ILLINOIS HOSPITALS:
Cornerstones of Health.
Foundations of the Community.
In 2010, Illinois hospitals spent $445 million to train tomorrow’s doctors and other health professionals, after reimbursement from fees charged or third-party payors.
The essence of Illinois hospitals and health systems has always been to provide life-saving care and the highest quality medical expertise no matter the time of the day or night, 365 days a year.

But in the 21st century, Illinois hospitals have become so much more.
**Cornerstones** of Health
As health care continues to change and grow, so too have Illinois hospitals.

Utilizing highly advanced surgical and diagnostic tools, surgeries that previously required inpatient hospital stays are now done on an outpatient basis. The reach of hospitals has expanded through medical offices, ambulatory surgery centers, home health, and myriad other services. In addition, hospitals throughout Illinois offer their expertise, often at no cost, to provide the screenings and services needed to help their communities combat today’s greatest health challenges.

**Foundations** of the Community
Hospitals touch the lives of individuals throughout Illinois’ communities—in neighborhoods, schools, places of worship, businesses, and local government.

In many Illinois communities, suburbs and neighborhoods, hospitals are the main employers. In fact, they are the largest employer in many parts of the state and are a sector that has continued to grow despite the economic recession. In two-thirds of Illinois counties, health care/social services employ 15 percent or more of all employees. In almost one-third of Illinois counties, health care/social services employ more than 20 percent of all employees.

The Illinois Department of Employment Security reported that the health care sector is projected to add nearly 18,000 jobs in Illinois between 2010 and 2012, more than any other sector. In fact, health care is projected to account for 29 percent of all new jobs in Illinois between 2010 and 2012.

In the longer term, health employment in Illinois is projected to increase by 19 percent by 2018, adding more than 112,000 new jobs. More than 20 percent of all jobs created during the decade are expected to be in the health care field.

**A Strong Health Care Delivery System = A Strong Illinois**
In addition to strengthening their local communities, a strong hospital and health care delivery system means a strong Illinois.

Health care is the sixth highest contributor to Illinois’ gross domestic product, accounting for 6.8 percent of state economic activity. In addition, more than 9 percent of personal income earned by Illinoisans came from health care employers in 2009. Since the economic downturn began in early 2008, Illinois has lost more than 340,000 jobs, but health care/social assistance has added nearly 40,000 jobs, more than any other sector. During tough economic times, hospitals keep communities physically and financially healthy.

With the state’s unemployment rate at 10 percent, resulting in growing numbers of those who are uninsured or covered by Medicaid, it is critical that the state continue to support and invest in the health care system. Given all the benefits that hospitals contribute to their communities and the vital roles they play as health care providers and major employers, we strongly believe that drastic and unnecessary changes — such as removing the tax-exempt status of nonprofit hospitals or making blunt Medicaid funding cuts — would harm patients and communities and undermine our health care system.
The top priority of every Illinois hospital is providing life-saving care and medical expertise to residents who count on them during their time of need.
The Value of Caring

Each year, in accordance with the Illinois Community Benefits Act, more than 100 hospitals in Illinois file annual reports with the Office of the Attorney General.

These reports show the financial value of their contributions to the community, including:

- Cost of charity care provided;
- Amount absorbed to cover underpayment for Medicaid and Medicare patient services;
- Unpaid debt of those unable to pay for their care;
- Subsidizing of services such as emergency and trauma care;
- Unreimbursed cost of training medical professionals;
- Research not covered by grants;
- Free language assistance;
- Donations of meeting space and volunteer time; and
- Other free programs, screenings and services that address community health needs.

Over the past five years, charity care and overall community benefits provided by Illinois hospitals have increased by 26 percent. Charity care numbers alone increased by 124 percent since 2005. Based on annual community benefit reports filed with the Attorney General’s Office by 109 hospitals in their fiscal year ending through September 30, 2010, community benefits amounted to more than $4.6 billion, compared to $3.7 billion in 2005.

This report illustrates some of the ways Illinois hospitals are integrated within the framework of their local communities, and the strong role they play in them.

Helping the Uninsured

Hospitals have long worked to develop fair and compassionate policies to assist their patients with their financial responsibilities, particularly those without insurance. The hospital community partnered with the Illinois General Assembly and Attorney General’s Office on two specific pieces of legislation to assist patients:

- **The Fair Patient Billing Act**, effective since January 2007, establishes uniform standards and clearly articulated procedures to ensure fair and reasonable billing and collection practices by all Illinois hospitals.

- **The Hospital Uninsured Patient Discount Act**, in effect since April 2009, requires all hospitals to provide discounts up to 135 percent of cost for medically necessary services to patients without insurance who meet certain income and residency criteria.
$4.6+ BILLION
THE FINANCIAL VALUE OF ILLINOIS HOSPITALS’ CONTRIBUTIONS TO THEIR COMMUNITIES

Government-Sponsored Care: $2.23 billion

Language Assistance: $18 million
Volunteers: $31 million
Donations: $36 million
Other: $61 million
Research: $85 million
Subsidized Services: $266 million
Education: $445 million
Charity Care: $561 million
Bad Debt: $906 million

Glossary of Community Benefits Terms
Community benefits are defined as programs and services provided by hospitals that address community health needs and for which hospitals do not receive payment to cover their costs.

Bad Debt:
Health care services for which a hospital expected, but did not receive payment due to a patient's inability to pay. Distinguishing bad debt from charity care is challenging and dependent upon the patient's disclosure of their financial situation, which may not occur until the billing and collection process has begun. Accounting rules require hospitals to classify non-payment as bad debt if it is unknown whether the patient qualifies for charity.

Charity Care:
Free or discounted care provided to patients who cannot pay, who are not eligible for public programs, and who meet certain financial criteria in accordance with hospital policy (e.g., income below a certain threshold of the federal poverty level). Charity care includes services for which hospitals neither received nor expected to receive payment because they had determined the patient's inability to pay. This number is reported as the cost of the care to the hospital.

Donations:
Cash and in-kind donations such as the value of meeting space, equipment and personnel to assist other community health care providers, social service agencies and organizations.

Education:
Costs incurred for hospital-based education, such as medical residency and nursing programs, offset by medical education funding from third-party payors, fees charged, etc.

Government-Sponsored Shortfalls:
The financial loss of the difference between what a hospital receives in payment from Medicare and Medicaid, and the cost of providing the care, not including contractual allowances.

Language Assistance Services:
Unreimbursed actual costs for services such as translator salaries and benefits, costs of telephone translation services, and costs of forms, notices and brochures provided in languages other than English, offset by any revenue received for these services.

Research:
Cost of research activities (not covered by grant funding or donations) conducted primarily to advance medical or health care services, such as clinical drug trials, demonstration projects for alternative delivery systems, and disease-specific research.

Subsidized Health Services:
Services provided in response to community needs for which the reimbursement is less than the hospital's cost of providing the services that must be subsidized by other revenue sources. Includes, but is not limited to, emergency and trauma care, neonatal intensive care, community health clinics, and collaborative efforts with local government or private agencies to prevent illness and improve wellness, such as immunization programs.

Volunteer Services:
Voluntary activities linked to a hospital's community benefits program by hospital employees and volunteers that are the result of a hospital initiative to organize or promote voluntary participation in the activity, valued at volunteer hours at minimum wage.
Providing for Those in Need

With the state unemployment rate hovering at 10 percent and contributing to an ever-growing number of underinsured and uninsured, more and more Illinoisans are utilizing alternative wellness programs supported by hospitals and community organizations to maintain and improve their quality of life.

In many cases, patients are in urgent need of financial assistance for many aspects of their care and treatment.

When Maggie Kremkow, a patient at Edward Hospital, Naperville, found a lump in her breast, she had to face two fears: cancer and lack of insurance. Ineligible for coverage under her husband’s insurance, Kremkow had to wait for her coverage to take effect under a new job she had recently started. While beginning treatment at the Edward Cancer Center, Kremkow learned that she qualified for Edward’s Financial Assistance program which has covered more than $400,000 in health care costs. Kremkow is on her way to a full recovery and is thankful for the sense of relief she has knowing her care is paid for.

At OSF Saint Francis Medical Center, Peoria, through a unique program developed by its dietetic interns, Illinois LINK card recipients can trade LINK dollars for wooden tokens which are then used to purchase locally-grown produce at the Peoria RiverFront Farmers’ Market. This program helps educate lower-income residents about making better food choices to meet their daily nutritional requirements and promotes access to fresh produce while supporting local merchants. The interns hope to expand the program by applying for a grant that will match the LINK dollars used at the farmers’ market, thereby doubling the purchasing power of LINK card holders.

Underinsured or self-pay Emergency Department patients at Abraham Lincoln Memorial Hospital, Lincoln, who cannot afford to have their prescriptions filled, are eligible to participate in the hospital’s Pharmaceutical Assistance Program. Through an annual $10,000 grant by the Abraham Lincoln Healthcare Foundation, patients who have financial difficulties—many of whom are recently unemployed—are now able to get the medications they need for their recovery.
Illinois hospital charity care numbers have increased 124 percent since 2005
The Coordinated Access to Community Health (CATCH) initiative supported by Memorial Medical Center and St. John’s Hospital, Springfield, and other community organizations, provides uninsured adults in Sangamon County with access to routine medical care, specialists and affordable medication. Hospital patient advocates help uninsured patients find primary or specialty doctors, make appointments with CATCH participating doctors and arrange for Emergency Room patients to receive financial assistance from participating social services agencies for prescription drugs. More than 250 CATCH participating physicians have agreed to see patients at no charge. The program expects to enroll up to 6,000 uninsured patients within the next few years, approximately one-third of the uninsured people under 65 in the county.

Also seeing a need to increase access to care for the poor, Carle Foundation Hospital, Urbana, has become the lead supporter of the Champaign County Christian Health Center, a holistic free clinic. The Center is open about 40 hours each month and provides no-cost primary care, dental and mental health services to patients. Hospital physicians, nurses and technicians volunteer at the Center, and the hospital donates supplies and equipment. In 2011 and 2012, Carle will provide $120,000 to the Center to cover its rent and a portion of its operations for two years.

To ensure that older adults and their caregivers have a safe transition home and are connected to community-based resources, MacNeal Hospital, Berwyn, has social workers serving as Bridge Care Coordinators in its Aging Resource Center. Prior to discharge,

Bridge Care Coordinators meet with patients and/or caregivers to identify needs and services prior to discharge. These coordinators make sure that each patient’s needs are met upon discharge and telephone patients at 30-, 60- and 90-day intervals to help prevent post-discharge physical and mental health decline. They also address issues such as complicated medication regimens, functional limitations and cognitive issues which, if left untreated, often lead to hospital readmission.

At CGH Medical Center, Sterling, insured women who schedule a mammogram at the hospital can sponsor a friend, family member or coworker who is either uninsured or underinsured to have her mammogram free of charge. Financially supported by the
CGH Health Foundation and a partnering community organization, women have been eager to participate in the “Two-for-One Mammogram” program to help someone who otherwise wouldn’t have been able to afford this life-saving test.

Knowing that hunger has no boundaries, 90 NorthShore Highland Park Hospital employees and family members partnered with the Northern Illinois Food Bank last year. They volunteered for three days in three hour shifts at the bank’s warehouse in Park City, Illinois. Hospital volunteers sorted and packed food for distribution to needy residents. In addition, the Northern Illinois Food Bank was the recipient of the hospital’s 2010 holiday contribution.

In the Decatur area, after the local Meals on Wheels program began turning away homebound seniors and veterans in early 2011 due to budget cuts, St. Mary’s Hospital teamed with two local organizations to collectively contribute $135,000 to fund the program. In addition, throughout 2011, Decatur-area residents and businesses were urged to “Buy a Senior a Meal” for $7 a day to help sustain the program. Other organizations have pledged matching dollars and crop proceeds for the next five years to support the Meals on Wheels program.
While many lives were lost, many more were saved due to the quick action of first responders, including hospitals, who are specially trained in disaster preparedness. These selfless acts of helping those in need never go unnoticed.

As a historic snowstorm swept through Illinois on February 2, the state’s 200 hospitals were ready. Thousands of employees, including nurses, doctors and other staff, went out of their way to get to work, stay at work during the snowstorm, and take care of patients. Some walked. Some covered shifts for others who couldn’t get to the hospital, even spending the night. Some with four-wheel drive vehicles picked up their coworkers. Hospitals made provisions for staff to stay onsite, child care for employees’ children off from school, secured extra food, and even functioned as warming centers. All while maintaining “regular” hospital services such as surgeries, emergency departments and patient care units, including delivering those “Groundhog Day” babies!

In May, hospitals in Southern Illinois were dealing with flooding in the region from the Ohio, Mississippi and Wabash Rivers. Six counties were declared disaster areas. Both nursing homes in Metropolis were evacuated, and Massac Memorial Hospital worked to address requests from homebound people who sought safety and shelter at the hospital. Good Samaritan Regional Health Center, Mount Vernon; Heartland Regional Medical Center, Marion; and Wabash General Hospital, Mount Carmel, were busy dealing with flooding issues. As a Regional Hospital Coordinating Center, Memorial Hospital of Carbondale served to coordinate response to those in need.

Disaster preparedness plans at hospitals are extensive and cover a wide range of possible scenarios. Hospitals work closely with the police and fire departments to ensure the safety of those entrusted to their care. Hospital leaders and those who choose to work in hospitals take their responsibility to their local communities that depend on them very seriously. This is what they do, and they know how best to do it.
When seconds stand between life and death, residents rely on their local hospital.
More than 65 Illinois hospitals are responsible for the ambulance and EMS operations for their communities
Illinois Hospitals Have a Vital EMS Role

Whether it’s a farm accident in southern Illinois, or a commuter train derailment in downtown Chicago, emergency response personnel do far more than just put a patient in an ambulance and race to the nearest hospital.

Provision of Emergency Medical Services (EMS) means providing lifesaving early interventions for illnesses and injuries including patient assessment, urgent treatment and transport to the nearest appropriate hospital.

EMS Resource Hospitals are especially vital to Illinois’ EMS System. More than 65 Illinois hospitals are responsible for the ambulance and EMS operations for their communities, providing personnel, equipment, education, training, licensure, and medical oversight to emergency personnel. Resource hospitals’ community commitment and financial investment are substantial.

For example, Greenville Regional Hospital is a Resource Hospital located in Bond County, one of the state’s smallest counties both in size and population. More than 20 percent of its residents are over age 60, twice the state and national average, and the county has a sizable Medicaid and Medicare population. As a result, the for-profit ambulance providers were unable to maintain continuous service in the county. In 1998, faced with the potential loss of ambulance services, the Bond County Board asked Greenville Regional Hospital to manage EMS care and ambulance transport services. To better meet the needs of the county, Greenville Regional expanded the ambulance service from basic (or lowest) level of care to the highest level Advanced Life Support (paramedic). Over the last three years, Greenville Regional’s EMS service has absorbed annual financial losses ranging from $161,000 to more than $300,000.
The death of a loved one often triggers intense emotions that are hard to deal with, making the everyday tasks of living exceedingly difficult.

Understanding that children and adults have unique needs when coping with grief, Illinois hospitals have partnered with hospice organizations to develop programs that address their specific needs.

Tending to child bereavement needs, Illinois Valley Community Hospital, Peru, offers a "My Treasure Chest" workshop led by Illinois Valley Hospice to help children cope with the death of a family member or someone close to them. Volunteers help children create their own unique treasure chests to hold memories of the people they are grieving.

Adventist Hinsdale Hospital offers a bereavement camp staffed by hospice staff and specially-trained volunteers to support children dealing with the loss of a loved one. Tommy’s Kids Summer Camp, hosted by Adventist St. Thomas Hospice, allows children ages five through 12 to attend the day camp (for a nominal fee, with scholarships available from the Hinsdale Hospital Foundation) which helps youths navigate the grieving process. The program is offered throughout the year.

Families find comfort through Advocate Health Care’s Hospice Bear Hugs Workshop. Adults and children work with Advocate Hospice staff to create a stuffed teddy bear in memory of family members who have passed away. Each teddy bear is personalized with special mementos that reflect the life of the one who is gone.
Hospitals help develop programs to address coping with grief.
Allowing **free and unlimited access** to a web-based concussion screening tool
Genesis Medical Center, Illini Campus, Silvis, is responding to the growing trend of sports-related concussions by providing area high schools with better tools to assist in diagnosing and treating concussions. The Genesis Concussion Management program allows hundreds of student athletes to have free and unlimited access to a web-based concussion screening tool for the school year. Students are first screened to develop a baseline, which is then compared to a post-injury screening to determine the severity of the concussion as well as any potential complications.

Also seeing a need to safeguard athletes who may be prone to concussions playing high-impact sports, Ingalls Memorial Hospital, Harvey, has offered concussion screening and treatment for area high school athletes and local organized athletic programs. Using a computer-based cognitive test that measures brain processing, speed, memory, and visual motor skills, Ingalls’ medical experts can evaluate the results for proper diagnosis, treatment and clearance to return to play. Ingalls’ Concussion Program is comprised of a multi-disciplinary team, including primary care sports medicine physicians, who also assist with concussion education and prevention.

Catering to the special needs of the intellectually and developmentally disabled, Northwest Community Healthcare, Arlington Heights, launched the Center for Health and Wellness in collaboration with the Little City Foundation on its campus in Palatine. The Center offers medical and dental services to intellectually and...
developmentally disabled children and adults. By providing care in a familiar setting, the Center staff can provide care with less patient anxiety and fear. Some of the initial benefits realized thus far include decreased use of emergency services, improved chronic disease management and improved oral health.

Improper disposal of pharmaceuticals pose a serious threat to the environment, especially local wastewater. **Rockford Health System, SwedishAmerican Hospital** and **OSF Saint Anthony Medical Center**, all in Rockford, sponsor and provide manpower for a medication collection event each year for Keep Northern Illinois Beautiful. Pharmacists join local law enforcement and community volunteers in collecting expired or unwanted pharmaceuticals for proper disposal. In 2011, about 1,400 households from five counties brought in more than 5,000 pounds of medication.

For the past 19 years, **St. Anthony’s Memorial Hospital**, Effingham, has been offering a Health Occupations Program that allows area high school seniors the opportunity to gain broad exposure and experience to a variety of health careers. Collaborating with local colleges and educational organizations, students spend several weeks completing five rotations of different health professions of their choice. During the final month of the program, students are immersed in the specific health care profession that they may wish to pursue. This has led to numerous former Health Occupations Program participants later being employed by St. Anthony’s.

**Katherine Shaw Bethea Hospital**, Dixon, also partners with a local university to promote health education. The newly formed Northwest Illinois Area Health Education Center (AHEC) works with local students and residents to consider health professions by providing education on college selection, internship and volunteer opportunities, and financial aid. AHEC also assists in rural Illinois job placement for newly-trained health professionals.

**Silver Cross Hospital**, Joliet, united with the National Hook-Up of Black Women to establish a Reading for Life Literacy Program after learning that local grade schools were not making adequate yearly progress primarily because children were ill-prepared to learn to read. The hospital’s two-year, $10,000 pledge helped to create two reading rooms which provided more than 9,700 books to 3,700 children and adults in the community. In addition, the reading rooms have served as locations for family reading nights, book chats and book swaps.
Strong hospitals = Strong communities
HELPING INDIVIDUALS Deal with Diabetes

The American Diabetes Association estimates that more than 25 million children and adults in the U.S. are living with diabetes.

Unfortunately, these numbers continue to rise and the direct and indirect medical costs associated with the treatment of diabetes, including complications, exceeds $170 billion annually. Knowing that early intervention and education are critical to successful diabetes management, Illinois hospitals have embarked on several diabetes initiatives to help create healthier communities.

Mount Sinai Hospital, Norwegian American Hospital, Rush University Medical Center, Saints Mary and Elizabeth Medical Center, and Northwestern Medicine, all located in Chicago, participate in a grassroots collaborative called Block-By-Block. This program, benefitting from the epidemiological research done by Sinai Urban Health Institute, unites community organizations and hospitals to provide diabetes education and awareness to African Americans and Latinos in Chicago’s North Lawndale and Humboldt Park neighborhoods, where Type 2 diabetes rates are alarmingly high—almost double the nation’s average. Block-By-Block captains go house to house, spanning a 72-block area, to screen and identify residents with diabetes. They educate residents on diabetes prevention and management, and provide support and follow-up. Mount Sinai Hospital’s community health worker model offers training and supervision to lay members of the community who serve as block captains. This model encourages a strong rapport between residents and block captains, while creating block captain jobs in the local community. In conjunction with the Block-By-Block program, Norwegian American Hospital provided funding for a community center kitchen that is used for healthy cooking demonstrations.

Northwestern Memorial Hospital, Chicago, has spent the last five years helping the city’s medically underserved populations manage and understand Type 2 diabetes using six Near North
Side community health centers. This collaborative program has helped adults with Type 2 diabetes better understand and manage the disease. The American Hospital Association recognized Northwestern Memorial Hospital as one of five 2011 NOVA Award winners for its Diabetes Collaborative. The award honors hospitals who have demonstrated improvement in a community health status through collaborative efforts in health care, economic or social initiatives.

Since 2005, the Center for Diabetic Wellness at Provena Mercy Medical Center, Aurora, has been offering low-cost, multi-disciplinary care and education to under-insured and uninsured people with diabetes, utilizing flexible hours and bilingual education in a concerted effort to address health disparities. More than 1,000 people have been helped by its diabetes resource team which includes specialty physicians, certified diabetes educators, registered nurses, registered dietitians, and community outreach nurses. Specialty services such as ophthalmology, optometry and endocrine consultations are also available.
Weighing in on Obesity

A 2011 Robert Wood Johnson Foundation report on obesity shows that approximately 28 percent of Illinoisans are obese, and roughly one in three children is either overweight or obese.

Obesity leads to many health complications such as Type 2 diabetes and high blood pressure, along with a host of other co-morbidities. Many Illinois hospitals have focused on anti-obesity programs for both young and old to promote healthier lifestyles through educational programs designed to get people to increase their physical activity and eat the right foods.

**Centegra Health System**, Crystal Lake, created a “Break Your Boundaries” weight loss challenge that offered cash prizes to area employees who experienced the most weight loss and who earned the most points through health-related tasks like food journaling, exercise and education. In eight weeks, employees at 12 participating companies lost a total of more than 1,500 pounds, 1,292 inches and exercised for more than 5,300 hours.

**KishHealth System** has embarked on a $2 million, five-year community health initiative to address obesity and its associated chronic diseases by targeting populations served by **Kishwaukee Community Hospital**, DeKalb, and **Valley West Community Hospital**, Sandwich. With partnering organizations, programs include “Know Your Numbers” which educates adults on ideal body mass index and weight, and acceptable blood pressure, glucose and cholesterol measurements; and “We Can” which helps parents become more involved in improving their children’s health.

Leading the charge against childhood obesity in Spring Valley, **St. Margaret’s Health**, in conjunction with local universities, held a Healthy Kids Camp for 115 local children from kindergarten through eighth grade. This free two-week summer camp educates children on the importance of active lifestyles and the benefits of good nutrition.

**St. Joseph’s Hospital**, Breese, offers the “Kid Fit Club,” a six-week summer camp for 10-14 year olds who may need help losing excess body fat or achieving and maintaining a healthy weight. The youths meet with trainers for individualized programs and participate in group exercise sessions while nutritionists educate them on how to improve their eating habits.

Illinois hospitals have focused on anti-obesity programs for both young and old.
Hospitals continually must be prepared to respond to the evolving health care needs of patients in their communities. This not only requires capital, but also extensive planning, unique foresight and thoughtful execution.

In 2010, Illinois hospitals spent $85 million in clinical research activities not covered by grant funding or donations

Whether it is building a new facility or adding state-of-the-art technologies, hospitals are constantly striving to enhance the services they offer to their patients and community.

In May 2011, Fairfield Memorial Hospital opened a Medical Arts Complex. This new complex is home to Horizon Healthcare, the hospital-based rural health clinic, cardiology, oncology, and urology specialist suites, and community education and board rooms, and features advanced technology allowing for future expansion of additional specialty services. “When my husband Tip and I moved back home after being gone from our hometown for nearly 40 years, we were concerned that we may have to go out of town for our health care,” says patient Donna Butler. “However, since moving back, we have been using Horizon Healthcare and no longer have such concerns.”

Rush University Medical Center, Chicago, invested in a 10-year, $1 billion campus transformation entitled the Rush Transformation that will enable all components of Rush—clinical care, research, education, and community service endeavors—to implement new models of care designed to transform the future of medicine. The centerpiece of the Rush Transformation is its new 14-floor inpatient hospital that is designed with open space to encourage teamwork between clinicians and hosts myriad new technologies. The hospital will also include a bioterrorism response center that is a national model for preparedness, accommodating large numbers of affected patients.
After realizing a 169 percent increase in stroke-related patients from 2009 to 2010, MetroSouth Medical Center, Blue Island, implemented a telemedicine program for patients in a unique collaboration with Rush University Medical Center. When a hospital neurologist is unavailable on site, patients exhibiting stroke-like symptoms in the Emergency Department are seen by a “robot” that is controlled by a neurologist at Rush who observes patients by looking through a camera lens and conducts a series of tests through a computer screen located on the robot. The robot is on-call 24/7 and has aided in the treatment of stroke patients whose successful recovery is often determined within a three-hour window from the onset of symptoms. The robot is also used if a further consult is needed.

Also seeing a need to quickly diagnose and treat patients with heart ailments, Swedish Covenant Hospital, Chicago, partnered with the Village of Lincolnwood to install new digital electrocardiogram (EKG) devices in fire department ambulances. These new devices allow first responders to administer diagnostic tests to suspected heart attack patients and transmit the results to the Emergency Department before they arrive at the hospital, saving time and lives. The $54,000 donation and installation of these devices expands the reach of the hospital’s Chest Pain Center.
One source of pride in Illinois is its hospitals and health systems. *Twelve of the top-rated 100 hospitals* in the country are in Illinois, the highest percentage in the country.

* The Thomson Reuters 100 Top Hospitals® Study, 2011