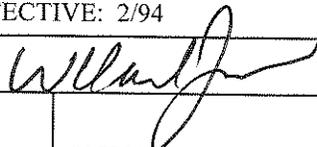
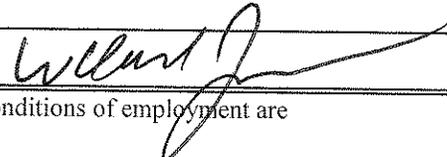


**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY & PROCEDURE**

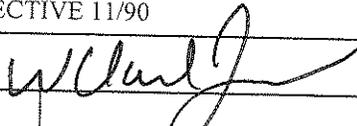
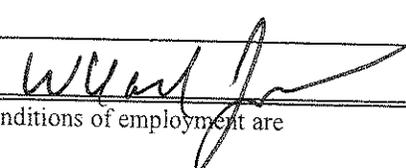
NUMBER: 53-3-014		DATE EFFECTIVE: 2/94	
TITLE: Direct Admissions to Inpatient Unit	APPROVAL SIGNATURE: 		
	REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVH DEPARTMENT: Registration	12/04	12/04	
ROUTE TO: Registration	12/07		
	12/10		
CROSS REFERENCE: 30-3-129	12/13		
	3/14	3/14	

SCOPE This procedure applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital and Clinics.

PURPOSE Registration personnel will cooperate with physicians and nursing staff in ensuring that direct admissions enter the hospital in a smooth and expedient manner.

- PROCEDURE**
- A. When a physician or physician's office staff calls on an impending direct admission, do the following.
 1. Ask for name of patient and birth date.
 2. Ask if orders will accompany patient. If so, obtain:
 - a. diagnosis
 - b. type of bed (AC, ICU, TELE)
 - c. Inpatient or Observation
 If doctor is sending orders, he/she still needs to talk to the Shift coordinator.
 3. If the doctor wishes to dictate orders, transfer the call to the Shift Coordinator.
 4. The Shift Coordinator will assign the bed and inform Registration of the bed assignment.
 5. When patients present to the department for admission, call the Shift Coordinator to transport them to the floor.

**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY & PROCEDURE**

NUMBER: 53-3-004		DATE EFFECTIVE 11/90	
TITLE: Admission Priority	APPROVAL SIGNATURE: 		
	REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVH DEPARTMENT: Registration	12/01		
ROUTE TO: Registration	12/04		
	12/07		
CROSS REFERENCE:	12/10	12/10	
	12/13		

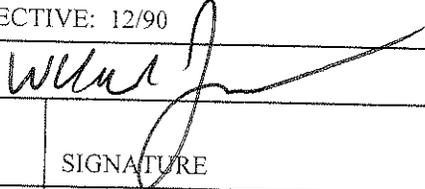
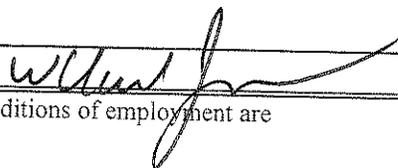
SCOPE This procedure applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital and Clinics.

PROCEDURE The following procedure will be followed for determining Registration Priority for INPATIENTS and OBSERVATION patients.

A. Registration Priority will be determined by the following criteria:

1. Emergency - The patient requires immediate medical intervention as a result of severe, life-threatening or potentially disabling conditions. ALL PATIENTS REGISTERED THROUGH THE EMERGENCY DEPARTMENT WILL BE EMERGENCY.
2. Urgent - The patient is requiring immediate attention for the care and treatment of a physical or mental disorder. Generally the patient is registered to the first available and suitable accommodation.
3. Elective - The patient's condition permits adequate time to schedule the availability of a suitable accommodation. ALL PRESCHEDULED REGISTRATIONS.
4. Newborn - A baby born within this facility. These patients will be registered using the NEWBORN ADMISSION routine.

**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY & PROCEDURE**

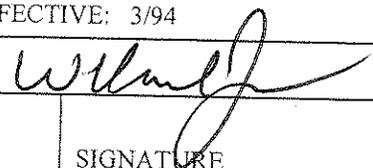
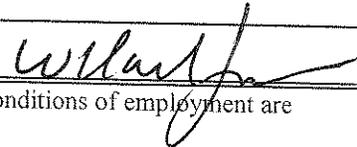
NUMBER: 53-3-001		DATE EFFECTIVE: 12/90	
TITLE: Admission of Patients	APPROVAL SIGNATURE: 		
	REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVH DEPARTMENT: Registration	12/01		
ROUTE TO: Registration	12/04		
	12/07	12/07	
CROSS REFERENCE: 53-3-03, 53-3-46	12/10	12/10	
	12/13		

SCOPE This procedure applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital and Clinics.

PROCEDURE All patients receiving services at CVH will be registered using one of the following admitting functions:

- INPATIENT (IN)** A patient who is assigned a room and bed and receives automatic room/bed charges.
- OBSERVATION (INO)** An outpatient who is assigned a room and bed, but does not receive an automatic room/bed charge.
- RECURRING(RCR)** An outpatient who returns to the hospital more than two times for related treatments (a series patient). Examples: Oncology, Recurring meds. Initial visit of the month is assigned a new account number, subsequent visits are entered under "revisit" function. The same account number is used for an entire month. See also 53-3-03.
- REFERRED (REF)** Used to register CLIENTS (See Procedure 53-3-46) and Diabetes Education MNT patients.
- EMERGENCY (ER)** An outpatient who comes to the hospital unscheduled and is treated in the emergency room.
- SURGICAL DAY CARE (SDC)**
A patient who visits the hospital for outpatient surgery.
- CLINICAL (CLI)** Used for outpatient visits (Lab, Radiology, Respiratory Therapy, Same Day Procedure, NST, OB Check).

**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY & PROCEDURE**

NUMBER: 38-3-027		DATE EFFECTIVE: 3/94	
TITLE Inter Facility Transfer for Admission	APPROVAL SIGNATURE: 		
	REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVH DEPARTMENT: Surgical Care	4/01		
ROUTE TO: OP, CVASC, All Nursing Units	4/04		
	4/07	4/07	
CROSS REFERENCE:	4/10	8/10	
	4/13	4/13	

SCOPE This procedure applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital and Clinics.

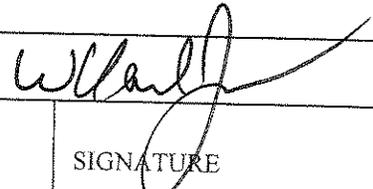
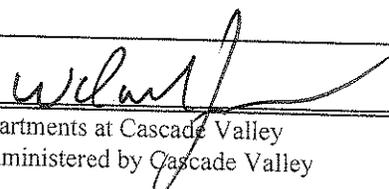
- STATEMENT**
1. Any ambulatory surgery patient who has not achieved the discharge criteria in four to six hours or by the unit's closing time, will be evaluated for admission to the hospital as either an inpatient or a 23 hour observation patient.
 2. The transfer of a patient to inpatient status is determined by the operating practitioner and/or anesthesiologist.
 3. The decision to admit an ambulatory surgery patient to the hospital as an inpatient or observation patient may be made at any time during the patient's ambulatory surgery stay.

- PROCEDURE**
- Pre transfer
1. The RN will initiate or be informed of the need for admission as inpatient or observation patient.
 2. The RN or PSR will notify shift supervisor the patient's status change, and secure a room assignment.
 3. Family or sponsor will be informed of the patient's transfer.

Admission to the Patient Care Unit - post operatively

1. The patient will be transferred directly to the receiving unit from PACU
2. The patient's personal belongings will be brought to the patient care unit.
3. Report will be provided to the receiving nurse at the time of transfer.

**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY & PROCEDURE**

NUMBER: 30-3-126		DATE EFFECTIVE: 1/27/94		
TITLE: Unstable Direct Admissions		APPROVAL SIGNATURE: 		
		REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVH DEPARTMENT: Nursing		11/04		
ROUTE TO: ICU, ED, Admitting		11/07		
		9/09	9/09	
CROSS REFERENCE:		10/10	10/10	
		11/13	12/13	

SCOPE

This procedure applies to all employees in the Nursing departments at Cascade Valley Hospital whose terms and conditions of employment are administered by Cascade Valley Hospital and Clinics.

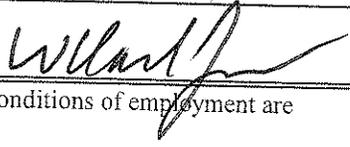
PURPOSE

- A. To assure quality care for the unstable patient needing direct admission to the hospital from the physician's office.
- B. Members of the medical staff needing to directly admit an unstable patient are encouraged to utilize the 911 emergency system for transport.
- C. Physicians are requested to call the hospital prior to arrival of critically ill patients to allow preparation of staff and equipment. If complete communication is not possible prior to patient arrival, if the patient is so unstable as to preclude immediate transport to CCU, or staffing is not available, the patient will be held in the Emergency Department. In this eventuality, if the admitting physician is not present and managing the patient, the ER physician will manage the patient.

PROCEDURE

- A. ||The physician shall call the Shift Supervisors of the hospital to advise of a planned ||direct admission of an unstable patient. The Shift Supervisor will contact Admitting. B. ||The Shift Supervisor must be notified prior to admission in order to assure adequate ||staff and room availability. MD to fax admitting orders to the Shift Supervisor.
- C. If an emergent situation precludes the admitting physician from following the steps above, the patient will be held in the Emergency Department until it is determined that staffing and bed availability are prepared to receive the patient.
- D. In the event there is inadequate staff to care for the patient or temporary lack of room availability, the patient may be held in the Emergency Department.
- E. The unstable patient shall not wait in the waiting room or at the Admitting desk.
- F. The unstable patient shall be transported to the CCU after patient care orders and Emergency Room stabilization have been completed.

**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY & PROCEDURE**

NUMBER: 03-3-048		DATE EFFECTIVE: 11/10	
TITLE: Bariatric Hospital Admission and Continuing Care Guidelines	APPROVAL SIGNATURE: 		
	REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVHC DEPARTMENT: Universal Patient Care	7/11	7/11	
ROUTE TO: All Nursing Units, CVA Surgery Center	11/13	11/13	
CROSS REFERENCE:			
Approved by MEC 10/10			

SCOPE This procedure applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital and Clinics.

PURPOSE To provide safe and compassionate care while maintaining a safe working environment for hospital employees.

PURPOSE Cascade Valley Hospital is committed to providing safe care while protecting the health of all caregivers in the scope of their practice. Each bariatric patient shall have a screening for appropriateness of admission to CVH. Ongoing assessments for his/her individual bariatric care needs. When the resources available cannot accommodate the bariatric patient's needs, the patient will be transferred to the care of an appropriate healthcare setting.

DEFINITIONS Bariatric Patient – CVH defines a bariatric patient as any patient who weights greater than 350 pounds/160 kilograms or to have a BMI (Body Mass Index) of 40 or greater.

Body Mass Index – The body mass index (BMI) calculation: the patient's weight (in kilograms) divided by the patient's height (in meters) squared = $\frac{\text{Mass (kg)}}{\text{Height (m)}^2}$

GUIDELINES OB Patients – OB patients having a BMI of >40 in the first trimester should be screened by Pre-Op RN to evaluate patient risk. See Attached "OB Bariatric Algorithm". OB patients admitted to CVH having a BMI of >40 will have an automatic Anesthesia consultation upon admission.

ED Patients – See attached "ED Bariatric Algorithm."

Elective Surgery Patients – See attached "Elective Surgery Bariatric Algorithm."

Bariatric Assessment Tool

Name: _____

Current Living Situation:

- Home w/o Caregiver
 Home w/Caregiver
 Assisted Living Facility
 Nursing Home

Patient Stated Weight : _____

Patient Weight Today: _____

Patient Height (Inches): _____

BMI: _____

Patient's Complaint: _____

Side-to-Side Measurements:

Shoulders: _____ Hips: _____ Girth: _____

Level of Patient's Mobility (Note if Stated or Observed):

- Fully Mobile
 Minimal Assistance
 Walks with Aid/Attendant
 Weight Bears but Unstable
 Unable to Weight Bear

Patient's ADL's – Patient Requires Assistance:

- Bathing
 Toileting
 Dressing
 Ambulation
 Nourishment
 Bed Mobility/Repositioning

Equipment Patient Uses at Home:

- C-Pap
 Walker
 Wheelchair
 Bedside Commode
 Lift
 Other: _____

Hospital Bariatric Equipment Needs:

- Bed
 Commode
 Wheelchair
 Gurney
 Lift
 Transport:
 Other: _____

Evaluation for Admission	Comments	Admit	Transfer
Private Room Available: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
Acuity of Care: <input type="checkbox"/> Stable <input type="checkbox"/> Critical		<input type="checkbox"/>	<input type="checkbox"/>
Patient Needs Diagnostic Imaging: <input type="checkbox"/> Yes <input type="checkbox"/> No (350 lb. Limit, Except X-Ray & US)		<input type="checkbox"/>	<input type="checkbox"/>
Patient Needs Surgery: <input type="checkbox"/> Yes <input type="checkbox"/> No (600 lb. Regular OR Table Limit) (400 lb. Fracture Table Limit) C-Arm Needed <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
Patient's Mobility Supports Admission: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
Adequate Staffing:: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
Bed Available: <input type="checkbox"/> Yes <input type="checkbox"/> No Bed Ordered <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>
Equipment Needs Available: <input type="checkbox"/> Yes <input type="checkbox"/> No (Commode/Wheelchair)		<input type="checkbox"/>	<input type="checkbox"/>
Bariatric Room 202 or 305 Available: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>

Cascade Valley Hospital Safe Patient Handling Weight Limits

Lifting/Transfer Device	Type of Transfer/Lift	Location(s)	Weight Limit in Lbs.
Portable Patient Lifts		Varies	440
ED Ceiling Lift		ED	625
ICU Ceiling Lift*		CCU	550
Other Ceiling Lifts*		AC	440
OR Transfer Air Mattress		OR	Unlimited
Sit/Stand Lifts			

*State Weight. Room 207 is the only railed room that can't support >440 motor.

Outpatient Stretcher/Gurney	
Location(s)	Weight Limit in Lbs.
ED	600

Inpatient Beds	
Location(s)	Weight Limit in Lbs.
CCU (Advanta & Versacare)	400
OB (All Birthing Beds)	500/400 Foot
Acute Care (Advanta & Versacare)	400

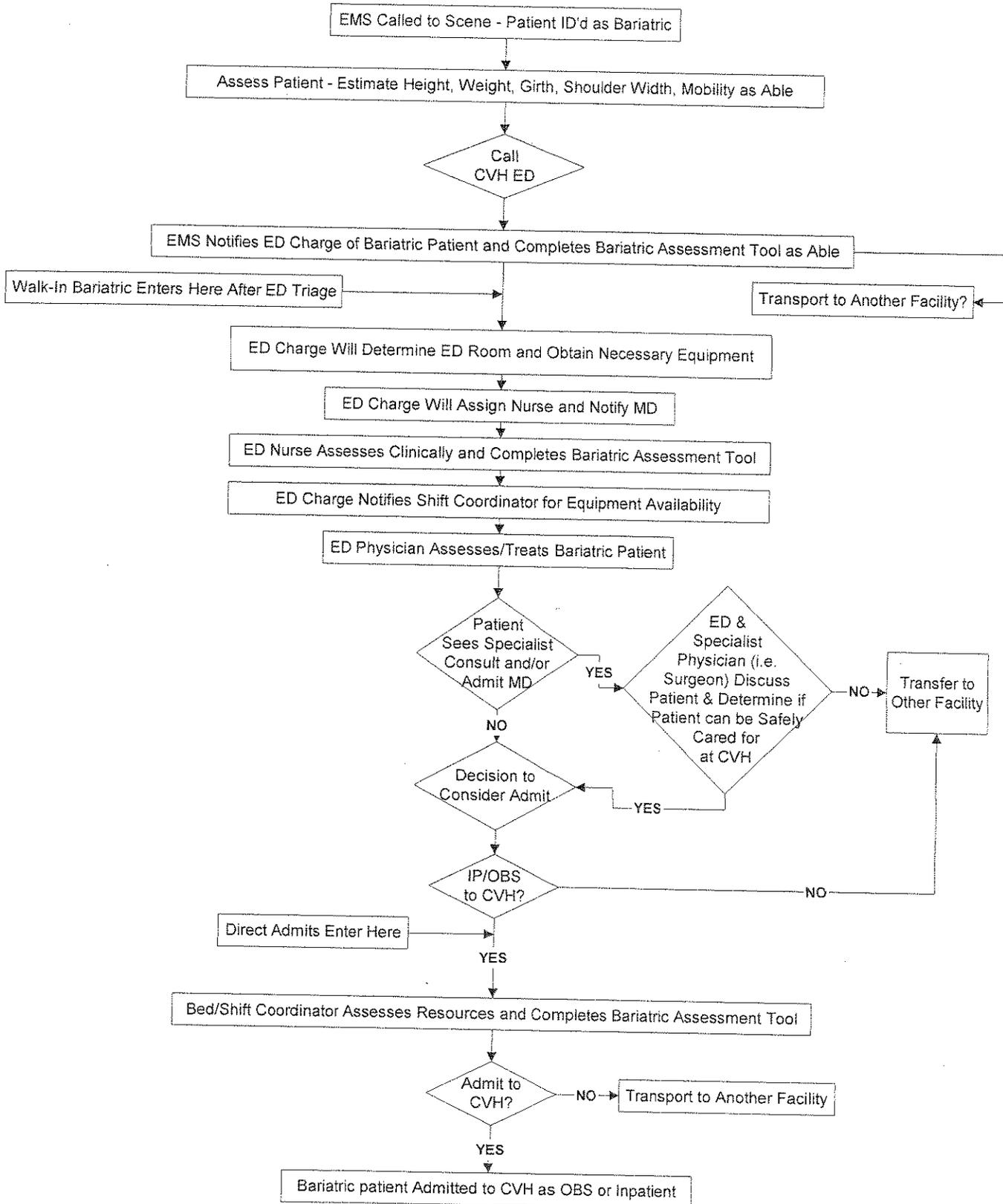
Operating Room Tables	
Location(s)	Weight Limit in Lbs.
Regular OR Tables	600
Fracture Table	400

Wheel Chairs	
Location(s)	Weight Limit in Lbs.
Varies	
EX Wide WC (Lobby Unless in Use)	700

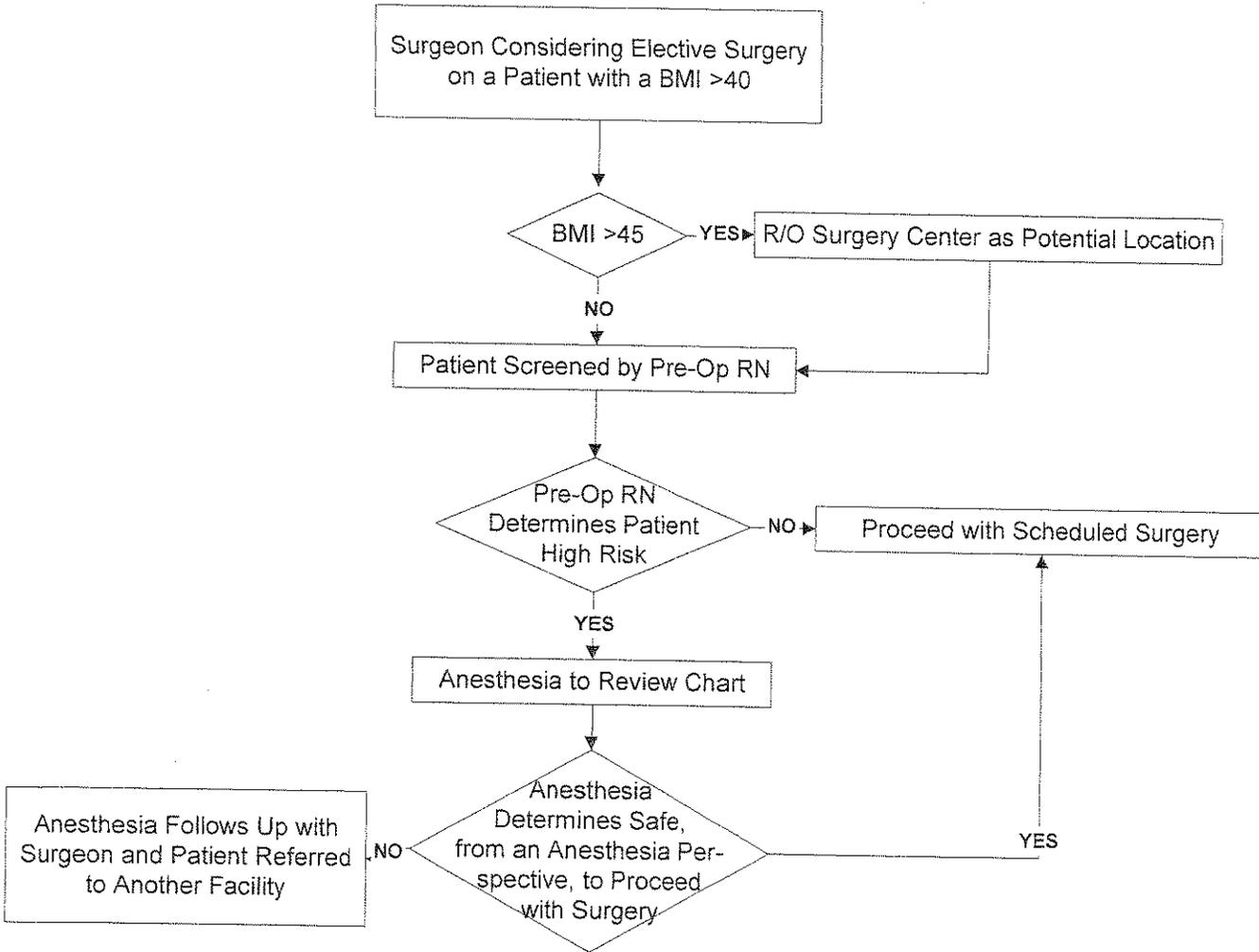
Bedside Commodes	
Location(s)	Weight Limit in Lbs.

Imaging Equipment	
Location(s)	Weight Limit in Lbs.
CT	475
X-Ray	500 w/limitations over 350 (Unable to move table top if over)
Fluoro	300
MR	300
NucMed	300

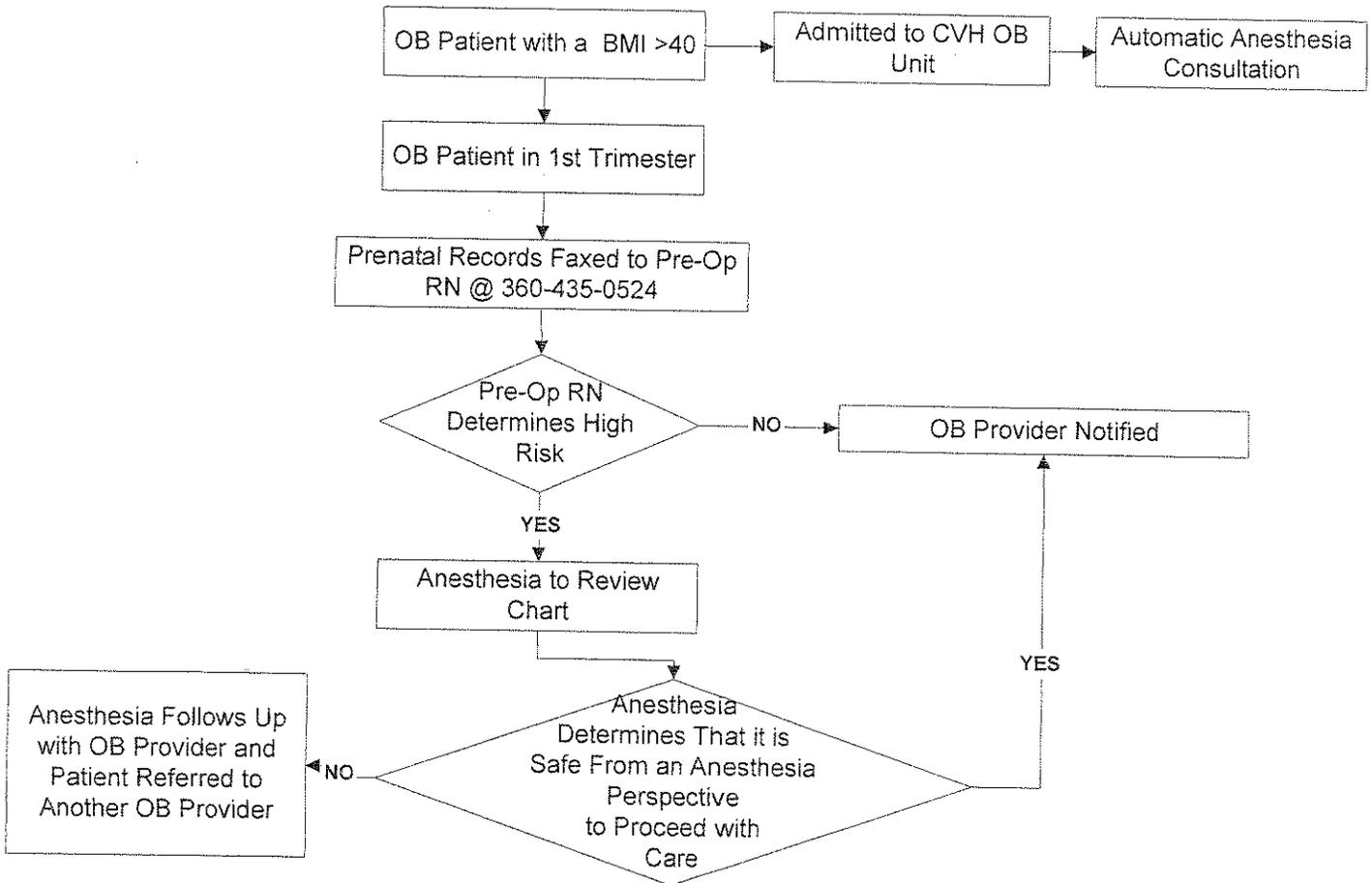
Cascade Valley Hospital ED Bariatric Algorithm



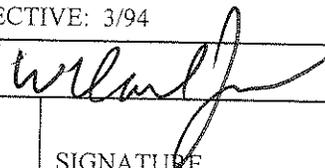
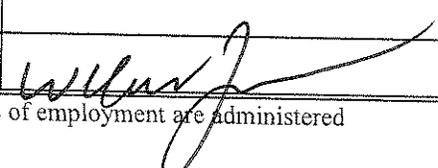
Cascade Valley Hospital Elective Surgery Bariatric Algorithm



Cascade Valley Hospital OB Bariatric Algorithm



**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY/PROCEDURE**

NUMBER: 03-3-018		DATE EFFECTIVE: 3/94	
TITLE: Criteria for Transfer or Diversion of Trauma Patients	APPROVAL SIGNATURE: 		
	REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVH DEPARTMENT: Universal Patient Care	1/06	1/06	
ROUTE TO: All Departments	12/07	12/07	
	11/08	11/08	
CROSS REFERENCE:	2/11	2/11	
	10/13	10/13	

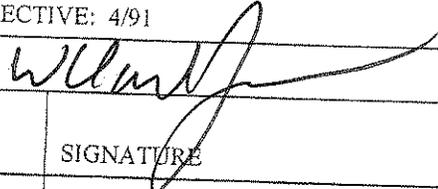
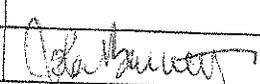
SCOPE This policy applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital and Clinics.

DEFINITION Admitted refers to caring for patients on an inpatient basis.

- PROCEDURE**
1. The decision to transfer/divert a trauma patient to another facility directly from the field rests with the Emergency Department Physician on duty who acts as medical control for the paramedics. The decision to divert is based upon: 1) Severity of the patients condition/injuries. 2) Length of pre-hospital treatment and transport time. 3) Availability of personnel and/or facility capability to provide appropriate care. Guidelines for direct field diversion have been addressed countywide and are located in pre-hospital care protocols.
 2. CVH will arrange to transfer any patient to a more appropriate facility if equipment and trained personnel required for that patient's care are not immediately available. The decision to transfer a patient from the Emergency Department rests with the General Surgeon if available or the Emergency Department Physician. The decision to transfer is based upon the patient's condition and the receiving facility's ability to accept and provide the services required. The mode of transportation (air vs ground) is decided upon by 1) distance to the receiving hospital 2) the patient's actual out of hospital time and 3) the patient's condition. Air is used most often for patients transported to the Level I Center in Seattle. Ground is most often used to transport patients to other facilities.
 3. The following guidelines will be considered when transferring trauma patients from CVH.
 - A. Adult
 - 1) Patients that are at high risk for death or disability secondary to severe CNS injuries of the head (i.e. open, penetrating skull fractures, etc), an unstable spine or spinal cord injuries.
 - 2) Suspected great vessel injuries.
 - 3) Severe multiple system injuries with severe head injury.
 - 4) Compound/open pelvic injury or unstable pelvic injury, or pelvic visceral injury with evidence of continued hemorrhage.
 - 5) Carbon Monoxide poisoning/Baro-trauma in need of the hyperbaric chamber.
 - 6) Burns greater than 10% of body surface area 2nd or 3rd degree and/or involving airway. Also burns of head and face, burns of perineum, or severe burns of hands or any burn meeting American Burn Association minimal criteria for transfer to a burn center.

- B. Pediatric
 - 1) After stabilization, Pediatric Trauma Patients requiring Critical Care Services are transferred to the appropriate facility.
- 4. Once the decision to transfer is made, the receiving facility is contacted. When a patient is transferred to the Level I facility in Seattle the Emergency Physician or General Surgeon contacts the on duty Trauma Surgeon at the Level I Center. The Level I Center arranges transport.
- 5. When the patient is turned over to the air transport staff and they are enroute to their facility, the Level I Medical Control assumes responsibility for the patient's care. When a patient is to be transferred to the higher level facility via Ground, the Emergency Physician or General Surgeon contacts the appropriate accepting Physician.
- 6. In turn the Nursing Staff contact the facility to assure they can receive the patient and transfer verbally any needed information. The Nursing Staff then arrange for ground transportation.
- 7. Hospital maintains Medical Control of the patient until that patient is received at the higher level facility.
- 8. When transferring patients from CVH to other facilities, a COBRA form is completed and the following verified prehospital trauma services are utilized:
 - A. Air
 - 1) Airlift Northwest
 - B. Ground
 - 1) Arlington Fire Department
 - 2) AMR
 - 3) Rural Metro
 - 4) Northwest Ambulance
 - 5) Falk

**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY**

NUMBER: 03-3-004		DATE EFFECTIVE: 4/91	
TITLE: Charity Care	APPROVAL SIGNATURE: 		
	REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVHC	4/08	4/08	
DEPARTMENT: Universal Patient Care	1/09	1/09	
ROUTE TO: Registration, Patient Financial Services, CFO	10/12	10/12	
	02/13	02/13	
CROSS REFERENCE: BOC Approved 12/2013; DOH Approved 12/2013	7/13	7/13	
	12/13	12/13	

SCOPE

This policy applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital and Clinics and is effective for dates of service after 2/19/04.

POLICY

To provide medically necessary health care to all patients regardless of ability to pay. The District shall grant Charity Care to all eligible hospital patients regardless of race, color, sex, religion, age, or national origin. Financial assistance and charity care shall be limited to "appropriate hospital-based medical services" as defined in WAC246-453-010(7) for those patients residing in the hospital's designated service area. The service area is defined as those boundaries congruent with the Public Hospital District, which includes all residents within zip codes 98223, 98241, 98252, 98259, 98271, 98287 and 98292. Non-residents of the defined service area are eligible for financial assistance consistent with WAC 246-453-060 for emergent services only. Financial assistance for non residents of the service area for any non-emergent service is limited to the uninsured discount defined in this policy/procedure. The staff shall offer assistance to all patients in identifying their eligibility for charity care. The provisions of this policy/procedure do not apply to the professional services of the hospital's medical staff.

DESCRIPTION OF ELIGIBILITY CRITERIA

Charity Care is secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or Medical assistance programs, other state, federal, or military programs, third party liability situations, (e.g. auto accidents or personal injuries) or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services.

In those situations where appropriate primary payment sources are not available, patients shall be considered for Charity Care under this policy based on the following criteria as calculated by annualizing the patient's income at the time services were rendered, less any loss of benefits or sources of incomes (e.g., loss of worker's compensation or unemployment benefits). Adjustments may be considered for recent changes in income of the most recent ninety (90) days, if the changes result in a significant variation in financial circumstance.

- A. Charity Care is available for any patient whose gross family income is at or below 200% of the current federal poverty guidelines.
- B. Catastrophic Charity. The hospital may write off as charity care amounts for patients with family income in excess of 200% of the federal poverty guidelines when circumstances indicate severe financial hardship or personal loss.

- C. Available assets may be used to determine eligibility for Charity Care if the family income is greater than 100% of the federal guidelines. Assets must be easily accessible or available to become accessible. Examples of assets which may be accessed before charity care is received include, but are not limited to: trust funds, cash value life insurance, pension funds, individual retirement accounts, savings accounts, certificates of deposit, retirement accounts, stocks, bonds, and money market accounts. The first \$2,000 in assets will not be considered.
- D. CVHC will follow a sliding scale in considering income and assets for charity care.

<u>Family Income</u>	<u>Amount of Bill Written Off To Charity Care</u>
0 – 100% of FPG	100%
101 – 133% of FPG	75% based solely on income. Remaining 25% to be paid by patient's/guarantor's assets, if existent. If patient/guarantor has no assets, or insufficient assets to cover the debt, CVHC will grant charity care for the remaining billed amount to covered by assets. The first \$2,000 of assets will not be considered.
134 – 166% of FPG	62% based solely on income. Remaining 38% to be paid by patient/guarantor's assets. If patient/guarantor has no assets, or insufficient assets to cover the debt, CVHC will grant charity care for the remaining billed amount not covered by assets. The first \$2,000 of assets will not be considered.
167 – 200% of FPG	48% based solely on income. Remaining 52% to be paid to be paid by patient/guarantor's assets. If patient/guarantor has no assets, or insufficient assets to cover the debt, CVHC will grant charity care for the remaining billed amount not covered by assets. The first \$2,000 of assets will not be considered.
201% and up of FPG	Any patient who has no insurance may quality for an uninsured discount of 32%. An application is required but supporting income and asset documentation is not required. Non- Washington State residents do not qualify for the uninsured discount.

PROCESS FOR ELIGIBILITY DETERMINATION

A. Process for Eligibility Determination:

1. ||Initial Determination: After the patient registration process, the Financial Counselor will make an initial determination of eligibility based on verbal or written application for Charity Care after contact by the patient or his/her representative. Pending final eligibility determination, CVH will not initiate collection efforts or requests for deposits, provided that the responsible party is cooperative with our efforts to reach a determination of sponsorship status, including return of applications and documentation within fourteen (14) days of receipt. The failure of a responsible party to reasonably complete appropriate application procedures shall be sufficient for the hospital to initiate collection efforts directed at the patient/guarantor. Only State of Washington residents are eligible.

- b. In the event that the hospital's final decision upon appeal affirms the previous denial of charity care designation, the responsible party and the Department of Health shall be notified in writing of this decision and the basis of the decision and the Department of Health shall be provided with copies of documentation upon which the decision was based.
 - c. Alternative payment methods will be offered the patient if the denial is affirmed unless the Account has been in a self-pay status in excess of 90 days.
 - d. If the patient has made any payments against the account, the money will be refunded, if Charity is granted.
 - e. The account will be written off to the Charity Journal.
 - f. Patients having dates of service within 30 days of determination will be automatically determined Charity for that Date of Service.
 - g. The Federal Poverty Guideline reflects updates yearly. See attached for current year's guidelines.
11. Accounts which have been sent to collections for non-payment are not eligible for charity care unless the responsible party can show documentation that they would have met the eligibility requirements at the time the services were provided. Accounts assigned to an external agency will be placed on hold during the final determination process if the complete required documents are submitted for review. If charity is granted for accounts assigned to an agency, principle balances will be reduced or cancelled accordingly. In the case of a denied charity decision, the responsible party will have the right to appeal the decision under section 9(a) of this policy/procedure.
12. If a responsible party is subsequently found to have met the charity care criteria at the time the services were rendered, any payments in excess of the amount determined to be appropriate in accordance with WAC 246-453-040 shall be refunded to the patient within 30 of achieving charity care designation.

DOCUMENTATION AND RECORDS

- A. Confidentiality of the patient/guarantor application shall be kept at all times. The support information will be kept with the application in the Patient Advocate's office.
- B. ||All documentation pertaining to the application for Charity Care will be retained for six ||(6) years.

NOTIFICATION

The District's Charity Care Policy shall be publicly available through the posting of a sign, and notification in the Admission Consent Form. The Admission Process will initiate the process and the Patient Accounts will encourage patients to apply where the initial information identifies the patient/guarantor of eligibility.

2014 Poverty Guidelines for the 48 Contiguous States and the District of Columbia

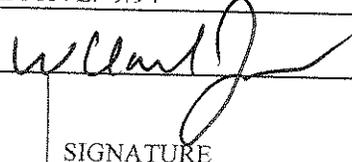
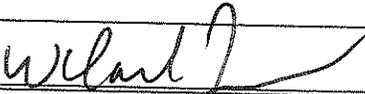
Household Size	100%	133%	150%	200%
1	\$11,490	\$15,282	\$17,235	\$22,980
2	\$15,510	\$20,628	\$23,265	\$31,020
3	\$19,530	\$25,975	\$29,295	\$39,060
4	\$23,550	\$31,322	\$35,325	\$47,100
5	\$27,570	\$36,668	\$41,355	\$55,140
6	\$31,590	\$42,015	\$47,385	\$63,180
7	\$35,610	\$47,361	\$53,415	\$71,220
8	\$39,630	\$52,708	\$59,445	\$79,260
For each additional person, add	\$4,020	\$5,347	\$6,030	\$8,040

2013 Poverty Guidelines for the contiguous States and the
District of Columbia

Household Size	100%	133%	150%	200%
1	\$11,490	\$15,282	\$17,235	\$22,980
2	\$15,510	\$20,628	\$23,265	\$31,020
3	\$19,530	\$25,975	\$29,295	\$39,060
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<http://aspe.hhs.gov/povety/12poverty.shtml>

**CASCADE VALLEY HOSPITAL AND CLINICS
POLICY**

NUMBER: 03-3-007		DATE EFFECTIVE: 9/94	
TITLE: Tobacco-Free Environment	APPROVAL SIGNATURE: 		
	REVIEW DATE	REVISE DATE	SIGNATURE
DIVISION: CVHC DEPARTMENT: Universal Patient Care	9/08	9/08	
ROUTE TO: All Departments/Clinics/Medical Staff	6/10	6/10	
	9/11	9/11	
CROSS REFERENCE:	05/12	05/12	
	12/13	01/14	

- SCOPE** This policy applies to all employees whose terms and conditions of employment are administered by Cascade Valley Hospital and Clinics and Cascade Valley Ambulatory Surgery (Cascade Valley) as well as contract employees, medical staff, patients, visitors, vendors, volunteers and the general public.
- PHILOSOPHY** Cascade Valley is committed to the prevention and treatment of disease and, as a health care organization has a responsibility to provide a safe and healthy environment for patients, staff, visitors, and employees while on District property.
- POLICY** All Cascade Valley facilities, whether owned or leased, and any vehicles owned or leased by Cascade Valley (collectively referred to as the District's property) will be tobacco-free. The use of tobacco products such as cigarettes, cigars, e-cigarettes, pipes and chewing tobacco/snuff on District property is prohibited. This list is illustrative, not all inclusive, and the District may consider other non-prescribed medical devices or products to be "tobacco products" under our policy. No smoking is allowed anywhere on or within Cascade Valley property, including the grounds of Cascade Valley's main campus. E-cigarettes are not allowed because they contain toxic substances and are not approved by the FDA. However, nicotine replacement products are allowed and encouraged.
- PROCEDURE**
- A. General
1. Signs indicating our tobacco-free environment will be exhibited both inside and outside the Cascade Valley premises and vehicles.
 2. Efforts will be made to inform patients and families of this policy prior to arrival, on admission, and/or as soon as is medically appropriate.
 3. Anyone observed violating this policy should be asked to comply in a tactful and compassionate manner. Compliance with this policy will be the responsibility of all Cascade Valley personnel. Scripts and cards identifying and explaining our policy will be available to employees, medical staff members, contractors and others who are responsible to ensuring compliance.
 4. Providers with privileges at Cascade Valley may not write orders for a patient to smoke or otherwise use tobacco during their hospital stay.

5. If a patient refuses to comply with this policy, or if the patient is confused or disoriented at admission, assigned nursing staff will remove all smoking materials and inform the patient that they will be kept for them and returned upon discharge.
 - a. The materials will then be handled per Cascade Valley's procedure on patient valuables.
 - b. Any tobacco products that the patient may acquire while hospitalized will be treated in the same manner as above.
 6. Should a patient leave against medical advice because of this policy, staff are to follow the same procedure as is to be followed with any patient who leaves against medical advice.
- B. Employees/Volunteers
1. Employees and Volunteers must comply with this policy.
 2. Candidates for open positions will be informed of this policy prior to hiring and Cascade Valley's Website will advertise this policy.
 3. Employees and volunteers may not smoke (or otherwise use tobacco products) during paid time, including their 15 minute breaks. Employees are required to remain on campus during their 15-minute breaks. Though tobacco products may be used during an unpaid meal break, an employee or volunteer must leave campus to do so. Choosing to leave campus in order to use tobacco products during an unpaid meal period does not extend the allotted 30 minutes. Smoke odors, just like strong perfumes, are unacceptable. Staff who are required to remain on premises on call ||during a *paid* meal or *paid* break period may not leave Cascade Valley's property during these meal periods. Staff is required by management to punch out to leave campus to smoke on their unpaid meal break and to punch in at the end of their unpaid meal break.
 4. Employees who violate this policy will generally be counseled for first offense, provided the violation did not present a safety issue, like smoking in an area near flammable materials. Employees who violate this policy in a way that presents safety concerns, as well as employees who commit a second offense, will be subject to disciplinary action, up to and including discharge.
 5. Any volunteer who violates this policy will generally be reminded of the policy on the first offense, provided the violation did not present a safety issue, like smoking in an area near flammable materials. Volunteers who violate this policy in a way that presents safety concerns, as well as volunteers who commit a subsequent offense, will have his/her volunteer services relationship terminated.
- C. Medical Staff/Contractors
1. Medical Staff and contractors are expected to abide this policy.
 2. Medical Staff and contractors who provide clinical services will prepare each of their patients to enter the tobacco-free environment in advance of their admittance.
 3. Medical Staff and contractors will assist hospital employees in care planning for patients who are tobacco users and providing immediate intervention with observed users by reminding them of the policy.
 4. Medical Staff and contractors will provide reinforcement for individual patients as necessary and/or requested by Cascade Valley staff.
- D. Patient Compliance
1. Admitting will remind patients of this policy as the patient is admitted or registered.
 2. It is the responsibility of the nurse assigned to each patient to remind their patients of our tobacco-free policy during their hospital stay. Patients who use tobacco products should be offered smoking cessation aids as per order.

3. Should a patient decide to leave against medical advice because of this policy, the same procedure is to be followed as for any patient who leaves against medical advice. The nurse should clearly document that she/he advised the patient not to leave and if the patient has stated that it is because of the tobacco-free policy, the nurse should so document. Care should be taken however to not document that reason for the "against medical advice" departure unless the patient has specifically said so.