ACMC ED Physician Resource Handbook

2024

2-23-2024

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2 Faculty Profiles

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3 Department Committees and Positions

3.1 Committees

*Open Spots are listed within the table.

Committees	Members	Open Spots	Description	How to Join
Chair Advisory Board (10-12 members)	Brian Sayger (Chair) Trushar Naik (Ops) Liz Regan (EP/EMS) Sarah Herron (Peds) Travis Hase (RLT) Adele Cobbs Abhi Katiyar Jenna Jurkovic Mike Kennedy Cindy Chan	1-2	**Goal:** to be a sounding board to review ideas, address challenges, and discuss opportunities to improve department operations, care and elevate culture. Not a policy setting group. Ultimately provides guidance to the Chair on the faculty's perspective. Also serves as hiring committee with VC Education. **Goal:** to represent as many interests as possible: junior faculty (<5 years), senior faculty, members at large, nocturnist, and population health. **Ad hoc members are looped in for pertinent discussions: VC Education and Scheduler. **Expectations:** Monthly meetings (1-1.5 hrs) and helping with interviews. Membership does not count for academic hours.	Positions are 1-2 year terms for rotating general members. Certain positions (Chair, Vice Chair of Operations, Peds Admin, EMS/Emergency Preparedness, and RLT) are permanent. Interest for open positions is elicited and applications taken from the group at large. Then chosen from applicants by Department Chair. **Applications are being taken until 1/19 at 5pm.**
Quality and PI Committee (10-11 members)	Sheila Bonaguro (Director) Cindy Chan (Asst Director) Brian Sayger (Chair)	2-3	**Goal**: Helps to direct the department's quality metrics and provide peer review	Positions do not currently have a term limit.

	Trushar Naik (Ops) Jess Sinnott (EMS) Dan Girzadas Kate Paquette Travis Hase Abhi Katiyar Jenny Woodruff Mike Kennedy		when needed. Headed by director of PI. **Expectations:** Monthly meeting attendance (2hrs) to review quality metrics and cases for review. Will also serve as quorum member for case review at least 1 month per year. Committee hours will not count for academic time hours, but any developed PI case series presentations at conference would count. Additionally, supervision of resident quality projects would also count for academic time.	Interest for open positions is elicited and applications taken from the group at large. Then chosen from applicants by Admin/PI leadership. Priority given to mid-career level faculty members in order to balance the committee. **Applications are being taken until 1/19 at 5pm.**
Faculty Development Committee (12-13 members)	Elise Lovell (VC Education) Asmita Patel Dennis Ryan Katie Rowan Dan Girzadas Nina Muhammad Andy Cox Liz Regan Travis Hase Dan Grahf Mila Felder Oyin Okubanjo Hannah Watts	0	**Goal:** Headed by VP Education. Goal of professional development of faculty and sponsoring activities for CE, skills refreshers/mastery, mentorship, providing legal and practice education, developing educational skills etc. **Expectation:** Each member will have an area of focus/initiative to spearhead. Expectation of monthly meetings (1 hour). Work by the committee or other faculty to lead faculty development activities will count for academic hours (development of curriculum, lectures, simulations, etc).	Volunteer Basis. No current term limits.
Academic Protected Time Qualifying	Brian Sayger (Chair) Elise Lovell (VC Education)	2	**New committee. **Goal:** Will review requests and make	Applications to be sent to Chair by

Activities Committee	Dennis Ryan (RLT rep)		decisions about additions to the academic protected time qualifying activities list. **Expectations:** meeting in late January and then ad hoc as needed. Expected time commitment of 1-2 hours per month. Membership does not count towards academic hours.	deadline of 5pm Monday, 1/15.
Geriatric ED Focus Group	Brian Sayger (Chair) Trushar Naik (Ops) Mike Marynowski	No limit	**Goal:** Champion geriatric ED initiatives and implementation. **Expectation:** Attend regular meetings. Assist with implementation of new initiatives. Participation does not count for academic protected time hours.	Volunteer Basis; no current term limits.
ED Disaster Committee	Liz Regan (EP) Jess Sinnott (EMS) Kelsey Boyne (Resident Director of Disas Med) ED Nurses/Techs	No limit	**Goal:** Review emergency preparedness plans for ED, assist with drill design, educational development and keep current with emerging threats. **Expectation:** Attend 50% of monthly meetings per year. Participate in drills periodically. Expected time commitment of 1 hour per month. Meetings do not count towards academic protected time hours, drill or educational events will.	Volunteer Basis; no current term limits

3.2 Protected Time Positions

*Open positions are in green.

Administration			
Position	**Current Faculty**	**Appointed or Voted**	**Protected Time**
Chairman	Brian Sayger	AMG and Hospital Executive Leadership Team	0.8FTE
Vice Chair	OPEN	Voted by Group/Approved by AMG	0.4 FTE
Medical Director of Clinical Operations	Trushar Naik	Appointed by Chair	0.4 FTE
Medical Director PI/QI	Sheila Bonaguro	Appointed by Chair	0.36 FTE
Asst Medical Director PI/QI	Cindy Chan	Appointed by Chair	0.24 FTE
Department Scheduler	Dave Collins	Appointed by Chair	0.25 FTE
Residency Leadership			
Program Director	Andrea Carlson	Appointed by Chair and GME Council	0.5 FTE
Associate Program Director	Mike Cirone	Appointed by Residency Program Director	0.25 FTE
Associate Program Director	Dennis Ryan	Appointed by Residency Program Director	0.25 FTE
Associate Program Director	Thaer Ahmad	Appointed by Residency Program Director	0.25 FTE
Associate Program Director	Ryan Tabor	Appointed by Residency Program Director	0.25 FTE
Associate Program Director	Travis Hase	Appointed by Residency Program Director	0.25 FTE
Educational Positions			
VP Education	Elise Lovell	Appointed by Chair	0.1 FTE
Medical Student Clerkship Director	Karis Tekwani	Appointed by Chair	0.2 FTE
Assistant Medical Student Clerkship Director	Jim McKean	Appointed by Chair	0.1 FTE
ED Simulation Director	Travis Hase (Interim) Maggie Putman (resuming Sept 24)	Appointed by Chair	0.2 FTE
Medical Director Social Simulation	Oyin Okubanjo	Appointed by Chair	0.125 FTE
Journal Club Lead	Chris Kerwin	Appointed by Chair	0.05 FTE
Core Faculty	Mike Kennedy	Appointed by RLT	0.1 FTE
EMS/Disaster			

EMS Medical Director	Jess Sinnott	Appointed by Chair	0.3 FTE
Alternate EMS Medical Director	**OPEN;** Role will be covered by Drs. Sinnott/Regan until June 2024. If interested, please reach out to apply.	Appointed by Chair and EMS Medical Director	0.1 FTE
Medical Director Disaster Medicine & Preparedness	Liz Regan	Appointed by Chair and Hospital VP Operations	0.3 FTE
Ultrasound			
Director Ultrasound	Mike Lambert	Appointed by Chair	0.25 FTE
Associate Director Ultrasound	Katie Burns	Appointed by Chair	0.25 FTE
Research			
Co-Medical Director Research	Ravi Chacko	Appointed by Chair	0.1 FTE
Co-Medical Director Research	Ryan McKillip	Appointed by Chair	0.1 FTE
Total for Department:			**6.525 FTE**

*Currently, positions do not have term limits.

**Certain faculty members have additional protected time and roles through the hospital or system. That protected time is not included above. Only the department's protected time is referenced above.

4 Scheduling Rules

ACMC Emergency Department Scheduling Rules for 2024

Objective:

This policy applies to all attending physicians working in the ACMC/ACH-OL Emergency Department, including full-time, part-time, and PRN status.

The goal of this policy is to provide scheduling rules to assure fair distribution of shifts and scheduling parameters.

Rules:

Attending Expectations:

1. **Shift Availability:** Providers are to leave 1.5x their contracted shift days open in schedule request as well as + 1 day of availability for every additional shift requested over-contract. For example, if you are contracted for 12 shifts and you request 12 shifts in a month, you would leave 18 shifts open. If you request 14 shifts for a month, you would leave 20 days.
    a. Please note, that the number of available days must align with a feasible schedule. For example, if a provider leaves availability for an overnight shift and a 6am shift on consecutive days, this does not count as two available days, as it is not feasible to work both of those shifts.
    b. Please note, to be counted as a "day" a provider must leave at least all shifts before 11am or all shifts after 11am available. The 11am shift is included in afternoon availability.
    c. Attendings will notify scheduler and ED admin if they are unable to provide the expected availability in any given month due to extenuating circumstances. This will require approval from the department chair.

2. **Request On:** The "request on" function through Bytebloc will no longer be used. If you would like to request on a particular shift, you can write the request in the comments section of the day in Bytebloc and email the scheduler with the specific request. The scheduler will make every effort to honor your request, but there is no guarantee your request will be able to be honored.

3. **Partial Day Requests/Individual Shift Requests:** Attendings can request off blocks of time during a given day (for example, request off all shifts before 11am or 11am and after). However, attendings must leave availability for all shifts during the time block left as available. For example, you cannot preferentially block off 2:00pmPED or 4PM VZ if you are available to work all other afternoon shifts.

    a. At least one of the following blocks of time must be left available to count as a day of availability:
        i. Shifts starting prior to 11am
        ii. Shifts starting at or after 11am
    b. An exception to this rule will be made for those attending or lecturing at the Wednesday morning conference to minimize downtime at the hospital. This would qualify for a type of "request on" as referenced above.
        i. For example, leaving the 1pm and 2:30pm shifts post conference open but blocking off the 4pm would be allowed if attending or lecturing at conference.

4. **Shift Distribution Expectations:**
    a. **General:**

1. Attendings must leave a mix of shift availability times. For example, an attending may not request to exclusively work 6am shifts or only 2:30pm shifts, etc.
    a. Exceptions are made for those who request to work all night shifts.

b. Weekend:

i. Weekend shifts are considered any shift from 11am on Friday through the 11pm shifts on Sunday.
ii. Attendings are expected to leave at least enough weekend availability to cover 38% of their shifts.
    1. The only exception to this is Wednesday morning attendings who have an approved weekend shift percentage reduction to 25%. This reduction is given to those that work equal or greater than 75% of Wednesday morning shifts (6am, 7:30am).
    2. Attendings must leave a mix of Friday, Saturday, and Sunday shifts in their availability.

c. Pediatric:

i. All adult attendings are expected to be available to work pediatric shifts. With all attendings working the PED, PED shift frequency will be an estimated 1 shift every 4-6 weeks (5-10% of shifts).
ii. Attendings requesting extra PED shifts should notify the scheduler of their requested PED workload per month as part of their annual preferences sheet.

d. Holiday:

i. Holiday coverage is by volunteer, but every provider is expected to leave availability for holidays throughout the year. Starting in 2024, attendings will submit their holiday requests in rank order when requested by the scheduler.
ii. Holidays for the group include:
    1. New Year's Day
    2. Memorial Day
    3. Fourth of July
    4. Labor Day
    5. Thanksgiving
    6. Christmas Eve (shifts with start time after 9am?)
    7. Christmas
    8. New Year's Eve
    9. Mother's Day/Father's Day/Easter/Halloween?
iii. Holidays are paid with an additional holiday differential of $100/hr. This additional compensation is paid by AMG and paid out on a quarterly basis.
iv. There is no requirement to work flanking days of the holiday for the holiday incentive credit.

e. Nights:

i. Any attending working a qualifying night shift (7pm PED, 11pm Adult, 10pm PED) will receive the night shift differential of $44.98/hr on top of the base hourly of $223/hr.
ii. The night differential will be paid out quarterly.

f. Accountability:

i. If an attending is not in compliance with schedule request rules, they will be given a warning by the scheduler after the request period closes. The attending will be asked to adjust their availability or provide additional availability by email.
ii. If after a warning, the attending is still not in compliance, their future month requests off will be decreased temporarily.

Schedule Information:

1. Schedule requests go out at least 8-9 weeks in advance.
2. Final schedule comes out at least 6 weeks in advance.
3. On an annual basis, attending preferences for the following categories will be solicited to be entered into Bytebloc:
    a. Consecutive shifts
    b. Number of PED shifts per month
    c. Number of night shifts per month
    d. Number of Wednesday morning shifts per month
    e. Least Favorite Shifts
    f. Favorite Shifts
    g. Preference in short turn around time
    h. Any additional considerations
4. Hours tracking will be shared quarterly by AMG.
5. Undesirable shift distributions (PED, 4pm, etc) will be tracked and distributed periodically.

5 Emergency Coverage and Late Arrivals

ACMC/ACH-OL Emergency Department Physician Emergency Coverage Policy

Objective:

This policy applies to all attending physicians working in the ACMC/ACH-OL Emergency Department, including full-time, part-time, and PRN status.

The goal of this policy is to provide emergency coverage definitions, parameters, notification protocols, and subsequent expectations for coverage. This policy also addresses unplanned late arrival to shifts.

As of 2024, there is no longer a monetary incentive for picking up a shift that comes available due to staff need for emergency coverage.

Definition:

Emergency Coverage: Unplanned coverage due to staff illness or emergency requiring the need for emergency staffing replacement with less than 24 hours' notice.

Late Arrival: Arrival to shift after shift start time. Providers are expected to be ready to work at start time of shift.

Indications for Emergency Coverage:

1. Sudden Illness, Injury or Emergency (< 24hrs notice) in the staff member preventing them from working.
2. Sudden Illness, Injury or Emergency (<24 hrs notice) in the immediate family of the staff member preventing them from working.
    a. Immediate family may apply to: Spouses, Children, Parents, Siblings, other dependents.
    b. Bereavement also falls under this criterion. Please see AMG Bereavement Policy for further details.
3. All other reasons for emergency coverage must be discussed and approved by respective Adult or Pediatric ED Leadership. This allows leadership to plan near-term for absences and also allows leadership to provide any additional support and assistance.
    a. For example, if there is a family emergency or death in the family that occurs > 24 hrs before a shift, but coverage will be needed for upcoming shifts, the provider would contact ED Leadership to discuss upcoming shifts needs and leadership will make a determination about emergency coverage needs.
    b. Please contact Advocate Benefits for further information on FMLA or other leave of absences. If the provider has benefit questions with regard to leave, ED Admin is able to help refer the provider to a benefits specialist.
4. Staff are not expected to make-up emergency coverage shifts provided they maintain their yearly contracted hours. Two exceptions to this are as follows:
    a. If the staff member does not make an attempt to find coverage OR does not notify ED leadership of their inability to send coverage or their inability to secure coverage, the staff member may be required to make-up the missed shift.
    b. If the staff member displays a behavior of call-offs deemed out of proportion to the normal amount, a review with the staff member will be completed to review needs of the staff member and potential make-up of shifts. Emergency Call-Offs will be tracked throughout the year.
        i. In 2023, the average number of call-offs for a provider was 1-2 per year.

Process for Calling Emergency Coverage:

1. When a staff member is in need of emergency coverage, he/she will first send out notification to the group to attempt to find coverage. *If the staff member is physically unable to send the request, they will notify ED Leadership as well as the scheduler via text and email.
2. If the staff member is unable to secure emergency coverage within 2 hours of their notification to the group, they will notify the Chair via text/call and email. The Chair will send out further emergency coverage notification and notify the scheduler.
3. If emergency coverage is unable to be secured, ED Leadership will review schedule line-up and possibly adjust for gaps through float shifts, or as a last resort, may contact ED Nursing Leadership about decreasing rooms for staffing.

Late Arrivals to Shift:

It is the expectation that all staff arrive on time to work. Occasionally, a staff member may encounter unforeseen delays on their way to work, oversleeping, misread of scheduling, etc. In the event this happens, the staff member must:

1. Call the emergency department immediately to disclose the ETA. Specifically, an attempt should be made to contact the outgoing shift attending physician if applicable.
2. Notify ED Leadership by the end of shift of the late arrival. The provider who is late should self-disclose this information to leadership.
3. If the delay is more than 30 minutes into the staff member's shift, the outgoing shift's staff should complete sign-out to another team.
4. If the staff member displays a behavior of late arrivals deemed out of proportion to the normal amount, a review with the staff member will be completed to review needs of the staff member and potential make-up of shifts. Late arrivals will be tracked throughout the year.
    a. In 2023, the average number of late arrivals for a provider was < 1 time per year.

This policy will be reviewed and updated on a yearly basis by ED Leadership and has been reviewed at the end of 2023.

6 Compensation Information

ED Compensation Plan 2024

Categories	Old Compensation Model	New 2024 Compensation Model (effective 1/1/24)
Hours Requirement (listed for 1.0 FTE)	1500 hours annually for non-nocturnists or 1200 hours annually for nocturnists. 120 non-clinical hours required for value pay eligibility for all.	1552 hours annually for everyone. Hours are broken up into 1396 (0.9 FTE or 90%) clinical hours and 155 non-clinical hours (0.1 FTE 10% of total hours). Non-clinical hours are tracked and enforced by the department.
Hourly Rate/Base Pay	Tier 1: $178.50/hr Tier 2: $183.60/hr Tier 3: $188.70/hr	$223/hr
"Bonus" or Value Pool	Value Pool (compromised of money contributed by AMG for every shift worked) eligible for payout for those who completed the 120 non-clinical hours requirement. Payout was twice a year.	Value Pool eliminated. Metric-based bonus available for providers, up to 2.5% or $10,000. Paid out at end of the year. Confirmation of metric TBD, likely HEART score.
Holidays	Holidays determined by group and paid from value pool. Compensation amount of double pay.	Holidays paid for by AMG. Holiday rate is $100/hr extra on top of base pay. Recognized holidays (8 total): New Year's Day Memorial Day July 4th Labor Day Thanksgiving Christmas Eve Christmas New Year's Eve Holiday incentive paid out quarterly.
Night Differential	Nocturnists with hours credit for working at least 80% night hours (1200 hrs instead of 1500 hrs). Non-nocturnist staff receive night differential of $40/hr paid out quarterly.	All qualifying night hours have a differential of $44.98/hour. The night differentials are paid out quarterly. No further hours reduction or requirement for nocturnists.

Critical Pay/Above-Hours Differential	$50/hr of "critical pay" incentive approved for sites with low FTE and would be added to above contract hours for providers. Paid on a monthly basis in 2023.	All hours above contract will have a $50/hr incentive added to them. This will be based on a year-end total and paid out at the end of the year.
Bank	Extra or above contract hours applied to provider's bank. No limit on bank amount. No required payout. Available for cashout by request. Ability to rollover to subsequent years.	Extra or above contract hours applied to provider's bank. Banked hours will be cashed out on a quarterly basis. No rollover from quarter to quarter or year to year. No exceptions.
Emergency Coverage	Shifts that become available due to provider illness, injury, emergency or bereavement are eligible for emergency coverage pay which is double pay, paid from value pool.	No emergency coverage. Requests for coverage of open shifts sent to group. No additional incentive.
Seniority Pay	Extra week of "vacation/off-time" for senior members. Paid from value pool.	Seniority pay eliminated. No milestone or retention bonus approved with the new compensation model.
PTO	No current PTO system. Bank used as time off.	TBD

7 Academic Time Definition and Requirements

As of January 1, 2024, 10% of each faculty member's clinical time will be reimbursed for academic activities benefiting the residency program and the academic mission of the department.

- As these are paid hours, the expectation is for all faculty members to track their academic protected time using the ATrackerPRO app.
- At the end of the year, a download of these hours will be submitted to AMG for verification of hours. Spot downloads may be requested for faculty evaluations to assure an attending is on track for hours.
- A list of qualifying hours is listed below, along with their respective hours maximums.
- A new committee for 2024, the academic protected time qualifying hours committee, will meet periodically to add/review the qualifying activities list. Requests for approval of new activities can be submitted to the committee.
- The Academic Protected Time Qualifying Activities list will be housed on our christ.com website, under the "For Faculty" tab. The Academic Protected Time Committee will continue to meet and review new suggestions - please consider the list an active document. We appreciate all of the great ideas already proposed, and most have been incorporated. Please visit the website for the most up to date listings.
- In order to provide adequate support to our residency program, we are setting several minimum expectations for all faculty members, all of which also qualify for academic protected time:
    - Attend 20 hours of conference annually (this also includes Journal Club and Wednesday Simulation sessions).
    - Give one lecture at Wednesday conference annually. Examples include core content lecture, case-based presentation from PI, Oral Boards with a resident, participation on a panel, teaching an EM Fundamentals session. Other small group activities such as lab stations qualify for academic protected time but do not meet this annual one lecture minimum.
    - Completing the 80% end of shift resident evaluation expectation automatically qualifies for 30 hours of academic time. This is an all/none, similar to completion of 6-month resident evaluations in the past. The 80% expectation must be met to qualify for the 30 hours.

8 Benefits Details

8.1 Overview

Benefit	Full-time 72-80	Part-time 60-71	Part-time 40-59	Part-time 39 or less
Educational Assistance	5000/yr	2250/yr	2250/yr	No
CME	3500	prorated	prorated	Prorated .2 FTE minimum
Dental (No premium diff)	Yes	Yes	Yes	Yes
Medical (Premium differences below 72 hrs). Includes prescription benefits if enrolled in medical coverage & eligible for healthy living benefits	Yes	Yes	Yes	Yes
Supplemental Medical	Yes	Yes	Yes	Yes
Vision (No premium difference)	Yes	Yes	Yes	Yes
Flexible Spending Accts	Yes	Yes	Yes	Yes
Life and AD&D Insurance Benefits	Yes	Yes	Yes	No
Leaver of absence programs	Yes	Yes	Yes	Varies
Flex Spending Accounts (FSA)	Yes	Yes	Yes	Yes
Retirement benefits • Retirement savings plan – 401(k) » Per-pay-period match: up to 3% of pay2 » 3% annual company contribution3 » 457(b) Plan – for Nontaxable Affiliates » Non-Qualified Deferred Compensation Plan – for Taxable Affiliates	Yes	Yes	Yes	Yes
Disability benefits • Short-Term Disability (STD) • STD Buy-Up Option • Long-Term Disability (LTD) • LTD Buy-Up Option	Yes	Yes	Yes	No

- For full rewards description/explanation: https://hrportal.ehr.com/LinkClick.aspx?fileticket=AwWB026X9KY%3d&portalid=209

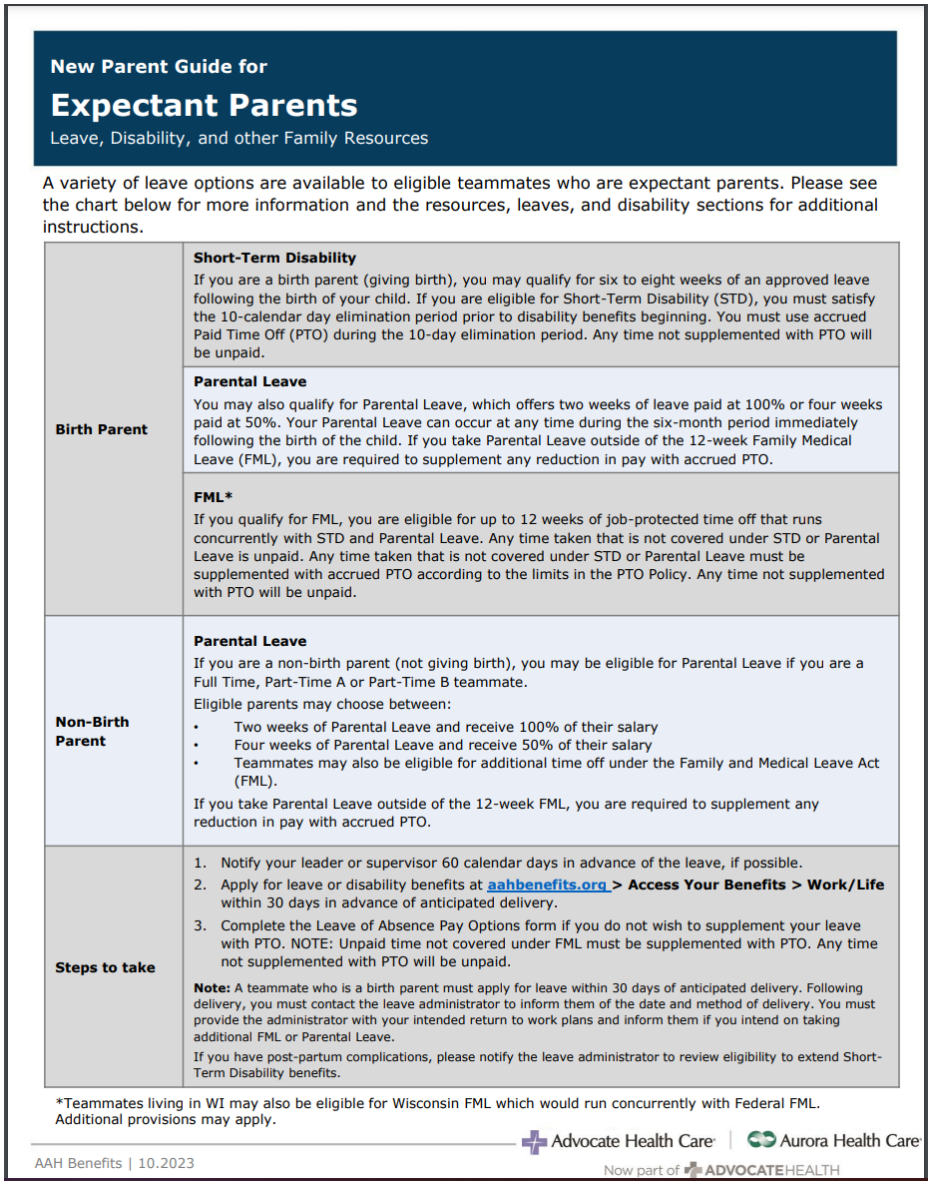
8.2 Leaves Overview

- Leaves including parental, FMLA/LOA and short-term and long-term disability are handled through the Hartford Group. Their contact information is below. To initiate a request for any type of leave, you will need to notify department leadership and the Hartford Group.
- (Phone) 877-877-6085; (Fax) 877-588-4817
- Types of Leaves offered:
    - Family and Medical Leave (FML)
    - Personal Medical Leave
    - Military Leave
    - Personal Non-Medical Leave
    - Victim's Economic Safety & Security Leave (VESSA)
    - Parental Leave (includes adoption, paternity and maternity leaves)
    - Worker's Compensation Leave
- Some leaves are paid, some are unpaid.
- Your elected medical benefits will continue while on a leave of absence as long as you continue to make the required contributions.
    - Paid Leave- Your contributions continue to be deducted from your paycheck.
    - Unpaid Leave-You receive an invoice to pay for coverage.

- Returning from a Leave of Absence
    - If you are returning to work with no restrictions, you should contact the leave administrator and your leader a minimum of two business days in advance of your return.
    - If you are returning to work with restrictions, you must submit a Return to Work release to HR Shared Services a minimum of two business days prior to your scheduled return to work date.
- Full Leave Information Document: https://hrportal.ehr.com/LinkClick.aspx?fileticket=yVOh_dC_Mcc%3d&portalid=209
- Physician Benefits Specialist: Tammy Ryh-Mertens tammy.ruh-mertens@aah.org

8.3 Parental Leave Highlights

- AAH has a parental leave available (2 weeks full pay / 4 weeks half pay).
- For birthing parents, additional short-term disability (6-8 weeks) and FML can be combined with the parental leave.
- For non-birthday parents, additional FML can ben combined with the parental leave.
- Approved parental leave may be taken at any time during the six-month period immediately following the birth, adoption, or placement of a child with a team member for adoption.
- Team members must inform the leave vendor of their Parental Leave start date and leave duration (2 weeks at 100% pay or 4 weeks at 50% pay) when requesting the leave. Must notify 60 days in advance. Our leave vendor is The Hartford.



New Parent Guide for

Expectant Parents

Leave, Disability, and other Family Resources

A variety of leave options are available to eligible teammates who are expectant parents. Please see the chart below for more information and the resources, leaves, and disability sections for additional instructions.

Birth Parent	**Short-Term Disability** If you are a birth parent (giving birth), you may qualify for six to eight weeks of an approved leave following the birth of your child. If you are eligible for Short-Term Disability (STD), you must satisfy the 10-calendar day elimination period prior to disability benefits beginning. You must use accrued Paid Time Off (PTO) during the 10-day elimination period. Any time not supplemented with PTO will be unpaid.
	Parental Leave You may also qualify for Parental Leave, which offers two weeks of leave paid at 100% or four weeks paid at 50%. Your Parental Leave can occur at any time during the six-month period immediately following the birth of the child. If you take Parental Leave outside of the 12-week Family Medical Leave (FML), you are required to supplement any reduction in pay with accrued PTO.
	FML* If you qualify for FML, you are eligible for up to 12 weeks of job-protected time off that runs concurrently with STD and Parental Leave. Any time taken that is not covered under STD or Parental Leave is unpaid. Any time taken that is not covered under STD or Parental Leave must be supplemented with accrued PTO according to the limits in the PTO Policy. Any time not supplemented with PTO will be unpaid.
Non-Birth Parent	**Parental Leave** If you are a non-birth parent (not giving birth), you may be eligible for Parental Leave if you are a Full Time, Part-Time A or Part-Time B teammate. Eligible parents may choose between: • Two weeks of Parental Leave and receive 100% of their salary • Four weeks of Parental Leave and receive 50% of their salary • Teammates may also be eligible for additional time off under the Family and Medical Leave Act (FML). If you take Parental Leave outside of the 12-week FML, you are required to supplement any reduction in pay with accrued PTO.
Steps to take	1. Notify your leader or supervisor 60 calendar days in advance of the leave, if possible. 2. Apply for leave or disability benefits at aahbenefits.org **> Access Your Benefits > Work/Life** within 30 days in advance of anticipated delivery. 3. Complete the Leave of Absence Pay Options form if you do not wish to supplement your leave with PTO. NOTE: Unpaid time not covered under FML must be supplemented with PTO. Any time not supplemented with PTO will be unpaid. **Note:** A teammate who is a birth parent must apply for leave within 30 days of anticipated delivery. Following delivery, you must contact the leave administrator to inform them of the date and method of delivery. You must provide the administrator with your intended return to work plans and inform them if you intend on taking additional FML or Parental Leave. If you have post-partum complications, please notify the leave administrator to review eligibility to extend Short-Term Disability benefits.

*Teammates living in WI may also be eligible for Wisconsin FML which would run concurrently with Federal FML. Additional provisions may apply.

AAH Benefits | 10.2023

Advocate Health Care | Aurora Health Care

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8.4 Short-Term Disability Highlights

- Short-Term Disability (STD) benefits replace a percentage of your income (60%) if you're unable to work due to pregnancy or a non-work-related illness or injury for up to 90 days.
- Advocate Health Care and Aurora Health Care cover the full cost of Short-Term Disability for Full-Time teammates and 50% of the cost for Part-Time A and Part-Time B teammates.
- Disability benefits begin following a 10-day elimination period (the period between when a disability begins and when your Short-Term Disability benefits begin). The plan provides 60% income replacement for up to 90 days for eligible teammates. AMG has historically covered the salary during the elimination period due to lack of PTO for physicians.
- Once you apply for STD through The Hartford, you will be given a claims specialist and any needed medical documentation will be submitted through them.
    - It is not uncommon for requests to be denied if they don't meet exact insurance requirements. Usually, insurance companies have to make a decision on the application within 24 hrs. If denied, then you'd submit your medical documentation from your physicians and resubmit.

8.5 Long-Term Disability Highlights

- If you are disabled for 90 days or more and are unable to perform one or more essential functions of your job, you may be eligible to receive Long-Term Disability (LTD) benefits.
- Advocate Health Care and Aurora Health Care provide base Long-Term Disability coverage at no cost to benefits eligible teammates.
- The plan provides 50% income replacement up to a maximum monthly benefit of $10,000 for eligible teammates.

8.6 Accommodations Request

- If you need to apply for a medical accommodation, an application for such can be completed through WorkDay. Do not submit or make the request to departmental leadership. The request must go to HR.
    - An HR specialist from the Accommodations and Leaves Team will be assigned to you to review the request and medical documentation to support the request.
    - After review by the Accommodations and Leaves Team, the request will be reviewed with departmental leadership/medical group leadership to determine ability to honor the requests and/or discussion of other opportunities.
    - To submit documentation, create a Workday Help case and attach the appropriate documentation or fax it directly to (IL) 630-929-9835 or (WI) 262-957-8301.

8.7 Medical Insurance

- Medical, prescription, dental, and vision benefits are available for full-time and some part-time employees.
    - Offers a "Preferred" Medical Plan and a "Select" Medical Plan through United Healthcare.

Medical Plan Comparison

Benefit	Preferred Medical Plan		Select Medical Plan		
	AAH Network	Out-of-Network	AAH Network	UnitedHealthcare Choice Plus Network	Out-of-Network
Deductible	**$250** *single* **$500** *single + spouse, single + child(ren) and family*	n/a	**$950** *single* **$1,900** *single + spouse, single + child(ren) and family*	**$3,200** *single* **$6,400** *single + spouse, single + child(ren) and family*	n/a
Annual out-of-pocket maximum *(including deductible)*	**$4,750** *single* **$9,500** *single + spouse, single + child(ren) and family*	n/a	**$6,500** *single* **$13,000** *single + spouse, single + child(ren) and family*	**$8,000** *single* **$16,000** *single + spouse, single + child(ren) and family*	n/a
	You Pay		You Pay		
Preventive care in-network	**0%**	n/a	**0%**	**0%**	n/a
Primary care physician *office or virtual visit*	**$35** *co-pay*	n/a	**$35** *co-pay*	**50%** *coinsurance after you reach the deductible*	n/a
Specialist physician *office or virtual visit*	**$60** *co-pay*	n/a	**$60** *co-pay*	**50%** *coinsurance after you reach the deductible*	n/a
Behavioral health *outpatient or virtual visit* *inpatient: must be pre-certified*	**$35** *co-pay* **20%** *coinsurance after you reach the deductible*	n/a	**$35** *co-pay* **20%** *coinsurance after you reach the deductible*	**50%** *coinsurance after you reach the deductible*	n/a
Chiropractic care	**$35** *co-pay 20 visit limit*	n/a	**$35** *co-pay 20 visit limit*	**50%** *coinsurance after you reach the deductible; 20 visit limit*	n/a
Quick Care video visit and/or e-visit through LiveWell*	**$20** *co-pay*	n/a	**$20** *co-pay*	n/a	n/a
Physical, occupational, speech therapy	**$35** *co-pay 60 combined visit limit*	n/a	**$35** *co-pay 60 combined visit limit*	**50%** *coinsurance after you reach the deductible; 60 visit limit*	n/a
Lab and X-ray	**$35** *co-pay*	n/a	**20%** *coinsurance after you reach the deductible*	**50%** *coinsurance after you reach the deductible*	n/a
Urgent or immediate care	**$60** *co-pay*	**$60** *co-pay*	**20%** *coinsurance after you reach the deductible*	**20%** *coinsurance after you reach the deductible*	**20%** *coinsurance after you reach the deductible*
Emergency Department	**$200 co-pay + 20%** *coinsurance after you reach the deductible*	**$200 co-pay + 20%** *coinsurance after you reach the deductible*	**$200 co-pay + 20%** *coinsurance after you reach the deductible*	**$200 co-pay + 20%** *coinsurance after you reach the deductible*	**$200 co-pay + 20%** *coinsurance after you reach the deductible*
Outpatient surgery	**20%** *coinsurance after you reach the deductible*	n/a	**20%** *coinsurance after you reach the deductible*	**50%** *coinsurance after you reach the deductible*	n/a
Inpatient admission	**20%** *coinsurance after you reach the deductible*	n/a	**20%** *coinsurance after you reach the deductible*	**50%** *coinsurance after you reach the deductible*	n/a

*Quick Care Video Visits and e-visits available through the LiveWell with Advocate Health Care and Aurora Health Care app or website. It is currently available in IL, MI and WI. Teammates enrolled in the Medical Plan who live outside of these states, are encouraged to leverage the virtual care options offered by their provider.

6

- Open enrollment periods are usually at the end of October/beginning of November for a two-week period.
    - Changes to plans/enrollment can only occur during the enrollment period or for major life events (marriage/divorce, birth of child, etc).

8.8 Retirement Benefits

- You are eligible to make contributions (before-tax contributions and/or Roth after-tax contributions) to the 401(k) Plan and to receive employer matching contributions when you work for Advocate Health Care, Aurora Health Care or a participating employer.
    - You are automatically enrolled at 2%.
    - You can increase to 10%
    - AAH matches up to 3%.
    - Max contribution for 2024 is $23,000.
- Can choose traditional 401k or Roth 401k. Accounts are through Empower.
- If you work at least 1,000 hours per year and active on December 31st, you are eligible for the annual employer contribution (3%).

8.9 Education Benefits

Benefit	Effective Date	Pay Status (based on hours per pay period)			
		Full-Time (72-80 hours)	Part-Time A (60-71 hours)	Part-Time B (40-59 hours)	Part-Time C (39 hours or less)
Education Assistance	Degree / Course Program benefits eligibility date[1]	$5,000 / year	$2,250 / year	$2,250 / year	No
	Certification Program benefits eligibility date[1]	$5,000 / year	$2,250 / year	$2,250 / year	No
	Preferred Educational Partner benefits eligibility date[1]	$7,200 / year	$3,168 / year	$3,168 / year	No

[1] Coverage begins the first of the month following your date of hire (start date) or from when you become benefits eligible (or on your hire date if it is the first of the month).

8.10 CME Information

foster continued learning.

Continuing Medical Education (CME)

Advocate Health Care's Continuing Medical Education (CME) program is designed to encourage physicians to maintain high professional standards through eligible CME opportunities while employed with Advocate Health Care.

Plan Highlights	How It Works
Overview	The program provides for: • Reimbursement of up to $4,000 per year, provided by the organization, for physicians with one board certification and up to $6,000 per year for physicians with two or more board certifications. • Additional voluntary buy-up opportunity is available – up to $3,000 annually – for physicians who wish to set aside additional pre-tax dollars (deducted per paycheck) for CME activities for the upcoming calendar year. *Note: This feature is only available during Annual Enrollment.*
CME Annual Allowance	Receive up to $3,500 annually towards eligible CME expenses. Up to $1,500 in voluntary buy-up funds can be used for technology purchases each year, but payroll taxes will be deducted for technology purchases.
CME Early Completion Allowance	Receive up to $500 annually for completion of annual Advocate Health Care mandatory education modules and requirements by the designated deadline. Funds must be used for eligible CME expenses.
Two-Specialty Allowance	Receive up to $5,500 annually for physicians who carry current American Board of Medical Specialists (ABMS) board certifications (related to their current practice) in more than one specialty. The physician does not need to be practicing in both specialties. Funds must be used for eligible CME expenses.
CME Voluntary Buy-Up Allowance	Set aside up to $3,000 (pre-tax) of your paycheck annually for eligible CME expenses in the upcoming calendar year. Funds must be used for eligible CME expenses. *Note: This feature is only available to be elected during Annual Enrollment.*
Eligibility	0.2-1.0 FTE physicians are eligible for the CME benefit, with prorated benefits available for physicians working less than 0.8 FTE. There is no service requirement for the CME program; however, reimbursement of program funds may also be prorated based on start date.
When you leave Advocate Health Care	Benefits will terminate upon your termination date.

APPENDIX – A

(Eligible and Ineligible Expenses)

Eligible Expenses for use of CME funds, including Voluntary Buy-Up funds:	Ineligible Expenses[1]
• Educational materials (professional and medical books/journals, reference books, educational software) • Professional Membership Association Dues • Medical Society Dues • Conference fees/registration and related expenses including travel, meals and lodging for the physician • Other medical sources of continuing medical education (including computer / computer programs/ computer hardware / computer software / smart phones for the improved efficiency physicians clinical work and patient care duties). • Expenses related to course materials or registration fees for CME generating self-study courses using software, CD's, DVD's, audiotapes or on-line • Educational/training events (e.g. Webinars) will be reimbursed as defined by the designated CME allowance limit. • Board preparation courses, materials, travel, meals and lodging generating CME credits.	• Travel expenses related to enduring material (i.e., printed, recorded, or computer-presented activity that may be used over time at various locations) • Alcoholic beverages • Expenses incurred by Spouse/Domestic Partner, family members or traveling companion(s), including pets • Lodging incidentals (e.g., movies, saunas, massages, etc.) • General courses/programs of limited/no value for medical education • All forms of medical equipment • Computer accessories, peripheral devices, and software applications not related to CME (e.g., video camera, scanner, etc.) • Cell phone bills, applications, and accessories (e.g., headphones or airpods) • Any expenses where CME did not take place. • Smart watches/Wearables **NOTE: The following expenses are paid out of operational funds:** • DEA Certification/renewal • State License/renewal • Malpractice expense • Patient Compensation Fund/renewal • Medical Staff dues or credentialing fees at AAH hospitals • Medical staff dues at non-AAH hospitals for physicians in areas where there are no AAH hospitals or Medical Staff dues at non-AAH hospitals, as required by the Management Committee for the physician's medical practice • AAH business-related travel expenses • Board certification exam fees and physician certification exam fees are paid out of Operations.

[1]Note: The above list is illustrative, not exhaustive. Any expenses that are lavish or extravagant will not be eligible for CME reimbursement. (See Section J, IRS Limitation.) Please see Travel and Business Expense Reimbursement policy (system policy # 18366) for additional information.

- Full policy located in Policytech: #52040 entitled "Physician Continuing Medical Education" (CME).
- Erin can help with reimbursement for CME purchases which are now submitted through WorkDay.

8.11 Life Insurance

Plan summary

This coverage is provided through a group contract with The Prudential Insurance Company of America (referred to in this SPD as the "Insurance Company"). All benefits are controlled by the terms and conditions of the group contract.

The group contract is on file in the Plan sponsor's office and the Advocate Health Care and Aurora Health Care offices. You may look at the group contract there.

Policyholder:	Sagewell HealthCare Benefits Trust on behalf of Advocate Aurora Health
Policy:	53326
Plan sponsor:	Sagewell HealthCare Benefits Trust

Your beneficiary is the last beneficiary you named, according to the records on file with Willis Towers Watson, the beneficiary administrator. You may change your beneficiary at any time, according to the terms of the group contract. The insurance included in the certificate applies to you only if you are eligible for it and are insured for it. The certificate summarizes and explains the parts of the group contract which apply to you. In any case of differences or errors, the group contract rules.

If you have any questions about any of the terms and provisions, please contact the insurance administrator at 630-444-2062.

Basic life insurance benefit	
Full-Time & Part-Time Teammates	1 times base annual salary up to $1.5 million with a minimum of $ 30,000*.

* Beginning on and after your 65th birthday, the Insurance Company decreases the amount of your insurance. The Insurance Company pays a percentage of the amount otherwise payable as follows:

- From first day of the month following your 65th birthday to age 70, the Insurance Company pays 75%.
- From first day of the month following your 70th birthday and after, the Insurance Company pays 50%.

Base annual salary

Base annual salary is the yearly base salary or wage you receive for work done for your employer. It does not include bonuses, commissions or overtime pay.

To determine benefits, your amount of insurance is rounded to the next higher $1,000 multiple unless the amount equals a multiple of $1,000.

Imputed income

If the amount of your employer-provided life insurance is more than $50,000, the cost of the amount above $50,000 is included in your taxable income each year. The IRS has specific rules that determine how to calculate the "cost" of coverage for this purpose. This taxable income (sometimes called imputed income) will be shown as earnings on your paycheck so that it can be taxed.

8.12 Bereavement

AdvocateAuroraHealth		
Title: AAH Bereavement and Child Bereavement		**Document Number:** 2337
Document Type: ☒ Policy ☒ Procedure ☐ Guideline ☐ Other		**Last Review/Revision Date:** 01/16/2020
Content Applies to Patient Care: (Select all that apply) ☐ Adults ☐ Pediatrics (Under 18)	**Content Applies to:** (Select One) ☐ Clinical ☒ Administrative	**Next Review Date:** 01/16/2023 **Effective Date:** 03/01/2020
Scope: ☒ AAH System ☐ AAH IL Only ☐ AAH WI Only ☐ Site Only (Location Name): ☐ Department Only (Department Name):		

I. PURPOSE

In the time of loss, it is important that team members have time to attend to, and to grieve the loss of a "Family Member."

Advocate Aurora Health, Inc. ("Advocate Aurora") provides eligible team members up to 40 hours of paid time off for "Full-Time Team Members" (those who regularly work 72 hours or more per pay period) and up to 20 hours of paid time off for "Part-Time Team Members" (those who regularly work 40 hours or more per pay-period) of Bereavement Leave for purposes of grieving, traveling or tending to personal business related to the death of a Family Member. Any additional time needed due to international travel or for religious reasons must be approved by the team member's immediate supervisor.

Advocate Aurora follows legal requirements in providing eligible team members time off to grieve the loss of a child. In the absence of a statutory or other legal requirement, Advocate Aurora will provide up to 80 hours of unpaid Child Bereavement Leave for reasons related to the death of the team member's child.

II. SCOPE

The Bereavement Leave and Child Bereavement Leave policies apply to Advocate Aurora and any entity or facility owned and controlled by Advocate Aurora.

III. DEFINITIONS/ABBREVIATIONS

"Eligible" means a team member who is employed by Advocate Aurora and is classified as a full-time team member (those who regularly work 72 hours or more per pay-period) and part-time team member (those who regularly work at least 40 hours, but less than 72 hours per pay-period).

"Family Member" means the team member's spouse, Domestic Partner, child, father, mother, siblings, step-children, step-grandchildren, step-parents, step brother/sister, step-grandparent, mother/father-in-law, sister/brother-in-law, daughter/son-in-law, grandchildren, grandparents, grandparents-in-law, great grandparents, aunt/uncle, niece/nephew, or Unique Family Relationship.

"Unique Family Relationship" means special situations, such as an individual who may have stood in the role of father/mother during a team member's childhood.

"Domestic Partner" means an adult of the same or opposite sex engaged in a spouse-like relationship characterized by mutual caring and dependency.

"Child" (for purposes of Child Bereavement Leave) means the team member's biological (including miscarriage and stillborn), adopted or foster child, stepchild, legal ward, or child for whom the team member stands in loco parentis.

"In loco parentis" (for purposes of Child Bereavement Leave) means a person that provides day-to-day care or financial support for a child. Team members with no biological or legal relationship to a child can stand *in loco parentis* to that child, and are entitled to Child Bereavement Leave (for example, an uncle who cares for his sister's children while she serves on active military duty, or a person who is co-parenting a child with his or her same-sex/opposite-sex partner).

"Workday" means the number of hours a team member regularly works on any given day.

IV. BEREAVEMENT POLICY

A. General Provisions
1. All eligible team members are entitled to use Bereavement Leave upon their hire date.
2. Team members must complete the leave no later than 60 days from the date of death. *This 60-day timeframe may be extended when extenuating circumstances (circumstances beyond the team member's control), are present. Team members should notify their leader as soon as possible, when an extenuating circumstance arises, and must do so within 60 days from the date of death.*
3. Bereavement Leave will be paid up to 40 hours of time off for Full-Time Team Members and up to 20 hours for Part-Time Team Members.

    a) Pay will be calculated upon the team member's actual scheduled hours missed due to Bereavement Leave.
    b) Bereavement Leave will be paid at the team member's base rate at the time the leave is taken.

V. CHILD BEREAVEMENT POLICY

A. General Provisions
1. All eligible team members are entitled to use Child Bereavement Leave upon their hire date.
2. In the absence of a statutory or other legal requirement, Advocate Aurora will provide eligible team members 10 Workdays or up to 80 hours of unpaid Child Bereavement Leave for reasons related to the death of the team member's child
    a) Attend their child's funeral (or alternative to a funeral);
    b) Make arrangements necessitated by the death of their child;
    c) Grieve their child's death.
3. Eligible team members must complete the leave within 60 days of receiving notice of their child's death. *This 60-day timeframe may be extended when extenuating circumstances (circumstances beyond the team member's control), are present. Team members should notify their leader as soon as possible, when an extenuating circumstances arises, and must do so within 60 days from the date of death.*
4. If a team member suffers the loss of multiple children, that team member may take up to two weeks of bereavement leave per child, up to a maximum of six weeks in a 12-month period.

VI. BEREAVEMENT PROCEDURE

A. **Notice Requirements**:
Team members must provide at least 48 hours' notice of their need to take Bereavement Leave (unless doing so is not reasonable and practicable) and in accordance with departmental procedure.

B. **Certification Requirements**:

Team members needing Bereavement Leave must provide Advocate Aurora with reasonable documentation of their need for leave, such as a death certificate, published obituary, or written verification of death, burial, or memorial services from a mortuary, funeral home, burial society, crematorium, religious institution or government agency. Lack of reasonable documentation may result in the denial of the leave request.

C. **Use of leave**:
1. Team members may take their days of Bereavement Leave consecutively or intermittently, at Manager's discretion.
2. In the event available bereavement time off under this policy involves days that were previously scheduled as PTO, the team member will be paid bereavement pay and the time will not be charged to PTO.
3. In the event that a team member needs more time off than what is provided for, or the team member's relationship to the deceased is not covered under this policy, the team member will be required to utilize available PTO.

VII. CHILD BEREAVEMENT PROCEDURE

A. **Notice Requirements**:
Team members must provide at least 48 hours' notice of their need to take Child Bereavement Leave (unless doing so is not reasonable and practicable) and in accordance with department procedure.

B. **Certification Requirements**:
Team members needing Child Bereavement Leave must provide Advocate Aurora with reasonable documentation of their need for leave, such as death certificate, published obituary, or written verification of death, burial, or memorial services from a mortuary, funeral home, burial society, crematorium, religious institution or government agency. Lack of reasonable documentation may result in the denial of the leave request.

C. Use of leave:
1. Team members may take their days of Child Bereavement Leave consecutively or intermittently.
2. Team members may choose to substitute available paid time off for Child Bereavement Leave, but this election will not extend the period of leave.

D. **Interaction with Advocate Aurora's paid Bereavement Leave**:
Unpaid Child Bereavement Leave provided under this policy runs concurrently with paid Bereavement Leave provided by Advocate Aurora. In other words, a team member can use up to 40 hours of time off (for Full-Time Team Members) and up to 20 hours of time off (for Part-Time Team Members) paid Bereavement Leave as part of, but not in addition to, the unpaid Child Bereavement Leave.

VIII. CROSS REFERENCES
Paid Time Off (PTO)

8.13 Malpractice Insurance & Risk Management Information

Advocate Malpractice (certificate of insurance) information:

Name of Insurance:	Advocate Health Care Insurance
Address:	3075 Highland Parkway, Suite 600 Downers Grove, IL 60515
Type:	Self-Insured Trust
Policy#:	Use N/A (there is no policy number)
Amounts:	$1 million/occurrence; $3 million/aggregate
Policy:	Claims made policy

8.13.1 Subpoena/Summons

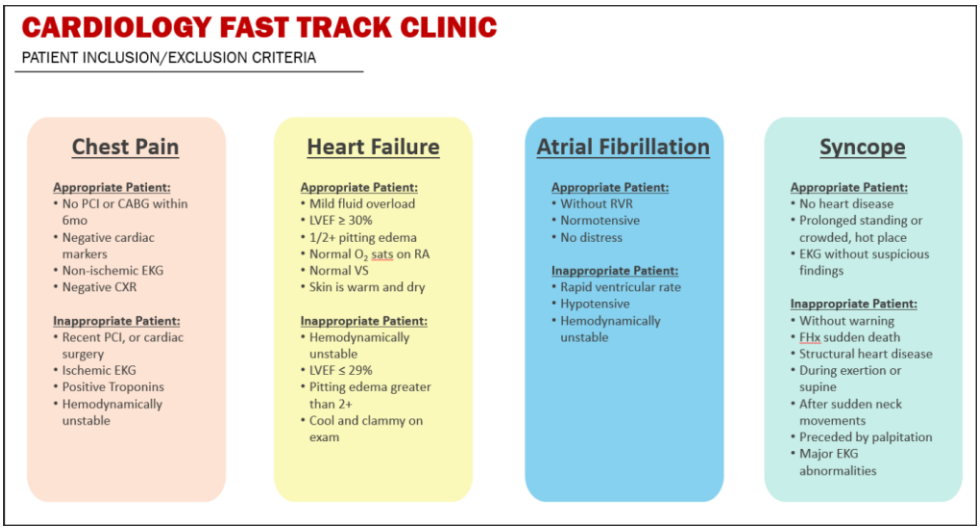
- If you receive a subpoena/summons, contact AMG risk management immediately. The director for risk management is Michael Faddah, michael.faddah@aah.org. Risk management will assign a member to you and will walk you through the next steps.
- Risk Management will provide your medical documentation for you if needed. Do not go back into the medical chart yourself.
- If you are a named defendant, risk management will assign you counsel from one of the firms that work with AMG/AAH. The same firm will represent you and the hospital.
- Please check your locker regularly as sometimes subpoenas will make their way there.

9 Operational Resources

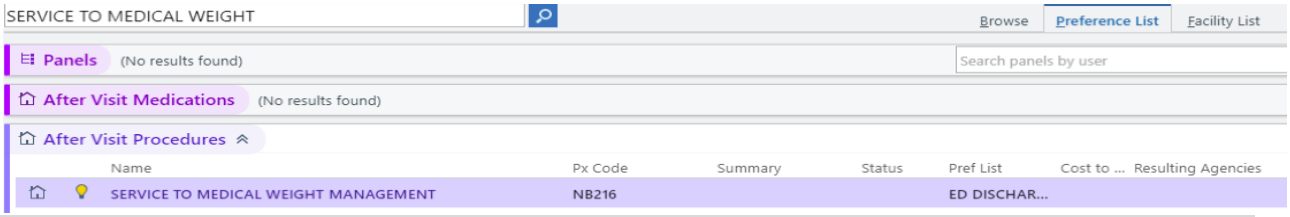
9.1 Follow-Up Resources for ER Patients

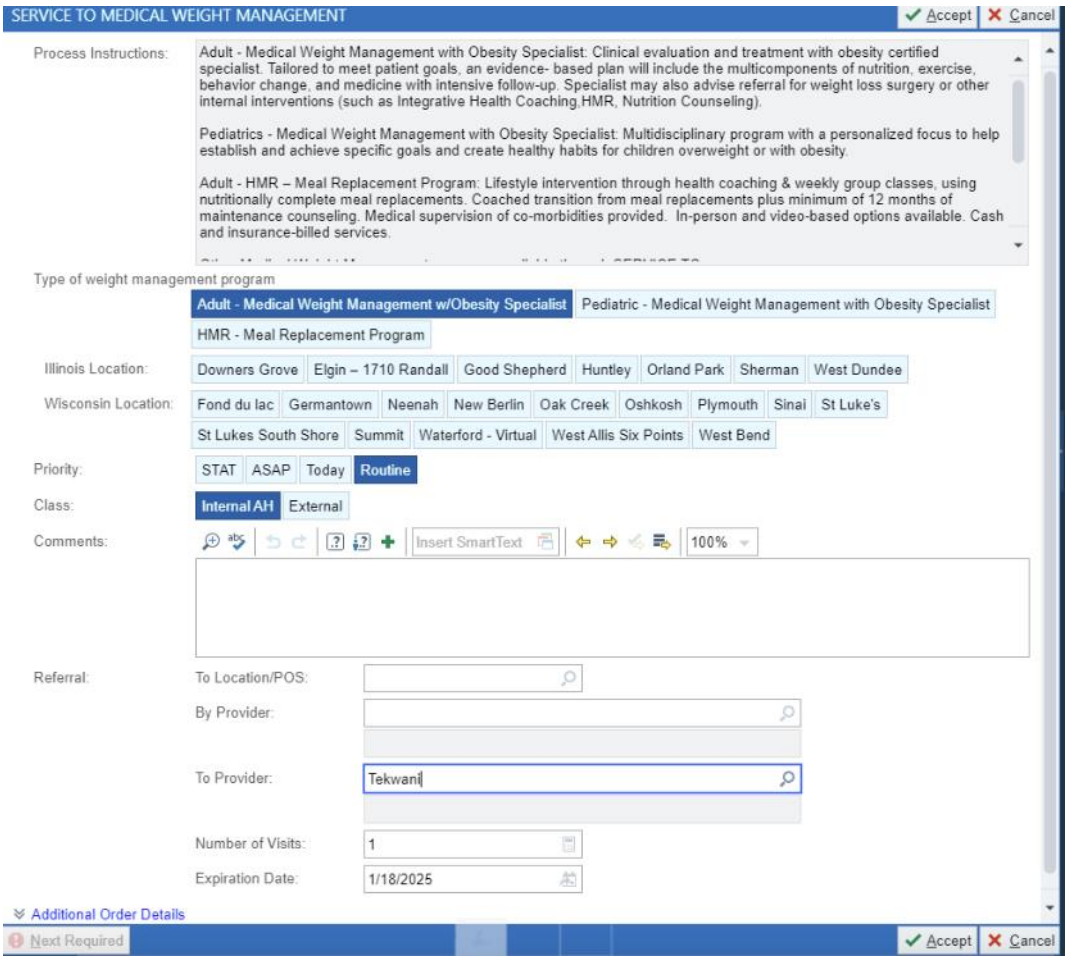
The following services are available for close follow-up and discharge planning services through the Emergency Department:

1. **Care Managers**:
    1. Can work to help facilitate follow-up, transport, placement, and home care services for full-risk patients.
    2. Reachable by phone. Number on ID badge.
    3. Hours: 7am-11pm most days (Voicemail available after hours).
2. **Community Health Workers:**
    1. Can work to facilitate close primary care follow-up/initiation of care for patients with other insurances/uninsured patients.
    2. Can also help set-up some specialty care appointments including urology, neurology and orthopedics.
    3. Can also help provide insurance application services.
    4. Reachable by phone. Number on ID badge.
    5. Hours: 7am-10pm most days (Voicemail available after hours).
3. **Trauma Recovering Center:**
    1. Will see patients involved in traumatic events (physical or emotional trauma, domestic abuse, etc). Will provide significant social support.
    2. Must place consult order to "inpatient consult to trauma recovery center." This will place the patient on a list for follow-up. Just indicate in the consult order that the patient was discharged.
4. **Covid Recovery Clinic:**
    1. Multidisciplinary clinic for those affected by persistent or long-term Covid symptoms or complicated Covid course (involves pulmonary, nutrition, PT/OT, social services).
    2. In the discharge section, place an order for "service to Covid recovery clinic." This will populate the patient on the scheduler's list.
5. **Cardiology Fast Track Clinic**:
    1. Close follow-up for low-risk chest pain patients (HEART score 3 or less), for low risk heart failure, atrial fibrillation and syncope.
    2. Accepts insured and uninsured.
    3. In the discharge section, place an order for "service to Cardiology," then select "Fast Track-IL Only." This will populate the patient on the scheduler's list.
        1. You can add additional comments for the team in the comments section of the order.



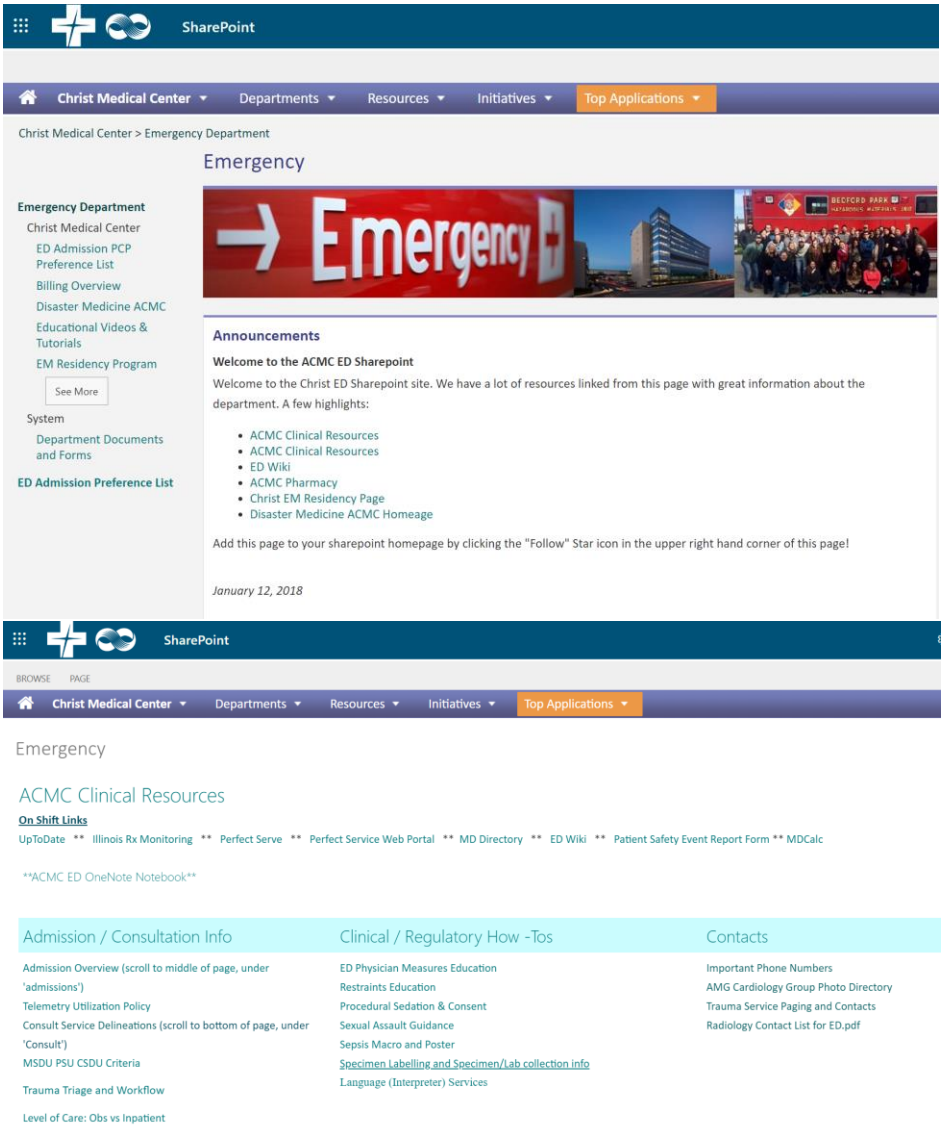
6. **TIA Clinic:**
    1. Only available on select days. Clinic staff will visit the ED on available clinic days in the morning with times and availabilities.
    2. Can refer low risk TIA ED patients for completion of testing (MRI, carotid duplex and neurology evaluation).
7. **Chemical Dependency Team:**
    1. Works to facilitate placement or resources for those wanting treatment for substance use/abuse.
    2. Will also set-up appointments for suboxone clinics and help educate on the use of Narcan.
    3. Can place consult for "chemical dependency" and they will evaluate in the ED. Hours are 7am-11pm (Voicemail available after hours). The team can also be reached at: 40-7749.
    4. Additionally, for an appointment for the suboxone clinic, a "Service To Bridge Medication Assisted Clinic" can be placed and it will go to a work queue for Chemical Dependency to ensure a follow appointment is obtained (especially if the patient is being discharged during off hours).
8. **Crisis Worker Team:**
    1. Works to provide follow-up behavioral health resources and placement for those needing inpatient care.
    2. Reachable at 41-5272. 24/7 coverage.
9. **Food Farmacy:**
    1. 2nd and 4th Tuesdays of the month from 12-2pm at Conference Circle Drive. Patients will receive a bundle of healthy foods: fresh meat, vegetables, etc.
    2. Patients can be referred through community health or by providing them with the QR code directly for the registration link.
10. **Physician Partners in Comprehensive Weight Management:**
    1. Clinic in Burr Ridge led by our Drs. Tekwani, Schroeder, and Schwab.
    2. In the discharge section, place an order for "Service to Medical Weight Management"; and the refer "To Provider" search for Tekwani, Schroeder or Schwab.
    3. Patients will receive a call within 48 hrs.
    4. The clinic is credentialed with most major insurances except for Countycare and a few Medicaid plans.




SERVICE TO MEDICAL WEIGHT MANAGEMENT
Accept
Cancel
Process Instructions:
Adult - Medical Weight Management with Obesity Specialist: Clinical evaluation and treatment with obesity certified specialist. Tailored to meet patient goals, an evidence- based plan will include the multicomponents of nutrition, exercise, behavior change, and medicine with intensive follow-up. Specialist may also advise referral for weight loss surgery or other internal interventions (such as Integrative Health Coaching,HMR, Nutrition Counseling).
Pediatrics - Medical Weight Management with Obesity Specialist: Multidisciplinary program with a personalized focus to help establish and achieve specific goals and create healthy habits for children overweight or with obesity.
Adult - HMR – Meal Replacement Program: Lifestyle intervention through health coaching & weekly group classes, using nutritionally complete meal replacements. Coached transition from meal replacements plus minimum of 12 months of maintenance counseling. Medical supervision of co-morbidities provided. In-person and video-based options available. Cash and insurance-billed services.
Type of weight management program
Adult - Medical Weight Management w/Obesity Specialist
Pediatric - Medical Weight Management with Obesity Specialist
HMR - Meal Replacement Program
Illinois Location:
Downers Grove
Elgin – 1710 Randall
Good Shepherd
Huntley
Orland Park
Sherman
West Dundee
Wisconsin Location:
Fond du lac
Germantown
Neenah
New Berlin
Oak Creek
Oshkosh
Plymouth
Sinai
St Luke's
St Lukes South Shore
Summit
Waterford - Virtual
West Allis Six Points
West Bend
Priority:
STAT
ASAP
Today
Routine
Class:
Internal AH
External
Comments:
Insert SmartText
100%
Referral:
To Location/POS:
By Provider:
To Provider:
Tekwani
Number of Visits:
1
Expiration Date:
1/18/2025
Additional Order Details
Next Required
Accept
Cancel

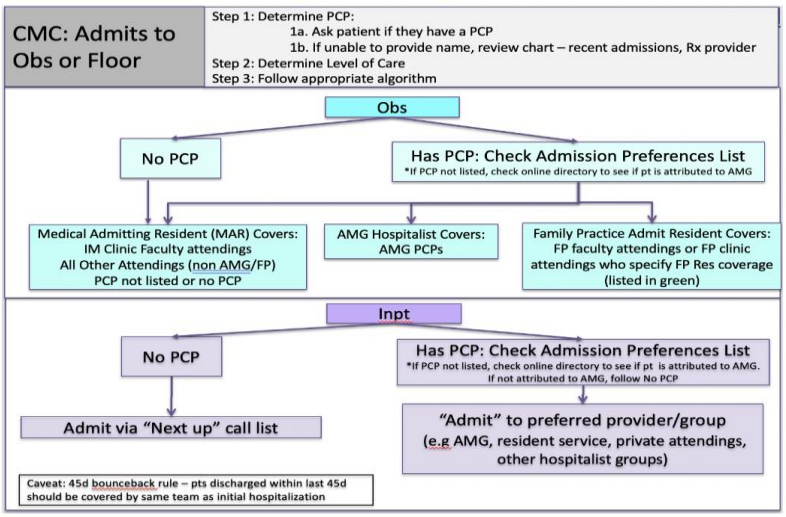
9.2 CMC Clinical Resources and Pathways

- For the most up-to-date clinical pathways and resources, please visit the CMC Emergency Department Sharepoint Page.
- From the Clinical Resources page, there is a link for the CMC Clinical Resources, OneNote Notebook. This provides a comprehensive, easily readable and searchable resource for clinical pathways and operations.
    - Common resources include: Stepdown admission criteria, tele criteria, sepsis categories and flowcharts, alcohol withdrawal pathway, how to admit, etc.



9.3 Brief Admitting Overview

- Floor and Obs Admits



- 45-day bounce-back rule
  - ED patients requiring hospitalization within 45days of prior hospitalization, should be admitted to the service who cared for patient on initial hospitalization, unless official termination was documented
  - If >45 days have elapsed since prior hospitalization, and patient remains unattached to an ACMC admitting provider at ACMC, contact provider from prior hospitalization for continuity. If they decline, follow call list
- 30 min call back rule - If a primary care physician does not respond to a page for admission within 30minutes, the back-up physician or next-up physician may be paged to accept the admission.
- **ICU and Stepdown Admits:**

ICU	**Admit to**	**Contacts**
MICU	MICU Intensivist (Closed unit)	40-0702 - MICU intensivist
NCCU	NCCU Intensivist (Closed unit)	41-6228 - NCCU intensivist/covering APC
STIC	STIC Intensivist (Closed unit)	Perfectserve on-call Instensivist/Trauma Surgeon
CVTU	CVTU Intensivisit (Closed unit)	41-2888-CVTU intensivit/covering APC
Stepdown	**Admit to**	**Contacts**
MSDU / CSDU / PSU5	1. PCP (Admitting Attending) 2. Intensivist (Consulting; pulm intensivist for most, can be cardiologist, or NCCU intensivist)	Follow standard admitting processes to identify PCP & consults & contacts (e.g. perfect serve, direct alcatel)

9.4 Billing Resources

Critical Care (CC) Billing must have:

- High complexity decision-making,
- to assess, manipulate & support vital system fxn
- to treat single or multiple organ system failure and/or prevent life threatening deterioration
- >30 min (exc. procedures, teaching) by attending

Documentation Tips

- Specify time spent
- Specify systems at risk (CV, CNS, Resp/Airway)
- Specify interventions, decision making

No specific CMS conditions, guidelines, criteria that automatically = critical care; however conditions that should prompt consideration for CC billing:

Acute Unstable Vitals

- O2 sat <90
- T >104 or <95
- HR >150 or <40
- SBP >230 or <70
- DBP >130 or <40
- GCS <12

Cardiac

- Unstable vitals or use of cardiac meds listed
- Acute MI to cath lab
- NSTEMI - +trop (esp w/nl renal fxn)
- Chemical or electrical cardioversion
- >1 dose of adenosine
- Nitro, Heparin, Diltiazem drip, other IV vasoactive drugs
- Accelerated HTN requiring IV vasoactive meds
- Torsades, unstable dysrthymias
- Pacing

Abdominal

- Condition requiring immediate surgery
- W/dehydration requiring >2L stat IV boluses
- Mesenteric ischemia w/lactate

Pulmonary / Dyspnea

- New o2 sat<90
- Acute need for Bipap, CPAP, High Flow NC, NRB, >40% venti mask
- Any intubation and vent management
- Severe allergic reaction / anaphylaxis
- Upper airway obstruction, croup, FB w/stridor
- New pCO2 >60

Neuro /Mental Status Change / Weakness

- Hemorrhagic or severe/large CVA
- CVA w/TPA
- Subdural / Epidural Hemorrhage
- New obtundation or significant change in mental status, new GCS<12
- Status epilepticus

Metabolic / Heme

- DKA requiring IV fluid bolus
- Need for emergent tx of metabolic abnl
  - Na <120 or >150
  - K<2 or >6.5
  - Ca <6 or >13
  - Mag <1.5 or >5
  - pH <7.25 or >7.6
  - Bicarb <10 or >40
  - Hg <6
  - Platelet <20
  - Blood, platelet, FFP, transfusion
  - Feiba, factor transfusion

Infectious

- Sepsis requiring IV fluids bolus
- Neutropenic fever
- Fever w/obtundation
- Meningitis / Encephalitis
- Gangrene requiring surgical debridement in OR

Psych

- Unstable vitals 2/2 overdose
- Need for >1 dose of IV/IM anxiolytic/antipsychotic for behavioral control

Procedures that should prompt consideration for critical care billing

- Intubation
- Central Line
- IO
- Chest Tube
- LP (for infection, SAH, pseudotumor)
- CPR

Other Procedures you can bill for:

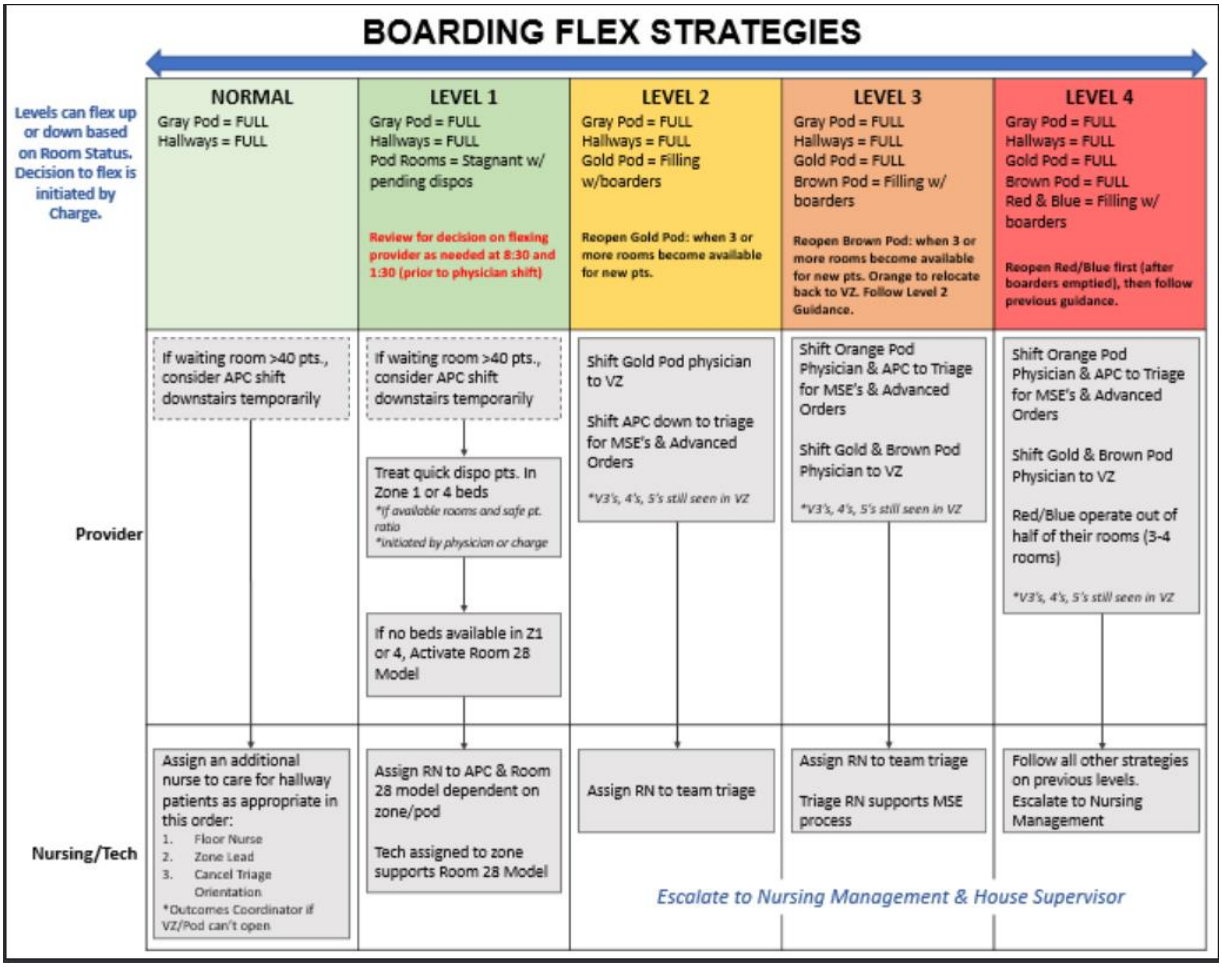
- G-tube insertion
- Control of nosebleed
- FB Removal
- Dislocation reduction
- Proc sedation
- Joint aspiration
- MD placed IV, splint, foley, NGT
- Lac repair (<2.5cm; >2.5cm, facial)
- I&D (include paronychia)

Emergency Department Documentation Review Tool

ELEMENTS OF MEDICAL DECISION MAKING *(2 of 3 elements must be met or exceeded)*				
E/M LOS	**LEVEL of MDM** (Based on 2 out of 3 elements of MDM)	**TABLE A** NUMBER and COMPLEXITY of PROBLEMS ADDRESSED STEP 1	**TABLE B** AMOUNT and/or COMPLEXITY of DATA TO BE REVIEWED and ANALYZED **Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.* STEP 2	**TABLE C** RISK of COMPLICATIONS and/or MORBIDITY or MORTALITY of PATIENT MANAGEMENT STEP 3
Level 2 99282	**STRAIGHT FORWARD**	**MINIMAL** • 1 self-limited or minor problem	**MINIMAL or NONE**	**MINIMAL RISK of MORBIDITY from additional diagnostic testing or treatment**
Level 3 99283	**LOW**	**LOW** • **2** or more self-limited or minor problems. • **1** stable chronic illness. • **1** acute, • uncomplicated illness or injury • **1** stable acute illness • **1** acute, • uncomplicated illness or injury requiring hospital observation level of care	**LIMITED** *(Must meet the requirements of at least 1 of the 2 categories)* **Category 1: Tests and documents** • **Any combination of 2 from the following:** • Review of prior external note(s) from each unique source*, ☐☐ • Review of the result(s) of each unique test*, ☐☐ • Ordering of each unique test* ☐☐ Or **Category 2: Assessment requiring an independent historian(s)** ☐ *(For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)*	**LOW RISK of MORBIDITY from additional diagnostic testing or treatment**
Level 4 99284	**MODERATE**	**MODERATE** • **1** or more chronic illnesses with exacerbation, progression, or side effects of treatment. • **2** or more stable chronic illnesses. • **1** undiagnosed new problem with uncertain prognosis. • **1** acute illness with systemic symptoms. • **1** acute complicated injury	**MODERATE** *(Must meet the requirements of at least 1 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following**: • Review of prior external note(s) from each unique source*, ☐☐☐ • Review of the result(s) of each unique test*, ☐☐☐ • Ordering of each unique test*, ☐☐☐ • Assessment requiring an independent historian(s) ☐ Or **Category 2: Independent interpretation of tests** ☐ • Independent interpretation of a test performed by another physician/other qualified health care professional (*not separately reported*), Or **Category 3: Discussion of management or test interpretation** ☐ • Discussion of management or test interpretation with external physician/other qualified health care professional\appropriate source (*not separately reported*)	**MODERATE RISK of MORBIDITY from additional diagnostic testing or treatment** *Examples only:* • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health • Closed treatment of fracture or dislocation, without manipulation
Level 5 99285	**HIGH**	**HIGH** • **1** or more chronic illnesses with severe exacerbation, progression, or side effects of treatment. • **1** acute or chronic illness or injury that poses a threat to life or bodily function	**EXTENSIVE** *(Must meet the requirements of 2 out of 3 categories)* **Category 1: Tests, documents, or independent historian(s)** • **Any combination of 3 from the following**: • Review of prior external note(s) from each unique source*, ☐☐☐ • Review of the result(s) of each unique test*, ☐☐☐ • Ordering of each unique test*, ☐☐☐ • Assessment requiring an independent historian(s) ☐ Or **Category 2: Independent interpretation of tests** ☐ • Independent interpretation of a test performed by another physician/other qualified health care professional (*not separately reported*), Or **Category 3: Discussion of management or test interpretation** ☐ • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (*not separately reported*)	**HIGH RISK of MORBIDITY from additional diagnostic testing or treatment** *Examples only:* • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization or escalation of hospital-level of care • Decision not to resuscitate or to de-escalate care because of poor prognosis • Parenteral controlled substances

	Level of MDM *(2 of 3 elements must be met or exceeded)*				
Table A Problems STEP 1	**Number and complexity of problems addressed**	Minimal	Low	Moderate	High
Table B Data STEP 2	**Amount and/or complexity of data to be reviewed and analyzed**	Minimal or none	Limited	Moderate	Extensive
Table C Risk STEP 3	**Risk of complications and/or morbidity or mortality of patient management**	Minimal Risk	Low Risk	Moderate Risk	High Risk
	Final MDM	**Level 2 99282**	**Level 3 99283**	**Level 4 99284**	**Level 5 99285**

9.5 Surge Plan/Flex Strategies for Providers



10 Required Modules/Annual Educational Requirements

Every year, we are required to complete various learning modules. Many of these are for CMS, DNV, or reimbursement requirements. Some are required for certain hospital designations: trauma center, tertiary care center, comprehensive stroke center, disaster center, etc.

Erin Blough tracks the completion record of the requirements and sends out monthly reminders to staff.

Attending Requirements

Health & Safety		**Completion Date**	**Notes**
	Resp Fit Test	Annual	Every 12 months
	Flu Test (unless exemption)	Annual - Fall	Completion by October 31
Dues			
	EM Resident Fund – Make check payable to Emergency Medicine Residency Fund or see Erin Blough for payroll deduction form. Please turn checks in to Erin Blough	Annual (July)	$200.00 – **This is encouraged as the EM Residency Fund provides support for:** • **Graduation dinner** • **Intern Welcome picnic.** • **Resident wellbeing activities** • **Appreciation lunch for Chief Residents** • **R2 Resident lunch after Trauma Procedure lab** • **Dinner for Residents at a national conference** • **Resident "squad" (near-peer mentor group) activities** • **Most residency related food expenses** • **Alcohol is never supported through the residency budget or the EM Residency Fund**
	Gift Dues – Make check payable to Emergency Department Fund Please turn checks in to Erin Blough	Annual (July)	$100.00 – **This is encouraged as the department gift fund provides support for:** • **ED Nurses Day** • **ED Picnic** • **Children's Christmas Party/Pizza with Santa** • **Administrative Assistant's Day** • **Nurses Week Luncheon** • **EMS Week** • **Other department giving opportunities**
Educational			
	Workday • Annual Courses • Severe Hypertension in Pregnancy and Postpartum • Obstetric Hemorrhage	Annual	Link: https://wd5.myworkday.com/wday/authgwy/aah/login.htmld **Please provide certificate of completion for record keeping**
NIH Stroke			
	Workday – NIH Stroke Scale	Annually	Search for NIH Stroke Scale
Licensure			
	Medical Staff Appointment		Reappointment every 3 years by birth month
	DEA Renewal		Every 3 years from the date of renewal
	State & IL Controlled Licensure		Every 3 years on 7/31
CME (hospital certification requirements)			**Claiming CME Credit** for attending a regularly scheduled series, i.e., *EM Teaching Conference, EM Journal Club*, register our cell number to https://cme.advocateauroraheath.org and follow instructions. **Please note, the activity code is only available for 30 days post-activity.**
	Pediatrics – **Recorded annually as the CME hours are needed for EDAP/PCCC Application every 2 years.**	Required Annually	8 hours AMA Category 1 or 11 Pediatric Emergency Specific CME - Annual subscription to PEDS EM/Trauma Reports (contact Dr. Theresa Schwab at theresa.schwab@advocatehealth.com)
	Trauma – **Recorded annually as the CME hours are needed for Trauma Recertification as a Level 1 hospital every 2 years.**	Required Annually	10 hours AMA Category 1 or II Trauma Specific CME - Annual subscription to PEDS EM/Trauma Reports (contact Dr. Theresa Schwab at theresa.schwab@advocatehealth.com)
Disaster Preparedness Compliance	Disaster Link will be sent out annually by Dr. Liz Regan. Date TBD	Annual	

Listed above are the items that are collected annually on the checklist and a further explanation of the requirements is listed in the table above.

- Respiratory Fit Test – every 12 months; Must make an appointment with Employee Health
- EM Resident Fund dues – $200.00 – Encouraged. Please provide check payable to EM Residency Fund or ask Erin Blough for payroll deduction form (Collection began July 1, 2023-June 30, 2024).

- EM Department Fund - $100.00 – Encouraged – Please make check payable to Emergency Department Fund and turn in check to Erin Blough. (Collection began July 1, 2023-June 30, 2024)
- NIH Stroke Scale – ED Providers - Annual
- PED Stroke Scale – Peds ED Providers – Annual
- Pediatric CME Specific Hours – Annual – 8 hours AMA Category 1 or 11 Pediatric Emergency Specific CME
- Trauma CME Specific Hours – Annual - 10 hours AMA Category 1 or II Trauma Specific CME
- Workday Mandatory Education 2024 :
    - Severe Hypertension in Pregnancy and Postpartum – Annual (will be assigned to you)
    - Obstetric Hemorrhage – Annual (will be assigned to you)

11 Emergency Preparedness

11.1 Disaster Directory, Emergency Response Squads and Emergency Notifications

- Please make sure your up-to-date address and phone number are provided to Erin at the time of hire and as updates are made. They are added to the disaster directory and the Everbridge system, the system we use for emergency communications.
    - The ED has a specific Everbridge group for all of its personnel to use in the event of a mass casualty incident.
        - Everbridge will call, text, and email all ED staff in the event of a mass casualty incident. The initial message will describe the incident and will activate a certain number of "squads" to come in and report to the ED.
        - "Squads" are groups of 3-4 attendings, 3-4 residents, 9-10 nurses, and 5-6 techs. There are 12 squads for the department, and they are created based on distance from the hospital. In the event of an MCI, we will activate squads as needed to avoid all employees from self-reporting immediately.
        - You are not to report to the ED if you have been drinking or if you just finished a shift.
        - You will need to have your ID on you when responding to the hospital. You will not be allowed to enter without it.
    - The campus also has another group/ability to message all CMC campus employees in the event of an immediate threat such as Active Shooter/Threat, Campus Disruption, etc.
    - The Everbridge number is: 630-990-5600. We suggest saving this number as "Everbridge Emergency Alerts" in your mobile phones.

11.2 Emergency Preparedness Plans

- New attendings are required to complete the "New Employee Emergency Preparedness Training" and the module's quiz, both located on the ACMC Disaster Sharepoint Page: https://advocatehealth.sharepoint.com/sites/AO/Dept/emergency/Pages/Disaster-Medicine-ACMC.aspx
- Every year, there will be a refresher module sent out to all ED staff for completion per CMS requirements. Erin, will send out the link/reminder for this along with the other annual required trainings/modules.
- The ACMC Disaster Sharepoint Page contains resources for our:
    - Mass Casualty Plans
    - Decontamination Plans
    - Systems Outages Plans

11.3 Emergency Preparedness Supplies

- Emergency Preparedness supplies are located in the supply room on the north end of zone 1 across from the Charge RN. Inside the room, there are:
    - Mass Casualty supply carts (contains scalpels, IO supplies, vascular access kits and lab tubes, chest tube and needle decompression supplies, pressure dressings and tourniquets).
    - Mass Casualty Triage supplies: tarps, triaging kits, etc
    - Decontamination Supplies (Doffing kits, soaps/sponges, Class C level PPE including PAPRs).
- Decontamination Room is located at the southwest corner of Zone 1.