-up before allowing a user to go any further. When setting up profile information, users can select the credit type they wish to receive upon activity completion, enter in their ID number so that they receive MOC credit, opt-out from receiving email communications, enter in administration assistant information and select their specialty. Additionally, users can reset their password from this screen. **Please note, some information may already be populated during the data transfer from our previous system. Please check it for accuracy.**

The following screens will reflect your profile information:

Begin checking the CloudCME® account by selecting the credit type the user should receive upon activity completion. In addition, users may also select one of the other specialty board certifications.

NOTE: Users must complete the fields marked with an asterisk in order to complete their CloudCME® account.

I am eligible for the following credit categories

<input checked="" type="checkbox"/> AMA PRA Category 1 Credits™	<input type="checkbox"/> Non-Physician Attendance
<input checked="" type="checkbox"/> AAFP - American Academy of Family Physicians	<input type="checkbox"/> ABP - American Board of Pediatrics (MOC Part 2)
<input type="checkbox"/> ABA - American Board of Anesthesiology (MOCA 2.0®)	<input type="checkbox"/> ABPath - American Board of Pathology
<input type="checkbox"/> ABOto - American Board of Otolaryngology	<input type="checkbox"/> ABIM - American Board of Internal Medicine MOC Part II
	<input type="checkbox"/> General Attendance

Next, complete the Basic Information section. **NOTE: The Organization/Company field is required.**

Basic Information

Salutation: [dropdown] First: [text: Jennifer] MI: [text:] Last: [text: Donnelly] Suffix: [dropdown]

Degree: [dropdown: Other] Other Degree: [text:] Profession: [dropdown:] Other Profession: [text:]

Organization/Company *: [text:] Title: [text:] First Name on Badge: [text:]

Birth Month: [dropdown: 1] Birth Day: [dropdown:] Spouse Name: [text:]

The Credentials section is next. Enter an **NPI # and State of Illinois License #**, as well as any specialty #'s for credit claiming purposes. **NOTE: If a user would like to earn MOC points but is unable to remember their Specialty ID number, some lookup links are available. Clicking the links in the blue box will re-direct the user to specialty websites where the user can look up numbers.**

Credentials

NPI: [text:] ABIM Diplomate ID: [text:] State of Illinois License: [text:] ABP Diplomate ID: [text:] ABPath Diplomate ID: [text:] ABOto Diplomate ID: [text:] ABA Diplomate ID: [text:]

ⓘ If you do not know your ABIM Diplomate ID, please [click here to look up your ID #](#).

If you do not know your ABP Diplomate ID, please [click here to look up your ID #](#).

If you do not know your ABA ID, please call the ABA Communications Center at (866) 999-7501.

In the Primary Address section of one's profile there are several fields that are required: Address 1, City and Zip Code.

Please Enter Your Primary Address

Address 1 *: [text:] City *: [text:]

Address 2: [text:] State: [dropdown: MD] Zip/City Code *: [text:]

Address 3: [text:] Country: [dropdown: UNITED STATES]

Phone and Fax contains one required field which is the phone number that users must complete.



Phone and Fax

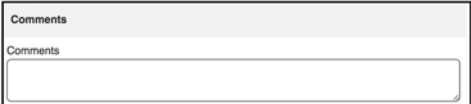
Phone * Ext Mobile Fax

Users may elect to enter in Emergency Contact information into their profile. The Comments field is available for users that may want to include food restrictions/allergies, etc.



Emergency Contact Information

Emergency Contact Name Emergency Contact Number



Comments

Comments

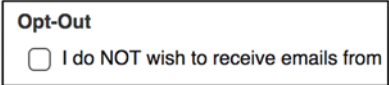
Users should enter their preferred email address that is on file in the medical staff office at either Edward or Elmhurst in the e-mail fields. Emails are required in the system. **NOTE: The system will not accept email addresses with more than 10 characters in the domain name.**



Email

Email Address Confirm Email Address

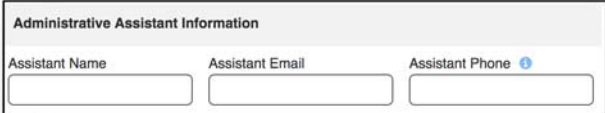
Users may select to opt-out of emails regarding CME activities.



Opt-Out

I do NOT wish to receive emails from

Users who routinely serve as faculty, planners, or event coordinators may want to enter in their administrative assistant's information in their profile so that their administrative assistant can receive email communications related to tasks and forms that must be completed.



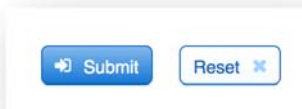
Administrative Assistant Information

Assistant Name Assistant Email Assistant Phone

Users should select their specialty. Specialties are categorized by Department, this will assist the CME Department in developing Department specific CME and reports accordingly. You can select more than one specialty. If your specialty is not listed, please email cmdept@eehcme.org and identify your specialty as a needed addition.



Once all information has been entered, click the Submit button to create the user account. The user is now ready to register for activities, complete evaluations, and receive credit upon completion of any required tasks.



Downloading & Signing In to the App



Download the CloudCME® App



App Store Icon on iPhone



Search for **CloudCME™** and download to your iPhone. The app is FREE.



Google Play Icon on Android Phones

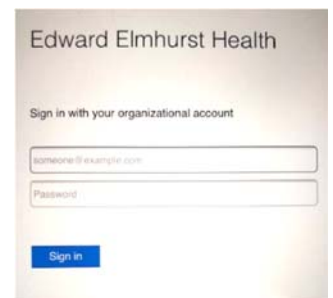
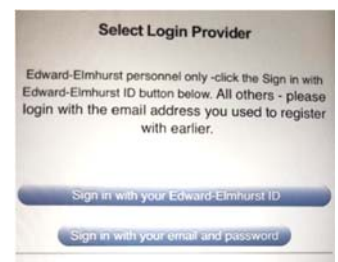


Search for **CloudCME™** and download to your Android. The app is FREE.

1. The organization code is **edward-elmhurst** all lowercase, separated only by a dash.
2. Once the organization code is entered, the app asks you to **Login or Create an Account**. Click the grey button and the app directs you to a new page. Follow the instructions below for either **Employee/Employed Provider** or **Independent/Non-Employed Group Providers**

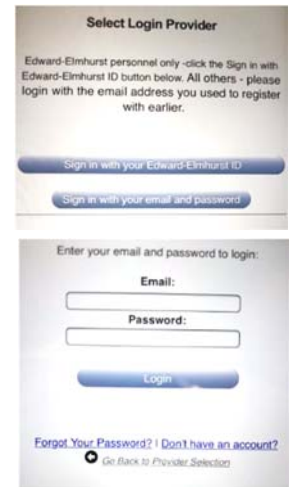
Edward-Elmhurst Employees/Employed Providers: SIGN IN WITH YOUR ORGANIZATIONAL ACCOUNT

3. Click on **Sign in with your Edward-Elmhurst ID**
 - a. **USERNAME:** Use **ONLY** your **Firstname.Lastname@EEHealth.org** email address. *(This is not your @Edward.org or @EMHC.org email or any other personal email.)* If you use an alternate email, the system will eventually boot the alternate email out of the system and revert to your EEHealth.org email and you be notified that you can no longer log in using the alternate email address.
 - b. **PASSWORD:** Use **ONLY** your **EEH Network PASSWORD** – i.e. the password you use to log in to your computer or a computer in your area when it is locked. *(This is not your employee ID #)*
 - c. Click **Sign In** to complete the log in process. You should only have to do this once. The screen on page 2 should appear. **Jump to #6.**



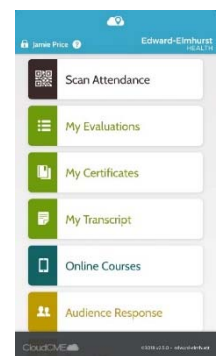
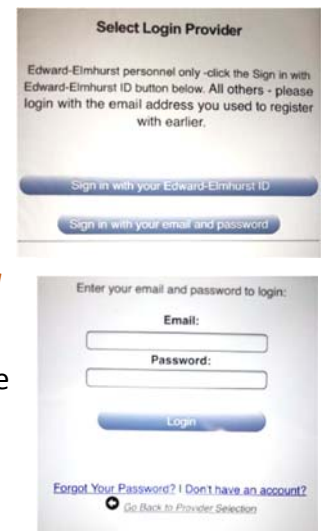
Independent/Non-Employed Group Providers ALREADY REGISTERED VIA COMPUTER: ENTER YOUR EMAIL AND PASSWORD

4. Click on **Sign In With Your Email And Password**
 - a. **USERNAME:** Use **ONLY** the email address that you used when you set up your account.
 - b. **PASSWORD:** Use **ONLY** the password you chose when you set up your account. *(If you do not remember the email address or password, click on the [Forgot Your Password?](#) link at the bottom of the page and a link to reset your password will be sent to your email. Use the same email above.)*
 - c. Click **Login** to complete the sign in process. You should only have to do this once. The screen at the bottom of page 2 should appear. **Jump to #6.**



Independent/Non-Edward Group Providers NEVER REGISTERED: ENTER YOUR EMAIL AND PASSWORD

5. Click on **Sign In With Your Email And Password**
 - a. **USERNAME:** Use **ONLY** the email address that you have on file with the respective Med Staff Office (Edward or Elmhurst). If you are not sure what email is listed, please contact the main office at Edward (x75805) or Elmhurst (x10274) to find out what email is on file. *(If there is no email on file or the email on file does not work, click on the [Forgot Your Password?](#) link at the bottom of the page and the app requests to setup your email and password.)* Enter the preferred email. A link to reset your password is sent.
 - b. **PASSWORD:** Choose a password to log in that is easy to remember. Once the email and password are set, you are redirected to the login screen to enter the email and password that you just set up.
 - c. Click **Login** to complete the sign in process. You should only have to do this once. The screen shown below should appear.
6. Once you have completed all the steps to identify your profile and log in you can use the app to scan your attendance, complete evaluations, view/save/email certificates, view/save/email transcripts, view online content (if applicable), participate in audience response system (if applicable), view saved files, add conferences to your calendar, view syllabus (conference materials), and claim credit for conferences attended*. *(*See [Claim credit instructions for more information on the various ways to claim credit.](#))*



*Please note, after January 1, 2019 there will no longer be sign in sheets available. Please download the app today.

Physician Online Library

Physicians have access to a virtual library and EEH is working to make it even better for it's physicians.

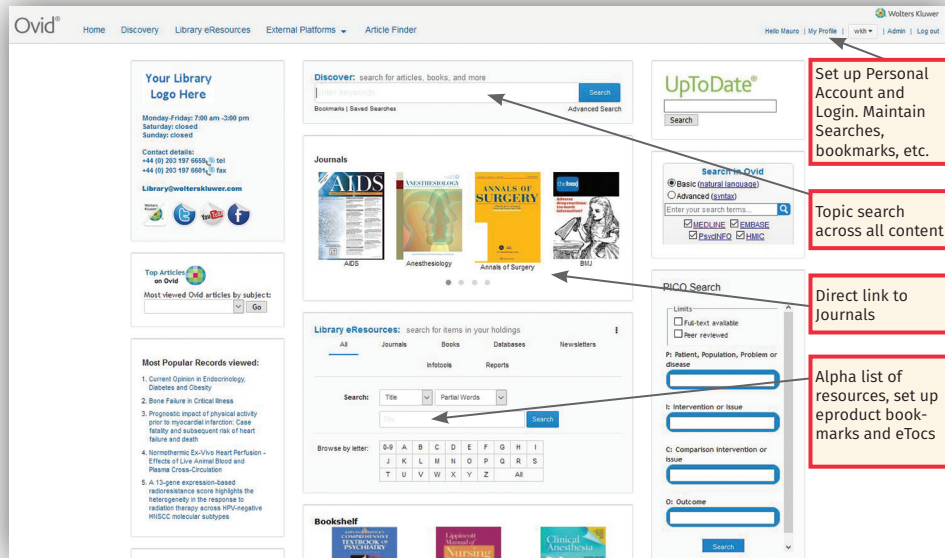
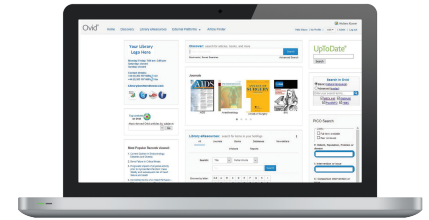
- Easy to access link under Frequent Links on main intranet page (Also access via www.eehcme.org click on **Physician Links**)
- A special box called “**Physician Resources**” on Library home page.
- A request button for articles not available or journals to be added to the holdings.
- JAMA Specialty and New England Journal of Medicine added to holdings.
- A complete listing of all holdings available (*beyond the Wolters Kluwer available listing attached*).
- *Other opportunities to improve site for physicians evaluated continually.*

OVID DISCOVERY®

Quick Personal User Guide

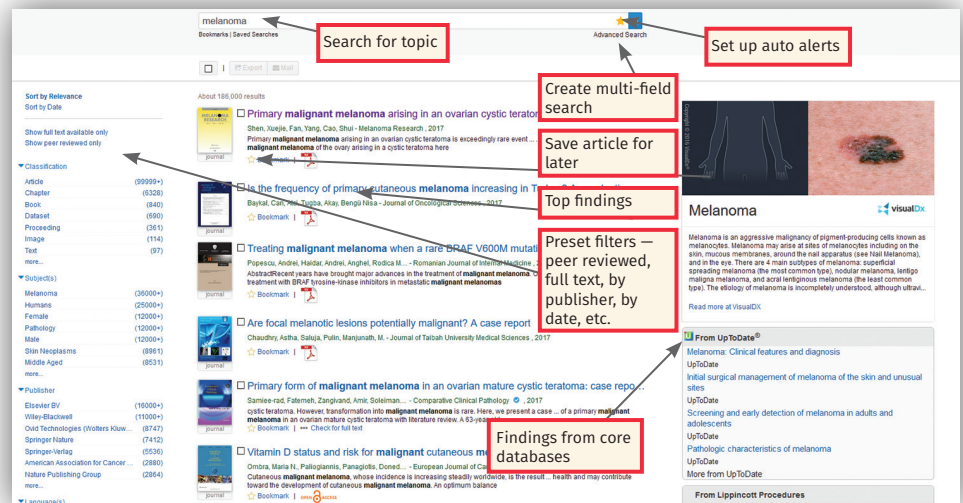
Congratulations!

Did you know your hospital has a centralized portal for access to journals, research, and interdisciplinary content? Ovid Discovery delivers integrated results so you can quickly navigate to the research you need by simply entering a few search terms. The images below identify key areas to maximize your access and use of this site.



Before you begin using Ovid Discovery, make sure you create a personal account. Once you have created your account, you can begin searching by using the Discover field, the Library Resources alpha list, or by clicking directly into resources.

Searching by Topic delivers top articles, with preset filters to refine your results. Users can set up auto-alerts, bookmark articles, and perform multi-field searches. The Ovid Discovery site searches institutions, subscriptions, databases, open access content, PubMed® Central, Highwire, Google Scholar, and more.



OVID DISCOVERY®

Quick Personal User Guide

Ovid Discovery Search identifies articles available in Full Text and provides abstracts with detail and citations. Users can quickly bookmark articles to read later.

Abstract, article detail and standard citations

Bookmark to read later

Searches for full text

Use Linkresolver to find Openstore, multi-embargo and subscription full text content

melanoma
 About 188,000 results

- Primary malignant melanoma arising in an ovarian cystic teratoma
 Shen, Xueji, Fan, Yang, Cao, Shui - *Melanoma Research*, 2017
- Is the frequency of primary cutaneous melanoma increasing in Turkey? An evaluation...
 Baykal, Can, Abi, Tugba, Akay, Bengül Neşe - *Journal of Oncological Sciences*, 2017
- Treating malignant melanoma when a rare BRAF V600M mutation is present: case report...
 Popescu, Andrei, Haidar, Andrei, Anghel, Rodica M. - *Romanian Journal of Internal Medicine*, 2017
- Are focal melanotic lesions potentially malignant? A case report
 Chaudhry, Atha, Saluki, Patti, Manjunath, M. - *Journal of Taiwan University Medical Sciences*, 2017
- Primary form of malignant melanoma in an ovarian mature cystic teratoma: case report...
 Samiee-rad, Fereshteh, Zangeneh, Amir, Soleiman, ... - *Comprehensive Clinical Pathology*, 2017
- Vitamin D status and risk for malignant cutaneous melanoma: recent advances
 Orlina, Maria H., Palagiana, Priscilla, Cornea, ... - *European Journal of Cancer Prevention*, 2017
- Cutaneous Melanoma in Association With Icthyosis Vulgaris

Library eResources: All
 Search by field: Title, Partial Words, sports medicine
 Total Results: 28

- British Journal of Sports Medicine (Formerly : Bulletin - British Association of Sports Medicine)
 BMJ Publishing Group
 011984 - 122007
- Master Techniques in Orthopaedic Surgery : Sports Medicine
 Found in books
 Lippincott Williams and Wilkins
- Orthopaedic Journal of Sports Medicine
 Found in journals
 SAGE Publications
 012013 - Current

Saved Searches; Run a search in Ovid Discovery and set it up to run automatically daily, weekly, monthly

Click on My profile to review all personal content: Bookmarks, Saved auto searches, eTOCS, and journal bookmarks

Bookmarks of content you want to review later; Great to organize articles for journal clubs

eTOCS; list of journals you have signed up to have delivered to your email automatically

Personal accounts allow you to maintain your bookmarks, saved auto searches, and table of contents alerts. My Bookmarks includes journals or content to read later. My eTOCs allows you to subscribe for monthly new-issue emails.

For immediate assistance, contact Ovid's customer support team at support@ovid.com.

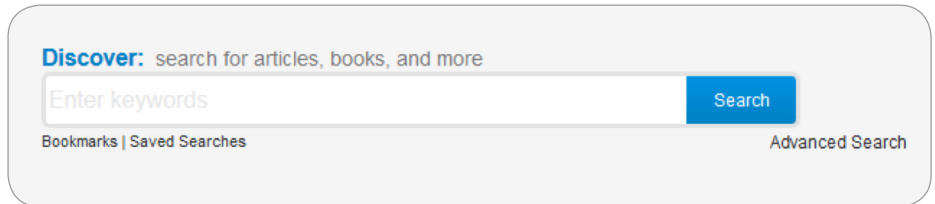
Opening an Ovid Discovery session

Open your personalized Ovid Discovery URL, e.g. <http://yourlibrary.ovid.com>

The ODS home page displays. From here, you can access:

Discover

Use the Discover widget to search across all Ovid Discovery-indexed content enabled by your library, to find articles, book chapters, multimedia resources and other publications.



Search Results

Sort your full text search results by relevance or date by using the tools on the left. You can also limit your search results by subject, language, publisher, author and many other variables. Filter by whether results are full-text or have been peer-reviewed. When you select a filter, it refreshes the results and displays above the search box.

You can also (depending on your setup) view results from additional resources that may be available in your library, e.g. UpToDate, Lippincott Procedures, Lippincott Advisor and VisualDx.

diabetes mellitus

Bookmarks | Saved Searches

Advanced Search

Sort by Relevance

Sort by Date

Show full text available only

Show peer reviewed only

Classification

- Article (99999+)
- Chapter (24000+)
- Book (7396)
- Issue (1490)
- Image (633)
- Journal (361)
- Interactive Resource (247)
- more...

Subject(s)

- Humans (99999+)
- Male (99999+)
- Female (99999+)
- Middle Aged (99999+)
- Metabolism (99999+)
- Adult (99999+)
- Aged (99999+)
- more...

About 1,333,000 results

- Impact of risk factors for gestational **diabetes** (GDM) on pregnancy outcomes in wom...
Filardi, T., Tavaglione, F., Di Stasio, M., Fazio, V., Le... - Journal of Endocrinological Investigation , 2018
- The post-HAPO situation with gestational **diabetes**: the bright and dark sides
Lapolla, Annunziata, Metzger, Boyd E. - Acta Diabetologica , 2018
- Screening and diagnosis of gestational **diabetes** in India: a systematic review and met...
Li, Katherine T., Naik, Shilpa, Alexander, Mallika, M... - Acta Diabetologica , 2018
- Highlighting **Diabetes Mellitus** - The Epidemic Continues
Schmidt, Ann Marie - Arteriosclerosis, Thrombosis, and Vascular Biology , 2018

From UpToDate®

Overview of medical care in adults with diabetes mellitus

UpToDate

Sodium-glucose co-transporter 2 inhibitors for the treatment of type 2 diabetes mellitus

UpToDate

Type 2 diabetes mellitus: Initial therapy for improving glycemic control in adults

UpToDate

Dipeptidyl peptidase-4 (DPP-4) inhibitors for the treatment of type 2 diabetes mellitus

UpToDate

More from UpToDate

From Lippincott Procedures

Blood glucose monitoring, pediatric

Lippincott Procedures

Blood glucose monitoring with a blood glucose meter rapidly assesses a child's metabolic state. For a child with **diabetes**, blood glucose monitoring helps the child obtain glycemic control. You should perform the procedure at prescribed times to assess insulin requirements and to determine whether the child requires treatment for hypoglycemia. Strict glycemic control helps prevent **diabetes**-related complications. The American **Diabetes** Association recommends individualizing goals for glycemic

Check the box next to one or more results to print, email and export them. Export options include EndNote, RefWorks and many more.

Ovid Discovery uses a MeSH controlled vocabulary which serves as a thesaurus, and includes an American English/ UK English spell check system. Additional MeSH languages (e.g. French, Spanish, German etc) are also available.

Advanced Search

Click Advanced Search under the search box to build a query using Boolean operators. Advanced Search includes filters such as Evidence Based Medicine and Open Access.

Results Detail

Click on a search result to see the Results Detail page:

From here, you can view the abstract, export the citation in several formats, search for the article in UpToDate or Google Scholar, or request that your library purchase the full text.

Library eResources

Library eResources: search for items in your holdings My TOC Alerts | My Bookmarks

All Journals Books Databases Newsletters Reports Videos

Search: Title Partial Words

Browse by letter:

J	K	L	M	N	O	P	Q	R	S
T	U	V	W	Y	Z	All			

Search or browse for the name of the resource in your collections, within books, journals, etc.

Library eResources: All My TOC Alerts | My Bookmarks

> Search by field
> Browse by letter

Total Results: 4 new search | Items to show: 20

Spine
Found in: journals
Lippincott Williams and Wilkins
01/1996 - Current

Access Information:

Ovid (LWW High Impact Collection)	01/1996 - Current v. 21 iss. 1 - Current	ISSN (print):	0362-2436
Ovid (LWW Total Access Collecti...)	01/1996 - Current v. 21 iss. 1 - Current	ISSN (electronic):	1528-1159

[Activate TOC Alert](#) | [Bookmark](#) | [Search in this journal](#) | [PubMed](#) | [Google](#) | [UpToDate](#) | [OvidInsights](#)

Article Finder

Search using one or more variables to find a citation. You can also search using DOI or PMID only.

Journal Book

Use this tool to find citations. Include as many citation details as you can. You may search using a DOI or PMID only.

TEXTUAL SEARCH:

Article:

Author:

Journal: OR ISSN

Volume: Issue: Start page:

Date:

OR INSTEAD USE:

DOI: OR PMID:

You can search journals, books and more. As you type in the Article field, a drop-down list of results displays:

TEXTUAL SEARCH:

Article:

Author: Diastereodivergent total synthesis of mosquito oviposition pheromone
Hurem, David, Dudding, Travis
RSC Adv., 2014

Journal: Peptides. Part XXVIII. Synthesis of ovine-bovine gastrin I
Agarwal, K. L., Kenner, G. W., Sheppard, R. C.
J. Chem. Soc. C, 1969

Date: Systems biology of ovine intestinal parasite resistance: disease gene modules and biomarkers
Kadarmideen, Haja N., Watson-Haigh, Nathan S., Andronicos, Nicholas M.
Mol. BioSyst., 2011

My Profile

You can save your searches, bookmarks, and TOC Alerts.

Discover:

- My Bookmarks
- My Saved Searches

Library eResources:

- My Bookmarks
- My TOC Alerts



To save a search, select the star in the Discover search bar above your search results.

In the My Profile section, you can then choose to receive an alert when new results are found

Discover: Saved Searches

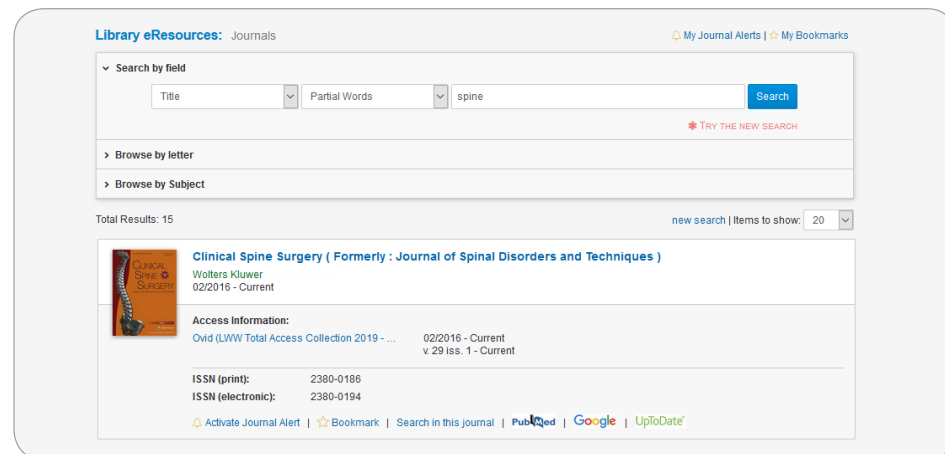
Below is a list of your saved Discover queries. You can click on the keywords to rerun the search. Optionally you can receive an email when new results are found.

[← Back](#)

zika (6/12/2018)

Send an alert when new results are found:

To bookmark a search result, select the Bookmark star below it.



To add a TOC Alert, in Journals search results, click Activate Journal Alert for the journal you want.

Ovid® Discovery

A Unified Discovery and Delivery Platform Focused and Specialized In Biomedical Content

Feature	Ovid® Discovery
A True Discovery Experience	<p>Searches an index of over +100 million scholarly e-resources, including Journal Articles, Books, Videos, Multimedia, Images, Reports, Procedures, Blogs, Systematic Reviews, and more.</p> <p>Presents a modern search experience from search syntax through results display and continuous workflows. The only Discovery tool to feature unique content from UpToDate, Lippincott Procedures, VisualDx and more. Offers multi-language search terms matching with MeSH terms.</p>
Relevance Ranking	<p>Content agnostic and unbiased relevancy ranking of search results. Uses modern best practice algorithms for retrieval, scoring and ranking results, as found in leading search engines. Resulting in scrupulous impartial and consistent search.</p>
Citation Searching	<p>Provides one of the most advanced Citation Searching tools in the market. Paste your citation or just start typing – Ovid Discovery automatically identifies and retrieves with a prompt full text availability notification.</p>
Catalog Searching	<p>Not only searches the library catalog but also offers different options for libraries to implement their OPAC including indexing their whole catalogue, searching using API or use Ovid Discovery as their library catalog.</p>
Known Item Searching	<p>Offers Known Item Searching through both Ovid Discovery search and Citation Matcher – item is easily found and linked to the full text when available.</p>
Exact Match Placards	<p>Displays exact matches of search terms in library holdings and specialty indexes as “Knowledge Graphs” and as “Featured Snippets”.</p>
Customization	<p>Provides a state-of-the-art modern multi lingual interface, with multi-views, layouts and a library specific rich gallery of widgets. Extensive customization options for branding, page layouts, widgets, access authorizations, site and pages preferences and more.</p>
Holdings Management	<p>Available at both library, site and consortium levels.</p>
Multi-Tenant SaaS	<p>A full SaaS multi-tenant scalable application with the most ideal tenant isolation properties and yet the most cost-effective resource sharing.</p>

REQUEST YOUR FREE TRIAL TODAY!

Contact your Ovid Representative to learn more or email sales@ovid.com.



UpToDate[®] Anywhere Registration Guide

This Registration Guide outlines how to:

- Register for a free account
- Access UpToDate
- Stay current



Your UpToDate



UpToDate Anywhere gives you access to evidence-based clinical content when and where you need it.

Your free UpToDate Anywhere registration provides:

- **Remote access** from any computer with an Internet connection.
- **CME/CE/CPD** credits when researching a clinical question using UpToDate onsite or remotely — including on your mobile device.
- **History, Most Viewed, Bookmarks** — to quickly access the content you find most valuable.
- **Automatically Sync** your History, Bookmarks and Most Viewed across all devices you use to access UpToDate, such as a desktop or mobile device.
- **What's New Notifications** alert you when topics you've previously viewed have been updated to include discussion of new articles from the medical literature.
- **The "Current UpDate" bi-weekly e-newsletter** with important clinical updates from our editorial team.

Best Practice Tip:

Each time you access UpToDate, log in under the Log in/Register link with your UpToDate user name and password (or via your EHR) to accumulate CME and maintain uninterrupted remote and mobile access.

REGISTER TODAY. IT'S EASY AND FREE.

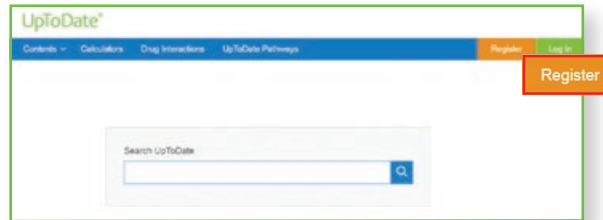
Register through your EHR:

Click on the UpToDate link within your EHR and complete the registration form. Enjoy single sign on from your EHR.

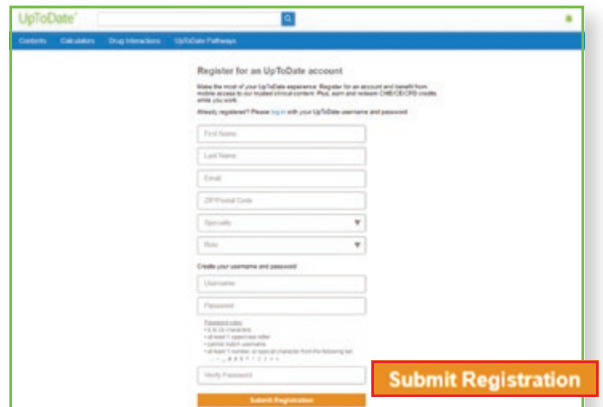
– OR –

Visit www.uptodate.com when you are on site and connected to your organization's network.

- Click Register.



- Fill out registration form.
- Complete all fields and then click **Submit Registration**.

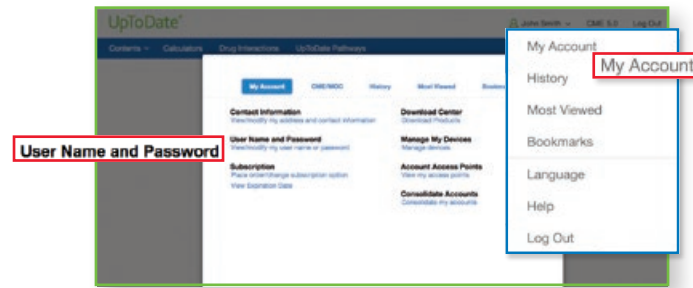


- Make note of your user name and password.

Upon completion of the registration process, you will receive a confirmation email from UpToDate with instructions on downloading the Mobile App.

To change your user name or password:

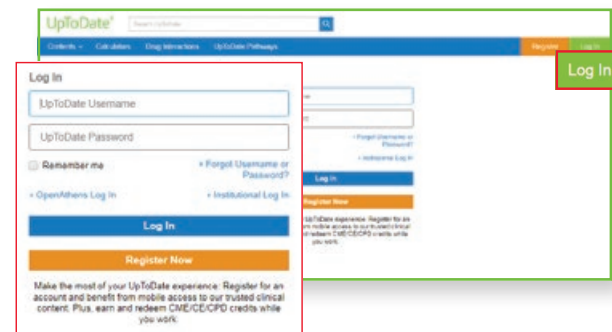
- Click on your name to access your account information.



ALREADY HAVE AN UPTODATE USER NAME AND PASSWORD?

If you already have an UpToDate user name and password through another organization or individual subscription, simply log in with your existing credentials.

1. Visit UpToDate.com from any computer within your organization's network.
2. Log in with your existing UpToDate user name and password.



3. This will retain all of your current CME/CE/CPD records.

UPTODATE MOBILE APP

Once registered, you can install the UpToDate Mobile App on up to two devices.

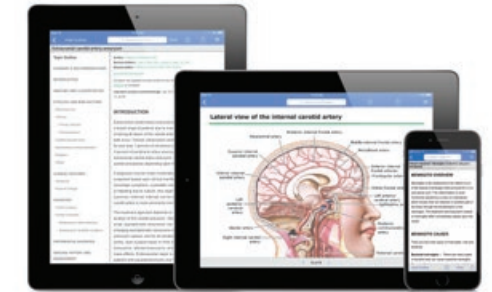
Download and install

1. Search for "UpToDate" in your app store.
2. Open the UpToDate Mobile App and log in with your UpToDate user name and password. *You only need to do this once — the app remembers your user name and password.*

MOBILE WEB — NOTHING TO INSTALL

Simply open the browser on your mobile device, go to www.uptodate.com and click **Log in** from the upper right corner. You will find a consistent experience across all mobile platforms that is:

- Optimized for smaller screens and tablets
- User-friendly and easy to navigate



UPTODATE MOBILECOMPLETE™

UpToDate MobileComplete enables UpToDate Anywhere registered users to download the full content of UpToDate to their iOS® or Android™ device.

This allows access to UpToDate content in situations where there is limited or no Internet connection.

Please check with your organization to see if MobileComplete is part of your subscription.

- Search the complete UpToDate database of evidence-based recommendations from anywhere, even offline.
- Content updates can be downloaded and applied in the background when the device is connected to Wi-Fi.

A list of technical requirements for supported devices for the UpToDate Mobile App and UpToDate MobileComplete is available at www.uptodate.com/mobile.

FORGOT YOUR USER NAME OR PASSWORD?

- In the Log in box, click the 'Forgot Username or Password'
- You'll receive an email that contains your user name and a link to reset your password



Maintaining Access

To maintain uninterrupted access to UpToDate you will need to confirm your affiliation with your subscribing organization every 90 days. To do this, simply log in to UpToDate from within your organization's network every time you use UpToDate.

Not sure if you are logged in to UpToDate?

If you do not see your name and CME tally on the top right of the screen, then click Log in/Register. View how:
www.uptodate.com/home/uptodate-login

In-application and email messages will remind you to log in to UpToDate from your organization's network to re-verify your affiliation.



Contact Us

CUSTOMER SUPPORT

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EMAIL

customerservice@uptodate.com

PHONE

1-800-998-6374 or +1-781-392-2000
Monday through Friday, 7 a.m. – 9 p.m.
(Eastern Time)

Healthy Driven

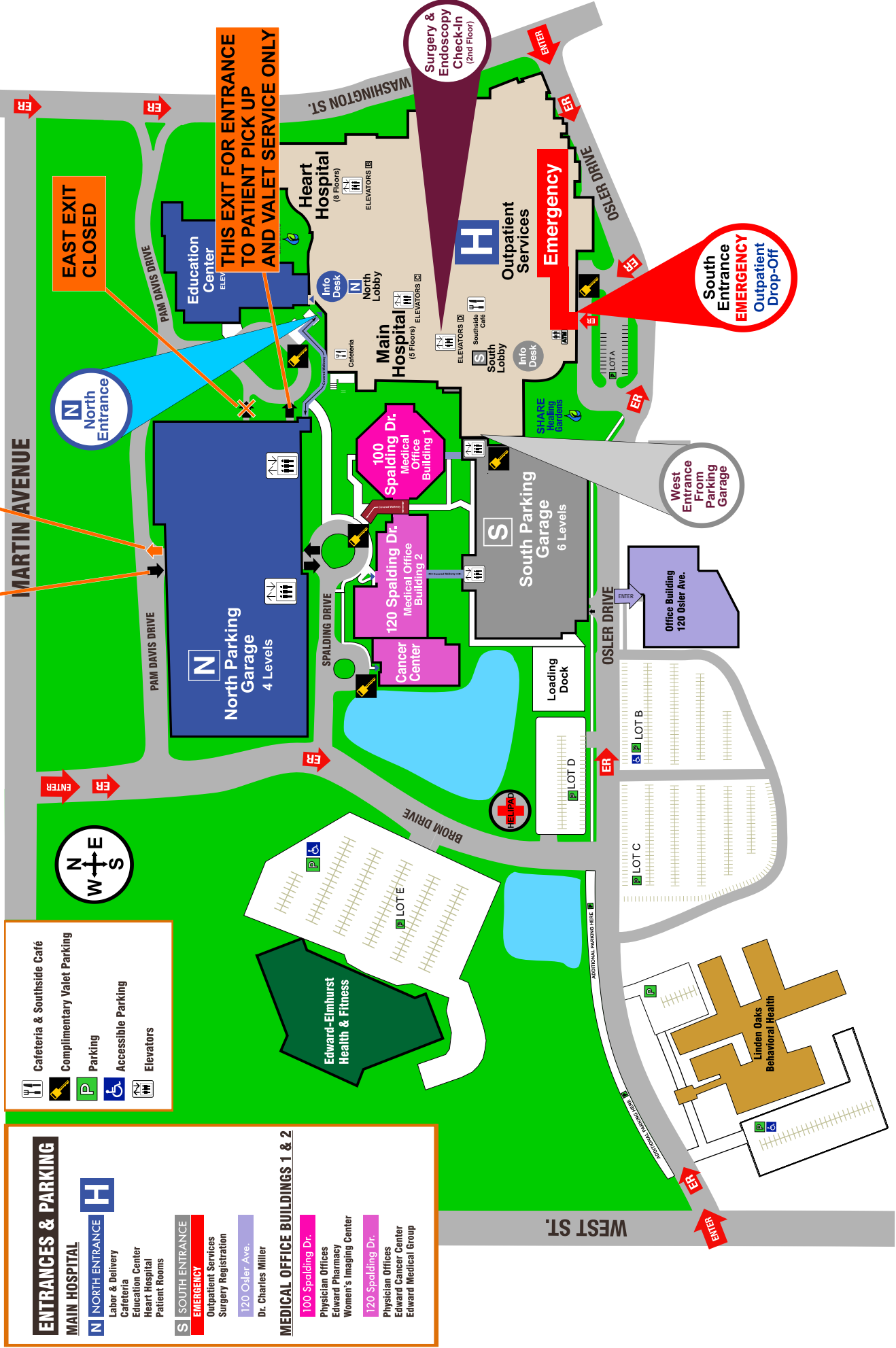
Edward-Elmhurst
HEALTH

Edward Hospital Main Campus Map (North View)
801 South Washington Street, Naperville, IL 60540

**COMBINED PHYSICIAN,
STAFF AND VISITOR
ENTRANCE**

**NEW NORTH
PARKING
EXIT**

**TEMPORARY
NORTH PARKING
DETOUR. EFFECTIVE 9-10-18**



ENTRANCES & PARKING

MAIN HOSPITAL

N NORTH ENTRANCE

- Labor & Delivery
- Education Center
- Heart Hospital
- Patient Rooms

S SOUTH ENTRANCE

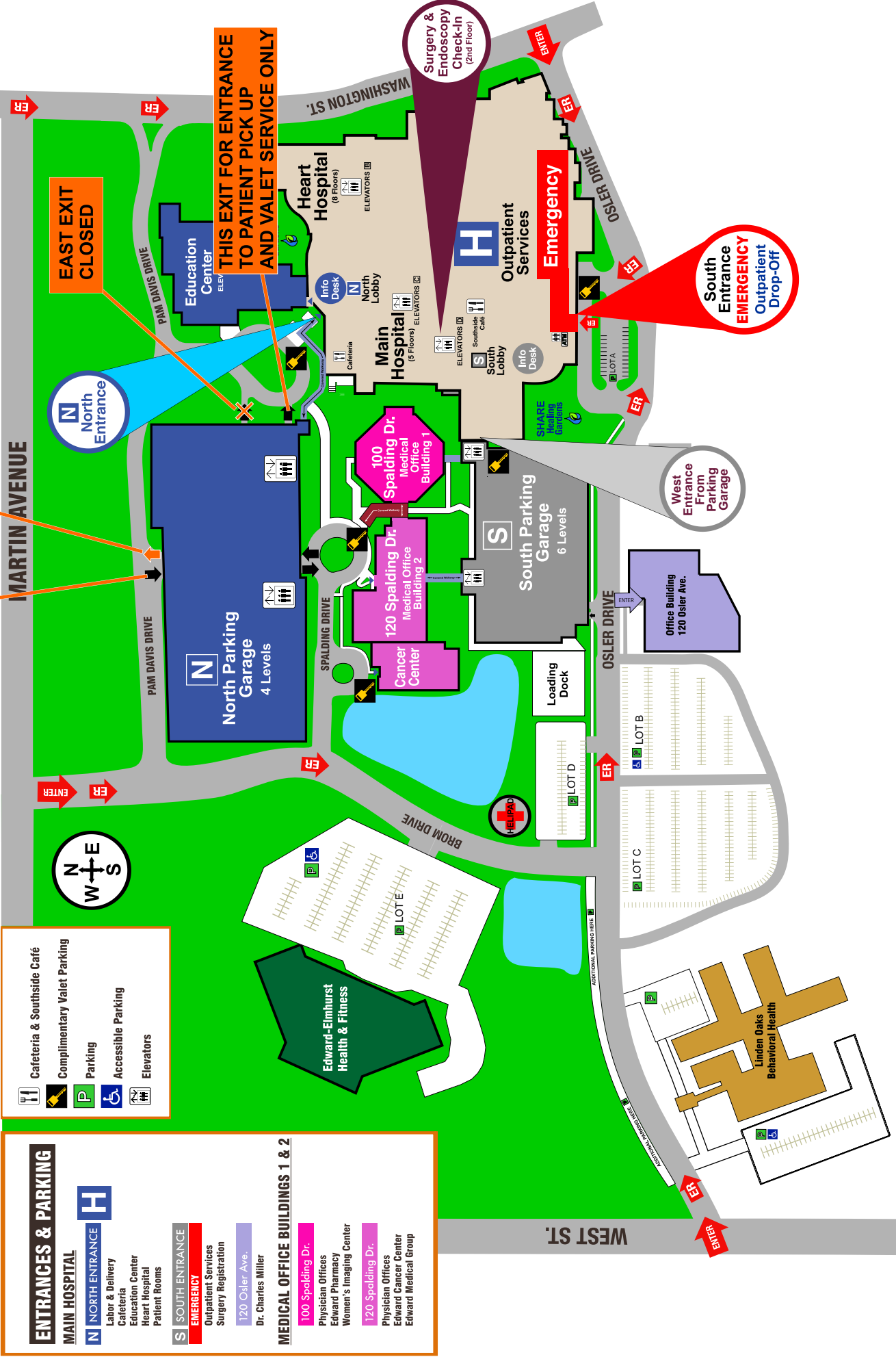
- EMERGENCY**
- Outpatient Services
- Surgery Registration

- 120 Oster Ave.
- Dr. Charles Miller

MEDICAL OFFICE BUILDINGS 1 & 2

- 100 Spalding Dr.**
 - Physician Offices
 - Edward Pharmacy
 - Women's Imaging Center
- 120 Spalding Dr.**
 - Physician Offices
 - Edward Cancer Center
 - Edward Medical Group

Cafeteria & Southside Café
 Complimentary Valet Parking
 Parking
 Accessible Parking
 Elevators



Main Campus Floor Guide

Heart Hospital

8th floor

Cardiac Telemetry

7th floor

Cardiac Telemetry/
Neuro

6th floor

Cardiac/Neuro ICU

Main Hospital

5th floor

Medical/
Surgical (MSU)

5th floor

Mechanical Floor

West Building

4th floor

ICU

4th floor

Medical/
Oncology

4th floor

Physician Offices

3rd floor

Medical/Surgical

3rd floor

Short Stay (SSU)

3rd floor

Ortho/Spine

Emergency/ Surgical Wing

2nd floor

ICU
Surgery

2nd floor

Mother/Baby
Unit

2nd floor
Medical/Surgical (MSU₂)
through April 2012
Mother/Baby Unit
NICU (late 2012)

2nd floor

Cardiac Telemetry

Children's Wing

1st floor

Pediatrics
PICU (March 2012)
Peds Specialty Area
Ronald McDonald Family
Room (March 2012)

1st floor

Emergency
Department

1st floor

Mother/Baby
Unit

1st floor

Labor & Delivery

1st floor

Cardiac Surgery
Cath Lab Recovery
Neurointerventional
Suites

ground floor

Support
Departments

ground floor

Support
Departments

ground floor

Pediatrics
through April 2012
Short Stay II Unit
(late 2012)

ground floor

Cafeteria
Kitchen

ground floor

Cardiac Outpatient

EDWARD HOSPITAL & HEALTH SERVICES MINI-DIRECTORY

Administration	Edward Heart Hospital	Employee Health- Naperville	72790	Naperville Immed. Care	66500	Plainfield Out Patient Center	815-731-3000
System CEO - Lou Mastro	73010	HH - Main - Ground Floor Greeter	73626	Employee Health - Plainfield	13029	Poison Control	800-222-1222
President EEH & EHV-Bill Kottmann	73624	HH - Administration	72890	Employee Health - Bolingbrook	65731	PACU	73550
VP EHHS & President LOH - Gina Sharp	55830	HH- Cardiographics	72822	Employee Pharmacy	75204	Post Anesthesia Care	73550
SR VP & CFO - OPEN	73035	HH - CATH Lab	72816	EMS	73053	Pre Admission Testing	73325
VP Chief Operation - Marianne Spencer	73520	HH - Heart Scheduler	72800	Endoscopy Lab	73543	Public Safety	73399
VP General Counsel - Chris Mollett	73410	HH - Medical Records	72806	Engineering - Facilities	69675	Purchasing	331-221-6611
VP Payor Strag.&Pres. IHP-Shawn Roark	73421	Edward Management Corp.	66906	Enterostomal Therapy	73002	Quality Management	73144
VP & Chief Medical Ofcr -Sanjeeb Khatua	75328	EMG #3 Family Practice Npvl	630-357-7979	Fitness Center (Naper Campus)	65900	Radiology	73425
VP Chief Nursing - Lynn Cochran	73590	EMG #8 Bolingbrook FP/IM	630-646-5777	Fitness Center (7 Bridges)	67900	Radiology File Room	73456
VP Technology Officer- OPEN	73370	EMG #11 Hobson Family Prac	630-416-1950	Food & Nutrition	73029	Radiology Reports	73456
VP of HR - Sue Mitchell	73949	EMG #12 Monarch Landing	630-330-1125	Catering	68906	Reception North Lobby	44202
VP Strategy & Bus Dev-Annette Kenney	75803	EMG #13 95th St. - FM	630-646-6920	Diet Office	75059	Reception South Lobby	77541
AVP, Chief Information Ofcr-Beckie Lopez	75695	EMG #14 Naperville Internal Med	630-527-7780	Kitchen	75064	Registration -Out pt. South Lobby	73964
EMG #15 Internal Medicine	630-527-5000	EMG #17 Plainfield Walk In	630-646-5020	Foundation	73954	Radiology Off Sites	
EMG #20 Plainfield - IM	815-731-9000	EMG #21 Plainfield - FP	630-305-3025	General Stores - Receiving	68740	Bolingbrook	65781
EMG #22 Plainfield - FP	815-676-2940	EMG #24 MDVIP - Dr Saran & Tyrrell	630-527-5575	GI Lab	73543	Book Road	65814
EMG #28 Crest Hill	815-838-2888	EMG #29 Eola Road	630-646-6250	Gift Shop	75216	Hobson	63320
EMG #30 Eola Road	630-646-6200	EMG #31 Bolingbrook	630-378-1774	Health Promotions	77525	Patient Access Services	73350
EMG #32 Naperville FP	630-922-1400	EMG #33 Bay Scott Circle	630-420-1500	House Doctor	888	Rehabilitation Services - Outpatient	73375
EMG OB/GYN	630-961-9485	EMG Pediatric Surgery	630-527-2910	Hospitalists - Adult	888	Residential Home Care	844-275-4430
EMG Surgery	630-355-5633	EMG Surgical	630-527-2910	Hospitalists - Pediatrics	888	Respiratory Therapy	75247
Sandwich Family Practice	815-786-2722	Yorkville Family Practice	630-553-2722	Human Resources	73401	Risk Management	75411
Oswego Family Practice	630-646-4255	Oswego Family Practice	630-646-4255	ISS - Help Desk	73346	Safety	73399
Sycamore Family Practice	815-895-9144	Edward Walk In Clinic North Naperville	630-527-3645	Information Systems	73346	Security	73399
Edward Walk In Clinic South Naperville	630-527-3645	Edward Walk In Clinic Romeoville	630-527-3645	Internal Audit	73838	Seven Bridges Fitness Center	67900
Edward Walk In Clinic Woodridge	630-527-3645	Edward Walk In Clinic Dayfield / PLF	630-527-3645	Housekeeping	44300	Sleep Center	63940
Edward Walk In Clinic Aurora Rd / Aurora	630-527-3645	Edward Walk In Clinic Yorkville	630-527-3645	Lab		Social Service Work	73569
Edward Walk In Clinic Yorkville	630-527-3645	Neuroscience		Blood Bank	73450	Speech Clinic - IN PT	75372
Edward Neuroscience Plainfield	815-731-9120	Edward Neuroscience Plainfield	815-731-9120	Chemistry	73450	Speech Clinic - OUT PT	73375
Edward Neuro ELM -Caron & Schueler	331-221-9090	Edward Neuroscience Naperville	630-527-7730	General	73450	Surgery	73514
Edward Neuroscience Naperville	630-527-7730	Edward Neuroscience Warrenville	630-836-9121	Hematology	73450	Surgical Care Unit	77724
Edward Neuroscience Warrenville	630-836-9121	EEG	73382	Microbiology	75698	Surgical Scheduling	73510
EEG	73382	Emergency Department	73358	Pathology	73460	Transport	77831
Emergency Department	73358	ER Trauma Services	77696	Laundry/Linen	67421	Ultrasound	77505
ER Trauma Services	77696	ER Registration	73350	Legal	75188	Urgent Care - Bolingbrook	65770
ER Registration	73350	ER - Triage	73358	Linden Oaks Hospital -Naperville	630-305-5500	Urgent Care - Oswego	64200
ER - Triage	73358	ER - Pediatrics (Rm 160-169)	73355	Linden Oaks Hospital - Plainfield	815-731-9090	Voice Mail Access	73600
ER - Pediatrics (Rm 160-169)	73355	ER - Plainfield	13020	Lobby MOB 1	48800	Volunteer Services	75305
ER - Plainfield	13020			Mail Room	75021		
				Marketing Communications	73902		
				Medical Records - Pt Records	331-221-6990		
				Medical Records - Dr/Hosp Reqs.	73086		
				Medical Staff Office	75805		
				Meeting rooms			
				Administrative Conference	77544		
				Board Room	77562		
				Education Center E011	77536		
				Education Center E201	77563		
				MR1	73425		
						Occupational Therapy - Inpatient	75370
						Occupational Therapy - Outpatient	73375
						Oswego Urgent Care	64200
						Outpatient Lab	73269
						Outpatient Registration	73964
						Pain Management - IN PT	pgr. 2362
						Pain Management - OUT PT	630-967-6000
						Pastoral Care	75256
						Patient Accounts	73100
						Patient Accounts - Financial Rep.	75307
						Patient Financial Services	73100
						Patient Support	77831
						Pediatric ER	73355
						Pediatric Specialties	77325
						Pharmacy	73609
						Pharmacy - Employee	75204
						Physician Referral	76363
						Planning/Business Development	73917

Healthy Driven™

Edward-Elmhurst
HEALTH



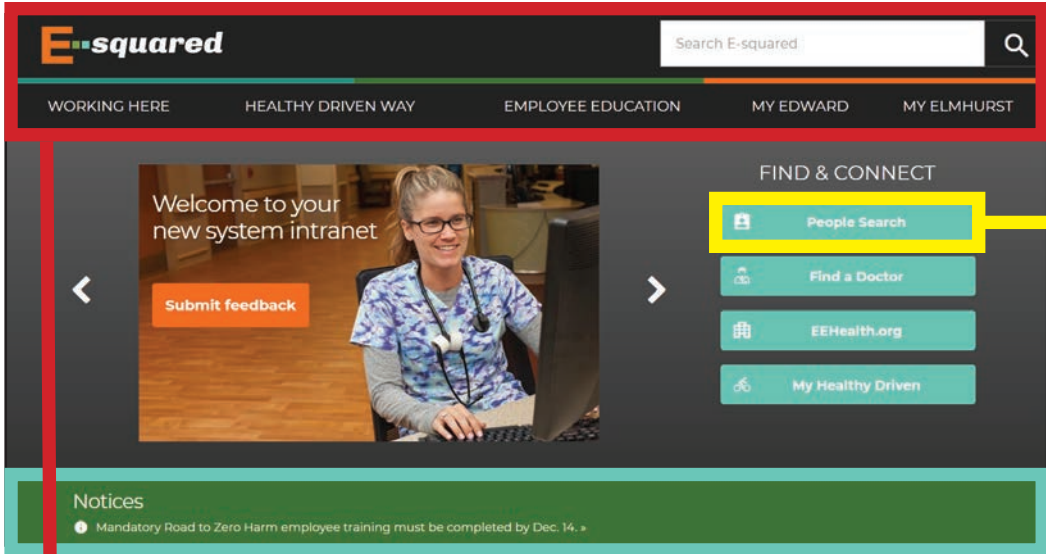
Tips for navigating the new system employee website

Welcome to **E-squared**, phase 1 of our new employee website. On this new system homepage, you'll find links to systemwide news and other information to help you do your job. We will continue to link to the existing portals for information that is hospital/department specific until we get to phase 2 of this project. **E-squared** will go live on December 12 and include system content such as:

- ▶ Common system links like API and HRXpress
- ▶ System and hospital specific news, information and events
- ▶ HR content, employee safety and systemwide education
- ▶ Our Healthy Driven Way initiatives
- ▶ Employee recognition and much more

Spend some time on this exciting, new site finding your way around.

TAKE THE TOUR



PEOPLE SEARCH (PHONEBOOK) BUTTON
 Use this button to search for an employee at either hospital by typing in the employee's first name or last name, department or phone number.

NOTICES
 Watch for important messages such as Epic downtime and Joint Commission visits here.

E-SQUARED LOGO

Browsing the site and want to go back to the E-squared homepage? Click on the E-squared logo.

SEARCH E-SQUARED

Use the search box to look for pages and documents that live on the new E-squared site. This search box will not find pages and documents that live on My Edward and My Elmhurst. You will need to go back to My Edward and My Elmhurst to search for hospital specific information.

NAVIGATION

This black navigation bar will help you locate new content that has been transferred to E-squared.



Working Here: This section contains system pages that help you do work at Edward-Elmhurst Health, including benefits, quick links to API, HRXpress and System Policies and Procedures.



Healthy Driven Way: This section contains system pages that discuss our mission, vision and strategic initiatives.



Employee Education: This section contains system pages that provide training, including links to HealthStream and MC Strategies.



The **My Edward** section contains quick links to high level/hospital specific pages on the My Edward intranet website.



The **My Elmhurst** section contains quick links to high level/hospital specific pages on the My Elmhurst intranet website.

NEWS & ANNOUNCEMENTS



Thanksgiving pushes next payday to Friday

Payroll will be processed one day later due to Thanksgiving Day.

[Read More >](#)



Healthy Driven Chicago is now live

Our Healthy Driven Chicago initiative with WLS-ABC7 is now live. The program highlights for all...

[Read More >](#)



Last chance to sign up for Road to Zero Harm mandatory training

Road to Zero Harm employee training ends in December. This is your last opportunity to sign up...

[Read More >](#)



PTO cash out

Benefit eligible employees have the opportunity to cash out PTO hours in exchange for taxable...

[Read More >](#)

[More News & Announcements >](#)

Frequent Links

- [API >](#)
- [EBSCO >](#)
- [Emergency Preparedness >](#)
- [Healthy Driven Heroes Nominations >](#)
- [HRXpress >](#)
- [IT Support/Submit a Ticket \(Service Now\) >](#)
- [Office Supplies >](#)
- [RL6 - Safety Event/Feedback Report >](#)
- [Safety Data Sheets \(SDS\) >](#)
- [System Calendar >](#)
- [Webmail >](#)

Edward

- [Catering Request >](#)
- [Census >](#)
- [HealthStream >](#)
- [PerfectServe >](#)
- [Search Nurse-PCT / CM-SW / Rehab Room Assignment >](#)

Elmhurst

- [Bid Shift >](#)
- [Care Alert >](#)
- [Catering Request >](#)
- [Elmhurst Employee/Hospital Directory >](#)
- [MC Strategies >](#)

NEWS AND ANNOUNCEMENTS

This will function very similar to the current My Edward/My Elmhurst news page, but will contain combined news from throughout the system. Check this section weekly for updates.

FREQUENT LINKS

Find the items you need to use the most like API, HRXpress, RL6 and the Healthy Driven Heroes nomination form in one easy location.

CAFETERIA MENUS

Hungry? Find the cafeteria menus at Edward, Elmhurst and Linden Oaks here.

PHOTO BOXES

This section calls attention to some of the great things we do as a system including our Good Catches, notable Awards and Employee Recognition initiatives. You'll also find links to our blogs and fascinating facts about our health system in the "Did You Know?" section.

BLOGS

Get to know some of our leaders. Our Healthy Driven bloggers include CNOs Lynn Cochran and Jean Lydon, along with System Director/HR Business Partner, Bob Blazek.

UPCOMING EVENTS

29 NOV

Love Lights

Join us for our Love Lights holiday open house and tree lighting ceremony in Elmhurst Hospital's East Lobby.

[Learn more >](#)

01 DEC

Reindeer Route House Walk

The Elmhurst Memorial Hospital Foundation will host the 41st Annual Reindeer Route Housewalk on December 1. This event begins the holiday season...

[Learn more >](#)

06 DEC

Outside the Box Shoe Sale

The Edward Foundation is hosting a 41-hour shoe sale! Popular shoe brands including Klogs, Algeria, Skechers, New Balance, Clarks and many more...

[Learn more >](#)

12 DEC

Edward Foundation: Rise 'n Roll Bakery

The Edward Foundation will sponsor a 1-day lobby sale by Rise'n Roll Bakery & Deli in the North and South lobbies. If you're looking for a...

[Learn more >](#)

[More Upcoming Events >](#)

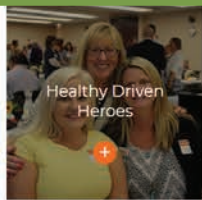
Cafeteria



- [Edward Hospital >](#)
- [Elmhurst Hospital >](#)
- [Linden Oaks Hospital >](#)



Good Catch October Winners



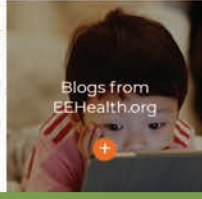
Healthy Driven Heroes



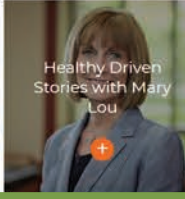
Latest Awards & Recognition



DID YOU KNOW?



Blogs from EEHealth.org



Healthy Driven Stories with Mary Lou

HEALTHY DRIVEN BLOGGERS



Updates with Lynn Cochran: Epic tools key to better medication education
[Read more >](#)



On My Rounds with Jean Lydon: It's a wonderful life.
[Read more >](#)



Healthy Driven Heroes with Bob Blazek: With a little help from my friends
[Read more >](#)

[More Blog Posts >](#)

WINGS OF HOPE EVENT

The Edward Foundation and SHARE held their annual Wings of Hope Angel Garden Blessing & Butterfly Release on Tuesday, June 6.

SHARE is a support group for those who



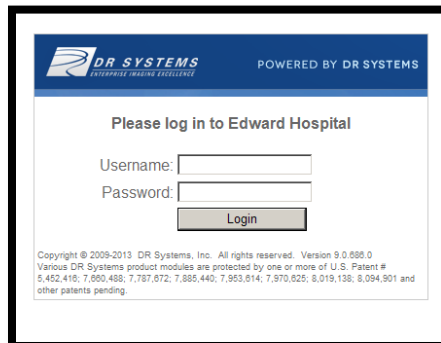
Edward Radiology PACS Web-Based Viewer

HARDWARE REQUIREMENTS	
ITEM	REQUIREMENTS
Operating system	<ul style="list-style-type: none">■ Microsoft Windows.■ Mac.■ Linux.■ Other operating systems that support Flash 10.
Internet browser	Required: Browser must support Adobe Flash 10. <ul style="list-style-type: none">■ Microsoft Internet Explorer.■ Firefox, Safari, Chrome, and other popular browsers.
Sound card (or integrated audio)	<ul style="list-style-type: none">■ Required for audio playback.
Third-party software	<ul style="list-style-type: none">■ Adobe Reader: required for report viewing. To download Adobe Reader, go to www.adobe.com.

Ways to access the Radiology PACS Web-Based Viewer:

- Go to <https://radimages.edward.org>
- Go to Edward.org and click on For Providers. Listed in the Applications there is a link to Radiology PACS (NEW Web-Based Viewer).
- Go to the employee.edward.org (internal Web page) within the organization and then click on Web Applications. There is a link called Radiology PACS (NEW Web-Based Viewer)
- This Viewer will also launch when selecting to view Radiology images within Epic.

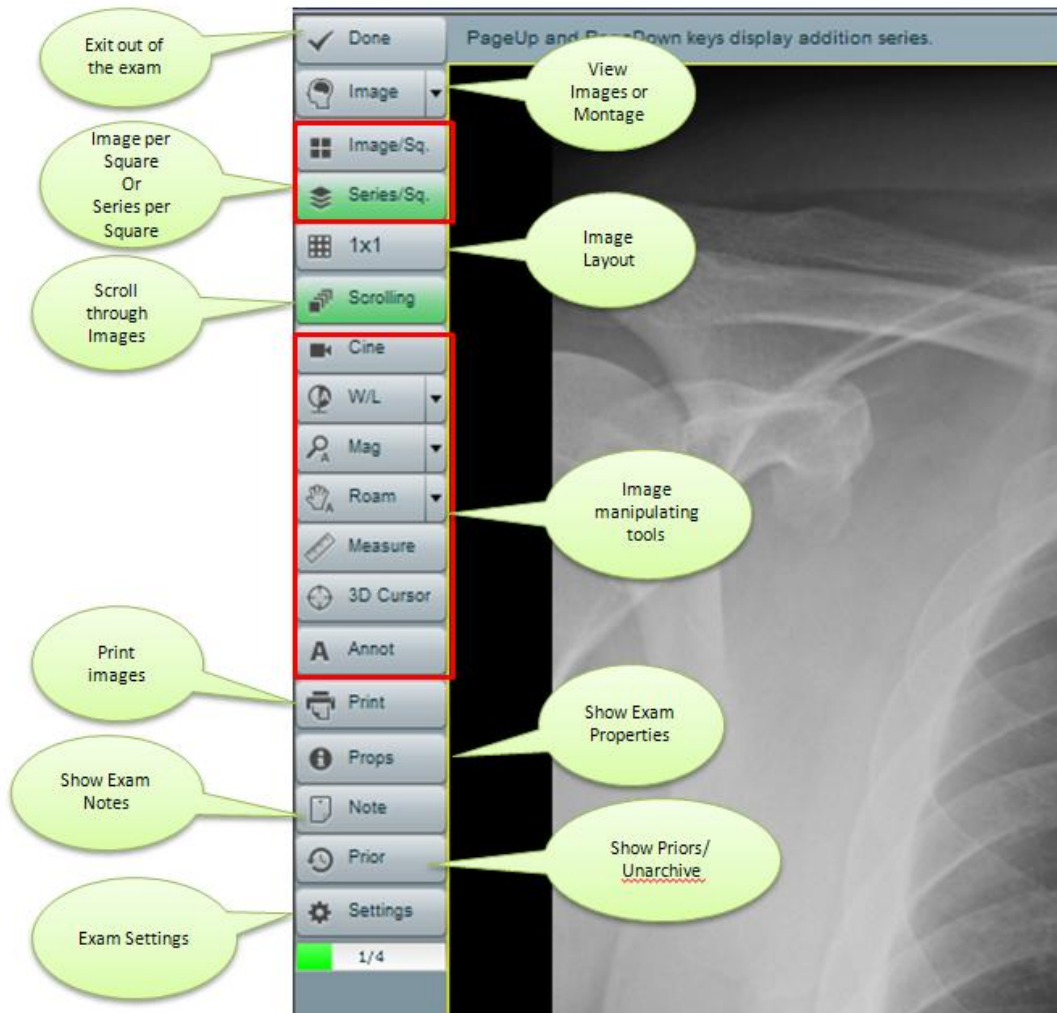
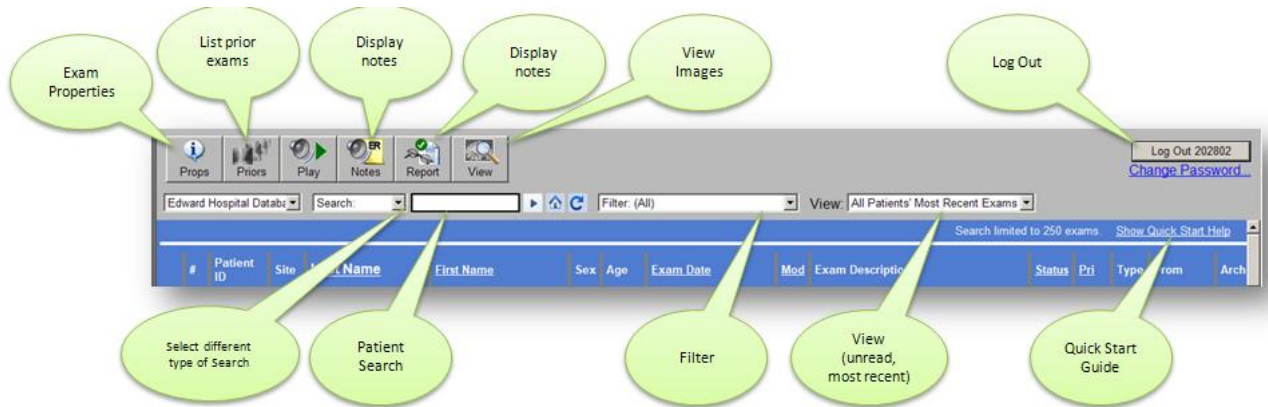
Logging into the system. This is the same login you use to access PACS today.



The screenshot shows a login page for Edward Hospital. At the top, there is a blue header with the DR Systems logo and the text "POWERED BY DR SYSTEMS". Below the header, the text "Please log in to Edward Hospital" is displayed. There are two input fields: "Username:" and "Password:". Below these fields is a "Login" button. At the bottom of the page, there is a small copyright notice: "Copyright © 2009-2013 DR Systems, Inc. All rights reserved. Version 9.0.006.0. Various DR Systems product modules are protected by one or more of U.S. Patent # 5,452,410; 7,060,488; 7,787,672; 7,885,440; 7,953,614; 7,970,825; 8,019,138; 8,094,901 and other patents pending."

Searching, Viewing and other Tools

*When launching an exam from Epic the Prior button is not active.



Keyboard and Mouse Shortcuts

Key	Description
1	Formats 1 x 1
2	Formats 2 x 1
3	Formats 3 x 1
4	Formats 2 x 2
6	Formats 3 x 2
8	Formats 4 x 2
9	Formats 3 x 3
0	Formats 4 x 3
-	Formats 5 x 4
=	Formats 6 x 4
/	Formats to Best fit
a	Switches image annotations on or off
m	Switches the montage on or off
Up arrow in scroll mode	Pages forward through series images
Down arrow in scroll mode	Pages backward through series images
Up arrow in W/L mode	Decreases window level
Down arrow in W/L mode	Increases window level
Page Up	Displays the previous batch of images
Page Down	Displays the next batch of images

Mouse	Description
Double-click image	Displays 1:1
Double-click image again	Returns to previous display format
Wheel up	Pages forward through images in a series
Wheel down	Pages backward through images in a series
Drag up	Pages forward through images in a series
Drag down	Pages backward through images in a series

VisualDx[®] mobile

Now available
for **Android™** and **Apple iOS** devices!



Your institution currently subscribes to VisualDx, which now offers free access to VisualDx Mobile. Follow these 4 easy steps to get access now.

1. Open VisualDx on a clinical computer
at your institution.



2. In the center of the home page, find the
VDx Mobile icon and click *Get VisualDx
Mobile Free.*



3. Using your *institution e-mail address*,
complete the form to request a user
name and password.

4. Open your institution e-mail account,
and then follow the instructions to
download the app and begin using
VisualDx Mobile.



VisualDx[®] mobile

Try it Now!

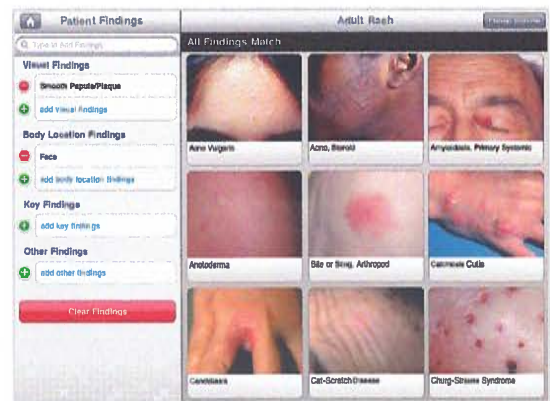
Start by entering your user name and password. If you do not have a user name and password, follow the instructions on the back of this page. Once you log in to VisualDx Mobile, select *Differential Builder* or *Diagnosis Lookup* to begin.

Use VisualDx Mobile to visually validate a diagnosis, look up next steps for management and patient care, see the differential as you enter patient findings, and provide on-the-spot patient education with real images a patient can relate to.

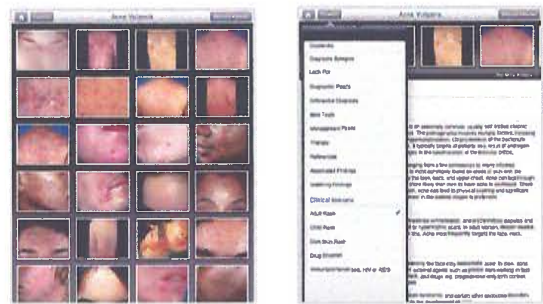
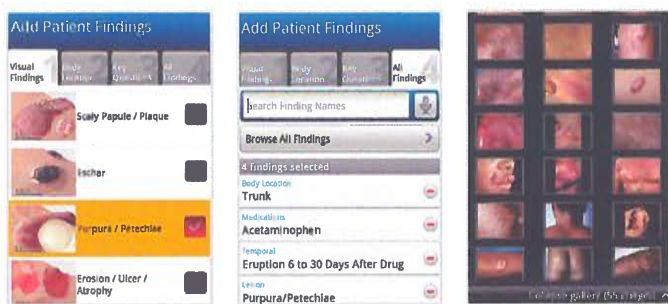


iPhone[®] and iPod touch[®] app

iPad[™] app



Android[™] app **NEW!**



Thousands of images, disease management, therapy, and more – all in just seconds.

VisualDx Mobile is the only medical app to show disease variation with multiple images of each disease. For each diagnosis you can:

- View a gallery of images varying in age, skin type, and severity.
- View a high-resolution version of any image.
- Zoom in or out of an image for a close-up of a specific area.
- Review associated clinical information including What To Look For, Differential Diagnosis & Pitfalls, Best Tests, Management Pearls, Therapy, and more.



What is VisualDx?

VisualDx is a clinical decision support system that helps clinicians recognize and diagnose visually presenting conditions. Unlike any online text or database, VisualDx captures the variation disease presentation by age, skin type, body location and severity, combining the best medical images in the world – confirmed by leading physician experts – with a unique search engine to give you **patient-specific answers in seconds**.

Why should I use VisualDx?

Serious infectious, genetic, immunologic, nutritional, and metabolic diseases often present visually. VisualDx covers more than 1,200 conditions, represented by over 24,000 medical images. It promotes diagnostic accuracy and helps clinicians more effectively communicate to patients “this is what the condition looks like, this is what you have, and here are the steps we are going to take to treat it.”

How do I use VisualDx?

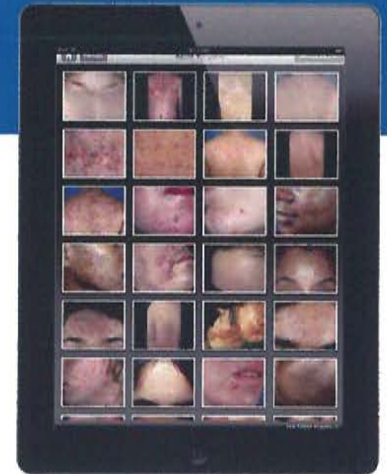
It's easy. Quickly search a diagnosis, finding or medication, or click Differential Builder.

- Build a rapid, accurate visual differential diagnosis by entering signs and symptoms, medical history, occupation type, travel history and other patient factors.
- Search a diagnosis for concise clinical information like what to look for, textbook differential diagnoses and pitfalls, best tests, therapy, and more.
- Search a medication to see the differential of drug-induced diseases and eruptions.

Where do I sign up for the mobile app?

Follow the instructions below to sign up through your institution's license:

- Open VisualDx on a computer at your institution.
- Click the Get VisualDx Mobile Free link.
- Complete the form to create your account username and password.
- You will receive an email with your account details and a link to download the app.



Mobile Included! Access VisualDx Now

Your institution has licensed VisualDx and established several points of access. Visit www.visualdx.com or try these locations:

- Library e-resources page
- Institution physician intranet
- UpToDate search results
- EMR clinical resources menu
- Apple or Android mobile devices

VisualDx was named a “Top Five Medical App” at Harvard Medical School and recognized as the Category Leader for Clinical Decision Support in the 2011 Best in KLAS Awards: Software & Services report.

For more information or to view our video overview, visit www.visualdx.com.

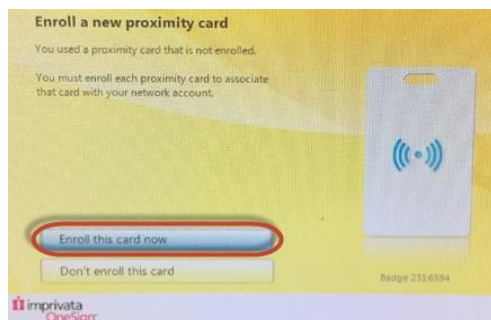
Registering with Imprivata OneSign

Imprivata OneSign allows users to quickly “tap in” and “tap out” of Epic using their ID badges. This will guide inpatient providers through the enrollment and badging-in process.

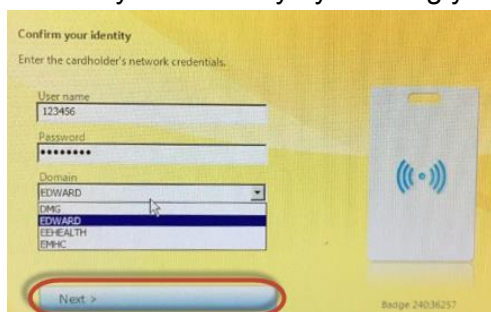


Registering for NON-DMG Provider – Try it Out

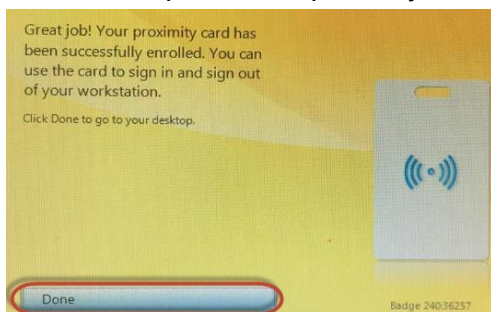
1. Open Epic Hyperspace.
2. **Tap** your Edward Elmhurst badge on the **Imprivata Reader**.
3. Click on **Enroll this card now** button.



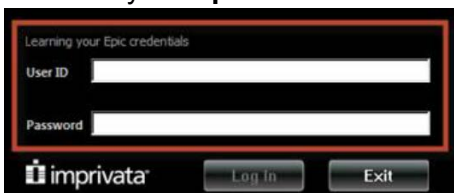
4. Confirm your identity by entering your user ID, password, and domain. Click **Next**.



5. When all steps are completed, you will get the following message. Click **Done**.

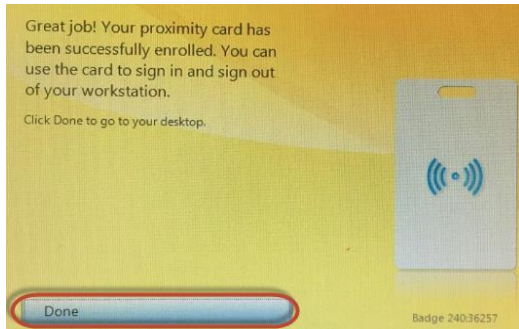


6. You will be asked to verify your login once again in the next grey screen. Epic Login Screen will now open.
7. Re-enter your **Epic User ID** and **Password**.



Registering for DMG Provider – Try it Out

1. Call the DMG Help Desk at **630-545-7997**.
2. Once enrolled, all DMG providers should follow the steps 1-3 listed on the front page of this tip sheet.
3. Confirm your Identity, then click **Next**.
 - User Name: DMG Network ID (This is **not** your Epic ID)
 - Password: Your DMG Network Password
 - Domain: DMG
4. When all steps are completed, you will get the following message. Click **Done**.



5. You will be asked to verify your login once again in the grey box.
 - User name: Your own **DMG Network ID**
 - Password: Your own **DMG Network Password**
6. Epic Login Screen will now open. Re-enter your **Epic User ID and Password**.



You can continue to “badge-in” for up to 12 hours. After 12 hours, you will be asked to re-enter your password.



Haiku/Canto Access Instructions

Haiku and Canto provide authorized clinical users of Epic with secure access to schedules, patient lists, patient information, health summaries, test results, notes, and much more.

An appropriate Haiku/Canto access request must be opened in ServiceNow. Users can call Epic physician support to request assistance with the request and installation process. Outside of normal business hours, please contact the Service Desk at 1-HELP (331-221-4357) or 630-527-3346. Please allow 3–5 business days for your request to be fulfilled.

- Edward providers can reach out to 7-EPIC (630-527-3742).
- Elmhurst providers can reach out to 1-CPOE (331-221-2763).
- Ambulatory providers can reach out to 1-EPIC (331-221-3742).

Complete the Access Request Process

1. Go to iTunes App Store or the Google Play Store to download and install Epic Haiku (iPhone/Android) or Canto (iPad) application.



Your device must be registered by an Epic Analyst in order to use Haiku and/or Canto.

2. Follow the steps below:
 - a. From your device, open a web browser and navigate to: www.eehealth.org/haikucanto. This link will not work on a desktop or laptop; it will only work on a mobile device or tablet.
 - b. Tap on the name of the appropriate application for the device you are using. Tapping the application will allow your device to auto capture the EEH/DMG PRD Haiku Canto environment configuration settings through our mobile configuration utility.



- c. Tap **Open**. The application you tapped will open, requesting that you log in.
- d. Enter your Epic issued user name and password.
- e. Tap **Go** or the **arrow** icon to accept.
- f. Confirm the pop up window stating a message has been sent to the administrator: "Login Failure. Device not yet registered. An administrator has been notified to activate this device". If you see any other message, please contact your physician support team for assistance.

Once the Haiku/Canto administrator receives your ServiceNow access request and the access request from Epic from when you entered your user name and password, your request will be processed. Please allow 3–5 business days for processing. Once the request has been processed, an InBasket message will be sent confirming your access.

Good to Know...

Auto capturing or configuring your device to the Edward Elmhurst Health settings allows for quick and easy access to the EEH/DMG PRD Haiku Canto environment. If you work at multiple healthcare organizations that use Epic, request access to their Mobile Configuration Utility and install their custom configuration as well. If the organization does not have the Mobile Configuration Utility built, you will need to use the Custom Configuration and manually enter the Server and Path for that location.

If no environments are configured, “No environments configured” will appear at the top of the screen and you will need to manually enter a Server and Path, connect to the Mobile Configuration Utility and request access or reach out to physician support for assistance.

If more than one environment is configured, a banner appears at the top of the login screen, letting you choose the environment you want. When you log in to Haiku or Canto, the last environment you logged out of is automatically selected.

